HPEM 5335	**Health Insurance Operations**	**Credit Hours: 3**

Semester:	Spring	**Year:**	2026
Class Days/Times:	Online Course – 7 Week Course	**Class Location:**	Online

Instructor of Record: Gerald (Jerry) Ledlow, Ph.D., MHA, FACHE, Professor

Office:	H261
Office Phone:	903.877.1441 (email is best option)
E-Mail:	Gerald.Ledlow@UTHCT.edu (preferred best option) or Gerald.Ledlow@uttyler.edu
Office Hours:	Mondays 9 am to 12 noon; confirm by email please

Course Description: This course presents the third-party payer and beneficiary perspectives of the health ecosystem considering business operations, quality health delivery, reimbursement processes, and population health imperatives. Strategies and operations of the insurance enterprise are explored and discussed regarding regulatory, profit/margin, health improvement/status, and business principles from a health insurance and third – party payer perspective.

Prerequisite: None.   **Co-requisite:** None

Student Learning Outcomes (SLO or "course objective"): Upon successfully completing this course, the student will be able to:

1. Describe the elements of health insurance operations from a third-party payer perspective. A1, A8 (Quiz and discussion)
2. Examine the general laws and policies of health insurance in the United States of America. A1, A2 (Quiz and discussion)
3. Analyze how providers of medical services address the expectations of quality patient outcomes and reimbursement from a third-party payer (health insurance entity) perspective. A2, A8, B2 & B3 (discussion),
4. Examine the medical expense ratio and its importance to the health insurance entity. A1, A5 (Quiz and discussion)
5. Compare the market incentives of a health insurance entity as compared to incentives of their beneficiaries. A2, B2 & B3 (discussion).

Linked MHA Program Learning Outcomes:
The student learning outcomes listed above address the following MHA Program PLOs as linked in the SLO:
- PLO A.1 - The student will identify appropriate sources & gather information, effectively & efficiently.

- PLO A.2 - The student will appraise literature and data critically that enhances community health.
- PLO A.3 - The student will develop, understand and use data from performance, surveillance or monitoring systems.
- PLO A.5 - The student will understand and apply basic statistical methods relevant to public health and health administration practice.
- PLO A.8 - The student will analyze, design, or improve an organizational process, including the use of quality management, process improvement, marketing and information technology principles and tools.
- PLO A.9 – The student will understand and describe applications of population health assessment principles.
- PLO A.10 - The student will implement a decision-making process that incorporates evidence from a broad analysis that includes uncertainty, risk, stakeholders, and organizational values.
- PLO B.1 - The student will speak and write in a clear, logical, and grammatical manner in formal and informal situations; prepare cogent business presentations; facilitate an effective group process.
- PLO B.2 - The student will receive, process, and respond appropriately to information conveyed by others.
- PLO B.3 - The student will perceive and respond appropriately to the spoken, unspoken, or partly expressed thoughts, feelings, and concerns of others.

Course Assessment/Methods of Evaluation:
Note: Course Grade Scale (points): A: 90-100, B: 80-89.99, C: 70-79.99, F: < 70 points

Seven (7) Discussion Forum Posts (7.15% of grade each)	50% of grade
Fifteen (15) Quizzes (3.33% of grade each)	50% of grade
Total	100% of course grade

Required Textbook:

Pepper, Julie (2025). Beik's Health Insurance Today, 8th Edition. Elsevier, Amsterdam, Netherlands. ISBN: 9780323884006

Textbook URL: https://evolve.elsevier.com/cs/product/9780323884006?role=student

Other Required Readings: As assigned by the Instructor.

Course Content:

Schedule	Assigned Readings and Elements
Module 1 (All Modules are On-Line) January 12 to 18 • **Module 1** • The Origins of Health Insurance; Tools of the Trade: A Career as a Health Insurance Professional; and The Legal and Ethical Side of Health Insurance • Weekly Quizzes (3) • Discussion Forum: Describe and **examine** the impact of the general laws and policies of health insurance in the United States of America.	Textbook: Read Chapters 1, 2, and 3 Review: Chapter 1, 2, and 3 Slides Complete/Do: Practice Quizzes for Chapters 1, 2 and 3. Assess: Complete/Do Chapter 1 Quiz & Chapter 2 Quiz & Chapter 3 Quiz Scan: Health Insurance: Definition, How It Works (investopedia.com) What is Health Insurance? https://www.investopedia.com/terms/a/actuarial-science.asp What is Actuarial Science? Complete/Do: Weekly Discussion Forum. For Discussion Forum Questions, use a model or framework (see below) to provide insights into discussion questions that require appraisal, **examine,** evaluation, assessment, comparison, etc… (analysis and critical thinking) in the question or if the question requires discussion of cost, quality, access to care or structure, process, and outcomes. The URLs below highlight the models suggested for Kissick's Iron Triangle Model and the Donabedian Model. Kissick's Iron Triangle Model https://medicine.yale.edu/news/yale-medicine-magazine/article/the-eternal-triangle-of-a-sound-health-system/ https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8701057/ Donabedian's Model https://www.nejm.org/doi/full/10.1056/NEJMp1605101 https://www.nejm.org/doi/10.1056/NEJMp1605101?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%20%200pubmed https://www.ahrq.gov/talkingquality/measures/types.html
Module 2 January 19 to 25 • **Module 2**	Textbook: Read Chapters 4 and 5 Review: Chapter 4 and 5 Slides Complete/Do: Practice Quizzes for Chapters 4 and 5.

• Healthcare Reform, Coverage Types and Sources and The Patient and the Billing Process • Weekly Quizzes (2) • Discussion Forum: Describe and **appraise** the elements of health insurance operations from a third-party payer perspective. • Synchronous Online Session (Will be announced and posted in the course)	Assess: Complete/Do Chapter 4 Quiz and 5 Quiz Scan: If you are interested in learning more about the evolution of health insurance in the United States, log on to the PBS website and study the Healthcare Timeline table: http://www.pbs.org/healthcarecrisis/history.htm. and; This website provides more detailed information on healthcare reform: https://www.healthcare.gov/. Complete/Do: Discussion Forum for the Week For Discussion Forum Questions, use a model or framework (see below) to provide insights into discussion questions that require **appraisal,** evaluation, assessment, comparison, etc… (analysis and critical thinking) in the question or if the question requires discussion of cost, quality, access to care or structure, process, and outcomes. The URLs below highlight the models suggested for Kissick's Iron Triangle Model and the Donabedian Model. Kissick's Iron Triangle Model https://medicine.yale.edu/news/yale-medicine-magazine/article/the-eternal-triangle-of-a-sound-health-system/ https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8701057/ Donabedian's Model https://www.nejm.org/doi/full/10.1056/NEJMp1605101 https://www.nejm.org/doi/10.1056/NEJMp1605101?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%20%200pubmed https://www.ahrq.gov/talkingquality/measures/types.html
Module 3 January 26 to February 1 • **Module 3** • Reimbursement Models and Understanding Managed Care (from a Health Insurance Perspective) • Weekly Quizzes • Discussion Forum: **Analyze** and discuss how providers of medical services address the	Textbook: Read Chapters 6 and 7 Review: Chapter 6 and 7 Slides Complete/Do: Practice Quizzes for Chapters 6 and 7 Assess: Complete/Do Chapter 6 Quiz and Chapter 7 Quiz Scan: Textbook Chapters 10 and 11 and chapter slides Scan: https://catalyst.nejm.org/doi/full/10.1056/CAT.20.0569 (Pay particular attention to changes in society, laws, and evolution of payment systems) Complete/Do: Discussion Forum for the Week Read: ic-resource-129.pdf (aamc-icollab.global.ssl.fastly.net) (Pay particular attention to Quality and Clinical Care) Read:https://www.ahrq.gov/patient-

expectations of quality patient outcomes and reimbursement from a third-party payer (health insurance entity) perspective.	safety/settings/ambulatory/tools.html (Pay particular attention to the overview, Patient Safety and Quality Measures) For Discussion Forum Questions, use a model or framework (see below) to provide insights into discussion questions that require appraisal, **analysis**, evaluation, assessment, comparison, etc… (analysis and critical thinking) in the question or if the question requires discussion of cost, quality, access to care or structure, process, and outcomes. The URLs below highlight the models suggested for Kissick's Iron Triangle Model and the Donabedian Model. Kissick's Iron Triangle Model https://medicine.yale.edu/news/yale-medicine-magazine/article/the-eternal-triangle-of-a-sound-health-system/ https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8701057/ Donabedian's Model https://www.nejm.org/doi/full/10.1056/NEJMp1605101 https://www.nejm.org/doi/10.1056/NEJMp1605101?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%20%200pubmed https://www.ahrq.gov/talkingquality/measures/types.html
Module 4 February 2 to 8 • **Module 4** • Understanding Medicare and Understanding Medicaid (from a Health Insurance Perspective) • Weekly Quizzes • Discussion Forum: In discussion, assess and compare the market incentives of a health	Textbook: Read Chapters 8 and 9 Review: Chapter 8 and 9 Slides Complete/Do: Practice Quizzes for Chapters 8 and 9 Assess: Complete/Do Chapter 8 Quiz and Chapter 9 Quiz Scan: https://innovation.cms.gov/innovation-models/hpi (Read Overview and review sections on Medicare and Medicaid/CHIP) Scan: https://innovation.cms.gov/innovation-models/vbid (What is Medicare Advantage Value-Based Insurance?) Complete/Do: Discussion Forum for the Week For Discussion Forum Questions, use a model or framework (see below) to provide insights into discussion questions that require

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insurance entity as compared to incentives of their beneficiaries.
- Synchronous Online Session (Will be announced and posted in the course)

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appraisal, evaluation, assessment, comparison, etc… (analysis and critical thinking) in the question or if the question requires discussion of cost, quality, access to care or structure, process, and outcomes. The URLs below highlight the models suggested for Kissick's Iron Triangle Model and the Donabedian Model.

Kissick's Iron Triangle Model
https://medicine.yale.edu/news/yale-medicine-magazine/article/the-eternal-triangle-of-a-sound-health-system/

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8701057/

Donabedian's Model
https://www.nejm.org/doi/full/10.1056/NEJMp1605101

https://www.nejm.org/doi/10.1056/NEJMp1605101?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%20%200pubmed

https://www.ahrq.gov/talkingquality/measures/types.html

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Module 5 February 9 to 15

- **Module 5**
- Claim Submission Methods and Diagnostic Coding
- Weekly Quizzes
  Discussion Forum: Examine and discuss the importance of the medical expense ratio of the health insurance entity, its limits, and how this ratio impacts insurance premiums.

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Textbook: Read Chapters 12 and 13
Review: Chapter 12 and 13 Slides
Complete/Do: Practice Quizzes for Chapters 12 and 13
Assess: Complete/Do Chapter 12 Quiz and Chapter 13 Quiz
Complete/Do: Discussion Forum for the Week

For Discussion Forum Questions, use a model or framework (see below) to provide insights into discussion questions that require appraisal, evaluation, assessment, comparison, etc… (analysis and critical thinking) in the question or if the question requires discussion of cost, quality, access to care or structure, process, and outcomes. The URLs below highlight the models suggested for Kissick's Iron Triangle Model and the Donabedian Model.

Kissick's Iron Triangle Model
https://medicine.yale.edu/news/yale-medicine-magazine/article/the-eternal-triangle-of-a-sound-health-system/

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	Donabedian's Model https://www.nejm.org/doi/full/10.1056/NEJMp1605101 https://www.nejm.org/doi/10.1056/NEJMp1605101?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%20%200pubmed https://www.ahrq.gov/talkingquality/measures/types.html
Module 6 February 16 to 22 • **Module 6** • Procedural, Evaluation and Management, and HCPCS Coding and Claims Management • Weekly Quizzes • Discussion Forum: Examine and discuss the elements of claims management from the health insurance and health services provider perspectives (both); how do they differ and how are they similar? • Synchronous Online Session (Will be announced and posted in the course)	Textbook: Read chapters 14 and 15 Review: Chapter14 and 15 Slides Complete/Do: Practice Quizzes for Chapters 14 and 15 Assess: Complete/Do Chapter 14 Quiz and Chapter 15 Quiz Complete/Do: Discussion Forum for the Week For Discussion Forum Questions, use a model or framework (see below) to provide insights into discussion questions that require appraisal, evaluation, assessment, comparison, etc… (analysis and critical thinking) in the question or if the question requires discussion of cost, quality, access to care or structure, process, and outcomes. The URLs below highlight the models suggested for Kissick's Iron Triangle Model and the Donabedian Model. Kissick's Iron Triangle Model https://medicine.yale.edu/news/yale-medicine-magazine/article/the-eternal-triangle-of-a-sound-health-system/ https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8701057/ Donabedian's Model https://www.nejm.org/doi/full/10.1056/NEJMp1605101 https://www.nejm.org/doi/10.1056/NEJMp1605101?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%20%200pubmed https://www.ahrq.gov/talkingquality/measures/types.html
Module 7 February 23 to 28 • The Role of Computers in Health Insurance, Reimbursement Procedures: Getting Paid, and Hospital	Textbook: Read Chapters 16, 17 and 18 Review: Chapter 16, 17 , and 18 Slides Complete/Do: Practice Quizzes for Chapters 16, 17 and 18 Assess: Complete/Do Chapter 16 Quiz and Chapter 17 Quiz (there is not a chapter 18 quiz)

Billing and the UB-04 • Weekly Quizzes • Discussion Forum: Evaluate this course and its content and discuss the most important three (3) items you learned from the course and why are those items important?	Complete/Do: Discussion Forum for the Week For Discussion Forum Questions, use a model or framework (see below) to provide insights into discussion questions that require appraisal, evaluation, assessment, comparison, etc… (analysis and critical thinking) in the question or if the question requires discussion of cost, quality, access to care or structure, process, and outcomes. The URLs below highlight the models suggested for Kissick's Iron Triangle Model and the Donabedian Model. Kissick's Iron Triangle Model https://medicine.yale.edu/news/yale-medicine-magazine/article/the-eternal-triangle-of-a-sound-health-system/ https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8701057/ Donabedian's Model https://www.nejm.org/doi/full/10.1056/NEJMp1605101 https://www.nejm.org/doi/10.1056/NEJMp1605101?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%20%200pubmed https://www.ahrq.gov/talkingquality/measures/types.html
Course Concludes	
7 Module online course ●concludes	

Assignments:

Discussion Forum Posts: Students are required to post a response to the question posted by the instructor. The instructor will post the question at least a week in advance of the due date. A thorough response is typically 300 to 400 words which includes a **minimum of one outside source**. This source cannot be in the form of a newspaper, TV, or magazines and requires a proper citation/reference. Your required textbook can be used but will not count as the external source. In addition to your required post, **you must also read and respond to one other student's response.** This response may not be "I agree or disagree" but rather a thought-out response/analysis based on some reliable source. You must always cite your source used on your original response and in the response to the other student. For Discussion Forum Questions, use a model or framework to provide insights into discussion questions that require appraisal, evaluation, assessment, comparison, etc… (analysis and critical thinking) in the question or if the question requires discussion of cost, quality, access to care or structure, process, and outcomes. The models suggested for discussion forums are Kissick's Iron Triangle Model and the Donabedian Model. A general rubric is at the end of the syllabus.

Weekly Quizzes: You will have one quiz per chapter during the course (2 to 3 quizzes per week of the course); the first week has two (3) chapter quizzes. This is instead of a large mid – term and/or final examination. It will be a multiple choice and true/false exam covering the chapter of the textbook assigned for that week of the course. There will be between 15 - 25 questions. You will be allocated 15 – 25 minutes or more to complete each quiz. Practice Quizzes will be two to three times longer and cover much of each chapter; these are truly practice and not graded and not included in the course final grade.

Other Class Policies:

Late Assignments:

Late assignments will be accepted but deductions will be reflected in the grade. For each day the assignment is late, 5% will be deducted from the total score. The instructor has the discretion to alter this policy in the event of an emergency or illness if the student notifies the instructor in a timely manner. In this event, documentation may be required.

Academic Honesty:

Any student who commits an act of scholastic dishonesty is subject to discipline. Scholastic dishonesty includes, but is not limited to, cheating, plagiarism, collusion, the submission for credit of any work or materials that are attributable in whole or in part to another person, taking an examination for another person, any act designed to give unfair advantage to a student or the attempt to commit such acts.

Cheating

Dishonesty of any kind involving examinations, assignments, alteration of records, wrongful possession of examinations, and unpermitted submission of duplicate papers for multiple classes or unauthorized use of keys to examinations is considered cheating. Cheating includes but is not limited to:

- Using or attempting to use unauthorized materials to aid in achieving a better grade on a component of a class.
- Falsifying or inventing any information, including citations, on an assigned exercise.
- Helping or attempting to help another in an act of cheating or plagiarism.

Plagiarism

Plagiarism is presenting the words or ideas of another person as if they were your own. Materials, even ideas, borrowed from others necessitate full and complete acknowledgment of the original authors. Offering the work of another as one's own is plagiarism and is unacceptable in the academic community. A lack of adequate recognition constitutes plagiarism, whether it utilizes a few sentences, whole paragraphs, articles, books, audio-visual materials, or even the writing of a fellow student. In addition, the presentation of material gathered, assembled or formatted by others as one's own is also plagiarism. Because the university takes such misconduct very seriously, the student is urged to carefully read university policies on Misconduct in Research and Other Scholarly Activity 05.00. Examples of plagiarism are:

- Submitting an assignment as if it were one's own work when, in fact, it is at least partly the work of another.
- Submitting a work that has been purchased or otherwise obtained from an Internet source or another source.

Incorporating the words or ideas of an author into one's paper without giving the author due credit.

Adding/Dropping:
The official deadline for adding and dropping courses is as published in the academic calendar and Graduate Bulletin (typically the day before Census Day). However, students are strongly encouraged to meet with their graduate advisor or the Program Coordinator prior to adding/dropping courses. Movement into and out of classes after the 4th class day requires approval of the Program Director. Students can drop until mid-semester without a WP or WF. Drops after mid-semester require approval of the Dean. Each student is responsible for their own enrollment status with the university.

Disability Accommodations:
UTHSCT abides by Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act, which mandate reasonable accommodations be provided for students with documented disabilities. If you have a disability and may require some type of instructional and/or examination accommodations, please contact me early in the semester so that I can provide or facilitate provision of accommodations you may need. If you have not already done so, you will need to register with the Student Services Office (located on the UT Tyler Campus). You may call 903-566-7079 for more information.

Artificial Intelligence in this Course

UT Tyler is committed to exploring and using artificial intelligence (AI) tools as appropriate for the discipline and task undertaken. We encourage discussing AI tools' ethical, societal, philosophical, and disciplinary implications. All uses of AI should be acknowledged as this aligns with our commitment to honor and integrity, as noted in UT Tyler's Honor Code. Faculty and students must not use protected information, data, or copyrighted materials when using any AI tool. Additionally, users should be aware that AI tools rely on predictive models to generate content that may appear correct but is sometimes shown to be incomplete, inaccurate, taken without attribution from other sources, and/or biased. Consequently, an AI tool should not be considered a substitute for traditional approaches to research. You are ultimately responsible for the quality and content of the information you submit. Misusing AI tools that violate the guidelines specified for this course (see below) is considered a breach of academic integrity. The student will be subject to disciplinary actions as outlined in UT Tyler's Academic Integrity Policy. For this course, **AI is not permitted in this course at all. Please see below.**

I expect all work students submit for this course to be their own. I have carefully designed all assignments and class activities to support your learning. Doing your own work, without human or artificial intelligence assistance, is best for your efforts in mastering course learning objectives. For this course, I expressly forbid using ChatGPT or any other artificial intelligence (AI) tools for any stages of the work process, including brainstorming. Deviations from these guidelines will be considered a violation of UT Tyler's Honor Code and academic honesty values.

AI guidance was adapted from AI Syllabus information from Carnegie Mellon University, Stanford University, The University of Texas at Austin, and The University of Texas at San Antonio. This document was edited for grammar using Grammarly, an AI tool for writing.

References:

Agency for Healthcare Research and Quality (AHRQ). 2017b. Consumer Assessment of Healthcare Providers and Systems. https://www.ahrq.gov/cahps/index.html

Agency for Healthcare Research and Quality (AHRQ). 2014. Health IT for improved chronic disease management. https://healthit.ahrq-funded-projects/emerging-lessons/health-it-improved-chronic-disease-management.

Agonafer EP, Carson SL, Nunez V, Poole K, Hong CS, Morales M, et al. Community-based organizations' perspectives on improving health and social service integration. BMC Public Health. 2021;21(1):1–12. doi: 10.1186/s12889-021-10449-w. - DOI - PMC - PubMed

Alley DE, Asomugha CN, Conway PH, Sanghavi DM. Accountable health communities—addressing social needs through Medicare and Medicaid. N Engl J Med. 2016;374(1):8–11. doi: 10.1056/NEJMp1512532. - DOI - PubMed

Amarashingham R, Xie B, Karam A, Nguyen N, Kapoor B. Using community partnerships to integrate health and social services for high-need, high-cost patients. Issue Brief (Commonw Fund) 2018;2018:1–11. - PubMed

Apenteng BA, Kimsey L, Opoku ST, Owens C, Peden AH, Mase WA. Addressing the social needs of Medicaid enrollees through managed care: lessons and promising practices from the field. Popul Health Manag. 2022;25(1):119–125. doi: 10.1089/pop.2021.0142. - DOI - PMC -PubMed

Baranoff, Etti; Brockett, Patrick L.; & Kahane, Yehuda (2012). Enterprise and Individual Risk Management V 1.0, https://2012books.lardbucket.org/pdfs/enterprise-and-individual-risk-management.pdf

Berkowitz SA, Hulberg AC, Hong C, Stowell BJ, Tirozzi KJ, Traore CY, Atlas SJ. Addressing basic resource needs to improve primary care quality: a community collaboration programme. BMJ Qual Saf. 2016;25(3):164–172. doi: 10.1136/bmjqs-2015-004521. - DOI - PubMed

Blavin F, Smith LB, Ramos C, Ozanich G, Horn A. Opportunities to Improve Data Interoperability and Integration to Support Value-Based Care. 2022.

Cartier Y, Fichtenberg C, Gottlieb LM. Implementing Community Resource Referral Technology: Facilitators And Barriers Described By Early Adopters: A review of new technology platforms to facilitate referrals from health care organizations to social service organizations. Health Aff. 2020;39(4):662–669. doi: 10.1377/hlthaff.2019.01588. - DOI -PubMed

Center for Health Care Strategies [Internet]. Supporting social service and health care partnerships to address health-related social needs: case study series. [updated 2018; cited 2023 Nov 9] Available from: https://www.chcs.org/project/partnership-healthy-outcomes-bridging-commu.... Accessed March 2, 2023.

Chassin MR. 1991. Quality of Care; Time to act. JAMA. 266:3472-3473.

Cohen, R.A., et al. (2019). Health Insurance Coverage: Early Release of Estimates from the National Health Interview Survey, 2018. Retrieved from https://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201905.pdf

Cole MB, Nguyen KH. Unmet social needs among low-income adults in the United States: Associations with health care access and quality. Health Serv Res. 2020;55:873–882. doi: 10.1111/1475-6773.13555.
- DOI - PMC - PubMed

Davis, KL., 2017, March 20. Why the American Health Care Act fell short. https://www.forbes.com/sites/kennethdavis/2017/03/20 compassion-must-drive-health-care-policy/#2d218f4caf6e.

De Lew N, Sommers BD. Addressing social determinants of health in federal programs. InJAMA Health Forum 2022;3(3):e221064-e221064). American Medical Association. -PubMed

Fiori KP, Heller CG, Rehm CD, Parsons A, Flattau A, Braganza S, Lue K, Lauria M, Racine A. Unmet social needs and no-show visits in primary care in a US northeastern urban health system, 2018–2019. Am J Public Health. 2020;110(S2):S242–S250. doi: 10.2105/AJPH.2020.305717. - DOI - PMC - PubMed

Gornick ME. 2000.Vulnerable populations and Medicare services: Why do disparities exist? New York. NY. Century Foundation Press.

Gottlieb L, Tobey R, Cantor J, Hessler D, Adler NE. Integrating social and medical data to improve population health: opportunities and barriers. Health Aff. 2016;35(11):2116–2123. doi: 10.1377/hlthaff.2016.0723.
- DOI - PubMed

Hogg-Graham R, Edwards K, L Ely T, Mochizuki M, Varda D. Exploring the capacity of community-based organisations to absorb health system patient referrals for unmet social needs. Health Soc Care Commun. 2021;29(2):487–95.

Jost T. 2017. March 14. CBO projects coverage loses, cost savings from AHCA; administration signals flexibility to governors on waivers. https://www.healthaffairs.org/do/10.1377/hblog20170314.059186/full/.

KFF. Medicaid State Fact Sheets 2023 [Available from: https://www.kff.org/interactive/medicaid-state-fact-sheets/.

Klein S, Hostetter M. Leveraging Technology to Find Solutions to Patients' Unmet Social Needs. The Commonwealth Fund; June 21, 2017. Available from: https://www.commonwealthfund.org/publications/2017/jun/leveraging-techno...

Massar RE, Berry CA, Paul MM. Social needs screening and referral in pediatric primary care clinics: a multiple case study. BMC Health Serv Res. 2022;22(1):1369. doi: 10.1186/s12913-022-08692-x. - DOI - PMC - PubMed

Moore, R. 2009. Telehealth connected care. Health Manage Technol.30(3):39-40.

Moreno-Camacho CA, Montoya-Torres JR, Jaegler A, Gondran N. Sustainability metrics for real case applications of the supply chain network design problem: A systematic literature review. J Clean Prod. 2019;10(231):600–618. doi: 10.1016/j.jclepro.2019.05.278. - DOI

National Center for Health Statistics (NCHS). 2017. Health, United States, 2016. Hyattsville, M.D. U.S. Department of Health and Human Services.

Petchel S, Gelmon S, Goldberg B. The Organizational Risks Of Cross-Sector Partnerships: A Comparison Of Health And Human Services Perspectives: A legal and policy review to identify potential funding streams specifically for Accountable Communities For Health infrastructure activities. Health Aff. 2020;39(4):574–581. doi: 10.1377/hlthaff.2019.01553. - DOI - PubMed

Rakich JS, et al. 1992. Managing health services organizations. Baltimore, MD: Health Professions Press.

Seligman HK, Laraia BA, Kushel MB. Food insecurity is associated with chronic disease among low-income NHANES participants. J Nutr. 2010;140(2):304–310. doi: 10.3945/jn.109.112573. -DOI - PMC - PubMed

Shi, L., & Singh, D., (2019). U.S. Health Care System. 5 Edition. Jones and Bartlett. Burlington, MA.

Thompson T, McQueen A, Croston M, Luke A, Caito N, Quinn K, Funaro J, Kreuter MW. Social needs and health-related outcomes among Medicaid beneficiaries. Health Educ Behav. 2019;46(3):436–444. doi: 10.1177/1090198118822724. - DOI - PubMed

Torrens PR. 1993. Historical evolution and overview of health services in the United States. In: Williams SJ, Torrens PR, eds. Introduction to health services. 4th ed. New York. NY: Delmar.

Varda DM, Chandra A, Stern SA, Lurie N. Core dimensions of connectivity in public health collaboratives. J Public Health Manag Pract. 2008;14(5):E1–7. doi: 10.1097/01.PHH.0000333889.60517.46. - DOI - PubMed

URLS/Websites:

If you are interested in learning more about the evolution of health insurance in the United States, log on to the PBS website and study the Healthcare Timeline table: http://www.pbs.org/healthcarecrisis/history.htm.

The ACA became law in March 2010. To learn more about this important legislation, log on to http://www.healthcare.gov/.

 For more information on HIPAA, log on to the following website: https://www.hhs.gov/hipaa/index.html.

The following URL will direct your search to an informative website that includes the full text of COBRA: https://www.dol.gov/general/topic/health-plans/cobra.

This website provides more detailed information on healthcare reform: https://www.healthcare.gov/.

Additional websites of interest: • http://kff.org/health-costs/ • https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/ratereview

Note: The Instructor retains the right to change this syllabus to enhance the learning environment.

Rubric for Discussion Board Posts Follows

DISCUSSION BOARD POSTINGS
GRADING CRITERIA

The purpose of the discussion board in an online course is to take the place of the class interchange that would occur in a face-to-face class. It is your opportunity to demonstrate your mastery of the assigned readings and your ability to supplement those readings with expanded exposure to related (and sometimes contrary) information that you will seek in your self-directed quest to understand and be informed. To that end, I will expect you to share ideas you have gained from the literature noting the source and interpreting into your own words. I will also expect that you will use a more complex thought process to dissect and analyze what you read in the literature and in the discussion thoughts of your fellow students as you offer your own insights. I do not care if you use big words or a lot of words (remember, the world values parsimony), but I am eager to read your thoughtful insights into the questions and statements, your analysis of the words and ideas, and your recommendations for future pathways for health care delivery systems. The following information will give you some guidelines and allow you to see thinking processes we will use to assign a grade to the discussion board exercises at the end of the course. Table rubric follows:

CRITERIA/POINTS	1	2	3	4	5
Format and logical progression of posting	Spelling and grammar errors detract from the substance of the posting; random thoughts with no sense of a plan to reach a logical conclusion. No clear main idea or direction for flow of information.		midpoint		Form is superior; obvious attention to proofreading and grammar. Main idea is stated early and clearly; argument or ideas are built using a logical progression of thoughts which are stated clearly and succinctly.
Depth and relevance of post to the topic at hand	Posting shows superficial thinking based on personal experiences or opinions only, there is little consideration of contributions to the topic in the literature or from colleagues. Literature support is not relevant to the topic or major literature contributions are missing. Post strays from topic with much irrelevant information and does not address the intent of the assignment. No references cited.		midpoint		Posting clearly shows evidence of critical thinking and analysis to a substantial depth expected of a doctoral student. Ideas offered are relevant to the topic and show the ability to extrapolate complex ideas from various sources into a coherent argument or statement(s). At least one external relevant reference cited; cited reference(s) are appropriate and indicative of the best knowledge on the topic.
Contribution to the learning community	Posting is largely aimed at self-expression without consideration of the reader. There is no room for dialogue or disagreement and no acknowledgment of the potential contributions of others. The posting is a rehash of old ideas without consideration of how these can advise the future. No evidence is found of making the material consumable or reader friendly.		midpoint		Posting shows an astute awareness of the needs of the learning community with an interest in their growth and knowledge acquisition; attempts to move colleagues into meaningful dialogue and presents creative approaches that are open to discussion. Post contributes to the progression of health care delivery as a scholarly community but is presented in a clear, enlightening, and engaging way.
Punctuality and timeframes	Posting is late leaving little opportunity for student colleague feedback and interchange.		Midpoint		Posted well before deadline with opportunity for student interaction and feedback.

You will be graded on how close you come to the ideal, as indicated in Column 5, and how far you range away from the minimal, as evidenced in Column 1. Grades will consider the discussion forum posts and interchange for the entire course. Faculty discretion will be used to set the actual point value.   The values will be awarded in % in the gradebook in this manner:

20 pts   =100%; 19 pts = 95%; 18 pts = 90%; 17 pts = 85%; 16 pts = 80%; 15 pts = 75%; 14 pts = 70%, Etc….

Rubric for response to other posts for the entire course

Responds to another student in a logical, clear, insightful manner using respectful language and engages discussion by adding a new idea or solidifies original post.	No point deductions
Responds to another student but the response is very terse, does not contribute to the body of knowledge, and does not move discussion in a meaningful dialogue.	Deduction of 2 points for each discussion forum
Does not respond to any other student	Deduction of 4 points for each discussion forum

Your total point value will be determined by the value for your original post minus deductions (if any) for not responding to one other student.