Bossier Parish Community College  
Master Syllabus

Course Prefix and Number: MOS 107  
Credit Hours: 3

Course Title: Medical Office Administration

Course Prerequisite: CIS 105 or CIS 115


Course Description:  
A course of instruction in the knowledge, skill and application necessary to efficiently practice the concepts of multiple duties including electronic medical records and practice management in a medical office.

Learning Outcomes:

At the end of this course, the students will be able to

A. demonstrate knowledge of basic medical office administrative functions, practice finances and managed care/insurance;
B. utilize knowledge to maintain, within the medical office, insurance/billing and patient medical records with accuracy while ensuring patient confidentiality;
C. demonstrate competency in practice management and electronic health record software utilized in medical offices;
D. apply critical thinking to the competent performance of administrative tasks performed in the medical office via electronic medical records and practice management software; and
E. utilize technology to perform research and communicate effectively, within the medical office environment.

To achieve the learning outcomes, the student will

1. identify the tasks and skills performed by the administrative medical assistant. (A)
2. explain general office policies (A)
3. identify management principles (A)
4. describe employment opportunities in various medical settings. (A)
5. utilize telephone skills. (A)
6. identify different types of appointment scheduling methods.
7. Identify advantages and disadvantages of the following appointment systems: manual, electronic
8. perform appointment scheduling and schedule maintenance. (A,C,D)
9. recognize office policies and protocols for handling appointments (A)
10. identify critical information required for scheduling patient procedures (A,C,D)
11. identify the different types of filing equipment and supplies and determine the appropriate filing processes, indexing and systems to be used. (B,C,D)
12. describe filing indexing rules
13. differentiate between electronic medical records (EMR) and practice management.
14. recognize elements of fundamental writing skills (A)
15. compose professional/business letters and other medical correspondence and prepare professional reports; proofread and edit reports; understand the importance of clear verbal and written communication; process office mail. (A)
16. demonstrate the importance of maintaining accurate medical records; the SOAP method of medical record documentation; record retention and ownership; quality assurance. (B,C,D)
17. identify systems for organizing medical records (B,C,D)
18. identify equipment and supplies needed for medical records in order to: create, maintain, and store.
19. define types of information contained in the patient’s medical record (B,C,D)
20. identify methods of organizing the patient’s medical record based on: problem-oriented medical record (POMR), source-oriented medical record (SOMR)
21. discuss principles of using Electronic Medical Records (EMR) and Practice Management software (PM) (B,C,D)
22. Discuss applications of electronic technology in professional communication (B,C,D)
23. Identify techniques for overcoming communication barriers
24. Identify types of nonverbal communication
25. Recognize barriers to communication
26. Define coaching a patient as it relates to community resources
27. Define patient navigator
28. Describe the role of the medical assistant as a patient navigator
29. identify types of records common to the healthcare setting (B,C)
30. develop and maintain a current list of community resources related to patients’ healthcare needs (A)
31. describe and apply insurance terminology, plans and payers, plan participation and payment methods; compliance with government regulations. (B,C,D)
32. list steps involved in completing an inventory. (A,D)
33. explain the purpose of routine maintenance of administrative and clinical equipment. (A,C,D)
34. explain the importance of data back-up
35. explain meaningful use as it applies to EMR
36. list the types of medical coding used in office billing. (B,C,D)
37. differentiate between accounting and billing (B,C,D)
38. describe the reimbursement process of billing, transmitting insurance claims and collecting delinquent accounts. (B,C,D)
39. identify precautions for accepting the following types of payments: cash, check, credit card, debit card. (B,C,D)
40. compare types of endorsements (B,D)
41. identify accounting responsibilities, banking duties, processing of payroll. (A,C,D)
42. compare manual and computerized bookkeeping systems used in ambulatory healthcare (A,C)
43. describe common periodic financial reports (A,C,D)
44. explain both billing and payment options (A,C,D)
45. Define the following bookkeeping terms: charges, payments, accounts receivable, accounts payable, adjustments.
46. identify procedures for preparing patient accounts (A,C,D)
47. describe the impact of both the Fair Debt Collection Act and the Federal Truth in Lending Act of 1968, as they apply to collections. (A,C,D)
48. discuss types of adjustments that may be made to a patient’s account (A,C,D)
49. identify models of managed care (A)
50. explain the steps taken to arrange for travel and meetings. (A,C,D)
51. develop a patient information brochure and a policies and procedures manual. (A)
52. describe the professional image, work ethic and personal attributes essential for administrative medical assistants. (A)
53. describe the elements of good interpersonal relationships with patients and other workers within the medical office. (A)
54. describe patients’ rights, the importance of confidentiality practices and obtaining patient consent prior to release of information, and ways to ensure proper transfer of information. (B)
55. discuss worker’s compensation, as it applies to patients (A)
56. describe procedures for implementing both managed care and insurance plans (A)
57. describe the purpose of a medical compliance plan and ways the assistant can contribute to compliance within the practice; discuss physician liability for employee compliance. (A,B,C)
58. discuss utilization review principles (B)
59. outline managed care requirements for patient referral (B,C,D)
60. compare processes for filing insurance claims both manually and electronically (B,C,D)
61. describe guidelines for third party claims (B)
62. discuss types of physician fee schedules (B)
63. describe the concept of RBRVS (B)
64. identify areas where computers and other technology are used in the medical office, different types of computer software; verbalize issues concerning patient confidentiality and computer security. (A,B,C,D)
65. organize technical information and summaries (B)
66. research, write and present a short paper on a topic related to the medical office. (A,B)
67. complete medical office simulations and assignments. (C,D)
68. execute data management using electronic medical records (C,D)
69. utilize internet to access information related to the medical office (C,D)
70. identify types of information contained in the patient’s billing record
71. explain patient financial obligations for services rendered
72. describe banking procedures as related to the ambulatory care setting.
73. preparing a bank deposit (C,D)
74. posting entries on a day sheet (C,D)
75. performing accounts receivable procedures (C,D)
76. utilize computerized office billing systems (C,D)
77. performing billing procedures (C,D)
78. performing collection procedures (C,D)
79. describe types of adjustments made to patient accounts including: non-sufficient funds (NSF) check, collection agency transaction, credit balance, third party.
80. processing a refund (C,D)
81. identify: types of third party plans, information required to file a third party claim, the steps for filing a third party claim. (C,D)
82. completing insurance claim forms (C,D)
83. apply HIPAA rules in regard to privacy/ release of information (C,D)
84. obtain preauthorization, including documentation (C,D)
85. obtain precertification, including documentation (C,D)
86. describe processes for: verification of eligibility services, precertification, preauthorization (C,D)
87. define a patient-centered medical home (PCHM)
88. differentiate between fraud and abuse
89. incorporate the Patient’s Bill of Rights into personal practice and medical office policies and procedures (C,D)

Course Requirements: In order to earn a grade of “C” or higher, the student must earn 70% of all total possible points and meet all of the following course requirements.

- minimum of 70% on final exam
- minimum of 70% on the midterm exam
- demonstrate competency in the use of software to complete medical office administrative tasks
- complete all assignments with a minimum average of 70%
- demonstrate minimum competency on all identified administrative skills documented on competency checklists

Course Grading Scale:

A- 90% or more of total possible points and meet all course requirements
B- 80% or more of total possible points and meet all course requirements
C- 70% or more of total possible points and meet all course requirements
D- 60% or more of total possible points and meet all course requirements
F- less than 60% of total possible points or fail to meet all course requirements
Attendance Policy: The college attendance policy is available at http://www.bpcc.edu/catalog/current/academicpolicies.html

Course Fees: This course is accompanied with an additional non-refundable fee for supplemental materials, laboratory supplies, certification exams and/or clinical fees.

Nondiscrimination Statement

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Reviewed by: Erica Mullins/1/2017