



ILLINOIS VALLEY COMMUNITY COLLEGE

COURSE OUTLINE

DIVISION: Nursing

COURSE: CMA 1210 Medical Assisting Skills II

Date: Fall 2020

Credit Hours: 3

Prerequisite(s): CMA 1200, BIO 1200, ALH 1001 (or concurrent enrollment)

Delivery Method:

<input checked="" type="checkbox"/> Lecture	2.5 Contact Hours (1 contact = 1 credit hour)
<input type="checkbox"/> Seminar	0 Contact Hours (1 contact = 1 credit hour)
<input checked="" type="checkbox"/> Lab	1 Contact Hours (2-3 contact = 1 credit hour)
<input type="checkbox"/> Clinical	0 Contact Hours (3 contact = 1 credit hour)
<input type="checkbox"/> Online	
<input type="checkbox"/> Blended	

Offered: Fall Spring Summer

IAI Equivalent –**Only for Transfer Courses**–go to <http://www.itransfer.org>:

CATALOG DESCRIPTION:

This course will start by covering topics that include the medical and legal aspects in health care, the physician/patient/medical assistant relationship, the legal scope of medical assistants, professional and organizational ethics, and bioethical issues. This course will also provide practical application of insurance billing procedures, completion of claim forms, basic insurance terminology and various health plans including Medicare, Medicaid, HMOs and PPOs. Competencies will include managed care, insurance processing, and HIPAA compliance in the medical office including banking procedures which includes accounts receivable and payable, payroll, checking writing and inventory using EHR simulation modules and assignments.

Statement of Minimum Expectation: “To prepare competent entry-level medical assistants in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.”

GENERAL EDUCATION GOALS ADDRESSED

[See last page for Course Competency/Assessment Methods Matrix.]

Upon completion of the course, the student will be able:

[Choose up to three goals that will be formally assessed in this course.]

- To apply analytical and problem-solving skills to personal, social, and professional issues and situations.
- To communicate successfully, both orally and in writing, to a variety of audiences.
- To construct a critical awareness of and appreciate diversity.
- To understand and use technology effectively and to understand its impact on the individual and society.
- To develop interpersonal capacity.
- To recognize what it means to act ethically and responsibly as an individual and as a member of society.
- To recognize what it means to develop and maintain a healthy lifestyle in terms of mind, body, and spirit.
- To connect learning to life.

EXPECTED LEARNING OUTCOMES AND RELATED COMPETENCIES:

[Outcomes related to course specific goals. See last page for more information.]

Upon completion of the course, the student will be able to:

- 1. Effectively and efficiently perform financial and banking procedures.**
 - 1.1 Define the following bookkeeping terms: (VII.C.1)
 - a. charges
 - b. payments
 - c. accounts receivable
 - d. accounts payable
 - e. adjustments
 - 1.2 Describe banking procedures as related to the ambulatory care setting. (VII.C.2)
 - 1.3 Identify precautions for accepting the following types of payments: (VII.C.3)
 - a. cash
 - b. check
 - c. credit card
 - d. debit card
 - 1.4 Describe types of adjustments make to patient accounts including: (VIII.C.4)
 - a. non-sufficient funds (NSF) check
 - b. collection agency transactions
 - c. credit balance
 - d. third party
 - 1.5 Identify the types of information contained in the patient's billing record. (VII.C.5)
 - 1.6 Explain patient financial obligations for services rendered. (VII.C.6)
 - 1.7 Prepare a bank statement. (VII.P.2)
 - 1.8 Obtain accurate patient billing information. (VII.P.3)
- 2. Identify and utilize legal, moral, and ethical policies.**
 - 2.1 Differentiate between the scope of practice and standards of care for medical assistants. (X.C.1)
 - 2.2 Locate a state's legal scope of practice for medical assistants. (X.P.1)

- 2.3 Compare and contrast provider and medical assistant roles in terms of standard of care. (X.C.2)
- 2.4 Describe components of the Health Insurance Portability & Accountability Act (HIPAA) (X.C.3)
- 2.5 Apply HIPAA rules in regard to: (X.P.2)
 - a. privacy
 - b. release of information
- 2.6 Summarize the Patient Bill of Rights. (X.C.4)
- 2.7 Demonstrate sensitivity to patient rights. (X.A.1)
- 2.8 Discuss licensure and certificate as they apply to healthcare providers. (X.C.5)
- 2.9 Compare criminal and civil law as they apply to the practicing medical assistant. (X.C.6)
- 2.10 Define: (X.C.7)
 - a. negligence
 - b. malpractice
 - c. statute of limitations
 - d. Good Samaritan Act(s)
 - e. Uniform Anatomical Gift Act
 - f. Living will/Advanced Directives
 - g. medical durable power of attorney
 - h. Patient Self Determination Act (PSDA)
 - i. risk management
- 2.11 Describe liability and malpractice insurance. (X.C.8)
- 2.12 Define: (X.C.10)
 - a. Health Information Technology for Economic and Clinical Health Act (HITECH) Act
 - b. Genetic Information Nondiscrimination Act of 2008 (GINA)
 - c. Americans with Disabilities Act Amendments
- 2.13 Describe the process in compliance reporting: (X.C.11)
 - a. unsafe activities
 - b. errors in patient care
 - c. conflicts of interest
 - d. incident reports
- 2.14 Describe compliance with public health statutes: (X.C.12)
 - a. communicable diseases
 - b. abuse
 - c. neglect
 - d. exploitation
 - e. wounds of violence
- 2.15 Perform compliance reporting based on public health statutes. (X.P.5)
- 2.16 Protect the integrity of the medical record. (X.A.2)
- 2.17 Define the following medical legal terms: (X.C.13)
 - a. informed consent
 - b. implied consent
 - c. expressed consent
 - d. patient incompetence
 - e. emancipated minor
 - f. mature minor
 - g. subpoena duces tecum
 - h. respondent superior
 - i. res ispa loquitor

- j. locum tenens
 - k. defendant-plaintiff
 - l. deposition
 - m. arbitration-mediation
 - n. Good Samaritan laws
- 2.18 Report an illegal activity in the healthcare setting following proper protocol. (X.P.6)
- 2.19 Define: (XI.C.1)
- a. ethics
 - b. morals
- 2.20 Differentiate between personal and professional ethics. (XI.C.2)
- 2.21 Develop a plan for separation of personal and professional ethics. (XI.P.1)
- 2.22 Identify the effect of personal morals on professional performance. (XI.C.3)
- 2.23 Demonstrate appropriate response(s) to ethical issues. (XI.P.2)
- 2.24 Recognize the impact personal ethics and morals have on the delivery of healthcare. (XI.A.1)
- 3. Identify and effectively utilize proper coding procedures.**
- 3.1 Describe how to use the most current procedural coding system. (IX.C.1)
- 3.2 Describe how to use the most current diagnostic coding classification system. (IX.C.2)
- 3.3 Describe how to use the most current HCPCS level II coding system. (IX.C.3)
- 3.4 Discuss the effects of: (IX.C.4)
- a. upcoding
 - b. downcoding
- 3.5 Define medical necessity as it applies to procedural and diagnostic coding. (IX.C.5)
- 4. Display a working knowledge of office management, patient billing and coding responsibilities.**
- 4.1 List steps involved in completing an inventory. (VI.C.10)
- 4.2 Explain the importance of data backup. (VI.C.11)
- 4.3 Identify: (VIII.C.1)
- a. types of third party plans
 - b. information required to file a third party claim
 - c. the steps for filing a third party claim
- 4.4 Outline managed care requirements for patient referral. (VIII.C.2)
- 4.5 Describe processes for: (VIII.C.3)
- a. verification of eligibility services
 - b. precertification
 - c. preauthorization
- 4.6 Define a patient-centered nursing home (PCMH). (VIII.C.4)
- 4.7 Differentiate between fraud and abuse. (VIII.C.5)
- 4.8 Perform accounts receivable procedure to patient accounts including posting: (VII.P.1)
- a. charges
 - b. payments
 - c. adjustments
- 4.9 Obtain accurate patient billing information. (VII.P.3)
- 4.10 Inform a patient of financial obligations for services rendered. (VII.P.4)
- 4.11 Interpret information on an insurance card. (VIII.P.1)
- 4.12 Verify eligibility for services including documentation. (VIII.P.2)
- 4.13 Obtain precertification or preauthorization including documentation. (VIII.P.3)
- 4.14 Complete an insurance claim form. (VIII.P.4)
- 4.15 Perform procedural coding (IX.P.1)
- 4.16 Perform diagnostic coding (IX.P.2)
- 4.17 Utilize medical necessity guidelines. (IX.P.3)

- 4.18 Demonstrate professionalism when discussing patient's billing record. (VII.A.1)
- 4.19 Display sensitivity when requesting payment for services rendered. (VII.A.2)
- 4.20 Interact professionally with third party representatives. (VIII.A.1)
- 4.21 Display tactful behavior when communicating with medical providers regarding third party requirements. (VIII.A.2)
- 4.22 Show sensitivity when communicating with patients regarding third party requirements. (VIII.A.3)
- 4.23 Utilize tactful communication skills with medical providers to ensure accurate code selection. (IX.A.1)

MAPPING LEARNING OUTCOMES TO GENERAL EDUCATION GOALS

[For each of the goals selected above, indicate which outcomes align with the goal.]

Goals	Outcomes
First Goal	
To communicate successfully, both orally and in writing, to a variety of audiences	Demonstrate professionalism when discussing patient's billing record. (VII.A.1) Display sensitivity when requesting payment for services rendered. (VII.A.2) Interact professionally with third party representatives. (VIII.A.1) Utilize tactful communication skills with medical providers to ensure accurate code selection. (IX.A.1) Report an illegal activity in the healthcare setting following proper protocol. (X.P.6)
Second Goal	
To understand and use technology effectively and to understand its impact on the individual and society.	Display a working knowledge of office management, patient billing and coding responsibilities Verify eligibility for services including documentation. (VIII.P.2) Obtain precertification or preauthorization including documentation. (VIII.P.3) Complete an insurance claim form. (VIII.P.4) Perform procedural coding (IX.P.1) Perform diagnostic coding (IX.P.2) Protect the integrity of the medical record. (X.A.2) Apply HIPAA rules in regard to: (X.P.2) a. privacy b. release of information
Third Goal	
To recognize what it means to act ethically and responsibly as an individual and as a member of society.	Differentiate between personal and professional ethics. (XI.C.2) Develop a plan for separation of personal and professional ethics. (XI.P.1) Identify the effect of personal morals on professional performance. (XI.C.3) Demonstrate appropriate response(s) to ethical issues. (XI.P.2) Recognize the impact personal ethics and morals have on the delivery of healthcare. (XI.A.1)

	Discuss the effects of: (IX.C.4) a. upcoding b. downcoding
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COURSE TOPICS AND CONTENT REQUIREMENTS:

- Financial and banking procedures in the office setting.
- Legal, moral and ethical values.
- Coding Procedures
- EHR use and maintenance

INSTRUCTIONAL METHODS:

- Lecture
- Hands on Lab sessions
- PowerPoint
- Interactive Student Activities
- Videos and Podcasts
- Group Projects
- EHR Simulation Assignments/Modules

INSTRUCTIONAL MATERIALS:

Required: Michelle Blesi, Medical Assisting: Administrative and Clinical Competencies, 8th Edition, Cengage Learning ISBN13: 978-1-305-11070-0

STUDENT REQUIREMENTS AND METHODS OF EVALUATION:

**Each student is required to pass all courses with a minimum of a 70% (or 2.0) overall in order to move on to the next term. Students are also required to pass all psychomotor and affective competencies in order to graduate the medical assisting program.

Competencies:

Students may attempt psychomotor or affective competencies three times. The first attempt will be graded. Please remember that students must pass all psychomotor and affective competencies in order to graduate from the MA program.

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

- quizzes/pop quizzes
- exams
- competencies

Grading Scale

A= 93-100
B= 86-92
C= 78-85
D= 70-77
F= Below 70

OTHER REFERENCES

