Washtenaw Community College Comprehensive Report

BOS 224 Medical Insurance and Reimbursement
Effective Term: Fall 2015

Course Cover
Division: Business and Computer Technologies
Department: Business Office Systems
Discipline: Business Office Systems
Course Number: 224
Org Number: 13310
Full Course Title: Medical Insurance and Reimbursement
Transcript Title: Med Ins and Reimbursement
Is Consultation with other department(s) required: No
Publish in the Following: College Catalog , Time Schedule , Web Page
Reason for Submission: Course Change
Change Information:
   Consultation with all departments affected by this course is required.
   Course title
   Pre-requisite, co-requisite, or enrollment restrictions
Rationale: Course title being changed.
Proposed Start Semester: Fall 2015
Course Description: This course is an introductory billing course for those interested in a career in the medical office as a medical assistant, receptionist, or insurance biller/coder. The course covers the fundamentals of health insurance, including plan options, carrier requirements, state and federal regulations, selecting relevant information from source documents, accurately completing claim forms, and coding diagnoses and procedures. The student will be introduced to a variety of medical insurers, including Medicare, Medicaid, Blue Cross/Blue Shield, Tricare, CHAMPVA, Workers' Compensation, and other third-party payers. Students should have basic computer and data entry skills. Medical software will be utilized to complete billing and coding exercises.

Course Credit Hours
Variable hours: No
Credits: 4
Lecture Hours: Instructor: 60 **Student:** 60
Lab: Instructor: 0 **Student:** 0
Clinical: Instructor: 0 **Student:** 0

Total Contact Hours: Instructor: 60 **Student:** 60
Repeatable for Credit: NO
Grading Methods: Letter Grades
Audit
Are lectures, labs, or clinicals offered as separate sections?: NO (same sections)

College-Level Reading and Writing
College-level Reading & Writing

College-Level Math
Requisites
Prerequisite
HSC 124 minimum grade "C"

or
Prerequisite
HSC 101 or HIT 101 minimum grade of "C" may be used instead of HSC 124 for students following earlier versions of the program. See an adviser to confirm the correct terminology course.

General Education
General Education Area 7 - Computer and Information Literacy
Assoc in Arts - Comp Lit
Assoc in Applied Sci - Comp Lit
Assoc in Science - Comp Lit

Request Course Transfer
Proposed For:

Student Learning Outcomes

1. Identify diagnoses and procedures from source documents (medical charts, encounter forms, provider notes).
   Assessment 1
   Assessment Tool: Exam
   Assessment Date: Winter 2016
   Assessment Cycle: Every Three Years
   Course section(s)/other population: All sections
   Number students to be assessed: All students
   How the assessment will be scored: Answer key
   Standard of success to be used for this assessment: 75% of students will score 75% or higher.
   Who will score and analyze the data: Departmental Faculty

2. Recognize types of medical insurance and identify characteristics that differentiate them from one another.
   Assessment 1
   Assessment Tool: Exam
   Assessment Date: Winter 2016
   Assessment Cycle: Every Three Years
   Course section(s)/other population: All sections
   Number students to be assessed: All students
   How the assessment will be scored: Exam answer key
   Standard of success to be used for this assessment: 75% of students will score 75% or higher.
   Who will score and analyze the data: Departmental Faculty

3. Complete medical insurance claim forms for third-party payers.
   Assessment 1
   Assessment Tool: Exam
   Assessment Date: Winter 2016
   Assessment Cycle: Every Three Years
   Course section(s)/other population: All sections
   Number students to be assessed: All students
   How the assessment will be scored: Answer key
   Standard of success to be used for this assessment: 75% of students will score 75% or higher.
   Who will score and analyze the data: Departmental Faculty

Course Objectives
1. Determine diagnoses and procedures from charts, encounter forms, and operative reports.

> **Matched Outcomes**
>> 1. Identify diagnoses and procedures from source documents (medical charts, encounter forms, provider notes).

2. Discuss the processing of payers' remittance advices (RAs/EOBs) and patient billing/collections.
   > **Matched Outcomes**

3. Complete HIPAA-compliant health care claims for Medicare, Medicaid, and TRICARE/CHAMPVA; Workers' Compensation; and private payers, including Blue Cross and Blue Shield Plans, commercial carriers, and managed care organizations.
   > **Matched Outcomes**

4. Demonstrate a working knowledge of HIPAA, legal, and ethical consideration with emphasis on confidentiality and fraud related to insurance.
   > **Matched Outcomes**

5. Process charges, payments, and adjustments to patient accounts.
   > **Matched Outcomes**
   >> 3. Complete medical insurance claim forms for third-party payers.

6. Follow the steps involved in the billing cycle.
   > **Matched Outcomes**
   >> 3. Complete medical insurance claim forms for third-party payers.

New Resources for Course
Course Textbooks/Resources

Textbooks
Manuals
Periodicals
Software

Equipment/Facilities

Reviewer	Action	Date
Faculty Preparer:		
Joyce Jenkins	*Faculty Preparer*	*Jan 12, 2015*
Department Chair/Area Director:		
Joyce Jenkins	*Recommend Approval*	*Jan 12, 2015*
Dean:		
Kimberly Hurns	*Recommend Approval*	*Jan 13, 2015*
Vice President for Instruction:		
Bill Abernethy	*Approve*	*Feb 05, 2015*