

COURSE: MA 212 – Patient-to-Payment/Insurance Procedures

COURSE DESCRIPTION: This course includes theory and practice for introductory medical insurance. The course will provide the student with the basics of coding and filing insurance claims.

LEARNING GOAL: To be able to identify types of medical insurance, recognize special terms, abbreviations, and to complete an insurance claim form. To gain awareness of legal and ethical considerations with emphasis on HIPAA Privacy Rule and fraud related to insurance.

INSTRUCTOR: Kris Lindahl, CMA

DURATION: 56 Clock Hours 2 Semester Credits

TEXT: From Patient to Payment/Insurance Procedures for the Medical Office, 6th edition.

MAJOR REFERENCES: ICD-9-CM, CPT; HCPC.

COURSE OBJECTIVES:

212 1	Identify from patient to payment.....	5
212 2	Describe HIPAA and the legal medical record.....	4
212 3	Identify payment methods.....	5
212 4	Explain claim preparation.....	4
212 5	Describe payment follow-up and collections.....	5
212 6	Define Blue Cross and Blue Shield.....	5
212 7	Describe Medicare.....	4
212 8	Describe Medicaid.....	4
212 9	Describe Tricare and Champva.....	5
212 10	Identify Worker’s Compensation.....	5
212 11	Explain disability.....	5
212 12	Explain hospital insurance.....	5

TERMINAL OBJECTIVES:

MA 212 1

1. Explain the main differences between indemnity plans and managed care plans.
2. Define the various types of insurance coverage.
3. Identify the medical office billing workflow.
4. Discuss ten primary responsibilities of a medical insurance specialist.
5. List effects of insurance claim errors on medical office routines.
6. Compare medical ethics and etiquette.

MA 212 2

1. Discuss the importance of medical record documentation in the billing and payment process.
2. Define the facts that are included in patients’ protected health information (PHI).
3. Discuss the purpose of the HIPAA Privacy rule.
4. Describe what PHI can be released without patient’s authorization.
5. Discuss patients’ authorizations to use or disclose PHI.
6. Describe the purpose of a retention schedule.
7. Discuss how to guard against potentially fraudulent situations.

MA 212 3

1. Discuss the major types of health plans and how the various structures affect the payments that the patients owe for medical services.
2. Describe three ways in which payments to physicians are set.
3. Compare the calculation of payments for participating and nonparticipating providers, and describe how balance billing rules affect the changes that can be collected from patients.
4. List the types of charges for which a patient may be responsible at the time of a visit.

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MA 212 4

1. Describe the process of using medical billing programs to prepare health care claims.
2. Discuss the content of the patient information section of the CMS-1500 claim.
3. Discuss the content of the physician or supplier information section of the CMS-1500 claim.
4. Describe the information contained in the five major sections of the HIPAA claim.
5. Compare billing provider, pay-to-provider, rendering provider, and referring provider.
6. Discuss the importance and use of claim control numbers and line-item control numbers on HIPAA claims.

MA 212 5

1. Identify the three major methods of electronic claim transmission.
2. Describe the claim determination process used by health plans.
3. Follow five steps to process reimbursement advices (RAs) from health plans.
4. Discuss common reasons for appeals of reduced or denied payments.
5. Discuss the coordination of benefits process used to determine the patient's primary and additional insurance coverage.
6. Describe the patients billing and collection process.
7. Handle patients' inquires about insurance and billing problems.

MA 212 6

1. Discuss the history and structure of the Blue Cross and Blue Shield Organization.
2. Describe four key features of Blue Cross and Blue Shield member plans.
3. Compare the responsibilities of physicians who do and do not participate in Blue Cross and Blue Shield member plans.
4. Explain the Blue Card Program.
5. Describe important data to obtain from a subscriber's Blue Cross and Blue Shield card.
6. State two reasons to complete claim forms within established time limit

MA 212 7

1. Identify two parts of Medicare coverage.
2. Explain the fees that Medicare participating and non-participating physicians are allowed to charge.
3. Explain the difference between an excluded service and a medically unnecessary service.
4. Name four situations in which Medicare is the secondary payer.

MA 212 8

1. Identify two ways Medicaid programs vary from state to state.
2. List the primary kinds of Medicaid benefits determined by federal law and given examples of additional benefits states may authorize.
3. Explain two broad classifications of people who are eligible for Medicaid assistance.
4. Explain four areas a medical insurance specialist should pay special attention to when filing Medicaid claims.

MA 212 9

1. Explain who is eligible for TRICARE and CHAMPVA and how to verify eligibility.
2. Discuss the programs offered to TRICARE beneficiaries.
3. Describe the use of a non-availability statement in the TRICARE program.
4. Explain where to file claims first when TRICARE and CHAMPVA beneficiaries are also covered by other insurance programs.
5. Identify filing deadlines and time limits for responses to request for additional information.

MA 212 10

1. Discuss what worker's compensation insurance covers, and tell which federal and state agencies administer the program.
2. List the five types of compensation that employees may receive from work related illnesses and injuries.
3. List five questions to ask the state compensation board about worker's compensation regulations.
4. Explain why medical information that pertains to a workers' compensation case should be separated from the patient's chart for diseases and disorders that are not work-related.

MA 212 11

1. Discuss the purpose of disability compensation.
2. Name the six major federal disability programs, and describe who is eligible for program benefits.
3. Compare government and private disability plans.
4. List eight types of information the physician should include in a medical report for the claims department of a disability compensation program.

MA 212 12

1. Compare inpatient and outpatient hospital services.
2. List the major steps relating to hospital claims processing.
3. Describe two differences in coding diagnoses for hospital inpatient cases and physician office services.
4. Describe the procedure codes used in hospital coding.
5. Discuss the important items that are reported on the HIPAA hospital claim, the 8371.

PERFORMANCE STANDARDS: The student will pass the course with a minimum of 80%.

Grading scale: 100% - 94% = A 93% - 87% = B 86% - 80% = C 79% or Below = F

PERSONAL OBJECTIVES:

- Attend class sessions
- Prepare for class sessions
- Complete assignments in a timely manner
- Demonstrate a high level of responsibility
- Display respect for other members of the class
- Participate in class discussions

METHODS OF INSTRUCTIONS: Lecture, class discussion, and assignments.

ATTENDANCE: Absences can seriously affect grades. The maximum number of classes missed is four (4) days. There are no excused absences. Students are responsible for all information missed while absent from class. This includes any changes to the schedule that might occur. When a student is 10 minutes late for class, it is an automatic absence.

ACADEMIC INTEGRITY: Students must maintain the highest standard of individual honor and integrity in their work. Students are expected to do their own work in the course. This includes, but is not limited to, homework, papers, written reports, tests, exams, and competencies.

ADA COMPLIANCE: Students with a documented disability or who think they may have a learning problem should contact the Office of Services for Students with Disabilities. Instructors will provide the reasonable accommodations upon the advice of the Office of Services for Students with Disabilities.

STATEMENT: Without my permission, you do not have the authority to record any of my class, its class members, or any content expressed here.

Revised: 7/10