



# **ILLINOIS VALLEY COMMUNITY COLLEGE**

## **COURSE OUTLINE**

**DIVISION: Nursing**

**COURSE: CMA 1210 Medical Assisting II**

Date: Fall 2021

Credit Hours: 3

Prerequisite(s): CMA 1200, BIO 1200, ALH 1001 with a C or better (or concurrent enrollment)

Delivery Method:

<input checked="" type="checkbox"/> Lecture	2.5 Contact Hours (1 contact = 1 credit hour)
<input type="checkbox"/> Seminar	0 Contact Hours (1 contact = 1 credit hour)
<input checked="" type="checkbox"/> Lab	1 Contact Hours (2-3 contact = 1 credit hour)
<input type="checkbox"/> Clinical	0 Contact Hours (3 contact = 1 credit hour)
<input type="checkbox"/> Online	
<input checked="" type="checkbox"/> Blended	
<input type="checkbox"/> VCM	

Offered:  Fall  Spring  Summer

### **CATALOG DESCRIPTION and IAI NUMBER (if applicable):**

This course will start by covering the Medical Assistants role in exams, pathophysiology and anatomy of each body system. Students will complete a 2-part course project that consists of 10 worksheets each week related to the body system/s being discussed. Students will identify common diseases of each body system, doctors/specialists and medications that treat that disease/system and etiology of the disease. Part 2, students will create a patient handout and present their information in-class on their chosen disease.

***Statement of Minimum Expectation: "To prepare competent entry-level medical assistants in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains."***

## **ACCREDITATION STATEMENTS AND COURSE NOTES:**

None

## **COURSE TOPICS AND CONTENT REQUIREMENTS:**

- Financial and banking procedures in the office setting.
- Legal, moral and ethical values.
- Coding Procedures
- EHR use and maintenance

## **INSTRUCTIONAL METHODS:**

- Lecture
- Hands on Lab sessions
- PowerPoint
- Interactive Student Activities
- Videos and Podcasts
- Group Projects
- EHR Simulation Assignments/Modules

## **EVALUATION OF STUDENT ACHIEVEMENT:**

\*\*Each student is required to pass all courses with a minimum of a 78% (or 2.0) overall in order to move on to the next term. Students are also required to pass all psychomotor and affective competencies in order to graduate the medical assisting program.

## **Competencies:**

Students may attempt psychomotor or affective competencies three times. The first attempt will be graded. Please remember that students must pass all psychomotor and affective competencies in order to graduate from the MA program.

The assessment and grading of student performance in this course is based on the following activities:

- quizzes/pop quizzes
- Exams
- Course projects
- competencies

## **Grading Scale**

A= 93-100

B= 86-92

C= 78-85

D= 70-77

F= Below 70

## **INSTRUCTIONAL MATERIALS:**

### **Textbooks**

Pearson's Comprehensive Medical Assisting: Administrative and Clinical Competencies, 4th Edition

### **Resources**

None

## LEARNING OUTCOMES AND GOALS:

### Institutional Learning Outcomes

- Communication – to communicate effectively;
- Inquiry – to apply critical, logical, creative, aesthetic, or quantitative analytical reasoning to formulate a judgement or conclusion;
- Social Consciousness – to understand what it means to be a socially conscious person, locally and globally;
- Responsibility – to recognize how personal choices affect self and society.

### Course Outcomes and Competencies

Upon completion of the course, the student will be able to:

#### 1. Effectively and efficiently perform financial and banking procedures.

- 1.1 Define the following bookkeeping terms: (VII.C.1)
  - a. charges
  - b. payments
  - c. accounts receivable
  - d. accounts payable
  - e. adjustments
- 1.2 Describe banking procedures as related to the ambulatory care setting. (VII.C.2)
- 1.3 Identify precautions for accepting the following types of payments: (VII.C.3)
  - a. cash
  - b. check
  - c. credit card
  - d. debit card
- 1.4 Describe types of adjustments make to patient accounts including: (VIII.C.4)
  - a. non-sufficient funds (NSF) check
  - b. collection agency transactions
  - c. credit balance
  - d. third party
- 1.5 Identify the types of information contained in the patient's billing record. (VII.C.5)
- 1.6 Explain patient financial obligations for services rendered. (VII.C.6)
- 1.7 Prepare a bank statement. (VII.P.2)
- 1.8 Obtain accurate patient billing information. (VII.P.3)

#### 2. Identify and utilize legal, moral, and ethical policies.

- 2.1 Differentiate between the scope of practice and standards of care for medical assistants. (X.C.1)
- 2.2 Locate a state's legal scope of practice for medical assistants. (X.P.1)
- 2.3 Compare and contrast provider and medical assistant roles in terms of standard of care. (X.C.2)
- 2.4 Describe components of the Health Insurance Portability & Accountability Act (HIPAA) (X.C.3)
- 2.5 Apply HIPAA rules in regard to: (X.P.2)
  - a. privacy
  - b. release of information
- 2.6 Summarize the Patient Bill of Rights. (X.C.4)
- 2.7 Demonstrate sensitivity to patient rights. (X.A.1)
- 2.8 Discuss licensure and certificate as they apply to healthcare providers. (X.C.5)
- 2.9 Compare criminal and civil law as they apply to the practicing medical assistant. (X.C.6)
- 2.10 Define: (X.C.7)
  - a. negligence
  - b. malpractice
  - c. statute of limitations

- d. Good Samaritan Act(s)
  - e. Uniform Anatomical Gift Act
  - f. Living will/Advanced Directives
  - g. medical durable power of attorney
  - h. Patient Self Determination Act (PSDA)
  - i. risk management
- 2.11 Describe liability and malpractice insurance. (X.C.8)
- 2.12 Define: (X.C.10)
- a. Health Information Technology for Economic and Clinical Health Act (HITECH) Act
  - b. Genetic Information Nondiscrimination Act of 2008 (GINA)
  - c. Americans with Disabilities Act Amendments
- 2.13 Describe the process in compliance reporting: (X.C.11)
- a. unsafe activities
  - b. errors in patient care
  - c. conflicts of interest
  - d. incident reports
- 2.14 Describe compliance with public health statutes: (X.C.12)
- a. communicable diseases
  - b. abuse
  - c. neglect
  - d. exploitation
  - e. wounds of violence
- 2.15 Perform compliance reporting based on public health statutes. (X.P.5)
- 2.16 Protect the integrity of the medical record. (X.A.2)
- 2.17 Define the following medical legal terms: (X.C.13)
- a. informed consent
  - b. implied consent
  - c. expressed consent
  - d. patient incompetence
  - e. emancipated minor
  - f. mature minor
  - g. subpoena duces tecum
  - h. respondent superior
  - i. res ipsa loquitur
  - j. locum tenens
  - k. defendant-plaintiff
  - l. deposition
  - m. arbitration-mediation
  - n. Good Samaritan laws
- 2.18 Report an illegal activity in the healthcare setting following proper protocol. (X.P.6)
- 2.19 Define: (XI.C.1)
- a. ethics
  - b. morals
- 2.20 Differentiate between personal and professional ethics. (XI.C.2)
- 2.21 Develop a plan for separation of personal and professional ethics. (XI.P.1)
- 2.22 Identify the effect of personal morals on professional performance. (XI.C.3)
- 2.23 Demonstrate appropriate response(s) to ethical issues. (XI.P.2)
- 2.24 Recognize the impact personal ethics and morals have on the delivery of healthcare. (XI.A.1)

- 3. Identify and effectively utilize proper coding procedures.**
  - 3.1 Describe how to use the most current procedural coding system. (IX.C.1)
  - 3.2 Describe how to use the most current diagnostic coding classification system. (IX.C.2)
  - 3.3 Describe how to use the most current HCPCS level II coding system. (IX.C.3)
  - 3.4 Discuss the effects of: (IX.C.4)
    - a. upcoding
    - b. downcoding
  - 3.5 Define medical necessity as it applies to procedural and diagnostic coding. (IX.C.5)
- 4. Display a working knowledge of office management, patient billing and coding responsibilities.**
  - 4.1 List steps involved in completing an inventory. (VI.C.10)
  - 4.2 Explain the importance of data backup. (VI.C.11)
  - 4.3 Identify: (VIII.C.1)
    - a. types of third party plans
    - b. information required to file a third party claim
    - c. the steps for filing a third party claim
  - 4.4 Outline managed care requirements for patient referral. (VIII.C.2)
  - 4.5 Describe processes for: (VIII.C.3)
    - a. verification of eligibility services
    - b. precertification
    - c. preauthorization
  - 4.6 Define a patient-centered nursing home (PCMH). (VIII.C.4)
  - 4.7 Differentiate between fraud and abuse. (VIII.C.5)
  - 4.8 Perform accounts receivable procedure to patient accounts including posting: (VII.P.1)
    - a. charges
    - b. payments
    - c. adjustments
  - 4.9 Obtain accurate patient billing information. (VII.P.3)
  - 4.10 Inform a patient of financial obligations for services rendered. (VII.P.4)
  - 4.11 Interpret information on an insurance card. (VIII.P.1)
  - 4.12 Verify eligibility for services including documentation. (VIII.P.2)
  - 4.13 Obtain precertification or preauthorization including documentation. (VIII.P.3)
  - 4.14 Complete an insurance claim form. (VIII.P.4)
  - 4.15 Perform procedural coding (IX.P.1)
  - 4.16 Perform diagnostic coding (IX.P.2)
  - 4.17 Utilize medical necessity guidelines. (IX.P.3)
  - 4.18 Demonstrate professionalism when discussing patient's billing record. (VII.A.1)
  - 4.19 Display sensitivity when requesting payment for services rendered. (VII.A.2)
  - 4.20 Interact professionally with third party representatives. (VIII.A.1)
  - 4.21 Display tactful behavior when communicating with medical providers regarding third party requirements. (VIII.A.2)
  - 4.22 Show sensitivity when communicating with patients regarding third party requirements. (VIII.A.3)
  - 4.23 Utilize tactful communication skills with medical providers to ensure accurate code selection. (IX.A.1)