Healthcare Management

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Abstract

Hospitals are facing a critical financial environment regarding several factors, which include public policy changes, expansion in care management, and increased competition related to particular services as well as the uninsured number of people is increasingly growing. The policymakers show their greatest concern, which hospitals might forgo while providing care to poor people in the form of cost reduction. This paper is based on the efficiency of the hospital in relation to uncompensated provisions of care(Hsieh, Clement, & Bazzoli, 2010).

# Introduction

The hospital's uncompensated care became an increasing issue that is faced by state legislators and the federal government. When the cost of the uncompensated care is compared with total charges and the costs of the total hospital the figures which came out have less proportion of the total value, which is regarded as only 6% of the payments of community hospitals. Although the burden of uncompensated care is not distributed equally among hospitals. On some occasions, this large burden is solely beard by publicly sponsored organizations.

## Methodology

In this paper, two different hospital types are selected, and then we observed its institutional differences and similarities while dealing with uncompensated care delivery and also determine ways in which the uncompensated care provision impacts the management policies, financial issues, and management policies(Hsieh et al., 2010). It is required to gather data from various databases. First, acquire financial data of hospitals through their statement of financial income of the selected American hospital, and also gain the annual survey report of AHA ‘American Hospital Association’ which consist the structural data of hospital including bed size, ownership, and the hospital services. Then, take the file of Area Resource and compile it from the Health Professions Bureau, that is important data related to the market structure of the hospital, socioeconomic attributes, and demographic community. This research paper is based on non-federal care hospitals, which are currently in operation in the United States. Take two hospitals, TransUnion healthcare and Definitive Healthcare Hospital. TransUnion provides maximum reimbursement to the unpaid Medicare deductibles. Although, complex rule policies Medicare process hard as well as reporting makes it harder in recovering such payments(“Medicare Reimbursement Solutions,” n.d.). This research paper examined the hospitals which enhanced their efficiency as well as reduced their provisions of uncompensated care. It also focused on the environmental variation response due to changes in the market and regulatory factors. It is also observed that the hospitals that provide uncompensated care more have increased demand for indigent care, which is present in their market. Furthermore, the hospitals gave less uncompensated health provisions when, in their market, a safety hospital is already present. The continuous pressure faced by the non-profit hospitals demonstrates that these hospitals provide sufficient advantages to the community, specifically the provision of the services to the population vulnerability. US hospitals required to provide uncompensated care at a high level and also need to be efficient. Although the unique characteristic might facilitate US hospitals to attain balance. The main uncertainty faced while dealing with different hospitals currently is regarded as change types which are resulted in the reforms of health insurance. However, the payment of most of the hospitals which are under IPPS developed based on the standard amount few hospital categories are paid entirely or in parts it is based on the particular rate of the hospital that can be determined through the cost of that base year. Under a recent law, Medicare is based on the small hospitals of rural areas; the program MDH is suitable by FY2022. Through that, MDH acquires the federal rate in a higher amount(“Medicare Program"; 2019).

### Shriners Hospital

Shriner’s hospital is for children, which is continuously expanding the platforms related to the survey of mobile patients, which is performed all over the national organization, which includes clinics and non-profitable hospitals. The major goal of Shriners hospital is to utilize and build the huge pediatric patients database reported by the US PROMs. The services provided by this hospital includes pediatric burn treatment as well as reconstructive and plastic surgery. Their physicians have expertise in cleft lip, burned treatment and also heal the complex skin and wound conditions. It also provides services for reconstructive and plastic surgery of children. This hospital not only treats the patient but also do their best to satisfy the patients’ family each day. This hospital also help parents to come out from stress full situation as children require emotional support and love from their families, especially parents, so, this hospital practice family-centered care approaches. As people came to this hospital from faraway places so, this hospital provides them access to the ‘specialty care’ through utilizing the interactive video session between a patient and its family with the Shriners hospital medical team. It helps patient's family to communicate life in the interactive video conference and it saves both time and cost. It is analyzed that the major revenue source for patients services Medicaid $79,997 and commercial payers $123,869. Shriner’s management regularly reviews the data related to patient services sources for the evaluation of allowance adequacy. The investment in mineral interest and real estate are calculated based on several information sources related to the type of assets. While the identification of fair value can be made through the utilization of quoted prices through utilizing the active market liabilities. Shriner's total net assets and liabilities are $972,029, while the total assets, including buildings, equipment, and land, are $10,465,342.

**References**

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