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Introduction to the Special Section Health Plan Payment in Regulated Competition

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Public policy towards health insurance is guided by principles of regulated (or managed) competition in Australia, Belgium, Germany, Ireland, Israel, the Netherlands, Switzerland, and some countries in Asia and Latin America, as well as in key health insurance sectors in the United States, including the Medicare Advantage program for Medicare beneficiaries, state-level Marketplaces created as part of the Affordable Care Act (2010) and state Medicaid managed care programs. A shared challenge is to pay health plans in a way that induces market efficiency and – at the same time – protects public objectives like individual affordability of coverage.

While there is considerable heterogeneity in some aspects of the policies in regulated health insurance markets, there are also many commonalities. In all of these markets, individuals choose among private plans that compete on price (i.e. the premium) and/or quality (e.g. in terms of provider network). Common regulatory aspects include standardized coverage, premium-rate restrictions and open enrollment. On the one hand these regulatory instruments help make basic coverage affordable and accessible for all, but on the other hand they can exacerbate adverse

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