

[Intro to Managed Care](#)

[Timelines](#)

[Fact Sheets](#)

[Data Maps](#)

[Infographics](#)

[Advanced Topics](#)

[Support](#)

VIDEOS:

[Using the Manual](#)

[Managed Care Primer](#)

[Evolution of Managed Care](#)

[Infographs and Factoids](#)

[Value Based Care](#)

Menu

1. [Overview](#)
2. [Financing](#)
3. [Purchasers](#)
4. [Organizations](#)
5. [Delivery Systems](#)
6. [Benefits](#)
7. [Care Management](#)
8. [Structure](#)
9. [Specialty Org.](#)
10. [Marketing](#)
11. [Legal & Regulatory](#)
12. [Data](#)
13. [Value Based Care](#)
14. [Consumerism](#)

[Quiz Summary](#)

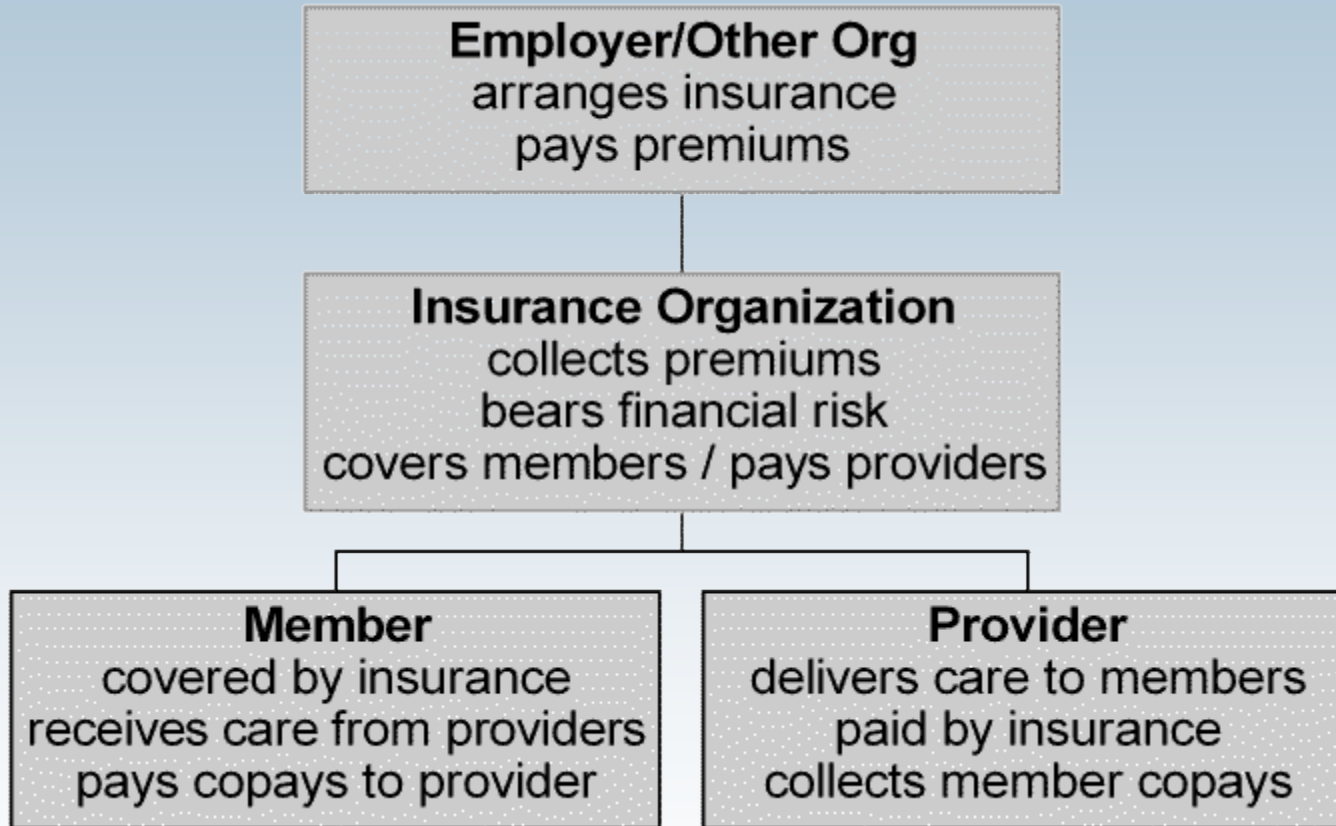
Members

In managed care each ***patient*** with insurance coverage under a health plan is called a ***member***. Other terms used include ***enrollees*** and ***covered lives***.

Each person who has the health plan policy in his/her name, whether the policy is bought just for the individual or for the whole family, is called the ***subscriber*** or the ***insured***.

If the subscriber has coverage for other family members, they are called ***dependents***. ***Subscribers*** and ***dependents*** are all ***members***. A subscriber with a covered spouse and three children would equal five members.

Follow the Money



Sample Consumer Driven Plan Design

First Dollar Coverage Preventive Care Benefit		
Deductible (HSA High Deductibles Health Plans must have at least \$1,400 / \$2,800 deductibles for 2022)		High Deductible Health Plan Coverage (PPO or HMO) with percentage coinsurance or copays after deductible is met
Employer Funded HSA or HRA	Gap (that employee must pay out of pocket before deductible is met) or Employee FSA funded	

How Managed Care Pays Providers

Salaries	Provider is paid a fixed amount, regardless of the # of members or the services delivered.
Capitation	Provider is paid a fixed amount per member enrolled, regardless of the # of services delivered to that member.
Bundled Payment	Provider is paid a fixed amount for defined group of services, regardless of the volume of services delivered.
Fee for Service	Provider is paid for each service provided, just like in traditional care. The difference is rates are contractually set.
Value Based Payments	Payment adjustments designed to reward excellence in health care delivery or share savings (or even losses) through reimbursement methodology.

Calculating capitation rates

Capitation based on total pay		
Desired Payment Per Month	\$10,000	:Payments
Members to serve each month	952	:Divided by
Capitation Rate	\$10.50	:Equals
<i>Capitation based on utilization</i>		
Visits per Member each month	0.25	:Visits
Desired payment per visit	\$42.00	:Multiplied by
Capitation Rate	\$10.50	:Equals

Medicare Quality Payment Program

The **Medicare Quality Payment Program** enacted by MACRA includes two major tracks that clinicians billing Medicare more than \$30,000 and serving over 100 Medicare patients can choose from, in which they had the option to begin submitting data in 2017 and receiving payment adjustments in 2019:

1. the **Merit-based Incentive Payment System** (MIPS) that consolidates certain Medicare value based programs, involves traditional Medicare Part B participation, and provides performance-based payment adjustments.
2. The **Alternative Payment Model** (APM) which can apply to a specific clinical condition, a care episode, or a population for applicable participants.

Quiz!

Click the answer you think is correct

1. Value Based Care involves the relationship between all of the following except:

- A) Quality of Care
- B) Cost of Care
- C) Quantity of Care
- D) Applicable Timeframe for Care

Quiz!

[Click here](#) to go to the next question,
or to return to the menu: [click here](#)

You're so smart! That was correct.

Time Lines

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1917

Western Clinic in Tacoma provides prepaid physician services for the lumber industry ⁽³⁾



1929

Dr. Justin Ford Kimball at Baylor Hospital in Texas establishes The Baylor Plan, a prepaid hospitalization plan that first uses the Blue Cross logo ⁽³⁾

Ross-Loss prepaid medical clinic started by Drs. Donald Ross and H. Clifford Loos under contract with Los Angeles Dept. of Water and Power for its employees ⁽¹⁾

Rural Farmers' Cooperative Health Plan started by Michael Shadid in Elk City, OK ⁽¹⁾



1933

Sidney Garfield MD establishes prepaid plan to fund care for his Contractors General Hospital and clinic providing care to workers on Los Angeles Aqueduct ⁽²⁾



1937

Group Health Association (GHA) started in Washington, DC to serve employees of Federal Home Loan Bank ⁽¹⁾



1938

Henry J Kaiser recruits Dr. Garfield to establish prepaid clinic and hospital care for his Grand Coulee Dam project in Washington ⁽²⁾



1939

Blue Shield program adopted for participating prepaid physician plans ⁽³⁾



1942

At the request of Henry Kaiser, Dr. Garfield expands program to Kaiser-managed shipyards and Kaiser steel mill ⁽²⁾



1945

Group Health Cooperative of Puget Sound established in Seattle, WA ⁽¹⁾

Permanente Health Plans opens to the public in California, in addition to serving Kaiser employees ⁽²⁾

Managed Care Fact Sheets

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Fact Sheet Menu

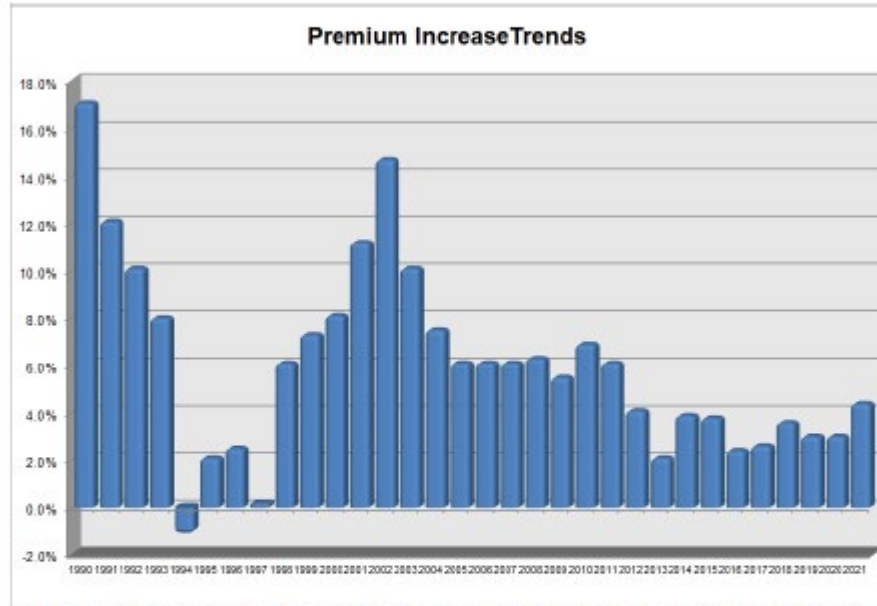
- [National HMO Enrollment Graph](#)
- [National Managed Care Penetration](#)
- [Medical Cost Components](#)
- [Premium Rate Increase Trends Graph](#)
- [Premium Rate Increase Estimates](#)
- [Major National Health Plans](#)
- [Medicaid MCO Market Share](#)
- [Medicare Advantage / PDP Snapshot](#)

Managed Care Fact Sheets

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Premium Rate Increase Trends



Source: Graph compiled by MCOL utilizing historical data from Mercer National Survey of Employer-Sponsored Health Plans. www.mercer.com

[Chronic Conditions: Multiple Condition Prevalence](#)

[Death Rates Per 100,000 Population](#)

[Declinable Pre-existing Conditions with Pre-ACA](#)

[Deductibles: Average Single Rate - Commercial Plans](#)

[Disabilities: Age 65+ Prevalence](#)

[Emergency Room Visits Per 1,000 Population](#)

[Employer Based Health Coverage - % of Population](#)

[Fertility Rates by State](#)

[HMO Penetration by State](#)

[Hospital Average Number of Beds](#)

[Hospital Beds: Percentage Unoccupied](#)

[Hospital ICU Beds Per 1,000 Population](#)

[HSA/HDHP Single Monthly Premium by State](#)

[Large Group Market Share of Biggest Health Plan](#)

[Life Expectancy at Birth in Years](#)

[Medicaid Managed Care Enrollment Penetration Rates](#)

[Medicaid Payments: % Capitated](#)

[Medicaid Percentage of Population by State](#)

[Medicare Advantage % Penetration](#)

[Medicare Beneficiaries: % with Dual Medicaid Coverage](#)

[Medicare Inpatient Days Per 1,000 by State](#)

[Medicare Part D Donut Hole Average Discount](#)

[Medicare PDP Enrollee Penetration](#)

[Medicare Percentage of Population by State](#)

[Medicaid Enrollment as a % of Total Medicare](#)

[Mental Health Condition Prevalence During Past Year](#)

[Mortality: Infant Deaths Per 1,000 Births](#)

[Obesity Prevalence Among U.S. Adults](#)

[PCPs Per 1,000 Population](#)

[Physical Activity: Adults Meeting Federal Guidelines](#)

[Physicians in Patient Care per 10,000 Population](#)

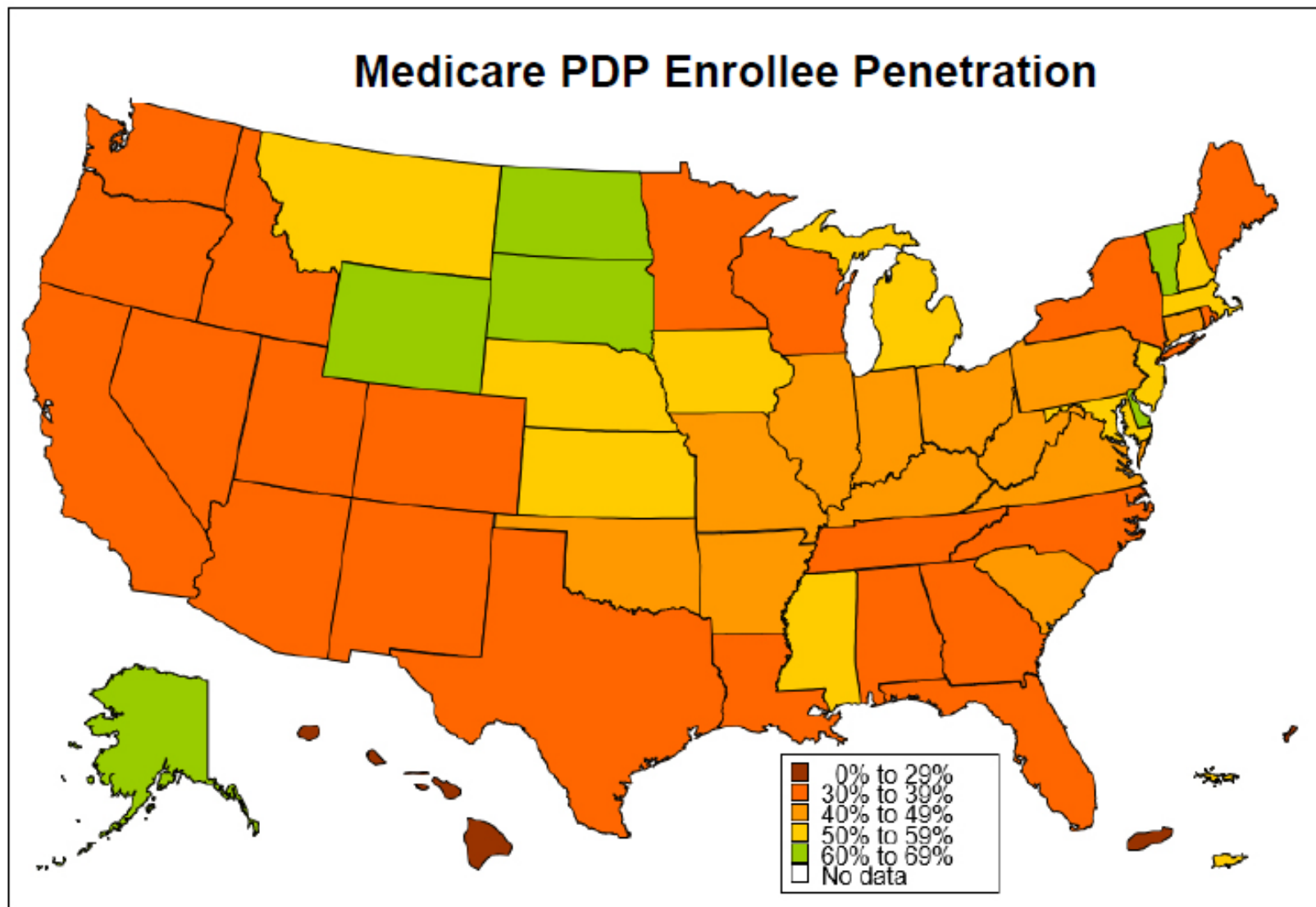
[Prescription Drugs - Top Prescribed by State](#)

[Private Health Insurance Enrollment by State](#)

[Short-Term Health Insurance Products Covering Rx](#)

[Uninsured Rates by State](#)

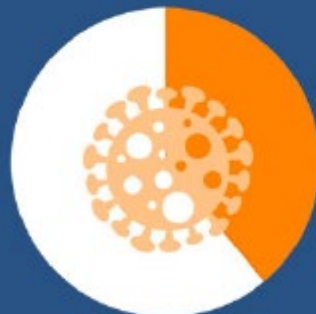
[Uninsured: 2019/2018 Percent Change](#)



Source: [CMS, Medicare Advantage / Part D Contract and Enrollment Data, Monthly Enrollment by State, October 2020](#)

<u>AI Adoption & Perceptions in Healthcare</u>	<u>Medical Imaging Trends in the U.S.</u>
<u>Alternative Payment Model Adoption</u>	<u>Medical Loss Ratio Rebates</u>
<u>Cancer: Causes of Premature Mortality</u>	<u>Medication Non-Adherence True Cost</u>
<u>Cardiovascular Disease Prevalence</u>	<u>Metabolic Syndrome Prevalence</u>
<u>Causes of Death: Top 10 in the U.S.</u>	<u>Non-Traditional Healthcare Locations</u>
<u>Chronic Conditions</u>	<u>Obesity Prevalence and Cost: Employees</u>
<u>Chronic Condition/Mental Health Costs</u>	<u>Opioid Epidemic Cost Distribution</u>
<u>Consumer Digital Health & Wearables</u>	<u>Opioid Outpatient Prescription Spending</u>
<u>Consumers: Top Ten MD Platforms</u>	<u>Opioid Prescription Geographic Rates</u>
<u>Costliest Healthcare Conditions</u>	<u>Out-of-Pocket Healthcare Spending</u>
<u>COVID-19 Impact on Mental Health</u>	<u>Outpatient Spending Trends</u>
<u>Diabetes Economic Burden</u>	<u>Pharmaceutical Spending: Non-Acute</u>
<u>Emergency Department Usage</u>	<u>Physician/Consumer Digital Willingness</u>
<u>Emergency Room Visits Severity/Price</u>	<u>Physician Issues</u>
<u>Employee Healthcare Cost Trends</u>	<u>Physician Specialist Salaries/Demand</u>
<u>Employee Healthcare Costs/Sharing</u>	<u>Post ACA: Plans Up/ Systems Down</u>
<u>Employer Top 10 Healthcare Techniques</u>	<u>Pre-Existing Condition Prevalence</u>
<u>Employer Rankings of Major Plans</u>	<u>Prescription Drug Spending Trend</u>
<u>Family MD Visit Length and Composition</u>	<u>Prescription Drug Uses and Costs</u>
<u>Food Insecurity and Healthcare Costs</u>	<u>Racial Disparities Among Medicare</u>
<u>HDHP Consumer Characteristics</u>	<u>Specialty Pharmaceuticals Cost Trend</u>
<u>Healthcare Spending Distribution</u>	<u>Spending on Low and High-Value Care</u>
<u>Health Plan Commercial Spending Dist.</u>	<u>Urgent Care Center Impact on E.D. Use</u>
<u>Likelihood of Preventive Health Check</u>	<u>Uninsurance: States With Lowest Rates</u>
<u>Lung Diseases Economic Impact</u>	<u>Value-Based Payment Arrangements</u>
<u>Maternal Morbidity Factors: Top 5</u>	<u>Workforce Density in U.S. Healthcare</u>

Impact of Coronavirus on Mental Health



39% of adults

in the U.S. say stress related to coronavirus has negatively impacted their mental health

33% of males

46% of females



46%

of adults living in urban areas say coronavirus has impacted their mental health



38%

of adults living in suburban areas say coronavirus has impacted their mental health



28%

of adults living in rural areas say coronavirus has impacted their mental health

Source: Kaiser Family Foundation
<https://www.kff.org/report-section/kf-health-tracking-poll-may-2020-health-and-economic-impacts/>



Contents

Premiums and Benefits:

[HMO Premium Rate Calculations](#)

[Plan Targeted Premium Rate Increases Versus Actual Premium PMPM](#)

[Issues in Member Payment Responsibilities](#)

[Calculating the Financial Impact of New Benefits Or Benefit Changes](#)

[Measuring the Total Cost Impact of Cost Sharing Changes](#)

[Deductible Management](#)

[Value Based Insurance Design: A Primer](#)

[Terminology of Selected Components of Health Care Change](#)

[An Exciting New Frontier for Medicare Advantage Plans](#)

Financial:

[Health Plan Financial Performance Indicators](#)

[Identifying Managed Care Accounting Soft Spots](#)

[Coordination Of Benefits \(COB\) and Third Party Liability \(TPL\) Recoveries](#)

[Understanding Health Plan Broker Compensation](#)

[Medical Loss Ratio Requirements](#)

[The Regulations and Finances Behind Readmissions](#)

[Three Ways Plans Can Improve Risk Score Accuracy](#)

Data and Analytics:

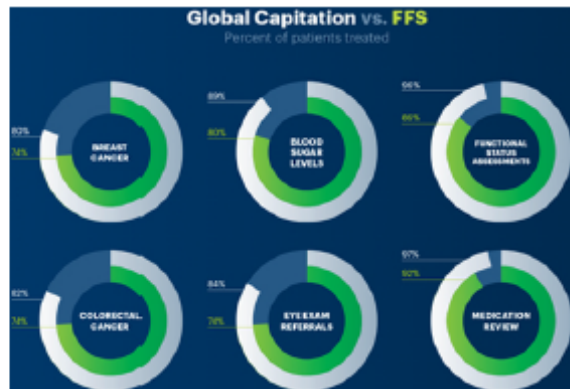
[Tips for Mining Big Data to Tackle Privacy Concerns in Predictive Modeling](#)

[Practical Predictive Analytics for Healthcare 101](#)

The Pandemic Driven Push Toward PCP Capitation

Where is primary care physician payment structuring headed as doctors and physician networks navigate through the pandemic, and what will the payments look like on the other side when the worst is behind us? UnitedHealth Group just released a report that advocates global capitation. They state "primary care physicians paid under global capitation, which pays a set amount per month per patient, achieve key quality metrics at higher rates than those paid under fee-for-service" and that their study "findings indicate that capitation provides the right incentives for value-based care, including delivery of the right care, at the right time, and in the right setting."

The study "of more than 5 million UnitedHealthcare Medicare Advantage enrollees and tens of thousands of primary care physician practices" used HEDIS metrics related to preventive care and chronic conditions, and compared patients treated under global capitation compared to FFS, touting the following comparison results: - patients were screened at higher rates for breast cancer (80% vs 74%) and colorectal cancer (82% vs 74%) - higher controlled blood sugar levels (89% versus 80%) and were given more eye exams (84% vs 74%). - higher rates of functional status assessment (96% vs 88%) and medication review (97% vs 92%). UnitedHealth concludes that "physicians paid under capitation are better positioned to: Prioritize preventive services and care management programs; Spend more time engaging with patients; Use evidence-based clinical guidance; Avoid unnecessary patient interventions; and Focus on keeping patients out of the hospital."



Meanwhile, a new Kaiser Health News article: "Primary Care Doctors Look at Payment Overhaul After Pandemic Disruption" by Steen Findaly, after citing a number of situations around the country, states "physicians and health policy experts say the pandemic is accelerating efforts to restructure primary care — which accounts for about half the nation's doctor visits every year — and put it on a firmer financial footing. The efforts also aim to address long-festering problems: a predicted widespread shortage of primary care doctors in the next decade, a rising level of physician burnout and a long-recognized underinvestment in primary care overall."

After citing the significant financial and staffing impact of the pandemic on PCPs, the article states that "the remedy being most widely promoted is to change the way doctors are reimbursed — away from the predominant system today, under which doctors are paid a fee for every service they provide (commonly called "fee-for-service"). Health economists and patient advocates have long advocated such a transition — primarily to eliminate or at least greatly reduce the incentive to provide excessive and unneeded care and promote better management of people with chronic conditions. Stabilizing doctors' incomes was previously a secondary goal. Achieving this transition has been slow for many reasons, not the least of which is that some early experiments ended up paying doctors too little to sustain their businesses or improve patient care."

The article concludes citing new fixed payment reforms, including Medicare's Primary Care First program launching in January, as well as changes in various health plan payment programs, and quotes a medical director for outpatient services for a Central Ohio primary care firm serving 450,000 patients: "Primary care docs would have been better off during the pandemic if they had been getting fixed payments per month."

Support Information

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Program Requirements

- Operating systems and hardware compatible with running current version of items below.
- Adobe Acrobat Reader v9.0 or higher (current version recommended)
- Current compatible media player and speakers to view videos
- Approximately 713 MB memory if you wish to copy files (including video) onto your computer or storage device

Instructions for Use

- If you are receiving the Training Manual via the MCOL Download Center, download instructions will be emailed to you. During the download, you will need to decide upon the location in your computer where to download the files.
- You will want to ensure the associated files (tman2021.pdf, mcprimer21.mp4, valuebased21.mp4, managedcareevolution.mp4, infographfactoids.mp4 and tmoverview21.mp4, and the readme.pdf if you wish) remain in the same directory in order to preserve the navigation.
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- When selecting the videos from the menu, an adobe confirmation message will appear will when you click the applicable video link. You will need to confirm you wish for your media player to be launched.
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