

HIM 252 Healthcare Payment Systems

Credit Hours:

3 hours

Instructor:

Pamela Chandler, M.Ed., RHIT, CDIP

Academic Complex 413

Phone: 270-745-3087

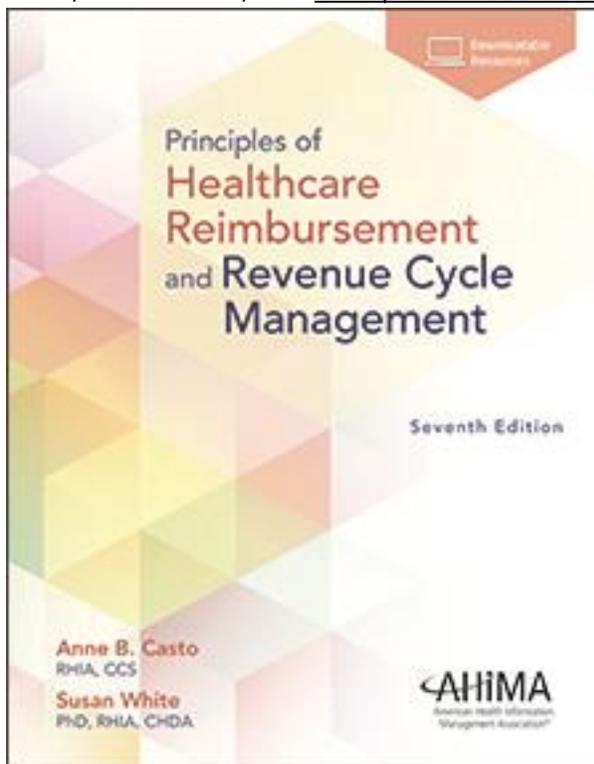
pamela.chandler@wku.edu

Description:

Overview of the management of healthcare payment systems including insurance, billing/collection processes, case mix analysis, corporate compliance, HIPAA, and other current reimbursement issues.

Textbooks:

Casto, Anne B. RHIA, CCS. Principles of Healthcare Reimbursement, 7th ed. ISBN: 978-1-58426-646-4



Evaluation:

The final course grade will be derived from percentage of achieved points accumulated from quizzes, tests, and assignments (exercises) in relation to total points possible.

The following Grade System will be used:

100% - 90%	A
89% - 80%	B
79% - 70%	C
69% - 60%	D
59% - 0%	F

To calculate your ongoing grade in the class, divide the points you receive by total possible points for what you have completed.

Example: If you have received 71 points out of a possible 80 points, calculate 71 divided by 80 ($71/80=.8875$) and multiply by 100. In the example, the grade would be rounded to 89% or a high "B".

Course Access:

Course can be accessed on Blackboard through the <http://www.wku.edu> website or <https://blackboard.wku.edu/>.

Respondus Lockdown Browser will not work for you if you have a Chromebook! You will need to take all quizzes and exams on either a MacBook Pro or Air, any othertype of laptop or any of the WKU computer labs that have Respondus on them.

You must download a free copy of Respondus Lockdown Browser, which is available from the Blackboard Software tab at the top of your screen. For help with this process contact the IT Helpdesk at 270- 745-7000. You must use Respondus will taking quizzes and exams.

Due Dates for weekly Activities/Assignments:

All modules begin on the Monday of each week and must be completed and submitted on Bb the following Sunday evening at or before 11:59 pm.

All assignments must be turned in by the due date. Failure to comply with this will result in a zero for the assignment.

When completing work on blackboard, it is the responsibility of the student to make sure the grades are listed in the grade center.

- One of the first things that you need to do is to place the schedule of this class in your calendar in order to keep up with when assignments/quizzes are to be completed.

At the beginning of the semester 16 of your modules will be open for you to complete. You must complete at least, one module per week. When you are finished with a module you may work ahead on the next module.

Competencies and Performance Indicators: Refer to the chart at the end of this document to view the Commission on Accreditation of Health Informatics and

Information Management Education (CAHIIM) Competencies and Performance Indicators met in this class.

HIM 252 HEALTHCARE PAYMENT SYSTEMS RECOMMENDED CLASS SCHEDULE

<u>Weeks</u>	<u>TOPIC</u>	<u>ASSIGNMENT</u>
Week 1	Ch. 1- Healthcare Reimbursement Methodologies	Complete Assignment "Affordable Care Act" Assignment--Reimbursement Methodologies Complete Quiz Chapter 1
Week 2	Ch. 2- Clinical Coding and Coding Compliance	Complete Assignment: CMS "Medicare Fraud and Abuse: Prevent, Detect, and Report" Ch 2 Assignment-Compliance Plan Complete Quiz Chapter 2
Week 3	Ch. 3 – Commercial Healthcare Insurance Plans	Complete Commercial Health Insurance Plans assignment Complete Assignment: Part C Organization Determination, Appeals and Grievances Complete Quiz Chapter 3
Week 4	Ch. 4- Government- Sponsored Healthcare Programs	Assignment--Analyzing the different parts of Medicare Assignment--Medicaid Assignment Complete Quiz Chapter 4
Week 5	Ch. 5- Managed Care Plans	Complete Assignment: Managed Care Contract Evaluation Complete Quiz Chapter 5
Week 6	Ch. 6- Medicare-Medicaid PPS for Inpatients	Complete Assignment: CMS Medicare Billing: Form CMS-1450 and the 837 Institutional online Training Medicare Part C and D Reporting and Data Validation

		<p>Complete Assignment: Case Mix Calculations and Analysis</p> <p>PPS for Inpatients with Medicare/Medicaid</p> <p>Complete Quiz Chapter 6</p>
Week 7	Ch. 7- Medicare Hospital Outpatient Payment Systems	<p>Complete Assignment: CMS tutorial-The World of Medicare</p> <p>CMS tutorial-Form CMS- 1500 and the 837 Professional</p> <p>Complete Quiz Chapter 7</p>
Week 8	Ch. 8- Medicare Physician and Other Health Professional Payments	<p>Complete Assignment SNF Consolidated Billing</p> <p>Complete Quiz Chapter 8</p>
Week 9	Ch. 9- Revenue Cycle Management	<p>Complete Assignment: Revenue Cycle Part1</p> <p>Complete Assignment: Part 2 Revenue Cycle-EOB Analysis</p> <p>Complete Quiz Chapter 9</p>
Week 10	Ch 10- Revenue Cycle Middle Processes- Resource Tracking	<p>Single Path Coding</p> <p>Complete Quiz Chapter 10</p>
Week 11	Ch 11- Revenue Cycle Back end processes	<p>Complete Assignment: Analysis of Explanation of Benefits (EOB)</p> <p>Complete Quiz Chapter 11</p>

Week 12	Ch 12-Coding and Clinical Documentation Integrity Management	Complete Assignment: CDI Performance Chapter 12 Quiz
Week 13	Ch 13 Revenue Compliance	Complete Recovery Audit Program Review Chapter 13 Quiz
Week 14	Ch 14 Healthcare Data in Action: Real World Analysis	Case-Mix Index(CDI) Analysis Assignment
Week 15		Complete FINAL by December 4th @ 11:59

Class Schedule Revised: 7/2024

Regular and Substantive Interaction in Online and Distance Learning:

The U.S. Department of Education requires that distance education courses must include regular and substantive interaction between students and faculty. For more information about Regular and Substantive Interaction at WKU, please visit the [Regular and Substantive Interaction in Online and Distance Learning webpage](#).

In this course, regular and substantive interaction will take place in the following ways:

- Timely and detailed feedback on assignments, as appropriate
- Direct instruction occurring through recorded course lectures/tutorials that are posted on Blackboard
- Responsive to questions about the course content in a timely manner
- Assignments and assessment deadlines set throughout the semester (for more information, see class schedule below)

Academic Misconduct: (Information below on Academic Misconduct, along with additional information, can be obtained from

<https://www.wku.edu/studentconduct/process-for-academic-dishonesty.php>)

The University expects students to operate with the highest standard of integrity in all facets of the collegiate experience. Broadly defined, academic misconduct is any unethical self-serving action in the performance of an academic activity, deliberate or unintentional, that affords a student an unfair, unearned, or undeserved advantage. (Excerpt from the WKU Student Handbook, 2016)

The maintenance of academic integrity is of fundamental importance to the University. Thus it should be clearly understood that acts of plagiarism or any other form of cheating will not be tolerated and that anyone committing such acts will be held accountable for violation of the student code of conduct.

Students who commit any act of academic dishonesty may receive from the instructor a failing grade in that portion of the course work in which the act is detected or a failing grade in a course without possibility of withdrawal. The faculty member may also present the case to the Office of Student Conduct.

Dishonesty

Such as cheating, plagiarism, misrepresenting of oneself or an organization, knowingly furnishing false information to the University, or omitting relevant or necessary information to gain a benefit, to injure, or to defraud is prohibited.

Cheating

No student shall receive or give assistance not authorized by the instructor in taking an examination or in the preparation of an essay, laboratory report, problem assignment or other project which is submitted for purposes of grade determination.

Plagiarism

To represent written work taken from another source as one's own is plagiarism. Plagiarism is a serious act. The academic work of a student must be his/her own. One must give any author credit for source material borrowed from him/her. To lift content directly from a source without giving credit is a flagrant act. To present a borrowed passage without reference to the source after having changed a few words is also plagiarism.

Examples of Areas Where Academic Misconduct Most Likely Occurs

“Essentially, students are expected to do work that is assigned to them and submit products that represent personal and individual effort only.”

1. In an exam setting

- a. Presenting as your work, test answers that are not your work, including the following:
 - i. Using resources other than those specifically allowed by the instructor (e.g., notes or another person)
 - ii. Copying from another student's test
 - ii. Using notes from any source during a test when notes are not allowed
 - iv. Using materials that the instructor is not making available to the whole class (Exception: students with disabilities needing accommodations)
 - v. Recycling an assignment that has been used in another course (unless approved by the instructor)
- b. Acquiring a copy of the exam without permission
- c. Providing answers for or soliciting answers from another student with or without permission of the other student (Note: This may either be an attempt to help or harm the targeted student)

2. On a written assignment

- a. Presenting as your own work duplicated work that you did not create

- i. Purchasing written work from an external source
- ii. Copying work from a free external source (online or otherwise)
- iii. Presenting as your work something another person has created
- b. Altering text from another source
 - i. Altering select words of some original text in order to conceal plagiarism
- 3. Academic dishonesty that is possible in various settings
 - a. Providing money or favors in order to gain academic advantage
 - b. Falsely stating that work was given to the instructor at a certain time when it was not
 - c. Correcting the responses of a graded assignment and presenting them to the instructor as incorrectly graded material
 - d. Pretending to be someone you are not; taking the place of another
- 4. Or any other behavior that violates the basic principles of integrity and honesty

(Above is an excerpt from the Academic Integrity Statement Ad Hoc Subcommittee on Academic Integrity in the College of Education and Behavioral Sciences, 2012)

Program Policies state that “Unprofessional conduct or violation of the rules, regulations or policies of the University or Health Information Management Program may result in dismissal from the program.”

Cheating:

I expect each student to submit their own work. Sharing your work, assignments, project, or answers with another student or receiving the information from another student constitutes cheating. Any student found to have shared information or obtained information from another student or other source will receive a 0% on that assignment and it may result in dismissal from the program.

Plagiarism

I expect each student to submit their own work or give credit to the appropriate source.

Refer to the wku.edu website <http://www.wku.edu/judicialaffairs/process-for-academic-dishonesty.php> for information on academic honesty, integrity, and plagiarism. It defines plagiarism as: “To represent written work taken from another source as one’s own is plagiarism. Plagiarism is a serious offense. The academic work of a student must be his/her own. One must give any author credit for source material borrowed from him/her. To lift content directly from a source without giving credit is a flagrant act. To present a borrowed passage without reference to the source after having changed a few words is also plagiarism.”

Any student found to have plagiarized work from another source will receive a 0% on that assignment and it may result in dismissal from the program.

Title IX Misconduct/Assault Statement:

Western Kentucky University (WKU) is committed to supporting faculty, staff and students by upholding WKU's Title IX Sexual Misconduct/Assault Policy (#0.2070) at <https://wku.edu/eoo/documents/titleix/wkutitleixpolicyandgrievanceprocedure.pdf> and

Discrimination and Harassment Policy (#0.2040) at https://wku.edu/policies/hr_policies/2040_discrimination_harassment_policy.pdf.

Under these policies, discrimination, harassment and/or sexual misconduct based on sex/gender are prohibited. If you experience an incident of sex/gender-based discrimination, harassment and/or sexual misconduct, you are encouraged to report it to the Title IX Coordinator, Andrea Anderson, 270-745-5398 or Title IX Investigators, Michael Crowe, 270-745-5429 or Joshua Hayes, 270-745-5121.

Please note that while you may report an incident of sex/gender based discrimination, harassment and/or sexual misconduct to a faculty member, WKU faculty are "Responsible Employees" of the University and **MUST** report what you share to WKU's Title IX Coordinator or Title IX Investigator. If you would like to speak with someone who may be able to afford you confidentiality, you may contact WKU's Counseling and Testing Center at 270-745-3159.

Pregnant and Parenting Students

Western Kentucky University does not discriminate against any student or exclude any student from its educational programs or activities, including classes or extracurricular activities, on the basis of pregnancy and/or pregnancy-related conditions such as, but not limited to, childbirth, false pregnancy, termination of pregnancy, or recovery therefrom. Students who seek pregnancy or pregnancy-related accommodations should make their requests as soon as possible via WKU's Title IX Website at www.wku.edu/titleix/ under the heading, "Pregnancy or Pregnancy-Related Conditions." Students can also contact the Title IX Coordinator, Ena Demir, via email at ena.demir@wku.edu or by phone at (270) 745-6867 to request accommodations or seek assistance. We encourage students and faculty to work together to establish a plan that allows the student to complete the class and coursework without jeopardizing academic integrity and course standards. The Title IX Coordinator can help facilitate conversations between students and faculty regarding appropriate and reasonable accommodations. If you are a WKU student and believe that you have experienced an incident(s) of discrimination or harassment based on pregnancy (or pregnancy related conditions or issues), please report it to the Title IX Coordinator via email at ena.demir@wku.edu or by phone at (270) 745-6867. Additional resources for pregnant and parenting students can be found on WKU's Title IX Website at www.wku.edu/titleix/.

ADA Accommodation Statement:

In compliance with University policy, students with disabilities who require academic and/or auxiliary accommodations for this course must contact the Student Accessibility Resource Center located in Downing Student Union, 1074. SARC can be reached by phone number at 270-745-5004 [270-745-3030 TTY] or via email at sarc.connect@wku.edu. Please do not request accommodations directly from the professor or instructor without a faculty notification letter (FNL) from The Student Accessibility Resource Center.

Food Security: Food insecurity is defined as a condition where persons, in this case students, do not have adequate resources to feed themselves, either nutritiously or not at all (USDA, 2013). According to a recent national study (Hunger on Campus, 2016), food insecurity is common at colleges and universities across the country, potentially undermining the educational success of untold thousands of students. If food insecurity is an issue you, or someone you know, help is readily available. Contact the WKU Office of Sustainability at (270) 745-2508 or email sustainability@wku.edu.

Emotional Support: WKU offers confidential counseling for students at the WKU Counseling Center. The best way to schedule an appointment is to visit their office in Potter Hall, Room 409 or by calling their office at 270-745-3159. They are open Monday - Friday from 8:00am - 4:30pm. For emergency and after-hours information, call 270-745-3159.

Additional Resources: Within the Blackboard Course Content, links are available to the ITS Service Desk, WKU Libraries (to access some online articles, journals, textbooks, and other references), and the Student Resource Portal. The Student Resource Portal provides Tools for Online Learners including Academic Support, Financial Support, Exams, Getting Started, Library Research, Reading and Writing Effectively, Success Strategies, and Tech Support.

HIM 252 Course Content

Chapter 1 Healthcare Reimbursement Methodologies

Introduction to Healthcare Reimbursement

- National Models of Healthcare Delivery
- US Healthcare Sector
- Dominance of Federal Healthcare Payment Methods
- Health Insurance
- Historical Perspectives
 - Health Insurance and Employment
 - Compensation for Healthcare
 - Third-Party Payment
 - Characteristics of Reimbursement Methods

Types of Healthcare Reimbursement Methodologies

- Retrospective Payment

Prospective Payment Method

Trends in Healthcare Reimbursement

Constantly Increasing Healthcare Spending

Healthcare Reform

Chapter 2. Clinical Coding and Coding Compliance

The International Classification of Diseases

ICD-10-CM/PCS

Healthcare Common Procedure Coding System

Coding Systems as Communication Standards and Drivers of Reimbursement

Diagnosis Coding and Risk Adjustment Models

Coding Compliance and Reimbursement

Fraud and Abuse

Oversight of Medicare Claims Payment

Other Third-Party Payer Reviews

Coding Compliance Plan

Appendix 2A American Health Information Management Association Standards of Ethical Coding

Voluntary Healthcare Insurance Plans

Chapter 3-Commercial Healthcare Insurance Plans

Types of Commercial Healthcare Insurance

Individual (Private) Healthcare Plans

Employer-Based (Group) Healthcare Plans

State Healthcare Plans for the Medically Uninsurable

Provisions and Functioning of Healthcare Insurance Plans

Sections of a Healthcare Insurance Policy

Definitions

Eligibility and Enrollment

Benefits

Limitations

Exclusions

Riders and Endorsements

Procedures

Appeals Processes

Determination of Covered Services

Elements of Healthcare Insurance Identification Card

Filing a Healthcare Insurance Claim

Remittance Advice or Explanation of Benefits

Increasing Costs in Voluntary Healthcare Insurance

Effects on Consumers

Effects on Providers

Effects on Healthcare Insurers

Chapter 4: Government-Sponsored Healthcare Programs

Medicare

Medicare Part A for Inpatients

Medicare Part B

Medicare Part C

Medicare Part D

Medigap

Medicaid

Other Government-Sponsored Healthcare Programs

Programs of All-Inclusive Care for the Elderly

Children's Health Insurance Program

TRICARE

Veterans Health Administration

CHAMPVA

The Indian Health Service

Workers' Compensation

Chapter 5 Managed Care Plans

Managed Care Organizations

Benefits and Services of MCOs

Characteristics of MCOs

Types of MCOs

Managed Care and Medicaid and Children's Health Insurance Program

Medicare Advantage

Special Needs Plan

Integrated Delivery Systems

Integrated Provider Organization

Group (Practice) Without Walls

Physician-Hospital Organization

Management Service Organization

Medical Foundation

Consolidation

Chapter 6-Medicare-Medicaid Prospective Payment Systems for Inpatients

Basic Concepts Used in Inpatient Prospective Payment Systems (PPSs)

Annual Maintenance of Prospective Payment Systems

Payment Rate Updates

Budget Neutrality

Cost Reports

Introduction to Inpatient Prospective Payment systems

Inpatient Prospective Payment System

Conversion from Cost-Based Payment to Prospective Payment

Diagnosis Related Group Classification System

Assigning Medicare Severity Diagnosis Related Groups

Provisions of the Inpatient Prospective Payment System

IPPS Payment

Maintenance of the IPP System

Inpatient Psychiatric Facility Prospective Payment System

Patient-Level Adjustments

Facility-Level Adjustments

Provisions of the Inpatient Psychiatric Facility Prospective Payment System

IPF PPS Payment Steps

Chapter 7-Ambulatory and Other Medicare-Medicaid Reimbursement Systems

Resource-Based Relative Value Scale for Physician and Professional Payments

Background

Structure of Payment

Potential Adjustments

Operational Issues

Ambulance Fee Schedule

Reimbursement for Ambulance Services

Payment Steps

Medical Conditions List

Updates to the Ambulance Fee Schedule

Hospital Outpatient Prospective Payment System (OPPS)

Hospital Outpatient Prospective Payment Methodology

Reimbursement for Hospital Outpatient Services

Ambulatory Payment Classification System

Partially Packaged System Methodology

Payment Status Indicators

Payment Status Indicators Categories

OPPS Provisions

Discounting

Interrupted Services

High-Cost Outlier

Rural Hospital Adjustment

Cancer Hospital Adjustment

Pass-through Payment Policy

Transitional Outpatient Payments (TOPs) and Hold-Harmless Payment

OPPS Payment

OPPS Conversion Factor

Payment Determination

Ambulatory Surgical Center (ASC) Prospective Payment System

Medicare Certification Standards

Payment for ASC Services

Criteria for ASC Procedures

Ambulatory Payment Classifications and Payment Rates

Separately Payable Services

ASC PS Provisions

ASC PS Payment

End-Stage Renal Disease Prospective Payment System

Legislative Background

Definition of Renal Dialysis Services

Facility Level Adjustments

Patient Level Adjustments

Pediatric Patients

Outlier Policy

Self-Dialysis Training

Transitional Drug Add-on payment Adjustment (TDAPA)

Payment Steps

Payment for Safety-Net Providers

Background

Characteristics of Federally Qualified Health Centers and Rural Health Clinics

Reimbursement

Hospice Services Payment System

Background

Reimbursement

Implementation

Chapter 8-Medicare-Medicaid Prospective Payment Systems for Postacute Care

Skilled Nursing Facility Prospective Payment System

Background

Data Collection and Reporting

Structure of Payment

Resource Utilization Groups (RUG)

Payment

Other Applications

Long-Term Care Hospital Prospective Payment System

Background

Data Collection and Reporting

Structure of Payment

LTCH PPS Provision

LTCH PPS Reimbursement

Implementation

Inpatient Rehabilitation Facility Prospective Payment System

Background

Data Collection and Reporting

Structure of Payment

IRF PPS Provisions

Payment

Implementation

Home Health Prospective Payment System

Background

Data Collection and Reporting

Structure of Payment

HH PPS Provisions

Payment

Implementation

Chapter 9-Revenue Cycle Management

Multidisciplinary Approach

Components of the Revenue Cycle

Preclaims Submission Activities

Claims Processing Activities

Accounts Receivable

Claims Reconciliation and Collection

CDM Structure, Maintenance, and Compliance

CDM Structure

CDM Maintenance

Revenue Cycle Management

Key Performance Indicators

Integrated Revenue Cycle

Coding Management

Clinical Documentation Improvement

Revenue Cycle Compliance

Revenue Cycle Analysis

Appendix 9A Ethical Standards for Clinical Documentation Improvement (CDI) Professionals (2016)

Chapter 10-Value-Based Purchasing

Value-Based Purchasing and Pay-for-Performance Systems

Definitions

Goals

Background

Advantages and Disadvantages

Models

Operations

Centers for Medicare and Medicaid Services-Linking Quality to Reimbursement

Value-Based Purchasing

Quality Reporting Programs

Value-Based Purchasing Programs

The Future of Value-Based Purchasing

Revised: 1/2022

HIM 252 Course Objectives

I. Healthcare Reimbursement Methodologies

- A. Distinguish between the social insurance, national health service, and private health insurance health care delivery models
- B. Describe the size and complexity of the US health care delivery sector
- C. Recognize the influence of the federal government in the US health care sector
- D. Define health insurance
- E. Compare the types of health care reimbursement methodologies
- F. Differentiate retrospective reimbursement methodologies from prospective reimbursement methodologies
- G. Examine health care spending trends in the United States

II. Clinical Coding and Coding Compliance

- A. To differentiate the different code sets approved by the Health Insurance Portability Act of 1996
- B. To describe the structure of approved code sets
- C. Illustrate how diagnosis coding is used in risk adjustment models
- D. Know the coding compliance issues that influence reimbursement
- E. To explain the roles of various Medicare improper payment review entities

III. Voluntary Healthcare Insurance Plans

- A. To discuss major types of voluntary healthcare insurance plans
- B. To differentiate individual healthcare plans from employer-based healthcare plans
- C. To describe state healthcare plans for the medically uninsurable
- D. To explain the provisions of healthcare insurance policies
- E. Describe the elements of a healthcare insurance identification card
- F. Describe the process of filing a health care insurance claim
- G. Discuss remittance advices and explanations of benefits

IV. Government-Sponsored Healthcare Programs

- A. To identify the different government-sponsored healthcare programs
- B. To recall the history of the Medicare and Medicaid programs in America
- C. To describe the effect that government-sponsored healthcare programs have on the American healthcare system

V. Managed Care Plans

- A. To define the term managed care
- B. To explain the origins of managed care
- C. To describe common care management tools used in managed care
- D. Explain the accreditation processes and performance improvement initiatives used in managed care
- E. Explain the cost controls used in managed care
- F. To discuss contract management and carve-outs
- G. To describe types of managed care plans along a continuum of control

- H. To describe the use of managed care in states' Medicaid programs, children's Health Insurance Program, and Medicare
- I. To discuss types of integrated delivery systems

VI. Medicare-Medicaid Prospective Payment Systems for Inpatients

- A. Distinguish between the major types of Medicare and Medicaid prospective payment systems for inpatients
- B. Explain the concept of prospective payment
- C. Explain the common models and policies of payments for inpatient Medicare and Medicaid prospective payment systems
- D. Describe the elements of the inpatient prospective payment system (IPPS)
- E. Illustrate MS-DRG assignment
- F. Describe severity of illness adjustment of MS-DRGs
- G. Discuss the provisions of the IPPS
- H. Calculate inpatient prospective payment reimbursement
- I. Explain the elements of the inpatient psychiatric PPS
- J. Examine the facility level and patient level adjustments of the inpatient psychiatric PPS
- K. Explain the provisions of the inpatient psychiatric PPS
- L. Calculate inpatient psychiatric PPS reimbursement

VII. Ambulatory and Other Medicare-Medicaid Reimbursement Systems

- A. To Describe major types of Medicare and Medicaid reimbursement systems for beneficiaries
- B. To explain common models and policies of payment for Medicare and Medicaid healthcare payment systems for physicians and outpatient settings
- C. To identify the elements of the relative value unit and the major components of the resource-based relative value scale payment systems
- D. To describe the elements of the ambulance fee schedule
- E. To describe the elements of the outpatient PPS and the ambulatory surgical center payment system
- F. To describe the end-stage renal disease PPS
- G. To describe the elements of the payment systems for federally qualified health centers and rural health clinics.
- H. To Describe the elements of the hospice services payment system

VIII. Medicare-Medicaid Prospective Payment Systems for Post-acute Care

- A. To define the postacute care settings
- B. To differentiate Medicare and Medicaid prospective payment systems for healthcare services delivered to patients in postacute care
- C. To describe Medicare's all-inclusive per diem rate for skilled nursing facilities
- D. To describe Medicare's prospective payment systems for long-term care hospitals and inpatient rehabilitation facilities
- E. To describe Medicare's per-episode payment system for home health agencies

- F. To differentiate the specialized collection instruments that exist in postacute care
- G. To explain the classification models and payment formulae associated with reimbursement under Medicare and Medicaid prospective payment systems in postacute care

IX. Revenue Cycle Management

- A. To describe the basic components of the revenue cycle
- B. Identify the components of the charge description master
- C. Explain (RCM) revenue cycle Management
- D. Explain the importance of effective RCM for a provider’s fiscal stability
- E. Differentiate between the different sources of revenue cycle compliance guidance
- F. Explore Methods for revenue cycle analysis

X. Value-Based Purchasing

- A. Explain the origins and evolution of value-based purchasing and pay for performance
- B. To describe the key characteristics of value-based purchasing and pay for performance models
- C. To explain the structure and application of value-based purchasing implemented by the Centers for Medicare and Medicaid Services for various healthcare settings and payment systems
- D. Explain how compliance with the Centers for Medicare and Medicaid Services value-based purchasing programs affects healthcare reimbursement for a facility, entity, or professional

rev. 1/2024

Competency	Performance Indicators	Learning Activities (Practice Illustrations)	Topic Introduced with no assessment (state Module/topic)	Competency Assessment	
				Formative	
				Description of Assessment	Level
7.1 Revenue Cycle Management	7.1.1 Analyze revenue life-cycle management processes from the initial patient contact through billing, payment adjudication and cash posting.	Methods of payment in the US healthcare	week 1, 6, 14	Reimbursement Methodologies; Case Mix Calculations and Analysis	know/show
	7.1.3 Apply regulatory requirements for patient billing data collection, claim generation and adjudication for reimbursement and compliance.	HIPAA, coding sets and guidelines and how coding and ethics affect compliance.	week 2, 6	Medicare Fraud and Abuse: Prevention, Detection and Reporting; CMS Tutorial 837I and CMS 1450	know/show

	7.1.6 Manage payer contracts agreements, including health insurance, managed care organizations, and government-sponsored healthcare programs.	Managed care plans along a continuum of care.	week 2, 5	Compliance Plan; Managed Care Contract Evaluation;	know/show
7.2 Patient Encounters and Payers Responsibilities	7.2.1 Facilitate prior authorization and insurance eligibility activates.	Identify and differentiates the elements needed for reporting Medicare part C and D.	week 6 and 7	CMS Tutorial: Part C and D Reporting; World of Medicare;	know/show
	7.2.3 Follow an established pricing estimate protocol to generate a transparent and compliant patient estimate of proposed services.	Identify and differentiates among the various government sponsored healthcare programs and the impact on the American healthcare system.	week 3, 4, 14	Commercial HC insurance; Analyzing the different parts of Medicare; Medicaid Assessment; Case-Mix Index analysis	know/show
7.3 Charge Capture, Coding and Documentation	7.3.1. Conduct third-party reviews related to billing, eligibility and enrollment.	Medicare compliance reviews and the facility management of revenue compliance, audit management and revenue cycle analysis	week 7, 13	CMS Medicare Billing: form 1500 and the 836 Professional; National recovery Audit Program Review	know/show
	7.3.2. Perform queries and analyze financial and administrative data to identify over- or inappropriate utilization of services and recommend solutions.	CDI program management, the process, staffing, performance assessment and metrics.	week 9, 10, 12	Revenue Cycle Front-End Processes-Patient Engagement; Revenue Cycle and EOB Analysis; Single Path Coding; CDI Performance Assessment	know/show
	7.3.3 Analyze claims and appeals data to identify frequency, patterns and trends and create strategies to mitigate loss and identify opportunities.	Charge capture with emphasis on single path coding, revenue cycle and the charge master	week 3	CMS Tutorial: Part C Organization Determination, Appeals and Grievances	know/show
	7.3.5 Reconcile remittance advice and payment documentation for revenue cycle management.	Back-end processes of the revenue cycle- Claims production; electronic transactions and designated code sets; Claims reconciliation.	week 8, 11	CMS Tutorial: SNF Consolidated Billing; Test Questions; Analysis of EOB	know/show