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Syllabus: HIM*201 Health Information Management Principles

SCHEDULE AND CONTACT INFORMATION:

Semester: Fall 2019 CRN: 3269   Location: Fully Online   Day/Time: Assignments Due Weekly

Instructor: Elaine Ippolito   Phone: 860-343-5761   E-mail: *eippolito@mxcc.edu*

Schedule an appointment: via email at eippolito@mxcc.edu

Office Hours [Wheaton Hall, Room 313]: Tuesday 11 am-12 noon and Wednesday 10 am-12 noon

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 ENG*101 or ENG*101E.

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.B. Data Privacy, Confidentiality and Security

        II. B.1   Apply confidentiality, privacy and security measures and policies and procedures for internal and external use and exchange to protect electronic health information

    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.A

        VI.A.1 Summarize health information related leadership roles (2/2)

    Subdomain VI.C

        VI.C.2 Identify cost-saving and efficient means of achieving work processes and goals (3/3)

    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.3 Assess how cultural issues affect healthcare quality, cost and HIM (5/5)
               VI.H.4. Create programs and policies that support a culture of diversity (6/6)

Program/Discipline Learning Outcomes Contained in Course
Designated TAP Learning Outcomes (Competencies) of the Course:

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 READING/COMPUTER SOFTWARE/MATERIALS/LIBRARY RESERVE:

<u>Health information Management Technology: An Applied Approach.</u> (5th edition) Edited by: Nanette B. Sayles and Leslie L. Gordon. AHIMA 2016. ISBN: 9781684265177

<u>Health Information Management Case Studies</u>. Authored by Dianna M. Foley. AHIMA 2016 ISBN: 9781584264583

METHODS OF INSTRUCTION:

Learning will be achieved through use of textbook readings, lecture slides, online videos, library resources, and web links. Resources will be posted to the Blackboard Course space. Students may submit questions about course materials 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.

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 Board.
- 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.
- 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. Students should check their college email regularly.

- I will not accept requests to connect with students from my personal social media accounts.

ATTENDANCE POLICY:

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.

- All assignments, discussions, and tests must be submitted on time. Any item not submitted by the due date will receive a zero.

The following rubric will be used to grade assignments, unless otherwise specified:

Assignment Rubric:

Levels of Achievement			
Criteria	Novice	Competent	Proficient
Key Points **Weight 33.00%**	**0.00 %** Less than 50% of the key elements identified.	**50.00 %** Some (50%-75%) of the key elements are identified.	**100.00 %** Key definition or descriptive elements are identified (more than 75%).
Organization/Complete **Weight 34.00%**	**0.00 %** Less than 50% of the assignment instructions/criteria met.	**50.00 %** The submission covers most(50%-75%) of the assignment criteria.	**100.00 %** The submission follows the assignment instructions (75% or more).
Grammar/Format **Weight 33.00%**	**0.00 %** There are numerous or major spelling/grammar errors (more than 5). Source citations were required and are missing or incomplete.	**50.00 %** There are minor spelling/grammar errors (3 -5). Source citations are included where appropriate.	**100.00 %** No/minor spelling/grammar errors (less than 3). Source citations are included where appropriate.

GRADING OF DISCUSSION BOARDS

- Professional and respectful communication is required. Disrespectful or unprofessional posts will be removed and will receive a zero.
- Initial discussion posts must be completed **by Wednesday at 11:59pm., (with the exception of the Unit 1 which are due by Sunday, 9/1/19 at 11:59 pm)**
- The discussion board will not be available after the due date and no late posts will be accepted. Failure to participate in the discussion by the due date will result in a zero.
- You must cite sources using APA citation style (inline citations and a list of references). Listing only the url of an electronic source is not an APA style citation.
- You need 2 posts each week: (1) your own initial post addressing the discussion topic due by Wednesday at 11:59 pm (except for Unit 1 as noted above) and (2) a response to another student's posts that demonstrates that you read the post and have responded in a thoughtful way which is due by Sunday at 11:59 pm.
- Grammar, spelling, and punctuation always count.

Discussion Board posts (submitted on time) will be graded using the following rubric:

	Novice (0%)	Developing (50%)	Competent (75%)	Proficient (100%)
Quality and Content	Comments are not clearly connected to course materials; does not address all required elements.	Demonstrates difficulty connecting to course materials; does not address all required elements.	Somewhat connected to course materials; addresses most required elements in the assignment; somewhat thoughtful.	Connected to course materials; addresses all required elements; thoughtful and reflective.
Communication and Participation	There are no replies to questions or comments.	Postings sometimes contribute to ongoing conversations.	Postings contribute to the class' ongoing conversations	Postings actively stimulate and sustain discussion by building on peers' responses.
Grammar & Formatting	More than five incomplete sentence and/or misspelled/	No more than five incomplete sentence and/or misspelled/ improperly used words or punctuation errors.	No more than three incomplete sentence and/or misspelled/	No more than one incomplete sentence and/or misspelled/

	improperly used words or punctuation errors.		improperly used words or punctuation errors.	improperly used words or punctuation errors.
Sources & Citation	No sources cited.	Sources of poor quality and/or failed to cite using APA format.	Good quality sources with citation in APA style with minor errors.	High quality relevant sources with correct APA citation(s).

Discussion   275 points
Assignments   680 points
Tests   200 points
Final Exam   150 points
Total   1305 points
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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

ADDITIONAL SYLLABUS INFORMATION AND COLLEGE POLICIES:

For information about the college's policies and procedures regarding academic honesty, accessibility/disability services, non-discrimination, attendance, audio-recording in the classroom, grade appeals, plagiarism, religious accommodations, weather/emergency closings, and more, please go to the following website: https://mxcc.edu/catalog/academic-policies/

Course Schedule:

The following schedule 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 8/27 – 9/1	**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

	Topics	Outcomes/Learning Objectives	Reading & Assignments
Unit 2 9/2 – 9/8	**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).

Unit 3 9/9 – 9/15	**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

	Topics	Outcomes/Learning Objectives	Reading & Assignments
Unit 4 9/16- 9/22	**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

	Topics	Outcomes/Learning Objectives	Reading & Assignments
Unit 5 9/23 – 9/29	**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

	Topics	Outcomes/Learning Objectives	Reading & Assignments
Unit 6 9/30 – 10/6	**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
Unit 7 10/7 – 10/13	**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 **Assignment:** A-7c Case Study 2.29 Medical Identity Theft (Foley: page 92) II.B.1

	Topics	Outcomes/Learning Objectives	Reading & Assignments
Unit 8 10/14- 10/20	**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

	Topics	Outcomes/Learning Objectives	Reading & Assignments
Unit 9 10/21 – 10/27	**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
Unit 10 10/28-11/3	**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

	Topics	Outcomes/Learning Objectives	Reading & Assignments
Unit 11 **11/4 -11/10**	**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" **View:** "Welcome to the Office of Inspector General at HHS" (OIGatHHS, 2011) **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) **Assignment:** A-11c Case Study 6.47 Sentinel Events (Foley, page 270) VI.C.2
Unit 12 **11/11 – 11/17**	*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 **Assignment:** A-12c Case Study: 6.16 HIM Leadership Roles (Foley, page 231)VI.A.1

	Topics	Outcomes/Learning Objectives	Reading & Assignments
Unit 13 11/18 – 11/24	**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" **Assignment:** A-13a Student Workbook Chapter 19 **Assignment:** A-13b Case Study 6.22 Identify types of Budget Variances (Foley, page 237) VI.G.3 **Assignment:** A-13c Case Study 6.23 Depreciation (Foley, page 238) VI.G.2 **Assignment:** A-13-d Case Study 6.51 Budgets (Foley, page 274) VI.G.1 **Assignment:** A-13-e Case Study 6.39 RFI,FRP, Budget (Foley, page 255)
Unit 14 11/25 – 12/1 (Thanksgiving Break: 11/27 – 12/1)	**Human Resources Management** **Training and Development** • **Explain the methodology of training and development** • **Explain return on investment for employee training/development**	• 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 20 "Human Resources Management and Professional Development" **Discussion:** D-14 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-14a Student Workbook Chapter 20 **Assignment:** A-14b Case Study: 6.12 Coder Education (Foley, page 227) VI.E.2

	Topics	Outcomes/Learning Objectives	Reading & Assignments
Unit 15 12/2 – 12/8	**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-15 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-15a Student Workbook Chapter 21 **Assignment** A-15-b Case study 6.17 Cultural awareness self-assessment **The last day to submit assignments is 12/8/19**
Exam 12/9 - 12/14	**Final Exam**	**Final Exam**	**Final Exam E-16 due by 11:59pm on Saturday, December 14, 2019. No late submissions accepted.**

REFERENCES