SECTION I

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Course Overview

Many instructors are looking for an opportunity to prepare students for internship in their last semester. Many schools have experienced difficulties obtaining offices and clinics to serve as host internship sites with additional challenges to expose students to all environments where coders are employed.

The purpose of this course simple—experience, exposure, and evaluation in a controlled environment. I envisioned this project to be a virtual office or coding simulation providing as closely as possible the experience of a day in the life of a coder/biller in a clinic setting using practice management software. This course is designed to: 1) be used as an enhancement to traditional and online didactic instruction; 2) build on information students have learned in other courses and disciplines; 3) provide students opportunities to apply and test knowledge learned by participating in real-life scenarios and performing tasks typical of a medical coder and billing specialist in a medical office. This book is intended to be used as an exercise book rather than an instructional text.

This course can prepare students for a supervised internship (or even serve as the internship in some coding programs, particularly online programs) by exposing them to the workflow they would expect to see in a clinic setting, the types of tasks and responsibilities required, and the resources used for this position. Jobs and workload simulate the life of a coder in a clinic setting where multi-tasking is common. Students will have the opportunity to read life-like records and then code, abstract, and bill. Records include encounter forms, copies of insurance cards, H&Ps, OP notes, SOAP notes, and registration forms. Many of the notes are handwritten, which will test the student's ability to read and interpret handwriting and abbreviations. Students will have "jobs" where they must research coding resources, research payer websites, and use an encoder product. Students will compare payments to written contracts to verify proper payment. The tasks incorporated in this course are meant to challenge the students' working knowledge of learned coursework and ability to apply it as they would on the job.

With the adaptability of MOSS (or the adoption of a proprietary software such as LeonardnoMD, Misys, etc.), students will code and abstract patient and billing information into the computer and generate a claim. The student will also experience the claims follow-up process, reading remittance advices, posting payments, making adjustments, and balance- billing the patient. The tasks incorporated in this course, along with the detailed office and surgical records, are meant to evaluate the students' comprehension of previous coursework and mastery of coding concepts. After this evaluation, the student can focus on concepts and key content areas where they need improving. Each job in Chapters 6–8 will allow the student to carry out each step in the data entry and revenue cycle. The students will enter new patient information, edit patient accounts, apply adjustments and charges to patient accounts, create hard copy files, code from hard copy files, and much more. Chapter 9 focuses primarily on surgical center coding. This chapter emulates how a remote coding operation works and challenges the student's knowledge of surgical coding and reporting for an ASC.

The content of Parts I and II is meant to be a review and high level overview. The jobs are located in Parts III–IV. This course will enhance the knowledge and skills that are essential to being an effective coder.

Educators are constantly challenged to discover ways to provide well-rounded educations that encompass coding, billing, practice management software usage, and internship. It was my experience in my academic program that internship sites and prospective employers expect students to have a working knowledge of all of these concepts, and this simulation would be the perfect way to bridge that gap.

Capstone Simulation for Coding consists of a worktext packaged in a reusable plastic portfolio with the following items:

- *Capstone Simulation for Coding* textbook
- 10 manila file folders
- MOSS 2.0 software
- 59-day access to EncoderPro.com: Expert
- CD of additional documents and files

Organization of the Textbook and Features

This course builds on information students have learned in other courses and disciplines and provides the student the opportunity to apply and test this knowledge by performing tasks commonly performed in a medical office. The simulation goes one step beyond working in the medical office and exposes the student to ambulatory surgery coding and reporting to further expand and test their clinical and surgical coding knowledge. The jobs and surgical cases completed can be used by graduates seeking employment to demonstrate competency and can be kept in a dossier for the prospective employer. The student may also add to this dossier the experience of using EncoderPro coding software.

Capstone Simulation for Coding is divided into five parts. Part I, Orientation and Introduction, covers general flow of information in a medical office, computer usage, medical insurance, and HIPAA guidelines. This information is necessary as an overview because students will come from varying programs and backgrounds, and it cannot be assumed that they have received prior instruction or mastered this knowledge previously. For most students, this will be a review of information and a measure of their comprehension. Part II, Computer and Coding Orientation, teaches students how to use MOSS, input data, schedule appointments, make transactions, generate claims, and run reports. Coding from documentation and coding guidelines are also discussed. Unless students have completed a course where a Delmar Cengage Learning book introduced and made use of MOSS, the MOSS instruction is crucial to successfully complete the jobs in Chapters 6–8. Part III, Office Internship, allows students to use MOSS to apply their knowledge and perform specific jobs of the coder and biller in the medical office. Students are classified as a new hire at Douglasville Medicine Associates and will participate in orientation, obtain a job description, and receive a policy and procedure manual before they begin working. Part IV, Remote Coding Internship, walks students through the daily tasks of a coder at Surgical Coding Solutions, a third-party contracted remote coding service. Students will read and interpret medical documentation and assign codes for the surgical services rendered by their client providers. Part V, the Appendices, includes the policy and procedure manual, Employee Privacy Acknowledgement, E/M Coding Tool, AHIMA Standards of Ethical Coding, and Getting Started with MOSS instructions. All source documents and the clinical documentation used to code from are located at the end of chapters 6–8. These documents can be written on and torn out of the book to create the patient folders that can be submitted to the instructor for grading. The clear portfolio feature is a perfect way to organize and protect these documents once removed from the work text.

All other source documentation needed to complete the assignments and exercises located in Parts III–IV are located at the end of each respective chapter, the Appendices, or on the CD-ROM. These forms include routers, fee schedules, patient records, payment advices, and polices and procedures.

The appendices and the CD-ROM contain key items for successful completion of the simulation.

The CD-ROM included in the back of the text is also referenced throughout and contains documents for various activities that can be completed electronically and printed out and submitted to you, the instructor. The CD-ROM contains the following files:

1. Douglasville Medicine Associates Payer Contracts/Medicare Fee Schedule (Excel file). Used in Chapter 6. Do not encourage students to print this file, as it is very large in size.
2. DMA Procedure Fee Schedule (Excel file). This is required for work done in Chapters 3 and 6. Do not encourage students to print this file, as it is very large in size.
3. Great West Application for Initial Credentialing/Appointment (Word file). Required for a job in Chapter 3.
4. Meadway MedSurg Clinic Coding Capture Form (Excel file). This is used to record diagnoses and procedure codes for cases coded in Chapter 9. This will be the students' answer sheet to turn in to the instructor for work completed in this chapter.
5. DMA Payment Plan/Payment Agreement (Word file). Required for work in Chapter 6.
6. Deposit Ticket (Excel file). Needed to complete jobs in Chapters 6 and 7.

7. DMA letterhead paper (Word file). This is used in Chapters 6–8 to draft letters to patients and providers.
8. Medicare Secondary Payer (MSP) Questionnaire (Word file). Referenced in Chapter 3. This document is not necessarily used to complete a job but will help the student decide when it is appropriate to bill Medicare as primary versus secondary.

Throughout the text, directions are provided referring the student to the appropriate location to access documents necessary to complete assignments and jobs in Chapters 3–9.

Parts I and II provide the student and instructor with the following features:

- *Learning Objectives:* Primary areas of knowledge that should be a review for students when studying these sections of the text.
- *Key Terms:* An alphabetic list of important vocabulary terms. Key terms are printed in boldface type and defined when introduced in the chapter.
- *Background Basics:* Itemizes basic knowledge or a skill set that the student should possess to successfully complete the chapter.
- *Competency Checklist:* Explains how the chapter information relates to the job of a coder or biller and the ability of the student to competently perform the job upon completion of the chapter.
- *Discussion with Real World Application:* Poses realistic situations in the workplace for students to ponder and discuss with classmates.

Instructor Manual

Following this course overview, the Instructor's Manual contains these sections:

- The Course Preparation section provides further overview, teaching tips, and optional bonus activities.
- Complete Answer Keys for Parts I–IV of the textbook, including discussions, exercises, chapter reviews, and jobs.

Course Prerequisites

To successfully complete this simulation, students should have completed coursework in the following subject areas:

- ICD-9 coding
- CPT coding
- HCPCS coding
- Medical terminology
- Medical insurance and billing

Goals and Objectives of the Course

Content and activities chosen for this textbook simulation are based on expectations and requirements of coders and billers in medical practices. Experienced staff is highly desirable; therefore, the goal is that this simulation will help students learn as if they were actually employed by a practice and obtain some practical experience. After completing the *Capstone Simulation for Coding*, students will be able to:

1. Create and maintain patient medical records.
2. Schedule patients using learned reasoning for the most appropriate appointment time based on scheduling policies and availability.
3. Assign CPT, ICD-9, and HCPCS codes to office visits and surgeries, applying and mastering all applicable coding guidelines.

4. Create and submit accurate and complete insurance claim forms for private, commercial, and government payer for reimbursement.
5. Use the Internet to research coding and billing questions, insurance carrier policies, medical and surgical protocol, and obtain authorizations and insurance coverage and benefits.
6. Register patients by checking them in and out of the computer system and accurately completing paperwork.
7. Input charges and post payments received into MOSS.
8. Assign codes for professional services for multiple types of service by interpreting medical documentation.
9. Discuss the revenue cycle by identifying each step in the process and the responsibilities of the coder and biller.
10. Create insurance claims for primary and secondary insurances and submit for claims processing.
11. Describe the impact of computers in healthcare.
12. Navigate and interpret information contained in an electronic record.
13. Assign codes for services by using an encoder product and apply coding guidelines and regulatory principles obtained from hardcopy and online resources.
14. Communicate effectively both verbally and in writing with customers, physicians, and insurance plans.

Association of This Coursework with Professional Organization Competencies and Role Delineation

This coursework can be applied to many of the certification competencies employed by the following organizations: American Health Information Management Association (AHIMA), American Academy of Professional Coders (AAPC), and American Association of Medical Assistants (AAMA). These organizations as well as other lesser known professional organizations post certification competencies for their examinations.

Medical Coding Certification and Medical Assisting Areas of Competence

Certified Coding Associate (CCA) Examination Content Outline

DOMAIN I. Health Records and Data Content (20%)	Coverage in Text
1. Collect and maintain health data.	Y
2. Analyze health records to ensure that documentation supports the patient's diagnosis and procedures, and reflects progress, clinical findings, and discharge status.	Y
3. Request patient-specific documentation from other sources (for example, ancillary departments, physician's office, and so on).	N
4. Apply clinical vocabularies and terminologies used in the organization's health information systems.	Y
DOMAIN II. Health Information Requirements and Standards (14%)	
1. Evaluate the accuracy and completeness of the patient record as defined by organizational policy and external regulations and standards.	N
2. Monitor compliance with organization-wide health record documentation guidelines.	Y
3. Report compliance findings according to organization policy.	Y
4. Assist in preparing the organization for accreditation, licensing, and/or certification surveys.	N

(*Continued*)

DOMAIN III. Clinical Classification Systems (36%)	
1. Use electronic applications to support clinical classification and coding (for example, encoders).	Y
2. Assign diagnosis and procedure codes using ICD-9-CM official coding guidelines. a. Assign principal diagnosis (Inpatient) or first listed diagnosis (Outpatient). b. Assign secondary diagnosis(es), including complications and comorbidities (CC). c. Assign principal and secondary procedure(s).	Y Y Y Y
3. Assign procedure codes using CPT coding guidelines.	Y
4. Assign appropriate HCPCS codes.	Y
5. Identify discrepancies between coded data and supporting documentation.	Y
6. Consult reference materials to facilitate code assignment.	Y
DOMAIN IV. Reimbursement Methodologies (10%)	
1. Validate the data collected for appropriate reimbursement. a. Validate Diagnosis Related Groups (DRGs). b. Validate Ambulatory Payment Classifications (APCs).	Y N N
2. Comply with the National Correct Coding Initiative.	Y
3. Verify the National and Local Coverage Determinations (NDC/LDC) for medical necessity.	Y
DOMAIN V. Information and Communication Technologies (6%)	
1. Use the computer to ensure data collection, storage, analysis, and reporting of information.	Y
2. Use common software applications (for example, word processing, spreadsheets, e-mail) in the execution of work processes.	Y
3. Use specialized software in the completion of HIM processes.	Y
DOMAIN VI. Privacy, Confidentiality, Legal, and Ethical Issues (14%)	
1. Apply policies and procedures for access and disclosure of personal health information.	Y
2. Release patient-specific data to authorized individuals.	N
3. Apply ethical standards of practice.	Y
4. Recognize and report privacy issues/problems.	Y
5. Protect data integrity and validity using software or hardware technology.	Y

American Academy of Professional Coders (AAPC)

According to the AAPC, the CPC's® abilities include:

Competency	Coverage in Text
Proficiency in adjudicating claims for accurate medical coding for diagnoses, procedures, and services in physician-based settings.	Y
Proficiency across a wide range of services, which include evaluation and management, anesthesia, surgical services, radiology, pathology, and medicine.	Y, though course does not discuss anesthesia, radiology, or pathology coding
Sound knowledge of medical coding rules and regulations, including compliance and reimbursement. A trained medical coding professional can better handle issues such as medical necessity, claims denials, bundling issues, and charge capture.	Y
Knowing how to integrate medical coding and reimbursement rule changes into a practice's reimbursement processes.	Y
Knowledge of anatomy, physiology, and medical terminology necessary to correctly code provider diagnosis and services.	Y

The CPC-H's® abilities in regard to outpatient facility/hospital services include:

Competency	Covered in Text
Proficiency in assigning accurate medical codes for diagnoses, procedures, and services performed in the outpatient setting.	Y
Proficiency across a wide range of services, which include evaluation and management, anesthesia, surgical services, radiology, pathology, and medicine.	Y, though no specific coverage on anesthesia, radiology, or pathology coding
Knowledge of coding rules and regulations along with keeping current on issues regarding medical coding, compliance, and reimbursement under outpatient grouping systems. A trained coding professional can better handle issues such as medical necessity, claims denials, bundling issues, and charge capture.	Y
Ability to integrate coding and reimbursement rule changes in a timely manner to include updating the Charge Description Master (CDM), fee updates, and the Field Locators (FL) on the UB04.	Y, though for the physician office and not for the outpatient facility
A working knowledge of AHA Coding Clinic guidelines in the assignment of ICD-9-CM codes from Volumes 1 & 2.	Y
Correctly completing a UB04, including the appropriate application of modifiers.	N
Knowledge of anatomy, physiology, and medical terminology commensurate with ability to correctly code provider services and diagnoses.	Y

American Association of Medical Assistants (AAMA)

In 2002, the AAMA conducted a survey among medical assistants to asses what tasks the medical assistants were actually performing in the workplace. This survey included a forward-looking component at that time to determine what the respondents thought medical assistants might be doing during the five years that followed. The following chart illustrates the areas of competence required for an entry-level medical assistant according to what respondents reported. This chart is an excerpt from the American Association of Medical Assistants website (http://www.aama-ntl.org) and has been modified to show non-patient care and clinical tasks.

Medical Assistant Role Delineation	Covered in Text
Professionalism	
• Display a professional manner and image	Y
• Demonstrate initiative and responsibility	Y
• Work as a member of the health care team	Y
• Prioritize and perform multiple tasks	Y
• Adapt to change	N
• Treat all patients with compassion and empathy	Y
Communication Skills	
• Recognize and respect cultural diversity	N
• Adapt communications to individual's ability to understand	Y
• Use professional telephone technique	N, though it is discussed, it is not measured
• Recognize and respond effectively to verbal, nonverbal, and written communications	Y
• Use medical terminology appropriately	Y
• Utilize electronic technology to receive, organize, prioritize, and transmit information	Y

(*Continued*)

Legal Concepts	
• Perform within legal and ethical boundaries	Y
• Prepare and maintain medical records	Y
• Document accurately	N
• Follow employer's established policies dealing with the health care contract	Y
• Implement and maintain federal and state health care legislation and regulations	Y
Instruction	
• Explain office policies and procedures	N
• Develop educational materials	N
Operational Functions	
• Apply computer techniques to support office operations	Y
• Perform basic administrative medical assisting functions	Administrative only
• Schedule, coordinate, and monitor appointments	Y
• Schedule inpatient/outpatient admissions and procedures	N
• Understand and apply third-party guidelines	Y
• Obtain reimbursement through accurate claims submission	Y
• Monitor third-party reimbursement	Y
• Understand and adhere to managed care policies and procedures	Y
Practice Finances	
• Perform procedural and diagnostic coding	Y
• Apply bookkeeping principles	Y
• Manage accounts receivable	Y
• Manage accounts payable	N
• Process payroll	N
• Document and maintain accounting and banking records	N
• Develop and maintain fee schedules	Inputting fee schedules only
• Manage renewals of business and professional insurance policies planning	N

American Medical Billing Association (AMBA)

More and more physicians and other healthcare providers are looking for certified professionals that understand regulatory and business issues that affect their practices. The AMBA implemented a certification test specific to billing that is called Certified Medical Reimbursement Specialist (CMRS) exam. These candidates have the knowledge and skills to be effective in increasing revenue, preventing fraud and abuse, and researching information that helps practices succeed in today's environment. The purpose of this certification is to promote ethical and professional medical billing through certification of qualified individuals by formally recognizing proficiency demonstrated by having passed the CMRS exam, encouraging continued professional and personal best development, and providing a national standard assessment based on industry knowledge. Certification demonstrates to physicians, employers, and others that individuals have taken proactive steps to advance their education, knowledge, and skills.

CMRS Exam

The exam represents a high-level overview of our industry. It is comprised of 16 sections ranging from medical terminology to compliance, and it requires over 800 answers with a cut score of 85% accuracy to pass and earn the CMRS credential designation. The CMRS exam is divided into the following 16 sections.

Competency Topic	Coverage in Text
Medical Terminology	Y, though no didactic instruction, there is application of knowledge
Anatomy and Physiology	Y, though no didactic instruction, there is application of knowledge
Information Technology	Y
Web and Information Technology	Y
ICD-9-CM Coding	Y
CPT-4 Coding	Y
Clearing houses	Y
CMS 1500	Y
Insurance	Y
Insurance Carriers	Y
Acronyms	Y
Compliance	Y
Fraud and Abuse	Y
Managed Care	Y

Teaching Suggestions

This organization and structure of the content and activities located within this simulation are meant to reinforce essential skills for all new medical office workers and likely teach a few new ones that are typically not learned in the class room. The tasks incorporated in this course are meant to challenge the students' working knowledge of learned coursework and ability to apply it as they would on the job. As an enhancement to the course, it is possible (if an instructor were inclined to encourage the students to do so) for students to create some of their own fictitious patients and scenarios and enter them into MOSS.

Introducing the Coursework

This text and coursework is unlike most traditional texts because it is meant to be a simulation; therefore, the instructor will not spend a great deal of time lecturing in class. The course should be used at the end of the student's last semester in a program, as a supplement to an existing course, or as an independent study course. Spend time at the beginning of the course describing the goals and objectives of the course and how this simulation is factored into grading or course completion. Students will either be completing this work in a lab setting or independently at home. It is a good idea for the instructor to familiarize himself/herself with MOSS and complete the jobs before the course begins in order to be prepared to answer technical and software questions. The first class session should be used to discuss the preface and organization of the textbook, pointing out its features and the various parts. The instructor should also assist the student in loading MOSS (or at the minimum walk them through how to accomplish this on their home computer if they are not using a network version).

Note to the Instructors: The instructor will have to establish a grading and scoring mechanism based upon the exercises and jobs being graded. There are no tests or quizzes to accompany this course and may be another avenue for instructors to enhance the current curriculum.

Part I: Orientation and Introduction

Part I consists of Chapter 1, which is the course introduction and orientation to the clinic; Chapter 2, which is an overview of how technology is used in the business of healthcare; Chapter 3, which is a review of insurance types and revenue cycle; and Chapter 4, which is MOSS training. Depending on whether students have previously used MOSS, the instructor could choose to discuss Chapter 4 first.

The DME policy and procedure manual located in the appendices was written to resemble a real manual found in provider offices. Many policies located here are not required to complete the jobs in this text; rather they are meant to be part of the training experience. Exposure to such policies now may facilitate the on boarding experience at a real practice after graduation.

The discussion questions throughout the chapters are meant to encourage group discussions during which students can engage in conversation and the instructor can facilitate. It is up to the instructor whether to discuss the *Real World Application* as a class, have students break up into groups, or have students craft their responses independently. This decision may be based on whether the class is being taught online and how much classroom time is available. Instructors can supplement these discussions with examples of current events or experiences shared by students.

Getting Started With Medical Office Simulation Software (MOSS) Version 2.0

About Medical Office Simulation Software 2.0

In MOSS, the main menu screen orients the user to the general functions of most practice management software programs. Basic components common to most practice management software include: Patient Registration, File Maintenance, Procedure Posting, Insurance Billing, Claims Tracking, Posting Payments, Patient Billing, Report Generation, and Appointment Scheduling.

For instructors already using MOSS, there have been a few enhancements to the newest MOSS 2.0 version:

- Uses Microsoft Access 2007 and is compatible with Windows Vista
- Claims Tracking is a new area of the program that simulates receiving an electronic explanation of benefits (EOB) or remittance advice (RA) from an insurance carrier
- CMS-1500 forms populate based on insurance type selected to meet the needs of medical billing programs
- Each insurance has a fee schedule
- Date parameters expanded to a five-year range
- Improved Search functionality
- Improved Reports functionality
- New reports added: Aging patient balance report, Individual patient balance report, Patient ledger report, and Prebilling report
- Adjustment functionality corrected to type of adjustment; additional adjustment types added
- Patient ledger updated to track payment history
- Prebilling report added prior to generating claims
- Expanded seed data added to the program

MOSS 2.0 is a single-user program that is designed to be used with various jobs in this textbook, starting with Chapter 4.

Installation and Setup Requirements

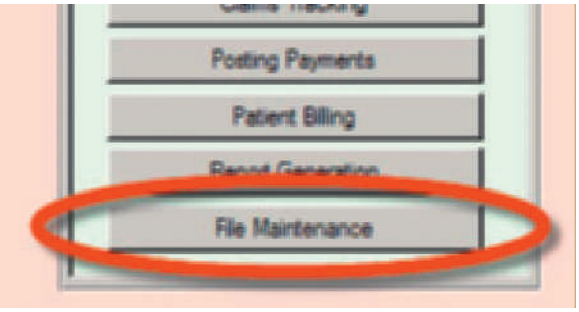
1. Take the MOSS 2.0 CD in this package and place it into your CD-ROM drive.
2. Medical Office Simulation Software 2.0 should begin setup automatically. Follow the on-screen prompts to install MOSS and access Runtime.

3. If MOSS does not begin setup automatically, follow these instructions:
   - Double-click My Computer.
   - Double-click the Control Panel icon.
   - Double-click Add/Remove Programs.
   - Click the Install button and follow the onscreen prompts.
4. When you finish installing MOSS, it will be accessible through the Start menu:

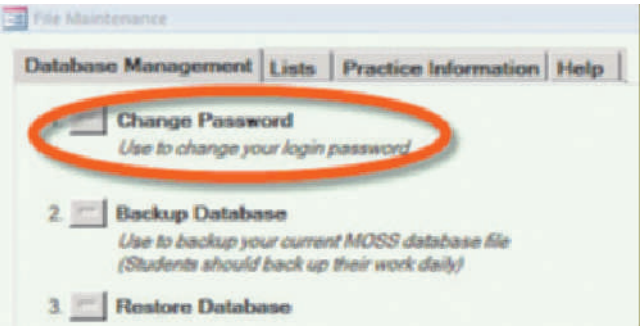
   Select Start > All Programs > Medical Office Simulation Software > MOSS (to open the software)
5. At the logon screen, click OK to enter MOSS. Your user name and password are already loaded for you. You may change your password after you have logged in, by going to the File Maintenance area of the software (see the next section).

Changing Your Password

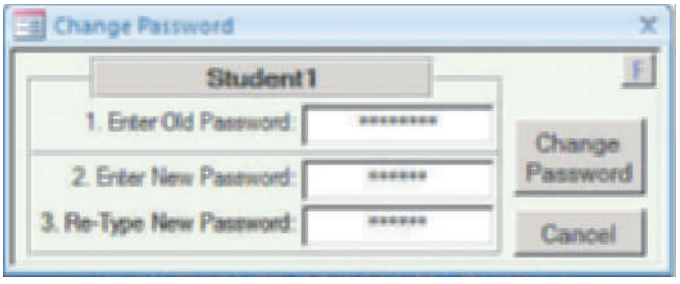
1. Once in the program, select **File Maintenance** from the Main Menu screen.



2. Select the button next to **1. Change Password**.

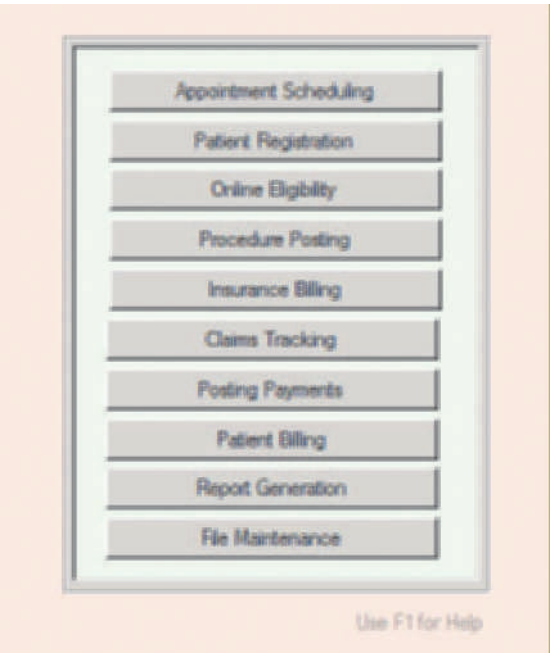


3. Enter the current password “Student1” and then your new password.



4. Click **Change Password** when you are finished. It is recommended that if you change your password, you write your new password down and keep it in a secure place.

Sections of the Program



MOSS features a Main Menu screen consisting of buttons that provide access to specific areas.

Alternatively, there is an icon bar along the top left to quickly access the areas of the software. Or the user may choose to navigate the software by using the pull-down menus below the software title bar.

Patient Registration

The patient registration area allows the user to input information about each patient in the practice, including demographic, Health Insurance Portability and Accountability Act (HIPAA), and medical insurance information. From the Main Menu screen, click on the Patient Registration button to search for a patient, or to add a new patient, using the command buttons along the bottom of the patient selection dialog box.

Appointment Scheduling

The appointment scheduling system enables the user to make appointments and also cancel, reschedule, and search for appointments. MOSS allows for block scheduling, as well as several print features including appointment cards and daily schedules.

Procedure Posting

In the procedure posting system, patient fees for services are applied, in addition to relevant information such as service dates and place of service information. When procedures are input into the procedure posting system, the software assigns the fee to be charged according to the fee schedule for the patient's insurance.

Insurance Billing

The insurance billing system is designed to prepare claims to be sent to insurance companies for the medical office to receive payment for services provided. MOSS allows the user to generate and print a paper claim or simulate sending the claim electronically.

Claims Tracking

Claims tracking is a new area of the program, which simulates receiving an electronic explanation of benefits (EOB) or remittance advice (RA) from an insurance carrier.

Posting Payments and Patient Billing

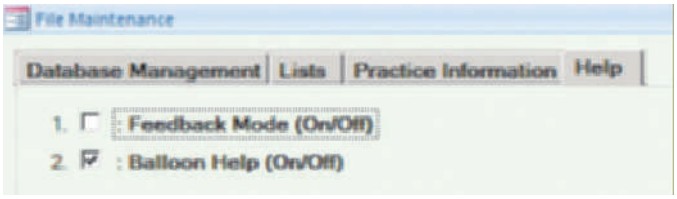
In the posting payments system, the user may input payments received by the practice from patients or insurance companies, as well as enter adjustments to the account. Once the payment from the primary insurance company has been posted, the software can generate a claim to a secondary insurance company, if applicable, or generate a bill to be sent directly to the patient to collect the outstanding balance.

File Maintenance

The file maintenance system is a utility area of the program that contains common information used by various systems within the software. It is also an area where the setup of the software system can be adjusted or customized.

Feedback Mode and Balloon Help

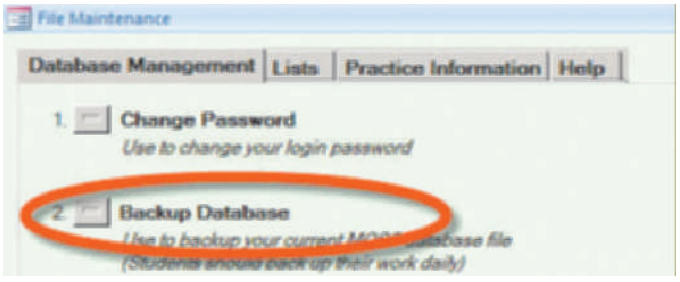
Under the Help tab in File Maintenance, the user can turn Feedback Mode and Balloon Help Mode on or off. Feedback mode alerts the user when essential fields have not been completed before allowing data to be saved. Balloon Help offers explanations, clarification, or reminders for certain fields.



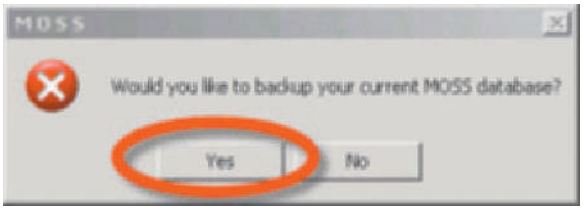
Creating Back-Up Files

You may create a back-up file of the work you've completed in the program at any time. We recommend that you do this frequently.

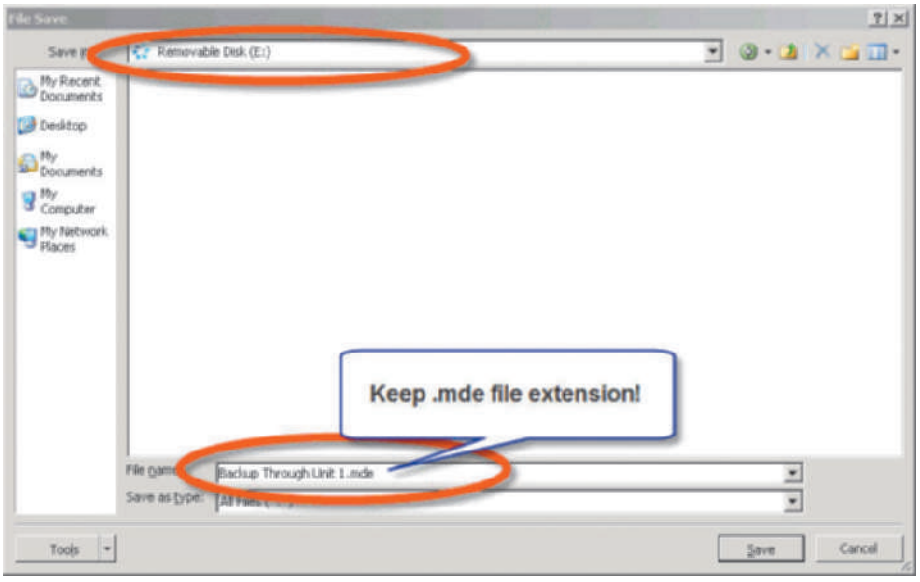
1. Click on File Maintenance and then click the button next to **2. Backup Database.**



2. Click Yes at the prompt.



3. Select a location to save your backup file. We recommend that you save the database on a flash drive (in most computers, this is your E:/ or F:/ computer drive). When saving your file, you may also choose to rename the file. You may rename the file anything you choose; **however, you must keep the file extension (.mde) in the file name.**

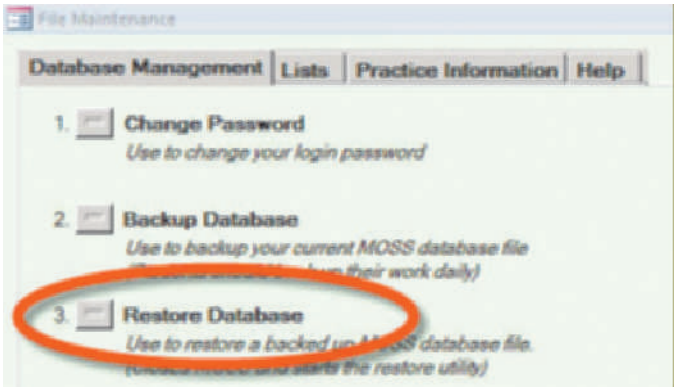


4. Click **Save** when you are finished. You will receive a prompt telling you that your file was completed successfully. Click **OK**.

Restoring Backup Files

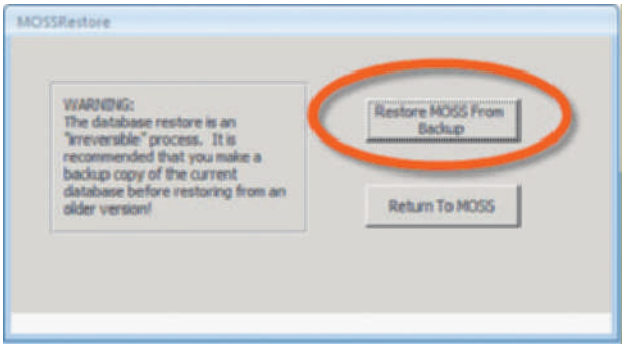
You may restore a backup file of the work you've saved in the program at any time.

1. Click File Maintenance and then click the button next to **3. Restore Database**. Note that restoring a backup file is an irreversible process.

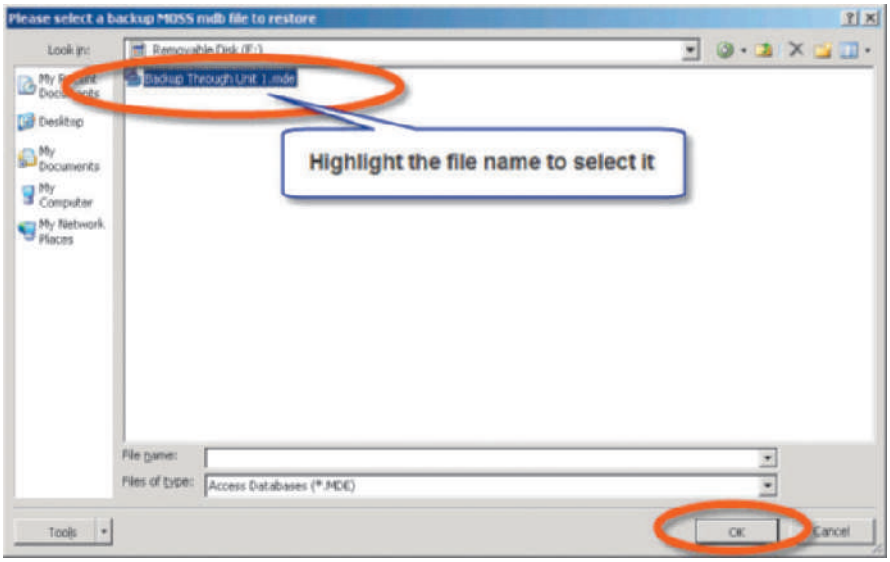


2. Click **Yes** at the prompt.

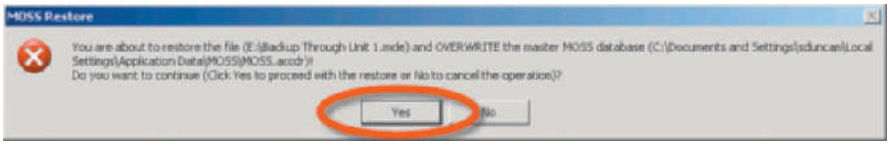
3. Click **Restore MOSS from Database** at the next prompt.



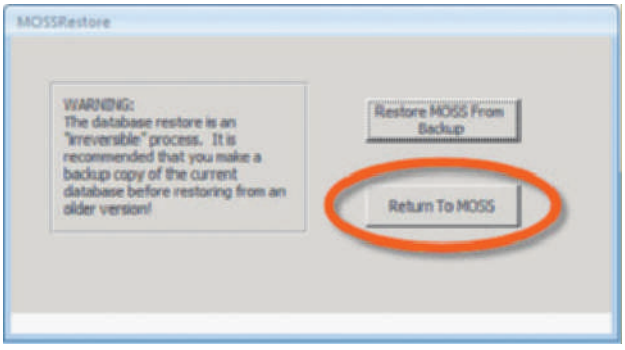
4. Click **Yes** at the prompt. (Remember that restoring a backup file is an irreversible process.)
5. Find the backup file that you've created, click once to highlight it, and then click **OK**.



6. Click **Yes** at the prompt.



7. Click the button to **Return to MOSS**.



8. You have successfully restored your backup database. You will need to log in to the new database to start working.

MOSS Frequently Asked Questions

- **If my program has adopted MOSS, can multiple students use the same computer in our school computer lab?**

Your network administrator should install MOSS on each student's personalized space on a school's computer or network. Multiple students can use one computer, *as long as each student has MOSS installed on their own personalized space on a school's computer or network.*

For programs that do not have network privileges, students should use the backup/restore utility in MOSS, saving the MOSS.mde file to a flash drive.

- **I have Microsoft Access on my computer. Do I need to install Access Runtime on my computer?**

Yes, you should install Access Runtime on your computer to go along with the program. It will not cause any problems to your system or otherwise interfere with the Microsoft Access program on your computer.

- **Will MOSS run on a Citrix server?**

Unfortunately, it will not. MOSS is designed for use in a Local Area Network (LAN), not a Wide Area Network (WAN) such as Citrix.

Technical Support Information

Technical Support at Delmar Cengage Learning is available from 8:30 a.m. to 6:30 p.m. Eastern Standard time.

- Telephone: 1-800-648-7450
- E-mail: delmarhelp@cengage.com

Best Practices for MOSS 2.0

MOSS is a simulation of a practice management software, and Delmar Cengage Learning has made every effort to make it as real-world as possible. However, due to a variety of reasons, we were not able to make some aspects of the software function exactly as "real" practice management software does. That being said, it is an educational tool and students are able to learn valuable skills that can be transferred to a real-world program.

Creating Backup Files and Restoring Backup Files

This functionality has been improved to make it easier to create and restore backup files. It has been changed so that users can more easily select where backup files saved, including to portable storage devices such as flash drives.

Creating Backup File Steps:

1. Go to File Maintenance from the Main Menu, and click #2 Backup Database.
2. Click Yes through one prompt.
3. Browse to select the location to where you would like the backup file to be saves. We recommend backing up to a flash drive.
4. Click OK. Close and return to the Main Menu when complete.

Restoring Backup File Steps:

1. Go to File Maintenance from the Main Menu, and click #3 Restore Database.
2. Click Yes through one prompt.
3. Browse to find where you have saved the backup file you would like to restore. Highlight the file and click OK.

4. Click Yes through one prompt.
5. Click Return to MOSS. Log into MOSS again (you are logging into the new database you just restored).

Rescheduling Appointments

The steps for rescheduling an appointment are slightly changed from version 1.0. Here are the steps:

1. Find an already created appointment and open the Patient Appointment Form (as you would normally, either using the Search function or double-clicking the calendar entry).
2. On the Patient Appointment Form, check Rescheduled and then select Needs Different Date from the drop-down menu to the left. *(So far, this is the same as in 1.0. The next step is where things differ.)*
3. Click the calendar icon in this same row, on the left of the row. A new calendar will appear.
4. On this calendar, navigate to the new date you would like to select.
5. Double click in the new time slot on the new date. (It will appear that nothing is happening, which is OK.)
6. Click Close on the lower right side of the calendar.
7. Now you are back on the original Patient Appointment Form. Click Save Appointment. At this point, the new date is populated in the blank field on the reschedule row, and the new appointment is posted on the calendar.

Posting Procedures

MOSS 2.0 automatically populates the patient's doctor on the procedure posting screen—be sure not to change this. Procedures need to be posted for patients using the same doctor as listed in the patient's registration screen. (Otherwise, procedure postings do not appear in the patient's ledger.)

Claims Tracking

Claims Tracking is a new module to version 2.0 that simulates receiving an electronic EOB or Provider Payment Advice (PPA) report from an insurance carrier. The PPA populates based on each payer's fee schedule entered in MOSS. (You can find the fee schedules by going into File Maintenance > Lists > 1. Insurance Centers. Find the appropriate insurance carrier and then click the Fee Schedule tab.)

Follow these steps to generate a PPA:

1. From the Main Menu, click Claims Tracking.
2. You can choose one specific payer, or all payers.
3. Enter a start date and an end date. **Best practice:** Be sure the dates are formatted as MM/DD/20YY.
4. MOSS will look for all claims billed between the start date and end date that you indicated, and generate a Provider Payment Advice (PPA).
5. Click the Print icon to send the PPA to your local printer.

Secondary Insurance Billing

1. During secondary insurance billing, MOSS takes the remainder amount of a claim (after primary insurance has paid the claim) and generates a new claim, billing the remainder amount only. For instance, if the claim is for $65 and primary insurance pays $24.83, MOSS creates a secondary insurance claim for $40.17.

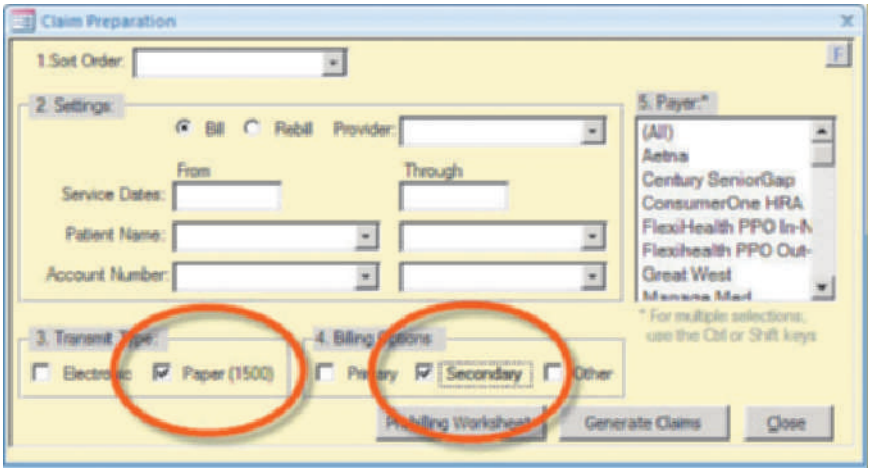
2. *Further, secondary insurance billing is triggered only by a payment from the primary insurance.* Unfortunately, the software does not have a way of generating a secondary claim if no payment is made from the primary insurance (as the software "thinks" that the primary insurance still needs to pay the claim).

   Best practice: For patients with secondary insurance, do not create exercises where the primary insurance rejects a charge or use codes with $0 as the allowable in the Medicare fee schedule. (According to fee schedules within MOSS, this affects only Medicare [as primary insurance] patients—as the Medicare fee schedule is the only schedule with $0 allowable amounts.) The Medicare codes that have a $0 allowable in MOSS are below:

CPT	Description
99387	New Patient Preventative 65+
99000	Specimen Handling Fee
90772	Therapeutic Subcut/IM Injection
85031	CBC with Differential
99383	New Patient Preventative 5–11
99384	New Patient Preventative 12–17
Q0091	Pap Smear, obtaining
99386	New Patient Preventative 40–64
99058	First Aid/Emergency Care
99394	Established Patient Preventative 12–17
99395	Established Patient Preventative Visit 18–39
99396	Established Patient Preventative Visit 40–64
99397	Established Patient Preventative Visit 65+
36415	Venipuncture
J1055	Depo-Provera
99385	New Patient Preventative 18–39

3. Secondary insurance should be submitted only via a paper; you may get error messages if you try to bill electronically. Paper submission of secondary insurance claims is done in most offices (the EOB is attached to the paper claim and sent to secondary insurance).

   For secondary insurance billing, make sure students are checking 'Paper' in Field 3 of the Claim Preparation window.



4. Because secondary insurance bills only the remainder amount, you cannot use the Claims Tracking module after secondary insurance submission. The Claims Tracking module pulls allowable amounts from the fee schedule, which is based on the total (full) amount of a charge.

Posting Payments: Primary Billing Ledger Adjustment

Because secondary insurance creates a new (secondary) claim (recall #1 under Secondary Billing mentioned previously), the original claim should be zeroed out on the payment posting screen for the patient ledger to accurately reflect what the patient's account total is, and for reports to generate properly.

For example: A claim is submitted to the primary insurance for $65. The primary insurance pays $24.83, and this payment is posted to the patient's account.

At this point, the patient's account stands at $40.17.

Secondary billing is performed, and the secondary insurance generates a (second) new claim on the patient's account for $40.17.

Now the patient's ledger includes the original claim (with $40.17 left) as well as the new claim (for $40.17). Thus the patient's balance is effectively doubled in the patient ledger.

Since primary insurance is no longer responsible for the $40.17, go to the payment posting screen and post a primary billing ledger adjustment for the remainder amount.

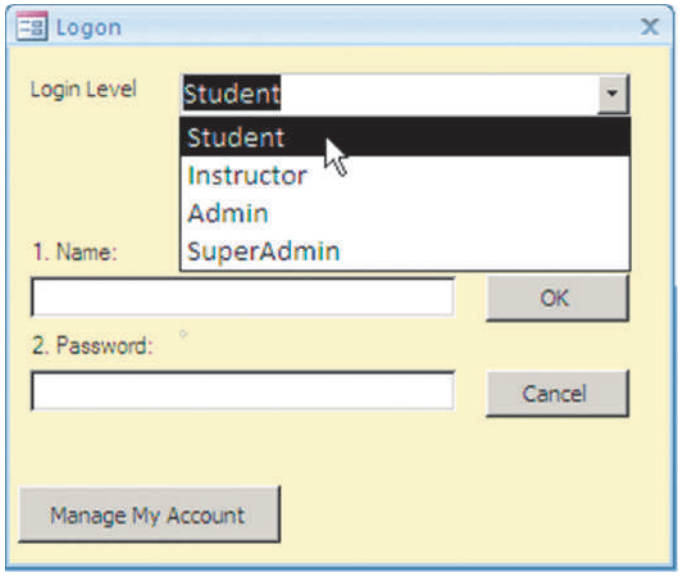
Now the patient ledger reflects the correct balance.

Logon Procedure for MOSS Network Version

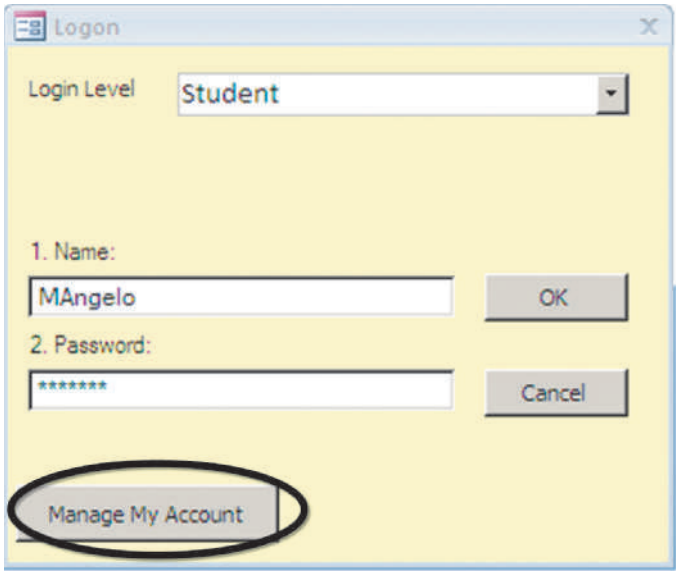
Instructor Note: If you decide to purchase and use the Network version of MOSS 2.0 instead of the CD-ROM version that comes in this package, share these instructions with your students.

Step 1. Start Medical Office Simulation Software by following this instruction. Click on Start, then Programs, then click on the software title to open. If a desktop icon is available, you can also open the software by double clicking it).

Step 2. A Logon dialog box will open. The login level should be set to Student. If it is not, use the drop-down menu to select Student.

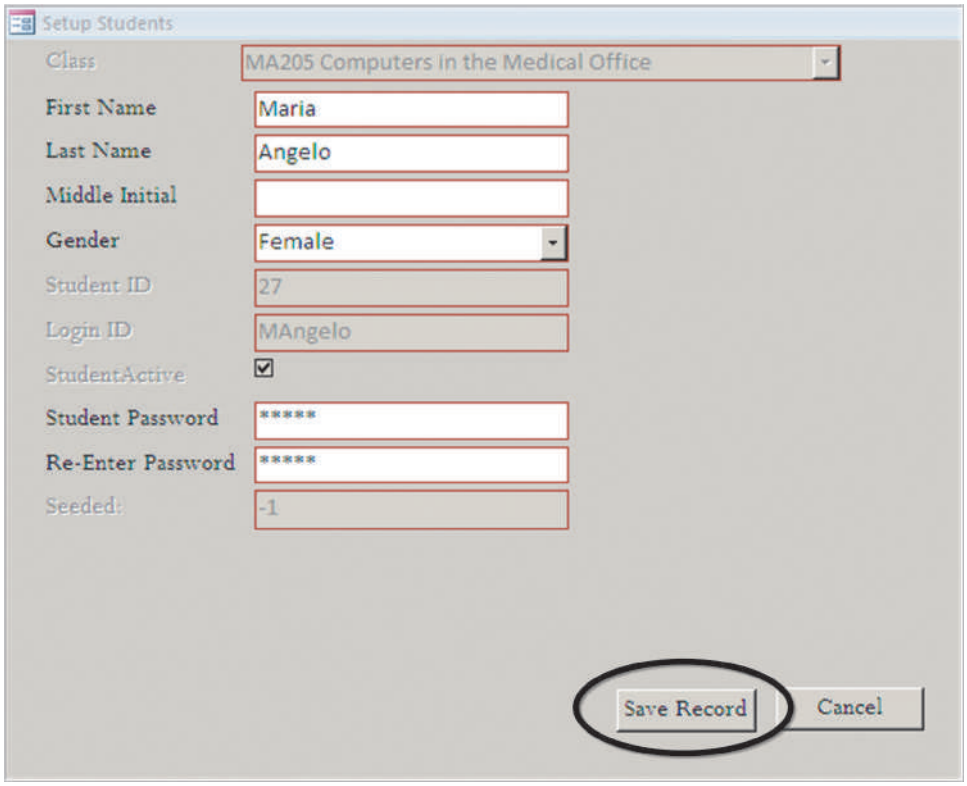


Step 3. The instructor will provide students with a logon name and password. Using this information, enter the logon name in Field 1 and the password in field 2 of the logon dialog box. (Hint: Logon names and passwords are case sensitive, so pay special attention to using capital and lowercase letters where needed.) Then click on the *Manage My Account* button.

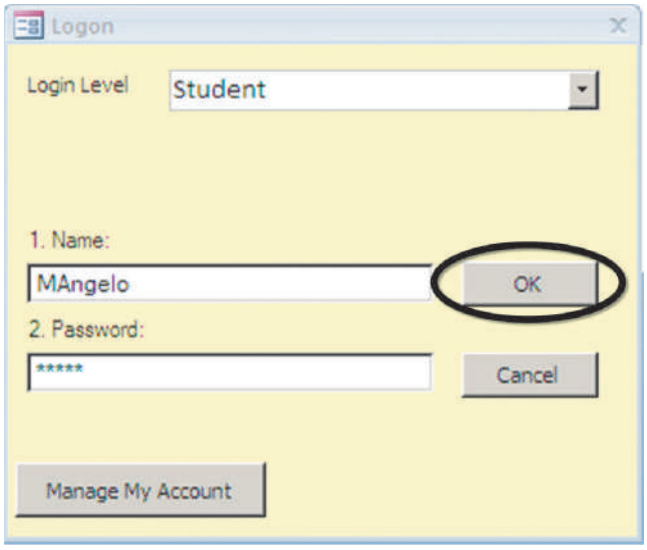


Step 4. The cursor should be placed into the Password field to delete the existing password. The student should enter a new password of their choice, making sure that it is at least five characters in length. (Hint: Choose a password that is easy to remember, yet not something obvious that many people may know about you, such as a birth date.)

Step 5. Re-type the new password in field 3 to confirm it. Then click Save Record.(Note: if there is a typing error, a prompt will alert you to re-enter the password correctly.)



Step 6. The original Logon dialog box should now be displayed on the screen. Move the cursor into field 2, Password, and type the new password just created. Click OK to enter the program.



Step 7. When logging in to MOSS Network in the future, simply enter the logon name and password and then click *OK*. (Hint: Select Manage My Account to change passwords or other information. Choose OK to directly log into the program.)