[MOBI] Medicare And Medicaid Meeting Needs Of Dual Eligibles Raises Difficult Cost And Care Issues

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Medicare and Medicaid Meeting Needs of Dual Eligibles Raises Difficult Cost and Care Issues - 1997

Medicare and Medicaid - William Scanlon 1997

Torn Between Two Systems - Charles E. Grassley 1998-10-01 Includes statements of members of the Senate Subcommittee on Aging, & witness testimony by representatives from health care & government agencies. Addresses Alzheimer's disease, the lack of home-care management, cost shifting to provide acute care for nursing home patients, patient transfers between hospitals & subacute units to maximize Medicare payments, social HMOs, the Program of All Inclusive Care for the Elderly, the Chronic Care Act, & more. Includes a copy of the report: Medicare & Medicaid: Meeting Needs of Dual Eligibles Raises Difficult Cost & Care Issues.

Your Guide to Choosing a Nursing Home - 2000


The Challenge of Meeting the Diverse Needs of Medicare's Beneficiaries - Diane Rowland 1999

Medicare - Robert B. Friedland 1991

Leadership by Example - Institute of Medicine 2003-05-21 The federal government operates six major health care programs that serve nearly 100 million Americans. Collectively, these programs significantly influence how health care is provided by the private sector. Leadership by Example explores how the federal government can leverage its unique position as regulator, purchaser, provider, and research sponsor to improve care - not only in these six programs but also throughout the nation's health care system. The book describes the federal programs and the populations they serve: Medicare (elderly), Medicaid (low income), SCHIP (children), VHA (veterans), TRICARE (individuals in the military and their dependents), and IHS (native Americans). It then examines the steps each program takes to assure and improve safety and quality of care. The Institute of Medicine proposes a national quality enhancement strategy focused on performance measurement of clinical quality and patient perceptions of care. The discussion on which this book focuses includes recommendations for developing and pilot-testing performance measures, creating an information infrastructure for comparing performance and disseminating results, and more. Leadership by Example also includes a proposed research agenda to support quality enhancement. The third in the series of books from the Quality of Health Care in America project, this well-targeted volume will be important to all readers of To Err Is Human and Crossing the Quality Chasm - as well as new readers interested in the federal government's role in health care.

Medical Care, Medical Costs - Rashi Fein 1999-07-01 Traces the development of the current health care system, looks at how private health insurance, Medicare, and Medicaid are meeting the needs of the poor, the aged, and the middle class, and looks at problems facing the current system

Information technology Centers for Medicare & Medicaid Services needs to establish critical investment management capabilities : report to the Chairman, Committee on Finance, U.S. Senate - 1997

Medicare Special Needs Plans - James C. Cosgrove 2012-11-01 About 9 million of Medicare's over 48 million beneficiaries are also eligible for Medicaid because they meet income and other criteria. These dual-eligible beneficiaries have greater health care challenges than other Medicare beneficiaries, increasing their need for care coordination across the two programs. In addition to meeting all the requirements of other Medicare Advantage (MA) plans, dual-eligible special needs plans (D-SNPs) are required by the Centers for Medicare & Medicaid Services (CMS) to provide specialized services targeted to the needs of dual-eligible beneficiaries as well as integrate benefits or coordinate care with Medicaid services. This report (1) analyzed the characteristics of dual-eligible beneficiaries in D-SNPs and other MA plans; (2) reviewed differences in specialized services between D-SNPs and other MA plans; and (3) reviewed how D-SNPs work with state Medicaid agencies to enhance benefit integration and care coordination. Tables and figures. This is a print on demand report.

An Aging Society - 1986

The CMS Hospital Conditions of Participation and Interpretive Guidelines - 2017-11-27 In addition to reprinting the PDF of the CMS CoPs and Interpretive Guidelines, we include key Survey and Certification memos that CMS has issued to announce changes to the emergency preparedness final rule, fire and smoke door annual testing requirements, survey team composition and investigation of complaints, infection control screenings, and legionella risk reduction.

Federal and State Initiatives to Integrate Acute and Long-term Care - Edward Alan Miller 2001 In exploring integration of acute and long-term care, this book begins by characterising the dually eligible population, and describing problems associated with meeting their health and social service needs in an uncoordinated system. It continues by analysing the advantages of using capitation and care management as a vehicle for integrating those services, and by discussing concerns about care integration strategies. It concludes by profiling nine federal and state programs that vary by degree, integrate the acute and long-term care services that people who are dually eligible for Medicare-Medicaid, often require. They are: Federal initiatives such as the Program for All-
inclusive care of the elderly (PACE), which capitates both Medicare and Medicaid acute and long-term care services for those who are dually eligible, and the Social/Health Maintenance Organization (S/HMO) and EverCare demonstrations, which capitate Medicare benefits only; Comprehensive state demonstrations such as Minnesota Senior Health Options, the Wisconsin Partnership Program, and the Continuing Care Network Demonstration of Monroe County, New York, which, like PACE, capitates both Medicare and Medicaid benefits; and Capitated state Medicaid demonstrations such as the Arizona Long-Term Care System, Oregon Health Plan, and Florida’s Community-Based Diversion Pilot Project, which capitate Medicaid only, but actively pursue various Medicare co-ordination strategies. Proposals that explore using care management techniques to integrate Medicare and Medicaid services delivery, without capitation, are also discussed briefly. The book concludes with the observation that although federal and state initiatives to integrate acute and long-term care for those who are dually eligible, only serve a relatively small percentage of this population, they provide a set of options which Congress may want to examine when formulating long-term care policy in the future.

An Aging Society—United States. General Accounting Office 1986

Meeting the Needs of Older Adults with Serious Illness—Amy S. Kelley 2014-09-01 Meeting the Needs of Older Adults with Serious Illness: Challenges and Opportunities in the Age of Health Care Reform provides an introduction to the principles of palliative care; describes current models of delivering palliative care across care settings, and examines opportunities in the setting of healthcare policy reform for palliative care to improve outcomes for patients, families and healthcare institutions. The United States is currently facing a crisis in health care marked by unsustainable spending and quality that is poor relative to international benchmarks. Yet this is also a critical time of opportunity. Because of its focus on quality of care, the Affordable Care Act is poised to expand access to palliative care services for the sickest, most vulnerable, and therefore most costly, 5% of patients— a small group who nonetheless drive about 50% of all healthcare spending. Palliative care is specialized medical care for people with serious illnesses. It focuses on providing patients with relief from the symptoms, pain, and stress of a serious illness—whatever the diagnosis or stage of illness. The goal is to improve quality of life for both the patient and the family. Research has demonstrated palliative care’s positive impact on health care value. Patients (and family caregivers) receiving palliative care experience improved quality of life, better symptom management, lower rates of depression and anxiety, and improved survival. Because patient and family needs are met, crises are prevented, thereby directly reducing need for emergency department and hospital use and their associated costs. An epiphenomenon of better quality of care, the lower costs associated with palliative care have been observed in multiple studies. Meeting the Needs of Older Adults with Serious Illness: Challenges and Opportunities in the Age of Health Care Reform, a roadmap for effective policy and program design, brings together expert clinicians, researchers and policy leaders, who tackle key areas where real-world policy options to improve access to quality palliative care could have a substantial role in improving value.

Medicare/medicaid Nursing Home Information—1987

The Medicare Handbook—1989

Improving the Quality of Long-Term Care—Institute of Medicine 2001-02-27 Among the issues confronting America is long-term care for frail, older persons and others with chronic conditions and functional limitations that limit their ability to care for themselves. Improving the Quality of Long-Term Care takes a comprehensive look at the quality of care and quality of life in long-term care, including nursing homes, home health agencies, residential care facilities, family members and a variety of others. This book describes the current state of long-term care, identifying problem areas and offering recommendations for federal and state policymakers. Who uses long-term care? How have the characteristics of this population changed over time? What paths do people follow in long term care? The committee provides the latest information on these and other key questions. This book explores strengths and limitations of available data and research literature especially for settings other than nursing homes, on methods to measure, oversee, and improve the quality of long-term care. The committee makes recommendations on setting and enforcing standards of care, strengthening the caregiving workforce, reimbursement issues, and expanding the knowledge base to guide organizational and individual caregivers in improving the quality of care.

What Every Caregiver Ought to Know—Peter J. Strauss 1992

The Future of the Public’s Health in the 21st Century—Institute of Medicine 2003-02-01 The anthrax incidents following the 9/11 terrorist attacks put the spotlight on the nation’s public health agencies, placing it under an unprecedented scrutiny that added new dimensions to the complex issues considered in this report. The Future of the Public’s Health in the 21st Century reaffirms the vision of Healthy People 2010, and outlines a systems approach to assuring the nation’s health in practice, research, and policy. This approach focuses on joining the unique resources and perspectives of diverse sectors and entities and challenges these groups to work in a concerted, strategic way to promote and protect the public’s health. Focusing on diverse partnerships as the framework for public health, the book discusses: The need for a shift from an individual to a population-based approach in practice, research, policy, and community engagement. The status of the governmental public health infrastructure and what needs to be improved, including its interface with the health care delivery system. The roles nongovernment actors, such as academia, business, local communities and the media can play in creating a healthy nation. Providing an accessible analysis, this book will be important to public health policy-makers and practitioners, business and community leaders, health advocates, educators and journalists.

Retooling for an Aging America—Institute of Medicine 2008-09-27 As the first of the nation’s 78 million baby boomers begin reaching age 65 in 2011, they will face a health care workforce that is too small and woefully unprepared to meet their specific health needs. Retooling for an Aging America calls for bold initiatives starting immediately to train all health care providers in the basics of geriatric care and to prepare family members and other informal caregivers, who currently receive little or no training in how to tend to their aging loved ones. The book also recommends that Medicare, Medicaid, and other health plans pay higher rates to boost recruitment and retention of geriatric specialists and care aids. Educators and health professional groups can use Retooling for an Aging America to institute or increase formal education and training in geriatrics. Consumer groups can use the book to advocate for improving the care for older adults. Health care professional and occupational groups can use it to improve the quality of health care jobs.

Medicare Special Needs Plans—U.S. Government Accountability Office 2017-08-04 “About 9 million of Medicare’s over 48 million beneficiaries are also eligible for Medicaid because they meet income and other criteria. These dual-eligible beneficiaries have greater health care challenges than other Medicare beneficiaries, increasing their need for care coordination across the two programs. In addition to meeting all the requirements of other MA plans, D-SNPs are required by CMS to provide specialized services targeted to the needs of dual-eligible beneficiaries as well as integrate benefits or coordinate care with Medicaid services. GAO was asked to examine D-SNPs’ specialized services to dual-eligible beneficiaries. GAO (1) analyzed the characteristics of dual-eligible beneficiaries in D-SNPs and other MA plans, (2) reviewed differences in specialized services between D-SNPs and other MA plans, and (3) reviewed how D-SNPs work with state Medicaid agencies to enhance benefit integration and care coordination. GAO analyzed CMS enrollment, plan benefit package, projected revenue, and beneficiary health status data; reviewed 15 D-SNP models of care and 2012 contracts with states; and interviewed representatives from 15 D-SNPs and Medicaid agency officials in 5 states.”

Protecting America’s Aged, Children, and Poor—1986


The Future of Nursing—Institute of Medicine 2011-02-08 The Future of Nursing explores how nurses’ roles, responsibilities, and education should change significantly to meet the increased demand for care that will be
created by health care reform and to advance improvements in America’s increasingly complex health system. At more than 3 million in number, nurses make up the single largest segment of the health care work force. They also spend the greatest amount of time in delivering patient care as a profession. Nurses therefore have valuable insights and unique abilities to contribute as partners with other health care professionals in improving the quality and safety of care as envisioned in the Affordable Care Act (ACA) enacted this year. Nurses should be fully engaged with other health professionals and assume leadership roles in redesigning care in the United States. To ensure its members are well-prepared, the profession should institute residency training for nurses, increase the percentage of nurses who attain a bachelor's degree to 80 percent by 2020, and double the number who pursue doctorates. Furthermore, regulatory and institutional obstacles – including limits on nurses’ scope of practice – should be removed so that the health system can reap the full benefit of nurses’ training, skills, and knowledge in patient care. In this book, the Institute of Medicine makes recommendations for an action-oriented blueprint for the future of nursing.

Health Care Financing Review-

Information Requirements for Evaluating the Impacts of Medicare Prospective Payment on Post-hospital Long-term-care Services- 1985

Medicare-Institute of Medicine 1990-02-01 Volume II of Medicare: A Strategy for Quality Assurance provides extensive source materials on quality assurance, including results of focus groups with the elderly and practicing physicians, findings from public hearings on quality of care for the elderly, and many exhibits from site visits and the literature on quality measurements and assurance tools. The current Medicare peer review organization program and related hospital accreditation efforts are comprehensively described as background for the recommendations in Volume I of this report. Like the companion volume, this substantial book will be a valuable reference document for all groups concerned with quality of health care and the elderly.


Profiles in Aging America-United States. Congress. Senate. Special Committee on Aging 1991


CPT 2001-American Medical Association 2000 The 2001 CPT Professional comes with all 2001 code information. This code book also includes color keys, anatomical illustrations, medical terminology, thumb tabs and a convenient spiral binding.

Medicare Special Needs Plans-United States. Government Accountability Office 2012 About 9 million of Medicare's over 48 million beneficiaries are also eligible for Medicaid because they meet income and other criteria. These dual-eligible beneficiaries have greater health care challenges than other Medicare beneficiaries, increasing their need for care coordination across the two programs. In addition to meeting all the requirements of other MA plans, D-SNPs are required by CMS to provide specialized services targeted to the needs of dual-eligible beneficiaries as well as integrate benefits and coordinate care with Medicaid services. GAO was asked to examine D-SNPs' specialized services to dual-eligible beneficiaries. GAO (1) analyzed the characteristics of dual-eligible beneficiaries in D-SNPs and other MA plans, (2) reviewed differences in specialized services between D-SNPs and other MA plans, and (3) reviewed how D-SNPs work with state Medicaid agencies to enhance benefit integration and care coordination. GAO analyzed CMS enrollment, plan benefit package, projected revenue, and beneficiary health status data; reviewed 15 D-SNP models of care and 2012 contracts with states; and interviewed representatives from 15 D-SNPs and Medicaid agency officials in 5 states.

The Affordable Care Act-Tamara Thompson 2014-12-02 The Patient Protection and Affordable Care Act (ACA) was designed to increase health insurance quality and affordability, lower the uninsured rate by expanding insurance coverage, and reduce the costs of healthcare overall. Along with sweeping change came sweeping criticisms and issues. This book explores the pros and cons of the Affordable Care Act, and explains who benefits from the ACA. Readers will learn how the economy is affected by the ACA, and the impact of the ACA rollout.

Price Setting and Price Regulation in Health Care-OECD 2019-06-26 The objectives of this study are to describe experiences in price setting and how pricing has been used to attain better coverage, quality, financial protection, and health outcomes. It builds on newly commissioned case studies and lessons learned in calculating prices, negotiating with providers, and monitoring changes. Recognising that no single model is applicable to all settings, the study aimed to generate best practices and identify areas for future research, particularly in low- and middle-income settings. The report and the case studies were jointly developed by the OECD and the WHO Centre for Health Development in Kobe (Japan).

The National Shortage of Geriatricians-United States. Congress. Senate. Special Committee on Aging 1996

Long-Term Care and Medicare Policy-David Blumenthal 2004-05-13 As the population ages, policymakers must evaluate the nation’s readiness to assist a growing group of people with conditions requiring chronic and long-term care. Based on the 2002 annual meeting of the National Academy of Social Insurance, this new volume offers a variety of viewpoints from policymakers, researchers, and experts who examine how well the needs of the elderly and disabled Americans are being met by today's financing and delivery systems, in light of potential reform options. Particular attention is paid to care coordination issues—namely, the impact of acute-care policies on long-term and chronic care—to draw attention to how the segmentation of healthcare provision can create disruptions in patient care. Authors address the advantages and disadvantages of varying levels of state, federal, and private involvement in long-term care. Clearly, for people to access appropriate long-term care today and tomorrow, a careful balance of financing sources and integrated health care must be achieved. Researchers, analysts, and policymakers, therefore, will find this volume useful to informing thoughtful analysis of important long-term care issues.

Health Care Facilities Code Handbook-National Fire Protection Association 2017-12-22