

HARTNELL COLLEGE

MEDICAL OFFICE SOFTWARE APPLICATIONS

COURSE OUTLINE

COURSE DESCRIPTION:

Provides essential knowledge and hands-on practice of using medical accounting management software for scheduling, billing, and maintaining patient records. Content includes maintenance of patient files, storage of treatment information, matching of CPT and diagnosis codes with treatment procedures and charges, creation of insurance forms, and other practice management tasks.

COURSE OBJECTIVES:

The student will

1. describe the flow of information in a medical office.
2. explain the importance of accurate appointment scheduling and describe the methods and considerations used to schedule appointments using medical accounting management software.
3. describe how to determine patient eligibility.
4. describe the purpose of an encounter form and how it is used in a medical office.
5. compare and contrast methods for collecting payment in a medical office.
6. differentiate among types of health insurance coverage.
7. compare and contrast health care financing plans.
8. describe the difference between managed care plans and traditional health insurance .
9. demonstrate familiarity with basic computer hardware/software terminology and concepts.
10. use the Windows environment to open, operate, and close the medical accounting management software.
11. describe the features of the medical accounting management software and determine the appropriate feature to use.
12. input, process, and output data (forms, reports, receipts, etc.) using the medical accounting management software.
13. navigate the medical accounting management software using a menu system, direct chain commands, and support files.
14. enter patient account information into the patient registration form and supplemental screens.
15. describe the relationship between the patient and guarantor.
16. describe the importance of accurate data entry.
17. discuss the patient extended information option.
18. generate patient registration forms and guarantor file reports.
19. demonstrate patient account retrieval.
20. explain the posting account process and demonstrate posting of procedure and diagnosis codes.
21. explain the Ailment Detail function and describe its purpose.
22. list main components of the Daily Report and explain their purposes.
23. revise data in patient, financial, and payment records as well as support files and payment histories.
24. describe and apply the procedure for scheduling or canceling appointment.
25. describe and create the daily list of appointments.
26. describe and create Hospital Rounds reports.
27. locate procedure and diagnosis codes for hospital codes using Windows.
28. explain the importance of insurance billing and insurance claims forms and create an Insurance Billing Worksheet.
29. locate and interpret the information on an Insurance Billing Worksheet and Explanation of Benefits form.
30. post payments and adjustments to the appropriate accounts.
31. compare and contrast the functions of the Guarantor, Current Period, and System Summary reports.
32. create and print the Guarantor, Current Period, and System Summary reports.
33. compare and contrast several patient billing methods.

34. create and print patient statements.
35. differentiate among unique payment situations and determine the appropriate posting process for handling specific situations.
36. describe the account aging process.
37. describe types of patient data that can be retrieval and displayed.
38. discuss the relevance of period close and purge.
39. describe the importance of information systems in a medical office and role of computers in maintaining and communicating medical information.
40. discuss Patient Privacy Regulations and Health Insurance Portability and Accountability Act and their impact on medical offices.

COURSE CONTENT:

1. Medical office information flow
 - a. Appointment scheduling
 - b. Patient eligibility
 - c. Encounter forms
 - d. Methods of collecting insurance payments
 - e. Types of health insurance coverage
 - f. Health care financing plans
 - g. Managed care health insurance coverage
2. Computerized medical offices
 - a. Basic computer hardware/software/windows environment terminology and concepts
 - b. Features of medical accounting management software
 - c. Data input, processing, and output
 - d. File backup
3. Patient files
 - a. New patient entries
 - b. Guarantor information (relationship of guarantor and patient)
 - c. Additional information
 - d. Accurate data input
4. Posting entries
 - a. Account retrieval
 - b. Procedure and diagnosis codes
 - c. Ailment information
 - d. Process of posting accounts
 - e. Daily report components
5. Editing existing entries
 - a. Modifying an account
 - b. Modifying a referring doctor
 - c. Modifying a previously posted charge
 - d. Modifying an ailment
6. Office management and appointment scheduling
 - a. Scheduling procedures
 - b. Daily list of appointments
 - c. Hospital Rounds reports
 - d. Procedure and diagnosis codes for hospital procedures
7. Practice Management
 - a. Insurance billing
 - b. Insurance claims forms
 - c. Posting payments from patients and insurance carriers
 - d. Posting adjustments
 - e. Explanation of Benefits forms
8. Report generation
 - a. Guarantor, Current Period, and System Summary reports
 - b. Patient billing methods

- c. Patient statements
- 9. Advanced functions and features
 - a. Unique payment situations
 - b. Account aging process
 - c. Retrieval and display of patient data
 - d. Period close and purge
 - e. Additional software features
- 10. Information systems in a medical office
 - a. Role of computerized medical data
 - b. Patient Privacy Regulations
 - c. Health Insurance Portability and Accountability Act (HIPAA)