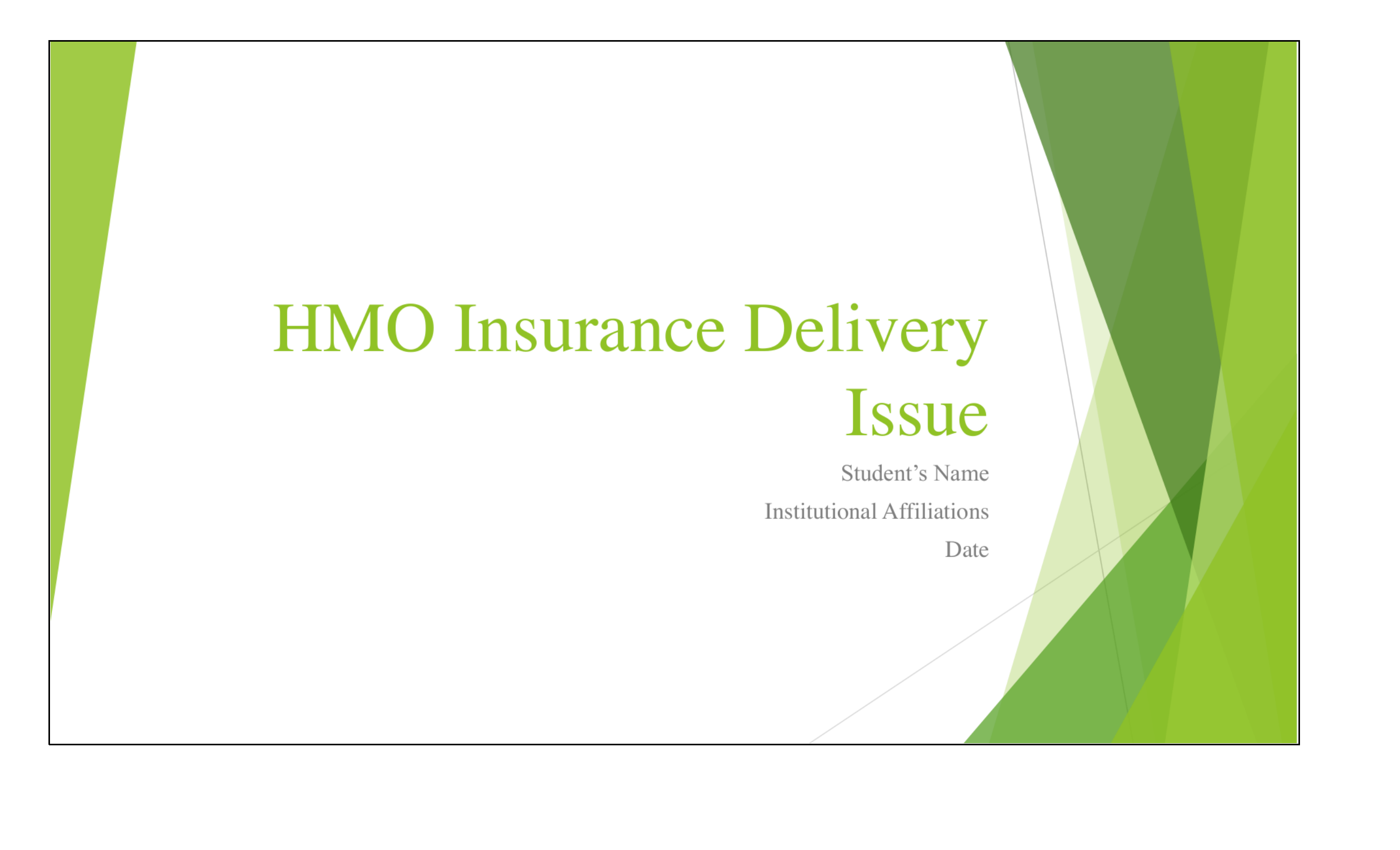


d  
*by* D D

---

**Submission date:** 06-Oct-2020 10:08AM (UTC-0400)  
**Submission ID:** 1406996335  
**File name:** HMO\_Insurance.pptx (73.55K)  
**Word count:** 387  
**Character count:** 2329

The background of the slide features abstract, overlapping green geometric shapes, primarily triangles and polygons, in various shades of green, creating a modern and dynamic visual effect.

# HMO Insurance Delivery Issue

Student's Name

Institutional Affiliations

Date

# Introduction

- HMO insurance was developed to reduce the cost of healthcare
- The insurance program is prepaid health strategies with selected providers
- The program registers their subscribers through their workplaces
- HMOs have developed hastily since it was established
- Prevalent with managers due to their inexpensive nature

# Health System Delivery Issue

- HMO has limitations on the choice of providers and physicians (Open.lib.umn.edu, 2020)
- Individuals have no assurance of meeting with the same physicians in each visit
- The practice hinders the development of patient-physician trust
- Limitations on therapeutic examinations and procedures (Open.lib.umn.edu, 2020)
- Restrictions on the choice of drug prescriptions

# Example of HMO Delivery Issue

- A woman from California had kidney failure and therapy provided was not effective  
(Pituitary.org, 2020)
- HMO doctor realized dialysis was needed but would not be cost-effective
- The woman's health worsened and died as dialysis was not prescribed

# Problem Statement

- HMO insurance is one of the popular plans that offer coverage using a network of physicians (Dugan, 2015)
- Individuals coverage is restricted to a network of providers or contracted physicians
- The therapeutic examination is limited to reduce the cost of care
- System change is needed to remove restrictions on physicians as it increases the trust with patients
- Quality care should be offered by providing the required services regardless of limitation

# Role of the Government in Correcting the Issue

- Setting legislation and national strategies
- Setting elementary requirements and regulations for insurance plan coverage (Dugan, 2015)
- Ensuring equality of health service provided by all physicians and providers

# Conclusion

- HMO insurance has emerged to be popular because of the reduced cost of care
- Participants have to use the network of providers or contracted physicians
- HMO insurance has restrictions on medical examinations and drugs administered
- Change is needed to reduce the limitations of examinations and maintain quality of care
- The government should set regulations and essential requirements to ensure the quality of care regardless of reduced cost

# References

Dugan, J. (2015). Trends in managed care cost containment: An analysis of the managed care backlash. *Health Economics*, 24(12), 1604-1618.

Pituitary.org. (2020). HMO Horror Stories. <https://pituitary.org/news/insurance-issues/hmo-horror-stories>

Open.lib.umn.edu. (2020). Problems of Health Care in the United States. <https://open.lib.umn.edu/socialproblems/chapter/13-4-problems-of-health-care-in-the-united-states/>

ORIGINALITY REPORT

0%  
SIMILARITY INDEX

0%  
INTERNET SOURCES

0%  
PUBLICATIONS

0%  
STUDENT PAPERS

PRIMARY SOURCES

Exclude quotes      On  
Exclude bibliography      On

Exclude matches      Off