Job Title:
Health Information Technician

Career Pathway:
Healthcare Administrative Services

Industry Sector:
Health Science and Medical Technology

O*NET-SOC CODE:
29-2071.00

CBEDS Title:
Intro to Health Information & Records Systems

CBEDS No.:
4263

76-15-70
Health Information Tech/3:
Insurance and Billing

Credits: 5
Hours: 90

Course Description:
This competency-based course is the third in a sequence of five designed for health information technology. It provides students with project-based experiences in insurance and billing. Technical instruction includes an introduction, reviews of workplace safety policies and procedures, resource management, and employability skills. Emphasis is placed on the policies and procedures used to complete Workers’ Compensation, State Disability Insurance, (SDI), group and private insurance, Medicare, Medicaid (MediCal), Medi/Medi Crossover, managed care, TRICARE, and CHAMPVA forms, claims, and contracts. Advanced training in the use of healthcare software is also covered. The competencies in this course are aligned with the California High School Academic Content Standards and the California Career Technical Education Model Curriculum Standards.

Prerequisites:
Enrollment requires successful completion of the Health Information Tech/2: Electronic Recording and Filing (76-15-60) course.

NOTE: For Perkins purposes this course has been designated as a concentrator/capstone course.

This course cannot be repeated once a student receives a Certificate of Completion.
A course outline reflects the essential intent and content of the course described. Acceptable course outlines have six components. (Education Code Section 52506). Course outlines for all apportionment classes, including those in jails, state hospitals, and convalescent hospitals, contain the six required elements:

(EC 52504; SCCR 10508 [b]; Adult Education Handbook for California [1977], Section 100)

COURSE OUTLINE COMPONENTS

GOALS AND PURPOSES

The educational goals or purposes of every course are clearly stated and the class periods are devoted to instruction. The course should be broad enough in scope and should have sufficient educational worth to justify the expenditure of public funds.

The goals and purpose of a course are stated in the COURSE DESCRIPTION. Course descriptions state the major emphasis and content of a course, and are written to be understandable by a prospective student.

PERFORMANCE OBJECTIVES OR COMPETENCIES

Objectives should be delineated and described in terms of measurable results for the student and include the possible ways in which the objectives contribute to the student’s acquisition of skills and competencies.

Performance Objectives are sequentially listed in the COMPETENCY-BASED COMPONENTS section of the course outline. Competency Areas are units of instruction based on related competencies. Competency Statements are competency area goals that together define the framework and purpose of a course. Competencies fall on a continuum between goals and performance objectives and denote the outcome of instruction.

Competency-based instruction tells a student before instruction what skills or knowledge they will demonstrate after instruction. Competency-based education provides instruction which enables each student to attain individual goals as measured against pre-stated standards.

Competency-based instruction provides immediate and continual repetition and in competency-based education the curriculum, instruction, and assessment share common characteristics based on clearly stated competencies. Curriculum, instruction and assessment in competency-based education are: explicit, known, agreed upon, integrated, performance oriented, and adaptive.
INSTRUCTIONAL STRATEGIES

Instructional techniques or methods could include laboratory techniques, lecture method, small-group discussion, grouping plans, and other strategies used in the classroom.

Instructional strategies for this course are listed in the TEACHING STRATEGIES AND EVALUATION section of the course outline. Instructional strategies and activities for a course should be selected so that the overall teaching approach takes into account the instructional standards of a particular program, i.e., English as a Second Language, Programs for Adults with Disabilities.

UNITS OF STUDY, WITH APPROXIMATE HOURS ALLOTTED FOR EACH UNIT

The approximate time devoted to each instructional unit within the course, as well as the total hours for the course, is indicated. The time in class is consistent with the needs of the student, and the length of the class should be that it ensures the student will learn at an optimum level.

Units of study, with approximate hours allotted for each unit are listed in the COMPETENCY AREA STATEMENT(S) of the course outline. The total hours of the course, including work-based learning hours (community classroom and cooperative vocational education) is listed on the cover of every CBE course outline. Each Competency Area listed within a CBE outline is assigned hours of instruction per unit.

EVALUATION PROCEDURES

The evaluation describes measurable evaluation criteria clearly within the reach of the student. The evaluation indicates anticipated improvement in performances as well as anticipated skills and competencies to be achieved.

Evaluation procedures are detailed in the TEACHING STRATEGIES AND EVALUATION section of the course outline. Instructors monitor students’ progress on a continuing basis, assessing students on attainment of objectives identified in the course outline through a variety of formal and informal tests (applied performance procedures, observations, and simulations), paper and pencil exams, and standardized tests.

REPETITION POLICY THAT PREVENTS PERPETUATION OF STUDENT ENROLLMENT

After a student has completed all the objectives of the course, he or she should not be allowed to reenroll in the course. There is, therefore, a need for a statement about the conditions for possible repetition of a course to prevent perpetuation of students in a particular program for an indefinite period of time.
ACKNOWLEDGMENTS

Thanks to AARON SAENZ for developing and editing this curriculum. Acknowledgment is also given to ERICA ROSARIO for designing the original artwork for the course covers.

ANA MARTINEZ
Specialist
Career Technical Education

ROSARIO GALVAN
Administrator
Division of Adult and Career Education

APPROVED:

JOE STARK
Executive Director
Division of Adult and Career Education
1.0 Academics
Analyze and apply appropriate academic standards required for successful industry sector pathway completion leading to postsecondary education and employment. Refer to the Health Science and Medical Technology academic alignment matrix for identification of standards.

2.0 Communications
Acquire and accurately use Health Science and Medical Technology sector terminology and protocols at the career and college readiness level for communicating effectively in oral, written, and multimedia formats.

3.0 Career Planning and Management
Integrate multiple sources of career information from diverse formats to make informed career decisions, solve problems, and manage personal career plans.

4.0 Technology
Use existing and emerging technology to investigate, research, and produce products and services, including new information, as required in the Health Science and Medical Technology sector workplace environment.

5.0 Problem Solving and Critical Thinking
Conduct short, as well as more sustained, research to create alternative solutions to answer a question or solve a problem unique to the Health Science and Medical Technology sector using critical and creative thinking, logical reasoning, analysis, inquiry, and problem-solving techniques.

6.0 Health and Safety
Demonstrate health and safety procedures, regulations, and personal health practices and determine the meaning of symbols, key terms, and domain-specific words and phrases as related to the Health Science and Medical Technology sector workplace environment.

7.0 Responsibility and Flexibility
Initiate, and participate in, a range of collaborations demonstrating behaviors that reflect personal and professional responsibility, flexibility, and respect in the Health Science and Medical Technology sector workplace environment and community settings.

8.0 Ethics and Legal Responsibilities
Practice professional, ethical, and legal behavior, responding thoughtfully to diverse perspectives and resolving contradictions when possible, consistent with applicable laws, regulations, and organizational norms.

9.0 Leadership and Teamwork
Work with peers to promote divergent and creative perspectives, effective leadership, group dynamics, team and individual decision making, benefits of workforce diversity, and conflict resolution as practiced in the Cal-HOSA career technical student organization.

10.0 Technical Knowledge and Skills
Apply essential technical knowledge and skills common to all pathways in the Health Science and Medical Technology sector, following procedures when carrying out experiments or performing technical tasks.

11.0 Demonstration and Application
Demonstrate and apply the knowledge and skills contained in the Health Science and Medical Technology anchor standards, pathway standards, and performance indicators in classroom, laboratory, and workplace settings and through the Cal-HOSA career technical student organization.
Health Science and Medical Technology
Pathway Standards

C. Health Care Administrative Services Pathway

Health care administrative workers include site administrators, managers, attorneys, receptionists, secretaries, billing and coding specialists, health informatics technicians, accountants, managers, and other knowledge workers that support the process of patient care. Health care administrative workers are the invisible backbone of health care; without appropriately skilled workers in these fields, health care systems simply could not function.

Sample occupations associated with this pathway:

♦ Clinical Data Specialist
♦ Ethicist
♦ Medical Illustrator
♦ Health Care Administrator

C1.0 Understand health care systems as the organization of people, institutions, funding, and resources as well as the broad scope of operations in which health care services are delivered to meet the health needs of target populations.

C2.0 Understand the various health care provider and support roles in patient care as an integrated, comprehensive health care system, to offer the very best options for treatment of patients.

C3.0 Understand the overarching concepts of economic and financial management systems, system and information management, and the latest innovations in health care as they affect health care delivery

C4.0 Know the role and relationship of public policies and community engagement on the health care delivery system.

C5.0 Understand and maintain standards of excellence, professional, ethical, and moral conduct required in management of personnel and policy within the health care delivery system.

C6.0 Understand the dynamics of human relations, self-management, organizational, and professional leadership skills necessary within the health care administrative system.

C7.0 Follow the model of medical safety practices and processes that can help prevent system medication errors and understand the consequences of mistakes.

C8.0 Understand the resources, routes and flow of information within the health care system and participate in the design and implementation of effective systems or processes.

C9.0 Use an electronic health care patient information system to optimize the acquisition, storage, retrieval, and use of information in health and biomedicine.

C10.0 Understand common file formats for document and medical imaging, digitizing paper records, and storing medical images.

C11.0 Know how to schedule and manage appointments for providers.

C12.0 Understand how to use health information effectively.

C13.0 Understand the need to communicate health/medical information accurately and within legal/regulatory bounds across the organization.

C14.0 Understand how to transfer information to third-parties.

C15.0 Code health information and bill payers using industry standard methods of classification of diseases, current procedural terminology, and common health care procedure coding system.

C16.0 Use a systematic method of continual process improvement.
## COMPETENCY-BASED COMPONENTS

for the Health Information Tech/3: Insurance and Billing Course

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<thead>
<tr>
<th>COMPETENCY AREAS AND STATEMENTS</th>
<th>MINIMAL COMPETENCIES</th>
<th>STANDARDS</th>
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<tbody>
<tr>
<td><strong>A. INTRODUCTION AND SAFETY</strong></td>
<td>Review the scope and purpose of the course.</td>
<td>Career Ready Practice: 1, 3, 5, 6, 7, 8, 9, 12</td>
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<td></td>
<td>Review the overall course content as a part of the Linked Learning Initiative.</td>
<td>CTE Anchor: Career Planning and Management: 3.1, 3.2, 3.4, 3.5, 3.6, 3.9</td>
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<td>Review classroom policies and procedures.</td>
<td>Technology: 4.5</td>
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<td>Review the different occupations in the Health Science and Medical Technology Industry Sector which have an impact on the role of health information technicians.</td>
<td>Health and Safety: 6.1, 6.2, 6.3, 6.4, 6.5, 6.6, 6.7, 6.8</td>
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<td>Review the opportunities available for promoting gender equity and the representation of non-traditional populations in the health information field.</td>
<td>Responsibility and Flexibility: 7.2, 7.3, 7.7</td>
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<td>Review the purpose of the California Occupational Safety and Health Administration (Cal/OSHA) and its laws governing health information technicians.</td>
<td>Ethics and Legal Responsibilities: 8.1, 8.3, 8.4, 8.5</td>
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<td>Review the impact of Environmental Protection Agency (EPA) legislation on the Health Science and Medical Technology Industry Sector practices.</td>
<td>CTE Pathway: C1.1, C1.5, C2.4, C4.2, C5.1, C5.2, C5.3, C6.3, C7.1, C14.2, C16.1</td>
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<td>Review and demonstrate the procedures for contacting proper authorities for the removal of hazardous materials based on the EPA standards.</td>
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<td>Review classroom and workplace first aid and emergency procedures according to American Red Cross (ARC) standards.</td>
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<td>Review how each of the following insures a safe workplace: a. employees' rights as they apply to job safety b. employers’ obligations as they apply to safety c. role of the Division of Workers’ Compensation (DWC) d. adherence to Universal Precautions e. avoidance of falls and filing cabinet mishaps</td>
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<td>Pass the safety test with 100% accuracy.</td>
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(3 hours)

| **B. RESOURCE MANAGEMENT REVIEW** | Review the following: a. resources b. management c. sustainability | Career Ready Practice: 1, 5, 6, 8, 10, 12 |
|-----------------------------------|--------------------------------------------------------------------| CTE Anchor: Academics: 1.0 |
|                                  | Review the management of the following resources in healthcare offices: a. time b. materials c. personnel | Career Planning and Management: 3.2 |

(76-15-70)
### COMPETENCY AREAS AND STATEMENTS

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<th>MINIMAL COMPETENCIES</th>
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<td>3. Review specific examples of effective management of the following resources in healthcare offices:</td>
<td>Problem Solving and Critical Thinking: 5.2, 5.4, 5.5, 5.6</td>
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<tr>
<td>a. time</td>
<td>Responsibility and Flexibility: 7.1, 7.4, 7.6</td>
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<tr>
<td>b. materials</td>
<td>Ethics and Legal Responsibilities: 8.3, 8.4</td>
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<td>c. personnel</td>
<td>Technical Knowledge and Skills: 10.1, 10.2</td>
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<tr>
<td>4. Review the following benefits of effective resource management in healthcare offices:</td>
<td>CTE Pathway: C1.2, C1.3, C1.4, C1.7, C3.1, C3.2, C3.3</td>
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<tr>
<td>a. profitability</td>
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<td>b. sustainability</td>
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<td>c. company growth</td>
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<td>5. Review the economic benefits and liabilities of managing resources in an environmentally responsible way.</td>
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(1 hour)

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<th>C. WORKERS’ COMPENSATION INSURANCE</th>
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Understand, apply, and evaluate the policies and procedures used to complete Workers’ Compensation Insurance claim forms.

1. Define the following:
   a. Division of Occupational Health and Safety Administration (Cal/OSHA)
   b. Division of Workers’ Compensation (DWC)
   c. on-the-job injuries
   d. injured worker
   e. no-fault system
   f. certified health care organizations (CHO’s)
   g. Federal Workers’ Compensation plans

2. Identify and describe the following features of the Workers’ Compensation insurance:
   a. eligibility requirements
   b. classification of injuries
   c. benefits:
      i. medical care
      ii. temporary disability benefits
      iii. permanent disability benefits
      iv. supplemental job displacement benefits
      v. vocational rehabilitation
      vi. death benefits
   d. billing process
   e. purpose of a lien
   f. physicians’ responsibilities in maintaining records

3. Describe and demonstrate the following:
   a. identifying and using the appropriate insurance claims forms
   b. abstracting Workers’ Compensation cases
   c. completing claims forms
   d. submitting claims forms, if available, in electronic medium

4. Pass a practical examination using correct principles and data to complete forms and statements.
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<td>D. STATE DISABILITY INSURANCE (SDI)</td>
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Understand, apply, and evaluate the policies and procedures used to complete State Disability Insurance forms.

1. Define the following:
   a. California Unemployment Insurance Code, Section 2626
   b. California State Disability Insurance (SDI)
   c. Family Medical Leave Act
   d. Paid Family LeaveAct
   e. serious health condition
   f. disability
   g. Social Security Disability Insurance Social Security Income (SSI)

2. Identify and Describe the following features of the SDI:
   a. eligibility requirements
   b. levels of disability
   c. benefits
   d. types of disability insurance
      i. State Plan
      ii. Voluntary Plan
      iii. Elective Coverage
   e. impact of the Paid Family Leave Insurance on the SDI coverage and benefits
   f. impact of the Social Security Disability Insurance and SSI on the SDI coverage and benefits

3. Describe and demonstrate the following:
   a. identifying and using the appropriate insurance claims forms
   b. abstracting SDI, Family Leave Insurance, and SS Disability Insurance cases
   c. completing claims forms
   d. submitting claims forms, if available, in electronic medium

4. Pass a practical exam covering principles of State Disability Insurance and proper completion of claim forms.

(6 hours)
### COMPETENCY AREAS AND STATEMENTS

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<td>E. GROUP/PRIVATE INSURANCE</td>
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- Understand, apply, and evaluate the policies and procedures used to complete group and private insurance company claim forms.

1. Define the following:
   - group insurance
   - employer-sponsored
   - risk-based
   - pre-existing condition
   - premium
   - deductible
   - co-payment
   - exclusions
   - coverage limits
   - out-of-pocket maximums
   - capitation
   - in-network provider
   - out-of-network providers
   - prior or pre-authorization
   - explanation of benefits
   - Health Care Financing Administration (HCFA)
   - Center for Medicare and Medicaid Services (CMS)
   - National Uniform Billing Committee (NUBC)
   - Uniform Claim Form (UCF-1500)/CMS-1500 (formerly HCFA 1500)
   - UB-92 form

2. Identify and describe the following:
   - basic insurance data
   - types of insurance coverage
     - group
     - private individual coding systems used in completing claim forms
     - patient
     - billing address
     - telephone numbers for inquiries
     - group/certificate numbers
     - co-pays
   - processes for insurance verification for all carriers
   - information provided on insurance ID cards
     - subscriber

3. Compare group insurances with private insurances based on the following:
   - qualifications
   - eligibility
   - costs of coverage benefits
   - deductibles
   - dependent coverage

4. Differentiate between group health insurance and disability insurance.
## COMPETENCY AREAS AND STATEMENTS

### MINIMAL COMPETENCIES

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<td>5. Describe and demonstrate the following:</td>
<td>6. Pass a practical examination covering the principles of group/private insurance and proper completion of claim forms.</td>
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<tr>
<td>a. identifying and using the UCF-1500 and UB-92 forms and other types of insurance claims forms</td>
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<td>b. reading the information provided on an insurance ID card</td>
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<td>c. abstracting cases</td>
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<td>d. completing claims forms</td>
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<td>e. submitting claims forms, if available, in electronic medium</td>
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### F. MEDICARE

Understand, apply, and evaluate the policies and procedures used to complete Federal Medicare forms.

1. Describe the history of the Medicare/Medicaid program.
2. Identify and describe the following Medicare components:
   a. eligibility requirements
   b. Part A coverage
      i. hospice care
      ii. home health care
      iii. skilled nursing facilities
      iv. inpatient hospital stays
   c. Part B coverage
      i. doctors’ services
      ii. outpatient hospital care
      iii. other medical services not covered by Part A
         • ambulance services
         • durable medical equipment
         • physical and occupational therapy
         • urgently-needed care
   d. Part C coverage (sold by private insurance companies)
   e. Part D coverage (Prescription Drug Coverage)
3. Define and describe the following:
   a. assigned claims
   b. unassigned claims
   c. Diagnosis-Related Groups (DRGs)
   d. Ambulatory Payment Classifications (APCs)
   e. Medigap and supplemental plans
   f. filing guidelines
   g. submission deadlines
   h. appeal process
   RBRVS (Medicare’s fee schedule)
4. Describe and demonstrate the following:
   a. identifying and using the appropriate insurance claims forms
   b. abstracting Medicare cases
   c. completing claims forms
   d. submitting claims forms, if available, in electronic medium
5. Pass a practical examination using Medicare regulations and principles to accurately complete claim forms.

### STANDARDS

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<td>1, 2, 4, 5, 6, 7, 8, 10, 11, 12</td>
<td>Academics:</td>
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<td>Communications:</td>
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<td>Technology:</td>
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<td>Problem Solving and Critical Thinking:</td>
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<td>Responsibility and Flexibility:</td>
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<td>Ethics and Legal Responsibilities:</td>
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<td>Technical Knowledge and Skills:</td>
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<td>Demonstration and Application:</td>
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<td><strong>G. MEDICAID (MEDI-CAL) AND MEDI/MEDI CROSSOVER</strong>&lt;br&gt;Understand, apply, and evaluate the policies and procedures used to complete Medicare/Medicaid forms.</td>
<td>1. Define the following:&lt;br&gt;a. Medicaid Insurance&lt;br&gt;b. Medi-Cal&lt;br&gt;c. Medicare/Medi-Cal Crossover (Medi/Medi)&lt;br&gt;2. Identify and describe the following features of Medi-Cal:&lt;br&gt;a. federal and state eligibility requirements&lt;br&gt;b. difference between categorically needy and medically needy&lt;br&gt;c. services covered&lt;br&gt;d. services not covered&lt;br&gt;e. claim filing procedures and deadlines&lt;br&gt;f. Early Periodic Screening, Diagnosis, and Treatment (EPSDT) and related screening tests&lt;br&gt;3. Describe and demonstrate the following:&lt;br&gt;a. identifying and using the appropriate insurance claims forms&lt;br&gt;b. abstracting Medi-Cal and Medi/Medi cases&lt;br&gt;c. completing claims forms&lt;br&gt;d. submitting claims forms, if available, in electronic medium&lt;br&gt;4. Pass a practical examination using correct principles to accurately complete claims and other forms.</td>
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<tr>
<td><strong>H. MANAGED CARE</strong>&lt;br&gt;Understand, apply, and evaluate the procedures used to complete managed care contracts and forms.</td>
<td>1. Define the following:&lt;br&gt;a. managed care&lt;br&gt;b. Health Maintenance Organization (HMOS)&lt;br&gt;c. repaid plans&lt;br&gt;d. ‘in-network’ principle&lt;br&gt;e. ‘out-of-network’ principle&lt;br&gt;f. primary care physician (PCP)&lt;br&gt;g. preferred provider organization (PPO)&lt;br&gt;h. utilization review&lt;br&gt;i. pre-certification requirement&lt;br&gt;j. exclusive provider organization (EPO)</td>
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### COMPETENCY AREAS AND STATEMENTS

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<th>MINIMAL COMPETENCIES</th>
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| **2.** Describe the following:  
  a. differences between HMOs, PPOs, and EPOs  
  b. contents of participation contracts  
  c. responsibilities of the PCP  
  d. referral process  
  e. required pre-authorization forms for healthcare services reimbursement methods including fee schedules and capitation.  
| Responsibility and Flexibility:  
  7.2, 7.6  
| **3.** Describe and demonstrate the following:  
  a. identifying and using the appropriate insurance claims forms  
  b. abstracting HMO, PPO, and EPO cases  
  c. completing claims forms  
  d. submitting claims forms, if available, in electronic medium, if possible, in electronic medium.  
| Ethics and Legal Responsibilities:  
  8.1, 8.3, 8.4, 8.7  
| **4.** Pass a practical examination using correct principles to accurately complete claim forms.  
| Technical Knowledge and Skills:  
  10.1, 10.2, 10.3  

(10 hours)

### I. TRICARE/CHAMPVA

Understand, apply, and evaluate the management procedures used to complete TRICARE/CHAMPVA forms.

| 1. **Define the following:**  
  a. TRICARE plan:  
     i. TRICARE standard  
     ii. TRICARE Extra  
     iii. TRICARE Prime  
     iv. TRICARE Reserve Component (RC)  
  b. Civilian Health and Medical Program of Veterans Affairs (CHAMPVA) plan  
| Career Ready Practice:  
  1, 2, 4, 5, 6, 7, 8, 10, 12  
| CTE Anchor:  
  Technology:  
  4.3  
| Problem Solving and Critical Thinking:  
  5.2, 5.3, 5.4, 5.5, 5.6  
| Responsibility and Flexibility:  
  7.2, 7.6  
| Ethics and Legal Responsibilities:  
  8.1, 8.3, 8.4, 8.7  
| Technical Knowledge and Skills:  
  10.1, 10.2, 10.3  

| 2. **Identify and describe the following aspects of the TRICARE and CHAMPVA plans:**  
  a. eligibility requirements  
  b. provider participation  
  c. nonparticipation  
  d. national contractors  
  e. regional contractors  
  f. claims processing sub-contractors  
|  

| 3. **Describe and demonstrate the following:**  
  a. identifying and using the appropriate insurance claims forms  
  b. abstracting TRICARE and CHAMPVA cases  
  c. completing claims forms  
  d. submitting claims forms, if available, in electronic medium  
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<td>4. Pass a practical examination using correct principles to accurately complete claim forms with 80% accuracy.</td>
<td>Demonstration and Application: 11.1</td>
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<th>J. HEALTHCARE SOFTWARE II</th>
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</thead>
</table>

Understand, apply, and evaluate the different types of software available in healthcare accounting, business summaries, scheduling appointments, and correspondence.

1. Review and compare the features of different types of healthcare software available in the market today.
2. Review the importance of the following:
   a. use of passwords
   b. confidentiality of patient healthcare records
   c. identification of primary and secondary insurance status
   d. aspects of the electronic healthcare environment:
      i. scheduling appointments
      ii. accounting
      iii. correspondence
3. Define the following:
   a. electronic checks
   b. electronic edit checks
   c. rebills
4. Identify and describe the following:
   a. creating insurance claims
   b. handling rebills
   submitting electronic claims
5. Review and demonstrate the following scheduling procedures:
   a. navigating through menus using toolbars
   b. entering, editing, deleting, and saving data
   c. entering new and established patient appointments
   d. scheduling appointments based on time allocated for specific procedures
   e. changing or deleting appointments
   f. creating and printing a daily list of appointments

Career Ready Practice: 1, 2, 4, 5, 6, 7, 8, 12

CTE Anchor:
Academics: 1.0
Communications: 2.4, 2.5, 2.6
Problem Solving and Critical Thinking: 5.2, 5.3, 5.4, 5.5, 5.6
Responsibility and Flexibility: 7.6
Ethics and Legal Responsibilities: 8.1, 8.3, 8.7
Technical Knowledge and Skills: 10.1, 10.2

CTE Pathway:
C1.2, C3.1, C3.2, C3.3, C3.4, C3.5, C3.6, C8.1, C8.2,
<table>
<thead>
<tr>
<th>COMPETENCY AREAS AND STATEMENTS</th>
<th>MINIMAL COMPETENCIES</th>
<th>STANDARDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. printing various financial statements and forms</td>
<td>d. adding a new insurance carrier to an existing patient account</td>
<td></td>
</tr>
<tr>
<td>b. organizing the Patient Registration Form according to guarantor, insurance information, employer and dependent information</td>
<td>e. updating information on an established patient</td>
<td></td>
</tr>
<tr>
<td>c. entering new patient information into the system</td>
<td>f. reviewing aspects of a patient encounter form</td>
<td></td>
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<tr>
<td>d. adding a new insurance carrier to an existing patient account</td>
<td>g. entering charge transactions on various patient accounts</td>
<td></td>
</tr>
<tr>
<td>e. updating information on an established patient</td>
<td>h. editing and deleting transactions</td>
<td></td>
</tr>
<tr>
<td>f. reviewing aspects of a patient encounter form</td>
<td>i. entering and saving patient payments</td>
<td></td>
</tr>
<tr>
<td>g. entering charge transactions on various patient accounts</td>
<td>j. entering and saving insurance payments</td>
<td></td>
</tr>
<tr>
<td>h. editing and deleting transactions</td>
<td>k. entering payments with adjustments</td>
<td></td>
</tr>
<tr>
<td>i. entering and saving patient payments</td>
<td>l. creating insurance claims</td>
<td></td>
</tr>
<tr>
<td>j. entering and saving insurance payments</td>
<td>m. handling rebills</td>
<td></td>
</tr>
<tr>
<td>k. entering payments with adjustments</td>
<td>n. submitting electronic claims</td>
<td></td>
</tr>
<tr>
<td>l. creating insurance claims</td>
<td>o. generating correspondence relating to insurance billing follow-up</td>
<td></td>
</tr>
<tr>
<td>m. handling rebills</td>
<td>p. using the Insurance Aging Report to tract revenues in the facility</td>
<td></td>
</tr>
<tr>
<td>n. submitting electronic claims</td>
<td>q. analyzing various business summary reports such as the Procedure Day Sheet, Practice Analysis Reports, Ledgers, and Patient Statements</td>
<td></td>
</tr>
<tr>
<td>o. generating correspondence relating to insurance billing follow-up</td>
<td>7. Pass a practical examination using correct principles and procedures to accurately complete claim forms and demonstrate the ability to navigate through a healthcare billing software with 80% accuracy.</td>
<td></td>
</tr>
<tr>
<td>p. using the Insurance Aging Report to tract revenues in the facility</td>
<td>8. Review the importance of the continuous upgrading of job skills.</td>
<td></td>
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</tbody>
</table>

(30 hours)

K. EMPLOYABILITY SKILLS REVIEW

Review, apply, and evaluate the employability skills required in the health information business.

1. Review employer requirements for the following:
   a. punctuality
   b. attendance
   c. attitude toward work
   d. quality of work
   e. teamwork
   f. timeliness
   g. communication skills

2. Update list of potential employers through traditional and internet sources.

3. Review the role of electronic social networking in job search.

4. Update sample résumés.

5. Review the importance of filling out a job application legibly, with accurate and complete information.

6. Complete job application forms correctly.

7. Review the importance of enthusiasm on a job.

8. Review the importance of appropriate appearance on a job.

Career Ready Practice:
1, 2, 3, 5, 6, 7, 8, 10, 11, 12

CTE Anchor:
Career Planning and Management:
3.1, 3.3, 3.5, 3.6, 3.7, 3.9
Problem Solving and Critical Thinking:
5.3, 5.6
Health and Safety:
6.2, 6.8
Ethics and Legal Responsibilities:
8.2
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|                                 | 9. Review the importance of customer service as a method of building permanent relationships between the organization and the customer.  
10. Review and demonstrate appropriate interviewing techniques.  
11. Review the informational materials and resources needed to be successful in an interview.  
12. Review and demonstrate appropriate follow-up procedures. | Technical Knowledge and Skills:  
CTE Pathway:  
C1.1, C1.2, C1.3, C1.4, C1.5, C1.6, C1.7, C3.1, C3.2, C3.3, C4.2, C4.4, C6.5 |
SUGGESTED INSTRUCTIONAL MATERIALS and OTHER RESOURCES

TEXTS AND SUPPLEMENTAL MATERIAL


RESOURCES

Employer Advisory Board members

Foundation Standards
http://www.cde.ca.gov/be/st/ss/documents/ctstandards.doc

American Academy of Professional Coders
http://www.aapcnati.org

American Health Information Management Association (AHIMA)
http://www.ahima.org

Disability Insurance Branch
California Employment Development Department (EDD)
http://www.edd.ca.gov/disability/disability_insurance.htm
Federal Workers’ Compensation
http://www.workerscompensation.com/federal.php

Office of the Inspector General
http://www.oig.hhs.gov/authorities/docs/dpgnf.pdf

Social Security Disability Insurance
http://www.ssa.gov/disability/

VA Health Administration Center
CHAMPVA
P.O. Box 65023
Denver, CO 80206-9023
www.champvaus.com

COMPETENCY CHECKLIST
**TEACHING STRATEGIES and EVALUATION**

**METHODS AND PROCEDURES**

A. Lectures and discussions

B. Multimedia presentations

C. Demonstrations and participation

D. Individualized instruction

E. Peer teaching

F. Role-playing

G. Guest speakers

H. Field trips and field study experiences

I. Projects

**EVALUATION**

SECTION A – Introduction and Safety – Pass the safety test with a score of 100%.

SECTION B – Resource Management Review – Pass all assignments and exams on resource management with a minimum score of 80% or higher.

SECTION C – Workers’ Compensation Insurance – Pass all assignments and exams on communication with a minimum score of 80% or higher.

SECTION D – State Disability (SDI) – Pass all assignments and exams on clinical experience with a minimum score of 80% or higher.

SECTION E – Group/Private Insurance – Pass all assignments and exams on employability skills with a minimum score of 80% or higher.

SECTION F – Medicare – Pass all assignments and exams on employability skills with a minimum score of 80% or higher.

SECTION G – Medicaid (Medi-Cal) and Medi/Medi Crossover – Pass all assignments and exams on employability skills with a minimum score of 80% or higher.

SECTION H – Managed Care – Pass all assignments and exams on employability skills with a minimum score of 80% or higher.
SECTION I – Tricare/ChampVA – Pass all assignments and exams on employability skills with a minimum score of 80% or higher.

SECTION J – Healthcare Software II – Pass all assignments and exams on employability skills with a minimum score of 80% or higher.

SECTION K – Employability Skills Review – Pass all assignments and exams on employability skills with a minimum score of 80% or higher.
Statement for Civil Rights

All educational and vocational opportunities are offered without regard to race, color, national origin, gender, or physical disability.