

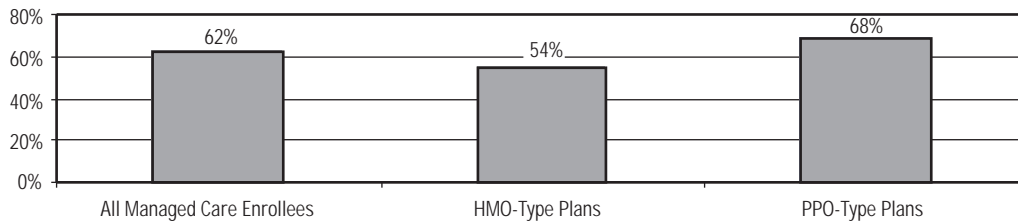
MANAGED CARE CONFUSION

Today, 87 percent of workers participating in a health plan are in some form of managed care. As recently as 1992, only 48 percent were in what today is commonly known as managed care. The 1999 HCS reveals that this change in how Americans' health care is provided is a source of great confusion to almost all. Not only are Americans confused about the type of care they receive, their confusion begins with the very term "managed care" itself.

Those in Managed Care Don't Understand What They Have

- The majority of people in managed care plans think they have never been in managed care (62 percent). Americans in PPO-type plans (preferred provider organization) are more likely than individuals in HMO-type plans (health maintenance organization) to report they have never been enrolled in managed care (68 percent vs. 54 percent).
- Six percent of Americans with traditional fee-for-service health insurance think they are currently enrolled in managed care. One-in-6 report they were previously enrolled in managed care (18 percent).

Percentage of Americans Who Report That They Have Never Been Enrolled in Managed Care



Source: Employee Benefit Research Institute.

Education Needed

- While most Americans with health insurance are in a managed care plan, very few Americans are familiar with the term "managed care health plan."

Extremely or very familiar with managed care	19%
Somewhat familiar with managed care	26
Not too or not at all familiar with managed care	53

- Most Americans base their opinion of managed care on something other than their own personal experience.

Opinion based on own experience with a managed care plan	29%
Opinion based on what was learned from friends and family	23
Opinion based on what was learned from the media	29
Opinion based on another source or don't know	17

Note: Plan type is categorized by the number of managed care plan design features (out of a total of four) a respondent reports as describing his or her health plan. Individuals enrolled in plans with three or four plan design features are considered to be in "HMO-type" managed care plans; individuals enrolled in plans with one or two of these features are considered to be in "PPO-type" managed care plans; and individuals enrolled in plans with none of the four features are considered to be in "traditional" fee-for-service insurance plans. All respondents older than age 65 are considered to be Medicare participants.

Source: 1999 Health Confidence Survey.