

Las Positas College
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Course Outline for BUSN 7600

FINANCIAL AND INSURANCE PROCED

Effective: Fall 2008

I. CATALOG DESCRIPTION:

BUSN 7600 — FINANCIAL AND INSURANCE PROCED — 3.00 units

A comprehensive study of medical documentation, Insurance claims, coding, billing and collection strategies. Procedures and paperwork involving various insurance providers including Tricare, Medicare, Medi-claim, Workman's compensation, Disability Insurance, and private insurance carriers in inpatient and outpatient care. Privacy rules and regulation governed by HIPPA involving patient confidential information.

3.00 Units Lecture

Grading Methods:

Discipline:

| | MIN |
|-----------------------|------------|
| Lecture Hours: | 54.00 |
| Total Hours: | 54.00 |

II. NUMBER OF TIMES COURSE MAY BE TAKEN FOR CREDIT: 1

III. PREREQUISITE AND/OR ADVISORY SKILLS:

IV. MEASURABLE OBJECTIVES:

Upon completion of this course, the student should be able to:

- A. Demonstrate understanding of the importance and role of medical receptionist and insurance billing specialist.
- B. Understand and follow HIPPA procedures in protecting patient rights, privacy and identity
- C. Review insurance policy benefits, renewal provisions and policy terms
- D. Differentiate between different types of insurance providers including federal, state and private.
- E. Use appropriate forms to chart and record medical history.
- F. Apply medical terminology and abbreviations while writing in the charts.
- G. Understand and follow ICD-9-CM diagnostic coding for insurance claim and reimbursement
- H. Assess and select appropriate code to transform written descriptions of procedures into numeric designations (code numbers)
 - I. Prepare and submit paper and electronic claims with proper documentation to insurance providers.
- J. Understand and apply bookkeeping procedures to payments by patients, reimbursement by insurance companies, accounts receivables, payment options and daily cash collections.
- K. Identify and resolve coverage, payment, diagnosis and collection issues with insurance companies and patients.
- L. Differentiate between insurance coverage issues with variety of providers including private, medicare, medical, tricare and workman's compensation.

V. CONTENT:

- A. Role of insurance billing specialist
 1. Background of Insurance claims
 2. Medical Etiquette
 3. Medical Ethics
 4. Scope of practice
- B. Compliance, health insurance technology and HIPPA
 1. Health Insurance Portability and Accountability Act
 2. Hippa in practice setting
- C. Staff responsibilities in Protecting Patient Rights
 1. Verification of identity and authority
 2. Validating patient information
 3. Safeguards protecting patient information
 4. Compliance to Health care practice and workforce sanctions
- D. Health Insurance basics:
 1. Legal Principles of Insurance
 2. The Insurance Policy
 3. Types of insurance coverage
 4. Types of benefits Medicare/Medicaid, Tricare, Point of Service plans
- E. Medical Documentation
 1. Documentation process
 2. Principles of Health Record Documentation
 3. Documentation Terminology

4. Types of insurance coverage
5. Types of benefits Medicare/Medicaid, Tricare, Point of Service plans
- F. Diagnostic Coding
 1. The Diagnostic Coding System
 2. History of Coding Diseases
 3. Rules for Coding
 4. ICD-10-CM Diagnosis and Procedure Codes
 5. Medical Charting
- G. Procedural Coding
 1. Coding Compliance Plan
 2. Methods of payment
 3. How to use CPT Code Book?
- H. Paper and Electronic Claims
 1. Types of Claims
 2. Compliance related issues
 3. Health Insurance Claim Form
 4. Optical Scanning
 5. Why Forms are Delayed or Rejected?
 6. Electronic Claims
- I. Receiving Payments and Insurance Problem Solving
 1. Follow-Up after Claim Submission
 2. Explanation of Benefits
 3. Claim management techniques
 4. Cash flow cycle
 5. Accounts receivable
 6. Credit & Collection laws
 7. The Collection process
- J. Health Care Payers
 1. The Blues Plans
 2. Private Insurance and manages care
 3. Managed care systems
 4. Financial management
 5. Medical reimbursement
 6. Payment fundamentals

VI. METHODS OF INSTRUCTION:

- A. Lecture utilizing Power Point and other media including overhead.
- B. Critical thinking exercises to integrate student's overall ability to understand the material.
- C. Enhance learning and retention by using Audio-visual materials including video tapes and web casts.
- D. Write exercises, analyze and evaluate case studies.
- E. Use Hands on practical problem solving skills to prepare for real life scenarios.

VII. TYPICAL ASSIGNMENTS:

- A. Read chapter on "Health Care Payers" (or other selected topic), and describe different types of payers and how their reimbursement policies differ?
- B. Individual projects to demonstrate knowledge and use of Diagnostic Coding by filling out a relevant form based on certain medical conditions and facts.
- C. Use computer software to electronically submit insurance claim paperwork for reimbursement.

VIII. EVALUATION:

A. **Methods**

1. Exams/Tests
2. Quizzes
3. Papers
4. Oral Presentation
5. Projects
6. Class Participation
7. Home Work
8. Other:
 - a. Methods:
 1. Class participation
 2. Quizzes
 3. Exams
 4. Final Exam
 5. Written assignments/Homework
 6. Participation in class activities which may include but not limited to presentation of medical cases, role playing, and oral presentations.

B. **Frequency**

1. Frequency
 - a. Weekly quizzes on reading assignments and end of the chapter questions
 - b. At least 2 midterms during the semester
 - c. Completion of at least 2 class projects
 - d. Final exam

IX. TYPICAL TEXTS:

1. Fordney, Marilyn T *Insurance Handbook for the Medical Office*. 9th ed., -, 2006.
2. Saunders *ICD-9-M Coding*, -, 2007.
3. Diamond, Marsha *Coders Resource Handbook*, CPT Coding, 2007.

X. OTHER MATERIALS REQUIRED OF STUDENTS: