

# Appendix A

## Survey Method

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OTA conducted and managed all aspects of the survey, with input and advice on the survey instrument and study design from a contractor, industry officials, the Advisory Panel, and workshop participants.

### *Study Design*

The OTA survey of health insurers was conducted by mail from June 21 to September 29, 1991. The general approach was similar to a 1987 survey OTA conducted for the report *Medical Testing and Health Insurance* (4,5), although the target population differed slightly, as did the method of ensuring anonymity and confidentiality.

### **Survey Populations**

The overall survey population derived from three sources. The commercial health insurer population was obtained from a Health Insurance Association of America (HIAA) list of **member** companies that offer policies to either individuals or medically underwritten groups. The Blue Cross and Blue Shield (BC/BS) survey population was derived from the BC/BS Association's directory (1), and the health maintenance organization (HMO) population was derived from the Group Health Association of America (GHAA) 1991 National Directory of HMOs (2).

For the commercial insurers, OTA sent a copy of the survey and an HIAA letter of endorsement to medical directors of the 225 commercial health insurers identified by HIAA as those that offered either individual or medically underwritten group coverage. The list OTA obtained was 4 years old and in that time well over half of those companies had stopped offering individual coverage (3). The reported response rate for commercial insurers reflects those respondents who returned surveys stating they did not offer either type of coverage, but makes no adjustment for nonrespondents who might also not offer such coverage.

Both the chief underwriter and the chief medical director at 72 of 73 BC/BS plans (Puerto Rico was excluded) were sent surveys; a letter of endorsement from the national BC/BS Association also accompanied this survey. Finally, OTA sent surveys to medical directors at the 50 largest HMOS, as well as to an additional 28 plans that were not among the 50 largest U.S. plans, but were the largest HMO within a State or the largest by HMO model type. (Four HMO model types exist: the staff, group, network, and independent practice association model plans.)

A followup letter was mailed to those whose replies were not received within 3 weeks of the first mailing.

### **Questionnaire Development**

Three separate survey questionnaires were developed to account for slight variations in the types of products each population offers, but the substance of the questions was the same (app. C). The instruments contained some items comparable to the 1987 OTA survey performed for *Medical Testing and Health Insurance* (4). Representatives of HIAA, BC/BS Association, and GHAA reviewed multiple drafts of the questionnaires and provided input on industry practices.

### **Confidentiality**

A respondent identification number was placed on the last page of each questionnaire. This permitted improved sample tracking and allowed identification of duplicate returns. The numbered sticker was affixed using a peel-off label that could be removed by respondents who wished to remain anonymous. Respondents were encouraged to leave the peel-off label on the survey and informed that it would be removed after receipt. After OTA received the questionnaires, the peel-off labels were removed, making the data both anonymous and confidential.

### *Sample Disposition*

Fifty-one commercial insurers that underwrite individual or medically underwritten groups responded. An additional 81 commercial insurance companies responded that they no longer wrote either type of policy. The overall response rate among the 225 organizations was 59 percent. Of the 72 BC/BS surveys sent out, 29 chief underwriters completed a survey (40 percent response rate), as did 18 chief medical directors (25 percent response rate). Of the 78 surveys sent to HMOS, 43 surveys were returned (55 percent response rate); 20 of these respondents offered neither individual nor medically underwritten groups.

### *Appendix A References*

1. Blue Cross and Blue Shield Association Directory (Chicago, IL: Blue Cross and Blue Shield Association, 1990).
2. Group Health Association of America, 1991 *National Directory* (Washington, DC: GHAA, 1991).
3. Raymond, H., Health Insurance Association of America, Washington DC, personal communication, December 1991.

4. U.S. Congress, Office of Technology Assessment, *AIDS and Health Insurance-An OTA Survey, NTIS PB88-170204* (Springfield, VA: National Technical Information Service, February 1988).
5. U.S. Congress, Office of Technology Assessment, *Medical Testing and Health Insurance, OTA-H-384* (Washington, DC: U.S. Government Printing Office, August 1988).