

Billing for services never performed nursing essay

[Health & Medicine](#), [Nursing](#)



Abstract This assignment is about the Advance Management in Healthcare. It includes the detail about the medical record department and coding department of hospital. This tells about their member that includes technicians, team members and faculty. It describes their individual roles, their skills, method of working. It also tells about the success of this department and also about the factors that have weakened this department. Plus what remedies should we take to overcome the conflicts that causes problem it the betterment of medical record department and coding department.

Part 1:

Think back to your work experience at your health agency (Al wasel hospital), and where you had to work as part of a team (medical record department and coding department). Based on your experience address the following questions:

Identify who was part of your team & their roles in the group.

Group members include the Head who supervise the staff. Staff members consist of technicians, medical coders and typically cancer registrars, clinical coding specialist, data specialist, quality manager and health information management (HIM) and coworkers. They work along with the physicians, surgeons and other healthcare professionals in order to update patient's profile. (Bureau of Labor Statistics, Occupational Outlook Handbook, 2012-13 Edition,(April 20, 2013). Technicians: They review patient records, organize and maintain data, track patient outcomes for quality assessment. Medical coders: They particularly review patient information regarding preexisting conditions such as diabetes, hypertension, hepatitis then retrieve patient

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records for medical personnel. Cancer registrars: They typically study patient previous histories and pathology reports, classify codes to represent the diagnosis and treatment of cancers and benign or malignant tumor. They also keep annual follow ups to track treatment, survival, and recovery of their patient. They first analyze then according to the need they further go for compilation of cancer patient information for research purposes but they also maintain regional and national databases of the patients of cancer. Clinical data specialist: he is responsible for the accuracy of clinical coding of the information in the databases. So the registries should be maintained under his guidance. Data quality manager: he is not only responsible for developing but also for implementing, and maintaining a data quality management plan for coding health records, documents, and quality data. HIM compliance specialist: he supervises implementation of the HIM compliance program in the organization ensuring proper working of this department.

What were the desired goals of this group/ department?

Health information technicians and medical recorders organize and manage health information data of the patients. They ensure quality, accuracy, accessibility, and security in their paper and their electronic systems work. They use various systems of classification for coding purpose and categorizing patient information not only for insurance reimbursement purposes but also for databases and registries. They maintain patient's medical histories and treatment records. They translate medical diagnoses and procedures and assign them special codes, which record health care data of patients in hospitals and clinics. And they use it whenever they need

it as in emergencies and even when the patient is enjoying good health just to make sure. (Medical Record coders)

Did the team you worked with have a clear sense of purpose & understand their role in the group dynamics?

Yes, they do have a clear sense of purpose and understand their roles very well. With the qualities of active listening, writing, time management, reading, speaking, they are doing well in this field. Each and every individual have sense of responsibility that not only make them extraordinary in their field but also make them enthusiastic and hardworking towards their goal. Along with updating patient's record they also have a backup team to keep on checking the patient. They work by assisting each other and increasing the efficiency of department. Hence they are doing great.

What specific factors/characteristics contributed to the success of the department -- need to identify a min of 3 & give specific examples as to demonstrate this.

Success of this department largely depends on how well and efficient the staff performs. Following are the factors that may contribute to the success of this department: 1-Registration Accuracy: Patient account starts with the entry of patient demographic information which includes patient demographics, salary information and insurance information. For example if there is invalid entry of information then there will be a possibility of delay in the payment that will defiantly leads to a loss. 2-Scheduling Efficiency: The use of online patient scheduling leads this department to success. With the help of online servicethe patients can manage their schedule or reschedule their own appointments which makes the workmore efficient and convenient.

For example if the patient's appointment is on Saturday but due to some emergency he couldn't make it then this online service can help the patient to have some other time for appointment instead of wasting time by coming to hospital many times. 3-Patient Satisfaction: Patient satisfaction is the major criteria for the success of this department. The department Providing extreme care and excellent customer service time to time will facilitate the patient. So that patient comes again and again.

What specific factors/characteristics were weaknesses in the department -- need to identify a min of 2- 3 & give specific examples as to demonstrate this & make recommendations for how this might be modified?

Following are some of the factors causing weakness in this department: 1-

Delay in Billing for Medical Equipment: The most common area of weakness is billing for Durable Medical Equipment (DME). It refers to medical equipment that is compulsory for a patient's medical or physical examination and also for the treatment. It may include wheelchairs, beds, and other medical equipment of the same kind. The provider will bill for equipment that the patient never receives due to delay in services of the department. For example if you are not given the proper services in some hospital and you have to wait then obviously you will be annoyed and frustrated. Same is the impact is created on the patient. For this problem I recommend that a separate sub-department should be created to deal such problems. That serves the patient time to time

2- Billing for Services Never Performed:

Usually, the provider bills for tests, treatments, procedures and medicine are sometimes not performed. A provider may also falsify the code for diagnosis

in order to add on unnecessary tests. This will create a hustle bustle for the patient and a bad impression of the department too. To amend it, I will recommend that there should be a check and balance in this regard so that no error will be faced by patient and the department too. 3-Unbundling Charges: Not all but a few services are considered as inclusive. Billing for different procedures separately that can be normally billed as a single charge is known as unbundling. For example bill for two unilateral X-ray, instead of bill for 1 bilateral x-ray. These small mistakes lead to the weakness of department. For this it is important to bundle the charges properly to avoid inconveniency for the patient.

How were issues of conflict managed -- be specific and support at least one with an example.

Issues of conflicts like delay in bill payment, increased number of prepayment reviews, Overpayment recovery, extensive investigation, increased review of evaluation and demand for more documentation from providers etc are managed technically. According to the rules and regulations of this department any such problem is managed by checking the records in their electronic system. For example a patient suffering from renal disease had kidney transplant and at the time of discharge he paid the bill as per given on the slip. Later it was discovered that he paid more than the required amount. A huge problem was created. That conflict was resolved by checking the record and further amendments were made. (Prophet, Sue (1998))

**Was their formal & informal leadership in the department?
How important were each in the team's success?**

Both formal and informal leadership have been seen in this department.

Formal leadership is Not dangerous for the department as it takes the department to the pathway of success. But unfortunately informal leadership creates grouping in the team that causes destruction. Ratio of conflicts and discrimination increases in informal leadership. Hence it is harmful for the department as well as team too.