

El Paso Community College
Syllabus
Part II
Official Course Description

SUBJECT AREA	<u>Health Information Management</u>
COURSE RUBRIC AND NUMBER	<u>HITT 2335</u>
COURSE TITLE	<u>Coding and Reimbursement Methodologies</u>
COURSE CREDIT HOURS	<u>3 2 :</u> Credits Lec Lab

I. Catalog Description

Provides advanced coding techniques with emphasis on case studies, health records, and federal regulations regarding perspective payment systems and methods of reimbursement. Students enrolling in HITT 2435 must also take HITT 1255 and HITT 2360. A grade of "C" or better is required in this course to take the next course. **Prerequisites: HITT 1341 and HITT 1342. (2:4). Lab fee.**

II. Course Objectives

- A. Unit I. Healthcare Reimbursement Methodologies
 1. Use basic language associated with healthcare reimbursement methodologies.
 2. Differentiate payment methods on unit of payment, time frame, and risk.
 3. Distinguish major payment methods in the United States.

- B. Unit II. Clinical Coding and Coding Compliance
 1. Differentiate the different code sets approved by the Health Insurance Portability and Accountability Act of 1996.
 2. Describe the structure of approved code sets.
 3. Examine coding compliance issues that influence reimbursement.
 4. Apply advanced diagnosis/procedure codes according to current guidelines. (CAHIIM Subdomain I.A. Classification Systems)
 5. Evaluate the accuracy of advanced diagnostic and procedural coding. (CAHIIM Subdomain I.A. Classification Systems)
 6. Apply diagnostic/procedural groupings. (CAHIIM Subdomain I.A. Classification Systems)
 7. Evaluate the accuracy of diagnostic/procedural groupings. (CAHIIM Subdomain I.A. Classification Systems)
 8. Determine accuracy of computer assisted coding assignment and recommend corrective action. (CAHIIM Subdomain V.B. Coding)
 9. Identify discrepancies between supporting documentation and coded data. (CAHIIM Subdomain V.D. Clinical Documentation Improvement)
 10. Develop appropriate physician queries to resolve data and coding discrepancies. (CAHIIM Subdomain V.D. Clinical Documentation Improvement)

- C. Unit III. Voluntary Healthcare Insurance Plans
 1. Differentiate major types of voluntary healthcare insurance plans.
 2. Define basic language associated with reimbursement by commercial healthcare insurance plans and by Blue Cross and Blue Shield plans.
 3. Explain common models and policies of payment for commercial healthcare insurance plans and for Blue Cross/Blue Shield plans.

- D. Unit IV. Government-Sponsored Healthcare Programs

1. Differentiate among and to identify the various government-sponsored healthcare programs.
 2. Understand the history of the Medicare and Medicaid programs in America.
 3. Recognize the impact that government-sponsored healthcare programs have on the American healthcare system.
- E. Unit V. Managed Care Plans
1. Describe origins of managed care.
 2. Trace evolution of managed care.
 3. Describe types of managed care plans.
- F. Unit VI. Medicare-Medicaid Prospective Payment Systems for Inpatients
1. Differentiate major types of Medicare and Medicaid prospective payment systems for inpatients.
 2. Define basic language associated with reimbursement under Medicare and Medicaid prospective payment systems.
 3. Explain common models and policies of payment for inpatient Medicare and Medicaid prospective payment systems.
- G. Unit VII. Ambulatory and Other Medicare-Medicaid Reimbursement Systems
1. Differentiate major types of Medicare and Medicaid reimbursement systems for beneficiaries.
 2. Define basic language associated with reimbursement under Medicare and Medicaid healthcare payment systems.
 3. Explain common models and policies of payment for Medicare and Medicaid healthcare payment systems for physicians and outpatient settings.
- H. Unit VIII. Medicare-Medicaid Prospective Payment Systems for Post-acute Care
1. Differentiate Medicare and Medicaid prospective payment systems for healthcare services delivered to patients in post-acute care.
 2. Define basic language associated with reimbursement under Medicare and Medicaid prospective payment systems in post-acute care.
 3. Explain the grouping models and payment formulae associated with reimbursement under Medicare and Medicaid prospective payment systems in post-acute care.
- I. Unit IX. Revenue Cycle Management
1. Understand the components of the revenue cycle.
 2. Define revenue cycle management.
 3. Describe the importance of effective revenue cycle management for a provider's fiscal stability.
 4. Apply policies and procedures for the use of data required in healthcare reimbursement. (CAHIIM Subdomain IV.A. Revenue Cycle and Reimbursement)
 5. Evaluate the revenue cycle management process. (CAHIIM Subdomain IV.A. Revenue Cycle and Reimbursement)
- J. Unit X. Value-Based Purchasing
1. Describe the origins and evolution of value-based purchasing and pay-for-performance.
 2. Describe models of pay-for-performance.
 3. Explain models of the Centers for Medicare and Medicaid Services.
- K. Unit IV. Current Trends
1. Participate as a team member to design, organize, and carry out an educational session which relates to a current trend in any area covered in this course.
 2. Prepare a typed report and oral report depicting current trends in health care reimbursement as assigned by the instructor.
- L. For All Units

1. Adhere to the Health Occupations Division Criteria for Course Pursuit. (See attached)
2. Adhere to the Health Occupations Division Scholastic Dishonesty Policy. (See attached)

III. THECB Learning Outcomes (WECM)

1. Sequence codes according to established guidelines and standards.
2. Apply reimbursement methodologies.

IV. Evaluation

- A. Pre-assessment
The instructor will review and discuss the course prerequisites on the first day of class. Due to specialized admission requirements for the HITT Program, all students should have necessary prerequisites prior to enrollment.

- B. Post-assessment
A unit exam will be administered at the completion of each unit in this course. Quizzers over lecture/lab material and/or assigned reading are at the discretion of the instructor.

Unit activities/assignments will be assigned by the instructor to further enhance students' understanding of the course objectives.

A comprehensive final examination will be administered for this course.

The instructor will maintain a continuous record of each student's progress. Students not performing at a C level or better in the course will be referred for tutoring and/or counseling.

Students are encouraged to seek direction and help for those areas in which they experience difficulty. The course instructor may assign remedial or tutorial work designed to enhance student proficiency.

Students not adhering to the Health Occupations Criteria for course pursuit may be administratively withdrawn from this course. (See attached)

- C. Grading Scale
93-100=A
83-92=B
75-82=C
64-72=D
0-63=Failing

The student must receive a grade of "C" or better to pass this course.

V. Disability Statement (Americans with Disabilities Act [ADA])

EPCC offers a variety of services to persons with documented sensory, mental, physical, or temporary disabling conditions to promote success in classes. If you have a disability and believe you may need services, you are encouraged to contact the Center for Students with Disabilities to discuss your needs with a counselor. All discussions and documentation are kept confidential. Offices located: VV Rm C-112 (831-2426); TM Rm 1400 (831-5808); RG Rm B-201 (831-4198); NWC Rm M-54 (831-8815); and MDP Rm A-125 (831-7024).

VI. 6 Drop Rule

Students who began attending Texas public institutions of higher education for the first time during the Fall 2007 semester or later are subject to a 6-Drop limit for all undergraduate classes. Developmental, ESL, Dual Credit and Early College High School classes are exempt from this rule. All students should consult with their instructor before dropping a class. Academic assistance is available. Students are encouraged to see Counseling Services if dropping because exemptions may apply. Refer to the EPCC catalog and website for additional information.

HEALTH OCCUPATIONS DIVISION CRITERIA FOR COURSE PURSUIT

In order to establish guidelines for determining when a student has ceased to pursue the course objectives, the Health Occupations Division has set the following applicable standards.

1. The student must adhere to the attendance requirement of course HITT 2435. In order to pursue the course, the student must attend a minimum of 87 hours of instruction. (Meets a total of 96 hours).
2. The student will not be able to make up theory hours. The student will be able to make up lab hours at the discretion of the instructor.
3. Tardiness will be defined as being fifteen (15) minutes or more late to laboratory sessions and fifteen (15) minutes or more late to theory sessions. Students will be allowed two (2) events of tardiness, after which the tardiness will be considered an absence.
4. If required by instructor/coordinator, student also must follow the standards established in the El Paso Community College Health Occupations Programs Students Handbook for Allied Health Students and/or program addendum. The student is bound by standards in the El Paso Community College Health Occupations Programs Student Handbook for Allied Health Students as evidenced by the return of a signed/dated acknowledgement sheet.
5. Where the student continues to pursue the course objectives but is receiving failing grades, he/she will remain eligible to complete the course, except in instances where unsafe practice occurs.
6. The student must appear for examinations, presentations, or other required class activities and submit required papers, projects, and/or reports as identified in the course syllabus/calendar.

Failure of the student to follow the above will indicate that the student is no longer pursuing the objectives of the course and will result in faculty initiated withdrawal.

**EL PASO COMMUNITY COLLEGE
HEALTH OCCUPATIONS DIVISION
SCHOLASTIC DISHONESTY**

Scholastic dishonesty shall constitute a violation of these rules and regulation and is punishable as prescribed by Board policies. Scholastic dishonesty shall include, but not limited to, cheating on a test, plagiarism, and collusion. "Cheating on a test" shall include:

1. Copying from another student's paper.
2. Using test materials not authorized by the person administering the test.
3. Unauthorized collaborating with or seeking aid from another student.
4. Knowingly using, buying, selling, stealing, or soliciting, in whole or in part, the contents of a test.
5. The unauthorized transportation or removal, in whole or in part, of the contents of the test.
6. Substituting for another student, or permitting another student to substitute for one's self; to take a test.
7. Bribing another person to obtain a test or information about a test.
8. "Collusion" shall be defined as the unauthorized collaboration with another person in preparing written work for fulfillment or course requirements.
9. Any student involved in scholastic dishonesty as identified above, or in the Student Handbook, may, at the discretion of the faculty:
 - a. Have the test or paper graded zero (0)
 - b. Be removed from the class.
 - c. Be recommended for administrative dismissal from the course or program.

The stringency of this policy is understandable when read in the context of an educational program preparing individuals for a health career where the safety and well-being of the public are largely dependent upon the knowledge and ethical responsibility of the health personnel. Evidence of unethical behavior, such as cheating, precludes the instructional faculty's ability to declare prospective graduates to be reliable and ethical.