

Departmental Syllabus

Prepared by the Department of Health Sciences

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Effective: Fall 2017

1. **Course Number: MAC205**

Course Title: The Administrative Medical Assistant

2. **Description:** This course prepares students to perform the administrative functions of a medical assistant. Course topics include the following: an overview of the healthcare industry, client/patient relations and communication, health information management, medical practice management, and professional workplace behavior. Students acquire skills in a medical office software package, meet CAAHEP/MAERB required administrative competencies, and explore ethical/legal issues in modern medicine.

3. **Student Learning Outcomes** (instructional objectives, intellectual skills):

Upon successful completion of this course, students are able to do the following.

- Identify quality assurance practices in healthcare
- Demonstrate knowledge of basic math computations
- Analyze healthcare results as reported in graphs and tables
- Identify styles and types of verbal communication
- Identify types of nonverbal communication
- Recognize barriers to communication
- Identify techniques for overcoming communication barriers
- Recognize the elements of oral communication using a sender-receiver process
- Recognize elements of fundamental writing skills
- Discuss applications of electronic technology in professional communication
- Define the principles of self-boundaries
- Define patient navigator
- Differentiate between subjective and objective information
- Identify different types of appointment scheduling methods
- Identify advantages and disadvantages of the following appointment systems
 - a. manual
 - b. electronic
- Identify critical information required for scheduling patient procedures
- Define types of information contained in the patient's medical record
- Identify methods of organizing the patient's medical record based on:
 - a. problem-oriented medical record (POMR)
 - b. source-oriented medical record (SOMR)
- Identify equipment and supplies needed for medical records in order to:
 - a. Create
 - b. Maintain
 - c. Store
- Describe filing indexing rules
- Differentiate between electronic medical records (EMR) and a practice management system
- Explain the purpose of routine maintenance of administrative and clinical equipment
- List steps involved in completing an inventory
- Explain the importance of data back-up
- Explain meaningful use as it applies to EMR
- Define the following bookkeeping terms:
 - a. Charges
 - b. Payments
 - c. Accounts receivable
 - d. Accounts payable
 - e. Adjustments
- Describe banking procedures as related to the ambulatory care setting

- Identify precautions for accepting the following types of payments:
 - a. Cash
 - b. Check
 - c. Credit card
 - d. Debit card
- Describe types of adjustments made to patient accounts including:
 - a. Non-sufficient funds (NSF) check
 - b. Collection agency transaction
 - c. Credit balance
 - d. Third party
- Identify types of information contained in the patient's billing record
- Explain patient financial obligations for services rendered
- Identify:
 - a. Types of third party plans
 - b. Information required to file a third party claim
 - c. The steps for filing a third party claim
- Outline managed care requirements for patient referral
- Describe processes for:
 - a. Verification of eligibility for services
 - b. Precertification
 - c. Preauthorization
- Define a patient-centered medical home (PCMH)
- Differentiate between fraud and abuse
- Describe how to use the most current procedural coding system
- Describe how to use the most current diagnostic coding classification system
- Describe how to use the most current HCPCS level II coding system
- Discuss the effects of upcoding and downcoding
- Define medical necessity as it applied to procedural and diagnostic coding
- Describe the following types of insurance:
 - a. Liability
 - b. Professional (malpractice)
- List and discuss legal and illegal applicant interview questions
- Identify:
 - a. Health Information Technology for Economic and Clinical Health (HITECH) Act
 - b. Genetic Information Nondiscrimination Act of 2008 (GINA)
 - c. American with Disabilities Act Amendments Act (ADAAA)
- Describe the process in compliance reporting:
 - a. Unsafe activities
 - b. Errors in patient care
 - c. Conflicts of interest
 - d. Incident report
- Describe compliance with public health statutes:
 - a. Communicable diseases
 - b. Abuse, neglect, and exploitation
 - c. Wounds of violence

Psychomotor (Skills)

- Demonstrate professional telephone techniques
- Document telephone messages accurately
- Compose professional correspondence utilizing electronic technology
- Develop a current list of community resources related to patients' healthcare needs
- Facilitate referrals to community resources in the role of a patient navigator
- Report relevant information concisely and accurately
- Manage appointment schedule using established priorities
- Schedule a patient's procedure
- Create a patient's medical record
- Organize a patient's medical record
- File patient medical records

- Utilize an EMR
- Input patient data utilizing a practice management system
- Perform routine maintenance of administrative or clinical equipment
- Perform an inventory with documentation
- Perform accounts receivable procedures to patient accounts including posting:
 - a. Charges
 - b. Payments
 - c. Adjustments
- Prepare a bank deposit
- Obtain accurate patient billing information
- Inform a patient of financial obligations for services rendered
- Interpret information on an insurance card
- Verify eligibility for services including documentation
- Obtain precertification or preauthorization including documentation
- Complete an insurance claim form
- Perform procedural coding
- Perform diagnostic coding
- Utilize medical necessity guidelines
- Locate a state's legal scope of practice for medical assistants
- Apply HIPAA rules in regard to:
 - a. Privacy
 - b. Release of information
- Document patient care accurately in the medical record

Affective (Behavior)

- Demonstrate professionalism when discussing patient's billing record
- Display sensitivity when requesting payment for services rendered
- Interact professionally with third party representatives
- Display tactful behavior when communicating with medical providers regarding third party requirements
- Show sensitivity when communicating with patients regarding third party requirements
- Utilize tactful communication skills with medical providers to ensure accurate code selection
- Demonstrate sensitivity to patient rights
- Protect the integrity of the medical record

4. Credit(s): 3 credits

5. Satisfies General Education Requirement: No

6. Prerequisite(s): MAC 101 (Fundamentals of Medical Assisting) Co-requisite: MAC 204 (Medical Assisting Clinical Procedures & Clinical Practicum), Enrollment in the Medical Assisting Program

7. Semester(s) Offered: Spring

8. Suggested General Guidelines for Evaluation:

Student learning is evaluated by exam, written homework, research paper, oral presentation, class participation, accountability, and professional demeanor demonstrated in the classroom and clinical practice. Students must successfully pass all the psychomotor and affective competencies in order to pass the course and progress in the program.

9. General Topical Outline (Optional):