Understanding how your organization is reimbursed for services depends on several components. Assess your organizatio[...] and payer mix make up. Include percentages represented by each payer group. Identify the key people in your organizatio[...] information. Perhaps it is your unit director, operational directors, financial officers, CNOs. Your direct supervisor might [...] direction, Since the information required is often available to the public through public reports you might also access the [...] internal systems or external internet searches.

Dr. Strong and Class,

The facility that I work for is a non-profit, integrated delivery system organization and the demographics for this organization consi[...] population that we serve as well as patients from the closest five surrounding counties, including Coweta, Fayette, Heard, Fulton, a[...] our demographics are slowly changing, which can be attributed to an exit ramp opening directly next to the hospital entrance off o[...] patients are elderly patients from the community with low income, our percentage of younger patients, ages 18 to 37, are slowly i[...] elderly patients that we serve, our largest percentage of the payer mix comes from Medicare and Medicaid patients, or uninsured [...] percentage of healthcare costs that are covered under government insurance versus private insurance versus self-pay.  According t[...] Affordable Care Act resulted in the reduction of uninsured patients through the expansion of Medicaid, and as more patients beco[...] services, patterns of patient hospitalizations have changed (Freedman, et.al., 2017. P. 2).   Therefore, we have seen a rise in Medica[...]

organization. According to our Chief Financial Officer, John Miles, approximately forty-seven percent of the hospital's revenue con
government programs. See below for a breakdown of percentages for this organization. As you can see based on the information
include Medicaid, Medicare, and uninsured patients.

# NR533: Touchpoint Reflections Experience Table

| Your Name's Healthcare Organization – | |
|---|---|
| Healthcare Delivery System (Type) | Integrated Delivery System |
| Payer Mix | Percentage |
| Medicare | 15% |
| Medicaid | 32% |
| Managed Care | 17%(private – mix of managed care, HMO, PPO, and IPA) |
| HMO | 17%(private – mix of managed care, HMO, PPO, and IPA) |
| PPO | 17%(private – mix of managed care, HMO, PPO, and IPA) |
| IPA | 17%(private – mix of managed care, HMO, PPO, and IPA) |
| Self-pay | 36% (mix of self-pay and uninsured) |
| Uninsured | 36% (mix of self-pay and uninsured) |

**Reflection** –

Based on the data provided by the organization, while we have seen an increase in a younger patient population ages 18 to 37, the
older and are receiving Medicaid or Medicare. This can impact the rate of admissions, and we could continue to see an increase in
admissions.

**Implications for the future –**

Due to the amount of patients who are uninsured or use Medicaid and Medicare services, we could see an increase in admissions o
primary care areas, therefore patients will continue to seek medical care within the Emergency Department, either leading to treat
increase in patient acuity due to lack of resources for primary care. I believe that we should focus on education and prevention of s
decrease hospital costs as well as promote the health and well-being of the patients in the community and surrounding areas. Than

References

Freedman, S., Nikpay, S., Carroll, A., & Simon, K. (2017). Changes in inpatient payer-mix and hospitalizations following Medicaid ex
discharge data. *Plos One*, *12*(9), e0183616. https://doi-org.chamberlainuniversity.idm.oclc.org/10.1371/journal.pone.0183616