MED180: Medical Billing and Reimbursement

Syllabus Overview

This syllabus contains all relevant information about the course: its objectives and outcomes, the grading criteria, the texts and other materials of instruction, and weekly topics, outcomes, assignments, and due dates. Consider this your roadmap for the course. Please read through the syllabus carefully and ask questions if you would like anything clarified. Please print a copy of this syllabus for reference.

Course Description

3 Credits

Prerequisite:

MED150

This course advances students into the world of billing and collections, as well as reimbursement processes such as audits and claims appeals. Emphasis is placed on understanding the varying payor sources that patients utilize, proper billing techniques, general claims management and overall reimbursement life cycle.

Course Outcomes

At the completion of this course, students should be able to:

- Explain the basic steps in the medical billing process and understand compliant billing.
- Describe factors that determine patient benefit eligibility.
- Describe patient charges, billing procedures, and transactions.
- Understand the various payor sources (Individual and Group Health Insurance, Medicare, Medicaid, etc.) and the differences between them.
- Discuss the relationship between medical records documentation and billing.
- Explain the preparation and transmission of electronic insurance claims.
- Explain the collections process and understand collections regulations.

Communication with Your Instructor

You will receive a welcome email from your instructor prior to the start of class. This email will contain your instructor's contact information. Your instructor will also be communicating with you via several methods in the course, including:

- **Announcements** – This communication tool, located on the navigation menu within your course in Canvas, contains important updates. Be sure to check for new announcements from your instructor each time you access your course.

- **Q&A** – Use this discussion board, located on the Home screen in your course, to communicate with your instructor and classmates regarding general course questions (i.e. missing links, assignment clarification, etc.).

- **Inbox** – Use the Inbox, located in the top right corner of Canvas, to send a message to your instructor or classmates.

Materials and Resources

Required Textbook:

Valerius, J.D., Bayes, N.L., Newby, C., & Blochowiak, A.L. (2017). *Medical insurance: A revenue cycle process approach, Seventh Edition*. New York, NY: McGraw-Hill Education.

Bookstore Information

The bookstore is located in the left-hand navigation of any Canvas course.

Library Services

Detailed information about the eLibrary can be found in the Student Resource Center. This is a course that all students have access to during their academic career.

Canvas Help Desk and Technical Questions

If you experience technical issues in your course, please contact the Canvas Help Desk by clicking the Help link (top right corner within Canvas). There are 3 ways to contact them:

- Phone (888-628-2749)
- Live chat
- Report a problem (submit a ticket)

Be sure to notify your instructor of any technical difficulties you are experiencing.

Additional resources are available in the Student Resource Center and the Canvas Guides website: https://community.canvaslms.com/docs/DOC-4121

Weekly Schedule

Week 1	The Patient Encounter, Visit Charges and Associated Billing
Outcomes	1. Explain the method used to classify patients and understand how to verify patients' eligibility for insurance benefits. 2. Understand the importance of requesting referral or preauthorization approval. 3. Determine primary insurance for patients who have more than one healthplan. 4. Identify the eight types of charges that may be collected from patients at the time of service. Discuss types of coding and billing errors and major strategies that help ensure compliant billing.
Readings	Chapter 3: Patient Encounters and Billing Information (with Interactive Learning Activities) Chapter 6: Visit Charges and Compliant Billing (with Interactive Learning Activities) Crossover Health. (2017, April 23). Millenial patients: Care delivery for the next generation of patients. Retrieved from http://crossoverhealth.com/millenial-patients-care-delivery-for-the-next-generation-of-patients/
Lecture	The World of Pre-approval and Pre-authorization
Multimedia	The Bedside Manner [caiticat141]. (2011, March 26). *Knocked Up --- Doctor/Patient Communication* [Video file]. Retrieved from https://youtu.be/5m3bpJ4hTG8
Discussion	**"Close Encounters of the Patient Kind…We are Patients, not Aliens."** — *A Critical Thinking Discussion* As we learn about patient billing, we learn about billing for the "encounter", and documenting on the "encounter form." We find that time is referred to as units, in some cases "billing units," and we are now "Health Care Consumers" and no longer "Patients." Discuss in your opinion whether this is a good trend or a bad one? Have we taken control of our healthcare or lost control of it by "de-personalizing" the trip to the doctor or the stay in the hospital? What, if any, has been your experience with becoming and "encounter" and not a patient and how do you feel about it? How do you think this trend will change in the future, or will it? Back up your opinions with references and in-text citations to course readings, lectures or external articles.
Assignments	**CONNECT:** **Week 1 Interactive Assignment** Instructions: Complete the interactive Homework Assignment (Chapters 3 & 6) **Week 1 Applying Knowledge Worksheets**

	Instructions: Complete the Comprehension Worksheet (Chapters 3 & 6)
Quiz	Refer to your course
Week 2	**Private Payers and Affordable Care Act Plans**
Outcomes	1. Describe the major features of group health plans, and discuss various private payer plans, health reimbursement accounts, health savings accounts, and flexible savings (spending) accounts. 2. Compare the four ACA medical plans. 3. Analyze the purpose of the five main parts of participation contracts. Understand preparation of accurate private payer claims.
Readings	Chapter 8: Private Payers/ACA Plans (with Interactive Learning Activities)
Lectures	How bad is the ACA, really?
Multimedia	The ACA [BrainStuff --- HowStuffWorks]. (2013, October 7). *How does the Affordable Care Act work?* [Video file]. Retrieved from https://youtu.be/vju70I6qSKk
Discussion	**"Healthcare Reform – Repeal, Replace, Re-do"** *– A Critical Thinking Discussion* This is a great controversial subject to throw out there in Week two, now isn't it? But let's face it, it is at the forefront of the major political debate with almost every administration and is an issue of major importance to almost every citizen in the United States. Let me caution you on this discussion. Healthcare reform is a subject that is very important and personal, be respectful of each other's opinions, "read before you react," and discuss as opposed to argue. Considering what we have studied so far about the ACA (Obamacare) Plans, perhaps your personal experience with Obamacare, and what you have read in the news or researched on the internet about proposed legislation to reform our healthcare system once again, think about what you feel is the best solution to the healthcare crisis. What effect would it have on healthcare as a whole? What makes it good and what would be the down side? Back up your opinions with references and in-text citations to course readings, lectures or external articles.
Assignments	**CONNECT:** **Week 2 Interactive Assignment** Instructions: Complete the interactive Homework Assignment **Week 2 Applying Knowledge Worksheets** Instructions: Complete the Comprehension Worksheet
Quiz	Refer to your course

Week 3	Understanding Medicare
Outcomes	1. List the eligibility requirements for Medicare program coverage and differentiate among Medicare Part A, Part B, Part C, and Part D. 2. Outline the features of the Original Medicare Plan and discuss the features and coverage offered under Medicare Advantage plans. 3. Discuss the Medicare, Medical Review (MR), recovery auditor, and ZPIC programs.
Readings	Chapter 9: Medicare (with Interactive Learning Activities) • Kaiser Family Foundation. (2017, November 22). An Overview of Medicare. Retrieved from http://www.kff.org/medicare/issue-brief/an-overview-of-medicare Kaiser Family Foundation. (n.d.). Medicare beneficiaries as a percent of total population. Retrieved from http://www.kff.org/medicare/state-indicator/medicare-beneficiaries-as-of-total-pop
Lectures	• A Brief History of Medicare The Alphabet of Medicare (A, B, C and D)?
Multimedia	Medicare & You: Understanding Your Medicare Choices [CMSHHSgov]. (2015, April 30). *Medicare & you: Understanding your Medicare choices* [Video file]. Retrieved from https://youtu.be/WZVQSFBq2uw
Discussion	**"Is Medicare doing what it was intended?"** – *An Applied Learning Discussion* Medicare is a National Health Program, put simply, for those 65 and over, or with disabilities or chronic illnesses and It covered almost 17% of Americans in 2016. The original thought process behind the creation of Medicare was to make sure that citizens who retired would still have equivalent insurance benefits to those they had when they were employed. But the provision of benefits by employers has changed and in some cases, Medicare is the first opportunity for some people to actually have good health insurance. In addition, its inclusion of people with disabilities or chronic illnesses has further expanded the number of people covered and greatly increased the costs of maintaining Medicare. Discuss your thoughts on whether Medicare is serving its purpose as it was intended or needs major overhaul. Is it being abused by enrollees, meaning are people who should not be covered getting coverage? Is it being abused by the providers, meaning is the government being overbilled for services, just because someone has Medicare?

	Do you think it perhaps it should be managed by someone other than the government? Back up your opinions with references and in-text citations to course readings, lectures or external articles.
Assignments	**CONNECT:** **Week 3 Interactive Assignment** Instructions: Complete the Interactive Homework Assignment **Week 3 Comprehension Check** Instructions: Complete the Comprehension Worksheet
Quiz	Refer to your course
Week 4	**Understanding Medicaid**
Outcomes	1. Discuss the purpose of the Medicaid program and the general eligibility requirements for Medicaid. 2. Assess the income and asset guidelines used by most states to determine eligibility and describe the types of plans that states offer Medicaid recipients. Explain the services that Medicaid usually does not cover.
Readings	Chapter 10: Medicaid (with Interactive Learning Activities)
Lectures	• Understanding the History of Medicaid Why has Medicaid become so big?
Multimedia	Understanding Healthcare Costs: Medicaid Milliman, Inc. (2012, October 11). *Understanding healthcare costs: Medicaid* [Video file]. Retrieved from https://youtu.be/NZJ-k0uLx0A
Discussion	**"Medicaid is State Based...Should it be?"** – *An Applied Learning Discussion* Medicaid is partially federally funded and partially state funded. As we all know not every state is equal in per capita income and the number of poor and disabled is equally unbalanced. Under the Affordable Care Act (ACA) Medicaid funding was expanded, yet some states opted out of accepting the additional funding. This, in some states, is leading to Medicaid cuts in benefits and eligibility, leading to crisis in many families. Since this is such an important program, especially to the poor and to our children, discuss whether this program should be state based at all, or fully administered at the federal level? If your State opted out, what is the potential damage? If this been a Federally administered program would there be less concern and would more lives be covered? Is there a counterpoint to this? Should it remain it currently is currently administered? Back up your opinions with references and in-text citations to course readings, lectures or external articles.

Assignments	**CONNECT:** **Week 4 Interactive Assignment** Instructions: Complete the interactive Homework Assignment **Week 4 Comprehension Check** Instructions: Complete the Comprehension Worksheet
Quiz	Refer to your course
Week 5	**Understanding Healthcare for Military Personnel and Military Families**
Outcomes	1. Explain the eligibility requirements for TRICARE and explain how the TRICARE Standard, TRICARE Prime, and TRICARE Extra programs differ. 2. Discuss the TRICARE for Life program. 3. Understand the eligibility requirements for CHAMPVA.
Readings	Chapter 11: TRICARE and CHAMPVA (with Interactive Learning Activities)
Lectures	The Fast-Changing World of Healthcare for Military Families
Discussion	**"Its your turn…what is the difference between Military Healthcare and the VA?"** – *A Research Discussion* Now it is your turn! Isn't Military Healthcare and the VA the same thing? Don't they both serve military personnel and their families? One would think so, but there is a difference. Do a little research on the VA Healthcare System versus the Military Healthcare system. Discuss your interpretation in their differences. Should they be combined under one Military Service Healthcare System? Consider whether they are efficient or whether one is more efficient than the other. How about sufficient access to services? Back up your opinions with references and in-text citations to course readings, lectures or external articles.
Assignments	**CONNECT:** **Week 5 Interactive Assignment** Instructions: Complete the interactive Homework Assignment **Week 5 Comprehension Check** Instructions: Complete the Comprehension Worksheet
Quiz	Refer to your course
Week 6	**Workers' Compensation and Disability Automotive Insurance**
Outcomes	1. Explain the four federal workers' compensation plans. 2. Describe the two types of state workers' compensation benefits. 3. Classify work-related injuries.

	4. List three responsibilities of the physician of record in a workers' compensation case. Differentiate between Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI).
Readings	Chapter 12: Workers' Compensation and Disability Automotive Insurance (with Interactive Learning Activities)
Lectures	• Workers' Compensation Fraud and Abuse…no, really! HIPAA doesn't apply to Workers' Compensation Cases? Are you serious?
Resources	Social Security Office of Retirement and Disability Policy (2016). Workers' compensation program description and legislative history. In *Annual Statistical Supplement, 2016*. Retrieved from https://www.ssa.gov/policy/docs/statcomps/supplement/2016/workerscomp.html
Discussion	**"Have we gone too far with Workers' Compensation…are the Lawyers the only ones getting rich?"** – *A Critical Thinking Discussion* You see them every day…the billboards "Fighting For The Average Joe," "For Others, It's Just Business. For Us, It's Personal,"" You Can Trust Us To Get You The Money You Deserve,"" Hurt In A Slip, Trip, Or Fall Accident? I Represent Injured People!" These are the slogans of the Personal Injury Attorneys. These are also the same lawyers that provide representation in workers' compensation cases. Workers' Compensation was set up for a specific purpose, to provide compensation for workers who are injured and who are unable to work at a particular point in their lives, maybe even permanently. But as with any program where there is money involved, it has been twisted (or perverted if you would) into something that represents a money=making machine but who does it benefit? Most attorneys who represent a client of this type take 1/3 of the settlement. When you consider the statistics, in 2014 loss wages compensation accounted for $30.9 billion, making the lawyer side of this business a $10 Billion industry. Discuss if you feel this is fair. Consider it from all sides as the tax payers (you), the injured worker, and the employer. Should the fees be capped? Should cases be categorized insofar as settlement amount? What should be different, if anything? Back up your opinions with references and in-text citations to course readings, lectures or external articles.
Assignments	**CONNECT:** **Week 6 Interactive Assignment** Instructions: Complete the interactive Homework Assignment **Week 6 Comprehension Check** Instructions: Complete the Comprehension Worksheet

Quiz	Refer to your course
Week 7	**Preparation and Submission of Claims and Obtaining Payment**
Outcomes	1. Discuss the content of the CMS-1500 claim form including the patient information section and the physician or supplier information section, 2. Categorize data elements into the five sections of the HIPAA 837P claim transaction and explain the hierarchy. 3. Compare the three major methods of electronic claim transmission. 4. Describe the procedures for following up on claims after they are sent to payers. 5. Interpret a remittance advice (RA) and identify the points that are reviewed on an RA. Explain the process for posting payments and managing denials, including the purpose and general steps of the appeal process.
Readings	Chapter 7: Healthcare Claim Preparation and Transmission (with Interactive Learning Activities) Chapter 13: Payments (RA's), Appeals, and Secondary Claims (with Interactive Learning Activities) Andrews, M. & Kaiser Health News. (2016, December 15). Doctors and hospitals ask patients to pay up before treatments. *CNN Money*. Retrieved from http://money.cnn.com/2016/12/15/news/economy/doctors-hospitals-patient-payments/index.html
Lectures	The doctor performed the service…just pay him. Why the denial and appeal?
Discussion	**"You want me to sign WHAT for financial responsibility?"** – *A Critical Thinking Discussion* A recent addition to the standard financial responsibility verbiage in the standard physician forms, is the agreement to pay, or to accept responsibility to pay for services if the insurance company does not cover the visit or portions thereof. Wait! What? Isn't that why I have insurance? Isn't that what my premiums are for and what my co-pay covers? This is all too common today and the policies (our policies) are all too confusing to read and know exactly what is our responsibility. Coincidence? Discuss your feelings the level of responsibility that the physician's office or hospital has on verifying benefits and assuming responsibility for their errors. Consider your feelings on making policies "plain language," so they can be understood and easily clarified. Should you, as the patient, be responsible if your insurance company does not pay for a service that your physician orders? Should you be responsible to fight to get that service paid for? Back up your opinions with references and in-text citations to course readings, lectures or external articles.
Assignments	**CONNECT:**

	Week 7 Interactive Assignment Instructions: Complete the interactive Homework Assignment (Chapters 7 &13) **Week 7 Applying Knowledge Worksheets** Instructions: Complete the Comprehension Worksheet (Chapters 7 &13)
Quiz	Refer to your course
Week 8	**The Final Process: Patient Billing and Collection**
Outcomes	1. Explain the structure of a typical financial policy 2. Classify the responsibilities for each position that is typically part of billing and collections and describe the processes and methods used to collect outstanding balances. 3. Name the two federal laws that govern credit arrangements. 4. Describe the procedures for clearing uncollectible balances and analyze the purpose of a retention schedule. Review and evaluate your learning experience in this course.
Readings	Chapter 14: Patient Billing and Collections (with Interactive Learning Activities)
Lecture	Understanding Practice Management Systems
Discussion	**Medical Billing and Reimbursement** --- *A Personal Reflection Assignment* Write a short statement of 125 to 150 words which completes and explains the following sentence. "One of the most important things I learned in this course that I can apply in the future to my studies or my career was…"
Assignments	**CONNECT:** **Week 8 Interactive Assignment** Instructions: Complete the interactive Homework Assignment **Week 8 Comprehension Check** Instructions: Complete the Comprehension Worksheet
Quiz	Refer to your course

Grading and Evaluation

Your grades will reflect the way in which you present and support your topics and positions in the various learning activities used in this course. The grades will be based on the quality and quantity of your comments and responses in the various activities.

Be sure to review the discussion and assignment rubrics in the course for specific grading criteria.

The various graded activities are weighted as follows:

Course Element	% of Final Grade
Assignments	30%
Discussions	40%
Quizzes	30%
Total	**100%**

Students will be expected to meet all the deadlines of the class as indicated throughout the course and in the syllabus. This is primarily so we don't get behind in the course. In addition, discussions cannot overlap from one week to the next. This is to ensure that all discussions and submissions take place within the week they are scheduled in order to be of value to the entire class as well as to help you not get behind. If there are extenuating circumstances, you will need to communicate that to the instructor and make arrangements accordingly, if appropriate.

Late Assignments: Exceptions are to be determined by the instructor on a case-by-case basis. There will be no opportunities for extra credit.

Learner Success Guidelines

These guidelines are provided to help you succeed in your coursework:

- Participate in the class introduction activity on the first day of class.
- Submit ALL assignments by the posted due dates and times.
- Check your emails daily.
- Contact Portal Help for logon problems or Canvas Help for technical issues with Canvas.
- Participate fully in all threaded discussions.
- Contact your instructor if you have questions about an assignment or need additional help completing your work successfully.

Academic dishonesty is grounds for dismissal from the program.

Academic Policies

The following Academic Polices can be found in the [Student Resource Center](#).

- Grading Criteria
- Reasonable Accommodations Policy
- Student Attendance Policy

- Academic Honesty and Integrity Policy
- Student Engagement and the Granting of Academic Credit
- Copyright Policy

Caveat

The above schedule, content, and procedures in this course are subject to change. All policies are superseded by the latest College Catalog available on our website: https://www.cambridgecollege.edu/student-rights-complaints-grievances/student-code-conduct