JEFFERSON COLLEGE

COURSE SYLLABUS

HIT 250
Healthcare Billing and Reimbursement

3 Credit Hours

Prepared by:
Niki Vogelsang, MBA, RHIA
Health Information Technology Program Director

Created on Date: 10-11-11

Dena McCaffrey, Dean, Career and Technical Education
Kenneth Wilson, Director of Health Occupations
HIT 250 Healthcare Billing and Reimbursement

I. CATALOGUE DESCRIPTION

A. Prerequisite: HIT 210 with a grade of “C” or better.

B. Credit hour award: 3

C. Description: This course prepares students to review health care payment, illustrate the reimbursement cycle, and comply with regulatory guidelines. Chargemaster maintenance and reimbursement monitoring and reporting are emphasized. Ambulatory Payment Classification Codes (APCs) and other prospective payment systems, the revenue cycle, chargemaster, Resource Based Relative Value Scale (RBRVS), regulatory guidelines and billing processes will be covered. (S)

II. EXPECTED LEARNING OUTCOMES/CORRESPONDING ASSESSMENT MEASURES

<table>
<thead>
<tr>
<th>Expected Learning Outcomes</th>
<th>Assessment Measures</th>
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<tr>
<td>Distinguish between:</td>
<td>Class Discussion/Activity Summative Examination</td>
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<td>population and sample,</td>
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<td>variable and constant,</td>
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<td>qualitative and quantitative data, ungrouped and grouped data,</td>
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<td>descriptive and inferential statistics.</td>
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<td>Explain the relationship between coding and billing.</td>
<td>Class Discussion/Activity Written Project/Paper Summative Examination</td>
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<td>Define specified reimbursement terms.</td>
<td>Class Discussion/Activity Written Project/Paper Summative Examination</td>
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<td>Define revenue cycle and state the major steps in the process.</td>
<td>Class Discussion/Activity Written Project/Paper Summative Examination</td>
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<td>Discuss the role of Health Information Technology in each step in the revenue cycle.</td>
<td>Class Discussion/Activity Written Project/Paper Summative Examination</td>
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<tr>
<td>Define, identify, and categorize specified terms and processes into their corresponding steps in the revenue cycle.</td>
<td>Class Discussion/Activity Summative Examination</td>
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<td>Describe the Charge Description Master (CDM) and the typical data types found on it.</td>
<td>Class Discussion/Activity Summative Examination</td>
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<td>Distinguish between the Center for Medicare and Medicaid Services Form 1450 and 1500.</td>
<td>Class Discussion/Activity Summative Examination</td>
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<td>Identify the coded data requirements of the Uniform Billing (UB) Form-04.</td>
<td>Class Discussion/Activity Summative Examination</td>
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<td>Discuss the structure of the Ambulatory Payment Classification Code (APCs) system.</td>
<td>Class Discussion/Activity Written Project/Paper Summative Examination</td>
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<td>Explain the different claim dispositions.</td>
<td>Class Discussion/Activity Written Project/Paper Summative Examination</td>
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<td>Review different outpatient code edits.</td>
<td>Class Discussion/Activity Summative Examination</td>
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<td>Describe Prospective Payment Systems (PPS) other than hospital inpatient and outpatient.</td>
<td>Class Discussion/Activity Written Project/Paper Summative Examination</td>
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<tr>
<td>Compare the different Prospective Payment Systems (PPS) to Diagnosis Related Group (DRG).</td>
<td>Class Discussion/Activity Written Project/Paper Summative Examination</td>
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<tr>
<td>Describe Resource Based Relative Value Scale (RBRVS) and its components.</td>
<td>Class Discussion/Activity Written Project/Paper Summative Examination</td>
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<tr>
<td>Calculate the payment after given the Geographic Practice Cost Index, the Relative Value Unit (RVU) tables, the conversion factor, and the name of a procedure.</td>
<td>Class Discussion/Activity Written Project/Paper Summative Examination</td>
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<tr>
<td>Describe Ambulatory Surgery Centers and their reimbursement system.</td>
<td>Class Discussion/Activity Written Project/Paper Summative Examination</td>
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<tr>
<td>Compare Ambulatory Surgery Centers to hospital outpatient surgery.</td>
<td>Class Discussion/Activity Summative Examination</td>
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III. COURSE OUTLINE

A. Clinical Vocabulary and Classification Systems
   1. Introduction
   2. History and Importance of Clinical Vocabularies
   3. Classifications and Nomenclatures
   4. International Classification of Disease
   5. Implementation of ICD-10-CM
   6. ICD-9-CM to ICD-10-CM transition issues
   7. The Coding Process
   8. Coding Technology

B. Reimbursement Methodologies
   1. Introduction
   2. History of Healthcare Reimbursement in the United States
   3. Pre-Medicare/ Medicaid Campaigns for National Health
   4. Medicare/ Medicaid Programs
   5. Cost Management
   6. Development of Prepaid Health Systems
   7. Commercial Insurance
   8. Not-for-profit and For-profit Healthcare Plans
   9. Blue and Blue Shield Plans
   10. Government Sponsored Plans
   11. Managed Care
   12. Fee-For-Service Reimbursement Methodologies
   13. Episode-of-Care Reimbursement Methodologies
   14. Capitation
   15. Global Payment
   16. Prospective Payment
IV. METHOD(S) OF INSTRUCTION

A. Lecture

B. Readings from textbook

C. Supplemental handouts
D. Peer interactive activities/discussions in classroom

V. REQUIRED TEXTBOOKS


C. Readings from the Body of Knowledge (BOK) will be selectively assigned and are accessible though the Communities of Practice (COP) available only to members of the American Health Information Management Association.

VI. REQUIRED MATERIALS

A. Textbook

B. A computer with internet access (available through the Jefferson College Labs)

C. Paper, notebooks, pens, pencils with erasers

VII. SUPPLEMENTAL REFERENCES

A. Class Handouts

B. Current internet resources
   1. On-line reference materials
   2. American Health Information Management (AHIMA) web-site

VIII. METHOD OF EVALUATION

A. Quizzes will equal 30% of total course grade

B. Summative Written Examinations – 4 examinations worth up to 60%

C. Attendance/Participation grade will equal 10% of total course grade

D. Grading Scale:
   A = 90-100%
   B = 80-89.9%
   C = 70-79.9%
   D = 60-69.9%
   F = 0-59.9%

IX. ADA STATEMENT

Any student requiring special accommodations should inform the instructor and the Coordinator of Disability Support Services (Library: phone 636-797-3000, ext. 3169).
X. ACADEMIC HONESTY STATEMENT

All students are responsible for complying with campus policies as stated in the Student Handbook. Any student who cheats or plagiarizes will be subject to dismissal from the Health Information Technology program and will be referred to the college for disciplinary action. (See College website, http://www.jeffco.edu).

XI. OUTSIDE OF CLASS ACADEMICALLY-RELATED ACTIVITIES

The US Department of Education mandates that students be made aware of expectations regarding coursework to be completed outside the classroom. Students are expected to spend substantial time outside of class meetings engaging in academically-related activities such as reading, studying, and completing assignments. Specifically, time spent on academically-related activities outside of class combined with time spent in class meetings is expected to be a minimum of 37.5 hours over the duration of the term for each credit hour.