RARITAN VALLEY COMMUNITY COLLEGE
ACADEMIC COURSE OUTLINE

HITC 155 Reimbursement Methodologies

I. Basic Course Information

    A. Course Number and Title: HITC 155
                                                       Reimbursement Methodologies

    B. New or Modified Course: Modified

    C. Date of Proposal: Semester: Spring   Year: 2020

    D. Effective Term: **Fall 2020**

    E. Sponsoring Department: Health Science Education

    F. Semester Credit Hours: 3

    G. Weekly Contact Hours: Lecture: 2
                                                       Laboratory: 2
                                                       Out of class student work per week: 5

    H. Corequisites: HITC-152 Basic ICD Coding
                                                     HITC-154 Basic CPT Coding

    I. Laboratory Fees: None

    J. Name and Telephone Number or E-Mail Address of Department Chair and Divisional
    Dean at time of approval: Beryl Stetson, Beryl.Stetson@raritanval.edu
      Divisional Dean: Sarah Imbriglio,
                                     Sarah.Imbriglio@raritanval.edu

II. Catalog Description

    Co-requisites: **HITC-152 Basic ICD Coding**
                                                   HITC-154 Basic CPT Coding

This course provides students the opportunity to learn the history, rationale, and methodology of the systems used by third-party payers to determine the reimbursement that health care providers will receive. Reimbursement concepts include fee-for-service, managed care, capitation systems, Diagnosis-Related Groups (DRGs), Medicare-severity Diagnosis-Related Groups (MS-DRGs), Resource Based Relative Value Scale (RBRVS), Ambulatory Payment Classifications (APCs), and related concepts. The use of the charge description master (chargemaster) in reimbursement

will be discussed. The importance of compliance with regulations and the related issues of fraud and abuse will also be addressed.

III. Statement of Course Need

A. This course fulfills the "knowledge cluster content and competency" required by the American Health Information Management Association (AHIMA) and its accrediting body, the Commission on Accreditation for Health Informatics and Information Management Education (CAHIIM).

B. Students will use the AHIMA Virtual Lab (Vlab). In the AHIMA Vlab, students will gain hands-on experience with a commercial EHR system, which will familiarize them with software that is likely to be encountered in the workplace.

C. This course generally transfers as a program requirement in health information technology and medical coding.

IV. Place of Course in College Curriculum

A. Free Elective
B. This course does not serve as a General Education course.
C. This course meets a program requirement for the Health Information Technology A.A.S. degree program and the Medical Coding Certificate program.
D. To see course transferability: a) for New Jersey schools, go to the NJ Transfer website, www.njtransfer.org; b) for all other colleges and universities, go to the individual websites.

V. Outline of Course Content

A. Healthcare Reimbursement Methodologies
B. Clinical Coding and Coding Compliance
C. Commercial Healthcare Insurance Plans
D. Government-Sponsored Healthcare Programs
E. Managed Care Plans
F. Medicare-Medicaid Prospective Payment Systems for Inpatients
G. Ambulatory and Other Medicare-Medicaid Reimbursement Systems
H. Medicare-Medicaid Prospective Payment Systems for Postacute Care
I. Revenue Cycle Management
J. Value-Based Purchasing

VI. General Education and Course Learning Outcomes

A. <u>General Education Learning Outcomes:</u>

At the completion of the course, students will be able to:
1. Describe components of revenue cycle management and clinical documentation

improvement (GE-1)
2. Summarize regulatory requirements and reimbursement methodologies (GE-1)
3. Evaluate compliance with regulatory requirements and reimbursement methodologies (GE-1, IL)
4. Evaluate revenue cycle processes (GE-1, IL)

B. **Course Learning Outcomes:**

At the completion of the course, students will be able to:

1. Apply policies and procedures for the use of clinical data required in reimbursement and prospective payment systems (PPS) in healthcare delivery.
2. Apply policies and procedures to comply with the changing regulations among various payment systems for healthcare services such as Medicare, Medicaid, managed care, and so forth.
3. Describe the mechanics of APC, DRG and RBRVS payment schedules used by Medicare
4. Support accurate billing through coding, chargemaster, claims management, and bill reconciliation processes.

C. **Assessment Instruments**

1. AHIMA Virtual Lab
2. Assignments
3. Discussions
4. Quizzes
5. Exams

VII. Grade Determinants

A. assignments
B. discussions
C. quizzes
D. mid-term
E. final

Given the goals and outcomes described above, LIST the primary formats, modes, and methods for teaching and learning that may be used in the course:
A. lecture/discussion
B. computer-assisted instruction
C. independent study
D. virtual laboratory

VIII. Texts and Materials

       A. Textbooks:
           Principles of Healthcare Reimbursement, Current Edition; Casto, AHIMA, Chicago
           Case Studies in Health Information Management, Current Edition, Schnering, Cengage Learning, New York

       B. Subscription to AHIMA Virtual Lab:
              e-HIMS VIRTUAL LAB - FULL YEAR, Edition: N/A, AHIMA
              (enrollment code for Virtual Lab)

 (Please Note: The course outline is intended only as a guide to course content and resources. Do not purchase textbooks based on this outline. The RVCC Bookstore is the sole resource for the most up-to-date information about textbooks.)

IX. Resources

       A. Computer with internet access