Index

A
Accountable health plans, 72,75
Administrative changes under reform
analyses of proposals that reform the private insurance market, 142-144
analyses of single-payer proposals, 133-142
the baseline numbers, 144-145
evidence on administrative costs under a single-payer system, 145-148
evidence on administrative costs under private insurance market reform, 148-151
findings and policy implications, 17-18, 151-152
introduction, 131-133
Affordable Health Care Now Act of 1993 (H.R. 3080/S. 1533), 102
Agency for Health Care Policy and Research, 112-115, 128-129
AHCPR. See Agency for Health Care Policy and Research
American Health Security Act of 1993 (H.R. 1200/S. 491)
administrative changes under reform, 131, 133, 135, 140
cost controls, 23, 29, 38, 46
insuring uninsured people, 103, 110
uncertainty in selected estimates of NHE under health reform, 163-164, 165
as universal coverage proposal, 102
American Hospital Association, 147
American Medical Association, 142, 147, 148
Analyses of reform proposals
administrative changes under reform, 133-144
analysts’ process of coming to estimates, 8
cost controls, 29-42
critical assumptions in estimates of policy changes, 10
general findings, 3-14
insuring uninsured people, 103-119
managed competition and HMO enrollment, 72-81
OTA’s use of empirical research literature, 9
Applying government cost controls. See Cost controls
B
Barer and colleagues study, 63
Baseline spending by uninsured people, 17,99, 129
Block and colleagues study, 54
C
California
administrative cost estimates based on comparisons with California data, 140, 141-142, 147
California Public Employees’ Retirement System, 83-84, 92
CalPERS. See California, California Public Employees’ Retirement System
Canada
administrative cost estimates based on comparisons with Canadian system, 140, 141-142, 145-146, 148
hospital payments, 56
physician payments, 63-64
Canadian-style single-payer system
administrative savings under, 131
analysis of, 105, 164
CBO. See Congressional Budget Office
Clinton Administration analysis of the Health Security Act
administrative changes under reform, 143-144
cost controls, 32-33
insuring uninsured people, 112-115, 116
managed competition and HMO enrollment, 80
Collaboration between analytic organizations and the larger research community, 19
Community ratings, 83
Comprehensive Family Health Access and Savings Act (H.R. 3918/S. 1807), 102
Comprehensive Health Reform Act of 1992 (H.R. 5919)
administrative changes under reform, 144
Congressional Budget Office
administrative changes under reform
American Health Security Act of 1993 analysis, 133, 135, 140
Comprehensive Health Reform Act of 1992 analysis, 144
Health Care Cost Containment and Reform Act of 1992 analysis, 144
Health Security Act analysis, 144
Managed Competition Act of 1992 analysis, 144
approach to estimating demand response, 105, 111
approach to estimating numbers of newly insured people without universal coverage, 119, 120-121
cost controls
American Health Security Act of 1993 analysis, 38-39, 40
effectiveness rating criteria, 34-37, 40, 41
Health Care Cost Containment and Reform Act of 1992 analysis, 41
Health Security Act analysis, 33-38
Universal Health Care Act of 1991 analysis, 39-40
insuring uninsured people
American Health Security Act of 1993 analysis, 110
Health Security Act analysis, 115, 117-118
Managed Competition Act of 1992 analysis, 119
single-payer system analyses, 105
on Lewin-VHI’s analytical methods, 112
managed competition and HMO enrollment
Health Security Act analysis, 80
Managed Competition Act of 1992 analysis, 75, 77, 81, 83, 86, 91
on Spillman study techniques, 127
uncertainty in selected estimates of NHE under health reform, 163-164, 165
Congressional Research Service, 93
Conservative Democratic Forum, 78
Consumer Choice Health Security Act (H.R. 3698/S. 1743), 102
Cost controls
analyses of managed competition proposals with government cost controls, 80, 81
analyses of managed competition proposals without government cost controls, 72, 75, 77-80
analyses of reform proposals, 29-42
evidence on expenditure limits applied to large sources of funding, 42-46
evidence on premium limits, 46-47
evidence on provider payment controls, 47-67
findings and policy implications, 14-15, 67-68
introduction, 21-23
key government cost-control strategies, 22, 23-29
Coulam and Gaumer review, 50-52
CRS. See Congressional Research Service
D
Detsky and colleagues study, 56
Documentation of estimates, 18-19
E
Economic and Social Research Institute
Managed Competition Act of 1992 analysis, 77-78, 81, 86, 91
single-payer system analysis, 141
Economic Stabilization Program, 48-49, 61
Empirical evidence. See Review of the evidence
Employer contribution limits, 84
Enrollment issues. See Managed competition and health maintenance organization enrollment
Enthoven, Alain, 69
ESP. See Economic Stabilization Program
Estimates of Health Care Proposals from the 102nd Congress, 75
Expanded coverage. See Insuring the uninsured
Expenditure limits applied to large sources of funding, 42-46
F
Federal Employees Health Benefits Program, 83-84, 86, 93
Fee-for-service plans vs. health maintenance organizations
costs to consumer, 16, 82, 95
expenditures, 81, 91-92, 95
utilization, 86-88, 91
FEHBP. See Federal Employees Health Benefits Program
FFS plans. See Fee-for-service plans vs. health maintenance organizations
Findings and policy implications
administrative changes under reform, 17-18, 151-152
background information, 1-3, 19-20
cost controls, 14-15, 67-68
findings summary, 3-18
insuring uninsured people, 17, 129-130
managed competition and HMO enrollment, 15-16, 95-96
policy implications summary, 18-19
France
hospital payments, 56-57

GAO. See General Accounting Office
General Accounting Office
administrative costs under a Canadian-style
system analysis, 164
administrative costs under a single-payer system
analysis, 142
CalPERS study, 92
hospital cost comparisons, 54-55, 57-58
physician payment study, 66
Generalizing to health reform, 88, 91
Germany
expenditure limits, 45-46
hospital payments, 57-58
physician payments, 64-66
Gold and colleagues study, 50-52, 54
Government cost controls. See Cost controls
Group Health Association of America, 79
Grumbach et al. analysis of single-payer system, 142

H
Hafner-Eaton study, 124
Hahn study, 124-125
Hay/Huggins study, 143, 149-150
HCFA. See Health Care Financing Administration
Health alliances
administrative changes under reform, 132-133,
142-144, 148-151
managed competition and HMO enrollment, 83,
84
Health Care Cost Containment and Reform Act of
1992 (H.R. 5502)
administrative changes under reform, 144
cost controls, 23, 29, 41
insuring uninsured people, 118
Health Care Cost Containment and Reform Act of
1993 (H.R. 200)
cost controls, 29
insuring uninsured people, 118
Health Care Financing Administration, 79, 112-115,
125, 128, 145
Health Equity and Access Reform Today Act (H.R.
3704/s. 1770)
administrative changes under reform, 131
insuring uninsured people, 102
Health Insurance Association of America, 79,
149-150
Health Interview Survey, 119, 123
Health maintenance organizations. See Managed
competition and health maintenance organization
enrollment
Health plan purchasing cooperatives
administrative changes under reform, 132-133,
142-144, 148-151
managed competition and HMO enrollment, 84
Health Security Act (H.R. 3600/S. 1757)
administrative changes under reform
administrative savings claims, 131
CBO analysis, 144
Clinton Administration analysis, 143-144
Lewin-VHI analysis, 142-143
cost controls
CBO analysis, 33-38
Clinton Administration analysis, 32-33
key strategies, 23
Lewin-VHI analyses, 33
premium limits, 46-47
insuring uninsured people
CBO analysis, 115, 117-118
Clinton Administration analysis, 112-115, 116
Lewin-VHI analysis, 112
as universal coverage proposal, 102, 103
managed competition and HMO enrollment
CBO analysis, 80
Clinton Administration analysis, 80
generalizing to health reform, 88
introduction, 69
Lewin-VHI analyses, 78-80, 81, 86, 91
overview of analyses, 72
uncertainty in selected estimates of NHE under
health reform
CBO analysis, 163-164, 165
Lewin-VHI analysis, 164, 166
HEP program. See Hospital Experimental Payments
program
HIAA. See Health Insurance Association of
America
HIE. See Rand Health Insurance Experiment
HIS. See Health Interview Survey
HMOS. See Managed competition and health main-
tenance organization enrollment
Hospital Experimental Payments program, 54-55
Hospital overhead savings. See Provider overhead
savings
Hospital payment controls
in Canada, 56
Economic Stabilization Program, 48-49
in France, 56-57
in Germany, 57-58
Hospital Experimental Payments program, 54-55
introduction, 48
Medicare Prospective Payment System, 49-52
in the Netherlands, 58-60
state mandatory hospital rate-setting programs,
52-54
summary, 55, 60
Hughes and colleagues study, 64

Implications of uncertainty in selected estimates of NHE under health reform, 10-12, 18-19, 163-167
Improving the estimation process, 19
An Inconsistent Picture, 2
Incremental costs of coverage, 99, 112-118, 119,
128, 129
Individual Practice Associations, 87
Information required to estimate the effects of insur-
ing uninsured people, 104
Insurance-induced demand
CBO on, 110, 112, 115, 117-118
cost of, 99
evidence on utilization with expanded coverage,
119, 120-125
Insurance market reform. See Private insurance mar-
ket reform
Insurer overhead savings
the baseline number, 144-145
evidence on costs under a single-payer system,
145-146
findings and policy implications, 151-152
introduction, 131-133
under private insurance market reform, 143-144
under single-payer proposals, 133, 135, 140-142
Insuring uninsured people
analyses of proposals that phase in coverage,
118-119
analyses of universal coverage proposals,
105-118
basic analytic approaches, 103-105
evidence on expenditures with expanded cover-
age, 125, 127-129
evidence on utilization with expanded coverage,
119, 120-125
findings and policy implications, 17, 129-130
introduction, 97-99
provisions of proposals that phase in coverage,
102-103
provisions of universal coverage proposals,
99-102
International experience with government cost con-
trols, 55-60, 63-66
IPAs, See Individual Practice Associations

L
Lewin-VHI
administrative changes under reform
Health Security Act analysis, 142-143
single-payer system analysis, 140
cost controls (with)
Health Security Act analysis, 33, 80
cost controls (without)
Health Security Act analysis, 78-80, 81, 86, 91
insuring uninsured people
Health Security Act analysis, 112
Starr’s managed competition proposal
analysis, 110, 112
uncertainty in selected estimates of NHE under
health reform
Health Security Act analysis, 164, 166
Long and Marquis review of past studies, 122
Long and Marquis study, 123-124, 128

M
Maarse and colleagues study, 59-60
Managed Competition Act of 1992 (H.R. 5936)
administrative changes under reform
CBO analysis, 144
insuring uninsured people, 102
managed competition and HMO enrollment
CBO analysis, 75, 77, 81, 83, 86, 91
ESRI analysis, 77-78, 81, 86, 91
overview of analyses, 72
public employee insurance programs
compared with, 83-84
Managed Competition Act of 1993 (H.R. 3222/S.
1579)
administrative changes under reform, 131
insuring uninsured people, 102
managed competition and HMO enrollment, 69
Managed competition and health maintenance orga-
nization enrollment
analyses of managed competition proposals with
government cost controls, 80, 81
analyses of managed competition proposals with-
out government cost controls, 72, 75, 77-80
findings and policy implications, 15-16, 95-96
forms of managed care and health maintenance
organizations, 76
introduction, 69-72
will increasing HMO enrollment save money?,
86-91
will managed competition have a continuing im-
pace on the NHE growth rate?, 81, 91-95
will people join HMOs?, 81-86
Managed Competition in Health Care: Can It Work?, 77-78
Managed competition universal coverage proposals, 110, 112-118. See also Managed competition and health maintenance organization enrollment; specific legislation, i.e. Health Security Act (H.R. 3600/s. 1757)
Measures of effectiveness of cost controls, 44-45
Medical Group Management Association, 147
Medicare
data from reports, 147
fee schedule for physician services, 61-63
rates, 135, 140, 145-146
Medicare Prospective Payment System, 49-52
Medicare Tax Equity and Fiscal Responsibility Act, 79, 87
Methods of the study, 158-162
Minnesota
state employee insurance program, 83-84, 93, 94
Missouri
state employee insurance program, 83-84

N
National Health Accounts, 125, 128
National Health Interview Survey, 124
National Health Interview Survey Health Insurance Supplement, 79, 86
National Medical Care Utilization and Expenditure Survey, 123, 125
National Medical Expenditure Survey, 79, 86, 119, 123-125, 128-129
The Netherlands
hospital payments, 58-60
New York
Hospital Experimental Payments program, 54-55
NMCSUES. See National Medical Care Utilization and Expenditure Survey
NMES. See National Medical Expenditure Survey

O
Omnibus Budget Reconciliation Act of 1989, 61-62
Overhead costs. See Administrative changes under reform; Insurer overhead savings; Provider overhead savings

P
Patient cost-sharing, 17, 99, 102, 112
Phased-in coverage proposals, 102-103, 118-119.
See also specific legislation, i.e. Managed Competition Act of 1992 (H.R. 5936)
Physician overhead savings. See Provider overhead savings
Physician payment controls
in Canada, 63-64
Economic Stabilization Program, 61
in Germany, 64-66
introduction, 60-61
Medicare fee schedule for physician services, 61-63
summary, 66-67
Physician Payment Review Commission, 62-63
Policy implications. See Findings and policy implications
Pooling of small firms. See Health alliances; Health plan purchasing cooperatives
PPRC. See Physician Payment Review Commission
PPS. See Medicare Prospective Payment System
Premium costs, HCFA and AHCPR methods for projecting, 112-115
Premium growth rates
CBO analysis of the Health Security Act, 37-38
Clinton Administration analysis of the Health Security Act, 32-33
Lewin-VHI analysis of the Health Security Act, 33
and managed competition impact on the NHE growth rate, 91-92, 95
Premium levels
CBO analysis of the Health Security Act, 33
Clinton Administration analysis of the Health Security Act, 32
as indicator of savings due to increased HMO enrollment, 87
Lewin-VHI analysis of the Health Security Act, 33
Premium limits
analyses of managed competition proposals with government cost controls, 80, 81
evidence on, 46-47
Premiums, risk-adjusted, 84, 86
Private insurance market reform
analyses of proposals, 142-144
evidence on administrative costs under reform, 148-151
findings summary, 17-18
introduction, 132-133
ProPAC, See Prospective Payment Assessment Commission
Prospective Payment Assessment Commission, 50-52
Provider overhead savings
the baseline numbers, 144-145
findings and policy implications, 151-152
introduction, 131-133
under private insurance market reform, 143-144
under single-payer proposals, 133, 135, 140-142, 147-148
Provider payment controls
hospital payment controls, 48-60
introduction, 47-48
physician payment controls, 60-67
summary, 66-67
Providing insurance to uninsured people. See Insuring uninsured people
Public employee insurance programs, 83-86, 92-95
Purchasing blocs. See Health alliances; Health plan purchasing cooperatives

Rand Health Insurance Experiment, 87, 119, 122-123
Review and negotiation of rates and premiums, 94-95
Review of the evidence
administrative changes under reform, 144-151
cost controls, 42-67
general findings, 6, 8-9
insuring uninsured people, 119-129
managed competition and HMO enrollment, 81-95
research and data collection, 19
Risk-adjusted premiums, 84, 86
Rochester’s Hospital Experimental Payments program, 54-55

Sensitivity analyses, 18, 163-167
Sheils and colleagues’ analysis, 110, 112
Single-payer proposals. See also specific legislation, i.e. Universal Health Care Act of 1991 (H.R. 1300)
administrative costs under, 145-148
administrative savings under, 131-133
analyses of generic proposals, 105
analyses of reform proposals, 133-142
findings summary, 17-18
SIPP. See Survey of Income and Program Participation
Small-firm insurance load, 143, 144, 149-150
Spillman study, 123, 125, 127-128
Standards of evidence, 43
Starr’s managed competition proposal, 110, 112
State employee insurance programs, 83-86, 92-95
State mandatory hospital rate-setting programs, 52-54
Studies. See Review of the evidence
Survey of Income and Program Participation, 119, 123
Tax policy, managed competition and, 75, 77
Uncertainty in selected estimates of NHE under health reform, 10-12, 18-19, 163-167
Underwriting limits, 132-133, 142-144, 150-151
Uninsured people. See Insuring uninsured people
Universal coverage proposals, 17, 99-102, 105-118. See also specific legislation, e.g., American Health Security Act of 1993 (H.R. 1200/S. 491)
Universal Health Care Act of 1991 (H.R. 1300)
cost controls, 39-40
insuring uninsured people, 102, 103
Urban Institute study, 61
Utilization
assumptions made by analysts, 99
evidence on utilization with expanded coverage, 119, 120-125
HMO enrollment effects on, 81
HMO vs. FFS utilization, 86-88, 91
Volume performance standards, 62
VPS. See Volume performance standards
Washington State
premium limits, 47
Wisconsin
state employee insurance program, 83-84, 93
Wolfe and Moran study, 55-56
Woolhandler and Himmelstein analysis of a single-payer system, 141-142