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United States. Government Accountability Office

Health Insurance Statistics ,1967

State Children's Health Insurance Program James C. Cosgrove,2009-09 Congress created the State Children's Health Insurance Program (SCHIP) to reduce the number of uninsured children in low-income families that do not qualify for Medicaid. States have flexibility in structuring their SCHIP programs, and their income eligibility limits vary. Concerns have been raised that individuals might substitute SCHIP for private health insurance -- known as crowd-out. This report examines the Centers for Medicare and Medicaid Services' (CMS) and states' efforts to minimize crowd-out. The auditor examined: (1) CMS's guidance to states for minimizing crowd-out and assessment of whether it should be a concern; and (2) states' policies to minimize crowd-out and how they assess whether it should be a concern. Charts and tables.

Medicare physician fee schedule CMS needs a plan for updating practice expense component : report to congressional committees. ,

Healthcare. Gov Valerie C. Melvin,2015-04-11 The Patient Protection and Affordable Care Act required the establishment of health insurance marketplaces to assist individuals in obtaining health insurance coverage. The Centers for Medicare & Medicaid Services (CMS), a component of the Dept. of Health and Human Services (HHS), was responsible for establishing a federally facilitated marketplace for states that elected not to establish their own. This marketplace is supported by an array of IT systems, including Healthcare.gov, the website that serves as the consumer portal to the marketplace. This report (1) describes problems encountered in developing and deploying systems supporting Healthcare.gov and determines the status of efforts to address deficiencies; and (2) determines the extent to which CMS applied disciplined practices for managing and overseeing the development effort, and the extent to which HHS provided oversight. Figures and tables. This is a print on demand report.

Health Insurance Today - E-Book Janet I. Beik,2017-08-05 Learn to comprehend the complexities of health insurance! Using a reader-friendly approach, Health Insurance Today, A Practical Approach, 6th Edition gives you a solid understanding of health insurance, its types and sources, and the ethical and legal issues surrounding it. This new edition incorporates the latest information surrounding ICD-10, the Patient Protection and Affordable Care Act, and other timely federal influencers, as it guides you through the important arenas of health insurance such as claims submission methods, the claims process, coding, reimbursement, hospital billing, and more. Plus, with hands-on UB-04 and CMS-1500 (02-12) case studies on Evolve, you will come away with a clear understanding and working knowledge of the latest advances and issues in health insurance. CMS-1500 (02-12) software with case studies gives you hands-on practice filling in a CMS-1500 (02-12) form electronically. What Did You Learn? review questions ensure you understand the material already presented before moving on to the next section. Imagine This! scenarios help you understand how information in the book applies to real-life situations. Stop and Think exercises challenge you to use your critical thinking skills to solve a problem or answer a question. Clear, attainable learning objectives help you focus on the most important information and make chapter content easier to teach. Chapter summaries relate to learning objectives, provide a thorough review of key content, and allow you to quickly find information for further review. Direct, conversational writing style makes reading fun and concepts easier to understand. HIPAA tips emphasize the importance of privacy and following government rules and regulations. NEW! Updated content on the latest advances covers the most current information on Medicare, Electronic Health Records, Version 5010, and much more. NEW! Expanded ICD-10 coverage and removal of all ICD-9 content ensures you stay up-to-date on these significant healthcare system changes. NEW! UB-04 software and case studies gives you hands-on practice filling out electronic UB-04 forms. NEW! UNIQUE! SimChart® for the Medical Office case studies gives you additional real-world practice.

Conditions of Participation for Hospitals United States. Social Security Administration,1966

CMS Congressional Guide Centers for Medicare & Medicaid Services (U.S.),2004

State Health Insurance Marketplaces United States Government Accountability Office,2017-12-27 STATE HEALTH INSURANCE MARKETPLACES: CMS Should Improve Oversight of State Information Technology Projects

Medicare Part B Imaging Services Bruce Steinwald,2009 The Centers for Medicare and Medicaid Services and the Congress, through the Deficit Reduction Act of 2005, recently acted to constrain spending on imaging services, one of the fastest growing set of services under Medicare Part B, which covers physician and other outpatient services. This report provides information to help the Congress evaluate imaging services in Medicare. This report provides information on: (1) trends in Medicare spending on imaging services from 2000 through 2006; (2) the relationship between spending growth and the provision of imaging services in physicians' offices; and (3) imaging mgmt. practices used by private payers that may have lessons for Medicare. Includes recommendations. Illustrations.

Medicare Management ,2001

Medicare Contracting Reform United States. Government Accountability Office,2005

Medical Insurance Made Easy Jill L. Brown,2005-12-01 This combination textbook and workbook, explains each phase of the medical claim cycle, from the time the patient calls for an appointment until the financial transaction for the encounter is completed. Coverage includes types of insurance payers, basic coding and billing rules, and standard requirements for outpatient billing using the CMS-1500 claim form. It also emphasizes legal aspects related to each level of the medical claim cycle and the importance of the medical office employee, showing their responsibility for and impact on successful reimbursement. 3 separate chapters offer coverage of the basic concepts of medical coding.A comprehensive overview of the CMS-1500 claim form with step-by-step guidelines and illustrations thoroughly covers reimbursement issues and explains the billing process.Includes detailed information on various insurance payers and plans including Medicare, government medical plans, disability plans, private indemnity plans, and managed care.Stop & Review sections illustrate how the concepts presented in each chapter relate to real-life billing situations.Sidebars and Examples highlight key concepts and information related to the core text lesson.A companion CD-ROM contains sample patient and insurance information that readers can use to practice completing the accompanying CMS-1500 claim form, as well as a demonstration of Altapoint practice management software. Features completely updated information that reflects the many changes in the insurance industry.Contains a new chapter on UB-92 insurance billing for hospitals and outpatient facilities.Includes a new appendix, Quick Guide to HIPAA for the Physician's Office, to provide a basic overview of the important HIPAA-related information necessary on the job.

Full Committee Hearing on Medicaid Drug Reimbursements United States. Congress. House. Committee on Small Business,2007

Medicaid Financial Management Linda M. Calbom,2002-07 This report summarizes the need to improve federal oversight of state Medicaid financial activities. The federal government and the states share responsibility for the fiscal integrity and financial management of the jointly funded Medicaid program. In fiscal year 2000, the Medicaid program served about 33.4 million low-income families as well as certain elderly, blind, and disabled persons at a cost of \$119 billion to the federal government and \$88 billion to the states for program payments and administrative expenses. Developing baseline information on Medicaid issues at greatest risk for improper payments and measuring improvements in program management against that baseline is key to achieving effective financial oversight. Determining the level of state activities in place to monitor and control Medicaid finances is also critical to determining the extent and type of control techniques as well as the amount of

resources CMS must apply at the federal level to oversee the program adequately. Establishing clear lines of authority and performance standards for CMS oversight would also provide for a more efficient, effective and accountable Medicaid program.

State Children's Health Insurance Program James C. Cosgrove,2009 Congress created the State Children's Health Insurance Program (SCHIP) to reduce the number of uninsured children in low-income families that do not qualify for Medicaid. States have flexibility in structuring their SCHIP programs, and their income eligibility limits vary. Concerns have been raised that individuals might substitute SCHIP for private health insurance--known as crowd-out. GAO was asked to examine the Centers for Medicare & Medicaid Services' (CMS) and states' efforts to minimize crowd-out and determine whether it should be a concern. GAO examined (1) CMS's guidance to states for minimizing crowd-out and assessment of whether it should be a concern and (2) states' policies to minimize crowd-out and how they assess whether it should be a concern. To do the work, GAO reviewed federal laws and guidance, examined state annual reports, and interviewed CMS officials. GAO also interviewed SCHIP officials from nine states.

Health Insurance Marketplaces United States Government Accountability Office,2017-09-22 The Patient Protection and Affordable Care Act required the establishment of health insurance exchanges-or marketplaces-to allow consumers to compare, select, and purchase health insurance plans. States can elect to establish a state-based marketplace, or cede this authority to CMS to establish a federally facilitated marketplace. Some states had difficulties with the rollout and operation of their marketplaces, and some states that struggled with IT implementation are now using the federal marketplace IT platform. GAO was requested to review CMS's and states' actions to implement the marketplaces. This report (1) describes CMS's actions to assist states that have chosen to transition to a different marketplace IT platform and identify costs and challenges those states incurred in making this transition; (2) assesses CMS's actions taken to assist selected states to ensure that the development and operations of marketplace IT systems can be financially self-sustained; and (3) assesses CMS's steps to monitor the performance of the states' marketplace IT systems. GAO reviewed documentation from CMS and four states selected based on different types of marketplaces, federal grants provided, and enrollment numbers, and interviewed CMS and the states' officials.

Monitoring CMS' Vital Signs United States. Congress. Senate. Committee on Homeland Security and Governmental Affairs. Subcommittee on Oversight of Government Management, the Federal Workforce, and the District of Columbia,2006 Printed for the use of the Committee on Homeland Security and Governmental Affairs.

Does CMS Have the Right Prescription? United States. Congress. Senate. Committee on Governmental Affairs. Subcommittee on Oversight of Government Management, the Federal Workforce, and the District of Columbia,2004

Monitoring CMS' vital signs : implementation of the Medicare prescription drug benefit , Medicare United States. General Accounting Office,2001

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