

## DID YOU KNOW THAT?

DID YOU KNOW THAT HIRING MANAGERS USE A SYSTEM KNOWN AS **APPLICANT TRACKING SOFTWARE** TO SCAN YOUR RESUME FOR SPECIFIC KEY WORDS?

Applicant Tracking Software, or ATS, is commonly used by hiring managers in the allied healthcare field. These systems scan resumes for key words, or **Key Qualifications**, that relate to the positions they are trying to fill. If your resume does not have these specific terms, it may not pass the ATS or even be seen by the hiring manager. Once your resume gets you to the interview, you want to be able to talk about these qualifications—especially the ‘Top 5 Non-Negotiable’ Key Qualifications based on your program. Use this guide to help you practice speaking about these qualifications to show you are the right candidate for the job!



**If you have any questions regarding these Key Qualifications, give your Interview Specialist a call @ 888-214-8723.**

### HCA – Healthcare Accounting

#### Accounts Receivable (A/R):

- The outstanding amount of money due to an organization for goods or services delivered or used but not yet paid by customers. (Expected payments to be received)

#### Accounts Payable (A/P):

- When a company purchases goods on credit which needs to be paid back in a certain amount of time. (Expected payments to be paid out)

#### Payment Posting:

- Logging payments received into customer accounts.

#### Claims Processing:

- The insurance company process of reviewing, validating, paying, or denying a claim submitted for goods or services rendered.

#### Revenue Cycle:

- Administrative and clinical functions that contribute to the capture, management, and receipt of revenue from the delivery of goods or services. (Cycle of tracking revenue starting with the patient encounter to final payment or write-off.)

### HCM – Healthcare Management

#### Appointment Scheduling:

- Scheduling appointments for patients.

#### Insurance Billing Procedures:

- Process that involves submitting, following up on, and appealing insurance claims in order to receive payment for services rendered.

#### Accounting and Payroll:

- Using accounting information to aid in managerial decision-making. Ability to complete a variety of transactions – balance sheets, account ledgers, cash transactions, and payroll.

#### Human Resource Management:

- Approach used to effectively manage individuals within the organization.

#### Business Office Operations:

- Monitor and build processes to meet business needs.

## HHS – Health and Human Services

### Health and Human Services:

- A field that administers programs and offers resources to enhance well-being of individuals by providing health and social services.

### Behavioral Health Intervention:

- Strategies designed to produce behavior changes or improvements.

### Intervention Strategies:

- Strategies designed to remedy or prevent a problem.

### Advocacy:

- (Verb) The act of requesting, supporting, influencing, or promoting a cause or action.
- (Noun) Public support for the recommendation of a cause or policy.

### Community Resources:

- Assets available within the community that are used to meet certain needs for the individuals being served.

### Vulnerable Populations:

- Includes minorities, children, elderly, socioeconomically disadvantaged, and underinsured populations.

## HIM – Health Information Management

### Health Information Management (HIM):

- Practice of acquiring, analyzing, and protecting digital and traditional medical information.

### Medical Records Management:

- Create, receive, maintain, and dispose of medical records.

### Master Patient Index:

- Patient database used by healthcare organizations to maintain accurate medical data across various departments.
- Specifically, it's the data used to identify the patient. Example: name, date of birth, address, social security number, etc.

### ROI Tracking / Data Analysis:

- ROI = Release of information. The process of tracking data to analyze Release of Information (ROI) timelines and requests, while ensuring accuracy and privacy compliance.

### EMR / EHR:

- Electronic Medical Records / Electronic Health Records.

## MAA / HS-MAA – Medical Administrative Assistant

### CMS1500 Claim Form:

- Standard paper claim form used to bill Medicare Contractors.

### Medical Administrative Assistant:

- Provide clerical duties in the front office of a medical facility or hospital.

### Patient Processing:

- Duties may include checking patients and out, verifying insurance coverage, scheduling appointments, obtaining information, managing medical records, collecting payments, and answering phones.

### Medical Records Management:

- Create, receive, maintain, and dispose of medical records.

### Medicare:

- Federal health insurance program for individuals who are 65 or older.

### Medicaid:

- Federal and state program that helps with medical costs for individuals with limited income and resources.

## **MBC / MBCA – Medical Billing and Coding**

### **Electronic Health Records (EHR):**

- Digital version of patient's chart designed to be shared with other providers.

### **Electronic Medical Records (EMR):**

- Digital version of patient's chart designed for use in a single medical practice.

### **Insurance Verification:**

- Ensure patient's healthcare benefits cover required procedures and treatments.

### **Medical Office Procedures:**

- Front office skills necessary to work in a healthcare facility or medical office. These may include scheduling appointments, checking patients in and out, insurance verification, updating demographics, collecting payments, filing, and answering phones.

## **MOBS / HS-MOBS – Medical Office and Billing Specialist**

### **Medicare:**

- Federal health insurance program for individuals who are 65 or older.

### **Medicaid:**

- Federal and state program that helps with medical costs for individuals with limited income and resources.

### **Third Party Payers:**

- An entity (government agencies, insurance companies, health maintenance organizations, and employers) that pays medical claims on behalf of the insured individual.

### **Medical Billing:**

- Process of submitting and following up on health insurance claims in order to receive payment for services rendered.

### **CPT Coding:**

- Current Procedural Terminology used to report medical, surgical, and diagnostic procedures and services.

### **ICD-10 Coding:**

- International Classification of Diseases, Tenth Revision, Clinical Modification is used to classify and code diagnoses, symptoms, and procedures. Can also be written as ICD-10-CM.

## **HS-PHT – Health Sciences - Pharmacy Technician**

### **Pharmacology:**

- The science and study of drugs, and their uses and effects.

### **Drug & Dosage Interaction:**

- The interaction between a drug and another substance to prevents the drug from performing as expected.

### **Pharmaceutical Calculations:**

- Understanding how to convert from one concentration to another. Example: converting a liquid ingredient into a solid vehicle.

### **Pharmacy Law & Ethics:**

- Basic knowledge of law and ethics that govern the pharmacy industry.

### **Data Entry:**

- Ability to accurately and efficiently enter prescription, insurance, and demographic information into the pharmacy computer system.