CENTRAL TEXAS COLLEGE
SYLLABUS FOR POFM 1327
MEDICAL INSURANCE

Semester Hours Credit: 3

Instructor: ___________________

Office Hours: ___________________

I. INTRODUCTION

A. Survey of medical insurance including the life cycle of various claim forms, terminology, patient relations, and legal and ethical issues.

B. This is a required course in the Medical Office Technology Support, Professional, and Specialist certificates and associate of applied science degree, and the Medical Coding and Billing certificate and associate of applied science degree. This course may be used in the Medical Documentation Specialist associate of applied science degree.

C. This course in conjunction with other appropriate courses prepares students to enter the health related career fields.

D. Keyboarding and document formatting skills recommended.

E. Alphanumeric coding used throughout this syllabus denotes integration of SCANS occupational competencies (C1, etc.) and foundation skills (F1, etc.).

II. LEARNING OUTCOMES

Upon successful completion of Medical Insurance, the student will:

A. Compare and contrast insurance plans (C5, C6, C8, C19, F1, F2, F5, F7, F9, F10, F12, F15, F16).

B. Define various health care delivery systems (C5, C6, C8, C9, F1, F2, F10, F11, F12).

C. Bill patients and insurance carriers for medical services (C5, C6, C8, F1, F2, F5, F12, F16).

D. Produce insurance claim forms (C5, C6, C7, C8, C19, F1, F2, F5, F7, F16).

June 1, 2016
III. INSTRUCTIONAL MATERIALS
A. Instructional materials for this course may be found at www.ctcd.edu/books
B. Supplementary Materials: Medical dictionary

IV. COURSE REQUIREMENTS
A. Reading Assignments: To be successful in this course, you must read and study the textbook. Chapter assignments will be required with each lesson, and you are expected to complete all the work in the chapters including chapter exercises and chapter reviews. Even though you may not be required to turn all work in for grading, you are still responsible for the material covered in the exercises.

B. Class Assignments: Assignments may include
   a. workbook exercises
   b. practical coding exercises
   c. produce insurance claim forms
   d. web-based exercises

C. Workbook – The workbook contains additional insurance billing and practical coding exercises, which may be part of the assignments. Even though you may not be required to turn in all the workbook work for grading, you are still responsible for the material.

D. Class Performance – Students enrolled in distance learning courses are expected to maintain constant progress throughout the course. Failure to do so may result in the student being administratively withdrawn by the instructor.

V. EXAMINATIONS
A. There will be exams (quizzes) to accompany the lessons of the course. These exams will cover information in the reading assignments, and end of chapter exercises. The majority of exam questions will be objective-type.

B. Dates for completion of the lessons, including the quizzes, will be announced in the schedule provided in the online syllabus.

C. The final exam will be cumulative and will be composed of objective-type questions.

VI. SEMESTER GRADE COMPUTATION
A. Exams/Quizzes/Final 50%
B. Class Assignments 50% 100%
For this course to be used to satisfy the requirements for an Office Technology certificate, the student must make at least a grade of C. The student may repeat the course until he or she achieves a grade of C or better.

VII. NOTES AND ADDITIONAL INSTRUCTIONS

A. Course Withdrawal: It is your responsibility as a student to officially drop a class if circumstances prevent attendance. Any student who desires to, or must, officially withdraw from a course after the first scheduled class meeting must file an Application for Withdrawal or an Application for Refund. The withdrawal form must be signed by the student.

Application for Withdrawal will be accepted according to the following schedule:

- Friday of 3rd week for 5-week courses
- Friday of 4th week for 6-week courses
- Friday of 6th week for 8-week courses
- Friday of 7th week for 10-week courses
- Friday of 9th week for 12-week courses
- Friday of 12th week for 16-week courses

The equivalent date (75% of the semester) will be used for sessions of other lengths. The specific last day to withdraw is published each semester in the Schedule Bulletin.

Students who officially withdraw will be awarded the grade of "W," provided the student's attendance and academic performance are satisfactory at the time of official withdrawal. Students must file a withdrawal application with the College before they may be considered for withdrawal.

A student may not withdraw from a class for which the instructor has previously issued the student a grade of "F" or "FN" for nonattendance.

B. Administrative Withdrawal: Results when a student is absent an excessive number of times as defined in the current Central Texas College catalog and/or other published amendatory documentation. In such a case, the student is dropped from the course with a grade of F.

Under Section 51.907 of the Texas Education Code, “an institution of higher education may not permit a student to drop more than six courses, including any course a transfer student has dropped at another institution of higher education.” This statute was enacted by the State of Texas in spring 2007 and applies to students who enroll in a public institution of higher education as first-time freshmen in fall 2007 or later.

C. Incomplete Grade: In keeping with College policy, the instructor may grant an
incomplete grade in cases in which the student had completed the majority of the course work, but because of extenuating circumstances, is unable to complete the requirement for the course. Prior approval from the instructor is required before the grade of “IP” is recorded. Deadline for changing the IP grade is 110 days after the scheduled end of the course. An IP grade can be replaced with the student’s actual grade, including an F; but it may not be replaced with a W. At the end of the 110 calendar days if the student has not completed the remaining coursework as required by the instructor, the IP will be converted to an FI and appear as an F on the student’s official transcript.

D. **Cellular Phones:** Cellular phones will be turned off while the student is in the classroom or laboratory.

E. **Americans With Disabilities Act (ADA):** Disability Support Services provides services to students who have appropriate documentation of a disability. Students requiring accommodations for class are responsible for contacting the Office of Disability Support Services (DSS) located on the central campus. This service is available to all students, regardless of location. Explore the website at www.ctcd.edu/disability-support for further information. Reasonable accommodations will be given in accordance with the federal and state laws through the DSS office.

F. **Instructor Discretion:** The instructor reserves the right of final decision in course requirements.

G. **Civility:** Individuals are expected to be cognizant of what a constructive educational experience is and respectful of those participating in a learning environment. Failure to do so can result in disciplinary action up to and including expulsion.

H. **Scholastic Honesty:** All students of the Office Technology program are required and expected to maintain the highest standards of scholastic honesty in the preparation of all work and in examinations. Each student should avoid:

1. **Plagiarism:** the taking of passages or ideas from writings of others without giving proper credit to the source.

2. **Collusion:** working together with another person in the preparation of work unless such joint preparation is specifically approved in advance by the instructor.

3. **Cheating:** giving or receiving information on an examination, homework, or projects.

4. Students found guilty of scholastic dishonesty are subject to the Office Technology Department’s disciplinary action and CTC’s disciplinary committee; in addition, students are subject to having credit for courses canceled.
VIII. COURSE OUTLINE

A. Lesson 1

1. Learning Outcomes: Upon completion of Lesson 1, the student will achieve the following outcomes with at least 70% accuracy:
   a. Discuss introductory health insurance concepts.
   b. Identify career opportunities available in health insurance.
   c. List the education and training requirements of a health insurance specialist.
   d. Describe the job responsibilities of a health insurance specialist.
   e. Explain the role of workplace professionalism in career success.
   f. State the difference between medical care and health care, as well as the difference between insurance and health insurance.
   g. Discuss the significant events in healthcare reimbursement from 1850 to the present.
   h. Interpret health insurance coverage statistics.
   i. List and describe medical documentation concepts.
   j. Discuss the advantages to implementing the electronic health record.
   k. Describe provisions of the Patient Protection and Affordable Care Act (PPACA), including its abbreviated name (Affordable Care Act) and nickname (Obamacare, also spelled ObamaCare).

2. Learning Activities:
   a. Chapter exercises and chapter review
   b. Workbook exercises
   c. Web-based exercises
   d. Lesson quiz

3. Lesson 1 Outline:
   a. Chapter 1 – Health Insurance Specialist Career
   b. Chapter 2 – Introduction to Health Insurance

B. Lesson 2

1. Learning Outcomes: Upon completion of Lesson 2, the student will achieve the following outcomes with at least 70% accuracy on a lesson assessment:
   a. Describe the processing of an insurance claim.
   b. Explain how claims processing for new and established patients differs.
   c. Manage the office’s insurance finances.
   d. Discuss the life cycle of an insurance claim, including electronic data interchange (EDI).
   e. Maintain a medical practice’s insurance claim files.
   f. Explain the role of credit and collections in processing claims.
   g. Complete a UB-04 claim.
   h. List and define general insurance billing guidelines.
   i. Apply optical scanning guidelines when completing claims.
   j. Enter patient and policyholder names, provider names, mailing addresses, and telephone numbers according to claims completion guidelines.
k. Describe how funds are recovered from responsible payers.
l. Explain the use of the national provider identifier (NPI).
m. Differentiate between assignment of benefits and accept assignment.
o. Explain the use of the national standard employer identifier.
p. Explain when the signature of a physician or supplier is required on a claim.
q. Enter the billing entity according to claims completion guidelines.
r. Explain how secondary claims are processed.
s. List and describe common errors that delay claims processing.
t. State the final steps required in claims processing.
u. Establish insurance claim files for a physician’s practice.

2. Learning Activities:
   a. Chapter exercises and chapter review
   b. Workbook exercises
   c. Web-based exercises
   d. Lesson quiz

3. Lesson 2 Outline:
   a. Chapter 4 – Processing an Insurance Claim
   b. Chapter 9 – CMS Reimbursement Methodologies (section UB-04 Claim only)
   c. Chapter 11 – Essential CMS-1500 Claim Instructions

C. Lesson 3
1. Learning Outcomes: Upon completion of Lesson 3, the student will achieve the following outcomes with at least 70% accuracy on a lesson assessment:
   a. Use ICD-9-CM as a legacy coding system and interpret general equivalence mappings.
   b. Describe the purpose and use of the ICD-10-CM and ICD-10-PCS coding systems.
   c. Interpret ICD-10-CM coding conventions to accurately assign codes.
   d. Interpret diagnostic coding and reporting guidelines for outpatient services.
   e. Assign ICD-10-CM codes to outpatient and provider-based office diagnoses.

2. Learning Activities:
   a. Chapter exercises and chapter review
   b. Workbook exercises
   c. Web-based exercises
Lesson 4

1. Learning Outcomes: Upon completion of Lesson 4, the student will achieve the following outcomes with at least 70% accuracy on a lesson assessment:
   a. Explain the format used in CPT.
   b. Locate main terms and subterms in the CPT index.
   c. Select appropriate modifiers to add to CPT codes.
   d. Assign CPT codes to procedures and services.
   e. Describe the HCPCS levels.
   f. Assign HCPCS level II codes and modifiers.
   g. Identify claims to be submitted to Medicare administrative contractors (MACs) according to HCPCS level II code number.
   h. List situations in which both HCPCS levels I and II codes are assigned.

2. Learning Activities:
   a. Chapter exercises and chapter review
   b. Workbook exercises
   c. Web-based exercises
   d. Lesson quiz

Lesson 5 Outline:
   a. Chapter 7 – CPT Coding
   b. Chapter 8 – HCPCS Level II Coding

Lesson 5

1. Learning Outcomes: Upon completion of Lesson 5, the student will achieve the following outcomes with at least 70% accuracy on a lesson assessment:
   a. Explain the characteristics of commercial insurance plans.
   b. Differentiate among automobile, disability, and liability insurance.
   c. Differentiate between primary and secondary commercial claims.
   d. Complete commercial primary and secondary fee-for-service claims.
   e. Explain the history of BlueCross and BlueShield.
   f. Differentiate among BlueCross BlueShield plans.
   g. Apply BlueCross BlueShield billing notes when completing CMS-1500 claims.
   h. Complete BlueCross BlueShield primary and secondary claims.
   i. Complete CMS-1500 claims for different payers using claim simulation software.

2. Learning Activities:
   a. Chapter exercises and chapter review
   b. Workbook exercises
   c. Web-based exercises
   d. Lesson quiz

Lesson 5 Outline:
F. **Lesson 6**

1. **Learning Outcomes:** Upon completion of Lesson 6, the student will achieve the following outcomes with at least 70% accuracy on a lesson assessment:
   a. Explain Medicare eligibility guidelines.
   b. Describe the Medicare enrollment process.
   d. Define other Medicare health plans, employer and union health plans, Medigap, and private contracting.
   e. Calculate Medicare reimbursement amounts for participating and nonparticipating providers.
   f. Determine when a Medicare advance beneficiary notice of noncoverage is required.
   g. Explain the Medicare mandatory claims submission process.
   h. List and explain Medicare’s experimental and investigational procedures.
   i. Differentiate between Medicare as primary payer and Medicare as secondary payer.
   j. Interpret a Medicare Summary Notice.
   k. Apply Medicare billing notes when completing CMS-1500 claims.
   l. Complete Medicare primary, Medigap, Medicare-Medicaid (Medi-Medi) crossover, secondary, and roster billing claims.
   m. Explain Medicaid eligibility guidelines.
   n. List Medicaid-covered services required by the federal government.
   o. Describe how payments for Medicaid services are processed.
   p. Apply Medicaid billing notes when completing CMS-1500 claims.
   b. Complete CMS-1500 claims for different payers using claim simulation software.

2. **Learning Activities:**
   a. Chapter exercises and chapter review
   b. Workbook exercises
   c. Web-based exercises
   d. Lesson quiz

3. **Lesson 6 Outline:**
   a. **Chapter 14** – Medicare
   b. **Chapter 15** – Medicaid
   c. **Appendix I** – SimClaim Case Studies: Set One

G. **Lesson 7**
1. **Learning Outcomes:** Upon completion of Lesson 7, the student will achieve the following outcomes with at least 70% accuracy on a lesson assessment
   a. Explain the historical background of TRICARE
   b. Describe how TRICARE is administered
   c. Define Civilian Health and Medical Program of Veterans Affairs (CHAMPVA).
   d. List and explain the TRICARE options, programs and demonstration projects, and supplemental plans.
   e. Apply TRICARE billing notes when completing CMS-1500 claims.
   f. Complete TRICARE claims properly.
   g. Describe federal and state workers’ compensation programs.
   h. List eligibility requirements for workers’ compensation coverage.
   i. Classify workers’ compensation cases.
   j. Describe special handling practices for workers’ compensation cases.
   k. Explain how managed care applies to workers’ compensation coverage.
   l. Submit first report of injury and progress reports.
   m. Describe workers’ compensation appeals and adjudication processes.
   n. State examples of workers’ compensation fraud and abuse.
   o. Apply workers’ compensation billing notes when completing CMS-1500 claims.
   p. Complete workers’ compensation claims properly.
   q. Complete CMS-1500 claims for different payers using claim simulation software.

2. **Learning Activities:**
   a. Chapter exercises and chapter review
   b. Workbook exercises
   c. Web-based exercises
   d. Lesson quiz

3. **Lesson 7 Outline:**
   a. **Chapter 16** – TRICARE
   b. **Chapter 17** – Workers’ Compensation
   c. **Appendix I** – SimClaim Case Studies: Set One

H. **Lesson 8**
1. **Learning Outcomes:** Upon completion of Lesson 8, the student will achieve the following outcomes with at least 70% accuracy on a lesson assessment
   a. Complete CMS-1500 claims for different payers using claim simulation software.

2. **Learning Activities:**
   a. Web-based exercises

3. **Lesson 8 Outline:**
   a. **Appendix I** – SimClaim Case Studies: Set One