

MEDICAL OFFICE MANAGER LEARNING OBJECTIVES



CareerStepTM
ONLINE EDUCATION & TRAINING SOLUTIONS



CURRICULUM LEARNING OBJECTIVES

Career Step's expert-developed curriculum includes training on ezEMRx software, a government-certified EHR software platform, as well as Medisoft billing software and industry-standard forms to ensure you have the hands-on experience you need to succeed on the job. You'll also be prepared for the Certified Medical Administrative Assistant (CMAA) and Certified Electronic Health Records Specialist (CEHRS) exams after graduation. With Career Step's affordable tuition, you get a quality online education with one-on-one support. The learning objectives outlined below provide a map of the knowledge and skills you'll gain as you complete each module.

PROGRAM ORIENTATION (1 hour)

- Identify the elements, expectations, and requirements of the program.
- Navigate the program using the pages, menus, and buttons provided.
- Use the program tools, including the study planner, grade book, and completion report s well as learn how to contact Career Step using phone, email, forums, chat rooms, and social media.
- Identify and use program-specific resources.

WORKING AS AN ELECTRONIC HEALTH RECORDS OFFICE PROFESSIONAL (3 hours)

- Identify essential skills, qualities, duties, and strategies of an effective Electronic Health Records Office Professional.
- Identify employer expectations, name medical office industry certifications, and identify the members of a medical team and their responsibilities.

COMPUTER FUNDAMENTALS (5 hours)

- Identify basic computer hardware and interpret system requirements.
- Navigate a Windows operating system environment as well as install and operate basic software utilities.
- Use a web browser to navigate between websites in multiple tabs or windows, send and receive email, and access search engines to find information and troubleshoot basic computer problems.
- Recognize basic technologies related to an office environment.

KEYBOARD KINETICS (10 hours)

- Demonstrate proper, effective finger placement and typing proficiency.
- Assess keyboarding performance in terms of gross words per minute and net words per minute.

GRAMMAR AND PUNCTUATION (10 hours)

- Identify and correctly use each of the parts of speech.
- Recognize proper sentence structure and formatting, including punctuation and capitalization.
- Properly spell words that are commonly misspelled.

BEGINNING MICROSOFT WORD 2010 (18 hours)

- Create, save, open, and edit a document.
- Edit and format text with options such as alignment, fonts, lists, margins, spacing, tab stops, page format, and layout.
- Employ the available search and review tools, including spell and grammar check, autocorrect, find and replace, search, format painter, copy, paste, the clipboard, and document view options.
- Create, format, edit, and sort tables.
- Apply, modify, and delete document themes and styles.

BEGINNING MICROSOFT EXCEL 2010 (20 hours)

- Create, save, open, and edit, navigate, and print a worksheet.
- Create, edit, delete, and format cells with options such as cell alignment, applying cell styles, splitting cells, merging cells, row and column titles, row and column width, hide and unhide, and page setup and view options.
- Edit cell data using options and tools such as cut, copy, paste, AutoFill, text tools, cell references, basic formulas, the format painter, conditional formatting, and comments.
- Create, edit, and format charts and Sparklines.
- Edit formulas, including the use of cell ranges and named cells. Students will also trace formula references to find and correct errors.

HEALTHCARE STRUCTURE AND ORGANIZATION (25 hours)

- Identify and understand healthcare system roles, including: consumers, providers, government and regulatory agencies, third-party payers, vendors, and trade associations.
- Identify and describe patient rights and responsibilities.
- Identify the responsibilities of healthcare-related government agencies.
- Identify third-party payers as well as appropriately use the associated terminology in a healthcare-documentation context.
- Recognize important distinctions in the healthcare system such as: inpatient versus outpatient versus ancillary services, attending versus consulting versus referring physician, direct patient care versus support services.

MEDICAL LAW AND ETHICS (5 hours)

- Apply a basic understanding of medical law to a medical office setting.
- Use common types of medical consent and contract forms.
- Recognize common types of medical malpractice and explain the role of available insurance policies in preventing and defending against claims.
- Apply basic medical ethics guidelines in a medical office setting.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (5 hours)

- Understand and learn to comply with HIPAA regulations.
- Learn to apply national and state laws to create and maintain facility policies.
- Define HIPAA regulations and identify all covered entities and their responsibilities.

HEALTHCARE DOCUMENTATION (7 hours)

- Identify basic types of medical records, including work types, components, formatting, and documentation standards.
- Adhere to documentation standards and apply HIPAA laws to the workplace in order to collect patient data, administer privacy notices and consent forms, schedule patients, and manage the release of medical records securely.

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EXPLORING HEALTHCARE REIMBURSEMENT (36 hours)

- Calculate and bill for reimbursement for medical services.
- Identify various sources and types of insurance coverage and the differences between them.
- Follow the process for creation, submission and collection of a claim for medical services. Student will also be able to appeal denied claims.
- Accurately fill out both the UB-04 and CMS 1500 claim forms.
- Identify the processes for auditing claims, both internal and external. They will also be able to state the difference between proactive and reactive audits.
- Identify Medicare Severity Diagnostic Related Groups (MS-DRG), what factors influence their assignment, and how the facilities payment is calculated based on the MS-DRG.

MEDICAL WORD BUILDING (15 hours)

- Identify common medical roots and prefixes.
- Identify and properly combine word parts to create medical terms.

BASIC ANATOMY (15 hours)

- Identify and describe the basic structure and functions of human body system
- Identify and define basic anatomical terms related to the basic structure and function of human body systems.

MASTERING MEDICAL LANGUAGE (23 hours)

- Pluralize common medical words.
- Define common medical slang, jargon, and foreign terms.
- Distinguish between common similar medical words and word parts.
- Recognize common medical abbreviations and their meanings.

MEDICAL OFFICE PROCEDURES (20 hours)

- Identify the principles of effective interpersonal communication.
- Communicate professionally in writing.
- Professionally manage inbound and outbound telephone calls.
- Demonstrate effective office and reception management, including opening and closing the office, managing a waiting room, and greeting and registering patients.
- Schedule patient appointments.

MEDICAL RECORDS MANAGEMENT (55 hours)

- Recognize and prepare medical records and charts and related filing systems.
- Describe the benefits and drawbacks of electronic health records systems.
- Maintain electronic health record software and databases.
- Add and edit data, run reports, and manage templates in the electronic health record software.
- Use EHR software to integrate with other devices and share patient data securely.

MEDICAL OFFICE MANAGEMENT (12 hours)

- Recognize best practices of medical office management, including staffing, policy, scheduling, and equipment issues.
- Name appropriate courses of action for medical office emergencies, including risk management, CPR, emergency preparation and supplies, fainting, heart attacks, choking, bleeding, and hazardous waste.

PRACTICE FINANCES (10 hours)

- Describe the payment process and manage payments, including explanations to patients about insurance basics, fee schedules, billing, and adjustments.
- Collect and post payments as well as generate billing statements.
- State and describe the basic functions and uses of practice management software.
- Manage the basic financial documentation of a medical office, including personnel records, financial accounts, and daily deposits.

MEDICAL CODING BASICS (18 hours)

- Describe the roles and responsibilities of medical coders and medical billers.
- State the basics of the ICD-9-CM diagnostic classification system, including its history, current purposes, and future implications on healthcare finance in the United States.
- State the basics of the ICD-9-CM, CPT, and HCPCS procedural classification systems, including their history, current purposes, and future implications on healthcare finance in the United States.
- Recognize ICD-9-CM diagnosis codes and use code reference books to verify their appropriate use.
- Recognize CPT and HCPCS procedure codes and use code reference books to verify their appropriate use.

ICD-10 AND X12 5010 FUNDAMENTALS (1 hour)

- State the reasons for, the advantages of, and the impact of the migration from the 4010 version to the 5010 version of electronic claims submission.
- State why the U.S. healthcare system is migrating to ICD-10-CM/PCS, when the migration will take place, and how the migration impacts HIM administration.
- Recognize the fundamental elements of the ICD-10-CM code set.
- Recognize the fundamental elements of the ICD-10-PCS code set.

FINAL EXAM PREPARATION (1 hour)

- Identify the steps they need to take to be eligible for and effectively prepare for and access their final exam.
- Identify the format, restrictions, and policies of final exams, including scoring, retakes, allowed resources, and time limits.

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