Course Prefix and Number:  HIM 151  
Credits: 2

Course Title:  Reimbursement Issues in Medical Practice Management

Course Description:  Introduces major reimbursement systems in the United States. Focuses on prospective payments systems, managed care, and documentation necessary for appropriate reimbursement. Emphasizes management of practice to avoid fraud. Co-requisite: HIM 255. Lecture 2 hours per week.

General Course Purpose:  This course is designed to provide the student with a general working knowledge of reimbursement systems in medical offices and avoiding fraud. This course is required in the Medical Records Coder CSC.

Course Prerequisites and Co-requisites:  
Co-requisite: HIM 255

Student Learning Outcomes:  
Upon completing the course, the student will be able to
a. Demonstrate billing and insurance procedures and how they impact cash flow;
b. Differentiate between the idiosyncrasies of various payer types, including necessary claims data and payment methodologies;
c. Review a claim for completeness and accuracy;
d. Demonstrate what a “charge master” is, how it is established, maintained, and reviewed;
e. Identify managed care and capitation plans and how to measure the financial outcomes to the practice;
f. Demonstrate the ability to review and analyze various EOBs for interpretation and necessary action; and
  g. Apply compliance regulations to policy and/or action plans.

Major Topics to Be Included:  
a. Review of the history of health insurance and the various types that exist in today’s environment
b. Confirmation and review of the standardized diagnostic and procedural schematics that are used for claims submission
c. Orientation to the development of Provider and DRGs and APCs
d. Instruction in the pertinent state and federal legislation that affect health insurance and claims adjudication
e. Introduction to the various payers of health care services and where the funding comes from to support these entities
f. Lessons on the variety of contractual relationships between payers and providers of care and the various fee schedule methodologies formulated to compensate providers of care

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