ILLINOIS VALLEY COMMUNITY COLLEGE

COURSE OUTLINE

DIVISION: Nursing

COURSE: CMA 1230 Introduction to Electronic Health Records

Date: Spring 2019

Credit Hours: 3

Prerequisite(s): Admission to the Medical Assisting Certificate Program

Delivery Method: ☒ **Lecture** **2 Contact Hours** (1 contact = 1 credit hour)

☐ **Seminar** **0 Contact Hours** (1 contact = 1 credit hour)

☒ **Lab** **2 Contact Hours** (2-3 contact = 1 credit hour)

☐ **Clinical** **0 Contact Hours** (3 contact = 1 credit hour)

☐ **Online**

☐ **Blended**

Offered: ☐ **Fall** ☒ **Spring** ☐ **Summer**

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

CATALOG DESCRIPTION:
This course will allow the student to gain hands on experience of working in the medical office, by simulating real world administrative duties of the medical assistant. Students will be introduced to the electronic health record, also well as learn skills such as patient registration, scheduling, office management, insurance processing, patient care documentation and written orders.

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 schedule patients for appointments.**
1.1 Identify different types of appointment scheduling methods. (VI.C.1)
1.2 Identify advantages and disadvantages of the following appointment systems: (VI.C.2)
    a.   Manual
    b.   Electronic
1.3 Manage appointment schedule using established priorities. (VI.P.1)
1.4 Schedule a patient procedure. (VI.P.2)
1.5 Display sensitivity when managing appointments. (VI.A.1)

2.   **Effectively and efficiently manage the patient record.**
2.1 Define types of information contained in the patient's record. (VI.C.3)
2.2 Differentiate between electronic medical records (EMR) and a practice management software. (VI.C.8)
2.3 Create a patient's medical record. (VI.P.3)
2.4 Organize a patient's record. (VI.P.4)
2.5 File patient medical records. (VI.P.5)
2.6 Utilize an EMR. (VI.P.6)
2.7 Input patient data utilizing a practice management system. (VI.P.7)

3.   **Display a working knowledge of office management, patient billing and coding responsibilities.**
3.1 List steps involved in completing an inventory. (VI.C.10)
3.2 Explain the importance of data backup. (VI.C.11)
3.3 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
3.4 Outline managed care requirements for patient referral. (VIII.C.2)

3.5 Describe processes for: (VIII.C.3)
   a. verification of eligibility services
   b. precertification
   c. preauthorization
3.6 Define a patient-centered nursing home (PCMH). (VIII.C.4)
3.7 Differentiate between fraud and abuse. (VIII.C.5)
3.8 Perform accounts receivable procedure to patient accounts including posting: (VII.P.1)
   a. charges
   b. payments
   c. adjustments
3.9 Obtain accurate patient billing information. (VII.P.3)
3.10 Inform a patient of financial obligations for services rendered. (VII.P.4)
3.11 Interpret information on an insurance card. (VIII.P.1)
3.12 Verify eligibility for services including documentation. (VIII.P.2)
3.13 Obtain precertification or preauthorization including documentation. (VIII.P.3)
3.14 Complete an insurance claim form. (VIII.P.4)
3.15 Perform procedural coding (IX.P.1)
3.16 Perform diagnostic coding (IX.P.2)
3.17 Utilize medical necessity guidelines. (IX.P.3)
3.18 Demonstrate professionalism when discussing patient's billing record. (VII.A.1)
3.19 Display sensitivity when requesting payment for services rendered. (VII.A.2)
3.20 Interact professionally with third party representatives. (VIII.A.1)
3.21 Display tactful behavior when communicating with medical providers regarding third party requirements. (VIII.A.2)
3.22 Show sensitivity when communicating with patients regarding third party requirements. (VIII.A.3)
3.23 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 understand and use technology effectively and to understand its impact on the individual and society.	2.2 Differentiate between electronic medical records (EMR) and a practice management software. (VI.C.8) 2.6 Utilize an EMR. (VI.P.6) 3.2 Explain the importance of data backup. (VI.C.11) 3.14 Complete an insurance claim form. (VIII.P.4)

COURSE TOPICS AND CONTENT REQUIREMENTS:
Appointment management.
Use of computers and electronic devices in the office setting.
Managing patient billing, insurance claims, and pre-authorizations.
Perform diagnostic and procedural coding.

INSTRUCTIONAL METHODS:
- Lecture
- Computer Lab/Hands on sessions
- Interactive Student Activities

INSTRUCTIONAL MATERIALS:
Pepper, Julie "The Electronic Health Record for the Physician's Office: For SimChart for the Medical Office, 2nd Edition/ ISBN: 978-0-323-51146-9

Elsevier, SimChart for the Medical Office: Learning the Medical Office Workflow. 2019 Edition/ISBN: 978-0-323-64197-5

STUDENT REQUIREMENTS AND METHODS OF EVALUATION:
The assessment and grading of student performance in this course is based on the following activities, below is approximately the number of quizzes, exams, practicums, grade homework assignments, and lab sessions:
- Quizzes (SimChart)
- Exams
- Graded homework assignments
- Lab sessions (hands on)
- Competencies

**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.

Grading Scale:
A= 90-100
B= 80-89
C= 70-79
D= 60-69
F= 0-59

OTHER REFERENCES

Course Competency/Assessment Methods Matrix

(Dept/# Course Name)	Assessment Options																																
For each competency/outcome place an "X" below the method of assessment to be used.	Assessment of Student Learning	Article Review	Case Studies	Group Projects	Lab Work	Oral Presentations	Pre-Post Tests	Quizzes	Written Exams	Artifact Self Reflection of Growth	Capstone Projects	Comprehensive Written Exit Exam	Course Embedded Questions	Multi-Media Projects	Observation	Writing Samples	Portfolio Evaluation	Real World Projects	Reflective Journals	Applied Application (skills) Test	Oral Exit Interviews	Accreditation Reviews/Reports	Advisory Council Feedback	Employer Surveys	Graduate Surveys	Internship/Practicum /Site Supervisor Evaluation	Licensing Exam	In Class Feedback	Simulation	Interview	Written Report	Assignment
Assessment Measures – Are direct or indirect as indicated. List competencies/outcomes below.	Direct/	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	I	I	I	I	D	D						
1. Effectively and efficiently schedule patients for appointments.					X			X	X									X															X
1.1 Identify different types of appointment scheduling methods. (VI.C.1)					X			X	X																								X
1.2 Identify advantages and disadvantages of the following appointment systems: (VI.C.2) a. Manual b. Electronic								X	X																								X
1.3 Manage appointment schedule using established priorities. (VI.P.1)					X			X	X									X															X
1.4 Schedule a patient procedure. (VI.P.2)					X			X X	X									X															X
1.5 Display sensitivity when managing appointments. (VI.A.1)					X			X	X									X												X			
2. Effectively and efficiently manage the patient record.					X			X	X									X															X
2.1 Define types of information contained in the patient's record. (VI.C.3)								X	X																								X

#	Outcome / Competency										
2.2	Differentiate between electronic medical records (EMR) and a practice management software. (VI.C.8)				X	X					X
2.3	Create a patient's medical record. (VI.P.3)	X									
2.4	Organize a patient's record. (VI.P.4)	X									
2.5	File patient medical records. (VI.P.5)	X									
2.6	Utilize an EMR. (VI.P.6)	X									
2.7	Input patient data utilizing a practice management system. (VI.P.7)	X									
3.	**Display a working knowledge of office management, patient billing and coding responsibilities.**	X			X	X					X
3.1	List steps involved in completing an inventory. (VI.C.10)				X	X					X
3.2	Explain the importance of data backup. (VI.C.11)				X	X					X
3.3	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				X	X					X
3.4	Outline managed care requirements for patient referral. (VIII.C.2)				X	X					X
3.5	Describe processes for: (VIII.C.3) a. verification of eligibility services b. precertification c. preauthorization				X	X					X
3.6	Define a patient-centered nursing home (PCMH). (VIII.C.4)				X	X					X
3.7	Differentiate between fraud and abuse. (VIII.C.5)				X	X					X
3.8	Perform accounts receivable procedure to patient accounts including posting: (VII.P.1) a. charges b. payments c. adjustments	X						X		X	X
3.9	Obtain accurate patient billing information. (VII.P.3)	X						X		X	X
3.10	Inform a patient of financial obligations for services rendered. (VII.P.4)	X						X		X	X

Competency																														
3.11 Interpret information on an insurance card. (VIII.P.1)				X													X												X		X
3.12 Verify eligibility for services including documentation. (VIII.P.2)				X													X												X		X
3.13 Obtain precertification or preauthorization including documentation. (VIII.P.3)				X													X												X		X
3.14 Complete an insurance claim form. (VIII.P.4)				X X													X												X		X
3.15 Perform procedural coding (IX.P.1)				X		X	X										X												X		X
3.16 Perform diagnostic coding (IX.P.2)				X		X	X										X												X		X
3.17 Utilize medical necessity guidelines. (IX.P.3)				X													X												X		
3.18 Demonstrate professionalism when discussing patient's billing record. (VII.A.1)				X													X												X		
3.19 Display sensitivity when requesting payment for services rendered. (VII.A.2)				X		X	X										X												X		
3.20 Interact professionally with third party representatives. (VIII.A.1)				X													X												X		
3.21 Display tactful behavior when communicating with medical providers regarding third party requirements. (VIII.A.2)				X													X												X		
3.22 Show sensitivity when communicating with patients regarding third party requirements. (VIII.A.3)				X													X												X		
3.23 Utilize tactful communication skills with medical providers to ensure accurate code selection. (IX.A.1)				X																									X		