MxCC
MIDDLESEX COMMUNITY COLLEGE

Science, Allied Health, Health, & Engineering Department
Course: **HIM 113 Healthcare Delivery Systems and Reimbursement**
Instructor: Jill Flanigan
CRN: 3248   Semester: Fall 2018

Science, Allied Health, Health, & Engineering Department

Course: **HIM 113 Healthcare Delivery Systems and Reimbursement**

CRN:	**3248**	Semester:	**Fall 2018**
Location:	Fully Online	Day/Time:	Assignments due weekly.

Instructor

Name: Jill Flanigan   Phone: 860-343-5791   E-mail: jflanigan@mxcc.edu

Schedule an appointment: https://jillflanigan.youcanbook.me

Office Hours [Wheaton Hall, Room 313]: Tuesday 9am – 12pm and 2pm -3 pm and Wednesday 10am – 12pm

Course Description (from college catalog):

Students will be able to describe the organizations, services, and personnel that comprise the healthcare delivery system. Students will understand the history and development of payment systems and insurance models and their impact on health, access to care, and quality of healthcare. Reimbursement issues will include the revenue cycle, coding systems, payment systems, and compliance.

Course Prerequisites: Eligible for ENG*101 or ENG*101E.

Importance of Course in Program/Discipline
American Health Information Management Association (AHIMA) Curriculum Competencies: The AHIMA Council for Excellence in Education developed competencies for associate degree students with the most recent update in the 2014 Curricula requirements. This program covers the AHIMA recommended competencies in six domains including (I) Data Content, Structure, and Standards, (II) Information Protection: Access, Disclosure, Archival, Privacy & Security, (III) Informatics, Analytics, and Data Use, (IV) Revenue Management, (V) Compliance, and (VI) Leadership. This course addresses the following AHIMA competencies (learning level this course/program goal):

Domain III: Informatics, Analytics, and Data Use
      Subdomain III.C Analytics and Decision Support
          III.C.1. Explain analytics and decision support.
          III.C.2 Apply report generation technologies to facilitate decision-making
Domain IV: Revenue Management
      Subdomain IV.A. Revenue Cycle and Reimbursement
          IV.A.1   Apply policies and procedures for the use of data required in healthcare reimbursement
          IV.A.2   Evaluate the revenue cycle management processes
Domain V: Compliance
      Subdomain V.A. Regulatory
          V.A.1   Analyze policies and procedures to ensure organizational compliance with regulations and standards
      Subdomain V.B. Coding
          V.B.1   Analyze current regulations and established guidelines in clinical classification systems
      Subdomain V.C. Fraud Surveillance
          V.C.1   Identify potential abuse or fraudulent trends through data analysis
Domain VI: Leadership
      Subdomain VI.F. Strategic and Organizational Management
          VI.F.2   Understand the importance of healthcare policy-making as it relates to the healthcare delivery system
          VI.F.3   Describe the differing types of organizations, services, and personnel and their interrelationships across the health care delivery system
      Subdomain VI.H. Ethics
          VI.H.3   Assess how cultural issues affect health, healthcare quality, cost, and HIM
          VI.H.4   Create programs and policies that support a culture of diversity

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<u>**Program/Discipline Learning Outcomes Contained in Course**</u>
Designated TAP Learning Outcomes (Competencies) of the Course

<u>**HIM Learning Outcomes (Competencies):**</u>
At the conclusion of this course, the Health Information Management Student will be able to:
- Explain analytics and decision support.
- Apply report generation technologies to facilitate decision-making
- Apply policies and procedures for the use of data required in healthcare reimbursement
- Evaluate the revenue cycle management processes
- Analyze policies and procedures to ensure organizational compliance with regulations and standards
- Analyze current regulations and established guidelines in clinical classification systems
- Identify potential abuse or fraudulent trends through data analysis
- Understand the importance of healthcare policy-making as it relates to the healthcare delivery system
- Describe the differing types of organizations, services, and personnel and their interrelationships across the health care delivery system
- Assess how cultural issues affect health, healthcare quality, cost, and HIM
- Create programs and policies that support a culture of diversity

<u>**Textbooks and other required readings/computer software/materials/library reserve:**</u>

Castro, Anne (2015). Principles of Healthcare Reimbursement, 5th Edition, Chicago: AHIMA Press. 9781584264347 (Castro & Forrestal, 2015).

<u>**Methods of Instruction:**</u>

Learning will be achieved through use of textbook readings, lecture slides, online videos, library resources, and web links. Resources will be posted to the Blackboard Course space. Students may submit questions about course materials in class, through online discussion boards, or may visit me during office hours. It is important to read all the assigned material and view any video resources posted to the Blackboard Course.

<u>**Attention Mobile Users:**</u>

Some course content as presented in Blackboard Learn is not fully supported on mobile devices at this time. While mobile devices provide a convenient access to check in and read information about your courses, they should not be used to perform work such as taking tests, completing assignments or submitting substantive discussion posts.

<u>**Communication Plan:**</u>

These are my expectations for electronic communication:

- I will remove posts that I determine to be inappropriate or unprofessional.
- Post all questions regarding course readings, assignments, or assessments to the Discussion Board.
- Please use email (course messages) *ONLY* when the subject is of a personal and confidential matter. If the question you ask is of a nature that even one other person in the course could benefit from the answer, post the question in the appropriate discussion board forum.
- Use APA Style for written submissions in this course www.apastyle.org.
- The writing style of discussion boards should be formal and business-appropriate, including citation of sources.

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Technology and Social Media:

- Students should not mix personal and academic/professional contacts and accounts when using social media. Students should create social media accounts specifically for professional/academic use to separate their personal online persona from their professional/academic work.
- The college assigns and e-mail account to all students. I will communicate with students through course e-mail or through e-mail directly to the student's Middlesex Community College e-mail address.
- I will not accept requests to connect with students from my personal social media accounts. I have a LinkedIn account for professional use and I will accept requests to connect from students who have set up a professional LinkedIn account. I will delete that connection if the LinkedIn activity contains unprofessional content.

Attendance Policy:

Attendance in face-to-face courses and regular activity in online courses is essential to student success. If you have decided not to continue in a course, do not simply stop attending. You need to withdraw officially. Only students who withdraw from class will receive a grade of W. Otherwise, students will receive the grade they have earned.

Course Evaluation and Grading:

- **Use APA Style for written submissions in this course.**
- **Discussion Boards, Tests, and the Final Exam Project must be completed on time; a zero will be given if a deadline is missed.**
- **Late Assignment and Papers will receive a 10% grade penalty.**

Discussion	20%	10	Discussions	x	20 Points	= 200 points
Assignments	30%	6	Assignments	x	50 Points	= 300 points
Short Papers	20%	4	Papers	x	50 Points	= 200 Points
Tests	20%	4	Tests	x	50 Points	= 200 Points
Final Project	10%	1	Project	x	100 Points	= 100 Points
Total	**100%**					**= 1000 Points**

The final grade will be evaluated as a percentage and will translate into letter grades as follows:

Letter Grade	Percent Grade
A	93.0-100.0
A-	90.0-92.9
B+	87.0-89.9
B	83.0-86.9
B-	80.0-82.9
C+	77.0-79.9
C	73.0-76.9
C-	70.0-72.9
D+	67.0-69.9
D	63.0-66.9
D-	60.0-62.9
F	Less than 60.0

Additional Syllabus Information and College Policies:

For information about the college's policies and procedures regarding academic honesty, accessibility/disability services, non-discrimination, attendance, audio-recording in the classroom, grade appeals, plagiarism, religious accommodations, weather/emergency closings, and more, please go to the following website: www.mxcc.edu/catalog/syllabus-policies/

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Course Schedule:
The following syllabus may be updated at the discretion of the instructor, please refer to Weekly Assignments and Announcements for any changes during the course.

Unit	Topics	Outcomes • Learning Objectives	Reading & Assignments
Unit 1 8/28-9/3	Reimbursement Methodologies	**Understand the importance of healthcare policy-making as it relates to the healthcare delivery system** • Differentiate the common national models of healthcare delivery • Appreciate the size and complexity of the US healthcare sector • Define health insurance • Differentiate payment methods on unit of payment, time frame, and risk • Identify types of healthcare reimbursement methodologies • Differentiate fee-for-service reimbursement from episode-of-care reimbursement • Describe trends in the healthcare sector • Define terms associated with healthcare reimbursement methodologies	1. Read Chapter 1 2. Visit Website CDC/Minority Health to view "CDC Health Disparities & Inequalities Report (CHDIR) (Centers for Disease Control and Prevention, 2015)" 3. Begin S1 Short Paper: National Models 4. Assignment: A1 Insurance Commission 5. Discussion D1 Introductions
Unit 2 9/4-9/10	Coding Compliance	**Understand the importance of healthcare policy-making as it relates to the healthcare delivery system** • Differentiate the different code sets approved by the Health Insurance Portability and Accountability Act of 1996 • Describe the structure of approved code sets • Examine coding Compliance issues that influence reimbursement • Explain the roles of various Medicare improper payment review entities	1. Read Chapter 2 2. Watch "Smith questions CMS Official on Waste, Fraud, and Abuse in Medicare Payments" 3. Watch "Senator Elizabeth Warren – Medicare Fraud" 4. Continue S1 Short Paper: National Models 5. Discussion D2 RAC Report
Unit 3 9/11-9/17	Voluntary Health Insurance	**Understand the importance of healthcare policy-making as it relates to the healthcare delivery system** • Discuss major types of voluntary insurance plans • Differentiate individual healthcare plans from employer-based healthcare plans • Describe types of Blue Cross and Blue Shield plans • Describe state health plans for the medically uninsurable • Explain the provisions of healthcare insurance policies and the elements of a healthcare insurance identification card • Describe the filing of a healthcare insurance claim • Discuss remittance advices and explanations of benefits • Define the basic language associated with reimbursement by commercial healthcare insurance plans and by Blue Cross and Blue Shield plans	1. Read Chapter 3 2. Continue S1 Short Paper: National Models 3. Discussion D3 Understanding and Selecting an Insurance Plan 4. Test T3 Chapters 1-2

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Unit	Topics	Outcomes • Learning Objectives	Reading & Assignments
Unit 4 9/18-9/24	Government Healthcare Systems	**Understand the importance of healthcare policy-making as it relates to the healthcare delivery system** • Differentiate among and to identify the various government-sponsored healthcare programs • Recall the history of the Medicare and Medicaid programs in America • Describe the effect that government-sponsored healthcare programs have on the American healthcare system	1. Read Chapter 4 2. Watch "What is Medicare" 3. Submit S1 Short Paper: National Models 4. Discussion D4 Medicaid Comparison
Unit 5 9/25-10/1	Managed Care Plans	**Understand the importance of healthcare policy-making as it relates to the healthcare delivery system** • Define managed care • Trace the origins of managed care • Delineate characteristics of managed care in terms of quality and cost-effectiveness • Describe common care management tools used in managed care • Depict accreditation processes and performance improvement initiatives used in managed care • Define cost controls used in managed care • Discuss contract management and carve-outs • Define types of managed care plans along a continuum of control • Describe the use of managed care in states' Medicaid programs, Children's Health Insurance Program, and Medicare • Discuss types of integrated delivery systems • Define terms commonly used in managed care **Describe the different types of organizations, services, and personnel and their interrelationships across the healthcare delivery system.** • Describe access to care at different point in the healthcare system. **Examine how cultural issues affect health, healthcare quality, cost, and HIM** • Examine inequities in access to care in relationship to cultural and social issues.	1. Read Chapter 5 2. Begin S5 Short Paper: Health Inequities 3. Discussion D5 Managed Care in the news

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Unit 6 10/2-10/8	Inpatient Prospective Payment Systems	**Describe the different types of organizations, services, and personnel and their interrelationships across the healthcare delivery system.** • Describe access to care at different point in the healthcare system. **Examine how cultural issues affect health, healthcare quality, cost, and HIM** • Examine inequities in access to care in relationship to cultural and social issues. **Analyze current regulations and established guidelines in clinical classification systems.** • Differentiate major types of Medicare and Medicaid prospective payment systems for inpatients • Define basic language associated with reimbursement under Medicare and Medicaid prospective payment systems • Explain common models and policies of payment for inpatient Medicare and Medicaid prospective payment systems. • Describe the elements of the inpatient prospective payment system • Explain the elements of the inpatient psychiatric prospective payment system.	1. Read Chapter 6 2. Continue S5 Short Paper: Health Inequities 3. Begin Assignment: A6 Application Exercises for inpatient PPS. 4. Discussion D-6 HAC 5. Test T6 Chapters 3-5
Unit 7 10/9-10/15	Inpatient Prospective Payment Systems	**Describe the different types of organizations, services, and personnel and their interrelationships across the healthcare delivery system.** • Describe access to care at different point in the healthcare system. **Examine how cultural issues affect health, healthcare quality, cost, and HIM** • Examine inequities in access to care in relationship to cultural and social issues. **Analyze current regulations and established guidelines in clinical classification systems.** • Differentiate major types of Medicare and Medicaid prospective payment systems for inpatients • Define basic language associated with reimbursement under Medicare and Medicaid prospective payment systems • Explain common models an policies of payment for inpatient Medicare and Medicaid prospective payment systems. • Describe the elements of the inpatient prospective payment system • Explain the elements of the inpatient psychiatric prospective payment system.	1. Submit S5 Short Paper: Health Inequities 2. Submit Assignment: A6 Application Exercises for Inpatient PPS. 3. Discussion D-7 Severity of Illness

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Unit	Topics	Outcomes • Learning Objectives	Reading & Assignments
Unit 8 10/16-10/22	Ambulatory Payment Systems	**Identify potential abuse or fraudulent trends through data analysis** • Describe the methods that may be used to evaluate a data set for unusual coding or billing patterns, **Analyze current regulations and established guidelines in clinical classification systems.** • Differentiate major types of Medicare and Medicaid reimbursement systems for beneficiaries • Define basic language associated with reimbursement under Medicare and Medicaid healthcare payment systems • Explain common models and policies of payment for Medicare and Medicaid healthcare payment systems for physicians and outpatient settings • Identify the elements of the relative value unit and the major components of the resource-based relative value scale payment system • Describe the elements of the ambulance fee schedule • Explain the elements of the outpatient prospective payment systems and the ambulatory surgical center payment system • Describe the end-stage renal disease payment system. • Describe the elements of the payment systems for federally qualified healthcare centers and rural health clinics. • Explain the elements of the hospice services payment system	1. Read Chapter 7 2. Begin S8 Short Paper: Fraud and Abuse 3. Assignment A8 Application Exercises Ambulatory PPS
Unit 9 10/23-10/29	Postacute Care Payment Systems	**Identify potential abuse or fraudulent trends through data analysis** • Describe the methods that may be used to evaluate a data set for unusual coding or billing patterns, **Analyze current regulations and established guidelines in clinical classification systems.** • Define the postacute care setting • Differentiate Medicare and Medicaid prospective payment systems for healthcare services delivered to patients in postacute care • Describe Medicare's all-inclusive per diem rate for skilled nursing facilities • Describe Medicare's prospective payment systems for long-term care hospitals and inpatient rehabilitation facilities • Describe Medicare's per-episode payment system for home health agencies • Differentiate the specialized collection instruments, standardized base rates, and case-mix groups that exist in postacute care • Define basic language associated with reimbursement under Medicare and Medicaid prospective payment systems in postacute care • Explain the grouping models and payment formulae associated with reimbursement under Medicare and Medicaid prospective payment systems in postacute care	1. Read Chapter 8 2. Watch "Introduction to the Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014" 3. Continue S8 Short Paper: Fraud and Abuse 4. Discussion D-9 STARK Law

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Unit	Topics	Outcomes • Learning Objectives	Reading & Assignments
Unit 10 10/30-11/5	Analyzing Reimbursement Data	**Identify potential abuse or fraudulent trends through data analysis** • Describe the methods that may be used to evaluate a data set for unusual coding or billing patterns, **Analyze current regulations and established guidelines in clinical classification systems.** • Define the postacute care setting • Differentiate Medicare and Medicaid prospective payment systems for healthcare services delivered to patients in postacute care • Describe Medicare's all-inclusive per diem rate for skilled nursing facilities • Describe Medicare's prospective payment systems for long-term care hospitals and inpatient rehabilitation facilities • Describe Medicare's per-episode payment system for home health agencies • Differentiate the specialized collection instruments, standardized base rates, and case-mix groups that exist in postacute care • Define basic language associated with reimbursement under Medicare and Medicaid prospective payment systems in postacute care • Explain the grouping models and payment formulae associated with reimbursement under Medicare and Medicaid prospective payment systems in postacute care	1. Submit S8 Short Paper: Fraud and Abuse 2. Assignment: A10 Application Exercises Postacute Payment Systems 3. Discussion D-10 Case Management
Unit 11 11/6-11/12	Revenue Cycle Management	**Identify potential abuse or fraudulent trends through data analysis** • Describe the methods that may be used to evaluate a data set for unusual coding or billing patterns, **Apply policies and procedures for the use of data required in reimbursement. (IV.A.1)** • Assess the roles of individuals in the revenue cycle including the responsibility for data collection and use. **Evaluate the revenue cycle management process. (IV.A.2)** • Recall and describe the components of the revenue cycle • Define revenue cycle management • Describe the importance of effective revenue cycle management for a provider's fiscal stability • Assess the revenue cycle process evaluating potential areas for error or delay.	1. Read Chapter 9 2. Begin S11 Short Paper: Revenue Cycle Roles 3. Discussion D11 Revenue Cycle Roles (including responsibility for data collection and use in reimbursement activities and the process steps in the revenue cycle). 4. Test T11 Chapters 6-8 5. Optional: "HIT Think: How new data tools can improve revenue cycle management" (Pilkington, 2017)

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Unit	Topics	Outcomes • Learning Objectives	Reading & Assignments
Unit 12 11/13-11/19	Revenue Cycle Management	**Identify potential abuse or fraudulent trends through data analysis** • Describe the methods that may be used to evaluate a data set for unusual coding or billing patterns, **Apply policies and procedures for the use of data required in reimbursement. (IV.A.1)** • Assess the roles of individuals in the revenue cycle including the responsibility for data collection and use. **Evaluate the revenue cycle management process. (IV.A.2)** • Recall and describe the components of the revenue cycle • Define revenue cycle management • Describe the importance of effective revenue cycle management for a provider's fiscal stability • Assess the revenue cycle process evaluating potential areas for error or delay. Analyze data to identify trends. (III.D.2) • Apply policies and procedures for the use of data required in reimbursement. (IV.A.1) • Analyze current regulations and established guidelines in clinical classification systems. (V.B.1) • Understand the importance of healthcare policy-making as it relates to the healthcare delivery system. (VI.F.2) Analyze policies and procedures to ensure organizational compliance with regulations and standards • Choose guidelines to include in a coding policy & procedure manual.	1. Watch "Welcome to the Physician Quality Reporting System (Centers for Medicare and Medicaid Services, 2016)" 2. Watch "Getting the Most from Physician Compare (Centers for Medicare and Medicaid Services, 2017)" 3. Continue S11 Short Paper: Revenue Cycle Roles 4. Assignment: A12 Revenue Cycle Management Application Exercises
Unit 13 11/20-11/26	Value-Based Purchasing	**Identify potential abuse or fraudulent trends through data analysis** • Describe the methods that may be used to evaluate a data set for unusual coding or billing patterns, **Apply policies and procedures for the use of data required in reimbursement. (IV.A.1)** • Assess the roles of individuals in the revenue cycle including the responsibility for data collection and use. **Understand the importance of healthcare policy-making as it relates to the healthcare delivery system** • Describe the origin and evolution of value-based purchasing and pay-for-performance • Describe models of value-based purchasing and pay-for-performance models • Explain models of value-based purchasing implemented by the Centers for Medicare and Medicaid Services for various healthcare settings and payment systems • Describe how compliance with the Centers for Medicare and Medicaid Services value-based purchasing programs affects healthcare reimbursement for a facility, entity or professional.	1. Read Chapter 10 2. Continue S11 Short Paper: Revenue Cycle Roles 3. Assignment A13 Application Exercise VBP

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Unit	Topics	Outcomes • Learning Objectives	Reading & Assignments
Unit 14 **1/27-12/3**	Review	**Identify potential abuse or fraudulent trends through data analysis** • Describe the methods that may be used to evaluate a data set for unusual coding or billing patterns, **Apply policies and procedures for the use of data required in reimbursement. (IV.A.1)** • Assess the roles of individuals in the revenue cycle including the responsibility for data collection and use.	1. Submit S11 Short Paper: Revenue Cycle Roles 2. Test T14 Chapter 9-10
Unit 15 **12/4-12/10**		**Analyze policies and procedures to ensure organizational compliance with regulations and standards** • Create a Coding Policy and Procedure to comply with applicable regulations and standards.	1. Submit P15 Coding Policy and Procedure Project (1st draft).
Final Project due by 12/15 @11:59pm			

References
Castro, A. B., & Forrestal, E. (2015). *Principles of Healthcare Reimbursement* (Fifth ed.). Chicago, IL: AHIMA Press.

Centers for Disease Control and Prevention. (2015, 09 10). *CDC Health Disparities & Inequalities Report*. Retrieved 06 16, 2017, from Centers for Disease Control and Prevention: https://www.cdc.gov/minorityhealth/chdireport.html

Centers for Medicare and Medicaid Services. (2016, 07 21). Welcome to PQRS. Retrieved from https://youtu.be/tlNPFgxih9k

Centers for Medicare and Medicaid Services. (2017, 06 27). Getting the Most from Physician Compare. Retrieved from https://youtu.be/vqGDd3t8WPw

Pilkington, J. (2017, 10 6). *HIT Think: How new data tools can improve revenue cycle management*. Retrieved from Health Data Management: https://www.healthdatamanagement.com/opinion/how-new-data-tools-can-improve-revenue-cycle-management