

## **Study Guide for In-Class Quizzes (2007) Managed Care and Health Insurance**

The main focus of each quiz will be the material covered in the **required readings and during the lectures**. The content area for each quiz will include all course sessions since the last quiz but material to be discussed in class on the day the quiz is given will not be covered. The quiz format will consist of multiple choice, short fill-in-the-blank, and true/false questions.

Major items discussed in class, but not noted in the lecture slides may be included in the quiz from time to time. Material covered only in extra/additional readings will not be included in the quiz.

Please see further information about the quiz scheduling and grading on the course syllabus.

The general topic areas that are expected to be included on these quizzes will include:

### **QUIZ 1:**

Lecture 1: Overview of Insurance/Managed Care Principles and History

- The features that define managed care; and how they differ from traditional indemnity insurance.
- Basic principles of health insurance and the role of employers.
- The current trends in the managed care industry. (See fact sheet in course packet)

Lecture 2: HMOs and Integrated Delivery Systems

- The major types of managed care organizations, approximate market shares, key characteristics and how they differ from the indemnity insured FFS (fee for service) plan.
- The basic models and trends of physician/hospital integrated delivery systems.

Lecture 3: Risk, Capitation, and other Financial Issues

- The characteristics of financial risk-sharing arrangements used in HMOs and the basic models of physician reimbursement in managed care plans and some of the advantages and disadvantages of each.
- Basic accounting/actuarial approach used for setting capitation payment systems.

Lecture 4: PPOs and CDHPs and other non-HMOs

- An understanding of these types of managed care organizations, approximate market shares, key characteristics and how they differ from other types of health plans.

### **QUIZ 2:**

Lecture 5: Medical Management in IPA/Network HMOs

- A basic understanding of the clinical care/management tools used to monitor/influence physician practices.
- The key features that differentiate different models of HMOs

Lecture 6: Quality and Accountability I

- Alternative approaches and trends in measuring quality performance and accountability in managed care.

Lecture 7: Medical Management in Group/Staff HMOs

- A basic understanding of the clinical care/management tools used to monitor/influence physician practices.
- Basic understanding of how Kaiser Permanente is organized and how this differs from IPA model plan.

- Lecture 8: Organizational & Management Challenges in Health Insurance/Managed Care Plans
- Major organizational and management challenges that face MCO administrators.
  - Basic understanding of Johns Hopkins Health Plans and challenges of academic “IDS”

- Lecture 9: Quality and Accountability II
- Basic structure of NCQA's programs
  - Understanding of major quality /accountability trends in US

**QUIZ 3:**

- Lecture 10: MC & Public Policy I: Medicare & Medicaid Managed Care
- Current trends related to Medicare & Medicaid managed care

- Lecture 11: MC & Public Sector Plans II : Medicaid and Health Reform for Uninsured
- Current trends related to Medicaid and the uninsured population

- Lecture 12: Managed Care in a Global Context
- Basic understanding of role of private insurance in other regions and major nations
  - Opportunities and challenges of managed care tools in international context

- Lecture 13: Ethical Issues in Managed Care
- The key ethical principles encountered in managed care issues
  - Tools for approaching ethical issues in managed care