

# Dakota County Technical College

## MDAS 1271: Administrative Procedures

### A. COURSE DESCRIPTION

Credits: 3

Lecture Hours/Week: 2

Lab Hours/Week: 1

OJT Hours/Week: \*.\*

Prerequisites: None

Corequisites: None

MnTC Goals: None

This course will introduce the student to the administrative duties performed by a Medical Assistant. Emphasis will be on front office duties such as; telecommunications, appointment scheduling, medical records, insurance, bookkeeping, written communications, and medical coding. Other topics included in the course will be office and human resource management as they apply to the Medical Assistant.

Prerequisite: MDAS 1150 Medical Documentation

**B. COURSE EFFECTIVE DATES:** 08/27/2012 - Present

**C. OUTLINE OF MAJOR CONTENT AREAS**

## **D. LEARNING OUTCOMES (General)**

1. Recognize elements of fundamental writing skills V.C.7
2. Discuss applications of electronic technology in professional communication V.C.8
3. Define patient navigator V.C.12
4. Describe the role of the medical assistant as patient navigator V.C.13
5. Use feedback techniques to obtain patient information including: a. reflection b. restatement c. clarification V.P.1
6. Respond to nonverbal communication V.P.2
7. Coach patients regarding: a. office policies
8. Demonstrate professional telephone techniques V.P.6
9. Document telephone messages accurately V.P.7
10. Compose professional correspondence utilizing electronic technology V.P.8
11. Demonstrate: a. empathy b. active listening c. nonverbal communication VA. 1
12. Identify different types of appointment scheduling methods VI.C.1
13. Identify advantages and disadvantages of the following appointment systems: a. manual b. electronic VI.C.2
14. Identify critical information required for scheduling patient procedures VI.C.3
15. Explain the purpose of routine maintenance of administrative and clinical equipment VI.C.9
16. List steps involved in completing an inventory VI.C.10
17. Manage appointment schedule using established priorities VI.P. 1
18. Schedule a patient procedure VI.P.2
19. Perform routine maintenance of administrative or clinical equipment VI.P.8
20. Perform an inventory with documentation VI.P.9
21. Display sensitivity when managing appointments VI.A.1
  
22. Define the following bookkeeping terms: a. charges b. payments c. accounts receivable d. accounts payable e. adjustments VII.C.1
23. Describe banking procedures as related to the ambulatory care setting VII.C.2
24. Identify precautions for accepting the following types of payments: a. cash b. check c. credit card d. debit card VII.C.3
25. Describe types of adjustments made to patient accounts including: a. non-sufficient funds (NSF) checks b. collection agency transaction c. credit balance d. third party VII.C.4
26. Identify types of information contained in the patient's billing record VII.C.5
27. Explain patient financial obligations for services rendered VII.C. 6
28. Perform accounts receivable procedures to patient accounts including posting: a. charges b. payments c. adjustments VII.P.1
29. Prepare a bank deposit VII.P.2
30. Obtain accurate patient billing information VII.P.3
31. Inform a patient of financial obligations for services rendered VII.P.4
32. Demonstrate professionalism when discussing patient's billing record VII.A.1
33. Display sensitivity when requesting payment for services rendered VII.A.2
34. 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 VIII.C.1
35. Outline managed care requirements for patient referral VIII.C.2
36. Describe processes for: a. verification of eligibility for services b. precertification c. preauthorization VIII.C.3
37. Define a patient-centered medical home (PCMH) VIII.C.4

38. Differentiate between fraud and abuse VIII.C.S
39. Interpret information on an insurance card VIII.P.1
40. Verify eligibility for services including documentation VIII.P.2
41. Obtain precertification or preauthorization including documentation VIII.P.3
42. Complete an insurance claim form VIII.P.4
43. Interact professionally with third party representatives VIII.A.1
44. Display tactful behavior when communicating with medical providers regarding third party requirements VIII.A.2
45. Show sensitivity when communicating with patients regarding third party requirements VIII.A.3
46. Describe how to use the most current procedural coding system IX.C.1
47. Describe how to use the most current diagnostic coding classification system IX.C.2
48. Describe how to use the most current HCPCS level II coding system IX.C.3
49. Discuss the effects of: a. upcoding b. downcoding IX.C.4
50. Define medical necessity as it applies to procedural and diagnostic coding IX.C.5
51. Perform procedural coding IX. P.1
52. Perform diagnostic coding IX.P.2
53. Utilize medical necessity guidelines IX.P.3
54. Utilize tactful communication skills with medical providers to ensure accurate code selection IX.A.1
55. List and discuss legal and illegal applicant interview questions X.C.9
56. Locate a state's legal scope of practice for medical assistants X.P.1

**E. Minnesota Transfer Curriculum Goal Area(s) and Competencies**

None

**F. LEARNER OUTCOMES ASSESSMENT**

As noted on course syllabus

**G. SPECIAL INFORMATION**

None noted