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Health Care Cost Management Peter D. Fox, Willis B. Goldbeck, Jacob J. Spies, 1984 **Health Care Cost** United States. Congress. Senate. Committee on Labor and Human Resources, 1983 Compendium of HHS Evaluations and Relevant Other Studies ,1990 Compendium of HHS Evaluations and Relevant Other Studies HHS Policy Information Center (U.S.), 1990 Essentials of Managed Health Care Peter Reid Kongstvedt, 2013 Rev ed of Essentials of managed health care edited by Peter R Kongstvedt 5th ed c2007 **Health Insurance and Managed Care** Peter Reid The future of health care in America United States. Congress. Joint Economic Committee. Kongstvedt.2016 Health Insurance and Managed Care Peter R. Kongstvedt, 2019-02-14 Subcommittee on Education and Health, 1989 Health Insurance and Managed Care What They Are and How They Work is a concise introduction to the workings of health insurance and managed care within the American health care system Written in clear and accessible language this text offers an historical overview of managed care before walking the reader through the organizational structures concepts and practices of the health insurance and managed care industry The Fifth Edition is a thorough update that addresses the current status of The Patient Protection and Affordable Care Act ACA including political pressures that have been partially successful in implementing changes This new edition also explores the changes in provider payment models and medical management methodologies that can affect managed care plans and health insurer Preferred Provider Organization **Managed Competition**, 1993-07 Pamphlet from the vertical file Marjorie Segel Haas, 1991 Monthly Catalogue, **United States Public Documents** ,1984 Current Catalog National Library of Medicine (U.S.),1992 First multi year National Library of Medicine Current Catalog National Library of Medicine cumulation covers six years 1965 70 Handbook of Quality Assurance in Mental Health Alex R. Rodriguez, Sharon A. Shueman, 2013-11-09 professional (U.S.), standards review organizations PSRO in defining quality of care for the Medicare program it is a shared responsibility of health professionals and government to provide a reasonable basis for confidence that action will be taken both to assess whether services meet professionally recognized standards and to correct any deficiencies that may be found p 14 Similar pronouncements have been made for the quality assurance activities of the Department of Defense's CHAMPUS program and of the 1980s successor to the PSROs the federally designated peer review organizations PROs established to ensure quality and utilization efficient care for Medicare Links between the federal and state gov ernments and between professional associations and private review entities have been developed to make this shared responsibility manifest in the delivery and reimbursement of health services This responsibility is seen in light of both pro fessional and legal accountability a view noted by Gibson and Singhas 1978 and Alger 1980 Accountability then becomes a concentric concept that elaborates on the pure view of quality and reflects the federal government s consumer protection activities during the 1970s The Joint Commission on Accreditation of Hospitals JCAH which has provided another primary historical leadership role in defining

quality assurance has promoted the evolution of the concept of resource limitations as a part of the defini tion of quality assurance Monthly Catalog of United States Government Publications ,1984 Personnel Literature ,1985

Human resources management Fred K. Foulkes,1989 Beyond Ideology , Controlling Costs and Changing Patient Care? Institute of Medicine, Committee on Utilization Management by Third Parties, 1989-02-01 Utilization

Patient Care? Institute of Medicine, Committee on Utilization Management by Third Parties, 1989-02-01 Utilization management UM has become a strong trend in health care cost containment Under UM some decisions are not strictly made by the doctor and patient alone Instead they are now checked by a reviewer reporting to an employer or other paying party who asks whether or not the proposed type or location of care is medically necessary or appropriate This book presents current findings about how UM is faring in practice and how it compares with other cost containment approaches with recommendations for improving UM program administration and clinical protocols and for conducting further research

Health Insurance in the Small Group Market United States. Congress. House. Committee on Ways and Means. Subcommittee on Health, 1990

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