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(Lavina Torp)

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RareBooksClub. Paperback. Book Condition: New. This item is printed on demand. Paperback. 64 pages. Original publisher: Washington, DC : U. S. G. P. O. , 1993. LC Number: RA413. 5. U5 B46 1993 OCLC Number: (OCoLC)28930541 Subject: Medical care, Cost of -- United States. Excerpt: Chapter I-Summary 7 they were the most likely to exceed their annual out-of-pocket cost ceiling, after which all covered services 3 became available with no cost-sharing. of cost-sharing could not be identified led with confidence because Any possible long-term health effectsparticipants were followed for a maximum of five years. The HIE could not examine how providers might respond to national scale changes in patient cost-sharing. This dynamic could have important cost implications if, for example, widespread increases in patient cost-sharing diminished demand for health care services and providers responded by increasing their fees or the volume of services they provide to their patients. On the other hand, expanding coverage to those who are currently uninsured could generate demand for care that would more than compensate for the deterrent effects of cost-sharing. . Finally, the HIE and the cost-sharing literature in general offer almost no insight into how cost-sharing influences use of care and health outcomes in a managed-care environment ! In fact, the only peer-reviewed cost-sharing studies on health maintenance organizations derive from a single staff model plan, the Group 5 Health Cooperative of Puget Sound, and these analyses do not assess health effects. This gap in our knowledge is especially critical today as employers and other payers steadily persuade Americans to adopt the strictures of managed care and as they also persuade HMOS to adopt cost-sharing in addition to other means of trying to keep utilization low. 3 maximum out-of-pocket liability was set at either 5 percen 10 percen...

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