

## Master Syllabus

### HIM 2165 - Healthcare Data in Reimbursement

**Division:** Health Sciences

**Department:** Health Information Management

**Credit Hour Total:** 3.0

**Lecture Hrs:** 2.0 **Lab Hrs:** 2.0

**Prerequisite(s):** HIM 1110 AND HIM 1201

**Other Prerequisite(s):** AND Restricted to Majors

**Date Revised:** June 2014

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### Course Description:

Organization of health care delivery system including managed care and capitation. Theory and use of reimbursement systems such as Diagnostic Related Groups, Ambulatory Payment Classifications, Resource-based Relative Value Scale. Discussion of data flow from admission to billing and analysis of casemix. In addition, other external forces, such as Health Insurance Portability and Accountability Act and Recovery Audit Contractors, will be discussed. Two classroom, two lab hours per week.

### General Education Outcomes:

- Written Communication
- Critical Thinking/Problem Solving
- Values/Citizenship/Community

### Course Outcomes:

#### Healthcare key terms

Define health care reimbursement terms, phrases, and abbreviations.

**Assessment Method:** Locally developed exams  
**Performance Criteria:** 77% or higher

#### Health Insurance Portability and Accountability (HIPAA) 1996

Differentiate between the code sets approved by the HIPAA of 1996.

**Assessment Method:** Locally developed exams  
**Performance Criteria:** 77% or higher

#### Coding compliance

Examine coding compliance issues that influence reimbursement.

**Assessment Method:** Locally developed exams  
**Performance Criteria:** 77% or higher

#### Voluntary healthcare insurance plans

Explain the major types of voluntary healthcare insurance plans and the common models and policies of payment for commercial healthcare plans.

**Assessment Method:** Locally developed exams  
**Performance Criteria:** 77% or higher

#### Government-sponsored healthcare programs

Differentiate between the various government-sponsored healthcare programs.

**Assessment Method:** Locally developed exams  
**Performance Criteria:** 77% or higher

#### Managed care plans

Describe the origin, evolution and types of managed care plans as they relate to healthcare reimbursement.

**Assessment Method:** Locally developed exams  
**Performance Criteria:** 77% or higher

#### Medicare and Medicaid prospective payment systems

Explain the common models and policies of payment for inpatient and outpatient Medicare and Medicaid prospective payment systems.

**Assessment Method:** Locally developed exams  
**Performance Criteria:** 77% or higher

**Assessment Method:** Simulations  
**Performance Criteria:** 77% or higher

#### US payment methods

Describe the similarities and differences between the major payment methods in the US including Inpatient and Outpatient Prospective Payment systems plus the organization of various healthcare reimbursement systems including managed care, resource-based relative value scale and describe the impact of clinical data on reimbursement.

**Assessment Method:** Locally developed exams  
**Performance Criteria:** 77% or higher

**Assessment Method:** Simulations  
**Performance Criteria:** 77% or higher

**Clinical data**

Manage the use of clinical data required in prospective payment systems (PPS) and other reimbursement systems in healthcare delivery.

**Assessment Method:** Locally developed exams  
**Performance Criteria:** 77% or higher

**Assessment Method:** Simulations  
**Performance Criteria:** 77% or higher

**Reimbursement principles**

Apply DRG, MS-DRG, APC-based, (etc.) reimbursement principles and payment rate calculations.

**Assessment Method:** Locally developed exams  
**Performance Criteria:** 77% or higher

**Assessment Method:** Simulations  
**Performance Criteria:** 77% or higher

**Revenue cycle management**

Describe the selection and development of applications and processes for organizations' revenue cycle management including chargemaster, claims management and financial decision support.

**Assessment Method:** Locally developed exams  
**Performance Criteria:** 77% or higher

**Clinical and financial data**

Describe the flow of clinical and financial data from registration through account resolution in a variety of healthcare settings.

**Assessment Method:** Locally developed exams  
**Performance Criteria:** 77% or higher

**Groupware software skills**

Demonstrate the ability to correctly utilize encoders, diagnosis-related reimbursement and casemix analysis.

**Assessment Method:** Locally developed exams  
**Performance Criteria:** 77% or higher

**Assessment Method:** Simulations  
**Performance Criteria:** 77% or higher

**Professional behavior**

Demonstrate the personal behaviors, attitudes, and values consistent with and appropriate to the entry-level HIM professional.

**Assessment Method:** Behavioral observations  
**Performance Criteria:** 77% or higher

**Assessment Method:** Performance appraisals  
**Performance Criteria:** 77% or higher

**Outline:**

Healthcare Delivery Systems Physician Reimbursement Hospital Reimbursement Ambulatory Payment Classifications Other Prospective Payment Reimbursement Systems Health Insurance Portability and Accountability (HIPAA) Compliance Revenue Cycle Management Coding Compliance