



National Center for Competency Testing

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EX-0507

NCMOA National Certified Medical Office Assistant Detailed Test Plan

Rev: 2020

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.

Number of Scored Items

Content Categories

31

Content Category: General Office Procedures

- **Subcategory: Communication**

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

- **Subcategory: Medical Office Computer Applications**

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

- **Subcategory: Scheduling**

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

- **Subcategory: Medical Records**

- Require all patients to complete and/or update necessary paperwork/forms.
- Copy/scan picture identification and insurance card and obtain required signatures.
- Enter patient information into the medical record.
- Maintain confidentiality of medical records.
- Maintain documents and patient charts using paper methods.
- File medical records per office policies and procedures.
- Maintain documents and patient charts using computerized/electronic methods.
- Maintain documents and patient charts using eMAR or barcode scanning.
- Input/file/scan in the newly created medical records.
- Pull current and stored files (e.g., medical chart, reports) needed for the day's activities.
- Order contents of patient charts and index (e.g., laboratory results, patient communication).
- Respond to legal requests/subpoenas for medical records (e.g., release requests, file transfers).

- Handles the release of information process.
 - Follow medical records standards per state and federal guidelines.
 - Move medical records between active, inactive, and closed status.
 - Prepare charts for audits and external reviews.
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26 ***Content Category: Medical Office General Management***

- Open and close the medical office for the day.
 - Coordinate outside business associates (e.g., vendors, suppliers).
 - Maintain office supply inventories.
 - Maintain medical supply inventories.
 - Arrange for maintenance and repair of medical office equipment.
 - Comply with accreditation and licensure requirements.
 - Purge and destroy documents per state and federal guidelines.
 - Maintain the office policy and procedures manual.
 - Manage staff scheduling per office procedures.
 - Orient and train new staff.
 - Manage sponsored events (e.g., meetings, conferences, workshops, seminars).
 - Gather information required by team members for patient care (e.g., articles, presentations).
 - Assist in the creation of medical related articles, papers, or presentations.
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23 ***Content Category: Medical Office Financial Management***

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

23 Content Category: Insurance, Billing, and Coding

- Complete and submit claims for different types of commercial health care insurance plans (e.g., PPO, HMO, traditional indemnity).
- Apply Health Spending Account (HSA) and Flexible Spending Account (FSA) funds to patient billing.
- Complete and submit claims for different types of government insurance plans (e.g., Medicare, Medicaid, Veteran's Administration, TRICARE).
- Complete and submit claims for Workers' Compensation or disability.
- Complete and submit claims for auto insurance or personal liability insurance.
- Obtain Current Procedural Terminology (CPT) codes for claims forms.
- Obtain International Classification of Diseases (ICD) codes for claim forms.
- Obtain Health Care Financing Administration Common Procedure Coding System (HCPCS) codes for claim forms.
- Comply with fraud and abuse regulations.
- Generate HCFA/CMS-1500/UB-04 documents for claims.

22 Content Category: Law and Ethics

- Recognize legal responsibilities and the scope of practice for the medical office assistant.
- Recognize unethical practices and respond in an ethical manner for situations in the medical office.
- Recognize the respond to violations of medical law.
- Comply with disclosure laws (e.g., HIPAA, HITECH).
- Report medical emergencies as required by law.
- Obtain consent to treat (e.g., ABN).
- Apply HIPAA Security feature to patient information.
- Educate patient about patient's bill of rights.
- Promote posted notices e.g., EMTALA, participant privacy programs).
- 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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| ▪ Customer and Personal Service | ▪ Clerical Administration |
| ▪ Medical Software | ▪ Accounting Software |
| ▪ Medical Records Software | ▪ Word Processing Software |
| ▪ Email Software | ▪ Privacy Law (e.g., HIPAA) |
| ▪ Medical Ethics | ▪ Patient Registration |
| ▪ Patient Education | ▪ Telephone Etiquette |
| ▪ Written Communication | ▪ De-escalation techniques |
| ▪ Emergency Procedures | ▪ Payment Collection |
| ▪ Insurance Management | ▪ Financial Management |
| ▪ Time Management | ▪ Mail Processing |
| ▪ Federal regulations (e.g., hazardous wastes, OSHA) | |