



# Course Competency Report by Code

Code: C258

## Financial Resource Management and Healthcare Reimbursement (C258)

Course of Study: C258 - Financial Resource Management and Healthcare Reimbursement  
 Course Level: Undergraduate  
 Course Division: Senior  
 Discipline: Health  
 Course Type:  
 Department: Health Professions

COMPETENCY #	COMPETENCY NAME	COMPETENCY TEXT
732.2.1	Reimbursement Methodologies	The graduate describes and compares contemporary healthcare reimbursement methodologies and systems utilized in the United States.
732.2.2	Clinical Coding and Coding Compliance	The graduate identifies and evaluates code sets associated with various levels of healthcare settings and articulates procedural and ethical guidelines, rules, and regulations for clinical coding within healthcare organizations.
732.2.3	Voluntary Healthcare Insurance Plans and Managed Care	The graduate describes key components of private, commercial, and Blue Cross and Blue Shield insurance plans and evaluates how various insurers use coding in the billing process.
732.2.4	Government-Sponsored Healthcare Programs- Including Medicare and Medicaid	The graduate evaluates and explains various government-sponsored healthcare programs and recognizes the impact that government-sponsored healthcare programs have on the healthcare system in the United States.
732.2.5	Government-Sponsored Healthcare Programs- Other Components and Methods	The graduate evaluates and explains components and methods of non-Medicare/non-Medicaid government-sponsored healthcare programs and recognizes the impact that government-sponsored healthcare programs have on the healthcare system in the United States.
732.2.6	Ambulatory Reimbursement Systems	The graduate evaluates and explains the structures and components of and performs payment calculations for outpatient healthcare reimbursement in healthcare organizations.
732.2.7	Coding, Billing, and Revenue Cycle Processes	The graduate evaluates coding and billing functions and ascertains potential impacts to institutional revenue cycles for healthcare organizations.
732.5.8	Reimbursement Quality Issues	The graduate describes and compares models of quality reporting systems, explains how these models link quality to reimbursement, and evaluates the role of health information management for healthcare organizations.
732.2.9	Healthcare Finance	The graduate develops a broad knowledge of financial information and organization classification as well as financial decision-making processes in the operations of healthcare organizations.
732.2.10	Operating Revenue & the Revenue Cycle	The graduate describes and compares sources of operating revenue and facility-wide structures of revenue cycles in healthcare organizations, and calculates rates of federal programs applicable to healthcare organizations.



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732.2.11	Legal and Regulatory Environment	The graduate describes major components of the U.S. healthcare legal and regulatory environments and evaluates policies and procedures in healthcare organizations to ensure compliance with federal laws and regulations.
732.2.12	Revenue Determination	The graduate describes the general factors that influence healthcare pricing and the components of negotiating a managed care contract, and calculates returns on investment for healthcare organizations.
732.2.13	General Accounting Principles & Financial Statements	The graduate describes the functions of financial and managerial accounting, and analyzes financial statements for healthcare organizations.
732.2.14	Strategic Financial Planning	The graduate explains the strategic financial process, the components of cost concepts, and decision making and capital formations, and evaluates financial plans for healthcare organizations.
732.2.15	Management Control Process	The graduate explains the management control process and analyzes variances for management use in healthcare organizations.