

- 2 The student will be able to analyze a medical record to extract and code the procedures performed by the health care provider and code accurately.

Method of measurement: Written tests, claim forms

Learning Outcome 2: The student will be able to complete, with a minimum of 90% accuracy, a CMS claim form.

Performance Objectives/Methods of Measurement for this outcome.

- 1 The student will be able to accurately complete a claim form for Medicare, Medicaid, Tricare and CHAMPVA coverage.
Method of measurement: Written tests and claim forms
- 2 The student will be able to determine priority of payers using the Birthday Rule.
Method of measurement: Written tests and claim forms
- 3 The student will be able to accurately complete a claim form for other third party payers such as Aetna, Blue Cross/Blue Shield, Pacificare, and Medigap policies.

Method of measurement: Written tests and claim forms

Learning Outcome 3: The student will be able to interpret statements and accurately complete required insurance documents pertaining to claims and reimbursement.

Performance Objectives/Methods of Measurement for this Outcome

- 1 The student will be able to accurately complete an Advance Beneficiary Notice form.
Method of measurement: Completed ABN form
- 2 The student will be able to accurately complete a referral authorization form.
Method of measurement: Completed authorization form.
- 3 The student will be able to read and interpret Remittance Advice and Explanation of Benefits forms.

Method of measurement: Worksheet demonstrating knowledge of both forms.

Evaluation Ratio:

Tests and Quizzes (multiple choice, short answer, matching, fill in the blank)	25%
Claim forms, mock filings	50%
Comprehensive Final Exam	25%

SCANS - Competencies: C1, C6, C7

Foundations: F8, F9, F13

CAAHEP Standards: III.C.1.f(3); III.C.3.a.(3)(a)-(e); III.C.3.c.(4)(c)

VII. Course requirements and grade computation.

A. College Requirements:

A written, comprehensive final examination, not to exceed two and one-half hours in length, shall be given at the end of each semester for each course at the regularly scheduled time. Any exceptions to these requirements must be approved by the appropriate dean. Other examinations are given at the discretion of the instructor.

A student who must be absent from a final examination should petition that instructor for permission to postpone the examination. **A student absent without permission from a final examination is graded "F."** Postponed examinations result in a grade of "I." The final exam must be taken within 120 calendar days from the end of the semester or the grade automatically becomes an "F." (San Antonio College Bulletin, Faculty Handbook - January 1995)

B. Departmental Requirement:

Admission Requirements for Program:

Advisement by faculty member and completion of program admission forms.

Current Physical Examination.

Ability to meet the national medical assisting technical standards.

Up to date and complete immunizations, to include completed Hepatitis B vaccination series.

TB test.

Satisfactory Criminal Background Check.

Negative Drug Screening Results.

Successful completion of the course with a minimum score of 70%.

C. Instructor Requirements:

Grading Policy:

90-100 = A

80-89 = B

70-79 = C

60-69 = D

0-59 = F

Only two (2) make up tests will be allowed for unauthorized absences.

Materials Required: Scantron Forms # 882-ES

See individual instructor course outlines for attendance policies.

VIII. College Policies:

A. San Antonio College does not discriminate on the basis of race, religion, color, national origin, sex, age, or disability with respect to access, employment programs or services.

B. Students are urged not to bring children to either a class or a lab. Minors under

the age of twelve (12) must not be left unattended on campus. College Academic Council - April, 1998

- C. ADA Statement: "As per Section 504 of the Vocational Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, if accommodation is needed contact the Office of DisABILITY Support Services, CAC 124C, Phone: (210) 733-2347.
- D. A Rapid Response Team exists for the purpose of responding to emergencies. If you have a disability that will require assistance in the event of a building evacuation, notify Disability Support Services, Chance Academic Center 124C, Phone: (210) 733-2347.
- E. Academic Dishonesty: Students may be subject to disciplinary proceedings resulting in an academic penalty or disciplinary penalty for academic dishonesty. Academic Dishonesty includes, but is not limited to, cheating on a test, plagiarism and collusion. For additional information refer to the "Student Code of Conduct" in the San Antonio College Bulletin.
- F. Students are required to silence all electronic devices (e.g., pagers, cellular phones, etc.) when in classrooms, laboratories and the library. College Academic Council, 01/ 2000.
- G. San Antonio College Attendance Policy: Regular and punctual attendance at all classes and laboratories, day and/or evening is required. A student absent for any reason is responsible for all work missed. Both tardiness and early departure from class are forms of absenteeism. The instructor establishes the policy with regard to each. Absences of each student are recorded without exception. The counting of absences begins on the first day of class. A student absent the equivalent of two weeks of instruction in a 16-week semester may be dropped by the instructor. If a student is dropped from a class for excessive absences, the instructor will record a grade of "W" (withdraw). It is the student's responsibility to ensure that the withdrawals have been submitted.
- H. San Antonio College is a smoke free campus.
- I. ACCD DPS Emergency Phone Numbers:
ACCD DPS Emergency Phone (210) 222-0911
ACCD DPS General Phone (210) 208-8099
ACCD DPS Weather Phone (210) 208-8189 (For information on college closures)
- J. Students must also abide by the policies, procedures, and rules set forth in the "Student Code of Conduct" and all other policies set forth in the San Antonio College Bulletin. . www.accd.edu/sa/sacmain/schedule/SAC_Bulletin_07-08.pdf

CLASS OBJECTIVES AND OUTCOMES

Upon successful completion of this course, the student will be able to demonstrate competency with minimum 70% accuracy by their performance on a written exam, workbook, or other assignment by:

- Cognitive
- Psychomotor

HEALTH INSURANCE SPECIALIST-ROLES AND RESPONSIBILITIES

- Define the following terms, phrases, and abbreviations:
 - health insurance claim
 - preauthorization
 - health care provider
 - Health Care Financing Administration (CMS)
 - hold harmless clause
 - electronic claims processing
 - electronic data interchange (EDI)
 - coding
 - ICD-9-CM (International Classification of Diseases, 9th Revision, Clinical Modification)
 - HCPCS (CMS Common Procedure Coding System)
 - National Codes
 - Local Codes
 - ethics
- Explain the reasons for increasing employment opportunities for health insurance specialities.
- Prepare a list of career paths for health insurance specialists.
- List and discuss the basic skill requirements for aspiring health insurance specialities.
- List and discuss twelve responsibilities of health insurance specialities.
- Name three professional organizations dedicated to working with health insurance specialities who are filing claims for physicians and other health care professionals.

LEGAL CONSIDERATIONS

- Define the following terms, phrases, and abbreviations in this chapter.
- Explain why it was necessary to standardize procedural terminology and develop a procedural coding system.
- Explain why CMS regulated the use of the CMS-1500 claim form for Medicare billing.
- Explain the purpose of the national Correct Coding Initiative (CCI).
- List four features of the Health Insurance Portability and Accountability Act of 1996(HIPPA).
- List and describe the four types of third-party reimbursement seen in physician practices across the country today.
- List and describe the four methods of reimbursement seen in today's health

care practices.

MANAGED HEALTH CARE

- Defined the following terms, phrases, and abbreviations found in this chapter.
- List the eight principles of managed care.
- List and describe the six managed care models.
- List and describe the five HMO models.
- Describe NCQA accreditation.
- Describe the influence of managed care programs on medical practice's administrative procedures.

LIFE CYCLE OF AN INSURANCE CLAIM

- Define the following terms, phrases, and abbreviations found in this chapter.
- Explain the necessity of conducting a new patient intake interview before the patient is scheduled for an initial appointment.
- Explain how a primary care provider verifies a new patient's eligibility for in-network services.
- Discuss the authorization process for a patient requesting an initial appointment with a health specialist.
- Discuss the process for obtaining authorization for additional treatment by a health care.
- Discuss the life cycle of an insurance claim from origination of the charge slip to transfer of charges to the ledger card or computer account and subsequently to a claim form.
- Discuss an insurance company's claims review process.
- Determine the primary and secondary insurance carriers for adult and children covered by two insurance plans.

LEGAL AND REGULATORY CONSIDERATIONS

- Identify or define the following terms, phrases, and abbreviations found in this chapter.
- Provide examples of a statute, rule/regulation, and case law.
- Explain the use of the Federal Register.
- Discuss ways the insurance specialist can obtain information about new laws and regulations.
- Give examples of breaches of confidentiality.
- State the importance of obtaining the patient's signature for the "Authorization for Release of Information" statement on the CMS-1500.
- Identify two classifications of patients who are not required to sign "Authorization For Release of Information" statement on the CMS-1500.
- Explain how the patient authorization for release of information is obtained for electronic claims.
- Verify a legitimate telephone request for patient information.
- Process facsimile (fax) requests for patient information.
- Prepare a confidentiality notice to serve as the first page of faxed patient information.
- Complete a HIPAA compliance form

- Establish a patient record retention policy for the physician's office.
- Summarize the CMS Internet Security Policy and the Stark II Regulations.
- List the components of the Health Insurance Portability and Accountability Act of 1966 (HIPAA).
- Outline the elements of the Compliance Program Guidance for Physician Practices.
- Implement CMS's Correct Coding Initiative (CCI).
- Provide an example of unbundling.
- Differentiate among the NPI, Plan ID, EIN, and patient identifier.
- List the scheduled implementation dates for CMS's electronic health care standards and privacy standards.

ICD-9-CM CODING

- Define the terms, phrases, and abbreviations found in this chapter.
- Discuss the difference between the terms "primary diagnosis" and "principal diagnosis."
- Explain the purpose of coding diagnoses on insurance claims forms.
- List and apply the CMS guidelines in coding diagnoses using the ICD-9-CM coding system.
- Identify and properly use the special terms, marks, abbreviations, and symbols used in the ICD-9-CM coding system.

○ Accurately code diagnoses using the ICD-9-CM coding system.

CPT CODING

- Define the following terms, phrases, and abbreviations found in this chapter.
- Discuss the importance of carefully proofreading all code numbers on the claim form.
- Explain the format of the CPT System.
- Compare ICD-9-CM to HCPCS.
- Explain why modifiers were developed for HCPCS.
- Explain how to determine the level of evaluation and management service.
- Explain how to determine between a new and an established patient.
- List the requirements for assigning emergency department and critical care codes.
- Explain the difference between a consultation and a confirmatory consultation.
- Discuss the qualifications for a "preventative medicine visit."
- Define "global surgical period" used in CPT as applied by the insurance industry.
- Explain the significance of the asterisk next to a CPT code (starred procedure).
- Convert inches to centimeters.

○ Accurately code procedures and services using the CPT coding system.

HCPCS CODING SYSTEM

- Define the following terms, phrases, and abbreviations found in this chapter.

- Discuss code jurisdictions of the Local Medicare Carrier and the DME Regional Carrier.
- Explain the process for determining the correct carrier for a HCPCS service.
- Describe the purpose of the Medicare Carrier Manual and the Coverage Issues Manual.

CMS REIMBURSEMENT ISSUES

- Define the following terms, phrases, and abbreviations found in this chapter.
- Explain the national Correct Coding Initiative.
- Identify sources for the Correct Coding Initiative rules.
- Explain the Billing and Coding Compliance issues.

CODING FROM SOURCE DOCUMENTS

- Define the following terms, phrases, and abbreviations found in this chapter.
- **Abstract and code diagnoses and procedures** from source documents for the purpose of completing insurance information on the CMS-1500 claim form.

ESSENTIAL CMS-1500 CLAIM FORM INSTRUCTIONS

- Discuss billing guidelines for the following cases: inpatient medical, inpatient/outpatient global surgery, medical/surgical, and minor surgery.
- Apply optical scanning guidelines when completing claim forms.
- Discuss the reporting guidelines and restrictions covering the following form items: diagnoses, date entry, procedures, modifiers, charges, diagnostic reference numbers, and units (on Line 24 of the CMS-1500 claim form).
- Explain why the billing entity's employer tax identification number (EIN) should appear on the claim rather than the provider's Social Security Number.
- State the four processing steps that must occur before a completed form can be mailed to the insurance company.
- Describe how to set up a "tickler" filing system for completed claim forms.

FILING COMMERCIAL CLAIMS

- Determine the status of primary and secondary commercial claims.
- **Complete commercial primary and secondary fee-for-service claims accurately.**
- Create a comparison chart as an aid to mastering the details of completing claim form.

BLUE CROSS AND BLUE SHIELD PLANS

- Explain the function of the national Blue Cross and Blue Shield Association.
- List four distinctive features that make the BCBS plans different from other commercial medical insurance programs.
- Compare and contrast the advantages of being a BCBS participating provider versus being a non-participating provider.
- Describe the features of BCBS basic benefits.
- List typical services found in Major Medical coverage.
- Explain the benefits of special accidental injury riders/clauses.
- Explain the benefits of a medical emergency rider.
- Describe the purpose of the BlueCard Program.
- Explain how a BlueCard patient is identified.

- Compare and contrast how PARs and NonPARs process BlueCard claims.
- Compare and contrast the major differences between BCBS, PPA, and POS plans.
- State the deadline for filing BCBS claims.
- **Complete BCBS claims accurately.**

MEDICARE

- List six categories of persons eligible for Medicare coverage.
- Describe the coverage for each of the following:

Medicare Part A	ESRD dialysis cases	hospice care
Medicare Part B	heart transplant	kidney donor
- List and describe six incentives developed by Congress to encourage providers to become Medicare participating providers.
- List and describe six restrictions placed on Medicare nonPAR providers.
- Explain requirements for use of the Medicare Medical Necessity Statement.
- Explain the requirements governing use of the Surgery Financial Disclosure Statement.
- List and define seven types of insurance programs that are primary to Medicare.
- List and define two types of programs that are classified as Medicare Supplemental plans.
- Explain how a policy falls into the extra coverage category and how it affects Medicare billing.
- Explain how a Medicare claim is filed for Medicare patients enrolled in Medicare Risk-restricted or cost-based HMOs.
- Explain the billing sequence for Medicare patients with employer-sponsored plans, Medigap, Medicare-Medicaid Crossover plans, and Medicare as secondary coverage.
- Explain how Medicare's liability as a secondary payer is calculated.
- State the deadline for filing Medicare claims.
- Discuss the provider's legal responsibility for collecting the patient's deductible and co-insurance obligations.
- Explain the procedure-health care providers must follow to "opt out" of Medicare
- Describe the features of Medicare+Choice with regard to the following: private Fee-for-service plan, provider-sponsored organizations, and Medicare Savings Accounts
- **Complete and File traditional Medicare or Medicare HMO fee-for-service claims properly.**

MEDICAID

- List Medicaid federal guidelines.
- List services covered under the federal portion of Medicaid assistance.
- List services covered in your state that are not federally mandated services.
- Explain how to verify a patient's Medicaid eligibility.

- State the deadline for filling claims (timely filing period).
- Explain the importance of the spousal impoverishment protection legislation.
- Describe the preauthorization procedures for services.
- **File a Medicaid claim using the rules for the CMS-1500 claim form.**

TRICARE

- List TRICARE eligibility categories.
- State the TRICARE definition for the phrases "medical emergency" and "urgent medical problem."
- State the TRICARE outpatient coverage for mental health and substance abuse.
- Explain the meaning of catastrophic coverage.
- List six services that are not covered by TRICARE.
- List the types of health insurance that are primary to the TRICARE program.
- List and define the three levels of TRICARE coverage.
- State the deductibles and cost-share responsibility for TRICARE Extra, Standard, and the Point of service options.
- **File TRICARE Standard and Extra claims properly.**

WORKERS' COMPENSATION

- List the categories of workers covered by the federal compensation program.
- List and describe the types of workers' compensation available at the state level.
- List and describe the classifications of worker's compensation cases as stipulated by law.
- Select the proper terminology to describe the employee's "diminished capacity" in cases describing: pulmonary, heart, abdominal weakness, or spinal disorders; lower extremity disorders; levels of pain.
- Identify final destinations for the required copies of the First Report of Injury Form.
- Describe correct billing procedures for worker's compensation cases.
- Explain the necessity for separating treatment data for work-related injuries from health care data for treatment of diseases and disorders not related to the patient's employment.
- List the forms necessary for the proper filing of compensation claims.
- File First Report of Injury Reports and claim forms accurately.

MDCA 1443 – MEDICAL INSURANCE

SCANS Occupational Assessment

COMPETENCY	RATING
<p>Resources: Identifies, organizes, plans, and allocates resources.</p> <p>C1 Time: Selects goal-relevant activities, ranks them, allocates time, and prepares and follows schedules.</p> <p>C2 Money: Uses or prepares budgets, makes forecasts, keeps records, and makes adjustments to meet objectives.</p> <p>C3 Materials and Facilities: Acquires, stores, allocates, and uses materials or space efficiently.</p> <p>C4 Human Resources: Assesses skills and distributes work accordingly, evaluates performance, and provides feedback.</p>	<p>1 2 3 4 5</p> <p>1 2 3 4 5</p> <p>1 2 3 4 5</p> <p>1 2 3 4 5</p>
<p>Information: Acquires and uses information.</p> <p>C5 Acquires and evaluates information.</p> <p>C6 Organizes and maintains information.</p> <p>C7 Interprets and communicates information.</p> <p>C8 Uses computers to process information.</p>	<p>1 2 3 4 5</p> <p>1 2 3 4 5</p> <p>1 2 3 4 5</p> <p>1 2 3 4 5</p>
<p>Interpersonal: Works with others.</p> <p>C9 Participates as a member of a team: Contributes to group effort.</p> <p>C10 Teaches others new skills.</p> <p>C11 Serves Clients/Customers: Works to satisfy customer=s expectations.</p> <p>C12 Exercises Leadership: Communicates ideas to justify position, persuades and convinces others, responsibly challenges existing procedures and policies.</p> <p>C13 Negotiates: Works toward agreements involving exchange of resources; resolves divergent interests.</p> <p>C14 Works With Diversity: Works well with men and women from diverse backgrounds.</p>	<p>1 2 3 4 5</p> <p>1 2 3 4 5</p> <p>1 2 3 4 5</p> <p>1 2 3 4 5</p> <p>1 2 3 4 5</p> <p>1 2 3 4 5</p>
<p>Systems: Understands complex interrelationships.</p> <p>C15 Understands Systems: Knows how social, organizational, and technological systems work and operates effectively with them.</p> <p>C16 Monitors and Corrects Performance: Distinguishes trends, predicts impacts on system operations, diagnoses system=s performance, and corrects malfunctions.</p> <p>C17 Improves or Designs Systems: Suggests modifications to existing systems and develops new or alternative systems to improve performance.</p>	<p>1 2 3 4 5</p> <p>1 2 3 4 5</p> <p>1 2 3 4 5</p>
<p>Technology: Works with a variety of technologies.</p> <p>C18 Selects Technology: Chooses procedures, tools, or equipment, including computers and related technologies.</p> <p>C19 Applies Technology to Task: Understands overall intent and proper procedures for setup and operation of equipment.</p> <p>C20 Maintains and Troubleshoots Equipment: Prevents, identifies, or solves problems with equipment, including computers and other technologies.</p>	<p>1 2 3 4 5</p> <p>1 2 3 4 5</p> <p>1 2 3 4 5</p>

FOUNDATION	RATING
<p>Basic Skills: Reads, writes, performs arithmetic and mathematical operations, listens, and speaks.</p> <p>F1 Reading: Locates, understands, and interprets written information in prose and in documents such as manuals, graphs, and schedules.</p> <p>F2 Writing: Communicates thoughts, ideas, information, and messages in writing; creates documents such as letters, directions, manuals, reports, graphs, and flow charts.</p> <p>F3 Arithmetic: Performs basic computations; uses basic numerical concepts such as whole numbers, etc.</p> <p>F4 Mathematics: Approaches practical problems by choosing appropriately from a variety of mathematical techniques.</p> <p>F5 Listening: Receives, attends to, interprets, and responds to verbal messages and other cues.</p> <p>F6 Speaking: Organizes ideas and communicates orally.</p>	<p>1 2 3 4 5</p> <p>1 2 3 4 5</p> <p>1 2 3 4 5</p> <p>1 2 3 4 5</p> <p>1 2 3 4 5</p> <p>1 2 3 4 5</p>
<p>Thinking Skills: Thinks creatively, makes decisions, solves problems, visualizes, knows how to learn, and reasons.</p> <p>F7 Creative Thinking: Generates new ideas.</p> <p>F8 Decision Making: Specifies goals and constraints, generates alternatives, considers risks, and evaluates and chooses best alternative.</p> <p>F9 Problem Solving: Recognizes problems and devises and implements plan of action.</p> <p>F10 Seeing Things in the Mind's Eye: Organizes and processes symbols, pictures, graphs, objects, and other information.</p> <p>F11 Knowing How to Learn: Uses efficient learning techniques to acquire and apply new knowledge and skills.</p> <p>F12 Reasoning: Discovers a rule or principle underlying the relationship between two or more objects and applies it when solving a problem.</p>	<p>1 2 3 4 5</p> <p>1 2 3 4 5</p> <p>1 2 3 4 5</p> <p>1 2 3 4 5</p> <p>1 2 3 4 5</p> <p>1 2 3 4 5</p>
<p>Personal Qualities: Displays responsibility, self-esteem, sociability, self-management, integrity, and honesty.</p> <p>F13 Responsibility: Exerts a high level of effort and perseveres towards goal attainment.</p> <p>F14 Self-Esteem: Believes in own self-worth and maintains a positive view of self.</p> <p>F15 Sociability: Demonstrates understanding, friendliness, adaptability, empathy, and politeness in group settings.</p> <p>F16 Self-Management: Assesses self accurately, sets personal goals, monitors progress, and exhibits self-control.</p> <p>F17 Integrity/Honesty: Chooses ethical courses of action.</p>	<p>1 2 3 4 5</p> <p>1 2 3 4 5</p> <p>1 2 3 4 5</p> <p>1 2 3 4 5</p> <p>1 2 3 4 5</p>