



Highlights of 2002 AHIP Annual Survey of Health Plans

Women and Their Health Plan Coverage

Women are this country's predominant consumers of health care services. They are more likely than men to seek medical care: 24% of men never visit a physician during the year, and the 76% of men who do see a doctor average 2.5 office visits per year; in contrast, only 8% of women never visit a physician during the year, and the 92% of women who do see a doctor average 3.6 office visits per year. In addition to their individual health care needs, women often act as the family "caretaker," assuming primary responsibility for health-related decisions for their children and husbands.

The 2002 AHIP Annual Survey of Health Plans provides a wealth of information about health care coverage, available to the 62 million women enrolled in health plans in the commercial, Medicaid, and Medicare markets. The survey focused on health plan activities in HMO and POS plans. This *Facts & Figures* publication highlights survey findings on the coverage of primary care, preventive services, prenatal care, and reproductive health services.

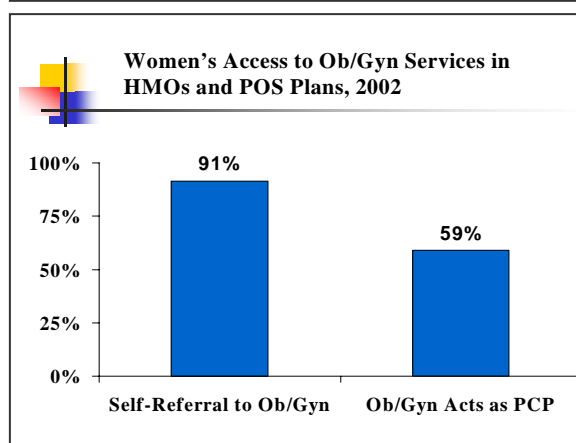
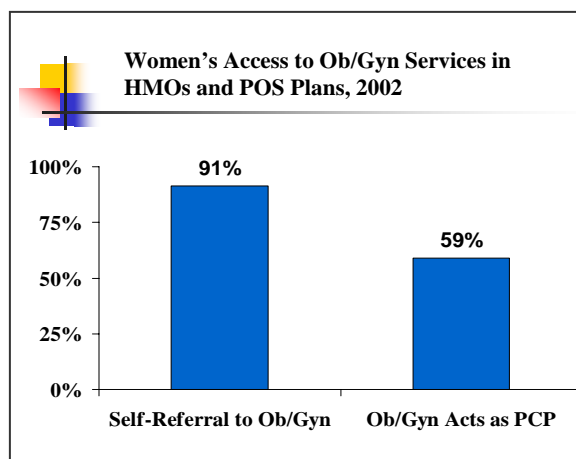
Primary Care

For many women, easy access to gynecological and obstetrical care is as important as having access to their primary care provider (PCP). Reflecting women's desire for flexibility, HMOs and POS plans overwhelmingly offer women the option to self-refer to ob/gyns, and a majority of plans offer women the choice to select an ob/gyn as their primary care provider.

- 91% of HMO and POS plans offer choice of self-referral to ob/gyn.
- 59% of HMO and POS plans offer choice of ob/gyn as PCP.

Preventive Services

Routine screening for cancer and conditions common among women has greatly improved their long-term health status. Use of preventive health care services not only leads to early diagnosis and treatment of diseases and chronic conditions, but also offers women opportunities to develop relationships with their physicians, discuss tangential health concerns, and become more involved in maintaining their physical and mental well-being. HMOs and POS plans offer near-universal



coverage for adult physicals, an annual ob/gyn visit, and a variety of screening tests that detect conditions that are the leading causes of disability and death among women.

- 99.7% cover mammography for women aged 50 and older, and 89.8% for aged 40-49.
- 99.5% cover cervical cancer screening for women aged 21 and older.
- 91.4% cover osteoporosis screening (generally for women with risk factors over age 60 and women aged 65 and older).

Prenatal Care

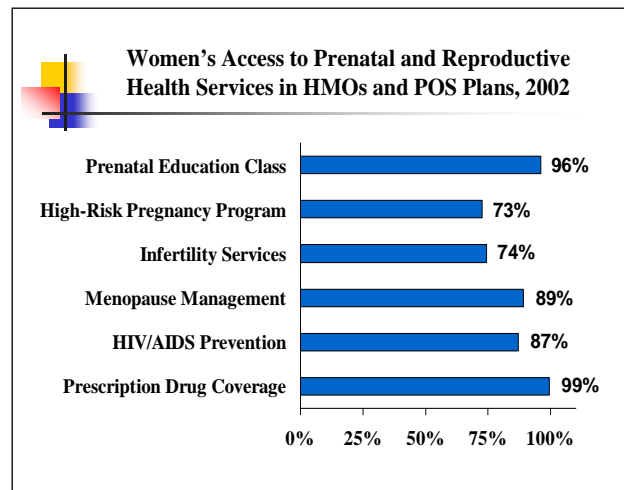
Health plans universally cover prenatal care, delivery services, and postpartum care for women. On average, 85% of pregnant women enrolled in health plans receive prenatal care in the first trimester – an important measure to both mother and child because it promotes healthier pregnancies by managing pre-existing and pregnancy-related medical conditions, providing health-behavior advice, and assessing the risk of a possible poor pregnancy outcome. HMOs and POS plans achieve a high rate of prenatal care through pregnancy-related wellness and care management programs that focus on producing a healthy childbirth experience.

- 95.8% offer prenatal education to both pregnant and non-pregnant women.
- 72.6% offer a high-risk pregnancy program to women in need of extra medical care.

Reproductive Health

Health plans routinely cover wellness and preventive care that encompasses an annual ob/gyn visit, reproductive health services (such as family planning, infertility diagnosis, HIV/AIDS screening, and menopause counseling and management. Other types of office visits for pre-menopausal adult women typically concern chronic gynecological conditions such as endometriosis and uterine fibroids. HMOs and POS plans cover a range of reproductive health-related services.

- 99.4% have prescription drug coverage, which commonly reimburses for oral contraceptives, medications that treat menstrual irregularities, and drugs related to menopausal conditions.
- 74.4% cover infertility services, which include diagnosis and may include treatment (such as corrective surgery, fertility drugs, and in vitro fertilization).
- 89.0% offer menopause counseling and management.
- 87.2% offer HIV/AIDS prevention counseling.



AHIP Annual Survey of Health Plans

For more than a decade, AHIP has conducted an annual survey of health plans, usually focusing on HMOs and POS plans. As in past years, the 2002 AHIP Survey provides a wealth of information regarding health plan activities in the commercial, Medicaid, and Medicare markets. In 2002, a sample was drawn to participate in the survey, with 58% of the health plans completing the survey instrument. The survey respondents represent a profile of health plans in the United States and provide information on 50 million individuals – approximately 64% of total U.S. enrollment in HMOs and POS plans.

The complete “Chart Book of Findings” from the 2002 Survey is available on the AHIP website.

References

The Commonwealth Fund, *Out of Touch: American Men and the Health Care System*, 2000; National Center for Health Statistics, *Health – United States, 2000*, National Ambulatory Medical Care Survey, 2002.

HMOs and POS plans have developed a variety of wellness or health promotion programs, as well as wide range of disease management programs, to supplement the ongoing care patients receive from their providers. For more information on health plan coverage of these programs, see *Facts & Figures: Highlights of AHIP Annual Survey of Health Plans – Wellness and Health Promotion Programs and Disease Management and Chronic Care Programs*.

National Committee for Quality Assurance, *The State of Health Care Quality*, (HEDIS measures), 2002.



Copyright © 2004 by America's Health Insurance Plans. All rights reserved.

America's Health Insurance Plans
601 Pennsylvania Ave., NW
Suite 500
Washington, DC 20004

202.778.3200
www.ahip.org