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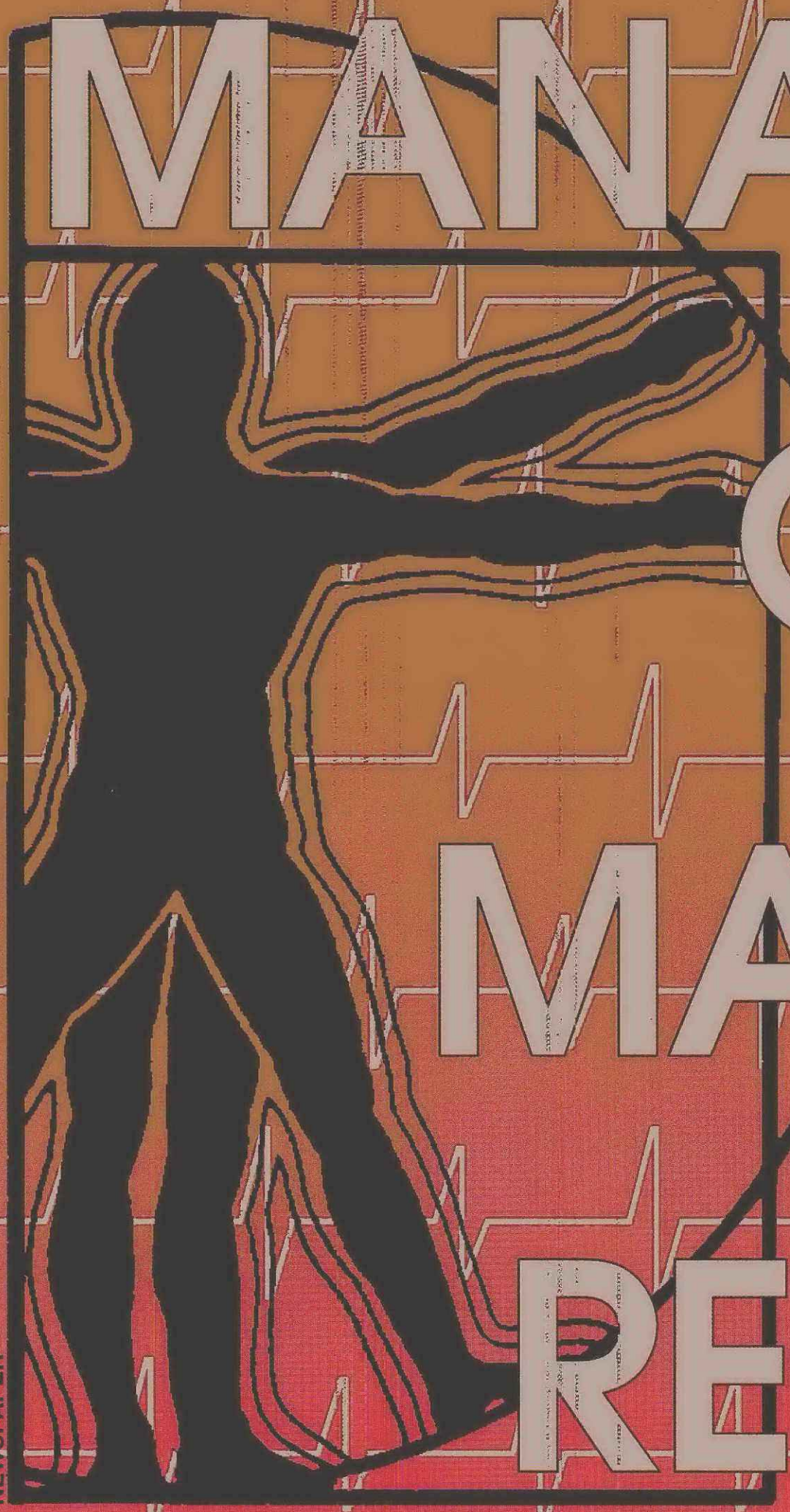
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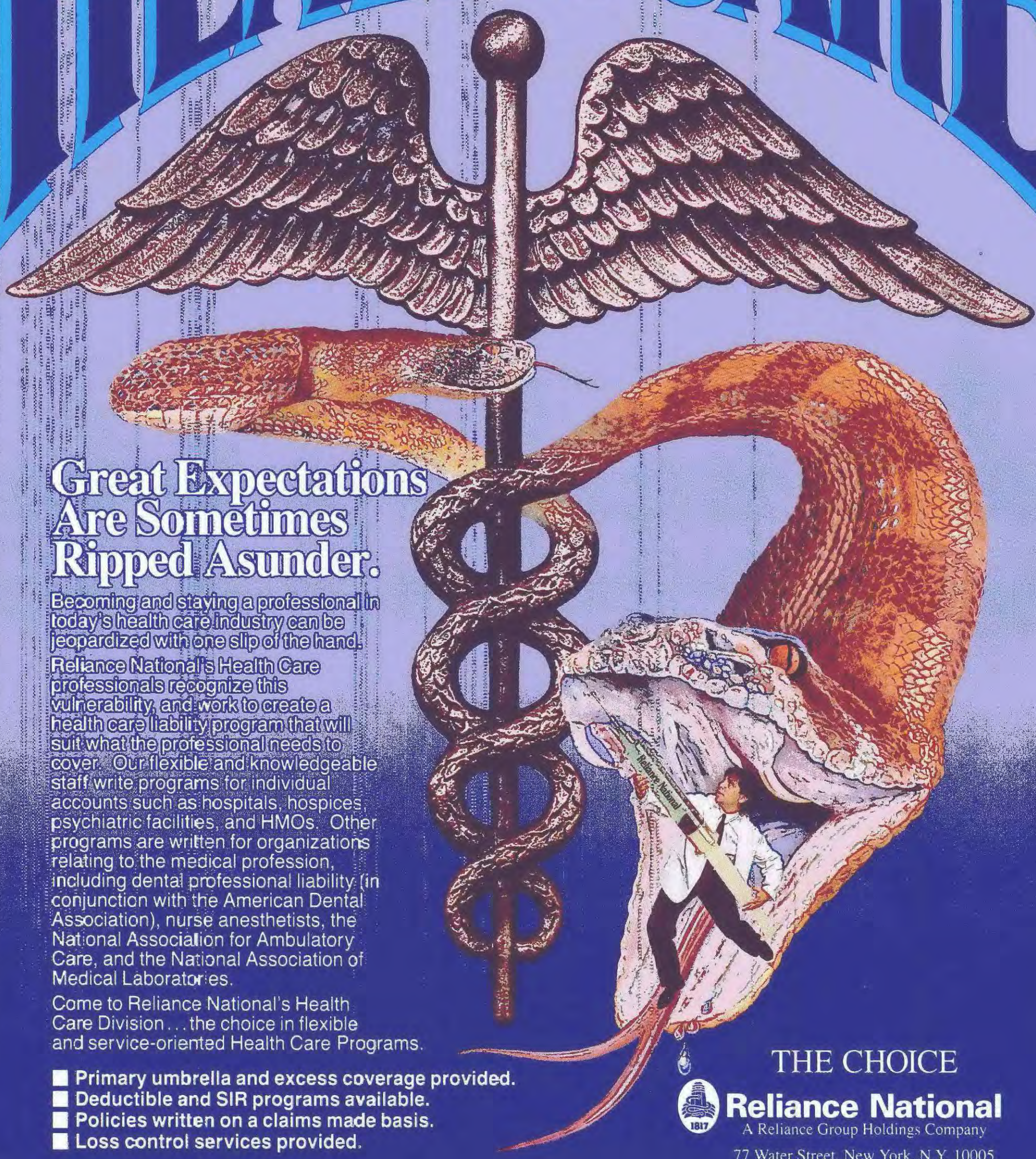
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FOCUS ON QUALITY CARE

Top 10 general service HMOs

Ranked by number of employees and dependents in employer groups as of June 30, 1991

Plan (Sponsor)	Employees and dependents in employer groups	Participating employer/payer groups	Tax status	Corporate headquarters
Kaiser Permanente Medical Care Program (The Permanente Medical Groups, Kaiser Foundation Hospitals, Kaiser Foundation Health Plans)	5.9 million	43,447	Not for profit	Oakland, Calif.
Blue Cross & Blue Shield Plan HMOs (Blue Cross Blue Shield Assn.)	5.2 million	N/A	Varies	Chicago
CIGNA Healthplan Inc. (CIGNA Corp.)	2.2 million	N/A	For profit	Hartford, Conn.
United HealthCare Corp.	1.4 million	N/A	Varies	Minneapolis
Aetna Heath Plans (Aetna Life & Casualty Co.)	1.3 million	10,000	Varies	Middletown, Conn.
U.S. Healthcare Inc.	1.2 million	11,423	For profit	Blue Bell, Pa.
Health Insurance Plan of Greater New York	997,519	7,292	Not for profit	New York
Prudential Health Plans (The Prudential Insurance Co. of America)	971,509	NA	For profit	Roseland
Health Net	819,145	2,371	Not for profit	Woodland Hills, Calif.
Sanus Corp. Health Systems	661,000	3,615	For profit	Fort Lee, N.J.

Note: Humana Health Care Plans (HMO & PPO) reports 1.6 million members as of June 30, 1991.

Source: *BI* survey

Top 10 general service PPOs

Ranked by number of employees and dependents in employer groups as of June 30, 1991

Plan (Sponsor)	Employees and dependents in employer groups	Participating employer/payer groups	Tax status	Corporate headquarters
Blue Cross & Blue Shield Plan PPOs (Blue Cross Blue Shield Assn.)	13.9 million	N/A	Varies	Chicago
USA Healthnet Inc. (Columbia American Corp.)	8.5 million	112	For profit	Phoenix
The Affordable Network	5.0 million	1,885	For profit	Downers Grove, Ill.
Preferred Health Care Ltd.	3.3 million	43	For profit	Wilton, Conn.
MetLife Network (Metropolitan Life Insurance Co.)	2.9 million	247	For profit	Norwalk, Conn.
Preferred Health Network	2.7 million	12,000	For profit	Long Beach, Calif.
Anthem Health Systems Inc. (Associated Group Insurance Co.)	2.6 million	N/A	For profit	Indianapolis
Beech Street	2.5 million	86	For profit	Irvine, Calif.
Prudential Health Plans (The Prudential Insurance Co. of America)	2.2 million	N/A	For profit	Roseland, N.J.
Aetna Health Plans (Aetna Life & Casualty Co.)	2.0 million	9,000	For profit	Middletown, Conn.

Source: *BI* survey

GRAPHICS BY JOHN HALL

Clear goals necessary to pick among broad field of providers

Employers demand more accountability in cost and quality

By LOUISE KERTESZ

Employers faced with a dizzying, ever-expanding array of managed care products can use a two-step process to select a provider.

First, employers should clarify their goals, experts advise. Then, only after their expectations are clear, should they evaluate key features of managed care organizations with which they may contract.

In setting managed care goals, employers must first decide "how restrictive they want to be with their employees. Many times the employer doesn't have a sense that there are trade-offs here," warns Dr. Thomas Mayer, a principal with William M. Mercer Inc. in Los Angeles.

For example, an employer may not realize that "a very large network interferes with the ability to actually get good cost savings," Dr. Mayer explained.

Employers should focus on function, not form, when choosing a managed care program, agreed Kathryn Abernethy, national practice leader for employee benefit consultant TPF&C, a division of Towers, Perrin, Forster & Crosby Inc. in Arlington, Va.

She advised employers to ask themselves two basic questions about any managed care program:

- Does it work?
- Does it make sense?

"Employers throughout the '80s have been reacting to 25% increases in (health insurance) premiums and throwing a dizzying array of products at that problem, so now it is not unusual to have 12 different products at one site," pointed out Dr. Roger Taylor, national leader of The Wyatt Co.'s health care practice in Washington, D.C.

"The advantage is that there are thousands of options. The disadvantage is the confusion it creates, which is all the more important reason" for employers to first decide which managed care strategy is best for them, Dr. Taylor said.

"The industry has advanced to the point where companies can now choose the best vendor for managed care and the best networks and the best claims payer. That could be one company or three or more companies," he explained. But, in making those choices, an employer must determine "what's the most value to be added."

While employers' expectations about managed care differ, by and large employers are seeking "increased accountability. . .both from a cost and quality standpoint," said Michael Thompson, vp of managed medical operations at The Prudential Insurance Co. of America in Roseland, N.J.

In deciding which managed care organizations to contract with, employers should "narrow down the choices to those that have demonstrated a strong history of quality and cost (containment) and employee satisfaction and that are willing to work with (employers) to comply with the specific standards which they ask of them," Mr. Thompson asserted.

But determining a health maintenance organization's or a preferred provider organization's commitment to quality is no easy task.

"What an employer wants to know is whether they are getting good value for their money. . . .Everyone still is struggling with how an employer assures themselves of that," noted Marsha Gold, director of research and analysis at the Group Health Assn. of America, an HMO trade group in Washington, D.C.

In attempting to evaluate an HMO's quality of care, employers "are struggling to see how much they should do themselves and how much to rely on other bodies, like the National Committee on Quality Assurance," whose accreditation process "is still evolving," Ms. Gold said (see story this page, and page 12).

Continued on page 6

Measuring health care quality

Value replaces bottom line in evaluating care

By JOANNE WOJCIK

If the 1980s was the decade of health care cost containment, the 1990s are fast becoming the decade of health care quality management.

Using data from employer groups, numerous studies are being conducted by managed care organizations, insurers and research organizations to measure outcomes and determine the most appropriate treatment patterns.

The goal of these projects is to succeed where the 1980s' cost containment efforts have stumbled, if not failed, since it is universally agreed that good quality health care also is the most cost-effective health care.

In a pamphlet espousing the virtues of "Buying Value in Health Care," the National Assn. of Manufacturers sums it up this way: "Do the right job and do it right the first time, every time."

"We've learned that higher quality can cost a lot less," by observing the Japanese manufacturing process, said Dr. Donald Berwick, associate professor of pediatrics at Harvard Community Health Plan in Boston and president of the Institute for Health Care Improvement.

"The Japanese beat us not by throwing money at production, but by producing high-quality products at a price that makes them a good value," he said.

"Quality improvement is a key policy strategy, as are efforts to improve the delivery system with an emphasis on coordination of care"—the new buzzword for managed care, said Alan Peres, manager of benefits planning for Ameritech Corp. in Chicago and chairman of NAM's Health Care Subcommittee, during House Ways and Means Committee testimony this fall on a small group health care reform bill.

To reform the health care system, NAM recommends, among other things, that research on practice guidelines and outcomes be expanded and that states require hospital physician data to be publicly available to assist purchasers in making informed health care buying decisions.

While in the past the only outcomes from medical care that were routinely evaluated were morbidity and mortality data—or statistics on the number of deaths and illnesses—financial pressures and new technology demand measurement of other variables, like geographic variations in care, patient satisfaction with the medical encounter, degree of disability and psychological well-being, NAM says.

"Most people think of bad-quality health care like pornography. They can't define it, but they think they'll know it when they see it," said Dr. Bill Mayer, a consultant with The Wyatt Co. in Washington, D.C., paraphrasing Supreme Court Justice Potter Stewart's famous remark. "But that's not true," he said. "Quality health care can be defined and quantified."

Unfortunately, some health care organizations believe they are improving health care quality by weeding out the providers who practice outside what have been deemed acceptable practice parameters.

But improving the quality of health care is "not like gardening," Dr. Mayer stressed. "You will achieve greater benefits through fertilizing than weed-pulling."

Continued on page 8

Defining exclusive provider organizations

Variety of EPO structures confusing to buyers: Experts

By JOANNE WOJCIK

In the alphabet soup of health care benefits jargon, a new acronym has emerged.

But the EPO—or "exclusive provider organization"—is generating a lot of confusion since it appears to have as many definitions as there are vendors selling the product.

Because of this, benefit consultants advise employers considering an EPO to study the product carefully to make sure they get what they want.

No one has an exact definition of an EPO, but most agree that it resembles a health maintenance organization—with some major differences.

"You've heard the expression, if it walks like a duck. . .? Well, it's not an HMO, but it looks like, smells like and tastes like an HMO," said Glenn Meister, a principal with A. Foster Higgins & Co. Inc. in Los Angeles.

Most observers agree that a true EPO is a closed network of providers, like an HMO, that utilizes "gatekeeper" primary care physicians. However, unlike an HMO, an EPO plan is often self-funded by the employer. And, in cases where an EPO operates as an insured product, it almost always is experience rated rather than community rated like most HMOs.

"It's a legal artifact," according to Charles T. Bell, senior vp at Aetna Health Plans Inc., a division of Aetna Life & Casualty Co. in Hartford, Conn. "It's a way of conducting HMO business outside of an HMO license."

"EPOs are oriented toward the self-insured market," said Dr. Roger Taylor, national leader of The Wyatt Co.'s health care practice in Washington, D.C.

"The EPO has evolved as an HMO look-alike which, when serving self-insured employers, has the advantage of avoiding state benefit mandates," he said. Under federal law, states cannot require self-insured plans to offer certain types of benefits.

Another advantage to EPOs is flexibility. EPO provider contracts and claims administration systems are usually customized to fit the individual employer. This, Dr. Taylor explained, makes it easier for an employer offering an EPO to allow employees to use out-of-network providers and still receive partial coverage, much like a point-of-service plan.

In fact, many point-of-service plans utilize EPOs rather than HMOs, experts point out.

"EPOs were developed in response to employer concern that they were overpaying HMOs," Mr. Meister explained.

Because employers had difficulty negotiating capitation rates with HMOs based on their employees' experience and were barred by law from contracting on an administrative services only basis, insurers began developing a hybrid HMO-like product and called it an EPO.

EPOs usually are sold on an ASO basis, with the employer paying a capitated fee for claims administration services and access to the provider network, which usually resembles an independent practice association model HMO.

Some EPOs permit an employer to tailor its network to the needs of employees.

While EPOs are treated as a self-insured plan from a financing and regulatory standpoint, the EPO operates similar to an HMO, experts explain. In both, employees select a primary care physician, who directs their care within a closed network.

"The traditional EPO product is similar to an HMO with no out-of-plan benefits and a gatekeeper," explained Carol Staples, assistant vp of preferred provider organization marketing at CIGNA Corp.

Many of these hybrid products are being developed by insurers that already offer PPOs in response to employers' desire to control utilization in addition to capping unit costs, consultants say.

"A PPO that offers an EPO is evolving into an HMO," said Aetna's Mr. Bell. "It's just one more example of how indemnity is moving toward managed care."

However, some vendors are marketing products dubbed EPOs that are nothing more than preferred provider organizations within another PPO, warns Judy R. Lerner, a principal with William M. Mercer Inc. in Los Angeles.

While on the surface such arrangements may appear to be more effective managed care tools because they provide greater discounts when using providers within the EPO subset, they still are nothing more than fee-for-service products that offer little control over utilization since they do not utilize gatekeeper physicians, she said.

"Some EPOs are like HMOs without a gatekeeper," Ms. Lerner said. "They were started by PPOs to be more cost-effective, but they've got all the bad parts of both HMOs and PPOs."

Not all EPOs offer gatekeepers, which are essential to monitoring access to health care and quality of treatment, agreed Steve Richter, a Wyatt consultant in Los Angeles.

Because "the EPOs that have better results tend to have a gatekeeper," he said, employers may want to make sure their contract requires the use of primary care physicians who monitor care and make referrals only to other network providers.

An employer's decision over whether to contract with an EPO rather than an HMO "depends on what you're trying to accomplish," according to Linda Ruth, a consultant with Hewitt Associates in Lincolnshire, Ill.

"If you're a self-funded employer trying to get around insured HMOs, an EPO makes sense in that you get more of the cost savings than an HMO brings," she added.

"It can be self-funded and, from the pricing perspective the EPO doesn't have to meet community rating requirements," Wyatt's Mr. Richter explained.

HMO premiums generally are based on community rating. A 1988 amendment to the federal HMO Act permits federally qualified HMOs to use a rating technique known as adjusted community rating. This technique allows an HMO to set a rate for an employer based on anticipated individual experience. However, the HMO cannot retrospectively adjust rates for that employer based on actual experience.

'EPOs are oriented toward the self-insured market,' says Wyatt's Dr. Taylor. 'The EPO has evolved as an HMO look-alike which, when serving self-insured employers, has the advantage of avoiding state benefit mandates.'

As a result, an employer with low health care utilization could pay lower premiums with an EPO than with an HMO, according to Mr. Richter.

Conversely, an employer with high utilization could incur higher costs with an EPO than it would if it contracts with a federally qualified HMO, he added.

"An EPO program really is not necessarily more cost-effective than an HMO, but for certain employers, an EPO might be a better arrangement," he concluded.

An EPO often can help reduce the adverse selection created when young, healthy employees opt for an insured HMO rather than the self-insured indemnity plan, according to Hewitt's Ms. Ruth.

"If you offer an EPO, it would act like a PPO without the out-of-network option, and you'll bring those healthy people back into your plan," she explained.

And because the employer has the ability to customize the network, "it doesn't have to be a smaller network," she pointed out, adding, "it can absolutely mirror" the PPO's network. But, "you're saving money because there's no out-of-network benefits."

In addition, "you can do things you couldn't do with an HMO, such as require a deductible, exclude certain coverages and have a lifetime maximum," which can reduce per-capita EPO costs below those of HMOs, according to Skip Creasey, vp of sales and marketing for managed care and employee benefit operations at Travelers Corp. in Hartford, Conn.

EPOs "maintain benefit plan design flexibility that insured products offer," he said.

Travelers offers an EPO-like product that essentially is a PPO with a gatekeeper, according to Mr. Creasey. "It's absolutely more effective with a gatekeeper."

Other managed care companies offer twists on the EPO theme.

Los Angeles-based Preferred Health Network's EPOption is a product that resembles a point-of-service plan in that it allows employees to receive care outside of the network and provides employers with claims experience and managed care data under a single umbrella.

In addition to accessing care via a primary care gatekeeper physician, employees enrolled in the EPO can use Preferred Health's other network options, such as its extensive PPO network, and still receive more generous coverage than they would if they used a provider not affiliated in any way with Preferred Health, according to Richard M. Mastaler, president and chief executive officer.

Other EPOs take advantage of already established provider networks used to form an insurer's HMOs and PPO offerings.

For example, providers in Metropolitan Life Insurance Co.'s EPO "may be in the PPO, EPO and HMO simultaneously," said Rob Chernow, senior vp in the Managed Care Services Group in Westport, Conn. ■

Inside

✔ The point-of-service revolution has taken the employee benefits industry by storm, but experts warn that this revolution isn't for everyone. **PAGE 4**

✔ Rather than build a preferred provider organization from scratch, a growing number of providers in the industry are subcontracting with other freestanding PPOs around the country. **PAGE 8**

✔ As mental health care costs continue to soar, employers increasingly are turning to managed care to help rein in these expenses, and are seeking greater assurances of quality from providers. **PAGE 12**

✔ Voluntary accreditation is growing more popular with managed care companies, say the organizations that conduct accreditation programs. **PAGE 12**

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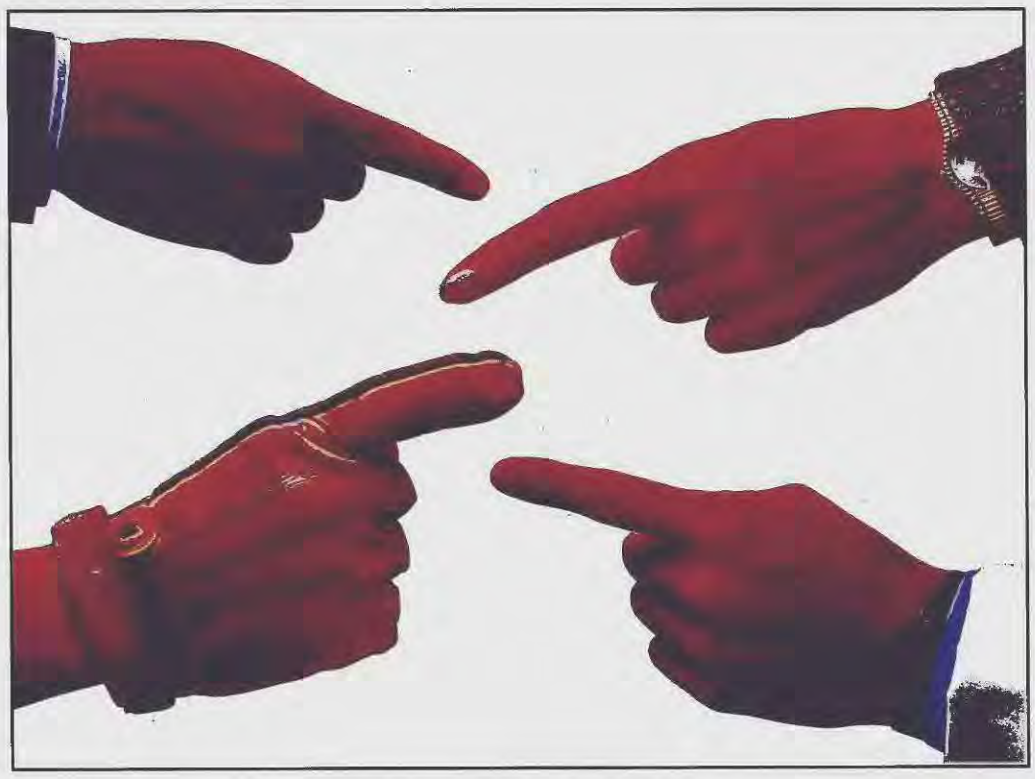
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Everyone knows exactly who's responsible for the health care crisis.

What may be even worse than the skyrocketing cost of health benefits is all the finger pointing that goes with it.

It sometimes seems as though many people believe that fixing blame will somehow fix the problem. Meanwhile health care costs continue their upward spiral.

Yet it's clear, the only way we'll ever truly manage the cost of health care, and make care available to the greatest number of people, is for each of us to shoulder our fair share of responsibility. That, we believe, is the essence of managed care.

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Point-of-service popularity grows

Employers told to look at plans before leaping

By JOANNE WOJCIK

Fueled by the triumphs of pioneers like Allied-Signal Corp. and Southwestern Bell Corp., the point-of-service revolution has taken the employee benefits industry by storm.

But this revolution isn't for everyone. Before employers establish a point-of-service plan, they should consider whether the plan will meet the dual goals of controlling health care costs while still responding to employees' health care needs.

Point-of-service plans, which offer health maintenance organization-style benefits while still allowing employees to use non-network providers at a higher out-of-pocket cost, are the fastest-growing managed care product on the market.

While similar to open-ended HMOs, point-of-service plans differ in that they are not always built around health maintenance organizations. Some, for instance, use self-funded exclusive provider organizations, or EPOs, as their centerpiece (see story, page 2).

Approximately 11% of employers offered point-of-service plans in 1991, up from 10% in 1990, A. Foster Higgins & Co. Inc. found in a survey that will be released next year. In addition, another 7% plan to offer a point-of-service plan within the next two years, the survey found.

Savings like those touted by Allied Signal's Gary Yeaw at the 1991 annual meeting of the National Assn. of Employers for Health Care Action have helped spur the growth of point-of-service plans.

Three years ago, Allied Signal began offering its plan, dubbed the "Health Care Connection." Today projected per-capita health care costs are 23% lower than they would have been under the old indemnity arrangement, said Mr. Yeaw, group insurance director at the Morristown, N.J.-based manufacturer (*BI*, May 27).

And Marriott Corp. will save more than $7 million in just the first year of its national point-of-service plan, estimates Charlene Rothkopf, director of benefits operations for the hotel and food service company based in Bethesda, Md.

A point-of-service plan gives an employer "control over the health care delivery system as a purchaser of health care," Ms. Rothkopf explained. "You're not just writing a blank check."

"But, unlike an HMO, you can still have an out-of-network option," she said. "It's the best of both worlds."

Point-of-service plans respond to the traditional American desire to have freedom of choice of medical providers while still providing employers with some degree of cost control, said Dr. Mick McGarvey, managing director of Alexander & Alexander Service Inc.'s Health Strategies Group in Lyndhurst, N.J.

"Point-of-service has been developed in response to the fact that the American public has not completely warmed to HMOs," he said, citing studies that showed HMO enrollment stagnating of late.

While enrollment in traditional HMOs boomed in the 1980s, it has slowed significantly in recent years, according to "Managed Care: A Decade in Review 1980-1990," a study conducted by InterStudy, a managed care research group in Excelsior, Minn.

Overall, traditional HMO enrollment grew 270% between July 1980 and July 1990. But for the last 12 months of that period, growth was a mere 3.5%.

In contrast, enrollment in point-of-service plans almost tripled to 1.04 million in July 1990 from 378,671 in December 1987, according to the report from InterStudy (*BI*, March 11).

Indeed, point-of-service plans are considered a popular way to entice employees into managed care.

"The market to move people into managed care has to have a vehicle," said Joseph W. Duva, a principal with Ernst & Young in New York, who was director of employee benefits at Allied-Signal when it adopted its point-of-service plan.

Point-of-service plans can be adopted as a transitional product and "eventually some companies with point-of-service plans may convert back to HMOs" as employees become more comfortable with receiving care from network providers, Mr. Duva said.

Informal surveys taken by CIGNA Corp. have shown that three to five times as many people would sign up for a managed care plan if they have an option to receive care outside the network, according to William Sharkey, senior vp of national marketing in Bloomfield, Conn.

"To paraphrase George Bush, it's a 'kinder, gentler' way to move employees into managed care," said Rob Chernow, senior vp in the managed care services group of Metropolitan Life Insurance Co. in Westport, Conn.

John Erb, a managing consultant at Foster Higgins in New York, agreed: "It's a way to walk people into HMOs rather than herding them in with a stick."

Beside encouraging employees to move into managed care, point-of-service plans have other advantages:

- Some point-of-service plan administrators have agreed to cap employers' annual premium increases.

For example, at Met Life, point-of-service plan trend rates are capped between 12% and 15%, depending on the contract, according to Mr. Chernow.

As a further incentive for the plan administrator to keep employers' cost increases to a minimum, some contracts are constructed so that the employer and plan administrator share in any savings.

For example, if the trend rate increases between 7% and 12%, the savings would be split equally between Met Life and the employer, Mr. Chernow explained. However, if the trend rate increases at an even lower rate, say less than 7%, Met Life keeps all of the additional savings.

"If you do better than the trend, you should be rewarded in kind," he said.

Barbara D. Levine, a consultant with Hewitt Associates in Rowayton, Conn., put it another way: "Cost guarantees are a way for employers to force vendors to put their money where their mouth is."

- Point-of-service plans can help reduce the adverse selection an employer's self-insured indemnity plan may suffer when young, healthy employees join HMOs.

"Point-of-service can help reduce adverse selection even if the employer has priced the plans based on risk characteristics," said Ron Fontanetta, principal at TPF&C, the benefit consulting division of Towers, Perrin, Forster & Crosby Inc. in New York.

- Point-of-service plans can reduce the burden on benefit managers by replacing several unrelated indemnity plan and HMO options with a single plan administered externally.

"It allows an employer to replace its entire benefit plan with a managed plan," said Michael Thompson, vp of managed medical operations at Prudential Insurance Co. of America in Roseland, N.J. "Because of that, they can move toward aggregating the risk under one plan."

However, point-of-service plans have their disadvantages.

While consolidation of health care plans is a boon for the corporate benefit manager, it's a nightmare for the plan administrator.

The mix of HMO and indemnity claims payment methodologies requires much more sophisticated claims payment systems, according to Dr. Roger Taylor, national leader of The Wyatt Co.'s health care practice in Washington, D.C.

As a result, administrative costs for point-of-service plans generally are estimated to be 3% to 4% higher than for indemnity plans and for other managed care plans (*BI*, Feb. 18).

For employers with sizable HMO enrollments, implementing a point-of-service plan may be counterproductive, benefits experts warn.

"When you put in a point-of-service plan, unfortunately, any employer with heavy HMO enrollment may draw people out of its HMOs," said Richard A. Kleinert, a principal with William M. Mercer Inc. in Los Angeles.

"People are pretty mobile between plans," he explained. "Even if you're happy with your restricted plan, if you're offered the option to go out, you'll move."

In fact, a growing number of providers who are not affiliated with point-of-service networks are beginning to waive copayments and deductibles to entice employees to go out of network, he said.

Most consultants and managed care plan administrators advise employers with point-of-service plans to establish an out-of-network copayment differential of at least 30% to ensure that services are channeled through the point-of-service primary care physician.

"And even at that level, there is considerable risk that members may go outside of the network to high-cost and inefficient specialists for advice, only to bring a list of 'recommendations' back to their primary care physician for implementation," said Wyatt's Dr. Taylor.

Other disadvantages of point-of-service plans include:

- They are difficult for employees and providers to understand.

Employees may be confused by the freedom of choice they have, while network providers may be stumped by how to handle a claim when an employee who comes to them has not been referred by a primary care physician.

With a point-of-service plan, "you don't just communicate to your employees, you have to educate them," quipped Foster Higgins' Mr. Erb.

- While point-of-service plans may produce savings in some locations, they could lead to higher health care costs in others.

For example, implementing a plan in a region dominated by a strong, staff model HMO could draw some employees into a less-controlled environment, even if they stay in the point-of-service network.

According to the traditional managed care continuum model, staff model HMOs offer the most control over utilization and cost, while indemnity plans offer the least. Point-of-service plans fall somewhere in the middle.

In addition, "while some point-of-service vendors tout the ease of administration created through consolidation, employers with dispersed populations must realize that in most cases a single contract can't cover all employees in all regions," said Glenn Meister, a principal with Foster Higgins in Los Angeles.

- Point-of-service plans do little to reduce the overall cost of health care.

While point-of-service plans may cap employers' health care costs, employees could end up paying more out-of-pocket when they use non-network providers than they did under an employer's prior plan, points out A&A's Dr. McGarvey.

"Therefore, in the aggregate, costs could go up," he said.

- Point-of-service plans sometimes can cost an employer more per-capita than other types of plans.

For example, a New York securities firm that recently solicited bids for its health care program found all five point-of-service plan bids it received to be more costly than the managed indemnity plan it already had, recounted Mr. Erb.

The reason for the higher cost was threefold, he said: The discounts offered by the administrators were not that significant; the administrative costs were higher; and the benefits were richer.

What did Mr. Erb advise?

The company was better off with "the devil that you do know than the devil that you don't know," he said. ■

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Managed care criteria

Continued from page 1

"It's increasingly becoming an issue that not only the HMOs themselves have their own quality program but that (the program) meets the guidelines of an external validation organization" like the NCQA, Mr. Thompson said.

Prudential, which Mr. Thompson says was the first organization to seek external accreditation of its HMO operations on a national level, has been working toward nationwide accreditation of its network for two years.

When assessing a managed care program, employers must evaluate its specific features. In doing so, employers will find that no organization will be perfect.

"You do have to make some compromises," said Timothy Borchert, a consultant with Hewitt Associates in Lincolnshire, Ill.

But, evaluating the characteristics of a managed care organization "will give the employer the necessary information for understanding its strengths and weaknesses. And where compromises need to be made, the employer will know what those issues are up front," he continued.

That information will facilitate communication, both with the managed care provider and with employees, Mr. Borchert said.

In evaluating managed care firms, employers should consider: provider selection; provider contracts; quality management; accountability to employers and members; financial strength; how premiums are determined; and history of past premium increases.

Evaluating how providers are chosen is one of the most important steps. Employers should ask whether the organization "just sent out an open invitation or first screened the doctors to only those that met certain criteria, and if so, what were the criteria," said Mercer's Dr. Mayer.

"It's our feeling that you do want to limit the network somewhat. If all providers were efficient and effective, we wouldn't be in the straits we're in," he explained.

"The employer has to be able to figure out if the PPO just went out and contracted with any hospital willy-nilly or if the contracting was supported by an analytic process that let them evaluate on cost, efficiency and quality," agreed Gene Guselli, who is general manager of Private Healthcare Systems Ltd., a consortium of insurers based in Lexington, Mass., that offer PPO products nationwide.

Proper provider selection is one of eight components of a PPO accreditation program operated by American Accreditation Program Inc. of Reston, Va., and endorsed by the American Assn. of Preferred Provider Organizations, Mr. Guselli observed.

Employers should ask if the organization has a physician application policy that asks "to see all the right things," including a current medical license, proof of medical malpractice insurance, board certification and a license to dispense narcotics, Dr. Mayer added.

But the important thing is to verify that the organization has followed up on the information provided on the application, he said.

"Often during a vendor evaluation (for a client), we make an on-site visit. Years ago, we just did a request for a proposal, but we feel that's probably not adequate any longer. At the site visit, we randomly select some of the credentialing files and audit them. We ask, 'Did you indeed get the 12 pieces of information you asked for. . .and did you use the information appropriately?' " Dr. Mayer explained.

'Where I get disappointed is I see people spending a million dollars on credentialing and then not acting on the information they create from that process," he said.

The credentialing process is "in some sense very loose," agreed Hewitt's Mr. Borchert. "Where things fall down is that very few HMOs will go back and find out if a physician has lost licensing in other states. . .(and) few HMOs actually go in and look at practice patterns before signing physicians up," he continued.

The criterion of physician board certification "is a good example of where the system breaks down," Dr Mayer asserted. While certification by the American Board of Medical Specialties, a unit of the American Medical Assn., is "the gold standard," board eligibility—which managed care organizations often claim for some of their providers—is "meaningless," he added.

A physician who is board eligible has the training necessary for certification but hasn't passed the credentialing exam. "I may have taken the exam and failed it 30 times, but I can still say I'm board eligible," Dr. Mayer explained.

Evaluating how providers are chosen for a managed care network is important, experts agree. 'It's our feeling that you do want to limit the network somewhat. If all providers were efficient and effective, we wouldn't be in the straits we're in,' says Mercer's Dr. Mayer.

But lack of board certification also can be misleading.

"Often the most highly regarded providers are not certified" because they were trained before a board was recognized by the AMA, Dr. Mayer noted. "It's the role of the medical director" of the managed care organization "to sort those out," give a waiver to the good physicians and eliminate the others, he said.

"The best advice to an employer is to ask (the managed care organization) to describe what its credentialing process is" in order to compare different organizations, said Judith Wilson, director of HMO-USA, a national network of Blue Cross & Blue Shield Assn. HMOs based in Chicago.

An employer should also evaluate whether the contract that a managed care organization has with its providers encourages both efficient and quality care.

"It's important that physicians have a stake in how well a plan does," asserted Robert Crane, senior vp at Kaiser Permanente Medical Care Program in Oakland, Calif.

"Employers need to find out whether or not the payment systems that PPOs have in place with hospitals and physicians create incentives for efficient care," agreed PHCS's Mr. Guselli.

"The doctor will make the most reasonable decision where there's no profit in making an unreasonable decision and where he shares in the risk of the cost," said Mercer's Dr. Mayer.

Plans maintain various contracts with primary care physicians, specialists, hospitals and ancillary care providers, Dr. Mayer explained. It's important to examine each contract because "it's possible for one sentence in a contract to invalidate all the incentives you work for," he asserted.

Employers also should expect a managed care organization to have quality management programs in place that mirror those in other areas of American business, it's generally agreed.

"Much of American business has identified 'total quality management' as a means by which they can improve their own business. Similarly, I believe that in health care there is significant room for improvement using those techniques. So a reasonable question to ask plans is whether or not and how those tools are being used within the network," said Kaiser's Mr. Crane.

Kaiser is "at an early stage" in implementing total quality management. "We're making a major commitment in improving our activity in this area. We're trying to learn from some of the most successful companies in the U.S.," he said.

"It isn't something that the health industry as a whole is deep into. We're the leaders here, but we have a long way to go," Mr. Crane asserted.

"Quality management is getting the right people in and monitoring what they do," explained Mercer's Dr. Mayer.

Several managed care experts emphasize that an employer should ask a managed care organization to explain how it monitors its providers and processes.

One way to do that is to retrospectively review the care that was delivered before an employee is admitted to a hospital, said BC/BS's Ms. Wilson.

For instance if someone is admitted in a diabetic coma it could be a sign that the person may not have received appropriate care in the doctor's office and that previous treatment should be reviewed, Ms. Wilson explained.

One of the components of the AAPI credentialing process is "whether there is an integrated continuous quality control process in the PPO," observed PHCS's Mr. Guselli.

"We give our medical management people very sophisticated information technology products," which are a prelude to total quality management, said Skip Creasey, vp of sales and marketing for managed care and employee benefit operations at Travelers Insurance Co. in Hartford, Conn.

For example, computerized systems can track patterns of treatment and monitor various procedures for medical appropriateness. That gives medical directors a "tool" with which to "approach a physician" and help that physician improve quality and cost effectiveness, he explained.

Larger insurers are going to be in "a little better position" to pursue total quality management because that kind of information technology is quite costly, Mr. Creasey asserted.

Ms. Wilson of BC/BS emphasized that monitoring involves "an educational component." For example, "a doctor just doesn't become a good gatekeeper." An HMO must monitor the doctor's referrals "to make sure they make sense," she said.

An employer should ask what sort of training or continuing education is available to network doctors and whether regular meetings are held to discuss the organization's goals, Ms. Wilson said.

Employers also should try to assess whether "the health plan holds itself accountable to employers and to the employees who choose it," Kaiser's Mr. Crane said. "Does it measure satisfaction and act on those indicators? Is the plan willing to provide information to the employer" regarding cost and value? he explained.

"The employer needs to (have) a good sense of whether this is a customer-sensitive organization," agreed PHCS's Mr. Guselli.

"Take a look at their satisfaction surveys to find out what their members think of them," advises Art Berarducci, a consultant with TPF&C in Boston. Although those surveys most often are not publicly available, HMOs will make them available to employers that are close to signing a contract, he said.

Employers should also look closely at the financial strength of the managed care organization.

"Any good HMO these days is running in the black," asserted Mr. Berarducci.

"Few employers actually look at the financial strength of an HMO today. . .though it is a very important part of selecting an HMO," said Hewitt's Mr. Borchert. He advised employers to scrutinize the HMO's balance sheet and determine what kind of safety net "is available to pay claims if the HMO goes under."

Another area to evaluate is the managed care organization's premium, which can be seen as its "accountability as it relates to the employer's own experience," Prudential's Mr. Thompson said

"HMOs have historically community rated, but more and more employers are looking to rating tied to their own experience," Mr. Thompson explained. "Where there are enough employees nationwide and where permitted by law, we do offer flexible rating arrangements," he said.

Many HMOs have adopted the strategy of "shadow pricing, or coming in with rates just under the indemnity plan price," said Hewitt's Mr. Borchert. "That has not been the most effective" strategy for employers and "now more and more HMOs are willing to experience rate."

"I'm not a big fan of community rating," said Travelers' Mr. Creasey.

"It tends to hurt the guy with the healthy group. We'll see more and more modified community rating," which blends community and experience rating, "but we'll be moving toward an experience rating because of the problems you have in trying to do a little of both," he commented.

Employers should examine a health maintenance organization's history of premium increases to determine if it has exceeded the industry average. That trend "tends to be 13%-15% these days," TPF&C's Mr. Berarducci observed.

Employers "should consider an HMO's track record" when it comes to premium increases, agreed Kaiser's Mr. Crane.

"Over the last 10 years, our average increase has been in the 10% range," Mr. Crane added.

An organization "having the right elements structurally can give an employer some assurance that the financial results are going to be better than average," he explained.

"Rates that fluctuate widely from year to year are not desirable," Mr. Crane warned employers.

One large purchaser of managed care builds rate stability into its contracts with HMOs.

In Utah, the state employee group insurance plan insists on three-year contracts. "We tell them they can't increase their premium more than the Consumer Price Index for medical care in Utah," said Linn Baker, director of public employees group insurance for the state.

Utah also makes sure than any health maintenance organization it chooses does not avoid high-risk employees by such methods as limiting prescription drug benefits or making reimbursements for durable medical equipment at a lower rate than other expenses, Mr. Baker said.

Besides these features, other indicators of a managed care organization's efficiency include: hospital utilization; membership and provider turnover; and "systems integrity," in which doctors help design a managed care plan. ■

At issue

What qualities did you look for when selecting a managed care provider?



Carolyn Brownawell
Manager, Corporate Compensation & Benefits
The MITRE Corp.
Bedford, Mass.

We look for financial stability, quality control programs, premium/rating flexibility and physician selection methodology. We also survey employees to determine HMO satisfaction and as a result have frozen enrollment and even terminated a plan. We are considering adopting the Managed Care Performance Evaluation Tool being developed by the Business Group on Health in Massachusetts. This will provide us with a more rigorous way to compare HMOs.



Patricia L. Wendell
Corporate Benefits Director
Garden Way Inc.,
Troy, N.Y.

Cost is obviously a factor. Provider experience is also important as a measure of quality of care. Another critical element is the level of customer service for our employees—things such as turnaround time for payment and representative accessibility. A willingness to accommodate our needs can be demonstrated in the type and frequency of management reports.



Ann K. Dudero
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Compiled by Sara Harty

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Measuring quality

Continued from page 1

The mountains of data currently being generated by research organizations like InterStudy and Rand Corp., by insurer claims management systems and by health care providers themselves can be used to influence practice patterns, advocates of the quality management movement believe.

Practice guidelines developed from this data may free providers from the burden of having to weigh the pros and cons of each medical decision, according to Dr. David Eddy, professor of health policy and management at Duke University and a recognized leader in the field of quality management.

"They can connect each practitioner to a collective awareness, bringing order, direction and consistency to their decisions," he believes. "Practice policies can condense the lessons of research and clinical experiences, pool the knowledge of many providers and draw conclusions about appropriate practices."

In addition, practice guidelines may aid primary care physicians participating in managed care plans, who are under pressure to know more about a wide range of health problems as the focus of specialists narrows, said Sharon F. Canner, assistant vp for industrial relations and director of employee benefits and compensation at NAM.

At least one study, in which several large employers are participating in conjunction with their managed care providers, is attempting to determine the feasibility of using outcome measurements as a way of determining the most appropriate treatment practices for three types of medical problems: angina, asthma and low-back pain.

That study, led by John Doyle, management analyst at InterStudy, the Excelsior, Minn.-based non-profit managed care research organization, was begun earlier this year and is expected to continue through June 1992.

Using a variation of the "Short Form 36," a patient questionnaire developed by John Ware, a former researcher at the Santa Monica, Calif.-based Rand Corp., 24 employers and their managed care plan providers are collecting information about patients' general backgrounds, specific symptoms, the treatments they receive and the outcome of that care.

The project emerged from discussions in 1988 between several members of the Managed Health Care Assn., an employer organization committed to quality improvement in managed care, and Paul Ellwood, a managed care pioneer and president of InterStudy.

Among the participants are:

- Ameritech, which is paired with Blue Cross & Blue Shield of Illinois.
- American Telephone & Telegraph Co., paired with Travelers Corp.
- Digital Equipment Corp., paired with Fallon Community Health Plan, Harvard Community Health Plan and the Matthew Thornton Health Plan in three separate locations.
- General Electric Aerospace, paired with U.S. Healthcare Corp.
- General Motors Corp., paired with Blue Cross & Blue Shield of Missouri in St. Louis and Kaiser Foundation Healthplan Inc. in Cleveland.
- Hercules Corp., paired with Intermountain Health Care.
- Honeywell Corp., paired with CIGNA Corp.
- James River Corp., paired with Aetna Life & Casualty Co.
- Marriott Corp., paired with The Prudential Insurance Co. of America.
- Proctor & Gamble Co., paired with Metropolitan Life Insurance Co.
- Promus Cos. Inc., also paired with Met Life.

So far the study is focused only on collecting data on angina and asthma, since it is easier to determine at what point to begin asking questions about those two conditions, Mr. Doyle explained.

For example, angina patients who are considering elective catheterization and asthma patients who have had at least one emergency episode in the past 12 months are being profiled.

The InterStudy outcome measurement team has not yet determined where to begin profiling patients treated for low-back pain because of the widespread incidence of the problem, according to Mr. Doyle.

The study "is designed to determine not only whether the patient got better, but how much better," he noted. For example, the questionnaire will ask low-back pain sufferers who have undergone treatment how much their mobility increased, whether their pain subsided and over how long a period of time, Mr. Doyle explained.

Dr. Michael Soper, national medical director for the employee benefits division of CIGNA Corp., agrees with the objective of the study: "Our data base tells us what doctors do to patients, not for patients."

In addition to establishing a benchmark for optimum care, InterStudy's Outcomes Management System, as it is called, has a variety of other goals.

Eventually, the OMS could be used to determine the superiority of managed care networks since the data on the practice patterns and outcomes of each provider group can be compared with others, Mr. Doyle said.

Elsewhere, studies are being conducted by several member plans of the Blue Cross & Blue Shield Assn. using interactive videodiscs developed by Dr. Jack Wennberg, a researcher at Dartmouth College in Hannover, N.H.

The videodiscs are used to inform patients of the risks associated with a given procedure so they can make an educated decision about whether to have that procedure, explained Susan Gleeson, executive director of medical and quality management at BC/BS in Chicago.

Surprisingly, "when patients clearly understand the risk, most are risk-averse, particularly older patients," Ms. Gleeson noted.

Such findings could be heartening for health care payers seeking to control their costs since they could eliminate the need to pay for sometimes costly elective procedures.

Another study being conducted by BC/BS in conjunction with the National Cancer Institute seeks to determine the best treatment for breast cancer through the use of outcome measurement data, Ms. Gleeson said.

Since insurers increasingly are under pressure to provide coverage for costly experimental procedures in the treatment of cancer and bone marrow transplants, the study is intended to determine whether such treatments are worth the money, she explained.

Sometimes the best treatment is not always the lowest-cost treatment, but it is worthwhile because it may eliminate the need for follow-up and repetitive care that can drive up health care costs, health care experts say.

"We're interested in avoiding waste, but also in spending more on the things that work," said CIGNA's Dr. Soper. "Good medical care comes at all prices, but bad medical care is always costly."

Other quality management initiatives are seeking innovative ways to purchase value for the health care dollar, according to NAM.

For example, St. Louis-based Southwestern Bell Corp. has entered into an agreement with Prudential to establish provider "centers of excellence": medical treatment facilities with proven track records for efficiency and quality into which expensive high-technology cases like kidney transplants will be channeled.

In 1987, Allied-Signal Corp. contracted with CIGNA Corp. to administer a nationwide point-of-service medical program that not only caps Allied-Signal's cost increases but also provides uniform data reporting, better assessment of outcomes and stricter quality control measures, all aimed at improving the quality of health care at a lower cost (*BI*, Oct. 14; Feb. 18).

And General Electric Co. is using quality-based information to develop a program of utilization review, employee education and dialogue with physicians. For example, in New York state, GE asked doctors to explain the wide geographic variations in the number of coronary bypass surgeries performed and their cost.

Several insurers and managed care organizations also are establishing quality management programs, most of which are taking advantage of the reams of data available through their claims administration systems.

Private Healthcare Systems Ltd., a preferred provider network owned by a consortium of 17 insurers, is using its claims data to monitor practice patterns to identify low-quality or inefficient providers and establish a standard for those who remain, said Dr. N. Stephen Ober, vp and corporate medical director of the Lexington, Mass.-based company.

PHCS's "Physician Quality Monitoring Program" also uses information from prescription drug claims, utilization review data, patient surveys, a separate psychiatric and chemical dependency UR program and administrative referrals, Dr. Ober added.

"The most sensitive and problematic, but probably the most rewarding, part of the program" is a provider intervention function, during which a committee of medical directors reviews cases from a clinical standpoint and decides what actions to take, he explained.

PHCS uses the acronym "TEEM" to describe the actions taken: terminate, evaluate, educate and monitor.

To ensure fairness, "there is a due process and appeals mechanism built into the system," Dr. Ober added.

United Health Care Corp. of Minnetonka, Minn., launched a project in January 1989 that can give network providers and employers report cards on plan effectiveness using software that tracks incidence rates for particular illnesses, such as asthma attacks or diabetic comas; outcome measures; and access to preventive services, like mammography and pediatric vaccinations.

For example, the "Quality Screening and Management" system can show whether children covered through a given employer group are receiving necessary childhood vaccinations, explained Sheila Leatherman, vp of research and development at United Health Care.

The goal is to "help set up individualized quality improvement intervention," she said.

Other managed care program providers—like Aetna, Travelers and Prudential—have modeled their quality management programs after the industrial "total quality management" model developed by researcher W. Edwards Deming, whose work has played an essential role in the success of Japanese industry following World War II.

In addition to participating in various outcome studies and developing internal quality management programs, several insurers and managed care organizations are seeking accreditation through a new program sponsored by the National Committee for Quality Assurance (see story, page 12).

The NCQA is an independent, nonprofit institution that reviews and accredits health maintenance organizations and other managed care plans. Its principal purpose is to foster development of internal systems for continuous quality improvement modeled after the Deming methods.

Among NCQA board members are GE, Xerox Corp. and Ford Motor Co.

The goal of the NCQA accreditation program is "to provide external review of managed care organizations and develop common ways for measuring quality," explained Margaret O'Kane, executive director of the Washington, D.C.-based organization.

In addition, "the NCQA standards create a tool for businesses to use in making prudent health care purchasing decisions," observed Patricia M. Nazemetz, benefits manager at Xerox in Stamford, Conn.

"It's a decent set of standards for us to use," said CIGNA's Dr. Soper. "It will improve the quality of our quality management programs."

The extensive NCQA standards were developed through a rigorous development process that included participation from health care quality researchers, managed care industry representatives, employers, organized labor, consumers and medical professionals, according to Ms. O'Kane.

In addition to common quality screening procedures like provider credentialing, the NCQA standards include standards for utilization management, preventive health services and establishing quality assurance programs, Ms. O'Kane explained.

The accreditation program was launched this year with the July publication of standards, and so far 80 managed care organizations including CIGNA, Prudential, Aetna and U.S. Healthcare, among others, have asked to be reviewed in 1992, according to Ms. O'Kane.

Each of these managed care organizations will pay a fee starting at $22,500—it can be higher based on its size and scope—for a cadre of medical and administrative reviewers to conduct on-site investigations that can take as long as six months to complete. If they pass muster, they will receive what essentially will become the "Good Housekeeping Seal of Approval" for managed care organizations.

The standardization of care has many advocates within the health care industry.

Too often, "physicians create practice patterns through their personal experience, what works for him," said Dr. Paul Lairson, director of interregional services for Kaiser Permanente Medical Care Program in Oakland, Calif.

That's one reason why "there are 40 antihistamines on the market," he said. "If any of them worked, there'd only be one."

But increasingly physicians need to know what works best and stop taking a shotgun approach to medicine.

"We need an epidemiologic practice of medicine" that will determine once and for all what works best, Dr. Lairson stressed.

For example, "in the treatment of breast cancer, what is best: lumpectomy with radiation or lumpectomy with chemotherapy?" he asked.

Dr. James Couch, vp and chief quality officer for managed care in Travelers' employee benefits division in Hartford, Conn., agreed: "We need to arrive at some mutually acceptable measures of quality."

In addition to hosting a "Quality Council" among Travelers' employer groups, Dr. Couch has edited the book "Health Care Quality Management for the 21st Century," which contains essays from the leaders in this innovative field.

Dr. Couch also is working on a committee seeking to develop a method for extending to the health care industry the Malcolm Baldrige National Quality Award presented each year by the federal government to other industries.

"We want to identify those physician groups that are producing superior outcomes," he said. ■

Worth of PPO 'leasing' to create networks is debated

By JOANNE WOJCIK

Employers' demands for quick solutions to solve health care cost problems has created an emerging managed care phenomenon: PPO leasing.

Rather than build a preferred provider organization from scratch, a growing number of insurers, managed care providers, utilization review firms and even PPOs themselves are subcontracting with other freestanding PPOs around the country.

But while the practice has many advantages, like allowing managed care firms to build a network quickly, some health benefit experts question whether the contracting firms are carefully screening the quality of subleased products.

In fact, sometimes it is difficult for an employer to determine whether a managed care provider is actually offering its own network or contracting with a freestanding PPO.

Still, PPO leasing "is a quick, efficient way to provide national coverage for your employees," said Sid Stolz, a consultant with TPF&C, the benefit consulting division of Towers, Perrin, Forster & Crosby Inc. in New York.

"These arrangements, if evaluated correctly and looked at in full detail, will be a viable alternative in providing health care in the future," he said.

In fact, Mr. Stolz predicts that PPO leasing is the wave of the future, "because it's so expensive to go out and develop networks, and you do have to meet the geographic needs of employers that want it done quickly."

PPO leasing is especially attractive for employers that want to assemble a network themselves, rather than buy a national, prepackaged product, according to Kathryn Abernethy, national practice leader for TPF&C in Arlington, Va.

Some employers like the idea of "cherry-picking" from among the networks and having them "knitted together" by a single network manager or administrator, she said.

PPO leasing also makes sense for managed care firms that want to establish networks in rural areas where there is no room for competition, suggests Carol Staples, assistant vp of PPO marketing for CIGNA Corp. in Bloomfield, Conn.

Some smaller managed care providers may string together a network of freestanding PPOs to compete for multistate employer business, said Charles T. Bell, senior vp at Aetna Health Plans, a division of Aetna Life & Casualty Co. of Hartford, Conn.

"It gives them some leverage," he explained. "Building a network is labor-intensive."

Stringing together a network of local PPOs under a single banner also creates central administration for a multistate employer, points out Michael Euele, vp-marketing at Private Healthcare Systems Ltd., a managed care firm based in Lexington, Mass. PHCS is owned by a consortium of 17 insurers and markets a PPO product nationwide (see box, page 79).

Centralized administration, especially when it is done by a large insurer, enhances quality

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PPO leasing

Continued from page 8

control, he said.

For example, PHCS can use its vast claims data to track the practice patterns of all PPO providers within its nationwide network, according to Mr. Euele. "No local PPO has that analytic capacity."

However, some health benefit experts have suggested that PPO leasing may make quality management more difficult, since the national administrator is so far removed from the local health care delivery system.

"If I'm a large organization in a smaller town, I may want to have more say over whether a given hospital is in the network or not, or have more say over whether a physician continues to participate if I hear three stories" suggesting he or she may not be a good provider, said Jim Braun, a consultant with The Wyatt Co. in Washington, D.C.

"If I have a relationship with a direct-contracted PPO, I may be able to influence that decision," he said, but not if an employer contracts with a PPO administrator that does not have direct contracts with individual provider members of a leased PPO.

Most companies that lease PPOs do not contract directly with providers, he explained.

Instead, "they may go to Chicago and find 10 local sponsored PPOs and then contract with the PPO instead of the doctors," he said.

Because it may not be apparent on the surface whether the PPO contractor owns or rents its networks, employers should inquire about how a PPO is assembled, suggests Aetna's Mr. Bell.

"There should be full disclosure," he said

Employers also should inquire about how much control the PPO contractor has over provider selection, experts suggest.

For example, if the contracting PPO does not have authority to select providers participating in a leased PPO, it should at least verify that a credentialing and screening process is undertaken, Mr. Bell suggested.

"There is an element of due diligence incumbent on the fronting entity," he said.

CIGNA contracts with Family Health Plan Inc., Preferred Health Care Inc. and Vantage Health Network among others.

"The key is to outline in the contract with the local PPO vendor what the expectations are," Ms. Staples said.

Private Healthcare Systems reserves the right to add or subtract providers from a network with which it has subcontracted, according to Mr. Euele.

For example, if some doctors or hospitals in the leased PPO do not meet PHCS's stringent provider screening criteria, it will not include them in its network. Conversely, if the PPO does not offer adequate coverage for certain employer needs—if, for instance, only one podiatrist is in the network—PHCS also reserves the right to add additional providers, Mr. Euele explained.

"We try to identify the high-quality, cost-effective providers," he said.

Employers also should be aware of any additional administrative fees charged by the firm administering various PPO leasing contracts, suggests Timothy Borchert, a consultant with Hewitt Associates in Lincolnshire, Ill.

By adding a middleman, "you're going to be paying a higher administrative fee," he explained.

"The shell is charging the fee because it is going to do all the accounting, billing and maintaining a common relationship with all the PPCs," Mr. Borchert said.

Because many employers are in a hurry and will do almost anything to stem their health care cost increases, they should look before they leap, TPF&C's Ms. Abernethy warns.

"A lot of these concepts get ahead of themselves and you have to be very careful," she said. "As we all rush to the finish line, we have to step back and say, 'Does this make any sense?' " ■

Workers comp plus managed care can control costs

By LOUISE KERTESZ

Managed care vendors are expanding their networks to meet the demand of employers seeking to apply managed care strategies to rein in workers compensation costs.

Although the application of managed care techniques to control workers comp costs still is a fledgling concept, providers and employers point to impressive savings.

But many emphasize that merely contracting with a preferred provider organization is not sufficient to control workers comp costs. Other critical elements of managed care—like utilization review and case management—are necessary for a managed workers compensation program to be effective.

Now that huge nationwide workers comp PPO networks have been established, more employers are becoming interested in so-called 24-hour coverage plans. In a basic form of 24-hour coverage, employers can encourage workers to receive treatment from a managed care network, whether their injuries are work-related or not (*BI,* Sept. 16).

Eventually, many employers hope to achieve totally integrated 24-hour care, where both workers compensation and group health care coverage is provided under the same plan. However, state laws and other complications—like the inability to require employees to pay deductibles for workers comp-related care—are hindering the development of such programs.

One large vendor that is expanding its network to provide managed care services for workers comp cases, The Travelers Insurance Co. of Hartford, Conn., will operate workers comp PPOs in 31 states by the end of the year, up from 28 in September.

"Basically, the foundation on which the networks were developed was to take the existing group health networks and supplement them with industrial physicians. That integration has been completed and very successfully. We're beginning to see significant interaction between physicians, utilization review nurses and local claims offices, and we're starting to see cost reductions as a result of those initiatives," said Michael Costigan, Travelers' vp of property/casualty claims-workers compensation.

Travelers' workers comp managed care program features a toll-free, 24-hour hot line that allows an employer to quickly report an injury so appropriate care can begin immediately.

A Travelers claims management office "can contact the employer, the employee and the treating physician within 24 hours of when an accident takes place." That contact ordinarily occurs 14 to 28 days after an injury is reported under other programs, Mr. Costigan pointed out.

Another large managed care vendor, Aetna Health Plans, a unit of Aetna Life & Casualty Co. of Hartford, Conn., has entered a pilot program with Purchase, N.Y.-based PepsiCo Inc. to introduce a workers compensation managed care program at PepsiCo locations in Florida, Texas and California.

Since Aetna administers PepsiCo's group health care plan as well as insures its workers comp risks, PepsiCo workers will have access to a single Aetna PPO network for both job-related and off-the-job injuries and illnesses, said Dr. Robert Sigman, head of managed care product development at Aetna Health Plans.

For the pilot program, which will begin in the first quarter of 1992, Aetna's group health care networks are being expanded to include providers "uniquely prepared to handle work comp cases," Dr. Sigman said.

And the new providers are "focused around the worksite" in industrial areas, so that injured workers who have returned to work in light-duty jobs can easily receive physical therapy and other treatment without major disruptions in their work schedules, he added.

Utilization review for the pilot will be performed by "one set of UR nurses and physicians at one location" for both work-related injuries and group health care treatment "so all the providers and employees will interact over a single 800 number for claims questions and UR certifications," Dr. Sigman said.

The group health and workers comp claims "go to a single Aetna address and are processed by a group of processors both from the commercial claim operation and the group medical claim operation. They are physically next to each other, discussing compensability under workers comp laws and deciding whether it's a workers comp case or a group medical case and processing the claim appropriately" and quickly, he continued.

"That is probably the Cadillac of integrated programs," Dr. Sigman asserted. "It appeals to a lot of employers because they see the injured employee as having been treated almost as a second-class citizen in the past," he said

"Employers have been careful to provide appropriate benefits on the group medical side in an effort to recruit and retain a high-quality workforce, but they have not. . .helped the employee obtain high-quality medical care on the work comp side," he said.

"Other major employers across the country are quite interested" in the PepsiCo pilot, Dr. Sigman said.

Aetna has one work comp PPO in Pittsburgh and will be adding more work comp PPOs in 1992 and 1993. Aetna 'will be retrofitting existing (group health) PPOs so that they can accommodate work comp cases," he said.

A large PPO network manager, Private Healthcare Systems Ltd. of Lexington, Mass., has found that many of the providers in its networks are 'perfectly appropriate for providing services" for both group health and workers comp care. But it has added "high-quality providers" for workers comp services in certain markets, according to Donna Goldin, PHCS executive vp.

Additionally, PHCS believes its expertise in group health utilization review serves it well in providing managed workers comp care. For example, Ms. Goldin said, "we have excellent criteria' for screening cases of potential carpal tunnel surgery for medical necessity and appropriateness of care, because there is a high frequency of carpal tunnel syndrome among employees in the group health plan.

The drive to provide workers comp managed care is spurring organizations like PHCS to expand their capabilities. PHCS is expanding its utilization review service, which has traditionally been focused on hospital-based care, to include ambulatory treatment for certain conditions. It is also developing some treatment guidelines for ambulatory care 'to share with our preferred providers," Ms. Goldin said.

"What's driving us there is our workers comp book of business," she said.

In a development that will further extend its managed care capabilities, the third-largest workers comp PPO, MedView Services Inc. of Farmington Hills, Mich., which operates in 11 states, was acquired this year by Pharmacy Management Services Inc. of Tampa, Fla.

PMSI is "one of the nation's largest suppliers of workers comp pharmaceuticals and other products and services essential to workers comp such as durable medical equipment, and it also owns its own rehabilitation companies and case management companies," explained Robert Marks, president of MedView. MedView and its CompPro division, which specializes in workers comp managed care, can accommodate an injured worker's pharmaceutical, rehabilitation and durable equipment needs, he said.

In the last year MedView has added a number of "major accounts" to its group health networks and envisions providing 24-hour coverage for clients who want that service, he said.

"We have a handful (of clients) who take advantage of both sides now," said Patrick J. Sullivan, vp of sales and marketing at CCN Inc. in San Diego, referring to group health and workers compensation care. CCN, which is the largest workers comp PPO in terms of employees in employer/payer groups, has networks in 16 states and expects to have them in 35 states by mid-1992, he said.

"There is definitely a growing interest" in 24-hour coverage, "but the legislative hurdles that need to be crossed" in order to implement the coverage "are still substantial," he conceded.

In the meantime, "one of the most gratifying things about the industry of late' is that more insurers and third-party administrators are communicating to employers about the existence of managed workers comp organizations, Mr. Sullivan said. 'Three years ago we could hardly get anyone to communicate the existence of these programs."

"Historically only the large companies really tried to direct or manage the care delivered to their employees. But now the carriers, by communicating this information" about CCN and other managed care companies, "are giving the smaller employer the opportunity to actively participate" in controlling workers comp costs, he explained.

"Employers will post notices that we provide for them with directions to the closest clinic and it really allows us to dramatically improve the savings," Mr. Sullivan said.

Some "employee channeling" is possible even in states that permit an injured worker to choose the treating physician, said John Porter, vp of health care management at Crawford & Co. in Atlanta, which operates Crawford Care Alliance the second-largest workers comp PPO.

Crawford began offering group health networks last September and is trying to have its group health and workers comp networks overlap where possible. "If 24-hour coverage ever does take off in a big way, the more similarity to the PPOs, the more successful they'll be,' he said.

Meanwhile, a large California-based HMO also is offering a version of 24-hour coverage that it believes is the state's first such program.

FHP Health Care headquartered in Fountain Valley, is currently testing the product with California employers that have 50 or more employees.

FHP, in conjunction with Insurance Co. of the West of San Diego, will "coordinate workers compensation and group health insurance to provide continuous health care coverage for employees," FHP said.

"Nearly every (California) company has separate carriers for workers compensation and group health coverage, which can encourage double billing, unnecessary claims and systems abuses," FHP said. ■

Leading workers compensation PPOs

Ranked by number of employees in employer/payer groups as of June 30, 1991

Plan (Sponsor)	Employees in employer groups	Participating employer/payer groups	Tax status	Corporate headquarters
CCN Inc./Community Care Network	8.1 million	N/A	For profit	San Diego
Crawford Care Alliance (Crawford & Co.)	5.0 million	400	For profit	Atlanta
MedView CompPro/MedView Services Inc. (Pharmacy Management Services Inc.)	4.3 million	42	For profit	Farmington Hills, Mich.
Occupational Urgent Care Health Systems	4.1 million	125	For profit	West Sacramento, Calif.
Beech Street	3.0 million	62	For profit	Irvine, Calif.
Preferred Health Network	800,000	460	For profit	Long Beach, Calif.
Multi Plan Inc./Donald Rubin Inc.	750,000	N/A	For profit	New York
Preferred Care Network Inc.	642,000	N/A	For profit	Lincolnwood, Ill.
InterGroup Services Corp.	605,000	23	For profit	Malvern, Pa.

Source: *BI* survey

GRAPHIC BY CYNTHIA WATSON



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More managed care groups seeking accreditation

Marketing value of the quality approval is recognized

By DEBORAH SHALOWITZ

Voluntary accreditation is growing more popular with managed care companies.

In 1992, the National Committee for Quality Assurance, which reviews and accredits health maintenance organizations, expects to perform a record 81 reviews.

The NCQA, a not-for-profit group based in Washington, D.C., expects to complete 41 reviews this year, up from 13 in 1990 and 12 in 1989.

And, the American Accreditation Program Inc. of Reston, Va., which reviews and accredits preferred provider organizations, expects to conduct a record 25 reviews in 1992.

Since its inception in September 1989, the not-for-profit group has conducted a total of 25 reviews.

The AAPI in October began operating as a not-for-profit organization. Previously, it was jointly owned by the American Assn. of Preferred Provider Organizations and MedStrategies Inc., a health care consulting firm also based in Reston.

"The popularity of accreditation is growing tremendously," said Cathy Mercil, director of special projects for the NCQA. "Health plans have really caught on to the idea that quality is a marketable feature."

"Interest in accreditation of managed care is increasing," agreed Lance Hoxie, director of ambulatory health care accreditation services for the Joint Commission on the Accreditation of Healthcare Organizations, an Oakbrook Terrace, Ill.-based group that accredits staff and group model HMOs.

The JCAHO had accredited 13 HMOs as of July 1, 1990, when an organizational change limited its accreditation activities to only certain types of HMOs (*BI*, May 28, 1990).

Mr. Hoxie said he expects each of those HMOs to seek reaccreditation from the JCAHO when its credential expires, except for four HMOs associated with a national managed care network that includes HMOs ineligible for the accreditation.

As part of a review, accrediting agencies typically send at least two staff people to visit the headquarters of an HMO or PPO.

Managed care organizations generally are accredited based on their selection of providers, benefit design, range and access to services, utilization review protocols and quality assurance guidelines.

The NCQA this year created new guidelines on health service utilization management, provider credentialing, members' rights and preventive health services. It also clarified existing standards on quality assurance and medical records (*BI*, Aug. 12).

Depending on how well the managed care organization fulfills the accrediting agency's criteria, the HMO or PPO can be fully accredited; be given a conditional accreditation, which is valid for six to 18 months while problems are corrected; or be denied accreditation.

NCQA and JCAHO accreditations are valid for three years, while AAPI accreditations are valid for two years.

The price of an accreditation review varies depending on the managed care company's size, how extensive a review the organization selects and which group is conducting the review, officials of each of the agencies noted.

Examples of basic accreditation charges are:

- $22,500 for a basic review by NCQA for an HMO with 50,000 or fewer members.
- Between $3,750 and $7,800 for a basic JCAHO review for HMOs that handle fewer than 100,000 annual visits and up to $11,300 for HMOs that handle more than 100,000 annual visits.
- Between $9,000 and $11,000, plus expenses, for a basic AAPI review for PPOs with a minimum of 6,000 members. ■

Managed mental health care demand surges

By LOUISE KERTESZ

As mental health care costs continue to soar, employers increasingly are turning to managed care to help rein in expenses—either purchasing services from a vendor or setting up their own provider networks.

And, employers already using managed mental health and substance abuse programs are asking vendors to demonstrate both that their cost control strategies are working and that they provide quality care.

In response, managed care vendors are expected to increasingly research treatment outcomes to prove that lower-cost treatment provides the same quality and results as more expensive procedures.

And, as demand for managed mental health care grows, managed care firms are developing products linking traditional group health care and mental health care programs under one administrator.

Employers are implementing managed mental health care programs because "they are spending a bunch of money" on mental health benefits "and they rightly have some concern that not all of their expenses are justified," said Dr. Kenneth Kessler, chairman of American PsychManagement Co. Inc. of Roslyn, Va. APM offers a mental health care provider network and utilization review services.

Several years ago, increases in the costs of mental health and substance abuse benefits were about 3% to 5%. Now, those increases are about 10% to 20%, and mental health and substance abuse benefits are consuming from 10% to 20% of all health care dollars spent by employers, said Suzanne Gelber, a consultant with TPF&C, the benefit consulting division of Towers, Perrin, Forster & Crosby Inc. of New York (*BI*, Nov. 11).

"The growth of managed mental health—while recent—is extraordinary both with regard to the number of employers that are interested in considering such a program, as well as those who decided to implement one," said Saul Feldman, chairman of U.S. Behavioral Health, a mental health care provider network based in Emeryville, Calif., and owned by Travelers Insurance Co.

"Their interest has come about for two major reasons: the egregious increase in (mental health care) costs over the past two years and their concern that the increasing costs do not appear to have resulted in any particular increase in value," Mr. Feldman said.

Indeed, Robert J. Cardinal, president of Benefit Administration Corp. of Fresno, Calif., a third party administrator, observes that "there is a very uncomfortable feeling about mental health benefits."

For example, "hospitals know plans have internal limits" on the amount of mental health care benefits payable, "so they call to see how much is left on the limits," he said. "A patient may be admitted for a 28-day period for substance abuse. It's amazing how many become suicidal on the 28th day" so treatment can be prolonged, he said.

Although mechanisms to measure treatment outcomes are not fully developed, "they are the next generation of service that employers should start looking for" from managed mental health care providers, said John Bunker, a consultant with The Wyatt Co. in Washington, D.C. "More employers are going to demand performance guarantees that focus on quality and outcome measurement."

While outcome measurement is "in its infancy," vendors "are all beginning or, at least, should be beginning" to measure the results of the treatment they have overseen, he said.

"The state of the art in managed care are the people who are doing the kind of analysis—especially in mental health care—of what is the efficient use of resources that gets the same result," agreed Dr. Deborah Hammond, vp of medical services at Prudential Insurance Co. of America's Southwestern group operations in Houston.

Outcome measurement goes hand in hand with what employers should expect of all managed care organizations: "an emphasis on total quality improvement," Dr. Hammond said.

Also, managed mental health networks and employee assistance programs are more often integrating their efforts (*BI*, June 24).

When EAP case managers act as gatekeepers who determine the need for referrals and arrange for follow-up care, significant cost savings and positive outcomes can result.

A recent study conducted by Aetna Health Plans, a unit of Aetna Life & Casualty Co. of Hartford, Conn., showed that a large employer's mental health care costs for employees and dependents who used an EAP initially were higher than for non-EAP users, but in time dropped below the average for non-EAP users.

Managed mental health professionals are beginning to realize that treatment for "the vast majority" of employees needing mental health care services "can be handled in a short number of outpatient visits," typically six to eight visits, said Jack Mahoney, a consultant with Hewitt Associates in Rowayton, Conn.

"There's a growing awareness that if you can resolve 80% of those problems in a short term, why not let the EAP do it" through referrals to outsiders or through staff counseling, he added.

"Interface with the EAP is absolutely critical," asserted Wyatt's Mr. Bunker, who noted that several managed mental health care vendors in the last year have acquired EAP vendors. And he expects to see more such purchases.

In addition, EAPs and managed mental health care providers now emphasize outpatient treatment.

"Study after study has shown that —except for a narrow band of people —the great majority can be seen as effectively—and probably more effectively—outside the hospital than in, and at lower cost," said Mr. Feldman.

About 75% to 80% of the overall expenditures for mental health care go for hospital services, Mr. Feldman said. As a result, the savings achieved by managing mental health care "are enormous," since "almost all are the result of reductions in utilization of inappropriate inpatient care," he said.

'More employers are going to demand performance guarantees,' says Wyatt's Mr. Bunker.

In addition to controlling utilization, selecting the best providers for a managed mental health care network continues to be of paramount importance.

Managed care organizations are going beyond standard credentialing —like ensuring that physicians are board certified—to identify the best providers.

For example, Prudential looks for providers with a "commitment to a managed care concept," Dr. Hammond said.

"Right now there's not very much attention paid to the provider who's signed up" for a network in terms of quality of care he or she provides, contends Dr. Mark Heitner, a psychiatrist in private practice in Albuquerque, N.M., who consults employers on the design of mental health benefits. Some networks sign up providers primarily on the basis that they will accept a 20% discount on their fees, he said.

Dr. Heitner encourages employers to contract directly with mental health care providers rather than contract with an existing network.

"I will hire the staff and teach them how to do it. It's a tailor-made (program) and dirt cheap," he said. "If you do it in-house, you don't have to pay a vendor's marketing costs or for the managed care company to review all your cases, because you have already set the standard" with the physicians selected, Dr. Heitner explained.

"You don't have to go shopping through the vendors" to set up a managed mental health care program, agreed Wyatt's Mr. Bunker, noting that several large employers have set up their own networks through direct contracts with physicians and hospitals.

If effective providers are selected, there may be less need for managing individual cases, consultants say.

"The traditional model is managing individual cases, which involves a great deal of oversight of the provider. But now there is growing acceptance of the idea that maybe the way to do it is not managing every case but making some decisions about the provider's quality and outcomes" and allowing that physician to provide the appropriate treatment, agreed Mr. Mahoney.

No matter how an employer establishes a managed mental health care plan, there are some proven-effective ways to decrease costs and ensure quality care.

"An effective managed mental health program—benefit structure aside—combines using trained clinicians from the initial identification of a case, so you have gatekeeping and advanced clinical skills from the get-go," said Nancy Cannon, senior consultant-product development at Private Healthcare Systems Ltd., a preferred provider network based in Lexington, Mass., that is owned by a consortium of 17 insurers.

Once an employee is referred to the appropriate provider within a managed care network, an experienced case manager must oversee treatment, she said.

The quality of the case manager is extremely important, agreed Peter Sterman, vp for managed care services-Western region at Preferred Health Care Ltd. in Irvine, Calif. which operates a managed mental health care network.

"In order to do case management, you must employ clinicians" who are knowledgeable about the treatment of psychological problems and chemical dependency, Mr. Sterman said. He cautions employers that a managed mental health vendor that uses "well-trained medical surgical nurses" to do case management of mental health and substance abuse treatment will not be as effective.

Given the demand for managed mental health services, some group health insurers are purchasing managed mental health care networks, while others are internally developing expertise in the field.

CIGNA Corp. in 1989 purchased Minneapolis-based MCC Cos., a managed mental health care provider from which the insurer had been subcontracting services.

And Aetna Health Plans in June 1988 purchased Human Affairs International Inc. in Salt Lake City to enhance its managed mental health care capabilities.

In the last year, Travelers purchased U.S. Behavioral Health.

Other group health insurers subcontract with managed mental health care vendors.

For example, Blue Cross & Blue Shield Assn. contracts with Preferred Health Care.

Some managed care organizations are offering new managed mental health care products that allow employers to integrate managed mental health care benefits with group health benefits.

For example, Prudential's Total Psychiatric Management program, operational since Jan. 1, was developed from its health maintenance organization and point-of-service operations.

The program, which includes centralized administration of both health care and mental health care benefits, offers employers the assurance that "the ball is not dropped, that barriers are overcome so we can provide a fluid range of services" to employees needing mental health and substance abuse care, as well as group health care, Dr. Hammond said.

But since TPM is an independent product carved out of Prudential's networks, employers that so desire can purchase only the managed mental health product, she said.

In many cases, employers that contract with TPM are moving from an indemnity product, she said. "We see that moving into managed mental health care will be that first step into managed care for many employers."

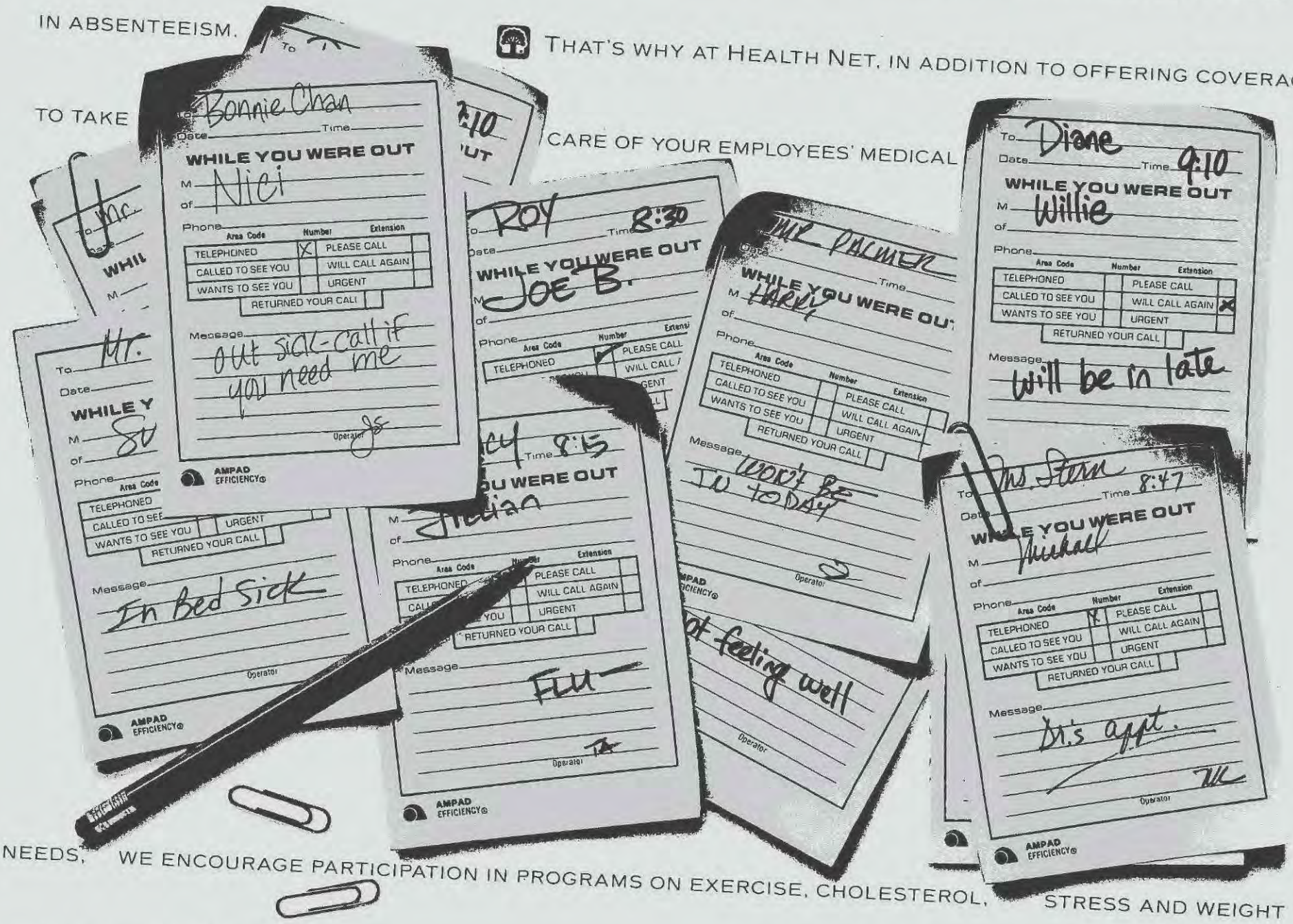
Private Healthcare Systems recently decided "it behooved us to develop a comprehensive mental health program integrated into our medical program," Ms. Cannon said. Previously, the PPO offered employers only hospital-based acute mental health care services. If employers in its networks wanted to offer alternate mental health care, the PPO helped them contract with vendors, she said.

But that often resulted in having "dual diagnoses" of an employee's problems, she said. Deciding that "an integrated product is better" for employers and the patient, Private Healthcare Systems "significantly upgraded our mental health provider and hospital services in all our networks," adding specialty mental health service programs—like adolescent care—and including outpatient service providers, she said. ■

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HEALTH NET®
California's Health Plan

Health maintenance organizations listed

ALABAMA

Health Maintenance Group—Birmingham Division

936 S. 19th St., Birmingham, Ala. 35205; 205-985-5590; fax: 205-985-5597

Staff	
Physicians	52
Patients/physician	140
Board-certified	100%
Administrative	8
Marketing	2
Facilities	
Hospitals	1
Locations	
Administrative	1
Primary care	5
Users	
Employer/payer groups	145
Single coverage	1,079
Family coverage	2,410
Employees & dependents	7,297
Total	7,297
Average hospital stay	5.1 days
Hospital admission/1,000 members	442

Operational date: May 1977.
Model type: Group.
Not for profit.
Sponsorship: Blue Cross & Blue Shield of Alabama.
Service area: 13 counties in Alabama.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology. Options include dental only. Diagnostic testing and lab work performed by the HMO facilities.
Rating options: Community rating: $110 single, $316 family.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $10.6 million in 1990; $9.0 million in 1989.
Officers: E. Gene Thrasher, president; Joseph B. Bolen, III, executive director; Dr. Robert C. Geller, medical director; Horane L. Jones, executive vp; Gary P. Pope, senior vp.

Humana Health Plan of Alabama Inc.

303 Williams Ave. S.W., Suite 121, Huntsville, Ala. 35801; 205-532-2000; fax: 205-532-2025

Users	
Employees & dependents	6,848

Operational date: 1984.
Model type: IPA.
Ownership: Humana Inc.
Service area: Madison, Limeston, Jackson, Marshall, Morgan counties in Alabama.
Officers: Rene Moret, executive director; Janie Quinn, sales manager; Dr. Larry Sullivan, medical director.

See Humana Health Care Plans under Kentucky.

Humana Health Plan of Alabama Inc.

2350 Fairlane Drive, Suite 120, Montgomery, Ala. 36116; 205-270-5544; fax: 205-277-0406

Users	
Employees & dependents	7,924

Operational date: 1984.
Model type: Network
Ownership: Humana Inc.
Service area: Autuga, Elmore, Montgomery, Bullock, Lowndes, Macon, Montgomery counties in Alabama.
Officers: David Lewis, executive director; Rea Jabour, sales manager.
See Humana Health Care Plans under Kentucky.

Southeast Health Plan of Alabama

104 Inverness Center Place, Suite 600, Birmingham, Ala. 35242; 205-991-6000

Staff	
Physicians	594
Patients/physician	75
Board-certified	93%
Specialists	942
Administrative	138
Marketing/Sales	38
Facilities	
Hospitals	39
Pharmacies	121 independent, 6 chains
Diagnostic labs	3
Locations	
Administrative	1
Users	
Employer/payer groups	150
Single coverage	8,521
Family coverage	13,155
Employees & dependents	53,500
Total	53,500
Average hospital stay	4.3 days
Hospital admission/1,000 members	81

Operational date: January 1985.
Model type: IPA.
For profit.
Ownership: Protective Life Corp.
Service area: 41 counties in Alabama.
Services: Standard package, including vision, psychiatric services, obstetrics/gynecology. Options include dental, substance abuse, prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts, 1% of members are enrolled.
Management reports: Provided quarterly or by contract.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $38.6 million in 1990; $30.3 million in 1989.
Officers: George B. Salem, president; Dr. Richard P. McLaughlin, medical director; Andrew M. Wood, III, marketing director.
Contact: Stephanie Sawyer.

ARIZONA

CIGNA Healthplan of Arizona Inc.

1101 N. Black Canyon, Suite 400, Phoenix, Ariz. 85029; 602-942-4462

Staff	
Physicians	137
Patients/physician	500
Board-certified	53%
Specialists	416
Facilities	
Hospitals	6
Pharmacies	15
Diagnostic labs	15
Locations	
Administrative	2
Primary care	795
Users	
Total	282,519

Operational date: November 1972 (staff), June 1987 (IPA).
Staff federally qualified.
Certified in: Arizona.
Model type: IPA and staff.
For profit.
Ownership: CIGNA Corp.
Service area: Maricopa County in Arizona.
Services: Standard package, including experimental procedures, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, skilled nursing and extended facilities, short-term rehabilitation and physical therapy, external prosthesis, hearing screening. Options include vision and prescription drug. Diagnostic testing and lab work performed by the HMO (staff) and by contract with independent facilities (IPA).
Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: C. Wright, general manager; Dr. Z. Gerbarg, medical director.
Contact: C. Wright.
See CIGNA Corp. under Connecticut.

CIGNA HealthPlan of Arizona Inc.

4907 E. Broadway, Suite 100, Tucson, Ariz. 85711; 602-571-6500

Staff	
Physicians	135
Patients/physician	500
Board-certified	87%
Specialists	247
Facilities	
Hospitals	10
Pharmacies	39
Diagnostic labs	1
Locations	
Administrative	2
Primary care	583
Users	
Total	38,525

Operational date: January 1981.
Federally qualified.
Certified in: Arizona.
Model type: IPA and Staff.
For profit.
Ownership: CIGNA Corp.
Service area: Cochise, Graham, Greenlee, Pima, Pinal and Santa Cruz counties in Arizona.
Services: Standard package, including experimental procedures, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, skilled nursing and extended facilities, short-term rehabilitation physical therapy, external prosthesis and hearing screening. Options include vision and prescription drug. Diagnostic testing and lab work performed by the HMO (staff) and by contract with independent facilities (IPA).
Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: Dr. John Harris, general manager/medical director.
Contact: Dr. John Harris.
See CIGNA Corp. under Connecticut.

FHP Health Care

1615 S. 52nd St., Tempe, Ariz. 85281; 609-966-9252

See FHP Health Care under Arizona.

HMO Arizona

2444 W. Las Palmaritas, Phoenix, Ariz. 85021; 602-864-4252; fax: 602-864-4035

Staff	
Physicians	750
Board-certified	82%
Specialists	1,100
Facilities	
Hospitals	35
Pharmacies	323
Diagnostic labs	16
Locations	
Administrative	5
Users	
Employer/payer groups	570
Single coverage	8,500
Family coverage	6,000
Employees & dependents	30,000
Total	30,000
Average hospital stay	3.7 days
Hospital admission/1,000 members	265

Operational date: July 1987.
Certified in: Arizona.
Model type: IPA.
Not for profit.
Ownership: Blue Cross/Blue Shield of Arizona.
Service area: Maricopa, Pima, Cochise, Pinal and Santa Cruz counties in Arizona.
Services: Standard package, including prescription drug, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision and dental. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts.
Management reports: Provided quarterly.
Billing: National accounts program with consolidated billing available.
Officers: Robert B. Bulle, president; Julie A. Holtorf, executive director/marketing director; Dr. Kenneth W. Smithson, medical director.
Contact: Julie A. Holtorf.

Humana Health Plan

Anchor Centre III, 2231 E. Camelback Road, Suite 208, Phoenix, Ariz. 85016; 602-381-4300; fax: 602-381-4381

Users	
Employees & dependents	20,063

Operational date: September 1987.
Federally qualified.
Model type: IPA.
Ownership: Humana Inc.
Service area: Maricopa County in Arizona.
Officers: Michael Seltzer, executive director; Dr. David Ewing, medical director.
See Humana Health Care Plans in Kentucky.

Lincoln National Health Plan

7776 Clocktower Corp. Center, Suite 100, Phoenix, Ariz. 85044; 602-431-1185; fax: 602-431-1317

See Lincoln National Health Plan corporate listing under Indiana.

Lincoln National Health Plan

101 N. Wilmot, Suite 600, Tucson, Ariz. 85711; 602-571-0841

Staff	
Physicians	350
Specialists	1,500
Facilities	
Hospitals	29

Officers: Steve Lindstrom, general manager; Patty Weathers, plan director.
See Lincoln National Health Plan corporate listing under Indiana.

Continued on page 16

Guide to reading listings of HMOs

The fifth annual *Business Insurance* directory of health maintenance organizations contains 473 listings with information on HMOs.

The directory is published as an editorial service, and there is no charge for HMOs to be included.

HMOs are listed alphabetically under the state in which they operate. When an HMO operating in three or more states provided consolidated figures for all HMOs within its network, the consolidated listing is marked with an asterisk and footnoted. The names, addresses, telephone numbers and any additional information provided on the affiliated HMOs in each state are listed under the states serviced, with a reference to the consolidated listing.

Each listing begins with the name, address and telephone number of the HMO. Information on **staff** and **facilities** as of June 30, 1991 follows.

Staff includes the number of primary physicians, average number of patients per primary physician, the percentage of board-certified physicians, the number of specialists, and the number of administrative and marketing staff.

The **facilities** heading contains the number of participating hospitals, pharmacies and diagnostic labs.

Locations lists the number administrative and health care sites.

Information on **users** as of June 30 was requested, including the number of employer/payer groups contracting with the HMO; the number of employees with single coverage; the number of employees with family coverage; and the number of employees and dependents in employer groups serviced by the HMO. The average length of hospital stay by HMO members and the rate of hospital admissions per 1,000 members also are given.

Operational information follows, including **operational date, federal qualification, state certification** and **accreditation** by the National Committee for Quality Assurance in Washington D.C.

The **model type** of the HMO is listed next. Group models contract with independent, multispecialty physician groups. Independent practice associations (IPAs) contract with independent physicians or small, single-specialty physician groups, who are able to maintain private practices along with the HMO contract. Staff model HMOs directly employ salaried physicians to serve patients. Network models contract for services with two or more large IPAs. Mixed model HMOs are a combination of two or more model types.

The tax status as a **for profit** or **not for profit** HMO is listed, followed by **ownership**.

Service area follows. The **services** the HMO offers includes standard and optional features of coverage. Unless otherwise noted, standard package includes physicians, hospitilization, laboratory, X-ray, preventive medicine and periodic check-ups. Who performs pharmaceutical, diagnostic testing and lab work for the HMO also is noted here.

Available **rating options** and community rates as of June 30 (if provided by the HMO) are reported along with the availability of point-of-service contracts and non-federally qualified programs to employers. Information on Federal Health Care Financing Administration contracts and individual enrollment (such as retirees) are also listed.

If the HMO provides **management reports** to payer groups, their availability is noted.

Information on **billing,** including whether the HMO provides direct billing for premiums under COBRA and whether a national accounts program with consolidated billing is available to multistate employers, is also noted.

Gross revenues in 1990 and 1989, based on total premiums paid on behalf of enrollees, also were requested.

Names and titles of **officers** are listed. The name of a **contact** person for those wishing further information completes the listings.

If you wish to determine in which states multistate HMOs operate, refer to the alphabetical index of networks on page 136.

Information for the directory was gathered from responses to a *Business Insurance* questionnaire. Although every effort is made to obtain complete and accurate information, *Business Insurance* is unable to verify all information and relies on the responses of the HMOs.



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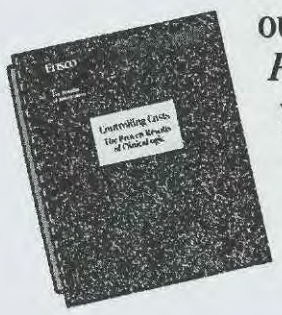
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DUN & BRADSTREET 150TH ANNIVERSARY

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Continued from page 14

MetLife Healthcare Network of Arizona Inc.

1314 N. Third St., Suite 300, Phoenix, Ariz. 85004-1751; 602-252-3846

Staff	
Physicians	670
Specialists	1,100
Facilities	
Hospitals	34
Locations	
Administrative	1

Operational date: July 1985.
Certified in: Arizona.
Model type: IPA.
For profit.
Ownership: Metropolitan Life Insurance Co.
Service area: Arizona.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include prescription drug, vision and dental. Diagnostic testing and lab work performed by contract with independent facilities.
Management reports: Provided upon request.
Billing: National accounts program with consolidated billing available.
Officers: Kathleen M. Garast, president; Dr. William Semmons, vp-medical director.

PARTNERS Health Plan of Arizona

5210 E. Williams Circle, Suite 300, Tucson, Ariz. 85711; 602-748-8020; fax: 602-750-9579

Staff	
Physicians	145
Patients/physician	234
Board-certified	76%
Specialists	439
Administrative	88
Marketing	13
Facilities	
Hospitals	7
Pharmacies	52
Locations	
Administrative	1
Primary care	5
Users	
Employer/payer groups	735
Total	59,442
Average hospital stay	3.6 days
Hospital admission/1,000 members	264.8

Operational date: June 1986.
Certified in: Arizona.
Model type: Group/IPA.
For profit.
Ownership: Aetna Life Insurance Co., Tucson Medical Center.
Service area: Pima, Santa Cruz, Yuma, Greenlee and Pinal counties in Arizona.
Services: Standard package, including vision, psychiatric services, durable medical equipment, obstetrics/gynecology. Options include experimental procedures, dental, substance abuse and podiatry. Diagnostic testing and lab work performed by the HMO (group) and by contract with independent facilities (IPA).
Rating options: Community rating by class. Offers point-of-service contracts, 45% of members are enrolled.
Management reports: Provided quarterly, bi-annually or annually.
Billing: National accounts program with consolidated billing available.
Officers: Paul Zucarelli, market manager; Jeff Askam, Lori Bryant, executive directors; Dr. William Buschbaum, medical director; Jim Jones, marketing director.
Contact: Jim Jones.
See Aetna Life Insurance Co. under Texas.

Samaritan Health Plan

5300 N. Central Ave., Phoenix, Ariz. 85012; 602-230-1555; fax: 602-266-9580

Staff	
Physicians	42.3
Patients/physician	96
Board-certified	98%
Specialists	677
Administrative	57
Marketing	8
Facilities	
Hospitals	9
Pharmacies	9
Diagnostic labs	4
Locations	
Administrative	1
Primary care	1,350
Users	
Employer/payer groups	113
Single coverage	7,753
Family coverage	8,512
Employees & dependents	33,822
Total	33,822
Average hospital stay	3.7 days
Hospital admission/1,000 members	75

Operational date: January 1987.
Certified in: Arizona.
Model type: IPA.
For profit.
Ownership: The Samaritan Foundation.
Service area: Maricopa, Coconino, Navajo, Apache, Pinal and Yavapai counties in Arizona.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class.
Management reports: Provided quarterly, semi-annually or annually.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $39.5 million in 1990; $25.1 million in 1989.
Officers: Phyllis Biedess, president/chief executive officer; Charles Phillips, chief financial officer; Dr. Louis Newton, medical director; John Heinsman, director-marketing; Michael Smith, director-provider relations; JoAnn McCurdy, director-medical services.
Contact: John Heinsman.

ARKANSAS

HMO Arkansas

P.O. Box 1460, Little Rock, Ark. 72203; 501-378-3701; fax: 501-378-3732

Staff	
Physicians	141
Patients/physician	119
Board-certified	75%
Specialists	554
Administrative	17
Marketing	5
Facilities	
Hospitals	12
Pharmacies	179
Diagnostic labs	4
Locations	
Administrative	1
Primary care	1
Users	
Employer/payer groups	72
Single coverage	2,404
Family coverage	4,240
Employees & dependents	16,690
Total	16,690
Average hospital stay	4.5 days
Hospital admission/1,000 members	360

Operational date: June 1986.
Federally qualified.
Certified in: Arkansas.
Model type: IPA.
Ownership: Arkansas Blue Cross/Blue Shield.
Service area: Pulaski, Faulkner, Saline, Lonoke, Sebastian, Crawford, Scott, Franklin and Johnson counties in Arkansas.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry and obstetrics/gynecology. Options include prescription drug only. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Adjusted community rating.
Management reports: Provided monthly.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $18.8 million in 1990; $16.6 million in 1989.
Officers: Mike Brown, president/executive director; Dr. Robert Benafield, medical director; Jim Builly, marketing director; David Henderson, chairman.
Contact: Ruth F. Bonds.

CALIFORNIA

Aetna Health Plans of San Diego Inc.

7676 Hazard Center Drive, San Diego, Calif. 92108; 619-497-4010; fax: 619-497-4054

Staff	
Physicians	428
Patients/physician	120
Board-certified	75%
Specialists	1,060
Administrative	134
Marketing	25
Facilities	
Hospitals	12
Pharmacies	240
Diagnostic labs	11
Locations	
Administrative	1
Users	
Employer/payer groups	250
Single coverage	13,520
Family coverage	12,665
Employees & dependents	53,300
Total	53,300

Operational date: January 1985.
Certified in: California.
Model type: Group, IPA and individual physicians.
For profit.
Ownership: Aetna Life Insurance Co., Quality Net.
Service area: San Diego County in California.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry and obstetrics/gynecology. Options include psychiatric services and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Management reports: Provided quarterly or upon request.
Billing: National accounts program with consolidated billing available.
Officers: Edward C. Cymerys, market manager; Dr. Antonio P. Linares, medical director; William B. Gregory, marketing director.
Contact: William B. Gregory.
See Aetna Life Insurance Co. under Connecticut

Aetna Health Plans of Southern California Inc.

303 E. Vanderbilt Way, San Bernardino, Calif. 92324; 714-888-2060; fax: 714-386-3222

Staff	
Physicians	1,423
Patients/physician	55
Board-certified	83%
Specialists	4,040
Administrative	249
Marketing	21
Facilities	
Hospitals	75
Diagnostic labs	31
Locations	
Administrative	1
Users	
Employer/payer groups	611
Single coverage	15,685
Family coverage	21,454
Employees & dependents	37,139
Total	86,833
Average hospital stay	5 days
Hospital admission/1,000 members	67

Operational date: October 1981.
Federally qualified.
Model type: Group/IPA.
Ownership: Aetna Life Insurance Co.
Service area: Los Angeles, Orange, Riverside and San Bernardino counties in California.
Services: Standard package, including obstetrics/gynecology. Options include vision, dental, substance abuse, psychiatric services, durable medical equipment and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating: $118.79 single, $356.36 family. Offers point-of-service contracts, 5% of members are enrolled.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: Mike Dobbs, market manager; Mittie Soutar, executive director; Dr. Richard Burns, medical director; Brad Kelly, vp; Craig Durant, director-finance.
See Aetna Life Insurance Co. under Connecticut.

Bay Pacific Health Plan

1111 Bayhill Drive, Suite 300, San Bruno, Calif. 94066; 415-952-2005; fax: 415-871-9144

Staff	
Physicians	1,106
Specialists	2,435
Administrative	245
Marketing	25
Facilities	
Hospitals	28
Pharmacies	468
Diagnostic labs	12
Locations	
Administrative	1
Users	
Employer/payer groups	750
Single coverage	51,478
Family coverage	19,381
Employees & dependents	31,686
Total	102,545
Average hospital stay	4.2 days
Hospital admission/1,000 members	66.1

Operational date: March 1979.
Federally qualified.
Model type: IPA/Network.
Ownership: Aetna Life Insurance Co.
Service area: San Mateo, San Francisco, Mario, Contra Costa, Alameda and Santa Clara counties in California.
Services: Standard package, including psychiatric services, durable medical equipment, podiatry and obstetrics/gynecology. Options include substance abuse and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Adjusted community rating. Offers point-of-service contracts.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.
Management reports: Provided annually or upon request.
Billing: National accounts program with consolidated billing available.
Officers: Tom Williams, market manager; Paul Swenson, executive director; Dr. Joseph Cook, medical director; Robert Mendonsa, marketing director; Denise Hanson Sheryl Jaeger, Sam Leader.
See Aetna Life Insurance Co. under Connecticut.

Blue Shield of California/ The Blue Shield HMO

2 North Point, San Francisco, Calif. 94133; 415-445-5000; fax: 415-445-5836

Staff	
Physicians	1,754
Board-certified	84%
Specialists	6,305
Administrative	4,038
Marketing	257
Facilities	
Hospitals	92
Pharmacies	4,300
Locations	
Administrative	5
Users	
Employer/payer groups	572
Single and family coverage	18,507
Employees and dependents	32,320
Total	44,022
Average hospital stay	4.8 days
Hospital admission/1,000 members	41.1

Operational date: June 1988.
Certified in: California.
Model type: Network.
Not for profit.
Service area: 16 counties in California.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision, dental, prescription drug and life insurance.
Rating options: Community rating by class; adjusted community rating.
Enrollment options: Individual enrollment is allowed.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing is available.
Gross revenues: $2.9 billion in 1990; $3.3 billion in 1989.
Officers: Charles W. Stewart, president; Thomas C. Paton, chairman/chief executive officer; Dr. Wade Aubry, medical director; Joseph Tyszkiewicz, senior vp.
Contact: Joseph Tyszkiewicz.

California Psychological Health Plan

5750 Wilshire Blvd., Suite 490, Los Angeles, Calif. 90036; 800-331-3016; fax: 213-937-9688

Staff	
Psychiatrists	100
Board-certified	100%
Specialists	700
Administrative	17
Marketing	3
Facilities	
Hospitals	100
Locations	
Administrative	1
Users	
Employer/payer groups	60
Employees & dependents	200,200
Total	200,200
Average hospital staty	13.8 days
Hospital admission/1,000 members	5.1

Operational date: August 1978.
Certified in: California.
Model type: Network.
Not for profit.
Service area: California and contracts in 20 states.
Services: Standard package, including prescription drug, substance abuse, psychiatric services but excluding laboratory, X-ray, preventive medicine and periodic check-ups.
Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts, 50% of members are enrolled.
Management reports: Provided quarterly.
Billing: National accounts program with consolidated billing available.
Gross revenues: $5.3 million in 1990; $6.7 million in 1989.
Officers: David Auchterlonie, president; Dr. Michael Jospe, medical director; Robert L. Belichick, marketing director.
Contact: Robert L. Belichick.

CaliforniaCare HMO/Blue Cross of California

21555 Oxnard St., Ninth Floor, Woodland Hills, Calif. 91367; 818-703-2403; fax: 818-712-6623

Staff	
Physicians	2,620
Patients/physician	102
Board-certified	90%
Specialists	7,315
Marketing	25
Facilities	
Hospitals	190
Pharmacies	4,152
Locations	
Administrative	102
Primary care	1,261
Users	
Employer/payer groups	5,131
Single coverage	6,000
Family coverage	39,416
Employees & dependents	318,528
Total	325,653
Average hospital stay	3.9 days
Hospital admission/1,000 members	59.6

Operational date: June 1986.
Certified in: California.
Model type: Mixed IPA/medical group.
Ownership: Blue Cross of California.
Service area: 26 counties in California.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include prescription drug, vision, dental, substance abuse. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.
Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts, 1.5% of members are enrolled.
Enrollment options: Individual enrollment allowed.
Management reports: Provided upon request.
Officers: Leonard Schaeffer, chairman/chief executive officer; Bernie Crowley, vp; Dr. David Chernof, senior vp; David Pincus, vp-corporate marketing.
Contact: Michael Chee, corporate communications.

CareAmerica Health Plans

20520 Nordhoff St., Chatsworth, Calif. 91311-6191; 818-407-2722; fax: 818-407-2359

Staff	
Physicians	1,274
Board-certified	90%
Specialists	5,438
Marketing	38
Facilities	
Hospitals	69
Locations	
Administrative	1
Users	
Employer/payer groups	2,115
Single coverage	47,311
Family coverage	28,266
Employees & dependents	139,166
Total	139,166
Average hospital stay	3.7 days
Hospital admission/1,000 members	69.2

Continued on next page

Continued from previous page

Operational date: January 1986.
Certified in: California.
Model type: IPA.
For profit.
Ownership: UniHealth America.
Service area: Los Angeles, Orange, Riverside, San Bernardino and Ventura counties in California.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology. Options include vision, dental and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating by class. Offers point-of-service contracts.

Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries.

Management reports: Provided upon request.

Gross revenues: $111.7 million in 1990; $71.0 million in 1989.

Officers: Larry D. Gray, president/chief executive officer; Dr. Arthur Southam, vp/chief operating officer; Dr. Sandy Bloom, Dr. Julius Bartoli, medical directors; Kandis Larkey, senior vp-sales/marketing; Paul Kimmins, vp/chief financial officer.

CIGNA HealthPlan of California Inc.

505 N. Brand Blvd., Suite 400,
Glendale, Calif. 91203;
818-500-6643; fax: 818-500-6986

Staff	
Physicians	1,194
Board-certified	91%
Specialists	1,154
Facilities	
Hospitals	14
Pharmacies	140
Locations	
Administrative	2
Primary care	3,378
Users	
Total	351,433

Operational date: 1971.
Model type: Staff.
For profit.
Ownership: CIGNA Corp.
Service area: Los Angeles, Orange; portions of Ventura, Riverside and San Bernardino counties in California.

Services: Standard package, including experimental procedures, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, skilled nursing facilities, short-term rehabilitation and physical therapy, external prosthesis and hearing screening. Options include vision and prescription drug. Diagnostic testing and lab work performed by the HMO facilities.

Rating options: Community rating by class, adjusted community rating. Offers point-of-service contracts. Offers non-federally qualified programs to employers.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Officers: Bert Wagener, general manager; Dr. James Bowerman, medical director.

Contact: Bert Wagener.

See CIGNA Corp. under Connecticut.

CIGNA HealthPlan of California-San Diego

9808 Scranton Road, Suite 400,
San Diego, Calif. 92121;
619-546-4279; fax: 619-455-0963

Staff	
Physicians	345
Patients/physician	500
Board-certified	87%
Specialists	872
Facilities	
Hospitals	20
Pharmacies	32
Diagnostic labs	11
Locations	
Administrative	2
Primary care	1,728
Users	
Total	31,013

Operational date: December 1983.
Federally qualified.
Certified in: California.
Model type: IPA.
For profit.
Ownership: CIGNA Corp.
Service area: San Diego.

Services: Standard package, including experimental procedures, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, skilled nursing, short-term rehabilitation and physical therapy, external prosthesis, hearing screening. Options include vision and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating by class, adjusted community rating. Offers point-of-service contracts.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Officers: Lyman Dennis, general manager; Dr. Lou Filiatrault, medical director.

Contact: Lyman Dennis.

See CIGNA Corp. under Connecticut.

CIGNA HealthPlan of Northern California Inc.

1999 Harrison St., Suite 1000,
Oakland, Calif. 94612-3508;
415-273-8400; fax: 415-273-8499

Staff	
Physicians	809
Patients/physician	500
Board-certified	87%
Specialists	1,680
Facilities	
Hospitals	36
Pharmacies	288
Diagnostic labs	50
Locations	
Administrative	2
Primary care	3,866
Users	
Total	58,750

Operational date: August 1987.
Certified in: California.
Model type: IPA.
For profit.
Ownership: CIGNA Corp.
Service area: Sonoma, Solano, Marin, San Francisco, San Mateo, Santa Cruz, Contra Costa, Alameda, Santa Clara counties in California.

Services: Standard package, including experimental procedures, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, skilled nursing facilities, short-term rehabilitation and physical therapy, external prosthesis, hearing screening. Options include vision and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating by class, adjusted community rating. Offers point-of-service contracts.

Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Officers: Jenni Vargas, executive director; Dr. Gifford Boyce-Smith, medical director.

Contact: Jenni Vargas.

See CIGNA Corp. under Connecticut.

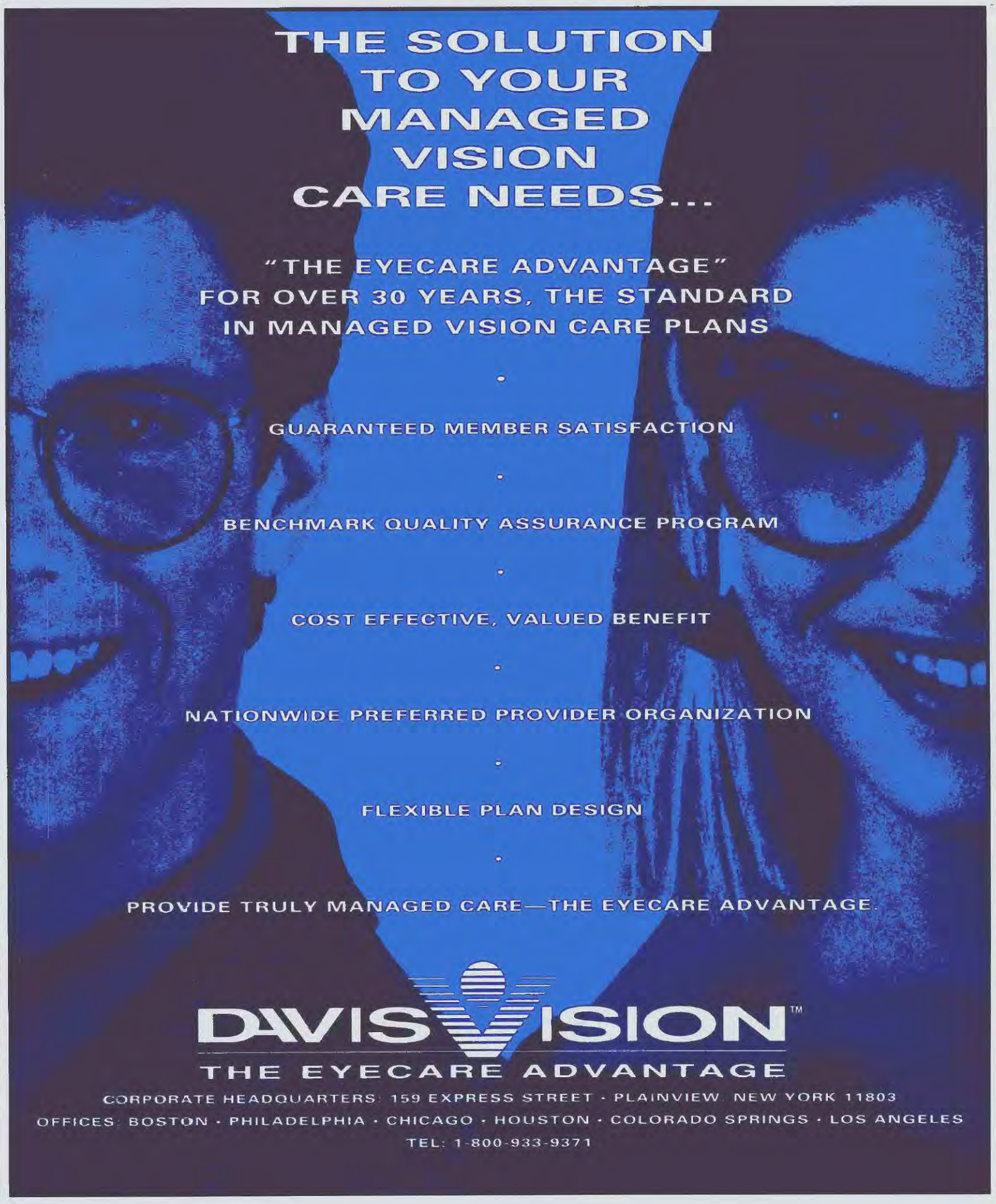
CIGNA Private Practice Plan

505 N. Brand Blvd., Suite 500,
Glendale, Calif. 91203;
818-500-6798; fax: 818-500-6343

Staff	
Physicians	1,216
Patients/physician	500
Board-certified	85%
Specialists	1,627
Facilities	
Hospitals	92
Pharmacies	138
Locations	
Administrative	2
Primary care	4,149
Users	
Total	147,379

Operational date: November 1985.
Federally qualified.
Model type: IPA.
For profit.
Ownership: CIGNA Corp.
Service area: San Luis Obispo,

Continued on page 20





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There's nothing considerate about an illness. It'll hit anyone at any time. Fortunately, there now is a way to fight back. With the Away From Home Care program, from HMO-USA. Through a landmark advance in coverage, your employees—and their families—can now become guest members of our HMOs from coast–to–coast.

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no matter what state you're in.

employees away on extended assignment. What's more, they'll all be entitled to the complete range of HMO-USA benefits. From regular check-ups, to emergency care, to classes in health education.

This, in addition to our usual coverage when they travel from state to state. All they have to do is make arrangements in advance, and be away from home for 90 days. If your company has a thousand employees or more, call 1-800-4-HMO-USA.

From New York to California, there's no other program like it.

Blue Cross® Blue Shield®

Continued from page 17

Santa Barbara, Ventura, Los Angeles, Orange, San Bernardino and Riverside counties in California.

Services: Standard package, including experimental procedures, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, skilled nursing facilities, short-term rehabilitation, physical therapy, external prosthesis and hearing screening. Options include vision and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating by class, adjusted community rating. Offers point-of-service contracts.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Officers: Chan Wheeler, vp/general manager; Dr. Michael Owens, medical director.

Contact: Chan Wheeler.

See CIGNA Corp. under Connecticut.

Coast Health Plan

5150 El Camino Real, Suite D-15, Los Altos, Calif. 94022; 415-691-1555; fax: 415-691-1548

Staff	
Physicians	183
Patients/physician	12
Board-certified	90%
Specialists	253
Administrative	8
Marketing	2
Facilities	
Hospitals	4
Pharmacies	2 chains
Diagnostic labs	25
Locations	
Administrative	1
Users	
Employer/payer groups	70
Single coverage	675
Family coverage	400
Employees & dependents	2,200
Total	2,200
Average hospital stay	3.2 days

Operational date: August 1987.
Certified in: California.
Model type: IPA.
Not for profit.
Ownership: El Camino Hospital.
Service area: Santa Clara, southern San Mateo counties in California.

Services: Standard package, including substance abuse, psychiatric services, podiatry, obstetrics/gynecology. Options include prescription drug and employee assistance programs. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating by class; adjusted community rating.

Management reports: Provided monthly or quarterly.

Billing: Provides direct billing for premiums under COBRA.

Gross revenues: $3.5 million in 1990; $2.8 million in 1989.

Officers: Beatrice M. Hoppe, president; Dr. Lawrence A. William, medical director; Jack Kelly, vp-marketing; Susan Jackson, chief financial officer; Neilson S. Buchanan.

FHP Health Care*

9900 Talbert Ave., Fountain Valley, Calif. 92708; 714-963-7233; fax: 714-968-7159

Staff	
Physicians	2,500
Patients/physician	260
Board-certified	98%
Specialists	3,500
Administrative	7,500
Marketing	500
Facilities	
Hospitals	100
Pharmacies	150
Diagnostic labs	70
Locations	
Administrative	10
Primary care	799
Users	
Employer/payer groups	3,500
Single coverage	340,000
Family coverage	85,000
Employees & dependents	430,000
Total	645,000
Average hospital stay	3.0 days
Hospital bed days/1,000 members	220.0

Operational date: July 1961.
Federally qualified.
Certified in: California, Utah, Arizona, New Mexico and Guam.
Model type: IPA/staff/network.
For profit.
Ownership: FHP International Corp.
Service area: Los Angeles, Orange, Riverside, San Bernardino, Ventura and San Diego counties in California; Maricopa, Pinal and Pima counties in Arizona; Salt Lake, Weber, Davis, Summit, Nasatch and Tooele counties in Utah; Bernalillo, Valencia, Sandoval and Santa Fe counties in New Mexico; Guam.

Services: Standard package, including substance abuse, psychiatric services, obstetrics/gynecology. Options include experimental procedures, vision, dental, durable medical equipment, podiatry, indemnity/life insurance, workers compensation, retiree health plan. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.

Rating options: Community rating: $118.00 single, $341.00 family; community rating by class; adjusted community rating. Offers point-of-service contracts. Offers non-federally qualified programs to employers.

Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.

Management reports: Provided quarterly.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Gross revenues: $980.4 million in 1990; $699 million in 1989.

Officers: W.W. Price III, president/chief executive officer; Pat Vitacolonna, vp/chief operating officer; Dr. Gary Goldstein, vp-medical affairs; Tom Anderson, vp-marketing; Guy Gullino, vp-sales.

Contact: Guy Gullino.

*Figures are corporate, including all HMOs sponsored by FHP International Corp.

FHP Health Care

18000 Studebaker Road, Cerritos, Calif. 90701; 213-809-5399

See FHP Health Care under California.

Foundation Health, a California Health Plan

3400 Data Drive, Rancho Cordova, Calif. 95670; 916-631-5000; fax: 916-631-5152

Staff	
Physicians	2,244
Patients/physician	132
Board-certified	91%
Specialists	3,019
Administrative	61
Facilities	
Hospitals	115
Pharmacies	300
Diagnostic labs	48
Users	
Employer/payer groups	3,000
Single coverage	53,000
Family coverage	74,000
Employees & dependents	296,000
Total	296,000
Average hospital stay	4.2 days
Hospital admission/1,000 members	64

Operational date: March 1978.
Federally qualified.
Certified in: California.
Model type: IPA.
For profit.
Service area: 27 counties in California.

Services: Standard package, including psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision, dental, substance abuse, prescription drug. Diagnostic testing performed by contract with independent facilities.

Rating options: Community rating by class. Offers non-federally qualified programs to employers.

Management reports: Provided annually.

Billing: Provides direct billing for premiums under COBRA.

Gross revenues: $319.6 million in 1990; $244.5 million in 1989.

Officers: Steven D. Tough, president; Dr. Emmett Smith, medical director; Rich Corbett, marketing director.

Health Net

21600 Oxnard St., Suite 1700, Woodland Hills, Calif. 91367; 818-719-6776; fax: 818-719-6992

Staff	
Physicians	17,500
Patients/physician	214
Board-certified	68%
Specialists	13,500
Administrative	800
Marketing	188

Continued on page 22

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Hartford, Connecticut 06183

The Travelers

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Continued from page 20

Facilities	
Hospitals	269
Pharmacies	1,400
Locations	
Administrative	14
Primary care	288
Users	
Employer/payer groups	2,371
Single coverage	174,137
Family coverage	125,747
Employees & dependents	819,145
Total	844,479
Average hospital stay	3.7 days
Hospital admission/1,000 members	135.8

Operational date: February 1979.
Federally qualified.
Certified in: California.
Model type: Mixed.
Not for profit.
Service area: California.

Services: Standard package, including substance abuse, psychiatric services, podiatry, obstetrics/gynecology but excluding periodic checkups. Options include vision, dental, durable medical equipment, periodic check-ups and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Adjusted community rating. Offers point-of-service contracts.

Management reports: Provided monthly or upon request.

Billing: Provides direct billing for premiums under COBRA.

Gross revenues: $886 million in 1990; $708.2 million in 1989.

Officers: Roger Greaves, president/chairman/chief executive officer; Dr. Leonard W. Knapp, medical director; Rita Duarte, vp-sales/marketing; Gerald Cooper, chief financial officer; Mary Pat Yatsko, vp-provider services; Ken Lewis, vp-operations.

Contact: Rita Duarte.

Health Plan of America
505 S. Main St., Suite 300,
Orange, Calif. 92668;
714-972-9200;
fax: 714-647-4979

Staff	
Physicians	2,460
Patients/physician	50
Board-certified	95%
Specialists	8,870
Administrative	160
Marketing	28
Facilities	
Hospitals	143
Pharmacies	2,500
Diagnostic labs	130
Locations	
Administrative	7
Users	
Employer/payer groups	870
Single coverage	26,664
Family coverage	29,325
Employees & dependents	121,275
Total	121,275
Average hospital stay	4.2 days
Hospital admission/1,000 members	67

Operational date: December 1979.
Federally qualified.
Certified in: California.
Model type: IPA.
For profit.
Ownership: St. Joseph Health System.
Service area: 36 counties in California.

Services: Standard package, including psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision, substance abuse, prescription drug, hearing aids, prosthetic/orthotics and hospice. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating: $125.53 single, $338.93 family; community rating by class.

Management reports: Provided as scheduled.

Billing: Provides direct billing for premiums under COBRA.

Gross revenues: $112 million in 1990; $84 million in 1989.

Officers: Lawrence N. Kugelman, president/chief executive officer; Dr. John H. Austin, executive vp/medical director; David M. Horn, executive vp/marketing director; Donna J. Rockenbach, executive vp/chief financial officer.

Health Plan of the Redwoods
3033 Cleveland Ave., Santa Rosa,
Calif. 95403; 707-544-2273;
fax: 707-544-0312

Staff	
Physicians	575
Patients/physician	205
Specialists	448
Administrative	260
Marketing	14
Facilities	
Hospitals	14
Pharmacies	200
Locations	
Administrative	1
Users	
Employer/payer groups	1050
Single coverage	15,000
Family coverage	19,500
Employees & dependents	72,250
Total	77,000
Average hospital stay	4.2 days
Hospital admission/1,000 members	280

Operational date: March 1980.
Federally qualified.
Certified in: California.
Model type: IPA.
Not for profit.

Service area: Sonoma, Marin, Lake County, Mendocino counties in California.

Services: Standard package, including psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision, substance abuse, prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating by class, adjusted community rating.

Enrollment options: Individual enrollment is allowed.

Management reports: Provided as negotiated.

Billing: National accounts program with consolidated billing available.

Gross revenues: $84.2 million in 1990; $62.6 million in 1989.

Officers: Dr. Tom Maloney, president; John Baxter, executive director; Dr. Bradford Lundborg, medical director; Charles E. Gardner, marketing director; Heather Brandeburg, director-operations.

Inter Valley Health Plan
300 S. Park Ave., Suite 300,
Pomona, Calif. 91766;
714-623-5958; fax: 714-622-2907

Staff	
Physicians	293
Patients/physician	100
Board-certified	95%
Specialists	1,018
Administrative	74
Marketing	41
Facilities	
Hospitals	11
Pharmacies	169
Diagnostic labs	15
Locations	
Administrative	1
Primary care	251
Users	
Employer/payer groups	380
Single coverage	6,425
Family coverage	6,477
Employees & dependents	25,987
Total	25,784
Average hospital stay	2.6 days
Hospital admission/1,000 members	101

Operational date: May 1978.
Federally qualified.
Certified in: California.
Model type: IPA.
Not for profit.

Service area: Los Angeles, San Bernardino and Riverside counties.

Services: Standard package, including prescription drug, vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating.

Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA.

Gross revenues: $59 million in 1990; $45.3 million in 1989.

Officers: James Taylor, president; Dr. Alex Bokor, medical director; C. Lawrence Thomas, marketing director; Donald D. McCain, vp-finance.

Contact: Tony Walker, administrative/research analyst.

Continued on next page

They built the strongest nation in the world. Now FASB's labeled them liabilities.

The new Financial Accounting Standards Board (FASB) regulations require companies to carry retiree health care costs on their books as liabilities.

That's going to make retiree health care costs even more of a financial burden.

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Continued from previous page

Kaiser Permanente Medical Care Program*

1 Kaiser Plaza, Oakland, Calif. 94612; 415-271-5910; fax: 415-271-6495

Staff	
Physicians	8,712
Patients/physician	756
Board-certified	79%
Non-physician staff	74,572
Facilities	
Hospitals	7,972
Ambulatory care	189
Users	
Employer/payer groups	43,447
Single coverage	1.2 million
Family coverage	1.4 million
Employees & dependents	5.9 million
Average hospital stay	4.9 days
Hospital discharges/1,000 members	76

Operational date: 1945.
Federally qualified.
Certified in: California, Colorado, District of Columbia, Connecticut, Georgia, Hawaii, Kansas, Maryland, Massachusetts, Missouri, New York, North Carolina, Ohio, Oregon, Texas, Virginia and Washington.
Model type: Group.
Not for profit.
Service area: California, Colorado, Connecticut, District of Columbia, Georgia, Hawaii, Kansas, Maryland, Massachusetts, Missouri, New York, North Carolina, Ohio, Oregon, Texas, Virginia, Washington.
Rating options: Adjusted community rating, subject to laws and regulations in states where service areas are located.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Gross revenues: $8.4 billion in 1990; $6.8 billion in 1989.
Officers: James Vohs, chairman; Dr. David Lawrence, vice chairman/chief executive officer; Wayne Moon, president/chief operating officer.

*Figures are corporate, including information from all Kaiser HMOs

Kaiser Permanente, Northern California Region

1950 Franklin, Oakland, Calif. 94612; 415-987-1000

Staff	
Physicians	1,855
Board certified physicians	79%
Specialists	3,145
Administrative	2,689
Facilities	
Hospitals	17
Pharmacies	76
Diagnostic labs	58
Locations	
Administrative	1
Primary care	29
Users	
Employer/payer groups	14,636
Employees & dependents	2.2 million
Total	2.5 million
Average hospital stay	4.9 days
Hospital admission/1,000 members	75

Operational date: September 1945.
Federally qualified.
Certified in: California.
Model type: Group.
Not for profit.
Sponsorship: Kaiser Foundation Hospitals, The Permanente Medical Group Inc., Kaiser Foundation Health Plan Inc.
Service area: 21 counties in California.
Services: Standard package, including vision, substance abuse, psychiatric services, obstetrics/gynecology, physical/occupational/speech therapy, hemodialysis, extended nursing care services, home health services. Options include dental, durable medical equipment and prescription drug. Diagnostic testing and lab work performed by the HMO facilities.
Rating options: Adjusted community rating.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.
Management reports: Provided quarterly, annually or upon request.
Billing: National accounts program with consolidated billing available.
Gross revenues: $2.5 billion in 1990; $2 billion in 1989.
Officers: Wayne R. Moon, president-operations manager; David Pockell, regional manager; Dr. Harry Caulfied, medical director; Jerry Fleming, marketing director/health plan manager.
Contact: Jerry Fleming.
See Kaiser Permanente Medical Care Program under California.

Kaiser Permanente, Southern California Region

393 E. Walnut, Walnut Center, Pasadena, Calif. 91188; 818-405-5000

Staff	
Physicians	1,220
Board certified physicians	80%
Specialists	2,430
Administrative	3,019
Facilities	
Hospitals	12
Pharmacies	76
Diagnostic labs	15
Locations	
Administrative	1
Primary care	145
Users	
Employer/payer groups	9,213
Employees & dependents	2,074,327
Total	2,300,947
Average hospital stay	5.1 days
Hospital admission/1,000 members	80

Operational date: September 1945.
Federally qualified.
Certified in: California.
Model type: Group.
Not for profit.
Sponsorship: Kaiser Foundation Hospitals, Southern California Permanente Medical Group, Kaiser Foundation Health Plan Inc.
Service area: Los Angeles, Orange, Riverside, San Bernardino, San Diego counties; portions of Ventura and Kern counties in California.
Services: Standard package, including prescription drug, vision, substance abuse, psychiatric services, podiatry, obstetrics/gynecology, physical/ occupational/speech therapy, hemodialysis, extended care services, home health services. Options include durable medical equipment. Diagnostic testing and lab work performed by the HMO facilities.
Rating options: Adjusted community rating. Offers point-of-service contracts.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.
Management reports: Provided quarterly, annually or upon request.
Billing: National accounts program with consolidated billing available.
Gross revenues: $2.4 billion in 1990; $2 billion in 1989.
Officers: Wayne R. Moon, president-operations manager; Hugh Jones, regional manager; Dr. Frank Murray, medical director; Jerry Ashford, health plan manager.
Contact: Jerry Ashford.
See Kaiser Permanente Medical Care Program under California.

Lincoln National Health Plan of California Inc.

2655 Camino Del Rio N., Suite 300, San Diego, Calif. 92108; 619-299-6910; fax: 619-299-3854

1920 Main St., Suite 850, Irvine, Calif. 92714; 714-251-0441; fax: 714-251-0924

21800 Oxnard St., Suite 600, Woodland Hills, Calif. 91367; 818-716-7033; fax: 818-999-6683

Staff	
Physicians	1,230
Specialists	6,680
Facilities	
Hospitals	150

Officers: Terry Bayer, general manager; Chris Wing, executive director; Mark Wells, plan director.
See Lincoln National Health Plan corporate listing under Indiana.

Lincoln National Health Plan of California Inc.

3875 Hopyard Road, Pleasanton, Calif. 94566; 415-847-7200; fax: 415-469-0968

Continued on next page

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Continued from previous page

9342 Tech Center Drive, Suite 700, Sacramento, Calif. 95826; 916-368-4161; fax: 916-364-7761

Staff	
Physicians	345
Specialists	310
Facilities	
Hospitals	25

Officers: Terry Bayer, general manager; Darnell Dent, executive director; Jet Stansbury, plan director.

See Lincoln National corporate listing under Indiana.

Maxicare Health Plans Inc.

1149 S. Broadway St., Los Angeles, Calif. 90015; 213-742-0900; fax: 213-365-3499

Staff	
Physicians	7,700
Board-certified	80%
Specialists	8,338
Administrative	70
Marketing	26
Facilities	
Hospitals	228
Pharmacies	243
Locations	
Administrative	5
Primary care	2
Users	
Employer/payer groups	2,677
Single coverage	21,994
Family coverage	15,830
Employees & dependents	93,637
Total	107,619
Average hospital stay	3.4 days
Hospital admission/1,000 members	80.5

Operational date: August 1972.
Federally qualified.
Certified in: California.
NCQA qualification pending.
Model type: Network.
For profit.
Service area: 22 counties in California.

Services: Standard package, including prescription drug, substance abuse, outpatient psychiatric services, podiatry, obstetrics/gynecology. Options include vision, inpatient psychiatric services, dental and durable medical equipment. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating: $122.72 single, $326.87 family; community rating by class; adjusted community rating.

Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Gross revenues: $6.3 million in 1990; $10.9 million in 1989.

Officers: Eugene Froelich, president; Jack Horn, executive director; Dr. William Weil, medical director; Connie S. Zastoupil, marketing director.

MetLife Healthcare Network of California

4500 E. Pacific Coast Highway, Suite 600, Long Beach, Calif. 90804; 213-498-5200

Staff	
Physicians	1,500
Specialists	5,150
Facilities	
Hospitals	81
Locations	
Administrative	2

Operational date: June 1986
Certified in: California.
Model type: IPA.
For profit.
Sponsorship: Metropolitan Life Insurance Co.
Service area: Alameda, Santa Clara, San Mateo, San Francisco, Contra Costa, Orange, San Bernardino, Riverside, Los Angeles and Ventura counties in California.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision, dental and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.

Billing: National accounts program with consolidated billing available.

Officers: Bud Volberding, president/chief executive officer.

Oral Health Services/MIDA Dental Plan

15720 Ventura Blvd., Suite 222, Encino, Calif. 91436; 800-937-6432; fax: 818-981-8442

Staff	
Physicians	583
Patients/physician	512
Board-certified	100%
Specialists	536
Administrative	69
Marketing	1
Locations	
Administrative	3
Primary care	801
Users	
Employees & dependents	298,432

Operational date: 1973.
Certified in: California.
Model type: IPA.
For profit.
Service area: California and Arizona.
Services: Dental services only.
Rating options: Community rating; adjusted community rating.
Enrollment options: Individual enrollment is allowed.
Management reports: Provided monthly, quarterly or annually.
Billing: Provides direct billing for premiums under COBRA.
Officers: Walter Knysz, president; Stephen Patterson, medical director; Tamara Jacobs, marketing director.
Contact: Tamara Jacobs, 313-353-6410.

Pacific Union Dental

2200 Powell St., Suite 805, Emeryville, Calif. 94608; 800-999-3367; fax: 510-547-7305

Staff	
Dentists	271 offices
Patients/office	480
Specialists	1
Administrative	35
Marketing	5
Locations	
Administrative	5
Users	
Employer/payer groups	200
Single coverage	17,700
Family coverage	30,300
Employees & dependents	130,000
Total	130,000

Operational date: December 1984.
Federally qualified.
Certified in: California and Nevada.
Model type: Group.
For profit.
Service area: California and Nevada.
Services: Dental services only.
Rating options: Adjusted community rating.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.
Management reports: Provided quarterly or as requested.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $14 million in 1990; $10.6 million in 1989.
Officers: Clayton Hayes, president; Michael C. Hayes, executive director; R. Dennis Spain, medical director; Robert Dickes, marketing director.

PacifiCare Health Systems*

5995 Plaza Drive, Cypress, Calif. 90630; 714-952-1121; fax: 714-220-3774

Staff	
Physicians	2,500
Board-certified	100%
Specialists	8,700
Administrative	1,350
Marketing	250
Facilities	
Hospitals	250
Pharmacies	1,100
Locations	
Administrative	9
Primary care	640
Users	
Employer/payer groups	2,700
Single coverage	110,000
Family coverage	150,000
Employees & dependents	560,000
Total	710,000
Average commercial hospital stay	3.8 days
Average Medicare hospital stay	5.7days
Commercial hospital admission/1,000 members	55
Medicare hospital admission/1,000 members	200

Continued on next page

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Contact: Jerry Fleming, Health Plan Mgr.
Telephone: (510) 987-3165
Southern California Region (Los Angeles, Riverside, Orange, San Bernardino, San Diego and Kern Counties)
Kaiser Permanente
393 East Walnut Street
Pasadena, CA 91188
Contact: L. Jerome Ashford, Health Plan Mgr.
Telephone: (818) 405-3026

COLORADO
(Greater Denver and Boulder)
Kaiser Permanente
10350 East Dakota Avenue
Denver, CO 80231-1314
Contact: Steve Tomme, Health Plan Mgr.
Telephone: (303) 344-7740

HAWAII
(Islands of Oahu, Maui and Hawaii)
Kaiser Permanente
711 Kapiolani Blvd.
Honolulu, HI 96813
Contact: David Dunlap, Health Plan Mgr.
Telephone: (808) 529-5241

GEORGIA
(Atlanta)
Kaiser Permanente
3355 Lenox Road, NE, Suite 1000
Atlanta, GA 30326
Contact: Ronald Hostettler, Health Plan Mgr.
Telephone: (404) 233-0555

KANSAS/MISSOURI
(Greater Kansas City)
Kaiser Permanente
10561 Barkley
Overland Park, KS 66212
Contact: Dotti Dam, Health Plan Mgr.
Telephone: (913) 469-5853

MID-ATLANTIC STATES
(Washington, D.C., Virginia, Baltimore, MD and Maryland suburbs)
Kaiser Permanente
4200 Wisconsin Avenue, NW, Suite 300
Washington, D.C. 20016
Contact: Robert Essink, Health Plan Mgr.
Telephone: (202) 364-3434

NORTH CAROLINA
(Charlotte, Raleigh, Durham and Chapel Hill)
Kaiser Permanente
3120 Highwoods Blvd.
Raleigh, NC 27604-1018
Contact: Anna M. Lore, Health Plan Mgr.
Telephone: (919) 878-9870

NORTHEAST
(Hartford, CT, White Plains, NY, Amherst and Springfield, MA)
Kaiser Permanente
76 Batterson Park Road
Farmington, CT 06034-4011
Contact: William Kramer, Health Plan Mgr.
Telephone: (203) 678-6000

NORTHWEST
(Greater Portland and Salem, OR, Vancouver and Longview, WA)
Kaiser Permanente
3600 North Interstate Avenue
Portland, OR 97227-1191
Contact: Denise Honzel, Health Plan Mgr.
Telephone: (503) 721-4600

OHIO
(Greater Cleveland and Akron)
Kaiser Permanente
1100 Bond Ct. Bldg.
1300 East 9th Street, Suite 1100
Cleveland, OH 44114
Contact: Robert Baker, Health Plan Mgr.
Telephone: (216) 621-5600, ext. 5237

TEXAS
(Dallas and Ft. Worth)
Kaiser Permanente
12720 Hillcrest Road, Suite 600
Dallas, TX 75230
Contact: John Pinkney, Health Plan Mgr.
Telephone: (214) 458-5055

NATIONAL OFFICE
(For National Accounts)
Kaiser Permanente
1 Kaiser Plaza
Oakland, CA 94612
Contact: Mark Hellender, Vice President
Telephone: (510) 271-5883

KAISER PERMANENTE
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Continued from previous page

Operational date: 1978.
Federally qualified.
Certified in: California, Oregon, Texas and Oklahoma.
Model type: Mixed.
For profit.
Service area: 10 counties in California; 13 counties in Oklahoma; Clackamas, Columbia, Marion, Multnomah, Washington and Yam Hill counties in Oregon; Bexar county in Texas.
Services: Standard package, including podiatry, obstetrics/gynecology. Options include vision, dental, substance abuse, psychiatric services, durable medical equipment and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries.
Management reports: Provided upon request.
Billing: National accounts program with consolidated billing available.
Gross revenues: $970 million in 1990; $646 million in 1989.
Officers: Terry Hartshorn, chief executive officer/president; Alan Hoops, chief operating officer; Wayne Lowell, chief financial officer; John Siefker, senior vp.
Contact: Debby Iacunato.
*Figures are corporate, including all HMOs sponsored by PacifiCare Health Systems Inc.

PacifiCare of California

5701 Katella Ave., Cypress, Calif. 90603

Officers: Richard Lipeles, president; Michael Lombardi, vp-marketing; Dr. William Osheroff, medical director; David Barr, vp-finance.
See PacifiCare Health Systems Inc. corporate listing under California.

PacifiCare of Northern California

300 Drake's Landing Road, Suite 251, Greenbrae, Calif. 94904

Officers: Hal Hylton, president; Richard Bruno, vp-sales; Jon Buss, vp-finance.
See PacifiCare Health Systems Inc. corporate listing under California.

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Private Medical Care Inc.

5122 Katella Ave., Suite 206, Los Alamitos Calif. 90720;
213-493-6061 or 714-978-6624;
fax: 213-493-1041

Staff	
Dentists	850
Locations	
Administrative	3
Users	
Employer/payer groups	800

Operational date: November 1968.
Certified in: Arizona, California, Colorado, Florida, Georgia, Illinois, Minnesota, New Mexico, Nevada, Texas, Utah.
Model type: Network.
Not for profit.
Ownership: Delta Dental Plan of California.
Service area: Arizona, California, Colorado, Florida, Georgia, Illinois, Minnesota, New Mexico, Tennessee, Texas, Utah.
Services: Vision and dental only.
Rating options: Community rating by class, adjusted community rating.
Management reports: Provided upon request.
Gross revenues: $52 million in 1990; $47 million in 1989.
Officers: James P. Moon, president; Steven Bull, vp-professional relations/executive dental director; Bill Jones (Delta Dental Plan of California), marketing director; Randy Brecher, vp-finance/operations, Marilyn Masters, vp-research.
Contact: Bill Jones, Delta Dental Plan of California, P.O. Box 7736, San Francisco, Calif. 94120, 415-972-8301.

PruCare of California

9171 Towne Centre Drive, Suite 380, San Diego, Calif. 92122;
619-457-4354; fax: 619-552-0543

Staff	
Physicians	800
Patients/physician	70
Board-certified	90%
Specialists	1,200
Administrative	75
Marketing	35
Facilities	
Hospitals	32
Pharmacies	380
Diagnostic labs	60
Locations	
Administrative	1
Primary care	1,375
Users	
Employer/payer groups	425
Single coverage	15,450
Family coverage	20,005
Employees & dependents	78,000
Total	78,000
Average hospital stay	4.5 days
Hospital admission/1,000 members	48

Certified in: California.
NCQA qualification pending.
Model type: Mixed.
For profit.
Ownership: Prudential Insurance Co. of America
Service area: Alameda, San Francisco, Contra Costa, Marin, San Mateo, Santa Clara, Solono and Sonoma counties in California.
Services: Standard package, including prescription drug, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision and dental. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class, adjusted community rating. Offers point-of-service contracts, 74% of members are enrolled.
Management reports: Provided quarterly.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: Kathleen Swenson, president; Richard Badger, executive director; Dr. Arthur Small, medical director; John Crooms, marketing director.
Contact: John Crooms.

PruCare of Sacramento and the Central Valley

435 Watt Ave., Suite B,
Sacramento, Calif. 95864;
916-974-3565; fax: 916-482-4381

Staff	
Physicians	280
Board-certified	85%
Specialists	900
Administrative	3
Marketing	1
Facilities	
Hospitals	13
Pharmacies	45
Diagnostic labs	110
Locations	
Administrative	2

Operational date: October 1991.
Certified in: California.
Model type: Mixed.
For profit.
Ownership: The Prudential Insurance Co. of America.
Service area: Sacramento, San Joaquin and portions of Placer and Yolo counties in California.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include experimental procedures, vision, dental, substance abuse, psychiatric services and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class, adjusted community rating. Offers point-of-service contracts.
Management reports: Provided quarterly.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: Kathy Swenson, president (PruCare of California); Richard Badger, executive director (PruCare of Northern California); Dr. Art Small, medical director (PruCare of Northern California); John Crooms, marketing director (Prudential).
Contact: Janet McKinney, group manager (PruCare of Sacramento and the Central Valley).

Prudential Health Care Plan of California

5800 Canoga Ave., Woodland Hills, Calif. 91367; 818-992-2266;
fax: 818-992-2288

Staff	
Physicians	750
Point-of-service patients/physician	106
HMO patient/physician	41
Board-certified	76%
Specialists	2,324
Administrative	119
Marketing	25
Facilities	
Hospitals	41
Pharmacies	100
Locations	
Administrative	4
Users	
Employer/payer groups	1,041
HMO total	21,266
Point-of-service total	56,009
Average hospital stay	4.3 days
Hospital admission/1,000 members	51

Operational date: July 1987.
Certified in: California.
Model type: Mixed.
For profit.
Ownership: The Prudential Insurance Co. of America.
Services: Standard package, including durable medical equipment, podiatry, obstetrics/gynecology. Options include vision, dental, substance abuse, psychiatric services, prescription drug and mental health/substance abuse. Diagnostic testing and lab work performed by contract with independent facilities.
Continued on next page

Staff	
Physicians	347
Patients/physician	75
Board-certified	90%
Specialists	2,066
Administrative	37
Marketing	14
Facilities	
Hospitals	20
Pharmacies	48
Diagnostic labs	50
Locations	
Administrative	1
Users	
Employer/payer groups	400
Single coverage	8,907
Family coverage	7,287
Employees & dependents	30,769
Total	30,769
Average hospital stay	4 days
Hospital admission/1,000 members	57.1

Operational date: July 1990.
Certified in: California.
NCQA qualification pending.
Model type: Network.
For profit.
Ownership: Prudential Health Care Plan of California.
Service area: San Diego county in California.
Services: Standard package, including durable medical equipment, podiatry, obstetrics/gynecology. Options include dental, substance abuse, psychiatric services and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts, 61% of members are enrolled.
Management reports: Provided quarterly.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: Kathleen Swenson, president; Sharon Olson, executive director; Dr. Sol Lizerbram, medical director; Dennis McDowell, marketing director.
Contact: Kim Fields.

PruCare of Northern California

177 Bovet Road, Suite 400, San Mateo, Calif. 94402;
415-345-5599; fax: 415-341-6260

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Continued from previous page

Rating options: Community rating by class, experience rating. Offers point-of-service contracts. 75% of members are enrolled.

Officers: Kathleen Swenson, president; Cheryl Pope, executive director; Dr. Jeffrey Kamil, medical director; Richard LaBrecque, marketing director.

Prudential Health Care Plan of California

1100 Town & Country, Suite 1600, Orange, Calif. 92668; 714-547-4088; fax: 714-558-0309

Staff	
Physicians	533
Point-of-service patients/physician	67
HMO patients/physician	23
Board-certified	60%
Specialists	1,965
Administrative	61
Marketing	19
Facilities	
Hospitals	20
Pharmacies	75
Locations	
Administrative	4
Users	
Employer/payer groups	1,041
Point-of-service total	35,678
HMO total	48,123
Average hospital stay	4.1 days
Hospital admission/1,000 members	50.4

Operational date: July 1987.
Certified in: California.
Model type: Mixed.
For profit.
Ownership: The Prudential Insurance Co. of America.
Services: Standard package, including durable medical equipment, podiatry, obstetrics/gynecology. Options include vision, dental, substance abuse, psychiatric services, prescription drug and mental health/substance abuse plans. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating by class, experience rating. Offers point-of-service contracts, 75% of members are enrolled.
Billing: Provides direct billing for premiums under COBRA.
Officers: Kathleen Swenson, president; Cheryl B. Pope, executive director; Dr. Richard E. Katz, medical director; Kathleen Dibble, marketing director.

Psychology Systems Inc.

615 S. Main St., Milpitas, Calif. 95035; 408-263-8046; fax: 408-942-0264

Staff	
Psychologists/psychiatrists	3,000
Board-certified	9%
Administrative	18
Marketing	4
Facilities	
Hospitals	450
Locations	
Administrative	2
Users	
Employer/payer groups	421
Total	120,000
Average hospital stay	7 days
Hospital admission/1,000 members	2

Operational date: 1979.
Certified in: California.
Model type: Group.
For profit.
Service area: Alameda, Kern, Merced, San Joaquin, Santa Clara counties in California.
Services: Standard package, including prescription drug, substance abuse, psychiatric services.
Management reports: Provided quarterly.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: Dr. John C. Brady II, president; Dr. Ronald Seff, medical director; Richard L. Falls, marketing director; Dr. James B. Wallace, vp-managed care.
Contact: Richard Falls.

Qual-Med California

155 Grand Ave., Oakland, Calif. 94612; 510-287-4511; fax: 510-465-1333

Staff	
Physicians	524
Board-certified	80%
Specialists	2,156
Administrative	168
Marketing	25
Facilities	
Hospitals	23
Pharmacies	4,500
Diagnostic labs	60
Locations	
Administrative	1
Users	
Employer/payer groups	408
Single coverage	16,646
Family coverage	20,810
Employees & dependents	80,371
Total	80,371
Average hospital stay	4 days
Hospital admission/1,000 members	60

Operational date: June 1981.
Federally qualified.
Certified in: California.
Model type: IPA.
For profit.
Service area: Alameda, Contra Costa, San Francisco, San Mateo, Solano, Marin.
Services: Standard package, including psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision, substance abuse, prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class, adjusted community rating.
Management reports: Provided quarterly or upon request.
Gross revenues: $108.8 million in 1990; $82 million in 1989.
Officers: Walter Woodbury, executive director; Dr. William Popik, medical director; Michael D'Hoostelaere, vp-marketing.

St. Joseph's Omni Health Plan

1805 N. California Ave., Suite 303, Stockton, Calif. 95204; 209-466-6664; fax: 209-466-6755

Staff	
Physicians	290
Patients/physician	85
Specialists	399
Administrative	60
Marketing	20
Facilities	
Hospitals	11
Pharmacies	86
Diagnostic labs	15
Locations	
Administrative	4
Users	
Employer/payer groups	650
Single coverage	6,293
Family coverage	6,734
Employees & dependents	28,203
Total	28,203
Average hospital stay	3.1 days

Operational date: December 1986.
Federally qualified.
Certified in: California.
Model type: IPA.
Service area: San Joaquin and Stanislaus counties in California.
Services: Standard package, including prescription drug, durable medical equipment, obstetrics/gynecology. Options include experimental procedures, vision, dental, substance abuse, psychiatric services, obstetrics/gynecology. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.
Rating options: Community rating: $120 single, $280 family.
Gross revenues: $11 million in 1990; $8 million in 1989.
Officers: David P. Moscovic, president/chief executive officer; Dr. Robert Westafer, medical director; Anne McCollum, marketing director.

Travelers Health Network of California Inc.

2729 Prospect Park Drive, Suite 208, Rancho Cordova, Calif. 95670; 916-631-3872

Staff	
Physicians	322
Patients/physician	19
Specialists	926
Administrative	15
Facilities	
Hospitals	19
Pharmacies	101
Locations	
Administrative	1
Users	
Employees & dependents	6,082

Operational date: September 1985.
Federal qualified.
Certified in: California.
Model type: IPA.
For profit.
Ownership: The Travelers Cos.
Service area: Nevada, Placer, Yolo, El Dorado, Sacramento, Madera counties in California.
Services: Standard package, including durable medical equipment, obstetrics/gynecology, artificial aids. Options include vision, substance abuse, psychiatric services, prescription drug, family planning-surgical. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts. Offers non-federally qualified programs to employers.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: Dr. Rene Lerer, president; Ann Carder, executive director; Dr. Libby Marks, medical director.
Contact: Shelley Nakunz, product management analyst, 214-470-5986.

VIP Health Plan

3500 E. Camino Ave., Oxnard, Calif. 93030; 805-988-0277; fax: 805-988-1359

Staff	
Physicians	176
Patients/physician	167
Board-certified	100%
Specialists	195
Administrative	43
Marketing	3
Facilities	
Hospitals	11
Diagnostic labs	9
Locations	
Administrative	1
Primary care	793
Users	
Employer/payer groups	211
Single coverage	4,915
Family coverage	7,501
Employees & dependents	29,386
Total	29,386
Average hospital stay	3.9 days
Hospital admission/1,000 members	110

Operational date: September 1982.
Federally qualified.
Certified in: California.
Model type: IPA.
For profit.
Ownership: Century Medicorp.
Service area: Ventura County in California.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision, dental, substance abuse, psychiatric services, durable medical equipment, prescription drug and chiropractic services. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating: $129.19 single, $361.74 family.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $30.6 million in 1990; $24.8 million in 1989.
Officers: Thomas A. Diaz, president; Dr. Gerald Zaid, medical director; Lisa D. Shippy, marketing director.

Vista Health Plans

3255 Northside Drive, San Diego, Calif. 92108; 619-563-1770

Staff	
Board-certified physicians	100%
Administrative	20
Marketing	3
Facilities	
Hospitals	32
Locations	
Administrative	3
Primary care	2
Users	
Employer/payer groups	5
Single coverage	85,000
Family coverage	85,000
Employees & dependents	85,000
Total	85,000
Average hospital stay	7.8 days
Hospital admission/1,000 members	45

Operational date: July 1989.
Certified in: California.
Model type: IPA/network.
Not for profit.
Service area: Los Angeles, Orange, San Diego, Ventura, Riverside, Santa Barbara, San Bernardino counties in California.
Services: Package includes physicians, hospitalization, substance abuse and psychiatric services only. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating, community rating by class, adjusted community rating.
Management reports: Provided quarterly or annually.
Billing: National accounts program with consolidated billing available.
Gross revenues: $4 million in 1990; $3.6 million in 1989.
Officers: Keith Dixon, executive director; Dr. Robert Moore, medical director; Peggy Cronin, marketing director.

COLORADO

Aetna Health Plans/PARTNERS Health Plan of Colorado Inc.

7979 E. Tufts Ave. Parkway, Suite 410, Denver, Colo. 80237; 303-721-8880; fax: 303-721-0809

Staff	
Physicians	367
Patients/physician	15.6
Board-certified	70%
Specialists	947
Administrative	18
Marketing	9

Continued on next page

WHY IT PAYS FOR LARGE FIRMS TO GET SPECIAL CLAIM SERVICE EVEN BEFORE THERE'S A CLAIM.

You know Continental Loss Adjusting as a full-service loss adjusting firm. But perhaps you don't know how extensive our services are. For large self-insureds, we have a unit that focuses specifically on meeting your needs, long before the first loss occurs.

Experts in our Special Services unit, as part of our underwriting process, work with risk managers in the design and administration of efficient, cost-effective service programs. They analyze needs, set up claim handling instructions and develop cost containment procedures. If a loss occurs, they expedite claims, head off settlement problems and ensure fair resolution of disputes.

These services and others help you control costs, especially in workers' compensation cases. To learn more about Continental Special Services, contact Deborah Finch, Assistant Vice President. Telephone: (212) 440-7853.

Continental Loss Adjusting SM

There when it counts.

Continued from previous page

Facilities	
Hospitals	16
Pharmacies	69
Locations	
Administrative	1
Users	
Total	5,736
Average hospital stay	3.8 days
Hospital admission/1,000 members	79

Operational date: January 1988.
Certified in: Colorado.
Model type: IPA.
For profit.
Ownership: Aetna Life Insurance Co., Lutheran Medical Center.
Service area: Adams, Arapahoe, Boulder, Denver, Douglas, El Paso, Jefferson, Larimer, Pueblo and Weld counties in Colorado.
Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Diagnostic testing performed by contract with independent facilities.
Rating options: Community rating by class.
Management reports: Provided quarterly.
Billing: National accounts program with consolidated billing available.
Officers: Patrick W. Dowd, president/market manager; Dr. Virginia Moore, medical director; Jerry Banks, marketing director; Robert Toller, treasurer/secretary; Patrice Maloney-Knauff, secretary; James Touse, Cindy Aguilar, assistant secretary.
See AETNA Life Insurance Co. under Connecticut.

CIGNA HealthPlan of Colorado Inc.

950 S. Cherry St., Suite 1414, Denver, Colo. 80222; 303-782-1500; fax: 303-782-1577

Staff	
Physicians	605
Patients/physician	500
Board-certified	87%
Specialists	1,808
Facilities	
Hospitals	18
Pharmacies	205
Diagnostic labs	1
Locations	
Administrative	2
Primary care	3,560
Users	
Total	36,224

Operational date: July 1986.
Federally qualified.
Certified in: Colorado.
Model type: IPA.
For profit.
Ownership: CIGNA Corp.
Service area: Adams, Arapahoe, Boulder, Denver, Douglas, El Paso, Larimer, Pueblo, Teller and Weld.
Services: Standard package, including experimental procedures, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, skilled nursing facilities, short-term rehabilitation and physical therapy, external prosthesis, hearing screening. Options include vision and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: Dr. David Berenbeim, medical director.
See CIGNA Corp. under Connecticut.

Comprecare

12100 E. Iliff Ave., P.O. Box 441170, Aurora, Colo. 80044; 303-695-6685; fax: 303-751-4432

Staff	
Physicians	630
Patients/physician	246
Specialists	1,286
Administrative	296
Marketing	32
Facilities	
Hospitals	21
Pharmacies	227
Diagnostic labs	1
Locations	
Administrative	3
Primary care	2,000
Users	
Employer/payer groups	464
Single coverage	26,835
Family coverage	36,017
Employees & dependents	145,471
Total	155,038
Average hospital stay	4.3 days
Hospital admission/1,000 members	276

Operational date: 1974.
Federally qualified.
Certified in: Colorado.
Model type: IPA.
For profit.
Service area: 15 counties in Colorado.
Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology. Options include vision, dental and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating, community rating by class, adjusted community rating. Offers point-of-service contracts, 7% of members are enrolled.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.
Management reports: Provided quarterly.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $202 million in 1990; $180.2 million in 1989.
Officers: Eric D. Sipf, chief executive officer; Dr. Val Dean, vp/medical director; Jerry Presley, vp-marketing; Dick Zane, vp-operations; Gregory Huls, vp-finance/chief financial officer; Mary Mock, executive director-IPA contracts.

Exclusive Healthcare of Colorado Inc.

Stanford Place 3, Suite 103, 4582 S. Ulster St. Parkway, Denver, Colo. 80237; 303-694-6919; fax: 303-220-1150

Staff	
Physicians	322
Patients/physician	8.4
Board-certified	100%
Specialists	635
Administrative	3
Marketing	2
Facilites	
Hospitals	9
Diagnostic labs	10
Locations	
Administrative	2
Users	
Employer/payer groups	15
Single coverage	550
Family coverage	704
Employees & dependents	2,708
Total	2,708
Average hospital stay	4.5 days
Hospital admission/1,000 members	77

Operational date: August 1989.
Certified in: Colorado.
Model type: IPA.
For profit.
Ownership: Mutual of Omaha Cos.
Services: Standard package, including prescription drug, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision only. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Adjusted community rating.
Management reports: Provided quarterly or upon request.
Billing: Provides direct billing for premiums under COBRA.
Officers: Dick Easley, president; John Fraser, executive director; Dr. David Ziegler, medical director; Les Swick, marketing director; Steve Burnham.
Contact: Steve Mencke, administrative services coordinator, 402-978-5991.

HMO Colorado

700 Broadway, Denver, Colo. 80273; 303-831-2131; fax: 303-831-2399

Staff	
Physicians	341
Patients/physician	188
Board-certified	75%
Specialists	1,012
Administrative	150
Marketing	75

Continued on next page



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Continued from previous page

Facilities	
Hospitals	30
Pharmacies	72
Diagnostic labs	1
Locations	
Administrative	3
Users	
Employer/payer groups	630
Employees & dependents	62,956
Total	64,153
Average hospital stay	3.9 days
Hospital admission/1,000 members	62.3

Operational date: January 1980.
Federally qualified.
Certified in: Colorado.
Model type: Network.
For profit.
Ownership: Blue Cross & Blue Shield of Colorado.
Service area: 22 counties in Colorado.
Services: Standard package, including vision, psychiatric services, obstetrics/gynecology. Options include dental, substance abuse and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries.
Management reports: Provided quarterly.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $70.8 million in 1990; $66.7 million in 1989.
Officers: Dr. George E. Kandel, president; Dr. Terry Sullivan, medical director; John Chenier, vp/marketing director.

Health Network of Colorado Springs

555 E. Pikes Peak Ave., Suite 108, Colorado Springs, Colo. 80903; 719-475-5025; fax: 719-475-5004

Staff	
Physicians	66
Board-certified	90%
Specialists	119
Administrative	35
Marketing	4
Facilites	
Hospitals	1
Pharmacies	1
Diagnostic Labs	1
Locations	
Administrative	1
Users	
Employer/payer groups	141
Single coverage	2,881
Family coverage	4,842
Employees & dependents	19,222
Average hospital stay	3.1 days
Hospital admission/1,000 members	115

Operational date: April 1986.
Federally qualified.
Certified in: Colorado.
Model type: IPA.
For profit.
Ownership: Physicians Network of Colorado Springs.
Service area: Colorado.
Services: Standard package, including vision, psychiatric services, durable medical equipment, obstetrics/gynecology. Options include dental, substance abuse. Diagnostic testing and lab work performed by the HMO facilities.
Rating options: Community rating: $116.95 single, $299.98 family. Offers non-federally qualified programs to employers.
Management reports: Provided upon request.
Gross revenues: $10.2 million in 1990; $7.2 million in 1989.
Officers: Ron Burnside, president/chief executive officer; Dr. J. Richard Bursenhan, vice chairman; Dr. David R. Wolf, medical director/chairman; Mark Steider, marketing director; Dr. J. E. Cook, secretary; Marilyn Gifford, assistant secretary/treasurer; Dr. Nathan Brightwell, Dr. Richard Evans, Dr. Donald Gazibara, Dr. Warren Goldstein, Dr. K. Patrick McCaffery, directors.
Contact: Mark Steider.

Humana Health Plan Inc.

3900 E. Mexico Ave., Suite 800, Denver, Colo. 80210; 303-691-6990; fax: 303-691-6988

Users	
Employees & dependents	6,687

Operational date: 1985.
Model type: IPA.
Ownership: Humana Inc.
Service area: Adams, Arapahoe, Denver, Douglas and Jefferson counties in Colorado.
Officers: James Cameron, executive director; Sandy Peif, sales manager.
See Humana Health Care Plans in Kentucky.

Kaiser Permanente, Colorado Region

10350 E. Dakota Ave., Denver, Colo. 80231-1314; 303-344-7200; fax: 303-344-7290

Staff	
Physicians	170
Board certified physicians	82%
Specialists	275
Administrative/marketing	1,830
Facilities	
Hospitals	4
Pharmacies	9
Diagnostic labs	11
Locations	
Administrative	1
Primary care	11
Users	
Employer/payer groups	2,885
Employees & dependents	222,438
Total	256,968
Average hospital stay	4.3 days
Hospital admission/1,000 members	72

Operational date: July 1969.
Federally qualified.
Certified in: Colorado.
Model type: Group.
Not for profit.
Sponsorship: Colorado Permanente Medical Group, P.C.; Kaiser Foundation Health Plan of Colorado.
Service area: Boulder and Denver counties; portions of Adams, Arapahoe, Clear Creek, Douglas, Gilpin, Grand, Jefferson, Larimer, Park and Weld counties in Colorado.
Services: Standard package, including vision, substance abuse, psychiatric services, obstetrics/gynecology, physical/occupational/speech therapy, hemodialysis, extended nursing care services and home health services. Options include dental, durable medical equipment and prescription drug. Diagnostic testing and lab work performed by the HMO facilities.
Rating options: Adjusted community rating.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.
Management reports: Provided quarterly, annually or upon request.
Billing: National accounts program with consolidated billing available.
Gross revenues: $234 million in 1990; $178 million in 1989.
Officers: Wayne R. Moon, president/operations manager; Chris Binkley, regional manager; Dr. Toby Cole, medical director; Steve Tomme, health plan manager.
Contact: Steve Tomme.
See Kaiser Permanente Medical Care Program under California.

Lincoln National Health Plan of Colorado

7979 E. Tufts Ave., Suite 700, Denver, Colo. 80236; 303-779-4700; fax: 303-741-3612

5725 Mark Dabling Blvd., Suite 240, Colorado Springs, Colo. 80919; 719-548-8700

720 N. Main St., Suite 200, Pueblo, Colo. 81003; 719-542-2685

2627 Redwing Road, Suite 120, Fort Collins, Colo. 80526; 303-223-9898

Staff	
Physicians	415
Specialists	1,620
Facilities	
Hospitals	28

Officers: Stephen O'Del., general manager; Mike Fulk, regional manager; Ken Prewitt-Wood, plan director.
See Lincoln National Health Plan corporate listing under Indiana.

MetLife HealthCare Network-Colorado

1512 Larimer St., Bridge Level, Denver, Colo. 80202; 303-629-5331

Staff	
Physicians	600
Specialists	1,150
Facilities	
Hospitals	20
Locations	
Administrative	1

Operational date: April 1986.
Certified in: Colorado.
Model type: IPA.
For profit.
Ownership: Metropolitan Life Insurance Co.
Service area: Adams, Arapahoe, Boulder, Denver, El Paso, Jefferson, Larimar, Pueblo, Teller and Weld counties in Colorado.
Management reports: Provided.
Billing: National accounts program with consolidated billing available.
Officers: Roger Friend, president/chief executive officer.

Randmark Management-Colorado

1211 Connecticut Ave. N.W., Suite 200, Washington, D.C. 20006; 202-283-8800; fax: 202-466-3789

Staff	
Dentists	61
Patients/dentist	60
Specialists	50
Administrative	7
Marketing	4
Locations	
Administrative	1
Primary care	110
Users	
Single coverage	1,900
Total	3,500

Certified in: Colorado.
Model type: IPA.
Service area: Adams, Arapahoe, Denver, Douglas, El Paso and Jefferson counties in Colorado.
Services: Dental only.

Continued on next page

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to bring together all the components
of your benefits package into



one integrated system?
One that continuously monitors
and evaluates utilization to help
control health care costs?

Continued from previous page

Rating options: Community rating; adjusted community rating. Offers point-of-service contracts, 10% of members are enrolled.

Enrollment options: Individual enrollment is allowed.

Management reports: Provided upon request.

Billing: National accounts program with consolidated billing available.

Officers: Randy Widen, chairman; Marc Doctors, president; Robert Wergin, chief executive officer; Dan Karateew, dental director; Annette Rolin, marketing director; Mike Lloyd, chief financial officer.

Contact: Annette Rolin.

See Randmark Management Inc. under District of Columbia.

CONNECTICUT

Aetna Life Insurance Co.*

Aetna Health Plans, 1000 Middle St., Middletown, Conn. 06457; 203-273-0123; fax: 214-401-8562

Staff	
Physicians	13,000
Patients/physician	100
Specialists	26,000
Facilities	
Hospitals	600
Locations	
Administrative	26
Primary care	40,080
Users	
Employer/payer groups	10,000
Total	1.3 million

Operational date: 1972.
Federally qualified.
NCQA qualification pending.
Model type: Group/IPA/network.
Ownership: Aetna Life Insurance Co.

Service area: Arizona, California, Colorado, Connecticut, Florida, Georgia, Illinois, Indiana, Louisiana, Maryland, Michigan, Minnesota, Missouri, New Jersey, New York, Ohio, Pennsylvania, Tennessee, Texas, Virginia, Washington, Wisconsin, District of Columbia.

Services: Standard package, including obstetrics/gynecology. Options include vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating, community rating by class, adjusted community rating. Offers point-of-service contracts. Offers non-federally qualified programs to employers.

Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Officers: James W. McLane, president/chief executive officer; T. Jerald Moore, senior vp-operations; Charles T. Bell, senior vp; Howard Bailit, vp-medical policy/programs; Sherry Manetta, chief financial officer; Alvin Parven, vp-claims/administration.

Contact: Melissa MacDonald, 214-401-8789.

*Figures are corporate, including all HMOs sponsored by Aetna Life Insurance Co.

Aetna Health Plans of Southern New England

1111 Country Club Road, Middletown, Conn. 06457; 203-638-6000; fax: 203-638-6050

Staff	
Physicians	600
Patients/physician	36
Specialists	1,200
Facilities	
Hospitals	9
Pharmacies	300
Users	
Employer/payer groups	185
Total	22,000

Operational date: 1987.
Model type: IPA.
Not for profit.
Ownership: Aetna Life Insurance Co., Voluntary Hospitals of America and others.

Service area: Fairfield, Hartford, Litchfield, Middlesex, New Haven and Tolland counties in Connecticut.

Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating, community rating by class, adjusted community rating. Offers point-of-service contracts.

Management reports: Provided.

Billing: National accounts program with consolidated billing available.

Officers: Dave Polk, president; John Anderson, executive director; Dr. E.J. Smith, medical director; Klaus Sturzebecher, marketing director.

Contact: Klaus Sturzebecher.

See AETNA Life Insurance Co. under Connecticut.

CIGNA Corp*

Hartford, Conn. 06106; 203-726-6904

Users	
Employees & dependents	2.2 million

Operational date: Varies by location, see individual locations.
Federally qualified.
Certified in: 25 states.
Model type: Group/IPA/staff.
For profit.
Ownership: CIGNA Corp.

Service area: Arizona, California, Colorado, Connecticut, Delaware, Florida, Georgia, Illinois, Kansas, Louisiana, Maryland, Massachusetts, Missouri, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, Tennessee, Texas, Utah, Virginia, Washington. See individual listings for counties services.

Officers: See individual listings.

*Figures are corporate, including all HMOs sponsored by CIGNA Corp. See individual listings under CIGNA Healthplan and EQUICOR Healthplan.

CIGNA HealthPlan of Connecticut Inc.

5700 Bigelow Commons, Building 5, Enfield, Conn. 06082; 203-253-7325

Staff	
Physicians	662
Patients/physician	550
Board-certified	87%
Specialists	1,170
Facilities	
Hospitals	18
Pharmacies	72
Diagnostic labs	52
Locations	
Administrative	2
Primary care	2,665
Users	
Total	58,548

Operational date: June 1986.
Federally qualified.
Model type: IPA.
Ownership: CIGNA Corp.

Service area: Fairfield, Hartford, Middlesex, New Haven and Tolland counties in Connecticut

Services: Standard package, including experimental procedures, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, skilled nursing and extended facilities, short-term rehabilitation and physical therapy, external prosthesis and hearing screening. Options include vision and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating, community rating by class, adjusted community rating. Offers point-of-service contracts. Offers non-federally qualified programs to employers.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Officers: Jay Rausch, general manager; Dr. Rosario Noto, medical director.

Contact: Jay Rausch.

See CIGNA Corp. corporate listing under Connecticut.

Community Health Care Plan

221 Whitney Ave., New Haven, Conn. 06511; 203-773-8309; fax: 203-787-5917

Staff	
Physicians	80
Patients/physician	1,000
Board-certified	99%
Specialists	330
Administrative	75
Marketing	16
Facilities	
Hospitals	14
Pharmacies	9
Diagnostic labs	1
Locations	
Administrative	1
Primary care	10
Users	
Employer/payer groups	1,400
Single coverage	14,691
Family coverage	11,198
Employees & dependents	50,226
Total	50,226
Average hospital stay	5 days
Hospital admission/1,000 members	65.5

Operational date: 1971.
Federally qualified.
Certified in: Connecticut.
Model type: Staff.
Not for profit.
Ownership: Blue Cross/Blue Shield of Connecticut.

Service area: Fairfield, Hartford, Middlesex and New Haven counties in Connecticut.

Services: Standard package, including substance abuse, psychiatric services, podiatry, obstetrics/gynecology. Options include prescription drug, experimental procedures, vi-

Continued on page 32

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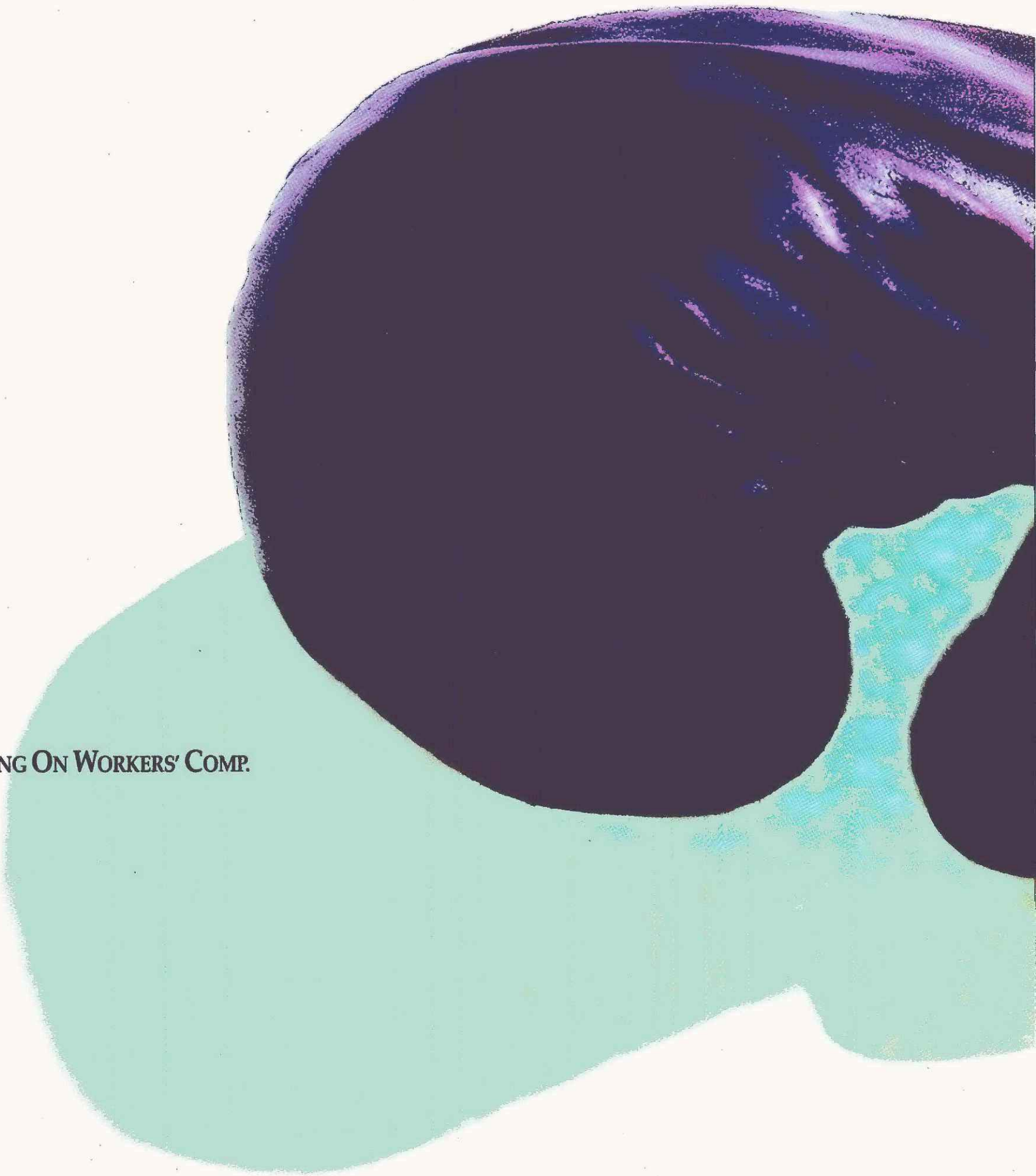
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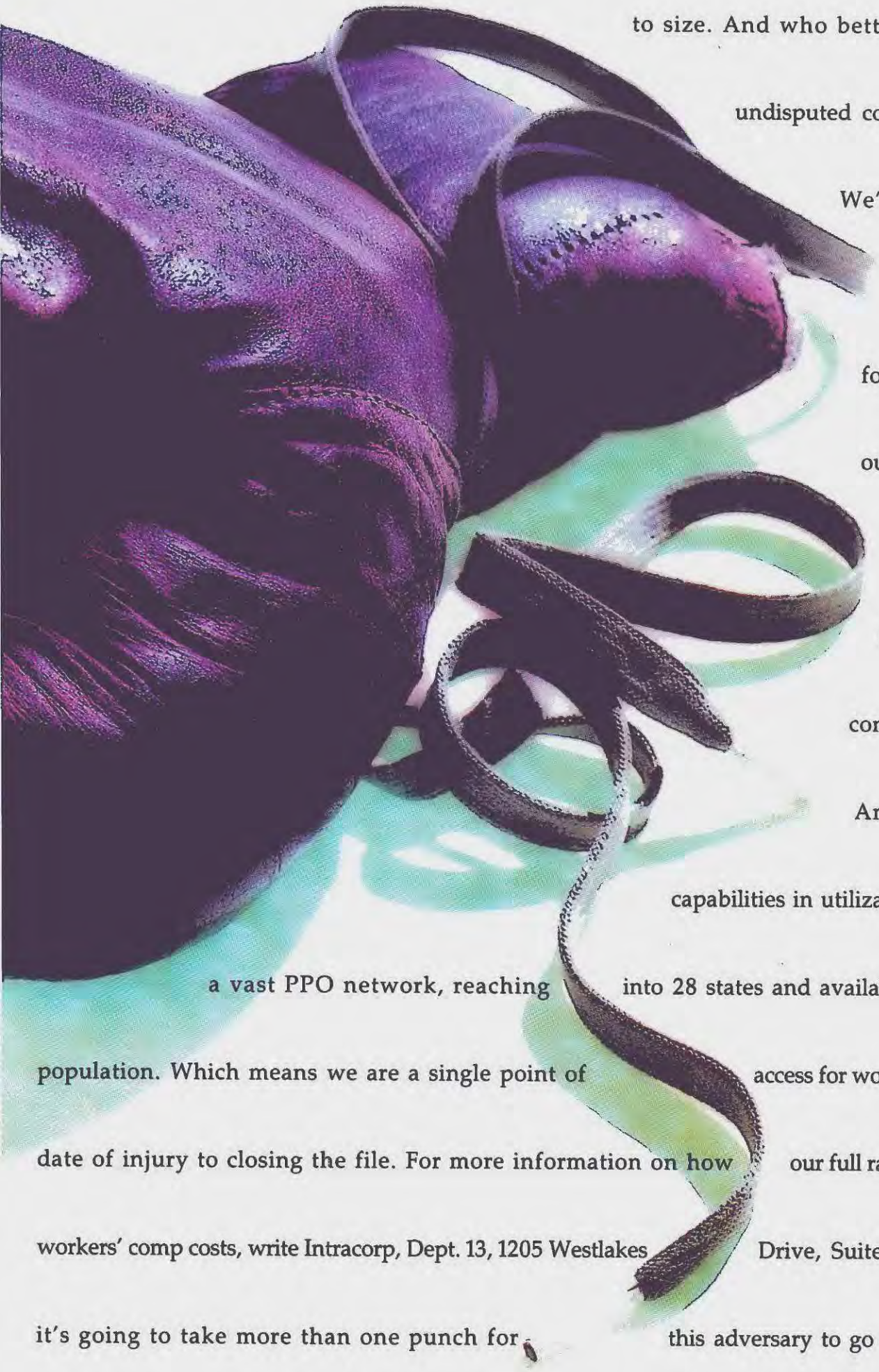
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INTRACORP

Continued from page 29

sion, dental, durable medical equipment. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.

Rating options: Community rating: $182.81 single, $438.74 family; community rating by class.

Enrollment options: Individual enrollment allowed.

Management reports: Provided annually.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Gross revenues: $99.8 million in 1990; $106.6 million in 1989.

Officers: Carl J. Maleri, chief executive officer; Dr. Robert E. Scaletar, vp-clinical affairs; Robert Lesko, vp-marketing; Salvatore Catardi, vp-finance; Donald Ingalls, vp-public relations.

Constitution HealthCare Inc.

370 Bassett Road, North Haven, Conn. 06473-0500; 203-234-2011 or 800-227-3246; fax: 203-234-8573

Staff	
Physicians	1,010
Specialists	2,519
Administrative	110
Marketing	30
Facilites	
Hospitals	25
Pharmacies	196
Diagnostic labs	56
Locations	
Administrative	1
Users	
Employer/payer groups	1,000
Single coverage	16,638
Family coverage	25,622
Employees & dependents	100,010
Total	100,010
Average hospital stay	5.3 days
Hospital admission/1,000 members	79

Operational date: January 1982.
Certified in: Connecticut.
Model type: IPA.
Not for profit.
Ownership: Blue Cross/Blue Shield of Connecticut.
Service area: Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland and Windham counties in Connecticut.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include prescription drug, vision, dental. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating: (Hartford Medical only) $157.23 single, $393.92 family, (New Haven Medical only) $181.72 single, $455.29 family; adjusted community rating. Offers point-of-service contracts.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Gross revenues: $171.7 million in 1990; $177.8 million in 1989.
Officers: Anthony J. Martin, chairman/president/chief executive officer; Ralph F. Ricciardi, executive vp-sales/service; Dr. Robert P. Ragusa, medical director; Alex Ungerleider, director-marketing; Jack P. Gioglio, vp-sales; Mary Johnson, manager-field sales.

Kaiser Permanente, Northeast Region

76 Batterson Park Road, Farmington, Conn. 06034-4011; 203-678-6000; fax: 203-678-6160

Staff	
Physicians	120
Board certified physicians	91%
Specialists	395
Administrative	781
Facilities	
Hospitals	7
Pharmacies	11
Diagnostic labs	14
Locations	
Administrative	3
Primary care	14
Users	
Employer/payer groups	2,336
Employees & dependents	101,415
Total	116,439
Average hospital stay	5 days
Hospital admission/1,000 members	67

Operational date: June 1979.
Federally qualified.
Certified in: Connecticut, Massachusetts and New York.
Model type: Group.
Not for profit.
Sponsorship: Northeast Permanente Medical Group and Kaiser Foundation Health Plan of Connecticut Inc.
Service area: Hartford and Fairfield counties in Connecticut; Westchester County in New York; Franklin, Hampden and Hampshire counties in Massachusetts.
Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, physical/occupational/speech therapy, hemodialysis, skilled nursing facility and home health services. Options include dental and prescription drug. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.
Rating options: Adjusted community rating.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.
Management reports: Provided quarterly or annually.
Billing: National accounts program with consolidated billing available.
Gross revenues: $131 million in 1990; $100 million in 1989.
Officers: Wayne R. Moon, president/operations manager; Michael Dudley, regional manager, Dr. Simi Lyss, medical director; Bill Kramer, health plan manager.
See Kaiser Permanente Medical Care Program under California.

M.D. Health Plan

6 Devine St., North Haven, Conn. 06013; 203-776-5759

Staff	
Physicians	1,200
Patients/physician	42
Specialists	1,600
Administrative	130
Marketing	25
Facilites	
Hospitals	36
Pharmacies	1,700
Locations	
Administrative	2
Primary care	1
Users	
Employer/payer groups	2,700
Employees & dependents	50,900
Average hospital stay	4.4 days
Hospital admission/1,000 members	77

Operational date: October 1987.
Certified in: Connecticut.
Model type: IPA.
For profit.
Ownership: Connecticut State Medical Society Physician Shareholders.
Service area: Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland and Windham counties in Connecticut.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class. Offers point-of-service contracts, 10% of members are enrolled.
Management reports: Provided upon request.
Gross revenues: $51.1 million in 1990; $19.8 million in 1989.
Officers: Douglas Hayward, president; Dr. Guy Van Syckle, medical director; John Gilchrist, marketing director; Alexander Sommers, vp-finance; Martin Mikula, vp-management information systems.

Physicians Health Services of Connecticut Inc.

120 Hawley Lane, Trumbull, Conn. 06611; 203-381-6400; fax: 203-381-6690

Staff	
Physicians	1,529
Patients/physician	99
Board-certified	81.2%
Specialists	1,768
Administrative	9
Marketing	30
Facilities	
Hospitals	19
Pharmacies	677
Diagnostic labs	38
Locations	
Administrative	5
Primary care	950
Users	
Employer/payer groups	1,360
Single coverage	22,241
Family coverage	29,014
Employees & dependents	128,068
Total	135,482
Average hospital stay	5 days
Hospital admission/1,000 members	78.4

Operational date: June 1977.
Federally qualified.
Certified in: Connecticut and New York.
NCQA qualification pending.
Model type: IPA.
For profit.
Service area: Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland and Windham counties of Connecticut.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, physical/occupational/speech therapy, home health care, skilled nursing facility, hospice. Options include vision, prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating: $173.91 single, $451.51 family.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $210.3 million in 1990; $166.8 million in 1989.
Officers: Michael E. Herbert, president/executive director; Dr. Richard C. O'Connor, medical director; Robin Deitrick, marketing director; Robert L. Natt, senior vp.

Prudential Health Care Plan of Connecticut Inc.

301 Merritt 7, Norwalk, Conn. 06851; 203-847-8009; fax: 203-849-8387

Staff	
Physicians	194
Patients/physician	11
Board-certified	75%
Specialists	281
Administrative	10
Marketing	4
Facilities	
Hospitals	7
Pharmacies	221
Diagnostic labs	4
Locations	
Administrative	1
Users	
Employer/payer groups	37
Employees & dependents	2,097
Total	2,097
Average hospital stay	5.3 days
Hospital admission/1,000 members	65

Operational date: October 1988.
Federally qualified.
Certified in: Connecticut.
NCQA qualification pending.
Model type: IPA.
For profit.
Ownership: Prudential Insurance Co. of America.
Service area: Fairfield, Litchfield, Middlesex and New Haven counties in Connecticut.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating; community rating by class. Offers point-of-service contracts, 91% of members are enrolled.
Management reports: Provided upon request.
Billing: National accounts program with consolidated billing available.
Officers: Anne Bossi, president; William Marino, chief operating officer; Dr. Jack Tobin, medical director; John Galbraith, marketing director.
Contact: David Gregory.

U.S. Healthcare Inc.

2 Trapp Falls Road, Suite 204, Shelton, Conn. 06484; 203-929-2575; fax: 203-926-8699

Staff	
Physicians	173
Patients/physician	75
Specialists	550
Administrative	41
Marketing	24
Facilities	
Hospitals	6
Pharmacies	89
Diagnostic labs	3
Locations	
Administrative	1
Users	
Employer/payer groups	1,093
Single coverage	4,000
Family coverage	3,000
Employees & dependents	13,000
Total	13,000
Average hospital stay	5.2 days
Hospital admission/1,000 members	76.9

Operational date: December 1986.
Federally qualifified.
Certified in: Connecticut.
NCQA qualification pending.
Model type: IPA.
For profit.
Ownership: U.S. Healthcare Inc.
Service area: Fairfield, Hartford, Litchfield and New Haven counties in Connecticut.
Services: Standard package, including vision, dental, substance abuse, psychiatric services, podiatry, obstetrics/gynecology, healthy eating, smoking cessation, fitness reimbursement. Options include durable medical equipment and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating: $155.70 single, $414.70 family. Offers point-of-service contracts, 1.1% of members are enrolled. Offers non-federally qualified programs to employers.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Gross revenues: $17.4 million in 1990; $10.7 million in 1989.
Officers: Dr. Michael A. Stocker, president; Dr. Arlen Collins, medical director.
See U.S. Healthcare Inc. corporate listing under Pennsylvania.

DELAWARE

CIGNA HealthPlan of Delaware Inc.

100 Stevens Drive, Suite 200, Lester, Pa. 19113; 215-595-3000; fax: 215-595-3159

Staff	
Physicians	108
Patients/physician	500
Board-certified	87%
Specialists	248
Facilities	
Hospitals	8
Pharmacies	60
Diagnostic labs	1
Locations	
Administrative	2
Primary care	574
Users	
Total	11,130

Operational date: May 1985.
Federally qualified.
Certified in: Delaware.
Model type: IPA.
For profit.
Ownership: CIGNA Corp
Service area: New Castle, Kent and Sussex counties in Pennsylvania.
Services: Standard package, including experimental procedures, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology. Options include vision and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class, adjusted community rating. Offers point-of-service contracts.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: Leo M. Carey, vp/executive director; Dr. Norman Scott, medical director.
Contact: Leo M. Carey.
See CIGNA Corp. under Connecticut.

The HMO of Delaware Inc.

200 Hygeia Drive, P.O. Box 6008, Newark, Del. 19713

Users	
Employees & dependents	17,329

Operational date: August 1983.
Model type: Staff.
Sponsorship: Blue Cross & Blue Shield of Delaware Inc.
Service area: New Castle County in Delaware.

Principal Health Care of Delaware Inc.

1 Corporate Commons, 100 W. Commons Blvd., Suite 300, New Castle, Del. 19720; 302-322-4700; fax: 302-322-9007

Staff	
Physicians	239
Patients/physician	180
Board-certified	97%
Specialists	457
Administrative	56
Marketing	8
Facilities	
Hospitals	8
Pharmacies	33
Diagnostic labs	20
Locations	
Administrative	1
Primary care	659
Users	
Employer/payer groups	267
Single coverage	6,193
Family coverage	11,696
Employees & dependents	11,696
Total	43,852
Average hospital stay	3.4 days
Hospital admission/1,000 members	68

Operational date: November 1987.
Certified in: Delaware.
Model type: IPA.
For profit.
Ownership: Principal Health Care Inc.
Service area: New Castle, Sussex and Kent counties in Delaware.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology but excluding prescription drugs. Options include vision and prescription drugs. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class. Offers point-of-service contracts, 14% of members are enrolled.
Enrollment options: Individual enrollment is allowed.
Management reports: Provided annually.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $34.2 million in 1990; $16.1 million in 1989.
Officers: Ken Linde, president; Max Kenyon, executive director; Dr. Mel Museles, medical director; Mike Soto, marketing director.
Contact: Mike Soto.

Total Health Plus Inc.

1 Brandywine Gateway, Wilmington, Del. 19899

Users	
Employees & dependents	25,174

Operational date: January 1986.
Model type: IPA.
Sponsorship: Blue Cross & Blue Shield of Delaware.
Service area: Kent, New Castle and Sussex counties in Delaware.

U.S. Healthcare Inc.

980 Jolly Road, P.O. Box 1109, Blue Bell, Pa. 19422; 215-628-4800; fax: 215-283-6438

Staff	
Physicians	44
Patients/physician	273
Specialists	188
Facilities	
Hospitals	5
Pharmacies	42
Diagnostic labs	3
Locations	
Administrative	1
Users	
Employer/payer groups	969
Single coverage	3,000
Family coverage	3,000
Employees & dependents	12,000
Total	12,000
Average hospital stay	4.4 days
Hospital admission/1,000 members	87.1

Operational date: April 1987.
Federally qualified.
Certified in: Delaware.
Model type: IPA.
For profit.
Ownership: U.S. Healthcare Inc.
Service area: Kent, Sussex and New Castle counties in Delaware.
Services: Standard package, in-

Continued on next page

Continued from previous page
cluding vision, dental, substance abuse, psychiatric services, podiatry, obstetrics/gynecology but excluding experimental procedures. Options include durable medical equipment and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating: $127.40 single, $350.60 family. Offers point-of-service contracts, 1.6% of members are enrolled.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Gross revenues: $8.4 million in 1990; $3.7 million in 1989.

Officers: Michael J. Cardillo, president; Dr. Abbie Leibowitz, medical director.

See U.S. Healthcare Inc. corporate listing under Pennsylvania.

DISTRICT OF COLUMBIA

Group Health Assn.

4301 Connecticut Ave. N.W., Washington, D.C. 20008; 202-364-2000 or 202-966-4357; fax: 202-364-7580

Staff	
Physicians	130
Patients/physician	2,000
Board-certified	80%
Specialists	435
Administrative	911
Marketing	20
Facilites	
Hospitals	8
Pharmacies	200
Diagnostic labs	12
Locations	
Administrative	1
Primary care	12
Users	
Employer/payer groups	1,200
Single coverage	41,350
Family coverage	36,000
Employees & dependents	154,000
Total	154,000
Average hospital stay	5.5 days
Hospital admission/1,000 members	91

Operational date: November 1937.
Federally qualified.
Certified in: District of Columbia, Maryland and Virginia.
Model type: Staff.
Service area: District of Columbia; Charles, Howard, Montgomery and Prince Georges counties in Maryland; Arlington, Fairfax, Loudoun and Prince William counties in Virginia.
Services: Standard package, including prescription drug, vision, substance abuse, psychiatric services, obstetrics/gynecology. Options include dental. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.
Rating options: Community rating: $124.15 single, $345.35 family; community rating by class; adjusted community rating.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.
Management reports: Provided quarterly and upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Gross revenues: $218.8 million in 1990; $169.7 million in 1989.
Officers: Robert P. Pfotenhauer, president/chief executive officer; Dr. Turner Bledsoe, medical director; Thomas W. Isaacs, marketing director; Oliver Crump, chief operating officer.

Kaiser Permanente, Mid-Atlantic States Region

4200 Wisconsin Ave., Washington, D.C. 20016; 202-364-3300; fax: 202-364-6788

Staff	
Physicians	185
Board-certified	77%
Specialists	785
Administrative	1,770
Facilities	
Hospitals	7
Pharmacies	16
Diagnostic labs	15
Locations	
Administrative	1
Primary care	15
Users	
Employer/payer groups	182
Employees & dependents	268,234
Total	280,456
Average hospital stay	9.6 days
Hospital admission/1,000 members	61

Operational date: November 1972.
Federally qualified.
Certified in: District of Columbia, Maryland and Virginia.
Model type: Group.
Not for profit.
Sponsorship: Capital Area Permanente Medical Group P.C. and Kaiser Foundation Health Plan of the Mid-Atlantic States Inc.
Service area: District of Columbia; Anne Arundel, Baltimore, Carroll, Harford, Howard, Montgomery and Prince Georges counties in Maryland; Arlington, Fairfax, Loudoun and Prince William counties in Virginia.
Services: Standard package, including vision, substance abuse, psychiatric services, podiatry, obstetrics/gynecology, physical/occupational/speech therapy, hemodialysis, skilled nursing facility, home health services. Options include prescription drug, dental, durable medical equipment. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.
Rating options: Adjusted community rating.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.
Management reports: Provided quarterly or annually upon request.
Billing: National accounts program with consolidated billing available.
Gross revenues: $313 million in 1990; $248 million in 1989.
Officers: Wayne R. Moon, president/operations manager; Alan Silverstone, regional manager; Dr. Martin Bauman, medical director; Bob Essink, health plan manager.
Contact: Bob Essink.
See Kaiser Permanente Medical Care Program under California.

Lincoln National Health Plan

7200 Wisconsin Ave., Suite 801, Bethesda, Md. 20814; 301-986-0222; fax: 301-652-4527

Staff	
Physicians	135
Specialists	510
Facilities	
Hospitals	25

Officers: William Young, general manager; Tom Reichenbach, regional manager; Marybeth Krovisky, plan director.
See Lincoln National Health Plan corporate listing under Indiana.

Randmark Management Inc.*

1211 Connecticut Ave. N.W., Suite 200, Washington, D.C. 20036; 202-293-8800; fax: 202-466-3789

Staff	
Patients/dentist	200
Specialists	1,091
Administrative	7
Marketing	4
Locations	
Administrative	1
Primary care	2,000
Users	
Employer/payer groups	90
Single coverage	240,000
Family coverage	260,000
Total	650,000

Operational date: 1978.
Certified in: Colorado, Florida, Illinois, New Jersey, New York, Pennsylvania, Virginia.
Model type: IPA.
Service area: Colorado, Florida, Illinois, New Jersey, New York, Pennsylvania, Virginia.
Services: Dental only.
Rating options: Community rating; adjusted community rating. Offers point-of-service contracts, 10% of members are enrolled.
Enrollment options: Individual enrollment is allowed.
Management reports: Provided upon request.
Billing: National accounts program with consolidated billing available.
Officers: Randy Widen, chairman; Marc Doctors, president; Bob Wergin, chief executive officer; Dan Karateen, dental director; Annette Rolin, marketing director; Mike Lloyd, chief financial officer.
Contact: Annette Rolin.
* Figures are corporate, including all HMOs sponsored by Randmark Management Inc.

Randmark Management Inc.-District of Columbia

1211 Connecticut Ave. N.W., Suite 200, Washington, D.C. 20036; 202-293-8800; fax: 202-466-3789

Staff	
Physicians	46
Specialists	24
Administrative	7
Marketing	4
Locations	
Administrative	1
Primary care	2,000
Users	
Single coverage	316
Family coverage	224
Employees & dependents	1,065
Total	540

Certified in: District of Columbia.
Model type: IPA.
Service area: District of Columbia.
Services: Dental only.
Rating options: Community rating; adjusted community rating. Offers point-of-service contracts, 10% of members are enrolled.
Enrollment options: Individual enrollment is allowed.
Management reports: Provided upon request.
Billing: National accounts program with consolidated billing available.
Officers: Marc Doctors, president; Randy Widen, chairman; Bob Wergin, chief executive officer; Dan Karateew, dental director; Annette Rolin, marketing director; Mike Lloyd, chief financial officer.
Contact: Annette Rolin.
See Randmark Management Inc. under District of Columbia.

The George Washington University Health Plan

1901 Pennsylvania Ave. N.W., Washington, D.C. 20006; 202-416-0400; fax: 202-296-7348

Staff	
Physicians	103
Patients/physician	1,200
Board-certified	92%
Specialists	525
Administrative	150
Marketing	15
Facilities	
Hospitals	12
Pharmacies	350
Diagnostic labs	4
Locations	
Administrative	1
Primary care	80
Users	
Employer/payer groups	700
Single coverage	20,188
Family coverage	7,435
Employees & dependents	44,930
Total	47,004
Average hospital stay	5 days
Hospital admission/1,000 members	90

Operational date: May 1972.
Federally qualified.
Certified in: Maryland and Virginia.
NCQA accredited.
Model type: Mixed.
Not for profit.
Ownership: George Washington University.
Service area: District of Columbia; Arlington, Fairfax, Loudoun and Prince William counties in Virginia; Anne Arundel, Charles, Howard, Montgomery and Prince Georges counties in Maryland.
Services: Standard package, including vision, substance abuse, psychiatric services, podiatry, obstetrics/gynecology, health education classes, health club discounts. Options include dental and prescription drug. Diagnostic testing and lab work performed by the HMO.
Rating options: Adjusted community rating.
Enrollment options: Individual enrollment is allowed.
Management reports: Provided upon request.
Billing: National accounts program with consolidated billing available.
Gross revenues: $61.1 million in 1990; $45.1 million in 1989.
Officers: Dr. John E. Ott, executive director; Dr. Neeraj Kanwal, medical director; Michele D. Deverich, marketing director.

FLORIDA

AV-Med Health Plan

8930 N.W. 39th Ave., Gainesville, Fla. 32606; 904-372-8400; fax: 904-372-5155

Staff	
Physicians	1,321
Patients/physician	200
Board-certified	80%
Specialists	435
Administrative	21
Marketing	18
Facilites	
Hospitals	83
Pharmacies	995
Diagnostic labs	3
Locations	
Administrative	6
Primary care	81
Users	
Employer/payer groups	1,700
Single coverage	73,483
Family coverage	44,041
Employees & dependents	153,300
Total	220,000
Average hospital stay	4.2 days
Hospital admission/1,000 members	375

Operational date: May 1973.
Federally qualified.
Certified in: Florida.
NCQA accredited.
Model type: IPA.
Not for profit.
Ownership: Santa Fe HealthCare Inc.
Service area: 23 counties in Florida.
Services: Standard package, including prescription drug, vision, dental, substance abuse, psychiatric services, obstetrics/gynecology. Diagnostic testing and lab work performed by the HMO.
Rating options: Community rating, community rating by class, adjusted community rating. Offers point-of-service contracts, 10% of members are enrolled. Offers non-federally qualified programs to employers.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.
Management reports: Provided quarterly.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Gross revenues: $272 million in 1990; $202 million in 1989.
Officers: Doug Cueny, chief executive officer; Dr. Bernard Mansheim, medical director; Cary Badger, marketing director; Dr. Gerry O'Neil, chief operating officer; Ann Taylor, senior vp-administration.
Contact: Cary Badger, 2815 N.W. 13th St., Suite 306, Gainesville, Fla. 32609; 904-376-8468.

Aetna Health Plans of Florida

4890 W. Kennedy Blvd., Suite 545, Tampa, Fla. 33609-1817; 813-287-7250; fax: 813-286-3041

Staff	
Physicians	236
Board-certified	81%
Specialists	616
Facilities	
Hospitals	16
Diagnostic labs	1
Locations	
Administrative	1
Users	
Employer/payer groups	90
Total	16,000

Operational date: 1984.
Model type: IPA.
Ownership: Aetna Life Insurance Co.
Service area: Hillsborough, Lee, Pasco and Pinellas counties in Florida.
Services: Standard package, including podiatry, obstetrics/gynecology. Options include prescription drug, vision, substance abuse, psychiatric services. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class.
Management reports: Provided upon request.
Billing: National accounts program with consolidated billing available.
Officers: Robert Williams, market manager; Don Schmidt, assistant manager; Dr. Craig Gage, medical director.
Contact: Robert Williams.
See Aetna Life Insurance Co. under Connecticut.

Anthem Health Plan of Florida Inc.

P.O. Box 48000, Jacksonville, Fla. 32247-8000; 904-348-3824; fax: 904-348-2815

Staff	
Physicians	599
Patients/physician	43
Board-certified	100%
Specialists	1,379
Administrative	4
Marketing	8
Facilities	
Hospitals	46
Pharmacies	239
Locations	
Administrative	1
Primary care	2,185
Users	
Employer/payer groups	15
Employees & dependents	25,561
Total	25,561
Average hospital stay	4 days
Hospital admission/1,000 members	283

Operational date: April 1987.
Certified in: Florida.
Model type: IPA.
For profit.
Service area: Alachua, Broward, Clay, Duval, Hillsborough, Manatee, Orange, Palm Beach, Pinellas, Sarasota, Seminole and Volusia counties in Florida.
Services: Standard package, including experimental procedures, vision, durable medical equipment, podiatry, obstetrics/gynecology. Options include prescription drug, substance abuse, psychiatric services. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Experience rating.
Management reports: Provided quarterly.
Officers: John D. Cuny, president/chief executive officer; Ann F. Dehgan, senior vp/chief operating officer; Dr. James H. Corwin II, medical director; John Emerson, marketing director.

Assn. I.N.E.D., HMO Inc.

770 W. 29th St., Hialeah, Fla. 33012; 305-885-8511; fax: 305-882-0670

Staff	
Physicians	20
Patients/physician	388
Specialists	46
Administrative	6
Marketing	1
Facilites	
Hospitals	7
Pharmacies	4
Diagnostic labs	1
Locations	
Administrative	1
Primary care	1
Users	
Employer/payer groups	5
Single coverage	32
Family coverage	22
Employees & dependents	96
Total	7,765
Average hospital stay	5.2 days
Hospital admission/1,000 members	174

Operational date: February 1972.
Certified in: Florida.
Model type: Staff.
Service area: Dade County in Florida.
Services: Standard package, including vision, dental, podiatry, obstetrics/gynecology. Options include prescription drug, substance abuse, psychiatric services, durable medical equipment. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating: $70 single, $95 family.
Enrollment options: Individual enrollment allowed.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $4.8 million in 1990; $4.6 million in 1989.
Officers: Dr. Eduardo E. Gonzalez, president/medical director; Amada Del Castillo, treasurer; Miguel Zulon, secretary.

CIGNA Dental Health Inc.

1525 N.W. 167th St., Miami, Fla. 33169; 305-620-9922; fax: 305-620-7119

Staff	
Dentists	3,538
Patients/dentist	303
Specialists	2,761
Administrative	253

Continued on page 36

American International Companies — **MEDICAL COST CONTAINMENT REPORT**

ACCOUNT NO.	POLICY NO.	ACCOUNT NAME	POLICY NAME	POLICY PERIOD	PAYMENT PERIOD	REPORT DATE	PAGE
9999999	999999999	ABC CORPORATION	XYZ CORPORATION	1/1/90-1/1/91	8/1/90-8/31/90	9/5/90	1

REPORTING DIVISION 100 ALL DIVISIONS
REPORTING LOCATION 011 ALL LOCATIONS

OFF	CASE	CLAIMANT NAME	STATE	NUMBER BILLS	ORIGINAL AMOUNT	AMOUNT PAID	SERVICES PBA	HBR	PPO	OTHERS	GROSS SAVINGS
001	123451	S. HURCHALLA	PA	2	1,230.00	984.93	0.00	245.07	0.00	0.00	245.07
001	123452	G. KOSTURA	OH	1	225.00	183.49	0.00	0.00	31.01	10.50	41.51
001	123453	M DOHN	FL	6	2,231.58	1,751.74	258.59	0.00	221.25	0.00	479.84
001	123454	J. GREENE	TX	1	190.00	152.19	26.04	0.00	11.77	0.00	37.81
001	123455	K. MURRAY	CA	5	15,203.48	11,719.38	369.63	0.00	3,114.47	0.00	3,484.10
001	123456	J. HARRINGTON	MI	2	6,081.38	4,687.74	0.00	0.00	1,245.78	147.86	1,393.64
001	123457	A. HAYES	PA	1	3,040.69	2,343.87	0.00	73.93	622.89	0.00	696.82
001	123458	D. PSZONEK	FL	3	9,122.07	7,031.61	221.79	0.00	1,808.60	60.07	2,090.46
001	123459	C. FINN	GA	1	1,520.33	1,171.93	0.00	36.96	311.44	0.00	348.40
TOTALS FOR LOCATION 011 ALL LOCATIONS				22	38,844.53	30,026.88	876.05	355.96	7,367.21	218.43	8,817.65
TOTALS FOR DIVISION 100 ALL DIVISIONS				22	38,844.53	30,026.88	876.05	355.96	7,367.21	218.43	8,817.65

PBA: PROVIDER BILL AUDIT PPO: PREFERRED PROVIDER ORGANIZATION HBR: HOSPITAL BILL REVIEW OTHERS: OTHER TYPES OF SAVINGS
TYPES OF SAVINGS

American International Companies — **MEDICAL COST CONTAINMENT SUMMARY**

PAYMENT PERIOD	REPORT DATE	PAGE
8/1/90-8/31/90	9/5/90	2

	NUMBER BILLS	ORIGINAL AMOUNT	AMOUNT PAID	SERVICES PBA	HBR	PPO	OTHERS	GROSS SAVINGS
TOTAL FOR POLICY 999999 XYZ CORPORATION	22	38,844.53	30,026.88	876.05	355.96	7,367.21	218.43	8,817.65
TOTAL FOR ACCOUNT 999999 ABC CORPORATION	22	38,844.53	30,026.88	876.05	355.96	7,367.21	218.43	8,817.65
TOTAL FOR POLICY 999999 XYZ CORPORATION	22	38,844.53	30,026.88	876.05	355.96	7,367.21	218.43	8,817.65
TOTAL FOR [illegible]	22	38,844.53	30,026.88	876.05	355.96	7,367.21	218.43	8,817.65
TOTAL FOR [illegible]	22	38,844.53	30,026.88	876.05	355.96	7,367.21	218.43	8,817.65

No other cost containment program can make this statement.

Look to the AIG Companies for the comprehensive range of resources and techniques you need to help reduce workers compensation medical costs nationwide.

That's because our companies are among the leading underwriters of workers compensation insurance and among the leaders in developing cost containment services.

As a result, we have assembled one of the industry's largest preferred provider networks of physicians, and extensive networks of hospitals and ancillary services. We conduct audits of physician and hospital bills, monitoring them for adherence to state fee schedules and reasonable and customary charges. We cover hospital pre-review certifications and discharge planning. And when it comes to case management, we offer services ranging from treatment review programs to peer reviews, home health care and vocational rehabilitation. So, besides containing costs, you can get employees back to work faster.

If you're not using all these services and techniques, you are missing a significant opportunity to reduce expenses. For more information, write AIG, Dept. A, 70 Pine Street, New York, NY 10270.

AIG World leaders in insurance and financial services.

Continued from page 33

Locations	
Administrative	8
Primary care	1,801
Users	
Employer/payer groups	2,195
Single coverage	231,140
Family coverage	278,077
Employees & dependents	1,122,015
Total	1,122,015

Certified in: 31 states.
Model type: IPA.
Ownership: Connecticut General Corp.
Service area: 31 states.
Services: Dental only.
Rating options: Adjusted community rating.
Enrollment options: Individual enrollment is allowed.
Management reports: Provided upon request.
Billing: National accounts program with consolidated billing available.
Officers: Dr. S. Jeffrey Ackerman, president; Gail Garcia, vp-planning/development; Tony Gentile, senior vp-management information systems; Ben Haynes, vp-finance; Richard Orlowski, senior vp-dental operations.
See CIGNA Corp. under Connecticut.

CIGNA HealthPlan of Florida Inc.-Maitland

1101 N. Lake Destiny Road, Suite 300, Maitland, Fla. 32751; 407-660-1344; fax: 407-875-0611

Staff	
Physicians	118
Patients/physician	550
Board-certified	87%
Specialists	527
Facilities	
Hospitals	6
Pharmacies	47
Diagnostic labs	2
Locations	
Administrative	2
Primary care	945
Users	
Total	44,841

Operational date: January 1984.
Federally qualified.
Certified in: Florida.
Model type: IPA/Staff.
For profit.
Ownership: CIGNA Corp.
Service area: Orange, Osceola and Seminole counties in Florida.
Services: Standard package, including experimental procedures, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, skilled nursing facilities, short-term rehabilitation and physical therapy, external prosthesis and hearing screening. Options include vision and prescription drug. Diagnostic testing and lab work performed by the HMO.
Rating options: Community rating, community rating by class, adjusted community rating. Offers point-of-service contracts.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: Michael J. Subasic, vp/executive director; Dr. William Hammill, medical director.
Contact: Michael J. Subasic.
See CIGNA Corp. under Connecticut.

CIGNA HealthPlan of Florida Inc.-Tampa

2502 Rocky Points Road, Suite 901, Tampa, Fla. 33607; 813-281-1000; fax: 813-282-0265

Staff	
Physicians	196
Patients/physician	550
Board-certified	87%
Specialists	601
Facilities	
Hospitals	11
Pharmacies	7
Diagnostic labs	5
Locations	
Administrative	2
Primary care	1,107
Users	
Total	78,195

Operational date: July 1981.
Federally qualified.
Certified in: Florida.
Model type: IPA/staff.
For profit.
Ownership: CIGNA Corp.
Service area: Hillsborough, Pasco and Pinellas counties in Florida.
Services: Standard package, including experimental procedures, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, skilled nursing and extended facilities, short-term rehabilitation and physical therapy, external prosthesis, hearing screening. Options include prescription drug, vision. Diagnostic testing and lab work performed by the HMO (Staff) and by contract with independent facilities (IPA).
Rating options: Community rating, community rating by class, adjusted community rating. Offers point-of-service contracts.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: Ed Dillabough, healthplan manager; Dr. Linda Ash-Jackson, medical director.
Contact: Ed Dillabough.
See CIGNA Corp. under Connecticut.

CIGNA Healthplan of South Florida Inc.

15600 N.W. 67th Ave., Suite 301, Miami Lakes, Fla. 33014; 305-826-6200; fax: 305-826-6212

Staff	
Physicians	274
Patients/physician	550
Board-certified	87%
Specialists	881
Facilities	
Hospitals	24
Pharmacies	155
Diagnostic labs	2
Locations	
Administrative	2
Primary care	1,804
Users	
Total	37,945

Operational date: July 1974.
Federally qualified.
Certified in: Florida.
Model type: IPA.
For profit.
Ownership: CIGNA Corp.
Service area: Broward, Dade and Palm Beach counties in Florida.
Services: Standard package, including experimental procedures, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, skilled nursing facilities, short-term rehabilitation and physical therapy, external prosthesis and hearing screening. Options include vision and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating, community rating by class, adjusted community rating. Offers point-of-service contracts.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: Steve Harris, healthplan manager; Dr. Eugene Komrad, medical director.
Contact: Steve Harris.
See CIGNA Corp. under Connecticut.

Capital Health Plan

2140 Centerville Place, Tallahassee, Fla. 32308

Users	
Employees & dependents	44,455

Operational date: June 1982.
Federally qualified.
Model type: Staff.
Sponsorship: Blue Cross and Blue Shield of Florida Inc.
Service area: Gadsden, Jefferson, Leon and Wakulla counties in Florida.

Family Health Plan Inc.

7975 Miami Lakes Drive, Suite 300, Miami Lakes, Fla. 33016; 305-364-8100; fax: 305-364-8130

Staff	
Physicians	210
Patients/physician	190
Board-certified	82%
Specialists	1,200
Administrative	130
Marketing	27
Facilities	
Hospitals	32
Pharmacies	269
Diagnostic labs	46
Locations	
Administrative	1
Primary care	1,400
Users	
Employer/payer groups	618
Single coverage	11,000
Family coverage	5,600
Employees & dependents	41,000
Total	41,000
Average hospital stay	2.6 days
Hospital admission/1,000 members	364

Operational date: September 1986.
Certified in: Florida.
Model type: IPA/Network.
For profit.
Service area: Dade, Broward and Palm Beach counties in Florida.
Services: Standard package, including prescription drug, vision, durable medical equipment, podiatry, obstetrics/gynecology. Options include dental, substance abuse, psychiatric services. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating: $118 single, $279 family; community rating by class.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.
Officers: Christopher Adams, president/executive director; Dr. Robert Oller, medical director; Janis Holman, marketing director.
Contact: Paul Allen.

Florida Health Care Plan Inc.

1340 Ridgewood Ave., Holly Hill, Fla. 32117; 904-672-4253; fax: 904-676-1703

Staff	
Physicians	30
Specialists	101
Administrative	11
Marketing	7
Facilities	
Hospitals	3
Pharmacies	11
Diagnostic labs	1
Locations	
Administrative	2
Primary care	5
Users	
Employer/payer groups	270
Total	26,000
Average hospital stay	5 days
Hospital admission/1,000 members	111

Operational date: August 1974.
Federally qualified.
Certified in: Florida.
Model type: Staff.
For profit.
Service area: Flagler, Seminole and Volusia counties in Florida.
Services: Standard package, including prescription drug, vision, dental, substance abuse, psychiatric services, podiatry, obstetrics/gynecology, chiropractic. Options include experimental procedures, vision, dental. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.
Rating options: Community rating: $116.45 single, $275.67 family.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries.
Management reports: Provided quarterly or upon request.
Billing: Provides direct billing for premiums under COBRA.
Officers: William T. Moore Jr., president; Edward F. Simpson Jr., executive director; Dr. David L. Williams and Dr. E.D. Davis, directors-medical affairs; Chuck Simpson, marketing director; William T. Moore III, associate executive director/director-operations; Edward N. Stout, finance director.
Contact: Chuck Simpson.

HIP Network of Florida

1895 W. Commercial Blvd., Suite 120, Fort Lauderdale, Fla. 33309; 305-491-9055; fax: 305-493-9587

Staff	
Physicians	390
Patients/physician	60
Board-certified	88%
Specialists	1,050
Administrative	50
Marketing	10
Facilities	
Hospitals	35
Pharmacies	2
Diagnostic labs	1
Locations	
Administrative	1
Primary care	1,552
Users	
Employer/payer groups	160
Single coverage	7,735
Family coverage	4,851
Employees & dependents	22,929
Total	23,451
Average hospital stay	6.2 days
Hospital admission/1,000 members	83

Operational date: September 1985.
Certified in: Florida.
NCQA qualification pending.
Model type: IPA.
Not for profit.
Ownership: Health Insurance Plan of Greater New York.
Service area: Dade, Palm Beach, Broward counties in Florida.
Services: Standard package, including vision, psychiatric services, podiatry, obstetrics/gynecology. Options include dental, substance abuse. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.
Management reports: Provided upon request.
Billing: National accounts program with consolidated billing available.
Gross revenues: $28.5 million in 1990; $17.2 million in 1989.
Officers: Dr. Kenneth M. Carroll, president; Dr. Rafael Rivera, medical director; Michael Paleos, vp-fiscal affairs/administration; Judy Kohn, director-provider relations.
See Health Insurance Plan of Greater New York corporate listing under New York.

Health Options Inc.

P.O. Box 1798, Jacksonville, Fla. 32231; 904-363-5367; fax: 904-363-5797

Staff	
Physicians	766
Patients/physician	200
Board-certified	70%
Specialists	3,618
Marketing	70
Facilities	
Hospitals	80
Pharmaciy chains	3
Diagnostic labs	17
Locations	
Administrative	1
Primary care	5
Users	
Employer/payer groups	1,600
Single coverage	60,197
Family coverage	108,074
Employees & dependents	168,271
Total	181,116
Average hospital stay	4.4 days
Hospital admission/1,000 members	69.5

Operational date: October 1984.
Federally qualified.
Certified in: Alabama and Florida.
Model type: IPA.
For profit.
Service area: Baldwin, Covington and Monroe counties in Alabama; 26 counties in Florida.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include prescription drug, vision, dental, substance abuse, psychiatric services. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts, 5% of members are enrolled. Offers non-federally qualified programs to employers.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.
Management reports: Provided annually.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Gross revenues: $240.7 million in 1990; $217.6 million in 1989.
Officers: Kenneth C. Otis, executive vp-marketing/health care services.
Contact: Jim Wallace.

Humana Medical Plan Inc.

5401 W. Kennedy Blvd., Suite 800, Tampa, Fla. 33609; 813-286-8829; fax: 813-286-1870

Users	
Employees & dependents	78,725

Operational date: December 1985.
Federally qualified.
Model type: Network.
Ownership: Humana Inc.
Service area: Pasco, Hillsborough and Pinellas counties in Florida.
Officers: Jerry W. Anderson, executive director; W. Fred Wheeler, sales manager; Dr. Herb Pegues II, medical director.
See Humana Health Care Plans under Kentucky.

Humana Medical Plan Inc.

3400 Lakeside Drive, Miramar, Fla. 33027; 305-620-0244; fax: 305-624-3392

Users	
Employees & dependents	145,084

Operational date: January 1973.
Federally qualified.
Model type: Network.
Ownership: Humana Inc.
Service area: Palm Beach, Dade, Broward counties in Florida.
Officers: Ronald J. Berdin, executive director; Robert P. Wieckert, director-sales; D. Richard Austin, sales manager; Dr. William F. Bennett, medical director.
See Humana Health Care Plans under Kentucky.

Humana Medical Plan Inc.

5701 W. Sunrise Blvd., Second Floor, Plantation, Fla. 33313; 305-321-7711; fax: 305-321-7864

Users	
Employees & dependents	145,084

Operational date: January 1982.
Federally qualified.
Model type: Network.
Ownership: Humana Inc.
Service area: Palm Beach, Dade and Broward counties in Florida.
Officers: Bert Polacek, sales manager; Ronald J. Berding, executive director; Ronald P. Wieckert, director-sales.
See Humana Health Care Plans under Kentucky.

Humana Medical Plan Inc.

Reflections Executive Office Center, 780 W. Granada Blvd., Suite 104, Ormond Beach, Fla. 32174; 904-676-1800; fax: 904-676-1805

Users	
Employees & dependents	12,089

Operational date: October 1987.
Federally qualified.
Model type: IPA.
Ownership: Humana Inc.
Service area: Flagler and Volusia counties in Florida.
Officers: Michael B. Brouthers, executive director; Rickard K. Wheeler, sales director; Nancy Bovard, associate sales manager; Dr. Ernest Cook, medical director.
See Humana Health Care Plans under Kentucky.

Humana Medical Plan Inc.

1060 Maitland Center Commons, Suite 300, Maitland, Fla. 32751; 407-661-6000; fax: 407-661-6414

Users	
Employees & dependents	33,903

Operational date: 1987.
Federally qualified.
Model type: IPA.
Ownership: Humana Inc.
Service area: Orange, Osceola, Seminole counties in Florida.
Officers: Robert Bissell, executive director; Richard K. Wheeler, director-sales; Becky Chambers, associate sales manager.
See Humana Health Care Plan Inc. under Kentucky.

Humana Medical Plan Inc.

4190 Belfort Road, Suite 250, Jacksonville, Fla. 32216; 904-281-8800; fax: 904-281-8807

Users	
Employees & dependents	269

Operational date: March 1991.
Model type: IPA.
Ownership: Humana Inc.
Service area: Clay, Duvall, St. Johns' counties in Florida.
Officers: John O'Dea, executive director; Jack Spiegleman, sales manager.
See Humana Health Care Plans under Kentucky.

Humana Medical Plan Inc.

1901 S. Congress Ave., Suite 201, Boynton Beach, Fla. 33426; 407-738-3065; fax: 407-738-3007

Continued on next page

Continued from previous page

Users	
Employees & dependents	145,084

Operational date: December 1983.
Federally qualified.
Model type: Network.
Ownership: Humana Inc.
Service area: Palm Beach, Dade, Broward counties in Florida.
Officers: Ronald J. Berding, executive director; Robert P. Wieckert, director-sales; Scott Prescott, manager-sales.

See Humana Health Care Plans under Kentucky.

JMH Health Plan

1611 N.W. 12th Ave., Miami, Fla. 33136; 305-585-6502; fax: 305-545-5212

Staff	
Physicians	60
Patients/physician	7
Board-certified	85%
Specialists	1,000
Administrative	3
Marketing	6
Facilities	
Hospitals	4
Pharmacies	40
Locations	
Administrative	1
Primary care	13
Users	
Employer/payer groups	2
Single coverage	113
Family coverage	223
Employees & dependents	336
Total	1,476
Average hospital stay	4 days

Operational date: August 1985.
Model type: IPA/staff/network.
Not for profit.
Ownership: Jackson Memorial Hospital.
Service area: Dade County in Florida.
Services: Standard package, including durable medical equipment, podiatry, obstetrics/gynecology and chiropractic. Options include prescription drug, experimental procedures, vision, dental, substance abuse, psychiatric services and nurse midwife. Diagnostic testing and lab work performed by the HMO.
Rating options: Community rating: $33.63 single, $61.88 family; community rating by class.
Enrollment options: Individual enrollment is allowed.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $635,932 in 1990; $104,381 in 1989.
Officers: Paul Marineau, executive director; Roberta Martin, medical director; Ruben King Shaw, marketing director; Emmanuel Ardouin, officer.

MetLife HealthCare Network of Florida Inc.

2600 Lake Lucien Drive, Suite 300, Maitland, Fla. 32751-7446; 407-660-0444

Staff	
Physicians	1,800
Specialists	3,250
Facilities	
Hospitals	68
Locations	
Administrative	6

Operational date: January 1986.
Federally qualified.
Certified in: Florida.
Model type: IPA.
For profit.
Ownership: Metropolitan Life Insurance Co.
Service area: 24 counties in Florida.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision, dental and prescription drug.
Rating options: Community rating.
Management reports: Provided upon request.
Billing: National accounts program with consolidated billing available.
Officers: Robert Ritter, president/chief executive officer.

Oral Health Services of Florida

5775 N.W. Blue Lagoon Drive, Suite 400, Miami, Fla. 33126; 800-223-6447; fax: 305-262-6119

Staff	
Physicians	475
Patients/physician	401
Board-certified	100%
Specialists	367
Administrative	42
Marketing	10
Locations	
Administrative	2
Primary care	615
Users	
Employer/payer groups	497
Single coverage	177,853
Family coverage	65,642
Employees & dependents	336,239
Total	336,323

Operational date: January 1980.
Certified in: Florida.
Model type: IPA.
For profit.
Service area: Florida.
Services: Dental only.
Rating options: Community rating: $9.25 single, $19.00 family. Offers point-of-service contracts.
Enrollment options: Individual enrollment is allowed.
Management reports: Provided monthly or quarterly.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $13.9 million in 1990; $11.7 million in 1989.
Officers: Harry Berkowitz, president; Henry C. Tie Shue, executive director; Charles Alenier, dental director; Ralph Cabrera Jr., marketing director; Marisela Palacios, director-professional relations.
Contact: Leila Chang, marketing manager.

Principal Health Care of Florida Inc.

1200 Gulf Life Drive, Suite 500, Jacksonville, Fla. 32207; 904-390-0935; fax: 904-390-0950

Staff	
Physicians	233
Patients/physician	86
Board-certified	84%
Specialists	560
Administrative	39
Marketing	5
Facilities	
Hospitals	13
Pharmacies	98
Diagnostic labs	1
Locations	
Administrative	1
Primary care	1
Users	
Employer/payer groups	135
Single coverage	4,109
Family coverage	3,695
Employees & dependents	19,205
Total	19,205
Average hospital stay	4.1 days
Hospital admission/1,000 members	285.1

Operational date: May 1986.
Certified in: Florida.
Model type: IPA.
For profit.
Ownership: Principal Mutual Life Insurance Co.
Service area: Baker, Clay, Duval, Nassau and St. Johns counties in Florida.
Services: Standard package, including durable medical equipment, chiropractic, podiatry, obstetrics/gynecology. Options include prescription drug, substance abuse, psychiatric services. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class.
Management reports: Provided for groups with more than 100 subscribers.
Gross revenues: $29.1 million in 1990; $21.9 million in 1989.
Officers: Kenneth J. Linde, president; James F. Henry, executive director; Dr. Kenneth Jones, medical director; Deborah Dunaway, marketing director.
Contact: Deborah A. Dunaway; or Jeff Moritz, 301-881-1033.

Principal Health Care of Florida Inc.-Pensacola Division

1 University Plaza, 7282 Plantation Road, Suite 300, Pensacola, Fla. 32504; 904-484-4000; fax: 904-484-4004

Staff	
Physicians	115
Patients/physician	134
Board-certified	90%

Continued on next page



How Well Are You Prepared To Face The Next Rate Increase?

These days, a lot of benefit managers are in the same boat.

Mainly because swelling insurance premiums are putting many companies in dire straits.

Wouldn't it be nice if an increase in cost were accompanied by an increase in benefits? That's where we come in.

For slightly more than you're paying right now, Pearle Managed Vision Care can fortify your existing benefits package. And make you look better in the process.

Here's an opportunity to offer one of the most sought after benefits among today's aging workforce. Just think of it as the benefit of the 90s. And you can get it for a lot less than you might think. In addition, it could be the first time you introduce a new program along with a rate increase.

With a rising demand to contain costs, this could be your chance to turn the tide. For more information, give us a call, 1-800-776-3933.

PEARLE Managed Vision Care

Continued from previous page

Specialists	199
Administrative	31
Marketing	4
Facilities	
Hospitals	22
Pharmacies	87
Diagnostic labs	2
Locations	
Administrative	1
Primary care	180
Users	
Employer/payer groups	75
Single coverage	3,580
Family coverage	2,974
Employees & dependents	15,453
Total	15,453
Average hospital stay	4.2 days
Hospital admission/1,000 members	297.8

Operational date: August 1985.
Certified in: Alabama and Florida.
Model type: IPA.
Ownership: Principal Health Care of Florida Inc.
Service area: Escambia, Okaloosa, Santa Rosa and Walton counties in Florida; Baldein, Covington, Escambia and Monroe counties in Alabama.
Services: Standard package, including podiatry and obstetrics/gynecology. Options include prescription drug, vision, dental, substance abuse, psychiatric services, durable medical equipment. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class.
Management reports: Provided upon request.
Gross revenues: $22.2 million in 1990; $17.8 million in 1989.
Officers: Ken Linde, president; Russell F. Mohawk, executive director; Dr. James G. Heidenreich, medical director; Chuck W. Trinchitella, marketing director.
Contact: Chuck W. Trinchitella.

PruCare of Jacksonville

1200 Gulf Life Drive, Suite 701,
Jacksonville, Fla. 32207;
904-346-5800; fax: 904-346-5888

Staff	
Physicians	100
Patients/physician	401
Board-certified	89%
Specialists	232
Administrative	17
Marketing	7
Facilities	
Hospitals	8
Pharmacies	11
Diagnostic labs	1
Locations	
Administrative	1
Primary care	3
Users	
Employer/payer groups	179
Single coverage	8,144
Family coverage	9,264
Employees & dependents	40,100
Total	40,100
Average hospital stay	4.5 days
Hospital admission/1,000 members	65.8

Operational date: August 1984.
Federally qualified.
Certified in: Florida.
NCQA qualification pending.
Model type: Group.
For profit.
Ownership: Prudential Insurance Co. of America.
Service area: Baker, Clay, Duval, Nassau and St. Johns counties in Florida.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision, dental and prescription drug. Diagnostic testing and lab work performed by the HMO.
Rating options: Community rating: $123.05 single, $336.73 family.
Enrollment options: Individual enrollment is allowed.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: David George, vp-SGO; Richard Cook, vp-group operations; Dr. William Moore, medical director; Chris Wilson, regional group manager.
Contact: Robert Griffin, vp-group marketing, 3100 Cumberland Circle, Suite 1100, Atlanta, Ga. 30339; 404-933-6605.

PruCare of Orlando

2301 Lucien Way, Suite 230,
Maitland, Fla. 32751;
407-875-6600; fax: 407-660-0552

Staff	
Physicians	38
Patients/physician	1,318
Board-certified	100%
Specialists	295
Administrative	12
Marketing	6
Facilities	
Hospitals	4
Pharmacies	5
Diagnostic labs	6
Locations	
Administrative	1
Primary care	5
Users	
Employer/payer groups	208
Single coverage	14,001
Family coverage	13,879
Employees & dependents	50,100
Total	50,100
Average hospital stay	3.9 days
Hospital admission/1,000 members	63.9

Operational date: January 1984.
Federally qualified.
Certified in: Florida.
NCQA qualification pending.
Model type: Group.
For profit.
Ownership: Prudential Insurance Co. of America.
Service area: Orange, Osceola and Seminole counties in Florida.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision, dental and prescription drug. Diagnostic testing and lab work performed by the HMO.
Rating options: Community rating: $113.44 single, $310.83 family.
Enrollment options: Individual enrollment is allowed.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: David George, vp-SGO; Andrew Crooks, director-group operations; Dr. Edward Lowenstein, medical director; John Joiner, director-group marketing.
Contact: Robert Griffin, vp-group marketing; 3100 Cumberland Circle, Suite 1100, Atlanta, Ga. 30339; 404-933-6605.

PruCare of South Florida

5900 N. Andrews Ave., Suite 1000,
Fort Lauderdale, Fla. 33309;
305-492-8244; fax: 305-492-0194

Staff	
Physicians	632
Patients/physician	19
Board-certified	91%
Specialists	890
Administrative	12
Marketing	6
Facilities	
Hospitals	16
Pharmacies	104
Diagnostic labs	7
Locations	
Administrative	1
Users	
Employer/payer groups	80
Single coverage	3,233
Family coverage	2,926
Employees & dependents	12,300
Total	12,300
Average hospital stay	4.5 days
Hospital admission/1,000 members	91

Operational date: October 1986.
Federally qualified.
Certified in: Florida.
NCQA qualification pending.
Model type: Group.
For profit.
Ownership: Prudential Insurance Co. of America.
Service area: Broward, Dade and Palm Beach counties in Florida.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision, dental and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating: $140.56 single, $393.57 family.
Enrollment options: Individual enrollment is allowed.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: David George, vp-SGO; Chris Sims, director-group operations; Dr. Melvyn Fletcher, medical director.
Contact: Robert Griffin, vp-group

Continued on next page



Group benefits services
can't always be programmed.

Continued from previous page
marketing; 3100 Cumberland Circle, Suite 1100, Atlanta, Ga. 30339; 404-933-6605.

PruCare of Tampa Bay

3450 W. Busch Blvd., Suite 245, Tampa, Fla. 33618; 813-932-1977; fax: 813-931-4188

Staff	
Physicians	135
Patients/physician	167
Board-certified	86%
Specialists	445
Administrative	11
Marketing	5
Facilities	
Hospitals	26
Pharmacies	98
Diagnostic labs	1
Locations	
Administrative	1
Users	
Employer/payer groups	72
Single coverage	5,471
Family coverage	6,067
Employees & dependents	22,600
Total	22,600
Average hospital stay	4.6 days
Hospital admission/1,000 members	67.3

Operational date: July 1985.
Federally qualified.
Certified in: Florida.
NCQA qualification pending.
Model type: Group.
For profit.

Ownership: Prudential Insurance Co. of America.

Service area: Hillsborough, Pasco and Pinellas counties in Florida.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision, dental and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating: $129.01 single, $339.59 family.

Enrollment options: Individual enrollment is allowed.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Officers: David George, vp-SGO; Richard Cook, vp-group operations; Dr. Robert Neuhardt, medical director; John Joiner, director-group marketing.

Contact: Robert Griffin, vp-group marketing, 3100 Cumberland Circle, Suite 1100, Atlanta, Ga. 30339, 404-933-6605.

Randmark Management-Florida

1211 Connecticut Ave. N.W., Suite 200, Washington, D.C. 20006; 202-283-8800; fax: 202-466-3789

Staff	
Dentists	268
Patients/dentist	800
Specialists	235
Administrative	7
Marketing	4
Locations	
Administrative	1
Primary care	503
Users	
Single coverage	114,000
Total	129,001

Operational date: January 1988.
Certified in: Florida.
Model type: IPA.

Service area: Cities of Daytona, Fort Lauderdale, Jacksonville, Miami, Orlando, Tampa and West Palm Beach in Florida.

Services: Dental only.

Rating options: Community rating; adjusted community rating. Offers point-of-service contracts, 10% of members are enrolled.

Enrollment options: Individual enrollment is allowed.

Management reports: Provided upon request.

Billing: National accounts program with consolidated billing available.

Officers: Randy Widen, chairman; Marc Doctors, president; Robert Wergin, chief executive officer; Dan Karateew, dental director; Annette Rolin, marketing director; Mike Lloyd, chief financial officer.

Contact: Annette Rolin.

See Randmark Management Inc. under District of Columbia.



That's why clients write to thank CNA's Beverly Powell for her caring.

We want you to know that we sincerely appreciate everything you have done for us and the moral support which you have given us. So often we hear other patients complaining about their disability carriers and we count ourselves lucky that CNA has been a very pleasant company to work with. We're sure you have plenty of cases on your desk but you never made us feel like that...we always felt as if you were genuinely interested in us and cared a lot. We will always appreciate that.

Sincerely,
Judy Schultz
Tom and Judy Schultz and family

Insurance companies can make promises, but it's the people who keep the commitments. And CNA employees like Beverly Powell understand the significance of working out the best possible solution for each individual as opposed to just processing paperwork.

Benefits managers and employees across the country have written to thank our staff for their responsiveness, flexibility in designing the right plan, cost containment efforts, and even more importantly, their compassion and courtesy.

It's the dedication and commitment of our people that have helped the CNA Insurance Companies become one of the leading group benefits insurers.

And this commitment is for the long term. CNA is one of the few major life/health groups to earn strong ratings from all four top insurance industry rating services.*

For more information, call your independent agent, or your CNA representative.

*A.M. Best, Standard & Poor's, Moody's, Duff & Phelps.

CNA
For All the Commitments You Make®

Group Benefits from CNA: Life & Health • AD&D • Vision • Dental • LTD • Pensions • Long Term Care • Managed Care • Coverages are underwritten by Continental Assurance Company and Continental Casualty Company, two of the CNA Insurance Companies/CNA Plaza/Chicago, IL 60685.

GEORGIA

CIGNA Healthplan of Georgia Inc.

Midtown Plaza II, Suite 1300, 1360 Peachtree St. N.E., Atlanta, Ga. 30309; 404-881-9799; fax: 404-898-4832

Staff	
Physicians	215
Patients/physician	550
Board-certified	87%
Specialists	859
Facilities	
Hospitals	31
Pharmacies	309
Locations	
Administrative	2
Primary care	1,882
Users	
Total	49,122

Operational date: January 1982.
Federally qualified.
Certified in: Georgia.
Model type: IPA.
For profit.
Ownership: CIGNA Corp.

Service area: 16 counties in Georgia.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, skilled nursing, extended facilities, short-term rehab, physical therapy, external prosthetics and hearing care. Options include vision and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Officers: Terri Branning, manager; Dr. William Tatum, medical director.

Contact: Terri Branning.

See CIGNA Corp. under Connecticut.

Crawford Support Systems Inc.

2502 Chamblee Tucker Road, Suite 104, Atlanta, Ga. 30341; 404-936-0380; fax: 404-936-9756

Staff	
Physicians	2
Patients/physician	15
Board-certified	100%
Specialists	3
Administrative	4
Marketing	1
Facilities	
Hospitals	8

Operational date: February 1989.
Certified in: Georgia.
Model type: Staff.
Ownership: Corporation.
Service area: Georgia.

Services: Substance abuse only. Diagnostic testing or lab work performed by contract with independent facilities.

HMO Georgia Inc.

3350 Peachtree Road, Atlanta, Ga. 30326; 404-842-8400; fax: 404-842-8088

Staff	
Physicians	214
Patients/physician	167
Board-certified	80%
Specialists	1,400
Administrative	31
Marketing	5
Facilities	
Hospitals	28
Pharmacies	114
Diagnostic labs	1
Locations	
Administrative	1
Users	
Employer/payer groups	64
Single coverage	7,145
Family coverage	8,897
Employees & dependents	35,731
Total	35,731
Average hospital stay	4.1 days
Hospital admission/1,000 members	79

Operational date: July 1985.
Certified in: Georgia.
Model type: IPA.
For profit.
Ownership: Blue Cross/Blue Shield of Georgia.

Service area: 67 counties in Georgia.

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Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry and obstetrics/gynecology. Options include vision, dental and prescription drugs. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Adjusted community rating. Offers point-of-service contracts.

Management reports: Provided semi-annually or upon request.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Gross revenues: $7.7 million in 1990; $7.5 million in 1989.

Officers: Robert W. Maynard, president; Thomas E. Garner, Jr., executive director; Dr. Thomas E. Hamilton, medical director; Mark Shaughnessy, marketing director.

Contact: Mark Shaughnessy.

Health First Inc.

3390 Peachtree Road N.E., Suite 600, Atlanta, Ga. 30326; 404-364-8800

Staff	
Physicians	600
Board-certified	85%
Specialists	700
Administrative	5
Marketing	10
Facilities	
Hospitals	42
Pharmacies	220
Diagnostic labs	6
Locations	
Administrative	1
Users	
Employer/payer groups	350
Total	70,000
Average hospital stay	4.4 days
Hospital admission/1,000 members	72

Operational date: November 1989.
Federally qualified.
Certified in: Georgia.
Model type: IPA.
For profit.
Ownership: Insurer.
Service area: 55 counties in Georgia.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry and obstetrics/gynecology. Options include vision. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Adjusted community rating. Offers point-of-service contracts, 30% of members are enrolled.

Management reports: Provided annually.

Officers: A. Kelley Atkinson, president; Dr. David Lentz, medical director; Robert Yungk, marketing director.

Contact: Robert Yungk.

Kaiser Permanente, Georgia Region

3355 Lenox Road N.E., Suite 1000, Atlanta, Ga. 30326; 404-233-0555; fax: 404-233-0485

Staff	
Physicians	115
Board certified physicians	96%
Specialists	115
Administrative	970
Facilities	
Hospitals	11
Pharmacies	110
Diagnostic labs	13
Locations	
Administrative	1
Primary care	260
Users	
Employer/payer groups	609
Employees & dependents	152,993
Total	157,382
Average hospital stay	3.9 days
Hospital admission/1,000 members	83

Operational date: October 1985.
Federally qualified.
Certified in: Georgia.
Model type: Group.
Not for profit.
Sponsorship: The Southeast Permanente Medical Group of Georgia Inc. and Kaiser Foundation Health Plan of Georgia Inc.
Service area: 19 counties in Georgia.

Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, hemodialysis, skilled nursing facility, home health services and physical/occupational/speech therapy. Options include dental and prescription drug. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.

Rating options: Adjusted community rating.

Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.

Management reports: Provided quarterly or annually upon request.

Billing: National accounts program with consolidated billing available.

Gross revenues: $140 million in 1990; $93 million in 1989.

Officers: Wayne R. Moon, president/operations manager; Richard Barnaby, regional manager, Dr. Harper Gaston, medical director; Ron Hostettler, health plan manager.

See Kaiser Permanente Medical Care Program under California.

MetLife HealthCare Network of Georgia Inc.

47 Perimeter Center E., Suite 650, Atlanta, Ga. 30346; 404-396-0208

Staff	
Physicians	205
Specialists	480
Facilities	
Hospitals	15

Operational date: July 1987.
Model type: IPA.
For profit.
Ownership: Metropolitan Life Insurance Co.
Service area: 13 counties in Georgia.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision, dental and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating by class; experience rating.

Management reports: Provided upon request.

Billing: National accounts program with consolidated billing available.

Officers: Robert Ritter, president/chief executive officer; Richard Schumacher, vp/chief operating officer.

PARTNERS Health Plan of Georgia

3 Piedmont Center, 3565 Piedmont Road, Atlanta, Ga. 30305; 404-841-6976; fax: 404-841-6775

Staff	
Physicians	270
Patients/physician	140
Board-certified	60%
Specialists	730
Locations	
Administrative	1
Users	
Employer/payer groups	115
Total	38,800

Operational date: 1986.
Federally qualified.
Certified in: Georgia.
Model type: IPA.
For profit.
Ownership: Aetna Life Insurance Co.
Service area: 27 counties in Georgia.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision, dental and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating by class, adjusted community rating. Offers non-federally qualified programs to employers.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Officers: John Ivans, market manager; Terri Kline, executive director; Dr. Mitchell Moodleman, medical director; Barbara Baily, marketing director.

See Aetna Life Insurance Co. under Connecticut.

PruCare of Atlanta

2839 Paces Ferry Road, Suite 1000, Atlanta, Ga. 30339; 404-955-8010; fax: 404-433-0601

Staff	
Physicians	51
Patients/physician	870
Board-certified	93%
Specialists	144
Administrative	44
Marketing	18
Facilities	
Hospitals	7
Pharmacies	13
Diagnostic labs	2
Locations	
Administrative	1
Primary care	7
Users	
Employer/payer groups	245
Single coverage	12,917
Family coverage	11,356
Employees & dependents	44,400
Total	44,400
Average hospital stay	4.3 days
Hospital admission/1,000 members	66.8

Operational date: May 1981.
Federally qualified.
Certified in: Georgia.
NCQA qualification pending.
Model type: Group.
For profit.
Ownership: Prudential Insurance Co. of America.
Service area: 19 counties in Georgia.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision, dental and prescription drug. Diagnostic testing and lab work performed by the HMO.

Rating options: Community rating: $139 single, $345.45 family.

Enrollment options: Individual enrollment is allowed.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Officers: David George, vp-SGO; Marilynn Schafer, vp-group operations; Dr. Charles Gendel, medical director; Bart Hester, director-group marketing.

Contact: Robert Griffin, vp-group marketing, 3100 Cumberland Circle, Suite 1100, Atlanta, Ga. 30339; 404-933-6605.

GUAM

FHP HealthCare

P.O. Box 6578, Tamuning, Guam 96911; 617-646-7826; 617-646-7828

See FHP HealthCare under California.

HAWAII

Community Health Program

P.O. Box 860, Honolulu, Hawaii 96818; 808-944-2481; fax: 808-944-9419

Staff	
Physicians	280
Patients/physician	37.3
Board-certified	72%
Specialists	293
Administrative	50
Marketing	1
Facilities	
Hospitals	22
Pharmacies	151
Diagnostic labs	24
Locations	
Administrative	4
Primary care	38
Users	
Employer/payer groups	829
Single coverage	2,899
Family coverage	2,424
Employees & dependents	10,010
Total	10,010
Average hospital stay	4.8 days
Hospital admission/1,000 members	54.1

Operational date: January 1972.
Certified in: Hawaii.
Model type: Network.
Ownership: Hawaii Medical Service Assn.
Service area: Honolulu, Maui, Kauai and Hawaii counties in Hawaii.

Services: Standard package, including vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating: $136.72 single, $381.46 family.

Billing: Provides direct billing for premiums under COBRA.

Gross revenues: $13.1 million in 1990; $17.9 million in 1989.

Officers: Marvin B. Hall, president; Dr. Hebert Uemura, medical director; Michael Wong, marketing director; Paul Yamashita, director-HMO Health Services; Cliff K. Cisco, vp-alternate delivery systems.

Health Plan Hawaii

P.O. Box 860 Honolulu, Hawaii 96818; 808-944-2481; fax: 808-944-9419

Staff	
Physicians	280
Patients/physician	65.4
Board-certified	72%
Specialists	293
Administrative	50
Marketing	1
Facilities	
Hospitals	22
Pharmacies	151
Diagnostic labs	24
Locations	
Administrative	4
Primary care	38
Users	
Employer/payer groups	1,595
Single coverage	5,636
Family coverage	3,913
Employees & dependents	18,278
Total	18,278
Average hospital stay	3.7 days
Hospital admission/1,000 members	63.4

Operational date: July 1981.
Certified in: Hawaii.
Model type: Network.
Ownership: Hawaii Medical Service Assn.
Service area: Honolulu, Maui, Kauai and Hawaii counties in Hawaii.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision, dental and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating: $91.66 single, $255.74 family.

Billing: Provides direct billing for premiums under COBRA.

Gross revenues: $16.8 million in 1990; $13.2 million in 1989.

Officers: Ralph J. Kessling, president; Cliff K. Cisco, executive director; Dr. Hebert Uemura, medical director; Michael Wong, marketing director; Paul Yamashita, director-HMO Health Services.

Island Care

P.O. Box 37549 Honolulu, Hawaii 96837; 808-523-8686; fax: 808-538-6381

Staff	
Physicians	90
Patients/physician	244
Board-certified	80%
Specialists	94
Administrative	55
Marketing	10
Facilities	
Hospitals	2
Pharmacies	57
Diagnostic labs	13
Locations	
Administrative	3
Primary care	38
Users	
Employer/payer groups	1,066
Single coverage	8,150
Family coverage	4,483
Employees & dependents	21,671
Total	21,671
Average hospital stay	4.25 days
Hospital admission/1,000 members	65

Operational date: July 1981.
Model type: Group.
Not for profit.
Ownership: Queen's Medical Center, Wilcox Memorial Hospital, Honolulu Medical Group, Kauai Medical Group.
Service area: Honolulu, Kauai and Hawaii counties in Hawaii.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, in-vitro fertilization. Options include vision, dental and prescription drug. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.

Rating options: Community rating: $113.70 single, $312.65 family; community rating by class.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA.

Gross revenues: $21.2 million in 1990; $19.3 million in 1989.

Officers: Andrew S. Karabinos, president; Dr. Robert Hollison, medical director; Don Wakeman, vp-marketing; David Heywood, chief financial officer; Nate Nygaard, director-provider relations.

Contact: Don Wakeman.

Kaiser Permanente, Hawaii Region

711 Kapiolani Blvd., Honolulu, Hawaii 96813; 808-834-5333

Staff	
Physicians	140
Board certified physicians	76%
Specialists	200
Administrative	1,400
Facilities	
Hospitals	4
Pharmacies	11
Diagnostic labs	11
Locations	
Administrative	1
Primary care	13
Users	
Employer/payer groups	7,487
Employees & dependents	167,855
Total	182,107
Average hospital stay	5.2 days
Hospital admission/1,000 members	61

Operational date: November 1958.
Federally qualified.
Certified in: Hawaii.
Model type: Group.
Not for profit.
Sponsorship: Kaiser Foundation Hospitals; Hawaii Permanente Medical Group Inc.; Kaiser Foundation Health Plan Inc.
Service area: Oahu and Maui Islands; portions of Kohala, North Kona, South Kona and Ka'u counties in Hawaii county.

Services: Standard package, including vision, substance abuse, psychiatric services, obstetrics/gynecology, physical/occupational/speech therapy, hemodialysis, extended nursing care services, home health services and prescription drugs. Options include dental and durable medical equipment. Diagnostic testing and lab work performed by the HMO facilities.

Rating options: Community rating. Offers non-federally qualified programs to employers.

Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.

Management reports: Provided quarterly or annually upon request.

Billing: National accounts program with consolidated billing available.

Gross revenues: $165 million in 1990; $131 million in 1989.

Officers: Wayne R. Moon, president-operations manager; Cora Tellez, regional manager; Dr. William Dung, medical director; David Dunlap, manager-health plan.

Contact: David Dunlap.

See Kaiser Permanente Medical Care Program under California.

IDAHO

Group Health Northwest (North Idaho Region)

1111 Ironwood Drive, Coeur d'Alene, Idaho 83814; 208-664-9315; fax: 208-664-9315

Staff	
Physicians	20
Patients/physician	1,500 staff
Patients/physician	300 network
Board-certified	100%
Specialists	73
Administrative	1
Marketing	1
Facilities	
Hospitals	2
Pharmacies	5
Diagnostic labs	1
Locations	
Administrative	1
Primary care	9
Users	
Employer/payer groups	23
Employees & dependents	2,777
Total	7,338
Average hospital stay	3.1 days

Operational date: January 1985.
Federally qualified.
Certified in: Idaho and Washington.
Model type: Staff/network.
Not for profit.
Ownership: Group Health Cooperative of Puget Sound.
Service area: Kootenai and Bonner counties in Idaho.

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Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, contraceptive devices, health education, home health care and prescription drugs. Options includes dental. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.

Rating options: Community rating by class. Offers non-federally qualified programs to employers.

Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.

Management reports: Provided annually.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Gross revenues: $6.5 million in 1990; $4.2 million in 1989.

Officers: Dr. Henry S. Berman, president; Dr. Bill Burr, medical director; Sharon Fairchild, marketing director; Jim Hill, director-regional operations.

Contact: Sharon Fairchild.

See Group Health Cooperative of Puget Sound corporate listing under Washington.

Idaho Preferred Healthcare

P.O. Box 8262. Boise, Idaho 83707; 208-345-4550; fax: 208-336-6311

Staff	
Physicians	55
Patients/physician	36
Board-certified	76%
Specialists	300
Administrative	2
Marketing	4
Facilities	
Hospitals	11
Pharmacies	51
Diagnostic labs	2
Locations	
Administrative	1
Users	
Employer/payer groups	14
Single coverage	336
Family coverage	428
Employees & dependents	1,795
Total	1,795
Average hospital stay	3.5 days
Hospital admission/1,000 members	39

Operational date: November 1990.

Certified in: Idaho.

Model type: IPA.

Ownership: Blue Cross of Idaho Health Service Inc.

Service area: Ada, Canyon, Kootenai and Shoshone counties in Idaho.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology and prescription drugs. Options include vision and dental. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating by class, adjusted community rating.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA.

Officers: David L. Barnett, president; Richard M. Armstrong, executive director; Dr. Clay Morgan, medical director; Carol Rosebrock, manager.

Contact: Carol Rosebrock, ext. 543.

Lincoln National Health Plan

300 Mallard Drive, Suite 220, Boise, Idaho 83706; 208-343-3330; fax: 208-342-7178

See Lincoln National Health Plan corporate listing under Indiana.

ILLINOIS

BCI HMO Inc.

233 N. Michigan Ave., Chicago, Ill. 60601

Users	
Employees & dependents	7,109

Operational date: June 1977.

Federally qualified.

Model type: Mixed.

Sponsorship: Blue Cross & Blue Shield of Illinois.

Service area: 56 counties in Illinois; Fountain, Lake LaPorte, Porter, St. Joseph, Vermillion and Warren counties in Indiana.

Chicago HMO Ltd.

540 N. LaSalle St., Chicago, Ill. 60610; 312-751-7460; 312-751-7399

Staff	
Physicians	2,000
Patients/physician	97
Board-certified	71%
Specialists	3,593
Administrative	244
Marketing	40
Facilities	
Hospitals	110
Pharmacies	400
Locations	
Administrative	1
Primary care	160
Users	
Employer/payer groups	900
Single coverage	26,642
Family coverage	27,897
Employees & dependents	122,196
Total	187,307
Average hospital stay	5.72 days
Hospital admission/1,000 members	68.07

Operational date: May 1976.

Federally qualified.

Certified in: Illinois and Indiana.

NCQA accredited.

Model type: Network.

For profit.

Ownership: HMO America Inc.

Service area: Cook, DuPage, Kane, Lake, McHenry and Will counties in Illinois; Lake, LaPorte and Porter counties in Indiana, Kenosha county in Wisconsin.

Services: Standard package, including vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology and prescription drugs. Options include some dental, vision, substance abuse, prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating: $128.82 single, $373.58 family; community rating by class. Offers point-of-service contracts. Offers non-federally qualified programs to employers.

Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Gross revenues: $175.5 million in 1990; $137.3 million in 1989.

Officers: Dr. Robert J. Weinstein, president; Judith K. Brown, chief operating officer; Dr. Mitchell J. Trubitt, vp-medical affairs; Allan R. Glick, marketing director; Arthur H. Adelman, secretary/treasurer; David B. Citron, vp; Clement J. Horne, chief financial officer; Dr. Charles R. Kelly, vp.

Contact: Allan R. Glick.

CIGNA HealthPlan of Illinois Inc.

1700 Higgins Road, Suite 600, Des Plaines, Ill. 60018; 708-699-5600; fax: 708-699-5675

Staff	
Physicians	900
Patients/physician	500
Board-certified	87%
Specialists	3,457
Facilities	
Hospitals	53
Pharmacies	595
Diagnostic labs	1
Locations	
Administrative	2
Primary care	5,544
Users	
Total	48,295

Operational date: June, 1988.

Federally qualified.

Certified in: Illinois.

Model type: IPA.

For profit.

Ownership: CIGNA Corp.

Service area: Cook, DuPage, Kane, Lake, Will counties in Illinois; Lake, LaPorte, Porter counties in Indiana.

Services: Standard package, including experimental procedures, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, skilled nursing/extended facilities, short-term rehab/physical therapy, extended prosthesis and hearing screening Options include vision and prescription drugs. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating; community rating by class; adjusted community rating. Offers point-of-service contracts.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Officers: Cheryle Slamkowski, plan manager; Ernest Weis, medical director.

Contact: Cheryle Slamkowski.

See CIGNA Corp. under Connecticut.

Dental Network USA

2 TransAm Plaza Drive, Oakbrook Terrace, Ill. 60181; 708-691-1133; fax: 708-495-0575 or 708-691-0288

Staff	
Dentists	5,200
Patients/dentist	100
Administrative	85
Locations	
Administrative	1
Primary care	2,400
Users	
Employer/payer groups	2,400
Single coverage	80,000
Family coverage	144,000
Employees & dependents	544,000
Total	544,000

Continued on next page

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Continued from previous page

Operational date: 1976.
Certified in: 27 states, District of Columbia and the Virgin Islands.
Model type: Network.
For profit.
Ownership: 37 Blue Cross/Blue Shield Insurer Plans.
Service area: 27 states, District of Columbia and the Virgin Islands.
Services: Vision and dental only. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.
Rating options: Community rating: $7.50 to $14 single, $20 to $38 family; community rating by class; adjusted community rating. Offers point-of-service contracts, 2% of members are enrolled.
Management reports: Provided monthly, quarterly or annually.
Billing: National accounts program with consolidated billing available.
Gross revenues: $60,000 in 1990; $54,000 in 1989.
Officers: James O. Webb, chief executive officer; Vincent DiBenedetto, executive director; Van Nelimark, dental director; Sally Griffin, marketing director; Louise K. Smith, finance officer.
Contact: Sally Griffin.

Dreyer HMO

2111 Plum St., Aurora, Ill. 60506; 708-859-0400; fax: 708-859-7819

Staff	
Physicians	38
Patients/physician	813
Board-certified	90%
Specialists	69
Administrative	24
Marketing	6
Facilities	
Hospitals	2
Pharmacies	86
Diagnostic labs	7
Locations	
Administrative	1
Primary care	7
Users	
Employer/payer groups	175
Single coverage	4,592
Family coverage	7,352
Employees & dependents	29,990
Total	32,513
Average hospital stay	4.4 days
Hospital admission/1,000 members	74

Operational date: November 1984.
Federally qualified.
Certified in: Illinois.
Model type: Group.
Not for profit.
Service area: DeKalb, Kane, Kendall counties and portions of LaSalle, Lee Ogle and Will counties in Illinois.
Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology. Options include prescription drugs. Diagnostic testing and lab work performed by the HMO.
Rating options: Community rating by class. Offers non-federally qualified programs to employers.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $31.6 million in 1990; $24 million in 1989.
Officers: Dr. Michael C. Loebach, president; Richard A. Lutz, executive director; Dr. James A. Sandrolini, medical director; Ralph DiBenedetto, marketing director.
Contact: Ralph DiBenedetto.

Foundation Health Plan

233 N. Michigan Ave., Chicago, Ill. 60601
Operational date: January 1973.
Model type: IPA.
Sponsorship: Blue Cross and Blue Shield of Illinois.

HMO Illinois-A Blue Cross HMO

233 N. Michigan Ave., Chicago, Ill. 60601; 708-620-0176; fax: 708-620-1015

Staff	
Physicians	1,573
Patients/physician	200
Board-certified	85%
Specialists	3,960
Administrative	60
Marketing	27
Facilities	
Hospitals	125
Pharmacies	2,200
Locations	
Administrative	3
Primary care	150
Users	
Employer/payer groups	1,500
Single coverage	56,735
Family coverage	72,866
Employees & dependents	313,262
Total	314,919
Average hospital stay	5.7 days
Hospital admission/1,000 members	70.1

Operational date: June 1977.
Certified in: Illinois and Indiana.
NCQA accredited.
Model type: Medical Groups and IPAs.
Not for profit.
Ownership: Blue Cross/Blue Shield of Illinois.
Service area: 17 counties in Illinois; Lake, LaPorte and Porter counties in Indiana.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, skilled nursing facility and prosthetic devices. Options include vision and dental. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class. Offers point-of-service contracts.
Management reports: Provided annually.
Billing: National accounts program with consolidated billing available.
Gross revenues: $2.4 billion in 1990; $2 billion in 1989.
Officers: Raymond F. McCaskey, president; Eileen Holderbaum, executive director; Dr. Burton Vander-Laan, medical director; Michael Seibold, marketing director.
Contact: Joel D. Barnes.

HealthChicago Inc.

950 Warrenville Road, Lisle, Ill. 60532; 708-964-6200; fax: 708-964-8904

Staff	
Physicians	876
Patients/physician	78
Board-certified	83%
Specialists	3,345
Administrative	150
Marketing	30
Facilities	
Hospitals	47
Pharmacies	555
Diagnostic labs	11
Locations	
Administrative	1
Users	
Employer/payer groups	1,300
Employees & dependents	60,802
Total	67,943
Average hospital stay	4.8 days
Hospital admission/1,000 members	394

Operational date: October 1984.
Certified in: Illinois and Indiana.
Model type: IPA.
For profit.
Ownership: Central DuPage Hospital, Elmhurst Memorial Hospital, Ingalls Memorial Hospital.

Service area: Cook, DuPage, Kane, Lake, McHenry, Will counties in Illinois; Lake, LaPorte, Porter counties in Indiana.

Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision, dental, substance abuse, psychiatric services, durable medical equipment. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating: $128.92 single, $355.19 family; community rating by class; adjusted community rating. Offers point-of-service contracts, 2% of members are enrolled.

Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.

Management reports: Provided upon request.
Gross revenues: $92 million in 1990; $80.8 million in 1989.

Officers: Norman J. Beles, president/chief executive officer; Dr. Wayne Mathy, Dr. David Weber, Dr. Suhail Ghattas, medical directors; Dan Fox, vp-sales/marketing.
Contact: Norman J. Beles.

Continued on next page

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Continued from previous page

Heritage National Healthplan Services Inc.

11 Corporate E., 1910 E. Kimberly Road, Davenport, Iowa, 52807; 319-344-4400; fax: 319-344-4486
Service area: Illinois.
See Heritage National Healthplan Services Inc. under Iowa.

Humana Michael Reese HMO Plan

2555 S. Martin Luther King Drive, Chicago, Ill. 60616; 312-808-3801; fax: 312-842-2496

Users	
Employees & dependents	219,601

Operational date: March 1991.
Federally qualified.
Model type: Staff.
Ownership: Humana Inc.
Service area: Chicago metropolitan area.
Officers: Karen Coughlin, executive director; Cheryl Bynum, sales manager.

See Humana Health Care Plans under Kentucky.

Lincoln National/Great Lakes Health Plan

747 E. 22nd St., Suite 100, Lombard, Ill. 60148; 708-916-8400; fax: 708-916-0852

Staff	
Physicians	625
Specialists	1,395
Facilities	
Hospitals	58

Officers: Dr. John Blank, general manager; Peter Anderson, regional manager; Terry Barber, plan director.
See Lincoln National Health Plan corporate listing under Indiana.

Maxicare Illinois

111 E. Wacker Drive, Suite 1500, Chicago, Ill. 60601; 312-616-4700

Staff	
Physicians	900
Board-certified	95%
Administrative	27
Marketing	6
Facilities	
Hospitals	56
Pharmacies	135
Locations	
Administrative	56
Primary care	135
Users	
Total	22,000
Hospital admission/1,000 members	310

Operational date: 1972.
Federally qualified.
Model type: Network/group/IPA.
For profit.
Ownership: Maxicare Health Plans.
Service area: Counties of Chicago, Champaign, Urbana and Peoria in Illinois.
Services: Standard package, including substance abuse, psychiatric services, podiatry, obstetrics/gynecology. Options include vision, dental, durable medical equipment and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Adjusted community rating.
Management reports: Provided annually or upon request.
Billing: National accounts program with consolidated billing available.
Officers: Peter Ratican, president; Philip C. Walker II, executive director; Dr. Gerand Silverstein, medical director; Loretta Elliott, marketing director; Vickie Perry, executive vp.

MetLife HealthCare Network of Illinois Inc.

1375 E. Woodfield Road, Suite 1^0, Schaumburg, Ill. 60173; 708-619-2222

Staff	
Physicians	1,015
Specialists	2,260
Facilities	
Hospitals	57

Operational date: September 1986.
Certified in: Illinois
Model type: IPA.
For profit.
Ownership: Metropolitan Life Insurance Co.
Service area: Cook, DuPage, Kane, Kendall, Lake, McHenry, Rock Island counties in Illinois.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include dental, vision and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class, experience rating.
Management reports: Provided upon request.
Billing: National accounts program with consolidated billing available.
Officers: Dr. Charles G. Hertz, president/chief executive officer; Claudia Bjerre, vp/chief operating officer.

PersonalCare's HMO

510 Devonshire Drive, Champaign, Ill. 61820; 217-351-1348; fax: 217-373-5410

Staff	
Physicians	130
Patients/physician	275
Board-certified	60%
Specialists	155
Administrative	56
Marketing	8
Facilities	
Hospitals	8
Pharmacies	60
Locations	
Administrative	1
Users	
Employer/payer groups	250
Employees & dependents	32,000
Total	36,100
Average hospital stay	5 days

Operational date: July 1984.
Federally qualified.
Certified in: Illinois.
Model type: Group/IPA.
For profit.
Ownership: ServantCor Hospital and Christie Clinic.
Service area: 15 counties in Illinois.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision, dental and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class, adjusted community rating. Offers non-federally qualified programs to employers.
Enrollment options: Individual enrollment allowed.
Management reports: Provided annually or upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Gross revenues: $39.4 million in 1990; $36.6 million in 1989.
Officers: Alan L. Mytty, president; Dr. Jeffrey Lenow, medical director; Michael J. Fishburn, vp-marketing; Gene Motycka, chief operating officer; Larry Good, vp-development.
Contact: Michael J. Fishburn.

Principal Health Care of Illinois Inc.

310 S. Michigan Ave., Chicago, Ill. 60604; 312-294-6594; fax: 312-294-6591

Staff	
Physicians	365
Patients/physician	1
Board-certified	85%
Specialists	1,200
Administrative	5
Facilities	
Hospitals	28
Diagnostic labs	1
Locations	
Administrative	1
Primary care	150
Users	
Employer/payer groups	10
Single coverage	96
Family coverage	59
Employees & dependents	315
Total	315
Average hospital stay	2.9 days
Hospital admission/1,000 members	84.5

Operational date: September 1989.
Certified in: Illinois.
Model type: Network.
For profit.
Ownership: Principal Health Care Inc.
Service area: Cook, DuPage, Kane and Lake counties in Illinois.
Services: Standard package, including substance abuse, psychiatric services, obstetrics/gynecology. Op-

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Continued from previous page
tions include vision, dental, durable medical equipment and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating by class, adjusted community rating, group experience rating by age/sex.

Management reports: Provided monthly.

Billing: National accounts program with consolidated billing available.

Gross revenues: $187,281 in 1990; $26,373 in 1989.

Officers: Kenneth J. Linde, president.

PruCare of Illinois

Columbia Center II, 9450 W. Bryn Mawr, Rosemont, Ill. 60018; 708-671-8700; fax: 708-671-6958

Staff	
Physicians	307
Patients/physician	70
Board-certified	70%
Specialists	676
Administrative	100
Marketing	55
Facilities	
Hospitals	17
Pharmacies	250
Diagnostic labs	15
Locations	
Administrative	1
Primary care	103
Users	
Employer/payer groups	160
Employees and dependents	20,242
Total	20,242
Average hospital stay	4.8 days
Hospital admission/1,000 members	79.4

Operational date: June 1981.
Federally qualified.
Certified in: Illinois.
NCQA qualification pending.
Model type: Group.
For profit.

Ownership: The Prudential Insurance Co. of America.

Service area: Cook, Lake, DuPage and portions of McHenry, Kane, Will and DeKalb counties in Illinois.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include dental, prescription drug, physical therapy, home health care, hospice, surgical centers, kidney stone centers and urgent care facilities. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.

Rating options: Community rating by class. Offers point-of-service contracts, 84% of members are enrolled. Offers non-federally qualified programs to employers.

Management reports: Provided annually.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Officers: Scott Serota, vp-health care management; Tim DeWitt, director-health care management; Dr. Henry Hollander, medical director; Mike Dooley, vp-group marketing.

Contact: Tim DeWitt.

Randmark Management Inc.-Illinois

1211 Connecticut Ave. N.W., Suite 800, Washington, D.C. 20006; 202-283-8800; fax: 202-466-3789

Staff	
Dentists	159
Patients/dentist	30
Specialists	65
Administrative	7
Marketing	4
Locations	
Administrative	1
Primary care	224
Users	
Single coverage	1,520
Total	3,800

Certified in: Illinois.
Model type: IPA.

Service area: Chicago area counties in Illinois.

Services: Dental services only.

Rating options: Community rating, adjusted community rating. Offers point-of-service contracts, 10% of members are enrolled.

Enrollment options: Individual enrollment is allowed.

Management reports: Provided upon request.

Billing: National accounts program with consolidated billing available.

Officers: Dr. Randy Widen, chairman; Dr. Marc Doctors, president; Robert Wergin, chief executive officer; Dan Karateew, dental director; Annette Rolin, marketing director; Mike Lloyd, chief financial officer.

See Randmark Management Inc. under District of Columbia.

Rush-Anchor/ Rush-Access HMO

33 E. Congress Parkway, Suite 600, Chicago, Ill. 60605; 312-347-3440; fax: 312-347-4500

Staff	
Physicians	800
Patients/physician	600
Board-certified	98%
Specialists	500
Administrative	300
Marketing	30
Facilities	
Hospitals	50
Locations	
Administrative	1
Primary care	19
Users	
Employer/payer groups	1,200
Single coverage	38,000
Family coverage	38,000
Employees & dependents	170,000
Total	175,000
Average hospital stay	4.6 days
Hospital admission/1,000 members	365

Operational date: 1971.
Federally qualified.
Certified in: Illinois and Indiana.
Model type: Staff/network.
Not for profit.

Ownership: Rush-Presbyterian and St. Luke's Medical Center.

Service area: Cook, DuPage, Will, Kane, McHenry and Lake counties in Illinois; Lake, LaPorte and Porter counties in Indiana.

Services: Standard package, including substance abuse, psychiatric services, nutritional services, weight management, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision, dental, prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Adjusted community rating. Offers non-federally qualified programs to employers.

Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.

Management reports: Provided annually.

Billing: National accounts program with consolidated billing available.

Gross revenues: $189.6 million in 1990; $167.4 million in 1989.

Officers: Truman Esmond Jr., president; Dr. William Rollow, medical director-RushAnchor; Dr. Carolyn Lopez, medical director-RushAccess; H. Robert Shive, marketing director; Cathy McNeal, chief financial officer; Frank Joebgen, product development; Preston Simons, management information services.

Contact: Kathleen E. Higgins, director-account management, 312-347-8816.

Share Health Plan of Illinois Inc.

1 Pierce Place, Suite 600, Itasca, Ill. 60007; 708-250-3200; fax: 708-250-9772

Staff	
Physicians	400
Patients/physician	164
Board-certified	95%
Specialists	1,720
Administrative	102
Marketing	21
Facilities	
Hospitals	45
Pharmacies	215
Diagnostic labs	7
Locations	
Administrative	2
Users	
Employer/payer groups	600
Total	72,000
Average hospital stay	4.3
Hospital admission/1,000 members	67

Operational date: February 1984.
Certified in: Illinois.
Model type: IPA.
For profit.

Ownership: United HealthCare Corp.

Service area: Cook, DuPage, McHenry, Lake, Kane and Will counties in Illinois.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include experimental procedures, vision, dental and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Adjusted community rating. Offers point-of-service contracts, 10% of members are enrolled.

Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.

Management reports: Provided annually or upon request.

Billing: Provides direct billing for premiums under COBRA.

Officers: John G. Ruther, president; Dr. Mervin Shalowitz, vp-medical director; Dave Gotsch, vp-sales.

Contact: Dave Gotsch.

See United HealthCare Corp. under Minnesota.

Travelers Health Network of Illinois Inc.

50 Shuman Blvd., Suite 400, Naperville, Ill. 60563; 708-983-2400; fax: 708-357-1807

Staff	
Physicians	700
Board-certified	36%
Specialists	1,650
Administrative	14
Facilities	
Hospitals	32
Pharmacies	376
Locations	
Administrative	1

Operational date: June 1991.
Model type: IPA.
For profit.

Ownership: The Travelers Cos.

Service area: Cook, Du Page, Kane, Lake, McHenry, Will counties in Illinois.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, artificial aids. Options include prescription drug and vision. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Officers: Dr. Rene Lerer, president; Tim Dickman, executive director; Dr. Christine Stoll, medical director.

Contact: Shelley Nakunz, product management analyst, 214-470-5865.

INDIANA

Arnett HMO

3768 Rome Drive, P.O. Box 6108, Lafayette, Ind. 47903-6108; 317-448-8200; fax: 317-448-8660

Staff	
Physicians	75
Patients/physician	267
Board-certified	90%
Specialists	49
Administrative	32
Marketing	4
Facilities	
Hospitals	6
Pharmacy chains	3
Locations	
Administrative	1
Primary care	33
Users	
Employer/payer groups	50
Single coverage	2,201
Family coverage	3,619
Employees & dependents	14,630
Total	19,472
Average hospital stay	4.2 days
Hospital admission/1,000 members	92

Operational date: June 1985.
Federally qualified.
Certified in: Indiana.
Model type: Group.
Ownership: Arnett Clinic.

Service area: 18 counties in Indiana.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include prescription drug. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.

Rating options: Community rating by class.

Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries.

Gross revenues: $28 million in 1990; $24.9 million in 1989.

Officers: Dr. James T. Poulos, president; James A. Brunnemer, executive director; Dr. Michael W. Skehan, medical director.

Contact: Kim Gumbiner, account representative.

Farm Bureau Insurance Managed Care Plan Inc.

3737 N. Meridian St., Suite 201, Indianapolis, Ind. 46208; 317-921-3790; fax: 317-921-3749

Staff	
Physicians	813
Specialists	1,934
Administrative	32
Marketing	8
Facilities	
Hospitals	48
Pharmacies	12
Locations	
Administrative	1
Users	
Employees & dependents	18,505
Total	18,505
Average hospital stay	4.4 days
Hospital admission/1,000 members	390.6

Operational date: February 1986.
Certified in: Indiana.
Model type: IPA.
For profit.

Ownership: United Farm Bureau Family Life Insurance Co.

Service area: Indiana.

Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Adjusted community rating.

Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.

Management reports: Provided upon request.

Gross revenues: $18.2 million in 1990; $9.6 million in 1989.

Officers: Andrew Johnston, president; Frank Lloyd, medical director; Jenny Bradshaw, director-finance/administration; Patricia Richards, director-medical management.

Humana Care Plan Inc.

The Waterside Building, 101 E. Main St., 11th Floor, Louisville, Ky. 40202; 502-580-5005; fax: 502-580-5043

Users	
Employees & dependents	62,087

Operational date: 1988.
Federally qualified.
Model type: Staff/IPA.
Ownership: Humana Inc.

Officers: Vicky Hatfield, executive director; Jim Moser, sales manager; Dr. Robert Rosenberg, medical director.

See Humana Health Care Plans under Kentucky.

Key Health Plan

333 N. Alabama, Indianapolis, Ind. 46204; 317-262-4557; fax: 317-262-4697

Staff	
Physicians	490
Patients/physician	67.5
Board-certified	95%
Specialists	1,242
Administrative	96
Marketing	12
Facilities	
Hospitals	51
Pharmacies	435
Diagnostic labs	4
Locations	
Administrative	1
Primary care	1
Users	
Employer/payer groups	36
Single coverage	4,582
Family coverage	8,406
Employees & dependents	32,551
Average hospital stay	3.5 days
Hospital admission/1,000 members	310

Operational date: June 1983.
Federally qualified.
Certified in: Indiana.
Model type: IPA.
For profit.

Ownership: The Associated Group of Cos.

Service area: Indiana.

Services: Standard package, including experimental procedures, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision, dental and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Adjusted community rating.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA.

Gross revenues: $57.2 million in 1990; $75 million in 1989.

Officers: John D. Cuny, president/chief executive officer; Dr. Lowell Weiner, acting medical director; David Anderson, technical director-marketing.

Lincoln National Health Plan*

1300 S. Clinton St., P.O. Box 2266, Fort Wayne, Ind. 46801; 219-455-2000

Staff	
Physicians	5,300
Specialists	22,000
Facilities	
Hospitals	500
Users	
Employees & dependents	500,000
Total	500,000

Operational date: 1975.
Model type: Network.
For profit.

Ownership: Lincoln National Life Insurance Co., Lincoln National Administrative Services Corp.

Service area: Arizona, California, Colorado, Idaho, Indiana, Illinois, Kansas, Kentucky, Maine, Maryland, Missouri, North Carolina, Ohio and District of Columbia.

Officers: John P. Cole, chief executive officer; Stephen K. Goldstone and Kevin F. Hickey, senior vps; Richard Vaughan, senior vp-chief financial officer; Dr. Joseph Huguenard, medical director.

*Figures are corporate, including all HMOs sponsored by Lincoln National.

Lincoln National Health Plan of Indiana

11595 N. Meridian St., Suite 200, Carmel, Ind. 46032; 317-573-6680; fax: 317-6688

Staff	
Physicians	205
Specialists	1,448
Facilities	
Hospitals	15

Officers: Fran Prescott, general manager; Don Titcomb, regional manager; Terry Kopp, plan director.

See Lincoln National Health Plan corporate listing under Indiana.

Lincoln National Health Plan of Indiana

409 E. Cook Road, Suite 100, Fort Wayne, Ind. 46825; 219-455-3350; fax: 219-489-4840

105 E. Jefferson Blvd., Suite 500, South Bend, Ind. 46601; 219-232-3065; fax: 219-288-4348

Staff	
Physicians	215
Specialists	815
Facilities	
Hospitals	22

Officers: Fran Prescott, general manager; John Shumlas, regional director; Terry Kopp, plan director.

See Lincoln National Health Plan corporate listing under Indiana.

The M Plan

8802 N. Meridian St., Suite 100, Indianapolis, Ind. 46260; 317-571-5300; fax: 317-571-5306

Staff	
Physicians	356
Patients/physician	31
Board-certified	85%
Specialists	697
Administrative	70
Marketing	4
Facilities	
Hospitals	8
Pharmacies	6
Diagnostic labs	6
Locations	
Administrative	1
Primary care	837

Continued on next page

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Users	
Employer/payer groups	18
Single coverage	2,930
Family coverage	1,532
Employees & dependents	11,272
Total	11,300
Average hospital stay	4.1 days
Hospital admission/1,000 members	66.6

Operational date: June 1989.
Certified in: Indiana.
Model type: Group/IPA.
For profit.

Ownership: Methodist Hospital of Indiana Inc.

Service area: Boone, Hamilton, Hancock, Hendricks, Johnson, Marion, Morgan and Shelby counties in Indiana.

Services: Standard package, including prescription drug, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology. Options include vision, dental and podiatry. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Adjusted community rating.

Management reports: Provided annually or upon request.

Billing: Provides direct billing for premiums under COBRA.

Gross revenues: $12.5 million in 1990; $10.6 million in 1989.

Officers: Alex Slabosky, president; Dr. Elizabeth Peterson, medical director; Rick Altstadt, vp-marketing.

PARTNERS National Health Plans of Indiana

100 E. Wayne, Suite 502, South Bend, Ind. 46601; 219-233-5033; fax: 219-234-7484

Staff	
Physicians	121
Patients/physician	250
Board-certified	100%
Specialists	153
Administrative	50
Marketing	7
Facilities	
Hospitals	3
Pharmacies	27
Diagnostic labs	1
Locations	
Administrative	1
Primary care	215
Users	
Employer/payer groups	375
Single coverage	6,400
Family coverage	7,700
Total	34,000
Average hospital stay	4.2 days
Hospital admission/1,000 members	65

Operational date: January 1987.
Certified in: Indiana.
Model type: IPA.
For profit.

Ownership: Memorial Hospital of South Bend; Elkhart General; Michigan Medical Assn.; Elkhart Medical Assn.

Service area: St. Joseph and Elkhart counties in Indiana.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating by class, adjusted community rating.

Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries.

Management reports: Provided annually.

Billing: National accounts program with consolidated billing available.

Officers: R.J. Wurzburg, executive director; Dr. Alan D. Snell, medical director; Steven A. Hamilton, marketing director; James Ewing, chief financial officer; Sherry Fiedler, director-medical services; Joyce Spitler, director-operations.

Physicians Health Network

1 Riverfront Place, Suite 400, Evansville, Ind. 47708; 812-465-6000; fax: 812-465-6014

Staff	
Physicians	141
Patients/physician	135
Board-certified	72%
Specialists	165
Administrative	6
Marketing	13
Facilities	
Hospitals	4
Pharmacy chains	1
Diagnostic labs	9
Locations	
Administrative	1
Primary care	350
Users	
Employer/payer groups	196
Single coverage	3,457
Family coverage	5,287
Employees & dependents	20,338
Total	20,338
Average hospital stay	3.8 days
Hospital admission/1,000 members	324

Operational date: May 1985.
Federally qualified.
Certified in: Indiana.
Model type: IPA.
For profit.

Ownership: Associated Insurance Cos. Inc. and a physician group.

Service area: 11 counties in Indiana.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology. Options include vision, dental and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Adjusted community rating. Offers point-of-service contracts. Offers non-federally qualified programs to employers.

Enrollment options: Individual enrollment is allowed.

Management reports: Provided annually.

Gross revenues: $22.5 million in 1990; $20.7 million in 1989.

Officers: John Cuny, president; Russell W. Sherlock, chief operating officer; Dr. R. Kenneth Spear, medical director; Richard Worthington, vp-sales/marketing; Jaron Johnson, vp-finance; Carol Frame-Kelsey, vp-operations.

Contact: Patty Minton McGowan.

Physician's Health Service

1 Riverfront Place, Evansville, Ind. 47732

Users	
Employees & dependents	5,096

Operational date: May 1985.
Model type: IPA.
Sponsorship: Blue Cross and Blue Shield of Indiana.

IOWA

Care Choices HMO-Iowa

401 Terra Centre, 600 Fourth St., Sioux City, Iowa 51104; 712-233-3696; fax: 712-233-3684

Staff	
Physicians	72
Board-certified	80%
Specialists	100
Administrative	14
Marketing	2
Facilities	
Hospitals	7
Pharmacies	65
Diagnostic labs	3
Locations	
Administrative	1
Users	
Employer/payer groups	42
Single coverage	975
Family coverage	1,980
Employees & dependents	7,905
Total	8,059
Average hospital stay	4.3 days
Admissions/1,000 members	75

Operational date: July 1987.
Certified in: Iowa, Nebraska, South Dakota.
NCQA qualification pending.
Model type: IPA.

Service area: Cherokee, Ida, Monona, Plymouth, Sioux and Woodbury counties in Iowa; Dakota, Dixon and Thurston counties in Nebraska; Union County in South Dakota.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision, dental and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating by class.

Enrollment options: Individual enrollment allowed.

Management reports: Provided quarterly upon request.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Gross revenues: $7.5 million in 1990; $5 million in 1989.

Continued on next page



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Continued from previous page

Officers: Patrick Aberle, executive director; Dr. Stanley Bloustine, medical director; Rona Berinobis, marketing director; Karen Pederson.

Family Health Plan Inc.

636 Grand Ave., Des Moines, Iowa 50309

Users	
Employees & dependents	2,883

Operational date: December 1985.
Model type: IPA.
Sponsorship: Blue Cross and Blue Shield of Iowa.

Heritage National HealthPlan Services Inc.

11 Corporate E., 1910 E. Kimberly Road, Davenport, Iowa 52807; 319-344-4400; fax: 319-344-4486

Staff	
Physicians	1,320
Administrative	99
Marketing	34
Facilities	
Hospitals	80
Pharmacies	1,100
Locations	
Administrative	14
Users	
Employer/payer groups	223
Single coverage	18,099
Family coverage	18,614
Employees & dependents	182,297
Total	190,695
Average hospital stay	4.9 days
Hospital admission/1,000 members	75

Operational date: August 1985.
Certified in: Illinois, Iowa, Tennessee, Wisconsin.
Model type: IPA.
For profit.
Ownership: Deere & Co.
Service area: Illinois, Iowa, Wisconsin and Tennessee.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology. Options include prescription drug, vision and dental. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class, adjusted community rating.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries.
Management reports: Provided upon request.
Billing: National accounts program with consolidated billing available.
Officers: G. Michael Hammes, president; Stephen B. Sidwell, medical director; George N. Dellos, marketing director; Richard R. Derwiler, vp/treasurer; Charles P. Parsons, vp-marketing/program development; Jerry. C. Tappendorf, vp-systems planning/development; James K. Thomson, vp-operations.

Medical Associates HMO

1 Cycare Plaza, Suite 230, Dubuque, Iowa 52001; 319-556-8070; fax: 319-556-5134

Staff	
Physicians	95
Board-certified	95%
Specialists	40
Administrative	8
Marketing	2
Facilities	
Diagnostic labs	2
Locations	
Administrative	1
Primary care	30
Users	
Employer/payer groups	202
Single coverage	2,425
Family coverage	5,425
Employees & dependents	21,856
Total	30,009
Average hospital stay	4.4 days
Hospital admission/1,000 members	40.2

Operational date: July 1982.
Federally qualified.
Certified in: Iowa, Illinois and Wisconsin.
Model type: Group.
For profit.
Ownership: Medical Associates Clinic P.C.
Service area: Clayton, Delaware, Dubuque, Jackson and Jones counties in Iowa; Jo Davies County in Illinois; Crawford, Grant, Iowa and Lafayette counties in Wisconsin.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology. Options include vision, podiatry, prescription drug. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.
Rating options: Community rating: $94.82 to $102.22 single.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries.
Management reports: Provided quarterly.
Gross revenues: $42.9 million in 1990; $45.3 million in 1989.
Officers: Lawrence E. Cremer, executive director; Dr. F.G. Asmussen, medical director; Terry Kane, marketing director.

Share Health Plan of Iowa Inc.

2700 Westown Parkway, Suite 200, West Des Moines, Iowa 50265; 515-225-1234; fax: 515-225-2486

Staff	
Physicians	93
Patients/physician	250
Board-certified	95%
Specialists	440
Administrative	5
Marketing	6
Facilities	
Hospitals	8
Pharmacies	29
Diagnostic labs	4
Locations	
Administrative	1
Primary care	39
Users	
Employer/payer groups	241
Single coverage	4,384
Family coverage	6,433
Employees & dependents	24,436
Total	26,864

Operational date: July 1983.
Certified in: Iowa.
Model type: IPA/Group.
For profit.
Ownership: United HealthCare Corp.
Service area: Dallas, Jasper, Madison, Marion, Marshall, Polk, Pottawattamie, Story and Warren counties in Iowa.
Services: Standard package, including prescription drug, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include experimental procedures, vision and dental. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class, adjusted community rating.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: D. Michael Elliott, president; Dr. Thomas Kline, medical director; Steve Jacobsen, marketing director.
See United HealthCare Corp. under Minnesota.

Total Health Network of Iowa

P.O. Box 7270, 636 Grand Ave., Des Moines, Iowa 50309

Users	
Employees & dependents	18,349

Operational date: December 1984.
Model type: IPA.
Sponsorship: Blue Cross and Blue Shield of Iowa.
Service area: 42 counties in Iowa.

KANSAS

CIGNA HealthPlan of Kansas City Inc.

7400 W. 110th St., Suite 600, Overland Park, Kan. 66210; 913-451-9389; fax: 913-451-0974

Staff	
Physicians	355
Patients/physician	550
Board-certified	87%
Specialists	1,035
Facilities	
Hospitals	27
Pharmacies	157
Diagnostic labs	15
Locations	
Administrative	2
Primary care	2,145
Users	
Total	61,992

Operational date: July 1986.
Federally qualified.
Certified in: Kansas.
Model type: IPA.
For profit.
Ownership: CIGNA Corp.
Service area: 11 counties in Kansas.
Services: Standard package, including experimental procedures, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, skilled nursing facilities, short-term rehabilitation and physical therapy, external prosthesis and hearing screening. Options include vision and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating, community rating by class, adjusted community rating. Offers point-of-service contracts.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: Joy Haug, general manager; Dr. Lee Newcomer, medical director.
Contact: Joy Haug.
See CIGNA Corp. under Connecticut.

EQUICOR Health Plan Inc.

200 S. Sante Fe, Suite 5, Salina, Kan. 67401; 913-823-6015; fax: 913-823-0435

Staff	
Physicians	10
Patients/physician	550
Board-certified	87%
Specialists	58
Facilities	
Hospitals	2
Pharmacies	3
Locations	
Administrative	2
Primary care	99
Users	
Total	4,082

Operational date: November 1983.
Federally qualified.
Certified in: Kansas.
Model type: IPA.
For profit.
Ownership: CIGNA Corp.
Service area: Dickinson, Lincoln, Ottawa and Saline counties in Kansas.
Services: Standard package, including experimental procedures, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, skilled nursing facilities, short-term rehabilitation and physical therapy, external prosthesis and hearing screening. Options include vision and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating, community rating by class, adjusted community rating. Offers point-of-service contracts and non-federally qualified programs to employers.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: Ann Headrick, plan manager; Dr. Adrian Walling, medical director.
Contact: Ann Headrick.
See CIGNA Corp. under Connecticut.

EQUICOR Health Plan Inc.

2959 N. Rock Road, Wichita, Kan. 67226; 316-636-1152; fax: 316-636-1160

Staff	
Physicians	148
Patients/physician	550
Board-certified	87%
Specialists	61
Facilities	
Hospitals	4
Pharmacies	51
Locations	
Administrative	2
Primary care	356
Users	
Total	43,807

Operational date: July 1981.
Federally qualified.
Certified in: Kansas.
Model type: IPA.
For profit.
Ownership: CIGNA Corp.
Service area: Butler, Cowley, Harvey, Kingman, Marion, Sedgwick and Sumner counties in Kansas.
Services: Standard package, including experimental procedures, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, skilled nursing facilities, short-term rehabilitation and physical therapy, external prosthesis and hearing screening. Options include vision and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating, community rating by class, adjusted community rating. Offers point-of-service contracts.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: Doug Stratton, director-health care system; Dr. Adrian Walling, medical director.
Contact: Doug Stratton.
See CIGNA Corp. under Connecticut.

HMO Kansas Inc.

1133 Topeka Blvd., Topeka, Kan. 66629; 913-233-2751; fax: 913-291-8216

Staff	
Physicians	316
Patients/physician	131
Board-certified	77%
Specialists	2,187
Administrative	77
Marketing	4
Facilities	
Hospitals	45
Diagnostic labs	174
Locations	
Administrative	1
Primary care	139
Users	
Employer/payer groups	145
Single coverage	10,189
Family coverage	10,237
Employees & dependents	20,426
Total	45,544
Average hospital stay	4.8 days
Hospital admission/1,000 members	347

Operational date: April 1984.
Certified in: Kansas.
Model type: IPA.
Ownership: Blue Cross/Blue Shield of Kansas.
Service area: 24 counties in Kansas.
Services: Standard package, including vision, limited dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include prescription drug and eyewear.
Rating options: Community rating, adjusted community rating.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $59.9 million in 1990; $58.2 million in 1989.
Officers: Thomas L. Miller, president; John W. Knack, executive director; Dr. James P. Rhoads, medical director; Andy Corbin, marketing director; William F. Gloy, chief operating officer.

Kaiser Permanente, Kansas City Region

6900 Squibb Road, Suite 201, Shawnee Mission, Kan. 66202; 913-722-8400; fax: 913-722-8468

Staff	
Physicians	40
Board certified physicians	96%
Specialists	120
Administrative/Marketing	294
Facilities	
Hospitals	4
Pharmacies	6
Diagnostic labs	6
Locations	
Administrative	2
Primary care	6
Users	
Employer/payer groups	517
Employees & dependents	42,459
Total	44,275
Average hospital stay	5 days
Hospital admission/1,000 members	70

Operational date: January 1983.
Federally qualified.
Certified in: Kansas and Missouri.
Model type: Group.
Not for profit.
Sponsorship: Permanente Medical Group of Mid-America P.A.; Kaiser Foundation Health Plan of Kansas City Inc.
Service area: Johnson, Leavenworth and Wyandott counties in Kansas; Cass, Clay, Jackson and Platte counties in Missouri.
Services: Standard package, including vision, substance abuse, psychiatric services, obstetrics/gynecology, physical/occupational/speech therapy, hemodialysis, skilled nursing facility, home health services. Options include dental and prescription drug. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.
Rating options: Adjusted community rating.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.
Management reports: Provided quarterly or annually upon request.
Billing: National accounts program with consolidated billing available.
Gross revenues: $43 million in 1990; $26 million in 1989.
Officers: Wayne R. Moon, president/operations manager; Andy Dubill, regional manager; Dr. Ian Leverton, medical director; Dotti Dam, health plan manager.
See Kaiser Permanente Medical Care Program under California.

MetLife Healthcare Network-Kansas City Inc.

Building 9, Suite 185, 9200 Indian Creek Parkway, Overland Park, Kan. 66210-2012; 913-451-5656

Staff	
Physicians	350
Specialists	600
Facilities	
Hospitals	13

Operational date: December 1986.
Certified in: Missouri and Kansas.
Model type: IPA.
For profit.
Ownership: Metropolitan Life Insurance Co.
Service area: Jackson, Johnson and Wyandotte counties in Kansas; Cass, Clay and Platte counties in Missouri.
Services: Standard package. Options include prescription drug, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry and obstetrics/gynecology. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class; experience rating.
Billing: National accounts program with consolidated billing available.
Officers: Charles Stark, president; Barbara Buenemann, chief operating officer.

KENTUCKY

Alternative Health Delivery Systems Inc.

9901 Linn Station Road, Louisville, Ky. 40223; 502-425-8324 or 800-955-3035; fax: 502-423-6460

Staff	
Physicians	290
Patients/physician	168
Board-certified	100%
Specialists	710
Administrative	6
Marketing	8
Facilities	
Hospitals	11
Pharmacies	200
Diagnostic labs	12
Locations	
Administrative	1
Primary care	15
Users	
Employer/payer groups	187
Single coverage	11,884
Family coverage	10,538
Employees & dependents	44,844
Total	44,844
Average hospital stay	4.3 days
Hospital admission/1,000 members	83

Continued on next page

Continued from previous page

Operational date: June 1985.
Certified in: Kentucky and Indiana.
Model type: IPA.
For profit.
Ownership: Blue Cross/Blue Shield-Kentucky, Alliant Health System, Baptist Hospital East, Jewish Hospital, Sts. Mary & Elizabeth Hospital.
Service area: 14 counties in Kentucky; Clark, Floyd and Harrison counties in Indiana.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision, human organ transplants and prescription drug. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.
Rating options: Community rating by class. Offers point-of-service contracts, 5% of members are enrolled.
Management reports: Provided monthly, quarterly or annually.
Gross revenues: $38.6 million in 1990; $31 million in 1989.
Officers: Kathleen M. Wiljanen, president/chief executive officer; Katherine W. Gilchrist, vp/executive director; Dr. Robert G. Pope, medical director; Anthony J. Leshon, director-marketing; Melissa Guthrie, director-account utilization.

CompDent Corp.

3939 Atkinson Drive, Louisville, Ky. 40218; 502-456-1800; fax: 502-456-2772

Staff	
Physicians	700
Patients/physician	400
Board-certified	100%
Specialists	300
Administrative	20
Marketing	16
Locations	
Administrative	6
Users	
Employer/payer groups	2,613
Single coverage	16,000
Family coverage	60,000
Total	180,000

Operational date: 1977.
Certified in: Indiana, Kansa, Kentucky, Missouri and Ohio.
Model type: Capitated dental plan.
For profit.
Service area: Indiana, Kansas, Kentucky, Missouri and Ohio.
Services: Vision and dental only.
Rating options: Adjusted community rating.
Enrollment options: Individual enrollment is allowed.
Management reports: Provided quarterly upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Gross revenues: $14.1 million in 1990; $8.8 million in 1989.
Officers: Allan B. Morris, president; W. James Lintner Jr., marketing director; Leo T. Whitt, treasurer; Iris W. Jones, secretary.
Contact: Leo T. Whitt.

HMO Kentucky Inc.

10100 Linn Station Road, Louisville, Ky. 40219; 502-423-2282; 502-423-6979

Staff	
Physicians	452
Patients/physician	38
Board-certified	100%
Specialists	877
Administrative	224
Marketing	78
Facilities	
Hospitals	32
Pharmacies	331
Diagnostic labs	194
Locations	
Administrative	1
Primary care	11,687
Users	
Employer/payer groups	73
Single coverage	4,119
Family coverage	3,152
Employees & dependents	17,285
Total	17,286
Average hospital stay	4 days
Hospital admission/1,000 members	413

Operational date: January 1986.
Certified in: Kentucky.
Model type: IPA.
For profit.
Ownership: Blue Cross/Blue Shield of Kentucky.
Service area: 18 counties in Kentucky.
Services: Standard package, including psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision, dental, substance abuse and prescription drug. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.
Rating options: Community rating, community rating by class.
Gross revenues: $50.4 million in 1990; $46.6 million in 1989.
Officers: Beth Kiesler, executive director; Dr. Robert Pope, medical director.
Contact: Robin Wadell, manager-operations, 502-423-2881.

HealthWise of Kentucky Ltd.

489 E. Main St., Lexington, Ky. 40507; 606-259-1771; fax: 606-253-3488

Staff	
Physicians	198
Patients/physician	201
Board-certified	99%
Specialists	492
Administrative	59
Marketing	7
Facilities	
Hospitals	26
Pharmacies	175
Diagnostic labs	37
Locations	
Administrative	3
Users	
Employer/payer groups	94
Single coverage	13,907
Family coverage	8,062
Employees & dependents	39,815
Total	39,815
Average hospital stay	4.6 days
Hospital admission/1,000 members	385

Operational date: May 1986.
Certified in: Kentucky.
Model type: IPA.
For profit.
Ownership: Surgical Care Affiliates Inc.
Service area: 30 counties in Kentucky.
Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision, prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class, adjusted community rating.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries.
Management reports: Provided upon request.
Billing: National accounts program with consolidated billing available.
Gross revenues: $37.5 million in 1990; $24.9 million in 1989.
Officers: Harold Bischoff, executive director; Dr. T. Allen Woodward, medical director; Dan Atherton, marketing director; Belinda Cox, associate director/director-medical services; Marjorie Knapp, director-provider relations.
Contact: Dan Atherton.

Humana Care Plan Inc.

101 Prosperous Place, Suite 300, Lexington, Ky. 40509; 606-263-1400; fax: 606-263-1488

Users	
Employees & dependents	40,590

Operational date: 1988.
Federally qualified.
Model type: Group/IPA.
Ownership: Humana Inc.
Service area: 17 counties in Kentucky.
Officers: Betty Chowning, executive director; Katherine Congleton, sales manager; Dr. Timothy Costitch, medical director.
See Humana Health Care Plans under Kentucky.

Humana Care Plan Inc.

The Waterside Building, 101 E. Main St., 11th Floor, Louisville, Ky. 40202; 502-580-5005; fax: 502-580-5043

Users	
Employees & dependents	62,087

Continued on next page

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Continued from previous page

Operational date: 1988.
Federally qualified.
Model type: Group/IPA.
Ownership: Humana Inc.
Service area: Bullitt, Hardin, Henry, Jefferson, Meade, Nelson, Oldham, Shelby and Spencer counties in Kentucky; Clark, Crawford, Floyd, Harrison, Jefferson, Scott and Washington counties in Indiana.
Officers: Vicky Hatfield, executive director; Jim Moser, sales manager; Dr. Robert Rosenberg, medical director.
See Humana Health Care Plans under Kentucky.

Humana Health Care Plans*

500 W. Main St., Humana Building, Louisville, Ky. 40201; 502-580-1000; fax: 502-580-4106

Users	
Employees & dependents	1.6 million

For profit.
Ownership: Humana Inc.
Service area: Alabama, Arizona, Colorado, Florida, Illinois, Indiana, Kentucky, Louisiana, Missouri, Nevada, Ohio, Texas.
Services: Standard package, including durable medical equipment, obstetrics/gynecology. Options include prescription drug, vision, dental, psychiatric services.
Rating options: Community rating and experience rating.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.
Management reports: Provided.
Billing: National accounts program with consolidated billing available.
Officers: Wayne T. Smith, executive vp, Health Care Options.
*Figures are corporate, for all HMOs and PPOs sponsored by Humana Inc.

Humana Health Plan Inc.

101 Prosperous Place, Suite 300, Lexington, Ky. 40509; 606-263-1400; fax: 606-263-1488
Operational date: 1990.
Model type: Group/IPA.
Ownership: Humana Inc.
Officers: Betty Chowning, executive director; Katherine Congleton, sales manager; Dr. Timothy Costitch, medical director.
See Humana Health Care Plans under Kentucky

Humana Health Plan Inc.

The Waterside Building, 101 E. Main St., 11th Floor, Louisville, Ky. 40202; 502-580-5005; fax: 502-580-5043
Operational date: 1990.
Model type: IPA.
Ownership: Humana Inc.
Officers: Vicky Hatfield, executive director; Jim Moser, sales manager.
See Humana Health Care Plans under Kentucky.

MetLife HealthCare Network Kentucky Inc.

9300 Shelbyville Road, Suite 510, Louisville, Ky. 40222; 513-745-9700

Staff	
Physicians	465
Specialists	808
Facilities	
Hospitals	25

Operational date: December 1985.
Certified in: Kentucky and Indiana.
Model type: IPA.
For profit.
Ownership: Metropolitan Life Insurance Co.
Service area: 28 counties in Kentucky; Clark, Floyd, Harrison, Lake and Porter counties in Indiana.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision, dental and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class; experience rating.
Management reports: Provided monthly, quarterly or semi-annually.
Billing: National accounts program with consolidated billing available.
Officers: Charles Stark, president/chief executive officer.

LOUISIANA

CIGNA HealthPlan of Louisiana Inc.

2 United Plaza, 8550 United Plaza Blvd., Suite 700, Baton Rouge, La. 70809-2264; 504-922-4260; fax: 504-922-4285

Staff	
Physicians	136
Patients/physician	550
Board-certified	87%
Specialists	475
Facilities	
Hospitals	13
Pharmacies	58
Diagnostic labs	10
Locations	
Administrative	2
Primary care	934
Users	
Total	29,669

Operational date: March 1986.
Federally qualified.
Certified in: Louisiana.
Model type: IPA.
For profit.
Ownership: CIGNA Corp.
Service area: 17 counties in Louisiana.
Services: Standard package, including experimental procedures, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, skille nursing facilities, short-term rehabilitation and physical therapy, external prosthesis and hearing screening. Options include vision and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating, community rating by class, adjusted community rating. Offers point-of-service contracts.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: John Davis, executive director; Dr. William Larsen, medical director.
Contact: John Davis.
See CIGNA Corp. under Connecticut.

CIGNA HealthPlan of North Louisiana

1 Bellemead Centre, 6425 Youree Drive, Suite 200, Shreveport, La. 71105-4625; 318-798-4700; fax: 318-798-4737

Staff	
Physicians	32
Patients/physician	550
Board-certified	87%
Specialists	77
Facilities	
Hospitals	6
Pharmacies	29
Locations	
Administrative	2
Primary care	194
Users	
Total	18,601

Operational date: September 1985.
Federally qualified.
Certified in: Louisiana.
Model type: Group/IPA.
For profit.
Ownership: CIGNA Corp.
Service area: Bienville, Bossier, Caddo, Claiborne, DeSoto, Natchitoches Sabine, Red River and Webster parishes in Louisiana.
Services: Standard package, including experimental procedures, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, skilled nursing facilities, short-term rehabilitation and physical therapy, external prosthesis and hearing screening. Options include vision and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating, community rating by class, adjusted community rating. Offers point-of-service contracts.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: John Davis, executive director; Dr. Charles Knight, medical director.
Contact: John Davis, 2 United Plaza, 8550 United Plaza Blvd., Suite 700, Baton Rouge, La. 70809-2264.
See CIGNA Corp. under Connecticut.

Community Health Network of Louisiana Inc.

2431 S. Acadian Thruway, Suite 350, Baton Rouge, La. 70808; 504-923-0550; fax: 504-928-7027

Staff	
Physicians	324
Patients/physician	148
Board-certified	74%
Specialists	838
Administrative	88
Marketing	12
Facilities	
Hospitals	27
Pharmacies	260
Diagnostic labs	12
Locations	
Administrative	1
Users	
Employer/payer groups	55
Single coverage	5,494
Family coverage	3,730
Employees & dependents	14,806
Total	48,000
Average hospital stay	4 days
Hospital admission/1,000 members	332

Operational date: October 1985.
Federally qualified.
Certified in: Louisiana.
Model type: IPA.
For profit.
Ownership: Louisiana Independent Physicians Assn., Complete Health of Alabama.
Service area: Louisiana.
Services: Standard package, including prescription drug, substance abuse, psychiatric services, durable medical equipment. Options include vision, dental. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class. Offers point-of-service contracts, 2% of members are enrolled. Offers non-federally qualified programs to employers.
Management reports: Provided quarterly.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $42.8 million in 1990; $36.7 in 1989.
Officers: G. Larry Mitchum, president/chief executive officer; Dr. T. Craig Childs, medical director; Glen J. Golemi, marketing director; Karen Link, director-claims administration; Debbie Johnson, director-medical management; Eileen Raymond, director-finance; Ralph Melian, director-management information systems; Onesia Pavich, director-corporate development.

Gulf South Health Plans Inc.

5615 Corporate Blvd., Suite 4, Baton Rouge, La. 70808; 504-927-7212; fax: 504-922-9241

Staff	
Physicians	168
Patients/physician	225
Board-certified	63%
Specialists	349
Administrative	84
Marketing	7
Facilities	
Hospitals	13
Pharmacies	109
Diagnostic labs	6
Locations	
Administrative	1
Users	
Employer/payer groups	69
Single coverage	10,080
Family coverage	11,375
Employees & dependents	46,174
Total	46,174
Average hospital stay	4.2 days
Hospital admission/1,000 members	66

Operational date: May 1986.
Federally qualified.
Model type: IPA.
For profit.
Ownership: General Health Inc.
Service area: Ascension, East Baton Rouge, East Feliciana, Iberville, Livingston, Pointe Coupee, St. Helena, St. James, Tangipahoa, West Baton Rouge and West Feliciana counties in Louisiana.
Services: Standard package, including vision, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include substance abuse, prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts, 46% of members are enrolled.
Management reports: Provided per account agreement.
Billing: National accounts program with consolidated billing available.
Gross revenues: $25.1 million in 1990; $18.8 million in 1989.
Officers: Patrick C. Powers, president/chief executive officer; Dr. Dwight Brower, vp-medical affairs; Charles D. Calvi Jr., senior vp-marketing; Jack W. Walker, senior vp-operations.
Contact: Charles D. Calvi Jr.

Humana Health Plan of Louisiana Inc.

1 Galleria Blvd., Suite 1713, Metairie, La. 70001; 504-835-5474; fax: 504-835-6224

Users	
Employees & dependents	469

Operational date: January 1991.**Model type:** Group/IPA.
Ownership: Humana Inc.
Service area: Jefferson, Orleans, St. Tammany, St. John the Baptist and St. Bernard parishes in Louisiana.
Officers: David Giles, executive director; Jeff Reagan, sales manager.
See Humana Health Care Plans under Kentucky.

PARTNERS Health Plan of Louisiana

3838 N. Causeway Blvd., Lakeway 3, Suite 1919, Metairie, La. 70002; 504-833-4344; fax: 504-830-5680

Staff	
Physicians	183
Patients/physician	65
Specialists	467
Facilities	
Hospitals	7
Locations	
Administrative	1
Users	
Employer/payer groups	150
Total	12,000

Model type: IPA.
Ownership: Aetna Life Insurance Co.
Service area: Jefferson, Orleans, Plaguemins, St. Bugrand, St. Charles, St. John-the-Baptist and St. Tammany parishes in Louisiana.
Services: Standard package, including prescription drug, vision, psychiatric services, durable medical equipment, obstetrics/gynecology. Options include substance abuse and podiatry. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class. Offers point-of-service contracts.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: John Pearce, market manager; Dr. Vincent Miles, medical director; Maura Villavaso, marketing director.
Contact: Maura Villavaso.
See Aetna Life Insurance Co. under Connecticut.

Principal Health Care of Louisiana Inc.

3421 N. Causeway Blvd., Suite 600, Metairie, La. 70002; 504-834-0840; fax: 504-834-2694

Staff	
Physicians	113
Patients/physician	500
Board-certified	95%
Specialists	375
Administrative	41
Marketing	9
Facilities	
Hospitals	11
Pharmacies	40
Diagnostic labs	1
Locations	
Administrative	1
Primary care	280
Users	
Employer/payer groups	215
Single coverage	7,660
Family coverage	7,085
Employees & dependents	30,840
Total	30,840
Average hospital stay	4.5 days
Hospital admission/1,000 members	89.5

Operational date: March 1985.
Federally qualified.
Certified in: Louisiana.
Model type: IPA.
For profit.
Ownership: Principal Health Care Inc.
Service area: Jefferson, Orleans, Plaquemines, St. Bernard, St. Charles and St. Tammany counties in Louisiana.
Services: Standard package, including durable medical equipment, obstetrics/gynecology. Options include substance abuse, psychiatric services, podiatry and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class. Offers point-of-service contracts.
Management reports: Provided according to negotiated agreement.
Billing: National accounts program with consolidated billing available.
Gross revenues: $39 million in 1990; $31.3 million in 1989.
Officers: Kenneth J. Linde, president; Barry K. Baker, executive director; Dr. Otto F. Sieber Jr., medical director.
Contact: Barry K. Baker.

Travelers Health Network of Louisiana Inc.

Galleria 1, Suite 2100, Galleria Blvd., Metairie, La. 70001; 504-836-5555; fax: 504-836-5506

Staff	
Physicians	171
Patients/physician	86
Board-certified	22%
Specialists	423
Administrative	22
Facilities	
Hospitals	15
Pharmacies	86
Locations	
Administrative	1
Users	
Total	14,751

Operational date: 1985.
Federally qualified.
Certified in: Louisiana.
Model type: IPA.
For profit.
Ownership: The Travelers Cos.
Service area: Orleans, Jefferson, St. Bernard, St. John the Baptists, St. Charles, St. Tammany parishes in Lousiana.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, artificial aids. Options include prescription drug, vision, family planning-surgical. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts, 3% of members are enrolled. Offers non-federally qualified programs to employers.
Enrollment options: Individual enrollment is allowed.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: Dr. Rene Lerer, president; Denise Palmer, executive director; Dr. Frank Barham, medical director.
Contact: Shelley Nakunz, product management analyst, 214-470-5865.

MAINE

HMO Maine

100 Larrabee Complex, P.O. Box 8883, Portland, Maine 04104-5028

Users	
Employees & dependents	11,823

Operational date: December 1985.
Federally qualified.
Model type: IPA.
Sponsorship: Blue Cross and Blue Shield of Maine.
Service area: Franklin, Kennebec, Sagadahoc, Androscoggin, York and portions of Cumberland, Lincoln,

Continued on next page

HMOs

Continued from previous page

Patients/physician	1,465
Board-certified	85%
Specialists	117
Administrative	281
Marketing	39
Facilities	
Hospitals	8
Pharmacies	115
Locations	
Administrative	2
Primary care	13
Users	
Employer/payer groups	2,905
Single coverage	16,617
Family coverage	12,403
Employees & dependents	174,173
Total	177,010
Average hospital stay	4.7 days
Hospital admission/1,000 members	90.3

Operational date: July 1976 (RCHP); January 1980 (HIP-NJ).
Federally qualified.
Certified in: New Jersey.
Model type: Group.
Not for profit.
Ownership: The Health Insurance Plan of Greater New York.
Service area: 16 counties in New Jersey.
Services: Standard package, including dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include prescription drug and vision. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.
Rating options: Community rating: $126.95 single, $365.58 family; adjusted community rating.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Gross revenues: $203.7 million in 1990; $162.4 million in 1989.
Officers: Victoria Wicks, presicent/chief executive officer; Dr. Martin Gold, medical director (Central New Jersey Medical Group); Dr. Paul R. Lenz, medical director (Garden State Medical Group); Susan Hart Kavanagh, vp-marketing; Dr. Michael Brown, Edward P. Hughes Jr., Marc M. Stein, Donna Mozet, Lawrence Liptak, vps; Milton Hollar-Gregory, general counsel/assistant secretary.
Contact: Susan Hart Kavanagh.
See Health Insurance Plan of Greater New York.

HMO of New Jersey

S. 61 Paramus Road, Paramus, N.J. 07652; 201-843-6200; fax: 201-843-3789

Staff	
Physicians	1,167
Fatients/Physician	336
Specialists	3,556
Administrative	154
Marketing	68
Facilities	
Hospitals	79
Pharmacies	894
Diagnostic labs	5
Locations	
Administrative	2
Users	
Employer/payer groups	8,899
Single coverage	68,000
Family coverage	98,000
Employees & dependents	392,000
Total	392,000
Average hospital stay	4.9 days
Hospital admission/1,000 members	83.1

Operational date: February 1983.
Federally qualified.
Certified in: New Jersey.
NCQA qualification pending.
Model type: IPA.
For profit.
Ownership: U.S. Healthcare Inc.
Service area: All counties in New Jersey.
Services: Standard package, including vision, dental, substance abuse, psychiatric services, podiatry, obstetrics/gynecology. Options include durable medical equipment and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating: $143.80 single, $379.50 family. Offers point-of-service contracts, 0 4% of members are enrolled.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Gross revenues: $454.1 million in 1990; $332.8 million in 1989.
Officers: Leonard Abramson, president; Dr. Howard Arkans, medical director.
See U.S. Healthcare Inc. corporate listing under Pennsylvania.

Medigroup Inc.

14 Commerce Drive, Cranford, N.J. 07016; 908-272-7775; fax: 908-272-3860

Staff	
Physicians	1,033
Patients/physician	47
Board-certified	95%
Specialists	2,625
Administrative	102
Marketing	30
Facilities	
Hospitals	91
Diagnostic labs	1
Locations	
Administrative	6
Primary care	2
Users	
Employer/payer groups	601
Single coverage	11,129
Family coverage	17,009
Employees & dependents	67,584
Total	67,584
Average hospital stay	4.9 days
Hospital admission/1,000 members	101

Operational date: July 1973.
Certified in: New Jersey.
Model type: Staff/network.
For profit.
Ownership: Blue Cross Blue Shield of New Jersey.
Service area: New Jersey.
Services: Standard package, including vision, substance abuse, psychiatric services, podiatry, obstetrics/gynecology. Options include durable medical equipment. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.
Rating options: Community rating: $173.64 single, $469.26 family; community rating by class.
Management reports: Provided upon request.
Billing: National accounts program with consolidated billing available.
Gross revenues: $87.2 million in 1990; $61.7 million in 1989.
Officers: Robert J. Pures, president/executive director; Dr. Eric Burkett, medical director; Joseph Pinho, marketing director.
Contact: Margaret Kapp.

MetLife Healthcare Network-New Jersey

365 W. Passaic St., Rochelle Park, N.J. 07662; 201-587-2750

Staff	
Physicians	380
Specialists	645
Facilities	
Hospitals	13

Operational date: May 1987.
Certified in: New Jersey.
Model type: IPA.
For profit.
Ownership: Metropolitan Life Insurance Co.
Service area: Bergen, Hudson, Essex, Morris, Monmouth, Middlesex, Mercer, Somerset, Union, Passaic counties in New Jersey.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision, dental and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class.
Management reports: Provided.
Billing: National accounts program with consolidated billing available.
Officers: Michael Jaeger, president; John Poland, vp-operations.

PruCare of New Jersey

1 Campus Dr., Parsippany, N.J. 07054; 201-631-2000; fax: 201-539-7892

Staff	
Physicians	3,358
Patients/physician	110
Board-certified	90%
Specialists	1,884
Marketing	14
Facilities	
Hospitals	43
Pharmacies	430
Diagnostic labs	10
Locations	
Administrative	2
Users	
Total	30,975
Average hospital stay	4.6 days
Hospital admission/1,000 members	88

Operational date: October 1986.
Federally qualified.
Certified in: N.J.
NCQA qualification pending.
Model type: IPA.
For profit.
Ownership: The Prudential Insurance Co. of America.
Service area: New Jersey, except Salem, Glouster and Northern Ocean counties.
Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include prescription drug and chiropractic services. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class; adjusted community rating.
Management reports: Provided monthly, quarterly or upon request.
Billing: National accounts program with consolidated billing available.
Officers: Raymond C. Allen Jr., vp; Rhonda Stock, Valerie Williams, executive directors; Dr. Peter Heisen, medical director; Shelley Molnar, Justin Fiedler, marketing directors.
Contact: Barbara Nilan, 201-631-3048.

Randmark Management Inc.-New Jersey

1211 Connecticut Ave., N.W., Suite 200, Washington, D.C. 20006; 202-293-8800; fax: 202-466-3789

Staff	
Dentists	158
Patients/physician	30
Specialists	138
Administrative	7
Marketing	4
Locations	
Administrative	1
Primary care	296
Users	
Employer/payer groups	1
Single coverage	1,880
Total	4,000

Operational date: September 1988.
Certified in: New Jersey.
Model type: IPA.
Service area: 14 counties in New Jersey.
Services: Dental services only.
Rating options: Community rating; adjusted community rating. Offers point-of-service contracts.
Enrollment options: enrollment is allowed.
Management reports: Provided upon request.
Billing: National accounts program with consolidated billing available.
Officers: Dr. Randy Widen, chairman; Dr. Marc Doctors, president; Robert Wergin, chief executive officer; Dr. Dan Rarateew, dental director; Annette Rolin, marketing director; Mike Lloyd, chief financial officer.
Contact: Annette Rolin.
See Randmark Management Inc. under District of Columbia.

Sanus Corp. Health Systems*

1 Parker Plaza, Fort Lee, N.J. 07024; 201-947-6000; fax: 201-947-9442

Users	
Employees & dependents	661,000

Certified in: Texas, Illinois, Missouri, District of Columbia, Maryland, Virginia, New York, New Jersy.
Officers: Joseph Lynaugh, president; Martin Rosen, vp-national marketing and saies.
Figures are corporate, including all HMOs sponsored by Sanus Corp. Health Systems.

NEW MEXICO

FHP Health Care

4300 San Mateo, N.E., Albequerque, N.M. 87110; 505-881-7900
See FHP Health Care under California.

HMO New Mexico Inc.

12800 Indian School Road N.E., Albuquerque, New Mexico 87112; 505-291-6902; fax: 505-275-2511

Staff	
Physicians	175
Board-certified	74%
Specialists	350
Facilities	
Hospitals	8
Pharmacies	30
Diagnostic labs	1
Locations	
Administrative	1
Users	
Employer/payer groups	46
Employees & dependents	11,986
Total	11,999
Average hospital stay	2.9 days
Hospital admission/1,000 members	87.8

Operational date: February 1986.
Federally qualified.
Certified in: New Mexico.
Model type: IPA.
Ownership: Blue Cross & Blue Shield of New Mexico.
Service area: 12 counties in New Mexico.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision, dental and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $13 million in 1990; $8.7 million in 1989.
Officers: Tom Levin, president; Blair Christensen, executive director; Barry Subaugh, medical director; Bill Jefferies, vp-sales.

HMO New Mexico

12800 Indian School Road N.E., Alburquerque, N.M. 87112

Users	
Employees & dependents	11,945

Operational date: September 1985.
Federally qualified.
Model type: IPA.
Sponsorship: New Mexico Blue Cross and Blue Shield.

Lovelace Health Plan

5301 Central Ave., N.E., Albuquerque, N.M. 87108; 505-262-7363; fax: 505-262-7545

Staff	
Physicians	120
Patients/physician	1,350
Board-certified	89%
Specialists	200
Administrative	90
Marketing	20
Facilities	
Hospitals	2
Pharmacies	14
Diagnostic labs	16
Locations	
Administrative	2
Primary care	18
Users	
Employer/payer groups	350
Single coverage	20,097
Family coverage	28,874
Employees & dependents	113,964
Total	123,378
Average hospital stay	4 days
Hospital admission/1,000 members	67

Operational date: July 1973.
Federally qualified.
Certified in: New Mexico.
Model type: Mixed.
For profit.
Ownership: CIGNA Corp.
Service area: Bernalillo, Santa Fe, Los Alamos and Valencia counties and portions of Rio Arriba, Torrence and Sandoval counties in New Mexico.
Services: Standard package, including psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision, dental, substance abuse, psychiatric services and prescription drug. Diagnostic testing and lab work performed by the HMO.
Rating options: Community rating: $112.17 single, $291.63 family. Offers point-of-service contracts, 2% of members are enrolled. Offers nonfederally qualified programs to employers.
Enrollment options: Individual enrollment is allowed.
Management reports: Provided.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Gross revenues: $114.6 million in 1990; $93.6 million in 1989.
Officers: Dr. Derick P. Pasternak, president/chief executive officer; Dr. Samuel R. Barol, medical director; Phyllis Freyer, vp-sales; Gail McFaddin, managed care officer.
Contact: Phyllis Freyer.
See CIGNA Corp. under Connecticut.

NEW YORK

Aetna Health Plans of New York

2700 Westchester Ave., Purchase, N.Y. 10577; 914-251-0600; fax: 914-251-2600

Staff	
Physicians	1,448
Patients/physician	9
Specialists	1,011
Facilities	
Hospitals	22
Locations	
Administrative	3
Users	
Employer/payer groups	250
Total	10,807

Operational date: 1987.
Model type: IPA.
For profit.
Ownership: Aetna Life Insurance Co.
Service area: Manhattan, Brooklyn, Queens, Bronx, Richmond, Nassau, Suffolk, Rockland, Westchester, Staten Island counties in New York.
Services: Standard package, including vision, substance abuse, psychiatric services, podiatry, obstetrics/gynecology. Options include prescription drug and vision. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: Angelo D'Ascoli, executive director; Dr. Franklin Brosgol, medical director; Carolyn Cryan, marketing/sales.
See Aetna Life Insurance Co. under Connecticut.

Blue Care Plus

12 Rhoads Drive, Utica Business Park, Utica, N.Y. 13502; 315-797-4200; fax: 315-797-4298

Staff	
Physicians	264
Patients/physician	36
Board-certified	95%
Specialists	775
Administrative	8
Marketing	5
Facilities	
Hospitals	27
Primary care	162
Users	
Employer/payer groups	147
Single coverage	2,132
Family coverage	2,106
Employees & dependents	9,425
Total	9,425
Average hospital stay	3.3 days
Hospital admission/1,000 members	95

Operational date: November 1986.
Certified in: New York.
Model type: IPA.
Not for profit.
Ownership: Blue Cross/Blue Shield of Utica-Watertown Inc.
Service area: Oswego, Oneida, Madison, Chenongo, Herkimer, Otsego, Delaware, Fulton and Montgomery counties in New York.
Services: Standard package, including psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision, dental, substance abuse and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating: $134.07 single, $333.34 family.
Gross revenues: $14.8 million in 1990; $12.8 million in 1989.
Officers: Robert F. McLaughlin

Continued on next page

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cluding substance abuse, psychiatric services, podiatry, obstetrics/gynecology. Options include vision, durable medical equipment and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating: $144.78 single, $377.44 family; community rating by class; adjusted community rating. Offers non-federally qualified programs to employers.

Enrollment options: Individual enrollment is allowed.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Gross revenues: $19.1 million in 1990; $18.5 million in 1989.

Officers: Richard L. Goffey, president; Maxine E. Crossley, executive director; Dr. Roger D. Mason, medical director; Carolyn J. Groth, marketing director; A. Duane Wilson, secretary/treasurer.

Contact: Carolyn J. Groth, 402-398-3613.

Health America-Lincoln

220 S. 17th St., Lincoln, Neb. 68508; 402-473-7878; fax: 402-475-6003

Staff	
Physicians	6
Patients/physician	1,350
Board-certified	95%
Specialists	85
Administrative	6
Marketing	10
Facilities	
Hospitals	3
Pharmacies	1
Locations	
Administrative	1
Primary care	3
Users	
Employer/payer groups	250
Single coverage	10,500
Family coverage	7,000
Total	17,500

Operational date: November 1979.
Federally qualified.
Certified in: Nebraska.
Model type: IPA/staff.
For profit.
Ownership: Mutual of Omaha.
Service area: Lancaster, Gage, Saunders, Saline, Otoe.

Services: Standard package, including vision, dental, substance abuse, psychiatric services, obstetrics/gynecology. Options include prescription drug, durable medical equipment. Diagnostic testing and lab work performed by the HMO.

Rating options: Adjusted community rating.

Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.

Billing: Provides direct billing for premiums under COBRA.

Officers: Ken Klaasmeyer, executive director; Dr. William Minier, medical director; Lorele A. Lesoing, marketing director.

Principal HealthCare of Nebraska Inc.

10810 Farnam Dr., Suite 425, Omaha, Neb. 68154; 402-333-1720; fax: 402-333-1116

Staff	
Physicians	137
Board-certified	99%
Specialists	356
Administrative	15
Marketing	4
Facilities	
Hospitals	9
Pharmacies	160
Diagnostic labs	2
Locations	
Administrative	1
Primary care	60
Users	
Employer/payer groups	65
Total	12,600
Average hospital stay	4.8 days
Hospital admission/1,000 members	300

Operational date: January 1986.
Certified in: Nebraska and Iowa.
Model type: IPA.
For profit.
Ownership: Principal Financial Group.
Service area: Bud, Cass, Dodge, Douglas, Lancaster, Otoe, Sarpy, Saunders, Washington counties in Nebraska; Harrison, Mills and Pottawattamie counties in Iowa.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology and health club memberships. Options include vision, dental, employee assistance programs and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating by class. Offers point-of-service contracts, 11% of members are enrolled. Offers non-federally qualified programs to employers.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA.

Gross revenues: $13.5 million in 1990; $12.5 million in 1989.

Officers: Kenneth J. Linde, president; Louis B. Garcia, executive director; Dr. Fred Pettid, medical director; Craig Petersen, marketing director.

Share Health Plan of Nebraska Inc.

302 S. 36th St., Suite 300, Omaha, Neb. 68131; 402-345-9900; fax: 402-345-7904

Staff	
Physicians	101
Board-certified	90%
Specialists	530
Administrative	65
Marketing	7
Facilities	
Hospitals	9
Pharmacies	152
Diagnostic labs	17
Locations	
Administrative	1
Primary care	42
Users	
Employer/payer groups	235
Single coverage	4,288
Family coverage	20,464
Employees & dependents	24,752
Total	29,430
Average hospital stay	4 days
Hospital admission/1,000 members	66

Operational date: October 1984.
Federally qualified.
Certified in: Nebraska and Iowa.
Model type: IPA.
For profit.
Ownership: United HealthCare Corp.
Service area: Dodge, Douglas, Washington and Sarpy counties in Nebraska; Cass, Harrison, Mills, Monona, Pottawattamie, Shelby and Woodbury counties in Iowa.

Services: Standard package, including vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating by class. Offers point-of-service contracts, 2% of members are enrolled.

Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries.

Management reports: Provided annually.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Officers: John M. Braasch, president/chief executive officer; Kathy Mallatt, vp-medical services/finance; Dr. Thomas M. Connors, medical director; James B. McLeod, director-sales.

See United HealthCare Corp. under Minnesota.

NEVADA

Hospital Health Plan

400 S. Wells Ave., Reno, Nev. 89502; 702-329-0101; fax: 702-329-3723

Staff	
Physicians	74
Patients/physician	350
Board-certified	100%
Specialists	219
Administrative	45
Marketing	4
Facilities	
Hospitals	9
Pharmacies	19
Diagnostic labs	7
Locations	
Administrative	1
Users	
Employer/payer groups	193
Single coverage	9,214
Family coverage	1,948
Employees & dependents	26,000
Total	26,585
Average hospital stay	4.3 days
Hospital admission/1,000 members	67.2

Operational date: March 1988.
Federally qualified.
Certified in: Nevada.
Model type: Network.
Not for profit.
Service area: 12 counties in Nevada.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision, dental and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating by class, adjusted community rating.

Management reports: Provided upon request.

Gross revenues: $39.8 million in 1990; $38 million in 1989.

Humana Health Plan Inc.

3107 S. Maryland Parkway, Suite 426, Las Vegas, Nev. 89109; 702-737-7211; fax: 702-791-5826

Users	
Employees & dependents	7,526

Operational date: January 1989.
Model type: IPA.
Ownership: Humana Inc.
Service area: Clark County in Nevada.

Officers: Maureen Cash, executive director; John Grady, sales manager; Dr. Leon Dantzip, medical director.

See Humana Health Care Plans under Kentucky.

NEW HAMPSHIRE

U.S. Healthcare of New Hampshire Inc.

1601 Trapelo Road, Waltham, Mass. 02154; 617-893-1660; fax: 617-893-0544

Staff	
Physicians	20
Patients/physician	50
Specialists	150
Administrative	2
Marketing	3
Facilities	
Hospitals	4
Pharmacies	12
Diagnostic labs	3
Locations	
Administrative	1

Operational date: July 1991.
Certified in: New Hampshire.
Model type: IPA.
For profit.
Ownership: U.S. Healthcare Inc.
Service area: Cheshire, Hillsborough, Merrimack, Rockingham and Strafford counties in New Hampshire.

Services: Standard package, including vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include durable medical equipment and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating: $145.80 single, $374.90 family.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Officers: Dr. Richard Cornell, president/medical director.

See U.S. Healthcare Inc. corporate listing under Pennsylvania.

NEW JERSEY

Aetna Health Plans of New Jersey

485 A U.S. Route 1, Iselin, N.J. 08830; 908-436-6200; fax: 908-636-1250

Model type: IPA.
Ownership: Aetna Life Insurance Co.

Officers: Robert Morrison, executive director.

See Aetna Life Insurance Co. under Connecticut.

CIGNA HealthPlan of New Jersey Inc.

Airport Business Center Court, Court 1, 100 Stevens Drive, Suite 200, Lester, Pa. 19113-1597; 215-595-3000; fax: 215-595-3159

Staff	
Physicians	358
Patients/physician	500
Board-certified	87%
Specialists	352
Facilities	
Hospitals	29
Pharmacies	200
Diagnostic labs	6
Locations	
Administrative	2
Primary care	1,951
Users	
Total	27,420

Operational date: December 1985.
Federally qualified.
Certified in: Pennsylvania.
Model type: IPA.
For profit.
Ownership: CIGNA Corp.
Service area: Atlanta, Burlington, Camden, Cape May, Cumberland, Gloucester, Mercer, Ocean and Salem counties in Pennsylvania.

Services: Standard package, including experimental procedures, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, skilled nursing/extended facilities, short-term rehabilitation and physical therapy, external prosthesis and hearing care. Options include vision and prescription drug. Diagnostic testing and lab work performed by the HMO facilities.

Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Officers: Leo M. Carey, executive director; Dr. Norman Scott, medical director.

Contact: Leo M. Carey.

See CIGNA Corp. under Connecticut.

CIGNA HealthPlan of Northern New Jersey Inc.

3 Stewart Court, Denville, N.J. 07834; 201-361-8808

Staff	
Physicians	402
Patients/physician	500
Board-certified	37%
Specialists	958
Facilities	
Hospitals	121
Pharmacies	1,713
Diagnostic labs	1
Locations	
Administrative	2
Primary care	4,313
Users	
Total	27,936

Operational date: March 1938.
Model type: IPA.
For profit.
Ownership: CIGNA Corp.
Service area: 11 counties in New Jersey.

Services: Standard package, including experimental procedures, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, skilled nursing/extended facilities, short-term rehabilitation and physical therapy, external prosthesis and hearing screening.Options include vision and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating, community rating by class; adjusted community rating. Offers point-of-service contracts.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Officers: Betty Kimmel, plan manager; Dr. Malcom Moss, medical director.

Contact: Betty Kimmel.

See CIGNA Corp. under Connecticut.

CoMed of New Jersey Inc.

3 Stewart Court, Denville, N.J. 07834; 201-361-8808; fax: 201-361-0803

Staff	
Physicians	1,304
Patients/physician	250
Board-certified	85%
Specialists	2,081
Administrative	165
Marketing	21
Facilities	
Hospitals	98
Pharmacies	1,700
Diagnostic labs	2
Locations	
Administrative	1
Users	
Total	88,661

Operational date: October 1978.
Federally qualified.
Certified in: New Jersey.
Model type: IPA.
For profit.
Ownership: CIGNA Corp.
Service area: 21 counties in New Jersey.

Services: Standard package, including substance abuse, psychiatric services, obstetrics/gynecology, skilled nursing/extended facilities, short-term rehabilitation and physical therapy, external prosthesis and hearing screening.Options include vision, durable medical equipment and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating.

Enrollment options: Individual enrollment is allowed.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA.

Officers: Betty Kimmel, vp/general manager; Dr. Malcom Moss, medical director.

Contact: Betty Kimmel.

See CIGNA Corp. under Connecticut.

Flagship Health Systems Inc.

959 Route 46, P.O. Box 369, Parsippany, N.J. 07869; 201-299-2554; fax: 201-334-2535

Staff	
Dentists	114
Patients/dentist	123
Specialists	189
Administrative	15
Marketing	15
Locations	
Administrative	1
Primary care	319
Users	
Employer/payer groups	102
Single coverage	2,563
Family coverage	3,818
Employees & dependents	14,018
Total	14,018

Operational date: December 1989.
Certified in: New Jersey.
Model type: IPA.
For profit.
Ownership: Dental Service Corp.
Service area: New Jersey.
Services: Dental services only.
Rating options: Community rating rating by class; adjusted community rating.
Enrollment options: Individual enrollment is allowed.
Gross revenues: $1.3 million in 1990; $900,135 in 1989.
Officers: James W. Oxford, president; Elizabeth Roberts, dental director; Doug Smyth, marketing director; Tom Kahler, vp-actuarial; Stuart Nacher, vp-administration.
Contact: Elizabeth Roberts.

HIP/Rutgers Health Plan

1 Worlds Fair Drive, Somerset, N.J. 08873; 908-469-5228; fax: 908-469-0980

Staff	
Physicians	118

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Continued from previous page

Partners HMO

CityPlace 1, 1 CityPlace Drive, Suite 670, St. Louis, Mo. 63141; 314-567-6660; fax: 314-567-3627

Staff	
Physicians	260
Patients/physician	82
Board-certified	85%
Specialists	1,250
Administrative	27
Marketing	3
Facilities	
Hospitals	14
Pharmacies	3 chains
Locations	
Administrative	1
Users	
Employer/payer groups	56
Single coverage	5,304
Family coverage	4,773
Employees & dependents	21,386
Total	21,386
Average hospital stay	4.2 days
Hospital admission/1,000 members	73.1

Operational date: March 1988.
Model type: IPA.
Not for profit.
Sponsorship: Aetna Life Insurance Co.
Service area: St. Louis, St. Charles, St. Francois, Franklin, Ste. Genevieve and Jefferson counties in Missouri; St. Clair and Madison counties in Illinois.
Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology and home health care. Options include dental and prescription drug. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.
Rating options: Community rating by class, adjusted community rating.
Enrollment options: Individual enrollment is allowed.
Management reports: Provided upon request.
Billing: National accounts program with consolidated billing available.
Officers: Jerry Hankins, market manager; Del Snoberger, executive director; Dr. Harold Zarkowsky, medical director; Annette Cunningham, marketing director.
See Aetna Life Insurance Co. under Connecticut.

Physicians Health Plan of Greater St. Louis Inc.

77 W. Port Plaza, Suite 500, St. Louis, Mo. 63146; 314-275-7000; fax: 314-542-1155

Staff	
Physicians	550
Board-certified	100%
Specialists	1,700
Administrative	50
Marketing	6
Facilities	
Hospitals	30
Pharmacies	145
Diagnostic labs	50
Locations	
Administrative	1
Users	
Employer/payer groups	400
Total	38,600
Average hospital stay	4.7 days
Hospital admission/1,000 members	316

Operational date: February 1986.
Federally qualified.
Certified in: Missouri and Illinois.
Model type: IPA.
For profit.
Ownership: United HealthCare Corp., Physicians Health Association.
Service area: St. Louis, St. Charles, Jefferson, Franklin, Lincoln, Phelps, Crawford, Gasonade and Warren counties in Missouri; St. Claire, Madison and Monroe counties in Illinois.
Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating: $117.70 single, $317.78 family; community rating by class, adjusted community rating. Offers point-of-service contracts, 55% of members are enrolled. Offers non-federally qualified programs to employers.
Management reports: Provided quarterly or yearly.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: Michael F. Neidorff, president/chief financial officer; Dr. Joseph P. Drozda Jr., medical director; Linda Huber, marketing director; Lucille McLain, director-medical services; Sue Chinnock, director-management services.
See United Healthcare Corp. under Minnesota.

Principal Health Care

1001 E. 101st Terrace, Suite 230, Kansas City, Mo. 64131; 816-941-3030; fax: 816-941-8516

Staff	
Physicians	239
Patients/physician	113
Board-certified	100%
Specialists	839
Administrative	45
Marketing	6
Facilities	
Hospitals	16
Pharmacies	167
Diagnostic labs	15
Locations	
Administrative	1
Users	
Employer/payer groups	171
Single coverage	5,541
Family coverage	6,345
Employees & dependents	26,973
Total	26,973
Average hospital stay	4.1 days
Hospital admission/1,000 members	246

Operational date: August 1988.
Certified in: Missouri and Kansas.
Model type: IPA.
For profit.
Ownership: Principal Mutual Life Insurance Co.
Service area: Platte, Clay, Jackson and Cass counties in Missouri; Wyandotte, Johnson and Leavenworth counties in Kansas.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology. Options include vision only. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class. Offers point-of-service contracts, 1.6% of members are enrolled.
Management reports: Provided annually.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $25.7 million in 1990; $14.3 million in 1989.
Officers: Ken Linde, president; David Roberts, executive director; Dr. Thomas Miller, medical director; Cathy Leschena, marketing director.
Contact: Cathy Leschena.

Prudential Health Care Plan Inc.- Kansas City

4600 Madison Ave., Suite 300, Kansas City, Mo. 64112; 816-756-5588; fax: 816-756-5667

Staff	
Physicians	303
Patients/physician	12
Board-certified	87%
Specialists	279
Administrative	39
Marketing	12
Facilities	
Hospitals	11
Pharmacies	54
Diagnostic labs	2
Locations	
Administrative	1
Users	
Total	3,806
Average hospital stay	4.3 days
Hospital admission/1,000 members	111.2

Operational date: October 1986.
Federally qualified.
Certified in: Kansas and Missouri.
NCQA accredited.
Model type: IPA.
For profit.
Ownership: The Prudential Insurance Co.
Service area: Cass, Clay, Jackson, Platte, Johnson and Wyandotte counties in Kansas and Missouri.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating: $131.02 single, $359.82 family.
Management reports: Provided annually.
Billing: National accounts program with consolidated billing available.
Officers: Dave Dingley, director-city administration; Michael Eve, marketing director; Dr. Joseph Palazola, medical director.

Prudential Health Care Plan Inc.-St. Louis

12312 Olive Blvd., Creve Coeur, Mo. 63141; 314-542-4500; fax: 314-542-4577

Staff	
Physicians	171
Patients/physician	75
Board-certified	85%
Specialists	490
Administrative	70
Marketing	20
Facilities	
Hospitals	19
Pharmacies	95
Diagnostic labs	20
Locations	
Administrative	1
Users	
Total	12,883
Average hospital stay	5.2 days
Hospital admission/1,000 members	100

Operational date: July 1985.
Federally qualified.
Certified in: Missouri and Illinois.
NCQA accredited.
Model type: IPA.
For profit.
Ownership: The Prudential Insurance Co.
Service area: St. Louis, Franklin, Jefferson and St. Charles counties in Missouri; Randolph, Madison, Monroe, St. Chir and South Illinois counties in Illinois.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating: $134.98 single, $370.71 family.
Management reports: Provided annually.
Billing: National accounts program with consolidated billing available.
Officers: Paul C. Conlin, director; Tracy Baker, regional group manager; Dr. Richard Fallon, medical director.

Sanus Health Plan

P.O. Box 27379, St. Louis, Mo. 63141; 314-434-6114; fax: 314-434-8461

Staff	
Physicians	538
Patients/physician	150
Board-certified	75%
Specialists	1,944
Administrative	171
Marketing	14
Facilities	
Hospitals	34
Pharmacies	116
Diagnostic labs	21
Locations	
Administrative	2
Primary care	641
Users	
Employer/payer groups	630
Single coverage	16,410
Family coverage	24,472
Employees & dependents	108,477
Total	108,477
Average hospital stay	3.7 days
Hospital admission/1,000 members	81.8

Operational date: January 1985.
Federally qualified.
Certified in: Missouri and Illinois.
Model type: Group/IPA.
For profit.
Ownership: General American Life Insurance Co.
Service area: 16 counties in Missouri; 11 counties in Illinois.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision, dental and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class. Offers point-of-service contracts, 10% of members are enrolled.
Management reports: Provided annually.
Billing: National accounts program with consolidated billing available.
Gross revenues: $108.6 million in 1990; $97.8 million in 1989.
Officers: Joseph Lynaugh, president; Barrett Toan, executive director; Dr. Thomas Zink, medical director; Robert Grass, marketing director.
Contact: Roberta Kirby, marketing manager.

Total Health Care

2301 Main St., 1 Pershing Square, Kansas City, Mo. 64708; 816-395-3777; fax: 816-395-3571

Staff	
Physicians	270
Patients/physician	104
Board-certified	90%
Specialists	1,000
Facilities	
Hospitals	16
Pharmacies	140
Diagnostic labs	3
Locations	
Administrative	1
Primary care	120
Users	
Employer/payer groups	140
Single coverage	2,828
Family coverage	7,780
Employees & dependents	28,005
Total	28,005
Average hospital stay	4.8 days
Hospital admission/1,000 members	371.2

Operational date: October 1981.
Federally qualified.
Certified in: Missouri and Kansas.
NCQA accredited.
Model type: IPA.
Not for profit.
Ownership: Blue Cross & Blue Shield of Kansas City.
Service area: Johnson and Wyandotte counties in Kansas; Jackson, Glass, Platte and Cass counties in Missouri.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating: $134.68 single, $401.54 family; community rating by class.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.
Management reports: Provided .
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Gross revenues: $86.5 million in 1990; $84.4 million in 1989.
Officers: Richard Krecker, president; Larry Chastain, executive director; Dr. Elliott Bass, medical director.

MONTANA

HMO Montana

P.O. Box 8004, Helena, Mont. 59604; 406-444-8250

Staff	
Physicians	101
Patients/physician	94
Board-certified	90%
Administrative	15
Facilities	
Pharmacies	115
Locations	
Administrative	1
Users	
Employer/payer groups	128
Single coverage	1,677
Family coverage	2,295
Employees & dependents	7,409
Total	8,197
Average hospital stay	4.2 days

Operational date: March 1989.
Certified in: Montana.
Model type: IPA.
Ownership: Blue Cross/Blue Shield of Montana.
Service area: Montana.
Services: Standard package, including prescription drug, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology. Options include vision and dental. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Adjusted community rating, experience rating.
Enrollment options: Individual enrollment is allowed.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Gross revenues: $4.3 million in 1990; $2.1 million in 1989.
Officers: Alan Cain, chief executive officer; Keith Wolcott, executive director; Dr. James Crighton, medical director; Lee Shannon, marketing director; James Myers, operations manager.

NEBRASKA

Exclusive HealthCare Inc.

Mutual of Omaha Plaza, Omaha, Neb. 68175; 402-978-2700; fax: 402-978-2999

Staff	
Physicians	645
Patients/physician	26
Board-certified	100%
Specialists	2,504
Administrative	8
Marketing	2
Facilities	
Hospitals	10
Pharmacies	1 network
Diagnostic labs	12
Locations	
Administrative	3
Users	
Employer/payer groups	46
Single coverage	3,300
Family coverage	3,645
Employees & dependents	16,668
Total	16,668
Average hospital stay	4.2 days
Hospital admission/1,000 members	82

Operational date: April 1988.
Certified in: Nebraska, Missouri, Kansas, Iowa.
Model type: IPA.
For profit.
Ownership: Mutual of Omaha Cos.
Service area: Douglas, Sarpy, Washington and Dodge counties in Nebraska; Johnson, Miami, Wyandotte, Leavenworth and Douglas counties in Kansas; Jackson, Cass, Ray, Clay, LaFayette, Platte, Livingston, Davess, Clinton, Caldwell and Harrison counties in Missouri; Harrison, Mills, Pottawattamie counties in Iowa.
Services: Standard package, including prescription drug, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision only. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Adjusted community rating.
Management reports: Provided quarterly or upon request.
Billing: Provides direct billing for premiums under COBRA.
Officers: Dick Easley, president; John Fraser, executive director; Dr. David Ziegler, medical director; Les Swick, marketing director; Steve Burnham, officer.
Contact: Steve Burnham.

HMO Nebraska Inc.

2421 S. 73rd St., Omaha, Neb. 68124-2307; 402-392-2800; fax: 402-392-2761

Staff	
Physicians	182
Patients/physician	87.8
Board-certified	74%
Specialists	511
Administrative	5
Marketing	3
Facilities	
Hospitals	10
Pharmacies	104
Diagnostic labs	1
Locations	
Administrative	1
Users	
Employer/payer groups	162
Single coverage	2,871
Family coverage	3,790
Employees & dependents	15,949
Total	15,978
Average hospital stay	4.2 days
Hospital admission/1,000 members	93

Operational date: September 1985.
Federally qualified.
Certified in: Nebraska.
Model type: IPA.
For profit.
Ownership: Blue Cross/Blue Shield of Nebraska.
Service area: 26 counties in Nebraska; Fremont, Harrison, Mills, Montgomery, Pottawattamie and Shelby counties in Iowa.
Services: Standard package, in-

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CIGNA Healthplan of St. Louis Inc.

8182 Maryland at Forsyth, Suite 301, St. Louis, Mo. 63105; 314-726-7860; fax: 314-726-7898

Staff	
Physicians	337
Patients/physician	500
Board-certified	87%
Specialists	1,494
Facilities	
Hospitals	18
Pharmacies	63
Diagnostic labs	17
Locations	
Administrative	2
Primary care	2,604
Users	
Total	25,366

Operational date: January 1986.
Federally qualified.
Certified in: Missouri.
Model type: IPA.
For profit.
Ownership: CIGNA Corp.
Service area: Franklin, St. Charles, St. Louis, Jefferson, Monroe, St. Clair and Madison counties in Missouri.
Services: Standard package, including experimental procedures, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, skilled nursing/extended facilities, short-term rehabilitation/physical therapy, external prosthesis and hearing screening. Options include vision, dental and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class, adjusted community rating. Offers point-of-service contracts.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: Kim Onesko, plan manager; Dr. David Yontz, medical director.
Contact: Kim Onesko.
See CIGNA Corp. under Connecticut.

Group Health Plan

940 W. Port Plaza, Suite 300, St. Louis, Mo. 63146; 314-453-1700; fax: 314-453-1959

Staff	
Physicians	378
Patients/physician	249
Board-certified	86%
Specialists	1,011
Administrative	200
Marketing	30
Facilities	
Hospitals	22
Pharmacies	84
Diagnostic labs	1
Locations	
Administrative	1
Primary care	14
Users	
Employer/payer groups	475
Single coverage	13,991
Family coverage	20,986
Employees & dependents	78,000
Total	92,000
Average hospital stay	4.8 days
Hospital admission/1,000 members	71.9

Operational date: January 1982.
Federally qualified.
Certified in: Missouri and Illinois.
Model type: Group/staff.
For profit.
Ownership: Coventry Corp.
Service area: Crawford, Franklin, Gasconade, Jefferson, St. Charles, St. Louis, St. Genevieve, Warren and portions of Lincoln counties in Missouri; Clinton, Jersey, Madison, Monroe, St. Clair and portions of Calhoun and Macoupin counties in Illinois.
Services: Standard package, including vision, dental, substance abuse, psychiatric services, podiatry, obstetrics/gynecology. Options include durable medical equipment, prescription drug, restorative dental, optical. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.
Rating options: Community rating, adjusted community rating.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.
Management reports: Provided annually.
Gross revenues: $118.8 million in 1990; $115.4 million in 1989.
Officers: Mark Tabak, president/chief executive officer; George Schneider, chief financial/administrative officer; Christopher Maret, vp/medical director; David Martin, vp-marketing.
Contact: Sharon Shane, communications coordinator.

Humana Health Care Plans

10450 Holmes, Suite 440, Kansas City, Mo. 64131; 816-941-8003; fax: 816-941-8630

Users	
Employees & dependents	81,698

Operational date: September 1991.
Federally qualified.
Model type: Staff.
Ownership: Humana Inc.
Service area: Johnson, Wyandotte, Miami, Leavenworth counties in Kansas; Jackson, Cass, Platte, Clay, Lafayette and Ray counties in Missouri.
Officers: David W. Fields, executive director; Laurie Rockhill, sales manager; Dr. Bruce Barter, medical director.
See Humana Health Care Plans under Kentucky.

Lincoln National Health Plan

7400 College Blvd., Suite 210, Overland Park, Kansas City, Mo. 66210; 913-345-2240; fax: 913-345-8775
Officers: Tony van Roekel, general manager; Rob Noel, regional director; Mike Tweedy, plan director.
See Lincoln National Health Plan corporate listing under Indiana.

Lincoln National Health Plan

600 Emerson Road, Suite 300, St. Louis, Mo. 63141; 314-991-3938; fax: 314-997-9704

Staff	
Physicians	335
Specialists	2,180
Facilities	
Hospitals	41

Officers: Tony van Roekel, general manager; Rob Noel, regional director; Ernie Sylvester, plan director.
See Lincoln National Health Plan corporate listing under Indiana

MetLife HealthCare Network-St. Louis

14500 S. Outer 40 Road, Suite 500, Chesterfield, Mo. 63017; 314-542-1400

Staff	
Physicians	471
Specialists	1,350
Facilities	
Hospitals	22
Locations	
Administrative	1

Operational date: January 1969.
Certified in: Missouri and Illinois.
Model type: IPA.
For profit.
Ownership: Metropolitan Life Insurance Co.
Service area: Franklin, Jefferson, St. Charles and St. Louis counties in Missouri; Jersey, Macoupin, Madison, Monroe and St. Clair counties in Illinois.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include prescription drug, vision and dental. Diagnostic testing and lab work performed by contract with independent facilities
Rating options: Community rating by class, experience rating.
Management reports: Provided annually.
Billing: National accounts program with consolidated billing available.
Officers: Charles Stark, president; Barbara Buenemann, chief operating officer.

Continued on next page



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Continued from previous page

First Plan HMO

1526 6th St., Two Harbors, Minn. 55616; 218-834-7202; fax: 218-834-7220

Staff	
Physicians	55
Patients/physician	174
Board-certified	90%
Specialists	50
Administrative	10
Marketing	4
Facilities	
Hospitals	4
Pharmacies	30
Locations	
Administrative	2
Primary care	11
Users	
Employer/payer groups	34
Single coverage	1,130
Family coverage	1,818
Employees & dependents	7,307
Total	9,600
Hospital admission/1,000 members	330

Operational date: November 1944.
Certified in: Minnesota.
Model type: Staff/network.
Not for profit.
Ownership: Blue Cross'Blue Shield of Minnesota.
Service area: Carlton, Lake and St. Louis counties in Minnesota.
Services: Standard package, including prescription drug, vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.
Rating options: Community rating: $100 single, $275 family; adjusted community rating. Offers point-of-service contracts, 15% of members are enrolled.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $7.3 million in 1990; $9.3 million in 1989.
Officers: John S. Bjorum, president; Lee J. Cohen, medical director; Earl Hamilton, marketing director; Julie Stone, director-operations; Timothy Miller, director-finance/chief financial officer.
Contact: Earl Hamilton, 1620 London Road, Duluth, Minn.

Group Health Inc.

2829 University Ave. S.E., Minneapolis, Minn. 55414-3295; 612-623-8504; fax: 612-623-8686

Staff	
Physicians	350
Patients/physician	1,000
Board-certified	100%
Specialists	900
Administrative	350
Marketing	31
Facilities	
Hospitals	24
Pharmacies	79
Diagnostic labs	1
Locations	
Administrative	58
Users	
Employer/payer groups	800
Single coverage	81,932
Family coverage	63,955
Employees & dependents	292,936
Total	296,936
Average hospital stay	4.3 days
Hospital admission/1,000 members	329

Operational date: August 1957.
Federally qualified.
Certified in: Minnesota.
Model type: Staff.
Not for profit.
Service area: 12 counties in Minnesota; Pierce and St. Croix counties in Wisconsin.
Services: Standard package, including prescription drug, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Diagnostic testing and lab work performed by the HMO.
Rating options: Community rating by class, adjusted community rating. Offers point-of-service contracts, 20% of members are enrolled. Offers non-federally qualified programs to employers.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.
Management reports: Provided annually.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $383.1 million in 1990; $306.7 million in 1989.
Officers: George C. Halvorson, president; Dr. Paul Brat, medical director; Roger Swenson, chief marketing officer; Ed Dirkswager, chief administrative officer; Earl Beitzel, chief financial officer.
Contact: Mark Halvorson.

Mayo Health Plan

21 First St. S.W., Norwest Suite 401, Rochester, Minn. 55901; 507-284-8643; fax: 507-284-0528

Staff	
Physicians	1,375
Board-certified	100%
Administrative	6
Marketing	4
Facilities	
Hospitals	17
Pharmacies	142
Locations	
Administrative	1
Primary care	129
Users	
Employer/payer groups	25
Single coverage	808
Family coverage	961
Employees & dependents	4,398
Total	4,398
Average hospital stay	4.9 days
Hospital admission/1,000 members	102

Operational date: July 1986.
Model type: IPA.
For profit.
Ownership: Mayo Foundation.
Service area: 12 counties in Minnesota.
Services: Standard package, including prescription drug, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Diagnostic testing and lab work performed by the HMO.
Rating options: Community rating by class, adjusted community rating.
Management reports: Provided quarterly or upon request.
Gross revenues: $6 million in 1990; $6.1 million in 1989.
Officers: Alan R. Schilmoeller, senior administrator; Kathleen Kelly, administrator; Dr. E.R. Giuliani, medical director; William H. Carroll Jr., marketing director; Steve L. Knudson, financial director; Darryl K. Ellingson, operations director.

MedCenters Health Plan

7760 France Ave. S., Bloomington, Minn. 55435; 612-925-8585; fax: 612-925-6944

Staff	
Physicians	1,088
Patients/physician	244
Board-certified	96%
Specialists	1,200
Administrative	160
Marketing	33
Facilities	
Hospitals	33
Pharmacies	485
Locations	
Administrative	2
Primary care	130
Users	
Employer/payer groups	1,550
Total	262,400
Average hospital stay	3.5 days
Hospital admission/1,000 members	277.2

Operational date: June 1972.
Certified in: Minnesota and Wisconsin.
Model type: Network.
Not for profit.
Ownership: Park Nicollet.
Sponsorship: Aetna Life Insurance Co.
Services: Standard package, including prescription drug, vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include dental. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Adjusted community rating. Offers point-of-service contracts, 20% of members are enrolled.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.
Management reports: Provided annually.
Billing: National accounts program with consolidated billing available.
Officers: Kirby J. Erickson, market manager; Dr. George Isham, medical director; John Ramberg, marketing director.
See Aetna Life Insurance Co. under Connecticut.

Medica Choice/Medica Primary

5601 Smetana Drive, P.O. Box 1587, Minneapolis, Minn. 55440; 612-936-1200; fax: 612-936-6951

Staff	
Physicians	2,876
Specialists	3,654
Administrative	700
Marketing	57
Facilities	
Hospitals	113
Pharmacies	825
Diagnostic labs	18
Locations	
Administrative	4
Users	
Employer/payer groups	4,000
Single coverage	1,920
Family coverage	2,080
Employees & dependents	395,317
Total	521,381
Average hospital stay	3.9 days
Hospital admission/1,000 members	64

Operational date: 1974.
Certified in: Minnesota and North Dakota.
Model type: IPA/Network.
Not for profit.
Ownership: United HealthCare Corp.
Service area: Minnesota; Barnes, Cass, Ranson, Richland, Stutsman and Traill counties in North Dakota; Pierce, Polk and St. Croix counties in Wisconsin.
Services: Standard package, including prescription drug, vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, physical/speech/occupational therapy, emergency care, home health care/alternative care. Options include dental. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Adjusted community rating, experience rating. Offers point-of-service contracts, 80% of members are enrolled.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $647,816 in 1990; $635,133 in 1989.
Officers: P. Robert Larson, president/chief operating officer; Dr. K. James Ehlan, chairman/chief executive officer; Dr. Allan J. Chernov, medical director; Arnold B. Hebert Jr., vp-marketing/sales; Stanley W. Hamilton, chief financial officer.
Contact: Peter W. Fish, manager-public relations, 612-936-6849.
See United HealthCare Corp. under Minnesota.

NWNL Health Network Inc.

1295 Bandana Blvd. N., Suite 220, St. Paul, Minn. 55108; 612-647-0305; fax: 612-659-2309

Staff	
Physicians	383
Patients/physician	37
Board-certified	99%
Specialists	1,518
Administrative	65
Marketing	10
Facilities	
Hospitals	18
Pharmacies	230
Diagnostic labs	1
Locations	
Administrative	1
Primary care	978
Users	
Employer/payer groups	78
Single coverage	3,712
Family coverage	2,876
Employees & dependents	10,657
Total	14,369
Average hospital stay	3.8 days
Hospital admission/1,000 members	246.9

Operational date: March 1984.
Certified in: Minnesota.
Model type: Network.
Not for profit.
Service area: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott and Washington counties in Minnesota.
Services: Standard package, including prescription drug, vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include experimental procedures and dental. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.
Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts.
Enrollment options: Individual enrollment is allowed.
Management reports: Provided annually.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $11.4 million in 1990; $3.8 million in 1989.
Officers: James D. Lauer, president; Dr. J. Bryan Warren, medical director; Curt Olson, marketing director; Cecelia Manlove, vp-health services; Margaret Liedholm, vp-operations; Mike Cornelison, vp-finance.

United HealthCare Corp.*

9900 Bren Road E., P.O. Box 1459, Minneapolis, Minn. 55440-8001; 612-936-3693; fax: 612-935-1471

Staff	
Providers	22,790
Users	
Employees & dependents	1.4 million

Operational date: 1974.
Gross revenues: $605.5 million in 1990; $412 million in 1989.
Officers: William W. McGuire, president/chief executive officer; George B. Borkow, executive vp/chief financial officer; David P. Koppe, vp/controller/treasurer; Noreen L. Suntrup, vp/public relations/communications.
*Figures are corporate, including all HMOs sponsored by United HealthCare Corp.

MISSOURI

Blue Care

2307 Main, 1 Pershing Square, Kansas City, Mo. 64108; 816-395-3777; fax: 816-395-3571

Staff	
Physicians	133
Patients/physician	78
Board-certified	90%
Specialists	1,000
Facilities	
Hospitals	10
Pharmacies	140
Diagnostic labs	3
Locations	
Administrative	1
Primary care	70
Users	
Single coverage	2,793
Family coverage	2,279
Employees & dependents	10,330
Total	10,330
Average hospital stay	4 days
Hospital admission/1,000 members	268.3

Operational date: January 1989.
Certified in: Missouri.
NCQA accredited.
Model type: IPA.
For profit.
Ownership: Blue Cross/Blue Shield of Kansas City.
Service area: Johnson and Wyandotte counties in Kansas; Jackson, Clay, Platte and Cass counties in Missouri.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating: $118.95 single, $310.85 family; community rating by class.
Enrollment options: Individual enrollment is allowed.
Management reports: Provided annually.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $5.9 million in 1990; $2.3 million in 1989.
Officers: Richard Krecker, president; Larry Ghastain, executive director; Dr. Elliott Bass, medical director.

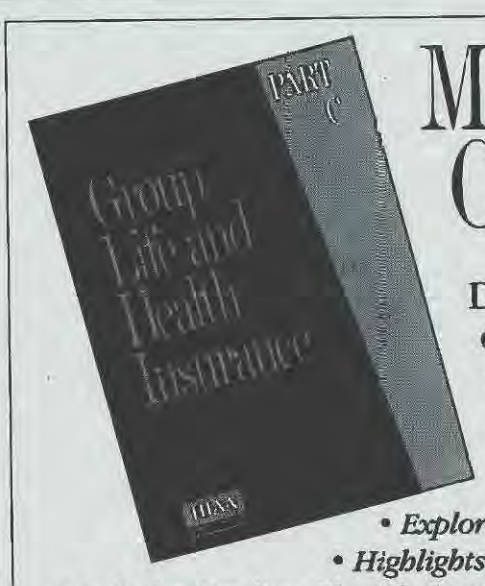
Blue Choice

4444 Forest Park Blvd., St. Louis, Mo. 63108

Users	
Employees & dependents	64,500

Operational date: January 1988.
Model type: IPA.
Sponsorship: Blue Cross and Blue Shield of Missouri.

Continued on next page



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Continued from previous page
senior medical director; Norma Hollis, marketing director; Dr. Dexter Shurney, medical director; Gary Gray, director-operations; Marie Johnson, director-medical services administration.

Contact: Norma Hollis.

Butterworth HMO*

2025 E. Beltline S.E., Suite 500, Grand Rapids, Mich. 49546; 616-942-0954

* To become Priority Health January 1992.

Staff	
Physicians	303
Patients/physician	200
Specialists	324
Administrative	96
Marketing	10
Facilities	
Hospitals	13
Pharmacies	265
Diagnostic labs	13
Locations	
Administrative	1
Primary care	440
Users	
Employer/payer groups	263
Single coverage	5,663
Family coverage	14,077
Employees & dependents	55,588
Total	55,588
Average hospital stay	4.1 days
Hospital admission/1,000 members	270

Model type: IPA.

Not for profit.

Ownership: Butterworth Health Corp.

Sponsorship: Aetna Life Insurance Co.

Service area: Allegan, Barny, Ionia, Kent, Montcalm, Muskegon, Newaygo and Ottawa counties in Michigan.

Services: Standard package, including substance abuse, psychiatric services, obstetrics/gynecology. Options include vision, dental, durable medical equipment and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating: $100 single, $300 family; community rating by class; adjusted community rating.

Management reports: Provided annually.

Billing: National accounts program with consolidated billing available.

Officers: Vic Turvey, executive director; Dr. Jack Spicer, medical director; Denise L. Christy, marketing director; Roger Sneath, finance director; Mary Davarn, medical administration.

Delta Care

Delta Dental Plan of Michigan, P.O. Box 30416, Lansing, Mich. 48909; 517-349-6000; fax: 517-347-5237

Staff	
Dentists	77
Specialists	23
Administrative	600
Marketing	50
Locations	
Administrative	2
Primary care	100
Users	
Employer/payer groups	5
Total	12,462

Operational date: 1987.

Model type: IPA.

Not for profit.

Ownership: Delta Dental Plan of Michigan.

Service area: Michigan.

Services: Dental only.

Management reports: Provided upon request.

Officers: Patrick P. Gribben Jr., president; E. Craig Lesley, marketing director; C. Richard Seitz, senior vp-marketing/external affairs.

Contact: E. Craig Lesley.

Dencap Dental Plans-Dental Maintenance Organization

7600 Second Ave., Detroit, Mich. 48202-2402; 313-972-1400; fax: 313-972-4662

Staff	
Physicians	200
Patients/physician	90
Board-certified	100%
Specialists	40
Administrative	8
Marketing	14
Locations	
Administrative	1
Primary care	100
Users	
Employer/payer groups	110
Employees & dependents	18,000
Total	18,000

Operational date: September 1984.

Certified in: Michigan.

Model type: IPA.

For profit.

Service area: All counties in lower Michigan.

Services: Standard package, including experimental procedures and dental, but excluding physicians, hospitalization, laboratory. Diagnostic testing and lab work performed by the HMO.

Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts, 1% of members are enrolled.

Management reports: Provided quarterly.

Officers: Joseph T. Lentine, president; James Feldman, medical director; James Gresham, marketing director.

Contact: Joseph T. Lentine.

Health Alliance Plan

2850 W. Grand Blvd., Detroit, Mich. 48202; 313-872-8100; fax: 313-874-7479

Staff	
Physicians	489
Specialists	1,500
Facilities	
Hospitals	36
Pharmacies	26
Diagnostic labs	17
Locations	
Administrative	1
Users	
Employer/payer groups	4,087
Single coverage	61,056
Family coverage	60,450
Employees & dependents	302,047
Total	396,090
Average hospital stay	5.9 days
Hospital admission/1,000 members	89

Operational date: January 1979.

Federally qualified.

Certified in: Michigan.

NCQA qualification pending.

Model type: Mixed.

Service area: Macomb, Oakland, St. Clair, Washtenaw and Wayne counties in Michigan.

Services: Standard package, including prescription drug, vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.

Rating options: Community rating: $132 single, $323 family.

Enrollment options: Individual enrollment is allowed.

Management reports: Provided monthly.

Billing: Provides direct billing for premiums under COBRA.

Gross revenues: $522 million in 1990; $468.9 million in 1989.

Officers: James Walworth, president; David Siegel, vp-health/medical affairs; John Breitmeyer, vp-marketing; Roman Kulich, chief operating officer.

HealthPlus of Michigan

G-2050 S. Linden Road, Flint Michigan 48501-1700; 313-230-2200; fax: 313-230-2208

Staff	
Physicians	686
Board-certified	85%
Specialists	2,033
Administrative	11
Marketing	35
Facilities	
Hospitals	47
Pharmacies	970
Diagnostic labs	31
Locations	
Administrative	3
Users	
Employer/payer groups	468
Single coverage	12,168
Family coverage	17,398
Employees & dependents	24,994
Total	100,431
Average hospital stay	5.4 days
Hospital admission/1,000 members	81

Operational date: September 1977.

Federally qualified.

Certified in: Michigan.

Model type: IPA.

Not for profit.

Service area: 16 counties in Michigan.

Services: Standard package, including prescription drug, experimental procedures, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating by class. Offers point-of-service contracts.

Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.

Management reports: Provided upon request.

Gross revenues: $20.1 million in 1990; $17.6 million in 1989.

Officers: Michael A. Mark, president/chief executive officer; Paul Fuhs, chief operating officer; Dr. Bruce Troutman, vp-medical director; Beth Meda, vp-marketing; Dan Champney, vp-human resources & government programs/general counsel; Paul Gorson, vp-finance; James Ward, vp-planning/product development; Larry Zbanek, vp.

M-Care

3601 Plymouth Road, Ann Arbor, Mich. 48105; 313-747-8700; fax: 313-747-7152

Locations	
Administrative	1
Users	
Employer/payer groups	200
Total	38,737

Operational date: September 1986.

Certified in: Michigan.

Model type: Staff/Network/IPA.

Not for profit.

Ownership: University of Michigan.

Service area: Livingston, Macomb, Oakland, Washtenaw and Wayne counties in Michigan.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology. Options include vision and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating.

Officers: Peter W. Roberts, president; Dr. Herbert Sloan, medical director; Janette B. Trefzer, marketing director; Karl T. Wizinsky, director-operations; Ernest Humbert, director-finance; Camille Orso, director-health services/provider relations.

Contact: David Cook, manager-research/planning.

Mercy Alternative HMO-Michigan (Care Choices)

34605 Twelve Mile Road, Farmington Hills, Mich. 48331-3291; 313-489-6203; fax: 313-489-6278

Staff	
Physicians	511
Specialists	821
Facilities	
Hospitals	19
Locations	
Administrative	5
Users	
Total	106,665

Operational date: January 1985.

Certified in: Michigan.

Model type: IPA.

Not for profit.

Ownership: Mercy Health Services.

Service area: 15 counties in Michigan.

Services: Standard package, including substance abuse, psychiatric services, obstetrics/gynecology. Options include dental and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.

Enrollment options: Individual enrollment is allowed.

Gross revenues: $136.3 million in 1990; $107.2 million in 1989.

Officers: Robert J. Flanagan, president/executive director; Dr. Charles E. Morrill, medical director; William C. Windsor, marketing director; Kimberly K. Horn, chief financial officer.

MIDA Dental Plans Inc.*

2000 Town Center, Suite 2200, Southfield, Mich. 48075; 313-353-6410; fax: 313-353-0727

Staff	
Physicians	1,735
Patients/physician	430
Board-certified	100%
Specialists	1,103
Administrative	176
Marketing	7
Locations	
Administrative	10
Primary care	1,958
Users	
Employees & dependents	746,869

Operational date: 1981.

Certified in: California, Delaware, Florida, Georgia, Indiana, Kentucky, Maryland, Massachusetts, Michigan, Missouri, Ohio, Pennsylvania, Virginia, West Virginia and District of Columbia.

Model type: IPA.

For profit.

Service area: California Delaware, Florida, Georgia, Indiana, Kentucky, Maryland, Massachusetts, Michigan, Missouri, Ohio, Pennsylvania, Virginia, West Virginia and District of Columbia.

Services: Dental only.

Rating options: Community rating, adjusted community rating.

Enrollment options: Individual enrollment is allowed.

Management reports: Provided monthly, quarterly or annually. Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Officers: Dr. Walter Knysz Jr., president; Dr. Stephen Patterson, dental director; Tamara Jacobs, marketing director.

Contact: Tamara Jacobs.

*Figures are corporate, including all HMOs sponsored by MIDA Dental Plans Inc.

MIDA Dental Plans Inc. (Central)

2000 Town Center, Suite 2200, Southfield, Mich. 48075; 313-353-6410; fax: 313-353-0727

Staff	
Physicians	536
Patients/physician	434
Board-certified	100%
Specialists	102
Administrative	84
Marketing	5
Locations	
Administrative	3
Primary care	521
Users	
Employees & dependents	232,692

Operational date: 1981.

Certified in: Indiana, Kentucky, Michigan, Missouri and Ohio.

Model type: IPA.

For profit.

Service area: Indiana, Kentucky, Michigan, Missouri and Ohio.

Services: Dental only.

Rating options: Community rating, adjusted community rating.

Enrollment options: Individual enrollment is allowed.

Management reports: Provided monthly, quarterly or annually.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Officers: Dr. Walter Knysz Jr., president; Dr. Stephen Patterson, medical director; Tamara Jacobs, marketing director.

Contact: Tamara Jacobs.

See MIDA Dental Plans Inc. corporate listing under Michigan.

Physicians Health Plan Inc.

P.O. Box 30377, Lansing, Mich. 48909-7877; 517-349-2101; fax: 517-347-9460

Staff	
Physicians	638
Patients/physician	250
Specialists	1,031
Administrative	23
Marketing	24
Facilities	
Hospitals	33
Pharmacies	352
Diagnostic labs	48
Locations	
Administrative	4
Users	
Employer/payer groups	758
Single coverage	31,186
Family coverage	29,153
Employees & dependents	129,000
Total	129,000
Average hospital stay	4.8 days
Hospital admission/1,000 members	63.2

Operational date: March 1981.

Federally qualified.

Certified in: Michigan.

Model type: IPA.

Not for profit.

Ownership: Edward W. Sparrow Hospital.

Service area: 24 counties in Michigan.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options includes prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating by class. Offers point-of-service contracts, 38% of members are enrolled.

Enrollment options: Individual enrollment is allowed.

Management reports: Provided annually.

Billing: National accounts program with consolidated billing available.

Officers: James M. Savage, president; Dr. Joseph Sheets, medical director; Douglas Lottes, marketing director.

MINNESOTA

Blue Plus

P.O. Box 64179, 3535 Blue Cross Road, St. Paul, Minn. 55164; 612-456-8000; fax: 612-456-1004

Staff	
Physicians	1,900
Patients/physician	95
Specialists	2,500
Facilities	
Hospitals	58
Pharmacies	624
Locations	
Administrative	6
Primary care	266
Users	
Employer/payer groups	751
Total	177,783
Average hospital stay	4.5 days
Hospital admission/1,000 members	75

Operational date: November 1974.

Certified in: Minnesota.

Model type: Network.

Not for profit.

Ownership: Blue Cross/Blue Shield of Minnesota.

Service area: Minnesota.

Services: Standard package, including prescription drug, vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology and transplant coverage. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Offers point-of-service contracts, 65% of members are enrolled.

Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.

Management reports: Provided upon request.

Billing: National accounts program with consolidated billing available.

Officers: Mary K. Brainerd, senior vp/chief executive officer; Dr. Mark Banks, vp/medical director; Virgil Hammerstad, senior vp.

Delta Dental Plan of Minnesota-Advantage Dental Network

7807 Creekridge Circle, Minneapolis, Minn. 55440; 612-944-5252; fax: 612-829-2317

Staff	
Dentists	50
Patients/dentist	2,000
Specialists	10
Locations	
Administrative	1
Primary care	20

Operational date: January 1990.

Model type: IPA.

Ownership: Delta Dental Plan of Minnesota.

Service area: Seven counties in Minnesota.

Services: Dental only.

Rating options: Offers point-of-service contracts, 10% of members are enrolled.

Enrollment options: Individual enrollment is allowed.

Management reports: Provided quarterly.

Billing: Provides direct billing for premiums under COBRA.

Officers: Michael Walsh, president; Loren Hanson, executive director; Dr. Thomas Ireland, dental director; Robert McGrath, marketing director.

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Staff	
Physicians	440
Specialists	1,300
Facilities	
Hospitals	33

Operational date: March 1987.
Certified in: Massachusetts.
Model type: IPA.
For profit.
Ownership: Metropolitan Life Insurance Co.
Service area: Middlesex, Suffolk, Plymouth, Bristol, Essex and Norfolk counties in Massachusetts.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment and obstetrics/gynecology. Options include vision, dental and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class.
Enrollment options: Contracts with the Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.
Billing: National accounts program with consolidated billing available.
Officers: Michael Jaeger, president; Sheila O'Connor, chief operating officer.

Montachusett Health Plan

285 Central St., Leominster, Mass. 01453; 508-534-4100; fax: 617-350-4348

Staff	
Physicians	199
Board-certified	98%
Specialists	479
Administrative	20
Facilities	
Hospitals	16
Pharmacies	75
Locations	
Administrative	1
Users	
Employer/payer groups	1,118
Single coverage	4,363
Family coverage	3,966
Employees & dependents	18,525
Total	19,116
Average hospital stay	4.2 days
Hospital admission/1,000 members	79

Operational date: February 1984.
Certified in: Massachusetts.
Model type: IPA.
Not for profit.
Ownership: Blue Cross/Blue Shield of Massachusetts.
Service area: Middlesex and Worcester counties in Massachusetts.
Services: Standard package, including vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, hemodialysis, ambulance services, home health services, immunizations/injections, short-term rehabilitative services, cardiac rehabilitation services. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating: $148.65 single, $371.63 family; community rating by class.
Management reports: Provided upon request.
Billing: National accounts program with consolidated billing available.
Gross revenues: $10.9 million in 1990; $10 million in 1989.
Officers: Joseph Avellone, senior vp; Sharon Smith, vp; Janet May, plan administrator; Dr. Paul Cochrane, medical director; James Conlon, marketing director.

North Shore Health Plan

North Shore Shopping Center Peabody, Mass. 01960; 508-977-5900; fax: 508-977-5950

Staff	
Physicians	116
Board-certified	96%
Specialists	147
Administrative	15
Facilities	
Hospitals	11
Pharmacies	192
Locations	
Administrative	1
Users	
Employer/payer groups	846
Single coverage	3,064
Family coverage	2,534
Employees & dependents	11,921
Total	12,073
Average hospital stay	4.2 days
Hospital admission/1,000 members	73

Operational date: May 1985.
Certified in: Massachusetts.
Model type: IPA.
Not for profit.
Ownership: Blue Cross/Blue Shield of Massachusetts.
Service area: Essex, Middlesex and Suffolk counties in Massachusetts.
Services: Standard package, including vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, hemodialysis, ambulance service, home health services, immunizations/injections, short-term rehabilitation services, cardiac rehabilitation services Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating: $158.71 single, $412.65 family; community rating by class.
Management reports: Provided annually upon request.
Billing: National accounts program with consolidated billing available.
Gross revenues: $14.7 million in 1990; $11.3 million in 1989.
Officers: Joseph Avellone, senior vp; Sharon Smith, vp; Victoria Tepping, plan administrator; James Kane, marketing director.

Pilgrim Health Care Inc.*

P.O. Box 9102, Norwell, Mass. 02061; 800-742-8326; fax: 617-982-9474

Staff	
Physicians	1,555
Patients/physician	45
Specialists	1,731
Administrative	430
Marketing	66
Facilities	
Hospitals	60
Pharmacies	372
Diagnostic labs	17
Locations	
Administrative	3
Users	
Employer/payer groups	4,594
Single coverage	37,377
Family coverage	44,596
Employees & dependents	184,708
Total	186,040
Average hospital stay	4.5 days
Hospital admission/1,000 members	79.5

Operational date: April 1981.
Federally qualified.
Certified in: Massachusetts and Rhode Island.
Model type: IPA.
Not for profit.
Service area: Plymouth, Bristol, Barnstable, Middlesex, Norfolk, Suffolk, Essex and Worcester counties in Massachusetts; Bristol, Kent, Newport, Providence and Washington counties in Rhode Island.
Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include dental and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating: $165.57 single, $430.50 family. Offers non-federally qualified programs to employers.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: Allan Greenberg, chief executive officer; Dr. Paul R. Reich, medical director; Charles B. Greitzer, vp-group sales/service; Thomas Brophy, Patricia Callahan, James Hester, Dr. Samuel Stewart, vps; Michael Kaufman, associate medical director.
Contact: William Sullivan, sales manager.

* Figures are corporate, including all HMOs sponsored by Pilgrim Health Care Inc.

U.S. Healthcare Inc.

1601 Trapelo Road, Waltham, Mass. 02154; 617-893-1660; fax: 617-893-0544

Staff	
Physicians	460
Patients/physician	63
Specialists	1,650
Administrative	61
Marketing	42
Facilities	
Hospitals	13
Pharmacies	106
Diagnostic labs	4
Locations	
Administrative	1
Users	
Employer/payer groups	973
Single coverage	8,000
Family coverage	7,000
Employees & dependents	29,000
Total	29,000
Average hospital stay	4.2 days
Hospital admission/1,000 members	82.1

Operational date: November 1987.
Certified in: Massachusetts.
NCQA qualification pending.
Model type: IPA.
For profit.
Ownership: U.S. Healthcare Inc.
Service area: Suffolk, Middlesex, Essex, Worcester, Bristol, Norfolk, Rockingham and Plymouth counties in Massachusetts.
Services: Standard package, including experimental procedures, vision, dental, substance abuse, psychiatric services, podiatry, obstetrics/gynecology. Options include durable medical equipment and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating: $132 single, $345 family.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Gross revenues: $26.7 million in 1990; $10.1 million in 1989.
Officers: Dr. Richard Cornell, president-medical director.

See U.S. Healthcare Inc. corporate listing under Pennsylvania.

Western Massachusetts Health Plan

20 Hampton Ave., Suite 150, Northampton, Mass. 01860; 413-586-9161; 617-956-2012

Staff	
Physicians	60
Board-certified	95%
Specialists	122
Administrative	13
Facilities	
Hospitals	13
Pharmacies	26
Locations	
Administrative	1
Users	
Employer/payer groups	536
Single coverage	2,686
Family coverage	2,597
Employees & dependents	11,300
Total	11,418
Average hospital stay	4.1 days
Hospital admission/1,000 members	73

Operational date: July 1986.
Model type: IPA.
Not for profit.
Ownership: Blue Cross/Blue Shield of Massachusetts.
Service area: Franklin, Hampden and Hampshire counties in Massachusetts.
Services: Standard package, including vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, hemodialysis, ambulance service, home health services, immunizations/injections, short-term rehabilitation services and cardiac rehabilitation services. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating: $153.62 single, $399.42 family; community rating by class.
Management reports: Provided annually upon request.
Billing: National accounts program with consolidated billing available.
Gross revenues: $41.7 million in 1990; $32.1 million in 1989.
Officers: Joseph Avellone, senior vp; Sharon Smith, vp; Marguerite Tonelli, plan administrator; Dr. Donald Abel, medical director; Stephen Bean, marketing director.

MICHIGAN

Blue Care Inc.

27000 W. 11 Mile Road, Southfield, Mich. 48034; 313-354-7650; fax: 313-357-4373

Staff	
Physicians	1,337
Patients/physician	24.6
Board-certified	75%
Dentists	154
Patients/dentist	238.5
Specialists	1,953 (physicians) 44 (dentists)
Administrative	5
Marketing	1
Locations	
Administrative	1
Users	
Employer/payer groups	304
Single coverage	7,453
Family coverage	17,016
Employees & dependents	63,556
Total	68,198
Average hospital stay	4.8 days
Hospital admission/1,000 members	67

Operational date: July 1984.
Certified in: Michigan.
Model type: Health care delivery/financing system.
Not for profit.
Ownership: Blue Cross/Blue Shield of Michigan.
Service area: Michigan.
Services: Standard package, including experimental procedures, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision, dental and prescription drug. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.
Rating options: Community rating by class, adjusted community rating.
Enrollment options: Individual enrollment is allowed.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $42.6 million in 1990; $39.6 million in 1989.
Officers: Daryl Klinko, executive director; Dr. Robert Church, medical director.
Contact: Adrienne Williams, statewide coordinator.

Blue Care Network of East Michigan

4200 Fashion Square Blvd., Saginaw, Mich. 48603; 517-791-3200; fax: 517-791-3237

Staff	
Physicians	224
Patients/physician	299
Board-certified	80%
Specialists	571
Administrative	10
Marketing	102
Facilities	
Hospitals	16
Pharmacies	100
Diagnostic labs	5
Locations	
Administrative	2
Primary care	4
Users	
Employer/payer groups	1,250
Single coverage	7,800
Family coverage	18,236
Employees & dependents	26,036
Total	66,133
Average hospital stay	4.9 days
Hospital admission/1,000 members	375.6

Operational date: December 1975.
Federally qualified.
Certified in: Michigan.
Model type: Staff/network.
Ownership: Blue Cross/Blue Shield of Michigan.
Service area: Arenac, Bay, Genesee, Gratiot, Isabella, Lapeer, Midland, Saginaw, Shiawassee and Tuscola counties in Michigan.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision, dental and prescription drug. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.
Rating options: Community rating: $130.09 single, $320.95 family. Offers point-of-service contracts.
Enrollment options: Individual enrollment is allowed.
Gross revenues: $91.1 million in 1990; $83.4 million in 1989.
Officers: Arnold C. DuFort, executive director; Dr. C. Richard Gumpper, medical director; Michael Curdy, marketing director.

Blue Care Network of the Great Lakes

611 Cascade West Park Way S.E., Grand Rapids, Mich. 49546; 616-957-5057; fax: 616-957-3476

Staff	
Physicians	446
Patients/physician	265
Board-certified	85%
Specialists	604
Administrative	239
Facilities	
Hospitals	28
Pharmacies	380
Diagnostic labs	24
Locations	
Administrative	5
Primary care	540
Users	
Employer/payer groups	999
Single coverage	13,865
Family coverage	21,015
Employees & dependents	113,851
Total	114,665
Average hospital stay	4 days
Hospital admission/1,000 members	60

Operational date: March 1982.
Federally qualified.
Certified in: Michigan.
NCQA qualification pending.
Model type: Network.
Not for profit.
Ownership: Blue Cross/Blue Shield of Michigan.
Service area: 36 counties in Michigan.
Services: Standard package, including substance abuse, psychiatric services, obstetrics/gynecology. Options include vision, dental, durable medical equipment, podiatry and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class. Offers point-of-service contracts.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $123.9 million in 1990; $119.3 million in 1989.
Officers: Glenn McAdam, chairman; Robert Smedes, executive director; Dr. Steven Baker, medical director; Kim Kelly, marketing director.
Contact: Kim Kelly.

Blue Care Network-Health Central

1403 S. Creyts Road, Lansing Mich. 48917

Users	
Employees & dependents	66,408

Operational date: December 1977.
Federally qualified.
Model type: Network.
Sponsorship: Blue Cross and Blue Shield of Michigan.

Blue Care Network of Southeast Michigan

P.O. Box 5043- 2700 W. 11 Mile Road, Southfield, Mich. 48086-5043; 313-354-7450; fax: 313-350-4456

Staff	
Physicians	534
Patients/physician	197
Board-certified	61%
Specialists	744
Administrative	168
Marketing	11
Facilities	
Hospitals	43
Pharmacies	1,600
Diagnostic labs	12
Locations	
Administrative	1
Primary care	1
Users	
Employer/payer groups	1,205
Single coverage	16,561
Family coverage	16,088
Employees & dependents	80,913
Total	103,017
Average hospital stay	5.6 days
Hospital admission/1,000 members	62

Operational date: May 1981.
Federally qualified.
Certified in: Michigan.
NCQA qualification pending.
Model type: IPA.
For profit.
Service area: Macomb, Monroe, Oakland, Washtenaw and Wayne counties in Michigan.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision, dental and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating: $143.93 single, $358.55 family; community rating by class.
Enrollment options: Individual enrollment is allowed.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $131.5 million in 1990; $89.1 million in 1989.
Officers: Janet B. Ofodile, executive director; Dr. Joseph Schirle Jr.,

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Service area: Hampden, Hampshire and parts of Worcester, Franklin and Berkshire counties in Massachusetts; parts of Hartford and Tolland counties in Connecticut.

Services: Standard package, including experimental procedures, vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, fitness benefit. Options include dental, prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating: $150.04 single, $390.11 family. Offers point-of-service contracts, 3% of members are enrolled.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA.

Gross revenues: $40 million in 1990; $30.9 million in 1989.

Officers: Richard Belloff, president/chief executive officer; Dr. Alan Ziskind, vp-medical affairs/medical director; Bruce Ruder, vp-marketing; Glenn Young, chief operating officer; Phil Pin, chief financial officer.

Lahey Clinic Blue Cross/Blue Shield Health Maintenance Plan

North Shore Shopping Center,
Peabody, Mass. 01960;
508-977-5900; fax: 508-977-5950

Staff	
Physicians	29
Patients/physician	885
Board-certified	100%
Specialists	273
Administrative	16
Facilities	
Hospitals	11
Pharmacies	2
Locations	
Administrative	1
Primary care	1
Users	
Employer/payer groups	1,323
Single coverage	6,613
Family coverage	5,219
Employees & dependents	23,141
Total	23,205
Average hospital stay	5.5 days
Hospital admission/1,000 members	72

Operational date: October 1980.
Model type: Group.
Not for profit.
Ownership: Blue Cross/Blue Shield of Massachusetts.

Service area: Essex, Middlesex and Norfolk counties in Massachusetts.

Services: Standard package, including vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, hemodialysis, ambulance service, home health services, immunizations/injections, short-term rehabilitation services and cardiac rehabilitation services. Options include prescription drug. Diagnostic testing and lab work performed by the HMO facilities.

Rating options: Community rating: $159.34 single, $430.21 family; community rating by class.

Management reports: Provided annually upon request.

Billing: National accounts program with consolidated billing available.

Gross revenues: $42.2 million in 1990; $37.2 million in 1989.

Officers: Joseph Avellone, senior vp; Sharon Smith, vp; Victoria Tepping, plan administrator; Dr. Marvin Wool, medical director; James Kane, marketing director.

Medical East Community Health Plan

99 Derby St., Hingham, Mass.
02043; 617-740-6100;
fax: 617-740-6116

Staff	
Physicians	96
Patients/physician	708
Board-certified	95%
Specialists	440
Administrative	8
Facilities	
Hospitals	25
Locations	
Administrative	1
Primary care	8
Users	
Employer/payer groups	4,368
Single coverage	25,778
Family coverage	14,623
Employees & dependents	65,952
Total	75,108
Average hospital stay	4.8 days
Hospital admission/1 000 members	88.4

Operational date: October 1982.
Federally qualified.
Certified in: Massachusetts.
Model type: Staff.
Ownership: Blue Cross/Blue Shield of Massachusetts.

Service area: Essex, Middlesex, Norfolk, Suffolk, Bristol, Plymouth and Worcester counties in Massachusetts.

Services: Standard package, including vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, hemodialysis, ambulance service, home health services, immunizations/injections, short-term rehabilitation services and cardiac rehabilitation services. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating: $159.62 single, $421.39 family; community rating by class. Offers point-of-service contracts, 1% of members are enrolled.

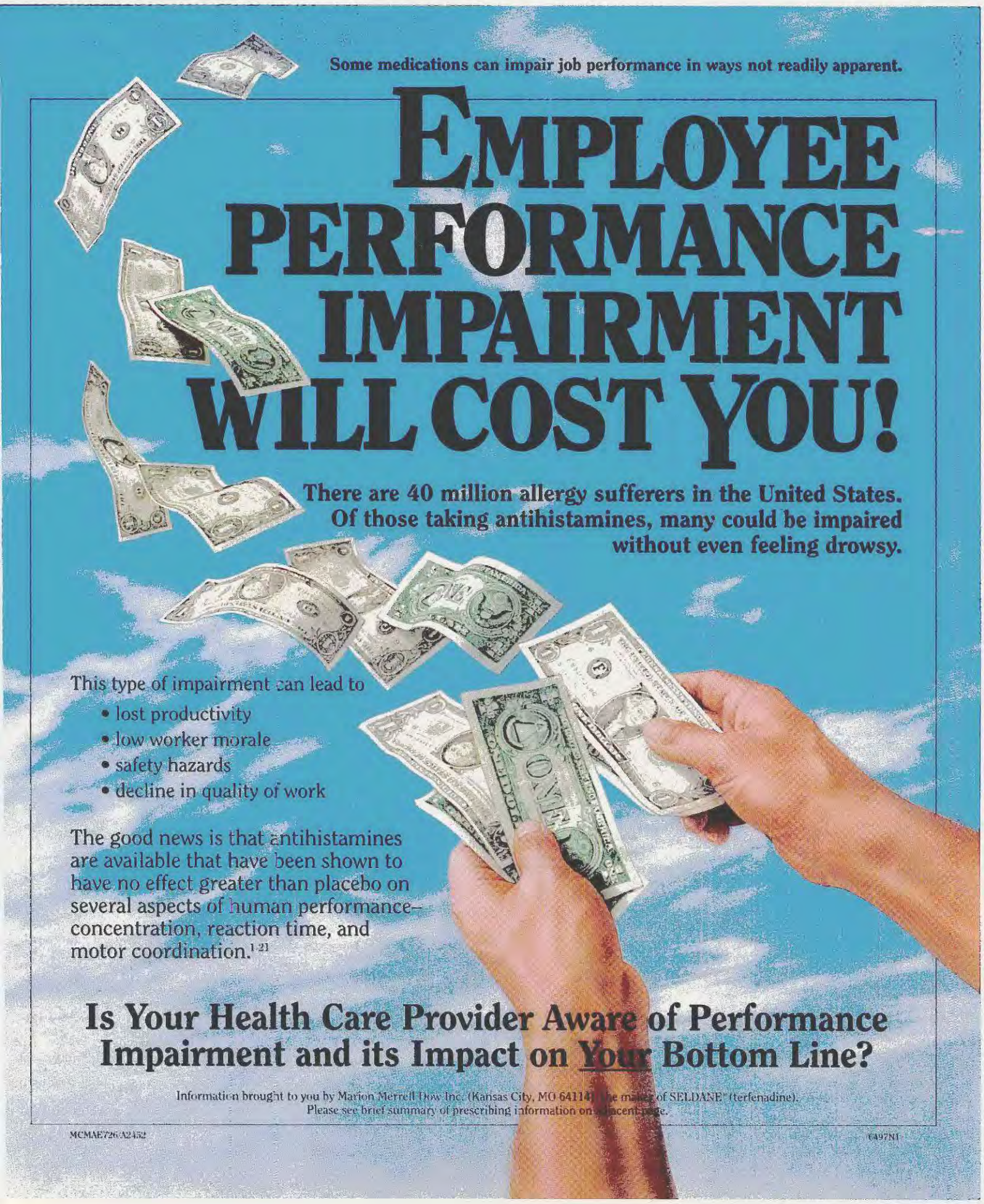
Enrollment options: Contracts with the Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.

Management reports: Provided annually upon request.

Billing: National accounts program with consolidated billing available.

Gross revenues: $114 million in 1990; $140.7 million in 1989.

Officers: Joseph Avellone, senior vp; Sharon Smith, vp; Ronald Davy, executive director; Dr. Seth Blumberg, medical director; James Kane, marketing director.



Medical West Community Health Plan

360 Birnie Ave., Springfield, Mass.
01107; 413-747-1200;
fax: 413-747-1212

Staff	
Physicians	52
Board-certified	93%
Specialists	89
Administrative	6
Facilities	
Hospitals	14
Locations	
Administrative	1
Primary care	3
Users	
Employer/payer groups	1,952
Single coverage	21,391
Family coverage	13,927
Employees & dependents	61,200
Total	68,984
Average hospital stay	4.7 days
Hospital admission/1,000 members	73.0

Operational date: December 1978.
Federally qualified.
Certified in: Massachusetts.
Model type: Staff.
Not for profit.
Ownership: Blue Cross/Blue Shield of Massachusetts.

Service area: Hampden and Hampshire counties in Massachusetts.

Services: Standard package, including vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, hemodialysis, ambulance services, home health services, immunizations/injections, short-term rehabilitation services, cardiac rehabilitation services. Diagnostic testing and lab work performed in the HMO's facilities.

Rating options: Community rating: $140.24 single, $378.24 family; community rating by class. Offers point-of-service contracts.

Enrollment options: Contracts with the Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.

Management reports: Provided annually upon request.

Billing: National accounts program with consolidated billing available.

Gross revenues: $85.5 million in 1990; $84.3 million in 1989.

Officers: Joseph Avellone, senior vp; Sharon Smith, vp; Ronald Hemmelgarn, regional executive director; Dr. John Collins, medical director; Stephen Bean, marketing director.

MetLife HealthCare Network of Massachusetts

99 High St., 21st Floor, Boston,
Mass. 02110; 617-338-1300

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Model type: IPA.
For profit.
Ownership: Principal Mutual Life Insurance Co.
Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts, 5% of members are enrolled.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $149.5 million in 1990; $90.7 million in 1989.
Officers: Kenneth J. Linde, president/chief executive officer; Dr. Melvin Museles, medical director; Carol Elwood, director-marketing services; Sharon Taylor, vp-finance/operations; David Weiss, vp-management/administration.
Contact: Carol Elwood.

Prudential Health Care Plan of the Mid-Atlantic

2800 N. Charles St., Baltimore, Md. 21218; 301-554-7200; fax: 301-554-7077

Staff	
Physicians	300
Patients/physician	400
Board-certified	93%
Specialists	1,700
Administrative	266
Marketing	35
Facilities	
Hospitals	23
Pharmacies	200
Diagnostic labs	1
Locations	
Administrative	2
Primary care	132
Users	
Employer/payer groups	800
Single coverage	18,412
Family coverage	23,433
Employees & dependents	87,392
Total	118,000
Average hospital stay	5.3 days
Hospital admission/1,000 members	61.0

Operational date: March 1982.
Certified in: Maryland, Virginia and District of Columbia.
NCQA qualification pending.
Model type: Group/IPA.
Ownership: Prudential Insurance Co. of America.
Service area: Baltimore, Anne Arundel, Carroll, Cecil, Frederick, Harford, Howard, Montgomery, Prince Georges and Washington counties in Maryland; Alexandria and Falls Church, Va., and Arlington, Fairfax, Loudoun and Prince William counties in Virginia; District of Columbia.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision, dental and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating: $102.44 single, $276.59 family; community rating by class; adjusted community rating. Offers point-of-service contracts, 5% of members are enrolled. Offers non-federally qualified programs to employers.
Enrollment options: Individual enrollment is allowed.
Management reports: Provided quarterly.
Billing: National accounts program with consolidated billing available.
Officers: Barbara B. Hill, president; Ancelmo E. Lopes, vp-operations; Dr. William Pawluk, vp-medical affairs; Greg Conderacci, vp-marketing; Jayn A. Osler, vp-research/development.
Contact: John R. Palumbi, analyst-program development; 301-554-7370.

Randmark Management Inc.

1211 Connecticut Ave. N.W., Washington, D.C. 20036; 202-293-8800; fax: 202-466-3789

Staff	
Dentists	386
Specialists	286
Administrative	7
Marketing	4
Locations	
Administrative	1
Users	
Single coverage	22,985
Family coverage	30,597
Employees & dependents	116,520
Total	53,582

Certified in: Maryland.
Model type: IPA.
Service area: Baltimore and District of Columbia.
Services: Standard package includes dental only.
Rating options: Community rating; adjusted community rating. Offers point-of-service contracts, 10% of members are enrolled.
Enrollment options: Individual enrollment is allowed.
Management reports: Provided upon request.
Billing: National accounts program with consolidated billing available.
Officers: Marc Doctors, president; Randy Widen, chairman; Bob Wergin, chief executive officer; Dan Karateew, dental director; Annette Rolin, marketing director; Mike Lloyd, chief financial officer.
Contact: Annette Rolin.
See Randmark Management Inc. under District of Columbia.

MASSACHUSETTS

Bay State Health Care Inc.

101 Main St., Cambridge, Mass. 02142; 617-499-6600

Staff	
Physicians	2,300
Board-certified	97%
Specialists	4,000
Administrative	600
Marketing	80
Facilities	
Hospitals	65
Pharmacies	800
Locations	
Administrative	1
Users	
Employer/payer groups	7,100
Single coverage	84,687
Family coverage	82,172
Employees & dependents	358,399
Total	368,158
Average hospital stay	4.5 days
Hospital admission/1,000 members	432

Operational date: September 1978.
Federally qualified.
Certified in: Massachusetts.
Model type: IPA.
Ownership: Independent.
Service area: Barnstable, Bristol, Essex, Middlesex, Nantucket Island, Norfolk, Plymouth, Sulfolk, Worcester counties in Massachusetts.
Services: Standard package, including experimental procedures, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating: $164 single, $444 family.
Enrollment options: Contracts with the Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.
Management reports: Provided annually.
Gross revenues: $482.7 million in 1990; $372.2 million in 1989.
Officers: Dr. Samuel Nussbaum, chairman; Dr. Eugene Abramson, medical director; William J. Mazza, vp-marketing; Tom Sexton, chief financial officer.

Berkshire Health Plan

279 Dalton Ave., Pittsfield, Mass. 01201; 413-499-4009; fax: 413-499-2171

Staff	
Physicians	68
Board-certified	86%
Specialists	160
Administrative	16
Facilities	
Hospitals	14
Pharmacies	45
Locations	
Administrative	1
Users	
Employer/payer groups	1,002
Single coverage	5,904
Family coverage	6,111
Employees & dependents	26,376
Total	26,970
Average hospital stay	4.1 days
Hospital admission/1,000 members	84.0

Operational date: October 1984.
Certified in: Massachusetts.
Model type: IPA.
Not for profit.
Ownership: Blue Cross/Blue Shield of Massachusetts.
Service area: Berkshire County in Massachusetts.
Services: Standard package, including vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, hemodialysis, ambulance service, home health services, immunizations/injections, short-term rehabilitation services and cardiac rehabilitation services. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating: $143.91 single, $374.19 family; community rating by class.
Management reports: Provided annually upon request.
Billing: National accounts program with consolidated billing available.
Gross revenues: $41.7 million in 1990; $32.1 million in 1989.
Officers: Joseph Avellone, senior vp; Sharon Smith, vp; Carole Henderson, plan administrator; Dr. Sandor Max, medical director; Stephen Bean, marketing director.
Contact: Stephen Bean.

Central Massachusetts Health Care

100 Front St., Mechanics Tower, Suite 300, Worcester, Mass. 01608-1449; 508-798-8667; fax: 508-798-3069

Staff	
Physicians	470
Board-certified	90%
Specialists	490
Administrative	180
Marketing	20
Facilities	
Hospitals	16
Pharmacies	66
Diagnostic labs	44
Locations	
Administrative	1
Users	
Employer/payer groups	2,063
Single coverage	17,297
Family coverage	39,207
Employees & dependents	89,387
Total	93,592
Average hospital stay	4 days
Hospital admission/1,000 members	103

Operational date: November 1978.
Certified in: Massachusetts.
Model type: IPA.
Not for profit.
Service area: Franklin, Hampden, Hampshire, Middlesex and Norfolk counties in Massachusetts.
Services: Standard package, including well-baby care, immunizations, annual Pap smear, emergency room services, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating: $179.83 single, $467.73 family; community rating by class; adjusted community rating. Offers point-of-service contracts.
Enrollment options: Individual enrollment is allowed.
Management reports: Provided quarterly or monthly.
Gross revenues: $132.8 million in 1990; $111.1 million in 1989.
Officers: Benjamin R. Schenck, president; Paul Brough, vp-chief financial officer; Dr. Ralph M. Prows, senior vp-medical affairs; Thomas B. Gentz, vp-sales/marketing.

CIGNA Healthplan of Massachusetts Inc.

5700 Bigelow Commons, Enfield, Conn. 06082; 203-745-2288; fax: 203-741-7266

Staff	
Physicians	88
Patients/physician	500
Board-certified	87%
Specialists	168
Facilities	
Hospitals	6
Pharmacies	24
Diagnostic labs	6
Locations	
Administrative	2
Primary care	394
Users	
Total	23,053

Operational date: October 1987.
Federally qualified.
Certified in: Massachusetts.
Model type: IPA.
For profit.
Ownership: CIGNA Corp.
Service area: Hampden and Worcester counties in Massachusetts.
Services: Standard package, including experimental procedures, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, skilled nursing and extended facilities, short-term rehabilitation and physical therapy, external prosthesis, hearing care. Options include prescription drug and vision. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating, community rating by class, adjusted community rating.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: Jay Rausch, general manager; Dr. Rosario Noto.
Contact: Jay Rausch.
See CIGNA corporate listing under Connecticut.

Health New England

66 Industry Ave., Springfield, Mass. 01104; 413-787-4000; fax: 413-731-7498

Staff	
Physicians	199
Patients/physician	179
Board-certified	100%
Specialists	427
Administrative	76
Marketing	9
Facilities	
Hospitals	5
Pharmacies	23
Diagnostic labs	6
Locations	
Administrative	1
Users	
Employer/payer groups	650
Employees & dependents	35,205
Total	35,563
Average hospital stay	5.6 days
Hospital admission/1,000 members	73.2

Operational date: January 1987.
Federally qualified.
Certified in: Massachusetts and northern Connecticut.
NCQA accredited.
Model type: IPA.
For profit.
Ownership: Baystate Medical Center, Noble Hospital, Holyoke Hospital.

Continued on next page

Seldane®

(terfenadine) 60 mg Tablets

BRIEF SUMMARY
CAUTION: Federal law prohibits dispensing without prescription.
DESCRIPTION
Seldane (terfenadine) is available as tablets for oral administration. Each tablet contains 60 mg terfenadine. Tablets also contain, as inactive ingredients: corn starch, gelatin, lactose, magnesium stearate, and sodium bicarbonate.
INDICATIONS AND USAGE
Seldane is indicated for the relief of symptoms associated with seasonal allergic rhinitis such as sneezing, rhinorrhea, pruritus, and lacrimation.
CONTRAINDICATIONS
Seldane is contraindicated in patients with a known hypersensitivity to terfenadine or any of its ingredients.
PRECAUTIONS
General: Terfenadine undergoes extensive metabolism in the liver. Patients with impaired hepatic function (alcoholic cirrhosis, hepatitis), or on ketoconazole or troleandomycin therapy, or having conditions leading to QT prolongation (e.g. hypokalemia, congenital QT syndrome) may experience QT prolongation and/or ventricular tachycardia at the recommended dose. The effect of terfenadine in patients who are receiving agents which alter the QT interval is not known. These events have also occurred in patients on macrolide antibiotics, including erythromycin, but causality is unclear. The events may be related to altered metabolism of the drug, to electrolyte imbalance, or both.
Information for patients: Patients taking Seldane should receive the following information and instructions. Antihistamines are prescribed to reduce allergic symptoms. Patients should be questioned about pregnancy or lactation before starting Seldane therapy, since the drug should be used in pregnancy or lactation only if the potential benefit justifies the potential risk to fetus or baby. Patients should be instructed to take Seldane only as needed and not to exceed the prescribed dose. Patients should also be instructed to store this medication in a tightly closed container in a cool, dry place, away from heat or direct sunlight, and away from children.
Drug Interactions: Preliminary evidence exists that concurrent ketoconazole or macrolide administration significantly alters the metabolism of terfenadine. Concurrent use of Seldane with ketoconazole or troleandomycin is not recommended. Concurrent use of other macrolides should be approached with caution.
Carcinogenesis, mutagenesis, impairment of fertility: Oral doses of terfenadine, corresponding to 63 times the recommended human daily dose, in mice for 18 months or in rats for 24 months, revealed no evidence of tumorigenicity. Microbial and micronucleus test assays with terfenadine have revealed no evidence of mutagenesis.
Reproduction and fertility studies in rats showed no effects on male or female fertility at oral doses of up to 21 times the human daily dose. At 63 times the human daily dose there was a small but significant reduction in implants and at 125 times the human daily dose reduced implants and increased post-implantation losses were observed, which were judged to be secondary to maternal toxicity.
Pregnancy Category C: There was no evidence of animal teratogenicity. Reproduction studies have been performed in rats at doses 63 times and 125 times the human daily dose and have revealed decreased pup weight gain and survival when terfenadine was administered throughout pregnancy and lactation. There are no adequate and well-controlled studies in pregnant women. Seldane should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.
Nonteratogenic effects: Seldane is not recommended for nursing women. The drug has caused decreased pup weight gain and survival in rats given doses 63 times and 125 times the human daily dose throughout pregnancy and lactation. Effects on pups exposed to Seldane only during lactation are not known, and there are no adequate and well-controlled studies in women during lactation.
Pediatric use: Safety and effectiveness of Seldane in children below the age of 12 years have not been established.
ADVERSE REACTIONS
Experience from clinical studies, including both controlled and uncontrolled studies involving more than 2,400 patients who received Seldane, provides information on adverse experience incidence for periods of a few days up to six months. The usual dose in these studies was 60 mg twice daily, but in a small number of patients, the dose was as low as 20 mg twice a day, or as high as 600 mg daily.
In controlled clinical studies using the recommended dose of 60 mg b.i.d., the incidence of reported adverse effects in patients receiving Seldane was similar to that reported in patients receiving placebo. (See Table below.)
Rare reports of severe cardiovascular adverse effects have been received which include arrhythmias (ventricular tachyarrhythmia, torsades de pointes, ventricular fibrillation), hypotension, palpitations, and syncope. In controlled clinical trials in otherwise normal patients with rhinitis, at doses of 60 mg b.i.d. small increases in QTc interval were observed. Changes of this magnitude in a normal population are of doubtful clinical significance. However, in another study (N=20 patients) at 300 mg b.i.d. a mean increase in QTc of 10% (range -4% to +30%) (mean increase of 46 msec) was observed without clinical signs or symptoms.
In addition to the more frequent side effects reported in clinical trials (See Table), adverse effects have been reported at a lower incidence in clinical trials and/or spontaneously during marketing of Seldane that warrant listing as possibly associated with drug administration. These include: alopecia (hair loss or thinning), anaphylaxis, angioedema, bronchospasm, confusion, depression, galactorrhea, insomnia, menstrual disorders (including dysmenorrhea), musculoskeletal symptoms, nightmares, paresthesia, photosensitivity, seizures, sinus tachycardia, sweating, tremor, urinary frequency, and visual disturbance.
In clinical trials, several instances of mild, or in one case, moderate transaminase elevations were seen in patients receiving Seldane. Mild elevations were also seen in placebo treated patients. Marketing experiences include isolated reports of jaundice, cholestatic hepatitis, and hepatitis. In most cases available information is incomplete.

ADVERSE EVENTS REPORTED IN CLINICAL TRIALS

Adverse Event	Percent of Patients Reporting: Controlled Studies* Seldane N=781	Controlled Studies* Placebo N=665	Controlled Studies* Control N=626***	All Clinical Studies** Seldane N=2462	All Clinical Studies** Placebo N=1478
Central Nervous System					
Drowsiness	9.0	8.1	18.1	8.5	8.2
Headache	6.3	7.4	3.8	15.8	11.2
Fatigue	2.9	0.9	5.8	4.5	3.0
Dizziness	1.4	1.1	1.0	1.5	1.2
Nervousness	0.9	0.2	0.6	1.7	1.0
Weakness	0.9	0.6	0.2	0.6	0.5
Appetite Increase	0.6	0.0	0.0	0.5	0.0
Gastrointestinal System					
Gastrointestinal Distress (Abdominal distress, Nausea, Vomiting, Change in Bowel habits)	4.6	3.0	2.7	7.6	5.4
Eye, Ear, Nose, and Throat					
Dry Mouth/Nose/Throat	2.3	1.8	3.5	4.8	3.1
Cough	0.9	0.2	0.5	2.5	1.7
Sore Throat	0.5	0.3	0.5	3.2	1.6
Epistaxis	0.0	0.8	0.2	0.7	0.4
Skin					
Eruption (including rash and urticaria) or itching	1.0	1.7	1.4	1.6	2.0

* Duration of treatment in "CONTROLLED STUDIES" was usually 7-14 DAYS.
** Duration of treatment in "ALL CLINICAL STUDIES" was up to 6 months.
*** CONTROL DRUGS: Chlorpheniramine (291 patients), d-Chlorpheniramine (189 patients), Clemastine (146 patients)

OVERDOSAGE
Information concerning possible overdosage and its treatment appears in Full Prescribing Information.
DOSAGE AND ADMINISTRATION
One tablet (60 mg) twice daily for adults and children 12 years and older.
Product Information as of July, 1990
MARION MERRELL DOW INC.
Prescription Products Division
Kansas City, MO 64114
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Continued from previous page
Oxford, Somerset and Waldo counties in Maine.

Healthsource Maine

174 S. Freeport Road, Freeport, Maine 04032; 207-865-6161; fax: 207-865-1315

Staff	
Physicians	714
Patients/physician	67
Board-certified	95%
Specialists	552
Administrative	35
Marketing	5
Facilities	
Hospitals	13
Pharmacies	69
Diagnostic labs	7
Locations	
Administrative	1
Users	
Employer/payer groups	98
Single coverage	1,900
Family coverage	2,900
Employees & dependents	12,634
Total	12,634
Average hospital stay	3.7 days
Hospital admission/1,000 members	272

Operational date: January 1987.
Federally qualified.
Certified in: Maine.
Model type: IPA.
For profit.
Service area: Maine.
Services: Standard package, including vision, substance abuse, psychiatric services, student coverage to age 25, podiatry, obstetrics/gynecology but excluding prescription drugs. Options include durable medical equipment, prescription drug, hearing aids for children. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class. Offers point-of-service contracts. Offers non-federally qualified programs to employers.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Gross revenues: $11 million in 1990; $6.9 million in 1989.
Officers: Dr. David Schall, president; Richard M. White, executive director-chief executive officer; Dr. Peter McGuire, medical director; Nancy R. Connelie, marketing director; Jeffrey Bland, director-operations.
Contact: Nancy R. Connelie.

Lincoln National Health Plan

75 John Roberts Road, Suite 1C, South Portland, Maine 04106; 207-773-6994; fax: 207-773-6494

Staff	
Physicians	165
Specialists	170
Facilities	
Hospitals	10

Officers: Max Powell, general manager; Dan Peternell, regional manager; Bruce Greenberg, plan director.
See Lincoln National Health Plan corporate listing under Indiana.

MARYLAND

Aetna Health Plans of the Mid-Atlantic

1829 Reistertown Road, Suite 270, Baltimore, Md. 21208; 301-653-8811; fax: 301-653-9172

Operational date: 1990.
Model type: IPA.
For profit.
Ownership: Aetna Life Insurance Co.
Service area: 11 counties in Maryland.
Officers: Russ Dickhart, market manager; Joseph Hall, associate executive director; Dr. Jack Epstein, medical director.
Contact: Ken Phelps.

CIGNA HealthPlan of Mid-Atlantic Inc.

9700 Patuxent Woods Drive, Columbia, Md. 21046; 301-720-5800; fax: 301-720-5860

Staff	
Physicians	576
Patients/physician	50
Board-certified	87%
Specialists	1,443
Facilities	
Hospitals	48
Pharmacies	253
Locations	
Administrative	2
Primary care	3,132
Users	
Total	69,221

Operational date: December 1986.
Federally qualified.
Certified in: Maryland.
Model type: IPA.
For profit.
Ownership: CIGNA Corp.
Service area: 19 counties in Maryland.
Services: Standard package, including experimental procedures, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, skilled nursing/extended facilities, short-term rehabilitation and physical therapy, external prosthesis and hearing screening. Options include vision and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: J. Stephen Ashley, vp/executive director; Dr. James Springrose, medical director.
Contact: J. Stephen Ashley.
See CIGNA Corp. under Connecticut.

Care First

100 S. Charles St., Baltimore, Md. 21201

Users	
Employees & dependents	88,844

Operational date: 1979.
Federally qualified.
Model type: Network.
Sponsorship: Blue Cross and Blue Shield of Maryland Inc.

Columbia Medical Plan

2 Knoll N. Drive, Columbia, Md. 21045
Operational date: October 1969.
Federally qualified.
Model type: Staff.
Sponsorship: Blue Cross and Blue Shield of Maryland Inc.

Delmarva Health Plan Inc.

106 Marlboro Road, Easton, Md. 21601; 301-822-7223; fax: 301-822-8152

Staff	
Physicians	130
Patients/physician	155
Board-certified	66%
Specialists	262
Administrative	40
Marketing	3
Facilities	
Hospitals	9
Diagnostic labs	1
Locations	
Administrative	1
Users	
Employer/payer groups	168
Single coverage	4,362
Family coverage	4,163
Employees & dependents	15,775
Total	19,517
Average hospital stay	3.5 days
Hospital admission/1,000 members	329

Operational date: May 1980.
Certified in: Maryland.
Model type: IPA.
For profit.
Ownership: Memorial Hospital at Easton.
Service area: Cecil, Kent, Queen Annes, Caroline, Talbot, Dorchester, Wicomico, Somerset and Worcester counties in Maryland.
Services: Standard package, including vision, substance abuse, psychiatric services, podiatry, obstetrics/gynecology but excluding periodic check-ups. Options include dental, durable medical equipment, periodic check-ups and point-of-service. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class, adjusted community rating. Offers point-of-service contracts, 2% of members are enrolled.
Enrollment options: Individual enrollment is allowed.
Management reports: Provided monthly.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $20.1 million in 1990; $17.1 million in 1989.
Officers: Dr. Theophane Loughrey, president/chairman; Richard W. Moore, executive director; Dr. R. Lane Wroth, medical director; Richard Prettyman, manager-marketing; Dr. William Banfield, vp.
Contact: Richard Prettyman.

Dental Benefit Providers Inc.

7200 Wisconsin Ave., Suite 800, Bethesda, Md. 20814; 301-654-6900; fax: 301-986-7965

Staff	
Physicians	3,000
Administrative	125
Marketing	10
Locations	
Administrative	3
Primary care	21
Users	
Employer/payer groups	86

Operational date: January 1984.
Certified in: District of Columbia, Virginia, Maryland, Massachusetts, Illinois, California and Colorado.
Model type: IPA.
For profit.
Service area: Pittsburgh, Lancaster and Philadelphia, Pa.; Waco, Austin and College Station counties in Texas; Mobile and Birmingham, Ala.; Denver, Boulder and Colorado Springs, Colo.; White Plains and Westchester, N.Y.; San Juan, Puerto Rico; Fairfield, Hartford and Bridgeport, Conn.; Atlanta; Raleigh, Durham, Chapel Hill, Charlotte and Greensboro, N.C.; Akron and Cleveland, Ohio; Fort Wayne, Gary, Indianapolis and Kokomo, Ind.; Cook County in Illinois; Washington, D.C.; Des Moines, Iowa; Kansas City, Kan.; Maryland; Boston; Detroit, Ann Arbor and Grand Rapids, Mich.; Kansas City, Mo.; northern Virginia .
Services: Dental only.
Rating options: Offers point-of-service contracts.
Management reports: Provided monthly.
Billing: National accounts program with consolidated billing available.
Gross revenues: $16.5 million in 1990; $14.5 million in 1989.
Officers: Dr. Ralph Foxman, president; Edward Murphy, chief executive officer; Dr. Carlton Gong, medical director; Guy Hunt, vp-marketing/sales.

Freestate Health Plan Inc.

10626 York Road, Cockeysville, Md. 21030
Operational date: August 1981.
Federally qualified.
Model type: Mixed.
Sponsorship: Blue Cross and Blue Shield of Maryland Inc.

HealthPlus

7601 Ora Glen Dr., Suite 200, Greenbelt, Maryland 20770; 301-441-1600; fax: 301-441-3559

Staff	
Physicians	812
Patients/physician	195
Board-certified	82%
Specialists	1,988
Administrative	30
Marketing	23
Facilities	
Hospitals	43
Pharmacies	350
Diagnostic labs	21
Locations	
Administrative	1
Primary care	2,700
Users	
Employer/payer groups	900
Single coverage	33,567
Family coverage	24,390
Employees & dependents	155,392
Total	155,392
Average hospital stay	4.3 days
Hospital admission/1,000 members	73

Operational date: September 1978.
Federally qualified.
Certified in: Maryland, Virginia and District of Columbia.
Model type: Mixed Group/IPA.
For profit.
Ownership: Sanus Corp. Health Systems.
Service area: 11 counties in Maryland; 12 counties in Virginia; District of Columbia.
Services: Standard package, including vision, dental, substance abuse, psychiatric services, podiatry, obstetrics/gynecology. Options include durable medical equipment and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts, 39% of members are enrolled.
Management reports: Provided annually depending on size.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Gross revenues: $141.4 million in 1990; $105.8 million in 1989.
Officers: Joseph Lynaugh, president; Jeff D. Emerson, chief executive officer; Dr. David Anders, medical director; Joan Harp, vp-sales/marketing; Virginia Dollard, chief operating officer.
Contact: Joan Harp.

Lincoln National Health Plan

9690 Deereco Road, Suite 310, Timonium, Md. 21093; 301-561-9300; fax: 301-561-4466

Staff	
Physicians	105
Specialists	500
Facilities	
Hospitals	12

Officers: William Young, general manager; Rob Shenkus, regional manager; Marybeth Krovisky, plan director.
See Lincoln National Health Plan corporate listing under Indiana.

MD-Individual Practice Association Inc.

4 Taft Court, Rockville, Md. 20850; 301-294-5100; fax: 301-706-0305

Staff	
Physicians	1,400
Patients/physician	375
Board-certified	82%
Specialists	5,500
Administrative	23
Marketing	130
Facilities	
Hospitals	75
Pharmacies	850
Diagnostic labs	4
Locations	
Administrative	6
Users	
Employer/payer groups	5,073
Single coverage	68,567
Family coverage	69,070
Employees & dependents	284,715
Total	284,715
Average hospital stay	4.1 days
Hospital admission/1,000 members	324.40

Operational date: January 1981.
Federally qualified.
Certified in: Maryland, District of Columbia and Virginia.
Model type: IPA.
For profit.
Ownership: Mid-Atlantic Medical Services Inc.
Service area: District of Columbia, Maryland.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision, dental, prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating: $115.14 single, $312.05 family; community rating by class; adjusted community rating. Offers point-of-service contracts, 32% of members are enrolled.
Enrollment options: Contracts with the Health Care Financing Administration to enroll Medicare beneficiaries.
Management reports: Provided annually.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Gross revenues: $205.4 million in 1990; $115.7 million in 1989.
Officers: Richard K. Slater, president; Charles O. Johnston, executive director; Dr. Eric R. Baugh, medical director; Joseph L. Guarriello, chief financial officer/secretary.

Optimum Choice Inc.

4 Taft Court, Rockville, Md. 20850; 301-728-7920; fax: 301-309-6931

Staff	
Physicians	1,400
Patients/physician	375
Board-certified	82%
Specialists	5,500
Administrative	3
Marketing	130
Facilities	
Hospitals	75
Pharmacies	850
Diagnostic labs	4
Locations	
Administrative	3
Users	
Employer/payer groups	3,140
Single coverage	15,209
Family coverage	10,853
Employees & dependents	49,231
Total	49,231
Average hospital stay	4.1 days
Hospital admission/1,000 members	245.6

Operational date: August 1988.
Certified in: Maryland and Virginia.
Model type: IPA.
For profit.
Ownership: Mid Atlantic Medical Services Inc.
Service area: Virginia.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology but excluding prescription drugs. Options include vision, dental and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating: $109.03 single, $295.29 family; community rating by class; adjusted community rating. Offers point-of-service contracts, 86% of members are enrolled.
Management reports: Provided annually.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Gross revenues: $9.8 million in 1990; $397,000 in 1989.
Officers: George T. Jochum, president; Charles O. Johnston, executive director; Dr. Eric R. Baugh, medical director; Joseph L. Guarriello, chief financial officer/secretary; Gail Gilpin, assistant secretary.

Potomac Health

100 S. Charles St., Baltimore, Md. 21201; 410-528-7000; fax: 410-528-7016

Staff	
Physicians	187
Patients/physician	524
Board-certified	98%
Specialists	1,200
Administrative	268
Marketing	17
Facilities	
Hospitals	34
Pharmacies	350
Locations	
Administrative	1
Primary care	33

Operational date: October 1988.
Certified in: Maryland.
Model type: Network.
For profit.
Service area: Maryland, District of Columbia.
Services: Standard package, including vision, substance abuse, psychiatric services, podiatry, obstetrics/gynecology. Options include vision, dental, substance abuse, psychiatric services, durable medical equipment, prescription drug and prosthetic devices. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.
Rating options: Community rating: $83.00 single, $248.00 family; community rating by class; experience rating.

Principal HealthCare Inc.

1801 Rockville Pike, Suite 601, Rockville, Md. 20852; 301-881-1033; fax: 301-231-0020

Staff	
Administrative	535
Marketing	45
Users	
Employer/payer groups	944
Single coverage	32,941
Family coverage	89,680
Employees & dependents	165,742
Total	165,742
Average hospital stay	4.1 days
Hospital admission/1,000 members	258

Operational date: January 1987.
Certified in: Alabama, Florida, Delaware, Louisiana, Illinois, Iowa, Nebraska, Kansas, Missouri and Ohio.

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president; Alan O'Brien, executive director; Dr. Fel G. Davies, medical director; Peter Falzarine, marketing director; Lawrence Calabrese, vp-underwriting; Robert E. Brown, vp-finance.

Blue Choice

150 E. Main St., Rochester, N.Y. 14647; 716-454-1700; fax: 716-238-4400

Staff	
Physicians	795
Patients/physician	400
Specialists	1,043
Marketing	20
Facilities	
Hospitals	1
Diagnostic labs	18
Locations	
Administrative	1
Users	
Employer/payer groups	3,500
Single coverage	57,441
Family coverage	91,717
Total	339,058
Average hospital stay	4.5 days
Hospital admission/1,000 members	87.8

Operational date: January 1985.
Certified in: New York.
Model type: IPA.
Ownership: Blue Cross/Blue Shield of the Rochester Area.
Service area: Livingston, Monroe, Ontario, Wayne, Yates and Seneca counties in New York.
Services: Standard package, including experimental procedures, vision, substance abuse, psychiatric services, obstetrics/gynecology. Options include prescription drug and external prosthetics. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating: $102.29 single, $271.06 family.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.
Management reports: Provided annually.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $257.9 million in 1990; $205.1 million in 1989.
Officers: Howard Berman, president; Cleve Killingsworth, executive director; Dr. Joseph Stankaitis, medical director; Kevin Magee, marketing director.
Contact: Jana Jones.

Capital District Physicians' Health Plan

1 Columbia Circle, Albany, N.Y. 12203; 518-452-1941; fax: 518-452-0003

Staff	
Physicians	321
Board-certified	84%
Specialists	1,112
Administrative	108
Marketing	14
Facilities	
Hospitals	12
Pharmacies	1 chain
Diagnostic labs	6
Locations	
Administrative	1
Users	
Employer/payer groups	869
Single coverage	21,807
Family coverage	23,345
Employees & dependents	98,388
Total	98,388
Average hospital stay	4.2 days
Hospital admission/1,000 members	86

Operational date: April 1984.
Certified in: New York.
Model type: IPA.
Not for profit.
Service area: Saratoga, Schenectady, Albany, Greene, Columbia and Rensselaer counties in New York.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, hospice, home health, skilled nursing, emergency services, physical therapy, occupation/speech therapy. Options include vision, dental and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating: $117.68 single, $311.86 family.
Management reports: Provided annually or upon request.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $107.8 million in 1990; $79 million in 1989.
Officers: Dr. John H. Carter, president/chairman of the board; Vincent G. Portelli, executive director; Dr. Seth Blumberg, medical director; John R. Brannon, marketing director; Pam Wilkes, director-health care services; Don Baird, director-MIS; Diane Bergman, director-internal operations; Mary Connelly, director-finance.
Contact: John Brannon.

ChoiceCare, Long Island

395 N. Service Road, Melville, N.Y. 11747-3127; 516-694-4000; fax: 516-694-5780

Staff	
Physicians	400
Patients/physician	76
Board-certified	76%
Specialists	454
Administrative	50
Marketing	10
Facilities	
Pharmacies	35,000
Locations	
Administrative	1
Users	
Employer/payer groups	250
Single coverage	4,552
Family coverage	6,828
Employees & dependents	30,000
Total	30,349
Average hospital stay	4.5 days
Hospital admission/1,000 members	100

Operational date: January 1986.
Certified in: New York.
Model type: IPA.
Not for profit.
Ownership: Winthrop University Hospital, Health Care Plan.
Service area: Queens, Nassau and Suffolk counties in New York.
Services: Standard package, including vision, substance abuse, psychiatric services, podiatry, obstetrics/gynecology. Options include dental, substance abuse, psychiatric services, durable medical equipment and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating: $139.38 single, $366.72 family. Offers point-of-service contracts, less than 1% of members are enrolled. Offers non-federally qualified programs to employers.
Management reports: Provided annually.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $27.5 million in 1990; $18.4 million in 1989.
Officers: David S. Reynolds, president; Dr. Steven Christianson, medical director; Thomas D. Delaney, senior director-marketing; Lloyd Straus, chief financial officer; Sharon Smith-Daly, senior director-health services; Russell Kautowsky, senior director-planning.
Contact: Thomas D. Delaney.

CIGNA Healthplan of New York Inc.

1010 Northern Blvd., Suite 324, Great Neck, N.Y. 11021; 516-466-1000; fax: 516-466-1125

Staff	
Physicians	544
Patients/physician	500
Board-certified	87%
Specialists	689
Facilities	
Hospitals	130
Pharmacies	590
Diagnostic labs	22
Locations	
Administrative	2
Primary care	2,666
Users	
Total	41,584

Operational date: April 1985.
Federally qualified.
Certified in: New York.
Model type: IPA.
For profit.
Ownership: CIGNA Corp.
Service area: Brooklyn, Bronx, Manhatten, Nassau, Queens, Staten Island and Suffolk in New York.
Services: Standard package, including experimental procedures, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, skilled nursing/extended facilities, short-term rehabilitation and physical therapy, external prosthesis and hearing screening. Options include vision and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating. community rating by class, adjusted community rating. Offers point-of-service contracts. Offers non-federally qualified programs to

Continued on next page

True cost containment is achieved through experience and efficiency. In a word... ECKERD.

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Efficiency is the result of experience... and almost 50 years of serving the prescription needs of individuals and organizations is experience.

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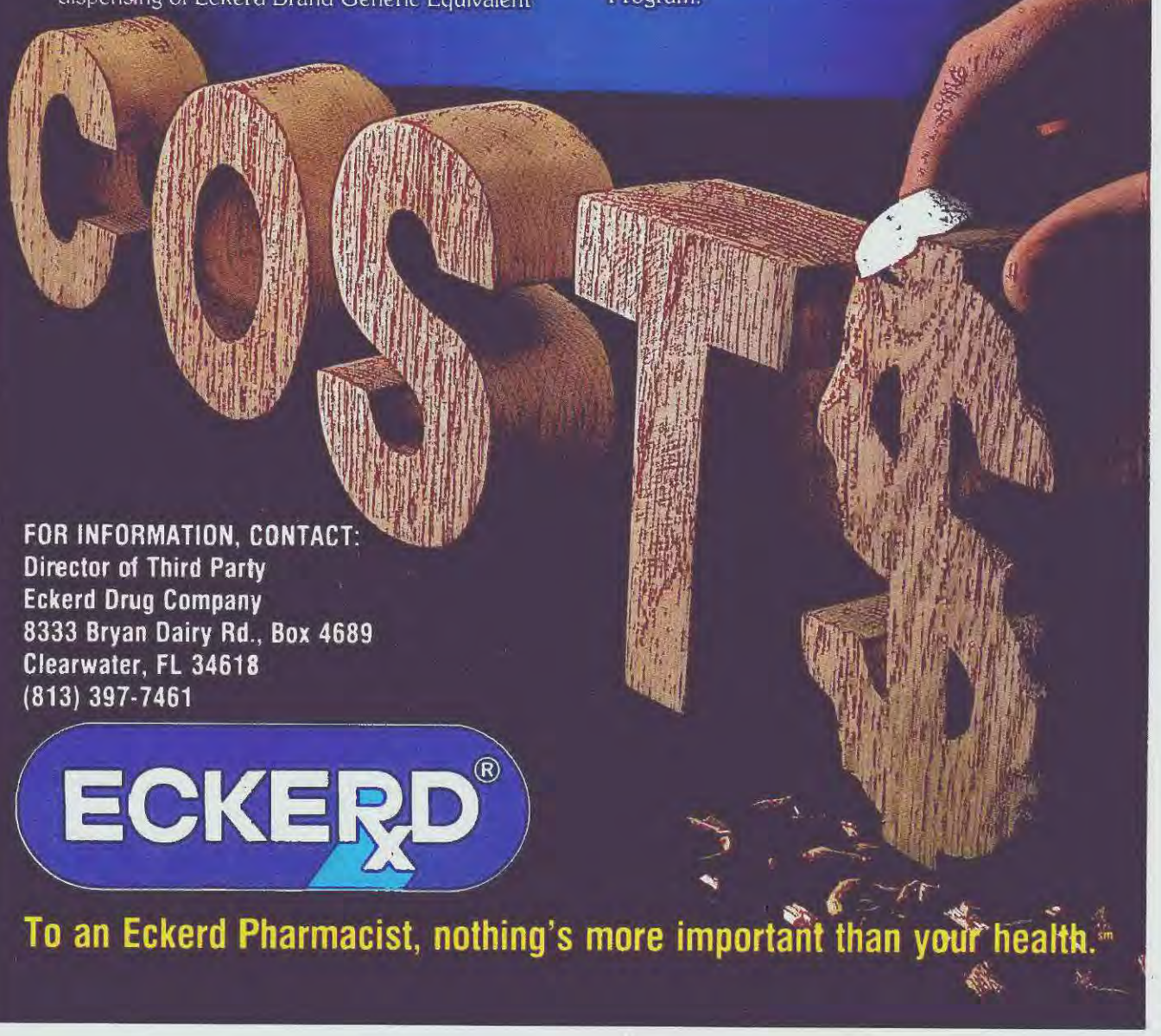
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Our program includes specific cost-containment techniques, such as utilization reporting, the dispensing of Eckerd Brand Generic Equivalent drugs, and our wholesale pricing formula for medications.

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Eckerd Drug Company
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Clearwater, FL 34618
(813) 397-7461

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Continued from previous page
employers.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Officers: Steve Sparer, plan manager; Dr. Jonathan Kaplan, medical director.

Contact: Steve Sparer.

See CIGNA Corp. under Connecticut.

Community Blue/ Blue Cross of Western New York Inc.

1901 Main St., P.O. Box 159, Buffalo, N.Y. 14240-0159; 716-884-2800; fax: 716-887-8614

Staff	
Physicians	964
Patients/physician	131
Board-certified	70%
Specialists	979
Administrative	7
Marketing	16
Facilities	
Hospitals	40
Pharmacies	420
Diagnostic labs	2
Locations	
Administrative	1
Users	
Employer/payer groups	1,149
Single coverage	15,414
Family coverage	33,134
Employees & dependents	125,171
Total	126,160
Average hospital stay	4.4 days
Hospital admission/1,000 members	104.1

Operational date: August 1985.
Certified in: New York.
NCQA qualification pending.
Model type: IPA.
Not for profit.
Ownership: Blue Cross of Western New York Inc.

Service area: Erie, Niagara, Wyoming, Chautauqua, Orleans, Cattaraugus, Allegany and Genesee counties in New York.

Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, ways-to-wellness, MRI services, skilled nursing services and hospice. Options include prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating: $100.15 single, $270.41 family.

Enrollment options: Individual enrollment is allowed.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA.

Gross revenues: $133 million in 1990; $121 million in 1989.

Officers: Mary Lee Campbell-Wisley, vp-alternative delivery systems; Dr. Charles W. Pruet, corporate medical director; Lisbeth L. Walls, vp-marketing.

Contact: Mary Lee Campbell-Wisley.

Community Health Plan

1201 Troy-Schenectady Road, Latham, N.Y. 12110; 518-783-1864; fax: 518-7851109

Staff	
Physicians	441
Patients/physician	1,750
Board-certified	95%
Specialists	976
Administrative	300
Marketing	52
Facilities	
Hospitals	36
Pharmacies	212
Diagnostic labs	8
Locations	
Administrative	6
Primary care	25
Users	
Employer/payer groups	5,000
Single coverage	34,098
Family coverage	38,059
Employees & dependents	184,566
Total	192,433
Average hospital stay	5 days
Hospital admission/1,000 members	87

Operational date: January 1977.
Federally qualified.
Certified in: New York, Massachusetts, Vermont.
Model type: Mixed.
Not for profit.

Service area: Berkshire, Franklin and Hampshire counties in Massachusetts; 22 counties in New York; Addison, Bennington, Chittenden, Franklin, Lamoille, Rutland, Washington, Windham, Windsor and portions of Orange and Grand Isle counties in Vermont.

Services: Standard package, including vision, substance abuse, psychiatric services, obstetrics/gynecology. Options include vision, dental, durable medical equipment and prescription drug. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.

Rating options: Community rating: $124.88 single, $330.48 family. Offers point-of-service contracts.

Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.

Management reports: Provided annually upon request.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Gross revenues: $221.8 million in 1990; $186.3 million in 1989.

Officers: John Baackes, president; Dr. Stanley Kilty, medical director; Maureen West, marketing director; Warren Paley, director/chairman; Alden Doolittle, vp; David Whitaker, treasurer.

Contact: Maureen West.

Empire Blue Cross/Blue Shield HealthNet

622 3rd Ave., N.Y., N.Y. 12202; 212-476-3619; fax: 212-476-3870

Staff	
Physicians	1,500
Patients/physician	86
Board-certified	75%
Specialists	5,500
Facilities	
Hospitals	232
Pharmacies	3,000
Diagnostic labs	1
Locations	
Administrative	1
Primary care	3
Users	
Employer/payer groups	1,931
Employees & dependents	132,000
Total	132,000
Average hospital stay	5.2 days
Hospital admission/1,000 members	82

Operational date: July 1986.
Certified in: New York.
Model type: Group/IPA.
Ownership: Empire Blue Cross/Blue Shield.

Service area: 21 counties in New York.

Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include prescription drug only. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating: $168 single, $395 family. Offers point-of-service contracts.

Enrollment options: Individual enrollment is allowed.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA.

Officers: Albert Cardone, president; Kevin M. O'Neill, executive director; Michael Bihari, medical director.

Foundation Health Plan

8278 Willett Parkway, Baldwinsville, N.Y. 13027; 315-638-2133; fax: 315-635-4685

Staff	
Physicians	108
Patients/physician	147
Board-certified	80%
Specialists	236
Facilities	
Hospitals	3
Pharmacies	29
Diagnostic labs	1
Locations	
Administrative	2
Primary care	250
Users	
Employer/payer groups	160
Single coverage	2,115
Family coverage	3,158
Employees & dependents	12,874
Total	15,975
Average hospital stay	4 days
Hospital admission/1,000 members	433

Operational date: May 1988.
Certified in: New York.
Model type: IPA.
For profit.
Ownership: Blue Cross/Blue Shield of Central New York Inc.

Service area: Broome and Tioga counties in New York; portions of Chenango and Cortland counties in New York; parts of Susquehanna and Bradford counties in Pennsylvania.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include substance abuse, psychiatric services and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating: $146.36 single, $364.14 family.

Management reports: Provided annually or upon request.

Billing: National accounts program with consolidated billing available.

Gross revenues: $52.1 million in 1990; $51.8 million in 1989.

Officers: George W. Manton, president; Michael McLean, executive vp-IPA Operations; Dr. Edward Cox, medical director; James N. Jerose, senior vp-marketing.

Contact: Michael McLean.

Group Health

150 E. Main St., Gateway Centre, Rochester, N.Y. 14647; 716-454-1700; fax: 716-238-4400

Staff	
Physicians	37
Patients/physician	1,250
Board-certified	95%
Specialists	54
Administrative	12
Marketing	25
Facilities	
Hospitals	6
Pharmacies	4
Diagnostic labs	4
Locations	
Administrative	1
Primary care	4
Users	
Employer/payer groups	1,945
Single coverage	2,800
Family coverage	7,467
Employees & dependents	27,804
Total	39,886
Average hospital stay	4.4 days
Hospital admission/1,000 members	70.1

Operational date: August 1973.
Certified in: New York.
Model type: Group.
Not for profit.
Ownership: Blue Cross and Blue Shield of the Rochester Area.

Service area: Monroe, Wayne, Livingston, Ontario counties in New York.

Services: Standard package, including vision, substance abuse, psychiatric services, podiatry, obstetrics/gynecology. Options include prescription drug. Diagnostic testing and lab work performed by the HMO.

Rating options: Community rating: $100.53 single, $267.82 family. Offers point-of-service contracts. Offers non-federally qualified programs to employers.

Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA.

Gross revenues: $67.7 million in 1990; $61.4 million in 1989.

Officers: Howard Berman, president; Margaret L. Montaglion, vp; Dr. Kathleen A. Ackerman, medical director; Kevin Magee, vp-marketing.

Contact: Kristen Scholl, 716-238-4208.

Health Insurance Plan of Greater New York*

220 W. 58th St., New York, N.Y. 10019; 212-956-8000; fax: 212-582-9635

Staff	
Physicians	1,087
Patients/physician	1,007
Specialists	2,230
Administrative	465
Marketing	155
Facilities	
Hospitals	65
Pharmacies	1,000
Locations	
Administrative	4
Primary care	1,600
Users	
Employer/payer groups	7,292
Single coverage	227,387
Family coverage	208,082
Employees & dependents	997,519
Total	1.1 million

Operational date: 1947.
Certified in: New York, New Jersey, Florida.
Model type: Group.
Not for profit.

Service area: New York; New Jersey; Broward, Dade and Palm Beach counties in Florida.

Services: Standard package, including vision, substance abuse, psychiatric services, podiatry, obstetrics/gynecology. Options include prescription drug, dental, durable medical equipment. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.

Rating options: Community rating: $113.83 single, $295.98 family; community rating by class; adjusted community rating.

Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Gross revenues: $1.3 billion in 1990; $1.1 billion in 1989.

Officers: Anthony L. Watson, president; Bernard Neeck, executive vp; Dr. Jesse Jampol, medical director; John J. Klitsch Jr., marketing.

Contact: 212-373-5399.

*Figures are corporate, including all HMOs sponsored by Health Insurance Plan of Greater New York.

Health Insurance Plan of Greater New York

220 W. 58th St., New York, N.Y.; 212-956-8000; fax: 212-582-9635

Staff	
Physicians	579
Patients/physician	1,543
Board-certified	69%
Specialists	1,063
Administrative	134
Marketing	106
Facilities	
Hospitals	22
Pharmacies	900
Locations	
Administrative	1
Primary care	53
Users	
Employer/payer groups	4,227
Single coverage	203,035
Family coverage	190,828
Employees & dependents	800,417
Total	893,837
Average hospital stay	6.8 days
Hospital admission/1,000 members	59.7

Operational date: March 1947.
Certified in: New York.
Model type: Group.
Not for profit.

Service area: New York City.

Services: Standard package, including vision, substance abuse, psychiatric services, podiatry, obstetrics/gynecology. Options include dental, durable medical equipment, inpatient substance abuse, outpatient psychiatric services. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.

Rating options: Community rating: $113.83 single, $295.98 family.

Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.

Management reports: Provided upon request.

Gross revenues: $1.1 billion in 1990; $879.5 million in 1939.

Officers: Anthony L. Watson, president; Bernard Neeck, executive vp; Dr. Jesse Jampol, medical director; John J. Klitsch Jr., vp-marketing; Steven Cohen, senior vp; Maxine Fass, general counsel/corporate secretary; Stephen Lewis, senior vp-corporate affairs; Victor Rondina, senior vp; Eileen Winterabull, vp-corporate administration; Karen Wintringham, vp-corporate development; Fred Blickman, vp-human resources.

Contact: 212-373-5399.

See Health Insurance Plan of Greater New York corporate listing under New York.

Independent Health*

777 International Dr., Buffalo, N.Y. 14221; 716-631-5731; fax: 716-631-0430

Staff	
Physicians	1,309
Board-certified	75%
Specialists	2,191
Administrative	306
Marketing	32
Facilities	
Hospitals	83
Pharmacies	476
Diagnostic labs	31
Locations	
Administrative	4
Users	
Employer/payer groups	2,389
Single coverage	51,609
Family coverage	66,822
Employees & dependents	269,634
Total	269,634
Average hospital stay	4.1 days

Operational date: February 1980.
Federally qualified.
Certified in: New York.
Model type: IPA.
Not for profit.

Service area: 20 counties in New York.

Services: Standard package varies with plan.

Rating options: Community rating varies by plan.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA.

Gross revenues: $260 million in 1990; $195.8 million in 1989.

Officers: Frank Colantuono, president; William McHugh, executive vp; Frederick B. Cohen, vp/general counsel; Mark Johnson, vp-finance.

Contact: Jodi Hollander, corporate director-advertising/communications.

*Figures are corporate, including all HMOs owned by Independent Health.

Independent Health

511 Farber Lakes Dr., Buffalo, N.Y. 14221; 716-631-5392; fax: 716-631-2891

Staff	
Physicians	614
Board-certified	63%
Specialists	1,000
Administrative	130
Marketing	11
Facilities	
Hospitals	30
Pharmacies	300
Diagnostic labs	15
Locations	
Administrative	1
Users	
Employer/payer groups	1,100
Single coverage	27,335
Family coverage	40,327
Employees & dependents	158,000
Total	158,000
Average hospital stay	4.2 days
Hospital admission/1,000 members	100

Operational date: February 1980.
Federally qualified.
Certified in: New York.
Model type: IPA.
Not for profit.

Service area: Erie, Niagara, Chautauqua, Cattaraugus, Allegany, Wyoming, Genesee and Orleans counties in New York.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology but excluding prescription drug. Options include vision, dental and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating: $86.94 single, $235.17 family.

Management reports: Provided quarterly or upon request.

Gross revenues: $138 million in 1990; $105 million in 1989.

Officers: Frank Colantuono, president/executive director; Dr. Robert Kohn, medical director; Jack Hoerner, marketing director; Dennis Horrigan, director-health care services; David Syposs, director-MIS; David Liddle, director-internal operations; Nathan Powell, director-finance

Contact: Jack Hoerner.

See Independent Heath corporate listing under New York.

Independent Health

220 White Plains Road, Tarrytown, N.Y. 10591; 914-631-0939; fax: 914-631-4870

Staff	
Physicians	374
Board-certified	88%
Specialists	507
Administrative	24
Marketing	7
Facilities	
Hospitals	41
Pharmacies	175
Diagnostic labs	10

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Locations	
Administrative	1
Users	
Employer/payer groups	420
Single coverage	2,467
Family coverage	3,150
Employees & dependents	13,246
Total	13,246
Average hospital stay	4 days
Hospital admission/1,000 members	85

Operational date: May 1986.
Federally qualified.
Certified in: New York.
Model type: IPA.
Not for profit.
Service area: Dutchess, Orange, Putnam, Rockland, Ulster and Westchester counties in New York.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating: $129.71 single, $332.06 family.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $14.2 million in 1990; $11.8 million in 1989.
Officers: Frank Colantuono, president; William Yurkowski, executive director; Dr. Herbert Sperling, medical director; Peter Osinski, marketing director; Polly Ziskind, director-health care services; Hugh Downey, director-finance.
Contact: Peter Osinski.
See Independent Health corporate listing under New York.

Independent Prepaid Health Plan

8278 Willett Parkway, Baldwinsville, N.Y. 13027; 315-638-2133; fax: 315-635-4685

Staff	
Physicians	142
Patients/physician	105
Board-certified	90%
Specialists	570
Facilities	
Hospitals	7
Pharmacies	35
Diagnostic labs	5
Locations	
Administrative	1
Primary care	542
Users	
Employer/payer groups	257
Single coverage	1,612
Family coverage	2,292
Employees & dependents	9,520
Total	14,953
Average hospital stay	4.8 days
Hospital admission/1,000 members	541

Operational date: May 1988.
Certified in: New York.
Model type: IPA.
Ownership: Blue Cross/Blue Shield of Central New York Inc.
Service area: Onondaga, Oswego and portions of Madison, Cayuga and Cortland counties in New York.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision, substance abuse, psychiatric services and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating: $146.19 single, $366.50 family.
Management reports: Provided quarterly or upon request.
Billing: National accounts program with consolidated billing available.
Gross revenues: $52.1 million in 1990; $51.8 million in 1989.
Officers: George W. Manton, president; Michael McLean, executive vp-IPA operations; Dr. Bruce Chamberlain, medical director; James N. Jerose, senior vp-marketing.

MVP Health Plan

111 Liberty St., Schenectady, New York 12305; 518-370-4793; fax: 518-370-0830

Staff	
Physicians	686
Patients/physician	173
Board-certified	78%
Specialists	922
Administrative	170
Marketing	10
Facilities	
Hospitals	38
Pharmacies	9,600
Diagnostic labs	12
Locations	
Administrative	3
Users	
Employer/payer groups	918
Single coverage	18,105
Family coverage	28,060
Employees & dependents	114,500
Total	115,503
Average hospital stay	4.4 days
Hospital admission/1,000 members	83.6

Operational date: July 1983.
Federally qualified.
Certified in: New York.
Model type: IPA.
Not for profit.
Service area: 17 counties in New York.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision, dental, prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating: $101.67 single, $254.18 family.
Enrollment options: Individual enrollment allowed.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $3.8 million in 1990; $1.8 million in 1989.
Officers: David Oliker, president; Dr. Richard Lange, vp-medical affairs; Mary Bianchi, associate marketing director; R. Bruce Bickford, director-operations; Joseph Doherty, director-finance; Linda Hutchins, director-health services; Dorothy Hartpence, director-member services.

Managed Health Inc.

410 Lakeville Road, New Hyde Park, N.Y. 11042; 516-352-2999; fax: 516-352-4292

Staff	
Physicians	30
Patients/physician	50
Board-certified	92%
Specialists	35
Administrative	5
Marketing	7
Facilities	
Hospitals	2
Pharmacies	1,000
Diagnostic labs	7
Locations	
Administrative	1
Primary care	3
Users	
Employer/payer groups	30
Single coverage	404
Family coverage	346
Employees & dependents	1,513
Total	1,513
Average hospital stay	7 days
Hospital admission/1,000 members	59

Operational date: October 1990.
Certified in: New York.
Model type: Group.
Ownership: Insurer.
Service area: Nassau and Queens counties in New York.
Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include dental and prescription drug. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.
Rating options: Community rating: $137 single, $343 family.
Management reports: Provided annually.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $321,983 in 1990.
Officers: Dr. Jack Resnick, president/executive director; Dr. Daniel Reinharth, medical director; Richard Densing, marketing director; Neil Vogel, executive vp-planning/external affairs; Anthony LeFante, vp-finance.

MetLife Health Care Network-New York Inc.

1983 Marcus Ave., Suite 240, Lake Success, N.Y. 11042-1016; 516-326-5111

Staff	
Physicians	985
Specialists	1,840
Facilities	
Hospitals	43

Operational date: 1987.
Certified in: New York.
Model type: IPA.
For profit.
Ownership: Metropolitan Life Insurance Co.
Service area: New York, Richmond, Kings, Queens, Bronx, Nassau, Suffolk and Westchester counties in New York; Mercer, Bergen, Morris, Passaic, Hudson, Union, Somerset, Middlesex, Monmouth and Essex counties in New Jersey.
Services: Standard package. Options include prescription drug, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class.
Management reports: Provided annually.
Billing: National accounts program with consolidated billing available.
Officers: Michael Jaeger, president; John Poland, vp-operations.

Patients' Choice Inc.

90 Presidential Plaza, Corporate Center, Syracuse, N.Y. 13202; 315-476-0874 or 800-999-0834; fax: 315-478-8028

Staff	
Physicians	231
Specialists	534
Marketing	5
Facilities	
Hospitals	6
Pharmacies	51
Diagnostic labs	8
Locations	
Administrative	1
Users	
Employer/payer groups	135
Single coverage	3,798
Family coverage	5,823
Employees & dependents	23,825
Total	23,825
Hospital admission/1,000 members	68

Operational date: October 1986.
Certified in: New York.
Model type: IPA.
For profit.
Service area: Cortland, Cayuga, Madison, Onondaga, Oswego counties in New York.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, obstetrics. Options include vision, dental, extended skilled nursing facilities, student and non-student/dependent coverage, COBRA billing for client, prescription drug.
Rating options: Community rating: $134 single, $362.08 family.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.
Gross revenues: $27.3 million in 1990; $18.1 million in 1989.
Officers: Dr. Richard Eberle, president/medical director; Gregg Coughlin, executive director; Dr. John Michaels, medical director; Eileen H. Wilson, marketing director.

Physicians Health Services of New York Inc.

Crosswest Office Center, 399 Knollwood Road, Suite 212, White Plains, N.Y. 10603-1900; 914-682-8006; fax: 914-682-5692

Staff	
Physicians	278
Patients/physician	43
Board-certified	82%
Specialists	322
Administrative	8
Marketing	12
Facilities	
Hospitals	8
Pharmacies	225
Diagnostic labs	8
Locations	
Administrative	2
Primary care	300
Users	
Employer/payer groups	410
Single coverage	3,232
Family coverage	2,672
Employees & dependents	11,837
Total	11,852
Average hospital stay	5.6 days
Hospital admission/1,000 members	458

Operational date: June 1987.
Federally qualified.
Certified in: New York.
NCQA qualification pending.
Model type: IPA.
For profit.
Service area: Westchester County and portions of Putnam County in New York.
Services: Standard package, including inpatient/outpatient physical, occupational and speech therapy, home health care, skilled nursing facility, hospice, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision, dental and prescription drug. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.
Rating options: Community rating: $157.71 single, $390.19 family.
Management reports: Provided annually or upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Gross revenues: $11.5 million in 1990; $5.5 million in 1989.
Officers: Philip J. Passantino, president/executive director; Robin Deitrick, marketing director; Robert L. Natt, senior vp; Michael E. Herbert, president/chief executive officer.
Contact: Ellen Cavanaugh, administrator-corporate affairs, 120 Hawley Lane, Trumbull, Conn. 06611; 203-381-6520.

Preferred Care

259 Monroe Ave., Rochester, N.Y. 14607; 716-325-3950; fax: 716-325-3122

Staff	
Physicians	630
Patients/physician	300
Board-certified	100%
Specialists	1,400
Administrative	24
Marketing	21
Facilities	
Hospitals	9
Diagnostic labs	2
Locations	
Administrative	1
Primary care	4,725
Users	
Employer/payer groups	1,755
Single coverage	22,268
Family coverage	24,445
Employees & dependents	139,442
Total	144,242
Hospital admission/1,000 members	79.9

Operational date: August 1979.
Federally qualified.
Certified in: New York.
Model type: IPA.
Not for profit.
Ownership: Rochester Individual Practice Assn.
Service area: Monroe, Livingston, Wayne, Ontario, Genesee, Orleans, Yates, Wyoming and Seneca in New York.
Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include prescription drug only. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating: $103.67 single, $273.47 family.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $144.2 million in 1990; $125.1 million in 1989.
Officers: John Urban, president; John Johns, medical director; John Dabolt III, marketing director; Steve Ewing, vp-finance; Kathy Dahl, vp-human resources; Diane Soehner, vp-operations; Mary Moynihan, vp-quality improvement.

Prepaid Health Plan

8278 Willett Parkway, Baldwinsville, N.Y. 13027; 315-638-2133; fax: 315-4685

Staff	
Physicians	46
Patients/physician	944
Board-certified	90%
Specialists	350
Facilities	
Hospitals	4
Pharmacies	7
Diagnostic labs	1
Locations	
Administrative	1
Primary care	7
Users	
Employer/payer groups	380
Single coverage	2,115
Family coverage	3,158
Employees & dependents	20,220
Total	42,606
Average hospital stay	4.4 days
Hospital admission/1,000 members	328.3

Operational date: September 1977.
Federally qualified.
Certified in: New York.
Model type: Group.
Not for profit.
Ownership: Health Services Medical Corp. of Central New York Inc.
Service area: Onondaga and Cortland counties; portions of Madison, Oswego and Cayuga counties in New York.
Services: Standard package, including durable medical equipment, podiatry, obstetrics/gynecology, substance abuse, psychiatric services. Options include vision, dental, substance abuse, psychiatric services. Diagnostic testing and lab work performed by the HMO.
Rating options: Community rating: $124.54 single, $317.95 family.
Management reports: Provided annually or as requested.
Gross revenues: $56.5 million in 1990; $48 million in 1989.
Officers: Frederick F. Yanni Jr., president; Robert S. Wilkinson, executive vp; Dr. Jeffrey S. Sneider; James N. Jerose, senior vp-marketing.

Prepaid Health Plan/Slocum-Dickson Medical Network

8278 Willett Parkway, Baldwinsville, N.Y. 13027; 315-638-2133; fax: 315-635-4685

Staff	
Physicians	29
Patients/physician	168
Board-certified	85%
Specialists	60
Facilities	
Hospitals	6
Locations	
Administrative	2
Primary care	1
Users	
Employer/payer groups	87
Single coverage	658
Family coverage	798
Employees & dependents	3,457
Total	4,870
Average hospital stay	3.9 days
Hospital admission/1,000 members	359

Operational date: November 1987.
Certified in: New York.
Model type: Network.
Ownership: Health Services Medical Corp. of Central New York Inc.
Service area: Oneida and Herkimer counties in New York; eastern-half of Madison county in New York.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision, substance abuse, psychiatric services and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating: $116.17 single, $289.02 family.
Management reports: Provided annually or upon request.
Gross revenues: $56.5 million in 1990; $48 million in 1989.
Officers: Frederick F. Yanni, Jr., president; Robert S. Wilkinson, executive vp; Sidney Blatt, medical director; James N. Jerose, senior vp-marketing.

Prudential Health Care Plan of New York Inc.

140 Fall Court, Hauppauge, N.Y. 11788; 516-232-1943; fax: 516-232-2181

Staff	
Physicians	1,123
Patients/physician	31
Board-certified	75%
Specialists	1,633
Administrative	41
Marketing	7
Facilities	
Hospitals	28
Pharmacies	850
Diagnostic labs	4
Locations	
Administrative	2
Users	
Employer/payer groups	173
Employees & dependents	35,252
Total	35,252
Hospital admission/1,000 members	79

Operational date: December 1987.
Federally qualified.
Certified in: New York.
NCQA qualification pending.
Model type: IPA.
For profit.
Ownership: Prudential Insurance Co. of America.

Continued on next page

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Service area: 13 counties in New York.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology.Options include vision and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating by class. Offers point-of-service contracts, 91% of members are enrolled.

Management reports: Provided upon request.

Billing: National accounts program with consolidated billing available.

Officers: Anne Bossi, president; William Marino, vp-chief operating officer; Dr. Stanley Kramer, medical director; Louis Cella, marketing director.

Contact: David Gregory, associate manager; 201-631-9792.

Randmark Management-New York

1211 Connecticut Ave. N.W., Suite 200, Washington, D.C. 20006; 202-283-8800; fax: 202-466-3789

Staff	
Dentists	24
Patients/dentist	82
Specialists	12
Administrative	7
Marketing	4
Locations	
Administrative	1
Primary care	36
Users	
Single coverage	900
Total	2,000

Operational date: January 1991.
Certified in: New York.
Model type: IPA.
Service area: Dutchess, Orange, Rockland, Sullivan and Ulster counties in New York.
Services: Standard package, includes dental only.
Rating options: Community rating, adjusted community rating. Offers point-of-service contracts.
Enrollment options: Individual enrollment is allowed.
Management reports: Provided upon request.
Billing: National accounts program with consolidated billing available.
Officers: Marc Doctors, president; Dr. Randy Widen, chairman; Robert Wergin, chief executive officer; Dan Karateew, dental director; Annette Rolin, marketing director; Mike Lloyd, chief financial officer.
Contact: Annette Rolin.
See Randmark Management Inc. under District of Columbia.

Sanus Health Plan of Greater New York/New Jersey

75-20 Astoria Blvd., Jackson Heights, N.Y. 11370; 718-899-5200; fax: 718-397-7026

Staff	
Physicians	1,200
Patients/physician	120
Board-certified	80%
Specialists	1,400
Administrative	18
Marketing	11
Facilities	
Hospitals	67
Diagnostic labs	1
Locations	
Administrative	2
Primary care	2,000
Users	
Employer/payer groups	1,075
Employees & dependents	61,500
Total	61,500
Average hospital stay	5 days
Hospital admission/1,000 members	70

Operational date: October 1986.
Federally qualified.
Certified in: New York and New Jersey.
NCQA qualification pending.
Model type: Group/IPA.
For profit.
Ownership: Sanus Corp. Health Systems.
Service area: Manhattan, Brox, Brooklyn, Staten Island, Queens, Nassau, Suffolk, Westchester, Putnam and Rockland counties in New York; Hudson, Bergen, Union, Essex, Passaic, Morris and Somerset counties in New Jersey.
Services: Standard package, including substance abuse, psychiatric services, podiatry, obstetrics/gynecology. Options include vision, dental, durable medical equipment, prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating: $118.29 single, $301.64 family; community rating by class; adjusted community rating. Offers point-of-service contracts, 39% of members are enrolled.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries.
Management reports: Provided on a selected basis.
Gross revenues: $42.2 million in 1990; $23.4 million in 1989.
Officers: Joseph Lynaugh, president; Harry Blair, executive director; Joel Sender, Scott Cooper, medical directors; Steven Denes, marketing director.

Travelers Health Network of New York Inc.

620 Erie Blvd. W., Suite 202, Syracuse, N.Y. 13204; 315-479-6667; fax: 315-478-0401

Staff	
Physicians	135
Patients/physician	163
Board-certified	46%
Specialists	340
Administrative	20
Facilities	
Hospitals	6
Pharmacies	27
Locations	
Administrative	1
Users	
Total	22,047

Operational date: October 1985.
Federally qualified.
Model type: IPA.
For profit.
Ownership: The Travelers Cos.
Service area: Cayuga, Onondaga, Oswego, Madison counties in New York.
Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology. Options include prescription drug, family planning. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating. Offers point-of-service contracts.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: Dr. Rene Lerer, president; Kathryn Norton, executive director; Dr. William Naven, medical director.
Contact: Shelly Nakunz, product management analyst, 214-470-5865

Travelers Health Network of New York Inc.

701 Westchester Ave., White Plains, N.Y. 10604; 914-761-9102; fax: 914-287-4560

Staff	
Physicians	397
Patients/physician	28
Board-certified	22%
Specialists	1,100
Administrative	23
Facilities	
Hospitals	88
Pharmacies	940
Locations	
Administrative	4
Users	
Total	11,024

Operational date: October 1986.
Federally qualified.
Certified in: New York and New Jersey.
Model type: IPA.
For profit.
Ownership: The Travelers Cos.
Service area: New York, Bronx, Nassau, Westchester, Richmond, Kings, Rockland, Queens, Suffolk counties in New York; Bergen, Essex, Hudson, Morris, Passaic counties in New Jersey.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, artificial aids. Options include vision, family planning. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating. Offers point-of-service contracts, 6% of members are enrolled.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: Dr. Rene Lerer, president; Gerald McNair, executive director; Dr. Judith Taylor, medical director.
Contact: Shelley Nakunz, product management analyst, 214-470-5865.

U.S. Healthcare Inc.

1981 Marcus Ave., Suite E111, Lake Success, N.Y. 11042; 516-326-9320; fax: 516-326-9329

Staff	
Physicians	591
Patients/physician	286
Specialists	2,428
Administrative	101
Marketing	72
Facilities	
Hospitals	49
Pharmacies	355
Diagnostic labs	4
Locations	
Administrative	1
Users	
Employer/payer groups	3,666
Single coverage	49,000
Family coverage	40,000
Employees & dependents	169,000
Total	169,000
Average hospital stay	5.1 days
Hospital admission/1,000 members	70.5

Operational date: February 1986.
Federally qualified.
Certified in: New York.
NCQA qualification pending.
Model type: IPA.
For profit.
Ownership: U.S. Healthcare Inc.
Service area: 11 counties in New York.
Services: Standard package, including vision, dental, substance abuse, psychiatric services, podiatry, obstetrics/gynecology. Options include durable medical equipment and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating: $120.20 single, $293.10 family. Offers point-of-service contracts, less than 0.1% of members are enrolled.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Gross revenues: $150 million in 1990; $91.4 million in 1989.
Officers: Dr. Michael A. Stocker, president; Dr. Alan Bernstein, medical director.
See U.S. Healthcare Inc. corporate listing under Pennsylvania.

NORTH CAROLINA

Carolina Physicians' Health Plan Inc.

4020 W. Chase Blvd., Suite 450, Raleigh, N.C. 27607; 800-763-2747; fax: 919-833-3839

Staff	
Physicians	435
Patients/physician	35
Board-certified	95%
Specialists	771
Administrative	82
Marketing	12
Facilities	
Hospitals	21
Pharmacies	81
Diagnostic labs	1
Locations	
Administrative	1
Primary care	450
Users	
Employer/payer groups	84
Single coverage	5,721
Family coverage	5,558
Employees & dependents	28,493
Total	28,493
Average hospital stay	4.2 days
Hospital admission/1,000 members	72.9

Operational date: April 1985.
Certified in: North Carolina.
Model type: IPA.
For profit.
Ownership: Group of doctors.
Service area: 24 counties in North Carolina.
Services: Standard package, including durable medical equipment, podiatry, obstetrics/gynecology but excluding prescription drugs. Options include vision, dental, substance abuse, psychiatric services, prescription drugs. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class. Offers point-of-service contracts.
Management reports: Provided annually.
Gross revenues: $41.5 million in 1990; $25.6 million in 1989.
Officers: Dr. Robert H. Bilbro, president/chairman; Robert J. Greczyn, Jr., chief executive officer; Dr. Robert Harris, vp-medical affairs; John T. Roos, vp-sales/marketing Keith Benoit, vp-finance/administration; Catherine Ferry, vp-health services; Lew Kammer, vp-operations.

CIGNA HealthPlan of North Carolina Inc.- Raleigh

4011 W. Chase Blvd., Suite 290, Raleigh, N.C. 27607; 919-839-7800; fax: 919-839-7888

Staff	
Physicians	144
Patients/physician	550
Board-certified	87%
Specialists	394
Facilities	
Hospitals	8
Pharmacies	153
Diagnostic labs	1
Locations	
Administrative	2
Primary care	941
Users	
Total	7,987

Operational date: January 1986.
Certified in: North Carolina.
Model type: IPA.
For profit.
Ownership: CIGNA Corp.
Service area: 12 counties in North Carolina.
Services: Standard package, including experimental procedures, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, skilled nursing/extended facilities, short-term rehab/physical therapy, external prosthesis and hearing screening. Options include vision and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community ratingby class; adjusted community rating. Offers point-of-service contracts. Offers non-federally qualified programs to employers.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: Gloria Whitehead, executive director; Dr. Philip Stover, medical director.
Contact: Gloria Whitehead.
See CIGNA Corp. under Connecticut.

HMO of North Carolina Inc.

P.O. Box 2291, Durham, N.C. 27712; 919-490-4123; fax: 919-490-3755

Staff	
Physicians	136
Patients/physician	70
Board-certified	100%
Specialists	760
Administrative	8
Marketing	30
Facilities	
Hospitals	4
Locations	
Administrative	1
Primary care	4
Users	
Employer/payer groups	219
Employees & dependents	9,798
Total	9,798
Average hospital stay	6.0 days
Hospital admission/1,000 members	408.6

Operational date: July 198".
Certified in: North Carolina.
Model type: Group.
For profit.
Ownership: Blue Cross/Blue Shield of North Carolina.
Service area: 20 counties in North Carolina.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating: $130 single, $350 family.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $8.6 million in 1990; $3.4 million in 1989.
Officers: Thomas A. Rose, president; N. Earl Ridont, executive director; Dr. Don W. Bradley, medical director; Gerry Greene, marketing director.

Kaiser Foundation Health Plan of North Carolina

3120 Highwoods Blvd., Raleigh, N.C. 27604-1018; 919-981-6000; fax: 919-878-5835

Staff	
Physicians	90
Board certified physicians	84%
Specialists	435
Administrative/Marketing	797
Facilities	
Hospitals	7
Pharmacies	7
Diagnostic labs	7
Locations	
Administrative	2
Primary care	7
Users	
Employer/payer groups	505
Employees & dependents	104,058
Total	108,721
Average hospital stay	4.5 days
Hospital admission/1,000 members	71

Operational date: January 1985.
Federally qualified.
Certified in: North Carolina.
Model type: Group.
Not for profit.
Ownership: Southeast Permanente Medical Group, P.A.
Service area: Raleigh-Durham, N.C. area; Alamance, Cabarus, Caswell, Catawba, Chatham, Durham, Franklin, Gaston, Granville, Harnett, Iredell, Johnston, Lincoln, Mecklenburg, Nash, Orange, Person, Rowan, Stanley, Union, Vance, Wake counties in North Carolina; Chester, Lancaster and York counties in South Carolina.
Services: Standard package, including vision, substance abuse, dental, substance abuse, psychiatric services, podiatry, obstetrics/gynecology, physical, occupational and speech therapy, hemodialysis, extended care service in skilled nursing facilities, home health service. Options includes prescription drug and durable medical equipment. Diagnostic testing and lab work performed by the HMO facilities.
Rating options: Adjusted community rating.
Enrollment options: Contracts with the Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.
Management reports: Provided quarterly or annually upon request.
Billing: Provides management reports to payer groups quarterly, annually or upon request, provides direct billing under COBRA, national accounts program with consolidated billing available.
Gross revenues: $108 million in 1990; $79 million in 1989.
Officers: Wayne R. Moon, president-operations manager; Alvin Washington, regional manager; Dr. Harper Gaston, medical director; Anna Lore, manager-health plan.
See Kaiser Permanente Medical Care Program under California.

Lincoln National Health Plan

5540 Centerview Dr., Suite. 315, Raleigh, N.C. 27606; 919-851-5411; fax: 919-851-5590

Staff	
Physicians	80
Specialists	630
Facilities	
Hospitals	18

Officers: William Young, general manager; Christine Williams, plan director.
See Lincoln National Health Plan corporate listing under Indiana.

Continued on next page

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Personal Care Plan of North Carolina Inc.

P.O. Box 30004, Durham, N.C. 27702; 919-490-4001; fax: 919-490-3755

Staff	
Physicians	525
Patients/physician	61
Board-certified	98%
Specialists	2,200
Facilities	
Hospitals	16
Pharmacies	240
Locations	
Administrative	1
Primary care	175
Users	
Employer/payer groups	261
Employees & dependents	31,700
Total	31,700
Average hospital stay	4.2 days
Hospital admissions/1,000 members	68.4

Operational date: April 1986.
Federally qualified.
Certified in: North Carolina.
Model type: Network.
For profit.
Ownership: Blue Cross/Blue Shield of North Carolina.
Service area: North Carolina.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class, adjusted community rating. Offers non-federally qualified programs to employers.
Management reports: Provided annually or upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Gross revenues: $15.8 million in 1990; $18 million in 1989.
Officers: Thomas A. Rose, president; Dr. Don W. Bradley, executive director/medical director; Angela Ellen, marketing director.
Contact: Angela Ellen.

Physicians Health Plan of North Carolina (PHP)

2307 W. Cone Blvd., Suite 200, Greensboro, N.C. 27408; 919-282-0900; fax: 919-288-5206

Staff	
Physicians	300
Patients/physician	150
Board-certified	80%
Specialists	929
Administrative	63
Marketing	8
Facilities	
Hospitals	19
Pharmacies	310
Diagnostic labs	14
Locations	
Administrative	3
Primary care	23
Users	
Employer/payer groups	94
Single coverage	9,866
Family coverage	11,783
Employees & dependents	46,169
Total	46,169
Average hospital stay	4.8 days

Operational date: March 1985.
Certified in: North Carolina.
Model type: IPA.
For profit.
Ownership: Wesley Long Community Hospital, The Surgical Center of Greensboro.
Service area: 23 counties in North Carolina.
Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, prenatal program, nurse line. Options include out-of-area coverage. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Adjusted community rating. Offers point-of-service contracts, 2% of members are enrolled.
Management reports: Provided annually.
Gross revenues: $30.6 million in 1990; $21.3 million in 1989.
Officers: Frank Mascia, president-chief executive officer; Dr. Jeffrey Todd, medical director; Meg Sternberg, vp-marketing/development; Randy Stewart, vp-finance; Susan Craft, vp-operations.
Contact: Meg Sternberg.

PruCare of Charlotte

2100 Rexford Road, Suite 320, Charlotte, N.C. 28211; 704-365-6070; fax: 704-365-5684

Staff	
Physicians	52
Patients/physician	594
Board-certified	98%
Specialists	140
Administrative	12
Marketing	6
Facilities	
Hospitals	6
Pharmacies	56
Diagnostic labs	2
Locations	
Administrative	1
Primary care	20
Users	
Employer/payer groups	111
Single coverage	7,579
Family coverage	7,887
Employees & dependents	30,900
Total	30,900
Average hospital stay	4.5 days
Hospital admissions/1,000 members	60.1

Operational date: April 1985.
Federally qualified.
Certified in: North Carolina.
Model type: Group.
For profit.
Ownership: Prudential Insurance Co. of America.
Service area: Cabarrus, Gaston, Lincoln, Mecklenburg, Rowan and Union; portions of Iredell and Stanly counties in North Carolina; York County in South Carolina.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision, dental and prescription drug. Diagnostic testing and lab work performed by the HMO facilities.
Rating options: Community rating: $102.74 single, $287.67 family.
Enrollment options: Individual enrollment is allowed.
Management reports: Provided annually upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: David George, vp; David Patterson, director-group operations; Dr. C. Raymond Fernandez, medical director; Robert Ward, director-group marketing.
Contact: Bob Griffin, vp-group marketing.

NORTH DAKOTA

CareChoice

4510 13th Ave. S.W., Fargo, N.D. 58123; 701-282-1100

Staff	
Physicians	122
Patients/physician	32
Board-certified	40%
Specialists	183
Facilities	
Hospitals	19
Pharmacies	100
Locations	
Administrative	1
Primary care	26
Users	
Employer/payer groups	150
Employees & dependents	2,943
Total	3,905
Average hospital stay	4.7 days
Hospital admission/1,000 members	75

Operational date: October 1985.
Certified in: North Dakota.
Model type: IPA.
Not for profit.
Ownership: Blue Cross/Blue Shield of North Dakota.
Service area: 26 counties in North Dakota; Becker, Clay, Norman, Otter Tail, Polk, Wadena and Wilkin counties in Minnesota.
Services: Standard package, including prescription drug, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating, community rating by class.
Enrollment options: Individual enrollment is allowed.
Management reports: Provided

Continued on next page

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CAREMARK
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Continued from previous page
upon request.

Billing: Provides direct billing for premiums under COBRA.

Gross revenues: $5.3 million in 1990; $12.1 million in 1989.

Officers: Michael Unhjem, president; Bob Carlson, executive director; Dr. Richard Lessard, medical director; Tom Colquhoun, marketing director.

OHIO

Aetna Health Plans of Northern Ohio

3690 Orange Place, Suite 200, Cleveland, Ohio 44122; 216-464-2722; fax: 216-464-2723

Staff	
Physicians	455
Patients/physician	190
Specialists	859
Facilities	
Hospitals	33
Pharmacies	10
Diagnostic labs	134
Locations	
Administrative	1
Users	
Employer/payer groups	209
Total	45,000
Average hospital stay	4.2 days
Hospital admission/1,000 members	68.2

Operational date: December 1983.
Certified in: Ohio.
Model type: IPA.
For profit.
Ownership: Aetna Life Insurance Co.
Service area: 11 counties in Ohio, portions of Huron and Trumbull counties in Ohio.
Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology.Options include dental and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating. Offers point-of-service contracts.
Management reports: Provided quarterly or upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: James Bernard, market manager; David K. Ellwanger, executive director; Dr. Michael Eleff, medical director; Doug Timbrook, marketing director.
See Aetna Life Insurance Co. under Texas.

CIGNA HealthPlan of Ohio Inc.

5800 Lombardo Center, Suite 200, Cleveland, Ohio 44131; 216-642-2920; fax: 216-642-2990

Staff	
Physicians	346
Patients/physician	500
Board-certified	87%
Specialists	841
Facilities	
Hospitals	30
Pharmacies	400
Diagnostic labs	50
Locations	
Administrative	2
Primary care	2,250
Users	
Total	34,054

Operational date: April 1987.
Federally qualified.
Certified in: Ohio.
Model type: IPA.
For profit.
Ownership: CIGNA Corp.
Service area: 12 counties in Ohio.
Services: Standard package, including experimental procedures, substance abuse, psychiatric services, durable medical equipment, and extended, skilled nursing andextended facilities, short-term rehabilitation/ physical therapy, external prosthesis and hearing screening. Options include vision and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating, community rating by class; adjusted community rating. Offers point-of-service contracts.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: Gordon Church, executive director; Dr. Gerald Herman, medical director.
Contact: Gordon Church.
See CIGNA Corp. under Connecticut.

CIGNA HealthPlan of Ohio Inc.

445 Hutchinson Ave., Suite 900, Columbus, Ohio 43235; 614-847-7100; fax: 614-847-7146

Staff	
Physicians	231
Patients/physician	500
Board-certified	87%
Specialists	686
Facilities	
Hospitals	16
Pharmacies	95
Diagnostic labs	5
Locations	
Administrative	2
Primary care	1,395
Users	
Total	35,059

Operational date: May 1985.
Federally qualified.
Certified in: Ohio.
Model type: IPA.
For profit.
Ownership: CIGNA Corp.
Service area: 11 counties in Ohio.
Services: Standard package, including experimental procedures, substance abuse, psychiatric services, durable medical equipment, and extended, skilled nursing and extended facilities, short-term rehabilitation physical therapy, external prosthesis and hearing screening. Options include prescription drug and vision. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating, community rating by class, adjusted community rating. Offers point-of-service contracts.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: Gordon Church, executive director; Dr. Linda Yazvac, medical director.
Contact: Gordon Church.
See CIGNA Corp. under Connecticut.

ChoiceCare/Midwest Foundation Independent Physician Assn.

655 Eden Park Drive, Suite 400, Cincinnati, Ohio 45202; 513-784-5210; fax: 513-784-5300

Staff	
Physicians	736
Patients/physician	198
Board-certified	98%
Specialists	729
Administrative	215
Marketing	35
Facilities	
Hospitals	17
Pharmacies	385
Diagnostic labs	40
Locations	
Administrative	2
Users	
Employer/payer groups	400
Single coverage	19,913
Family coverage	36,054
Employees & dependents	144,029
Total	145,839
Average hospital stay	4.7 days
Hospital admission/1,000 members	86

Operational date: March 1979.
Federally qualified.
Certified in: Ohio, Kentucky.
Model type: IPA.
Not for profit.
Service area: Butler, Hamilton, Warren, Clinton, Clermont and Brown counties in Ohio; Boone, Kenton, Campbell, Grant and Pendleton counties in Kentucky.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology.Options include prescription drug and extended substance abuse.
Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts, less than 1% of members are enrolled.
Management reports: Provided quarterly.
Gross revenues: $158.8 million in 1990; $126.7 million in 1989.
Officers: Dr. Daniel A. Gregorie, chief executive officer/president; Larry D. Savage, senior vp-administration; Dr. Robert Eidus, senior vp-chief medical director; John Tepe, senior vp-marketing/sales; Jane Rollinson, senior vp-finance/chief financial officer; Byron Smith, senior vp-information systems; Dr. Michael Barbert, vp-medical director.
Contact: Terri Hornbach, director-public relations.

Family Health Plan

333 14th Street, Toledo, Ohio 43624; 419-241-6501

Staff	
Physicians	130
Patients/physician	144
Board-certified	75%
Specialists	800
Administrative	34
Marketing	16
Facilities	
Hospitals	7
Pharmacies	126
Diagnostic labs	1
Locations	
Administrative	1
Users	
Employer/payer groups	33
Single coverage	1,396
Family coverage	2,500
Employees & dependents	9,644
Total	19,000

Operational date: January 1986.
Certified in: Ohio.
Model type: IPA.
Not for profit.
Ownership: St. Vincent, Mercy and St. Charles hospitals.
Service area: Lucas, Wood, Ottawa, Fulton, Defiance, Henry and Sandusky counties in Ohio.
Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology.Options include prescription drug only. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class.
Management reports: Provided quarterly.
Gross revenues: $23.4 million in 1990; $19.5 million in 1989.
Officers: Robert Campbell, president; Chris Scherer, vp-operations/ finance; Dr. Warren Kleinberg, Dr. John Ross, medical directors; David Bick, vp-sales/marketing.

HMO Health Ohio

2060 E. Ninth St., Cleveland, Ohio 44115-1355

Operational date: 1978.
Sponsorship: Blue Cross & Blue Shield of Mutual Ohio.

Health Maintenance Plan

4665 Cornell Road, Cincinnati, Ohio 45241; 513-247-6600; fax: 513-247-6719

Staff	
Physicians	1,035
Patients/physician	122
Board-certified	75%
Specialists	3,192
Marketing	120
Facilities	
Hospitals	67
Pharmacies	1,200
Locations	
Administrative	7
Primary care	11
Users	
Employer/payer groups	1,596
Single coverage	21,426
Family coverage	31,116
Employees & dependents	127,693
Total	127,693
Average hospital stay	4.5 days
Hospital admission/1,000 members	73

Operational date: March 1974.
Certified in: Ohio.
Model type: Group/network.
Not for profit.
Ownership: Community Mutual Blue Cross/Blue Shield.
Service area: Ohio.
Services: Standard package, including vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, and extended. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.
Rating options: Community rating by class.
Management reports: Provided upon request.
Gross revenues: $145.3 million in 1990; $127.3 million in 1989.
Officers: Stefen F. Brueckner, president/chief operating officer; Dr. Joseph I. Berman, medical director; John Stofa, marketing director-group business division; Jerry Doss, marketing director-select business division.

Health Plan of the Upper Ohio Valley Inc.

52160 National Road E., St. Clairsville, Ohio 43950; 614-695-3585; fax: 614-695-5297

Staff	
Physicians	200
Patients/physician	370
Board-certified	41%
Specialists	180
Administrative	70
Marketing	10
Facilities	
Hospitals	9
Pharmacies	90
Locations	
Administrative	1
Users	
Employer/payer groups	611
Single coverage	10,259
Family coverage	17,182
Employees & dependents	61,681
Total	74,077
Average hospital stay	4.5 days
Hospital admission/1,000 members	101

Operational date: November 1979.
Federally qualified.
Certified in: Ohio and West Virginia.
Model type: IPA.
Not for profit.
Service area: Hancock, Brooke, Ohio, Marshall, Wetzel and Tyler counties in West Virginia; Jefferson, Belmont, Monroe, Harrison, Guernssy and Noble counties in Ohio.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology.Options include vision, prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class; adjusted community rating.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.
Management reports: Provided annually.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Gross revenues: $72.9 million in 1990; $61.1 million in 1989.
Officers: Philip Wright, president; Basil Papadimitriou, medical director; David Mathieu, marketing director.
Contact: David Mathieu.

Health Power

560 E. Town St., Columbus, Ohio 43215; 614-461-9900 or 800-338-6207; fax: 614-461-6683

Staff	
Physicians	338
Patients/physician	72
Board-certified	90%
Specialists	1,266
Administrative	14
Marketing	8
Facilities	
Hospitals	29
Pharmacies	500
Diagnostic labs	13
Locations	
Administrative	3
Primary care	112
Users	
Employer/payer groups	93
Single coverage	1,971
Family coverage	1,755
Employees & dependents	7,717
Total	24,224
Average hospital stay	2.5 days
Hospital admission/1,000 members	364

Operational date: April 1983.
NCQA qualification pending.
Model type: Network/IPA.
For profit.
Service area: 14 counties in Ohio.
Services: Standard package, including psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology.Options include vision, dental, substance abuse and prescription drug. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.
Rating options: Community rating by class; adjusted community rating.
Enrollment options: Individual enrollment is allowed.
Management reports: Provided upon request.
Gross revenues: $12.3 million in 1990; $6.9 million in 1989.
Officers: Thomas E. Beaty, president; James E. Foy, Martin Schear, medical directors; Janet McDonald, marketing director; Stephanie Shroyer, Mark Boduar, George Click, Ron Wurtz, Dr. Carole Carter, Joy Seeskin.
Contact: Beth Coleman.

HealthOhio Inc.

372 E. Center St., Marion, Ohio 43302; 614-387-6355; fax: 614-383-3840

Staff	
Physicians	67
Patients/physician	413
Board-certified	70%
Specialists	221
Administrative	45
Marketing	7
Facilities	
Hospitals	10
Diagnostic labs	5
Locations	
Administrative	1
Users	
Employer/payer groups	297
Single coverage	7,875
Family coverage	6,198
Employees & dependents	23,550
Total	27,694
Average hospital stay	3.7 days
Hospital admission/1,000 members	350

Operational date: May 1976.
Federally qualified.
Certified in: Ohio.
Model type: IPA.
Not for profit.
Service area: 14 counties in Ohio.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, and extended, home health, skilled nursing.Options include vision and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $31.7 million in 1990; $27.3 million in 1989.
Officers: N. Robert Jones, president/chief executive officer; Daniel R. Dreher, vp; Dr. S. Azim Bukhari, medical director; Weston G. Lambert, director-marketing; Timothy A. Lauer, chief financial officer.
Contact: Weston G. Lambert.

HomeTown Hospital Health Plan

876 Amherst Road, Massillon, Ohio 44646; 216-837-6880

Staff	
Physicians	85
Patients/physician	118
Board-certified	72%
Specialists	115
Administrative	16
Marketing	3
Facilities	
Hospitals	4
Pharmacies	101
Diagnostic labs	4
Locations	
Administrative	1
Users	
Employer/payer groups	81
Single coverage	1,181
Family coverage	2,687
Employees & dependents	9,950
Total	10,101
Average hospital stay	4.3 days
Hospital admission/1,000 members	107

Operational date: August 1986.
Certified in: Ohio.
Model type: IPA.
Not for profit.
Ownership: Massillon Community Hospital.
Service area: Stark, Carroll, Columbiana, Holmes, Mahoning, Portage, Summit, Trubell, Tuscarawas and Wayne counties in Ohio.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology.Options include dental and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class; adjusted community rating.
Management reports: Provided annually.

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Gross revenues: $7.6 million in 1990; $4.9 million in 1989.

Officers: Mervin Strine, president; William Epling, executive director; Dr. Mark Studebaker, medical director; Mary Ann Tournoux, marketing director; Charles Vignos, finance director; Betty Brownlee, health services director.

Contact: Mary Ann Tournoux.

Humana Health Plan of Ohio Inc.

8044 Montgomery Road, Suite 460, Cincinnati, Ohio 45236; 513-792-0511; fax: 513-792-0520

Users	
Employees & dependents	13,486

Operational date: January 1987.
Model type: Network.
Ownership: Humana Inc.
Service area: 22 counties in south central Ohio and southwestern Ohio.
Officers: Kenneth Page, executive director; Todd McMahan, sales manager; Dr. Walter C. Ferris, medical director.

See Humana Health Care Plans under Kentucky.

Kaiser Permanente, Ohio Region

1100 Bond Court, 1300 E. 9th St., Cleveland, Ohio 44114; 216-623-8787

Staff	
Board certified physicians	74%
Administrative	1,606
Facilities	
Hospitals	9
Pharmacies	14
Diagnostic labs	11
Locations	
Administrative	1
Primary care	19
Users	
Employer/payer groups	3,966
Employees & dependents	189,756
Total	207,247
Average hospital stay	5.1 days
Hospital admission/1,000 members	82

Operational date: October 1977.
Federally qualified.
Certified in: Ohio.
Model type: Group.
Not for profit.
Ownership: Kaiser Foundation Hospitals, Ohio Permanente Medical Group Inc., Kaiser Foundation Health Plan of Ohio.
Service area: Cuyahoga, Geauga, Lake, Lorain, Medina, Portage, Stark, Summit and Wayne counties in Ohio.
Services: Standard package, including vision, substance abuse, psychiatric services, obstetrics/gynecology, physical/occupational/speech therapy, hemodialysis, extended nursing care services, home health services. Options include dental, durable medical equipment and prescription drug. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.
Rating options: Adjusted community rating.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.
Management reports: Provided quarterly or annually upon request.
Billing: National accounts program with consolidated billing available.
Gross revenues: $222 million in 1990; $176 million in 1989.
Officers: Wayne R. Moon, president/operations manager; Kathryn Paul, regional manager; Dr. Ron Potts, medical director; Robert Baker, health plan manager.

See Kaiser corporate listing under California

Lincoln National Health Plan

11260 Chester Road, Suite 800, Cincinnati, Ohio 45246; 513-772-3518; fax: 513-772-1466

Staff	
Physicians	245
Specialists	905
Facilities	
Hospitals	25

Officers: Robert Sheehy, general manager; Lou Santoro, regional manager.

See Lincoln National Health Plan corporate listing under Indiana.

Medical Value Plan

405 Madison Ave., P.O. Box 2147, Toledo, Ohio 43603-2147; 419-245-2900; fax: 419-244-0532

Staff	
Physicians	169
Patients/physician	211
Board-certified	60%
Specialists	158
Administrative	92
Marketing	8
Facilities	
Hospitals	6
Pharmacies	161
Diagnostic labs	1
Locations	
Administrative	1
Primary care	156
Users	
Employer/payer groups	115
Single coverage	3,441
Family coverage	10,322
Employees & dependents	35,794
Total	35,915
Average hospital stay	4.5 days
Hospital admission/1,000 members	390

Operational date: May 1986.
Certified in: Ohio.
Model type: IPA.
Ownership: Henry Ford Health System, Toledo Clinic.
Service area: Lucas, Wood, Fulton, Ottawa, Sandusky; portions of Seneca, Henry and Erie counties in Ohio.
Services: Standard package, including substance abuse, psychiatric services, obstetrics/gynecology.Options include vision, dental, durable medical equipment and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating.
Enrollment options: Individual enrollment is allowed.
Gross revenues: $36 million in 1990; $49.3 million in 1989.
Officers: James Walworth, president; David H. Smith, chief operations officer; Dr. Hal A. White, medical director; Gregory M. Lueck, marketing director.
Contact: Janette Russell Gee.

MetLife Healthcare Network of Ohio Inc.

Northmark Business Center III, Suite 150, 4501 Erskine Road, Cincinnati, Ohio 45242-4713; 513-745-9700

Staff	
Physicians	1,430
Specialists	2,670
Facilities	
Hospitals	55
Locations	
Administrative	3

Operational date: August 1985.
Certified in: Ohio.
Model type: IPA.
For profit.
Sponsorship: Metropolitan Life Insurance Co.
Service area: Cuyahoga, Geauga, Lorain, Mahoning, Portage, Stark, Summit and Trumbull counties in Ohio.
Services: Standard package, including psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision, dental and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class; experience rating.
Management reports: Provided annually.
Billing: National accounts program with consolidated billing available.
Officers: Marilyn McMichael, president/chief executive officer; Dr. James A. Garfield, vp/medical director.

PHP Benefit Systems Inc.

3650 Olenbangy River Road, Columbus, Ohio 43216; 614-442-7100; fax: 614-442-3902

Staff	
Physicians	4,292
Administrative	360
Marketing	25
Facilities	
Hospitals	81
Pharmacies	1,100
Diagnostic labs	157
Locations	
Administrative	2
Users	
Employer/payer groups	529
Single coverage	19,581
Family coverage	29,412
Employees & dependents	114,730
Total	153,775
Average hospital stay	4.48 days
Hospital admission/1,000 members	84

Operational date: January 1980.
Certified in: Ohio.
Model type: IPA.
For profit.
Service area: 41 counties in Ohio.
Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology. Options include dental and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating: $122.79 single, $364.55 family; community rating by class; adjusted community rating.
Enrollment options: Individual enrollment is allowed.
Management reports: Provided upon request.
Gross revenues: $171.7 million in 1990; $120.6 million in 1989.
Officers: Dr. H. William Porterfield, president; Ralph W. Preston, executive director; Dr. Owen E. Johnson, medical director; John A. Lozenski, marketing director; Ronald G. Yanai, senior vp/treasurer.
Contact: Jan E. Soboslai, manager-accounting, 614-442-7118.

Paramount Health Care

3425 Executive Parkway, Toledo, Ohio 43606; 419-535-7777; fax: 419-535-0099

Staff	
Physicians	170
Patients/physician	125
Board-certified	93%
Specialists	447
Administrative	46
Marketing	11
Facilities	
Hospitals	2
Pharmacies	70
Diagnostic labs	16
Locations	
Administrative	1
Primary care	140
Users	
Employer/payer groups	635
Single coverage	3,042
Family coverage	5,014
Employees & dependents	21,293
Total	21,293
Average hospital stay	4.1 days
Hospital admission/1,000 members	81.5

Operational date: July 1988.
Certified in: Ohio.
Model type: IPA.
Ownership: Toledo Hospital and St. Vincent Medical Center.
Service area: Lucas, Wood and portions of Ottawa, Fulton, Sandusky and Henry counties in Ohio.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology. Options include vision, dental and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class.
Enrollment options: Individual enrollment is allowed.
Management reports: Provided quarterly.
Gross revenues: $19.3 million in 1990; $9.1 million in 1989.
Officers: Robert J. Smith, president; Dr. Joseph Moran, medical director; Richard P. Walczak, marketing director; Randolph C. Hoffman, Patricia Richards.

Principal Health Care of Ohio Inc.

8101 N. High St., Suite 380, Columbus, Ohio 43235; 614-841-1240; fax: 614-841-1245

Staff	
Physicians	20
Patients/physician	1,300
Board-certified	95%
Specialists	97
Administrative	14
Marketing	6
Facilities	
Hospitals	4
Pharmacies	2
Diagnostic labs	6
Locations	
Administrative	1
Primary care	2
Users	
Employer/payer groups	130
Employees & dependents	25,326
Total	25,443
Average hospital stay	3.9 days
Hospital admission/1,000 members	189

Operational date: August 1990.
Certified in: Ohio.
Model type: Group.
For profit.
Ownership: Principal Financial Group.
Service area: Franklin County in Ohio; parts of Delaware, Union, Madison, Pickaway, Fairfield and Licking counties in Ohio.
Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, skilled nursing facility, home-health care/hospice, short-term therapies including physical, cardiac rehabilitation, respiratory, occupational and speech. Diagnostic testing and lab work performed by the HMO facilities.
Rating options: Community rating by class, adjusted community rating. Offers point-of-service contracts.
Enrollment options: Individual enrollment is allowed.
Management reports: Provided quarterly.
Gross revenues: $11.8 million in 1990.*
Officers: Ken Linde, president; Anthony Fata, executive director; Dr. William Hamelberg, medical director; James R. Welch, marketing director; Sharon Taylor, vp-finance; Dr. Melvin Museles, vp-medical affairs; David L. Weiss, vp-management/administration.
Contact: James R. Welch.

* Reported from 8/1/90 to 12/21/90, following the purchase by Principal Health Care Inc.

PruCare of Central Ohio

485 Metro Place S., Suite 450, Dublin, Ohio 43017; 614-761-0002; fax: 614-761-1757

Staff	
Physicians	164
Patients/physician	170
Board-certified	91%
Specialists	251
Administrative	20
Marketing	8
Facilities	
Hospitals	12
Pharmacies	64
Diagnostic labs	1
Locations	
Administrative	1
Primary care	330
Users	
Employer/payer groups	65
Single coverage	5,838
Family coverage	6,891
Employees & dependents	27,934
Total	27,934
Average hospital stay	4.2 days
Hospital admission/1,000 members	77.1

Operational date: July 1985.
Federally qualified.
Certified in: Ohio.
NCQA qualification pending.
Model type: Group/network.
For profit.
Ownership: The Prudential Insurance Co. of America.
Service area: Delaware, Fairfield, Franklin, Licking, Madison, Pickaway and Union counties in Ohio.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class; adjusted community rating.
Management reports: Provided annually.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: Elwood Fisher, executive director; Dr. David Gundlach, medical director; Andrew Martin, marketing director.

PruCare of Cincinnati

525 Vine St., Suite 1850, Cincinnati, Ohio 45202; 513-621-2970; fax: 513-621-0081

Staff	
Physicians	476
Patients/physician	7
Board-certified	90%
Specialists	697
Administrative	26
Marketing	15
Facilities	
Hospitals	14
Pharmacies	87
Diagnostic labs	17
Locations	
Administrative	1
Users	
Employer/payer groups	279
Single coverage	491
Family coverage	885
Employees & dependents	3,474
Total	3,474
Average hospital stay	4.6 days
Hospital admission/1,000 members	96.6

Operational date: March 1986.
NCQA qualification pending.
Model type: IPA.
Ownership: The Prudential Insurance Co. of America.
Service area: Butler, Clermont, Hamilton and Warren counties in Ohio; Boone, Campbell and Kenton counties in Kentucky; Dearborn county in Indianapolis.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class.
Management reports: Provided annually.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: Lynne Gross, executive director; Dr. Peter Marrocco, medical director; Fred Veazy, marketing director.

PruCare of Northern Ohio

Halle Building, 1228 Euclid Ave., Suite 750, Cleveland, Ohio 44115; 216-241-5623; fax: 216-241-7561

Staff	
Physicians	369
Patients/physician	4
Board-certified	80%
Specialists	761
Administrative	14
Marketing	15
Facilities	
Hospitals	18
Pharmacies	97
Diagnostic labs	24
Locations	
Administrative	1
Primary care	1,600
Users	
Employer/payer groups	6
Single coverage	483
Family coverage	261
Employees & dependents	1,523
Total	1,523
Average hospital stay	5.6 days
Hospital admission/1,000 members	111.4

Operational date: April 1989.
NCQA qualification pending.
Model type: IPA.
For profit.
Ownership: The Prudential Insurance Co. of America.
Service area: Cuyahoga, Geauga, Lake, Lorain, Medina, Portage and Summit counties in Ohio.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class.
Management reports: Provided annually.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: Linda Somers, executive director; Dr. A. Gus Kious, medical director; Chris Earl, marketing director.

United Health Plan

1950 Morse Road, Columbus, Ohio 43229; 614-438-7500; fax: 614-438-6830

Staff	
Physicians	40
Patients/physician	225
Board-certified	25%
Specialists	216
Administrative	7
Marketing	4
Facilities	
Hospitals	5
Pharmacies	250
Locations	
Administrative	1
Users	
Employer/payer groups	56
Single coverage	2,488
Family coverage	2,370
Employees & dependents	10,026
Total	10,026
Average hospital stay	5.9 days
Hospital admission/1,000 members	85.5

Operational date: October 1977.
Certified in: Ohio.

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Model type: IPA.
For profit.
Service area: Ohio.
Services: Standard package, including outpatient substance abuse, outpatient psychiatric services, podiatry, obstetrics/gynecology. Options include vision, dental, durable medical equipment, inpatient psychiatric and substance abuse coverage. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class; adjusted community rating.
Enrollment options: Individual enrollment allowed.
Management reports: Provided upon request.
Gross revenues: $10.9 million in 1990; $9.1 million in 1989.
Officers: Richard A. Mitchell, president; Dr. Milton I. Setnar, medical director; Barry J. Shaffer, marketing director; B. Jeanne Thimons, vp-administration; Jeffrey A. Neuburger, vp-finance.

University Health Plan

2060 Reading Road, Suite 400, Cincinnati, Ohio 45202; 513-721-3388; fax: 513-684-8111

Staff	
Physicians	1,300
Patients/physician	200
Board-certified	85%
Specialists	925
Administrative	80
Marketing	7
Facilities	
Hospitals	13
Pharmacies	200
Locations	
Administrative	1
Users	
Employer/payer groups	94
Single coverage	3,682
Family coverage	6,257
Employees & dependents	24,198
Total	29,705
Average hospital stay	3.9 days
Hospital admission/1,000 members	80

Operational date: January 1986.
Certified in: Ohio.
Model type: IPA/network.
Not for profit.
Ownership: University Health Plan Inc.
Service area: Hamilton, Butler, Warren and Clermont counties in Ohio.
Services: Standard package, including vision, managed mental health care, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating: $138 single, $345 family; adjusted community rating.
Management reports: Provided semi-annually.
Gross revenues: $30.9 million in 1990; $20.4 million in 1989.
Officers: Hirsch J. Cohen, president; Dr. Robert W. Young, medical director; Melmon May, vp-marketing/corporate communications; Tony Borromeo, vp-finance.
Contact: JoAnne Lutz, director-strategic planning.

OKLAHOMA

Blue Lines HMO

3401 N.W. 63rd St., Oklahoma City, Okla. 73116; 405-841-9770

Staff	
Physicians	234
Patients/physician	192
Board-certified	60%
Specialists	1,168
Administrative	54
Marketing	6
Facilities	
Hospitals	22
Pharmacies	50
Locations	
Administrative	2
Users	
Employer/payer groups	245
Single coverage	19,307
Employees & dependents	26,450
Total	45,757
Average hospital stay	4.9 days

Operational date: November 1984.
Federally qualified.
Certified in: Oklahoma and Tulsa counties in Oklahoma.
NCQA qualification pending.
Model type: IPA.
For profit.
Ownership: Blue Cross & Blue Shield of Oklahoma.
Service area: Oklahoma and Tulsa counties in Oklahoma.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision, dental, substance abuse, psychiatric services, prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class. Offers point-of-service contracts, 5% of members are enrolled.
Management reports: Provided annually.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Gross revenues: $46 million in 1990; $38 million in 1989.
Officers: Ralph Rhoades, president/executive director; Dr. Wes Whittlesey, medical director; Lyndle Ellis, financial officer; Robert Fitzsimmons, operations officer.
Contact: Larry Smith, senior vp.

CIGNA HealthPlan of Oklahoma Inc.

5100 N. Brookline, Ninth Floor, Oklahoma City, Okla. 73112; 405-943-7711; fax: 405-946-9568

Staff	
Physicians	78
Patients/physician	500
Board-certified	87%
Specialists	404
Facilities	
Hospitals	10
Pharmacies	55
Diagnostic labs	1
Locations	
Administrative	2
Primary care	740
Users	
Total	8,043

Operational date: January 1984.
Federally qualified.
Certified in: Oklahoma.
Model type: IPA.
For profit.
Ownership: CIGNA Corp.
Service area: Canadian, Logan, Oklahoma, McLain, Cleveland, Lincoln, Pottawatomie counties in Oklahoma.
Services: Standard package, including experimental procedures, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, skilled nursing/extended facilities, short-term rehabilitation and physical therapy, external prosthesis and hearing screening. Options include vision and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community ratingby class, adjusted community rating. Offers point-of-service contracts.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: Dr. Kathleen Musser, executive director/medical director.
See CIGNA Corp. under Connecticut.

PacifiCare of Oklahoma

7134 S. Yale St., Suite 700, Tulsa, Okla. 97136

Officers: David Kibbe, president; Gary Hubbard, vp-marketing.
See PacifiCare Health Systems Inc. corporate listing under California.

Prudential Health Care Plan Inc.-Oklahoma City

5400 N.W. Grand Blvd., Grand Centre Office Building, Suite 555, Oklahoma City, Okla. 73112; 405-942-2200; fax: 405-942-5861

Staff	
Physicians	26
Patients/physician	1,163
Board-certified	92%
Specialists	113
Administrative	30
Marketing	8
Facilities	
Hospitals	5
Pharmacies	8
Diagnostic labs	1
Locations	
Administrative	1
Primary care	6
Users	
Total	30,237
Average hospital stay	3.5 days
Hospital admission/1,000 members	310

Operational date: April 1981.
Federally qualified.
Certified in: Oklahoma.
Model type: Group.
For profit.
Ownership: The Prudential Insurance Co.
Service area: Canadian, Cleveland, Grady, Kinglisher, Logan, Lincoln, McClain, Oklahoma and Pottawatanus counties in Oklahoma.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.
Rating options: Community rating: $122.22 single, $329.85 family.
Management reports: Provided annually.
Billing: National accounts program with consolidated billing available.
Officers: Gary C. Hawkins, director-city administration; Tim McFall, regional group manager; Dr. M. Boyd Shook, medical director.
Contact: Tim McFall.

Prudential Health Care Plan Inc.-Tulsa

7912 E. 31st St., Suite 170, Tulsa, Okla. 74145; 918-624-4600; fax: 918-627-9759

Staff	
Physicians	24
Patients/physician	1,146
Board-certified	89%
Specialists	124
Administrative	37
Marketing	12
Facilities	
Hospitals	2
Pharmacies	14
Locations	
Administrative	1
Primary care	5
Users	
Total	27,521
Average hospital stay	4 days
Hospital admission/1,000 members	71.2

Operational date: April 1981.
Federally qualified.
Certified in: Oklahoma.
NCQA accredited.
Model type: Group.
For profit.
Ownership: The Prudential Insurance Co.
Service area: Tulsa County; portions of Washington, Rogers, Wagoner, Okneulgee Creek and Osage counties in Oklahoma.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.
Rating options: Community rating: $137.98 single, $372.59 family.
Management reports: Provided annually.
Billing: National accounts program with consolidated billing available.
Officers: John Kennedy, director-city administrator; Mark Krogulski, regional group manager; Dr. C.R. Rebsamen, medical director.
Contact: Mark Krogulski.

OREGON

Capitol Health Care

P.O. Box 12625, Salem, Ore. 97309; 800-228-0978; fax: 503-588-4350

Staff	
Physicians	350
Board-certified	60%
Specialists	600
Administrative	220
Marketing	50
Facilities	
Hospitals	13
Pharmacies	37
Diagnostic labs	7
Locations	
Administrative	4
Users	
Employer/payer groups	1,100
Single coverage	11,175
Family coverage	8,870
Employees & dependents	47,611
Total	61,781
Average hospital stay	4 days
Hospital admission/1,000 members	64

Operational date: June 1977.
Certified in: Oregon and Washington.
Model type: IPA.
Ownership: Blue Cross/Blue Shield of Oregon.
Service area: Marion, Polk, Linn, Benton, Yamhill and Lane counties in Oregon.
Services: Standard package, including substance abuse, psychiatric services, podiatry, obstetrics/gynecology. Options include vision, dental, durable medical equipment and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.
Management reports: Provided annually.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Gross revenues: $53.6 million in 1990; $38.2 million in 1989.
Officers: Roger Lyman president; Dr. Lee Henrich, medical director; Tom Kennedy, marketing director; Jeff Jackson, vp-benefit services; Gary Rea, chief operating officer.
Contact: Tammie Jones.

Good Health Plan of Oregon

1235 N.E. 47th Ave., Suite 220, Portland, Ore. 97213; 503-280-7555; fax: 503-280-7655

Staff	
Physicians	350
Patients/physician	192
Board-certified	90%
Specialists	931
Administrative	150
Marketing	18
Facilities	
Hospitals	9
Pharmacies	41
Diagnostic labs	10
Locations	
Administrative	1
Primary care	1,292

Operational date: September 1984.
Federally qualified.
Certified in: Oregon.
Model type: IPA.
Not for profit.
Ownership: Sisters of Providence Hospital.
Service area: Multnomah, Washington, Clackamas, Yamhill and Columbia counties in Oregon; Clark County in Washington.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include experimental procedures, vision, dental and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class, adjusted community rating. Offers point-of-service contracts.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.
Management reports: Provided annually.
Gross revenues: $67.1 million in 1990; $54.4 million in 1989.
Officers: Mary O. McWilliams, chief executive officer; Ted VanGlahn, chief operating officer; Dr. Donald R. Olson, medical director; Jack A. Friedman, marketing director; Shelly Handkins, director-finance.

Health Maintenance of Oregon

P.O. Box 12099, Salem, Ore. 97309; 800-828-4318; fax: 503-223-5993

Staff	
Physicians	450
Board-certified	66%
Specialists	700
Administrative	220
Marketing	50
Facilities	
Hospitals	9
Pharmacies	62
Diagnostic labs	7
Locations	
Administrative	2
Users	
Employer/payer groups	1,669
Single coverage	10,578
Family coverage	6,177
Employees & dependents	35,990
Total	45,383
Average hospital stay	4 days
Hospital admission/1,000 members	68

Operational date: November 1986.
Federally qualified.
Certified in: .
Model type: IPA.
For profit.
Ownership: Blue Cross/Blue Shield of Oregon.
Service area: Multnomah, Washington, Clark and Clackamas counties in Oregon.
Services: Standard package, including substance abuse, psychiatric services, podiatry, obstetrics/gynecology. Options include vision, dental, durable medical equipment and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.
Management reports: Provided annually or upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Gross revenues: $53.9 million in 1990; $37.8 million in 1989.
Officers: Roger Lyman, president; Dr. Lee Henrich, medical director; Tom Kennedy, marketing director; Jeff Jackson, vp-benefit services; Gary Rea, chief operating officer.
Contact: Tammie Jones.

Kaiser Permanente, Northwest Region

2701 N. Vaughn, Suite 300, Portland, Ore. 97210-5398; 503-721-3800

Staff	
Physicians	290
Board-certified	92%
Specialists	350
Administrative/marketing	3,981
Facilities	
Hospitals	10
Pharmacies	37
Diagnostic labs	44
Locations	
Administrative	1
Primary care	267
Users	
Employer/payer groups	3,422
Employees & dependents	329,499
Total	370,577
Average hospital stay	4.5 days
Hospital admission/1,000 members	83

Operational date: September 1945.
Federally qualified.
Certified in: Oregon and Washington.
Model type: Group.
Not for profit.
Ownership: Kaiser Foundation Hospitals; Northwest Permanente, Kaiser Foundation Health Plan of the Northwest.
Service area: 11 counties in Oregon; portions of Clark, Cowlitz, Lewis, Skamania and Wahkiakum counties in Washington.
Services: Standard package, including vision, substance abuse, psychiatric services, obstetrics/gynecology, physical/occupational/speech therapy, hemodialysis, extended care services in a skilled nursing facility, home health services and prescription drug (inpatient). Options include dental, durable medical equipment and prescription drug. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.
Rating options: Adjusted community rating.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.
Management reports: Provided quarterly or annually upon request.
Billing: National accounts program with consolidated billing available.
Gross revenues: $345 million in 1990; $272 million in 1989.
Officers: Wayne R. Moon, president/operations manager; Hugh Jones, executive director/regional manager; Dr. Fred Nomura, medical director; Denise Honzel, marketing director/health plan manager.
See Kaiser corporate listing in California.

PacifiCare of Oregon

5 Centerpointe Drive, Suite 600, Lake Oswego, Ore. 97035

Officers: David Hallock, president;
Continued on next page

Continued from previous page
Barry Schwartz, vp-marketing; Dr. Bart McMullan, medical director; Pat Feyen, vp-finance.

See PacifiCare Health Systems Inc. corporate listing under California.

PENNSYLVANIA

Aetna Health Plans of Eastern Pennsylvania

150 Monument Road, Suite 106, Bala Cynwyd, Pa. 19004; 215-668-1440; fax: 215-668-2116

Staff	
Physicians	600
Patients/physician	16
Specialists	1,440
Facilities	
Hospitals	25
Users	
Employer/payer groups	750
Total	10,000

Operational date: 1986.
NCQA accredited.
Model type: IPA.
For profit.
Ownership: Aetna Life Insurance Co.
Service area: Philadelphia, Bucks, Montgomery, Delaware and Chester counties in Pennsylvania.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision, dental and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class.
Management reports: Provided upon request.
Billing: National accounts program with consolidated billing available.
Officers: Robert Morrison, executive director; Dr. Harvey Nassau, medical director; Diane Valente, marketing director.
Contact: Diane Valente.
See Aetna Life Insurance Co. under Texas.

Aetna Health Plans of Western Pennsylvania

5700 Corporate Drive, Suite 300, Pittsburgh, Pa. 15237; 412-366-9000; fax: 412-364-2393

Staff	
Physicians	550
Patients/physician	45
Board-certified	98%
Specialists	950
Facilities	
Hospitals	23
Pharmacies	442
Diagnostic labs	196
Locations	
Administrative	1
Users	
Employer/payer groups	190
Total	25,000

Operational date: 1986.
Federally qualified.
Certified in: Pennsylvania.
Model type: IPA.
For profit.
Ownership: Aetna Life Insurance Co.
Service area: Allegheny, Beaver, Butler, Armstrong and Westmoreland counties in Pennsylvania.
Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Option includes dental only. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Adjusted community rating. Offers point-of-service contracts. Offers non-federally qualified programs to employers.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries.
Management reports: Provided upon request.
Billing: National accounts program with consolidated billing available.
Officers: Dr. Daniel Brooks, president-board of directors; Ralph Hagemeier, executive director; Dr. Frank E. Keller, medical director; Ken Dean, marketing director.
Contact: Ken Dean.
See Aetna Life Insurance Co. under Texas.

CIGNA HealthPlan of Pennsylvania Inc.

100 Stevens Dr., Suite 200, Airport Business Center, Court 1, Lester, Pa. 19113; 215-595-3000; fax: 215-595-3159

Staff	
Physicians	413
Patients/physician	500
Board-certified	87%
Specialists	894
Facilities	
Hospitals	26
Pharmacies	100
Diagnostic labs	1
Locations	
Administrative	2
Primary care	1,936
Users	
Total	12,956

Operational date: January 1986.
Federally qualified.
Certified in: Pennsylvania.
Model type: IPA.
For profit.
Ownership: CIGNA Corp.
Service area: Chester, Delaware, Montgomery, Bucks and Philadelphia counties in Pennsylvania.
Services: Standard package, including experimental procedures, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, skilled nursing/extended facilities, short-term rehabilitation and physical therapy, external prosthesis and hearing screening. Options include vision and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class, adjusted community rating. Offers point-of-service contracts.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: Leo Carey, executive director; Dr. Norman Scott, medical director.
Contact: Leo Carey.
See CIGNA Corp. under Connecticut.

Freedom Health Care

150 Strafford Ave., Wayne, Pa. 19087; 215-293-9338; fax: 215-293-0543

Staff	
Physicians	317
Patients/physician	75
Board-certified	90%
Specialists	2,417
Administrative	12
Marketing	16
Facilities	
Hospitals	32
Pharmacies	552
Diagnostic labs	43
Locations	
Administrative	3
Primary care	254
Users	
Employer/payer groups	382
Single coverage	6,791
Family coverage	9,806
Employees & dependents	23,780
Total	23,780
Average hospital stay	4.1 days
Hospital admission/1,000 members	333

Operational date: July 1986.
Certified in: Pennsylvania.
NCQA accredited.
Model type: IPA.
For profit.
Ownership: Phoenixville Hospital, St. Joseph Hospital, Phoenixville Medical Associates.
Service area: 14 counties in Pennsylvania.
Services: Standard package, including experimental procedures, eye examinations, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision, dental, hearing aids and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating: $115.76 single, $307.42 family; community rating by class.
Enrollment options: Individual enrollment is allowed.
Management reports: Provided annually upon request.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $27.6 million in 1990; $20.8 million in 1989.
Officers: Robert Zelten, president; Anthony Buividas, executive director; Dr. Joseph Carlow, medical director; Linda Taylor, marketing director.

Geisinger Health Plan

North Academy Ave., Danville, Pa. 17822-3020; 717-271-8760; fax: 717-271-5268

Staff	
Physicians	137
Patients/physician	758
Board-certified	91%
Specialists	525
Administrative	6
Marketing	9
Facilities	
Hospitals	14
Pharmacies	110
Diagnostic labs	2
Locations	
Administrative	1
Primary care	44
Users	
Employer/payer groups	667
Single coverage	11,487
Family coverage	25,240
Employees & dependents	98,045
Total	103,825
Average hospital stay	4.5 days
Hospital admission/1,000 members	71

Operational date: March 1985.
Federally qualified.
Certified in: Pennsylvania.
NCQA accredited.
Model type: Group.
Not for profit.
Ownership: Geisinger Foundation.
Service area: 22 counties in Pennsylvania.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision, dental and prescription drug. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.
Rating options: Community rating: $91.44 single, $237.75 family.
Enrollment options: Individual enrollment is allowed.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $72 million in 1990; $57.8 million in 1989.
Officers: Dr. Howard Hughes, president; William A. MacBain, senior vp/administrative director; Dr. Duane Davis, senior vp/medical director; Douglas C. Savidge, director-sales/marketing; A. Paul Holdren, vp-sales/marketing; George Kutz, vp-finance.

Great Lakes Managed Care Inc.

400 French St., Suite 200, Erie, Pa. 16507; 814-452-3976; fax: 814-452-4358

Staff	
Physicians	75
Patients/physician	67
Specialists	144
Administrative	10
Marketing	1
Facilities	
Hospitals	4
Diagnostic labs	1
Locations	
Administrative	1

Operational date: January 1992.
Certified in: Pennsylvania.
Model type: IPA.
For profit.
Service area: Pennsylvania, Erie, Crawford and Venango counties in Pennsylvania.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include managed workers compensation, preferred provider organization, managed behavioral health, employee assistance program. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating: $116.74 single, $376.88 family; community rating by class adjusted community rating.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: William A. Higgins, president; Alan R. Davidson, executive director; Dr. Donald VanDamia, medical director; Mary A. Larson, marketing director.
Contact: William A. Higgins.

Greater Atlantic Health Source

3550 Market St., Philadelphia, Pa. 19104; 215-823-8600; fax: 215-823-8617

Staff	
Physicians	510
Patients/physician	121
Facilities	
Hospitals	40
Pharmacies	240
Locations	
Administrative	1
Users	
Employer/payer groups	1,000
Total	62,000
Average hospital stay	5 days
Hospital admission/1,000 members	64.6

Operational date: 1972.
Federally qualified.
Model type: Mixed.
For profit.
Ownership: Graduate Health Systems.
Service area: Philadelphia, Bucks, Chester, Delaware and Montgomery counties in Pennsylvania.
Services: Standard package, including vision, dental, substance abuse, psychiatric services, podiatry, obstetrics/gynecology. Options include dental, durable medical equipment and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating: $103.32 single, $251.45 family; community rating by class.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $58.6 million in 1990; $46.5 million in 1989.
Officers: Ernest Monfiletto, president/chief executive officer; Dr. Stephen J. Gordin, medical director; James Moffett, vp-finance/chief financial officer.

HMO of Northeastern Pennsylvania

70 N. Main St., Wilkes Barre, Pa. 18711

Users	
Employees & dependents	28,823

Operational date: November 1986.
Federally qualified.
Model type: IPA.
Sponsorship: Blue Cross of Northeastern Pennsylvania.

HealthAmerica of Central Pennsylvania

214 Senate Ave., Suite 202, Camp Hill, Pennsylvania 17011; 717-763-9313; fax: 717-763-1769

Staff	
Physicians	210
Patients/physician	215
Board-certified	98%
Specialists	257
Administrative	45
Marketing	17
Facilities	
Hospitals	20
Pharmacies	422
Diagnostic labs	1
Locations	
Administrative	1
Primary care	267
Users	
Employer/payer groups	375
Single coverage	7,470
Family coverage	12,370
Employees & dependents	41,046
Total	48,015
Average hospital stay	4.8 days
Hospital admission/1,000 members	71.1

Operational date: May 1984.
Federally qualified.
Certified in: June 1984.
NCQA accredited.
Model type: IPA.
For profit.
Ownership: Coventry Corp.
Service area: Adams, Cumberland, Dauphin, Lancaster, Lebanon, Perry and York counties in Pennsylvania.
Services: Standard package, including vision, substance abuse, psychiatric services, health education programs, maternity care, home health care, emergency care, skilled nursing facility, obstetrics/gynecology. Options include experimental procedures, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, oral surgery. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating: $101.25 single, $264.98 family.
Enrollment options: Individual enrollment allowed.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $159.7 million in 1990; $121.7 million in 1989.
Officers: F.G. Chip Merkel, president; Dr. Robert N. Robison, medical director; Robert W. Shrvock, marketing director; Stephen Keys, director-provider relations; Donald Katze, director-research/development; Stacy Petersen, director-member services; Greg Meredith, vp.

HealthAmerica Pennsylvania Inc.

5 Gateway Center, Pittsburgh, Pa. 15222; 412-553-7300; fax: 412-553-7386

Staff	
Physicians	276
Patients/physician	240
Board-certified	95%
Specialists	816
Administrative	250
Marketing	35
Facilities	
Hospitals	20
Pharmacies	85
Diagnostic labs	21
Locations	
Administrative	1
Primary care	261
Users	
Employer/payer groups	1,091
Single coverage	24,037
Family coverage	31,520
Employees & dependents	127,089
Total	127,089
Average hospital stay	4.7 days
Hospital admission/1,000 members	74

Operational date: 1975.
Federally qualified.
Certified in: Pennsylvania.
NCQA accredited.
Model type: Staff/IPA.
For profit.
Ownership: Coventry Corp.
Service area: Allegheny, Beaver, Butler, Fayette, Washington and Westmoreland counties in Pennsylvania.
Services: Standard package, including vision, dental, podiatry, substance abuse, psychiatric services, gynecological rider, obstetrics/gynecology. Options include experimental procedures, vision, dental, durable medical equipment, and oral surgery. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.
Rating options: Community rating: $111.93 single, $306.07 family. Offers point-of-service contracts. Offers non-federally qualified programs to employers.
Enrollment options: Individual enrollment is allowed.
Officers: C. Michael Blackwood, president/chief executive officer; Dr. Robert Gormley, senior vp-medical affairs; Dr. Gregg Allen, physician-in-charge; Thomas J. Murray, vp-marketing; July Richards, vp-operations; Vicky Savage, vp/general council; Phil Hertik, senior vp; Dennis Reese, vp-finance/chief financial officer; Collette Miller, vp.
Contact: Thomas J. Murray.

HealthGuard of Lancaster Inc.

270 Granite Run Drive, Lancaster, Pa. 17601; 717-560-9049; fax: 717-560-9413

Staff	
Physicians	82
Patients/physician	400
Board-certified	80%
Specialists	250
Administrative	35
Marketing	5
Facilities	
Hospitals	4
Pharmacies	30
Diagnostic labs	6
Locations	
Administrative	1
Primary care	26
Users	
Employer/payer groups	275
Single coverage	4,843
Family coverage	8,488
Employees & dependents	32,330
Total	32,330
Average hospital stay	4 days
Hospital admission/1,000 members	270

Operational date: September 1984.
Qualification pending.

Continued on page 70

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The Total Health Care Company.

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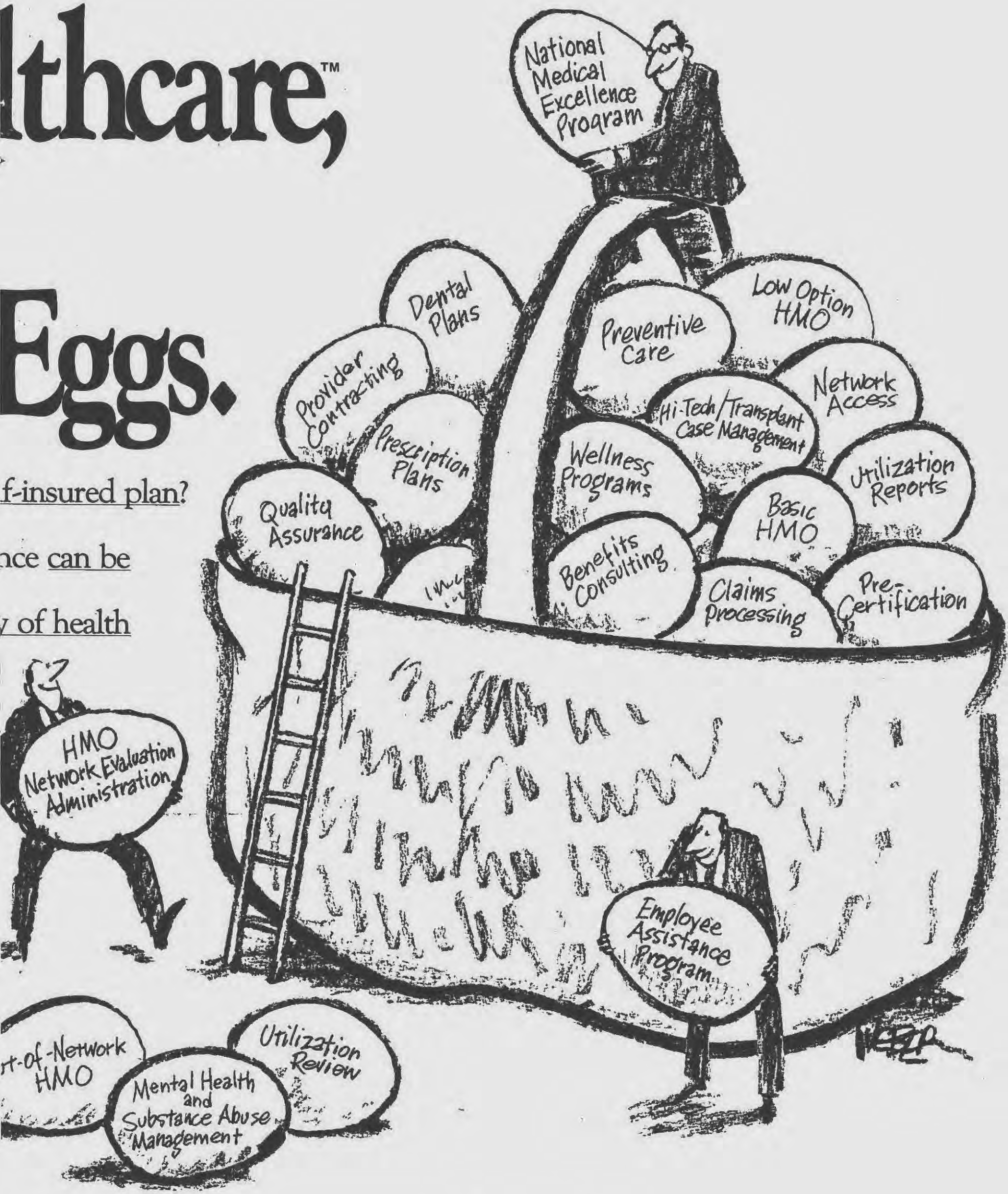
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Continued from page 67

Certified in: Pennsylvania.
Model type: Network.
For profit.
Ownership: Pennsylvania Blue Shield.
Service area: Lancaster County in Pennsylvania.
Services: Standard package, including substance abuse, psychiatric services, podiatry, obstetrics/gynecology. Options include prescription drug. Diagnostic testing and lab work performed by the HMO facilities and by contract with independent facilities.
Rating options: Community rating: $88.81 single, $240.58 family.
Management reports: Provided as requested.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $25.5 million in 1990; $19.3 million in 1989.
Officers: James R. Godfrey, president; Dr. Peter J. Altimare, medical director; Derek M. Rader, vp-marketing; Robert F. Black, vp-finance.
Contact: James R. Godfrey or Derek M. Rader.

Keystone Health Plan Central Inc.

100 Senate Ave., Camp Hill, Pa. 17011

Users	
Employees & dependents	62,004

Operational date: March 1983.
Sponsorship: Capital Blue Cross/Pennsylvania Blue Shield.
Model type: IPA.
Service area: Berks, Cumberland, Dauphin, Lebanon, Lehigh, Northampton and Perry counties in Pennsylvania.

Keystone Health Plan East

1901 Market St., Philadelphia, Pa. 19103; 215-564-2100

Staff	
Physicians	12,000
Board-certified	89%
Specialists	4,000
Administrative	10
Marketing	50
Facilities	
Hospitals	54
Locations	
Administrative	1
Users	
Employer/payer groups	6,000
Single coverage	64,680
Family coverage	229,320
Total	294,000
Average hospital stay	3.9 days
Hospital admission/1,000 members	74

Operational date: February 1987.
Federally qualified.
NCQA accredited.
Model type: IPA.
Ownership: Blue Cross/Blue Shield.
Service area: Bucks, Montgomery, Delaware, Chester and Philadelphia counties in Pennsylvania.
Services: Standard package, including vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating. Offers point-of-service contracts.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $99.1 million in 1990; $31 million in 1989.
Officers: Allen Wise, president; John Daddis, executive director; Dr. Richard Gilfillan, medical director; Christopher Butler, marketing director.

Keystone Health Plan West Inc.

Foster Plaza VI, 681 Andersen Drive, Pittsburgh, Pa. 15220; 412-937-4300; fax: 412-937-0111

Staff	
Physicians	240
Patients/physician	400
Board-certified	100%
Specialists	2,000
Administrative	30
Marketing	6
Locations	
Administrative	1
Users	
Employer/payer groups	1,600
Single coverage	8,114
Family coverage	12,750
Employees & dependents	50,980
Total	50,980
Average hospital stay	5.3 days
Hospital admission/1,000 members	84

Operational date: September 1986.
Federally qualified.
Certified in: Pennsylvania.
Model type: IPA.
For profit.
Ownership: Blue Cross/Blue Shield of Pennsylvania.
Service area: Allegheny, Beaver, Butler, Washington and Westmoreland counties in Pennsylvania.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community ratingby class.
Enrollment options: Individual enrollment is allowed.
Management reports: Provided upon request.
Gross revenues: $57.1 million in 1990; $44.7 million in 1989.
Officers: Maureen Long, president; Anthony Bugel, executive director; Dr. Robert Kolock, medical director; Marty Altman, marketing director; Patricia Liebman, director-medical services.
Contact: Scott Hyland, 412-937-4351.

PruCare of Philadelphia

220 Gibraltar Road, Suite 200, Horsham, Pa. 19044; 215-672-1944; fax: 215-442-2946

Staff	
Physicians	854
Patients/physician	12
Board-certified	92%
Specialists	1,580
Administrative	35
Marketing	24
Facilities	
Hospitals	21
Pharmacies	115
Diagnostic labs	24
Locations	
Administrative	1
Users	
Employer/payer groups	11
Single coverage	1,815
Family coverage	2,463
Employees & dependents	9,919
Total	9,919
Average hospital stay	4.5 days
Hospital admission/1,000 members	75.8

Operational date: August 1987.
Federally qualified.
Certified in: Pennsylvania.
NCQA accredited.
Model type: IPA.
For profit.
Ownership: The Prudential Insurance Co. of America.
Service area: Bucks, Chester, Delaware, Montgomery and Philadelphia counties in Pennsylvania.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community ratingby class.
Management reports: Provided annually.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: Kenneth W. Janda, executive director; Dr. Philip D. Goldstein, medical director; Pamela Monachello, marketing director.

Randmark Management Inc.-Pennsylvania

1211 Connecticut Ave. N.W., Suite 200, Washington, D.C. 20006; 202-283-8800; fax: 202-466-3789

Staff	
Dentists	198
Patients/dentist	200
Specialists	77
Administrative	7
Marketing	4
Locations	
Administrative	1
Primary care	275
Users	
Single coverage	18,800
Total	40,000

Certified in: Pennsylvania.
Model type: IPA.
Service area: Bucks, Delaware, Montgomery, Philadelphia and Chester counties in Pennsylvania.
Services: Dental services only.
Rating options: Community rating, adjusted community rating. Offers point-of-service contracts, 10% of members are enrolled. Offers non-federally qualified programs to employers.
Enrollment options: enrollment is allowed.
Management reports: Provided upon request.
Billing: National accounts program with consolidated billing available.
Officers: Marc Doctors, president; Dr. Randy Widen, chairman; Robert Wergin, chief executive officer; Dan Karateew, dental director; Annette Rolin, marketing director; Mike Lloyd, chief financial officer.
Contact: Annette Rolin.
See Randmark Management Inc. under District of Columbia.

Riverside Health Plan Inc.

500 Market St., Suite 107, Bridgewater, Pa. 15009; 412-775-4404; fax: 412-775-4633

Staff	
Physicians	60
Patients/physician	256
Board-certified	75%
Specialists	104
Administrative	10
Marketing	1
Facilities	
Hospitals	6
Pharmacies	64
Locations	
Administrative	1
Users	
Employer/payer groups	94
Single coverage	1,583
Family coverage	4,169
Employees & dependents	15,333
Total	15,333
Average hospital stay	5.5 days
Hospital admission/1,000 members	96.5

Operational date: November 1986.
Certified in: Pennsylvania.
Model type: Network.
For profit.
Ownership: Medical Center of Beaver HPJV Inc.
Service area: Beaver and portions of Allegheny, Lawrence, Butler and Washington counties in Pennsylvania.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology. Options include prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating: $115.89 single, $333.41 family.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $13.7 million in 1990; $9.9 million in 1989.
Officers: Max T. Fijewski, president; Ron Kocent, executive director; Dr. John W. Lehman, medical director; Bob Tincani, marketing director.
Contact: Bob Tincani.

U.S. Healthcare Inc.*

980 Jolly Road, P.O. Box 1109, Blue Bell, Pa. 19422; 215-628-4800; fax: 215-238-6438

Staff	
Physicians	3,778
Patients/physician	315
Specialists	13,907
Administrative	2,300
Marketing	400
Facilities	
Hospitals	319
Pharmacies	2,510
Diagnostic labs	26
Locations	
Administrative	9
Users	
Employer/payer groups	11,423
Single coverage	246,000
Family coverage	291,000
Employees & dependents	1.2 million
Total	1.2 million
Average hospital stay	5.1 days
Hospital admission/1,000 members	84.4

Operational date: January 1976.
Federally qualified.
Certified in: Pennsylvania.
Model type: IPA.
For profit.
Service area: 14 counties in Pennsylvania; all counties in New Jersey, 11 counties in New York; Suffolk, Middlesex, Essex, Worcester, Bristol, Norfolk, Rockingham and Plymouth counties in Massachusetts; Fairfield, Litchfield, New Haven and Hartford counties in Connecticut; Kent, Sussex and New Castle counties in Delaware; Merrimack, Strafford, Rockingham, Cheshire and Hillsborough counties in New Hampshire.
Services: Standard package, including vision, dental, substance abuse, psychiatric services, podiatry, obstetrics/gynecology. Options include durable medical equipment and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating varies. Offers point-of-service contracts, 0.5% of members are enrolled. Offers non-federally qualified programs to employers.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Gross revenues: $1.3 billion in 1990; $1 billion in 1989.
Officers: Leonard Abramson, president; Dr. Hyman Kahn, Dr. Jay Rosan, medical directors.
* Figures are corporate, including all HMOs sponsored by U.S. Healthcare.

United States Health Care Systems of Pennsylvania

980 Jolly Road, P.O. Box 1109, Blue Bell, Pa. 19422; 215-628-4800; fax: 215-283-6438

Staff	
Physicians	1,323
Patients/physician	431
Specialists	5,385
Administrative	424
Marketing	150
Facilities	
Hospitals	163
Pharmacies	1,012
Diagnostic labs	4
Locations	
Administrative	3
Users	
Employer/payer groups	6,838
Single coverage	114,000
Family coverage	140,000
Employees & dependents	555,000
Total	570,000
Average hospital stay	5.2 days
Hospital admission/1,000 members	89.6

Operational date: January 1976.
Federally qualified.
Certified in: Pennsylvania.
NCQA accredited.
Model type: IPA.
For profit.
Ownership: U.S. Healthcare Inc.
Service area: 14 counties in Pennsylvania.
Services: Standard package, including vision, dental, substance abuse, psychiatric services, podiatry, obstetrics/gynecology. Options include durable medical equipment and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating: $112.20 to $115.00 single, $294.60 to 306.20 family; community rating by class. Offers point-of-service contracts, 0.6% of members are enrolled.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Gross revenues: $660.3 million in 1990; $551 million in 1989.
Officers: Leonard Abramson, president; Dr. Raymond Fabius, Dr. Neil Schlackman, medical directors.
See U.S. Healthcare Inc. corporate listing under Pennsylvania.

PUERTO RICO

Blue Cross Health Care Centers

P.O. Box 366068, San Juan, Puerto Rico 00936; 809-759-9898; fax: 809-751-5545

Staff	
Physicians	989
Specialists	679
Administrative	175
Marketing	42
Facilities	
Hospitals	16
Pharmacies	53
Diagnostic labs	60
Locations	
Administrative	5
Primary care	42
Users	
Employer/payer groups	670
Single coverage	9,448
Family coverage	8,234
Employees & dependents	53,939
Total	68,046
Average hospital stay	3.2 days

Operational date: June 1984.
Model type: Direct contracting.
Not for profit.
Service area: Arecibo, Bayamon, Caguas, Guayama, Hato Rey, Humacao, Mayaguez, Ponce y Rio Piedras.
Services: Standard package, including vision, dental, substance abuse, psychiatric services, obstetrics/gynecology. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.
Rating options: Community rating: $33.05 single, $89.40 family.
Enrollment options: Individual enrollment is allowed.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $20 million in 1990; $15 million in 1989.
Officers: Jose Julian Alvarez, executive director; Hector F. Bruno, director; Dr. Ouidio Rodriguez, medical director; Orlando A. Torres, marketing director/external operations.
Contact: Orlando A. Torres, 809-250-5412.

HealthPlus Inc.

Metro Off ce Park, Street 1, Lot 2, Suite 200, Caparra Heights, Guaynabo, Puerto Rico 00968-1705; 809-782-7900; fax: 809-793-1450

Staff	
Physicians	724
Patients/physician	25
Board-certified	7%
Specialists	563
Administrative	9
Marketing	6
Facilities	
Hospitals	36
Diagnostic labs	236
Locations	
Administrative	1
Users	
Employer/payer groups	100
Single coverage	2,289
Family coverage	4,601
Employees & dependents	18,337
Total	18,337
Average hospital stay	3.7 days
Hospital admission/1,000 members	350.4

Operational date: May 1986.
Federally qualified.
Certified in: Puerto Rico.
Model type: IPA.
For profit.
Service area: Puerto Rico.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology. Options include prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating: $68.09 single, $182.14 family.
Enrollment options: Individual enrollment is allowed.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $11.7 million in 1990; $8.5 million in 1989.
Officers: Jaime Figueroa, president; Dr. Herman G. Stubbe, medical director; Amarylis Guindin, marketing director; Gloria Garcia, director-operations; Ivan Lopez, finance manager; Magali Cruz, health services manager; Belen Acevedo, manager-service/enrollment; Maria C. Bird, staff assistant/underwriter.

RHODE ISLAND

HMO Rhode Island Inc.

30 Chestnut St., Providence, R.I. 02915; 401-274-6674; fax: 401-453-2533

Staff	
Physicians	193
Patients/physician	80
Specialists	329
Administrative	37
Marketing	3
Facilities	
Diagnostic labs	4
Locations	
Administrative	1

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Users	
Employer/payer groups	610
Total	15,463
Average hospital stay	3.4 days
Hospital admission/1,000 members	273.7

Operational date: August 1986.
Federally qualified.
Certified in: Rhode Island; portions of Norfolk and Bristol counties in Massachusetts.
Model type: IPA.
For profit.
Ownership: Blue Cross/Blue Shield of Rhode Island.
Service area: Washington, Kent, Providence and Newport counties in Rhode Island; portions of Norfolk and Bristol counties in Massachusetts.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision, dental and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating: $133.98 single, $328.57 family; community rating by class. Offers point-of-service contracts, 1% of members are enrolled.
Management reports: Provided upon request.
Gross revenues: $14.4 million in 1990; $7.1 million in 1989.
Officers: Michael C. Gerbardt, president; Dr. Peter A. Hollman, medical director; T. Clark Phillip, vp-finance/utilization review.
Contact: Patricia Streit, manager-administration/planning.

Ocean State Physicians Health Plan

475 Kilvert St., Warwick, R.I. 02886; 401-737-6900; fax: 401-737-6959

Staff	
Physicians	535
Board-certified	85%
Specialists	1,161
Administrative	170
Marketing	9
Facilities	
Hospitals	20
Pharmacies	115
Diagnostic labs	44
Locations	
Administrative	1
Primary care	1,696
Users	
Employer/payer groups	1,227
Single coverage	26,500
Family coverage	29,247
Employees & dependents	129,676
Total	129,676
Average hospital stay	4 days
Hospital admission/1,000 members	76.5

Operational date: January 1983.
Federally qualified.
Certified in: Rhode Island and Massachusetts.
Model type: IPA.
Not for profit.
Ownership: United HealthCare Corp.
Service area: Rhode Island; Worcester, Norfolk, Middlesex, Plymouth and Bristol counties in Massachusetts.
Services: Standard package, including vision exams, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include dental and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class. Offers point-of-service contracts, 14% of members are enrolled.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.
Management reports: Provided annually upon request.
Billing: National accounts program with consolidated billing available.
Officers: Blair R. Suellentrop, president/chief executive officer; Dr. Anthony J. Kazlauskas, medical director; James Moniz Jr., marketing director; Matt Vustal, vp-health services; Edward A. Perry, vp-sales.
Contact: Edward A. Perry.
See United HealthCare Corp. under Minnesota

Pilgrim Health Care Inc.

P.O. Box 9102, Norwell, Mass. 02061; 800-742-8326; fax: 617-982-9474

See Pilgrim Health Care Inc. in Massachusetts.

SOUTH CAROLINA

Companion Healthcare Corp.

P.O. Box 6170, Columbia, S.C. 29260; 803-786-8466; fax: 803-786-7238

Staff	
Physicians	123
Patients/physician	243
Board-certified	77%
Specialists	800
Administrative	61
Marketing	45
Facilities	
Hospitals	23
Pharmacies	6 chains
Diagnostic labs	1
Locations	
Administrative	1
Users	
Employer/payer groups	110
Single coverage	10,160
Family coverage	6,466
Employees & dependents	30,405
Total	30,592
Average hospital stay	4.1 days
Hospital admission/1,000 members	65

Operational date: October 1984.
Federally qualified.
Certified in: South Carolina.
Model type: IPA.
For profit.
Ownership: Blue Cross/Blue Shield of South Carolina.
Service area: 24 counties in South Carolina.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, smoking cessation, accidental death/dismemberment policy. Options include vision and dental. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class, adjusted community rating. Offers point-of-service contracts, 2% of members are enrolled.
Enrollment options: Individual enrollment is allowed.
Management reports: Provided upon request.
Gross revenues: $27.2 million in 1990; $20.2 million in 1989.
Officers: Harvey L. Galloway, senior vp/chief operating officer; Dr. Richard P. Foster Jr., vp-medical director; Nancy R. Reid, marketing director; Elaine Chapman Fairey, vp-provider relations.
Contact: Nancy R. Reid, 803-788-0222, ext. 2797.

Physicians Health Plan of South Carolina

110 Centerview Dr., Suite 301, Columbia, S.C. 29210-8438; 803-750-7400; fax: 803-750-7487

Staff	
Physicians	303
Patients/physician	69
Board-certified	90%
Specialists	370
Administrative	30
Marketing	5
Facilities	
Hospitals	17
Pharmacies	335
Diagnostic labs	2
Locations	
Administrative	7
Users	
Employer/payer groups	115
Single coverage	3,439
Family coverage	5,311
Employees & dependents	20,329
Total	20,329
Average hospital stay	3.7 days
Hospital admission/1,000 members	79

Operational date: April 1985.
Certified in: South Carolina.
Model type: IPA.
Not for profit.
Service area: 16 counties in South Carolina.
Services: Standard package, including podiatry, obstetrics/gynecology, allergy services and emergency services/supplies. Options include experimental procedures, vision, dental, substance abuse, psychiatric services, durable medical equipment, hearing aid, infertility services and organ transplant. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Adjusted community rating. Offers point-of-service contracts, 66% of members are enrolled.
Management reports: Provided upon request.
Billing: National accounts program with consolidated billing available.
Officers: William E. Martin, chief executive officer; Dr. Hugh Dubose, medical director; Pamela Fields, director-sales; Beverly Smith, chief financial officer.

SOUTH DAKOTA

DakotaCare

1323 S. Minnesota Ave., Sioux Falls, S.D. 57105; 605-334-4000; fax: 605-366-0270

Staff	
Physicians	460
Patients/physician	46
Board-certified	75%
Specialists	489
Administrative	40
Marketing	60
Facilities	
Hospitals	61
Pharmacies	217
Locations	
Administrative	1
Primary care	400
Users	
Employer/payer groups	1,552
Single coverage	5,454
Family coverage	4,617
Employees & dependents	21,625
Total	21,625
Average hospital stay	3.8 days
Hospital admission/1,000 members	94.3

Operational date: March 1986.
Certified in: South Dakota.
Model type: IPA.
For profit.
Ownership: South Dakota Medical Assn.
Service area: South Dakota.
Services: Standard package, including psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision, substance abuse, chiropractic. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class, adjusted community rating.
Enrollment options: Individual enrollment allowed.
Management reports: Provided semi-annually or upon request.
Gross revenues: $24 million in 1990; $23.5 million in 1989.
Officers: Dr. Robert L. Ferrell, president; Robert D. Johnson, chief executive officer; Dr. Russell H. Harris, medical director; Kirk J. Zimmer, senior vp/medical director; L. Paul Jensen, executive vp.
Contact: Kirk J. Zimmer.

TENNESSEE

Aetna Health Plans of Tennessee

3319 West End Ave., Suite 900, Nashville, Tenn. 37203; 615-298-9990; fax: 615-298-9918

Staff	
Physicians	245
Patients/physician	61
Board-certified	90%
Specialists	850
Facilities	
Hospitals	28
Pharmacies	65
Users	
Employer/payer groups	130
Total	14,000

Model type: IPA.
Ownership: Aetna Life Insurance Co.
Service area: Davidson and 21 contiguous counties in Tennessee.
Services: Standard package, including durable medical equipment, podiatry, obstetrics/gynecology. Options include substance abuse, psychiatric services and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating, community rating by class, adjusted community rating. Offers point-of-service contracts.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: Amy Williams, market manager; Cliff McGown, general manager; Dr. Dan Barco, medical director; Cliff McGown, marketing director.
Contact: Jeff Forshee, 615-298-9990.
See Aetna Life Insurance Co. of Texas.

CIGNA HealthPlan of Tennessee Inc.

850 Ridge Lake Blvd., Suite 210, Memphis, Tenn. 38119

Staff	
Physicians	11
Patients/physician	500
Board-certified	69%
Specialists	466
Facilities	
Hospitals	18
Pharmacies	101
Diagnostic labs	6
Locations	
Administrative	2
Primary care	948
Users	
Total	25,713

Operational date: January 1988.
Model type: IPA.
For profit.
Ownership: CIGNA Corp.
Service area: Shelby, Tipton and Fayette counties in Tennessee.
Services: Standard package, including experimental procedures, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, skilled nursing/extended facilities, short-term rehabilitation/physical therapy, external prosthesis and hearing. Options include vision and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class, adjusted community rating. Offers point-of-service contracts. Offers non-federally qualified programs to employers.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: William Quanstrom, executive director; Dr. James Bryant, medical director.
Contact: William Quanstrom.
See CIGNA Corp. under Connecticut.

CIGNA HealthPlan of Tennessee Inc.

155 Franklin Road, Suite 150, Brentwood, Tenn. 37027; 615-373-9342; fax: 615-370-0967

Staff	
Physicians	167
Patients/physician	500
Board-certified	87%
Specialists	540
Facilities	
Hospitals	12
Pharmacies	73
Locations	
Administrative	2
Primary care	1,069
Users	
Total	19,246

Operational date: January 1988.
Certified in: Tennessee.
Model type: IPA.
For profit.
Ownership: CIGNA Corp.
Service area: 12 counties in Tennessee.
Services: Standard package, including experimental procedures, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology. Options include vision and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating, community rating by class, adjusted community rating. Offers point-of-service contracts.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: David Mathis, executive director/general manager.
See CIGNA Corp. under Connecticut.

Heritage Healthplan Services Inc.

11 Corporate E. 1910 E. Kimberly Road, Davenport, Iowa 52807; 319-344-4400; fax: 319-344-4486
Service area: 15 counties in Tennessee.
See Heritage National Healthplan Services Inc. under Iowa.

PruCare of Memphis

845 Crossover Lane, Suite 220, Memphis, Tenn. 38117; 901-766-7908; fax: 901-763-3470

Staff	
Physicians	19
Patients/physician	1,342
Board-certified	95%
Specialists	124
Administrative	12
Marketing	5
Facilities	
Hospitals	3
Pharmacies	3
Diagnostic labs	1
Locations	
Administrative	1
Primary care	4
Users	
Employer/payer groups	104
Single coverage	5,456
Family coverage	5,965
Employees & dependents	25,500
Total	25,500
Average hospital stay	5.1 days
Hospital admission/1,000 members	81.4

Operational date: November 1982.
Federally qualified.
Certified in: Tennessee.
NCQA qualification pending.
Model type: Group.
For profit.
Ownership: Prudential Insurance Co. of America.
Service area: Shelby county in Tennessee.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision, dental and prescription drug. Diagnostic testing and lab work performed by the HMO facilities.
Rating options: Community rating: $124.38 single, $386.83 family.
Enrollment options: Individual enrollment is allowed.
Management reports: Provided annually.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: David George, vp; Donna DeVaughn-Tidline, director-group operations; Dr. Manoj Narayanan, medical director; Edward Hastings, manager-group marketing.
Contact: Robert Griffin, vp-group marketing, 3100 Cumberland Circle, Suite 1100, Atlanta, Ga. 30339; 404-933-6605.

PruCare of Nashville

227 French Landing Dr., Suite 300, Nashville, Tenn. 37228; 615-248-7100; fax: 615-248-7167

Staff	
Physicians	39
Patients/physician	682
Board-certified	95%
Specialists	44
Administrative	12
Marketing	6
Facilities	
Hospitals	8
Pharmacies	10
Diagnostic labs	1
Locations	
Administrative	1
Primary care	3
Users	
Employer/payer groups	142
Single coverage	5,783
Family coverage	6,698
Employees & dependents	26,600
Total	26,600
Average hospital stay	4 days
Hospital admission/1,000 members	76.3

Operational date: September 1980.
Federally qualified.
Certified in: Tennessee.
NCQA qualification pending.
Model type: Group.
For profit.
Ownership: Prudential Insurance Co. of America.

Continued on next page

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Service area: Cheatham, Davidson, Robertson, Rutherford, Sumner, Williamson and Wilson counties in Tennessee.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision, dental and prescription drug. Diagnostic testing and lab work performed by the HMO facilities.

Rating options: Community rating: $138.76 single, $364.94 family.

Enrollment options: Individual enrollment is allowed.

Management reports: Provided annually or upon request.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Officers: David George, vp; Fred Dodson, director-group operations; Dr. Mark Mahler, medical director; Robert Levy, regional group manager.

Contact: Robert Griffin, vp-group marketing; 3100 Cumberland Circle, Suite 1100, Atlanta, Ga. 30339; 404-933-6605.

Southern Health Plan Inc.

600 Jefferson Ave., Memphis, Tenn. 38105; 901-578-3202; fax: 901-578-3250

Staff	
Physicians	428
Patients/physician	85
Board-certified	90%
Facilities	
Hospitals	24
Pharmacies	143
Locations	
Administrative	2
Primary care	5
Users	
Employer/payer groups	200
Single coverage	6,285
Family coverage	8,838
Employees & dependents	36,373
Total	36,373
Average hospital stay	4.3 days
Hospital admission/1,000 members	380

Operational date: 1980.
Federally qualified.
Certified in: Tennessee.
Model type: IPA.
Not for profit.
Ownership: Blue Cross Blue Shield of Memphis.
Service area: Shelby, Fayette, Tipton, Lauderdale, Haywood and Madison counties in Tennessee.

Services: Standard package, including vision, durable medical equipment, podiatry, obstetrics/gynecology. Options include dental, substance abuse, psychiatric services. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.

Rating options: Adjusted community rating. Offers point-of-service contracts, 40% of members are enrolled. Offers non-federally qualified programs to employers.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA.

Gross revenues: $36.9 million in 1990; $63.9 million in 1989.

Officers: Mr. Gene Holcomb, president; Tim Hogan, executive director; Dr. Alys Lipscomb, medical director; Brenda Kremser, marketing director.

Contact: Tim Hogan.

Tennessee HealthCare Network Inc.

P.O. Box 1407, Chattanooga, Tenn. 37401; 615-755-5744; fax: 615-752-6475

Staff	
Physicians	274
Patients/physician	62
Board-certified	92%
Specialists	1,337
Administrative	38
Marketing	10
Facilities	
Hospitals	45
Pharmacies	1,200
Diagnostic labs	4
Locations	
Administrative	6
Primary care	8
Users	
Employer/payer groups	259
Single coverage	2,615
Family coverage	3,916
Employees & dependents	15,176
Total	15,191
Average hospital stay	4.4 days
Hospital admission/1,000 members	89

Operational date: February 1985.
Certified in: Tennessee.
Model type: Network.
Ownership: Blue Cross & Blue Shield of Tennessee.
Service area: 33 counties in Tennessee.

Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating by class, adjusted community rating.

Enrollment options: Individual enrollment allowed.

Management reports: Provided annually.

Billing: Provides direct billing for premiums under COBRA.

Gross revenues: $17.9 million in 1990; $15.4 million in 1989.

Officers: Wayne E. Willison, president/chief executive officer; Dr. Nady Cates, medical director; Kenneth E. Tolliver, vp/marketing director; G. Tom Long, vp; Wesley Sorrow, secretary/treasurer.

TEXAS

Aetna Health Plans

9494 Southwest Freeway, Suite 508, Houston, Texas 77074-1419; 713-776-2887; fax: 713-989-5662

Staff	
Physicians	245
Patients/physician	73
Specialists	885
Facilities	
Hospitals	13
Pharmacies	1 chain
Users	
Employer/payer groups	125
Total	18,000

Operational date: 1985.
Model type: IPA.
For profit.
Ownership: Aetna Life Insurance Co.

Service area: Fort Ben, Harris, Montgomery, Liberty, Brazoria, Galveston, Waller and Chambers counties in Texas.

Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options includes prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating, community rating by class, adjusted community rating. Offers point-of-service contracts.

Management reports: Provided upon request.

Billing: National accounts program with consolidated billing available.

Officers: Brigid Pace, executive director; Dr. Sandra Scurria, medical director; Rick Barrett, marketing director.

Contact: Rick Barrett, 713-683-7547.

See Aetna Life Insurance corporate listing under Connecticut.

CIGNA Healthplan of Texas Inc.

600 E. Las Colinas Blvd., Suite 1100, Irving, Texas 75039; 214-401-5200; fax: 214-401-5399

Staff	
Physicians	394
Patients/physician	500
Board-certified	87%
Specialists	943
Facilities	
Hospitals	29
Pharmacies	5
Diagnostic labs	14
Locations	
Administrative	2
Primary care	1,870
Users	
Total	102,528

Operational date: July 1980.
Federally qualified.
Certified in: Texas.
Model type: IPA/staff.
For profit.
Ownership: CIGNA Corp.
Service area: 14 counties in Texas.

Services: Standard package, including experimental procedures, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology. Options include vision and prescription drug. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.

Rating options: Community rating, community rating by class, adjusted community rating. Offers point-of-service contracts. Offers non-federally qualified programs to employers.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Officers: Chuck Neff, executive director; Dr. Steven Peskin, medical director.

Contact: Chuck Neff.

See CIGNA Corp. under Connecticut.

CIGNA HealthPlan of Texas Inc.

1360 Post Oak Blvd., Suite 1100, Houston, Texas 77056; 713-552-7600; fax: 713-552-7699

Staff	
Physicians	262
Patients/physician	503
Board-certified	87%
Specialists	1,023
Facilities	
Hospitals	24
Pharmacies	133
Diagnostic labs	3
Locations	
Administrative	2
Primary care	1,951
Users	
Total	45,824

Operational date: June 1982.
Federally qualified.
Certified in: Texas.
Model type: Group/IPA.
For profit.
Ownership: CIGNA Corp.
Service area: 12 counties in Texas.

Services: Standard package, including experimental procedures, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, skilled nursing/extended facilities, short-term rehabilitation and physical therapy, external prosthesis and hearing screening. Options include vision and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating, community rating by class, adjusted community rating. Offers point-of-service contracts.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Officers: Dennis Edmonds, executive director/general manager; Dr. Vernon Walters, medical director.

Contact: Dennis Edmonds.

See CIGNA Corp. under Connecticut.

Coastal Bend Health Plan

2502 Morgan, Corpus Christi, Texas 78413; 512-887-0101; fax: 512-887-8115

Staff	
Physicians	355
Patients/physician	133
Board-certified	90%
Specialists	224
Administrative	34
Marketing	13
Facilities	
Hospitals	8
Pharmacies	52
Diagnostic labs	11
Locations	
Administrative	1
Users	
Total	22,821

Operational date: December 1985.
Federally qualified.
Certified in: Texas.
Model type: IPA.
Service area: Nueces, San Patricio, Kleberg, Aransas, Jim Wells, Refugio, Victoria, Calhoun counties in Texas.

Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating by class.

Management reports: Provided quarterly or annually.

Billing: National accounts program with consolidated billing available.

Officers: Dr. James McCutchon, president; Diana Tshida, executive director; Dr. William Burgin, medical director; Judy Hale, marketing director.

Greater Amarillo Health Plan Inc.

1901 Medi Park, Suite 2000, Amarillo, Texas 79106; 806-358-5151; fax: 806-358-5178

Staff	
Physicians	58
Patients/physician	499
Board-certified	78%
Specialists	106
Administrative	44
Marketing	4
Facilities	
Hospitals	4
Pharmacies	31
Diagnostic labs	1
Locations	
Administrative	1
Primary care	96
Users	
Employer/payer groups	242
Single coverage	5,250
Family coverage	7,097
Employees & dependents	28,922
Total	28,922
Average hospital stay	4.2 days
Hospital admission/1,000 members	111

Operational date: May 1986.
Federally qualified.
Certified in: Texas.
Model type: IPA.
For profit.
Service area: Central Texas Panhandle including Potter, Randall, Carson and Armstrong counties; portions of Deaf Smith, Hutchinson, Moore, Oldham and Swisher counties in Texas.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include psychiatric services, prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating by class, adjusted community rating.

Management reports: Provided upon request.

Gross revenues: $25.8 million in 1990; $13.4 million in 1989.

Officers: Gary L. Gerard, chief executive officer; Phillip W. Hudson, chief financial officer; Dr. Ted M. Nicklaus, medical director; Chuck Walker, marketing director; Beverly Sheppard, director-administrative services.

Contact: Chuck Walker, director-marketing.

Harris Methodist Health Plan

1325 Pennsylvania Ave., Fort Worth, Texas 76104; 817-878-5831; fax: 817-878-5889

Staff	
Physicians	246
Patients/physician	240
Board-certified	96%
Specialists	579
Administrative	47
Marketing	5
Facilities	
Hospitals	17
Pharmacies	417
Diagnostic labs	3
Locations	
Administrative	1
Primary care	500
Users	
Employer/payer groups	137
Total	59,000

Operational date: March 1986.
Federally qualified.
Certified in: Texas.
Model type: IPA.
Not for profit.
Ownership: Harris Methodist Health System.
Service area: 19 counties in Fort Worth, Dallas area.

Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating: $125 single, $375 family; community rating by class; adjusted community rating.

Gross revenues: $63.9 million in 1990; $42.6 million in 1989.

Officers: Ronald Smith, president; Dr. Thomas Q. Davis, medical director; Michael Clark, vp/marketing director; Don Hamlin, vp/chief financial officer; Rosemary Woods, vp-provider relations.

Houston/New York Life Health Plan Inc.

3800 Buffalo Speedway, Suite 200, Houston, Texas 77098; 713-993-9520; fax: 713-963-9417

Staff	
Physicians	385
Patients/physician	598
Board-certified	83%
Specialists	1,447
Administrative	29
Marketing	28

Continued on next page

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Continued from previous page

Facilities	
Hospitals	48
Pharmacies	157
Diagnostic labs	2
Locations	
Administrative	6
Primary care	2,221
Users	
Employer/payer groups	637
Single coverage	53,334
Family coverage	32,599
Employees & dependents	217,610
Total	219,138
Average hospital stay	4.2 days
Hospital admission/1,000 members	80.3

Operational date: June 1983.
Federally qualified.
Certified in: Texas.
Model type: Mixed Group/IPA.
For profit.
Ownership: Sanus Corp. Health Systems.
Service area: 18 counties in Texas.
Services: Standard package, including substance abuse, podiatry. Options include vision, dental, psychiatric services, durable medical equipment, obstetrics/gynecology, prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating: $115.39 single, $351.93 family; community rating by class; adjusted community rating. Offers point-of-service contracts, 39% of members are enrolled. Offers non-federally qualified programs to employers.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.
Management reports: Provided annually.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Gross revenues: $230.1 million in 1990; $175 million in 1989.
Officers: Joseph Lynaugh, president; Donald H. Triano, executive director; Frank Volpe, medical director; Douglas C. Hoffman, marketing director; Jim D. Helton, director-health services; Donald F. Carroll, operations director; Mike Stock, finance director.

Humana Health Plan of Corpus Christi

5350 S. Staples, Suite 301, Corpus Christi, Texas 78411;
512-994-2000; fax: 512-994-2085

Users	
Employees & dependents	24,054

Operational date: April 1982.
Model type: IPA.
Ownership: Humana Inc.
Service area: Nueces and San Patricio counties in Texas.
Officers: Richard Willis, executive director; Diane Coleman, sales manager; Dr. David Olson, medical director.
See Humana Health Care Plans under Kentucky.

Humana Health Plan of Texas Inc.

Med Center Plaza, 8431 Fredericksburg Road, San Antonio, Texas 78229; 512-558-1000; fax: 512-558-1019

Users	
Employees & dependents	79,060

Operational date: December 1984.
Model type: IPA/group.
Federally qualified:
Service area: Ataswsa, Bandera, Bexar, Blanco, Corral, Frio, Guadalupe, Kendall, Media and Wilson counties in Texas.
Officers: Brenda Luckett, executive director; Cindy Miller, sales manager, Dr. David Haddad, medical director.
See Humana Health Care Plans under Kentucky.

Kaiser Permanente, Texas Region

12720 Hillcrest Road, Suite 600, Dallas, Texas 75230;
214-458-5000; fax: 214-458-5116

Staff	
Physicians	100
Board certified physicians	67%
Specialists	455
Administrative/marketing	770
Facilities	
Hospitals	5
Pharmacies	9
Diagnostic labs	10
Locations	
Administrative	1
Primary care	9
Users	
Employer/payer groups	569
Employees with single coverage	21,903
Employees with family coverage	26,614
Employees & dependents	108,973
Total	116,754
Average hospital stay	4.5 days
Hospital admission/1,000 members	74

Operational date: June 1979.
Federally qualified.
Certified in: Texas.
Model type: Group.
Not for profit.
Ownership: Permanente Medical Association of Texas, Kaiser Foundation Health Plan of Texas.
Service area: Dallas and Tarrant counties; portions of Collin, Denton, Ellis, Hood, Johnson, Kaufman, Parker, Rockwall and Wise counties in Texas.
Services: Standard package, including vision, substance abuse, psychiatric services, obstetrics/gynecology, physical/occupational/speech therapy, hemodialysis, extended nursing care services and home health services. Options include dental, durable medical equipment and prescription drug. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.
Rating options: Adjusted community rating.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.
Management reports: Provided quarterly, annually or upon request.
Billing: National accounts program with consolidated billing available. National accounts program with consolidated billing available to multi-state employers.
Gross revenues: $121 million in 1990; $86 million in 1989.
Officers: Wayne R. Moon, president/manager-operations; Margaret Jordan, regional manager; Dr. Richard Hoffmann, medical director; John Pinkney, manager-health plan.
Contact: John Pinkney.
See Kaiser corporate listing under California.

MetLife Healthcare Network-Texas

1320 Greenway Dr., Suite 400, Irving, Texas 75038-2510;
214-751-0777

Staff	
Physicians	970
Specialists	1,770
Facilities	
Hospitals	52
Locations	
Administrative	2

Operational date: January 1987.
Certified in: Texas.
Model type: IPA.
For profit.
Ownership: Metropolitan Life Insurance Co.
Service area: Collin, Dallas, Denton, Tarrant counties in Texas.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include prescription drug, vision and dental. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating, experience rating.
Management reports: Provided upon request.
Billing: National accounts program with consolidated billing available.
Officers: Bill Wagner, president/chief operating officer-Houston; Donna Wright, chief operating officer-Dallas.

PacifiCare of Texas

8122 Datapoint Drive, Suite 1010, San Antonio, Texas 78229
Officers: Jon Wampler, president; Kris Petersen, marketing director; Peter Van Valkinburgh, director-finance.
See PacifiCare Health Systems Inc. corporate listing under California.

Continued on next page



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Prudential Health Care Plan Inc.-Austin

8303 Mopac Expressway, Suite 210-A, Austin, Texas 78759; 512-465-6662; fax: 512-346-4827

Staff	
Physicians	71
Patients/physician	818
Board-certified	89%
Specialists	276
Administrative	51
Marketing	14
Facilities	
Hospitals	8
Pharmacies	5
Diagnostic labs	1
Locations	
Administrative	1
Users	
Total	58,116
Average hospital stay	4.2 days
Hospital admission/1,000 members	61

Operational date: October 1980.
Federally qualified.
Certified in: Texas.
Model type: Group.
For profit.
Ownership: The Prudential Insurance Co.
Service area: Travis, Hays, Bastrop; portions of Williamson and Caldwell counties in Texas.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.
Rating options: Community rating: $128.49 single, $349.96 family.
Management reports: Provided annually.
Billing: National accounts program with consolidated billing available.
Officers: Herman Wright Jr., regional group manager; Dr. A. Bryan Spires Jr., medical director.

Prudential Health Care Plan Inc.-Houston

24 Greenway Plaza, Suite 500, Houston, Texas 77046; 713-993-0311; fax: 713-993-3696

Staff	
Physicians	83
Patients/physician	1,550
Board-certified	92%
Specialists	28
Administrative	154
Marketing	25
Facilities	
Hospitals	2
Pharmacies	16
Diagnostic labs	1
Locations	
Administrative	1
Primary care	12
Users	
Total	128,731
Average hospital stay	4.8 days
Hospital admission/1,000 members	74

Operational date: June 1976.
Federally qualified.
Certified in: Texas.
Model type: Group.
For profit.
Ownership: The Prudential Insurance Co.
Service area: Harris and portions of Brazoria, Fort Bend, Galveston, Montgomery and Walter counties in Texas.
Services: Standard package, including vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating: $119.80 single, $349.17 family.
Management reports: Provided annually.
Officers: Vincent Contorno, vp/city administrator; Dewitt Smith, marketing director; Dr. James G. Gengelbach, medical director.

Prudential Health Care Plan Inc.-North Texas

6060 N. Central Expressway, Suite 750, Dallas, Texas 75206; 214-369-8480; fax: 214-987-1923

Staff	
Physicians	586
Patients/physician	31
Board-certified	90%
Specialists	861
Administrative	100
Marketing	50
Facilities	
Hospitals	31
Diagnostic labs	10
Locations	
Administrative	1
Users	
Total	18,028
Average hospital stay	4.5 days
Hospital admission/1,000 members	72

Operational date: January 1987.
Federally qualified.
Certified in: Texas.
NCQA qualification pending.
Model type: IPA.
For profit.
Ownership: The Prudential Insurance Co.
Service area: Denton, Collin, Parker, Tarrant, Dallas, Rockwall, Kaufman, Hood and Somerville counties in Texas.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating: $130.68 single, $396.73 family.
Management reports: Provided annually.
Billing: National accounts program with consolidated billing available.
Officers: Victor Lazarro, director/city administration; Joel N. Suarez, marketing director; Dr. Robert Jacqmin, medical director.
Contact: Joel N. Suarez.

Prudential Health Care Plan Inc.-San Antonio

613 Northwest Loop 410, Suite 600, San Antonio, Texas 78216; 512-366-1921; fax: 512-366-1209

Staff	
Physicians	156
Patients/physician	112
Board-certified	88%
Specialists	334
Administrative	48
Marketing	13
Facilities	
Hospitals	9
Pharmacies	80
Locations	
Administrative	1
Users	
Total	17,517
Average hospital stay	4.5 days
Hospital admission/1,000 members	94

Operational date: November 1984.
Federally qualified.
Certified in: Texas.
Model type: IPA.
For profit.
Ownership: The Prudential Insurance Co.
Service area: Bexar, Comal, Guadalupe and Kendell counties in Texas.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating: $112.51 single, $292.50 family.
Management reports: Provided annually.
Billing: National accounts program with consolidated billing available.
Officers: Robert L. Smith Jr., director/city administration; Halbert R. Carmichael, regional group manager; Dr. C. William Metcalf, medical director.

Rio Grande HMO

4150 Pinnacle, Suite 203, El Paso, Texas 79902

Users	
Employees & dependents	10,192

Operational date: March 1987.
Model type: IPA.
Sponsorship: Blue Cross and Blue Shield of Texas Inc.

Sanus Texas Health Plan

8600 Freeport Parkway, Suite 3040, Irving, Texas 75063; 214-929-0376; fax: 214-929-4873

Staff	
Physicians	282
Patients/physician	423
Board-certified	85%
Specialists	927
Administrative	25
Marketing	21
Facilities	
Hospitals	37
Pharmacies	286
Diagnostic labs	45
Locations	
Administrative	1
Primary care	1,200
Users	
Employer/payer groups	373
Single coverage	26,876
Family coverage	27,255
Employees & dependents	112,512
Total	119,416
Average hospital stay	3.9 days
Hospital admission/1,000 members	103

Operational date: January 1984.
Federally qualified.
Certified in: Texas.
Model type: Mixed Group/IPA.
For profit.
Ownership: Sanus Corp. Health Systems.
Service area: 19 counties in Texas.
Services: Standard package, including substance abuse, podiatry, obstetrics/gynecology. Options include vision, dental, durable medical equipment, prescription drug. Diagnostic testing or lab work performed by contract with independent facilities.
Rating options: Community rating: $111.20 single, $339.17 family; community rating by class. Offers point-of-service contracts, 22.8% of members are enrolled.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries.
Management reports: Provided annually.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Gross revenues: $128.2 million in 1990; $91.4 million in 1989.
Officers: Joseph Lynaugh, president; Max Brown Jr., executive director; Dr. Joseph M. Cheek, medical director; Susan Pohly, marketing director; Nate Eudaly, chief financial officer; Brenda McDonald, director-operations; Fred Thorpe, management information systems.

Southwest, an Aetna Health Plan

2350 Lakeside Blvd., Suite 720, Richardson, Texas 75082; 214-470-7878; fax: 214-470-9642

Staff	
Physicians	275
Patients/physician	200
Specialists	1,000
Facilities	
Hospitals	25
Pharmacies	175
Locations	
Administrative	1
Users	
Employer/payer groups	135
Total	55,000

Operational date: 1985.
Federally qualified.
Certified in: Texas.
Model type: IPA.
Ownership: Aetna Life Insurance Co., Baylor Health Care System.
Service area: Dallas, Tarrant, Colin and Ellis counties in Texas.
Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include dental and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class, adjusted community rating. Offers point-of-service contracts.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: William Shalley, market manager; Stephen Yerxa, executive director; Peggy Duvall, marketing director.
See Aetna corporate listing under Connecticut.

Travelers Health Network of Texas Inc.-Austin

9442 Capital of Texas Highway, Suite 600, Austin, Texas 78759; 512-338-6800; fax: 512-338-6812

Staff	
Physicians	274
Patients/physician	95
Board-certified	30%
Specialists	566
Administrative	26
Facilities	
Hospitals	10
Pharmacies	92
Locations	
Administrative	1
Users	
Employees & dependents	26,115

Operational date: December 1986.
Federally qualified.
Certified in: Texas.
Model type: IPA.
For profit.
Ownership: The Travelers Cos.
Service area: 12 counties in Texas.
Services: Standard package, including substance abuse, durable medical equipment, obstetrics/gynecology, artificial aids. Options include vision, psychiatric services, prescription drug, family planning. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: Dr. Rene Lere, president; Connie Barron, executive director; Dr. Terry Sutton, medical director.
Contact: Shelley Nakunz, product management analyst, 214-470-5865.

Travelers Health Network of Texas Inc.-Dallas/Fort Worth

2250 Lakeside Blvd., Suite 330, Richardson, Texas 75082; 214-437-3074; fax: 214-470-5855

Staff	
Physicians	427
Patients/physician	16
Board-certified	13%
Specialists	1,362
Administrative	22
Facilities	
Hospitals	30
Pharmacies	209
Locations	
Administrative	1
Users	
Employees & dependents	6,836

Operational date: June 1986.
Certified in: Texas.
Model type: IPA.
For profit.
Ownership: The Travelers Cos.
Service area: 12 counties in Texas.
Services: Standard package, including substance abuse, durable medical equipment, obstetrics/gynecology, artificial aids. Options include prescription drug, family planning, vision. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts, 21% of members are enrolled.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: Dr. Rene Lerer, president; Dave Barker, executive director; Dr. Andrew Small, medical director.
Contact: Shelley Nakunz, product management analyst, 214-470-5865.

Travelers Health Network of Texas Inc.-Houston

10800 Richmond Ave., Houston, Texas 77042; 713-268-7800; fax: 713-268-7820

Staff	
Physicians	1,427
Patients/physician	8
Board-certified	9%
Specialists	2,577
Administrative	21
Facilities	
Hospitals	26
Pharmacies	232
Locations	
Administrative	1
Users	
Employees & dependents	11,145

Operational date: December 1985.
Federally qualified.
Certified in: Texas.
Model type: IPA.
For profit.
Ownership: The Travelers Cos.
Service area: Fort Bend, Galveston, Harris, Montgomery, Waller counties in Texas.
Services: Standard package, including substance abuse, durable medical equipment, obstetrics/gynecology. Options include vision, psychiatric services, family planning. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts, 3% of members are enrolled. Offers non-federally qualified programs to employers.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: Dr. Rene Lerer, president; Tom Jackson, executive director; Dr. Terry Sanderson, medical director.
Contact: Shelley Nakunz, product management analyst, 214-470-5865.

Travelers Health Network of Texas Inc.-San Antonio

9442 Capital of Texas Highway N., Suite 600, Austin, Texas 78759; 512-338-6800; fax: 512-338-6812

Staff	
Physicians	120
Patients/physician	63
Board-certified	16%
Specialists	420
Administrative	26
Facilities	
Hospitals	10
Pharmacies	76
Locations	
Administrative	1
Users	
Employees & dependents	7,499

Operational date: September 1985.
Federally qualified.
Certified in: Texas.
Model type: IPA.
For profit.
Ownership: The Travelers Cos.
Service area: 10 counties in Texas.
Services: Standard package, including substance abuse, durable medical equipment, obstetrics/gynecology. Options include vision, psychiatric services, prescription drug, family planning-surgical. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: Dr. Rene Lerer, president; Connie Barron, executive director; Dr. Terry Sutton, medical director.
Contact: Shelley Nakunz, product management analyst, 214-470-5865.

UTAH

CIGNA Healthplan of Utah Inc.

5295 S. 320 West, Suite 280, Salt Lake City, Utah 84107; 801-265-2777

Staff	
Physicians	240
Patients/physician	500
Board-certified	87%
Specialists	546
Facilities	
Hospitals	17
Pharmacies	87
Diagnostic labs	1
Locations	
Administrative	2
Primary care	1,203
Users	
Total	17,583

Operational date: January 1985.
Certified in: Utah.
Model type: IPA.
For profit.
Ownership: CIGNA Corp.
Service area: 10 counties in Utah.
Services: Standard package, including experimental procedures, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, skilled nursing/extended facilities, short-term rehabili-

Continued on next page

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tation and physical therapy, external prosthesis and hearing screening. Options include vision and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating, community rating by class, adjusted community rating. Offers point-of-service contracts.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Officers: Bob Immitt, executive director; Dr. Taylor Jeppson, medical director.

Contact: Bob Immit.

See CIGNA Corp. under Connecticut.

FHP Health Care

35 W. Broadway, Salt Lake City, Utah 84101; 801-355-1234

See FHP Health Care under California.

HealthWise

2455 Parley's Way, Salt Lake City, Utah 84109; 801-481-6177; fax: 801-481-6994

Staff	
Physicians	1,200
Patients/physician	347
Board-certified	100%
Specialists	941
Administrative	38
Marketing	6
Facilities	
Hospitals	17
Pharmacies	200
Diagnostic labs	6
Locations	
Administrative	3
Primary care	500
Users	
Employer/payer groups	208
Single coverage	6,333
Family coverage	6,320
Employees & dependents	12,653
Total	30,952
Average hospital stay	3.4 days
Hospital admission/1,000 members	57.8

Operational date: September 1982.

Federally qualified.

Certified in: Utah.

Model type: Network.

For profit.

Ownership: Blue Cross Blue Shield of Utah.

Service area: Salt Lake, Utah, Weber, Davis, Tooele, Summit and Morgan counties in Utah.

Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include experimental procedures, dental and extended benefits. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating: $86.50 single, $260 family; community rating by class; adjusted community rating. Offers non-federally qualified programs to employers.

Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.

Management reports: Provided monthly.

Gross revenues: $30.6 million in 1990; $34.2 million in 1989.

Officers: Jed H. Pitcher, president; Michael E. Tobin, executive director; Dr. W. Knox Fitzpatrick Jr., medical director; Mike Mitchell, marketing director; Francis X. Leonard, Dennis B. Tierney, J. Reid Greenwood.

Contact: Francis X. Leonard, 801-481-6535.

Physicians Health Plan of Utah

7910 S. 3500 E., Suite 100, Salt Lake City, Utah 84121; 801-942-6200; fax: 801-942-0416

Staff	
Physicians	368
Board-certified	50%
Specialists	397
Administrative	22
Marketing	10
Facilities	
Hospitals	12
Pharmacies	92
Diagnostic labs	5
Locations	
Administrative	1
Primary care	1,000
Users	
Employer/payer groups	250
Single coverage	3,809
Family coverage	9,221
Employees & dependents	12,936
Total	37,757
Average hospital stay	3.2 days
Hospital admission/1,000 members	68

Operational date: October 1984.

Federally qualified.

Certified in: Utah.

Model type: IPA.

For profit.

Ownership: United Life Management Co., United Healthcare Corp.

Service area: Salt Lake, Utah, Davis, Weber, Bas Elder and Tooele counties in Utah.

Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include diabetic supplies. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Adjusted community rating. Offers point-of-service contracts, 25% of members are enrolled.

Management reports: Provided.

Officers: Colin Gardner, president; Dr. Gilbert Podolsky, medical director; Leonard Grover, director-marketing; Sandra Wafrous, director-operations.

See United HealthCare Corp. under Minnesota.

VIRGINIA

Aetna Health Plans of the Mid-Atlantic

7799 Leesburg Pike, Suite 1100-S., Falls Church, Va. 22041; 703-903-7100; fax: 703-903-0316

Staff	
Physicians	700
Patients/physician	51
Board-certified	82%
Specialists	1,600
Facilities	
Hospitals	22
Diagnostic labs	2
Users	
Employer/payer groups	200
Total	36,000

Operational date: 1984.

Federally qualified.

Certified in: Virginia, Maryland and District of Columbia.

Model type: IPA.

For profit.

Ownership: Aetna Life Insurance Co.

Service area: Arlington, Caroline, Fairfax, King George, Loudoun, Prince William, Spotsylvania, Stafford and Westmoreland counties in Virginia; Anne Arundel, Baltimore, Carroll, Fredrick, Harford, Howard, Montgomery and Prince Georges counties in Maryland; District of Columbia.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry and obstetrics/gynecology. Options include vision, dental and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Adjusted community rating. Offers point-of-service contracts.

Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries.

Management reports: Provided upon request.

Billing: National accounts program with consolidated billing available.

Officers: Russ Dickhart, market manager; John Coyle, executive director; Dr. Jack Epstein, medical director; Jim Solomon, manager-sales.

Contact: Jim Solomon.

See Aetna Life Insurance Co. under Connecticut.

CapitalCare Inc.

1921 Gallows Road, Ninth Floor, Vienna, Va. 22182; 703-761-5400; fax: 703-761-5576

Staff	
Physicians	768
Patients/physician	94
Board-certified	80%
Specialists	2,242
Facilities	
Hospitals	27
Pharmacies	150
Diagnostic labs	79
Locations	
Administrative	1
Users	
Employer/payer groups	800
Single coverage	24,478
Family coverage	14,596
Employees & dependents	72,557
Total	72,557
Average hospital stay	4.8 days
Hospital admission/1,000 members	79.9

Operational date: March 1985.

Certified in: Virginia and Maryland.

Model type: IPA.

For profit.

Ownership: Blue Cross and Blue Shield of the National Capitol Area.

Service area: District of Columbia; Anne Arundel, Charles, Frederick, Howard, Montgomery and Prince Georges counties in Maryland; Arlington, Fairfax, Loudoun and Prince William counties in Virginia.

Services: Standard package, including vision, dental, substance abuse, psychiatric services,obstetrics/gynecology. Options include dental, durable medical equipment, podiatry. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating by class. Offers point-of-service contracts, 28% of members are enrolled.

Management reports: Provided quarterly.

Billing: National accounts program with consolidated billing available.

Gross revenues: $66.6 million in 1990; $67.4 million in 1989.

Officers: Dr. Peter R. Kongstvedt, president/chief executive officer; David L. Ward, executive vp/chief operating officer; Dr. Dennis McIntyre, vp-medical affairs; Bruce Edwards, vp-marketing/administrative services.

EQUICOR Health Plan Inc.

Reflections II, Suite 450, 200 Golden Oak Court, Virginia Beach, Va. 23452; 804-463-8606; fax: 804-463-2134

Staff	
Physicians	128
Patients/physician	500
Board-certified	87%
Specialists	746
Facilities	
Hospitals	14
Pharmacies	101
Diagnostic labs	1
Locations	
Administrative	2
Primary care	1,337
Users	
Total	14,679

Operational date: April 1984.

Federally qualified.

Certified in: Virginia.

Model type: IPA.

For profit.

Ownership: CIGNA Corp.

Service area: 10 counties in Virginia.

Services: Standard package, including experimental procedures, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, skilled nursing/extended facilities, short-term rehabilitation and physical therapy, external prosthesis and hearing screening. Options include vision and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating, community rating by class, adjusted community rating. Offers point-of-service contracts. Offers non-federally qualified programs to employers.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Officers: Timothy O'Hare, vp/executive director; Dr. Douglas Hadley, medical director.

Contact: Timothy O'Hare.

See CIGNA Corp. under Connecticut.

EQUICOR Health Plan Inc.

4050 Innslake Dr., Suite 300, Glen Allen, Va. 23060; 804-273-1100; fax: 804-273-1219

Staff	
Physicians	204
Patients/physician	500
Board-certified	87%
Specialists	908
Facilities	
Hospitals	10
Pharmacies	87
Diagnostic labs	1
Locations	
Administrative	2
Primary care	1,634
Users	
Total	45,925

Operational date: January 1984.

Federally qualified.

Certified in: Virginia.

Model type: IPA.

For profit.

Ownership: CIGNA Corp.

Service area: 14 counties in Virginia.

Services: Standard package, including experimental procedures, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, skilled nursing/extended facilities, short-term rehabilitation and physical therapy, external prosthesis and hearing screening. Options include vision and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating by class, adjusted community rating. Offers point-of-service contracts.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Officers: John Sharp, vp/executive director; Dr. Douglas Hadley, medical director.

Contact: John Sharp.

See CIGNA Corp. under Connecticut.

HMO Virginia Inc.

P.O. Box 26623, Richmond, Va. 23261; 804-354-3994; fax: 804-354-3936

Staff	
Physicians	330
Patients/physician	62
Board-certified	90%
Specialists	1,870
Administrative	92
Marketing	8
Facilities	
Hospitals	25
Pharmacies	163
Diagnostic labs	1
Locations	
Administrative	2
Users	
Employer/payer groups	291
Single coverage	5,079
Family coverage	4,972
Employees & dependents	20,477
Total	20,521
Average hospital stay	3.9 days
Hospital admission/1,000 members	82

Operational date: December 1984.

Federally qualified.

Certified in: Virginia.

Model type: IPA.

For profit.

Ownership: Blue Cross and Blue Shield of Virginia.

Service area: Virginia.

Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include dental and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Adjusted community rating.

Enrollment options: Individual enrollment is allowed.

Management reports: Provided upon request.

Gross revenues: $29.7 million in 1990; $25.9 million in 1989.

Officers: Richard Tall, president; Dr. Michael O'Harra, medical director; William Phelps, vp-marketing; Larry Donaldson, vp-finance; Sara Jane Leggett, vp-operations.

Contact: William Phelps.

Healthkeepers of Virginia Inc.

2220 Edward Holland Drive, Richmond, Va. 23230

Users	
Employees & dependents	24,866

Operational date: September 1986.

Model type: IPA.

Sponsorship: Blue Cross and Blue Shield of Virginia.

MIDA Dental Plans Inc.

801 N. Fairfax, Suite 201, Alexandria, Va. 22314; 800-937-6432; fax: 703-683-2384

Staff	
Physicians	616
Patients/physician	350
Board-certified	100%
Specialists	465
Administrative	23
Marketing	1
Locations	
Administrative	4
Primary care	636
Users	
Employees & dependents	215,745

Operational date: 1978.

Certified in: Delaware, Maryland, Virginia, Pennsylvania, Georgia, Massachusetts, Florida, West Virginia and District of Columbia.

Model type: IPA.

Service area: Delaware, Maryland, Virginia, Pennsylvania, Georgia, Massachusetts, Florida, West Virginia and District of Columbia.

Services: Dental services only.

Rating options: Community rating by class, adjusted community rating.

Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries.

Management reports: Provided monthly, quarterly or annually.

Officers: Walter Knysz Jr., president; Stephen Patterson, dental director; Tamara Jacobs, director-marketing.

Contact: Tamara Jacobs.

See MIDA Dental Plans Inc. corporate listing under Michigan.

PruCare of Richmond

1000 Boulders Parkway, Richmond, Va. 23225; 804-323-0900; fax: 804-323-0878

Staff	
Physicians	40
Patients/physician	388
Board-certified	92%
Specialists	337
Administrative	12
Marketing	5
Facilities	
Hospitals	4
Pharmacies	16
Diagnostic labs	2
Locations	
Administrative	1
Primary care	4
Users	
Employer/payer groups	77
Single coverage	5,687
Family coverage	4,194
Employees & dependents	15,500
Total	15,500
Average hospital stay	4.7 days
Hospital admission/1,000 members	101

Operational date: December 1982.

Federally qualified.

Certified in: Virginia.

NCQA qualification pending.

Model type: Group.

For profit.

Ownership: Prudential Insurance Co. of America.

Service area: 17 counties in Virginia.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision, dental and prescription drug. Diagnostic testing and lab work performed by the HMO.

Rating options: Community rating: $116.34 single, $317.72 family.

Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.

Management reports: Provided.

Billing: National accounts program with consolidated billing available.

Officers: David George, vp; David Hunsaker, vp-group operations; Dr.

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William C. Williams III, medical director; Wallace Dawson, regional group manager.

Contact: Robert Griffin, vp-group marketing, 3100 Cumberland Circle, Suite 1100, Atlanta, Ga. 30339; 404-933-6605.

Randmark Management Inc.-Virginia

1211 Connecticut Ave. N.W., Suite 200, Washington, D.C. 20036; 202-293-8800; fax: 202-466-3789

Staff	
Dentists	123
Specialists	73
Administrative	7
Marketing	4
Locations	
Administrative	1
Users	
Single coverage	4,913
Family coverage	4,796
Employees & dependents	21,117
Total	9,709

Certified in: Virginia.

Model type: IPA.

Service area: Fairfax, Loundon, Henrico, Prince William, Chesapeake, Powhatan and Portsmouth counties in Virginia.

Services: Dental services only.

Rating options: Community rating, adjusted community rating. Offers point-of-service contracts, 10% of members are enrolled.

Enrollment options: Individual enrollment is allowed.

Management reports: Provided upon request.

Billing: National accounts program with consolidated billing available.

Officers: Marc Doctors, president; Randy Widen, chairman; Bob Wergin, chief executive officer; Dan Karateew, dental director; Annette Rolin, marketing director; Mike Lloyd, chief financial officer.

Contact: Annette Rolin.

See Randmark Management Inc. under District of Columbia.

Southern Health Services

P.O. Box C-32048; Richmond, Va. 23261; 804-747-3700; fax: 804-747-8723

Staff	
Physicians	350
Patients/physician	300
Board-certified	85%
Specialists	450
Administrative	57
Marketing	12
Facilities	
Hospitals	11
Pharmacies	95
Diagnostic labs	12
Locations	
Administrative	1
Primary care	500
Users	
Single coverage	8,329
Family coverage	7,424
Employees & dependents	30,711
Total	30,711
Average hospital stay	4 days
Hospital admission/1,000 members	83.7

Operational date: June 1985.

Federally qualified.

Certified in: Virginia.

Model type: IPA.

For profit.

Ownership: Southern Health Management Corp.

Service area: 20 counties in Virginia.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision, dental and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating by class, adjusted community rating.

Management reports: Provided quarterly.

Billing: Provides direct billing for premiums under COBRA.

Gross revenues: $35.4 million in 1990; $32.7 million in 1989.

Officers: James L. Gore, president/chief executive officer; Daniel T. Gallagher, vp-operations, Dr. John M. Daniel III, medical director; Robert A. Hughes, vp-marketing; Laurence A. Kinzler, vp-finance.

Contact: Carrington C. Wilkerson, marketing director.

Travelers Health Network of Virginia Inc.

100 W. Plume St., Norfolk, Va. 23510; 804-624-8500; fax: 804-624-9738

Staff	
Physicians	190
Patients/physician	88
Board-certified	49%
Specialists	595
Administrative	19
Facilities	
Hospitals	10
Pharmacies	49
Locations	
Administrative	1
Users	
Total	16,805

Operational date: 1985.

Certified in: Virginia.

Model type: IPA.

Ownership: The Travelers Cos.

Service area: Chesapeake, Norfolk, Suffolk, Portsmouth, Virgina Beach, Hampton, Newport News counties in Virginia.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, artificial aids, short-term rehabilitation. Options include prescription drug, vision, family planning. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts, 5% of members are enrolled.

Enrollment options: Individual enrollment is allowed.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Officers: Dr. Rene Lerer, president; Julia Hawley, executive director.

Contact: Shelley Nakunz, product management analyst, 214-470-5865.

WASHINGTON

CIGNA HealthPlan of Washington Inc.

701 Fifth Ave., 2940 Columbia Center, Seattle, Wash. 98104; 206-625-8800; fax: 206-625-8879

Staff	
Physicians	262
Patients/physician	500
Board-certified	87%
Specialists	528
Facilities	
Hospitals	20
Pharmacies	69
Diagnostic labs	21
Locations	
Administrative	2
Primary care	1,215
Users	
Total	4,701

Operational date: September 1985.

Model type: IPA.

For profit.

Ownership: CIGNA Corp.

Service area: Island, Snohomish, King and Pierce counties in Washington.

Services: Standard package, including experimental procedures, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, skilled nursing/extended facilities, short-term rehabilitation and physical therapy, external prosthesis and hearing. Options include vision and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating, community rating by class, adjusted community rating. Offers point-of-service contracts.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Officers: Dr. Joseph Leinonen, executive and medical director.

See CIGNA Corp. under Connecticut.

Group Health Cooperative of Puget Sound*

521 Wall St., Seattle, Wash. 98121; 206-448-6565

Staff	
Physicians	905
Board-certified	88%
Facilities	
Hospitals	3 owned, 31 contracted
Pharmacies	36
Diagnostic labs	32
Locations	
Primary care	37
Users	
Employer/payer groups	4,100
Employees & dependents	398,000
Total	472,638
Average hospital stay	4.9 days

Operational date: January 1947.

Certified in: Washington and Idaho.

Model type: Staff/network.

Not for profit.

Service area: 13 counties in Washington; Bonner and Kootenai counties in Idaho.

Services: Standard package, including vision, substance abuse, psychiatric services and obstetrics/gynecology. Options include dental, durable medical equipment and podiatry. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.

Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts, 0.5% of members are enrolled.

Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.

Billing: National accounts program with consolidated billing available.

Gross revenues: $656.3 million in 1990; $535 million in 1989.

Officers: Phil Nudelman, president/chief executive officer; Cheryl Scott, executive vp/chief operating officer; Dr. Al Truscott, medical director; Peter Brumleve, group vp-marketing; Grant McLaughlin, senior vp/chief financial officer.

*Figures are corporate, including all HMOs sponsored by Group Health Cooperative of Puget Sound.

Group Health Northwest

W. 1500 Fourth Ave., Spokane, Wash. 99204; 509-838-9100; fax: 509-838-3823

Staff	
Physicians	36
Patients/physician	1,500
Board-certified	98%
Specialists	373
Administrative	153
Marketing	19
Facilities	
Hospitals	15
Pharmacies	271
Diagnostic labs	2
Locations	
Administrative	4
Primary care	6
Users	
Employer/payer groups	583
Total	82,050
Average hospital stay	8.9 days

Operational date: July 1977.

Federally qualified.

Certified in: Washington and Idaho.

Model type: Staff/network.

Not for profit.

Ownership: Group Health Cooperative of Puget Sound.

Service area: Spokane, Yakima, Benton, Franklin, Kittitas and Walla Walla Counties in Washington; Kootenai and Bonner counties in Idaho.

Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, contraceptive devices, health education and home health care. Options include dental only. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.

Rating options: Community rating by class. Offers non-federally qualified programs to employers.

Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.

Management reports: Provided annually.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Gross revenues: $75.1 million in 1990; $57.2 million in 1989.

Officers: Dr. Henry S. Berman, president; Dr. Bill Burr, medical director; Sharon Fairchild, marketing director; Jim Hill, director-regional operations.

Contact: Sharon Fairchild.

See Group Health Cooperative of Puget Sound under Washington.

Group Health Northwest (Central Washington Region)

3311 W. Clearwater, Su te 1010, Kennewick, Wash. 99336; 509-783-3484; fax: 509-783-5711

Staff	
Physicians	67
Patients/physician	500
Board-certified	95%
Specialists	175
Administrative	33
Marketing	7
Facilities	
Hospitals	11
Pharmacies	15
Diagnostic labs	1
Locations	
Administrative	2
Primary care	31
Users	
Employer/payer groups	245
Employees & dependents	30,500
Total	31,046
Average hospital stay	4 days

Operational date: January 1986.

Federally qualified.

Certified in: Washington and Idaho.

Model type: Network.

Not for profit.

Ownership: Group Health Cooperative of Puget Sound.

Service area: Yakima, Benton, Franklin, Kittitas and Walla Walla counties in Washington.

Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, contraceptive devices, health education and home health care. Options include dental only. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating by class. Offers non-federally qualified programs to employers.

Enrollment options: Individual enrollment is allowed.

Management reports: Provided annually.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Gross revenues: $26.1 million in 1990; $18.4 million in 1989.

Officers: Dr. Henry S. Berman, president; Doug Flow, executive director; Dr. Bill Burr, medical director; Sharon Fairchild, marketing director; Jim Hill, director-regional operations.

Contact: Doug Flow.

See Group Health Cooperative of Puget Sound under Washington.

Group Health Northwest (Spokane Region)

W. 1500 Fourth Ave., Spokane, Wash. 99204; 509-838-9100; fax: 509-838-3823

Staff	
Physicians	33
Patients/physician	1,500
Board-certified	100%
Specialists	125
Administrative	119
Marketing	11
Facilities	
Hospitals	2
Pharmacies	7
Diagnostic labs	1
Locations	
Administrative	1
Primary care	13
Users	
Employer/payer groups	315
Employees & dependents	36,955
Total	43,666
Average hospital stay	3.9 days

Operational date: July 1977.

Federally qualified.

Certified in: Washington and Idaho.

Model type: Staff/network.

Not for profit.

Ownership: Group Health Cooperative of Puget Sound.

Service area: Spokane County in Washington.

Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, contraceptive devices, health education and home health care. Options includes dental only. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.

Rating options: Community rating by class. Offers non-federally qualified programs to employers.

Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.

Management reports: Provided annually.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Gross revenues: $16.7 million in 1990; $13.9 million in 1989.

Officers: Mark S. Hawkins, president/chief executive officer; Dr. Stanley Pomarantz, medical director; Ken Beers, marketing director.

Contact: Ken Beers, 206-464-3783.

HMO Washington

1800 Terry Ave., Seattle, Wash. 98101; 206-340-6600; fax: 206-340-6625

Staff	
Physicians	422
Patients/physician	41
Board-certified	90%
Specialists	2,110
Facilities	
Hospitals	24
Pharmacies	113
Diagnostic labs	12
Locations	
Administrative	1
Users	
Employees & dependents	17,211
Total	17,211
Average hospital stay	4.6 days
Hospital admission/1,000 members	81

Operational date: April 1986.

Certified in: Washington.

Model type: IPA.

For profit.

Ownership: Blue Shield Plans of Washington.

Service area: King, Snohomish, Pierce, Spokane and Clallan counties in Washington.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating by class, adjusted community rating.

Management reports: Provided upon request.

Billing: National accounts program with consolidated billing available.

Gross revenues: $16.7 million in 1990; $13.9 million in 1989.

Officers: Mark S. Hawkins, president/chief executive officer; Dr. Stanley Pomarantz, medical director; Ken Beers, marketing director.

Contact: Ken Beers, 206-464-3783.

HealthPlus

P.O. Box 2113, Seattle, Wash. 98111-2113; 206-670-4700; fax: 206-670-4766

Staff	
Physicians	450
Patients/physician	178
Board-certified	100%
Specialists	3,500
Administrative	103
Marketing	55
Facilities	
Hospitals	50
Locations	
Administrative	2
Primary care	77
Users	
Employer/payer groups	1,166
Total	80,239
Average hospital stay	3.9 days
Hospital admission/1,000 members	58

Operational date: January 1982.

Certified in: Washington.

Model type: IPA.

Not for profit.

Ownership: Blue Cross of Washington & Alaska.

Service area: All counties in Washington; Kootenie county in Idaho.

Services: Standard package, including experimental procedures, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision, prescription drug, hearing aids, orthodontics, chiropractic. Diagnostic testing and lab

Continued on next page

Continued from previous page
work performed by contract with independent facilities.

Rating options: Community rating by class.

Enrollment options: Individual enrollment is allowed.

Billing: Provides direct billing for premiums under COBRA.

Gross revenues: $79.2 million in 1990; $65.9 million in 1989.

Officers: Gary L. Meade, president/chief executive officer; Dr. Leslie Nelson, vp-medical director; Eric Rohlman, senior vp-group marketing; Emmette Craft, vp-operations.

Contact: Marketing Department, 206-361-3600.

Virginia Mason Health Plan

1100 Olive Way, Suite 1580, Seattle, Wash. 98101; 206-223-8844; fax: 206-223-7506

Staff	
Physicians	244
Patients/physician	146
Specialists	328
Administrative	17
Marketing	6
Facilities	
Hospitals	17
Pharmacies	106
Locations	
Administrative	1
Primary care	36
Users	
Employer/payer groups	186
Single coverage	9,007
Family coverage	8,338
Employees & dependents	35,286
Total	35,286
Average hospital stay	3.9 days
Hospital admission/1,000 members	68.8

Operational date: December 1985.
Certified in: Washington.
Model type: Group.
For profit.

Ownership: Virginia Mason Clinic.

Service area: King, Prince, Snohemish, Kitsal, Mason, Walla Walla and Columbia counties in Washington.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision and chiropractic. Diagnostic and lab work performed by the HMO and by contract with independent facilities.

Rating options: Community rating by class; adjusted community rating.

Enrollment option: Individual enrollment allowed.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Gross revenues: $39 million in 1990; $31.6 million in 1989.

Officers: Phillip J. Haas, president/executive director; Dr. John D. Allen, medical director; Jeffrey G. Parton, marketing director; J. Michael Roug, chairman; Patrice Maloney-Krautt, secretary; David I. Williams, vice-chairman; Robert J. Tollen, treasurer.

WISCONSIN

Compcare Health Services Insurance Corp.

401 W. Michigan St., Milwaukee, Wis. 53201

Users	
Employees & dependents	156,430

Operational date: May 1971.
Federally qualified.
Model type: Mixed.

Sponsorship: Blue Cross and Blue Shield United of Wisconsin.

Service area: Dane, Dodge, Fond du Lac, Green, Jefferson, Kenosha, Milwaukee, Ozaukee, Racine, Rock, Sheboygan, Walworth, Washington and Waukesha counties in Wisconsin.

DeanCare HMO

P.O. Box 56099, Madison, Wis. 53705; 608-836-1400; fax: 608-836-9620

Staff	
Physicians	425
Specialists	250
Administrative	100
Marketing	12
Facilities	
Hospitals	17
Pharmacies	176
Locations	
Administrative	1
Primary care	200
Users	
Employer/payer groups	600
Total	118,000
Average hospital stay	3.9 days
Hospital admission/1,000 members	290

Federally qualified.
Certified in: Wisconsin.
Model type: Mixed Group/IPA.

Service area: Dane, Iowa, Jefferson, Rock, Walworth, Sauk, Columbia, Dodge and Marquette counties in Wisconsin.

Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.

Rating options: Community rating by class. Offers point-of-service contracts.

Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.

Management reports: Provided upon request.

Gross revenues: $120 million in 1990; $150 million in 1989.

Officers: John Turcott, president; Paul Simenstad, medical director; David Kracht, marketing director.

Contact: David Kracht, 608-828-1328.

Eau Claire Health Protection Plan

2000 Westwood Drive, Wausau, Wis. 54401; 715-842-6896; fax: 715-847-8740

Staff	
Physicians	70
Board-certified	68%
Specialists	184
Administrative	2
Marketing	4
Facilities	
Hospitals	9
Locations	
Administrative	2
Primary care	147
Users	
Employer/payer groups	6
Single coverage	174
Family coverage	611
Employees & dependents	2,134
Total	2,134
Average hospital stay	5.1 days
Hospital admission/1,000 members	104.1

Operational date: November 1974.
Certified in: Wisconsin.
Model type: IPA.
For profit.

Ownership: Wausau Insurance Cos.

Service area: Eau Claire, Chippewa, Dunn and Pepin counties in Wisconsin.

Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include dental only. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Adjusted community rating.

Management reports: Provided quarterly or upon request.

Officers: Terry Bolz, executive director; Dr. C.V. Ihle, medical director; Richard Gumness, marketing director.

Contact: Scott Layman, 703 W. Hamilton Ave., P.O. Box 1060, Eau Claire, Wis. 54702-1060; 715-835-7236.

Employers Health Care Plan

1100 Employers Blvd., Green Bay, Wis. 54344; 414-336-1100; fax: 414-337-5432

Staff	
Physicians	411
Patients/physician	100
Board certified	98%
Specialists	942
Facilities	
Hospitals	17
Locations	
Administrative	1
Users	
Employer/payer groups	750
Single coverage	6,400
Family coverage	8,100
Employees & dependents	34,000
Total	34,000
Average hospital stay	4.1 days
Hospital admission/1,000 members	69

Operational date: August 1984.
Certified in: Wisconsin.
Model type: Group/IPA.
For profit.

Ownership: Employers Health Insurance.

Service area: 16 counties in Wisconsin.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology. Options include prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Adjusted community rating.

Management reports: Provided annually.

Gross revenues: $34 million in 1990; $34 million in 1989.

Officers: William Lawson, president; William Fosick, executive director; Dr. Norman Schroeder, medical director; Ken Fasola, marketing director.

Family Health Plan Cooperative

11524 W. Theodore Trecker Way, Milwaukee, Wis. 53214; 414-256-0006; fax: 414-256-5681

Staff	
Physicians	49
Patients/physician	1,800
Board-certified	100%
Specialists	221
Administrative	20
Marketing	16
Facilities	
Hospitals	12
Pharmacies	4
Diagnostic labs	4
Locations	
Administrative	1
Primary care	4
Users	
Employer/payer groups	1,293
Single coverage	14,375
Family coverage	21,123
Employees & dependents	82,547
Total	92,075
Average hospital stay	4 days
Hospital admission/1,000 members	67.3

Operational date: February 1979.
Federally qualified.
Certified in: Wisconsin.
Model type: Staff.
Not for profit.

Service area: Milwaukee, Waukesha, Ozaukee, Racine and Walworth counties in Wisconsin.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision, dental. Diagnostic testing and lab work performed by the HMO facilities.

Rating options: Community rating: $124.51 single, $320.75 family; community rating by class.

Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA.

Gross revenues: $102.4 million in 1990; $80.4 million in 1989.

Officers: Conrad Sobczak, president/executive director; Dr. James Chaillet, medical director; Michael Derdzinski, marketing director; David Bradford, director-operations; Robert Dude, finance director.

Greater La Crosse Health Plans Inc.

900 Monitor St., P.O. Box 38, La Crosse, Wis. 54602-0038; 715-842-6896; fax: 715-847-8740

Staff	
Physicians	70
Board-certified	73%
Specialists	81
Administrative	3
Marketing	4
Facilities	
Hospitals	3
Locations	
Administrative	1
Primary care	28
Users	
Employer/payer groups	12
Single coverage	605
Family coverage	1,158
Employees & dependents	4,629
Total	5,698
Average hospital stay	3.3 days
Hospital admission/1,000 members	87.2

Operational date: August 1986.
Certified in: Wisconsin.
Model type: Group.
For profit.

Ownership: Wausau Insurance Companies; Franciscan Health System; Skemp Clinic, Ltd.

Service area: Buffalo, Trempealeau, Jackson, Monroe, La Crosse, Vernon and Crawford counties in Wisconsin.

Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology but excluding preventive medicine, inpatient, outpatient and periodic check-ups. Options include experimental procedures and periodic check-ups. Diagnostic testing and lab work performed by the HMO facilities.

Rating options: Community rating by class.

Management reports: Provided quarterly.

Billing: Provides direct billing for premiums under COBRA.

Officers: Terry Bolz, executive director; Dr. David Westgard, medical director; John Burke, marketing director.

Contact: Terry Bolz, 2000 Westwood Drive, Wausau, Wis. 54401; 715-842-6896.

Greater Wisconsin Rapids Health Protection Plan

2000 Westwood Drive, Wausau, Wis. 54401; 715-842-6896; fax: 715-847-8740

Staff	
Physicians	29
Board-certified	63%
Specialists	41
Administrative	2
Marketing	9
Facilities	
Hospitals	1
Locations	
Administrative	1
Primary care	29
Users	
Employer/payer groups	6
Single coverage	231
Family coverage	257
Employees & dependents	1,109
Total	1,109
Average hospital stay	4.6 days
Hospital admission/1,000 members	101.5

Operational date: January 1980.
Certified in: Wisconsin.
Model type: IPA.
For profit.

Ownership: Wausau Insurance Cos.

Service area: Wood county in Wisconsin.

Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include dental only. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Adjusted community rating.

Management reports: Provided quarterly or upon request.

Billing: Provides direct billing for premiums under COBRA.

Officers: Terry Bolz, executive director; Dr. Gerald Osband, medical director; Richard Gumness, marketing director.

Contact: George Snyder, 2000 Westwood Drive, Wausau, Wis. 54401, 715-842-6844.

Green Bay Health Protection Plan

2000 Westwood Drive, Wausau, Wis. 54401; 715-842-6896; fax: 715-847-8740

Staff	
Physicians	169
Board-certified	72%
Specialists	256
Administrative	2
Marketing	9
Facilities	
Hospitals	14
Locations	
Administrative	1
Primary care	207
Users	
Employer/payer groups	31
Single coverage	1,675
Family coverage	3,961
Employees & dependents	14,794
Total	14,794
Average hospital stay	4 days
Hospital admission/1,000 members	91.1

Operational date: January 1973.
Certified in: Wisconsin.
Model type: IPA.
For profit.

Ownership: Wausau Insurance Companies.

Service area: Oconto, Shawno, Brown and Kewaunee counties in Wisconsin.

Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include dental only. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Adjusted community rating.

Management reports: Provided quarterly or upon request.

Officers: Terry Bolz, executive director; Dr. Gerald Osband, medical director; Richard Gumness, marketing director.

Contact: Joe Pirch, 2710 Executive Drive, P.O. Box 19030, Green Bay, Wis. 54307-9030; 414-494-4443.

Group Health Corp.

1 S. Park St., Madison, Wis. 53715; 608-251-3356; fax: 608-257-3842

Staff	
Physicians	20
Patients/physician	1,400
Board-certified	95%
Specialists	431
Administrative	335
Marketing	9
Facilities	
Hospitals	3
Pharmacies	3
Diagnostic labs	1
Locations	
Administrative	1
Primary care	3
Users	
Employer/payer groups	400
Single coverage	5,161
Family coverage	7,560
Employees & dependents	27,100
Total	29,360
Average hospital stay	4.6 days
Hospital admission/1,000 members	67.6

Operational date: March 1976.
Federally qualified.
Certified in: Wisconsin.
Model type: Staff.
Not for profit.

Service area: Dane, Columbia, Dodge, Iowa, Green, Sauk, Jefferson, Rock and Lafayette counties in Wisconsin.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision, dental and prescription drug.

Rating options: Community rating by class.

Enrollment options: Individual enrollment is allowed.

Management reports: Provided by request.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Gross revenues: $34.5 million in 1990; $30.3 million in 1989.

Officers: Lawrence Zanoni, executive director; Dr. John Hansen, medical director; Thomas Mottard, marketing director; Ned Pautz, finance director.

HMO Midwest

502 Second St., Hudson, Wis. 54016; 715-386-6886; fax: 715-386-8326

Locations	
Administrative	2
Primary care	100
Users	
Total	9,068

Operational date: August 1984.
Certified in: Wisconsin.
Model type: Network.

Service area: Douglas, Bayfield, Burnett, Washburn, Sawyer, Ashland, Polk, Barren, St. Croix, Dunn, Pierce and Pepin counties in Wisconsin.

Services: Standard package, including vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Adjusted community rating. Offers point-of-service contracts, 15% of members are enrolled.

Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.

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Management reports: Provided upon request.

Officers: Mary K. Brainerd, president; Dr. Mark Banks, medical director; Michael L. Christenson, director.

Contact: Michael L. Christenson.

Heritage National Healthplan Services Inc.

11 Corporate E., 1910 E. Kimberly Road, Davenport, Iowa 52807; 319-344-4400; fax: 319-344-4486

Service area: 14 counties in Wisconsin.

See Heritage National Healthplan Services Inc. in Iowa.

MetLife HealthCare Network-Wisconsin

11270 W. Park Place, Milwaukee, Wis. 53224; 414-359-0312

Staff	
Physicians	460
Specialists	1,073
Facilities	
Hospitals	20

Operational date: December 1986.

Model type: IPA.

For profit.

Service area: Kenosha, Milwaukee, Ozaukee, Racine, Washington and Waukesha counties in Wisconsin.

Services: Standard package, including psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include prescription drug, vision and dental. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating by class.

Management reports: Provided upon request.

Billing: National accounts program with consolidated billing available.

Officers: Dr. Charles G. Hertz, president/chief executive officer; Claudia Bjerre, vp/chief operating officer.

North Central Health Protection Plan

2000 Westwood Drive, Wausau, Wis. 54401; 715-842-6896; fax: 715-847-8740

Staff	
Physicians	110
Board-certified	76%
Specialists	273
Administrative	3.5
Marketing	5
Facilities	
Hospitals	1
Locations	
Administrative	1
Primary care	107
Users	
Employer/payer groups	60
Single coverage	3,931
Family coverage	8,711
Employees & dependents	33,004
Total	33,671
Average hospital stay	4.3 days
Hospital admission/1,000 members	90.8

Operational date: January 1972.

Certified in: Wisconsin.

Model type: IPA.

Not for profit.

Service area: Marathon, Lincoln and Langlade counties in Wisconsin.

Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options includes dental only. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Adjusted community rating.

Management reports: Provided quarterly or upon request.

Billing: Provides direct billing for premiums under COBRA.

Officers: Ken Peterson, executive director; Dr. John Webb medical director; Richard Gumness, marketing director.

Contact: Ken Peterson, 2000 Westwood Drive, Wausau, Wis. 54401; 715-842-8866.

Oshkosh Health Protection Plan

2000 Westwood Drive, Wausau, Wis. 54401; 715-842-6896; fax: 715-847-8740

Staff	
Physicians	42
Board-certified	80%
Specialists	93
Administrative	2
Marketing	9
Facilities	
Hospitals	2
Locations	
Administrative	1
Primary care	51
Users	
Employer/payer groups	7
Single coverage	341
Family coverage	849
Employees & dependents	2,819
Total	2,819
Average hospital stay	4.3 days
Hospital admission/1,000 members	121.1

Operational date: January 1989.

Certified in: Wisconsin.

Model type: IPA.

For profit.

Ownership: Wausau Insurance Cos.

Service area: Winnebago County in Wisconsin.

Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include dental only. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating by class.

Management reports: Provided quarterly or upon request.

Billing: Provides direct billing for premiums under COBRA.

Officers: Terry Bolz, executive director; Dr. David Romond, medical director; Richard Gumness, marketing director.

Contact: Joe Pirch, 2710 Executive Dr., P.O. Box 19030, Green Bay, Wis. 54307-9030; 414-494-4443.

Prime Care Health Plan

1233 N. Mayfair Road, Suite 301, Milwaukee, Wis. 53226; 414-453-9070; fax: 414-453-2648

Staff	
Physicians	1,022
Patients/physician	157
Board-certified	80%
Specialists	1,300
Administrative	130
Marketing	30
Facilities	
Hospitals	22
Pharmacies	317
Diagnostic labs	5
Locations	
Administrative	2
Users	
Employer/payer groups	863
Single coverage	6,796
Family coverage	16,967
Employees & dependents	58,667
Total	92,192
Average hospital stay	4.9 days
Hospital admission/1,000 members	76

Operational date: June 1986.

Certified in: Wisconsin.

Ownership: United HealthCare Corp.

Service area: Dodge, Jefferson, Kenosha, Milwaukee, Ozaukee, Racine, Walworth, Washington and Waukesha counties in Wisconsin.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology. Options include experimental procedures, vision, dental and podiatry. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating by class, adjusted community rating. Offers point-of-service contracts, 33% of members are enrolled. Offers non-federally qualified programs to employers.

Management reports: Provided annually or upon request.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Officers: Larry Rambo, president; Michael Lynch, medical director; Kamal Shah, marketing director; William Felsing, chief financial officer.

Quality Care Chiropractic Insurance

155 E. Capitol Drive, Suite 6, P.O. Box 417, Hartland, Wis. 53029; 414-367-3399

Staff	
Physicians	65
Patients/physician	2,500
Administrative	5
Marketing	2
Locations	
Administrative	1
Primary care	40

Operational date: June 1991.

Certified in: Wisconsin.

Model type: IPA/Network.

Not for profit.

Ownership: Independent.

Service area: Milwaukee Waukesha, Dzaukee, Washington, Walworth, Racine, Kenosha, Rock and Jefferson counties Wisconsin.

Services: Standard package includes chiropractic services only.

Rating options: Adjusted community rating.

Management reports: Provided monthly.

Officers: Jay C. Mason, president; Richard Nemitz, marketing director.

Contact: Jay C. Mason.

U-Care HMO Inc.

1 Point Place, Suite 200, Madison, Wis. 53719; 608-833-6444; fax: 608-833-7117

Staff	
Physicians	70
Patients/physician	223
Board-certified	98%
Specialists	450
Administrative	35
Marketing	4
Facilities	
Hospitals	5
Pharmacies	90
Diagnostic labs	5
Locations	
Administrative	1
Primary care	18
Users	
Employer/payer groups	160
Single coverage	3,040
Family coverage	3,120
Employees & dependents	12,845
Total	15,600
Average hospital stay	4.8 days
Hospital admission/1,000 members	85

Operational date: January 1989.

Certified in: Wisconsin.

Model type: Network.

Not for profit.

Ownership: University of Wisconsin Hospital.

Service area: Columbia, Dane, Marquette, Richland and Sauk counties in Wisconsin.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision, dental and prescription drug. Diagnostic testing and lab work performed by the HMO facilities.

Rating options: Community rating: $112 single, $295 family.

Enrollment options: Individual enrollment is allowed.

Billing: Provides direct billing for premiums under COBRA.

Gross revenues: $17 million in 1990; $13.8 million in 1989.

Officers: Dr. Marc F. Hansen, president/medical director; George Tenvalon III, director-marketing; Robert Gray, chief financial officer; Jack Bowhan, director-health services.

Wisconsin Health Organization

111 W. Pleasant St., Milwaukee, Wis. 53212; 414-223-3300; 800-289-0260; fax: 414-223-7777

Staff	
Physicians	700
Patients/physician	131
Board-certified	100%
Specialists	1,350
Administrative	220
Marketing	35
Facilities	
Hospitals	15
Pharmacies	350
Locations	
Administrative	1
Users	
Employer/payer groups	1,300
Single coverage	20,100
Family coverage	37,100
Employees & dependents	137,000
Total	137,000
Average hospital stay	4.2 days
Hospital admission/1,000 members	84

Operational date: September 1985.

Federally qualified.

Certified in: Wisconsin.

Model type: IPA.

For profit.

Ownership: CareNetwork Inc.

Service area: Racine, Kenosha, Walworth, Milwaukee, Waukesha, Ozaukee and Washington counties in Wisconsin.

Services: Standard package, including experimental procedures, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, chiropractic, obstetrics/gynecology. Options include dental, oral surgery, hearing aid, eyewear. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating, community rating by class, adjusted community rating.

Management reports: Provided annually.

Gross revenues: $120.9 million in 1990; $85.6 million in 1989.

Officers: Kipton Kaplan, chief executive officer/president; Dr. Carl F. Myers, vp-medical affairs; Thomas R. Sobocinski, vp-marketing; Mark E. Daley, chief operating officer/vp-operations; Craig Kasten, vp-finance/systems.

Contact: Dale A. Thoma, sales manager. ■

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Aetna Health Plan

300 Riverchase Galleria, Suite 780, Birmingham, Ala. 205-985-3550; fax: 205-985-3539

Service area: 36 counties in Alabama; Bay, Escambia, Gulf, Santa Rosa and Washington counties in Florida.

Contact: Kevin McKinney.

See Aetna Health Plans in Connecticut.

Alabama Medical Coalition Inc.

P.O. Box 8246, 3719 Dauphin St., Mobile, Ala. 36608; 205-343-5251; fax: 205-460-5389

Staff	
Physicians	458
Board-certified	80%
Specialists	304
Administrative	5
Marketing	1
Facilities	
Hospitals	10
Diagnostic labs	2
Users-Group Health	
Employer/payer groups	18
Single coverage	1,250
Family coverage	1,950
Employees & dependents	7,000

Operational date: 1985.

For profit.

Ownership: Springhill Memorial Hospital (Southern Medical Health Systems).

Service area: Baldwin and Mobile counties in Alabama.

Services: Hospitalization, physician, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates, DRGs; is compensated by employers/payers, health care providers, insurers, claims administrators; charges a flat fee per eligible employee. Provides services to groups under contract with Alabama Administrators, Employers Health Insurance, Lincoln National Corp.

Control measures: Standard utilization review procedures, excluding outpatient service predetermination. Utilization review provided by the PPO.

Officers: Bill A. Mason, president; James W. Kelley Jr., executive director; Dr. Frank Hall, medical director; Elaine M. Bates, marketing director.

Beech Street

2 Ada, Suite 200, Irvine, Calif. 92718; 714-727-1353; fax: 714-727-1793

Facilities	
Hospitals	14
Users: Group Health	
Employees & dependents	34,840

See Beech Street in California.

CAPP Care Inc.

17390 Brookhurst, Suite 280, Fountain Valley, Calif. 92708; 714-963-8065; fax: 714-963-0549

Staff	
Physicians	193
Facilities	
Hospitals	7

Service area: Albertville, Bessemer, Birmingham, Boaz and Fairfield, Ala.

See CAPP Care Inc. in California.

FOCUS Healthcare Management Inc.

100 Union Hill Drive, Suite 100, Birmingham, Ala. 35209; 205-879-2235; fax: 205-879-6960

Staff	
Physicians	93
Board-certified	80%
Specialists	62
Marketing	3
Facilities	
Hospitals	15
Diagnostic labs	3
Users: Workers Compensation	
Employer/payer groups	36

Operational date: March 1987.

Service area: Culbert, Cullman, Etowah, Franklin, Jefferson, Lauderdale, Madison, Mobile, Montgomery and Tuscaloosa counties in Alabama.

Services: Hospitalization, physician, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry.

Compensation: Negotiates hospital charges by percent discount off customary rates.

See FOCUS Healthcare Management Inc. in Tennessee.

Gulf Coast Regional Preferred Provider Organization

P.O. Box 850429, Mobile, Ala. 36695; 205-639-0188; fax: 205-639-0280

Staff	
Physicians	380
Board-certified	74%
Administrative	3
Marketing	1
Facilities	
Hospitals	6
Pharmacies	1
Diagnostic labs	1
Users: Group Health	
Employer/payer groups	325
Employees & dependents	17,000
Users: Workers Compensation	
Employer/payer groups	20
Employees & dependents	4,500
Total	**21,500**

Operational date: February 1985.

Not for profit.

Ownership: Providence Hospital and Gulf Coast Regional Physicians' Assn. Corp.

Accredited by AAPI.

Service area: Mobile and Baldwin counties in Alabama.

Services: Hospitalization, physician, substance abuse, psychiatric services, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.

Compensation: Negotiates hospital charges by percent discount off customary rates; is compensated by health care providers; charges by direct expenses. Services groups under contract with Focus Healthcare Management, Willis Corroon, Health Choice and Blue Cross & Blue Shield of Alabama.

Control measures: Standard utilization review procedures, excluding hospital bill audits, outpatient service predetermination, case management. Utilization review provided by Providence Hospital.

Officers: Dr. Charles Hanes, president; Robert Kurtts, executive director; Dr. Nick Nichols, medical director; Robert Kurtts, marketing director.

Contact: Robert Kurtts.

Health Choice

P.O. Box 830605, Birmingham, Ala. 35283-0605; 205-326-9199; fax: 205-322-9333

Staff	
Physicians	1,150
Board-certified	90%
Specialists	765
Administrative	4
Marketing	2
Facilities	
Hospitals	10
Pharmacies	300
Diagnostic labs	13
Users: Group Health	
Employer/payer groups	24
Employees & dependents	71,000
Users: Workers Compensation	
Employer/payer groups	100
Single coverage	13,500
Total users	**84,500**

Operational date: September 1984.

Not for profit.

Ownership: Baptist Medical Centers, St. Vincent's Hospital

Service area: Blount, Cullman, Jefferson, Shelby and Talladega counties in Alabama.

Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.

Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates; is compensated by employers/payers, health care providers; charges a flat fee per eligible employee. Services groups under contract with 650 TPAs and insurers.

Control measures: Standard utilization review procedures excluding preadmission hospital review, concurrent hospital treatment review, hospital bill audits. Utilization review provided by the PPO, TPAs and insurance companies.

Officers: H. Scott Sheedy, executive director; Dr. Allan R. Goldsten, medical director; Joseph H. Oaks, director of operations.

Contact: Joseph H. Oaks.

Humana Insurance Co./Humana Health Plan of Alabama Inc.

303 Williams Ave. S.W., Suite 121, Huntsville, Ala. 35801; 205-532-2000; fax: 205-532-2025

Total users	**18,559**

Officers: Rene Moret, executive director; Janie Quinn, sales director; Dr. Larry Sullivan, medical director.

See Humana Health Care Plans in Kentucky.

Humana Insurance Co./Humana Health Plan of Alabama Inc.

2350 Fairlane Drive, Suite 120, Montgomery, Ala. 36116; 205-270-5544; fax: 205-277-0406

Total users	**2,646**

Officers: David Lewis, executive director; Rea Jabor, sales manager.

See Humana Health Care Plans in Kentucky.

MetLife Network-Alabama

5 Post Oak Park, Suite 2120, Houston, Texas 77027-3416; 713-961-9944

Contact: William S. Woodside, vp.

See MetLife Network in Connecticut.

Premier Health Plans of Alabama

P.O. Box 1250, Huntsville, Ala. 35807; 205-539-7789; fax: 205-551-0733

Staff	
Physicians	220
Board-certified	70%
Specialists	90
Administrative	3
Marketing	3
Facilities	
Hospitals	11
Users: Group Health	
Employer/payer groups	188
Employees & dependents	38,000
Total	**38,000**

Operational date: December 1990.

Not for profit.

Service area: Colbert, Franklin, Jackson, Lauderdale, Limestone, Madison, Marshall and Morgan counties in northern Alabama.

Services: Hospitalization, physician, psychiatric services, obstetrics/gynecology, inpatient rehabilitation. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.

Compensation: Negotiates hospital charges by percent discount off customary rates; is compensated by employers/payers, insurers, and claims administrators; charges a flat fee per eligible employee. Services groups under contract with Benefit America, Jefferson-Pilot Insurance Co. and The Guardian Life Insurance Co.

Control measures: Standard utilization review procedures, excluding outpatient service predetermination. Utilization review provided by independent contractors, primarily Health Cost Consultants.

Officers: Jeff F. Hamilton, president; Jennifer Lott, marketing director.

Contact: Jennifer Lott.

Private Healthcare Systems Ltd.

Regional Office, 1000 Abernathy Road, Suite 840 N.E., Atlanta, Ga. 30328; 404-394-1084; fax: 404-394-1398

Continued on next page

Guide to listings of PPOs

The fifth annual *Business Insurance* directory of preferred provider organizations contains listings with information on 750 preferred provider organizations around the nation.

The directory is published as an editorial service; there is no charge to be included.

PPOs are arranged alphabetically under the state in which they operate. When a PPO operating in more than one state provided consolidated figures for all of its PPOs, that consolidated listing is marked with an asterisk. The names, addresses, telephone numbers and any additional information provided on the affiliated PPOs in each state are listed under the states serviced, with a reference to the consolidated listing.

The complete listings begin with **staff** information, including participating physicians, average number of patients per primary physician, the percent of board-certified physicians, specialists and specialists available for referral, administrative staff and marketing staff under direct contract as of June 30, 1991. The **facilities** section includes number of hospitals, pharmacies and diagnostic labs under direct contract as of June 30.

Users: Group Health lists participating employer/payer groups, employees with single coverage, employees with family coverage and employees and dependents in participating employer groups with access to the network as of June 30.

Users: Workers Compensation lists participating employer/payer groups and total employees, if given, as of June 30. **Total users** includes all group health and workers compensation members and dependents plus individual members. An employee is counted once if under both contracts.

Next, headings indicate the PPO's **operational date**, tax status as **for profit** or **not for profit** and the network's **ownership**. Accreditation by the American Accreditation Program Inc. of Reston, Va., is also noted.

The PPO's **service area** by county and state is provided. If a PPO contracts for PPO services with another established PPO, the partner and service area is given here; a complete guide to PPOs having this type of contractual arrangement is on page 135.

Information on **services** includes specialty services offered, or those for which a network exists; whether services may be unbundled; whether employees can select non-PPO providers at the time of service; if the PPO plan design may be customized to meet employer specifications; and whether individual enrollment is allowed (such as retirees).

The **compensation** heading contains information on how the PPO negotiates hospital charges; how it is compensated; how it charges for its services. If the PPO provides services to groups under contract with third-party administrators or insurers, the TPAs or insurers are listed here.

Utilization review methods used by the PPO and how they are implemented are detailed under **control measures**. Unless otherwise noted, standard utilization review procedure includes: preadmission hospital review, precertification, concurrent hospital treatment review, length of stay determination, discharge planning, retrospective review, second surgical opinion, hospital bill audits, outpatient service predetermination and case management.

Gross revenues for 1990 and 1989, based on total claims paid to participating hospitals/physicians, are listed next, if provided.

Officers and a **contact** for those seeking more information complete the listings.

If you wish to determine in which states multi-state PPOs operate, refer to the multi-state guide of networks on page 136.

Also, an index listing which page each state's PPO listings begin is provided on page 2.

Information for this directory was gathered from responses to a *Business Insurance* questionnaire sent to PPOs nationwide. Although every effort is made to obtain complete and accurate information, *Business Insurance* is unable to verify all information and relies on the responses provide by the PPOs.

Private Healthcare Systems Ltd. listings explained

Private Healthcare Systems Ltd. of Massachusetts is a partnership of 17 insurance companies offering managed care plans in 42 metropolitan areas nationwide. The plans are also available directly from PHCS to non-member insurers and large, self-insured, self-administered organizations.

More than 550 hospitals and 50,000 physicians in 26 states contract directly with PHCS. The 17 insurance company partners use the PHCS PPO product for the regions they service, tailoring it by adding or subtracting hospitals and physicians where necessary.

To identify the product available from any of the participating insurance companies in a particular market, which are identified on page 135, see the Private Healthcare Systems listings found throughout the directory. Each listing provides the number of individual hospitals and physicians under contract with PHCS in that market, although providers may vary slightly with each insurer offering the product.

Continued from previous page

Staff	
Physicians	783
Facilities	
Hospitals	4

See Private HealthCare Systems Ltd. consolidated listing in Massachusetts.

ProAmerica Southeast Region

2600 Lake Lucien Drive, Suite 200, Maitland, Fla. 32751; 800-253-3397

Facilities	
Hospitals	30
Users: Group Health	
Employees and dependents	17,480

Contact: Greg O'Driscoll.

See ProAmerica Network Inc. in Texas.

ALASKA

Aetna Health Plans

4300 B, Suite 205, Anchorage, Alaska 99503; 907-563-6738; fax: 907-561-2362

Staff	
Marketing	1
Facilities	
Hospitals	1
Users: Group Health	
Employer/payer groups	30
Employees & dependents	12,500
Total users	**12,500**

Service area: Anchorage.

Services: Hospitalization, substance abuse, psychiatric services. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by per diem rate; is compensated by employeers/payers; charges a flat fee per eligible employee.

Control measures: Standard utilization review procedures including on-site concurrent review. Utilization review provided by the PPO.

Officers: Jim Hickey, general manager; Ross Blaker, marketing representative.

See Aetna Health Plans in Connecticut.

Beech Street

2 Ada, Suite 200, Irvine, Calif. 92718; 714-727-1353; fax: 714-727-1793

Facilities	
Hospitals	1
Users: Group Health	
Employees & dependents	9,954

See Beech Street in California.

ProAmerica Network Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669

Facilities	
Hospitals	2
Users: Group Health	
Employees and dependents	1,156

See ProAmerica Network Inc. in Texas.

ARIZONA

Admar Corp./Med Network

8630 E. Via De Ventura, Suite 200, Scottsdale, Ariz. 85258; 602-948-1430 or 800-395-6902

See Admar Corp./Med Network in California.

Aetna Health Plans

7878 N. 16th St., Suite 210, Phoenix, Ariz. 85020; 602-395-8800; fax: 602-395-8813

Service area: Maricopa and Pinal counties in Arizona.

Officers: Paul A. Zucarelli, market manager; Jim Jones, executive director.

See Aetna Health Plans in Connecticut.

Aetna Health Plans

5210 E. Williams Circle, Suite 300, Tucson, Ariz. 85711; 602-748-8020; fax: 502-750-9579

Service area: Cochise, Graham, Greenlee, Pima, Pinal and Santa Cruz counties in Arizona.

See Aetna Health Plans in Connecticut.

Arizona Preferred Provider

6464 E. Grant Road, Tucson, Ariz. 85715; 602-298-5297; fax: 602-296-7948

Staff	
Physicians	750
Patients/physician	13
Board certified	100%
Specialists	566
Administrative	5
Marketing	2
Facilities	
Hospitals	5
Pharmacies	8
Diagnostic labs	10
Users: Group Health	
Employer/payer groups	14
Single coverage	675
Family coverage	20
Employees & dependents	2,405

Operational date: April 1984.

Not for profit.

Service area: Arizona.

Services: Hospitalization, physician, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, prescription drug, chiropractic, preventative services, home care, outpatient rehabilitation, lab and X-ray. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.

Compensation: Negotiates hospital charges by percent discount off customary rates; is compensated by employers/payers, health care providers and individual subscribers; charges a flat fee per eligible employee, percent of services rendered and percent of savings. The PPO will contract to reduce its fee if savings are not met; 10% of those with access to the network are covered by such contracts.

Control measures: Standard utilization review procedures including active rehabilitation management but excluding discharge planning, retrospective review, second surgical opinion, hospital bill audits, outpatient service predetermination, case management. Utilization review provided by the PPO.

Gross revenues: $125,000 in 1990; $100,000 in 1989.

Officers: Dwight W. Babcock, president/executive director/medical director; Joan Kellogg, chief financial officer.

Contact: Kathy J. Dunn, general manager.

Beech Street

2 Ada, Suite 200, Irvine, Calif. 92718; 714-727-1353; fax: 714-727-1793

Facilities	
Hospitals	22
Users: Group Health	
Employees & dependents	39,817
Users: Workers Compensation	
Single coverage	50,000

See Beech Street in California.

CAPP Care Inc.

17390 Brookhurst, Suite 280, Fountain Valley, Calif. 92708; 714-963-8065; fax: 714-963-0549

Staff	
Physicians	3,152
Facilities	
Hospitals	61

Service area: 18 cities in Arizona.

See CAPP Care Inc. in California.

CCN Inc.

3636 N. Central Ave., Suite 730, Phoenix, Ariz. 85012; 602-263-1982; fax: 602-277-8260

Staff	
Physicians	1500
Board-certified	70%
Specialists	975
Administrative	6
Marketing	2
Facilities	
Hospitals	23
Chemical dependency facilities	8
Users: Group Health	
Employer/payer groups	50
Employees & dependents	30,000
Users: Workers Compensation	
Employees	500,000
Total users	**530,000**

Operational date: 1987.

For profit.

Service area: Arizona and Bernalillo County in New Mexico.

Services: Hospitalization, physician, substance abuse, psychiatric services, obstetrics/gynecology, mental health counselor.

Compensation: Combination of billing methods.

Control measures: Standard utilization review procedures, excluding discharge planning, hospital bill audits and outpatient service predetermination. Utilization review provided by the Health Services Advisory Group Inc.

Contact: Mike Williams.

See CCN Inc. in California.

CIGNA Preferred Provider Organization-Phoenix

11001 N. Black Canyon Highway, Suite 400, Phoenix, Ariz. 85029; 602-942-4462; fax: 602-371-2625

Staff	
Physicians	2,435
Board-certified	85%
Marketing	10
Facilities	
Hospitals	32

Operational date: July 1986.

Service area: Arizona .

Officers: Dr. Clyde Wright, regional managed care officer; Donn Merrill, provider relations.

Contact: Donn Merrill.

See CIGNA Preferred Provider Organization in Connecticut.

CIGNA Preferred Provider Organization-Tucson

535 N. Wilmont, Tucson, Ariz. 85711; 602-571-8040; fax: 602-748-2465

Staff	
Physicians	571
Board-certified	85%
Marketing	10
Facilities	
Hospitals	10

Operational date: July 1986.

Service area: Arizona.

Officers: Dr. Clyde Wright, regional managed care officer; Chris Tucci, provider relations.

Contact: Chris Tucci.

See CIGNA Preferred Provider Organization in Connecticut.

Eye Care Plan of America

1811 S. Alma School Road, Suite 285, Mesa, Ariz. 85210; 602-879-1110; fax: 602-491-1209

Staff	
Physicians	4,200
Patients/physician	4,700
Administrative	22
Marketing	4
Users: Group Health	
Employer/payer groups	215
Employees & dependents	20 million

Operational date: 1982.

For profit.

Ownership: First American Health Concepts Inc.

Service area: Nationwide and the U.S. Virgin Islands.

Services: Vision. May be customized to meet employer specifications. Individual enrollment is allowed.

Compensation: Compensated by employers/payers, health care providers; charges a flat fee per eligible employee.

Gross revenues: $2.1 million in 1990; $2.5 million in 1989.

Officers: J. Kent Massey, president, chairman, and chief executive officer; John A. Raycraft, executive-vp; Daniel G. Slabaugh, vp-finance; Jacquelin Dabner, vp-administration; Carolyn Fricke, secretary-treasurer; Rick Kjerstad, assistant vp/marketing.

Contact: Rick Kjerstad.

Health Horizons IPO

5055 E. Broadway, Suite A-114, Tucson, Ariz. 85711; 602-747-2555; fax: 602-571-0928

Staff	
Physicians	145
Patients/physician	85
Board-certified	70%
Specialists	223
Administrative	9
Facilities	
Hospitals	4
Pharmacies	22
Diagnostic labs	2
Users: Group Health	
Employer/payer groups	2
Employees & dependents	10,500

Operational date: July 1991.

For profit.

Ownership: Tucson Physician Organization.

Service area: Pima and Santa Cruz counties in Arizona.

Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.

Compensation: Negotiates hospital charges by a per diem rate; is compensated by employers/payers and claims administrators; charges a flat fee per eligible employee and percentage of services rendered. The PPO will contract to receive a higher fee if savings are realized.

Control measures: Standard utilization review procedures, excluding concurrent hospital treatment review, length of stay determination, discharge planning, retrospective review and hospital bill audits. Utilization review provided by the PPO.

Officers: Cheryl M. Stephens, president; Dr. Harold W. Kohl, Jr., medical director; Estelle Russell, accountant/analyst.

Humana Insurance Co.

Anchor Centre III, 2231 E. Camelback Road, Suite 208, Phoenix, Ariz. 85016; 602-381-4300; fax: 602-381-4381

Total users	**4,150**

Officers: Michael Seltzer, executive director; Dr. David Ewing, medical director.

See Humana Health Care Plans in Kentucky.

Interplus

Regional Office, 2800 N. 44th St., Suite 500, Phoenix, Ariz. 85008

Staff	
Physicians	1,175
Patients/physician	1,800
Board-certified	85%
Specialists	825
Administrative	330
Marketing	30
Facilities	
Hospitals	33
Pharmacies	94
Diagnostic labs	14
Users: Group Health	
Employer/payer groups	12
Single coverage	450
Family coverage	550
Employees & dependents	1,660
Total users	**1,660**

Operational date: July 1991.

For profit.

Service area: Pima and Maricopa counties in Arizona.

Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates; is compensated by employers/payers; charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.

Control measures: Standard utilization review procedures excluding retrospective review, hospital bill audits, outpatient service predetermination. Utilization review provided by the PPO.

Officers: Rick Barrett, president/chief executive officer; Dr. Philip Dew, vp-medical affairs; Sharyn Breck (southern region), Kevin Buron (northern region), marketing directors; Pete Peterson, vp-chief financial officer.

Lincoln National Preferred Plan

7776 Clocktower Corporate Center, Suite 100, Phoenix, Ariz. 85044; 602-431-1185; fax: 602-431-1317

101 N. Wilmot, Suite 600, Tucson, Ariz. 85711; 602-571-0841

Staff	
Physicians	1,850
Facilities	
Hospitals	30

Officers: Steve Linstrom, general manager.

See Lincoln National Preferred Plan in Indiana.

MetLife Network-Arizona

The Bank of America Tower, Suite 700, 1 City Blvd. W., Orange, Calif. 92668-3651; 714-978-1991

Contact: Mike Brecker, vp.

See MetLife Network in Connecticut.

Continued on next page

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Continued from previous page

Preferred Care

Blue Cross & Blue Shield of Arizona, P.O. Box 13466, Phoenix, Arizona, 85002-3466; 602-864-4442; fax: 602-864-4036

Staff	
Physicians	2,700
Specialists	1,600
Facilities	
Hospitals	35
Diagnostic labs	16
Users: Group Health	
Employer/payer groups	1,000
Employees & dependents	70,000
Total users	**119,000**

Operational date: January 1983.
Not for profit.
Ownership: Blue Cross & Blue Shield of Arizona.
Service area: Cochise, Maricopa, Pima, Pinal, Santa Cruz counties, plus other counties on limited basis, in Arizona.
Services: Hospitalization, physician, vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by percent discount off DRG; is compensated by insurers; charges a physician charges are percent discount off prevailing fee schedule.
Control measures: Standard utilization review procedures, excluding preadmission hospital review, concurrent hospital treatment review, length of stay determination, discharge planning. Utilization review provided by BC/BS Arizona.
Officers: Robert B. Bulla, president; Dr. Kenneth W. Smithson, medical director; David C. Quitno, marketing director.
Contact: David C. Quitno.

Principal Health Care of Arizona Inc.

10210 N. 25th Ave., Suite 211A, Phoenix, Ariz. 85021; 602-861-0033; fax: 602-861-1887

Staff	
Physicians	842
Board-certified	81%
Administrative	1
Marketing	1
Facilities	
Hospitals	19
Diagnostic labs	2
Total users	**4,855**

Operational date: October 1989.
Ownership: Principal Health Care Inc.
Service area: Cochise, Maricopa, Pima, Pinai and Yuma counties in Arizona.
Officers: Kenneth Linde, president; David Weiss, executive director; Dr. Mel Museles, medical director; Michael Soto, marketing director.
See Principal Health Care Inc. in Maryland

Private HealthCare Systems Ltd.

Regional Office, 3773 Cherry Creek N. Drive, Suite 575, Denver, Colo. 80209; 303-331-3406; fax: 303-399-6480;

Staff	
Physicians	1,272
Facilities	
Hospitals	18

See Private HealthCare Systems Ltd. consolidated listing in Massachusetts.

ProAmerica Western Region

426 N. 44th St., Suite 220; Phoenix, Ariz. 85008; 800-879-8500

Facilities	
Hospitals	5
Users: Group Health	
Employees and dependents	51,688

Contact: David K. Stewart.
See ProAmerica Network Inc. in Texas.

The Southern Arizona Physicians Services Assn.

P.O. Box 30223, Tucson, Ariz. 85751; 602-326-0455

Staff	
Physicians	192
Patients/physician	12
Board-certified	100%
Specialists	76
Administrative	4
Marketing	12
Facilities	
Hospitals	3
Pharmacies	25
Diagnostic labs	3
Users: Group Health	
Employer/payer groups	57
Single coverage	7,456
Family coverage	16,892
Employees & dependents	42,763

Operational date: April 1984.
Not for profit.
Service area: Cochise, Greenlee and Pima counties in Arizona.
Services: Hospitalization, physician, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, chiropractic. Services available unbundled. Employees can select non-PPO providers at additional cost. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by DRGs; is compensated by health care providers and insurers; charges a flat fee per eligible employee. The PPO will contract to reduce its fee if savings are not met.
Control measures: Standard utilization review procedures, excluding length of stay determination, case management. Utilization review provided by insurance carriers.
Officers: Thomas P. Finley, president and executive director; Dr. Martin L. Shultz, medical director.

Travelers-Metro Phoenix

Metro Center Business Park One, 10000 N. 31st Ave., Suite 400, P.O. Box 29034, Phoenix, Ariz. 85051; 602-861-8617

Staff	
Physicians	1,169
Facilities	
Hospitals	12
Users: Group Health	
Employer/payer groups	148
Employees & dependents	8,450

Operational date: March 1987.
Ownership: Travelers Insurance Co.
Service area: Maricopa County in Arizona.
Officers: Dr. Steve Berkowitz, acting executive director; Bryon Vifquain, EBD sales manager.
See Travelers Insurance Co. in Connecticut.

Travelers-Tucson

10,000 N. 31st Ave., Phoenix, Ariz. 85051; 602-861-8600

Staff	
Physicians	321
Facilities	
Hospitals	3
Users: Group Health	
Employer/payer groups	5
Single coverage	58

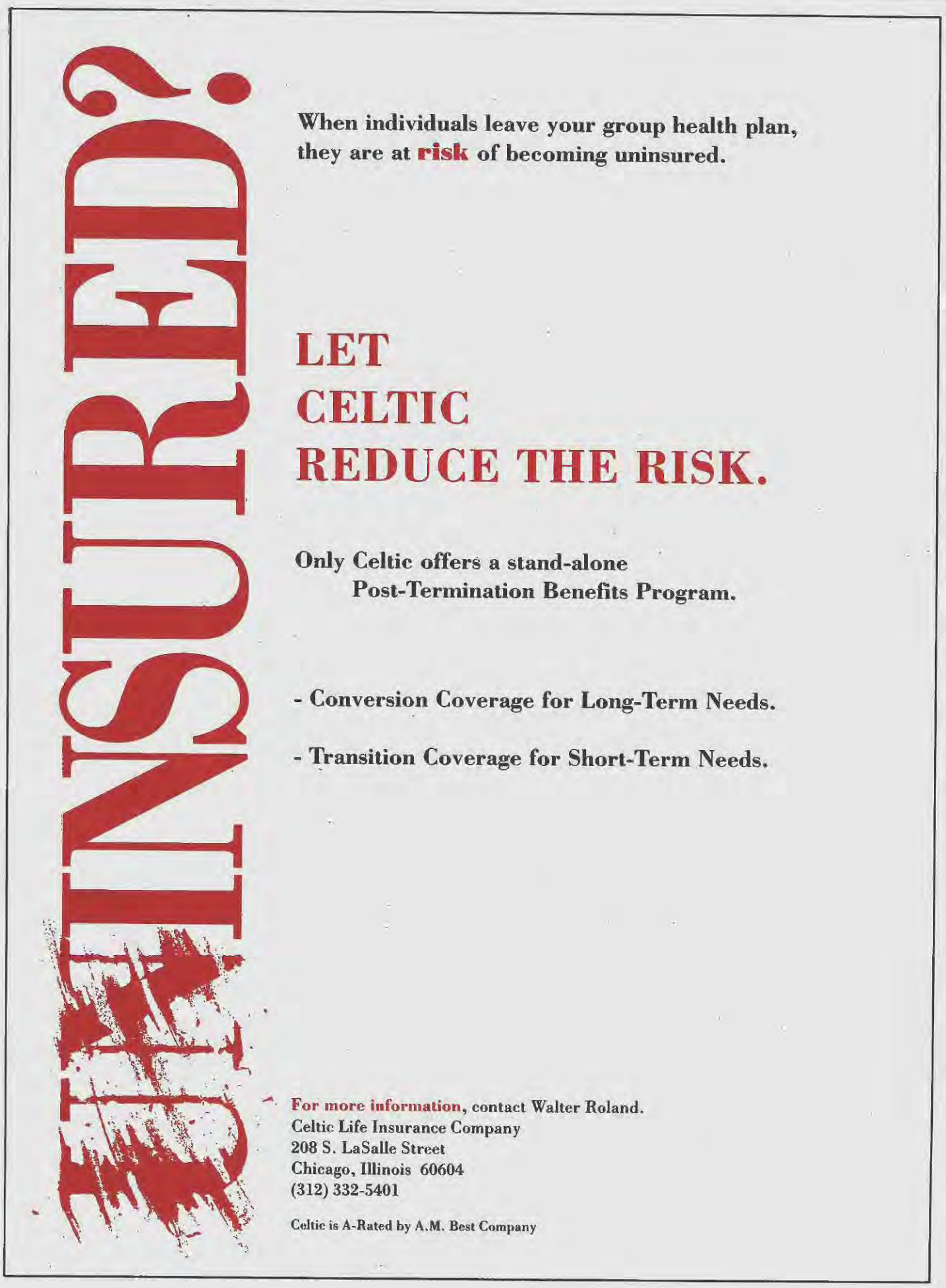
Operational date: June 1991.
Ownership: Travelers Insurance Co.
Service area: Pima County in Arizona.
Officers: Dr. Steve Berkowitz, executive director; Thomas M. Bliss, EBD sales manager.
See Travelers Insurance Co. Connecticut.

USA Healthnet Inc.

7301 N. 16th St., Suite 201, Phoenix, Ariz. 85020; 602-371-3880; fax: 602-861-2805

Staff	
Physicians	58,983
Board-certified	95%
Specialists	21,000
Administrative	33
Marketing	10
Facilities	
Hospitals	1,436
Pharmacies	70
Diagnostic labs	21
Users: Group Health	
Employer/payer groups	112
Single coverage	1.6 million

Continued on next page



Continued from previous page

Family coverage	2.6 million
Employees & dependents	8.5 million
Total users	**8.5 million**

Operational date: June 1985.
For profit.
Ownership: Columbia American Corp.
Service area: Alaska, Alabama, Arizona, California, Colorado, District of Columbia, Florida, Georgia, Hawaii, Iowa, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maryland, Michigan, Missouri, Mississippi, North Carolina, Nebraska, New Mexico, Nevada, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, Tennessee, Texas, Utah, Virginia, Wisconsin and West Virginia.
Services: Hospitalization, physician, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, pharmacy. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by a per diem rate, percent discount off customary rates, DRGs, cost sharing; is compensated by employers/payers, insurers and claims administrators; charges a flat fee per eligible employee and percent of savings. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met.
Control measures: Standard utilization review procedures. Utilization review provided by the PPO.
Officers: Linda K. Anderson-Howland, president; Beatrice E. Hughes, executive director; Dr. Samuel D. Benjamin, medical director; Renee Kemmeries, marketing director; Martha Sposito, provider relations director.
Contact: Renee Kemmeries.

ARKANSAS

Beech Street

2 Ada, Suite 200, Irvine, Calif. 92718; 714-727-1353; fax: 714-727-1793

Facilities	
Hospitals	4
Users: Group Health	
Employees & dependents	12,443

See Beech Street in California.

FOCUS Healthcare Management Inc.

7101 Executive Center Drive, Suite 375, Brentwood, Tenn. 37027; 800-873-0055; fax: 615-377-6098

Staff	
Marketing	1
Facilities	
Hospitals	8
Users: Workers Compensation	
Employer/payer groups	8

Operational date: March 1991.
Service area: Clark, Craighead, Miller, Pulaski and Sebastian counties in Arkansas.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment.
Compensation: Negotiates hospital charges by a per diem rate and percent discount off customary rates.

See FOCUS Healthcare Management Inc. in Tennessee.

ProAmerica Network Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669

Facilities	
Hospitals	6
Users: Group Health	
Employees and dependents	11,168

See ProAmerica Network Inc. in Texas.

Prudential Health Care Plan Inc.-Little Rock

10800 Financial Centre Parkway, First Little Rock Plaza, Suite 499, Little Rock, Ark. 72211; 501-227-7776; fax: 501-227-0581

Staff	
Physicians	100
Patients/physician	174
Board-certified	81%
Specialists	204
Administrative	15
Marketing	12
Facilities	
Hospitals	7
Pharmacies	9
Diagnostic labs	2
Total users	**17,465**

Operational date: October 1987.
Ownership: The Prudential Insurance Co. of America.
Service area: Faulkner, Lonoke, Pulaski and Saline counties in Arkansas.
Services: Hospitalization, physician, vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by fee schedule; is compensated by employers/payers; charges a flat fee per eligible employee.
Officers: Norine Yukon, manager/city administrator; Mark Krogulski, marketing; Dr. William H. Riley Jr.

See The Prudential Insurance Co. of America corporate listing in New Jersey.

CALIFORNIA

501 Panel Providers

12722 Riverside Drive, North Hollywood, Calif. 91607; 818-506-2501; fax: 818-506-0309

Staff	
Physicians	6,050
Specialists	6,050
Facilities	
Hospitals	110
Users: Group Health	
Single coverage	10,000
Employees & dependents	25,000

Operational date: 1976.
For profit.
Service area: California.
Services: Hospitalization, physician, dental, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by a per diem rate; is compensated by employers/payers; charges a flat fee per eligible employee. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met. Services groups under contract with Alliance for Alternatives in Healthcare, Amalgamated Clothing Textile Workers Union.
Control measures: Utilization review provided by the California Foundation for Medical Care.
Officers: Chester Bloome, president.

AVP Vision Plans

155 DuBois St., Santa Cruz, Calif. 95060; 800-443-4994; fax: 408-425-3905

Staff	
Optometrists	1,143
Opthamologists	135
Administrative	8
Marketing	4
Facilities	
Diagnostic labs	2
Users: Group Health	
Employer/payer groups	303
Single coverage	5,500
Family coverage	4,400
Employees & dependents	21,000

Operational date: November 1987.
For profit.
Ownership: Optics East Inc.
Service area: 45 counties in California.
Services: Vision. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by contracted fee for service; is compensated by employers/payers; charges a flat fee per eligible employee. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met.
Control measures: Utilization review provided by the PPO.
Gross revenues: $603,000 in 1990; $225,000 in 1989.
Officers: D.K. Kim, president/executive director; Dr. Robert Greenley, medical director; Stephen Shaw, marketing director.

Admar Corp./Med Network*

1551 N. Tustin Ave., Suite 300, Santa Ana, Calif. 92701

Staff	
Physicians	30,124
Patients/physician	64
Board-certified	75%
Specialists	16,971
Administrative	168
Marketing	18
Facilities	
Hospitals	424
Pharmacies	1,539
Users: Group Health	
Employer/payer groups	35,000
Employees	820,962
Employees & dependents	1.9 million
Total Users	**1.9 million**

Operational date: 1973.
For profit.
Ownership: Admar Group Inc.
Service area: Arizona, California, Colorado, District of Columbia, Kansas, Illinois, Indiana, Iowa, Massachusetts, Maryland, Missouri, New Mexico, Ohio, Texas, Wisconsin.
Services: Hospitalization, physician, substance abuse, psychiatric services, podiatry, obstetrics/gynecology, home health care. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by per diem rate, percent discount off customer rates; is compensated by insurers, claims administrators, TPAs and large self-funded employer groups; charges a flat fee per eligible employee, percent of saving.
Control measures: Standard utilization review procedures, including national UR, point-of-service fee negotiations with non-network facilities, maternity review of high risk pregnancies. Utilization review provided by the PPO.
Gross revenues: $10.2 million in 1990; $11.1 million in 1989.
Officers: Richard Toral, president; Virginia Pascual, executive director; Dr. Vincent Duda, medical director; Donald Cummins, marketing director.

* Figures are consolidated, including all PPOs operated by Admar Corp./Med Network.

Admar Corp./MedNetwork

1111 Bayhill Drive, Suite 425, San Bruno, Calif. 94066; 415-742-6590 or 800-395-6901

See Admar Corp./Med Network in California.

Aetna Health Plans

12355 W. Jefferson Blvd., Suite 305, Los Angeles, Calif. 213-301-7670; fax: 213-301-8400

Staff	
Physicians	7,500
Patients/physician	95
Board-certified	68%
Specialists	4,600
Facilities	
Hospitals	64

Service area: Kern, Los Angeles, Orange, Riverside, San Bernardino, Santa Barbara and Ventura counties in California.
Services: Hospitalization, physician, substance abuse, psychiatric services, podiatry, obstetrics/gynecology.
Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates, DRGs.
Officers: Michael Dobbs, market manager.

See Aetna Heath Plans in Connecticut.

Aetna Health Plans

7676 Hazard Center Drive, San Diego, Calif. 92108; 619-497-4010; fax: 619-497-4054

Staff	
Physicians	1,432
Patients/physician	9.5
Board-certified	77%
Specialists	1,002
Marketing	25
Facilities	
Hospitals	13
Diagnostic labs	33
Users: Group Health	
Employer/payer groups	372
Employees & dependents	39,364
Total users	**39,364**

Operational Date: November 1990.
Service area: San Diego County in California.
Services: Hospitalization, physician, substance abuse, psychiatric services, obstetrics/gynecology. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem rate; is compensated by employers/payers; charges a included in total administrative fee as a fee per eligible employee. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met.
Control measures: Standard utilization review procedures. Utilization review provided by the PPO.
Officers: Edward C. Cymerys, market manager, William B. Gregory, marketing manager; Dr. Antonio P. Linares, medical director; William B. Gregory, marketing director.

See Aetna Health Plans in Connecticut.

Aetna Health Plans

1 Montgomery, Telesis Tower, Suite 1650, San Francisco, Calif. 94104; 415-393-7400; fax: 415-393-7490

Staff	
Physicians	962
Specialists	763
Marketing	1
Facilities	
Hospitals	11
Diagnostic labs	11
Users: Group Health	
Employer/payer groups	72
Employees & dependents	4,027

Operational date: January 1988.
Service area: Fresno, Madera, Modesto and Selma counties in California.
Services: Hospitalization, physician, substance abuse, psychiatric services, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by a per diem rate and percent discount off customary rates; is compensated by employers/payers; charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures. Utilization review provided by the PPO.
Officers: Tom Williams, market manager; Tom Taylor, general manager; Dr. Steven Ho, medical director.

See Aetna Health Plans in Connecticut.

Aetna Health Plans

1 Montgomery, Telesis Tower, Suite 1650, San Francisco, Calif. 94104; 415-393-7400; fax: 415-393-7490

Staff	
Physicians	6,240
Specialists	3,306
Marketing	11
Facilities	
Hospitals	35
Diagnostic labs	49
Users: Group Health	
Employer/payer groups	820
Employees & dependents	160,000
Total users	**160,000**

Operational date: January 1988.
Service area: Alameda, Contra Costa, Fresno, Madera, Marin, Modesto, Napa, Sacramento, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Selma, Solano and Sonoma counties in California.
Services: Hospitalization, physician, substance abuse, psychiatric services, podiatry, obstetrics/gynecology, lab services. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates, DRG; is compensated by employers/payers; charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures Utilization review provided by the PPO.
Officers: Tom Williams, market manager; Tom Taylor, general manager; Dr. Steven Ho, medical director.

See Aetna Health Plans in Connecticut.

American Health Network*

1610 Arden Way, Suite 165, Sacramento, Calif. 95815; 916-649-9100; fax: 916-649-1747

Staff	
Physicians	19,644
Patients/physician	50
Specialists	9,648
Facilities	
Hospitals	218
Diagnostic labs	142
Users: Group Health	
Employer/payer groups	433
Employees & dependents	158,762
Users: Workers Compensation	
Employer/payer groups	433
Total users	**158,762**

Operational date: August 1984.
For profit.
Ownership: Associated Group Insurance Co.
Service area: Arizona, California, Nevada, Oregon and Washington.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, urgent care, imaging centers, surgery centers, neuro rehabilitation. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by a per diem rate and percent discount off customary rates; is compensated by employers/payers, insurers and claims administrators; charges a flat fee per eligible employee and percent of savings.
Control measures: Standard utilization review procedures. Utilization review provided by the PPO.
Officers: Michael Bell, president; Linda Rossi, executive director; Charles French, medical director; Craig Chapman, marketing director.

* To become part of Anthem Health Systems Inc. in Indiana on Jan. 1, 1992.

BPS Inc. (Benefit Panel Services)

888 S. Figueroa St., Suite 1400, Los Angeles, Calif. 90017; 213-489-2694; fax: 213-489-7973

Staff	
Physicians	7,572
Patients/physician	80
Board-certified	90%
Specialists	4,121
Administrative	145
Marketing	10
Facilities	
Hospitals	145
Diagnostic labs	88
Users: Group Health	
Employer/payer groups	1,600
Employees & dependents	275,000
Users: Workers Compensation	
Single coverage	2,000
Employees	2,000
Total users	**227,000**

Operational date: May 1983.
For profit.
Accredited by AAPI.
Service area: 23 counties in California.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, workers compensation, chiropractic. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates; is compensated by employers/payers, insurers; charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures. Utilization review provided by the PPO.
Officers: W. Mark Jasper, president; Dr. Robert Blackman and Dr. Alan Rosenstein, regional medical directors; Virginia L. Downie, vp-marketing; Dr. Marshall Bernes, chairman; Ann Kuklierus, vp-operation.
Contact: Virginia L. Downie.

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Beech Street*

2 Ada, Suite 200, Irvine, Calif. 92718; 714-727-1353; fax: 714-727-1793

Staff	
Physicians	16,700
Board-certified	85%
Specialists	7,550
Administrative	17
Marketing	5
Facilities	
Hospitals	840
Pharmacies	2,959
Diagnostic labs	120
Users: Group Health	
Employer/payer groups	86
Single coverage	1.2 million
Employees & dependents	2.5 million
Users: Workers Compensation	
Employer/payer groups	62
Single coverage	3 million
Total users	**5.5 million**

Operational date: 1984.
For profit.
Service area: Alabama, Alaska, Arizona, Arkansas, California, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Montana, Nevada, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Washington, West Virginia and Wisconsin.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, chiropractic. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by a per diem rate, percent discount off customary rates, DRGs and rate caps; is compensated by employers/payers, insurers and claims administrators; charges a flat fee per eligible employee, percent of savings, percent of services rendered and percent of gross bill charges. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met. Services groups under contract with numerous TPAs and insurers.
Control measures: Standard utilization review procedures, including psychiatric and substance abuse. Utilization review provided by the PPO.
Gross revenues: $140.8 billion in 1990; $88.1 billion in 1989 (both include only claims paid to hospitals).
Officers: Edwin Crawford, president; Bradley Karro, executive director; Dr. Lester Sacks, medical director; George Bregante, marketing director; John K. Mills, executive vp.

* Figures are consolidated, including all PPOs operated by Beech Street.

Beech Street

2 Ada, Suite 200, Irvine, Calif. 92718; 714-727-1353; fax: 714-727-1793

Facilities	
Hospitals	259
Users: Group Health	
Employees & dependents	413,642
Users: Workers Compensation	
Single coverage	2.1 million

See Beech Street consolidated listing in California.

Blue Shield of California-The Blue Shield Preferred Plan

2 North Point, San Francisco, Calif. 94113; 415-445-5000; 415-445-5836

Staff	
Physicians	16,608
Specialists	27,229
Administrative	4,038
Marketing	257
Facilities	
Hospitals	269
Pharmacies	3,500
Users: Group Health	
Employer/payer groups	3,048
Family coverage	361,924
Employees & dependents	746,539
Total users	**746,539**

Operational date: May 1984.
Not for profit.
Service area: California.
Services: Hospitalization, physician, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, chiropractic, hospices, acupuncture, short-term rehabilitation, prescription drugs. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates, DRGs; is compensated by employers/payers; charges a flat fee per eligible employee. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met.
Control measures: Standard utilization review procedures. Utilization review provided by the PPO.
Gross revenues: $1.03 billion in 1990; $817.1 million in 1989.
Officers: Charles W. Stewart, president; Thomas C. Paton, chairman, chief executive officer; Dr. Wade Aubry, medical director; Joseph Tyszkiewicz, senior vp.

CAPP Care Inc.*

17390 Brookhurst, Suite 280, Fountain Valley, Calif. 92708; 714-963-8065; fax: 714-963-0549

Staff	
Physicians	66,704
Board-certified	68%
Specialists	38,658
Administrative	30
Marketing	12
Facilities	
Hospitals	700
Users: Group Health	
Employer/payer groups	50,000
Employees & dependents	760,000
Total users	**760,000**

Operational date: January 1984.
For profit.
Accredited by the AAPI.
Service area: Alabama, Arizona, California, Colorado, Florida, Georgia, Illinois, Indiana, Louisiana, Michigan, Missouri, Nebraska, Nevada, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, Tennessee, Texas, Washington, Wisconsin and Wyoming.
Services: Hospitalization, physician, chiropractic, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by a per diem rate and percent discount off customary rates; is compensated by employers/payers; charges a flat fee per eligible employee and percent of savings. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met. Services groups under contract with 93 insurers and TPAs.
Control measures: Standard utilization review procedures excluding hospital bill audits. Utilization review provided by the PPO.
Officers: Dr. Ed Zalta, chairman/chief executive officer; Michael E. Henry, president; Dr. Harvey Eichner, medical director; Thomas R. Acosta, vp-marketing.
Contact: Thomas Acosta, 714-963-8065, ext. 416.

* Figures are consolidated, including all PPOs operated by CAPP Care Inc.

CAPP Care Inc.

17390 Brookhurst, Suite 280, Fountain Valley, Calif. 92708; 714-963-8065; fax: 714-963-0549

Staff	
Physicians	20,277
Facilities	
Hospitals	228

Service area: 33 cities and counties in California.

See CAPP Care Inc. in California.

CCN Inc.*

8911 Balboa Ave., San Diego, Calif. 92123; 619-278-2273; fax: 619-278-1262

Users: Group Health	
Employees & dependents	900,350
Users: Workers Compensation	
Employees	8.1 million
Total users	**9 million**

Service area: Arizona, California, Colorado, District of Columbia, Illinois, Indiana, Louisiana, Maryland, New Mexico, Oklahoma, Pennsylvania, Virginia, Wisconsin. Contracts with ALTA Health Strategies Inc. in Colorado; Willse & Associates Inc. in Maryland; VHN in Virginia; VHA-East in Philadelphia.
Services provided: Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. .
Compensation: Negotiates hospital charges by per diem rate; is compensated by employers/payers.
Officers: George S. Murphy, chief executive officer; Dr. Eugene V. Helsel, medical director; Patrick Sullivan, vp-sales/marketing; Nancy Plaxico, vp-purchaser affairs; Sandra McLaren Foote, vp-provider affairs; Douglas J. Reeves, vp-chief information officer; Richard C. Morgan, vp-administration/finance.
Contact: James Denman, national accounts manager.

* Figures are consolidated, including all PPOs operated by CCN Inc.

The California Foundation for Medical Care

101 Market St., Suite 610, San Francisco, Calif. 94105; 415-896-1971; fax: 415-957-0618

Staff	
Physicians	22,000
Administrative	16
Marketing	1
Facilities	
Hospitals	379
Users: Group Health	
Employer/payer groups	6,400

Operational date: 1987.
For profit.
Service area: California. Contracts with American Healthcare Alliance nationwide.
Services: Hospitalization, physician, vision, dental, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Control measures: Standard utilization review procedures, excluding discharge planning, hospital bill audits. Utilization review provided by the PPO.
Officers: Lee Hone, president/executive director; Dr. Ron Bangasser, medical director.

California Psychological Health Plan

5750 Wilshire Blvd., Suite 490, Los Angeles, Calif. 90036; 800-331-3016; fax: 213-937-9688

Staff	
Psychiatrists	100
Board-certified	100%
Specialists	700
Administrative	17
Marketing	3
Facilities	
Hospitals	100
Users: Group Health	
Employer/payer groups	60
Employees & dependents	200,200

Operational date: August 1978.
Not for profit.
Ownership: Mutual Benefit Corp.
Service area: California.
Services: Hospitalization, physician, substance abuse, psychiatric services. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates; is compensated by employers/payers; charges pre-paid fees. The PPO will contract to reduce its fee if savings are not met.
Control measures: Standard utilization review procedures, excluding second surgical opinion, hospital bill audits. Utilization review provided by the PPO.
Gross revenues: $6.7 million in 1990; $5.4 million in 1989.
Officers: David Auchterlonie, president; Dr. Michael Jospe, medical director; Robert L. Belichick, marketing director.
Contact: Robert L. Belichick.

CareAmerica Life Insurance Co.

20520 Nordhoff St., Chatsworth, Calif. 91331-6191; 818-407-2211; fax: 818-407-2359

Staff	
Physicians	13,330
Board-certified	90%
Specialists	8,960
Marketing	38
Facilities	
Hospitals	152
Users: Group Health	
Employer/payer groups	274
Single coverage	1,841
Family coverage	1,406
Employees & dependents	6,265
Total users	**6,265**

Operational date: January 1988.
For profit.
Ownership: CareAmerica-Southern California Inc.
Service area: 30 counties in California.
Services: Hospitalization, physician, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Employees can select non-PPO providers.
Compensation: Negotiates hospital charges by per diem rate; is compensated by employers/payers; charges an administrative load within each dollar of premium.
Control measures: Standard utilization review procedures, excluding preadmission hospital review, length of stay determination, second surgical opinion and outpatient service predetermination. Utilization review provided by the PPO.
Gross revenues: $19.9 Million in 1990; $50.8 Million in 1989.
Officers: Larry D. Gray, president/chief executive officer; Jerry A. Torgerson, executive vp; Dr. Sandy Bloom and Dr. Julius Bartoli, medical directors; Kandis Larkey, senior vp-sales/marketing; Paul Kimmins, vp-chief financial officer.

ChiroData

P.O. Box 85152-5112, San Diego, Calif. 85152; 800-342-7733; fax: 619-58-5712

Staff	
Physicians	30
Patients/physician	50
Board-certified	90%
Administrative	3
Marketing	1

For profit.
Ownership: ChiroData Inc.
Service area: Los Angeles and San Diego.
Services: Physician, chiropractic. Employees can select non-PPO providers.
Compensation: Compensated by employers/payers; charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures, excluding case management. Utilization review provided by the PPO.
Officers: Richard Sparhawk, executive director; Dr. Mark Hubka, medical director.
Contact: Richard Sparhawk.

Chiropractic Health Plan of California

101 Hodencamp Road, Suite 100, Thousand Oaks, Calif. 91360; 805-495-0345; fax 805-495-1634

Staff	
Physicians	941
Patients/physician	4,000
Board-certified	10%
Administrative	3
Marketing	2
Users: Group Health	
Employer/payer groups	12,000
Employees & dependents	3.7 million
Total users	**3.7 million**

Operational date: January 1987.
For profit.
Service area: California.
Services: Chiropractic.
Compensation: Is compensated by employer/payers; charges a flat fee per eligible employee, percent of savings. Services groups under contract with Escobar Diversified Services, Affordable Health Concepts, Preferred Health Network.
Control measures: Standard utilization review procedures, excluding precertification, retrospective review, case management. Utilization review provided by the Preferred Utilization Management.
Gross revenues: $50 million in 1990; $25 million in 1989.
Officers: Dr. R. Lloyd Friesen, president; Dr. Ronald S. Cataldo, medical director/marketing director.
Contact: R. Lloyd Friesen.

CIGNA Preferred Provider Organization-California

2400 E. Katella Blvd., Anaheim, Calif. 92806; 714-939-5600; fax: 714-939-5827

Staff	
Physicians	13,832
Board-certified	85%
Marketing	10
Facilities	
Hospitals	161

Operational date: December 1985.
Service area: California.
Officers: Bert Wagener, regional managed care officer; John Gray, director-PPO development.
Contact: John Gray.

See CIGNA Preferred Provider Organization in Connecticut

Community Care Network

8911 Balboa Ave., San Diego, Calif. 92123; 619-278-2273; fax: 619-278-1262

Staff	
Physicians	13,000
Board-certified	80%
Specialists	8,300
Administrative	270
Marketing	14
Facilities	
Hospitals	230
Diagnostic labs	117
Outpatient surgery centers	15
Radiology centers	84
MRI centers	21
Chemical dependency facilities	68
Users: Group Health	
Employer/payer groups	600
Employees & dependents	610,000
Users: Workers Compensation	
Employees	7 million
Total users	**7.6 million**

Operational date: December 1984.
Not for profit.
Service area: California.
Services: Hospitalization, physician, dental, substance abuse, psychiatric services, podiatry, obstetrics/gynecology, behavioral health services, home health care, chiropractic, physical therapy.
Compensation: Charges a flat fee per eligible employee, percent of savings.
Control measures: Standard utilization review procedures excluding discharge planning, second surgical opinion, hospital bill audits and outpatient service predetermination. Utilization review provided by Health Care Evaluation Inc., PURE Program, Redwood Healthcare Review Services Inc., Western Medical Review.
Contact: Armando Jackson, marketing manager.

See CCN Inc. in California.

ConserviCare

5772 Bolsa Ave., Suite 101, Huntington Beach, Calif. 92649; 714-894-5755; fax: 714-892-2945

Staff	
Physicians	14,086
Board-certified	99%
Specialists	8,650
Administrative	2
Marketing	1
Facilities	
Hospitals	225
Diagnostic labs	212
Users: Group Health	
Employer/payer groups	142
Single coverage	138,000
Employees & dependents	386,400

Operational date: September 1986.
For profit.
Service area: California. Contracts with Preferred Plan Inc. in Illinois, Indiana, Illinois and Wisconsin; South East Medical Alliance in Louisiana; Preferred Healthcare Network and Managed Care Consultants in Nevada; Health Care Savings in North Carolina and South Carolina; Universal Preferred Health Network in Connecticut, northern Kentucky and Ohio; The Alliance in Colorado; American Managed Care in Arizona; The Maricopa Foundation in Arizona; Managed Healthcare Inc. in Texas; Medcorp Southwest in Arkansas, Oklahoma, Tennessee and Texas.
Services: Hospitalization, physician, substance abuse, psychiatric

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services, durable medical equipment, podiatry, obstetrics/gynecology, home health therapy. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.

Compensation: Negotiates hospital charges by a per diem rate; is compensated by employers/payers, insurers and claims administrators; charges a flat fee per eligible employee and percent of savings. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met; 5% are covered by contracts with such fee adjustment clauses. Services groups under contract with Group Underwriters Inc., L&H Administrators and Medical Insurance Services.

Control measures: Standard utilization review procedures, excluding retrospective review, hospital bill audits, outpatient service predetermination. Utilization review provided by the PPO; case management provided by International Health Management Corp.

Officers: E.L. Raffetto, president/marketing director; Dr. Thomas A. Gionis, medical director; Nancy E. Raffetto, vp/treasurer.

Cost Care Physician Managed Networks*

7711 Center Ave., Suite 100, Huntington Beach, Calif. 92647; 714-895-1520; fax: 714-897-1633

Staff	
Physicians	84,705
Patients/physician	3
Board-certified	100%
Specialists	56,793
Administrative	34
Marketing	9
Facilities	
Hospitals	584
Diagnostic labs	876
Users: Group Health	
Employer/payer groups	232
Employees & dependents	279,016

Operational date: 1985.
For profit.
Ownership: John Hancock Mutual Life Insurance Co.
Service area: Alaska, Arizona, California, Colorado, District of Columbia, Florida, Georgia, Illinois, Indiana, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Missouri, New Hampshire, New Jersey, North Carolina, Ohio, Pennsylvania, South Carolina, Tennessee, Texas, Virginia, Washington, Wisconsin.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates, DRGs; is compensated by employers/payers; charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures, including patient assistance line, high risk pregnancy identification and evaluation. Utilization review provided by the PPO.
Officers: Larry Goelman, president; Virginia Cirica, senior vp; Alan Greenfield, vp-medical services; Ray Foose, vp-marketing; Patricia Batt, vp-network management.
Contact: Ray Foose.
* Figures are consolidated, including all PPOs operated by Cost Care Physician Managed Networks.

Cost Care Physician Managed Network-Western

17011 Beach Blvd., Huntington Beach, Calif. 92647; 714-842-4909

Service area: Anchorage, Alaska; Denver; Portland, Ore.; Spokane and Seattle, Wash.; Phoenix; San Francisco; and Southern California.
Contact: Linda Bowman.
See Cost Care Managed Physician Networks in California.

DELTA Preferred Option

P.O. Box 7736, San Francisco, Calif. 94120; 415-972-8300; fax: 415-972-8466

Staff	
Dentists	1,925
Patients/dentist	182
Specialists	258
Users: Group Health	
Employer/payer groups	114
Single coverage	29,000
Family coverage	84,000
Employees & dependents	351,000
Total users	**351,000**

Operational date: June 1987.
Not for profit.
Ownership: Delta Dental Plan of California.
Service area: California.
Services: Dental. Services available unbundled.
Compensation: Negotiates dental charges by usual fees of contracting. Dentists are submitted in advance for approval or refiling to approved level; is compensated by employers/payers; charges a flat fee per eligible employee. The PPO will contract to receive a higher fee if savings are realized.
Control measures: Utilization review includes retrospective review, computer practice profiles, dentist consultant treatment review, patient treatment computer crosscheck. Utilization review provided by the PPO.
Gross revenues: $44 million in 1990; $36 million in 1989.
Officers: Erik D. Olsen, president; John H. Field, senior vp-public and professional services; Don B. Conkling, senior vp-marketing; Joseph C. Jaeger, senior vp/chief financial officer; William T. Ward, senior vp-general services.
Contact: Jerry R. Holcombe, vp-public and professional services, 415-972-8484.

Exclusive Provider System

12465 Lewis St., Suite 104, Garden Grove, Calif. 92640; 714-748-9291; 714-748-9294

Staff	
Physicians	150
Board-certified	75%
Specialists	100
Administrative	3
Marketing	2
Facilities	
Clinics	55
Users: Workers Compensation	
Employer/payer groups	75
Employees & dependents	20,000
Total users	**20,000**

Operational date: April 1987.
For profit.
Ownership: Xordium Inc.
Service area: Los Angeles, Orange, San Bernardino, San Diego, Santa Clara and Sacramento, Calif.
Services: Industrial/Occupational Medicine. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by percent discount off customary rates; is compensated by employers/payers, insurers; charges a percent of services rendered by participating doctors/hospitals.
Control measures: Standard utilization review procedures, excluding case management. Utilization review provided by the PPO.
Officers: Karen J. Gillett, president; Fred C. Gillett, vp.
Contact: Karen J. Gillett.

FOCUS Healthcare Management Inc.

7101 Executive Center Drive, Suite 375, Brentwood, Tenn. 37027; 800-873-0055; fax: 615-377-6098

Staff	
Marketing	1
Facilities	
Hospitals	213
Diagnostic labs	4

Operational date: December 1990.
Service area: 40 counties in California.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment.
Compensation: Negotiates hospital charges by a per diem rate and percent discount off customary charges.
See FOCUS Healthcare Management Inc. in Tennessee.

Golden West Health Plan

888 W. Ventura Blvd., Suite 7, Camarillo, Calif 93010; 805-987-8941; fax: 805-987-6110

Staff	
Physicians	1,000
Patients/physician	150
Specialists	300
Administrative	25
Marketing	7
Users: Group Health	
Employer/payer groups	1,000
Single coverage	35,000
Family coverage	38,000
Employees & dependents	72,000

Operational date: 1974.
For profit.
Service area: California.
Services: Vision, dental. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates; is compensated by employers/payers; charges a flat fee per eligible employee.
Gross revenues: $5 million in 1990; $4 million in 1989.
Officers: Daphne Becker, president; Karl H. Lehmann, executive director; Richard Oliva, medical director; James D. Fuhrman, marketing director; Troy Becker, chief financial officer.
Contact: Troy Becker.

Health Care Aware

31255 Cedar Valley Drive, Suite 215, Westlake Village, Calif. 91362; 818-707-7244; fax: 818-706-3568

Staff	
Physicians	900
Administrative	7
Marketing	3
Users: Group Health	
Employer/payer groups	200
Employees & dependents	2 million
Users: Workers Compensation	
Employer/payer groups	3
Employees & dependents	50,000
Total users	**2 million**

Operational date: July 1976.
For profit.
Service area: California; Maricopa and Mohave counties in Arizona.
Services: Podiatry, chiropractic. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: PPO is compensated by employer/payers, health care providers; charges a flat fee per eligible employee, percent of savings, can be customized for employer. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met. Services groups under contract with CAPP Care Inc.
Control measures: Standard utilization review procedures, excluding preadmission hospital review, hospital bill audits and outpatient service predetermination. Utilization review provided by the PPO.
Gross revenues: $4.8 million in 1990; $4.5 million in 1989.
Officers: Frederick Derfler, president; Martin Snyder, executive director; Hi Hand, executive vp; Phyllis Katz, vp-administration/chief operating officer; Lorraine Grey, director-operations/claims.
Contact: Phyllis Katz.

Health Care Foundation of San Mateo County Inc.

400 South El Camino Real, Suite 1510, San Mateo, Calif. 94402; 415-347-8455; fax: 415-342-2054

Staff	
Physicians	493
Board-certified	90%
Specialists	317
Administrative	4
Facilities	
Hospitals	4
Pharmacies	1
Diagnostic labs	12
Users: Group Health	
Employer/payer groups	362
Single coverage	772
Family coverage	5,798
Employees & dependents	14,495

Operational date: October 1971.
Not for profit.
Service area: San Mateo County, Calif.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem rate. percent discount off customary rates is compensated by employers/payers, insurers, claims administrators; charges a flat fee per eligible employee. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met.
Control measures: Standard utilization review procedures. Utilization review provided by outside contractors.
Officers: Dr. R. Cameron Emmott, president; Deborah Hardwick, executive director.

Humana Insurance Co.

333 S. Anita Drive, Suite 800, Orange, Calif. 92668; 714-939-8250; fax: 714-939-6255

Users: Group Health	
Employees & dependents	6,808

Operational date: 1984.
Officers: Stephen Zeger, executive director; Greg Argenas, sales manager; Dr. James Wamsley, medical director.
See Humana Health Care Plans in Kentucky.

Insurance Dentists of America

20480 Blauer Drive, Saratoga, Calif. 95070; 408-867-1960; fax: 408-867-0899

Staff	
Dentists	28,960
Patients/dentist	150
Specialists	4,344
Administrative	8
Marketing	2
Users: Group Health	
Employer/payer groups	842
Employees & dependents	2 million
Total users	**2 million**

Operational date: September 1983.
For profit.
Service area: Nationwide
Services: Dental. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Is compensated by insurers; charges a flat fee per eligible employee. Services groups under contract with Travelers Corp., Metropolitan Life Insurance Co., Mutual of Omaha Insurance Co., Massachusetts Mutual Insurance Co., Phoenix Mutual Insurance Co., Principal Financial Group, Provident Life & Accident Co.
Control measures: Retrospective review only. Utilization review provided by the PPO.
Officers: Richard L. Garwood, president; Gordon D. Marx, vp-professional relations.
Contact: Richard L. Garwood.

Interplan Corp.

1150 W. Robinhood Drive, Suite 2-C, Stockton, Calif, 95207; 209-473-0811; fax: 209-473-0863

Staff	
Physicians	13,500
Patients/physician	70
Board-certified	96%
Specialists	7,200
Administrative	35
Marketing	2
Facilities	
Hospitals	275
Diagnostic labs	350
Users: Group Health	
Employer/payer groups	130
Single coverage	150,000
Family coverage	150,000
Employees & dependents	345,000
Users: Workers Compensation	
Employer/payer groups	90
Single coverage	100,000
Employees & dependents	100,000
Total users	**440,000**

Operational date: August 1984.
For profit.
Service area: California.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, mental health EAP, outpatient surgery centers. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates, and per case; is compensated by employers/payers; charges a flat fee per eligible employee, percent of saving. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met.
Control measures: Standard utilization review procedures excluding hospital bill audits. Utilization review provided by the PPO.
Officers: Daniel P. Sheehy, president; Phoebe J. Brown, executive director; Nilda Johnson, director professional services.
Contact: Dan Sheedy.

Lincoln National Preferred Plan

2655 Camino Del Rio North, Suite 300, San Diego, Calif. 92108; 619-251-6910; fax: 619-299-3854

1920 Main St., Suite 850, Irvine, Calif. 92714; 714-251-0441; fax: 714-251-0924

21800 Oxnard St., Suite 600, Woodland Hills, Calif. 91367; 818-716-7033; fax: 818-999-6683

Staff	
Physicians	8,525
Facilities	
Hospitals	145

Officers: Terry Bayer, general manager; Chris Wing, executive director.
See Lincoln National Preferred Plan in Indiana.

Lincoln National Preferred Plan

3875 Hopyard Road, Pleasanton, Calif. 94566; 415-847-7200; fax: 415-469-0968

9342 Tech Center Drive, Suite 700, Sacramento, Calif. 95826; 916-368-4161; fax: 916-364-7761

Staff	
Physicians	5,890
Facilities	
Hospitals	60

Officers: Terry Bayer, general manager; Darnell Dent, executive director.
See Lincoln National Preferred Plan in Indiana.

Los Angeles Foundation for Medical Care

1925 Wilshire Blvd., Suite 310, Los Angeles, Calif. 800-232-9043

Staff	
Physicians	3,027
Board-certified	70%
Specialists	1,684
Administrative	43
Marketing	3
Facilities	
Hospitals	65
Pharmacies	1
Diagnostic labs	13
Users: Group Health	
Employer/payer groups	52
Employees & dependents	111,000
Total users	**111,000**

Operational date: 1982.
Not for profit.
Service area: Los Angeles County, Calif.
Services: Hospitalization, physician, vision, substance abuse, psychiatric services, podiatry, obstetrics/gynecology, audiology, chiropractors, home heath agencies, clinical social work, marriage/family counseling, physical therapists, psychologists, radiology, speech therapy, sports medicine. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates; is compensated by employers/payers, health care providers, insurers, claim administrators, package rates for ob and cardiac services; charges a flat fee per eligible employee, percent of savings. Services groups under contract with American Insurance Company of Texas, American National

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Insurance Co., Bankers Life & Casualty, Bankers United, Benefit Claims Payors Inc., Certified Life, Consumers Health Plans, EBP Insurance Services, Globe Life, Home Life, L&H Administrators, John Alden, Life Investors Insurance Co. of America, Philadelphia American, Principal Mutual.

Control Measures: Standard utilization review procedures. Utilization review provided by the PPO.

Officers: Dr. David L. Hartenbower, president; Robert F. Thurner, executive director; Dr. William A. Pitt, medical director; William H. Andrews, marketing director.

Contact: William H. Andrews.

Managed Health Network Inc.

5100 W. Goldleaf Circle, Suite 300, La Cienega Slauson Business Park, Los Angeles, Calif. 90056; 213-299-0999; fax: 213-290-1274

Staff	
Physicians	4,300
Board-certified	15%
Administrative	233
Marketing	24
Facilities	
Hospitals	379
Users: Group Health	
Employer/payer groups	343
Family coverage	634,265
Employees & dependents	1.6 million
Total users	**1.6 million**

Operational date: 1982.
For profit.
Service area: Nationwide.

Services: Substance abuse, psychiatric services. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates, per case rate; is compensated by employers/payers; charges a flat fee per eligible employee. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met.

Control measures: Standard utilization review procedures excluding second surgical opinion, hospital bill audits. Utilization review provided by the PPO.

Gross revenues: $30 million in 1990; $25 million in 1989.

Officers: Ronald W. Moreland, president; Dr. H.G. Whittington, executive director; Steve Hart, vp-marketing/sales; Gary Velasquez, chief financial officer; Ann McClanathan, vp-clinical operations; Tom Boyajy, vp/general manager-eastern region.

Contact: Steve Hart.

MedView CompPro/ MedView Services Inc.

4700 Ramona Blvd., Monterey Park, Calif. 91754; 213-261-5842; fax: 213-437-6102

See MedView CompPro/MedView Services Inc. in Michigan.

MetLife Network-Northern California

50 Fremont St., Suite 1100, San Francisco, Calif. 94105; 415-957-4101

Contact: Nick Brecker, vp.
See MetLife Network in Connecticut.

MetLife Network-Southern California

The Bank of America Tower, Suite 700, 1 City Blvd. W., Orange, Calif. 92668-3651; 714-978-1991

See MetLife Network in Connecticut.

Occupational Urgent Care Health Systems*

750 Riverpoint, West Sacramento, Calif. 95605; 916-374-4700; fax: 916-374-4834

Staff	
Physicians	37,000
Administrative	30
Marketing	45
Facilities	
Hospitals	620
Users: Group Health	
Employer/payer groups	95
Single coverage	800,000
Users: Workers Compensation	
Employer/payer groups	125
Single coverage	4.1
Total users	**4.2 million**

Operational date: January 1986.
For profit.
Accredited by AAPI.
Service area: Arizona, California, Florida, Michigan, Oregon and Texas.

Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by a per diem rate; is compensated by employers/payers; charges a percent of savings.

Control measures: Standard utilization review procedures. Utilization review provided by the PPO.

Gross revenues: $21.4 million in 1990; $17.8 million in 1989.

Officers: W. Robert Keen, president; James Camerom, executive director; Dr. Max Negri, medical director.

Contact: Laura Moore, vp-sales.

* Merger pending with The Affordable Network in Illinois. Scheduled to be completed first quarter of 1992.

PM Group's PPO

17360 Brookhurst St., Fountain Valley, Calif. 92708; 714-640-3011; fax: 714-721-5198

Ownership: Pacific Mutual Life Insurance Co.

Service area: Contracts with CAPP Care in Arizona, California, New Mexico, Oregon and Utah; Private Healthcare Systems Ltd. in Alabama, Colorado, District of Columbia, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Missouri, New Jersey, Ohio, Oklahoma, Pennsylvania, Tennessee, Texas, Virginia, Washington and Wisconsin.

PPO Alliance

21800 Oxnard St., Suite 550, Woodland Hills, Calif. 91367; 818-710-7762; fax: 818-710-7835

Staff	
Physicians	13,000
Patients/physician	135
Board-certified	85%
Specialists	7,800
Administrative	40
Marketing	6
Facilities	
Hospitals	154
Users: Group Health	
Employer/payer groups	650
Employees & dependents	700,000
Total users	**700,000**

Operational date: April 1984.
For profit.
Ownership: Unihealth America, Adventist Health System/West.
Service area: California.

Services: Hospitalization, physician, vision, substance abuse, psychiatric services, obstetrics/gynecology, medicare. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.

Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates, case rates; is compensated by employers/payers, health care providers, insurers, claim administrators; charges a flat fee per eligible employee, percent of savings.

Control measurers: Standard utilization review procedures. Utilization review provided by Pacific Review Services or payor designee.

Officers: John C. Funk, president; Steven A. Cerra, vp-sales/marketing.

Contact: Steven Cerra.

Pacific Providers Medical Group Inc.

2080 Century Park E., Suite 1703, Los Angeles, Calif. 90067; 213-553-2080; fax: 213-553-2507

Staff	
Physicians	125
Patients/physician	30
Board-certified	95%
Specialists	75
Users: Group Health	
Employer/payer groups	10
Employees & dependents	5,000
Total users	**5,000**

Operational date: July 1983.
For profit.
Service area: West Los Angeles, Calif.

Services: Hospitalization, physician, vision, dental, substance abuse, psychiatric services, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.

Compensation: Negotiates hospital charges by percent discount off customary rates; is compensated by health care providers.

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North Carolina: Roger Philyaw, 919/490-2372
South Carolina: Don Nystrom, 803/788-0222
Virginia: Ray Slabaugh, 804/354-2600

SOUTHERN MARKETING NETWORK
Benefits Administration Services

Continued from previous page

Officers: Dr. Howard M. Moss, president/executive director.

Physical Therapy Provider Network Inc.

21243 Ventura Blvd., Suite 241, Woodland Hills, Calif. 91364; 818-883-7876

Staff	
Physical therapist	173
Administrative	8
Marketing	2
Total users	**3 million**

Operational date: May 1985.
For profit.
Service area: California and Michigan.
Services: Physical therapy. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Is compensated by health care providers; charges a members provider dues.
Control measures: Utilization review includes retrospective review and case management only. Utilization review provided by the PPO.
Officers: Michael Weinper, president, Nancy Rothenburg, administrator; Elise Latawiec, medical director; Janis Peterson, marketing director.
Contact: Nancy Rothenburn in California; Jim Hayden in Michigan, 517-349-6728.

Preferred Health Network

301 E. Ocean Blvd., Suite 900, Long Beach, Calif. 90802; 310-983-1616; fax: 310-983-1424

Staff	
Physicians	27,000
Patients/physician	82
Board-certified	90%
Specialists	11,220
Administrative	114
Marketing	13
Facilities	
Hospitals	300
Diagnostic labe	200
Users: Group Health	
Employer/payer groups	12,150
Family coverage	360,000
Employees & dependents	2.7 million
Users: Workers Compensation	
Employer/payer groups	460
Single coverage	800,000

Operational date: December 1982.
For profit.
Service area: California.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, rehabilitation, chiropractic, mental health, skilled nursing facilities, outpatient surgery centers. Employees can select non-PPO providers. Plan may be customized. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates, case rates; is compensated by employers/payers, insurers, claim administrators; charges a flat fee per eligible employee, percent of savings, percent of services rendered by participating doctors/hospitals. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met; 10% to 15% are covered by contracts with such clauses. Services groups under contract with 156 TPAs and insurance companies.
Control measures: Standard utilization review procedures excluding hospital bill audits. Utilization review provided by the PPO.
Gross revenues: $8.5 million in 1990; $6 million in 1989.
Officers: Richard M. Mastaler, chief executive officer; Ronald Seibel, chief financial officer; Teresa Cornethan, vp-systems; Dr. Ken Epstein, medical director; Joe Manheim, vp-network operations; Rick Hershey, vp-sales.
Contact: Joe Manheim.

Principal Health Care of Southern California Inc.

275 E. Hillcrest, Suite 160, Thousand Oaks, Calif. 91360; 805-373-2691; fax: 805-373-5528

Operational date: January 1992.
Ownership: Principal Health Care Inc.
Service area: Southern California.
Officers: Kenneth Linde, president; Dr. Mel Museles, medical director; Michael Soto, marketing director.
See Principal Health Care Inc. in Maryland.

Private Healthcare Systems Ltd.

Regional Office, 49 Stevenson St., 6th Floor, San Francisco, Calif. 94105; 415-495-1874; fax: 415-495-1879

Regional Office, 19100 Von Karman Ave., Suite 700, Irvine, Calif. 92715; 714-476-9816; fax: 714-476-0650

Staff	
Physicians	14,292
Facilities	
Hospitals	131

See Private Healthcare Systems Ltd. consolidated listing in Massachusetts.

ProAmerica Network Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669

Facilities	
Hospitals	175
Total users	**160,220**

Contact: David K. Stewart, ProAmerica Western Region, 426 N. 44th St., Suite 220, Phoenix, Ariz. 85008; 800-879-8500.
See ProAmerica Network Inc. in Texas.

Pru-Net

5800 Canoga Ave., Woodland Hills, Calif. 91367; 818-712-5046; fax: 818-992-2137

Staff	
Physicians	37,574
Patients/physician	17.5
Specialists	9,374
Administrative	12
Marketing	50
Facilities	
Hospitals	289
Users: Group Health	
Employer/payer groups	168
Employees & dependents	494,464
Total users	**494,464**

Operational date: October 1983.
Ownership: The Prudential Insurance Co. of America.
Service area: Arizona, California, Colorado, Nevada, New Mexico, Washington.
Services: Hospitalization, physician, vision, dental, substance abuse, psychiatric services, podiatry, obstetrics/gynecology, chiropractic. Services available unbundled.
Compensation: Negotiates hospital charges by per diem, percent discount off customary rates; is compensated by employers/payers; charges a flat fee per eligible employee. Services groups under contract with Northwest Administrators, Southwest Administrators, Robert F. May Company.
Control measures: Standard utilization review procedures, excluding outpatient service predetermination.
Officers: Kathy Swenson, vp-health care management; Alexandra Lukawski Marable, executive director/marketing director; Dr. I. Jeff Kamile, medical director.
Contact: In California, 800-553-2952; outside 800-228-0557; P.O. Box 9066, Van Nuys, Calif. 91409.
See The Prudential Insurance Co. of America in New Jersey.

Prudent Buyer Plan

Blue Cross of California, P.O. Box 4137, Van Nuys, Calif. 91365; 818-703-2345 fax: 818-703-4332

Staff	
Physicians	30,353
Patients/physician	154
Board-certified	65%
Specialists	19,925
Administrative	13
Marketing	25
Facilities	
Hospitals	279
Pharmacies	4,152
Users: Group Health	
Employees & dependents	1.5 million
Total users	**1.6 million**

Operational date: June 1983.
Not for profit.
Ownership: Blue Cross of California
Service area: California.
Services: Hospitalization, physician, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, rehabilitation, chiropractic, mental health, skilled nursing facilities, outpatient surgery centers. Employees can select non-PPO providers. Plan may be customized. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates; is compensated by employers/payers; charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.
Control measures: Standard utilization review procedures. Utilization review provided by the PPO.
Gross revenues: $2.1 million in 1990; $1.8 million in 1989.
Officers: Leonard Schaeffer, chief executive officer; Faye Donley, vp-Prudent Buyer Plan; Dr. David Chernof, vp-senior; David Pincus vp-corporate marketing.
Contact: Michael Chee, Corporate Communications, 21555 Oxnard St., Floor 1-F, Woodland Hills, Calif. 91367.

PruNetwork

5800 Canano Ave., Woodland Hills, Calif. 91367; 818-712-5046; fax: 818-992-2137

Staff	
Physicians	12,638
Patients/physician	4
Board-certified	56%
Specialists	9,343
Administrative	12
Marketing	50
Facilities	
Hospitals	200
Pharmacies	367
Users: Group Health	
Employer/payer groups	8
Employees & dependents	15,557
Total users	**15,557**

Operational date: January 1991.
Ownership: The Prudential Insurance Co. of America.
Service area: California.
Services: Hospitalization, physician, vision, ophthalmology, dental, oral surgery, substance abuse, psychiatric services, podiatry, obstetrics/gynecology. Services available unbundled.
Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates, outpatient surgery global rates; is compensated by employers/payers; charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.
Control measures: Standard utilization review procedures, excluding outpatient service predetermination.
Officers: Kathy Swenson, vp-health care management; Alexandra Lukawsky Marable, executive director/marketing director; Dr. I. Jeff Kamil, medical director.
Contact: In California, 800-553-2952; outside 800-228-0557; P.O. Box 9066, Van Nuys, Calif. 91409.
See The Prudential Insurance Co. of America in New Jersey.

Psychology Systems Inc.

615 S. Main St., Milpitas, Calif. 95035; 408-263-8046; fax: 408-942-0264

Staff	
Physicians	1,900
Patients/physician	50
Board-certified	20%
Specialists	200
Administrative	19
Marketing	4
Facilities	
Hospitals	400
Users: Group Health	
Employer/payer groups	400
Employees & dependents	115,000
Total users	**115,000**

Operational date: March 1980.
For profit.
Service area: Nationwide.
Services: Hospitalization, physician, substance abuse, psychiatric services. Services available unbundled. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem rate, DRGs; is compensated by employers/payers; charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures, excluding retrospective review, second surgical opinion. Utilization review provided by the PPO.
Gross revenues: $5 million in 1990; $3.5 million in 1989.
Officers: John C. Brady II, president; Dr. Ronald Seff, medical director; Richard Falls, marketing director; James B. Wallace, vp/director-managed care.
Contact: Mark Paschall.

Radnet

P.O. Box 64774, Los Angeles, Calif. 90064; 213-479-0399; fax: 213-478-5810

Staff	
Physicians	40
Board-certified	100%
Administrative	12
Marketing	6
Facilities	
Diagnostic labs	12
Users: Workers Compensation	
Employer/payer groups	35

Operational date: September 1987.
For profit.
Ownership: Beverly Radiology Medical Group.
Service area: Los Angeles, Orange, Riverside, San Bernardino and Ventura counties in California.
Services: Diagnostic radiology and imaging only. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Is compensated by employers/payers, insurers, claims administrators; charges a flat fee per eligible employee, discount fee for service, capitation, RVS fee schedule. The PPO will contract to receive a higher fee if savings are realized. Services groups under contract with Admar Corp./Med Network, Aetna Life & Casualty Co., Blue Cross & Blue Shield, CIGNA Corp., CCN Inc., Lincoln National Corp., The Prudential Insurance Co. of America, OUCH.
Control measures: Utilization review procedures include precertification only. Utilization review provided by the PPO.
Officers: Dr. Howard G. Berger, president; Francine Moskowitz, executive director; Dr. Michael Krane, medical director.

San Diego Foundation for Medical Care

P.O. Box 23545, San Diego, Calif. 92193-3545; 619-268-7500; fax: 619-268-8136

Staff	
Physicians	2,650
Board-certified	70%
Specialists	1,674
Administrative	40
Marketing	3
Facilities	
Hospitals	28
Pharmacies	33
Diagnostic labs	24
Users: Group Health	
Employer/payer groups	68
Employees & dependents	375,000
Users: Workers Compensation	
Employer/payer groups	7
Total users	**525,000**

Operational date: January 1959.
Not for profit.
Service area: San Diego and Imperial counties in California.
Services: Hospitalization, physician, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, pharmacy, radiology, speech therapy, outpatient surgery centers, home healthcare, diagnostic laboratories, physical therapists, clinical social work, chiropractors, audiology, biofeedback therapy. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates, fixed rates for outpatient services'package rates for cardiac and obstetrics services; is compensated by employers/payers, health care providers, insurers, claims administrators; charges a flat fee per eligible employee, percent of savings. Services groups under contract with Aetna Life & Casualty Co., American National, Boston Mutual, Co-Med, Congress Life, Managed Care Administrators, Mutual of Omaha, New York Life, Pacific Mutual, Risk Management Resources, Simplicity, The Travelers, West Coast Life, United of Omaha.
Control measures: Standard utilization review procedures. Utilization review provided by the PPO.
Officers: Dr. Leroy Rhein, president; Robert F. Thurner, executive director; Dr. William A. Pitt, medical director; William H. Andrews, marketing director.
Contact: William H. Andrews.

Sanus Preferred Providers West Inc.

7777 Center Ave., Suite 490, Huntington Beach, Calif. 92647; 714-893-0505; fax: 714-894-1506

Staff	
Physicians	6,510
Board-certified	90%
Administrative	6
Marketing	2
Facilities	
Hospitals	52
Diagnostic labs	39
Users: Group Health	
Employer/payer groups	2
Employees & dependents	100,000

For profit.
Ownership: Sanus Corp. Health Systems.
Service area: Los Angeles, Orange, Riverside and San Bernadino counties in California; Tulsa, Okla.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, ambulance, audiology, chiropractic, dialysis, home health, home IV therapy, pathology, physical therapy, radiology, skilled nursing. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by a per diem rate, percent discount off customary rates, case rates; is compensated by employers/payers; charges are individually negotiated.
Control measures: Standard utilization review procedures, excluding retrospective review, second surgical opinion, hospital bill audits, outpatient service predetermination. Utilization review provided by the PPO.
Gross revenues: $105 million in 1990; $70 million in 1989.
Officers: Dr. Rocco J. Vitacca, president; Stephen J. Zobel, assistant vp.

Travelers-Central Coast California

100 Pringle Ave., Suite 500, San Diego, Calif. 92123; 415-942-2739

Staff	
Physicians	714
Facilities	
Hospitals	13
Users: Group Health	
Employer/payer groups	14
Employees & dependents	506

Operational date: March 1991.
Ownership: The Travelers Insurance Co.
Service area: Monterey, San Benito, San Louis Obispo and Santa Cruz counties in California.
Officers: Roland King, executive director; Christine M. Metz, employee benefits division sales manager.
See The Travelers Insurance Co. in Connecticut.

Travelers-Fresno

770 Shaw Ave., Suite 326, Fresno, Calif. 93710; 209-225-6667

Staff	
Physicians	509
Facilities	
Hospitals	8
Users: Group Health	
Employer/payer groups	40
Employees & dependents	1,415

Operational date: March 1988.
Ownership: The Travelers Insurance Co.
Service area: Fresno, Kings, Madera and Tulare counties in California.
Officers: Ann Carder, executive director; Reid S. Dienhard, employee benefits division sales manager.
See The Travelers Insurance Co. in Connecticut.

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The Travelers-Northern California

185 Lennon Lane, Walnut Creek, Calif. 94598; 415-945-4171

Staff	
Physicians	4,239
Facilities	
Hospitals	35
Users: Group Health	
Employer/payer groups	564
Employees & dependents	31,878

Operational date: July 1986.
Ownership: The Travelers Insurance Co.
Service area: Alameda, Contra Costa, Lake, Marin, Mendocino, Napa, San Francisco, San Mateo, Santa Clara, Solano and Sonoma counties in California.
Officers: Roland King, executive director; Christine Metz, employee benefits division sales manager.
See The Travelers Insurance Co. in Connecticut.

Travelers-Sacramento

2729 Prospect Park Drive, Suite 208, Rancho Cordova, Calif. 95670; 916-631-3872

Staff	
Physicians	764
Facilities	
Hospitals	12
Users: Group Health	
Employer/payer groups	68
Employees & dependents	2,304

Operational date: February 1988.
Ownership: The Travelers Insurance Co.
Service area: Amador, El Dorado, Placer, Sacramento and Yolo counties in California.
Officers: Ann Carder, executive director; Mary Richards, employee benefits division sales manager.
See The Travelers Insurance Co. in Connecticut.

Travelers-San Diego

3131 Camino Del Rio North, Suite 1100, San Diego, Calif. 92123; 619-268-7500

Staff	
Physicians	2,449
Facilities	
Hospitals	27
Users: Group Health	
Employer/payer groups	447
Employees & dependents	15,897

Operational date: April 1986.
Ownership: The Travelers Insurance Co.
Service area: Imperial and San Diego counties in California.
Officers: Kenna Holzen, executive director; Bryan R. Vifquain, EBD sales manager.
See The Travelers Insurance Co. in Connecticut.

Travelers-Southern California

P.O. Box 2264, Suite 600, Brea, Calif. 92621-5897; 714-256-6519

Staff	
Physicians	5,206
Facilities	
Hospitals	46
Users: Group Health	
Employer/payer groups	451
Employees & dependents	53,177

Operational date: June 1987.
Ownership: The Travelers Insurance Co.
Service area: Kern, Los Angeles, Orange, Riverside, San Bernardino, Santa Barbara and Ventura counties in California.
Officers: Terry Herold, executive director; Reid S. Dienhard, employee benefits division sales manager.
See The Travelers Insurance Co. in Connecticut.

COLORADO

Admar Corp./Med Network

4155 E. Jewel Ave., Suite 616, Denver, Colo. 80222; 303-759-0707 or 800-395-6903

See Admar Corp./Med Network corporate listing in California.

Aetna Health Plans

7979 E. Tufts Ave. Parkway, Suite 410, Denver, Colo. 80237; 303-721-8880; fax: 303-721-0809

Staff	
Physicians	1,687
Board-certified	70%
Specialists	1,687
Administrative	18
Marketing	9
Facilities	
Hospitals	16
Pharmacies	69

Operational date: 1987.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates, DRG; is compensated by employers/payers; charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures. Utilization review provided by the PPO.
Officers: Patrick W. Dowd, market manager; Jerry Banks, general manager; Dr. Virginia Moore, medical director.
See Aetna Health Plans corporate listing in Connecticut.

ALTA CareNetwork-Colorado Springs

6975 Union Park Center, Suite 600, Salt Lake City, Utah 84047; 801-568-5500; fax: 801-568-5652

Staff	
Physicians	400
Board-certified	100%
Specialists	253
Facilities	
Hospitals	1
Users: Group Health	
Employer/payer groups	7
Single coverage	9
Family coverage	88
Employees & dependents	220

Operational date: January 1989.
Ownership: ALTA Health Strategies Inc.
Service area: El Paso County, Colo.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology.
Compensation: Negotiates hospital charges by percent discount off customary rates; is compensated by employers/payers; charges a flat fee per eligible employee.
See ALTA CareNetwork in Utah.

ALTA CareNetwork-Denver/Boulder

6975 Union Park Center, Suite 600, Salt Lake City, Utah 84047; 801-568-5500; fax: 801-568-5652

Staff	
Physicians	2,000
Board-certified	100%
Specialists	1,148
Facilities	
Hospitals	5
Users: Group Health	
Employer/payer groups	15
Single coverage	982
Family coverage	2,160
Employees & dependents	6,340

Operational date: January 1989.
Ownership: ALTA Health Strategies Inc.
Service area: Adams, Arapahoe, Boulder, Clear Creek, Denver, Gilpin and Jefferson counties in Colorado.
Services: Hospitalization, physician, obstetrics/gynecology.
Compensation: Negotiates hospital charges by a per diem rate and percent discount off customary rates; is compensated by employers/payers; charges a flat fee per eligible employee.
See ALTA CareNetwork in Utah.

ALTA CareNetwork-Fort Collins/Greeley

6975 Union Park Center, Suite 600, Salt Lake City, Utah 84047; 801-568-5500; fax: 801-568-5652

Staff	
Physicians	441
Board-certified	100%
Specialists	258
Facilities	
Hospitals	2
Users: Group Health	
Employer/payer groups	11
Single coverage	6
Family coverage	24
Employees & dependents	70

Operational date: January 1989.
Ownership: ALTA Health Strategies Inc.
Service area: Larimer and Weld counties in Colorado.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology.
Compensation: Negotiates hospital charges by percent discount off customary rates; is compensated by employers/payers; charges a flat fee per eligible employee.
See ALTA CareNetwork in Utah.

ALTA CareNetwork-Pueblo

6975 Union Park Center, Suite 600, Salt Lake City, Utah 84047; 801-568-5500; fax: 801-568-5652

Staff	
Physicians	130
Board-certified	90%
Specialists	73
Facilities	
Hospitals	1
Users: Group Health	
Employer/payer groups	3
Single coverage	4
Family coverage	9
Employees & dependents	30

Operational date: January 1989.
Ownership: ALTA Health Strategies Inc.
Service area: Pueblo County, Colo.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology.
Compensation: Negotiates hospital charges by a per diem rate; is compensated by employers/payers; charges a flat fee per eligible employee.
See ALTA CareNetwork in Utah.

Beech Street

2 Ada, Suite 200, Irvine, Calif. 92718; 714-727-1353; fax: 714-727-1793

Facilities	
Hospitals	21
Users: Group Health	
Employees & dependents	34,840

See Beech Street in California.

Bethesda Provider Network

4400 E. Iliff Ave, Denver, Colo. 80222; 303-759-6357; fax: 303-759-6085

Staff	
Physicians	109
Facilities	
Hospitals	4
Users: Group Health	
Employer/payer groups	10
Employees & dependents	100,000
Users: Workers Compensation	
Total users	100,000

Operational date: July 1985.
Not for profit.
Ownership: Bethesda Psychealth System.
Service area: Colorado.
Services: Substance abuse, psychiatric services. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by per diem rate; is compensated by employers/payers, health care provider, insurers, claims administrators; charges a flat fee per eligible employee, percent of savings. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met. Services groups under contract with Aetna, Metropolitan, Exclusicare HMO, Faim, American Benefit Plan Administrators, Benefit Plan Administrators.
Control measures: Standard utilization review procedures excluding length of stay determination, hospital bill audits. Utilization review provided by the PPO.
Gross revenues: $500,000 in 1990; $400,000 in 1989.
Officers: Patricia A. Hagan, executive director, Dr. Richard Martinez, medical director; Suzanne Seevers, marketing director.

CAPP Care Inc.

17390 Brookhurst, Suite 280, Fountain Valley, Calif. 92708; 714-963-8065; fax: 714-963-0549

Staff	
Physicians	2,203
Facilities	
Hospitals	20

Service area: 10 cities in Colorado.
See CAPP Care Inc. in California.

CIGNA Preferred Provider Organization-Colorado

950 S. Cherry St., Suite 1414, Denver, Colo. 80222; 303-782-1500; fax: 303-782-1577

Staff	
Physicians	2,525
Board-certified	85%
Marketing	10
Facilities	
Hospitals	22

Operational date: October 1985.
Service area: 11 counties in Colorado.
Officers: Terry Nimnicht, regional managed care officer; Nanci Robertson, provider relations.
Contact: Nanci Robertson.
See CIGNA Preferred Provider Organization in Connecticut.

Colorado Chiropractic Health Plan Inc. (CCHP)

P.O. Box 218, Wheat Ridge, Colo. 80034; 303-424-9045; fax: 303-467-2397

Staff	
Physicians	120
Administrative	2
Users: Group Health	
Employer/payer groups	14
Users: Workers Compensation	
Employer/payer groups	1
Total	**70,000**

Operational date: September 1984.
For profit.
Service area: Colorado.
Services: Chiropractic. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Compensated by health care providers; charges are withheld from doctor. Services groups under contract with Casualty Care Network, van Maarth/Mattox, Fringe Benefits Services, National Health Systems, C.W. Sweeney Co., Sierra Health & Life Insurance Co., HSI Inc., American Benefit Corp., COMPUSY.
Control measures: Standard utilization review procedures. Utilization review provided by the PPO.
Officers: J. Eric Griffins, president; Harry Swanson vp; Richard Bergeron, treasurer; John W. Hanks, secretary.

FOCUS Healthcare Management Inc.

18333 Egret Bay Blvd., Suite 210, Houston, Texas 77058; 713-333-1851; fax: 713-333-2743

Staff	
Physicians	61
Board-certified	80%
Specialists	61
Marketing	1
Facilities	
Hospitals	7
Users: Workers Compensation	
Employer/payer groups	6

Operational date: September 1990.
Service area: Adams, Arapahoe, Denver and El Paso counties in Colorado.
Services: Hospitalization, physician, vision, dental, substance abuse, psychiatric services, durable medical equipment.
Compensation: Negotiates hospital charges by percent discount off state mandated fee schedule.
See FOCUS Healthcare Management Inc. corporate listing in Tennessee.

Great-West Care

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375; fax: 303-889-5760

Staff	
Physicians	63,735
Board-certified	72%
Administrative	532
Facilities	
Hospitals	808
Users: Group Health	
Employer/payer groups	1,667
Employees	143,400

Operational date: June 1986.
For profit.
Ownership: Great-West Life Assurance Co.
Service area: Contracts with Private HealthCare Systems Ltd. in Alabama, Arizona, California, Colorado, District of Columbia, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Ohio, Oklahoma, Pennsylvania, Tennessee, Texas, Washington, Virginia, Washington and Wisconsin; ETHIX in Alaska, Michigan, North Carolina, South Carolina and Washington; TM Care Health Network in Arizona; Mid-Florida Preferred Inc. in Florida; Preferred One in Minnesota; Preferred HealthCare Network Inc. in Nevada; Managed Healthcare Northwest Inc. in Oregon; Preferred Health Partnership in Tennessee; Premier Medical Network in Utah; Wisconsin Preferred Network in Wisconsin.
Services: Hospitalization, physician, substance abuse, psychiatric services, obstetrics/gynecology, prescription drug. Services available unbundled. Employees can select non-PPO providers.
Compensation: Negotiates hospital charges by a per diem rate and percent discount off customary rates; is compensated by employers/payers; charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures. Utilization review provided by Private HealthCare Systems Ltd.
Officers: Alan MacLennan, senior vp; Dr. Jeffrey Kraines, medical director; Robert Kavanagh and Jim Motz, vps; David Grapko, manager.
Contact: Gayle Perron, senior managed care specialist.

Humana Insurance Co.

3900 E. Mexico Ave., Suite 800, Denver, Colo. 80210; 303-691-6990; fax: 303-691-6988

Total users	**4,976**

Officers: James Cameron, executive director; Sandy Peif, sales manager.
See Humana Health Care Plans in Kentucky.

Lincoln National Preferred Plan

7979 E. Tufts Ave., Suite 700, Denver, Colo. 80236; 303-779-4700; fax: 303-741-3612

5725 Mark Dabling Blvd., Suite 240, Colorado Springs, Colo. 80919; 719-548-8700

720 N. Main St., Suite 200, Pueblo, Colo. 81003; 719-542-2685

2627 Redwing Road, Suite 120, Fort Collins, Colo. 80526; 303-223-9898

Staff	
Physicians	1,843
Facilities	
Hospitals	24

Officers: Stephen O'Dell, general manager; Mike Fulk, regional manager.
See Lincoln National Preferred Plan in Indiana.

MedView CompPro/MedView Services Inc.

1850 Woodmoor Drive, Suite 280, Monument, Colo. 80132; 800-776-8721/800-776-8720; fax: 719-481-4896

Staff	
Physicians	2,049
Board-certified	90%
Specialists	1,268
Administrative	8
Marketing	1

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Facilities	
Hospitals	21
Users: Group Health	
Employer/payer groups	1
Employees & dependents	800
Users: Workers Compensation	
Employer/payer groups	2
Employees	11,380
Total users	**12,180**

See MedView CompPro/MedView Services Inc. in Michigan.

MetLife Network-Colorado

The Bank of America Tower, Suite 700, 1 City Blvd. W., Orange, Calif. 92668-3651; 714-978-1991

Contact: Nick Brecker, vp.

See MetLife Network in Connecticut.

Mountain Medical Affiliates

1335 S. Colorado Blvd., Suite 900, Denver, Colo. 80222; 303-782-9696; fax: 303-782-9009

Staff	
Physicians	1,625
Board-certified	70%
Specialists	800
Administrative	18
Marketing	2
Facilities	
Hospitals	8
Diagnostic labs	1
Users: Group Health	
Employer/payer groups	1,500
Employees & dependents	150,000
Users: Workers Compensation	
Employer/payer groups	4
Single coverage	5,000
Total	**155,000**

Operational date: October 1980.
For profit.
AAPI accreditation pending.
Ownership: Mountain Medical Physicians.
Service area: Colorado.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, rehabilitation hospitals, physical therapy, home health care. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates for individual services and DRGs; is compensated by employers/payers, health care providers, insurers, claims administrators; charges a flat fee per eligible employee, percent of savings, percent of services rendered by participating doctors/hospitals.
Control measures: Standard utilization review procedures including internal system edits. Utilization review provided by the PPO.
Gross revenues: $45 million in 1990.
Officers: Barbara Brett, executive director; Dr. Peter J. Durante, medical director.

New England Care

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375; fax: 303-889-5760

Users: Group Health	
Employer/payer groups	312
Employees	29,859

For profit.
Ownership: Great-West Life Assurance Co.
Service area: Contracts with Private Healthcare Systems Ltd. in Alabama, Arizona, California, Colorado, District of Columbia, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Ohio, Oklahoma, Pennsylvania, Tennessee, Texas, Washington, Virginia and Wisconsin; ETHIX in Alaska, Michigan, North Carolina, South Carolina and Washington; TM Care Health Network in Arizona; Mid-Florida Preferred Inc. in Florida; Preferred One in Minnesota; Preferred Healthcare Network Inc. in Nevada; Managed Healthcare Northwest Inc. in Oregon; Preferred Health Partnership in Tennessee; Premier Medical Network in Utah; Wisconsin Preferred Provider Network in Wisconsin.
Services: Hospitalization, physician, substance abuse, psychiatric services, obstetrics/gynecology. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by a per diem rate and percent discount off customary rates; is compensated by employers/payers; charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures. Utilization review provided by Private Healthcare Systems Ltd.
Officers: Alan MacLennan, senior vp; Dr. Jeffrey Kraines, medical director; Robert Kavanagh and Jim Motz, vps; David Grapko, manager.
Contact: Gayle Perron, senior managed care specialist.

Prime Health Plan

700 Broadway, Denver, Colo. 80273; 303-831-2131; fax: 303-831-9411

Staff	
Physicians	4,000
Patients/physician	90
Board-certified	65%
Specialists	2,400
Administrative	115
Marketing	37
Facilities	
Hospitals	36
Diagnostic labs	17
Users: Group Health	
Employer/payer groups	1,320
Single coverage	34,126
Family coverage	31,500
Employees & dependents	144,380
Total users	**144,380**

Operational date: September 1984.
Not for profit.
Ownership: Blue Cross & Blue Shield of Colorado.
Service area: Colorado.
Services: Hospitalization, physician, substance abuse, psychiatric services, podiatry, obstetrics/gynecology, home health, hospice, ambulatory surgery center, birth center, dialysis center, community clinic and emergency center. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates, DRG, combination; is compensated by employers/payers, health care providers; charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures. Utilization review provided by the PPO.
Officers: Thomas A. Levin, chief executive officer; Dr. Terry Sullivan, medical director; Don Cacace, vp-marketing strategy; Marianne Bennett, vp/legal counsel; Pam Wickstrom, director-health services.
Contact: Penny Bacon, sales, 303-831-2049.

Priority Healthcare Systems Inc.

1355 S. Colorado Blvd., Suite 901, Denver, Colo. 80222; 303-691-2200; fax: 303-691-0460

Staff	
Physicians	1,051
Board-certified	100%
Specialists	405
Administrative	15
Marketing	2
Facilities	
Hospitals	9
Diagnostic labs	22

Operational date: August 1991.
For profit.
Accredited by AAPI.
Services: Hospitalization, physician, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, physical and rehabilitation medicine. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by per diem rate, DRGs; is compensated by employers/payers, health care providers, insurers, claim administrators; charges a flat fee per eligible employee. Services groups under contract with American Medical Security, Massachusetts Mutual.
Control measures: Standard utilization review procedures, including prospective review and planned care. Utilization review provided by the PPO.
Officers: Dr. Henry Cleveland, president; Dr. Peter Durante, executive director; Dr. Dean Sadler, medical director; Gail McCue, marketing director; Kim Peerless, utilization review director.
Contact: Gail McCue.

Private Healthcare Systems Ltd.

Regional Office, 3773 Cherry Creek N. Drive, Suite 575, Denver, Colo. 80209; 303-331-3406; fax: 303-399-6480

Staff	
Physicians	2,279
Facilities	
Hospitals	12

See Private Healthcare Systems Ltd. consolidated listing in Massachusetts.

ProAmerica Network

714 Main St., Fort Worth, Texas 76102; 800-523-3669

Facilities	
Hospitals	23
Total users	**28,316**

Contact: David K. Stewart, ProAmerica Western Region, 426 N. 44th St., Suite 220; Phoenix, Ariz. 85008; 800-879-8500.

See ProAmerica Network Inc. in Texas.

Prudential Plus of Colorado

4643 S. Ulster St., Suite 1000, Denver, Colo. 80237; 303-796-6100; fax: 303-796-6183

Staff	
Physicians	1,163
Patients/physician	63.1
Board-certified	75%
Specialists	643
Administrative	16
Marketing	15
Facilities	
Hospitals	13
Pharmacies	66
Diagnostic labs	11
Users: Group Health	
Employer/payer groups	184
Employees & dependents	33,000
Total users	**33,000**

Operational date: August 1986.
Ownership: The Prudential Insurance Co. of America.
Service area: Adams, Arapahoe, Boulder, Clear Creek, Denver, Douglas, Jefferson, Gilpin counties in Colorado.
Services: Hospitalization, physician, vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology.
Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates is compensated by insurers; charges varies.
Officers: Ken Bates, vp-health care management; Mark Donahue, manager, Prudential Health Care System; Dr. Robert Hurgfechtel; Robert Taziolli, regional group manager.

Sloans Lake Managed Care Inc.

1355 S. Colorado Blvd., Suite 901, Denver, Colo. 80222; 303-691-2200; fax: 303-691-0460

Staff	
Physicians	3,400
Board-certified	94%
Specialists	2,241
Administrative	21
Marketing	4
Facilities	
Hospitals	32
Pharmacies	2
Diagnostic labs	22
Users: Group Health	
Employer/payer groups	121
Single coverage	125,000
Employees & dependents	230,000

Operational date: October 1978.
For profit.
Accredited by AAPI.
Service area: 21 counties in Colorado.
Services: Hospitalization, physician, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, chiropractic, physical therapy, home health care, rehabilitation hospitals. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates, DRGs; is compensated by employers/payers, health care providers, insurers, claims administrators; charges a flat fee per eligible employee, percent of services rendered, flat dollar amount per month, dollar amount per hour for utilization review. 95% of groups serviced are under contract with TPAs and insurers.
Control measures: Standard utilization review procedures, including prospective review and planned care. Utilization review provided by the PPO.
Officers: Dr. Henry Cleveland, president; Dr. Dean Sadler, vp/executive director/medical director; Gail McCue, marketing director; Kim Peerless, utilization review director.
Contact: Gail McCue.

The Travelers-Colorado

7600 E. Orchard Road, Englewood, Colo. 80111; 303-740-5811

Staff	
Physicians	1,225
Facilities	
Hospitals	14
Users: Group Health	
Employer/payer groups	213
Employees & dependents	13,681

Operational date: December 1986.
Ownership: The Travelers Insurance Co.
Service area: Boulder, El Paso, Adams, Arapahoe, Denver, Douglas, Jefferson, Elbert, Gilpin, Larimer, Park, Pueblo, Summit, Teller and Weld counties in Colorado.
Officers: Larry Dobson, executive director; Frank L. Zima, sales manager.

See The Travelers Insurance Co. corporate listing in Connecticut.

CONNECTICUT

Aetna Health Plans*

1999 Middle St., Middletown, Conn. 06457; 203-273-0123

Staff	
Physicians	84,000
Facilities	
Hospitals	600
Users: Group Health	
Employer/payer groups	9,000
Employees & dependents	2 million
Total users	**2 million**

Operational date: 1985.
For profit.
Ownership: Aetna Life Insurance Co.
Service area: Alabama, Alaska, Arizona, California, Colorado, Connecticut, Florida, Georgia, Hawaii, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Nebraska, New Jersey, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, Tennessee, Texas, Utah, Virginia, Washington, Wisconsin, District of Columbia, Puerto Rico.
Services: Hospitalization, physician, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, lab services, skilled nursing, home health care. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by a per diem rate, percent discount off customary rates, DRGs; is compensated by employers/payers; charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures. Utilization review provided by the PPO.
Officers: James McLane, chief executive officer; J. Jerald Moore, senior vp-operations; Charles T. Bell, senior vp; Howard Bailit, vp-medical policy & programs; Sherry Manetta, chief financial officer; Alvin Parven, vp-claims/administration.
Contact: Patricia Hemmingway, assistant vp, 214-401-8845.

* Figures are consolidated, including all PPOs operated by Aetna Health Plans.

Aetna Health Plans

25 Oakview Drive, Trumbull, Conn. 06611; 203-371-1492; fax: 203-371-1846

Service area: Bridgeport, Hartford, Middletown, Manchester, New Britain, Stamford, Meriden, Waterbury and New Haven counties in Connecticut.
Officers: Gary Arnold, general manager.

See Aetna Health Plans corporate listing in Connecticut.

CIGNA Preferred Provider Organization*

Hartford, Conn. 06152; 203-726-6000

Users: Group Health	
Employees & dependents	900,000
Total users	**900,000**

Service area: Arizona, California, Colorado, Florida, Georgia, Illinois, Indiana, Iowa, Kansas, Louisiana, Massachusetts, Michigan, Missouri, Montana, Minnesota, North Carolina, New Mexico, Nevada, Ohio, Oregon, Pennsylvania, Oklahoma, South Carolina, Tennessee, Texas, Utah, Virginia, Washington, Wisconsin. Contracts with Preferred Health Care in Wichita, Kan.; Family Health Plan Inc. in Minneapolis/St. Paul; Managed Care Consultants in Las Vegas and Reno, Nev.; Vantage Health Network in Portland, Ore.; Medical Card System in Puerto Rico; Preferred Health Partnership in Knoxville, Tenn.; Health Care Network in Milwaukee, Ozaukee, Washington and Waukesha counties in Wisconsin; Health Care Preferred in Orlando, Fla.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, home health care, rehabilitation therapy, skilled nursing, X-ray lab, hospice, ambulance. Services available unbundled. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates, DRGs; is compensated by employers/payer; charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures. Utilization review provided by the PPO and In-

Continued on next page

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Continued from previous page
tracorp, a wholly owned subsidiary.

Officers: Dr. Robert J. Ailes, medical director; Carol Stapleg and Patti O'Conner, marketing directors.

* Figures are consolidated, including all PPOs operated by CIGNA Preferred Provider Organization.

ITT Hartford

200 Hopmeadow St., Simsbury, Conn. 06070; 203-547-5000; fax: 203-843-8499

Service area: Contracts with Preferred Plan of Georgia in Georgia; National Capital PPO in District of Columbia, Maryland and Virginia; Benefit Panel Services in California; ETHIX Southeast in North Carolina and South Carolina; Health Service Preferred in Kentucky and Ohio; Florida Health Network in Florida; HealthNet in Kansas and Missouri; Baptist Health Services Group in Tennessee and Mississippi; PreferredOne in Minnesota, North Dakota and Wisconsin; American Health Network in Tennessee and Texas; ETHIX Mid-Atlantic in Pennsylvania and New Jersey; ETHIX Pacific in Oregon; ETHIX Northwest in Washington; HealthLink in Illinois and Missouri; Health Care Network of Greater Milwaukee in Wisconsin.

Contact: Scott Avery, product manager-managed care, employee benefits division marketing; 203-843-8220.

MetLife Network*

276 Post Road W., Westport, Conn. 06880; 203-454-6100

Staff	
Physicians	81,000
Facilities	
Hospitals	830
Users: Group Health	
Employer/payer groups	247
Employees & dependents	2.9

Operational date: January 1984.
For profit.

Service area: Alabama, Arizona, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Illinois, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Hampshire, New Jersey, New York, Ohio, Oklahoma, Oregon, Pennsylvania, Tennessee, Texas, Utah, Virginia, Washington, Wisconsin.

Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by per diem rates for hospitals and fee schedules for physicians.

Control measures: Standard utilization review procedures including surgical necessity review, but excluding retrospective review, hospital bill audits. Utilization review provided by the PPO.

Officers: Robert A. Chernow, senior vp-managed care services group; Bob Byrne, vp-finance/operations; Thomas Maxfield, vp-network strategy and development; Dr. Paul Bluestein, vp-medical strategy and development.

Contact: Ambrose J. Redmond Jr., vp; Keystone Building, 21st Floor, 99 High St., Boston, Mass. 02110-2310; 617-574-3911.

* Figures are consolidated, including all PPOs operated by Metropolitan Life Insurance Co.

Preferred Health Care Ltd.

15 River Road, Wilton, Conn. 06897; 203-762-0993; fax: 203-834-9587

Staff	
Physicians	8,932
Board-certified	70%
Specialists	8,932
Administrative	500
Marketing	15
Facilities	
Hospitals	821
Users: Group Health	
Employer/payer groups	43
Employees & dependents	3.3 million
Total users	**3.3 million**

Operational date: January 1987.
For profit.

Service area: Alabama, Arizona, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Nebraska, New Hampshire, New Jersey, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Virginia, Washington, Wisconsin, New York.

Services: Hospitalization, physician, substance abuse, psychiatric services. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates, DRGs, all inclusive per diem rates; is compensated by employers/payers, insurers, claims administrators; charges a flat fee per eligible employee. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met.

Control measures: Standard utilization review procedures excluding retrospective review, second surgical opinion, hospital bill audits. Utilization review provided by the PPO.

Gross revenues: $34.4 million in 1990; $25 million in 1989.

Officers: David J. McDonnell, president; David Noone, senior vp-operations; Dr. Alexander Rodriquez, chief medical officer; David Stone, vp-sales/marketing; James T. Buonincontri, senior vp/chief financial officer; Estal Fain, senior vp-management information systems; George Neidich, senior vp/general counsel.

Contact: Peter M. Hotz, vp-network marketing.

Preferred Provider Plan

370 Bassett Road, North Haven, Conn. 06473; 203-234-5290; fax: 203-234-5409

Staff	
Physicians	3,106
Board-certified	100%
Specialists	1,579
Administrative	2,100
Marketing	42
Facilities	
Hospitals	54
Diagnostic labs	75
Users: Group Health	
Employer/payer groups	780
Employees & dependents	44,300
Total users	**44,300**

Operational date: January 1986.
For profit.

Ownership: Blue Cross & Blue Shield of Connecticut.

Service area: Fairfield, Hartford, Litchfield, New London, Middlesex, Tolland and Windam counties in Connecticut.

Services: Hospitalization, physician, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by percent discount off customary rates; is compensated by employers/payers; charges a percent of premium or administration fee.

Control measures: Standard utilization review procedures including psych/substance abuse. Utilization review provided by the PPO and HDI for psych/substance abuse.

Officers: John Croweak, president; Harry Torello, executive director; Dr. John Donnelly; Donald Olson, marketing director.

Contact: Doug Kenyon 203-234-5290.

ProAmerica Network Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669

Facilities	
Hospitals	3
Total users	**12,038**

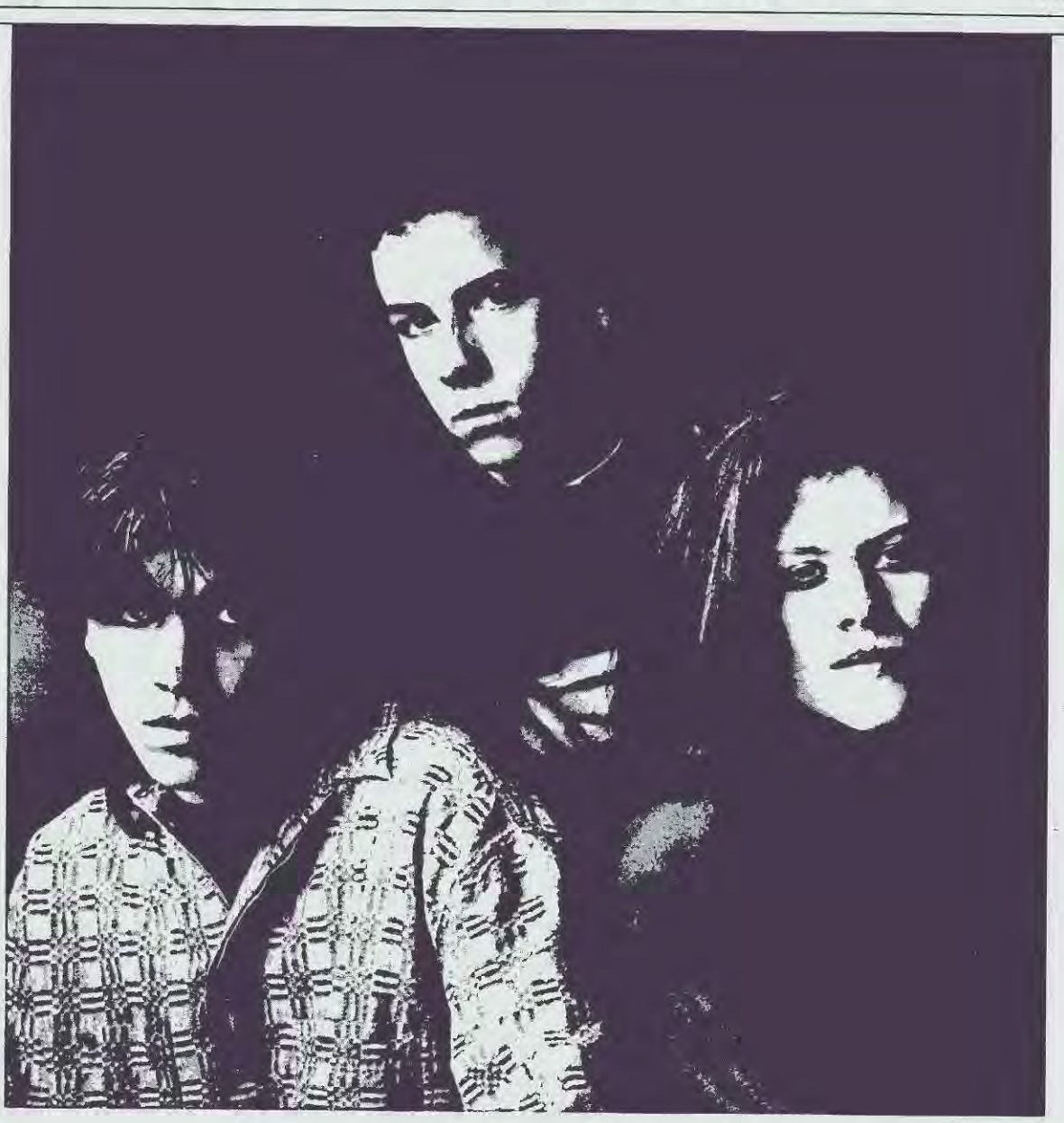
See ProAmerica Network Inc. in Texas.

The Travelers-Connecticut

Glastonbury Corporate Center II, 628 Hebron Ave., Suite 300, Glastonbury, Conn. 06033; 203-954-2387

Staff	
Physicians	1,388

Continued on next page



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Continued from previous page

Facilities	
Hospitals	11
Users: Group Health	
Employer/payer groups	102
Employees & dependents	14,312

Operational date: February 1989.
Ownership: The Travelers Insurance Co.
Service area: Hartford, New Haven, Fairfield, Tolland and Litchfield counties in Connecticut.
Officers: Mary Ann Shea, executive director; Richard Mathewson, Thomas D. Sayers, sales managers.
See The Travelers Insurance Co. corporate listing in Connecticut.

The Travelers Insurance Co.*

Managed Care & Employee Benefits Operations, 1 Tower Square, Hartford, Conn. 06183

Users: Group Health	
Employees	556,156
Employees & dependents	1.2 million

For profit.
Service area: Arizona, California, Colorado, Connecticut, District of Columbia, Florida, Georgia, Hawaii, Illinois, Indiana, Kansas, Louisiana, Massachusetts, Maryland, Michigan, Minnesota, Missouri, New Jersey, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, Tennessee, Texas, Utah, Virginia, Washington, Wisconsin.
Services: Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by a per diem rate, percent discount off customary rates, DRGs; is compensated by employers/payers; charges a flat fee per eligible employee and percent of services rendered.
Control measures: Standard utilization review procedures excluding outpatient service predetermination. Utilization review provided by the PPO.
* Figures are consolidated, including all PPOs operated by The Travelers Insurance Co.

DELAWARE

MetLife Network-Delaware

1515 Market St., Suite 1630, Philadelphia, Pa. 19102; 215-977-7050

Contact: Thomas J. Regan, vp.
See MetLife Network in Connecticut.

Principal Health Care of Delaware Inc.

1 Corporate Commons, 100 W. Commons Blvd., Suite 300, New Castle, Del. 19720; 302-322-4700/800-833-7423; fax: 302-322-9007

Staff	
Physicians	269
Board-certified	74%
Administrative	1
Marketing	1
Facilities	
Hospitals	7
Diagnostic labs	1
Total users	**1,426**

Operational date: July 1990.
Ownership: Principal Health Care Inc.
Service area: Kent, New Castle and Sussex counties in Delaware.
Officers: Kenneth Linde, president; Max F. Kenyon, executive director; Dr. Mel Museles; Michael Soto, marketing director.
See Principal Health Care Inc. in Maryland.

ProAmerica Network Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669

Facilities	
Hospitals	1
Total users	**4,430**

See ProAmerica Network Inc. in Texas.

DISTRICT OF COLUMBIA

Aetna Health Plans

1130 Connecticut Ave. N.W., Washington, D.C. 20036; 202-835-1725; fax: 202-835-7860

Service area: District of Columbia; Arlington, Fairfax, Loudoun, Prince William and Westmoreland counties in Virginia; Anne Arundel, Baltimore, Calvert, Caroline, Carroll, Harford, Howard, Montgomery and Prince Georges counties in Maryland.
Officers: Russ Dickhart, market manager.
Contact: James Soloman, 703-903-7100.
See Aetna Health Plans corporate listing in Connecticut.

Blue Cross & Blue Shield Preferred Provider Plan

550 12th St. S.W., Washington, D.C. 20065; 202-479-8525

Staff	
Physicians	4,970
Board-certified	69%
Facilities	
Hospitals	36
Users: Group Health	
Single coverage	129,561
Family coverage	103,373
Employees & dependents	486,198

Operational date: June 1986.
Not for profit.
Ownership: Blue Cross & Blue Shield of the National Capital Area.
Service area: District of Columbia; Prince Georges and Montgomery counties in Maryland; Alexandria, Arlington, Fairfax and Falls Church counties in Virginia.
Services: Hospitalization, physician, vision, dental, substance abuse, psychiatric services, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by percent discount off customary rates, state mandated rate review in Maryland; is compensated by insurers, claims administrators; charges a fee for services.
Control measures: Standard utilization review procedures excluding preadmission hospital review. Utilization review provided by the PPO and Health Management Strategies.
Gross revenues: $615.5 million in 1990; $21.6 million in 1989.

CCN Inc./National Capital Area

2000 14th St. N., Suite 480, Arlington, Va. 22201; 703-841-0725; fax: 703-841-1322

Staff	
Physicians	1,450
Board-certified	80%
Specialists	950
Administrative	5
Marketing	1
Facilities	
Hospitals	25
Users: Group Health	
Employer/payer groups	25
Employees & dependents	48,000
Users: Workers Compensation	
Employees	100,000
Total users	**148,000**

Operational date: October 1988.
For profit.
Service area: District of Columbia; counties in northern Virginia; Montgomery and Prince Georges counties in Maryland.
Services: Hospitalization, physician, mental health counseling, obstetrics/gynecology.
Compensation: The PPO charges a flat fee per eligible employee and percent of savings.
Control measures: Standard utilization review procedures excluding second surgical opinion, hospital bill audits, outpatient service predetermination, case management. Utilization review provided by The Sunderbruch Corp.
Contact: Geo McQueen.
See CCN Inc. in California.

Lincoln National Preferred Plan

7200 Wisconsin Ave., Suite 801, Bethesda, Md. 20814; 301-986-0222; fax: 301-652-4527

Staff	
Physicians	3,000
Facilities	
Hospitals	38

Officers: William Young, general manager; Tom Reichenbach, regional manager.
See Lincoln National Preferred Plan in Indiana.

MetLife Network-District of Columbia

1515 Market St., Suite 1630, Philadelphia, Pa. 19102; 215-977-7050

Contact: Thomas J. Regan, vp.
See MetLife Network in Connecticut.

Private Healthcare Systems Ltd.

Regional Office, OMNI Offices at Washington/Tysons, 210 Corporate Ridge, 7th Floor, McLean, Va. 22102; 703-749-0541

Staff	
Physicians	1,393
Facilities	
Hospitals	16

See Private Healthcare Systems Ltd. consolidated listing in Massachusetts.

ProAmerica Network Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669

Facilities	
Hospitals	4
Total users	**2,748**

See ProAmerica Network Inc. in Texas.

PruCare of Washington, D.C./Baltimore

4600 East-West Highway, Bethesda, Md. 20814; 301-913-2020; fax: 301-913-5300

Staff	
Physicians	2,536
Patients/physician	82
Board-certified	95%
Specialists	1,523
Administrative	48
Marketing	17
Facilities	
Hospitals	34
Pharmacies	168
Diagnostic labs	2
Users: Group Health	
Employer/payer groups	270
Single coverage	13,130
Family coverage	10,460
Employees & dependents	83,227
Total users	**83,227**

Operational date: March 1987.
Ownership: The Prudential Insurance Co. of America.
Service area: District of Columbia; Anne Arundel, Baltimore, Carroll, Harford, Howard, Montgomery and Prince Georges counties in Maryland; Alexandria, Arlington, Fairfax and Loudoun counties in Virginia.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology.
Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates; is compensated for a employers/payers. Charges for flat fee per eligible employee. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met.
Officers: Richard A. Meyer, executive director; Dr. Alfonso H. Janoskio, medical director; George Lane, marketing director.
See The Prudential Insurance Co. of America in New Jersey.

Travelers-Washington, D.C.

3110 Fairview Park Drive, Falls Church, Va. 22042; 703-641-7500

Staff	
Physicians	1,726
Facilities	
Hospitals	160
Users: Group Health	
Employer/payer groups	288
Employees & dependents	10,359

Operational date: April 1987.
Ownership: The Travelers Insurance Co.
Service area: District of Columbia; Charles, Montgomery and Prince Georges counties in Maryland; Alexandria City, Arlington, Fairfax, Fairfax City, Falls Church City, Loudon, Prince William and Frederick counties in Virginia.
Officers: Julia Hawley, executive director; Carl W. Walker, sales manager.
See The Travelers Insurance Co. corporate listing in Connecticut.

FLORIDA

Aetna Health Plans

4890 W. Kennedy Blvd., Suite 545, Tampa, Fla. 38609-1817; 813-287-7250; fax: 813-286-3041

Service area: Tampa Bay. Hillsborough, Pasco, Pinellas, Fort Meyers and Fort Lee counties in Florida.
Officers: Jim Gilmour, manager.
See Aetna Health Plans in Connecticut.

Aetna Health Plans

1060 Maitland Center Commons, Suite 100, 407-660-2800; fax: 407-660-2974

Service area: Alachus, Brevard, Broward, Dade, Duval, Indian River, Lake, Marion, Martin, Orange, Palm Beach, St. Lucy and Volusia counties in Florida.
Officers: Steve Warrick, general manager.
See Aetna Health Plans in Connecticut.

Aetna Health Plans

580 Village Blvd., Suite 380, West Palm Beach, Fla. 33409-1902; 407-683-3633; fax: 407-471-8219

Service area: Broward, Dade, Martin and Palm Beach counties in Florida.
Officers: Stever Warrick, general manager.
See Aetna Health Plans in Connecticut.

AIIA/Comp Care

1620 Mason Ave., P.O. Box 1770, Daytona Beach, Fla. 32117; 800-677-2442; fax: 904-274-3242

Staff	
Physicians	1,330
Administrative	30
Marketing staff	16
Users: Group Health	
Employer/payer groups	3
Employees & dependents	18,000
Users: Workers Compensation	
Employer/payer groups	76
Employees & dependents	187,000
Total users	**195,000**

Operational date: May 1986.
For profit.
Service area: Nationwide.
Services: Chiropractic. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Is compensated by employers/payers, health care providers, insurers, claims administrators; charges a flat fee per eligible employee and percent of savings. The PPO will contract to reduce its fee if savings are not met.
Control measures: Utilization review includes precertification retrospective review and second surgical opinion only. Utilization review provided by the PPO.
Gross revenues: $6 million in 1990; $4 million in 1989.
Officers: Neil Brolon, chief executive officer; Fred Fronstin, president; Al Rocheleau, executive director/marketing director.
Contact: Bruce J. Ripley, director-operations.

AV-MED Preferred Provider Plan

9400 S. Dadeland Blvd., Miami, Fla. 33156; 305-662-4760; fax: 305-662-4783

Staff	
Physicians	1,321
Patients/physician	200
Board-certified	80%
Specialists	435
Administrative	21
Marketing	18
Facilities	
Hospitals	83
Pharmacies	995
Diagnostic labs	3
Users: Group Health	
Employer/payer groups	90
Single coverage	11,609
Family coverage	5,402
Employees & dependents	40,119
Total users	**41,000**

Operational date: August 1984.
For profit.
Ownership: Santa Fe Healthcare Services.
Service area: 24 counties in Florida.
Services: Hospitalization, physician, vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, home health, prescription drugs. Employees can select non-PPO providers.
Compensation: Negotiates hospital charges by a per diem rate, percent discount off customary rates, and global fees; is compensated by employers/payers and insurers; charges a flat fee per eligible employee. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met. Services groups under contract with ASI Inc., John Alden Life Insurance, Bankers Risk Management, American Employer's System, Employee Benefits Plan, S.I.B.A., Benefits Management Corporation, Anchor Benefit Consultive.
Control measures: Standard utilization review procedures. Utilization review provided by the PPO and Medco.
Gross revenues: $26.7 million in 1990; $25.2 million in 1989.
Officers: Doug Cueny, chief executive officer; Dr. Bernard Manseim, medical director; Cary Badger, vp-marketing; Gerald O'Neil, chief operating officer; Ann Taylor, senior vp-administration.
Contact: Cary Badger, 2815 N.W. 13th St., Suite 306, Gainsville, Fla. 32609; 904-376-8468.

Beech Street

2 Ada, Suite 200, Irvine, Calif. 92718; 714-727-1353; fax: 714-727-1793

Facilities	
Hospitals	73
Users: Group Health	
Employees & dependents	281,953

See Beech Street in California.

Best Choice Inc.

572 E. McNab Road, Suite 202, Pompano Beach, Fla. 33060; 305-784-9337; fax: 305-782-3493

Staff	
Physicians	1,000
Board-certified	65%
Specialists	857
Administrative	2
Marketing	2
Facilities	
Hospitals	24
Users: Group Health	
Employer/payer groups	129
Single coverage	11,302
Family coverage	26,372
Employees & dependents	94,185
Total users	**94,185**

Operational date: 1989.
Not for profit.
Service area: Broward, Dade, Indian River, Martin and Palm Beach counties in Florida.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by a per diem rate and percent discount off customary rates; is compensated by employers/payers, insurers and claims administrators; charges a flat fee per eligible employee and percent of savings. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met.
Officers: Reginald W. Watkins, president.
Contact: 800-822-9337.

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CAPP Care Inc.

17390 Brookhurst, Suite 280, Fountain Valley, Calif. 92708; 714-963-8065; fax: 714-963-0549

Staff	
Physicians	5,263
Facilities	
Hospitals	111

Service area: 16 counties in Florida.

See CAPP Care Inc. in California.

CIGNA Preferred Provider Organization-Jacksonville

1101 N. Lake Destiny Road, Suite 300, Maitland, Fla. 32751; 407-660-1344; fax: 407-875-0611

Staff	
Physicians	417
Board-certified	85%
Marketing	10
Facilities	
Hospitals	4

Operational date: July 1991.

Service area: Eight counties surrounding Jacksonville, Fla.

Officers: Brad Arms, regional managed care officer; Harriet Wallsh, provider relations.

Contact: Mary Brandt, director-managed care programs, Southeast Region, 1360 Peachtree St. N.E., Midtown Plaza II, Suite 1300, Atlanta, Ga. 30309; 404-898-4821.

See CIGNA Preferred Provider Organization in Connecticut.

CIGNA Preferred Provider Organization-South Florida

15600 N.W. 67th Ave., Suite 301, Miami Lakes, Fla. 33014; 305-826-6200; fax: 305-826-6212

Staff	
Physicians	2,201
Board-certified	85%
Marketing	10
Facilities	
Hospitals	28

Operational date: October 1984.

Service area: Broward, Dade and Palm Beach counties in Florida.

Officers: Brad Arms, regional managed care officer; Jim Nance, provider relations.

Contact: Mary Brandt, director-managed care programs, Southeast Region, 1360 Peachtree St. N.E., Midtown Plaza II, Suite 1300, Atlanta, Ga. 30309; 404-898-4821.

See CIGNA Preferred Provider Organization in Connecticut.

CIGNA Preferred Provider Organization-Tampa

2502 Rocky Point Road, Suite 901, Tampa, Fla. 33607; 813-281-1000; fax: 813-282-0265

Staff	
Physicians	902
Board-certified	85%
Marketing	10
Facilities	
Hospitals	23

Operational date: January 1988.

Service area: Hillsborough, Pasco, Pinellas and Polk counties in Florida.

Officers: Brad Arms, regional managed care officer; J.C. Carter III, provider relations.

Contact: Mary Brandt, director-managed care programs, Southeast Region, 1360 Peachtree St. N.E., Midtown Plaza II, Suite 1300, Atlanta, Ga. 30309; 404-898-4821.

See CIGNA Preferred Provider Organization in Connecticut.

Dimension Health Inc.

290 N.W. 165th St., Miami, Fla. 33169; 305-944-9675; fax: 305-949-8413

Staff	
Physicians	2,100
Board-certified	95%
Administrative	2
Marketing	14
Facilities	
Hospitals	9
Users: Group Health	
Employees & dependents	175,000

Not for profit.

Ownership: Baptist, Miami Childrens, Mercy, Mt. Sinai, North Shore and Hiackah hospitals.

Accredited by AAPI.

Service area: Broward, Dade and Palm Beach counties in Florida.

Services: Hospitalization, physician, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates; is compensated by employers/payers, insurers, claims administrators; charges a flat fee per eligible employee, percent of savings. Utilization review provided by the medical foundation.

Officers: Robert Harris, president.

Florida Health Choice Plan

5300 W. Atlantic Ave., Suite 302, Delray Beach, Fla. 33484; 407-496-0505; fax: 407-496-0513

Staff	
Physicians	2,865
Board-certified	71%
Specialists	2,053
Administrative	20
Marketing	2
Facilities	
Hospitals	21
Diagnostic labs	2
Users: Group Health	
Employer/payer groups	1,014
Employees & dependents	159,292
Total users	**159,292**

Operational date: March 1984.

Not for profit.

Accredited by the AAPI.

Ownership: Memorial Hospital, Boca Raton Community Hospital, Holy Cross Hospital, JFK Medical Center, St. Mary's Hospital.

Service area: Broward, Dade, Okeechobee and Palm Beach counties in Florida.

Services: Hospitalization, physician, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.

Compensation: Negotiates hospital charges by a per diem rate, percent discount off customary rates and special pricing packages; is compensated by employers/payers, insurers and claims administrators; charges a flat fee per eligible employee. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met. Services groups under contract with 33 TPAs and insurers.

Control measures: Standard utilization review procedures. Utilization review provided by the PPO.

Gross revenues: $95,740 in 1990; $84,166 in 1989.

Officers: Charles A. Lindgren, president/executive director/marketing director; Dr. Franklin B. Ott, medical director.

FOCUS Healthcare Management Inc.

2502 Rocky Point Drive, Suite 630, Tampa, Fla. 33607; 813-281-0392; fax: 813-281-0819

Staff	
Physicians	131
Board-certified	80%
Specialists	100
Marketing	3
Facilities	
Hospitals	53
Diagnostic labs	16
Users: Workers Compensation	
Employer/payer groups	36

Operational date: May 1988.

Service area: 16 counties in Florida.

Services: Hospitalization, physician, vision, substance abuse, psychiatric services, durable medical equipment.

Compensation: Negotiates hospital charges by a per diem rate and percent discount off state-mandated fee schedule.

See FOCUS Healthcare Management Inc. in Tennessee.

Healthchoice

1405 S. Orange Ave., Suite 301, Orlando, Fla. 32806; 407-237-6306; fax: 407-425-8545

Staff	
Physicians	792
Board-certified	78%
Specialists	530
Administrative	13
Marketing	4
Facilities	
Hospitals	8
Diagnostic labs	8
Users: Group Health	
Employer/payer groups	19
Single coverage	29,820
Employees & dependents	68,586

Operational date: April 1985.

For profit.

AAPI accreditation pending.

Ownership: Orlando Regional Medical Center.

Service area: Brevard, Orange, Osceola and Seminole counties in Florida.

Services: Hospitalization, physician, substance abuse, psychiatric services, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.

Compensation: Negotiates hospital charges by a per diem rate and percent discount off customary rates; is compensated by employers/payers, insurers and claim administrators; charges a flat fee per eligible employee. Services groups under contract with Principal Mutual, Mutual of Omaha, John Hancock, Northwestern National Life, Florida 1st, Employers Mutual, Professional Benefit Administrators, Harrington Benefits, Hospital Benefits Inc.

Control measures: Standard utilization review procedures, excluding hospital bill audits and outpatient service predetermination. Utilization review provided by the PPO and multiple outside contractors.

Officers: Stephan J. Harr, president; Nancy J. Smith, executive director; Dr. Richard Janovitz, medical director; Janice S. Bush, marketing director.

Humana Health Insurance Co. of Florida Inc.

Reflections Executive Office Center, 780 W. Granada Blvd., Suite 104, Ormond Beach, Fla. 32174; 904-676-1800; fax: 904-676-1805

Users: Group Health	3,573

Officers: Michael B. Brouthers, executive director; Richard K. Wheeler, sales director; Nancy Bovard, assistant sales manager; Dr. Ernest Cook, medical director.

See Humana Health Care Plans in Kentucky.

Humana Health Insurance Company of Florida Inc.

5401 W. Kennedy Blvd., Suite 800, Tampa, Fla. 33609; 813-286-8829; fax: 813-286-1870

Users: Group Health	33,590

Officers: Jerry W. Anderson, executive director; W. Fred Wheeler, sales manager; Dr. Herb Pegues II, medical director.

See Humana Health Care Plans in Kentucky.

Humana Health Insurance Co. of Florida Inc.

99 Racetrack Road, Suite 200, Fort Walton Beach, Fla. 32547; 904-863-3382; fax: 904-864-2016

Users: Group Health	12,412

Officers: Mike Coupe, executive director.

See Humana Health Care Plans in Kentucky.

Humana Health Insurance Co. of Florida Inc.

1060 Maitland Center Commons, Suite 300, Maitland, Fla. 32751; 407-661-6000; fax: 407-661-6414

Users: Group Health	21,415

Officers: Robert Bissell, executive director; Richard K. Wheeler, director-sales.

See Humana Health Care Plans in Kentucky.

Humana Health Insurance Co. of Florida Inc.

3400 Lakeside Drive, Miramar, Fla. 33027; 305-620-0244; fax: 305-620-0244

Users: Group Health	47,163

Officers: Ronald J. Berding, executive director; Robert P. Wieckert, director of sales; D. Richad Austin, sales manager; Dr. William F. Bennett, medical director.

See Humana Health Care Plans in Kentucky.

Humana Health Insurance Co. of Florida Inc.

5701 W. Sunrise Blvd., Second Floor, Plantation, Fla. 33313; 305-321-7711; fax: 305-321-7864

Officers: Bert Polacek, sales manager; Ronald J. Berding, executive director; Robert P. Wieckert, director of sales.

See Humana Health Care Plans in Kentucky.

Humana Health Insurance Co. of Florida Inc.

1901 S. Congress Ave., Suite 201, Boynton Beach, Fla. 33426; 407-738-3065; fax: 407-738-3007

Officers: Ronald J. Berding, executive director; Robert P. Wieckert, director of sales; Scott Prescott, sales manager.

See Humana Health Care Plans in Kentucky.

Kemper National Services Preferred Provider Program

P.O. Box 22330, Fort Lauderdale, Fla. 3335-2330; 305-779-2600; fax: 305-767-4804

Service area: Contracts with Occupational Urgent Care Health Systems in Arizona, California, New Mexico, Oregon and Texas; Focus Healthcare Management in Alabama, Georgia, Kansas, Louisiana, Missouri, Tennessee and Pennsylvania; CompPro Inc. in Colorado, Florida, Indiana, Massachusetts, Michigan and Wisconsin; PCN in Illinois.

Contact: Dean DeLawter, manager-network development.

Medco Value Plus

7011 Grand National Drive, Suite 107, Orlando, Fla. 32819; 407-345-9421; fax: 407-363-7928

Operational date: February 1991.

For profit.

Service area: Nationwide except for Wyoming, North Dakota, South Dakota, Vermont and Hawaii.

Services: Hospitalization, physician, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.

Compensation: Negotiates hospital charges by a per diem rate, percent discount off customary rates; is compensated by employers/payers, insurers, claims administrators; charges a flat fee per eligible employee, percent of savings. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met.

Control measures: Standard utilization review procedures. Utilization review provided by the PPO and outside contractors.

Officers: Dennis Serine, president; Denny Reineke, executive director; Frank Kinder, marketing director.

Contact: George Parks, Managed Care Director, 800-621-7557.

Medview CompPro/ MedView Services Inc.

32991 Hamilton Court, Farmington Hills, Mich. 48334; 313-488-5260; fax: 313-488-5262

Staff	
Physicians	1,039
Board-certified	90%
Specialists	620
Marketing	1
Facilities	
Hospitals	111
Users: Workers Compensation	
Employer/payer groups	5
Employees	335,000
Total users	**335,000**

Service area: Florida.

See MedView CompPro/MedView Services Inc. in Michigan.

Mental Health Programs Corp.

2203 N. Lois Ave., Suite 1100, Tampa, Fla. 33607; 813-876-5036; fax: 813-872-8666

Staff	
Physicians	900
Board-certified	45%
Administrative	13
Marketing	2
Facilities	
Providers	4,500
Users: Group Health	
Employer/payer groups	40
Employees & dependents	1.2 million

Operational date: August 1986.

For profit.

Service area: Nationwide.

Services: Hospitalization, physician, substance abuse, psychiatric services. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by a per diem rate and percent discount off customary rates; is compensated by employers/payers, insurers, health care providers and PPOs and HMOs; charges a flat fee per eligible employee, percent of savings and on a per case basis. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met.

Control measures: Standard utilization review procedures, excluding second surgical opinion and hospital bill audits. Utilization review provided by the PPO.

Officers: Dr. Walter E. Afield, president; Patt Reed, marketing director.

MetLife Network-Florida

47 Perimeter Center E., Suite 600, Atlanta, Ga. 30346-2092; 404-393-1410

Contact: James Crowley III, vp.

See MetLife Network in Connecticut.

Mutually Preferred-Jacksonville

Mutual of Omaha Plaza, Omaha, Neb. 68175; 402-978-5100; fax: 402-978-2274

Staff	
Physicians	290
Board-certified	100%
Specialists	155
Administrative	2
Marketing	3
Facilities	
Hospitals	3
Pharmacies	16
Users: Group Health	
Employees	257

Operational date: October 1989.

Service area: Clay, Duval and Nassau counties in Florida.

Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, home health agencies, infusion therapy services. Individual enrollment is allowed.

Compensation: Negotiates hospital charges by a per diem rate and percent discount off customary rates.

Control measures: Standard utilization review procedures, excluding hospital bill audits. Utilization review provided by the PPO.

Contact: Shelli Mayer, 407-978-5670 or Lynn Goodman, 402-978-5595.

See Mutually Preferred in Nebraska.

Mutually Preferred-Tampa

Mutual of Omaha Plaza, Omaha, Neb. 68175; 402-978-5100; fax: 402-978-2274

Staff	
Physicians	431
Board-certified	100%
Specialists	229
Administrative	2
Marketing	3
Facilities	
Hospitals	6
Pharmacies	38
Diagnostic labs	2
Users: Group Health	
Employees	207

Operational date: October 1989.

Service area: Hillsborough and Pinellas counties in Florida.

Services: Hospitalization, physician, substance abuse, psychiatric

Continued on next page

Continued from previous page
services, durable medical equipment, podiatry, obstetrics/gynecology, home health agencies, prenatal monitoring, respiratory services, infusion therapy services. Individual enrollment is allowed.

Compensation: Negotiates hospital charges by a per diem rate and percent discount off customary rates.

Control measures: Standard utilization review procedures excluding hospital bill audits.

Contact: Shelli Mayer, 402-978-5670, or Lynn Goodman, 402-978-5595.

See Mutually Preferred in Nebraska.

Preferred Patient Care

P.O. Box 1798, Jacksonville, Fla. 32231; 904-363-5357; fax: 904-363-5797

Staff	
Physicians	12,800
Administrative	18
Marketing	70
Facilities	
Hospitals	132
Pharmacies	1,900
Diagnostic labs	110
Users: Group Health	
Employer/payer groups	4,700
Employees & dependents	1.3 million
Total users	**1.3 million**

Operational date: October 1984.

Not for profit.

Ownership: Blue Cross & Blue Shield of Florida Inc.

Service area: Florida.

Services: Hospitalization, physician, dental, substance abuse, psychiatric services, podiatry, obstetrics/gynecology, pharmacy, chiropractors, psychologists. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.

Compensation: Negotiates hospital charges by DRGs; is compensated by employers/payers and individual policy holders; charges a premium.

Control measures: Standard utilization review procedures, excluding length of stay determination, second surgical opinion, outpatient service predetermination. Utilization review provided by the PPO.

Gross revenues: $1.1 billion in 1990; $900 million in 1989.

Officers: Ernest N. Brodsky, vp-product management division; Dr. Larry Tremonti, medical director; Thomas E. Albright, senior vp-marketing; James E. Mose, product manager.

Principal Health Care Inc., Tampa

Westshore Place, 4350 Cypress Street, Suite 542, Tampa, Fla. 33607; 813-877-4630 or 800-654-7803; fax: 813-877-2148

Staff	
Physicians	1,104
Board-certified	82%
Administrative	1
Marketing	1
Facilities	
Hospitals	15
Diagnostic labs	11
Total users	**6,555**

Operational date: May 1991.

Ownership: Principal Health Care Inc.

Service area: Citrus, Hillsborough, Pasco and Pinellas counties in Florida.

Officers: Kenneth Linde, president; Dr. Mel Museles, medical director; Michael Soto, marketing director.

See Principal Health Care Inc. in Maryland.

Principal Health Care of Florida Inc.

1200 Gulf Life Drive, Suite 500, Jacksonville, Fla. 32207; 904-390-0935; fax: 904-390-0950

Staff	
Physicians	315
Board-certified	84%
Administrative	1
Marketing	1
Facilities	
Hospitals	9
Diagnostic labs	2
Total users	**8,607**

Operational date: December 1989.

Ownership: Principal Health Care Inc.

Service area: Baker, Clay, Duval and Nassau counties in Florida.

Officers: Kenneth Linde, president; James Henry, executive director; Dr. Mel Museles, medical director; Michael Soto, marketing director.

See Principal Health Care Inc. in Maryland.

Principal Health Care of Florida Inc., Pensacola Division

1 University Plaza, 7282 Plantation Road, Suite 300, Pensacola, Fla. 32504; 904-484-4000; fax: 904-484-4004

Staff	
Physicians	170
Board-certified	75%
Administrative	1
Marketing	1
Facilities	
Hospitals	2

Operational date: November 1991.

Ownership: Principal Health Care Inc.

Service area: Escambia, Okaloosa, Santa Rosa and Walton counties in Florida.

Officers: Kenneth Linde, president; Russ Mohawk, executive director; Dr. Mel Museles, medical director; Michael Soto, marketing director.

See Principal Health Care Inc. in Maryland.

Private Healthcare Systems Ltd.

Regional Office, 1000 Abernathy Road, Suite 840 N.E., Atlanta, Ga. 30328; 404-394-1084; fax: 404-394-1398

Staff	
Physicians	813
Facilities	
Hospitals	11

See Private Healthcare Systems Ltd. consolidated listing in Massachusetts.

ProAmerica Southeast Region

2600 Lake Lucien Drive, Suite 200, Maitland, Fla. 32751; 800-253-3397

Facilities	
Hospitals	69
Users: Group Health	
Employees and dependents	99,666

Contact: Greg O'Driscoll.

See ProAmerica Network Inc. in Texas.

PruCare Plus-Fort Lauderdale

5900 N. Andrews Ave., Suite 1000, Fort Lauderdale, Fla. 33309; 305-492-8244; fax: 305-492-0194

Staff	
Physicians	1,522
Patients/physician	34
Board-certified	91%
Specialists	890
Administrative	12
Marketing	6
Facilities	
Hospitals	16
Pharmacies	104
Diagnostic labs	7
Users: Group Health	
Employer/payer groups	180
Single coverage	5,572
Family coverage	5,043
Employees & dependents	21,200
Total users	**21,200**

Operational date: May 1986.

Ownership: The Prudential Insurance Co. of America.

Service area: Broward, Dade and Palm Beach counties in Florida.

Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology.

Compensation: Negotiates hospital charges by per diem; is compensated by employers/payers; charges a insurance premiums.

Officers: David George, vp; Chris Sims, director-group operations; Dr. Melvyn Fletcher, medical director.

Contact: Robert Griffin, vp-group marketing; 3100 Cumberland Circle, Suite 1100; Atlanta, Ga. 30339; 404-933-6605.

See The Prudential Insurance Co. of America in New Jersey.

PruCare Plus-Jacksonville

1200 Gulf Life Drive, Suite 701, Jacksonville, Fla. 32207; 904-346-5800; fax: 904-346-5888

Staff	
Physicians	382
Patients/physician	92
Board-certified	85%
Specialists	266
Administrative	17
Marketing	7
Facilities	
Hospitals	8
Pharmacies	11
Diagnostic labs	1
Users: Group Health	
Employer/payer groups	214
Single coverage	2,309
Family coverage	3,379
Employees & dependents	10,700
Total users	**10,700**

Operational date: September 1986.

Ownership: The Prudential Insurance Co. of America.

Service area: Baker, Clay, Duval, Nassau and St. Johns counties in Florida.

Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology.

Compensation: Negotiates hospital charges by per diem rate percent discount off customary rates; is compensated by employers/payers; charges a insurance premiums.

Officers: David George, vp; Richard Cook, vp-group operations; Dr. William Moore, medical director; Chris Wilson, regional group manager.

Contact: Robert Griffin, vp-group marketing; 3100 Cumberland Circle, Suite 1100; Atlanta, Ga. 30339; 404-933-6605.

See The Prudential Insurance Co. of America in New Jersey.

PruCare Plus-Maitland

2301 Lucien Way, Maitland, Fla. 32751; 407-875-6600; fax: 407-660-0552

Staff	
Physicians	194
Patients/physician	121
Board-certified	100%
Specialists	303
Administrative	12
Marketing	6
Facilities	
Hospitals	7
Pharmacies	26
Diagnostic labs	7
Users: Group Health	
Employer/payer groups	200
Single coverage	3,901
Family coverage	3,987
Employees & dependents	23,400
Total users	**23,400**

Operational date: September 1986.

Ownership: The Prudential Insurance Co. of America.

Service area: Orange, Osceola, Seminole and Volusia counties in Florida.

Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology.

Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates; is compensated by employers/payers; charges a insurance premiums.

Officers: David George, vp; Andrew Crooks, director-group operations; Dr. Edward Lowenstein, medical director; John Joiner, director group marketing.

Contact: Robert Griffin, vp-group marketing; 3100 Cumberland circle, Suite 1100; Atlanta, Ga. 30339; 404-933-6605

See The Prudential Insurance Co. of America in New Jersey.

PruCare Plus-Tampa

3450 W. Busch Blvd, Suite 245, Tampa, Fla. 33618; 813-932-1977; fax: 813-931-4188

Staff	
Physicians	580
Patients/physician	113
Board-certified	86%
Specialists	445
Administrative	11
Marketing	5
Facilities	
Hospitals	26
Pharmacies	98
Diagnostic labs	1
Users: Group Health	
Employer/payer groups	56
Single coverage	2,694
Family coverage	3,429
Employees & dependents	15,300

Operational date: July 1985.

Ownership: The Prudential Insurance Co. of America.

Service area: Hillsborough, Pasco and Pinellas counties in Florida.

Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology.

Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates; is compensated by employers/payers; charges a insurance premiums.

Officers: David George, vp; Richard Cook, director-group operations; Dr. Robert Neuhardt, medical director; John Joiner, director group marketing.

Contact: Robert Griffin, vp-group marketing; 3100 Cumberland Circle, Suite 1100; Atlanta, Ga. 30339; 404-933-6605

See The Prudential Insurance Co. of America in New Jersey.

Travelers-Central Florida

1000 Legion Place, Orlando, Fla. 32801; 800-359-4715

Staff	
Physicians	716
Facilities	
Hospitals	13
Users: Group Health	
Employer/payer groups	136
Employees & dependents	7,073

Operational date: March 1987.

Ownership: The Travelers Insurance Co.

Service area: Lake, Orange, Osceola, Seminole and Volusia counties in Florida.

Officers: Patrick Healy, executive director; John Olewski II, employee benefits division sales manager.

See The Travelers Insurance Co. in Connecticut.

Travelers-North Florida

9485 Regency Square Blvd., Suite 200, Jacksonville, Fla. 32225; 904-723-2301 or 800-328-2414

Staff	
Physicians	670
Facilities	
Hospitals	12
Users: Group Health	
Employer/payer groups	115
Employees & dependents	4,131

Operational date: March 1987.

Ownership: The Travelers Insurance Co.

Service area: Alachua, Clay, Columbia, Duval, Marion, Nassau, Putnam and St. Johns counties in Florida.

Officers: Patrick Healy, executive director; John Z. Olewski II, employee benefits division sales manager.

See The Travelers Insurance Co. in Connecticut.

Travelers-South Florida

150 South Pine Island Road, Plantation, Fla. 33324; 305-474-9408

Staff	
Physicians	2,640
Facilities	
Hospitals	24
Users: Group Health	
Employer/payer groups	588
Employees & dependents	36,773

Operational date: April 1986.

Ownership: The Travelers Insurance Co.

Service area: Broward, Dade, Hendry and Palm Beach counties in Florida.

Officers: Patrick Healy, executive director; Stephen C. Pollart, ebd sales manager.

See The Travelers Insurance Co. in Connecticut.

Travelers-West Central Florida

1511 N. Westshore, Suite 650, Tampa, Fla. 33607; 813-281-6450 or 800-359-4715

Staff	
Physicians	1,079
Facilities	
Hospitals	14
Users: Group Health	
Employer/payer groups	232
Employees & dependents	26,940

Operational date: December 1986.

Ownership: The Travelers Insurance Co.

Service area: Polk, Hillsboro, Pasco, Pinellas and Sarasota counties in Florida.

Officers: Patrick Healy, executive director; John Z. Olewski II, employee benefits division sales manager.

See The Travelers Insurance Co. in Connecticut.

Volusia Health Network

111 N. Frederick Ave., Suite 500, Daytona Beach, Fla. 32114; 904-253-2198; fax: 904-255-6130

Staff	
Physicians	230
Board-certified	75%
Specialists	190
Administrative	1
Marketing	1

Continued on next page

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Continued from previous page

Facilities	
Hospitals	4
Diagnostic labs	1
Users: Group Health	
Employer/payer groups	10

Operational date: July 1986.
Not for profit.
Ownership: Halifax Medical Center.
Service area: Volusia County in Florida.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, home health. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by a per diem rate, percent discount off customary rates and DRGs; is compensated by employers/payers, insurers and claims administrators; charges a flat fee per eligible employee. Services groups under contract with American Heritage Life, Florida Health Choice Plan, Florida Health Alliance, American Pioneer, Aetna Health Plans.
Control measures: Standard utilization review procedures, excluding outpatient predetermination. Utilization review provided by the PPO.
Officers: David Seal, president and executive director; Dr. Alvin Smith, medical director; Lou Orban, marketing director.

GEORGIA

Aetna Health Plans

4 Piedmont Center N.E., Suite 400, 3565 Piedmont Road, Atlanta, Ga. 30305; 404-841-6976; fax: 404-841-6775

Service area: Atlanta, Augusta, Macon, Savannah, Aiken, Evan, Martinez, North Augusta and Waynesboro, Ga.
Officers: John Ivans, market manager.
Contact: Barbara Bailey.
See Aetna Health Plans corporate listing in Connecticut.

ALTA CareNetwork-Atlanta

6975 Union Park Center, Suite 600, Salt Lake City, Utah 84047; 801-568-5500; fax: 801-568-5652

Staff	
Physicians	625
Board-certified	100%
Specialists	344
Facilities	
Hospitals	11
Users: Group Health	
Employer/payer groups	3
Single coverage	10
Family coverage	96
Employees & dependents	265

Ownership: ALTA Health Strategies Inc.
Service area: Clayton, Cobb, DeKalb, Douglas, Fayette, Forsythe, Fulton, Gwinnett and Henry counties in Georgia.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology.
Compensation: Negotiates hospital charges by a per diem rate, percent discount off customary rates; is compensated by employers/payers; charges a flat fee per eligible employee and percent of savings.
See ALTA CareNetwork in Utah.

Beech Street

2 Ada, Suite 200, Irvine, Calif. 92718; 714-727-1353; fax: 714-727-1793

Facilities	
Hospitals	19
Users: Group Health	
Employees & dependents	142,456

See Beech Street in California.

Blue Cross & Blue Shield of Georgia Inc.

Capital City Plaza, 3350 Peachtree Road N.E., Atlanta, Ga. 30326

Staff	
Physicians	2,500
Facilities	
Hospitals	34
Users: Group Health	
Employees & dependents	184,472

Operational date: October 1984.
Sponsorship: Blue Cross & Blue Shield of Georgia Inc.
Service area: Georgia.
Control measures: Standard utilization review procedures excluding length of stay determination, discharge planning, second surgical opinion, case management.

CAPP Care Inc.

17390 Brookhurst, Suite 280, Fountain Valley, Calif. 92708; 714-963-8065; fax: 714-963-0549

Staff	
Physicians	1,227
Facilities	
Hospitals	42

Service area: Atlanta and Savannah in Georgia.
See CAPP Care Inc. in California.

CIGNA Preferred Provider Organization-Atlanta

1360 Peachtree St. N.E., Midtown Plaza II, Suite 1300, Atlanta, Ga. 30309; 404-881-9779; fax: 404-898-4832

Staff	
Physicians	1,134
Board-certified	85%
Marketing	10
Facilities	
Hospitals	27

Operational date: July 1988.
Service area: 25 counties in Georgia.
Officers: Brad Arms, regional managed care officer; Judy Mitchell, provider relations director.
Contact: Mary Brandt.
See CIGNA Preferred Provider Organization in Connecticut.

Cost Care Physician Managed Network-Southeast

2 Paces W., Suite 600, 2727 Paces Ferry Road N.W., Atlanta, Ga. 30339; 404-319-8400

Service area: Atlanta; Charlotte and Greensboro, N.C.; Florence and Charleston, S.C.; Knoxville, Memphis and Nashville, Tenn.; Norfolk and Richmond, Va.; Jacksonville and Miami, Fla.
Contact: Mark Rivera.
See Cost Care Managed Physician Network corporate listing in California.

Crawford Care Alliance

5620 Glenridge Drive N.E., Atlanta, Ga. 30342; 404-847-4029 or 800-241-2541; fax: 404-847-4028

Staff	
Physicians	17,000
Board-certified	60%
Specialists	10,200
Administrative	97
Marketing	29
Facilities	
Hospitals	1,200
Users: Group Health	
Employer/payer groups	20
Single coverage	8,000
Family coverage	10,000
Employees & dependents	18,000
Users: Workers Compensation	
Employer/payer groups	400
Single coverage	5 million
Total users	**5 million**

Operational date: February 1990.
For profit.
Service area: Nationwide.
Services: Hospitalization, physician, psychiatric services. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by a per diem rate, percent discount off customary rates and DRGs; is compensated by employers/payers, insurers and claims administrators; charges a flat fee per eligible employee and percent of savings.
Control measures: Standard utilization review procedures, including preadmission hospital review, precertification, concurrent hospital treatment review, length of stay determination, discharge planning, retrospective review, second surgical opinion, hospital bill audits, outpatient service predetermination, case management. Utilization review provided by the PPO.
Gross revenues: $1 million in 1990.
Officers: Forrest Minx, president; Dr. Steven Gerst, executive director/medical director; John Potter, marketing director (workers compensation); Jeff Aycock, marketing director (group health); G. Berk Lynch II, vp-health management services; Marilyn Willenbrink, vp-Sentinel Medical Review Systems.
Contact: Dr. Steven Gerst.

Crawford Support Systems Inc.

2502 Chamblee Tucker Road, Suite 104, Atlanta, Ga. 30341; 404-936-0380; fax: 404-936-9756

Staff	
Physicians	2
Patients/physician	15
Board-certified	100%
Specialists	3
Administrative	4
Marketing	1
Facilities	
Hospitals	8

Operational date: February 1989.
For profit.
Service area: Nationwide.
Services: Substance abuse. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Is compensated by employers/payers, insurers and health care providers; charges a flat fee for per eligible employee. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met.
Control measures: Standard utilization review procedures, excluding preadmission hospital review, precertification, concurrent hospital treatment review, retrospective review, second surgical opinion, hospital bill audits. Utilization review provided by the PPO.
Officers: James H. Crawford III, president; Rick Brown, executive director; Diane Kelly, marketing director.

FOCUS Healthcare Management Inc.

1140 Hammond Drive, Building B 2275, Suite O, Corporate Campus, Atlanta, Ga. 30328; 404-396-8595; fax: 404-396-8734

Staff	
Physicians	190
Board-certified	80%
Specialists	140
Marketing	3
Facilities	
Hospitals	22
Diagnostic labs	9
Users: Workers Compensation	
Employer/payer groups	33

Operational date: January 1988.
Service area: 11 counties in Georgia.
Services: Hospitalization, physician, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry.
Compensation: Negotiates hospital charges by percent discount off customary rates.
See FOCUS Healthcare Management Inc. corporate listing in Tennessee.

Lincoln National Preferred Plan

3715 Northside Parkway N.W., Suite 600, Atlanta, Ga. 30327; 404-240-0202; fax: 404-231-5149

Staff	
Physicians	2,445
Facilities	
Hospitals	40

Officers: William Young, general manager; Carter Whitley, regional director.
See Lincoln National Preferred Plan in Indiana.

MetLife Network-Georgia

47 Perimeter Center E., Suite 600, Atlanta, Ga. 30346-2092; 404-393-1410

Contact: James Crowley III, vp.
See MetLife Network in Connecticut.

PCN of Georgia

Towers Place, Suite 1965, 3340 Peachtree Road, N.E., Atlanta, Ga. 30326; 404-240-0310; fax: 404-240-0680

Staff	
Physicians	900
Patients/physician	60
Board-certified	97%
Specialists	600
Administrative	5
Marketing	2
Facilities	
Hospitals	28
Users: Group Health	
Employer/payer groups	25
Employees & dependents	22,000
Users: Workers Compensation	
Employer/payer groups	600
Employees	55,000
Total users	**77,000**

Operational date: January 1990.
For profit.
Service area: Georgia.
Services: Hospitalization, physician, substance abuse, psychiatric services, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by a per diem rate; is compensated by employers/payers; charges a flat fee per eligible employee, percent of savings. The PPO will contract to receive a higher fee if savings are realized; will contract to reduce its fee if savings are not met.
Control measures: Standard utilization review procedures excluding hospital bill audits, outpatient service predetermination. Utilization review provided by the PPO.
Officers: Thomas H. Stateman, president; Jimmy Mahaffey, executive director; Rick Schuch, medical director; Nick Vasile, marketing director; Bob Hofstadter, executive vp; Lynn Dowling, executive director-practice enhancement program.
Contact: Nick Vasile.

Continued on next page

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Continued from previous page

Pharmacy Advantage System

20 Lenox Pointe, Atlanta, Ga. 30224; 404-231-5074; fax: 404-237-8435

Staff	
Administrative	2
Marketing	1
Facilities	
Pharmacies	1,380
Users: Group Health	
Employer/payer groups	6
Total users	**51,000**

Operational date: August 1985.
Not for profit.
Service area: Alabama, Georgia, Florida, South Carolina, Tennessee.
Services: Pharmaceutical. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Is compensated by employers/payers, health care providers; charges on a fee for service basis. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met.
Control measures: Standard utilization review procedures including retrospective review.
Officers: D. Toth, president; S.J. Miller, executive director; J. Bracewell, marketing director.

Private Healthcare Systems Ltd.

Regional Office, 1000 Abernathy Road, Suite 840 N.E., Atlanta, Ga. 30328; 404-394-1084; fax: 404-394-1398

Staff	
Physicians	1,541
Facilities	
Hospitals	13

See Private Healthcare Systems Ltd. consolidated listing in Massachusetts.

ProAmerica Southeast Region

2600 Lake Lucien Drive, Suite 200, Maitland, Fla. 32751; 800-253-3397

Facilities	
Hospitals	24
Users: Group Health	
Employees and dependents	49,216

Contact: Greg O'Driscoll.
See ProAmerica Network Inc. in Texas.

PruCare Plus

2839 Paces Ferry Road, Suite 1000, Atlanta, Ga. 30339; 404-955-8010; 404-433-0601

Staff	
Physicians	683
Patients/physician	95
Board-certified	89%
Specialists	400
Administrative	44
Marketing	18
Facilities	
Hospitals	19
Pharmacies	107
Diagnostic labs	2
Users: Group Health	
Employer/payer groups	262
Single coverage	4,797
Family coverage	5,178
Employees & dependents	27,000
Total users	**27,000**

Operational date: July 1986.
Ownership: The Prudential Insurance Co. of America.
Service area: Bartow, Butts, Cherokee, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Rockdale, Spalding and Walton counties in Georgia.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology.
Compensation: Negotiates hospital charges by a per diem rate, percent discount off customary rates; is compensated by employers/payers; charges a insurance premiums.
Officers: David George, vp; Marilynn Schafer, vp-group operations; Dr. Charles Gendel, medical director; Bart Hester, director-group marketing.
Contact: Robert Griffin, vp-group marketing; 3100 Cumberland Circle, Suite 1100; Atlanta, Ga. 30339; 404-933-6605.
See The Prudential Insurance Co. of America in New Jersey.

South Care Medical Alliance/PHP Inc.

3715 Northside Parkway, 400 Northcreek, Suite 300, Atlanta, Ga. 30327; 404-231-9911; fax: 404-231-9416

Staff	
Physicians	965
Board-certified	90%
Specialists	750
Administrative	8
Marketing	6
Facilities	
Hospitals	16
Users: Group Health	
Employer/payer groups	115
Employees & dependents	270,880
Users: Workers Compensation	
Employer/payer groups	121
Employees & dependents	25,000
Total users	**285,880**

Operational date: September 1985.
Not for profit.
Accredited by the AAPI.
Service area: 18 counties in Georgia.
Services: Hospitalization, physician, substance abuse, psychiatric services, podiatry, obstetrics/gynecology, workers compensation. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by a per diem rate, percent discount off customary rates; is compensated by employers/payers, health care providers, insurers; charges a flat fee per eligible employee, percent of savings, percent of services rendered by participating doctors/hospitals. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met. Services groups under contract with American Heritage Life, Centennial Life, Dun & Bradstreet Plan Services, Employee Benefit Plans, John Alden ACTA, Mutual of Omaha, Northwestern National Life, Pan American Life, PHCS Cos., Principal Financial Group Claims.
Control measures: Standard utilization review procedures. Utilization review provided by the PPO and outside contractors.
Gross revenues: $200 million in 1990; $110 million in 1989.
Officers: Larry L. Madlem, president; Rebecca H. McQueen, executive director; Dr. S. Angier Wills, medical director; Al Teets, marketing director, Richard Hubbard, chairman; Dr. Gwynn Brunt Jr, vice chairman.
Contact: Larry L. Madlem.

Travelers-Atlanta

211 Perimeter Center Parkway, Suite 400, Atlanta, Ga. 30346; 404-395-4850

Staff	
Physicians	113
Facilities	
Hospitals	14
Users: Group Health	
Employer/payer groups	198
Employees & dependents	11,401

Operational date: October 1989.
Ownership: The Travelers Insurance Co.
Service area: Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Forsyth, Fulton, Gwinnett, Henry, Fayett, Rockdale and Spaulding counties in Georgia.
Officers: Ken Bryant, executive director; Gary Holt, sales manager.
See The Travelers Insurance Co. corporate listing in Connecticut.

HAWAII

Aetna Health Plans

1585 Kapiolani Blvd., Suite 1401, Honolulu, Hawaii 96814; 808-942-8802; fax: 808-949-3154

Staff	
Physicians	600
Marketing	3
Facilities	
Hospitals	15
Diagnostic labs	23
Users: Group Health	
Employer/payer groups	121
Employees & dependents	12,767
Total users	**12,767**

Operational date: May 1987.
Service area: Hawaii.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, home health, skilled nursing. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates; is compensated by employers/payers; charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures. Utilization review provided by the PPO.
Officers: Karen Yasukawa, manager, Dr. Mike Gavin, medical director.
See Aetna Health Plans corporate listing in Connecticut.

CCN Inc.

8911 Balboa Ave., San Diego, Calif. 92123; 619-278-2273; fax: 619-278-1262

Facilities	
Hospitals	2

Operational date: July 1991.
Service area: Hawaii.
Services: Hospitalization
Control measures: Standard utilization review procedures excluding length of stay determination, discharge planning, retrospective review, second surgical opinion, hospital bill audits, outpatient service predetermination, case management. Utilization review provided by an outside contractor.
Officers: James Denman, marketing manager-national accounts.
See CCN Inc. in California.

HMSA

P.O. Box 860, Honolulu, Hawaii 96808; 808-944-3582; fax: 808-944-9419

Staff	
Physicians	1,761
Patients/physician	349
Marketing	25
Facilities	
Hospitals	24
Pharmacies	15
Diagnostic labs	24
Users: Group Health	
Employer/payer groups	2,284
Single coverage	33,772
Family coverage	10,727
Employees & dependents	145,842
Total users	**145,842**

Operational date: January 1989.
Not for profit.
Ownership: Hawaii Medical Service Assn.
Sponsorship: Blue Cross & Blue Shield.
Service area: Hawaii.
Services: Hospitalization, physician, substance abuse, psychiatric services, home health care, wellness. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by DRGs; is compensated by insurers; charges a usual and customary fee. The PPO will contract to adjust its fees based on the savings realized or not realized by the employer/payer.
Control measures: Standard utilization review procedures, excluding second surgical opinion, outpatient service predetermination. Utilization review provided by the PPO and Biodyne Inc. (mental health and substance abuse).
Gross revenues: $14.4 million in 1990; $3.7 million in 1989.
Officers: Marvin Hall, president; Ralph Kiessling, executive director; Henry Oyama, medical director; Donald Keliinoi, marketing director; Robert Hiam.
Contact: Lavinia Goto, P.O. Box 2001, Honolulu, Hawaii 96805; 808-944-2172.

Hawaii Medical Service Corp.

818 Keeaumoku St., Honolulu, Hawaii 96814

Staff	
Physicians	1,695
Facilities	
Hospitals	22
Users: Group Health	
Employees & dependents	133,306

Operational date: January 1986.
Sponsorship: Hawaii Medical Service Assn.
Service area: Hawaii.
Control measures: Standard utilization review procedure excluding retrospective review, second surgical opinion. Utilization review provided by the PPO.

ProAmerica Network Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669

Facilities	
Hospitals	1
Users: Group Health	
Employees and dependents	120

See ProAmerica Network Inc. in Texas.

Travelers-Hawaii

100 Pringle Ave., Fifth Floor, Walnut Creek, Calif. 94596-9062; 415-942-2700

Staff	
Physicians	620
Facilities	
Hospitals	14
Users: Group Health	
Employer/payer groups	86
Employees & dependents	5,576

Operational date: February 1990.
Ownership: The Travelers Insurance Co.
Service area: Hawaii, Honolulu, Kalawau, Kauai, Maui.
Officers: Roland King, executive director; Reid S. Dienhard, sales manager.
See The Travelers Insurance Co. corporate listing in Connecticut.

IDAHO

Beech Street

2 Ada, Suite 200, Irvine, Ca if. 92718; 714-727-1353; fax: 714-727-1793

Facilities	
Hospitals1	
Users: Group Health	
Employees & dependents	12,443

See Beech Street in California.

ILLINOIS

Aetna Health Plans

230 W. Monroe St., Chicago, Ill. 60606; 312-630-3976

Service area: 17 counties in Illinois.
Contact: Tolbert Chisum, general manager.
See Aetna Health Plans corporate listing in Connecticut.

Aetna Health Plans

CityPlace One, 1 CityPlace Drive, Creve Coeur, Mo. 63141; 314-994-2500

Service area: Madison and St. Clair counties in Illinois.
Contact: J.D. Hankins, market manager.
See Aetna Health Plans corporate listing in Connecticut.

The Affordable Network*

HealthCare Compare/ AFFORDABLE, 3200 Highland Ave., Downers Grove, Ill. 60515; 708-241-7900; fax: 708-241-7856

Staff	
Physicians	31,425
Board-certified	80%
Specialists	22,783
Administrative	237
Marketing	45
Facilities	
Hospitals	815
Diagnostic labs	610
Users: Group Health	
Employer/payer groups	1,885
Single coverage	2.5 million
Employees & dependents	5 million
Users: Workers Compensation	
Employer/payer groups	22
Total users	**5 million**

Operational date: June 1983.
For profit.
Ownership: HealthCare COMPARE Corp.
Service area: 31 states and District of Columbia.
Services: Hospitalization, physician, substance abuse, psychiatric services, podiatry, obstetrics/gynecology, chiropractic, diagnostic laboratories, radiology facilities, ambulatory surgery facilities. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by a per diem rate; is compensated by employers/payers and insurers; charges a percent of savings. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met. Services groups under contract with many TPAs and insurers.
Control measures: Standard utilization review procedures. Utilization review provided by HealthCare COMPARE Corp. or an outside vendor of the client's choice.
Officers: James C. Smith, president and chief executive officer; Daniel S. Brunner, president-affordable; Dr. James H. Geist, assistant vp-medical policy; Lottie A. Kurcz, vp-marketing; John J. Krakauer, executive vp/chief operating officer; Joseph E. Whitters, vp-finance financial officer.
Contact: Lottie A. Kurcz.
* Merger pending with Occupational Urgent Care Inc. (OUCH) in California. Scheduled to be completed first quarter of 1992.

Beech Street

2 Ada, Suite 200, Irvine, Calif. 92718; 714-727-1353; fax: 714-727-1793

Facilities	
Hospitals	74
Users: Group Health	
Employees & dependents	114,060

See Beech Street in California.

CAPP Care Inc.

17390 Brookhurst, Suite 280, Fountain Valley, Calif. 92708; 714-963-8065; fax: 714-963-0549

Staff	
Physicians	2,228
Facilities	
Hospitals	49

Service area: 14 cities and counties in Illinois.
See CAPP Care Inc. in California.

CNA Managed Care

CNA Financial Corp., CNA Plaza 27S (Cost Containment Development), Chicago, Ill. 60685; 312-822-5000; fax: 312-822-1454

Staff	
Physicians	47,904
Patients/physician	24
Board-certified	74%
Specialists	33,291
Facilities	
Hospitals	530
Users: Group Health	
Employer/payer groups	84
Employees & dependents	464,721
Users: Workers Compensation	
Employer/payer groups	11,440

Operational date: September 1986.
For profit.
Ownership: CNA Financial Corp.
Service area: Contracts with Private Healthcare Systems Inc. in Alabama, Arizona, California, Colorado, District of Columbia, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Missouri, New Jersey, Ohio, Oklahoma, Pennsylvania, Tennessee, Texas, Virginia, Washington and Wisconsin.
Services: Hospitalization, physician,substance abuse, psychiatric services, podiatry, obstetrics/gynecology.Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.

Continued on next page

Continued from previous page

Compensation: Negotiates hospital charges by a per diem rate, percent discount off customary rates and per case rates; is compensated by employers/payers; charges a flat fee per eligible employee for group health and percent of savings for workers compensation.

Control measures: Standard utilization review procedures. Utilization review provided by the PPO.

Officers: Ardyth Eisenberg, manager-cost containment development.

Contact: Carey Gonczy, 312-822-1655.

CIGNA Preferred Provider Organization-Chicago

1700 Higgins Road, Suite 600, Des Plaines, Ill. 60018; 708-699-5600; fax: 708-699-5675

Staff	
Physicians	2,940
Board-certified	85%
Marketing	10
Facilities	
Hospitals	66

Operational date: August 1987.

Service area: Eight counties surrounding Chicago and northwest Indiana.

Officers: Jack Rohfritch, regional managed care officer; Don Franke, provider relations.

Contact: Don Franke.

See CIGNA Preferred Provider Organization in Connecticut.

Co Health Inc.

160 N. Wacker Drive, Chicago, Ill. 60606; 312-201-9150; fax: 312-201-9185

Staff	
Administrative	7
Marketing	7
Facilities	
Hospitals	13,500
Pharmacies	5000
Users: Group Health	
Employees & dependents	250,000
Total users	**250,000**

Operational date: 1986.

For profit.

Service area: Nationwide except Hawaii and Alaska.

Services: Vision, dental, durable medical equipment. Services available unbundled. May be customized to meet employer specifications. Individual enrollment is allowed.

Compensation: Negotiates hospital charges by percent discount off customary rates; is compensated by no reimbursement, straight discounts; charges a flat fee per eligible employee.

Officers: Dr. Nicholas C. Caro, president/medical director; Robert J. Curry, executive director; Anne Bohrer, marketing director.

Contact: Anne Bohrer.

Cost Care Physician Managed Networks-Midwestern

2800 E. Higgins Road, Hoffman Estates, Ill. 60606; 708-843-2211

Service area: Chicago; Cleveland; Indianapolis; Milwaukee; St. Louis and Kansas City, Mo.; Cincinnati and Columbus, Ohio; Detroit; Minneapolis.

Contact: Norma Foote.

See Cost Care Managed Physician Network corporate listing in California.

Delta Dental Plan of Illinois

7321 W. Lake St., River Forest, Ill. 60305; 708-771-0800; fax: 708-771-0837

Staff	
Physicians	1,050
Specialists	150
Administrative	9
Marketing	22
Users: Group Health	
Employer/payer groups	67
Employees & dependents	30,294
Total users	**30,294**

Operational date: January 1988.

Not for profit.

Ownership: Delta Dental Plan of Illinois.

Service area: 11 counties in Illinois.

Services: Dental. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.

Compensation: Negotiates dental charges by percent discount off customary rates; is compensated by employers/payers; charges a premium per employee unit and per family unit.

Control measures: Utilization review includes precertification, retrospective review, case management and alternate treatment planning only. Utilization review provided by the PPO.

Officers: Harold L. Martin, president; Stephen Raibley, medical director; Robert L. Kiriakos, vp-marketing; Patricia Vance, vp-operations.

EPIQual/CCN Inc.

8725 W. Higgins Road, Suite 490, Chicago, Ill. 60631; 312-693-2273; fax: 312-693-5018

Staff	
Physicians	1,900
Board-certified	80%
Specialists	1,250
Administrative	12
Marketing	1
Facilities	
Hospitals	36
Users: Group Health	
Employer/payer groups	55
Employees & dependents	75,000
Users: Workers Compensation	
Employees	200,000
Total users	**275,000**

Operational date: January 1989.

For profit.

Service area: Boone, Cook, DuPage, Kane, Lake, McHenry, Ogle, Stephenson, Will and Winnebago counties in Illinois; Lake and Porter counties in Indiana.

Services: Hospitalization, physician, substance abuse, psychiatric services, podiatry, obstetrics/gynecology, immediate care centers.

Compensation: Charges a flat fee per eligible employee, percent of savings, some combination of methods.

Control measures: Standard utilization review procedures excluding discharge planning, second surgical opinion, hospital bill audits, outpatient service predetermination and case management. Utilization review provided by the Sunderbruch Corp.

Contact: Mike Altman.

See CCN Inc. in California.

First Commonwealth of Illinois Inc.

53 W. Jackson, Suite 215, Chicago, Ill. 60604; 312-427-6540; fax: 312-427-5487

Staff	
Physicians	650
Patients/physician	250
Specialists	95
Administrative	20
Marketing	10
Users: Group Health	
Employer/payer groups	44
Single coverage	38,000
Family coverage	13,000
Employees & dependents	105,000

Operational date: March 1988.

For profit.

Service area: 21 counties in Illinois.

Services: Dental. Services available unbundled. May be customized to meet employer specifications.

Compensation: Is compensated by employers/payers; charges a flat fee per eligible employee. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met.

Control measures: Retrospective review of encounter data. Utilization review provided by the PPO.

Officers: Christopher C. Multhauf, president/chief executive officer; David W. Mulligan, executive vp.

Contact: Barbara Maura, national account supervisor.

FOCUS Healthcare Management Inc.

1001 Craig Road, Suite 260, St. Louis, Mo. 63146; 314-569-9822; fax: 314-569-0552

Staff	
Physicians	700
Board-certified	80%
Specialists	700
Marketing	1
Facilities	
Hospitals	63
Diagnostic labs	4
Users: Workers Compensation	
Employer/payer groups	13

Operational date: January 1989.

Service area: 17 counties in Illinois.

Services: Hospitalization, physician, vision, dental, substance abuse, psychiatric services, durable medical equipment.

Compensation: Negotiates hospital charges by a per diem rate and percent discount off customary rates.

See FOCUS Healthcare Management Inc. corporate listing in Tennessee.

Freedom Plan

600 S. 13th St., Pekin, Ill. 61554; 309-353-0714; fax: 309-347-5453

Staff	
Physicians	55
Board-certified	85%
Specialists	33
Administrative	5
Marketing	1
Facilities	
Hospitals	1
Pharmacies	1
Diagnostic labs	1
Users: Group Health	
Employer/payer groups	20
Employees & dependents	32,000
Total users	**32,000**

Operational date: 1985.

For profit.

Ownership: Pekin Hospital and Pekin Area Physicians Assn.

Service area: Mason, McLean, Peoria, Tazewell and Woodford counties in Illinois.

Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.

Compensation: Negotiates hospital charges by a per diem rate, percent discount off customary rates and DRGs; is compensated by hospitals. The PPO will contract to receive a higher fee if savings are realized. Services groups under contract with Kepple & Co., Mutual Medical, Self Assurance Co. and Unland Companies.

Control measures: Utilization review provided by the Sunderbruch Corp.

Officers: David A. Schertz, president; Daniel Franklin, executive director; Dr. H. Ron Blair, medical director; Robert J. Moore, chief operating officer.

Contact: Daniel Franklin and Robert J. Moore.

HealthNetwork Inc.

1420 Kensington Road, Suite 203, Oak Brook, Ill. 60521; 708-954-2900; fax: 708-954-1518

Staff	
Physicians	5,300
Administrative	10
Marketing	5
Facilities	
Hospitals	100
Users: Group Health	
Employer/payer groups	230
Family coverage	190,906
Employees & dependents	441,977

Operational date: February 1985.

For profit.

Ownership: Illinois Masonic Medical Center, West Suburban Hospital, Little Co. of Mary Hospital, Mercy Hospital & Medical Center.

Service area: Illinois, Indiana, Iowa, Michigan, Wisconsin.

Services: Hospitalization, physician, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.

Compensation: Negotiates hospital charges by per diem rate, percent off customary rates, DRG, case rates for specific services; is compensated by employers/payers, insurers, claims administrators; charges a flat fee per eligible employee, percent of savings. The PPO will contract to receive a higher fee if savings are realized.

Control measures: Standard utilization review procedures. Utilization review provided by the PPO.

Officers: George C. Phillips Jr., president; Dr. Harold M. Sintov, medical director; Thomas C. Brechlin, marketing director; Donna Wolak, vp-finance.

LaborCare Inc.

7366 N. Lincoln, Suite 304, Lincolnwood, Ill. 60646; 708-675-7320; fax: 708-675-7325

Staff	
Administrative	3
Marketing	1
Facilities	
Hospitals	38
Diagnostic labs	24
Users: Group Health	
Employer/payer groups	2
Single coverage	12,280
Family coverage	37,900
Employees & dependents	125,450
Total users	**125,450**

Operational date: November 1988.

Not for profit.

Service area: 13 counties in Illinois; Scott County in Iowa; St. Louis, St. Charles, Butler, Kansas and Sedgwick counties in Missouri.

Services: Hospitalization, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, home health, prenatal, large case management. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.

Compensation: Negotiates hospital charges by a per diem rate and percent discount off customary rates; is compensated by jointly administered, union-employer funds; charges a flat fee per eligible employee. The PPO will contract to reduce its fee if savings are not met.

Control measures: Standard utilization review procedures, excluding precertification, length of stay determination. Utilization review provided by the PPO and Health Dynamics Inc.

Gross revenues: $4.2 million in 1990; $1.1 million in 1989.

Officers: Benjamin W. Cikanek, president; Frank J. Tenerello, marketing director.

Contact: Joseph N. Mohr.

Lincoln National Preferred Plan

747 E. 22nd St., Suite 100, Lombard, Ill. 60148; 708-916-8400; fax: 708-916-0852

Staff	
Physicians	1,725
Facilities	
Hospitals	45

Officers: Dr. John Blank, general manager; Peter Anderson, regional manager.

See Lincoln National Preferred Plan in Indiana.

MedView CompPro/MedView Services Inc.

555 W. Madison Ave., Suite 371; Chicago, Ill. 60606; 312-902-3765; fax: 312-902-3685

Staff	
Physicians	2,105
Board-certified	90%
Specialists	1,478
Administrative	15
Marketing	2
Facilities	
Hospitals	83
Users: Workers Compensation	
Employer/payer groups	13
Employees	1.2 million
Total users	**1.2 million**

See MedView CompPro/MedView Services Inc. in Michigan.

MetLife Network-Illinois

1375 E. Woodfield Road, Suite 110, Schaumburg, Ill. 60173; 708-619-2222

Contact: P. Kerry Finnegan, vp.

See MetLife Network in Connecticut.

Midwest Business Medical Assn.

5901 N. Cicero Ave, Suite 207, Chicago, Ill. 60646; 312-685-9299; fax: 312-685-4819

Staff	
Physicians	3,412
Patients/physician	350
Board-certified	100%
Specialists	1,632
Administrative	18
Marketing	9
Facilities	
Hospitals	92
Users: Group Health	
Single coverage	31,000
Family coverage	56,000
Employees & dependents	143,000
Users: Workers Compensation	
Employees	385,000
Total users	**528,000**

Operational date: 1984.

For profit.

Service area: Illinois, Iowa, Indiana, Nebraska, Wisconsin.

Services: Hospitalization, physician, vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, home health, rehabilitation, chiropractic. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.

Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates; is compensated by employers/payers, insurers; charges a flat fee per eligible employee, percent of savings, combination of flat fee/percent of saving. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met.

Control measures: Standard utilization review procedures including 24 hour client review management. Utilization review provided by the PPO and FOCUS Healthcare Management.

Officers: Noreen F. Orbach, president; James M. Golden, chief executive officer; Dr. Robert Babick and Nancy Peterson, medical directors; Tod A. Kruse, marketing director.

Midwest Vision Service Plan

1200 Jorie Blvd., Oak Brook, Ill. 60521; 708-990-5900; fax: 708-990-0144

Staff	
Physicians	1,300
Patients/physician	700
Administrative	41
Marketing	9
Users: Group Health	
Employer/payer groups	650
Single coverage	160,000
Family coverage	300,000
Employees & dependents	900,000
Total users	**900,000**

Operational date: April 1971.

Not for profit.

Service area: Illinois, Iowa, Missouri, Nebraska, South Dakota.

Services: Vision. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Is compensated by employers/payers; charges a flat fee per eligible employee, percent of claims paid. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met. Services groups under contract with CIGNA Health Plans, Share Health Plans, Blue Cross HMO Illinois).

Control measures: Utilization review procedures include peer review only. Utilization review provided by the PPO.

Gross revenues: $19 million in 1990; $16.5 million in 1989.

Officers: Daniel E. Morgan, president; Sharon Presutti, marketing director.

Participating Provider Option

233 N. Michigan Ave., Chicago, Ill. 60601; 312-938-6000; fax: 312-938-3868

Staff	
Physicians	12,520
Board-certified	100%
Administrative	4
Marketing	140
Facilities	
Hospitals	170
Users: Group Health	
Employer/payer groups	3,300
Single coverage	171,081
Family coverage	197,789
Employees & dependents	916,314
Total users	**916,314**

Operational date: January 1985.

Not for profit.

Ownership: Blue Cross/Blue Shield of Illinois.

Service area: Illinois.

Continued on next page

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Services: Hospitalization, physician, substance abuse, psychiatric services, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.

Compensation: Negotiates hospital charges by a per diem rate for inpatient care and a discount rate for outpatient care; is compensated by Blue Cross/Blue Shield of Illinois; charges employer group through contract for PPO service with Blue Cross Blue Shield of Illinois.

Control measures: Standard utilization review procedures. Utilization review provided by the PPO.

Officers: Raymond McCaskey, president/chief operating officer; Dr. Arnold Widen, medical director; Michael Siebold, vp-marketing services; Jon Shattuck, vp-hospital and professional affairs; Brad Buxton, vp-health services.

Preferred Care Network Inc. (PCN of Illinois)

7257 N. Lincoln Ave, Lincolnwood, Ill. 60646; 708-673-3113; fax: 708-679-4804

Staff	
Physicians	3,000
Patients/physician	150
Board-certified	95%
Specialists	1700
Administrative	42
Marketing	4
Facilities	
Hospitals	69
Pharmacies	700
Diagnostic labs	2
Users: Group Health	
Employer/payer groups	1,200
Employees & dependents	225,000
Users: Workers Compensation	
Employees	550,000
Total users	**775,000**

Operational date: September 1986.
For profit.
Service area: Illinois.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by a per diem rate; is compensated by employers/payers; charges a flat fee per eligible employee. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met.
Control measures: Standard utilization review procedures excluding hospital bill audits, outpatient service predetermination. Utilization review provided by the PPO.
Officers: Thomas H. Stateman, president; James Trainer, executive director; Rick Schugh, medical director; Nicholas A. Vasile, marketing director; Lynn Dowling, executive director-practice enhancement program; Bob Hofstadter, executive vp.
Contact: Nick Vasile.

Preferred Plan Inc.

160 N. Wacker Drive, Chicago, Ill. 60606; 708-564-0235; fax: 312-201-9185

Staff	
Physicians	2,700
Board-certified	80%
Specialists	1,300
Administrative	8
Marketing	4
Facilities	
Hospitals	65
Diagnostic labs	4
Users: Group Health	
Family coverage	160,000
Employees & dependents	385,000
Total users	**385,000**

Operational date: July 1983.
For profit.
Service area: Illinois and northwestern Indiana.
Services: Hospitalization, physician, substance abuse, psychiatric services. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by a per diem rate, percent discount off customary rates and DRGs; is compensated by employers/payers, insurers and claims administrators; charges a flat fee per eligible employee and percent savings.
Control measures: Standard utilization review procedures. Utilization review provided by outside contractors.
Officers: Robert J. Curry, president/marketing director; Stephanie M. Fretz, executive director; Dr. Nicholas C. Caro, medical director.
Contact: Stephanie M. Fretz.

Principal Health Care of Greater Chicago Inc.

310 S. Michigan, Ave., Suite 1300, Chicago, Ill. 60604; 312-294-6594; fax: 312-294-6591

Staff	
Physicians	1,800
Board-certified	85%
Administrative	1
Marketing	1
Facilities	
Hospitals	35
Diagnostic labs	1
Total users	**3,500**

Operational date: November 1991.
Ownership: Principal Health Care Inc.
Service area: Cook, DuPage, Kane, Lake, McHenry and Will counties in Illinois; Lake, Porter and St. Joseph counties in Indiana.
Officers: Kenneth Linde, president; Lee B. Green, executive director; Dr. Mel Museles, medical director; Michael Soto, marketing director.
See Principal Health Care Inc. in Maryland.

Private Healthcare Systems Ltd.

Regional Office, 10255 W. Higgins Road, Suite 260, Rosemont, Ill. 60018; 708-299-7560; fax: 708-299-2717

Staff	
Physicians	2,667
Facilities	
Hospitals	34

See Private Healthcare Systems Ltd. consolidated listing in Massachusetts.

ProAmerica Network Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669

Facilities	
Hospitals	87
Users: Group Health	
Employees and dependents	85,554

See ProAmerica Network Inc. in Texas.

PruCare Plus of Illinois

Columbia Centre II/9450 West Bryn Mawr, Rosemont, Ill. 60018; 708-671-8700; 708-671-6958

Staff	
Physicians	4,203
Patients/physician	95
Board-certified	70%
Specialists	3,061
Administrative	100
Marketing	55
Facilities	
Hospitals	57
Pharmacies	250
Diagnostic labs	15
Users: Group Health	
Employer/payer groups	839
Employees & dependents	109,959
Total users	**109,959**

Operational date: January 1986.
Ownership: The Prudential Insurance Co. of America.
Service area: Boone, Cook, DeKalb, Dupage, Grundy, Kane, Kankakee, Kendall, LaSalle, Lee, McHenry and Will counties in Illinois.
Services: Hospitalization, physician, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, X-ray, physical therapy, home health care, hospice, surgical centers, kidney stone centers, urgent care facilities.
Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates; is compensated by insurers; charges a variety of methods.
Officers: Scott Serota, vp-health care management; Tim DeWitt, director health care management; Dr. Henry Hollender, medical director; Mike Dooley, vp-group marketing.
See The Prudential Insurance Co. of America in New Jersey.

PruNetwork of Illinois

Columbia Centre II/9450 West Bryn Mawr, Rosemont, Ill. 60018; 708-671-8700; fax: 708-671-6958

Staff	
Physicians	3,345
Board-certified	70%
Specialists	2,449
Administrative	100
Marketing	55
Facilities	
Hospitals	57
Pharmacies	250
Diagnostic labs	15
Users: Group Health	
Employer/payer groups	1
Employees & dependents	868
Total users	**868**

Operational date: January 1991.
Ownership: The Prudential Insurance Co. of America.
Service area: Boone, Cook, DeKalb, Dupage, Grundy, Kankakee, Kane, Kendall, Lake, LaSalle, Lee, McHenry and Will counties.
Services: Hospitalization, physician, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, x-ray/lab, physical therapy, home health care, hospice, surgical centers, kidney stones centers, urgent care facilities.
Compensation: Negotiates hospital charges by a per diem rate, percent discount off customary rates; is compensated by insurers; charges a variety of methods.
Officers: Scott Serota, vp-health care management; Tim DeWitt, director-health care management; Dr. Henry Hollander, medical director; Mike Dooley, vp-group marketing.
See The Prudential Insurance Co. of America in New Jersey.

PsychCare Connections Inc.

7346 N. Montecello, Skokie, Ill. 60076; 708-679-2575; fax: 708-679-1274

Staff	
Physicians	45
Board-certified	80%
Specialists	400
Administrative	3
Marketing	2
Facilities	
Hospitals	10
Users: Group Health	
Employer/payer groups	160
Total users	**25,000**

Operational date: 1987.
For profit.
Service area: Cook, Will, Lake, DuPage, McHenry and Kane counties in Illinois.
Services: Hospitalization, physician, substance abuse, psychiatric services. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by a per diem rate, percent discount off customary rates for individual services and DRGs; is compensated by employers/payers and insurers; charges a flat fee per eligible employee and percent of savings. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met. Services groups under contract with Lincoln National.
Control measures: Standard utilization review procedures excluding second surgical opinion and hospital bill audits. Utilization review provided by the PPO.
Officers: Delores Kapral, president-executive director; Dr. Ronald Kirschner, medical director; Judith Lieberman, marketing director.
Contact: Judith Lieberman.

Rush Contract Care

33 E. Congress Parkway, Suite 701, Chicago, Ill. 60605; 312-347-0947; fax: 312-347-4500

Staff	
Physicians	1,900
Board-certified	100%
Administrative	20
Marketing	3
Facilities	
Hospitals	37
Users: Group Health	
Employer/payer groups	1,600
Employees & dependents	95,000

Operational date: September 1985.
Not for profit.
Ownership: Rush Presbyterian-St. Luke's Medical Center.
Accredited by AAPI.
Service area: Cook, Lake, DuPage, Kane, McHenry, Peoria, Porter and Will counties in Illinois; Lake and Porter counties in Indiana.
Services: Hospitalization, physician, vision, substance abuse, psychiatric services, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by a per diem rate, percent discount off customary rates; is compensated by employers/payers; charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures excluding hospital bill audits and including quality assurance and physician referral. Utilization review provided by the PPO.
Officers: Truman Esmond Jr., president/chief executive officer; Ms. Carolyn Lopez, medical director; Tracey Christman, manager-claims/client services; Sandra Drake, sales manager.

Travelers-Chicago

50 Shuman Blvd., Suite 400, Naperville, Ill. 60563; 708-983-2400

Staff	
Physicians	2,134
Facilities	
Hospitals	41
Users: Group Health	
Employer/payer groups	895
Employees & dependents	43,350

Operational date: June 1987.
Ownership: The Travelers Insurance Co.
Service area: Cook, DuPage, Kane, Lake, McHenry and Will counties.
Officers: Tim Dickman, director-operations, Josh Duffy, director-development; Matthew G. MacEwen and Joan M. Warner, sales managers.
See The Travelers Insurance Co. corporate listing in Connecticut.

INDIANA

Aetna Health Plans

600 Vine St., Suite 1810, P.O. Box 372, Cincinnati, Ohio 45202; 513-579-3390

Service area: Dearborn and Franklin counties in Indiana.
Contact: B.A. Turner, general manager.
See Aetna Health Plans corporate listing in Connecticut.

Aetna Health Plans

6081 E. 82nd St., Indianapolis, Ind. 46250; 317-845-2808

Service area: 28 counties in Indiana.
Contact: W.E. Walker Jr., general manager.
See Aetna Health Plans corporate listing in Connecticut.

Anthem Health Systems Inc.

5451 W. Lakeview Parkway South Drive, Indianapolis, Ind. 46268; 317-290-5600; fax: 317-290-5690

Staff	
Physicians	36,747
Patients/physician	89
Specialists	24,510
Administrative	400
Marketing	5
Facilities	
Hospitals	583
Users: Group Health	
Employees & dependents	2.3 million
Total users	**2.6 million**

Operational date: 1986.
For profit.
Ownership: Associated Group Insurance Co.
Service area: Arizona, California, Florida, Indiana, Nevada, Tennessee and Texas.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by a per diem rate, percent discount off customary rates and case rate; is compensated by employers/payers, insurers and claims administrators; charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures excluding hospital bill audits. Utilization review provided by the PPO.
Officers: Michael O. Bell, president; Martin R. Kreis, executive director (Texas); Lisa Getzfried, executive director (Indiana); Linda Rossi, executive director (California); Venessa Wood, executive director (Florida); Dr. Woodrow Myers, medical director; Judith Fleming, marketing director.
Contact: Judith Fleming.

Beech Street

2 Ada, Suite 200, Irvine, Calif. 92718; 714-727-1353; fax: 714-727-1793

Facilities	
Hospitals	11
Users: Group Health	
Employees & dependents	121,394

See Beech Street corporate listing in California.

CAPP Care Inc.

17390 Brookhurst, Suite 280, Fountain Valley, Calif. 92708; 714-963-8065; fax: 714-963-0549

Staff	
Physicians	773
Facilities	
Hospitals	13

Service area: Gary, Hammond, Indianapolis and Michigan City in Indiana.
See CAPP Care Inc. corporate listing in California.

CIGNA Preferred Provider Organization-Indiana

9200 Keystone Crossing, Third Floor, Indianapolis, Ind. 46290; 317-573-3190; fax: 317-573-3194

Staff	
Physicians	866
Board-certified	85%
Marketing	10
Facilities	
Hospitals	9

Operational date: April 1988.
Service area: Eight counties in Indianapolis area and two counties in South Bend, Ind., area.
Officers: Gordon Church, regional managed care officer; Jeffrey Kachmar, provider relations.
Contact: Jeffrey Kachmar.
See CIGNA Preferred Provider Organization in Connecticut.

Indiana Pro Health Network Inc.

8180 Clearvista Parkway, Suite 230, Indianapolis, Ind. 46256; 317-841-5501; fax: 317-588-7422

Staff	
Physicians	1,050
Board-certified	75%
Specialists	700
Administrative	13
Marketing	2
Facilities	
Hospitals	16
Pharmacy chains	1
Users: Group Health	
Employer/payer groups	45
Employees & dependents	60,000
Users: Workers Compensation	
Employer/payer groups	400

Operational date: 1985.
Not for profit.
Service area: Indiana.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.

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Compensation: Negotiates hospital charges by a per diem rate and percent discount of customary rates; is compensated by employers/payers, insurers and claims administrators; charges a flat fee per eligible employee. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met. Services groups under contract with group health insurance companies, TPAs and self-insured employers.

Control measures: Standard utilization review procedures including data analysis. Utilization review provided by the PPO and outside contractors of the payor's choice.

Officers: Ted E. Milkey, president; Julie A. Phegley, executive director; Dr. Tom Fisher and Dr. Sam Cramer, medical directors.

Contact: Ray Snider.

Lincoln National Preferred Plan*

1300 S. Clinton St., P.O. Box 2266, Fort Wayne, Ind. 46801; 219-455-2000

Staff	
Physicians	53,000
Facilities	
Hospitals	850
Users: Group Health	
Employees	435,000

Sponsorship: Lincoln National Life Insurance Co.

Service area: Arizona, Alabama, California, Colorado, District of Columbia, Georgia, Indiana, Illinois, Iowa, Kansas, Kentucky, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, New Jersey, North Carolina, South Carolina, Nebraska, Ohio, Oregon, Pennsylvania, Tennessee, Texas, Virginia, Washington, Wisconsin.

Officers: John P. Cole, chief executive officer Stephen K. Goldstone and Kevin F. Hickey, senior vps; Richard Vaughan, senior vp/chief financial officer.

* Figures are consolidated for all PPOs operated by Lincoln National Preferred Plan.

Lincoln National Preferred Plan

11595 N. Meridian St., Suite 200, Carmel, Ind. 46032; 317-573-6680; fax: 317-573-6688

Staff	
Physicians	1,710
Facilities	
Hospitals	25

Officers: Fran Prescott, general manager; Don Titcomb, regional manager.

See Lincoln National Preferred Plan consolidated listing in Indiana.

Lincoln National Preferred Plan

409 E. Cook Road, Suite 100, Fort Wayne, Ind. 46825; 219-455-3065; fax: 219-288-4348

Staff	
Physicians	1,800
Facilities	
Hospitals	40

Officers: Fran Prescott, general manager; John Shumlas, regional director.

See Lincoln National Preferred Plan consolidated listing in Indiana.

MedView CompPro/ MedView Services Inc.

32991 Hamilton Court, Farmington Hills, Mich. 48334; 313-488-5260; fax: 313-488-5262

Staff	
Physicians	2,385
Board-certified	90%
Specialists	1,635
Marketing	1
Facilities	
Hospitals	48
Users: Workers Compensation	
Employer/payer groups	5
Employees	320,000
Total users	**320,000**

See MedView CompPro/MedView Services Inc. in Michigan.

Preferred Care of Indiana

120 W. Market St., Indianapolis, Ind. 46204

Staff	
Physicians	6,536
Facilities	
Hospitals	81
Users: Group Health	
Employees & dependents	385,388

Operational date: April 1985.

Sponsorship: Blue Cross & Blue Shield of Indiana.

Service area: Indiana.

Control measures: Standard utilization review procedures excluding length of stay determination, retrospective review, hospital bill audits, outpatient service predetermination.

Private Healthcare Systems Ltd.

Regional Office, 8600 Governors Hill Drive, Suite 211, Cincinnati, Ohio 45249; 513-677-3200; fax: 513-677-3204

Staff	
Physicians	922
Facilities	
Hospitals	7

See Private Healthcare Systems Ltd. consolidated listing in Massachusetts.

ProAmerica Network Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669

Facilities	
Hospitals	14
Users: Group Health	
Employees and dependents	30,474

See ProAmerica Network Inc. in Texas.

Prudential Plus of Indiana

8332 Woodfield Crossing Blvd., Suite 200, Indianapolis, Ind. 46280; 317-469-8000; 317-469-8059

Staff	
Physicians	637
Patients/physician	77
Board-certified	74%
Specialists	409
Administrative	18
Marketing	12
Facilities	
Hospitals	11
Pharmacies	319
Diagnostic labs	16
Users: Group Health	
Employer/payer groups	179
Employees & dependents	17,014
Total users	**17,014**

Operational date: January 1991.

Ownership: The Prudential Insurance Co. of America

Service area: Boone, Hamilton, Hancock, Hendricks, Henry, Johnson, Marion, Madison, portions of Morgan, Montgomery, Putnam and Shelby counties in Indiana.

Services: Hospitalization, physician, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, X-ray/lab, physical therapy, home health care.

Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates; is compensated by insurers; charges vary.

Officers: Scott Serota, vp-health care management; Shirley Lady, director-health care management; Dr. John Dugan, medical director; Noreen Pritchett, marketing director.

See The Prudential Insurance Co. of America in New Jersey.

Travelers-Fort Wayne

50 Shuman Blvd., Suite 400, Naperville, Ill. 60503; 708-983-2400

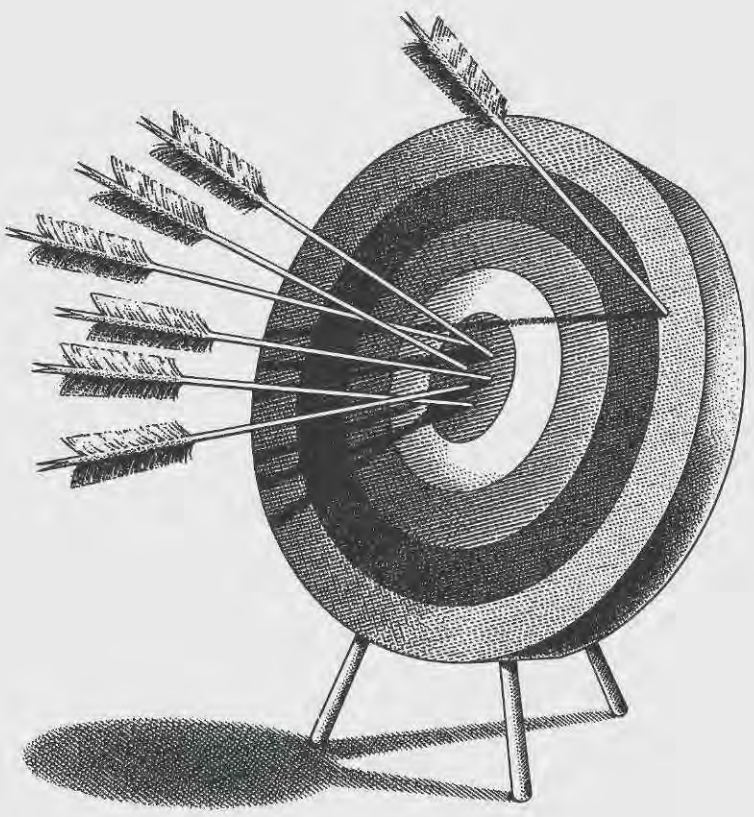
Staff	
Physicians	84
Facilities	
Hospitals	2
Users: Group Health	
Employer/payer groups	34
Employees & dependents	528

Operational date: February 1989.

Ownership: The Travelers Insurance Co.

Service area: Allen and Well counties in Indiana.

Continued on next page



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AN ALLIANCE OF GROUP PRACTICE HEALTH PLANS

100 Albany St., Suite 230, New Brunswick, New Jersey 08901

Continued from previous page

Officers: Tim Dickman, executive director; Scott R. Dennis, sales manager.

See The Travelers Insurance Co. corporate listing in Connecticut.

Travelers-Indianapolis

50 Shuman Blvd., Suite 400, Naperville, Ill. 60503; 708-983-2400

Staff	
Physicians	609
Facilities	
Hospitals	5
Users: Group Health	
Employer/payer groups	63
Employees & dependents	2,345

Operational date: February 1989.
Ownership: The Travelers Insurance Co.
Service area: Hancock, Hendricks, Johnson, Morgan, Boone, Shelby, Hamilton, Madison, Marion and Tippecanoe counties.
Officers: Tim Dickman, executive director; Scott R. Dennis, sales manager.

See The Travelers Insurance Co. corporate listing in Connecticut.

Travelers-Northwestern Indiana

50 Shuman Blvd., Suite 400, Naperville, Ill. 605563; 1-708-983-2400

Staff	
Physicians	314
Facilities	
Hospitals	5
Users: Group Health	
Employer/payer groups	44
Employees & dependents	1,846

Operational date: April 1990.
Ownership: The Travelers Insurance Co.
Service area: Elkhart, LaPorte, Lake, Porter and St. Joseph counties.
Officers: Tim Dickman, executive director; Scott R. Dennis, sales manager.

See The Travelers Insurance Co. corporate listing in Connecticut.

TriState Healthcare Partners

600 Mary St., Evansville, Ind. 47747; 812-428-7265; fax: 812-428-7258

Staff	
Physicians	220
Facilities	
Hospitals	3
Pharmacies	30
Diagnostic labs	3
Users: Group Health	
Employer/payer groups	7
Employees & dependents	15,000
Total users	**15,000**

Operational date: July 1985.
Not for profit.
Services: Hospitalization, physician, vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by a per diem rate, percent discount off customary rates and DRGs; is compensated by employers/payers, insurers and claims administrators; charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures. Utilization review provided by outside contractors.

VHA Tri-State Health Plans Inc.

8180 Clearvista Parkway, Suite 230, Indianapolis, Ind. 46250; 317-841-5501; fax: 317-588-7422

Staff	
Physicians	1,350
Administrative	13
Facilities	
Hospitals	28
Pharmacies	1 chain
Users: Group Health	
Employer/payer groups	3

Operational date: January 1991.
Not for profit.
Ownership: VHA Tri-State Inc.
Service area: Indiana.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by a per diem rate; is compensated by employers/payers.
Control measures: Standard utilization review procedures excluding preadmission hospital review, length of stay determination. Utilization review provided by the PPO.
Officers: Robert D. Ray, president; Dr. John May, medical director; George Wilson, marketing director.

IOWA

Aetna Health Plans

500 W. Court Ave., Des Moines, Iowa 50307; 515-245-5700

Service area: Pottawattamie County in Iowa.
Contact: S.E. Kleywegt.

See Aetna Health Plans corporate listing in Connecticut.

Alliance Select-Blue Cross & Blue Shield of Iowa

636 Grand Ave, Des Moines, Iowa 50309; 515-245-4500; fax: 515-245-4561

Facilities	
Hospitals	117
Users: Group Health	
Family & single coverage	168,775
Employees & dependents	275,522
Total users	**275,522**

Operational date: January 1987.
Not for profit.
Ownership: Blue Cross & Blue Shield of Iowa.
Service area: Iowa.
Services: Hospitalization, physician, substance abuse, psychiatric services, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by per diem rate; is compensated by employers/payers.
Control measures: Standard utilization review procedures excluding preadmission hospital review, length of stay determination. Utilization review provided by the PPO.
Officers: Robert D. Ray, president; Dr. John May, medical director; George Wilson, marketing director.

Beech Street

2 Ada, Suite 200, Irvine, Calif. 92718; 714-727-1353; fax: 714-727-1793

Facilities	
Hospitals	4
Users: Group Health	
Employees & dependents	39,817

See Beech Street in California.

CIGNA Preferred Provider Organization-Davenport

1700 Higgins Road, Suite 600, Des Plaines, Ill. 60018; 708-699-5600; 708-699-5675

Staff	
Marketing	10
Facilities	
Hospitals	4

Operational date: January 1990.
Service area: Davenport, Iowa; East Moline, Moline and Rock Island, Ill.
Services: Hospitalization.
Control measures: Standard utilization review procedures excluding second surgical opinion. Utilization review provided by the PPO and Intracorp, a wholly owned subsidiary.
Officers: Jack Rohfritch, regional managed care officer; Ron Cravern, provider relations.
Contact: Ron Craven.

See CIGNA Preferred Provider Organization in Connecticut.

FOCUS Healthcare Management Inc.

1001 Craig Road, Suite 260, St. Louis, Mo. 63146; 314-569-9822; fax: 314-569-0552

Staff	
Physicians	5
Board-certified	80%
Marketing	1
Facilities	
Hospitals	7

Operational date: September 1990.
Service area: Allamakee, Black Hawk, Cerro Gerde, Polk, Pottawattamie and Scott counties in Iowa.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment.

See FOCUS Healthcare Management Inc. corporate listing in Tennessee.

Midwest Business Medical Assn.

1225 E. River Drive, Davenport, Iowa 52803; 319-322-1021; fax: 319-322-2724

Staff	
Physicians	357
Patients/physician	771
Board-certified	100%
Specialists	148
Administrative	3
Facilities	
Hospitals	27
Users: Group Health	
Single coverage	7,800
Family coverage	12,000
Employees & dependents	37,000
Users: Workers Compensation	
Employees	18,000
Total users	**55,000**

Operational date: 1984.
For profit.
Service area: Iowa, Nebraska, northwest Illinois, southwest Wisconsin.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, home health, rehabilitations, chiropractic. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by a per diem rate, percent discount off customary rates; is compensated by employers/payers/insurers; charges a flat fee per eligible employee, percent of savings, combination flat and percent of savings. The PPO will contract to receive a higher fee if savings are realized.
Control measures: Standard utilization review procedures excluding second surgical opinion, hospital bill audits, and including 24-hour client reviews and reports. Utilization review provided by the PPO and FOCUS Healthcare Management
Officers: Noreen F. Orbach, president; James M. Golden, chief executive officer; Dr. Robert Babick and Nancy Peterson, medical directors; Tod A. Kruse, marketing director.

Mutual of Omaha-Des Moines

Mutual of Omaha Plaza, Omaha, Neb. 68175; 402-978-5100; fax: 402-978-2274

Staff	
Physicians	250
Board-certified	63%
Specialists	185
Administrative	8
Marketing	5
Facilities	
Hospitals	2
Diagnostic labs	2
Users: Group Health	
Employer/payer groups	10
Employees & dependents	1,000

Operational date: January 1990.
Service area: Des Moines, Iowa.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, radiology center, day surgery centers, home health agencies, infusion therapy services. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by a per diem rate defined by DRGs and percent discount off customary rates.
Control measures: Standard utilization review procedures including ambulatory medical review program. Utilization review provided by the PPO.

See Mutually Preferred consolidated listing in Nebraska.

ProAmerica Network Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669

Facilities	
Hospitals	10
Users: Group Health	
Employees and dependents	16,728

See ProAmerica Network Inc. in Texas.

KANSAS

Aetna Health Plans

2024 N. Woodlawn, Wichita, Kan. 67211; 316-688-9250

Service area: Butler, Cowley, Harvey, Reno, Sedgwick and Sumner counties in Kansas.

See Aetna Health Plans corporate listing in Connecticut.

Aetna Health Plans

7301 College Blvd., Suite 100, Overland Park, Kan. 66210; 913-661-3788

Service area: Johnson, Leavenworth and Wyandote counties in Kansas.
Contact: J.E. Vargus, manager.

See Aetna Health Plans corporate listing in Connecticut.

Beech Street

2 Ada, Suite 200, Irvine, Calif. 92718; 714-727-1353; fax: 714-727-1793

Facilities	
Hospitals	4
Users: Group Health	
Employees & dependents	27,374

See Beech Street in California.

FOCUS Healthcare Management Inc.

7400 College Blvd., Suite 210, Overland Park, Kan. 66210; 913-345-9733; fax: 913-345-8775

Staff	
Physicians	220
Board-certified	80%
Specialists	203
Marketing	2
Facilities	
Hospitals	28
Diagnostic labs	5
Users: Workers Compensation	
Employer/payer groups	25

Operational date: October 1989.
Service area: 11 counties in Kansas.
Services: Hospitalization, physician, vision, dental, substance abuse, psychiatric services, durable medical equipment.
Compensation: Negotiates hospital charges by a per diem rate and percent discount off customary rates.

See FOCUS Healthcare Management Inc. in Tennessee.

Preferred Chiropractic Care

555 N. McLean Blvd., Wichita, Kan. 67203; 316-263-7800

Staff	
Chiropractic physicians	100
Users: Group Health	
Employer/payer groups	300
Employees & dependents	250,000
Users: Workers Compensation	
Employer/payer groups	20
Employees	2,000
Total users	**252,000**

Operational date: February 1985.
For profit.
Service area: Kansas, Oklahoma, Texas, Louisiana and Florida.
Services: Chiropractic. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: The PPO is compensated by health care providers and insurers; charges a flat fee per eligible employee, percent of savings and percent of services rendered by participating doctors/hospitals. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met.
Control measures: Standard utilization review procedures including precertification, retrospective review, case management. Utilization review provided by the PPO.
Officers: Dr. Brad Dopps, president; Dennis E. Owens, executive director.

Preferred Health Care Inc.

345 Riverview Drive, Suite 600, Wichita, Kan.; 316-268-0345; fax: 316-268-0345

Staff	
Physicians	900
Board-certified	89%
Specialists	550
Administrative	15
Marketing	3
Facilities	
Hospitals	55
Diagnostic labs	12
Users: Group Health	
Employer/payer groups	334

Operational date: June 1984.
For profit.
Service area: Kansas.
Services: Hospitalization, physician, vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, home health care, home infusion therapy, chiropractic, MRI, physical therapy, occupational therapy, hospice, orthotic and prosthetics, ambulatory surgery. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates and DRGs; is compensated by employers/payers and health care providers; charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures excluding second surgical opinion. Utilization review provided by the PPO and outside contractors.
Officers: Marlon R. Dauner, president; Gary L. Williams, marketing director.

Preferred Health Professionals

4400 College Blvd., Suite 300, Overland Park, Kan. 66211; 913-339-4400; fax: 913-339-3804

Staff	
Physicians	1,187
Patients/physician	343
Board-certified	74%
Specialists	796
Administrative	34
Marketing	4
Facilities	
Hospitals	21
Pharmacies	33
Users: Group Health	
Employees & dependents	143,904
Total users	**143,904**

Operational date: April 1983.
Not for profit.
AAPI accreditation pending.
Service area: Allen, Johnson, Leavenworth and Wyandotte counties in Kansas; Carroll, Cass, Clay, Henry, Jackson, Johnson, Lafayette, Linn, Platte and Ray counties in Missouri.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by a per diem rate and percent discount off customary rates; is compensated by employers/payers, health care providers, insurers, and claims administrators; charges a flat fee per eligible employee. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met.
Control measures: Standard utilization review procedures excluding second surgical opinion. Utilization review provided by the PPO.
Gross revenues: $68.1 million in 1990.
Officers: Sylvia C. Dochterman, interim president and vp-marketing/development; Dr. Abe Braverman, medical director; Barbara Potter, chief operating officer.
Contact: Sylvia C. Dochterman.

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Preferred Mental Health Inc.

2108 W. 75th St., Prairie Village, Kan. 66208; 913-677-1642; fax: 913-677-1109

Staff	
Psychiatrists	52
Board-certified	97%
Psychologists	84
Administrative	4
Marketing	1
Facilities	
Hospitals	49
Diagnostic labs	1
Users: Group Health	
Employer/payer groups	13
Employees & dependents	47,800
Total users	**47,800**

Operational date: April 1987.
For profit.
Service area: California, Colorado, Florida, Illinois, Kansas, Missouri, Oklahoma, Texas.
Services: Substance abuse, psychiatric services. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by a per diem rate and percent discount off customary rates; is compensated by employers/payers; charges a flat fee per eligible employee and percent of savings. The PPO will contract to adjust its fees based on the savings realized or not realized. Services groups under contract with Business Mens Assurance Co. and American Benefit Plan Administrators.
Control measures: Standard utilization review procedures excluding retrospective review, second surgical opinion, hospital bill audits, outpatient service predetermination, case management. Utilization review provided by the PPO.
Officers: Thomas J. Fitzgerald, president/chief executive officer; Steve Beaumont, marketing director.

Preferred Vision Care

8695 College Blvd., Suite 220, Overland Park, Kan. 66210; 913-451-1672; fax: 913-451-1704

Staff	
Physicians	3,300
Board-certified	100%
Specialists	330
Administrative	10
Marketing	4
Facilities	
Diagnostic labs	185
Users: Group Health	
Employer/payer groups	15,000
Single coverage	350,000
Family coverage	800,000
Employees & dependents	2 million

Operational date: February 1987.
For profit.
Service area: Nationwide.
Services: Vision, dental, pharmacy. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by wholesale cost plus dispensing fee; is compensated by employer/payers; charges a flat fee per employee.
Control measures: Retrospective review. Utilization review provided by the PPO.
Officers: Paul J. Disser, president; Robert J. Feher, executive director, Michele G. Disser, medical director; Brent Fushimi, marketing director-Eastern region; Jeff Zuckerman, marketing director-Western region.

Prescription Network of Kansas

1308 W. 10th St., Topeka, Kan. 66604; 913-232-1712; fax: 913-232-3764

Staff	
Administrative	3
Marketing	2
Facilities	
Pharmacies	801
Users: Group Health	
Employer/payer groups	5
Employees & dependents	404,000
Total users	**404,000**

Operational date: October 1985.
Not for profit.
Ownership: Kansas Pharmacy Service Corp.
Service area: Arizona, Arkansas, California, Colorado, Illinois, Kansas, Missouri, Nebraska, Nevada, Oklahoma and Texas.
Services: Prescription drug benefit management and consulting, prescription drug claims processing and administration, drug utilization review. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: The PPO is compensated by employers/payers and claims administrators; charges a flat fee per eligible employee and administrative charge per claim processed.
Control measures: Drug utilization review. Utilization review provided by the PPO and QA Inc.
Officers: Larry Courtney, president; Peter Stern, executive director; Kent Richardson, marketing director.
Contact: Peter Stern.

Private Healthcare Systems Ltd.

Regional Office, 10255 W. Higgins Road, Suite 260, Rosemont, Ill. 60018; 708-299-7560; fax: 708-299-2717

Staff	
Physicians	1,248
Facilities	
Hospitals	18

See Private Healthcare Systems Ltd. consolidated listing in Massachusetts.

ProAmerica Network Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669

Facilities	
Hospitals	4
Users: Group Health	
Employees and dependents	13,682

See ProAmerica Network Inc. in Texas.

Prudential Health Care Plan Inc. of Topeka

Plaza West, North Building 4600 Madison Ave., Suite 300, Kansas City, Mo. 64112; 816-756-5588; fax: 816-561-5667

Staff	
Physicians	50
Patients/physician	67
Board-certified	88%
Specialists	53
Administrative	39
Marketing	12
Facilities	
Hospitals	1
Pharmacies	3
Diagnostic labs	1
Total users	**3,365**

Operational date: February 1988.
Ownership: The Prudential Insurance Co. of America.
Service area: Douglas, Jackson, Jefferson, Pattawatomie, Shawner, Osage, Wabarensee counties in Kansas.
Services: Hospitalization, physician, vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology.
Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates; is compensated by employers/payers; charges a flat fee per eligible employee.
Officers: Dave Dingley, director; Michael Eve, regional group manager; Dr. Joseph Palazola, medical director.

See The Prudential Insurance Co. of America in New Jersey.

Travelers-Kansas City

9200 Indian Creek Parkway, Suite 500, Overland Park, Kan. 66210; 913-345-8167

Staff	
Physicians	1,029
Facilities	
Hospitals	12
Users: Group Health	
Employer/payer groups	98
Employees & dependents	3,606

Operational date: October 1987.
Ownership: The Travelers Insurance Co.
Service area: Johnson, Cass and Wyandotte counties in Kansas; Clay, Jackson and Platte counties in Missouri.
Officers: Denise Palmer, executive director; Frank L. Zima, ebd sales manager.

See The Travelers Insurance Co. corporate listing in Connecticut.

Wichita Preferred Provider Associates

1102 S. Hillside, Wichita, Kan. 67211; 316-683-4111; fax: 316-683-1606

Staff	
Physicians	820
Patients/physician	156
Board-certified	78%
Specialists	532
Administrative	2.5
Facilities	
Hospitals	19
Diagnostic labs	7
Users: Group Health	
Employer/payer groups	14
Employees & dependents	45,000
Total users	**45,000**

Operational date: October 1985.
For profit.
Ownership: Medical Society Medical Review Foundation.
Service area: Kansas, excluding Kansas City.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, workers compensation. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates, DRGs; is compensated by employers/payers; charges a flat fee per eligible employee. Services groups under contract with 491 TPAs and insurers.
Control measures: Standard utilization review procedures excluding length of stay determination, hospital bill audits. Utilization review provided by the PPO.
Officers: James M. Van Milligen, program director; Dr. Robert Norris, medical director.
Contact: James M. Van Milligen.

KENTUCKY

Aetna Health Plans

600 Vine St., Suite 1810, Cincinnati, Ohio 45202; 513-579-3390

Service area: Boone, Campbell and Kenton counties in Kentucky.
Contact: B.A. Turner, general manager.

See Aetna Health Plans corporate listing in Connecticut.

Aetna Health Plans

6081 E. 82nd St., Indianapolis, Ind. 46250; 317-845-2808

Service area: Henderson and Union counties in Kentucky.
Contact: W.E. Chalker Jr., general manager.

See Aetna Health Plans corporate listing in Connecticut.

Beech Street

2 Ada, Suite 200, Irvine, Calif. 92718; 714-727-1353; fax: 714-727-1793

Facilities	
Hospitals	13
Users: Group Health	
Employees & dependents	24,885

See Beech Street in California.

Humana Health Care Plans

500 W. Main St., Humana Building, Louisville, Ky. 40201; 502-580-1000; fax: 502-580-4106

Total users	**1.6 million**

For profit.
Ownership: Humana Inc.
Service area: Alabama, Arizona, California, Colorado, Florida, Indiana, Kentucky, Louisiana, Nevada, Tennessee and Texas.
Services: Hospitalization, physician, psychiatric services, durable medical equipment, obstetrics/gynecology, pharmaceutical. Individual enrollment is allowed.
Officers: Wayne T. Smith, executive vp-health care.

Humana Health Plan Inc.

Waterside Building, 101 E. Main St., Louisville, Ky. 40202; 502-580-5005; fax: 502-580-5043

Total users	**132,861**

Officers: Vicky Hatfield, associate executive director; Jim Moser, sales manager.

See Humana Health Care Plans corporate listing in Kentucky.

Humana Health Plan Inc.

101 Prosperous Place, Suite 300, Lexington, Ky. 40509; 606-263-1400; fax: 606-263-1488

Total users	**40,318**

Officers: Betty Chowning, executive director; Katherine Congleton, sales manager; Dr. Timothy Costitch, medical director.

See Humana Health Care Plans corporate listing in Kentucky.

Option 2000

9901 Linn Station Road, Louisville, Ky. 40223

Facilities	
Hospitals	111
Users: Group Health	
Employees & dependents	244,116

Operational date: December 1984.
Sponsorship: Blue Cross & Blue Shield of Kentucky.
Service area: Kentucky.
Control measures: Standard utilization review procedures excluding length of stay determination, retrospective review, hospital bill audits, outpatient service predetermination.

Preferred Health Plan Inc.

10001 Linn Station Road, Louisville, Ky. 40223; 502-339-7500; fax: 502-339-8712

Staff	
Physicians	900
Board-certified	80%
Specialists	772
Administrative	12
Marketing	2
Facilities	
Hospitals	6
Users: Group Health	
Employees & dependents	65,000
Total users	**65,000**

Operational date: January 1990.
For profit.
Ownership: The Physicians Inc., Alliant Health Systems, Baptist Hospital, Jewish Hospital, Sts. Mary & Elizabeth Hospital.
Service area: Bullitt, Hardin, Jefferson, Meade, Nelson, Oldham, Shelby and Spencer counties in Kentucky; Clark, Floyd and Harrison counties in Indiana.
Services: Hospitalization, physician, substance abuse, psychiatric services, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by a per diem rate and percent discount off customary rates; is compensated by employers/payers, insurers and claims administrators; charges a flat fee per eligible employee. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met. Services groups under contract with Aetna, Association Life, Farm Bureau of Indiana, Mass Mutual, Private Healthcare Systems Ltd. and The Prudential Insurance Co. of America.
Control measures: Standard utilization review procedures. Utilization review provided by the PPO.
Officers: Bernard A. Tamme, president; Dr. S. Lyle Graham, medical director; Patrick F. Galla, marketing director; Thomas L. Sears, chief financial officer.

Private Healthcare Systems Ltd.

20 Maguire Road, Lexington, Mass. 02173; 617-861-5500; fax: 617-861-5772

Staff	
Physicians	754
Facilities	
Hospitals	7

See Private Healthcare Systems Ltd. consolidated listing in Massachusetts.

ProAmerica Network Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669

Facilities	
Hospitals	20
Users: Group Health	
Employees and dependents	18,186

See ProAmerica Network Inc. in Texas.

LOUISIANA

Aetna Health Plans

3838 N. Causeway Blvd., Lakeway 3, Suite 2400, Metairie, La. 70002; 504-837-8744; fax: 504-833-0812

Service area: Orleans, Jefferson, St. Bernard, St. Tammany, St. Johns, St. Charks and Plaquemines parishes.
Officers: John Pearce, market manager; Ross Urooman, general manager.

See Aetna Health Plans corporate listing in Connecticut.

American Lifecare

650 Poydras St., Suite 1150, New Orleans, La.; 504-561-0600; fax: 504-522-5503

Staff	
Physicians	1,036
Patients/physician	340
Board-certified	94%
Specialists	520
Facilities	
Hospitals	32
Diagnostic labs	6
Users: Group Health	
Employees & dependents	162,000
Users: Workers Compensation	
Employer/payer groups	2
Employees	9,000
Total users	**171,000**

Operational date: September 1983.
For profit.
Service area: Louisiana and Mississippi.
Services: Hospitalization, physician, vision, substance abuse, psychiatric services, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by a per diem rate, percent discount off customary rates and DRGs; is compensated by employers/payers, insurers and claims administrators; charges a flat fee per eligible employee and percent of savings. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met.
Control measures: Standard utilization review procedures. Utilization review provided by outside contractors.
Officers: Ed Michael Reggie, president; Nan M. Wallis, executive director; Dr. Theodore Borgman Jr., medical director; Sylvia G. Murphy, director-provider relations; Vicki Iiams, claims/customer service manager.

Beech Street

2 Ada, Suite 200, Irvine, Calif. 92718; 714-727-1353; fax: 714-727-1793

Facilities	
Hospitals	43
Users: Group Health	
Employees & dependents	42,305

See Beech Street in California.

CAPP Care Inc.

17390 Brookhurst, Suite 280, Fountain Valley, Calif. 92708; 714-963-8065; fax: 714-963-0549

Staff	
Physicians	1,024
Facilities	
Hospitals	30

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Service area: Baton Rouge, Lafayette, Lake Charles, New Orleans and Shreveport in Louisiana.

See CAPP Care Inc. in California.

CCN Inc.

3850 N. Causeway Blvd., Suite 210, Metairie, La. 70002; 504-836-7582; fax: 504-836-5274

Staff	
Physicians	925
Board-certified	90%
Specialists	555
Administrative	2
Marketing	1
Facilities	
Hospitals	9
Users: Group Health	
Employer/payer groups	15
Employees & dependents	7,700
Total users	**7,700**

Operational date: November 1990.

For profit.

Service area: Greater New Orleans Area (Jefferson, Orleans, St. John the Baptist and St. Tammany parishes).

Services: Hospitalization, physician, psychiatric services, obstetrics/gynecology.

Compensation: Charges a combination of methods.

Control measures: Standard utilization review procedures excluding discharge planning, second surgical opinion, hospital bill audits, outpatient service predetermination and case management. Utilization review provided by Sunderbruch Corp.

Contact: Charles Brewer.

See CCN Inc. in California.

CIGNA Preferred Provider Organization-New Orleans

111 Veterans Blvd., Heritage Plaza, Suite 1424, Metairie, La. 70005; 504-832-1993; fax: 504-831-7499

Staff	
Physicians	332
Board-certified	85%
Marketing	10
Facilities	
Hospitals	12

Operational date: January 1987.

Service area: Eight counties in New Orleans area.

Officers: Harry Chapman, regional managed care officer; Lori Climer, provider relations.

Contact: Lori Climer.

See CIGNA Preferred Provider Organization in Connecticut.

First Choice Health Plan

P.O. Box 8029, Baton Rouge, La. 70898-9029; 504-295-3307; fax: 504-295-2054

Staff	
Physicians	3,695
Specialists	2,586
Facilities	
Hospitals	36
Diagnostic labs	29
Users: Group Health	
Employer/payer groups	871
Employees & dependents	76,835
Total users	**76,835**

Operational date: January 1985.

Not for profit.

Ownership: Blue Cross & Blue Shield of Louisiana.

Service area: Louisiana.

Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, home health, skilled nursing, ambulatory surgery, hospice, ambulance. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by per diem rate, discount charges; is compensated by employers/payers.

Control measures: Standard utilization review procedures excluding discharge planning, second surgical opinion, outpatient service predetermination.

Officers: Aaron J. Johnston, president; Dr. Philip Castro, medical director; Richard J. Hale Sr., vp-marketing/provider contracting.

Contact: Joe B. Manry Jr., vp-provider contracting, 504-295-2265.

FOCUS Healthcare Management Inc.

5947 S. Shore Drive, Baton Rouge, La. 70817; 504-752-7617; fax: 504-752-8625

Staff	
Physicians	47
Board-certified	80%
Specialists	47
Marketing	1
Facilities	
Hospitals	36
Diagnostic labs	1
Users: Workers Compensation	
Employer/payer groups	29

Operational date: January 1990.

Service area: 16 counties in Louisiana.

Services: Hospitalization, physician, vision, dental, substance abuse, psychiatric services.

Compensation: Negotiates hospital charges by a per diem rate and percent discount off customary rates.

See FOCUS Healthcare Management Inc. corporate listing in Tennessee.

Gulf South Health Plans Inc.

5615 Corporate Blvd., Suite 4, Baton Rouge, La. 70808; 504-927-7212; fax: 504-922-9241

Staff	
Physicians	449
Patients/physician	100
Board-certified	81%
Specialists	312
Administrative	85
Marketing	7
Facilities	
Hospitals	11
Pharmacies	125
Diagnostic labs	4
Users: Group Health	
Employer/payer groups	16
Single coverage	2,833
Family coverage	3,360
Employees & dependents	12,572
Total users	**12,572**

Operational date: January 1988.

For profit.

Ownership: General Health Inc.

Service area: 12 parishes in Louisiana.

Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by a per diem rate and percent discount off customary rates; is compensated by employers/payers and insurers; charges a flat fee per eligible employee. Service groups under contract with Gulf South Administrative Services Inc. and national insurance companies including U.S. Life.

Control measures: Standard utilization review procedures. Utilization review provided by the PPO.

Gross revenues: $10.4 million in 1990; $9.8 million in 1989.

Officers: Patrick C. Powers, president/chief executive officer; Dr. R. Dwight Brower, medical director; Charles D. Calvi Jr., senior vp-marketing; Jack W. Walker, senior vp-operations.

Contact: Charles D. Calvi Jr.

Healthcare Advantage

3509 Chestnut St., New Orleans, La. 70115; 504-897-8686; fax: 504-897-8928

Staff	
Physicians	1,500
Board-certified	87%
Administrative	18
Marketing	4
Facilities	
Hospitals	51
Pharmacy chains	3
Diagnostic labs	3
Users: Group Health	
Employer/payer groups	137
Single coverage	7,500
Family coverage	10,000
Employees & dependents	40,400
Users: Workers Compensation	
Employees	9,600
Total users	**50,000**

Operational date: June 1989.

For profit.

Ownership: Touro Infirmary.

Service area: Florida, Louisiana and Mississippi.

Services: Hospitalization, physician, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.

Compensation: Negotiates hospital charges by a per diem rate, percent discount off customary rates and DRGs; is compensated by employers/payers and insurers; charges a flat fee per eligible employee. The PPO will contract to reduce its fee if savings are not met. Services groups under contract with American Underwriters Life, Employers Health, Lamar Life and Lincoln National Life.

Control measures: Standard utilization review procedures excluding hospital bill audits. Utilization review provided by the PPO.

Officers: Jane Cooper, president/executive director; Dr. Alonso Drodene, medical director; Adele Matherne, marketing director.

Humana Health Care Plans

1 Galeria Blvd., Suite 1713, Metarie, La. 70001; 504-835-5474; fax: 504-835-6224

Users: Group Health	
Employees & dependents	193

Officers: David Giles, executive director; Jeff Reagan, sales director.

See Humana Health Care Plans in Kentucky.

MetLife Network-Louisiana

5 Post Oak Park, Suite 2120, Houston, Texas 77027-3416; 713-961-9944

Contact: William S. Woodside, vp.

See MetLife Network in Connecticut.

Principal Health Care of Louisiana Inc

3421 N. Causeway Blvd., Suite 600, Metairie, La. 70002; 504-834-0840; fax: 504-834-2694

Staff	
Physicians	689
Board-certified	75%
Administrative	1
Marketing	1
Facilities	
Hospitals	19
Diagnostic labs	1
Total users	**9,177**

Operational date: July 1988.

Ownership: Principal Health Care Inc.

Service area: Jefferson, Placquemines, Orleans, St. Bernard and St. Tammany parishes in Louisiana.

Officers: Kenneth Linde, president; Barry Baker, executive director; Dr. Mel Museles, medical director; Michael Soto, marketing director.

See Principal Health Care Inc. in Maryland.

Private Healthcare Systems Ltd.

Regional Office, Xerox Center, Suite 2120, 333 W. Las Colinas Blvd., Irving, Texas 75039; 214-869-1451; fax: 214-869-2327

Staff	
Physicians	653
Facilities	
Hospitals	6

See Private Healthcare Systems Ltd. consolidated listing in Massachusetts.

ProAmerica Southeast Region

2600 Lake Lucien Drive, Suite 200, Maitland, Fla. 32751; 800-253-3397

Facilities	
Hospitals	45
Users: Group Health	
Employees and dependents	17,704

Contact: Greg O'Driscoll.

See ProAmerica Network Inc. in Texas.

Southeast Medical Alliance

111 Veterans Memorial Blvd., Suite 230, Metairie, La. 70005; 504-837-7374; fax: 504-837-9063

Staff	
Physicians	1,253
Patients/physician	225
Board-certified	98%
Administrative	17
Marketing	5
Facilities	
Hospitals	39
Users: Group Health	
Employer/payer groups	110
Family coverage	40,000
Employees & dependents	100,000
Total users	**100,000**

Operational date: July 1988.

Not for profit.

Ownership: Lakeside Hospital, Memorial Hospital, Slidell Hospital, Southern Baptist Hospital, Tulane University Medical Center and West Jefferson Hospital.

Service area: Louisiana; Conway, Little Rock and North Little Rock counties in Arkansas; Hattiesburg, Jackson and Vicksburg counties in Mississippi.

Services: Hospitalization, physician, vision, dental, substance abuse, psychiatric services, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by a per diem rate, percent discount off customary rates and DRGs; is compensated by employers/payers; charges a flat fee per eligible employee and percent of savings. Services groups under contract with American Heritage Life, American Insurance Consultants Inc., Bankers Life and Casualty, Benefits Claims Payors Inc., Employee Benefit Plans Inc., Gilsbar Inc., Mutual of Omaha, Pan American Life, Plan Administrators Inc., Provident Life & Accident.

Control measures: Utilization review provided by outside contractors.

Officers: Robert P. Atkinson, president; Barbara Louviere, executive director; Dr. Frentz, medical director; John Dawes, marketing officer.

Contact: John Dawes or Penny Schindler.

Travelers-New Orleans

Galleria One, Suite 2100, Galleria Blvd., Metairie, La. 70001; 504-836-5555

Staff	
Physicians	638
Facilities	
Hospitals	13
Users: Group Health	
Employer/payer groups	131
Employees & dependents	11,309

Operational date: December 1987.

Ownership: The Travelers Insurance Co.

Service area: Iberia, Jefferson, LaFourche Orlean, Plaquemines, St. Bernard, St. Charles, St. John the Baptist, St. Mary, St. Tammany, Terrebonne parishes in Louisiana.

Officers: Gayle George, executive director; Richard C. Spears, sales manager.

See The Travelers Insurance Co. corporate listing in Connecticut.

MAINE

Medical Network Inc.

P.O. Box 15253, Portland, Maine 04101; 207-773-5116; fax: 207-773-1739

Staff	
Physicians	265
Board-certified	95%
Specialists	165
Administrative	2
Facilities	
Pharmacies	80
Diagnostic labs	2
Users: Group Health	
Employer/payer groups	175

Operational date: February 1988.

For profit.

Service area: Androscoggin, Cumberland and York counties in Maine.

Services: Hospitalization, physician, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.

Compensation: Negotiates hospital charges by DRGs; is compensated by insurers and claims administrators; charges a flat fee per eligible employee. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met. Services groups under contract with Benefit Management of Maine, Lincoln National and U.S. Life Insurance Co.

Control measures: Standard utilization review procedures excluding

Continued on next page

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Continued from previous page
hospital bill audits, outpatient service predetermination, case management. Utilization review provided by outside contractors.

Officers: Dr. William Maxwell, president; Joseph Bean, executive director; Dr. Robert Kramer, medical director.

ProAmerica Network Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669

Users: Group Health	
Employees and dependents	5,776

See ProAmerica Network Inc. in Texas.

Synernet Quality Health Plan

222 St. John St., Portland, Maine 04103; 207-772-4208; fax: 207-775-3415

Staff	
Physicians	529
Specialists	369
Administrative	2
Facilities	
Hospitals	10
Diagnostic labs	4
Users: Group Health	
Employer/payer groups	2
Employees & dependents	3,345
Total users	**3,345**

Operational date: February 1988.
For profit.
Service area: Maine.

Services: Hospitalization, physician, substance abuse, psychiatric services, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: The PPO is compensated by employers/payers and insurers; charges a flat fee per eligible employee and percent of savings. Services groups under contract with NCAB Maine and North American Administrators.

Control measures: Standard utilization review procedures excluding retrospective review, hospital bill audits, outpatient service predetermination, case management. Utilization review provided by the PPO.

Officers: Jacquelyn Adamo, president/executive director; Dr. Douglas C. Aiken, medical director; Dr. Steven Hess, vp; Russell Peterson, treasurer.

MARYLAND

Aetna Health Plans

200 St. Paul Place, Baltimore, Md. 21201; 301-332-7418; fax: 410-332-7449

Service area: Anne Arundale, Carroll, Cecil, Baltimore, Harford, Howard, Frederick, Washington, Prince Georges and Montgomery counties in Maryland.

Contact: Katie Kelly, manager.

See Aetna Health Plans corporate listing in Connecticut.

Alliance PPO Inc.

4 Taft Court, Rockville, Md. 20850; 301-294-5147; fax: 301-762-6132

Staff	
Physicians	6,036
Board-certified	85%
Specialists	3,600
Administrative	3
Marketing	3
Facilities	
Hospitals	80
Diagnostic labs	35
Users: Group Health	
Employer/payer groups	530
Single coverage	35,226
Family coverage	28,469
Employees & dependents	159,236
Total users	**159,236**

Operational date: May 1988.
For profit.
Ownership: Mid Atlantic Medical Services Inc.

Service area: Maryland; Washington, D.C.; Loudon, Arlington, Fairfax, Prince William, Stafford, Spotsylvania, Caroline, Hanover, Henrico, Goochland, Richmond City, Houpton, Norfolk, Virginia Beach, Portsmouth, Delaware and Sussex counties in Virginia.

Services: Hospitalization, physician, vision, dental, substance abuse, psychiatric services, podiatry, obstetrics/gynecology, lab, radiology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.

Compensation: Negotiates hospital charges by a per diem rate and percent discount off customary rates; is compensated by employers/payers, insurers and claims administrators; charges a flat fee per eligible employee.

Control measures: Standard utilization review procedures. Utilization review provided by the PPO.

Gross revenues: $660,000 in 1990; $325,000 in 1989.

Officers: George Jochum, president; Dr. Mark Gruban, executive director; Dr. Eric Baugh, medical director; Steve Murfin, vp.

American International Healthcare/Options for Healthcare

30 W. Gude Drive, Fifth Floor, Rockville, Md. 20850; 301-738-7309; fax: 301-251-2957

Service area: Contracts with Affordable Healthcare, Alabama Medical Coalition, Alliance PPO, HealthNet, Lincoln National Health Plan, MedView/CompPro, National Medical Enterprises, OUCH, Preferred Care, Preferred Health Partnership, Southcare Medical Alliance, Strategic Provider Area Network, The Queen's Health Care Plan, ValueNet and Virginia Health Network in Alabama, Arkansas, Arizona, California, Colorado, District of Columbia, Florida, Georgia, Hawaii, Illinois, Indiana, Kansas, Louisiana, Massachusetts, Maryland, Michigan, Missouri, New Mexico, Nevada, Oklahoma, Oregon, Pennsylvania, South Dakota, Tennessee, Texas, Utah and Virginia.

Contact: Gina Gatti, sales manager.

Blue Cross & Blue Shield of Maryland (Preferred Provider Network)

10455 Mill Run Circle, Owings Mills, Md. 21117; 410-581-3000

Staff	
Physicians	4,300
Specialists	3,000
Facilities	
Hospitals	80
Diagnostic labs	34
Users: Group Health	
Employer/payer groups	3,800
Employees & dependents	338,000
Total users	**338,000**

Operational date: July 1985.
Not for profit.
Ownership: Blue Cross & Blue Shield of Maryland.

Service area: Maryland.

Services: Hospitalization, physician, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Hospital charges are state regulated; is compensated by insurers, claims administrators; charges a flat fee per eligible employee.

Control measures: Standard utilization review procedures. Utilization review provided by the PPO.

Officers: Carl Sardegna, chairman/president; Charles Vadekin II, chief operating officer; Dr. Arthur Keefe, vp; Rita Costello, marketing director; Stephen Bailey, senior vp; Dr. Daniel McCrone, vp.

CMG Health

25 Crossroad Drive, Owings Mills, Md. 21117; 301-581-5000; fax: 301-581-5007

Staff	
Physicians	970
Board-certified	65%
Administrative	45
Marketing	8

Continued on next page

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Continued from previous page

Facilities	
Hospitals	30
Users: Group Health	
Employer/payer groups	8,000
Employees	480,000
Employees and dependents	800,000
Total users	**800,000**

Operational date: September 1986.
For profit.
Service area: Arizona, Colorado, Delaware, District of Columbia, Idaho, Illinois, Iowa, Kansas, Maryland, Minnesota, Missouri, Montana, New Mexico, North Dakota, Oregon, Pennsylvania, South Dakota, Vermont, Virginia, Washington, Wyoming.
Services: Hospitalization, substance abuse, psychiatric services. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by a per diem rate, percent discount off customary rates, DRGs; is compensated by employers/payers, health care providers, insurers, claims administrators; charges a flat fee per eligible employee or percent of savings. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met.
Control measures: Standard utilization review procedures excluding second surgical opinion. Utilization review provided by the PPO.
Gross revenues: $4.9 million in 1989.
Officers: Alan Shusterman, president; Henry Boyd, vp/chief operating officer; Dr. Ronald Cann, medical director; Wayne Feest, vp-sales/marketing; Dr. Douglass Kay, vp-quality assurance; Diana Woltereck, vp-development.
Contact: Wayne Feest.

Health Care 2000

660 Kenilworth Drive, Towson, Md. 21204; 301-296-8326; fax: 301-296-8341

Staff	
Physicians	1,400
Board-certified	98%
Specialists	800
Administrative	10
Marketing	1
Facilities	
Hospitals	15
Pharmacies	300
Diagnostic labs	5
Users: Group Health	
Employer/payer groups	10
Single coverage	110,000
Family coverage	110,000

Operational date: July 1984.
For profit.
Service area: Maryland.
Services: Hospitalization, physician, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Hospital charges are state regulated; is compensated by employers/payers; charges a flat fee per eligible employee. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met; 100% are covered by contracts with fee adjustment clauses.
Control measures: Standard utilization review procedures. Utilization review provided by the PPO.
Officers: Mitchell Diamond, president; Dr. Richard Maffezzoli, medical director; Lisa Johnson, regional manager.
Contact: Mitchell Diamond.

Health Plus

7601 Ora Glen Drive, Suite 200, Greenbelt, Mass. 20770; 301-441-1600; fax: 301-441-3559

Staff	
Physicians	2,563
Patients/physician	55
Board-certified	82%
Specialists	1,948
Administrative	10
Facilities	
Hospitals	36
Diagnostic labs	1
Users: Group Health	
Employees & dependents	40,000
Users: Workers Compensation	
Employer/payer groups	1
Employees	10,000
Total users	**50,000**

For profit.
Ownership: Sanus Corp. Health Systems.
Service area: Washington, D.C.; Arlington, Caroline, Fairfax, King George, Loudoun, Prince William, Spotsylvania, Stafford and Westmoreland counties in Virginia; Anne Arundel, Calvert, Howard, Baltimore counties in Maryland.
Services: Hospitalization, physician, substance abuse, psychiatric services, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by a per diem rate, percent discount off customary rates, DRGs; is compensated by employers/payers, insurers, claims administrators; charges a flat fee per eligible employee, percent of savings. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met; 17% are covered by contrects with such fee adjustment clauses. Services groups under contract with New York Life, Managed Care Administrator, ALTA Health Strategies, Willse & Associates, PEPCO.
Control measures: Standard utilization review procedures excluding retrospective review, hospital bill audits, outpatient service predetermination. Utilization review provided by the PPO.
Officers: Joseph Lynaugh, president; Jeff D. Emerson, executive director; Dr. David Anders, medical director; John Harp, vp-sales/marketing; Virginia Dollard; Mannette Henderson.

Lincoln National Preferred Plan

9690 Deereco Road, Suite 310, Timonium, Md. 21093; 301-561-9300; fax: 301-561-4466

Staff	
Physicians	3,000
Facilities	
Hospitals	38

Officers: William Young, general manager; Rob Shenkus, regional manager.
See Lincoln National Preferred Plan in Indiana.

MetLife Network-Maryland

1515 Market St., Suite 1630, Philadelphia, Pa. 19102; 215-977-7050

Contact: Thomas J. Regan, vp.
See MetLife Network in Connecticut.

National Capital PPO

7979 Old Georgetown Road, Suite 200, Bethesda, Md. 20814; 301-654-6853; fax: 301-907-8212

Staff	
Physicians	2,500
Patients/physician	90
Board-certified	90%
Specialists	1,800
Administrative	13
Marketing	2
Facilities	
Hospitals	31
Diagnostic labs	4
Users: Group Health	
Employer/payer groups	435
Employees & dependents	100,000
Total users	**100,000**

Operational date: January 1988.
For profit.
Service area: Anne Arundel, Baltimore, Frederick, Howard, Montgomery and Prince George counties in Maryland; Alexandria, Arlington and Fairfax counties in Virginia; Washington, D.C.
Services: Hospitalization, physician, substance abuse, psychiatric services, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by a per diem rate, percent discount off customary rates and DRGs; is compensated by employers/payers, insurers and claims administrators; charges a flat fee per eligible employee. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met. Services groups under contract with John Hancock, The Hartford, Lincoln National, Massachusetts Mutual, Mutual of Omaha, Provident and 11 TPAs.
Control measures: Standard utilization review procedures. Utilization review provided by the PPO.
Officers: Elliot A. Segal, president; Robert A. McCluskey, chief operating officer/executive vp; Dr. Robert A. Berenson and Dr. Arthur A. Rubin, medical directors; Karen Lange Keller, marketing director.

Principal Health Care Inc.*

1801 Rockville Pike, Suite 601, Rockville, Md. 20852; 301-881-1033; fax: 301-231-0020

Users: Group Health	
Employees & dependents	53,081

For profit.
Ownership: Principal Mutual Life Insurance Co.
Service area: Arizona, California, Delaware, Florida, Illinois, Louisiana, Missouri, Ohio, Nebraska.
Services: Hospitalization, physician, vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates; is compensated by employers/payers, insurers, claims administrators; charges a flat fee per eligible employee, percent of savings.
Control measures: Standard utilization review procedures excluding hospital bill audits and outpatient service predetermination. Utilization review provided by the PPO and outside contractors.
Contact: Leslie Robinson, director-management/administration.
* Figures are consolidated, including all PPOs operated by Principal Mutual Life Insurance Co.

Private Healthcare Systems Ltd.

Regional Office, OMNI Offices at Washington/Tysons, 210 Corporate Ridge, 7th Floor, McLean, Va. 22102; 703-749-0541

Staff	
Physicians	890
Facilities	
Hospitals	7

See Private Healthcare Systems Ltd. consolidated listing in Massachusetts.

ProAmerica Network Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669

Facilities	
Hospitals	10
Users: Group Health	
Total users	29,434

See ProAmerica Network Inc. in Texas.

Travelers-Central Maryland

3 Parkway, Philadelphia, Pa. 19102; 800-344-2705

Staff	
Physicians	1,402
Facilities	
Hospitals	11
Users: Group Health	
Employer/payer groups	113
Employees & dependents	5,903

Operational date: December 1986.
Ownership: The Travelers Insurance Co.
Service area: Anne Arundel, Baltimore, Baltimore City, Carroll, Harford, Howard and Frederick counties in Maryland.
Officers: Julia Hawley, executive director; Carl Walker, sales manager.
See The Travelers Insurance Co. corporate listing in Connecticut.

Upper Chesapeake Medical Services Inc.

601 S. Union Ave., Havre de Grace, Md. 21078; 301-939-1049; fax: 301-939-1292

Staff	
Physicians	70
Board-certified	95%
Specialists	50
Administrative	10
Marketing	1
Facilities	
Hospitals	2
Pharmacies	2
Diagnostic labs	3
Users: Group Health	
Employees & dependents	15,000
Users: Workers Compensation	
Single coverage	5,000
Total users	**20,000**

Operational date: November 1986.
Not for profit.
Service area: Hartford and Cecil counties in Maryland.
Services: Hospitalization, physician, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by a capitated rate; is compensated by employers/payers, insurers and claims administrators; charges a flat fee per eligible employee and percent of savings. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met.
Control measures: Standard utilization review procedures excluding length of stay determination, hospital bill audits. Utilization review provided by the PPO.
Gross revenues: $8 million in 1990; $6 million in 1989.
Officers: Leonard E. Luntzull Jr., president; Jeffrey A. Flick, executive director; Dr. Andrew Blosuhiuhak and Dr. Beverly Tyler, medical directors; Darcel Guy, marketing director.
Contact: Jeffrey A. Flick.

MASSACHUSETTS

Advantage/Pilgrim Health Care

P.O. Box 9102, Norwell, Mass. 02061; 617-871-9945 or 800-443-3950; fax: 617-982-9474

Staff	
Physicians	5,135
Board-certified	100%
Specialists	3,376
Administrative	430
Marketing	66
Facilities	
Hospitals	60
Pharmacies	372
Diagnostic labs	42
Users: Group Health	
Employer/payer groups	23
Employees & dependents	1,243
Total users	**1,243**

Operational date: January 1991.
Not for profit.
Service area: Barnstable, Bristol, Essex, Middlesex, Norfolk, Plymouth, Suffolk and Worcester counties in Massachusetts; Bristol, Kent, Newport, Providence and Washington counties in Rhode Island.
Services: Hospitalization, physician, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by a per diem rate, percent discount off customary rates and DRGs; is compensated by employers/payers; charges a flat fee per eligible employee and percent of services rendered.
Control measures: Standard utilization review procedures. Utilization review provided by the PPO.
Officers: Allan Greenberg, chief executive officer; Dr. Paul Reich, medical director; Charles B. Greitzer, vp-group sales and service; Thomas Brophy, Patricia Callahan, Richard Campagna, James Hester and Dr. Samuel K. Stewart, vps; Dr. Michael A. Kaufman, associate medical director.
Contact: William Sullivan, sales manager.

Aetna Health Plans

745 Atlantic Ave., Boston, Mass. 02111; 617-451-5500; fax: 617-426-4361

Service area: Middlesex, Norfolk, Plymouth, Suffolk, Bristol, Essex and Worcester counties in Massachusetts.
Officers: John Sanders, general manager.
See Aetna Health Plans corporate listing in Connecticut.

Blue Care Elect

100 Summer St., Boston, Mass. 02110; 617-956-2000

Staff	
Physicians	4,332
Patients/physician	6
Board-certified	100%
Specialists	3,500
Facilities	
Hospitals	50
Pharmacies	1,470
Users: Group Health	
Employer/payer groups	79
Single coverage	3,308
Family coverage	1,687
Employees & dependents	11,299
Total users	**11,299**

Operational date: September 1989.
Not for profit.
Ownership: Blue Cross and Blue Shield of Massachusetts.
Service area: Massachusetts excluding Berkshire County.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, chiropractic, nurse midwives, cardiac rehabilitation, hospice, home health care, community health centers, early intervention, physical therapy, diagnostic imaging. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by percent discount off customary rates; is compensated by employers/payers; charges premium, cost-plus and reinsured cost-plus rates.
Control measures: Standard utilization review procedures excluding precertification, second surgical opinion, outpatient service predetermination. Utilization review provided by the PPO and American Biodyne Inc. (mental health and substance abuse).
Officers: John Larkin Thompson, president; William Van Faasen, executive vp; Dr. David E. Maltz, medical director; Fay Donohue-Rolfe, vp-marketing; Karen M. Quigley, vp-network planning/development.
Contact: John Conti, product management, 617-956-2724.

CIGNA Preferred Provider Organization-Boston

Framingham Corporate Center, 492 Old Connecticut Path, Framingham, Mass. 07101; 508-935-2100; fax: 508-879-6273

Staff	
Physicians	1,535
Board-certified	85%
Marketing	10
Facilities	
Hospitals	24

Operational date: January 1991.
Service area: Seven counties in southeast Massachusetts.
Control measures: Standard utilization review procedures. Utilization review provided by the PPO and Intracorp.
Officers: Richard Kaplan, regional managed care officer; Jane Barna, director-provider relations.
Contact: Jane Barna.
See CIGNA Preferred Provider Organization in Connecticut.

Cost Care Physician Managed Network-Eastern

525 Salem St., Lynnfield, Mass. 01940; 617-581-5101

Service area: Boston; Washington, D.C.; Baltimore; Philadelphia; New Jersey; southern New Hampshire.
Contact: Jim Bogdan or Patty Casey.
See Cost Care Managed Physician Networks corporate listing in California.

Continued on next page

Continued from previous page

Delta Dental Plan of Massachusetts

10 Presidents Landing, Medford, Mass. 02155; 800-451-1249; fax: 617-393-1199

Staff	
Physicians	4,360
Patients/physician	56
Board-certified	100%
Specialists	1,030
Administrative	115
Marketing	15
Users: Group Health	
Employer/payer groups	1,700
Single coverage	121,000
Family coverage	154,000
Employees & dependents	632,000
Total users	**632,000**

Operational date: October 1966.
Not for profit.
Ownership: Delta Dental Plan of Massachusetts.
Service area: Massachusetts.
Services: Dental only. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates dental charges by percent discount off customary rates; is compensated by employers/payers; charges a flat fee per eligible employee. The PPO will contract to reduce its fee if savings are not met.
Control measures: Utilization review procedures includes precertification, case management. Utilization review provided by the PPO.
Gross revenues: $80.3 million in 1990; $70.2 million in 1989.
Officers: Robert Hunter, president; Dr. Michael Segal, medical director; Scott O'Gorman, marketing director; Thomas Raffio, vp-operations; George Wezniak, treasurer.
Contact: Scott O'Gorman.

Freedom Care Inc.

P.O. Box 15100, Worcester, Mass. 01615-0100; 508-752-2480; fax: 508-754-9664

Staff	
Physicians	1,100
Specialists	550
Administrative	7
Marketing	7
Facilities	
Hospitals	12
Diagnostic labs	1
Users: Group Health	
Employer/payer groups	25
Single coverage	1,170
Family coverage	640
Employees & dependents	2,770
Total users	**2,770**

Operational date: January 1986.
For profit.
Service area: Worcester County in Massachusetts.
Services: Hospitalization, physician, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by percent discount off customary rates; is compensated by employers/payers; charges a flat fee per eligible employee. Services groups under contract with Health Plans Inc.
Control measures: Standard utilization review procedures. Utilization review provided by Health Pro and Peer Review.
Officers: William Breidenbach, president/executive director/marketing director; Dr. Michael Galica, medical director; Susan Crossman, vp-operations/director-provider services; Ronald Berube, management information systems director/vp.

Lincoln National Preferred Plan

100 River Ridge Drive, Suite 102, Norwood, Mass. 02062; 617-762-7414; fax: 617-762-6659

Staff	
Physicians	995
Facilities	
Hospitals	18

Officers: Max Powell, general manager; Dan Peternell, regional manager.
See Lincoln National Preferred Plan in Indiana.

Massachusetts Mutual's Preferred Plus

1295 State St., J235, Springfield, Mass. 01111; 413-744-3192; fax: 413-744-6164

Staff	
Physicians	751
Facilities	
Hospitals	10
Diagnostic labs	21
Users: Group Health	
Employer/payer groups	80
Employees & dependents	31,613

Operational date: March 1986.
For profit.
Ownership: Massachusetts Mutual Life Insurance Co.
Service area: Hampden, Hampshire, and Franklin counties in Massachusetts. Contracts with American Health Network and North Texas Healthcare Network in Texas; Benefit Panel Services in California; Carolina Preferred Care and ETHIX Southeast in North Carolina; CompMed-Oklahoma City and CompMed-Tulsa in Oklahoma; Emerald Health Network in Ohio and Pennsylvania; Family Health Plan in Michigan, Minnesota, New Jersey and Pennsylvania; Florida Health Network and Preferred Health Providers in Florida; Health Choice in Tennessee and Mississippi; Health First in Kentucky and Ohio; HealthLink Inc. in Illinois and Missouri; HealthNet in Kansas, Tennessee and Missouri; Health Response in Ohio; Maricopa Foundation for Medical Care in Arizona; National Capital PPO in District of Columbia, Maryland and Virginia; Pennsylvania Health Choice Plan in Pennsylvania; Preferred Care Network in Illinois; Preferred Health Network in Maryland; Preferred Health Plan in Massachusetts; Preferred Healthcare Network in California and Nevada; Preferred Plan of Georgia in Georgia; The Queen's Health Care Plan in Hawaii; Sagamore Health Network in Indiana; Sloans Lake Medical Group in Colorado; Sound Health of Washington in Washington; Vantage PPO in Oregona and Washington.
Services: Hospitalization, physician,psychiatric services, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by a per diem rate, percent discount off customary rates; is compensated by employers/payers; charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures excluding hospital bill audits. Utilization review provided by the PPO.
Contact: Stan Kusiak, MassMutual Group Office, Bay Bank Tower, 1500 Main St., Suite 2518, P.O. Box 15429, Springfield, Mass. 01115-5429; 413-781-4540.

MedView CompPro/ MedView Services Inc.

32991 Hamilton Court, Farmington Hills, Mich. 48334; 313-488-5260; fax: 313-488-5262

Staff	
Physicians	240
Board-certified	90%
Specialists	180
Facilities	
Hospitals	23
Users: Workers Compensation	
Employer/payer groups	2
Employees	8,000
Total users	**8,000**

See MedView CompPro/MedView Services Inc. in Michigan.

MetLife Network-Massachusetts

Keystone Building, 21st Floor, 99 High St., Boston, Mass. 02110-2310; 617-574-3911

Contact: Ambrose J. Redmond Jr., vp.
See MetLife Network in Connecticut.

Pioneer Health-The PPO

1275 Elm St., P.O. Box 910, West Springfield, Mass. 01090; 413-737-8558; fax: 413-731-7917

Staff	
Physicians	750
Board-certified	90%
Administrative	30
Facilities	
Hospitals	10
Pharmacies	170
Diagnostic labs	14
Users: Group Health	
Employer/payer groups	475
Employees & dependents	46,200
Total users	**46,200**

Operational date: 1985.
Not for profit.
Ownership: Pioneer Health Care Inc.
Service area: Franklin, Hampden, Hampshire and Worcester counties in Massachusetts.
Services: Hospitalization, physician, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by a per diem rate; is compensated by employers/payers; charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures excluding hospital bill audits, outpatient service predetermination. Utilization review provided by the PPO.
Gross revenues: $28.5 million in 1990; $23 million in 1989.
Officers: Bruce E. Suchy, president; Dr. William Baker, medical director; Thomas O. McConnell, marketing director.

Private Healthcare Systems Ltd.*

20 Maguire Road, Lexington, Mass. 02173; 617-861-5500; fax: 617-861-5772

Staff	
Physicians	47,904
Board-certified	70%
Specialists	35,928
Administrative	290
Marketing	3
Facilities	
Hospitals	530
Users: Group Health	
Employer/payer groups	85,989
Employees & dependents	1.6 million
Users: Workers Compensation	
Employer/payer groups	11,440

Operational date: April 1985.
For profit.
Ownership: Benefit Trust Life Insurance Co., Business Men's Assurance Co. of America, CNA Insurance Cos., Confed Admin Services Inc., General American Life Insurance Co., Great-West Life Assurance Co., The Guardian Life Insurance Co. of America, Jefferson-Pilot Life Insurance Col, The Mutual Benefit Life Insurance Co., The New England, Northwestern National Life Insurance Co., Pacific Mutual Life Insurance Co. (PM Group), Phoenix Mutual Life Assurance Co., State Mutual Life Assurance Co. of America, Time Insurance Co., Washington National Insurance Co., Western Life Insurance Co., Pan American Life and Motorola.

Service area: 41 metropolitan areas in Alabama, Arizona, California, Colorado, District of Columbia, Florida, Georgia, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Ohio, Oklahoma, Oregon, Pennsylvania, Tennessee, Texas, Virginia and Wisconin.

Services: Hospitalization, physician,substance abuse, psychiatric services, podiatry, obstetrics/gynecology.Services available unbundled. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by a per diem rate and percent discount off customary rates; is compensated by employers/payers, insurers and claims administrators; charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures. Utilization review provided by the PPO.
Gross revenues: $29 million in 1990; $24 million in 1989.
Officers: Gene P. Guselli, president; Donna Goldin, executive director; Dr. Jeffrey Kraines, medical director; Michael Euele, marketing director.
Contact: Michael Euele.
* Figures are consolidated, including all Private Healthcare Systems Ltd. PPOs operated by the 17 insurance companies listed.

Private Healthcare Systems Ltd.

20 Maguire Road, Lexington, Mass. 02173; 617-861-5500; fax: 617-861-5772

Staff	
Physicians	1,524
Facilities	
Hospitals	18

See Private Healthcare Systems Ltd. consolidated listing in Massachusetts.

ProAmerica Network Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669

Facilities	
Hospitals	21
Users: Group Health	
Employees and dependents	34,976

See ProAmerica Network Inc. in Texas.

PruCare of Massachusetts

550 Cochituate Road, Framingham, Mass. 01701-9314; 508-875-7314; fax: 508-870-2638

Staff	
Physicians	2,456
Patients/physician	11
Board-certified	86%
Specialists	1,113
Administrative	67
Marketing	27
Facilities	
Hospitals	42
Pharmacies	2
Diagnostic labs	2
Users: Group Health	
Employer/payer groups	719
Total users	**36,238**

Operational date: May 1986.
Ownership: The Prudential Insurance Co. of America.
Service area: Barnstable, Berkshire, Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology.
Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates; is compensated by employers/payers; charges a flat fee per eligible employee.
Officers: Ray Allen, vp; Ernest R. Bourassa, director-health care services; Ray Dutcher, director-marketing.
See Prudential Insurance Co. of American in New Jersey.

State Mutual Cos./ Healthy Choice

440 Lincoln St., Worcester, Mass. 01605; 508-855-1000; 508-853-2339

Staff	
Physicians	50,026
Board-certified	75%
Administrative	200
Marketing	70
Facilities	
Hospitals	551
Users: Group Health	
Employees	36,592

For profit.
Ownership: State Mutual Cos.
Service area: Contracts with Private HealthCare Systems Inc. in Alabama, Arizona, California, Colorado, District of Columbia, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Maryland, Massachusetts, Minnesota, Missouri, Ohio, Oklahoma, Tennessee, Texas, Virginia, Washington, Wisconsin.
Services: Hospitalization, physician, substance abuse, psychiatric services, podiatry, obstetrics/gynecology, prescription drug. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by a per diem rate and percent discount off customary rates; is compensated by policyholder employer groups; charges a premium.
Control measures: Standard utilization review procedures excluding concurrent hospital treatment review. Utilization review provided by the PPO.
Officers: Penny Noyes, director-group managed care; Phillip E. Soule, vp-group life and health insurance; William P. Bishop and Lawrence E. Blanchard, vps-sales and marketing.
Contact: Penny Noyes.

State Mutual Cos./ Mutual Alliance Plan

440 Lincoln St., Worcester, Mass. 01605; 508-856-9500 or 800-634-8647; fax: 508-853-6339

Staff	
Physicians	700
Board-certified	75%
Facilities	
Hospitals	11
Diagnostic labs	7
Users: Group Health	
Employer/payer groups	38
Employees & dependents	25,000

Operational date: October 1988.
For profit.
Ownership State Mutual Cos.
Service area: Greater Worcester and Boston metropolitan areas.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, general service, prescription drug, chiropractors, ambulance, home infusion therapy, home health agencies, rehabilitation hospitals, orthodics/prosthetics, responsible care facilities, licensed social workers. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates, DRGs; is compensated by policyholder/employer groups; charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures. Utilization review provided by the PPO.
Officers: Gary Goodhile (Worcester) and James Halla (Boston), sales managers; Dr. Jeirianne Seger and Dr. Thomas Ebert, medical directors; Penny Noyes, director-group managed care; Phillip E. Soule, vp-group life & health insurance; Lawrence E. Blachard, vp-sales/marketing.
Contact: Penny Noyes.

Travelers-Boston

200 State St., 11th Floor, Boston, Mass. 02109; 617-330-1333

Staff	
Physicians	2,686
Facilities	
Hospitals	30
Users: Group Health	
Employer/payer groups	289
Employees & dependents	20,153

Operational date: March 1987.
Ownership: The Travelers Insurance Co.
Service area: Essex, Middlesex, Norfolk, Suffolk, Bristol, Plymouth and Worcester counties in Massachusetts; Hillsbourough, Merrimack, Rockingham counties in New Hampshire.
Officers: Mary Ann Shea, executive director; Joseph Robinson, sales manager.
See The Travelers Insurance Co. corporate listing in Connecticut.

MICHIGAN

Aetna Health Plans

400 Renaissance Center, Suite 1400, Detroit, Mich. 48243; 313-259-8666

Service area: Genesee, Lapeer, Livingston, Macomb, Monroe, Oakland, Shiawasser, Washtenan and Wayne counties in Michigan.
Officers: Frederick Hyser, general manager.
See Aetna Health Plans corporate listing in Connecticut.

Aetna Health Plans

3855 Sparks Drive S.E., Suite 200, Grand Rapids, Mich. 49506; 616-940-0214

Service area: 15 counties in Michigan.
Officers: A.B. Parker, general manager.
See Aetna Health Plans corporate listing in Connecticut.

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Beech Street

2 Ada, Suite 200, Irvine, Calif. 92718; 714-727-1353; fax: 714-727-1793

Facilities

Hospitals 33

Users: Group Health

Employees & dependents 57,237

See Beech Street in California.

Blue Preferred Plan

600 Lafayette E., Detroit, Mich. 48226; 313-225-7671; fax: 313-225-9870

Staff

Physicians 7,912
Board-certified 63%
Specialists 3,445
Administrative 11

Facilities

Hospitals 119
Pharmacies 1,900
Diagnostic labs 8

Operational date: April 1985.
Not for profit.
Ownership: Blue Cross & Blue Shield of Michigan.
Service area: Michigan.
Services: Hospitalization, physician, psychiatric services, podiatry, obstetrics/gynecology, pharmacies, chiropractic, laboratories. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by DRGs; is compensated by group rating or individual member premium; charges a group rating or individual member premium.
Control measures: Standard utilization review procedures excluding preadmission hospital review, concurrent hospital treatment review, length of stay determination, second surgical opinion, outpatient service predetermination. Utilization review provided by the PPO.
Gross revenues: $256.2 million in 1990; $326.7 million in 1989.
Officers: Susan Berg, executive director; Robert Church, medical director.

CAPP Care Inc.

17390 Brookhurst, Suite 280, Fountain Valley, Calif. 92708; 714-963-8065; fax: 714-963-0549

Staff

Physicians 2,615

Facilities

Hospitals 37

Service area: Bay City, Detroit, Port Huron, Saginaw and St. Clair in Michigan.

See CAPP Care Inc. in California.

CIGNA Preferred Provider Organization-Detroit

27777 Franklin Road, Suite 900, Southfield, Mich. 48034; 313-351-1971; fax: 313-351-1979

Staff

Physicians 1,586
Board-certified 85%
Marketing 10

Facilities

Hospitals 30

Operational date: January 1988.
Service area: Livingston, Macomb, Oakland, Washtenaw and Wayne counties in Michigan.
Officers: Gordon Church, regional managed care officer; Theresa Aro, provider relations.
Contact: Theresa Aro.

See CIGNA Preferred Provider Organization in Connecticut.

Delta Preferred Provider Organization/Delta Enhanced Preferred Provider Organization

P.O. Box 30416, Lansing, Mich. 48909; 517-349-6000; fax: 517-347-5237

Staff

Dentists 900
Specialists 136
Administrative 600
Marketing 50

Users: Group Health

Employer/payer groups 74
Employees & dependents 255,408

Operational date: January 1988.
Not for profit.
Ownership: Delta Dental Plan of Michigan.
Service area: Michigan.
Services: Dental only. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Is compensated by employers/payers; charges a flat fee per eligible employee, administrative fee based on expected claims activity for administrative services contracts.
Control measures: Utilization review procedures includes retrospective review and computer analysis of practice patterns, predetermination of claims. Utilization review provided by the PPO.
Officers: Patrick P. Gribben Jr., president, E. Craig Lesley, marketing director; C. Richard Seitz, senior vp-marketing/external affairs.
Contact: E. Craig Lesley.

ETHIX Great Lakes

50 W. Big Beaver Road, Suite 200-B, Troy, Mich. 48084-9774; 313-689-6436

Staff

Physicians 2,100
Administrative 19
Marketing 2

Facilities

Hospitals 31

Users: Group Health

Employer/payer groups 87
Family coverage 15,267
Employees & dependents 35,114

Operational date: January 1989.
Ownership: Ethix Corp.
Service area: Adrian, Detroit, Flint, Grand Rapids, Howell, Lansing, Muskegon, Petosky and Saginaw counties in Michigan.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by a per diem rate, percent discount off customary rates; is compensated by employers/payers, health care providers, insurers; charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures including chronic care. Utilization review provided by the PPO.
Officers: Susan Zeit, president; Dr. Henry Shevitz, medical director; Mary Beth Hayden, marketing director.
Contact: Susan Zeit.

HAP Choice

2850 W. Grand Blvd., Detroit, Mich. 48202; 313-872-8100; fax: 313-874-7479

Staff

Physicians 489
Specialists 1,500

Facilities

Hospitals 36
Pharmacies 26
Diagnostic labs 17

Users: Group Health

Employer/payer groups 4,087
Single coverage 61,056
Family coverage 60,450
Employees & dependents 302,047

Operational date: January 1986.
Not for profit.
Ownership: Health Alliance Plan.
Service area: Macomb, Oakland, St. Clair, Washtenaw and Wayne counties in Michigan.
Services: Hospitalization, physician, vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates; is compensated by employers/payers; charges a flat fee per eligible employee, included in premiums.
Control measures: Standard utilization review procedures excluding retrospective review, second surgical opinion, hospital bill audits, outpatient service predetermination. Utilization review provided by the PPO.
Gross revenues: $6.8 million in 1990; $5.5 million in 1989.
Officers: James Walworth, president; Dr. David Siegel, vp-health &

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Products & Services Listing

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All questions must be answered to process inquiries.
PLEASE CHECK ONE ITEM FOR EACH CATEGORY:

1. My organization is best described as:
A ☐ Mfg/Svcs B ☐ Association C ☐ Union D ☐ Government E ☐ Educational Inst F ☐ Ins Agent G ☐ Ins Broker H ☐ Ins/Reins Co I ☐ Actry/Conslt J ☐ Attorney K ☐ Adj/Apprs L ☐ TPA M ☐ Healthcare Inst N ☐ Other _____

2. Number of employees:
1 ☐ 150 or less 2 ☐ 151 - 499 3 ☐ 500 - 999 4 ☐ 1,000 - 4,999 5 ☐ 5,000 or more 6 ☐ Unknown

3. My title is best defined as:
A ☐ Administrative Mgt B ☐ Financial Mgt C ☐ Risk Mgt D ☐ Benefits Mgt E ☐ Loss prevention Mgt F ☐ Other _____

4. My purchasing involvement for the requested products is to:
1 ☐ recommend only 2 ☐ specify 3 ☐ approve

5. Do you now receive a personally addressed copy of Business Insurance?
A ☐ Yes B ☐ No, so please send subscription info

Circle the numbers below that correspond to the companies listed on our Advertiser Index for the **December 1991** issue. Cards with more than 20 items circled will not be processed. This card expires **February 24, 1992.**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
31	32	33	34	35	36	37	38	39	40	41	42	43	44	45
46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70	71	72	73	74	75
76	77	78	79	80	81	82	83	84	85	86	87	88	89	90
91	92	93	94	95	96	97	98	99	100	101	102	103	104	105
106	107	108	109	110	111	112	113	114	115	116	117	118	119	120
121	122	123	124	125	126	127	128	129	130	131	132	133	134	135
136	137	138	139	140	141	142	143	144	145	146	147	148	149	150

Please print clearly

Name _____
Title _____
Company _____
Address _____
City _____ State _____ Zip _____
Phone ( ) _____

Continued from previous page
medical affairs; John Breitmeyer, vp-marketing; Roman Kulich, chief operating officer.

IBA Health & Life Assurance Co.

458 W. South St., Kalamazoo, Mich. 49007; 616-382-1340; fax: 616-382-6541

Staff	
Physicians	1,500
Board-certified	75%
Specialists	1,000
Administrative	6
Marketing	4
Facilities	
Hospitals	32
Users: Group Health	
Employer/payer groups	1,432
Single coverage	1,650
Family coverage	2,225
Employees & dependents	9,882
Total users	**9,882**

Operational date: May 1986.
For profit.
Ownership: Bronson Healthcare Group.
Service area: Michigan.
Services: Hospitalization, physician, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by a per diem rate, percent discount off customary rates, DRGs and a tiered discount; is compensated by employers/payers; charges a flat fee per eligible employee. Services groups under contract with Interactive Healthcare Coordinators and Self Funded Group Insurance Administrators.
Control measures: Standard utilization review procedures. Utilization review provided by the PPO.
Gross revenues: $18.9 million in 1990; $16.8 million in 1989.
Officers: Larry O'Brien, president; Helen M. Hughes, vp-medical services and claims; Dr. Gerald Friedman, medical director; James Lee, director-sales/marketing.

Lincoln National Preferred Plan

50 W. Big Beaver Road, Suite 200, Troy, Mich. 48084-5261; 313-689-5081; fax: 313-689-6926

Staff	
Physicians	2,105
Facilities	
Hospitals	13

Officers: Fran Prescott, general manager; Anne Donnelly, regional manager.
See Lincoln National Preferred Plan in Indiana.

MedView CompPro/ MedView Services Inc.*

32991 Hamilton Court, Farmington Hills, Mich. 48334; 313-851-2561; fax: 313-488-5262

Staff	
Physicians	44,977
Board-certified	90%
Specialists	21,486
Administrative	141
Marketing	17
Facilities	
Hospitals	1,124
Users: Group Health	
Employer/payer groups	16
Employees & dependents	67,000
Users: Workers Compensation	
Employer/payer groups	42
Employees	4.3 million
Total users	**4.4 million**

Operational date: February 1987.
For profit.
Ownership: Pharmacy Management Services Inc.
Service area: California, Colorado, Florida, Georgia, Illinois, Indiana, Massachusetts, Michigan, Missouri, Pennsylvania, Texas and Wisconsin.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, home health care, chiropractic, case management. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by a per diem rate, percent discount off customary rates and percent discount off state fee schedule; is compensated by employers/payers, insurers and claims administrators; charges a flat fee per eligible employee and percent of savings. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met. Services groups under contract with 19 insurers and TPAs.
Control measures: Standard utilization review procedures excluding hospital bill audits. Utilization review provided by the PPO.
Officers: Robert H. Marks, president; Debra Cerre, vp/chief operating officer; Dr. Henry A. Sheyitz, medical director; Darrell D. Jarvis, marketing director.
Contact: Darrell D. Jarvis.
*Figures are consolidated, including all PPOs operated by MedView CompPro/MedView Services Inc.

MedView CompPro/ MedView Services Inc.

32991 Hamilton Court, Farmington Hills, Mich. 48334; 313-488-5260; fax: 313-488-5262

Staff	
Physicians	1,171
Board-certified	90%
Specialists	831
Administrative	113
Marketing	9
Facilities	
Hospitals	54
Users: Group Health	
Employer/payer groups	12
Employees & dependents	59,500
Users: Workers Compensation	
Employer/payer groups	15
Employees	1.6 million
Total users	**1.7 million**

See corporate listing for MedView CompPro/MedView Services Inc. in Michigan.

MetLife Network-Michigan

The Spectrum, Suite 400, 6060 Rockside Woods Blvd., Independence, Ohio 44131-2338; 216-642-6109

Contact: Michael J. McDermott, vp.
See MetLife Network in Connecticut.

MIDA Dental Plans Inc.

2000 Town Center, Suite 2200, Southfield, Mich. 48075; 313-353-6410; fax: 313-352-0727

Staff	
Physicians	946
Patients/physician	179
Board-certified	100%
Specialists	368
Administrative	11
Marketing	6
Users: Group Health	
Employees & dependents	168,900
Total users	**168,900**

Operational date: 1987.
For profit.
Service area: Arizona, California, Kentucky, Michigan and Missouri.
Services: Dental only. Services available unbundled. Individual enrollment is allowed.
Compensation: Is compensated by employers/payers; charges a flat fee per eligible employee. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met. Services groups under contract with MIDA Administration Group.
Officers: Walter Knysz Jr., president; Stephen Patterson, medical director; Tamara Jacobs, marketing director.
Contact: Tamara Jacobs.

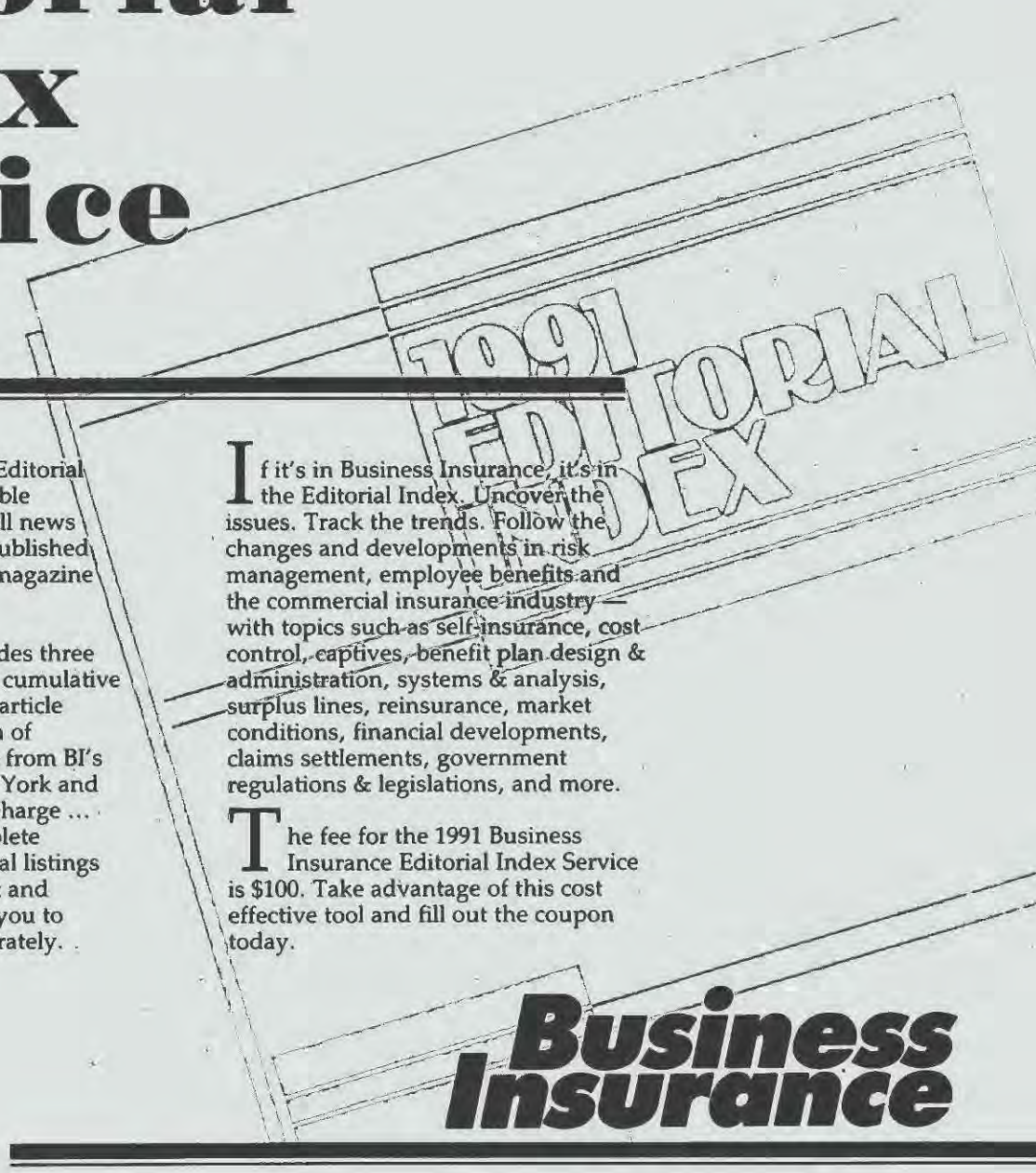
National Foot Care Program Inc.

22255 Greenfield Road, Suite 550, Southfield, Mich. 48075; 313-559-2579; fax: 313-423-1077

Staff	
Physicians	74
Specialists	115
Administrative	8
Marketing	3
Facilities	
Hospitals	23
Users: Group Health	
Employer/payer groups	3
Single & family coverage	103,097
Employees & dependents	312,456
Total users	**312,456**

Operational date: February 1984.
Continued on next page

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Continued from previous page

For profit.

Ownership: Value Health Inc.

Service area: Seven county area of metropolitan Detroit; Delaware; Illinois; Indiana; Maryland; Missouri; New Jersey; Ohio; Pennsylvania; Wisconsin.

Services: Hospitalization, physician, podiatry. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by an all inclusive negotiated rate; is compensated by employers/payers; charges a flat fee per eligible employee. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met.

Control measures: Standard utilization review procedures excluding discharge planning, hospital bill audits, case management. Utilization review provided by the PPO and U.S. Administrators.

Officers: Claude Oster, president/chief executive officer; Sanford Rosenfeld, medical director; David James, marketing director; Robbie Romeo, vp.

Contact: David James.

National Rehabilitation System Inc.

22255 Greenfield Road, Suite 550, Southfield, Mich. 48075; 313-559-7748; fax: 313-423-1077

Staff	
Administrative	3
Marketing	2

Operational date: Pre-operational.

For profit.

Services: Hospitalization, physician, durable medical equipment, physical medicine and rehabilitation. May be customized to meet employer specifications.

Officers: Claude Oster, president/executive director; David James, marketing director.

Contact: David James.

PPOM

28588 Northwestern Highway, Suite 380, Southfield, Mich. 48034; 313-357-7766; fax: 313-357-3169 or 313-357-2418

Staff	
Physicians	5,200
Specialists	2,500
Administrative	80
Marketing	15
Facilities	
Hospitals	66
Diagnostic labs	40
Users: Group Health	
Employees & dependents	400,000
Users: Workers Compensation	
Employer/payer groups	11

Operational date: March 1984.

For profit.

Service area: Michigan and northwest Ohio.

Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.

Compensation: Negotiates hospital charges by a per diem rate and DRGs; is compensated by employers/payers; charges a percent of services rendered. Services groups under contract with 17 insurers and 25 TPAs.

Control measures: Standard utilization review procedures excluding length of stay determination, retrospective review, hospital bill audits, outpatient service predetermination. Utilization review provided by the PPO and outside contractors.

Gross revenues: $167.1 million in 1990; $104.6 million in 1989.

Officers: Richard Rogel, chief executive officer; David Miller, president; Dr. Allan Waldman, medical director/vp; Jay Levin, marketing director/vp.

Contact: Jay Levin.

Private Healthcare Systems Ltd.

Regional Office, 100 W. Big Beaver Road, Suite 200, Troy, Mich. 48084; 313-680-6647; fax: 313-680-6648

Staff	
Physicians	1,061
Facilities	
Hospitals	11

See Private Healthcare Systems Ltd. consolidated listing in Massachusetts.

ProAmerica Network Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669

Facilities	
Hospitals	16
Users: Group Health	
Employees and dependents	29,310

See ProAmerica Network Inc. in Texas.

Prudential Plus of Michigan

3000 Town Center, Suite 2160, Southfield, Mich. 48075; 313-358-2840; fax: 313-358-8955

Staff	
Physicians	1,274
Patients/physician	22
Board-certified	65%
Specialists	772
Administrative	17
Marketing	17
Facilities	
Hospitals	28
Pharmacies	86
Diagnostic labs	4
Users: Group Health	
Employer/payer groups	126
Employees & dependents	11,072
Total users	**11,072**

Operational date: January 1991.

Ownership. The Prudential Insurance Co. of America.

Service area: Macomb, Oakland and Wayne counties in Michigan.

Services: Hospitalization, physician, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. X-ray/lab, chiropractic, home health care.

Compensation: Negotiates hospital charges by percent discount off customary rates.

Officers: Ken Bates, vp-health care management; Mark Zickel, director-health care management; Dr. James Coughlin, medical director; Becky Muller, marketing director.

See The Prudential Insurance Co. of America corporate listing in New Jersey.

Travelers-Detroit

50 Shuman Blvd., Suite 400, Naperville, Ill. 60503; 800-752-4285

Staff	
Physicians	1,020
Facilities	
Hospitals	26
Users: Group Health	
Employer/payer groups	4
Employees & dependents	4,845

Operational date: November 1988.

Ownership: The Travelers Insurance Co.

Service area: Macomb, Oakland and Wayne counties in Michigan.

Officers: Janet Hughes, executive director; Joan Warner, sales manager.

See The Travelers Insurance Co. corporate listing in Connecticut.

Travelers-Western Michigan

50 Shuman Blvd., Suite 400, Naperville, Ill. 60503; 800-752-4285

Staff	
Physicians	326
Facilities	
Hospitals	6
Users: Group Health	
Employer/payer groups	84
Employees & dependents	5,547

Operational date: December 1986.

Ownership: The Travelers Insurance Co.

Service area: Kent, Muskegon, Ionia, Montcalm and Ottawa counties in Michigan.

Officers: Barbara Thompson, provider relations director; Joan M. Warner, sales manager.

See The Travelers Insurance Co. corporate listing in Connecticut.

ValueRx Pharmacy Program Inc.

22255 Greenfield Road, Suite 550, Southfield, Mich. 48075; 313-423-8100; fax: 313-423-8175

Staff	
Administrative	60
Marketing	13
Facilities	
Pharmacies	13,000
Users: Group Health	
Employer/payer groups	750
Employees & dependents	650,000
Total users	**650,000**

Operational date: March 1985.

For profit.

Service area: Nationwide.

Services: Pharmaceutical.

Compensation: The PPO is compensated by employers/payers, insurers and claims administrators; charges a fee for service.

Control measures: Standard utilization review procedures excluding preadmission hospital review, precertification, concurrent hospital treatment review, length of stay determination, discharge planning, second surgical opinion, hospital bill audits, outpatient service predetermination. Utilization review provided by the PPO.

Officers: Barry Smith, president; Dr. Jon Edelson, medical director; Mary B. Cook, marketing director.

MINNESOTA

Aetna Health Plans

150 S. Fifth St., Minneapolis, Minn. 55402; 612-340-5120

Service area: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott and Washington counties in Minnesota.

Contact: S.L. Lawrence, manager.

See Aetna Health Plans corporate listing in Connecticut.

Aware Gold

P.O. Box 64560, St. Paul, Minn. 55164

Staff	
Physicians	10,000
Facilities	
Hospitals	161
Users: Group Health	
Employer/payer groups	2,240
Employees & dependents	213,800

Operational date: 1984.

Not for profit.

Ownership: Blue Cross & Blue Shield of Minnesota.

Service area: Minnesota.

Services: Hospitalization, physician, vision, substance abuse, psychiatric services, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.

Compensation: Negotiates hospital charges by percent discount off customary rates, DRG; is compensated by employers/payers.

Control measures: Standard utilization review procedures. Utilization review provided by the PPO.

Officers: Andrew Czajkowski, president; Grayce Peters, vp-marketing.

Beech Street

2 Ada, Suite 200, Irvine, Calif. 92718; 714-727-1353; fax: 714-727-1793

Facilities	
Hospitals	2
Users: Group Health	
Employees & dependents	17,420

See Beech Street in California.

Delta Dental of Minnesota-Delta Choice

7807 Creekridge Circle, Minneapolis, Minn. 55440; 612-944-5252; fax: 612-829-2317

Staff	
Dentists	600
Patients/dentist	25
Administrative	90
Marketing	15

Operational date: April 1988.

Not for profit.

Service area: Minnesota.

Services: Dental. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: The PPO is compensated by insurers and claims administrators; charges a flat fee per eligible employee. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met. Services groups under contract with Delta Dental Plan of Minneapolis.

Control measures: Standard utilization review procedures excluding preadmission hospital review, concurrent hospital treatment review, length of stay determination, discharge planning, second surgical opinion, hospital bill audits. Utilization review provided by the PPO.

Officers: Michael Walsh, president; Loren Hanson, executive director; Dr. Thomas Ireland, medical director; Bob McGrath, marketing director.

Direct Choice PPA

1295 Bandana Blvd. N., Suite 220, St. Paul, Minn. 55108; 800-433-8540

Staff	
Physicians	450
Board-certified	99%
Specialists	1,201
Administrative	30
Marketing	10
Facilities	
Hospitals	16
Pharmacies	185
Diagnostic labs	1

Operational date: 1991.

For profit.

Ownership: NWNL Health Management Corp.

Service area: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott and Washington counties in Minnesota.

Services: Hospitalization, physician, vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by a per diem rate, percent discount off customary rates, DRGs, per stay arrangements, short stay surgery fee schedule and durable medical equipment fee schedule; is compensated by insurers; charges a flat fee per eligible employee. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met. Under contract with NWNL Employee Benefit Division.

Control measures: Standard utilization review procedures. Utilization review provided by the PPO.

Officers: James D. Lauer, president; Dr. J. Bryan Warren, medical director; Curt Olson, marketing director; Cecelia Manlove, vp-health services; Margaret Liedholm, vp-operations; Mike Cornelison, vp-finance.

ETHIX Midwest

8500 Normandale Lake Blvd., Suite 2050, Bloomington, Minn. 55437; 612-896-1200

Staff	
Physicians	1,800
Administrative	33
Marketing	2
Facilities	
Hospitals	21
Users: Group Health	
Employer/payer groups	296
Employees	31,281
Employees & dependents	71,946

Operational date: February 1984.

For profit.

Ownership: Ethix Corp.

Service area: Minnesota and western Wisconsin.

Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates; is compensated by employers/payers, health care providers, insurers; charges a flat fee per eligible employee.

Control measures: Standard utilization review procedures including disability, chronic care. Utilization review provided by the PPO.

Officers: M. Nazie Effekhari, chairman/chief executive officer; Dr. Brian T. Ebeling, medical director; William Card Jr., marketing director.

Contact: M. Nazie Effekhari.

Group Health Inc.

2829 University Ave. S.E., Minneapolis, Minn. 55414; 612-623-8504; fax: 612-623-8686

Staff	
Physicians	1,250
Patients/physician	1,000
Board-certified	100%
Specialists	900
Administrative	350
Marketing	31
Facilities	
Hospitals	24
Pharmacies	79
Diagnostic labs	1

Operational date: January 1989.

Not for profit.

Service area: 12 counties in Minnesota; Pierce and St. Croix counties in Wisconsin.

Services: Hospitalization, physician, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by a per diem rate and percent discount off customary rates; is compensated by employers/payers.

Control measures: Utilization review provided by the PPO.

Officers: George Halvorson, president/chief executive officer; Dr. Paul Brat, medical director; Roger Swenson, chief marketing officer; Ed Dirkswager, chief administrative officer; Earl Beitzel, chief financial officer.

Contact: Mark Halvorson.

Health Risk Management-CarePass

8000 W. 78th St., Minneapolis, Minn. 55439; 612-829-3500; fax: 612-829-3578

Staff	
Physicians	65,000
Patients/physician	37
Board-certified	90%
Specialists	3,575
Administrative	20
Marketing	20
Facilities	
Hospitals	1,200
Pharmacies	27,000
Users: Group Health	
Employer/payer groups	28
Single coverage	35,150
Employees & dependents	87,868

Operational date: June 1986.

For profit.

Ownership: Health Risk Management.

Service area: Alabama, Arkansas, Arizona, California, Colorado, Connecticut, Delaware, Florida, Georgia, Iowa, Illinois, Indiana, Kansas, Kentucky, Louisiana, Massachusetts, Maryland, Michigan, Missouri, Mississippi, North Carolina, Nebraska, New Jersey, New Mexico, New York, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas and Utah.

Services: Hospitalization, physician, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, workers compensation, prescription drug, general medical/surgical. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.

Compensation: Negotiates hospital charges by a per diem rate for mental health/chemical dependency and rehabilitation, DRGs for medical and surgical, package prices for maternity; is compensated by employers/payers; charges a flat fee per eligible employee and per use fee. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met.

Control measures: Standard utilization review procedures excluding retrospective review, second surgical opinion, hospital bill audits, outpatient service predetermination, case management. Utilization review provided by the PPO.

Officers: Marlene Travis, president; Michael J. Flanigan, marketing director; Ken Diamond, senior vp-provider development.

Continued on next page

Continued from previous page
Contact: Jolene Olson, marketing specialist.

Lincoln National Preferred Plan

7900 International Drive, Suite 955, Minneapolis, Minn. 55425; 612-854-2035; fax: 612-854-2035

Staff	
Physicians	3,000
Facilities	
Hospitals	32

Officers: Dr. John Blank, general manager; Mike Ricci, regional manager.

See Lincoln National Preferred Plan in Indiana.

Medica Choice Self-Insured

5601 Smetana Drive, P.O. Box 1587, Minneapolis, Minn. 55440; 612-936-1200; 612-936-6951

Staff	
Physicians	4,051
Specialists	1,707
Administrative	700
Marketing	57
Facilities	
Hospitals	84
Pharmacies	648
Diagnostic labs	13
Users: Group Health	
Employer/payer groups	37
Employees & dependents	55,000
Total users	**55,000**

Operational date: 1984.
For profit.
Service area: 29 counties in Minnesota; Barnes, Cass, Ransom, Richland, Stutsman and Traill counties in North Dakota.
Services: Hospitalization, physician, vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, lab, X-ray, preventive medicine, pharmaceutical. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by a per diem rate, per stay rate and percent discount off customary rates; is compensated by employers/payers; charges a flat fee per eligible employee and percent of claims.
Control measures: Standard utilization review procedures excluding outpatient service predetermination. Utilization review provided by the PPO.
Gross revenues: $6.2 million in 1990; $2.4 million in 1989.
Officers: David Strand, chief executive officer; P. Robert Larson, president/chief operating officer; Stanley W. Hamilton, chief financial officer; Dr. Allan J. Chernov, medical director; Arnold B. Hebert, Jr., vp-sales/marketing; Barbara Hughes, assistant secretary.

MetLife Network-Minnesota

200 E. Randolph Drive, Suite 6836, Chicago, Ill. 60601-6804; 312-861-3000

Contact: P. Kerry Finnegan, vp.
See MetLife Network in Connecticut.

NWNL Premium Benefits Network

20 Washington Ave. S., Minneapolis, Minn. 55401; 800-950-7736; fax: 612-342-7592

Service area: Contracts with Private Healthcare Systems Ltd. nationwide; Samaritan Health Plan in Phoenix; First Choice in Seattle; Mid-America Healthnet in Kansas City; Family Health Plan in Philadelphia; Scripps Clinic Health Network in San Diego.
Contact: Marvin Lind, director-managed care implementation, 612-372-5453.

Preferred One

1 Main St. S.E., Suite 400, Minneapolis, Minn. 55414; 612-623-8282; fax: 612-623-0984

Staff	
Physicians	3,400
Board-certified	100%
Specialists	1,700
Administrative	55
Marketing	3
Facilities	
Hospitals	33
Pharmacies	300
Diagnostic labs	5
Users: Group Health	
Employer/payer groups	5,100
Single & family coverage	88,000
Employees & dependents	220,000
Users: Workers Compensation	
Employer/payer groups	8
Employees	3,000
Total users	**223,000**

Operational date: January 1984.
Not for profit.
Accredited by the AAPI.
Service area: Minnesota, North Dakota and Wisconsin.
Services: Hospitalization, physician, vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, chiropractic and pharmaceutical. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by DRGs; is compensated by employers/payers; charges a flat fee per eligible employee and percent of savings. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met. Services groups under contract with 30 insurance companies and 15 TPAs.
Control measures: Standard utilization review procedures. Utilization review provided by the PPO.
Gross revenues: $95 million in 1990; $50 million in 1989.
Officers: Marcus Merz, chief executive officer; Dr. Kenneth Dedeker, medical director; K. Jim Miller, vp-marketing; David Olsen, vp-operations; Tim Frontera, director; Mary Lewis, director of finance.

Private Healthcare Systems Ltd.

Regional Office, 10255 W. Higgins Road, Suite 260, Rosemont, Ill. 60018; 708-299-7560; fax: 708-299-2717

Staff	
Physicians	1,532
Facilities	
Hospitals	15

See Private Healthcare Systems Ltd. consolidated listing in Massachusetts.

ProAmerica Network Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669

Facilities	
Hospitals	15
Users: Group Health	
Employees and dependents	95,334

See ProAmerica Network Inc. in Texas.

Prudential Plus of Minnesota

3701 S. Wayzata Blvd. Minneapolis, Minn. 55416; 612-349-1000; fax: 612-349-1683

Staff	
Administrative	6
Marketing	18

Operational date: January 1992.
Ownership: The Prudential Insurance Co. of America.
Service area: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott and Washington counties in Minnesota.
Services: Hospitalization, physician, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology.
Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates; is compensated by insurers; charges varies.
Officers: Ken Bates, vp-health care management; Gary Schulz, director health care management; Dr. Robert Burgfechtel, medical director; Jim Ebbitt, marketing director.
See The Prudential Insurance Co. of America in New Jersey.

Select Care

1700 W. 82nd St., Suite 100, Bloomington, Minn. 5431; 612-885-5700; fax: 612-885-5718

Staff	
Physicians	2,800
Patients/physician	330
Board-certified	97%
Specialists	1,400
Administrative	6
Marketing	5
Facilities	
Hospitals	46
Pharmacies	500
Diagnostic labs	2
Users: Group Health	
Employer/payer groups	1,650
Single coverage	25,000
Family coverage	41,000
Employees & dependents	165,000
Total users	**165,000**

Operational date: January 1983.
Not for profit.
Accredited by the AAPI.
Service area: Minnesota, North Dakota and Wisconsin.
Services: Hospitalization, physician, vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, chiropractic, pharmaceutical. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by a per diem rate, percent discount off customary rates and DRGs; is compensated by employers/payers, insurers, health care providers and claims administrators; charges a flat fee per eligible employee, percent of savings and percent of services rendered. The PPO will contract to reduce its fee if savings are not met. Services groups under contract with 25 payer contracts, including TPAs and insurers.
Control measures: Standard utilization review procedures including referral management. Utilization review provided by the PPO.
Gross revenues: $35 million in 1990; $13 million in 1989.
Officers: Jack Davis, president; Dr. Richard Frey, medical director; Michael L. Thielen, vp; Leroy G. Meyering, chief financial officer.

Travelers-Twin Cities

50 Shuman Blvd., Suite 500, Naperville, Ill. 60563; 708-983-2269

Staff	
Physicians	2,129
Facilities	
Hospitals	43
Users: Group Health	
Employer/payer groups	94
Employees & dependents	7,466

Operational date: July 1988.
Ownership: The Travelers Insurance Co.
Service area: Anoka, Benton, Carver, Chicago, Dakota, Goodhue, Hennepin, Isanti, LeSueur, McLeod, Meeker, Nicollet, Ramsey, Rice, Scott, Sherburne, Sibley, Stearns, Stevens, Washington and Wright counties in Minnesota; Barron, Burnett, Chippewa, Dunn, Eau Claire, Pepin, Pierce, Polk, St. Croix and Trempealeau counties in Wisconsin.
Officers: Pam Pauley, manager provider relations; Ronald C. White, sales manager.
See The Travelers Insurance Co. corporate listing in Connecticut.

MISSISSIPPI

Aetna Health Plans

1080 River Oaks Drive, Jackson, Miss. 39208; 601-977-3800; fax: 601-932-2369

Service area: Mississippi.
Officers: Henry C. Roberts, general manager; John Pearce, market manager.
Contact: Linda Banks.
See Aetna Health Plans corporate listing in Connecticut.

Beech Street

2 Ada, Suite 200, Irvine, Calif. 92718; 714-727-1353; fax: 714-727-1793

Facilities	
Hospitals	7
Users: Group Health	
Employees & dependents	12,443

See Beech Street in California.

FOCUS Healthcare Management Inc.

7101 Executive Center Drive, Suite 375, Brentwood, Tenn. 37027; 800-873-0055; fax: 615-377-6098

Staff	
Marketing	1
Facilities	
Hospitals	2

Operational date: June 1991.
Service area: Harrison, Hines and Pike counties in Mississippi.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment.
Compensation: Negotiates hospital charges by a per diem rate and percent discount off customary rates.
See FOCUS Healthcare Management Inc. corporate listing in Tennessee.

MetLife Network-Mississippi

5 Post Oak Park, Suie 2120, Houston, Texas 77027-3416; 713-961-9944

Contact: William S. Woodside, vp.
See MetLife Network in Connecticut.

Preferred Care

3545 Lakeland Drive E., Jackson, Miss. 39208

Staff	
Physicians	926
Facilities	
Hospitals	27
Users: Group Health	
Employees & dependents	62,084

Operational date: February 1985.
Sponsorship: Blue Cross & Blue Shield of Mississippi Inc.
Service area: Mississippi.
Control measures: Standard utilization review procedures excluding length of stay determination, discharge planning, retrospective review, hospital bill audits, outpatient service predetermination.

Private Healthcare Systems Ltd.

Regional Office, 1000 Abernathy Road, Suite 840 N.E., Atlanta, Ga. 30328; 404-394-1084; fax: 404-394-1398

Staff	
Physicians	299
Facilities	
Hospitals	6

See Private Healthcare Systems Ltd. consolidated listing in Massachusetts.

ProAmerica Southeast Region

2600 Lake Lucien Drive, Suite 200, Maitland, Fla. 32751; 800-253-3397

Facilities	
Hospitals	5
Users: Group Health	
Employees and dependents	13,380

Contact: Greg O'Driscoll.
See ProAmerica Network Inc. in Texas.

MISSOURI

Admar Corp./Med Network

509 Olive St., Suite 700, St. Louis, Mo. 63101; 314-421-1005 or 800-395-6905

See Admar Corp./Med Network corporate listing in California.

Aetna Health Plans

7301 College Blvd., Overland Park, Kan. 55210; 913-661-3788

Service area: Cass, Clay, Jackson and Platte counties in Missouri.
Contact: M.H. Doyle, manager.
See Aetna Health Plans corporate listing in Connecticut.

Aetna Health Plans

CityPlace One, 1 CityPlace Drive, Creve Coeur, Mo. 63141; 314-994-2500

Service area: Franklin, Gascon-ade, Jefferson, St. Charles, St. Frances and St. Louis counties and City of St. Louis in Missouri.
Contact: J.S Hankins, market manager.
See Aetna Health Plans corporate listing in Connecticut.

Beech Street

2 Ada, Suite 200, Irvine, Calif. 92718; 714-727-1353; fax: 714-727-1793

Facilities	
Hospitals	9
Users: Group Health	
Employees & dependents	64,702

See Beech Street in California.

Blue Cross & Blue Shield of Missouri-Alliance Program

4444 Forest Park Blvd, St. Louis, Mo. 63108; 314-658-4444; fax: 314-658-5002

Staff	
Physicians	2,857
Board-certified	81%
Specialists	1,343
Facilities	
Hospitals	46
Users: Group Health	
Employer/payer groups	9,848
Single coverage	102,202
Family coverage	92,728
Employees & dependents	425,841

Operational date: January 1985.
Not for profit.
Ownership: Blue Cross & Blue Shield of Missouri.
Service area: 47 counties in Missouri.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by a combination of per case, per diem and percentage of charges; is compensated by employers/payers; charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures including employee health and wellness, focused review, medical record documentation consultation, member education of delivery system issues, quality management profiling. Utilization review provided by the PPO.
Gross revenues: $651.9 million in 1990; $535.8 million in 1989.
Officers: Roy R. Heimburger, president; Clifford S. Graham, executive vp/chief operating officer; Dr. Jack Davidson, medical director; Richard S. Smith, senior vp; D. Ann Saladion, vp-benefit management.

CAPP Care Inc.

17390 Brookhurst, Suite 280, Fountain Valley, Calif. 92708; 714-963-8065; fax: 714-963-0549

Staff	
Physicians	1,187
Facilities	
Hospitals	26

Service area: Missouri.
See CAPP Care Inc. in California.

CCN Inc.

8911 Balboa Ave., San Diego, Calif. 92123; 619-278-2273; fax: 619-278-1262

Facilities	
Hospitals	17
Users: Group Health	
Employer/payer groups	2
Employees & dependents	1,700

Operational date: 1991.
Service area: Missouri.
Services: Hospitalization
Control measures: Standard utilization review procedures excluding Concurrent hospital treatment review, length of stay determination, discharge planning, retrospective review, second surgical opinion, hospital bill audits, outpatient service predetermination, case management. Utilization review provided by the outside contractor.
Officers: James Denman, marketing manager.
See CCN Inc. in California.

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CIGNA Preferred Provider Organization-Columbia

8182 Maryland, Suite 301, St. Louis, Mo. 63105; 314-726-7860; fax: 314-726-7898

Staff	
Physicians	243
Board-certified	85%
Marketing	10
Facilities	
Hospitals	2

Operational date: February 1990.
Service area: Columbia, Mo.
Officers: Jack Rohfnitch, regional managed care officer; Patricia Maher, provider relations.
Contact: Patricia Maher.
See CIGNA Preferred Provider Organization in Connecticut.

CIGNA Preferred Provider Organization-Kansas City

7400 110th St., Suite 600, Overland Park, Kan. 66210; 913-451-9389; fax: 913-451-0974

Staff	
Physicians	1,546
Board-certified	85%
Marketing	10
Facilities	
Hospitals	25

Operational date: January 1988.
Service area: 12 counties surrounding Kansas City, Mo./Kan., area.
Officers: Jack Rohfnitch, regional managed care officer; Susan Smith, provider relations.
Contact: Susan Smith.
See CIGNA Preferred Provider Organization in Connecticut.

CIGNA Preferred Provider Organization-St. Louis

8182 Maryland, Suite 301, St. Louis, Mo. 63105; 314-726-7860; fax: 314-726-7898

Staff	
Physicians	2,343
Board-certified	85%
Marketing	10
Facilities	
Hospitals	24

Operational date: September 1987.
Service area: 12 counties surrounding St. Louis.
Officers: Jack Rohfnitch, regional managed care officer; Patricia Maher, provider relations.
Contact: Patricia Maher.
See CIGNA Preferred Provider Organization in Connecticut.

Complete Medical Care Inc.

1031 Bellevue Ave., Suite 300, St. Louis, Mo. 63117; 314-781-1338

Staff	
Physicians	150
Board-certified	90%
Specialists	25
Administrative	1
Marketing	1
Facilities	
Hospitals	5
Diagnostic labs	1
Users: Group Health	
Employer/payer groups	2
Employees & dependents	4,000
Users: Workers Compensation	
Employer/payer groups	2

Operational date: August 1984.
For profit.
Service area: St. Louis.
Services: Hospitalization, physician, vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by a per diem rate and percent discount off customary rates; is compensated by employers/payers and insurers; charges a percent of savings.
Control measures: Standard utilization review procedures excluding concurrent hospital treatment review, length of stay determination, discharge planning, retrospective review, hospital bill audits, outpatient service predetermination. Utilization review provided by the PPO.
Gross revenues: $800,000 in 1990; $750,000 in 1989.
Officers: Dr. Steven Spurgeon, president/medical director; John N. Komos, executive director/marketing director.
Contact: John N. Komos.

FOCUS Healthcare Management Inc.

1001 Craig Road, Suite 260, St. Louis, Mo. 63136; 314-569-9822; fax: 314-569-0552

See FOCUS Healthcare Management Inc. in Kansas.

HealthLink Inc.

788 Office Parkway, St. Louis, Mo. 63141; 314-432-5465; fax: 314-872-9634

Staff	
Physicians	3,157
Board-certified	90%
Specialists	2,217
Facilities	
Hospitals	44
Users: Group Health	
Employer/payer groups	50
Employees & dependents	312,000
Total users	**312,000**

Operational date: June 1985.
For profit.
Ownership: Alton Memorial Hospital, Belleville Memorial Hospital, Christian Memorial Hospital, Missouri Baptist Hospital, St. Elizabeth Hospital, St. Joseph Hospital, St. Louis University Hospital, St. Luke Hospital.
Service area: 28 counties in Missouri and southern Illinois.
Services: Hospitalization, physician. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by a per diem rate; is compensated by employers/payers and health care providers; charges a flat fee per eligible employee and percent of services rendered. Services groups under contract with ALTA Health Strategies, Daniel & Henry, Financial Insurance Services, LaHood, Lifeco, Pension Associates, Spectrum, Richard Reese.
Control measures: Standard utilization review procedures. Utilization review provided by the PPO and Ellis & Associates.
Officers: John O'Rourke, president; Kirk Flury, medical director; David Ott, marketing director.

HealthNet

2300 Main St., Suite 1090, Kansas City, Mo. 64108; 816-221-0222; fax: 816-221-7709

Staff	
Physicians	1,672
Administrative	78
Marketing	7
Facilities	
Hospitals	19
Diagnostic labs	3
Users: Group Health	
Employer/payer groups	2,801
Single coverage	26,540
Family coverage	67,205
Employees & dependents	233,533
Total users	**233,533**

Operational date: June 1984.
For profit.
Accredited by the AAPI.
Services: Hospitalization, physician, substance abuse, psychiatric services, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by a per diem rate; is compensated by employers/payers; charges a flat fee per eligible employee and percent of savings. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met. Services groups under contract with more than 40 insurers and TPAs.
Control measures: Standard utilization review procedures excluding hospital bill audits. Utilization review provided by the PPO.
Officers: Beverly Simmons, president; Dr. Richard Brummett, medical director; Dennis Kasselman, marketing director.

Lincoln National Preferred Plan

7400 College Blvd., Suite 210, Overland Park, Kan. 66210; 913-345-2240; fax: 9134-345-8775

600 Emerson Road, Suite 300, St. Louis, Mo. 63141; 314-991-3938; fax: 314-997-9704

Staff	
Physicians	2,986
Facilities	
Hospitals	49

Officers: Tony Van Roekel, general manager; Rob Noel, regional director.
See Lincoln National Preferred Plan in Indiana.

MedView CompPro/ MedView Services Inc.

32991 Hamilton Court, Farmington Hills, Mich. 48334; 313-488-5260; fax: 313-488-5262

Staff	
Physicians	381
Board-certified	90%
Specialists	210
Facilities	
Hospitals	24
Users: Workers Compensation	
Employer/payer groups	4
Employees	180,000
Total users	**180,000**

See MedView CompPro/MedView Services Inc. in Michigan.

MetLife Network-Missouri

The Bemiston Tower, 231 S. Bemiston Ave., Suite 300, St. Louis, Mo. 63105-1988

See MetLife Network in Connecticut.

Principal Health Care of Kansas City Inc.

1001 E. 101st Terrace, Suite 230, Kansas City, Mo. 64131; 816-941-3030; fax: 816-914-8516

Staff	
Physicians	1,603
Board-certified	75%
Administrative	1
Marketing	1
Facilities	
Hospitals	21
Diagnostic labs	10
Total users	**10,934**

Operational date: January 1989.
Ownership: Principal Health Care Inc.
Service area: Kansas City.
Officers: Kenneth Linde, president; Dave Roberts, executive director; Dr. Mel Museles, medical director; Michael Soto, marketing director.
See Principal Health Care Inc. in Maryland.

Private Healthcare Systems Ltd.

Regional Office, 3100 W. End Ave., Suite 650, Nashville, Tenn. 37203; 615-386-9194

Staff	
Physicians	1,359
Facilities	
Hospitals	17

See Private Healthcare Systems Ltd. consolidated listing in Massachusetts.

ProAmerica Network Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669

Facilities	
Hospitals	11
Users: Group Health	
Employees and dependents	29,878

See ProAmerica Network Inc. in Texas.

Prudential Health Care Plan Inc. of Kansas City

Plaza West, North Building, 4600 Madison Ave., Suite 300, Kansas City, Mo. 64112; 816-756-5588; fax: 816-561-5667

Staff	
Physicians	303
Patients/physician	138
Board-certified	96%
Specialists	279
Administrative	39
Marketing	12
Facilities	
Hospitals	11
Pharmacies	58
Diagnostic labs	2
Total users	**41,794**

Operational date: October 1986.
Ownership: The Prudential Insurance Co. of America.
Accredited by AAPI.
Service area: Cass, Clay, Jackson and Platte counties in Missouri; Johnson and Wyandotte counties in Kansas.
Services: Hospitalization, physician, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology.
Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates; is compensated by employers/payers; charges a flat fee per eligible employee.
Officers: Dave Dingley, director; Michael Eve, regional group manager; Dr. Joseph Palazola, medical director.
See The Prudential Insurance Co. of America in New Jersey.

Prudential Health Care Plan Inc. of St. Louis

Paragon Place, Suite 500, 12312 Olive Blvd., Creve Coeur, Mo. 63141; 314-542-4500; fax: 314-542-4577

Staff	
Physicians	427
Patients/physician	68
Board-certified	85%
Specialists	490
Administrative	70
Marketing	20
Facilities	
Hospitals	19
Pharmacies	95
Diagnostic labs	20
Total users	**59,661**

Ownership: The Prudential Insurance Co. of America.
AAPI accreditation pending.
Service area: St. Louis City, Franklin, Jefferson, St. Charles and St. Louis counties in Missouri. Madison, Mowoe, St. Clair counties in Illinois.
Services: Hospitalization, physician, vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology.
Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates; is compensated by employers/payers; charges a flat fee per eligible employee. The PPO will contract to receive a higher fee if savings are realized.
Officers: Paul Conlin, director; Tracy Baker, regional group manager; Dr. Richard H. Fallor, medical director.
See The Prudential Insurance Co. of America in New Jersey.

Sanus/Passport Preferred Services Inc.

P.O. Box 27379, St. Louis, Mo. 63141-1779; 314-434-6114; fax: 314-434-8461

Staff	
Physicians	2,510
Patients/physician	560
Board-certified	80%
Specialists	1,972
Administrative	6
Marketing	15
Facilities	
Hospitals	34
Users: Group Health	
Employer/payer groups	380
Single coverage	98,410
Employees & dependents	300,000

Operational date: July 1985.
For profit.
Ownership: Sanus of Missouri.
Service area: 14 counties and City of St. Louis in Missouri; 11 counties in Illinois.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, physical therapy, radiology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by a per diem rate, percent discount off customary rates; is compensated by employers/payers and insurers; charges a flat fee per eligible employee. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met. Under contract with General American, Benefit Trust Life, New York Life, John Alden Life, ALTA, Arthur J. Gallagher, DBL Services, Century Planners, Genelco, Spectrum Benefits, Seabury & Smith.
Control measures: Standard utilization review procedures. Utilization review provided by the PPO.
Gross revenues: $2.7 million in 1990; $2.6 million in 1989.
Officers: Barrett A. Toan, executive director; Dr. Thomas Zink, medical director; Robert Grass, marketing director; Linda Logsdan; Linda Stark; Brenda Haalboom; Dale Salzman.
Contact: Rosalind Bronsen.

Travelers-St. Louis

231 S. Bemiston, Suite 715, St. Louis, Mo. 63105; 314-727-0930

Staff	
Physicians	1,837
Facilities	
Hospitals	16
Users: Group Health	
Employer/payer groups	165
Employees & dependents	7,038

Operational date: December 1986.
Ownership: The Travelers Insurance Co.
Service area: Madison, Monroe, St. Clair, counties in Illinois; Franklin, Jefferson, St. Charles, St. Louis counties and City of St. Louis in Missouri.
Officers: Denise Palmer, executive director-development; Charles R. Moreland, sales manager.
See The Travelers Insurance Co. corporate listing in Connecticut.

MONTANA

Beech Street

2 Ada, Suite 200, Irvine, Calif. 92718; 714-727-1353; fax: 714-727-1793

Facilities	
Hospitals	1
Users: Group Health	
Employees & dependents	2,489

See Beech Street in California.

HealthLink-Blue Cross Blue Shield of Montana

404 Fuller Ave., Helena, Mont. 59604; 406-444-8200; fax: 406-442-6946

Facilities	
Hospitals	1
Users: Group Health	
Employees & dependents	10,000
Total users	**10,000**

Operational date: July 1990.
For profit.
Ownership: Blue Cross Blue Shield of Montana.
Service area: Montana.
Services: Hospitalization, psychiatric services. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by DRGs; is compensated by employer/payers; charges a retention charge on insured products.
Control measures: Standard utilization review procedures excluding second surgical opinion, hospital bill audits, outpatient service predetermination. Utilization review provided by Managed Care Montana.
Officers: Alan Cain, president; Dr. James Crichton, medical director; Randy Cline, marketing director; Charles Butler, provider relations.
Contact: Randy Cline.

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ProAmerica Western Region

426 N. 44th St., Suite 220, Phoenix, Ariz. 85008; 800-879-8500

Facilities	
Hospitals	11
Users: Group Heath	
Employees and dependents	12,986

Contact: David K. Stewart.
See ProAmerica Network Inc. in Texas.

NEBRASKA

Aetna Health Plans

500 E. Court Ave., Des Moines, Iowa 50307; 515-245-5700

Service area: Douglas, Sarpy and Washington counties in Nebraska.
Contact: S.E. Kleywegt.
See Aetna Health Plans corporate listing in Connecticut.

CAPP Care Inc.

17390 Brookhurst, Suite 280, Fountain Valley, Calif. 92708; 714-963-8065; fax: 714-963-0549

Staff	
Physicians	203
Facilities	
Hospitals	4

Service area: Omaha, Neb. and Council Bluff, Iowa.
See CAPP Care Inc. in California.

Lincoln National Preferred Plan

1125 S. 103rd St., Suite 510, Omaha, Neb. 68124; 402-397-9060; fax: 402-397-9774

Staff	
Physicians	570
Facilities	
Hospitals	6

Officers: Steve Lindstrom, general manager; John Huebert, regional manager.
See Lincoln National Preferred Plan in Indiana.

MetLife Network-Nebraska

The Bemiston Tower, 231 S. Bemiston Ave., Suite 300, St. Louis, Mo. 63105-1988; 314-729-5990

See MetLife Network in Connecticut.

Mutually Preferred*

Mutual of Omaha Plaza, Omaha, Neb. 68175; 402-978-5100; fax: 402-978-2274

Users: Group Health	
Employees & dependents	350,000

For profit.
Ownership: Mutual of Omaha Insurance Co.
Service area: Florida, Iowa, Nebraska. Contracts with PPO Mobile in Alabama; Arizona Medical Network in Arizona; PPO Alliance in California; Boulder Valley IPA, Mountain Medical Affiliates, Fort Collins IPA, North Colorado MPA, NorthCare, Medical Network and Preferred Choice in Colorado; HealthChoice and Mid-Florida in Florida; SouthCare Medical Alliance in Georgia; HealthLink, Carle Clinic and Rush Contract Care in Illinois; VHA Tri-State Health Plans in Illinois; Health First in Iowa; HealthNet in Kansas and Missouri; Southeast Medical Alliance in Louisiana; National Capital PPO in Maryland, Virginia and District of Columbia; Admar/Med Network in Massachusetts; Preferred One in Minnesota and Wisconsin; HealthLink in Missouri; Preferred Healthcare Network Inc. and Health Care Inc. in Nevada; HealthMark Affiliated Networks in North Carolina; Preferred One in North Dakota; HealthRESPONSE and Universal Preferred Health Network Inc. in Ohio; CompMed in Oklahoma; Vantage PPO in Oregon; Intergroup Services Corp. in Pennsylvania and New Jersey; Preferred Health Partnership, Health Choice and HealthNet in Tennessee; North Texas Healthcare Network, Alliance Health Providers Inc. and ETHIX Corp. in Texas; Premier Medical Network in Utah; Sound Health Network Inc. in Washington.
Services: Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Is compensated by employers/payers; charges a flat fee per eligible employee.
Officers: Albert Wagner, vp/director-group managed health care; Robert S. Murphy, second vp/manager-group alternate delivery systems; Dr. David Ziegler, second vp/medical director; Stephen Kohoskie, senior vp/director-group marketing.
Contact: Robert S. Murphy.
*Figures are consolidated, including all PPOs operated by Mutual of Omaha Insurance Co.

Mutually Preferred-Lincoln

Mutual of Omaha Plaza, Omaha, Neb. 68175; 402-978-5100; fax: 402-978-2274

Staff	
Physicians	180
Board-certified	70%
Specialists	160
Administrative	8
Marketing	5
Facilities	
Hospitals	3
Pharmacies	1
Users: Group Health	
Employer/payer groups	68
Employees & dependents	24,000

Operational date: January 1986.
Service area: Lancaster County in Nebraska.
Services: Hospitalization, physician, dental, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, radiology center, home health agencies, physical therapy centers. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by a per diem rate and percent discount off customary rates.
Control measures: Standard utilization review procedures including ambulatory medical review program. Utilization review provided by the PPO.
Gross revenues: $10.4 million in 1990.
See Mutually Preferred consolidated listing in Nebraska.

Mutually Preferred-Omaha/ Council Bluffs, Iowa

Mutual of Omaha Plaza, Omaha, Neb. 68175; 402-978-5100; fax: 402-978-2274

Staff	
Physicians	700
Board-certified	55%
Specialists	550
Administrative	8
Marketing	5
Facilities	
Hospitals	6
Diagnostic labs	6
Users: Group Health	
Employer/payer groups	150
Employees & dependents	97,000

Operational date: June 1985.
Service area: Douglas and Sarpy counties in Nebraska; Pottawattamie County in Iowa.
Services: Hospitalization, physician, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, rehabilitation dialysis centers, physical therapy centers, respiratory therapy providers, skilled nursing facilities, urgent care centers, MRI centers, free-standing surgical centers, radiology centers, home health agencies, home infusion therapy providers, sleep disorder centers.
Compensation: Negotiates hospital charges by percent discount off customary rates and per diem rates based on DRG. Services groups under contract with Midwest Benefit Administrators.
Control measures: Standard utilization review procedures including ambulatory medical review program. Utilization review provided by the PPO.
Gross revenues: $93.6 million in 1990.
Officers: Robert S. Murphy, executive director; David Ziegler, medical director; Steve Kohoskie, marketing director.
See Mutually Preferred consolidated listing in Nebraska.

Option One

8501 W. Dodge Road, Omaha, Neb. 68114; 402-391-7044; fax: 402-390-4819

Staff	
Physicians	475
Patients/physician	300
Board-certified	90%
Specialists	325
Administrative	10
Marketing	1
Facilities	
Hospitals	6
Users: Group Health	
Employer/payer groups	275
Employees & dependents	45,000
Total users	**45,000**

Operational date: October 1984.
Not for profit.
Service area: Harrison, Mills and Pottawattamie counties in Iowa; Dodge, Douglas, Sarpy and Washington counties in Nebraska.
Services: Hospitalization, physician, substance abuse, psychiatric services, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by a per diem rate, percent discount off customary rates and DRGs; is compensated by employers/payers, insurers and health care providers; charges a flat fee per eligible employee and membership fees from hospitals and physicians. The PPO will contract to receive a higher fee if savings are realized. Services groups under contract with Aetna Life & Casualty, American United Life, Association Life, Benefit Trust Life, Centennial Life, Guardian Life, Home Life, MassMutual, New England Life, Northwestern National Life, Principal Mutual Life.
Control measures: Standard utilization review procedures excluding second surgical opinion, hospital bill audits. Utilization review provided by the PPO.
Gross revenues: $24 million in 1990; $12.8 million in 1989.
Officers: Ralph L. Morocco Jr., president/executive director; Dr. Joel T. Cotton, medical director; Marilyn B. Bryce, director-health resources management.

Principal Health Care of Nebraska Inc.

10810 Farnam Drive, Suite 425, Omaha, Neb. 68154; 402-333-1720 or 800-288-3343; fax: 402-333-1116

Staff	
Physicians	514
Board-certified	99%
Administrative	1
Marketing	1
Facilities	
Hospitals	9
Total users	**8,027**

Operational date: September 1989.
Ownership: Principal Health Care Inc.
Service area: Douglas, Harrison, Mills, Pottawattamie, Sarpy and Washington counties in Nebraska.
Officers: Kenneth Linde, president; Louis Garcia, executive director; Dr. Mel Museles, medical director; Michael Soto, marketing director.
See Principal Health Care Inc. in Maryland.

ProAmerica Network Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669

Facilities	
Hospitals	1
Users: Group Health	
Employees and dependents	19,222

See ProAmerica Network Inc. in Texas.

NEVADA

AlterNet

3405 Cambridge St., Las Vegas, Nev. 89109; 702-792-2994; fax: 702-792-5816

Staff	
Physicians	775
Patients/physician	186
Board-certified	99%
Specialists	475
Administrative	11
Marketing	2
Facilities	
Hospitals	6
Pharmacies	24
Diagnostic labs	11
Users: Group Health	
Employer/payer groups	15
Single coverage	17,500
Family coverage	4,500
Employees & dependents	27,000
Users: Workers Compensation	
Employer/payer groups	1
Single coverage	1,500
Employees & dependents	2,300
Total users	**29,300**

Operational date: July 1988.
For profit.
Service area: Clark and Washoe counties in Nevada. Contracts with CCN Inc. in Arizona; PPO Alliance in California; Managed HealthCare Northwest in Oregon.
Services: Hospitalization, physician, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, burn care, long-term psychiatric. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by a per diem rate and percent discount off customary rates; is compensated by employers/payers and insurers; charges a flat fee per eligible employee. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met. Services groups under contract with Aetna, John Alden, CIGNA, Equicor, Life General, Mutual Administrators and Risk Management Resources.
Control measures: Standard utilization review procedures. Utilization review provided by the PPO.
Officers: Joe Lawrence, president; Gerald Kring, executive director; Dr. Ken Mower, medical director; Terrence Morgan, marketing director.
Contact: Terrence Morgan or Gerald Kring.

Beech Street

2 Ada, Suite 200, Irvine, Calif. 92718; 714-727-1353; fax: 714-727-1793

Facilities	
Hospitals	5
Users: Group Health	
Employees & dependents	9,954

See Beech Street in California.

CAPP Care Inc.

17390 Brookhurst, Suite 280, Fountain Valley, Calif. 92708; 714-963-8065; fax: 714-963-0549

Staff	
Physicians	16
Facilities	
Hospitals	5

Service area: Fallon, Reno and Sparks in Nevada.
See CAPP Care Inc. in California.

Health Care Inc.

P.O. Box 26059, Las Vegas, Nev. 89126; 800-247-4240; fax: 702-876-6545

Staff	
Physicians	450
Board-certified	85%
Administrative	4
Marketing	1
Facilities	
Hospitals	10
Pharmacies	12
Diagnostic labs	3
Users: Group Health	
Employer/payer groups	7
Family coverage	12,000
Employees & dependents	25,000
Total users	**25,000**

Operational date: November 1983.
Not for profit.
Service area: Clark County in Nevada.
Services: Hospitalization, physician, substance abuse, chiropractic, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by a per diem rate and percent discount off customary rates; is compensated by employers/payers and insurers; charges a flat fee per eligible employee. Services groups under contract with Mutual of Omaha.
Control measures: Standard utilization review procedures. Utilization review provided by the PPO.
Gross revenues: $300,000 in 1990; $250,000 in 1989.
Officers: E. Cavonane Lewis, chairperson; Carol Abbott, executive director; Dr. Eugene Speck, medical director.

Humana Health Insurance of Nevada Inc.

3107 S. Maryland Parkway, Suite 426, Las Vegas, Nev. 89109; 702-737-7211; fax: 702-791-5826

Total users	**19,940**

Officers: Maureen Cash, executive director; John Grady, sales manager; Dr. Leon Dantzig, medical director.
See Humana Health Care Plans in Kentucky.

MetLife Network-Nevada

50 Fremont St., Suite 1100, San Francisco, Calif. 94105; 415-957-4101

Contact: Nick Brecker, vp.
See MetLife Network in Connecticut.

Nevada Preferred Professionals Inc.

2300 S. Rancho Drive, Suite 203, Las Vegas, Nev. 89102; 702-384-3366

Staff	
Physicians	650
Patients/physician	350
Board-certified	85%
Administrative	9
Marketing	1
Facilities	
Hospitals	23
Pharmacies	40
Diagnostic labs	3
Users: Group Health	
Employer/payer groups	27
Employees & dependents	55,000
Total users	**55,000**

For profit.
Service area: Nevada.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by a per diem rate and percent discount off customary rates; is compensated by employers/payers; charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures. Utilization review provided by the PPO.
Officers: Dr. Robert W. Clark, president; Joana Scaletta, executive director/marketing director.

Northern Nevada Health Network

85 Washington St., Reno, Nev. 89503; 702-688-5866; fax: 702-688-5604

Staff	
Physicians	150
Board-certified	95%
Specialists	125
Administrative	3
Marketing	1
Facilities	
Hospitals	9
Pharmacies	27
Diagnostic labs	3
Users: Group Health	
Employer/payer groups	30
Single coverage	6,500
Family coverage	9,800
Employees & dependents	26,100
Total users	**26,100**

Operational date: December 1988.
For profit.
Service area: 10 counties in Nevada; Eldorado County in California.
Services: Hospitalization, physician, vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.

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Compensation: Negotiates hospital charges by a per diem rate; is compensated by employers/payers; charges a flat fee per eligible employee. Services groups under contract with ALTA Health Strategies, American Managed Care, Horizon Health and Sierra Health & Life.

Control measures: Standard utilization review procedures excluding preadmission hospital review, second surgical opinion, hospital bill audits. Utilization review provided by the PPO and Action Healthcare Management Services.

Gross revenues: $22.5 million in 1990; $14 million in 1989.

Officers: Dr. Victor Knutzen, president; Michael Manges, chief operating officer; Dr. Catherine Goring, medical director; Keith Beagle, marketing director.

Preferred Plans Inc.

2235 E. Flamingo Road, Suite 406, Las Vegas, Nev. 89119; 702-737-6005; fax: 702-737-8525

Staff	
Physicians	470
Board-certified	90%
Specialists	270
Administrative	3
Marketing	1
Facilities	
Hospitals	12
Pharmacies	60
Diagnostic labs	6
Users: Group Health	
Employer/payer groups	14
Employees & dependents	10,000
Total users	**10,000**

Operational date: February 1987.
For profit.
Ownership: Heller Associates.
Service area: El Dorado County in California; Nevada.
Services: Hospitalization, physician, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by a per diem rate; is compensated by employers/payers and insurers; charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures. Utilization review provided by the PPO.
Officers: Glen E. Ogden, president; Frank J. Heller; Philip R. Steffensen.

ProAmerica Western Region

426 N. 44th St., Suite 220, Phoenix, Ariz. 85008; 800-879-8500

Facilities	
Hospitals	6
Users: Group Health	
Employees and dependents	12,008

Contact: David K. Stewart.
See ProAmerica Network Inc. in Texas.

Prudent Buyer Plan

5250 S. Virginia, P.O. Box 10330; Reno, Nev. 89520; 702-829-4000; fax: 702-829-4113

Staff	
Physicians	1,237
Specialists	934
Facilities	
Hospitals	13
Pharmacies	77
Diagnostic labs	1
Users: Group Health	
Employer/payer groups	350

Operational date: September 1985.
Not for profit.
Ownership: Blue Cross & Blue Shield of Nevada.
Service area: 16 counties in Nevada.
Services: Hospitalization, physician, vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, chiropractic, ambulatory surgical centers, home health care, home uterine monitoring, infusion therapy. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by a per diem rate and percent discount off customary rates; is compensated by insurers.
Control measures: Standard utilization review procedures excluding second surgical opinion, hospital bill audits, outpatient service predetermination. Utilization review provided by the PPO.
Officers: Thomas Levin, president; Dr. William Bannen, medical director; Norm Becker, marketing director.

NEW HAMPSHIRE

Health Choice

P.O. Box 2041, Concord, N.H. 03302; 800-531-3121; fax: 603-225-7621

Staff	
Physicians	800
Facilities	
Hospitals	26
Diagnostic labs	13
Users: Group Health	
Employer/payer groups	21
Single & family coverage	10,000
Employees & dependents	25,000
Total users	**25,000**

Operational date: April 1989.
For profit.
Ownership: Healthsource Preferred.
Service area: Essex, Middlesex and Worcester counties in Massachusetts; Belknap, Carroll, Cheshire, Grafton, Hillsboro, Rockingham, Strafford and Sullivan counties in New Hampshire.
Services: Hospitalization, physician, substance abuse, psychiatric services, obstetrics/gynecology, genetic counseling. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by a per diem rate, percent discount off customary rates and DRGs; is compensated by employers/payers and insurers; charges a flat fee per eligible employee and percent of savings. Services groups under contract with American International Group and EBPA.
Control measures: Standard utilization review procedures excluding length of stay determination, hospital bill audits. Utilization review provided by the PPO.
Gross revenues: $214,000 in 1990; $14,500 in 1989.
Officers: Sally Crawford, president/executive director; Dr. Richard Salmon, medical director; Donna Lencki, vp-marketing; Beth Mauck, vp-managed care services.
Contact: Donna Lencki, vp-marketing.

MetLife Network-New Hampshire

Keystone Building, 21st Floor, 99 High St., Boston, Mass. 02110-2310; 617-574-3911

Contact: Ambrose J. Redmond Jr., vp.
See MetLife Network in Connecticut.

ProAmerica Network Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669

Facilities	
Hospitals	4
Users: Group Health	
Employees and dependents	6,810

See ProAmerica Network Inc. in Texas.

NEW JERSEY

Aetna Health Plans

8 Campus Drive, Arbor Circle South, Parsippany, N.J. 07054; 201-285-5750; fax: 201-285-5930

Service area: New Jersey.
Contact: Gerald S. Lee, general manager; Newell Doty, 201-285-5751.
See Aetna Health Plans corporate listing in Connecticut.

Associated Chiropractic Providers Inc.

484 Union Ave., Middlesex, N.J. 08846; 908-356-8585; fax: 908-356-0042

Staff	
Physicians	100
Administrative	1
Marketing	1
Users: Group Health	
Employer/payer groups	30
Employees & dependents	240,000
Users: Workers Compensation	
Employer/payer groups	1
Employees	2,000
Total users	**242,000**

Operational date: June 1986.
For profit.
Service area: New Jersey.
Services: Chiropractic. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Is compensated by claims administrators; charges a percent of savings. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met. Services groups under contract with Aetna and Consumer Health Network Inc.
Control measures: Standard utilization review procedures excluding preadmission hospital review, precertification, concurrent hospital treatment review, length of stay determination, discharge planning, retrospective review, second surgical opinion, hospital bill audits, outpatient service predetermination. Utilization review provided by the PPO.
Officers: Louis W. Barile, president; Robert E. McCutcheon, medical director; William E. Litterer, secretary; Frank A. Stiso, treasurer.

The Block Group

103 Eisenhower Parkway; P.O. Box 954, Roseland, N.J. 07068; 201-226-5222; fax: 201-226-5835

Staff	
Physicians	5,500

Operational date: 1980.
For profit.
Service area: 48 states.
Services: Vision. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Is compensated by employers/payers, health care providers, insurers, claims administrators; charges a flat fee per eligible employee, capitation.
Control measures: Standard utilization review procedures include precertification, retrospective review. Utilization review provided by the PPO.
Officers: Michael P. Block, president; Stuart R. Schwartz, senior-vp; Kathy L. Wood, vp.
Contact: Kathy L. Wood.

Consumer Health Network

908 Oak Tree Road, Suite C, South Plainfield, N.J. 07080; 908-754-6200; fax: 908-754-4431

Staff	
Physicians	953
Board-certified	97%
Specialists	702
Administrative	4
Marketing	2
Facilities	
Hospitals	69
Users: Group Health	
Employer/payer groups	1,200
Employees & dependents	500,000
Users: Workers Compensation	
Employer/payer groups	109
Employees	25,000
Total users	**525,000**

Operational date: September 1989.
For profit.
Service area: New Jersey.
Services: Hospitalization, physician, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, infusion, pharmaceutical. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by DRGs; is compensated by employers/payers, insurers and claims administrators; charges a percent of savings. Services groups under contract with Scibal Insurance Group.
Control measures: Standard utilization review procedures. Utilization review provided by Utilization Management Services Inc.
Officers: Nancy C. Romeo, president; Dr. Arthur Maron, medical director; Joseph Carabello, marketing director; Len Weinman, director-operations.

Delta Dental Plan of New Jersey

959 Route 46, Parsippany, N.J. 07054; 201-334-6300; fax: 201-334-0303

Staff	
Dentists	700
Administrative	180
Marketing	15

Operational date: June 1991.
Not for profit.
Ownership: Delta Dental Plan of New Jersey.
Service area: New Jersey.
Services: Dental. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates dental charges by a schedule of charges; is compensated by employers/payers; charges a flat fee per eligible employee and percent of services rendered. The PPO will contract to reduce its fee if savings are not met.
Control measures: Case management only. Utilization review provided by the PPO.
Officers: Robert Ott, president; James Oxford, executive director; Dr. Frank Klump, medical director; Doug Smyth, marketing director.

FOCUS Healthcare Management Inc.

101 Lindenwood Drive, Valleybrooke III, Suite 150, Malvern, Pa. 19355; 215-647-3682; fax: 215-647-5383

Staff	
Physicians	500
Board-certified	80%
Specialists	369
Marketing	5
Facilities	
Hospitals	21
Diagnostic labs	23
Users: Workers Compensation	
Employer/payer groups	5

Operational date: June 1989.
Service area: 13 counties in New Jersey.
Services: Hospitalization, physician, vision, substance abuse, psychiatric services, durable medical equipment, podiatry.
Compensation: Negotiates hospital charges by percent discount off state mandated fee schedule.
See FOCUS Healthcare Management Inc. corporate listing in Tennessee.

LifeCare Management Systems Inc.

51 Upper Montclair Plaza, Montclair, N.J. 07043; 800-232-7388; fax: 201-744-2829

Staff	
Providers	310
Specialists	310
Administrative	5
Marketing	1
Facilities	
Hospitals	14
Users: Group Health	
Employer/payer groups	4
Employees & dependents	60,000
Total users	**60,000**

Operational date: March 1988.
For profit.
Service area: New Jersey; surrounding areas of Pennsylvania and New York.
Services: Substance abuse, psychiatric services. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem rate and percent discount off customary rates; is compensated by employers/payers, insurers and claims administrators; charges a flat fee per eligible employee, percent of savings and percent of services rendered. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met. Services groups under contract with MetLife HMO, New Jersey Automobile Dealers' Assn., Plandata and Teamsters Union Local 469.
Control measures: Standard utilization review procedures excluding second surgical opinion, outpatient service predetermination. Utilization review provided by the PPO and Medical Review Corp.
Officers: Nicholas P. Armenti, president; Bruce Nils Miller, vp-operations.
Contact: Nicholas P. Armenti.

Lincoln National Preferred Plan

90 Woodbridge Center Drive, Suite 200, Woodbridge, N.J. 07095; 201-602-1105; fax: 201-602-1305

Staff	
Physicians	675
Facilities	
Hospitals	8

Officers: Max Powell, general manager; Bob Mayfield, regional manager.
See Lincoln National Preferred Plan in Indiana.

Medical Diagnostic Management/Medicon

777 Terrance Ave., Hasbrouck Heights, N.J. 07604; 201-288-4556; fax: 201-288-4955

Staff	
Radiologists	200
Board-certified	95%
Administrative	25
Marketing	5
Facilities	
Diagnostic labs/Imaging facilities	42
Users: Group Health	
Employer/payer groups	6
Employees & dependents	197,000
Users: Workers Compensation	
Employer/payer groups	1
Employees	100,000
Total users	**297,000**

Operational date: August 1985.
For profit.
Service area: Connecticut, Illinois, Missouri, New Jersey.
Services: Diagnostic lab and radiology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Is compensated by employers/payer, health care providers, insurers, claims administrators, HMOs; charges a flat fee per eligible employee. percent of savings. Services groups under contract with Great Lakes HMO (Lincoln National), Michael Reese (Humana), Blue Choice (BC/BS St. Louis), Sanus.
Control measures: Standard utilization review procedures including precertification, retrospective review, outpatient service predetermination, case management, referral physician profiling, patient profiling, payer profiling. Utilization review provided by the PPO and Utilization Management Systems.
Gross revenues: $5 million in 1990; $4 million in 1989.
Officers: Robert A. Clemente, president; Phil Loughnane/John Adams, vp-operations; Dr. Alan Mintz, vp-medical affairs; Chet Pniewski, vp-marketing; Nancie Blatt, vp-provider relations.
Contact: Robert A. Clemente.

MetLife Network-Northern New Jersey

1 Madison Ave., Area 1-GH and 6-YZ, New York, N.Y. 10010-3690; 212-578-3653

Contact: Samuel H. McLaughlin, vp.
See MetLife Network in Connecticut.

MetLife Network-Southern New Jersey

1515 Market St., Suite 1630, Philadelphia, Pa. 19102; 215-977-7050

Contact: Thomas J. Regan, vp.
See MetLife Network in Connecticut.

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Point of Service

33 Washington St., Newark, N.J. 07102; 201-456-3040; fax: 201-456-3039

Staff	
Physicians	1,033
Patients/physician	24
Board-certified	95%
Specialists	2,625
Administrative	3,000
Marketing	150
Facilities	
Hospitals	91
Diagnostic labs	1
Users: Group Health	
Employer/payer groups	2
Single coverage	5,003
Family coverage	11,581
Employees & dependents	24,974
Total users	**24,974**

Operational date: January 1991.
Not for profit.
Ownership: Blue Cross/Blue Shield of New Jersey.
Service area: New Jersey.
Services: Hospitalization, physician, vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by a per diem rate, percent discount off customary rates and DRGs; is compensated by employers/payers; charges a flat fee per eligible employee and percent of services rendered.
Control measures: Standard utilization review procedures excluding outpatient service predetermination. Utilization review provided by the PPO and state mandated UROs.
Officers: John J. Patillo, president; Robert J. Pures, executive director; Dr. Stanley Harris, medical director; Donald Curry and Robert A. Marino, marketing directors.
Contact: Margaret Kapp, 14 Commerce Drive, Cranford, N.J. 07016; 908-272-7775.

Preferred Health Strategies

777 Terrace Ave., Suite 510, Hasbrouck Heights, N.J. 07604; 201-288-4362; fax: 201-288-4955

Staff	
Physicians	3,100
Board-certified	70%
Specialists	1,800
Administrative	8
Marketing	3
Facilities	
Diagnostic labs	1

Operational date: September 1991.
For profit.
Ownership: Hartill Inc.
Service area: Atlantic, Bergen Burlington, Camden, Cumberland, Essex, Gloucester, Hudson, Mercer, Middlesex, Monmouth, Morris, Passaic, Salam, Somerset and Union counties in New Jersey.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by DRGs; is compensated by employers/payers; charges a flat fee per eligible employee, percent of savings. Services groups under contract with Omega, Plan Data, Benefit Plan Administrators.
Control measures: Standard utilization review procedures including admission avoidance program. Utilization review provided by the PPO.
Officers: Robert A. Clemente, President; Philip L. Loughnane, vp; Richard Newman, medical director; Andrew H. Baker, chairman.
Contact: Philip L. Loughnane.

ProAmerica Network Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669

Facilities	
Hospitals	3
Users: Group Health	
Employees and dependents	58,734

See ProAmerica Network Inc. in Texas.

ProHealth of New Jersey

2040 Sixth Ave., Suite B, Neptune, N.J. 07753; 908-776-6767; 908-776-5168

Staff	
Physicians	340
Patients/physician	3,000
Board-certified	95%
Specialists	280
Administrative	10
Marketing	8
Facilities	
Hospitals	35
Diagnostic labs	37
Users: Workers Compensation	
Employer/payer groups	130
Employees	46,000
Total users	**46,000**

Operational date: February 1989.
For profit.
AAPI accreditation pending.
Service area: New Jersey.
Services: Physician. Services available unbundled. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by DRGs; is compensated by employers/payers; charges a flat fee per eligible employee and case management fees.
Control measures: Standard utilization review procedures. Utilization review provided by the PPO.
Gross revenues: $1.3 million in 1990; $350,000 in 1989.
Officers: Dr. Robert Dennis, president; Jim Montenegro, executive director; Dr. Steven Crawford, medical director; Ina Gelfound, marketing director; Dan Miller, vp-product development.
Contact: Dan Miller.

PruCare Plus-New Jersey

1 Campus Drive, Parsippany, N.J. 07054; 201-631-2000; fax: 201-539-7892

Staff	
Physicians	3,358
Patients/physician	95
Board-certified	90%
Specialists	1,884
Marketing	14
Facilities	
Hospitals	43
Pharmacies	430
Diagnostic labs	10
Users: Group Health	
Employees & dependents	138,424

Operational date: May 1986.
Ownership: The Prudential Insurance Co. of America.
Service area: New Jersey.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology.
Compensation: Negotiates hospital charges by percent discount off customary rates, DRGs; is compensated by employers/payers; charges a group premium/employers.
Officers: Raymond C. Allen Jr., vp; Rhonda Stock, Valerie Williams, executive directors; Dr. Peter Heisen, medical director; Shelley Molnar, Justin Fiedler, marketing directors.
Contact: Barbara Nilan, One Campus Drive, Parsippany, N.J. 07054; 201-631-3048.

See The Prudential Insurance Co. of America consolidated listing in New Jersey.

The Prudential Insurance Co. of America*

Group Department, 56 N. Livingston Ave., Roseland, N.J. 07068; 201-716-8000

Users: Group Health	
Employees & dependents	2.2 million
Total users	**2.2 million**

For profit.
Service area: Arizona, Colorado, District of Columbia, Florida, Georgia, Illinois, Indiana, Massachusetts, Michigan, Minnesota, Missouri, Montana, New Jersey, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, Tennessee, Texas, Virginia.
Services: Employees can select non-PPO providers. May be customized to meet employer specifications.
Control measures: Standard utilization review procedures. Utilization review provided by the PPO.
Officers: William P. Link, president-group operations; Samuel H. Havens, senior vp; Dr. Robert G. Rosenberg, vp-health care operations and research; Thomas A. Croswell, vp.

* Figures are consolidated, including all PPOs operated by The Prudential Insurance Co. of America.

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For lost souls...



and unfound sources

1992 DIRECTORIES

Our in-publication directories make access to services and suppliers easy. Providing comprehensive listings in specialized areas, they give readers a direct route to better management techniques, eliminating frustrating hours researching lost souls and unfound sources.

Business Insurance readers and advertisers alike benefit from our directory issues — these are valuable tools offering repeated use and lasting power.

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ISSUE	CLOSING*	DIRECTORY	EDITORIAL FEATURE
Jan 27	Jan 14	Third-Party Administrators	Self-Insurance
Feb 17	Feb 4	Utilization Review Providers	Benefits: Health Care Cost Control
Mar 9	Feb 25	Risk Management Consultants	Risk Management Services
Mar 30	Mar 17	Captive Managers	Captives/Risk Manager of the Year
Apr 27	Apr 14	Employee Benefits Info Systems	Benefits: Design & Administration
May 18	May 5	Property Loss Control Consultants	Property Loss Control
Jun 8	May 26	EAPs & Mental Health Networks	Benefits: Mid-Year Market Report
Jun 29	Jun 16	Agents & Brokers	Agent/Broker Profiles
Jul 13	Jun 30	Alternative Facilities	Risk Mgmt: Mid-Year Market Report
Jul 27	Jul 14	Risk Management Info Systems	Risk Management: Systems & Analysis
Aug 17	Aug 4	Surplus Lines Insurers/Wholeslrs	Surplus Lines
Aug 31	Aug 18	Leading Reinsurers Worldwide	Reinsurance: International Markets
Sep 7	Aug 25	401(k) Plan Administrators	Benefits: Pensions/Retirement Plans
Sep 28	Sep 15	Safety Consultants & Rehab Svcs	Workers Compensation
Oct 26	Oct 13	Reinsurance Brokers	Reinsurance: Trends & Issues
Nov 9	Oct 27	Int'l Insurers & Benefit Networks	International: Benefits & Risk Mgmt
Nov 23	Nov 10	Environmental Consultants	Specialty Risks
Dec 21	Dec 8	Benefit Consultants	Benefits: Market Report
Dec '92	Nov 20	HMOs & PPOs	Managed Care Market Report

Directory information: Sarah Polster 312-649-5279
*Advertising information: Martin Ross 212-210-0228
Circulation information: Customer Service 800-992-9970

Business Insurance
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Travelers-Northern New Jersey

701 Westchester Ave., White Plains, N.Y. 10604; 914-761-9103

Staff	
Physicians	1,128
Facilities	
Hospitals	40
Users: Group Health	
Employer/payer groups	60
Employees & dependents	5,546

Operational date: December 1988.

Ownership: The Travelers Insurance Co.

Service area: Bergen, Essex, Hudson, Mercer, Morris, Passaic, Union, Hunterdon, Middlesex, Monmouth, Somerset, Sussex and Warren counties.

Officers: Robert Ehinger, director providers relations; Charles E. Jones, David P. Thomas and Leonard J. Gilheany, employee benefit division sales managers.

See The Travelers Insurance Co. corporate listing in Connecticut.

USLIFE Care

United States Life Insurance Co., 3600 Route 66, Neptune, N.J. 07754; 908-922-7591; fax: 908-922-7595

Service area: Contracts with SouthCare Medical Alliance in Atlanta; U.S. Health Plan in Columbus, Ohio; Access Healthcare in Toledo, Ohio; Medical Network Inc. in Portland, Maine; Rush Contract Care in Chicago; Maricopa Foundation for Medical Care and Southern Arizona Physicians Service Assn. in Arizona; Eastern Iowa Health Care Inc. and Iowa City IPA in Iowa; MD Physicians Inc., Sooner Health Plan Inc. and Physicians Medical Plan of Tulsa in Oklahoma; 22 IPAs in Colorado and 16 IPAs in New Jersey.

Control measures: Standard utilization review procedures excluding discharge planning, retrospective review, second surgical opinion, hospital bill audits, outpatient service predetermination, case management. Utilization review provided by Utilization Management Services and Healthcare Alliance.

Gross revenues: $27.5 million in 1990; $15 million in 1989.

Officers: Christopher Ruisi, senior executive vp; David Dunn, executive vp; Hugh Bailey, executive vp.

Contact: Lorraine Sabol, 908-922-7591 or Kathy Madonna, 303-773-6533.

NEW MEXICO

Beech Street

2 Ada, Suite 200, Irvine, Calif. 92718; 714-727-1353; fax: 714-727-1793

Facilities	
Hospitals	16
Users: Group Health	
Employees & dependents	19,908

See Beech Street in California.

CAPP Care Inc.

17390 Brookhurst, Suite 280, Fountain Valley, Calif. 92708; 714-963-8065; fax: 714-963-0549

Staff	
Physicians	142
Facilities	
Hospitals	15

Service area: New Mexico.

See CAPP Care Inc. in California.

CIGNA Preferred Provider Organization-Albuquerque

4501 Indian School Road N.E., Suite 100, Albuquerque, N.M. 87110; 505-265-6455; fax: 505-268-9423

Staff	
Physicians	1,033
Board-certified	85%
Marketing	10
Facilities	
Hospitals	9

Operational date: June 1988.

Service area: 10 counties in Albuquerque and Santa Fe area in New Mexico.

Officers: Clyde Wright, regional managed care officer; Dr. Ken Osgood, plan director.

Contact: Dr. Ken Osgood.

See CIGNA Preferred Provider Organization in Connecticut.

DELTAChoice

2101 San Pedro N.E., Albuquerque, N.M. 87110; 505-262-1479; fax: 505-266-9315

Staff	
Dentists	48
Users: Group Health	
Employer/payer groups	3
Single coverage	158
Family coverage	55
Employees & dependents	386
Total users	**386**

Operational date: January 1990.

Not for profit.

Ownership: Delta Dental Plan of New Mexico.

Service area: 11 counties in New Mexico.

Services: Dental. Services available unbundled. Employees can select non-PPO providers.

Compensation: The PPO is compensated by employers/payers; charges a flat fee per eligible employee.

Control measures: Precertification. Utilization review provided by the PPO.

Officers: Patricia Wagner, president; C. Sue Bisbee, executive director; Mark Covell, marketing director.

Contact: Mark Covell.

PPO New Mexico

12800 Indian School Road N.E., Albuquerque, N.M. 87112; 505-291-3500; fax: 505-275-2511

Staff	
Physicians	500
Patients/physician	60
Board-certified	83%
Specialists	360
Marketing	13
Facilities	
Hospitals	10
Diagnostic labs	2
Users: Group Health	
Employees & dependents	8,168
Total users	**8,168**

Not for profit.

Ownership: New Mexico Blue Cross & Blue Shield.

Service area: Bernalillo, Catron, Mora, Sandoval, San Miguel, Santa Fe, Socorro, Torrance and Valencia counties in New Mexico.

Services: Hospitalization, physician, substance abuse, durable medical equipment, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by DRG, outpatient facility percent discount; is compensated by employers/payers; charges a flat fee per eligible employee.

Control measures: Standard utilization review procedures excluding hospital bill audits, outpatient service predetermination. Utilization review provided by the PPO.

Officers: Bill O'Brien, regional vp; Barry Silbaugh, medical director; Blair Christensen, marketing director.

ProAmerica Western Region

426 N. 44th St., Suite 220; Phoenix, Ariz. 85008; 800-879-8500

Facilities	
Hospitals	8
Total users	**11,626**

Contact: David K. Stewart.

See ProAmerica Network Inc. in Texas.

NEW YORK

Aetna Health Plans

Republic National Bank Building, 452 Fifth Ave., Suite 2300, New York, N.Y. 14301; 212-512-0700; fax: 212-764-2937

Service area: New York.

Contact: Douglas White, general manager.

See Aetna Health Plans corporate listing in Connecticut.

Aetna Health Plans

2700 Westchester Ave., Suite 202, Purchase, N.Y. 10577; 914-251-0600; fax: 914-251-1823

Service area: Westchester, Putnam, Rockland and Orange counties in New York.

Contact: Gary Arnold, general manager.

See Aetna Health Plans corporate listing in Connecticut.

CareNet Inc.

455 Commerce Drive, Amherst, N.Y. 14228; 716-691-8556; fax: 716-691-8524

Staff	
Physicians	800
Board-certified	100%
Specialists	520
Administrative	4
Marketing	1
Facilities	
Hospitals	16
Pharmacies	27
Diagnostic labs	5
Users: Group Health	
Employer/payer groups	3
Single coverage	1,400
Family coverage	2,800
Employees & dependents	10,400
Total users	**10,400**

For profit.

Service area: 14 counties in New York.

Services: Hospitalization, physician, vision, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by DRGs; is compensated by employers/payers; charges a flat fee per eligible employee.

Control measures: Standard utilization review procedures. Utilization review provided by the PPO.

Officers: Ronald K. Zoeller, president; Dr. Arthur Orlick, medical director; Thomas J. Doney, marketing director.

Contact: Thomas J. Doney.

Davis Vision

159 Express St., Plainview, N.Y. 11803; 516-932-9500; fax: 516-932-9845

Staff	
Physicians	1,500
Administrative	55
Marketing	5
Users: Group Health	
Employer/payer groups	130
Total users	**2.3 million**

Operational date: 1965.

For profit.

Service area: Nationwide.

Services: Vision. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.

Compensation: The PPO is compensated by employers/payers; charges a flat fee per eligible employee and fee for service schedule. Services groups under contract with Travelers Health Network.

Control measures: Utilization review includes retrospective review only. Utilization review provided by the PPO.

Officers: Richard Davis, president; Carl Mordoff, medical director; James Hyman, marketing director; Larry Gabel, vp-finance; Betty Tucker, vp-claims; Anthony Durante, vp-operations.

Contact: James Hyman, Davis Vision, 202 E. Cheyenne Mountain Blvd., Colorado Springs, Colo. 80906, 719-576-1494; Teresa Mandarini-Hanlon, Davis Vision, 63 Shore Road, Winchester, Mass. 01890; 617-729-8590.

MetLife Network-New York

1 Madson Ave., Area 1-GH and 6-YZ, New York, N.Y. 10010-3690; 212-578-3653

Contact: Ambrose J. Redmond Jr., vp.

See MetLife Network in Connecticut.

MetLife Network-Upstate New York

Keyston Building, 21st Floor, 99 High St., Boston, Mass. 02110-2310; 617-574-3911

Contact: Ambrose J. Redmond Jr., vp.

See MetLife Network in Connecticut.

MultiPlan Inc./ Donald Rubin Inc.

17 W. 17th St., New York, N.Y. 10011-5510; 212-727-9700 fax: 212-627-6396

Staff	
Administrative	25
Marketing	5
Facilities	
Hospitals	800
Users: Group Health	
Employer/payer groups	200
Family coverage	750,000
Users: Workers Compensation	
Employer/payer groups	750,000
Total users	**750,000**

Operational date: 1971.

For profit.

Service area: Arizona, California, Florida, Illinois, New Jersey, New York, Ohio, Pennsylvania and several other States.

Services: Hospitalization, substance abuse, home care, psychiatric services, durable medical equipment. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.

Compensation: Negotiates hospital charges by a per diem rate, percent discount off customary rates for individual services, DRGs; is compensated by employers/payers, insurers and claims administrators; charges a flat fee per eligible employee and percent of savings. Services groups under contract with 40 TPAs.

Control measures: Standard utilization review procedures excluding outpatient service predetermination. Utilization review provided by the PPO and several outside contractors.

Officers: Donald Rubin, president; Edward T. Gluckmann, executive director; Dr. John Jacoby, medical director; Edward Rothstein, marketing director; Roxanne Young, vp.

Contact: Edward Rothstein.

ProAmerica Network Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669

Facilities	
Hospitals	2
Users: Group Health	
Employees and dependents	10,800

See ProAmerica Network Inc. in Texas.

PruCare Plus of New York & Connecticut

140 Fell Court, Hauppauge, N.Y. 11788; 516-232-1943; fax: 516-232-2181; 301 Merritt 7, Norwalk Conn. 06851; 203-847-8009; fax: 203-849-8387

Staff	
Physicians	3,231
Patients/physician	18
Board-certified	2,423%
Specialists	1,914
Administrative	74
Marketing	4
Facilities	
Hospitals	35
Pharmacies	501
Diagnostic labs	4
Users: Group Health	
Employees & dependents	58,337
Users: Workers Compensation	
Employer/payer groups	207
Total users	**58,337**

Operational date: January 1987.

Ownership: The Prudential Insurance Co. of America.

AAPI accreditation pending.

Service area: Bronx, Dutchess, Kings, Nassau, New York, Putnam, Orange, Richmond, Rockland, Suffolk, Queens, Westchester in New York. Fairfield, Litchfield, New Haven and Middlesex counties in Connecticut.

Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology.

Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates, DRGs; is compensated by employers/payers; charges group premium.

Officers: William Marino, chief operating officer; Eduard Pfister, executive director-New York; Lewis Devendorf, executive director-Connecticut; Dr. Stanley Kramer and Dr. Jack Tobin, medical directors; Louis Cella, vp; John Galbraith, director.

Contact: David Gregory 201-631-9792.

See The Prudential Insurance Co. of America in New Jersey.

Shield Care Network

275 Oak St., Buffalo, N.Y. 14203; 716-847-1616

Staff	
Physicians	1,200
Board-certified	70%
Administrative	20
Marketing	7
Facilities	
Hospitals	16
Diagnostic labs	19
Users: Group Health	
Employer/payer groups	275
Single coverage	2,750
Family coverage	1,850
Employees & dependents	8,370

Operational date: January 1989.

Not for profit.

Ownership: Blue Shield of Western New York.

Service area: Albany, Cattaraugus, Columbia, Erie, Fulton, Genesee, Green, Montgomery, Niagara, Rensselear, Schenectady, Schuharie, Warren counties in New York.

Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by DRGs; is compensated by employer/payers; charges through an insurance premium. Services groups under contract with Blue Shield of Western New York.

Control measures: Standard utilization review procedures excluding outpatient service predetermination. Utilization review provided by the PPO and Peer Review Analysis.

Officers: John T. Mauyon, president; Dr. James R. Nunn, medical director; Mary Ellen Hager and Frederick J. Barthmaier, marketing directors.

Contact: Gene Stearns 518-482-0097 or Edward Lucy 716-847-1616.

Travelers-Syracuse

620 Erie Blvd. W., Suite 202, Syracuse, N.Y. 13204; 315-479-6667

Staff	
Physicians	504
Facilities	
Hospitals	4
Users: Group Health	
Employer/payer groups	24
Employees & dependents	426

Operational date: October 1989.

Ownership: The Travelers Insurance Co.

Service area: Cayuga, Madison, Onondaga, Oswego counties.

Officers: Kathryn Norton, executive director; William K. Wohlgemuth.

See The Travelers Insurance Co. corporate listing in Connecticut.

Travelers-Greater Metropolitan New York

701 Westchester Ave., White Plains, N.Y. 10604; 914-761-9103

Staff	
Physicians	2,133
Facilities	
Hospitals	53
Users: Group Health	
Employer/payer groups	160
Employees & dependents	33,957

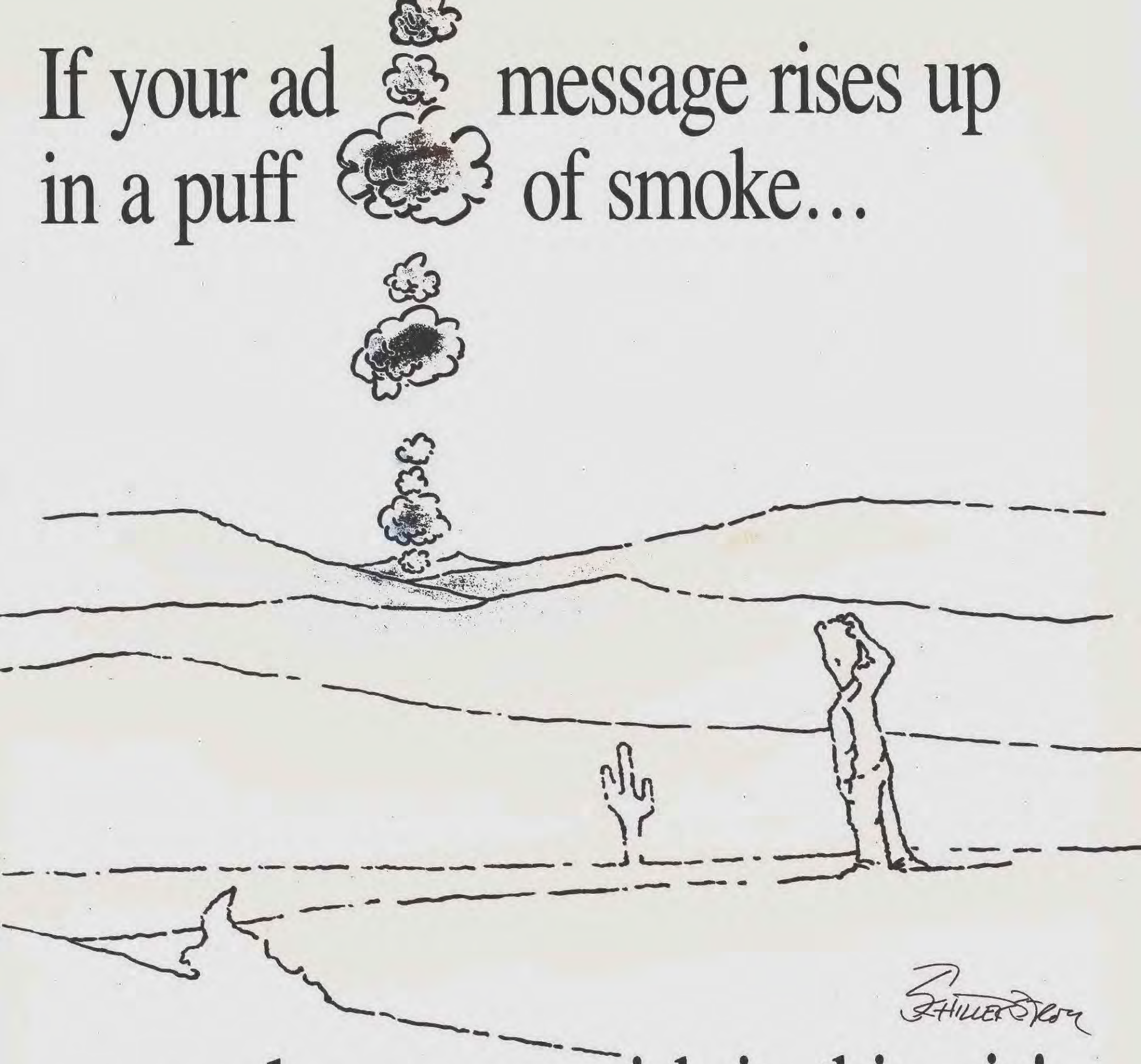
Operational date: November 1988.

Ownership: The Travelers Insurance Co.

Service area: Bronx, King, Nassau, New York, Queens, Richmond, Rockland, Suffolk and Westchester counties in New York.

Continued on page 114

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Continued from page 112
Officers: Gerald McNair, executive director; Robert L. Sweeney, Leonard Gilheany, Robert Ehinger, Peter Noonan and Jerome Misiewicz.
See The Travelers Insurance Co. corporate listing in Connecticut.

NORTH CAROLINA

Aetna Health Plans
3300 Battleground Ave., Suite 101, Greensboro, N.C. 27401; 919-288-9391; fax: 919-545-1726

Service area: 12 counties in North Carolina.
Officers: Preston Williams, general manager.
Contact: Glenn Lesley.
See Aetna Health Plans corporate listing in Connecticut.

Aetna Health Plans
201 College St., Suite 640, Charlotte Plaza Building, Charlotte, N.C. 28244; 704-353-7504; fax: 704-353-7832

Service area: Cabarrus, Mecklenburg and Union counties in North Carolina; York County in South Carolina.
Contact: Preston Williams, general manager.
See Aetna Health Plans corporate listing in Connecticut.

Beech Street
2 Ada, Suite 200, Irvine, Calif. 92718; 714-727-1353; fax: 714-727-1793

Facilities	
Hospitals	4
Users: Group Health	
Employees & dependents	64,702

See Beech Street in California.

CAPP Care Inc.
17390 Brookhurst, Suite 280, Fountain Valley, Calif. 92708; 714-963-8065; fax: 714-963-0549

Facilities	
Hospitals	4

Service area: Catawba, Charlotte and Raleigh in North Carolina.
See CAPP Care Inc. in California.

Carolina Preferred Care
2150 Country Club Road, Suite 160, Winston-Salem, N.C. 27104; 919-721-1844; fax: 919-721-0543

Staff	
Physicians	550
Board-certified	98%
Specialists	390
Administrative	28
Marketing	1
Facilities	
Hospitals	33
Users: Group Health	
Employer/payer groups	544
Employees & dependents	82,750
Total users	**82,750**

Operational date: October 1984.
For profit.
Service area: Alexander, Avery, Burke, Caldwell, Catawba, Davidson, Forsyth, Guilford, Lincoln, Mecklenburg and Rockingham counties in North Carolina; Florence, Greenville, Richland and Spartanburg counties in South Carolina.
Services: Hospitalization, physician, psychiatric services, podiatry, Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates, DRGs; is compensated by employers/payers, insurers; charges a flat fee per eligible employee, percent of savings. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met. Services groups under contract with American Heritage, Association Life Insurance Co., Booke & Co., CNA Insurance Co., Employee Benefit Services, Interactive Medical Systems, Jefferson-Pilot Insurance Co., John Alden Life Insurance Co., John Hancock Insurance Co., Key Risk Management, Massachusetts Mutual Insurance, McDonough Caperton, McDowell Agency Inc., Medical Claims Management Corp., Mid-South Insurance Co., National Health Insurance Co., Penn Western Benefits, Protective Life Insurance Co., Tucker Administrators, Willse & Associates Inc.
Control measures: Standard utilization review procedures excluding hospital bill audits. Utilization review provided by the PPO.
Officers: Otto Mueller, president; Dr. William Lorentz Jr., medical director; Kathryn Showalter, PPO manager.
Contact: Otto Mueller.

CIGNA Preferred Provider Organization-Charlotte
2100 Rexford Road, Suite 422, Charlotte, N.C. 28211; 704-362-1703; fax: 704-362-2785

Staff	
Physicians	323
Board-certified	85%
Marketing	10
Facilities	
Hospitals	7

Operational date: September 1989.
Service area Seven counties in the Charlotte, N.C. area.
Officers: Tim Fitzgerald, regional managed care officer; Cissie Carroll, provider relations.
Contact: Cissie Carroll.
See CIGNA Preferred Provider Organization in Connecticut.

CIGNA Preferred Provider Organization-Raleigh/Durham
4011 Westchase Blvd., Suite 290, Raleigh, N.C. 27607; 919-839-7800; fax: 919-839-7888

Staff	
Physicians	508
Board-certified	85%
Marketing	10
Facilities	
Hospitals	6

Operational date: June 1989.
Service area: 12 counties surrounding Raleigh; Durham, Chapel Hill and Fayetteville, N.C.
Officers: Tim Fitzgerald, regional managed care officer; Marilyn Novesel, provider relations.
Contact: Marilyn Novesel.
See CIGNA Preferred Provider Organization in Connecticut.

ETHIX Southeast Inc.
P.O. Box 222097, Charlotte, N.C. 28222-2097; 704-364-8215; fax: 704-364-9718

Staff	
Physicians	616
Board-certified	93%
Specialists	346
Administrative	30
Marketing	2
Facilities	
Hospitals	19
Users: Group Health	
Employer/payer groups	349
Single coverage	13,919
Family coverage	9,279
Employees & dependents	51,036
Total users	**51,036**

Operational date: November 1986.
For profit.
Ownership: Ethix Corp. Inc. (formerly Metrocare National Inc.)
Service area: Catawba, Davidson, Forsyth, Guilford, Mecklenburg and Wake counties in North Carolina; Charleston, Greenville, Kershaw, Pickens, Richland and Spartanburg counties in South Carolina.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by a per diem rate, percent discount off customary rates; is compensated by employers/payers, health care providers, insurers, claims administrators; charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.
Control measures: Standard utilization review procedures including specialized psychiatric and chemical dependency review. Utilization review provided by the PPO.
Gross revenues: $8.3 million in 1990; $6 million in 1989.
Officers: Dale White, president; Dr. Steven Bonner, medical director; Brenda Miller, marketing director; Peter Linder, chairman; Fred Davidson, secretary.
Contact: Brenda Miller.

FOCUS Healthcare Management Inc.
P.O. Box 17736, Greenville, S.C. 29606; 803-288-1650

Staff	
Marketing	1
Facilities	
Hospitals	8
Users: Workers Compensation	
Employer/payer groups	12

Operational date: June 1991.
Service area: 11 counties in North Carolina.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment.
Compensation: Negotiates hospital charges by a per diem rate and percent discount off state mandated fee schedule.
See FOCUS Healthcare Management Inc. corporate listing in Tennessee.

Health Care Savings
4530 Park Road, Charlotte, N.C. 28226; 704-527-6261; fax: 704-527-0629

Staff	
Physicians	850
Board-certified	85%
Specialists	500
Administrative	9
Marketing	3
Facilities	
Hospitals	9
Pharmacies	300
Users: Group Health	
Employer/payer groups	2,200
Single coverage	5,000
Family coverage	27,200
Employees & dependents	73,000
Total users	**73,000**

Operational date: January 1985.
For profit.
Ownership: North Carolina Medical Society.
Service area: Burke, Caldwell, Catawba, Guilford, Iredell, Lincoln and Mecklenburg counties in North Carolina; Richland and York counties in South Carolina.
Services: Hospitalization, physician, vision, dental, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by a per diem rate; is compensated by employers/payers, insurers and claims administrators; charges a flat fee per eligible employee. Services groups under contract with 17 insurance companies and 20 TPAs.
Control measures: Standard utilization review procedures excluding hospital bill audits and outpatient service predetermination. Utilization review provided by the PPO.
Gross revenues: $1.6 million in 1990; $1 million in 1989.
Officers: Dr. Lawrence Cutchin, president; Dr. Kevin J. Soden, medical director; Dick Dunn, marketing director; David Pate, chief financial officer.
Contact: Dick Dunn.

HealthMark Affiliated Networks
5108 N. I-85 Service Road, Suite 14, P.O. Box 561300, Charlotte, N.C. 28256; 704-597-7001; fax: 704-597-1429

Staff	
Physicians	286
Board-certified	95%
Specialists	222
Administrative	6
Marketing	2
Facilities	
Hospitals	9
Diagnostic labs	1
Users: Group Health	
Employer/payer groups	353
Employees & dependents	30,837
Total users	**30,837**

Operational date: March 1989.
For profit.
Ownership: HealthMark Corp.
Service area: 15 counties in North Carolina; two counties in South Carolina.
Services: Hospitalization, physician, vision, substance abuse, home health care, ambulatory surgery, kidney dialysis, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by a per diem rate, percent discount off customary rates, DRGs and package rates for outpatient surgery; is compensated by employers/payers; charges a flat fee per eligible employee. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met. Services groups under contract with nine insurers and 12 TPAs.
Control measures: Standard utilization review procedures including preadmission hospital review, precertification, concurrent hospital treatment review, length of stay determination, discharge planning, retrospective review, second surgical opinion, referral management, outpatient service predetermination, case management. Utilization review provided by the PPO and MedReview, North Carolina Medical Management and Preferred Care of the Carolinas.
Officers: Kenneth L. Stanford, president/chief executive officer; Dr. Charles B. Rich, medical adviser; Emily O. Jones, network coordinator; Harri Hartofilis, operations supervisor.
Contact: Emily Jones.

Lincoln National Preferred Plan
5540 Centerview Drive, Suite 315, Raleigh, N.C. 27606; 919-851-5411; fax: 919-851-5590
4421 Stuart Andrew Blvd., Suite 200, Charlotte, N.C. 28217; 704-525-6590; fax: 704-521-9104

Staff	
Physicians	1,136
Facilities	
Hospitals	28

Officers: William Young, general manager; Carter Whitley, regional director.
See Lincoln National Preferred Plan in Indiana.

Preferred Care
P.O. Box 2291, Durham, N.C. 27702; 919-490-4124; fax: 919-490-3755

Staff	
Physicians	9,462
Facilities	
Hospitals	54
Users: Group Health	
Employer/payer groups	1,982
Employees & dependents	184,149
Total users	**184,149**

Operational date: April 1987.
Not for profit.
Ownership: Blue Cross & Blue Shield of North Carolina.
Service area: 66 counties in North Carolina.
Services: Hospitalization, physician, ambulatory surgery. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges on a per case basis with outlier per diems.
Control measures: Standard utilization review procedures excluding precertification, discharge planning, second surgical opinion, outpatient service predetermination. Utilization review provided by the PPO.
Officers: Thomas A. Rose, president; N. Earl Riderit, executive director; Dr. Don Bradley, medical director; Roger Philyow, marketing director.

ProAmerica Southern Region
2600 Lake Lucien Drive, Suite 200, Maitland, Fla. 32751; 800-253-3397

Facilities	
Hospitals	19
Users: Group Health	
Employees and dependents	71,914

Contact: Greg O'Driscoll.
See ProAmerica Network Inc. in Texas.

PruCare Plus
2100 Rexford Road, Suite 320, Charlotte, N.C. 28211; 704-365-6070; fax: 704-365-5684

Staff	
Physicians	224
Patients/physician	74
Board-certified	98%
Specialists	163
Administrative	12
Marketing	6
Facilities	
Hospitals	6
Pharmacies	56
Diagnostic labs	2
Users: Group Health	
Employer/payer groups	75
Single coverage	940
Family coverage	755
Employees & dependents	4,500
Total users	**4,500**

Operational date: November 1986.
Ownership: The Prudential Insurance Co. of America.
Service area: Cabarrus, Gaston, Lincoln, Mecklenberg, Rowan, Union, Iredell and Stanly counties in North Carolina; York County in South Carolina.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology.
Compensation: Negotiates hospital charges by percent discount off customary rates and other charges; is compensated by employers/payers; charges insurance premiums.
Officers: David George, vp in charge; David Patterson, director-group operations; Dr. C. Raymond Fernandez, medical director; Robert Ward, director-group marketing.
Contact: Robert Griffin, Vp-Group Marketing; 3100 Cumberland Circle, Suite 1100; Atlanta, Ga. 30339; 404-933-6605.
See The Prudential Insurance Co. of America in New Jersey.

Travelers-Charlotte
150 Pinecroft Road, Suite 108, Greensboro, N.C. 27407; 919-855-6466

Staff	
Physicians	286
Facilities	
Hospitals	5
Users: Group Health	
Employer/payer groups	95
Employees & dependents	3,854

Operational date: July 1987.
Ownership: The Travelers Insurance Co.
Service area: Cabarrus, Catawba, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Stanly and Union counties in North Carolina; York County in South Carolona.
Officers: Ken Bryant, executive director; Brad VanWinkle, sales manager.
See The Travelers Insurance Co. corporate listing in Connecticut.

Travelers-Greensboro
150 Pinecroft Road, Suite 108, Greenboro, N.C. 27407; 919-855-6466

Staff	
Physicians	619
Facilities	
Hospitals	4
Users: Group Health	
Employer/payer groups	104
Employees & dependents	5,286

Operational date: September 1987.
Ownership: The Travelers Insurance Co.
Service area: Alamance, Davidson, Davie, Forsyth and Guilford counties in North Carolina.
Officers: Ken Bryant, executive director; Brad VanWinkle, sales manager.
See The Travelers Insurance Co. corporate listing in Connecticut.

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Continued from previous page

NORTH DAKOTA

ProAmerica Network Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669

Users: Group Health	
Employees and dependents	8,496

See ProAmerica Network Inc. in Texas.

OHIO

Aetna Health Plans

600 Vine St., Suite 1810, P.O. Box 3720, Cincinnati, Ohio 45202; 513-579-3390

Service area: Brown, Butler, Clark, Clermont, Greene, Hamilton, Miami and Montgomery counties in Ohio.

Contact: B.A. Turner, general manager.

See Aetna Health Plans corporate listing in Connecticut.

Aetna Health Plans

100 E. Campus View Blvd., Suite 120, Columbus, Ohio 43235; 614-431-8703

Service area: Clermont, Columbiana, Delaware, Franklin, Harrison, Jefferson, Marion, Morrow and Monroe counties in Ohio.

Contact: R.A. Wiggins, general manager.

See Aetna Health Plans corporate listing in Connecticut.

Aetna Health Plans

Skylight Office Tower, 1660 W. Second St., Suite 400, Cleveland, Ohio 44115; 216-348-7700

Service area: 12 counties in Ohio.

Contact: James R. Bernard, market manager.

See Aetna Health Plans corporate listing in Connecticut.

Aetna Health Plans

1 Seagate, Suite 690, Toledo, Ohio 43666 419-249-2757

Service area: Fulton, Lucas and Wood counties in Ohio.

Contact: P.W. DeJeu, general manager.

See Aetna Health Plans corporate listing in Connecticut.

ALTA CareNetwork-Cincinnati

6975 Union Park Center, Suite 600, Salt Lake City, Utah 84047; 801-568-5500; fax: 801-568-5652

Staff	
Physicians	1,300
Board-certified	100%
Facilities	
Hospitals	11
Users: Group Health	
Employer/payer groups	4
Single coverage	1,000
Family coverage	4,020
Employees & dependents	12,550

Ownership: ALTA Health Strategies Inc.

Service area: Brown, Butler, Clermont, Clinton, Hamilton, Highland and Warren counties in Ohio; Boone, Campbell and Kenton counties in Kentucky.

Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology.

Compensation: Negotiates hospital charges by a per diem rate and percent discount off customary rates; is compensated by employers/payers; charges a flat fee per eligible employee and percent of savings.

See ALTA CareNetwork in Utah.

AultCare Corp.

2600 Sixth St. S.W., Canton, Ohio 44710; 216-438-6388; fax: 216-454-7845

Staff	
Physicians	500
Patients/physician	150
Board-certified	85%
Administrative	2
Marketing	4
Facilities	
Hospitals	7
Users: Group Health	
Employer/payer groups	60
Single coverage	5,974
Family coverage	13,947
Employees & dependents	50,000
Total users	**50,000**

Operational date: December 1985.

Not for profit.

Ownership: Aultman Hospital.

Service area: Columbiana, Guernsey, Stark, Summit and Tuscarawas counties in Ohio.

Services: Hospitalization, physician, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by percent discount off customary rates; is compensated by employers/payers and health care providers; charges a flat fee per eligible employee and percent of services rendered.

Control measures: Standard utilization review procedures including claims review. Utilization review provided by the PPO.

Gross revenues: $22.1 million in 1990; $26.6 million in 1989.

Officers: Dr. Alan Rovner, president; Rick Haines, executive director; Dr. Gregory Haban, medical director; Jack Brehany, marketing director.

Contact: Joe Novak.

Beech Street

2 Ada, Suite 200, Irvine, Calif. 92718; 714-727-1353; fax: 714-727-1793

Facilities	
Hospitals	53
Users: Group Health	
Employees & dependents	157,126

See Beech Street in California.

CAPP Care Inc.

17390 Brookhurst, Suite 280, Fountain Valley, Calif. 92708; 714-963-8065; fax: 714-963-0549

Staff	
Physicians	7,117
Facilities	
Hospitals	153

Service area: Ohio.

See CAPP Care Inc. in California.

CIGNA Preferred Provider Organization-Cleveland

5800 Lombardo Center, Suite 200, Cleveland, Ohio 44131; 216-642-2920; fax: 216-642-2990

Staff	
Physicians	2,291
Board-certified	85%
Marketing	10
Facilities	
Hospitals	36

Operational date: August 1987.

Service area: 15 counties in the Cleveland, Arkron, Warren/Youngstown area of Ohio.

Officers: Gordon Church, regional managed care officer; Louise Abrams, provider relations.

Contact: Louise Abrams.

See CIGNA Preferred Provider Organization in Connecticut.

CIGNA Preferred Provider Organization-Columbus

445 Hutchinson Ave., Suite 900, Columbus, Ohio 43235; 614-847-7100; fax: 614-847-7146

Staff	
Physicians	899
Board-certified	85%
Marketing	10
Facilities	
Hospitals	21

Operational date: January 1991.

Service area: 11 counties in Columbus, Ohio area.

Officers: Gordon Church, regional managed care officer; Sandy Spoon, operations manager.

Contact: Sandy Spoon.

See CIGNA Preferred Provider Organization in Connecticut.

CIGNA Preferred Provider Organization-Dayton/Cincinnati

36 E. Seventh St., Suite 2301, Cincinnati, Ohio 45202; 513-629-2640; 513-269-2639

Staff	
Physicians	1,049
Board-certified	85%
Marketing	10
Facilities	
Hospitals	22

Operational date: February 1990.

Service area: 11 counties in Cincinnati and Dayton areas of Ohio.

Officers: Gordon Church, regional managed care officer; Katherine Stoll, provider relations.

Contact: Katherine Stoll.

See CIGNA Preferred Provider Organization in Connecticut.

The Community Preferred Health Plan

4665 Cornell Road, Suite 300, Cincinnati, Ohio 45241; 513-872-8100; fax: 513-247-6719

Staff	
Physicians	12,088
Specialists	6,993
Facilities	
Hospitals	120
Diagnostic labs	74
Users: Group Health	
Employer/payer groups	12,000
Employees & dependents	173,115

Operational date: June 1987.

Not for profit.

Ownership: Blue Cross/Blue Shield.

Accredited by AAPI.

Service area: Ohio; Boone, Campbell and Kenton counties in Kentucky.

Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by percent discount off customary rates for individual services/charges; is compensated by employers/payers; charges a flat fee per eligible employee.

Control measures: Standard utilization review procedures. Utilization review provided by the PPO.

Officers: Dr. Joseph Berman, medical director; John Stoff, marketing director-group business; Gerald Doss, marketing director-select business.

Contact: Joseph Rochester, 513-247-6879.

The Emerald Health Network Inc.

7530 Lucerne Drive, Suite 200, Cleveland, Ohio 44130; 216-243-2030; fax: 216-826-5039

Staff	
Physicians	2,500
Patients/physician	185
Specialists	1,500
Administrative	100
Marketing	12
Facilities	
Hospitals	27
Diagnostic labs	156
Users: Group Health	
Employer/payer groups	234
Single coverage	25,220
Family coverage	51,704
Employees & dependents	194,000
Total users	**194,000**

Operational date: January 1984.

For profit.

Service area: 17 counties in Ohio; Mercer County in Pennsylvania.

Services: Hospitalization, physician, vision, dental, substance abuse, psychiatric services, podiatry, obstetrics/gynecology, pharmaceutical. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.

Compensation: Negotiates hospital charges by a per diem rate, percent discount off customary rates and DRGs; is compensated by employers/payers and health care providers; charges a flat fee per eligible employee and percent of savings. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met.

Control measures: Standard utilization review procedures excluding precertification, discharge planning, second surgical opinion, hospital bill audits, case management. Utilization review provided by the PPO.

Gross revenues: $147.5 million in 1990; $122.9 million in 1989.

Officers: Burt Bundgus, president/chief executive officer; James Spear, chief operating officer; Dr. Robert Dukes, medical director; Sam A. Yovanno, vp-marketing; Jeffrey Lehrich, vp-planning and development; Victoria Nipple, vp-utilization management.

Contact: Sam A. Yovanno.

Health First

2060 Reading Road, Suite 400, Cincinnati, Ohio 45202; 513-721-3388; fax: 513-684-8111

Staff	
Physicians	1,300
Patients/physician	200
Board-certified	85%
Specialists	925
Facilities	
Hospitals	13
Pharmacies	200
Users: Group Health	
Employer/payer groups	30
Single & family coverage	5,290
Employees & dependents	12,700
Total users	**12,700**

Operational date: January 1989.

Not for profit.

Ownership: University Health Plan Inc.

Service area: Butler, Clermont, Franklin, Hamilton, Montgomery and Warren counties in Ohio.

Services: Hospitalization, physician, substance abuse, managed mental health care, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by a per diem rate and percent discount off customary rates for individual services; is compensated by employers/payers and insurers; charges a flat fee per eligible employee and percent of savings. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met. Services groups under contract with John Hancock and Mass Mutual.

Control measures: Standard utilization review procedures excluding second surgical opinion, hospital bill audits. Utilization review provided by the PPO.

Officers: Hirsh J. Cohen, president; Dr. Robert W. Young, medical director; Melmon May, vp-marketing; Tony Borromeo, vp-finance.

Contact: JoAnne Lutz, director-strategic planning.

HealthRESPONSE

793 W. State St., Columbus, Ohio 43222; 614-225-5632; fax: 614-225-1359

Staff	
Physicians	656
Board-certified	67%
Specialists	400
Administrative	5
Facilities	
Hospitals	4
Users: Group Health	
Employer/payer groups	8
Employees & dependents	725,000
Total users	**725,000**

Operational date: October 1985.

Not for profit.

Ownership: Mount Carmel Health and Mount Carmel Affiliated Physicians.

Service area: Delaware, Fairfield, Franklin, Licking, Madison, Pickaway and Ross counties in Ohio.

Services: Hospitalization, physician, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.

Compensation: Negotiates hospital charges by a per diem rate, percent discount off customary rates and DRGs; is compensated by employers/payers, insurers, health care providers and Mount Carmel Health; charges a flat fee per eligible employee. Services groups under contract with 10 insurers.

Control measures: Standard utilization review procedures excluding hospital bill audits. Utilization review provided by the PPO.

Officers: Robert Nolan, president; Charles A. Turner III, chief operating officer; Dr. Dudley Briggs, medical director.

Health Service Affiliates

6730 Roosevelt, Franklin, Ohio 45005; 513-424-3351; fax: 513-422-1281

Staff	
Administrative	9
Marketing	4
Facilities	
Providers	1,180
Users: Group Health	
Employer/payer groups	425
Employees & dependents	300,000
Users: Workers Compensation	
Employer/payer groups	6
Single coverage	29,000
Total users	**300,000**

Operational date: November 1989.

For profit.

Service area: Nationwide.

Services: Hospitalization, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.

Compensation: Negotiates hospital charges by a per diem rate and percent discount off customary rates; is compensated by employers/payers, insurers and claims administrators; charges a flat fee per eligible employee and percent of savings. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met. 25% are covered by contracts with such fee adjustment clauses. Services groups under contract with ITT Hartford, Provident Life & Accident, Central Reserve Life, Community Mutual, Blue Cross & Blue Shield, 14 TPAs and eight self-administered multi-employer trust funds.

Control measures: Standard utilization review procedures. Utilization review provided by Health Service Management Group, Health Service Review, ValuTrac, Community Mutual Blue Cross/Blue Shield, CORE, LDG Reinsurance, Provident Life & Accident.

Officers: Mary J. Hanley, president; Dr. Richard Dammel, medical director; William D. Stief, chief operating officer; Thomas C. Colvin, chief financial officer.

Contact: Mary J. Hanley.

Health Service Preferred

6730 Roosevelt, Franklin, Ohio 45005; 513-424-3351; fax: 513-422-1281

Staff	
Physicians	1,300
Board-certified	60%
Specialists	520
Administrative	9
Marketing	4
Facilities	
Hospitals	22
Diagnostic labs	26
Users: Group Health	
Employer/payer groups	47
Single coverage	12,300
Family coverage	19,700
Employees & dependents	32,000
Total users	**32,000**

Operational date: November 1988.

For profit.

Service area: Southwest and central Ohio and northern Kentucky.

Services: Hospitalization, physician, chiropractic, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.

Compensation: Negotiates hospital charges by a per diem rate, percent discount off customary rates and DRGs; is compensated by employers/payers, insurers and claims administrators; charges a flat fee per eligible employee and percent of savings. The PPO will contract to receive a higher

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fee if savings are realized; the PPO will contract to reduce its fee if savings are not met. Services groups under contract with 12 insurers and TPAs.

Control measures: Standard utilization review procedures. Utilization review provided by Health Service Review and Provident Life and Accident.

Officers: Mary J. Hanley, president; Dr. Richard Dammel, medical director; William D. Stief, chief operating officer, Thomas C. Colvin, chief financial officer.

Contact: Mary J. Hanley.

Lincoln National Preferred Plan

11260 Chester Road, Suite 800, Cincinnati, Ohio 45246; 513-772-3518 fax: 513-772-1466

Staff	
Physicians	1,170
Facilities	
Hospitals	25

Officers: Robert Sheehy, general manager; Lou Santoro, regional manager.

See Lincoln National Preferred Plan in Indiana.

Lincoln National Preferred Plan

2 Summit Drive, Suite 520, Independence, Ohio 44131; 216-447-8535; fax: 216-447-8527

Staff	
Physicians	1,120
Facilities	
Hospitals	26

Officers: Robert Sheehy, general manager; Herman Hardy, regional manager.

See Lincoln National Preferred Plan in Indiana.

Mental Health Provider Systems

8353 Mentor Ave., Mentor, Ohio 44060; 800-255-6339; fax: 216-255-8426

Staff	
Physicians	34
Board-certified	95%
Specialists	168
Administrative	4
Marketing	2
Users: Group Health	
Employer/payer groups	3
Employees & dependents	18,000
Total users	**18,000**

Operational date: October 1989.
For profit.
Service area: 14 counties in Ohio; Harris County in Texas.

Services: Substance abuse, psychiatric services. Services available unbundled. May be customized to meet employer specifications.

Compensation: Is compensated by employers/payers; charges a flat fee per eligible employee.

Control measures: Standard utilization review procedures excluding second surgical opinion, hospital bill audits. Utilization review provided by the PPO.

Officers: Roger N. Hess, president/executive director; Dr. John B. Sawyer, medical director; Kathy Wilson, marketing director; David R. Lima, vp/treasurer.

Contact: Roger N. Hess or David R. Lima.

MetLife Network-Ohio

The Spectrum, Suite 400, 6060 Rockside Woods Blvd., Independence, Ohio 44131-2338; 216-642-6109

Contact: Michael J. McDermott, vp.

See MetLife Network in Connecticut.

North American Benefits Network Inc.

P.O. Box 94928, Cleveland, Ohio 44101-4928; 216-356-8212; fax: 216-356-0140

Staff	
Dentists	193
Specialists	43
Administrative	2
Users: Group Health	
Employer/payer groups	9
Single coverage	2,195
Family coverage	2,065
Employees & dependents	7,357
Total users	**7,357**

Operational date: August 1986.
For profit.
Service area: Cuyahoga, Lake and Lorain counties in Ohio.

Services: Dental only. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Is compensated by employers/payers; charges a flat fee per eligible employee.

Officers: Donald T. Baker, president; Dr. Kenneth M. Sirocky, dental director; William P. Coleman, marketing director.

Ohio Health Choice Plan

2322 E. 22nd St., Cleveland, Ohio 44115-3176; 216-363-1444 or 800-554-0027; fax: 216-621-3178

Staff	
Physicians	7,531
Patients/physician	58
Board-certified	70%
Specialists	4,217
Administrative	6
Marketing	5
Facilities	
Hospitals	83
Diagnostic labs	45
Users: Group Health	
Employer/payer groups	2,287
Single coverage	2,321
Family coverage	70,399
Employees & dependents	195,000
Total users	**195,000**

Operational date: February 1982.
Not for profit.
Ownership: St. Vincent and Charity Hospital.

Service area: 33 counties in Ohio and Kenton County in Kentucky. Contracts with CAPP Care in Alabama, Arizona, California, Colorado, Florida, Georgia, Illinois, Indiana, Kansas, Louisiana, Michigan, Missouri, Nebraska, Nevada, New Jersey, New Mexico, North Carolina, Oregon, Pennsylvania, South Carolina, Tennessee, Texas, Utah, Washington and Wisconsin.

Services: Hospitalization, physician, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, home health care, radiology, imaging services. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.

Compensation: Negotiates hospital charges by a per diem rate, percent discount off customary rates; is compensated by employers/payers, insurers and claims administrators; charges a flat fee per eligible employee. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met.

Control measures: Standard utilization review procedures. Utilization review provided by the PPO.

Officers: Pete Riebold, president; Russ Eckles, executive director; Dr. Pierce Mullally, medical director; Jim Francisco, marketing director.

Contact: Scott Vactor, 800-554-0027, ext. 3033 or Jeff Diday, 800-554-0027, ext. 3028.

PCN-Plus of Ohio

1 Independence Place, Suite 200, 4802 Rockside Road, Independence, Ohio 44131; 216-642-3120; fax: 216-642-0161

Staff	
Physicians	2,000
Patients/physician	50
Board-certified	95%
Specialists	1,100
Administrative	10
Marketing	3
Facilities	
Hospitals	52
Diagnostic labs	2
Users: Group Health	
Employer/payer groups	175
Employees & dependents	55,000
Users: Workers Compensation	
Employees	37,000
Total users	**92,000**

Operational date: February 1989.
For profit.
Service area: Ohio.

Services: Hospitalization, physician, substance abuse, psychiatric services, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by per diem rate; is compensated by employers/payers; charges a flat fee per eligible employee, percent of savings. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met.

Control measures: Standard utilization review procedures excluding hospital bill audits, outpatient service predetermination. Utilization review provided by the PPO.

Officers: Thomas H. Stateman; president; Les Reaog, executive director; Rich Schuch, medical director; Nick Vasile, marketing director; Bob Hofstroter, executive vp; Lynn Dowling, executive director-practice enhancement program.

Contact: Nick Vasile, 208-673-3113.

Preferred Patient Plan Network

525 Metro Place N., Suite 300, Dublin, Ohio 43017; 614-766-0061; fax: 614-889-2148

Staff	
Physicians	1,400
Board certified	78%
Specialists	560
Administrative	10
Marketing	3
Facilities	
Hospitals	32
Diagnostic labs	29

Operational date: April 1991.
For profit.
Service area: 18 counties in Ohio; Boone, Campbell and Kenton counties in Kentucky.

Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, home care, rehabilitation. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.

Compensation: Negotiates hospital charges by a per diem rate, percent discount off customary rates, DRGs and unit price; is compensated by employers/payers and insurers; charges a flat fee per eligible employee. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met.

Control measures: Standard utilization review procedures including preadmission hospital review, precertification, concurrent hospital treatment review, length of stay determination, discharge planning, retrospective review, second surgical opinion, hospital bill audits, outpatient service predetermination, case management. Utilization review provided by the PPO.

Officers: Janice Spillane, president; Dr. Dudley Briggs, medical director; Mike Franks, marketing director; Diane Schrimpf, vp; Krista Ball, vp.

Contact: Mike Franks, marketing director.

Primary Health Services Inc.

35 River St., Chagrin Falls, Ohio 44022; 216-247-3414

Staff	
Physicians	4,000
Board-certified	85%
Administrative	4
Marketing	4
Facilities	
Hospitals	60
Pharmacies	5,000
Diagnostic labs	15
Users: Group Health	
Employees & dependents	300,000
Total users	**300,000**

Operational date: March 1983.
For profit.
Service area: Ohio, West Virginia, western Pennsylvania and northern Kentucky.

Services: Hospitalization, physician, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.

Compensation: Negotiates hospital charges by a per diem rate, percent discount off customary rates and DRGs; is compensated by employers/payers, insurers and claims administrators; charges a flat fee per eligible employee and percent of savings.

Control measures: Standard utilization review procedures excluding retrospective review, hospital bill audits, outpatient service predetermination, case management. Utilization review provided by the PPO.

Officers: Arthur Chandler, president; Lee B. Janovitz, vp-operations.

Principal Health Care of Ohio Inc.

8101 N. High St., Suite 380, Columbus, Ohio 43235; 614-841-1240; fax: 614-841-1245

Operational date: November 1991.
Ownership: Principal Health Care Inc.

Service area: Delaware, Fairfield, Franklin, Licking, Madison, Pickaway counties in Ohio.

Officers: Kenneth Linde, president; Anthony Fata, executive director; Dr. Mel Museles, medical director; Michael Soto, marketing director.

See Principal Health Care Inc. in Maryland

Private Healthcare Systems Ltd.

Regional Office, 8600 Governors Hill Drive, Suite 211, Cincinnati, Ohio 45249; 513-677-3200; fax: 513-677-3204

Staff	
Physicians	3,358
Facilities	
Hospitals	37

See Private Healthcare Systems Ltd. consolidated listing in Massachusetts.

ProAmerica Network Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669

Facilities	
Hospitals	47
Total users	**53,502**

See ProAmerica Network Inc. in Texas.

PruCare of Central Ohio

485 Metro Place S., Suite 450, Dublin, Ohio 43017; 614-761-0002; fax: 614-761-1757

Staff	
Physicians	483
Patients/physician	34
Board-certified	91%
Specialists	285
Administrative	20
Marketing	9
Facilities	
Hospitals	12
Pharmacies	64
Diagnostic labs	2
Users: Group Health	
Employer/payer groups	83
Single coverage	1,061
Family coverage	1,241
Employees & dependents	6,758
Total users	**6,758**

Operational date: March 1988.
Ownership: The Prudential Insurance Co. of America.

Service area: Delaware, Fairfield, Franklin, Licking, Madison, Pickaway, Union counties in Ohio.

Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology.

Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates; is compensated by employers/payers; charges a flat fee per eligible employee.

Officers: Elwood Fisher, executive director; Dr. John Verhoff, medical director; Andrew Martin, marketing director.

PruCare of Northern Ohio

Halle Building, 1228 Euclid Ave., Suite 750, Cleveland, Ohio 44115; 216-241-5623; fax: 216-241-7561

Staff	
Physicians	1,130
Patients/physician	20
Board-certified	80%
Specialists	761
Administrative	14
Marketing	15
Facilities	
Hospitals	18
Pharmacies	97
Diagnostic labs	24
Users: Group Health	
Employer/payer groups	115
Single coverage	1,203
Family coverage	1,082
Employees & dependents	7,565
Total users	**7,565**

Operational date: January 1989.
Ownership: The Prudential Insurance Co. of America.

Service area: Cuyahoga, Geauga, Lake, Lorain, Medina, Portage and Summit counties in Ohio.

Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology.

Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates; is compensated by employers/payers; charges a flat fee per eligible employee.

Control measures: Standard utilization review procedures excluding second surgical opinion, hospital bill audits.

Officers: Linda Somers, executive director; Dr. A. Gus Kious, medical director; Chris Earl, marketing director.

See The Prudential Insurance Co. of America in New Jersey.

PruCare of Cincinnati

525 Vine St., Suite 1850, Cincinnati, Ohio 45202; 513-621-2970; fax: 513-621-0081

Staff	
Physicians	1,173
Patients/physician	61
Board-certified	90%
Specialists	697
Administrative	26
Marketing	15
Facilities	
Hospitals	14
Pharmacies	87
Diagnostic labs	17
Users: Group Health	
Employer/payer groups	267
Single coverage	4,498
Family coverage	6,251
Employees & dependents	29,091
Total users	**29,091**

Operational date: March 1986.
Ownership: The Prudential Insurance Co. of America.

Service area: Butler, Clermont, Hamilton and Warren counties in Ohio; Boone, Campbell and Kenton counties in Kentucky; Dearborn County in Indiana.

Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology.

Compensation: Negotiates hospital charges by per diem rate; is compensated by employers/payers; charges a flat fee per eligible employee.

Officers: Lynn Gross, executive director; Dr. Peter Marrocco, medical director; Fred Veazy, marketing director.

See The Prudential Insurance Co. of America in New Jersey.

Super Blue

2060 E. Ninth St., Cleveland, Ohio 44115; 216-781-2583; fax: 216-687-7274

Staff	
Physicians	1,237
Board-certified	75%
Specialists	700
Facilities	
Hospitals	106
Diagnostic labs	25
Users: Group Health	
Employer/payer groups	135,000
Employees & dependents	135,000

Operational date: 1988.
Not for profit.
Ownership: Blue Cross & Blue Shield Mutual of Ohio.

Service area: Kenton County in Kentucky; Hancock, Marshall, Ohio and Wetzel counties in West Virginia.

Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.

Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates, DRGs;

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is compensated by employers/payers; charges a flat fee per eligible employee, percent of savings, percent of services rendered by participating doctors/hospitals.

Control measures: Standard utilization review procedures excluding hospital bill audits.

Officers: Richard B. McQuade Jr., president; Kent W. Clapp, senior financial officer; Dr. Jeff Ross, chief medical director; Frank Rudavsky, executive vp.

Contact: George Statdlander, director-utilization review, 216-687-1951.

Travelers-Cincinnati

312 Plum St., Suite 1210, Cincinnati, Ohio 45202; 513-369-3164

Staff	
Physicians	985
Facilities	
Hospitals	7
Users: Group Health	
Employer/payer groups	67
Employees & dependents	2,659

Operational date: October 1987.

Ownership: The Travelers Insurance Co.

Service area: Boone, Campbell and Kenton counties in Kentucky; Butler, Clermont and Hamilton counties in Ohio.

Officers: Robert M. Fox, executive director; Donald J. Nolan, sales manager.

See The Travelers Insurance Co. corporate listing in Connecticut.

Travelers-Columbus

150 E. Campus View Blvd., Columbus, Ohio 43235; 614-433-2000

Staff	
Physicians	546
Facilities	
Hospitals	7
Users: Group Health	
Employer/payer groups	68
Employees & dependents	3,236

Operational date: October 1987.

Ownership: The Travelers Insurance Co.

Service area: Delaware, Fairfield, Fayette, Franklin, Licking, Marion, Pickaway and Ross counties in Ohio.

Officers: Robert M. Fox, executive director; Donald J. Nolan, sales manager.

See The Travelers Insurance Co. corporate listing in Connecticut.

Travelers-Dayton

1 Mellon Bank Center, 500 Grant St., Pittsburgh, Pa. 15219-2502; 412-338-5546

Staff	
Physicians	433
Facilities	
Hospitals	10
Users: Group Health	
Employer/payer groups	42
Employees & dependents	2,474

Operational date: November 1987.

Ownership: The Travelers Insurance Co.

Service area: Allen, Auglaize, Butler Clark, Greene, Miami, Montgomery, Preble, Shelby, Logan, Mercer and Warren counties in Ohio.

Officers: Robert M. Fox, executive director; Donald J. Nolan, sales manager.

See The Travelers Insurance Co. corporate listing in Connecticut.

Travelers-Northeast Ohio

1111 Superior Ave., Cleveland, Ohio 44114; 216-574-4530

Staff	
Physicians	1,643
Facilities	
Hospitals	24
Users: Group Health	
Employer/payer groups	110
Employees & dependents	12,210

Operational date: June 1987.

Ownership: The Travelers Insurance Co.

Service area: Cuyahoga, Geauga, Lake, Lorain, Mahoning, Medina, Portage, Stark, Summit, Trumbell and Wayne counties. Mercer County in Pennsylvania.

Officers: Robert M. Fox, executive director; Donald J. Nolan, sales manager.

See The Travelers Insurance Co. corporate listing in Connecticut.

Travelers-Toledo

50 Shuman Blvd., Suite 400, Naperville, Ill. 60563; 708-983-2400

Staff	
Physicians	322
Facilities	
Hospitals	26
Users: Group Health	
Employer/payer groups	1
Employees & dependents	1,051

Operational date: June 1988.

Ownership: The Travelers Insurance Co.

Service area: Fulton, Lucas and Ottawa counties in Ohio.

Officers: Janet Hughes, executive director; Joan M. Warner, sales manager.

See The Travelers Insurance Co. corporate listing in Connecticut.

OKLAHOMA

Aetna Health Plans

2 Memorial Place, 8023 E. 63rd Place, Tulsa, Okla. 74133; 918-250-6150; fax: 918-254-1490

Service area: Creek, Mayes, Osage, Rogers, Tulsa and Wagoner counties in Oklahoma.

Contact: Brian Forbes.

See Aetna Health Plans corporate listing in Connecticut.

Aetna Health Plans

2 Corporate Plaza, 5555 N.W. Grand Blvd., Suite 360, Oklahoma City, Okla.. 73112; 405-948-4450; fax: 405-948-4455

Service area: 12 counties around Oklahoma City and Tulsa in Oklahoma.

Contact: Jim Montgomery, manager.

See Aetna Health Plans corporate listing in Connecticut.

Beech Street

2 Ada, Suite 200, Irvine, Calif. 92718; 714-727-1353; fax: 714-727-1793

Facilities	
Hospitals	24
Users: Group Health	
Employees & dependents	16,867

See Beech Street in California.

Blue Cross Blue Shield of Oklahoma

1215 S. Boulder, P.O. Box 3283, Tulsa, Okla. 74102; 918-560-3500

Staff	
Physicians	2,500
Board-certified	60%
Specialists	1,600
Facilities	
Hospitals	44
Pharmacies	270
Diagnostic labs	20

Operational date: April 1984.

Ownership: Blue Cross Blue Shield of Oklahoma.

Service area: Oklahoma.

Services: Hospitalization, physician, substance abuse, psychiatric services, podiatry, obstetrics/gynecology, physical therapy, chiropractic. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by DRGs; is compensated by employers/payers.

Control measures: Standard utilization review procedures excluding second surgical opinion, outpatient service predetermination. Utilization review provided by the PPO.

Officers: Ralph S. Rhoades, president.

CAPP Care Inc.

17390 Brookhurst, Suite 280, Fountain Valley, Calif. 92708; 714-963-8065; fax: 714-963-0549

Facilities	
Hospitals	4

Service area: Oklahoma City, Okla.

See CAPP Care Inc. in California.

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ISSUE	CLOSING*	1992 MEETING/CONFERENCE	LOCATION
Mar 9	Feb 25	International Captive & Reinsurance Forum	Bermuda
Mar 30	Mar 17	Risk & Insurance Management Society	Anaheim
Mar 30	Mar 17	National Managed Care Congress	Washington, DC
May 4	Apr 22	National Association of Insurance Brokers	Pebble Beach
May 18	May 5	Public Risk Management Association	Anaheim
Jun 29	Jun 16	Society for Human Resource Management	Las Vegas
Jul 6	Jun 24	National Association of Insurance Commissioners	Washington, DC
Aug 17	Aug 4	American Risk & Insurance Association	Washington, DC
Aug 31	Aug 18	Monte Carlo Rendez-Vous de Septembre	Monte Carlo
Sep 7	Aug 25	Self-Insurance Institute of America	New Orleans
Sep 14	Sep 2	Independent Insurance Agents of America	New Orleans
Sep 21	Sep 8	Nat'l Assoc. of Professional Surplus Lines Offices	Chicago
Sep 21	Sep 8	RIMS Singapore	Singapore
Oct 5	Sep 22	Nat'l Assoc. of Casualty & Surety Agents & Executives	Greenbrier, WV
Oct 12	Sep 30	Chartered Property & Casualty Underwriters	San Francisco
Oct 26	Oct 13	National Association of Independent Insurers	Orlando
Oct 26	Oct 13	Baden-Baden Conference	Baden-Baden, W. Germany
Nov 9	Oct 27	National Association of Professional Insurance Agents	Orlando
Dec 7	Nov 23	National Association of Insurance Commissioners	Atlanta

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Continued from previous page

CCN Inc.

8911 Balboa Ave., San Diego, Calif. 92123; 619-278-2273; fax: 619-278-1262

Staff	
Physicians	1,000
Board-certified	80%
Facilities	
Hospitals	24
Users: Group Health	
Employer/payer groups	1
Employees & dependents	500

Operational date: November 1991.

Service area: Oklahoma.

Services: Hospitalization, physician, substance abuse, psychiatric services, podiatry, obstetrics/gynecology.

Control measures: Standard utilization review procedures excluding hospital bill audits. Utilization review provided by outside contractors.

Contact: James Denman, marketing manager-national accounts.

CIGNA Preferred Provider Organization-Oklahoma City

5100 N. Brookline, Ninth Floor, Oklahoma City, Okla. 73112; 405-943-7711; fax: 405-946-9568

Staff	
Physicians	501
Board-certified	85%
Marketing	10
Facilities	
Hospitals	10

Operational date: January 1989.

Service area: Seven counties surrounding Oklahoma City, Okla.

Officers: Harry Chapman, regional managed care officer; Angela Reaves, provider relations.

Contact: Angela Reaves.

See CIGNA Preferred Provider Organization in Connecticut.

CIGNA Preferred Provider Organization-Tulsa

5100 N. Brookline, Ninth Floor, Oklahoma City, Okla. 73112; 405-943-7711; fax: 405-946-9568

Staff	
Physicians	150
Board-certified	85%
Marketing	10
Facilities	
Hospitals	5

Operational date: January 1992.

Service area: Creek, Mayes, Osage, Rogers, Tulsa and Wagner counties in Oklahoma.

Officers: Harry Chapman, regional managed care officer; Angela Reaves, provider relations.

Contact: Angela Reaves.

See CIGNA Preferred Provider Organization in Connecticut.

Comprehensive Medical Care Affiliates Inc.

1924 S. Utica St., Suite 520, Tulsa, Okla. 74110; 918-744-4422; fax: 918-744-3065

Staff	
Physicians	800
Patients/physician	224
Board-certified	70%
Specialists	390
Administrative	4
Marketing	3
Facilities	
Hospitals	22
Pharmacies	3
Diagnostic labs	3
Users: Group Health	
Employer/payer groups	418
Single coverage	9,700
Family coverage	31,000
Employees & dependents	84,720

Operational date: January 1983.

For profit.

Ownership: St. John Medical Center.

Accredited by the AAPI.

Service area: Oklahoma.

Services: Hospitalization, physician, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.

Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rate, DRGs; is compensated by employers/payers, health care providers, insurers, claims administrators; charges a flat fee per eligible employee, percent of savings. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met. Services groups under contract with Business Mens Assurance, Employers Health, General American, Mass Mutual, Mutual of Omaha, Nationwide, Time.

Control measures: Utilization review procedures including ambulatory monitoring. Utilization review provided by the PPO and outside contractors.

Gross revenues: $32 million in 1990; $26 million in 1989.

Officers: David J. Pynn, president; Betty Newfield, vp; Dr. Robert Perryman; medical director; John Brandt, marketing director.

Contact: John Brandt.

FOCUS Healthcare Management Inc.

1601 E. Lamar, Suite 116, Arlington, Texas 76011; 817-261-8669; fax: 817-860-6751

Staff	
Physicians	14
Board-certified	80%
Specialists	4
Administrative	1
Marketing	1
Facilities	
Hospitals	22
Users: Workers Compensation	
Employer/payer groups	29

Operational date: July 1990.

Service area: 15 counties in Oklahoma.

Services: Hospitalization, physician, vision.

Compensation: Negotiates hospital charges by a per diem rate and percent discount off state mandated fee schedule.

See FOCUS Healthcare Management Inc. corporate listing in Tennessee.

MetLife Network-Oklahoma

5 Post Oak Park, Suite 2120, Houston, Texas 77027-3416; 713-961-9944

Contact: William S. Woodside, vp.

See MetLife Network in Connecticut.

Private Healthcare Systems Ltd.

Regional Office, Xerox Center, Suite 2120, 222 W. Las Colinas Blvd., Irving, Texas 75039; 214-869-1451; fax: 214-869-2327

Staff	
Physicians	323
Facilities	
Hospitals	3

See Private Healthcare Systems Ltd. consolidated listing in Massachusetts.

ProAmerica Network Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669

Facilities	
Hospitals	28
Total users	**19,128**

See ProAmerica Network Inc. in Texas.

Prudential Health Care Plan Inc.-Oklahoma City

3330 N.W. 56th St., Suite 500, Oklahoma City, Okla. 73112; 504-942-6687; fax: 405-949-2968

Staff	
Physicians	152
Patients/physician	68
Board-certified	89%
Specialists	124
Administrative	30
Marketing	8
Facilities	
Hospitals	5
Pharmacies	14
Diagnostic labs	1
Total users	**20,684**

Operational date: January 1987.

Ownership: The Prudential Insurance Co. of America.

Service area: Canadian, Cleveland, Grady, Kingfisher, Logan, Lincoln, McClain, Oklahoma, Pottawatomie counties in Oklahoma.

Services: Hospitalization, physician, vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology.

Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates, DRG; is compensated by employers/payers; charges a flat fee per eligible employee.

Officers: Gary C. Hawkings, director; Tim McFall, regional group manager; Dr. M. Boyd Shook, medical director.

See The Prudential Insurance Co. of America in New Jersey.

Prudential Health Care Plan Inc.-Tulsa

7912 E. 31st St., Suite 300, Tulsa, Okla. 74145; 512-366-1921; fax: 512-366-1209

Staff	
Physicians	180
Patients/physician	114
Board-certified	85%
Specialists	292
Administrative	37
Marketing	12
Facilities	
Hospitals	6
Pharmacies	13
Diagnostic labs	3
Total users	**26,533**

Operational date: January 1987.

Ownership: The Prudential Insurance Co. of America.

Service area: Tulsa, portions of Washington, Okmulgee, Creek, Rogers, Osage, Wagoner counties in Oklahoma.

Services: Hospitalization, physician, vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology.

Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates; is compensated by employers/payers; charges a flat fee per eligible employee.

Officers: John Kennedy, director; Mark Krogulski, regional group manager; Dr. C.B. Rebsamen, medical director.

See The Prudential Insurance Co. of America in New Jersey.

Sooner Health Plan Inc.

3555 N.W. 58th, Suite 400, Oklahoma City, Okla. 73112; 405-942-7818; fax: 405-942-1236

Staff	
Physicians	1,100
Board-certified	85%
Specialists	600
Administrative	13
Marketing	3
Facilities	
Hospitals	20
Pharmacies	6
Diagnostic labs	4
Users: Group Health	
Employer/payer groups	943
Employees & dependents	79,050
Users: Workers Compensation	
Employer/payer groups	4
Employees & dependents	2,500
Total users	**79,050**

Operational date: September 1984.

Not for profit.

Service area: Oklahoma.

Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.

Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates; is compensated by employers/payers, health care providers; charges a flat fee per eligible employee, percent of savings, percent of services rendered by participating doctors/hospitals. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met. Services groups under contract with 29 insurers.

Control measures: Utilization review procedures including ambulatory review. Utilization review provided by the PPO.

Officers: David Jacobson, president; Dr. J.P. Merritt, medical director; Harold Patton, marketing director.

Contact: Harold Patton.

Travelers-Oklahoma City

3035 N.W. 63rd St., Second Floor, Oklahoma City, Okla. 73113; 405-843-2263

Staff	
Physicians	354
Facilities	
Hospitals	9
Users: Group Health	
Employer/payer groups	39
Employees & dependents	3,325

Operational date: June 1989.

Ownership: The Travelers Insurance Co.

Service area: Canadian, Cleveland, Garfield, Kingfisher, Lincoln, Logan, Oklahoma, Payne and Pottawatomie counties in Oklahoma.

Officers: Denise Palmer, executive director-development; Thomas M. Bliss, sales manager.

See The Travelers Insurance Co. corporate listing in Connecticut.

Travelers-Tulsa

8321 E. 61st St., Suite 110 Tulsa, Okla. 74133; 918-250-0155

Staff	
Physicians	593
Facilities	
Hospitals	5
Users: Group Health	
Employer/payer groups	101
Employees & dependents	9,075

Operational date: December 1986.

Ownership: The Travelers Insurance Co.

Service area: Tulsa and Rogers counties.

Officers: Denise Palmer, executive director; Thomas M. Bliss, sales manager.

See The Travelers Insurance Co. corporate listing in Connecticut.

OREGON

Aetna Health Plans

200 S.W. Market St., Suite 1750, Portland, Ore. 97201; 503-221-5434; fax: 503-221-5452

Staff	
Physicians	1,467
Specialists	1,214
Marketing	2
Facilities	
Hospitals	13
Diagnostic labs	17
Users: Group Health	
Employer/payer groups	77
Employees & dependents	10,000

Operational date: November 1986.

Service area: Eugene, Portland and Springfield, Ore.; Vancouver, Wash.

Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, lab, X-ray, skilled nursing, home health. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by a per diem rate and percent discount off customary rates; is compensated by employers/payers; charges a flat fee per eligible employee.

Control measures: Standard utilization review procedures. Utilization review provided by the PPO

Officers: Dean Johannesen, general manager; Dr. Mike Gavin, medical director.

See Aetna Health Plans corporate listing in Connecticut.

Beech Street

2 Ada, Suite 200, Irvine, Calif. 92718; 714-727-1353; fax: 714-727-1793

Facilities	
Hospitals	17
Users: Group Health	
Employees & dependents	44,794

See Beech Street in California.

CAPP Care Inc.

17390 Brookhurst, Suite 280, Fountain Valley, Calif. 92708; 714-963-8065; fax: 714-963-0549

Staff	
Physicians	510
Facilities	
Hospitals	17

Service area: Clackamas, Columbia, Hood River, Marion, Multnomah, Portland, Washington and Yamhill counties in Oregon.

See CAPP Care Inc. in California.

ETHIX Pacific

12655 S.W. Center St., Suite 180, Beaverton, Ore. 97005-1600; 502-845-0747

Staff	
Physicians	900
Administrative	14
Marketing	1
Facilities	
Hospitals	9
Users: Group Health	
Employer/payer groups	151
Family coverage	19,660
Employees & dependents	45,218

Operational date: October 1986.

For profit.

Ownership: ETHIX Corp.

Service area: Oregon and southwest Washington.

Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, high technology, specialty services. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates; is compensated by employers/payers, health care providers, insurers; charges a flat fee per eligible employee.

Control measures: Standard utilization review procedures including chronic care review. Utilization review provided by the PPO.

Officers: Mary Stansell, executive director; Dr. Robert Smith, medical director.

Contact: Mary Stansell.

Lincoln National Preferred Plan

1221 S.W. Yamhill, Suite 300, Portland, Ore. 97205; 503-227-7051; fax: 503-223-9438

Staff	
Physicians	950
Facilities	
Hospitals	12

Officers: Terry Bayer, general manager; Gene Maudlin, regional manager.

See Lincoln National Preferred Plan in Indiana.

Managed Healthcare Northwest Inc.

2701 N.W. Vaughn, Suite 710, Portland, Ore. 97210; 800-648-6356; fax: 503-224-0116

Staff	
Physicians	1,636
Patients/physician	235
Board-certified	80%
Specialists	1,174
Administrative	23
Marketing	4
Facilities	
Hospitals	17
Diagnostic labs	5
Users: Group Health	
Employer/payer groups	600
Employees & dependents	108,933
Users: Workers Compensation	
Single coverage	50,000
Employees & dependents	50,000
Total users	**158,933**

Operational date: March 1985.

For profit.

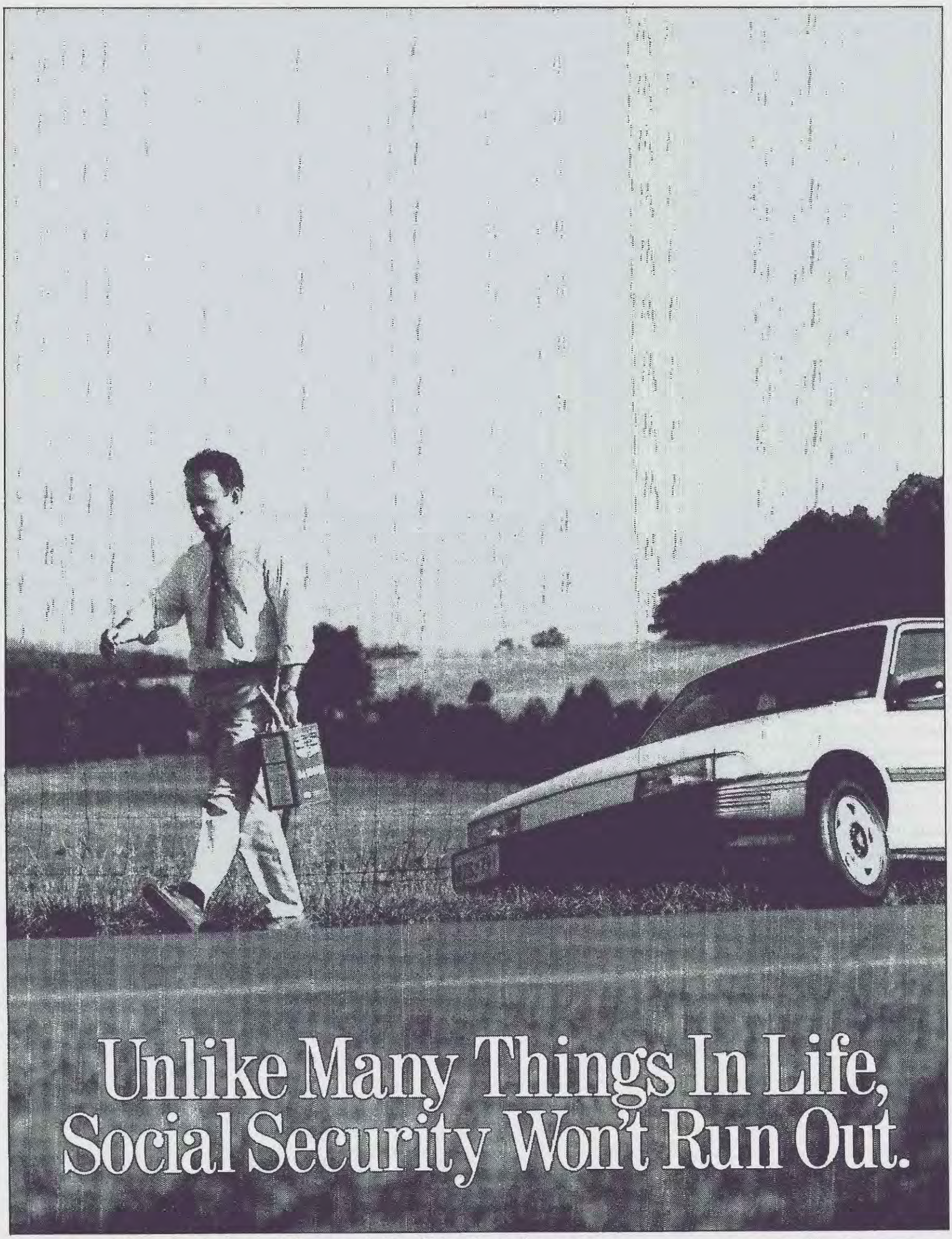
Ownership: Legacy Health System and Portland Adventist Medical Center.

Service area: Clackamas, Columbia, Hood River, Lane, Multnomah, Wasco, Washington, Yamhill in Oregon; Clark, Klickitat, Skamania counties in Washington.

Services: Hospitalization, physician, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.

Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates, per case prices; is compensated by employers/payers, health care providers, insurers, claim administrators;

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Department of Health and Human Services

Continued from previous page
charges a flat fee per eligible employee, percent of savings. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met. Services groups under contract with 20 insurers.

Control measures: Standard utilization review procedures excluding hospital bill audits. Utilization review provided by the PPO.

Officers: Robert Pallari, president; Dr. Frank Kurg, medical director; Sally LaFollette, marketing director; Dolores Russell, director-contracting/payor relations; Maggie Allen, director-medical management/provider relations; Joe Clayworth, director-information systems.

MetLife Network-Oregon

50 Fremont St., Suite 1100, San Francisco, Calif. 94105;
415-957-4101

See MetLife Network in Connecticut.

Preferred Provider Plan-Blue Cross and Blue Shield of Oregon

P.O. Box 1271, Portland, Ore. 97207-1271; 503-225-4877;
fax: 503-225-4882

Staff	
Physicians	2,515
Specialists	729
Administrative	2
Marketing	1
Facilities	
Hospitals	28
Pharmacies	1
Diagnostic labs	23
Users: Group Health	
Employer/payer groups	148,714
Employees & dependents	347,655
Total users	**347,655**

Operational date: October 1986.
Not for profit.
Ownership: Blue Cross and Blue Shield of Oregon.
Service area: Oregon; Skamania and Klickitat counties in Washington.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by percent discount off customary rates, DRG; is compensated by employers/payers; charges a administrative fee negotiated per contract.
Control measures: Standard utilization review procedures excluding retrospective review, second surgical opinion. Utilization review provided by the PPO.
Officers: Dick Woolworth, president/chief executive officer; Barney Speight, vp; Dr. Marvin Urman, medical director; Gerry Thompson, vp.

Private Healthcare Systems Ltd.

Regional Office, 49 Stevenson St., 6th Floor, San Francisco, Calif. 94105; 415-495-1874;
fax: 415-495-1879

Regional Office, 19100 Von Karman Ave., Suite 700, Irvine, Calif. 92715; 714-476-9816;
fax: 714-476-0650

Staff	
Physicians	1,062
Facilities	
Hospitals	18

See Private Healthcare Systems Ltd. consolidated listing in Massachusetts.

ProAmerica Network Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669

Facilities	
Hospitals	8
Total Users	**13,964**

Contact: David K. Stewart, ProAmerica Western Region, 426 N. 44th St., Suite 220, Phoenix, Ariz. 85008; 800-879-8500.

See ProAmerica Network Inc. in Texas.

Travelers-Portland

W. Lake Center, 1601 Fifth Ave., Suite 600, Seattle, Wash. 98101; 206-464-3472

Staff	
Physicians	1,140
Facilities	
Hospitals	12
Users: Group Health	
Employer/payer groups	78
Employees & dependents	1,978

Operational date: March 1987.
Ownership: The Travelers Insurance Co.
Service area: Clackamas, Hood River, Multnomah, Wasco, Washington and Yamhill counties in Oregon; Clark County in Washington.
Officers: Dee Mullin, provider relations, Carol K. Richards, sales manager.

See The Travelers Insurance Co. corporate listing in Connecticut.

Vantage

1235 N.E. 47th, Suite 220, Portland, Ore. 97213;
503-280-7555;
fax: 503-280-7655

Staff	
Physicians	1,100
Patients/physician	100
Board-certified	68%
Specialists	698
Administrative	8
Marketing	2
Facilities	
Hospitals	11
Diagnostic labs	11
Users: Group Health	
Employer/payer groups	524
Single coverage	334
Family coverage	39,304
Employees & dependents	90,733
Users: Workers Compensation	
Employer/payer groups	15
Single coverage	13,798

Operational date: 1983.
Not for profit.
Ownership: Sisters of Providence Hospital.
Service area: Clackamas, Columbia, Multnomah, Wasco, Washington, Yamhill, Washington counties in Oregon; Clark County in Washington.
Services: Hospitalization, physician, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, chiropractic. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by per diem rate, percent of billed, packaged heart rates; is compensated by employers/payers, health care providers; charges a flat fee per eligible employee. Services groups under contract with 33 insurers.
Control measures: Standard utilization review procedures. Utilization review provided by the PPO.
Gross revenues: $1.9 million in 1990; $1.1 million in 1989.
Officers: Mary McWilliams, chief executive officer; Ted Von Glahn, chief operating officer; Dr. Donald R. Olson, chief medical officer; Jack Friedman, chief development officer;; Phil Jackson, PPO product manager.
Contact: Amy Malone 503-280-7555, ext. 3150.

PENNSYLVANIA

Aetna Health Plans

5700 Corporate Drive, Suite 300, Pittsburgh, Pa. 15237;
412-366-9000; fax: 412-364-2393

Service area: 14 counties in Pennsylvania.
Officers: Ralph Hagemeier, executive director; Ken Dean, marketing director.

See Aetna Health Plans corporate listing in Connecticut.

Aetna Health Plans

1 Logan Square, 10th Floor, Philadelphia, Pa. 19103-6910;
215-854-7547; fax: 215-854-7948

Service area: Bucks, Chester, Delaware, Montgomery and Philadelphia counties in Pennsylvania.
Contact: Chuck Scott, general manager.

See Aetna Health Plans corporate listing in Connecticut.

Alpha Health Network

415 Holiday Drive, Pittsburgh, Pa. 15220; 800-252-5742;
fax: 412-937-9655

Staff	
Physicians	22,220
Board-certified	94%
Specialists	1,325
Administrative	23
Marketing	3
Facilities	
Hospitals	38
Diagnostic labs	8
Users: Group Health	
Employer/payer groups	138
Single coverage	15,434
Family coverage	23,151
Employees & dependents	96,462
Total users	**96,462**

Operational date: July 1985.
Not for profit.
Service area: 18 counties in Pennsylvania.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by percent discount off customary rates; is compensated by employers/payers, health care providers; charges a flat fee per eligible employee. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met.
Control measures: Standard utilization review procedures excluding hospital bill audits. Utilization review provided by the PPO.
Officers: W. Cross, president, Dr. Donald Fetteroff, medical director; Rick Chiocchi, marketing director; Linda Wostein, relations director.
Contact: Rick Chiocchi.

Beech Street

2 Ada, Suite 200, Irvine, Calif. 92718; 714-727-1353;
fax: 714-727-1793

Facilities	
Hospitals	2
Users: Group Health	
Employees & dependents	92,076

See Beech Street in California.

CAPP Care Inc.

17390 Brookhurst, Suite 280, Fountain Valley, Calif. 92708;
714-963-8065; fax: 714-963-0549

Staff	
Physicians	2,024
Facilities	
Hospitals	131

Service area: Pennsylvania.

See CAPP Care Inc. in California.

Central Susquehanna Healthcare Providers Inc.

1 Hospital Drive, Lewisburg, Pa. 17837; 717-522-2505;
fax: 717-522-2741

Staff	
Physicians	100
Board-certified	95%
Facilities	
Hospitals	2
Users: Group Health	
Employer/payer groups	7
Employees & dependents	2,100
Total users	**2,100**

Operational date: August 1986.
Not for profit.
Ownership: Evangelical Community Hospital and Sunbury Community Hospital.
Service area: Northumberland, Snyder and Union counties in Pennsylvania.
Services: Hospitalization, physician, vision, dental, substance abuse, durable medical equipment, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem rate; is compensated by insurers, claims administrators; charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals. Services groups under contract with NEP Administrators & Consultants, Group Insurance Services Inc.
Control measures: Standard utilization review procedures excluding discharge planning, hospital bill audits, case management. Utilization review provided by the Keystone Health Care, Medicus.
Officers: Michael Daniloff, president.

CIGNA Preferred Provider Organization- Philadelphia

Airport Business Center, Court 1, 100 Stevens Drive, Suite 200, Lester, Pa. 19113; 215-595-3000;
fax: 215-595-3159

Staff	
Physicians	1,334
Board-certified	85%
Marketing	10
Facilities	
Hospitals	20

Operational date: January 1988.
Service area: Bucks, Chester, Delaware, Montgomery and Philadelphia in Pennsylvania.
Officers: Tim Fitzgerald, regional managed care officer; Susan Bradley, provider relations director.
Contact: Susan Bradley.

See CIGNA Preferred Provider Organization in Connecticut.

CIGNA Preferred Provider Organization-Pittsburgh

2 Oliver Plaza, Liberty Ave., Suite 2130, Pittsburgh, Pa. 15222;
412-355-3700; fax: 412-355-3734

Staff	
Physicians	597
Board-certified	85%
Marketing	10
Facilities	
Hospitals	11

Operational date: January 1988.
Service area: Allegheny and Westmoreland counties in Pennsylvania.
Officers: Gordon Church, regional managed care officer; Rita Crr, provider relations director.
Contact: Rita Orr.

See CIGNA Preferred Provider Organization in Connecticut.

Custom Care Preferred

Fifth Ave. Place, Pittsburgh, Pa. 15222; 1800 Center St., Camp Hill, Pa. 17089-0089

Users: Group Health	
Employees & dependents	49,635

Operational date: April 1986.
Sponsorship: Blue Cross of Western Pennsylvania and Pennsylvania Blue Shield.
Service area: Pennsylvania.
Control measures: Standard utilization review procedures excluding length of stay determination, retrospective review, hospital bill audits, case management.

ETHIX Mid-Atlantic

460 N. Gulph Road, Suite 500, King of Prussia, Pa. 19406;
215-337-4242; fax: 215-337-7376

Staff	
Physicians	794
Board-certified	82%
Specialists	1,115
Administrative	45
Marketing	3
Facilities	
Hospitals	47
Diagnostic labs	34
Users: Group Health	
Employer/payer groups	220
Employees & dependents	90,000
Users: Workers Compensation	
Total users	90,000

Operational date: February 1986.
For profit.
Ownership: Hartford Insurance and Mass Mutual.
Service area: Bucks, Chester, Delaware, Montgomery and Philadelphia counties in Pennsylvania; 13 counties in New Jersey.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, MRI centers, lithotripsy centers, birthing centers, ambulance, physical therapy/sports medicine centers, diagnostic X-ray and laboratory, home health care, mental health clinics, chiropractic, hospice. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates; is compensated by DRGs, fixed prices; charges a employers/payers, health care providers, insurers, claim administrators. Services groups under contract with Hartford Life Insurance Co., Mass Mutual Life Insurance Co., Lincoln National Life Insurance Co., Northwestern National Life Insurance Co., John Hancock Life Insurance Co., Comprehensive Benefits Services Co., Johnson Administrators, Susquehanna Administrators, Eastern Benefits, BFN Corp., Durham Life Insurance Co., Employers Health Insurance, Brokerage Concepts, Underwriters & Administrators.
Control measures: Standard utilization review procedures including DRG review, mental health/substance abuse. Utilization review provided by the PPO.
Gross revenues: $26.8 million in 1990.
Officers: Leon W. Jalbert, president; Kathleen Davis Morrisey, vp-operations; Dr. Donald Lieberman, medical director; Patricia K. Berstler, marketing director.

FOCUS Healthcare Management Inc.

101 Lindenwood Drive, Suite 150, Malvern, Pa. 19355;
412-471-1099; fax: 412-471-2933;
1 Station Square, Suite 1932, Pittsburgh, Pa. 15219;
215-647-3682; fax: 215-647-5383

Staff	
Physicians	800
Board-certified	80%
Specialists	700
Marketing	5
Facilities	
Hospitals	52
Diagnostic labs	25
Users: Workers Compensation	
Employer/payer groups	38

Operational date: June 1989.
Service area: 14 counties in Pennsylvania.
Services: Hospitalization, physician, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry.
Compensation: Negotiates hospital charges by a per diem rate and percent discount off customary rates.

See FOCUS Healthcare Management Inc. corporate listing in Tennessee.

Great Lakes Managed Care

400 French St., Suite 200, Erie, Pa. 16507; 814-452-3976

Staff	
Physicians	219
Patients/physician	67
Specialists	144
Administrative	10
Marketing	2
Facilities	
Hospitals	4 acute, 3 specialty
Diagnostic labs	1
Users: Group Health	
Employer/payer groups	11
Employees & dependents	12,735
Users: Workers Compensation	
Employer/payer groups	1
Single coverage	550
Total users	**13,285**

Operational date: June 1985.
For profit.
Service area: Ashtabula, Manoning and Trumbull counties in Ohio; Cattaraugas, Chautaugua, Crawford, Elk, Erie, Lawrence, McKean, Mercer, New York and Venango counties in Pennsylvania.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, managed behavioral health program. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates, DRGs; is compensated by employers/payers, insurers; charges a flat fee per eligible employee, percent of savings. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met. Services groups under contract with ALPHA, Aetna, BAI, ComPro, Diversified Group Administrators, EBC, Health Pass, Intergroup, Robinson-Conner of Pennsylvania.

Continued on next page

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Control measures: Standard utilization review procedures excluding hospital bill audits. Utilization review provided by the PPO and Parkside.

Gross revenues: $7 million in 1990.

Officers: William A. Higgins, president; Alan R. Davidson, executive director; Dr. VanDamia, medical director; Mary A. Larson, marketing director.

Health Assurance

5 Gateway Center, Suite 511, Pittsburgh, Pa. 15222;; 412-553-5646; fax: 412-553-7386

Staff	
Physicians	650
Patients/physician	25
Board-certified	93%
Specialists	450
Administrative	30
Marketing	7
Facilities	
Hospitals	20
Pharmacies	78
Diagnostic labs	12
Users: Group Health	
Employer/payer groups	50

Operational date: September 1990.

For profit.

Ownership: Coventry Corp.

Service area: Allegheny, Beaver, Butler, Fayette, Westmoreland and Washington counties in Pennsylvania.

Services: Hospitalization, physician, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by per diem rate; is compensated by employer/payers; charges a monthly rates if fully insured; flat expense fee if self insured. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met.

Control measures: Standard utilization review procedures including mental health/chemical dependency precertification and review, durable medical. Utilization review provided by the PPO.

Officers: C. Michael Blackwood, president, Elizabeth Allen, general manager; Dr. Gregg Allen, physician in charge; Andrew Weintraub, sales manager.

Contact: Elizabeth Allen.

Healthpass PPA

750 E. Park Drive, Harrisburg, Pa. 17111; 717-531-6950; fax: 717-531-6283

Staff	
Physicians	915
Board-certified	99%
Specialists	530
Administrative	3
Marketing	1
Facilities	
Hospitals	20
Users: Group Health	
Employer/payer groups	3
Employees	10,460
Employees and dependents	26,150
Total users	**26,150**

Operational date: September 1985.

For profit.

Service area: 24 counties in Pennsylvania.

Services: Hospitalization, physician, substance abuse, psychiatric services, obstetrics/gynecology, workers compensation. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by percent discount off customary rates; is compensated by employers/payers; charges a flat fee per eligible employee, percent of savings. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met.

Control measures: Standard utilization review procedures excluding hospital bill audits, outpatient service predetermination. Utilization review provided by the PPO.

Gross revenues: $17.5 million in 1990; $12.6 million in 1989.

Officers: Gary J. Dillion, president; Frank E. Lentz, vp; Dr. Joseph J. Trautlein, medical director; Luke Corbett, marketing director.

Contact: Frank E. Lentz.

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740 N. Rush Street, Chicago, Illinois 60611. Telephone (312) 649-5340

Continued from previous page

Horizon Health Plan

265 Conneaut Lake Road, Meadville, Pa. 16335; 814-336-1782; fax: 814-337-0479

Staff	
Physicians	753
Board-certified	69%
Specialists	457
Administrative	3
Marketing	2
Facilities	
Hospitals	17
Diagnostic labs	5
Users: Group Health	
Employer/payer groups	74
Employees & dependents	24,795
Total users	**24,795**

Operational date: July 1985.
For profit.
Ownership: Greenville Regional Hospital, Millcreek Community Hospital, Oil City Area Health Center, St. Vincent Health Center, Shenango Valley Medical Center, Titusville Area Hospital.
Service area: Clarion, Clearfield, Crawford, Erie, Forest, Mercer, Warren and Venango counties in Pennsylvania.
Services: Hospitalization, physician, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates, DRGs; is compensated by claim administrators; charges a flat fee per eligible employee. Services groups under contract with American SelectCare Corp., Coordinated Benefits Corp., Group Insurance Services Inc., Employee Benefit Plans of Oklahoma, Robinson-Conner of Pennsylvania Inc., MSK Insurance Administration, NEP Insurance Services, The TPA of Ohio.
Control measures: Standard utilization review procedures. Utilization review provided by the Conservco, Medicus.
Officers: Sister Margaret Ann Hardner, chairperson; Gerald P. Alonge, executive director; Steven M. Fisher, vp.
Contact: Steven M. Fisher.

InterGroup Services Corp.

101 Lindenwood Drive, Suite 150, Malvern, Pa. 19355; 800-537-9389; fax: 215-647-5383

Staff	
Physicians	3,100
Board-certified	73%
Specialists	1,950
Administrative	5
Marketing	3
Facilities	
Hospitals	79
Diagnostic labs	20
Users: Group Health	
Employer/payer groups	2,655
Employees & dependents	318,200
Users: Workers Compensation	
Employer/payer groups	23
Employees & dependents	605,000
Total users	**923,200**

Operational date: May 1985.
For profit.
Ownership: InterGroup Services Corp.
Service area: Pennsylvania; Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Gloucester, Hunterdon, Mercer, Monmouth, Morris, Ocean, Salam and Somerset counties in New Jersey; Delaware.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by percent discount off customary rates, DRGs; is compensated by employers/payers, health care providers, insurers, claims administrators; charges a flat fee per eligible employee, percent of savings. The PPO will contract to reduce its fee if savings are not met. Services groups under contract with CAPP Care, Focus Healthcare Management, Mutual of Omaha, Principal Mutual, plus 50 additional TPAs and insurers.
Control measures: Standard utilization review procedures including workers compensation review. Utilization review provided by CAPP Care, Focus Healthcare Management, Mutual of Omaha, Principal Mutual.
Gross revenues: $22 million in 1990; $15 million in 1989.
Officers: G. Martin D. Dudley, president; Roger Halverson, vp/marketing director; David R. Vaughn, chairman; John A. George, executive-vp; John R. Strube, vp.
Contact: John A. George, 201 Penn Center Blvd., Suite 440, Pittsburgh, Pa. 15235; 412-823-8400.

Lincoln National Preferred Plan

565 E. Swedesford Road, Suite 315, Wayne, Pa. 19087; 215-971-9880; fax: 215-971-0817

Staff	
Physicians	820
Facilities	
Hospitals	20

Officers: Max Powell, general manager; Bob Mayfield, regional manager.
See Lincoln National Preferred Plan in Indiana.

MedView CompPro/MedView Services Inc.

32991 Hamilton Court, Farmington Hills, Mich. 48334; 313-488-5260; fax: 313-488-5262

Staff	
Physicians	1,802
Board-certified	90%
Specialists	1,230
Facilities	
Hospitals	48
Users: Workers Compensation	
Employer/payer groups	2
Employees	4,500
Total users	**4,500**

See MedView CompPro/MedView Services Inc. in Michigan.

MetLife Network-Pennsylvania

1515 Market St., Suite 1630, Philadelphia, Pa. 19102; 215-977-7050

Contact: Thomas J. Regan, vp.
See MetLife Network in Connecticut.

Options PPO

1400 Penn Ave., Suite 200, Pittsburgh, Pa. 15222-4332; 412-391-9607; fax: 412-391-0468

Staff	
Physicians	525
Board-certified	100%
Specialists	350
Administrative	4
Marketing	3
Facilities	
Hospitals	19
Pharmacies	100
Diagnostic labs	9
Users: Workers Compensation	
Employer/payer groups	350
Total users	**20,000**

Operational date: August 1989.
For profit.
Ownership: McCabe & Scarlate Inc.
Service area: Allegheny, Armstrong, Beaver, Blair, Butler, Cambria, Centre, Clearfield, Fayette, Greene, Indiana, Lawrence, Somerset, Washington, Westmoreland in Pennsylvania.
Services: Hospitalization, physician, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, physical medicine, outpatient rehabilitation center, MRI centers. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by percent discount off customary rates; is compensated by employers/payers, insurers; charges a percent of savings.
Control measures: Standard utilization review procedures excluding discharge planning. Utilization review provided by the PPO.
Officers: Antonia L. Scarlata, president; Robert C. Coll, executive director; John Kokales, medical director; Earl Taylor, marketing director.
Contact: Earl Taylor.

Pennsylvania Health Care Plan

4117 Penn Ave., Pittsburgh, Pa. 15224; 412-622-4300; fax: 412-622-6445

Staff	
Physicians	2,000
Board-certified	80%
Specialists	1,700
Administrative	20
Marketing	6
Facilities	
Hospitals	34
Pharmacies	103
Diagnostic labs	45
Users: Group Health	
Employer/payer groups	160
Single coverage	8,500
Family coverage	16,000
Employees & dependents	26,000
Users: Workers Compensation	
Employees & dependents	45,000

Operational date: April 1986.
Ownership: St. Francis Health System.
Service area: 30 counties in Pennsylvania.
Services: Hospitalization, physician, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, case management, skilled nursing, hospice, home infusion, pharmacies, ground and air ambulance. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates; is compensated by employers/payers, insurers, claims administrators; charges a flat fee per eligible employee. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met. Services groups under contract with Alta Health Strategies, D.G. Administrators, Diversified Group Brokerage, J.P. Kennedy, Mass Mutual Life Insurance Co., North Texas Health Care Network, Oxford Health Plans, Provident Life and Accident, PHCP Southwest, The Travelers.
Control measures: Standard utilization review procedures. Utilization review provided by the PPO.
Gross revenues: $62 million in 1990.
Officers: M. Daniel Splain, chief executive officer; Elizabeth Stolkowski, chief operating officer; Dr. Roy J. Cammarata, medical director; Mark D. Yablonski, marketing director.
Contact: M. Daniel Splain or Elizabeth Stolkowski.

Personal Choice

1901 Market St., Philadelphia, Pa. 19103; 215-241-2400

Staff	
Physicians	13,681
Patients/physician	14.2
Board-certified	35%
Specialists	10,124
Facilities	
Hospitals	16
Diagnostic labs	79
Users: Group Health	
Employer/payer groups	523
Single coverage	8,194
Family coverage	12,750
Employees & dependents	50,574
Total users	**50,574**

Operational date: July 1986.
Not for profit.
Ownership: Independence Blue Cross and Pennsylvania Blue Shield.
Service area: Bucks, Chester, Delaware, Montgomery, Philadelphia in Pennsylvania.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Employees can select non-PPO providers.
Compensation: Negotiates hospital charges by percent discount off customary rates; is compensated by insurers; charges a fee for service.
Control measures: Standard utilization review procedures excluding hospital bill audits. Utilization review provided by the PPO.
Gross revenues: $58.6 million in 1990; $45.5 million in 1989.
Officers: G. Fred, D. Bona, Samuel Ross, co-presidents; C. Marion Butler Jr., marketing director.
Contact: Louis S. Bodian.

Preferred Care Inc.

6 Neshaminy Interplex, Suite 205, Trevose, Pa. 19053; 215-628-8108; fax: 215-639-2672

Staff	
Physicians	1,847
Board-certified	70%
Specialists	100
Administrative	10
Marketing	2
Facilities	
Hospitals	36
Diagnostic labs	5
Users: Group Health	
Employer/payer groups	18
Single and family coverage	35,167
Employees & dependents	80,884
Users: Workers Compensation	
Employer/payer groups	2
Single coverage	200,000
Total users	**280,884**

Operational date: January 1985.
For profit.
Service area: Bucks, Chester, Delaware, Lehigh, Montgomery, Philadelphia in Pennsylvania; Burlington, Camden, Mercer, Gloucester counties in New Jersey; Northern Delaware.
Services: Hospitalization, physician, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by percent discount off customary rates, DRGs; is compensated by employers/payers, insurers, claim administrators; charges a flat fee per eligible employee, percent of savings. Services groups under contract with Alta Health Strategies, America International Healthcare, John Alden Life Insurance Co., National Benefits, Corp., Provident Indemnity Insurance Co., Wilse Associates, USA Healthnet.
Control measures: Standard utilization review procedures. Utilization review provided by the Intracorp., Quality Health, Med Services.
Officers: Larry W. Driscol, president; Richard L. Matthew, executive director.

Preferred Healthcare System Inc.

620 Howard Ave., Altoona, Pa. 16601-4899; 814-949-3099; fax: 814-946-7808

Staff	
Physicians	265
Board-certified	74%
Administrative	1
Marketing	1
Facilities	
Hospitals	9
Users: Group Health	
Employees & dependents	5,500
Total users	**5,500**

Operational date: July 1985.
Not for profit.
Ownership: Altoona Hospital.
Service area: Bedford, Blair, Centre, Clearfield, Fulton, Juniata, Huntingdon, Mifflin counties in Pennsylvania.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, audiology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates; is compensated by employers/payers, insurers, claims administrators; charges a flat fee per eligible employee. Services groups under contract with BABB Administrators, Blair Mill Administrators, Diversified Group Administrators, Educators Mutual Life, Equitable Beneficial Life, NEP Administrators, The Travelers.
Control measures: Standard utilization review procedures excluding hospital bill audits, case management. Utilization review provided by the PPO and Medicus.
Officers: Donald E. Snyder, president; Kathy J. Meckley, executive director; Dr. Ira B. Kron, medical director; Thomas J. Link, marketing director.
Contact: Thomas J. Link.

Private Healthcare Systems Ltd.

Regional Office, OMNI Offices at Washington/Tysons, 210 Corporate Ridge, 7th Floor, McLean, Va. 22102; 703-749-0541

Staff	
Physicians	3,045
Facilities	
Hospitals	40

See Private Healthcare Systems Ltd. consolidated listing in Massachusetts.

ProAmerica Network Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669

Facilities	
Hospitals	46
Total users	**49,198**

See ProAmerica Network Inc. in Texas.

PruCare of Philadelphia

220 Gibraltar Road, Second Floor, Horsham, Pa. 19044; 215-672-1944; fax: 215-442-2946

Staff	
Physicians	2,434
Patients/physician	40
Board-certified	95%
Specialists	1,580
Administrative	35
Marketing	24
Facilities	
Hospitals	21
Pharmacies	115
Diagnostic labs	1
Users: Group Health	
Employer/payer groups	363
Single coverage	4,733
Family coverage	5,087
Employees & dependents	34,626
Total users	**34,626**

Operational date: August 1987.
Ownership: The Prudential Insurance Co. of America.
Service area: Bucks, Chester, Delaware, Montgomery, Philadelphia in Pennsylvania.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology.
Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates; is compensated by employers/payers; charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures excluding second surgical opinion, hospital bill audits.
Officers: Kenneth W. Janda, executive director; Philip D. Goldstein, medical director; Pamela Monachello, marketing director.

Travelers-Philadelphia/ Southern New Jersey Area

3 Parkway Plaza, Suite 1310, Philadelphia, Pa. 19102

Staff	
Physicians	2,037
Facilities	
Hospitals	30
Users: Group Health	
Employer/payer groups	93
Employees & dependents	15,805

Operational date: January 1988.
Ownership: The Travelers Insurance Co.
Service area: Mercer, Burlington, Camden and Gloucester counties in New Jersey; Buck, Chester, Delaware, Montgomery and Philadelphia counties in Pennsylvania.
Officers: Patricia Hedden, executive director; Richard L. Hogarth, sales manager.
See The Travelers Insurance Co. corporate listing in Connecticut.

Travelers-Pittsburgh/ Southwestern Pennsylvania area

1 Mellon Bank Center, 500 Grant St., Pittsburgh, Pa. 15219-2502; 412-338-5546

Staff	
Physicians	1,144
Facilities	
Hospitals	14
Users: Group Health	
Employer/payer groups	62
Employees & dependents	2,824

Continued on next page

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Operational date: June 1988.
Ownership: The Travelers Insurance Co.
Service area: Allegheny, Beaver, Butler, Fayette, Lawrence, Washington and Westmoreland counties.
Officers: Marilyn J. Nixon, executive director; William K. Wohlgemuth, sales manager.
See The Travelers Insurance Co. corporate listing in Connecticut.

University Health Network

Fifth Ave. Place, Suite 731,
Pittsburgh, Pa. 15222;
412-255-8142; fax: 412-255-8550

Staff	
Physicians	1,100
Board-certified	100%
Specialists	650
Administrative	4
Facilities	
Hospitals	9
Diagnostic labs	1
Users: Group Health	
Employer/payer groups	11
Single coverage	2,745
Family coverage	1,617
Employees & dependents	7,757
Total users	**7,757**

Operational date: July 1987.
For profit.
Ownership: Blue Cross of Western Pennsylvania and Pennsylvania Blue Shield and University Health Services Inc.
Service area: Allegheny County.
Services: Hospitalization, physician, substance abuse, psychiatric services, obstetrics/gynecology. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem rate; is compensated by employers/payers; charges built into subscriber rate. Services groups under contract with Blue Cross of Western Pennsylvania, Pennsylvania Blue Shield.
Control measures: Standard utilization review procedures. Utilization review provided by the PPO and Health Related Services Inc.
Gross revenues: $5.4 million in 1990; $3.5 million in 1989.
Officers: John O'Neil, president; Dr. Michael Karpf, medical director.
Contact: Michael F. Zezulewicz, director.

VHA East Health Plans

200 Berwyn Park, Suite 202,
Berwyn, Pa. 19312; 215-296-2558;
fax: 215-296-8850

Staff	
Physicians	1,250
Board-certified	85%
Specialists	795
Administrative	2
Marketing	1
Facilities	
Hospitals	15
Diagnostic labs	15
Users: Group Health	
Employer/payer groups	7
Employees & dependents	15,000
Total users	**15,000**

Operational date: June 1988.
For profit.
Ownership: Chester County Hospital, Chestnut Hill Hospital, Crozer-Chester Medical Center, Delaware County Memorial Hospital, Episcopal Hospital, Frankford Hospital of Philadelphia, Grand View Hospital, Healtheast Inc., Jeanes Health System, Montgomery Hospital, Pennsylvania Hospital, Pottstown Memorial Medical Center, The Reading Hospital and Medical Center.
Service area: Bucks, Chester, Delaware, Montgomery, Philadelphia counties in Pennsylvania; Burlington, Camden, Gloucester counties in New Jersey.
Services: Hospitalization, physician, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by percent discount off customary rates; is compensated by employers/payers, health care providers; charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures. Utilization review provided by the multiple relationships.
Officers: Michael J. Daly, president; David E. Edman, vp-marketing director.
Contact: David E. Edman.

RHODE ISLAND

Healthmate

1 LaSalle Square, Providence, R.I.
02903; 401-272-8500

Staff	
Physicians	2,500
Patients/physician	180
Specialists	1,600
Facilities	
Hospitals	17
Pharmacies	250
Diagnostic labs	27
Users: Group Health	
Employer/payer groups	8,140
Single coverage	33,559
Family coverage	37,346
Employees & dependents	159,395
Total users	**159,395**

Operational date: July 1986.
Not for profit.
Ownership: Blue Cross and Blue Shield of Rhode Island.
Service area: Rhode Island; Bristol County in Massachusetts.
Services: Hospitalization, physician, vision, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, home care, chiropractic. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by ratio of cost to charge; is compensated by employers/payers; charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures. Utilization review provided by the PPO and Green Spring Mental Health (mental health/substance abuse services only).
Officers: Douglas McIntosh, president; Dr. George Coleman, medical director; Richard Krupski, vp-marketing.
Contact: Paul McGoran.

ProAmerica Network Inc.

714 Main St., Fort Worth, Texas
76102; 800-523-3669

Facilities	
Hospitals	1
Total users	**2,218**

See ProAmerica Network Inc. in Texas.

SOUTH CAROLINA

Aetna Health Plans

1441 Main St., Suite 610,
Columbia, S.C. 29201;
803-252-4344;
fax: 803-254-8657

Service area: Columbia and Charleston, S.C.
Contact: John Hall.
See Aetna Health Plans corporate listing in Connecticut.

Beech Street

2 Ada, Suite 200, Irvine, Calif.
92718; 714-727-1353;
fax: 714-727-1793

Facilities	
Hospitals	3
Users: Group Health	
Employees & dependents	24,885

See Beech Street in California.

CAPP Care Inc.

17390 Brookhurst, Suite 280,
Fountain Valley, Calif. 92708;
714-963-8065; fax: 714-963-0549

Facilities	
Hospitals	1

Service area: Columbia, S.C.
See CAPP Care Inc. in California.

CIGNA Preferred Provider Organization-Columbia

2100 Rexford Road, Suite 422,
Charlotte, N.C. 28211;
704-362-1703; fax: 704-362-2785

Staff	
Marketing	10
Facilities	
Hospitals	2

Operational date: January 1990.
Service area: Columbia, Lexington and Richland counties in South Carolina.
Compensation: Negotiates hospital charges by a per diem rate and percent discount off customary rates.
Control measures: Standard utilization review procedures excluding second surgical opinion.
Officers: Tim Fitzgerald, regional managed care officer; Cissie Carroll, provider relations director.
Contact: Cissie Carroll.
See CIGNA Preferred Provider Organization in Connecticut.

FOCUS Healthcare Management Inc.

P.O. Box 17736, Greenville, S.C.
29606; 803-288-1650

Staff	
Marketing	1
Facilities	
Hospitals	5
Diagnostic labs	4
Users: Workers Compensation	
Employer/payer groups	12

Operational date: June 1991.
Service area: Charleston, Florence, Richland and Spartanburg counties in South Carolina.
Services: Hospitalization, physician, substance abuse, psychiatric services.
Compensation: Negotiates hospital charges by a per diem rate and percent discount off per diem fee schedule as mandated by the state.
See FOCUS Healthcare Management Inc. corporate listing in Tennessee.

Preferred Personal Care

I-20 at Alpine Road, Columbia,
S.C. 29219-0001; 803-788-0222

Staff	
Physicians	2,418
Board-certified	75%
Specialists	1,785
Facilities	
Hospitals	36
Pharmacies	350
Users: Group Health	
Employees & dependents	160,000
Total users	**160,000**

Operational date: January 1984.
Not for profit.
Ownership: Blue Cross and Blue Shield of South Carolina.
Service area: South Carolina.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates, DRGs; is compensated by employers/payers; charges a flat fee per eligible employee. The PPO will contract to receive a higher fee if savings are realized.
Control measures: Standard utilization review procedures excluding second surgical opinion, outpatient service predetermination. Utilization review provided by the PPO.
Officers: M. Edward Sellers, president; Douglas R. Fleming, executive director; Ashby Jordan, medical director; Donald B. Nystrom, marketing director.
Contact: Douglas R. Fleming.

ProAmerica Network Inc.

714 Main St., Fort Worth, Texas
76102; 800-523-3669

Facilities	
Hospitals	14
Total users	**21,202**

Contact: Greg O'Driscoll, 2600 Lake Lucien Drive, Suite 200, Maitland, Fla. 32751; 800-253-3397.
See ProAmerica Network Inc. in Texas.

Travelers-Charleston

211 Perimeter Center Parkway,
Atlanta, Ga. 30346; 404-395-4850

Staff	
Physicians	155
Facilities	
Hospitals	2
Users: Group Health	
Employer/payer groups	33
Employees & dependents	856

Operational date: March 1988.
Ownership: The Travelers Insurance Co.
Service area: Berkeley, Charleston and Dorchester counties.
Officers: Ken Bryant, director-operations; Gary L. Holt, sales manager.
See The Travelers Insurance Co. corporate listing in Connecticut.

SOUTH DAKOTA

Aware

1601 W. Madison St., Sioux Falls,
S.D. 57104

Staff	
Physicians	51
Facilities	
Hospitals	650
Users: Group Health	
Employees & dependents	7,269

Operational date: January 1987.
Sponsorship: Blue Cross of South Dakota.
Service area: South Dakota.
Control measures: Standard utilization review procedures excluding length of stay determination, retrospective review, hospital bill audits, case management.

Beech Street

2 Ada, Suite 200, Irvine, Calif.
92718; 714-727-1353;
fax: 714-727-1793

Facilities	
Hospitals	1
Users: Group Health	
Employees & dependents	4,479

See Beech Street in California.

ProAmerica Network Inc.

714 Main St., Fort Worth, Texas
76102; 800-523-3669

Facilities	
Hospitals	2
Total users	**13,814**

See ProAmerica Network Inc. in Texas.

TENNESSEE

Aetna Health Plans

150 Fourth Ave. N., Suite 1260,
Nashville, Tenn. 37219;
615-291-8323; fax: 215-291-6521

Service area: Cheatham, Davidson, Dickson, Mawry, Robertson, Rutherford, Sumner, Trousdale, Williamson and Wilson counties in Tennessee.
Officers: Amy Williams, market manager.
Contact: Clifford McGown.
See Aetna Health Plans corporate listing in Connecticut.

Aetna Health Plans

6077 Primacy Parkway, Lakecrest
Office Park, Suite 310, Memphis,
Tenn. 38119; 901-684-2380;
fax: 901-684-2394

Service area: Lauderdale, Obion, Shelby and Tipton counties in Tennessee; St. Francis County in Arkansas; Desoto, Lafayette, Pariola, Alcorn, Tippah, Prentiss and Union counties in Mississippi.
Contact: Wayne Lohman.
See Aetna Health Plans corporate listing in Connecticut.

Baptist Health Services Group

920 Madison Ave., Suite 415,
Memphis, Tenn. 38103;
901-227-2474; fax: 901-227-7246

Staff	
Physicians	1,131
Board-certified	75%
Specialists	654
Administrative	8
Marketing	4
Facilities	
Hospitals	18
Pharmacies	2
Diagnostic labs	2
Users: Group Health	
Employer/payer groups	1,767
Employees & dependents	115,083
Users: Workers Compensation	
Employer/payer groups	16
Employees	18,321
Total users	**115,083**

Operational date: November 1985.
For profit.
Ownership: Baptist Memorial Hospital and Physicians Healthcare Corp. of the Mid South.
Service area: Arkansas, Mississippi, Tennessee.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology.
Compensation: Negotiates hospital charges by a per diem rate, percent discount off customary rates, DRGs.
Control measures: Utilization review procedures provided by outside contractors.
Officers: Bill Fleming, executive director; Dr. Richard D. Saussure, medical director; Michael Clement, marketing director; Fred Stearns, directory operations.
Contact: Fred Stearns.

Beech Street

2 Ada, Suite 200, Irvine, Calif.
92718; 714-727-1353;
fax: 714-727-1793

Facilities	
Hospitals	4
Users: Group Health	
Employees & dependents	67,191

See Beech Street in California.

CAPP Care Inc.

17390 Brookhurst, Suite 280,
Fountain Valley, Calif. 92708;
714-963-8065; fax: 714-963-0549

Staff	
Physicians	3,290
Facilities	
Hospitals	78

Service area: Knoxville, Memphis and Nashville, Tenn.
See CAPP Care Inc. in California.

CCN Inc.

8911 Balboa Ave., San Diego,
Calif. 92123; 619-278-2273;
fax: 619-278-1262

Staff	
Physicians	550
Board-certified	85%
Facilities	
Hospitals	15

Operational date: November 1991.
Service area: Memphis, Tenn.
Services: Hospitalization, physician, substance abuse, psychiatric services, podiatry, obstetrics/gynecology.
Compensation: Negotiates hospital charges by a per diem rate, percent discount off customary rates, DRGs; is compensated by employers/payers, insurers, claims administrators and trust funds; charges a flat fee per eligible employee, percent of savings.
Control measures: Standard utilization review includes preadmission hospital review, precertification, concurrent hospital treatment review and length of stay determination only.
Contact: James Deman, marketing manager.
See CCN Inc. in California.

CIGNA Preferred Provider Organization-Chattanooga

1300 Post Oak Blvd., Suite 1500,
Houston, Texas 77056;
713-623-7844; fax: 713-623-7853

Staff	
Physicians	229
Board-certified	85%
Marketing	10
Facilities	
Hospitals	9

Operational date: April 1988.
Service area: Bradley and Hamilton counties in Tennessee.
Officers: Harry Chapman, regional managed care officer; Martha Lentz, provider relations.

Continued on next page

Continued from previous page
Contact: Martha Lentz.
See CIGNA Preferred Provider Organization in Connecticut.

CIGNA Preferred Provider Organization-Jackson

850 Ridge Lake, Suite 210,
Memphis, Tenn. 38120;
901-683-1653; fax: 901-685-3837

Staff	
Physicians	81
Board-certified	85%
Marketing	10
Facilities	
Hospitals	1

Operational date: August 1991.
Service area: Madison County in Tennessee.
Officers: Harry Chapman, regional managed care officer; Fred Klyman, provider relations.
Contact: Fred Klyman.
See CIGNA Preferred Provider Organization in Connecticut.

CIGNA Preferred Provider Organization-Memphis

850 Ridge Lake, Suite 210,
Memphis, Tenn. 38120;
901-683-1653; fax: 901-685-3837

Staff	
Physicians	592
Board-certified	85%
Marketing	10
Facilities	
Hospitals	19

Operational date: January 1988.
Service area: Crittenden, DeSoto, Fayette, Shelby and Tipton counties in Tennessee.
Officers: Harry Chapman, regional managed care officer; Fred Klyman, provider relations.
Contact: Fred Klyman.
See CIGNA Preferred Provider Organization in Connecticut.

CIGNA Preferred Provider Organization-Nashville

155 Franklin Road, Suite 150,
Brentwood, Tenn. 37027;
615-373-9342; fax: 615-370-0967

Staff	
Physicians	496
Board-certified	85%
Marketing	10
Facilities	
Hospitals	12

Operational date: January 1985.
Service area: 12 counties surrounding Nashville, Tenn.
Officers: Harry Chapman, regional managed care officer; Patsy Kelly, provider relations.
Contact: Patsy Kelly.
See CIGNA Preferred Provider Organization in Connecticut.

FOCUS Healthcare Management Inc.*

7101 Executive Center Drive, Suite 375, Brentwood, Tenn. 37027;
615-377-9936

Users: Workers Compensation	
Employer/payer groups	387

For profit.
Service area: Alabama, Arkansas, California, Colorado, Florida, Georgia, Illinois, Iowa, Kansas, Louisiana, Oklahoma, Mississippi, Missouri, New Jersey, North Carolina, Pennsylvania, South Carolina, Tennessee, Texas, Virginia and Wisconsin.
Services: Services are available unbundled. Employees may select non-PPO providers. May be customized to meet employer specifications.
Compensation: The PPO is compensated by employers/payers, insurers and claims administrators; charges a percent of savings.
Control measures: Standard utilization review procedures. Utilization review provided by the PPO.
Officers: Stryker Warren Jr., chief executive officer; David S. Iskowe, president; Dr. Richard Cooper, medical director; M. Elizabeth Hand, vp-marketing; William C. Piper, executive vp; Mitchell J. Weinstein, senior vp.

FOCUS Healthcare Management Inc.-Tennessee

7101 Executive Center Drive, Suite 375, Brentwood, Tenn. 37027;
800-873-0055; fax: 615-377-6098

Staff	
Physicians	400
Board-certified	80%
Specialists	378
Marketing	1
Facilities	
Hospitals	29
Diagnostic labs	4
Users: Workers Compensation	
Employer/payer groups	29

Operational date: February 1990.
Service area: 18 counties in Tennessee.
Services: Hospitalization, physician, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry.
Compensation: Negotiates hospital charges by percent discount off customary rates.
See FOCUS Healthcare Management Inc. corporate listing in Tennessee.

Health Net Inc.

4535 Harding Road. Suite 100,
Nashville, Tenn. 37205;
615-269-7328; fax: 615-297-8691

Staff	
Physicians	1,243
Patients/physician	380
Specialists	700
Administrative	13
Marketing	4
Facilities	
Hospitals	18
Pharmacies	55
Diagnostic labs	4
Users: Group Health	
Employer/payer groups	1,600
Employees	68,000
Employees & dependents	170,000
Users: Workers Compensation	
Employer/Payer groups	47

Operational date: May 1984.
Not for profit.
Accredited by the AAPI.
Service area: Tennessee.
Services: Hospitalization, physician, vision, substance abuse, psychiatric services, durable medical equipment, podiatry, wellness, home health care, infusion therapy, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by percent discount off customary rates; is compensated by employers/payers, insurers, health care providers and claims administrators; charges a flat fee per eligible employee and membership fee to providers. Services groups under contract with 62 TPAs and insurers.
Control measures: Standard utilization review procedures excluding hospital bill audits. Utilization review provided by the PPO and outside contractors.
Officers: Warren T. York, president; J. Dale Hawkins, senior vp; Dr. William Crenshaw, medical director; Ernest Davis, marketing director.
Contact: J. Dale Hawkins.

Humana Insurance Co.

Osbourne Office Center, Suite 510,
Chattanooga, Tenn. 37411;
615-899-5291; fax: 615-892-8642

Users: Group Health	
Employees and dependents	7,898

Officers: Gordon Hanebutt, executive director; Scott Cory, sales manager; Dr. William Rowe, medical director.
See Humana Health Care Plans in Kentucky.

Lincoln National Preferred Plan

6075 Poplar Ave., Suite 521,
Memphis, Tenn. 38119;
901-767-1158; fax: 901-761-5694

215 Centerview Drive, Suite 208,
Brentwood, Tenn. 37027;
615-371-8584; fax: 615-377-6116

Staff	
Physicians	3,225
Facilities	
Hospitals	50

Officers: Robert Sheehy, general manager; Terry Lloyd, regional manager.
See Lincoln National Preferred Plan in Indiana.

MetLife Network-Tennessee

47 Perimeter Center E., Suite 600,
Atlanta, Ga. 30346-2092;
404-393-1410

Contact: James Crowley III, vp.
See MetLife Network in Connecticut.

Preferred Care/ Tennessee Preferred

801 Pine St., Chattanooga, Tenn. 37402; 615-755-5742;
fax: 615-755-2178

Staff	
Physicians	5,360
Specialists	3,557
Facilities	
Hospitals	110
Pharmacies	923
Diagnostic labs	21
Users: Group Health	
Employer/payer groups	2,957
Single coverage	150,629
Family coverage	184,640
Employees & dependents	874,417
Total users	**874,417**

Operational date: March 1985.
Not for profit.
Ownership: Blue Cross & Blue Shield of Tennessee.
Service area: Tennessee.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, therapeutic optometry, chiropractic, oral surgery, psychology, social workers, pharmacy, home infusion therapy. Service are available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by a per diem rate and percent discount off customary rates; is compensated by employers/payers; charges a flat fee per eligible employee. Will contract to adjust its fees based on the savings realized or not realized; 5% are covered by such contracts.
Control measures: Standard utilization review procedures. Utilization review provided by the PPO.
Officers: J. Robert McGuff, president; Tom Long, executive director; Dr. Richard Armstrong, medical director; Glen C. Watson Jr., senior vp.
Contact: Glen C. Watson Jr.

Preferred Health Partnership

280 Fort Sanders W. Blvd., Suite 205, Knoxville, Tenn. 37922;
615-531-5747; fax: 615-531-5055

Staff	
Physicians	700
Patients/physician	700
Board-certified	98%
Specialists	500
Administrative	5
Marketing	2
Facilities	
Hospitals	13
Pharmacies	130
Diagnostic labs	8
Users: Group Health	
Employer/payer groups	803
Employees & dependents	88,561

Operational date: April 1985.
For profit.
Ownership: Fort Sanders Regional Medical Center and Methodist Medical Center of Oak Ridge.
AAPI accreditation pending.
Service area: 16 counties in Tennessee.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by a per diem rate and percent discount off customary rates; is compensated by employers/payers, insurers, health care providers and claims administrators; charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures excluding hospital bill audits, outpatient service predetermination, case management. Utilization review provided by the PPO.
Officers: Bill Rust, executive director; Dr. Tom Anderson, medical director; Jim Duncan, marketing director.
Contact: Jim Duncan.

Private Healthcare Systems Ltd.

Regional Office, 3100 W. End Ave., Suite 650, Nashville, Tenn. 37203;
615-386-9194

Staff	
Physicians	1,180
Facilities	
Hospitals	19

See Private Healthcare Systems Ltd. consolidated listing in Massachusetts.

ProAmerica Southeast Region

2600 Lake Lucien Drive, Suite 200,
Maitland, Fla. 32751;
800-253-3397

Facilities	
Hospitals	37
Total users	**26,542**

Contact: Greg O'Driscoll.
See ProAmerica Network Inc. in Texas.

Provident Preferred Networks

1 Fountain Square, Chattanooga, Tenn. 37402; 800-251-7420;
fax: 615-755-2235

Staff	
Physicians	67,000
Board-certified	97%
Facilities	
Hospitals	1,300
Users: Group Health	
Employer/payer groups	550
Employees & dependents	200,000

Operational date: 1983.
For profit.
Service area: Phoenix and Tucson, Ariz.; California; Georgia; North Carolina; South Carolina and Tennessee. Contracts with Health Choice of Birmingham in Alabama; CAPPO in Arkansas; CCN, MedNetwork and MedSense in California; Sloans Lake Managed Care in Colorado; Healthcare Preferred Inc. and Florida HealthChoice Plan in Florida; PCN in Illinois; Southeast Medical Alliance in Louisiana; Alliance PPO Inc. in District of Columbia, Maryland and Virginia; PPOM in Michigan; HealthLink in Missouri; Mountain States Managed Care in New Mexico; Health Choice of Gaston County and HealthMark in North Carolina; Emerald Health Network Inc. and Health Services Preferred in Ohio; CompMED in Oklahoma; CareMark in Oregon; HealthChoice in Tennessee; MedNetwrk and Med Select in Texas; Premier Medical Network and Med Select in Utah; Virginia Health Network in Virginia; South Health in Washington.
Services: Hospitalization, physician, vision, dental, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by a per diem rate, percent discount off customary rates, DRGs; is compensated by employers/payers; charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures. Utilization review provided by the PPO.
Officers: Dr. Steve George, medical director; Paul Newhard, marketing director; John S. Blake, assistant vp-medical delivery systems

Prudential Plus

227 French Landing Drive, Suite 300, Nashville, Tenn. 37228;
615-248-7100; fax: 615-248-7167

Staff	
Physicians	253
Patients/physician	51
Board-certified	92%
Specialists	166
Administrative	12
Marketing	6
Facilities	
Hospitals	10
Pharmacies	29
Diagnostic labs	1
Users: Group Health	
Employer/payer groups	10
Single coverage	821
Family coverage	308
Employees and dependents	4,400

Operational date: July 1987.
Ownership: The Prudential Insurance Co. of America.
Service area: Cheatham, Davidson, Robertson, Rutherford, Sumner, Williamson and Wilson counties in Tennessee.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology.
Compensation: Negotiates hospital charges by a per diem rate, percent discount off customary rates; is compensated by employers/payers; charges insurance premiums.
Officers: David George, vp; Fred Dodson, director-group operations; Dr. Mark Mahler, medical director; Robert Levy, regional group manager.
Contact: Robert Griffin, vp-group marketing, 3100 Cumberland Circle, Suite 1100, Atlanta, Ga. 30339; 404-933-6605.
See The Prudential Insurance Co. of America in New Jersey.

Prudential Plus

845 Crossover Lane, Suite 220,
Memphis, Tenn. 38117;
901-766-7908; fax: 901-763-3470

Staff	
Physicians	435
Patients/physician	41
Board-certified	92%
Specialists	340
Administrative	12
Marketing	5
Facilities	
Hospitals	3
Pharmacies	40
Diagnostic labs	1
Users: Group Health	
Employer/payer groups	69
Single coverage	645
Family coverage	904
Employees & dependents	3,900

Operational date: December 1986.
Ownership: The Prudential Insurance Co. of America.
Service area: Shelby County in Tennessee.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology.
Compensation: Negotiates hospital charges by a per diem rate, percent discount off customary rates; is compensated by employers/payers; charges insurance premiums.
Officers: David George, vp; Donna DeVaughn-Tidline, director-group operations; Dr. Manoj Narayanan, medical director; Edward Hasting, manager-group marketing.
Contact: Robert Griffin, vp-group marketing, 3100 Cumberland Circle, Suite 1100, Atlanta, Ga. 30339; 404-933-6605.
See The Prudential Insurance Co. of America in New Jersey.

Signature Health Alliance

28 White Bridge Road, Suite 103,
Nashville, Tenn. 37205;
615-356-3732; fax: 615-356-3783

Staff	
Physicians	1,400
Facilities	
Hospitals	26
Users: Group Health	
Employer/payer groups	51
Single coverage	28,800
Employees & dependents	72,000

Operational date: June 1985.
For profit.
Ownership: St. Thomas Hospital, Vanderbilt University Medical Center and Nashville Memorial Hospital.
Service area: Nashville and Knoxville, Tenn.
Services: Hospitalization, physician, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by percent discount off customary rates; is compensated by employers/payers and health care providers; charges a flat fee per eligible employee. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met; 2% are covered by such contracts.
Officers: Terry Williams, president; Milton Jenkinson, marketing director.

Continued on next page

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Signature Health Alliance of East Tennessee

P.O. Box 3818, Knoxville, Tenn. 37927-3818; 615-546-1893; fax: 615-546-2126

Staff	
Physicians	350
Board-certified	75%
Administrative	2
Marketing	1
Facilities	
Hospitals	6
Users: Group Health	
Employer/payer groups	2

Operational date: June 1991.
Not for profit.
Ownership: St. Mary's Health System Inc.
Service area: Blount, Campbell, Harriman, Jefferson, Knox and Monroe counties in Tennessee.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by a per diem rate and percent discount off customary rates; is compensated by employers/payers, health care providers, insurers and claims administrators; charges a flat fee per eligible employee. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met. Services groups under contract with CAPP Care.
Officers: David R. Evans, executive director; Lisa J. Wear, marketing director.
Contact: Lisa J. Wear.

Travelers-Knoxville

211 Perimeter Center Parkway, Suite 400, Atlanta, Ga. 30346; 404-395-4850

Staff	
Physicians	467
Facilities	
Hospitals	11
Users: Group Health	
Employer/payer groups	67
Employees & dependents	2,162

Operational date: December 1987.
Ownership: The Travelers Insurance Co.
Service area: Anderson, Blount, Bradley, Grainger, Hamblen, Jefferson, Knox, Loudoun, McMinn, Monroe, Roane, Sevier and Union counties in Tennessee.
Officers: Ken Bryant, executive; Brad VanWinkle, employee benefits division sales manager.
See The Travelers Insurance Co. corporate listing in Connecticut.

Travelers-Nashville

211 Perimeter Center Parkway, Suite 400, Atlanta, Ga. 30346; 404-395-4850

Staff	
Physicians	424
Facilities	
Hospitals	14
Users: Group Health	
Employer/payer groups	84
Employees & dependents	2,081

Operational date: December 1987.
Ownership: The Travelers Insurance Co.
Service area: Cheatham, Davidson, De Kalb, Dickson, Macon, Robertson, Rutherford, Smith, Sumner, Trousdale, Williamson and Wilson counties in Tennessee.
Officers: Ken Bryant, executive director; Brad VanWinkle, employee benefits division sales manager.
See The Travelers Insurance Co. corporate listing in Connecticut.

TEXAS

Admar Corp./Med Network

1800 W. Loop St., Suite 886, Houston, Texas 77027; 713-850-9033 or 800-395-6904

See Admar Corp./Med Network corporate listing in California.

Aetna Health Plans

9901 IH 10 W., Suite 450, Austin, Texas 78230; 512-697-1400; fax: 512-697-1539

Service area: Bexas, Comal, Guadalupe, Hays, Kendall, Travis and Williamson counties in Texas.
Contact: Edward Atherton, general manager.
See Aetna Health Plans corporate listing in Connecticut.

Aetna Health Plans

2350 Lakeside Blvd., Suite 720, Richardson, Texas 75082; 214-470-7878; fax: 214-470-9642

Service area: Collin, Dallas, Denton, Ellis and Tarrant counties in Texas.
Contact: William Shalley, market manager.
See Aetna Health Plans corporate listing in Connecticut.

Aetna Health Plans

4150 Pinnacle St., Suite 110, El Paso, Texas 79902; 915-532-5083; fax: 915-542-1634

Service area: El Paso, Texas.
Contact: William Shalley, market manager, 214-470-7878.
See Aetna Health Plans corporate listing in Connecticut.

Aetna Health Plans

2900 N. Loop W., Suite 400, Houston, Texas 77092; 713-683-7508; fax: 713-683-1134

Service area: Bay City, Baytown, Conroe, ElCampo, Galveston, Houston, Katy, Richmond and Rosenberg, Texas.
Contact: Rodney Williamson.
See Aetna Health Plans corporate listing in Connecticut.

Alliance Health Providers of Fort Worth Inc.

1400 S. Main, Suite 414, Fort Worth, Texas 76104; 817-332-4537; fax: 817-870-9774

Staff	
Physicians	970
Patients/physician	98
Board-certified	69%
Specialists	823
Administrative	6
Marketing	2
Facilities	
Hospitals	24
Pharmacies	100
Diagnostic labs	50
Users: Group Health	
Employer/payer groups	50
Employees & dependents	73,500
Users: Workers Compensation	
Employer/payer groups	50
Employees & dependents	75,000
Total users	**148,500**

Operational date: December 1986.
For profit.
Ownership: St. Joseph Hospital.
Service area: 10 counties in Texas.
Services: Hospitalization, physician, vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, pharmaceutical, rehabilitation. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by a per diem rate and percent discount off customary rates; is compensated by employers/payers; charges a flat fee per eligible employee and percent of savings. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met.
Control measures: Standard utilization review procedures excluding length of stay determination, discharge planning, retrospective review, hospital bill audits, outpatient service predetermination. Utilization review provided by EBP and Intracorp.
Officers: Arthur Gonzales, president; Lovie Pollinger, executive director; Dr. Warren Moorman, medical director.

ALTA CareNetwork-Austin

6975 Union Park Center, Suite 600, Salt Lake City, Utah 84047; 801-568-5500; fax: 801-568-5652

Staff	
Physicians	233
Board-certified	100%
Specialists	161
Facilities	
Hospitals	7
Users: Group Health	
Employer/payer groups	3
Single coverage	140
Family coverage	420
Employees & dependents	1,400

Operational date: January 1991.
Ownership: ALTA Health Strategies Inc.
Service area: Coma, Hay, Travis and Williamson counties in Texas.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment.
Compensation: Negotiates hospital charges by a per diem rate and percent discount off customary rates; is compensated by employers/payers; charges a flat fee per eligible employee.
See ALTA CareNetwork in Utah.

ALTA CareNetwork-Corpus Christi

6975 Union Park Center, Suite 600, Salt Lake City, Utah 84047; 801-568-5500; fax: 801-568-5652

Facilities	
Hospitals	5
Users: Group Health	
Employer/payer groups	3
Single coverage	133
Family coverage	531
Employees & dependents	1,464

Operational date: January 1991.
Ownership: ALTA Health Strategies Inc.
Service area: Jim Wells, Kleburg, Nueces and San Patricia counties in Texas.
Services: Hospitalization, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology.
Compensation: Negotiates hospital charges by percent discount off customary rates; is compensated by employers/payers; charges a flat fee per eligible employee.
See ALTA CareNetwork in Utah.

ALTA CareNetwork-Dallas/Fort Worth

6975 Union Park Center, Suite 600, Salt Lake City, Utah 84047; 801-568-5500; fax: 801-568-5652

Staff	
Physicians	500
Board-certified	100%
Specialists	339
Facilities	
Hospitals	24
Users: Group Health	
Employer/payer groups	11
Single coverage	1,686
Family coverage	4,233
Employees & dependents	11,762

Operational date: January 1991.
Ownership: ALTA Health Strategies Inc.
Service area: Collin, Dallas, Denton, Ellis, , Hood, Johnson, Parker, Rockwall and Tarrant counties in Texas.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology.
Compensation: Negotiates hospital charges by a per diem rate, percent discount off customary rates and volume driven discounts; is compensated by employers/payers; charges a flat fee per eligible employee and percent of savings.
See ALTA CareNetwork in Utah.

ALTA CareNetwork-Houston

6975 Union Park Center, Suite 600, Salt Lake City, Utah 84047; 801-568-5500; fax: 801-568-5652

Staff	
Physicians	825
Board-certified	100%
Specialists	419
Facilities	
Hospitals	17
Users: Group Health	
Employer/payer groups	6
Single coverage	420
Family coverage	1,501
Employees & dependents	3,977

Operational date: January 1991.
Ownership: ALTA Health Strategies Inc.
Service area: Fort Bend, Harris and Wanton counties in Texas.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology.
Compensation: Negotiates hospital charges by percent discount off customary rates; is compensated by employers/payers; charges a flat fee per eligible employee and percent of savings.
See ALTA CareNetwork in Utah.

ALTA CareNetwork-Killeen/Temple/Waco

6975 Union Park Center, Suite 600, Salt Lake City, Utah 84047; 801-568-5500; fax: 801-568-5652

Facilities	
Hospitals	2
Users: Group Health	
Employer/payer groups	3
Single coverage	48
Family coverage	254
Employees & dependents	683

Operational date: January 1991.
Ownership: ALTA Health Strategies Inc.
Service area: Bell and Coryell counties in Texas.
Services: Hospitalization, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology.
Compensation: Negotiates hospital charges by percent discount off customary rates; is compensated by employers/payers; charges a flat fee per eligible employee.
See ALTA CareNetwork in Utah.

ALTA CareNetwork-San Antonio

6975 Union Park Center, Suite 600, Salt Lake City, Utah 84047; 801-568-5500; fax: 801-568-5652

Staff	
Physicians	700
Board-certified	100%
Specialists	539
Facilities	
Hospitals	4
Users: Group Health	
Employer/payer groups	5
Single coverage	928
Family coverage	3,887
Employees & dependents	10,808

Operational date: January 1991.
Ownership: ALTA Health Strategies Inc.
Service area: Bandera, Bexar, Camel, Kendall, Kerr and Real counties in Texas.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology.
Compensation: Negotiates hospital charges by a per diem rate, percent discount off customary rates and volume driven discounts; is compensated by employers/payers; charges a flat fee per eligible employee.
See ALTA CareNetwork in Utah.

Beech Street

2 Ada, Suite 200, Irvine, Calif. 92718; 714-727-1353; fax: 714-727-1793

Facilities	
Hospitals	117
Users: Group Health	
Employees & dependents	330,939
Users: Workers Compensation	
Single coverage	845,000

See Beech Street in California.

Benesys

1775 St. James Place, Suite 200, Houston, Texas 77056; 713-871-0821; fax: 713-871-6301

Staff	
Physicians	552
Board-certified	50%
Marketing	7
Facilities	
Hospitals	53
Users: Group Health	
Employees & dependents	400,000
Total users	**400,000**

Operational date: November 1978.
For profit.
Service area: Nationwide.
Services: Substance abuse, psychiatric services. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by a per diem rate; is compensated by employers/payers, insurers and claims administrators; charges a flat fee per eligible employee. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met.
Control measures: Standard utilization review procedures excluding second surgical opinion. Utilization review provided by the PPO.
Officers: Dr. James F. Considine, president/medical director; Dorothy Windham O'Shea, vp-marketing; Joseph V. Smith, executive vp; Shirley Haeckel, controller; Dr. Thomas A. Blocher, chairman.

CAPP Care Inc.

17390 Brookhurst, Suite 280, Fountain Valley, Calif. 92708; 714-963-8065; fax: 714-963-0549

Staff	
Physicians	2,287
Facilities	
Hospitals	87

Service area: Abilene, Austin, Breckenridge, Corpus Christi, Dallas, Fort Worth, Galveston, Houston, San Antonio and Waco in Texas.
See CAPP Care Inc. in California.

CCN Inc.

8911 Balboa Ave., San Diego, Calif. 92123; 619-278-2273; fax: 619-278-1262

Staff	
Physicians	3,500
Board-certified	90%
Facilities	
Hospitals	75

Operational date: December 1, 1991.
Service area: Texas.
Services: Hospitalization, physician, substance abuse, psychiatric services, obstetrics/gynecology.
Control measures: Standard utilization review procedures excluding second surgical opinion, hospital bill audits. Utilization review provided by the PPO and outside contractors.
Officers: James Denman, marketing manager.
See CCN Inc. in California.

CIGNA Preferred Provider Organization-Dallas

600 E. Las Colinas Blvd., Suite 1100, Irving, Texas 75039; 214-401-5200; 214-401-5399

Staff	
Physicians	1,052
Board-certified	85%
Marketing	10
Facilities	
Hospitals	26

Operational date: January 1988.
Service area: 16 counties surrounding Dallas/Fort Worth, Texas.
Officers: Harry Chapman, regional managed care officer; Leonard Bubis, provider relations.
Contact: Leonard Bubis.
See CIGNA Preferred Provider Organization in Connecticut.

CIGNA Preferred Provider Organization-Houston

1360 Post Oak Blvd., Suite 1100, Houston, Texas 77056; 713-552-7600; fax: 713-552-7699

Staff	
Physicians	903
Board-certified	85%
Marketing	10
Facilities	
Hospitals	30

Operational date: January 1988.
Service area: 14 counties surrounding Houston, Texas.
Officers: Harry Chapman, regional managed care officer; David Stone, provider relations.
Contact: David Stone.
See CIGNA Preferred Provider Organization in Connecticut.

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Corphealth Inc.

1300 Summit Ave., Suite 626, Fort Worth, Texas 76102;
817-654-2440; fax: 817-335-9100

Staff	
Psychiatrists	30
Board-certified	100%
Administrative	5
Marketing	2
Facilities	
Hospitals	22
Users: Group Health	
Employer/payer groups	20
Single coverage	20,000
Family coverage	75,000
Employees & dependents	175,000
Total users	**175,000**

Operational date: January 1989.
For profit.
Service area: New Mexico, Ohio, Oklahoma and Texas.
Services: Substance abuse, psychiatric services. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by a per diem rate; is compensated by employers/payers; charges a flat fee per eligible employee and percent of savings. Services groups under contract with ALTA Health Strategies, EMS Administrative Services, Group Administrators Inc. and Southern Benefit Consultants Inc.
Control measures: Standard utilization review procedures excluding second surgical opinion. Utilization review provided by the PPO.
Officers: Patrick Gotcher, president; David L. Redfield, chief operating officer; Dr. Stewart Nemir, medical director; Kent Boynton, director-clinical services; Anita L. Poole, director-account services.

Cost Care Managed Physician Network-Southeast

1235 N. Loop W. Suite 320, Houston, Texas 77008;
713-868-9650

Service area: Corpus Christi, Houston, Austin, Dallas, San Antonio, Odessa, Texas; New Orleans, Baton Rouge, La.
Contact: Laura Cullen.
See Cost Care Managed Physician Networks corporate listing in California.

ETHIX Southwest

7800 IH 10 West, Suite 528, San Antonio, Texas, 78230-4767;
512-340-9692; fax: 512-340-9690

Staff	
Physicians	798
Patients/physician	97
Board-certified	90%
Specialists	480
Administrative	12
Marketing	4
Facilities	
Hospitals	11
Diagnostic labs	6
Users: Group Health	
Employer/payer groups	802
Family coverage	15,616
Employees & dependents	39,040
Total users	**39,040**

Operational date: October 1985.
For profit.
Service area: Atascosa, Arkansas, Bandera, Bee, Bexar, Cameron, Comal, Frio, Guadelupe, Hidalgo, Jim Wells, Kleberg, Live Oak, Medina, Nueces, Refugio, San Patricio, Wilson and Willacy counties in Texas.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, chiropractic, physical therapy. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates; is compensated by employers/payers, health care providers, claims administrators; charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.
Control measures: Standard utilization review procedures. Utilization review provided by the PPO.
Officers: Lori H. Haglund, president; Dr. Richard Wayne, medical director.
Contact: Rhonda Pool, Executive Assistant, 512-340-9692, ext. 308.

FOCUS Healthcare Management Inc.

1601 E. Lamar, Suite 116, Arlington, Texas 76011;
817-261-8669; fax: 817-860-6751;
18333 Egret Bay Blvd., Suite 210, Houston, Texas 77058;
713-333-1851; fax: 713-333-3743

Staff	
Physicians	356
Board-certified	80%
Specialists	314
Administrative	3
Marketing	5
Facilities	
Hospitals	116
Diagnostic labs	43
Users: Workers Compensation	
Employer/payer groups	66

Operational date: April 1989.
Service area: 37 counties in Texas.
Services: Hospitalization, physician, vision, dental, substance abuse, psychiatric services, durable medical equipment.
Compensation: Negotiates hospital charges by a per diem rate and percent discount off customary rates.
See FOCUS Healthcare Management Inc. corporate listing in Tennessee.

HealthFirst Alliance

9430 Research Blvd., Building IV, Suite 400; Austin, Texas 78759;
512-343-4577; fax: 512-345-2924

Staff	
Physicians	329
Board-certified	89%
Specialists	100
Administrative	3
Marketing	2
Facilities	
Hospitals	2
Diagnostic labs	4
Users: Group Health	
Employer/payer groups	11
Employees & dependents	15,000
Total users	**15,000**

Operational date: January 1991.
For profit.
Service area: Austin, Bastrop, Bernet, Blanco, Elgin, Johnson City, Lockhart, Round Rock, San Marcos, Smithville counties in Texas.
Services: Hospitalization, physician, vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, chiropractic, rehabilitation, hospice, diagnostic services, physical therapy, neurometrics labs, radiology, pathology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates; is compensated by employers/payers, insurers, claims administrators; charges a flat fee per eligible employee, percent of savings. Services groups under contract with John Hancock Life Insurance Co., Transport Life Insurance Co., HealthNetwork, North Texas Healthcare Network, Southern Benefit Consultants, Group Administrators. Utilization review varies by employer or contact group.
Officers: Mary W. Patterson, president; Catherine A. McCoy, executive director.
Contact: Mary W. Patterson or Catherine A. McCoy.

Humana Insurance Co.

Med Center Plaza, 8431 Fredericksburg Road, San Antonio, Texas 78229; 512-617-1000; fax: 512-617-1019

Users: Group Health	
Employees & dependents	40,651

Operational date: 1985.
Officers: Brenda Luckett, executive director; Cindy Miller, director-sales; Dr. David Haddad, medical director.
See Humana Health Care Plans in Kentucky.

Humana Insurance Co.

5350 S. Staples, Suite 301, Corpus Christi, Texas 78411;
512-994-2000; fax: 512-994-2085

Users: Group Health	
Employees & dependents	7,617

Operational date: 1985.
Officers: Richard Willis, executive director; Diane Coleman, sales manager; Dr. David Olson, medical director.
See Humana Health Care Plans in Kentucky.

Lincoln National Preferred Plan

2900 N. Loop W., Suite 800, Houston, Texas 77092;
713-682-2244; fax: 713-682-2206

Staff	
Physicians	2,124
Facilities	
Hospitals	38

Officers: Tony Van Roekel, general manager; Dan Schewe, regional director.
See Lincoln National Preferred Plan in Indiana.

Lincoln National Preferred Plan

433 E. Las Colinas Blvd., Suite 1300, Irving, Texas 75039;
214-506-3344; fax: 214-869-1110

Staff	
Physicians	1,210
Facilities	
Hospitals	26

Officers: Tony Van Roekel, general manager; Rob Noel, regional director.
See Lincoln National Preferred Plan in Indiana.

Managed Behavioral SELECT PPO

1300 W. Mockingbird Lane, Dallas, Texas 75247; 214-905-4421;
fax: 214-905-4412

Staff	
Physicians	31
Board-certified	95%
Specialists	66
Administrative	7
Marketing	7
Facilities	
Hospitals	65
Users: Group Health	
Employer/payer groups	3
Employees & dependents	24,435
Total users	**24,435**

Operational date: April 1991.
For profit.
Service area: California, Illinois, Minnesota, Missouri, New York, Ohio, Oklahoma and Texas.
Services: Physician, substance abuse, psychiatric services. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by a per diem rate and percent discount off customary rates; is compensated by employers/payers; charges a flat fee per eligible employee and percent of savings. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met.
Control measures: Standard utilization review procedures excluding second surgical opinion, hospital bill audits. Utilization review provided by the PPO.
Officers: Stephen F. Coady, president; James R. McPhail, vp-managed health care; Dr. Laurence Dotin, medical director; Rick Wood, assistant vp-managed healthcare business; Richard Herrmann, vp/chief operating officer; Nancy Coleman, vp-claims processing.
Contact: James R. McPhail.

Medical Care Referral Group

4100 Rio Bravo, Suite 211, El Paso, Texas 79902; 915-532-2100;
fax: 915-532-1772

Staff	
Physicians	410
Board-certified	68%
Specialists	200
Administrative	13
Marketing	4
Facilities	
Hospitals	9
Pharmacies	6
Diagnostic labs	8
Users: Group Health	
Employer/payer groups	26
Users: Workers Compensation	
Employer/payer groups	2

Operational date: October 1985.
For profit.
Service area: El Paso County in Texas.
Services: Hospitalization, physician, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by percent discount off customary rates; is compensated by employers/payers; charges a flat fee per eligible employee. Services groups under contract with Employers Health, Healthnet, Lincoln National, Managed Care Administrators, North American Benefits Network, Provident Life and United of Omaha.
Control measures: Standard utilization review procedures. Utilization review provided by the PPO.
Officers: Joseph Halow, president; Lorri Halow, executive director; Jim Snow, medical director; Michael Ralph, marketing director.

MedicalControl Inc.

9649 Webb Chapel Road, Dallas, Texas 75220; 214-352-2666;
fax: 214-352-5777

Staff	
Physicians	620
Administrative	25
Marketing	5
Facilities	
Hospitals	123
Users: Group Health	
Employer/payer groups	235
Employees & dependents	388,000
Total users	**388,000**

Operational date: June 1988.
For profit.
Service area: Nationwide.
Services: Hospitalization, physician, substance abuse, psychiatric services, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by percent discount off customary rates and percent discount from frozen chargemaster; is compensated by employers/payers and claims administrators; charges a percent of savings. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met. Services groups under contract with FlexCorp and Group Administrators Inc.
Officers: J. Ward Hunt, president; A.J. Rosmarin, executive director/chief operating officer; Henry R. Ochel, marketing director; Michael P. Meroney.
Contact: A.J. Rosmarin, executive vp/chief operating officer.

MedView CompPro/MedView Services Inc.

1235 N. Loop, Suite 101, Houston, Texas 77008; 713-869-6192;
fax: 713-869-6195

Staff	
Physicians	2,863
Board-certified	90%
Specialists	1,680
Administrative	3
Marketing	1
Facilities	
Hospitals	125
Users: Group Health	
Employer/payer groups	2
Employees & dependents	4,000
Users: Workers Compensation	
Employer/payer groups	3
Employees & dependents	420,000
Total Users	**424,000**

Service area: Texas.
See MedView CompPro/Medview Services Inc. in Michigan.

Memorial Health Network Inc.

9494 S.W. Freeway, Houston, Texas 77074; 713-776-2885

Staff	
Physicians	1,141
Board-certified	62%
Specialists	795
Administrative	4
Marketing	4
Facilities	
Hospitals	15
Pharmacies	4
Diagnostic labs	1
Users: Group Health	
Employer/payer groups	100
Single coverage	4,000
Family coverage	26,000
Employees & dependents	65,000
Total users	**65,000**

Operational date: July 1983.
For profit.
Ownership: Memorial Healthcare System.
Service area: Houston, Texas.
Services: Hospitalization, physician, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by percent discount off customary rates; is compensated by employers/payers; charges a flat fee per eligible employee. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met.
Control measures: Standard utilization review procedures excluding retrospective review, hospital bill audits. Utilization review provided by the PPO.
Officers: M. Ted Haynes, vp; Dr. Warren M. Scott Jr., medical director; T.R. Carlson, director-operations.
Contact: Kay McCulloch, administrative secretary.

MetLife Network-Texas

5 Post Oak Park, Suite 2120, Houston, Texas 77027-3416;
713-961-9944

Contact: William S. Woodside, vp.
See MetLife Network in Connecticut.

National Healthcare Alliance

770 S. Post Oak Lane, Suite 445, Houston, Texas. 77056;
713-439-0123; fax: 713-439-7529

Staff	
Physicians	1,490
Patients/physician	104
Board-certified	75%
Specialists	930
Administrative	7
Marketing	3
Facilities	
Hospitals	65
Pharmacies	409
Diagnostic labs	18
Users: Group Health	
Employer/payer groups	2,000
Single coverage	2,899
Family coverage	21,901
Employees & dependents	62,000
Total users	**62,000**

Operational date: October 1986.
For profit.
Service area: Chambers, Dallas, Fort Bend, Galveston, Harris, Liberty, Montgomery, Nueces and Tarrant counties in Texas.
Services: Hospitalization, physician, vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, occupational medicine. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates; is compensated by employers/payers, insurers, claims administrators; charges a flat fee per eligible employee, percent of saving. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met.
Control measures: Standard utilization review procedures including occupational utilization management. Utilization review provided by the PPO.
Gross revenues: $36.2 million in 1990; $16.2 million in 1989.
Officers: Robert Woolfolk, president, Melvin Q. Thorne Jr., chief operating officer; Dr. John Baird, medical director; Ray Burns, marketing director; Edward Beard, chief financial officer.

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North Texas Healthcare Network

5605 N. MacArthur Blvd., Suite 520, Irving, Texas 75038; 214-751-0047; fax: 214-518-2554

Staff	
Physicians	1,870
Board-certified	95%
Specialists	1,284
Administrative	30
Marketing	4
Facilities	
Hospitals	23
Diagnostic labs	27
Users: Group Health	
Employer/payer groups	900
Single coverage	57,000
Employees & dependents	145,000
Users: Workers Compensation	
Employer/payer groups	1
Single coverage	466
Employees & dependents	1,165
Total users	**145,000**

Operational date: June 1986.
Not for profit.
Ownership: Methodist Hospitals of Dallas, Presbyterian Healthcare System and Harris Methodist Healthcare System.
Service area: 13 counties in Texas.
Services: Hospitalization, physician, vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, chiropractic, home health care, home infusion.
Compensation: Negotiates hospital charges by a per diem rate and percent discount off customary rates; is compensated by employers/payers; charges a flat fee per eligible employee. Services groups under contract with more than 60 TPAs, Old Northwest Agents, Principal Mutual, Massachusetts Mutual, Protective Life, Mutual of Omaha, Nationwide, American Heritage, Provident Life & Accident, North Star Marketing.
Control measures: Standard utilization review procedures excluding hospital bill audits. Utilization review provided by the PPO.
Gross revenues: $65 million in 1990; $56 million in 1989.
Officers: Charles Coil, president/executive director; Dr. Jack Shelton, medical director; Bob Mitchell, marketing director; Lori Palmer, vp-claims; John Shelton, executive director-North Texas Behavioral Healthcare Network.
Contact: John Shelton, 214-751-2320.

Panhandle Provider Organization

1500 Coulter Drive, Suite 5, Amarillo, Texas 79106; 806-358-8303; fax: 806-358-6820

Staff	
Physicians	191
Patients/physician	729
Board-certified	81%
Specialists	126
Administrative	2
Marketing	2
Facilities	
Hospitals	5
Pharmacies	2
Diagnostic labs	2
Users: Group Health	
Employer/payer groups	210
Employees & dependents	50,000
Users: Workers Compensation	
Employer/payer groups	86

Operational date: January 1987.
Not for profit.
Ownership: Northwest Texas Hospital and St. Anthony's Hospital.
Service area: 27 counties in Texas; Mead, Morton and Stevens counties in Kansas; Colfax, Curry, Harding, Lea, Quay, Roosevelt and Union counties in New Mexico; Cimarron and Texas counties in Oklahoma.
Services: Hospitalization, physician, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, home health care, infusion therapy, diagnostic imaging, pharmaceutical, speech, hearing & language. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by a per diem rate, percent discount and DRGs; is compensated by employers/payers, insurers, health care providers, insurance brokers and claims administrators; charges a flat fee per eligible employee, percent of savings and percent of services rendered. Services groups under contract with more than 40 insurers.
Control measures: Standard utilization review procedures excluding preadmission hospital review, precertification, length of stay determination, retrospective review, second surgical opinion, hospital bill audits, outpatient service predetermination. Utilization review provided by the PPO, St. Anthony's Hospital, Northwest Texas Hospital, Palo Duro Hospital, Memorial Hospital and Golden Plains Hospital.
Officers: Kevin Gross, president; Donald K. Reeves, executive director; Dr. Leslie Reese and Dr. Pablo Diaz, medical directors.

Planned Behavioral Health Care Inc.

9535 Forest Lane, Suite 110, Dallas, Texas 75243; 214-680-0400; fax: 214-680-3111

Staff	
Physicians	42
Patients/physician	12
Board-certified	80%
Specialists	230
Administrative	40
Marketing	6
Facilities	
Hospitals	15
Users: Group Health	
Employer/payer groups	30
Single coverage	10,000
Family coverage	40,000
Employees & dependents	150,000
Total users	**150,000**

Operational date: January 1988.
For profit.
Service area: Nationwide.
Services: Hospitalization, physician, substance abuse, psychiatric services, mental health therapists. Services available unbundled. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates; is compensated by employers/payers; charges a flat fee per eligible employee, percent of savings. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met.
Control measures: Standard utilization review procedures excluding retrospective review, second surgical opinion. Utilization review provided by the PPO.
Gross revenues: $6 million in 1990; $5.2 million in 1989.
Officers: Joyce Ramay, president; Roland Anderson, medical director; Donna McFaul, marketing director; Jim Sanders, secretary.

Prescription Care

6161 Savoy, Suite 150, Houston, Texas 77036; 713-784-9771; fax: 713-226-0453

Staff	
Pharmacists	818
Board-certified	100%
Administrative	3
Marketing	1
Facilities	
Pharmacies	818
Users: Group Health	
Employer/payer groups	35
Single coverage	15,000
Family coverage	5,000
Employees & dependents	27,000
Total users	**27,000**

Operational date: 1988.
Not for profit.
Service area: Louisiana, Oklahoma, Texas.
Services: Durable medical equipment, pharmacy. Services available unbundled. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Is compensated by health care providers; charges a per claim charge. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met.
Control measures: Utilization review procedures include case management. Utilization review provided by the PPO.
Officers: Dennis F. Hardy, executive director.

Private Healthcare Systems Ltd.

Regional Office, Xerox Center, Suite 2120, 222 W. Las Colinas Blvd., Irving, Texas 75039; 214-869-1451; fax: 214-869-2327

Staff	
Physicians	3,849
Facilities	
Hospitals	47

See Private Healthcare Systems Ltd. consolidated listing in Massachusetts.

ProAmerica Network Inc.*

714 Main St., Fort Worth, Texas 76102; 800-523-3669; fax: 817-347-3243

Staff	
Physicians	3,297
Patients/physician	10
Board-certified	49%
Specialists	2,209
Administrative	53
Marketing	7
Facilities	
Hospitals	1,147
Users: Group Health	
Employer/payer groups	93
Single coverage	855,599
Employees & dependents	1.7 million
Total users	**1.7 million**

Operational date: November 1986.
For profit.
Ownership: Transport Life Insurance Co.
Service area: 47 states.
Services: Hospitalization, physician, substance abuse, psychiatric services, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by per diem rate, percent discount off; is compensated by employers/payers, insurers, claims administrators; charges a flat fee per eligible employee, percent of savings. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met. Services groups under contract with 48 TPAs and insurers.
Control measures: Standard utilization review procedures. Utilization review provided by the PPO and ValuTrac/Ethix Care Management.
Officers: Norman M. Bruce, chief operating officer/senior vp; Roger Chapman, vp-administration; Dr. Wilson Weatherford, medical director; Kevin P. Rowland, vp; Patsy Health, vp-data systems; Marcie Milam, assistant vp-provider relations.
* Figures are consolidated, including all PPOs operated by ProAmerica Network Inc.

ProAmerica Network

714 Main St., Fort Worth, Texas 76102; 800-523-3669

Facilities	
Hospitals	211
Users: Group Health	
Employees & dependents	296,646

See ProAmerica Network Inc. in Texas.

Provider Networks of America Inc.

P.O. Box 101387, Fort Worth, Texas 76185; 817-735-8293; fax: 817-735-1487

Staff	
Administrative	4
Marketing	3
Facilities	
Hospitals	1,230
Diagnostic labs	20
Users: Group Health	
Employer/payer groups	103
Employees & dependents	1.1 million
Total users	**1.1 million**

Operational date: October 1989.
For profit.
Service area: 43 states.
Services: Hospitalization, substance abuse, psychiatric services, durable medical equipment. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates for individual services, DRGs and fixed pricing; is compensated by employers/payers, insurers and claims administrators; charges a percent of savings.
Officers: Dr. Allen Rafeh, president; Cheryl McNatt, vp-marketing; Donna Hill, vp-development; Leila Potter, vp-operations.
Contact: Cheryl McNatt.

Prudential Health Care Plan Inc.-Amarillo

24 Greenway Plaza, Suite 500, Houston, Texas 77046; 713-993-0311; fax: 713-933-3696

Staff	
Physicians	32
Patients/physician	47
Board-certified	98%
Specialists	35
Administrative	154
Marketing	50
Facilities	
Hospitals	2
Pharmacies	3
Diagnostic labs	1
Total users	**1,519**

Ownership: The Prudential Insurance Co. of America.
Service area: Randall and Potter counties in Texas.
Services: Hospitalization, physician, vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology.
Compensation: Negotiates hospital charges by per diem rate; is compensated by employers/payers; charges a flat fee per eligible employee.
Officers: Vincent Contorno, vp; Joel N. Suarez, director; James Gengelbach, medical director.

See The Prudential Insurance Co. of America in New Jersey.

Prudential Health Care Plan Inc.-Austin

8303 Mopac Expressway, Suite 210-A, Austin, Texas 78759; 512-465-6662; fax: 512-346-4827

Staff	
Physicians	24,577
Patients/physician	155
Board-certified	95%
Specialists	284
Administrative	51
Marketing	14
Facilities	
Hospitals	8
Diagnostic labs	2
Total users	**29,634**

Operational date: January 1987.
Ownership: The Prudential Insurance Co. of America.
Service area: Travis, Bastrop, Hays, Williamson, Caldwell counties in Texas.
Services: Hospitalization, physician, vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology.
Compensation: Negotiates hospital charges by per diem rate, percent discount off; is compensated by employers/payers; charges a flat fee per eligible employee.
Officers: Ron Yarbrough, director; Herman E. Wright Jr., regional group manager; Dr. A. Bryan Spires Jr., medical director.

See The Prudential Insurance Co. of America in New Jersey.

Prudential Health Care Plan Inc.-Corpus Christi

24 Greenway Plaza, Suite 500, Houston, Texas 77046; 713-993-0311; fax: 713-993-3696

Staff	
Physicians	36
Patients/physician	56
Board-certified	89%
Specialists	75
Administrative	154
Marketing	13
Facilities	
Hospitals	1
Pharmacies	9
Diagnostic labs	1
Users: Group Health	
Single coverage	2,038
Total users	**3,019**

Operational date: June 1988.
Ownership: The Prudential Insurance Co. of America.
Service area: Nucces and San Patricio counties in Texas.
Services: Hospitalization, physician, vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology.
Compensation: Negotiates hospital charges by per diem rate; is compensated by employers/payers; charges a flat fee per eligible employee.
Officers: Vincent Contorno, vp; Herbert R. Carrmichael, regional group manager; James G. Gengelbach, medical director.

See The Prudential Insurance Co. of America in New Jersey.

Prudential Health Care Plan Inc.-El Paso

24 Greenway Plaza, Suite 500, Houston, Texas 77046; 713-993-0311; fax: 713-993-3696

Staff	
Physicians	36
Patients/physician	104
Board-certified	96%
Specialists	56
Administrative	154
Marketing	50
Facilities	
Hospitals	2
Pharmacies	12
Diagnostic labs	1
Total users	**3,766**

Ownership: The Prudential Insurance Co. of America.
Service area: El Paso County in Texas.
Services: Hospitalization, physician, vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology.
Compensation: Negotiates hospital charges by percent discount off customary rates; is compensated by employers/payers; charges a flat fee per eligible employee.
Officers: Vincent Contorno, vp; Joel N. Suarez, director; James Gengelbach, medical director.

See The Prudential Insurance Co. of America in New Jersey.

Prudential Health Care Plan Inc.-North Texas

6060 N. Central Expressway, Suite 750; Dallas, Texas 75206; 214-369-8480; fax: 214-987-1923

Staff	
Physicians	586
Patients/physician	137
Board-certified	90%
Specialists	861
Administrative	100
Marketing	50
Facilities	
Hospitals	31
Diagnostic labs	10
Total users	**107,310**

Operational date: January 1987.
Ownership: The Prudential Insurance Co. of America.
Service area: Collin, Dallas, Doutor, Ellis, Johnson, Kaufmarr, Hood, Parker, Rockwall, Somervell and Tauaunt counties in Texas.
Services: Hospitalization, physician, vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology.
Compensation: Negotiates hospital charges by per diem rate; is compensated by employers/payers; charges a flat fee per eligible employee.
Officers: Victor Lazzaro, director; Joel Suarez, director; Dr. Robert H. Jacqmin, medical director.

See The Prudential Insurance Co. of America in New Jersey.

Prudential Health Care Plan Inc.-San Antonio

613 Northwest Loop 410, Suite 600, San Antonio, Texas 78216; 512-366-1921; fax: 512-366-1209

Staff	
Physicians	134
Patients/physician	154
Board-certified	88%
Specialists	316
Administrative	48
Marketing	13
Facilities	
Hospitals	9
Diagnostic labs	5
Total users	**32,255**

Operational date: January 1987.
Ownership: The Prudential Insurance Co. of America.
Service area: Bexar Comal, Guadalupe, Kendall counties in Texas.
Services: Hospitalization, physician, vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology.

Continued on next page

Continued from previous page
Compensation: Negotiates hospital charges by per diem rate, percent discount off, fee schedule; is compensated by employers/payers; charges a flat fee per eligible employee.

Officers: Robert H. Smith Jr., director; Halbert R. Carmichael, regional group manager; Dr. C. William Metcalf, medical director.

See The Prudential Insurance Co. of America in New Jersey.

Prudential Health Care System Inc.-Houston

24 Greenway Plaza, Suite 500, Houston, Texas 77046; 713-993-0311; fax: 713-993-3696

Staff	
Physicians	458
Patients/physician	140
Board-certified	93%
Specialists	573
Administrative	154
Marketing	28
Facilities	
Hospitals	69
Diagnostic labs	7
Users: Group Health	
Total users	92,220

Operational date: January 1987.

Ownership: The Prudential Insurance Co. of America.

Service area: Texas.

Services: Hospitalization, physician, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology.

Compensation: Is compensated by employers/payers; charges a flat fee per eligible employee.

Officers: Vincent Contorno, vp; DeWitt Smith, marketing; James Gengelbach, medical director.

See The Prudential Insurance Co. of America in New Jersey.

Sanus Passport/PPO

8600 Freeport Parkway, Suite 3040, Irving, Texas 75063; 214-929-0376; fax: 214-929-4873

Staff	
Physicians	830
Board-certified	85%
Specialists	666
Administrative	19
Marketing	23
Facilities	
Hospitals	32
Diagnostic labs	15
Users: Group Health	
Employer/payer groups	604
Employees & dependents	43,851
Total users	**97,701**

For profit.

Ownership: Sanus Corp. Health Systems.

Service area: 20 counties in Texas.

Services: Hospitalization, physician, vision, dental, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by a per diem rate, percent discount off customary rates; is compensated by employers/payers, insurers and claims administrators; charges a flat fee per eligible employee, percent of savings and project file basis. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met; 10% are covered by contracts with such fee adjustment clauses. Services groups under contract with New York Life, General American, Palico, Alliance, Pan American Life.

Control measures: Standard utilization review procedures excluding second surgical opinion, hospital bill audits. Utilization review provided by the PPO.

Gross revenues: $757,819 in 1990.

Officers: Joseph Lynaugh, president; Max Brown Jr., executive director; Dr. Joseph Cheek, medical director; Susan Pohly, marketing director; Howard Fleishman; Fred Thorpe; Brenda McDonald, Nate Eudaly.

Sanus Preferred Physicians Inc.

3800 Buffalo Speedway, Suite 200, Houston, Texas 77098; 713-993-9520; fax: 713-963-9417

Staff	
Physicians	962
Board-certified	85%
Specialists	620
Administrative	3
Facilities	
Hospitals	48
Diagnostic labs	1
Users: Group Health	
Employer/payer groups	110
Employees & dependents	24,000

Operational date: March 1987.

For profit.

Ownership: Sanus Corp. Health Systems.

Service area: Harris, Walker, Washington, San Jacinto, Colorado, Galveston, Matagorda, Montgomery and Austin counties in Texas.

Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by a per diem rate and percent discount off customary rates; is compensated by employers/payers, insurers and claims administrators; charges a flat fee per eligible employee and paid claims basis. Services groups under contract with New York Life, General American, Philadelphia American Life, Modern American Life.

Control measures: Standard utilization review procedures excluding discharge planning, retrospective review, hospital bill audits. Utilization review provided by the PPO, Co-Med and ALTA Health Systems.

Officers: Dr. Frank Volpe, president/executive director.

Contact: Warren Benson.

Select PPO

1300 W. Mockingbird Lane, Dallas, Texas 75247; 214-905-4421; fax: 214-905-4412

Staff	
Physicians	2,262
Patients/physician	200
Board-certified	95%
Specialists	1,577
Administrative	7
Marketing	8
Facilities	
Hospitals	39
Pharmacies	86
Diagnostic labs	4
Users: Group Health	
Employer/payer groups	7
Employees & dependents	136,971
Total users	**136,971**

Operational date: November 1986.

For profit.

Service area: Collin, Dallas, Denton, Fort Bend, Harris, Hood, Johnson, Kaufman, Montgomery, Rockwall, Somervell and Wharton counties in Texas.

Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, chiropractic, minor emergency center, dianostic imaging. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.

Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates; is compensated by employers/payers; charges a flat fee per eligible employee, percent of savings. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met. Services groups under contract with Beech Street.

Control measures: Standard utilization review procedures excluding hospital bill audits. Utilization review provided by the PPO.

Officers: Stephen F. Coady, president; James R. McPhail, vp-managed health care; Dr. Laurence Dotin, medical director; Rick Wood, assistant vp-managed health care business development; Richard Herrmann, vp-chief operating officer; Nancy Coleman, vp-claims processing.

Contact: James R. McPhail or Rick Wood.

Travelers-Amarillo

2250 Lakeside Blvd., Richardson, Texas 75082; 214-470-8363

Staff	
Physicians	179

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Look For ABT the First Monday of Every Month

ISSUE	CLOSING	FEATURE
January 6	December 19	Consumer/Customer Relations
February 3	January 22	Controlling Costs
March 2	February 19	Agency-Insurer Relations
April 6	March 24	Consulting Services
May 4	April 22	Mergers/Acquisitions/Financial Management
June 1	May 19	Legislative Issues; NAIB Report
July 6	June 24	Compensation & Incentives
August 3	July 22	Marketing & Sales Promotion
September 7	August 25	Most Productive Agencies
October 5	September 22	IIAA Conference Report
November 2	October 21	Relations With Direct Writers
December 7	November 23	PIA Conference Report

Business Insurance
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Agent/Broker Topics

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Facilities	
Hospitals	5
Users: Group Health	
Employer/payer groups	41
Employees & dependents	2,338

Ownership: The Travelers Insurance Company.

Service area: 27 counties in Texas.

Officers: Thomas M. Bliss, sales manager.

See the Travelers Insurance Co. corporate listing in Connecticut.

Travelers-Austin

9442 Capital of Texas Highway N., Arboretum Plaza 2, Suite 600, Austin, Texas 78759

Staff	
Physicians	447
Facilities	
Hospitals	9
Users: Group Health	
Employer/payer groups	67
Employees & dependents	2,853

Operational date: March 1988.

Ownership: The Travelers Insurance Co.

Service area: Bell, Hayes, Travis, Williamson, McLennon, Bastrop, Blanco, Burnet, Caldwell, Comal, Guadalupe, Lee, Milan counties.

Officers: Connie Barron, executive director; Richard C. Spears, sales manager.

See the Travelers Insurance Company corporate listing in Connecticut.

Travelers-Dallas/Fort Worth

2250 Lakeside Blvd., Suite 330, Richardson, Texas 75082; 214-437-3074

Staff	
Physicians	1,621
Facilities	
Hospitals	31
Users: Group Health	
Employer/payer groups	200
Employees & dependents	15,820

Operational date: March 1988.

Ownership: The Travelers Insurance Co.

Service area: 12 counties in Texas.

Officers: David Barker, executive director; Thomas M. Bliss, sales manager.

See the Travelers Insurance Co. corporate listing in Connecticut.

Travelers-Houston

10800 Richmond Ave., Houston, Texas 77042; 713-268-7800

Staff	
Physicians	1,434
Facilities	
Hospitals	25
Users: Group Health	
Employer/payer groups	201
Employees & dependents	27,428

Operational date: March 1988.

Ownership: The Travelers Insurance Co.

Service area: Fort Bend, Galveston, Harris, Montogomery, parts of Brazoria and Walker counties.

Officers: Thomas C. Jackson, executive director; Richard C. Spears, ebd sales manager.

See the Travelers Insurance Co. corporate listing in Connecticut.

Travelers-San Antonio

7550 IH 10 W., Suite 600, San Antonio, Texas 78759; 512-524-3300

Staff	
Physicians	531
Facilities	
Hospitals	9
Users: Group Health	
Employer/payer groups	109
Employees & dependents	5,168

Operational date: April 1988.

Ownership: The Travelers Insurance Co.

Service area: Atascosa, Bendera, Bexar, Comal, Guadalupe, Kendall, kerr, Medina and Wilson counties.

Officers: Connie M. Barron, executive director; Richard C. Spears, sales manager.

See the Travelers Insurance Co. corporate listing in Connecticut.

UTAH

Aetna Health Plans

7979 E. Tufts Ave. Parkway, Stanford Place II, Denver, Colo. 80237; 303-793-1670; fax: 303-793-1674

Staff	
Physicians	1,300
Specialists	700
Marketing	3
Facilities	
Hospitals	20
Diagnostic labs	8
Users: Group Health	
Employer/payer groups	15
Employees & dependents	10,000

Operational date: January 1991.

Service area: Salt Lake City.

Services: Hospitalization, physician, substance abuse, psychiatric services, obstetrics/gynecology. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by DRGs; is compensated by employers/payers; charges a flat fee per eligible employee.

Control measures: Standard utilization review procedures. Utilization review provided by the PPO.

Officers: Patrick Dowd, market manager; Jerry Banks, general manager; Dr. Ginny Moore, medical director.

See Aetna Health Plans corporate listing in Connecticut.

ALTA CareNetwork*

6975 Union Park Center, Suite 600, Salt Lake City, Utah 84047; 801-568-5500; fax: 801-568-5652

Users: Group Health	
Employees & dependents	49,569
Total users	**49,569**

For profit.

Ownership: ALTA Health Strategies Inc.

Service area: Colorado, Georgia, Ohio, Texas. Contracts with CCN Inc. in Arizona, California and District of Columbia; Health Advantage and Baxter-MCS in Florida; HRM in Illinois; CAPP Care in Indiana, Louisiana, Michigan, Missouri, North Carolina, Nebraska, Ohio, Pennsylvania, South Carolina, Tennessee and Texas; Preferred Health Care in Kansas; Sanus in Missouri; OUCH in New Mexico and Texas; Horizon in Nevada; Sooner Health in Oklahoma; Vantage in Oregon; Preferred Care in Pennsylvania; IHC in Utah; Sound Health in Washington; HCN in Wisconsin.

Services: Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.

Compensation: The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met.

Control measures: Standard utilization review procedures. Utilization review provided by the PPO.

Officers: Terry Nofsinger, president; Paige Jackson, senior vp; Dr. Jack Taylor, medical director.

Contact: Paige Jackson.

* Figures are consolidated for all PPOs operated by ALTA CareNetwork.

Beech Street

2 Ada, Suite 200, Irvine, Calif. 92718; 714-727-1353; fax: 714-727-1793

Facilities	
Hospitals	6
Users: Group Health	
Employees & dependents	4,977

See Beech Street in California.

CIGNA Preferred Provider Organization-Salt Lake City

5295 S. 320 St. W., Suite 280, Salt Lake City, Utah 84107; 801-265-2777; fax: 801-261-5349

Staff	
Physicians	725
Board-certified	85%
Marketing	10
Facilities	
Hospitals	12

Operational date: January 1991.

Service area: Eight counties surrounding Salt Lake City.

Officers: Terry Nimnicht, regional managed care officer; Myrna Singleton, provider relations.

Contact: Myrna Singleton.

See CIGNA Preferred Provider Organization in Connecticut.

MetLife Network-Utah

Bank of America Tower, Suite 700, 1 City Blvd. W., Orange, Calif. 92668-3651; 714-978-1991

Contact: Nick Brecker, vp.

See MetLife Network in Connecticut.

Premier Medical Network

2180 S. 1300 E., Suite 415, Salt Lake City, Utah 84106; 801-486-3366; fax: 801-467-3020

Staff	
Physicians	735
Patients/physician	170
Board-certified	95%
Specialists	365
Administrative	13
Marketing	1
Facilities	
Hospitals	18
Pharmacies	55
Diagnostic labs	19
Users: Group Health	
Employer/payer groups	250
Employees & dependents	63,000
Users: Workers Compensation	
Employer/payer groups	28
Employees	14,700
Total users	**77,700**

Operational date: October 1984.

For profit.

Service area: 14 counties in Utah.

Services: Hospitalization, physician, vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, home health, home therapy, specialized diagnostic services. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by a per diem rate, percent discount off customary rates; is compensated by employers/payers, insurers; charges a flat fee per eligible employee, percent of claims. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met; 8% are covered by such contracts. Services groups under contract with 10 insurance companies and eight TPAs.

Control measures: Standard utilization review procedures excluding hospital bill audits. Utilization review provided by the PPO.

Gross revenues: $865,000 in 1990; $700,000 in 1989.

Officers: Lynn S. Simons, executive director, Dr. Joseph A. Schoenhals, medical director; Kevin Potts, marketing director; Chucks Auchterlonie, chief operating officer; Josette Steadman, director-utilization review/case management.

Contact: Kevin Potts.

ProAmerica Western Region

426 N. 44th St., Suite 220, Phoenix, Ariz. 85008; 800-879-8500

Facilities	
Hospitals	5
Users: Group Health	
Employees and dependents	3,098

Contact: David K. Stewart.

See ProAmerica Network Inc. in Texas.

Travelers-Salt Lake City

W. Lake Center, 1601 Fifth Ave., Suite 600 420, Seattle, Wash. 98101; 206-464-3477

Staff	
Physicians	768
Facilities	
Hospitals	9
Users: Group Health	
Employer/payer groups	77
Employees & dependents	4,921

Operational date: May 1988.

Ownership: The Travelers Insurance Co.

Service area: Davis, Salt Lake, Summit, Utah, Wasatch and Weber counties in Utah.

Officers: Dee Mullins, provider relations; Carol K. Richards, employee benefits division sales manager.

See The Travelers Insurance Co. corporate listing in Connecticut.

Value Care

P.O. Box 25956, Salt Lake City, Utah 84125-0956; 801-481-6179; fax: 801-481-6994

Staff	
Physicians	1,700
Board-certified	95%
Administrative	73
Marketing	10
Facilities	
Hospitals	19
Pharmacies	200
Diagnostic labs	18
Users: Group Health	
Employer/payer groups	1,007
Single coverage	6,890
Family coverage	11,306
Employees & dependents	52,399
Total users	**52,399**

Operational date: October 1984.

For profit.

Ownership: Blue Cross/Blue Shield of Utah.

Service area: 16 counties in Utah.

Services: Hospitalization, physician, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, home health, surgical facilities, physical therapy. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by a per diem rate, percent discount off customary rates; is compensated by employees/payers, insurers; charges a flat fee per eligible employee, percent of savings.

Control measures: Utilization review procedures include preadmission hospital review, precertification, length of stay determination, second surgical opinion and outpatient service predetermination only. Utilization review provided by the PPO.

Gross revenues: $53 million in 1990; $46 million in 1989.

Officers: Jed H. Pitcher, president; Michael Tobin, executive director; Dr. W. Knox Fitzpatrick, medical director; Mike Mitchell, marketing director.

VERMONT

ProAmerica Network

714 Main St., Fort Worth, Texas 76102; 800-523-3669

Total users	**2,600**

See ProAmerica Network Inc. in Texas.

VIRGINIA

Aetna Health Plans

9030 Stony Point Parkway, Suite 440, Richmond, Va. 23235; 804-330-8661; fax: 804-330-8676

Service area: 18 counties in Virginia.

Contact: Joseph Burns.

See Aetna Health Plans corporate listing in Connecticut.

Aetna Health Plans

5040 Corporate Woods Drive, Virginia Beach, Va. 23462; 804-671-2720; fax: 804-671-2730

Service area: Chesapeake, Hampton, Newport News Norfolk, Portsmouth, Virginia Beach and Williamsburg counties in Virginia.

Contact: Joseph Burns, general manager.

See Aetna Health Plans corporate listing in Connecticut.

Beech Street

2 Ada, Suite 200, Irvine, Calif. 92718; 714-727-1353; fax: 714-727-1793

Facilities	
Hospitals	3
Users: Group Health	
Employees & dependents	59,725

See Beech Street in California.

CCN Inc./Blue Ridge Region

2000 14th St. N., Suite 480, Arlington, Va. 22201; 702-841-0725; fax: 703-841-1322

Staff	
Physicians	1,100
Board-certified	75%
Specialists	715
Administrative	5
Marketing	1
Facilities	
Hospitals	19
Users: Group Health	
Employer/payer groups	16
Employees & dependents	7,650
Users: Workers Compensation	
Employees	1,000
Total users	**8,650**

Operational date: 1987.

For profit.

Service area: Virginia.

Services: Hospitalization, physician, psychiatric services, obstetrics/gynecology.

Compensation: Charges a flat fee per eligible employee, percent of savings, combination of methods.

Control measures: Standard utilization review procedures including preadmission hospital review, precertification, concurrent hospital treatment review, length of stay determination, retrospective review. Utilization review provided by the Medical Society of Virginia Review Organization.

Contact: Geo McQueen.

See CCN Inc. in California.

CIGNA Preferred Provider Organization-Richmond

4050 Innslake Drive, Glen Allen, Va. 23060; 804-273-1100; fax: 804-273-1219

Staff	
Physicians	1,030
Board-certified	85%
Marketing	10
Facilities	
Hospitals	13
Users: Workers Compensation	

Operational date: February 1990.

Service area: 19 counties surrounding Richmond, Va.

Officers: Tim Fitzgerald, regional managed care officer; Paul Steele, vp-provider relations.

Contact: Paul Steele.

See CIGNA Preferred Provider Organization in Connecticut.

CIGNA Preferred Provider Organization-Virginia Beach

Reflections II, Suite 450, 200 Golden Oak Court, Virginia Beach, Va. 23452; 804-463-8606; fax: 804-463-2134

Staff	
Physicians	808
Board-certified	85%
Marketing	10
Facilities	
Hospitals	13

Operational date: February 1990.

Service area: 16 counties in southeastern Virginia.

Officers: Tim Fitzgerald, regional managed care officer; Rachel Schneider, provider relations.

Contact: Rachel Schneider.

See CIGNA Preferred Provider Organization in Connecticut.

FOCUS Healthcare Management Inc.

P.O. Box 17736, Greenville, S.C. 29606; 803-288-1650

Staff	
Marketing	1
Facilities	
Hospitals	15
Users: Workers Compensation	
Employer/payer groups	6

Operational date: June 1991.

Service area: Accomack, Essex, Gloucester, Henrico, Newport News, Norfolk and Princess Anne counties in Virginia.

Services: Hospitalization, physician, substance abuse, psychiatric services.

Compensation: Negotiates hospital charges by a per diem rate.

See FOCUS Healthcare Management Inc. corporate listing in Tennessee.

Continued on next page

Continued from previous page

Key Care-Blue Cross and Blue Shield of Virginia

2015 Staples Mill Road, Richmond, Va. 23235; 809-354-2322; fax: 804-354-2225

Staff	
Physicians	6,600
Patients/physician	180
Board-certified	100%
Specialists	4,290
Facilities	
Hospitals	97
Users: Group Health	
Employer/payer groups	2,900
Employees & dependents	410,000
Total users	**410,000**

Operational date: September 1983.
Not for profit.
Ownership: Blue Cross and Blue Shield of Virginia.
Service area: Virginia.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, home health care, nursing home care. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by a per diem rate; is compensated by employers/payers; charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures excluding second surgical opinion, outpatient service predetermination. Utilization review provided by the PPO.
Officers: Phyllis Marstiller, president/chief executive officer; Dr. Lawrence Colley, medical director; Dr. Richard Grinnan, chief healthcare management officer.
Contact: Edward C. Peple Jr.

MetLife Network-Virginia

1515 Market St., Suite 1630, Philadelphia, Pa. 19102; 215-977-7050

Contact: Thomas J. Regan, vp.
See MetLife Network in Connecticut.

PPO of Virginia Inc.

1311 High Point Ave, Richmond, Va. 23230; 804-355-7137; fax: 804-253-4328

Facilities	
Pharmacies	205

Operational date: August 1989.
For profit.
Service area: Virginia.
Services: Pharmacy. May be customized to meet employer specifications.
Compensation: Is compensated by employers/payers; charges a price per prescription.
Control measures: Standard utilization review procedures including retrospective review. Utilization review provided by the PPO.
Officers: R. Michael Berryman, president; Patrick M. Berryman, marketing director.

Private Healthcare Systems Ltd.

Regional Office, OMNI Offices at Washington/Tysons, 210 Corporate Ridge, 7th Floor, McLean, Va. 22102; 703-749-0541

Staff	
Physicians	1,196
Facilities	
Hospitals	15

See Private Healthcare Systems Ltd. consolidated listing in Massachusetts.

ProAmerica Network

2600 Lake Lucien Drive, Suite 200, Maitland, Fla. 32751; 800-253-3397

Facilities	
Hospitals	20
Total users	**26,350**

Contact: Greg O'Driscoll.
See ProAmerica Network Inc. in Texas.

PruCare Plus

1000 Boulders Parkway, Richmond, Va. 23225; 804-323-0900; fax: 804-323-0878

Staff	
Physicians	512
Patients/physician	42
Board-certified	93%
Specialists	380
Administrative	12
Marketing	5
Facilities	
Hospitals	6
Pharmacies	16
Diagnostic labs	1
Users: Group Health	
Employer/payer groups	37
Single coverage	646
Family coverage	533
Employees & dependents	5,600
Total users	**5,600**

Operational date: October 1986.
Ownership: The Prudential Insurance Co. of America.
Service area: Amelia, Caroline, Charles City, Chesterfiel, James City, King & Queen, King William, Louisa, New Kent, Nottoway, Powhatan, Prince George and Spotsylvania counties.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology.
Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates; is compensated by employers/payers; charges insurance premiums.
Officers: David George, vp; David Hunsaker, vp-group operations; Dr. William C. Williams, III, medical director; Wallace Dawson, regional group manager.
Contact: Robert Griffin, vp-group marketing; 3100 Cumberland Circle, Suite 1100; Atlanta, Ga. 30339; 404-933-6605.
See The Prudential Insurance Co. of America in New Jersey.

Quality Preferred Provider Organization Inc.

12011 Lee Jackson Memorial Highway, Suite 102, Fairfax, Va. 22033; 703-866-5909; fax: 703-866-5910

Staff	
Physicians	50
Patients/physician	30
Board-certified	100%
Specialists	47
Administrative	10
Marketing	5
Users: Group Health	
Employer/payer groups	400
Users: Workers Compensation	
Employer/payer groups	400
Employees & dependents	250,000
Total users	**250,000**

Operational date: January 1990.
For profit.
Service area: District of Columbia metropolitan area.
Services: Hospitalization, physician, workers compensation treatment and follow-ups, comprehensive case management, company doctor advisor services, utilization review, physicals, drug screens, medical fee review, hospital recertification. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by fee for service (workers compensation only); is compensated by employers/payers, health care providers, insurers, claims administrators, negotiated agreements; charges a flat fee per eligible employee, percent of savings, percent of services rendered by participating doctors/hospitals, negotiated agreements. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met.
Control measures: Standard utilization review procedures including all services provided through comprehensive case management. Utilization review provided by the PPO.
Officers: Dr. Robert F. Byrne, president; Mary Everet, executive director; Dr. Faiz Behsudi, medical director; Carrie Burkett, marketing director; Dr. Marty Salmon, board chairman.

Travelers-Norfolk

100 West Plume St., Norfolk, Va. 23510; 804-624-8500

Staff	
Physicians	837
Facilities	
Hospitals	10
Users: Group Health	
Employer/payer groups	53
Single coverage	1,649

Continued on next page

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Continued from previous page

Operational date: May 1988.
Ownership: The Travelers Insurance Co.
Service area: Chesapeake, Norfolk, Portsmouth, Suffolk and Virginia Beach.
Officers: Juley Hawley, executive director, Gilbert F. Palmer, sales manager.
See the Travelers Insurance Co. corporate listing in Connecticut.

Travelers-Richmond

300 Arboretum Place, 6th Floor, Richmond, Va. 23236; 804-330-6675

Staff	
Physicians	1,145
Facilities	
Hospitals	8
Users: Group Health	
Employer/payer groups	85
Employees & dependents	6,000

Operational date: March 1987.
Ownership: The Travelers Insurance Co.
Service area: Chesterfield, Dinwiddie, Hanover, Henrico and Prince George counties in Virginia.
Officers: Juley Hawley, executive director; Gilbert F. Palmer, sales manager.
See The Travelers Insurance Co. corporate listing in Connecticut.

Virginia Health Network

7400 Beaufont Spring Drive, Suite 505, Richmond, Va. 23225; 804-320-3837; fax: 804-320-5984

Staff	
Physicians	1,400
Board-certified	90%
Specialists	1,000
Administrative	2
Marketing	1
Facilities	
Hospitals	17
Users: Group Health	
Employer/payer groups	36
Single coverage	37,326
Family coverage	37,326
Employees & dependents	85,850
Users: Workers Compensation	
employee coverage	150,000
Total users	**235,850**

Operational date: September 1988.
For profit.
Service area: Richmond/Hampton Roads area of Virginia.
Services: Hospitalization, physician, substance abuse, psychiatric services, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem rate, percent discount off customary rates, DRG; is compensated by employers/payers, health care providers, insurers; charges a flat fee per eligible employee, percent of savings. The PPO will contract to receive a higher fee if savings are realized. Services groups under contract with PPO services extended to approximately 800 companies through insurers and TPAs. Utilization review as determined by payor.
Officers: James W. Brittain, president; Dr. Robert O. Williams, medical director; J. David Keplinger, marketing director; Judie Southworth, vp-provider relations.
Contact: J. David Keplinger.

WASHINGTON

Aetna Health Plans

1501 N. Fourth Ave., Suite 1600, Century Square, Seattle, Wash. 98101; 206-467-2800; fax: 206-467-2087

Staff	
Physicians	1,700
Specialists	850
Marketing	4
Facilities	
Hospitals	13
Users: Group Health	
Employer/payer groups	93
Employees & dependents	21,000

Service area: Seattle and Tacoma, Wash.
Services: Hospitalization, physician, substance abuse, psychiatric services, obstetrics/gynecology. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by a per diem rate and percent discount off customary rates; is compensated by employers/payers; charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures. Utilization review provided by the PPO.
Officers: Jim Hickey, general manager; Dr. Mike Gavin, medical director; Jeanna Holtz, network administrator.
See Aetna Health Plans corporate listing in Connecticut.

Beech Street

2 Ada, Suite 200, Irvine, Calif. 92718; 714-727-1353; fax: 714-727-1793

Facilities	
Hospitals	45
Users: Group Health	
Employees & dependents	32,351

See Beech Street in California.

CAPP Care Inc.

17390 Brookhurst, Suite 280, Fountain Valley, Calif. 92708; 714-963-8065; fax: 714-963-0549

Staff	
Physicians	896
Facilities	
Hospitals	11

Service area: Portland, Seattle/Tacoma and Spokane, Wash.
See CAPP Care Inc. in California.

CIGNA Preferred Provider Organization-Seattle

701 Fifth Ave, 2940 Columbia Center, Seattle, Wash. 98104; 206-625-8800; fax: 206-625-8879

Staff	
Physicians	1,539
Board-certified	85%
Marketing	10
Facilities	
Hospitals	18

Operational date: January 1988.
Service area: Seattle, Everett and Tacoma areas in Washington.
Officers: Terry Nimnicht, regional managed care officer; Peg Witham, provider relations.
Contact: Peg Witham.
See CIGNA Preferred Provider Organization in Connecticut.

ETHIX Northwest

601 Union St., Suite 4330, Seattle, Wash. 98101-2359; 206-447-0757; fax: 206-477-0762

Staff	
Physicians	2,017
Board-certified	85%
Specialists	867
Administrative	4
Marketing	2
Facilities	
Hospitals	43
Diagnostic labs	5
Users: Group Health	
Employer/payer groups	326
Employees & dependents	90,632
Total users	**90,632**

Operational date: July 1986.
For profit.
Ownership: ETHIX Corp.
Service area: 19 counties in Washington.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, physical therapy, home health care. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by a per diem rate and percent discount off customary rates; is compensated by employers/payers, health care providers and claims administrators; charges a flat fee per eligible employee and percent of savings. Services groups under contract with 16 insurers and TPAs.
Control measures: Standard utilization review procedures including maternity management, lifestyle monitoring. Utilization review provided by the PPO.
Gross revenues: $1.4 million in 1990; $1.1 million in 1989.
Officers: Candace Sellers, president; Dr. Frank Schramm, medical director; Laura Shorett, marketing director; Steve Gregg, chairman.
Contact: Laurie Shorett.

First Choice Health Network Inc.

1100 Olive Way, Suite 1480, Seattle, Wash. 998101-1838; 206-292-8255; fax: 206-624-4953

Staff	
Physicians	4,500
Board-certified	75%
Administrative	20
Marketing	1
Facilities	
Hospitals	47
Pharmacies	300
Diagnostic labs	20
Users: Group Health	
Employer/payer groups	3,200
Employees & dependents	240,000

Operational date: September 1984.
For profit.
Service area: Washington and Oregon.
Services: Hospitalization, physician, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, chiropractic, pharmacy, home therapy. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by a per diem rate, percent discount off customary rates and DRGs; is compensated by employers/payers, insurers and claims administrators; charges a flat fee per eligible employee and percent of savings. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met. Services groups under contract with eight insurance companies and 11 TPAs.
Control measures: Standard utilization review procedures excluding retrospective review. Utilization review provided by the PPO.
Officers: Clayton S. Field, president/executive director; Dr. Anna H. Chavelle, medical director; Ross D. Heyl, marketing director; Randy Barker and Charlotte Wheeler, officers.
Contact: Clayton S. Field.

Grays Harbor Medical Bureau

421 W. State St., Aberdeen, Wash. 98520; 206-532-9320; fax: 206-532-4348

Staff	
Physicians	77
Board-certified	100%
Specialists	103
Administrative	8
Marketing	8
Facilities	
Hospitals	1
Pharmacies	22
Users: Group Health	
Single coverage	1,148
Employees & dependents	2,488
Total users	**2,488**

Operational date: July 1987.
Not for profit.
Ownership: Blue Cross/Blue Shield.
Service area: Grays Harbor and Pacific counties in Washington.
Services: Hospitalization, physician, vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by percent discount off customary rates; is compensated by employers/payers; charges a flat fee per eligible employee.
Control measures: Utilization review procedures include preadmission hospital review, precertification, second surgical opinion and hospital bill audits only. Utilization review provided by the PPO.
Gross revenues: $2.2 million in 1990; $1.1 million in 1989.
Officers: Gary S. Fisher, president; Patricia A. Hollatz, executive director; Dr. Robert S. Haskey, medical director; Mary K. Heyrman, marketing director.

King County Medical Blue Shield

1800 Ninth Ave, Seattle, Wash. 98111; 206-464-3600; fax: 206-343-0848

Staff	
Physicians	4,879
Board-certified	75%
Specialists	1,718
Facilities	
Hospitals	19
Diagnostic labs	29
Users: Group Health	
Employer/payer groups	12,022
Employees & dependents	399,703

Operational date: May 1985.
Not for profit.
Service area: Cowlitz, King, Kitsap, Lewis, Pierce, Skagit, Snohomish and Thurston counties in Washington.
Services: Hospitalization, physician, vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by a per diem rate, percent discount off customary rates, DRGs and global per case rates; charges a percent of savings.
Control measures: Standard utilization review procedures excluding retrospective review, discharge planning. Utilization review provided by the PPO.
Gross revenues: $144 million in 1990; $104 million in 1989.
Officers: Winlock W. Pickering, president; Dale M. Francis, executive vp; Dr. Terry R. Rogers, medical director; Herb Breitenhorn, marketing director; Stephanie Hunter, cost containment administrator.

Lincoln National Preferred Plan

601 Union St., Suite 4300, Seattle, Wash. 98101; 206-464-1540

Staff	
Physicians	1,750
Facilities	
Hospitals	35

Officers: Terry Bayer, general manager.
See Lincoln National Preferred Plan in Indiana.

MetLife Network-Washington

50 Fremont St., Suite 1100, San Francisco, Calif. 94105; 415-957-4101

Contact: Nick Brecker, vp.
See MetLife Network in Connecticut.

Pierce County Medical-Preferred Plans

1114 Broadway Plaza, Tacoma, Wash. 98402; 206-597-6520; fax: 205-597-7475

Staff	
Physicians	1,100
Administrative	325
Marketing	35
Facilities	
Hospitals	8
Users: Group Health	
Single coverage	92,343
Total users	**105,000**

Operational date: January 1985.
Not for profit.
Ownership: Pierce County Medical, a Blue Shield Plan.
Service area: Pierce County in Washington.
Services: Hospitalization, physician, vision, substance abuse, psychiatric services, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by a percent discount off customary rates and DRGs; is compensated by employers/payers; charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures. Utilization review provided by the PPO.
Officers: Donald P. Sacco, president; Lester Reid, medical director; Martin R. Andrews, marketing director.

The Preferred Plan

E. 3900 Sprague Ave., Spokane, Wash. 99202

Staff	
Physicians	737
Facilities	
Hospitals	9
Users: Group Health	
Employees & dependents	66,942

Operational date: February 1986.
Ownership: Medical Service Corp. of Eastern Washington.
Sponsorship: Blue Cross and Blue Shield.
Service area: Benton, Franklin, Grant, Spokane and Whitman counties in Washington.
Control measures: Standard utilization review procedures excluding length of stay determination, retrospective review, hospital bill audits, case management.

ProAmerica Western Region

426 N. 44th St., Suite 220, Phoenix, Ariz. 85008; 800-879-8500

Facilities	
Hospitals	45
Users: Group Health	
Employees and dependents	38,860

Contact: David K. Stewart.
See ProAmerica Network Inc. in Texas.

Prudent Buyer Plan

15700 Dayton Ave. N., Seattle, Wash. 98133

Staff	
Physicians	5,286
Facilities	
Hospitals	68
Users: Group Health	
Employees & dependents	281,170

Operational date: October 1985.
Sponsorship: Blue Cross of Washington and Alaska.
Service area: Washington; Anchorage, Fairbanks, Ketchikan and Seward, Alaska.
Control measures: Standard utilization review procedures excluding length of stay determination, retrospective review, second surgical opinion, hospital bill audits, outpatient service predetermination.

Sound Health

1501 Fourth Ave., Suite 500, Seattle, Wash. 98101-1662; 206-622-6111; fax: 206-623-5173

Staff	
Physicians	1,419
Patients/physician	166
Board-certified	98%
Specialists	2,821
Administrative	6
Marketing	9
Facilities	
Hospitals	57
Users: Group Health	
Employer/payer groups	2,596
Family coverage	103,231
Employees & dependents	236,517
Total users	**236,517**

Operational date: October 1987.
Not for profit.
Ownership: Sisters of Providence.
Services: Hospitalization, physician, vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, chiropractic. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by a per diem rate and percent discount off customary rates; is compensated by employers/payeers, insurers, claims administrators and administrative fee to hospitals; charges a flat fee per eligible employee. Services groups under contract with 17 TPAs and insurers.
Control measures: Standard utilization review procedures. Utilization review provided by the PPO and outside contractors.

Continued on next page

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Gross revenues: $1.3 million in 1990; $2 million in 1989.

Officers: Gerald L. Coe, president/chief executive officer, Dr. Frits van Paasschen, medical director; Ty Tabor, marketing director; Jeff Blancett, chief operating officer; Cassie Undlin, chief financial officer.

Contact: David R. Weber, assistant director-PPO operations.

Travelers-Washington State

1601 Fifth Ave., Suite 600, Seattle, Wash. 98101; 206-464-3472

Staff	
Physicians	1,230
Facilities	
Hospitals	43
Users: Group Health	
Employer/payer groups	124
Employees & dependents	7,261

Operational date: October 1990.

Ownership: The Travelers Insurance Co.

Service area: 25 counties in Washington.

Officers: David Friedman, executive director; Carol K. Richards, employee benefits division sales manager.

See The Travelers Insurance Co. corporate listing in Connecticut.

United PPO

P.O. Box 141253, Spokane, Wash. 99214-1253; 509-928-2569

Staff	
Physicians	3000
Board-certified	90%
Specialists	1,800
Administrative	10
Marketing	2
Facilities	
Hospitals	30
Diagnostic labs	4
Users: Group Health	
Employer/payer groups	26
Family coverage	150,000
Employees & dependents	310,000
Total users	**310,000**

Operational date: 1984.

For profit.

Service area: Alaska, Idaho, Oregon and Washington.

Services: Hospitalization, physician, vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, chiropractic, home infusion services. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.

Compensation: Negotiates hospital charges by percent discount off customary rates; compensation is transaction based; charges a factor of services. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met.

Control measures: Standard utilization review procedures excluding discharge planning, retrospective review, second surgical opinion, outpatient service predetermination. Utilization review provided by the PPO and outside contractors.

Officers: Dr. Milan Jedde, president; Dr. Larry Worth, medical director; Tom Markson, vp-marketing; Jean Jedde, vp; Heidi Jedde, treasurer; Julie Jedde, secretary; William Jedde, vp-legal.

WEST VIRGINIA

MedSelect of West Virginia

1 Hillcrest Drive, Charleston, W. Va. 25326; 304-347-0638; fax: 304-347-0746

Users: Group Health	
Employees & dependents	9,954

See Beech Street in California.

Staff	
Administrative	3
Marketing	1
Facilities	
Hospitals	20
Users: Group Health	
Employer/payer groups	350
Single coverage	7,600
Family coverage	11,400
Employees & dependents	42,000
Total users	**42,000**

Operational date: September 1986.

For profit.

Ownership: Jefferson Pilot, MCIG Inc.

Service area: West Virginia; surrounding counties in Kentucky, Ohio and Virginia.

Services: Hospitalization. Employer specifications.

Compensation: Negotiates hospiployees can select non-PPO providers. May be customized to meet emtal charges by a per diem rate and percent discount off customary rates; is compensated by employers/payers and insurers; charges a flat fee per eligible employee. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met; 5% are covered by such contracts. Services groups under contract with Association Life, Guardian Life Insurance, The Hartford, Jefferson-Pilot, MidSouth and Travelers.

Control measures: Standard utilization review procedures excluding precertification, retrospective review, outpatient service predetermination, case management. Utilization review provided by MedCert.

Gross revenues: $16.5 million in 1990; $10 million in 1989.

Officers: Susan Cunningham, executive director; Dave Cook, marketing director.

Contact: Jennings Hart, 304-347-0730.

MetLife Network-West Virginia

1515 Market St., Suite 1630, Philadelphia, Pa. 19102; 215-977-7050

Contact: Thomas J. Regan, vp.

See MetLife Network in Connecticut.

ProAmerica Network

714 Main St., Fort Worth, Texas 76102; 800-523-3669

Facilities	
Hospitals	6
Total users	**5,952**

See ProAmerica Network Inc. in Texas.

WISCONSIN

Aetna Health Plans

2675 N. Mayfair Road, Suite 506, Milwaukee, Wis. 53226; 414-256-2287

Service area: Kenosha, LaCrosse, Milwaukee, Washington and Waukesha counties in Wisconsin.

Contact: M.R. Carr, general manager.

See Aetna Health Plans corporate listing in Connecticut.

Associates for Health Care Inc.

125 N. Executive Drive, Suite 201, Brookfield, Wis. 53005; 414-784-9007

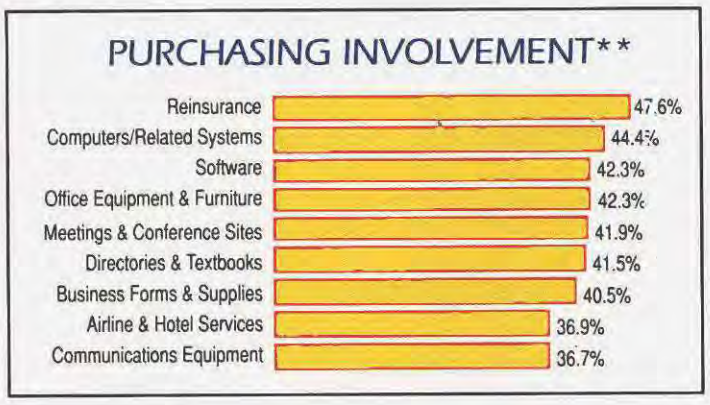
Staff	
Physicians	1,154
Board-certified	95%
Administrative	35
Marketing	5

Continued on next page

"Focused Editorial Attracts Serious Prospects"

61,677* Business Insurance is the only weekly newsmagazine that focuses its editorial product solely on the core of the important commercial insurance market — the consumers of corporate insurance and employee benefits: financial and administrative executives, risk and employee benefits managers. Worldwide, these BI readers are the corporate consumers of the products and services that help them manage and control risks, losses, employee benefits and health care costs — business operations that affect their companies' bottom line.

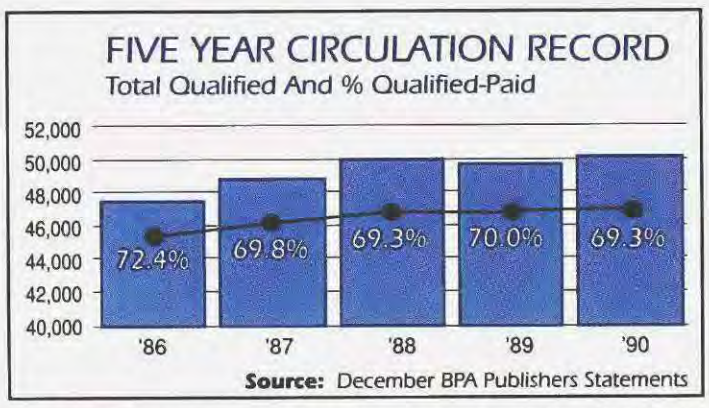




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Business Insurance
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Continued from previous page

Facilities	
Hospitals	22
Pharmacies	37
Diagnostic labs	7
Users: Group Health	
Employer/payer groups	45
Single coverage	29,270
Family coverage	43,907
Employees & dependents	180,000
Total users	**180,000**

Operational date: January 1984.
For profit.
Service area: Milwaukee, Waukesha, Washington, Ozaukee, Sheboygan, Fond du Lac, Walworth, Racine, Kenosha, Rock, Dane, Richland and Outagamie counties in Wisconsin.
Services: Hospitalization, physician, vision, dental, substance abuse services, psychiatric services and durable medical equipment. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by a per diem rate and percent discount off customary rates; is compensated by employers/payers and health care providers; charges a flat fee per eligible employee, percent of savings and percent of services rendered. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met. Services groups under contract with 45 insurers and TPAs.
Control measures: Standard utilization review procedures excluding hospital bill audits and outpatient service predetermination. Utilization review services provided by the PPO.
Officers: Richard L. Blomquist, president; Judith A. Grimes, executive director; Dr. Robert W. Teplin, medical director; Peter Grimes, vp-sales/marketing; David Dobias, senior vp-administration; Gary Wroblewski, vp-PPO development; Vickie Chaltas, vp-payor and provider relations.

Beech Street

2 Ada, Suite 200, Irvine, Calif. 92718; 714-727-1353; fax: 714-727-1793

Facilities	
Hospitals	19
Users: Group Health	
Employees & dependents	42,305

See Beech Street in California.

CAPP Care Inc.

17390 Brookhurst, Suite 280, Fountain Valley, Calif. 92708; 714-963-8065; fax: 714-963-0549

Staff	
Physicians	481
Facilities	
Hospitals	18

Service area: Appleton, Madison and Milwaukee in Wisconsin.

See CAPP Care Inc. in California.

Delta Dental Plan

P.O. Box 828, Stevens Point, Wis. 54481; 715-344-6087; fax: 715-344-2446

Staff	
Dentists	250
Patients/dentist	40
Users: Workers Compensation	
Employer/payer groups	10
Employees	7,000
Total users	**7,000**

Operational date: January 1991.
Not for profit.
Ownership: Delta Dental Plan of Wisconsin Inc.
Service area: Kenosha, Racine, Milwaukee, Ozaukee, Waukesha, Washington, Fond du Lac, Winnebago, Outagomie and Brown counties in Wisconsin.
Services: Dental services only. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by percent discount off usual fees; is compensated by employers/payers; charges a premium. The PPO will contract to reduce its fee if savings are not met.
Control measures: Utilization review procedures include precertification only.
Officers: Dennis L. Brown, president; Dennis L. Peterson, marketing director; Karen Johnson, director-operations.

FOCUS Healthcare Management Inc.

330 S. Executive Drive, Suite 101, Brookfield, Wis. 53005; 414-784-0044; fax: 414-784-6297

Staff	
Physicians	10
Board-certified	80%
Marketing	1
Facilities	
Hospitals	6

Operational date: April 1990.
Service area: Eau Claire, Kenosha, Lacrosse, Monroe, Trempealeau and Waukesha counties in Wisconsin.
Services: Hospitalization, physician, substance abuse services, psychiatric services, durable medical equipment.
Compensation: Negotiates hospital charges by percent discount off customary rates.

See FOCUS Healthcare Management Inc. corporate listing in Tennessee.

Health Care Network (HCN) of Greater Milwaukee

16535 Bluemound Road, Suite 220, Brookfield, Wis. 53008; 414-784-0223; 414-784-2976

Staff	
Physicians	1,500
Board-certified	76%
Specialists	1,000
Administrative	30
Marketing	2
Facilities	
Hospitals	17
Users: Group Health	
Employer/payer groups	425
Employees & dependents	122,000
Users: Workers Compensation	
Employees	300,000
Total users	**422,000**

Operational date: July 1987.
Not for profit.
Service area: Greater Milwaukee area, including Milwaukee, Waukesha, Ozaukee and Washington counties.
Services: Hospitalization, physician, substance abuse services, psychiatric services, obstetrics/gynecology and mental health counselors.
Compensation: Charges a flat fee per eligible employee, percent of savings or some combination of methods.
Control measures: Standard utilization review procedures excluding discharge planning, second surgical opinion, hospital bill audits, outpatient service predetermination and case management services. Utilization review services provided by CNR Health Inc.
Officers: James Wrocklage, chief executive officer; Dr. Eugene V. Helse, medical director; Mary D. Joe, manager.
Contact: Mary D. Joe.

See CCN Inc. in California.

Lincoln National Preferred Plan

1055 N. Mayfair Road, Suite 100, Wauwautosa, Wis. 53226; 414-476-2828; fax: 414-476-4826

Staff	
Physicians	400
Facilities	
Hospitals	12

Officers: Dr. John Blank, general manager.

See Lincoln National Preferred Plan in Indiana.

MedView CompPro/ MedView Services Inc.

32991 Hamilton Court, Farmington Hills, Mich. 48334; 313-488-5260; fax: 313-488-5262

Staff	
Physicians	159
Board-certified	90%
Specialists	65
Facilities	
Hospitals	14
Users: Workers Compensation	
Employer/payer groups	4
Employees	185,000
Total users	**185,000**

Service area: Wisconsin.

See MedView CompPro/MedView Services Inc. in Michigan.

MetLife Network-Wisconsin

20 E. Randolph Drive, Suite 6836, Chicago, Ill. 60601-6804; 312-861-3000

Contact: P. Kerry Finnegan, vp.

See MetLife Network in Connecticut.

Network Exclusive Provider Option Inc.

111 W. Pleasant St., Milwaukee, Wis. 53212; 414-223-3300 or 800-289-0260; fax: 414-223-7777

Staff	
Physicians	2,000
Patients/physician	10
Board-certified	100%
Specialists	1,350
Administrative	220
Marketing	35
Facilities	
Hospitals	15
Pharmacies	350
Users: Group Health	
Employer/payer groups	35
Single coverage	975
Family coverage	2,135
Employees & dependents	8,900
Total users	**8,900**

Operational date: October 1987.
For profit.
Ownership: CareNetwork Inc.
Service area: Kenosha, Milwaukee, Ozaukee, Racine, Sheboygan, Washington and Waukesha counties in Wisconsin.
Services: Hospitalization, physician, vision, chiropractic, substance abuse services, psychiatric services, durable medical equipment, podiatry and obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by a per diem rate; is compensated by employers/payers; charges a flat fee per eligible employee and percent of services rendered.
Control measures: Standard utilization review procedures. Utilization review provided by the PPO.
Officers: Kipton Kaplan, president/chief executive officer; David Fee, executive director; Dr. Carl F. Myers, vp-medical affairs; Thomas R. Sobocinski, vp-marketing; Mark E. Daley, chief operating officer/vp-operations; Craig Kasten, vp-operations and systems.
Contact: Dale A. Thoma, sales manager.

Preferred Provider Option

401 W. Michigan St., Milwaukee, Wis. 53203; 414-226-6600; fax: 414-226-5488

Staff	
Physicians	2,845
Board-certified	57%
Administrative	135
Marketing	45
Facilities	
Hospitals	32
Pharmacies	850
Users: Group Health	
Employer/payer groups	528
Employees & dependents	53,250

Operational date: 1984.
For profit.
Ownership: Blue Cross & Blue Shield United of Wisconsin.
Service area: 29 counties in Wisconsin.
Services: Hospitalization, physician, substance abuse services, psychiatric services, durable medical equipment, obstetrics/gynecology. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by a per diem rate and percent discount off customary rates; is compensated by employers/payers, insurers and claims administrators; charges a percent of services rendered by participating doctors/hospitals.
Control measures: Standard utilization review procedures excluding outpatient service predetermination. Utilization review provided by the PPO.
Gross revenues: $43.7 million in 1990; $31.5 million in 1989.
Officers: Essie Whitelaw, president/executive director; Dr. Richard Christenson, medical director; Babette Honore, marketing director; Paul Jasinski, vp-finance.
Contact: Babette Honore.

Private Healthcare Systems Ltd.

Regional Office, 10255 W. Higgins Road, Suite 260, Rosemont, Ill. 60018; 708-299-7560; fax: 708-299-2717

Staff	
Physicians	650
Facilities	
Hospitals	11

See Private Healthcare Systems Ltd. consolidated listing in Massachusetts.

ProAmerica Network Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669

Facilities	
Hospitals	21
Users: Group Health	
Employees and dependents	61,518

See ProAmerica Network Inc. in Texas.

Travelers-Milwaukee

50 Shuman Blvd., Suite 400, Naperville, Ill. 60563; 708-983-2275

Staff	
Physicians	1,498
Facilities	
Hospitals	15
Users: Group Health	
Employer/payer groups	52
Employees & dependents	3,393

Operational date: August 1990.
Ownership: The Travelers Insurance Co.
Service area: Milwaukee, Ozaukee, Washington and Waukesha counties in Wisconsin.
Officers: Kathy Feary, provider relations manager; Ronald C. White, employee benefits division sales manager.

See The Travelers Insurance Co. corporate listing in Connecticut.

Wausau Preferred Care

2000 Westwood Drive, Wausau, Wis. 54401; 715-842-6896; fax: 715-847-8740

Staff	
Physicians	2,167
Board-certified	75%
Specialists	1,388
Administrative	3
Marketing	13
Facilities	
Hospitals	31
Pharmacies	4
Users: Group Health	
Employer/payer groups	127
Single coverage	3,051
Family coverage	4,260
Employees & dependents	17,571
Users: Workers Compensation	
Employer/payer groups	300
Employees & dependents	36,759
Total users	**54,330**

Operational date: January 1987.
For profit.
Ownership: Wausau Insurance Cos.
Service area: 20 counties in Wisconsin. Contracts with CAPP Care in Arizona, California and Texas; Preferred Care Network Inc. in Illinois; Indiana ProHealth Network in Indiana; HealthNet in Kansas and Missouri; PPOM in Michigan; Preferred One in Minnesota; Vantage in Oregon; HealthLink in Illinois and Missouri; SouthCare in Georgia; Health Net in Tennessee; Alliance Inc. in Maryland and Virginia.
Services: Hospitalization, physician, vision, substance abuse services, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, mail-order prescription drugs. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by a per diem rate and percent discount off customary rates; is compensated by employers/payers; charges a flat fee per eligible employee or fee is built into premiums. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met; 1% are covered by contracts with such fee adjustment clauses.
Control measures: Standard utilization review procedures excluding outpatient service predetermination. Utilization review provided by the PPO.
Officers: Leon J. Weinberger, president; Terry Bolz, executive director; Dr. Gerald Osband, medical director; Richard Gumness, marketing director.
Contact: Terry Bolz.

WYOMING

CAPP Care Inc.

17390 Brookhurst, Suite 280, Fountain Valley, Calif. 92708; 714-963-8065; fax: 714-963-0549

Facilities	
Hospitals	3

Service area: Afton and Evanston in Wyoming.

See CAPP Care Inc. in California.

ProAmerica Western Region

426 N. 44th St., Suite 220, Phoenix, Ariz. 85008; 800-879-8500

Facilities	
Hospitals	1
Users: Group Health	
Employees and dependents	3,228

Contact: David K. Stewart.

See ProAmerica Network Inc. in Texas. ■

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- Balancing access, quality and cost in designing and implementing a health care program
- An in-depth look at health care reform: What are the viable options?
- Going direct: Purchasing directly from the source

PPOs that contract for providers

The following preferred provider organizations contract with other PPOs to provide services to their employer groups in states where they do not have direct contracts with either doctors or hospitals.

Aetna Health Plans contracts with:
TM Care Health Network in Arizona.

ALTA Health Strategies Inc. contracts with:
Baxter-MCS in Florida.
CAPP Care in Louisiana, Michigan, Missouri, North Carolina, Nebraska, Ohio, Pennsylvania, South Carolina, Tennessee, Texas.
CCN Inc. in Arizona, California.
Health Care Network in Wisconsin.
HRM Carepass in Illinois.
Health Advantage in Florida.
Horizon in Nevada.
IHC in Utah.
Occupational Urgent Care Health Systems in New Mexico, Texas.
Preferred Health Care in Kansas.
Sanus/Passport Preferred Service Inc. in Missouri.
Sooner Health in Oklahoma.
Sound Health in Washington.
Vantage Health Network in Oregon.

Alternet contracts with:
CCN Inc. in Arizona.
Managed HealthCare Northwest in Oregon.
PPO Alliance in California.

American International Healthcare/Options for Healthcare contracts with:
Affordable Healthcare.
Alabama Medical Coalition.
Alliance PPO.
HealthNet.
Lincoln National Health Plan.
MedView CompPro/MedView Services Inc.
National Medical Enterprises.
Occupational Urgent Care Health Systems.
Preferred Care.
Preferred Health Partnership.
The Queens' Health Care Plan.
Southcare Medical Alliance.
Strategic Provider Area Network.
ValueNet.
Virginia Health Network.

CCN Inc. contracts with:
ALTA Health Strategies in Colorado.
Virginia Health Network in Virginia.
VHN-East in Pennsylvania.
Willse & Associates in Maryland.

CNA Managed Care contracts with:
Private Healthcare Systems Ltd. in Alabama, Arizona, California, Colorado, District of Columbia, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Missouri, New Jersey, Ohio, Oklahoma, Pennsylvania, Tennessee, Texas, Virginia, Washington, Wisconsin.

California Foundation for Medical Care contracts with:
American Healthcare Alliance nationwide.

CIGNA contracts with:
Family Health Plan Inc. in Minnesota.
Health Care Preferred in Florida.
Health Care Network in Wisconsin.
Managed Care Consultants in Nevada.
Medical Card System in Puerto Rico.
Preferred Health Care in Kansas.
Preferred Health Partnership in Tennessee.
Vantage Health Network in Oregon.

Conservicare contracts with:
The Alliance in Colorado.
American Managed Care in Arizona.
Health Care Savings in North Carolina, South Carolina.
Managed Care Consultants in Nevada.
Managed Healthcare Inc. in Texas.
The Maricopa Foundation in Arizona.
Medcorp Southwest in Arkansas, Oklahoma, Tennessee, Texas.
Preferred Healthcare Network in Nevada.
Preferred Plan Inc. in Illinois, Indiana, Ohio, Wisconsin.
South East Medical Alliance in Louisiana.
Universal Preferred Health Network in Connecticut, Kentucky, Ohio.

Great-West Care contracts with:
Private Healthcare Systems Ltd. in Alabama, Arizona, California, Colorado, District of Columbia, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Ohio, Oklahoma, Pennsylvania, Tennessee, Texas, Washington, Virginia, Wisconsin.
ETHIX in Alaska, Michigan, Washington.
Managed Healthcare Northwest Inc. in Oregon.
Mid-Florida Preferred in Florida.
Preferred Health Partnership in Tennessee.
Preferred HealthCare Network Inc. in Nevada.
Preferred One in Minnesota.
Premier Medical Network in Utah.
TM Care Health Network in Arizona.
Wisconsin Preferred Provider Network in Wisconsin.

Health First contracts with:
Health Response in Ohio.

ITT Hartford contracts with:
American Health Network in Tennessee, Texas.
Baptist Health Services Group in Mississippi, Tennessee.
Benefit Panel Services in California.
ETHIX Mid-Atlantic in New Jersey and Pennsylvania.
ETHIX Northwest in Washington.
ETHIX Pacific in Oregon.
ETHIX Southeast in North Carolina, South Carolina.
Florida Health Network in Florida.
Health Care Network of Greater Milwaukee in Wisconsin.
Health Service Preferred in Kentucky, Ohio.
HealthLink in Illinois and Missouri.
HealthNet in Kansas and Missouri.
National Capital PPO in District of Columbia, Maryland, Virginia.
Preferred One in Minnesota, North Dakota, Wisconsin.
Preferred Plan of Georgia in Georgia.

Kemper National Services Preferred Provider Program contracts with:
CompPro Inc. in Colorado, Florida, Indiana, Massachusetts, Michigan, Wisconsin.
FOCUS Healthcare Management in Alabama, Georgia, Kansas, Louisiana, Missouri, Tennessee, Pennsylvania.
Occupational Urgent Care Health Systems in Arizona, California, New Mexico, Oregon, Texas.
Preferred Care Network in Illinois.

Massachusetts Mutual's Preferred Plus contracts with:
American Health Network in Texas.
Benefit Panel Services in California.
Carolina Preferred Care in North Carolina.
CompMed in Oklahoma.
Emerald Health Network in Ohio, Pennsylvania.
Family Health Plan in Michigan, Minnesota, New Jersey, Pennsylvania.
ETHIX Southeast in North Carolina.
Florida Health Network in Florida.
Health Choice in Mississippi, Tennessee.
Health First in Kentucky, Ohio.
HealthLink Inc. in Illinois, Missouri.
HealthNet in Kansas, Missouri, Tennessee.
Health Response in Ohio.
Maricopa Foundation for Medical Care in Arizona.
National Capital PPO in District of Columbia, Maryland, Virginia.
North Texas Healthcare Network in Texas.
Pennsylvania Health Choice Plan in Pennsylvania.
Preferred Care Network in Illinois.
Preferred Health Network in Maryland.
Preferred Health Plan in Massachusetts, New Hampshire.
Preferred Health Providers in Florida.
Preferred Healthcare Network in California, Nevada.
Preferred Plan of Georgia in Georgia.
The Queen's Health Care Plan in Hawaii.
Sagamore Health Network in Indiana.
Sloans Lake Medical Group in Colorado.
Sound Health of Washington in Washington.
Vantage Health Network in Oregon, Washington.

Medview CompPro/Medview Services Inc. contracts with:
Preferred Healthcare Network in California.
Southcare Medical Alliance in Georgia.

Mutually Preferred (Mutual of Omaha) contracts with:
Admar Corp./Med Network in Massachusetts.
Alliance Health Providers Inc. in Texas.
Arizona Medical Network in Arizona.
Boulder Valley IPA in Colorado.
Carle Clinic in Illinois.
CompMed in Oklahoma.
ETHIX Corp. in Texas.
Fort Collins IPA in Colorado.
Health Care Inc. in Nevada.
Health First in Iowa.
HealthCHOICE in Florida, Tennessee.
HealthLink in Illinois, Indiana, Missouri.
HealthMark Affiliated Networks in North Carolina.
HealthNet in Kansas, Missouri, Tennessee.
HealthRESPONSE in Ohio.
Intergroup Services Corp. in New Jersey, Pennsylvania.
Medical Network in Colorado.
Mid-Florida in Florida.
Mountain Medical Affiliates in Colorado.
National Capital PPO in District of Columbia, Maryland, Virginia.
North Colorado IPA in Colorado.
North Texas Healthcare Network in Texas.
NorthCare in Colorado.
PPO Alliance in California.
PPO Mobile in Alabama.
Preferred Choice in Colorado.
Preferred Health Partnership in Tennessee.
Preferred Healthcare Network Inc. in Nevada.
Preferred One in Minnesota, North Dakota.
Premier Medical Network in Utah.
Rush Contract Care in Illinois.
Sound Health Network Inc. in Washington.
SouthCare Medical Alliance in Georgia.
Southeast Medical Alliance in Louisiana.
Universal Preferred Health Network Inc. in Ohio.
VHA Tri-State HealthPlans in Indiana.
Vantage Health Network in Oregon.

NWNL Premier Benefits Network contracts with:
Family Health Plan in Pennsylvania.
First Choice in Washington.
Mid-America Healthnet in Kansas, Missouri.
Private Healthcare Systems Ltd. nationwide.
Samaritan Health Plan in Arizona.
Scrips Clinic Health Network in California.

New England Care contracts with:
Private Healthcare Systems Ltd. in Alabama, Arizona, California, Colorado, District of Columbia, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Ohio, Oklahoma, Pennsylvania, Tennessee, Texas, Washington, Virginia, Wisconsin.
ETHIX in Alaska, Michigan, North Carolina, South Carolina, Washington.
Managed Healthcare Northwest Inc. in Oregon.
Mid-Florida Preferred in Florida.
Preferred Health Partnership in Tennessee.
Preferred HealthCare Network Inc. in Nevada.
Preferred One in Minnesota.
Premier Medical Network in Utah.
TM Care Health Network in Arizona.
Wisconsin Preferred Provider Network in Wisconsin.

Ohio Health Choice Plan contracts with:
CAPP Care Inc. in Alabama, Arizona, California, Colorado, Florida, Georgia, Illinois, Indiana, Kansas, Louisiana, Michigan, Missouri, Nebraska, Nevada, New Jersey, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, Tennessee, Texas, Utah, Washington, Wisconsin.

PM Group's PPO contracts with:
CAPP Care Inc. in Arizona, California, New Mexico, Oregon and Utah.
Private Healthcare Systems Inc. in Alabama, Colorado, District of Columbia, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Missouri, New Jersey, Ohio, Oklahoma, Pennsylvania, Tennessee, Texas, Virginia, Washington, Wisconsin.

Provident Preferred Network contracts with:
Alliance PPO Inc. in District of Columbia, Maryland, Virginia.
CAPPO in Arkansas.
CCN Inc. in California.
CareMark in Oregon.
CompMED in Oklahoma.
Emerald Health Network Inc. in Ohio.
Florida HealthChoice Plan in Florida.
Health Choice in Alabama, North Carolina, Tennessee.
Health Link in Missouri.
Health Services Preferred in Ohio.
Healthcare Preferred Inc. in Florida.
HealthMark in North Carolina.
Med Select in Texas, Utah.
MedNetwork in California, Texas.
MedSense in California.
Mountain States Managed Care in New Mexico.
Preferred Care Network in Illinois.
PPOM in Michigan.
Premier Medical Network in Utah.
Sloans Lake Managed Care in Colorado.
Sound Health in Washington.
Southeast Medical Alliance in Louisiana.
Virginia Health Network in Virginia.

State Mutual Cos. contracts with:
Private Healthcare Systems Ltd. in Alabama, Arizona, California, Colorado, District of Columbia, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Ohio, Oklahoma, Tennessee, Texas, Virginia, Washington, Wisconsin.

US Lifecare contracts with:
Access HealthCare in Ohio.
Eastern Iowa Health Care Inc. in Iowa.
Iowa City IPA in Iowa.
MD Physician Inc. in Oklahoma.
Maricopa Foundation for Medical Care in Arizona.
Medical Network Inc. in Maine.
Physicians Medical Plan of Tulsa in Oklahoma.
Rush Contract Care in Illinois.
Sooner Health Plan in Oklahoma.
Southern Arizona Physicians Service Assn. in Arizona.
SouthCare Medical Alliance in Georgia.
US Health Plan in Ohio.
22 IPAs in Colorado.
16 IPAs in New Jersey.

Wausau Preferred Care contracts with:
Alliance Inc. in Maryland, Virginia.
CAPP Care in Arizona, California, Texas.
HealthLink in Illinois, Missouri.
HealthNet in Kansas, Missouri, Tennessee.
Indiana ProHealth Network in Indiana.
PPOM in Michigan.
Preferred Care Network Inc. in Illinois.
Preferred One in Minneapolis.
SouthCare in Georgia.
Vantage Health Systems in Oregon. ■

HMOs operating in multiple states

Aetna Life Insurance Co.: Arizona, California, Colorado, Connecticut, Florida, Georgia, Illinois, Indiana, Louisiana, Maryland, Michigan Minnesota, Missouri, New Jersey, New York, Ohio, Pennsylvania, Tennessee, Texas, Virginia, Washington, Wisconsin, Washington, D.C.

Blue Cross & Blue Shield Plans: Alabama, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Nebraska, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, Tennessee, Texas, Utah, Virginia, Washington, Wisconsin.

Care Choices HMO: Iowa, Nebraska, South Dakota.

Chicago HMO Ltd.: Illinois, Indiana, Wisconsin.

ChoiceCare/Midwest Foundation Independent Physician Assn.: Ohio, Kentucky.

CIGNA/EQUICOR Healthplans: Arizona, California, Colorado, Connecticut, Delaware, Florida, Georgia, Illinois, Kansas, Louisiana, Maryland, Massachusetts, Missouri, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, Tennessee, Texas, Utah, Virginia, Washington.

Community Health Plan: Massachusetts, New York, Vermont.

FHP Health Care: Arizona, California, Guam, New Mexico, Utah.

Good Health Plans: Oregon, Washington.

Group Health Association: Maryland, Virginia, Washington, D.C.

Group Health Cooperative of Puget Sound: Idaho, Washington.

Group Health Plan: Missouri, Illinois.

Health Chicago Inc.: Illinois, Indiana.

Health Insurance Plans (HIP): Florida, New Jersey, New York.

Health New England: Massachusetts, Connecticut.

Health Plan of the Upper Ohio Valley Inc.: Ohio, West Virginia.

Heritage National Health Plan Services Inc.: Illinois, Iowa, Wisconsin, Tennessee.

Humana Health Care Plans: Alabama, Arizona Colorado, Florida, Illinois, Indiana, Kentucky, Louisiana, Missouri, Nevada, Ohio, Texas.

Kaiser Permanente Medical Care Program: California, Colorado, Connecticut, Georgia, Hawaii, Kansas, Maryland, Massachusetts, Missouri, New York, North Carolina, Ohio, Oregon, Texas, Virginia, Washington, Washington, D.C.

Lincoln National Health Plan: Arizona, California, Colorado, Idaho, Indiana, Illinois, Kansas, Kentucky, Maine, Maryland, Missouri, North Carolina, Ohio and District of Columbia.

Maxicare Health Plans: California, Illinois, Indiana, Louisiana, Wisconsin, North Carolina, South Carolina.

Medical Associates HMO: Iowa, Illinois, Wisconsin.

MetLife Healthcare Network: Arizona, California, Colorado, Florida, Georgia, Illinois, Kansas, Kentucky, Massachusetts, Missouri, New Jersey, New York, Texas, Wisconsin.

Mid-Atlantic Medical Services Inc.: Maryland, Virginia, Washington, D.C.

Mutual of Omaha Companies-sponsored plans: Iowa, Kansas, Missouri, Nebraska.

Pacificare Health Systems Inc.: California, Oklahoma, Oregon, Texas.

Pilgrim Health Care Inc.: Massachusetts, Rhode Island.

Principal Health Care: Alabama, Delaware, Florida, Illinois, Iowa, Kansas, Louisiana, Missouri, Nebraska, Ohio.

Prudential Insurance Co. of America: California, Connecticut, Florida, Georgia, Illinois, Maryland, Missouri, New Jersey, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, Tennessee, Texas, Virginia, Washington.

Rush-Anchor/Rush-Access HMO: Illinois, Indiana.

Sanus Corp. Health Systems: Maryland, Missouri, New Jersey, New York, Texas.

Travelers Health Network: California, Illinois, Louisiana, New York, Texas, Virginia.

U.S. Healthcare Inc.: Pennsylvania, New Jersey, New York, Massachusetts, Delaware, New Hampshire.

United Healthcare Corp.: Illinois, Iowa, Michigan, Minnesota, Missouri, North Dakota, Nebraska, Rhode Island, Utah.

The George Washington University Health Plan: Maryland, Virginia, Washington, D.C.

Guide to PPOs with multistate operations

Admar Corp.: Arizona, California, Colorado, District of Columbia, Kansas, Illinois, Indiana, Iowa, Massachusetts, Maryland, Missouri, New Mexico, Ohio, Texas, Wisconsin.

Advantage: Massachusetts, Rhode Island.

Aetna Health Plans: Alabama, Alaska, Arizona, California, Colorado, Connecticut, District of Columbia, Florida, Georgia, Hawaii, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Nebraska, New Jersey, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, Tennessee, Texas, Utah, Virginia, Washington, Wisconsin, Puerto Rico.

The Affordable Network: Alabama, Arkansas, Arizona, California, Colorado, District of Columbia, Florida, Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Massachusetts, Michigan, Minnesota, Missouri, Nevada, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, Tennessee, Texas, Vermont, Virginia, Washington, Wisconsin.

Alliance PPO Inc.: District of Columbia, Maryland, Virginia.

ALTA Health Strategies: Colorado, Georgia, Ohio, Texas.

American Health Network: Arizona, California, Nevada, Oregon, Washington.

American LIFECARE: Louisiana, Mississippi.

Anthem Health Systems Inc.: Arizona, California, Florida, Indiana, Nevada, Tennessee, Texas.

Baptist Health Service Group: Arkansas, Mississippi, Tennessee.

Beech Street: Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Montana, Nevada, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin.

Blue Cross & Blue Shield Plans: Alabama, Arizona, California, Colorado, Connecticut, District of Columbia, Florida, Georgia, Hawaii, Iowa, Illinois, Indiana, Kansas, Kentucky, Louisiana, Massachusetts, Maryland, Michigan, Minnesota, Missouri, Mississippi, Montana, North Carolina, Nebraska, New Mexico, Nevada, New York, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Virginia, Washington, West Virginia, Wisconsin.

CCN Inc.: Arizona, California, Colorado, District of Columbia, Hawaii, Illinois, Indiana, Louisiana, Maryland, Missouri, New Mexico, Oklahoma Pennsylvania, Tennessee, Texas, Virginia, Wisconsin.

CMG Health: Arizona, Colorado, Delaware, District of Columbia, Idaho, Illinois, Iowa, Kansas, Maryland, Minnesota, Missouri, Nebraska, North Dakota, New Mexico, Oregon, Pennsylvania South Dakota, Vermont, Virginia, Washington. Wyoming.

CAPP Care Inc.: Alabama, Arizona, California, Colorado, Florida, Georgia, Illinois, Indiana. Louisiana, Michigan. Missouri, Nebraska, Nevada, New Mexico, North Carolina, Ohio Oklahoma, Oregon, Pennsylvania, South Carolina, Tennessee, Texas, Washington, Wisconsin, Wyoming.

Carolina Preferred Care: North Carolina, South Carolina.

CIGNA Preferred Provider Organization: Arizona, California, Colorado, Connecticut, Florida, Georgia, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Missouri, Minnesota, New Mexico, North Carolina, Ohio, Oregon, Pennsylvania, Oklahoma, South Carolina, Tennessee, Texas, Utah, Virginia, Washington.

Cost Care Physician ManagedNetworks: Alaska, Arizona, Colorado, California, District of Columbia, Florida, Georgia Illinois, Indiana, Louisiana, Massachusetts, Maryland, Michigan, Minnesota, Missouri, New Jersey, New Hampshire, North Carolina, Ohio, Oregon, Pennsylvania, South Carolina, Tennessee, Texas, Virginia, Washington, Wisconsin.

Crawford Care Alliance: Nationwide.

Ethix: Michigan., Minnesota, North Carolina, Oregon, Pennsylvania, Texas, Washington.

First Choice Health Network Inc.: Oregon, Washington.

FOCUS Healthcare Management Inc./ Compnet: Alabama, Arkansas California, Colorado. Florida, Georgia. Illinois, Iowa, Kansas, Louisiana, Mississippi Missouri, New Jersey, North Carolina, Oklahoma, Pennsylvania, South Carolina, Tennessee, Texas, Virginia, Wisconsin.

Great Lakes Managed Care: New York, Ohio Pennsylvania.

Group Health Inc.: Minnesota, Wisconsin.

HRM Carepass: Alabama, Arkansas, Arizona California, Connecticut, Delaware, Florida, Georgia, Illinois, Indiana Iowa, Kansas, Kentucky, Louisiana, Maryland, Massachusetts Michigan, Mississippi, Missouri, North Carolina, Nebraska, New Jersey, New Mexico, New York, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah.

Health Care Savings: North Carolina, South Carolina.

Health Choice: Massachusetts, New Hampshire.

Health Service Preferred: Kentucky, Ohio.

Healthcare Advantage: Florida, Louisiana, Mississippi.

HealthLink Inc.: Illinois. Missouri.

HealthMark Corp.: North Carolina, South Carolina.

HealthNetwork Inc.: Illinois, Indiana, Iowa, Michigan, Wisconsin.

Humana Health Care Plans: Alabama, Arizona, California, Colorado, Florida. Indiana, Kentucky, Louisiana, Nevada, Tennessee, Texas.

InterGroup Service Corp.: Delaware, New Jersey, Pennsylvania.

Interplan Corp.: California, Hawaii, Idaho, Nevada, Oregon. Washington.

LaborCare Inc.: Illinois, Indiana, Iowa, Kansas, Missouri.

LifeCare Management Systems Inc.: New Jersey, New York, Pennsylvania.

Lincoln National Preferred Plan: Arizona. Alabama, California, Colorado, District of Columbia, Georgia, Indiana, Illinois, Iowa, Kansas, Kentucky, Maryland, Massachusetts, Michigan, Minnesota, Missouri. Montana, Nebraska, New Jersey North Carolina, Ohio, Oregon, Pennsylvania, South Carolina, Tennessee, Texas, Virginia. Washington, Wisconsin.

Managed HealthCare Northwest Inc.: Oregon, Washington.

Medco Value Plus: Nationwide excluding Hawaii, North Dakota, South Dakota, Vermont, Wyoming.

Medica Choice Self-Insured: Minnesota, Wisconsin.

Medical Care Referral Group: Arkansas, Georgia, Texas.

Medical Control Inc.: Arizona, California, Colorado, District of Columbia, Florida, Georgia, Kansas, Minnesota, Missouri, Nevada, New Mexico Ohio, Oregon, Pennsylvania, Tennessee, Texas, Utah, Virginia, Washington.

MedSelect of West Virginia: Kentucky, Ohio, Virginia, West Virginia.

MedView CompPro/MedView Services Inc.: Colorado, Florida, Illinois, Indiana, Massachusetts, Michigan, Missouri, Pennsylvania, Texas, Wisconsin.

MetLife Network: Alabama, Arizona, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Illinois, Louisiana, Maryland, Massachusetts, Michigan Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Hampshire, New Jersey, New York, Ohio, Oklahoma, Oregon, Pennsylvania, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin.

Midwest Business Medical Assn: Illinois, Indiana, Iowa, Nebraska, Wisconsin.

Multiplan Inc./Donald Rubin Inc.: Arizona, California, Florida, Illinois, New Jersey, New York, Ohio, Pennsylvania.

National Capital PPO: District of Columbia, Maryland, Virginia.

Occupational Urgent Care Health Systems: Arizona California, Florida, Michigan, Oregon, Texas.

Option One: Iowa, Nebraska.

Panhandle Provider Organization: Kansas, New Mexico, Oklahoma, Texas.

Preferred Care Inc.: Delaware, New Jersey Pennsylvania.

Preferred Care Network Inc. (PCN Plans): Georgia, Illinois, Ohio.

Preferred Health Care Ltd.: Alabama, Arizona, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Nebraska, New Hampshire, New Jersey, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Virginia, Washington, Wisconsin.

Preferred Health Plan Inc.: Indiana, Kentucky.

Preferred Health Professionals: Kansas, Missouri.

Preferred One: Minnesota, North Dakota, Wisconsin.

Preferred Patient Plan Network: Kentucky, Ohio.

Preferred Plan Inc.: Illinois, Indiana.

Preferred Plans Inc.: California, Nevada.

Primary Health Services Inc.: Kentucky, Ohio. Pennsylvania, West Virginia.

Principal Health Care Inc.: Arizona, California, Delaware, Florida, Illinois, Louisiana, Maryland, Missouri, Nebraska, Ohio.

Private Healthcare Systems Ltd.: Alabama, Arizona, California, Colorado, District of Columbia, Florida, Georgia, Illinois, Indiana Kansas, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Ohio, Oklahoma, Oregon, Pennsylvania, Tennessee, Texas, Virginia, Wisconsin.

ProAmerica Network: Nationwide, including District of Columbia, but excluding Idaho.

Provident Preferred Networks: Arizona, California, Georgia, North Carolina, South Carolina, Tennessee.

Prudential Insurance Co. of America-sponsored plans: Arizona, Colorado, District of Columbia, Florida, Georgia, Illinois, Indiana, Massachusetts, Michigan, Minnesota, Missouri, New Jersey, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, Tennessee, Texas, Virginia.

Rush Contract Care: Illinois, Indiana.

Sanus Corp. Health Systems: California, District of Columbia, Illinois, Maryland, Missouri, Texas, Virginia.

Select Care: Minnesota, North Dakota, Wisconsin.

Southeast Medical Alliance: Arkansas, Louisiana, Mississippi.

Travelers Insurance Co.-sponsored plans: Arizona, California, Colorado, Connecticut, District of Columbia, Florida, Georgia, Hawaii, Illinois, Indiana, Kansas, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Missouri, New Jersey, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, Tennessee, Texas, Utah, Virginia, Washington, Wisconsin.

USA Healthnet Inc.: Alabama, Alaska, Arkansas, Arizona, Calfornia, Colorado, District of Columbia, Florida, Georgia, Hawaii, Iowa, Illinois, Indiana, Kansas, Kentucky, Louisiana. Maryland, Michigan, Missouri, Mississippi, North Carolina, Nebraska, New Mexico, Nevada, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin.

VHA East Health Plans: New Jersey, Pennsylvania.

Vantage PPO: Oregon, Washington.



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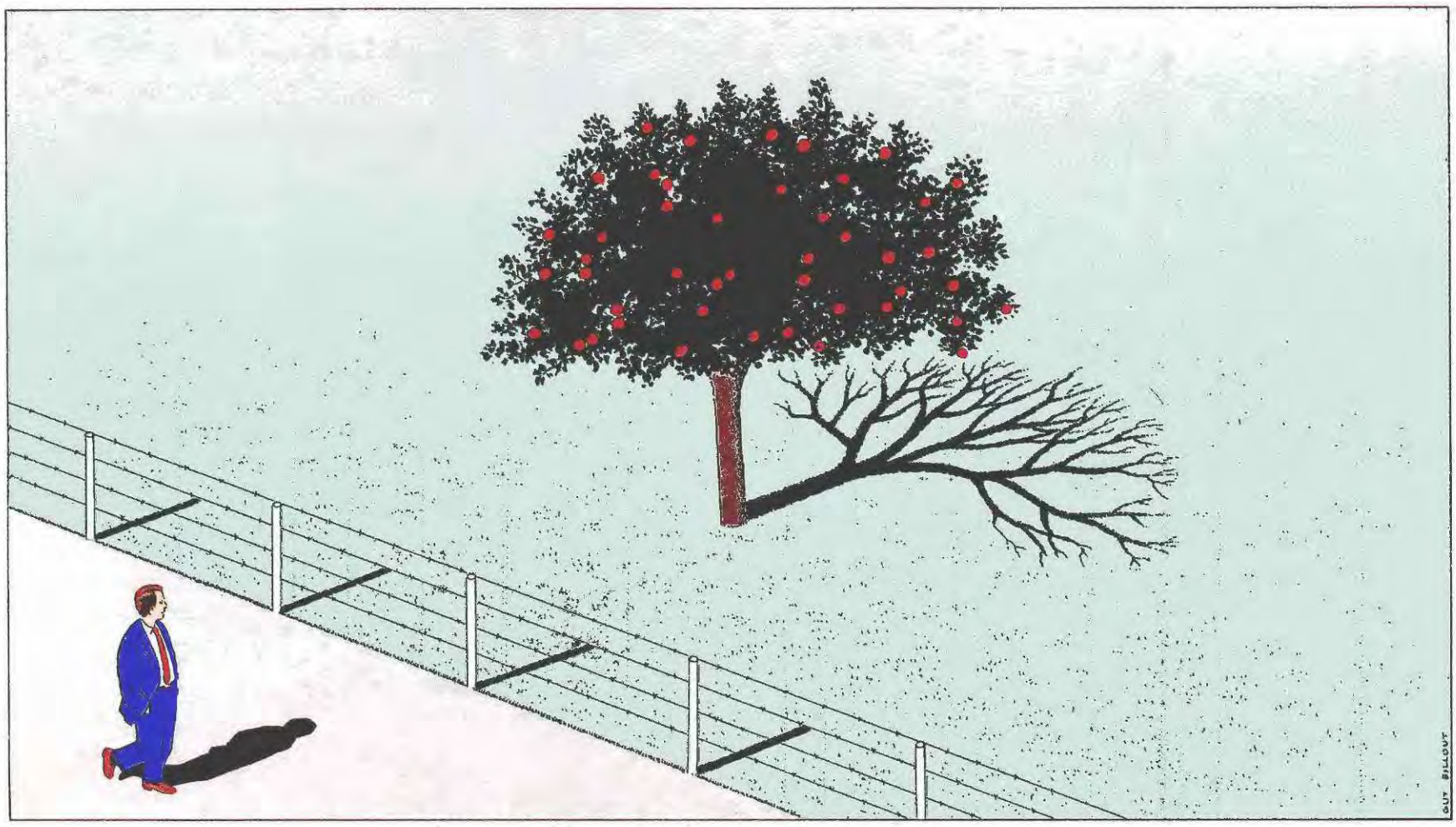
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