

Course Objectives/Course Outline
Spokane Community College

Course Title: Reimbursement Strategies for HIM Professionals
Prefix and Course Number: HIM 216

Course Learning Outcomes:

By the end of this course, a student should be able to:

- Apply policies and procedures for the use of clinical data required in reimbursement and prospective payment systems (PPS) in healthcare delivery
- Apply policies and procedures to comply with the changing regulations among various payment systems for healthcare services such as Medicare, Medicaid, managed care, and commercial insurance.
- Evaluate compliance with regulatory requirements and reimbursement methodologies
- Evaluate and monitor revenue cycle processes such as case mix management
- Support accurate billing through coding, chargemaster, claims management, and bill reconciliation processes
- Summarize and compare the types of healthcare reimbursement methodologies
- Understand the use of codes sets in various healthcare settings leading to understanding of the role of coders and the types of data available for analysis
- Explain the use of classification systems, clinical vocabularies and nomenclatures
- Recognize assignment of diagnostic and procedural codes and groupings in accordance with official guidelines

Course Outline:

I. Revenue Management

- A. Use and evaluate publicly available data to apply proper payment for healthcare services
- B. Compare and evaluate insurance plans and coverage
- C. Explain how comprehensive and accurate documentation is necessary for accurate reimbursement
- D. Identify how ICD coding contributes to healthcare reimbursement and accounts receivable
- E. Breakdown how a claim is submitted for reimbursement
- F. Explain the revenue cycle process and key performance indicators
- G. Explain how proper documentation can lead to accurate case-mix Index
- H. Review and analyze audit results supporting an effective revenue cycle
- I. Explain the importance of appropriate physician queries and compliance issues surrounding them
- J. Describe how the false claims act helps deter fraud and abuse
- K. Describe the role of RAC and other regulatory bodies.
- L. Identify why claims are denied
- M. Describe how a charge description master is maintained
- N. Identify components to a coding compliance program
- O. Describe medical necessity for services provided
- P. Identify how fraud and abuse could be avoided or corrected
- Q. Understand payment methodology provisions and the effect on reimbursement policy.

II. Data Governance, Content and Structure

- A. Identify the appropriate use of coding classification systems.
- B. Identify how a clinical documentation improvement program ensures proper documentation for coding.