

“Crosswalk” Between OHP and Commercial Insurance

The Oregon Health Plan defines covered benefits using a prioritized list of condition/treatment pairs. Most commercial policies define benefits by using 1) covered benefits or inclusions, 2) exclusions from coverage, and 3) limitations of the benefits. The following analysis compares and contrasts the two approaches. The goal is to determine how easily the OHP Prioritized List might be translated into a commercial insurance policy. The HRSA State Planning Grant staff reviewed the major health plans offered in Oregon, comparing plans from both the individual and group market to the OHP Prioritized List. Cost-sharing differences, such as copays, coinsurance and premium sharing, were not included in this comparison.

The Major Health Insurers in Oregon Based on Enrollment¹:

Top 3 HMDI's (Indemnity)	Top 3 HMO's (Includes PPO's)	Others
1. Regence Blue Cross	1. Kaiser	Lifewise
2. ODS Health Plans	2. Providence	Pacificare
3. Pacificsource	3. Regence Blue Cross	Healthnet

Inclusions—Comparison of OHP with Commercial Plans:

- *Indemnity plans rarely cover preventive care:*
Preventive care, a key feature of the OHP Prioritized List, is not covered in most of the indemnity plans in Oregon. This includes lack of coverage for such preventive care as immunizations, PAP smears, and physicals. If it is covered, it is only with high co-insurance or an additional rider. Dental and vision care are written as separate policies and require additional cost to the employer, employee or both.
- *HMO's and PPO's are similar to OHP but don't all include dental and vision:*
The OHP Prioritized List is more similar to current HMO and PPO policies, which *do* include preventive care as covered benefits. OHP includes dental and vision (with limitations and exclusions) as an entire package of benefits. Any premium cost comparisons need to take this into account. Several plans offer tobacco dependence treatment, as does OHP. However, some, like Providence and Kaiser, require additional payment for tobacco cessation classes.
- *Most commercial plans use guidelines for some covered services and most preventive services:*
The Health Services Commission continues to add guidelines to make the Prioritized List reflect the most current and cost-effective treatment. Several condition/treatment pairs have guidelines, and the preventive care benefits reflect the U.S. Preventive Services Task Force Guidelines. Plans from Regence, Providence and Healthnet, as well as several other insurers, cover preventive care using the same or similar guidelines. Several plans use diabetes treatment guidelines to define their extent of coverage.

Exclusions—Comparison of OHP with Commercial Plans:

Overall, 32 % of the OHP Prioritized List's condition/treatment pairs that fall below the line are similar to commercial plan exclusions. This represents about 30% of the overall cost of these excluded lines.

- OHP *excludes* most cosmetic and reconstructive treatment, similar to the major commercial plans in Oregon, with both having the exemption for breast cancer.

¹ From Oregon Dept. of Consumer and Business Services. "Members Enrolled in Reportable Health Plans in Oregon by Insurer, as of December 31, 2000"

- OHP *excludes* routine foot care, similar to the major plans in Oregon, with both having the exemption for diabetes.
- OHP *excludes* “experimental, investigational, or unproven” conditions, similar to the major plans in Oregon.
- OHP *excludes* the treatment of obesity or weight control, similar to the majority of plan policies reviewed.
- OHP *excludes* the treatment of TMJ conditions, similar to the majority of plan policies reviewed.
- OHP *excludes* the treatment of infertility and treatment of sexual dysfunctions, similar to the majority of plan policies reviewed.

Also, it is notable that the commercial health plans track limitations and exclusions by ICD-9 and CPT codes, as does the OHP Prioritized List.

The commercial plans’ exclusions do not specifically address the rest of the OHP conditions/treatment pairs that fall below the line. However, many of these OHP exclusions could be described using the language or intent of commercial policies. For instance:

- Sixteen percent of the condition/treatment pairs define treatments that are not medically necessary due to being “futile care” (care for conditions that cause minimal or no improvement in a person’s health status). This represents an additional 30% of the cost of items falling below the line. Most commercial plans don’t exclude these in exactly the same manner. They do, however, exclude “services *not medically necessary* as determined by [the health plan].” The specifics of what is medically necessary may vary from plan to plan. The OHP Prioritized List process is more explicit through the ongoing work of the Health Services Commission and its public discussions. It would seem that these OHP “exclusions” (futile condition/treatment pairs that fall below the line) could also be described as “services *not medically necessary* as determined by the Health Services Commission.”
- Twelve percent of the condition/treatment pairs (representing about 16% of the cost of items below the line) are self-limiting conditions. Both OHP and commercial plans would cover the initial care to arrive at a diagnosis. While no further care would be covered under OHP, it is uncertain how much care would be provided for these under a commercial plan. Conditions such as viral colds, Hepatitis A and infectious mononucleosis would not usually require additional visits or services.

The remaining 40% of the condition/treatment pairs represent 23% of the cost of items below the line. These are a variety of conditions and treatments that were ranked lower in priority when faced with a limited OHP budget. It would be more difficult to “crosswalk” these excluded condition/treatment pairs to commercial language.

Limitations of Benefits—Comparison of OHP with Commercial Plans:

- *Commercial plans all have limitations on mental health benefits:*
While there is wide variation among plans on their mental health benefits, no one commercial plan currently reflects the same equal ranking with medical and surgical conditions of the OHP Prioritized List. All plans have placed limitations on number of visits or on overall financial limits on usage of these benefits.

- *Commercial plans all have limitations on rehabilitation services:*
With some variation, most plans restrict the number of visits or timing of services such as inpatient and outpatient rehabilitation (i.e., physical therapy, occupational therapy). In OHP, coverage is determined by the ranking of the diagnosis.
- *Most OHP limitations are similar to those of commercial plans:*
Besides sharing similar guidelines, OHP is similar in restriction of benefits. An example of this is that eyeglasses are allowed only every 2 years, which is similar to some commercial (separate) vision plans.

Conclusions:

- Commercial plans rely on exclusions, limitations of benefits and cost sharing to define benefits, while the OHP Prioritized List relies on explicit ranking of services. Even though the approaches differ, the practical impact may actually be quite similar.
- OHP is most similar to commercial HMO or PPO benefit policies, due to their mutual emphasis on prevention.
- OHP includes dental and vision, while most commercial products sell these services under separate policies.
- The commercial plans have significantly more limitations on specific benefit services than OHP, while OHP has a lengthier list of exclusions of condition/treatment pairs. However, of the costs of condition/treatment pairs below the OHP funding line:
 - ~ **30%** of the costs are similar to commercial exclusions.
 - ~ **30%** of the costs are defined as futile care that could correspond to the commercial language of “not medically necessary.”
 - ~ **16%** of the costs are for self-limiting conditions, covered for diagnosis by both OHP and commercial. They likely don’t incur significant further services or expense.
 - ~ **Only 23%** of the costs of the OHP exclusions don’t easily correspond to commercial exclusion language.
- While there are notable benefit similarities between OHP and commercial plans, the various cost-sharing aspects of the commercial plans are dramatically different from the minimum premium contributions of some OHP enrollees.

This is one of a series of papers discussing issues related to universal health coverage for low-income uninsured Oregonians. This work is supported by a grant from the Health Resources and Services Administration. As more information is gathered, the papers will change. Views and ideas expressed within these papers are not intended to reflect those of any particular group, unless so noted, but are intended to inform and stimulate discussion and debate on critical health care coverage strategies. For the most recent revision, please visit the grant team’s Web site: http://www.ohppr.org/hrsa/index_hrsa.htm, or call 503/418-1067 to request the paper in an alternate format.

Comparison of OHP with Commercial Plans

Similarities

Inclusions

- Office visits
- Immunizations
- Diabetic supplies
- Surgery
- Skilled nursing facility
- Emergency Room
- Prenatal and maternity care
- Ambulance
- Home health care
- Hospital care
- Provider care in hospital
- Hospice
- Durable medical equipment
- Prescription drugs (commercial with copays)

Some Plans include:

- *Chiropractic/acupuncture*
- *Chemical dependency*

Exclusions

- Cosmetic procedures
- Reconstructive (except after breast cancer)
- Routine foot care
- Experimental, investigational
- Obesity and weight control
- TMJ and orthognathic surgery
- Infertility treatments/drugs
- Sexual dysfunction/drugs
- Not medically necessary
- Massage therapy
- Surgery to alter refractive character of eye
- Orthopedic shoes
- In-vitro fertilization
- Gender identity disorders
- “Mental illness tx for which there is no effective care” (Regence)
- Personality disorders
- Counseling or treatment in the absence of illness
- Custodial care
- Care of inmates
- Work-related conditions
- “Benefits not stated” (Regence)
- Exams for employment or insurance purposes

Differences

Inclusions by OHP, Not Commercial

- Family planning (except Kaiser)
- Preventive
 - ~ Dental exam and tx
 - ~ Eye exams and eyeglasses
 - ~ Unlimited mental health if diagnosis above the line
 - ~ Vision coverage
 - ~ Physicals (except HMO, PPO's)
 - ~ Hearing aids

Inclusions by Commercial, Not OHP

- Allergy injections (for seasonal allergies)

Limitations by Commercial Plans Not Restricted by OHP*

- Mental health
- Chemical dependency
- Rehabilitation services
- Hospice (maximum dollar limit)
- Emergency ambulance transport

Exclusions by Commercial, Not OHP

- Family planning (except Kaiser)
- Preventive services (indemnity plans)
- Dental and vision benefits
- Prescription drugs (some indemnity plans)
- Private duty nursing (some plans)
- Mental retardation and autism for age > 7 years

Exclusions by OHP, Not Specifically Excluded in Commercial

- Certain medical and surgical conditions that are considered self-limited or the treatment is futile.

Draft

*limited by number of visits or by maximum dollar amount