COURSE INFORMATION FORM

DISCIPLINE
Health Information Management

COURSE TITLE
Healthcare Reimbursement Methodologies

CR. HR. 3
LECT. HR. 3
LAB. HR.     CLIN/INTERN. HR.     CLOCK. HR.

CATALOG DESCRIPTION
Analyze revenue cycle from the perspective of the HIM professional, payer, patient, and the needs of the healthcare organization. Emphasis is on clinical documentation needs for coding, reimbursement, claims management, and revenue cycle.

PREREQUISITES
HIM 115, HIM 120, HIM 130, HIM 135

EXPECTED STUDENT OUTCOMES IN THE COURSE (ESO)
Upon completion of this course, the student will be able to:

1. Apply policies and procedures regarding cost to reimbursement relationship and prospective payment systems (PPS).
2. Validate coding processes by compiling data for outpatient prospective payment systems reporting.
3. Evaluate the accuracy of billing through coding, chargemaster, claims management, and bill reconciliation processes.
4. Ensure diagnostic accuracy of DRG’s, MS-DRG’s, and APC’s.
5. Describe and demonstrate the complete revenue cycle process.
6. Outline established processes and procedures to comply with reimbursement, compliance standards, and performance improvement reporting requirements.
7. Perform data quality reviews to validate code assignment and ethical documentation practices in accordance with compliance plan, policies and procedures.
8. Analyze coding and revenue cycle processes.
9. Understand electronic claims management process relating to reimbursement, denials, Recovery Audit Contractor (RAC) program, and collections.
10. Compare various types of health insurance including Medicare, Medicaid, managed care and private insurers.

GENERAL EDUCATION OUTCOMES (ESO)
Specify which general education outcomes, if any, are substantially addressed by the course. Numbers in parentheses identify the Expected Student Outcomes linked to the specific General Education Outcome.

Outcomes   ESO

Revised 3/2/15
PROGRAM-LEVEL OUTCOMES

CAREER AND TECHNICAL EDUCATION PROGRAM OUTCOMES
Specify which Career and Technical program outcomes, if any, are substantially addressed by the course by completing the “Career and Technical Education template” to show the relationship between course and program outcomes to assessment measures.

1. Apply policies and procedures for the use of data required in healthcare reimbursement.
2. Evaluate the revenue cycle management processes.

CLASS-LEVEL ASSESSMENT MEASURES
Student accomplishment of expected student outcomes may be assessed using the following measures. (Identify which measures are used to assess which outcomes.)

1. Assignments (1, 2, 3, 4, 5, 6, 7, 8)
2. Class discussion (5, 9, 10)
3. Examinations (1, 2, 3, 4, 5, 6, 79, 10)
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Individual instructors may order this outline as fits the needs of their individual courses. In addition, they may place more emphasis on some areas than on others. What is assured is that this particular list is covered in the course. Other topics may be added to a course as the instructor sees fit, and as time and interest allow. An *asterisk can be used to mark an item as optional.

I. Introduction to Healthcare Reimbursement
   A. Health insurance
   B. Historical perspectives

II. Types of Healthcare Reimbursement Methodologies
   A. Fee-for-Service reimbursement
   B. Episode-of-Care reimbursement
   C. Capitated payment method
   D. Prospective payment methods
   E. Per diem payment
   F. Case-based payment
   G. Criticisms of episode-of-care reimbursement

III. Future Trends in Healthcare Reimbursement
   A. Federal healthcare initiatives
   B. Universal healthcare coverage
   C. Physician care groups
   D. Refined case-based payment
   E. Case-mix adjustment models

IV. The Clinical Coding-Reimbursement Connection
   A. The International Classification of Diseases (ICD-CM)
   B. Healthcare Common Procedural Coding System (HCPCS)
   C. Coding systems as communication facilitators
   D. Coding compliance and reimbursement
   E. Fraud and abuse
   F. Quality improvement organizations

V. Recovery Audit Contractor (RAC)
   A. Creation
   B. Implementation

VI. Coding Compliance Plan
   A. Policies and procedures
   B. Education and training
   C. Auditing and monitoring
   D. Focus areas

VII. Voluntary Healthcare Insurance
   A. Types of voluntary healthcare insurance
   B. Confusing terminology
   C. Private (Individual) healthcare plans
   D. Employer-based (Group) healthcare plans
   E. Blue Cross and Blue Shield plans

Revised 3/2/15
F. Profit vs. non-profit status

VIII. Provisions and Functioning of Healthcare Insurance Plans
   A. Sections of a healthcare insurance policy
   B. Cost sharing provisions
   C. Riders and endorsements
   D. Procedures

IX. Determination of Covered Services
   A. Filing a healthcare insurance claim
   B. Explanation of benefits
   C. Future trends

X. Medicare
   A. Medicare Part A for inpatients
   B. Medicare Part B
   C. Medicare Part C
   D. Medicare Part D
   E. Medigap

XI. The Temporary Assistance for Needy Families Program
   A. Programs of all-inclusive care for the elderly
   B. State Children’s Health Insurance Program
   C. TRICARE
   D. CHAMPVA
   E. The Indian Health Service (IHS)
   F. Workers’ Compensation
   G. Medicaid
   H. Other government-sponsored healthcare programs

XII. Introduction to Managed Care
   A. Managed care organizations
   B. Integrated delivery systems
   C. Medical foundations
   D. Future trends
   E. Access of vulnerable populations to health services
   F. Utilization

XIII. Introduction to Prospective Payment System (PPSs)
   A. Inpatient Prospective Payment System (IPPS)
   B. Conversion from cost-based payment to prospective payment
   C. Medicare-Severity Diagnosis Related Group (MS-DRG)
   D. Ambulatory Payment Group (APGs)

XIV. Introduction to Prospective Payment Systems (PPSs) in Post-Acute Care (PAC)
   A. Skilled Nursing Facility Prospective Payment System (SNFPPS)
   B. Data collection
   C. Grouping and payment
   D. Long-Term Care Hospital Prospective Payment System (LTCH-PPS)
   E. Covered organizations
   F. Medicare-Severity Long-Term Care Diagnosis Related Groups
   G. Implementation
   H. Inpatient Rehabilitation Facility Prospective Payment System
   I. Home Health Prospective Payment System

XV. Future Trends Introduction to Revenue Cycle Management

Revised 3/2/15
A. Multidisciplinary approach
B. Components of the revenue cycle
C. Preclaims submission activities
D. Claims processing activities
E. Order entry
F. Chargemaster description
G. Chargemaster maintenance