Course Name: Advanced Principles of Revenue Cycle Management   
Course Prefix: HIM  
Course Number: 3610  
             Submitted by (Name & E-Mail):  Pat Shaw, pshaw@weber.edu

Current Date:  10/27/2013  
College: Health Professions  
Department:   Health Admin Services                                
From Term: Summer  2014

Substantive

|  |  |
| --- | --- |
| new | Current Course Subject N/A Current Course Number |

**New/Revised Course Information:**

|  |  |
| --- | --- |
| Subject:  HIM  Course Number: 3610 | Check all that apply:  *This is for courses already approved for gen ed.     Use a* [*different form*](http://documents.weber.edu/catalog/forms.htm) *for proposing a new gen ed designation.* DV  CA  HU  LS  PS  SS  EN  AI  QL  TA  TB  TC  TD  TE |

Course Title: Advanced Principles of Revenue Cycle Management

Abbreviated Course Title: Advanced Principles of RCM

|  |  |
| --- | --- |
| Course Type: | LEC |

Credit Hours:  3  **or** if variable hours:    to

Contact Hours: Lecture   Lab    Other

Repeat Information:  Limit 0   Max Hrs 0

Grading Mode:  standard

|  |  |
| --- | --- |
| This course is/will be: | a required course in a major program a required course in a minor program a required course in a 1- or 2- year program elective |

Prerequisites/Co-requisites:

HIM 2330 or Instructor approval

Course description (exactly as it will appear in the catalog, including prerequisites):

Elements of the revenue cycle are reviewed. Principles of revenue cycle management are examined including: scope and management of clinical coded data, process improvement and data quality, compliance, internal and external auditing, reporting, case-mix management, and changes in revenue cycle management.

**Justification** for the new course or for changes to an existing course. (Note: Justification should emphasize academic rationale for the change or new course. This is particularly important for courses requesting upper-division status.)

This course will build on knowledge gained from previous reimbursement and coding courses (HIM 2300, HIM 2320, HIM 2330 and HIM 2410). Students will develop skills in claims management, auditing, compliance with regulatory, HIPAA, Office of the Inspector General requirements, and Recovery Audit Contractors for healthcare reimbursement and claims. There is a need for formal education in our region and the addition of this course will provide individuals with the education necessary to earn expert level certifications in coding or clinical documentation improvement.  
  
This course will be an elective course for students in the BS degree in HAS: Health Information Management. The addition of this course will provide students who transfer to Weber from other associate degree programs in HIM the opportunity earn upper division credit in their area of interest and concentration. This course will also provide the advanced coding, auditing and claims management knowledge and expertise to advance career opportunities and earn expert-level certifications. This course will be marketed to graduates from our Institutional Certificate in Health Care Coding and our AAS degree program in Health Information Technology as well as individuals in the healthcare industry.

**INFORMATION PAGE**for substantive proposals only

1. Did this course receive unanimous approval within the Department?

true

If not, what are the major concerns raised by the opponents?

2. If this is a new course proposal, could you achieve the desired results by revising an existing course within your department or by requiring an existing course in another department?

No, because this course will go beyond what is taught in all existing courses.

3. How will the proposed course differ from similar offerings by other departments? Comment on any subject overlap between this course and topics generally taught by other departments, even if no similar courses are currently offered by the other departments. Explain any effects that this proposal will have on program requirements or enrollments in other department. Please forward letters (email communication is sufficient) from all departments that you have identified above stating their support or opposition to the proposed course.

No other course on campus teaches content in healthcare claims management.

4. Is this course required for certification/accreditation of a program?

no

If so, a statement to that effect should appear in the justification and supporting documents should accompany this form.

5. **For course proposals**, e-mail a syllabus to [Faculty Senate](mailto:kbrown4@weber.edu) which should be sufficiently detailed that the committees can determine that the course is at the appropriate level and matches the description. **There should be an indication of the amount and type of outside activity required in the course (projects, research papers, homework, etc.)**.

WEBER STATE UNIVERSITY

DUMKE COLLEGE OF HEALTH PROFESSIONS

Health Administrative Services

**HIM 3610 Advanced Principles of Revenue Cycle Management**

**Course Description:**

Elements of the revenue cycle are reviewed. Principles of revenue cycle management are examined including: scope and management of clinical coded data, process improvement and data quality, compliance, internal and external auditing, reporting, case-mix management, and changes in revenue cycle management.

**Instructor:** TBD

**Text:**

Schraffenberger, L., and Kuehn, L. (2011) *Effective Management of Coding Services.* Chicago, IL: AHIMA. ISBN: 978-1-58426-234-2

Course Objectives:  Upon completion of this course, the student will be able to:

1. Define and understand the components of the revenue cycle
2. Explain healthcare reimbursement methodology
3. Identify key components that effect the revenue cycle
4. Understand the complexities of the coding function and how it relates to the revenue cycle, audits, reporting, and other key factors
5. Develop knowledge and skills in recruitment, staffing, and coding function management
6. Describe the steps in performance and process improvement
7. Understand the importance of data quality
8. Define and explain the significance of compliance with state and federal laws and regulations in regards to health information functions
9. Understand the auditing process and have experience responding to audits
10. Know how to access reporting regulations and understand the role that coded data has in reporting
11. Understand the uses of coded data and the significance of the data
12. Define value-based purchasing and describe its importance in reimbursement methodology
13. Understand case-mix methodology
14. Gain awareness regarding changing landscape of revenue cycle management

**Course Schedule:**

Week 1 Components of the Revenue Cycle/ Reimbursement Methodologies

**QUIZ 1**

Week 2 Structure and Function of the Coding Function

**QUIZ 2**

Week 3 Coding Staff Recruitment and Retention Issues/Alternate Staffing

**ASSIGNMENT 1:** Managing the Coding Function

Week 4 Coding in Specialized Care Settings

**QUIZ 3**

Week 5 Classifications and Terminologies/ Charge Description Master

**QUIZ 4**

Week 6 Performance/Process Improvement

**QUIZ 5**

Week 7 Coding and Data Quality

**MIDTERM EXAM**

Week 8 Compliance/Auditing

**ASSIGNMENT 2:** Responding to a RAC Audit

Week 9 Reporting

**QUIZ 6**

Week 10 Revenue Cycle Principles

**QUIZ 7**

Week 11 Case-Mix Methodologies

**QUIZ 8**

Week 12 Uses of Coded Data

**QUIZ 9**

Week 13 Value-Based Purchasing

**ASSIGNMENT 3:** Revenue Cycle Management

Week 14 Changing Landscape of Revenue Cycle Management

Week 15 **Final Exam**

Grading:  Please see the assignment and examination pages for due dates.  Grades will be determined on a total point basis.

|  |  |
| --- | --- |
| QUIZZES | 270 points |
| ASSIGNMENTS | 150 points |
| MIDTERM EXAM | 80 points |
| FINAL EXAM | 100 points |
| **Total** | 600 points |

**Grading Scale for all HAS/HIM courses:**

|  |  |  |
| --- | --- | --- |
| Percentage |  | Grade |
| 94-100% | = | A |
| 90-93% | = | A- |
| 87-89% | = | B+ |
| 83-86% | = | B |
| 80-82% | = | B- |
| 77-79% | = | C+ |
| 73-76% | = | C |
| 70-72% | = | C- |
| 67-69% | = | D+ |
| 63-66% | = | D |
| 60-62% | = | D- |
| Below 60% | = | E |

**Cheating/Coercion:** Cheating and other coercion on course work that has not been assigned as a group project will be dealt with using the WSU policy from the Student Code handbook (see pages 7 and 8).  Specific sanctions that typically apply to cheating during test-taking or to cheating on class assignments are listed below.

1. Warning.  A warning will be issued if the incident cannot be verified beyond a reasonable doubt.  A warning is a verbal or written notice to a student that his or her conduct may be in violation of WSU rules and regulations and that the continuation of such conduct or actions may result in further disciplinary action.

2. Grade reduction.  Reduction by one full letter grade of the student's grade for the course (for example, A- to B-, B to C, etc.) will be implemented if the student has previously committed no verifiable acts of cheating.

3. Failure of course.  A failing grade for the course will be implemented if the student has previously participated in at least one verifiable act of cheating.

Incidents of cheating may be reported to other programs within the Dumke College of Health Professions.

**Student Accommodations:** Any student requiring accommodations or services due to a disability must contact the Services for Students with Disabilities (SSD) in room 181 of the Student Services Center.  SSD can also arrange to provide course materials (including the syllabus) in alternative formats if necessary.  For more information about the SSD contact them at 801-626-6413.