

Common Course Outline  
HIIT 221  
Medical Reimbursement Practices and Procedures  
3 Credits

The Community College of Baltimore County

**Description**

Medical Reimbursement Practices and Procedures introduces specific insurance reimbursement policies and procedures and emphasizes procedures for Blue Cross/Blue Shield, Medicare, Medicaid, Tricare, and health maintenance organizations (HMOs). Students learn how to determine case mix index and reimbursement procedures for a variety of health care settings, including physician billing, inpatient/outpatient billing, and billing for clinics and labs. 3 credits.  
*Prerequisites: HIIT 102, HIIT 130 and HIIT 210.*

**Overall Course Objectives**

Upon successful completion of this course, students will be able to:

1. describe the reimbursement procedures for different types of medical records;
2. explain the difference between the HCFA 1500 and the UB-92 claims processes;
3. differentiate between the claims process for a doctor's office and for a hospital setting;
4. explain how case mix index is determined for the State of Maryland;
5. distinguish among insurance reimbursement practices in different states;
6. recognize fraudulent and abusive coding;
7. identify resources used to research specific insurance reimbursement procedures;
8. compare and contrast reimbursement practices for various types of medical insurance, including Blue Cross/Blue Shield, Medicare, Medicaid, HMOs, and Tricare;
9. explain the concept of managed care in terms of cost control and access;
10. describe the maintenance cycle of the charge description master;
11. describe the relationship between the Ambulatory Payment Classification system and the outpatient prospective payment system;
12. critique health care websites;
13. establish a patient record retention policy for the physician's office;
14. provide examples of breaches of confidentiality;
15. define the False Claims Act and explain its role in prosecuting health care fraud and abuse;
16. explain how patient authorization for release of information is obtained for electronic claims;
17. code electronic and paper-based claims using the ICD-9-CM and CPT-4 classification systems and in compliance with federal regulations;
18. perform data quality review to validate code assignment and compliance with reporting requirements;
19. defend coding decisions on health claims;

20. analyze reimbursement data such as cost per case, DRGs, chargemaster, and APC; and
21. compile, graph, and present data using spreadsheet and database software.

## **Major Topics**

- I. Introduction to health insurance
- II. Managed health care
- III. Reimbursement practices in different states
- IV. Claims processes
- V. Insurance companies and differences in practices and procedures
- VI. Prospective Payment System
- VII. Charge Per Case
- VIII. Workers' compensation
- IX. Ambulatory Payment Classification
- X. Outpatient Prospective Payment System
- XI. Legal, ethical, and regulatory considerations
- XII. Federal legislation
  - a. Health Maintenance Organization Assistance Act of 1973
  - b. Tax Equity and Fiscal Responsibility Act of 1982
  - c. Preferred Provider Health Care Act of 1985
  - d. Consolidated Omnibus Budget Reconciliation Act of 1985
  - e. False Claims Act
- XIII. DHHS Office of Inspector General
- XIV. Reimbursement and federal compliance regulations
- XV. HIPAA Compliance
- XVI. Centers for Medicare and Medicaid Services
  - a. National Correct Coding Initiative
  - b. Quality Initiatives
  - c. Medicare Prescription Drug, Improvement, and Modernization Act of 2003
- XVII. Correlation between Diagnostic Related Groups (DRGs) and case mix index
- XVIII. Correlation between Diagnostic Related Groups (DRGs) and chargemaster
- XIX. ICD-9-CM and CPT-4 coding for health claims
- XX. Documentation and coding quality

## **Course Requirements**

Grading: Grading procedures will be determined by the individual faculty member but will include the following:

1. At least four quizzes
2. Midterm
3. Written research paper, minimum 500 words
4. Annotated website portfolio
5. Oral presentation
6. Final Exam