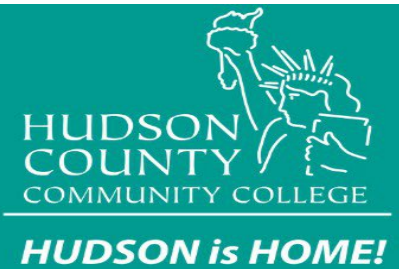




School of Nursing and Health Professions Syllabus



Term: Credit: 3 CR

Course Code: MDC 210

Title of Course: Health Info & Reimbursement

Email:

Phone:

Days & Times:

Prerequisites/ Corequisites: MDC106,

Location:

MDC101, MDC110, MDC124, MDC102,

Instructor:

MDC120, & MDC220

Office Hours:

Office Location:

COURSE DESCRIPTION:

This course will focus on two major areas in health information management, health information systems and basic concepts and principles of healthcare reimbursement. The current healthcare insurance programs, commercial and government-sponsored, will be described in context of United States health delivery system. The structure and management of a coding compliance program to meet the internal and external requirements will be described and analyzed. The origins, evolution, and principles of managed care will be analyzed as cost-effective approach to deliver and finance healthcare. Prospective payment systems will be differentiated between healthcare settings including inpatient, hospital ambulatory services, physician offices, skilled nursing facilities, and home care. Students will also gain an understanding of the structure and determination of Diagnosis Related Groups (DRGs) and Ambulatory Payment Classifications (APCs). The course will include the billing processes and the billing forms (UB04 and CMS 1500) used to submit for reimbursement. Students will also learn the management of the revenue cycle.

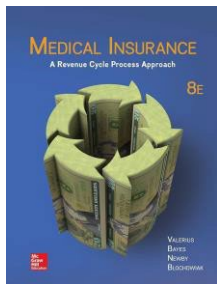
COURSE OBJECTIVES:

Upon successful completion of this course, students will be able to:

1. Recognize the differences in managing health information in acute and non-acute healthcare.

3. Collect and maintain data, how to perform qualitative analysis, how to
4. use clinical vocabularies, classifications, and terminologies.
5. Describe the purpose of healthcare data sets and standards.
6. Identify the common health information standardized data sets.
7. Discuss the core capabilities of an electronic health record.
8. Evaluate the quality of documentation to support patient care, coding, reimbursement.
9. Demonstrate an understanding of basic concepts and principles of healthcare reimbursement.
10. Discuss the interrelationships between reimbursement, coded data, and compliance with rules and regulations of public and private third-party payers.
11. Identify the contribution of HIM to the management of the Chargemaster.
12. Demonstrate an understanding of the management of the Revenue Cycle

TEXTBOOK REQUIRED:



Medical Insurance: A Revenue Cycle Process Approach 8th Edition. Joanne Valerius and Nenna Bayes and Cynthia Newby and Amy Blochowiak ISBN13: 9781260692143

EVALUATION METHODS:

Tests 20%

EHR Clinic 20%

Midterm 20%

Connect 20%

Final Exam 20%

Total 100%

WEEKLY OUTLINE:

Week	Topic	Learning Outcomes (L.O)
1	Functions of the Health Record	SLO 1
2	Health Data Structure, Content, and Standards	SLO 2
3	Specialized Health Record	SLO 3
4	Format of the Health Record	SLO 4
5	Standards for Electronic Data and Electronic Data Interchange	SLO 5
6	Qualitative Record Analysis	SLO 6
7	Introduction to Healthcare Reimbursement in the United States	SLO 7
8	Managed Care Organizations (MCOs)	SLO 8
9	Government sponsored healthcare program	SLO 9
10	Prospective Payment Systems (PPS)	SLO 10
11	Non-acute Prospective Payment Systems	SLO 11
12	Clinical Coding , Reimbursement , and coding compliance	SLO 12
13	Clinical Coding , Reimbursement , and coding compliance (Cont.)	SLO 13
14	Reimbursement monitoring indicators and reporting	SLO 14
15	Management of the Chargemaster	SLO 15

HCCC POLICIES, STATEMENTS, AND SERVICES:

<https://www.hccc.edu/administration/academic-affairs/syllabus-addendum.html>