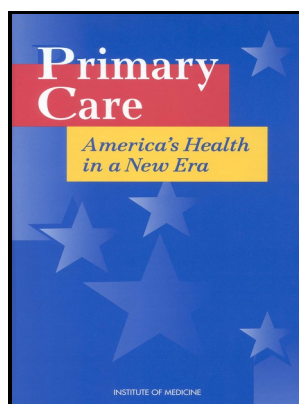


Incentives in a specialty care carve-out

Rand Graduate School - Getting the incentives right for children.



Description: -

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Managed care plans (Medical care) -- California
Child health services -- California -- Finance
Medicaid -- California
Incentives in a specialty care carve-out
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Using Marketplace Incentives to Leverage Needed Change

State and local governments have little leverage in such cases even if their goals differ because the agencies are in effect monopoly franchises. Quality Distortions in the Purchase of Health Plan Services Through Competition for Enrollees When a group purchaser offers its enrollees more than one health plan from which to choose, most private insurance and many state Medicaid programs create competitive markets in which health plans compete to enroll members. Traditional Medicaid programs purchase ambulatory services on a fee-for-service basis.

Incentives in a Medicaid Carve-Out: Impact on Children with Special Health Care Needs, Health Services Research

Such direct purchase of carve-out services is used by approximately one-third of large employers 5,000 employees or more , 5 percent of mid-sized employers, and about 16 state Medicaid programs ;. Approximately two-thirds of these states 30 states have entered into a multi-state purchasing pool to enhance their negotiating leverage and collections.

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Programs that meet these criteria are then permitted to compete for enrollees, who are offered information on benefit structure and some quality indicators for each plan offered. Network and program development, which are driven by consumer and family member voices, offer the widest possible array of service and support options—whether through a nationally-recognized housing program, extensive peer support networks, or innovative vocational programs.

Pharmacy Carve

In the first years of the new century, a recession and state budget crises forced cuts in most social service programs. The PORT recommends that anti—extrapyramidal symptom medications should be determined on a case-by-case basis.

Employer specialty coverage

In the substance-use area, modest growth rates in the funding of the federal block grants to states have further stressed states' abilities to fund local agencies serving poor people with substance-use illnesses. Twenty-six MCO states also reported they will have transparency reporting

requirements in place in FY 2020.

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