SPRINGFIELD TECHNICAL COMMUNITY COLLEGE

ACADEMIC AFFAIRS DRAFT

Course Number: HIT-125		Department: Health Information	
		Technologies	
Course Title:	Health Information Management	Semester: Fall	Year: 2015

Course Objective	Competencies	
Health Services Organization and Delivery: The focus is on	1. Identify and describe the major medical specialties.	
demonstrating knowledge of the characteristics of health care	2. Distinguish among nursing occupations.	
organization and healthcare delivery and settings in the United	3. Apply current laws, accreditation, licensure, and	
States.	certification standards related to health information	
	initiatives from the national, state, local, and facility levels.	
	4. Differentiate the roles of various providers and	
	disciplines throughout the continuum of healthcare and respond to their needs.	
Reimbursement Methodologies: Describe reimbursement,	1. Identify and explain major reimbursement methods,	
particularly through third party payers: how payment for services is accomplished in the health care industry, who is	third party payers, and the role of government in paying for health care.	
involved in the reimbursement process, what methods are used	2. Apply policies and procedures for the use of clinical data	
to calculate reimbursement, and how health information management professionals are involved in the process.	required in reimbursement and prospective payment systems (PPS) in healthcare delivery.	
	3. Apply policies and procedures to comply with the	
	changing regulations among various payment systems for	
	healthcare services such as Medicare, Medicaid,	
	managed care, and so forth.	

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Course Objective	Competencies	
Health Data Management: Describe data collection use. Focus is on demonstrating knowledge of health data structure, content, and standards. Also, the focus is on the terms of the individual data elements that are collected and how that data are captured in both paper- and computer-based environments, and HIPAA.	 Support accurate billing through coding, chargemaster, claims management, and bill reconciliation processes. Use established guidelines to comply with reimbursement and reporting requirements such as the National Correct Coding Initiative. Compile patient data and perform data quality reviews to validate code assignment and compliance with reporting requirements, such as outpatient prospective payment systems. Ensure accuracy of diagnostic/procedural groupings such as DRG, APC, and so on. Describe how data are organized in a health record. Collect and maintain health data (such as data elements, data sets, and databases). Understand HIPAA and how this relates to releasing health information. Conduct analysis to ensure that documentation in the health record supports the diagnosis that reflects the patient's progress, clinical findings, and discharge status. Apply policies and procedures to ensure the accuracy of health data. Verify timeliness, completeness, accuracy, and appropriateness of data and data sources for patient care, management, billing reports, registries, and/or databases. 	
Health Information Requirements and Standards: The focus	1. Monitor and apply organization-wide health record	

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Course Objective	Competencies
is on demonstrating knowledge of data sets used in different healthcare facilities and settings	 documentation guidelines. Apply policies and procedures to ensure organizational compliance with regulations and standards. Maintain the accuracy and completeness of the patient record as defined by organizational policy and external regulations and standards. Assist in preparing the organization for accreditation, licensing, and/or certification surveys.
Clinical Classification Systems: Focus is on the two basic types of coding systems—nomenclature and classification—as well as how and where the coding function fits in with post discharge processing of the inpatient medical record. Focus is on the most commonly used coding systems; including how and when codes are used for reimbursement or payment purposes, government payment systems, and regulatory issues. A historical perspective of the prospective payment system is provided to give the student a foundation for understanding how the process came into being.	 Describe different coding and classification systems and their uses. Describe different prospective payment systems and what settings they are used in. Resolve discrepancies between coded data and supporting documentation.
Data Storage and Retrieval: Focus is on demonstrating knowledge of the storage of paper health records & electronic health records, file identification, filing methods, the master patient index (MPI), chart locator systems, and physical security of the file environment.	 Use appropriate electronic or imaging technology for data/record storage. Query and generate reports to facilitate information retrieval using appropriate software. Apply retention and destruction policies for health information.

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Course Objective	Competencies	
	4. Compare and contrast filing systems for patient records.	
	5. Identify ways to ensure the physical security of health information.	
	6. Explain a chart locator system.	
Organizational Resources: The focus is on Human Resources,	1. Apply the fundamentals of team leadership.	
leadership, team building, orientation and training, and staff	2. Participate in and work in teams and committees.	
processes.	3. Conduct orientation and training programs.	
	4. Monitor and report staffing levels and productivity	
	standards for health information functions.	
	5. Use tools and techniques to monitor, report, and improve processes.	
	6. Comply with local, state, and federal labor regulations.	
Financial and Resource Management: The focus is on budgets, work processes, and revenue cycle processes.	1. Make recommendations for items to include in budgets and contracts.	
	2. Monitor and order supplies needed for work processes.	
	3. Monitor coding and revenue cycle processes.	
	4. Recommend cost-saving and efficient means of achieving work processes and goals.	