
Appendix A
SURVEY QUESTIONNAIRE

NOTE:

The following pages reproduce the survey questionnaire sent to the commercial health insurers. The questionnaire was modified slightly for the Blue Cross/Blue Shield plans and Health Maintenance Organizations to include proper terminology and reflect differences in rating and enrollment practices.

CONGRESSIONAL OFFICE OF TECHNOLOGY ASSESSMENT

DIAGNOSTIC AND PREDICTIVE MEDICAL TESTS PROJECT

SURVEY OF HEALTH INSURANCE COMPANIES

I. GENERAL INFORMATION

Company: _____

Address; _____

Contact Person: _____

Title: _____

Telephone: _____

PLEASE NOTE: This survey focuses on three health insurance populations (1) Individuals who seek insurance independently and without any association with an employer or membership group of any kind. (2) Individually underwritten groups, those groups which are too small to qualify for experience rating and whose members must be individually underwritten. (3) All other groups employee and other groups which do not require individual underwriting (except in the case of late entrants) .

Please refer only to these three populations when responding to the questionnaire.

Conversions should be excluded from your response In addition, we prefer that you exclude Medigap insurance from your responses. If, because of reporting or other reasons, you must include Medigap policies please check the box below:

[1] YES, Medigap policies and statistics are included in our responses to this survey.

QUESTIONS: Please call Jill Eden at the Office of Technology Assessment (telephone: 202-228-6590).

II. UNDERWRITING PRACTICES

A. For each category of coverage, please estimate the proportion of health insurance applicants for whom:

	<u>Individual</u>	<u>Individually Underwritten</u> <small>GrOUPS</small>	<u>All Other Groups</u>
1. An attending physician statement (APS) is required.	_____ %	_____ %	_____ %

** If a APS is required, which of the following factors trigger an APS request? (check all that apply)

- diagnosis or symptoms reported on application or examination
- age
- sex
- M.I.B., Inc.
- inspection report
- sexual orientation
- drug abuse history
- late group applicant
- geographic area
- other, please specify: _____

2. A physical exam is conducted.	_____ %	_____ %	_____ %
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** If a physical exam is conducted, which of the following factors trigger a request for a physical? (check all that apply)

- diagnosis or symptoms reported on application
- APS findings
- age
- sex
- MIB, Inc.
- inspection report
- sexual orientation
- drug abuse history
- late group applicant
- geographic area
- other, please specify: _____

	<u>Individual</u>	<u>Individually</u> <u>Underwritten</u> GROUPS	<u>All</u> <u>Other</u> GROUPS
3. Blood or urine screens are performed.	_____ %	_____ %	_____ %

** If screening is performed, please indicate the names of the tests included in the screen: (Or attach a list)

Blood

Urine

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

4. A financial or personal investigation is conducted (e.g. ,motor vehicle or credit checks) .	_____ %	_____ %	_____ %
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B. For individually underwritten applicants, please indicate the importance of each of the following factors in determining insurability: (Note the response definitions below. For each factor, place a check in only one of the columns.)

	<u>Very Important</u>	<u>Important</u>	<u>Unimportant</u>	<u>Never Used</u>
1. age	_____	_____	_____	_____
2. type of occupation	_____	_____	_____	_____
3. avocation (e.g., skiing or skydiving)	_____	_____	_____	_____
4. financial status (i.e., income or credit worthiness)	_____	_____	_____	_____
5. health endangering personal habits (e.g., alcohol or drug abuse)	_____	_____	_____	_____
6. health enhancing personal behavior (e.g., premium credits for non-smokers)	_____	_____	_____	_____
7. illegal or unethical behavior (e.g., criminal or questionable business practices)	_____	_____	_____	_____
8. place of residence	_____	_____	_____	_____
9. sexual orientation	_____	_____	_____	_____
10. other, specify: _____	_____	_____	_____	_____

PLEASE NOTE THESE DEFINITIONS:

Very Important - Critical to underwriting process can affect acceptance/rejection.

Important - Always considered but will never by itself affect acceptance/rejection. It may, however, influence coverage limits (e.g. exclusions or waiting period) and/or premium.

Unimportant - Rarely affects acceptance/rejection, coverage limits, or premium -- unless in conjunction with other more important factors.

Never Used - Never considered.

C. Please answer the following questions regarding your company's AIDS policies:

	<u>Individual</u>	<u>Individually Underwritten CrouD</u>	<u>All Other Groum</u>
1. Do you attempt to identify applicants who have been exposed to the AIDS virus?(check one for each category)			
- yes	[1	[1	[1
- no, but plan to	[1	[1	[1
- no, and no plans to	[1	[1	[1
other, specify: _____	[1	[1	[1

*w If yes (or "no, but plan to"), please indicate the following:
(All others go to **question #2**, next page)

a. Screening method (check all that apply) :

- question(s) on application	[1	[1	[1
attending physician statement	[1	[1	[1
- ELISA only	[1	[1	[1
- ELISA and Western blot (if positive ELISA)	[1	[1	[1
- T-cell subset study	[1	[1	[1
other blood tests, specify: _____ _____	[1	[1	[1

	<u>Individual</u>	<u>Individually Underwritten Groups</u>	<u>All Other Groups</u>
b. <u>Which applicants are (or will be) required to have an AIDS blood test?</u>			
All applicants	[1	[1	[1
Applicants at high risk for AIDS	[1	[1	[1
c. <u>If only applicants at high risk for AIDS are tested, who is selected? (check all that apply)</u>			
all males	[1	[1	[1
applicants with history of sexually transmitted disease	[1	[1	[1
hemophiliacs	[1	[]	[1
applicants with history of receiving blood transfusions	[1	[1	[1
drug abusers	[1	[1	[1
other, specify: _____	[1	[1	[1
2. How many of your insureds have you reimbursed for AIDS-related claims?			
	_____	_____	_____
- please specify related time period:	_____	_____	_____
3. If available, please indicate your company's projected AIDS-related claims costs for 1987.			
	\$ _____	\$ _____	\$ _____
4. If your company has had AIDS-related claims, what percent of the individuals with AIDS have been found to have a preexisting condition for AIDS? (check one for each category)			
- 0 percent	[1	[1	[]
- 1 to 9percent	[1	[1	[]
- 10 to 50 percent	[1	[1	[]
- greater than 50 percent	[1	[1	[]

5. Does your company plan to do any of the following, in response to the financial impact of AIDS (please check all that apply):

- Withdraw from the individual health market altogether []
- Exclude AIDS and/or sexually transmitted diseases from individual health coverage []
- Reduce company exposure in the individual and small group health markets (e.g. , by introducing more restrictive underwriting guidelines). []
- Expand HIV or other testing of applicants []
- Other, specify: _____ []

III. INDIVIDUAL AND SMALL GROUP STATISTICS

	<u>Individual Policies</u>	<u>Individually Underwritten Groups</u>
A. Average number of applications per year	_____	_____
B. Please indicate proportion of individuals that are: (numbers should total 100%)		
- accepted at standard rates	_____ %	_____ %
- covered with an exclusion waiver ~	_____ %	_____ %
- covered with a rated premium only	_____ %	_____ %
covered with an exclusion waiver ~ rated premium	_____ %	_____ %
- declined	_____ %	_____ %
	<hr style="width: 100%; border: 0.5px solid black;"/> 100 %	<hr style="width: 100%; border: 0.5px solid black;"/> 100 %
	m	z
C. If members of individually underwritten groups are not rated, ridered, or declined on an individual basis, what proportion of the groups, as a whole, are:		
accepted with a rated premium	_____ %	
- declined	_____ %	

D. This question concerns individually underwritten policies only. Read the list below and place a check in column 2 next to the ten diagnoses which account for the largest proportion of your claims costs. In column 3, please estimate the proportion of total costs that each of the top ten diagnoses represents. In column 4, rank the ten diagnoses (i.e., 1 - 10) in order of cost.

DIAGNOSIS	(1) ICD9-CM CODES	(2) TOP TEN	(3) ESTIMATED % OF TOTAL COST	(4) RANK
1 AIDS and related conditions*	See note below.		_____ %	_____
2 Diseases of the blood and blood-forming organs and immunity (excluding AIDS and related conditions)	280-289		_____ %	_____
3 Circulatory system (please specify below)				
Essential hypertension	401	[]	_____ %	_____
Heart disease	391-392, 402, 404, 410-416, 420-429	[]	_____ %	_____
Cerebrovascular disease	430-438		_____ %	_____
Other circulatory system disorders	390, 392.9, 399-400, 403, 405-409, 417-419, 430-459, 785	[]	_____ %	_____
4. Congenital abnormalities/conditions of perinatal	740-779, V30-V39	[]	_____ %	_____
5. Diseases of the digestive system	520-569, 787	[]	_____ %	_____
6. Diseases of the ear, nose and throat	380-389, 460-464, 784	[]	_____ %	_____

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Cont'd on next page

*Note: Please include any insured diagnosed with AIDS, ARC, or any opportunistic infection thought to be AIDS-related.

DIAGNOSIS	(1) ICD9-CM CODES	(2) POP TEN	(3) ESTIMATED % OF TOTAL COST	(4) RANK
7 Endocrine, nutritional, and metabolic diseases				
Diabetes mellitus	250	[]	_____ %	_____
Other	240-249, 251-279, 783	[]	_____ %	_____
8 Diseases of the eye	360-379	[]	_____ %	_____
9 Diseases of the female reproductive system	614-629	[]	_____ %	_____
10. Diseases of the liver, gallbladder and pancreas	570-579, 789	[]	_____ %	_____
11 Infectious and parasitic diseases	001-139	[]	_____ %	_____
12. Injury, poisoning, and toxic effects of drugs	800-939, 940-999, E800-E998	[]	_____ %	_____
13 Diseases of the kidney and urinary tract	580-599, 788	[]	_____ %	_____
14. Diseases of the male reproductive system	600-608	[]	_____ %	_____
15. Mental disorders	290, 293-302, 306-319	[]	_____ %	_____
16 Diseases of the musculoskeletal system and connective tissue	710-739	[]	_____ %	_____
17 Neoplasms (please specify below if possible)				
Malignant neoplasm of trachea, bronchus and lung	162, 197.0, 197.3		_____ %	_____
Malignant neoplasm of breast	174 - 175, 198.81	[]	_____ %	_____
Other neoplasms	140-161, 163-174, 176-196, 197.2, 197.4-198.8, 199-239	[]	_____ %	_____

Cont'd on next page

<u>DIAGNOSIS</u>	(1) <u>ICD9-CM CODES</u>	(2) <u>TOP TEN</u>	(3) <u>ESTIMATED % OF TOTAL COST</u>	(4) <u>RANK</u>
18. Diseases of the nervous system	320-359, 780-781	{ }	_____%	_____
19 Pregnancy, childbirth, and the puerperium	630-676		_____%	_____
20 Diseases of the respiratory system	465-519		_____%	_____
21 Diseases of the skin, subcutaneous tissue, and breast	680-709 610-611, 782		_____%	_____
22 Substance use (including alcohol) and induced organic disorders	291 292, 303-305		_____%	_____

IV. MATERIAL REQUESTS

Please attach a sample of the following (for individually underwritten applicants only):

1. individual application
2. individual policies or brochures
3. attending physician statement (if used)
4. lab report form (if used)
5. list of uninsurable medical conditions, diagnoses for which coverage will not be offered
(If a complete list is unavailable please list the fifteen most common uninsurable conditions).
6. list of medical conditions requiring a temporary or permanent exclusion waiver (if used)
(If a complete list is unavailable please list the fifteen most common conditions).
7. list of medical conditions requiring a rated premium (if used)
(If a complete list is unavailable, please list the fifteen most common conditions).

V. COMMENTS

Please return survey in the enclosed, stamped envelope to: Jill Eden, Office of Technology Assessment, Health Program, United States Congress, Washington, D.C. 20510-8025.