Cotiviti Screening

Quintin Behnk

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Content Management in Health Care

Billing and Coding Policies:

Billing and coding policies play a significant role in healthcare services, translating them into standard codes that can be used to bill patients and their corresponding insurance companies. In perspective, the total U.S. personal health expense reached three trillion dollars in 2017 (Burks, Kristie et al.). With such a steep financial intake, the importance of making sure coding policies is up to date, have the correct curriculum, and are appropriately processed and logged, is significant. From a recent study, testing of accurate coding was 16.1% for year 1 post-graduates, 26.8% for year 2 post-graduates, and 39.3% for year 3 post-graduates (Kapa et al.). As of now, the coding and billing procedure is entirely manual and lacks the position of a thorough audit, meeting the standards intended. A notable secondhand approach is having educational periods teaching medical professionals what is to be expected out of correct coding and billing policies. Theoretically, these approaches are sustainable and reasonable, but do not acquire adequate results.

Clinical Practice Guidelines:

Clinical practice guidelines are protocols set in to improve the quality of care and standard practices in the healthcare field. The strategies to set and enhance this topic include educational interventions, which provide training and education top practices these guidelines, Audit and feedback, in which an auditor(s) provide input on the correctness of the practiced guideline, reminder systems, provides reminders to prompt adherence to guidelines, and policy changes, integrates policies to ensure compliance to guidelines (Pereira, Viviane C et al.). These policies' effectiveness has been proven to not be adequate to give expected results in the industry. Further research of this topic will provide a baseline of fault throughout the practices and policies implemented.

Payer-Provider Contracts:

Payer-provider contracts simply are agreements between healthcare facilities and insurance companies that provide the terms and conditions of a payment method given to patients. An application of this can boil down to a couple of different management criteria such as contracting terms, renewals of contracts, making sure there is compliance with the contract's stipulations, and negotiations based on new data. These contracts come with a steep data set, providing information on hundreds of different criteria. The importance of not missing a single word can be the difference between patients getting the healthcare that they need or not getting it because of financial hiccups.

Summarization of Content:

Summarization of content suggests the process of condensing information into a shorter and easily digestible format. Automated methods of summarization are already abundant in the healthcare community, using natural language processing (NLPs) to pick apart key information and reduce redundancy in files. "Clinical summarization, the act of collecting, distilling, and synthesizing patient information for the purpose of facilitating any wide range of clinical tasks presents a different set of challenges from summarization in other domains and genres of texts." (Pivovarov, Rimma, and Noemie Elhadad.). This presents a common issue with NLPs for summarization; NLPs are susceptible to incorrectness, not recognizing key parts of files and skipping over otherwise crucial information.

Comparison of Content Changes:

Comparison of content changes involves tracking updates and modifications to healthcare documents, such as clinical guidelines, billing policies, or payer-provider contracts. This process ensures that all stakeholders are working with the most current information and maintaining compliance with evolving standards and regulations. Effective content comparison tools are crucial in identifying discrepancies between different versions of documents and understanding their implications. A study on electronic health records (EHRs) highlighted that the manual comparison of content changes can lead to errors and inconsistencies (Huang et al.). Automated tools that compare document versions can enhance accuracy by highlighting differences and facilitating quicker updates. These tools often use algorithms to detect changes and generate reports, aiding healthcare professionals in staying current with policy modifications and ensuring adherence to the latest standards.

Conversion of Written Policy into Programming Languages, Rules, Features, or Models:

Conversion of written policy into programming languages, rules, features, or models involves translating textual healthcare guidelines and policies into formats that can be used by software systems. This process allows for the automation of policy implementation and ensures that policies are applied consistently across various platforms and systems. For example, converting billing policies into algorithms can automate the billing process, reducing the risk of human error and improving efficiency. Similarly, clinical practice guidelines can be translated into decision-support tools integrated into electronic health records (EHRs), providing real-time recommendations based on the latest guidelines. The challenge in this conversion process is ensuring that the complex nuances of written policies are accurately captured and translated into functional programming elements. Research on policy-to-software conversion emphasizes the need for testing and validation to ensure that the software adheres to the intended policies and guidelines (Kohn et al.).

Investment Proposal for Cotiviti: Implementation of AI in the Healthcare Industry

To effectively explore and implement AI solutions in the healthcare industry, investing in rigorous testing methods is crucial. This includes both specific prompting tests, which evaluate how well AI models handle predefined queries related to healthcare tasks, and assumption prompting tests, which assess how the models deal with incomplete or ambiguous information. These tests are vital for understanding the AI's accuracy and reliability in real-world applications. Integration of AI into existing healthcare systems must be seamless, with a focus on training healthcare professionals and ensuring regulatory compliance, especially concerning data privacy and ethical considerations. Misuse of AI, stemming from incorrect or imprecise prompting, can lead to significant issues, such as making erroneous assumptions that result in incorrect diagnoses or inappropriate treatment recommendations. Ensuring that AI models are properly trained and tested helps mitigate these risks, promoting more accurate and effective healthcare solutions while safeguarding against potential biases and inaccuracies. This approach not only enhances the functionality of AI systems but also ensures their ethical and effective use in improving healthcare outcomes and operational efficiency.

Works Cited

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