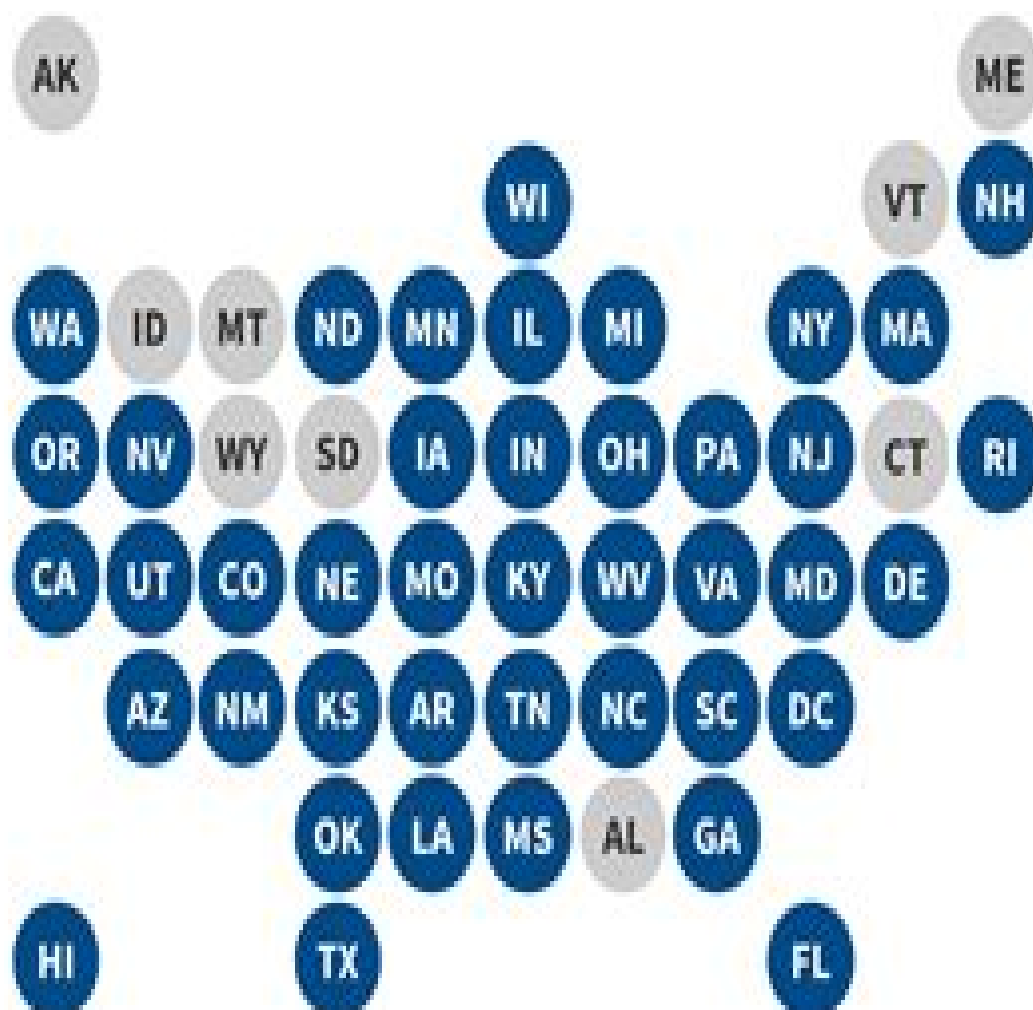


Most States Contract with Comprehensive Medicaid Managed Care Plans

- Contracts with comprehensive managed care plans (42 states, including DC)
- Other managed care (primary care case management) or no managed care (9 states)

Source: Annual KFF survey of state Medicaid officials, Nov. 2023.



Managed Care State Regulation

Michael Rajnik



Managed Care State Regulation:

Physicians as Employees , **Managed Care** ,1998 As a result of intense lobbying by consumers and health care providers managed care organizations are under close scrutiny More and more frequently states are taking assertive roles in governing managed care operations including monitoring how they contract with providers and what types of benefits they provide to enrollees In this volume you ll learn how MCOs nationwide are being held accountable to a complex array of new laws and what you can expect and demand from MCOs according to new laws Guide to State Medicaid Managed Care Laws and Rules Jane M. Anderson,1999 Guide to State Medicaid Managed Care Laws and Rules 1999 Edition reveals the current legislative and regulatory climate regarding Medicaid in every state including federal waivers applied for and granted It s the most complete and current information available on how you can maintain or increase your number of covered lives In one easy to use guide you get specific details of each state s Medicaid laws and rules including choice of physician provider reimbursement benefits packages quality assurance utilization management and names of contacts at state agencies Best of all you ll get the details on contracting with each state as specified by the state Medicaid office itself You ll also get hard to find answers to critical questions such as Which states allow Medicaid patients to choose their own physicians How do Medicaid provider reimbursement to choose their own physicians What are the rules on provider network development in states where you want to do business Get the answer to these questions and many more in Guide to State Medicaid Managed Care Laws and Rules 1999 Edition **State-by-State Laws and Regulations on Workers'**

Compensation Managed Care Jane M. Anderson,1999 As the implementation of workers compensation managed care programs spreads the volume of state rules and regulations for the industry multiplies as well And as you know keeping track of the various iterations is an extremely difficult task The future holds more regulation not less You need a resource that allows you to quickly scan summaries of the latest laws and regulations in each state to easily identify opportunities around the country to expand you business State by State Laws and Regulations on Workers Compensation Managed Care covers all the rules on every aspect of workers compensation including choice of physicians utilization review provider reimbursement cost containment dispute resolution 24 hour care and much more Completely updated to include numerous new laws passed since the last edition was published the 1999 Edition helps you identify states with favorable or unfavorable conditions for expanding your business watch out for changes in what you can can t and must do in states where you already do business know in advance which products and programs can and can t succeed in states where you plan to do business Don t miss out of profit opportunities or run afoul of the law just because you don t know the rules Guide to State Medicaid Managed Care Laws Jane M. Anderson,1996-12 State by State Guide to Managed Care Law Donald R. Levy,Molly Stauffer,1999-12-01 Until now the search for information on managed care was 5 times as difficult as it had to be Now you can examine and compare regulatory policies state by state the State by State Guide to Managed Care Law simplifies and

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The Challenge of Regulating Managed Care John Eugene Billi, Gail Bopp Agrawal, 2010-02-01 Representatives of industry government caregivers and consumers join scholars and policy analysts in comparing market forces to regulation as potential means for righting what is wrong with managed care The contributors that John E Billi and Gail B Agrawal have gathered here quickly move the healthcare debate beyond the classroom think tank and statehouse to the boardroom and examining room Some argue strongly that the solution is to be found in the democratic process and government intervention while others maintain that only market forces in a competitive environment can respond quickly to the needs of consumers and purchasers alike The contributors diverse opinions about the oversight of managed care reflect an enduring divide one that will affect how society ultimately resolves questions about the inevitable tradeoffs among health care quality cost and access in an environment of limited resources The Challenge of Regulating Managed Care will appeal to policymakers those in the medical field and all readers interested in the American experience with managed care John E Billi is Associate Professor of Internal Medicine and Medical Education Associate Dean for Clinical Affairs University of Michigan Medical School and Associate Vice President for Medical Affairs University of Michigan Gail B Agrawal is Associate Professor of Law University of North Carolina Chapel Hill Medicaid Managed Care United States. Congress. Senate. Special Committee on Aging, 1997 Managed Care Peter Kongstvedt, 2009-10-07 The origins of managed health care Types of managed care organizations and integrated health care delivery systems Network management and reimbursement Management of medical utilization and quality Internal operations Medicare and Medicaid Regulation and accreditation in managed care

Managed Care William Scanlon, 1999 *Health Insurance and Managed Care* Peter R. Kongstvedt, 2019-02-15 Health Insurance and Managed Care What They Are and How They Work is a concise introduction to the workings of health insurance and managed care within the American health care system Written in clear and accessible language this text offers an historical overview of managed care before walking the reader through the organizational structures concepts and practices of the health insurance and managed care industry The Fifth Edition is a thorough update that addresses the current status of The Patient Protection and Affordable Care Act ACA including political pressures that have been partially

successful in implementing changes This new edition also explores the changes in provider payment models and medical management methodologies that can affect managed care plans and health insurer

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Managed Care: What It Is and How It Works Peter R. Kongstvedt,2008-09-19

Managing Managed Care Committee on Quality Assurance and Accreditation Guidelines for Managed Behavioral Health Care,Institute of Medicine,1997-05-05 Managed care has produced dramatic changes in the treatment of mental health and substance abuse problems known as behavioral health *Managing Managed Care* offers an urgently needed assessment of managed care for behavioral health and a framework for purchasing delivering and ensuring the quality of behavioral health care It presents the first objective analysis of the powerful multimillion dollar accreditation industry and the key accrediting organizations *Managing Managed Care* draws evidence based conclusions about the effectiveness of behavioral health treatments and makes recommendations that address consumer protections quality improvements structure and financing roles of public and private participants inclusion of special populations and ethical issues The volume discusses trends in managed behavioral health care highlighting the emerging role of the purchaser The committee explores problems of overlap and fragmentation in the delivery of behavioral health care and discusses the issue of access a special concern when private systems are restricted and public systems overburdened Highly applicable to the larger health care system this volume will be of particular interest to all stakeholders in behavioral health federal and state policymakers public and private purchasers health care providers and administrators consumers and consumer advocates accrediting organizations and health services researchers

The Managed Care Contracting Handbook Maria K. Todd,2009-03-26 Managed care contracting is a process that frustrates even the best administrators However to ignore this complexity is to do so at your own expense You don t necessarily need to bear the cost of overpriced legal advice but you do need to know what questions to ask what clauses to avoid what contingencies to cover and when to ask a lawyer

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a strategic and operational resource for use in planning and decision making The Handbook enables readers to fine tune operation strategies by providing updates on critical managed care issues insights to the complex managed care environment and methods to gain and maintain cost efficient high quality health services With 30 new chapters it includes advice from managers in the field on how to succeed in every aspect of managed care including quality management claims and benefits administration and managing patient demand The Handbook is considered to be the standard resource for the managed care industry *Essentials of Managed Health Care* Peter Reid Kongstvedt, 2013 Rev ed of *Essentials of managed health care* edited by Peter R Kongstvedt 5th ed c2007

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