

### Chapter 3 Managed Health Care

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Managed care plan in which healthcare expenses are funded by insurance coverage; the individual selects one of each type of provider to create a customized network and pays the resulting customized insurance premium; each provider is paid a fixed amount per month to provide only the care that an individual needs from that provider (called a sub-capitation payment)

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managed health care combines healthcare delivery with the financing of services provided consumer directed health plans cdhp define employer contributions and ask employees to be more responsible for healthcare decisions and cost sharing

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managed care plan in which health care expenses are funded by insurance coverage; the individual selects one of each type of provider to create a customized network and pays the resulting customized insurance premium; each provider is paid a fixed amount per month to provide only the care that an individual needs from that provider (called a sub-capitation payment).

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This form of managed care is typically considered the most managed form of health care. Insurer/delivery system HMOs can be thought of as both the health \_\_\_\_\_ and the health care \_\_\_\_\_.

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? Type of MCOs o Triple Option - A triple option is usually offered by a single insurance plan or as a joint venture among many insurance companies. ? Cost determined by personal factors ? The cost of health care providers is determined by the members' health status, age, sex and occupation, as well as the option they choose.

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Chapter 3 General health care reported in children and adults with cerebral palsy (24, 25), children with spina bifida (26), and adults with post-polio paralysis (27), neu-romuscular disease (28), and traumatic brain injury (29). Osteoporosis is common in people with a spinal cord injury (30), spina bifida (31), or cerebral palsy (32, 33).

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