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The first medical specialty selection guide written by residents for students! Provides an inside look at the issues surrounding medical specialty selection, blending first-hand knowledge with useful facts and statistics, such as salary information, employment data, and match statistics. Focuses on all the major specialties and features firsthand portrayals of each by current residents. Also includes a guide to personality characteristics that are predominate with practitioners of each specialty. " A terrific mixture of objective information as well as factual data make this book an easy, informative, and interesting read." --Review from a 4th year Medical Student

Recoup lost time and revenue with denials management and appeals know-how. Claim denials can sink a profit margin. And given the cost of appeals, roughly $118 per claim, not all denials can be reworked. A practice submitting 50 claims a day at an average reimbursement rate of $200 per claim should bring in $10,000 in daily revenue. But if 10% of those claims are denied, and the practice can only appeal one, they lose $800 per day—upwards of $200K annually. Your medical claims are the lifeblood of operations. Don't compromise your financial health. Learn how to preempt denials with the Denials Management & Appeals Reference Guide. This vital resource will equip you to get ahead of payers by simplifying the leading causes of denials and showing you how to address insufficient documentation, failing to establish medical necessity, coding and billing errors, coverage stipulations, and untimely filing. Rely on AAPC to walk you through the appeal process. We'll help you establish protocols to avoid an appeals backlog and teach you how to identify and prioritize denials likely to win an appeal. What's more, you'll learn when a claim can be "reopened" to fix a problem. Collect the revenue your practice deserves with effective denials and appeals solutions: Know how to analyze your denials Defeat documentation and compliance issues for successful claims success Utilize payer policy for coverage clues Lock in revenue with face-to-face reimbursement guidance Refine efforts to avoid E/M claim denials Ace ICD-10 coding for optimum reimbursement Put an end to modifier confusion Stave off denials with CCI edits advice Navigate the appeals process like a pro And much more!

This guide has been developed jointly by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists, and is designed for use by all personnel involved in the care of pregnant women, their foetuses, and their neonates.

This book is dedicated to improving healthcare through reducing delays experienced by patients. With an interdisciplinary approach, this new edition, divided into five sections, begins by examining healthcare as an integrated system. Chapter 1 provides a hierarchical model of healthcare, rising from departments, to centers, regions and the "macro system." A new chapter demonstrates how to use simulation to assess the interaction of system components to achieve performance goals, and Chapter 3 provides hands-on methods for developing process models to identify and remove bottlenecks, and for developing facility plans. Section 2 addresses crowding and the consequences of delay. Two new chapters (4 and 5) focus on delays in emergency departments, and Chapter 6 then examines medical outcomes that result from waits for surgeries. Section 3 concentrates on management of demand. Chapter 7 presents breakthrough strategies that use real-time monitoring systems for continuous improvement. Chapter 8 looks at the patient appointment system, particularly through the approach of advanced access. Chapter 9 concentrates on managing waiting lists for surgeries, and Chapter 10 examines triage outside of emergency departments, with a focus on allied health programs Section 4 offers analytical tools and models to support analysis of patient flows. Chapter 11 offers techniques for scheduling staff to match patterns in patient demand. Chapter 12 surveys the literature on simulation modeling, which is widely used for both healthcare design and process improvement. Chapter 13 is new and demonstrates the use of process mapping to represent a complex regional trauma system. Chapter 14 provides methods for forecasting demand for healthcare on a region-wide basis. Chapter 15 presents queueing theory as a method for modeling waits in healthcare, and Chapter 16 focuses on rapid delivery of medication in the event of a catastrophic event. Section 5 focuses on achieving change. Chapter 17 provides a diagnostic for assessing the state of a hospital and using the state assessment to select improvement strategies. Chapter 18 demonstrates the importance of optimizing care as patients transition from one care setting to the next. Chapter 19 is new and shows how to implement programs that improve patient satisfaction while also improving flow. Chapter 20 illustrates how to evaluate the overall portfolio of patient diagnostic groups to guide system changes, and Chapter 21 provides project management tools to guide the execution of patient flow projects.

The Field Guide to Physician Coding, 4th Edition, delivers a payload of precise information on coding rules and relevant billing guidelines. Betsy Nicoletti selects topics that answer the questions she is asked most frequently in her speaking and consulting work.

The authors discuss useful tools and tricks of the trade in pathology practice management. In-depth chapters on coding and billing by nationally known consultant Dennis Padget will prepare you to evaluate coding and billing practices. Noted law experts Jane Pine Wood and Amelia Larsen, attorneys at McDonald Hopkins, highlight key issues in employment, insurance, and hospital contracts and provide examples of how to deal with tricky issues. Sections on human resources and group dynamics take on the vexing issues that people bring to work. Finally, the authors identify current trends and reason how these might play out. In providing a broad overview of pathology practice management, each chapter employs a didactic framework, including one or more scenarios to illustrate challenges encountered by the writers. This case-based approach facilitates interactive learning and will thus be particularly useful to pathology training programs. Whatever your stage in the field—from resident to senior pathologist, including those in leadership roles—Pathology Practice Management: A Case-Based Guide is essential reading.

Risk Management Handbook for Health Care Organizations, Student Edition This comprehensive textbook provides a complete introduction to risk management in health care. Risk Management Handbook, Student Edition, covers general risk management techniques; standards of health care risk management administration; federal, state and local laws; and methods for integrating patient safety and enterprise risk management into a comprehensive risk management program. The Student Edition is applicable to all health care settings including acute care hospital to hospice, and long term care. Written for students and those new to the topic, each chapter highlights key points and learning objectives, lists key terms, and offers questions for discussion. An instructor's supplement with cases and other material is also available. American Society for Healthcare Risk Management (ASHRM) is a personal membership group of the American Hospital Association with more than 5,000 members representing health care, insurance, law, and other related professions. ASHRM promotes effective and innovative risk management strategies and professional leadership through education, recognition, advocacy, publications, networking, and interactions with leading health care organizations and government agencies. ASHRM initiatives focus on developing and implementing safe and effective patient care practices, preserving financial resources, and maintaining safe working environments.

Now is a critical time in pediatric informatics. As information technologies—electronic health records (EHRs), personal health records (PHRs), computerized physician order entry (CPOE)—and standards (HL7) are developed to improve the quality of health care, it is imperative for policy makers and pediatricians to be aware of their impact on pediatric care and child health. Informed child advocates must be at the planning table as national and regional health information networks are developed to insure the unique health care needs of children are being met. Pediatric Informatics: Computer Applications in Child Health is a current digest of the important trends in pediatric informatics, written by leading experts in the field. This book explores how the management of biomedical data, information, and knowledge can optimize and advance child health. The contributors investigate the specific importance of pediatric informatics is derived from the biological, psychological, social and cultural needs that the distinguish children from other populations. These distinctions create complexities in the management of pediatric data and information that make children a vulnerable population and require the development of a new body of knowledge in pediatric informatics.

Section 1557 is the nondiscrimination provision of the Affordable Care Act (ACA). This brief guide explains Section 1557 in more detail and what your practice needs to do to meet the requirements of this federal law. Includes sample notices of nondiscrimination, as well as taglines translated for the top 15 languages by state.

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