Test Bank for Financial Management for Nurse Managers 4th Leger

Chapter 2

Healthcare Stakeholder: Consumers, Providers, Payers, Suppliers, and Regulators

1. Summarize the role of the five stakeholders in the health care arena:
    a. Consumers
    b. Providers
    c. Payers
    d. Suppliers
    e. Regulators.
2. Why does the cost of health care services vary from individual to individual? What are the pros and cons of continuing with the current situation of adjusted prices?
3. How do uninsured individuals and families receive health care? Who pays for the provided services if they are unable or unwilling to pay?
4. What are examples of integrated provider networks and care systems?
5. Compare retrospective payment with prospective payment. Why is one more common than the other?
6. What type of payment is found in a *service benefit plan*?
7. Provide the full name of these prospective payment mechanisms, identify their relevant level of care, and briefly describe how they work.
    a. DRG
    b. RUG
    c. APC

d. RBRVS

e. OASIS

8. Describe a hypothetical example of two surgical patients. One patient enjoyed the advantages of capitation as a reimbursement mechanism, and one patient encountered the disadvantages of capitation.
9. Utilization review uses several methods of implementation. For each of the following methods, create an anecdote with details telling when it was used and if it was successful from the patient's point of view:
    a. Preadmission certification
    b. Concurrent review
    c. Discharge planning
    d. Case management
    e. Second surgical opinions
10. What are the components of the "triple aim" proposed by the Institute for Healthcare Improvement?
11. Why are there two levels of governmental regulation of healthcare: federal and state?
12. Why did the National Council of State Boards of Nursing (NCSBN) work to establish a multistate Nurse Licensure Compact? How successful are their current efforts? Refer to their website at www.ncsbn.org/nlc.htm.