

Medical Office Procedures

10TH
Edition

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MEDICAL OFFICE PROCEDURES, TENTH EDITION

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Preface

The medical profession is complex and demanding. The typical physician rarely has time to attend to the administrative responsibilities of the office. Successfully performing the work of an administrative medical assistant requires a foundation of procedural knowledge as well as continuing education to keep up to date with technology, including computer skills, new computer software, and legal guidelines. This tenth edition of *Medical Office Procedures (MOP)* provides the required background for the responsibilities of the administrative medical assistant. To prepare students for the ever-increasing use of technology in the medical office, this revision places continued importance on the computerization of routine tasks and of communications.

Job opportunities in the medical field often change with varying degrees of education and specialization required. This textbook allows for the integrated application of office procedures, skills, and knowledge in the classroom through the use of projects and simulations. Students learn to perform the duties of the administrative medical assistant under realistic conditions and with realistic pressures that require them to organize the work and set priorities.

HERE'S WHAT YOU AND YOUR STUDENTS CAN EXPECT FROM *MOP*:

McGraw-Hill's new electronic health record tool, EHRclinic, provides a practice environment, giving students the look and feel of a real EHR system. EHRclinic is fully integrated with Connect and autograded.

- Chapter projects, end-of-chapter material, and simulations are available online in Connect, making it even easier for you and your students to access all the necessary materials in one convenient place.
- Connect provides simulated EHRclinic exercises in select chapters. These exercises simulate the use of a practice management software system to complete various tasks.
- Each chapter has been matched up with updated ABHES and CAAHEP competencies, which are listed in the chapter opener.
- The end-of-chapter material—including the Using Terminology matching questions, Checking Your Understanding multiple-choice questions, and Thinking It Through critical-thinking questions—has been updated.
- The chapter projects have been updated and aligned with the organization of the book.
- The updated Working Papers are both at the back of the book and available electronically on the Instructor Resource site in Connect.
- Art and screenshots have been updated.

ORGANIZATION OF MOP

MOP is divided into four parts:

Part	Coverage
Part 1: The Administrative Medical Assistant's Career	Introduces the administrative medical assistant's career, defining the tasks, describing the work environments, and introducing medical ethics and medical law as they apply to the administrative medical assistant. Includes section on HIPAA as it relates to the role of the administrative medical assistant.
Part 2: Administrative Responsibilities	Introduces specific administrative responsibilities, including a chapter on managing health information with technology, and provides opportunities for practice.
Part 3: Practice Financials	Discusses procedures for preparing and organizing patients' charts and bills/insurance. Includes section on compliance and introduction to the new <i>ICD-10-CM</i> code set.
Part 4: Preparing for Employment	Prepares students for employment by covering all steps of the job-search process, from completing applications to interviews and follow-up.

NEW TO THE TENTH EDITION!

The following are the key changes in the tenth edition. Chapter updates include:

- new EHRclinic exercises available in Connect.
- CAAHEP and ABHES competencies aligned with that chapter.
- updated photos.
- updated key terms.
- updated professional organization information.
- new Breach Notification section.
- updated medical laws.
- end-of-chapter tabular summary correlated with the learning outcomes.
- end-of-chapter matching and multiple-choice review questions.
- updated Thinking It Through questions.
- updated EHRclinic screenshots.

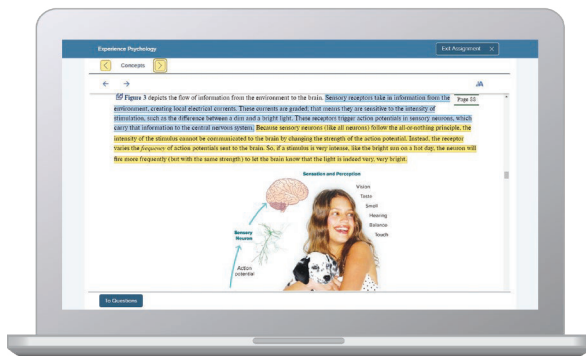


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"I really liked this app—it made it easy to study when you don't have your textbook in front of you."

- Jordan Cunningham,
Eastern Washington University



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Everything you need in one place

Your Connect course has everything you need—whether reading on your digital eBook or completing assignments for class, Connect makes it easy to get your work done.

Learning for everyone

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SIMULATIONS

We know that hands-on experience is an extremely valuable tool for your students. To provide that “real-life” experience, *Medical Office Procedures* features simulations that help students understand what it feels like to work in a medical practice. A 4-day simulation appears at the end of Chapters 5 and 9. The text provides instructions for the completion of the simulation. In each simulation, the student listens to the “Simulation Recordings” that accompany the program (available on Connect). The recordings contain conversations between Linda Schwartz (the doctor’s administrative medical assistant, with whom the student will identify) and Dr. Karen Larsen, various patients, and other office callers. (Note: The student may use the simulation recordings individually, or the recordings may be assigned for use by the class as a whole. A complete transcript of the Simulation Recordings appears in the *Instructor’s Manual* located within the Instructor Resources on Connect.)

Student Materials

In the “Working Papers” section at the back of the text, there are forms, medical histories, handwritten drafts, incoming correspondence, and other communications needed to complete the projects and the simulations that are provided. These Working Papers, as well as additional Project Resource Materials, are available on the Instructor Resource site in Connect.

EHRclinic Exercises

The tenth edition of *Medical Office Procedures* now includes McGraw-Hill’s new electronic health records tool, EHRclinic. EHRclinic provides realistic experiences in online electronic health records, practice management applications, and interoperable physician-based functionality. Integrated within Connect, EHRclinic allows instructors to easily incorporate these exercises into their curriculum with assignments that are assignable and autograded. EHRclinic exercises are closely aligned with course content and include assessments that measure and map student performance, allowing instructors to save time while improving outcomes.

Chapter Projects

Chapter projects, which are a critical part of practice associated with *Medical Office Procedures*, give students the opportunity to get hands-on experience with medical office tasks. Completing on-the-job tasks, especially those related to practice management software, is an important aspect of an administrative medical assistant’s work. *MOP* now offers these options for completing these tasks:

- **Connect Simulated EHRclinic Exercises:** Connect provides EHRclinic exercises that *simulate* the use of a practice management software system. The simulated exercises cover key practice management tasks to provide experience in working with patient, insurance, procedure, diagnosis, and transaction databases. Students will experience the look and feel of using live software, without actually having to download any software. Instructors can add them to their course by accessing them in “Assignments.” Students can follow the instructions printed in the relevant chapter projects and simulations. More detailed instructor information can also be found in the Instructor Resources site in Connect.
- **Hardcopy or manual work:** As always, your students will also have the option of experiencing the manual version of these practice management exercises, using the various resources included in the Working Papers and Connect. See the chapter projects for specific instructions regarding the manual options.

Instructor Resources

You can rely on the following materials to help you and your students work through the exercises in the book. The following supplements can all be found with the Instructor Resources, located through the Library tab on Connect:

- Instructor's Manual with course overview; sample syllabi; project and simulation documents; answer keys for end-of-chapter questions; and correlations to competencies from several organizations, such as ABHES and CAAHEP.
- A PowerPoint slide presentation for each chapter, containing teaching notes correlated to learning outcomes. Each presentation seeks to reinforce key concepts and provide a visual for students. The slides are excellent for in-class lectures.
- Test bank for use in classroom assessment. The comprehensive test bank includes a variety of question types, with each question linked directly to its learning outcome, Bloom's Taxonomy, and difficulty level. The test bank is available in Connect, a Word version, and a computerized version (TestGen).
- Instructor Asset Map to help you find the teaching material you need. These online chapter tables are organized by learning outcomes and allow you to find instructor notes, PowerPoint slides, and even test bank suggestions with ease! The Asset Map is a completely integrated tool designed to help you plan and instruct your courses efficiently and comprehensively. It labels and organizes course material for use in a multitude of learning applications.
- Additional materials needed to complete chapter projects.

Knowing the importance of flexibility and digital learning, McGraw-Hill has created multiple assets to enhance the learning experience no matter what the class format—traditional, online, or hybrid. This product is designed to help instructors and students be successful, with digital solutions proven to drive student success.

To the Student

You have chosen a fascinating, challenging profession. The field of healthcare is growing at a rapid pace, providing many opportunities for the trained professional. Welcome to an educational resource designed to prepare you for immediate and long-range success as an administrative medical assistant. In this course, you will use *Medical Office Procedures (MOP)* not only as a source of practical information but also as an instrument for realistic practice in applying what you have learned. Throughout the chapters, you will be asked to apply your newly acquired knowledge—not simply to tell how or why you would use the information on the job. You will then repeatedly apply the information throughout the text.

As you complete the designated projects within the text, you will accumulate many of the medical records and correspondence needed in the simulations that occur after Chapters 5 and 9. You will be asked to assume the role of Linda Schwartz, an administrative medical assistant. During each simulation, you will handle various tasks assigned by the physician, the patients, and other office callers after listening carefully to recorded conversations. With some instructor guidance, you will perform your duties in an appropriate manner. You will be performing a variety of closely related administrative medical office tasks in the simulations: answering the telephone, scheduling appointments, taking messages, filing, preparing bills, and so on. You will gain proficiency in performing a wide range of administrative activities and in coping with a variety of problems and pressures in the medical office. All these activities will help you strive to organize work, set priorities, relate one task to another, and manage time. After completing these simulations, you will find that you are well prepared for the transition from classroom to office.

Starting with Part 2, you will be “working” for Dr. Karen Larsen, a family practitioner. As directed, **save your work from the chapter projects**. This work will form the basis for your “office files.” In the simulations, you will use and add to these files. Essential patient data and forms are provided in the Working Papers section of the book, Connect, or your instructor’s learning management system. You will also need the following supplies:

- File folder labels and 31 file folders
- A ring binder or a file folder to serve as your appointment book if you are not using Connect to complete exercises
- An expandable portfolio to serve as your file cabinet (all your office files can be stored in this portfolio)
- Paper for printing
- External storage device, such as a USB flash drive, to store the projects as directed
- Miscellaneous items—rubber bands, a notepad, pens, pencils, paper clips, and so on

Acknowledgments

Suggestions have been received from faculty and students throughout the country. This is vital feedback that is relied upon with each edition. Each person who has offered comments and suggestions has our thanks. The efforts of many people are needed to develop and improve a product. Among these people are the reviewers and consultants who point out areas of concern, cite areas of strength, and make recommendations for change. In this regard, the following instructors provided feedback that was enormously helpful in preparing the tenth, and previous editions, of *MOP*.

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Nenna Bayes

Thank you to the students and instructors that use this textbook. Your suggestions and feedback helps us make improvements to ensure we put forth the best learning tool for everyone.

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Amy Blochowiak

PART

1

The Administrative Medical Assistant's Career

CHAPTER 1

The Administrative Medical Assistant

CHAPTER 2

Medical Ethics, Law, and Compliance

Welcome to *Medical Office Procedures*! This textbook has been written specifically to provide you with the skills and knowledge you will need to succeed as an administrative medical assistant. In Part 1, you will learn about the role of the administrative medical assistant, as well as legal and ethical aspects of the career.

CONSIDER THIS: Physicians' offices, hospitals, clinics, and other employers hire administrative medical assistants. *In what type of medical setting do you intend to pursue your career?*

Chapter

1

The Administrative Medical Assistant



Tanya Constantine/Blend Images/SuperStock

LEARNING OUTCOMES

After studying this chapter, you will be able to

- 1.1 describe the tasks and skills required of an administrative medical assistant.
- 1.2 list and define at least three personal attributes essential for an administrative medical assistant.
- 1.3 describe the employment opportunities in various medical settings and specialties and nonmedical settings.
- 1.4 identify and define at least six positive work attitudes that contribute to the work ethic and professionalism of an administrative medical assistant.
- 1.5 list three advantages of professional affiliation and certification.
- 1.6 apply elements of good interpersonal communication to relationships with patients and others within the medical environment.

KEY TERMS

Study these important words, which are defined in this chapter, to build your professional vocabulary:

AAMA
accuracy
administrative medical assistant (AMA)
AHD
AMT
assertiveness

certification
confidentiality
dependability
efficiency
empathy
ethnocentrism
flexibility

good judgment
honesty
IAAP
initiative
maturity
problem-solving
professional image

punctuality
self-motivation
tact
team player
thoroughness
work ethic

ABHES

- 1.a.** Describe the current employment outlook for the medical assistant.
- 1.c.** Describe and comprehend medical assistant credentialing requirements, the process to obtain the credential, and the importance of credentialing.
- 1.d.** List the general responsibilities and skills of the medical assistant.
- 4.h.** Demonstrate compliance with HIPAA guidelines, the ADA Amendments Act, and the Health Information Technology for Economic and Clinical Health (HITECH) Act.
- 5.a.** Respond appropriately to patients with abnormal behavior patterns.
- 5.b.1.** Use empathy when communicating with terminally ill patients.
- 5.c.** Assist the patient in navigating issues and concerns that may arise (i.e., insurance policy information, medical bills, and physician/provider orders).
- 5.f.** Demonstrate an understanding of the core competencies for Interprofessional Collaborative Practice (i.e., values/ethics; roles/responsibilities; interprofessional communication; teamwork).
- 5.h.** Display effective interpersonal skills with patients and healthcare team members.
- 5.i.** Demonstrate cultural awareness.
- 7.g.** Display professionalism through written and verbal communications.
- 8.j.** Make adaptations for patients with special needs (psychological or physical limitations).
- 10.b.** Demonstrate professional behavior.
- 10.c.** Explain what continuing education is and how it is acquired.

www.abhes.org/accreditationmanual

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CAAHEP

- V.C.3.** Recognize barriers to communication.
- V.C.4.** Identify techniques for overcoming communication barriers.
- V.C.18.a.** Discuss examples of diversity—cultural.
- V.C.18.b.** Discuss examples of diversity—social.
- V.C.18.c.** Discuss examples of diversity—ethnic.
- V.P.5.a.** Coach patients appropriately considering cultural diversity.
- V.P.5.c.** Coach patients appropriately considering communication barriers.
- V.A.1.a.** Demonstrate empathy.
- V.A.3.a.** Demonstrate respect for individual diversity, including gender.
- V.A.3.b.** Demonstrate respect for individual diversity, including race.
- V.A.3.c.** Demonstrate respect for individual diversity, including religion.
- V.A.3.d.** Demonstrate respect for individual diversity, including age.
- V.A.3.e.** Demonstrate respect for individual diversity, including economic status.
- V.A.3.f.** Demonstrate respect for individual diversity, including appearance.
- X.A.1.** Demonstrate sensitivity to patient rights.
- X.C.5.** Discuss licensure and certification as they apply to healthcare providers.
- XI.C.1.a.** Define *ethics*.
- XI.C.1.b.** Define *morals*.
- XI.C.2.** Differentiate between personal and professional ethics.
- XI.C.3.** Identify the effect of personal morals on professional performance.

2015 Standards and Guidelines for the Accreditation of Educational Programs in Medical Assisting, Appendix B, Core Curriculum for Medical Assistants, Medical Assisting Education Review Board (MAERB), 2015.

INTRODUCTION

As the population ages, new healthcare reforms are implemented, and newer technologies, medicine, and treatments are introduced into the healthcare industry, the opportunities for rewarding careers in medical environments increase. These changes also pose new challenges for healthcare professionals. Legal and ethical issues abound. Following procedures that comply with government regulations

concerning patients' privacy and security is also critical.

Because of rapid changes and the increasing complexity of the healthcare industry, continuing education is necessary to succeed in performing the role of an administrative medical assistant. Equally important is exhibiting the personal attributes and work ethic that contribute to the smooth and efficient operation of the medical practice team.

1.1 TASKS AND SKILLS

The healthcare industry focuses on preventing, diagnosing, treating, and managing diseases. Delivery of healthcare services is provided by trained professionals such as doctors, nurses, dietitians, physical and occupational therapists, nurses, and medical assistants in a variety of settings. Medical assistants are medical office professionals who capably perform a number of tasks in a wide variety of settings. Administrative tasks are those procedures used to keep the offices in medical practices running efficiently. Clinical tasks are those procedures the medical assistant may perform to aid the physician in the medical treatment of a patient. General tasks are skills and knowledge that enable the medical assistant to function within the office and patient environment. The American Association of Medical Assistants' Role Delineation Chart outlines the areas of competence you must master as an entry-level medical assistant. It provides the basis for medical assisting and evaluation. Students in an accredited medical assisting program are required to master the three areas of competence: clinical, administrative, and general. The AAMA Role Delineation Chart is also a good reference source that identifies the skills, duties, and procedures that medical assistants (administrative, clinical, and general) are educated to perform. For more information on the AAMA, please visit www.aama-ntl.org. Students in an administrative medical assistant program need to master the administrative and general competencies.

This textbook concentrates on administrative responsibilities, which involve the technical skills and personal traits required in most medical office careers. Throughout the text, the administrative medical assistant is often referred to as the "assistant" or as the "AMA" rather than by the full title. Other occupational titles for the administrative medical assistant are "medical receptionist" and "front office specialist."

Administrative Medical Assisting Tasks

The **administrative medical assistant (AMA)** is a professional office worker dedicated to assisting in the care of patients. To effectively perform all the required tasks, an assistant must be proficient in a number of skills. Hard skills, which are teachable, measurable skills, are used by the administrative medical assistant to perform many of the required office tasks.

The following are the major categories of tasks performed by an administrative medical assistant:

- Front desk procedures
- Scheduling
- Records management
- Administrative duties
- Financial

Front Desk. The administrative medical assistant greets patients and other visitors, such as family members and pharmaceutical representatives. The assistant also verifies and updates personal and demographic data about patients, explains the fees that will be charged for services, collects payments, and guides patients through their medical office encounters. The area should be kept clean and well-organized. All information should be maintained in a manner that protects the confidentiality of all patients. This is discussed in more detail later in this chapter and in a later chapter.

Scheduling. The administrative medical assistant answers the telephone; schedules future office appointments either by phone, electronically, or in person; schedules out-of-office encounters, such as hospital admissions, laboratory testing, and referrals to specialists; and forwards telephone calls and/or takes messages according to office procedures.

Records Management. The administrative medical assistant creates and maintains patient medical records (referred to as charts, electronic medical records, and/or electronic health records); stores and retrieves the records for use during encounters with physicians; and files other kinds of documents. The assistant begins the electronic chart by inputting patient demographic and financial information into the electronic database. As offices continue the process of converting to electronic health records, the assistant may assume the responsibility for scanning hardcopy charts into the electronic database.

Administrative Duties. The administrative medical assistant opens and sorts incoming mail, prepares outgoing mail, and composes routine correspondence. The assistant also maintains physicians' schedules, which involves keeping track of the time required for office encounters with patients, meetings, and conferences, as well as coordinating patients' hospital admissions and surgical procedures.

Financial. The administrative medical assistant codes or verifies codes for diagnoses and procedures; processes and tracks insurance claims; posts payments and prepares patients' bills; assists with banking duties; guides patients to available financial arrangements for payment; and maintains financial records.

Administrative Medical Assisting Skills

The work of an administrative medical assistant, which requires many technical and personal skills, is interesting and varied. Customer service to patients and other medical office team members is also provided by the administrative medical assistant. The role of the administrative medical assistant differs from that of the clinical medical assistant in that the clinical portion deals exclusively with the performance of medical tasks, such as taking blood samples and preparing a patient for a medical procedure. Administrative medical assistants focus on administrative tasks ("front office skills"), such as those listed in subsequent sections.

Communication Skills. The assistant must understand and use impeccable English grammar, style, punctuation, and spelling in both writing and speaking. These skills enable the assistant to handle correspondence, to maintain medical records, and to interact professionally with staff members, patients, and other medical personnel.

Electronic communication is the most common and efficient mode of communication for many messages. Even though this method of communication is fast, it requires proper grammar, punctuation, and structure. Taking the time to proofread all documents prior to transmission is extremely important. Errors lead to misinformation, which can lead to mistreatment.

In the communication cycle, our nonverbal communication style is as important as—if not more important than—our verbal message. Body posture, voice tonality, and facial expressions are just a few examples of our nonverbal communication techniques. We will discuss communication skills in more depth in a future chapter.

Communicating with other medical personnel requires the knowledge, correct spelling, and proper use of anatomy, physiology, and medical terminology, including nationally recognized medical abbreviations. Both correct pronunciation and written usage of the medical language are essential communication skills within the medical environment.

Mathematics Skills. The assistant must have accurate math skills to be able to maintain correct financial records, bill insurance carriers and patients, and order and arrange payment for office supplies. Many questions asked of the medical office assistant involve a patient's financial responsibility—for example, what will be the patient's balance after insurance has paid its portion. Addition, subtraction, and percentage calculations are three math skills the assistant needs. Extracting payment information from insurance data and correctly posting to patient accounts are areas of responsibility for the administrative medical assistant.

COMPLIANCE *TIP*

The administrative medical assistant plays an important role in ensuring that the medical office's procedures comply with government regulations concerning patients' records. These rules include keeping patient information private and following guidelines for release of this information. The Medical Ethics, Law, and Compliance chapter presents information on how to stay in compliance.

Organizational Skills. Controlling the usually hectic pace of the medical environment requires the assistant to have the skills of managing time and setting priorities. Systematic work habits, the willingness to take care of details, and the ability to handle several tasks at the same time (multitasking) are essential. Scheduling, updating and maintaining records, and keeping an orderly office require strong organizational skills. The most organized individual may still encounter many days when established priorities must be rearranged. When those days happen, the administrative medical assistant must be flexible and willing to reorganize and/or reprioritize.

Data Entry Skills. Accuracy in keying data and proficiency in proofreading are vital skills in the medical office. Patient personal and financial information is keyed into the electronic database and assimilated with the medical data to produce health claim forms and patient billings, as well as many other types of integrated reports. Errors in keyed information can have drastic effects on financial and medical information. As an example, a physician prescribes 0.025 mg of a medication, and the information is keyed erroneously as 0.25 mg. The patient may suffer serious or fatal complications, and the practice could incur legal consequences. Another example would be the patient's first name being keyed in as Bill when it is listed as William on his insurance card. This error would result in the insurance claim being denied, causing a delay in payment until the claim is corrected and resubmitted.

AMAs must possess strong keyboarding and word processing skills, including mastery of the alpha, numeric, and symbol keys and functions, such as mail merge, in order to effectively process administrative medical data. Producing professional letters,

manuscripts, envelopes, and reports sends a nonverbal message about the professionalism of the office. Templates for chart notes and other commonly used formats save time and provide fewer opportunities for errors.

Computer and Equipment Skills. A basic understanding of a variety of technologies and the ability to use computers with mastery are essential workplace skills. Computers are used in every kind of healthcare setting for many different tasks. Computer programs handle electronic health records, word processing, financial spreadsheets, databases, and charts and visuals for speeches and presentations. With practice management programs, the assistant may handle patient and insurance billing and tracking, scheduling, account updating, records management, integrated reports (such as aging reports for patients and payers), and other tasks. Electronic scheduling is a popular feature because of its ease of searching and time-saving convenience.

Wireless technologies allow healthcare professionals who are away from their offices or facilities to contact staff members and computers from any location. They also have constant accessibility to patient records through interconnected electronic health records programs. Voice-recognition technology enables the physician to dictate notes using voice commands. The use of e-mail and text messaging to communicate is as widespread as telephone communication, both within the medical practice and among medical practices, hospitals, and insurance companies.

To assist effectively in patient care, the medical assistant must be able to use a computer to:

- process claims and bills and perform other routine financial tasks.
- maintain the office schedule.
- edit, revise, and generate documents.
- scan and send documents to other locations.
- communicate electronically within and outside the workplace.
- research and obtain information from electronic sources, such as the Internet.

Knowing how to use basic technologies, such as copiers, fax machines, scanners, and calculators has long been a requirement for every office professional. Multiple-line telephone systems are also standard office equipment. Records must be kept on service agreements, in addition to warranties, repair records, and instructional materials for each piece of equipment. Knowing where and whom to call when equipment malfunctions is critical to the efficient flow of the office environment. Continuing to develop computer skills and learning new technological applications are crucial to the effectiveness and career advancement of administrative medical assistants.

Interpersonal Skills. Excellent interpersonal skills often come from a genuine desire to work with people. This desire and these interpersonal skills are essential for the administrative medical assistant, who is usually the patient's first contact with the medical office. That contact sets the tone for the patient's visit and influences the patient's opinion of the physician and the practice.

Many patients need someone to assist them with understanding the medical jargon sent to them from parties such as insurance carriers. The medical office assistant serves as a liaison or advocate for the patient to help translate the insurance language into everyday language and explain other medical office information.

The assistant skilled in positive communication with patients is warm, open, and friendly. Patients appreciate attention and concern—for their schedules and their comfort. Effective interpersonal skills involve looking directly at the person being spoken to, speaking slowly and clearly, listening carefully, and checking for understanding of the communicated message. Communication is discussed in a future chapter.

Respect for and openness to the other person are often shown by a pleasant facial expression and a genuine, natural smile. At the heart of interpersonal skills is sensitivity to the feelings and situations of other people.

1.2 PERSONAL ATTRIBUTES

In addition to essential office hard skills, the success of the administrative medical assistant depends on a variety of soft skills. Soft skills are less tangible, more subjective attributes of an individual. A positive attitude toward work and a cheerful personality are examples of soft skills. *Personality* has been defined as the outward evidence of a person's character. Many aspects of personality are important in dealing with patients and other medical professionals.

Because patients entering a healthcare setting may be anxious, fearful, or unwell, most of them value a friendly, pleasant personality as the most important attribute of a medical assistant. The qualities discussed here are components of a pleasant personality and are useful professional and personal skills.

Genuine Liking for People

A genuine enjoyment of people and a desire to help them are keys to success in a medical assisting career. These qualities are expressed in the way you communicate with people through speech and body language.

Because patients may worry that they will be viewed only as numbers and notes on their patient charts, it is important that they feel recognized as individuals. In communicating with patients, your warmth and attentiveness help reassure patients and signal your desire to help. Looking directly at the patient and listening with attention communicate acceptance of the person. A pleasant facial expression, a natural smile, and a relaxed rather than rigid body posture are all body language signs that express openness and acceptance.

Figure 1.1

The administrative medical assistant enjoys working with people.
How do assistants show their care and concern for patients? Fuse/Corbis/Getty Images



Viewing yourself and colleagues as integral medical office team members creates an atmosphere of cooperation and respect for individual differences. At times, personalities may seem to be in conflict; however, the individual who has a genuine liking of people will be able to respect differences within the team environment and accentuate the positiveness of cooperation through differences. Individuals change or lose positions more frequently due to the inability to get along with others than they do for lack of skills. Never underestimate the value of an open mind and of “playing nicely.”

Cheerfulness

The ability to be pleasant and friendly is an asset in any career. Lifting patients’ spirits helps build goodwill between them and the physician. A pleasant assistant can frequently head off difficulties that occur when patients become worried, anxious, confused, or irritable.

EXAMPLE: CHEERFULNESS TOWARD A FRUSTRATED PATIENT

It is five o’clock, normal closing time for the office. The doctor is behind schedule because of several difficult cases, and there are two patients yet to be seen in the waiting room. One of the patients approaches the assistant.

Patient: I’ve been waiting a long time to see the doctor. How much longer will I have to wait?

Despite feeling tired at the end of the day and ready to go home, the assistant remains cheerful and explains the situation without frustration.

Assistant: Dr. Larsen has had several difficult cases today that have caused this delay. She will see you next, but it may be another 20 to 30 minutes. Would you like to wait or would you prefer to reschedule your appointment?

In this example, the patient may be feeling forgotten or ignored. Frequently, delays do occur. Patients should be kept apprised of delays and given the opportunity to choose to continue to wait or to reschedule their appointment.

Empathy

Many of the personal traits needed to be a successful medical assistant spring from **empathy**, a sensitivity to the feelings and situations of other people. Empathy enables you to understand how a patient feels because you can mentally put yourself in the patient’s situation. Empathetic phrases such as “Insurance forms can be confusing” or “You seem confused; may I help?” may be used to show the patient you are concerned about his or her situation. Phrases that emphasize yourself or give false impressions, such as “I completely understand how you feel,” should be avoided. Everyone has had some personal experience with an illness or with not feeling well. Reminding yourself of how you felt and of how you wanted to be treated in that situation will help you treat patients with kindness.

EXAMPLE: EMPATHY TOWARD A PATIENT

Assistant: Mr. Patient, I realize you are not feeling well after your surgery yesterday. Would you feel more comfortable lying down while you wait?

Understand that nervous patients may not be listening clearly to your instructions. Offering to repeat them and answering questions are other examples of empathy.

1.3

EMPLOYMENT OPPORTUNITIES

The U.S. Department of Labor projects this field will grow much faster than the average, ranking medical assistants among the fastest-growing occupations for the 2016–2026 decade. In 2016, the Department of Labor *Occupational Outlook Handbook* reported 634,400 persons employed as medical assistants, with a projected 818,400 employed in 2026, a 29 percent increase. Fueling the rapid growth are advances in technologies, an aging population, and healthcare reform. Job opportunities are predicted to be excellent, especially for those applicants with formal training, experience, and/or certification.

The employment forecast for administrative medical assistants (formerly called medical secretaries) is projected to increase faster than the average for other occupations. This field is projected to increase by 15 percent or higher from 2016 to 2026. The number of people employed as administrative medical assistants in 2016 was estimated to be 574,000 with a projected increase to 654,800 by 2026. Administrative medical assistants have opportunities to advance into management positions, such as office manager or compliance officer. There are many organizations, institutions, and companies that operate in areas within or closely related to healthcare. Workers familiar with the healthcare environment are of value and in demand.

A thorough training in technical skills, the development of good interpersonal skills, and ongoing professional development help ensure a successful career for administrative medical assistants. Because the healthcare industry is booming, a well-trained medical assistant has a wide variety of opportunities in many different settings.

Physician Practice

The most common place of employment for the administrative medical assistant is in a physician practice. Many physicians are associated with a group practice—in which space, staff, and physical resources, such as equipment and laboratory facilities, are shared. A group practice may consist of physicians who are all generalists or who all have the same specialty, or it may be a combination of generalists and specialists.

There are many advantages to both doctors and patients in these larger practices. Doctors may better control spiraling overhead costs of operating an office. Such practices also give new physicians the opportunity to join an established practice and to acquire new patients to add to their clientele. Because of the large volume of patients, the administrative medical assistant may specialize in a task area, such as patient scheduling, or may perform a variety of duties.

Some administrative medical assistants work in a small office where one or two physicians practice. The assistant acts as the doctor's right hand, taking care of all administrative tasks. Working in a small office gives the assistant a great deal of responsibility, variety in the tasks to be completed, and an opportunity to develop close ties with patients and the physician.

There are job opportunities for assistants in a wide range of practices. Many such medical specialties are listed and defined in Table 1.1. In addition to these specialties, the American Medical Association (AMA) lists many other medical specialties and subspecialties. Many of the specialties on this expanded list are surgical practices related to the specialties shown in Table 1.1. However, there are also specialties that deal with new areas, such as undersea and aerospace medicine. Other specialties reflect the increased use of new technologies to treat illness. Interventional radiology is an example of such a specialty; it uses tools guided by radiologic imaging to perform procedures that are less invasive than those required with surgery.

Table 1.1 Examples of Medical Specialties and Subspecialties

Addiction Medicine: An addiction medicine specialist is a physician who diagnoses and treats the complications of substance abuse addiction, including the physical and psychological complications.

Allergy and Immunology: An allergist/immunologist diagnoses and manages disorders of the immune system.

Anesthesiology: An anesthesiologist maintains pain relief and stable body functions of patients during surgical, obstetric, and diagnostic procedures.

Bariatric: A bariatric physician specializes in the causes, treatment, and prevention of obesity.

Chiropractic: A chiropractor studies the disease process as a result of deviations/changes to the normal workings of the neuromuscular system. Common treatment options include body manipulation and other forms of therapy.

Dentistry: A dentist is concerned with the care and treatment of teeth and gums, especially prevention, diagnosis, and treatment of deformities, diseases, and traumatic injuries. Subspecialties include the following:

An **endodontist** specializes in root canal work.

A **forensic dentist** applies dental facts to legal issues.

An **oral surgeon** specializes in jaw surgery and extractions.

An **orthodontist** straightens teeth.

A **pedodontist** provides dental care for children.

A **periodontist** specializes in gum disease.

A **prosthodontist** specializes in dentures and artificial teeth.

Dermatology: A dermatologist diagnoses and treats diseases of the skin and related tissues.

Emergency Medicine: A physician who provides immediate decision making and necessary action to prevent further injury or death.

Family Practice: A family practice physician provides total healthcare for the individual and for the family.

Geriatrics: A geriatric specialist diagnoses and treats conditions and diseases that are specific to the older population.

Gynecology: A gynecologist is concerned with the diseases of the female genital tract, as well as female endocrinology and reproductive physiology.

Hospice: This field of medicine renders interdisciplinary care to individuals with life-threatening conditions. Physical (pain management), psychological, and spiritual services are given to the patient and the family. The primary focus of hospice care is quality of life.

Internal Medicine: An internist diagnoses a wide range of nonsurgical illnesses. Subspecialties include the following:

Cardiovascular Medicine: A cardiologist diagnoses and treats diseases of the heart, blood vessels, and lungs.

Endocrinology: An endocrinologist diagnoses and treats endocrine gland diseases.

Gastroenterology: A gastroenterologist diagnoses and treats diseases of the digestive tract and related organs.

Gerontology: A gerontologist treats the process and problems of aging.

Hematology: A hematologist diagnoses and treats diseases of the blood.

Immunology: An immunologist diagnoses and treats symptoms of immunity, induced sensitivity, and allergies.

Infectious Disease: A specialist in infectious disease diagnoses and treats all types of infectious diseases.

Nephrology: A nephrologist diagnoses and treats disorders of the kidneys and related functions.

Oncology: An oncologist diagnoses and treats cancer.

Pulmonary Disease: A pulmonologist diagnoses and treats lung disorders.

Rheumatology: A rheumatologist is concerned with the study, diagnosis, and treatment of rheumatic conditions.

Neurology: A neurologist diagnoses and treats disorders of the nervous system.

Obstetrics: An obstetrician provides care during pregnancy and childbirth.

Occupational Medicine: A specialist in occupational medicine works with companies to prevent and manage occupational and environmental injury, illness, and disability and to promote health and productivity of workers and their families and communities.

Ophthalmology: An ophthalmologist cares for the eyes and vision system.

Osteopathology: This field of medicine specializes in the diagnosis and treatment of the neuromusculoskeletal system.

Orthopedics: An orthopedic surgeon or orthopedist provides treatment of the musculoskeletal system.

Otorhinolaryngology: A physician in otorhinolaryngology specializes in the diagnosis and treatment of illnesses of the ears, nose, and throat (ENT).

Pathology: A pathologist investigates the causes of disease using biological, chemical, and scientific laboratory techniques.

Pediatrics: A pediatrician specializes in the comprehensive treatment of children. There are many pediatric subspecialties.

Physical Medicine/Rehabilitation: A physiatrist evaluates and treats all types of disease through physical means, such as heat, cold, massage, traction, therapeutic exercise, stimulation, and medications.

Plastic Surgery: A plastic surgeon repairs, replaces, and reconstructs physical defects through surgical means.

Psychiatry: A psychiatrist diagnoses and treats mental, emotional, and addictive disorders.

Radiology and Nuclear Medicine: A radiologist uses radioactive materials to diagnose and treat disease.

Thoracic Surgery: A thoracic surgeon uses surgery to diagnose or treat diseases of the chest.

Urology: A urologist diagnoses and treats diseases of the urinary tract and the adrenal glands.

Clinics

The administrative medical assistant may be employed by a clinic. A clinic may specialize in the diagnosis and treatment of a specific disorder—back pain, headache, mental health, or wound treatment, for example—and is considered an outpatient setting. Many clinics have a number of specialties within one building. The specialties may be related, so that the patient moves from department to department for extensive examination and specialty consultations.

Hospitals and Medical Centers

Hospitals and the large physical complexes that make up medical centers employ many administrative support personnel, particularly those skilled in specific medical office management tasks. Assistants may work in the admissions department in several areas of a hospital or medical center—the main admitting office, where patients are received for a stay in the hospital; admissions to the emergency room; or admissions for patients in same-day surgery clinics. Departments such as patient education, insurance, billing, social services, and medical records also need skilled and knowledgeable assistants. Career opportunities for assistants in these facilities will continue to grow along with the technological advances in diagnosis and treatment and the size of the aging population.

Care Facilities

Many facilities specialize in the short-term care of patients recovering after hospital stays. There are also patients who enter rehabilitation centers to improve the functioning of their back, arms, legs, hips, or hands. Other facilities provide long-term care for patients with chronic mental or physical illnesses. All of these facilities rely on skilled personnel who understand patients and their care.

Insurance Companies

The healthcare industry is subject to great pressure because of high health costs and the reality that people are living longer and often require greater care as they age. Insurance companies and government health insurance programs must ensure that claims from healthcare providers are “clean claims”—in other words, the claim forms are correct and complete. They employ administrative medical assistants who are skilled in handling medical documents and understand medical procedures. Other professionals who may be utilized by the insurance industry are Certified Medical Coders, Certified Medical Billers, and Certified Reimbursement Specialists. Assistants may work for the following:

- Large insurance companies specializing in healthcare, such as Anthem, Humana, Centene, WellCare Health, UnitedHealth Group, Aetna, and Cigna
- Government-sponsored programs, such as Medicare, Medicaid, Children’s Health Insurance Program (CHIP), and Tricare
- Other insurers, some of which are sponsored by clubs, unions, and employee associations
- Managed care organizations and accountable care organizations

All areas of employment have complex needs and require the handling of tasks such as completing and checking reports received from doctors, coding diagnoses and procedures, adjusting claims, sending payments of claims, and renewing contracts.

1.4 WORK ETHIC AND PROFESSIONALISM

Positive personality traits are developed into habits and skills that help the administrative medical assistant deal effectively with tasks and people. These habits and skills, which form a **work ethic**, greatly enhance employees' value in any medical work setting. Both hard skills and soft skills help develop a positive work ethic and professional display of work conduct.

Work Ethic

Employers responding to research surveys about employees rank certain habits and skills the highest. These habits and skills make the employee valuable to the practice. They are also often predictors of success in a medical office setting.

For centuries, work ethic, the outward display of an employee's values and standards, has been one of the foundation stones of business. Businesses have either been successful or failed as a direct result of employees' work ethics. We will discuss several areas in which employees outwardly display work ethic.

Accuracy. Because even a minor error may have major consequences for a patient's health, physicians rank **accuracy** as the most important employee trait. Although physicians may give exact instructions, they may not oversee tasks to completion. The physician counts on the assistant to perform tasks with complete correctness, including constant attention to detail.

Thoroughness. The careful and complete attention to detail required for accuracy is known as **thoroughness**. The thorough assistant produces work that is neat, accurate, and complete. This trait involves

- listening attentively.
- taking ample notes.
- paying attention to details, such as who, what, when, why, where, and how.
- verifying information.
- following through on details without having to be reminded.

The physician and other team members should be able to depend on the assistant to accomplish any task in a complete, accurate, and timely manner.

Dependability. The administrative medical assistant who finishes work on schedule, does required tasks without complaint (even when they are unpleasant), and

HIPAA *TIPS*

Patient confidentiality is an important part of Health Insurance Portability and Accountability Act (HIPAA) compliance. Never discuss confidential patient information when using a speakerphone feature. Unauthorized parties may be able to overhear the conversation. It is important and courteous to advise speakers that they are being broadcast and to advise them of all other listeners in the room. If there is a possibility of being overheard by patients or visitors, the speakerphone should not be used. The voice should be kept sufficiently low even when not using a speakerphone.

You are responsible for making patient callbacks prior to leaving for the afternoon. The other medical office professional is absent, so you are also responsible for prepping charts for the next day's appointments. Using the speaker option on the telephone means that you can do other things at the same time, such as charting in patients' files. If you decide to use this option, what would you say to the patient on the phone to advise him or her that you are on speakerphone?

always communicates willingness to help is said to be a dependable employee. **Dependability** is closely related to accuracy and thoroughness. The dependable assistant

- asks questions and repeats instructions to avoid mistakes.
- asks for assistance with unfamiliar tasks.
- enters all data, such as insurance claim information and lab values, carefully.
- takes clear and complete messages.

Others can depend on the assistant to accomplish tasks effectively and as efficiently as possible. When an emergency situation occurs and the administrative medical assistant must miss work, contact the designated staff member, such as the office manager, immediately so tasks and responsibilities can be completed on time.

Efficiency. Effective individuals accomplish tasks, but efficiency has higher value in the work environment than effectiveness alone. Using time and other resources to avoid waste and unnecessary effort when completing tasks is the defining mark of **efficiency**. An example of an efficient administrative medical assistant is one who plans the day's work in advance, makes a schedule for completion, and assembles the materials and resources necessary to complete the tasks. Efficiency also includes the organizational ability to divide large, complex tasks into smaller, more manageable components. Rearranging resources to complete tasks efficiently may require change. Flexibility is a key component when working within a medical office environment.

Flexibility. The ability to adapt, to change gears quickly, and to respond to changing situations, interruptions, and delays is **flexibility**. The flexible assistant is able to respond calmly to last-minute assignments, to meet deadlines under pressure, and to handle several tasks at once. The ability to grasp new situations and new concepts quickly is an important aspect of flexibility. Being able to implement new ideas and good suggestions with self-confidence is a mark of flexibility.

The medical setting is very fluid. Advances in computer technology, new medical coding systems, and updates to the Health Insurance Portability and Accountability Act (HIPAA) and other healthcare laws pose frequent challenges to members of the

Figure 1.2

The administrative medical assistant shown here is entering insurance information for a new patient. *How can assistants ensure accuracy in their work?*
Take One Digital Media/
McGraw-Hill



healthcare team. Flexibility and good judgment are key contributors to a smooth transition when changes occur in the medical office environment.

Good Judgment. The quality of **good judgment** involves the ability to use knowledge, experience, and logic to assess all the aspects of a situation in order to reach a sound decision. Frequently, good judgment is expressed by the administrative medical assistant who knows when to make a statement and when to withhold one. For example, choosing the right time and right words when making a suggestion to an employer or to other staff members shows good judgment. It may also be good judgment to decide that the suggestion should not be made because, based on your objective and honest evaluation of past experience, the suggestion will not be accepted.

Honesty. Telling the truth is **honesty**. It is expressed in words and actions. It is the quality that enables the physician to trust the administrative medical assistant at all times. The trustworthy assistant understands the serious nature of the physician's work and the confidential nature of the patient's dealings with the physician. The assistant can be trusted not to reveal any of a patient's data, any conversations, or any details, which must always remain confidential. Honesty is central to the integrity that allows the assistant to effectively represent the profession. Finally, the honest assistant demonstrates initiative by quickly reporting mistakes without attempting to cover them up or blame others.

Initiative. To take action independently is to show **initiative**. The administrative medical assistant works with certain routine administrative activities every day. Dealing with these often requires the assistant to take action without receiving specific instructions from the physician. The assistant's ability to move work forward and to resolve issues by using initiative is a valuable skill in a busy office.

Initiative also involves making unsolicited offers of help that mark a valued employee, one who goes beyond the job's regular responsibilities. For example, offering to stay late to help the physician or coworkers finish extra work is always appreciated. To give patients additional help, you may offer to call for a taxi after an appointment, obtain a wheelchair when needed, write out instructions, or open a door for a struggling patient. Medical office assistants who demonstrate initiative also have critical-thinking skills and problem-solving abilities.

Problem-Solving Ability. **Problem-solving** involves logically planning the steps needed to accomplish a task. Asking for advice when appropriate and acting wisely also demonstrate the ability to solve problems effectively. The administrative medical assistant who is adept at solving problems also has a basic understanding of the goals and requirements of the work environment. Critical-thinking skills and problem-solving skills work together to establish steps and reach solutions. Just as problem-solving involves logically planning steps, the assistant who uses critical-thinking skills looks at all possible resources to build the steps. Critical thinkers use past experiences and present resources and knowledge to form future solutions. In other words, they think "in and outside their box." Brainstorming, listing all possible ideas, with others allows the assistant to gather information that otherwise may not have been considered. Being able to produce solutions in a timely manner should be one of the goals of a problem-solving team.

Problem-solving is best accomplished when these steps are followed:

Step 1 Identify the problem.

Step 2 Set a goal (resolution of the problem).

Step 3 Gather information.

Step 4 Brainstorm possible solutions.

Step 5 Select and implement a solution.

Step 6 Evaluate the result(s).

Step 7 If the desired results did not meet the established goal, begin again with Step 1.

Punctuality. Being on time—**punctuality**—is important for the administrative medical assistant because of the physician's schedule and the need to complete routine duties before patients arrive. A medical office is often open for the staff a half hour before patient appointments. This is not a time for employees to use in getting from home to work. It is a time for planning the day's work, organizing tasks, and greeting patients who arrive before the start of business hours. It is common for an answering service to continue answering calls during this time to allow the assistant and other team members time to prepare. Given enough time, the self-motivated employee may prepare the next day's tasks prior to leaving at the end of the work shift.

Self-Motivation. The quality of **self-motivation** is expressed by a willingness to learn new duties or procedures without a requirement to do so. The administrative medical assistant who helps with work that needs to be done and learns new aspects of job responsibilities is self-motivated. Alertness is an aspect of self-motivation. This alertness enables the assistant to see and undertake jobs that need to be done and to anticipate the patients' and the physician's needs. A mix of self-motivation and tact should be used when seeking areas to assist fellow team members.

Tact. The ability to speak and act considerately, especially in difficult situations, is known as **tact**. Working with people in ways that show you are sensitive to their possible reactions helps you achieve the purpose at hand smoothly and without giving offense. Tactful manners and speech create goodwill with patients and other members of the medical office team.

Being a Member of the Team. Those who have the positive attitude of a **team player** are generous with their time, helping other staff members when necessary. A good team player observes stated office policies and quickly learns the unwritten rules of office life, such as

- when it is acceptable to sit at another employee's desk.
- whether it is acceptable to eat or drink at your workstation.
- how to time a break and determine how long it should be.
- when and in what manner it is acceptable to converse with coworkers.

Being a good team player also involves the simple courtesies: avoiding personal activities, phone calls, text messaging, and other social media; knocking before entering an office, even if the door is open; being careful about sharing details of your personal life in ordinary polite conversation; and avoiding the use of profanity and coarse language. Team players, moreover, are always careful to observe confidentiality by not discussing patients or commenting in any way about them or any other staff members.

**Figure 1.3**

The administrative medical assistant projects a professional image. *What habits, grooming, and dress styles show professionalism?*
Purestock/SuperStock

Working outside the traditional office environment, such as processing medical insurance claims from home, still requires the staff member to work as part of and consider the needs of the medical office team. Missing a deadline or keeping materials longer than anticipated can cause a ripple effect. Aggressive behavior within a team promotes ill feelings and a lack of cooperation; however, professionally assertive behavior among those working together as a team can promote positive attitudes toward daily responsibilities and a willingness to cooperate to accomplish goals.

Assertiveness. **Assertiveness** is the ability to step forward to make a point in a confident, positive manner. In some ways, assertiveness is the result of having acquired many of the habits, attitudes, and skills discussed here. Administrative medical assistants who are accurate, dependable, and honest and who understand and perform tasks with intelligence and good judgment are confident employees. They are able to step forward and contribute to a more efficient, more cordial work environment. Assertiveness is always a positive force. It is unlike aggressiveness, which is a hostile and overbearing attitude. Assertiveness assumes that the assistant not only is competent but also has established cordial and cooperative working relationships.

Professional Image

Few professions are as highly respected as the medical profession, which has an image of health, cleanliness, and wholesomeness. If you choose to work in a healthcare setting,

your appearance and bearing must reflect this image. Patients expect your positive personality and pleasing manner to be reflected in your appearance through healthful habits, good grooming, and appropriate dress.

Being in style, as advertisements and magazines define style, is not the same thing as projecting a **professional image**. Style reflects a personal vision of who you are in the way you act, dress, and groom, such as hairstyle and nail care. In the workplace, however, you reflect not your own personal vision but the employer's preferences about how the practice should be seen by patients and the community.

Physical Attributes. Good health is the result of eating a properly balanced diet, getting sufficient rest, and exercising regularly. These good health habits show in the energy of your body when you move, walk, or communicate; in the healthful appearance of your skin; in the alertness and clarity of your eyes; and even in the shine of your hair and the health of your nails.

Habits that promote good health are essential to maintaining a professional image. These good health habits are complemented by good grooming habits. Although cleanliness is the basis of good grooming, grooming means more than cleanliness. A daily bath or shower, the use of deodorant, regular dental care along with daily dental brushing and flossing, and a neat overall appearance are all elements of good grooming. Also included in good grooming habits are the following:

- Nails should be manicured, so that the hands look well maintained. Employees should avoid bright or unusual nail polish colors and stenciled nails. Nails should not be so long that they pose a threat to others or interfere with working at the keyboard. Office policy on artificial nails should be followed.
- Hair requires frequent shampooing and should be arranged in a style that will not require a great deal of attention during working hours.
- The patient and the assistant should be able to look at each other eye to eye; therefore, hair should not cover the eyes or interfere with sight.
- Male employees should shave daily or have neatly trimmed facial hair.
- Perfumes or colognes should be avoided in the office. Staff members and patients may be irritated by fragrances, especially those with a floral base. Lotions should also be unscented.
- Makeup should be used moderately and should complement the assistant's skin type and color.
- Clothes must always be freshly laundered and wrinkle free. If you are required to wear a white uniform, it must be kept *snow* white and should never be worn over dark undergarments. If business casual clothes are worn in the office, they should be simple and should fit well. Tight or revealing clothes are not appropriate.
- Shoes should be closed toe, comfortable, and in good repair.
- Jewelry and hair ornaments are not good accompaniments to uniforms. Jewelry that is worn with street clothes in the office should be small and unobtrusive. Large bangles and bracelets with dangling parts are often noisy and interfere with completion of tasks.
- Most professional work environments have a stated policy concerning the amount and type of jewelry that may be worn—for example, one ring per hand (engagement ring/wedding band is considered one). Piercings and tattoos are common in today's society, and office policy will state what may be worn and/or shown. Common policies state that no more than two earrings per ear are permitted and that no other piercings may have jewelry, such as tongue, nose, eyebrow, or lip. Tattoos should be covered.

Maturity. Many administrative and personal skills contribute to the achievement of **maturity**. And maturity *is* an achievement. It takes great determination to acquire and practice the attitudes, habits, and skills that contribute to maturity.

Emotional and psychological maturity is not dependent on age. It is made up of many aspects of personality and of many skills. The mature person is able to work with supervisors and under pressure, even in unpleasant or frustrating conditions. The mature person sees a job through and gives more than is asked. Maturity enables a person to gather and use information to make good decisions. It is reflected by independence of judgment as well as by ambition and determination. As maturity becomes evident in the administrative medical assistant, it inspires the confidence of managers, patients, and coworkers.

Professionalism. Patients and society have an expectation of the medical care team to use technical skills and knowledge, communication, image, behavior, attitude, and respect to benefit patients, and, ultimately, society. In healthcare, all aspects from applying proper personal hygiene to using protective equipment are considered evidence of healthcare professionalism. Perception of healthcare quality is often determined by how the medical team demonstrates professionalism. Patients who experience high-quality, professional healthcare are more likely to return for future medical needs. Demonstrated positive professionalism

- earns patients' trust.
- creates a positive public perception of the practice.
- encourages a positive work environment.
- increases patient satisfaction.

Professional organizations emphasize professionalism within their individual codes of ethics, which will be presented in a later chapter.



GO TO PROJECT 1.1 AT THE END OF THIS CHAPTER

1.5 PROFESSIONAL GROWTH AND CERTIFICATION

When an employee stops being willing to learn, he or she stops growing professionally and becomes less valuable to his or her employers and other colleagues. Learning and growing in the field allow the administrative medical assistant to become more successful and to enjoy an enviable professional status. Once assistants have completed specific requirements, they are eligible to join several national associations. By passing examinations, medical assistants and medical administrative assistants may become certified. **Certification** is the indication given by certain associations that a person has met high standards and has achieved competency in the knowledge and tasks required. Through continuing education, seminars, conferences, and meetings with other professionals in the field, these organizations provide opportunities to grow as office professionals and to advance in a chosen career.

The medical field is constantly changing; completing continuing education through providers, educational institutions, and/or professional organizations is a must for an individual to remain current in his or her chosen medical area of expertise.

American Association of Medical Assistants

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Phone: 800-228-2262

Website: www.aama-ntl.org

E-mail: membership@aama-ntl.org

American Medical Technologists

10700 West Higgins, Suite 150
Rosemont, IL 60018

Phone: 847-823-5169

Website: www.americanmedtech.org

E-mail: mail@americanmedtech.org

Association for Healthcare Documentation Integrity

4120 Dale Road, Suite J8-233
Modesto, CA 95356

Phone: 800-982-2182

Website: www.ahdionline.org

E-mail: ahdi@ahdionline.org

AAMA. The American Association of Medical Assistants (AAMA) is a major nationwide organization. The AAMA recommends to the Commission on Accreditation of Allied Health Education Programs (CAAHEP) those formal education programs that have met AAMA curriculum standards. Further, the AAMA sponsors the national certification examination for medical assistants in three areas: general, administrative, and clinical. As stated earlier in the chapter, specifics within each of the three areas are outlined at the AAMA website (www.aama-ntl.org). Those who pass the examination are certified and receive the designation of Certified Medical Assistant (CMA).

The AAMA requires CMAs to be recertified, either by exam or by submission of qualifying points, every 5 years. This practice ensures that medical assistants keep up with developments in the field. There are hundreds of continuing education courses sponsored by the AAMA to help assistants keep current and become recertified.

Although medical assistants need not be certified to be employed as assistants, certification improves the chances of career advancement and provides motivation for continued professional growth.

AMT. The American Medical Technologists (AMT) is another nationwide organization offering certifications for medical assistants. AMT offers several national examinations of which two directly relate to medical assistants and administrative medical assistants. Successful completion of the one examination earns the credential of Registered Medical Assistant (RMA). Another certification exam to become a Certified Medical Administrative Specialist (CMAS) is offered through AMT.

Certified members must maintain active member status and comply with the Certification Continuation Program (CCP) requirements. To maintain the RMA and CMAS certification, a member must earn 30 points over a 3-year period for each credential held. AMT will evaluate the submitted points for any points that can be used in both recertification areas.

AHDI. The Association for Healthcare Documentation Integrity (AHDI), formerly known as the American Association of Medical Transcription (AAMT), is a nationwide organization that promotes professional standards of practice related to the field of healthcare documentation. AHDI works to ensure the highest level of quality, privacy, and security as it relates to patient and other healthcare information.

AHDI offers credentialing examinations related to healthcare documentation: Registered Healthcare Documentation Specialist (RHDS) and Certified Healthcare Documentation Specialist (CHDS). The former credential, Certified Medical Transcriptionist (CMT), is no longer offered by AHDI; however, both the RHDS and the CHDS have transcription components. The RHDS examination is designed for recent graduates of a healthcare documentation/medical transcription curriculum. Individuals who have already earned the RHDS credential *and* have a minimum of 2 years' experience in an acute-specialty or multispecialty transcription setting may take the CHDS certification exam. If an individual meets the qualifications to take both the RHDS and the CHDS exams, a third exam, Combined RHDS/CHDS Credential Qualifying Exam (CQE), is available.

Recertification for both the RHDS and the CHDS must be completed every 3 years. RHDS recertification candidates must take and successfully pass a recertification course. A minimum score of 75 percent on each section and as a final score is required. CHDS recertification candidates must submit 30 continuing education credits (CECs) with at least 24 CECs in four core areas.

Until electronic health records are fully implemented in the medical field, transcriptionists may still be utilized. The transcriptionist's skill in English usage, grammar, and style ensures the competent editing and correction of materials. Taking advantage

of certification and opportunities for continued study in this field, as in medical assisting, helps in career advancement.

IAAP. The International Association of Administrative Professionals (IAAP), previously known as Professional Secretaries International (PSI), is a worldwide nonprofit organization working with career-minded office and administrative professionals to promote opportunities for their membership to connect, to lead, to learn, and to excel. Core values of IAAP include authenticity, community, passion, relevance, and resilience.

This organization sponsors a comprehensive examination—the Certified Administrative Professional (CAP). Individuals successfully completing the CAP examination demonstrate competence in six areas:

1. Communications, organizational
2. Documentation production and business writing
3. Records and office management
4. Distribution of information and technology
5. Project and event management
6. Operational functions

Two speciality exams are offered by IAAP as add-on certifications once an individual has achieved the CAP credential: Organizational Management (OA) and Technology Applications (TA).

The organization, which maintains chapters all over the United States, makes professional contacts easy. The IAAP provides study materials and information about available review courses.

There are companies that offer salary incentives to those who become Certified Administrative Professionals. In this area, as in all other areas of most professions, certification improves the chances for advancement.

AAPC and AHIMA. The American Academy of Professional Coders (AAPC) and the American Health Information Management Association (AHIMA) offer certifications in areas related to coding and health information management.

AAPC offers five medical coding credentials reflecting the various locations, such as outpatient and inpatient, and aspects of medical coding. Individuals may demonstrate knowledge in medical coding through the following exams:

1. Certified Professional Coder (CPC)
2. Certified Outpatient Coder (COC)
3. Certified Inpatient Coder (CIC)
4. Certified Professional Coder–Payer (CPC-P)
5. Certified Risk Adjustment Coder (CRC)

Credential exams are also available in many specialty areas, such as dermatology and family practice. Also offered by AAPC are credentials that allow individuals to demonstrate knowledge of the revenue cycle, compliance regulations, auditing, and medical practice management:

1. Certified Professional Biller (CPB)
2. Certified Professional Compliance Officer (CPCO)
3. Certified Professional Medical Auditor (CPMA)
4. Certified Physician Practice Manager (CPPM)
5. Certified Documentation Expert-Outpatient

Recertification must be completed every 2 years by submitting continuing education units (CEUs). The number of CEUs to submit is based on the number of credentials to be renewed. One credential requires 36 CEUs up through five credentials, which require 52 CEUs.

**International Association of
Administrative Professionals**

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Suite 100

Kansas City, MO 64153

Phone: 816-891-6600

Website: www.iaap-hq.org

**American Academy of
Professional Coders**

2233 S. Presidents Drive, Suite F

Salt Lake City, UT 84120

Phone: 800-626-CODE (2633)

Website: www.aapc.com

E-mail: info@aapc.com

**American Health Information
Management Association**

233 N. Michigan Avenue, 21st Floor
Chicago, IL 60601-5809

Phone: 312-233-1101 or
800-335-5535

Website: www.ahima.org

E-mail: info@ahima.org

**National Healthcareer
Association**

11161 Overbrook Road
Leawood, KS 66211

Phone: 800-499-9092

Website: www.nhanow.com

E-mail: info@nhanow.com

AHIMA offers three certifying exams in coding—Certified Coding Associate (CCA), Certified Coding Specialist (CCS), and Certified Coding Specialist–Physician Based (CCS-P). Six exams are offered to allow individuals to demonstrate their competency in areas dealing with health information and medical records, including electronic medical records:

1. Registered Health Information Technician (RHIT)
2. Registered Health Information Administrator (RHIA)
3. Certified Health Data Analyst (CHDA)
4. Certified in Healthcare Privacy and Security (CHPS)
5. Certified Documentation Improvement Practitioner (CDIP)
6. Certified Healthcare Technology Specialist (CHTS)

Knowledge of medical, administrative, ethical, and legal requirements as they pertain to medical record information is required. Applicants will also be asked to demonstrate their competence in computer information systems.

Recertification is required every 2 years by submission of qualified CEUs. The number of CEUs required depends on the credential. For each additional credential to be recertified, an additional 10 CEUs is required, up to a maximum of 50 CEUs.

NHA. Another organization that works to improve competency within the area of healthcare is the National Healthcareer Association (NHA). Through education and certification exams, the NHA strives to provide the healthcare field with confident and prepared employees.

Several certifications are offered through the NHA. Four of them are listed here:

1. Certified Medical Administrative Assistant (CMAA)
2. Certified Electronic Health Records Specialist (CEHRS)
3. Certified Billing and Coding Specialist (CBCS)
4. Certified Clinical Medical Assistant (CCMA)

Individuals who have successfully completed a training program through an accredited or state-recognized program or provider may qualify to take a certification exam. Additionally, individuals who have successfully completed formal medical services training through the military are also qualified to take an NHA certification exam. Another option for qualifying to take an NHA certification exam is work experience. To qualify, an exam applicant must have completed a minimum of 1 year's work experience within a health field covered by an NHA exam within the last 3 years. Study materials for each certification exam are offered through the National Healthcareer Association.

Every 2 years, individuals possessing certifications through NHA must renew the credential. An applicant for renewal must submit evidence of successfully completing 10 continuing education credits within the past 2 years. Continuing education credits may be completed through the NHA or through an organization recognized by NHA for providing NHA-recognized continuing education credits.



GO TO PROJECT 1.2 AT THE END OF THIS CHAPTER

1.6

INTERPERSONAL RELATIONSHIPS

The administrative medical assistant is usually the first person the patient comes into contact with when making an appointment or going to the doctor's office. The way in which the assistant receives and welcomes the patient, whether by phone or physically

in the office, establishes the tone of the visit, the professionalism of the office, and the patient's expectations about the doctor and the treatment.

The responsibility to make patients feel that they are important and that enough time is available to them for treatment is of major concern for the medical assistant. Although the office may be busy and both the doctor and the patients may want to speak to the assistant at the same time, the assistant must remain calm, reassuring, and pleasant to everyone.

Taking Care of Patients

Greeting a patient by name, if possible, contributes to making that patient feel important. If you are away from the desk when a patient arrives, acknowledge the patient with a smile and a greeting as soon as you return.

Every person is to be shown the same degree of respect and concern without regard to race, age, gender, or socioeconomic situation. Every doctor's office accepts patients who receive care for a nominal fee or even completely free. The physician's aim in all cases is the same: to make the person well in the shortest possible time. The assistant's aim in all cases is to treat all patients with the same amount of empathy, concern, and attention.

Familiarity

A physician may choose to establish a less formal tone in the office in order to make patients feel more comfortable. Even when this is the case, the office is still a professional setting. Certain ways of expressing familiarity, either with the physician or with the patients, are not appropriate.

The doctor should always be referred to and spoken to by title and last name: "Dr. Larsen will see you now." This courtesy is observed even if the physician and administrative medical assistant are relatives or have a personal relationship. Conversation in front of patients should never indicate anything other than a professional relationship.

Patients may have preferences about the way they are addressed. It shows respect to address the patient by the appropriate title and last name: "Mr./Mrs./Ms./Miss/Reverend Lopez." If a patient wishes to be addressed in some other way, such as by a first name or nickname, that patient will invite you to do so. The assistant should make a notation of the preference for future use. Names that are difficult for the assistant should have the pronunciation noted. It is acceptable to call children by their given name.

EXAMPLE: ADDRESSING A PATIENT

Assistant: Mrs. Patient, Dr. Larsen is ready to see you now.

Patient: Thank you, Linda, but please call me Margaret. I'm not used to being called Mrs. Patient.

Social Relationships

In many offices, the policy discourages, or may even forbid, a social relationship between a patient and a staff member. Such a policy reflects the physician's belief that these relationships are not consistent with a professional atmosphere and may interfere

with the proper medical management of the patient's case. Under no circumstances should you make a social engagement with a patient without first checking office policy and discussing the situation with your employer.

Conversation with Patients

If the administrative medical assistant has to spend considerable time with a patient, the patient is the one who decides whether or not to start a conversation. If the patient wishes to talk, the patient should also choose the subject. The assistant should listen and respond courteously. General subjects, such as the weather, sports, hobbies, or local events, may be ideal topics. Try to avoid controversial subjects, such as politics or religion. Keeping the conversation to general topics should also ensure that you are not in a situation in which you argue with a patient or try to persuade a patient that a certain view is correct. If possible, try to use the patient's name at least one time during the conversation.

Because the patient identifies the administrative medical assistant with the doctor, the patient also believes that the assistant carries the doctor's authority. For this reason, the assistant should not offer a patient medical advice or comment on the patient's treatment. Very few patients have a substantial knowledge of medicine, anatomy, or physiology. They may easily misunderstand a remark made by the assistant, especially if the remark contains a technical term. If the patient seeks advice or asks a question related to treatment, the medical assistant should respond tactfully: "That is a question the doctor should answer for you. Be sure to ask about that during your examination."

Difficult Patients. The best test of interpersonal skills may be the successful handling of difficult, unreasonable, or unpleasant patients. The patient's self-control may be undermined by the pain and worry that accompany the illness. Dealing with short-tempered or irritable patients requires the medical assistant to show patience, understanding, and restraint. Calmly repeating instructions to an uncooperative patient may be difficult, but it may prevent having to ask a patient to redo a procedure or task or having to repeat the instructions later.

EXAMPLE: PROVIDING INSTRUCTIONS TO A DIFFICULT PATIENT

Assistant: Mr. Public, here are the instructions for the x-ray you are going to have on Monday, October 3, at Riverview Clinic. Let me go over them with you again to see whether you have any remaining questions.

Patient: You do not need to repeat the instructions to me again. I understand!

Assistant: OK, Mr. Public. If you think of any questions at a later time, you may call me. I have written my name and telephone number at the bottom of the instructions. I will be happy to help answer any questions you may have.

A patient who has had to wait a long time to see the doctor may become restless or impatient. In such instances, the medical assistant should make some gesture of attention. Introduce a general topic of conversation or reassure the patient that you are aware of the lateness of the schedule and thank the person for understanding.

There are times when patients become angry. A mistake in an insurance payment, a long wait to see the doctor, or even the patient's physical pain or discomfort may trigger an outburst of bad temper. The medical assistant must remain calm and courteous. A gentle tone and soothing voice sometimes help calm a patient. Separate facts from feelings and do not argue. Politely offer to help correct a situation in any way you can. The offer by itself may help reduce or even eliminate the patient's anger.

EXAMPLE: CLARIFYING A BILL TO AN UPSET PATIENT

Patient: My insurance company sent me this form that says you have been paid for my last office visit and I do not owe you any money. So, why did you send me this bill?

Assistant: Mr. Patient A, may I please see the form so that I can compare your form with the form sent to us by your insurance company?

You are correct, you do not owe any more money for your last office visit. The bill you received is for the strep test you had during your last visit. The insurance paid its portion and the bill you received is for your remaining portion. *[Assistant points to the correct places on the insurance form.]* This is the insurance payment for the office visit, this is its payment portion of the strep test, and this is your portion of the strep test, which is the same amount as on your bill. Does this help clarify why you received a bill?

Every patient should leave the doctor's office with a feeling of goodwill. Frequently, the medical assistant will have an opportunity to talk to the patient as the patient prepares to leave the office. Calling the patient by name, if possible, and extending a pleasant goodbye will have beneficial results. A patient who leaves the office on a positive note may tell others about a good experience with the staff. Likewise, patients will also share a bad experience.



Figure 1.4

The administrative medical assistant ensures that patients leave the office with a feeling of goodwill. *What actions and attitudes cause patients to feel positive about their office visits?*
XiXinXing/Shutterstock

Terminally Ill Patients. If you know a patient is terminally ill and he or she engages you in conversation, be sensitive to the situation by avoiding certain questions that you would ordinarily ask, such as “How are you?” Try to keep the conversation short and general. Patients who are terminally ill usually are willing and eager to discuss topics such as pets, children and/or grandchildren, spouses/partners, or other individuals of whom they are proud. Many patients have hobbies, such as gardening or music, about which they are excited to share. Select topics that are short-term instead of long-term in nature, such as plans for the next New Year’s celebration. The bottom line is to be empathetic to the patient’s condition and emotional state.

Confidentiality

Maintaining the **confidentiality**, or privacy, of patients’ medical information is a legal requirement. A doctor who gives information about a patient without a patient’s permission, except to another doctor who is involved with the patient’s care, can be prosecuted under the law, and the doctor’s license may be revoked. Similar legal requirements and penalties apply to employees in the doctor’s office.

Patient Sign-In Log. Documentation of a patient’s visit, in his or her own handwriting, is provided when the patient signs in on the log. The patient’s privacy is to be protected at all times, which includes when he or she is in the check-in and waiting area.

Traditionally, a patient arrives at the office and signs his or her name and other pertinent information, such as arrival time, appointment time, and doctor to be seen, on a check-in log. Leaving this information available to be viewed by others or asking for nonpertinent personal health information, such as reason for the visit or insurance information, on the check-in log is a violation of HIPAA (which will be covered in a later chapter). Many offices still use this format; however, as soon as the patient arrives, the name is marked through with a broad, dark marker. This method of concealing patient check-in information complies with current medical law as long as the patient information is nonreadable. The problem with this method is that the written documentation of the patient’s visit in his or her own handwriting has been eliminated.

Another sign-in method is a label method. Patients arrive and place their name on a label on the sign-in log. Details about the arrival time and appointment time, as well as other generic information, are completed by the patient. The label containing the patient’s name is then removed by the administrative medical assistant and placed into the patient’s chart or on a daily patient log as evidence of the patient’s arrival.

Another popular method is to ask the arriving patient to electronically sign his or her name using a stylus and an electronic pad. As soon as the patient has signed the pad, the administrative medical assistant will process the signature, similar to the method used when processing credit card or debit card transactions. Some electronic signature pads are linked to the patient’s electronic medical record. In this case, the signature is electronically stored in the medical record.

COMPLIANCE TIP

The responsibility for confidentiality extends beyond the office environment. Neither a patient’s name nor any other information should ever be mentioned outside the office. A patient may not wish to tell family members or business associates that medical care is needed. The doctor’s specialty may be an indication of the disease for which the patient is being treated, and the patient may not wish this to be known.

Assigning numbers to patients on their arrival is another method of protecting patient confidentiality. Their numbers, instead of their names, are used when addressing them in the waiting area.

Sometimes patients will verbally check in on their arrival. The administrative medical assistant should ask the patient to sign in/register and will make a notation of his or her arrival on the daily schedule.

During times when extreme circumstances exist, such as COVID19, patients may be asked upon arrival to remain in their vehicles and call or send a text message to a stated phone number in order to check in to the medical facility. The patient will receive a call, text message, or other form of communication when it is time to enter the medical facility.

Medical Histories. Medical histories of patients contain a great deal of confidential information, not only about the patients but also about their families and perhaps other contacts, such as friends. Employees may not disclose any information about a patient's illness, personal history, or matters relating to family or others without a written release from the patient. The written release-of-information form and the exceptions to the release will be discussed in a later chapter.

Confidentiality about medical records is also to be observed in any conversations the administrative medical assistant has with the patient. It is not the administrative medical assistant's place to share with the patient the doctor's diagnosis or prognosis. The doctor is the sole judge of what information is to be given to, or withheld from, the patient. The assistant must refuse to discuss the patient's case and should refer the patient to the doctor for information.

Many people other than the patients themselves may ask the medical assistant for information about a patient's case. There are some patients who are curious about other patients whom they may know or may have seen in the doctor's office during their own visits. There are some curious patients who may try to obtain personal information about the doctor, staff, or other patients. Friends or relatives of a patient may inquire about the doctor's opinion, the method of treatment, or the duration of the illness. A courteous but firm refusal, such as "I'm sorry, but that information is confidential," should prevent further attempts to get information.

Record Security. The administrative medical assistant must be aware of the location of the front desk and of various work areas in relation to public spaces, such as the lobby or waiting room. Location is important in safeguarding the confidentiality of records because they may be read if left where other patients, staff members, or visitors can see them. Because patient records, schedules, and billing information are now often computerized, the locations of computer screens at the front desk and in work areas are also important. Sensitive information should not remain on the screen when you need to be away from the desk. Screen savers should be used when away from the computer area, and access to computer data should be password-protected. Screens should not be viewable by patients, either on their arrival or on their departure. Monitor protectors that allow data to be viewed only from the front may also prevent accidental disclosure of medical information. Mobile computers should never be left in a room with a patient. When exiting a patient examination room, take the mobile device with you.

Hardcopy medical charts are often placed outside the exam room for the physician to review prior to entering the room. As other patients pass this area, they can see the name on the chart. This is illegal disclosure of protected medical information and a violation of HIPAA Privacy and Security Rules. These rules will be discussed in another chapter. A very simple solution is to turn the chart around, so that the name and any other medical information are not exposed.

In areas close to the waiting room or lobby, caution should also be exercised in conversations, whether over the phone or face to face. Conversations between a patient and the assistant or among employees may easily be overheard. Unless soundproof glass is being used, simply sliding the glass window closed does not prevent information from being heard.

In general, nothing that happens in the office should be repeated at home or to friends. A patient can sometimes be identified by the circumstances of the case or by some other detail, even when the patient's name is not mentioned.

There is wisdom in the adage "What you see here, what you hear here, must remain here when you leave."

Cultural Diversity

People's beliefs, value systems, and language, as well as their understanding of the world, grow out of the culture into which they were born and in which they were raised. It is important to understand that, just as the elements of your culture are formative for you, so the cultures of others are formative for them. Be aware that people from cultures different than yours may express themselves and present themselves in a different way from what your own culture has taught you to expect. **Ethnocentrism** is the tendency to believe that one's own race or ethnic group is the most important and that some or all aspects of its culture are superior to those of other groups. This, in and of itself, can be a barrier within the office team environment and in interactions with patients. Be respectful of people of all cultures and backgrounds. This does not mean that you accept the beliefs and customs of the culture as your own but that you are considerate of each individual's right to express individualism within cultural practices, such as dress. Never assign patients to stereotypes that are racial, ethnic, or religious.

Language Barriers. Although most aspects of other cultures do not present barriers, a cultural barrier may occur when the patient and staff do not speak the same language. Diversification of patient populations is increasingly common. When communicating through language barriers, maintaining the privacy and confidentiality of patients' medical health information is essential.

Medical environments should look at the community's and the medical office's cultural mix and identify patients within the medical practice who are Limited English Proficient (LEP) and the frequency of LEP patients' visits. LEP patients do not speak, read, or write using English as their primary language of communication. Under the Health and Human Services (HHS) LEP Guidelines, medical settings that receive money from federally funded programs must develop and implement steps to provide LEP patients with meaningful, accurate, and timely medical services. Medical settings which receive only Medicare Part B payments are exempt from the HHS guidelines; however, the number of exempted settings is very small. Office personnel then determine their patients' primary communication language(s) and if there is a need for an on-site or a qualified medical interpreter. If the patient prefers an interpreter, the interpreter should be trained and familiar with medical terminology and medical language. Patients may not be charged a fee for the interpreter's services. Use of friends and family members as medical interpreters should be discouraged in the medical environment due to issues such as confidentiality, competency, conflict of interest, and privacy. However, friends and family members can provide cultural definition for the patient. For example, through a medical interpreter, the physician tells the patient to remove her shoe so that the foot can be examined. In her culture, this is a violation of her religious norm. In this case, a friend or family member who speaks both languages and knows the patient's culture could explain the medical need to remove the shoe.

Other communication modes may be used to effectively communicate with LEP patients. Telephonic services, videoconferencing using a medical interpreter, and bilingual

staff members can be effective methods of communicating through language barriers. Using voice-activated translation software may also assist in communications with LEP patients. Forms and other office materials may be printed in different languages relevant to the patient population. Reference materials with frequently used terms and phrases can be a helpful tool when communicating with LEP patients. Another consideration is the type of services being rendered to the LEP patient(s)—administrative medical services, routine medical services, or emergency services.

Not having appropriate cultural resources to meet the needs of the day's patients can create a disruption in the schedule, just as not having the appropriate medical instruments can stop the day's schedule. Following are additional guidelines for communicating with LEP patients either directly or through other communicative methods:

- Speak slowly and clearly.
- Do not raise your voice above an ordinary conversational tone. Speaking loudly does not improve understanding.
- Use simple words, not technical terms.
- Be brief.
- Have key phrases, such as “your next appointment is” or “thank you,” translated into languages used by patients within the practice. Staff members should practice the phrases and be ready to use them when needed.

Another form of language barrier may occur in the office when the assistant needs to effectively communicate with patients who are deaf. Effective communication ensures that these patients have obtained the same results and benefits as hearing patients. Following are tips for communicating successfully with deaf or hard-of-hearing (HOH) patients:

- Determine the patient's preferred form of communication: signing, writing, or speech/lipreading. Make note in the patient's chart, and be prepared when the patient arrives. If the patient relies on American Sign Language (ASL), prior to the medical visit ask the patient if an interpreter will be accompanying him or her to the visit. If not, make arrangements to have a medical sign language interpreter present. According to the Americans with Disabilities Act, the provider may not bill the deaf or HOH patient for the interpreter's fee.
- Establish the type of service that is to be rendered to the patient. If the patient will be receiving new medications, having a procedure, or giving medical consent, a medical sign language interpreter should be used.
- Head nodding by the patient does not necessarily mean understanding. The patient may be relying on another individual to explain the details.
- Larger, quicker, more forceful motions by the patient may be an expression of heightened emotions.
- Body language, especially facial expressions, of the administrative assistant are keenly observed by the patient.
- Key phrases, such as “good morning” or “your copayment today is,” should be learned and practiced by the staff member.
- “Positive” and “good” are closely linked in ASL. Positive test results may be interpreted as good test results. A patient may be confused by the statement “Your test results for MRSA were positive” as meaning “Your test results for MRSA were good.”

Follow these suggestions when the communication mode is lipreading:

- Make sure you have the patient's complete attention prior to beginning the communication process. A simple statement such as “Are you ready to begin?” will ensure that both parties are ready to communicate.

- Maintain direct face-to-face contact with the patient at all times during the communication process.
- Clear your mouth and mouth area of all items that may be intrusive to communication, such as gum or candy.
- Provide adequate lighting in the area, and ensure that no shadows will interfere with lipreading. This should be checked with another office member prior to communication with the patient.

If the patient's mode of communication is writing, provide writing tools, such as a whiteboard and marker or pen and paper. Written communications, when possible, should be free of medical language. For many deaf and hard-of-hearing (HOH) individuals, ASL is their primary means of communication, and English is a second language. Written communication containing standard medical language may be challenging for the patient to understand. All written communication should be maintained in the patient's medical record.

Many patients, both deaf and hearing, communicate faster with electronic devices. A small computer may be used to communicate between the administrative assistant and the patient. Examples of other methods or devices that may be used to communicate with deaf, hard-of-hearing (HOH), and/or nonverbal patients are (1) a qualified notetaker, (2) real-time captioning, (3) written materials, and (4) amplifiers. Whether the preferred mode of communication is signing, writing, or speech/lipreading, the privacy and confidentiality of the patient's medical information must be protected.

Patients who are blind or who have vision loss should be provided the same effective medical/administrative communication as sighted patients. Accommodations for blind or loss-of-vision patients may include

1. a medically "qualified" reader—a person trained in effective, impartial, and accurate reading of medical information.
2. information printed in braille or large print.
3. a computer screen-reading program.

If the patient uses a mobility device, such as a cane or a sight dog, clear the walking path for the patient.

The bottom line is, do not make assumptions about LEP patients or those with other communicative disabilities. Ask the patient his or her preferred method of receiving effective medical care and communication, and be guided by his or her choices.

Nonpatients

All visitors to the doctor's office should be treated courteously. Often, a patient's friend or relative may accompany the patient.

Visitors on business, such as pharmaceutical company sales representatives, call on the office frequently. The doctor may not wish to take time away from the patient schedule and may ask the administrative medical assistant to get information on the product, obtain samples, and keep the business cards on file. Some offices schedule a specific time each week and/or month for pharmaceutical representatives. This gives the representative an opportunity to present materials to the physician and allows the physician to devote time exclusively to the representative.

EXAMPLE: A NONPATIENT VISITOR

Sales representative: I'm here to see Dr. Larsen about a new antibiotic from my company.

Assistant: Dr. Larsen has scheduled the first and third Monday of each month from noon to 2 P.M. as the time she will see sales representatives. Shall I enter your name on the calendar for the next available Monday?

There may be other visitors who take up the doctor's time unnecessarily, and most doctors appreciate an assistant who screens and tells the visitor that the doctor is seeing patients, is out of the office, or so on. Be truthful when deterring nonpatients who request the physician's time without an appointment. Even one unscheduled visitor can disrupt the daily appointment schedule. Request that the physician provide names (or positions) of individuals who should not be seen during office hours.



The McGraw Hill logo, featuring the text 'McGraw Hill' in white on a red square background, followed by the word 'connect' in a lowercase, sans-serif font.

GO TO PROJECT 1.3 AT THE END OF THIS CHAPTER

Chapter

1

Summary of Learning Outcomes

1.1 Describe the tasks and skills required of an administrative medical assistant.	<ul style="list-style-type: none"> • The administrative medical assistant has task responsibilities in the following areas: <ul style="list-style-type: none"> — Front office procedures — Scheduling — Records management — Administrative duties — Financial • These tasks require skills in the following areas: <ul style="list-style-type: none"> — Communication — Mathematics — Organization — Computers — Interpersonal relationships
1.2 List and define at least three personal attributes essential for an administrative medical assistant.	<ul style="list-style-type: none"> • Personal attributes needed for the successful administrative medical assistant are equally as important as required tasks and skills. Among the personal attributes needed are the following: <ul style="list-style-type: none"> — Genuine liking for people: enjoying people and having a desire to help them — Cheerfulness: the ability to be pleasant and friendly — Empathy: sensitivity to the feelings and situations of other people
1.3 Describe the employment opportunities in various medical settings and specialties and nonmedical settings.	<ul style="list-style-type: none"> • Employment opportunities for administrative medical assistants are increasing in physician practices (single and multiphysician practices), clinics, hospitals and medical centers, care facilities, and insurance companies. Other opportunities are increasing in the field of education and accounting firms.
1.4 Identify and define at least six positive work attitudes that contribute to the work ethic and professionalism of an administrative medical assistant.	<ul style="list-style-type: none"> • Habits and skills that make up the work ethic of an administrative medical assistant include <ul style="list-style-type: none"> — accuracy: the ability to be correct, clear, and thorough. — thoroughness: the ability to apply careful and complete attention to detail. — dependability: the ability to be relied upon to fulfill instructions and to complete tasks on time.

- efficiency: the ability to use time and other resources in such a way as to avoid wasted efforts.
- flexibility: the ability to respond quickly to changed situations, last-minute assignments, and delays; the willingness to accept and implement new ideas.
- good judgment: the ability to use knowledge, experience, and logic to assess all the aspects of a situation in order to reach a sound decision.
- honesty: the ability to always tell the truth and to quickly assume responsibility for mistakes.
- initiative: the ability to take action independently.
- problem-solving: the ability to use logic to plan needed steps to accomplish a goal.
- punctuality: the ability to be on time.
- self-motivation: the ability to express a willingness to learn new duties and/or procedures without a requirement to do so.
- tact: the ability to speak and act considerately, especially in difficult situations.
- team membership: the ability to work positively with others, to be generous with his or her time, to assist others, to be courteous, and to observe rules of confidentiality.
- assertiveness: the ability to step forward to make a point in a confident, positive manner.
- a professional image: that of a friendly, capable professional who inspires confidence. From the assistant's manner, speech, posture, and appearance, patients and others have the impression of someone who is mature and dedicated to competent service.

1.5 List three advantages of professional affiliation and certification.	<ul style="list-style-type: none">• Certification<ul style="list-style-type: none">— often favorably influences an employer's opinion.— contributes to career advancement.— fosters professional growth by the need to be recertified, continuing education programs, seminars, webinars, conferences, and the opportunity to network with others in the same profession.
1.6 Apply elements of good interpersonal communication to relationships with patients and others within the medical environment.	<ul style="list-style-type: none">• Administrative medical assistants should treat patients, physicians, colleagues, and others with courtesy, always maintaining a calm, pleasant, reassuring manner.• They should refrain from revealing confidential information, and they have a professional relationship with the physician(s), colleagues, patients, and visitors in the office.• Medical team members need to create an atmosphere of interest in others by using positive nonverbal communications—body language, facial expressions, eye contact, and so on.• Patients are to be provided medical services in a meaningful, accurate, and timely manner using their preferred mode of communication.

Chapter Projects

Project 1.1**(LO 1.4) Professionalism in the Medical Office Environment**

List six examples, three hard skills and three soft skills, of an administrative medical assistant's professionalism in the medical environment. State how the examples are beneficial to the patient.

Project 1.2**(LO 1.5) Internet Research: Professional Organizations**

Using the Internet, research the websites of three professional organizations listed in Chapter 1. Write down the student membership requirements of each and the advantages of belonging to each.

Project 1.3**(LO 1.2, LO 1.4, and LO 1.6) Personal Attributes, Work Ethic and Professionalism, and Interpersonal Relationships**

On Working Paper 1 (WP 1) in an end section of this book, match each of the terms in Column 2 with its definition in Column 1.

Soft Skills Success



Self-Awareness (LO 1.2)

Do you ever find time to think about who you are, your strengths and weaknesses, or your personality? What about your habits and values? Many people are not inclined to spend much time on self-reflection; consequently, many of us have a low level of self-awareness. Self-awareness can improve, and it can help us identify opportunities for professional development and personal growth. **Describe your level of self-awareness. What do you think needs to be changed in your life to improve your self-awareness?**

Self-Confidence (LO 1.2)

Self-confidence is extremely important in almost every aspect of our lives. People who lack self-confidence can find it difficult to become successful. Self-confident people have qualities that others admire, and they inspire confidence in both their personal and professional lives. Gaining the confidence of others is one way in which a self-confident person finds success. The good news is that self-confidence can be learned, practiced, and expanded. **How can you work to build up your level of self-confidence? Why is self-confidence so important to success?**

Multicultural Sensitivity (LO 1.6)

Multicultural sensitivity includes learning about others and celebrating similarities while accepting differences. Race and ethnicity are difficult subjects to discuss, but cultural similarities and differences can be discussed and embraced. **How can you promote multicultural sensitivity?**

Chapter

1

Review Questions



USING TERMINOLOGY

Match the term or phrase on the left with the correct answer on the right.

- | | |
|-----------------------------------|---|
| _____ 1. [LO 1.2] Empathy | a. Completing tasks with correctness and attention to detail |
| _____ 2. [LO 1.6] Ethnocentrism | b. A trait that results in complete, neat, and correct tasks |
| _____ 3. [LO 1.4] Thoroughness | c. Sensitivity to other people's feelings and situations |
| _____ 4. [LO 1.5] AHDI | d. A trait characterized by working independently and offering to help others |
| _____ 5. [LO 1.5] Certification | e. Recognition given by associations that an individual has met high standards and has demonstrated competency in given knowledge and tasks |
| _____ 6. [LO 1.4] Accuracy | f. Provides certification opportunities for healthcare documentation specialists |
| _____ 7. [LO 1.4] Problem-solving | g. Believing that one's own race, ethnic group, and/or culture is superior to all other groups |
| _____ 8. [LO 1.4] Initiative | h. The ability to speak and act considerately in various situations |
| _____ 9. [LO 1.4] Dependability | i. Logically and systematically planning steps to accomplish a task |
| _____ 10. [LO 1.4] Tact | j. Finishing tasks on schedule, without complaining, and offering to assist others |

CHECKING YOUR UNDERSTANDING

Select the most correct answer.

1. [LO 1.1] Nenna worked as an administrative medical assistant but was dismissed from her AMA position after numerous patients complained about how they were greeted. Nenna claims she always used an appropriate verbal greeting with each patient. Which of the following might have contributed to the miscommunication between Nenna and the patients?
 - a. Lack of professional certification
 - b. Not enough reading material in the waiting area
 - c. Nonverbal facial expressions and tone of voice
 - d. An unclean uniform
2. [LO 1.4] During his first 6 months at a local medical clinic, Aaron completed and submitted insurance claims to various carriers. He used a software program to check and process his claims prior to submitting them for payment. This demonstrated that he accurately completed claims using very few resources. Which of the following was he demonstrating?
 - a. Tact
 - b. Ethnocentrism
 - c. Assertiveness
 - d. Efficiency

3. [LO 1.5] While searching online for a medical coding position, Maria noticed that several opportunities required CCS-P, CPC, or other current coding credentials. Which of the following key words or phrases could she use to search for their meaning on the Internet?
 - a. Certification
 - b. Interpersonal relationship skills
 - c. Computer skills
 - d. Records management skills
4. [LO 1.3] Addison would like to work in a medical-related administrative field but is not interested in a medical office setting. Which of the following may offer the best choice of a career for Addison?
 - a. Food management
 - b. Teacher's aide
 - c. Home health sales
 - d. Both teacher's aide and home health sales
5. [LO 1.1] During her interview, Ashley stated she has worked within the physical medical office setting and from the home setting using electronic health records and insurance claim processing programs. Her records show she received high evaluations and was frequently given more administrative authority. She had demonstrated competence in
 - a. communication skills within the team environment.
 - b. organizational skills.
 - c. computer skills.
 - d. All of these.
6. [LO 1.2] After he finishes his shift at the Flatwoods Medical Clinic for Burned Children, Andrew volunteers his time with the local equestrian program for physically challenged children. Which of the following personal attributes is Andrew demonstrating most clearly?
 - a. Dependability
 - b. True and genuine liking of other individuals
 - c. Resourcefulness
 - d. Cheerfulness
7. [LO 1.4] An AMA should always be aware of the impression and professional image given by his or her actions and presentation because
 - a. the physician and practice are represented through the AMA.
 - b. it is part of the job description.
 - c. it may lead to an increase in salary or wages.
 - d. None of these.
8. [LO 1.6] A lipreading patient needs to have a fasting glucose tolerance test completed at the local hospital. Prior to communicating directions for the test, the administrative medical assistant should
 - a. look directly at the patient when conveying instructions.
 - b. remove breath mints from his/her mouth.
 - c. confirm the patient is ready to receive the instructions.
 - d. All of these.

9. [LO 1.6] When verbally communicating with a patient who speaks a different language than the dominant language used in the medical office, the administrative medical assistant should
 - a. speak loudly.
 - b. use medical jargon.
 - c. be brief.
 - d. speak for a minimum of 5 minutes.
10. [LO 1.5] To maintain certification, a CMA must successfully meet requirements for recertification every
 - a. 5 years.
 - b. 10 years.
 - c. 1 year.
 - d. 2 years.

THINKING IT THROUGH

These questions cover important points in this chapter. Using your critical-thinking skills, play the role of an administrative medical assistant as you answer each question. Be prepared to discuss your responses.

1. [LO 1.1, 1.2] What qualities and skills are needed by the assistant who is responsible for the front desk? Why are these critical skills?
2. [LO 1.2] How can imagining yourself in someone else's situation help you develop empathy for patients?
3. [LO 1.1, 1.3] Why do you think that assistants working in various medical settings have similar types of assignments? Why would some employers assign assistants a single task or related task, such as processing insurance claims, while in other settings the assistant is likely to perform a variety of tasks? Provide examples to support your answers.
4. [LO 1.4] Why is it important to be a team player in the office?
5. [LO 1.4] What qualities project a professional image in an administrative medical assistant?
6. [LO 1.5] An assistant is asked by another team member why he/she decided to meet the requirements to become certified. What might the assistant answer?
7. [LO 1.6] How should an assistant communicate with LEP patients and with patients who are visually and/or hearing impaired?