



2002 AHIP Survey of Health Insurance Plans

Chart Book of Findings

2002 AHIP Survey of Health Insurance Plans: Chart Book of Findings

Acknowledgements

We would like to thank the health plans that participated in this survey. This Chart Book would not have been possible without their willingness to provide AHIP with current and comprehensive information on their respective plans.

For questions or comments about this report and the 2002 survey, please contact Teresa Chovan, Director Policy Research, AHIP, at 202-778-8503 or tchovan@ahip.org.

America's Health Insurance Plans is a national trade association representing nearly 1,300 member companies providing health benefits to more than 200 million Americans.

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2002 AHIP Survey of Health Insurance Plans

Chart Book of Findings

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Background and Overview

This publication provides a sampling of findings available from the 2002 AHIP Survey of Health Insurance Plans. The charts show the significant contribution health insurance plans make in providing comprehensive coverage and quality health care to millions of HMO and POS enrollees.

For more than a decade America's Health Insurance Plans (AHIP) has conducted an annual survey of health insurance plans, reporting on the dynamic trends of America's community of network-based health plans. As in past years, the 2002 annual survey focused on the HMO and POS health plans, to identify and understand the significant trends occurring within these plans, as well as to shed light on areas that would benefit from further examination.

The 2002 AHIP Annual Survey of Health Insurance Plans provides a wealth of information regarding activities and trends in the commercial, Medicaid and Medicare markets. Of the 338 HMO/POS health insurance plans in the combined sample, 196 (58%) returned a completed questionnaire, of which 194 were eligible to participate in the survey. The health insurance plans that participated in the survey provide information on nearly 50 million covered individuals -- 64% of total HMO/POS enrollment. Please refer to the Appendix (Methodology Report) for more details on the sample design and response rate.

In addition to providing a general overview of the survey, many findings in the report show benchmarking data by size of health plan (small is less than 130,000 enrollees; medium is 130,000-370,000 enrollees; large is more than 370,000 enrollees) for several topic areas.

General Health Insurance Plan Information

Information on general HMO/POS health insurance plan characteristics was collected for the purpose of screening out ineligible plans (i.e., those that did not offer a general medical/surgical product), assessing size of plans by enrollees, and characterizing plans by type, affiliation, and tax status.

- As of December 31, 2001, the mean (average) number of commercial HMO/POS enrollees per health insurance plan was 161,186, while the average number of Medicaid HMO enrollees was 93,698, and the average number of Medicare HMO enrollees was 58,822.
- Among responding companies, the independent practice association (IPA) was the predominant HMO/POS model type (74.9% of enrollees).
- The majority of respondents (61.9%) were affiliated with a national or regional health insurance plan (other than Blue Cross/Blue Shield).
- The vast majority of responding health insurance plans were for-profit and publicly held (71.1%), with the remainder either non-profit (18.0%) or for-profit and privately held (10.8%).

A. Preventive Health Care Services

A variety of information was collected to assess the extent and characteristics of preventive health care services offered by HMO/POS health plans, including screenings for cancer and diabetes, and counseling on various health care issues such as HIV/AIDS and nutrition.

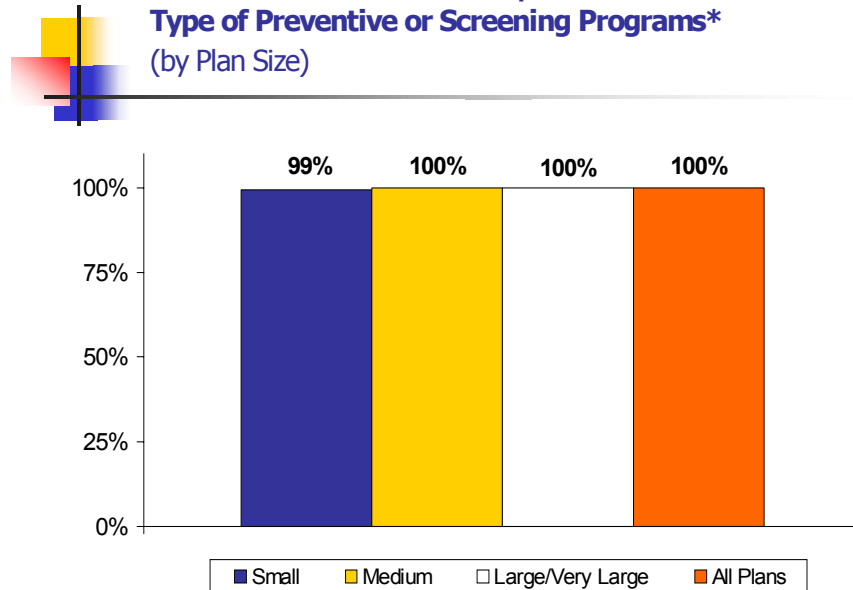
Findings From The 2002 AHIP Annual Survey Of Health Insurance Plans

Percent of Enrollees in HMO/POS Plans That Cover:

Preventive or screening program (any type)	100%
Colorectal cancer screening	100%
Prostate cancer screening	91%
Cervical cancer screening	100%
Reminders for breast cancer screening	97%
Reminders for cervical cancer screening	97%
Reminders for colorectal cancer screening	89%
FOBT test for colorectal cancer	98%
Sigmoidoscopy for colorectal cancer	96%
DCBE test for colorectal cancer	97%
Colonoscopy for colorectal cancer	91%
Thin prep test for cervical cancer	94%
Auto prep test for cervical cancer	84%
Papnet test for cervical cancer	77%
Mammography for ages 50+	100%
Mammography for ages 40-49	90%
Diabetes screening for ages 46+	99%
Osteoporosis screening	91%
Back care and injury prevention	73%
Nutrition counseling	76%
HIV/AIDS prevention counseling	87%
Hearing tests for newborns	90%
Hearing tests for seniors	85%

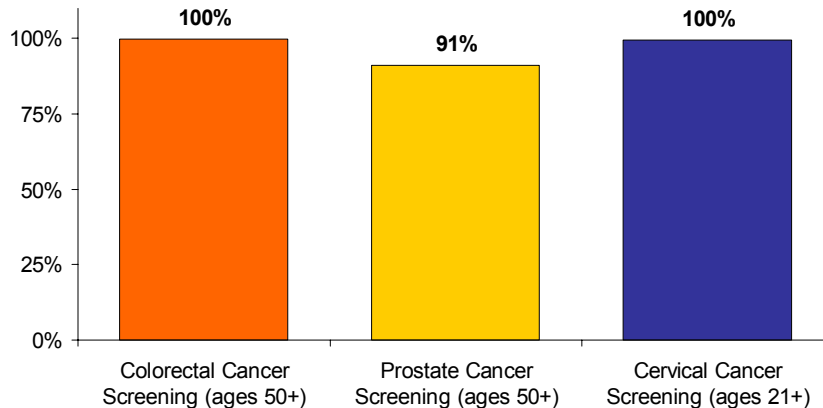
Preventive Health Care Services

Chart 1
Percent of Enrollees in HMO/POS Plans That Cover Any Type of Preventive or Screening Programs*
(by Plan Size)



* Preventive health care programs are designed to prevent disease and injury (i.e., back care, nutrition counseling). Screening programs are designed to identify diseases in early stages (i.e., mammography, cervical cancer).

Chart 2
Percent of Enrollees in HMO/POS Plans That Cover Specific Cancer Screening
(Averages for All Plans)



Preventive Health Care Services

Chart 3
Percent of Enrollees in HMO/POS Plans That Provide Reminders for Specific Cancer Screenings in Newsletters
(Averages for All Plans)

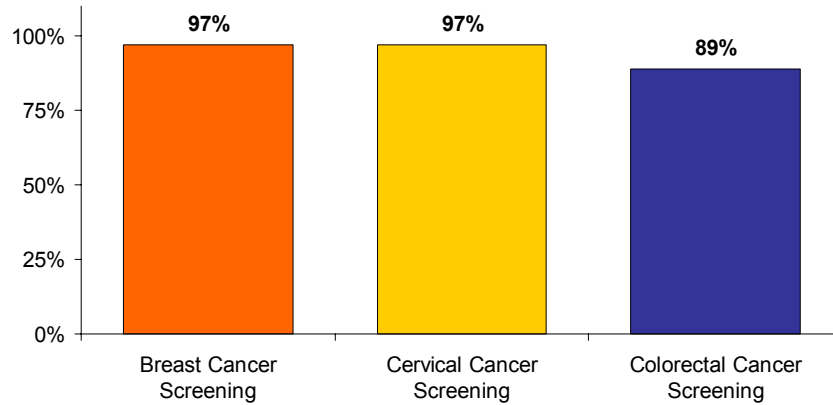
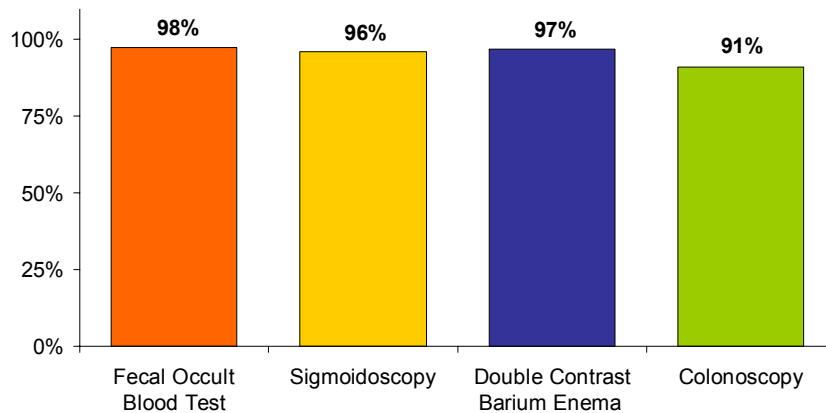


Chart 4
Percent of Enrollees in HMO/POS Plans That Cover Colorectal Cancer Screening Tests and Procedures as a Basic Benefit
(Averages for All Plans)



Preventive Health Care Services

Chart 5
Percent of Enrollees in HMO/POS Plans That Cover Specific Cervical Cancer Screening Tests and Procedures as a Basic Benefit
(Averages for All Plans)

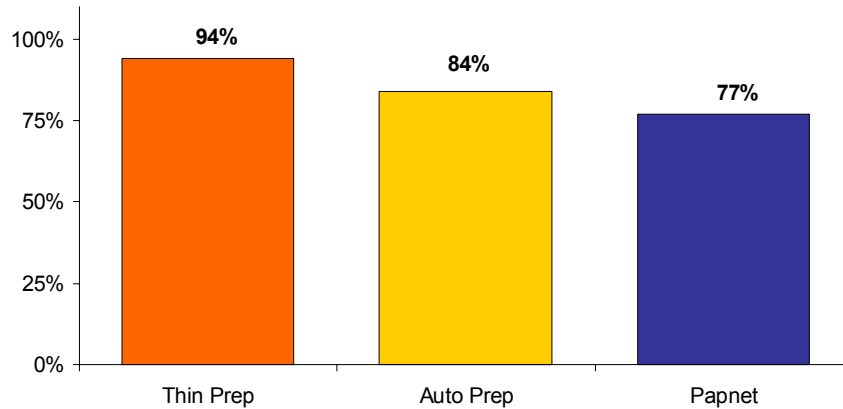
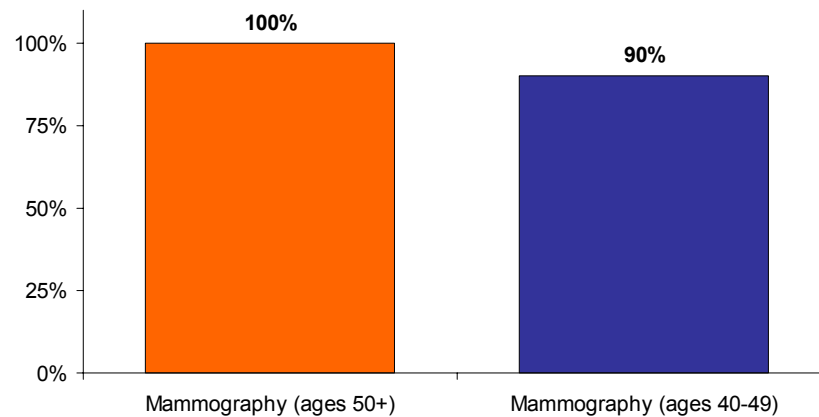


Chart 6
Percent of Enrollees in HMO/POS Plans That Cover Mammography (Averages for All Plans)



Prior to 2002, the U.S. Preventive Services Task Force (USPSTF) endorsed mammography for women over age 50. In February 2002 – generally too late for revisions to 2002 benefit packages – the USPSTF extended that recommendation to all women over age 40.

Preventive Health Care Services

Chart 7
**Percent of Enrollees in HMO/POS Plans That Cover
Diabetes Screening**
(by Plan Size)

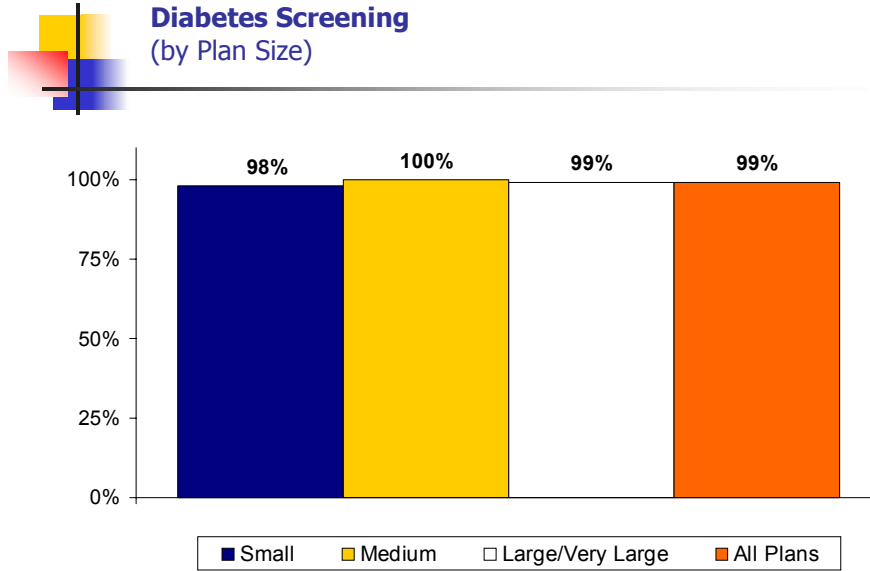
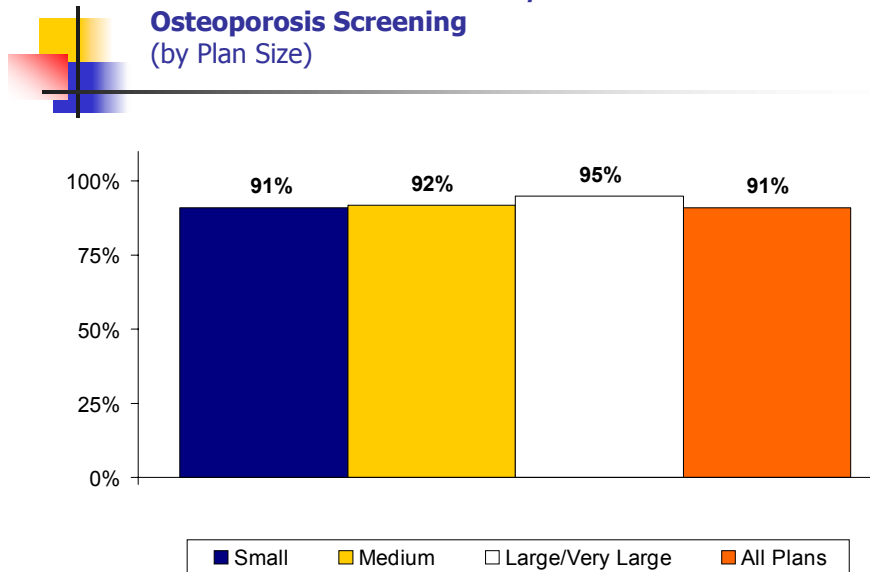


Chart 8
**Percent of Enrollees in HMO/POS Plans That Cover
Osteoporosis Screening**
(by Plan Size)



Preventive Health Care Services

Chart 9
Percent of Enrollees in HMO/POS Plans That Cover Specific Preventive Health Programs
(Averages for All Plans)

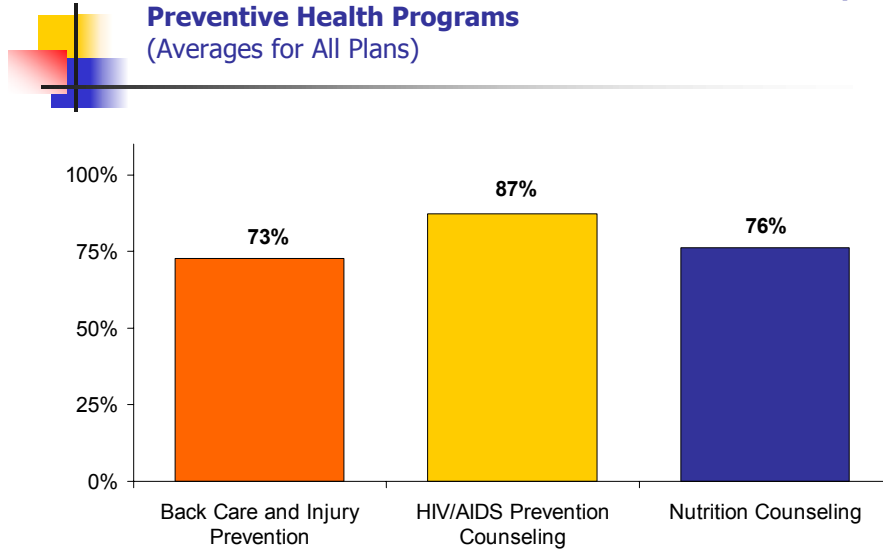
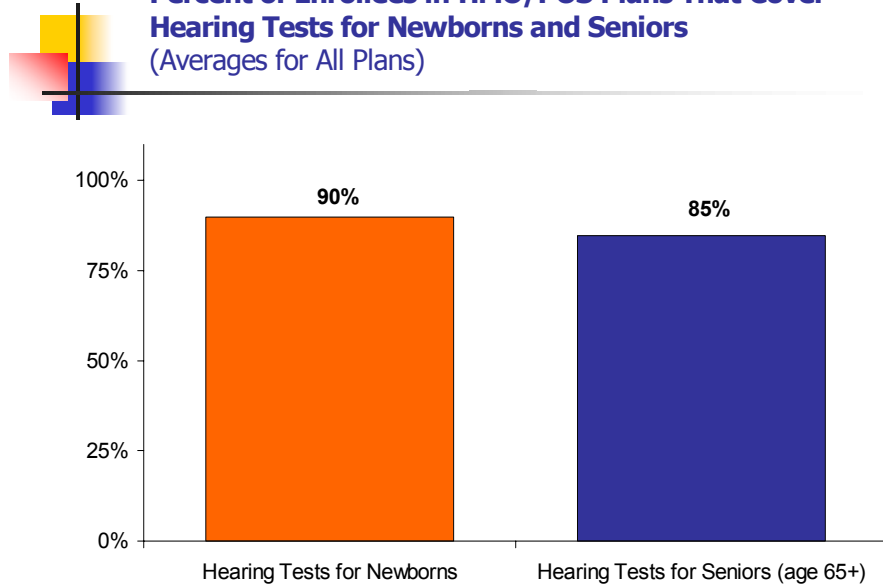


Chart 10
Percent of Enrollees in HMO/POS Plans That Cover Hearing Tests for Newborns and Seniors
(Averages for All Plans)



B. Wellness and Health Promotion Programs

Questions in this section of the survey were designed to assess the extent to which HMO/POS plans offer and cover an assortment of wellness and health promotion programs, including chronic disease self-management, prenatal care education, and alcohol dependency counseling.

Findings From The 2002 AHIP Annual Survey Of Health Insurance Plans

Percent of Enrollees in HMO/POS Plans That Cover:

Wellness or health promotion programs	100%
Chronic disease self-management programs	96%
24-hour nurse phone line	75%
Prenatal care education	96%
Menopause management	89%
Alcohol dependency counseling	82%
Substance abuse prevention counseling	63%
Violence prevention counseling	44%
Access to a fitness center	79%
Stress reduction program	68%
Health-risk appraisal	64%
Care manager services to caregivers of enrollees	46%

Wellness and Health Promotion Programs

Chart 11
Percent of Enrollees in HMO/POS Plans That Cover Any Type of Wellness or Health Promotion Program (by Plan Size)

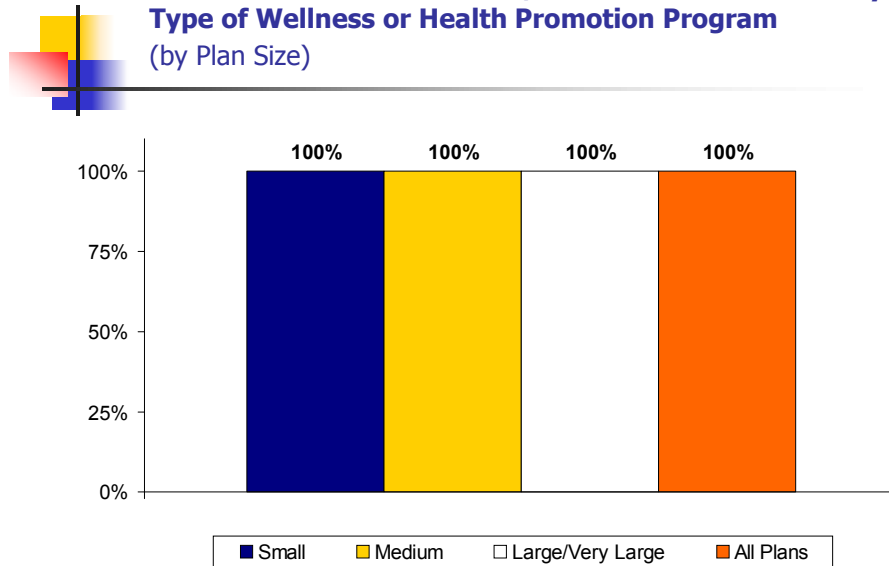
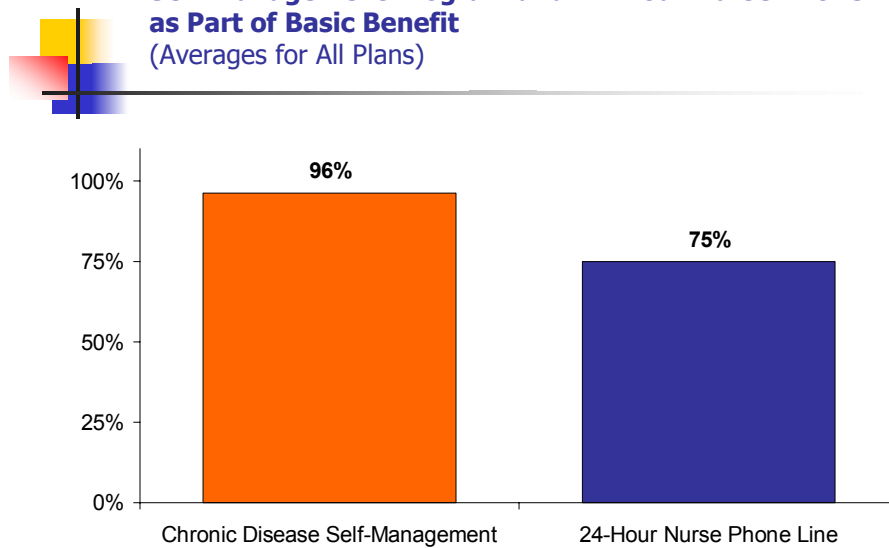


Chart 12
Percent of Enrollees in HMO/POS Plans That Cover Disease Self-Management Program and 24-Hour Nurse Phone Line as Part of Basic Benefit (Averages for All Plans)



Wellness and Health Promotion Programs

Chart 13
Percent of Enrollees in HMO/POS Plans That Cover Prenatal Care Education and Menopause Management as Part of Basic Benefit
(Averages for All Plans)

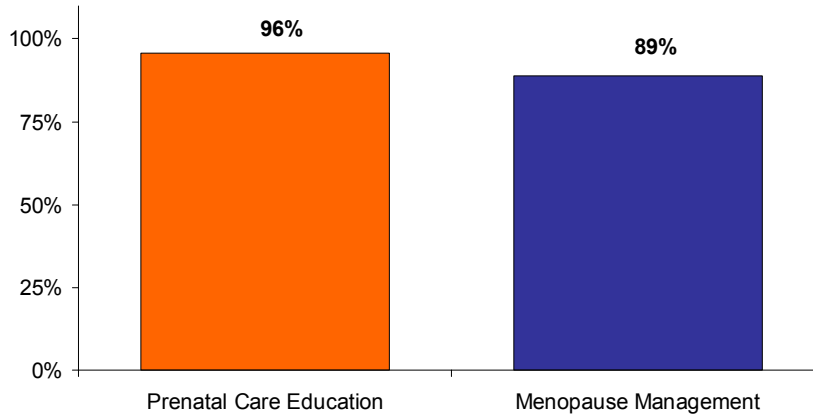
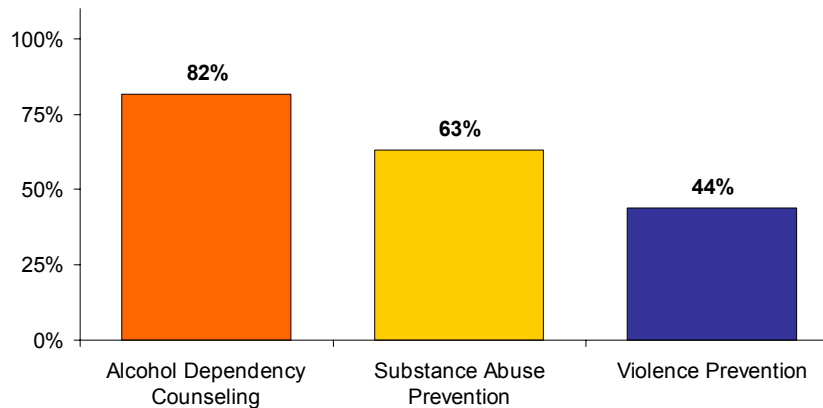


Chart 14
Percent of Enrollees in HMO/POS Plans That Cover Alcohol, Substance Abuse Counseling and Violence Prevention Programs as Part of Basic Benefit
(Averages for All Plans)



Wellness and Health Promotion Programs

Chart 15
**Percent of Enrollees in HMO/POS Plans That Cover
Access to Fitness Centers, Stress Reduction Programs,
Health-Risk Appraisals**
(Averages for All Plans)

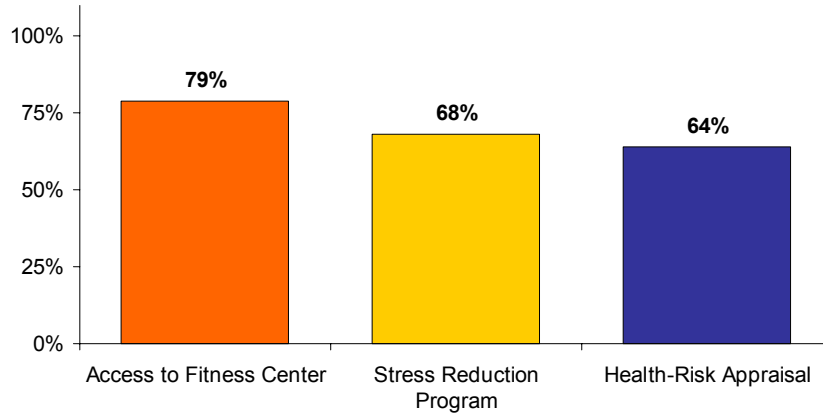
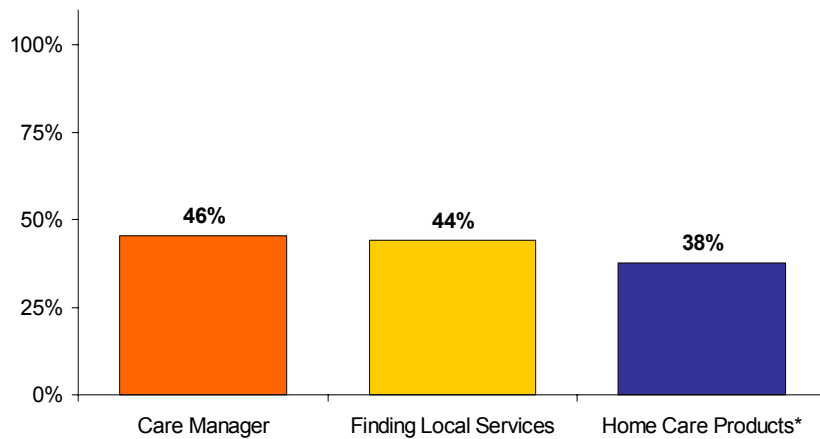


Chart 16
**Percent of Enrollees in HMO/POS Plans That Cover
Services to Provide Assistance to Caregivers of
Enrollees**
(Averages for All Plans)



* Home care products (e.g., ambulatory devices and durable medical equipment)

C. Benefit Design

In this section, information was collected to assess the extent to which HMO/POS plans cover a wide variety of services, including vision, chiropractic, and hospice care.

Findings From The 2002 AHIP Annual Survey Of Health Insurance Plans

Percent of Enrollees in HMO/POS Plans That Cover:

Routine vision care	95%
Chiropractic care	94%
Hospice care	99%
Infertility services	74%
Massage/relaxation therapy	74%
Acupuncture therapy	67%
Acupressure therapy	59%

Benefit Design

Chart 17
Percent of Enrollees in HMO/POS Plans That Cover Routine Vision and Chiropractic Care as Part of Basic Benefit or Through External Vendor
(Averages for All Plans)

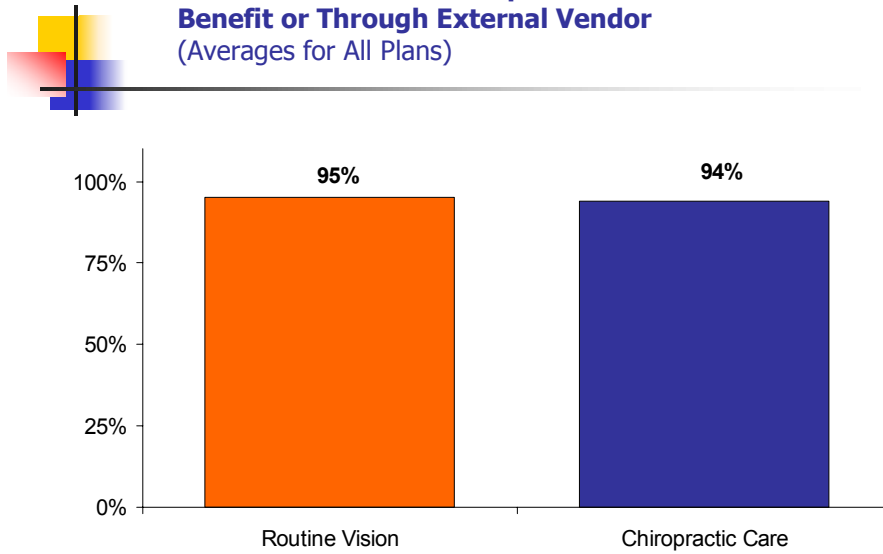
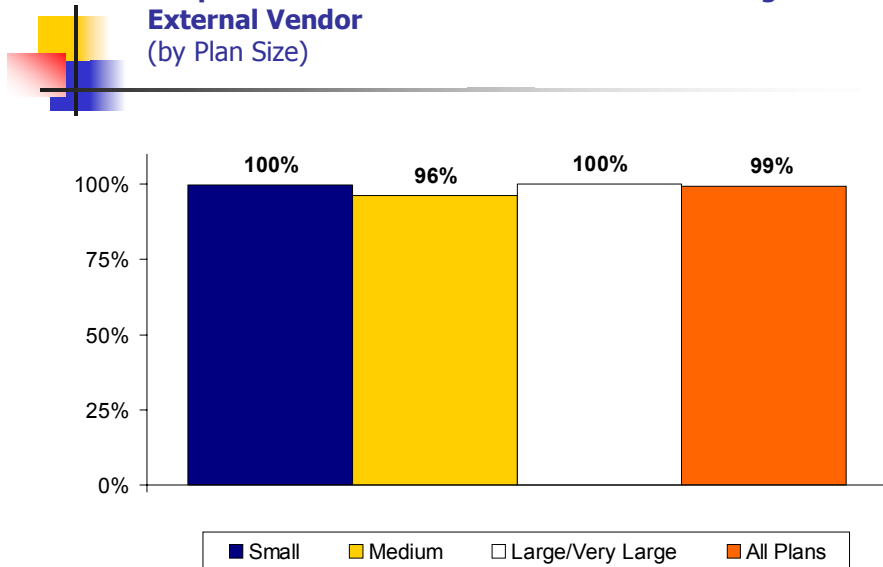


Chart 18
Percent of Enrollees in HMO/POS Plans That Cover Hospice Care as Part of Basic Benefit or Through an External Vendor
(by Plan Size)



Benefit Design

Chart 19
Percent of Enrollees in HMO/POS Plans That Cover Certain Infertility Services as Part of Basic Benefit or Through External Vendor
 (by Plan Size)

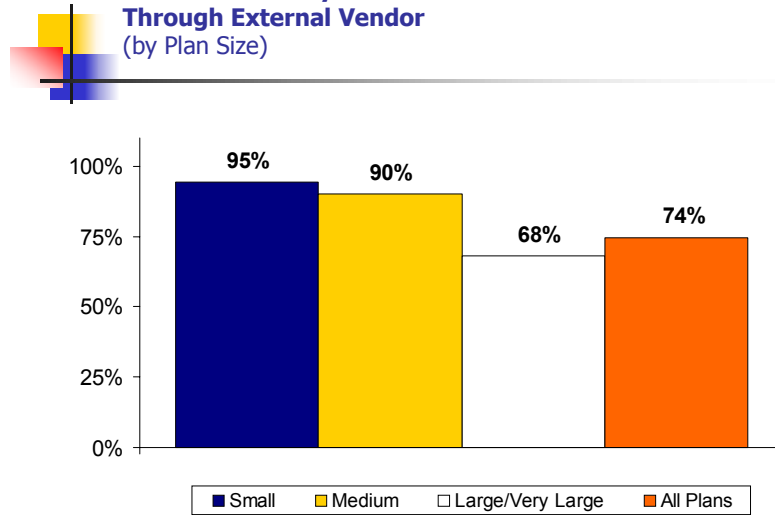
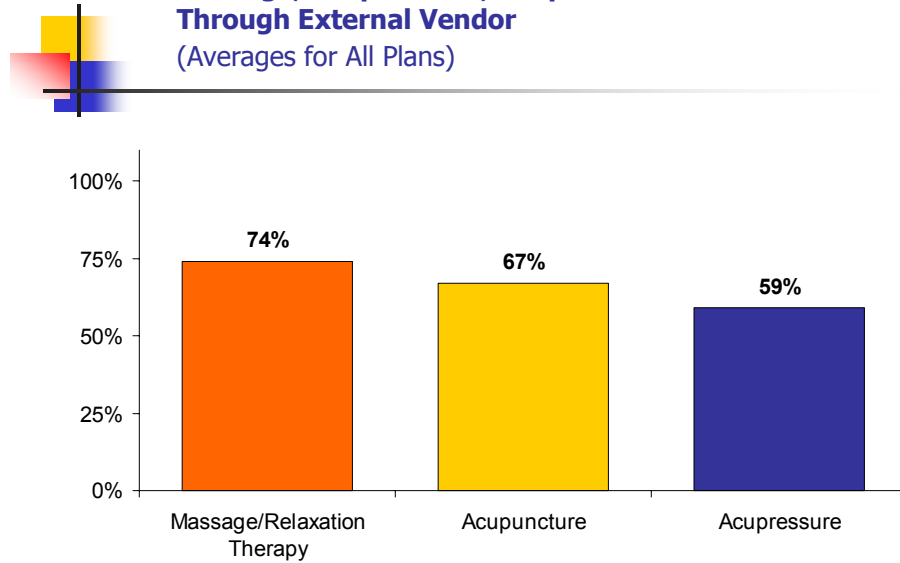


Chart 20
Percent of Enrollees in HMO/POS Plans That Cover Massage, Acupuncture, Acupressure as Basic Benefit or Through External Vendor
 (Averages for All Plans)



2002 AHIP Survey of Health Insurance Plans: Chart Book of Findings

D. Disease Management and Chronic Care Programs

Information was collected to determine the types of programs covered by HMO/POS plans, program operations, relationship with providers, performance measurement, and barriers and strategies for successful programs.

Findings from the 2002 AHIP Annual Survey of Health Insurance Plans

Percent of Enrollees in HMO/POS Plans That Cover:

Disease management program (at least one)	99.5%
Disease management program for the following conditions	
Congestive heart failure	93%
Coronary artery disease	76%
Diabetes	99%
Asthma	83%
High-risk pregnancy	73%
Depression	65%

Percent of Enrollees in HMO/POS Plans That:

Disseminate clinical or practice guidelines to physicians for disease management programs	
Coronary Artery Disease	82%
High Risk Pregnancy	71%
Depression	71%
Utilization measures to track provider performance on disease management standards	
Inpatient Utilization	92%
Outpatient Utilization	84%
Prescription Drug Utilization	93%
Audit medical records to track provider performance	83%
Use patient feedback to track provider performance	77%
Report that lack of patient desire to make changes is a barrier to reaching their goals gap in disease management	40%
Report that cost is a barrier to expanding or initiating new disease	62%

2002 AHIP Survey of Health Insurance Plans: Chart Book of Findings

management programs

Disease Management and Chronic Care Programs

Chart 21
Percent of Enrollees in HMO/POS Plans That Cover at Least One Disease Management Program
(by Plan Size)

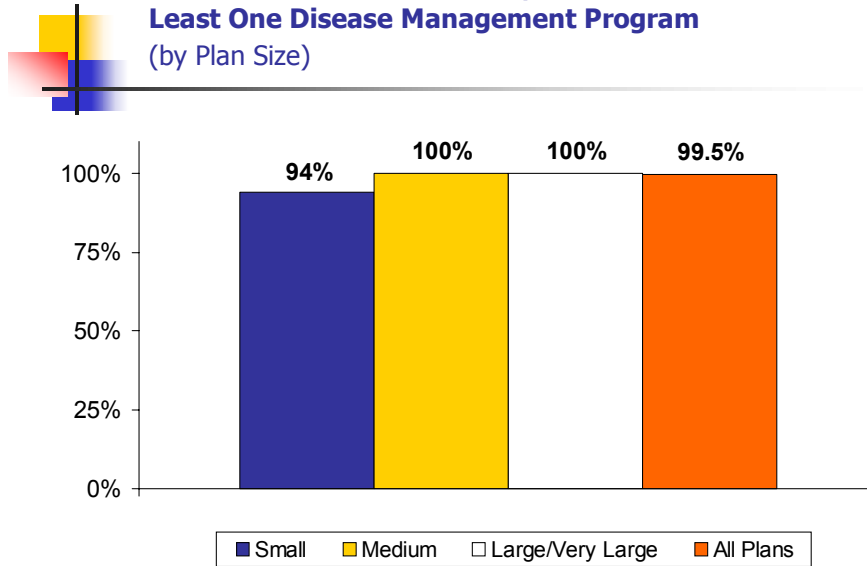
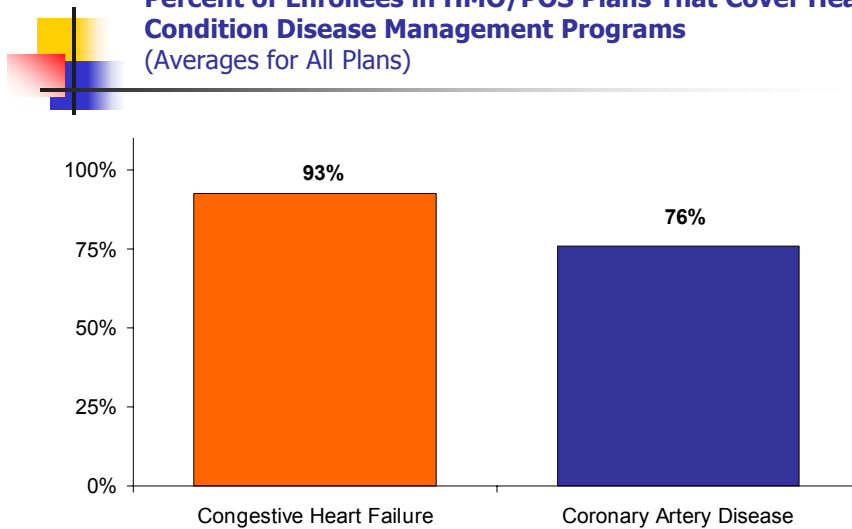


Chart 22
Percent of Enrollees in HMO/POS Plans That Cover Heart Condition Disease Management Programs
(Averages for All Plans)



Disease Management and Chronic Care Programs

Chart 23
Percent of Enrollees in HMO/POS Plans That Cover Diabetes and Asthma Disease Management Programs
(Averages for All Plans)

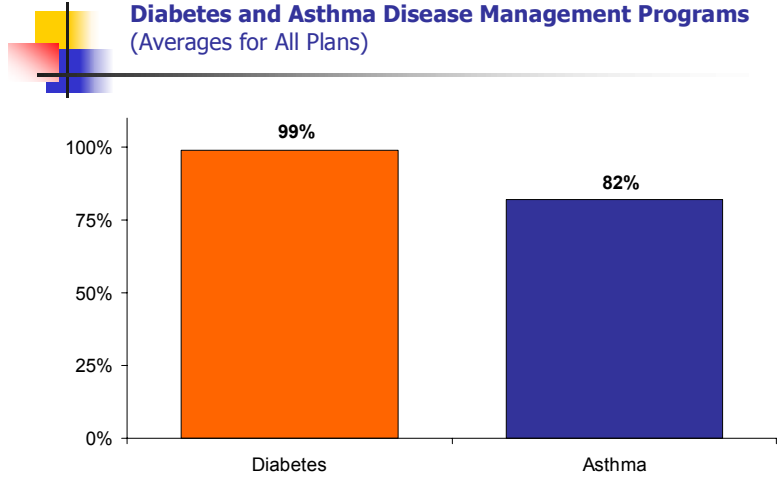
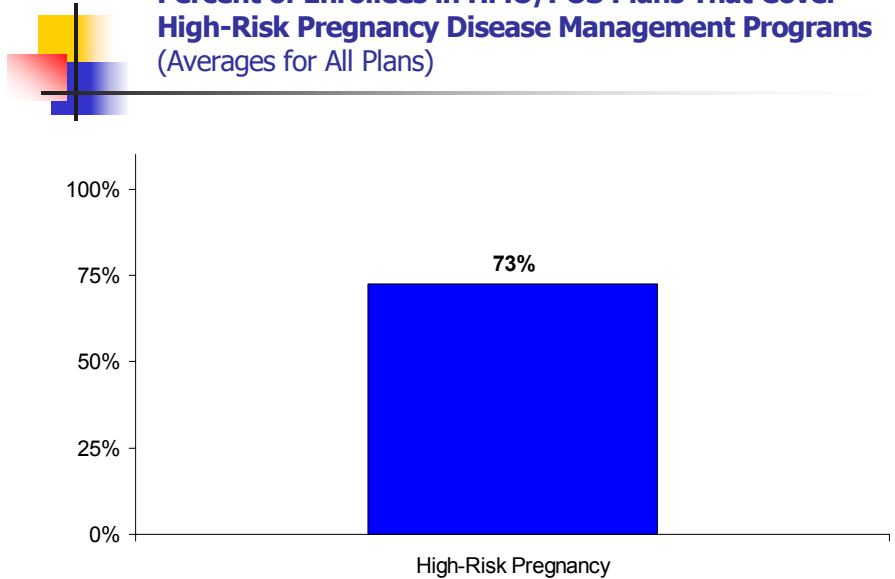


Chart 24
Percent of Enrollees in HMO/POS Plans That Cover High-Risk Pregnancy Disease Management Programs
(Averages for All Plans)



* Plans that do not have formal programs for high-risk pregnancy frequently have case managers assigned to these patients or preferentially refer them to OBs specializing in high-risk patients.

Disease Management and Chronic Care Programs

Chart 25
Percent of Enrollees in HMO/POS Plans That Cover Depression Disease Management Programs
(Averages for All Plans)

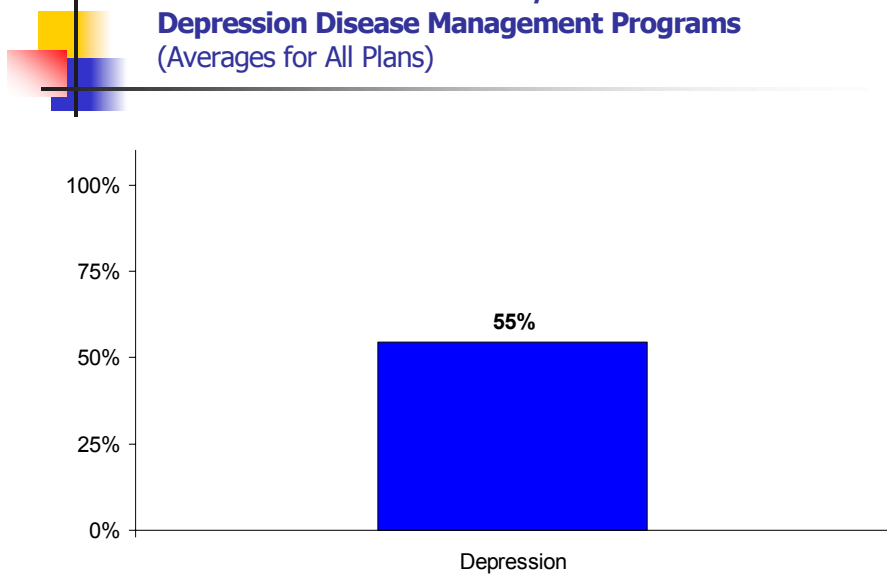


Chart 26
Percent of Enrollees in HMO/POS Plans That Disseminate Clinical or Practice Guidelines to Physicians for Disease Management Programs
(Averages for All Plans)

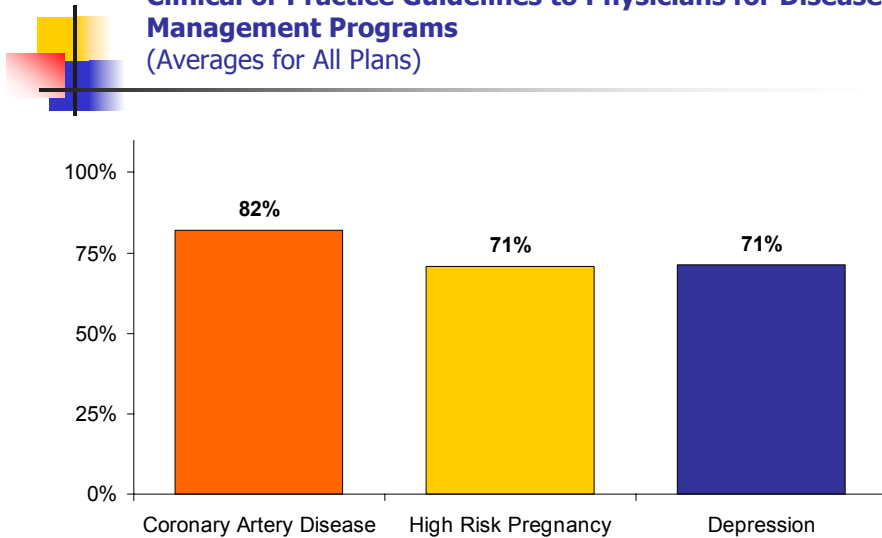
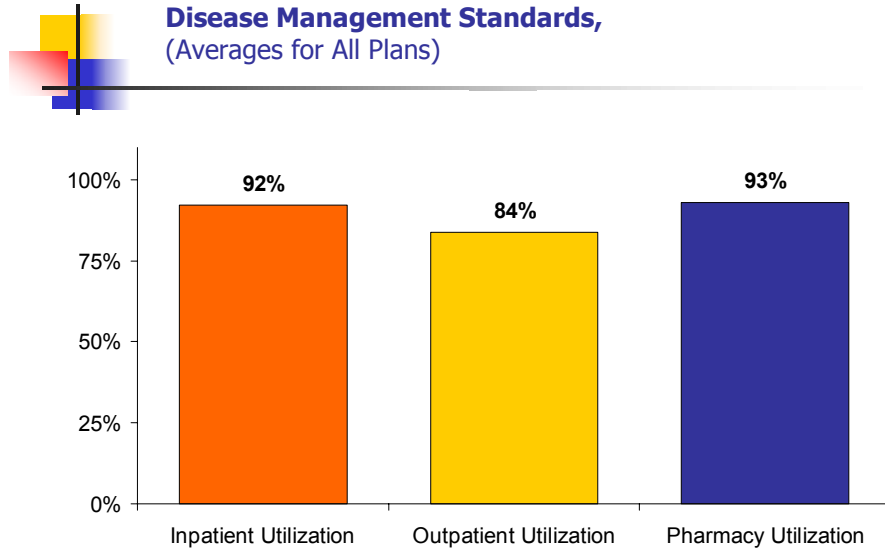


Chart 27
Percent of Enrollees in HMO/POS Plans That Use Utilization Measures to Track Provider Performance on Disease Management Standards,
(Averages for All Plans)



Disease Management and Chronic Care Programs

Chart 28
Percent of Enrollees in HMO/POS Plans That Use Audits and Patient Feedback to Track Provider Performance on Disease Management Standards
(Averages for All Plans)

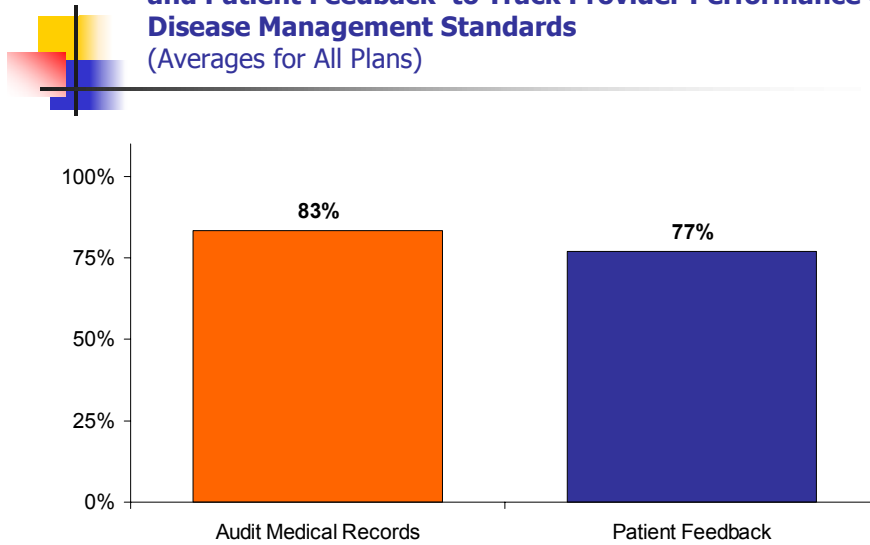
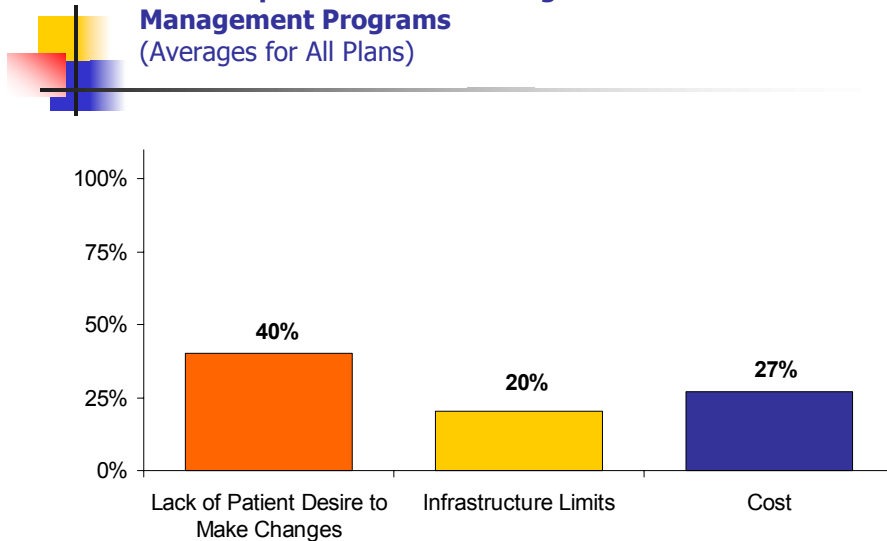
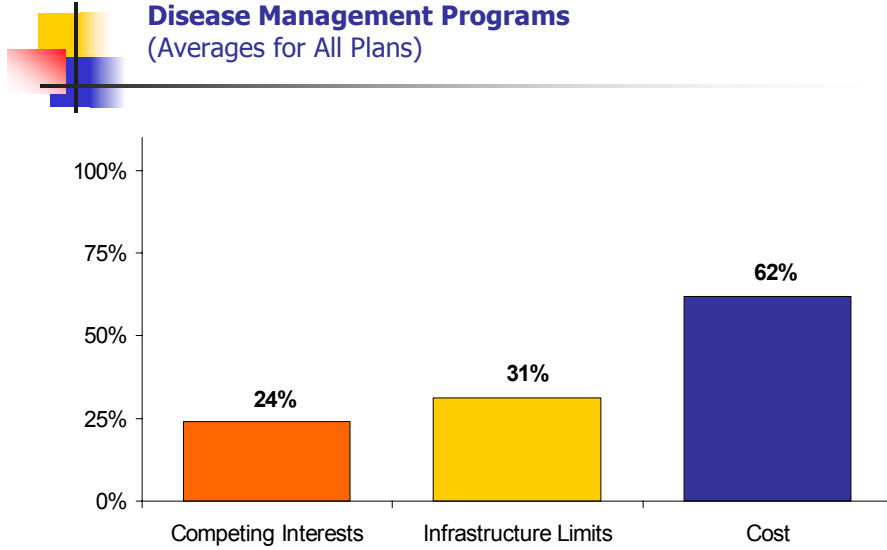


Chart 29
Percent of Enrollees in HMO/POS Plans Experiencing These Top Barriers to Reaching Goals of Their Disease Management Programs
(Averages for All Plans)



Disease Management and Chronic Care Programs

Chart 30
Percent of Enrollees in HMO/POS Plans Experiencing These Top Barriers to Expanding or Initiating New Disease Management Programs
(Averages for All Plans)



E. Programs for Children with Special Needs

This survey section sought to assess the extent to which HMO/POS plans cover programs for children with special needs, defined as those who have a chronic physical, developmental, behavioral, or emotional condition and who also require services of a type or amount beyond that required by children generally.

Findings From The 2002 AHIP Annual Survey Of Health Insurance Plans

Percent of Enrollees in HMO/POS Plans That:

Offer a program for children with special needs	41%
Rely on the following to identify children to participate in special needs programs:	
Physician referrals	39%
Parental referrals	39%
Pharmacy utilization data	34%

Programs for Children with Special Needs

Chart 31
Percent of Enrollees in HMO/POS Plans That Offer a Program for Children with Special Needs
(Averages for All Plans)

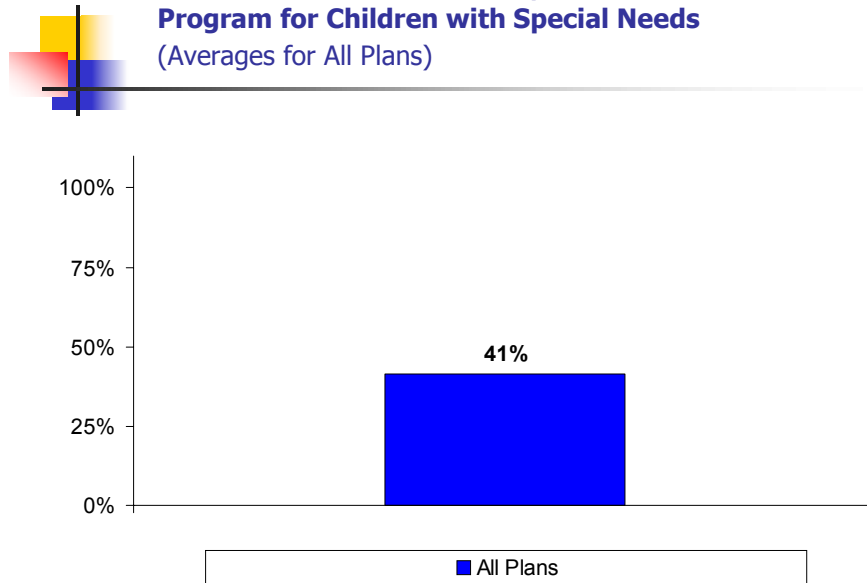
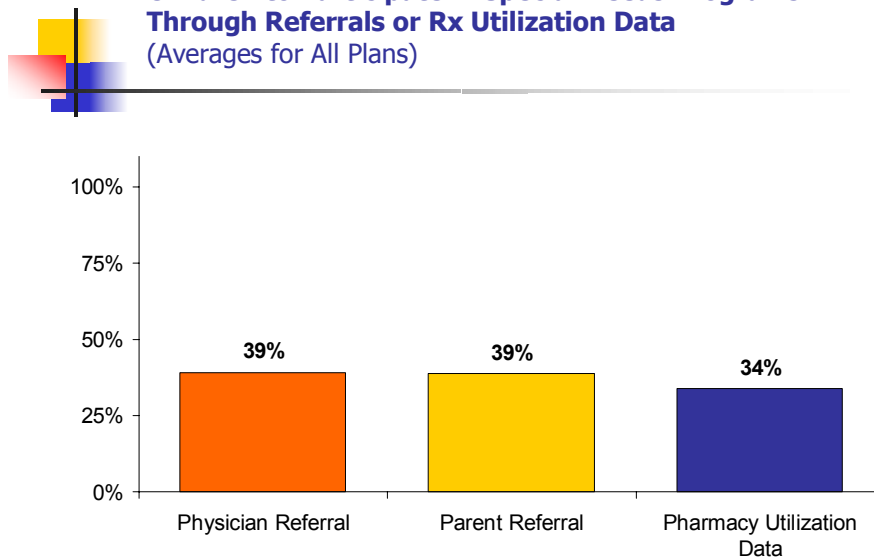


Chart 32
Percent of Enrollees in HMO/POS Plans That Identify Children to Participate in Special Needs Programs Through Referrals or Rx Utilization Data
(Averages for All Plans)



F. Mental Health and Substance Abuse

The demand for mental health and substance abuse services is increasing as health care professionals improve in diagnosing and treating these conditions. In this section, various questions were asked regarding HMO/POS plan coverage of these specialized services. Questions in this section were not designed to measure and do not address issues relating to individual parity laws.

Findings From The 2002 AHIP Annual Survey Of Health Plans

Percent of Enrollees in HMO/POS Plans That:

Cover mental health or substance abuse service	100%
Cover mental health services	
As an in-house benefit	43%
Through an external vendor	38%
Both in-house and through an external vendor	19%
Offer disease or case management for	
Depression	79%
Bipolar conditions	41%
Schizophrenia	41%
Anxiety disorders	40%
Substance abuse	43%
Place a dollar limit on coverage for mental health care:	
Inpatient services for mental health care	7%
Outpatient services for mental health care	7%
Lifetime coverage limit for mental health care	10%
Have a maximum allowance on coverage of hospital days for mental health care	89%
Have a maximum allowance on coverage of outpatient visits for mental health care	88%
Cover substance abuse services as an in-house benefit	43%
Cover substance abuse services through an external vendor	38%
Both in-house and through an external vendor	18%
Place a dollar limit on coverage for substance abuse care:	
Inpatient services for substance abuse care	11%
Outpatient services for substance abuse care	13%
Lifetime coverage limit for substance abuse care	13%
Have maximum allowance on coverage of hospital days for substance abuse	66%
Have maximum allowance on coverage of outpatient visits for substance abuse	63%

Mental Health and Substance Abuse

Chart 33
**Percent of Enrollees in HMO/POS Plans That Cover
Mental Health or Substance Abuse Services
(by Plan Size)**

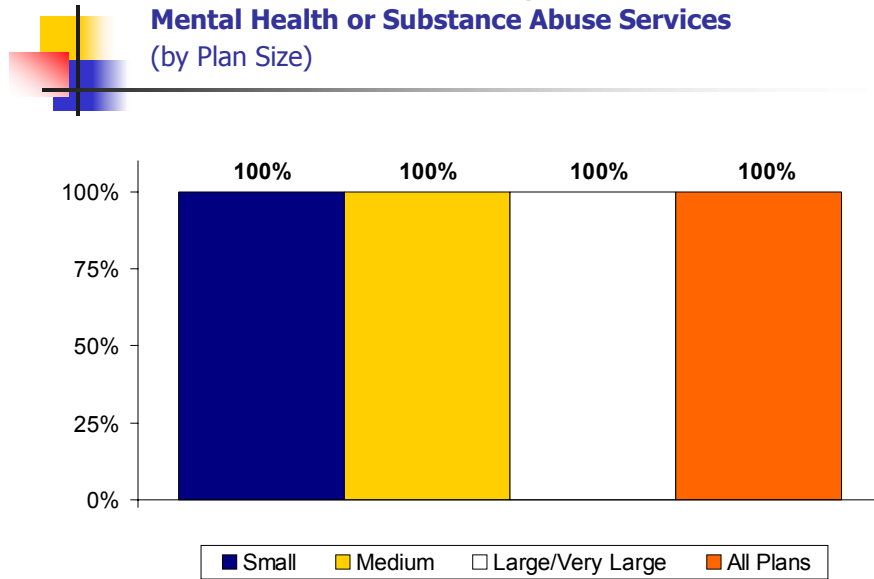
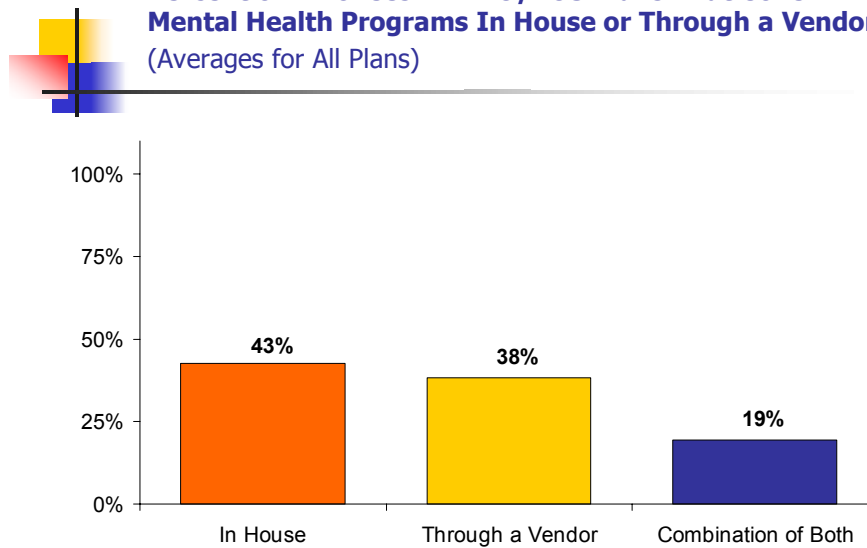


Chart 34
**Percent of Enrollees in HMO/POS Plans That Cover
Mental Health Programs In House or Through a Vendor
(Averages for All Plans)**



Mental Health and Substance Abuse

Chart 35
Percent of Enrollees in HMO/POS Plans That Cover Disease or Case Management for Specific Mental Health Conditions
(Averages for All Plans)

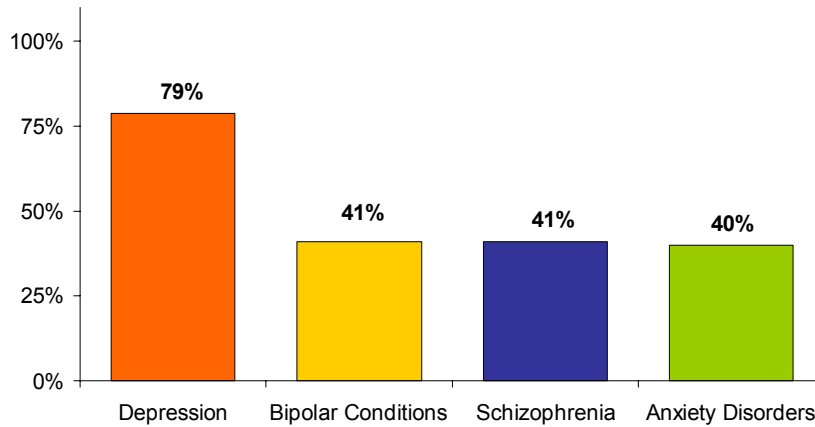
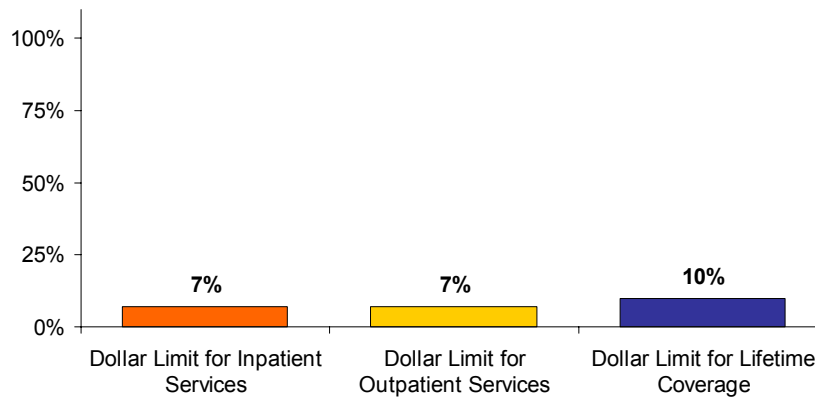


Chart 36
Percent of Enrollees in HMO/POS Plans That Limit Coverage for Mental Health Care Services
(Averages for All Plans)



Mental Health and Substance Abuse

Chart 37
Percent of Enrollees in HMO/POS Plans That Limit Coverage of Hospital Days, Outpatient Visits for Mental Health Care
(Averages for All Plans)

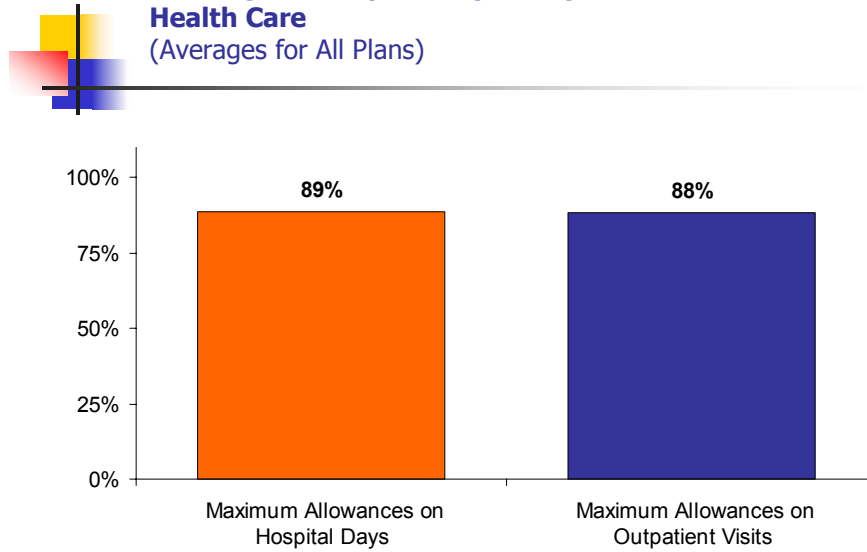
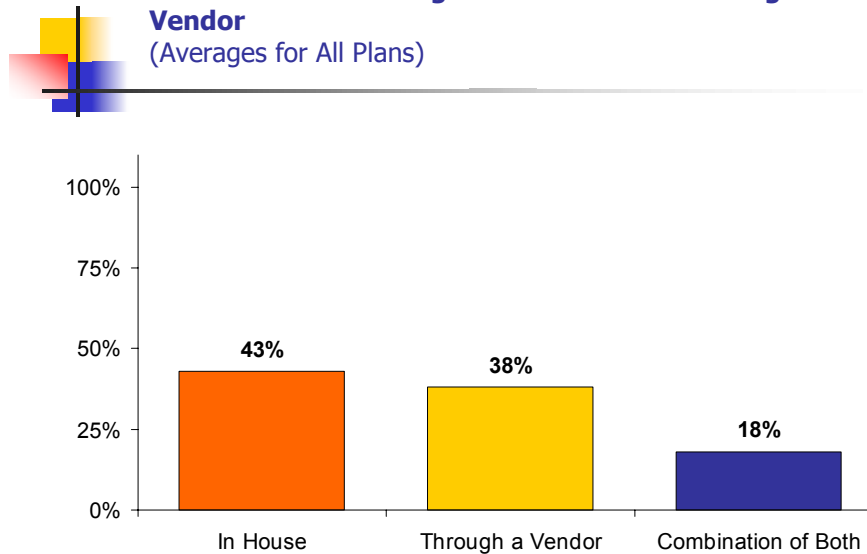


Chart 38
Percent of Enrollees in HMO/POS Plans that Cover Substance Abuse Programs In House or Through a Vendor
(Averages for All Plans)



Mental Health and Substance Abuse

Chart 39
Percent of Enrollees in HMO/POS Plans That Cover Disease or Case Management for Substance Abuse Conditions
(Averages for All Plans)

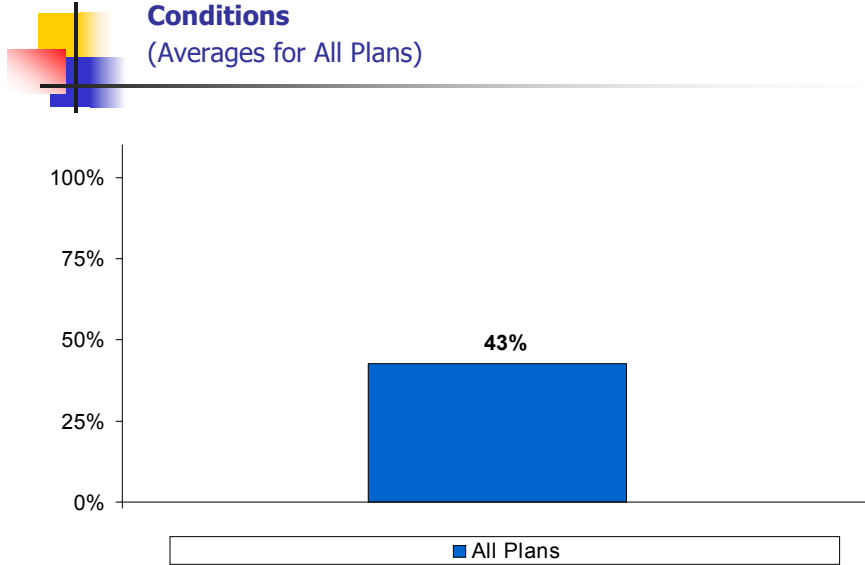
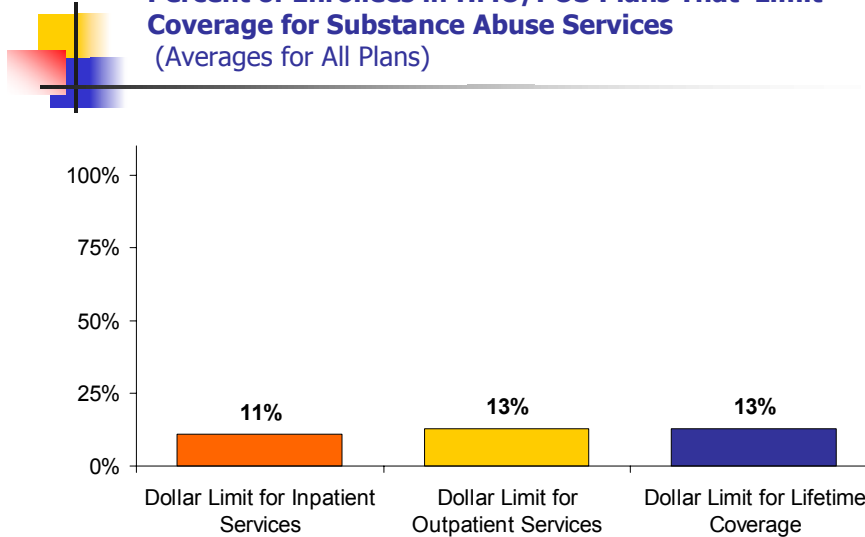
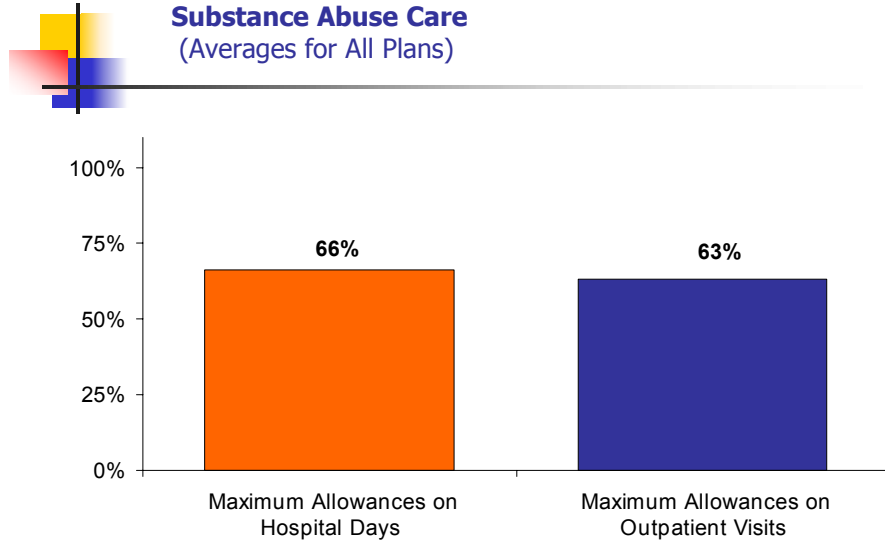


Chart 40
Percent of Enrollees in HMO/POS Plans That Limit Coverage for Substance Abuse Services
(Averages for All Plans)



Mental Health and Substance Abuse

Chart 41
Percent of Enrollees in HMO/POS Plans That Limit Coverage of Hospital Days, Outpatient Visits for Substance Abuse Care
(Averages for All Plans)



G. Prescription Drugs

A variety of questions were asked to describe prescription drug benefits and to determine if and how HMO/POS plans cover a number of specific drugs, including those used to treat heart disease, mental health conditions, alcohol-dependency, and intestinal disorders.

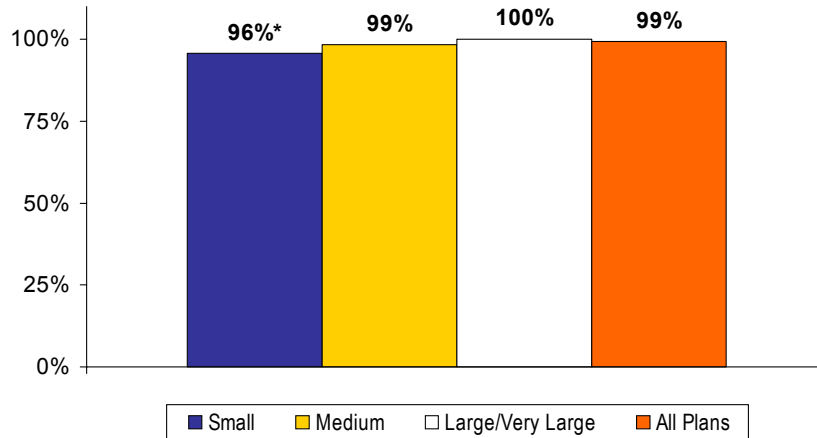
Findings From The 2002 AHIP Annual Survey Of Health Insurance Plans

Percent of Enrollees in HMO/POS Plans That:

Cover prescription drugs	99%
Manage the prescription drug benefit in house	56%
Manage the prescription drug benefit through a vendor	43%
Offer a mail order pharmacy service	96%
Report the top three classes of drugs prescribed based on total health plan expenditures (weighted by plan enrollment):	
Cardiovascular-renal drug class	81%
Central nervous system drug class	75%
Gastrointestinal drug class	68%
Report the top three classes of drugs prescribed based number of prescriptions (weighted by plan enrollment):	
Cardiovascular-renal drug class	79%
Central nervous system drug class	52%
Hormone drug class	31%
Have a drug utilization review program	99%
Cover the following drugs in formulary:	
Protease inhibitor drugs	92%
Alcohol dependency drugs	80%
Chemical dependency drugs	54%

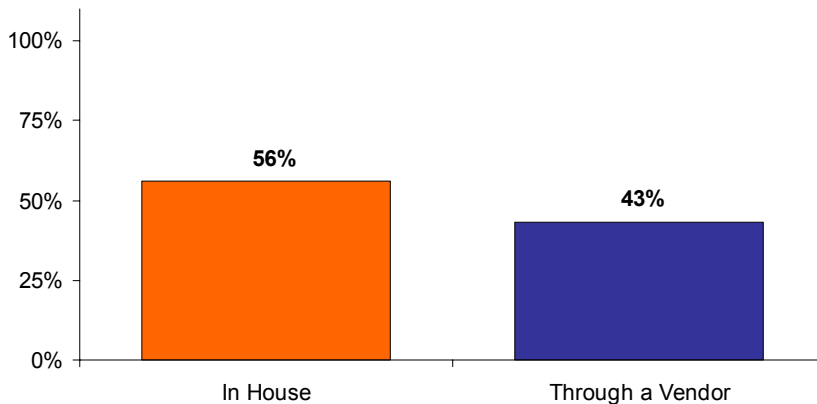
Prescription Drugs

Chart 42
Percent of Enrollees in HMO/POS Plans That Cover Prescription Drugs (in Best-Selling Insurance Product)
 (by Plan Size)



*Four small HMO/POS plans with predominantly Medicaid enrollees do not cover prescription drugs due to the terms of the contract with their respective states. Some states have a discount drug program for Medicaid recipients.

Chart 43
Percent of Enrollees in HMO/POS Plans that Manage the Rx Benefit In House or Through a Vendor
 (Averages for All Plans)

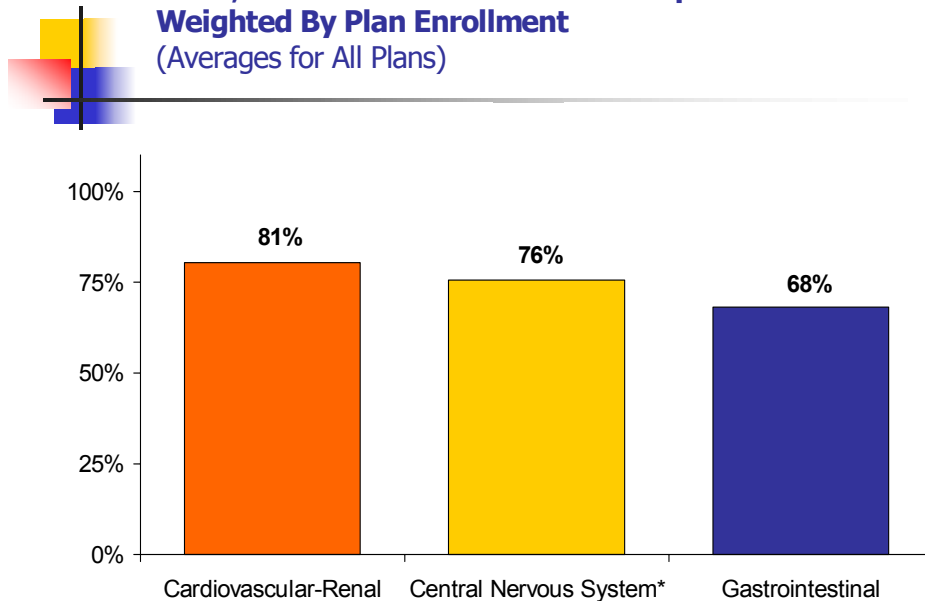


Prescription Drugs

Chart 44
Percent of Enrollees in HMO/POS Plans That Offer Mail Order Pharmacy Services
(Average for All Plans)



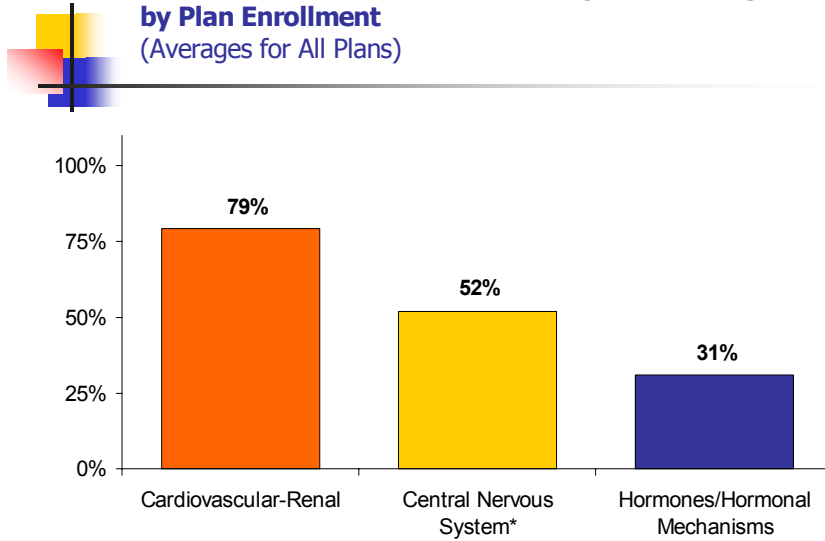
Chart 45
Top Three Classes Of Drugs Prescribed at HMO/POS Plans, Based On Total Health Plan Expenditure – Weighted By Plan Enrollment
(Averages for All Plans)



*Central nervous system class of drugs includes mental health drugs

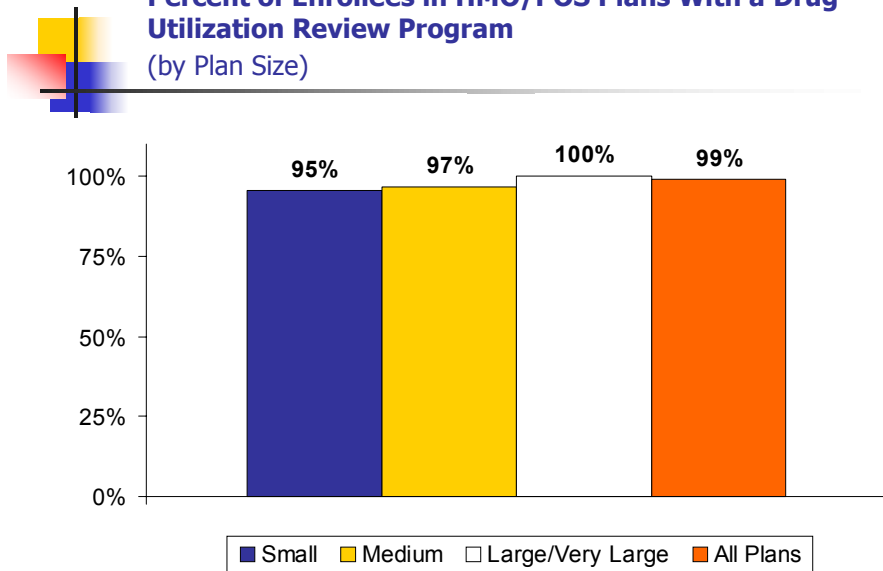
Prescription Drugs

Chart 46
Top Three Classes Of Drugs Prescribed by HMO/POS Plans, Based On Number Of Prescriptions - Weighted by Plan Enrollment
 (Averages for All Plans)



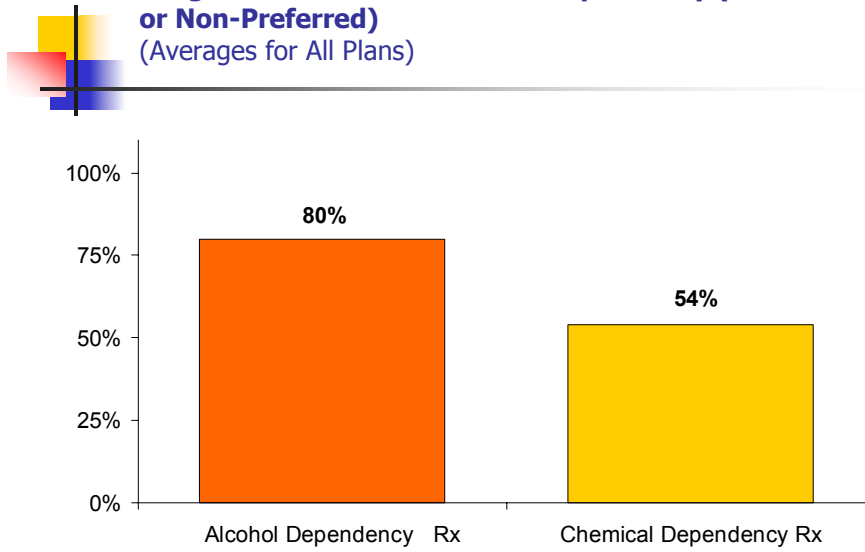
*Central nervous system class of drugs includes mental health drugs

Chart 47
Percent of Enrollees in HMO/POS Plans With a Drug Utilization Review Program
 (by Plan Size)



Prescription Drugs

Chart 48
**Percent of Enrollees in HMO/POS Plans That Cover
Drugs for Alcohol or Chemical Dependency (as Preferred
or Non-Preferred)**
(Averages for All Plans)



H. Patient Safety, Medical Errors, and Quality Improvement

The questions in this section were designed to show HMO/POS plans' role in promoting patient safety, reducing medical errors, and improving quality.

Findings From The 2002 AHIP Annual Survey Of Health Insurance Plans

Percent of Enrollees in HMO/POS Plans That:

Assess patient safety efforts at least once a year	93%
Track patient complications from:	
Medications	81%
Surgery	84%
Anesthesia	70%
Track prescribing problems for medical errors	82%
Track patient injury from medical diagnosis and treatment	76%
Work with providers to prevent errors or resolve patient safety concerns	93%
Have implemented medication safety practices	90%

Patient Safety, Medical Errors, Quality Improvement

Chart 49
Percent of Enrollees in HMO/POS Plans That Assess Patient Safety Efforts at Least Once a Year
(by Plan Size)

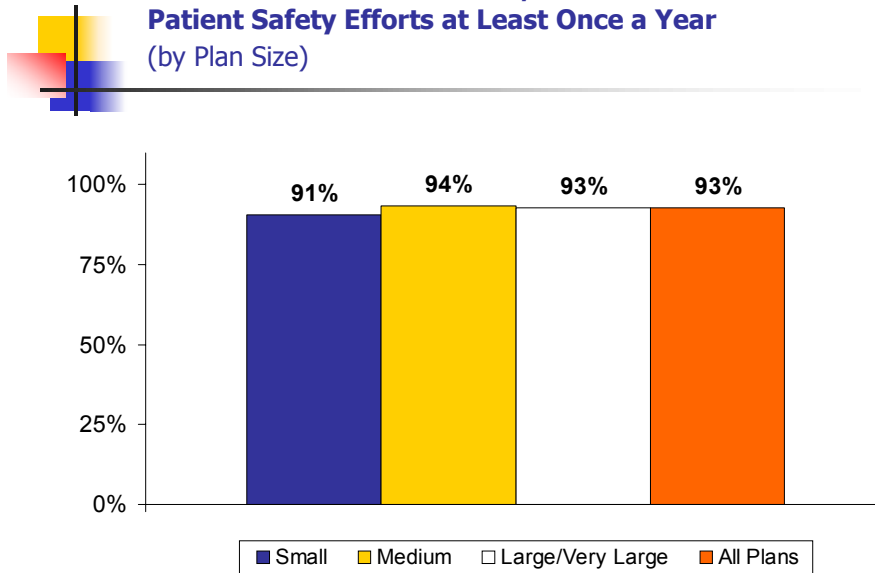
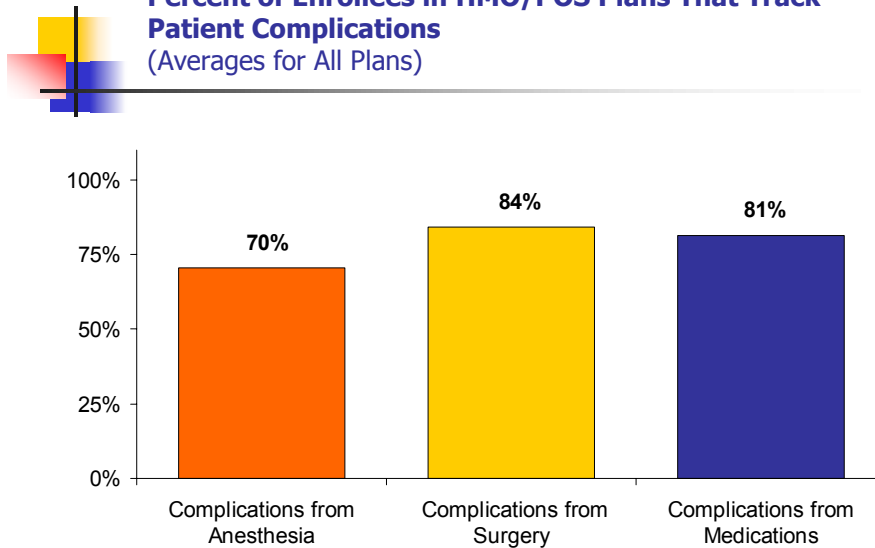


Chart 50
Percent of Enrollees in HMO/POS Plans That Track Patient Complications
(Averages for All Plans)



Patient Safety, Medical Errors, Quality Improvement

Chart 51
Percent of Enrollees in HMO/POS Plans That Track Patient Injury or Prescribing Errors
(Averages for All Plans)

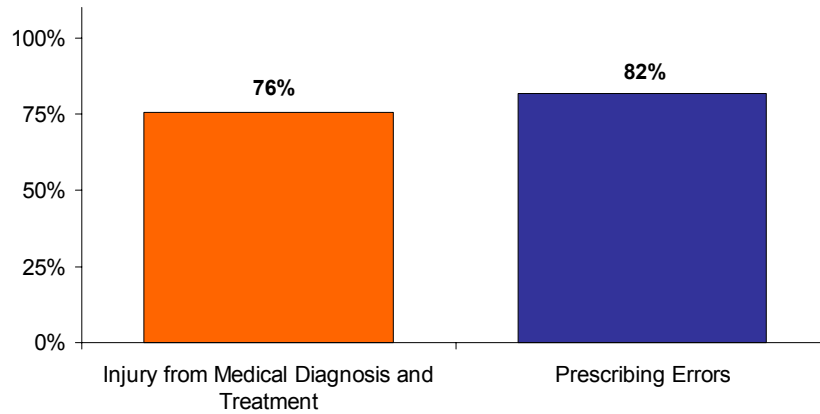
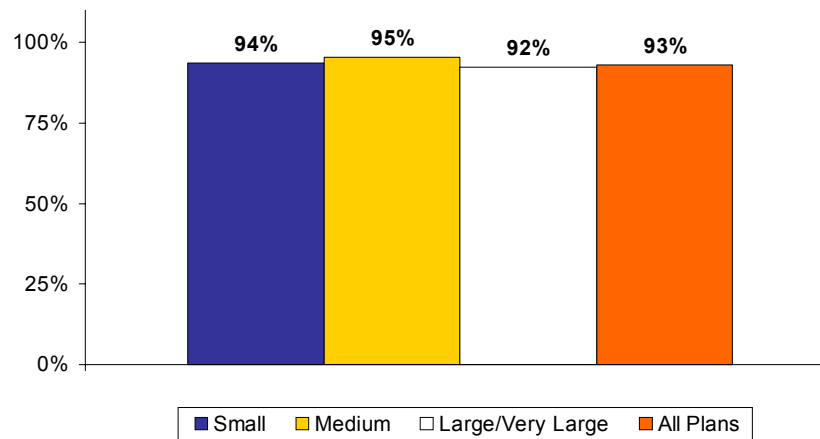
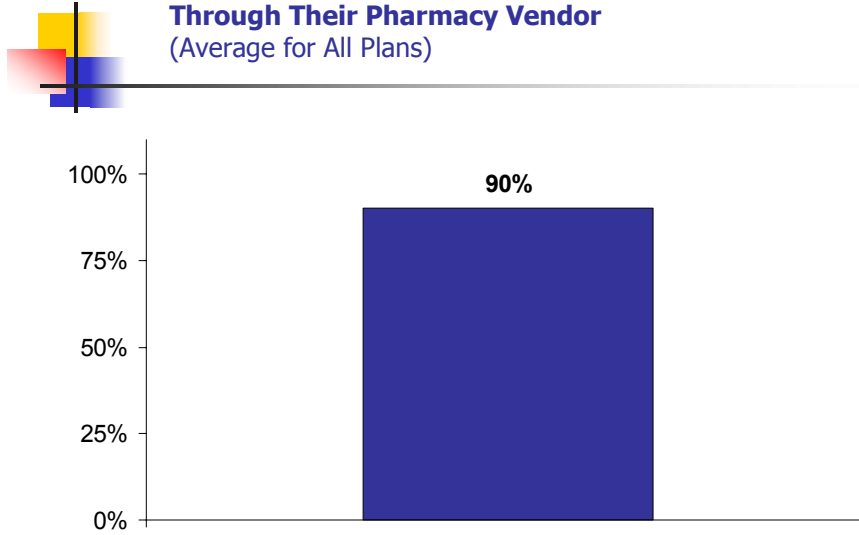


Chart 52
Percent of Enrollees in HMO/POS Plans That Work With Providers to Prevent Errors or Resolve Patient Safety Concerns
(by Plan Size)



Patient Safety, Medical Errors, Quality Improvement

Chart 53
Percent of Enrollees in HMO/POS Plans That Have Implemented Medication Safety Practices Themselves or Through Their Pharmacy Vendor
(Average for All Plans)



I. Utilization and Effectiveness of Care

Questions in this section were designed to assess the extent to which HMO/POS plans evaluate new technologies and medical equipment, cover patient care during clinical trials, and evaluate certain procedures for variation in utilization. Many small plans use technology assessment organizations rather than conduct their own reviews. These organizations use randomized clinical trials and guidelines from professional organizations to evaluate new technologies, medical equipment and services.

Findings From The 2002 AHIP Annual Survey Of Health Insurance Plans

Percent of Enrollees in HMO/POS Plans That:

Have a process to evaluate new technologies, medical equipment, or services	97%
Report that the leading criteria used to evaluate new technologies, medical equipment, or services are:	
Recommendations of technology assessment	70%
Guidelines from professional organizations	56%
Randomized controlled clinical trials	50%
Cover routine patient care during clinical trials	76%
Report that the top three health conditions evaluated for variation in utilization of treatments are:	
Diabetes	85%
Asthma	81%
Congestive heart failure	81%
Report that the top three areas evaluated to provide performance feedback to providers are:	
Member complaints and grievances	92%
Pharmacy utilization	89%
Inpatient utilization	87%

Utilization and Effectiveness of Care

Chart 54
Percent of Enrollees in HMO/POS Plans That Have a Process to Evaluate New Technologies, Medical Equipment or Services
(Average for All Plans)

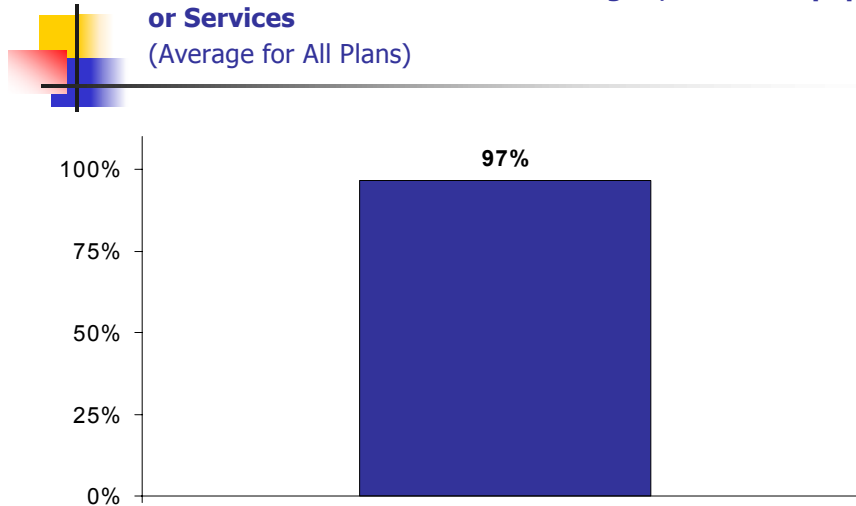
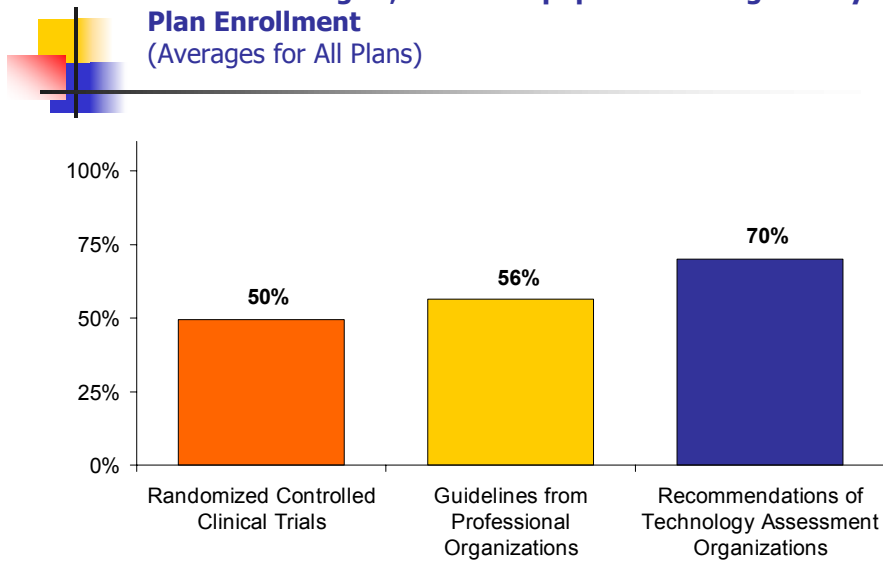


Chart 55
Leading Criteria Used By HMO/POS Plans To Evaluate New Technologies, Medical Equipment – Weighted By Plan Enrollment
(Averages for All Plans)



Utilization and Effectiveness of Care

Chart 56
Percent of Enrollees in HMO/POS Plans That Cover Routine Patient Care During Clinical Trials
(Averages for All Plans)

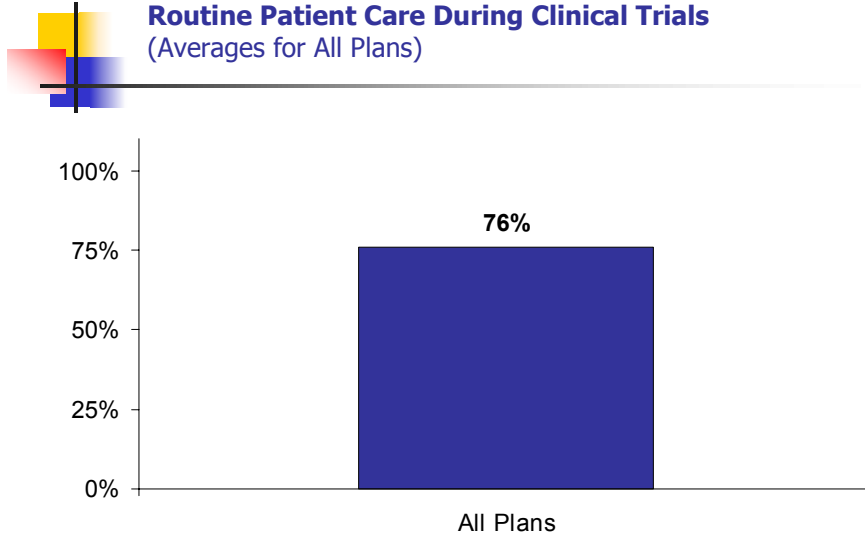
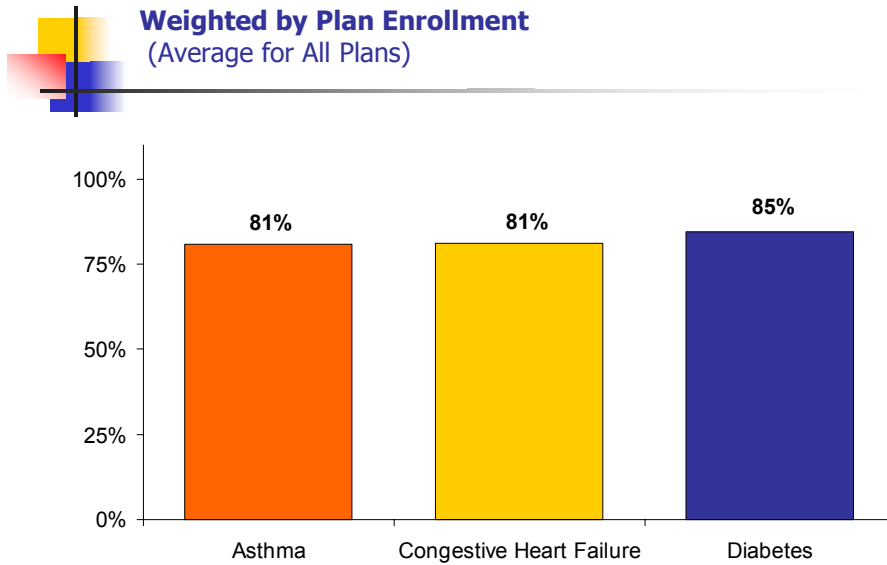
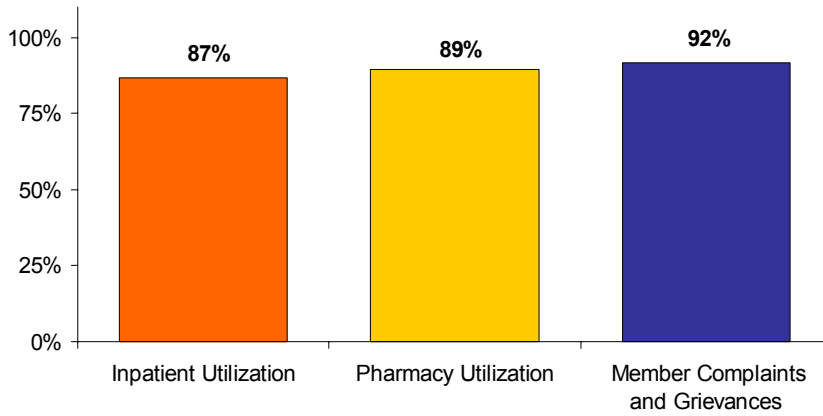


Chart 57
Top Three Health Conditions Evaluated by HMO/POS Plans For Variation In Utilization of Treatments – Weighted by Plan Enrollment
(Average for All Plans)



Utilization and Effectiveness of Care

Chart 58
**Top Three Areas For Which HMO/POS Plans Provide
Performance Feedback to Providers – Weighted By Plan
Enrollment**
(Averages for All Plans)



J. Provider Performance, Satisfaction, Physician Turnover

Questions were asked to assess the extent to which HMO/POS plans use “provider profiling” with primary and specialty care providers to measure performance. Provider profiling typically entails collecting provider-specific data on variables such as member satisfaction, clinical outcomes, referral practices, and utilization practices. Once collected, the data is frequently shared with providers as part of the effort to reduce treatment variability and improve quality of care.

Questions were asked to describe elements of provider networks and assess the extent to which plans conduct provider satisfaction surveys.

Information was obtained from HMO/POS plans to identify the reasons for physician turnover, enabling plans to address the issue appropriately. The plans cited the top three reasons for not renewing provider contracts as: 1) change in medical group, IPA, or hospital affiliation; 2) credentialing or licensing issues; and 3) contract negotiating issues. Providers listed the top two reasons for not renewing their contracts with the plans as: 1) left the medical group, IPA or affiliated hospital, and 2) left the service area.

Findings From The 2002 AHIP Annual Survey Of Health Insurance Plans

Percent of Enrollees in HMO/POS Plans That:

Assess primary care physician performance	95%
Assess specialty care physician performance	83%
Have 75% of providers in service area in the plan’s network	81%
Conduct provider satisfaction surveys among primary care providers	97%

Health plans reported the following average physician network turnover rate in 2002:

3% of their physician network turned over in 2002 because of involuntary terminations

6% of their physician network turned over in 2002 because of voluntary terminations

Physician Performance, Satisfaction, Turnover

Chart 59
**Percent of Enrollees in HMO/POS Plans That Assess
Primary Care Physician Performance**
(Average for All Plans)

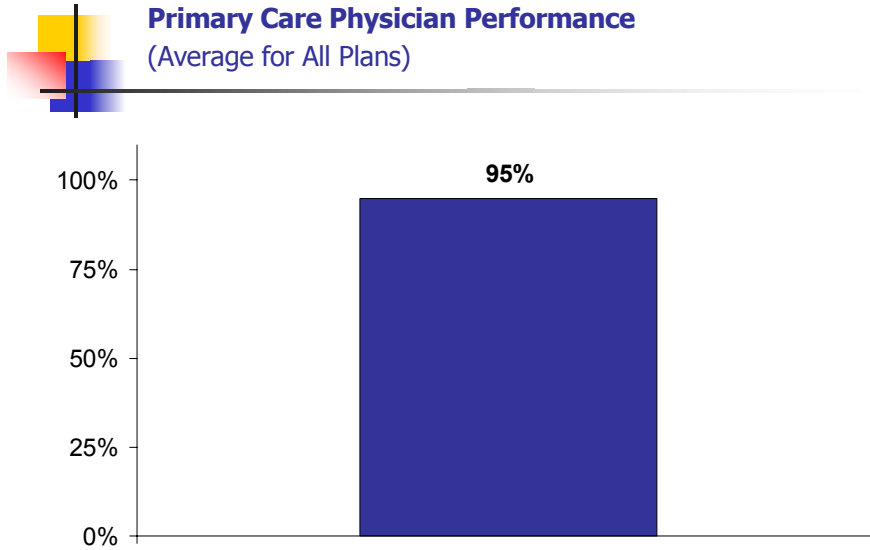
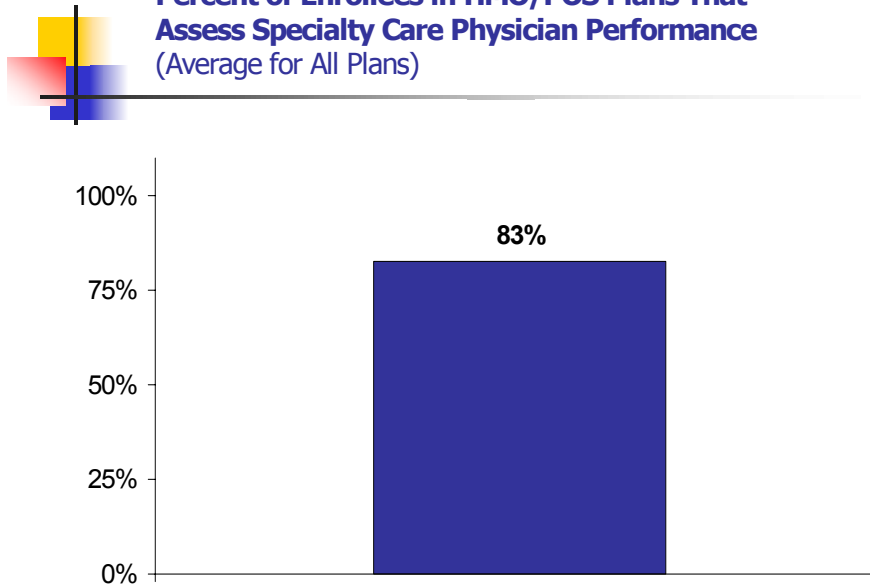


Chart 60
**Percent of Enrollees in HMO/POS Plans That
Assess Specialty Care Physician Performance**
(Average for All Plans)



Physician Performance, Satisfaction, Turnover

Chart 61
Percent of Enrollees in HMO/POS Plans with More Than 75% of Providers in Service Area in the Plan's Network
(by Plan Size)

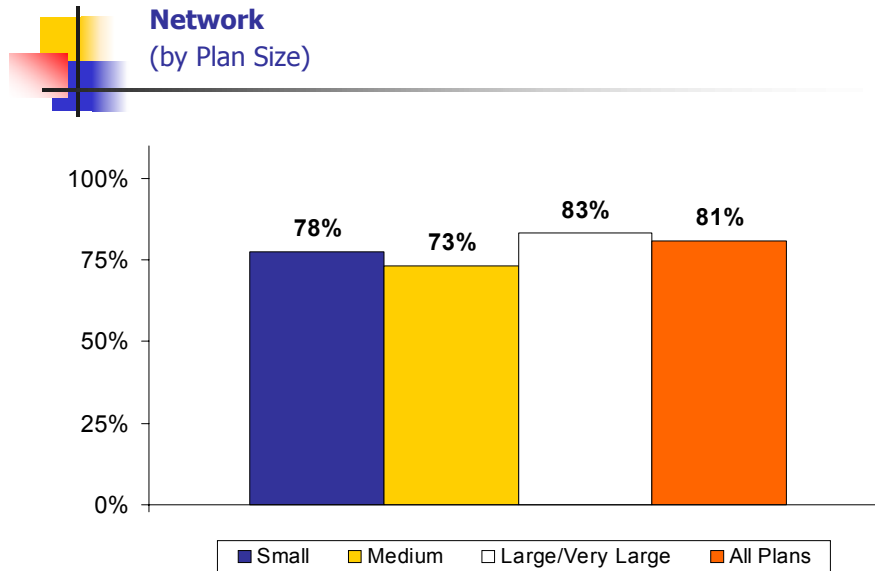
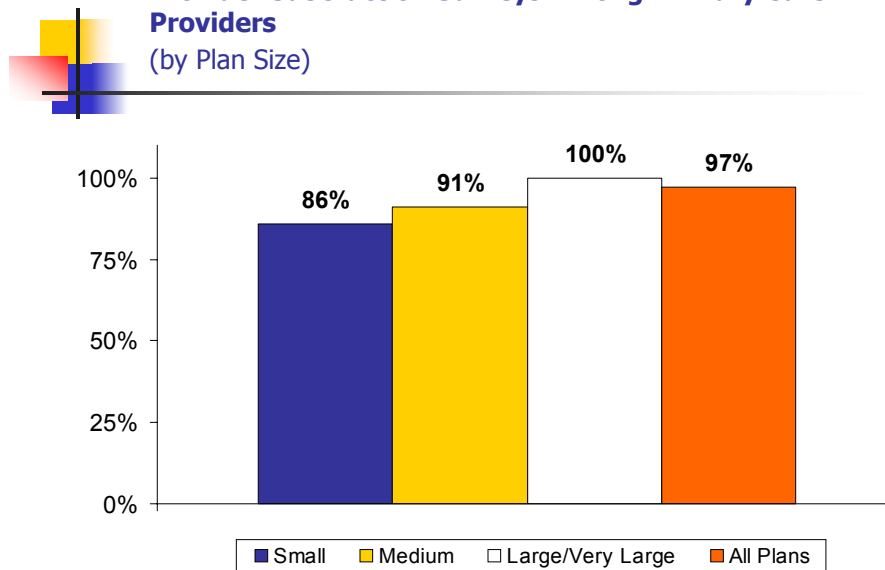
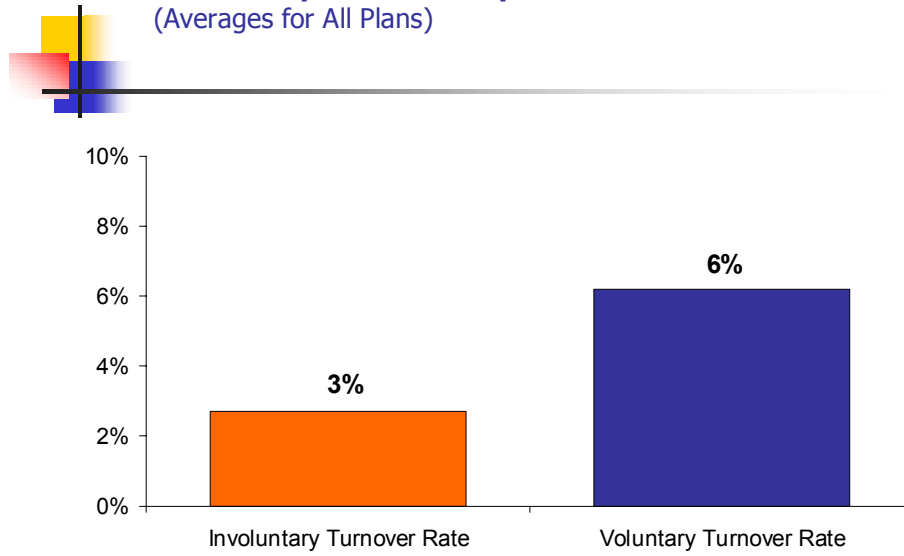


Chart 62
Percent of Enrollees in HMO/POS Plans That Conduct Provider Satisfaction Surveys Among Primary Care Providers
(by Plan Size)



Physician Performance, Satisfaction, Turnover

Chart 63
**Average Physician Network Turnover Rates from
Involuntary and Voluntary Terminations**
(Averages for All Plans)



K. Amount of Financial Risk

Questions were asked to assess the range of mechanisms that have been implemented to lessen the financial risk borne by independent practice associations and medical groups.

Findings From The 2002 AHIP Annual Survey Of Health Insurance Plans

Percent of Enrollees in HMO/POS Plans That:

Subcontract the following services to vendors:	
Laboratory services	53%
Home health care services	50%
Durable medical equipment	49%
Decline to renew hospital contracts based on quality indicators	42%
Add hospitals to their network based on quality indicators	35%
Contract with a Center of Excellence	93%
Contract with a Center of Excellence to perform the following services:	
Solid organ transplants	90%
Bone marrow transplants	71%
Cardiac surgery	32%

Amount of Financial Risk

Chart 64
Percent of Enrollees in HMO/POS Plans That Most Commonly Subcontract Specific Medical Services to Vendors
(Averages for All Plans)

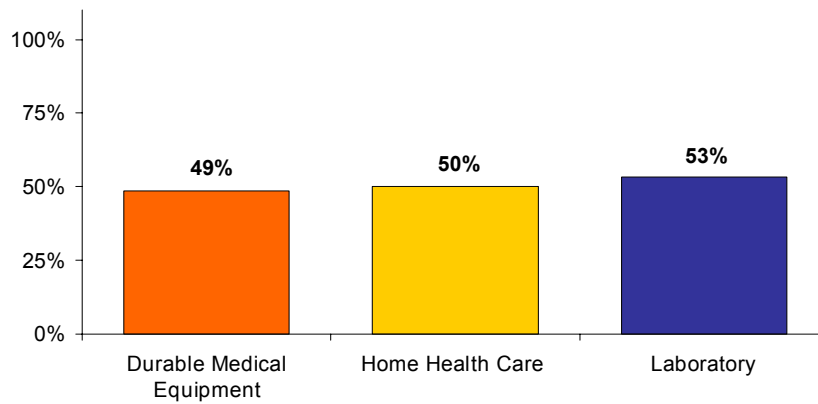
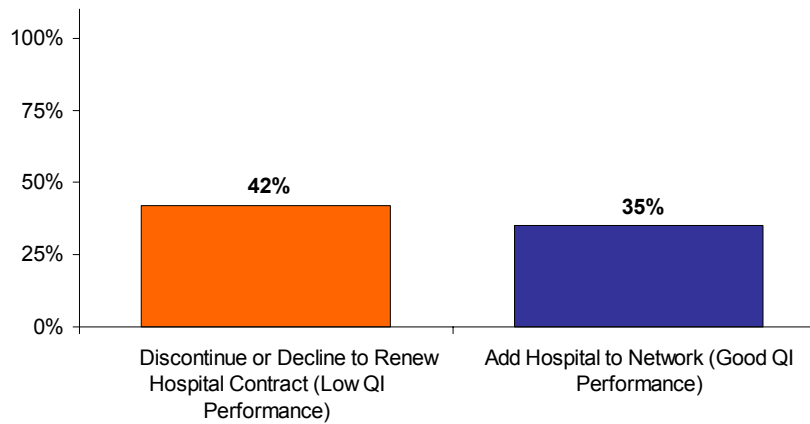
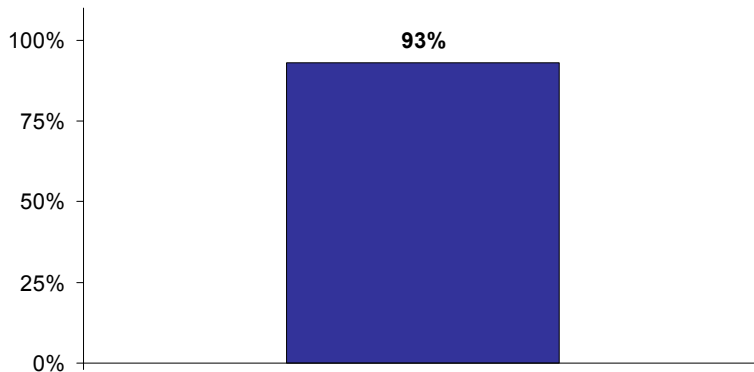


Chart 65
Percent of Enrollees in HMO/POS Plans that Use Quality Indicators for Actions on Hospital Contracts
(Averages for All Plans)



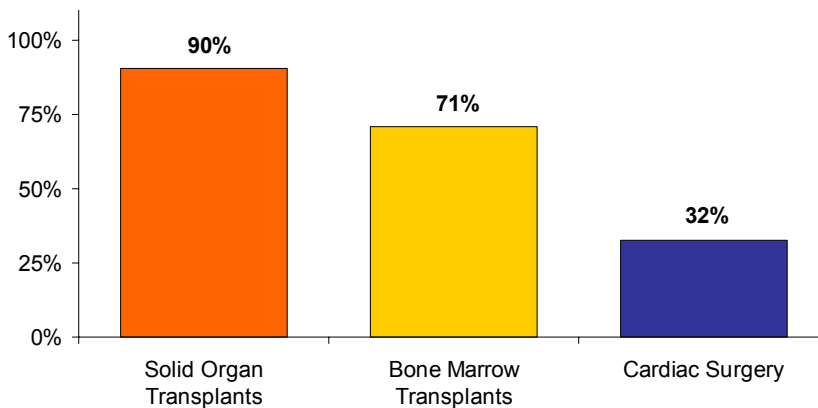
Amount of Financial Risk

Chart 66
Percent of Enrollees in HMO/POS Plans That Contract with a Center of Excellence*
(Average for All Plans)



* Centers of Excellence are highly specialized models for comprehensive health care services, focusing on prevention and treatment of specific conditions or diseases. Some centers include components in clinical research, public education and health care professional training.

Chart 67
Percent of Enrollees in HMO/POS Plans That Most Commonly Contract with a Center of Excellence for Solid Organ/Bone Marrow Transplants, Cardiac Surgery
(Averages for All Plans)



L. Network Structure and Open Access

This section was designed to identify how the delivery of health care services through an HMO/POS plan network is evolving in response to consumers' and purchasers' demands for more choices, higher quality, and lower costs.

Findings From The 2002 AHIP Annual Survey Of Health Insurance Plans

Percent of Enrollees in HMO/POS Plans That:

Give HMO members the option to	
Have their ob/gyn act as their primary care provider	59%
Self-refer to their ob/gyn	91%
Self-refer to mental health or substance abuse provider	60%
Self-refer to chiropractor	35%
Self-refer to ophthalmologist	26%
Self-refer to dermatologist	19%
Offer an open access product	59%

Network Structure and Open Access

Chart 68
Percent of Enrollees in HMO/POS Plans With Option to Choose OB/GYN as PCP, to Self-Refer to OB/GYN
(Averages for All Plans)

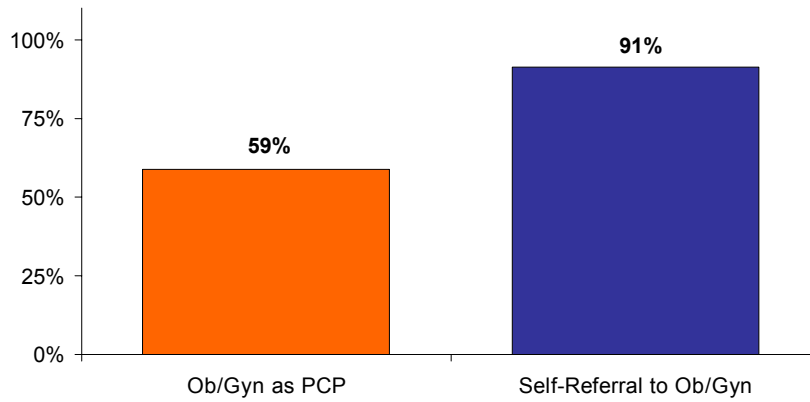
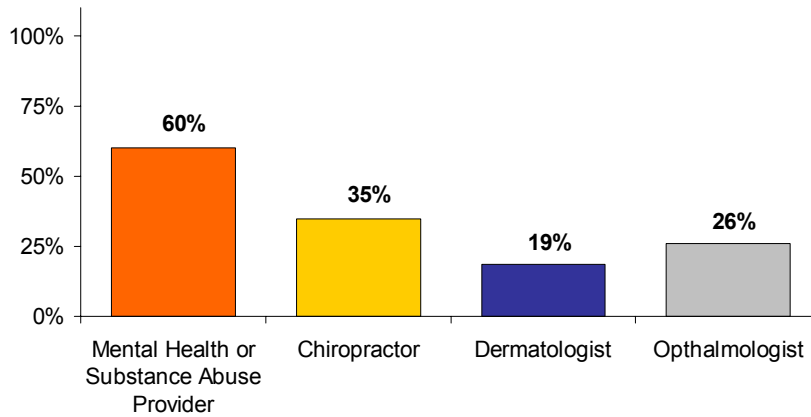
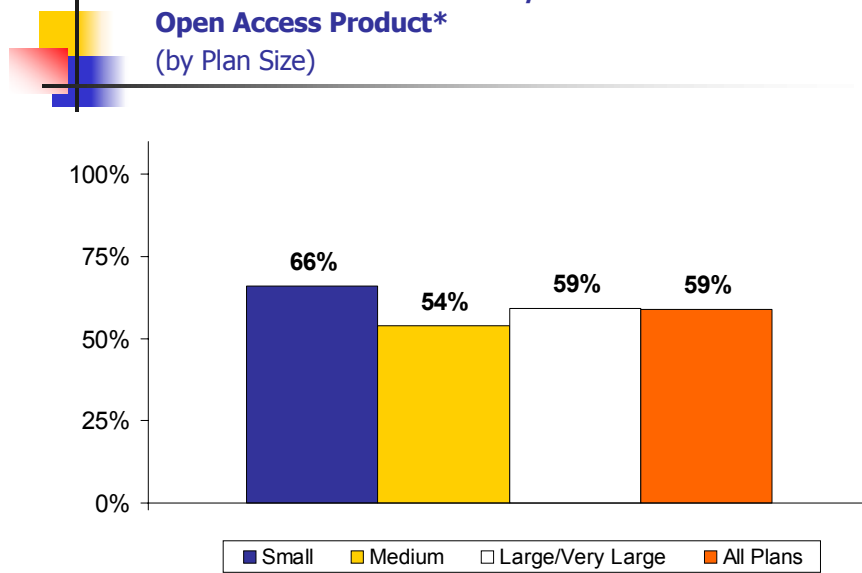


Chart 69
Percent of Enrollees in HMO/POS Plans With Option to Self-Refer to Specialty Providers
(Averages for All Plans)



Network Structure and Open Access

Chart 70
Percent of Enrollees in HMO/POS Plans That Offer an Open Access Product*
(by Plan Size)



* An "open access" product is a self-referral arrangement allowing members to see participating physicians for specialty care without a referral from a PCP or authorization from the plan.

M. Collaboration with Other Organizations

New to the survey, this section included questions to assess the extent to which HMO/POS plans collaborate with other organizations in their service area to address specific health issues.

Findings From The 2002 AHIP Annual Survey Of Health Insurance Plans

Percent of Enrollees in HMO/POS Plans That:

Collaborate with the following entities:	
Other organizations in their service area to address specific health issues	76%
Business or health coalitions to address health care issues	67%
Provider coalitions to address health care issues	64%
Government health agencies to address health care issues	64%
Community service agencies to address health care issues	39%

Collaboration with Other Organizations

Chart 71
Percent of Enrollees in HMO/POS Plans That Collaborate with Other Organizations in Their Service Area to Address Specific Health Issues
(Average for All Plans)

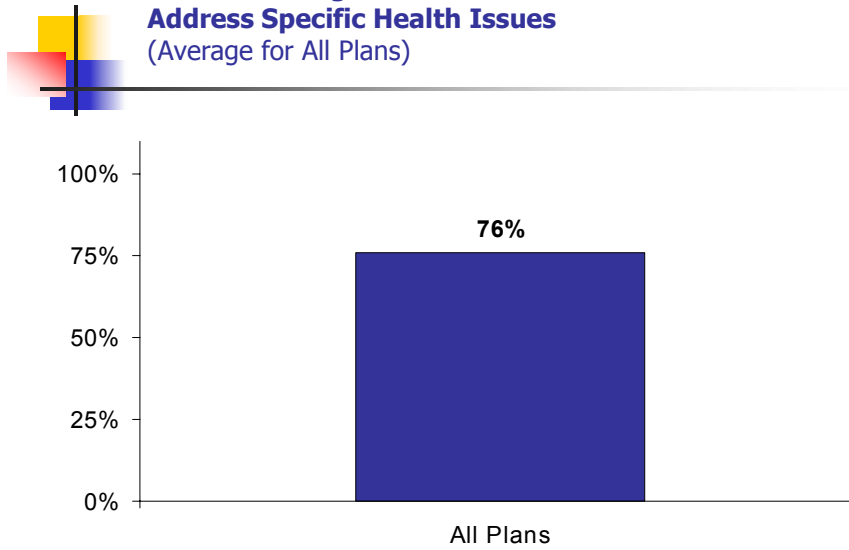
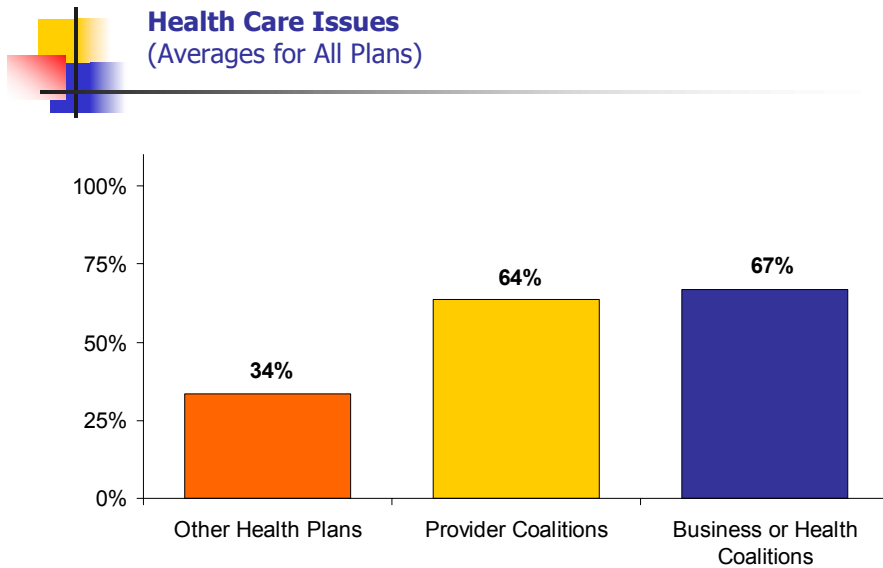
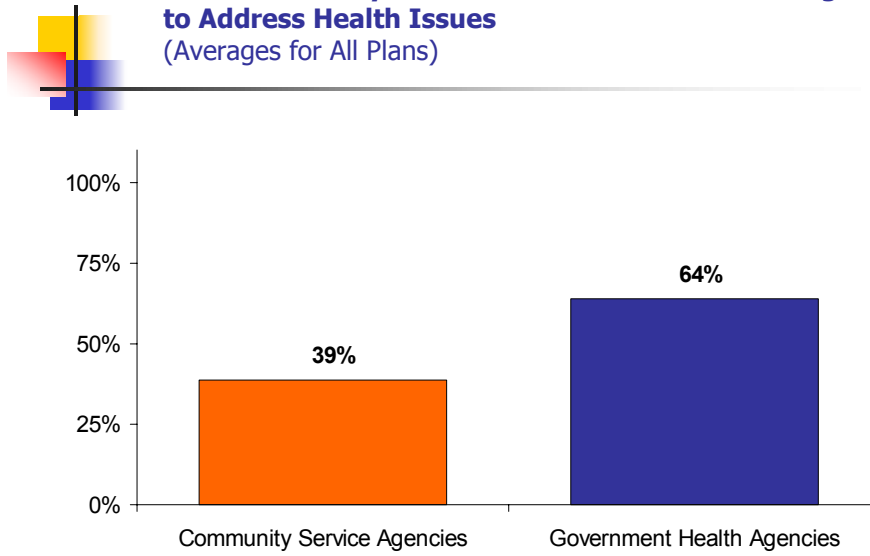


Chart 72
Percent of Enrollees in HMO/POS Plans That Collaborate with Other Plans and Various Coalitions to Address Health Care Issues
(Averages for All Plans)



Collaboration with Other Organizations

Chart 73
**Percent of Enrollees in HMO/POS Plans That Collaborate
with Community Service or Government Health Agencies
to Address Health Issues**
(Averages for All Plans)



N. Electronic Commerce

Use of technology within a health care environment has the ability to streamline otherwise complicated and time-consuming tasks. And, transactions between HMO/POS plans and providers continue to increase in sophistication. Survey questions were designed to reveal the health plan's level of E-commerce capabilities with providers, members, and employers.

Findings From The 2002 AHIP Annual Survey Of Health Insurance Plans

Percent of Enrollees in HMO/POS Plans That

Provide the following information on the company website:

Child health care information	54%
Provider directories	98%
General health plan information	98%
Medical policies	57%
Coverage policy bulletins	64%
Pharmacy coverage policies	74%
Formularies	92%

Electronic Commerce

Chart 74
Percent of Enrollees in HMO/POS Plans That Provide Health Care Information for Children and Adolescents on Plan Websites
(Averages for All Plans)

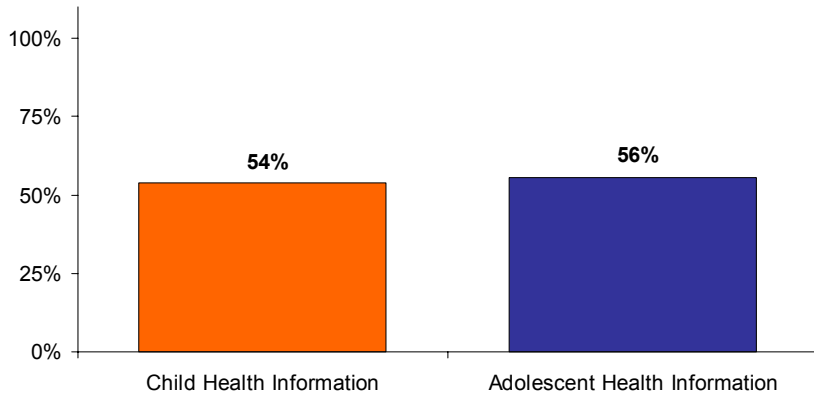
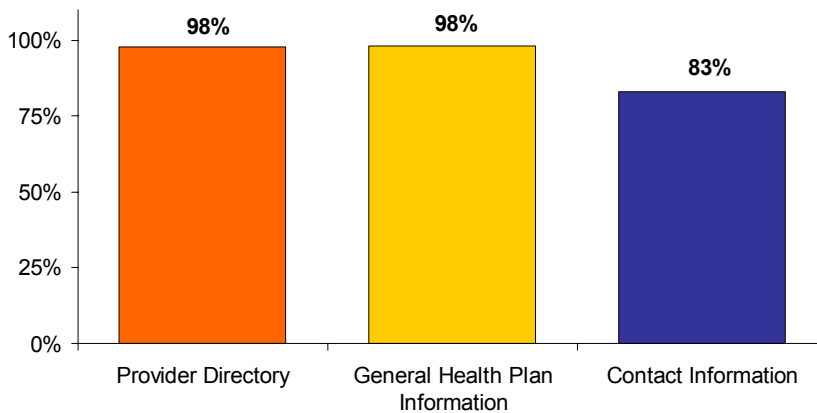


Chart 75
Percent of Enrollees in HMO/POS Plans That Have Provider and Contact Information on Plan Websites
(Averages for All Plans)



Electronic Commerce

Chart 76
Percent of Enrollees in HMO/POS Plans That Have Medical and Coverage Policy Information on Plan Websites
(Averages for All Plans)

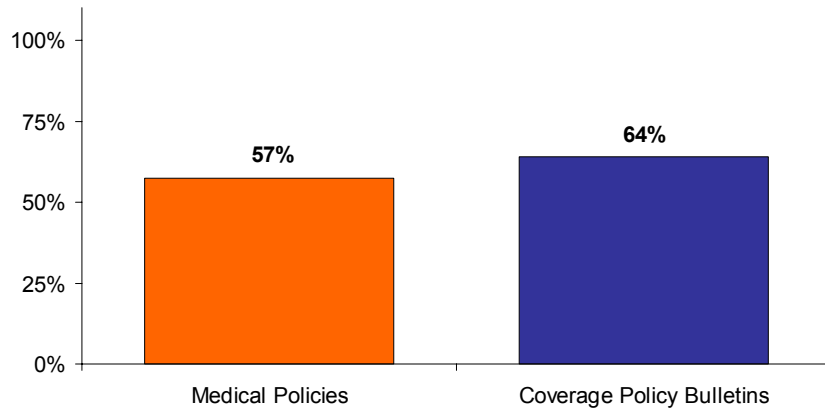
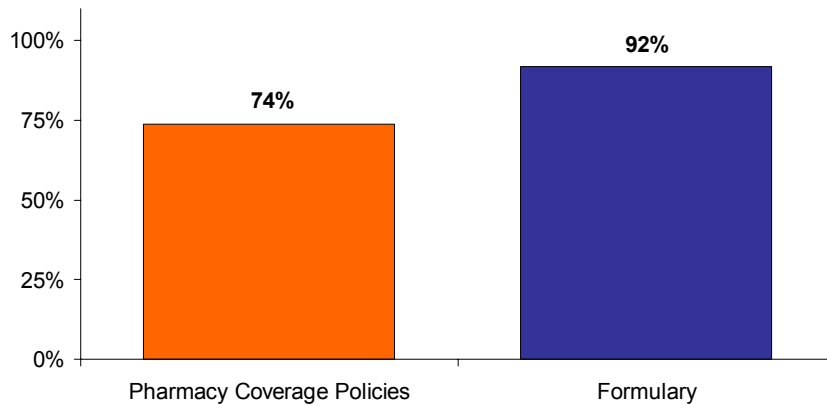
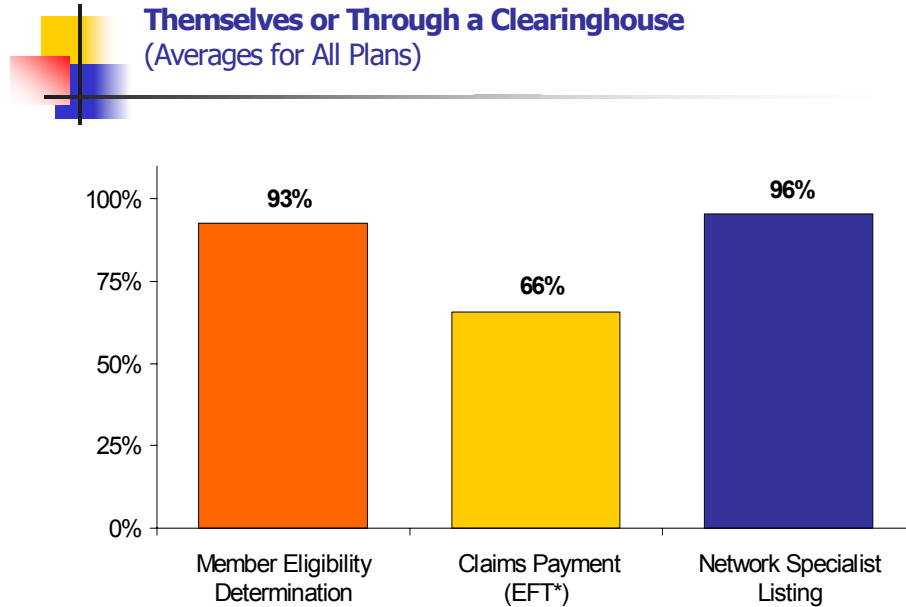


Chart 77
Percent of Enrollees in HMO/POS Plans That Have Drug Formulary and Pharmacy Coverage Policy Information on Plan Website
(Averages for All Plans)



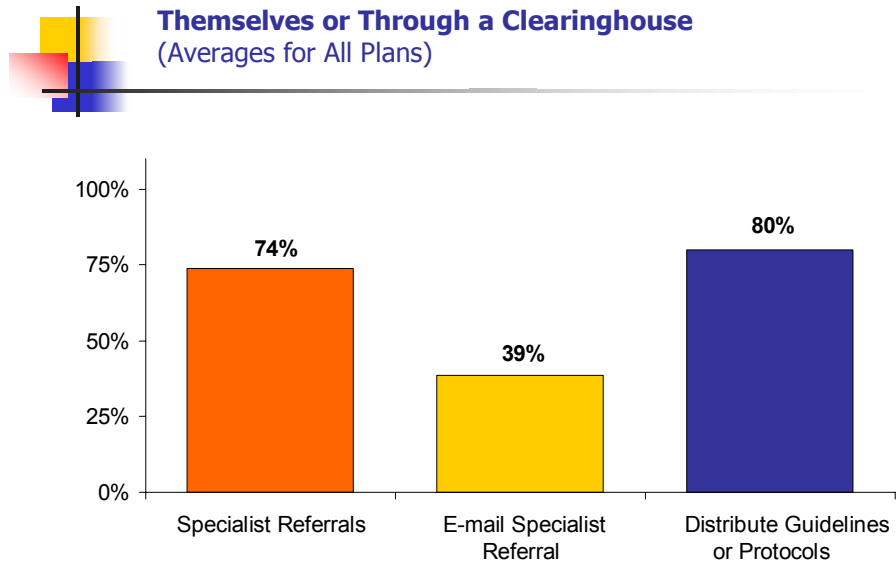
Electronic Commerce

Chart 78
Percent of Enrollees in HMO/POS Plans That Perform Various Electronic Plan-to-Provider Transactions Themselves or Through a Clearinghouse (Averages for All Plans)



* EFT = Electronic funds transfer

Chart 79
Percent of Enrollees in HMO/POS Plans That Perform Various Electronic Plan-to-Provider Transactions Themselves or Through a Clearinghouse (Averages for All Plans)



Electronic Commerce

Chart 80
Percent of Enrollees in HMO/POS Plans That Perform Various Plan-to-Provider Transactions Themselves or Through a Clearinghouse
(Averages for All Plans)

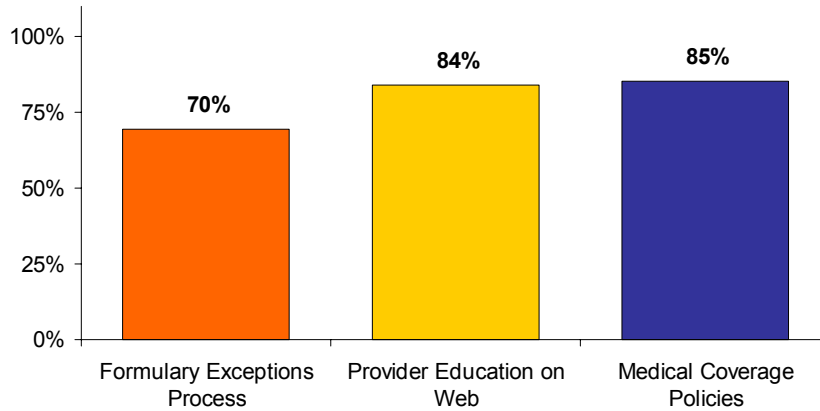
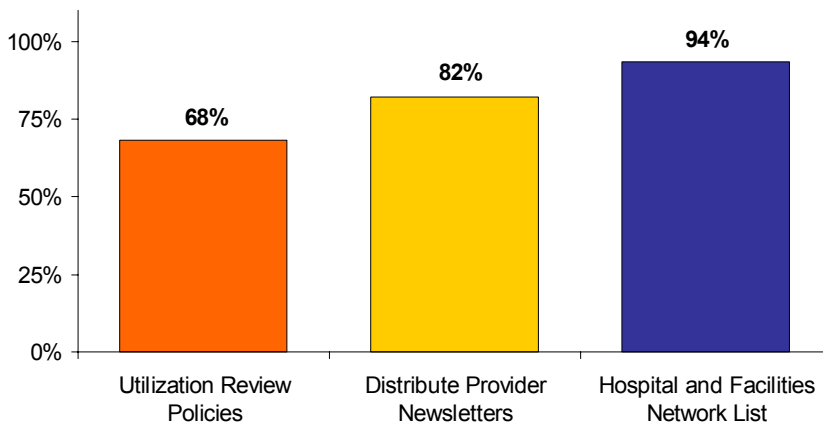


Chart 81
Percent of Enrollees in HMO/POS Plans That Perform Various Plan-to-Provider Transactions Themselves or Through a Clearinghouse
(Averages for All Plans)



Electronic Commerce

Chart 82
Percent of Enrollees in HMO/POS Plans That Perform Various Plan-to-Member Transactions Themselves or Through a Clearinghouse
(Average for All Plans)

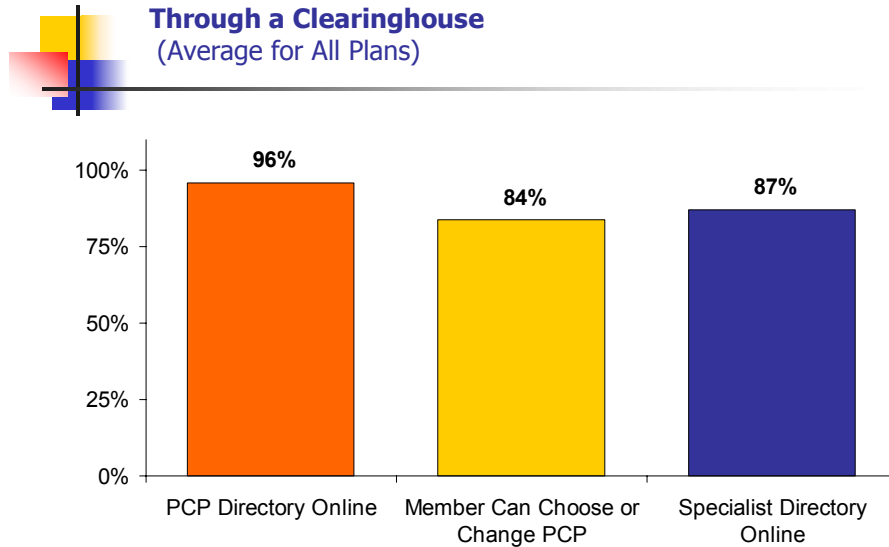
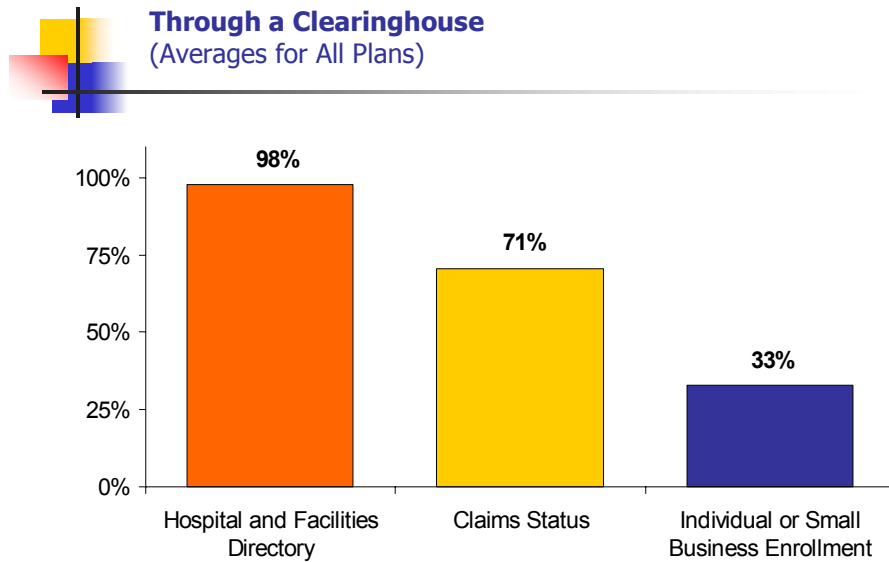


Chart 83
Percent of Enrollees in HMO/POS Plans That Perform Various Plan-to-Member Transactions Themselves or Through a Clearinghouse
(Averages for All Plans)



Electronic Commerce

Chart 84
Percent of Enrollees in HMO/POS Plans That Perform Various Plan-to-Member Transactions Themselves or Through a Clearinghouse
(Averages for All Plans)

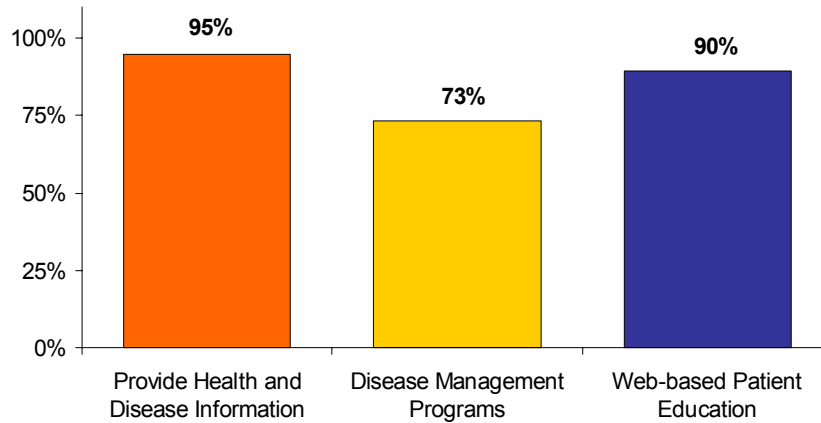
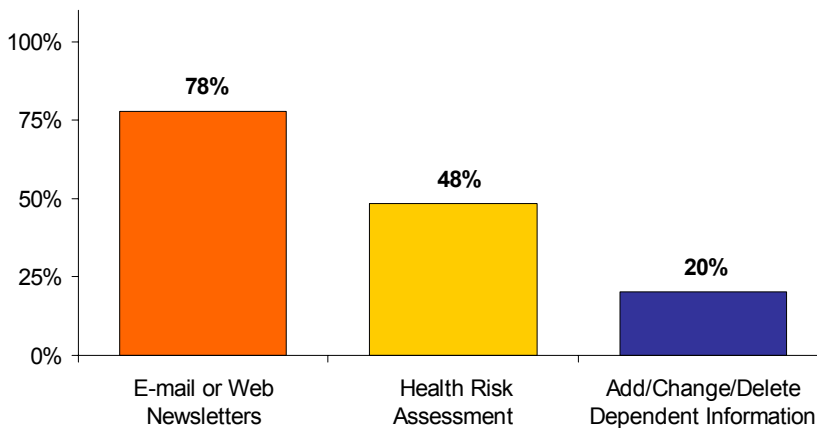


Chart 85
Percent of Enrollees in HMO/POS Plans That Perform Various Plan-to-Member Transactions Themselves or Through a Clearinghouse
(Averages for All Plans)



Electronic Commerce

Chart 86
Percent of Enrollees in HMO/POS Plans That Perform Various Plan-to-Member Transactions Themselves or Through a Clearinghouse
(Averages for All Plans)

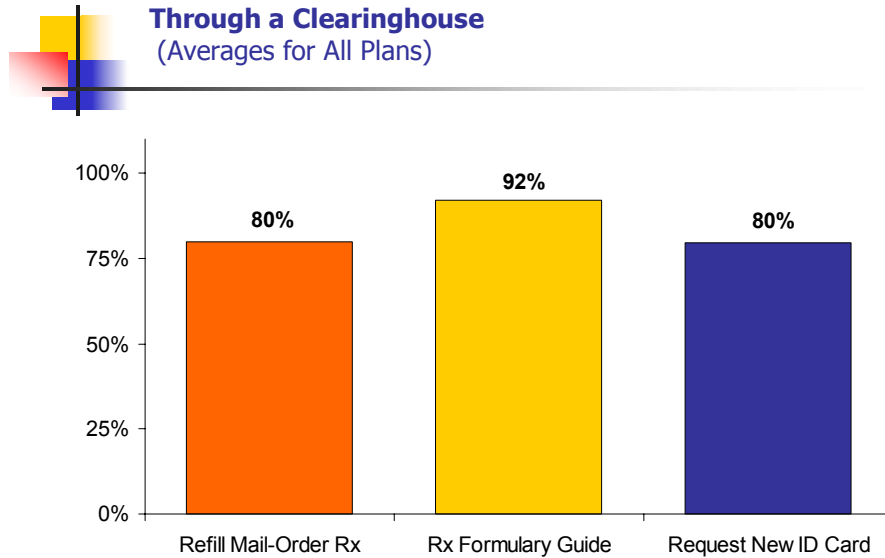
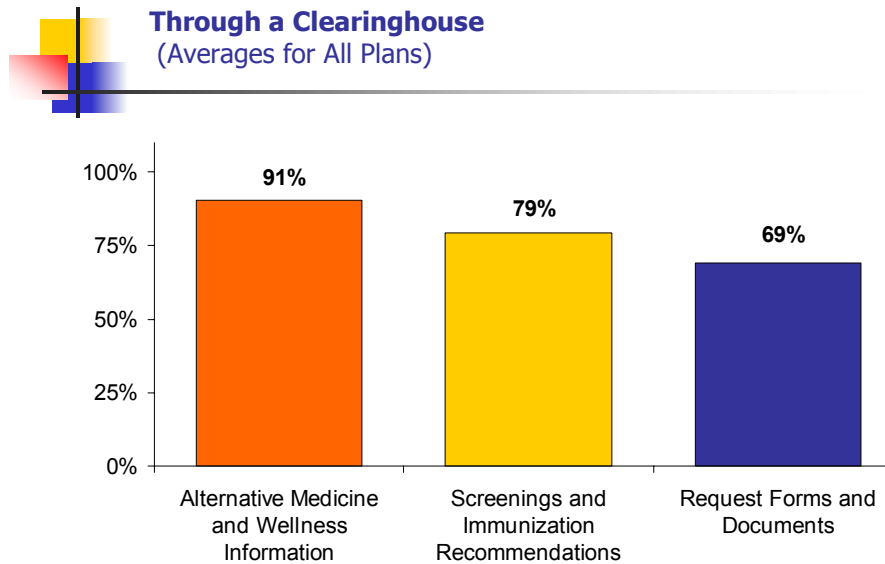


Chart 87
Percent of Enrollees in HMO/POS Plans That Perform Various Plan-to-Member Transactions Themselves or Through a Clearinghouse
(Averages for All Plans)



Electronic Commerce

Chart 88
Percent of Enrollees in HMO/POS Plans That Perform Various Plan-to-Employer Transactions Themselves or Through a Clearinghouse
(Averages for All Plans)

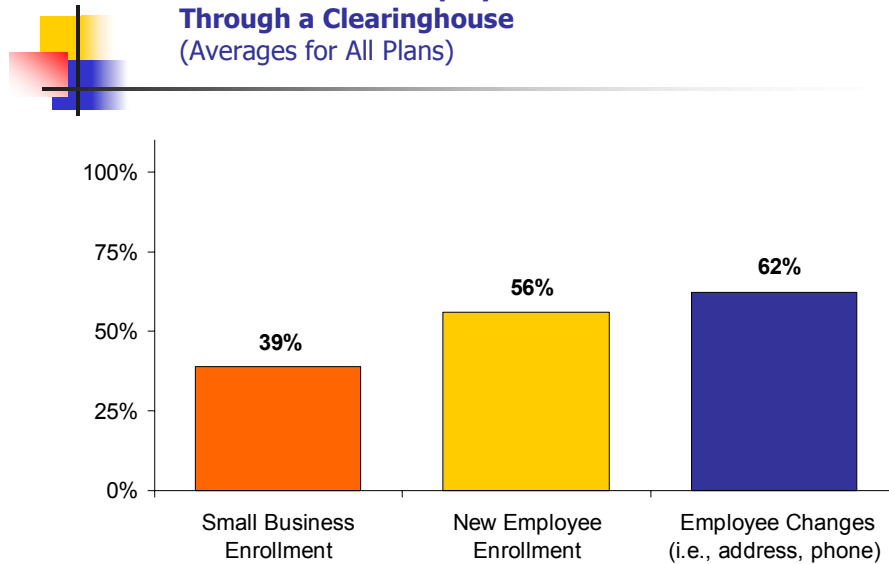
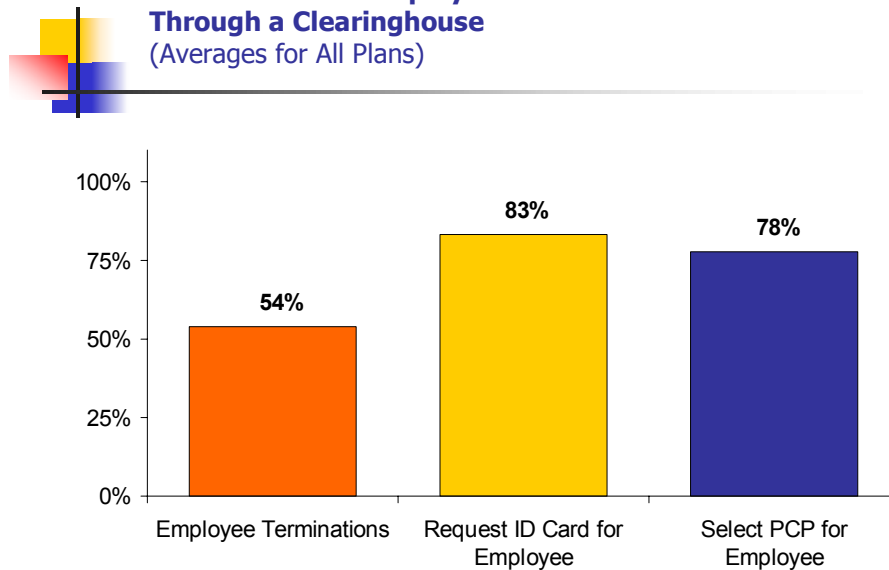
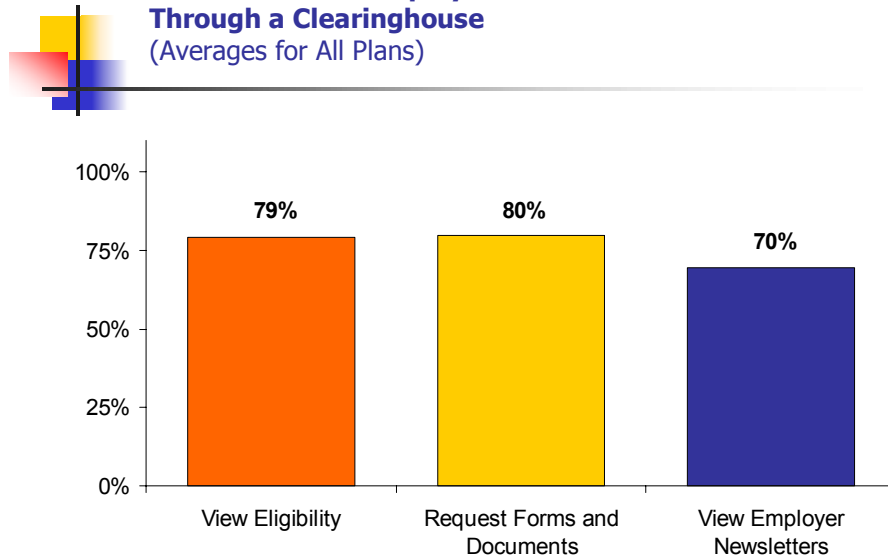


Chart 89
Percent of Enrollees in HMO/POS Plans That Perform Various Plan-to-Employer Transactions Themselves or Through a Clearinghouse
(Averages for All Plans)



Electronic Commerce

Chart 90
Percent of Enrollees in HMO/POS Plans That Perform Various Plan-to-Employer Transactions Themselves or Through a Clearinghouse
(Averages for All Plans)



Appendix: Methodology Report

Introduction

The 2002 AHIP Survey of Health Insurance Plans was a large-scale project that integrated several professional disciplines during development. In October 2001, a panel of industry experts met in Washington, D.C. with AHIP staff to discuss questionnaire content, development and survey methodology. This meeting produced a re-design of the 2001 questionnaire and survey methodology. To ensure continuity of analyzing the data from previous surveys (2000 and 2001) many questions remained unchanged; although some survey questions were expanded to elicit more detailed data on the topic.

The survey, which was conducted from March through June 2002, was designed to gather information from managed care plans that have commercial, Medicaid, and/or Medicare products. The survey results provide a wealth of information regarding health plan activities, policies and trends in these product markets. Of the 338 health plans in the combined sample, 196 (58%) returned a completed questionnaire. The health plans that participated in the survey provided information on nearly 50 million covered individuals -- 64% of total U.S. enrollment in health plans.

Data was collected through a self-report survey instrument delivered on a computer diskette via Federal Express or electronic mail. Completed and returned questionnaires were entered into one database. The unit of analysis is at the plan level even though large national plans coordinated their responses for local plans

Sampling

The population was defined as health plans in the United States offering health care services through a health maintenance organization (HMO) or point of service plan (POS) under a commercial, Medicaid or Medicare product. The sampling methodology was a randomized and stratified design. The sample for the 2002 survey consisted of 338 health plans; 196 plans returned responses but two were ineligible to participate. We gave national health plans that were included with certainty the option of responding as a corporate plan, as several regions, or as separate local plans, and coordinated with their representative to facilitate responses. A survey response rate of 58% was calculated by dividing the number of responses by the total sample (194/338).

Questionnaire Development

The 2002 AHIP Survey of Health Plans questionnaire was developed by re-designing the 2001 AAHP Industry Survey instrument. Most questions did not require calculations of any type and could be answered with checkboxes, multi-selection options, and some open-ended text.

The topics of interest covered were:

- General health plan information
- Benefit design
- Preventive health care services
- Wellness programs
- Disease management and chronic care programs
- Programs for children with special needs
- Mental health and substance abuse
- Prescription drugs
- Patient safety – medical errors – quality improvement
- Utilization/effectiveness of care (technologies and medical equipment, clinical trials, variations in utilization)
- Provider profiling
- Provider satisfaction

2002 AHIP Survey of Health Insurance Plans: Chart Book of Findings

- Physician turnover
- Financial risk (contracting and centers of excellence)
- Network structure
- Collaboration
- Electronic commerce

The survey instrument was pilot tested by in-house staff and members of the advisory panel, revisions were made, and the final draft survey was prepared.

Benchmark reports

Benchmark reports were developed on key survey statistics comparing aggregate responses from small (less than 130,000 enrollees), medium (between 130,000 and 370,000 enrollees), and large plans (greater than 370,000 enrollees), as well as a statistic for “all” plans. The reports were in electronic format (.pdf file) and contain graphic representations of survey statistics, as well as explanatory text for each topic. Each health plan responding to the survey received a benchmark report.

Conclusion

Great care was taken to develop a survey that was easy to administer, easy for health plans to respond to, and within the timeframe required by the health plans. An overall response rate of 58% is reflective of reaching those goals. The advisory panel and AHIP staff paid careful attention to question wording, design and comprehension concerns to ensure a rich data set. It was an advantage to build on the previous year’s survey and experiences. The results will support a comprehensive review of policy and allow for measuring change over time.

Contrary to the previous year, the delivery and return of the electronic survey instrument via the internet produced very desirable results. Administering a survey of this size and complexity was a challenge for the research staff. We learned that such surveys might better be done every other year rather than yearly and that collecting data electronically – particularly web-based – is the preferred method.