1 Reimbursement, HIPAA, and Compliance

CHAPTER LESSON PLANS & OBJECTIVES

Lesson 1.1: The Coder's Rule
1. Understand the structure of Medicare.
2. Distinguish between Medicare Part A and Part B.
3. Interpret rules of the Health Insurance Portability and Accountability Act (HIPAA).
4. Locate information in the *Federal Register*.

Lesson 1.2: The Business of Medicine
5. Explain the RBRVS system.

Lesson 1.3: Health Care Fraud
6. Understand the framework of Medicare Fraud.
7. Identify the major components of Managed Health Care.

CHAPTER PRETEST

A Chapter Pretest is available on the Evolve Instructor Resources. This recall-based assessment may be administered to assess student's baseline knowledge; answers feed to the instructor gradebook.

- Access your "Buck's Evolve Resources for Step-by-Step Medical Coding, 2020 Edition"
- Click "Resources"
- Click "Instructor Materials"
- Click "TEACH Pretests"

Classroom Preparation
Lesson 1.1: The Coder's Rule

INSTRUCTOR PREPARATION

Textbook Objectives Covered
1. Understand the structure of Medicare.
2. Distinguish between Medicare Part A and Part B.
3. Interpret rules of Health Insurance Portability and Accountability Act (HIPAA).
4. Locate information in the *Federal Register*.

National Standards Covered
Content
- Ethical decisions, medical jurisprudence, and confidentiality
- Insurance and diagnostic coding

Competencies
- Apply managed care policies and procedures
- Perform diagnostic coding
- Perform within legal and ethical boundaries

Lesson Preparation Checklist
- Prepare lecture from TEACH lecture slides available on Evolve.
- Assemble materials and supplies needed for each lesson as indicated below.
- Student performance evaluation of all entry-level skills required for student comprehension and application of third-party reimbursement guidelines, including:
    - Structure of the Medicare program

Materials and Supplies
- Buck's Step-by-Step Medical Coding, 2020 edition
- Computer
- Internet access
- TV screen or screen projector

Classroom Preparation
Lesson 1.1: The Coder's Rule

	STUDENT PREPARATION (2 hrs)
1	**READ – Textbook (pp. 2-4)**
	PREPARE – Medical Coding Online • Lesson 1-1, Screens 10-11
	ANSWER – Textbook • Chapter Review, Theory, Questions 1-4, 7-8 • Chapter Review, Glossary, Questions 2-3
	ANSWER – Workbook • Theory, Questions 1-4, 11-12
	ANSWER – Online Activities (on Evolve) • Activity 1-1
2	**READ – Textbook (pp. 4-6)**
	PREPARE – Medical Coding Online • Lesson 1-1, Screens 1-9, 12-18
	ANSWER – Textbook • Exercise 1-1 • Quick Check 1-1 • Chapter Review, Learning Objectives, Question 1
	ANSWER – Workbook • Theory, Question 13
	ANSWER – Online Activities (on Evolve) • Activity 1-2
3	**READ – Textbook (pp. 6-9)**
	PREPARE – Medical Coding Online • Lesson 1-2, Screens 1-4
	ANSWER – Textbook • Chapter Review, Learning Objectives, Question 2
	ANSWER – Workbook • Theory, Questions 14-17
4	**READ – Textbook (pp. 9-10)**
	PREPARE – Medical Coding Online • Lesson 1-2, Screens 5-8
	ANSWER – Textbook • Exercise 1-2 • Chapter Review, Learning Objectives, Question 3 • Chapter Review, Glossary, Question 5
	ANSWER – Workbook • Theory, Question 8

50-Minute Lesson Plan
Lesson 1.1: The Coder's Rule

LECTURE OUTLINE (30 min)	
1	UNDERSTAND THE STRUCTURE OF MEDICARE: SLIDES 1-12 (pp. 2-4)
2	DISTINGUISH BETWEEN MEDICARE PART A AND PART B: SLIDES 13-19 (pp. 4-6)
3	INTERPRET RULES OF THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA): SLIDE 20 (pp. 6-9)
4	LOCATE INFORMATION IN THE *FEDERAL REGISTER*: SLIDES 21-23 (pp. 9-10)

LEARNING ACTIVITIES (choose one or more to equal 20 min)	
1	**ROLE-PLAY (10 min)** • Divide the class into four groups. Ask each group to think of three situations in which coding ethics arise. The groups should then role-play these situations for the class to demonstrate possible coder responses. • *Appropriate Settings:* Traditional classroom, flipped classroom
2	**DISCUSS (10 min)** • Complete Exercise 1-1 out loud with the class and discuss any questions the students may have. • *Appropriate Settings:* Traditional classroom, flipped classroom, online

3	**DISCUSS (10 min)** • Discuss the parts of the Administrative Simplification portion of HIPAA and how it pertains to privacy and confidentiality. This includes electronic transactions such as nonsecure emails, discussions in the halls, and other means that confidentiality may be broken. • *Appropriate Settings:* Traditional classroom, flipped classroom, online
4	**REVIEW (10 min)** • Divide the students into groups and have them complete Exercise 1-2 and then go over the answers with the class. • *Appropriate Settings:* Traditional classroom, flipped classroom **RESEARCH (10 min)** • Have students access one October, November, or December issue of the *Federal Register*, describe Medicare policy changes to the class, and discuss how changes affect provider reimbursement. • *Appropriate Settings:* Traditional classroom, flipped classroom, online

CRITICAL THINKING QUESTION

What are Medicare Parts A and B, and how do they affect coding?

Discussion Guidelines: Part A is hospital insurance. Hospitals report Part A services by using ICD-10-CM codes and DRG assignment. Part B is supplemental insurance that helps to pay for physicians' services, outpatient hospital services, and home health care. These services are reported using ICD-10-CM codes for diagnosis, CPT codes for procedure, and HCPCS codes for additional supplies and services.

Classroom Preparation
Lesson 1.2: The Business of Medicine

INSTRUCTOR PREPARATION

Textbook Objectives Covered
5. Explain the RBRVS system.

National Standards Covered
Content
- Ethical decisions, medical jurisprudence, and confidentiality
- Insurance and diagnostic coding

Competencies
- Apply managed care policies and procedures
- Perform diagnostic coding
- Perform within legal and ethical boundaries

Lesson Preparation Checklist
- Prepare lecture from TEACH lecture slides available on Evolve.
- Assemble materials and supplies needed for each lesson as indicated below.
- Student performance evaluation of all entry-level skills required for student comprehension and application of third-party reimbursement guidelines, including:
  - RBRVS system

Materials and Supplies
- Buck's Step-by-Step Medical Coding, 2020 edition
- Computer
- Internet access
- TV screen or screen projector

Classroom Preparation
Lesson 1.2: The Business of Medicine

STUDENT PREPARATION (1.5 hrs)	
5	**READ – Textbook (pp. 11-16)** **PREPARE – Medical Coding Online** • Lesson 1-3, Screens 1-7 **ANSWER – Textbook** • Exercise 1-3 • Chapter Review, Theory, Questions 5-6 • Chapter Review, Practical, Questions 1-5 • Chapter Review, Learning Objectives, Question 4 • Chapter Review, Glossary, Question 1 **ANSWER – Workbook** • Theory, Questions 5-7, 9-10, 18-20

50-Minute Lesson Plan
Lesson 1.2: The Business of Medicine

LECTURE OUTLINE (30 min)

5	**EXPLAIN THE RBRVS AND THE MFS SYSTEMS: SLIDES 24-28 (pp. 11-16)**

LEARNING ACTIVITIES (choose one or more to equal 20 min)

5	**ANALYZE (20 min)**
	• Give the students a list of fictitious procedures and prices. Have them figure out the preoperative, intraoperative, and postoperative percentages of the procedure if different physicians performed them. For example, if you gave them a charge of $1000.00, the preoperative work would reimburse 15% or $150, intraoperative 70% or $700, and postoperative 15% or $150.
	• *Appropriate Settings:* Traditional classroom, flipped classroom

CRITICAL THINKING QUESTION

The physician fee schedule is updated April 15 of each year. What three basic elements compose this fee schedule? What are the advantages of being paid in this manner?

Discussion Guidelines: A relative value unit for each service, a geographic adjustment factor to adjust for regional variations in the cost of operating a health care facility, and a national conversion factor. The main advantage would be that the physician would know ahead of time the reimbursement of the procedure that he or she performs and as such, can plan accordingly.

Classroom Preparation
Lesson 1.3: Health Care Fraud

INSTRUCTOR PREPARATION

Textbook Objectives Covered
6. Understand the framework of Medicare Fraud.
7. Identify the major components of Managed Health Care.

National Standards Covered
Content
- Ethical decisions, medical jurisprudence, and confidentiality
- Insurance and diagnostic coding

Competencies
- Apply managed care policies and procedures
- Perform diagnostic coding
- Perform within legal and ethical boundaries

Lesson Preparation Checklist
- Prepare lecture from TEACH lecture slides available on Evolve.
- Assemble materials and supplies needed for each lesson as indicated below.
- Student performance evaluation of all entry-level skills required for student comprehension and application of third-party reimbursement guidelines, including:
  - Issue of Medicare fraud and abuse
  - Managed care

Materials and Supplies
- Buck's Step-by-Step Medical Coding, 2020 edition
- Computer
- Internet access
- TV screen or screen projector

Classroom Preparation
Lesson 1.3: Health Care Fraud

STUDENT PREPARATION (2 hrs)	
6	**READ – Textbook (pp. 16-19)** **PREPARE – Medical Coding Online** • Lesson 1-4, Screens 1-9 **ANSWER – Textbook** • Toolbox 1-1 • Chapter Review, Theory, Questions 7-8 • Chapter Review, Learning Objectives, Question 5 **ANSWER – Workbook** • Theory, Questions 21
7	**READ – Textbook (pp. 19-21)** **PREPARE – Medical Coding Online** • Lesson 1-5, Screens 1-8 **ANSWER – Textbook** • Exercise 1-4 • Chapter Review, Learning Objectives, Question 6 • Chapter Review, Glossary, Question 4 **ANSWER – Workbook** • Theory, Questions 22-25

50-Minute Lesson Plan
Lesson 1.3: Health Care Fraud

6	**UNDERSTAND THE FRAMEWORK OF MEDICARE FRAUD: SLIDES 29-37 (pp. 16-19)**
7	**IDENTIFY THE MAJOR COMPONENTS OF MANAGED HEALTH CARE: SLIDES 38-43 (pp. 19-21)**

LEARNING ACTIVITIES (choose one or more to equal 20 min)

6	**DISCUSS (10 min)** • Divide the class into groups and ask them to discuss how they would handle a situation in which they discovered a physician committing fraud and abuse. Ask them to share their thoughts with the class. • *Appropriate Settings:* Traditional classroom, flipped classroom
7	**PRACTICE (10 min)** • Divide the class into groups and ask them to list the benefits and drawbacks to patients of enrollment in an HMO. Ask them to share their thoughts with the class. • *Appropriate Settings:* Traditional classroom, flipped classroom

CRITICAL THINKING QUESTION

What are common types of Medicare fraud?

Discussion Guidelines: Common types of Medicare fraud include billing for services not furnished (billing for a visit when the patient failed to keep an appointment); misrepresenting a diagnosis to justify a payment; soliciting, offering, or receiving a kickback; unbundling or "exploding" charges (billing a bundled procedure as a series of individual procedures); falsifying certificates of medical necessity, plans of treatment, and medical records to justify a payment; and upcoding (submitting a code for a complex fracture when the patient had a simple fracture).

Assessments
Chapter 1: Reimbursement, HIPAA, and Compliance

ASSESSMENTS BY OBJECTIVE	
1	**Textbook** • Chapter Review, Theory, Questions 1-4, 7-8 **Workbook** • Theory, Questions 1-4, 11-12 **Tests (on Evolve)** • Test Bank o Create a test using ExamView; sort by objective. • Ready-Made Tests • TEACH Pretest **Online Activities (on Evolve)** • Activity 1-1
2	**Workbook** • Theory, Question 13 **Tests (on Evolve)** • Test Bank o Create a test using ExamView; sort by objective. • Ready-Made Tests • TEACH Pretest **Online Activities (on Evolve)** • Activity 1-2
3	**Workbook** • Theory, Questions 14-17 **Tests (on Evolve)** • Test Bank o Create a test using ExamView; sort by objective. • Ready-Made Tests • TEACH Pretest
4	**Workbook** • Theory, Questions 8 **Tests (on Evolve)** • Test Bank o Create a test using ExamView; sort by objective. • Ready-Made Tests • TEACH Pretest
5	**Textbook** • Chapter Review, Theory, Questions 5-6 • Chapter Review, Practical, Questions 1-5 **Workbook** • Theory, Questions 5-7, 9-10, 18-20 **Tests (on Evolve)**

	• Test Bank o Create a test using ExamView; sort by objective. • Ready-Made Tests • TEACH Pretest
6	**Textbook** • Chapter Review, Theory, Questions 7-8 **Workbook** • Theory, Question 21 **Tests (on Evolve)** • Test Bank o Create a test using ExamView; sort by objective. • Ready-Made Tests • TEACH Pretest
7	**Workbook** • Theory, Questions 22-25 **Tests (on Evolve)** • Test Bank o Create a test using ExamView; sort by objective. • Ready-Made Tests • TEACH Pretest