# OHL022 – Reimbursement

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| ***Credit Hour Recommendation:***<br>2 Semester Hours |
| ***Prerequisites:***<br>Clinical Classification |
| ***Related TAG:***<br>Health Information Management |
| ***Course Description:***<br>Review includes organization of health care delivery system including managed care and capitation. The theory and use of reimbursement systems such as Diagnostic Related Groups, Ambulatory Payment Classifications, and Resource-Based Relative Value Scale are applied. Revenue cycle discussions and analysis include data flow from admission to billing and the analysis of casemix. In addition, other external forces, such as Health Insurance Portability and Accountability Act and Recovery Audit Contractors, are reviewed. |
| All of the learning outcomes with an asterisk are **essential** and must be met. |
| 1. Define health care reimbursement terms, phrases, and abbreviations.* |
| 2. Describe the similarities and differences between the major payment methods in the U.S. including Inpatient and Outpatient Prospective Payment Systems.* |
| 3. Differentiate between the code sets approved by the HIPAA of 1996.* |
| 4. Examine coding compliance issues that influence reimbursement.* |
| 5. Explain the major types of voluntary healthcare insurance plans and the common models and policies of payment for commercial healthcare insurance plans.* |
| 6. Differentiate between the various government-sponsored healthcare programs.* |
| 7. Describe the origin, evolution and types of managed care plans as they relate to healthcare reimbursement.* |
| 8. Explain the common models and policies of payment for inpatient and outpatient Medicare and Medicaid prospective payment systems.* |
| 9. Manage the use of clinical data required in prospective payment systems (PPS) and other reimbursement systems in healthcare delivery.* |

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| 10. Apply DRG, MS-DRG, APC-based, RBRVS (etc.) reimbursement principles and payment rate calculations.* |
| 11. Describe the selection and development of applications and processes for organizations' revenue cycle management, including chargemaster, claims management and financial decision support.* |
| 12. Implement processes for compliance and reporting related to the national Correct Coding Initiative, Local Medical Review Policies [LMRP]; Medicare Code Editor [MCE]; Resource-Based Relative Value Scale [RBRVS]; Outpatient Code Editor [OCE], RACs, etc.* |
| 13. Identify and interpret key form locators on the UB-04 (previously UB-92), CMS 1500 and the CMS-1450.* |
| 14. Describe the claims processing logic.* |
| 15. Evaluate expected reimbursement for various third-party payer contract provisions.* |
| 16. Explain the life/revenue cycle of a patient account from the point of registration through closure.* |
| 17. Identify purposes, goals, and intent of compliance programs and regulations as related to fraud and abuse.* |
| 18. Locate current references (web-sites and other sources) regarding updates for healthcare reimbursement rules, regulations, polices, and procedures.* |
| 19. Identify the major systems of data collection and review in non-acute care settings (i.e., UB-04, MDS, IRF-PAI, OASIS, etc.) as related to reimbursement practices and payment systems (i.e., APCs, HHRG, RUGS, LTC-DRGs, CMGs, etc.).* |
| 20. Recognize uses of encoder and grouper applications as applied in revenue management activities.* |
| 21. Evaluate the revenue cycle management processes in acute and ambulatory care setting (i.e., EOB, ABN, electronic data interchange, coding, charges, the bill reconciliation, etc.).* |

**HEALTH INFORMATION MANAGEMENT TAG: REIMBURSEMENT**
**FACULTY PARTICIPANTS**
**January 2016-March 2017**

| **Name** | **Institution** |
|---|---|
| Karen Motley (Lead) | Sinclair College |
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