

STATE UNIVERSITY OF NEW YORK
COLLEGE OF TECHNOLOGY
CANTON, NEW YORK



MASTER SYLLABUS

COURSE NUMBER – COURSE NAME
HSMB 305 – Managed Care

CIP Code: 51.70

For assistance determining CIP Code, please refer to this webpage

<https://nces.ed.gov/ipeds/cipcode/browse.aspx?v=55>

or reach out to Sarah Todd at todds@canton.edu

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Updated by: Jennie Flanagan

School of Business and Liberal Arts

Department: Healthcare Management

Semester/Year: Fall 2023

- A. TITLE: Managed Care
- B. COURSE NUMBER: HSMB 305
- C. CREDIT HOURS: (Hours of Lecture, Laboratory, Recitation, Tutorial, Activity)

Credit Hours: 3
 # Lecture Hours: 3 per week
 # Lab Hours: 0 per week
 Other: 0 per week

Course Length: 15 Weeks

- D. WRITING INTENSIVE COURSE: Yes No

- E. GER CATEGORY: None: Yes: GER
 If course satisfies more than one: GER

- F. SEMESTER(S) OFFERED: Fall Spring Fall & Spring

- G. COURSE DESCRIPTION:

This course provides the student with the basic information needed to learn critical concepts of managed care. The course will include types of managed care organizations, elements of management control and governance structure, and quality management in managed care. Regulating, legal and ethical issues related to managed care will be discussed.

- H. PRE-REQUISITES: None Yes If yes, list below:

HSMB 304- U.S. Healthcare, Junior Level or permission of instructor

CO-REQUISITES: None Yes If yes, list below:

- I. STUDENT LEARNING OUTCOMES: (see key below)

By the end of this course, the student will be able to:

<u>Course Student Learning Outcome</u> <u>[SLO]</u>	<u>Program Student Learning Outcome</u> <u>[PSLO]</u>	<u>GER</u> <i>[If Applicable]</i>	<u>ISLO & SUBSETS</u>	
1. Examine the basics of health insurance and managed care.	Describe the framework in which healthcare services are produced,	N/A	4-Soc Respons ISLO ISLO	ER Subsets Subsets Subsets

	coordinated, consumed, and reimbursed.			
2. Examine the various types of Managed Care Organizations and how they reimburse the organization/provider.	Describe the framework in which healthcare services are produced, coordinated, consumed, and reimbursed.	N/A	4-Soc Respons ISLO ISLO	ER Subsets Subsets Subsets
3. Compare and contrast Medicare and Medicaid.	Describe the framework in which healthcare services are produced, coordinated, consumed, and reimbursed.	N/A	4-Soc Respons ISLO ISLO	ER Subsets Subsets Subsets
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KEY	<u>Institutional Student Learning Outcomes [ISLO 1 – 5]</u>
ISLO #	ISLO & Subsets
1	Communication Skills Oral [O], Written [W]
2	Critical Thinking

	<i>Critical Analysis [CA], Inquiry & Analysis [IA], Problem Solving [PS]</i>
3	Foundational Skills <i>Information Management [IM], Quantitative Lit./Reasoning [QTR]</i>
4	Social Responsibility <i>Ethical Reasoning [ER], Global Learning [GL], Intercultural Knowledge [IK], Teamwork [T]</i>
5	Industry, Professional, Discipline Specific Knowledge and Skills

*Include program objectives if applicable. Please consult with Program Coordinator

J. APPLIED LEARNING COMPONENT: Yes No

If YES, select one or more of the following categories:

- | | |
|---|--|
| <input type="checkbox"/> Classroom/Lab | <input type="checkbox"/> Civic Engagement |
| <input type="checkbox"/> Internship | <input type="checkbox"/> Creative Works/Senior Project |
| <input type="checkbox"/> Clinical Placement | <input type="checkbox"/> Research |
| <input type="checkbox"/> Practicum | <input type="checkbox"/> Entrepreneurship |
| <input type="checkbox"/> Service Learning | (program, class, project) |
| <input type="checkbox"/> Community Service | |

K. TEXTS:

TEXTS: Kongstvedt, Peter R. Health Insurance and Managed Care (5th). Jones and Bartlett.
ISBN: 978-1284152098

Textbook is mandatory.

L. REFERENCES:

Centers for Medicare and Medicaid; www.cms.org
Healthcare Corporate Compliance Association (HCCA)
Use of Open Educational Resources (OER)

M. EQUIPMENT: None Needed:

N. GRADING METHOD: A-F

O. SUGGESTED MEASUREMENT CRITERIA/METHODS:

Assignments, discussions, and quizzes will be used to partially evaluate the attainment of objectives.

P. DETAILED COURSE OUTLINE:

1. **A History of Managed Healthcare and Health Insurance in the United States**
 - a. **19th Century to today**
2. **Health Benefits Coverage and Types of Health Plans and Payer**
 - a. **Health benefits coverage**

- b. Sources health benefits coverage and risk
- c. Types of payers
- 3. The Provider Network
 - a. Contracts and contracting
 - b. Service area, access standards, and network adequacy
 - c. Physicians and other professionals
 - d. Ancillary services
 - e. Integrated delivery systems
 - f. Vertical integration
- 4. Provider Payment
 - a. Reimbursement
 - b. Cost sharing
 - c. Risk-based versus non-risk-based payment
 - d. Physician payment
 - e. Facility payment
 - f. Payment for ancillary services
 - g. Payment for prescription drugs
- 5. Utilization Management, Quality Management, and Accreditation
 - a. Prevention and wellness
 - b. Measuring utilization
 - c. Medical necessity
 - d. Quality management
 - e. Health Plan accreditation, certification and recognition programs
- 6. Sales, Governance, and Administration
 - a. Governance and management
 - b. Information technologies
 - c. Analytics and informatics
 - d. Marketing and sales
 - e. Corporate compliance
 - f. Operational challenges in the payer industry
- 7. Medicare Advantage and Medicaid Managed Care
 - a. Medicare
 - b. Medicaid
 - c. Veterans
- 8. Laws and Regulations in Health Insurance and Managed Care\
 - a. MCO Structure and organization
 - b. State oversight and regulation
 - c. Role of non-governmental organizations

Q. LABORATORY OUTLINE: None Yes