An in-depth understanding of Medicare payment systems is crucial to obtain equitable reimbursement in today’s complex healthcare arena. Without this knowledge, financial and administrative officers and analysts will make uninformed decisions that will cause their hospitals to lose money.

Reimbursement Essentials is a comprehensive e-learning course curriculum that provides hands-on knowledge needed to accurately submit information, process claims and appeal denials. The interactive curriculum delves into the various ways that payments are impacted by coding, hospital-acquired conditions and other quality issues. Government audit procedures, such as CERT and RAC audits, also are addressed.

The four-course, 35-lesson program, which offers preapproved continuing education credits, is designed for hospital-based health information managers, finance departments, billing staff, compliance officers and revenue cycle managers.

The courses cover Medicare topics such as:
- Inpatient and outpatient prospective payment systems
- MS-DRG and APC classification systems
- Medicare Code Editor
- National Correct Coding Initiative
- Hospital-Acquired Conditions
- Present on Admission indicator
- Hospital Quality Initiatives
- Reporting Hospital Quality Data for Annual Payment Update Program
- Comprehensive Error Reporting Program
- Recovery Audit Contractors

Key Features:
- Covers the philosophy and functionality of prospective payment systems
- Identifies a multitude of edits, explaining what they mean and how to process the information communicated by edits
- Use of tables, graphs and real-life exercises to reinforce learning
- Ties together coding, charge capture, claims processing and denial management
- Addresses “hot topics” such as present on admission (POA), hospital-acquired conditions (HAC), and recovery audit contractor (RAC) audits
- Addresses transfer payments, outlier payments, new medical service and technology add-on payments, relative weights, cost outliers, and case mix
- Explains what a MS-DRG is and the impact of documentation and coding on the MS-DRGs and payment
- Identifies data elements required to assign an MS-DRG

With hospitals facing ever greater scrutiny involving quality measures and outcomes, Reimbursement Essentials will aid in the design of internal quality improvement, review and audit programs.

REIMBURSEMENT ESSENTIALS WILL SAVE HOSPITALS MONEY
- Improved and more appropriate reimbursements
- Less time spent determining reasons for claim denials
- Reduced A/R delays with clean claims
- Improved compliance and less risk of over/underpayments or penalties
- Reduced overhead due to less re-work
Outpatient Prospective Payment System (OPPS) (14 lessons)
- Introduction to APCs - An Overview
- Introduction to APCs – Payments and Status Indicators
- Introduction to APCs – Transitional Pass-Through Payments
- Introduction to APCs – Payment Edits
- Chargemaster Fundamentals
- Outpatient Code Editor – Overview of Edits
- Outpatient Code Editor – Units, Partial Hospitalization and Modifier Edits
- Partial Hospitalization Services – Claims Processing
- Condition Codes, Late Charges and Repetitive Services
- Ambulatory Payment Classification (APC) Payment Calculations
- CMS Coverage Issues – An Overview
- Separately Reportable Services in the Emergency Department
- Introduction to Outpatient Billing: UB 04

Inpatient Prospective Payment System (IPPS) (12 lessons)
- An Introduction to the Inpatient Prospective Payment System (IPPS)
- Operating Room (O.R.) and Unrelated O.R. Procedures
- MS-DRG Classification System
- DRG Groupers Explained
- Complications and Comorbidities (CCs)
- Medicare Code Editor (MCE)
- MS-DRG Weights, Payments, and Case Mix Index
- Hospital Prospective Payment Rates
- Acute and Postacute Care Transfers
- New Medical Services and Technology Add-On Payments
- Inpatient Bundling Rules, Leave of Absence, and Readmission
- Cost Outliers

Quality Programs Affecting Reimbursement (6 lessons)
- Present on Admission (POA) Indicator: An Overview
- Hospital-Acquired Conditions (HACs): A Regulator Overview
- Hospital-Acquired Conditions (HACs): Never Events
- Hospital-Acquired Conditions (HACs): Post-Procedure Infections & Venous Complications
- Hospital Quality Initiatives (HQIs): Overview of Regulations and Requirements
- Hospital Quality Initiatives (HQIs): Quality Measures Implemented FY 2004-2009

Auditing and Reviews (3 lessons)
- Medical Review
- CMS Recovery Audit Contractor (RAC) Program
- CMS Comprehensive Error Rate Testing and Medical Reviews for Inpatient Claims

Anywhere/Anytime Learning
Like all of Elsevier/MC Strategies’ e-learning courses, Reimbursement Essentials provides unmatched flexibility by offering self-paced, anywhere/anytime learning that helps eliminate scheduling conflicts and costly, off-site travel. Transcripts and other related documentation are produced and retained for administrative and the individual’s record-keeping through Elsevier/MC Strategies’ Learning Management System, an education platform specifically designed for healthcare settings that now provides education to more than 2.5 million learners.