

Bossier Parish Community College
Master Syllabus

Course Prefix and Number: MOS 107

Credit Hours: 3

Course Title: Medical Office Administration

Course Prerequisite: CTEC 105 or CTEC 115

Textbook: Bayes, Nenna; Connect Access for *Medical Office Procedures*, McGraw Hill, current edition

Course Description:

A course of instruction in the knowledge, skill and applications necessary to efficiently practice multiple duties in the medical office, including the use of electronic medical records and practice management. Emphasis is placed on the development of basic skills needed for accurate coding for medical billing purposes, including ICD, CPT and HCPCS systems

Learning Outcomes:

At the end of this course, the students will be able to

- A. demonstrate knowledge of basic medical office administrative functions, practice finances and managed care/ insurance;
- B. utilize knowledge to maintain, within the medical office, insurance/billing and patient medical records with accuracy while ensuring patient confidentiality;
- C. demonstrate competency in practice management and electronic health record software utilized in medical offices;
- D. apply critical thinking to the competent performance of administrative tasks performed in the medical office via electronic medical records and practice management software
- E. utilize technology to perform research and communicate effectively, within the medical office environment.
- F. demonstrate the ability to perform procedural and diagnostic coding
- G. utilize the correct steps involved in accurately selecting and assigning codes for professional medical services using the CPT coding systems, ICD-10 CM coding system, and HCPCS coding system
- H. utilize appropriate communication skills with medical providers to ensure accurate code selection; and
- I. utilize medical necessity guidelines

To achieve the learning outcomes, the student will

1. identify the tasks and skills performed by the administrative medical assistant. (A)

2. explain general office policies (A)
3. identify management principles (A)
4. describe employment opportunities in various medical settings. (A)
5. demonstrate professional telephone techniques. (A)
6. Document telephone messages accurately (A)
7. identify different types of appointment scheduling methods. (A,B,C)
8. Identify advantages and disadvantages of the following appointment systems: manual, electronic (A,C)
9. perform appointment scheduling and schedule maintenance. (A,C,D)
10. recognize office policies and protocols for handling appointments (A)
11. identify critical information required for scheduling patient procedures (A,C,D)
12. identify the different types of filing equipment and supplies and determine the appropriate filing processes, indexing and systems to be used. (B,C,D)
13. describe filing indexing rules (A)
14. differentiate between electronic medical records (EMR) and practice management. (A,D)
15. recognize elements of fundamental writing skills (A)
16. compose professional correspondence utilizing electronic technology (A)
17. demonstrate the importance of maintaining accurate medical records; the SOAP method of medical record documentation; record retention and ownership; quality assurance. (B,C,D)
18. identify equipment and supplies needed for medical records in order to: create, maintain, and store. (A,B)
19. define types of information contained in the patient's medical record (B,C,D)
20. identify methods of organizing the patient's medical record based on: problem-oriented medical record (POMR), source-oriented medical record (SOMR) (A,D)
21. differentiate between Electronic Medical Records (EMR) and Practice Management software (PM) (B,C,D)
22. Discuss applications of electronic technology in professional communication (B,C,D)
23. Identify techniques for overcoming communication barriers (E)
24. Identify types of nonverbal communication (E)
25. Identify styles and types of communication (E)
26. Recognize the elements of oral communication using a sender-receiver process (E)
27. Recognize barriers to communication (E)
28. Demonstrate empathy, active listening, nonverbal communication (E)
29. Define coaching a patient as it relates to community resources (E)
30. Define patient navigator (E)
31. Describe the role of the medical assistant as a patient navigator (E)
32. identify types of records common to the healthcare setting (B,C)
33. develop and maintain a current list of community resources related to patients' healthcare needs (A)

34. Facilitate referrals to community resources in the role of patient navigator (A)
35. Coach patient's regarding office policies (A,D)
36. Perform an inventory with documentation (A)
37. Create a patient's medical record (A,B,D)
38. Organize a patient's medical record (A,B,D)
39. File patient's medical record (A,B,D)
40. describe and apply insurance terminology, plans and payers, plan participation and payment methods; compliance with government regulations. (B,C,D)
41. perform routine maintenance of administrative and clinical equipment. (A,C,D)
42. explain the importance of data back-up (C,D)
43. explain meaningful use as it applies to EMR (C,D)
44. list the types of medical coding used in office billing. (B,C,D)
45. differentiate between accounting and billing (B,C,D)
46. describe the reimbursement process of billing, transmitting insurance claims and collecting delinquent accounts. (B,C,D)
47. identify precautions for accepting the following types of payments: cash, check, credit card, debit card. (B,C,D)
48. compare types of endorsements (B,D)
49. compare manual and computerized bookkeeping systems used in ambulatory healthcare (A,C)
50. explain both billing and payment options (A,C,D)
51. Define the following bookkeeping terms: charges, payments, accounts receivable, accounts payable, adjustments. (A,B)
52. identify procedures for preparing patient accounts (A,C,D)
53. describe the impact of both the Fair Debt Collection Act and the Federal Truth in Lending Act of 1968, as they apply to collections. (A,C,D)
54. discuss types of adjustments that may be made to a patient's account (A,C,D)
55. identify models of managed care (A)
56. develop a patient information brochure and a policies and procedures manual. (A)
57. describe the professional image, work ethic and personal attributes essential for administrative medical assistants. (A)
58. describe the elements of good interpersonal relationships with patients and other workers within the medical office. (A)
59. discuss worker's compensation, as it applies to patients (A)
60. describe procedures for implementing both managed care and insurance plans (A)
61. describe the purpose of a medical compliance plan and ways the assistant can contribute to compliance within the practice; discuss physician liability for employee compliance. (A,B,C)
62. discuss utilization review principles (B)
63. outline managed care requirements for patient referral (B,C,D)

64. compare processes for filing insurance claims both manually and electronically(B,C,D)
65. describe guidelines for third party claims (B)
66. discuss types of physician fee schedules (B)
67. utilize an EMR (A,B,C,D,E)
68. inform a patient of financial obligations for services rendered (A,B)
69. interpret information on an insurance card (A,B)
70. identify areas where computers and other technology are used in the medical office, different types of computer software; verbalize issues concerning patient confidentiality and computer security. (A,B,C,D)
71. complete medical office simulations and assignments. (C,D)
72. Input patient data utilizing a practice management system (C,D)
73. identify types of information contained in the patient's billing record (A,B)
74. explain patient financial obligations for services rendered (B,E)
75. describe banking procedures as related to the ambulatory care setting.
76. preparing a bank deposit (C,D)
77. posting entries on a day sheet (C,D)
78. performing accounts receivable procedures to patient accounts including posting charges, payments, adjustments (C,D)
79. obtain accurate patient billing information (B,C,D)
80. performing billing procedures (C,D)
81. performing collection procedures (C,D)
82. describe types of adjustments made to patient accounts including: non-sufficient funds (NSF) check, collection agency transaction, credit balance, third party.
83. processing a refund (C,D)
84. identify: types of third party plans, information required to file a third party claim, the steps for filing a third party claim. (C,D)
85. completing insurance claim forms (C,D)
86. apply HIPAA rules in regard to privacy/release of information (C,D)
87. obtain preauthorization or precertification, including documentation (C,D)
88. describe processes for: verification of eligibility services, precertification, preauthorization (C,D)
89. define a patient-centered medical home (PCHM) (A,E)
90. differentiate between fraud and abuse (B)
91. apply the Patient Bill of Rights as it relates to choice of treatment, consent of treatment, refusal of treatment (E)
92. perform compliance reporting based on public health statutes (A,E)
93. report an illegal activity in the healthcare setting following proper protocol (A,E) identify and define the terminology related to medical insurance and medical coding (F,G,H)
94. explain the differences among the types of payment plans (A,B)
95. compare and contrast PAR and nonPAR and the methods insurance companies use to determine how much a provider is paid (A,B)
96. apply ICD-10-CM conventions, abbreviations, and guidelines to properly code diagnoses in an outpatient setting (E,F,G,H)

97. apply CPT conventions and guidelines to properly code procedures and supplies in an outpatient setting (E,F,G,H)
98. explain the effects of coding compliance errors on the revenue cycle in the medical office setting (E,F,G,H,I)
99. Describe how to use the most current procedural coding system (F,G)
100. Describe how to use the most current diagnostic coding classification system (F,G)
101. Describe how to use the most current HCPCS level II coding system (F,G)
102. Discuss the effects of upcoding and downcoding (F)
103. Define medical necessity as it applies to procedural and diagnostic coding (F,G,H,I)
104. Demonstrate the following entry-level competences:

- Self-evaluation of Professional Behaviors
 - Dependability, initiative, time management, self-boundaries, teamwork, and others not listed
- Perform/Document Routing Maintenance Office Equipment
- Create an Office Policy to Report an Illegal Activity
- Protecting the integrity of the medical record
- Communicating with the assistance of an interpreter
- Recognize and respond to nonverbal communications
- Explain general office policies
- Take a telephone message
- Create an appointment matrix for an electronic scheduling system
- Screening and routing telephone calls
- Preparing a new patient medical record
- Create a new patient record using EHR software
- Create a filing system for paper medical records
- Step-by-step overview of inventory procedures
- Identifying community resources
- Physical and emotional effects on a person in an emergency situation
- Show sensitivity when explaining third-party requirements
- Refer a patient using appropriate community resources
- Interacting professionally with third party representatives
- Obtain accurate patient billing information
- Explain professional fees and make credit arrangements with patient
- Perform collection procedures
- Post charges, payments and adjustments
- Making a bank deposit
- Compose a professional business letter
- Schedule a follow-up appointment for established patient
- Scheduling outpatient surgical appointments

- Communicating with medical providers regarding third party requirements
- Utilize appropriate communication skills with medical providers to ensure accurate code selection

Course Requirements: In order to earn a grade of “C” or higher, the student must earn 70% of all total possible points and meet all of the following course requirements.

- **minimum of 70% on the comprehensive final test**
- **minimum of 70% on the midterm test**
- **minimum average of 70% on each the CPT, ICD-10 CM and HCPCS coding tests**
- demonstrate competency in the use of software to complete medical office administrative tasks
- **complete all assignments with a minimum average of 70%**
- demonstrate minimum competency on all identified administrative skills documented on competency checklists
- **students must pass 100% of the cognitive objectives and psychomotor and affective competencies in order to pass and receive credit for this course.**

Course Grading Scale:

- A- 90% or more of total possible points and meet all course requirements
- B- 80% or more of total possible points and meet all course requirements
- C- 70% or more of total possible points and meet all course requirements
- D- 60% or more of total possible points and meet all course requirements
- F- less than 60% of total possible points or fail to meet all course requirements

Attendance Policy: The college attendance policy is available at <http://www.bpcc.edu/catalog/current/academicpolicies.html>

Course Fees: This course is accompanied with an additional non-refundable fee for supplemental materials, laboratory supplies, certification exams and/or clinical fees.

Nondiscrimination Statement

Bossier Parish Community College does not discriminate on the basis of race, color, national origin, gender, age, religion, qualified disability, marital status, veteran's status, or sexual orientation in admission to its programs, services, or activities, in access to

them, in treatment of individuals, or in any aspect of its operations. Bossier Parish Community College does not discriminate in its hiring or employment practices.

COORDINATOR FOR SECTION 504 AND ADA

Angie Cao, Student and Disability Services Specialist

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Equity/Compliance Coordinator

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Phone: 318-678-6056

Hours: 8:00 a.m.-4:30 p.m. Monday - Friday, excluding holidays and weekends.

Reviewed by: E. Mullins/March 2019