

UCLA School of Public Health  
Department of Health Services

**Spring 2003**

**Managed Care  
Health Services 442**

Time: Tuesdays and Thursdays, 1:00-2:50 p.m.

Room: Tues: CHS 23-105  
Thurs: CHS 41-235

Instructor: Patricia Parkerton, Ph.D., MPH  
Office Hours: Tuesdays 3:00 to 4:00 p.m.  
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**Background:**

The steadily increasing prevalence of managed care models and practices make it highly likely that anyone working in the health care industry will interact with managed care issues. An understanding of managed practices and organizational structures is crucial. This course should orient the student to the position of managed care in the United States and to how it functions. Change in the delivery of health care has been dominated in California and much of the United States by the evolution of managed care. The introduction of important technical and organizational developments has been significant as has the changes in public perception. Therefore, the class will have the primary purpose of making clear what managed care is and what it is not; it will also have the secondary purpose of exploring the changes in the organization and delivery of health care as the result of the growth of managed care.

**Prerequisite**

Health Services 200A and 200B.

**Learning Objectives**

Upon completion of this course, students should be able to discuss the major objectives and apply the principle techniques of managed care organizations.

**Method of the Course**

The course will consist of lecture presentations by the instructor, discussion of issues, presentations by professionals from the managed care industry, and team and individual projects.

Class discussions will focus on current management and policy challenges facing managed care today.

The sequence of presentations is in five sections. 1) The first few sessions will deal with the definition, evolution, basic principles, and structure of managed care; the basic types of managed care insurance products; and the basic types of provider delivery systems in managed care. 2) The next group of sessions will address the organization and management of the delivery system with a focus on unique managed care practices: network development, credentialing, quality management, utilization management, and risk management. These the student will apply to a team project focused on one clinical condition submitted as both a paper and a presentation. 3) Sessions on the “checks” to the managed care plans will follow. 4) A focus on contracting process, negotiation, and contracting will culminate in a negotiation session between teams of students. 5) Five sessions will then address issues of specific managed care programs: Medicare, Medicaid, disease management, behavioral health, and prescription benefits.

### **General Information**

This course is meant to be as practically useful and valuable to the students as possible. All ideas and suggestions for added topics, background materials, speakers, etc. will be welcomed by the instructor, either for use in this quarter’s course or for inclusion in future editions of this class. Student comments and questions are generally welcomed during the conduct of the sessions rather than only at the end of the class session. However, individual guest speakers may have different preferences and these should be honored.

### **Textbook/Readings**

Essentials of Managed Care (Fourth Edition) by Peter Kongstvedt, published by Aspen Publishers, available at the UCLA Bookstore. This is a reference text with specific chapters assigned.

### **Assignments**

Choice paper: “Health Plan Choice and Work”:  
You’ve moved and taken a new job in the healthcare industry. Which health plan will you select for yourself (or a family member)—why? What job have you taken and how does it relate to the managed care industry? What do you need to learn to do this job well? 4-5 pages

Care Management project: “Service Practice: Policy, Providers, Management, and Quality”  
In teams of ~ 4, select a controversial service practice, determine health plan policy on its coverage, practices to credential providers, manage utilization, ensure quality, and

protect the organization.

Define sources and sell practices to your “medical advisory committee” in a: 10 page paper and 15 minute presentation

Negotiation session: Contracts will be negotiated for a defined service in a classroom  
 Roles will be assigned and some materials provided on positions.  
 Teams of ~3 will prepare prior to class negotiation session.

Stakeholder report: to superior in a hospital, health plan, state agency, DME company etc. summarizing the point of view of a group and why it’s important, e.g. local employer population, Medicare, Medicaid program. While some references should be included, this paper is not meant to be a research paper or a detailed survey of the literature; rather it is meant as a device for you to organize your thoughts in an organized and compelling manner. 8-10 pages

Class participation: All will be expected to contribute.

**Grading**

<u>Activity</u>	<u>Participants</u>	<u>% Grade</u>	<u>Grader</u>
Choice paper	1	10	100% instructor
Care Management paper	4	30	50% team, 50% instructor
Presentation	4	10	50% class, 50% instructor
Negotiation exercise	3	15	67% team, 33% opposing team
Stakeholder report	1	25	100% instructor
Class participation	1	10	100% instructor

\*\* in Kongstvedt, Essentials of Managed Care

\* Sessions given by guest speakers are tentative.

Marketing, sales, law, and finance are dealt with in other Health Services courses.

### Managed Care Class Schedule

#	Date	Topic	Guest Speaker	Readings** Assignment
<b>MC Organizations</b>				
1	4/3	Introductions. history types, governance		1
2	4/8	Health plan distribution		2
3	4/10	Benefits and risks		3
<b>Delivery Systems</b>				
4	4/15	Provider networks: clinicians institutions, credentialing	Marvin Kanter MD	Choice paper due Form care mgt. teams
5	4/17	Providers: diversity, perspectives, prevalence		6, 8, 9 (first 10 pps)
6	4/22	Quality: assurance and improvement	Ross Miller M.D. CIGNA or Michael Belman MD, BC	17
7	4/24	Utilization management		11, 12
8	4/29	Profiling, evaluation, incentives	A Leggoretta, M.D. Health Benchmarks	Care management papers due
9	5/1	Care management programs	Care Mgt. Class Teams	CareMgt presentation
<b>Regulation</b>				
10	5/6	Involuntary: federal Voluntary: NCQA		26, 35
11	5/8	State. consumer rights, satisfaction, grievances	Herb Schultz, MPA DMHC	22
<b>Contractual Bonds</b>				
12	5/13	Negotiation		7 Form neg. teams
13	5/15	Contracts	Meredith Flynn, MPH UCLA Health System	Contracting case Draft contract
14	5/20	Negotiation session		Roles before class
<b>Programs</b>				
15	5/22	Managed Medicare	Nancy Monk MPH PacifiCare Medicare	30
16	5/27	Managed Medicaid	Tony Rogers MPH Wellpoint State programs	31
17	5/29	Disease Management		
18	6/3	Behavioral Medicine	Alan Savitz, MD PacifiCare Behavioral Health	16
19	6/5	Prescription Benefits		15
<b>Epilogue</b>				
20	6/12	Wrap-up		Epilogue Stakeholder paper due

