

# OTA Survey Questionnaire

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NOTE: The following pages reproduce the OTA 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 ASSESSMENTDIAGNOSTIC AND PREDICTIVE MEDICAL TESTS PROJECTSURVEY OF HEALTH INSURANCE COMPANIESI. 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*, i.e., those groups which are too small to qualify for experience rating and whose members must be individually underwritten. (3) *All other groups*, i.e., 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 responses. 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:

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</u>	<u>All</u>
_____ %	_____ %	_____ %
	<u>Underwritten Groups</u>	<u>Other Groups</u>

1. An attending physician statement (APS) is required.

\*\* If an 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. \_\_\_\_\_ %

\*\* 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 Underwritten Groups</u>	<u>All Other Groups</u>
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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

\_\_\_\_\_

\_\_\_\_\_

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4. A financial or personal investigation is conducted (e.g. , motor vehicle or credit checks) .

\_\_\_\_\_ %

\_\_\_\_\_ %

\_\_\_\_\_ %

3. 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 Group</u>	<u>All Other Groups</u>
1. Do you attempt to identify applicants who have been exposed to the AIDS virus? (check one for each category)			
- Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- no, but plan to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- no, and no plans to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other, specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*\* 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
- attending physician statement
- ELISA only
- ELISA and Western blot (if positive ELISA)
- T-cell subset study
- other blood tests, specify: \_\_\_\_\_

	<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	[ ]	[ ]	[ ]
- Applicants at high risk for AIDS	[ ]	[ ]	[ ]
c. <u>If only applicants at high risk for AIDS are tested, who is selected? (check all that apply)</u>			
- all males	[ ]	[ ]	[ ]
- applicants with history of sexually transmitted disease	[ ]	[ ]	[ ]
- hemophiliacs	[ ]	[ ]	[ ]
- applicants with history of receiving blood transfusions	[ ]	[ ]	[ ]
- drug abusers	[ ]	[ ]	[ ]
- other, specify: _____	[ ]	[ ]	[ ]
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 to 9 percent	[ ]	[ ]	[ ]
- 10 to 50 percent	[ ]	[ ]	[ ]
- Greater than 50 percent	[ ]	[ ]	[ ]

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>
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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 <u>only</u>	_____ %	_____ %
	covered with a rated premium <u>only</u>	_____ %	_____ %
	covered with an exclusion waiver and rated premium	_____ %	_____ %
	declined	_____ %	_____ %
	<u>TOTAL</u>	100 %	100 %

C. If members of individually underwritten groups are not rated, rideder, 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 notes 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	391-392.0, 393-398, 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 anomalies of perinatal conditions	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, 7/14	[ ]	_____ %	_____

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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.

<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>
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	800-139	[ ]	_____ %	_____
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, 197 197 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		_____ %	_____

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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 individual y 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, i.e., 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

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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.

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