

- Medicare/Medicaid and private payers are now reimbursing providers based on documented compliance with established quality metrics and outcome measures.
- Examples of this shift from volume to value as a condition of payment include:
 - Medicare Shared Savings ACOs
 - Value-based purchasing outcome standards
 - Pay for performance standards
 - Readmission rate penalties
 - MACRA/MIPS
 - Hospital acquired condition/infection penalties
 - HHS has set a goal of tying 85% of all of its traditional Medicare payments to quality or value metrics

Medicare Psos Assessing The Market Risks And Opportunities

SA Dillow



Medicare Psos Assessing The Market Risks And Opportunities:

Medicare PSOs Edward C. Thompson, Heather R. Honeycutt, 1996-10-01 This book provides a blueprint for making the crucial decisions on whether to create a PSO You ll have at your fingertips comprehensive Medicare trends and data sociodemographic information intelligence on the competition vital insight on federal and state regulatory hoops and hurdles financial management and reporting requirements and a 5 step guide to take you through the decision making process

Managed Medicare and Medicaid Factbook ,2000 **Managed Care Strategies** George B. Moseley, 1999 This book is a guide to strategic training for physicians in an era of managed care The first half of the book provides a step by step process to help physicians take their practices into the new world of integrated delivery systems The second half of the book covers a variety of key topics such as credentialing reimbursement systems and utilization management The Business Book on 5 Top Hospital Corporations ,1997 This comprehensive book gives you quick access to everything you need to know about Columbia HCA Healthcare Corporation Tenet Healthcare Corporation Vencor Inc HealthSouth Corporation and Magellan Health Services You ll find a wealth of information on these industry giants from growth profiles acquisition history company statistics and strategic alliances and joint ventures to financial data stock information quality initiatives and more

Provider Sponsored Organizations Allan Fine, Colleen E. Dowd, 1998 Provider Sponsored Organizations Emerging Opportunities for Growth is a comprehensive practitioner oriented source addressing strategic operational financial structural legislative marketing legal actuarial medical management issues germane to PSO development implementation

Healthcare Financial Management ,1998 Some issues accompanied by supplements Code of Federal Regulations ,2000 Special edition of the Federal Register containing a codification of documents of general applicability and future effect with ancillaries *The McNulty Memorandum's Effect on the Right to Counsel on Corporate Investigations* United States.

Congress. House. Committee on the Judiciary. Subcommittee on Crime, Terrorism, and Homeland Security, 2007 The Code of Federal Regulations of the United States of America ,1998 The Code of Federal Regulations is the codification of the general and permanent rules published in the Federal Register by the executive departments and agencies of the Federal Government **Budget Reconciliation Recommendations of the Committee on Finance (spending Provisions)**

United States. Congress. Senate. Committee on Finance, 1997 *Departments of Labor, Health and Human Services, Education, and Related Agencies Appropriations for 1998* ,1997 **Public Health** Office of the Federal Register (U.S.)

Staff, 2011-01-03 The Code of Federal Regulations is a codification of the general and permanent rules published in the Federal Register by the Executive departments and agencies of the United States Federal Government **Code of Federal Regulations, Title 42, Public Health, Pt. 414-429, Revised as of October 1, 2009** Office of the Federal Register, 2010-02-18 Title 42 Public Health Parts 414 to 429 (Revised as of October 1, 2013) Office of The Federal

Register, Enhanced by IntraWEB, LLC, 2013-10-01 42 CFR Public Health **Healthy Markets?** Mark A. Peterson, 1998

Discusses the various implications of the new managed care health care systems **Federal Antitrust Policy in the Health Care Marketplace** United States. Congress. Senate. Committee on the Judiciary,1998 *Balanced Budget Reconciliation Act of 1997* United States. Congress. Senate. Committee on the Budget,1997 *Federal Register* ,2013-12

Essentials of Managed Health Care Peter Reid Kongstvedt,2003 The Managed Health Care Handbook Peter Reid Kongstvedt,2001 This thoroughly revised and updated book provides 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

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