

Strategic Training Workforce on Policies, Procedures, and Regulation

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Introduction

Strategic training plays a significant role in the development of the healthcare facility. Training presents a useful opportunity for expanding the knowledge base of the employees working within the healthcare which helps in addressing challenges faced by the industry. While employees normally regard the strategic training as an expensive venture which normally leads to health care practitioner's missing during the training sessions and delay of the completion of the projects, it should be well understood that training serves for the good of the health organization. It provides the healthcare organization with the advancement of the entire system and better delivering the services to the prospective clients. Strategic training ensures that the employees working in health sector gain more skills. In most cases, the failure of the healthcare service to offer adequate and professional services is due to the lack of skills. Therefore, providing the training ensures that there is knowledgeable employee's base in the system who will deliver the services independently without necessarily relying on the close supervision by the top management. Performance of the healthcare practitioners will also gradually increase since the practitioners will build the confidence and the comprehensive on necessary issues within the healthcare system. Strategic training will ensure that the potential clients in the healthcare system will become satisfied. This work, therefore, discusses the Strategic Training Workforce on Policies, Procedures, and Regulation. Taking the role of healthcare executive of a large hospital in the department of director of health information, I will provide comprehensive action plan of what needed to be done on issues surrounding facility's billing and coding of staff.

Part 1

Policies and procedures to monitor abuse or fraudulent trends

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Abuse or fraudulent activities are common in a healthcare organization. While the abuse can be in the form of abuse arise from the computer error, there are instances where the dishonest employees collude to cause the system fraud for their self gain (Schneider, 2012) There are various types of frauds or abuse that might arise during the medical coding and the billing activities.

(i) Upcoding

Upcoding is the fraudulent activity in the medical billing and occurs where the provider of the bills in the health insurance payer make use of CPT code for more expensive services than what was initially performed. In short, the healthcare provider abuses the insurance company through inflation of the prices of the patients with the intention of scamming the insurance company. Upcoding can relatively cause comprehensive negative health ramifications for the prospective patients. This is because the system put false information on patient's medical records which will eventually affect their future whenever they try to get the insurance.

(ii) Cloning

Cloning is another everyday fraudulent activity in the healthcare system where the practitioner uses HER system to automatically create comprehensive details about the profile through the copying of identical file of another patient to create a false impression that comprehensive examination was done. As such, the doctor can inflate the prices of the medical services, yet the real services were not offered within the health facility. The idea of cloning is used to scam the unsuspecting patients.

(iii) Keystroke Error

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Keystroke error normally occurs due to the entry of false or incorrect data into the system when typing. This will lead to overcharging or undercharging depending on how the data was fed into the computer system. It becomes a fraudulent activity when the doctor enters wrong information intentionally into the system for a sinister motive of overcharging of the services within the facility.

In striving to eliminate the fraudulent activities in the healthcare, there are various organizational policies and procedures that should be applied to monitor the activities. The policies at times have its weakness and application should create room for improvement in future.

(i) *Federal False Claim Act*

The act imposes civil liability on any person in the healthcare system that knowingly submits or organizes the process of providing the fraudulent or false claim. The burden is then forwarded to the federal government for the legal action to be taken against the victims of the ill motive. In such instance, the law officials do not necessarily need the proof of a given intent to defraud whenever they are providing the charge sheet. Critics believe that this system cannot work efficiently because the officials in charge simply believe the data generated (Gore, 2010). They may not establish easily whether the information is fraudulent or not because of limited or no access to such information.

(ii) *Anti-Kickback Statute*

This policy normally targets the people who willingly and knowingly pay, offer, solicit or receive remuneration either indirectly or directly of the services which are provided by the government such as the insurance programs (Galley, 2014). Those who are caught are charged

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found guilty will be punished in court of law accordingly.. The critics believe that this system is not effective because those who engage in such activities are normally smarter and knows how to trick the system accordingly.

(iii) Physician Self-Referral Law

The law and policy are meant to prohibit the health care providers from referring the patients to specific healthcare services which are reimbursed by the federal healthcare program to a given entity which the provider has an ownership or shares regarding investment. However, while this system can be effective regarding punishing in the court of law those who are involved, the weakness is that those who implement the laws cannot follow up the patient or establish the businesses of the practitioners. Failure of the patient to report that they are told to visit certain healthcare can complicate the entire process.

Part 2

Creation and implementation of staff orientation and training program

Outline of New Employee Orientation Program and ongoing training program for medical billing and coding employees.

(i) Standards of Conduct

Extensive commitment to confidentiality in healthcare's electronic security to eliminate fraud

- Information should always be stored accurately in the database.
- Patients always have the right about the PHI:
 - Patients information should be confidential

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- Patients have the capacity of accessing and receiving copy of all the medical records
- Patients may request the amendment of medical records whenever not convinced
- Patients can be given the accounting disclosure whenever requested
- Commitments of Regulations and Laws
 - Anti-Kickback (Practitioner must not offer any payments which induce rewards referrals
 - Stark Laws which abides the policies against the physician self-referral law about Medicare patients must be upheld.
 - signing of the Federal and False Claim act which abolishes the knowingly filing of false claim

Training and Education

- The employees must ensure that they receive at least 1 hour's HIPAA and Compliance training every year to grasp emerging issues of delivering excellent services to the prospective patients. High-risk employees who include billers and coders are to receive additional 3 hours of education every year.
- Compliance Representatives: All the new employees within the facility must ensure that they take essential responsibility of attending compliance meeting, completing all the departmental monitors and ensuring that they receive the education either through the departmental meetings or the emails.

Effective Communication

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- Every reported HIPAA concerns and Compliance are taken with the high degree of seriousness, and immediate action must be taken whenever an issue arises.
- The chains of command include Compliance Officer, Compliance Representative, and Direct Report.
- Compliance of the Hotline which is anonymous and confidential
 - Reports of any concerns that might arise
 - Reporting Findings to the Executive Team

Part 3

Evaluation of initial and ongoing training programs

The evaluation process aims to identify the essential priorities essential for the development and the training. The initial and ongoing training will be headed by the Human Resource Directorate who oversees the affairs related to the healthcare employees. The trust policy has to adhere to ensure that employees adhere all the necessary issues. As such, a well-structured appraisal and the personal review must always be reviewed by the appropriate line of management (Allen, 2009). The plan is expected to be continuously reviewed and necessary changes that were contributing to the success of healthcare made. The employee's ongoing training ensures that there is knowledgeable employee's base in the system who will deliver the services independently without necessarily relying on the close supervision by the top management. Performance of the healthcare practitioners must also continually be analyzed by the relevant departments to ensure that there is gradually increase since the practitioners will build the confidence and the comprehensive on pressing issues within the healthcare system.

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Strategic training will ensure that the potential clients in the healthcare system will become satisfied.

Conclusion

In conclusion, it is evident that strategic Training Workforce on Policies, Procedures, and Regulation plays a significant role in the development of the healthcare system. While healthcare organization might at times face challenges during the entire process of training, it's essential for the healthcare management to invest in necessary resources to make the process successful.

Reference

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