Science, Allied Health, Health, & Engineering Department

Course: **HIM201 Health Information Management Principles**

CRN: **3242**

Semester: **Fall 2017**

Location: Online

Day/Time: Online

Instructor

Name: Jill Flanigan   Phone: 860-343-5791   E-mail: jflanigan@mxcc.edu

Office Location: Wheaton Hall, Room 313

Office Hours: Monday & Wednesday 10:00pm-12:00pm   Tuesday & Thursday 12:30pm-1:30pm

Course Description (from college catalog):

This course provides students with an introduction to the health information management profession. Students will explore the variety of healthcare delivery settings and the types of records they create. Students will understand the content requirements of the medical record and will learn to evaluate compliance with regulations and standards for medical record documentation. The course will explain the significance of accuracy and integrity of healthcare data in the revenue cycle and in quality and performance improvement processes. This course introduces students to the operation of an HIM department including information systems, budgets, diversity, and the professional code of ethics for health information professionals.

Course Prerequisites: Eligible for ENG101 or ENG101E

Importance of Course in Program/Discipline

American Health Information Management Association (AHIMA) Curriculum Competencies: The AHIMA Council for Excellence in Education developed competencies for associate degree students with the most recent update in the 2014 Curricula requirements. This program covers the AHIMA recommended competencies in six domains including (I) Data Content, Structure, and Standards, (II) Information Protection: Access, Disclosure, Archival, Privacy & Security, (III) Informatics, Analytics, and Data Use, (IV) Revenue Management, (V) Compliance, and (VI) Leadership. This course addresses the following AHIMA competencies (learning level this course/program goal):

Domain I: Data Content Structure and Standards
      Subdomain I.A Classification Systems
            I.A.2   Evaluate the accuracy of diagnostic and procedural coding (2/5)
            I.A.4   Evaluate the accuracy of diagnostic and procedural groupings (2/5)
      Subdomain I.B. Health Record Content and Documentation
            I.B.1.   Analyze the documentation in the health record to ensure it supports the diagnosis and reflects the patient's progress, clinical findings, and discharge status (4).
            I.B.2   Verify the documentation in the health record is timely, complete, and accurate (4/4)
            I.B.3.   Identify a complete health record according to organizational policies, external regulations, and standards (3/3)

I.B.4   Differentiate the roles and responsibilities of various providers and disciplines, to support documentation requirements throughout the continuum of healthcare (5/5).

Subdomain I.C. Data Governance

I.C.1.   Apply policies and procedures to ensure the accuracy and integrity of health data (3/3)

Domain II: Information Protection: Access, Disclosure, Privacy & Security

Subdomain II.A. Health Law

II.A.1   Apply healthcare legal terminology

II.A.2   Identify the use of legal documents

II.A.3   Apply legal concepts and principles to the practice of HIM.

Subdomain II.C. Release of Information

II.C.1   Apply policies and procedures surrounding issues of access and disclosure of protected health information (3/3)

Domain III: Informatics, Analytics, and Data Use

Subdomain III.A.   Health Information Technologies

III.A.2. Explain policies and procedures of networks, including intranet and internet to facilitate clinical and administrative applications.

Subdomain III. B. Information Management Strategic Planning

III.B.1. Explain the process used in the selection and implementation of health information management systems (2/2)

Domain IV: Revenue Management

Subdomain IV.A. Revenue Cycle and Reimbursement

IV.A.2. Evaluate the revenue cycle management process (2/5)

Domain V: Compliance

Subdomain V.A. Regulatory

V.A.1   Analyze policies and procedures to ensure organizational compliance with regulations and standards (2/4)

V.A.2. Collaborate with staff in preparing the organization for accreditation, licensure, and/or certification (2/4)

Domain VI: Leadership

Subdomain VI.E

VI.E.1 Explain the methodology of training and development (2/2)

VI.E.2 Explain return on investment for employee training/development (2/2)

Subdomain VI.G. Financial Management

VI.G.1. Plan budgets (3/3)

VI.G.2. Explain accounting methodologies (2/2)

VI.G.3. Explain budget variances (2/2)

Subdomain VI.H. Ethics

VI.H.1. Comply with ethical standards of practice (2/5)

VI.H.2. Evaluate the consequences of a breach of healthcare ethics (2/5)

VI.H.4. Create programs and policies that support a culture of diversity (6/6)

Program/Discipline Learning Outcomes Contained in Course

TAP Learning Outcomes (Competencies):

Written Communication in English (E)

2. Use Sources

- Locate and evaluate sources appropriate to the rhetorical situation.
- Read, comprehend, and summarize an argument from a complex piece of writing.

- Analyze, evaluate, and respond to an argument from a complex piece of writing.
- Summarize, paraphrase, and quote accurately the ideas of others, clearly differentiating them from the students' own ideas.
- Synthesize and integrate others' ideas purposefully and ethically with correct and appropriate documentation.

3. Craft Logical Arguments

- Generate a controlling idea or thesis.
- Provide clear and logical evidence, support, or illustration for their assertions.
- Choose appropriate and effective organizing methods, employing effective transitions and signposts.

4. Apply Language Conventions

- Use diction, tone, and level of formality appropriate to audience, purpose, and situation.
- Apply the conventions of Standard English grammar, spelling, and mechanics.

Quantitative Reasoning (E)

3. Interpret mathematical and quantitative information and draw logical inferences from representations such as formulas, equations, graphs, tables, and schematics.

4. Evaluate the results obtained from quantitative methods for accuracy and/or reasonableness.

Critical Analysis and Logical Thinking (E)

1. Identifying arguments: Identify issues, evidence and reasoning processes; distinguish facts from opinion; recognize various types of arguments

2. Formulating arguments: Formulates good arguments, including a significant focus on inductive reasoning.

3. Analysis: Break subject matter into components and identify their interrelations to ascertain the defining features of the work and their contributions to the whole.

Continuing Learning/Information Literacy (E)

1. Demonstrate competency in using current, relevant technologies to solve problems, complete projects, and make informed decisions.

Historical Knowledge/Understanding (E)

5. Describe the impact of the past on subsequent events, including the present.

Social Phenomena Knowledge/Understanding (E)

1. Explain social, organizational, political, economic, historical, or cultural elements that influence and are influenced by individuals and groups.

3. Explain ethical issues pertaining to social contexts and phenomena.

Appreciation of the Ethical Dimensions of Humankind (E)

1. Recognize and reflect critically on ethical issues.

2. Apply appropriate concepts and terminology in identifying ethical problems and proposing and defending solutions to them.

(D) Designated   (E) Embedded   Number indicates the numbered item in the TAP Competency Report

HIM Learning Outcomes (Competencies):

At the conclusion of this course, the Health Information Management Student will be able to:

- Differentiate the roles and responsibilities of various providers and disciplines to support documentation requirements throughout the continuum of healthcare
- Analyze the documentation in the health record to ensure it supports the diagnosis and reflects the patient's progress, clinical findings, and discharge status
- Verify the documentation in the health record is timely, complete, and accurate
- Identify a complete health record according to organizational policies, external regulations, and standards
- Apply policies and procedures to ensure the accuracy and integrity of health data
- Collect and maintain health data
- Evaluate the accuracy of diagnostic and procedural coding
- Evaluate the accuracy of diagnostic/procedural groupings
- Apply healthcare legal terminology
- Identify the use of legal documents
- Apply legal concepts and principles to the practice of HIM
- Apply policies and procedures surrounding issues of access and disclosure of protected health information
- Explain policies and procedures of networks, including intranet and Internet to facilitate clinical and administrative applications
- Explain the process used in the selection and implementation of health information management systems
- Evaluate the revenue cycle management processes
- Analyze policies and procedures to ensure organizational compliance with regulations and standards
- Collaborate with staff in preparing the organization for accreditation, licensure, and/or certification
- Explain the methodology of training and development
- Explain return on investment for employee training/development
- Plan budgets
- Explain accounting methodologies
- Explain budget variances
- Comply with ethical standards of practice
- Evaluate the consequences of a breach of healthcare ethics
- Create programs and policies that support a culture of diversity

Textbooks and other required readings/computer software/materials/library reserve:

Health Information Management Technology: An Applied Approach, Fifth Edition, 2016, Nanette Sayles and Leslie Gordon, AHIMA Press, **ISBN: 9781584264897** (Bundled with AHIMA Student Membership).

Methods of Instruction:

HIM 201 Health Information Management Principles

Instructor: Jill Flanigan CRN: 3242 Semester: Fall 2017

Learning will be achieved through class lectures, use of online videos, library resources, and web links. Resources will be posted to the Blackboard Course space. Students may submit questions about course materials in class, through online discussion boards, or may visit me during office hours. It is important to read all the assigned material and view any video resources posted to the Blackboard Course.

Attention Mobile Users:

Some course content as presented in Blackboard Learn is not fully supported on mobile devices at this time. While mobile devices provide a convenient access to check in and read information about your courses, they should not be used to perform work such as taking tests, completing assignments or submitting substantive discussion posts.

Communication Plan:

These are my expectations for electronic communication:

- I will remove posts that I determine to be inappropriate or unprofessional.
- Post all questions regarding course readings, assignments, or assessments to the Discussion Boards
- Please use email (course messages) *ONLY* when the subject is of a personal and confidential matter. If the question you ask is of a nature that even one other person in the course could benefit from the answer, post the question in the appropriate discussion board forum.
- I check my email daily Monday through Friday during normal business hours only. You can expect a reply from me via email within 24 hours during the workweek. You *may* get an email reply during the weekend or evening, but that would be an exception not the rule.
- I will also check the discussion forums daily during the workweek. I will be participating in what I hope will be lively discussions and will reply to any discussion comment directed specifically to me.
- Use APA Style for written submissions in this course www.apastyle.org.
- The writing style of discussion boards should be formal and business-appropriate, including citation of sources.

Technology and Social Media:

- Students should not mix personal and academic/professional contacts and accounts when using social media. Students should create social media accounts specifically for professional/academic use to separate their personal online persona from their professional/academic work.
- The college assigns and e-mail account to all students. I will communicate with students through course e-mail or through e-mail directly to the student's Middlesex Community College e-mail address.
- I will not accept requests to connect with students from my personal social media accounts. I have a LinkedIn account for professional use and I will accept requests to connect from students who have set up a professional LinkedIn account. I will delete that connection if the LinkedIn activity contains unprofessional content.

Attendance Policy:

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Attendance in face-to-face courses and regular activity in online courses is essential to student success. If you have decided not to continue in a course, do not simply stop attending. You need to withdraw officially. Only students who withdraw from class will receive a grade of W. Otherwise, students will receive the grade they have earned.

Course Evaluation and Grading:

Use APA Style for written submissions in this course www.apastyle.org**.**

Tests, the final exam, and discussion boards may not be submitted late. Missed deadlines will result in a zero score.

Late assignments will receive a 10% score reduction.

Discussion	275 points
Assignments	700 points
Tests	200 points
Final Exam	150 points
Total	1325 points

The final grade will be evaluated as a percentage and will translate into letter grades as follows:

Letter Grade	Percent Grade
A	93.0-100.0
A-	90.0-92.9
B+	87.0-89.9
B	83.0-86.9
B-	80.0-82.9
C+	77.0-79.9
C	73.0-76.9
C-	70.0-72.9
D+	67.0-69.9
D	63.0-66.9
D-	60.0-62.9
F	Less than 60.0

Attention Non-credit students:

Students enrolled in this course under the non-credit option will receive a passing "P" grade if the final score is 70.0% or greater.

IMPORTANT COLLEGE POLICIES!! PLEASE READ CAREFULLY!

For information about the college's policies and procedures regarding academic honesty, accessibility/disability services, attendance, audio-recording in the classroom, grade appeals, plagiarism, religious accommodations, weather and emergency closings, and more, please go to the following website: www.mxcc.edu/catalog/syllabus-policies/ or scan the QR code with your smart phone. Also, please become familiar with the policies regarding nondiscrimination, sexual misconduct, and general student conduct at the following website: www.mxcc.edu/nondiscrimination/.

NONDISCRIMINATION POLICY STATEMENT

Science, Allied Health, Health, & Engineering Department
HIM 201 Health Information Management Principles
Instructor: Jill Flanigan   CRN: 3242   Semester: Fall 2017

Middlesex Community College does not discriminate on the basis of race, color, religious creed, age, sex, national origin, marital status, ancestry, present or past history of mental disorder, learning disability or physical disability, sexual orientation, gender identity and expression or genetic information in its programs and activities. In addition, the College does not discriminate in employment on the additional basis of veteran status or criminal record.

The following people have been designated to handle inquiries or complaints regarding non-discrimination policies and practices:

- Title IX Coordinator
  Dr. Adrienne Maslin; Dean of Students/Title IX and Section 504/ADA Coordinator
  amaslin@mxcc.edu; 860-343-5759; Founders Hall Room 123
- Ms. Anastasia Pych, Director of Human Resources and Labor Relations
  apych@mxcc.edu; 860-343-5751; Founder Hall 115

Course Schedule:
The following syllabus may be updated at the discretion of the instructor, please refer to Weekly Assignments and Announcements for any changes during the course.

	Topics	Outcomes/Learning Objectives	Reading & Assignments
Unit 1 8/29 – 9/4	**Health Information Management Profession** **Healthcare Delivery Systems**	• Summarize the development of the health information management (HIM) profession from its beginnings to the present • Discuss how professional practice must evolve to accommodate changes in the healthcare environment • Identify the responsibilities of HIM professionals • Describe the purpose and structure of the American Health Information Management Association (AHIMA) • Explain AHIMA's certification processes • Discuss the accreditation process of the Commission on Accreditation for Health Informatics and Information Management Education (CAHIIM) • Identify the appropriate professional organizations for the various specializations of HIM • Understand the basic organization of the various types of hospitals and healthcare organizations • Describe how internal and external forces have shaped the healthcare industry • Differentiate the roles of various stakeholders throughout the healthcare delivery system • Describe the influence of federal legislation on healthcare delivery • Identify the various functional components of an integrated delivery system • Recognize the role of government in healthcare services	**Read:** Course Syllabus **Read:** Chapter 1 "Health Information Management Profession" **Read:** Chapter 2 "Healthcare Delivery Systems" **Discussion:** D-1 Visit the AHIMA website at http://www.ahima.org (American Health Information Management Association, 2017) and local state CTHIMA website at http://cthima.org/ (Connecticut Health Information Management Association, 2017) and discuss how you can get involved and volunteer. **Task:** Register your student membership code (*bundled with your textbook*) at the AHIMA website. **Assignment:** A-1a Student Workbook Chapter 1 **Assignment:** A-1b Student Workbook Chapter 2

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	Topics	Outcomes/Learning Objectives	Reading & Assignments
Unit 2 9/5 – 9/11	**Health Record Content and Documentation** • Differentiate the roles and responsibilities of various providers and disciplines to support documentation requirements throughout the continuum of healthcare	• Define the term health record • Understand the purposes of the health record • Identify the different users of the health record and how they use it • Identify processes in paper-based and electronic health records • Manage the master patient index • Identify quality controls that can be put into place to manage health information management functions • Explain the health record processes • Explain the health information management information systems • Evaluate the appropriate Electronic Health Record (EHR) access level for HIM staff members	**Read:** Chapter 3 "Health Information Functions, Purpose, and Users" **Watch:** "HIM Department Tour – Full Version (HIM Department Tour - Full Version)" **Discussion:** D-2 Watch the "HIM Department Tour – Full Version" Now that you are familiar with the roles and responsibilities of the HIM staff, consider the electronic health record and each HIM staff member's responsibility for documentation and data collection. Evaluate the type/level of access needed to add or edit information in the electronic health record needed for each HIM role. **Assignment:** A-2a Student Workbook Chapter 3 **Assignment:** A-2b Answer questions in the "HIM Department Tour-Full Version" worksheet (AHIMA, 2014).

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	Topics	Outcomes/Learning Objectives	Reading & Assignments
Unit 3 **9/12 – 9/18**	**Health Record Content and Documentation** • Analyze the documentation in the health record to ensure it supports the diagnosis and reflects the patient's progress, clinical findings, and discharge status • Verify the documentation in the health record is timely, complete, and accurate • Identify a complete health record according to organizational policies, external regulations, and standards **Data Governance** • Apply policies and procedures to ensure the accuracy and integrity of health data **Data Management** • Collect and maintain health data	• Define the term health record • Understand the purposes of the health record • Identify the different users of the health record and how they use it • Identify processes in paper-based and electronic health records • Manage the master patient index • Identify quality controls that can be put into place to manage health information management functions • Explain the health record processes • Explain the health information management information systems • Examine the use of copy and paste functionality to determine the risks and benefits.	**Read:** Chapter 4 "Health Record Content and Documentation" **Read:** "Integrity of the Healthcare Record: Best Practices for EHR Documentation (2013 Update) (AHIMA Work Group, 2013)" **Discussion:** D-3 Based on your reading of the article, "Integrity of the Healthcare Record…, Appendix B, Case Study 1," examine the scenarios for legitimate use of entries pulled forward from previous visits. What challenges does this practice pose in accurately supporting the clinical findings and progress of the patient? **Assignment:** A-3a Student Workbook Chapter 4
Unit 4 **9/19 – 9/25**	**Classification Systems** • Evaluate the accuracy of diagnostic and procedural coding • Evaluate the accuracy of diagnostic/procedural groupings **Coding**	• Explain the importance of clinical terminologies, classifications, and code systems to healthcare • Describe the content of SNOMED CT, Current Procedural Terminology, and terminologies used in nursing practice • Examine the different classification systems and their purposes • Identify code systems for laboratory and clinical observations; professional services, procedures, and supplies; and drugs • Define clinical terminologies, classifications, and code systems found in health data and information sets • Recognize the need to have a database of clinical terminologies, classifications, and code systems	**Read:** Chapter 5 "Clinical Terminologies, Classifications, Code Systems" **Watch:** "99 Differentials (99 Differentials, 2015)" **Discussion:** D-4 Identify the medical content mentioned in the "99 Differentials" video. Determine which clinical terminologies, classifications, and code systems would be used to capture the content in the video. Describe your findings. **Assignment:** A-4 Student Workbook Chapter 5

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	Topics	Outcomes/Learning Objectives	Reading & Assignments
Unit 5 9/26 – 10/2	**Information Integrity and Data Quality** **Clinical Documentation Improvement** **Secondary Data Sources**	• Identify the different sources where data are created, stored, or transmitted • Distinguish among data elements, data sets, databases, indices, data mapping, and data warehousing • Distinguish among data governance, information governance, data stewardship, data sharing, data integrity, and data interchange standards • Explain the principles of information governance • Illustrate the impact of data quality on the healthcare organization as it relates to patient care, reimbursement, and healthcare operations • Apply the principles of AHIMA's data quality management model • Examine the purpose of clinical documentation improvement and how it relates to data quality • Identify the basics of clinical documentation improvement query processes • Describe the reasons for establishing data quality and data management requirements in provider contracts, medical staff bylaws, and hospital bylaws • Distinguish between primary and secondary data and between patient-identifiable and aggregate data • Identify the internal and external users of secondary data • Compare the facility-specific indexes commonly found in hospitals • Describe the registries used in hospitals according to purpose, methods of case definition and case finding, data collection methods, reporting and follow-up, and pertinent laws and regulations affecting registry operations • Define the terms pertinent to each type of secondary record or database • Discuss the agencies for approval, education, and certification for cancer, immunization, and trauma registries • Distinguish among healthcare databases in terms of purpose and content	**Read:** Chapter 6 "Data Management" **Read:** Chapter 7 "Secondary Data Sources" **Assignment:** A-5a Student Workbook Chapter 6 **Assignment:** A-5b Student Workbook Chapter 7 **Test:** T-5 Units 1-4

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	Topics	Outcomes/Learning Objectives	Reading & Assignments
Unit 6 10/3 – 10/9	**Health Law** • Apply healthcare legal terminology • Identify the use of legal documents • Apply legal concepts and principles to the practice of HIM	• Identify the types of laws that govern the healthcare industry • Identify the steps in a legal proceeding • Apply professional liability theories to situations of wrongdoing • Report on the purpose and types of consents and advance directives • Identify factors that govern the maintenance and content of the health record • Identity legal issues related to ownership, control, and use and disclosure of health information • Identify the content of the legal health record • Adhere to legally sound health record retention and destruction principles • Identify medical staff credentialing principles • Demonstrate the differences among licensure, certification and accreditation	**Read:** Chapter 8 "Health Law" **View:** "CSA Excellence Series: Legal EHR (2015) (AHIMA, 2015)" **Discussion:** D-6 Why do you think discovery is encouraged? Is it the purpose of a lawsuit for parties to reveal their "show stopping" evidence at trial? **Assignment:** A-6a Student Workbook Chapter 8

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	Topics	Outcomes/Learning Objectives	Reading & Assignments
Unit 7 10/10 – 10/16	**Data Privacy, Confidentiality & Security** **Release of Information** • **Apply policies and procedures surrounding issues of access and disclosure of protected health information**	• Identity methods and tools used in the legal discovery process • Identify discovery challenges associated with electronic information (e-discovery) • Apply the HIPAA Privacy Rule, including American Recovery and Reinvestment Act requirements such as breach notification, with regard to health information use and disclosure • Protect health information through use and disclosure policies and procedures that apply both state law and HIPAA • Apply authorization requirements to the valid release of information • Identify types of medical identity theft and actions required by the Red Flags Rule • Demonstrate the elements of a data security program • Identify threats to the security of data • Organize components of a security program • Identify methods to safeguard data from inappropriate access • Apply disaster planning and disaster recovery mechanisms to a situation where data availability has been disrupted • Identify the primary components of the security provisions of the Health Insurance Portability and Accountability Act and extensions by the HITECH Act and American Recovery and Reinvestment Act • Demonstrate methods to detect inappropriate access or attempted inappropriate access to data	**Read:** Chapter 9 "Data Privacy and Confidentiality" **Read:** Chapter 10 "Data Security" **Watch:** "*The case for HIPAA risk assessments* (Films Media Group, 2012)" **Discussion:** D-7 Create a checklist for evaluating the validity of a request to release PHI. Share your checklist and discuss with the class. Edit and revise your checklist based on feedback from peers. **Assignment:** A-7a Student Workbook Chapter 9 **Assignment:** A-7b Student Workbook Chapter 10

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	Topics	Outcomes/Learning Objectives	Reading & Assignments
Unit 8 10/17 – 10/23	**Data Governance** **Health Information Technologies** • **Explain policies and procedures of networks, including intranet and Internet to facilitate clinical and administrative applications** **Information Management Strategic Planning** • **Explain the process used in the selection and implementation of health information management systems** **Analytics and Decision Support** **Health Information Exchange**	• Demonstrate understanding of the scope of health information technology (health IT) and how it has evolved to its current state of implementation in hospitals, ambulatory care, and other settings • Apply the systems development life cycle in the planning, selection, implementation, and ongoing management of health IT • Utilize a systems approach to achieve systems integration so that health IT supports the national mission to improve health and healthcare, and reduce healthcare costs • Justify the importance of healthcare information to the healthcare industry • Explain the role of data analytics in healthcare information • State the strategic uses of healthcare information • Define consumer informatics • Explain the connection between consumer information access and navigation tools and healthcare information • Differentiate between the benefits and challenges of sharing healthcare information	**Read:** Chapter 11 "Health Information Technologies" **Read:** Chapter 12 "Healthcare Information" **Read:** "Managing the Integrity of Patient Identity in Health Information Exchange (AHIMA Work Group, 2014)" **Assignment:** A-8a Student Workbook Chapter 11 **Assignment:** A-8b Student Workbook Chapter 12

Unit 9 10/24 – 10/30	**Data Management**
	        Healthcare Statistics
	
	        Research Methods
	        Consumer Informatics
		• Justify the importance of healthcare information to the healthcare industry
		• Explain the role of data analytics in healthcare information
		• State the strategic uses of healthcare information
		• Define consumer informatics
		• Explain the connection between consumer information access and navigation tools and healthcare information
		• Differentiate between the benefits and challenges of sharing healthcare information
		• Justify the importance of healthcare information to the healthcare industry
		• Explain the role of data analytics in healthcare information
		• State the strategic uses of healthcare information
		• Define consumer informatics
		• Explain the connection between consumer information access and navigation tools and healthcare information
		• Differentiate between the benefits and challenges of sharing healthcare information
			Read: Chapter 13 "Research and Data Analysis"
			
			Read: Chapter 14 "Healthcare Statistics"
			
			Assignment: A-9a Student Workbook Chapter 13
			
			Assignment: A-9b Student Workbook Chapter 14
			
			Assignment: A-9c HIPAA Research Tutorial (Regents of the University of California, 2011)

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	Topics	Outcomes/Learning Objectives	Reading & Assignments
Unit 10 10/31 – 11/6	**Revenues Cycle and Reimbursement** • **Evaluate the revenue cycle management processes**	• Describe the reimbursement process, forms, and support practice for healthcare reimbursement • Differentiate between commercial, private, and employer-based health insurance • Describe the purpose and benefits of government sponsored health programs • Describe managed care • Identify different fee for service reimbursement methods • Understand the purpose and use of fee schedules, chargemaster and auditing procedures that support the reimbursement process. • Outline the revenue cycle process	**Read:** Chapter 15 "Revenue Management and Reimbursement" **View:** CSA Excellence Series: Managing the Revenue Cycle (AHIMA, 2015) **Discussion:** D-10 After viewing the Case Mix Management (AHIMA, 2014) slides, consider the following scenario: You are the HIM director at a 200-bed community hospital. Your CFO is concerned about falling inpatient reimbursement due to lower case mix index over the past 6 months. How will you investigate the change in case mix? What factors may be behind the change? **Assignment:** A-10a Student Workbook Chapter 15 **Test:** T-10 Units 5-9
Unit 11 11/7 – 11/13	**Regulatory Compliance** • **Analyze policies and procedures to ensure organizational compliance with regulations and standards** • **Collaborate with staff in preparing the organization for accreditation, licensure, and/or certification** **Fraud Surveillance**	• Differentiate among fraud, abuse, and waste • Identify the elements of a compliance program • Examine the legal and regulatory requirements related to the management of a compliance program • Justify the need for the involvement of health information management (HIM) professionals in clinical documentation improvement • Justify the need for audits • Assist in the monitoring of compliance metrics • Identify the standards required to meet the terms of the compliance plan	**Read:** Chapter 16 "Fraud and Abuse Compliance" **Discussion:** D-11 Find an article about healthcare reimbursement, revenue, or Medicare billing fraud and discuss the finding with the class. Analyze the circumstances and propose methods for organizations to prevent and/or detect this type of fraud/abuse. **Assignment:** A-11a Student Workbook Chapter 16 **Assignment:** A-11b Medicare Coverage Database (AHIMA, 2015)

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	Topics	Outcomes/Learning Objectives	Reading & Assignments
Unit 12 **11/14 – 11/20**	*Health Information Management Profession* **Healthcare Delivery Systems**	• Critique the different leadership theories • Differentiate among leadership styles • Summarize the impact of change management on processes, people, and systems • Execute the fundamentals of team leadership • Execute and facilitate meetings • Summarize health information-related leadership roles • Critique the different leadership theories • Differentiate among leadership styles • Summarize the impact of change management on processes, people, and systems • Execute the fundamentals of team leadership • Execute and facilitate meetings • Summarize health information-related leadership roles	**Read:** Chapter 17 "Leadership" **Read:** Chapter 18 "Performance Improvement" **Discussion:** D-12 You have just been given a promotion to a recently created job in your facility called the "clinical quality manager." Your job is to analyze clinical data to identify trends that demonstrate quality, safety, and effectiveness of healthcare. What steps would you take in the first months of your new job? **Assignment:** A-12a Student Workbook Chapter 17 **Assignment:** A-12b Student Workbook Chapter 18
Unit 13 **11/21 – 12/3**	**Human Resources Management** **Training and Development** • **Explain the methodology of training and development** • **Explain return on investment for employee training/development** **Strategic and Organizational Management** **Financial Management** • **Plan budgets** • **Explain accounting methodologies** • **Explain budget variances** **Project Management** **Vendor/Contract Management** **Enterprise Information Management**	• Critique the different leadership theories • Differentiate among leadership styles • Summarize the impact of change management on processes, people, and systems • Execute the fundamentals of team leadership • Execute and facilitate meetings • Summarize health information-related leadership roles • Critique the different leadership theories • Differentiate among leadership styles • Summarize the impact of change management on processes, people, and systems • Execute the fundamentals of team leadership • Execute and facilitate meetings • Summarize health information-related leadership roles	**Read:** Chapter 19 "Management" **Read:** Chapter 20 "Human Resources Management and Professional Development" **Discussion:** D-13 Training is needed for HIM employees concerning new software being implemented for release of information. Propose a training agenda and delivery method and discuss your choices and options. **Assignment:** A-13a Student Workbook Chapter 19 **Assignment:** A-13b Student Workbook Chapter 20 **Assignment:** A-13c Budget (AHIMA, 2014)

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Instructor: Jill Flanigan   CRN: 3242   Semester: Fall 2017

	Topics	Outcomes/Learning Objectives	Reading & Assignments
Unit 14 12/4 – 12/11	**Ethics** • **Comply with ethical standards of practice** • **Evaluate the consequences of a breach of healthcare ethics** • **Create programs and policies that support a culture of diversity**	• Explain ethics and ethical dilemmas • Interpret the concepts of morality, code of conduct, and moral judgment • Explain the AHIMA Code of Ethics • Differentiate how cultural issues affect health and healthcare quality, cost, and health information management • Evaluate the consequences of a breach of healthcare ethics • Identify the process of ethical decision making • Evaluate cultural diversity policies and programs	**Read:** Chapter 21 "Ethical Issues in Health Information Management" **Watch:** "Competent care in a culturally diverse nation (Films Media Group, 2016)" **Discussion:** D-14 Translation & Interpretation services are often arranged by HIM departments. Write a policy for staff to use that helps them to determine what materials require translation (including how to identify the language/dialect for translation) and when to call for an interpreter. Include the qualifications of translators and interpreters in your policy. Share your policy to the discussion board and improve it based on peer feedback. **Assignment:** A-14a Student Workbook Chapter 21 ==The last day to submit assignments is 12/11/2017==
Unit 15 12/12 –	**Final Exam**	**Final Exam**	**Final Exam E-15 due by 11:59pm on Monday, December 18, 2017. No late submissions accepted.**

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