

Regulatory References

- CMS Medicare Managed Care Manual- Chapter 16b- Special Needs Plans
- 42 C.F.R. §§ 422.2
- Social Security Act Section 1859 (b)(6)(B)(iii)
- CMS Medicare Managed Care Manual Chapter– Enrollment Guidelines
- CMS Medicare Managed Care Manual Chapter 3 – Marketing Guidelines
- CMS Medicare Managed Care Manual Chapter 4 – Beneficiary Protections
- MMCM Chapter 8
- NCQA® Model of Care Scoring guidelines
- Medicare Part C Plan Reporting Requirements Technical Specifications Document Number 13 for “SNP Care Management”



Medicare Managed Care Securing Beneficiary Protections

Charles E. Grassley



Medicare Managed Care Securing Beneficiary Protections:

Medicare Managed Care Geraldine Dallek, 1998-06 Based on both research Medicare covered benefits access to appropriate providers data collection analysis quality of care monitoring the AAPCC rate standardization of plan benefits regulation of managed care entities such as provider sponsored organizations **Protecting American Health Care**

Consumers Eleanor DeArman Kinney, 2002-05-08 A contribution to health care studies and administrative law which offers a humane and practical alternative to the current process of reviewing consumer health care complaints **Improving**

Accountability in Medicare Managed Care:... Charles E. Grassley, 1998-10 Focuses on how Congress the Administration can provide better information to Medicare beneficiaries when they are trying to select the right health plan to meet their health care needs Contains statements from U S Senate Committee on Aging members as well as testimony from the Medicare Rights Center in New York City the Institute of Medicine in Stanford CA the Health Benefits Service of the California Public Employees Retirement System a Medicare beneficiary Includes General Accounting Office responses to Senate questions on the operations of the Health Care Financing Administration Medicare Managed Care Sourcebook

, 1997 **Redesigning the Medicare Contract** Edward F. Lawlor, 2003-12-06 Recent debates on Medicare reform focus on prescription drug coverage expanding managed care choices or technical issues of payment policy Despite all the heat generated by these issues Edward F Lawlor s new book Redesigning the Medicare Contract demonstrates that fundamental questions of purpose and policy design for Medicare have been largely ignored Challenging conventional ideas Lawlor suggests that we look at Medicare as a contract between the federal government the program s beneficiaries and health care providers Medicare reform then would involve rewriting this contract so that it more successfully serves the interests of both beneficiaries and taxpayers To do this Lawlor argues that we must improve the agency of the program the informational organizational and incentive elements that assure Medicare program carries out beneficiary and taxpayer interests in providing the most appropriate high quality care possible The book includes a chapter devoted solely to concepts and applications that give definition to this brand of agency theory Lawlor s innovative agency approach is matched with lucid explanation of the more comprehensive groundwork in the history and politics of the Medicare program Lawlor s important and timely book reframes the Medicare debate in a productive manner and effectively analyzes alternatives for reform Lawlor argues that effective policy design for Medicare requires greater appreciation of the vulnerability of beneficiaries the complexity of the program itself its wide geographical variations in services and financing and the realistic possibilities for government and private sector roles Tackling difficult problems like end of life and high tech care and offering sensible solutions Redesigning the Medicare Contract will interest political scientists economists policy analysts and health care professionals alike **Improving Accountability in Medicare Managed Care** United States. Congress. Senate. Special Committee on Aging, 1997

Medicare Managed Care United States. Congress. House. Committee on Commerce.

Subcommittee on Health and the Environment,1997 **Choosing a Health Plan** Charles E. Grassley,2000-07

Choosing a Health Plan United States. Congress. Senate. Special Committee on Aging,1998 *Policy Options for Reforming the Medicare Program* Stuart H. Altman,David Shactman,Uwe E. Reinhardt,1997 *Safeguarding Seniors Health Care* United States. Congress. Senate. Committee on Appropriations. Subcommittee on Departments of Labor, Health and Human Services, Education, and Related Agencies,1997 *Structuring Medicare Choices* National Academy of Social Insurance (U.S.). Study Panel on Capitation and Choice,1998 *Medicare HMO Regulation and Quality* United States. Congress. House. Committee on Ways and Means. Subcommittee on Health,1997 *The Budget of the United States Government* United States,1997 *Patient Appeals in Health Care* United States. Congress. House. Committee on Ways and Means. Subcommittee on Health,2000 **Health Care Quality and Consumer Protection** United States. Congress. Senate. Committee on Labor and Human Resources,1997 **Securing Medicaid's Future** United States. Congress. Senate. Special Committee on Aging,2007 **Federal Register** ,2014 Agency Oversight Hearing on HHS United States. Congress. House. Committee on Government Reform and Oversight. Subcommittee on Human Resources and Intergovernmental Relations,1995 Medicare HMOs Richard Kronick,Joy De Beyer,1999 The lure of reduced costs improved health outcomes has spurred the Medicare managed care movement But will these desired outcomes be achieved This book explores the role of HMOs in Medicare the implications it has on the health of the chronically ill Includes suggested strategies for oversight regulation of Medicare HMOs

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