

Syllabus

Course Overview

This course will give you a comprehensive overview of federal, state, and local health care laws, as well as their effects on patient rights, care, and confidentiality. You will have several opportunities to learn about different types of legislation, such as the Health Insurance Portability and Accountability (HIPAA) Act of 1996 and the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009. You will review the requirements of various government agencies, such as the Office of Inspector General, and learn how these government agencies handle fraud and abuse cases, risk management, business ethics, and corporate compliance. Finally, you will learn about the importance of accreditation for health care organizations and assess the necessity for continuous readiness.

Course Competencies

(Read Only)

To successfully complete this course, you will be expected to:

- 1 Analyze health care laws and regulations from a local, state, and federal level.
- 2 Explain the concept of accreditation in health care.
- 3 Assess the importance of continuous readiness in the health care organization.
- 4 Explain how governing body and regulatory agency standards exercise oversight authority within a health care organizational setting.
- 5 Communicate in a manner that is scholarly, professional, and respectful of the diversity, dignity, and integrity of others and is consistent with the expectations for health care professionals.

Course Prerequisites

There are no prerequisites for this course.

Syllabus >> Course Materials

Required

The materials listed below are required to complete the learning activities in this course.

Integrated Materials

Many of your required books are available via the VitalSource Bookshelf link in the courseroom, located in your Course Tools. Registered learners in a Resource Kit program can access these materials using the courseroom link on the Friday before the course start date. Some materials are available only in hard-copy format or by using an access code. For these materials, you will receive an email with further instructions for access. Visit the [Course Materials](#) page on Campus for more information.

eBook

Moseley, G. B., III. (2015). *Managing legal compliance in the health care industry*. Burlington, MA: Jones & Bartlett. ISBN: 9781284034271.

Library

The following required readings are provided in the Capella University Library or linked directly in this course. To find specific readings by journal or book title, use [Journal and Book Locator](#). Refer to the [Journal and Book Locator library guide](#) to learn how to use this tool.

- Agris, J. L., & Spandorfer, J. M. (2016). [HIPAA compliance and training: A perfect storm for professionalism education?](#) *Journal of Law, Medicine & Ethics*, 44(4), 652–656.
- [AHRQ announces mobile-friendly web sites for National Guideline and National Quality Measures clearinghouses.](#) (2016). *Journal of Health Care Compliance*, 18(5), 39–40.
- Billett, S. (2015). [Readiness and learning in health care education.](#) *The Clinical Teacher*, 12(6), 367–372.
- Blake, L., Francis, V., Johnson, J., Khan, M., & McCray, T. (2017). [Developing robust data management strategies for unprecedented challenges to healthcare information.](#) *Journal of Leadership, Accountability and Ethics*, 14(1), 22–31.
- Boerner, C. M. (2015). [Do you call it "fraud, waste, and abuse \(FWA\)" training?](#) *Journal of Health Care Compliance*, 17(3), 31–32, 60.
- Brown, J. (2016). [Compliance education and training.](#) *Journal of Health Care Compliance*, 18(4), 37–38.
- Burton, B. (2014). [How to lead your organization in compliance, ethics, and customer service.](#) *Journal of AHIMA*, 85(8), 22–25.
- Cascardo, D. (2012). [What to do before the Office for Civil Rights comes knocking: Part II: Coping with breaches, enforcement, and other fallout of HIPAA: The significance of harm.](#) *The Journal of Medical Practice Management*, 28(2), 87–90.
- Cascardo, D. (2014). [HIPAA Investigation risks are increasing: Make sure you avoid the "wall of shame."](#) *The Journal of Medical Practice Management*, 30(2), 119–123.
- Cascardo, D. (2016). [Compliance challenges facing healthcare providers in 2016.](#) *The Journal of Medical Practice Management*, 31(5), 276–279.
- [CMS reg in limbo, but Joint Commission standard kicks in.](#) (2018). *Hospital Infection Control & Prevention*, 45(1).
- Denis, R. (2015). [The details of designing and maintaining a daily quality compliance management system.](#) *The Journal for Quality and Participation* 38(3), 34–38.
- Devkaran, S., & O'Farrell, P. N. (2014). [The impact of hospital accreditation on clinical documentation compliance: A life cycle explanation using interrupted time series analysis.](#) *BMJ Open*, 4(8), 1–9.
- Frater, B. E. (2013). [A PIC survival guide: Migrating from survival to a state of constant readiness.](#) *California Journal of Health-System Pharmacy*, 25(2), 61–66.
- Kadivar, M., Manookian, A., Asghari, F., Niknafs, N., Okazi, A., & Zarvani, A. (2017). [Ethical and legal aspects of patient's safety: A clinical case report \[PDF\].](#) *Journal of Medical Ethics and History of Medicine*, 10(15), 1–6.
- Karasz, H. N., Eiden, A., & Bogan, S. (2013). [Text messaging to communicate with public health audiences: How the HIPAA Security Rule affects practice.](#) *American Journal of Public Health*, 103(4), 617–622.
- Lawrence, P. (2015). [A best practice model for the effective deployment of 360° feedback.](#) *Development and Learning in Organizations*, 29(6), 13–16.

- [Maintaining constant survey readiness \[PDF\]](#). (2015). *Healthcare Life Safety Compliance*, 17(1), 1–5.
- McDavid, J. P. (2013). [HIPAA risk is contagious: Practical tips to prevent breach](#). *The Journal of Medical Practice Management*, 29(1), 53–55.
- Murray, K. (2016). [The Joint Commission patient safety standards \[PDF\]](#). *Nursing Management*, 47(1), 56.
- Nelson, W. A. (2015). [Making ethical decisions](#). *Healthcare Executive*, 30(4), 46–48.
- Randhawa, J. S., & Ahuja, I. S. (2017). [5S – A quality improvement tool for sustainable performance: Literature review and directions](#). *The International Journal of Quality and Reliability Management*, 34(3), 334–361.
- Shaw, C. D. (2015). [How can healthcare standards be standardised?](#). *BMJ Quality & Safety*, 24(10), 615–619.
- Stanley, D., Malone, L. & Shields, L. (2016). [Project management supports the change process](#). *Nursing Management*, 47(6), 52–55.
- [Staying survey-ready is critical in current accreditation environment](#). (2016). *Same-Day Surgery*, 40(3), 1–2.
- Steinfield, B., Scott, J., Vilander, G., Marx, L., Quirk, M., Lindberg, J., & Koerner, K. (2015). [The role of lean process improvement in implementation of evidence-based practices in behavioral health care \[PDF\]](#). *The Journal of Behavioral Health Services & Research*, 42(4), 504–518.
- Stern, G. (2017). [Bright Ideas: Using a scientific approach to meet Joint Commission AEM standards](#). *Biomedical Instrumentation & Technology*, 51(2), 157–162.
- Wickersham, M. E., & Basey, S. (2016). [Is accreditation sufficient? A case study and argument for transparency when government regulatory authority is delegated](#). *Journal of Health and Human Services Administration*, 39(2), 245–282.
- Willis, C. D., Saul, J., Bevan, H., Scheirer, M. A., Best, A., Greenhalgh, T., . . . Bitz, J. (2016). [Sustaining organizational culture change in health systems](#). *Journal of Health Organization and Management*, 30(1), 2–30.
- Worth, T. (2017). [Practice management: Practices need to have comprehensive training program to create a culture of HIPAA compliance](#). *Renal & Urology News*, 16(5), 26.
- Wrzesniewski, C. E. (2017). [Quality and safety through compliance with The Joint Commission requirements](#). *California Journal of Health-System Pharmacy*, 29(3), 61–69.
- Yeo, R. K., & Marquardt, M. J. (2015). [Think before you act: Organizing structures of action in technology-induced change](#). *Journal of Organizational Change Management*, 28(4), 511–528.

External Resource

Please note that URLs change frequently. While the URLs were current when this course was designed, some may no longer be valid. If you cannot access a specific link, contact your instructor for an alternative URL. Permissions for the following links have been either granted or deemed appropriate for educational use at the time of course publication.

- Centers for Medicare and Medicaid Services & Medicare Learning Network. (2017). [Avoiding Medicare fraud & abuse: A roadmap for physicians \[PDF\]](#). Retrieved from https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Avoiding_Medicare_Fraud_Physicians_FactSheet_905645.pdf
- Department of Health and Human Services Centers for Medicare & Medicaid Services. (n.d.). [HIPAA basics for providers: Privacy, security, and breach notification rules \[PDF\]](#). Retrieved from <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/HIPAAPrivacyandSecurity.pdf>
- Jessup, B., & Koury, M. A. (2009). [Joint Commission accreditation: Leadership challenges and advantages \[PDF\]](#). *Group Practice Journal*, 26–30. Retrieved from <https://www.jointcommission.org/assets/1/18/getfile.pdf>
- OIGatHHS. (Producer). (n.d.). [Compliance program basics \[Video\]](#). Retrieved from <https://www.youtube.com/watch?v=bFT2KDTEjAk>
- OIGatHHS. (Producer). (n.d.). [OIG guidance \[Video\]](#). Retrieved from <https://www.youtube.com/watch?v=4hnBEEjgfMA>
- OIGatHHS. (Producer). (n.d.). [OIG outlook 2013 \[Video\]](#). Retrieved from <https://www.youtube.com/watch?v=3HkALezwkHQ>
- OIGatHHS. (Producer). (n.d.). [Report fraud: HHS-OIG hotline operations \[Video\]](#). Retrieved from <https://www.youtube.com/watch?v=Wlsnd1DYG6Y>
- OIGatHHS. (Producer). (n.d.). [Reporting fraud to OIG \[Video\]](#). Retrieved from <https://www.youtube.com/watch?v=nH7p30j7dOw>
- The Joint Commission. (2018). [Patient safety systems \(PS\) \[PDF\]](#). Retrieved from https://www.jointcommission.org/assets/1/6/PS_chapter_HAP_2018.pdf
- The Joint Commission. (n.d.). [Joint Commission FAQ page](#). Retrieved from <https://www.jointcommission.org/about/jointcommissionfaqs.aspx>
- [The Joint Commission](#). (n.d.). Retrieved from <https://www.jointcommission.org/>
- The United States Department of Justice. (n.d.). [Justice news](#). Retrieved from <https://www.justice.gov/opa/pr/justice-department-recovers-over-37-billion-false-claims-act-cases-fiscal-year-2017>
- U.S. Department of Health & Human Services, Office of Inspector General. (2017). [Measuring compliance program effectiveness: A resource guide \[PDF\]](#). Retrieved from <https://oig.hhs.gov/compliance/101/files/HCCA-OIG-Resource-Guide.pdf>
- U.S. Department of Health & Human Services, Office of Inspector General. (2018). [Corporate integrity agreement documents](#). Retrieved from <https://oig.hhs.gov/compliance/corporate-integrity-agreements/cia-documents.asp>
- U.S. Department of Health & Human Services, Office of Inspector General. (n.d.). [Compliance resources](#). Retrieved from <https://oig.hhs.gov/compliance/101/>
- U.S. Department of Health & Human Services, Office of Inspector General. (n.d.). Retrieved from <https://oig.hhs.gov/>
- U.S. Department of Health & Human Services. (n.d.). [All case examples](#). Retrieved from <https://www.hhs.gov/hipaa/for-professionals/compliance-enforcement/examples/all-cases/index.html?language=es>
- U.S. Department of Health & Human Services. (n.d.). [Breach notification rule](#). Retrieved from <https://www.hhs.gov/hipaa/for-professionals/breach-notification/index.html>
- U.S. Department of Health & Human Services. (n.d.). [Case examples](#). Retrieved from <https://www.hhs.gov/hipaa/for-professionals/compliance-enforcement/examples/index.html?language=en>

- U.S. Department of Health & Human Services. (n.d.). [Enforcement highlights](https://www.hhs.gov/hipaa/for-professionals/compliance-enforcement/data/enforcement-highlights/index.html). Retrieved from <https://www.hhs.gov/hipaa/for-professionals/compliance-enforcement/data/enforcement-highlights/index.html>
- U.S. Department of Health & Human Services. (n.d.). [Health information privacy](https://www.hhs.gov/hipaa/index.html). Retrieved from <https://www.hhs.gov/hipaa/index.html>
- U.S. Government Publishing Office. (n.d.). [Title 18—Crimes and criminal procedure: Criminal health care fraud statute \[PDF\]](https://www.gpo.gov/fdsys/pkg/USCODE-2016-title18/pdf/USCODE-2016-title18-partI-chap63-sec1347.pdf). Retrieved from <https://www.gpo.gov/fdsys/pkg/USCODE-2016-title18/pdf/USCODE-2016-title18-partI-chap63-sec1347.pdf>
- U.S. Government Publishing Office. (n.d.). [Title 42—The public health and welfare: Civil monetary penalties law \[PDF\]](https://www.gpo.gov/fdsys/pkg/USCODE-2016-title42/pdf/USCODE-2016-title42-chap7-subchapXI-partA-sec1320a-7a.pdf). Retrieved from <https://www.gpo.gov/fdsys/pkg/USCODE-2016-title42/pdf/USCODE-2016-title42-chap7-subchapXI-partA-sec1320a-7a.pdf>
- U.S. Government Publishing Office. (n.d.). [Title 42—The public health and welfare: Exclusion statute \[PDF\]](https://www.gpo.gov/fdsys/pkg/USCODE-2016-title42/pdf/USCODE-2016-title42-chap7-subchapXI-partA-sec1320a-7.pdf). Retrieved from <https://www.gpo.gov/fdsys/pkg/USCODE-2016-title42/pdf/USCODE-2016-title42-chap7-subchapXI-partA-sec1320a-7.pdf>
- U.S. Government Publishing Office. (n.d.). [Title 42—The public health and welfare: Physician self-referral or Stark law \[PDF\]](https://www.gpo.gov/fdsys/pkg/USCODE-2016-title42/pdf/USCODE-2016-title42-chap7-subchapXVIII-partE-sec1395nn.pdf). Retrieved from <https://www.gpo.gov/fdsys/pkg/USCODE-2016-title42/pdf/USCODE-2016-title42-chap7-subchapXVIII-partE-sec1395nn.pdf>
- U.S. Government Publishing Office. (n.d.). [Title 42—The public health and welfare: Anti-kickback statute \[PDF\]](https://www.gpo.gov/fdsys/pkg/USCODE-2016-title42/pdf/USCODE-2016-title42-chap7-subchapXI-partA-sec1320a-7b.pdf). Retrieved from <https://www.gpo.gov/fdsys/pkg/USCODE-2016-title42/pdf/USCODE-2016-title42-chap7-subchapXI-partA-sec1320a-7b.pdf>
- U.S. Government Publishing Office. (n.d.). [Title 42—The public health and welfare: Criminal health care fraud statute \[PDF\]](https://www.gpo.gov/fdsys/pkg/USCODE-2010-title42/pdf/USCODE-2010-title42-chap7-subchapXI-partA-sec1320a-7b.pdf). Retrieved from <https://www.gpo.gov/fdsys/pkg/USCODE-2010-title42/pdf/USCODE-2010-title42-chap7-subchapXI-partA-sec1320a-7b.pdf>
- U.S. Government Publishing Office. (n.d.). [Title 31—Money and finance: False claims \[PDF\]](https://www.gpo.gov/fdsys/pkg/USCODE-2010-title31/pdf/USCODE-2010-title31-subtitleIII-chap37-subchapIII-sec3729.pdf). Retrieved from <https://www.gpo.gov/fdsys/pkg/USCODE-2010-title31/pdf/USCODE-2010-title31-subtitleIII-chap37-subchapIII-sec3729.pdf>

Suggested

The following materials are recommended to provide you with a better understanding of the topics in this course. These materials are not required to complete the course, but they are aligned to course activities and assessments and are highly recommended for your use.

Optional

The following optional materials are offered to provide you with a better understanding of the topics in this course. These materials are not required to complete the course.

Library

The following optional readings may be available in the Capella University Library. To find specific readings by journal or book title, use [Journal and Book Locator](#). Refer to the [Journal and Book Locator library guide](#) to learn how to use this tool. If the full text is not available, you may be able to request a copy through the [Interlibrary Loan](#) service.

- Cascardo, D. (2013). HIPAA security standards: Getting ready for prime time. *The Journal of Medical Practice Management*, 29(1), 24–28.

Unit 1 >> Compliance Overview

Introduction

In this unit, you will learn about basic health care laws and how to comply with them. Health care leaders are responsible for knowing what laws apply to their workplace settings, and to understand the compliance responsibilities of individuals and organizations.

In this unit, you will examine HIPAA and the HITECH Act. HIPAA is a broad law, and the closely related HITECH Act was developed to initiate meaningful use of health information technology. You will learn how to comply with HIPAA, and what your legal responsibilities are to detect and report violations. Not knowing about a law does not excuse a health care leader from the legal consequences of a violation. You will explore authoritative primary government sources such as the Federal Register, and you may discover websites you will want to bookmark for updates and for future reference.

In this course, you will have the opportunity to practice regulatory compliance in a Vila Health facility where you assume the role of an early careerist on the team of the chief compliance officer. Let us get started.

Learning Activities

u01s1 - Studies

Readings

Use your *Managing Legal Compliance in the Health Care Industry* text to read the following:

- Chapter 5, "HIPAA and HITECH," pages 75–93.
- Chapter 6, "Safe Harbors, Advisory Opinions, and Special Fraud Alerts," pages 97–114.
- Chapter 8, "Compliance Programs in General," pages 139–160.
- Chapter 9, "Role of Compliance Officer," pages 165–180.
- Chapter 10, "Directors and Trustees," pages 183–190.

Use the Capella University Library to read the following:

- Blake, L., Francis, V., Johnson, J., Khan, M., & McCray, T. (2017). Developing robust data management strategies for unprecedented challenges to healthcare information. *Journal of Leadership, Accountability and Ethics*, 14(1), 22–31.
- Burton, B. (2014). How to lead your organization in compliance, ethics, and customer service. *Journal of AHIMA*, 85(8), 22–25.
- Cascardo, D. (2014). HIPAA Investigation risks are increasing: Make sure you avoid the "wall of shame". *The Journal of Medical Practice Management*, 30(2), 119–123.
- Karasz, H. N., Eiden, A., & Bogan, S. (2013). Text messaging to communicate with public health audiences: How the HIPAA Security Rule affects practice. *American Journal of Public Health*, 103(4), 617–622.

Use the Internet to read or review the following:

- U.S. Department of Health & Human Services. (n.d.). Breach notification rule. Retrieved from <https://www.hhs.gov/hipaa/for-professionals/breach-notification/index.html>
- Department of Health and Human Services Centers for Medicare & Medicaid Services. (n.d.). HIPAA basics for providers: Privacy, security, and breach notification rules [PDF]. Retrieved from <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/HIPAAPrivacyandSecurity.pdf>
- U.S. Department of Health & Human Services. Office of Inspector General. (n.d.). Retrieved from <https://oig.hhs.gov/>

u01s1 - Learning Components

- Identify laws related to health care fraud and abuse.
- Analyze the key characteristics of laws related to health care fraud and abuse.

u01d1 - Effective Compliance Programs

From your readings, summarize the seven essential components of an effective compliance program, which are presented in the Federal Register. Select one of the seven components and identify possible barriers to implementing it. If possible, select one of the seven components that another learner has not selected already.

Include one academic reference in your post. Use current APA style and formatting appropriate to the type of reference you provide.

Response Guidelines

As noted in the Faculty Expectations response guidelines, provide substantive comments on the posts of your peers, comparing his or her perspective to yours. Ask any questions that will help you better understand your peer's perspective. Refer to the document, "Great Discussions and Feedback," to understand the expectations for discussion participation.

Course Resources

Undergraduate Discussion Participation Scoring Guide

APA Module

G.R.E.A.T Discussion and Feedback Guidelines With Checklist

Health Care Administration Undergraduate Library Research Guide

u01d1 - Learning Components

- List the seven essential elements of an effective health care compliance program as detailed in the Federal Register.
- Analyze the components of a health care compliance program related to privacy.

u01d2 - HIPAA Compliance

Briefly summarize why compliance is important as it relates to HIPAA and provide one example of an area where lack of compliance might occur, which would be significant for your current or future desired workplace. Explain how or why lack of compliance might occur.

Include one academic reference in your post. Use current APA style and formatting appropriate to the type of reference you provide.

Response Guidelines

As noted in the Faculty Expectations response guidelines, provide substantive comments on the posts of your peers, comparing his or her perspective to yours. Ask any questions that will help you better understand your peer's perspective. Refer to the document, "Great Discussions and Feedback," to understand the expectations for discussion participation.

Course Resources

[Undergraduate Discussion Participation Scoring Guide](#)

[APA Module](#)

[G.R.E.A.T Discussion and Feedback Guidelines With Checklist](#)

[Health Care Administration Undergraduate Library Research Guide](#)

[U.S. Department of Health & Human Services, Office of Inspector General](#)

[Text Messaging to Communicate With Public Health Audiences](#)

u01d2 - Learning Components

- Describe the primary components of the HIPAA laws and regulations.
- List potential consequences of a HIPAA privacy breach.

Unit 2 >> Compliance Implications for Individuals and Employers

Introduction

In your new role as a forward-thinking health care leader, you will take a deeper look at HIPAA and the HITECH Act. You will explore additional concepts and laws that apply in the health care industry. Fraud and abuse by health care providers is one major area of importance. You will have an opportunity to review specific information about the False Claims Act and anti-trust laws. Additionally, you will examine internal investigations, disclosures, and repayments.

The concepts and laws we have described affect you as an individual, the organization for which you work, and the patients who are served. There may also be effects to external stakeholders who manage billing and IT and those who are contractual partners. Meeting a legal standard is a minimum expectation. Health care leaders are expected to conduct themselves in a manner consistent with all legal and ethical requirements. Part of a health care leader's obligation is to be fully aware of what must be known to serve responsibly in the role. Health care leaders advocate for patient safety and serve as stewards of incoming funds from contractual partnerships, billing services, et cetera. Each leader is responsible to identify categories of potential fraud and abuse and to report them when suspected illegal activity is detected.

In this unit, you will have an opportunity to explore:

- Ways to avoid privacy breaches.
- Elements of effective compliance programs.
- Actual HIPAA cases by level of care and type.
- Enforcement examples of resolution agreements.

As you read about and research the various laws, resources, and cases, you may wish to bookmark any websites that have high applicability to your current or future workplace.

Learning Activities

u02s1 - Studies

Readings

Use your *Managing Legal Compliance in the Health Care Industry* text to read the following:

- Chapter 1, "False Claims Act," pages 3–17.
- Chapter 2, "Fraud and Abuse," pages 21–38.
- Chapter 3, "Antitrust," pages 41–55.
- Chapter 11, "Internal Investigations," pages 193–214.
- Chapter 12, "Repayments and Disclosures," pages 217–227.

Use the Capella library to read the following:

- Cascardo, D. (2012). What to do before the Office for Civil Rights comes knocking: Part II: Coping with breaches, enforcement, and other fallout of HIPAA: The significance of harm. *The Journal of Medical Practice Management, 28*(2), 87–90.
- McDavid, J. P. (2013). HIPAA risk is contagious: Practical tips to prevent breach. *The Journal of Medical Practice Management, 29*(1), 53–55.

Use the Internet to read or review the following:

- U.S. Department of Health & Human Services. (n.d.). All case examples. Retrieved from <https://www.hhs.gov/hipaa/for-professionals/compliance-enforcement/examples/all-cases/index.html?language=es>
- U.S. Department of Health & Human Services. (n.d.). Enforcement highlights. Retrieved from <https://www.hhs.gov/hipaa/for-professionals/compliance-enforcement/data/enforcement-highlights/index.html>
- U.S. Department of Health & Human Services, Office of Inspector General. (2017). Measuring compliance program effectiveness: A resource guide [PDF]. Retrieved from <https://oig.hhs.gov/compliance/101/files/HCCA-OIG-Resource-Guide.pdf>
- Department of Health and Human Services Centers for Medicare & Medicaid Services. (n.d.). HIPAA basics for providers: Privacy, security, and breach notification rules [PDF]. Retrieved from <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/HIPAAPrivacyandSecurity.pdf>
- U.S. Department of Health & Human Services. (n.d.). Case examples. Retrieved from <https://www.hhs.gov/hipaa/for-professionals/compliance-enforcement/examples/index.html?language=en>

u02s1 - Learning Components

- Identify laws related to health care fraud and abuse.
- Identify major categories of health care fraud and abuse.
- Analyze the key characteristics of laws related to health care fraud and abuse.

u02d1 - Health Care Fraud and Abuse

Describe major categories of health care fraud and abuse, including the billing practice known as *upcoding*, and provide one actual example of upcoding fraud within the health care industry. Cite a current, authoritative source for the example. Explain how you might detect this type of suspected fraud in your current or future workplace.

Include one academic reference in your post. Use current APA style and formatting appropriate to the type of reference you provide.

Tip: Review the "Measuring Compliance Program Effectiveness" document from the unit readings.

Response Guidelines

As noted in the Faculty Expectations response guidelines, provide substantive comments on the posts of your peers, comparing his or her perspective to yours. Ask any questions that will help you better understand your peer's perspective. Refer to the document, "Great Discussions and Feedback," to understand the expectations for discussion participation.

Undergraduate Discussion Participation Scoring Guide

[APA Module](#)

G.R.E.A.T Discussion and Feedback Guidelines With Checklist

[Health Care Administration Undergraduate Library Research Guide](#)

[Measuring Compliance Program Effectiveness \[PDF\]](#)

u02d1 - Learning Components

- Identify laws related to health care fraud and abuse.
- Analyze the key characteristics of laws related to health care fraud and abuse.

u02d2 - Health Care Fraud and the Law

Provide a synopsis of three laws that relate to health care fraud and abuse and include one example of an actual case within the health care industry in which one of the laws was violated. Your unit readings can help you identify the relevant laws.

Include one academic reference in your post. Use current APA style and formatting appropriate to the type of reference you provide.

Response Guidelines

As noted in the Faculty Expectations response guidelines, provide substantive comments on the posts of your peers, comparing his or her perspective to yours. Ask any questions that will help you better understand your peer's perspective. Refer to the document, "Great Discussions and Feedback," to understand the expectations for discussion participation.

Course Resources

Undergraduate Discussion Participation Scoring Guide

G.R.E.A.T Discussion and Feedback Guidelines With Checklist

[APA Module](#)

[Health Care Administration Undergraduate Library Research Guide](#)

u02d2 - Learning Components

- Identify laws related to health care fraud and abuse.
- Analyze the key characteristics of laws related to health care fraud and abuse.

Unit 3 >> Compliance Violations

Introduction

In this unit, you will build upon basic knowledge relating to applicable health care laws such as the following:

- HIPAA.
- HITECH.
- Federal False Claims Act.
- Anti-Kickback Statute.
- Physician Self-Referral Law.
- Criminal Health Care Fraud Statute.
- Exclusion Statute.
- Civil Monetary Penalties Law.

You will further explore elements of an effective compliance program as well as an ethical decision-making framework for health care leaders. In your role as a health care administrator, you will be challenged to balance ethical concerns while complying with a wide range of applicable laws. Health care is a heavily regulated industry, so knowledge of laws and decision-making tools is essential.

Learning Activities

u03s1 - Studies

Readings

Use the Capella library to read the following:

- Nelson, W. A. (2015). Making ethical decisions. *Healthcare Executive*, 30(4), 46–48.
- Worth, T. (2017). Practice management: Practices need to have comprehensive training program to create a culture of HIPAA compliance. *Renal & Urology News*, 16(5), 26.

Use the Internet to read or review the following:

- Centers for Medicare and Medicaid Services & Medicare Learning Network. (2017). Avoiding Medicare fraud & abuse: A roadmap for physicians [PDF]. Retrieved from https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Avoiding_Medicare_FandA_Physicians_FactSheet_905645.pdf
- U.S. Department of Health & Human Services. (n.d.). Case examples. Retrieved from <https://www.hhs.gov/hipaa/for-professionals/compliance-enforcement/examples/index.html?language=en>
- U.S. Department of Health & Human Services, Office of Inspector General. (n.d.). Compliance resources. Retrieved from <https://oig.hhs.gov/compliance/101/>
- U.S. Department of Health & Human Services, Office of Inspector General. (2018). Corporate integrity agreement documents. Retrieved from <https://oig.hhs.gov/compliance/corporate-integrity-agreements/cia-documents.asp>

Multimedia

Click **Knowledge Check: Health Care Laws** to view the presentation.

- This media will help you check your knowledge of health care laws related to compliance.

Course Resources

Knowledge Check: Health Care Laws

u03s1 - Learning Components

- Identify health care industry-approved ethical decision-making models.
- List the seven essential elements of an effective health care compliance program as detailed in the Federal Register.
- Analyze how an ethical decision-making model can be applied to a specific situation.

u03a1 - Fraud and Abuse: Incorrect Billing Practices

Health care leaders must be familiar with laws, regulations, and the associated organizational policies and procedures that support compliance. Fraud and abuse is just one example of an important compliance area in health care administration. This is a complex legal subject; many helpful government resources, however, are available to enhance understanding of laws, regulations, and the steps to take when suspected or actual incidents occur.

Other important legal considerations within health care fraud and abuse include the following laws and statutes:

- Federal False Claims Act.
- Anti-Kickback Statute.
- Physician Self-Referral Law.
- Criminal Health Care Fraud Statute.
- Exclusion Statute.
- Civil Monetary Penalties Law.

Some of these involve related or overlapping areas.

This point in your health care administration career is an ideal time to deepen your knowledge and skills related to common fraud and abuse areas. You may wish to develop a short list of legal topics to assist in ongoing future monitoring workplace activities. It is important to include the associated authoritative governmental websites in your topic list.

In this assignment, you will assume the role of an early careerist in risk management and quality improvement at one of Vila Health's community-based hospitals. Vila Health is a medium-sized system of health operating facilities in Minnesota and Wisconsin. You have been tasked with constructing a workplace brief for recommendations about identification of and interventions to address incorrect health care billing practices. In this case, upcoding is the incorrect billing practice that is the focus of the chief compliance officer. Your workplace brief will be used to influence future policy and procedure content for billing practices, including the incorrect practice of upcoding.

Instructions

Assume that you are a member of the chief compliance officer's team in Vila Health. Recently, an incorrect billing practice known as upcoding has been discovered. Upcoding is a common area for fraud and abuse, and the recent incident has become a major area of focus for the chief compliance officer.

The chief compliance officer has tasked you with researching and making evidence-based recommendations about how to identify and address this incorrect billing practice. Your recommendations will be considered for possible inclusion in future policy and procedure content.

The chief compliance officer has stressed with you the importance of incorporating evidence-based recommendations. She is specifically interested in the Office of Inspector General's position on upcoding, any relevant case precedents, and any available resources for health care organizations. You know from experience that the workplace brief will need to include substantiation of all facts and recommendations from authoritative sources. The team leader has asked you to cover all of the following headings in your brief.

Use the Identifying and Addressing Upcoding Template given in the resources to write your brief.

Major Categories of Health Care Fraud and Abuse

In one page:

- Describe the major categories of health care fraud and abuse.
 - Be sure to include the billing practice known as upcoding.

Five Health Care Fraud and Abuse Laws

In two pages:

- Provide a synopsis of five laws relating to health care fraud and abuse.
- Include the rationale for why you selected the laws you did.

Upcoding and the Law

In one to two pages:

- Explain in detail one law pertaining to upcoding.
 - Be sure to explain how the law specifically applies to upcoding.
- Provide actual examples of upcoding.
 - Select your examples from the assigned readings, from research you conducted on the topic, or from your professional experience. If your examples stem from your professional experience, please be sure to protect individual and organizational identities.

Evidence-Based Recommendations to Address Upcoding

In one to two pages:

- Propose a list of evidence-based recommendations to identify and address upcoding in the health care environment.
 - Be sure to consider in your recommendations what the Office of Inspector General has to say about identifying and addressing upcoding.

Tip: Review the following from the unit readings:

- Avoiding Medicare Fraud and Abuse.
- Compliance Resources.

Additional Requirements

Your assignment should meet the following requirements:

- **Written communication:** Use the Identifying and Addressing Upcoding Template given in the resources. Ensure your workplace brief is clear, succinct, well organized, and free of errors in grammar, punctuation, and spelling.

- **Length:** 5–7 single-spaced pages, including the reference page.
- **Font and font size:** Times New Roman, 12 point.
- **Title page:** Develop a descriptive title of 5–15 words. It should stir interest yet maintain professional decorum. Ensure that your title page conforms to current APA format.
- **References:** Include a minimum of six current (within the past 5 years), authoritative citations in current APA format. Include a separate reference page that conforms to APA guidelines.

Review the Fraud and Abuse: Incorrect Billing Practices Scoring Guide so that you understand how your faculty member is going to evaluate your work. Submit your assignment as a Word document.

Course Resources

[Avoiding Medicare Fraud & Abuse \[PDF\]](#)

[APA Module](#)

[Identifying and Addressing Upcoding Template \[DOC\]](#)

[Smarthinking](#)

[Compliance Resources](#)

u03d1 - Upcoding and the Law

Select a law that pertains to the practice of upcoding and explain how the law applies to upcoding. Include a real-world example of upcoding in which that law was violated.

Construct a list of recommendations from the Office of Inspector General on what to do if you discover upcoding in the workplace, and include one new insight on the subject from your independent research.

Include one academic reference in your post. Use current APA style and formatting appropriate to the type of reference you provide.

Response Guidelines

As noted in the Faculty Expectations response guidelines, provide substantive comments on the posts of your peers, comparing his or her perspective to yours. Ask any questions that will help you better understand your peer's perspective. Refer to the document, "Great Discussions and Feedback," to understand the expectations for discussion participation.

Course Resources

[Undergraduate Discussion Participation Scoring Guide](#)

[APA Module](#)

[G.R.E.A.T Discussion and Feedback Guidelines With Checklist](#)

[Health Care Administration Undergraduate Library Research Guide](#)

u03d1 - Learning Components

- Identify laws related to the practice of upcoding in health care.
- Analyze the key characteristics of laws related to the practice of upcoding in health care.

Unit 4 >> Fraud and Abuse

Introduction

Changing reimbursement systems may result in new forms of moral hazard. An ethical health care leader may be directed to engage in unethical and or illegal business practices because of internal political pressure or external market competition. Just because a competitor is engaging in a specific billing practice or a perceived reputable consulting company is recommending changes in billing practices, it does not mean the practice is acceptable. You, as a health care leader, must verify that what you are being asked to do is legal and has been cleared by your legal department, and must assure that a written policy or procedure is in place before engaging in any new practice.

Anyone who reads or listens to health care industry news has likely heard about severe violations of state and federal laws, as well as unethical behaviors associated with fraud and abuse incidents. To remain in a safe operating zone as a health care leader, you must be aware of the types of fraud that are present or emerging within the industry and able to take appropriate actions in the workplace when faced with actual or potential fraud.

In this unit, you will explore the fraudulent billing practice referred to as upcoding. This occurs when a diagnostic code is fraudulently increased in severity to result in a higher level of reimbursement. Whether intentional or unintentional, upcoded billing is a direct violation of federal law and can result in severe penalties to individuals and the organizations for which they work. This unit is designed to promote awareness about ethical and legal billing practices, as well as to explore real-world cases that illustrate responses to a variety of laws.

Learning Activities

u04s1 - Studies

Readings

Use the Capella library to read the following:

- Boerner, C. M. (2015). *Do you call it "fraud, waste, and abuse (FWA)" training?* *Journal of Health Care Compliance*, 17(3), 31–32, 60.
- Burton, B. (2014). *How to lead your organization in compliance, ethics, and customer service.* *Journal of AHIMA*, 85(8), 22–25.
- Brown, J. (2016). *Compliance education and training.* *Journal of Health Care Compliance*, 18(4), 37–38.
- Cascardo, D. (2016). *Compliance challenges facing healthcare providers in 2016.* *The Journal of Medical Practice Management*, 31(5), 276–279.

Use the Internet to read or review the following:

- Centers for Medicare and Medicaid Services & Medicare Learning Network. (2017). *Avoiding Medicare fraud & abuse: A roadmap for physicians* [PDF]. Retrieved from https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Avoiding_Medicare_FandA_Physicians_FactSheet_905645.pdf
- U.S. Department of Health & Human Services, Office of Inspector General. (n.d.). *Compliance resources.* Retrieved from <https://oig.hhs.gov/compliance/101/>
- U.S. Department of Health & Human Services. (n.d.). *Enforcement highlights.* Retrieved from <https://www.hhs.gov/hipaa/for-professionals/compliance-enforcement/data/enforcement-highlights/index.html>
- U.S. Government Publishing Office. (n.d.). *Title 42—The public health and welfare: Physician self-referral or stark law* [PDF]. Retrieved from <https://www.gpo.gov/fdsys/pkg/USCODE-2016-title42/pdf/USCODE-2016-title42-chap7-subchapXVIII-partE-sec1395nn.pdf>
- U.S. Government Publishing Office. (n.d.). *Title 18—Crimes and criminal procedure: Criminal health care fraud statute* [PDF]. Retrieved from <https://www.gpo.gov/fdsys/pkg/USCODE-2016-title18/pdf/USCODE-2016-title18-partI-chap63-sec1347.pdf>
- The United States Department of Justice. (n.d.). *Justice news.* Retrieved from <https://www.justice.gov/opa/pr/justice-department-recovers-over-37-billion-false-claims-act-cases-fiscal-year-2017>
- U.S. Government Publishing Office. (n.d.). *Title 42—The public health and welfare: Civil monetary penalties law* [PDF]. Retrieved from <https://www.gpo.gov/fdsys/pkg/USCODE-2016-title42/pdf/USCODE-2016-title42-chap7-subchapXI-partA-sec1320a-7a.pdf>
- U.S. Government Publishing Office. (n.d.). *Title 42—The public health and welfare: Criminal health care fraud statute* [PDF]. Retrieved from <https://www.gpo.gov/fdsys/pkg/USCODE-2010-title42/pdf/USCODE-2010-title42-chap7-subchapXI-partA-sec1320a-7b.pdf>
- U.S. Government Publishing Office. (n.d.). *Title 42—The public health and welfare: Anti-kickback statute* [PDF]. Retrieved from <https://www.gpo.gov/fdsys/pkg/USCODE-2016-title42/pdf/USCODE-2016-title42-chap7-subchapXI-partA-sec1320a-7b.pdf>
- U.S. Government Publishing Office. (n.d.). *Title 42—The public health and welfare: Exclusion statute* [PDF]. Retrieved from <https://www.gpo.gov/fdsys/pkg/USCODE-2016-title42/pdf/USCODE-2016-title42-chap7-subchapXI-partA-sec1320a-7.pdf>
- U.S. Government Publishing Office. (n.d.). *Title 31—Money and finance: False claims* [PDF]. Retrieved from <https://www.gpo.gov/fdsys/pkg/USCODE-2010-title31/pdf/USCODE-2010-title31-subtitleIII-chap37-subchapIII-sec3729.pdf>

Use the Internet to view the following:

- OIGatHHS. (Producer). (n.d.). *Report fraud: HHS-OIG hotline operations* [Video]. Retrieved from <https://www.youtube.com/watch?v=WIsnd1DYG6Y>
- OIGatHHS. (Producer). (n.d.). *Reporting fraud to OIG* [Video]. Retrieved from <https://www.youtube.com/watch?v=nH7p30j7dOw>
- OIGatHHS. (Producer). (n.d.). *Compliance program basics* [Video]. Retrieved from <https://www.youtube.com/watch?v=bFT2KDTEjAk>
- OIGatHHS. (Producer). (n.d.). *OIG guidance* [Video]. Retrieved from <https://www.youtube.com/watch?v=4hnBEEjgMA>
- OIGatHHS. (Producer). (n.d.). *OIG outlook 2013* [Video]. Retrieved from <https://www.youtube.com/watch?v=3HkALezwkHQ>

Multimedia

Click **Knowledge Check: Health Care Fraud and Abuse Laws** to view the presentation.

- This media will help check your knowledge on laws relating to health care fraud and abuse.

Course Resources

Knowledge Check: Health Care Fraud and Abuse Laws

u04s1 - Learning Components

- Identify risks to a health care organization due to regulatory noncompliance.
- Identify compliance requirements that apply to health care organizations.
- Describe the primary components of the HIPAA laws and regulations.
- Evaluate what regulatory compliance means in regard to health care administration.

u04d1 - Privacy Breaches and Health Care Leaders

Discuss laws that apply to health care leaders who are part of a privacy breach as defined by HIPAA. From your readings and research, provide an actual example of a privacy breach incident that involves patient safety, financial losses, or individual or organizational violations of the law, and explain how the relevant law applies.

Include one academic reference in your post. Use current APA style and formatting appropriate to the type of reference you provide.

Response Guidelines

As noted in the Faculty Expectations response guidelines, provide substantive comments on the posts of your peers, comparing his or her perspective to yours. Ask any questions that will help you better understand your peer's perspective. Refer to the document, "Great Discussions and Feedback," to understand the expectations for discussion participation.

Course Resources

Undergraduate Discussion Participation Scoring Guide

[APA Module](#)

G.R.E.A.T Discussion and Feedback Guidelines With Checklist

[Health Care Administration Undergraduate Library Research Guide](#)

u04d1 - Learning Components

- List potential consequences of a HIPAA privacy breach.
- Analyze the definition of a privacy breach under HIPAA.

u04d2 - Consequences of Inaction

Provide a synopsis of the consequences for an individual health care leader and other organizational stakeholders for not taking immediate actions to address and contain a privacy breach. Include one example from your independent research. What might be the consequences (criminal, civil, et cetera) for someone like you, as a practicing health care professional, for failing to address and contain a privacy breach?

Include one academic reference in your post. Use current APA style and formatting appropriate to the type of reference you provide.

Response Guidelines

As noted in the Faculty Expectations response guidelines, provide substantive comments on the posts of your peers, comparing his or her perspective to yours. Ask any questions that will help you better understand your peer's perspective. Refer to the document, "Great Discussions and Feedback," to understand the expectations for discussion participation.

Course Resources

[Undergraduate Discussion Participation Scoring Guide](#)

[Health Care Administration Undergraduate Library Research Guide](#)

[APA Module](#)

[G.R.E.A.T Discussion and Feedback Guidelines With Checklist](#)

u04d2 - Learning Components

- List potential consequences of a HIPAA privacy breach.
- Describe the provisions of HIPAA related to privacy breaches.

Unit 5 >> Fraud and Diagnosis-Related Group Upcoding

Introduction

In the previous unit, you explored the fraudulent billing practice known as upcoding. In this unit, you will have the opportunity to delve further into the subject and to increase your awareness of real-world examples of fraudulent billing. Most importantly, you will research recommendations from the Office of Inspector General on what to do if you discover upcoding in the workplace. In the unit readings, you will examine the concepts of awareness, monitoring, reporting, and remediation. This critical knowledge will help you lead responsibly when faced with the complex issue of potential fraud. The resources presented in this unit will help guide you through a few simple steps to effectively and ethically address the problem of potential or actual health care provider billing fraud.

Learning Activities

u05s1 - Studies

Readings

Use the Capella library to read the following:

- Agris, J. L., & Spandorfer, J. M. (2016). [HIPAA compliance and training: A perfect storm for professionalism education?](#) *Journal of Law, Medicine & Ethics*, 44(4), 652–656.

Use the Internet to browse the following:

- U.S. Department of Health & Human Services. (n.d.). [Health information privacy](https://www.hhs.gov/hipaa/index.html). Retrieved from <https://www.hhs.gov/hipaa/index.html>

u05s1 - Learning Components

- Identify compliance requirements that apply to health care organizations.
- Evaluate best practices for facilitating adult learning.

u05a1 - Compliance Program Implementation and Ethical Decision Making

Health care is one of the most heavily regulated major industries in the United States. Leaders are challenged to stay current and to comply with federal, state, and local laws and their associated regulations. Health care organizations are also responsible to meet industry standards. In some cases, payers

equate meeting industry standards with achieving and maintaining accreditation. In fact, many payers consider accreditation a minimum condition of participation. In addition, individual licensure and certification requirements establish basic expectations for health care leaders' professional conduct.

In summary, health care leaders are responsible to:

1. Meet ethical, personal, professional conduct, certification, and licensure expectations.
2. Comply with local, state, and federal health care and human resources laws.
3. Provide evidence of compliance with existing regulations and scan the field for emerging regulations.
4. Identify and meet appropriate accrediting body standards (for example, The Joint Commission's National Patient Safety Goal standards).

As an individual's health care leadership career advances, so does the corresponding level of accountability. Not knowing the laws or regulations is not an excuse for not complying with them.

This assignment allows you to demonstrate your knowledge of and skills relating to compliance concepts and governmental and regulatory agencies that oversee health care service delivery, billing, and general operations. You will also have the opportunity to apply the components necessary to initiate and maintain an effective compliance program. Finally, you will consider relevant human resources laws that may pertain to your compliance recommendations.

Preparation

You already are familiar with HIPAA but you may want to conduct independent research to enhance your knowledge. Consult the Health Care Administration Undergraduate Library Research Guide for additional guidance on how to conduct research using credible sources.

Continue your role of an early careerist in risk management and quality improvement at one of Vila Health's community-based hospitals. You are working on a team-based initiative under the supervision of the Vila Health chief compliance officer. Your role is to assist in addressing a specific compliance risk regarding a breach of privacy and potential HIPAA violation. A Vila Health employee has disclosed—without prior written authorization—a patient's protected personal health information.

Here is the information the team has collected to date about the privacy breach and potential HIPAA violation:

- A Vila Health supervisor instructed an employee to obtain pre-authorization for an upcoming surgical procedure for a patient.
- The Vila Health employee submitted confidential, protected health care information about the patient to the insurance company.
- The Member Services Representative at the insurance company contacted the Vila Health supervisor.
- The insurance company representative indicated that it cannot discuss the matter without prior written consent from the patient.

As part of the team exploring the privacy breach, you must prepare a workplace brief with authoritative, evidence-based references to support your work.

Instructions

For this assignment, you will create a workplace brief rather than an academic paper. Use the Compliance Program Implementation and Ethical Decision-Making Template given in the resources to write your brief.

Be sure to address all of the following in your brief.

Background

A short paragraph of no more than five or six sentences describing the known details about the privacy breach/HIPAA violation.

Problem Summary: Privacy Breach/HIPAA Violation

Summarize the relevant health care compliance concepts that apply to this privacy breach/HIPAA violation. Be sure to consider the following:

- Federal, state, and local laws and associated regulations.
- Disclosure.
- Human resource concepts and laws.
- Industry and accrediting body standards.

Seven Essential Elements of an Effective Compliance Program

Recalling your readings on the seven essential elements of an effective compliance program as determined within the Federal Register, apply each of the seven essential components of an effective health care compliance program to this HIPAA breach.

Privacy Breach Consequences

Provide a synopsis of the consequences for an individual leader, other internal health care organization stakeholders, and the health care organization for failing to take immediate actions to address a privacy breach. At a minimum, be sure to consider all of the following in your synopsis:

- Patient safety.

- Financial losses.
- Employment status.
- Individual and organizational violations of the law.
 - Legal consequences.
 - Civil liability.

Evidence-Based Recommendations

Construct evidence-based recommendations to resolve the HIPAA-related privacy breach. You also may want to include relevant information related to:

- Human resource laws.
- Professional codes of ethical conduct or standards.
- Previous case precedents.
- Current alleged health care legal violations.

Tip: Visit the Health Information Privacy website from the unit readings and explore the links on the site.

Ethical Decision-Making Framework for Health Care Leaders

Describe steps in a health care industry-approved ethical decision-making framework as one of your concluding recommendations.

Tip: Review Nelson's 2015 article, "Making Ethical Decisions," from the Unit 3 readings.

Conclusion

Write a paragraph that summarizes the following:

- Key concepts.
- The importance of compliance.
- Best practices to monitor for future quality improvements.
- Short list of resources.

Note: Be sure to cite all resources using current APA format.

Additional Requirements

Your assignment should meet the following requirements:

- **Written communication:** Use the Compliance Program Implementation and Ethical Decision-Making Template given in the resources. Your workplace brief must be clear, concise, well organized, and free of errors in grammar, punctuation, and spelling. The title page, citations, and references must be in current APA format.
- **Length:** 4–6 typed, single-spaced pages, including the reference page.
- **Font and font size:** Times New Roman, 12 point.
- **Title page:** Develop a descriptive title of 5–15 words. It should stir interest yet maintain professional decorum. Ensure that your title page conforms to current APA format.
- **References:** Include a minimum of six current, authoritative citations and references in current APA format.

Please review the Compliance Program Implementation and Ethical Decision Making Scoring Guide so that you understand how your faculty member will evaluate your work. Submit your assignment as a Word document.

Course Resources

[APA Module](#)

[Health Care Administration Undergraduate Library Research Guide](#)

[Smarthinking](#)

[Making Ethical Decisions](#)

[Health Information Privacy](#)

Compliance Program Implementation and Ethical Decision-Making Template [DOC]

u05d1 - Evidence-Based Recommendations

Propose evidence-based recommendations and insights from your course readings to resolve a HIPAA privacy breach and include one new insight from your independent research on the topic. Cite a current, authoritative source to support your assertion that the recommendation is evidence based.

Use current APA style and formatting appropriate to the type of reference you provide.

Response Guidelines

As noted in the Faculty Expectations response guidelines, provide substantive comments on the posts of your peers, comparing his or her perspective to yours. Ask any questions that will help you better understand your peer's perspective. Refer to the document, "Great Discussions and Feedback," to understand the expectations for discussion participation.

Course Resources

[Undergraduate Discussion Participation Scoring Guide](#)

[APA Module](#)

[G.R.E.A.T Discussion and Feedback Guidelines With Checklist](#)

[Health Care Administration Undergraduate Library Research Guide](#)

u05d1 - Learning Components

- Evaluate best practices for addressing a HIPAA privacy breach.
- List the seven essential elements of an effective health care compliance program as detailed in the Federal Register.

Unit 6 >> Continuous Readiness and Compliance

Introduction

Now that you have gained knowledge about various laws that apply to health care providers, it will be helpful to understand how to prepare yourself and your team adequately for compliance. At a minimum, compliance with laws is an expectation. Additionally, some health care providers choose to exceed the minimum expectation by ongoing proactive measures to assure compliance, such as education, monitoring, and data collection. In this unit, you will explore elements of continuous readiness and discover some of the potential consequences of failing to implement an effective, proactive approach to compliance.

Learning Activities

u06s1 - Studies

Readings

Use your *Managing Legal Compliance in the Health Care Industry* text to read the following:

- Chapter 7, "Corporate Integrity Agreements," pages 117–133.
- Chapter 14, "Auditing & Monitoring," pages 249–257.

Use the Capella library to read the following:

- Denis, R. (2015). [The details of designing and maintaining a daily quality compliance management system](#). *The Journal for Quality and Participation* 38(3), 34–38.
- Stanley, D., Malone, L. & Shields, L. (2016). [Project management supports the change process](#). *Nursing Management*, 47(6), 52–55.
- Devkaran, S., & O'Farrell, P. N. (2014). [The impact of hospital accreditation on clinical documentation compliance: A life cycle explanation using interrupted time series analysis](#). *BMJ Open*, 4(8), 1–9.

- Frater, B. E. (2013). [A PIC survival guide: Migrating from survival to a state of constant readiness](#). *California Journal of Health-System Pharmacy*, 25(2), 61–66.
- [Maintaining constant survey readiness \[PDF\]](#). (2015). *Healthcare Life Safety Compliance*, 17(1), 1–5.
- [Staying survey-ready is critical in current accreditation environment](#). (2016). *Same-Day Surgery*, 40(3), 1–2.
- Wrzesniewski, C. E. (2017). [Quality and safety through compliance with The Joint Commission requirements](#). *California Journal of Health-System Pharmacy*, 29(3), 61–69.

Use the Internet to read the following:

- Jessup, B., & Koury, M. A. (2009). [Joint Commission accreditation: Leadership challenges and advantages \[PDF\]](#). *Group Practice Journal*, 26–30. Retrieved from <https://www.jointcommission.org/assets/1/18/getfile.pdf>
- The Joint Commission. (n.d.). [Joint Commission FAQ page](#). Retrieved from <https://www.jointcommission.org/about/jointcommissionfaqs.aspx>
- The Joint Commission. (2018). [Patient safety systems \(PS\) \[PDF\]](#). Retrieved from https://www.jointcommission.org/assets/1/6/PS_chapter_HAP_2018.pdf

Multimedia

Click **Knowledge Check: Health Care Regulations, Accreditation, Ethics, and Compliance Training** to view the presentation.

- This media will help you check your knowledge about compliance training and accreditation in health care.

Course Resources

Knowledge Check: Health Care Regulations, Accreditation, Ethics, and Compliance Training

u06s1 - Learning Components

- Analyze the concept of continuous readiness in health care.
- Evaluate what regulatory compliance means in regard to health care administration.
- Analyze accreditation requirements in health care.

u06d1 - Continuous Readiness and You

Explain what is meant by continuous readiness and the role you might play in ensuring your organization is prepared to address a compliance issue. Did you know about continuous readiness before reading the required resources? What are two new things you learned about it that will be relevant to your current or future desired workplace? What are two action steps you can take to increase your awareness around continuous readiness?

Include one academic reference in your post. Use current APA style and formatting appropriate to the type of reference you provide.

Response Guidelines

As noted in the Faculty Expectations response guidelines, provide substantive comments on the posts of your peers, comparing his or her perspective to yours. Ask any questions that will help you better understand your peer's perspective. Refer to the document, "Great Discussions and Feedback," to understand the expectations for discussion participation.

Course Resources

Undergraduate Discussion Participation Scoring Guide

[APA Module](#)

G.R.E.A.T Discussion and Feedback Guidelines With Checklist

[Health Care Administration Undergraduate Library Research Guide](#)

u06d1 - Learning Components

- Identify compliance requirements that apply to health care organizations.
- Analyze the concept of continuous readiness in health care.

u06d2 - Continuous Readiness Risks

Describe the risks to individual employees and organizations that do not participate in continuous readiness efforts. Include one real-world example of a risk from your independent research.

Include one academic reference in your post. Use current APA style and formatting appropriate to the type of reference you provide.

Response Guidelines

As noted in the Faculty Expectations response guidelines, provide substantive comments on the posts of your peers, comparing his or her perspective to yours. Ask any questions that will help you better understand your peer's perspective. Refer to the document, "Great Discussions and Feedback," to understand the expectations for discussion participation.

Course Resources

[Undergraduate Discussion Participation Scoring Guide](#)

[APA Module](#)

[G.R.E.A.T Discussion and Feedback Guidelines With Checklist](#)

[Health Care Administration Undergraduate Library Research Guide](#)

u06d2 - Learning Components

- Identify risks to a health care organization due to regulatory noncompliance.
- Analyze the concept of continuous readiness in health care.
- Research the possible consequences for regulatory noncompliance in health care.

Unit 7 >> Health Care Industry Accreditation and The Joint Commission

Introduction

As an accredited organization, you will be subject to regular inspections from various regulatory and accrediting bodies that seek to confirm your continued compliance. To be prepared for these inspections, you should maintain a program and culture of continuous readiness. Continuous readiness requires a robust training program. As a health care professional and upcoming leader, it will be your responsibility to ensure you understand inspection requirements and that your staff is fully trained.

Learning Activities

u07s1 - Studies

Readings

Use your *Managing Legal Compliance in the Health Care Industry* text to read the following:

- Chapter 13, "Training and Education," pages 231–244.
- Chapter 15, "Hospitals," pages 263–281.

Multimedia

Click **Knowledge Check: Health Care Accreditation Process** to view the presentation.

- This media will help you check your knowledge about the processes involved in seeking accreditation in health care.

Course Resources

Knowledge Check: Health Care Accreditation Process

u07s1 - Learning Components

- Identify compliance requirements that apply to health care organizations.
- Analyze the concept of continuous readiness in health care.
- Evaluate best practices for facilitating adult learning.

u07a1 - Compliance Training

At this point in your academic career, you know that health care is a heavily regulated industry. While applicable regulations may vary from one organization type to the next, the typical health care organization must navigate through a wide array of laws, quality standards, regulations, and ethical considerations as part of day-to-day operations. What this means is that the staff working in these organizations must also fully understand their organization's regulatory environment *and* their role in regulatory compliance.

Successful compliance depends on how well the staff is trained. Managers need to be able to teach their staff compliance best practices. The compliance content in the training is one aspect of the health care manager's job. The other critical aspect of the job is to be able to convey the compliance content effectively and efficiently. In today's environment, it is not enough to simply place a check mark next to the *staff trained* item on the manager's to-do list. Staff members need to be able to retain the compliance best practices they have learned and apply them on the job. In successful health care organizations, compliance training does not just need to be done; it needs to be done effectively and efficiently. This is no easy task, given the complexity of health care regulations.

In this assignment, you will continue your work on a team-based initiative for Vila Health's chief compliance officer. For the purpose of this assignment, you will assume the role of quality assurance officer in your health care organization. You have been tasked with the responsibility of developing a presentation that prepares the organization's department heads to deliver the compliance training to their staff members.

Preparation

Conduct independent research on these topics:

- Regulations, accreditation requirements, and ethical standards that govern the health care industry.
- Current best practices in compliance training and health care industry-accepted training programs.

Consult the resources in the unit readings as a starting point for your research. You may also want to consult the Health Care Administration Undergraduate Library Research Guide for additional guidance on how to conduct scholarly, professional research.

Instructions

Assume the role of a quality assurance officer at one of Vila Health's community-based hospitals. You recently received approval from your organization's senior leaders to provide compliance training to all staff members based on the new approach to compliance your organization has adopted.

Because of the number of staff requiring training, you will not be able to deliver the compliance training yourself. Instead, your organization's department heads will conduct the training for their departments. Your job is to develop a presentation to help the department heads train their staff on the organization's new approach to compliance.

You have scheduled a meeting with the department heads to introduce the compliance training. For most presentations like this, you will get only 3–5 minutes to make your points, so you must keep it concise. As you are doing your planning for your presentation to department heads, you have decided that your presentation needs to consist of two parts:

- Part One: Background on Regulation, Accreditation, and Ethics in Health Care.
 - This addresses the compliance content department heads need to cover in their staff training sessions.
- Part Two: Compliance Training Effectiveness.
 - This addresses how to design and deliver compliance training that staff members retain and apply on the job.

You have determined you will need 10–12 slides to cover the content you plan to deliver to the department heads. You have also created an outline of what specifically you need to include in your presentation. Here is the outline you created:

Part One: Background on Regulation, Accreditation, and Ethics in Health Care

In seven to eight slides:

- Analyze regulatory, ethical, and accreditation compliance in health care (one slide).
 - Distinguish accreditation from regulations and ethical considerations in health care.
- Highlight the risks and consequences of noncompliance and ethical breaches (1–2 slides).

- Analyze important health care regulations, such as privacy laws, quality standards, and patient rights (three slides).
- Present key ethical considerations all staff must understand (one slide).
- Explain how the concept of continuous readiness applies to compliance (one slide).

Part Two: Compliance Training Effectiveness

In three to four slides:

- Explain best practices for training health care staff on compliance (1–2 slides).
- Conclude with a final meaningful compliance message, such as a motivational statement or a quote about compliance (one slide).
- Include your reference slide with APA-formatted references (one slide).

Now that you have your outline in hand, develop your presentation to department heads on the organization's new compliance training program that they will be delivering to their staff members.

Additional Requirements

Your assignment should meet the following requirements:

- **Written communication:** Your slides need to include bullet points highlighting the key concepts. Avoid using block paragraphs or pictures only. Make sure your content is clear, persuasive, well organized, and free of errors in grammar, punctuation, and spelling.
- **Title slide:** Develop a descriptive title for your presentation of 5–15 words. It should stir interest yet maintain professional decorum.
- **Length:** 15–20 slides. Slides should be professional and appropriately balance text and visuals. Avoid making your slides too text heavy. Instead make use of speaker notes to include additional content.
- **References and reference slide:** Include a minimum of three citations of peer-reviewed sources in current APA format on a final reference slide.

Review the Compliance Training Scoring Guide so that you understand how your faculty member is going to evaluate your work.

Submit your assignment as a PowerPoint presentation.

Course Resources

[Health Care Administration Undergraduate Library Research Guide](#)

[Smarthinking](#)

[APA Module](#)

[Guidelines for Effective PowerPoint Presentations \[PPTX\]](#)

u07d1 - Continuous Readiness and Accreditation

Describe how staff education on continuous readiness will prepare an organization for future accreditation goals and include one action step that you, as an employee, might take to support readiness. Suggest two ways staff education on this topic could be made more relevant and effective for supporting appropriate action.

Include one academic reference in your post. Use current APA style and formatting appropriate to the type of reference you provide.

Response Guidelines

As noted in the Faculty Expectations response guidelines, provide substantive comments on the posts of your peers, comparing his or her perspective to yours. Ask any questions that will help you better understand your peer's perspective. Refer to the document, "Great Discussions and Feedback," to understand the expectations for discussion participation.

Course Resources

[Undergraduate Discussion Participation Scoring Guide](#)

[APA Module](#)

Health Care Administration Undergraduate Library Research Guide

u07d1 - Learning Components

- Analyze the relationship between accreditation and regulatory compliance in health care.
- Analyze the concept of continuous readiness in health care.
- Evaluate best practices for facilitating adult learning.

Unit 8 >> Accreditation

Introduction

Health care leaders seek to highlight the quality of the services provided by their organizations as a demonstration of patient safety, for competitive advantage, and to strengthen contractual partner relationships. Joint Commission accreditation is one of the ways health care provider organizations can demonstrate they meet health care industry standards. In this unit, you will explore the benefits of Joint Commission accreditation and see how accreditation differs from regulation and certification.

Learning Activities

u08s1 - Studies

Readings

Use your *Managing Legal Compliance in the Health Care Industry* text to read the following:

- Chapter 16, "Physician Practices," pages 285–310.
- Chapter 17, "Nursing and Long Term-Care Facilities," pages 313–336.
- Chapter 18, "Hospices and Home Health Agencies," pages 339–361.
- Chapter 19, "Clinical Laboratories," pages 365–376.
- Chapter 21, "Third Party Billing Companies," pages 393–408.
- Chapter 22, "Medicare Advantage," pages 411–434.

Use the Internet to review the following:

- [The Joint Commission](https://www.jointcommission.org/). (n.d.). Retrieved from <https://www.jointcommission.org/>

u08s1 - Learning Components

- Identify the steps required for a health care organization to become accredited.
- Analyze which standards of The Joint Commission apply to which types of health care organizations.
- Analyze the relationship between accreditation and regulatory compliance in health care.
- Identify accrediting bodies in health care.

u08d1 - The Value of Accreditation

Explain the value of accreditation by The Joint Commission to your current or future desired health care employer organization, and describe the steps involved in earning accreditation. Include one example of how you as an employee might be involved in preparing for accreditation.

Include one academic reference in your post. Use current APA style and formatting appropriate to the type of reference you provide.

Response Guidelines

As noted in the Faculty Expectations response guidelines, provide substantive comments on the posts of your peers, comparing his or her perspective to yours. Ask any questions that will help you better understand your peer's perspective. Refer to the document, "Great Discussions and Feedback," to understand the expectations for discussion participation.

Course Resources

[Undergraduate Discussion Participation Scoring Guide](#)

[APA Module](#)

[G.R.E.A.T Discussion and Feedback Guidelines With Checklist](#)

[Health Care Administration Undergraduate Library Research Guide](#)

[The Joint Commission](#)

u08d1 - Learning Components

- Analyze the relationship between accreditation and regulatory compliance in health care.
- Analyze which standards of The Joint Commission apply to which types of health care organizations.
- Analyze accreditation requirements in health care.

u08d2 - Accreditation, Regulation, and Certification

Compare and contrast the differences among accreditation, regulation, and certification, and provide one example of how these concepts apply to your current or future desired workplace. Describe an accrediting body for three different levels of care in the health care industry (for example, for hospitals, home care, rehab, et cetera).

Include one academic reference in your post. Use current APA style and formatting appropriate to the type of reference you provide.

Response Guidelines

As noted in the Faculty Expectations response guidelines, provide substantive comments on the posts of your peers, comparing his or her perspective to yours. Ask any questions that will help you better understand your peer's perspective. Refer to the document, "Great Discussions and Feedback," to understand the expectations for discussion participation.

Course Resources

[Undergraduate Discussion Participation Scoring Guide](#)

[APA Module](#)

[G.R.E.A.T Discussion and Feedback Guidelines With Checklist](#)

[Health Care Administration Undergraduate Library Research Guide](#)

[The Joint Commission](#)

u08d2 - Learning Components

- Evaluate the key outcomes of accreditation in health care.
- Analyze the relationship between accreditation and regulatory compliance in health care.
- Analyze accreditation requirements in health care.

Unit 9 >> Voluntary Commitment

Introduction

In this unit, you will delve more deeply into the topic of Joint Commission accreditation and explore additional types of accreditation for a variety of health care provider organizations. These organizations may include physician practices, hospices and home health agencies, and long-term care facilities. You

will consider the costs and benefits of pursuing Joint Commission accreditation for your selected health care organization. You will have the opportunity to present your findings in a summary brief for a group of senior stakeholders within the Vila Health organization. Additionally, you will explore voluntary versus mandatory reporting as part of The Joint Commission patient safety initiative for consumers.

Learning Activities

u09s1 - Studies

Readings

Use the Capella library to read or review the following:

- [CMS reg in limbo, but Joint Commission standard kicks in](#). (2018). *Hospital Infection Control & Prevention*, 45(1).
- Billett, S. (2015). [Readiness and learning in health care education](#). *The Clinical Teacher*, 12(6), 367–372.
- Murray, K. (2016). [The Joint Commission patient safety standards \[PDF\]](#). *Nursing Management*, 47(1), 56.
- Shaw, C. D. (2015). [How can healthcare standards be standardised?](#) *BMJ Quality & Safety*, 24(10), 615–619.
- Stern, G. (2017). [Bright Ideas: Using a scientific approach to meet Joint Commission AEM standards](#). *Biomedical Instrumentation & Technology*, 51(2), 157–162.
- Wickersham, M. E., & Basey, S. (2016). [Is accreditation sufficient? A case study and argument for transparency when government regulatory authority is delegated](#). *Journal of Health and Human Services Administration*, 39(2), 245–282.
- [AHRQ announces mobile-friendly web sites for National Guideline and National Quality Measures clearinghouses](#). (2016). *Journal of Health Care Compliance*, 18(5), 39–40.
- Blake, L., Francis, V., Johnson, J., Khan, M., & McCray, T. (2017). [Developing robust data management strategies for unprecedented challenges to healthcare information](#). *Journal of Leadership, Accountability and Ethics*, 14(1), 22–31.

u09s1 - Learning Components

- Analyze the relationship between accreditation and regulatory compliance in health care.
- Analyze which standards of The Joint Commission apply to which types of health care organizations.
- Identify key standards of The Joint Commission.

u09a1 - Voluntary Accreditation

Now that your Vila Health hospital has a robust compliance program and an all-staff compliance training program in place, senior leaders want to take the next step. They want the organization to perform an in-depth analysis of the benefits of voluntary accreditation. Senior leaders know the Joint Commission accreditation it currently possesses is good for the organization's reputation and standing in the community. However, they also want to know what additional benefits, which it has not capitalized on yet, might exist for the organization. They hope to better justify the costs associated with voluntary accreditation.

Because of your involvement in developing and implementing the new compliance program, they have asked you to research and prepare a summary brief on how The Joint Commission accreditation helps the organization comply with regulatory requirements, improve quality, and meet stakeholder needs. In your summary brief, they have also asked you to consider other accrediting organizations that could benefit the organization.

Instructions

To meet your senior leaders' request, prepare a 10–12-page summary brief. A summary brief is a common document in management that is used to summarize concepts, issues, products, or projects. Summary briefs often vary in format. For academic purposes, the required format for this summary brief is APA format, a common format for health care research and academics. Consult the APA Module on Campus or the SONHS APA Template (given in the resources) for additional guidance on appropriate use of APA guidelines.

Use the following headings to organize your summary brief for leadership:

Accreditation in Health Care

In three to four paragraphs:

- Provide a short overview of accreditation in health care.

Accreditation Requirements

In three to four paragraphs:

- Include an overview of the most common accreditation requirements.

Accreditation and Regulatory Compliance

In one to two pages:

- Compare and contrast accreditation and regulation requirements.
- Detail how accreditation helps health care organizations meet regulatory requirements.

The Joint Commission Standards

In one to two pages:

- Analyze the key Joint Commission standards that apply to this organization.

Accreditation Best Practices

In two to three pages:

- Describe industry best practices for meeting accreditation requirements.

Other Accrediting Organizations

In two to three pages:

- Select and identify one accrediting body other than The Joint Commission and analyze the benefits of its accreditation for the organization.

Conclusion

In three to five paragraphs:

- Share your informed opinion about whether the cost and required effort for meeting accreditation requirements have value to the organization.

Note: You do not need to perform a full financial analysis here. You only need to share considered insights about the benefits and costs of voluntary accreditation.

Additional Requirements

Your assignment should meet the following requirements:

- **Written Communication:** Ensure your summary brief is clear, well organized, and free of errors in grammar, punctuation, and spelling.
- **APA format:** Use current APA style and formatting. Indent the first sentence of all new paragraphs.
- **Length:** 10–12 double-spaced pages, not including abstract, title page, and reference page.
- **Font and font size:** Times New Roman, 12 point.
- **References:** Cite a minimum of three references from peer-reviewed journals. Also include two web pages or websites from health care accrediting organizations.

Review the Voluntary Accreditation Scoring Guide so that you understand how your faculty member is going to evaluate your work. Submit your assignment as a Word document.

Course Resources

[Smarthinking](#)

[Health Care Administration Undergraduate Library Research Guide](#)

[SONHS APA Template \[DOCX\]](#)

[APA Module](#)

u09d1 - Accreditation Risks

Based upon your current or future desired health care employer, assess any potential risks the organization may face in the accreditation process. Cite at least two specific risks. Support your assertions by citing authoritative sources. For an employer, you may choose a hospital, home health care agency, ambulatory care clinic, et cetera. Provide one recommendation for pre-survey, survey, or post-survey actions an employee can take to minimize these risks.

Include one academic reference in your post. Use current APA style and formatting appropriate to the type of reference you provide.

Response Guidelines

As noted in the Faculty Expectations response guidelines, provide substantive comments on the posts of your peers, comparing his or her perspective to yours. Ask any questions that will help you better understand your peer's perspective. Refer to the document, "Great Discussions and Feedback," to understand the expectations for discussion participation.

Course Resources

Undergraduate Discussion Participation Scoring Guide

[APA Module](#)

G.R.E.A.T Discussion and Feedback Guidelines With Checklist

[Health Care Administration Undergraduate Library Research Guide](#)

u09d1 - Learning Components

- Evaluate the key outcomes of accreditation in health care.
- Identify the steps required for a health care organization to become accredited.
- Analyze the relationship between accreditation and regulatory compliance in health care.

Unit 10 >> Reflections and Best Practices

Introduction

In this last unit, you will have an opportunity to look ahead and consider the future of health care regulation and compliance. You are encouraged as you continue your health care career to stay up to date on new resources as they are published. The websites of the Office of Inspector General, Centers for Medicare and Medicaid Services, and The Joint Commission are excellent resources to review on a regular basis. In addition, you may wish to sign up for e-mail alerts and subscribe to relevant publications so you are notified when significant changes are introduced. We all have a responsibility—to our organizations and to our patients—to understand the requirements placed upon us and to act in a professional and ethical manner. Good luck to you as you move forward on your journey.

Learning Activities

u10s1 - Studies

Readings

Use the Capella library to read or review the following:

- Kadivar, M., Manookian, A., Asghari, F., Niknafs, N., Okazi, A., & Zarvani, A. (2017). [Ethical and legal aspects of patient's safety: A clinical case report \[PDF\]](#). *Journal of Medical Ethics and History of Medicine*, 10(15), 1–6.
- Lawrence, P. (2015). [A best practice model for the effective deployment of 360° feedback](#). *Development and Learning in Organizations*, 29(6), 13–16.
- Randhawa, J. S., & Ahuja, I. S. (2017). [5S – A quality improvement tool for sustainable performance: Literature review and directions](#). *The International Journal of Quality and Reliability Management*, 34(3), 334–361.
- Steinfield, B., Scott, J., Vilander, G., Marx, L., Quirk, M., Lindberg, J., & Koerner, K. (2015). [The role of lean process improvement in implementation of evidence-based practices in behavioral health care \[PDF\]](#). *The Journal of Behavioral Health Services & Research*, 42(4), 504–518.

- Willis, C. D., Saul, J., Bevan, H., Scheirer, M. A., Best, A., Greenhalgh, T., . . . Bitz, J. (2016). Sustaining organizational culture change in health systems. *Journal of Health Organization and Management*, 30(1), 2–30.
- Yeo, R. K., & Marquardt, M. J. (2015). Think before you act: Organizing structures of action in technology-induced change. *Journal of Organizational Change Management*, 28(4), 511–528.
- Brown, J. (2016). Compliance education and training. *Journal of Health Care Compliance*, 18(4), 37–38.

u10s1 - Learning Components

- Analyze how continuous quality improvement relates to continuous readiness in health care.
- Analyze the relationship between ethics and accreditation in health care.

u10d1 - Self-Assessment and Continuous Readiness

Examine best practices for routine self-assessment in continuous readiness and provide one example that may apply to your current or future desired workplace.

Include one academic reference in your post. Use current APA style and formatting appropriate to the type of reference you provide.

Response Guidelines

As noted in the Faculty Expectations response guidelines, provide substantive comments on the posts of your peers, comparing his or her perspective to yours. Ask any questions that will help you better understand your peer's perspective. Refer to the document, "Great Discussions and Feedback," to understand the expectations for discussion participation.

Course Resources

[Undergraduate Discussion Participation Scoring Guide](#)

[APA Module](#)

[G.R.E.A.T Discussion and Feedback Guidelines With Checklist](#)

[Health Care Administration Undergraduate Library Research Guide](#)

u10d1 - Learning Components

- Analyze how continuous quality improvement relates to continuous readiness in health care.
- Analyze what is required to implement continuous readiness in health care.
- Examine the place of self-assessment in health care continuous readiness.

u10d2 - Reflections on Your Learning

Provide a synopsis of salient points or learning concepts you gained from this course, and which apply to your current or future desired workplace. What was the single highest impact topic from the course that is relevant for your career plans? What are some topics you would like learn more about?

Include one academic reference in your post. Use current APA style and formatting appropriate to the type of reference you provide.

Response Guidelines

As noted in the Faculty Expectations response guidelines, provide substantive comments on the posts of your peers, comparing his or her perspective to yours. Ask any questions that will help you better understand your peer's perspective. Refer to the document, "Great Discussions and Feedback," to understand the expectations for discussion participation.

Course Resources

[Undergraduate Discussion Participation Scoring Guide](#)

APA Module

G.R.E.A.T Discussion and Feedback Guidelines With Checklist

Health Care Administration Undergraduate Library Research Guide

u10d2 - Learning Components

- Identify key concepts learned about laws, regulation, and health care compliance.