### Course Change Proposal

**Form A**

<table>
<thead>
<tr>
<th>Academic Group (College):</th>
<th>Academic Organization (Department):</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Human Services</td>
<td>Physical Therapy</td>
<td>2/8/2011</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Course Proposal:</th>
<th>Department Chair:</th>
<th>Submitted by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>New ___ Change <em>x</em> Deletion ___</td>
<td>Dr. McGinty</td>
<td>Dr. Lewis</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Does this course fulfill a requirement for single-subject or multiple subject credential students?</th>
<th>For Catalog Copy:</th>
<th>Semester Effective:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes ___ No <em>x</em></td>
<td>Yes <em>x</em> No ___</td>
<td>Fall <em>x</em> Spring _2012</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CCE (Extension):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes ___ No <em>x</em></td>
<td></td>
</tr>
</tbody>
</table>

This course replaces experimental course Subject Area (prefix) and Catalog Nbr (course number):

If changing an existing course, should new version be considered a repeat of the original version? If so, the same Course ID will be maintained. If not, a new Course ID will be assigned. Note: In PeopleSoft terminology, the Course ID is the unique system identifier, not the Catalog Nbr.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes ___ No ___</td>
<td></td>
</tr>
</tbody>
</table>

### Change from:

<table>
<thead>
<tr>
<th>Subject Area (prefix) &amp; Catalog Nbr (course no.):</th>
<th>Title:</th>
<th>Units:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PT248</td>
<td>Health Care Delivery in Physical Therapy I</td>
<td>2</td>
</tr>
</tbody>
</table>

### Change to:

<table>
<thead>
<tr>
<th>Subject Area (prefix) &amp; Catalog Nbr (course no.):</th>
<th>Title:</th>
<th>Units:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PT 648</td>
<td>Health Care Delivery in Physical Therapy I</td>
<td>2</td>
</tr>
</tbody>
</table>

### JUSTIFICATION:

This course is being changed as part of the curriculum changes with the new DPT program required for continued accreditation for the program. The course has been upgraded to reflect the expectations in a doctoral program.

### NEW COURSE DESCRIPTION:

(Not to exceed 80 words, and language should conform to catalog copy. See [link](http://www.csus.edu/umanual/acad.htm) - Guidelines for Catalog Course Description)

This course provides an historical overview of health care delivery and financing in the U.S. up to and including the current effects on the delivery of physical therapy care. The continuum of care concept, an overview of national economic policy and the mechanisms for financing physical therapy services will be presented. Administrative topics including human resources, financial management, planning, marketing, patient’s rights, and medical record management will be covered. Open to Physical Therapy Majors Only.

### Note:

**Prerequisite:**

BIO 633, PT 600, PT 602, PT 604, PT 606, PT 608, PT 630, PT 614, PT 618, PT 620, PT 622, PT 632, PT 634, PT 636, PT 638, PT 624, PT 625, PT 626, PT 640, PT 646

**Enforced at Registration:** Yes _x_ No _x_

**Corequisite:**

PT 627, PT 644, PT 645, PT 662, PT 669

**Enforced at Registration:** Yes _x_ No _x_

**Graded:** Letter _x_ Credit/No Credit

**Instructor Approval Required?** Yes _x_ No _x_

**Course Classification (e.g., lecture, lab, seminar, discussion):** Lecture C-O2

**Title for CMS (not more than 30 characters):**

Health Care Delivery in PT I

**Cross Listed?**

Yes _x_ No _x_

If yes, do they meet together and fulfill the same requirement, and what is the other course?

**How Many Times Can This Course be Taken for Credit?** Once

Can the course be taken for Credit more than once during the same term? Yes _x_ No _x_
FOR NEW COURSE PROPOSALS OR SUBSTANTIVE CHANGES ONLY:

Description of the Expected Learning Outcomes: Describe outcomes using the following format: “Students will be able to: 1), 2), etc.” See the example at http://www.csus.edu/acaf/example.htm

At the completion of this course the student will be able to:

Goal 1.0: Demonstrate Professional Physical Therapist Effectiveness

1.10 Demonstrate the ability to plan, organize, administer, direct, and supervise human and fiscal resources for physical therapy practice management, including:
   1.10.1 Billing and reimbursement.
   1.10.2 Electronic medical records documentation.
   1.10.3 Contemporary electronic communication.
   1.10.5 Patient rights, consent, confidentiality and the Health Information Portability and Privacy Act (HIPPA).

Goal 2.0: Demonstrate Professional Behaviors

2.2 Communicate effectively for varied audiences and purposes.
   2.2.1 Discuss difficult issues with sensitivity and objectivity.
       2.2.1.1 Appropriately utilize communication technology efficiently, professionally, and effectively.
   2.3 Participate in professional activities that serve the community and advance the profession of physical therapy.
       2.3.1 Recognize the importance of participation in professional association activities.
       2.3.2 Recognize one’s role as a member and leader of the health care team.

2.4 Recognize the need for personal and professional development.
   2.4.1 Assume responsibility for professional lifelong learning.
   2.4.2 Accept responsibility and demonstrate accountability for professional decisions.
   2.4.3 Recognize own biases and suspend judgments based on biases.

2.5 Demonstrate entry level generic abilities, including:
   2.5.1 Professional accountability and commitment to learning.
   2.5.2 Recognition of one’s own limitations.
   2.5.3 Effective use of constructive feedback.
   2.5.4 Effective use of time and resources.
   2.5.5 Demonstrate integrity, compassion, and courage in all interactions.

Goal 3.0: Practice in an Ethical and Legal Manner

3.1 Practice physical therapy in a manner consistent with established legal and professional standards.
   3.1.1 Demonstrate awareness of and adherence to state licensure regulations.
   3.1.2 Practice within all applicable regulatory and legal requirements.
   3.1.3 Demonstrate the ability to search and find information about laws and regulations pertaining to physical therapy practice from state and federal electronic sources.
   3.1.4 Demonstrate accountability by adhering to laws and regulations governing physical therapy fiscal management.

3.2 Practice in a manner consistent with the professional code of ethics
   3.2.1 Demonstrate knowledge and application of ethical decision-making.

**Attach a list of the required/recommended course readings and activities [Note: it is understood that these are updated and modified as needed by the instructor(s).] This attachment should be forwarded only to your Dean’s office, not Academic Affairs.

Assessment Strategies: A description of the assessment strategies (e.g., portfolios, examinations, performances, pre-and post-tests, conferences with students, student papers) which will be used by the instructor to determine the extent to which students have achieved the learning outcomes noted above:

Grade points will be awarded on the following basis:

<table>
<thead>
<tr>
<th>Three Examinations</th>
<th>85%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class Project (60% on group cohesion, 40% on individual presentation)</td>
<td>15%</td>
</tr>
</tbody>
</table>

Students are responsible for appropriate behaviors as defined by the generic abilities. Failure to comply with behavioral expectations during class or lab may result in a student first being warned that behavior is inappropriate, then, if inappropriate behavior continues, a student may be asked to leave a class or lab. Repeated failure to comply with behavioral expectations can lead to failure in the course.

COURSE PROJECT:

Students will work in groups of four persons. Each group will complete a project on financial reimbursement considerations for a physical therapy practice setting. You will present your report on the either the second to the last (dead week) or last (final’s week) class meeting (as assigned by the instructor).
For whom is this course being developed?
Majors in the Dept. __ Majors of other Depts. __ Minors in the Dept. __ General Education __ Other __
Is this course required in a degree program (major, minor, graduate degree, certificate)? Yes __ No __
If yes, identify program(s): DPT

Does the proposed change or addition cause a significant increase in the use of College or University resources (lab room, computer facilities, faculty, etc.)? Yes __ No __
If yes, attach a description of resources needed and verify that resources are available.

Indicate which department or programs will be affected by the proposed course (if any). __________ Physical Therapy __________

The Department Chair’s signature below indicates that affected programs have been sent a copy of this proposal form.

Approvals: If proposed change, new course or deletion is approved, sign and date below. If not approved, forward without signing to the next reviewing authority, and attach an explanatory memorandum to the original copy.

<table>
<thead>
<tr>
<th>Signatures:</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department Chair:</td>
<td></td>
</tr>
<tr>
<td>College Dean or Associate Dean:</td>
<td>2-10-01</td>
</tr>
<tr>
<td>CPSP (for school personnel courses ONLY)</td>
<td></td>
</tr>
<tr>
<td>Associate Vice President and Dean for Academic Programs</td>
<td></td>
</tr>
</tbody>
</table>

Distribution: Academic Affairs (original), Department Chair and College Dean. Dean’s office to send original after approval to Academic Affairs, at mail zip 6016. An electronic copy must also be sent.

9/10/2008
CALIFORNIA STATE UNIVERSITY, SACRAMENTO
Department of Physical Therapy
PT 648 - Health Care Delivery in Physical Therapy I
Midterm

Name _______________________

1. Which payment system is best described by the following: The patient pays a premium to an insurance company for health care coverage. The patient (rather than the insurance company) chooses the health care provider (e.g. physician, physical therapist) he/she wishes to be treated by without any financial restrictions imposed by the insurance company. The insurance company pays the provider for each service the provider delivers to the patient.
   
   A. Indemnity fee-for-service
   B. Health maintenance organization managed care system (HMO)
   C. Preferred provider fee-for-service program
   D. Capitated Pay System
   E. Case rate pay system

2. T F Under a “cost basis” reimbursement system, the financial incentive for the health care provider is to see the patient as many times as possible.

3. T F Under an indemnity fee-for-service reimbursement system, the financial incentive for the provider is to see the patient as few times as possible.

4. T F Under a health maintenance organization (HMO) reimbursement system, the financial incentive for the provider is to see the patient as few times as possible.

5. T F Managed care companies that reimburse providers on a capitated rate shift the financial risk for excessive health care costs from the third party payer to the providers.

6. T F An advantage, as a consumer, of belonging to a HMO, as opposed to buying an indemnity fee-for-service health insurance policy, is that your out-of-pocket expenses for healthcare will be lower.

7. Which of the following are true of a physical therapy outpatient clinic that “accepts assignment” from Medicare?

   A. The clinic can only receive payment for charges that Medicare approves.
   B. The clinic is not required to try to collect the co-payment associated with Medicare approved charges from patients.
   C. The clinic can charge Medicare patients what they want and collect the balance of the full charge from the patient regardless of what percentage of the bill Medicare pays
   D. The clinic can only be reimbursed for treating patients covered by Medicare.
   E. A & D
8.  T  F  Medicaid in California is called Medicare.

9.  A method third party payers for health services shift financial risk from themselves to health care consumers is to:

   A. Charge the consumer a higher co-payment
   B. Charge the consumer a higher premium
   C. Increase the deductible amount the consumer is responsible for
   D. All of the above
   E. A & B

10. Advantages of a physical therapy clinic belonging to a preferred provider organization include which of the following?

   A. It allows physical therapists in California to provide direct access to enrollees in the preferred provider organization.
   B. It can capture a larger market share of patients because more patients are eligible to come to your clinic for physical therapy care.
   C. Clinics usually receive a higher fee-for-service reimbursement rate for patient care.
   D. Clinics can market to physicians that the clinic accepts patients with the preferred provider coverage (along with many other types of coverage) making it easier for physicians to refer the clinic patients.
   E. B & D

11. Which reimbursement method list below is described by the following? A facility is reimbursed for a patient’s treatment a specified amount each day the patient is treated in the facility. Usually a specified number of days are designated for specific problems. This method of reimbursement is usually used for inpatient stays.

   A. Case Rate Method
   B. Per Diem Method
   C. Cascade System Method
   D. Capitated Rate Method
   E. Prospective Pay Method

12. A physical therapy clinic that is included in a network of providers that delivers a wide spectrum of health care services (a lot of different types of health care services) is considered to be a part of what type of alliance?

   A. Horizontal    B. Diagonal    C. Vertical    D. Perpendicular    E. Circular
13. Which of the following practitioners is not considered a primary care practitioner in California?

A. Dentist  
B. Podiatrist  
C. Chiropractor  
D. Physical Therapist  
E. None of the above

14. Which of the following practitioners is not considered a diagnostician in California?

A. Dentist  
B. Podiatrist  
C. Chiropractor  
D. Physical Therapist  
E. None of the above

15. T F Skilled nursing facilities are reimbursed for rehabilitation services from Medicare under Medicare B coverage only.

16. What is the advantage for a patient to have Medicare benefits assigned to a managed care company?

A. Shifts the financial risk of healthcare costs from Medicare to the MCO.  
B. The MCO may provide some benefits to the patient that Medicare does not.  
C. The MCO provides all the benefits that Medicare does without the patient completing paper work.  
D. All the above  
E. A & B

17. T F Most home health agencies are reimbursed by Medicare on a prospective payment system.

18. T F A “Gatekeeper” is the primary care physician who determines which patients need specialized care, and which patients do not.

19. What health insurance program(s) was specifically designed providing health coverage for the medically indigent?

A. Medicare  
B. Worker’s Compensation  
C. Medicaid  
D. Kaiser  
E. C & D

20. If a patient has health insurance which covers 80% of his/her physical therapy charges, what is the 20% portion of the charges that the patient is responsible called?
A. Deductible
B. Premium
C. Co-payment
D. Cascade payment
E. B & D

21. In what health care setting would you find a physical therapist participating in the continuum of care on the inpatient level?

A. Skilled Nursing Facility
B. Ergonomic Evaluation Setting
C. Outpatient Physical Therapy Clinic
D. Elementary School Pediatric Setting
E. Home Health Setting

22. In what health care settings would you find a physical therapist participating in the continuum of care on the ambulatory care level?

A. Skilled Nursing Facility
B. Acute Neuro Rehabilitation Setting
C. Outpatient Physical Therapy Clinic
D. Board and Care Facility
E. Home Health Setting

23. In what health care setting would you find a physical therapist participating in the continuum of care in a setting other than an acute or ambulatory care setting?

A. Skilled Nursing Facility
B. Ergonomic Evaluation Setting
C. Outpatient Physical Therapy Clinic
D. Elementary School Pediatric Setting
E. Home Health Setting

24. T F Direct access to physical therapy has occurred when a physical therapist evaluates and treats a patient that has not received a diagnosis by a licensed diagnostician.

25. T F In California, a physical therapist can legally evaluate and treat a patient that has received a diagnosis by a licensed diagnostician even if the diagnostician did not write a prescription for physical therapy.
26. Identify the developments in health care during the 1960s, 70s, and 80s that lead to the proliferation of managed health care in some parts of the country.

   A. Passage of the Social Security Act providing for Medicare.
   B. Medicare reimbursing providers on a “cost basis”.
   C. Development of sophisticated and expensive medical treatments not previously utilized.
   D. All of the above.
   E. A & C

27. You are likely to use the MDS (Minimum Data Set) to determine a Medicare patient’s RUG (Resource Utilization Group) in which of the following settings?

   A. Outpatient Clinic
   B. Skilled Nursing Facility
   C. Home Health
   D. California Children’s Services Medical Treatment Unit
   E. Acute Hospital

28. Diagnosis related groupings (DRGs) pertain to which of the following:

   A. Outpatient Clinic
   B. Skilled Nursing Facility
   C. Home Health
   D. California Children’s Services Medical Treatment Unit
   E. Acute Hospital

29. Which of the following best describes the cascading reimbursement system used by Workers’ Compensation payers?

   A. Workers are reimbursed disability payments on a declining schedule. The first month they receive 100% of their salary, the second month 75% of their salary, the third month, 50% of their salary, and the fourth month 25% of their salary.
   B. Up to four physical therapy visits are reimbursed: The first visit is reimbursed at 100%, the second reimbursed at 75%, the third reimbursed at 50%, and the fourth reimbursed at 25%.
   C. The number of physical therapy visits is decreased over time: The weeks the patient can receive 4 physical therapy visits, the second week 3 visits, the third week 2 visits, and the fourth week 1 visit.
   D. Up to four physical therapy procedures are reimbursed each visit: The first procedure is reimbursed at 100%, the second reimbursed at 75%, the third reimbursed at 50%, and the fourth reimbursed at 25%.
   E. Up to four medical practitioners can be seen per episode: The first practitioner is reimbursed at 100%, the second is reimbursed at 75%, the third is reimbursed at 50%, and the fourth is reimbursed at 25%.

30. The private insurance companies that administer the financial distributions of the Medicare
Program are called:

A. Fiscal surrogates
B. Federal insurance administrators
C. Regional payers
D. Regional administrators
E. Fiscal intermediaries

31. T F Workers' Compensation insurance premiums are paid for by the worker.

32. T F Workers' Compensation provides medical benefits to injured workers, but not disability benefits.

33. T F The Resource Utilization Group a patient is assigned to in a skilled nursing facility is decided upon the first day the patient arrives at the facility.

34. T F A physical therapist should advise her elderly patient that the outpatient services the patient will be receiving will be covered by Medicare Part B (if the patient has Part B).

35. T F A physical therapist should advise her elderly patient that the home services the patient will be receiving will be covered by Medicare Part A as long as the patient is home bound.

36. When a patient goes to see a physician at a HMO that employs all of the physicians that treat the HMO's patients, which of the following is true?

   A. The patient is going to see an open panel provider
   B. The patient is going to see a preferred provider
   C. The patient is going to see a member of an independent practice association
   D. The patient has to make a payment to the HMO on a capitated basis
   E. None of the above

37. When a patient belongs to an HMO but goes to see a physician that is not affiliated with the HMO at all for specialty care and the HMO reimburses the physician on a fee-for-service basis, which of the following are true?

   A. The patient has a point of service plan with the HMO
   B. The patient is going to see a preferred provider
   C. The patient is going to see a member of an independent practice association
   D. The patient has is going to an out of network provider
   E. None of the above

38. T F The United States has a universal healthcare system for all citizens.

39. T F The United States has a universal healthcare system for all citizens over the age of 65 years.
40. Which of the following model best describes the healthcare system of the United States.

A. Communism
B. Socialism
C. Welfare
D. Comprehensive Health Care
E. Entrepreneurial

41. T  F  The assessment reference date (ARD) is an important date to know in an outpatient clinic.

42. T  F  A case rate reimbursement to a physical therapists may be a (reduced) fee-for-service reimbursement for a limited number of treatments.
CALIFORNIA STATE UNIVERSITY, SACRAMENTO
College of Health and Human Services
Department of Physical Therapy

PT 648 - Health Care Delivery in Physical Therapy I

Spring Semester

COURSE CREDIT: 2 units

INSTRUCTOR: TBA
Phone
FAX
e-mail
office hours

LOCATION: TBA

TIME: TBA

COURSE DESCRIPTION:
This course provides an historical overview of health care delivery and financing in the U.S. up to and including the current effects on the delivery of physical therapy care. The continuum of care concept, an overview of national economic policy and the mechanisms for financing physical therapy services will be presented. Administrative topics including human resources, financial management, planning, marketing, patient’s rights, and medical record management will be covered. Open to Physical Therapy majors only.

PREREQUISITES
BIO 633  Human Gross Anatomy for Physical Therapists
PT 600  Pathokinesiology
PT 608  PT/Patient/Professional Interactions
PT 630  Pathophysiology
PT 602  Evidence Informed Practice I
PT 604  Principles of Human Movement
PT 606  Therapeutic Measurements and Techniques
PT 614  Neuroscience for Physical Therapists
PT 618  Foundations for Patient Management
PT 620  Physical Therapy Interventions I
PT 622  Evidence Informed Practice II
PT 632  Pharmacology for Physical Therapists
PT 634  Diagnostic Imaging for Physical Therapists
PT 636  Geriatrics/Gerontology for Physical Therapists
PT 638  Health, Wellness and Ergonomics in Physical Therapy
PT 624  Adult Neuromuscular Patient Management I
PT 625  Musculoskeletal Patient Management I
PT 626  Clinical Agents
PT 640  Physical Therapy Interventions II
PT 646  Acute Care and Cardiopulmonary Physical Therapy

CO-REQUISITES
PT 644  Adult Neuromuscular Patient Management II
PT 645  Musculoskeletal Patient Management II
PT 648  Health Care Delivery in Physical Therapy I
PT 669  Psychosocial Issues in Physical Therapy
PT 662  Differential Diagnosis in Physical Therapy

REQUIRED TEXT:

RECOMMENDED READINGS/TEXTS:
Medicare and You 2009 – An explanation of Medicare benefits provided by the United States Government to the public at: [http://www.medicare.gov/Publications/Pubs/pdf/10050.pdf](http://www.medicare.gov/Publications/Pubs/pdf/10050.pdf)

Managed Care Glossary – A list of terms that pertain to managed care reimbursement at: [http://aspe.hhs.gov/Progsys/forum/mcobib.htm](http://aspe.hhs.gov/Progsys/forum/mcobib.htm)

California Workers Compensation – information pertaining to Workers Comp coverage in CA [http://www.dir.ca.gov/dwc/dwc_home_page.htm](http://www.dir.ca.gov/dwc/dwc_home_page.htm)

COURSE OBJECTIVES:
All course objectives reference Program Educational Goals and Related Objectives. At the conclusion of this course the student is expected to:

**Goal 1.0:** Demonstrate Professional Physical Therapist Effectiveness

1.10  Demonstrate the ability to plan, organize, administer, direct, and supervise human and fiscal resources for physical therapy practice management, including:
   1.10.1  Billing and reimbursement.
   1.10.2  Electronic medical records documentation.
   1.10.3  Contemporary electronic communication.
   1.10.5  Patient rights, consent, confidentiality and the Health Information Portability and Privacy Act (HIPPA).

**Goal 2.0:** Demonstrate Professional Behaviors

2.2  Communicate effectively for varied audiences and purposes.
   2.2.1  Discuss difficult issues with sensitivity and objectivity.
       2.2.1.1  Appropriately utilize communication technology efficiently, professionally, and effectively.

2.3  Participate in professional activities that serve the community and advance the profession of physical therapy.
2.3.1 Recognize the importance of participation in professional association activities.
2.3.2 Recognize one’s role as a member and leader of the health care team.

2.4 Recognize the need for personal and professional development.
2.4.1 Assume responsibility for professional lifelong learning.
2.4.2 Accept responsibility and demonstrate accountability for professional decisions.
2.4.3 Recognize own biases and suspend judgments based on biases.

2.5 Demonstrate entry level generic abilities, including:
2.5.1 Professional accountability and commitment to learning.
2.5.2 Recognition of one’s own limitations.
2.5.3 Effective use of constructive feedback.
2.5.4 Effective use of time and resources.
2.5.5 Demonstrate integrity, compassion, and courage in all interactions.

**Goal 3.0: Practice in an Ethical and Legal Manner**

3.1 Practice physical therapy in a manner consistent with established legal and professional standards.
3.1.1 Demonstrate awareness of and adherence to state licensure regulations.
3.1.2 Practice within all applicable regulatory and legal requirements.
3.1.3 Demonstrate the ability to search and find information about laws and regulations pertaining to physical therapy practice from state and federal electronic sources.
3.1.4 Demonstrate accountability by adhering to laws and regulations governing physical therapy fiscal management.

3.2 Practice in a manner consistent with the professional code of ethics
3.2.1 Demonstrate knowledge and application of ethical decision-making.

**TEACHING STRATEGIES AND LEARNING ACTIVITIES:**
1. Reading assignments
2. Lecture by instructor and expert guest speakers
3. Class discussions
4. Group projects and presentations
5. Examinations, quizzes, written assignments

**GRADING PROCEDURES:**

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>94-100%</td>
</tr>
<tr>
<td>A-</td>
<td>90-93%</td>
</tr>
<tr>
<td>B+</td>
<td>87-89%</td>
</tr>
<tr>
<td>B</td>
<td>83-86%</td>
</tr>
<tr>
<td>B-</td>
<td>80-82%</td>
</tr>
<tr>
<td>C+</td>
<td>77-79%</td>
</tr>
<tr>
<td>C</td>
<td>73-76%</td>
</tr>
<tr>
<td>C-</td>
<td>70-72%</td>
</tr>
<tr>
<td>D+</td>
<td>67-69%</td>
</tr>
<tr>
<td>D</td>
<td>63-66%</td>
</tr>
<tr>
<td>D-</td>
<td>60-62%</td>
</tr>
<tr>
<td>F</td>
<td>59% &amp; below</td>
</tr>
</tbody>
</table>

Grade points will be awarded on the following basis:
Three Examinations ........................................................................................................85%
Class Project (60% on group cohesion, 40% on individual presentation)....................15%

Students are responsible for appropriate behaviors as defined by the generic abilities.
Failure to comply with behavioral expectations during class or lab may result in a student
first being warned that behavior is inappropriate, then, if inappropriate behavior continues, a student may be asked to leave a class or lab. Repeated failure to comply with behavioral expectations can lead to failure in the course.

COURSE PROJECT:

Students will work in groups of four persons. Each group will complete a project on financial reimbursement considerations for a physical therapy practice setting. You will present your report on either the second to the last (dead week) or last (final’s week) class meeting (as assigned by the instructor).

COURSE OUTLINE:

Week 1 –

Week 2 – Holiday

Week 3 –
The history and trends of healthcare in the United States. US Healthcare compared to the healthcare systems of other countries. Financial reimbursement systems in healthcare. Suggested reading: Nosse - Chpts 1 & 2

Week 4 –
Financial reimbursement systems in healthcare; Third Party Reimbursement Issues & What They Mean to the Provision of Health Care

Week 5 –
8 am: Scott Fuqua, PT Fuqua Physical Therapy, Inc. – Managed care in private practice
9 am: Tim Sherman, PT Kaiser Point West - Physical Therapy in a Health Maintenance Organization Setting

Week 6 –
8 am: Greg Lee, PT Burger Rehabilitation– Skilled Nursing Facility Reimbursement
Reading Assignment – Nosse Chpts 3-6, 13-15

Week 7 –
8 am: Exam #1 (Covers information through Greg Lee’s talk)
9 am: Financial Statements, Productivity & Pricing Concepts, Facility Planning
Reading Assignment – Nosse Chpts 3-6, 13-15, 21-22

Week 8 –
Malpractice, Generic Standards of Practice (as opposed to the American Physical Therapy
Association’s Standards of Practice), Risk Management, Reading Assignment – Nosse Chpt 8

Week 9 -
  8 am: Medical Records Management & Laws, Release of Records, Design of Records, Patient Classification Codes, Quality Assurance, Referral Laws, Patient’s Rights, Reading Assignment – Nosse Chpt 9-10, 17 Handouts
  9 am: Elizabeth Johnson, Human Resource Manager at Burger Rehabilitation

Week 10 –
  8 am: Exam #2
  Reading Assignment – Nosse Chpt 17

Week 11 –
  Marketing Physical Therapy
  Reading Assignment – Nosse Chapters 18-19
  Fundamental Administrative Theory, Organizational Behavior Concepts
  Billing Coding (Diagnostic & Treatment) and Outpatient Billing Compliance Concepts
  Reading Assignment – Nosse Chpts 9, 21

Week 12 –
  7:30 – 9:15 am: Kyle Yamashiro, PT Rancho Murieta Physical Therapy - Private Practice Administrative Overview in Today’s Health Care Environment (FIELD TRIP)

Week 13 -
  Work independently on presentations

Week 14 –
  8 am: Exam #3

Week 15 -
  Student Presentations

Week 16 - Final Examination Week
  Student Presentations

**content and schedule of syllabus subject to change**