

Should medicaid and hmos be allowed to join forces

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First of all what is the definition of cost efficiency and quality or improvement quality? This is mainly looked at the cost per unit of output, when it comes to healthcare than one must measure the cost, I believe that to have an efficient Medicaid program we must have one that has better outcome for a given level of spending, it must be assessed by comparing spending and also the outcome of Medicaid programs.

HMOs has the most restrictive form of health insurance, whereby they restrict their subscribers choices to doctors and hospital in their networks, I think if the HMOs join forces it would help if at first they are given choices of at least two or three HMOs to choose from, in return this should help Medicaid /medicare patient s have a choice of choosing their provider.

A lot of states have contract with private insurers to enroll medicaid recipients in managed care plans, this is to help reduce the expenses and also trying to the coordination care. From different website I found out that Medicaid HMO provide solid health coverage, some have motivated Medicaid plans, which in return improve the care, but in reality majority of medicaid HMOs do not report comprehensive performance results that tends to be campaired across the country in return this leaves the tax payers with a lack of objectives.

I think what the plans need to do is to start planning and also reporting thoroughly so as to pay a the consumers and taxpayers better. I still believe that the physicians are participating less and less when it comes to mandatory HMO program for Medicaid beneficiaries. As we know traditional

medicare HMO are very similar to the medicare managed care that existed before.