

# HITM2264 - Revenue Cycle Management

Credits:	3 (2/1/0)
Description:	This course covers the current revenue cycle systems used in the healthcare industry, from initial patient encounter to receipt of payment.
Prerequisites:	<ul style="list-style-type: none"> <li>• HITM1151</li> <li>• HITM1236</li> <li>• MATH0085</li> </ul>
Corequisites:	
Pre/Corequisites*:	
Competencies:	<ol style="list-style-type: none"> <li>1. Define revenue life cycle management from initial patient contact through billing, payment adjudication and cash posting.</li> <li>2. Support patients in navigating the healthcare system, including reimbursement and access to services.</li> <li>3. Perform revenue cycle functions following regulatory requirements.</li> <li>4. Apply diagnostic and procedural coding knowledge to support reimbursement methodologies and payment systems.</li> <li>5. Locate and navigate the CMS transmittal and other payor portals.</li> <li>6. Facilitate prior authorization and insurance eligibility activities.</li> <li>7. Identify and correct problems with billing, coding and documentation to improve accepted claims.</li> <li>8. Manage the revenue cycle audit process.</li> <li>9. Identify the reporting requirements associated with healthcare fraud and abuse.</li> <li>10. Analyze data and reports to identify trends and patterns of fraud or abuse.</li> <li>11. Follow an established pricing estimate protocol to generate a transparent and compliant patient estimate of proposed services.</li> </ol>
MnTC goal areas:	None

\*Can be taking as a Prerequisite or Corequisite.