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Insurance Plan at GHC 1997-2005

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Background: Health services research often requires an understanding of health plan categories as a proxy for the ways in which services are accessed and costs are covered. Deriving a satisfactory classification from health plan data may be a challenge. Changes over time also need to be examined.

Methods: The Access Initiative Study at includes people enrolled in the group-staff model plan of Group Health Cooperative for at least one month between 1997-2005. Warehoused health plan data collected for the Access Initiative were explored to determine plan categories. Where an enrollee had dual coverage through their spouse, their primary coverage was assigned to the coverage where they were subscriber. The working aged were classified as having commercial coverage rather than Medicare.

Results: A cross-cutting classification was derived with the first dimension contrasting Group-Staff model plans versus Point of Service plans and the second dimension categorizing the payor as commercial, Medicare, Medicaid, other state-specific lower income plans, or Individual and Family plans available to those otherwise unaffiliated. A yearly snapshot of plan classification in January of each year from 1997-2005 was graphed over time to examine trends.

Conclusions: General patterns are evident in the data. Within some gradual decline in overall enrollment, specific groups appear to be diminishing. In particular, enrollment in income entitlement groups (Medicaid, state plans) is decreasing. There is also some diminishment in commercial plans, perhaps reflecting the national trend for fewer employers to offer health insurance. Assessment of the utility of this classification scheme in the overall research is pending.