

Spring 2-1-2004

SEC 155.01: Medical Software Applications

Carol Hinricher

University of Montana - Missoula

Let us know how access to this document benefits you.

Follow this and additional works at: <https://scholarworks.umt.edu/syllabi>

Recommended Citation

Hinricher, Carol, "SEC 155.01: Medical Software Applications" (2004). *Syllabi*. 8886.
<https://scholarworks.umt.edu/syllabi/8886>

This Syllabus is brought to you for free and open access by the Course Syllabi at ScholarWorks at University of Montana. It has been accepted for inclusion in Syllabi by an authorized administrator of ScholarWorks at University of Montana. For more information, please contact scholarworks@mso.umt.edu.

**THE UNIVERSITY OF MONTANA--MISSOULA
COLLEGE OF TECHNOLOGY
BUSINESS TECHNOLOGY DEPARTMENT**

COURSE SYLLABUS

COURSE NUMBER AND TITLE: SEC 155 Medical Software Applications

DATE REVISED: Spring, 2004

SEMESTER CREDITS: 1

PREREQUISITES: SEC 161 Medical Administrative Procedures
SEC 153 Insurance Processing or concurrent enrollment

FACULTY: Carol Hinricher

E-Mail: Carol.Hinricher@umontana.edu

Phone: 243-7817

Office: AD17

Office Hours: M, W 9:00; T 11:00-11:30; F 12:00-12:30 or by appointment

RELATIONSHIP TO PROGRAM(S):

This course provides students with a comprehensive foundation for computerized management of insurance claims, appointment scheduling, and accounts receivable. It is one of the capstone courses in the Medical Office Technology curricula.

COURSE DESCRIPTION: An introduction to a simulated computer practice utilizing a medical accounting software system. Emphasis is on maintaining patient billing data, entering charges, payments and adjustments, scheduling appointments and generating management reports, patient statements and insurance claim forms.

STUDENT PERFORMANCE OUTCOMES:

Occupational Performance Objectives

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

1. Utilize ethical values when dealing with confidentiality or personal information contained in a health record.
2. Demonstrate a working knowledge of basic insurance concepts and terminology
3. Apply basic coding guidelines to assign and sequence procedural and diagnostic codes.
4. Manage accounts receivables by inputting patient information, scheduling appointments, and processing billing, reports and insurance claims.
5. Submit and manage insurance claim forms electronically
6. Maintain claim management techniques to trace delinquent claims and problem solve rejected or unpaid claims.

STUDENT PERFORMANCE ASSESSMENT METHODS AND GRADING PROCEDURES:**Production and Testing**

1. Production activities will occur on a daily basis. Class attendance is an integral part of this course. It is the expectation that in-class production or homework assigned outside of class will be turned in when due. If you are not present, it is your responsibility to see that it is in my mailbox by class time on the due date. Assignments are accepted one week beyond the identified due date, however, a 10% penalty will be assessed on any late assignment.
2. Production tests will be scheduled throughout the semester to assess student=s working knowledge of the computerized software.

Grading Scale:

94 - 100 A
 88 - 93 B
 80 - 87 C
 74 - 79 D

Final grade will be determined by total points received on simulated production and tests in relationship to total points available.

Final Schedule:	Section I 10:10 a.m.	Wednesday, May 12 10:10-12:10
	Section II 12:10 p.m.	Friday, May 14 8:00-10:00

ATTENDANCE POLICY:

Students are expected to come prepared for class each day and to participate in the assigned activity.

REQUIRED TEXT: Family Medical Group, A Medisoft for Windows Simulation, Glencoe-McGraw Hill Publishing, 1999.

COURSE OUTLINE

- I. Introduction to Computer Systems
 - A. Terminology
 - B. Applications
 - C. Hardware/Software
- II Introduction to Medisoft
 - A. Starting and Exiting
 - B. Menus
 - C. Search Keys
- III Office Set up
 - A. Office Information
 - B. Provider Information
 - C. Insurance Company data
 - D. Procedure Codes
 - E. Diagnostic Codes

- IV. Create New Accounts
 - A. Patient information screen
 - B. Case screen
 - C. Editing information

- V. Update Financial Records
 - A. Posting charges
 - B. Posting payments, adjustments, refunds
 - C. Process insurance claims
 - D. Claim management

- VI. Schedule Appointments
 - A. Appointment entry
 - B. Saving, changing and deleting appointments
 - C. Message recall

- VII. Management Reports
 - A. Transaction journal
 - B. Day sheet
 - C. Patient statement
 - D. Accounts receivable aging
 - E. Practice analysis
 - F. End of Month Process