

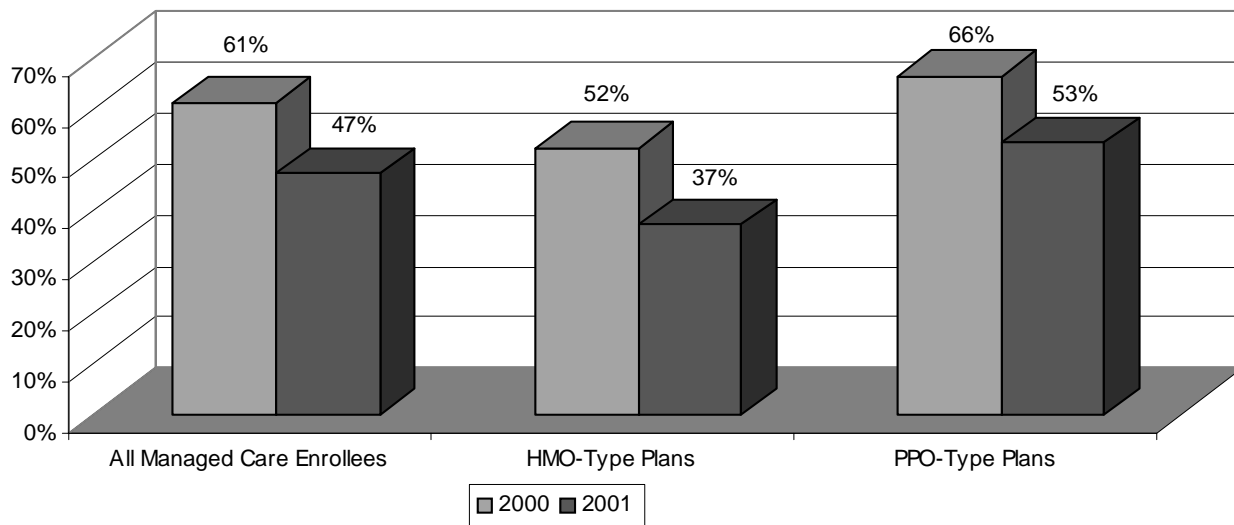
Managed Care Confusion

Currently, about 90 percent of workers participating in a health plan are in some form of managed care. As recently as 1992, only 48 percent were in managed care plans. This change has been a source of confusion to many Americans.

Understanding Has Improved, But Many Managed Care Enrollees Still Unaware

- The majority of Americans reported that they have never been in a managed care plan (58 percent). Eleven percent said they didn't know whether they were now or had ever been in managed care.
- Forty-seven percent of those now enrolled in managed care reported never being in a managed care plan (chart 1). Those in PPO-type plans (preferred provider organizations), a less restrictive type of managed care, were more likely than individuals in HMO-type plans (health maintenance organizations) to report never being in managed care (53 percent versus 37 percent).
- In 2000, 61 percent of managed care enrollees reported never being enrolled. Specifically, 66 percent of those in PPOs and 52 percent of those in HMOs reported never being enrolled.

Chart 1
Percentage of Managed Care Enrollees Who Report
That They Have Never Been Enrolled in Managed Care



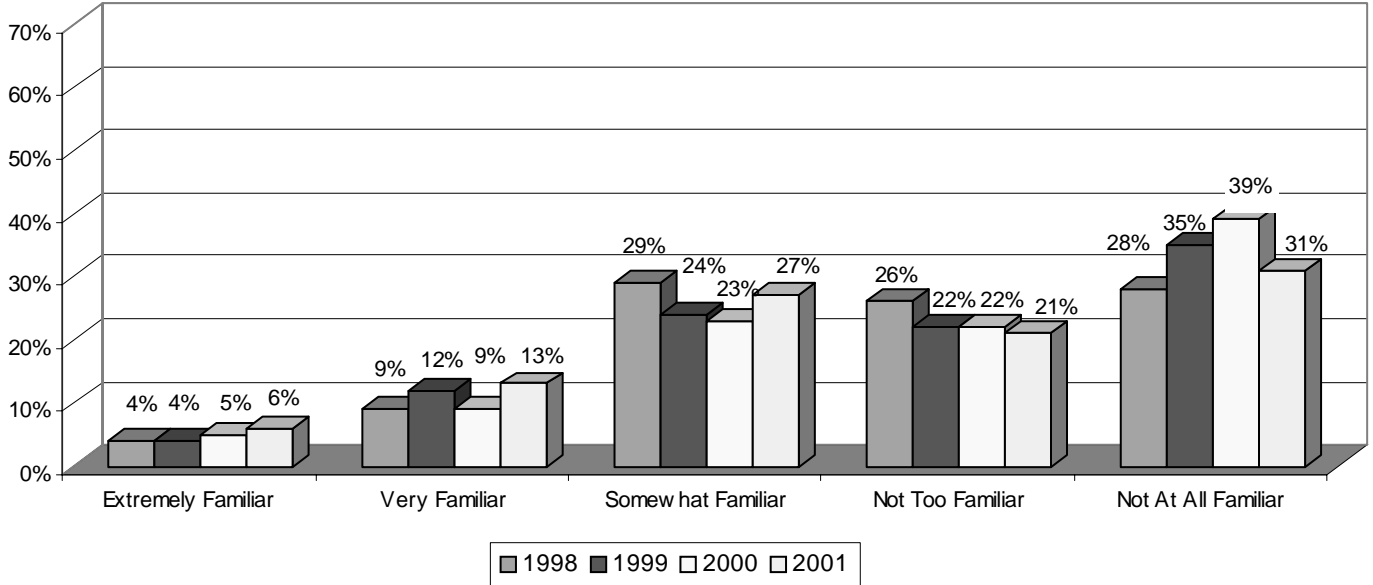
Familiarity Improving, But Education Still Needed

While familiarity with managed care health plans is increasing, a large proportion of Americans remain unfamiliar with the concept (chart 2).

- In 2001, 19 percent said they were extremely or very familiar with managed care, up from 14 percent in 2000.
- More than half (52 percent) were not too or not at all familiar with managed care health plans in 2001, down from 61 percent in 2000.

- Nearly one-third (31 percent) reported that they were not at all familiar with managed care health plans in 2001, down from 39 percent in 2000.

Chart 2
Familiarity With Managed Care Health Plans



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.

Source: 2001 Health Confidence Survey.