

Reimbursement



The first party is the patient, second party is physician, and third party is the health plan. 2. Compare the LACK and CPRM payment systems. I-JAR and CPRM are based on data from past claims. Private Insurance companies used OCCUR method, and Medicare used CPRM. 3. Describe the two purposes of managed care. The purpose for managed care plans are to reduce the costs of healthcare for which the third-party payer must reimburse the providers and to ensure continuing quality of care. . Why have many insurers replaced retrospective health insurance plan with group plans such as Homos and Poops? To help control the cost, with Homos you have a fixed rate for the coverage you received for medical care and with POS you have a primary care provider that manages your healthcare and quality of the healthcare you receive. Both Homos and POS have a prepaid health plan and physicians that are under contract with an organization. 5. What are advantages of 1.

Insurers pool premium payment for all the insured in a group, then use actuarial data to calculate the group's premiums so that: B. The pool is large enough to pay losses of the entire group. 2. Where and when did health insurance become established in the United States. It became established in 1929, when Blue Cross first covered school teachers in Texas. 3. All of the following are types of episode-of-care reimbursement except: Self-insured plan 4. What discounted fee schedule does Medicare use to reimburse physicians?

Resource-based relative value scale REVS 5. Name and describe some versions of the global payment method. Home care services reimbursement By Giovanni is the patient, second party is physician, and third party is the health plan. 2. Compare the CUR and CPRM payment systems. CUR and

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