



**I. COURSE DESCRIPTION:**

This course is designed to provide the student with the fundamentals of learning to be able to apply the basic principles of Health Claim Billing. Students will develop an understanding of the Ministry of Health (Ontario) "Schedule of Benefits" to complete precoded Health Claim cards for manual billing and reconciliation of accounts.

**II. LEARNING OUTCOMES AND ELEMENTS OF THE PERFORMANCE:**

Upon successful completion of this course, the student will demonstrate the ability to:

1. Examine eligibility for health insurance.  
Potential Elements of the Performance:
  - Outline eligibility for a health care plan
  - Explain premium assistance
  - List the criteria for dependent eligibility
  
2. Explore the Ontario health insurance system.  
Potential Elements of the Performance:
  - Describe the different types of health insurance in Ontario
  - Explain billing options in Ontario
  - Discuss billing options in relations to out-of-province claims
  
3. Demonstrate understanding of the concepts related to billing health insurance.  
Potential Elements of the Performance:
  - Explain the procedure for physician registration and learn the significance of registration number units
  - Identify specialty codes and the appropriate specialization
  - Give a basic interpretation of the Schedule of Benefits
  
4. Demonstrate understanding of the process of routine billing for health insurance.  
Potential Elements of the Performance:
  - Identify the significant parts of a claim card and gain thorough knowledge of its completion, either by regular submission, precoded submission or both
  - Identify supporting documentation for specific services
  - Understand reprocessing of returned claims
  - Discuss the remittance advice form
  - Understand the processing of remittance advice inquiries
  - Outline what to do when you need assistance

5. Demonstrate understanding of the process of non-routine billing for health insurance.  
Potential Elements of the Performance:
  - Explain nonpayment of claims and appeals
  - Explain out-of-province claim submissions
  - Explain out-of-province benefits
  - Outline what to do when you need assistance
  
6. Explore use of the computerized billing system.  
Potential Elements of the Performance:
  - Summarize advantages of submitting claims on machine-readable input
  - Outline considerations for purchasing software and hardware in a medical environment
  - Discuss the specific procedural benefits of machine-readable input
  
7. Demonstrate understanding of the steps in executing and keeping financial records.  
Potential Elements of the Performance:
  - Discuss cash disbursements, cash receipts and patient charges in journals.
  - State how to prepare ledgers and post information from journals
  - Demonstrate how to prepare patient statements of account
  - Explain how to control petty cash
  - Discuss how to prepare cheques and cash for deposit
  - Demonstrate how to reconcile bank statements
  - Discuss how to interpret payroll deduction tables and prepare payroll sheets
  - Demonstrate how to complete the Revenue Canada payroll remittance forms.

### III. TOPICS:

1. Eligibility
2. Health cards
3. Billing options: OHIP, DVA, disability insurance, private insurers, First Nation health benefits, patient charges
4. Bill 94
5. Provider registration and specialty codes
6. Claims submissions, submission dates and payment dates
7. Health service claim cards

8. Codes: service codes, diagnostic codes, coding examples
9. Supporting documentation
10. Returned claims
11. Remittance advice and inquiries
12. Non-routine billing situations: nonpayment of claims, appeals, Northern Health Travel Grant, visitors from outside Ontario, out-of-province benefits
13. Computerized billing: machine readable input, hardware and software, computerized claim submission.
14. MOH specifications for claim submissions.
15. Seeking help when required
16. How MOH communicates with health offices
17. Financial records: cash disbursement, receipts, patient charges, journals, petty cash, cheques, deposits, bank statements, payroll

**IV. REQUIRED RESOURCES/TEXTS/MATERIALS:**

Easy Steps to Efficient Medical Billing, September 2010 with CD

**V. EVALUATION PROCESS/GRADING SYSTEM:**

<i>4 Assignments</i>	<i>50%</i>
<i>Test #1</i>	<i>25%</i>
<i>Test #2</i>	<i>25%</i>
<i>Total</i>	<i>100%</i>

The following semester grades will be assigned to students:

<b>Grade</b>	<b><u>Definition</u></b>	<b><i>Grade Point Equivalent</i></b>
A+	90 – 100%	4.00
A	80 – 89%	3.00
B	70 - 79%	2.00
C	60 - 69%	1.00
D	50 – 59%	0.00
F (Fail)	49% and below	
CR (Credit)	Credit for diploma requirements has been awarded.	
S	Satisfactory achievement in field /clinical placement or non-graded subject area.	
U	Unsatisfactory achievement in field/clinical placement or non-graded subject area.	
X	A temporary grade limited to situations with extenuating circumstances giving a	

	student additional time to complete the requirements for a course.
NR	Grade not reported to Registrar's office.
W	Student has withdrawn from the course without academic penalty.

**VI. SPECIAL NOTES:****Attendance:**

Sault College is committed to student success. There is a direct correlation between academic performance and class attendance; therefore, for the benefit of all its constituents, all students are encouraged to attend all of their scheduled learning and evaluation sessions. This implies arriving on time and remaining for the duration of the scheduled session.

**VII. COURSE OUTLINE ADDENDUM:**

The provisions contained in the addendum located on the portal form part of this course outline.