

revenue cycle management healthcare pdf

revenue cycle management healthcare pdf is an essential resource for healthcare providers aiming to streamline financial processes and optimize cash flow. This document typically offers a comprehensive overview of the revenue cycle management (RCM) process, including patient registration, insurance verification, coding, billing, and collections. Understanding the components and best practices outlined in a revenue cycle management healthcare pdf can help organizations reduce claim denials, improve revenue capture, and ensure compliance with healthcare regulations. Moreover, such PDFs often include detailed workflows, key performance indicators (KPIs), and technology recommendations for effective RCM. This article explores the core aspects of revenue cycle management in healthcare, the benefits of utilizing a healthcare PDF guide, and practical steps for implementation. The following sections will provide a detailed examination of these topics.

- Understanding Revenue Cycle Management in Healthcare
- Key Components of Revenue Cycle Management Healthcare PDF
- Benefits of Using a Revenue Cycle Management Healthcare PDF
- Best Practices for Revenue Cycle Management
- Technology and Tools in Revenue Cycle Management
- Challenges and Solutions in Revenue Cycle Management

Understanding Revenue Cycle Management in Healthcare

Revenue cycle management (RCM) in healthcare refers to the financial process that healthcare providers use to track patient care episodes from registration and appointment scheduling to the final payment of a balance. It encompasses the entire lifecycle of a patient's account, ensuring that providers are reimbursed for the services rendered efficiently and accurately. A revenue cycle management healthcare pdf serves as a valuable guide to understanding this complex process, breaking down each phase to help healthcare professionals optimize their financial operations.

Definition and Scope of RCM

RCM includes all administrative and clinical functions that contribute to the capture, management, and collection of patient service revenue. This process spans several departments and involves multiple stakeholders such as front-office staff, medical coders, billing specialists, and accounts receivable teams. The scope of RCM extends from verifying patient insurance eligibility to managing claims submission and handling denials or appeals.

Importance of Revenue Cycle Management

Effective revenue cycle management is critical for maintaining the financial health of healthcare organizations. It directly impacts cash flow, reduces outstanding accounts receivable, and improves patient satisfaction by reducing billing errors. The use of revenue cycle management healthcare pdf documents provides structured approaches and best practices to enhance these outcomes.

Key Components of Revenue Cycle Management Healthcare PDF

A comprehensive revenue cycle management healthcare pdf typically covers the essential components involved in the revenue cycle process. These components are crucial for understanding how to efficiently manage healthcare billing and collections.

Patient Registration and Insurance Verification

This initial phase involves collecting accurate patient information and verifying insurance coverage before services are provided. Ensuring correct data entry reduces the chances of claim denials and delays. The healthcare pdf usually details the necessary data fields and verification workflows.

Coding and Documentation

Proper medical coding is vital for accurate claim submission. The document explains coding standards such as ICD-10, CPT, and HCPCS, and emphasizes the importance of thorough clinical documentation to support billing claims.

Claim Submission and Follow-up

After coding, claims are submitted to payers for reimbursement. The pdf outlines best practices for electronic claim submission, tracking claim status, and managing denied or rejected claims through timely follow-ups.

Payment Posting and Patient Collections

Accurate posting of insurance and patient payments is necessary for maintaining clean accounts. The pdf also addresses strategies for patient billing, payment plans, and collection policies to ensure outstanding balances are resolved promptly.

- Patient Registration
- Insurance Verification
- Medical Coding

- Claim Submission
- Denial Management
- Payment Posting
- Patient Collections

Benefits of Using a Revenue Cycle Management Healthcare PDF

Utilizing a revenue cycle management healthcare pdf offers multiple advantages for healthcare organizations seeking to enhance their financial processes. These documents consolidate essential knowledge, workflows, and strategies in a readily accessible format.

Standardization of Processes

The pdf provides standardized procedures that ensure consistency across departments, reducing errors and improving efficiency in billing and collections.

Training and Onboarding Tool

New staff members can use the document as a training resource to quickly understand the complexities of RCM, accelerating their integration and performance.

Reference for Compliance and Auditing

Healthcare regulations and payer requirements frequently change. A well-maintained pdf helps organizations stay compliant by documenting policies and procedures that can be referenced during audits.

Best Practices for Revenue Cycle Management

Implementing best practices as outlined in revenue cycle management healthcare pdfs is essential to maximizing revenue and minimizing financial risks.

Accurate Data Entry and Verification

Ensuring that patient and insurance information is correct at the point of entry prevents costly claim denials and delays.

Regular Training and Updates

Keeping staff informed about coding updates, payer policies, and regulatory changes helps maintain compliance and accuracy.

Proactive Denial Management

Establishing processes to quickly identify, analyze, and appeal denied claims improves cash flow and reduces write-offs.

Utilizing Analytics and KPIs

Tracking key performance indicators such as days in accounts receivable, clean claim rate, and denial rate enables continuous process improvement.

1. Verify patient information accurately
2. Maintain up-to-date coding knowledge
3. Submit clean claims promptly
4. Monitor and manage denials effectively
5. Leverage data analytics for decision-making

Technology and Tools in Revenue Cycle Management

Modern revenue cycle management relies heavily on technology to automate and optimize various processes. A revenue cycle management healthcare pdf often highlights these tools and their benefits.

Electronic Health Records (EHR) Integration

Integrating RCM systems with EHRs ensures seamless data flow between clinical and billing departments, reducing manual entry and errors.

Automated Billing Software

Automated billing platforms facilitate claim submission, payment posting, and patient billing, increasing efficiency and accuracy.

Analytics and Reporting Platforms

Advanced analytics tools provide real-time insights into revenue cycle performance, enabling proactive management and strategic planning.

Challenges and Solutions in Revenue Cycle Management

Despite best efforts, healthcare organizations face challenges in revenue cycle management. The revenue cycle management healthcare pdf addresses common issues and proposes practical solutions.

Claim Denials and Rejections

Denials are a major obstacle that delays reimbursement. The pdf suggests root cause analysis, staff training, and process refinement to reduce denials.

Regulatory Compliance

Constantly changing regulations require ongoing education and system updates to avoid penalties and ensure proper billing practices.

Patient Payment Collection

With increasing patient financial responsibility, transparent billing and flexible payment options are recommended to improve collections.

Data Security and Privacy

Protecting patient information is crucial. The document typically emphasizes adherence to HIPAA guidelines and secure data management practices.

Frequently Asked Questions

What is Revenue Cycle Management (RCM) in healthcare?

Revenue Cycle Management (RCM) in healthcare refers to the process of managing the financial transactions that result from the medical services provided to patients, from scheduling and registration to billing and final payment.

Why are PDFs commonly used for Revenue Cycle Management healthcare documents?

PDFs are commonly used because they preserve the formatting and can be easily shared and accessed across different devices and platforms, making them ideal for distributing standardized revenue cycle management documents and resources.

Where can I find a comprehensive PDF guide on healthcare Revenue Cycle Management?

Comprehensive PDF guides on healthcare Revenue Cycle Management can often be found on healthcare consulting firms' websites, industry associations like HFMA, and educational platforms offering healthcare administration resources.

What key topics are typically covered in a Revenue Cycle Management healthcare PDF?

Key topics usually include patient registration, insurance verification, coding and billing processes, claims submission, payment posting, denial management, and compliance requirements.

How can a Revenue Cycle Management PDF help healthcare providers improve their processes?

A detailed RCM PDF can provide healthcare providers with best practices, regulatory updates, workflow optimization techniques, and tools for reducing errors and denials, thereby improving cash flow and operational efficiency.

Are there any free Revenue Cycle Management healthcare PDFs available for download?

Yes, many organizations offer free downloadable PDFs on RCM, including whitepapers, industry reports, and educational materials from sites like HFMA, healthcare consulting groups, and government health departments.

What role does technology play in Revenue Cycle Management according to healthcare PDFs?

Healthcare PDFs often highlight the role of technology such as electronic health records (EHRs), billing software, and automation tools in streamlining the RCM process, improving accuracy, and reducing claim denials.

How often should healthcare providers update their Revenue Cycle Management practices based on PDF resources?

Providers are advised to regularly update their RCM practices, typically annually or whenever there are significant regulatory changes, to stay compliant and optimize revenue, as recommended in most

Additional Resources

1. *Revenue Cycle Management in Healthcare: Strategies for Success*

This book offers a comprehensive overview of the revenue cycle process in healthcare settings, focusing on optimizing billing, coding, and collections. It provides practical strategies to improve cash flow and reduce denials. Readers will find case studies and best practices aimed at enhancing financial performance in hospitals and clinics.

2. *Healthcare Revenue Cycle Management: A Complete Guide*

Designed for healthcare administrators and finance professionals, this guide covers all aspects of revenue cycle management from patient registration to final payment. It explains key concepts such as insurance verification, claims processing, and reimbursement methodologies. The book includes downloadable PDF resources for workflow templates and compliance checklists.

3. *Mastering Revenue Cycle Management: Tools and Techniques for Healthcare Providers*

This resource delves into advanced tools and technologies that streamline revenue cycle operations. It discusses the impact of electronic health records (EHR) integration, automated billing systems, and data analytics. Healthcare providers will learn how to leverage these tools to reduce errors and accelerate revenue collection.

4. *Revenue Cycle Management Best Practices in Healthcare*

Focusing on industry best practices, this book highlights methods to minimize denials, improve coding accuracy, and enhance patient financial experience. It features interviews with revenue cycle experts and provides actionable tips to implement process improvements. The content is supported by real-world examples and downloadable PDF templates.

5. *Healthcare Finance and Revenue Cycle Management Essentials*

This text serves as an introduction to both healthcare finance principles and revenue cycle management. It bridges the gap between financial theory and practical application in clinical settings. Readers will gain insight into budgeting, financial reporting, and revenue optimization techniques.

6. *Optimizing Revenue Cycle Management in Healthcare Organizations*

Aimed at healthcare executives, this book explores strategic approaches to improve revenue cycle efficiency. Topics include workforce training, compliance with regulatory requirements, and leveraging business intelligence. The book offers step-by-step guides and includes downloadable PDFs to assist with implementation.

7. *Revenue Cycle Management for Healthcare Professionals: A Practical Approach*

This practical guide breaks down complex revenue cycle concepts into easy-to-understand modules. It covers topics such as patient access services, coding and billing, and denial management. The book is enriched with charts, flow diagrams, and downloadable PDFs to support learning.

8. *Revenue Cycle Management Compliance in Healthcare*

Focusing on regulatory and legal aspects, this book addresses compliance challenges in revenue cycle management. It covers HIPAA, billing fraud prevention, and audit readiness. Healthcare organizations will benefit from checklists and compliance tools available in PDF format.

9. *Innovations in Healthcare Revenue Cycle Management*

This book highlights recent innovations and emerging trends in revenue cycle management, including AI, machine learning, and blockchain applications. It examines how these technologies can transform revenue cycle workflows and improve financial outcomes. The text includes case studies and supplementary PDF resources for further exploration.

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Revenue Cycle Management in Healthcare: A Comprehensive Guide (PDF)

Ebook Title: Mastering Healthcare Revenue Cycle Management: Strategies for Optimized Financial Performance

Ebook Outline:

Introduction: Defining Revenue Cycle Management (RCM) in healthcare, its importance, and the challenges faced.

Chapter 1: The Healthcare Revenue Cycle – A Detailed Breakdown: Stages of the revenue cycle, key players involved, and common pain points at each stage.

Chapter 2: Optimizing Patient Registration and Scheduling: Best practices for efficient patient registration, appointment scheduling, and pre-authorization processes.

Chapter 3: Enhancing Claims Processing and Denial Management: Strategies for accurate claims submission, timely payment, and effective denial management techniques.

Chapter 4: Improving Payment Posting and Reconciliation: Streamlining the payment posting process, reconciling accounts, and minimizing discrepancies.

Chapter 5: Leveraging Technology for RCM Efficiency: Exploring the role of electronic health records (EHRs), revenue cycle management software, and analytics in improving RCM performance.

Chapter 6: Key Performance Indicators (KPIs) and Reporting: Identifying and tracking critical KPIs, analyzing performance data, and using insights to drive improvements.

Chapter 7: Compliance and Regulatory Requirements: Understanding HIPAA, other relevant regulations, and strategies for maintaining compliance.

Chapter 8: Building a High-Performing RCM Team: Strategies for recruiting, training, and motivating a skilled RCM team.

Conclusion: Summary of key takeaways, future trends in healthcare RCM, and resources for continued learning.

Revenue Cycle Management in Healthcare: A Comprehensive Guide

Revenue cycle management (RCM) in healthcare is the process of managing all administrative and clinical functions that contribute to the capture, management, and collection of patient service revenue. It's a complex, multifaceted process that encompasses everything from patient registration and scheduling to claims submission, payment posting, and denial management. Effective RCM is crucial for the financial health of any healthcare provider, impacting profitability, operational efficiency, and ultimately, the ability to deliver high-quality patient care. In today's challenging healthcare landscape, characterized by increasing regulatory burdens, declining reimbursements, and rising patient expectations, mastering RCM is more critical than ever. This comprehensive guide will delve into the intricacies of healthcare RCM, providing practical strategies and insights to optimize financial performance and enhance operational efficiency.

Chapter 1: The Healthcare Revenue Cycle - A Detailed Breakdown

The healthcare revenue cycle is a series of interconnected processes that begin with patient registration and end with the final payment collection. Understanding each stage is crucial for identifying bottlenecks and improving efficiency. The typical stages include:

Pre-service: This stage involves patient registration and scheduling, pre-authorization of services, and insurance verification. Inefficiencies here can lead to delays in treatment and denials later in the cycle.

Service: This encompasses the actual provision of healthcare services to the patient. Accurate documentation during this phase is critical for successful claims submission. Using the correct medical codes and ensuring complete and accurate documentation minimizes the risk of denials and claim rejections.

Post-service: This is the most complex phase and involves claims submission, payment posting, denial management, and accounts receivable follow-up. This stage necessitates diligent follow-up to ensure timely reimbursements and minimize revenue leakage.

Key players involved in the revenue cycle include physicians, nurses, billing staff, coders, insurance companies, and patients. Collaboration and clear communication between these stakeholders are crucial for a smooth and efficient process. Common pain points include:

High claim denial rates: Incorrect coding, missing documentation, and lack of pre-authorization are common reasons for denials.

Slow payment turnaround times: Inefficient billing processes and inadequate follow-up can lead to delays in receiving payments.

High accounts receivable: Unpaid invoices and delayed payments can significantly impact cash flow.

Lack of visibility into revenue cycle performance: Without effective tracking and reporting, it's difficult to identify areas for improvement.

Chapter 2: Optimizing Patient Registration and Scheduling

A streamlined patient registration process is the foundation of an efficient RCM. Key strategies include:

Implementing a user-friendly registration system: This can include online registration portals, electronic forms, and automated data capture to minimize manual data entry and errors.

Verifying insurance coverage upfront: This prevents delays and denials later in the cycle by ensuring that the patient's insurance is valid and covers the necessary services.

Using appointment scheduling software: This helps optimize appointment scheduling, reduces no-shows, and improves patient flow.

Pre-registration: Gathering patient information before their appointment reduces wait times and improves efficiency on the day of the visit.

Chapter 3: Enhancing Claims Processing and Denial Management

Accurate and timely claims submission is crucial for prompt payment. Strategies for optimizing this process include:

Implementing robust coding practices: Accurate and consistent coding ensures that claims are submitted with the correct codes, minimizing the risk of denials.

Utilizing claim scrubbing software: This software identifies errors and inconsistencies in claims before submission, reducing denials and improving efficiency.

Establishing a proactive denial management process: This involves actively tracking denials, analyzing the reasons for denials, and implementing corrective actions to prevent future denials.

Appealing denied claims efficiently is a crucial aspect of this process.

Chapter 4: Improving Payment Posting and Reconciliation

Accurate and timely payment posting is essential for maintaining accurate financial records. Strategies include:

Automating payment posting: Using automated systems reduces manual data entry, minimizes errors, and improves efficiency.

Reconciling accounts regularly: Regular reconciliation helps identify discrepancies and ensures the accuracy of financial records.

Implementing a robust accounts receivable management process: This includes actively following up on outstanding payments and addressing any discrepancies.

Chapter 5: Leveraging Technology for RCM Efficiency

Technology plays a crucial role in optimizing RCM. This includes:

Electronic Health Records (EHRs): EHRs integrate patient data, improve documentation accuracy, and streamline the entire process.

Revenue Cycle Management (RCM) software: Dedicated RCM software automates many aspects of the revenue cycle, improving efficiency and reducing errors.

Business intelligence and analytics: Data analytics tools provide insights into RCM performance, enabling data-driven decision-making and improvement.

Chapter 6: Key Performance Indicators (KPIs) and Reporting

Monitoring key performance indicators (KPIs) is crucial for evaluating RCM performance and identifying areas for improvement. Important KPIs include:

Days in accounts receivable (AR): Indicates the average time it takes to collect payments.

Claim denial rate: Measures the percentage of claims denied by payers.

Net collection rate: Measures the percentage of charges collected after adjustments.

Clean claim rate: Measures the percentage of claims submitted without errors.

Patient satisfaction scores: Measures patient satisfaction with the billing and payment process.

Regular reporting and analysis of these KPIs provide valuable insights into RCM performance and guide improvement strategies.

Chapter 7: Compliance and Regulatory Requirements

Healthcare providers must comply with various regulations, including HIPAA. Maintaining compliance is crucial for avoiding penalties and maintaining patient trust. Strategies for ensuring compliance include:

Implementing robust security measures: Protecting patient data is paramount.

Staying updated on regulatory changes: Healthcare regulations evolve constantly.

Conducting regular compliance audits: Regular audits help identify and address compliance gaps.

Chapter 8: Building a High-Performing RCM Team

A skilled and motivated RCM team is essential for success. Strategies for building a high-performing team include:

Recruiting and retaining skilled professionals: Attracting and retaining top talent is critical.

Providing comprehensive training and development: Investing in training ensures that staff has the necessary skills and knowledge.

Fostering a positive and collaborative work environment: A positive work environment boosts morale and productivity.

Conclusion:

Effective RCM is essential for the financial sustainability and operational success of healthcare providers. By implementing the strategies outlined in this guide, healthcare organizations can optimize their revenue cycle, improve financial performance, and ultimately, enhance their ability to deliver high-quality patient care. The healthcare landscape is continually evolving, so continuous learning and adaptation are crucial for staying ahead of the curve.

FAQs

1. What is the difference between revenue cycle management and medical billing? Medical billing is a component of RCM, focusing specifically on claims submission and payment collection. RCM encompasses the entire process, from patient registration to payment posting.
2. How can I improve my claim acceptance rate? Implement robust coding practices, utilize claim scrubbing software, ensure complete and accurate documentation, and focus on pre-authorization.
3. What are the key performance indicators (KPIs) for RCM? Key KPIs include days in AR, claim denial rate, net collection rate, clean claim rate, and patient satisfaction scores.
4. How can technology improve my RCM process? EHRs, RCM software, and business intelligence tools can automate tasks, reduce errors, and provide valuable insights.
5. What is the role of a revenue cycle manager? A revenue cycle manager oversees the entire RCM process, ensuring efficiency, accuracy, and compliance.
6. How can I reduce my accounts receivable days? Implement proactive follow-up procedures, improve claim processing, and use technology to automate payment posting.
7. What are the legal and compliance aspects of RCM? HIPAA compliance is crucial; understand and adhere to all relevant regulations to avoid penalties and maintain patient trust.
8. How can I improve patient experience with billing? Provide clear and concise billing statements, offer multiple payment options, and establish clear communication channels.

9. What is the future of revenue cycle management? The future involves increased automation, AI-powered solutions, and a greater focus on data analytics and predictive modeling.

Related Articles:

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2. HIPAA Compliance in Revenue Cycle Management: A detailed guide to HIPAA regulations and their implications for RCM.
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5. Revenue Cycle Management KPIs and Reporting: A comprehensive guide to key performance indicators and reporting techniques.
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potential to improve both the efficiency and quality of healthcare delivery. The fundamental notion of a high-performing healthcare system-one that increasingly is more effective, more efficient, safer, and higher quality-is rooted in continuous improvement principles that medicine shares with engineering. As part of its Learning Health System series of workshops, the Institute of Medicine's Roundtable on Value and Science-Driven Health Care and the National Academy of Engineering, hosted a workshop on lessons from systems and operations engineering that could be applied to health care. Building on previous work done in this area the workshop convened leading engineering practitioners, health professionals, and scholars to explore how the field might learn from and apply systems engineering principles in the design of a learning healthcare system. Engineering a Learning Healthcare System: A Look at the Future: Workshop Summary focuses on current major healthcare system challenges and what the field of engineering has to offer in the redesign of the system toward a learning healthcare system.

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help hospitals perform high-quality reviews and comply with regulations. The book covers a range of topics, including compliance with the UR Condition of Participation, legal obligations of a hospital, contract language, and compliant UR plan language to provide an understanding of the expectations of a UR program. Tips for intradepartmental collaboration are included to guide professionals through the process of selecting a physician advisor and partnering with nurses, case managers, and revenue cycle team members. This book will help you do the following: Identify the components of a best practice hospital utilization review (UR) program Describe the legal obligations of the hospital to comply with chapter 42 CFR 482.30 of the Conditions of Participation (CoP) Use the publication as a tool to assess his or her own hospital's UR processes Summarize the benefits of a dedicated UR team to promote compliance with the CoP Facilitate the development of a contemporary UR committee Assess an organization's opportunities to improve processes to benefit patient care and hospital success Recommend compliant language for the organization's UR plan Construct commercial contract language, in collaboration with the organization's contract manager, that promotes a partnership to ensure appropriate use of acute care resources Seek out operational resources to perform high-quality reviews that fully comply with the CoP Explain the connection between a good utilization review plan and the hospital revenue cycle initiatives

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their goals to achieve greater value with less waste.

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must consider, address, and potentially overcome to transform the field to meet the needs of a 21st-century health care system. These issues are broad, multidisciplinary, and will require a coordinated effort to address, as well as dedicated and sustainable funding. Federal support for health services research has never been more critical. Now is a critical time for the field to articulate its priorities, demonstrate its utility, and transform to meet the needs of a 21st-century health care system. The physical and financial health of the nation is at stake.

revenue cycle management healthcare pdf: Provider-based Entities Gina M. Reese, 2017 This book serves as a comprehensive guide to provider-based clinics, from qualifying under CMS, to unique billing and coding rules, and the business decisions behind owning or acquiring these clinics. It will help readers sort through the complex regulations relevant to this unique provider type, and provide insight into recent changes, such as the introduction of Modifier -PO. CMS is looking to implement the Section 603 provisions of the Bipartisan Budget Act of 2015 regarding off-campus, provider-based departments (PBD) by January 1, 2017, according to the 2017 OPPS proposed rule. The agency is proposing to pay the nonfacility or office Medicare Physician Fee Schedule (MPFS) amount to the performing/supervising physician and preclude hospitals from billing on a UB-04 form or receiving OPPS payment for services performed at these locations for 2017, but plans to explore other options for 2018 and beyond. Physicians would be paid at the higher nonfacility rate of the MPFS, but only hospitals that have employed or contracted physicians that reassign their billing to the hospital would get paid under the MPFS for these services. Hospitals would be able to bill claims on CMS-1500 forms for physicians who have already reassigned their billing to the hospital, as in the case of employed physicians. Otherwise, hospitals would have the option of enrolling the location as the type of provider or supplier it wishes to bill to meet the requirements of that payment system (e.g., ambulatory surgery center or group practice).

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translate manufacturing-oriented Lean Six Sigma tools into the service delivery process. Filled with case studies detailing dramatic service improvements in organizations from Lockheed Martin to Stanford University Hospital, this bottom-line book provides executives and managers with the knowledge they need to: Reduce service costs by 30 to 60 percent Improve service delivery time by 50 percent Expand capacity by 20 percent without adding staff

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Organizations William N. Zelman, Michael J. McCue, Noah D. Glick, Marci S. Thomas, 2020-08-11

This thoroughly revised and updated Fifth Edition of *Financial Management of Health Care Organizations* offers an introduction to the tools and techniques of health care financial management. The book covers a wide range of topics, including information on the health care system and evolving reimbursement methodologies; health care accounting and financial statements; managing cash, billings, and collections; the time value of money and analyzing and financing major capital investments; determining cost and using cost information in decision-making; budgeting and performance measurement; and pricing. The revised edition covers new accounting changes for nonprofit hospitals with respect to net asset accounts, and includes an array of new financial statement problem sets for nonprofit hospitals. These changes also required major changes to the recording of financial transactions and implementing the latest financial ratio benchmarks. With the newest payment developments in the health care landscape, this new edition updates changes to Medicare and commercial payment systems. The passage of the new tax law also impacted hospital capital markets and for-profit hospital tax rates. This latest edition explains the impact of this tax law change on tax-exempt hospital bonds purchased by banks, as well as presenting problem sets featuring the new taxes law. Finally, changes in lease financing reporting are also addressed in this edition.

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Elizabeth Olmsted Teisberg, 2006-04-24 The U.S. health care system is in crisis. At stake are the quality of care for millions of Americans and the financial well-being of individuals and employers squeezed by skyrocketing premiums—not to mention the stability of state and federal government budgets. In *Redefining Health Care*, internationally renowned strategy expert Michael Porter and innovation expert Elizabeth Teisberg reveal the underlying—and largely overlooked—causes of the problem, and provide a powerful prescription for change. The authors argue that competition currently takes place at the wrong level—among health plans, networks, and hospitals—rather than where it matters most, in the diagnosis, treatment, and prevention of specific health conditions. Participants in the system accumulate bargaining power and shift costs in a zero-sum competition, rather than creating value for patients. Based on an exhaustive study of the U.S. health care system, *Redefining Health Care* lays out a breakthrough framework for redefining the way competition in health care delivery takes place—and unleashing stunning improvements in quality and efficiency.

With specific recommendations for hospitals, doctors, health plans, employers, and policy makers, this book shows how to move health care toward positive-sum competition that delivers lasting benefits for all.

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