

I. Paper & Presentation Assignment for Graduate Students

Purpose: This assignment will enable the graduate student to become well acquainted with a public financing/regulatory policy area used or proposed as a way of equitably assuring access to health care and/or controlling costs in health care. The assignment will also provide practice in absorbing relatively new material, reducing it to a level appropriate for the lay public, developing accompanying graphic summary materials, and making an oral presentation in class.

Method: Students will select one of the public policy areas, financing mechanisms or cost-related policies and related topics from the list below. The technical aspects of the mechanism or policy, i.e. how it works, and the historical/structural policy setting arena will be researched. Useful journals include the following: Health Care Financing Review; Inquiry; Health Affairs; Health Policy; Politics and Law; and Journal of the American Medical Association. After researching the topic, the student will develop a ten page (minimum) referenced paper. This paper should include an executive summary, description of the purpose of the approach, any theoretical underpinnings, how it works (with examples), provide examples of how the methodology or policy is or would be used, and critically evaluate the impact of the approach on public costs, providers and consumers. One or more graphics to illustrate the approach should be developed.

A final written paper, with graphics and appendices, is due on or before November 26, 2007, with copies of the executive summary and graphics provided for each student during the oral presentation. On November 26 and December 3, students will present their topics to the class with a minimum 10 minute presentation on the paper followed by a discussion/question and answer period. Presentations will be evaluated on form, clarity (verbal, written and graphic), thoroughness and overall effectiveness.

Topics for Selection:

1. Medicare reimbursement from the providers' perspective: Fee for service (FFS), managed care, average annual per capita cost, balanced billing or accepting assignment and Medicare fee schedules.
2. 1997 – 2007 Congressional actions on health care cost savings' strategies for Medicare.
3. 1997 – 2007 Congressional actions on Medicaid cost savings' strategies.
4. Resource based relative value scale, Medicare Economic Index, geographic adjustments.
5. Prospective payment systems, including DRGs and other examples of payment, utilization review, severity case mix, geographic variation and health sector specific proposals.

6. Medicaid reimbursement mechanisms, federal and state – waiver and non-waiver strategies.
7. Health Care Fraud & Abuse: Operation Restore Trust (ORT), carrier fraud units (Medicare), role of Department of Justice and the Office of the Inspector General, surveillance and utilization review subsystems (Medicaid), PRO, Florida’s Operation Spotcheck (State Attorney General’s Office).
8. Cost containment policies’ impact on quality of care – Medicaid and Medicare, managed care and private insurance
9. Impact analysis of state/federal licensure and certification of health care facilities.
10. Medicaid drug formulary, Oregon’s “rationing system” and other state rationing policies to control Medicaid costs.
11. Analysis of Florida’s Medicaid deficit for 2007 – 08 and proposed reductions
12. Health care’s medical malpractice impact on cost and quality
13. Relationship of the potential privatization of social security to consumer health care costs
14. Regulations governing “death and dying” such as advance directives, DNR, palliative care, hospice care and assisted suicide.
15. Considerations of health regulation policy - increasing privatization or federal controls?
16. Oregon, Massachusetts and California: Comparative case studies of state-driven health care reform
17. State Children’s Health Insurance Programs – National vs. State Determination

Include in your topic as appropriate:

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| *Case mix indexing | *Geographic practice cost indexing |
| *Geographic differences in regulation | *Market basket indices |
| *Role of rebasing of rates | *Devolution of regulation responsibilities |
| *Changes in out-of-pocket health care | *Freedom of choice vs. managed care |
| *Quality of health care impacts | *Federal vs. state strategies to control costs |
| *Prospective payment vs. cost reimbursement | |
| *Solvency of health care funds | |

Florida State University
SYA 4930 Section 06 Reference # 08690 (Undergraduate) and
SYA 6933 Section 02 Reference # 08836 (Graduate):
Health Care Regulation - Medicare and Medicaid
Fall 2007 – Monday 5:30 p.m. Bellamy Bldg., Rm. 023

Class Syllabus by LuMarie Polivka-West, MSP

Texts:

Holahan, John, Alan Weil, Joshua M. Wiener, (2003) Federalism and Health Policy.
Washington, D.C.: The Urban Institute Press.

Moon, Marilyn (2006). Medicare: A Policy Primer. Washington, D.C.: The Urban Institute Press.

Oberlander, Jonathan (2003) The Political Life of Medicare. Chicago, Ill.: The University of Chicago Press.

Weissert, Carol and William G. Weissert (2006). Governing Health: The Politics of Health Policy – Third Edition. Baltimore, Maryland: Johns Hopkins University Press. (Second Edition also allowed)

Course Calendar:

August 27, 2005	Overview of Course Summary of Historical/Structural Precedents of Medicare and Medicaid “Medicare and You 2007”
September 3	Labor Day Holiday – no class (however, reading required as follows) Appendix A: The Mechanics of Medicare Moon, Chapter 1 – The Beneficiary’s Perspective Moon, Chapter 2 – Medicare in the “Big Picture” Moon, Chapter 3 – How Medicare Has Changed: Coverage and Benefits’ Payments Moon, Chapter 4 – How Medicare Has Changed: Benefits
September 10	Moon, Chapter 5 – Are Private Plans the Answer for Medicare? Moon, Chapter 6 – How Could the Benefit Structure Be Improved? Moon, Chapter 7 – Who Should Pay?
September 17	Oberlander, Chapters 1 and 2 – Medicare’s Roots Oberlander, Chapter 3 - Going Nowhere: The Politics of Benefits Oberlander, Chapter 4 – Going Broke: The Politics of Financing
September 24	Oberlander, Chapter 5 – The State Rises: The Politics of Regulation Oberlander, Chapter 6 – Medicare Politics: Patterns and Explanations Oberlander, Chapter 7 - The New Politics of Medicare Moon, Chapter 8 – How Should Medicare Change?
October 1	Holahan, Chapter 1 – Federalism and Health Policy
<u>Class Debates</u>	Holahan, Chapter 2 – State and federal Roles in Health Care
<u>Begin</u>	Holahan, Chapter 9 – The State Children’s Health Insurance Program

- October 8 Guest Lecturer on Advance Directives, Living Wills and End of Life Care
- October 15 Class Debates continue
Class Discussion and Review of Readings
Exam I 7:00 p.m. – 8:15 p.m.
- October 22 Holahan, Chapter 3 – Health Care within the Larger State Budget
Holahan, Chapter 4 – Variation in Health Insurance Coverage and Expenditures
Holahan, Chapter 5 – States’ Strategies for Tapping Federal Revenues
Holahan, Chapter 6 – Leaders and Laggards in State Coverage Expansions
- October 29 Holahan, Chapter 7 – Medicaid Managed Care: State Flexibility in Action
Holahan, Chapter 8 – Long Term Care: Can the States Be the Engine of Reform?
Holahan, Chapter 10 – Making Medicaid a National Program
- November 5 Weisserts, Chapters 1 – 3, 7 – Congress, the Presidency and Interest Groups
Balanced Budget Act of 1997 and the Medicare Modernization Act of 2003
- November 12 Veterans’ Holiday – No class but readings required
Weisserts, Chapter 4 – Bureaucracy
Weisserts, Chapter 5 - States and Health Care Reform
Weisserts, Chapter 6 – The Policy Process
Weisserts, Conclusion
- November 19 Holahan, Chapter 11 – Alternative Models of Federalism
Holahan, Chapter 12 – Improving the Federal System of Health Care Coverage
- November 26 Graduate Student Presentations 5:30 – 6:30 p.m.
Exam II 6:30 – 8:15 p.m.
- December 3 Exam II Review and Discussion
Graduate Student Presentations

*As time permits, supplemental reading will be provided for class discussions on the impact of health care cost containment strategies on the poor, the uninsured, and on quality of care in the health care delivery system.

Academic Honor Code: Students are expected to uphold the Academic Honor Code published in the Florida State University Bulletin and the Student Handbook that states:

The Academic Honor System of Florida State University is based on the premise that each student has the responsibility (1) to uphold the highest standards of academic integrity in the student’s own work, (2) to refuse to tolerate violations of academic integrity in the University community, and (3) to foster a high sense of integrity and social responsibility on the part of the University community.

Assignments:

The class format will include a mix of lectures, class discussions including student questions, student presentations, and two exams. Graduate students will be required to submit a research paper in addition to an oral presentation of the topic. A list of possible topics will be provided for student selection consideration.

A policy debate will be conducted in class on assigned topics and dates. The pro and con arguments should be presented within 10 minutes beginning October 1. Each side would have a maximum of five minutes to present the topic. Presenters should be prepared for questions from the class. The following are possible topics:

1. Health care is a basic right. Yes or No?
2. Death and dying: Societal vs. individual rights?
3. Is there a need for national health care reform?
4. Should the federal government negotiate with pharmaceutical companies for better pricing of drugs?
5. Is there a need for a managed care bill of rights for patients?
6. Who is responsible for the future solvency of Medicare?
7. Who is responsible for the quality of health care? Government entities, professional boards or the consumer?
8. The federal government should expand the Medicare coverage to include long term care. Yes or No?
9. Medicare should be privatized. Yes or No?
10. Should Medicaid responsibility be moved from the states to the federal government?
11. Should all employers be required to provide health insurance to employees?
12. Medical savings accounts are the most appropriate avenue for future health insurance. Yes or No?
13. Medicare Part D is an example of good public policy. Yes or No?
14. ERISA protections should be maintained. Yes or No?
15. Tort reform is necessary to control the future growth of health care costs. Yes or No?

Evaluation:

Graduate students:

30% - Attendance and regular class participation including informed questions and answers.

40% - Exams I and II

20% - Paper and Class Presentation

10% - Policy debate on regulatory and financing policies governing health care delivery.

Undergraduate students:

30% - Attendance and regular class participation including informed questions and answers.

50% - Exams I and II

20% - Policy debate on regulatory and financing policies governing health care delivery.

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SYA 6933 Section 02 Reference # 08836 (Graduate):
Health Care Regulation - Medicare and Medicaid
Florida State University
Fall 2007 – Monday 5:30 p.m. Bellamy Bldg. Rm. 023
Instructor: LuMarie Polivka-West, MSP (lpwest@fhca.org) 850/224-3907, Ext. 33**

Course Overview:

This elective course is open to undergraduate and graduate students having an interest in health and long term care. Major federal and state governmental policies developed to facilitate access to health and long term care and to provide reimbursement mechanisms for these services are examined. Various ways to finance health care through public reimbursement and cost containment policies are addressed. Special attention is given to the Medicare and Medicaid statutes and the subsequent amendments and their impact on the structure of the health and long term care systems in the private sector. An introduction to the cost problems created by these policies, cost containment responses to escalating costs, and state regulatory policies and proposals are included.

Course Objectives:

At the end of this course the student will:

- Review the past, current and future trends in Medicare and Medicaid policies.
- Understand the tradeoffs of eligibility and entitlement policies in health care.
- Evaluate the cost impact of various reimbursement policies.
- Examine the roles of the public and private sectors in health care policy development.
- Review health reform proposals in terms of access, public and private costs, and particularly costs to the individual.
- Explain the dynamics of federal reimbursement policies, costs, corrective cost containment policies and the impacts on the consumer.

Assignments:

The class format will include a mix of lectures, class discussion including student questions, student presentations, and two exams. Graduate students will be required to submit a research paper in addition to an oral presentation of the topic. A list of possible topics will be provided for student selection consideration.

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Students will also be asked to read a number of articles provided and some materials from the internet, as well as information provided by the instructor. Check each week for those assignments.