, but errors are limited enough so.

, but “Proficient” criteria and recommended strategies are exceptionally relevant and wellsuited for the intended purpose Recommends appropriate reimbursement strategies for low- and high-performing health systems, considering cash flow and days in accounts receivable, supporting conclusion with evidence Recommends strategies for low- and high-performing health systems, but recommendations are not appropriate for the intended purpose or do not consider cash flow and days in accounts receivable, or response has gaps in detail or relevant support Does not recommend reimbursement strategies for low- and high-performing health systems 3.76 Articulation of Response Submission is free of errors related to citations, grammar, spelling, syntax, and organization and is presented in a professional and easy-to-read format Submission has no major errors related to citations, grammar, spelling, syntax, or organization Submission has major errors related to citations, grammar, spelling, syntax, or organization that negatively impact readability and articulation of main ideas Submission has critical errors related to citations, grammar, spelling, syntax, or organization that prevent understanding of ideas.

3 points

Meets “Proficient” criteria and utilizes industry-specific language to establish expertise and clearly articulate purpose, scope, and subject

2.7 points

Comprehensively introduces purpose, scope, and subject of analysis and report

2.1 points

Introduces purpose, scope, and subject of analysis and report but with gaps in detail

0 points

Does not introduce purpose, scope, and subject of analysis and report

Score of Introduction,/ 3

Financial Principles and Reimbursement: Strategies

6.27 points

Meets “Proficient” criteria and demonstrates exceptional insight into the impact of case rates and management utilization data on reimbursement

5.643 points

Logically assesses the impact of case rates and management utilization data on pay-for-performance incentives, supporting response

4.389 points

Assesses the impact of case rates and management utilization data on pay-for-performance incentives, supporting response, but with gaps in logic, detail, or relevant support

0 points

Does not assess the impact of case rates and management utilization data on pay-for-performance incentives

Score of Financial Principles and Reimbursement: Strategies,/ 6.27

Financial Principles and Reimbursement: Methods

3.76 points

Meets “Proficient” criteria and demonstrates advanced knowledge of reimbursement methods with regard to strategic planning

3.384 points

Accurately analyzes reimbursement methods, describing the advantages and disadvantages of each method in terms of strategic planning for operational performance

2.632 points

Analyzes reimbursement methods, describing the advantages and disadvantages of each method, but with gaps in accuracy, detail, or relevancy to strategic planning for operational performance

0 points

Does not analyze reimbursement methods, describing the advantages and disadvantages of each method in terms of strategic planning for operational performance

Score of Financial Principles and Reimbursement: Methods,/ 3.76

Financial Principles and Reimbursement: Management

3.76 points

Meets “Proficient” criteria and demonstrates exceptional insight into the use of financial management principles for evaluating operational performance

3.384 points

Accurately compares and contrasts financial management principles used to evaluate operational performance

2.632 points

Compares and contrasts financial management principles used to evaluate operational performance but with gaps in accuracy, relevancy, or detail

0 points

Does not compare and contrast financial management principles used to evaluate operational performance

Score of Financial Principles and Reimbursement: Management,/ 3.76

Financial Principles and Reimbursement: Receivable

3.76 points

Meets “Proficient” criteria and draws nuanced connections between cash flow, days in accounts receivable, and reimbursement

3.384 points

Logically assesses the challenges associated with collecting payments and explains the significance of monitoring cash flow and days in accounts receivable in terms of reimbursement

2.632 points

Assesses the challenges associated with collecting payments and explains the significance of monitoring cash flow and days in accounts receivable, but response has gaps in logic or detail or is irrelevant to reimbursement

0 points

Does not assess the challenges associated with collecting payments, and does not explain the significance of monitoring cash flow and days in accounts receivable

Score of Financial Principles and Reimbursement: Receivable,/ 3.76

Financial Principles and Reimbursement: Teamwork

6.27 points

Meets “Proficient” criteria and demonstrates advanced insight into using teamwork principles for developing strategic plans

5.643 points

Logically compares and contrasts collaborative teamwork principles for most effectively developing strategic planning that involves cross-disciplinary teams, supporting response

4.389 points

Compares and contrasts collaborative teamwork principles for most effectively developing strategic planning that involves cross-disciplinary teams, supporting response, but with gaps in logic, detail, or relevant support

0 points

Does not compare and contrast collaborative teamwork principles for developing strategic planning that involves cross-disciplinary teams

Score of Financial Principles and Reimbursement: Teamwork,/ 6.27

Financial Principles and Reimbursement: Maximizing

6.27 points

Meets “Proficient” criteria and demonstrates exceptional insight into the use of case rates and management utilization data to maximize reimbursement

5.643 points

Logically assesses the extent to which healthcare organizations utilize case rates and management utilization data to maximize reimbursement from both government and third-party payer payment systems, supporting response

4.389 points

Assesses the extent to which healthcare organizations utilize case rates and management utilization data to maximize reimbursement from both government and third-party payer payment systems, supporting response, but with gaps in logic, detail, or relevant support

0 points

Does not assess the extent to which healthcare organizations utilize case rates and management utilization data to maximize reimbursement from both government and third-party payer payment systems

Score of Financial Principles and Reimbursement: Maximizing,/ 6.27

Federal and State: Regulations

6.27 points

Meets “Proficient” criteria and demonstrates superior insight into the impact of changes in federal and state regulations on healthcare providers

5.643 points

Logically assesses the changes in federal and state regulations that present the most concern for healthcare leaders, supporting response

4.389 points

Assesses the changes in federal and state regulations that present the most concern for healthcare leaders, supporting response, but with gaps in logic, detail, or relevant support

0 points

Does not assess the changes in federal and state regulations that present the most concern for healthcare leaders

Score of Federal and State: Regulations,/ 6.27

Federal and State: Reporting Requirements

6.27 points

Meets “Proficient” criteria and demonstrates advanced knowledge of government payment systems’ reporting guidelines and requirements

5.643 points

Accurately analyzes reporting guidelines required by government payment systems for the opportunities and challenges facing healthcare leaders in meeting reporting requirements

4.389 points

Analyzes reporting guidelines required by government payment systems for the opportunities and challenges facing healthcare leaders in meeting reporting requirements but with gaps in accuracy or detail

0 points

Does not analyze reporting guidelines required by government payment systems for the opportunities and challenges facing healthcare leaders in meeting reporting requirements

Score of Federal and State: Reporting Requirements,/ 6.27

Federal and State: Compliance Standards

3.76 points

Meets “Proficient” criteria and demonstrates keen insight into the use of financial principles for ensuring compliance with government standards

3.384 points

Accurately analyzes how healthcare organizations utilize financial principles for ensuring compliance with government standards

2.632 points

Analyzes how healthcare organizations utilize financial principles for ensuring compliance with government standards but with gaps in accuracy or detail

0 points

Does not analyze how healthcare organizations utilize financial principles for ensuring compliance with government standards

Score of Federal and State: Compliance Standards,/ 3.76

Federal and State: Government Payer Types

3.76 points

Meets “Proficient” criteria and recommended strategies are exceptionally relevant and appropriate for the intended purpose

3.384 points

Recommends appropriate strategies for organizations to receive full reimbursement on claims and improve timeliness of reimbursement from government payers, justifying recommendations

2.632 points

Recommends strategies, but they are not appropriate for organizations to receive full reimbursement on claims and improve timeliness of reimbursement from government payers or response has gaps in detail or relevant justification

0 points

Does not recommend strategies for organizations to receive full reimbursement on claims and improve timeliness of reimbursement from government payers

Score of Federal and State: Government Payer Types,/ 3.76

Third-Party Payment: Reimbursement

3.76 points

Meets “Proficient” criteria and draws nuanced connections between third-party payer models and reimbursement

3.384 points

Accurately evaluates third-party payer models for the impact they present on healthcare system reimbursement

2.632 points

Evaluates third-party payer models for the impact they present on healthcare system reimbursement but with gaps in accuracy or detail

0 points

Does not evaluate third-party payer models for the impact they present on healthcare system reimbursement

Score of Third-Party Payment: Reimbursement,/ 3.76

Third-Party Payment: Reporting Requirements

6.26 points

Meets “Proficient” criteria and demonstrates advanced knowledge of third-party payer payment systems’ reporting guidelines and requirements

5.634 points

Accurately analyzes reporting guidelines required by third-party payer payment systems for the opportunities and challenges facing healthcare leaders in meeting reporting requirements

4.382 points

Analyzes reporting guidelines required by third-party payer payment systems for the opportunities and challenges facing healthcare leaders in meeting reporting requirements but with gaps in accuracy or detail

0 points

Does not analyze reporting guidelines required by third-party payer payment systems for the opportunities and challenges facing healthcare leaders in meeting reporting requirements

Score of Third-Party Payment: Reporting Requirements,/ 6.26

Third-Party Payment: Compliance Standards

3.76 points

Meets “Proficient” criteria and demonstrates keen insight into the use of financial principles for ensuring compliance with third-party payer submission requirements

3.384 points

Accurately analyzes how healthcare organizations utilize financial principles for guiding strategic planning in ensuring compliance with third-party payer submission requirements

2.632 points

Analyzes how healthcare organizations utilize financial principles for guiding strategic planning in ensuring compliance with third-party payer submission requirements but with gaps in accuracy or detail

0 points

Does not analyze how healthcare organizations utilize financial principles for guiding strategic planning in ensuring compliance with third-party payer submission requirements

Score of Third-Party Payment: Compliance Standards,/ 3.76

Third-Party Payment: Reimbursement Methods

3.76 points

Meets “Proficient” criteria and recommended strategies are exceptionally relevant and appropriate for the intended purpose

3.384 points

Recommends appropriate strategies for organizations to receive full reimbursement on claims and improve timeliness of reimbursement from third-party payer systems, justifying recommendations

2.632 points

Recommends strategies, but they are not appropriate for organizations to receive full reimbursement on claims and improve timeliness of reimbursement from third-party payer systems or response has gaps in detail or relevant justification

0 points

Does not recommend strategies for organizations to receive full reimbursement on claims and improve timeliness of reimbursement from third-party payer systems

Score of Third-Party Payment: Reimbursement Methods,/ 3.76

Planning: Pay-for-Performance

6.26 points

Meets “Proficient” criteria and demonstrates exceptional insight into the use of improving performance measures to maximize reimbursement

5.634 points

Makes appropriate recommendations for operational strategies to improve performance measures that will maximize reimbursement based on prior analysis of impact of case rates and management utilization data, providing support for recommendations

4.382 points

Makes recommendations, but they are not appropriate for operational strategies to improve performance measures that will maximize reimbursement, recommendations are not based on prior analysis of impact of case rates and management utilization data, or response has gaps in detail or relevant support

0 points

Does not make recommendations for operational strategies to improve performance measures that will maximize reimbursement

Score of Planning: Pay-for-Performance,/ 6.26

Planning: Operational Performance

3.76 points

Meets “Proficient” criteria and demonstrates exceptional insight into the use of benchmarking for maximizing reimbursement through improved operational performance

3.384 points

Recommends appropriate performance measures that should be monitored for the purpose of maximizing reimbursement, considering benchmarking data

2.632 points

Recommends performance measures that should be monitored for the purpose of maximizing reimbursement, but measures are not appropriate for the intended purpose or recommendations are not based on benchmarking data

0 points

Does not recommend performance measures that should be monitored for the purpose of maximizing reimbursement, considering benchmarking data

Score of Planning: Operational Performance,/ 3.76

Planning: Teamwork

6.27 points

Meets “Proficient” criteria and demonstrates advanced insight into using teamwork principles for developing strategic plans surrounding reimbursement

5.643 points

Recommends appropriate collaborative teamwork principles that would be beneficial for healthcare strategic planning in terms of reimbursement, providing support for recommendations

4.389 points

Recommends teamwork principles, but they are not appropriate or adequate for the intended purpose or response has gaps in detail or relevant support

0 points

Does not recommend collaborative teamwork principles that would be beneficial for healthcare strategic planning in terms of reimbursement

Score of Planning: Teamwork,/ 6.27

Planning: Communicating

6.26 points

Meets “Proficient” criteria and demonstrates exceptional insight into communication tools and strategies for targeted audiences

5.634 points

Recommends appropriate tools or strategies for communicating strategic planning conclusions to various audiences, providing support for recommendations

4.382 points

Recommends tools or strategies, but they are not appropriate for communicating strategic planning conclusions to various audiences or response has gaps in detail or relevant support

0 points

Does not recommend tools or strategies for communicating strategic planning conclusions to various audiences

Score of Planning: Communicating,/ 6.26

Planning: Financial and Reimbursement Strategies

3.76 points

Meets “Proficient” criteria and recommended strategies are exceptionally relevant and well-suited for the intended purpose

3.384 points

Recommends appropriate reimbursement strategies for low- and high-performing health systems, considering cash flow and days in accounts receivable, supporting conclusion with evidence

2.632 points

Recommends strategies for low- and high-performing health systems, but recommendations are not appropriate for the intended purpose or do not consider cash flow and days in accounts receivable, or response has gaps in detail or relevant support

0 points

Does not recommend reimbursement strategies for low- and high-performing health systems

Score of Planning: Financial and Reimbursement Strategies,/ 3.76

Articulation of Response

3 points

Submission is free of errors related to citations, grammar, spelling, syntax, and organization and is presented in a professional and easy-to-read format

2.7 points

Submission has no major errors related to citations, grammar, spelling, syntax, or organization

2.1 points

Submission has major errors related to citations, grammar, spelling, syntax, or organization that negatively impact readability and articulation of main ideas

0 points

Submission has critical errors related to citations, grammar, spelling, syntax, or organization that prevent understanding of ideas

Score of Articulation of Response,/ 3

Rubric Total ScoreTotal

Score of IHP 630 Final Project Rubric (SA),/ 100Criterion score has been overridden

**Overall Score**

Overall Score

**Points earned out of 10091 points minimum
The overall submission earned 91 points or more. Final calculation of grades can be found in the gradebook.**

**Points earned out of 10071 points minimum
The overall submission earned 71 points or more. Final calculation of grades can be found in the gradebook.**

**Points earned out of 1001 point minimum
The overall submission earned 1 points or more. Final calculation of grades can be found in the gradebook.**

**Points earned out of 1000 points minimum
The overall submission earned 0 points or more. Final calculation of grades can be found in the gradebook.**

|  |  |
| --- | --- |
|  |  |
| **Associated Learning Objectives** |
| Learning Objective | IHP-630-01 |
|  | Assessment Method:  Score on Criteria - Financial Principles and Reimbursement: Methods |
|  | Required Performance:  Proficient |
|  |  |
| Learning Objective | IHP-630-01 |
|  | Assessment Method:  Score on Criteria - Financial Principles and Reimbursement: Management |
|  | Required Performance:  Proficient |
|  |  |
| Learning Objective | IHP-630-01 |
|  | Assessment Method:  Score on Criteria - Federal and State: Compliance Standards |
|  | Required Performance:  Proficient |
|  |  |
| Learning Objective | IHP-630-01 |
|  | Assessment Method:  Score on Criteria - Third-Party Payment: Compliance Standards |
|  | Required Performance:  Proficient |
|  |  |
| Learning Objective | IHP-630-01 |
|  | Assessment Method:  Score on Criteria - Planning: Operational Performance |
|  | Required Performance:  Proficient |
|  |  |
| Learning Objective | IHP-630-02 |
|  | Assessment Method:  Score on Criteria - Federal and State: Regulations |
|  | Required Performance:  Proficient |
|  |  |
| Learning Objective | IHP-630-02 |
|  | Assessment Method:  Score on Criteria - Federal and State: Reporting Requirements |
|  | Required Performance:  Proficient |
|  |  |
| Learning Objective | IHP-630-02 |
|  | Assessment Method:  Score on Criteria - Third-Party Payment: Reporting Requirements |
|  | Required Performance:  Proficient |
|  |  |
| Learning Objective | IHP-630-03 |
|  | Assessment Method:  Score on Criteria - Financial Principles and Reimbursement: Teamwork |
|  | Required Performance:  Proficient |
|  |  |
| Learning Objective | IHP-630-03 |
|  | Assessment Method:  Score on Criteria - Planning: Teamwork |
|  | Required Performance:  Proficient |
|  |  |
| Learning Objective | IHP-630-03 |
|  | Assessment Method:  Score on Criteria - Planning: Communicating |
|  | Required Performance:  Proficient |
|  |  |
| Learning Objective | IHP-630-04 |
|  | Assessment Method:  Score on Criteria - Financial Principles and Reimbursement: Receivable |
|  | Required Performance:  Proficient |
|  |  |
| Learning Objective | IHP-630-04 |
|  | Assessment Method:  Score on Criteria - Federal and State: Government Payer Types |
|  | Required Performance:  Proficient |
|  |  |
| Learning Objective | IHP-630-04 |
|  | Assessment Method:  Score on Criteria - Third-Party Payment: Reimbursement |
|  | Required Performance:  Proficient |
|  |  |
| Learning Objective | IHP-630-04 |
|  | Assessment Method:  Score on Criteria - Third-Party Payment: Reimbursement Methods |
|  | Required Performance:  Proficient |
|  |  |
| Learning Objective | IHP-630-04 |
|  | Assessment Method:  Score on Criteria - Planning: Financial and Reimbursement Strategies |
|  | Required Performance:  Proficient |
|  |  |
| Learning Objective | IHP-630-05 |
|  | Assessment Method:  Score on Criteria - Financial Principles and Reimbursement: Strategies |
|  | Required Performance:  Proficient |
|  |  |
| Learning Objective | IHP-630-05 |
|  | Assessment Method:  Score on Criteria - Financial Principles and Reimbursement: Maximizing |
|  | Required Performance:  Proficient |
|  |  |
| Learning Objective | IHP-630-05 |
|  | Assessment Method:  Score on Criteria - Planning: Pay-for-Performance |

The final project for this course is the creation of a payment system and reimbursement method analysis and a report to management. The healthcare industry is impacted by government payer types as administrators prepare strategies and implement internal procedures designed to maximize reimbursement. You are reminded that the primary focal point between healthcare firms and other business operations is the payment method. Healthcare administrators implement strategies designed to meet key performance payment requirements critical for government compliance and reimbursement guidelines. One way administrators accomplish this is to analyze deficiency errors based on quality measures performed by providers, nursing staff, and front desk operations. The Affordable Care Act and other changes in legislation are of continual concern for healthcare organizations as administrators review changes to ensure organizational processes and internal policies are implemented. Your final project for this course is an analysis with recommendations. The project will require you to prepare an analysis of payment systems and reimbursement methods. You will compare and contrast your findings and offer subsequent recommendations. You will consider compliance and government regulations along with financial principles associated with reimbursement. You will also identify collaborative teamwork strategies that can be incorporated into various healthcare settings. The project is divided into three milestones, which will be submitted at various points throughout the course to scaffold learning and ensure quality final submissions. These milestones will be submitted in Modules Three, Five, and Seven. The final submission is due in Module Nine. In this assignment, you will demonstrate your mastery of the following course outcomes: • Assess the extent to which healthcare organizations utilize financial management principles for guiding strategic planning • Analyze federal, state, and third-party payer regulations and reporting guidelines for ensuring compliance with healthcare reimbursement requirements • Recommend collaborative teamwork principles for improving strategic planning processes involving healthcare reimbursement • Suggest financial approaches for improving cash flow, days in accounts receivable, and timeliness of reimbursements from various healthcare payer models • Recommend strategies for maximizing healthcare reimbursement by reviewing the impact of case rates and management utilization data on pay-forperformance incentives Prompt Your analysis with recommendations should answer the following big-picture questions: What reimbursement payment methods and strategies are associated with the healthcare industry? How do financial management principles relate to reimbursement in evaluating operational performance? And, how does the revenue cycle affect various departments within the healthcare organization? Specifically, the following critical elements must be addressed: I. Introduction: What is the purpose, scope, and subject of your analysis and management report? Your introduction must describe the aim of your paper, what you are assessing, and the analysis you expect to perform. II. Financial Principles and Reimbursement: a) Reimbursement Strategies: What is the impact of case rates and management utilization data on pay-for-performance incentives? Be sure to provide support for your response. b) Reimbursement Methods: Analyze reimbursement methods, describing the advantages and disadvantages of each method in terms of strategic planning for operational performance. For example, why might one method be more advantageous than another at a hospital or at a physician’s office? c) Financial Management Principles: Compare and contrast financial management principles such as financial data that describe financial performance of revenue reimbursement, benchmarking of industry standards, payer-mix breakdown of payers, and case rate and utilization rate data used to evaluate operational performance. d) Accounts Receivable: What are the challenges associated with collecting payments for the accounts receivable or collections department, and what is the significance of monitoring cash flow and days in accounts receivable in terms of reimbursement? e) Teamwork Principles: Compare and contrast collaborative teamwork principles to most effectively develop strategic planning that involves crossdisciplinary teams. In other words, what principles work best for teams where individuals are from both clinical and non-clinical departments? What are some of the challenges this might present for cohesive collaboration? Be sure to provide support for your response. f) Maximizing Reimbursement: Generally speaking, to what extent do you feel healthcare organizations utilize case rates and management utilization to maximize reimbursement from both government and third-party payer payment systems? Be sure to provide support for your response. III. Federal and State Payment Systems: a) Federal and State Regulations: Considering the recent changes in economic policy at the federal and state levels, what changes in federal and state regulations present the most concern for healthcare leaders? Be sure to provide support for your response. b) Reporting Requirements: Analyze the reporting guidelines required by Medicaid and Medicare and other government payment systems. What are the opportunities and challenges for healthcare leaders in meeting reporting requirements? c) Compliance Standards and Financial Principles: Analyze how healthcare organizations in general utilize financial principles to ensure compliance with government standards. d) Government Payer Types: Considering Medicaid, Medicare, and other government payer systems, what strategies would you recommend organizations implement in order to receive full reimbursement on claims as well as to improve timeliness of this reimbursement? Be sure to justify your recommendations. IV. Third-Party Payment Systems: a) Healthcare System Reimbursement: Evaluate third-party payer models for the impacts they present on healthcare system reimbursement. b) Reporting Requirements: Analyze the reporting guidelines of third-party payer payment systems. What opportunities and challenges do they present for healthcare leaders in meeting reporting requirements? c) Compliance Standards and Financial Principles: Analyze how healthcare organizations in general utilize financial principles to guide strategic planning to ensure the meeting of third-party submission requirements. d) Reimbursement Methods: Considering third-party payer systems, what strategies would you recommend organizations implement in order to receive full reimbursement on claims as well as to improve timeliness of this reimbursement? Be sure to justify your recommendations. V. Operational and Strategic Planning in Healthcare: a) Pay-For-Performance Incentives: Based on your prior analysis of the impact of case rates and management utilization data on pay-for-performance incentives, recommend appropriate operational strategies to improve performance measures that will maximize reimbursement. Be sure to provide support for your recommendations b) Operational Performance Measures: Considering benchmarking data, recommend performance measures that should be monitored for the purpose of maximizing reimbursement. c) Teamwork and Strategic Planning: Recommend collaborative teamwork principles that would be beneficial for healthcare strategic planning in terms of reimbursement. Be sure to provide support for your recommendations. d) Communicating Strategic Planning Across Teams: What types of tools or strategies would you recommend for communicating strategic planning conclusions to key stakeholders, members of cross-disciplinary teams, and the rest of the organization? In other words, how would you communicate strategic planning information to clinical vs. non-clinical staff? To administrative staff? Be sure to provide support for your recommendations. e) Financial and Reimbursement Strategies: Considering cash flow and days in accounts receivable of hospital and health systems, recommend reimbursement strategies that would be appropriate for low- and high-performing health systems. Provide evidence to support your conclusion. Milestones Milestone One: Draft of Financial Principles In Module Three, you will submit a 2–3-page draft of the Financial Principles and Reimbursement portion of your research and analysis. This milestone will be graded with the Milestone One Rubric. Milestone Two: Draft of Federal and State Payment Systems In Module Five, you will submit a 2–3-page draft of the Federal and State Payment Systems portion of your research and analysis. This milestone will be graded with the Milestone Two Rubric. Milestone Three: Draft of Third-Party Payment Systems and Planning in Healthcare In Module Seven, you will submit a 2–3-page draft of the Third-Party Payment Systems and the Operational and Strategic Planning in Healthcare portions of your research and analysis. Submit both sections together as a single document. This milestone will be graded with the Milestone Three Rubric. Final Submission: Analysis and Report In Module Nine, you will submit your analysis and report in its final form addressing all critical elements in this document. In addition to applying the feedback you have received on each section throughout the term, you will develop your introduction for your final submission of the analysis and report. This submission will be graded with the Final Project Rubric. Deliverables Milestone Deliverable Module Due Grading One Draft of Financial Principles Three Graded separately; Milestone One Rubric Two Draft of Federal and State Payment Systems Five Graded separately; Milestone Two Rubric Three Draft of Third-Party Payment Systems and Planning in Healthcare Seven Graded separately; Milestone Three Rubric Final Submission: Analysis and Report Nine Graded separately; Final Project Rubric Final Project Rubric Guidelines for Submission: Your payment system and reimbursement method analysis with report to management should be 10 to 12 pages in length and should be double-spaced in 12-point Times New Roman font with one-inch margins. All citations and references should be formatted according to current APA guidelines. Include at least five references. Critical Elements Exemplary (100%) Proficient (90%) Needs Improvement (70%) Not Evident (0%) Value Introduction Meets “Proficient” criteria and utilizes industry-specific language to establish expertise and clearly articulate purpose, scope, and subject Comprehensively introduces purpose, scope, and subject of analysis and report Introduces purpose, scope, and subject of analysis and report but with gaps in detail Does not introduce purpose, scope, and subject of analysis and report 3 Financial Principles and Reimbursement: Strategies Meets “Proficient” criteria and demonstrates exceptional insight into the impact of case rates and management utilization data on reimbursement Logically assesses the impact of case rates and management utilization data on pay-forperformance incentives, supporting response Assesses the impact of case rates and management utilization data on pay-forperformance incentives, supporting response, but with gaps in logic, detail, or relevant support Does not assess the impact of case rates and management utilization data on pay-forperformance incentives 6.27 Financial Principles and Reimbursement: Methods Meets “Proficient” criteria and demonstrates advanced knowledge of reimbursement methods with regard to strategic planning Accurately analyzes reimbursement methods, describing the advantages and disadvantages of each method in terms of strategic planning for operational performance Analyzes reimbursement methods, describing the advantages and disadvantages of each method, but with gaps in accuracy, detail, or relevancy to strategic planning for operational performance Does not analyze reimbursement methods, describing the advantages and disadvantages of each method in terms of strategic planning for operational performance 3.76 Financial Principles and Reimbursement: Management Meets “Proficient” criteria and demonstrates exceptional insight into the use of financial management principles for evaluating operational performance Accurately compares and contrasts financial management principles used to evaluate operational performance Compares and contrasts financial management principles used to evaluate operational performance but with gaps in accuracy, relevancy, or detail Does not compare and contrast financial management principles used to evaluate operational performance 3.76 Financial Principles and Reimbursement: Receivable Meets “Proficient” criteria and draws nuanced connections between cash flow, days in accounts receivable, and reimbursement Logically assesses the challenges associated with collecting payments and explains the significance of monitoring cash flow and days in accounts receivable in terms of reimbursement Assesses the challenges associated with collecting payments and explains the significance of monitoring cash flow and days in accounts receivable, but response has gaps in logic or detail or is irrelevant to reimbursement Does not assess the challenges associated with collecting payments, and does not explain the significance of monitoring cash flow and days in accounts receivable 3.76 Financial Principles and Reimbursement: Teamwork Meets “Proficient” criteria and demonstrates advanced insight into using teamwork principles for developing strategic plans Logically compares and contrasts collaborative teamwork principles for most effectively developing strategic planning that involves crossdisciplinary teams, supporting response Compares and contrasts collaborative teamwork principles for most effectively developing strategic planning that involves cross-disciplinary teams, supporting response, but with gaps in logic, detail, or relevant support Does not compare and contrast collaborative teamwork principles for developing strategic planning that involves cross-disciplinary teams 6.27 Financial Principles and Reimbursement: Maximizing Meets “Proficient” criteria and demonstrates exceptional insight into the use of case rates and management utilization data to maximize reimbursement Logically assesses the extent to which healthcare organizations utilize case rates and management utilization data to maximize reimbursement from both government and thirdparty payer payment systems, supporting response Assesses the extent to which healthcare organizations utilize case rates and management utilization data to maximize reimbursement from both government and third-party payer payment systems, supporting response, but with gaps in logic, detail, or relevant support Does not assess the extent to which healthcare organizations utilize case rates and management utilization data to maximize reimbursement from both government and thirdparty payer payment systems 6.27 Federal and State: Regulations Meets “Proficient” criteria and demonstrates superior insight into the impact of changes in federal and state regulations on healthcare providers Logically assesses the changes in federal and state regulations that present the most concern for healthcare leaders, supporting response Assesses the changes in federal and state regulations that present the most concern for healthcare leaders, supporting response, but with gaps in logic, detail, or relevant support Does not assess the changes in federal and state regulations that present the most concern for healthcare leaders 6.27 Federal and State: Reporting Requirements Meets “Proficient” criteria and demonstrates advanced knowledge of government payment systems’ reporting guidelines and requirements Accurately analyzes reporting guidelines required by government payment systems for the opportunities and challenges facing healthcare leaders in meeting reporting requirements Analyzes reporting guidelines required by government payment systems for the opportunities and challenges facing healthcare leaders in meeting reporting requirements but with gaps in accuracy or detail Does not analyze reporting guidelines required by government payment systems for the opportunities and challenges facing healthcare leaders in meeting reporting requirements 6.27 Federal and State: Compliance Standards Meets “Proficient” criteria and demonstrates keen insight into the use of financial principles for ensuring compliance with government standards Accurately analyzes how healthcare organizations utilize financial principles for ensuring compliance with government standards Analyzes how healthcare organizations utilize financial principles for ensuring compliance with government standards but with gaps in accuracy or detail Does not analyze how healthcare organizations utilize financial principles for ensuring compliance with government standards 3.76 Federal and State: Government Payer Types Meets “Proficient” criteria and recommended strategies are exceptionally relevant and appropriate for the intended purpose Recommends appropriate strategies for organizations to receive full reimbursement on claims and improve timeliness of reimbursement from government payers, justifying recommendations Recommends strategies, but they are not appropriate for organizations to receive full reimbursement on claims and improve timeliness of reimbursement from government payers or response has gaps in detail or relevant justification Does not recommend strategies for organizations to receive full reimbursement on claims and improve timeliness of reimbursement from government payers 3.76 Third-Party Payment: Reimbursement Meets “Proficient” criteria and draws nuanced connections between third-party payer models and reimbursement Accurately evaluates thirdparty payer models for the impact they present on healthcare system reimbursement Evaluates third-party payer models for the impact they present on healthcare system reimbursement but with gaps in accuracy or detail Does not evaluate third-party payer models for the impact they present on healthcare system reimbursement 3.76 Third-Party Payment: Reporting Requirements Meets “Proficient” criteria and demonstrates advanced knowledge of third-party payer payment systems’ reporting guidelines and requirements Accurately analyzes reporting guidelines required by thirdparty payer payment systems for the opportunities and challenges facing healthcare leaders in meeting reporting requirements Analyzes reporting guidelines required by third-party payer payment systems for the opportunities and challenges facing healthcare leaders in meeting reporting requirements but with gaps in accuracy or detail Does not analyze reporting guidelines required by thirdparty payer payment systems for the opportunities and challenges facing healthcare leaders in meeting reporting requirements 6.26 Third-Party Payment: Compliance Standards Meets “Proficient” criteria and demonstrates keen insight into the use of financial principles for ensuring compliance with third-party payer submission requirements Accurately analyzes how healthcare organizations utilize financial principles for guiding strategic planning in ensuring compliance with third-party payer submission requirements Analyzes how healthcare organizations utilize financial principles for guiding strategic planning in ensuring compliance with third-party payer submission requirements but with gaps in accuracy or detail Does not analyze how healthcare organizations utilize financial principles for guiding strategic planning in ensuring compliance with third-party payer submission requirements 3.76 Third-Party Payment: Reimbursement Methods Meets “Proficient” criteria and recommended strategies are exceptionally relevant and appropriate for the intended purpose Recommends appropriate strategies for organizations to receive full reimbursement on claims and improve timeliness of reimbursement from thirdparty payer systems, justifying recommendations Recommends strategies, but they are not appropriate for organizations to receive full reimbursement on claims and improve timeliness of reimbursement from thirdparty payer systems or response has gaps in detail or relevant justification Does not recommend strategies for organizations to receive full reimbursement on claims and improve timeliness of reimbursement from thirdparty payer systems 3.76 Planning: Pay-forPerformance Meets “Proficient” criteria and demonstrates exceptional insight into the use of improving performance measures to maximize reimbursement Makes appropriate recommendations for operational strategies to improve performance measures that will maximize reimbursement based on prior analysis of impact of case rates and management utilization data, providing support for recommendations Makes recommendations, but they are not appropriate for operational strategies to improve performance measures that will maximize reimbursement, recommendations are not based on prior analysis of impact of case rates and management utilization data, or response has gaps in detail or relevant support Does not make recommendations for operational strategies to improve performance measures that will maximize reimbursement 6.26 Planning: Operational Performance Meets “Proficient” criteria and demonstrates exceptional insight into the use of benchmarking for maximizing reimbursement through improved operational performance Recommends appropriate performance measures that should be monitored for the purpose of maximizing reimbursement, considering benchmarking data Recommends performance measures that should be monitored for the purpose of maximizing reimbursement, but measures are not appropriate for the intended purpose or recommendations are not based on benchmarking data Does not recommend performance measures that should be monitored for the purpose of maximizing reimbursement, considering benchmarking data 3.76 Planning: Teamwork Meets “Proficient” criteria and demonstrates advanced insight into using teamwork principles for developing strategic plans surrounding reimbursement Recommends appropriate collaborative teamwork principles that would be beneficial for healthcare strategic planning in terms of reimbursement, providing support for recommendations Recommends teamwork principles, but they are not appropriate or adequate for the intended purpose or response has gaps in detail or relevant support Does not recommend collaborative teamwork principles that would be beneficial for healthcare strategic planning in terms of reimbursement 6.27 Planning: Communicating Meets “Proficient” criteria and demonstrates exceptional insight into communication tools and strategies for targeted audiences Recommends appropriate tools or strategies for communicating strategic planning conclusions to various audiences, providing support for recommendations Recommends tools or strategies, but they are not appropriate for communicating strategic planning conclusions to various audiences or response has gaps in detail or relevant support Does not recommend tools or strategies for communicating strategic planning conclusions to various audiences 6.26 Planning: Financial and Reimbursement Strategies Meets “Proficient” criteria and recommended strategies are exceptionally relevant and wellsuited for the intended purpose Recommends appropriate reimbursement strategies for low- and high-performing health systems, considering cash flow and days in accounts receivable, supporting conclusion with evidence Recommends strategies for low- and high-performing health systems, but recommendations are not appropriate for the intended purpose or do not consider cash flow and days in accounts receivable, or response has gaps in detail or relevant support Does not recommend reimbursement strategies for low- and high-performing health systems 3.76 Articulation of Response Submission is free of errors related to citations, grammar, spelling, syntax, and organization and is presented in a professional and easy-to-read format Submission has no major errors related to citations, grammar, spelling, syntax, or organization Submission has major errors related to citations, grammar, spelling, syntax, or organization that negatively impact readability and articulation of main ideas Submission has critical errors related to citations, grammar, spelling, syntax, or organization that prevent understanding of ideas.

Recommendations

35 points

Meets “Proficient” criteria and utilizes detailed examples as support

31.5 points

Describes additional support gained from the CMS website that can be used for making recommendations for the final project

24.5 points

Describes additional support gained from the CMS website that can be used for making recommendations for the final project but is inaccurate and/or lacks details

0 points

Does not describe additional support gained from the CMS website that can be used for make recommendations for the final project

Score of Recommendations,/ 35

Questions

20 points

Meets “Proficient” criteria and provides detailed examples as support

18 points

Identifies questions that still linger regarding the final project

14 points

Identifies questions that still linger regarding the final project but lacks details

0 points

Does not identify questions that still linger regarding the final project

Score of Questions,/ 20

Understanding

35 points

Meets “Proficient” criteria and provides detailed examples and/or scholarly research as support

31.5 points

Describes what information has been the most helpful to facilitate understanding

24.5 points

Describes what information has been the most helpful to facilitate understanding but lacks details

0 points

Does not describe what information has been the most helpful to facilitate understanding

Score of Understanding,/ 35

Articulation of Response

10 points

Assignment is free of errors in organization and grammar

9 points

Assignment is mostly free of errors of organization and grammar; errors are marginal and rarely interrupt the flow

7 points

Assignment contains errors of organization and grammar, but errors are limited enough so that assignment can be understood

0 points

Assignment contains errors of organization and grammar making the assignment difficult to understand

Overview: In this journal, you can ask any questions that you have about the feedback from previous milestone submissions or about the final project submission. This journal assignment will help you with the recommendation portion of the final project. Upon reviewing the Centers for Medicare & Medicaid Services (CMS) website, as well as your Milestone One and Milestone Two assignments, you will gather information that will assist in creating recommendations. What is most important is that you base your recommendation on what you have researched in the book and the various reading assignments. Prompt: Review the CMS website and search for additional support that can be used for making recommendations in your final project. Create a journal assignment identifying any questions you still have regarding your final project. What areas or concepts in the project do you feel you have a firm grasp of at this point? A course journal is generally made up of many individual assignments. Journal activities in this course are private between you and the instructor. Guidelines for Submission: Your 2–3-paragraph journal assignment should follow current APA-style guidelines. Submit assignment as a Word document with double spacing, 12-point Times New Roman font, and one-inch margins. Critical Elements Exemplary (100%) Proficient (90%) Needs Improvement (70%) Not Evident (0%) Value Recommendations Meets “Proficient” criteria and utilizes detailed examples as support Describes additional support gained from the CMS website that can be used for making recommendations for the final project Describes additional support gained from the CMS website that can be used for making recommendations for the final project but is inaccurate and/or lacks details Does not describe additional support gained from the CMS website that can be used for make recommendations for the final project 35 Questions Meets “Proficient” criteria and provides detailed examples as support Identifies questions that still linger regarding the final project Identifies questions that still linger regarding the final project but lacks details Does not identify questions that still linger regarding the final project 20 Understanding Meets “Proficient” criteria and provides detailed examples and/or scholarly research as support Describes what information has been the most helpful to facilitate understanding Describes what information has been the most helpful to facilitate understanding but lacks details Does not describe what information has been the most helpful to facilitate understanding 35 Articulation of Response Assignment is free of errors in organization and grammar Assignment is mostly free of errors of organization and grammar; errors are marginal and rarely interrupt the flow Assignment contains errors of organization and grammar, but errors are limited enough so that assignment can be understood Assignment contains errors of organization and grammar making the assignment difficult to understand.

Overview: In this journal, you can ask any questions that you have about the feedback from previous milestone submissions or about the final project submission. This journal assignment will help you with the recommendation portion of the final project. Upon reviewing the Centers for Medicare & Medicaid Services (CMS) website, as well as your Milestone One and Milestone Two assignments, you will gather information that will assist in creating recommendations. What is most important is that you base your recommendation on what you have researched in the book and the various reading assignments. Prompt: Review the CMS website and search for additional support that can be used for making recommendations in your final project. Create a journal assignment identifying any questions you still have regarding your final project. What areas or concepts in the project do you feel you have a firm grasp of at this point? A course journal is generally made up of many individual assignments. Journal activities in this course are private between you and the instructor. Guidelines for Submission: Your 2–3-paragraph journal assignment should follow current APA-style guidelines. Submit assignment as a Word document with double spacing, 12-point Times New Roman font, and one-inch margins. Critical Elements Exemplary (100%) Proficient (90%) Needs Improvement (70%) Not Evident (0%) Value Recommendations Meets “Proficient” criteria and utilizes detailed examples as support Describes additional support gained from the CMS website that can be used for making recommendations for the final project Describes additional support gained from the CMS website that can be used for making recommendations for the final project but is inaccurate and/or lacks details Does not describe additional support gained from the CMS website that can be used for make recommendations for the final project 35 Questions Meets “Proficient” criteria and provides detailed examples as support Identifies questions that still linger regarding the final project Identifies questions that still linger regarding the final project but lacks details Does not identify questions that still linger regarding the final project 20 Understanding Meets “Proficient” criteria and provides detailed examples and/or scholarly research as support Describes what information has been the most helpful to facilitate understanding Describes what information has been the most helpful to facilitate understanding but lacks details Does not describe what information has been the most helpful to facilitate understanding 35 Articulation of Response Assignment is free of errors in organization and grammar Assignment is mostly free of errors of organization and grammar; errors are marginal and rarely interrupt the flow Assignment contains errors of organization and grammar, but errors are limited enough so that assignment can be understood Assignment contains errors of organization and grammar making the assignment difficult to understand.

Third-Party Payment: Reimbursement

10 points

Accurately evaluates third-party payer models for the impact they present on healthcare system reimbursement

7 points

Evaluates third-party payer models for the impact they present on healthcare system reimbursement but with gaps in accuracy or detail

0 points

Does not evaluate third-party payer models for the impact they present on healthcare system reimbursement

Score of Third-Party Payment: Reimbursement,/ 10

Third-Party Payment: Reporting Requirements

10 points

Accurately analyzes reporting guidelines required by third-party payer payment systems for the opportunities and challenges facing healthcare leaders in meeting reporting requirements

7 points

Analyzes reporting guidelines required by third-party payer payment systems for the opportunities and challenges facing healthcare leaders in meeting reporting requirements but with gaps in accuracy or detail

0 points

Does not analyze reporting guidelines required by third-party payer payment systems for the opportunities and challenges facing healthcare leaders in meeting reporting requirements

Score of Third-Party Payment: Reporting Requirements,/ 10

Third-Party Payment: Compliance Standards

10 points

Accurately analyzes how healthcare organizations utilize financial principles for guiding strategic planning in ensuring compliance with third-party payer submission requirements

7 points

Analyzes how healthcare organizations utilize financial principles for guiding strategic planning in ensuring compliance with third-party payer submission requirements but with gaps in accuracy or detail

0 points

Does not analyze how healthcare organizations utilize financial principles for guiding strategic planning in ensuring compliance with third-party payer submission requirements

Score of Third-Party Payment: Compliance Standards,/ 10

Third-Party Payment: Reimbursement Methods

10 points

Recommends appropriate strategies for organizations to receive full reimbursement on claims and improve timeliness of reimbursement from third-party payer systems, justifying recommendations

7 points

Recommends strategies, but they are not appropriate for organizations to receive full reimbursement on claims and improve timeliness of reimbursement from third-party payer systems or response has gaps in detail or relevant justification

0 points

Does not recommend strategies for organizations to receive full reimbursement on claims and improve timeliness of reimbursement from third-party payer systems

Score of Third-Party Payment: Reimbursement Methods,/ 10

Planning: Pay-for-Performance

10 points

Makes appropriate recommendations for operational strategies to improve performance measures that will maximize reimbursement based on prior analysis of impact of case rates and management utilization data, providing support for recommendations

7 points

Makes recommendations, but they are not appropriate for operational strategies to improve performance measures that will maximize reimbursement, recommendations are not based on prior analysis of impact of case rates and management utilization data, or response has gaps in detail or relevant support

0 points

Does not make recommendations for operational strategies to improve performance measures that will maximize reimbursement

Score of Planning: Pay-for-Performance,/ 10

Planning: Operational Performance

10 points

Recommends appropriate performance measures that should be monitored for the purpose of maximizing reimbursement, considering benchmarking data

7 points

Recommends performance measures that should be monitored for the purpose of maximizing reimbursement, but measures are not appropriate for the intended purpose or recommendations are not based on benchmarking data

0 points

Does not recommend performance measures that should be monitored for the purpose of maximizing reimbursement, considering benchmarking data

Score of Planning: Operational Performance,/ 10

Planning: Teamwork

10 points

Recommends appropriate collaborative teamwork principles that would be beneficial for healthcare strategic planning in terms of reimbursement, providing support for recommendations

7 points

Recommends teamwork principles, but they are not appropriate or adequate for the intended purpose or response has gaps in detail or relevant support

0 points

Does not recommend collaborative teamwork principles that would be beneficial for healthcare strategic planning in terms of reimbursement

Score of Planning: Teamwork,/ 10

Planning: Communicating

10 points

Recommends appropriate tools or strategies for communicating strategic planning conclusions to various audiences, providing support for recommendations

7 points

Recommends tools or strategies, but they are not appropriate for communicating strategic planning conclusions to various audiences or response has gaps in detail or relevant support

0 points

Does not recommend tools or strategies for communicating strategic planning conclusions to various audiences

Score of Planning: Communicating,/ 10

Planning: Financial and Reimbursement Strategies

10 points

Recommends appropriate reimbursement strategies for low- and high-performing health systems, considering cash flow and days in accounts receivable, supporting conclusion with evidence

7 points

Recommends strategies for low- and high-performing health systems, but recommendations are not appropriate for the intended purpose or do not consider cash flow and days in accounts receivable, or response has gaps in detail or relevant support

0 points

Does not recommend reimbursement strategies for low- and high-performing health systems

Score of Planning: Financial and Reimbursement Strategies,/ 10

Articulation of Response

10 points

Submission has no major errors related to citations, grammar, spelling, syntax, or organization

7 points

Submission has major errors related to citations, grammar, spelling, syntax, or organization that negatively impact readability and articulation of main ideas

0 points

Submission has critical errors related to citations, grammar, spelling, syntax, or organization that prevent understanding of ideas

Overview: Hospital administrators review accounts receivable schedules and reports to determine how much revenue is being received from various sources (i.e., Medicaid, Medicare, Anthem, self-pay from patients, and other third-party payers). Revenue from various sources is referred to as the organization’s “payer mix.” In this milestone, you will examine operational and strategic planning in healthcare and consider selecting the three elements that you feel will be most important to complete in terms of receiving feedback. Prompt: Submit a draft of the Third-Party Payment Systems and the Operational and Strategic Planning in Healthcare portions of your research and analysis. Specifically, the following critical elements must be addressed: IV. Third-Party Payment Systems: a) Healthcare System Reimbursement: Evaluate third-party payer models for the impacts they present on healthcare system reimbursement. b) Reporting Requirements: Analyze the reporting guidelines of third-party payer payment systems. What opportunities and challenges do they present for healthcare leaders in meeting reporting requirements? c) Compliance Standards and Financial Principles: Analyze how healthcare organizations in general utilize financial principles to guide strategic planning to ensure the meeting of third-party submission requirements. d) Reimbursement Methods: Considering third-party payer systems, what strategies would you recommend organizations implement in order to receive full reimbursement on claims as well as to improve timeliness of this reimbursement? Be sure to justify your recommendations. V. Operational and Strategic Planning in Healthcare: a) Pay-For-Performance Incentives: Based on your prior analysis of the impact of case rates and management utilization data on pay-forperformance incentives, recommend appropriate operational strategies to improve performance measures that will maximize reimbursement. Be sure to provide support for your recommendations. b) Operational Performance Measures: Considering benchmarking data, recommend performance measures that should be monitored for the purpose of maximizing reimbursement. c) Teamwork and Strategic Planning: Recommend collaborative teamwork principles that would be beneficial for healthcare strategic planning in terms of reimbursement. Be sure to provide support for your recommendations. d) Communicating Strategic Planning Across Teams: What types of tools or strategies would you recommend for communicating strategic planning conclusions to key stakeholders, members of cross-disciplinary teams, and the rest of the organization? In other words, how would you communicate strategic planning information to clinical vs. non-clinical staff? To administrative staff? Be sure to provide support for your recommendations. e) Financial and Reimbursement Strategies: Considering cash flow and days in accounts receivable for hospital and health systems, recommend reimbursement strategies that would be appropriate for low- and high-performing health systems. Provide evidence to support your conclusion. Rubric Guidelines for Submission: Your draft of the third-party payment systems and the operational and strategic planning in healthcare portions of your research and analysis should be 2–3 pages in length and should be double-spaced in 12-point Times New Roman font with one-inch margins, in a single Microsoft Word document. All citations and references should be formatted according to current APA guidelines. Include at least two references. Critical Elements Proficient (100%) Needs Improvement (70%) Not Evident (0%) Value Third-Party Payment: Reimbursement Accurately evaluates third-party payer models for the impact they present on healthcare system reimbursement Evaluates third-party payer models for the impact they present on healthcare system reimbursement but with gaps in accuracy or detail Does not evaluate third-party payer models for the impact they present on healthcare system reimbursement 10 Third-Party Payment: Reporting Requirements Accurately analyzes reporting guidelines required by third-party payer payment systems for the opportunities and challenges facing healthcare leaders in meeting reporting requirements Analyzes reporting guidelines required by third-party payer payment systems for the opportunities and challenges facing healthcare leaders in meeting reporting requirements but with gaps in accuracy or detail Does not analyze reporting guidelines required by third-party payer payment systems for the opportunities and challenges facing healthcare leaders in meeting reporting requirements 10 Third-Party Payment: Compliance Standards Accurately analyzes how healthcare organizations utilize financial principles for guiding strategic planning in ensuring compliance with third-party payer submission requirements Analyzes how healthcare organizations utilize financial principles for guiding strategic planning in ensuring compliance with third-party payer submission requirements but with gaps in accuracy or detail Does not analyze how healthcare organizations utilize financial principles for guiding strategic planning in ensuring compliance with third-party payer submission requirements 10 Third-Party Payment: Reimbursement Methods Recommends appropriate strategies for organizations to receive full reimbursement on claims and improve timeliness of reimbursement from third-party payer systems, justifying recommendations Recommends strategies, but they are not appropriate for organizations to receive full reimbursement on claims and improve timeliness of reimbursement from third-party payer systems or response has gaps in detail or relevant justification Does not recommend strategies for organizations to receive full reimbursement on claims and improve timeliness of reimbursement from third-party payer systems 10 Planning: Pay-forPerformance Makes appropriate recommendations for operational strategies to improve performance measures that will maximize reimbursement based on prior analysis of impact of case rates and management utilization data, providing support for recommendations Makes recommendations, but they are not appropriate for operational strategies to improve performance measures that will maximize reimbursement, recommendations are not based on prior analysis of impact of case rates and management utilization data, or response has gaps in detail or relevant support Does not make recommendations for operational strategies to improve performance measures that will maximize reimbursement 10 Planning: Operational Performance Recommends appropriate performance measures that should be monitored for the purpose of maximizing reimbursement, considering benchmarking data Recommends performance measures that should be monitored for the purpose of maximizing reimbursement, but measures are not appropriate for the intended purpose or recommendations are not based on benchmarking data Does not recommend performance measures that should be monitored for the purpose of maximizing reimbursement, considering benchmarking data 10 Planning: Teamwork Recommends appropriate collaborative teamwork principles that would be beneficial for healthcare strategic planning in terms of reimbursement, providing support for recommendations Recommends teamwork principles, but they are not appropriate or adequate for the intended purpose or response has gaps in detail or relevant support Does not recommend collaborative teamwork principles that would be beneficial for healthcare strategic planning in terms of reimbursement 10 Planning: Communicating Recommends appropriate tools or strategies for communicating strategic planning conclusions to various audiences, providing support for recommendations Recommends tools or strategies, but they are not appropriate for communicating strategic planning conclusions to various audiences or response has gaps in detail or relevant support Does not recommend tools or strategies for communicating strategic planning conclusions to various audiences 10 Planning: Financial and Reimbursement Strategies Recommends appropriate reimbursement strategies for lowand high-performing health systems, considering cash flow and days in accounts receivable, supporting conclusion with evidence Recommends strategies for low- and high-performing health systems, but recommendations are not appropriate for the intended purpose or do not consider cash flow and days in accounts receivable, or response has gaps in detail or relevant support Does not recommend reimbursement strategies for low- and highperforming health systems 10 Articulation of Response Submission has no major errors related to citations, grammar, spelling, syntax, or organization Submission has major errors related to citations, grammar, spelling, syntax, or organization that negatively impact readability and articulation of main ideas Submission has critical errors related to citations, grammar, spelling, syntax, or organization that prevent understanding of ideas.

Overview: Benchmarking data (sometimes referred to as a scorecard) allows you to analyze how your organization is performing compared to organizations that are similar in industry and size. State and federal healthcare-related websites are a good place to search for data. For example, if you are in the state of Indiana, you can visit the IN.gov website, where you will find information on patient procedures performed, patient discharge data, long-term care, and so on. The Indiana State Department of Health provides even more reports and statistics from A to Z. All healthcare organizations are required to report statistics to the state, which is how this information originates. Additionally, Becker’s Hospital Review provides a high-level review of the various measures that are helpful for administrators to compare. Prompt: Benchmarking data supports strategic planning for the healthcare administrator. In your journal assignment, describe what benchmarking data you think will be the best support as a future healthcare administrator. Justify your decisions with scholarly research. Then, reflect on any parts of benchmarking data with which you are continuing to struggle. A course journal is generally made up of many individual assignments. Journal activities in this course are private between you and the instructor. Guidelines for Submission: Your 2–3-paragraph journal assignment should follow current APA-style guidelines. Submit assignment as a Word document with double spacing, 12-point Times New Roman font, and one-inch margins. Critical Elements Exemplary (100%) Proficient (90%) Needs Improvement (70%) Not Evident (0%) Value Benchmarking Data Description Meets “Proficient” criteria and utilizes detailed examples as support Describes benchmarking data that will be the best support as a future healthcare administrator Describes benchmarking data that will be the best support as a future healthcare administrator but is inaccurate and/or lacks details Does not describe benchmarking data that will be the best support as a future healthcare administrator 30 Benchmarking Data Justification Meets “Proficient” criteria and provides detailed examples and/or scholarly evidence as support Justifies decisions about which benchmarking data will be the best support Justifies decisions about which benchmarking data will be the best support but is inaccurate and/or lacks details Does not justify decisions about which benchmarking data will be the best support 30 Reflection Meets “Proficient” criteria and provides detailed examples as support Discusses any parts of benchmarking data that cause a struggle Discusses any parts of benchmarking data that cause a struggle but is inaccurate and/or lacks details Does not discuss any parts of benchmarking data that cause a struggle 30 Articulation of Response Assignment is free of errors in organization and grammar Assignment is mostly free of errors of organization and grammar; errors are marginal and rarely interrupt the flow Assignment contains errors of organization and grammar, but errors are limited enough so that assignment can be understood Assignment contains errors of organization and grammar making the assignment difficult to understand.

Overview: In terms of reimbursement and financial principles (specifically relating to the revenue cycle), you will determine what federal and state funding is available for healthcare organizations. As you continue to explore payment systems from the view of the hospital administrator, consider what actions you might take to ensure your facility meets compliance requirements. Additionally, you will research the importance of implementing policies and procedures that are designed to ensure timely reimbursement. Prompt: Submit a draft of the Federal and State Payment Systems portion of your research and analysis. Be sure to address all critical elements as listed below. Specifically, the following critical elements must be addressed: III. Federal and State Payment Systems: a) Federal and State Regulations: Considering the recent changes in economic policy at the federal and state levels, what changes in federal and state regulations present the most concern for healthcare leaders? Be sure to provide support for your response. b) Reporting Requirements: Analyze the reporting guidelines required by Medicaid and Medicare and other government payment systems. What are the opportunities and challenges for healthcare leaders in meeting reporting requirements? c) Compliance Standards and Financial Principles: Analyze how healthcare organizations in general utilize financial principles to ensure compliance with government standards. d) Government Payer Types: Considering Medicaid, Medicare, and other government payer systems, what strategies would you recommend organizations implement in order to receive full reimbursement on claims as well as to improve timeliness of this reimbursement? Be sure to justify your recommendations. Rubric Guidelines for Submission: Your draft of the Federal and State Payment Systems portion of your research and analysis should be 2–3 pages in length and should be double-spaced in 12-point Times New Roman font with one-inch margins. All citations and references should be formatted according to current APA guidelines. Include at least two references. Critical Elements Proficient (100%) Needs Improvement (70%) Not Evident (0%) Value Federal and State: Regulations Logically assesses the changes in federal and state regulations that present the most concern for healthcare leaders, supporting response Assesses the changes in federal and state regulations that present the most concern for healthcare leaders, supporting response but with gaps in logic, detail, or relevant support Does not assess the changes in federal and state regulations that present the most concern for healthcare leaders 25 Federal and State: Reporting Requirements Accurately analyzes reporting guidelines required by government payment systems for the opportunities and challenges facing healthcare leaders in meeting reporting requirements Analyzes reporting guidelines required by government payment systems for the opportunities and challenges facing healthcare leaders in meeting reporting requirements but with gaps in accuracy or detail Does not analyze reporting guidelines required by government payment systems for the opportunities and challenges facing healthcare leaders in meeting reporting requirements 25 Federal and State: Compliance Standards Accurately analyzes how healthcare organizations utilize financial principles for ensuring compliance with government standards Analyzes how healthcare organizations utilize financial principles for ensuring compliance with government standards but with gaps in accuracy or detail Does not analyze how healthcare organizations utilize financial principles for ensuring compliance with government standards 20 Federal and State: Government Payer Types Recommends appropriate strategies for organizations to receive full reimbursement on claims and improve timeliness of reimbursement from government payers, justifying recommendations Recommends strategies, but they are not appropriate for organizations to receive full reimbursement on claims and improve timeliness of reimbursement from government payers or response has gaps in detail or relevant justification Does not recommend strategies for organizations to receive full reimbursement on claims and improve timeliness of reimbursement from government payers 20 Articulation of Response Submission has no major errors related to citations, grammar, spelling, syntax, or organization Submission has major errors related to citations, grammar, spelling, syntax, or organization that negatively impact readability and articulation of main ideas Submission has critical errors related to citations, grammar, spelling, syntax, or organization that prevent understanding of ideas.

Overview: As you complete each section of your final project, remember that you are assuming the role of hospital administrator, so you will identify the important elements of healthcare insurance plans and the overall impact of financial management principles. Financial principles to focus on include the elements of the revenue cycle, types of reporting, and the financial data that is needed for hospital administrators to evaluate the cost and quality of processes. Prompt: Submit a draft of the Financial Principles and Reimbursement portion of your research and analysis. Specifically, the following critical elements must be addressed: II. Financial Principles and Reimbursement: a) Reimbursement Strategies: What is the impact of case rates and management utilization data on pay-for-performance incentives? Be sure to provide support for your response. b) Reimbursement Methods: Analyze reimbursement methods, describing the advantages and disadvantages of each method in terms of strategic planning for operational performance. For example, why might one method be more advantageous than another at a hospital or at a physician’s office? c) Financial Management Principles: Compare and contrast financial management principles such as financial data that describe financial performance of revenue reimbursement, benchmarking of industry standards, payer-mix breakdown of payers, and case rate and utilization rate data used to evaluate operational performance. d) Accounts Receivable: What are the challenges associated with collecting payments for the accounts receivable or collections department, and what is the significance of monitoring cash flow and days in accounts receivable in terms of reimbursement? e) Teamwork Principles: Compare and contrast collaborative teamwork principles to most effectively develop strategic planning that involves crossdisciplinary teams. In other words, what principles work best for teams where individuals are from both clinical and non-clinical departments? What are some of the challenges this might present for cohesive collaboration? Be sure to provide support for your response. f) Maximizing Reimbursement: Generally speaking, to what extent do you feel healthcare organizations utilize case rates and management utilization to maximize reimbursement from both government and third-party payer payment systems? Be sure to provide support for your response. Rubric Guidelines for Submission: Your draft of the Financial Principles and Reimbursement portion of the research and analysis should be 2–3 pages in length and should be double-spaced in 12-point Times New Roman font with one-inch margins. All citations and references should be formatted according to current APA guidelines. Include at least two references. Critical Elements Proficient (100%) Needs Improvement (70%) Not Evident (0%) Value Financial Principles and Reimbursement: Strategies Logically assesses the impact of case rates and management utilization data on pay-forperformance incentives, supporting response Assesses the impact of case rates and management utilization data on pay-for-performance incentives, supporting response, but with gaps in logic, detail, or relevant support Does not assess the impact of case rates and management utilization data on pay-forperformance incentives 25 Financial Principles and Reimbursement: Methods Accurately analyzes reimbursement methods, describing the advantages and disadvantages of each method in terms of strategic planning for operational performance Analyzes reimbursement methods, describing the advantages and disadvantages of each method, but with gaps in accuracy, detail, or relevancy to strategic planning for operational performance Does not analyze reimbursement methods, describing the advantages and disadvantages of each method in terms of strategic planning for operational performance 10 Financial Principles and Reimbursement: Management Accurately compares and contrasts financial management principles used to evaluate operational performance Compares and contrasts financial management principles used to evaluate operational performance but with gaps in accuracy, relevancy, or detail Does not compare and contrast financial management principles used to evaluate operational performance 10 Financial Principles and Reimbursement: Receivable Logically assesses the challenges associated with collecting payments and explains the significance of monitoring cash flow and days in accounts receivable in terms of reimbursement Assesses the challenges associated with collecting payments and explains the significance of monitoring cash flow and days in accounts receivable, but response has gaps in logic or detail or is irrelevant to reimbursement Does not assess the challenges associated with collecting payments, and does not explain the significance of monitoring cash flow and days in accounts receivable 10 Financial Principles and Reimbursement: Teamwork Logically compares and contrasts collaborative teamwork principles for most effectively developing strategic planning that involves cross-disciplinary teams, supporting response Compares and contrasts collaborative teamwork principles for most effectively developing strategic planning that involves cross-disciplinary teams, supporting response, but with gaps in logic, detail, or relevant support Does not compare and contrast collaborative teamwork principles for developing strategic planning that involves cross-disciplinary teams 10 Financial Principles and Reimbursement: Maximizing Logically assesses the extent to which healthcare organizations utilize case rates and management utilization data to maximize reimbursement from both government and third-party payer payment systems, supporting response Assesses the extent to which healthcare organizations utilize case rates and management utilization data to maximize reimbursement from both government and third-party payer payment systems, supporting response, but with gaps in logic, detail, or relevant support Does not assess the extent to which healthcare organizations utilize case rates and management utilization data to maximize reimbursement from both government and third-party payer payment systems 25 Articulation of Response Submission has no major errors related to citations, grammar, spelling, syntax, or organization Submission has major errors related to citations, grammar, spelling, syntax, or organization that negatively impact readability and articulation of main ideas Submission has critical errors related to citations, grammar, spelling, syntax, or organization that prevent understanding of ideas.

|  |
| --- |
| review the module resources, including the text readings and SHRM resources. Next, carefully examine the behavioral competencies within the Business domain. The three clusters within the business domain are **business acumen, consultation,** and **critical evaluation**. Once you are familiar with the business domain clusters, conduct a self-reflection and analysis by responding to the following three questions as your journal:* Strengths: What are your areas of strength within the business domain, and how did you determine a cluster as a strength? Provide supportive examples.
* Weaknesses: What are your areas of weakness within the business domain and how did you determine a cluster as a weakness? Provide supportive examples.
* Strategies: What are your strategies for the development of behavioral competencies within the business domain? Provide supportive examples and information from your research.

Refer to the module resources and other course materials to support your responses. Your instructor will provide feedback pertaining to your self-reflection and offer recommendations for skill development.For additional details, refer to the [Module Two Journal Guidelines and Rubric](https://learn.snhu.edu/d2l/common/dialogs/quickLink/quickLink.d2l?ou=874386&type=coursefile&fileId=Course+Documents%2fOL+600+Module+Two+Journal+Guidelines+and+Rubric.pdf) document. |

Hide Rubrics

## Rubric Name: OL 600 Module Two Journal Rubric

Print Rubric

This table lists criteria and criteria group names in the first column. The first row lists level names and includes scores if the rubric uses a numeric scoring method. You can give feedback on each criterion by tabbing to the add feedback buttons in the table.Criteria

**Proficient**

**Needs Improvement**

**Not Evident**

**Criterion Score**

Strengths

30 points

Discusses areas of strength within the business domain, including how a cluster is determined as a strength, and supports responses with evidence

22.5 points

Discusses areas of strength within the business domain, but does not sufficiently discuss how a cluster is determined as a strength, or does not support responses with evidence

0 points

Does not discuss areas of strength within the business domain

Score of Strengths,/ 30

Weaknesses

30 points

Discusses areas of weakness within the business domain, including how a cluster is determined as a weakness, and supports responses with evidence

22.5 points

Discusses areas of weakness within the business domain, but does not sufficiently discuss how a cluster is determined as a weakness, or does not support responses with evidence

0 points

Does not discuss areas of weakness within the business domain

Score of Weaknesses,/ 30

Strategies

30 points

Discusses strategies for the development of behavioral competencies within the business domain and supports responses with evidence

22.5 points

Discusses strategies for the development of behavioral competencies within the business domain, but discussion is cursory or lacking in detail, or responses are not supported with evidence

0 points

Does not discuss strategies for the development of behavioral competencies within the business domain

Score of Strategies,/ 30

Articulation of Response

10 points

Journal assignment is free of errors in organization and grammar

7.5 points

Journal assignment contains errors of organization and grammar, but the errors are limited enough that the assignment can be understood

0 points

Journal assignment contains errors of organization and grammar that make the assignment difficult to understand

Score of Articulation of Response,/ 10

Rubric Total ScoreTotal

Score of OL 600 Module Two Journal Rubric,/ 100Criterion score has been overridden

### Overall Score

Overall Score

#### Points earned out of 10076 points minimum

**The overall submission earned 76 points or more. Final calculation of grades can be found in the gradebook.**

#### Points earned out of 1001 point minimumThe overall submission earned 1 points or more. Final calculation of grades can be found in the gradebook.

#### Points earned out of 1000 points minimumThe overall submission earned 0 points or more. Final calculation of grades can be found in the gradebook.

|  |
| --- |
|  |

Go to the “Self-Assessment Exercise” in Chapter 6 of your text (scroll down, using the menu on the left-hand side of your screen). Complete the activity, score the results, and then answer the following question:

* Do you believe the result of the exercise accurately reflects your personality? Why or why not?

To receive the full points for this assignment you must answer the question and submit it using the ePortfolio link.

|  |  |  |  |
| --- | --- | --- | --- |
| **First, introduce yourself to the class. Include your major and anything you would like to share about yourself. Then address the prompt below.****Next, consider a current or previous employer and an organizational issue or strategic goal they had (e.g., talent acquisition, employee retention, low employee engagement, poor performance management, etc.). Briefly describe the issue and respond to the following guiding questions, taking into consideration the SHRM Body of Competency & Knowledge model:*** **What strategic initiatives did HR implement to resolve the organizational issue or achieve the company's strategic goal?**
* **What behavioral competencies did HR professionals need to demonstrate in order to gain management buy-in and successful implementation of the HR indicatives?**
* **What might the impact be if HR initiatives are not developed across an organization? (For example, what would happen if the organizational issue were employee retention, but HR only focused on talent acquisition and the hiring of individuals with the right skill set?)**

**In response to your classmates, comment on any shared experiences and insights you gained from reviewing the SHRM Body of Competency and Knowledge model. Share any recommendations for improved resolutions to organizational issues or the achievement of strategic goals. For example, a recommendation to increase employee retention rates is an HR initiative focused on improving employee/management relations. This initiative might include management training, a nonpunitive disciplinary process, and a new employee recognition program.****To complete this assignment, review the**[**Discussion Rubric**](https://learn.snhu.edu/d2l/lor/viewer/viewFile.d2lfile/47432/720%2C-1/)**document.** | 28 | 123[Unread for topic 1-1 Discussion: Human Resources as a Strategic Partner:**(111)**](https://learn.snhu.edu/d2l/le/874386/discussions/topics/1476639/View?filters=unread) | View profile card for Marlene FrascaMarlene FrascaOctober 18 at 5:13 PM |

## **Group Discussions**

These group discussions are only visible to you and your group members as well as the instructor. For information about groups, please review [About Group Work](https://learn.snhu.edu/d2l/common/dialogs/quickLink/quickLink.d2l?ou=874386&type=content&rcode=snhu-669070).

| **Topic** | **Threads** | **Posts** | **Last Post** |
| --- | --- | --- | --- |
| [2-3 Small Group Discussion: Staffing Challenges in a Labor Shortage Market](https://learn.snhu.edu/d2l/le/874386/discussions/topics/1476642/View)**Contains unread posts**Available on Saturday, October 16, 2021 11:59 PM EDTGroup/section restrictions.**This is a group activity. For more information on groups, please see**[**About Group Work**](https://learn.snhu.edu/d2l/common/dialogs/quickLink/quickLink.d2l?ou=874386&type=content&rcode=snhu-669070)**.****For this discussion, you will focus on talent acquisition and walk through a scenario on sourcing, recruitment, and selection in a labor market with talent shortages. You will work with a small group of your classmates to identify talent acquisition strategies and to provide your set of recommendations based upon a collaborative group discussion.****First, review this module's required resources. In your initial post to the small group discussion, address the following:*** **How does knowledge of labor market information assist HR professionals in developing a quality staffing plan?**
* **From an external sourcing perspective, which HR initiatives and strategies are effective approaches to filling key positions in a labor market with talent shortages?**
* **From an internal sourcing perspective, which HR initiatives and strategies are effective approaches to filling key positions in a labor market with talent shortages?**

**Refer to the chapter readings, the SHRM resources, and to the Harvard Business Review article to support your responses.Note: You are required to present one initial post and two response posts to your group members. In responding to your group members, one response post should summarize your understanding of the group's initial posts and should provide your final recommendations for talent acquisition strategies based upon the collaborative discussion. Use your reading resources and information from your group members' posts to support your recommendations.****To complete this assignment, review the**[**Small Group Discussion Guidelines and Rubric**](https://learn.snhu.edu/d2l/common/dialogs/quickLink/quickLink.d2l?ou=874386&type=coursefile&fileId=Course+Documents%2fOL+600+Small+Group+Discussion+Guidelines+and+Rubric.pdf)**document.** | 5 | 17[Unread for topic 2-3 Small Group Discussion: Staffing Challenges in a Labor Shortage Market:**(10)**](https://learn.snhu.edu/d2l/le/874386/discussions/topics/1476642/View?filters=unread) |  |
| [4-1 Small Group Discussion: Pay Structure Analysis](https://learn.snhu.edu/d2l/le/874386/discussions/topics/1476643/View)**Contains unread posts**Available on Saturday, October 30, 2021 11:59 PM EDTGroup/section restrictions.**This is a group activity. For more information on groups, please see**[**About Group Work**](https://learn.snhu.edu/d2l/common/dialogs/quickLink/quickLink.d2l?ou=874386&type=content&rcode=snhu-669070)**.****First, review the module resources and consider the following scenario: You have been asked to evaluate whether your organization's current pay structure makes sense in view of what competing organizations are paying. In your initial post to the discussion, address the following:*** **How would you determine what organizations to compare your organization with?**
* **From an internal perspective, what are the potential consequences of having a pay structure that is out of line relative to those of your competitors? Consider the impact of pay and incentives on employees' motivation, engagement, and retention? Provide supportive examples.**
* **What recommendations would you provide to ensure improved motivation, engagement, retention, and competitive advantages in the marketplace?**

**In response to your classmates, contrast and compare pay structures and the impact of these structures on employee motivation, engagement, and retention. What insights have you gained from this analysis? Provide supportive workplace examples and cited information from your research and module resources.****To complete this assignment, review the**[**Small Group Discussion Guidelines and Rubric PDF**](https://learn.snhu.edu/d2l/common/dialogs/quickLink/quickLink.d2l?ou=874386&type=coursefile&fileId=Course+Documents%2fOL+600+Small+Group+Discussion+Guidelines+and+Rubric.pdf)**document.** |  |  |  |