

# **HT205**

## **Health Care Reimbursement Systems**

### **[Onsite]**

#### **Course Description:**

This course is an introduction to the types of reimbursement systems found in the health care industry. The course identifies the major types of third party health insurance providers and examines reimbursement methodologies such as fee for service, capitation, global payment, and prospective payment systems. Emphasis is placed on best practices for maintaining an accurate charge master, completing standard medical claims forms, and assuring coding compliance with established national and organizational coding guidelines. This course requires a laboratory component.

#### **Prerequisite(s) and/or Corequisite(s):**

Prerequisites: HT100 Medical Terminology or equivalent, HT102 Introduction to the Health Care Record or equivalent, HT105 Alternative Health Records or equivalent, HT207 Coding I or equivalent, HT204 CPT Coding or equivalent, GE258 Human Anatomy and Physiology I or HS210 Anatomy and Physiology I or equivalent, GE259 Human Anatomy and Physiology II or HS220 Anatomy and Physiology II or equivalent

**Credit hours: 4**

**Contact hours: 50 (30 Theory Hours, 20 Lab Hours)**

## Syllabus: Health Care Reimbursement Systems

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Instructor: \_\_\_\_\_

Office hours: \_\_\_\_\_

Class hours: \_\_\_\_\_

### Major Instructional Areas

1. Health Care Reimbursement Systems
2. Reimbursement Claims Processing
3. Diagnosis and Procedure Coding Systems
4. Regulations and Compliance

### Course Objectives

1. Describe Centers for Medicare and Medicaid Services (CMS) payment systems.
2. Identify components of the life cycle of an insurance claim.
3. Demonstrate competence in processing insurance claims to ensure accurate billing.
4. Apply established coding guidelines to comply with reimbursement and reporting requirements and ensure accurate diagnostic or procedure groupings.
5. Apply other regulatory guidelines to transmission, storage, and follow-up of claims information which is protected health information (PHI).
6. Utilize the Ethical Standards developed by the American Health Information Management Association (AHIMA) and apply them as you complete your work with confidential health information.

### SCANS Objectives

SCANS is an acronym for Secretary's Commission on Achieving Necessary Skills. The committee, created by the National Secretary of Labor in the early 1990s, created a list of skills and competencies that the committee feels are necessary for employees to function in a high-tech job market.

1. Demonstrate the ability to acquire and evaluate information.
2. Display the capacity to organize and maintain information.
3. Demonstrate the aptitude to interpret and communicate information.
4. Exhibit the ability to use computers to process information.

5. Demonstrate competence to use systems.

## Course Outline

Note: All graded activities, except the Course Project and Exams, are listed below in the pattern of <Unit Number><Assignment Number>. For example, Lab 2.1 refers to the 1<sup>st</sup> lab activity in Unit 2.

Unit	Activities
1— Insurance Claims and Completing CMS-1500 Claim Forms	<ul style="list-style-type: none"> <li>• Content Covered: <i>Understanding Health Insurance: A Guide to Billing and Reimbursement</i>:               <ul style="list-style-type: none"> <li>○ Chapter 3, “Managed Health Care”</li> <li>○ Chapter 4, “Processing an Insurance Claim”</li> <li>○ Chapter 11, “Essential CMS-1500 Claim Instructions”</li> </ul> </li> <li>• Exercises: 1.1</li> <li>• Labs: 1.1-1.2</li> </ul>
2— Reimbursement Methodologies I	<ul style="list-style-type: none"> <li>• Read from <i>Understanding Health Insurance: A Guide to Billing and Reimbursement</i>:               <ul style="list-style-type: none"> <li>○ Chapter 5, “Legal and Regulatory Issues”</li> <li>○ Chapter 9, “CMS Reimbursement Methodologies,” pp. 287-316</li> </ul> </li> <li>• Exercises: 2.1</li> <li>• Labs: 2.1- 2.4</li> </ul>
3— Reimbursement Methodologies II	<ul style="list-style-type: none"> <li>• Read from <i>Understanding Health Insurance: A Guide to Billing and Reimbursement</i> <ul style="list-style-type: none"> <li>○ Chapter 2, “Introduction to Health Insurance,” pp. 26-29</li> <li>○ Chapter 9, “CMS Reimbursement Methodologies,” pp. 306-316</li> </ul> </li> <li>• Exercises: 3.1-3.2</li> <li>• Labs: 3.1</li> <li>• Exam 1</li> </ul>
4— Medical Necessity	<ul style="list-style-type: none"> <li>• Read from <i>Understanding Health Insurance: A Guide to Billing and Reimbursement</i>:               <ul style="list-style-type: none"> <li>○ Chapter 6, “ICD-9-CM Coding”</li> <li>○ Chapter 7, “CPT Coding”</li> <li>○ Chapter 8, “HCPCS Level II Coding”</li> <li>○ Chapter 10, “Coding for Medical Necessity”</li> </ul> </li> <li>• AHIMA Clinical Documentation Improvement Tool Kit (2010)</li> </ul>

	<ul style="list-style-type: none"> <li>• Exercises: 4.1-4.2</li> <li>• Labs: 4.1-4.2</li> </ul>
<p>5— Inpatient Reimbursement and UB-04 Completion</p>	<ul style="list-style-type: none"> <li>• Read from <i>Understanding Health Insurance: A Guide to Billing and Reimbursement</i> <ul style="list-style-type: none"> <li>○ Chapter 9, “CMS Reimbursement Methodologies,” pp. 295-305 and pp. 316-332</li> </ul> </li> <li>• Exercises: 5.1-5.2</li> <li>• Labs: 5.1-5.2</li> </ul>
<p>6— Commercial Insurance</p>	<ul style="list-style-type: none"> <li>• Read from <i>Understanding Health Insurance: A Guide to Billing and Reimbursement</i>: <ul style="list-style-type: none"> <li>○ Chapter 4, “Processing an Insurance Claim,” pp. 80-84</li> <li>○ Chapter 12, “Commercial Insurance”</li> </ul> </li> <li>• Exercises: 6.1</li> <li>• Labs: 6.1</li> <li>• Exam 2</li> </ul>
<p>7— Billing for Blue Cross and Blue Shield</p>	<ul style="list-style-type: none"> <li>• Read from <i>Understanding Health Insurance: A Guide to Billing and Reimbursement</i>: <ul style="list-style-type: none"> <li>○ Chapter 5, “Legal and Regulatory Issues,” pp. 106-108 (section titled “Preventing Healthcare Fraud and Abuse)</li> <li>○ Chapter 13, “Blue Cross Blue Shield”</li> </ul> </li> <li>• Exercises: 7.1-7.2</li> <li>• Course Project Assignment</li> </ul>
<p>8— Billing for Medicare</p>	<ul style="list-style-type: none"> <li>• Read from <i>Understanding Health Insurance: A Guide to Billing and Reimbursement</i>: <ul style="list-style-type: none"> <li>○ Chapter 14, “Medicare”</li> </ul> </li> <li>• Exercises: 8.1</li> <li>• Labs: 8.1</li> </ul>
<p>9— Billing for Medicaid and TRICARE</p>	<ul style="list-style-type: none"> <li>• Read from <i>Understanding Health Insurance: A Guide to Billing and Reimbursement</i>: <ul style="list-style-type: none"> <li>○ Chapter 3, “Managed Health Care,” pp. 40-44</li> <li>○ Chapter 5, “Legal and Regulatory Issues,” sections on pages 109-117</li> <li>○ Chapter 15, “Medicaid”</li> <li>○ Chapter 16, “TRICARE”</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• Exercises: 9.1</li> <li>• Labs: 9.1- 9.3</li> <li>•</li> </ul>
10— Billing for Workers' Compensation	<ul style="list-style-type: none"> <li>• Read from <i>Understanding Health Insurance: A Guide to Billing and Reimbursement</i>: <ul style="list-style-type: none"> <li>○ Chapter 5, "Legal and Regulatory Issues," sections on pages 113-119</li> <li>○ Chapter 7, "CPT Coding," pp. 264-267</li> <li>○ Chapter 17, "Workers' Compensation"</li> </ul> </li> <li>• Exercises: 10.1</li> <li>• Labs: 10.1</li> <li>• Exam: 3</li> </ul>
11— Course Review, Final Exam, and Course Project Presentation	<ul style="list-style-type: none"> <li>• Course Review</li> <li>• Final Exam</li> <li>• Course Project Presentation</li> </ul>

## Instructional Methods

The curriculum uses teaching strategies that support the course objectives and foster higher cognitive skills, building on health care delivery, coding, and health-care record concepts covered earlier in this program.

- The exercises from the workbook allow students to review their understanding of the concepts taught in class and/or the understanding of the materials presented within chapters of the textbook and workbook.
- The labs involve the use of software so that students will have hands-on experience of the coding aspects in health care reimbursement systems. The labs involve the use of 3M for diagnosis related groups (DRGs) and cross-over to ICD-10. The students will also be instructed on how to use the appropriate applications from the AHIMA Virtual Laboratory.
- The exams are objective-type assessments that will be conducted in Units 3, 6, and 10. These assessments will help gauge the students' understanding of the concepts covered across multiple units.
- The final assessments for this course will be successful completion of a multiple-choice final exam and a 5-6 page Word document and presentation of the course project (see the project material provided by the instructor).
- Students must comply with the plagiarism policy. For this program, students should use the American Psychological Association (APA) format to site references and resources outside of their own original work.

## Instructional Materials and References

### Student Textbook Package

- Green, M. A., & Rowell, J. C. (2011). *Understanding health insurance: A guide to billing and reimbursement* (9<sup>th</sup> ed.). Clifton Park, NY: Delmar Cengage Learning. Includes Ingenix Encoder Pro and StudyWare.
- Green, M. A., & Rowell, J. C. (2011). *Workbook to accompany understanding health insurance: A guide to billing and reimbursement* (10<sup>th</sup> ed.). Clifton Park, NY: Delmar Cengage Learning. Includes Medical Office Simulation Software.
- Endicott, M., Giannangelo, K., Kostick, K., Kuehn, L., & Nelson, T. (Eds.). (2011). *Clinical coding workout: Practice exercises for skill development* (2011 ed. without answers). Chicago, Illinois: AHIMA Press.

### ITT Tech Virtual Library

Log on to the ITT Tech Virtual Library at <http://www.library.itt-tech.edu/> to access online books, journals, and other reference resources selected to support ITT Tech curricula.

#### Books

You may click “Books” or use the “Search” function on the home page to find the following books.

- Address, A.A. (2007). *Provider’s Coding Notes: Billing & Coding Pocket Guide*. 1<sup>st</sup> ed. Philadelphia, PA:F. A. Davis Company. NetLibrary.
- Marcinko, D. E. (2006). *Dictionary of Health Insurance and Managed Care*. 1<sup>st</sup> ed. NY:Springer Publishing Company. NetLibrary.

#### Periodicals

You may click “Periodicals” or use the “Search” function on the home page to find the following periodicals.

- “How to get patients on board”. Berkeley Rice. *Medical Economics*. Oradell:Mar 2, 2007. Vol.84, Iss. 5 p. 65 (4 pages).
- “Hospital Reimbursement from all payers is at risk. *Healthcare Benchmarks and Quality Improvement*. 2010, Feb,17(2):20-21.
- “RACs There’s Beauty in the Beast”. Selena Chavis. *For the Record*. 2010. Vol.22 No 15. pp 20-23.
- “CDHP Continue To Grow In Popularity; But Do We Know the Whole Story?” Anonymous, *Managed Care Outlook*. NewYork. May 2010 Vol.04.Iss10.

### Other References

- *Current Procedural Terminology: CPT 2011 Professional Edition*  
Chicago: American Medical Association, 2011.
- *HCPCS Level II 2011 Professional*. Salt Lake City: Ingenix, 2011.
- *Updatable ICD-9-CM for Hospitals – Volumes 1, 2, and 3*. Salt Lake City: Ingenix. 2011.
- Ferene, D. P. (2010). *Understanding Hospital Billing and Coding* (2<sup>nd</sup> ed.). Elsevier-Health Science Division.
- Johns, M. L. (2011). *Health Information Management Technology: An Applied Approach* (3<sup>rd</sup> ed.). American Health Information Management Association.
- Garrett, G.S. (2009). *Present on Admission* (2<sup>nd</sup> ed.). American Health Information Management Association.

### Websites

- American Academy of Family Physicians  
<http://www.aafp.org/online/en/home.html> (accessed August 30, 2010).
- American Association of Preferred Provider Organizations  
<http://aappo.org> (accessed August 30, 2010).
- America's Health Insurance Plans  
<http://www.ahip.org/> (accessed August 30, 2010).
- American Medical Association  
<http://www.ama-assn.org> (accessed August 30, 2010).
- Centers for Medicare & Medicaid Services  
<http://www.cms.hhs.gov/> (accessed August 30, 2010).
- Health Care Compliance Association  
<http://www.hcca-info.org//AM/Template.cfm?Section=Home> (accessed August 30, 2010).
- United States Department of Health & Human Services  
<http://dhhs.gov> (accessed August 30, 2010).
- American Health Information Management Association Library  
<http://library.ahima.org> (accessed August 30, 2010).
- NUCC  
[www.nucc.org](http://www.nucc.org) (accessed August 30, 2010)
- American Hospital Association  
<http://www.aha.org> (accessed August 30, 2010).
- Office of Inspector General  
<http://usdoj.gov/oig> (accessed August 30, 2010).
- Federal Register  
<http://www.federalregister.gov>

All links to Web references outside of the ITT Tech Virtual Library are always subject to change without prior notice.

### e-HIM Virtual Lab (FORE)



## 2010 Lab Software and Functions

- ATHENS/Cerner PowerChart
  - Patient registration
  - Creation of clinical documentation
  - Clinical decision support tools (alerts)
  - Hospital cases for coding practice
- ATHENS/Cerner HIM ProFile
  - Deficiency management
  - ROI
  - Electronic chart tracking
- QuadraMed MPI Suite
  - Front-end registration
  - Tools for analysis of data integrity
  - Tools for resolving duplicate records
- QuadraMed Quantim Encoders (ICD-9 and ICD-10)
  - Encoder for coding practice
  - Coding references
  - Abstracting and compliance software (Fall)
  - Coded data set (Fall)
- 3M Coding and Reimbursement System (ICD-9 and ICD-10)
  - Encoder for coding practice
  - DRG grouper for reimbursement concepts
  - Coding references
- McKesson Horizon Patient Folder
  - Chart analysis and deficiency management workflow
- HealthPort EDMS
  - Read-only chart repository for coding and document retrieval
  - Deficiency management workflow and tools
  - Workflow management
- HealthPort eSmartLog Release of Information
  - Correspondence Tracking
  - Request/Authorization/Record review for ROI
  - Process valid requests
  - Generate correspondence letters for invalid requests
- Tableau
  - Data visioning and analysis software and practice data sets

Visit the Virtual Lab (VLab) website: <http://www.ahima.org/schools/vlab>

As of 11/11/10, the “VLAB Application Simulations” website is available for interactive simulations of these VLAB applications:

- QuadraMed Master Patient Index
- Introduction to SmartID

- Introduction to SmartMerge
- Introduction to QuadraMed Quantim ICD-9-Encoder

Other simulations are now being developed.

The site is listed under EXTERNAL LINKS in the VTMS.

## StudyWare

Be sure to install the CD called *StudyWare to Accompany Understanding Health Insurance: A Guide to Billing and Reimbursement* found in the back of the textbook *Understanding Health Insurance: A Guide to Billing and Reimbursement*. The StudyWare offers helpful ways to learn the material in the chapters.

## Course Evaluation and Grading

### Evaluation Criteria Table

Evaluation Criteria will be based on the following categories:

CATEGORY	WEIGHT
Exercises	20%
Labs	25%
Course Project	20%
Exams	15%
Final Exam	20%
<b>Total</b>	<b>100%</b>

Note: Students are responsible for abiding by the Plagiarism Policy.

### Grade Conversion Table

The final grades will be calculated from the percentages earned in the course, as follows:

A	90-100%	4.0
B+	85-89%	3.5
B	80-84%	3.0
C+	75-79%	2.5
C	70-74%	2.0
D+	65-69%	1.5
D	60-64%	1.0
F	<60%	0.0

## HIT ASSOCIATE DEGREE ENTRY-LEVEL COMPETENCIES

Domains, Subdomains, and Tasks	Curriculum Course(s) in Which Task is Covered																
	HT100	HS210*	HT102	HS220*	HT105	HT201	HT112	HT113	HT104	HT207	HT200	HT203	HT204	HT205	HT208	HT211	HT212
<b>I. Domain: Healthcare Data Management</b>																	
<b>A. Subdomain: Health Data Structure, Content and Standards</b>																	
1. Collect and maintain health data (such as data elements, data sets, and databases).			A ✓		A ✓			✓			A ✓			✓			
2. Conduct analysis to ensure documentation in the health record supports the diagnosis and reflects the patient's progress, clinical findings, and discharge status.			A ✓		A ✓						A ✓						
3. Apply policies and procedures to ensure the accuracy of health data.			A ✓		A ✓						A ✓						
4. Contribute to the definitions for and apply clinical vocabularies and terminologies used in the organization's health information systems.	A ✓		A ✓		A ✓			✓			A ✓						
5. Verify timeliness, completeness, accuracy, and appropriateness of data and data sources for patient care, management, billing reports, registries, and/or databases.			A ✓		A ✓			✓			A ✓	✓		✓	✓		
<b>B. Subdomain: Healthcare Information Requirements and Standards</b>																	
1. Monitor and apply organization-wide health record documentation guidelines.			A ✓		A ✓						A ✓						✓
2. Apply policies and procedures to ensure organizational compliance with regulations and standards.			A ✓		A ✓						A ✓			✓			✓
3. Report compliance findings according to organizational policy.			✓		✓						A ✓						✓
4. Maintain the accuracy and completeness of the patient record as defined by organizational policy and external regulations and standards.			✓		✓						A ✓						✓
5. Assist in preparing the organization for accreditation, licensing, and/or certification surveys.			✓		✓						A ✓						✓
<b>C. Subdomain: Clinical Classification Systems</b>																	
1. Use and maintain electronic applications and work processes to support clinical classification and coding.											A ✓		✓		✓		
2. Apply diagnosis/procedure codes using ICD-9-CM.											A ✓					✓	
3. Apply procedure codes using CPT/HCPCS.													A ✓		✓		

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Domains, Subdomains, and Tasks	Curriculum Course(s) in Which Task is Covered																
	HT100	HS210*	HT102	HS220*	HT105	HT201	HT112	HT113	HT104	HT207	HT200	HT203	HT204	HT205	HT208	HT211	HT212
4. Ensure accuracy of diagnostic/procedural groupings such as DRG, APC, and so on.										A ✓				A	✓		
5. Adhere to current regulations and established guidelines in code assignment.										A ✓			✓	A ✓	✓		
6. Validate coding accuracy using clinical information found in the health record.										A ✓			✓	A	✓		
7. Use and maintain applications and processes to support other clinical classification and nomenclature systems (such as ICD-10-CM, SNOMED, and so on).										✓				A	✓		
8. Resolve discrepancies between coded data and supporting documentation.										A ✓			✓	A ✓	✓		
<b>D. Subdomain: Reimbursement Methodologies</b>																	
1. Apply policies and procedures for the use of clinical data required in reimbursement and prospective payment systems (PPS) in healthcare delivery.										✓				✓	✓		
2. Support accurate billing through coding, chargemaster, claims management, and bill reconciliation processes.										✓				✓	✓		
3. Use established guidelines to comply with reimbursement and reporting requirements such as the National Correct Coding Initiative.										✓			✓	✓	✓		
4. Compile patient data and perform data quality reviews to validate code assignment and compliance with reporting requirements such as outpatient prospective payment systems.														A ✓	✓		
<b>II. Domain: Health Statistics, Biomedical Research and Quality Management</b>																	
<b>A. Subdomain: Healthcare Statistics and Research</b>																	
1. Abstract and maintain data for clinical indices/databases/registries.										✓	A ✓	A ✓			✓		
2. Collect, organize and present data for quality management, utilization management, risk management, and other related studies.											A ✓				✓	✓	
3. Compute and interpret healthcare statistics.						✓					A ✓					✓	
4. Apply Institutional Review Board (IRB) processes and policies.									✓							✓	
5. Use specialized databases to meet specific organization needs such as medical research and disease registries.						✓			✓			A ✓	✓		✓	✓	
<b>B. Subdomain: Quality Management and Performance Improvement</b>																	

**HIT ASSOCIATE DEGREE ENTRY-LEVEL COMPETENCIES**

Domains, Subdomains, and Tasks	Curriculum Course(s) in Which Task is Covered																
	HT100	HS210*	HT102	HS220*	HT105	HT201	HT112	HT113	HT104	HT207	HT200	HT203	HT204	HT205	HT208	HT211	HT212
1. Abstract and report data for facility-wide quality management and performance improvement programs.															✓	✓	
2. Analyze clinical data to identify trends that demonstrate quality, safety, and effectiveness of healthcare.															✓	✓	
<b>III. Domain: Health Services Organization and Delivery</b>																	
<b>A. Subdomain: Healthcare Delivery Systems</b>																	
1. Apply information system policies and procedures required by national health information initiatives on the healthcare delivery system.					A ✓										✓		
2. Apply current laws, accreditation, licensure, and certification standards related to health information initiatives from the national, state, local and facility levels.			A ✓		A ✓										✓	✓	
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.					A ✓									✓	✓		
4. Differentiate the roles of various providers and disciplines throughout the continuum of healthcare and respond to their information needs.					A ✓						A ✓			✓		✓	
<b>B. Subdomain: Healthcare Privacy, Confidentiality, Legal, and Ethical Issues</b>																	
1. Participate in the implementation of legal and regulatory requirements related to the health information infrastructure.									✓								
2. Apply policies and procedures for access and disclosure of personal health information.									✓		A ✓						
3. Release patient-specific data to authorized users.									✓		A ✓						
4. Maintain user access logs/systems to track access to and disclosure of identifiable patient data.									✓		A ✓						
5. Conduct privacy and confidentiality training programs.									A ✓		A ✓						
6. Investigate and recommend solutions to privacy issues/problems.									A ✓		A ✓						
7. Apply and promote ethical standards of practice.			A ✓		A ✓				A ✓	A ✓	A ✓		✓	✓	✓	✓	
<b>IV. Domain: Information Technology &amp; Systems</b>																	
<b>A. Subdomain: Information and Communication Technologies</b>																	

## HIT ASSOCIATE DEGREE ENTRY-LEVEL COMPETENCIES

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	HT100	HS210*	HT102	HS220*	HT105	HT201	HT112	HT113	HT104	HT207	HT200	HT203	HT204	HT205	HT208	HT211	HT212
1. Use technology, including hardware and software, to ensure data collection, storage, analysis, and reporting of information.			✓		A ✓			✓			A ✓			A ✓	✓	✓	
2. Use common software applications such as spreadsheets, databases, word processing, graphics, presentation, e-mail, and so on in the execution of work processes.			A ✓		A ✓	✓			✓		A ✓			A ✓	✓	✓	✓
3. Use specialized software in the completion of HIM processes such as record tracking, release of information, coding, grouping, registries, billing, quality improvement, and imaging.			A ✓		A ✓			✓	✓	✓	A ✓		A ✓	A ✓	✓	✓	
4. Apply policies and procedures to the use of networks, including intranet and Internet applications to facilitate the electronic health record (EHR), personal health record (PHR), public health, and other administrative applications.			✓					✓						✓	✓		
<b>B. Subdomain: Data, Information, and File Structures</b>																	
1. Apply knowledge of data base architecture and design (such as data dictionary, data modeling, data warehousing, and so on) to meet departmental needs.								✓									
<b>C. Subdomain: Data Storage and Retrieval</b>																	
1. Use appropriate electronic or imaging technology for data/record storage.			✓								A ✓				✓		
2. Query and generate reports to facilitate information retrieval.			A ✓					✓							✓		
3. Design and generate reports using appropriate software.			✓			✓		✓			A ✓			✓	✓	✓	
4. Maintain archival and retrieval systems for patient information stored in multiple formats.			✓					✓									
5. Coordinate, use and maintain systems for document imaging and storage.			✓						✓		A ✓						
<b>D. Subdomain: Data Security</b>																	
1. Apply confidentiality and security measures to protect electronic health information.								A ✓	A ✓		A ✓				✓		
2. Protect data integrity and validity using software or hardware technology.			✓					A ✓	A ✓		A ✓				✓		
3. Apply departmental and organizational data and information system security policies.								A ✓	A ✓		A ✓				✓		
4. Use and summarize data compiled from audit train and data quality monitoring programs.								✓								✓	

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	HT100	HS210*	HT102	HS220*	HT105	HT201	HT112	HT113	HT104	HT207	HT200	HT203	HT204	HT205	HT208	HT211	HT212
5. Contribute to the design and implementation of risk management, contingency planning, and data recovery procedures.								A ✓	✓							✓	
<b>E. Subdomain: Healthcare Information Management</b>																	
1. Participate in the planning, design, selection, implementation, integration, testing, evaluation, and support for organization-wide information systems.								✓									
2. Use the principles of ergonomics and human factors in work process design.															✓		✓
<b>V. Domain: Organizational Resources</b>																	
<b>A. Subdomain: Human Resources</b>																	
1. Apply the fundamentals of team leadership.											✓				✓		✓
2. Organize and contribute to work teams and committees.											A ✓				✓	✓	✓
3. Conduct new staff orientation and training programs.																	✓
4. Conduct continuing education programs.											A ✓				✓		✓
5. Monitor staffing levels and productivity standards for health information functions, and provide feedback to management and staff regarding performance.															✓		✓
6. Communicate benchmark staff performance data.																✓	✓
7. Prioritize job functions and activities.															✓		✓
8. Use quality improvement tools and techniques to monitor, report and improve processes.						✓									✓	✓	✓
<b>B. Subdomain: Financial and Physical Resources</b>																	
1. Make recommendations for items to include in budgets and contracts.		A ✓															✓
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.																	✓
5. Contribute to work plans, policies, procedures, and resource requisitions in relation to job functions.															✓		✓

\* HS210 and HS220 are equivalent to GE258 and GE259, respectively.  
 A=application; ✓= teach

(End of Syllabus)

