

	A Baseline	B Competitive Market (Theory)	C Modeled	D Modeled
Risk Score	1.0	1.1	1.1	1.3
Total Premium from CMS Per Member Per Month (PMPM)	\$1008	\$1083	\$1057	\$ 1155
A&B Medical Expense PMPM	\$760	\$760	\$760	\$760
Rebate to improve Member Premium & Benefits PMPM	\$134	\$195	\$ 148	\$ 176
Total Profit PMPM	\$43	\$46	\$55	\$77
Profits /100,000 members Total \$	\$52 M	\$55M	\$67 M	\$ 93 M
CMS Added Costs Total \$	\$10 M	\$100 M	\$68 M	\$ 186 M
Beneficiaries Added Costs Total \$	\$1.3M	\$14 M	\$ 9.6 M	\$ 26 M
Profit %	4.3%	4.2%	5.2%	6.7%
Medical Loss Ratio (MLR) %	87.5%	87.8%	87%*	86.1%*

# Risk Contracting And Medicare Choice

**United States. Congress. House.  
Committee on Ways and Means.  
Subcommittee on Health**

## **Risk Contracting And Medicare Choice:**

*Risk Contracting and Medicare+Choice* Winfield Towles, Charlotte Collins, 2000 Risk Contracting and Medicare Plus Choice edited by Winfield Towles M D and Charlotte Collins J D is your all in one guide to understanding the details and implications of the Medicare Plus Choice program and accompanying provider sponsored organization PSO legislation It is a comprehensive reference that provides a framework for understanding how health delivery systems operate under Medicare risk contracts and describes the questions providers must answer before deciding to become a risk bearing contractor Risk Contracting and Medicare Plus Choice discusses Medicare managed care the role of the risk contractor in the health delivery system and the fundamental characteristics of the Medicare Plus Choice Program It also details the various financing mechanisms associated with Medicare Plus Choice and addresses issues pertaining to licensure solvency and the other legal regulatory requirements for establishing Medicare Plus Choice risk contracts The book concludes with a summary of the opportunities offered to PSOs through Medicare Plus Choice and a valuable appendix that contains Operational policy letters from the Health Care Finance Administration HCFA Sample applications for Medicare Plus Choice organizations Sample waivers from state licensure for PSOs and solvency requirements Excerpts from HCFA manuals and the National Marketing Guidelines Model work plans for setting up Medicare Plus Choice Plans and model provider contracts *Annual Report to Congress* United States. Physician Payment Review Commission, 1997 [Medicare+Choice audits lack of audit followup limits usefulness : report to congressional committees](#) , [The Financial Professional's Guide to Healthcare Reform](#) Mark Dietrich, Gregory D. Anderson, 2012-05-29 A comprehensive reference guide interpreting and applying healthcare reform law for consultants appraisers accountants and attorneys The Financial Consultants Guide to Healthcare Reform provides an historical backdrop on how the healthcare system got to its present state including the Massachusetts Reform and Medicare Advantage along with an explanation of the principal types of health insurance in the United States and how insurance actually works A review and explanation of each of the reform provisions follows including an analysis of what the implications are for providers consumers and business and what responses each of these communities might have to the Reform Using the authors insights and firsthand experiences in U S healthcare finance this book explains the new healthcare law for individuals and businesses alike what to expect from it and what actions they need to take to comply Interprets and applies the health care reform law Provides examples of what the impact of the law might look like Extensive use of sidebars to provide in depth analysis or background on particular topics of import where the reader may need more detail to understand the context of Reform s changes Written for consultants appraisers accountants and attorneys Written by major figures in the world of healthcare valuation and consulting The Financial Consultants Guide to Healthcare Reform provides a complete handbook to healthcare reform for financial consultants both for understanding this important legislation as well as for planning responses to it [Health Care Financing Review](#) , 2006 [Budget Reconciliation Recommendations of the](#)

Committee on Finance (spending Provisions) United States. Congress. Senate. Committee on Finance,1997

**Disentitlement?** Timothy Stoltzfus Jost,2003-04-10 No developed nation relies exclusively on the private sector to finance health care for citizens This book begins by exploring the deficiencies in private health insurance that account for this It then recounts the history and examines the legal character of America s public health care entitlements Medicare Medicaid and tax subsidies for employment related health benefits These programs are increasingly embattled attacked by those advocating privatization replacing public with private insurance individualization replacing group and community based insurance with approaches based on individual choice within markets and devolution devolving authority over entitlements to state governments and to private entities Jost critically analyzes this movement toward disentitlement He also examines the primary models for structuring health care entitlements in other countries general taxation funded national health insurance and social insurance and considers what we can learn from these models The book concludes by describing what an American entitlement based health care system could look like and in particular how the legal characteristics of our entitlement programs could be structured to support the long term sustainability of these vital programs      **Budget**

**Reconciliation Recommendations of the Committee on Finance** United States. Congress. Senate. Committee on Finance,1995      **The Nation's Health** Leiyu Shi,Douglas A. Singh,2011-06-24 The Nation s Health Eighth Edition provides students with a comprehensive examination of the health of the U S population and the complex factors that contribute to it

**Medicare and Health Care Chartbook** United States. Congress. House. Committee on Ways and Means,1999

Background Material and Data on Major Programs Within the Jurisdiction of the Committee on Ways and Means ,1998

**Recommendations Regarding Future Directions in the Medicare Program** United States. Congress. House.

Committee on Ways and Means. Subcommittee on Health,1996

**The Economics of U.S. Health Care Policy: The Role of Market Forces** Frank W. Musgrave,2015-02-24 Designed as a primary text for courses in health care economics and policy analysis this comprehensive work places the issues and economic analysis of the health care industry in the context of market forces driving the industry including negotiated markets managed care and the growing influence of oligopolies Written in accessible prose without the aid of technical jargon and mathematical formulations the content is rich with applicable understandable economic concepts and analysis and examples of market failure and government involvement Some of the major policy issues covered are drug pricing Medicare and Medicaid reform the medically uninsured for profit hospital monopoly price power managed care competitive pricing and new negotiated markets The relevant economic concepts employed in the text include price elasticity of demand supply market structure from competitive to oligopolistic markets monopoly pricing power measures of health care inflation and the biases of the CPI demand and supply factors inverse relationship of present health care expenditures as a percentage of GDP measures concepts of efficiency and the role of government in a market era      *Federal Register* ,2013-07      **Balanced Budget Act of 1997** United States.

Congress,1997      **Hearings, Reports and Prints of the Senate Special Committee on Aging** United States. Congress. Senate. Special Committee on Aging,1980      **Making Managed Healthcare Work** Peter Boland,1993 Making Managed Healthcare Work is your comprehensive guide to developing and implementing a new strategic approach to managed care that s practical performance based and results oriented Learn how to prepare for identify pursue negotiate and implement a new type of managed care arrangement that can accomplish the objective of delivering quality care at competitive prices

*The Managed Health Care Dictionary* Richard Rognehaugh,1998 The Managed Health Care Dictionary Second Edition is an essential resource for both professionals and students With more than 1 000 terms this dictionary covers the language of every industry sector purchaser provider and payer The new edition highlights new terminology current definitions and an expanded listing of acronyms and abbreviations

**Transforming Health Care Systems for the 21st Century Issues and Opportunities for Improving Health Care** United States. Congress. Senate. Special Committee on Aging,1998

Fundamentals of Retiree Group Benefits Dale Yamamoto,2015-06-30 Retiree group benefits have earned a reputation for being difficult to understand Half retirement benefit and half group insurance few professionals have mastered both fields Complex finances blend the world of pension mathematics and health plan pricing The purpose of this textbook is to provide the fundamental basics of all aspects of retiree group benefits from goals and objectives of providing the benefit to the actuarial considerations of accounting and funding the programs This one book contains everything pertaining to the subject of retiree group benefits Its chapters cover the prevalence of the benefit Medicare plan design funding and legal issues accounting rules and actuarial methods and assumptions

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