



## Medical Office Administrative Certification (MOAC) Exam Blueprint

Job Task List	Weight	# of Items
<b>1. HIPAA and Compliance</b>	19%	19
1.01 Patient Bill of Rights		
1.02 Organizational or corporate compliance plans		
1.03 CMS guidelines as it pertains to a medical office		
1.04 Guidelines for pre-authorization and pre-certification		
1.05 Guidelines for Advance Beneficiary Notice of noncoverage		
1.06 Health Insurance Portability and Accountability Act (HIPAA) privacy and security rule		
1.07 How to identify inaccurate/insufficient documentation.		
1.08 How to identify billing for items/services not provided or not documented		
1.09 Good Samaritan Act		
1.10 Malpractice and its effects on the practice		
1.11 Occupational Safety and Health Administration Laws and Regulations		
1.12 Protected Health Information		
1.13 Password requirements		
<b>2. Scheduling</b>	11%	11
2.01 Wave booking		
2.02 Double-booking		
2.03 Modified wave		
2.04 Stream/time-specific		
2.05 Open booking		
2.06 Cluster or categorization booking		
2.07 Fixed-appointment scheduling		
2.08 procedures for handling New vs. Established Patients		
2.09 Blocking		
<b>3. Medical Records</b>	13%	13
3.01 File and records maintenance and storage		
3.02 Transcription and/or voice recognition software		
3.03 Charting and documentation		
3.04 Medical records release		
3.05 Proper use of Electronic Health Record		
3.06 Scanning processes		
3.07 Medical records are legal documents		
<b>4. Other Administrative Knowledge</b>	9%	9
4.01 Petty Cash		
4.02 Accounts Payable		
4.03 Different mail classes (e.g., registered, certified, first-class, priority, FedEx, USPS)		
4.04 Types of Correspondences (e.g., fax, e-mail, mail)		
4.05 Banking		
4.06 Equipment and office maintenance		
4.07 Business letter preparation		
4.08 Telephone Etiquette		
4.09 Professional guidelines (customer service, conflict resolution, etc.)		
4.10 Basic computer operations		
<b>5. Insurance</b>	15%	15
5.01 Basic health insurance terminology		
5.02 Managed Care		
5.03 Medicare		
5.04 Medigap		
5.05 Medicaid		
5.06 Blue Cross/Blue Shield		

5.07 TRICARE/CHAMPVA		
5.08 Commercial Plans		
5.09 Worker's Compensation		
5.10 Third-party payers		
5.11 Explanation of Benefits		
5.12 Advanced Beneficiary Notice		
5.13 Interpreting insurance coordination of benefits		
<b>6. Medical Billing and Coding</b>	11%	11
06.01 Regulatory and industry accepted requirements for coding		
06.02 CPT code interpretation and terminology		
06.03 Guidelines for proper use of CPT codes		
06.04 Guidelines for proper use of ICD-10 codes		
06.05 Guidelines for proper use of HCPCS codes		
06.06 Encounter Forms/ Superbills		
06.07 Completion of CMS-1500		
06.08 Completion of UB-04		
06.09 Payer payment policies		
06.10 How to identify fraud and abuse as it pertains to coding (e.g., upcoding, unbundling, coding for payment, downcoding, etc.)		
06.11 Denials and appeals process		
<b>7. Medical Terminology and Anatomy</b>	13%	13
07.01 Prefixes		
07.02 Suffixes		
07.03 Word Roots		
07.04 Abbreviations		
07.05 Generally accepted Acronyms and Eponyms		
07.06a Body planes and directional terms		
07.06b Drugs and pharmaceuticals		
07.06c Body systems (general knowledge)		
<b>8. Emergency Care</b>	9%	9
08.01 Community resources (i.e., 911, fire, CDC, etc.)		
08.02 Procedure for basic life support (BLS)		
08.03 Response to emergencies and natural disasters		
08.04 Material Safety Data Sheets (MSDS)		
<b>Total:</b>	100%	100*

\* This number indicates the number of scored items on the certification exam. All AMCA certification exams are subject to pilot testing, meaning that there could be additional unscored items on the exam. The scored items will be from a current operational form of our exam. The unscored items will be new items that data is being collected on. The unscored items will not have any effect on the candidate's score and/or their pass/fail decision.

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