Post 1:

*Dear Professor/Colleagues,*

In my area Rex Healthcare is the largest healthcare provider serving several cities/counties.

UNC REX has met the health care needs of the community for over 120 years, by providing various services throughout Wake County. UNC REX Healthcare has multiple facilities located in Apex, Cary, Garner, Holly Springs, Knightdale, Wakefield, and Raleigh.  UNC REX has grown through the provision of new services and the construction of new facilities, in which includes the following an [acute care hospital](https://www.rexhealth.com/rex-healthcare/), five [wellness centers](https://www.rexhealth.com/rex-healthcare/wellness-centers/), two skilled nursing facilities focusing on rehabilitation and long-term nursing care, urgent care centers, wound healing, emergency care and dedicated centers for [cancer](https://www.rexhealth.com/rex-healthcare/care-treatment/cancer/), [heart and vascular](https://www.rexhealth.com/rex-healthcare/care-treatment/heart-vascular/), [women’s care](https://www.rexhealth.com/rex-healthcare/care-treatment/womens-health/), [surgical services](https://www.rexhealth.com/rex-healthcare/care-treatment/surgical-services/) (such as [bariatric](https://www.rexhealth.com/rex-healthcare/care-treatment/weight-loss-management/) and heartburn), [orthopedic](https://www.rexhealth.com/rex-healthcare/care-treatment/orthopedics/), [neurology](https://www.rexhealth.com/rh/rex-neurosurgery-spine-specialists/), [pain management](https://www.rexhealth.com/rex-healthcare/care-treatment/pain-management/) and [sleep disorders](https://www.rexhealth.com/rex-healthcare/care-treatment/sleep-services/).

* **Who are the largest third party payers in your area**

Since 1933, Blue Cross and Blue Shield of North Carolina (Blue Cross NC) has offered its customers high quality health insurance at a competitive price and has led the charge toward better health and more consumer-focused health care in our state. Blue Cross NC is a fully taxed, not-for-profit North Carolina company with major operations centers in Durham, Fayetteville, Winston-Salem, and an office in Charlotte.

* **Are your providers being impacted by charity care and cost shifting?**     Yes, it places the physicians and healthcare providers from providing the best possible care due to the impact of the cost that it takes to ensure the best quality of care to the patients
* **What are the advantages or disadvantages to serving Medicare and Medicaid populations?**

Medicare and Medicaid are both government programs that help pay for health care. However, the benefits, costs, and eligibility requirements are different.

* Advantage-For individuals and families, health insurance enhances access to health services and offers financial protection against high expenses that are relatively unlikely to be incurred as well as those that are more modest but are still not affordable to some.
* DisAdvantage-    The limit place on the level of care the patient will receive. For example, if the doctor order a certain back brace that maybe a bit supportive to the needs of the patient, however Medicare or Medicaid can deny what the doctor is recommending for the patient. In some cases the patient's health does not get better but may eventually fail over a period of time.
* Medicaid’s eligibility criteria and the strong correlation between poverty and poor health and disability, Medicaid beneficiaries are poorer and have a poorer health profile compared with both the privately insured and the uninsured

Thanks

Nannette

Reference: https://www.rexhealth.com/rh/about/

https://www.bluecrossnc.com/about-us

https://www.kff.org/report-section/what-is-medicaids-impact-on-access-to-care-health-outcomes-and-quality-of-care-setting-the-record-straight-on-the-evidence-issue-brief/

Post 2

123[4](https://blackboard.strayer.edu/webapps/discussionboard/do/message?action=list_messages&course_id=_232802_1&nav=discussion_board&conf_id=_198647_1&forum_id=_2778823_1&message_id=_71178189_1)

* [5](https://blackboard.strayer.edu/webapps/discussionboard/do/message?action=list_messages&course_id=_232802_1&nav=discussion_board&conf_id=_198647_1&forum_id=_2778823_1&message_id=_71178189_1)

**Hi Professor Bennett and JWI 533 class:**

**The Reimbursement Landscape**

*You have been approached by a local community group representing the elderly in your area. They asked you to prepare a presentation on Healthcare reform for their members. Keep in mind that few, if any, members of your audience have a background in Healthcare. You have to explain the reimbursement challenges facing providers in your local area and make the case for advocating for funding for Healthcare reform. Write a brief summary of the main points that you will cover in your presentation.*

Dear Local Community Group,

I would like to present a supplemental healthcare option that will support healthcare reform for your members.  You may not know, but many physicians are closing their doors to health insurance companies that do not give them full reimbursement for services rendered because, “Under federal Medicaid law, the federal government pays between 50 and 74 percent of all the costs of providing services to beneficiaries under the program” (JWI 533 Lecture Notes Week 2, p. ).  This may have caused a great deal of turmoil to many of your members, as they have lost access to their local family physician.  You need to understand that medical practices are a business, and they have increasing expenses that are not being reimbursed, causing them to not accept some types of health insurances.  According to healthcare researcher Willem Cornax, “one of the problems with health care costs and prices is that they are not at all transparent. In other words, if we go to a doctor, we are unable to see the total costs of the treatment that we receive, or the full prices charged to the insurance company” (Cornax, 2014). We often pay a little bit up front, but the insurance company pays the rest. As a result, there is a growing need and clamor for healthcare reform, so that physicians can find a middle ground to offer their medical services, obtain a fair and rapid reimbursement, and still provide your members with quality medical care.

I suggest a three tier supplemental alternative that can help bridge a growing need for medical care at an affordable price:

1. Online Health Services-provide a fast and affordable access to basic healthcare needs.
2. Online Doctors-provide immediate access to US Licensed physicians nationwide.
3. Online Healthcare Plans-Low cost healthcare supplement for individual and family plans.

**Research the largest Healthcare provider in your area and answer the following:**

•**Who are the largest third party payers in your area?** Government agencies, insurance companies, health maintenance organizations (HMOs), and employers.  Ex: Medicare/Medicaid, Humana, Agile, Kaiser Permanente.

•**Are your providers being impacted by charity care and cost shifting?**  Yes. Providers working for our medical care centers are having to limit their services with charity care and cost shifting, in order to provide medical care at an affordable price.

**•What are the advantages or disadvantages to serving Medicare and Medicaid populations?**

The advantages of serving Medicare and Medicaid populations are that there is a large number of patients that fill up our daily schedules.  This allows us to create a callback waiting list for immediate visits that open up due to cancellations and no-show appointments.  Billing is handled by electronic accounting and biweekly government payments on time.

The disadvantages are that our medical providers are reimbursed a fraction of the cost for services provided.  This causes low morale and frequent turnover to retain our highly specialized medical providers.  Also, the increased patient load is overwhelming and the rapid and short visits do not provide the best medical care to patients.

What do you think about my summary presentation to the community group leaders?

Rafael

PST, CA

Resources:

JWI 533 Lecture Notes Week 2.  States and Medicaid Provider Taxes or Fees. Updated: Jun 27, 2017 | Published: Jun 23, 2017

<https://www.kff.org/medicaid/fact-sheet/states-and-medicaid-provider-taxes-or-fees/>

Cornax, Willem G, JWI 533 Lecture Notes Week 2.  Payers Drive Up Medical Costs.  Misses Institute Article 09/22/2014

https://mises.org/library/how-third-party-payers-drive-medical-costs

Bottom of Form