

Las Positas College  
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### Course Outline for BUSN 77

#### FINANCE AND INSURANCE PROCEDURES FOR MEDICAL OFFICES

Effective: Fall 2018

#### I. CATALOG DESCRIPTION:

BUSN 77 — FINANCE AND INSURANCE PROCEDURES FOR MEDICAL OFFICES — 3.00 units

A comprehensive study of medical documentation, Insurance claims, coding, billing and collection strategies. Procedures and paperwork involving various insurance providers including the Affordable Care Act, Tricare, Medicare, and other relevant federal legislation. Medi-claim, workers' compensation, disability Insurance, and private insurance carriers in inpatient and outpatient care are also reviewed. HIPPA and other federal legislation, rules, and regulations involving patient confidential information will be analyzed.

3.00 Units Lecture

#### Grading Methods:

Letter or P/NP

#### Discipline:

- Business or
- Management

	<b>MIN</b>
<b>Lecture Hours:</b>	54.00
<b>Expected Outside of Class Hours:</b>	108.00
<b>Total Hours:</b>	162.00

#### 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. List and explain 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. Demonstrate appropriate use of the current 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. Dictate 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, HIPPA, and other federal legislation
  1. Health Insurance Portability and Accountability Act
  2. HIPPA in practice setting
  3. Federal Privacy legislation update
- 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. Current ICD-xx-CM Diagnosis and Procedure Codes
  - 5. Medical Charting
- G. Procedural Coding
  - 1. Coding Compliance Plan
  - 2. Methods of payment
  - 3. Using the CPT Code Book
- H. Paper and Electronic Claims
  - 1. Types of Claims
  - 2. Compliance issues
  - 3. Health Insurance Claim Forms
  - 4. Optical Scanning
  - 5. Causes of delayed and rejected claims
  - 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. **Simulations** -
- B. **Classroom Activity** -
- C. **Projects** -
- D. **Discussion** -
- E. **Lecture** -
- F. **Written exercises and case studies** -

#### 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.
- D. As a team, review a provided case study, analyze options for resolution, and present to class.

#### VIII. EVALUATION:

##### A. **Methods**

- 1. Exams/Tests
- 2. Quizzes
- 3. Oral Presentation
- 4. Projects
- 5. Simulation
- 6. Class Participation
- 7. Class Work
- 8. Home Work

##### B. **Frequency**

- 1. A final exam will be given.
- 2. Quizzes and tests will be integrated as needed to underscore and assess learning.
- 3. Homework may be utilized to assist students in learning concepts and helping to insure adequate preparation for class work.
- 4. Class work and class participation may be assessed at each meeting.
- 5. Projects may be developed individually or teams and as one assignment or build over the semester as a collection of research, case studies, and/or simulations.
- 6. Oral presentations, role playing, and simulations may be utilized throughout the course.

#### IX. TYPICAL TEXTS:

- 1. American Medical Association. . *ICD-10-CM Coding 2017 The Complete Official Codebook.*, -American Medical Association, 2017.
- 2. Fordney, Marilyn. *Insurance Handbook for the Medical Office.* 14th ed., Elsevier Health Sciences, 2016.
- 3. Clack, Crystal, Linda Renfro, and Michelle Rimmer. *Medical Billing 101.* 2nd ed., Cengage Learning, 2016.
- 4. Newby, Cynthia, and Nikita Carr. *Insurance in the Medical Office: Patient to Payment.* 8th ed., McGraw-Hill, 2017.
- 5. Davis, James. *The Coder's Handbook 2018.* 1st ed., Practice Management Information Corporation, 2018.

#### X. OTHER MATERIALS REQUIRED OF STUDENTS:

A. Internet access is essential