

National Certified Medical Office Assistant NCMOA Detailed Test Plan

Rev: 2020
EX-0507

NCMOA Detailed Test Plan

This detailed test plan reflects the results of a national job analysis study that determined the critical job competencies to be tested by NCCT in this certification examination. It contains 125 scored items, 25 unscored pretest items and candidates are allowed three (3) hours to complete the examination. This certification examination is comprised of 85-90% standard, 4-option multiple-choice items and 10-15% alternative items (e.g., Drag and Drop, Multi-Select, Hotspot).



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Number of Scored Items Content Categories

31 1 General Office Procedures

A Communication

- A1 Welcome patients and other visitors to the office.
- A2 Verify patient information (e.g., demographics, insurance, address).
- A3 Communicate effectively verbally and in writing.
- A4 Prioritize patients and visitors according to their needs.
- A5 Direct patients and visitors to the appropriate team member or location.
- A6 Direct incoming calls to team members.
- A7 Provide the office policies and procedures to patients.
- A8 Receive phone messages and route to the appropriate team member.
- A9 Address possible telephone emergencies.
- A10 Place outgoing calls using telephone etiquette.
- A11 Maintain a record of all incoming and outgoing calls.
- A12 Route medical office correspondence to the appropriate team member.
- A13 Respond to medical office messages (e.g., emails, voice mails, faxes).
- A14 Use software and templates to compose medical office related correspondence (e.g., memos, letters, medical records).
- A15 Transcribe dictations/drafts of medical office correspondence.
- A16 Transcribe dictations/drafts of medical records.
- A17 Proofread and/or edit office correspondence.
- A18 Process outgoing mail and correspondence.
- A19 Check out patients after the visit (e.g., referrals, appointments, excuses).
- A20 Prepare documents to terminate the medical office's relationship with a patient per protocol.
- A21 Manage patient informational materials (e.g., pamphlets, patient education brochures).
- A22 Obtain and provide patients with information regarding community resources.
- A23 Maintain records for the office (e.g., parking spaces, phones, PC inventory, credit card transactions, office keys, passwords).

B Medical Office Computer Applications

- B1 Maintain the integrity and confidentiality of computer-stored information.

- B2 Enter electronic medical office data.
- B3 Retrieve electronic medical office data.
- B4 Use standard office software (e.g., word processing, spreadsheet, database, email, Internet browsers, presentation graphics applications).
- B5 Use medical office software applications (e.g., billing, scheduling, electronic medical records, electronic health records, financial).
- B6 Backup electronic data per office policy.
- B7 Perform basic operator level troubleshooting on medical office computer equipment and software.
- B8 Maintain medical office electronic data using devices other than computers (e.g., tablets, mobile phones, bar code scanners, card readers/scanners, kiosks).
- B9 Use peripheral devices (e.g., printers, copiers, scanners, fax, digital cameras).

C Scheduling

- C1 Matrix healthcare schedules (e.g., facility, resources, providers).
- C2 Set up patient and visitor appointments using standard scheduling techniques (e.g., modified wave, double booking,).
- C3 Set up patient appointments using telemedicine and/or home monitoring.
- C4 Confirm appointment date and time with scheduled patients.
- C5 Update daily appointment schedules with team members per practice policy.
- C6 Reschedule appointments due to patient volume, delays, or provider request.
- C7 Generate encounter forms for scheduled patients daily.
- C8 Address cancellations and missed appointments (e.g., document, reschedule, fees).
- C9 Schedule follow-up visits.
- C10 Prepare referrals, benefits, and eligibility.
- C11 Obtain referrals, benefits, and eligibility.
- C12 Verify referrals, benefits, and eligibility.
- C13 Schedule with the referred patients.
- C14 Prepare pre-authorizations, pre-certifications, and predeterminations.
- C15 Obtain pre-authorizations, pre-certifications, and predeterminations.
- C16 Verify pre-authorizations, pre-certifications, and predeterminations.
- C17 Schedule patients and hospital admissions and surgery.
- C18 Schedule patients for out-patient diagnostic tests and procedures.
- C19 Maintain the patient reminder system (e.g., tickler, recall).

D Medical Records

- D1 Require all patients to complete and/or update necessary paperwork/forms.
- D2 Copy/scan picture identification and insurance card and obtain required signatures.
- D3 Enter patient information into the medical record.
- D4 Maintain confidentiality of medical records.
- D5 Maintain documents and patient charts using paper methods.
- D6 File medical records per office policies and procedures.
- D7 Maintain documents and patient charts using computerized/electronic methods.
- D8 Maintain documents and patient charts using eMAR or barcode scanning.
- D9 Input/file/scan in the newly created medical records.
- D10 Pull current and stored files (e.g., medical chart, reports) needed for the day's activities.
- D11 Order contents of patient charts and index (e.g., laboratory results, patient communication).
- D12 Respond to legal requests/subpoenas for medical records (e.g., release requests, file transfers).
- D13 Handles the release of information process.
- D14 Follow medical records standards per state and federal guidelines.
- D15 Move medical records between active, inactive, and closed status.

D16 Prepare charts for audits and external reviews.

26 2 Medical Office General Management

- A1 Open and close the medical office for the day.
- A2 Coordinate outside business associates (e.g., vendors, suppliers).
- A3 Maintain office supply inventories.
- A4 Maintain medical supply inventories.
- A5 Arrange for maintenance and repair of medical office equipment.
- A6 Comply with accreditation and licensure requirements.
- A7 Purge and destroy documents per state and federal guidelines.
- A8 Maintain the office policy and procedures manual.
- A9 Manage staff scheduling per office procedures.
- A10 Orient and train new staff.
- A11 Manage sponsored events (e.g., meetings, conferences, workshops, seminars).
- A12 Gather information required by team members for patient care (e.g., articles, presentations).
- A13 Assist in the creation of medical related articles, papers, or presentations.

23 3 Medical Office Financial Management

- A1 Explain the financial policies and procedures of the practice to patients and/or responsible parties.
- A2 Obtain signed documentation of financial responsibility.
- A3 Obtain the information needed for clean claim submission.
- A4 Collect payment, copayment, coinsurance, or deductible owed by the patient at the time of service.
- A5 Post patient payments to financial records.
- A6 Post remittance advices (RA) and Explanation of Benefits (EOB) to patient financial records.
- A7 Reconcile the day's financial transactions.
- A8 Follow up on suspended claims and claim denials.
- A9 Process payment transactions.
- A10 Communicate collections in compliance with state and federal regulations.
- A11 Perform banking services and procedures (e.g., reconciliation of accounts, checking endorsements, deposits, and statements).
- A12 Manage patient statements/bills and other financial invoices.
- A13 Explain bill statements or non-coverage to patients and/or their designated representatives.
- A14 Manage payment arrangements and overpayments.
- A15 Process the financial forms/agreements (e.g., promissory notes, truth in lending).
- A16 Maintain petty cash fund.

23 4 Insurance, Billing, and Coding

- A1 Complete and submit claims for different types of commercial health care insurance plans (e.g., PPO, HMO, traditional indemnity).
- A2 Apply Health Spending Account (HSA) and Flexible Spending Account (FSA) funds to patient billing.
- A3 Complete and submit claims for different types of government insurance plans (e.g., Medicare, Medicaid, Veteran's Administration, TRICARE).
- A4 Complete and submit claims for Workers' Compensation or disability.
- A5 Complete and submit claims for auto insurance or personal liability insurance.
- A6 Obtain Current Procedural Terminology (CPT) codes for claims forms.
- A7 Obtain International Classification of Diseases (ICD) codes for claim forms.
- A8 Obtain Health Care Financing Administration Common Procedure Coding System (HCPCS) codes for claim forms.
- A9 Comply with fraud and abuse regulations.

A10 Generate HCFA/CMS-1500/UB-04 documents for claims.

22 5 Law and Ethics

A1 Recognize legal responsibilities and the scope of practice for the medical office assistant.

A2 Recognize unethical practices and respond in an ethical manner for situations in the medical office.

A3 Recognize the respond to violations of medical law.

A4 Comply with disclosure laws (e.g., HIPAA, HITECH).

A5 Report medical emergencies as required by law.

A6 Obtain consent to treat (e.g., ABN).

A7 Apply HIPAA Security feature to patient information.

A8 Educate patient about patient's bill of rights.

A9 Promote posted notices e.g., EMTALA, participant privacy programs).

A10 Obtain patient's legal documents (e.g., Power of Attorney, Advance Directives, Living Will).

Essential Knowledge Base:

Apply a working understanding of these integrated concepts:

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| 1 Customer and Personal Service | 12 Clerical Administration |
| 2 Medical Software | 13 Accounting Software |
| 3 Medical Records Software | 14 Word Processing Software |
| 4 Email Software | 15 Privacy Law (e.g., HIPAA) |
| 5 Medical Ethics | 16 Patient Registration |
| 6 Patient Education | 17 Telephone Etiquette |
| 7 Written Communication | 18 De-escalation techniques |
| 8 Emergency Procedures | 19 Payment Collection |
| 9 Insurance Management | 20 Financial Management |
| 10 Time Management | 21 Mail Processing |
| 11 Federal Regulations (e.g., hazardous wastes, OSHA) | |