2016 - 2017

COURSE: MA 212 – Insurance in the Medical O*ffice*

COURSE DESCRIPTION: This course emphasizes the medical billing cycle. Studying this cycle shows how administrative and medical assistants must first collect accurate patient information and then be familiar with the rules and guidelines of each health plan in order to submit proper documentation and follow up on payments. This ensures that offices receive maximum, appropriate reimbursement for services provided.

LEARNING GOAL: To be able to identify types of medical insurance, recognize special terms, abbreviations, and to complete an insurance claim form. To gain awareness of legal and ethical considerations with emphasis on HIPAA Privacy Rule and fraud related to insurance.

INSTRUCTOR: Kris Lindahl, CMA (AAMA) (605) 882-5284 Ext 217 #109
lindahlk@lakeareatech.edu

DURATION: 56 Clock Hours 2 Semester Credits

SEMESTER: Summer 2016 (5/18/16 – 7/13/16) TWR 8:30 ROOM 110A

TEXT: From Patient to Payment/Insurance Procedures for the Medical Office, 7th edition, Newby & Carr, McGraw Hill; ISBN: 978-0-07-337459-8 Cost: $137.00

UNITS OF INSTRUCTION:

212 1 From Patient to Payment: Understanding Medical Insurance
212 2 Electronic Health Records, HIPAA, and HITECH: Sharing and Protecting PHI
212 3 Patient Encounters and Billing Information
212 4 Payment Methods and Checkout Procedures
212 5 Health Care Claim Preparation and Transmission
212 6 Private Payers/Blue Cross Blue Shield
212 7 Medicare
212 8 Medicaid
212 9 Tricare and Champva
212 10 Workers' Compensation and Automobile/Disability Insurance
212 11 Claim Processing, Payments, and Collections

STUDENT LEARNING OUTCOMES:

MA 212 1 Chapter One

1. Explain how healthy practice finances depend on correctly accomplishing administrative tasks in the medical office.
2. Compare coinsurance and copayment requirements for health plan benefits.
3. Identify the key steps in the medical billing cycle.
4. Discuss the impact of electronic health records on clinical and billing workflow.
5. Evaluate the importance of professional certification and of medical liability insurance for career advancement.

MA 212 2 Chapter Two

1. Explain the importance of accurate documentation when working with medical records.
2. Compare the major regulations affecting patient records in medical offices.
3. Discuss the purpose of the HIPAA Privacy rule.
4. Briefly state the purpose of the HIPAA Security Rule and the HITECH Breach Notification Rule.
5. Describe the HIPAA Electronic Health Care Transactions and Code Sets Standards.
6. Explain how to guard against potentially fraudulent situations.
7. Discuss the purpose of compliance plans.

MA 212 3 Chapter Three

1. Explain the method used to classify patients as new and/or established.
2. List the information that is gathered from new patients.
3. Discuss the procedures that are followed to update established patient information.
4. Explain the process for verifying patients' eligibility for insurance benefits.
5. Discuss the importance of requesting referral or preauthorization approval.
6. Determine the primary insurance for patients who have more than one health plan.
7. Summarize the use of encounter forms.
8. Describe the types of communications with payers, providers, and patients that are most effective.

MA 212 4 Chapter Six

1. Contrast provider payment under PPOs, capitated HMOs, indemnity plans, and CDHPs.
2. Calculate an RBRVS payment.
3. Discuss the influence of third-party rules on patients' charges from participating versus nonparticipating providers.
4. Define the eight types of time-of-service charges.
5. Calculate time-of-service payments.
6. Explain the patient checkout procedure.

MA 212 5 Chapter Seven

1. Outline the benefits of using practice management programs to prepare health care claims.
2. Distinguish between the electronic and paper-based claim transactions.
3. Complete a CMS-1500 form.
4. Discuss the data elements entered in the five sections of the HIPAA 837 claim transactions.
5. State the three major methods of electronic claim transmission.
6. Explain the process for billing secondary payers.

MA 212 6 Chapter Eight

1. Compare group and individual health plans.
2. Differentiate among major private payers.
3. Support billing decisions using payment and billing guidelines.
4. Prepare accurate private payer claims.
5. Explain how to manage billing for capitated services.

MA 212 7 Chapter Nine

1. Differentiate among Medicare Parts A, B, C, and D.
2. Compare the Original Medicare Plan and Medicare Advantage Plans.
3. Calculate fees for participating physicians and for nonparticipating physicians when they do and do not accept assignment.
4. Complete an advance beneficiary notice of noncoverage (ABN).
5. Determine whether Medicare is the primary or secondary payer in a given situation.
6. Prepare accurate Medicare claims.

MA 212 8 Chapter Ten

1. Identify two ways Medicaid programs vary from state to state.
2. Compare the Medicaid benefits that are determined by federal and by state laws.
3. Explain two broad classifications of people who are eligible for Medicaid assistance.
4. Explain factors that require special attention when filing Medicaid claims.

MA 212 9 Chapter Eleven

1. Discuss the eligibility requirements for TRICARE.
2. Compare TRICAER participating and nonparticipating providers.
3. Differentiate among the various TRICAE plans.
4. Explain the TRICARE for Life program.
5. Discuss the eligibility requirements for CHAMPVA.
6. Prepare accurate TRICARE and CHAMPVA claims.

MA 212 10 Chapter Twelve

1. Explain the four federal workers' compensation plans.
2. Describe the two types of state workers' compensation benefits.
3. Classify work-related injuries.
4. Complete workers' compensation claims.
5. Compare automotive insurance and disability compensation programs.

MA 212 11 Chapter Thirteen

1. Outline the steps of claim adjudication, explaining the effect of upcoding and downcoding on the process.
2. Process RAs.
3. Discuss the purpose and general steps of the appeal process.
4. Describe the purpose and content of patient statements.
5. Apply regulations and guidelines to the collection process.
6. Explain the procedures for writing off uncollectible accounts.
7. Describe the physician's responsibilities when terminating the provider-patient relationship.

Cognitive Objectives:

VIII.C.1. Identify:
- a. types of third party plans
- b. information required to file a third party claim
- c. the steps for filing a third party claim

VIII.C.2. Outline managed care requirements for patient referral
VIII.C.3. Describe processes for:
- a. verification of eligibility
- b. precertification
- c. preauthorization

VIII.C.4. Define a patient-centered medical home (PCMH)

Psychomotor Competencies:

VIII.P.1. Interpret information on an insurance card
VIII.P.2. Verify eligibility for services including documentation
VIII.P.3. Obtain precertification of preauthorization including documentation
VIII.P.4. Complete an insurance claim form

Affective Competencies:

VIII.A.1. Interact professionally with third party representatives
VIII.A.2. Display tactful behavior when communicating with medical providers regarding third party requirements
VIII.A.3. Show sensitivity when communicating with patients regarding third party requirements

METHODS OF INSTRUCTIONS: Lecture, class discussion, assignments, workbook chapters, projects, and role-play assignments.

ATTENDANCE: Absences can seriously affect grades. Students will be allowed to miss a maximum of 3 class periods. Students are responsible for all information missed while absent from class. This includes changes to the schedule that might occur. **MAKE-UP POLICY:** Make up work procedures are addressed in the MA Program Policy Manual.

STUDENT HANDBOOK: As a student, you are responsible for the information in the LATI handbook located at www.lakeareatech.edu under Current Student/Academics.

ACADEMIC INTEGRITY: Students' Responsibilities: Students are responsible for their own behaviors and are expected to maintain stated standards of academic honesty. Students share the responsibility with the faculty for maintaining an environment that supports academic honesty and discourages plagiarism or cheating.

FACULTY AND ADMINISTRATOR RESPONSIBLITIES: Faculty are responsible for creating a classroom and testing environment that discourages cheating, confronts suspected violators and insures fair environment that discourages academic honesty. If a student is participating in academic dishonesty and is caught, he/she may be dismissed from the course.

CAREER COUNSELING:

Guidance is available for students when investigating career choices or in reaffirming the choice already made.

PERSONAL COUNSELING:

Knowing that student life can be stressful, Lake Area Tech provides personal on-campus counseling for either school-related or non-school-related issues. At times, referral to another counseling service may be warranted. Check with

the on-campus counseling staff if you have concerns you need to discuss. Specific referrals for drug and alcohol-related issues will be made by on-campus counselors.

AMERICANS WITH DISABILITIES ACT:
Students are entitled to 'reasonable accommodations' under provisions of the Americans with Disabilities Act. Those in need of such accommodations should notify the instructor and make appropriate arrangements with the Counseling Office.

STUDENT TUTORING:
The Educational Services Center staff and peer tutors provide tutoring for all courses. If you are a student in need of help in any of your classes, please contact the Educational Services Coordinator located in the LATI library.

PERSONAL OBJECTIVES:
•Attend class session
•Prepare for class session
•Complete assignments by due date
•Demonstrate a high level of responsibility
•Display respect for other members of the class
•Participate in class discussions and projects

COMPLETION STANDARDS: The student will pass the course with a minimum of 80% overall grade in the course.

EVALUATION AND GRADING: Evaluation is directly related to the performance objectives. Performance is measured by examination, assignments, competencies, and/or quizzes.

COMPETENCIES: Students will be allowed three (3) attempts at the psychomotor and affective competencies for Insurance in the Medical Office. In order for the student to earn a passing grade in the course, the student must successfully complete the psychomotor and affective competencies by performing 100% competent. Students will receive a Pass/Fail grade for competencies.

EVALUATION: The assessment and grading of student performance in this course is based on the following activities:

Workbook Assignments:	10%
Exams:	90%
Total:	100%

The letter grade is based on the percentage of total points earned throughout the semester based on the following grade scale:

100% - 94%	=	A
93% - 87%	=	B
86% - 80%	=	C
79% or below	=	F

Without my permission, you do not have the authority to record any of my class, its class members or any content expressed here. Instructors retain the right to adjust the course schedule and revise the course syllabus as needed.

 This document is 100% funded by the South Dakota Allied Health Training Consortium $2.5 million TAACCCT grant from the U.S. Department of Labor, Employment and Training Administration. The product was created by the grantee and does not necessarily reflect the official position of the U. S. Department of Labor. The U. S. Department of Labor makes no guarantees, warranties, or assurances of any kind, express or implied, with respect to such information, including any information on linked sites and including, but not limited to, accuracy of the information or its completeness, timeliness, usefulness, adequacy, continued availability, or ownership. LATI is an equal opportunity employer. Auxiliary aids and services are available upon request to individuals with disabilities.