



# National Center for Competency Testing

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EX-0507

## NCMOA National Certified Medical Office Assistant Detailed Test Plan

Rev: December 2014

### 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

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<b>60</b> (15)	<b>Content Category: General Office Procedures</b> <ul style="list-style-type: none"><li>• <b>Subcategory: Communication</b><ul style="list-style-type: none"><li>• Welcome patients and other visitors to the office.</li><li>• Communicate effectively verbally and in writing.</li><li>• Screen patients and visitors to determine their needs.</li><li>• Prioritize patients and visitors according to their needs.</li><li>• Direct patients and visitors to the appropriate team member or location.</li><li>• Answer, evaluate, and direct incoming calls to team members using effective telephone techniques.</li><li>• Describe the policies and procedures of the practice to patients.</li><li>• Receive phone messages and route to the appropriate team member.</li><li>• Address possible telephone emergencies appropriately.</li><li>• Initiate the emergency response system (e.g., violent person in the office, fire).</li><li>• Place outgoing calls using effective telephone techniques.</li><li>• Route or transmit medical office correspondence to the appropriate team member via mail, fax or e-mail.</li><li>• Respond to medical office emails and e-fax.</li><li>• Forward emails to the appropriate team members.</li><li>• Use software to compose medical office related correspondence (e.g., memos, letters, medical records).</li><li>• Proofread and/or edit office correspondence.</li><li>• Process medical office mail and correspondences.</li><li>• Send medical office mail and correspondence via the appropriate shipper and postage classification.</li><li>• Check out patients after the visit.</li><li>• Process patient relationship terminations per office protocol.</li><li>• Manage patient informational materials (e.g., pamphlets, patient education brochures).</li></ul></li></ul>
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- (10)
- **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.
    - Perform basic operator level troubleshooting on medical office computer equipment and software.
    - Manage 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).
- (15)
- **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.
    - Distribute daily appointment schedules with team members.
    - Review daily appointment schedules with team members.
    - Reschedule appointments as required due to patient volume, delays, or provider request.
    - Generate daily encounter forms for scheduled patients.
    - Address cancellations and missed appointments (e.g., document, reschedule, fees).
    - Schedule follow-up visits.
    - Prepare referrals.
    - Obtain referrals, benefits, and eligibility.
    - Verify referrals, benefits, and eligibility.
    - Prepare preauthorizations, precertifications, and predeterminations.
    - Obtain preauthorizations, precertifications, and predeterminations.
    - Verify preauthorizations, precertifications, and predeterminations.
    - Schedule patients for hospital admissions and surgery.
    - Schedule patients for out-patient diagnostic tests and procedures.
    - Manage the patient reminder system (e.g., tickler, recall).
- (20)
- **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.
    - Act as a scribe for the physician during patient visit, entering information by computerized/electronic methods.
    - Manage documents and patient charts using paper methods.
    - File records numerically, alphabetically, by color, by subject, and by terminal digit filing.
    - Manage documents and patient charts using computerized/electronic methods.

- Manage documents and patient charts using eMAR or barcode scanning.
- Input/file/scan in the newly created medical records.
- Pull current and stored files needed for the day's activities.
- Organize the contents of patient charts and index appropriately (e.g., laboratory results, patient communication).
- Respond to legal requests/subpoenas for medical records (e.g., release requests, file transfers).
- Respond to patient requests for medical records.
- Make corrections and additions to medical records per state and federal guidelines.
- Protect and retain medical records 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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**10**      **Content Category: Medical Office General Management**

- Open and close the medical office for the day.
- Handle contracts and relationships with associated health care providers.
- Comply with accreditation and licensure requirements.
- Maintain files on the providers' professional status (e.g., licensure or certification, continuing educational requirements, renewal dates, fees and dues).
- Purge and destroy documents per state and federal guidelines.
- Maintain the office policy and procedures manual.
- Follow the guidelines in the medical office safety manual.
- Maintain Material Safety Data Sheets (MSDS).
- Comply with Occupational Safety and Health Act (OSHA) guidelines and regulations.
- Comply with the Clinical Laboratory Improvement Act (CLIA) guidelines and regulations.

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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.
- Manage accounts receivable.
- Prepare monthly financial reports (e.g., AR, aging).
- Obtain signed documentation of financial responsibility.
- Obtain the information needed for clean claim submission.
- Collect information needed from the medical and financial records required by business associates to submit claims or to correct errors found.
- Collect payment, copayment, coinsurance, or deductible owed by the patient at the time of service.
- Maintain fee schedules for the medical office.
- 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 credit card transactions.
- Manage the collections process in compliance with state and federal regulations.
- 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.
- Maintain the petty cash fund.

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**20**      **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.
- Use Current Procedural Terminology (CPT) codes to bill for services.
- Use International Classification of Diseases (ICD) codes to bill for services.
- Use Health Care Financing Administration Common Procedure Coding System (HCPCS) codes to bill for services.
- Comply with fraud and abuse regulations.

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**12**      **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 and 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.
- Apply HIPAA security features to patient information.