

Altering medicaid provider reimbursement methods

Urban Institute - Provider and delivery systems : MACPAC

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Why You Need to Understand Value

Prospective-class rates may be the most stringent in terms of restricting increases in per diem rates. Response: The provision at § 447.

MDHHS

Three states—Arizona, Delaware, and Connecticut—have used competitive bidding throughout the study period. In contrast to this general pattern of lack of involvement by the state in what plans pay their providers, four of the study states Arizona, Connecticut, Maryland, and New Mexico do have minimum provider reimbursement requirements.

Provider under fee for service : MACPAC

This evolution of Medicaid managed care rate setting over the past decade has been influenced by several factors. Another important factor that influences the quality of plan encounter data is the level of experience health plans have with managing this data. How would the implications of the changes vary across states? Health care reform is on the national agenda.

Provider Reimbursement.

We currently do not possess sufficient data to quantify administrative burden associated with the removal of the regulatory text at § 447.

MDHHS

We note that, as indicated in the proposed rule, we did not formally track states' diversion of provider reimbursement to third parties. John Luehrs was with the National Governors' Association when this article was written; he is now with the American Association for Retired People AARP, Washington, DC. This necessitated our telephone re-interviews with selected State respondents; and the experience affirms our belief that direct telephone interviews with State respondents provide the most accurate, most timely data.

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