

MDOF 203 - Medical Billing Bookkeeping

Course Description:

This course introduces learners to insured and uninsured billing in a medical office setting. Medical office bookkeeping, provincial insurance plans, diagnostic fee codes, Schedule of Medical Benefits, and Workers' Compensation Board (WCB) billing will be covered. Learners will be provided with hands-on experience with the newest software applications.

3 Credits

Time Guidelines:

The standard instructional time for this course is 60 hours.

Course Assessment:

Assignments	40%
Exams	60%
Total:	100%

Other Course Information:

The School of Health and Public Safety (HPS) expects that students familiarize themselves with policies, procedures, and guidelines that are applicable to SAIT, HPS, and their program of study. All students should explore institutional, school, and program-specific information on sait.ca in order to ensure they are informed with regards to relevant policies, procedures, and guidelines.

School of Health and Public Safety Attendance Guideline:

The School of Health and Public Safety (HPS) has expectations, consequences, and processes for excused and unexcused absences. The entire Attendance Guideline may be found on the HPS program orientation requirements resources website. This document is located under the General Resources section found on your Program page. **Students are expected to review the entire Attendance Guideline.** Students should also take note of the attendance expectations shown below.

Attendance Expectations:

Students in the School of Health and Public Safety are expected to achieve 100% attendance for scheduled classes, and to participate in all learning activities. There is a positive correlation between attendance, participation, and grades. Attendance is required to achieve the necessary knowledge, skills, and abilities while attending both SAIT and workplace-integrated learning experiences, in order to become a successful, well-rounded, and job-ready Allied Health graduate. Failure to keep up with course work and/or repetitive and cumulative absences will result in a formal review of a student's progress.

SAIT Policies and Procedures:

For information on the SAIT Grading Scale, please visit policy AC 3.1.1 Grading Progression Procedure, found on the SAIT Academic Policies and Procedures page: https://www.sait.ca/about-sait/administration/policies-and-procedures

For information on SAIT Academic Policies, please visit: www.sait.ca/about-sait/administration/policies-and-procedures/academic-student

Required Course Publication(s):

Thompson, V. (2021). *Administrative and Clinical Procedures for the Canadian Health Professional* (5th ed.). Toronto, ON: Pearson Canada.

Course Learning Outcome(s):

1. Explain the importance of bookkeeping for the client care setting.

Objectives:

- 1.1 Define the bookkeeping terms used in a medical office setting.
- 1.2 Explain the importance of complete record keeping.
- 1.3 Explain the importance of accurate record keeping.
- 1.4 Explain the importance of timely record keeping.
- 2. Use basic financial record entry principles in patient and client accounts.

Objectives:

- 2.1 Identify financial record principles for maintaining patient account ledgers.
- 2.2 Outline the payment processes.
- 2.3 Explain the importance of issuing receipts.
- 2.4 Create receipts for payment.
- 3. Apply special account entries in patient and client account ledgers.

Objectives:

- 3.1 Assess requirements in special account entries.
- 3.2 Demonstrate the overpayment entry process.
- 3.3 Demonstrate the refund entry process.
- 3.4 Demonstrate the non-sufficient funds (NSF) entry process.
- 4. Make journal entries.

Objectives:

- 4.1 Differentiate between the different journal types.
- 4.2 Enter receivables into the correct journal.
- 4.3 Enter payables into the correct journal.
- 4.4 Enter petty cash into the correct journal.
- 5. Ensure accuracy in financial records.

Objectives:

- 5.1 Describe common errors in journal entries.
- 5.2 Describe ways to identify that an error exists.
- 5.3 Review patient accounts for errors.
- 5.4 Review receipt journals for errors.
- 5.5 Review payable journals for errors.
- 5.6 Review petty cash journals for errors.
- 5.7 Explain how journal errors should be corrected.
- 6. Describe the Canada Health Act and the structure of healthcare within Canada.

Objectives:

- 6.1 Distinguish between the defining principles of the Canada Health Act.
- 6.2 Summarize the provincial and federal responsibilities pertaining to the Canada Health Act.
- 6.3 Describe the primary types of physician remuneration in Canada.
- 6.4 Differentiate between primary, secondary and tertiary healthcare.
- 6.5 List primary healthcare settings in Canada.
- 6.6 Describe how primary healthcare reform is intended to improve the current healthcare system.
- 7. Describe the components of a provincial health care plan.

Objectives:

- 7.1 Explain what is meant by "medically necessary".
- 7.2 List common insured and uninsured services.
- 7.3 Identify criteria for insured services in Alberta.
- 7.4 Outline the eligibility criteria for provincial and territorial healthcare coverage.
- 7.5 Compare provincial and health cards.
- 7.6 Outline the process of applying for provincial insurance.
- 7.7 Explain the billing implications of the medical reciprocal agreement.
- 7.8 Explain billing as it relates to third party billing.
- 7.9 Explain billing as it relates to the Workers' Compensation Board (WCB).
- 8. Describe the components of the billing process.

Objectives:

- 8.1 Describe the claim review process in monitoring claim validity.
- 8.2 Explain the purpose and process for health card validation.
- 8.3 Explain what practitioner identifiers are and why they are used.
- $8.4\ \mathrm{Explain}$ the structure of the Alberta Schedule of Medical Benefits.
- $8.5\ \mathrm{Distinguish}\ \mathrm{between}\ \mathrm{brief}, \mathrm{limited}, \mathrm{and}\ \mathrm{comprehensive}\ \mathrm{assessment}\ \mathrm{service}\ \mathrm{codes}.$

- 8.6 Explain the purpose of the International Classification of Diseases system as it relates to the billing process.
- 8.7 Explain what modifiers are and when to use them.
- 9. Explain the steps in the healthcare billing cycle.

Objectives:

- 9.1 Identify the stages of the healthcare billing cycle.
- 9.2 List the components of a healthcare claim.
- 9.3 Explain the method and process of Alberta Health Care claim submission.
- 9.4 Describe how to process medical reciprocal claims.
- 9.5 Describe how to process Workers' Compensation claims.
- 9.6 Explain the process of third-party billing.
- 10. Apply procedures for billing and payment processing of health care claims.

Objectives:

- 10.1 Enter the required information to bill Alberta Health Care, clients and third parties.
- 10.2 Demonstrate how to submit Alberta Health Care claims using an electronic medical record (EMR).
- 10.3 Edit an Alberta Health Care claim.
- 10.4 Process an Alberta Health claim with modifiers.
- 10.5 Explain how to reconcile files.
- 10.6 Process payments from clients.

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