

Award Number: R01RH26279-01-000
HRSA – Rural Health Information Technology Workforce Program
Southwest Technical College, Fennimore, WI
Darnell Hendricks, Primary Contact

Item 1 – Narrative Describing Change in Curriculum

Health Information Technology 2016 Program Design Summary—Southwest Technical College Southwest Health Network

Program Information

Organization Wisconsin Technical College System
Program Number 10-530

Description

This field is where healthcare meets the cutting edge of technology! Health Information Technicians are specialists in great demand! The HIM professionals can expect to be in high demand as the health sector expands into the century. In fact, the Bureau of Labor Statistics cites health information technology as one of the fastest growing occupations in the U.S. Health Information Technicians contribute to the quality of care by collecting, analyzing, and reporting health care data. This requires knowledge of disease, treatments, computer systems, and organizational skills.

Program Outcomes

- A. HIT: Manage health data
 - 1. Collect and maintain health data
 - 2. Apply policies and procedures to ensure accuracy, timeliness and completeness of health data in accordance with current regulations and standards
 - 3. Analyze and report health data
- B. HIT: Apply coding and reimbursement systems
 - 1. Assign ICD diagnosis and procedure codes using current regulations and established guidelines
 - 2. Assign CPT and HCPCS codes using current regulations and established guidelines
 - 3. Determine reimbursement for a variety of healthcare settings (e.g. MS-DRG, APC, RBRVS etc.)
 - 4. Monitor coding and revenue cycle processes
- C. HIT - Model professional behaviors and ethics
 - 1. Adhere to security, privacy, and confidentiality policies, laws and regulations in the execution of work processes
 - 2. Apply and promote ethical standards of practice
 - 3. Demonstrate reliability, dependability, and initiative
- D. HIT - Maintain electronic applications to manage health information
 - 1. Use common software applications in the execution of work processes
 - 2. Use specialized software in the completion of HIM processes

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- 3. Support implementation and use of the EHR
- 4. Design and query databases
- 5. Adhere to security measures to protect electronic health information
- E. HIT - Apply organizational management techniques
 - 1. Work cooperatively in a team environment
 - 2. Contribute to management functions such as training, staffing, performance monitoring, budgeting, planning
 - 3. Comply with accreditation, licensure, and certification standards

External Standards

Domain I.A.1. Apply diagnosis/procedure codes according to current guidelines
Domain I.A.2. Evaluate the accuracy of diagnostic and procedural coding
Domain I.A.3 Apply diagnostic/procedural groupings
Domain I.A.4. Evaluate the accuracy of diagnostic/procedural groupings
Domain 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
Domain I.B.2. Verify the documentation in the health record is timely, complete, and accurate
Domain I.B.3. Identify a complete health record according to, organizational policies, external regulations, and standards
Domain I.B.4. Differentiate the roles and responsibilities of various providers and disciplines, to support documentation requirements, throughout the continuum of healthcare
Domain 1.C.1 Apply policies and procedures to ensure the accuracy and integrity of health data
Domain 1.D.1 Collect and maintain health data
Domain 1.D. 2 Apply graphical tools for data presentations
Domain I.E.1. Identify and use secondary data sources
Domain I.E.2 Validate the reliability and accuracy of secondary data sources
Domain II.A.1. Apply healthcare legal terminology
Domain II.A.2. . Identify the use of legal documents
Domain II.A.3. Apply legal concepts and principles to the practice of HIM
Domain 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
Domain II.B.2. Apply retention and destruction policies for health information
Domain II.B.3 Apply system security policies according to departmental and organizational data/information standards

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Domain II.C.1. Apply policies and procedures surrounding issues of access and disclosure of protected health information
Domain III.A.1. Utilize software in the completion of HIM processes
Domain III.A.2 Explain policies and procedures of networks, including intranet and Internet to facilitate clinical and administrative applications
Domain III.B.1. Explain the process used in the selection and implementation of health information management systems
Domain III.B.2 Utilize health information to support enterprise wide decision support for strategic planning
Domain III.C.1. Explain analytics and decision support
Domain III.C.2. Apply report generation technologies to facilitate decision-making
Domain III.D.1. Utilize basic descriptive, institutional, and healthcare statistics
Domain III.D.2. Analyze data to identify trends
Domain III.E.1. Explain common research methodologies and why they are used in healthcare
Domain III.F.1. Explain common research methodologies and why they are used in healthcare
Domain III.G.1 Explain current trends and future challenges in health information exchange
Domain III.H.1 Apply policies and procedures to ensure the accuracy and integrity of health data both internal and external to the health system
Domain IV.A.1. Apply policies and procedures for the use of data required in healthcare reimbursement
Domain IV.A.2. Evaluate the revenue cycle management processes
Domain V.A.1. Analyze policies and procedures to ensure organizational compliance with regulations and standards
Domain V.A.2. Collaborate with staff in preparing the organization for accreditation, licensure, and/or certification
Domain V.A.3. Adhere to the legal and regulatory requirements related to the health information management
Domain V.B.1. Analyze current regulations and established guidelines in clinical classification systems
Domain V.B.2. Determine accuracy of computer assisted coding assignment and recommend corrective action
Domain V.C.1. Identify potential abuse or fraudulent trends through data analysis
Domain V.D.1. Identify discrepancies between supporting documentation and coded data
Domain V.D.2 Develop appropriate physician queries to resolve data and coding discrepancies
Domain VI.A.1. Summarize health information related leadership roles
Domain VI.A.2. Apply the fundamentals of team leadership

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Domain VI.A.3. Organize and facilitate meetings
Domain VI.B.1. Recognize the impact of change management on processes, people and systems
Domain VI.C.1. Utilize tools and techniques to monitor, report, and improve processes
Domain VI.C.2. Identify cost-saving and efficient means of achieving work processes and goals
Domain VI.C.3. Utilize data for facility-wide outcomes reporting for quality management and performance improvement
Domain VI.D.1. Report staffing levels and productivity standards for health information functions
Domain VI.D.2. Interpret compliance with local, state, federal labor regulations
Domain VI.D.3. Adhere to work plans, policies, procedures, and resource requisitions in relation to job functions
Domain VI.E.1. Explain the methodology of training and development
Domain VI.E.2. Explain return on investment for employee training/development
Domain VI.F.1. Summarize a collection methodology for data to guide strategic and organizational management
Domain VI.F.2. Understand the importance of healthcare policy-making as it relates to the healthcare delivery system
Domain VI.F.3. Describe the differing types of organizations, services, and personnel and their interrelationships across the health care delivery system
Domain VI.F.4. Apply information and data strategies in support of information governance initiatives
Domain VI.F.5. Utilize enterprise-wide information assets in support of organizational strategies and objectives
Domain VI.G.1. Plan budgets
Domain VI.G.2. Explain accounting methodologies
Domain VI.G.3. Explain budget variances
Domain VI.H.1. Comply with ethical standards of practice
Domain VI.H.2. Evaluate the consequences of a breach of healthcare ethics
Domain VI.H.3. Assess how cultural issues affect health, healthcare quality, cost, and HIM
Domain VI.H.4. Create programs and policies that support a culture of diversity
Domain VI.I.1. Summarize project management methodologies
Domain VI.J.1. Explain Vendor/Contract Management
Domain VI.K.1. Apply knowledge of database architecture and design

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Course Configuration		
Course #	Course Title	Credits
10-530-199	ICD Procedure Coding	2
10-530-160	Healthcare Informatics	4
10-530-184	CPT Coding	3
10-530-161	Health Quality Management	3
10-530-176	Health Data Management	2
10-530-177	Healthcare Stats & Research	2
10-530-178	Healthcare Law & Ethics	2
10-530-181	Intro to the Health Record	1
10-530-182	Human Disease for the Health Professions	3
10-530-185	Healthcare Reimbursement	2
10-530-194	HIM Organizational Resources	2
10-530-195	Applied Coding	2
10-530-196	Professional Practice 1	3
10-530-197	ICD Diagnosis Coding	3
10-530-198	Professional Practice 2	3

Program Course Detail

Course A -- ICD Procedure Coding

Course Number 10-530-199

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Credits 2
Course Description Prepares students to assign ICD procedure codes supported by medical documentation with entry level proficiency. Students apply instructional notations, conventions, rules, and official coding guidelines when assigning ICD procedure codes to case studies and actual medical record documentation.
Linked Program Outcomes
A. HIT: Manage health data
B. HIT: Apply coding and reimbursement systems
C. HIT - Model professional behaviors and ethics
D. HIT - Maintain electronic applications to manage health information

Course B -- Healthcare Informatics

Course Number 10-530-160
Credits 4
Course Description Emphasizes the role of information technology in healthcare through an investigation of the electronic health record (EHR), business, and health information software applications. Learners will develop skills to assist in information systems design and implementation.
Linked Program Outcomes
A. HIT: Manage health data
C. HIT - Model professional behaviors and ethics
D. HIT - Maintain electronic applications to manage health information
E. HIT - Apply organizational management techniques

Course C -- CPT Coding

Course Number 10-530-184
Credits 3
Course Description Prepares learners to assign CPT codes, supported by medical documentation, with entry level proficiency. Learners apply CPT instructional notations, conventions, rules, and official coding guidelines when assigning CPT codes to case studies and actual medical record documentation.
Linked Program Outcomes
A. HIT: Manage health data
B. HIT: Apply coding and reimbursement systems
C. HIT - Model professional behaviors and ethics
D. HIT - Maintain electronic applications to manage health information

Course D -- Health Quality Management

Course Number 10-530-161
Credits 3
Course Description Explores the programs and processes used to manage and improve healthcare quality. Addresses regulatory requirements as related to

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performance measurement, assessment, and improvement, required monitoring activities, risk management and patient safety, utilization management, and medical staff credentialing. Emphasizes the use of critical thinking and data analysis skills in the management and reporting of data.

Linked Program Outcomes

- A. HIT: Manage health data
- D. HIT - Maintain electronic applications to manage health information
- E. HIT - Apply organizational management techniques
- C. HIT - Model professional behaviors and ethics

Course E -- Health Data Management

Course Number 530-176

Credits 2

Course Description Introduces the use and structure of health care data elements, data sets, data standards, their relationships to primary and secondary record systems and health information processing.

Linked Program Outcomes

- A. HIT: Manage health data
- C. HIT - Model professional behaviors and ethics
- D. HIT - Maintain electronic applications to manage health information
- E. HIT - Apply organizational management techniques

Course F -- Healthcare Stats & Research

Course Number 10-530-177

Credits 2

Course Description Explores the management of medical data for statistical purposes. Focuses on descriptive statistics, including definitions, collection, calculation, compilation, and display of numerical data. Vital statistics, registries, and research are examined.

Linked Program Outcomes

- A. HIT: Manage health data
- D. HIT - Maintain electronic applications to manage health information
- C. HIT - Model professional behaviors and ethics

Course G -- Healthcare Law & Ethics

Course Number 10-530-178

Credits 2

Course Description Examines regulations for the content, use, confidentiality, disclosure, and retention of health information. An overview of the legal system and ethical issues are addressed.

Linked Program Outcomes

- A. HIT: Manage health data
- C. HIT - Model professional behaviors and ethics
- D. HIT - Maintain electronic applications to manage health information

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information

E. HIT - Apply organizational management techniques

Course H -- Intro to the Health Record

Course Number 10-530-181

Credits 1

Course Description Prepares learners to illustrate the flow of health information in various health care delivery systems and within the health information department. Prepares learners to retrieve data from health records. Professional ethics, confidentiality and security of information are emphasized.

Linked Program Outcomes
A. HIT: Manage health data
C. HIT - Model professional behaviors and ethics
D. HIT - Maintain electronic applications to manage health information

Course I -- Human Disease for the Health Professions

Course Number 10-530-182

Credits 3

Course Description Prepares learners to interpret clinical documentation that they will encounter in a variety of healthcare settings. Emphasis is placed on understanding the common disorders and diseases of each body system to include the etiology (cause), signs and symptoms, diagnostic tests and results, and medical treatments and surgical procedures.

Linked Program Outcomes B. HIT: Apply coding and reimbursement systems

Course J -- Healthcare Reimbursement

Course Number 10-530-185

Credits 2

Course Description Prepares learners to compare and contrast health care payers, illustrate the reimbursement cycle, and to comply with regulations related to fraud and abuse. learners assign Diagnosis Related Groups (DRGs), Ambulatory Payment Classifications (APCs) and Resource Utilization Groups (RUGs) with entry-level proficiency using computerized encoding and grouping software.

Linked Program Outcomes
A. HIT: Manage health data
B. HIT: Apply coding and reimbursement systems
C. HIT - Model professional behaviors and ethics
D. HIT - Maintain electronic applications to manage health information

Course K -- HIM Organizational Resources

Course Number 10-530-194

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Credits 2
Course Description Examines the principles of management to include planning, organizing, human resource management, directing, and controlling as related to the health information department.
Linked Program Outcomes
A. HIT: Manage health data
B. HIT: Apply coding and reimbursement systems
C. HIT - Model professional behaviors and ethics
D. HIT - Maintain electronic applications to manage health information
E. HIT - Apply organizational management techniques

Course L -- Applied Coding

Course Number 10-530-195
Credits 2
Course Description Prepares students to assign ICD and CPT/HCPCS codes supported by medical documentation with intermediate level of proficiency. Students will prepare appropriate physician queries in accordance with compliance guidelines and will assign codes to optimize appropriate reimbursement.
Linked Program Outcomes
A. HIT: Manage health data
B. HIT: Apply coding and reimbursement systems
D. HIT - Maintain electronic applications to manage health information

Course M -- Professional Practice 1

Course Number 10-530-196
Credits 3
Course Description Applies previously acquired skills and knowledge by means of clinical experiences in the technical procedures of health record systems and discussion of clinical situations. This is the first of a two-semester sequence of supervised clinical experiences in health care facilities.
Linked Program Outcomes
A. HIT: Manage health data
C. HIT - Model professional behaviors and ethics
D. HIT - Maintain electronic applications to manage health information

Course N -- ICD Diagnosis Coding

Course Number 10-530-197
Credits 3
Course Description Prepares students to assign ICD diagnosis codes supported by medical documentation with entry level proficiency. Students apply instructional notations, conventions, rules, and official coding guidelines when assigning ICD diagnosis codes to case studies and

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Linked Program Outcomes actual medical record documentation.
A. HIT: Manage health data
B. HIT: Apply coding and reimbursement systems
C. HIT - Model professional behaviors and ethics
D. HIT - Maintain electronic applications to manage health information

Course O -- Professional Practice 2

Course Number 10-530-198

Credits 3

Course Description Applies previously acquired skills and knowledge and discussion of clinical situations. Prepares for the certification examination and pre-graduation activities. This is the second of a two-semester sequence of supervised technical and managerial clinical experiences in health care facilities.

Linked Program Outcomes
A. HIT: Manage health data
B. HIT: Apply coding and reimbursement systems
C. HIT - Model professional behaviors and ethics
D. HIT - Maintain electronic applications to manage health information
E. HIT - Apply organizational management techniques

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Health Information Technology 2016 Program Design Summary—Southwest Technical College Southwest Health Network

Program Information

Organization Wisconsin Technical College System
Program Number 10-530

Program Outcomes

- A. HIT: Manage health data
 - 1. Collect and maintain health data
 - 2. Apply policies and procedures to ensure accuracy, timeliness and completeness of health data in accordance with current regulations and standards
 - 3. Analyze and report health data
- B. HIT: Apply coding and reimbursement systems
 - 1. Assign ICD diagnosis and procedure codes using current regulations and established guidelines
 - 2. Assign CPT and HCPCS codes using current regulations and established guidelines
 - 3. Determine reimbursement for a variety of healthcare settings (e.g. MS-DRG, APC, RBRVS etc.)
 - 4. Monitor coding and revenue cycle processes
- C. HIT - Model professional behaviors and ethics
 - 1. Adhere to security, privacy, and confidentiality policies, laws and regulations in the execution of work processes
 - 2. Apply and promote ethical standards of practice
 - 3. Demonstrate reliability, dependability, and initiative
- D. HIT - Maintain electronic applications to manage health information
 - 1. Use common software applications in the execution of work processes
 - 2. Use specialized software in the completion of HIM processes
 - 3. Support implementation and use of the EHR
 - 4. Design and query databases
 - 5. Adhere to security measures to protect electronic health information
- E. HIT - Apply organizational management techniques
 - 1. Work cooperatively in a team environment
 - 2. Contribute to management functions such as training, staffing, performance monitoring, budgeting, planning
 - 3. Comply with accreditation, licensure, and certification standards

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External Standards

Domain I.A.1. Apply diagnosis/procedure codes according to current guidelines
Domain I.A.2. Evaluate the accuracy of diagnostic and procedural coding
Domain I.A.3 Apply diagnostic/procedural groupings
Domain I.A.4. Evaluate the accuracy of diagnostic/procedural groupings
Domain 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
Domain I.B.2. Verify the documentation in the health record is timely, complete, and accurate
Domain I.B.3. Identify a complete health record according to, organizational policies, external regulations, and standards
Domain I.B.4. Differentiate the roles and responsibilities of various providers and disciplines, to support documentation requirements, throughout the continuum of healthcare
Domain 1.C.1 Apply policies and procedures to ensure the accuracy and integrity of health data
Domain 1.D.1 Collect and maintain health data
Domain 1.D. 2 Apply graphical tools for data presentations
Domain I.E.1. Identify and use secondary data sources
Domain I.E.2 Validate the reliability and accuracy of secondary data sources
Domain II.A.1. Apply healthcare legal terminology
Domain II.A.2. . Identify the use of legal documents
Domain II.A.3. Apply legal concepts and principles to the practice of HIM
Domain 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
Domain II.B.2. Apply retention and destruction policies for health information
Domain II.B.3 Apply system security policies according to departmental and organizational data/information standards
Domain II.C.1. Apply policies and procedures surrounding issues of access and disclosure of protected health information
Domain III.A.1. Utilize software in the completion of HIM processes
Domain III.A.2 Explain policies and procedures of networks, including intranet and Internet to facilitate clinical and administrative applications
Domain III.B.1. Explain the process used in the selection and implementation of health information management systems
Domain III.B.2 Utilize health information to support enterprise wide decision support

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for strategic planning
Domain III.C.1. Explain analytics and decision support
Domain III.C.2. Apply report generation technologies to facilitate decision-making
Domain III.D.1. Utilize basic descriptive, institutional, and healthcare statistics
Domain III.D.2. Analyze data to identify trends
Domain III.E.1. Explain common research methodologies and why they are used in healthcare
Domain III.F.1. Explain common research methodologies and why they are used in healthcare
Domain III.G.1 Explain current trends and future challenges in health information exchange
Domain III.H.1 Apply policies and procedures to ensure the accuracy and integrity of health data both internal and external to the health system
Domain IV.A.1. Apply policies and procedures for the use of data required in healthcare reimbursement
Domain IV.A.2. Evaluate the revenue cycle management processes
Domain V.A.1. Analyze policies and procedures to ensure organizational compliance with regulations and standards
Domain V.A.2. Collaborate with staff in preparing the organization for accreditation, licensure, and/or certification
Domain V.A.3. Adhere to the legal and regulatory requirements related to the health information management
Domain V.B.1. Analyze current regulations and established guidelines in clinical classification systems
Domain V.B.2. Determine accuracy of computer assisted coding assignment and recommend corrective action
Domain V.C.1. Identify potential abuse or fraudulent trends through data analysis
Domain V.D.1. Identify discrepancies between supporting documentation and coded data
Domain V.D.2 Develop appropriate physician queries to resolve data and coding discrepancies
Domain VI.A.1. Summarize health information related leadership roles
Domain VI.A.2. Apply the fundamentals of team leadership
Domain VI.A.3. Organize and facilitate meetings
Domain VI.B.1. Recognize the impact of change management on processes, people and systems
Domain VI.C.1. Utilize tools and techniques to monitor, report, and improve processes
Domain VI.C.2. Identify cost-saving and efficient means of achieving work processes and goals
Domain VI.C.3. Utilize data for facility-wide outcomes reporting for quality

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management and performance improvement
Domain VI.D.1. Report staffing levels and productivity standards for health information functions
Domain VI.D.2. Interpret compliance with local, state, federal labor regulations
Domain VI.D.3. Adhere to work plans, policies, procedures, and resource requisitions in relation to job functions
Domain VI.E.1. Explain the methodology of training and development
Domain VI.E.2. Explain return on investment for employee training/development
Domain VI.F.1. Summarize a collection methodology for data to guide strategic and organizational management
Domain VI.F.2. Understand the importance of healthcare policy-making as it relates to the healthcare delivery system
Domain VI.F.3. Describe the differing types of organizations, services, and personnel and their interrelationships across the health care delivery system
Domain VI.F.4. Apply information and data strategies in support of information governance initiatives
Domain VI.F.5. Utilize enterprise-wide information assets in support of organizational strategies and objectives
Domain VI.G.1. Plan budgets
Domain VI.G.2. Explain accounting methodologies
Domain VI.G.3. Explain budget variances
Domain VI.H.1. Comply with ethical standards of practice
Domain VI.H.2. Evaluate the consequences of a breach of healthcare ethics
Domain VI.H.3. Assess how cultural issues affect health, healthcare quality, cost, and HIM
Domain VI.H.4. Create programs and policies that support a culture of diversity
Domain VI.I.1. Summarize project management methodologies
Domain VI.J.1. Explain Vendor/Contract Management
Domain VI.K.1. Apply knowledge of database architecture and design

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Course Configuration		
Course #	Course Title	Credits
10-530-199	ICD Procedure Coding	2
10-530-160	Healthcare Informatics	4
10-530-184	CPT Coding	3
10-530-161	Health Quality Management	3
10-530-176	Health Data Management	2
10-530-177	Healthcare Stats & Research	2
10-530-178	Healthcare Law & Ethics	2
10-530-181	Intro to the Health Record	1
10-530-182	Human Disease for the Health Professions	3
10-530-185	Healthcare Reimbursement	2
10-530-194	HIM Organizational Resources	2
10-530-195	Applied Coding	2
10-530-196	Professional Practice 1	3
10-530-197	ICD Diagnosis Coding	3
10-530-198	Professional Practice 2	3

Program Course Detail

Course A -- ICD Procedure Coding

Course Number 10-530-199

Credits 2

Course Description Prepares students to assign ICD procedure codes supported by medical documentation with entry level proficiency. Students apply instructional notations, conventions, rules, and official coding guidelines when assigning ICD procedure codes to case studies and actual medical record documentation.

Linked Program Outcomes

- A. HIT: Manage health data
- B. HIT: Apply coding and reimbursement systems
- C. HIT - Model professional behaviors and ethics

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D. HIT - Maintain electronic applications to manage health information

Course B -- Healthcare Informatics

Course Number 10-530-160

Credits 4

Course Description Emphasizes the role of information technology in healthcare through an investigation of the electronic health record (EHR), business, and health information software applications. Learners will develop skills to assist in information systems design and implementation.

Linked Program Outcomes

- A. HIT: Manage health data
- C. HIT - Model professional behaviors and ethics
- D. HIT - Maintain electronic applications to manage health information
- E. HIT - Apply organizational management techniques

Course C -- CPT Coding

Course Number 10-530-184

Credits 3

Course Description Prepares learners to assign CPT codes, supported by medical documentation, with entry level proficiency. Learners apply CPT instructional notations, conventions, rules, and official coding guidelines when assigning CPT codes to case studies and actual medical record documentation.

Linked Program Outcomes

- A. HIT: Manage health data
- B. HIT: Apply coding and reimbursement systems
- C. HIT - Model professional behaviors and ethics
- D. HIT - Maintain electronic applications to manage health information

Course D -- Health Quality Management

Course Number 10-530-161

Credits 3

Course Description Explores the programs and processes used to manage and improve healthcare quality. Addresses regulatory requirements as related to performance measurement, assessment, and improvement, required monitoring activities, risk management and patient safety, utilization management, and medical staff credentialing. Emphasizes the use of critical thinking and data analysis skills in the management and reporting of data.

Linked Program Outcomes

- A. HIT: Manage health data
- D. HIT - Maintain electronic applications to manage health information
- E. HIT - Apply organizational management techniques
- C. HIT - Model professional behaviors and ethics

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Course E -- Health Data Management

Course Number	530-176
Credits	2
Course Description	Introduces the use and structure of health care data elements, data sets, data standards, their relationships to primary and secondary record systems and health information processing.
Linked Program Outcomes	A. HIT: Manage health data C. HIT - Model professional behaviors and ethics D. HIT - Maintain electronic applications to manage health information E. HIT - Apply organizational management techniques

Course F -- Healthcare Stats & Research

Course Number	10-530-177
Credits	2
Course Description	Explores the management of medical data for statistical purposes. Focuses on descriptive statistics, including definitions, collection, calculation, compilation, and display of numerical data. Vital statistics, registries, and research are examined.
Linked Program Outcomes	A. HIT: Manage health data D. HIT - Maintain electronic applications to manage health information C. HIT - Model professional behaviors and ethics

Course G -- Healthcare Law & Ethics

Course Number	10-530-178
Credits	2
Course Description	Examines regulations for the content, use, confidentiality, disclosure, and retention of health information. An overview of the legal system and ethical issues are addressed.
Linked Program Outcomes	A. HIT: Manage health data C. HIT - Model professional behaviors and ethics D. HIT - Maintain electronic applications to manage health information E. HIT - Apply organizational management techniques

Course H -- Intro to the Health Record

Course Number	10-530-181
Credits	1
Course Description	Prepares learners to illustrate the flow of health information in various health care delivery systems and within the health information department. Prepares learners to retrieve data from

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health records. Professional ethics, confidentiality and security of information are emphasized.

Linked Program Outcomes

- A. HIT: Manage health data
- C. HIT - Model professional behaviors and ethics
- D. HIT - Maintain electronic applications to manage health information

Course I -- Human Disease for the Health Professions

Course Number 10-530-182

Credits 3

Course Description Prepares learners to interpret clinical documentation that they will encounter in a variety of healthcare settings. Emphasis is placed on understanding the common disorders and diseases of each body system to include the etiology (cause), signs and symptoms, diagnostic tests and results, and medical treatments and surgical procedures.

Linked Program Outcomes

- B. HIT: Apply coding and reimbursement systems

Course J -- Healthcare Reimbursement

Course Number 10-530-185

Credits 2

Course Description Prepares learners to compare and contrast health care payers, illustrate the reimbursement cycle, and to comply with regulations related to fraud and abuse. learners assign Diagnosis Related Groups (DRGs), Ambulatory Payment Classifications (APCs) and Resource Utilization Groups (RUGs) with entry-level proficiency using computerized encoding and grouping software.

Linked Program Outcomes

- A. HIT: Manage health data
- B. HIT: Apply coding and reimbursement systems
- C. HIT - Model professional behaviors and ethics
- D. HIT - Maintain electronic applications to manage health information

Course K -- HIM Organizational Resources

Course Number 10-530-194

Credits 2

Course Description Examines the principles of management to include planning, organizing, human resource management, directing, and controlling as related to the health information department.

Linked Program Outcomes

- A. HIT: Manage health data
- B. HIT: Apply coding and reimbursement systems
- C. HIT - Model professional behaviors and ethics
- D. HIT - Maintain electronic applications to manage health information

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Item 2 – Current Curriculum

E. HIT - Apply organizational management techniques

Course L -- Applied Coding

Course Number 10-530-195

Credits 2

Course Description Prepares students to assign ICD and CPT/HCPCS codes supported by medical documentation with intermediate level of proficiency. Students will prepare appropriate physician queries in accordance with compliance guidelines and will assign codes to optimize appropriate reimbursement.

Linked Program Outcomes
A. HIT: Manage health data
B. HIT: Apply coding and reimbursement systems
D. HIT - Maintain electronic applications to manage health information

Course M -- Professional Practice 1

Course Number 10-530-196

Credits 3

Course Description Applies previously acquired skills and knowledge by means of clinical experiences in the technical procedures of health record systems and discussion of clinical situations. This is the first of a two-semester sequence of supervised clinical experiences in health care facilities.

Linked Program Outcomes
A. HIT: Manage health data
C. HIT - Model professional behaviors and ethics
D. HIT - Maintain electronic applications to manage health information

Course N -- ICD Diagnosis Coding

Course Number 10-530-197

Credits 3

Course Description Prepares students to assign ICD diagnosis codes supported by medical documentation with entry level proficiency. Students apply instructional notations, conventions, rules, and official coding guidelines when assigning ICD diagnosis codes to case studies and actual medical record documentation.

Linked Program Outcomes
A. HIT: Manage health data
B. HIT: Apply coding and reimbursement systems
C. HIT - Model professional behaviors and ethics
D. HIT - Maintain electronic applications to manage health information

Course O -- Professional Practice 2

Course Number 10-530-198

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Item 2 – Current Curriculum

Credits	3
Course Description	Applies previously acquired skills and knowledge and discussion of clinical situations. Prepares for the certification examination and pre-graduation activities. This is the second of a two-semester sequence of supervised technical and managerial clinical experiences in health care facilities.
Linked Program Outcomes	A. HIT: Manage health data B. HIT: Apply coding and reimbursement systems C. HIT - Model professional behaviors and ethics D. HIT - Maintain electronic applications to manage health information E. HIT - Apply organizational management techniques

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Appendix A

Health Information Technology 2011 Program Design Summary—Southwest Technical College

Southwest Health Network

Program Information

Organization	Wisconsin Technical College System
Program Number	10-530
Program Manager	Kathy Loppnow kathy.loppnow@wtcsystem.org
Last Revision Date	3/1/2011

Description

This field is where healthcare meets the cutting edge of technology! Health Information Technicians are specialists in great demand! The HIM professionals can expect to be in high demand as the health sector expands into the century. In fact, the Bureau of Labor Statistics cites health information technology as one of the fastest growing occupations in the U.S. Health Information Technicians contribute to the quality of care by collecting, analyzing, and reporting health care data. This requires knowledge of disease, treatments, computer systems, and organizational skills.

Program Outcomes

- A. HIT: Manage health data
 - 1. Collect and maintain health data
 - 2. Apply policies and procedures to ensure accuracy, timeliness and completeness of health data in accordance with current regulations and standards
 - 3. Analyze and report health data
- B. HIT: Apply coding and reimbursement systems
 - 1. Assign ICD diagnosis and procedure codes using current regulations and established guidelines
 - 2. Assign CPT and HCPCS codes using current regulations and established guidelines
 - 3. Determine reimbursement for a variety of healthcare settings (e.g. MS-DRG, APC, RBRVS etc.)
 - 4. Monitor coding and revenue cycle processes
- C. HIT - Model professional behaviors and ethics
 - 1. Adhere to security, privacy, and confidentiality policies, laws and regulations in the execution of work processes
 - 2. Apply and promote ethical standards of practice
 - 3. Demonstrate reliability, dependability, and initiative
- D. HIT - Maintain electronic applications to manage health information
 - 1. Use common software applications in the execution of work processes
 - 2. Use specialized software in the completion of HIM processes

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3. Support implementation and use of the EHR
 4. Design and query databases
 5. Adhere to security measures to protect electronic health information
- E. HIT - Apply organizational management techniques
1. Work cooperatively in a team environment
 2. Contribute to management functions such as training, staffing, performance monitoring, budgeting, planning
 3. Comply with accreditation, licensure, and certification standards

External Standards

Domain I.A.1. Collect and maintain health data (such as data elements, data sets, and databases). (Domain: Health Data Management; Subdomain: Health Data Structure, Content and Standards)

Domain I.A.2. Conduct analysis to ensure that documentation in the health record supports the diagnosis and reflects the patient's progress, clinical findings, and discharge status. (Domain: Health Data Management; Subdomain: Health Data Structure, Content and Standards)

Domain I.A.3. Apply policies and procedures to ensure the accuracy of health data. (Domain: Health Data Management; Subdomain: Health Data Structure, Content and Standards)

Domain I.A.4. Verify timeliness, completeness, accuracy, and appropriateness of data and data sources for patient care, management, billing reports, registries, and/or databases. (Domain: Health Data Management; Subdomain: Health Data Structure, Content and Standards)

Domain I.B.1. Monitor and apply organization-wide health record documentation guidelines. (Domain: Health Data Management; Subdomain: Healthcare Information Requirements and Standards)

Domain I.B.2. Apply policies and procedures to ensure organizational compliance with regulations and standards. (Domain: Health Data Management; Subdomain: Healthcare Information Requirements and Standards)

Domain I.B.3. Maintain the accuracy and completeness of the patient record as defined by organizational policy and external regulations and standards. (Domain: Health Data Management; Subdomain: Healthcare Information Requirements and Standards)

Domain I.B.4. Assist in preparing the organization for accreditation, licensing, and/or certification surveys. (Domain: Health Data Management; Subdomain: Healthcare Information Requirements and Standards)

Domain I.C.1. Use and maintain electronic applications and work processes to support clinical classification and coding. (Domain: Health Data Management; Subdomain: Clinical Classification Systems)

Domain I.C.2. Apply diagnosis/procedure codes according to current nomenclature. (Domain: Health Data Management; Subdomain: Clinical Classification Systems)

Domain I.C.3. Ensure accuracy of diagnostic/procedural groupings such as DRG, MS DRG, APC, and so on. (Domain: Health Data Management; Subdomain: Clinical Classification Systems)

Domain I.C.4. Adhere to current regulations and established guidelines in code assignment. (Domain: Health Data Management; Subdomain: Clinical Classification Systems)

Domain I.C.5. Validate coding accuracy using clinical information found in the health record. (Domain: Health Data Management; Subdomain: Clinical Classification Systems)

Domain I.C.6. Use and maintain applications and processes to support other clinical classification and nomenclature systems (ex. DSM IV, SNOMED-CT) . (Domain: Health Data Management; Subdomain: Clinical Classification Systems)

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Domain I.C.7. Resolve discrepancies between coded data and supporting documentation. (Domain: Health Data Management; Subdomain: Clinical Classification Systems)

Domain I.D.1. Apply policies and procedures for the use of clinical data required in reimbursement and prospective payment systems (PPS) in healthcare delivery. (Domain: Health Data Management; Subdomain: Reimbursement Methodologies)

Domain I.D.2. 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. (Domain: Health Data Management; Subdomain: Reimbursement Methodologies)

Domain I.D.3. Support accurate billing through coding, chargemaster, claims management, and bill reconciliation processes. (Domain: Health Data Management; Subdomain: Reimbursement Methodologies)

Domain I.D.4. Use established guidelines to comply with reimbursement and reporting requirements such as the National Correct Coding Initiative. (Domain: Health Data Management; Subdomain: Reimbursement Methodologies)

Domain I.D.5. Compile patient data and perform data quality reviews to validate code assignment and compliance with reporting requirements such as outpatient prospective payment systems. (Domain: Health Data Management; Subdomain: Reimbursement Methodologies)

Domain I.D.6. Ensure accuracy of diagnostic/procedural groupings such as DRG, APC and so on. (Domain: Health Data Management; Subdomain: Reimbursement Methodologies)

Domain II.A.1. Collect, maintain and report data for clinical indices/databases/registries to meet specific organization needs such as medical research and disease registries. (Domain: Health Statistics, Biomedical Research and Quality Management; Subdomain: Healthcare Statistics and Research)

Domain II.A.2. Collect, organize and present data for quality management, utilization management, risk management, and other related studies. (Domain: Health Statistics, Biomedical Research and Quality Management; Subdomain: Healthcare Statistics and Research)

Domain II.A.3. Comprehend basic descriptive, institutional and healthcare vital statistics. (Domain: Health Statistics, Biomedical Research and Quality Management; Subdomain: Healthcare Statistics and Research)

Domain II.B.1. Abstract and report data for facility-wide quality management and performance improvement programs. (Domain: Health Statistics, Biomedical Research and Quality Management; Subdomain: Quality Management and Performance Improvement)

Domain II.B.2. Analyze clinical data to identify trends that demonstrate quality, safety, and effectiveness of healthcare. (Domain: Health Statistics, Biomedical Research and Quality Management; Subdomain: Quality Management and Performance Improvement)

Domain III.A.1. Apply current laws, accreditation, licensure, and certification standards related to health information initiatives from the national, state, local and facility levels. (Domain: Health Services Organization and Delivery; Subdomain: Healthcare Delivery Systems)

Domain III.A.2. Differentiate the roles of various providers and disciplines throughout the continuum of healthcare and respond to their information needs. (Domain: Health Services Organization and Delivery; Subdomain: Healthcare Delivery Systems)

Domain III.B.1. Adhere to the legal and regulatory requirements related to the health information infrastructure. (Domain: Health Services Organization and Delivery; Subdomain: Healthcare Privacy, Confidentiality, Legal, and Ethical Issues)

Domain III.B.2. Apply policies and procedures for access and disclosure of personal health information. (Domain: Health Services Organization and Delivery; Subdomain: Healthcare Privacy, Confidentiality, Legal, and Ethical Issues)

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Domain III.B.3. Release patient-specific data to authorized users. (Domain: Health Services Organization and Delivery; Subdomain: Healthcare Privacy, Confidentiality, Legal, and Ethical Issues)

Domain III.B.4. Maintain user access logs/systems to track access to and disclosure of identifiable patient data. (Domain: Health Services Organization and Delivery; Subdomain: Healthcare Privacy, Confidentiality, Legal, and Ethical Issues)

Domain III.B.5. Apply and promote ethical standards of practice. (Domain: Health Services Organization and Delivery; Subdomain: Healthcare Privacy, Confidentiality, Legal, and Ethical Issues)

Domain IV.A.1. Use technology, including hardware and software, to ensure data collection, storage, analysis, and reporting of information. (Domain: Information Technology & Systems; Subdomain: Information and Communication Technologies)

Domain IV.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. (Domain: Information Technology & Systems; Subdomain: Information and Communication Technologies)

Domain IV.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. (Domain: Information Technology & Systems; Subdomain: Information and Communication Technologies)

Domain IV.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. (Domain: Information Technology & Systems; Subdomain: Information and Communication Technologies)

Domain IV.A.5. Participate in the planning, design, selection, implementation, integration, testing, evaluation, and support for EHRs. (Domain: Information Technology & Systems; Subdomain: Information and Communication Technologies)

Domain IV.B.1. Apply knowledge of database architecture and design (such as data dictionary) to meet departmental needs. (Domain: Information Technology & Systems; Subdomain: Data, Information, and File Structures)

Domain IV.C.1. Use appropriate electronic or imaging technology for data/record storage. (Domain: Information Technology & Systems; Subdomain: Data Storage and Retrieval)

Domain IV.C.2. Query and generate reports to facilitate information retrieval using appropriate software. (Domain: Information Technology & Systems; Subdomain: Data Storage and Retrieval)

Domain IV.C.3. Apply retention and destruction policies for health information. (Domain: Information Technology & Systems; Subdomain: Data Storage and Retrieval)

Domain IV.D.1. Apply confidentiality and security measures to protect electronic health information. (Domain: Information Technology & Systems; Subdomain: Data Security)

Domain IV.D.2. Protect data integrity and validity using software or hardware technology. (Domain: Information Technology & Systems; Subdomain: Data Security)

Domain IV.D.3. Apply departmental and organizational data and information system security policies. (Domain: Information Technology & Systems; Subdomain: Data Security)

Domain IV.D.4. Use and summarize data compiled from audit trails and data quality monitoring programs. (Domain: Information Technology & Systems; Subdomain: Data Security)

Domain V.A.1. Apply the fundamentals of team leadership. (Domain: Organizational Resources; Subdomain: Human Resources)

Domain V.A.2. Participate in and work in teams and committees. (Domain: Organizational Resources; Subdomain: Human Resources)

Domain V.A.3. Conduct orientation and training programs. (Domain: Organizational Resources;

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Subdomain: Human Resources)

Domain V.A.4. Monitor and report staffing levels and productivity standards for health information functions. (Domain: Organizational Resources; Subdomain: Human Resources)

Domain V.A.5. Use tools and techniques to monitor, report and improve processes. (Domain: Organizational Resources; Subdomain: Human Resources)

Domain V.A.6. Comply with local, state and federal labor regulations. (Domain: Organizational Resources; Subdomain: Human Resources)

Domain V.B.1. Make recommendations for items to include in budgets and contracts. (Domain: Organization and Management; Subdomain: Financial and Resource Management)

Domain V.B.2. Monitor and order supplies needed for work processes. (Domain: Organization and Management; Subdomain: Financial and Resource Management)

Domain V.B.3. Monitor coding and revenue cycle processes. (Domain: Organization and Management; Subdomain: Financial and Resource Management)

Domain V.B.4. Recommend cost-saving and efficient means of achieving work processes and goals. (Domain: Organization and Management; Subdomain: Financial and Resource Management)

Domain V.B.5. Contribute to work plans, policies, procedures, and resource requisitions in relation to job functions. (Domain: Organization and Management; Subdomain: Financial and Resource Management)

Course Configuration		
Course #	Course Title	Credits
10-530-199	ICD Procedure Coding	2
10-530-160	Healthcare Informatics	4
10-530-184	CPT Coding	3
10-530-161	Health Quality Management	3
530-176	Health Data Management	2
10-530-177	Healthcare Stats & Research	2
10-530-178	Healthcare Law & Ethics	2
10-530-181	Intro to the Health Record	1
10-530-182	Human Disease for the Health Professions	3
10-530-185	Healthcare Reimbursement	2
10-530-194	HIM Organizational Resources	2
10-530-195	Applied Coding	2
10-530-196	Professional Practice 1	3
10-530-197	ICD Diagnosis Coding	3
10-530-198	Professional Practice 2	3

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Appendix A

Program Course Detail

Course A -- ICD Procedure Coding

Course Number	10-530-199
Credits	2
Course Description	Prepares students to assign ICD procedure codes supported by medical documentation with entry level proficiency. Students apply instructional notations, conventions, rules, and official coding guidelines when assigning ICD procedure codes to case studies and actual medical record documentation.
Linked Program Outcomes	A. HIT: Manage health data B. HIT: Apply coding and reimbursement systems C. HIT - Model professional behaviors and ethics D. HIT - Maintain electronic applications to manage health information

Course B -- Healthcare Informatics

Course Number	10-530-160
Credits	4
Course Description	Emphasizes the role of information technology in healthcare through an investigation of the electronic health record (EHR), business, and health information software applications. Learners will develop skills to assist in information systems design and implementation.
Linked Program Outcomes	A. HIT: Manage health data C. HIT - Model professional behaviors and ethics D. HIT - Maintain electronic applications to manage health information E. HIT - Apply organizational management techniques

Course C -- CPT Coding

Course Number	10-530-184
Credits	3
Course Description	Prepares learners to assign CPT codes, supported by medical documentation, with entry level proficiency. Learners apply CPT instructional notations, conventions, rules, and official coding guidelines when assigning CPT codes to case studies and actual medical record documentation.
Linked Program Outcomes	A. HIT: Manage health data B. HIT: Apply coding and reimbursement systems C. HIT - Model professional behaviors and ethics D. HIT - Maintain electronic applications to manage health information

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Course D -- Health Quality Management

Course Number 10-530-161

Credits 3

Course Description Explores the programs and processes used to manage and improve healthcare quality. Addresses regulatory requirements as related to performance measurement, assessment, and improvement, required monitoring activities, risk management and patient safety, utilization management, and medical staff credentialing. Emphasizes the use of critical thinking and data analysis skills in the management and reporting of data.

Linked Program Outcomes

- A. HIT: Manage health data
- D. HIT - Maintain electronic applications to manage health information
- E. HIT - Apply organizational management techniques
- C. HIT - Model professional behaviors and ethics

Course E -- Health Data Management

Course Number 530-176

Credits 2

Course Description Introduces the use and structure of health care data elements, data sets, data standards, their relationships to primary and secondary record systems and health information processing.

Linked Program Outcomes

- A. HIT: Manage health data
- C. HIT - Model professional behaviors and ethics
- D. HIT - Maintain electronic applications to manage health information
- E. HIT - Apply organizational management techniques

Course F -- Healthcare Stats & Research

Course Number 10-530-177

Credits 2

Course Description Explores the management of medical data for statistical purposes. Focuses on descriptive statistics, including definitions, collection, calculation, compilation, and display of numerical data. Vital statistics, registries, and research are examined.

Linked Program Outcomes

- A. HIT: Manage health data
- D. HIT - Maintain electronic applications to manage health information
- C. HIT - Model professional behaviors and ethics

Course G -- Healthcare Law & Ethics

Course Number 10-530-178

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Credits	2
Course Description	Examines regulations for the content, use, confidentiality, disclosure, and retention of health information. An overview of the legal system and ethical issues are addressed.
Linked Program Outcomes	A. HIT: Manage health data C. HIT - Model professional behaviors and ethics D. HIT - Maintain electronic applications to manage health information E. HIT - Apply organizational management techniques

Course H -- Intro to the Health Record

Course Number	10-530-181
Credits	1
Course Description	Prepares learners to illustrate the flow of health information in various health care delivery systems and within the health information department. Prepares learners to retrieve data from health records. Professional ethics, confidentiality and security of information are emphasized.
Linked Program Outcomes	A. HIT: Manage health data C. HIT - Model professional behaviors and ethics D. HIT - Maintain electronic applications to manage health information

Course I -- Human Disease for the Health Professions

Course Number	10-530-182
Credits	3
Course Description	Prepares learners to interpret clinical documentation that they will encounter in a variety of healthcare settings. Emphasis is placed on understanding the common disorders and diseases of each body system to include the etiology (cause), signs and symptoms, diagnostic tests and results, and medical treatments and surgical procedures.
Linked Program Outcomes	B. HIT: Apply coding and reimbursement systems

Course J -- Healthcare Reimbursement

Course Number	10-530-185
Credits	2
Course Description	Prepares learners to compare and contrast health care payers, illustrate the reimbursement cycle, and to comply with regulations related to fraud and abuse. learners assign Diagnosis Related Groups (DRGs), Ambulatory Payment Classifications (APCs) and Resource Utilization Groups (RUGs) with entry-level proficiency using computerized encoding and grouping software.
Linked Program Outcomes	A. HIT: Manage health data

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- B. HIT: Apply coding and reimbursement systems
- C. HIT - Model professional behaviors and ethics
- D. HIT - Maintain electronic applications to manage health information

Course K -- HIM Organizational Resources

Course Number 10-530-194

Credits 2

Course Description Examines the principles of management to include planning, organizing, human resource management, directing, and controlling as related to the health information department.

Linked Program Outcomes

- A. HIT: Manage health data
- B. HIT: Apply coding and reimbursement systems
- C. HIT - Model professional behaviors and ethics
- D. HIT - Maintain electronic applications to manage health information
- E. HIT - Apply organizational management techniques

Course L -- Applied Coding

Course Number 10-530-195

Credits 2

Course Description Prepares students to assign ICD and CPT/HCPSCS codes supported by medical documentation with intermediate level of proficiency. Students will prepare appropriate physician queries in accordance with compliance guidelines and will assign codes to optimize appropriate reimbursement.

Linked Program Outcomes

- A. HIT: Manage health data
- B. HIT: Apply coding and reimbursement systems
- D. HIT - Maintain electronic applications to manage health information

Course M -- Professional Practice 1

Course Number 10-530-196

Credits 3

Course Description Applies previously acquired skills and knowledge by means of clinical experiences in the technical procedures of health record systems and discussion of clinical situations. This is the first of a two-semester sequence of supervised clinical experiences in health care facilities.

Linked Program Outcomes

- A. HIT: Manage health data
- C. HIT - Model professional behaviors and ethics
- D. HIT - Maintain electronic applications to manage health information

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Course N -- ICD Diagnosis Coding

Course Number 10-530-197

Credits 3

Course Description Prepares students to assign ICD diagnosis codes supported by medical documentation with entry level proficiency. Students apply instructional notations, conventions, rules, and official coding guidelines when assigning ICD diagnosis codes to case studies and actual medical record documentation.

Linked Program Outcomes

- A. HIT: Manage health data
- B. HIT: Apply coding and reimbursement systems
- C. HIT - Model professional behaviors and ethics
- D. HIT - Maintain electronic applications to manage health information

Course O -- Professional Practice 2

Course Number 10-530-198

Credits 3

Course Description Applies previously acquired skills and knowledge and discussion of clinical situations. Prepares for the certification examination and pre-graduation activities. This is the second of a two-semester sequence of supervised technical and managerial clinical experiences in health care facilities.

Linked Program Outcomes

- A. HIT: Manage health data
- B. HIT: Apply coding and reimbursement systems
- C. HIT - Model professional behaviors and ethics
- D. HIT - Maintain electronic applications to manage health information
- E. HIT - Apply organizational management techniques