

# AHA - HEALTH ADMINISTRATION

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## AHA 206 Reimbursement and Financing in Managed Care

Health care is the largest service industry in the United States. Healthcare managers are controllers of significant financial resources that must be managed with an eye toward the bottom line in a highly competitive marketplace. They must fully understand current financial trends in reimbursement for services provided. This course provides information on the impact of various forces on the financing of healthcare. It also explores reimbursement trends and issues from the perspective of providers, payers, and consumers of health. Special focus in this course is on managed care impact on reimbursements.

*Upon successful completion of this course, students should be able to:*  
 Use correct terminology in discussing the financial aspects of health care.  
 Develop a format for capital budget planning.  
 Formulate a budget request.

*Identify the implications of managed competition and global budgeting on reimbursement initiatives.*

*Analyze the impact of health care reform and changed governmental reimbursement strategies on department management.*

*Evaluate the effects of cost containment measures used by multiple entities in the health care continuum.*

*Describe the emerging methods of reimbursement in fee-for-service and managed care environments.*

*Prerequisites: AHA 209 and (MAT 050 or MAT 060). Appropriate placement test scores may be accepted.*

**3 Credits 3 Weekly Lecture Hours**

## AHA 207 Ethical/Legal Aspects of Health Care Management

Rapid advances in medical technology challenge legal and ethical standards, and lend to situations requiring moral decisions. This course provides the student with an introduction to law, ethics and bioethics as they apply to decision making in the health care setting. It is not the intent to provide the student with right or wrong answers for ethical issues. Emphasis is on use of appropriate language, application of ethical principles, and use of critical-thinking skills to articulate a point of view on current issues in health care.

*Upon successful completion of this course, students should be able to:*  
 Use appropriate terminology to discuss ethical/legal issues in health care.  
 Explain the nature of human value development.

*Analyze common theories and methods used in making ethical decisions.*

*Explore ethical/legal positions that pertain to current controversies in health care.*

*Describe legal concepts of concern to the health care manager.*

**3 Credits 3 Weekly Lecture Hours**

## AHA 209 Philosophy of Managed Care

Managed care is now mainstreamed in America's healthcare system and has changed the delivery of healthcare services. Individuals working in the healthcare arena need to understand the impact of managed care on patients and providers. This course will review the evolution of managed care, explore how it works, contemplate its future and discuss the ethical issues surrounding it today. The roles and responsibilities of the case manager will be investigated as well. The topic of Utilization Review will also be introduced in this course. It is essential for healthcare facilities to be able to control and manage the use of their services to minimize the risk of financial loss. Utilization Review monitors and provides appropriate incentives to influence the use of healthcare services. Managed care and Utilization Review are tools to coordinate and measure the delivery of cost effective quality care and have the potential to achieve significant containment of healthcare costs, an essential outcome in our present health care system.

*Upon successful completion of this course, students should be able to:*  
 Describe key concepts of the philosophy of managed care.

*Explain the shift from the fee-for service model to capitation.*

*Use the specific terminology related to managed care models.*

*Identify critical components in developing and implementing treatment plans.*

*Explain the function of critical pathways and disease management strategies.*

*Define the roles and responsibilities of the case manager and or healthcare provider in client advocacy and ethical decision making.*

*Trace the history and development of the utilization review processes.*

*Describe the requirements for utilization review procedures in relation to payer organizations, Managed Care, Medicare, Medical Assistance and private insurers.*

*Examine the role of physician and other health care personnel in resource management.*

*List the various mechanisms used in the resource management process by payer and provider organizations.*

*Discuss the role of the health care manager in the utilization review process.*

*Prerequisites: ((ENG 050 and REA 050) or ENG 099 or REA 075) and (MAT 050 or MAT 060) and AHA 207 and AHM 102 and AHM 233. Appropriate placement test scores may be accepted.*

**3 Credits 3 Weekly Lecture Hours**