Syllabus: HIM*113 Healthcare Delivery Systems and Reimbursement

SCHEDULE AND CONTACT INFORMATION:

Semester: Fall 2019   Location: Fully Online   Day/Time: Assignments Due Weekly

Instructor: 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 10 am-11 am and Wednesday 10 am-12 pm

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:

AHIMA 2014 CURRICULA COMPETENCIES	AHIMA 2018 CURRICULA COMPETENCIES
American Health Information Management Association (AHIMA) 2014 Curriculum Competencies: The AHIMA Council for Excellence in Education developed competencies for associate degree students this course complies with 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,	**American Health Information Management Association (AHIMA) 2018 Curriculum Competencies:** The AHIMA Council for Excellence in Education developed competencies for associate degree students this course complies with the 2018 Curricula requirements. This program covers the AHIMA recommended competencies in six domains including: (I) Data Governance, Content, and Structure, (II) Information Protection: Access, Use, Disclosure, Privacy & Security, (III) Informatics, Analytics, and Data Use, (IV) Revenue Cycle Management,

(V) Compliance, and (VI) Leadership.	(V) Health Law & Compliance, and (VI) Organizational Management & Leadership.
This course addresses the following 2014 competencies:	**This course addresses the following 2018 competencies:**
Domain IV: Revenue Management	Domain I: Data Governance, Content, and Structure I.1 Describe health care organizations from the perspective of key stakeholders.
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 III: Informatics, Analytics, and Data Use III.4. Report health care data through graphical representations. III.6. Describe the concepts of managing data.
Domain V: Compliance	Domain IV: Revenue Cycle Management IV.2 Describe components of revenue cycle management and clinical documentation improvement.
Subdomain V.A. Regulatory V.A.3 Adhere to the legal and Regulatory requirements related to health information management	
Subdomain V.B. Coding V.B.1 Analyze current regulations and established guidelines in clinical classification systems	Domain V: Health Law & Compliance V.3. Identify the components of risk management related to health information management. V.4. Identify the impact of policy on health care.
Subdomain V.C. Fraud Surveillance V.C.1 Identify potential abuse or fraudulent trends through data analysis	Domain VI: Organizational Management & Leadership VI.6. Examine behaviors that embrace cultural diversity.
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	

PROGRAM/DISCIPLINE LEARNING OUTCOMES CONTAINED IN COURSE

HIM Learning Outcomes (Competencies):
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

DESIGNATED TAP LEARNING OUTCOMES (COMPETENCIES) OF THE COURSE

There are no designated TAP Learning Outcomes for this course.

TEXTBOOKS AND OTHER REQUIRED READING/COMPUTER SOFTWARE/MATERIALS/LIBRARY RESERVE:

Casto, A. (2018). *Principles of healthcare reimbursement, 6th Edition*. Chicago: AHIMA Press. (ISBN: 9781584266464)

METHODS OF INSTRUCTION:

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 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.

Mobile Users:

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.

Communication Plan:

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.

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.

- All assignments, discussions, papers, and tests must be submitted on time. Any item not submitted by the due date will receive a zero.

Discussion   =   160 points
Student Workbook   =   760 points
Short Papers   =   320 points
Case Studies   =   90 points
Coding Policy Project   =   100 points
Final Exam   =   40 points
                                                    1470 points

Discussion Board Grading Rubric:

Requirements for the discussion board: If you simply post your thoughts on the topic and do not read the posts of other students, comment, and reply to comments on your posts, you are not engaging in the conversation and you will not receive full credit for your post. If you do not post by the due date, you will receive a zero. Posts created after Sunday 11:59pm will receive no credit. Your first post each week will be due by Wednesday 11:59pm and the subsequent responses will be due by Sunday 11:59pm each week. The content of your initial post and your responses should be well-developed, meant to engage others in conversation, and should include citation of sources when appropriate. the content of your posts will be judged using the following rubric:

	0% No Credit	50% Partial Credit	75% Partial Credit	100% Full Credit
Timing 20%	Failed to post by Sunday 11:59 pm	Missed Wednesday 11:59 pm deadline for initial post or missed Sunday 11:59 pm deadline for second post.	Initial post by Wednesday and second post by Sunday.	Initial post by Wednesday and second post by Sunday.
Content 60%	No Post	Minimal response to the module question.	Posting responds to the question but does not stimulate further class discussion.	Posting fully addresses the module question and stimulates at least one substantial follow-up posting
Grammar & Citation 20%	Failure to cite sources	Error in citation of sources or significant grammar/spelling errors.	Minor grammar or spelling errors, correct citations	Correct grammar, spelling, citations

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

Letter Grade	Points Earned	Percent Grade
A	1367-1470	93.0-100.0
A-	1323-1366	90.0-92.9
B+	1279-1322	87.0-89.9
B	1220-1278	83.0-86.9
B-	1176-1219	80.0-82.9
C+	1132-1175	77.0-79.9
C	1073-1131	73.0-76.9

C-	1029-1072	70.0-72.9
D+	985-1028	67.0-69.9
D	926-984	63.0-66.9
D-	882-925	60.0-62.9
F	0-881	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: https://mxcc.edu/catalog/academic-policies/

COURSE SCHEDULE

Unit/Week	Outcomes/Objectives	Reading/Assignments
Unit 1 8/27 – 9/1	**Understand the importance of healthcare policy-making as it relates to the healthcare delivery system** [VI.F.2] • Distinguish between the social insurance, national health service, and private health insurance healthcare delivery models • Describe the size and complexity of the U.S. healthcare delivery sector • Recognizes the influence of the federal government in the U.S. healthcare sector • Define health insurance • Compare the types of healthcare reimbursement methodologies • Differentiate retrospective reimbursement methodologies from prospective reimbursement methodologies • Examine healthcare spending trends in the United States	1. **Read:** Chapter 1 2. **Read:** Visit Website CDC/Minority Health to view "CDC Health Disparities & Inequalities Report (CHDIR) (Centers for Disease Control and Prevention, 2015)" 3. **Discussion:** D1 Introductions 4. **Workbook:** Chapter 1 5. **Short Paper:** S1 National Models [VI.F.2]
Unit 2 9/2 – 9/8	**Understand the importance of healthcare policy-making as it relates to the healthcare delivery system** [VI.F.2] • Differentiate the different code sets approved by the Health Insurance Portability and Accountability Act of 1996 • Describe the structure of approved code sets • Illustrate how diagnosis coding is used in risk adjustment models • Know the coding compliance issue that influence reimbursement • Explain the roles of various Medicare improper payment review entities.	• **Read:** Chapter 2 • **Read:** RAC Report • **Watch:** "Smith questions CMS Official on Waste, Fraud, and Abuse in Medicare Payments" • **Watch:** "Senator Elizabeth Warren – Medicare Fraud" • **Discussion:** D2 RAC Report • **Workbook:** Chapter 2 • **Short Paper:** S1 National Models [VI.F.2]
Unit 3 9/9 – 9/15	**Understand the importance of healthcare policy-making as it relates to the healthcare delivery system** [VI.F.2] • Discuss major types of commercial healthcare insurance plans • Differentiate individual healthcare plans from employer-based healthcare plans • Describe state health plans for the medically uninsurable • Explain the provisions of healthcare insurance policies • Describe the elements of a healthcare insurance identification card • Describe the filing of a healthcare insurance claim	1. **Read:** Chapter 3 2. **Workbook:** Chapter 3 3. **Short Paper:** S1 National Models [VI.F.2]

Unit/Week	Outcomes/Objectives	Reading/Assignments
	• Discuss remittance advices and explanations of benefits • Explain the effects of increasing costs in the commercial healthcare insurance market.	
Unit 4 9/16 – 9/22	**Understand the importance of healthcare policy-making as it relates to the healthcare delivery system** [VI.F.2] • Identify the different 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. **Discussion:** D4 Medicaid Comparison 4. **Workbook:** Chapter 4 5. **Short Paper:** S1 National Models [VI.F.2]
Unit 5 9/23 – 9/29	**Describe the different types of organizations, services, and personnel and their interrelationships across the healthcare delivery system.** [VI.F.3] • 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 • Explain the accreditation processes and performance improvement initiatives used in managed care • Define cost controls used in managed care • Discuss contract management and carve-outs • Describe 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	1. **Read:** Chapter 5 2. **Read:** "10 Facts on health inequities and their causes. 3. **Read:** CDC Health Disparities and Inequalities Report 4. **Discussion:** D5 Managed Care in the News 5. **Workbook:** Chapter 5 6. **Short Paper:** Health Inequities [VI.F.3]
Unit 6 9/30 – 10/6	**Describe the different types of organizations, services, and personnel and their interrelationships across the healthcare delivery system.** [VI.F.3] **Analyze current regulations and established guidelines in clinical classification systems.** [V.B.1] • Distinguish between the major types of Medicare and Medicaid prospective payment systems. • Explain the concept of prospective payment. • Explain common models and policies of payment for inpatient Medicare and Medicaid prospective payment systems.	1. **Read:** Chapter 6 2. **Read:** Hospital Acquired Conditions 3. **Discussion:** D-6 HAC [V.B.1] 4. **Workbook:** Chapter 6 Part 1 5. **Short Paper:** Health Inequities [VI.F.3]

Unit/Week	Outcomes/Objectives	Reading/Assignments
	• Describe the elements of the inpatient prospective payment system • Illustrate MS-DRG assignment • Describe severity of illness adjustment of MS-DRGs • Discuss the provisions of the inpatient prospective payment system. • Calculate inpatient prospective payment reimbursement • Explain the elements of the inpatient psychiatric prospective payment system. • Examine the facility level and patient level adjustments of the inpatient psychiatric prospective payment system • Explain the provisions of the inpatient psychiatric payment system • Calculate inpatient psychiatric prospective payment system reimbursement.	
Unit 7 10/7 – 10/13	**Describe the different types of organizations, services, and personnel and their interrelationships across the healthcare delivery system.** [VI.F.3] **Analyze current regulations and established guidelines in clinical classification systems.** [V.B.1] • Distinguish between the major types of Medicare and Medicaid prospective payment systems. • Explain the concept of prospective payment. • Explain common models and policies of payment for inpatient Medicare and Medicaid prospective payment systems. • Describe the elements of the inpatient prospective payment system • Illustrate MS-DRG assignment • Describe severity of illness adjustment of MS-DRGs • Discuss the provisions of the inpatient prospective payment system. • Calculate inpatient prospective payment reimbursement • Explain the elements of the inpatient psychiatric prospective payment system. • Examine the facility level and patient level adjustments of the inpatient psychiatric prospective payment system • Explain the provisions of the inpatient psychiatric payment system	• **Discussion:** D-7 Severity of Illness [V.B.1] • **Workbook:** Chapter 6 Part 2 • **Short Paper:** Health Inequities [VI.F.3]

Unit/Week	Outcomes/Objectives	Reading/Assignments
	• Calculate inpatient psychiatric prospective payment system reimbursement.	
Unit 8 10/14 – 10/20	**Identify potential abuse or fraudulent trends through data analysis** [V.C.1] • Describe the major types of Medicare and Medicaid reimbursement systems for ambulatory services. • 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 • Describe the elements of the outpatient prospective payment systems and the ambulatory surgical center payment system • Describe the end-stage renal disease prospective payment system. • Describe the elements of the payment systems for federally qualified healthcare centers and rural health clinics. • Describe the elements of the hospice services payment system	1. **Read:** Chapter 7 2. **Watch:** CMS Panel discussion on E/M Coding Reform 3. **Workbook:** Chapter 7 Part 1 4. **Short Paper:** Fraud and Abuse [V.C.1]
Unit 9 10/21 – 10/27	**Evaluate the revenue cycle management processes** [IV.A.2] **Identify potential abuse or fraudulent trends through data analysis** [V.C.1] • Describe the major types of Medicare and Medicaid reimbursement systems for ambulatory services. • 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 • Describe the elements of the outpatient prospective payment systems and the ambulatory surgical center payment system • Describe the end-stage renal disease prospective payment system.	1. **Read:** "CMS Physician Self-Referral" 2. **Read:** "A Roadmap for Physicians to Fraud and Abuse Laws" 3. **Watch:** "Introduction to the Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014" 4. **Discussion:** D-9 STARK Law [V.C.1] 5. **Workbook:** Chapter 7 Part 2 6. **Case Study:** 4.24 APC Audit [IV.A.2] 7. **Short Paper:** Fraud and Abuse [V.C.1]

Unit/Week	Outcomes/Objectives	Reading/Assignments
	• Describe the elements of the payment systems for federally qualified healthcare centers and rural health clinics. • Describe the elements of the hospice services payment system	
Unit 10 10/28 – 11/3	**Evaluate the revenue cycle management processes** [IV.A.2] **Identify potential abuse or fraudulent trends through data analysis** [V.C.1] • Define the postacute care setting • Differentiate between 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 that exist in postacute care. • Explain the classification models and payment formulae associated with reimbursement under Medicare and Medicaid prospective payment systems in postacute	1. **Read:** Chapter 8 2. **Workbook:** Chapter 8 Part 1 3. **Case Study:** 4.13 OCE audit [IV.A.2] 4. **Short Paper:** Fraud and Abuse [V.C.1]
Unit 11 11/4 – 11/10	**Apply policies and procedures for the use of data required in reimbursement.** [IV.A.1] • Define the postacute care setting • Differentiate between 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 that exist in postacute care. • Explain the classification models and payment formulae associated with reimbursement under Medicare and Medicaid prospective payment systems in postacute	1. **Read:** *(Optional)* "HIT Think: How new data tools can improve revenue cycle management" (Pilkington, 2017) 2. **Discussion:** D11 Revenue Cycle Roles (including responsibility for data collection and use in reimbursement activities and the process steps in the revenue cycle). [IV.A.1] 3. **Workbook:** Chapter 8 Part 2 4. **Short Paper:** Revenue Cycle Roles [IV.A.1]

Unit/Week	Outcomes/Objectives	Reading/Assignments
Unit 12 11/11 – 11/17	**Adhere to the legal and regulatory requirements related to health information management.** [V.A.3] **Apply policies and procedures for the use of data required in reimbursement.** [IV.A.1] • Describe the components of the revenue cycle • Identify the components of the charge description master. • Explain revenue cycle management • Explain the importance of effective revenue cycle management for a provider's fiscal stability • Differentiate between the different sources of revenue cycle compliance guidance • Explore methods for revenue cycle analysis	1. **Read:** Chapter 9 2. **Watch:** "Welcome to the Physician Quality Reporting System (Centers for Medicare and Medicaid Services, 2016)" 3. **Watch:** "Getting the Most from Physician Compare (Centers for Medicare and Medicaid Services, 2017)" 4. **Workbook:** Chapter 9 part 1 5. **Case Study:** 5.21 Compliance Policy [V.A.3] 6. **Short Paper:** Revenue Cycle Roles [IV.A.1]
Unit 13 11/18 – 11/24	**Apply policies and procedures for the use of data required in reimbursement.** (IV.A.1) **Evaluate the revenue cycle management processes** [IV.A.2] • Describe the components of the revenue cycle • Identify the components of the charge description master. • Explain revenue cycle management • Explain the importance of effective revenue cycle management for a provider's fiscal stability • Differentiate between the different sources of revenue cycle compliance guidance • Explore methods for revenue cycle analysis	1. **Workbook:** Chapter 9 part 2 2. **Short Paper:** Revenue Cycle Roles [IV.A.1] 3. **Project:** Coding Policy and Procedure [IV.A.2]
Unit 14 11/25 – 12/8 *Thanksgiving break is 11/27-12/1*	**Apply policies and procedures for the use of data required in reimbursement.** [IV.A.1] **Evaluate the revenue cycle management processes** [IV.A.2] • Explain the origins and evolution of value-based purchasing and pay-for-performance • Describe the key characteristics of the value-based purchasing and pay-for-performance models. • Explain the structure and application of value-based purchasing programs implemented by the Centers for Medicare and Medicaid Services for various healthcare settings and payment systems • Explain how compliance with the Centers for Medicare and Medicaid Services' value-based	1. **Read:** Chapter 10 2. **Workbook:** Chapter 10 3. **Case Study:** 4.11 A/R Days [IV.A.2] 4. **Short Paper:** Revenue Cycle Roles 5. **Project:** Coding Policy and Procedure

Unit/Week	Outcomes/Objectives	Reading/Assignments
	purchasing programs affects healthcare reimbursement for a facility, entity, or provider.	
Unit 15 12/9 – 12/14	**Evaluate the revenue cycle management processes** [IV.A.2] • Create a Coding Policy and Procedure to comply with applicable regulations and standards.	1. **Project:** Coding Policy and Procedure Project [IV.A.2]. 2. **Exam:** Final Exam *Due by 11:59pm Saturday, 12/14/2019.*