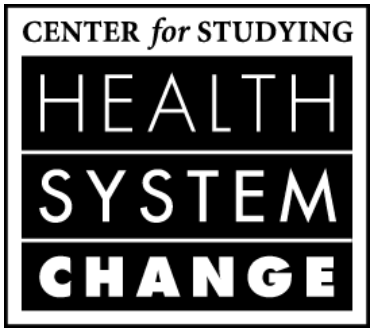
Community Tracking Study

2003 Insurer Followback Pilot Study



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ROUND THREE INSURER FOLLOWBACK PILOT TEST

I. EXECUTIVE SUMMARY

A. RATIONALE AND STUDY GOALS

An Insurance Followback Survey, in which privately financed health insurance policies covering Household Survey respondents are "followed back" to the organization administering the policy, was conducted for Round 1 (1996–1997) and Round 2 (1998–1999) of the Community Tracking Study (CTS) Household Survey. The Insurance Followback Surveys, which were conducted during 1997–1998 for the Round 1 Household Survey, and during 1998–2000 for the Round 2 survey, were designed to obtain information on the characteristics of insurance products that Household Survey respondents were unable to provide themselves. Within a CTS site, which corresponds roughly to a metropolitan statistical area (see Table I.1), an insurance product was based on the traditional insurance product line typology (health maintenance organization [HMO], preferred provider organization [PPO], point-of-service (POS) plan, and indemnity plan) unless the health insurance plan offered more than one product within a product line.

Data from the Insurance Followback Survey have been used for analyses investigating how the type of product affects the healthcare received by enrollees, specifically, enrollees' use of services, enrollees' access to care, and the way that enrollees assess their health care (Reschovsky et al. 2000). Another line of research has examined differences in reports by household survey and insurance followback survey respondents about insurance product attributes. In one study, people's beliefs about their health insurance coverage were compared with features reported by the insurers; a key finding was that people believe that their health plan is more restrictive than plan respondents report (Cunningham et al. 2001). In another study, we observed that people's assessments of their health care were more closely associated with the type of plan they believed they were in than with the type of plan reported by their insurers (Reschovsky and Hargraves 2000).

Although data from the two followback surveys were used for several analyses, we were concerned about the high cost, relatively low match rate, and high item nonresponse rate for several items. The match rate is the percentage of private health insurance policies reported in the Household Survey that were matched to a unique insurance product identified from databases and Web sites. The nonresponse rate for a question, or "item," is the ratio of the number of observations that were answered to the number that should have been asked the question. Given our concerns, we decided to test a less expensive approach that was based on a current database of plans, and that relied primarily on Web sites and other data sources, rather than primary data collection.

We reviewed the results of Round 1 and Round 2 to select a set of product attributes with high research value and low item nonresponse rates. Prior research indicated that local insurance markets were dominated by a small number of plans (Chollet, et. al 2000). Limiting insurer contacts to major plans would reduce the cost during each round of building the product database. Moreover, we wanted to assess the feasibility of obtaining some or all of the product attributes from Web sites instead of by contacting insurers directly. Comprehensive Web sites

were less likely to be available for smaller plans or other entities, such as third-party administrators, that were contacted in prior rounds to obtain product attributes. However these plans typically had few policies linked to them. Information on small plans could be obtained from employers or could be excluded from followback analyses.

To test the feasibility of these methods, we conducted a pilot study in 5 of the 60 CTS sites that varied in plan density (number of plans in relation to number of beneficiaries). The five sites were Newark and Middlesex, New Jersey; Cleveland and Columbus, Ohio; and Greenville South Carolina. Greenville was the most heavily concentrated, the two New Jersey sites were moderately concentrated, and the two Ohio sites were the least concentrated. The goal of this pilot study was to test the feasibility of collecting product attribute data for insurers, and to assess various options for implementation. The pilot design used a three-step approach:

1. Identify the larger insurers in each state and their product offerings by using a mix of available directory sources and Web site information
2. Collect a limited set of product attributes for the identified products by using insurers' Web site information
3. Make follow-up calls to obtain product attributes, and to verify the product attribute data collected from the Web sites.

B. FINDINGS

The use of multiple databases to construct a current list of health plans for the pilot study was effective, as each source had different strengths and weaknesses. Web sites were easily located through search engines and provided comprehensive product lists at the state level, but they did not always provide service areas, which would have to be obtained from other sources. Web sites also varied in their level of information about product characteristics, so it was necessary to interview insurers to obtain at least two of the attributes most needed by CTS researchers—out-of-network coverage and referral requirements. Efforts to obtain information from insurers were costly but generally consistent with Web sitesHowever, even after combining information obtained from Web sites and insurers, rates of missing data still were high for some attributes. indicating that it may be necessary to use other sources to obtain these data. Model type and tax status were available from secondary sources for many plans. Out-of-network coverage could be inferred for most plans from product type, which typically is available from Web sites.

For Round 3, we decided to suspend the Insurer Followback due to the high cost of reliably obtaining a few attributes and the time required to build a comprehensive insurer database. However, we will use our experience on the Round 3 pilot study and prior followback surveys to conduct a Round 4 Followback. Procedures for conducting that data collection effort will be discussed in a forthcoming technical publication.

TABLE I.1

SITES SELECTED FOR THE COMMUNITY TRACKING STUDY

High-Intensity Sites	Low-Intensity Sites		
Metropolitan Areas >200,000 Population[a]	Metropolitan Areas >200,000 Population[a]	Metropolitan Areas <200,000 Population[a]	Nonmetropolitan Areas
01–Boston, MA	13–Atlanta, GA	49–Dothan AL	52–West Central
02–Cleveland, OH	14–Augusta, GA/SC	50–Terre Haute IN	53–Central Arkansas
03–Greenville, SC	15–Baltimore, MD	51–Wilmington NC	54–Northern Georgia
04–Indianapolis, IN	16–Bridgeport, CT		55–Northeastern Illinois
05–Lansing, MI	17–Chicago, IL		56–Northeastern Indiana
06–Little Rock, AR	18–Columbus, OH		57–Eastern Maine
07–Miami, FL	19–Denver, CO		58–Eastern North Carolina
08–Newark, NJ	20–Detroit, MI		59–Northern Utah
09–Orange County, CA	21–Greensboro, NC		60–Northwestern Washington
10–Phoenix, AZ	22–Houston, TX		
11–Seattle, WA	23–Huntington, WV/KY/OH		
12–Syracuse, NY	24–Killeen, TX		
	25–Knoxville, TN		
	26–Las Vegas, NV/AZ		
	27–Los Angeles, CA		
	28–Middlesex, NJ		
	29–Milwaukee, WI		
	30–Minneapolis, MN/WI		
	31–Modesto, CA		
	32–Nassau, NY		
	33–New York City, NY		
	34–Philadelphia, PA/NJ		
	35–Pittsburgh, PA		
	36–Portland, OR/WA		
	37–Riverside, CA		
	38–Rochester, NY		
	39–San Antonio, TX		
	40–San Francisco, CA		
	41–Santa Rosa, CA		
	42–Shreveport, LA		
	43–St. Louis, MO/IL		
	44–Tampa, FL		
	45–Tulsa, OK		
	46–Washington, DC/MD/VA		
	47–West Palm Beach, FL		
	48–Worcester, MA		

NOTE: Numbers correspond to coding of the site identification variable in the survey.
[a]Based on 1992 Census estimates.

II. IDENTIFICATION OF INSURERS AND THEIR PRODUCTS

A. BACKGROUND

An Insurance Followback Survey, in which privately financed health insurance policies covering Household Survey respondents are "followed back" to the organization that administers the policy, was conducted for the first two rounds of the CTS. The survey was designed to obtain information about the characteristics of insurance products that Household Survey respondents were unable to provide themselves. Various studies have shown that people have difficulty accurately reporting even very basic attributes of their insurance plans, such as whether they belong to an HMO, are required to sign up with a primary care provider, or require referrals to obtain maximum in-network coverage (Nelson 2000; and Cunningham 2001).

For the first two rounds of the CTS, the Insurance Followback Survey obtained information on basic attributes of insurance plans (that is, product type, primary care provider sign-up requirement, use of referrals to obtain maximum in-network coverage, and coverage for out-of-network services), typical method of payment for primary care, specialty and hospital services for the product, whether an HMO was a for-profit entity or not, and estimates of physician and hospital network size. (The Round 2 survey attempted to obtain more-detailed information on in-network coverage than was obtained in Round 1.) In addition, the survey attempted to obtain other types of information that employers could more easily have provided for individual contracts (for example, estimates of copayment amounts, estimates of co-insurance rates, and dedu+ctibles). Because we were not conducting an employer followback for those rounds, we asked insurers to provide estimates of typical cost-sharing arrangements for products at the site level.

There were two components to Insurance Followback data collection. First, we had to link Household Survey reports of insurance policies to insurance products offered by insurers or other organizations, such as third-party administrators, self-insured employers, or unions. We then had to obtain information about those products from insurers or other organizations. For Round 1, Household Survey respondents with private health insurance were asked for the name of the insurer and insurance plan under which they received health care services; they also were asked for the name of their employer, if the health insurance was employer sponsored. Based on the names of health insurance plans and employers provided by respondents, we contacted health plans and other organizations. We conducted brief telephone interviews with insurers to obtain organizational information, a list of products offered in local CTS markets, and attributes of those products. We then faxed forms with product and employer names to all but the smallest plans. (Data were obtained entirely by telephone from insurers linked to fewer than five policies.) Respondents receiving faxed forms were asked to verify that the listed employers had contracts with the organization during the data collection period, and to confirm the products linked to the listed employers. The procedures used in Round 1 are described in the Center for Studying Health System Change's Technical Publication No. 30, which is available online at [http://www.hschange.org/CONTENT/376/].

We believed that a more fully automated process would increase the percentage of policies linked to insurers and provide more control over information provided by insurers. For Round 2, insurance databases and product data obtained in Round 1 were used to develop a product file to be used to prompt Household Survey respondents during their interviews with the names of their insurer plans and products offered in their state. If the respondents could not link their policies with products in the file, we contacted their employers, using the same product file as a memory aide to identify insurance products. Insurers were then contacted by telephone to provide

information on organizational characteristics and product attributes for the products in the database. Round 2 data collection was fully automated using computer-assisted telephone interviewing (CATI) methods. We also used product data available from selected Web sites and plan booklets to obtain missing product attributes for a few national insurers. The Round 2 Insurance Followback is described in HSC Technical Publication No. 35, which is available at [http://www.hschange.org/CONTENT/513/].

For Round 1, we were able to match 52.5 percent of the eligible private policies reported in the Household Survey to a unique product. We were able to match another 19.4 percent of the private policies to an insurer or other entity, such as an employer, but not to a specific product. We used statistical matching procedures to assign a product to those policies from among multiple products identified by the insurers. We could not match 28.1 percent of the policies to an insuring entity; they were accounted for in the survey weighting procedures. For Round 2, we were able to match 51.3 percent of eligible policies with a unique product, and 9.4 percent to an insurer, but not to a unique product; 39.3 percent of the policies could not be matched.

We were disappointed that the more automated process used for Round 2 did not result in higher match rates; the percentage of directly matched policies remained about the same as in Round 2, and the percentage of statistically matched polices declined. A key factor explaining our inability to increase the direct match rate was that, given the two- to three-year lag between the two surveys, much of the product data obtained from databases and from the Round 1 Followback Survey were out of date. Many insurers merged or were acquired by other firms, and many product names were changed. Furthermore, insurer nonresponse was higher in Round 2 than in Round 1. Consequently, we were unable to obtain product attribute data for many linked policies. A third problem was relatively high nonresponse to selected questions. Some insurers had difficulty answering questions about product attributes at the site level because the

attributes varied at the contract level, and the insurers were reluctant to estimate for the site (which corresponds roughly to a local market area). As a result of the high cost, relatively low linkage rate, and high item nonresponse rates for several items on the two followback surveys, we decided to test a less expensive approach that was based on a more current and accurate database of plans, and that relied primarily on Web sites and other data sources, rather than on primary data collection.

B. METHODOLOGY

We conducted the pilot study in five CTS sites that varied in plan density (the number of plans in relation to the number of beneficiaries). The five sites were Newark, New Jersey; Middlesex, New Jersey; Cleveland, Ohio; Columbus, Ohio, and Greenville, South Carolina. Greenville was the most heavily concentrated, the two New Jersey sites were moderately concentrated, and the two Ohio sites were the least concentrated.

To conduct the pilot, we first prepared a list of the large insurers in each state by reviewing three directories: (1) the InterStudy Competitive Edge HMO Database, Versions 10.1 and 11.1; (2) the American Association of Health Plans (AAHP) Directory, 2001, and (3) National Association of Insurance Commissioners (NAIC) links to state insurance department Web sites. Identified plans are shown in Table II.1. Based on enrollment counts, we estimated the percentage of covered lives associated with each plan. Given the variability in these estimates across the three sources, we excluded health insurance plans only if we suspected that they served fewer than 10,000 people. Other cut-off points could be considered; the objective was to exclude small plans with a low likelihood of linkage to the Household Survey. Information on plans with only one or two linkages to the Household Survey could be obtained more efficiently from employers or could be excluded from analyses.

We conducted an initial Web search to determine the status of any plans that were listed in only one or two sources. This search resulted in the exclusion of several plans that were provider networks only, or that did not provide insurance coverage for comprehensive health services. From the remaining list, we selected 8 plans in South Carolina, 13 plans in New Jersey, and 16 plans in Ohio.

We instructed staff to find a Web site for each of the 37 selected plans and, if possible, a list of products and a personal contact for follow-up calls. To ensure that we captured the complete set of products offered by each plan, we also searched for all related Web sites of potential affiliated partners or subsidiaries.

TABLE II.1

HEALTH INSURERS IDENTIFIED ON VARIOUS LIST SOURCES

Comprehensive Health Insurers[1]		Estimated Enrollment			
		NAIC	AAHP	Interstudy	Best Guess
	South Carolina: Greenville (Site #3)				
	Aetna US HealthCare of the Carolinas	7,636	Not listed	Not listed	7,636
Yes	CIGNA HealthCare of SC	91,267	Listed, none provided	83,478	83,478
Yes	Companion HealthCare Corp[2]	84,470	124,000	83,069	83,069
Yes	One Health Plan of South Carolina	Not listed	25,000	Not listed	25,000
No	Partners National Health Plans of South Carolina	7,165	Not listed	Not listed	7,165
Yes	Physicians Health Plan	137,073	147,935	147,935	144,314
Yes	Preferred Health Systems dba HMO Blue	55,528	60,000	54,791	60,000
Yes	Premier Health Systems	Not listed	145,000	Not listed	145,000
Yes	Select Health of South Carolina	20,448	Not listed	17,473	20,448
Yes	United HealthCare Insurance Company	Not listed	50,130	Not listed	50,130
8 Plans	**Total**				**626,240**
	New Jersey: Newark (site #8), Middlesex (Site #28)				
Yes	Aetna US HealthCare (includes Prudential)	962,481	None provided	971,908	971,908
Yes	Americhoice of New Jersey (MHCS)	70,568	65,627	66,479	66,479
Yes	AMERIGROUP New Jersey (Americaid)	57,350	46,571	50,857	50,857
Yes	AmeriHealth of New Jersey (Keystone)	169,406	63,378	177,762	177,762
Yes	AtlantiCare Health Plans	Not listed	65,000	Not listed	65,000
Yes	CIGNA HealthCare of New Jersey	100,797	Not listed	110,537	110,537
Yes	Consumer Health Network	Not listed	975,000	Not listed	425,000
Yes	Horizon BCBS of New Jersey (HMO Blue)	394,596	1,441,735	609,688	609,688
No	LifeCare Management Systems	Not listed	450,000	Not listed	—
Yes	MagNet/MagnaCare (Preferred Choice Management Systems Inc.)	Not listed	1,300,000	Not listed?	350,000
No	MasterCare Companies	Not listed	81,000	Not listed	—
Yes	Oxford Health Plans of New Jersey	172,211	Not listed	249,139	249,139
Yes	Physicians Health Services of NJ (PHS, FOHP & QualMed)	232,220	237,109	257,317	257,317
Yes	QualCare	Not listed	441,001	Not listed	425,000
Yes	United HealthCare of New Jersey (MetraHealth)	86,972	243,020	81,756	243,020
No	University Health Plans	Not listed	50,000	40,917	—
13 Plans	**TOTAL**				**4,001,707**

[1] A "no" means that the entity was a network or did not provide comprehensive health insurance services.

[2] Initially assumed to be part of Preferred Health Systems, but actually a separate plan.

TABLE II.1 *(Continued)*

Researched	Insurers Located	Estimated Enrollment			
		NAIC[3]	AAHP	Interstudy	Best Guess
	Ohio: Cleveland (Site #2) , Columbus (Site #18)				
Yes	Aetna US Healthcare/Prudential	261,550	188,075	At least 400,000	188,075
Yes	CIGNA HealthCare of OH	13,318	210,500	27,328	210,500
Yes	Community Insurance Company dba Anthem BCBS	16,155	1,367,953	238,769	900,000
No	Dayton Area Health Plan dba CareSource	74,022	59,000	53,372	53,372
Yes	Emerald Health Network (dba Renaissance Health Plan)	39,935	348,000	52,521	348,000
	Family Health Plan	49,785	53,000	61,247	61,247
Yes	Flora Health Network (dba Flora Midwest)	Not listed	312,000	Not listed	312,000
Yes	Humana Health Plan of Ohio	192,588	18,584	249,925	249,925
No	Integra Group	Not listed	1,700,000	Not listed	—
Yes	Integrated Health Networks & Services	Not listed	80,000	Not listed	80,000
Yes	Kaiser Foundation Health Plan of Ohio (dba Kaiser Permanente of Ohi)o	174,499	179,263	176,574	179,263
Yes	Medical Mutual of Ohio(SuperMed, HMO Health Ohio)	Not listed	1,215,000	151,885	151,885
No	Ohio Health Choice	Not Listed	580,000	Not listed	—
Yes	OhioHealth Group	30,449	200,621	29,639	200,621
Yes	One Health Plan of Ohio	14,642	82,000	14,656	82,000
Yes	Paramount Health Care	160,039	207,175	167,501	167,501
Yes	QualChoice of OH Health Plan	76,209	107,777	70,699	107,777
Yes	SummaCare Health Plan	85,141	85,000	76,742	85,000
Yes	The Health Plan of the Upper Ohio Valley (The Health Plan)	27,665	94,383	52,468	94,383
Yes	United HealthCare of OH (AAHP includes United HealthCare Insurance Company)	781,776	618,098	828,563	828,563
16 Plans	**Total**	**2,621,614**			**4,300,112**

[3] The enrollment counts presented here were not available when we first prepared the list, determined our best guess as to the enrollment, and selected the plans for research purposes. NAIC Web site data reported only total expenditures, not enrollment. Based on subsequent communication with NAIC, we found a few other smaller plans, including Aultcare HMO (with enrollment of 3,842), Genesis Health Plan of Ohio (with 11,205), HealthAssurance HMO (with enrollment of 3,790), Mount Carmel Health Plan (with 15,291), Nationwide Health plan (with 20,077), PacifiCare of OH (with 20,327), PrimeTime Health Plan (with 10,672), QualMed Plans For Health (with 1,779) and Vantage Health Plan Inc (with 3,239).

C. FINDINGS

1. Identification of Insurers

Information from each of the three sources (NAIC, Interstudy, and AAHP) has strengths and weaknesses, indicating that multiple sources of information are needed to identify the largest insurers based on available enrollment, name recognition, and suspected product profile.

- AAHP provides the most comprehensive list of potential insurers but is out of date, excludes fee-for-service (FFS)-only companies, and includes some organizations that are not health insurers.
- NAIC provides enrollment data but misses PPO- and FFS-only plan-administering companies.
- Interstudy covers HMOs and PPOs and provides enrollment data but excludes companies that do not offer managed care products.
- All three sources list some companies that are not full-service insurers (for example, network organizations and Medicaid-only providers) that can be identified only with Web site searches and calls to insurers.
- Enrollment data may be based on state or local market areas; consequently, state rankings based on size cannot rely solely on enrollment counts.

2. Web Search of Insurer Information

Table II.2 summarizes the number of plans searched in each state, as well as the outcome of the Web site search for plans and linked products. A plan (and linked products) was designated as being incomplete if we could not determine from the Web site whether it was a health insurance provider (determines risk, sets premiums, determines benefit eligibility, provides comprehensive health services, and so on).

Table II.2

Outcome of the Insurer Web-Based Research

State	Plans	Outcome	Plans/Insurers		Associated Products	
			Count	Percent	Count	Percent
SC	8	Found plan, completed product list	6	75.0	18	90.0
		Network only	1	12.5	1	5.0
		Incomplete[a]	1	12.5	1	5.0
NJ	13	Found plan, completed product list	11	84.6	47	96.0
		Network only	2	15.4	2	4.0
		Incomplete[a]	0	0	0	0
OH	16	Found plan, completed product list	13	81.3	62	92.5
		Network only	1	6.3	1	1.5
		Incomplete[a]	2	12.5	2	6.0
Total	37	Found plan, completed product list	30	81.1	127	93.4
		Network only	4	10.8	4	2.9
		Incomplete[a]	3	8.1	3	3.7

[a] Could not determine from Web site whether the entity was an insurance company that determines risk.

Web sites were easily located through search engines, such as Yahoo or Google, and were available for most of the insurers. We found Web sites with product listing for 30 of the 37 plans (81.1 percent); 4 plans were found to be networks only, and 3 were designated as incomplete because we were unable to discover whether the entity was an insurance company that determines risk. Most Web searches also indicated whether plans were health insurance companies.

Web sites should be carefully reviewed to ensure that all plans are located and assigned to the correct insurer. For example, Companion Health Care Corporation, which is a subsidiary of Blue Cross and Blue Shield of South Carolina, offers a set of products that are distinct from the ones offered by its parent. However, information about both the parent organization and the subsidiary organization were on the same Web site, which led the reviewer to believe that the two entities were the same insurance plan. In fact, they should be classified as separate insurers with distinct sets of products. In other cases, a parent and subsidiary insurer may be on the same

Web site, but information about the characteristics of their products may require review of linked Web sites.

Most Web sites offer only e-mail contact information. To obtain addresses and telephone numbers that are unavailable on the insurers' Web sites, we used yellow pages search engines, such as bigbook.com and yellowpages.com. In many cases, contact names were unavailable, which meant that we had to use other sources (such as the Interstudy contact list) for our follow-up calls.

3. Product Information

Product lists included on Web sites generally were accurate. If a product was available anywhere in the state, it was listed on the insurer's Web pages for that state. Only one plan offered a different product mix than was reported on the Web site; two products had not been mentioned on the Web site. However, enrollment (by product or in total) was not available on any of the Web sites investigated.

The Web sites provided the geographic coverage (service area) of some products (for example, by indicating the counties or cities in which particular products were offered). However, many service areas were not reported, which might mean either that the product was offered throughout the state or that the sub-state service area was missing.[4]

[4] During the CTS Household Survey, the interviewer attempts to match a private health insurance plan named by a survey respondent with one of the insurance plans and products offered within the respondent's CTS site that are included on the database. If a sub-state service area was not obtained for a plan included on the database, we assumed that the plan was offered throughout the state and listed it for all sites included within the state. Many states had only one CTS site, but large states, such as California and New York, had several. Therefore, obtaining lists of service areas would reduce the likelihood of error in matching plans reported by Household Survey respondents with the database.

III. WEB RESEARCH FOR INSURER PRODUCT ATTRIBUTES

A. METHODOLOGY

Based on a review of the product attributes collected in the Round 2 Insurance Followback, we included seven items on the pilot survey that had considerable value for proposed research plans and low item nonresponse on the two completed Insurance Followback Surveys. We added the insurer's tax status, although this item is available for many plans from other data sources (for example, from Interstudy). The items, which are shown in Table III.1, also are included on the attribute coding form (see Appendix A).

A researcher trained staff to navigate Web sites and to determine product attributes. If information about an attribute could not be determined from the Web site, it was coded as unavailable.

B. FINDINGS

1. Availability of Product Attributes

Table III.1 provides a breakdown of the availability of product attributes for the 125 products linked to plans identified as health insurance providers.[5] Web sites generally classify products into product lines (HMO, POS, PPO, and indemnity); only 6.4 percent of products had no product-line designation. Network status is almost always available on Web sites (96 percent), and PCP sign-up requirements is available about 75 percent of the time.

Tax status, which was available on Web sites for about two-thirds of the products (65.5 percent), and model type, available for only 47 percent, also are available from Interstudy for many plans. Model type is available for HMO plans, and tax status is available for HMO and PPO plans. (In addition, Interstudy provides information on corporate structure: parent and

subsidiary relationships, geographic coverage, and whether or not a Blue Cross/Blue Shield plan.)

However, other items had high rates of missing data and are not likely to be available from other sources. Referral requirements and out-of-network coverage were available on Web sites for 62 percent of the products; self referral coverage was available for 58 percent.

[5] One plan with two products that was listed in Table II.1 was omitted from Table II.2. We had initially believed that it was part of another plan and did not discover the error until after the Web site review was completed.

Table III.1.

Availability of Product Attributes for Plans with Web Sites

Item Desired	Frequency of Values (125 Products from 29 Plans)[a]			Percentage Available
	Value	Freq.	Percent	
Product Line	0	8	6.40	93.6
1 – HMO (including EPO)	1	44	35.20	
2 – POS	2	35	28.00	
3 – PPO	3	26	20.80	
4 – Indemnity/FFS	4	12	9.60	
Model Type (HMO/POS Only)	0	46	36.80	47.1
	1	1	0.80	
1 – Staff	3	34	27.20	
2 – Group	4	6	4.80	
3 – Network/IPA	5	38	30.40	
4 – Mixed (specify)				
Network	0	5	4.00	95.6
1 – Yes (should apply to all except Indemnity/FFS)	1	107	85.60	
2 – No	2	1	0.80	
	5	12	9.60	
Out of Network Coverage	0	43	34.40	62.3
Does plan cover any costs for out-of-network visits without a referral?	1	51	40.80	
	2	19	15.20	
1 – Yes	5	12	9.60	
2 – No				
PCP Sign-Up	0	28	22.40	75.4
Does product require members to have a PCP to receive maximum coverage for all routine care?	1	61	48.80	
	2	24	19.20	
1 – Yes	5	12	9.60	
2 – No				
Referral Requirements	0	43	34.40	62.3
Is a referral ever required to obtain maximum coverage for an initial visit to an in-network specialist?	1	48	38.40	
	2	22	17.60	
1 – Yes	5	12	9.60	
2 – No				
Self-Referral Coverage	0	48	38.40	57.9
Does product provide at least some coverage for self-referrals to any types of in-network specialists?	1	52	41.60	
	2	13	10.40	
1 – Yes	5	12	9.60	
2 – No				
Tax Status (Plan Based)	0	10	34.48	65.5
1 – For profit (privately held)	1	4	13.79	
2 – For profit (Publicly held)	2	13	44.82	
3 – Nonprofit	3	2	6.90	

[a] One plan with two products that was noted in Table II.1 was omitted from Table II.2. We initially had believed that it was part of another plan, and we did not discover the error until after the pilot test was completed. A value of "0" means that the attribute was not present, and a value of "5" means that the attribute did not apply to that product.

2. Consistency of Reviewer Data

To assess coder reliability in interpreting Web site information, staff members reviewed each other's work. Comparisons were made for single Web page and total Web site reviews. Single page disagreements occurred when individuals viewing the same page corresponding to a given product arrived at different answers. For a single Web page discrepancy to occur, (1) the Web page had to provide sufficient information to accurately determine the status of an attribute for the product, but the reviewer misclassified it; or (2) the Web page contained insufficient information to determine the attribute, but the reviewer incorrectly stated that the information was available. Both problems were defined as classification errors.

Web site disagreements occurred when information about a product was distributed across several pages of a Web site and were classified differently by different reviewers. For example, some Web sites provided a product description on one page, and information about the product's attribute on a different page. A classification error could occur if a reviewer made an incorrect judgment before reviewing the entire site or if she failed to identify the attribute after reviewing the entire Web site.

The results of the staff's review showed moderate levels of Web site disagreement. Staff had little difficulty consistently obtaining correct information about a product from the product's home Web page, but they sometimes disagreed when information was dispersed across several pages of a Web site. We found Web site discrepancies for PCP sign-up status, referral requirements, and out-of-network coverage for about one-sixth of the products reviewed. In future training efforts, we should emphasize the importance of reviewing the complete Web site before making judgments about product attributes.

IV. INSURER FOLLOW-UP CALLS

Because Web sites did not provide information about all insurance product attributes for most plans, we contacted insurers to obtain missing data. Altogether, we contacted 33 plans containing 130 products; these included the 30 risk-bearing health insurance plans that were confirmed from Web searches and the 3 that were coded as incomplete in Table II.1 because it was not clear whether they were insurance companies that determine risk.

A. METHODOLOGY

Interviews were conducted by four professional staff familiar with insurance plan design. Each interviewer was provided with a packet containing a list of the products identified during the Web site search, plan summary information, and a record of contacts (Appendix B). During the telephone interview, the interviewer verified the data obtained from the Web search and added missing information or made corrections, as necessary. The interviewer determined whether each product identified from the Web search was offered in at least one of the counties in the CTS site; confirmed the product list, deleting or adding products, as necessary; verified product attributes (using the product data verification sheet; see Appendix C); and determined the tax status of the company.

Interviewers asked cooperative respondents whether they would be willing to mail plan brochures or member handbooks for each product. Cooperative respondents were sent prepaid Priority Mail packet to supply the requested materials. The plan brochure cover letter is shown in Appendix D.

Interviewers were provided with guidelines for reaching knowledgeable persons and for dealing with gatekeepers and refusals; up to 10 callbacks were made to reach a qualified respondent (Appendix E). Initially, interviewers asked to speak with the person responsible for

responding to product information requests (usually an individual in the public affairs or corporate communications department). In some cases, they were referred to regional offices or headquarters locations, and in others, to marketing or sales departments responsible for products offered locally. Interviewers who could not contact an appropriate respondent through information provided on Web sites tried contacts listed by Interstudy. For most insurers, the most knowledgeable source of information was the marketing department (as was the case for the first two rounds of the Insurer Followback Survey). Numerous follow-up calls were required to obtain interviews; the most successful approach was to leave voice mail messages requesting an interview, and to try to interview the respondent in a subsequent call.

B. FINDINGS

1. Response Outcomes, by Insurer and Products

Table IV.1 provides a summary of follow-up efforts for the 33 plans and their 130 products. Seven of the 33 plans (21.2 percent) identified from the Web search were determined to be ineligible. They included three plans for which we had incomplete information after the Web site review and four plans that appeared to be eligible based on a review of Web site information. Plans that appeared to be eligible based on the Web site review either had out-of-date Web site information or did not offer coverage in the CTS sites, although they offered plans in other parts of the state. For example, although one plan listed three products on its Web site, we found during the follow-up call that it recently had been purchased by another insurer and had become a network. In other cases, follow-up calls determined that plans listed on Web sites as insurers did not offer coverage in CTS sites. These findings suggest that calls to insurers would be helpful not only to obtain missing product data, but also to verify that the insurers offer private insurance products in CTS communities.

The plan response rate was 62 percent (16/26 eligible plans) after two months of calling insurers. Given the brevity of the interview necessary to obtain information we were requesting, we were somewhat disappointed by the cooperation rate.

TABLE IV.1.

OUTCOME OF THE INSURER WEB-BASED RESEARCH

State	Outcome	Plans/Insurers		Associated Products	
		Count	Percent	Count	Percent
SC	Complete	5	71.4	12	70.6
	Refusal	1	14.3	4	23.5
	Ineligible	1	14.3	1	5.9
NJ	Complete	5	45.45	21	46.8
	Refusal	5	45.45	23	48.9
	Ineligible	1	9.1	3	6.3
OH	Complete	6	40.0	34	51.5
	Refusal	4	26.7	20	30.3
	Ineligible	5	33.3	12	18.2
Total	Complete	16	48.5	67	51.5
	Refusal	10	30.3	47	36.2
	Ineligible	7	21.2	16	12.3
	Total	**33**		**130**	

2. Availability of Product Attributes After Insurer Calls

Table IV.2 presents a summary of the final distribution of product attributes among 25 eligible plans (114 products) after the Web site review and insurer follow-up calls.[6] The follow-up calls significantly increased the completeness of data obtained from Web searches (see Table III.2) for model type (from 47 to 74 percent), out-of-network coverage (from 62 to 79 percent),

[6] Due to a misunderstanding, interviewers did not obtain additional information on tax status if it was missing on Web sites. However, this item generally was obtained on prior followback

PCP sign-up (from 75 to 90 percent), referral requirement (from 62 to 90 percent), and self-referral coverage (from 58 to 78 percent). Product line and network status had been obtained on Web sites for more than 90 percent of products, so telephone interviews increased coverage only slightly for those attributes (from 94 to 95 percent for product line, and from 96 to 99 percent for network status).

surveys. In Round 1, we obtained tax status for 97 percent of products; In Round 2, we obtained it for 87 percent. Moreover, tax status is available on Interstudy's database.

TABLE IV.2

AVAILABILITY OF PRODUCT ATTRIBUTES AFTER WEB SITE REVIEW AND INSURER FOLLOW-UP INTERVIEW

Item Desired	Frequency of Values (114 Products from 25 Plans) [a]			Percentage Available
	Value	Freq.	Percent	
Product Line	0	6	5.26	94.7
1 – HMO (including EPO)	1	38	33.33	
2 – POS	2	34	29.82	
3 – PPO	3	24	21.05	
4 – Indemnity/FFS	4	12	10.53	
Model Type (HMO/POS Only)	0	20	17.54	74.4
	1	1	0.88	
1 – Staff	2	1	0.88	
2 – Group	3	29	25.44	
3 – Network/IPA	4	27	23.68	
4 – Mixed (specify)	5	36	31.58	
Network	0	1	0.88	99.0
1 – Yes (should apply to all except Indemnity/FFS)	1	100	87.72	
2 – No	2	1	0.88	
	5	12	10.53	
Out of Network Coverage	0	21	18.42	79.4
Does plan cover any costs for out-of-network visits without a referral?	1	54	47.37	
1 – Yes	2	27	23.68	
2 – No	5	12	10.53	
PCP Sign-Up	0	10	8.77	90.2
Does product require members to have a PCP to receive maximum coverage for all routine care?	1	64	56.14	
1 – Yes	2	28	24.56	
2 – No	5	12	10.53	
Referral Requirement	0	10	8.77	90.2
Is a referral ever required to obtain maximum coverage for an initial visit to an in-network specialist?	1	64	56.14	
1 – Yes	2	28	24.56	
2 – No	5	12	10.53	
Self-Referral Coverage	0	23	20.18	77.5
Does product provide at least some coverage for self-referrals to any types of in-network specialists?	1	59	51.75	
1 – Yes	2	20	17.54	
2 – No	5	12	10.53	

[a] A value of "0" means that the attribute was not present, and a value of "5" means that the attribute did not apply to that product.

3. Product Listings and Attribute Consistency Between Web Sites and Insurer Interviews

Respondents for insurance companies confirmed that their Web sites listed virtually all offered products. Only one plan offered new products that were not listed on its Web site. In Table IV.3, we examine consistency between the Web site review and insurer interview for product attributes that were available from both sources. The results are encouraging for all items except model type, which had only a 59 percent consistency rate. The low consistency rate is less serious for model type than for other items, as this variable can be obtained from Interstudy for most plans.

TABLE IV.3.

CONSISTENCY RATES BETWEEN WEB SITES AND INSURER INTERVIEWS

Product Attribute	Number of Products Compared	Percentage of Products with Web Site and Insurer Interview Consistency
Product Line	61	91.8
Model Type (HMO/POS Only)	27	59.3
Network	56	100.0
Out-of-Network Coverage	40	87.5
PCP Sign-Up Requirement	47	95.7
Referral Requirement	38	89.5
Self-Referral Coverage	40	92.5

NOTE: This table shows consistency rates for plans that were identified on both Web sites and followupinsurerinterviews.

4. Product Attribute Variation at the Contract Level

Respondents for 3 of the 15 plans participating in the follow-up interviews stated that they could not answer questions about some of their product attributes because they negotiated these attributes with individual employers. The respondent for one plan stated that all attributes were negotiated with individual employers, the second stated that out-of-network coverage and referral requirements were negotiated at the employer contract level, and the third stated that only out-of-network coverage was negotiated with individual employers. Even for attributes that are negotiated with individual employers, there may be relatively little variation among contracts within a site. To avoid the cost of contacting individual employers for this information, an option is to ask insurers to answer for the typical contract.

V. SUMMARY

The use of multiple databases to construct a current list of health plans for the pilot study was effective because each source had different strengths and weaknesses. Web sites were easily located through search engines and provided comprehensive product lists at the state level. They did not always provide service areas, but this information could be obtained from other sources. Web sites vary in their level of information about product characteristics, so interviews with insurers were necessary to obtain missing product data, as well as to verify that insurers offer private health insurance products in CTS communities. However, even after combining information obtained from Web sites and from insurers, rates of missing data for some attributes still were relatively high, indicating that it may be necessary to use other sources to obtain these data. Model type and tax status are available from secondary sources, such as Interstudy. Out-of-network coverage could be inferred for most plans from product type, which usually is available from Web sites.

Because of the high cost of reliably obtaining a few attributes and the time required to build a comprehensive insurer database, we decided to suspend the Insurer Followback Survey for Round 3. However, we will use our experience on both the Round 3 pilot study and prior followback surveys to conduct a Round 4 followback. Procedures for conducting that survey will be discussed in a forthcoming technical publication.

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APPENDIX A. WEB SITE PRODUCT AND PRODUCT ATTRIBUTE CODING FORM

STATE_____ SITE ____

1. Company	2. Product	3. Coverage	4. Product Line	5. Model Type (HMO/POS only)	6. Network	7. Out of Network Coverage	8. PCP	9-10. Maximum In-Network Coverage	11. Tax Status
Possible Name Address Phone Contact Data Web-site address Enrollment if available.	We are trying to define a product in terms of consistency for items 6-9 within a CTS market.	Our goal is to obtain information for a product offered within a CTS site. Indicate the geographical area covered by the product.	1 – HMO (including EPO) 2 – POS 3 – PPO 4 – Indemnity/FFS	1 – Staff 2 – Group 3 – Network/IPA 4 – Mixed (specify) 5 – Other	1 – Yes (Should apply to all except Indemnity/FFS) 2 – No	Does plan cover ***any*** costs for out of network visits without a referral? 1 – Yes 2 – No	Does product require members to have a PCP to receive maximum coverage for **all** routine care? 1 – Yes 2 – No Please note whether there is any indication of a soft or hard gatekeeper and explain	Is a referral **ever** required to obtain maximum coverage for an initial visit to an in-network specialist? 1 – Yes 2 – No Does product provide at least some coverage for self-referrals to any types of in-network specialists? 1 - Yes 2 – No (If this language is too restrictive but there is information available please describe)	1 – For Profit (Privately Held) 2 – For Profit (Publicly Held) 3 – Non-Profit

APPENDIX B. SAMPLE INTERVIEWER PLAN CONTACT SHEETS

Followback Survey Insurer Pilot Test Contact Form #8789-100

Insurer: **Aetna US Healthcare**
State: **NJ**
Initial Contact Information:

Name :
Address: 55 Lane Rd., Fairfield, NJ 07004-1011

Phone 1: 973-575-5000
Phone 2: None
Phone 3: None
Web-site: http://www.aetnaushc.com/

CALL RECORD

Date of Attempt	Result of Call	Comments New Address and Contact Information

Followback Survey Insurer Pilot Test Contact Form

Insurer: **Aetna US Healthcare** **State:** **NJ**

County By Site Membership (For Reference Below)

#	Counties
Newark (8)	Essex, Morris, Sussex, Union, Warren
Middlesex(28)	Hunterdon, Mercer Middlesex, And Somerset

Verify Products Offering and If Serves Each Site

#	Name Of Product	Product Exists?	Serves Site? ("X" the site if served)
1	HMO		Newark (8) Middlesex(28)
2	Aetna Open Access HMO		Newark (8) Middlesex(28)
3	US Access		Newark (8) Middlesex(28)
4	Quality Point of Service		Newark (8) Middlesex(28)
5	Elect Choice EPO		Newark (8) Middlesex(28)
6	Aetna Open Access Elect Choice EPO		Newark (8) Middlesex(28)
7	Managed Choice POS		Newark (8) Middlesex(28)
8	Aetna Open Access Managed Choice POS		Newark (8) Middlesex(28)
9	Open Choice PPO		Newark (8) Middlesex(28)
10	Traditional Choice Indemnity Plan		Newark (8) Middlesex(28)
New			Newark (8) Middlesex(28)
New			Newark (8) Middlesex(28)

Company Tax Status: (verify)

(1=for profit privately held, 2=for profit publicly held, 3=nonprofit, 4= other) __2_____

********Contact Name and Address of Respondent *********

Record to send priority mail packet.

Company: _____

Name/Title: _____

Address _____ _____

City _____ State_____ Zip Code _____

Phone (____)_____ Fax # (____)_____

APPENDIX C. SAMPLE INTERVIEWER PRODUCT DATA VERIFICATION SHEET

LISTING OF WEB-SITE IDENTIFIED HEALTH CARE INSURANCE PRODUCTS

Insurer: Aetna US Healthcare
State: NJ
Product Name: HMO

Product Not Applicable (not offered in areas or does not exist from cover) Check

Product Characteristic	Choices	Current Classification	Comments/Changes
Do you think of this product as:	1=HMO 2=POS 3=PPO 4=FFS/Indemnity	1	
If not FFS: Which of the following model types best describes the medical providers available for this product?	1 – Staff 2 – Group 3 – Network/IPA 4 – Mixed (specify) 5 – Other	0	
Is there a directory/network of doctors associated with this product?	1- Yes (Network exists) 2- No (no Network)	1	
Does plan cover **any** costs for *out-of- network* visits without a referral?	1- Yes 2- No	0	
Does product require members to have a primary care doctor (PCP) to receive maximum coverage for all routine care?	1- Yes 2- No	0	
Is a referral **ever** required to obtain maximum coverage for an initial visit to an in-network specialist?	1- Yes 2- No	0	
Does product provide at least some coverage for self-referrals to **any** types of in-network specialists?	1- Yes 2- No	0	

Notes:

_____

_____

APPENDIX D. PLAN BROCHURE REQUEST COVER LETTER

Sheila D. Hoag
Researcher

July 23, 2001

Ms. Laura Tyler
Senior Communications Specialist
Physicians Health Plan of South Carolina
201 Executive Center Drive
Suite 300
Columbia, SC 29210-8438

Dear *Ms. Tyler*:

It was a pleasure speaking with you today about the products *Physicians Health Plan* offers in the state of *South Carolina*. As I mentioned when we spoke, I would like to receive member handbooks or product brochures for the products we discussed *(PHP Choice Plus, PHP Choice,* and *PHP Fundamentals).* These booklets or handbooks should describe the coordination of care both in and out-of-network, through a primary care physician, if applicable. I am enclosing a prepaid, priority mail envelope for this purpose.

As I mentioned during our phone conversation, we will be using these booklets to help us with one component of an ongoing research project called the Community Tracking Study (CTS). The CTS is a national, longitudinal study of changes in local health care systems and the effects of those changes on people. The study is conducted on a two-year cycle by the Center for Studying Health System Change (HSC), which is an independent research organization in Washington, DC, funded exclusively by the Robert Wood Johnson Foundation. The goal of the CTS is to provide policy-makers and private-sector decision-makers with timely, objective information on how the U.S. health care system is changing. More information on the CTS can be found on the HSC web-site at www.hschange.org. Mathematica Policy Research is affiliated with HSC and is involved in numerous aspects of the CTS.

Thanks again for taking time out of your busy schedule for our call today.

Sincerely,

APPENDIX E. INSURER CALL REFERENCE SHEET

Possible points of contact:
Public Affairs
Public Relations
Corporate Communications
Marketing

Voicemail strategy:
Identify self and MPR

Brief explanation: Conducting research project
Trying to confirm basic info on products found on Web site
Should only take 5-10 minutes of your time

Phone number and email address

Once response received, can go into more detail about MPR, CTS, and specific info needed.

Key points to mention:
Need to obtain detailed information on household respondent's health plan benefits.

Attempting to collect key data elements from published sources.

This call attempt to verify accuracy information available publicly.

CTS national longitudinal study of changes in the healthcare system and the effects of those changes on people.

The goal of the research is to provide policy-makers and private-sector decision-makers with timely, objective information on how the U.S. health care system is changing.