

## **Syllabus**

**Course Number: HIM 451**

**Course Title: Reimbursement Management in Health Care Settings**

### **Course Description:**

This course reviews both the ICD-9-CM, ICD 10 CM/PCS and CPT Coding principles learned in HIM 350. Further, this course examines the way that these coding schemata fit into the Reimbursement methodologies used in the United States Healthcare System.

### **Prerequisite Courses:**

HIM 350 Disease Classification Systems

### **Course Outcomes:**

Upon completion of this course, learners should be able to:

- Review and practice ICD-9-CM and CPT Coding principles learned in HIM 350
- Learn to distinguish major payment methodologies in the United States
- Learn to use basic language associated with healthcare reimbursement methodologies.
- Learn to differentiate and describe the structure of the code sets approved by the Health Insurance Portability and Accountability Act of 1996.
- Demonstrate understanding of the evolution of Government Sponsored healthcare reimbursement schemata.
- Develop the ability to describe the types of Managed Care Plans and understand their origins and evolution.
- Demonstrate the ability to differentiate the major types of Medicare and Medicaid prospective payment system for inpatient reimbursement.
- Discuss ambulatory healthcare reimbursement systems in use in the United States.
- Demonstrate understanding of the components of the revenue cycle and its importance to the fiscal stability of the healthcare provider.

### **Required Texts:**

Castro, A.E. and Forrestal, E. (2013). Principles of Healthcare Reimbursement. 4<sup>th</sup> Edition. ISBN: 9781584263401, AHIMA Press

**Pre-Assignment:**

**Online Format:** Sign on to D2L (Home Page) and become familiar with the course navigation of the Web Curriculum.

**Pre-Assignment Due Dates:**

**Online Format:** The instructor will specify the due date for this assignment.

**Course Assignments and Activities:**

	Topics	Readings	Assignments and Associated Points
1	Reimbursement Methodologies	Read the Welcome message and Meet your Instructor.  Review course syllabus and requirements  PHR Text & Workbook: Chapters 1 & 2	<b>Discussion</b> Post Introduction by Wednesday to discussion area.  <b>Discussion: Insurance (10)</b>  <b>Activity 1 (50)</b> PHR Text Chapter 1 • Chapter 1 Review Quiz PHR Workbook (link is under Learning Activities & Resources) • Complete Chapter 1; Questions 1,2,3, Application Exercise #3 • Complete Chapter 2; Application Exercise #1 <b>Coding Project Topic Selection (10)</b>

2	Government Sponsored Health Care Reimbursement and Insurance Policies	PHR Text & Workbook: Chapters 3 & 4	<p><b>Discussion: SCHIP (10)</b></p> <p><b>Activity 2 (50)</b>  PHR Text Chapters 3 and 4</p> <ul style="list-style-type: none"> <li>• Chapter 3 Review Quiz</li> <li>• Chapter 4 Review Quiz</li> </ul> <p>PHR Workbook Chapters 3 and 4</p> <ul style="list-style-type: none"> <li>• Chapter 3: Application Exercise #3. (Use co-workers or class members)</li> <li>• Chapter 4: Theory into Practice and Real World Case with submission of grid entitled "Medicare Choices for Uncle John" AND Application Exercise #2.</li> </ul>
3	Managed Care Plans	PHR Text & Workbook: Chapter 5	<p><b>Discussion: Managed Care News Story (10)</b></p> <p><b>Activity 3 (50)</b>  PHR Text Chapter 5</p> <ul style="list-style-type: none"> <li>• Chapter 5 Review Quiz</li> </ul> <p>PHR Workbook Chapter 5</p> <ul style="list-style-type: none"> <li>• Chapter 5 Question # 4 AND Application Exercise #3 with short review of article.</li> </ul>
4	Medicare and Medicaid Prospective Payment System	PHR Text & Workbook: Chapters 6 & 7	<p><b>Discussion: IPPS (10)</b></p> <p><b>Activity 4 (50)</b>  PHR Text Chapters 6 &amp; 7</p> <ul style="list-style-type: none"> <li>• Chapter 6 Review Quiz</li> <li>• Chapter 7 Review Quiz</li> </ul> <p>PHR Workbook Chapters 6 &amp; 7</p> <ul style="list-style-type: none"> <li>• Chapter 6 Application Exercise #2 &amp; 3</li> <li>• Chapter 7 Application Exercise #1 &amp; 2</li> </ul>

5	Ambulatory Healthcare Reimbursement Systems	PHR Text & Workbook: Chapter 8	<p><b>Discussion: APCs (10)</b></p> <p><b>Activity 5 (50)</b>  PHR Text Chapter 8</p> <ul style="list-style-type: none"> <li>Review Quiz</li> </ul> <p>PHR Workbook Chapter 8</p> <ul style="list-style-type: none"> <li>Theory into Practice and Real World Case Questions #1 AND 3, Application Exercise #1 and #2</li> </ul>
6	Revenue Cycle Management	PHR Text & Workbook: Chapters 9 & 10	<p><b>Discussion: Revenue Cycle Management (10)</b></p> <p><b>Activity 6 (50)</b>  PHR Text Chapters 9 &amp; 10</p> <ul style="list-style-type: none"> <li>Chapter 9 Review Quiz (all questions)</li> <li>Chapter 10 Review Quiz (all questions)</li> </ul> <p>PHR Student Workbook</p> <ul style="list-style-type: none"> <li>Chapter 9 Application Exercise # 2</li> <li>Chapter 10 Application Exercise #1 &amp; 2</li> </ul>
7	Classification Systems, Reimbursement and Fiscal Stability	<p>HCPRO CDI Presentation</p> <p>AHIMA Articles</p> <ul style="list-style-type: none"> <li>Clinical Documentation Improvement Toolkit</li> <li>Guidance for Clinical Documentation Improvement Programs</li> <li>Using CDI Programs to Improve Acute Care Clinical Documentation in Preparations for ICD-10-CM/PCS</li> <li>Clinical Documentation Improvement - A Physician Perspective</li> <li>Recruitment, Selection, and Orientation for CDI Specialists</li> </ul>	<p><b>Discussion: Clinical Documentation Improvement (10)</b></p> <p><b>Activity 7 (50)</b>  Impact of a CDI Program and Case Mix Index</p>
8	Big Data & Future Trends, Sunnyvale System Selection	Review all chapters and AHIMA Articles for Final Exam	<p><b>Discussion: ICD-10 (10)</b></p> <p><b>Final Exam (110)</b></p> <p><b>Coding Case Study (100)</b></p>
			<b>Maximum Points Possible: 640</b>

## Course Policies and Procedures:

### Health Information Management Domains:

This course contains the following domains, subdomains, and tasks recommended in the accreditation guidelines of the American Health Information Management Association.

#### 1. Domain: Health Data Management

Subdomain I.A: Health Data Data Structure, Content and Standards

- 1.A.1. Manage health data (such as data elements, data sets, and dababases).
- 1.A.2. Ensure that documentation in the health record supports the diagnosis and reflects the patient's progress, clinical findings and discharge status.
- 1.A.3. Maintain processes, policies, and procedures to ensure the accuracy of coded data.
- 1.A.4. Monitor use of clinical vocabularies and terminologies used in the organization's health information systems

Subdomain I.C: Clinical Classification Systems

- 1.C.1. Select electronic applications for clinical classification and coding.
- 1.C.2. Implement and manage applications and processes for clinical classification and coding.

Subdomain I.D: Reimbursement Methodologies

- 1.D.1. Manage the use of clinical data required in prospective payment systems (PPS) in healthcare delivery
- 1.D.2. Manage the use of clinical data required in other reimbursement systems in healthcare delivery
- 1.D.4. Implement and manage processes for compliance and reporting such as the National Correct Coding Initiative.

#### 2.Domain: Health Statistics, Biomedical Research and Quality Management

Subdomain II.B. Quality Management and Performance Improvement

- 2.B.2. Analyze clinical data to identify trends.
- 2.B.3. Analyze and present data for healthcare decision-making (such as demonstrating quality, safety and effectiveness of healthcare).

#### 3. Domain: Health Services Organization and Delivery

Subdomain III.B. Healthcare Privacy, Confidentiality, Legal and Ethical Issues

- 3.B.6. Apply and promote ethical standards of practice.

Domain V: Organization and Management

Subdomain V.B. Financial and Resource Management

- V.B.4. Manage organization-wide coding and revenue cycle processes

## CC&IS Grading Scale

Letter Grade	Percentage	Grade Point
A	93 to 100	4.00

A-	90 to less than 93	3.67
B+	87 to less than 90	3.33
B	83 to less than 87	3.00
B-	80 to less than 83	2.67
C+	77 to less than 80	2.33
C	73 to less than 77	2.00
C-	70 to less than 73	1.67
D+	67 to less than 70	1.33
D	63 to less than 67	1.00
D-	60 to less than 63	.67
F	Less than 60	0

Additional information about grading can be found in the latest edition of the University Catalog, available at <http://www.regis.edu/Academics/Course%20Catalog.aspx>.

### CC&IS Policies and Procedures

Each of the following CC&IS Policies & Procedures is incorporated here by reference. Students are expected to review this information each term, and agree to the policies and procedures as identified here and specified in the latest edition of the University Catalog, available at <http://www.regis.edu/Academics/Course%20Catalog.aspx> or at the link provided.

- The CC&IS Academic Integrity Policy.
- The Student Honor Code and Student Standards of Conduct.
- Incomplete Grade Policy, Pass / No Pass Grades, Grade Reports.
- The Information Privacy policy and FERPA. For more information regarding FERPA, visit the [U.S. Department of Education](http://www.ed.gov).
- The HIPAA policies for protected health information. The complete Regis University HIPAA Privacy & Security policy can be found here: <http://www.regis.edu/About-Regis-University/University-Offices-and-Services/Auxiliary-Business/HIPAA.aspx>.
- The Human Subjects Institutional Review Board (IRB) procedures. More information about the IRB and its processes can be found here: <http://regis.edu/Academics/Academic-Grants/Proposals/Regis-Information/IRB.aspx>.

The CC&IS Policies & Procedures Syllabus Addendum summarizes additional important policies including, Diversity, Equal Access, Disability Services, and Attendance & Participation that apply to every course offered by the College of Computer & Information Sciences at Regis University. A copy of the CC&IS Policies & Procedures Syllabus Addendum can be found here: <https://in2.regis.edu/sites/ccis/policies/Repository/CCIS%20Syllabus%20Addendum.docx>.