

Good research paper about healthcare funding and financial planning

[Economics](#), [Money](#)



Sources of Revenue, which may help in the Monetary Forecasting for Healthcare Firms

Insurance Billing

Nouveau Health revenue could come from billing of patient care services. It implies billing to existing private insurance firms and federal Medicare as well as state Medicaid programs. Nouveau Health should keep contracts with many private health plans, having agreed on reimbursement schedules for practically each type or category of medical service. Medicaid and Medicare will mandate what Nouveau Health may receive for reimbursement.

Whenever monies or funds are unpaid by government agencies or insurance firms, patients can be billed (Craft, 2010).

Another source of revenue for Nouveau Health could be private donations. At times medical facilities or hospitals get donations from individuals and corporations and Nouveau Health as well may receive donations through such channels. The corporations or individuals are those who strongly trust in the services offered or they may be seeking deduction of tax for such contributions. Donations do not occur by chance. Rather, administration of Nouveau Health must lobby for it in the community. It is an unstable as well as unpredictable revenue source, since healthcare providers may not guarantee or undertake that similar donation amounts will be received continuously. Nonetheless, administrators of Nouveau Health may make predictions about donations reliant on previous records (Craft, 2010).

Reimbursement Methods, which Nouveau Health may utilize

Fee-for-service Reimbursement

It is a payment method where provider retrospectively gets payment for

every service offered (Qatar Financial Centre, 2009). A fee denotes a set price or amount (Jordan & Quynn, 2009). A healthcare firm bill for every service offered on a claim, which lists the charges or fees for every service. Persons possessing health insurance, which reimburses depending on fee-for-service enjoys the merit of independence. They are permitted to make all healthcare decisions regarding which healthcare provider to see as well as which conditions or situations to have treated. Demerit is that they always have higher copayments or deductions (Craft, 2010). Categories of fee-for-services are traditional retrospective payment, self-pay, and managed care methods (Jordan & Quynn, 2009).

Episode-of Care Reimbursement

It is a health payment system where providers get a lump sum on all the services offered associated with a disease or condition (Craft, 2010). One amount is determined for all care related to the illness or condition. Different episode-of-care payments include global method, capitated, as well as prospective payment methods (Qatar Financial Centre, 2009).

Risks of Fee-For-Service Reimbursement Methods

Payer learns of expenses of the healthcare services once the patient or client has received care. Physician also gets payment following the provision of the services. The third party is at risk (Jordan & Quynn, 2009).

Risks of Episode-of-Care Reimbursement Methods

Payments are made before care is provided, and rates are reliant on averages. Risk is on the second provider or party (Craft, 2010).

References

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