Christian Funk

Law and Practice of Private Health Insurance and Managed Care

Diploma Thesis



Bibliographic information published by the German National Library:

The German National Library lists this publication in the National Bibliography; detailed bibliographic data are available on the Internet at http://dnb.dnb.de .

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Law and Practice of Private Health Insurance and Managed Care

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Diplomarbeit an der Technischen Universität Darmstadt Prüfer Prof. Dr. jur. U. H. Schneider Lehrstuhl für Zivilrecht, Deutsches und Internationales Januar 2000 Abgabe



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Funk, Christian: Law and Practice of Private Health Insurance and Managed Care / Christian Funk - Hamburg: Diplomarbeiten Agentur, 2000 Zugl.: Darmstadt, Technische Universität, Diplom, 2000

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Acknowledgements

This paper was written during a student exchange program between Georgia State University, Atlanta and Technische Universität Darmstadt in the fall semester of 1999. I would like to thank Prof. Blasi and Prof. Schneider for setting up and maintaining this exchange program and for giving students the chance to experience studying abroad. I hope that those who follow will enjoy this experience as much as I did.

I would like to thank Prof. Blasi also for his warm welcome and the way he cared, making me feel at home from the very first days on. Furthermore, this paper gained a lot through his valuable suggestions and ideas.

During my stay in Atlanta I met a lot of people, who all contributed their part to make my time in this city a unique and unforgettable experience. First of all, special thanks are due to my roommates of apartment 404 NW (you guys are the best roommates I could possibly get!), Karen Butler, Jochen, Andreas, the "Law and Econ" class of Prof. Ghosh, and Mareike, Daniela and Jin-Ju. I also thank Yolanda and Terrance on behalf of the library team, which supported me in many ways in writing this paper.

Numerous companies and organizations helped me in my research and provided important information. Thanks are due to Kaiser Permanente, Blue Cross/Blue Shield of Georgia, Prudential, Marriott, Signal Iduna, Central, AOK, and Praxisnetz Berlin.

I am very grateful to Edwin Kolen, Director of IBA, for reviewing my paper despite of his tight schedule and for giving me valuable suggestions.

Finally, I would like to thank all my friends who stayed in touch with me during the last 4 month. Special thanks are due to Katherina, Björn, and my brother Benjamin.

Last not least I want to thank my parents for supporting me and for making this experience possible. Thank you all!

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Abbreviations

AAHP	American Association of Health Plans
AMA	American Medical Association
AWP	any willing provider
COC	continuity of care
DRG	diagnosis-related groups
e.g	exempli gratia
ed	edition
ЕРО	exclusive provider organization
ER	emergency room
ERISA	Employment Retirement Income Security
et al	et alii
etc	et cetera
FFS	fee-for-service
FOC	freedom of choice
GDP	gross domestic product
GSG	Gesundheitsstrukturgesetz
GYN	gynecologist
HCFA	Health Care Financing Administration
НІАА	Health Insurance Association of America
HIPAA	Health Insurance Portability and
	Accountability Act
НМО	health maintenance organization
id	Idem
IPA	independent practice association
KV	Kassenärztliche Vereinigung
MC	managed care
MCO	managed care organization
MSA	medical savings account
MSO	management services organization
NCPA	National Center for Policy Analysis

NCQA	National Committee for Quality Assurance
no	number
NOG	Neuordnungsgesetz
OB	obstetrician
OOP	out-of-pocket
p	page
PCE	preexisting conditions exclusion
PCP	primary care physician
PGP	prepaid group practice
POS	point of service
PPMC	physician practice management company
PPO	preferred provider organization
PSO	provider sponsored organization
RFP	request for proposal
RVS	relative value scale
TPA	third-party administrator
U.S	United States
UM	utilization management
UR	utilization review
URO	utilization review organization
vo1	volume
w/	with
w/o	without

1 Introduction

A true revolution has taken place in the financing of health care in America. Today, managed care is dominating the way Americans receive and pay for their health care.

With the rise of managed care medicine has been wrenched out of its atomized world of solo physician practices and community hospitals and has been transformed into a modern industry of giant for-profit companies traded on Wall Street. The current marketplace is characterized by mergers, acquisitions and the establishment of giant multi-billion dollar healthcare networks. Hospitals and managed care plans run big advertisement campaigns in the media, praising their products and services in order to get the biggest share possible of the \$1.1 trillion¹ America spends on health care each year. All parties involved in providing health care lobby for their interests at all levels of political decision-making in order to influence legislators and policymakers.

Today's health care market changes quickly and at a high rate. New variations of managed care arise constantly making any analysis of managed care an ongoing game of "catch-up" with the marketplace. While writing this paper, for example, UnitedHealthcare dropped one of the major managed care instruments, utilization review, to address public's concerns and pending legislation. This paper will take a "snapshot" of managed care on the eve of the new millennium by using the most recent information available.

After this introduction, the paper will give a description of the current American health care system in chapter two (The U.S. Health Care System). Then, the paper will focus on two aspects: A detailed description of managed care in chapter three (Managed Care) and an introduction of the main issues connected with this way of providing health care in chapter four (Managed Care issues). The paper will argue in chapter five (Results and Future Developments), that managed care of the future will

¹ HCFA (1998)