



COURSE OUTLINE : MOA 180
D Credit – Degree Applicable
COURSE ID 010167
Cyclical Review: November 2021

COURSE DISCIPLINE : MOA
COURSE NUMBER : 180
COURSE TITLE (FULL) : Health Information Management & HIPAA Standards
COURSE TITLE (SHORT) : Health Information Management & HIPAA Standards
ACADEMIC SENATE DISCIPLINE: Office Technology

CATALOG DESCRIPTION

MOA 180 provides an introduction to the fundamental theories and practices of health information management. The course includes an overview of health Care Industry, services organization and delivery; health data, record structure and electronic documentation; health content and quality standards confidentiality and complaisance; and management, leadership, performance improvement. The course also includes HIPAA regulations, privacy issues and security standards.

Total Lecture Units:2.00

Total Laboratory Units: 1.00

Total Course Units: 3.00

Total Lecture Hours:36.00

Total Laboratory Hours: 54.00

Total Laboratory Hours To Be Arranged: 0.00

Total Contact Hours: 90.00

Total Out-of-Class Hours: 72.00

Prerequisite: None.



ENTRY STANDARDS

	Subject	Number	Title	Description	Include
1				N/A	Yes

EXIT STANDARDS

- 1 Explain health data and clinical documentation principles, standards and guidelines to ensure the quality of the health record in a medical clinic or an acute-care hospital setting;
- 2 describe regulatory, accreditation, licensure and certification standards related to health information to medical records in the acute-care hospital setting;
- 3 explain national and state regulatory and accreditation requirements for quality and performance standards.
- 4 describe the many areas on the delivery of health care that are affected by Health Insurance Portability and Accountability Act (HIPAA) standards.
- 5 explain reasons for the Health Insurance Portability and Accountability Act of 1996.

STUDENT LEARNING OUTCOMES

- 1 Explain health care information in different clinical settings.
- 2 Describe laws and regulations related to healthcare.
- 3 Describe the components of a medical records and identify the longitudinal medical charting process.

COURSE CONTENT WITH INSTRUCTIONAL HOURS

	Description	Lecture	Lab	Total Hours
1	An Introduction to Electronic Health Records <ul style="list-style-type: none"> • Overview and history of health care industry • Methods of collecting and storing data • Management of data quality • Benefits and opportunities of information management 	8	0	8



2	<p>Standards for Electronic Health Records</p> <ul style="list-style-type: none"> • Basic Health Insurance Portability and Accountability Act (HIPPA) regulations for Electronic Health Records (EHRs) • EHRs as legal documents • Commission for Health Information Technology (CCHIT) Standards • Effects of Protected Health Information (PHI) 	7	0	7
3	<p>Electronic Health Records Content</p> <ul style="list-style-type: none"> • Transition from paper to electronic health records • Content of Electronic Health Records (EHRs) • Content of Electronic Medical Records (EMRs) • Understanding the difference between EHR and EMR 	7	0	7
4	<p>Management of Data Quality and Standards</p> <ul style="list-style-type: none"> • Discuss organizational policies to safeguard patient record • Understand data sources and retrieval • Study various types of data • Data research, reporting and presentation 	7	0	7
5	<p>Use and Analysis of Data</p> <ul style="list-style-type: none"> • Various naming convention and nomenclature • Classifications and Code Set • Content, management, and function • dependencies in documentation 	7	0	7



6	<p>Laboratory Content</p> <p>Electronic Health Record and Electronic Medical Record Software</p> <ul style="list-style-type: none"> • EHR and EMR Software capabilities • Sequence of transition • Setup and configuring • Data entry of patient care 	0	12	12
7	<p>Data Entry Edit, Corrections, and Addendums</p> <ul style="list-style-type: none"> • Regulations and policies • Accuracy requirements and mandates • Correction and addendum • Standards and guidelines 	0	12	12
8	<p>Set up for Electronic Medical Records - The Patient Chart</p> <ul style="list-style-type: none"> • Activate patient office visit • Adding a new patient • Physician order entry • Managing orders and referrals 	0	12	12
9	<p>Case Management and Quality Control</p> <ul style="list-style-type: none"> • Conducting chart evaluations • Clinical quality measures • Chart retrieval and archiving • Performance improvement and reporting 	0	12	12
10	<p>Productivity Center and Utilities</p> <ul style="list-style-type: none"> • Meaningful use content • Government involvement • Health information exchange and interoperability • Health informatics consolidation 	0	6	6
				90



COURSE OUTLINE : MOA 180

D Credit – Degree Applicable

COURSE ID 010167

Cyclical Review: November 2021

OUT OF CLASS ASSIGNMENTS

- 1 computer and written assignments/case management (e.g. student-arranged site visit to the Health Information/Medical (HIM) records department of an acute care hospital and a written report describing the experience).

METHODS OF EVALUATION

- 1 quizzes;
- 2 midterm;
- 3 final exam;
- 4 lab assignments (e.g. use EHR software application to review several records and navigate Spring Charts EHR application to locate specific patient data).

METHODS OF INSTRUCTION

- Lecture
- Laboratory
- Studio
- Discussion
- Multimedia
- Tutorial
- Independent Study
- Collaboratory Learning
- Demonstration
- Field Activities (Trips)
- Guest Speakers
- Presentations

TEXTBOOKS

Title	Type	Publisher	Edition	Medium	Author	ISBN	Date
Foundations of Health Information Management	Required	Elsevier	5	print	Davis, Nadinia	978-0-323-63674-2	2020
HIPAA for Health Care Professional	Required	Cengage	2		Krager, Dan	978-1-305-94606	2017