Sinclair Community College
444 E. Third St.
Dayton, OH 45402

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

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, resourse-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

Grouper 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 SystemsPhysician ReimbursementHospital ReimbursementAmbulatory Payment ClassificationsOther Prospective Payment Reimbursement SystemsHealth Insurance Portability and Accountability (HIPAA) ComplianceRevenue Cycle ManagementCoding Compliance