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| **School or Division** | School of Health Professions |
| **Program or Certificate or** | AS, Health Information Technology |
| **New degree or certificate program** | List new degree or certificate program here |
| **Proposed by (faculty only)** | Deborah Howard |
| **Presenter (faculty only)** | Deborah Howard |
| Note that the presenter (faculty) listed above must be present at the Curriculum Committee meeting or the proposal will be returned to the School or Division and must be submitted for a later date. | |
| **Submission date** | 12/4/2015 |
| **Course prefix, number, and title** | HIM 2279 Healthcare Reimbursement |

**Section I, New Course Information (must complete all items)**

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| **List School or Division** | School of Health Professions |
| **List course prerequisite(s) and minimum grade(s) (must include minimum grade if higher than a “D”)** | ENC1101 with a grade of C or higher. |
| **Will students be taking any of the prerequisites listed for this course in different parts of the same term (ex. Term A and Term B)** | No |
| **List course corequisites** | None |
| **Is any corequisite for this course listed as a corequisite on its paired course?**  (Ex. CHM 2032 is a corequisite for CHM 2032L, and CHM 2032L is a corequisite for CHM 2032) | No  List the corequisite |
| **Course credits or clock hours** | 3 |
| **Contact hours (faculty load)** | 3 |
| **Select grade mode** | Standard Grading (A, B, C, D, F) |
| **Credit type** | College Credit |
| **Course description** (provide below) | |
| This course will provide instruction in U.S healthcare reimbursement systems, reimbursement methodologies and payment processes across the healthcare industry. Students will examine the complex financial systems within today’s healthcare environment and gain an understanding of the basics of health insurance and public funding programs, managed care contracting, and how services are paid. | |

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| **General topic outline** (type in outline below) |
| * Healthcare Reimbursement Methodologies * Clinical Coding and Coding Compliance * Voluntary Healthcare Insurance Plans * Government Sponsored Healthcare Programs * Managed Care Plans * Medicare-Medicaid Prospective Payment Systems for Inpatients * Ambulatory and Other Medicare-Medicaid Reimbursement Systems * Medicare-Medicaid Prospective Payment Systems for Post-acute Care * Revenue Cycle Management * Value-Based Purchasing |

**Learning Outcomes:** For information purposes only. Type in all learning outcomes, assessments, and general education competencies as they should be displayed in the syllabus. More rows can be added if necessary.

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| **Learning Outcomes** | **Assessments** | **General Education Competencies** |
| Differentiate common national models of healthcare delivery | Assignments and quizzes | COM, CT, TIM |
| Appreciate the size and complexity of the S healthcare delivery sector | Assignments and quizzes | COM, CT, TIM |
| Appreciate the influence of the federal government in the US healthcare sector | Assignments and quizzes | COM, CT, TIM |
| Define health insurance | Assignments and quizzes | COM, CT, TIM |
| Differentiate payment methods on unit of payment, timeframe, and risk | Assignments and quizzes | COM, CT, TIM |
| Identify types of healthcare reimbursement methodologies | Assignments and quizzes | COM, CT, TIM |
| Differentiate fee-for-service reimbursement from episode-of-care reimbursement | Assignments and quizzes | COM, CT, TIM |
| Describe trends in the healthcare sector | Assignments and quizzes | COM, CT, TIM |
| Define terms associated with healthcare reimbursement methodologies | Assignments and quizzes | COM, CT, TIM |
| Differentiate the different code sets approved by the HIPAA Act of 1996 | Assignments and quizzes | COM, CT, TIM |
| Describe the structure of approved code sets | Assignments and quizzes | COM, CT, TIM |
| Examine coding and compliance issues that influence reimbursement | Assignments and quizzes | COM, CT, TIM |
| Explain the roles of various Medicare improper payment review activities | Assignments and quizzes | COM, CT, TIM |
| Discuss major types of voluntary healthcare insurance plans | Assignments and quizzes | COM, CT, TIM |
| Differentiate individual healthcare plans from employer-based healthcare plans | Assignments and quizzes | COM, CT, TIM |
| Describe types of blue Cross and Blue Shield plans | Assignments and quizzes | COM, CT, TIM |
| Describe state healthcare plans for the medically uninsurable | Assignments and quizzes | COM, CT, TIM |
| Explain the provisions of healthcare insurance policies and the elements of a healthcare insurance identification card | Assignments and quizzes | COM, CT, TIM |
| Describe the filing of a healthcare insurance claim | Assignments and quizzes | COM, CT, TIM |
| Discuss remittance advises and explanations of benefits | Assignments and quizzes | COM, CT, TIM |
| Define basic language associated with reimbursement by commercial healthcare insurance plans and by Blue Cross and Blue Shield plans | Assignments and quizzes | COM, CT, TIM |
| Differentiate among and identify the various government sponsored healthcare programs | Assignments and quizzes | COM, CT, TIM |
| Recall the history of the Medicare and Medicaid programs in the US | Assignments and quizzes | COM, CT, TIM |
| Describe the effect that government sponsored healthcare programs have on the US healthcare system | Assignments and quizzes | COM, CT, TIM |
| Define managed care | Assignments and quizzes | COM, CT, TIM |
| Trace the origins of managed care | Assignments and quizzes | COM, CT, TIM |
| Delineate characteristics of managed care in terms of quality and cost effectiveness | Assignments and quizzes | COM, CT, TIM |
| Describe common care management tools used in managed care | Assignments and quizzes | COM, CT, TIM |
| Depict accreditation processes and performance improvement initiatives used in managed care | Assignments and quizzes | COM, CT, TIM |
| Define cost controls used in managed care | Assignments and quizzes | COM, CT, TIM |
| Discuss contract management and carve-outs | Assignments and quizzes | COM, CT, TIM |
| Define types of managed care plans along a continuum of control | Assignments and quizzes | COM, CT, TIM |
| Describe the sue of managed care in states’ Medicaid programs, Children’s Health Insurance Program (CHIP), and Medicare | Assignments and quizzes | COM, CT, TIM |
| Discuss types of integrated delivery systems | Assignments and quizzes | COM, CT, TIM |
| Define terms commonly used in managed care | Assignments and quizzes | COM, CT, TIM |
| Differentiate between major types of Medicare and Medicaid prospective payment systems for inpatients | Assignments and quizzes | COM, CT, TIM |
| Define basic language associated with reimbursement under Medicare and Medicaid prospective payment systems | Assignments and quizzes | COM, CT, TIM |
| Explain common models and policies of payment for inpatient Medicare and Medicaid prospective payment systems | Assignments and quizzes | COM, CT, TIM |
| Describe the elements of the inpatient prospective payment system | Assignments and quizzes | COM, CT, TIM |
| Explain the elements of the inpatient psychiatric prospective payment system | Assignments and quizzes | COM, CT, TIM |
| Differentiate major types of Medicare and Medicaid reimbursement systems for beneficiaries | Assignments and quizzes | COM, CT, TIM |
| Define basic language associated with reimbursement under Medicare and Medicaid healthcare payment systems | Assignments and quizzes | COM, CT, TIM |
| Explain common models and policies of payment for Medicare and Medicaid healthcare payment systems for physicians and outpatient settings | Assignments and quizzes | COM, CT, TIM |
| Identify the elements of the relative value unit and the major components of the resource based relative value scale payment system. | Assignments and quizzes | COM, CT, TIM |
| Describe the elements of the ambulance fee schedule | Assignments and quizzes | COM, CT, TIM |
| Explain the elements of the outpatient prospective payment system and the ambulatory surgical center payment system | Assignments and quizzes | COM, CT, TIM |
| Describe the end-stage renal disease prospective payment system | Assignments and quizzes | COM, CT, TIM |
| Describe the elements of the payment systems for federally qualified health centers and rural health clinics. | Assignments and quizzes | COM, CT, TIM |
| Explain the elements of the hospice services payment system | Assignments and quizzes | COM, CT, TIM |
| Define the post-acute care settings | Assignments and quizzes | COM, CT, TIM |
| Differentiate Medicare and Medicaid prospective payment systems for healthcare services delivered to patients in post-acute care | Assignments and quizzes | COM, CT, TIM |
| Describe Medicare’s all inclusive per diem rate for skilled nursing facilities | Assignments and quizzes | COM, CT, TIM |
| Describe Medicare’s prospective payment systems for long-term care hospitals and inpatient rehabilitation facilities | Assignments and quizzes | COM, CT, TIM |
| Describe Medicare’s per-episode payment system for home health agencies. | Assignments and quizzes | COM, CT, TIM |
| Differentiate the specialized collection instruments, standardized base rates, and case-mix groups that exist in post-acute care | Assignments and quizzes | COM, CT, TIM |
| Define basic language associated with reimbursement under Medicare and Medicaid prospective payment systems in post-acute care | Assignments and quizzes | COM, CT, TIM |
| Explain the grouping models and payment formulae associated with reimbursement under Medicare and Medicaid prospective payment systems in post-acute care | Assignments and quizzes | COM, CT, TIM |
| Recall and describe the components of the revenue cycle | Assignments and quizzes | COM, CT, TIM |
| Define revenue cycle management | Assignments and quizzes | COM, CT, TIM |
| Describe the importance of effective revenue cycle management for a provider’s fiscal stability | Assignments and quizzes | COM, CT, TIM |
| Describe the origins and evolution of value based purchasing and pay-for-performance | Assignments and quizzes | COM, CT, TIM |
| Describe models of value-based purchasing and pay-for-performance | Assignments and quizzes | COM, CT, TIM |
| Explain models of value-based purchasing implemented by the Centers for Medicare and Medicaid Services for various healthcare settings and payment systems | Assignments and quizzes | COM, CT, TIM |
| Describe how compliance with the Centers for Medicare and Medicaid Services value-based purchasing programs affects healthcare reimbursement for a facility, entity, or professional | Assignments and quizzes | COM, CT, TIM |

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| **ICS code for this course** | ADVANCED AND PROFESSIONAL - 1.11.12 - HEALTH PROFESSIONS |
| **Should any major restriction(s) be listed on this course? If so, select "yes" and list the appropriate major restriction code(s) or select "no".** | No  List applicable major restriction codes |
| **Is the course an “International or Diversity Focus” course?** | No, not International or Diversity Focus |
| **Is the course a General Education course?** | No |
| **Is the course a Writing Intensive course?** | No |
| **Is the course repeatable\*?**  (A repeatable course may be taken more than one time for additional credits. For example, MUT 2641, a 3 credit hour course can be repeated 1 time and a student can earn a maximum of 6 credits).  \*Not the same as Multiple Attempts or Grade Forgiveness | No  If repeatable, list maximum number of credits |
| **Do you expect to offer this course three times or less (experimental)?** | No |

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| **Impact of Course Proposal** | |
| **Will this new course proposal impact other courses, programs, departments, or budgets?** | No |
| **If the answer to the question above is “yes”, list the impact on other courses, programs, or budgets?** | List impacts here |
| **Have you discussed this proposal with anyone (from other departments, programs, or institutions) regarding the impact? Were any agreements made? Provide detail information below.** | |
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**Section II, Justification for proposal**

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| **Provide justification (below) for this proposed curriculum action** |
| CAHIIM accreditation standards now require that the HIT curriculum include content related to the healthcare reimbursement. |

**Section III, Important Dates and Endorsements Required**

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| **List all faculty endorsements below. (Note that proposals will be returned to the School or Division if faculty endorsements are not provided).** |
| Elizabeth Whitmer, Tamea Stewart, Sharon Fitzgerald |

**nOTE:** Changes for the Fall 2016 term must be submitted to the Dropbox by the February 5, 2016 deadline and approved no later than the March 4, 2016 Curriculum Committee meeting. Changes during mid-school year are NOT permitted. Extreme circumstances will require approval from the appropriate Dean or Associate Vice President as well as the Provost and Vice President of Academic Affairs to begin in either the Spring 2016 or Summer 2016 term.

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| **Term in which approved action will take place** | Fall 2016 |

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| **Required Endorsements** | **Type in Name** | **Select Date** |
| **Department Chair or Program Coordinator/Director** | Deborah Howard | 12/4/2015 |
| **Academic Dean or Associate Vice President** | Dr. Marie Collins | 12/2/2015 |
| **Dean’s Council Representative** | Type name here | Click here to enter a date. |

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| **Select Curriculum Committee Meeting Date** | February 5, 2016 |

Completed curriculum proposals must be uploaded to Dropbox by the deadline. Please refer to the *Curriculum Committee Calendar* document available in the document manager in the FSW Portal:

* Document Manager
* VP Academic Affairs
* Curriculum Process Documents

**Important Note to Faculty, Department Chairs or Program Coordinators, and Deans or an Associate Vice President:**

Incomplete proposals or proposals requiring corrections will be returned to the School or Division. If a proposal is incomplete or requires multiple corrections, the proposal will need to be completed or corrected and **resubmitted to the Dropbox for the next Curriculum Committee meeting**. All Curriculum proposals require approval of the Provost and Vice President of Academic Affairs. Final approval or denial of a proposal is reflected on the completed and signed Summary Report.