HIT 215
REIMBURSEMENT METHODOLOGY

COURSE DESCRIPTION:

Prerequisites: HIT 211
Corequisites: None

This course covers reimbursement methodologies used in all healthcare settings as they relate to national billing, compliance, and reporting requirements. Topics include prospective payment systems, billing process and procedures, chargemaster maintenance, regulatory guidelines, reimbursement monitoring, and compliance strategies and reporting. Upon completion, students should be able to perform data quality reviews to validate code assignment and comply with reimbursement and reporting requirements. Course Hours per Week: Class, 1. Lab, 2. Semester Hours Credit, 2.

Note: Students must pass all Health Information Technologies (HIT) courses with a C (77% or better) to graduate from the program. No course is considered passed unless a C (77% or better) is obtained.

OUTLINE OF AHIMA KNOWLEDGE CLUSTERS COVERED IN THIS COURSE:

OUTLINE OF INSTRUCTION:

a. Prospective payment systems
b. Billing and insurance procedures
c. Explanation of Benefits
d. Quality Improvement Organizations (QIO) and their role in the payment process
e. Charge master description and maintenance
f. Managed care
g. Compliance Issues
h. Health plan claims processing and coding
i. Billing for healthcare services and coding
j. Diagnosis Related Groups
k. Ambulatory Payment Classifications
l. Resource Based Relative Value Scale
m. Third Party payers
n. HMO, PPO
o. Government Payers
p. Private Payers
q. Legal and Regulatory Issues
r. Coding Systems
s. Reimbursement Methodologies
t. Common Health Insurance Plans