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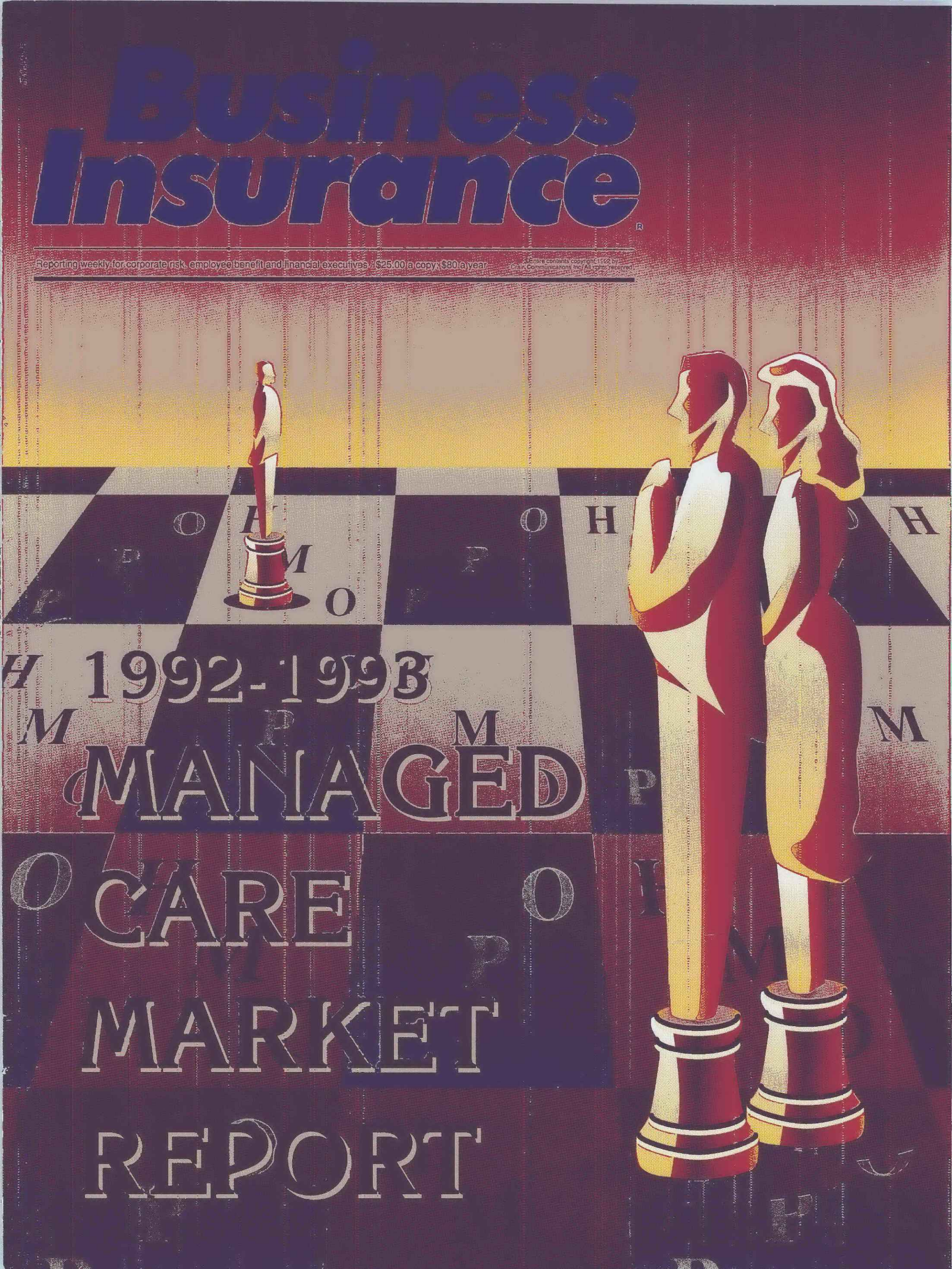

1992-1993

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Focus on Healthcare

Edgy but hopeful, employers await specific details on health reform

Drafts of Clinton proposal stress managed care as key to changing health system

By JOANNE WOJCIK

While most employers support the goal of Gov. Bill Clinton's health care reform proposal—ensuring universal coverage—they are concerned about how mending the nation's ailing health care system will ultimately affect them.

They wonder whether the cost of financing health insurance for the nation's estimated 35 million uninsured will be borne by business through benefit mandates and increased payroll taxes.

Many employers also are concerned that setting a global budget for health spending will eventually lead to federal price controls.

On the other hand, many employers are heartened by the president-elect's acknowledgment that deficiencies in the current Medicare and Medicaid reimbursement system, coupled with the growing amount of uncompensated care, is creating a cost-shift to the private sector that hurts American business.

And they embrace certain aspects of the proposal, such as managed care plans that have been proven to save money; underwriting reforms and purchasing groups to make coverage affordable and available for small employers; and increased electronic data interchange to reduce claims administration costs.

Still, most employers and other industry observers have been slow to warm up to the Clinton health care plan, criticizing it as tending toward generalities.

Indeed, many of the specifics have yet to be worked out because the plan, as submitted, was primarily intended as campaign literature, Clinton aides in Washington acknowledge.

But, for the most part, employers and other industry observers agree with the ultimate plan objectives of cost control, guaranteed universal coverage and building on the existing private health system (see story, page 6).

The outline of the Clinton "managed competition" proposal, as presented during his presidential campaign, "is so general that it would be hard not to say in principle that it's fine," observed Helen Darling, manager-health care strategy and programs for Xerox Corp. in Stamford, Conn. "But specifics are lacking."

Thomas J. Gilligan, a Washington lobbyist for the American Assn. of Preferred Provider Plans, agreed. "The direction of the plan toward managed care and managed competition is positive," he said. "However, health policy thinkers in Washington have not yet reached a consensus on what managed care is."

"Mr. Clinton endorses managed competition, prepaid managed care networks and pooled purchasing for small employers, but hasn't gone into detail," said Ed Davey, a principal with A. Foster Higgins & Co. Inc. in New York.

"Neither has he addressed important issues like ERISA, employers' option to self-insure, plan design flexibility and tax treatment of employee benefit plans—all critical employer concerns," Mr. Davey added.

Furthermore, employers should be concerned about whether the proposals outlined by Gov. Clinton "will give us true cost control," warned Sylvester Schieber, director of the Wyatt Co.'s Research and Information Center in Washington.

Without adequate cost controls, the increased demand for insurance and medical services could spur added health care inflation, according to Mr. Schieber.

"In general, there's a great deal of detail that has to be worked out," summed up John D. Moynahan Jr., executive vp in charge of group insurance for Metropolitan Life Insurance Co. in New York.

"But, if it stays in line with managed competition and avoids price control, such as implementing a global budget," the reform plan will be welcome, he said.

Of the elements of the Clinton proposal that are most

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Top 10 general service HMOs

Ranked by number of employees and dependents in employer groups as of June 30, 1992

Plan (Sponsor)	Employees and dependents in employer groups	Participating employer/payer groups	Tax status	Corporate headquarters
Kaiser Foundation Health Plan Inc.	6.0 million	48.504	Not for profit	Oakland, Calif.
Blue Cross & Blue Shield Plan HMOs (Blue Cross/Blue Shield Assn.)	5.5 million	N/A	Varies	Chicago
CIGNA Healthplan Inc. (CIGNA Corp.)	2.4 million	N/A	For profit	Hartford, Conn.
United HealthCare Corp.	1.5 million	10,000	For profit	Minneapolis
U.S. Healthcare Inc.	1.3 million	N/A	For profit	Blue Bell, Pa.
Humana Health Care Plans (Humana Inc.)	1.3 million	N/A	For profit	Louisville, Ky.
Aetna Health Plans (Aetna Life & Casulty Insurance Co.)	1.1 million	9,000	For profit	Middletown, Conn.
Prudential Health Care Plan Inc. (The Prudential Insurance Co. of America)	1.1 million	N/A	For profit	Roseland, N.J.
Health Insurance Plan of Greater New York	1.0 million	N/A	Not for profit	New York
Health Net (Health Net Management Holdings Inc.)	875,000	2,252	For profit	Woodland Hills, Calif.

Source: *BI* survey

GRAPHIC BY JOHN HALL

Top 10 general service PPOs

Ranked by number of employees and dependents in employer groups as of June 30, 1992

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.)	15.5 million	N/A	Varies	Chicago
USA Healthnet Inc. (Columbia American Corp.)	9.9 million	253	For profit	Phoenix
The AFFORDABLE Network	6.9 million	1,915	For profit	Downers Grove, Ill.
Admar Corp. (Admar Group Inc.)	5.8 million	104	For profit	Santa Ana, Calif.
Beech Street of California Inc.	3.6 million	346	For profit	Irvine, Calif.
Preferred Health Network (Qual Med Inc.)	2.9 million	15,160	For profit	Long Beach, Calif.
Anthem Health Systems Inc. (Associated Insurance Cos. Inc.)	2.8 million	5,042	For profit	Indianapolis
MetLife Network (Metropolitan Life Insurance Co.)	2.8 million	247	For profit	Westport, Conn.
Prudential Health Care Plan Inc. (The Prudential Insurance Co. of America)	2.3 million	N/A	For profit	Roseland, N.J.
Private Health Care Systems	2.1 million	35,000	For profit	Lexington, Mass.

Source: *BI* survey

GRAPHIC BY JOHN HALL

Regional TPAs forming own PPOs

Administrators have 'lack of confidence' in existing networks

By LOUISE KERTESZ

Although the development of preferred provider networks seems to be a natural outgrowth of third-party administrators' managed care activities, only smaller, regional TPAs are finding it cost-efficient to establish their own networks.

Smaller TPAs will decide to form a network for various reasons, but their basic motive is a "lack of confidence in the systems available to their clients," according to Joseph J. McErlane, president of National Benefit Resources Group Services Inc. in Minneapolis, a company that works with TPAs and employers that self-fund their health care plans.

However, Mr. McErlane pointed out, "Economics will help determine" whether a TPA should form a network. With the availability of many large PPOs for lease, the majority of TPAs find it more cost-effective to contract with an established network.

Only an estimated 10% to 18% of the nation's 3,000 TPAs now actually put together their own PPO networks, according to Mr. McErlane and Robert H. Carter III, president of Group Insurance Administration Inc., a TPA based in Chicago.

The two jointly authored an article on this subject in the February 1992 issue of the AAPPO Journal, published by the Journal of the American Assn. of Preferred Provider Organizations.

"It's a local phenomenon. You'll find it's the smaller TPAs doing it locally in their communities. The larger TPAs, like ALTA, will contract with existing networks," said Mr. McErlane, referring to ALTA Health Strategies Inc.

Though Salt Lake City-based ALTA at one time developed its own PPO networks, it sold its 19 networks to The AFFORDABLE Medical Network in Downers Grove, Ill. ALTA, which still provides the full range of managed care services, now has access to all of AFFORDABLE's local, regional and national networks, said Joanna Robben, an ALTA vp in Dallas.

"We needed to put together a single program for regional and national clients," Ms. Robben explained.

Similarly, Employee Benefit Plans Inc. in Minneapolis, another large TPA, now mainly leases networks for its clients, though it once built a network in California and still owns a few, noted Jean LaFavor, director of managed care for August Healthcare Services, EBP's managed care subsidiary.

Forming PPOs is "very costly and capital intensive. There are so many of them out there now; it would be like reinventing the wheel in many cases," she explained.

Nevertheless, EBP began to build a customized network for a state government in June 1991 and continues to contract with providers for that network. The state government preferred to have a customized network "built around their own claims experience" rather than renting a network, Ms. LaFavor said.

But she warned that "it can be very cost prohibitive for

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HMOs expand niche offerings to be one-stop shop

Many networks contract for specialized services

By DEBORAH SHALOWITZ

Health maintenance organizations fighting for their share of the increasingly competitive managed care market are offering a broader range of specialized services to appeal to employers.

Increasingly, HMOs are contracting with specialty companies to provide cost-efficient and quality ancillary care.

The services that HMOs most frequently contract for are managed mental health care and substance abuse treatment. Pharmacy services are also popular.

"As companies move toward managed care, they're going to be looking to one vendor to provide all services," said Kenneth Sperling, a consultant with Hewitt Associates in Rowayton, Conn. "The more services (HMOs) have under contract, the more cost-effective they'll be."

Generally, outside contracting is more prevalent among small and midsize HMOs that do not have the resources to expand at will.

If an HMO wants to provide all types of health care services to members, it needs to hire a lot of staff, noted Robin Weiner, a managing consultant with A. Foster Higgins & Co. Inc. in Los Angeles.

Many HMOs are realizing that it is "easier to contract with a specialist rather than try to build internally," she continued.

Larger HMOs, though, tend to have more resources to expand, noted Mr. Sperling.

Kaiser Foundation Health Plan Inc., the nation's largest HMO with 6.6 million members, generally does not contract with specialty providers.

Kaiser is "certainly large enough nationwide to do everything in-house," a spokeswoman said. Only in certain exceptional circumstances does the HMO contract with outside providers.

For example, because demand is minimal for inpatient substance abuse services in the Kansas City area, Kaiser does contract with an outside vendor for those services there. Also, in some areas in California, Kaiser physicians cannot adequately service all members, so the HMO is temporarily using outside contractors.

Another example of an HMO that has had the resources to bring in-house the specialty services it needs is CIGNA Healthplan Inc., an HMO with 2.4 million members.

The CIGNA Corp. unit found that its managed mental health care service needs were growing, so in 1989 it acquired MCC Managed Behavioral Care Inc., a Minneapolis-based managed mental health care provider network (*BI*, Jan. 23, 1989).

Yet, many HMOs choose to contract with an outside provider for specialized services, particularly mental health care and substance abuse treatment, experts said.

"Traditionally, mental health and substance abuse services have been delivered by outside contractors for HMOs," noted John Bunker, a Wyatt Co. consultant in Washington. "HMOs traditionally haven't been as well staffed" in the mental health and substance abuse area, he explained.

"This is particularly true of inpatient and partial hospital and day treatment (care)," he added.

"The reason mental health care is so ripe for this type of contracting is that it's not so easy to control costs," Mr. Sperling said.

It is much easier to diagnose a medical problem and confirm that a person has been "cured" or treated properly than it is to diagnose and assess proper treatment for a mental problem, Mr. Sperling explained. Similarly, it is easier to define the beginning and end of a medical illness than it is to define the beginning and end of a mental illness.

"It takes a different type of clinician to manage a mental health case," added Mr. Sperling.

"Many HMOs. . .are becoming more and more aware that this is a real difficult area to manage well," stated Steve Linehan, president and chief executive officer of American PsychManagement Inc., a managed mental health care provider based in Arlington, Va.

"It seems to me that the smart HMOs are going to follow the smart employers. . .and carve out the benefit," he continued.

Specialized mental health care providers offer several advantages. Among them are access to an extensive data base on the cost and outcomes of mental health and substance abuse care, and 24-hour per day access to a clinician for a referral to a mental health care worker, Mr. Linehan said.

United HealthCare Corp., a Minneapolis-based HMO with 1.7 million members, contracts for mental health care services as well as several other services, according to Dr. Lee N. Newcomer, corporate medical director.

United HealthCare contracts for "specialized care that it doesn't make economic sense for us to develop," Dr. Newcomer said, like mental health and pharmaceutical services.

However, it did make sense for the HMO to make a commitment to specialized areas: The specialized providers United HealthCare contracts with—mental health care provider United Behavioral Services Inc. and pharmacy services provider Diversified Pharmaceutical Services Inc.—have been acquired by United HealthCare.

The reason many HMOs contract with an outside company to provide pharmacy services, according to Ms. Weiner, is that "pharmacy is clearly one of the fastest rising costs in medical benefits and also one of the most difficult to contain."

A pharmacy network can offer an HMO volume discounts on drugs and a wealth of data and information on topics like the prescribing habits of physicians and drug utilization review.

And, administration of pharmacy claims—which tend to be high-volume, small-dollar claims—is sufficiently different from medical claims processing that it requires its own system, Dr. Newcomer said. Contracting with a specialty pharmacy services company prevents an HMO from having to set up a separate claims administration system, he said.

Edward Porter, president of Argus Health Systems Inc., a Kansas City, Mo.-based prescription drug claims processor, noted that 75% of the company's business is servicing HMOs.

"I don't believe it's a function that is done well in-house," he said.

For example, because of its computer system, Argus can approve claims immediately when prescriptions are filled—24 hours a day, seven days a week, he noted. At the same time, Argus checks the patient's profile to determine whether any conflicting medications have been prescribed, he added.

Maxicare Health Plans Inc., a Los Angeles-based HMO with 285,000 members, recently contracted with Express Scripts Inc. for mail-order pharmacy services, a network of pharmacy providers and pharmaceutical claims administration services.

Maxicare will continue to contract directly with pharmaceutical manufacturers, but now can also offer national mail-order services and point-of-service claim adjudication, said Warren Foon, vp of plan operations.

In the future, some experts predict, more HMOs will contract with specialized companies to provide members with all sorts of other specialized services, such as chiropractic, dental and vision services. And, Woodland Hills, Calif.-based Physical Therapy Provider Network Inc. notes that it contracts with several HMOs to provide physical therapy services. BI

Voluntary accreditation growth slows

Voluntary managed care accreditation is increasing at a slower rate than in previous years.

The National Committee for Quality Assurance, which reviews and accredits health maintenance organizations, expects to perform 65 full reviews in 1993, according to Pamela Anderson, a former review manager for the NCQA.

Ms. Anderson is now the quality improvement manager for HealthPlus Inc., a managed care subsidiary of Sanus Health Care Corp. and New York Life Insurance Co. in Greenbelt, Md.

The NCQA, a non-profit group based in Washington, expects to complete 57 reviews in 1992.

The anticipated increase next year would be a small one for the group, which performed 41 reviews in 1991, and 13 the year before.

The American Accreditation Program Inc. of Reston, Va., which reviews and accredits preferred provider organizations, expects to conduct 24 new reviews in 1993 and renew seven PPOs, said Anita Duncan, executive director of AAPI.

The non-profit group performed 16 reviews in 1992, far fewer than it had projected. Since its inception in 1989, about 35 accreditations have been conferred, Ms. Duncan said.

—*By Sally Roberts*

Inside

◗ *An already thriving HMO industry could be a big winner if the health care delivery system is overhauled as promised by Bill Clinton. Regardless of whether reforms occur, the trend of regional consolidation among HMOs is expected to continue.* **PAGE 6**

◗ *As more and more employers turn to managed care to help contain workers compensation costs, specialized workers comp preferred provider networks are enjoying a surge of growth.* **PAGE 8**

◗ *Since its advent in the late 1980s, outcomes management has begun to catch on with both managed care firms determined to control health care costs and their clients, who want quantifiable data.* **PAGE 10**

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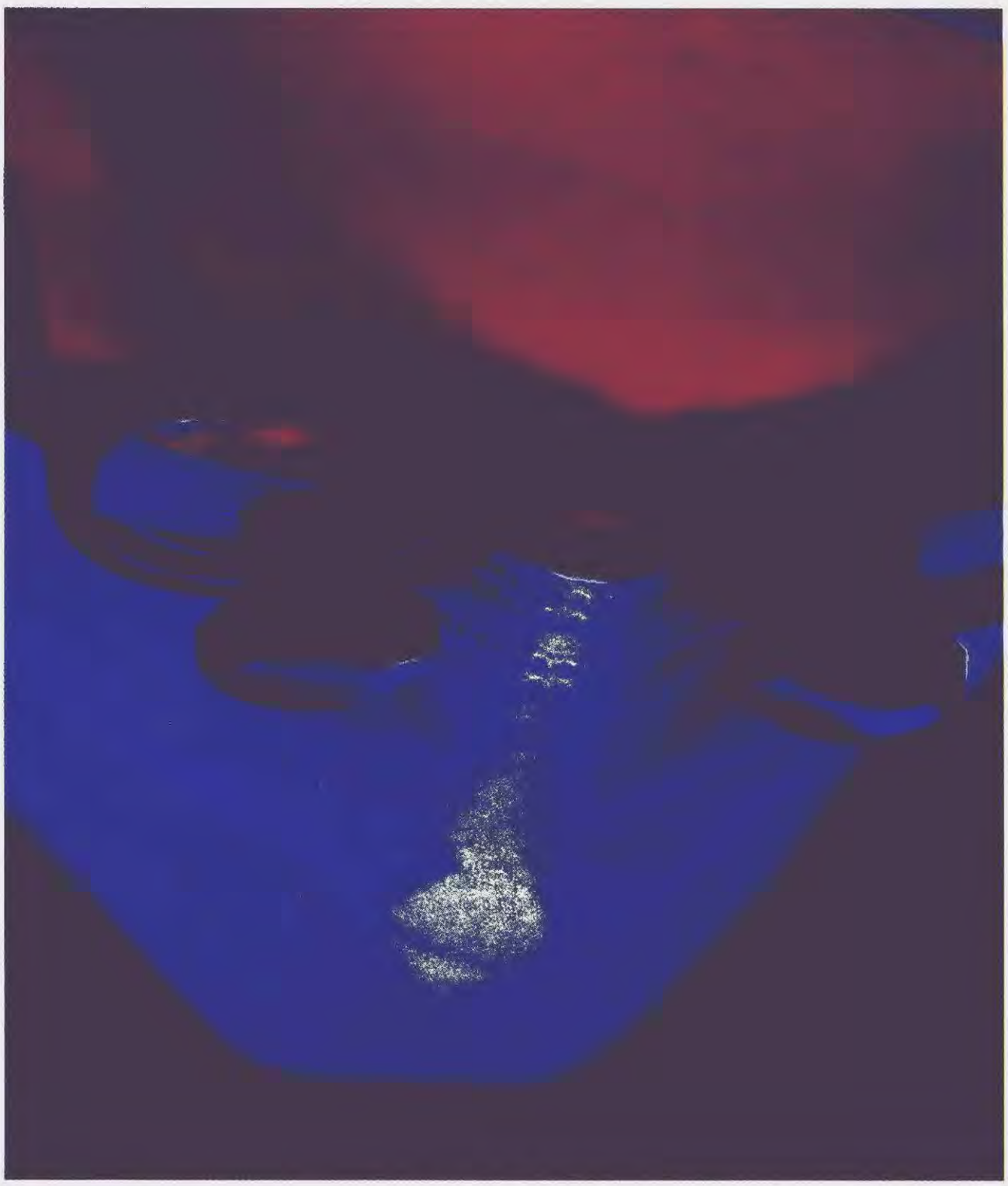

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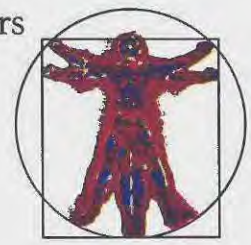

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Clinton's proposal

Continued from page 1

clear, establishing a global budget for health care expenditures has generated the most controversy.

Many insurance industry observers perceive it as anti-competitive and say it smacks of price fixing.

"We don't think establishing a global budget is consistent with managed competition," said Linda Jenckes, senior vp for the Health Insurance Assn. of America in Washington.

Furthermore, because health care is delivered locally, it would be difficult to set a budget at a national level, according to Ms. Jenckes.

Most industry observers are not in favor of a global budget because such spending caps applied to provider reimbursements under the Medicare and Medicaid programs have only resulted in cost-shifting to the private sector.

"A global budget would increase the cost-shift to the private sector like DRGs (diagnostic related groups) already do," said Terry Hartshorn, president and chief executive officer of PacifiCare, a health maintenance organization based in Cypress, Calif.

Global budgets would not be "changing the system," said Mr. Hartshorn.

"We may end up at global budgeting, but let's change the paradigm first," he suggested. Mr. Hartshorn said physicians must be provided a financial incentive to make people healthy in order to discourage the financial incentive of delivering more services.

Among businesses, though, global budgeting is much better received.

"Business people are used to working within a budget," said Scott Sterling, director of benefits and insurance at Camelot Music, a retail chain in Canton, Ohio.

"We would love to know how much our health care costs will amount to each year," Mr. Sterling said.

Unfortunately, because providers have been operating without budgetary restraints, health care expenditures for self-insured Camelot have been "unbudgetable," he said.

How effective a global budget would be in controlling health care costs depends on how it was implemented, according to Wyatt's Mr. Schieber.

"If it's simply a target, it will not lead to a slowdown in price inflation. But if there's a move toward capping rates with providers sharing some of the risk, it's conceivable that a global budget will control costs," he said.

Organized doctors groups are divided over spending caps. The American College of Physicians supports some price controls; the American Medical Assn. opposes them.

Doctors are concerned both that spending caps would restrict their income and that caps could leave some patients without adequate coverage.

But no budget should be cast in granite, according to Mr. Schieber. Changing demographics such as the aging population and pandemics like AIDS could well require higher levels of spending.

While most large companies support a federal requirement that all employers provide a minimum health plan for their employees, small-business groups staunchly oppose the concept. Requiring health plans could put some companies already financially strained by the recession out of business completely, they assert.

At least two-thirds of the 35 million Americans without health insurance work at least part time.

Until recently, most health insurers also opposed a benefit mandate, but the directors of the HIAA recently called for requiring employers to offer—though not initially pay for—health benefits (*BI*, Dec. 7).

And the National Leadership Coalition for Health Care Reform, a nationwide employer coalition, has come out in favor of a "play-or-pay" system.

If such a system were implemented, employers that do not provide health insurance plans would pay a new payroll tax that would finance a public fund to cover the uninsured (*BI*, Nov. 18, 1991).

"There's a growing consensus toward an employer mandate," observed Foster Higgins' Mr. Davey. "The real tough issue is what type of plan they should be required to offer."

That is one sticking point any reform proposal that includes required benefits is likely to encounter.

"It will be interesting to see what position organized labor takes, since most union plans are likely to be richer than any minimum plan" developed by Congress, said Eileen Rainey, a consultant with Deloitte & Touche in Los Angeles.

Xerox's Ms. Darling also is wary of special interest groups tacking on additional mandated coverages to the core plan "so it becomes a Christmas tree much like the federal appropriations bill."

Some small employers fear that "the mandate will be to buy into the same inefficient system" that exists today, observed Xerox's Ms. Darling.

"It's just a question of what comes first—a mandate can't be required before the system is fixed," she said.

'Business people are used to working within a budget,' says Scott Sterling, director of benefits and insurance at Camelot Music. 'We would love to know how much our health care costs will amount to each year.'

For example, underwriting reforms are needed to make it easier and cheaper for small firms to buy insurance, said Ms. Darling.

"Everyone agrees that experience rating should be phased out or that the rate offered individuals shouldn't be more than (a certain percentage above) the best group rate," said AAPPO lobbyist Mr. Gilligan.

Agreement also appears to have been reached over the elimination of exclusions for pre-existing conditions, Mr. Gilligan added. The practice has kept many employees from changing jobs for fear they will not be covered by their new employer's health plan.

Global budgets would not be 'changing the system,' according to Terry Hartshorn of PacifiCare, a Cypress, Calif.-based HMO. 'We may end up at global budgeting, but let's change the paradigm first,' he says.

However, if implementation of widespread community rating "is done the way the old HMO legislation was done, it could increase rates for large employers" that have implemented health promotion activities to improve their experience, according to Jeff Harris, Western regional practice leader for the health strategies group of Alexander Consulting Group in San Francisco.

Indeed, institution of widespread community rating "could be a double-edged sword," points out MetLife's Mr. Moynahan. "Those who have been selectively underwritten in the past likely would see rate increases."

But, "hopefully, large groups (that have benefited from experience rating) will be excluded to encourage innovation in the area of health care management," said James F. Meehan, assistant general counsel for CIGNA Corp. in Hartford, Conn.

Yet Xerox's Ms. Darling, who has had some experience with the use of blanket community rating in Rochester, N.Y., believes that large employers will not be hurt "if the pool (used to establish a community rate) is managed aggressively."

For example, in Rochester, "we are paying a community rate that is 25% lower than we are paying in the rest of the country," she pointed out.

Clinton policy gurus are seriously studying Rochester, which health care experts say is one of the few U.S. cities with health care systems that work (*BI*, Oct. 26).

"Xerox, Kodak and Joe's corner drug store all pay the same premium if they offer the same benefits. . .and our costs are two-thirds the national average," said Raymond Savage, senior vp for Rochester Blue Cross & Blue Shield.

"Community rating, even if it's defined to include demographic adjustments such as age and sex, will compress the range of rates out in the marketplace," observed Paul P. Cooper III, vp of health care policy at Prudential Insurance Co. of America in Newark, N.J.

Another of Gov. Clinton's proposals that generates support from most industry observers is the creation of purchasing groups in which small employers could band together to obtain coverage with better rates and terms.

"Small business needs a vehicle to do purchasing," said Art Young, benefits manager for Hewlett-Packard Co. in Palo Alto, Calif.

And, small business—which created most new U.S. jobs during the 1980s—also needs subsidies, health reform experts agree.

Revenues for such subsidies are most likely to come from taxes on employee benefits or at least limits on employer tax deductions for them.

Gov. Clinton, however, has not yet taken a stand in favor of such measures.

"Some type of benefit taxation is imminent," said MetLife's Mr. Moynahan, because "the whole reform will be a series of tradeoffs."

Indeed, "a lot of people are caving in on the benefit tax issue," said Wyatt's Mr. Schieber.

In a recent survey, the National Assn. of Manufacturers found surprising levels of approval among businesses for capping the amount of health insurance that employers can provide to employees tax-free (*BI*, Dec. 14).

And during the last congressional session, the Conservative Democratic Forum introduced legislation modeled after the Jackson Hole Group plan that would provide for some benefit taxation.

Tax incentives could be instrumental in steering employers toward managed care and away from so-called Cadillac plans, suggested Foster Higgins' Mr. Davey.

"If you're going to go the route of managed competition, you're going to have to get at the income (tax) exclusion in terms of (providing an incentive for employers) to endorse the managed care program," he said.

Taxing benefits that exceed a minimum package also "enforces the cafeteria plan concept where employees can opt for higher benefits on an aftertax basis," according to Deloitte & Touche's Ms. Rainey.

But, some federal tax revenue may disappear if employees opt out of richer plans to avoid paying income tax on them, she pointed out.

One element of the Clinton reform proposal that has been uniformly praised is the use of a standardized claims form and electronic data interchange to speed claims processing and reduce health plan administrative costs.

"EDI will take a lot of inefficiency and duplicative costs out of the system," said Xerox's Ms. Darling. In addition, "it will enable us to obtain data to compare plans for efficiency and utilization."

According to Gene Gueselli, president and CEO of Private Healthcare Systems Ltd., a Boston-based PPO, electronic claims administration could save up to $4 per claim based on average processing costs of $8 to $10 per claim.

The Working Group on EDI, or WEDI, which is composed of members from Health & Human Services and the insurance industry, has estimated that administrative savings could total as much as $10 billion each year.

Greater use of electronic data interchange is "long overdue," according to Xerox's Ms. Darling. BI

Plans differ on government role

On the surface, Bill Clinton's health care reform plan may appear similar to the managed competition proposal by the Jackson Hole Group introduced in Congress by the Conservative Democratic Forum. But there are some key differences.

"Clinton wants a more hands-on government role, while the CDF takes a market-based approach to cost control," observed Paul Sullivan, a senior research consultant for Alexander Consulting Group's research and training services unit in Newburyport, Mass., alluding to the global budget proposed by Gov. Clinton (see story, page 1).

"Clinton believes that government can, through its power, keep costs under control and that competition has not been proven; in fact it has led to increased budget," Mr. Sullivan explained.

Many other principal elements of the plan are similar to the Jackson Hole initiative, which the CDF legislation mirrored.

For example, the Clinton plan would:

- Mandate the use of community rating, which would prohibit insurers from charging more based on such factors as an employer's size, or an individual's health conditions or gender. Insurers also would not be permitted to exclude individuals from coverage for pre-existing conditions.
- Require employers to offer a minimum benefits package that emphasizes the use of managed care networks.

While the CDF bill introduced during the last session of Congress requires employers only to "offer" such a plan, Gov. Clinton's plan would require employers to contribute to the cost of such a plan.

- Establish publicly sponsored purchasing groups that would band together small businesses and individuals to buy private coverage.
- Implement a single claims form and standardize billing codes, electronic processing and other steps that would reduce paperwork.
- Raise the health insurance tax deduction for the self-employed to 100% from 25% of premiums.
- Establish a National Health Care Board that would oversee health care markets and operate much like the Securities and Exchange Commission does to oversee financial markets.

However, unlike the Jackson Hole and CDF plans, Gov. Clinton has not endorsed taxing employees on the benefits they receive or eliminating the tax deduction employers take for group health care costs.

—By Joanne Wojcik

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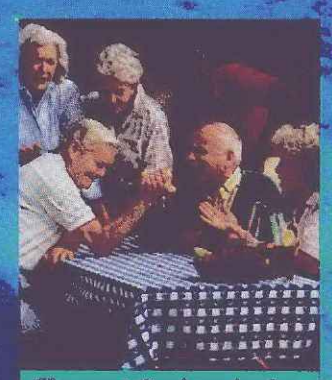

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HMOs see glory days under Clinton

Already flush, they view managed competition plan as gravy

By JERRY GEISEL

An already thriving HMO industry could be a big winner if the health care delivery system is overhauled as promised by Bill Clinton.

Meanwhile, the current trend of regional consolidation among health maintenance organizations will almost certainly continue—with or without health care reform.

The first step in what will almost certainly be a multiyear journey to pass comprehensive health care reform legislation begins Jan. 20, the date that Gov. Clinton will take the presidential oath.

Gov. Clinton has pledged that within 100 days of his inauguration, he will unveil at least an outline of the health care reform plan he will present later to Congress.

While details of his reform package undoubtedly will change, Gov. Clinton already has embraced several principles. Most notably, during the later stages of the campaign, he supported the concept of "managed competition."

Managed competition is a broad term, meaning different things to different people. It does include several core concepts, though. One is the development of huge purchasing cooperatives composed of employers and individuals. These cooperatives, would, in turn, negotiate rates and coverage with provider networks, comparable to HMOs.

These networks would have to meet certain national standards, such as offering a standard benefits package. The networks probably will not be allowed to do things like deny coverage for preexisting medical conditions or refuse to write coverage for certain industries or individual employees.

HMO executives say the provider networks envisioned under managed competition sound, in fact, much like today's HMOs.

"We are the ones that are already wearing the white hats. HMOs are the entities that compete by managing health care costs" rather than by exclusionary underwriting practiced by many indemnity plan insurers, said Judd Jessup, president of TakeCare Corp., a multi-state HMO based in Concord, Calif.

"Clinton is talking about incentives to select cost-efficient health care plans that don't use discriminatory underwriting practices. (HMOs) are the model that is being discussed," agreed Terry Hartshorn, president of PacifiCare Health Systems Inc., a Cypress, Calif.-based HMO.

In fact, under managed competition, indemnity insurers that now can undercut HMOs on price only because of selective underwriting would either go out of business or, like HMOs, compete on the basis of managing costs.

"Managed competition puts everyone on a level playing field," said Dave Koppe, treasurer and controller of United HealthCare Corp., an HMO operator and managed care company in Minneapolis.

"Managed competition is very much to our advantage. The Blues' HMOs have always come close to providing coverage to all segments of the market," adds Richard Maturi, senior vp of health care affairs with the Blue Cross & Blue Shield Assn. in Chicago.

Under a managed competition bill introduced in the last Congress by Rep. Jim Cooper, D-Tenn., a health care plan that didn't meet national standards would essentially be unable to compete. If the plan didn't meet those standards, employers would be unable to take tax deductions for purchasing coverage from the plan (*BI*, Sept. 21).

In addition, the legislation would allow an employer to only take a tax deduction equal to the premium charged by the lowest cost health care plan in its area. Higher premiums for other plans could not be deducted.

Being certified as the lowest-cost plan in a geographic area would give a huge marketing edge to a network operator.

As a result, there could be a spurt of providers, like physicians, rushing to set up HMO-like arrangements, notes Larry Tucker, a health care consultant with Hewitt Associates in Newport Beach, Calif.

Whether those new HMOs could effectively compete against already established HMOs would depend on several factors. For example, it is likely that HMOs, like other health care providers, would have to publish each year various measures of quality, like waiting times and medical outcomes.

"It could be somewhat like airlines, which have to publish monthly statistics on percent of on-time arrivals and lost luggage," Mr. Tucker says.

Even if an HMO was the lowest-cost plan, it could be shunned by employers and employees alike for poor service.

"In the real world, cost isn't the only variable on why employers offer certain HMOs and why employees choose coverage with an HMO. Quality and convenience are very important concerns," said Jim Lane, senior vp of policy and planning at Kaiser Foundation Health Plan in Oakland, Calif., the nation's largest HMO.

In fact, cost may not matter much at all. Under a managed competition model, employers might offer several HMOs and require employees to pay—with aftertax dollars—for the portion of the premium that not tax-deductible to the employer because it exceeds the premium charged by the area's lowest-cost plan.

HMOs also could benefit from other changes. For example, the new administration and Congress are expected to search for new ways to channel more Medicare beneficiaries out of indemnity plans and into managed care networks, like HMOs.

Today, less than 5% of the 33 million Medicare beneficiaries are enrolled in HMOs. Even a relatively small increase in the percentage of Medicare beneficiaries covered by HMOs would mean a big increase in business for the HMO industry.

If fact, one of the challenges that HMOs may face is managing growth, noted Todd Richter, senior vp-health services with Dean Witter Reynolds in New York.

HMO executives, though, say their networks are capable of handling more business.

At the same time, any move to managed competition will almost certainly be phased in, giving HMOs time to expand their networks as needed, said Chip Sharkey, senior vp-marketing with CIGNA Corp. in Bloomfield, Conn.

Still, the benefits of managed competition for the HMO industry might be years away. Some executives note that managed competition may not be enacteduntil the end of Mr. Clinton's first term.

"Health care reform has a long path to go," said Mr. Davis.

And others note that managed competition doesn't mean that HMOs won't face competition from other types of health care providers.

"Preferred provider organizations could become even more substantial players especially if they are able to expand their networks," said David Oberkircher, vp-health and welfare for benefit consultant Noble Lowndes in Newtown, Pa.

Similarly, many HMOs will have to improve not only the quality of services they provide, but also develop better informational systems to measure quality and outcomes.

While adoption of managed competition may be years away, HMOs already are enjoying flush times.

Last year, 82.8% of HMOs either were profitable or, in the case of non-profit HMOs, added to their surplus. By contrast, the 1988 figure was just 36%, according to InterStudy, a managed care research organization in Excelsior, Minn.

The HMO industry earned $1.39 billion before taxes in 1990, the most recent year statistics are available. That's a huge improvement from the late 1980s. The industry lost $1.04 billion and $1.39 billion in 1988 and 1987, respectively, according to the Group Health Assn. of America, an HMO trade group in Washington.

This turnaround, which HMOs attribute to better underwriting and improvements in managing networks, has not gone unnoticed by Wall Street.

Stock prices of seven publicly held HMOs tracked by *Business Insurance* have climbed by an average of about 85% since the beginning of the year.

Some analysts have touted HMOs as good investments because of the incoming administration's commitment to managed care. Others, though, note that prices had been climbing long before the elections.

"HMO stocks have been strong for three years. Enrollments are continuing to rise and that gives HMOs more clout in dealing with providers. It is a very positive trend," said Mr. Richter of Dean Witter Reynolds.

Aside from profitability, perhaps the biggest trend in the HMO industry is more mergers and acquisitions. During the last year, there were at least half a dozen major mergers and acquisitions.

What has been driving many of the mergers is that employers increasingly want to deal with fewer, but larger HMOs.

A merger or acquisition often is the easiest way for an HMO to expand its network to become more attractive for employers that may operate in many areas of a state.

For example, Foundation Health Corp., an HMO based in Rancho Cordova, Calif., was having difficulty winning business from big employers that operated in all parts of California. Foundation's strength was in Northern and Central California.

"We really didn't have a presence in Southern California," acknowledged Kurt Davis, Foundation's director of investor relations. "It's important to be a statewide HMO to deal with large employers."

The solution: Earlier this year Foundation acquired Century MediCorp., a Los Angeles-based HMO with a large network in Southern California.

"This strategic combination creates a statewide, managed care company better able to compete than either one was independently," said Daniel Crowley, Foundation's president and chief executive officer.

Similarly, HMOs like PacifiCare and TakeCare have acquired HMOs in other parts of California to be able to offer networks to employers across the state.

In some cases, HMO mergers are even more locally based. In the Minneapolis-St. Paul area, Group Health Inc. was strongest in the eastern half of the metropolitan area while MedCenters Health Plan. was strong in the southwest part of the area. Both HMOs had a presence in the northwest part of the Twin Cities.

"Each plan had a geographic weakness. Neither plan could afford not to cover the entire region. By coming together, we could better achieve a certain critical mass," said George Halvorson, president of the newly merged plans. BI

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Sponsoring PPOs

Continued from page 1

a client to have a customized network unless it's a fairly large company."

EBP does not foresee more requests from clients for customized networks because "we're not after jumbo accounts," Ms. LaFavor said. Most of EBP's clients "are in the 50- to 2,000-life segment," she said.

Opinions differ on whether there is a movement by regional TPAs to form their own networks—and whether it's a smart decision.

ALTA's Ms. Robben sees no trend toward regional TPAs forming networks. "I don't know that regional TPAs will be able to do it competitively any longer," she said.

The formation of PPOs by regional TPAs is not a growing trend, agreed GIA's Mr. Carter. GIA forms customized PPOs mainly for large public employers like cities and counties. Most PPOs have grown so large that a TPA "looking around will say, 'Why should I reinvent the wheel?' " he said.

"If I were starting again today, I doubt I'd do it," said RosBond, a principal at Network Management Inc., a regional TPA in Mercer Island, Wash. Network Management formed a PPO in the fall of 1981 after Seattle-based SAFECO Life Insurance Co. terminated its health maintenance organization.

"We were as committed then as we are today to the idea that the way to control costs is to manage care," Mr. Bond said. So Network Management "went and signed up" the doctors from SAFECO's former HMO, he said.

"Starting in 1982, our clients offered their employees a choice between an indemnity plan and a preferred plan" where they would select a primary care doctor and access all care through him, Mr. Bond explained. "The plan design looks a lot like an individual practice association model HMO," he noted.

Network Management serves about 35 employers in the Seattle area with between 70 and 10,000 employees, including Microsoft Inc. of Redmond, Wash.

Though he does not believe that significant numbers of TPAs will form PPOs in the future, Mr. Bond believes that employer coalitions might ask TPAs to form customized networks on their behalf.

National Benefit Resources' Mr. McErlane, on the other hand, believes that the formation of networks by regional TPAs is a "growing" trend.

That growth is spurred by the change in the TPA's traditional role, which previously emphasized claims handling and adjudication, he said.

Employers increasingly will turn to their TPAs for "solutions in other areas," specifically "for access to managed care," he predicted. This new demand will "help the TPA transform into a. . .managed care coordinator and facilitator and consultant."

Regional TPAs will become increasingly involved in contracting with providers and negotiating on matters of price and utilization, Mr. McErlane predicted. In addition, regional TPAs will form PPOs for their clients when they believe their clients cannot be adequately served by existing PPOs, he said.

For example, an existing network might not afford easy geographical access to all of an employer's workforce, he said. A TPA might also believe that the cost of accessing an existing network is excessive, Mr. McErlane continued.

Meanwhile, the regional TPAs that have already formed networks report good growth.

GIA's revenues from PPO fees are "growing faster than the TPA side," and now account for 65% of the firm's overall revenues, according to Mr. Carter. GIA has networks in Chicago; Washington, D.C.; Philadelphia; New Orleans; and throughout Maryland. It currently is developing a network in Atlanta, he said.

"Integrated service is our market advantage," Mr. Carter pointed out.

Ninety-five percent of GIA's business is with large public employers such as cities, counties and school systems. GIA has found that the public sector offers greater opportunity to it than the private sector because GIA is the nation's only black-owned TPA, according to Mr. Carter.

But GIA's growth will occur not because it is minority-owned, but because it has a track record in customizing networks, he stressed. "We're talking to Fortune 500 companies now," he added.

Another TPA that is contracting with providers for government entities and employers is Business Administrators & Consultants Inc., based in Reynoldsburg, Ohio.

"We began getting involved in utilization review, preadmission certification and case management in 1985," said President Richard Raup. "The more involved you get in managed care, the more you take a hands-on approach on how to affect the cost of health care, you find a kind of natural attraction to putting contracts in place with providers that you can see are doing a very good job in terms of quality and price," he said.

At the same time, "many forms of PPOs were popping up" in central Ohio. "Large national companies were coming in, or hospitals were putting networks together. We looked very hard at those, evaluating them to see whether we could use them for our clients," Mr. Raup recalled.

"In our area, we didn't see a real value" in those established PPOs, he said. "We kept searching, and at the same time we kept adding more provider contracts" for our clients, though BAC has "never hung that (network) label on it," he said.

Then Ohio State University Hospital in Columbus—which had developed a network for its own employees and those at the university, including utilization review performed by nurses bedside—decided to offer its network to employers. The hospital contacted BAC and a partnership was formed.

"That gave us the quantum leap I think we needed," Mr. Raup said. The TPA and the hospital became "vending partners in bringing together a better value for employers" through an expanded network and enhanced managed care services, he said. BAC serves about 100 employer groups and is starting to open the OSU network to them.

BAC is also continuing to negotiate with new providers.

"What we found is if you're going to be hands-on" in providing managed care, "you've got to work with claimants before and during the claim. What we have done has been a natural outgrowth of that process. If a TPA is nothing but a claims adjudicator, waiting for the claim to hit the door, it's too late" to affect cost and quality, he asserted.

"If you have TPAs that have just gone out and gotten (provider) discounts and are not using the network physicians to manage care, it's a facade," added Network Management's Mr. Bond. BI

Employers flocking to workers comp networks

However, companies must scrutinize quality of PPO services

By LOUISE KERTESZ

As more and more employers turn to managed care to help contain workers compensation costs, specialized workers comp preferred provider networks are enjoying a surge of growth.

The development of PPO networks is "the fastest-growing component of managed care in workers comp," according to Daniel R. Miller, national workers compensation managed care consultant at The Wyatt Co. in Boston. "In the past 18 months, there has been explosive growth on a local and nationwide basis in putting together PPO networks" for treating workers injured on the job, he said.

Lincolnwood, Ill.-based Healthstar Managed Care Corp. enjoyed "growth in the last year of a magnitude of approximately 35% to 45% of gross revenues from workers comp," said Executive Vp Robert Hofstadter. Healthstar is the nation's seventh-largest workers comp PPO ranked by *Business Insurance*, based on 895,000 employees in its workers comp network.

Like Healthstar, most large workers comp PPOs began as general service networks. Managed care companies then enhanced their networks to serve the workers comp market by adding specialized providers like orthopedic surgeons and industrial medical clinics.

Managed care firms hope that, eventually, employers and insurers will turn to a single vendor for both group health and workers comp networks.

Healthstar now offers workers comp networks—both those it developed itself as well as leased arrangements—in 27 states and is aiming to cover all major national markets by March 1993, Mr. Hofstadter said. The growth in Healthstar's workers comp revenues resulted in part from adding more insurer clients, recapturing some business lost to competitors and expanding its worker comp-specific provider base, he said.

Medview Services Inc. (CompPro) also "experienced dramatic growth in the last year," said President Robert H. Marks. The PPO, headquartered in Farmington Hills, Mich., expanded into 15 states in 1992, from 10 a year earlier.

Medview's CompPro network ranked as the third-largest workers comp PPO in the *BI* survey, based on 7 million employees in the network.

"There's been a dramatic increase in the number of clients utilizing our (workers comp) networks—both fully insured and self-insured—and we're seeing more and more employers and insurance companies turning to managed care companies. . .to provide not only panel services but utilization and bill review," said Mr. Marks, who is based in Monument, Colo.

Interest in using PPO networks to treat injured workers is growing, agreed Noreen Orbach, president of Midwest Business Medical Assn. in Chicago. MBMA is the ninth-largest workers comp PPO, with 619,000 employees in the network.

"We're seeing payers not quite wanting to roll over and die, saying 'Charge me what you like,' " Ms. Orbach said. "We're seeing more employers choosing a PPO network, not in a passive sense— not just to take the discounts— but also notifying us so we can get involved prospectively," she added.

Midwest Business began offering general service group health networks in 1984. It began offering a workers comp network in Illinois in 1986, and growth "really took off in late 1988 and 1989."

"Client-driven interest" has taken the company into six states, Ms. Orbach said. "We're looking to expand into another Midwestern state in 1993."

Phoenix-headquartered USA Healthnet Inc. has increased the number of providers in its Workers Insurance Network to 52,000, up 50% from its formation in May 1991, said President Margaret Jaffe, who is based in Houston. Since the fall of 1991, a marketing alliance with Intracorp, which provides medical cost containment and rehabilitation services, has resulted in many of Intracorp's clients using USA Healthnet's workers comp PPOs, she added.

USA Healthnet is the sixth-largest workers comp PPO, based on 1.8 million employees in the network.

The use of workers comp PPOs has grown because "employers realize that more discounts are available than what a workers comp fee schedule allows," Ms. Jaffe said.

USA Healthnet is in the process of establishing workers comp networks in 43 states and is now "operating nicely in 28 states. . . .We're networking as fast as we can and it is totally client-driven," Ms. Jaffe said.

Some PPO executives are more optimistic than others about attempts to interest employers in using one network for both group health and workers comp treatment.

"When we develop networks, we develop them for workers comp, group health and general liability," which includes medical care financed by auto insurance policies, said Medview's Mr. Marks. "About 10%-15% of our employers are using our networks for all of their medical losses," he added, noting that more "insurers and employers have expressed great interest" in doing so.

"All the networks we have in place can offer both" group health and workers comp services, said MBMA's Ms. Orbach. But though the use of one network is "ideal. . .employers like to move very conservatively for the most part," she noted.

While many of the large workers comp PPOs have been established by companies with roots in managed care, more insurers are establishing workers comp PPOs that overlap with general service networks.

For example, since Sept. 1, Blue Cross of California has offered a special workers comp provider network called CalCare Comp, which is composed of occupational medicine specialists.

The PPO, which is part of BCC's CaliforniaCare health maintenance organization, is BCC's "first venture" into workers comp, said a spokeswoman for the Woodland Hills, Calif.-based insurer.

To create the network, BCC identified medical groups within its HMOs that have specialties in industrial medicine and is also creating a "super specialist" panel of 100 more providers "for second opinions, consultations and specialty procedures," said Steve White, senior vp of workers compensation services.

In a "unique approach" to medical cost control, BCC offers a bonus to its PPO physicians if injured workers return to work within a specified time frame, the spokeswoman said.

Meanwhile, BCC hopes that employers that use its CaliforniaCare HMO will also use CalCare Comp, she said.

Another insurer that is making one network for both workers

Continued on page 10

Leading workers compensation PPOs

Ranked by number of employees in employer/payer groups as of June 30, 1992

Plan (Sponsor)	Employees in employer groups	Participating employer/payer groups	Tax status	Corporate headquarters
FOCUS Healthcare Management Inc.	15.8 million	517	For profit	Brentwood, Tenn.
CCN Inc./Community Care Network	13.0 million	N/A	For profit	San Diego
MedView Services Inc. (CompPro) (Pharmacy Management Services Inc.)	7.0 million	81	For profit	Farmington Hills, Mich.
The AFFORDABLE Medical Network	6.1 million	135	For profit	Downers Grove, Ill.
Beech Street of California Inc.	3.7 million	167	For profit	Irvine, Calif.
USA Healthnet Inc. (Columbia American Corp.)	1.8 million	341	For profit	Phoenix
Healthstar ManagedCare Corp.	895,000	33	For profit	Lincolnwood, Ill.
Preferred Health Network	857,000	510	For profit	Long Beach, Calif.
Midwest Business Medical Assn.	619,000	N/A	For profit	Chicago
InterGroup Services Corp.	605,000	25	For profit	Malvern, Pa.

Source: *BI* survey

GRAPHIC BY CHRIS ROY

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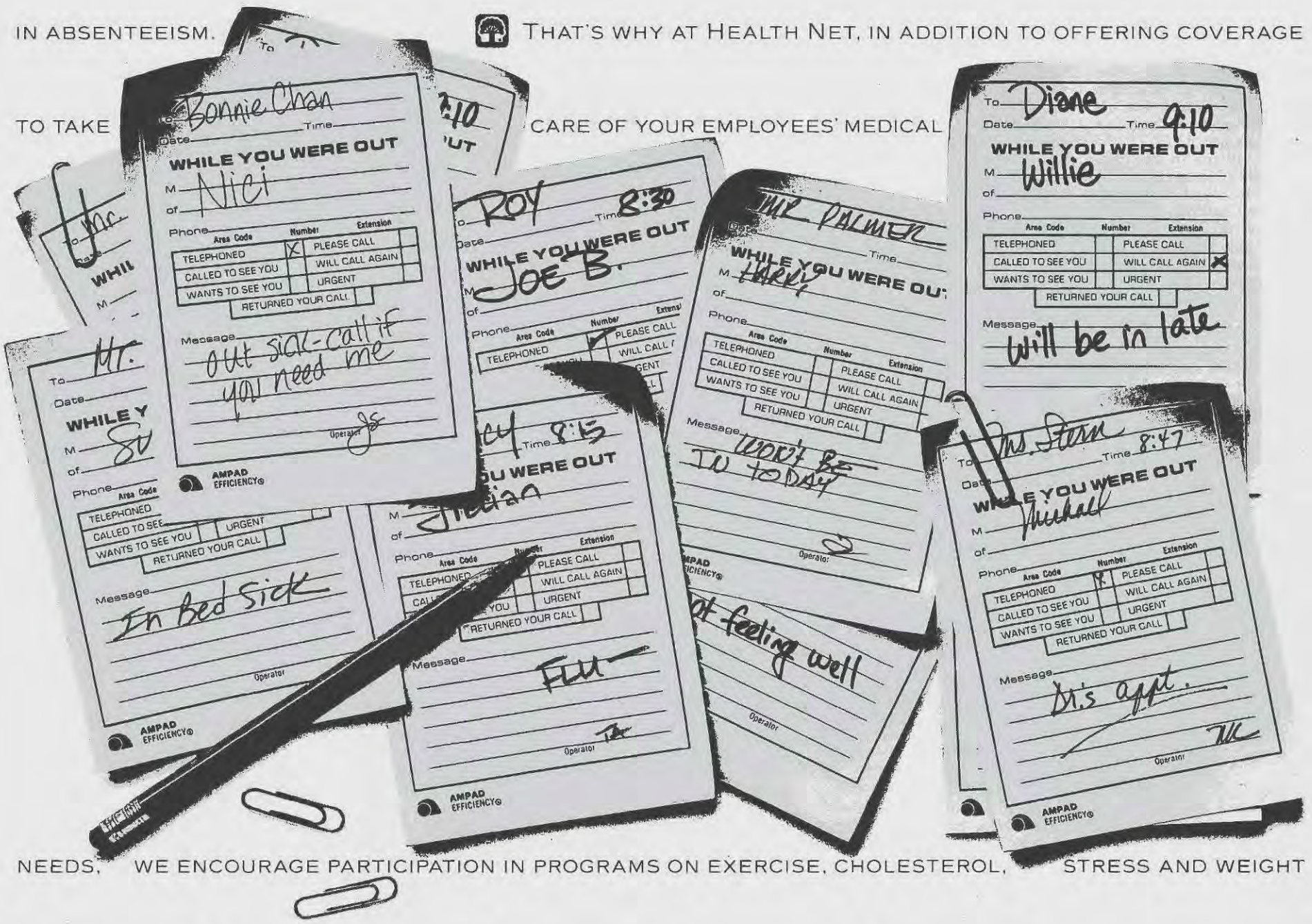

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Work comp PPOs

Continued from page 8

comp and group health available to employers is ITT/Hartford Group Inc.

The insurer in 1992 developed a task force "to determine how we should move forward with managed care as it applies to workers comp and benefits," said Barbara Rodin, vp of health care management in the employee benefits division.

The task force decided "the overall strategy is to use the same managed care networks for comp as for employee benefits," she said.

ITT/Hartford now has group health PPO networks in about 52 cities, most of which are leased, although some are partially owned.

For the last six months, ITT/Hartford has been enhancing these networks with specialized providers and services to serve workers comp clients as well, Ms. Rodin said.

The insurer has targeted 20 states "for rapid development of pro-active programs" for workers comp managed care, which will include "a strong case management capability," she said.

These programs will go far beyond the "first generation PPOs," which were "totally inappropriate and did not save costs," because they did "nothing more than take an employee benefit network and slap it on comp," Ms. Rodin said.

Many versions of those so-called first-generation PPOs are still being created.

For that reason, Wyatt's Mr. Miller believes the buyer should beware. Many workers comp networks have "grown overnight, and a lot of them are not put together very well," he said.

"You have to be careful and sort out fact from fiction," agreed Robert Cliff, a principal with A. Foster Higgins & Co. in Los Angeles. "Have (the PPOs) taken their normal provider network and overprinted the brochure with workers comp on the front," or have they actually assembled specialized workers comp providers, he questioned.

In a unique approach, one newly formed workers comp PPO is assembling networks by contracting with specialized providers that are currently used by a client.

Premier Health Resources Inc., based in Rancho Cucamonga, Calif., and formed last February, now has about 200,000 network users.

To develop specialized networks, Premier does a quality audit and a background investigation of providers that an employer, insurer or third-party administrator is now using for workers comp services.

It then selects the best providers and invites them to join a "customized" network for that client, explains James P. Bradley, vp of marketing and business development.

"This concept (of customization) seems to be taking root and really growing," he said.

"Let's stop being victimized by this whole process. Let's find out about the providers (currently being used) and bring out the skeletons in the closets," Mr. Bradley said.

Premier is in the process of putting together a workers comp PPO on a nationwide basis for a shoe retailer. It is also assembling networks for smaller regional businesses.

Premier also offers the full panoply of managed care services, from utilization review to case management. BI

Where the proof is in putting networks together

After years of studies, research on patient outcomes is put to the test

By SALLY ROBERTS

Minnesota Blue Cross & Blue Shield and Hershey Foods Corp. both think they have seen the future of managed care.

Next month the two will begin operating networks of hospitals and doctors selected by outcomes of the care they have provided. The Minnesota network will specialize in cardiac care; the Hershey program will be a general point-of-service plan.

These two networks are only the latest and most obvious signs of the growing influence of outcomes management—measuring the effectiveness of treatment based on the patient's quality of life.

Since its advent in the late 1980s, outcomes management has begun to catch on with both managed care firms determined to control costs and their clients, who want quantifiable data.

Recently, firms have developed software programs that can estimate probable outcomes based on a patient's specific symptoms. And others have developed software programs designed to guide medical decision-making based on outcomes research.

More and more insurers, employers and managed care organizations are also starting to study outcomes to determine the most efficient treatment patterns. For example, a group of 11 Fortune 500 companies and their managed care organizations have recently finished the first phase of outcomes studies on angina and asthma. Research is also beginning in the mental health and substance abuse field.

By researching medical claims and questioning patients about their quality of life after treatment, outcomes studies have determined that a variety of practice patterns exist—each with different results. And picking the best course of treatment can ultimately drive down costs.

Every year, "$50 billion is expended on excess services," said Marlene Travis, president of consulting firm Health Risk Management Inc. in Minneapolis.

By focusing on quality, outcomes research can help eliminate some of that excess, she said.

As with any other product, "you can't just look at the cost," contends Dr. Mary Jane England, president of the Washington Business Group on Health. "You must look at the quality to see if you're getting the best value for your money."

Not all experts are sold on the idea of modeling treatment programs on outcomes research. Dr. James S. Roberts, senior vp at the Joint Commission on the Accreditation of Healthcare Organizations, says outcomes data "by itself isn't valid."

People are "beginning to learn that the causes of outcomes are multiple," Dr. Roberts said. It is not just hospitals and physicians that are responsible. Outcomes "may go back to insurance coverage or the managed care organization. We all affect the outcomes the patient achieves."

Outcomes data is best at raising questions, Dr. Roberts contends. Groups should look at the data available, and if it prompts them to ask questions about the work being provided, they should make it better.

Nevertheless, experts agree that outcomes management is only going to get hotter. In three to five years, health care delivery systems will be required to have "quality labels" just like foods have nutritional labels, said Leslie Michelson, chairman and chief executive officer of Value Health Sciences Inc., a utilization review firm in Santa Monica, Calif.

In the future, "outcomes management is going to be required by employers," says Robin Weiner, a managing consultant at A. Foster Higgins & Co. Inc. in Los Angeles.

In fact, it was employer demands for measurable results that prompted Blue Cross and Blue Shield of Minnesota to develop its cardiac network.

The Blue Cross plan is one of "the first in the nation to create a network of hospitals and physicians based on outcomes," said Susan G. Flygare, assistant vp of marketing.

When selecting cardiac specialists, the plan used techniques like "small-area analysis," which compares provider practice patterns within defined geographical regions, and "medisgroups," which measures the severity of a patient's illness and the outcome of treatment.

Of the 32 area hospitals, 12 were selected for the new network, Ms. Flygare said.

Beginning Jan. 1, the network will serve as the cardiac referral network for Blue Plus accounts, Ms. Flygare said. Blue Plus is a managed care affiliate.

The new network is designed to "bring measurable value and accountability to the health care system," she said.

Hershey has similar goals for its managed care program.

In conjunction with Capital Blue Cross and Pennsylvania Blue Shield, Hershey has developed its program with a group of hospitals, said Rick Dreyfuss, director of executive compensation and employee benefits at the company's Hershey, Pa., headquarters.

The company uses outcomes data from reports published by the Pennsylvania Health Care Cost Containment Council, an independent state agency responsible for addressing the cost and quality of health care in the state.

Starting Jan. 1, Hershey employees can opt to use the new point-of-service network of 10 hospitals with 170 primary care physicians.

The 10 hospitals were selected from 23 hospitals in the area based on a 70-30 ratio of quality and cost, Mr. Dreyfuss said. Hershey relied heavily on data from the state agency when assessing quality.

The new plan is in addition to four HMOs now offered. Employees using the network pay a $10 copayment with no deductible. Patients who seek medical care out of network are responsible for 25% out-of-pocket expenses above a $400 deductible.

Benefits in the point-of-service network are "on par with the HMOs," he added.

Hershey plans to use information in a recent report by the state agency for future benefit decisions, Mr. Dreyfuss said.

In that report, the agency measures the treatment effectiveness of coronary bypass surgery by determining each hospital's and cardiac surgeon's expected number of patient deaths following the surgery.

According to the agency, charges for bypass surgery ranged from $21,000 to $84,000. The report also found that the two hospitals that charge the most for the surgery had more deaths than expected.

"The data is extraordinary to have. People can see what hospital is best," said Carol Chandor, managing vp at Noble Lowndes in Boston.

This sort of information can play a critical role in cutting costs.

"A key in the ability to control health care costs is more informed consumers," said Tom Richmond, a senior consultant with Wyatt Co. in Chicago. With published reports, "we're rapidly moving in that direction."

Outcomes data should be collected and published in every state, Ms. Chandor said. "Then we can understand the strengths and weaknesses in the health care delivery system."

It is not just insurers or employers that are interested in this data. Doctors may find the opportunity for comparison beneficial.

"Providers want to know how their decisions compare with those of other providers," said Dr. Alex Rodriguez, chief medical officer at Preferred Health Care Ltd., a PPO in Wilton, Conn.

Currently, 34 states require hospitals to submit information, including all hospital admissions and Medicare and Medicaid filings, to state agencies, Mr. Richmond said.

Data can then be consolidated into usable formats for analysis.

One group is using consolidated data to better inform patients about treatment options.

The Foundation for Informed Medical Decision Making, a nonprofit research company in Hanover, N.H., has developed interactive videos, based on outcomes research, for people with benign prostate disease and lower-back pain.

The purpose of the video programs is to provide patients with customized, unbiased information about alternative treatments and to promote shared decision-making between patients and their physicians, the group said.

On a touch screen computer, patients enter data about themselves such as their age, sex, severity of symptoms and test results. The program then categorizes the patient into one of hundreds of subgroups and chooses relevant video segments that explain treatments and risks.

The patient is then shown testimonials of other patients, each of whom chose one particular course of treatment.

In the past, "patients were not involved in the decision-making process," said Gary Schwitzer, product director for the research company. Now the information is put right in front of them.

Software aimed at patients is only half the story. Other programs based on outcomes data are designed to help doctors make decisions.

QualityFIRST, for instance, is designed to show doctors what "road to take" when a variety of treatment patterns exist, said Ms. Travis, who is chairwoman and CEO of the Institute for Healthcare Quality, the company that developed the program. The firm is a subsidiary of Health Risk Management Inc. in Minneapolis.

An insurance company, an HMO, a PPO and a Canadian hospital will soon have access to these guidelines, she said.

More and more groups are now collecting the data that will one day be the basis of such programs.

Recently, for instance, a consortium of large corporations and their managed care operations completed a preliminary test of outcomes data collection on angina and asthma. Further research is planned.

The consortium, called the Managed Health Care Assn., was formed in 1990 specifically to examine outcomes management as a way to determine the optimal treatments for angina and asthma. Among the members are American Telephone & Telegraph Co., General Motors Corp. and Procter & Gamble Co.

Its preliminary study demonstrates that managed care organizations can collect outcomes data from a variety of organizations for aggregate analysis, said Michael Huber, who is project coordinator for the group. He is also manager of outcomes management systems for HMO research firm InterStudy in Excelsior, Minn.

Though designed just to "make sure the engine will turn over," the early research was encouraging to MHCA and Johns Hopkins University School of Public Health, which is responsible for the pooling and analysis of the data.

"A small number of cases had some content value," Mr. Huber said. These cases showed substantial variations in patient-perceived quality and in outcomes, he explained.

For example, some data suggests a certain percentage of asthma patients didn't feel they had enough knowledge to make informed choices between alternative treatments, he said.

Encouraged by the early results, the group again will begin collecting data in March 1993 and continue for at least 18 months, he said.

One day, outcomes management may not even be limited to physical health problems. Preliminary research is being done on developing comparative treatment for mental health and substance abuse.

For example, MCC Behavioral Care Inc., an employee benefit division of CIGNA Corp., has recently contracted with the University of Minnesota researchers to develop a clinical information system to measure outcomes of substance abuse treatment.

Treatments in this area vary widely, said Dr. John Bartlett, vp and corporate medical director for MCC in Eden Prairie, Minn.

"We want to understand and manage the treatment patterns" and determine "what's the best treatment for the patients," he said.

Currently, the project is field testing the outcomes questionnaire which will eventually be used by clinicians to gain outcomes data, Dr. Bartlett said.

Actual data collection will begin in March. Among the factors to be analyzed are client characteristics, sequence of abuse, responses to relapses and treatment information. The first phase of the results is due out in October 1993, he said.

In a similar vein, Preferred Health Care is now collecting mental health and substance abuse treatment data for Xerox Corp., said Dr. Rodriguez. The PPO is under contract to assess the effectiveness of the Xerox programs. Data collection is expected to be completed in June, he said. BI

Annual listing of health maintenance organizations

ALABAMA

American Dental Plan of Alabama

3457 Sierra Drive, Birmingham, Ala. 35216; 205-823-3018; fax: 205-823-2868

Staff	
Dentists	50
Patients/dentist	25
Board-certified	90%
Specialists	10
Administrative	3
Marketing	2
Locations	
Administrative	1
Users	
Employer/payer groups	25
Single coverage	204
Family coverage	306
Employees & dependents	734
Total	1113

Service area: Alabama.

Officers: Nancy V. Jones, president; Dr. Ed Jones, medical director; Lamar Vice, marketing director.

See American Dental Plan consolidated listing under Georgia.

Health Maintenance Group of Birmingham

450 Riverchase Parkway E., Birmingham, Ala. 35298; 205-985-5589

Users	
Total	9,001*

Operational date: 1977.
Model type: Network.
Affiliate: Blue Cross & Blue Shield of Alabama.
**Total users as of Dec. 31, 1991.*

Humana Health Plan of Alabama Inc.

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

Users	
Total*	10,664

Federally qualified.
Operational date: 1984.
Model type: IPA.
Service area: Alabama: Limestone, Madison and portions of Jackson, Marshall and Morgan counties.
Officers: Rene Moret, executive director; Jane Quinn, sales manager; Dr. Larry Sullivan, medical director.
**Figure is as of Aug. 31, 1992.*
See Humana Health Care Plans consolidated listing under Kentucky.

Humana Health Plan of Alabama Inc.

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

Users	
Total*	9,956

Operational date: 1984.
Federally qualified.
Model type: Network.
Service area: Alabama: Autuga, Dallas, Elmore, Montgomery and most of Bullock, Lowndes and Macon counties.
Officers: David Lewis, executive director; Rea Jabour, sales manager; Dr. Edgar Givhan, medical director.
**Figure is as of Dec. 31, 1992.*
See Humana Health Care Plans consolidated listing under Kentucky.

Southeast Health Plan

104 Inverness Center Place, Suite 600, Birmingham, Ala. 35242; 205-991-6000; fax: 205-980-1174

Staff	
Physicians	600
Patients/physician	67
Board-certified	92%
Specialists	1,108
Administrative	180
Marketing	37
Facilities	
Hospitals	49
Pharmacies	650
Diagnostic labs	5
Locations	
Administrative	1
Users	
Employer/payer groups	120
Single coverage	5,721
Family coverage	10,060
Employees & dependents	35,819
Total	35,819
Average hospital stay	4.1 days
Hospital admission/1,000 members	78
Revenues	
1991	$48,911,377
1990	$40,060,667

Operational date: January 1985.
Certified in: Alabama.
Model type: IPA.
For profit.
Ownership: Protective Life Corp.
Service area: Alabama: 17 counties. Contracts with National Managed Care Inc.
Services: Standard package including vision, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions, dental and substance abuse. Diagnostic testing by independent labs.
Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts, 1% of members are enrolled.
Management reports: Provided monthly, quarterly, annually or upon request.
Billing: Provides direct billing for COBRA premiums.
Officers: George Salem, president; Dr. Randall Crenshaw, medical director; Harry Dinken, marketing director; Nan Priest, general manager.

ARIZONA

CIGNA Health Plan of Arizona Inc.

535 N. Wilmot, Tucson, Ariz. 85711; 602-571-0111; fax: 602-748-2465

Staff	
Physicians	177
Specialists	373
Facilities	
Hospitals	13
Pharmacies	39
Diagnostic labs	1
Locations	
Administrative	2
Primary care	373
Users	
Total	40,497

Operational date: January 1981.
Federally qualified.
Certified in: Arizona.
Model type: IPA/staff.
Service area: Arizona: Cochise, Graham, Greenlee, Pima, Pinal and Santa Cruz.
Services: Diagnostic testing by HMO and independent labs.
Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.
Officers: Mitch Hall, executive director; Dr. Gil Burkel, medical director.
See CIGNA Corp. consolidated listing under Connecticut.

CIGNA Private Practice Plan

11001 N. Black Canyon Highway, Suite 400, Phoenix, Ariz. 85029; 602-942-4462; fax: 602-371-2625

Staff	
Physicians	719
Specialists	2,027
Facilities	
Hospitals	29
Pharmacies	186
Diagnostic labs	3
Locations	
Administrative	2
Primary care	2,069
Users	
Total	296,976

Operational date: November 1972.
Federally qualified.
Certified in: Arizona.
Model type: IPA/staff.
Service area: Arizona: Apache, Coconino, Gila, La Paz, Maricopa, Mohave, Navajo, Pinal, Yavapai and Yuma counties.
Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment is allowed.
Officers: Dr. Clyde Wright, executive director; Dr. Robert Beauchamp, Zachery Gerbarg, medical directors.
See CIGNA Corp. consolidated listing under Connecticut.

HMO Arizona

2444 W. Las Palmaritas, P.O. Box 13466; Phoenix, Ariz. 85002; 602-864-4644; fax: 602-864-4035

Staff	
Physicians	700
Specialists	1,200
Facilities	
Hospitals	45
Pharmacies	350
Locations	
Administrative	5
Users	
Employer/payer groups	700
Single coverage	13,800
Family coverage	9,200
Employees & dependents	32,200
Total	32,200
Average hospital stay	3.6 days
Hospital admission/1,000 members	65

Operational date: July 1987.
Certified in: Arizona.
Model type: IPA.
Not for profit.
Ownership: Blue Cross & Blue Shield of Arizona.
Service area: Arizona: Cochise, Graham, Maricopa, Pima, Pinal and Santa Cruz counties. Offers service through HMO-USA (Blue Cross & Blue Shield Assn.) in 40 states.
Services: Standard package including prescriptions, vision, substance abuse, psychiatry, durable medical equipment, podiatry, OB/Gyn and hearing services. Options include dental. Diagnostic testing by independent labs.
Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts.
Enrollment options: Individual enrollment allowed.
Management reports: Provided quarterly or annually.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: Robert B. Bulla, president/CEO; Julie Pressley, vp-executive director/marketing director; Dr. Kenneth Smithson, medical director.

Humana Health Plan Inc.

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

Users	
Total*	19,250

Operational date: September 1987.
Federally qualified.
Model type: IPA.
Service area: Arizona: Maricopa County.
Officers: Michael Seltzer, executive director; Glen Padula, sales manager.
**Figure is as of Aug. 31, 1992.*
See Humana Health Care Plans consolidated listing under Kentucky.

Humana United Health Plan

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

Users	
Total*	3,622

Operational date: September 1992.
Model type: IPA.
Service area: Arizona: Apache, Cochise, Gila, Graham, Greenlee, La Paz, Maricopa, Mohave, Navajo, Pimp, Pinal, Santa Cruz, Yavapai and Yuma counties.
Officers: Michael Seltzer, executive director; Glen Padula, sales manager.
**Figure is as of Dec. 31, 1992.*
See Humana Health Care Plans consolidated listing under Kentucky.

Intergroup of Arizona

1010 N. Finance Center Drive, Tucson, Ariz. 85710; 602-721-1122; fax: 602-290-7389

Staff	
Physicians	420
Patients/physician	541
Board-certified	77%
Specialists	1,255
Facilities	
Hospitals	33
Pharmacies	92
Diagnostic labs	41
Locations	
Administrative	3
Primary care	791
Users	
Employer/payer groups	1,113
Single coverage	44,894
Family coverage	50,412
Employees & dependents	214,316
Total	214,685
Average hospital stay	3.9 days
Hospital admission/1,000 members	73.2
Revenues	
1991	$243,325,000
1990	$207,202,000

Operational date: November 1981.
Federally qualified.
Certified in: Arizona.
NCQA qualification pending.
Model type: Group and IPA.
For profit.
Service area: Cochise, Maricopa, Pima and Pinal counties.
Services: Standard package including prescriptions, vision, sub-

Continued on next page

Guide to reading listings of HMOs

The sixth annual *Business Insurance* directory of health maintenance organizations contains hundreds of 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 provides consolidated figures for all HMOs within its network, the consolidated listing is asterisked and marked with a footnote. The names, addresses, telephone numbers and any services or information different from the consolidated entry is listed for the affiliated HMOs in the state is which they operate, with a reference to the consolidated listing.

Each listing begins with the name, address, telephone number and fax number of the HMO. Information on **staff** and **facilities** as of June 30, 1992 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 members.

The **facilities** heading contains the number of participating hospitals, pharmacy and diagnostic lab locations.

Locations lists the number of 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; the number of employees and dependents in employer groups; and total membership, including Medicare, 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.

Gross revenues in 1991 and 1990, based on total premiums paid on behalf of enrollees, also were requested.

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 by county and state follows. If the HMO contracts for services with another established HMO, the partner and service area is given here.

The **services** the HMO offers includes standard and optional features of coverage. Unless otherwise noted or included in optional services the standard package includes physicians, hospitilization, laboratory, X-ray, preventive medicine and periodic check-ups. Who performs 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 and frequency 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.

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 that appears in the last pages of the magazine. The index lists HMOs operating directly or indirectly in three or more states.

Also, an index listing which page each state's HMO listings begin is provided on page 2.

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

Continued from previous page
stance abuse, psychiatry, durable medical equipment, podiatry, OB/Gyn. Options include chiropractors. Diagnostic testing by independent labs.

Rating options: Community rating by class. Offers point-of-service contracts, 26% of members are enrolled. Offers non-federally qualified programs.

Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.

Management reports: Provided upon request.

Billing: Provides direct billing for COBRA premiums.

Officers: Charles F. Barrett, president/CEO; Carwin Y. Peterson, senior vp/chief operating officer/CFO; Dr. Philip E. Dew, senior vp-medical affairs; Bob Whiting, vp-marketing; Carrie E. Araman, vp/chief information officer; Marita S. Bowden, vp-strategic resource management; Elaine M. Martinez, vp-finance; Elizabeth McNamee, vp-policy; Dr. Carl F. Myers, vp-medical affairs; Matthew J. Wandoloski, vp-pricing and product development.

Contact: Sally Allison, editorial services manager.

MetLife HealthCare Network of Arizona Inc.

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

Staff	
Physicians	618
Specialists	1,142
Facilities	
Hospitals	39
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, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions, vision and dental. Diagnostic testing by independent labs.
Management reports: Provided upon request.
Billing: Consolidated billing for national accounts.
Officers: Kathleen M. Garast, president/CEO; Dr. William Semmons, vp.

PARTNERS Health Plan of Arizona

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

Staff	
Physicians	197
Patients/physician	365
Board-certified	85%
Specialists	323
Administrative	110
Marketing	16
Facilities	
Hospitals	10
Pharmacies	28
Diagnostic labs	2
Users	
Employer/payer groups	652
Single coverage	16,567
Family coverage	19,690
Employees & dependents	72,366
Total	72,654
Average hospital stay	3.2 days
Hospital admission/1,000 members	170.5
Revenues	
1991	$74,663,068
1990	$55,418,773

Operational date: June 1986.
Certified in: Arizona.
NCQA qualification pending.
Model type: Group/IPA.
For profit.
Ownership: Aetna Life & Casualty Insurance Co. and Tucson Medical Center.
Service area: Arizona: Cochise, Graham, Greenlee, Maricopa, Pima, Pinal, Santa Cruz and Yuma counties. Contracts with Aetna Health Plans.
Services: Standard package including prescriptions, vision, psychiatry, durable medical equipment and OB/Gyn. Options include dental, substance abuse and podiatry. Diagnostic testing by independent labs.
Rating options: Community rating by class. Offers point-of-service contracts.
Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries.
Management reports: Provided monthly, quarterly or annually.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: Paul Zucarelli, president/executive director; Dr. Harvey Buchsbaum, medical director; Jim Jones, marketing director; Lori Bryant, operations director; Jeff Askam, finance director.
Contact: Jay Heydt, sales manager, 602-571-1933.
See Aetna Life Insurance Co. consolidated listing under Connecticut.

Samaritan Health Plan

5300 N. Central, Phoenix, Ariz. 85012; 602-230-1555; fax: 602-351-1585

Staff	
Physicians	393
Patients/physician	80
Board-certified	80%
Specialists	1,028
Administrative	71
Marketing	11
Facilities	
Hospitals	23
Pharmacies	246
Diagnostic labs	67
Locations	
Administrative	1
Users	
Employer/payer groups	127
Employees & dependents	38,959
Total	38,959
Average hospital stay	3.6 days
Hospital admission/1,000 members	264
Revenues	
1991	$48,662,687
1990	$39,503,434

Operational date: January 1986.
Certified in: Arizona.
Model type: IPA.
For profit.
Ownership: Samaritan Health Services.
Service area: Apache, Cochise, Coconino, Gila, Graham, Greenlee, La Paz, Maricopa, Mohave, Navajo, Pima, Pinal, Santa Cruz, Yavapai and Yuma counties. HMO National Network.
Services: Standard package including prescriptions, vision, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include dental. Diagnostic testing by independent labs.
Rating options: Community rating by class; adjusted community rating.
Management reports: Provided annually.
Officers: Phyllis Biedess, president/executive director; Dr. Louis Newton, medical director; John Heinsman, marketing director; Charles Phillips, CFO; JoAnn McCurdy, director-medical services; Michal Gorforth, director-provider relations.

ARKANSAS

HMO Arkansas

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

Staff	
Physicians	150
Patients/physician	113
Board-certified	85%
Specialists	608
Administrative	22
Marketing	2
Facilities	
Hospitals	14
Pharmacies	468
Diagnostic labs	1
Locations	
Administrative	1
Users	
Employer/payer groups	84
Single coverage	2,586
Family coverage	4,404
Employees & dependents	17,493
Total	17,499
Average hospital stay	4.4 days
Hospital admission/1,000 members	360
Revenues	
1991	$19,346,535
1990	$17,925,765

Operational date: November 1985.
Federally qualified.
Certified in: Arkansas.
Model type: IPA.
Ownership: Arkansas Blue Cross & Blue Shield.
Service area: Arkansas: Crawford, Faulkner, Franklin, Johnson, Logan, Lonoke, Pulaski, Scott and Sebastian counties. Offers service through HMO-USA (Blue Cross & Blue Shield Assn.) in 40 states.
Services: Standard package including chiropractors, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions. Diagnostic testing by independent labs.
Rating options: Community rating: $137.82 single, $356.67 family.
Management reports: Provided monthly.
Billing: Provides direct billing for COBRA premiums.
Officers: David F. Bridges, president/executive director; Dr. James Adamson, medical director; James Baily, marketing director.

CALIFORNIA

Aetna Health Plans of Northern California

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

Staff	
Physicians	1,102
Patients/physician	93
Specialists	2,131
Administrative	250
Marketing	64
Facilities	
Hospitals	34
Pharmacies	450
Diagnostic labs	75
Users	
Employer/payer groups	1,164
Single coverage	21,279
Family coverage	20,763
Employees & dependents	87,930
Total	101,927
Average hospital stay	4.2 days
Hospital admission/1,000 members*	67.4
Revenues	
1991	$187,214,189
1990	$188,487,105

Operational date: March 1979.
Federally qualified.
Model type: IPA/network.
For profit.
Service area: California: Alameda, Contra Costa, Marin, San Francisco, San Clara and Santa Mateo counties.
Services: Standard package including psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions and substance abuse. Diagnostic testing by independent labs.
Rating options: Community rating by class; adjusted community rating.
Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.
Management reports: Provided annually or upon request.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: Paul Swenson, executive director; Dr. Joseph Cook, medical director; Tom Taylor, general manager; Denise Hanson; Sheryl Jaeger; Sam Leader; Diane Taylor; Sue Myrick.

**Excludes Medicare members*
See Aetna Life Insurance Co. consolidated listing under Connecticut.

Aetna Health Plans of San Diego Inc.

7676 Hazard Center Drive, 10th Floor, San Diego, Calif. 92108; 619-497-0046; fax: 619-497-4258

Staff	
Physicians	404
Patients/physician	128
Board-certified	70%
Specialists	1,207
Administrative	130
Marketing	23
Facilities	
Hospitals	12
Pharmacies	261
Diagnostic labs	40
Users	
Employer/payer groups	315
Single coverage*	13,687
Family coverage*	12,740
Employees & dependents*	51,879
Total	51,879
Average hospital stay**	3.7 days
Hospital admission/1,000 members**	61.75
Revenues	
1991	$73,925,738
1990	$78,852,808

Operational date: October 1984.
Certified in: California.
NCQA qualification pending.
Model type: Group/IPA.
For profit.
Ownership: Aetna Health Plans and Quality Net Hospital.
Service area: California: San Diego County.
Services: Standard package including substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions. Diagnostic testing by independent labs.
Rating options: Community rating by class.
Management reports: Provided quarterly or annually.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: Edward C. Cymerys, president/executive director; Dr. Antonio P. Linares, medical director; William Gregory, marketing director; Stacey Hrountas, network director; Ralph Pennington, finance director; Rick Williams, assistant vp-claims.

**Figures as of Sept. 30, 1992.*
***Excludes Medicare members. Figures as of April 30, 1992.*
See Aetna Life Insurance Co. consolidated listing under Connecticut.
Continued on next page

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Continued from previous page

Aetna Health Plans of Southern California Inc.

303 E. Vanderbilt Way, San Bernadino, Calif. 92408;
714-888-2060; fax: 714-386-3330

Staff	
Physicians	2,303
Patients/physician	55
Specialists	7,829
Administrative	249
Marketing	21
Facilities	
Hospitals	82
Pharmacies	2,000
Diagnostic labs	31
Users	
Employer/payer groups	529
Single coverage	15,685
Employees & dependents	58,902
Total	92,914
Average hospital stay	5 days
Hospital admission/1,000 members	67
Revenues	
1991	$202,000,000
1990	$184,000,000

Operational date: October 1981.
Federally qualified.
Certified in: California.
Model type: Group/IPA.
For profit.

Service area: California: Los Angeles, Orange, Riverside and San Bernadino counties.

Services: Standard package including prescriptions, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include chiropractors, vision and dental. Diagnostic testing by independent labs.

Rating options: Community rating by class.

Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.

Management reports: Provided annually or upon request.

Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.

Officers: Mittie Souter, executive director; Dr. Stephen Ho, medical director; Holly Wylie, David Long, marketing directors; Mike Dobbs, market manager.

See Aetna Life Insurance Co. consolidated listing under Connecticut.

Blue Shield of California/The Blue Shield HMO

P.O. Box 7168, San Francisco, Calif. 94120-7168; 415-445-5000; fax: 415-445-5836

Staff	
Physicians	1,835
Patients/physician	54
Board-certified	80%
Specialists	6,795
Facilities	
Hospitals	134
Pharmacies	5,465
Diagnostic labs	460
Locations	
Administrative	5
Users	
Employer/payer groups	991
Single/family coverage	42,859
Employees & dependents	81,499
Total	102,939
Average hospital stay	5.3 days
Hospital admission/1,000 members	55.5
Revenues	
1991	$57,493,000
1990	$11,004,844

Operational date: June 1988.
Certified in: California.
Model type: Network.
Not for profit.

Service area: California: Alameda, Contra Costa, Los Angeles, Orange, Sacramento, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Solano, Stanislaus, Yolo, and parts of El Dorado, Nevada, Placer, Riverside, San Bernardino, San Diego and Ventura counties. Offers service thrrough HMO-USA (Blue Cross and Blue Shield Assn.) in 40 states.

Services: Standard package including substance abuse, outpatient psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions, chiropractors, vision, dental, inpatient psychiatry and life insurance.

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

Enrollment options: Individual enrollment allowed.

Management reports: Provided.

Billing: Provides direct billing for COBRA premiums. Consolidated

Officers: Peter F. Scott, president; Thomas C. Paton, chairman; Dr. Wade Aubry, medical director; Joseph Tyszkiewicz, senior vp; Robert C. Nickel, senior vp-HMO.

Bridgeway Plan for Health

1700 California St., Suite 500, San Francisco, Calif. 94109;
415-563-7900; fax: 415-928-5281

Service area: Alameda, Contra Costa, Marin, Napa, Placer, Sacramento, San Francisco, San Mateo, Santa Clara, Solano, Sonoma, Toulumne and Yolo counties.

See Qual-Med California listing under California.

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	950
Administrative	17
Marketing	3
Facilities	
Hospitals	100
Locations	
Administrative	1
Users	
Employer/payer groups	60
Employees & dependents	200,200
Total	200,200
Average hospital stay	13.8 days
Hospital admission/1,000 members	5.1
Revenues	
1991	$5.3 million
1990	$5.3 million

Operational date: August 1978.
Certified in: California.
Model type: Network.
Not for profit.

Service area: California and 26 states.

Services: Psychiatrists, inpatient and outpatient hospitalization, prescriptions, substance abuse and psychiatric services.

Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts, 50% of members are enrolled.

Management reports: Provided quarterly.

Billing: Consolidated billing for national accounts.

Officers: David Auchterlonie, president; Timothy M. Bauler, marketing director.

Contact: Timothy M. Bauler.

CaliforniaCare

21555 Oxnard St., Woodland Hills, Calif. 91367; 800-825-1030

Staff	
Physicians	3,328
Board-certified	96%

Continued on page 16

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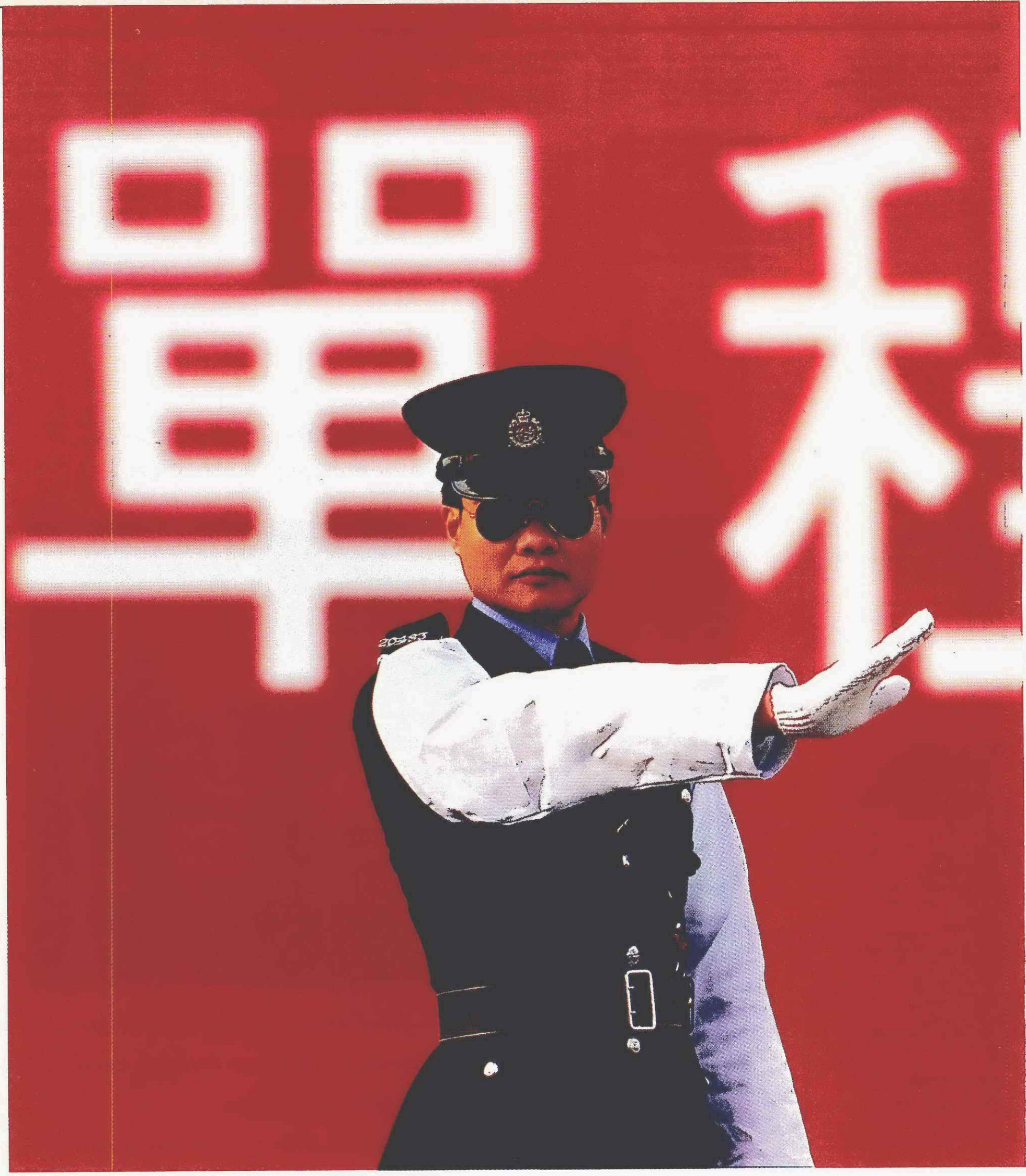

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Contined from page 13

Staff	
Specialists	11,356
Administrative	150
Marketing	38
Facilities	
Hospitals	236
Pharmacies	4,300
Locations	
Administrative	8
Primary care	1,491
Users	
Employees & dependents	439,423
Total	439,423
Average hospital stay	3.8 days
Hospital admission/1,000 members	53

Operational date: January 1986.
Certified in: California.
Model type: Network.
Not for profit.
Ownership: Blue Cross of California.
Service area: 28 counties. Offers service through HMO-USA (Blue Cross and Blue Shield Assn.) in 40 states.
Services: Standard package including chiropractors, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions, vision and dental. Diagnostic testing by HMO and independent labs.
Rating options: Adjusted community rating. Offers point-of-service contracts, 3% of members are enrolled.
Enrollment options: Individual enrollment allowed.
Management reports: Provided monthly, quarterly and annually.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: Leonard Schaeffer, chairman/CEO; Bernie Crowley, vp; Dr. John Harris, medical director; David Pincus, vp-marketing.
Contact: Michael Chee, 818-703-2703.

CareAmerica Health Plans

20520 Nordhoff St., Chatsworth, Calif. 91311-6191; 818-407-2222; fax: 818-407-2359

Staff	
Physicians	1,716
Patients/physician	2,000
Board-certified	95%
Specialists	8,314
Administrative	30
Marketing	34
Facilities	
Hospitals	71
Locations	
Administrative	1
Users	
Employer/payer groups	2,971
Single coverage	43,595
Family coverage	43,247
Employees & dependents	169,322
Total	169,322
Average hospital stay	3.25 days
Hospital admission/1,000 members	56
Revenues	
1991	$157,729,700
1990	$113,179,600

Operational date: January 1986.
NCQA qualification pending.
Model type: IPA.
For profit.
Ownership: Multi-hospital system.
Service area: California: Los Angeles, Orange, Riverside, San Bernardino and Santa Barbara counties.
Services: Standard package including substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions, chiropractors, vision and dental. Diagnostic testing by HMO.
Rating options: Community rating: $110.33 single, $320.72 family; community rating by class. Offers point-of-service contracts, 12% of members are enrolled.
Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.
Management reports: Provided quarterly.
Officers: Larry Gray, president/CEO; Dr. Arthur Southam, executive vp/COO; Dr. James Reilly, Dr. Sandy Bloom, medical directors; Kandis Larkey, senior vp/general manager-group services; Paul Kimmins, vp/CFO.

CIGNA Health Plan of California

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

Staff	
Physicians	188
Specialists	895
Facilities	
Hospitals	19
Locations	
Primary care	370
Users	
Total	333,793

Operational date: January 1971.
Federally qualified.
Certified in: California.
Model type: Staff.
Service area: California: Inyo, Kern, Los Angeles, Mono, Orange, Riverside, San Bernardino, San Luis Obispo, Santa Barbara and Ventura counties.
Services: Diagnostic testing by HMO.
Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.
Officers: Bert Wagener, executive director.
See CIGNA Corp. consolidated listing under Connecticut.

CIGNA Health Plan of Northern California

1999 Harrison St., Suite 1000, Oakland, Calif. 94612-3508; 510-273-8400; fax: 510-273-8499

Staff	
Physicians	1,264
Specialists	2,841
Facilities	
Hospitals	73
Pharmacies	450
Diagnostic labs	50
Locations	
Administrative	2
Primary care	1,942
Users	
Total	75,542

Operational date: August 1987.
Certified in: California.
Model type: IPA.
Service area: California: Alameda, Contra Costa, Marin, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano and Sonoma counties.
Services: Diagnostic testing by independent labs.
Officers: Jenni Vargas, executive director; Dr. Gifford Boyce-Smith, medical director.
See CIGNA Corp. consolidated listing under Connecticut.

CIGNA Health Plan of San Diego Inc.

9808 Scranton Road, Suite 400, San Diego, Calif. 92121; 619-457-5402; fax: 619-455-0963

Staff	
Physicians	475
Specialists	1,982
Facilities	
Hospitals	22
Pharmacies	32
Diagnostic labs	1
Locations	
Administrative	2
Primary care	1,414
Users	
Total	30,087

Operational date: July 1977.
Federally qualified.
Certified in: California.
Model type: IPA.
Service area: California: Imperial, Riverside and San Diego counties.
Services: Diagnostic testing by independent labs.
Officers: Dr. Lou Filiatrault, medical director.
See CIGNA Corp. consolidated listing under Connecticut.

CIGNA Private Practice Plan

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

Staff	
Physicians	1,602
Specialists	4,763
Facilities	
Hospitals	128
Pharmacies	243
Diagnostic labs	168
Locations	
Administrative	2
Primary care	6,653
Users	
Total	154,284

Operational date: January 1985.
Federally qualified.
Certified in: California.
Model type: IPA.
Service area: California: Inyo, Kern, Los Angeles, Mono, Orange, Riverside, San Bernardino, San Luis Obispo, Santa Barbara and Ventura counties.
Services: Diagnostic testing by independent labs.
Officers: Dr. Michael Owens, medical director.
See CIGNA Corp. consolidated listing 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	162
Patients/physician	20
Board-certified	100%
Specialists	392
Administrative	5
Marketing	2
Facilities	
Hospitals	5
Diagnostic labs	40
Locations	
Administrative	1
Users	
Employer/payer groups	75
Single coverage	675
Family coverage	396
Employees & dependents	2,200
Total	2,200
Average hospital stay	3.2 days
Hospital admission/1,000 members	63
Revenues	
1991	$3,228,000
1990	$2,755,000

Operational date: February 1987.
Model type: IPA.
Not for profit.
Ownership: El Camino Hospital.
Service area: Santa Clara and San Mateo counties.
Services: Standard package including podiatry, OB/Gyn. Options include prescriptions, substance abuse, psychiatry. Diagnostic testing by independent labs.
Rating options: Community rating by class; adjusted community rating.
Officers: Bebe Hoppe, president; Dr. Lawrence A. William, medical director; Jack Kelly, vp-marketing; Susan Jackson, CFO.

Exclusive Healthcare Inc.

8383 Wilshire, Suite 208, Beverly Hills, Calif. 90211; 213-966-2660; fax: 213-653-3110

Staff	
Physicians	900
Patients/physician	4.25
Board-certified	85%
Specialists	3,000
Administrative	6
Marketing	3
Facilities	
Hospitals	44
Pharmacies	300
Diagnostic labs	50
Locations	
Administrative	3
Primary care	750
Users	
Employer/payer groups	19
Single coverage	712
Family coverage	829
Employees & dependents	3,823
Total	3,823
Average hospital stay	2.8 days
Hospital admission/1,000 members	31
Revenues	
1991	$2,583,743
1990	$609,776

Service area: California: Los Angeles, Orange, Riverside, San Bernardino, and Ventura counties.
Officers: Dick Easley, president; Jose Loaizo, plan manager; Dr. Michael Jenkin, medical director; Les Swick, marketing manager.
Contact: Marlis Saunders.
See Exclusive Healthcare Inc./ExclusiCare consolidated listing under Nebraska.

FHP Health Care

9900 Talbert Ave., Fountain Valley, Calif. 92708; 714-963-7233; fax: 714-378-5655

Staff	
Physicians	1,000
Patients/physician	800
Board-certified	98%
Specialists	3,500
Administrative	5,000
Marketing	750
Facilities	
Hospitals	100
Pharmacies	150
Diagnostic labs	70
Locations	
Administrative	140
Primary care	203
Users	
Employer/payer groups	3,500
Single coverage	375,000
Family coverage	93,000
Employees & dependents	475,000
Total	716,000
Average hospital stay	3 days
Hospital admission/1,000 members	220
Revenues	
1991	$1.3 billion
1990	$980,000,000

Operational date: July 1961.
Federally qualified.
Certified in: California, Utah, Arizona, New Mexico, Nevada.
Model type: IPA/staff/network.
For profit.
Service area: California: Los Angeles, Orange, Riverside, San Bernandino, San Diego and Ventura counties; Arizona: Maricopa, Mohave, Pima and Pinal counties; Nevada: Clark county; Utah: Davis, Salt Lake, Summit, Tooele, Utah, Wasatch, and Weber counties; New Mexico: Bernalillo, Sandoval, Santa Fe and Valencia counties; Guam. Contracts with Ultralink.
Services: Standard package including prescriptions, substance abuse, psychiatry and OB/Gyn. Options include vision, dental, durable medical equipment, podiatry, indemnity health/life insurance, PPO/point-of-service, workers compensation, retiree benefits. Diagnostic testing by HMO and independent labs.
Rating options: Community rating: $118 single, $341 family; community rating by class; adjusted community rating. Offers point-of-service contracts, 1% of members are enrolled. Offers non-federally qualified programs.
Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.
Management reports: Provided quarterly.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: Westcott W. Price III, president; Jack Massimino, executive vp/COO; Dr. Gary Goldstein, senior vp/medical director; Fred Schmid, vp-national sales.
Contact: Fred Schmid.

Foundation Health

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

Staff	
Physicians	2,950
Patients/physician	95
Board-certified	80%
Specialists	3,700
Facilities	
Hospitals	200
Pharmacies	420
Diagnostic labs	84
Locations	
Administrative	12
Users	
Employer/payer groups	3,425
Employees & dependents	281,300
Total	303,085
Average hospital stay	3.8 days
Hospital admission/1,000 members	67
Revenues	
1991*	$384,121,000
1990*	$330,923,000

Operational date: January 1978.
Federally qualified.
Certified in: California.
Model type: IPA.
For profit.
Service area: 30 counties.
Services: Standard package including psychiatry, durable medical equipment, podiatry, OB/Gyn. Options include prescriptions, vision, dental, substance abuse. Diagnostic testing by independent labs.
Rating options: Community rating by class.
Management reports: Provided annually.
Billing: Provides direct billing for COBRA premiums.
Officers: Steven D. Tough, president; Dr. Emmett Smith, medical director; Rick P. Corbett, marketing director; Daniel D. Crowley, CEO; Jeffrey L. Elder, CFO.
Contact: Kurt Davis, director-investor relations.
**Fiscal year ends June 30.*

Health Net

21600 Oxnard St., Suite 1700, Woodland Hills, Calif. 91367; 818-719-6775; fax: 818-719-6933

Staff	
Physicians	4,539
Patients/physician	185
Board-certified	78%
Administrative	700
Marketing	158
Facilities	
Hospitals	340
Pharmacies	1,771
Locations	
Administrative	13
Primary care	1,300
Users	
Employer/payer groups	2,252
Single coverage	179,291
Family coverage	221,099
Employees & dependents	875,000
Total	875,000
Average hospital stay	3.9 days
Hospital admission/1,000 members	54.22
Revenues	
1991	$1,075,364,000
1990	$886,035,000

Operational date: January 1979.
Federally qualified.
Certified in: California.
Model type: Network/IPA.
For profit.
Ownership: Health Net Management Holdings Inc.
Service area: California: 41 counties. Contracts with National Managed Care Inc. in Alabama, California, Colorado, Connecticut, District of Columbia, Florida, Georgia, Illinois, Indiana, Iowa, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Nebraska, New York, North Carolina, Ohio, Oregon, Puerto Rico, Rhode Island, South Carolina, Texas, Utah, Virginia, Wisconsin.
Services: Standard package including vision, substance abuse, psychiatry, podiatry and OB/Gyn. Options include prescriptions, chiropractors, dental and durable medical equipment. Diagnostic testing by independent labs.
Rating options: Adjusted community rating. Offers point-of-service contracts, 1% of members are enrolled.
Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.
Management reports: Provided annually.
Billing: Provides direct billing for COBRA premiums.
Officers: Roger F. Greaves, chairman/president/CEO; Jerry Cooper, executive vp-development & finance/cfo; Dr. Leonard W. Knapp, vp/medical director; Rita Duarte, senior vp-sales & marketing; Mary Pat Yatsko, senior vp-health services.

Health Plan of the Redwoods

3033 Cleveland Ave., Santa Rosa, Calif. 95403; 707-544-2273; fax: 707-544-0312

Staff	
Physicians	349
Patients/physician	231
Specialists	669
Administrative	168
Marketing	15
Facilities	
Hospitals	15
Pharmacies	100
Diagnostic labs	21
Locations	
Administrative	1
Primary care	1,018
Users	
Employer/payer groups	1,300
Employees & dependents	78,000
Total	80,660
Average hospital stay	4.3 days
Hospital admission/1,000 members	70
Revenues	
1991	$91,700,000
1990	$71,800,000

Operational date: March 1980.
Federally qualified.
Model type: IPA.
Not for profit.
Service area: California: Lake Marin, Mendocino and Sonoma counties. Contracts with Ultralink and HMO National Network.
Services: Standard package including substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions and vision. Diagnostic testing by independent labs.
Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts, 2% of members are enrolled.
Enrollment options: Individual enrollment allowed.
Management reports: Provided monthly.
Billing: Consolidated billing for

Continued on next page

Continued from previous page
national accounts.

Officers: Dr. Thomas O. Maloney, president; John W. Baxter, executive director; Dr. Bradford W. Lundborg, medical director; Charles E. Gardner, marketing director.

Contact: Charles E. Gardner.

Inter Valley Health Plan

300 S. Park Ave., Suite 300,
Pomona, Calif. 91766;
714-623-6333 or 800-843-3520;
fax: 714-622-2907

Staff	
Physicians	434
Patients/physician	93.4
Board-certified	61%
Specialists	1,789
Administrative	140
Marketing	40
Facilities	
Hospitals	15
Pharmacies	260
Diagnostic labs	13
Locations	
Administrative	1
Primary care	492
Users	
Employer/payer groups	423
Single coverage	6,852
Family coverage	6,566
Employees & dependents	27,591
Total	39,930
Average hospital stay*	2.71
Hospital admission/1,000 members*	98
Revenues	
1991	$85,000,000
1990	$72,000,000

Operational date: May 1979.
Federally qualified.
Certified in: California.
Model type: IPA.
Not for profit.
Service area: California: Orange, San Bernardino, Riverside and part of Los Angeles counties.

Services: Standard package including prescriptions, vision, substance abuse, psychiatry, durable medical equipment and OB/Gyn. Options include chiropractors and dental. Diagnostic testing by independent labs.

Rating options: Community rating.

Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.

Management reports: Provided upon request.

Billing: Provides direct billing for COBRA premiums.

Officers: James E. Taylor, president; Dr. Alex Bokor, medical director; Peter L. Tamayo, marketing director; Donald D. McCain, CFO.

**Figures do not include Medicare members.*

Kaiser Foundation Health Plan Inc.*

Ordway Building, 1 Kaiser Plaza,
Oakland, Calif. 94612;
510-271-5910; fax: 510-271-6495

Staff	
Physicians	4,768
Specialists	5,229
Facilities	
Hospitals	94
Pharmacies	294
Diagnostic labs	226
Locations	
Administrative	16
Primary care	261
Users	
Employer/payer groups	48,504
Employees & dependents	5,957,341
Total	6,640,188
Revenues	
1991	$9.8 billion
1990	$8.4 billion

Operational date: 1945.
Federally qualified.
Certified in: California, Colorado, Connecticut, District of Columbia, Hawaii, Georgia, Kansas, Maryland, Massachusetts, Missouri, New York, North Carolina, Ohio, Oregon, Texas, Virginia, Washington.
Model type: Group.
Not for profit.
Service area: California, Colorado, Hawaii, Ohio, Oregon, Washington, Texas, Connecticut, New York, Massachusetts, North Carolina, Georgia, Kansas, Missouri, Virginia, Maryland and District of Columbia.

Services: Standard package including prescriptions, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Diagnostic testing by HMO.

Rating options: Adjusted community rating**.

Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.

Management reports: Provided quarterly or annually.

Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.

Officers: Dr. David M. Lawrence, chairman/CEO; Wayne R. Moon, president/COO; Robert M. Crane, senior vp-quality management; Robert J. Erickson, senior vp-legal/government relations; James A. Lane, senior vp-policy/planning; Susan E. Porth, senior vp-finance.

Contact: Mark Hellender, vp-director-national marketing services, 510-271-5883.

**Figures are consolidated, including all HMOs in this organization.*

***New York state Kaiser Permanente HMOs use regular community rating.*

Kaiser Permanente/ Northern California

1950 Franklin, Oakland, Calif.
94604; 510-987-1000;
fax: 510-987-2682

Staff	
Physicians	1,599
Patients/physician	1,526
Board-certified	82%
Specialists	1,427
Administrative	1,937
Marketing	103
Facilities	
Hospitals	17
Pharmacies	95
Diagnostic labs	46
Locations	
Administrative	1
Primary care	31
Users	
Employer/payer groups	15,661
Single coverage	429,485
Family coverage	556,714
Employees & dependents	2,176,200
Total	2,439,620
Average hospital stay	4.2 days
Hospital admission/1,000 members	79
Revenues	
1991	$3.56 billion
1990	$2.5 billion

Federally qualified.
Certified in: California.
Service area: 10 full counties and portions of 10 additional counties. Contracts with The HMO Group

Services: Standard package including substance abuse, psychiatry, podiatry and OB/Gyn. Options include prescriptions, vision, dental and durable medical equipment. Diagnostic testing by HMO.

Officers: David G. Pockell, executive vp/regional manager; Dr. W.H. Caulfield, executive director-The Permanente Medical Group Inc.; Cary Badger, director-marketing; Jerry Fleming, vp-health plan manager.

See Kaiser Foundation Health Plan Inc. consolidated listing under California.

Kaiser Permanente/ Southern California

Walnut Center, 393 E. Walnut St.,
Pasadena, Calif. 91188;
818-405-5000; fax: 818-405-2532

Staff	
Physicians	1,895
Patients/physician	1,219
Board-certified	82%
Specialists	1,358
Administrative	33,000
Marketing	95
Facilities	
Hospitals	12
Pharmacies	93
Diagnostic labs	72
Locations	
Administrative	15
Primary care	93
Users	
Employer/payer groups	7,863
Single coverage	480,432
Family coverage	595,599
Employees & dependents	2,040,151
Total	2,310,142
Average hospital stay	4.6 days
Hospital discharges/1,000 members	102
Revenues	
1991	$2.81 billion
1990	$2.4 billion

Federally qualified.
Certified in: California.
Service area: California: Los Angeles, Orange, Riverside, San Bernardino, San Diego and portions of Ven-

Continued on page 20

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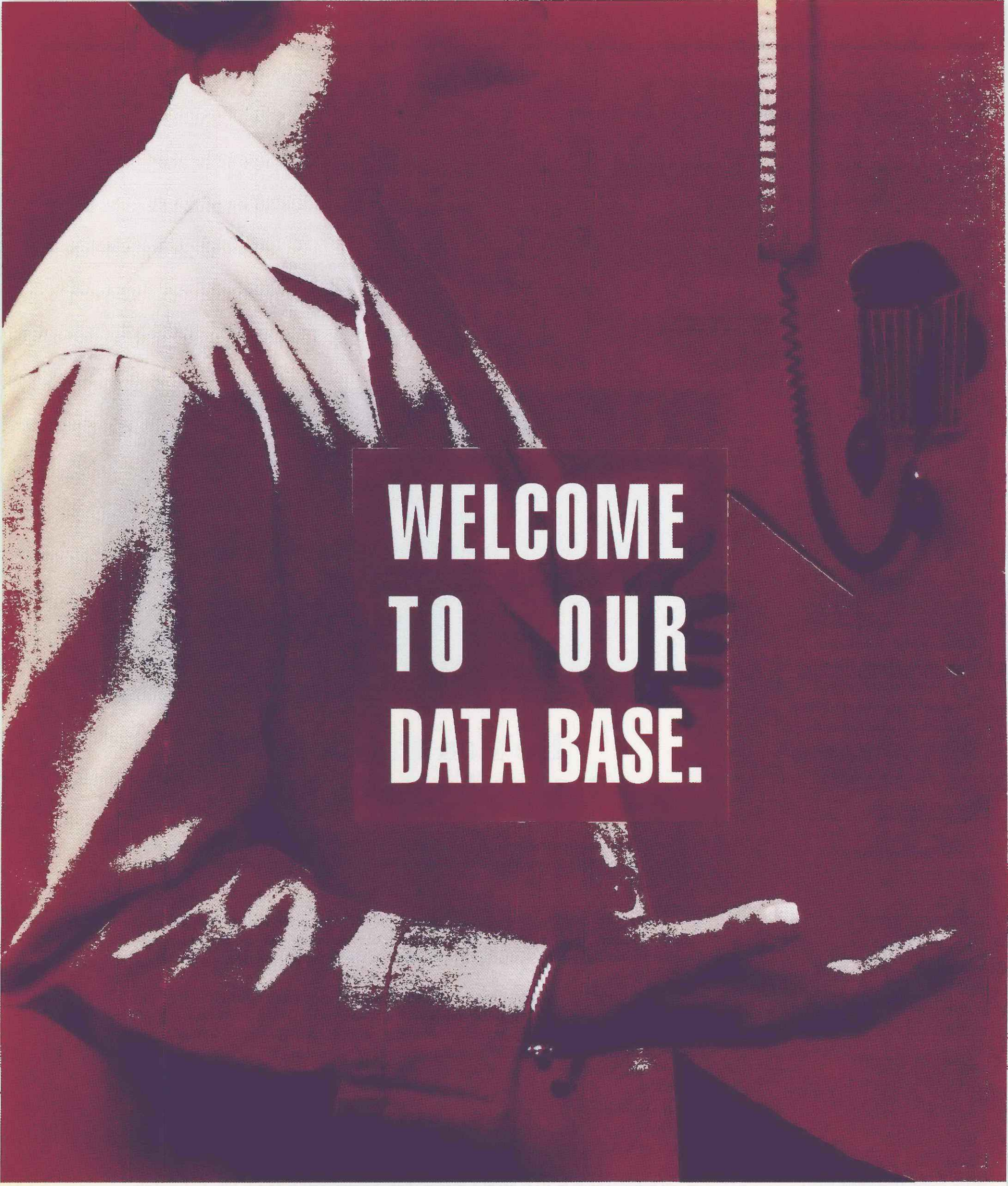

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tura and Kern counties. Contracts with The HMO Group.

Services: Standard package including substance abuse, psychiatry, podiatry and OB/Gyn. Options include prescriptions, vision, dental and durable medical equipment. Diagnostic testing by HMO.

Rating options: Adjusted community rating. Offers point-of-service contracts, 0.4% of members are enrolled.

Officers: Hugh Jones, executive vp-regional manager; Dr. Frank E. Murray, chairman; Jack Hudes, marketing/sales manager; L. Jerome Ashford, vp-health plan manager.

See Kaiser Foundation Health Plan Inc. consolidated listing under California.

Lifeguard

1851 McCarthy Blvd., Milpitas, Calif. 95035; 408-943-9400; fax: 408-943-0706

Staff	
Physicians	1,176
Patients/physician	10
Specialists	2,331
Administrative	13
Marketing	18
Facilities	
Hospitals	48
Pharmacies	250
Diagnostic labs	112
Locations	
Administrative	3
Primary care	3,937
Users	
Employer/payer groups	347
Single coverage	15,134
Family coverage	31,342
Employees & dependents	119,232
Total	119,232
Average hospital stay	3.18 days
Hospital admission/1,000 members	64.64
Revenues	
1991*	$166,603,660
1990*	$169,121,771

Operational date: February 1979.
Federally qualified.
Model type: IPA/individual contracts.
Not for profit.
Service area: California.

Services: Standard package including psychiatry, durable medical equipment, podiatry, OB/Gyn. Options include preventive medicine, periodic check-ups, prescriptions, vision, substance abuse. Diagnostic testing by independent labs.

Rating options: Community rating: $156.95 single, $392.40 family; adjusted community rating.

Management reports: Provided upon request.

Billing: Provides direct billing for COBRA premiums.

Officers: Mark Hyde, president; Nina Auger, operations; Joseph Aita, medical director; Tom Carter, marketing director; Ron Wojtaszek, CFO.

**Fiscal year ends June 30.*

MetLife HealthCare Network of California

4500 E. Pacific Coast Highway, Suite 120, Long Beach, Calif. 90804; 310-498-5101

Staff	
Physicians	1,519
Specialists	3,989
Facilities	
Hospitals	94
Locations	
Administrative	2

Operational date: June 1986.
Certified in: California.
Model type: IPA.
For profit.
Ownership: Metropolitan Life Insurance Co.

Service area: California: Alameda, Contra Costa, Los Angeles, Marin, Orange, Riverside, San Bernardino, San Francisco, San Mateo, Santa Clara and Ventura counties.

Services: Standard package including substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions, vision and dental. Diagnostic testing by independent labs.

Billing: Consolidated billing for national accounts.

Officers: Bud Volberding, president/CEO.

National Med

1005 W. Orangeburg Ave. B, Modesto, Calif. 95350; 209-527-3350; fax: 209-527-6773

Staff	
Physicians	223
Patients/physician	178
Specialists	643
Administrative	60
Marketing	12
Facilities	
Hospitals	12
Pharmacies	80
Diagnostic labs	16
Locations	
Administrative	3
Users	
Employer/payer groups	542
Employees & dependents	37,362
Total	39,656
Average hospital stay	3.64 days
Hospital admission/1,000 members	314.46

Operational date: May 1985.
Federally qualified.
Certified in: California.
Model type: IPA.
For profit.
Ownership: National Medical Enterprises Health Care Corp.

Service area: California: Merced, San Joaquin, Stanislaus and Tuolumne counties.

Services: Standard package including chiropractors, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Diagnostic testing by HMO and independent labs.

Rating options: Adjusted community rating.

Enrollment options: Individual enrollment allowed.

Management reports: Provided annually or upon request.

Billing: Provides direct billing for COBRA premiums.

Officers: Clive Riddle, vp/CEO; Richard K. Earner, president-National Medical Enterprises; Dr. Eric Ostrom, medical director; Paul Vogelzang, marketing director.

Omni Health Plan

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

Staff	
Physicians	600
Board-certified	70%
Specialists	1,221
Administrative	93
Marketing	17
Facilities	
Hospitals	19
Pharmacies	105
Diagnostic labs	20
Users	
Employer/payer groups	1,000
Single coverage	7,550
Family coverage	8,683
Employees & dependents	35,689
Total	38,641
Hospital admission/1,000 members	250

Operational date: December 1986.
Federally qualified.
Certified in: California.
Model type: IPA.
Ownership: St. Joseph's Hospital, Sutter Preferred Hospital.

Service area: California: Sacramento, San Joaquin, Stanislaus, Tuolumne, Yolo and parts of Placer counties.

Services: Diagnostic testing by independent labs.

Officers: David P. Moscovic, president; Garry P. Maisel, executive director; Dr. Robert Westafer, medical director; Anne McCollum, marketing director.

PacifiCare Health Systems*

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

Staff	
Physicians	6,180
Patients/physician	111.9
Board-certified	83%
Specialists	16,233
Administrative	1,371
Marketing	147
Facilities	
Hospitals	317
Pharmacies	2,902
Locations	
Administrative	7
Primary care	453
Users	
Employer/payer groups	2,731
Single coverage	114,471
Family coverage	104,225
Employees & dependents	691,302
Total	933,006
Average hospital stay	3.7 days
Hospital admission/1,000 members	57.9
Revenues	
1991	$1.24 billion
1990	$975,849,000

Operational date: 1978.
Federally qualified.
Certified in: California, Oklahoma, Oregon, Washington, Texas.
NCQA accredited.
Model type: Network.
For profit.

Service area: California, Oklahoma, Oregon, Texas and Washington. Contracts with HMO National Network in Arizona, Arkansas, California, Colorado, Connecticut, District of Columbia, Florida, Georgia, Hawaii, Illinois, Kentucky, Massachusetts, Maryland, Michigan, Minnesota, Missouri, North Carolina, North Dakota, Nebraska, New Jersey, New Mexico, Nevada, New York, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, Texas, Utah, Virginia, Washington, Wisconsin.

Services: Standard package including chiropractors, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions, vision, dental, substance abuse and psychiatry. Diagnostic testing by HMO and independent labs.

Rating options: Community rating by class. Offers point-of-service contracts, less than 5% of members are enrolled.

Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.

Management reports: Provided annually.

Billing: Direct billing for premiums under COBRA. Consolidated billing for national accounts.

Officers: Terry Hartshorn, president/CEO; Alan Hoops, executive vp/COO; Wayne Lowell, senior vp/CFO/treasurer.

**Figures are consolidated, including all HMOs in this organization.*

PacifiCare Inc.

5701 Katella Ave., Cypress, Calif. 90630; 714-952-1121

Staff	
Physicians	5,686
Patients/physician	85.5
Board-certified	70%
Specialists	14,393
Administrative	1,039
Marketing	90
Facilities	
Hospitals	267
Pharmacies	2,500
Locations	
Administrative	1
Primary care	358
Users	
Employer/payer groups	1,707
Single coverage	72,998
Family coverage	61,276
Employees & dependents	486,295
Total	684,924
Average hospital stay	3.6 days
Hospital admission/1,000 members	58.9
Revenues	
1991	$928,981,000
1990	$741,964,000

Operational date: May 1978.
Federally qualified.
Certified in: California.

Service area: California: 37 counties. Contracts with HMO National Network.

Services: Standard package including substance abuse, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions, chiropractors, vision and dental. Diagnostic testing by HMO and independent labs.

Rating options: Community rating by class. Offers point-of-service contracts, less than 1% of members are enrolled.

Officers: Richard Lipeles, president; Jeff Folick, senior vp-finance/CFO; Dave Barr, executive vp/COO; Dr. William Osheroff, medical director; Michael Lombardi, senior vp-sales/marketing; Ron Davis, vp-operations; Craig Schub, vp-secure horizons.

See PacifiCare Health Systems consolidated listing under California.

Pacific Union Dental

2200 Powell St., Suite 805, Emeryville, Calif. 94608; 510-547-8227; fax: 510-547-7305

Staff	
Dentists	310
Patients/dentists	500
Specialists	214
Administrative	23
Marketing	3
Locations	
Administrative	6
Primary care	524
Users	
Employer/payer groups	328
Single coverage	31,600
Family coverage	31,644
Employees & dependents	158,112
Total	158,112
Revenues	
1991	$14,770,529
1990	$13,846,979

Operational date: April 1982.
Certified in: California, Nevada, Illinois.
For profit.

Service area: California, Nevada, Illinois.

Services: Physicians, X-ray, periodic check-ups and dental. Diagnostic testing by independent labs.

Rating options: Community rating by class.

Management reports: Provided upon request.

Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.

Officers: Clayton C. Hayes, president; Michael C. Hayes, executive director; Dr. R. Dennis Spain, medical director; Robert M. Dickes, marketing director.

Private Medical-Care Inc.

5122 Katella Ave., Los Alamitos, Calif. 90720; 310-493-6661; fax: 310-493-1041

Staff	
Physicians	738
Patients/physician	874
Board-certified	100%
Specialists	617
Administrative	146
Marketing	70
Locations	
Administrative	4
Primary care	900
Users	
Employer/payer groups	860
Single coverage	119,208
Family coverage	168,416
Employees & dependents	678,468
Revenues	
1991	$53,702,989
1990	$47,497,553

Operational date: 1968.
Certified in: Arizona, California, Colorado, Florida, Georgia, Illinois, Minnesota, Nevada, New Mexico, Texas, Utah.
Model type: IPA.
Not for profit.
Ownership: Delta Dental Plan of California.

Service area: California and most metropolitan areas of Arizona, Colorado, Florida, Georgia, Illinois, Minnesota, New Mexico, Nevada, Texas, Utah. Contracts with Delta Dental Plans Assn.

Services: Dental. Options include vision.

Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts, .0062% of members are enrolled.

Enrollment options: Individual enrollment allowed.

Management reports: Provided quarterly and annually.

Billing: Provides direct billing for COBRA premiums.

Officers: Bob Elliott, acting president; Dr. Steven Bull, vp-professional relations; Bill Jones, vp-marketing director of Delta Dental Plan of California; Randy Brecher, vp-finance/administration; Marilyn Masters, vp-research.

Contact: Bill Jones, 415-972-8300.

PruCare the HMO of Northern California

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

Staff	
Physicians	2,205
Patients/physician	11.8
Board-certified	62.7%
Specialists	5,396
Administrative	100
Marketing	15
Facilities	
Hospitals	49
Pharmacies	1,406
Locations	
Administrative	1
Users	
Employer/payer groups	106
Single coverage	9,472
Family coverage	5,952
Employees & dependents	28,056
Total	28,056
Average hospital stay	3.4 days
Hospital admission/1,000 members	51

Operational date: July 1990.
Certified in: California.
NCQA accredited.
Model type: IPA.
For profit.
Ownership: The Prudential Insurance Co. of America.

Service area*: California: Alameda, Marin, San Mateo, Santa Cruz, Sonoma, Placer, San Joaquin, Contra Costa, San Francisco, Santa Clara, Solano, Fresno, Sacramento, Yolo, Los Angeles, Orange, Riverside, San Bernadino and San Diego counties.

Services: Standard package including prescriptions, child vision, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Diagnostic testing by HMO and independent labs.

Rating options: Community rating by class.

Management reports: Provided monthly.

Officers: Kathy Swenson, vp-Western group operations; Rick Badger, executive director; Dr. Arthur Small, medical director; Pat Egan, manager; David Carlson, director-financial services.

Contact: Barbara Meyer, 818-712-5099.

**Total area serviced by PruCare of California plans.*

See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

PruCare the HMO of San Diego

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

Staff	
Physicians	378
Patients/physician	32.3
Board-certified	77.9%
Specialists	2,310
Administrative	100
Marketing	15
Facilities	
Hospitals	16
Pharmacies	1,406
Locations	
Administrative	1
Users	
Employer/payer groups	170
Single coverage	4,712
Family coverage	2,782
Employees & dependents	13,525
Total	13,525
Average hospital stay	3.1 days
Hospital admission/1,000 members	51

Operational date: July 1990.
Certified in: California.
NCQA accredited.
Model type: IPA.
For profit.
Ownership: The Prudential Insurance Co. of America.

Continued on next page

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Services: Standard package including prescriptions, child vision, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Diagnostic testing by HMO and independent labs.

Rating options: Community rating by class.

Management reports: Provided monthly.

Officers: Kathy Swenson, vp-Western group operations; Dennis McDowell, executive director; Dr. Saul Lizerbram, medical director; Pat Egan, manager; David Carlson, director-financial services.

Contact: Barbara Meyer, 818-712-5099.

**Total area serviced by PruCare of California plans.*

See The Prudential Health Care Plan Inc. consolidated listing under New Jersey.

PruCare the HMO of Southern California

5800 Canoga Ave., Woodland Hills, Calif. 91367; 818-992-2000; fax: 818-992-2260

Staff	
Physicians	1,668
Patients/physician	43.6
Board-certified	77.6%
Specialists	7,078
Administrative	100
Marketing	15
Facilities	
Hospitals	63
Pharmacies	1,406
Locations	
Administrative	1
Users	
Employer/payer groups	147
Single coverage	16,014
Family coverage	14,544
Employees & dependents	62,282
Total	62,282
Average hospital stay	3.45 days
Hospital admission/1,000 members	42.5

Operational date: July 1990.
Certified in: California.
NCQA accredited.
Model type: IPA.
For profit.
Ownership: The Prudential Insurance Co. of America.

Service area*: California: Alameda, Contra Costa, Fresno, Los Angeles, Marin, Orange, Placer, Riverside, Sacramento, San Bernadino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Solano and Yolo counties.

Services: Standard package including prescriptions, child vision, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Diagnostic testing by HMO and independent labs.

Rating options: Community rating by class.

Management reports: Provided monthly.

Officers: Kathy Swenson, vp-Western group operations; Sharon Olson, associate executive director; Mary Frances Flynn, associate executive director, PruCare of Orange County; Dr. Jeff Kamil, medical director; Dr. Richard Katz, medical director-PruCare of Orange County; Pat Egan, manager; David Carlson, director-financial services.

Contact: Barbara Meyer, 818-712-5099.

**Total area serviced by PruCare of California plans.*

See The Prudential consolidated listing under New Jersey.

Psychology Systems Inc.

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

Staff	
Physicians	100
Patients/physician	1,870
Board-certified	60%
Specialists	3,000
Administrative	12
Marketing	6
Facilities	
Hospitals	450
Diagnostic labs	1
Locations	
Administrative	2
Primary care	2,000
Users	
Employer/payer groups	402
Family coverage	85,000
Employees & dependents	187,000
Total	187,000
Average hospital stay	9.6 days
Hospital admission/1,000 members	4

Operational date: 1978.
Certified in: California.
Model type: Network.
For profit.
Service area: California.

Services: Standard package excluding periodic check-ups. Other services include substance abuse, psychiatry, employee assistance services, health and wellness seminars. Diagnostic testing by independent labs.

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

Enrollment options: Individual enrollment for retirees and COBRA participants allowed.

Management reports: Provided quarterly.

Officers: John C. Brady II, president/executive director; Dr. Ronald Seff, medical director; Richard Falls, senior vp/marketing director; James B. Wallace, vp/director of managed care.

Contact: Richard Falls.

Qual-Med California/ California Valley Plan

155 Grand Ave., Oakland, Calif. 94612; 510-465-9600; fax: 510-465-1333

3201 Del Paso Blvd., Sacramento, Calif. 95815; 916-921-1113; fax: 916-921-1583

Staff*	
Physicians	2,168
Specialists	6,755
Administrative	19
Marketing	69
Facilities*	
Hospitals	76
Pharmacies	435
Locations*	
Administrative	1

Service area: California: Alameda, Butte, Colusa, Contra Costa, El Dorado, Glenn, Marin, Placer, Plumas, Sacramento, San Francisco, San Mateo, Sierra, Solano, Sutter, Yolo and Yuba counties.

*Figures are a consolidation of all Qual-Med HMO service in California including Bridgeway Plan for Health.

See Qual-Med Inc. consolidated listing under Colorado.

SCAN Health Plan

521 E. Fourth St., Long Beach, Calif. 90802; 310-435-0380; fax: 310-491-0020

Staff	
Physicians	85
Patients/physician	46
Board-certified	100%
Specialists	315
Administrative	109
Marketing	36
Facilities	
Hospitals	4
Pharmacies	200
Diagnostic labs	4
Locations	
Administrative	1
Primary care	34
Users	
Employer/payer groups	2
Single coverage	200
Employees & dependents	200
Total	4,151
Average hospital stay	5.1 days
Hospital admission/1,000 members	258
Revenues	
1991	$16,384,896
1990	$13,446,696

Operational date: March 1985.
Certified in: California.
Model type: Network.
Not for profit.
Service area: California: Los Angeles and Orange counties.

Services: Standard package including prescriptions, chiropractors, vision, substance abuse, psychiatry, durable medical equipment, podiatry, OB/Gyn. Options include dental. Diagnostic testing by independent labs.

Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.

Management reports: Provided quarterly.

Officers: Sam Ervin, president/executive director; Dr. Timothy Schwab, medical director; Louise

Continued on next page

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Kaiser Permanente
1950 Franklin Street
Oakland, CA 94612
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: Cheryl Dillard
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
2701 NW Vaughn, Suite 300
Portland, OR 97210
Contact: Denise Honzel, Health Plan Mgr.
Telephone: (503) 721-4600

OHIO
(Greater Cleveland and Akron)
Kaiser Permanente
North Point Tower, Suite 1200
1001 Lakeside Avenue
Cleveland, OH 44114
Contact: Robert Baker, Health Plan Mgr.
Telephone: (216) 479-5237

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
Pendergrass, marketing director.

TakeCare Health Plan

2300 Clayton Road, Suite 1000, Concord, Calif. 94524-2100; 510-246-1300; fax: 510-246-1490

Staff	
Physicians	4,435
Board-certified	90%
Specialists	13,140
Administrative	1,100
Marketing	70
Facilities	
Hospitals	300
Pharmacies	4,000
Locations	
Administrative	5
Users	
Employer/payer groups	6,000
Employees & dependents	546,966
Total	546,966
Average hospital stay*	4 days
Revenues**	
1991	$291,196,000
1990	$270,850,000

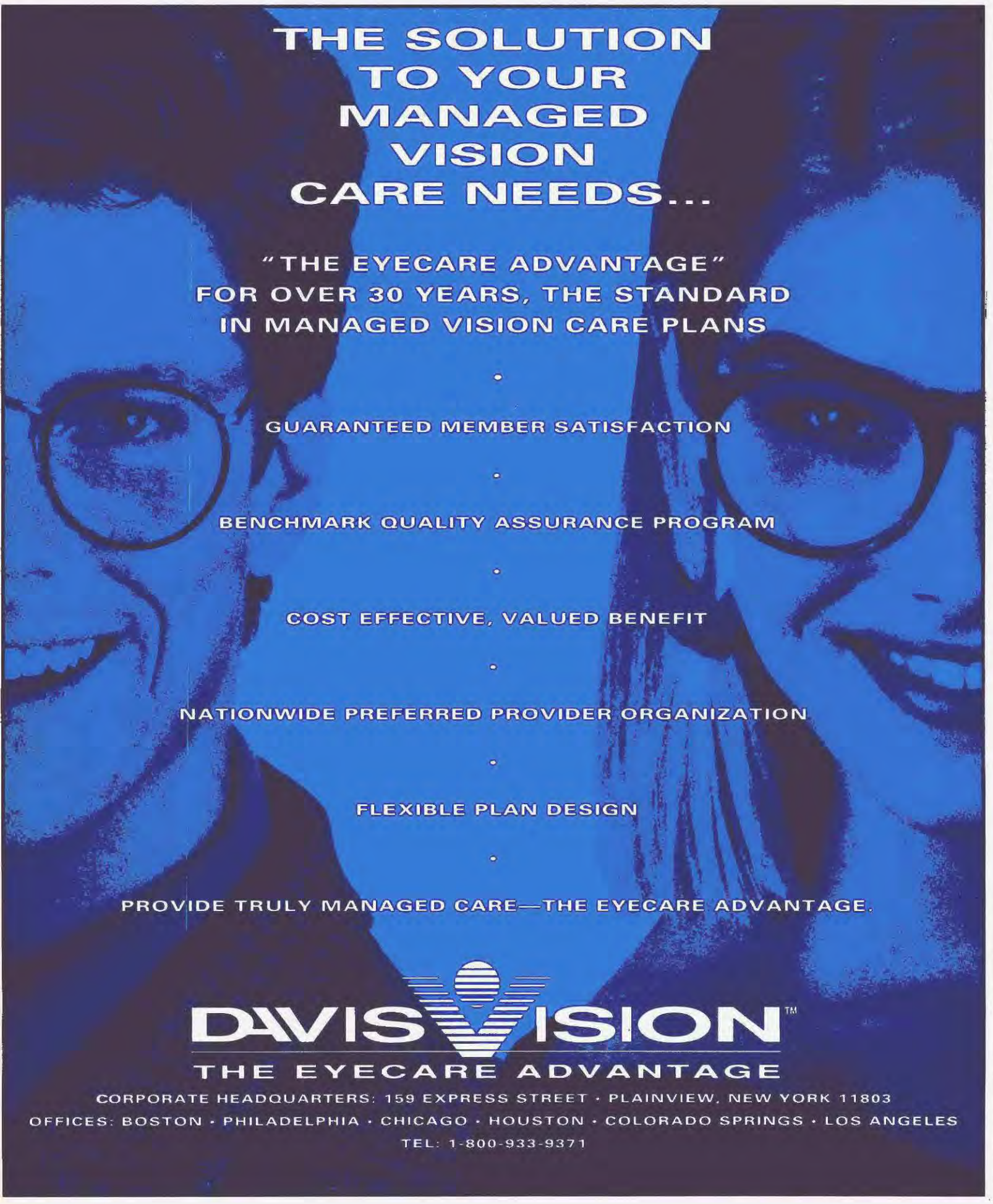
Operational date: May 1978.
Federally qualified.
Certified in: California, Colorado, Illinois, Ohio.
Model type: Network.
For profit.
Service area: California: 34 counties; Colorado: 14 counties; portions of Illinois and Ohio.
Services: Standard package including prescriptions, substance abuse, psychiatry, podiatry and OB/Gyn. Options include chiropractors, vision, durable medical equipment. Diagnostic testing by independent labs.
Rating options: Community rating by class.
Enrollment options: Will contract with HCFA to enroll Medicare beneficiaries in 1993.
Management reports: Provided quarterly.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: R. Judd Jessup, president; Robert L. Fahlman, vp-marketing; Curtis L. Terry, vp-provider contracting; Dennis L. Gates, vp-finance/MIS; Dr. Gerard D. Sarnat, vp-medical affairs/health services; Karen Hoyer, director-operations.
*1990 average.
**Figures from California operations only.

Travelers Health Network of California Inc.

2729 Prospect Park Drive, Suite 208, Rancho Cordova, Calif. 95670; 916-631-3872; fax: 916-631-3896

Staff	
Physicians*	488
Specialists*	1,146
Administrative*	17
Facilities	
Hospitals*	32
Pharmacies*	119
Locations	
Administrative*	1
Users	
Employees & dependents	3,128
Total	3,128
Average hospital stay	2.1 days
Hospital admission/1,000 members	41

Operational date: September 1985.
Federally qualified.
Certified in: California.
Model type: IPA.
For profit.
Ownership: Travelers Corp.
Service area: California: El Dorado, Madera, Nevada, Placer, Sacramento and Yolo counties.
Services: Standard package including chiropractors, substance abuse, psychiatry, durable medical equipment, podiatry, OB/Gyn and artificial aids. Options include prescriptions, vision, dental and family planning-surgical. Diagnostic testing by independent labs.
Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts.
Management reports: Provided upon request.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: Ann Carder, executive director; Jim Geer, finance director.
*Figures are as of April 30, 1992.



United Health Plan

3405 W. Imperial Highway, Inglewood, Calif. 90303; 310-671-3465; fax: 310-412-5796

Staff	
Physicians	294
Specialists	813
Administrative	298
Marketing	133
Facilities	
Hospitals	46
Pharmacies	250
Locations	
Administrative	52
Primary care	164
Users	
Employer/payer groups	124
Single coverage	1,246
Family coverage	2,997
Employees & dependents	9,434
Total	83,801
Revenues	
1991	$1,713,045
1990	$1,802,076

Operational date: May 1973.
Federally qualified.
Certified in: California.
Model type: Staff/Network/IPA.
Not for profit.
Service area: California: Los Angeles, Orange and San Bernardino counties.
Services: Standard package including prescriptions, chiropractors, vision, dental, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Diagnostic testing by HMO and independent labs.
Rating options: Community rating by class.
Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.
Billing: Provides direct billing for COBRA premiums.
Officers: Dr. Clyde W. Oden, president; Dave Petteway, executive director; Dr. Huey Mays, medical director; Eileen Dutka Demko, marketing director.

Vista Health Plans-Specialty Mental Health HMO

2355 Northside Drive, Third floor, San Diego, Calif. 92108; 619-563-0184; fax: 619-497-5244

Staff	
Specialists	700
Administrative	24
Marketing	4
Facilities	
Hospitals	27
Locations	
Administrative	3
Users	
Employer/payer groups	9
Family coverage	80,000
Total	200,000
Average hospital stay	9.7 days
Hospital admission/1,000 members	3.2
Revenues	
1991	$2,700,000
1990	$3,100,000

Operational date: June 1987.
Certified in: California.
Not for profit.
Ownership: Vista Hill Foundation.
Service area: California: Los Angeles, Orange, Riverside, San Bernadino, San Diego and Santa Barbara counties. Contracts with Congress Life Insurance.
Services: Physicians, hospitalization (inpatient/outpatient), substance abuse and psychiatry.
Rating options: Offers point-of-service contracts.
Management reports: Provided monthly and quarterly.
Officers: Keith Dixon, president; Charlotte Moore, executive director; Dr. Peter J. Panzarino Jr., medical director; Nancy Brown, marketing director.

COLORADO

Aetna Health Plans of Colorado Inc.

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

Staff	
Physicians	444
Patients/physician	30
Board-certified*	69%
Specialists	1,241
Administrative	19
Marketing	10

Continued on next page

Continued from previous page

Facilities	
Hospitals	11
Pharmacies	59
Diagnostic labs	15
Users	
Employer/payer groups	80
Employees & dependents	4,276
Total	4,276
Average hospital stay	3.3 days
Hospital admission/1,000 members	68
Revenues	
1991	$6,885,637
1990	$8,014,419

Operational date: January 1988.
Federally qualified.
Certified in: Colorado.
NCQA qualification pending.
Model type: IPA.
For profit.

Service area: Colorado: Adams, Arapahoe, Boulder, Denver, Douglas, Jefferson and Pueblo counties.

Services: Standard package including vision, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions, dental and substance abuse. Diagnostic testing by independent labs.

Rating options: Community rating by class.

Officers: Dr. Virginia Moore, medical director; Jerry Banks, marketing director; Patrick Down, market manager.

**Includes primary care physicians only.*

See Aetna Life Insurance Co. consolidated listing under Connecticut.

CIGNA Health Plan of Colorado Inc.

3900 E. Mexico Ave., Suite 1100, Denver, Colo. 80222; 303-782-1500; fax: 303-782-1577

Staff	
Physicians	508
Specialists	1,560
Facilities	
Hospitals	17
Pharmacies	214
Diagnostic labs	1
Locations	
Administrative	2
Primary care	3,189
Users	
Total	37,855

Operational date: July 1986.
Federally qualified.
Certified in: Colorado.
Model type: IPA.

Service area: Colorado: Adams, Arapahoe, Boulder, Denver, Douglas, El Paso, Jefferson, Larimer, Pueblo, Teller and Weld counties.

Services: Diagnostic testing by independent labs.

Officers: Christine Miller, executive director; Dr. Jeff Tarrant, medical director.

See CIGNA Corp. consolidated listing under Connecticut.

Comprecare

12100 E. Iliff Ave., Aurora, Colo. 80014; 303-695-6685; fax: 303-751-4432

Staff	
Physicians	637
Patients/physician	283
Specialists	1,438
Administrative	315
Marketing	29
Facilities	
Hospitals	22
Pharmacies	321
Diagnostic labs	1
Locations	
Administrative	3
Users	
Employer/payer groups	481
Single coverage	29,626
Family coverage	38,297
Employees & dependents	155,902
Total	163,472
Average hospital stay	4.5 days
Hospital admission/1,000 members	69.89
Revenues	
1991	$205,331,465
1990	$200,611,578

Operational date: July 1974.
Federally qualified.
Certified in: Colorado.
NCQA qualification pending.
Model type: IPA.
For profit.

Service area: Colorado: Adams, Arapahoe, Boulder, Clear Creek, Denver, Douglas, El Paso, Elbert, Gilpin, Grand, Jefferson, Larimer, Summit, Teller and Weld counties. Contracts with National Managed Care Inc. in 35 states, District of Columbia and Puerto Rico.

Services: Standard package including substance abuse, psychiatry, durable medical equipment and OB/Gyn. Options include prescriptions, vision and dental. Diagnostic testing by independent labs.

Rating options: Community rating; community rating by class; adjusted community rating. Offers point-of-service contracts, 9% of members are enrolled.

Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.

Management reports: Provided quarterly.

Billing: Provides direct billing for COBRA premiums.

Officers: Eric D. Sipf, CEO; Dr. Val Dean, vp/medical director; Jerry Presley, vp-marketing; Dick Zane, vp-operations; Gregory Huls, CFO/vp-finance; Mary Mock, executive director-CMG; Jeff Margolis, vp-information services.

Contact: Charles Gaughan, manager-research/planning.

Exclusive Healthcare of Colorado Inc.

4582 S. Ulster St. Parkway, Suite 202, Denver, Colo. 80237; 303-694-6919; fax: 303-220-1150

Staff	
Physicians	427
Patients/physician	11
Board-certified	80%
Specialists	1,258
Administrative	5
Marketing	1
Facilities	
Hospitals	12
Pharmacies	315
Diagnostic labs	30
Locations	
Administrative	1
Primary care	900
Users	
Employer/payer groups	26
Single coverage	1,152
Family coverage	988
Employees & dependents	4,396
Total	4,396
Average hospital stay	3.2 days
Hospital admission/1,000 members	47
Revenues	
1991	$3,017,367
1990	$1,160,653

Service area: Colorado: Adams, Arapahoe, Boulder, Clear Creek, Denver, Douglas, El Paso, Gilpin, Jefferson, Larimer and Teller counties.

Officers: Dick Easley, president; Don Shovein, plan manager; Dr. Michael Jenkin, medical director; Les Swick, marketing manager; John Fraser, assistant vp-operations.

Contact: Linda E. Krueger.

See Exclusive Healthcare Inc./ExclusiCare consolidated listing under Nebraska.

HMO Colorado Inc.

700 Broadway, Denver, Colo. 80273; 303-831-4114; fax: 303-831-2399

Staff	
Physicians	423
Patients/physician	1932
Administrative	150
Marketing	40
Facilities	
Hospitals	36
Pharmacies	105
Diagnostic labs	16
Locations	
Administrative	4
Users	
Employer/payer groups	611
Total	64,941
Average hospital stay	3.6 days
Hospital admission/1,000 members	63.6

Operational date: 1980.
Certified in: Colorado.
Model type: Network.
Affiliate: Blue Cross & Blue Shield of Colorado.

Service area: 22 counties in Colorado. Offers service through HMO—USA (Blue Cross & Blue Shield Assn.) in 40 states.

Services: Standard package including chiropractors, substance abuse, psychiatry and OB/Gyn. Options include prescriptions, vision and dental. Diagnostic testing by independent labs.

Rating options: Community rating: $133.60 single, $354.05 family; community rating by class. Offers point-of-service contracts. Offers non-federally qualified programs.

Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries.

Management reports: Provided annually.

Billing: Provides direct billing for COBRA premiums.

Officers: Dr. George E. Kandel, president; Dr. Terry J. Sullivan, medical director; John Chenier, marketing director.

HMO Health Plans Inc./ San Luis Valley HMO

95 W. First Ave., Monte Vista, Colo. 81144; 719-852-4055; fax: 719-852-5416

Service area: Colorado: Alamosa, Conejos, Costilla, Mineral, Rio Grande and Saguache counties.

See managing company, Qual-Med Colorado Health Plan Inc. listing under Colorado.

Health Network of Colorado Springs

555 E. Pikes Peak, 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
Facilities	
Hospitals	1
Pharmacies	3
Diagnostic labs	1
Locations	
Administrative	1
Users	
Employer/payer groups	141
Single coverage	2,881
Family coverage	4,842
Employees & dependents	19,222
Total	7,723
Average hospital stay	3.1 days
Hospital admission/1,000 members	115
Revenues	
1991	$11,390,833
1990	$9,442,587

Operational date: April 1986.
Federally qualified.
Certified in: Colorado.
Model type: IPA.
For profit.

Ownership: Physicians Network of Colorado Springs.

Service area: Colorado: El Paso, Teller and portions of Elbert, Fremont and Park counties.

Services: Standard package including vision, psychiatry, durable medical equipment, podiatry, OB/Gyn and outpatient rehab. Options include prescriptions, dental and substance abuse. Diagnostic testing by HMO.

Rating options: Community rating: $139.48 single, $357.79 family; community rating by class. Offers non-federally qualified programs.

Management reports: Provided based on employer needs.

Officers: Ron Burnside, president/CEO; Dr. J. Richard Bursenham, 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 and 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	
Total*	9,035

Operational date: 1985.
Model type: IPA.

Service area: Colorado: Adams, Arapahoe, Denver, Douglas and Jefferson counties.

Officers: James Cameron, executive director; Buddy Cox, sales manager.

**Figure is as of Aug. 31, 1992.*

See Humana Health Care Plans consolidated listing under Kentucky.

Kaiser Permanente/ Colorado Region

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

Staff	
Physicians	221
Patients/physician	1,223
Board-certified	90%
Specialists	190
Administrative/marketing	450
Facilities	
Hospitals	6
Pharmacies	12
Diagnostic labs	12
Locations	
Administrative	3
Primary care	21
Users	
Employer/payer groups	3,200
Single coverage	66,682
Family coverage	65,538
Employees & dependents	245,148
Total	270,365
Average hospital stay	4.1 days
Hospital admission/1,000 members	68
Revenues	
1991	$370,018,000
1990	$234,000,000

Operational date: July 1969.
Federally qualified.
Certified in: Colorado.

Service area: Colorado: Denver/Boulder metropolitan area. Contracts with The HMO Group.

Services: Standard package including substance abuse, psychiatry and OB/Gyn. Options include prescriptions, vision, dental and durable medical equipment. Diagnostic testing by HMO.

Officers: Christopher L. Binkley, senior vp/regional manager; Dr. Toby P. Cole, president/executive medical director-Colorado Permanente Medical Group, P.C.; Jim Ludwig, director-marketing; Steve Tomme, health plan manager.

See Kaiser Foundation Health Plan Inc. consolidated listing under California.

MetLife HealthCare Network of Colorado Inc.

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

Staff	
Physicians	675
Specialists	1,277
Facilities	
Hospitals	22
Locations	
Administrative	1

Operational date: April 1986.
Certified in: Colorado.
Model type: IPA.
For profit.

Ownership: Metropolitan Life Insurance Co.

Service area: Colorado: Adams, Arapahoe, Boulder, Denver, El Paso, Jefferson, Larimar, Pueblo, Teller and Weld counties.

Management reports: Provided.

Billing: Consolidated billing for national accounts.

Officers: Roger Friend, president/CEO; Dr. Nancy Ashbach, vp/COO.

PruCare of Colorado

4643 S. Ulster St., Denver, Colo. 80237; 303-796-6100; fax: 303-796-6183

Staff	
Physicians	999
Patients/physician	9
Board-certified	84%
Specialists	614
Administrative	16
Marketing	15
Facilities	
Hospitals	11
Pharmacies	48
Diagnostic labs	15
Locations	
Administrative	1
Users	
Employer/payer groups	3
Total	300

Operational date: June 1992.
Federally qualified.
Certified in: Colorado.
NCQA qualification pending.
Model type: IPA.
For profit.

Ownership: The Prudential Insurance Co. of America.

Service area: Colorado: Adams, Arapahoe, Boulder, Denver, Douglas, Jefferson, Larimer and Weld counties.

Services: Standard package including chiropractors, substance abuse, psychiatry, durable medical equipment, podiatry, OB/Gyn., physical therapy, home health care, hospice, surgical centers, kidney stone centers and urgent care facilities. Options include prescriptions and dental. Diagnostic testing by HMO and independent labs.

Rating options: Community rating by class. Offers point-of-service contracts, 82% of members are enrolled.

Management reports: Provided annually.

Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.

Officers: George Becker, CFO-North Central Group Operations; Mark Donahue, director-health care management; Dr. Elizabeth Kraft, medical director; Robert Tazioli, regional group manager.

See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

Qual-Med Colorado Health Plan Inc.

Pueblo/Upper Arkansas Valley service area: Thatcher Building, Suite 221 W., 219 W. Fifth St., Pueblo, Colo. 81003; 719-545-3201; fax: 719-545-6418

Colorado Springs service area: 5575 Tech Center Drive, Suite 120, Colorado Springs, Colo. 80919; 719-598-0553; fax: 719-598-2966

Greater Denver service area: 14001 E. Iliff Ave., Suite 118, Denver, Colo. 80014; 303-750-0111; fax: 303-750-0198

Staff*	
Physicians	488
Specialists	797
Administrative	6
Marketing	16
Facilities*	
Hospitals	26
Pharmacies	336
Locations*	
Administrative	1

Service area: Colorado: Adams, Arapahoe, Boulder, Clear Creek, Custer, Denver, Douglas, El Paso, Fremont, Huerfano, Jefferson, Otero, Pueblo and Teller counties; HMO Health Plans Inc./San Luis Valley HMO*: Alamosa, Conejos, Costilla, Mineral, Rio Grande and Saguache counties.

**Figures include HMO Health Plans Inc./San Luis Valley HMO which is managed by Qual-Med.*

See Qual-Med Inc. consolidated listing under Colorado.

Qual-Med Inc.*

720 N. Main St., Suite 320, Pueblo, Colo. 81003; 719-542-0500; fax: 719-542-4921

Staff	
Physicians	7,906
Patients/physician	39
Specialists	16,228
Administrative	69
Marketing	146
Facilities	
Hospitals	190
Pharmacies	1,289
Locations	
Administrative	12
Users	
Employer/payer groups	4,041
Single coverage	56,513
Family coverage	73,332
Employees & dependents	289,924
Total	312,188
Average hospital stay	3.8 days
Hospital admission/1,000 members	29.8
Revenues	
1991	$283,437,000
1990	$142,085,000

Operational date: February 1985.
Federally qualified.
Model type: IPA/network/staff.
For profit.

Service area/Certified in: California, Colorado, Idaho, New Mexico, Oregon and Washington.

Services: Standard package including vision, substance abuse, psychiatry and OB/Gyn. Options include prescriptions, chiropractors, dental, durable medical equipment and podiatry. Diagnostic testing by independent labs.

Rating options: Community rating by class. Offers point-of-service contracts. Offers non-federally qualified programs.

Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.

Management reports: Provided upon request.

Billing: Provides direct billing for COBRA premiums.

Officers: Malik M. Hasan, chairman/president/CEO; Dr. Dale T. Berkbigler, executive vp-medical affairs; E. Keith Hovland, executive vp-finance/administration; Richard M. Mastaler, executive vp-sales/marketing/president- Qual-Med Health & Life Insurance Co.; Darnell Dent, vp-sales; Gerald L. Davis, vp-marketing.

**Figures are consolidated, including all HMOs in this organization and company managed HMO Health Plans Inc./San Luis Valley HMO.*

Continued on next page

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Randmark Management-Colorado

1211 Connecticut Ave. N.W., Suite 200, Washington, D.C. 20006; 202-283-8800; fax: 202-468-3789

Staff	
Dentists	109
Patients/dentist	18
Specialists	48
Administrative	7
Marketing	4
Locations	
Administrative	1
Users	
Total	1,932

Certified in: Colorado.
Model type: IPA.
Service area: Colorado: Adams, Arapahoe, Denver, Douglas, El Paso and Jefferson counties.
Services: Dental.
Rating options: Community rating; adjusted community rating. Offers point-of-service contracts, 10% of members are enrolled.
Enrollment options: Individual enrollment allowed.
Billing: Consolidated billing for national accounts.
Officers: Randy Widen, chairman; Marc Doctors, president; Robert Wergin, CEO; Dan Karateew, dental director; Annette Rolin, marketing director; Mike Lloyd, CFO.
Contact: Annette Rolin.

CONNECTICUT

Aetna Life Insurance Co.*

Aetna Health Plans, 1000 Middle St., Middletown, Conn. 06457; 203-273-0123

Staff	
Physicians	15,100
Patients/physician	100
Specialists	24,400
Facilities	
Hospitals	587
Locations	
Administrative	23
Primary care	40,080
Users	
Employer/payer groups	9,000
Employees & dependents	1,120,000
Total	1,200,000

Operational date: 1972.
Model type: Group/IPA/network.
Service area: Arizona, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Illinois, Indiana, Louisiana, Maryland, Michigan, Missouri, New Jersey, New York, Ohio, Pennsylvania, Tennessee, Texas and Virginia.
Services: Standard package including OB/Gyn. Options include vision**, dental**, substance abuse, psychiatry, durable medical equipment and podiatry. Diagnostic testing by independent labs.
Rating options: Community rating; community rating by class; adjusted community rating, experience rating**. Offers point-of-service contracts. Offers non-federally qualified programs.
Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries**.
Management reports: Provided upon request.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: James W. McLane, CEO; John Cole, group health/managed care options; Charles T. Bell, finance/risk management; Howard Bailit, medical policies/programs; William Watson, member services.
Contact: Melissa MacDonald, 203-636-3797.

**Figures are consilidated, including all HMOs in this corporation.*
***Not available in all regions.*

Aetna Health Plans of Southern New England Inc.

80 Lamberton Road, Windsor, Conn. 06095; 203-298-4283; fax: 203-298-4422

Staff	
Physicians	595
Patients/physician	4
Board-certified	80%
Specialists	3,305
Administrative	75
Marketing	2
Facilities	
Hospitals	9
Pharmacies	461
Diagnostic labs	47
Users	
Employer/payer groups	125
Single coverage	3,379
Family coverage	4,543
Employees & dependents	20,472
Total	20,472
Average hospital stay	5.04 days
Hospital admission/1,000 members	69.6
Revenues	
1991	$34,364,786
1990	$26,260,653

Operational date: January 1988.
Certified in: Connecticut.
Model type: IPA.
For profit.
Service area: Connecticut: Hartford, Middlesex, New Haven and portions of Fairfield, Litchfield, New London and Tolland counties.
Services: Standard package including prescriptions, chiropractors, vision, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include dental. Diagnostic testing by independent labs.
Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts, 5% of members are enrolled.
Management reports: Provided annually.
Billing: Consolidated billing for national accounts.
Officers: John Anderson, executive director; Dr. Edward J. Smith, medical director; Susan Sullivan, marketing director; Frederick Sachs, assistant chief/medical officer; Jack Reed, treasurer-VHA Southern New England; Tim Brown, secretary.
See Aetna Life Insurance Co. consolidated listing under Connecticut.

CIGNA Corp.*

Hartford, Conn. 06152; 203-726-6000

Staff	
Physicians	NA
Board-certified	87%
Users	
Total	2,365,918

For profit.
Service area: Arizona, California, Colorado, Connecticut, Florida, Georgia, Illinois, Kansas, Louisiana, Maryland, Massachusetts, Missouri, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, Tennessee, Texas, Utah, Virginia, Washington, District of Columbia (see Maryland listing).
Services: Standard package including substance abuse, psychiatry, durable medical equipment, OB/Gyn, nursing/extended facilities, short term rehab/physical therapy, external prosthesis and hearing screening. Options include prescriptions and vision.
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 COBRA premiums. Consolidated billing for national accounts.
**Figures are consolidated, including all HMOs in this organixation.*

CIGNA Health Plan of Connecticut

5700 Bigelow Commons, Enfield, Conn. 06082; 203-745-2288; fax: 203-741-7266

Staff	
Physicians	733
Specialists	1,383
Facilities	
Hospitals	18
Pharmacies	72
Diagnostic labs	52
Locations	
Administrative	2
Primary care	2,658
Users	
Total	64,881

Operational date: January 1986.
Federally qualified.
Certified in: Connecticut.
Model type: IPA.
Service area: Connecticut: Fairfield, Litchfield, Middlesex, New Haven, New London, Hartford and Tolland counties.
Services: Diagnostic testing by in-

Continued on next page

It's hard to find the responsiveness you need with some case management services.

Continued from previous page
dependent labs.

Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.

Officers: Dr. Russ Noto, medical director.

See CIGNA Corp. consolidated listing under Connecticut.

Community Health Care Plan (CHCP)

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

Staff	
Physicians	58
Patients/physician	950
Board-certified	98%
Specialists	242
Administrative	70
Marketing	16
Facilities	
Hospitals	14
Pharmacies	9
Diagnostic labs	7
Locations	
Administrative	7
Primary care	10
Users	
Employer/payer groups	1,500
Single coverage	13,884
Family coverage	10,533
Employees & dependents	40,937
Total	47,021
Average hospital stay	5.2 days
Hospital admission/1,000 members	68
Revenues	
1991	$95,285,700
1990	$97,136,606

Operational date: October 1971.
Federally qualified.
Certified in: Connecticut.
Model type: Staff.
Affiliate: Blue Cross & Blue Shield of Connecticut.

Service area: Connecticut: New Haven, Fairfield, Middlesex and Hartford counties. Offers service through HMO-USA (Blue Cross & Blue Shield Assn.) in 40 states.

Services: Standard package including chiropractors, substance abuse, psychiatry, podiatry, OB/Gyn. Options include vision, dental, durable medical equipment and prescriptions. Diagnostic testing by HMO and independent labs.

Rating options: Community rating: $195.01 single, $468.02 family; community rating by class.

Enrollment options: Individual enrollment allowed.

Management reports: Provided upon request.

Billing: Provides direct billing for COBRA premiums.

Officers: Carl J. Maleri, CEO; Dr. Robert E. Scalettar, COO/senior vp-clinical affairs; Donald Ingalls, vp-marketing; Salvatore Carardi, vp-finance.

ConnectiCare Inc.

10 Waterside Drive, Farmington, Conn. 06032-3066; 203-674-5700; fax: 203-674-2011

Staff	
Physicians	500
Patients/physician	224
Board-certified	69%
Specialists	619
Administrative	72
Marketing	43
Facilities	
Hospitals	8
Pharmacies	294
Diagnostic labs	68
Locations	
Administrative	1
Users	
Employer/payer groups	360
Single coverage	18,762
Family coverage	29,509
Employees & dependents	114,330
Total	114,330
Average hospital stay	4.7 days
Hospital admission/1,000 members	70
Revenues	
1991	$159,554,912
1990	$123,231,316

Operational date: April 1982.
Federally qualified.
Certified in: Connecticut.
Model type: IPA.
Not for profit.

Service area: Connecticut: Hartford, Litchfield, Middlesex, Tolland and portions of New Haven, New London and Windham counties.

Services: Standard package including prescriptions, chiropractors, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include vision. Diagnostic testing by independent labs.

Rating options: Community rating: $173.34 single, $433.35 family; community rating by class. Offers point-of-service contracts, 2% of members are enrolled.

Management reports: Provided upon request.

Billing: Provides direct billing for COBRA premiums.

Officers: William Pierce, president/CEO; Charles Kuchenbrod, executive vp/COO; Dr. James Moffat, chief medical officer; James Claffey, vp-marketing.

Constitution HealthCare Inc.

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

Staff	
Physicians	966
Specialists	2,131
Administrative	110
Marketing	30
Facilities	
Hospitals	25
Pharmacies	223
Diagnostic labs	65
Locations	
Administrative	1
Users	
Employer/payer groups	1,000
Single coverage	16,331
Family coverage	25,424
Employees & dependents	98,126
Total	98,126
Average hospital stay	5 days
Hospital admission/1,000 members	80
Revenues	
1991	$163,943,852
1990	$171,712,863

Operational date: May 1978.
Federally qualified.
Certified in: Connecticut.
Model type: IPA.
Not for profit.
Ownership: Blue Cross & Blue Shield of Connecticut.

Service area: Connecticut: Hartford, Middlesex, New Haven and Tolland counties and portions of Fairfield, Litchfield, New London and Windham counties. Offers service through HMO-USO (Blue Cross & Blue Shield Assn.) in all states except Alaska, Louisiana, Mississippi, Nevada, South Dakota, Texas, Vermont, West Virginia and Wyoming.

Services: Standard package including chiropractors, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions, vision and dental. Diagnostic testing by independent labs.

Rating options: Community rating: $202.42 single, $546.54 family; adjusted community rating.

Management reports: Provided upon request.

Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.

Officers: Jerry L. Mueller, president/COO; Dr. Shane Krause, medical director; Alex Ungerleider, director-marketing/customer service; Jack Gioglio, vp-sales/marketing.

Kaiser Permanente/Northeast Region

Pond View Corporate Center, 76 Batterson Park Road, Farmington, Conn. 06034; 203-678-6000; fax: 203-678-6140

Staff	
Physicians	106
Patients/physician	1,369
Board-certified	94%
Specialists	492
Administrative	864
Marketing	15
Facilities	
Hospitals	7
Pharmacies	12
Diagnostic labs	13
Locations	
Administrative	3
Primary care	13
Users	
Employer/payer groups	2,426
Employees & dependents	103,293
Total	119,023
Hospital admission/1,000 members	87
Revenues	
1991	$172,665,000
1990	$131,000,000

Continued on next page

Clients appreciate the speed and efficiency of this CNA case management team.

On December 12th, the wife of a terminally ill patient called. She was concerned that an extension of his hospital stay wouldn't be approved and that she couldn't take care of him at home. I called CNA's case management people that same day. The same evening a nurse arrived. She comforted the patient's wife by assuring her she would take care of his needs personally in dealing with the approvals. It's great to see how efficiently CNA's Case Management System works.

Yours truly,
Diane Lampe
Diane Lampe
Group Department Manager, The Duncan Insurance Office, Inc.

Insurance companies can make promises, but it's the people who keep the commitments. And the people on CNA's case management team, like Nancy Hicks, Robin Nash, Sally Wallin, Bill Kettlewell and Breneda Williams understand the importance of responding promptly. They know that this kind of responsiveness makes the difference between a policy and an effective employee benefits program.

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.

For more information, call your independent agent or broker, or your CNA representative.

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.

Continued from previous page

Operational date: June 1979.
Federally qualified.
Certified in: Connecticut, Massachusetts, New York.
Service area: Connecticut: Fairfield and Hartford counties and the towns of Andover, Bolton, Coventry, Cromwell, Depot, East Hampton, Hampden, Hebron, Mansfield Center, Mansfield Depot, Middleton, Milldale, Portland, Storrs, Tolland and Vernon; Massachusetts: Franklin, Hampden and Hampshire counties; New York: Westchester County. Contracts with The HMO Group.
Services: Standard package including substance abuse, psychiatry, durable medical equipment and OB/Gyn. Options include prescriptions, vision and dental. Diagnostic testing by HMO.
Rating options: Adjusted community rating (Connecticut, Massachusetts); community rating (New York).
Officers: Michael M. Dudley, vp/regional manager; Dr. R. Simi Lyss, regional medical director-Northeast Permanente Medical Group; William E. Kramer, marketing director/health plan manager.
See Kaiser Foundation Health Plan Inc. consolidated listing under California.

M.D. Health Plan Inc.

6 Devine St., North Haven, Conn. 06473; 203-776-5759; fax: 203-230-0359

Staff	
Physicians	1,300
Patients/physician	54
Board-certified	100%
Specialists	2,000
Administrative	150
Marketing	29
Facilities	
Hospitals	35
Pharmacies	630
Locations	
Administrative	1
Primary care	4,700
Users	
Employer/payer groups	3,200
Single coverage	17,102
Family coverage	17,159
Employees & dependents	68,865
Total	68,865
Average hospital stay	4.2 days
Hospital admission/1,000 members	352
Revenues	
1991	$83,211,838
1990	$52,240,172

Operational date: October 1987.
Certified in: Connecticut.
Model type: IPA.
For profit.
Service area: Connecticut.
Services: Standard package including chiropractors, substance abuse, psychiatry, durable medical equipment, podiatry, OB/Gyn. Options include prescriptions. Diagnostic testing by independent labs.
Rating options: Community rating by class. Offers point-of-service contracts, 8% of members are enrolled.
Management reports: Provided quarterly, annually and upon request.
Officers: Douglas Hayward, president; Dr. Michael Bihari, medical director; John Gilchrist, marketing director; Alex Sommers, CFO.
Contact: John Gilchrist.

Oxford Health Plans

320 Post Road, P.O Box 4033, Darien, Conn. 06820; 800-444-6222; fax: 203-656-0747

Staff	
Physicians	1,729
Board-certified	95%
Specialists	3,893
Administrative	30
Marketing	8
Facilities	
Hospitals	120
Pharmacies	98
Diagnostic labs	60
Locations	
Administrative	4
Primary care	6,000
Users	
Employer/payer groups	923
Employees & dependents	91,816
Total	92,294
Average hospital stay	4.3 days
Hospital admission/1,000 members	80
Revenues	
1991	$90,384,000
1990	$58,997,000

Operational date: September 1985.
Certified in: New York, New Jersey.
Model type: IPA.
For profit.
Service area: New York: Bronx, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk and Westchester counties; New Jersey: Atlantic, Bergen, Burlington, Camden, Essex, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Somerset, Sussex, Union and Warren counties; Connecticut: Fairfield, Litchfield and New Haven counties.
Services: Standard package including substance abuse, psychiatry, podiatry and OB/Gyn. Options include chiropractors, vision, dental, durable medical equipment and prescriptions. Diagnostic testing by independent labs.
Rating options: Community rating: $153.09 single, $405.69 family; community rating by class. Offers point-of-service contracts, 79% of members are enrolled.
Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.
Management reports: Provided monthly or upon request.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: Michael Karnett, president; Stephen Wiggins, CEO; Dr. Frank Medici, medical director; Jay Silverstein, marketing director.

Physicians Health Services of Connecticut Inc.

120 Hawley Lane, Trumbull, Conn. 06611; 203-381-6400; fax: 203-381-6683

Staff	
Physicians	1,030
Board-certified	79.2%
Specialists	1,670
Administrative	400
Marketing	40
Facilities	
Hospitals	20
Pharmacies	677
Diagnostic labs	47
Locations	
Administrative	5
Users	
Employer/payer groups	1,679
Single coverage	28,684
Family coverage	28,260
Employees & dependents	111,775
Total	119,883
Average hospital stay	5.15 days
Hospital admission/1,000 members	399
Revenues	
1991	$224,670,926
1990	$210,318,283

Operational date: June 1977.
Federally qualified.
Certified in: Connecticut, New York.
Model type: IPA.
For profit.
Ownership: IPAs/management/private.
Service area: Connecticut: Fairfield, Litchfield, Middlesex, New Haven, New London, Windham and portions of Hartford and Tolland counties. Contracts with HMO National Network in Texas; Ultralink in California; NMCI in Maryland.
Services: Standard package including chiropractors, substance abuse, psychiatry, durable medical equipment, podiatry, OB/Gyn, physical, occupational and speech therapy, home health care, skilled nursing facility and hospice. Options include prescriptions, vision and dental. Diagnostic testing by independent labs.
Rating options: Community rating: $192,44 single, $499.53 family; community rating by class. Offers point-of-service contracts. Offers non-federally qualified programs.
Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.
Management reports: Provided annually or upon request.
Billing: Provides direct billing for COBRA premiums.
Officers: Michael E. Herbert, president/executive director; Dr. Richard C. O'Conner, medical director; Robin Deitrick, marketing director; Kevin Murphy, vp-sales.

Continued on next page

Dental care programs for families who don't want to open wide.

Seeking ways to control the ever-increasing cost of dental care has made us a leading provider of managed dental insurance with over $140 million in earned premium and over 1.5 million covered insureds. Our financial strength earns us top marks from independent evaluators: an A+ (Superior) rating from A.M. Best, an AA rating for excellent claims-paying ability from Standard & Poor's and an A rating by Weiss Research.

Managed dental care from Ameritas can be customized to meet the specific needs of employees while addressing the concerns of the business owner. Insured employees can save out-of-pocket expenses when they receive care from a participating panel member. They also have the *freedom of choice* to use nonpanel care providers.

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To learn more about our products and our promise of service with the strength to back it, **call Ken Van Cleave, Vice President-Group Marketing; or Jack Trook, Vice President-Group Field Sales; toll-free at 1-800-776-9446.** Also ask about the unique managed vision care plan we offer in cooperation with Pearle Vision.

AMERITAS. LIFE INSURANCE CORP. GROUP DIVISION

In New York State, dental benefits are available through Bankers Assurance Company, 800-659-5556.

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For an explanation of directory terms and standard services see directory guide, page 11.

Continued from previous page

PruCare Connecticut

400 Rella Blvd., Suite 300, Suffern, N.Y.; 914-368-4497; fax: 914-368-8598

Staff	
Physicians	214
Specialists	318
Marketing	10
Facilities	
Hospitals	7
Pharmacies	200
Diagnostic labs	50
Locations	
Administrative	2
Users	
Total	2,817

Operational date: October 1988.
Federally qualified.
Certified in: Connecticut.
NCQA qualification pending.
Model type: IPA.
Ownership: The Prudential Insurance Co. of America.
Service area: Connecticut: Fairfield, Middlesex and New Haven counties.
Services: Standard package including chiropractors, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions. Diagnostic testing by independent labs.
Rating options: Community rating by class.
Management reports: Provided upon request.
Billing: Consolidated billing for national accounts.
Officers: Anne Bossi, president; Paul Conlin, executive director; Dr. Judith Taylor, medical director; Raymond C. Allen Jr., marketing director.
See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

U.S. Healthcare Inc.

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

Staff	
Physicians	182
Specialists	656
Users	
Total	20,000
Average hospital stay	4.59 days
Hospital admission/1,000 members	62.82
Revenues	
1991	$21,657,000
1990	$17,437,000

Operational date: December 1986.
Federally qualified.
Certified in: Connecticut.
NCQA accredited.
Model type: IPA.
For profit.
Service area: Connecticut: Fairfield, Hartford, Litchfield, Middlesex, New Haven and Tolland counties.
Rating options: Community rating: $155.70 single, $414.70 family. Offers point-of-service contracts, 9% of members are enrolled. Offers non-federally qualified programs.
Officers: Dr. Michael A. Stocker, president; Dr. Steven Upham, medical director.
See U.S. Healthcare Inc. consolidated listing under Pennsylvania.

DELAWARE

Aetna Health Plans of New Jersey Inc.-Delaware

700 E. Gate Drive, Mt. Laurel, N.J. 08054; 609-866-2801; fax: 609-866-2801

Staff	
Physicians	75
Patients/physician	7
Specialists	61
Administrative	1
Marketing	1
Facilities	
Hospitals	1
Pharmacies	144
Diagnostic labs	19
Users	
Single coverage	122
Family coverage	127
Employees & dependents	497
Total	497
Hospital admission/1,000 members	69.9

Certified in: Delaware, New Jersey.
Model type: IPA.
For profit.
Service area: Delaware: Kent, New Castle and Sussex counties.
Services: Standard package including vision, psychiatry and OB/Gyn. Options include prescriptions, chiropractors, dental, substance abuse and durable medical equipment. Diagnostic testing by independent labs.
Rating options: Community rating by class.
Enrollment options: Individual enrollment allowed.
Management reports: Provided upon request.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: Dr. Dovi Sebastin, medical director; Jane Broderick, marketing director; Kaye Morrow, associate executive director; Chuck Scott, vp-Philadelphia market.
See Aetna Life Insurance Co. consolidated listing under Connecticut.

Delaware Valley HMO

925 Baltimore Pike, P.O. Box 1111, Concordville, Penn. 19331; 215-358-5650; fax: 215-358-5238

Staff	
Physicians	280
Patients/physician	43
Board-certified	80%
Specialists	440
Administrative	120
Marketing	9
Facilities	
Hospitals	8
Diagnostic labs	36
Locations	
Administrative	1
Users	
Employer/payer groups	339
Single coverage	2,890
Family coverage	2,727
Employees & dependents	15,664
Total	15,664
Hospital admission/1,000 members	86
Revenues	
1991	$142,677,484
1990	$122,818,964

Operational date: March 1978.
Federally qualified.
Certified in: Delaware, New Jersey.
Model type: IPA.
For profit.
Ownership: Independence Blue Cross.
Service area: Delaware; New Jersey: Burlington, Camden, Gloucester and Salem counties; Offers service through Keystone Health Plan in Pennsylvania (Delaware, Philadelphia, Bucks, Montgomery and Chester counties). Contracts with HMO-USA (Blue Cross and Blue Shield Association).
Services: Standard package including vision, substance abuse, psychiatry, durable medical equipment and OB/Gyn. Options include prescriptions and dental. Diagnostic testing by independent labs.
Rating options: Community rating: $158.95 single, $409.25 family. Offers point-of-service contracts. Offers non-federally qualified programs.
Management reports: Provided upon request.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: Alfred F. Meyer, president; James J. Thomas III, senior vp; Dr. Bruce Hopper, medical director; Charles D. Clausen, vp-marketing; Mary McDonald, vp-health services; Michael Norman, vp-strategic management.

The HMO of Delaware Inc.

200 Hygeia Drive, Newark, Del. 19713; 302-421-2466

Users	
Total*	17,100

Operational date: 1983.
Model type: Staff.
Affiliate: Blue Cross and Blue Shield of Delaware.
**Total users as of 12/31/91.*

Healthcare Delaware

P.O. Box 7498, Wilmington, Del. 19803-0498; 302-571-0822; fax: 302-652-8336

Staff	
Physicians	130
Patients/physician	169
Board-certified	80%
Specialists	400
Administrative	120
Marketing	9
Facilities	
Hospitals	8
Diagnostic labs	36
Locations	
Administrative	1
Users	
Employer/payer groups	100
Single coverage	4,475
Family coverage	3,612
Employees & dependents	20,339
Total	20,339
Hospital admission/1,000 members	88
Revenues	
1991	$120,378
1990	$93,923

Operational date: January 1987.
Certified in: Delaware.
Model type: IPA.
For profit.
Ownership: Independence Blue Cross.
Service area: Delaware.
Services: Standard package including substance abuse, psychiatry, durable medical equipment and OB/Gyn. Options include prescriptions and vision. Diagnostic testing by independent labs.
Rating options: Community rating: $162.77 single, $415.10 family.
Management reports: Provided upon request.
Billing: Provides direct billing for COBRA premiums.
Officers: Alfred F. Meyer, president; James J. Thomas III, senior vp; Dr. Bruce Hopper, medical director; Charles D. Clausen, vp-marketing; Mary McDonald, vp-health services; Michael Norman, vp-strategic management.

Principal Health Care of Delaware Inc.

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

Staff	
Physicians	250
Patients/physician	216
Board-certified	97%
Specialists	464
Administrative	65
Marketing	8
Facilities	
Hospitals	9
Pharmacies	130
Diagnostic labs	19
Locations	
Administrative	1
Users	
Employer/payer groups	184
Employees & dependents	54,000
Total	54,000
Average hospital stay	4.1 days
Hospital admission/1,000 members	70
Revenues	
1991	$54,607,913
1990	$34,759,000

Service area: Delaware: Kent, New Castle and Sussex counties. Contracts with Ultralink, a national network.
Officers: Max F. Kenyon, executive director; Dr. Maurice Liebesman, medical director; Virginia Pfeiffer, sales manager.
Contact: Virginia Pfeiffer.
See Principal Health Care Inc. consolidated listing under Maryland.

Total Health Plus Inc.

1 Brandywine Gateway, Wilmington, Del. 19899; 302-421-3222

Users	
Total	24,300*

Operational date: 1986.
Model type: IPA.
Affiliate: Blue Cross & Blue Shield of Delaware.
**Total users as of 12/31/91.*

U.S. Healthcare Inc.

980 Jolly Road, P.O. Box 1109, Blue Bell, Pa. 19422; 215-628-4800; fax: 215-283-6858

Staff	
Physicians	64
Specialists	318
Users	
Total	15,000
Average hospital stay	3.68 days
Hospital admission/1,000 members	74.34
Revenues	
1991	$15,881,000
1990	$8,417,000

Operational date: April 1987.
Federally qualified.
Certified in: Delaware.
Model type: IPA.
For profit.
Service area: Delaware: Kent, New Castle and Sussex counties.
Rating options: Community rating: $149.30 single, $402.30 family. Offers point-of-service contracts, 3% of members are enrolled.
Officers: Michael J. Cardillo, president; Dr. Arthur N. Leibowitz, medical director.
See U.S. Healthcare Inc. consolidated listing under Pennsylvania.

DISTRICT OF COLUMBIA

Group Health Assn.

4801 Connecticut Ave. N.W., Washington, D.C. 20008; 202-364-2000 or 202-966-4357; fax: 202-364-7417

Staff	
Physicians	130
Patients/physician	2,000
Board-certified	80%
Specialists	430
Administrative	900
Marketing	20
Facilities	
Hospitals	8
Pharmacies	200
Diagnostic labs	12
Locations	
Administrative	1
Primary care	9
Users	
Employer/payer groups	1,220
Single coverage	41,300
Family coverage	35,000
Employees & dependents	142,000
Total	142,000
Average hospital stay	4.14 days
Hospital admission/1,000 members	67
Revenues	
1991	$242,378,655
1990	$218,848,281

Operational date: November 1937.
Federally qualified.
Certified in: Virginia, Maryland, District of Columbia.
Model type: Staff.
Not for profit.
Service area: District of Columbia; Virginia: Alexandria, Falls Church and Fairfax cities, Arlington, Fairfax, Loudoun and Prince William counties; Maryland: Howard, Montgomery, Prince Georges and portions of Charter counties. Contracts with the HMO Group.
Services: Standard package including prescriptions, vision, substance abuse, psychiatry and OB/Gyn. Options include dental. Diagnostic testing by HMO and independent labs.
Rating options: Community rating: $156.10 single, $429.40 family; community rating by class; adjusted community rating.
Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.
Management reports: Provided quarterly.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: Robert P. Pfotonhauer, president/CEO; Dr. Turner Bledsoe, medical director; Kyle Anne Roffansello, marketing director; Oliver Crump, COO; Patrick Leningar, CFO; Alphonso O'Neil-White, general counsel.

Kaiser Permanente/ Mid-Atlantic States Region

4200 Wisconsin Ave. N.W., Suite 300, Washington, D.C. 20016; 202-364-3300; fax: 202-364-6788

Staff	
Physicians	143
Patients/physician	2,050
Board-certified	85%
Specialists	237
Administrative	1,940
Marketing	30
Facilities	
Hospitals	8
Pharmacies	13
Diagnostic labs	16
Locations	
Administrative	17
Primary care	16
Users	
Employer/payer groups	2,000
Single coverage	63,729
Family coverage	69,040
Employees & dependents	273,523
Total	293,506
Average hospital stay	4.2 days
Hospital admission/1,000 members	78
Revenues	
1991	$374,075,000
1990	$313,000,000

Operational date: November 1972.
Federally qualified.
Licensed in: Virginia, Maryland.
Service area: Maryland: Baltimore city, Baltimore, Carroll, Hartford and portions of Anne Arundel and Howard counties; District of Columbia; Virginia: Arlington, Fairfax, Loudoun, Montgomery, Prince Georges and Prince William counties and the cities of Alexandria, Fairfax, Falls Church, Manassas and Manassas Park. Contracts with The HMO Group.
Services: Standard package including substance abuse, psychiatry and OB/Gyn. Options include prescriptions, vision, dental and durable medical equipment. Diagnostic testing by HMO.
Officers: Alan J. Silverstone, senior vp/regional manager; Dr. Martin B. Bauman, medical director/president-Capital area Permanente Medical Group, P.C.; Tamara Smith, marketing director; Robert Essink, vp/health plan manager.
See Kaiser Foundation Health Plan Inc. consolidated listing under California.

Randmark Management Inc.-District of Columbia

1211 Connecticut Ave. N.W., Suite 200, Washington, D.C. 20036; 202-293-8800; fax: 202-468-3789

Staff	
Dentists	64
Specialists	24
Administrative	7
Marketing	4
Locations	
Administrative	1
Users	
Total	1,527

Certified in: District of Columbia.
Model type: IPA.
Service area: District of Columbia.
Services: Dental.
Rating options: Community rating; adjusted community rating. Offers point-of-service contracts, 10% of members are enrolled.
Enrollment options: Individual enrollment allowed.
Management reports: Provided upon request.
Billing: Consolidated billing for national accounts.
Officers: Marc Doctors, president; Randy Widen, chairman; Bob Wergin, CEO; Dan Karateew, dental director; Annette Rolin, marketing director; Mike Lloyd, CFO.
Contact: Annette Rolin.

FLORIDA

Aetna Health Plans of Florida Inc.

4890 W. Kennedy Blvd., Suite 545, Tampa, Fla. 33609; 813-287-7250; fax: 813-286-3041

Staff	
Physicians	235
Patients/physician	65
Board-certified	73%
Specialists	639
Administrative	5
Marketing	13
Facilities	
Hospitals	17
Pharmacies	118
Diagnostic labs	10
Users	
Employer/payer groups	85
Employees & dependents	15,187
Total	15,187
Average hospital stay	3.6 days
Hospital admission/1,000 members	71
Revenues	
1991	$20,527,000
1990	$15,623,000

Operational date: October 1988.
Certified in: Florida.
NCQA qualification pending.
Model type: IPA.
For profit.
Service area: Florida: Lee, Hillsborough, Pasco and Pinellas counties.
Services: Standard package including chiropractors, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions, substance abuse and psychiatry. Diagnostic testing by independent labs.
Rating options: Community rating by class.
Management reports: Provided.

Continued on next page

Continued from previous page

Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.

Officers: James R. Gilmour, executive director; Dr. Craig Gage, medical director; Sam Aycoth, marketing manager; William J. Shalley Jr., market manager.

See Aetna Life Insurance Co. consolidated listing under Connecticut.

American Dental Plan Inc.

726 N.W. Eighth Ave., Gainesville, Fla 32601; 904-371-2811; fax 904-371-9055

Staff	
Dentists	1,11[illegible]
Patients/dentist	358
Specialists	800
Administrative	1[illegible]
Marketing	5
Locations	
Administrative	1
Users	
Employer/payer groups	4,400
Single coverage	87,400
Family coverage	86,000
Employees & dependents	3[illegible],124
Total	40[illegible],824
Revenues	
1991	$24,3[illegible],683
1990	$21,7[illegible],407

Service area: Florida.

Officers: Wiley Bryant, president; Dr. Willis Warrender, medical director; Steve Lawrence, marketing director.

See American Dental Plan consolidated listing under Georgia.

Anthem Health Plan of Florida Inc.

P.O. Box 48000, Jacksonville, Fla. 32247-8000; 904-363-7631

Staff	
Physicians	675
Patients/physician	42
Board-certified	99%
Specialists	1,897
Administrative	23
Marketing	7
Facilities	
Hospitals	58
Pharmacies	268
Diagnostic labs	19
Locations	
Administrative	1
Primary care	2,669
Users	
Employer/payer groups	20
Employees & dependents	28,855
Total	28,855
Average hospital stay	5.9 days
Hospital admission/1,000 members	292.2
Revenues	
1991	$26,140,738
1990	$5,357,902

Operational date: February 1987.
Certified in: Florida.
NCQA qualification pending.
Model type: IPA.
For profit.
Ownership: Associated Group.

Service area: Florida: Alachua, Baker, Broward, Dade, Duval, Clay, Hillsborough, Manatee, Orange, Palm Beach, Pasco, Pinellas, Sarasota, Seminole and Volusia counties.

Services: Standard package including chiropractors, durable medical equipment, podiatry, OB/Gyn. Options include prescriptions, vision, substance abuse, psychiatry, infertility benefits, speech and hearing rider. Diagnostic testing by independent labs.

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

Management reports: Provided monthly, quarterly, annually and upon request.

Billing: Provides direct billing for COBRA premiums.

Officers: Ann F. Dehgan, senior vp/COO; Dr. James Corwin, medical director; Joanna Marini, marketing director.

AvMed Health Plan

8930 W.W. 39 Ave., Gainesville, Fla. 32606; 904-372-8400; fax: 904-372-5822

Staff	
Physicians	1,300
Board-certified	80%
Specialists	1,029
Administrative	40
Marketing	20
Facilities	
Hospitals	81
Pharmacies	800
Diagnostic labs	2
Locations	
Administrative	8
Primary care	6
Users	
Employer/payer groups	1,100
Single coverage	45,612
Family coverage	37,258
Employees & dependents	163,186
Total	183,584
Average hospital stay	4 days
Hospital admission/1,000 members	325
Revenues	
1991	$295,000,000
1990	$264,000,000

Operational date: May 1973.
Federally qualified.
Certified in: Florida.
NCQA accredited.
Model type: IPA.
Not for profit.
Ownership: Santa Fe HealthCare.

Service area: Florida: Alachua, Baker, Beach, Bradford, Borward, Citrus, Clay, Columbia, Dixie, Duval, Gilchrist, Hillsborough, Levy, Manatee, Marion, Nassau, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Putnam, St. Johns, Seminole, Suwanee, Union and Volusia counties. Contracts with Ultra-Link, HMO National and National Manages Care Inc.

Services: Standard package including prescriptions, chiropractors, vision, podiatry and OB/Gyn. Options include dental, substance abuse, psychiatry and durable medical equipment. Diagnostic testing by independent labs.

Rating options: Community rating by class. Offers point-of-service contracts, 5% of members are enrolled. Offers non-federally qualified programs.

Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.

Billing: Provides direct billing for COBRA premiums.

Officers: Edward Peddia, president/CEO; Robert Hudson, executive vp; Dr. Bernard Mansheim, vp-medical operations; Edward Hannum vp-marketing/sales; Marilyn Tubb, senior vp/public relations.

Capital Health Plan

2140 Centerville Road, P.O Box 15349, Tallahassee, Fla. 32308; 904-386-3161; fax: 904-422-3180

Staff	
Physicians	66
Patients/physician	700
Board-certified	100%
Specialists	155
Facilities	
Hospitals	5
Pharmacies	14
Diagnostic labs	3
Locations	
Administrative	1
Primary care	17
Users	
Employer/payer groups	400
Single coverage	8,321
Family coverage	1,447
Employees & dependents	14,920
Total	16,209
Average hospital stay	4.59 days
Hospital admission/1,000 members	85

Operational date: June 1982.
Federally qualified.
Certified in: Florida.
Model type: Staff/affiliated primary care physicians offices.
Not for profit.

Service area: Florida: Gadsden, Jefferson, Leon, Taylor and Wakulla counties. Offers service through HMO-USA (Blue Cross & Blue Shield Assn.) in 40 states. Contracts with Health Options in Florida.

Services: Standard package including prescriptions, chiropractors, vision, psychiatry, durable medical equipment, podiatry and OB/Gyn. Diagnostic testing by HMO and independent labs.

Rating options: Community rating by class.

Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.

Management reports: Provided upon request.

Officers: John Hogan, executive director; Dr. F.G. Huber, medical director; Sue Conte, marketing director; Kearney Pool, finance director; Bonnie Butler operations director.

CIGNA Dental Health Inc.

1525 N W. 167 St., Miami, Fla. 33169; 305-620-9922; fax: 305-620-7119

Staff	
Dentists	4,104
Patients/Dentist	262
Specialists	3,203
Administrative	260
Locations	
Administrative	8
Primary care	2,075
Users	
Employer/payer groups	6,735
Single coverage	249,419
Family coverage	311,982
Employees & dependents	1,211,401
Total	1,211,401

Certified in: 34 states and the District of Columbia.
Model type: IPA.
Ownership: Connecticut General Corp.
Service area: 34 states and the District of Columbia.
Services: Dental.
Rating options: Offers point-of-service contracts as of 1993.
Enrollment options: Individual enrollment allowed.
Management reports: Provided.
Billing: Consolidated billing for national accounts.

Officers: Zayra F. Calderon, president; John E. Cox, Ralph Charlton, Brent Martin, regional vps; Gail Garcia, vp-planning/development; Ben Haynes, vp-finance; Dr. Richard Orlowski, vp-dental operations.

See CIGNA Corp. consolidated listing under Connecticut.

Continued on next page

GENERAL REHABILITATION SERVICES INC.

THE FAST TRACK TO A COMEBACK

cost con•tain•ment *n.* efforts used to check, monitor and control the cost of rehabilitating disabled workers while at the same time ensuring that they receive quality care.

GRS gives new meaning to the word "rehabilitation" by offering you a variety of well-defined medical and vocational COST-CONTAINMENT PROGRAMS that benefit employers as well as workers. That's because all of our programs are designed to put disabled workers on the *fast track to a comeback.*

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MORE THAN 100 OFFICES in the United States, Puerto Rico and Canada, GRS now serves well over 1,000 clients.

Continued from previous page

CIGNA Health Plan of Florida Inc.

1101 N. Lake Destiny Road, Suite 300, Maitland, Fla. 32751

Staff	
Physicians	298
Specialists	802
Facilities	
Hospitals	13
Pharmacies	123
Diagnostic labs	2
Locations	
Administrative	2
Primary care	1,326
Users	
Total	54,132

Operational date: January 1984.
Federally qualified.
Certified in: Florida.
Model type: IPA/Staff.
Service area: Florida: Lake, Orange, Osceola, Seminole and Volusia counties.
Services: Diagnostic testing by HMO and independent labs.
Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.
Officers: Michael Subasic, executive director; Dr. William Hammill, medical director.
See CIGNA Corp. consolidated listing under Connecticut.

CIGNA Health Plan of Florida Inc.

2502 Rocky Point Road, Suite 901, Tampa, Fla. 33607; 813-281-1000; fax: 813-282-0265

Staff	
Physicians	232
Specialists	591
Facilities	
Hospitals	16
Diagnostic labs	5
Locations	
Administrative	2
Primary care	1,230
Users	
Total	83,782

Operational date: June 1981.
Federally qualified.
Certified in: Florida.
Model type: IPA/staff.
Service area: Florida: Hillsborough, Pasco and Pinellas counties.
Services: Diagnostic testing by HMO and independent labs.
Officers: Ed Dillabough, executive director; Dr. Linda Ash-Jackson, medical director.
See CIGNA Corp. consolidated listing under Connecticut.

CIGNA Health Plan of South Florida Inc.

15600 N.W. 67th Ave., Suite 301, Miami Lakes, Fla. 33014; 305-826-6200; fax: 305-826-6212

Staff	
Physicians	313
Specialists	940
Facilities	
Hospitals	27
Pharmacies	155
Diagnostic labs	2
Locations	
Administrative	2
Primary care	1,390
Users	
Total	39,624

Operational date: July 1974.
Federally qualified.
Certified in: Florida.
Model type: IPA.
Service area: Florida: Broward, Dade, Monroe and Palm Beach counties.
Services: Diagnostic testing by independent labs.
Officers: Steve Harris, executive director; Dr. Eugene Komrad, medical director.
See CIGNA Corp. consolidated listing under Connecticut.

HIP Network of Florida Inc.

1895 W. Commercial, Suite 120, Fort Lauderdale, Fla. 33309; 305-491-9055; fax: 305-351-9667

Staff	
Physicians	381
Patients/physician	58
Board-certified	85%
Specialists	1,499
Administrative	32
Marketing	22
Facilities	
Hospitals	30
Pharmacies	100
Diagnostic labs	46
Locations	
Administrative	1
Primary care	2,081
Users	
Employer/payer groups	152
Single coverage	6,970
Family coverage	4,659
Employees & dependents	21,256
Total	21,687
Average hospital stay	4.2 days
Hospital admission/1,000 members	67
Revenues	
1991	$37,600,000
1990	$28,900,000

Operational date: June 1987.
Certified in: Florida.
Model type: IPA.
Ownership: HIP of Greater New York.
Service area: Florida: Broward, Dade and Palm Beach counties; Arizona; Connecticut; District of Columbia; Illinois; Massachusetts; Minnesota; New Hampshire; New York; Washington; Wisconsin. Contracts with The HMO Group.
Services: Standard package including prescriptions, chiropractors, vision, dental, substance abuse, durable medical equipment (limited), podiatry, OB/Gyn, preventive dental, and mildly ill child care in home for working parents. Diagnostic testing by independent labs.
Rating options: Community rating: $152 single, $427 family.
Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries.
Management reports: Provided quarterly or annually.
Billing: Consolidated billing for national accounts.
Officers: Steven M. Cohen, president/CEO; Dr. Kenneth Carroll, acting medical director; Caswell J. Fitzpatrick, director-marketing; Michael K. Paleos, vp-fiscal/administrative affairs.
See Health Insurance Plan of Greater New York consolidated listing under New York.

Health Options Inc.

P.O. Box 1798, Jacksonville, Fla. 32231; 904-363-5367; fax: 904-363-5797

Staff	
Physicians	988
Patients/physician	179
Board-certified	80%
Specialists	4,162
Marketing	70
Facilities	
Hospitals	87
Diagnostic labs	17
Locations	
Administrative	6
Users	
Employer/payer groups	1,800
Single coverage	65,500
Family coverage	121,737
Employees & dependents	187,287
Total	204,032
Average hospital stay	4.6 days
Hospital admission/1,000 members	74
Revenues	
1991	$270,293,000
1990	$240,690,000

Operational date: October 1984.
Federally qualified.
Certified in: Florida, Alabama.
Model type: IPA.
For profit.
Ownership: Blue Cross & Blue Shield of Florida.
Service area: Florida: 29 counties; Alabama: Baldwin, Covington and Monroe counties. Offers service through HMO-USA (Blue Cross & Blue Shield Assn.) in 40 states.
Services: Standard package including chiropractors, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions, vision and dental. Diagnostic testing by independent labs.
Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts, 5% of members are enrolled. Offers non-federally qualified programs.
Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.
Management reports: Provided annually.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: Kenneth C. Otis II, executive vp-marketing/health care services.
Contact: James G. Wallace.

Health Options Diversified-Florida

532 Riverside Ave., Jacksonville, Fla. 32204; 904-791-8508

Operational date: 1991.
Model type: IPA.
Affiliate: Blue Cross & Blue Shield of Florida.

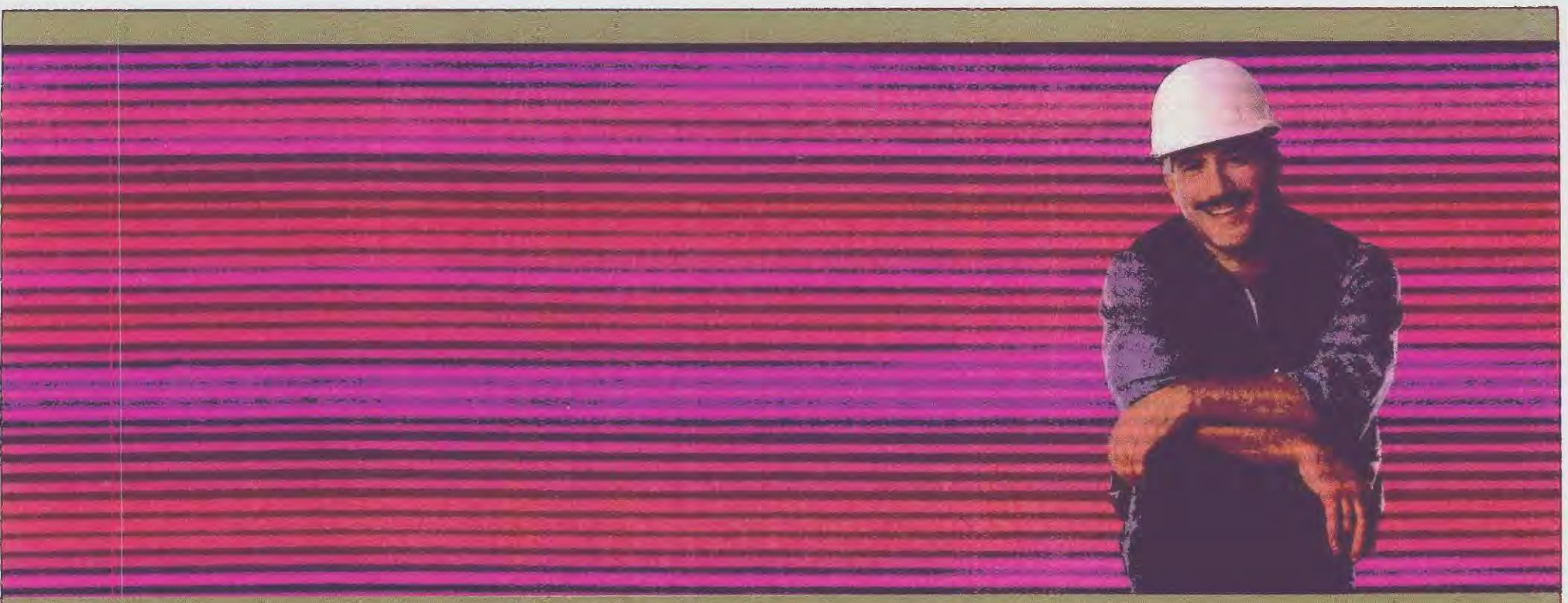
Humana Medical Plan Inc.

Reflections Executive Office Center, 780 W. Granada Blvd., Suite 104, Ormond Beach, Fla. 32174; 904-676-1800; fax: 904-676-1805

Users	
Total*	12,393

Operational date: October 1987.
Federally qualified.
Model type: IPA.
Service area: Florida: Flagler and Volusia counties.
Officers: Michael B. Brouthers, executive director; Richard K. Wheeler, sales director; Nancy Bovard, associate sales manager; Dr. Ernest Cook, medical director.
**Figure is as of Aug. 31 1992.*
See Humana Health Care Plans consolidated listing under Kentucky.
Continued on next page

For an explanation of directory terms and standard services see directory guide, page 11.



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Fax 215-993-2819.

GENERAL REHABILITATION SERVICES INC
THE FAST TRACK TO A COMEBACK

735 Chesterbrook Boulevard, Suite 200
Wayne, Pennsylvania 19087
215-993-2800 ■ Fax 215-993-2819

Continued from previous page

Humana Medical Plan Inc.

1060 Maitland Center Commons, Suite 300, Maitland, Fla. 32751; 407-661-6000; fax: 407-661-6414

Users	
Total*	33,700

Operational date: 1987.
Federally qualified.
Model type: IPA.
Service area: Florida: Orange, Osceola and Seminole counties.
Officers: Robert Bissell, executive director; Richard K. Wheeler, director-sales; Becky Chambers, associate sales manager; Dr. Richard Standridge, medical director.
**Figure is as of Dec. 31, 1992.*
See Humana Health Care Plans consolidated listing under Kentucky.

Humana Medical Plan Inc.

5401 W. Kennedy Blvd., Suite 800, Tampa, Fla. 33609; 813-286-8829; fax: 813-286-1870

Users	
Total*	84,326

Operational date: June 1987.
Federally qualified.
Model type: Network.
Service area: Florida: Hillsborough, Pasco, Pinellas and Polk counties.
Officers: Kenneth Tannenbaum, executive director; W. Fred Wheeler, sales manager; Dr. Steve Venable, medical director.
**Figure is as of Dec. 31, 1992.*
See Humana Health Care Plans consolidated listing under Kentucky.

Humana Medical Plan Inc.

3400 Lakeside Drive, Miramar, Fla. 33027; 305-626-5499; fax: 305-626-5717;
5701 W. Sunrise Blvd., 2nd Floor, Plantation, Fla. 33313; 305-321-7711; fax: 305-321-7864;
1901 S. Congress Ave., Suite 201, Boynton Beach, Fla. 33426; 407-738-3065; fax: 407-738-3007

Users	
Total*	150,168

Operational date: January 1973.
Federally qualified.
Model type: Network.
Service area: Florida: Broward, Dade and Palm Beach counties.
Officers: Thomas C. Wyss, executive director; Robert P. Wieckert, director-sales; D. Richard Austin (Miramar), Dan Barcy (Boynton Beach) and Bert Polacek (Plantation), sales managers; Dr. William F. Bennett (Miramar), medical director.
**Figure is as of Aug. 31, 1992.*
See Humana Health Care Plans consolidated listing under Kentucky.

Humana Medical Plan Inc.

4190 Belfort Road, Suite 250, Jacksonville, Fla. 32216; 904-281-8800; fax: 904-281-8807

Users	
Total*	4,300

Operational date: March 1991.
Model type: Network.
Service area: Florida: Clay, Duval and St. Johns counties.
Officers: John O'Dea, executive director; Jack Spiegleman, sales manager.
**Figure is as of Aug. 31, 1992.*
See Humana Health Care Plans consolidated listing under Kentucky.

JMH Health Plan

1611 N.W. 12th Ave., Miami, Fla. 33136; 305-585-6502; fax: 305-545-5212

Staff	
Physicians	31
Patients/physician	256
Board-certified	100%
Specialists	1,500
Administrative	20
Marketing	3
Facilities	
Hospitals	6
Diagnostic labs	1
Locations	
Administrative	1
Primary care	21
Users	
Employer/payer groups	3
Single coverage	154
Family coverage	478
Employees & dependents	1,786
Total	7,939
Average hospital stay	5.2 days
Hospital admission/1,000 members	882.3
Revenues	
1991	$12,831,748
1990	$9,655,766

Operational date: August 1985.
NCQA qualification pending.
Model type: Network.
Not for profit.
Service area: Florida: Dade County.
Services: Standard package including prescriptions, chiropractors, vision, dental, substance abuse, psychiatry, durable medical equipment, podiatry, OB/Gyn. Diagnostic testing by HMO.
Rating options: Community rating: $225.50 single, $393.18 family; community rating by class.
Enrollment options: Individual enrollment allowed.
Management reports: Provided quarterly.
Billing: Provides direct billing for COBRA premiums.
Officers: Ruben King Shaw Jr., director/marketing director; Emmanuel Ardouin, executive director; Maury Hurst, medical director; Denise Williams, Richard Wickman.

MetLife HealthCare Network of Florida Inc.

2600 Lake Lucien Drive, Suite 300, Maitland, Fla. 32751-7446; 407-660-0444

Staff	
Physicians	1,527
Specialists	3,045
Facilities	
Hospitals	59
Locations	
Administrative	6

Operational date: January 1986.
Federally qualified.
Certified in: Florida.
Model type: IPA.
For profit.
Ownership: Metropolitan Life Insurance Co.
Service area: 20 counties in Florida.
Services: Standard package including substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions, vision and dental.
Rating options: community rating.
Management reports: Provided upon request.
Billing: Consolidated billing for national accounts.
Officers: Robert Ritter, president/CEO; Dr. David Gibson, vp-medical affairs.

Oral Health Services of Florida

5775 N.W. Blue Lagoon Drive, Suite 400, Miami, Fla. 33126; 305-262-1333; fax: 305-262-6119

Staff	
Physicians	506
Patients/physician	777
Specialists	420
Administrative	47
Marketing	15
Locations	
Administrative	2
Primary care	898
Users	
Employer/payer groups	642
Single coverage	63,807
Family coverage	34,515
Employees & dependents	249,610
Total	405,164
Revenues	
1991	$15,663,443
1990	$13,905,967

Operational date: March 1979.
Certified in: Florida.
Model type: IPA.
For profit.
Service area: Florida: Alachua, Bay, Brevard, Broward, Charlotte, Clay, Collier, Columbia, Dade, Duval, Escambia, Flagler, Hardee, Hernando, Highlands, Hillsborough, Indian River, Lake, Lee, Leon, Levy, Manatee, Marion, Martin, Monroe, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Putnam, St. Johns, St. Lucie, Sarasota, Seminole, Taylor, Volusia and Walton counties.
Services: Dental. Diagnostic testing by independent labs.
Rating options: Community rating; community rating by class; adjusted community rating.
Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.
Management reports: Provided quarterly and upon request.
Officers: Dr. Harry Berkowitz, president; Henry C. Tie Shue, executive director; Marisela Palacios, medical director; Ralph Cabrera Jr., marketing director; Claudia Bloomston, director-administration; Ana Naranjo, director-member services; Scott Jacobs, director-information management systems.
Contact: Leila Chang, marketing manager.

Principal Health Care of Florida Inc./Jacksonville Division

1200 Gulf Life Drive, Suite 500, Jacksonville, Fla. 32207; 904-390-0935; fax: 904-390-0950

Staff	
Physicians	264
Patients/physician	77
Board-certified	90
Specialists	637
Administrative	41
Marketing	5
Facilities	
Hospitals	15
Pharmacies	102
Diagnostic labs	2
Locations	
Administrative	1
Users	
Employer/payer groups	155
Employees & dependents	20,366
Total	20,366
Average hospital stay	4 days
Hospital admission/1,000 members	62
Revenues	
1991	$25,600,000
1990	$25,392,000

Service area: Florida: Alachua, Baker, Clay, Duval, Nassau and St. Johns counties.
Principal officers: James F.H. Henry, executive director; Dr. Kenneth W. Jones, medical director; Deborah Dunaway, marketing director.
Contact: Deborah A. Dunaway.
See Principal Health Care Inc. consolidated listing under 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	88
Patients/physician	200
Board-certified	85%
Specialists	278
Administrative	30
Marketing	4
Facilities	
Hospitals	16
Pharmacies	98
Locations	
Administrative	1
Users	
Employer/payer groups	120
Single coverage	2,474
Family coverage	5,545
Employees & dependents	16,673
Total	16,673
Average hospital stay	5 days
Hospital admission/1,000 members	75
Revenues	
1991	$12,700,000

Service area: Florida: Escambia, Okaloosa, Santa Rosa and Walton counties; Alabama: Baldwin, Clarke, Covington, Escambia, Mobile, Monroe and Washington counties. Contracts with Ultralink, a national network.
Officers: James F.H. Henry, executive director; Dr. Louis Fowler, medical director; Charles Trinchitella, marketing director.
Contact: Charles Trinchitella.
See Principal Health Care Inc. consolidated listing under Maryland.

Principal Health Care of Florida Inc./ South Florida Division

9130 S. Dadeland Blvd., Suite 116, Miami, Fla. 33156; 305-670-9244; fax: 305-670-9243

Staff	
Physicians	201
Board-certified	70%
Specialists	648
Administrative	3
Marketing	1
Facilities	
Hospitals	19
Pharmacies	259
Diagnostic labs	1
Locations	
Administrative	1
Users	
Employer/payer groups	1
Single coverage	60
Family coverage	20
Employees & dependents	135
Total	135

Service area: Florida: Broward, Dade and Palm Beach counties.
Officers: James F.H. Henry, executive director; Dr. Kenneth Jones, medical director.
Contact: Jeffrey Kalish, senior account executive.
See Principal Health Care Inc. consolidated listing under Maryland.

PruCare of Jacksonville

1200 Gulf Life Drive, Suite 701, Jacksonville, Fla. 32207; 904-346-5800; fax: 904-346-5888

Staff	
Physicians	132
Patients/physician	364
Board-certified	88%
Specialists	262
Administrative	48
Marketing	4
Facilities	
Hospitals	6
Pharmacies	12
Diagnostic labs	1
Locations	
Administrative	1
Users	
Employer/payer groups	174
Single coverage	7,720
Family coverage	9,285
Employees & dependents	48,013
Total	48,013
Average hospital stay	4.5 days
Hospital admission/1,000 members	68.2

Operational date: August 1984.
Federally qualified.
Certified in: Florida.
NCQA qualification pending.
Model type: Mixed.
Ownership: The Prudential Insurance Co. of America.
Service area: Florida: Baker, Clay, Duval, Nassau and St. John counties.
Services: Standard package including prescriptions, chiropractors, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include vision. Diagnostic testing by HMO and independent labs.
Rating options: Community rating; community rating by class. Offers point-of-service contracts. Offers non-federally qualified programs.
Management reports: Provided annually.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: William Link, executive vp-Prudential Group operations; C. Richard Cook, vp-group operations; Dr. William Moore, medical director; Matthew Davies, director-marketing/operations.
See Prudential Health Care Plan Inc. Consolidated listing under New Jersey.

PruCare of Orlando

2301 Lucien Way, Suite 230, Maitland, Fla. 32751; 407-875-6600; fax: 407-660-0552

Staff	
Physicians	52
Patients/physician	1,119
Board-certified	80%
Specialists	267
Administrative	105
Marketing	13
Facilities	
Hospitals	3
Pharmacies	6
Diagnostic labs	7
Locations	
Administrative	1
Primary care	6
Users	
Employer/payer groups	174
Single coverage	15,400
Family coverage	12,595
Employees & dependents	58,231
Total	58,231
Average hospital stay	3.8 days
Hospital admission/1,000 members	59.7

Operational date: January 1984.
Federally qualified.
Certified in: Florida.
NCQA qualification pending.
Model type: Group.
For profit.
Ownership: The Prudential Insurance Co. of America.
Service area: Florida: Orange, Osceola, Seminole and portions of Lake, Polk and Volusia counties.
Services: Standard package including chiropractors, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions and vision. Diagnostic testing by HMO.
Rating options: Community rating; adjusted community rating.
Management reports: Provided annually.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: William Link, executive vp-Prudential Group operations; Andrew Crooks, executive director; Dr. Edward Lowenstein, medical director; Geoff Kilgore, marketing director.
See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

PruCare of South Florida

5900 N. Andrews Ave., Suite 1000, Fort Lauderdale, Fla. 33309; 305-492-8244; fax: 305-771-0542

Staff	
Physicians*	651
Patients/physician	38
Board-certified	85.5%
Specialists	994
Administrative	85
Marketing	5
Facilities	
Hospitals	16
Pharmacies	144
Diagnostic labs	49
Locations	
Administrative	1
Users	
Employer/payer groups	116
Single coverage	8,879
Employees & dependents	25,644
Total	25,644
Average hospital stay	4.4 days
Hospital admission/1,000 members	78.8

Operational date: October 1986.
Federally qualified.
Certified in: Florida.
NCQA qualification pending.
Model type: IPA.
For profit.
Ownership: The Prudential Insurance Co. of America.
Service area: Florida: Dade, Broward and Palm Beach counties.
Services: Standard package including prescriptions, chiropractors, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include vision. Diagnostic testing by independent labs.
Rating options: Offers point-of-service contracts, 50% of members are enrolled.
Management reports: Provided annually.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: William Link, executive vp-Prudential Group operations; Christopher Sims, executive director; Dr. Melvyn Fletcher, medical director; Paul Van Cleave, marketing director.
**Includes OB/Gyn.*
See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

PruCare of Tampa Bay

3450 W. Busch Blvd, Suite 245, Tampa, Fla. 33618; 813-932-1977; fax: 813-931-4188

Staff	
Physicians	214
Patients/physician	156
Board-certified	85%
Specialists	444
Administrative	43
Marketing	12
Facilities	
Hospitals	22
Pharmacies	110
Diagnostic labs	40
Locations	
Administrative	1
Users	
Employer/payer groups	175
Total	33,400
Average hospital stay	4.5 days
Hospital admission/1,000 members	67.1

Operational date: July 1985.
Federally qualified.
Certified in: Florida.
NCQA qualification pending.
Model type: IPA.
For profit.
Ownership: The Prudential Insurance Co. of America.
Service area: Florida: Hillsborough, Pasco and Pinellas counties.
Services: Standard package including prescriptions, chiropractors, vision, substance abuse, outpatient psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include dental. Diagnostic testing by independent labs.
Rating options: Community rating by class. Offers point-of-service contracts.
Management reports: Provided annually.

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Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.

Officers: William Link, executive vp-Prudential Group operations; Christopher Adams, executive director; Dr. Robert Newhardt, medical director; Wallace Dawson, marketing director.

See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

Ramsay-HMO

2850 Douglas Road, Coral Gables, Fla. 33139; 305-447-3200; fax: 305-447-3210

Staff	
Physicians	203
Patients/physician	500
Board-certified	30%
Specialists	600
Administrative	700
Marketing	50
Facilities	
Hospitals	30
Pharmacies	8
Diagnostic labs	15
Locations	
Administrative	3
Primary care	15
Users	
Employer/payer groups	496
Single coverage	12,746
Family coverage	9,400
Employees & dependents	38,656
Total	105,631
Average hospital stay	4.4 days
Hospital admission/1,000 members	77.3
Revenues	
1991	$142,000,0(
1990	$108,000,000

Operational date: June 1970.
Federally qualified.
Certified in: Florida.
NCQA qualification pending.
Model type: Mixed.
For profit.

Service area: Florida: Broward and Dade counties.

Services: Standard package including prescription, chiropractors, vision, dental, substance abuse, psychiatry, podiatry and OB/Gyn. Diagnostic testing by HMO and independent labs.

Rating options: Community rating: $103.20 single, $329 family; community rating by class; adjusted community rating. Offers point-of-service contracts, less than 1% of members are enrolled. Offers non-federally qualified programs.

Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries.

Management reports: Provided quarterly or annually.

Officers: Luis E. Lamela, president/executive director; Dr. Mayda Antun, medical director; Luis Izquierdo, marketing director; Ray Noonan, CFO.

Randmark Management-Florida

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

Staff	
Dentists	495
Patients/dentist	208
Specialists	244
Administrative	1
Marketing	4
Locations	
Administrative	1
Primary care	503
Users	
Total	32,032

Operational date: January 1988.
Certified in: Florida.
Model type: IPA.

Service area: Florida: Daytona, Fort Lauderdale, Jacksonville, Miami, Orlando, Tampa and West Palm Beach cities.

Services: Dental.

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

Enrollment options: Individual enrollment allowed.

Management reports: Provided upon request.

Billing: Consolidated billing for national accounts.

Officers: Randy Widen, chairman; Marc Doctors, president; Robert Wegin, CEO; Dan Karateew, dental director; Annette Rolin, marketing director; Mike Lloyd, CFO.

Contact: Annette Rolin.

GEORGIA

Aetna Health Plan of Georgia Inc.

3 Piedmont Center, Suite 300, Atlanta, Ga. 30305: 404-814-4300; fax: 404-814-4218

Staff	
Physicians	377
Patients/physician	102
Board-certified	75%
Specialists	1,065
Administrative	53
Marketing	6
Facilities	
Hospitals	22
Pharmacies	328
Diagnostic labs	23
Users	
Employer/payer groups	111
Single coverage	15,865
Family coverage	22,510
Employees & dependents	38,375
Total	38,375
Average hospital stay*	4.1days
Hospital admission/1,000 members*	78
Revenues	
1991	$53,489,577
1990	$39,828,728

Operational date: April 1986.
Federally qualified.
Certified in: Georgia.
Model type: IPA.
For profit.

Service area: 27 counties in Georgia.

Services: Standard package including prescriptions, chiropractors, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include vision, dental. Diagnostic testing by independent labs.

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

Management reports: Provided annually.

Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.

Officers: Terri Kline, executive director; Dr. Barry Nedoba, medical director; Tom Schulte, marketing director.

**Excludes mental health patients.*

See Aetna Life Insurance Co. consolidated listing under Connecticut.

American Dental Plan*

8800 Roswell Road, Suite 295, Atlanta, Ga. 30350; 404-998-8936; fax: 404-998-6871

Staff	
Dentists	1,600
Patients/dentist	350
Administrative	80
Marketing	20
Locations	
Administrative	5
Users	
Employer/payer groups	8,000
Single coverage	68,500
Family coverage	103,000
Employees & dependents	431,483
Total	492,805
Revenues	
1991	$29,152,017
1990	$24,724,032

Operational date: January 1978.
Certified in: Florida, Georgia, Ohio, Alabama.
Model type: IPA.
For profit.

Ownership: American Prepaid Professional Services.

Service area: Alabama, Florida, Georgia, Ohio.

Services: Dental.

Rating options: Community rating.

Enrollment options: Individual enrollment allowed.

Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.

Officers: David Klock, president; Dr. Willis Warrender, medical director; Marty Thorsen, marketing director; Phyllis Klock, Rich Misitano, David Brain.

Figures are consolidated, including all HMOs in this organization.

American Dental Plan of Georgia

400 Northridge Road, Suite 520, Atlanta, Ga. 30350; 404-641-9133; fax: 404-641-9202

Staff	
Physicians	193

Continued on next page

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Specialists	89
Administrative	5
Marketing	2
Users	
Employer/payer groups	2,500
Single coverage	7,400
Family coverage	11,100
Employees & dependents	41,716
Total	55,621
Revenues	
1991	$3,494,098
1990	$2,698,476

Service area: Georgia.

Officers: Bob Pafundi, president; Willis Warrender, medical director; Renee Karp, marketing director.

See American Dental Plan consolidated listing under Georgia.

CIGNA Health Plan of Georgia Inc.

1360 Peachtree St. N.E., Midtown Plaza II, Suite 1300, Atlanta, Ga. 30309; 404-881-9779; fax: 404-898-4832

Staff	
Physicians	311
Specialists	1,137
Facilities	
Hospitals	28
Diagnostic labs	21
Locations	
Administrative	1
Primary care	1,102
Users	
Total	64,559

Operational date: January 1982.
Federally qualified.
Certified in: Georgia.
Model type: IPA.
Service area: Georgia: Bartow, Butts, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Rockdale and Spalding counties.
Services: Diagnostic testing by independent labs.
Officers: Terri Branning, executive director; William Tatum, medical director.

See CIGNA Corp. consolidated listing under Connecticut.

Georgia Dental Plan Inc.

1010 Huntcliff, Suite 2130, Atlanta, Ga. 30350; 404-594-1401 or 800-466-4430; fax: 404-594-1494

Staff	
Dentist	100
Board-certified	100%
Specialists	50
Administrative	7
Marketing	3
Facilities	
Diagnostic labs	1
Locations	
Administrative	2
Users	
Employer/payer groups	300
Single coverage	6,000
Family coverage	11,000
Employees & dependents	28,000
Total	15,000
Revenues	
1991	$500,000
1990	$80,000

Operational date: September 1990.
Certified in: Georgia.
Model type: IPA.
For profit.
Ownership: Dental Insurance of Wisconsin Inc.
Service area: Georgia. Contracts with Associated Dental Services in Alabama, Illinois, Indiana and Wisconsin.
Services: Vision, dental.
Rating options: Community rating: $9.95 single, $22 family. Offers point-of-service contracts, 2% of memebers are enrolled.
Enrollment options: Individual enrollment allowed.
Management reports: Provided quarterly.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: Art Bartlett, president; Adair Phillips, executive director; Dr. Lyman Smith, medical director; Eddie Williams, marketing director.
Contact: Eddie Williams.

HMO Georgia Inc.

3350 Peachtree Road, Atlanta, Ga. 30326; 404-842-8400; fax: 404-842-8088

Staff	
Physicians	229
Patients/physician	192
Board-certified	85%
Specialists	1,300
Administrative	40
Facilities	
Hospitals	28
Pharmacies	114
Diagnostic labs	1
Locations	
Administrative	1
Users	
Employer/payer groups	81
Single coverage	8,218
Family coverage	10,902
Employees & dependents	39,908
Total	39,908
Average hospital stay	3.7 days
Hospital admission/1,000 members	291
Revenues	
1991	$50,195,942
1990	$16,091,130

Operational date: July 1986.
Certified in: Georgia.
Model type: IPA.
For profit.
Ownership: Blue Cross & Blue Shield of Georgia.
Service area: Georgia: 66 counties. Offers service through HMO-USA (Blue Cross & Blue Shield Assn.) in 40 states.
Services: Standard package including substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions, vision and dental. Diagnostic testing by independent labs.
Rating options: Adjusted community rating. Offers point-of-service contracts, 50% of members are enrolled.
Management reports: Provided semi-annually or upon request.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: Thomas E. Garner Jr., executive director; Dr. John Mersereau, interim medical director; Mark Shaughnessy, marketing director.

Kaiser Permanente/ Georgia Region

3355 Lenox Road N.E., Suite 1000, Atlanta, Ga. 30326; 404-233-0555; fax: 404-233-0485

Staff	
Physicians	107
Patients/physician	1,468
Board-certified	89%
Specialists	373
Administrative	973
Marketing	15
Facilities	
Hospitals	11
Pharmacies	104
Diagnostic labs	8
Locations	
Administrative	1
Primary care	8
Users	
Employer/payer groups	673
Single coverage	27,735
Family coverage	36,765
Employees & dependents	148,987
Total	156,191
Average hospital stay	3.7 days
Hospital admission/1,000 members	78
Revenues	
1991	$190,000,000
1990	$140,000,000

Operational date: October 1985.
Federally qualified.
Certified in: Georgia.
Service area: Georgia: 19 counties. Contracts with The HMO Group.
Services: Standard package including substance abuse, psychiatry, durable medical equipment and OB/Gyn. Options include prescriptions, vision and dental. Diagnostic testing by HMO.
Officers: Richard G. Barnaby, vp/regional manager; Dr. Richard P. Rodriguez, medical director-Southeast Permanente Medical Group; Mark Warren, marketing director/assistant health plan manager; Ron Hostettler, health plan manager.

See Kaiser Foundation Health Plan Inc. consolidated listing under California.

MetLife HealthCare Network of Georgia Inc.

47 Perimeter Center E., Suite 650, Atlanta, Ga. 30346; 404-396-0208

Staff	
Physicians	272
Specialists	602
Facilities	
Hospitals	21

Operational date: July 1987.
Model type: IPA.
For profit.
Ownership: Metropolitan Life Insurance Co.
Service area: 19 counties in Georgia.
Services: Standard package including substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions, vision and dental. Diagnostic testing by independent labs.
Rating options: Community rating by class; experience rating.
Management reports: Provided upon request.
Billing: Consolidated billing for national accounts.
Officers: Robert Ritter president/CEO; Dr. L. Richard Schumacher, vp/COO/medical director.

PruCare of Atlanta

2839 Paces Derry Road, Suite 1100, Atlanta, Ga. 30339; 404-955-8010; fax: 404-433-0601

Staff	
Physicians	55
Patients/physician	1,107
Board-certified	98%
Specialists	127
Administrative	270
Marketing	6
Facilities	
Hospitals	10
Pharmacies	29
Diagnostic labs	9
Locations	
Administrative	1
Users	
Employer/payer groups	270
Single coverage	17,110
Family coverage	11,890
Employees & dependents	60,900
Total	60,900
Average hospital stay	4.6 days
Hospital admission/1,000 members	64.2

Operational date: May 1981.
Federally qualified.
Certified in: Georgia.
NCQA qualification pending.
Model type: Group.
For profit.
Ownership: Prudential Health Care Plan Inc.
Service area: Georgia: Barrow, Bartow, Butts, Cherokee, Clayton, Cobb, Coweta, Dakalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Rockdale, Spaulding and Walton counties.
Services: Standard package including chiropractors, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions, vision and dental. Diagnostic testing by HMO and independent labs.
Rating options: Community rating: $145.29 single, $418.22 family. Offers point-of-service contracts, 36% of members are enrolled. Offers non-federally qualified programs.
Management reports: Provided annually.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: William Link, executive vp-Prudential Group operations; Marilynn Schafer, executive director; Dr. Charles Gendel, medical director; Bart Hester, marketing director.

See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

GUAM

Guam Memorial Health Plan

142 W. Seaton Blvd., Agana, Guam 96910; 671-472-4647; fax: 671-477-1784

Staff	
Physicians	48
Patients/physician	770
Board-certified	85%
Specialists	17
Administrative	48
Facilities	
Hospitals	1
Pharmacies	17
Diagnostic labs	2
Locations	
Administrative	1
Primary care	10
Users	
Employer/payer groups	300
Single coverage	7,676
Family coverage	8,168
Employees & dependents	37,000
Total	37,000
Average hospital stay	2.9 days
Hospital admission/1,000 members	6.43

Operational date: January 1977.
Model type: IPA.
Not for profit.
Ownership: G.M.H.P. Associates.
Service area: Guam.
Services: Standard package including prescriptions, chiropractors, vision, dental, substance abuse, psychiatry, durable medical equipment, podiatry, OB/Gyn. Diagnostic testing by independent labs.
Rating options: Adjusted community rating.
Enrollment options: Individual enrollment allowed.
Management reports: Provided annually.
Officers: Frank B. Rosario, president/executive director; Ruben Basilio, medical director; James W. Gillan, COO; Marietta Ledgsma, CFO; Lilian Sanchez, director-utilization review.

HAWAII

Community Health Program

818 Keeaumoku St., Honolulu, Hawaii 96814; 808-944-2408

Users	
Total*	11,127

Operational date: 1972.
Model type: Network.
Ownership: Hawaii Medical Service Assn. (Blue Cross & Blue Shield plan).
**Total users as of Dec. 31, 1991.*

HMO Hawaii

818 Keeaumoku St., Honolulu, Hawaii 96814; 808-944-2408

Users	
Total*	7,275

Operational date: 1987.
Model type: Network.
Ownership: Hawaii Medical Service Assn. (Blue Cross & Blue Shield plan).
**Total users as of Dec. 31, 1991.*

Health Plan Hawaii

818 Keeaumoku St., Honolulu, Hawaii 96814; 808-944-2408

Users	
Total*	18,750

Operational date: 1981.
Model type: Network.
Affiliate: Hawaii Medical Service Assn. (Blue Cross & Blue Shield plan).
**Total users as of Dec. 31, 1991.*

Kaiser Permanente/Northwest Region

711 Kapiolani Blvd., Honolulu, Hawaii 96813; 808-834-5333; fax: 808-529-5495

Staff	
Physicians	110
Patients/physician	1,712
Board-certified	75%
Specialists	212
Administrative	1,460
Marketing	12
Facilities	
Hospitals	4
Pharmacies	11
Diagnostic labs	11
Locations	
Administrative	1
Primary care	12
Users	
Employer/payer groups	7,476
Single coverage	54,398
Family coverage	21,078
Employees & dependents	169,195
Total	188,320
Average hospital stay	5.4 days
Hospital admission/1,000 members	61
Revenues	
1991	$195,224,905
1990	$165,000,000

Operational date: November 1958.
Federally qualified.
Certified in: Hawaii.
Service area: Hawaii: Oahu, Maui and portions of Hawaii. Contracts with The HMO Group.
Services: Standard package including substance abuse, psychiatry, podiatry and OB/Gyn. Options include prescriptions, vision, dental and durable medical equipment. Diagnostic testing by HMO.
Officers: Cora Tellez, vp-regional manager; Dr. Michael Chaffin, president/regional medical director; Ronald Hayashi, assistant health plan manager/marketing director; David C. Dunlap, health plan manager.

See Kaiser Foundation Health Plan Inc. consolidated listing under California.

IDAHO

Idaho Preferred Healthcare

P.O. Box 8262, Boise, Idaho 83707; 208-345-4550; fax: 208-336-6311

Staff	
Physicians	87
Patients/physician	50
Board-certified	76%
Specialists	496
Administrative	2.5
Marketing	4
Facilities	
Hospitals	12
Pharmacies	51
Diagnostic labs	2
Locations	
Administrative	1
Users	
Employer/payer groups	31
Single coverage	795
Family coverage	577
Employees & dependents	4,368
Total	4,368

Operational date: November 1990.
Certified in: Idaho.
Model type: IPA.
Not for profit.
Ownership: Blue Cross of Idaho Health Service Inc.
Service area: Idaho: Ada, Canyon, Kootenai, Latah and Shoshone counties. Offers service through HMO-USA (Blue Cross & Blue Shield Assn.) in 40 states.
Services: Standard package including prescriptions, chiropractors, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include vision and dental. Diagnostic testing by independent labs.
Rating options: Community rating by class; adjusted community rating.
Management reports: Provided upon request.
Billing: Provides direct billing for COBRA premiums.
Officers: David L. Barnett, president; Richard M. Armstrong, senior vp; Dr. Clay Morgan, medical director; Carol Rosebrock, manager.
Contact: Carol Rosebrock, 208-345-4550, ext. 534.

ILLINOIS

Aetna Health Plans of Illinois Inc.

303 W. Madison, Suite 300, Chicago, Ill. 60606; 312-372-0209; fax: 312-372-3710

Staff	
Physicians	636
Patients/physician	15
Board-certified	82%
Specialists	1,415
Administrative	36
Marketing	20
Facilities	
Hospitals	35
Pharmacies	560
Diagnostic labs	6
Users	
Employer/payer groups	128
Single coverage	2,757
Family coverage	2,334
Employees & dependents	10,482
Total	10,482
Average hospital stay*	4.2 days
Hospital admission/1,000 members*	75.8
Revenues	
1991	$14,214,722
1990	$15,778,270

Operational date: September 1982.
Certified in: Illinois.
NCQA qualification pending.
Model type: IPA/network.
For profit.
Service area: Illinois: Cook, DuPage, Kane and Lake counties.
Services: Standard package including prescriptions, chiropractors, vision, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Diagnostic testing by independent labs.
Rating options: Community rating by class. Offers point-of-service contracts.
Enrollment options: Individual enrollment allowed.
Management reports: Provided upon request.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.

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Officers: Kevin Hickey, executive director; Dr. Alan Rosenberg, medical director; Tolbert Chisum, marketing director.

**Excludes mental health and chiropractic.*

See Aetna Life Insurance Co. consolidated listing under Connecticut.

American Health Care Providers Inc./ American HMO

4801 Southwick Drive, Suite 500, Matteson, Ill. 60443; 708-503-5000; fax: 708-503-5001

Staff	
Physicians	900
Patients/physician	33
Board-certified	95%
Specialists	1,500
Administrative	70
Marketing	11
Facilities	
Hospitals	40
Pharmacies	537
Diagnostic labs	91
Locations	
Administrative	3
Primary care	104
Users	
Employer/payer groups	136
Single coverage	6,987
Family coverage	5,295
Employees & dependents	30,419
Total	30,419
Average hospital stay	4.5 days
Hospital admission/1,000 members	333
Revenues	
1991	$42,252,967
1990	$41,634,874

Operational date: April 1984.
Certified in: Arkansas, Illinois, Indiana.
Model type: Network.
For profit.
Service area: Illinois: Cook, DuPage, Kane, Kankakee, Lake, McHenry and Will counties; Indiana: Lake, LaPorte and Porter counties.
Services: Standard package including prescriptions, substance abuse, psychiatry, durable medical equipment, podiatry, OB/Gyn. Options include chiropractors, vision, dental.
Rating options: Adjusted community rating. Offers point-of-service contracts, less than 1% of members are enrolled.
Management reports: Provided quarterly.
Officers: Asif A. Sayeed, president/executive director; Dr. Nalini Thakrar, medical director; Richard Tannebaum, marketing director; W. Joe Garrett, director operations.

BCI HMO Inc.

233 N. Michigan Ave., Chicago, Ill. 60601; 312-938-6000

Users	
Total*	7,057

Operational date: 1977.
Model type: IPA.
Affiliate: Blue Cross & Blue Shield of Illinois.
**Total users as of Dec. 31, 1991.*

Chicago HMO Ltd.

540 N. LaSalle St., Chicago, Ill. 60610; 312-751-4460; fax: 312-751-7678

Staff	
Physicians	2,220
Patients/physician	104
Board-certified	70%
Specialists	4,300
Administrative	350
Marketing	55
Facilities	
Hospitals	108
Pharmacies	360
Locations	
Administrative	1
Primary care	175
Users	
Employer/payer groups	920
Single coverage	36,121
Family coverage	55,244
Employees & dependents	230,000
Total	230,000
Average hospital stay	3.8 days
Hospital admission/1,000 members	92.6
Revenues	
1991	$216,717,425
1990	$175,574,020

Operational date: May 1976.
Federally qualified.
Certified in: Illinois.
Model type: Network.
For profit.
Ownership: HMO America Inc.
Service area: Illinois: Cook, DuPage, Kane, Lake, McHenry and Will counties; Indiana: Lake, LaPorte and Porter counties; Wisconsin: Kenosha county. Contracts with the HMO National Network.
Services: Standard package including prescriptions, chiropractors, vision, dental, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Diagnostic testing by independent labs.
Rating options: Community rating: $135.69 single, $379.94 family; community rating by class. Offers point-of-service contracts, 4% of members are enrolled.
Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.
Management reports: Provided quarterly.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: Dr. Robert J. Weinstein, president/CEO; Judith K. Brown, vp/COO; Mitchell J. Trubitt, vp-medical affairs; Allan Glick, vp-marketing; Clement J. Horne, vp/CFO; Jose Orlina, vp-finance/principal accounting officer.

CIGNA Health Plan of Illinois Inc.

1700 Higgins Road, Suite 600, Des Plaines, Ill. 60018; 708-699-5600; fax: 708-699-5675

Staff	
Physicians	989
Specialists	3,500
Facilities	
Hospitals	56
Pharmacies	621
Diagnostic labs	1
Locations	
Administrative	2
Primary care	4,962
Users	
Total	50,763

Operational date: June 1986.
Federally qualified.
Certified in: Illinois.
Model type: IPA.
Service area: Illinois: Cook, DuPage, Kane, LaPorte, Lake, McHenry, Porter and Will counties.
Services: Diagnostic testing by independent labs.
Officers: Cherlye Slamkowski, executive director; Dr. Michael Hawkins, medical director.

See CIGNA Corp. consolidated listing under Connecticut.

Compass Health Care Plans

310 S. Michigan, Suite 1300, Chicago, Ill. 60604; 312-294-0200; fax: 312-294-5826

Staff	
Physicians	725
Patients/physician	16.5
Board-certified	100%
Specialists	2,000
Administrative	25
Marketing	10
Facilities	
Hospitals	42
Locations	
Administrative	1
Users	
Total	14,200
Revenues	
1991	$13,000,000
1990	$14,600,000

Operational date: 1985.
Certified in: Illinois.
Model type: IPA.
Not for profit.
Service area: Illinois: Cook, DuPage, Kane, Lake and McHenry counties.
Services: Standard package including chiropractors, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions, vision, dental, life insurance, LTD/STD and multiple option. Diagnostic testing by HMO and independent labs.
Rating options: Community rating; community rating by class; adjusted community rating.
Management reports: Provided upon request.
Billing: Provides direct billing for COBRA premiums.
Officers: Aldo Giacchino, president; Dr. John Keiper, medical director; Adrian Kutska, marketing director; John Harter, vp/CFO.
Contact: John Harter.

Dental Network USA

2 TransAm Plaza Drive, Oakbrook Terrace, Ill. 60181; 708-691-1133; fax: 708-495-0575 or 708-691-0288

Staff	
Physicians	6,800
Patients/physician	125
Administrative	85
Locations	
Administrative	1
Primary care	3,050
Users	
Employer/payer groups	2,600
Single coverage	344,000
Family coverage	126,000
Employees & dependents	842,000
Total	842,000
Revenues	
1991	$65,000,000
1990	$60,000,000

Operational date: 1976.
Certified in: 32 states, District of Columbia and Virgin Islands.
Model type: Network.
For profit.
Ownership: Seven Blue Cross & Blue Shield Plans.
Service area: 32 states, District of Columbia and Virgin Islands.
Services: Dental. Diagnostic testing by HMO and independent labs.
Rating options: Community rating: $11.50 single, $30 family; community rating by class; adjusted community rating. Offers point-of-service contracts, 2% of members are enrolled.
Enrollment options: Individual enrollment allowed.
Management reports: Provided monthly, quarterly and annually.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: James O. Webb, president; Vincent DiBenedetto, senior vp-marketing; Van Nelimark, dental director; Philip Molgren, marketing director; Darrell Pierce, senior vp-finance.
Contact: Philip Molgren, 708-691-0320.

Dreyer HMO

2111 Plum St., Aurora, Ill. 60506-3252; 708-859-1100; fax: 708-859-7819

Staff	
Physicians	41
Patients/physician	780
Board-certified	90%
Specialists	60
Administrative	34
Marketing	6
Facilities	
Hospitals	7
Pharmacies	92
Diagnostic labs	4
Locations	
Administrative	1
Primary care	8
Users	
Employer/payer groups	176
Single coverage	7,480
Family coverage	7,636
Employees & dependents	31,150
Total	33,869
Average hospital stay	4.2 days
Hospital admission/1,000 members	76
Revenues	
1991	$40,091,547
1990	$31,391,882

Operational date: January 1985.
Federally qualified.
Certified in: Illinois.
Model type: Group.
Not for profit.
Ownership: Physicians of Dreyer Medical Clinic.
Service area: Illinois: Cook, DeKalb, DuPage, Kane, Kendall, Lake, LaSalle, Lee, McHenry, Ogle and Will counties.
Services: Standard package including chiropractors, vision, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions. Diagnostic testing by HMO.
Rating options: Adjusted community rating.
Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.
Management reports: Provided annually.
Officers: Dr. Michael C. Loebach, president; Dick Lutz, executive director; Dr. Charles L. Derus, medical director; Ralph DiBenedetto, marketing director.

First Commonwealth Inc.

444 N. Wells, Chicago, Ill. 60610; 312-644-1800; fax: 312-644-1822

Staff	
Dentists	650
Patients/physician	315
Specialists	112
Administrative	40
Marketing	10
Users	
Employer/payer groups	1,250
Single coverage	70,600
Family coverage	42,000
Employees & dependents	170,000
Total	205,000
Revenues	
1991	$6,800,000
1990	$4,300,000

Operational date: March 1988.
Certified in: Illinois, Indiana.
Model type: IPA.
For profit.
Service area: Illinois; Indiana: Lake county. Contracts with NAPDP nationwide.
Services: Dental.
Rating options: Community rating: $10.40 single, $22.60 family; community rating by class; adjusted community rating. Offers point-of-service contracts, 2% of members are enrolled.
Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.
Management reports: Provided annually.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: Christopher C. Multhauf, president; David W. Mulligan, executive vp; J. Tony Freeman, marketing director.
Contact: J. Tony Freeman.

Foundation for Medical Care of Central Illinois

233 N. Michigan Ave., Chicago, Ill. 60601; 312-938-6000

Users	
Total*	20,952

Operational date: 1973.
Model type: IPA.
Ownership: Blue Cross & Blue Shield of Illinois.
**Total users as of Dec. 31, 1991.*

HMO Illinois- A Blue Cross HMO

233 N. Michigan Ave., Chicago, Ill. 60601; 708-620-0176; fax: 708-620-1015

Staff	
Physicians	1,672
Patients/physician	185
Board-certified	85%
Specialists	4,010
Administrative	140
Marketing	40
Facilities	
Hospitals	125
Pharmacies	4,500
Locations	
Administrative	3
Primary care	150
Users	
Employer/payer groups	1,500
Single coverage	67,991
Family coverage	72,792
Employees & dependents*	308,378
Total*	308,378
Average hospital stay	4.94 days
Hospital admission/1,000 members	75
Revenues	
1991	$360,932,537
1990	$307,477,128

Operational date: June, 1977.
Certified in: Illinois, Indiana.
Model type: Network.
Not for profit.
Ownership: Blue Cross & Blue Shield of Illinois.
Service area: Illinois: Cook, DuPage, Grundy, Kane, Kendall, Lake, McHenry and Will, counties; Indiana: Lake and Porter counties. Offers service through HMO-USA (Blue Cross & Blue Shield Assn.) in 40 states.
Services: Standard package including prescriptions, chiropractors, substance abuse, psychiatry, durable medical equipment, podiatry, OB/Gyn, skilled nursing facility and prosthetic devices. Options include vision and dental. Diagnostic testing by independent labs.
Rating options: Community rating by class. Offers point-of-service contracts.
Management reports: Provided annually.
Billing: Consolidated billing for national accounts.
Officers: Raymond F. McCaskey, president; Eileen Holderbaum, executive director; Dr. Burton VanderLaan, medical director; Mike Seibold, marketing director.
**Figures apply to the Chicago metropolitan area only and do not include POS members.*

Heritage National Healthplan Services Inc.*

1515 5th Ave., Suite 600, Moline, Ill. 61265-1368; 309-765-1200

Staff	
Physicians	1,424
Board-certified	85%
Specialists	2,018
Administrative	431
Marketing	32
Facilities	
Hospitals	82
Pharmacies	1,125
Diagnostic labs	45
Locations	
Administrative	14
Users	
Employer/payer groups	261
Single coverage	29,871
Family coverage	74,794
Employees & dependents	206,242
Total	206,242
Average hospital stay	4.6 days
Hospital admission/1,000 members	84.7
Revenues	
1991	$130,582,055
1990	$106,307,563

Operational date: December 1985.
Certified in: Illinois, Iowa, Tennesse, Wisconsin.
NCQA qualification pending.
Model type: IPA.
For profit.
Ownership: Deere & Co.
Service area: Iowa: 48 counties; Illinois: 28 counties; Tennessee; 16 counties; Wisconsin: Columbia, Crawford, Dodge, Fond Du Lac, Grant, Green, Green Lake, Iowa, Lafayette, Ozaukee, Rock, Walworth and Washington counties.
Services: Standard package including substance abuse, psychiatry, durable medical equipment and OB/Gyn. Options include prescriptions, chiropractors, vision, dental, podiatry and hearing. Diagnostic testing by independent labs.
Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts, 2% of members are enrolled.
Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.
Management reports: Provided upon request.
Billing: Consolidated billing for national accounts.
Officers: G. Michael Hammes, president; Dr. Stephen B. Sidwell, vp-medical services; Charles P. Parsons, vp-marketing/planning; Richard R. Detwiler, vp/treasurer; Jerry C. Tappendorf, vp-systems.
**Figures are consolidated, including all HMOs in this organization.*

Heritage National Healthplan Inc.

1515 5th Ave., Suite 600, Moline, Ill. 61265-1368; 309-765-1200

Staff	
Physicians	1,200
Board-certified	85%
Specialists	1,580
Administrative	431
Marketing	32
Facilities	
Hospitals	69
Pharmacies	900
Diagnostic labs	30
Locations	
Administrative	10
Users	
Employer/payer groups	231
Single coverage	27,022
Family coverage	65,441
Employees & dependents	174,412
Total	174,412
Average hospital stay	4.7 days
Hospital admission/1,000 members	85.2
Revenues	
1991	$95,975,507
1990	$78,086,137

Operational date: December 1985.
Certified in: Iowa, Illinois and Wisconsin.
NCQA qualification pending.
Model type: IPA.
For profit.
Ownership: Heritage National Healthplan Services Inc.
Service area: Iowa: 48 counties; Illinois: 28 counties; Wisconsin: Columbia, Crawford, Dodge, Fond Du Lac, Grant, Green, Green Lake, Iowa, Lafayette, Ozaukee, Rock, Walworth and Washington counties.

See Heritage National Healthplan Services Inc. under Illinois.

Continued on next page

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Humana Health Chicago Inc.

950 Warrenville Road, Lisle, Ill. 60532; 708-964-6200; fax: 708-964-8904

Users	
Total*	58,951

Operational date: October 1984, Humana-owned since April 1992.
Federally qualified.
Model type: IPA.
Service area: Metropolitan Chicago; Northwestern Indiana.
Officers: Barry Averill, executive director; Andrea Stallworth, sales manager.
** Figure is as of 8/31/92.*
See Humana Health Care Plans consolidated listing under Kentucky.

Humana Michael Reese HMO Plan

2555 S. Martin Luther King Drive, Chicago, Ill. 60616; 312-808-3801; fax: 312-842-7701

Users	
Total*	211,000

Operational date: July 1972, Humana-owned since March 1991.
Federally qualified.
Model type: Staff.
Service area: Metropolitan Chicago.
Officers: Barry Averill, executive director; Andrea Stallworth, sales manager.
** Figure is as of 8/31/92.*
See Humana Health Care Plans consolidated listing under Kentucky.

MetLife HealthCare Network of Illinois Inc.

1900 E. Golf Road, Suite 501, Schaumburg, Ill. 60173; 708-619-2222

Staff	
Physicians	1,267
Specialists	2,139
Facilities	
Hospitals	56

Operational date: September 1986.
Certified in: Illinois.
Model type: IPA.
For profit.
Ownership: Metropolitan Life Insurance Co.
Service area: Illinois: Cook, DuPage, Kane, Kendall, Lake, McHenry and Rock Island counties.
Services: Standard package including substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions, vision and dental. Diagnostic testing by independent labs.
Rating options: Community rating by class; experience rating.
Management reports: Provided upon request.
Billing: Consolidated billing for national accounts.
Officers: Dr. Charles G. Hertz, president/CEO; Dr. Steven A. Nagel, vp-medical affairs.

Personal Care Insurance of Illinois Inc.

510 Devonshire Drive, Suite G, Champaign, Ill. 61820; 217-366-1226; fax: 217-366-5410

Staff	
Physicians	90
Patients/physician	390
Board-certified	65%
Specialists	193
Administrative	52
Marketing	8
Facilities	
Hospitals	11
Locations	
Administrative	1
Users	
Employer/payer groups	200
Single coverage	7,100
Family coverage	7,100
Employees & dependents	30,500
Total	35,000
Average hospital stay	4.88 days
Hospital discharges/1,000 members	103
Revenues	
1991	$45,147,933
1990	$39,408,209

Operational date: July 1984.
Federally qualified.
Certified in: Illinois.
Model type: IPA.
Ownership: ServantCor Inc./Christie Securities Holding Corp.
Service area: Illinois: Champaign, Coles, Cook, Cumberland, DeWitt, Douglas, Edgar, Effingham, Ford, Iroquois, Kankakee, Livingston, McLean, Piatt, Shelby and Will counties. Contracts with HMO National Network.
Services: Standard package including chiropractors, vision, substance abuse, psychiatry, durable medical equipment, podiatry and Ob/Gyn. Options include prescriptions and dental. Diagnostic testing by independent labs.
Rating options: Community rating by class.
Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.
Management reports: Provided monthly, quarterly, annually and upon request.
Officers: Alan L. Mytty, president; Dr. Ronald Deering, Dr. Jay Anders, Dr. Peter Dumich, medical directors; Michael Fishburn, vp-sales/marketing; Gene Motycka, senior vp/COO; Larry Good, vp-development; Paulette Miller, vp-health services.

Principal Health Care of Illinois Inc.

310 S. Michigan Ave., Suite 1320, Chicago, Ill. 60604; 312-294-6594; fax: 312-294-6591

Staff	
Physicians	350
Board-certified	85%
Specialists	1,000
Administrative	7
Facilities	
Hospitals	17
Pharmacies	280
Locations	
Administrative	1
Users	
Employer/payer groups	3
Single coverage	20
Family coverage	45
Employees & dependents	81
Total	81
Revenues	
1991	$104,448
1990	$187,281

Service area: Illinois: Cook, DuPage, Kane and Lake counties.
Officers: Lee Green, executive director.
See Principal Health Care Inc. consolidated listing under Maryland.

PruCare of Illinois

Columbia Center II/9450 W. Bryn Mawr, Rosemont, Ill. 60018; 708-671-8700; fax: 708-671-6958

Staff	
Physicians	301
Patients/physician	52
Board-certified	70%
Specialists	732
Administrative	100
Marketing	35
Facilities	
Hospitals	20
Pharmacies	280
Diagnostic labs	15
Locations	
Administrative	1
Primary care	134
Users	
Employer/payer groups	100
Employees & dependents	15,682
Total	15,682
Average hospital stay	4.7 days
Hospital admission/1,000 members	73.9

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: Illinois: Cook, DuPage, Lake, and portions of DeKalb, Kane, McHenry, Will and counties.
Services: Standard package including substance abuse, psychiatry, durable medical equipment, podiatry, OB/Gyn, physical therapy, home health care, hospice, surgical centers, kidney stone centers and urgent care facilities. Options include prescriptions and dental. Diagnostic testing by HMO and independent labs.
Rating options: Community rating by class. Offers point-of-service contracts, 88% of members are enrolled.
Management reports: Provided annually.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: Scott Serota, vp-health care management; Tim DeWitt, director-health care management; Dr. Henry Hollander, medical director; Jim Ebbitt, vp-group marketing.
See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

Randmark Inc.-Illinois

1211 Connecticut Ave. N.W., Suite 800, Washington, D.C. 20006; 202-283-8800; fax: 202-466-3769

Staff	
Dentists	183
Specialists	57
Administrative	7
Marketing	4
Locations	
Administrative	1
Users	
Total	403

Certified in: Illinois.
Model type: IPA.
Service area: Illinois: Chicago area.
Services: Dental.
Rating options: Community rating; adjusted community rating. Offers point-of-service contracts, 10% of members are enrolled.
Enrollment options: Individual enrollment allowed.
Management reports: Provided upon request.
Billing: Consolidated billing for national accounts.
Officers: Dr. Randy Widen, chairman; Dr. Marc Doctors, president; Robert Wergin, CEO; Dan Karateew, dental director; Mike Lloyd, CFO.

RUSH Anchor/ RUSH Access HMO

33 E. Congress Parkway, Suite 600, Chicago, Ill. 60605; 312-347-3440; fax: 312-347-4500

Staff	
Physicians	900
Patients/physician	600
Board-certified	95%
Specialists	2,500
Administrative	391
Marketing	32
Facilities	
Hospitals	60
Locations	
Administrative	1
Primary care	185
Users	
Employer/payer groups	1,000
Single coverage	32,542
Family coverage	34,235
Employees & dependents	142,577
Total	148,735
Average hospital stay	4.5 days
Hospital admission/1,000 members	73
Revenues	
1991	$209,300,000
1990	$194,600,000

Operational date: 1971.
Federally qualified.
Certified in: Illinois, Indiana.
Model type: Staff/Network.
Not for profit.
Ownership: Rush-Presbyterian-St. Luke's Medical Center.
Service area: Illinois: Cook, DuPage, Kane, Lake, McHenry and Will counties; Indiana: Lake, LaPorte and Porter counties. Contracts with The HMO Group.
Services: Standard package including chiropractors, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions, vision and dental. Diagnostic testing by HMO and independent labs.
Rating options: Adjusted community rating. Offers point-of-service contracts, less than 1% of members are enrolled. Offers non-federally qualified programs.
Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries.
Management reports: Provided monthly, quarterly, annually and upon request.
Billing: Provides direct billing for COBRA premiums.
Officers: Truman Esmond Jr., president/CEO; Marie Sinioris, senior vp/COO; Dr. Carolyn Lopez, vp/medical director-RUSH Access; H. Robert Shive, vp-sales; Cathy McNeal, vp-finance/administration; Frank Joebgen, vp-business development; Preston Simons, vp-informations systems.
Contact: Kathleen Higgins, director-account management, 312-347-8816.

Share Health Plan of Illinois Inc.

1 Pierce Place, Suite 600, Itasca, Ill. 60143; 708-250-3200; fax: 708-250-9772

Staff	
Physicians	450
Patients/physician	172
Board-certified	95%
Specialists	1,883
Administrative	113
Marketing	22
Facilities	
Hospitals	47
Pharmacies	215
Diagnostic labs	7
Locations	
Administrative	2
Users	
Employer/payer groups	680
Employees & dependents	47,990
Total	80,250
Average hospital stay*	3.8 days
Hospital admission/1,000 members*	69

Operational date: February 1984.
Certified in: Illinois.
Model type: IPA/Network.
For profit.
Ownership: United HealthCare Corp.
Service area: Illinois: Cook, DuPage, Kane, Lake and McHenry counties.
Services: Standard package including substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions, chiropractors, vision and dental. Diagnostic testing by independent labs.
Rating options: Adjusted community rating. Offers point-of-service contracts, 10% of members are enrolled.
Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.
Management reports: Provided annually or upon request.
Billing: Provides direct billing for COBRA premiums.
Officers: John G. Ruther, president/CEO; Dr. Mervin Shalowitz, vp/medical director; Dave Gotsch, regional marketing vp.
Contact: Dave Gotsch.
**Excludes Medicare members.*
See United HealthCare Corp. consolidated listing under Minnesota.

Travelers Health Network of Illinois Inc.

50 Shuman Blvd., Suite 500, Naperville, Ill. 60563; 708-983-2400; fax: 708-357-1807

Staff	
Physicians	927
Specialists	2,189
Administrative	26
Facilities	
Hospitals	44
Pharmacies	385
Locations	
Administrative	1
Users	
Employees & dependents	2,305
Total	2,305
Average hospital stay	3.6 days
Hospital admission/1,000 members	54

Operational date: June 1991.
Certified in: Illinois.
Model type: IPA.
For profit.
Ownership: The Travelers.
Service area: Illinois: Cook, DuPage, Kane, Lake, McHenry and Will counties.
Services: Standard package including chiropractors, substance abuse, psychiatry, durable medical equipment, podiatry, OB/Gyn and artificial aids. Options include prescriptions, vision, dental and family planning-surgical. Diagnostic testing by independent labs.
Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts.
Management reports: Provided upon request.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: Tim Dickman, executive director; Jeanne McCarthy, director-operations.

INDIANA

Arnett HMO Inc.

3768 Rome Drive, P.O. Box 6108, Lafayette, Ind. 47903; 317-448-8200; fax: 317-448-8660

Staff	
Physicians	79
Patients/physician	245
Board-certified	98%
Specialists	122
Administrative	35
Marketing	5
Facilities	
Hospitals	7
Pharmacies	17
Locations	
Administrative	1
Primary care	33
Users	
Employer/payer groups	57
Single coverage	2,361
Family coverage	4,226
Employees & dependents	16,600
Total	21,656
Average hospital stay	3.9 days
Hospital admission/1,000 members	93
Revenues	
1991	$29,230,562
1990	$24,862,455

Operational date: June 1985.
Federally qualified.
Certified in: Indiana.
Model type: Group.
Ownership: Arnett Clinic.
Service area: Indiana: 18 counties.
Services: Standard package including durable medical equipment, podiatry and OB/Gyn. Options include prescriptions, substance abuse and psychiatry. Diagnostic testing by independent labs.
Rating options: Community rating by class.
Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.
Officers: Dr. James T. Poulos, president; James A. Brunnemer, executive director; Dr. Michael W. Skehan, medical director; R. Marshall Powell, marketing director.

Health Maintenance of Indiana

333 N. Alabama, Suite 300, Indianapolis, Ind. 46204-2102; 317-262-4557

Users	
Total*	31,946

Operational date: 1983.
Model type: IPA.
Affiliate: Blue Cross & Blue Shield of Indiana.
** Total users as of Dec. 31, 1991.*

Health Resources Inc.

420 N.W. 5th St., Suite 1-C, Evansville, Ind. 47708; 812-424-1444; fax: 812-428-6725

Staff	
Dentists	300
Administrative	3
Marketing	1
Locations	
Administrative	1
Primary care	250
Users	
Employer/payer groups	250
Employees & dependents	11,000
Total	11,000
Revenues	
1991	$1,100,000
1990	$675,000

Operational date: April 1987.
Certified in: Indiana, Kentucky.
Model type: IPA.
For profit.
Ownership: 65% of all providers.
Service area: Indiana: Southwestern and West-Central regions; Western Kentucky.
Services: Dental.
Rating options: Community rating by class; adjusted community rating.
Management reports: Provided monthly.
Billing: Provides direct billing for COBRA premiums.
Officers: Dr. Edward L. Fritz, president; Paul Posthauer, marketing director.

Healthsource Indiana Managed Care Plan

225 S. East St., Suite 367, Indiananpolis, Ind. 46202; 317-685-8300; fax: 317-687-8500

Staff	
Physicians	845
Patients/physician	25
Specialists	2,230
Administrative	56
Marketing	10
Facilities	
Hospitals	51
Pharmacies	313
Diagnostic labs	69
Locations	
Administrative	1
Users	
Employer/payer groups	126
Total	21,168
Average hospital stay	4.55 days
Hospital admission/1,000 members	84.58
Revenues	
1991	$25,791,000
1990	$18,412,000

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Operational date: February 1986.
Certified in: Indiana.
Model type: IPA.
Ownership: Healthsource Inc.
Service area: Indiana.
Services: Standard package including prescriptions, chiropractors, vision, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Diagnostic testing by independent labs.
Rating options: Adjusted community rating.
Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries.
Officers: Andrew Johnson, president/CEO; Dr. Frank Lloyd, medical director; Ken DiBella, vp-sales/marketing; John Habig, vp-chief actuary; Jack Milnes, vp-operations; Pat Richards, vp-medical services; Jenny Bradshaw, vp/CFO.
Contact: Ken DiBella.

Humana Health Plan Inc.-Southern Indiana

The Waterside Building, 101 E. Main St., 11th Floor, Louisville, Ky. 40202; 502-580-5005; fax: 505-580-5043

Operational date: 1988.
Model type: Staff/IPA.
Officers: Vicky Gregg, executive director; Jim Moser, sales manager; Dr. Jim Nadler, medical director.
See Humana Health Care Plans consolidated listing under Kentucky.

Key Health Plan

333 N. Alabama, Suite 300, Indianapolis, Ind. 46204; 317-262-4557; fax: 317-262-4697

Staff	
Physicians	368
Patients/physician	83
Board-certified	95%
Specialists	1,996
Administrative	82
Marketing	14
Facilities	
Hospitals	53
Pharmacies	521
Diagnostic labs	5
Locations	
Administrative	1
Primary care	1
Users	
Employer/payer groups	40
Single coverage	4,265
Family coverage	7,838
Employees & dependents	30,328
Total	30,328
Average hospital stay	4.58 days
Hospital admission/1,000 members	50.48
Revenues	
1991	48,920,939
1990	57,233,155

Operational date: June 1983.
Federally qualified.
Certified in: Indiana.
NCQA qualification pending.
Model type: IPA.
For profit.
Ownership: The Associated Group.
Service area: Indiana: Adams, Allen, Bartholomew, Benton, Blackford, Boone, Brown, Carroll, Cass, Clark, Clinton, Crawford, Decatur, DeKalb, Delaware, Elkhart, Fayette, Floyd, Fountain, Franklin, Fulton, Grant, Greene, Hamilton, Hancock, Harrison, Hendricks, Henry, Huntington, Jackson, Jasper, Jay, Jefferson, Jennings, Johnson, Koscuisko, Lake, LaGrange, LaPorte, Lawrence, Madison, Marion, Marshall, Miami, Monroe, Montgomery, Morgan, Newton, Noble, Orange, Owen, Parke, Porter, Pulaski, Putnam, Randolph, Ripley, Rush, Scott, Shelby, St. Joseph, Starke, Steuben, Sullivan, Switzerland, Tippecanoe, Tipton, Vermillion, Vigo, Wabash, Warren, Washington, Wayne, Wells and Whitley counties.
Services: Standard package including chiropractors, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions, vision and dental. Diagnostic testing by HMO and independent labs.
Rating options: Adjusted community rating.
Management reports: Provided upon request.
Billing: Provides direct billing for COBRA premiums.
Officers: John D. Cuny, president/CEO; Dr. T. Craig Childs, medical director; David W. Anderson, vp-marketing/underwriting; James McNaughton, COO.

M-Plan Inc.

8802 N. Meridian St., Suite 100, Indianapolis, Ind. 46260; 317-571-5300; fax: 317-571-5306

Staff	
Physicians	408
Patients/physician	50
Board-certified	86%
Specialists	890
Administrative	110
Marketing	11
Facilities	
Hospitals	11
Pharmacies	91
Diagnostic labs	37
Locations	
Administrative	1
Primary care	290
Users	
Employer/payer groups	27
Single coverage	3,588
Family coverage	4,395
Employees & dependents	16,769
Total	20,491
Average hospital stay	4.8 days
Hospital admission/1,000 members	85
Revenues	
1991	$13,500,000
1990	$12,500,000

Operational date: June 1989.
Certified in: Indiana.
Model type: Group/IPA.
Ownership: Methodist Hospital of Indiana Inc.
Service area: Indiana: Boone, Hamilton, Hancock, Hendricks, Johnson, Marion, Morgan and Shelby counties. Contracts with the HMO Group.
Services: Standard package including prescriptions, substance abuse, psychiatry, durable medical equipment and OB/Gyn. Options include vision, dental and podiatry. Diagnostic testing by independent labs.
Rating options: Community rating by class; adjusted community rating.
Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries.
Management reports: Provided annually and upon request.
Officers: Alex Slabosky, president; Dr. Elizabeth Peterson, medical director; Rick Altstadt, vp-marketing.
Contact: Rick Altstadt.

PARTNERS National Health Plan of Indiana Inc.

100 E. Wayne St., Suite 502, South Bend, Ind. 46601; 219-233-5033; fax: 219-234-7484

Staff	
Physicians	120
Patients/physician	300
Board-certified	100%
Specialists	169
Administrative	56
Marketing	7
Facilities	
Hospitals	5
Pharmacies	2
Diagnostic labs	1

Continued on next page

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Irvine, CA 92715

Continued from previous page

Users	
Employer/payer groups	403
Single coverage	7,395
Family coverage	9,615
Employees & dependents	37,133
Total	37,133
Average hospital stay	4.2 days
Hospital admission/1,000 members	72

Revenues	
1991	$34,670,984
1990	$27,401,252

Operational date: January 1987.
Certified in: Indiana.
Model type: IPA.
For profit.
Ownership: Memorial Hospital of South Bend, Elkhart General, Michiana Medical Associates, Elkhart Hospital Medical Associates.
Service area: Indiana: St. Joseph and Elkhart counties. Contracts with Aetna Health Plans.
Services: Standard package including substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions and dental. Diagnostic testing by independent labs.
Rating options: Community rating by class.
Enrollment options: Individual enrollment allowed on a conversion basis.
Management reports: Provided annually.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: Richard J. Wurzburg, president; James Gilmour, executive director; Alan D. Snell, medical director; Steven A. Hamilton, marketing director; James J. Ewing, CFO; Sherry Fielder, medical services director; Joyce Spitler, operations director.
Contact: Steven A. Hamilton.
See Aetna Life Insurance Co. consolidated listing under Connecticut.

Physicians Health Network

1 Riverfront Place, Suite 400, Evansville, Ind. 47708; 812-456-6000; fax: 812-465-6014

Staff	
Physicians	112
Patients/physician	153
Board-certified	72%
Specialists	160
Administrative	1
Marketing	14

Facilities	
Hospitals	5
Pharmacies	36
Diagnostic labs	14

Locations	
Administrative	1

Users	
Employer/payer groups	190
Single coverage	2,517
Family coverage	4,330
Employees & dependents	17,123
Total	17,123
Average hospital stay	3.9 days
Hospital admission/1,000 members	81

Revenues	
1991	$24,085,391
1990	$22,517,206

Operational date: May 1985.
Federally qualified.
Certified in: Indiana.
Model type: IPA.
For profit.
Ownership: Associated Insurance Cos. Inc. (75%).
Service area: Indiana: Daviess, Dubois, Gibson, Knox, Martin, Perry, Pike, Posey, Martin, Spencer, Vanderburgh and Warrick counties. Offers service through HMO-USA (Blue Cross & Blue Shield Assn.) in 40 states.
Services: Standard package including substance abuse, psychiatry, durable medical equipment and OB/Gyn. Options include prescriptions, vision and dental. Diagnostic testing by independent labs.
Rating options: Adjusted community rating. Offers point-of-service contracts. Offers non-federally qualified programs.
Enrollment options: Individual enrollment allowed.
Management reports: Provided quarterly.
Officers: John Cuny, president; Russell W. Sherlock, COO; Dr. R. Kenneth Spear, medical director; Richard Worthington, vp-sales/marketing; Jaron Johnson, vp-finance; M. Jean Russell, vp-medical operational services; Michael Hochgesang, vp-system operations.

Physicians Health Service

1 Riverfront Place, Suite 400, Evansville, Ind. 47708; 812-456-6000

Users	
Total*	6,858

Operational date: 1985.
Model type: IPA.
Affiliate: Blue Cross & Blue Shield of Indiana.
**Total users as of Dec. 31, 1991.*

IOWA

Care Choices HMO-Iowa

401 Terra Centra, 600 4th St., Sioux City, Iowa 51104; 712-252-2344; fax: 712-233-3684

Staff	
Physicians	89
Board-certified	95%
Specialists	110
Administrative	14
Marketing	2

Facilities	
Hospitals	8
Pharmacies	120
Diagnostic labs	3

Locations	
Administrative	1

Users	
Employer/payer groups	66
Single coverage	1,430
Family coverage	2,349
Employees & dependents	9,773
Total	9,773
Average hospital stay	4.4 days
Hospital admission/1,000 members	71

Revenues	
1991	$10,000,000
1990	$7,500,000

Operational date: July 1987.
Certified in: Iowa, Nebraska, South Dakota.
NCQA qualification pending.
Model type: IPA.
Not for profit.
Service area: Iowa: Cherokee, Ida, Monona, Plymouth, Sioux and Woodbury counties; Nebraska: Dakota, Dixon and Thurston counties; South Dakota: Clay and Union counties.
Services: Standard package including chiropractors, vision, substance abuse, psychiatry, durable medical equipment, podiatry, OB/Gyn, health and fitness benefits and health education benefits. Options include prescriptions and dental. Diagnostic testing by independent labs.
Rating options: Community rating: $108 single, $279 family; community rating by class.
Enrollment options: Individual enrollment allowed.
Management reports: Provided quarterly.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: Patrick Aberle, executive director; Dr. R. Bruce Bedell, medical director; Rona Berinobis, marketing director; Karen Pederson.

HMO Iowa

317 6th Ave., Suite 1002, Des Moines, Iowa 50309; 515-244-6300; fax: 515-237-1258

Staff	
Physicians	194
Board-certified	100%
Specialists	275
Administrative	65
Marketing	3

Facilities	
Hospitals	14
Pharmacies	400
Diagnostic labs	7

Locations	
Administrative	1
Primary care	1

Users	
Employer/payer groups	225
Single coverage	8,097
Family coverage	8,039
Employees & dependents	42,757
Total	42,757
Average hospital stay	4.03 days
Hospital admission/1,000 members	99

Revenues	
1991	$41,602,314
1990	$31,208,949

Operational date: January 1986.
Certified in: Iowa.
Model type: IPA/Network.
For profit.
Ownership: The Principal Financial Group.
Service area: Iowa: Adair, Appanoose, Boone, Calhoun, Carroll, Clarke, Dallas, Davis, Decatur, Franklin, Greene, Guthrie, Hamilton, Hardin, Humboldt, Jasper, Keokuk, Lucas, Madison, Mahaska, Marion, Marshall, Monroe, Pocahontas, Polk, Poweshiek, Ringgold, Story, Tama, Union, Wapello, Warren, Wayne, Webster and Wright counties.
Services: Standard package including chiropractors, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions, vision, substance abuse and psychiatry. Diagnostic testing by independent labs.
Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts, 0.01% of members are enrolled.
Management reports: Provided annually.
Billing: Provides direct billing for COBRA premiums.
Officers: Dr. Michael J. Richards, president; Thomas Press, executive director; Dr. Kevin Cunningham, medical director; Tami Marquart, marketing director; Linda Sufficool, vp.

Medical Associates HMO

1 Cycare Plaza, Suite 230, Dubuque, Iowa 52001; 319-556-8070; fax: 319-556-5134

Staff	
Physicians	87
Patients/physician	344
Board-certified	98%
Specialists	75
Administrative	7
Marketing	2.5

Facilities	
Hospitals	14
Pharmacies	64
Diagnostic labs	3

Locations	
Administrative	1
Primary care	30

Users	
Employer/payer groups	200
Single coverage	2,391
Family coverage	5,373
Employees & dependents	21,550
Total	29,603
Average hospital stay*	4.66 days
Hospital admission/1,000 members*	379

Revenues	
1991	$39,781,567
1990	$42,605,622

Operational date: July 1982.
Certified in: Illinois, Iowa, Wisconsin.
Model type: Network.
For profit.
Service area: Iowa: Clayton, Delaware, Dubuque, Jackson and Jones counties; Illinois: JoDaviess county; Wisconsin: Crawford, Grant, Iowa and Lafayette, counties.
Services: Standard package including substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions, chiropractors, vision and dental. Diagnostic testing by HMO and by contract with independent labs.
Rating options: Community rating: $135 single, $343 family.
Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.
Management reports: Provided quarterly.
Officers: Lawrence E. Cremer, executive director; Dr. Frederick G. Asmussen, medical director; Terry Kane, marketing director; Robert D. Hamel, compliance officer; Katherine A. Kurt, director-finance; Darlene A. Walsh, director-benefits/claims.
* Figures include Medicare users.

United HealthCare of Iowa Inc.

2700 Westown Parkway, Suite 200, West Des Moines, Iowa 50266; 515-225-1234; fax: 515-225-2486

Staff	
Physicians	96
Patients/physician	240
Board-certified	77%
Specialists	400
Administrative	5
Marketing	7

Facilities	
Hospitals	10
Pharmacies	49
Diagnostic labs	5

Locations	
Administrative	1
Primary care	42

Users	
Employer/payer groups	244
Single coverage	4,510
Family coverage	6,780
Employees & dependents	25,937
Total	27,802
Average hospital stay	4.4 days
Hospital admission/1,000 members	72.7

Operational date: July 1983.
Certified in: Iowa.
Model type: Group/IPA.
Ownership: United HealthCare Corp.
Service area: Iowa: Dallas, Jasper, Madison, Marion, Marshall, Polk, Pottawattamie, Story and Warren counties.
Services: Standard package including prescriptions, chiropractors, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include vision and dental. Diagnostic testing by independent labs.
Rating options: Community rating by class; adjusted community rating.
Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.
Management reports: Provided upon request.
Billing: Provides direct billing for COBRA premiums.
Officers: D. Michael Elliott, president; Dr. Thomas Kline, medical director; Steve Jacobsen, marketing director; Janet Lowe, finance director; Diane Skinner, medical services director.
See United HealthCare Corp. consolidated listing under Minnesota.

KANSAS

CIGNA Health Plan of Kansas/Missouri-Salina

200 S. Santa Fe, Suite 5, Salina, Kan. 67401; 913-823-6015; fax: 913-823-0435

Staff	
Physicians	19
Specialists	46

Facilities	
Hospitals	2
Pharmacies	3
Diagnostic labs	1

Locations	
Administrative	2
Primary care	94

Users	
Total	3,749

Operational date: November 1983.
Federally qualified.
Certified in: Kansas.
Model type: IPA.
Service area: Kansas: Dickinson, Lincoln, McPherson, Ottawa and Saline counties.
Services: Diagnostic testing by independent labs.
Officers: Ann Headrick, executive director; Dr. Adrian Walling, medical director.
See CIGNA Corp. consolidated listing under Connecticut.

CIGNA Health Plan of Kansas/Missouri-Wichita

2959 N. Rock Road, Wichita, Kan. 67226; 316-636-1152; fax: 316-636-1193

Staff	
Physicians	151
Specialists	277

Facilities	
Hospitals	7
Pharmacies	51
Diagnostic labs	1

Locations	
Administrative	2
Primary care	563

Users	
Total	32,240

Operational date: June 1981.
Federally qualified.
Certified in: Kansas.
Model type: IPA.
Service area: Kansas: Butler, Cowley, Harper, Harvey, Kingman, Marion, McPherson, Reno, Sedgwick and Sumner counties.
Services: Diagnostic testing by independent labs.
Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.
Officers: Doug Stratton, executive director; Dr. Adrian Walling, medical director.
See CIGNA Corp. consolidated listing under Connecticut.

CIGNA Health Plan of Kansas City Inc.

7400 110th St., Suite 600, Overland Park, Kan. 66210; 913-451-9389; fax: 913-451-0974

Staff	
Physicians	362
Specialists	1,103

Facilities	
Hospitals	25
Pharmacies	159
Diagnostic labs	2

Locations	
Administrative	2
Primary care	302

Users	
Total	57,368

Operational date: July 1986.
Federally qualified.
Certified in: Kansas, Missouri.
Model type: IPA.
Service area: Kansas: Cass, Clay, Douglas, Franklin, Jackson, Johnson, Lafayette, Leavenworth, Miami, Platte, Ray and Wyandotte counties.
Services: Diagnostic testing by independent labs.
Officers: Joy Haug, executive director; Dr. William Truitt, medical director.
See CIGNA Corp. consolidated listing under Connecticut.

Exclusive Healthcare Inc.

7300 College Blvd, Suite 208, Overland Park, Kan. 66210; 913-451-1777; fax: 913-451-5748

Staff	
Physicians	160
Patients/physician	27.76
Board-certified	80%
Specialists	381
Administrative	2
Marketing	1

Facilities	
Hospitals	14
Pharmacies	54
Diagnostic labs	14

Locations	
Administrative	1
Primary care	150

Users	
Employer/payer groups	15
Single coverage	1,587
Family coverage	821
Employees & dependents	4,442
Total	4,442
Average hospital stay	3.5 days
Hospital admission/1,000 members	64

Revenues	
1991	$3,017,367
1990	$260,627

Service area: Missouri: Caldwell, Cass, Clay, Clinton, Davess, Harrison, Jackson, Lafayette, Livingston and Platte counties; Kansas: Douglas, Johnson, Leavenworth, Miami and Wyandotte counties.
Officers: Steve Layland, plan manager.
Contact: Nina Grove, Mutual of Omaha Plaza, Omaha, Neb. 68175; 402-978-2700.
See Exclusive Healthcare Inc./Exclusicare consolidated listing under Nebraska.

HMO Kansas

P.O. Box 110, Topeka, Kan. 66601; 913-233-2751; fax: 913-291-8216

Staff	
Physicians	357
Patients/physician	114
Board-certified	74%
Specialists	1,650

Facilities	
Hospitals	49
Diagnostic labs	16

Locations	
Administrative	1
Primary care	160

Users	
Employer/payer groups	292
Single coverage	8,027
Family coverage	9,470
Employees & dependents	40,470
Total	40,563
Average hospital stay	3.95 days
Hospital admission/1,000 members	360

Revenues	
1991	$55,301,054
1990	$59,910,492

Operational date: April 1984.
Certified in: Kansas.
Model type: IPA.
Not for profit.
Ownership: Blue Cross/Blue Shield of Kansas.
Service area: Kansas: Butler, Chase, Coffey, Cowley, Dickinson, Douglas, Franklin, Geary, Harvey, Jackson, Lincoln, Lyon, Marion, McPherson, Osage, Ottawa, Sedgwick, Shawnee, Rend, Rice, Saline, Sumner, Pottawatomie and Wabaunsee counties. Offers service through HMO-USA (Blue Cross & Blue Shield Assn.) in 40 states.
Services: Standard package including chiropractors, vision, limited dental, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include pre-

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scriptions and eyewear lenses and frames.

Rating options: Community rating; adjusted community rating.

Management reports: Provided annually.

Billing: Provides direct billing for COBRA premiums.

Officers: Thomas L. Miller, president; John W. Knack, executive director; Dr. John Listerman, medical director; Andrew Corbin, marketing director; William Gloy, COO.

Kaiser Permanente/ Kansas City Region

10561 Barkley, Overland Park, Kan. 66212; 913-967-4600; fax: 913-642-0209

Staff	
Physicians	38
Patients/physician	914
Board-certified	96%
Specialists	120
Administrative/marketing	286
Facilities	
Hospitals	4
Pharmacies	6
Diagnostic labs	6
Locations	
Administrative	1
Primary care	7
Users	
Employer/payer groups	610
Single coverage	11,204
Family coverage	10,285
Employees & dependents	42,322
Total	44,308
Average hospital stay	4.5 days
Hospital admission/1,000 members	61
Revenues	
1991	$57,629,000
1990	$43,000,000

Operational date: January 1983.
Federally qualified.
Certified in: Kansas, Missouri.
NCQA accredited.

Service area: Kansas: Johnson, Leavenworth and Wyandotte counties; Missouri: Cass, Clay, Jackson and Platte counties. Contracts with The HMO Group.

Services: Standard package including substance abuse, psychiatry and OB/Gyn. Options include prescriptions, vision, dental and durable medical equipment. Diagnostic testing by HMO.

Officers: Robert Biblo, vp/regional manager; Dr. Joseph P. Goldberg, president/executive medical director-Permanente Medical Group of Mid-America P.A.

See Kaiser Foundation Health Plan Inc. consolidated listing under California.

MetLife HealthCare Network of Kansas City Inc.

Building 9, Suite 185, 9200 Indian Creek Parkway, Overland Park, Kan. 66210-2012; 913-451-5656

Staff	
Physicians	405
Specialists	1,051
Facilities	
Hospitals	15

Operational date: December 1986.
Certified in: Missouri, Kansas.
Model type: IPA.
For profit.
Ownership: Metropolitan Life Insurance Co.

Service area: Kansas: Johnson, Leavenworth and Wyandotte counties; Missouri: Cass, Clay, Jackson and Platte counties.

Services: Standard package. Options include prescriptions, vision, dental, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Diagnostic testing by independent labs.

Rating options: Community rating by class; experience rating.

Billing: Consolidated billing for national accounts.

Officers: Barbara C. Buenemann, president/CEO; Barbara Corn, vp.

KENTUCKY

Alternative Health Delivery Systems Inc.

9901 Linn Station Road, Louisville, Ky. 40223; 502-423-8324 or 800-955-3035; fax: 502-423-6460

Staff	
Physicians	385
Patients/physician	185
Board-certified	80%
Specialists	781
Administrative	6
Marketing	3
Facilities	
Hospitals	16
Pharmacies	253
Diagnostic labs	12
Locations	
Administrative	1
Primary care	16
Users	
Employer/payer groups	440
Single coverage	18,650
Family coverage	16,725
Employees & dependents	73,188
Total	73,188
Average hospital stay	4.8 days
Hospital admission/1,000 members	83
Revenues	
1991	$56,700,000
1990	$38,600,000

Operational date: June 1985.
Certified in: Kentucky, Indiana.
Model type: IPA.
For profit.
Ownership: Blue Cross/Blue Shield of Kentucky, Alliant Health System, Baptist Hospital East, Jewish Hospital, Sts. Mary and Elizabeth Hospital.

Service area: Kentucky: Breckinridge, Bullitt, Grayson, Hardin, Hart, Henry, Jefferson, Larue, Meade, Nelson, Oldham, Shelby, Spencer and Trimble counties; Indiana: Clark, Floyd, Harrison, Scott and Washington counties.

Services: Standard package including chiropractors, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions, vision and human organ transplants. Diagnostic testing by HMO and independent labs.

Rating options: Community rating by class. Offers point-of-service contracts, 18% of members are enrolled.

Enrollment options: Individual enrollment allowed.

Management reports: Provided monthly, quarterly or annually.

Billing: Provides direct billing for COBRA premiums.

Officers: Kathleen M. Wiljanen, president/CEO; Katherine W. Gilchrist, vp-finance/operations; Melissa Guthrie, director-account utilization; Anthony J. Leshon, vp.

Contact: Michael Gray, communication promotion coordinator, 502-423-2528.

CompDent Corp.

3939 Atkinson Drive, Louisville, Ky. 40218; 502-456-1800; fax: 502-456-2772

Staff	
Dentists	781
Patients/physician	400
Board-certified	100%
Specialists	212
Administrative	49
Marketing	35
Locations	
Administrative	8
Users	
Employer/payer groups	3,112
Single coverage	21,000
Family coverage	82,000
Total	230,000
Revenues	
1992	$17,400,000

Operational date: 1977.
Certified in: Illinois, Indiana, Kansas, Kentucky, Missouri, Ohio, West Virgina.
Model type: Capitated dental plan.
For profit.
Service area: Illinois, Indiana, Kansas, Kentucky, Missouri, Ohio, West Virginia.
Services: Vision and dental.
Rating options: Adjusted community rating.
Enrollment options: Individual enrollment allowed.

Management reports: Provided quarterly upon request.

Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.

Officers: Allan B. Morris, president; W. James Lintner Jr., executive vp; Leo T. Whitt, treasurer; Iris W. Jones, secretary.
Contact: Leo T. Whitt.

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Continued from previous page

HMO Kentucky Inc.

10100 Linn Station Road, Louisville, Ky. 40223; 502-423-2282

Users	
Total*	18,990

Operational date: 1986.
Model type: IPA.
Affiliate: Blue Cross & Blue Shield of Kentucky.
**Total users as of 12/31/91.*

HealthWise of Kentucky Ltd.

489 E. Main St., Lexington, Ky. 40507; 606-259-1771; fax: 606-253-3488

Staff	
Physicians	223
Patients/physician	197
Board-certified	99%
Specialists	529
Administrative	67
Marketing	7
Facilities	
Hospitals	28
Pharmacies	202
Diagnostic labs	39
Locations	
Administrative	3
Users	
Employer/payer groups	114
Single coverage	15,108
Family coverage	9,324
Employees & dependents	44,872
Total	44,872
Average hospital stay	4 days
Hospital admission/1,000 members	367
Revenues	
1991	$50,200,000
1990	$37,500,000

Operational date: May 1986.
Certified in: Kentucky.
Model type: IPA.
For profit.
Ownership: Commonwealth Physician Service Corp/SCA Inc.
Service area: 39 counties in Kentucky.
Services: Standard package including chiropractors, vision, substance abuse, psychiatry, durable medical equipment, podiatry (limited) and OB/Gyn. Diagnostic testing by independent labs.
Rating options: Adjusted community rating.
Management reports: Provided monthly.
Officers: Harold Bischoff, executive director; Dr. T. Allen Woodward, medical director; Dan Atherton, marketing director; Belinda Cox, associate executive director.
Contact: Dan Atherton.

Humana Care Plan Inc.

101 Prosperous Place, Suite 300, Lexington, Ky. 40509; 606-263-1400; fax: 606-263-1488

Users	
Total*	38,825

Operational date: 1988.
Federally qualified.
Model type: Group/IPA.
Service area: Kentucky: 26 counties.
Officers: Betty Chowning, executive director; Katherine Congleton, sales manager; Dr. Timothy Costitch, medical director.
**Figure is as of 8/31/92.*
See Humana Health Care Plans consolidated listing under Kentucky.

Humana Care Plan Inc.

The Waterside Building, 101 E. Main St., 11th Floor, Louisville, Kentucky 40202; 502-580-5005; fax: 502-580-5043

Users	
Total*	69,515

Operational date: 1988.
Federally qualified.
Model type: Group/IPA.
Service area: Indiana: Clark, Crawford, Floyd, Harrison, Jefferson, Scott and Washington counties; Kentucky: Bullitt, Hardin, Henry, Jefferson, Meade, Nelson, Oldham, Shelby and Spencer counties.
Officers: Vicky Gregg, executive director; Jim Moser, sales manager: Dr. Jim Nadler, medical director.
**Figure is as of 8/31/92.*
See Humana Health Care Plans consolidated listing under Kentucky.

Humana Health Care Plans*

500 W. Main St., Humana Building, Louisville, Kentucky 40202; 502-580-1000; fax: 502-580-3942

Users	
Employees & dependents**	1,300,000
Total**	1,562,300

For profit.
Ownership: Humana Inc.
Service area: Alabama, Arizona, Colorado, Florida, Illinois, Indiana, Kentucky, Louisiana, Missouri, Nevada, Ohio and Texas.
Services: Standard package including durable medical equipment and OB/Gyn. Options include prescriptions, vision, dental and psychiatry.
Rating options: Community rating; experience rating.
Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.
Management reports: Provided.
Billing: Consolidated billing for national accounts.
Officers: Wayne T. Smith, executive vp-health care operations.
** Figures are consolidated, including all HMOs in this organization.*
*** Figures are from Humana Inc. 1992 annual report.*

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.
Officers: Betty Chowning, executive director; Katherine Congleton, sales manager; Dr. Timothy Costitch, medical director.
See Humana Health Care Plans consolidated listing 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.
Officers: Vicky Gregg, executive director; Jim Moser, sales manager; Dr. Jim Nadler, medical director.
See Humana Health Care Plans consolidated listing under Kentucky.

LOUISIANA

Aetna Health Plans of Louisiana Inc.

3900 Causeway Blvd., Suite 410, Metairie, La. 70002-7283; 504-830-5600; fax: 504-837-6571

Staff	
Physicians	309
Patients/physician	50
Board-certified	82%
Specialists	1,023
Facilities	
Hospitals	8
Pharmacies	208
Diagnostic labs	8
Users	
Employer/payer groups	118
Single coverage	1,935
Family coverage	4,837
Employees & dependents	17,800
Total	17,800
Average hospital stay	2.8 days
Hospital admission/1,000 members	308

Operational date: September 1987.
Certified in: Louisiana.
NCQA qualification pending.
Model type: IPA.
For profit.
Service area: Louisiana: Jefferson, Orleans, St. Bernard, St. Tammany and portions of Plaquemines, St. Charles and St. John the Baptist counties.
Services: Standard package including prescriptions, vision, substance abuse, psychiatry, durable medical equipment and OB/Gyn. Diagnostic testing by independent labs.
Rating options: Community rating by class. Offers point-of-service contracts, 5% of members are enrolled.
Enrollment options: Individual enrollment allowed.
Management reports: Provided upon request.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: Dr. Vincent Miles, medical director; Ross Vrooman, marketing director; Michael Rogers, network management director; John G. Pearce, marketing manager.
Contact: Ross Vrooman.
See Aetna Life Insurance Co. consolidated listing under Connecticut.

CIGNA Health Plan of Louisiana Inc.

4354 S. Sherwood Forest Blvd., Suite D240, Baton Rouge, La. 70816; 504-295-2800; fax: 504-295-2888

111 Veterans Blvd., Heritage Plaza, Suite 1424, Metairie, La. 70005; 504-832-1993; fax: 504-831-7499

Staff	
Physicians	236
Specialists	585
Facilities	
Hospitals	26
Pharmacies	99
Diagnostic labs	5
Locations	
Administrative	4
Primary care	1,115
Users	
Total	30,823

Operational date: March 1986 (Baton Rouge). July 1989 (Metairie).
Federally qualified (Baton Rouge).
Certified in: Louisiana.
Model type: IPA.
Service area: Baton Rouge: 16 counties. Metairie: 9 counties.
Officers: John Davis, executive director; William Larsen, medical director.
See CIGNA Corp. consolidated listing under Connecticut.

CIGNA Health Plan of North Louisiana

6425 Youree Drive, Suite 200, Shreveport, La. 71105-4625; 318-798-4750; fax: 318-798-4737

Staff	
Physicians	30
Specialists	65
Facilities	
Hospitals	4
Pharmacies	12
Locations	
Administrative	2
Primary care	90
Users	
Total	17,715

Operational date: September 1984.
Federally qualified.
Certified in: Louisiana.
Model type: Group/IPA.
Service area: Louisiana: Bienville, Bossier, Caddo, Claiborne, De Soto, Hanna, Red River and Webster counties.
Services: Diagnostic testing by independent labs.
Officers: John Davis, executive director; Dr. Charles Knight, medical director.
See CIGNA Corp. consolidated listing 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	359
Patients/physician	148
Board-certified	74%
Specialists	960
Administrative	127
Marketing	14
Facilities	
Hospitals	38
Pharmacies	286
Diagnostic labs	12
Locations	
Administrative	1
Users	
Employer/payer groups	57
Single coverage	5,663
Family coverage	16,501
Employees & dependents	56,444
Total	56,444
Average hospital stay	4 days
Hospital admission/1,000 members	67
Revenues	
1991	$50,000,000
1990	$42,821,271

Operational date: October 1985.
Federally qualified.
Certified in: Louisiana.
Model type: IPA.
For profit.
Ownership: Louisiana Independent Physicians Association, Complete Health of Alabama.
Service area: Louisiana: 36 counties.
Services: Standard package including prescriptions, chiropractors, substance abuse, psychiatry, durable medical equipment. Options include vision and dental. Diagnostic testing by independent labs.
Rating options: Community rating by class. Offers point-of-service contracts, 2% of members are enrolled. Offers non-federally qualified programs.
Management reports: Provided quarterly.
Billing: Provides direct billing for COBRA premiums.
Officers: G. Larry Mitchum, CEO/president; Dr. Roy Arnold, medical director; Glen J. Golemi, marketing director; Karen Link, director-claims administration; Debbie Johnson, director-medical management; Eileen Raymond, director-finance; Ralph Melian, director-MIS; 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	198
Patients/physician	175
Board-certified	71%
Specialists	345
Administrative	87
Marketing	9.5
Facilities	
Hospitals	14
Pharmacies	130
Diagnostic labs	6
Locations	
Administrative	1
Users	
Employer/payer groups	95
Single coverage	8,950
Family coverage	9,810
Employees & dependents	42,200
Total	42,200
Average hospital stay	4.5 days
Hospital admission/1,000 members	297
Revenues	
1991	$17,043,716
1990	$23,545,704

Operational date: April 1986.
Federally qualified.
Certified in: Louisiana.
Model type: IPA.
For profit.
Ownership: General Health Inc.
Service area: Louisiana: Ascension, East Baton Rouge, East Feliciana, Iberville, Livingston, Pointe Coupee, St. Helena, St. James, Tangipahoa, West Baton Rouge and West Feliciana counties; Mississippi: Centreville, Woodville and Gloster cities. Contracts with Ultralink in 35 states and Guam.
Services: Standard package including chiropractors, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions, vision, dental, substance abuse, and psychiatry. Diagnostic testing by independent labs.
Rating options: Community rating: $136.88 single, $372.31 family; community rating by class; adjusted community rating. Offers point-of-service contracts, 47% of members are enrolled. Offers non-federally qualified programs.
Management reports: Provided monthly.
Billing: Provides direct billing for COBRA premiums.
Officers: Patrick C. Powers, president; Dr. R. Dwight Brower, medical director; Charles D. Calvi Jr., senior vp-marketing; Jack W. Walker, senior vp-operations.
Contact: Charles D. Calvi Jr.

Principal Health Care of Louisiana Inc.

3421 N. Causeway Blvd., Suite 600, Metairie, La. 70002; 504-834-0840; fax: 504-834-2694

Staff	
Physicians	145
Patients/physician	251
Board-certified	95%
Specialists	419
Administrative	48
Marketing	8
Facilities	
Hospitals	12
Diagnostic labs	1
Locations	
Administrative	1
Users	
Employer/payer groups	245
Employees & dependents	36,377
Total	36,377
Average hospital stay	4 days
Hospital admission/1,000 members	73
Revenues	
1991	$41,800,000
1990	$39,461,000

Service area: Louisiana: Jefferson, Orleans, Plaquemines, St. Bernard, St. Charles and St. Tammany counties. Contracts with Ultralink, a nationwide network.
Officers: Janet M. Stallmeyer, executive director; Dr. John Guidry, medical director; Dale Coplen, sales manager.
Contact: Dale Coplen.
See Principal Health Care Inc. consolidated listing under Maryland.

Travelers Health Network of Louisiana Inc.

Galleria One, Suite 2100, Galleria Blvd., Metairie, La. 70001; 504-836-5555; fax: 504-836-5506

Staff	
Physicians*	200
Specialists*	585
Administrative*	23
Facilities	
Hospitals*	13
Pharmacies*	86
Locations	
Administrative*	1
Users	
Employees & dependents	14,492
Total	14,492
Average hospital stay	5.6 days
Hospital admission/1,000 members	68

Operational date: July 1985.
Federally qualified.
Certified in: Louisiana.
Model type: IPA.
For profit.
Ownership: The Travelers.
Service area: Louisiana: Orleans, Jefferson, St. Bernard, St. Charles, St. Tammany and St. John the Baptist counties.
Services: Standard package including chiropractors, substance abuse, psychiatry, durable medical equipment, podiatry, OB/Gyn and artificial aids. Options include prescriptions, vision, dental and family planning-surgical. Diagnostic testing by independent labs.
Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts, 4% of members are enrolled.
Enrollment options: Individual enrollment allowed.
Management reports: Provided upon request.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: Denise Palmer, executive director.
**Figures are as of 4/30/92.*

MAINE

HMO Maine

2 Gannett Drive, South Portland, Maine 04106-6911; 207-822-7118

Users	
Total*	11,949

Operational date: 1985.
Model type: IPA.
Affiliate: Blue Cross & Blue Shield of Maine.
**Total users as of 12/31/91.*

Healthsource Maine Inc.

174 S. Freeport Road, Freeport, Maine 04032; 800-642-5551; fax: 207-865-1315

Staff	
Physicians	285
Patients/physician	65
Board-certified	85%
Specialists	615
Administrative	60
Marketing	5
Facilities	
Hospitals	18
Pharmacies	169
Diagnostic labs	3
Locations	
Administrative	1
Primary care	18
Users	
Employer/payer groups	652
Single coverage	2,952
Family coverage	6,686
Employees & dependents	25,591
Total	25,684
Average hospital stay	2.6 days
Hospital admission/1,000 members	27.6
Revenues	
1991	$16,456,834
1990	$11,010,265

Operational date: March 1987.

Continued on next page

Continued from previous page

Federally qualified.
Certified in: Maine.
NCQA qualification pending.
Model type: IPA.
For profit.
Service area: Maine.

Services: Standard package including chiropractors, vision, substance abuse, psychiatry, podiatry and OB/Gyn. Options include prescriptions and durable medical equipment. Diagnostic testing by independent labs.

Rating options: Community rating: $180.68 single, $469.76 family; adjusted community rating. Offers point-of-service contracts, 16.4% of members are enrolled.

Management reports: Provided annually or upon request.

Billing: Provides direct billing for COBRA premiums.

Officers: Dr. David W. Schall, president; Richard White, CEO; Dr. Peter McGuire, medical director; Nancy Connelie, marketing director; Jeffry Bland, director-operations; Patricia Austin, director-health services.

Contact: Nancy Connelie.

MARYLAND

CIGNA Health Plan of Mid-Atlantic Inc.

9700 Patuxent Woods Drive,
Columbia, Md. 21046;
301-720-5800; fax: 301-720-5860

Staff	
Physicians	651
Specialists	2,213
Facilities	
Hospitals	49
Pharmacies	672
Diagnostic labs	1
Locations	
Administrative	2
Primary care	3,301
Users	
Total	76,597

Operational date: December 1986.
Federally qualified.
Certified in: Maryland, Virginia, District of Columbia.
Model type: IPA.
Service area: Maryland: Anne Arundel, Baltimore, Calvert, Carroll, Charles, Frederick, Garrett, Harford, Howard, Montgomery and Prince Georges counties. Virginia: Allegany, Arlington, Fairfax, Fauguier, Loudoun, Prince William and Stafford counties. Washington D.C.
Services: Diagnostic testing by independent labs.
Officers: Linda Hacker, executive director; Dr. James Springrose, medical director.
See CIGNA Corp. consolidated listing under Connecticut.

Columbia-FreeState Health System

100 S. Charles St., Tower II,
Baltimore, Md. 21201;
410-528-7000; fax: 410-528-7016

Staff	
Physicians	621
Patients/physician	150
Board-certified	98%
Specialists	1,253
Administrative	357
Marketing	9
Facilities	
Hospitals	35
Pharmacies	915
Diagnostic labs	74
Locations	
Administrative	3
Primary care	150
Users	
Employer/payer groups	2,400
Single coverage	19,418
Family coverage	17,478
Employees & dependents	84,820
Total	88,397
Average hospital stay	5.3 days
Hospital admission/1,000 members	337
Revenues	
1991	$207,089,116
1990	$193,138,804

Operational date: January 1981.
Federally qualified.
Certified in: Maryland.
Model type: Group/IPA/network.
For profit.
Ownership: Blue Cross & Blue Shield of Maryland Inc.
Service area: Maryland: Baltimore city; Anne Arundel, Baltimore, Calvert, Carroll, Cecil, Charles, Frederick, Harford, Howard, Montgomery, Prince Georges, St. Marys, Washington and portions of Queen Annes and Kent counties. Contracts with HMO-USA (Blue Cross & Blue Shield Assn.) in the District of Columbia and all states except Texas, Louisiana, West Virginia, South Dakota, Nevada, Mississippi, Wyoming, Vermont, New Hampshire and Alaska.

Services: Standard package including substance abuse, psychiatry, podiatry and OB/Gyn. Options include prescriptions, vision, dental and durable medical equipment. Diagnostic testing by HMO and independent labs.

Rating options: Community rating by class. Offers point-of-service contracts, 11% of members are enrolled. Offers non-federally qualified programs.

Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.

Management reports: Provided quarterly.

Billing: Provides direct billing for COBRA premiums.

Officers: David D. Wolf, president; Dr. Arthur Steinberg, medical director; Richard Capizzi, vp-sales/marketing; G. Mark Chaney, CFO/vp-human resources.

Columbia Medical Plan Inc.

2 Knoll N. Drive, Columbia, Md.
21045; 410-997-8500

Users	
Total*	69,560

Operational date: 1980.
Model type: Staff.
Affiliate: Blue Cross & Blue Shield of Maryland.
**Total users as of 12/31/91.*

Dental Benefit Providers Inc.

7200 Wisconsin Ave., Suite 800,
Bethesda, Md. 20814;
301-654-6900; fax: 301-986-7965

Staff	
Dentists	3,500
Administrative	134
Marketing	10
Locations	
Administrative	4
Primary care	23
Users	
Employer/payer groups	78
Total	1,100,000
Revenues	
1991	$18,000,000
1990	$16,500,000

Operational date: January 1984.
Certified in: District of Columbia, Virgina, Maryland, Massachusetts, Illinois, California, Colorado.
Model type: IPA.
For profit.
Service area: Arkansas; California: Los Angeles, Sacramento, and San Francisco; Colorado: Denver and Colorado Springs; Connecticut: Bridgeport, Fairfield, and Hartford; District of Columbia; Georgia: Atlanta; Indiana: Fort Wayne, Gary and Indianapolis; Illinois: Chicago; Iowa: Des Moines; Kansas: Kansas City; Maryland; Massachusetts; Michigan: Ann Arbor, Detroit and Grand Rapids; Missouri, Kansas City; New Mexico: Albuquerque; New York: New York City, West City and White Plains; Ohio: Cleveland; Pennsylvania: Lancaster and Philadelphia; Texas: Austin, College Station, and Waco; Virginia: Northern Virginia and Norfolk.
Services: Dental.

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

Management reports: Provided monthly.

Billing: Consolidated billing for national accounts.

Officers: Dr. Ralph Foxman, president; Edward Murphy, CEO; Dr. Carlton Gong, medical director; Guy Hunt, vp-marketing/sales.
Contact: Theresa G. Dowdall, marketing representative.

Continued on next page

For an explanation of directory terms and standard services, see directory guide, page 11.

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Continued from previous

HealthCare Corp. of the Mid-Atlantic/CareFirst

100 S. Charles St., Tower II, Baltimore, Md. 21201; 410-528-7000; fax: 410-528-7016

Staff	
Physicians	164
Patients/physician	600
Board-certified	98%
Specialists	1,251
Administrative	357
Marketing	9
Facilities	
Hospitals	35
Pharmacies	915
Diagnostic labs	74
Locations	
Administrative	3
Primary care	36
Users	
Employer/payer groups	565
Single coverage	17,332
Family coverage	22,131
Employees & dependents	83,946
Total	87,939
Average hospital stay	4.3 days
Hospital admission/1,000 members	307
Revenues	
1991	$111,463,115
1990	$111,556,564

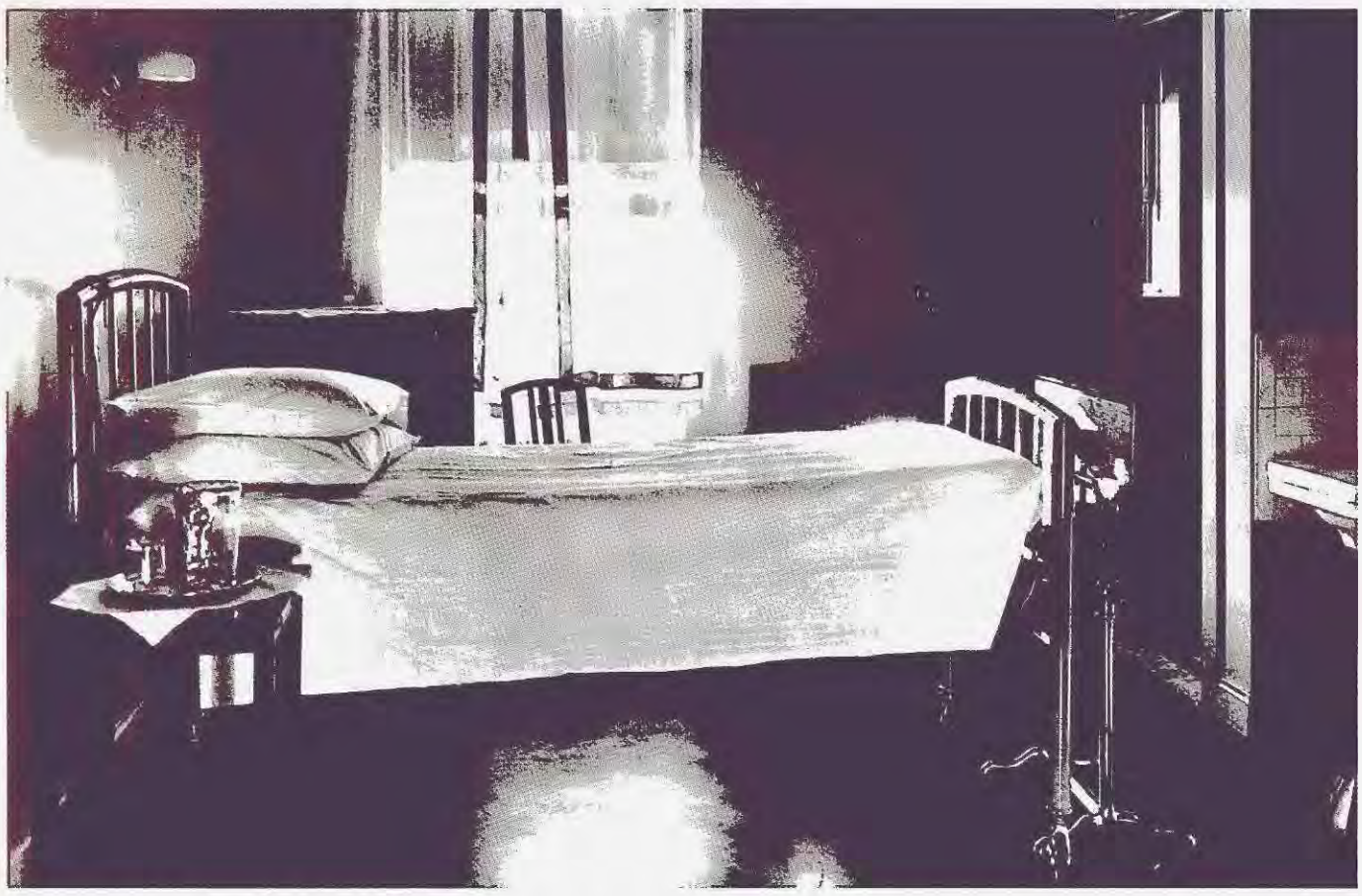
Operational date: November 1977.
Federally qualified.
Certified in: Maryland, District of Columbia.
Model type: Group/network.
For profit.
Ownership: Blue Cross & Blue Shield of Maryland Inc.
Service area: Maryland: Baltimore City; Anne Arundel, Baltimore, Calvert, Carroll, Cecil, Frederick, Harford, Howard, Montgomery, Prince Georges, St. Marys, Washington and portions of Queen Annes and Kent counties; portions of the District of Columbia. Offers service through HMO-USA (Blue Cross & Blue Shield Assn.) in 40 states.
Services: Standard package including chiropractors, substance abuse, psychiatry, podiatry and OB/Gyn. Options include prescriptions, vision, dental and durable medical equipment. Diagnostic testing by HMO and independent labs.
Rating options: Community rating: $110.71 single. Offers point-of-service contracts, 2% of members are enrolled. Offers non-federally qualified programs.
Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.
Management reports: Provided quarterly.
Billing: Provides direct billing for COBRA premiums.
Officers: David D. Wolf, president; Dr. Arthur Steinberg, medical director; Richard Capizzi, vp-sales/marketing; G. Mark Chaney, CFO/vp-human resources.

HealthCare Corp. of the Potomac/Potomac Health

100 S. Charles St., Tower II, Baltimore, Md. 21201; 410-528-7000; fax: 410-528-7016

Staff	
Physicians	164
Patients/physician	100
Board-certified	98%
Specialists	1,251
Administrative	357
Marketing	9
Facilities	
Hospitals	35
Pharmacies	915
Diagnostic labs	74
Locations	
Administrative	3
Primary care	36
Users	
Employer/payer groups	89
Single coverage	3,159
Family coverage	2,659
Employees & dependents	12,404
Total	12,428
Average hospital stay	5.3 days
Hospital admission/1,000 members	337
Revenues	
1991	$14,829,041
1990	$15,916,213

Operational date: January 1985.
Certified in: Maryland.
Model type: Group/network.
For profit.
Ownership: Blue Cross & Blue Shield of Maryland Inc.
Service area: Maryland: Baltimore city; Anne Arundel, Baltimore, Calvert, Carroll, Cecil, Frederick, Harford, Howard, Montgomery, Prince Georges, St. Marys, Washington and portions of Queen Annes and Kent counties. Offers service through HMO-USA (Blue Cross & Blue Shield Assn.) in 40 states.
Services: Standard package including chiropractors, substance abuse, psychiatry, podiatry and OB/Gyn. Options include prescriptions, vision, dental and durable medical equipment. Diagnostic testing by HMO and independent labs.
Rating options: Community rating: $113.45 single; adjusted community rating. Offers point-of-service contracts.
Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.
Management reports: Provided quarterly.
Billing: Provides direct billing for COBRA premiums.
Officers: David D. Wolf, president; Dr. Arthur Steinberg, medical director; Richard Capizzi, vp-sales/marketing; G. Mark Chaney, CFO/vp-human resources.



In 1932, a hospital room cost just $4 a day. And people still couldn't afford it.

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Sutter Preferred

HealthPlus Inc.

7601 Ora Glen Drive, Greenbelt, Md. 20770; 301-441-1600; fax: 301-441-3559

Staff	
Physicians	1,000
Patients/physician	200
Board-certified	84%
Specialists	2,500
Administrative	225
Marketing	35
Facilities	
Hospitals	46
Pharmacies	1,200
Diagnostic labs	15
Locations	
Administrative	1
Users	
Employer/payer groups	1,000
Employees & dependents	197,000
Total	197,000
Average hospital stay	4.7 days
Hospital admission/1,000 members	74.7

Operational date: September 1979.
Federally qualified.
Certified in: Maryland, Virginia, District of Columbia.
NCQA qualification pending.
Model type: IPA.
For profit.
Ownership: Sanus Corp. Health Systems/A New York Life Co.
Service area: District of Columbia, Maryland, Virginia.
Services: Standard package including prescriptions, substance abuse, psychiatry, podiatry, OB/Gyn. Options include chiropractors, vision, durable medical equipment and employee assistance programs. Diagnostic testing by independent labs.
Rating options: Adjusted community rating. Offers point-of-service contracts, 35% of members are enrolled.
Management reports: Provided quarterly, annually.
Billing: Consolidated billing for national accounts.
Officers: Jeff Emerson, CEO; Dr. David Anders, medical director; Joan C. Harp, vp-marketing; Nanette Henderson, CFO; Virginia Dollard, COO.
See Sanus Health Care Corp. consolidated listing under New Jersey.

M.D.-Individual Practice Assn. Inc.

4 Taft Court, Rockville, Md. 20850; 301-294-5100

Staff	
Physicians	1,800
Patients/physician	186
Board-certified	90%
Specialists	8,320
Facilities	
Hospitals	97
Pharmacies	1,950
Diagnostic labs	70
Locations	
Administrative	1
Users	
Employer/payer groups	1,450
Single coverage	85,220
Family coverage	83,400
Employees & dependents	336,400
Total	336,400
Average hospital stay	4 days
Hospital admission/1,000 members	293

Operational date: January 1981.
Federally qualified.
Certified in: District of Columbia, Maryland, Virginia.

Continued on next page

Continued from previous page

Model type: IPA.
For profit.
Ownership: Mid Atlantic Medical Services Inc.
Service area: District of Columbia; Virginia: 15 counties and 10 cities; Maryland: 23 counties. Contracts with National Managed Care Inc. in 26 states, District of Columbia and Puerto Rico.
Services: Standard package including prescriptions, chiropractors, vision, dental, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Diagnostic testing by independent labs.
Rating options: Community rating; community rating by class; adjusted community rating. Offers point-of-service contracts, 31% of members are enrolled. Offers non-federally qualified programs.
Management reports: Provided monthly, quarterly or annually.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: Richard K. Slater, president; Dr. Eric Baugh, medical director; Vicki White, marketing director.

Principal Health Care Inc.*

1801 Rockville Pike, Suite 601,
Rockville, Md. 20852;
301-881-1033; fax: 301-231-0020

Staff	
Administrative	570
Marketing	53
Users	
Employer/payer groups	1,069
Employees & dependents	195,426
Total	195,426
Revenues	
1991	$213,531,655
1990	$153,326,856

Operational date: January 1987.
Certified in: Alabama, Delaware, District of Columbia, Florida, Illinois, Iowa, Kansas, Louisiana, Missouri, Nebraska, Maryland, Ohio, Virginia.
Model type: IPA/staff.
Ownership: Principal Mutual Life Insurance Co.
Service area: Alabama, Delaware, District of Columbia, Florida, Illinois, Iowa, Kansas, Louisiana, Missouri, Nebraska, Ohio, Maryland, and Virginia . Contracts with Ultralink.
Services: Standard package including chiropractors, durable medical equipment and OB/Gyn. Options include prescriptions, vision, dental, substance abuse and psychiatry. Diagnostic testing done by independent labs.
Rating options: Offers point-of-service contracts.
Management reports: Provided upon request.
Billing: Provides direct billing for COBRA premiums.
Officers: Kenneth J. Linde, president; David Weiss, vp-operations; Dr. David Ewing, medical director; Michael Soto, national sales director; Sharon Taylor, vp-finance/operations; David Roberts, second vp.
Contact: Michael Soto.
**Figures are consolidated, including all HMOs in this organization.*

Prudential Health Care Plan of the Mid-Atlantic

2800 N. Charles St., Baltimore,
Md. 21218; 410-554-7000;
fax: 410-554-7077

Staff	
Physicians	399
Patients/physician	331
Board-certified	90%
Specialists	2,426
Administrative	295
Marketing	45
Facilities	
Hospitals	35
Pharmacies	1,160
Diagnostic labs	31
Locations	
Administrative	2
Primary care	172
Users	
Employer/payer groups	800
Employees & dependents	127,283
Total	127,283
Average hospital stay	4.6 days
Hospital admission/1,000 members	71

Operational date: October 1984.
Certified in: Maryland, Virginia.
NCQA qualification pending.
Model type: IPA.
For Profit.
Ownership: The Prudential Insurance Co. of America.
Service area: Maryland: Baltimore City; Anne Arundel, Baltimore, Carroll, Cecil, Frederick, Harford, Howard, Montgomery, Prince Georges, and Washington counties; Virginia: Alexandria, Arlington, Fairfax, Falls Church, Loudoun, and Prince William counties; District of Columbia.
Services: Standard package including substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions, vision and dental. Diagnostic testing by independent labs.
Rating options: Community rating; community rating by class; adjusted community rating.
Enrollment options: Individual enrollment allowed.
Management reports: Provided quarterly.
Billing: Consolidated billing for national accounts.
Officers: Barbara Hill, vp; Dr. William Pawluk, medical director; Greg Conderacci, marketing director.
See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

Randmark Management Inc.-Maryland

1211 Connecticut Ave. N.W.,
Washington D.C. 20036;
202-283-6800; fax: 202-466-3789

Staff	
Dentists	738
Specialists	397
Administrative	7
Marketing	4
Locations	
Administrative	1
Users	
Total	112,504

Certified in: Maryland.
Model type: IPA.
Service area: Maryland: Baltimore; District of Columbia.
Services: Dental.
Rating options: Community rating; adjusted community rating. Offers point-of-service contracts, 10% of members are enrolled.
Enrollment options: Individual enrollment allowed.
Management reports: Provided upon request.
Billing: Consolidated billing for national accounts.
Officers: Marc Doctors, president; Randy Widen, chairman; Bob Wergin, CEO; Dan Karateew, dental director; Annette Rolin, marketing director; Mike Lloyd, CFO.
Contact: Annette Rolin.

U.S. Healthcare Inc.

980 Jolly Road, P.O. Box 1109,
Blue Bell, Pa. 19422;
215-628-4800; fax: 215-283-6858

Staff	
Physicians	130
Specialists	60

Operational date: April 1987 (began servicing Maryland in 1992).
Federally qualified.
Certified in: Delaware.
Model type: IPA.
For profit.
Service area: Maryland: Ann Arundel, Baltimore, Cecil, Howard, Harford, Montgomery, and Prince Georges counties.
Rating options: Community rating: $133.80 single, $368.20 family.
Officers: Michael J. Cardillo, president; Dr. Arthur N. Leibowitz, medical director.
See U.S. Healthcare Inc. consolidated listing under Pennsylvania.

MASSACHUSETTS

Bay State Health Care

101 Main St., Cambridge, Mass.
02135; 617-868-7000;
fax: 617-499-6686

Staff	
Physicians	2,100
Patients/physician	179
Board-certified	68%
Specialists	4,180
Administrative	630
Marketing	60
Facilities	
Hospitals	60
Diagnostic labs	28
Locations	
Administrative	2
Users	
Employer/payer groups	6,800
Single coverage	79,631
Family coverage	72,572
Employees & dependents	360,271
Total	376,263
Average hospital stay	5.1 days
Hospital admission/1,000 members	107
Revenues	
1991	$3.22 billion
1990	$3.40 billion

Operational date: September 1978.
Federally qualified.
Certified in: Massachusetts.
Model type: IPA.
Ownership: Blue Cross & Blue Shield of Massachusetts.
Service area: Massachusetts: Barnstable, Bristol, Dukes, Essex, Middlesex, Nantucket, Norfolk, Plymouth, and Suffolk counties. Offers service through HMO-USA (Blue Cross & Blue Shield Assn.) in 40 states.
Services: Standard package including vision, dental, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions. Diagnostic testing by independent labs.
Rating options: Community rating: $189.96 single, $596.87 family.
Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.
Management reports: Provided upon request.
Billing: Provides direct billing for COBRA premiums.
Officers: William Van Faasen, president-Blue Cross & Blue Shield of Massachusetts; Donald B. Smallwood, executive director; Dr. David Maltz, medical director; William J. Mozza, marketing director.

CIGNA Health Plan of Massachusetts Inc. (Boston)

Framingham Corporate Center/492
Old Connecticut Path,
Framingham, Mass. 01701;
508-935-2100; fax: 508-879-6273

Staff	
Physicians	706
Specialists	1,731
Facilities	
Hospitals	25
Pharmacies	214
Diagnostic labs	2
Locations	
Administrative	2
Primary care	1,300

Operational date: January 1991.
Certified in: Massachusetts.
Model type: IPA.
Service area: Massachusetts: Barnstable, Bristol, Essex, Middlesex, Norfolk, Plymouth, Suffolk and Worcester counties.
Services: Diagnostic testing by independent labs.
Officers: Pamela Mays, executive director; Sidney Starobin, medical director.
See CIGNA Corp. consolidated listing under Connecticut.

CIGNA Health Plan of Massachusetts Inc. (Springfield)

5700 Bigelow Commons, Enfield,
Conn. 06082; 203-745-2288;
fax: 203-741-7266

Staff	
Physicians	85
Specialists	159
Facilities	
Hospitals	3
Pharmacies	26
Diagnostic labs	1
Locations	
Administrative	2
Primary care	263
Users	
Total*	25,342

Operational date: January 1986.
Federally qualified.
Certified in: Massachusetts.
Model type: IPA.
Service area: Massachusetts: Hampden County.
Services: Diagnostic testing by independent labs.
Officers: Dr. Russ Noto, medical director.
** Includes CIGNA Health Plan of Massachusetts Inc. (Boston).*
See CIGNA Corp. consolidated listing under Connecticut.

Central Massachusetts Health Care

Mechanics Tower, Suite 300, 100
Front St., Worcester, Mass.
01608-1449; 508-798-8667;
fax: 508-798-3069

Staff	
Physicians	445
Patients/physician	186
Board-certified	90%
Specialists	1,115
Administrative	204
Marketing	20
Facilities	
Hospitals	16
Pharmacies	58
Diagnostic labs	34
Locations	
Administrative	1
Users	
Employer/payer groups	2,000
Single coverage	22,386
Family coverage	22,726
Employees & dependents	77,520
Total	82,880
Average hospital stay	4.08 days
Hospital admission/1,000 members	86.54
Revenues	
1991	$143,441,987
1990	$131,253,544

Operational date: November 1978.
Certified in: Massachusetts.
Model type: IPA.
Not for profit.
Service area: Massachusetts: Franklin, Hampden, Hampshire, Middlesex, Norfolk and Worcester counties. Contracts with UltraLink National Network.
Services: Standard package including prescriptions, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include dental and employee assistance program. Diagnostic testing by independent labs.
Rating options: Community rating: $172.46 single, $448.55 family; community rating by class; adjusted community rating. Offers point-of-service contracts, less than 1% of members are enrolled.
Enrollment options: Individual enrollment allowed.
Management reports: Provided quarterly.
Officers: Benjamin Schenck, president; Dr. Ralph Prows, senior vp-medical affairs; Thomas Gentz, vp-sales/marketing; Paul Brough, CFO/vp-finance; Richard Emmert, COO/vp-operations.

Fallon Community Health Plan

100 Hartwell St., West Boylston,
Mass. 01583; 508-835-2550;
fax: 508-835-2097

Staff	
Physicians	351
Patients/physician	1,500
Board-certified	93%
Specialists	663
Administrative	241
Marketing	13
Facilities	
Hospitals	25
Pharmacies	19
Diagnostic labs	7
Locations	
Administrative	1
Primary care	108
Users	
Employer/payer groups	3,325
Single coverage	42,379
Family coverage	30,509
Employees & dependents	130,555
Total	151,522
Average hospital stay	4.48 days
Hospital admission/1,000 members	28
Revenues	
1991	$220,110,739
1990	$177,650,918

Operational date: November 1977.
Federally qualified.
Certified in: Massachusetts.
Model type: Group/IPA.
Not for profit.
Ownership: Fallon Community Health Plan.
Service area: Massachusetts: Hampden, Hampshire Middlesex, Norfolk and Worcester counties. Contracts with The HMO Group in Arizona, Connecticut, Illinois, Louisiana, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Rhode Island, Washington and District of Columbia.
Services: Standard package including prescriptions, limited vision, limited dental, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Diagnostic testing by HMO and independent labs.
Rating options: Community rating: $131.98 single, $340.80 family. Offers point-of-service contracts.
Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.
Management reports: Provided upon request.
Officers: Dr. John Duggan, president; Christy Bell, executive director; Dr. Joel Kaufman, medical director; Gary Thomas, marketing director; Gary Zelch, director-finance; Harry Dodyk, director-operations; Carolyn Hussey, director-health management services; Ellen Sachs, director-planning/development; James Egan, associate director-marketing.

HMO Blue

492 Old Connecticut Path,
Framingham, Mass. 01701;
508-935-2900; fax: 508-935-2333

Staff	
Physicians	1,725
Board-certified	88%
Specialists	4,270
Facilities	
Hospitals	58
Pharmacies	1,200
Diagnostic labs	15
Locations	
Administrative	15
Users	
Employer/payer groups	14,500
Employees & dependents	293,805
Total	312,526
Average hospital stay	4.72 days
Hospital admission/1,000 members	76
Revenues	
1991	$388,621,385
1990	$338,142,078

Operational date: January 1992.
Certified in: Massachusetts.
Model type: Group/IPA/staff.
Not for profit.
Ownership: Blue Cross & Blue Shield of Massachusetts.
Service area: Massachusetts: Barnstable, Berkshire, Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester counties; southern New Hampshire. Contracts with HMO-USA (Blue Cross & Blue Shield Assn.) in the District of Columbia and all states except Texas, Louisiana, West Virginia, South Dakota, Nevada, Mississippi, Wyoming, Vermont, New Hampshire and Alaska.
Services: Standard package including vision, dental, substance abuse, psychiatry, durable medical equipment and OB/Gyn. Options include prescriptions. Diagnostic testing by HMO and independent labs.
Rating options: Community rating by class. Offers point-of-service contracts, 7.8% of members are enrolled.
Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries.
Management reports: Provided annually.
Billing: Consolidated billing for national accounts.
Officers: William Van Faasen, president; Maureen Coneys, executive director; Dr. Seth Blumberg, medical director; Martin Joyce, marketing director.
Contact: Lisbeth Ceriani.

Health New England

1 Monarch Place, Springfield,
Mass. 01144; 413-787-4000;
fax: 413-734-3356

Staff	
Physicians	200
Patients/physician	209
Board-certified	90%
Specialists	550
Administrative	90
Marketing	9
Facilities	
Hospitals	7
Pharmacies	46
Locations	
Administrative	1
Users	
Employer/payer groups	800
Single coverage	9,192
Family coverage	9,025
Employees & dependents	39,107
Total	41,771
Average hospital stay	4.22 days
Hospital admission/1,000 members	74.63
Revenues	
1991	$49,438,828
1990	$39,588,247

Operational date: January 1986.
Federally qualified.
Certified in: Massachusetts.
NCQA accredited.
Model type: IPA.
For profit.
Ownership: Baystate, Noble, Holyoke hospitals and Springfield IPA.
Service area: Massachusetts: Franklin, Hampden, Hampshire, and portions of Berkshire and Worchester counties; Connecticut: Portions of Hartford and Tolland counties.
Services: Standard package in-

Continued on next page

Continued from previous page
cluding vision, dental, substance abuse, psychiatry, durable medical equipment, podiatry, OB/Gyn and fitness benefit. Options include prescriptions. Diagnostic testing by independent labs.

Rating options: Community rating: $163.29 single, $424.54 family. Offers point-of-service contracts, 2.4% of members are enrolled.

Officers: Richard Belloff, president/CEO; Dr. Alan Ziskind, vp-medical affairs/medical director; Bruce Ruder, vp-marketing; Phil Pin, vp-finance; Jim Senterfitt, vp-business development.

MetLife HealthCare Network of Massachusetts Inc.

99 High St., 21st Floor, Boston, Mass. 02110; 617-338-1300

Staff	
Physicians	553
Specialists	1,479
Facilities	
Hospitals	30

Operational date: March 1987.
Certified in: Massachusetts.
Model type: IPA.
For profit.
Ownership: Metropolitan Life Insurance Co.

Service area: Massachusetts: Bristol, Essex, Middlesex, Norfolk, Plymouth and Suffolk counties.

Services: Standard package including substance abuse, psychiatry, durable medical equipment and OB/Gyn. Options include prescriptions, vision and dental. Diagnostic testing by independent labs.

Rating options: Community rating by class.

Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries.

Billing: Consolidated billing for national accounts.

Officers: Michael Jaeger, president/CEO; Dan Bigelow, vp/COO.

Pilgrim Health Care

10 Accord Executive Drive, P.O. Box 9102; Norwell, Mass. 02061; 617-871-3950; fax; 617-982-9474

Staff	
Physicians	2,089
Patients/physician	104.9
Specialists	4,769
Administrative	434
Marketing	61
Facilities	
Hospitals	68
Pharmacies	374
Diagnostic labs	63
Locations	
Administrative	2
Users	
Employer/payer groups	5,424
Single coverage	47,299
Family coverage	52,796
Employees & dependents	218,507
Total	218,507
Average hospital stay	4.71 days
Hospital admission/1,000 members	92.4
Revenues	
1991	$247,257,132
1990	$179,861,498

Operational date: April 1981.
Federally qualified.
Certified in: Massachusetts, Rhode Island.
Model type: IPA.
Not for profit.

Service area: Massachusetts: Barnstable, Bristol, Middlesex, Norfolk, Plymouth, Suffolk and portions of Essex and Worcester counties; Rhode Island: Bristol, Kent, Newport, Providence and Washington counties. Contract with Ultralink in 35 states and the District of Columbia.

Services: Standard package including vision, dental, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions. Diagnostic testing by independent labs.

Rating options: Community rating: $183.70 single, $477.60 family. Offers point-of-service contracts Offers non-federally qualified programs.

Management reports: Provided monthly, quarterly or annually.

Officers: Allan I. Greenberg, CEO/executive vp; Dr. Michael A. Kaufman, medical director; Dr. Paul R. Reich, vp-medical affairs; James R. Smith, vp-sales/maketing/corporate communications; Dr. Samuel K. Stewart, vp/president-Pilgrim Independent Practice Assn. Inc.; Thomas J. Brophy, vp-accounting/joint venture finance/actuarial analysis/administrative services/MIS; Richard J. Campagna, vp-claims services/cost management/member services; James A. Hester Jr., vp-network development/human resources/employee development.

Contact: William J. Sullivan, manager-sales support services, 800-848-9995.

Tufts Associated Health Plan

333 Wyman St., Waltham, Mass. 02254; 617-466-9400; fax: 617-466-8583

Staff	
Physicians	1,693
Patients/physician	99
Board-certified	99%
Specialists	3,001
Administrative	414
Marketing	30
Facilities	
Hospitals	42
Pharmacies	1,200
Diagnostic labs	152
Locations	
Administrative	1
Primary care	4,736
Users	
Employer/payer groups	1,600
Single coverage	45,222
Family coverage	37,294
Employees & dependents	167,065
Total	168,605
Average hospital stay	4.1 days
Hospital admission/1,000 members	81
Revenues	
1991	$227,308,728
1990	$176,358,453

Operational date: October 1981.
Federally qualified.
Certified in: Massachusetts.
NCQA qualification pending.
Model type: IPA.
Not for profit.

Service area: Massachusetts: Essex, Middlesex, Norfolk, Plymouth, Suffolk and Worcester counties. Contracts with Ultralink in 35 states and Guam; HMO National Network in 21 states and the District of Columbia.

Services: Standard package including vision, limited dental, substance abuse, psychiatry, durable medical equipment, OB/Gyn and fitness/wellness benefits. Diagnostic testing by independent labs.

Rating options: Community rating: $169.21 single, $456.87 family; adjusted community rating.

Enrollment options: Individual enrollment allowed.

Management reports: Provided.

Officers: Dr. Harris A. Berman, president; Dr. Lawrence Baker, medical director; Susan McLaren, marketing director; Nancy L. Leaming, COO.

Contact: Susan McLaren.

U.S. Healthcare Inc.

1601 Trapelo Road, Waltham, Mass. 02154; 617-893-1660; fax: 617-893-0544

Staff	
Physicians	488
Specialists	1,849
Users	
Total	37,000
Average hospital stay	3.47 days
Hospital admission/1,000 members	78.44
Revenues	
1991	$42,871,000
1990	$26,728,000

Operational date: November 1987.
Certified in: Massachusetts.
NCQA accredited.
Model type: IPA.
For profit.

Service area: Massachusetts: Bristol, Essex, Middlesex, Norfolk, Plymouth, Rockingham, Suffolk and Worcester counties.

Rating options: Community rating: $147.90 single, $387.60 family.

Officers: Dr. Richard Comell, president/medical director.

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

MICHIGAN

Blue Care Inc.

27000 W. Eleven Mile Road, Southfield, Mich. 48086-5043; 313-354-7450

Operational date: 1984.
Model type: Network.
Affiliate: Blue Cross & Blue Shield of Michigan.

Blue Care Network of East Michigan

4200 Fashion Square Blvd., Saginaw, Mich. 48603; 517-791-3200

Users	
Total*	67,749

Operational date: 1975.
Model type: Network.
Affiliate: Blue Cross & Blue Shield of Michigan.
**Total users as of 12/31/91.*

Blue Care Network, Great Lakes

611 Cascade West Parkway, S.E., Grand Rapids, Mich. 49546; 616-957-5057; fax: 616-957-3476

Staff	
Physicians	451
Patients/physician	26
Board-certified	90%
Specialists	681
Administrative	7
Marketing	24
Facilities	
Hospitals	31
Pharmacies	380
Diagnostic labs	24
Locations	
Administrative	5
Users	
Employer/payer groups	1,137
Single coverage	16,462
Family coverage	38,780
Employees & dependents	140,150
Total	141,425
Average hospital stay	4.2 days
Hospital admission/1,000 members	63
Revenues	
1991	$132,279,257
1990	$124,300,337

Operational date: March 1982.
Federally qualified.
NCQA qualification pending.
Model type: Network.
Not for profit.
Ownership: Blue Cross & Blue Shield of Michigan.

Service area: 36 counties in Michigan. Offers service through HMO-USA (Blue Cross & Blue Shield Assn.) in 40 states.

Services: Standard package including substance abuse, psychiatry and OB/Gyn. Options include prescriptions, vision, dental and durable medical equipment. Diagnostic testing by independent labs.

Rating options: Community rating by class. Offers point-of-service contracts, 4% of members are enrolled.

Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.

Management reports: Provided upon request.

Billing: Provides direct billing for COBRA premiums.

Officers: Robert Smedes, president; Cindy Broughton, executive director; Steven Baker, medical director; Kim Kelly, marketing director; Sandy O'Conner, director-finance/administration.

Contact: Gail Vaughan.

Blue Care Network Health Central

1403 S. Creyts Road, Lansing, Mich. 48917; 517-322-8000

Users	
Total*	67,019

Operational date: 1978.
Model type: Network.
Affiliate: Blue Cross & Blue Shield of Michigan.
**Total users as of 12/31/91.*

Blue Care Network of Southeast Michigan

27000 W. Eleven Mile Road, Southfield, Mich. 48086-5043; 313-354-7450

Users	
Total*	109,169

Operational date: 1981.
Model type: IPA.
Affiliate: Blue Cross & Blue Shield of Michigan.
**Total users as of 12/31/91.*

Care Choices HMO

34605 Twelve Mile Road, Farmington Hills, Mich. 48331-3221; 313-489-6203; fax: 313-489-6278

Staff	
Physicians	488
Board-certified	98%
Specialists	986
Facilities	
Hospitals	17
Pharmacies	1,200
Locations	
Administrative	6
Users	
Employer/payer groups	896
Single coverage	14,456
Family coverage	29,974
Employees & dependents	113,207
Total	113,207
Average hospital stay	4.6 days
Hospital admission/1,000 members	75
Revenues	
1991	$146,129,000
1990	$131,057,000

Operational date: January 1985.
NCQA accredited.
Model type: IPA.
Not for profit.

Ownership: Sisters of Mercy Health Corp.

Service area: Michigan: Allegan, Clinton, Eaton, Ingham, Ionia, Kent, Livingston, Muskegon, Newago, Oakland, Oceana, Ottawa, Shiawase, Washtenaw, and Wayne.

Services: Standard package including substance abuse, psychiatry, durable medical equipment and OB/Gyn. Options include prescriptions, vision and dental. Diagnostic testing by independent labs.

Rating options: Community rating by class.

Enrollment options: Individual enrollment allowed.

Billing: Provides direct billing for COBRA premiums.

Officers: Robert J. Flanagan, president/executive director; Dr. Charles E. Morrill, medical director; William C. Windsor, marketing director; Deborah A. Stevens, secretary; Kimberly K. Horn, treasurer.

DELTA Care/Delta Dental Plan of Michigan

P.O. Box 30416, Lansing, Mich, 48909; 517-349-6000; fax: 517-347-5237

Staff	
Dentists	195
Specialists	17
Administrative	600
Marketing	28
Locations	
Administrative	2
Primary care	76
Users	
Employer/payer groups	4
Employees & dependents	13,599
Total	13,599

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, vp-marketing; C. Richard Seitz, executive vp.

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	
Dentists	200
Patients/dentist	90
Board-certified	100%
Specialists	40
Administrative	8
Marketing	14
Locations	
Administrative	1
Primary care	100
Users	
Employer/payer groups	115
Employees & dependents	18,000
Total	18,000
Revenues	
1991	$1,000,000
1992	NA

Operational date: September 1984.
Certified in: Michigan.
Model type: IPA.
For profit.

Service area: Michigan. Contracts with National Association of Prepaid Dental Plans in all 50 states

Services: X-ray, preventative medicine, periodic check-ups and dental. Diagnostic testing by HMO.

Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts, 3% of members are enrolled.

Enrollment options: Individual enrollment allowed.

Management reports: Provided monthly.

Billing: Provides direct billing for COBRA premiums.

Officers: Joseph T. Lentine, president; Dr. James Feldman, medical director; James Gresham, marketing director.

Contact: Joseph T. Lentine.

Grand Valley Health Plan

829 Forest Hill Ave. S.E., Grand Rapids, Mich. 49546; 616-949-2410; fax: 616-949-4978

Staff	
Physicians	8
Patients/physician	2,618
Board-certified	100%
Specialists	113
Administrative	28
Marketing	6
Facilities	
Hospitals	3
Pharmacies	45
Diagnostic labs	7
Locations	
Administrative	1
Primary care	6
Users	
Employer/payer groups	169
Single coverage	3,235
Family coverage	5,098
Employees & dependents	20,943
Total	20,943
Average hospital stay	3.3 days
Hospital admission/1,000 members	74.8
Revenues	
1991	$20,752,000
1990	$18,244,000

Operational date: April 1982.
Certified in: Michigan.
Model type: Staff.
For profit.

Service area: Michigan: Kent and portions of Allegan and Ottawa counties.

Services: Standard package including substance abuse, psychiatry, podiatry and OB/Gyn. Options include vision, dental, durable medical equipment and prescriptions. Diagnostic testing by HMO and independent labs.

Rating options: Community rating: $123.64 single, $339.12 family.

Enrollment options: Individual enrollment allowed.

Management reports: Provided annually.

Officers: Roland E. Palmer, president; Dr. James Kerby, medical director; Kevin P. Buron, vp-marketing; James Schafer, vp-health care services; Andrew Brummel, vp-finance.

Health Alliance Plan of Michigan

2850 W. Grand Blvd., Detroit, Mich. 48202; 313-874-7930; fax: 313-874-8301

Staff	
Physicians	787
Patients/physician	508
Board-certified	43%
Specialists	1,862
Administrative	500
Marketing	50
Facilities	
Hospitals	36
Pharmacies	450
Diagnostic labs	10
Locations	
Administrative	2
Users	
Employer/payer groups	2,000
Single coverage	57,691
Family coverage	96,847
Employees & dependents	376,587
Total	405,189
Average hospital stay	4.9 days
Hospital admission/1,000 members	69
Revenues	
1991	$574,118,000
1990	$528,609,000

Operational date: June 1979.
Federally qualified.
Certified in: Michigan.
NCQA accredited.
Model type: Network.
Not for profit.
Affiliate: Henry Ford Health System.

Service area: Michigan: Macomb, Monroe, Oakland, Sanilac, St. Clair, Washtenaw and Wayne counties.

Services: Standard package including substance abuse, psychiatry and OB/Gyn. Options include prescriptions, vision, durable medical equipment, skilled nursing facility and hearing aids. Diagnostic testing by HMO and independent labs.

Rating options: Community rating: $163.04 single, $407.60 family. Offers point-of-service contracts,

Continued on next page

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1.5% of member are enrolled.

Enrollment options: Contracts with the HCFA to enroll Medicare. Individual enrollment allowed.

Management reports: Provided monthly.

Officers: James Walworth, president; Roman Kulich, chief operating officer; Dr. David Siegel, vp-health/medical affairs; John Breitmeyer, vp-marketing/communications; Barbara M. Littles, secretary/vp governance-regulatory and legal affiars.

HealthPlus of Michigan

P.O. Box 1700, 2050 S. Linden Road, Flint, Mich. 48501-1700; 313-230-2000; fax: 313-230-2208

Staff	
Physicians	779
Patients/physician	147
Board-certified	80%
Specialists	1,612
Administrative	8
Marketing	25
Facilities	
Hospitals	47
Diagnostic labs	26
Locations	
Administrative	3
Users	
Employer/payer groups	735
Single coverage	14,392
Family coverage	94,891
Employees & dependents	109,283
Total	114,585
Average hospital stay	4.9 days
Hospital admission/1,000 members	395
Revenues	
1991	$161,912,000
1990	$140,929,000

Operational date: September 1977.
Federally qualified.
Certified in: Michigan.
Not for profit.
Service area: Michigan: Bay, Genesee, Livingston, Macomb, Monroe, Oakland, Saginaw, Shiawassee, Tuscola, Washtenaw, Wayne and portions of Arenac, Huron, Sanilac and St. Clair counties.

Services: Standard package including chiropractors, substance abuse, psychiatry, podiatry and OB/Gyn. Options include vision, dental, durable medical equipment and prescriptions. Diagnostic testing by independent labs.

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

Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.

Management reports: Provided upon request.

Billing: Provides direct billing for COBRA premiums.

Officers: Michael Mark, president/chief executive officers; Paul Fuhs, chief operating officer.

M-Care

3601 Plymouth Road, Ann Arbor, Mich. 48105; 313-747-8700; fax: 313-747-7152

Staff	
Physicians	391
Patients/physician	106
Specialists	908
Administrative	83
Marketing	11
Facilities	
Hospitals	18
Locations	
Administrative	1
Primary care	1,340
Users	
Employer/payer groups	230
Single coverage	7,832
Family coverage	10,561
Employees & dependents	41,186
Total	41,186
Average hospital stay	4.1 days
Hospital admission/1,000 members	75.6
Revenues	
1991	$53,203,070
1990	$40,809,622

Operational date: October 1986.
NCQA qualification pending.
Model type: Network.
Ownership: University of Michigan Medical Center.
Service area: Michigan: Livingston, Macomb, Oakland, Washtenaw counties and part of Wayne County.

Services: Standard package substance abuse, psychiatry, podiatry and OB/Gyn. Options include prescriptions, vision and durable medical equipment. Diagnostic testing by HMO and independent labs.

Rating options: Community rating: $150 single, $374 family. Offers point-of-service contracts.

Enrollment options: Individual enrollment allowed.

Management reports: Provided quarterly.

Officers: Peter W. Roberts, president/executive director; Herbert Sloan, medical director; Catherine J. Smille, marketing director; Ernest Humbert, finance; Karl Wizinsky, operations; Camille Orso, provider relations.

Contact: David Cook.

MIDA Dental Plans

2000 Town Center, Suite 2200, Southfield, Mich. 48075; 313-353-6410; fax: 313-353-0727

Staff	
Dentists	2,208
Patients/dentist	402
Board-certified	100%
Administrative	205
Marketing	5
Locations	
Administrative	9
Primary care	1,730
Users	
Employer/payer groups	3,000
Employees & dependents	810,000
Total	810,000
Revenues	
1991	$60,000,000

Operational date: February 1981.
Model type: IPA.
For profit.
Service area: Arizona, California, Delaware, District of Columbia, Florida, Georgia, Illinois, Indiana, Kansas, Kentucky, Maryland, Massachusetts, Michigan, Missouri, Maryland, Ohio, Pennsylvania, Virginia, Washington and West Virginia.

Services: Dental. Options include vision.

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

Enrollment options: Individual enrollment allowed.

Management reports: Provided monthly, quarterly, annually or upon request.

Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.

Officers: Dr. Walter Knysz Jr., president; Dr. Stephen J. Patterson, medical director; Tamara L. Jacobs, marketing director; Janet Oleszkowicz, senior vp-national operations.

Contact: Bob Dombrowski.

OmniCare Health Plan

1155 Brewery Park Blvd., Suite 250, Detroit, Mich. 48207-2602; 313-259-4000; fax: 313-393-7940

Staff	
Physicians	528
Patients/physician	180
Board-certified	70%
Specialists	1,039
Administrative	207
Marketing	29
Facilities	
Hospitals	47
Pharmacies	600
Locations	
Administrative	1
Primary care	203
Users	
Employer/payer groups	740
Single coverage	8,205
Family coverage	12,454
Employees & dependents	47,480
Total	94,175
Average hospital stay	4.7 days
Hospital admission/1,000 members	75
Revenues	
1991	$113,500,000
1990	$101,700,000

Operational date: December 1973.
Federally qualified.
Certified in: Michigan.
NCQA qualification pending.
Model type: Network.
Not for profit.
Service area: Michigan: Macomb, Monroe, Oakland and Wayne counties.

Services: Standard package including chiropractors, substance abuse, psychiatry, podiatry and OB/Gyn. Options include prescriptions, vision, dental, and durable medical equipment. Diagnostic testing by independent labs.

Rating options: Community rating: $130.84 single, $314.00 family. Offers point-of-service contracts.

Enrollment options: Contracts with FHCA to enroll Medicare benficiaries. Individual enrollment allowed for retirees under 65.

Management reports: Provided upon request.

Billing: Provides direct billing for COBRA premiums.

Officers: Ronald R. Dobbins, president; Dr. Hills Howard, medical director; Harold Roberts, senior vp-marketing; Jagu Vanaharam, senior vp/chief financial officer; Bobby Jones, senior vp-operations; Denice Davis, vp-planning/development.

Physicians Health Plan Inc.

P.O. Box 30377, Lansing, Mich. 48909-7877; 517-349-2101; fax: 517-347-9460

Staff	
Physicians	663
Board-certified	72%
Specialists	1,128
Administrative	10
Marketing	18
Facilities	
Hospitals	33
Pharmacies	366
Diagnostic labs	46
Locations	
Administrative	4
Users	
Employer/payer groups	843
Single coverage	14,657
Family coverage	32,497
Employees & dependents	130,934
Total	138,998
Average hospital stay	4.04 days
Hospital admission/1,000 members	59.6

Operational date: March 1981.
Federally qualified.
Certified in: Michigan.
NCQA qualification pending.
Model type: IPA.
Not for profit.
Ownership: E.W. Sparrow Hospital.
Service area: Michigan: 24 counties in the Jackson, Kalamazoo, Lansing and Muskegon areas. Contracts with United HealthCare.

Services: Standard package excluding X-ray. Other services include dental, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include X-ray, prescriptions, chiropractors and vision. Diagnostic testing by independent labs.

Rating options: Community rating: $155.84 single, $389.60 family; community rating by class. Offers point-of-service contracts, 42% of members are enrolled.

Enrollment options: Individual enrollment allowed.

Management reports: Provided annually.

Billing: Consolidated billing for national accounts.

Officers: James M. Savage, president; Dr. Joseph Sheets, medical director; Douglas Lottes, vp.

PriorityHealth

2025 E. Beltline, Suite 500, Grand Rapids, Mich. 49546; 616-942-0954; fax: 616-942-0145

Staff	
Physicians	335
Patients/physician	200
Board-certified	62%
Specialists	367
Administrative	120
Marketing	11
Facilities	
Hospitals	13
Pharmacies	755
Diagnostic labs	10
Locations	
Administrative	2
Users	
Employer/payer groups	260
Single coverage	6,663
Family coverage	14,077
Employees & dependents	70,000
Average hospital stay	4.1 days
Hospital admission/1,000 members	270
Revenues	
1991	$55,727,336
1990	$45,785,833

Operational date: September 1986.
Certified in: Michigan.
NCQA qualification pending.
Model type: IPA.
Not for profit.
Ownership: Butterworth, Holland Community hospital.
Service area: Michigan: Allegan, Barry, Clinton, Eaton, Gratiot, Ionia, Kent, Mecosta, Montcalm, Muskegon, Ottawa and Newaygo counties.

Services: Standard package including substance abuse, psychiatry, durable medical equipment and OB/Gyn. Options include prescriptions and vision. Diagnostic testing by independent labs.

Rating options: Community rating: $110 single, $330 family.

Management reports: Provided annually or upon request.

Officers: Victor Turvey, executive director; Denise Christy, marketing director.

MINNESOTA

Blue Plus

3535 Blue Cross Road, St. Paul, Minn. 55164; 612-456-8000

Users	
Total*	39,155

Operational date: 1974.
Model type: Network.
Affiliate: Blue Cross & Blue Shield of Minnesota.
**Total users as of Dec. 31, 1991.*

Delta Dental Plan of Minnesota-Advantage Dental Network

7807 Creekridge Circle, Minneapolis, Minn. 55440; 612-944-4186; fax: 612-829-2317

Staff	
Physicians	100
Patients/physician	200
Specialists	30
Users	
Employer/payer groups	15
Total	20,000

Operational date: January 1990.
Model type: IPA.
For profit.
Service area: Seven counties in the Minnesota metropolitan area.
Services: Dental only.
Rating options: Offers point-of-service contracts, 10% of members are enrolled.
Management reports: Provided quarterly.
Billing: Provides direct billing for COBRA premiums.
Officers: Michael Walsh, president; Loren Hanson, executive director; Dr. Thomas Ireland, medical director; Robert McGrath, marketing director.

First Plan HMO

1010 Fourth St., Two Harbors, Minn. 55616; 218-834-7207

Users	
Total*	7,300

Operational date: 1988.
Model type: Network.
Affiliate: Blue Cross & Blue Shield of Minnesota.
**Total users as of Dec. 31, 1991.*

Group Health Inc.

2829 University Ave. S.E., Minneapolis, Minn. 55414; 612-623-8400; fax: 612-623-8560

Staff	
Physicians	479
Patients/physician	1,450
Board-certified	96%
Specialists	1,119
Administrative	684
Marketing	15
Facilities	
Hospitals	24
Pharmacies	442
Diagnostic labs	20
Locations	
Administrative	3
Primary care	22
Users	
Employer/payer groups	822
Single coverage	86,974
Family coverage	65,806
Employees & dependents	274,915
Total	316,807
Average hospital stay	3.9 days
Hospital admission/1,000 members	63
Revenues	
1991	$451,436,000
1990	$386,061,000

Operational date: August 1957.
Federally qualified.
Certified in: Minnesota.
NCQA qualification pending.
Model type: Staff.
Not for profit.
Service area: Minnesota: Anoka, Dakota, Hennepin, Ramsey, Scott, Washington, Wright, Carver, Chisago, Isanti, Rice, Sherburne and Mille Lacs counties; Wisconsin: Pierce and St. Croix counties. Contracts with The HMO Group in 11 states and the District of Columbia, Kaiser in 18 states and Aetna Health Plans nationwide.

Services: Standard package including prescriptions, chiropractors, vision, dental, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Diagnostic testing by HMO and independent labs.

Rating options: Community rating: $135 single, $384 family; community rating by class; adjusted community rating. Offers point-of-service contracts, 20% of members are enrolled. Offers non-federally qualified programs.

Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.

Management reports: Provided annually or semi-annually.

Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.

Officers: George C. Halvorson, president/chief executive officer; Dr. Paul Brat, chief operating officer/medical director; Roger Swenson, senior vp-sales/marketing.

Mayo Health Plan

21 First St. S.W., Suite 401, Rochester, Minn. 55901; 507-284-8274; fax: 507-284-0528

Staff	
Physicians	756
Board-certified	100%
Specialists	838
Administrative	7
Marketing	3
Facilities	
Hospitals	18
Pharmacies	150
Locations	
Administrative	1
Primary care	87
Users	
Employer/payer groups	22
Single coverage	710
Family coverage	736
Employees & dependents	3,392
Total	4,099
Average hospital stay	4.4 days
Hospital admission/1,000 members	94
Revenues	
1991	$6,112,087
1990	$5,971,111

Operational date: July 1986.
Model type: IPA.
Not for profit.
Ownership: Mayo Foundation.
Service area: Minnesota: Dakota, Dodge, Fillmore, Goodhue, Houston, Mower, Olmsted, Rice, Steele, Wabasha, Waseca and Winona counties.

Services: Standard package including prescriptions, vision, dental, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Diagnostic testing by HMO.

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

Enrollment options: Individual enrollment allowed.

Management reports: Provided quarterly and upon request.

Officers: Alan Schilmoeller, senior administrator; Kathleen Kelly, administrator; Dr. Richard B. Tompkins, medical director; William H. Carroll Jr., marketing director; Steve Knudson, financial director; and William Gutterman, operations director.

MedCenters Health Plan

2829 University Ave. S.E., Minneapolis, Minn. 55414; 612-623-8400; fax: 612-623-8560

Staff	
Physicians	748
Patients/physician	340
Board-certified	95%
Specialists	2,587
Administrative	324
Marketing	4
Facilities	
Hospitals	32
Pharmacies	496
Diagnostic labs	5
Locations	
Administrative	3
Primary care	127
Users	
Employer/payer groups	1,598
Single coverage	66,415
Family coverage	56,047
Employees & dependents	240,000
Total	253,000
Average hospital stay	44 days
Hospital admission/1,000 members	69
Revenues	
1991	$313,278,000
1990	$269,299,000

Operational date: June 1972.
Certified in: Minnesota, Wisconsin.
NCQA qualification pending.
Model type: Network.
Not for profit.
Service area: Minnesota: Anoka, Carver, Chisago, Cottonwood, Dakota, Goodhue, Hennepin, Jackson, LeSueur, McLeod, Murray, Nicollet,

Continued on next page

Continued from previous page
Nobles, Olmstead, Ramsey, Rice, Scott, Sherburne, Sibley, Wabasha, Washington and Wright counties; Wisconsin: Buffalo, Pepin, Pierce, Polk and St. Croix counties. Contracts with The HMO Group, Aetna Health Plans and Kaiser, which are national networks.

Services: Standard package including prescriptions, chiropractors, vision, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include dental. Diagnostic testing by HMO and independent labs.

Rating options: Community rating: $127 single, $378.50 family; community rating by class; adjusted community rating. Offers point-of-service contracts, 20% of members are enrolled.

Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.

Management reports: Provided quarterly, annually or semi-annually.

Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.

Officers: George C. Haluorson, president/CEO; Mary Brainerd, executive director/COO; Dr. George Isham, medical director; Roger Swenson, senior vp-sales/marketing.

Medica Choice/ Medica Primary

5601 Smetana Drive, P.O. Box 1587, Minneapolis, Minn. 55440-1587; 612-936-1200; fax: 612-936-6951

Staff	
Physicians	4,155
Specialists	5,078
Administrative	700
Marketing	57
Facilities	
Hospitals	106
Pharmacies	844
Diagnostic labs	18
Locations	
Administrative	4
Primary care	1,536
Users	
Employer/payer groups	4,697
Single coverage	193,455
Family coverage	95,157
Employees & dependents	399,150
Total	559,714
Average hospital stay	3.95 days
Hospital admission/1,000 members	68.5
Revenues	
1991	$718,305,000
1990	$633,314,000

Operational date: 1974.
Certified in: Minnesota and North Dakota.
Model type: IPA/Network.
Not for profit.
Service area: Minnesota: Aitkin, Anoka, Becker, Beltrami, Benton, Carlton, Carver, Cass, Clay, Clearwater, Crow Wing, Dakota, Dodge, Douglas, Goodhue, Grant, Hennepin, Hubbard, Isanti, Kanabec, Kandiyohi, Lake, LeSueur, Mahnomen, McLeod, Meeker, MilleLacs, Morrison, Nicollet, Norman, Ottertail, Pine, Polk, Pope, Ramsey, Renville, Rice, St. Louis, Scott, Sherburne, Sibley, Stearns, Steele, Todd, Washington, Wilkin, Wright counties; North Dakota: Barnes, Cass, Ranson, Richland, Stutsman and Traill counties.

Services: Standard package including prescriptions, chiropractors, vision, substance abuse, psychiatry, durable medical equipment, podiatry, OB/Gyn, physical/speech/occupational therapy, emergency care, home health care/alternative care. Options include dental. Diagnostic testing by independent labs.

Rating options: Adjusted community rating, experience rating. Offers point-of-service contracts, 80% of members are enrolled.

Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.

Management reports: Provided upon request.

Billing: Provides direct billing for COBRA premiums.

Officers: Dr. K. James Ehlen, chairman/CEO; Dr. Allan J. Chernov, medical director; Arnold B. Herbert Jr., vp-sales/marketing; James Eppel, vp-network services; Stanley Hamilton, vp-finance/administration; Joanne Sigstad, vp-medical management; David Strand, senior vp/general counsel; Bob Suellentrop, senior vp-operations.

Contact: Peter Fish, manager-public realtions, 612-936-6849.

NWNL Health Network Inc.

1295 Bandana Blvd. N., Suite 220, St. Paul, Minn. 55108; 612-647-3050; fax: 612-659-2309

Staff	
Physicians	575
Patients/physician	31.74
Board-certified	99%
Specialists	1,609
Administrative	69
Facilities	
Hospitals	24
Pharmacies	330
Diagnostic labs	3
Locations	
Administrative	1
Users	
Employer/payer groups	96
Single coverage	4,280
Family coverage	3,916
Employees & dependents	17,862
Total	23,321
Average hospital stay	3.8 days
Hospital admission/1,000 members	264.3

Operational date: March 1984.
Certified in: Minnesota.
Model type: Network.
Ownership: NWNL Health Network Inc.
Service area: Minnesota: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, Washington and Wright.
Services: Standard package including prescriptions, vision, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include dental. Diagnostic testing by HMO and independent labs.
Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts.
Management reports: Provided quarterly.
Officers: Fred Sattler, president; Dr. J. Bryan Warren, medical director; Curt Olson, marketing director; Cecelia Manlove, executive 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	
Total providers	32,600
Facilities	
Hospitals	520
Pharmacies	27,000
Users	
Employer/payer groups	10,000
Employees & dependents	1,520,000
Total	1,650,000
Revenues	
1991	$847,000,000
1990	$605,500,000

Operational date: 1974.
For profit.
Service area/Certified in: Minnesota, California, Rhode Island, Missouri, Ohio, South Carolina, Utah, Wisconsin, Illinois, Nebraska, Georgia, Iowa. Contracts in Michigan, North Carolina and Indiana.
Services: vary by plan.
Management reports: Provided.
Billing: Consolidated billing for national accounts.
Officers: Dr. William W. McGuire, president/CEO; George B. Borkow, executive vp/CFO; Dr. Lee N. Newcomer, medical director; William W. Pogue, senior vp-marketing.
**Figures are consolidated, including all HMOs in this organization.*

MISSOURI

CIGNA Health Plan of St. Louis Inc.

8182 Maryland, Suite 900, Clayton, Mo. 63105; 314-726-7700; fax: 314-726-7820

Staff	
Physicians	346
Specialists	1,570
Facilities	
Hospitals	18
Pharmacies	63
Diagnostic labs	17
Locations	
Administrative	2
Primary care	2,110
Users	
Total	22,234

Operational date: January 1986.
Federally qualified.
Certified in: Missouri.
Model type: IPA.
Service area: Missouri: Franklin, Jefferson, Madison, Monroe, St. Charles, St. Clair and St. Louis counties.
Services: Diagnostic testing by independent labs.
Officers: Kim Onesko, executive director; Dr. Thomas Hale, medical director.
See CIGNA Corp. consolidated listing under Connecticut.

Deltacare Plus

8390 Delmar, St. Louis, Mo. 63124; 314-993-9090; fax: 314-993-5120

Staff	
Dentists	36
Patients/physician	85
Administrative	5
Marketing	8
Locations	
Administrative	1
Primary care	36
Users	
Employer/payer groups	1
Single coverage	318
Family coverage	1,048
Employees & dependents	3,073
Total	3,073

Operational date: March 1986.
Certified in: Missouri.
Model type: IPA.
Not for profit.
Ownership: Delta Dental of Missouri.
Service area: Missouri: Kansas City and St. Louis.
Services: Dental. Diagnostic testing done by independent labs.
Rating options: Adjusted community rating.
Officers: Joseph Hopkins, president; John Gladden, marketing director; Pamela Clyde, senior vp-operations; Steve Gaal, CFO; Al Martinez, vp-actuarial.

Exclusive Healthcare Inc.

100 S. Fourth St., Suite 930, St. Louis, Mo. 63102; 314-241-9801; fax: 314-621-4934

Staff	
Physicians	250
Patients/physician	1
Board-certified	100%
Specialists	880
Administrative	2
Marketing	1
Facilities	
Hospitals	15
Pharmacies	57
Diagnostic labs	15
Locations	
Administrative	1
Primary care	400
Users	
Employer/payer groups	2
Single coverage	15
Family coverage	30
Employees & dependents	231
Total	231
Revenues	
1991	$30,987
1990	NA

Service area: Missouri: Jefferson, St. Charles, St. Louis, St. Peters.
Officers: Michael Skolnik, plan manager.
Contact: Nina Grove, 402-978-2700.
See Exclusive Healthcare Inc./ExclusiCare consolidated listing under Nebraska.

Gencare/Sanus Health Plan

P.O. Box 419079, St. Louis, Mo. 63141; 314-434-6114; fax: 314-434-8461

Staff	
Physicians	551
Patients/physician	219
Board-certified	74%
Specialists	2,089
Administrative	173
Marketing	17
Facilities	
Hospitals	35
Pharmacies	124
Diagnostic labs	21
Locations	
Administrative	1
Users	
Employer/payer groups	485
Single coverage	20,873
Family coverage	20,857
Employees & dependents	120,241
Total	120,799
Average hospital stay	3.7 days
Hospital admission/1,000 members	272
Revenues	
1991	$127,869,917
1990	$107,214,201

Operational date: July 1985.
Federally qualified.
Certified in: Missouri, Illinois.
Model type: IPA.
For profit.
Ownership: General American Life Insurance Co.
Service area: Missouri: Boone, Callaway, Crawford, Franklin, Gasconade, Jefferson, Lincoln, Montgomery, Pike, Ralls, St. Charles, St. Francis, St. Genevieve, St. Louis, Warren and Washington counties; Illinois: Bend, Calhoun, Clinton, Greene, Jersey, Macoupin, Madison, Montgomery, Monroe, Randolph and Williamson counties. Contracts with Ultralink HMO National Network.
Services: Standard package including durable medical equipment, podiatry and OB/Gyn. Options include vision, dental, substance abuse, psychiatry and prescriptions. Diagnostic testing by independent labs.
Rating options: Community rating by class. Offers point-of-service contracts, 9% of members are enrolled.
Management reports: Provided bi-annually.
Billing: Consolidated billing for national accounts.
Officers: Thomas Zorumski, executive director; Dr. Matt Emons, medical director; Randy Cupp, marketing director.
See Sanus Corp. Health Systems consolidated listing under New Jersey.

Good Health HMO

2301 Main St., One Pershing Square, Kansas City, Mo. 64108; 816-395-3777

Users	
Total*	27,383

Operational date: 1989.
Model type: IPA.
Affiliate: Blue Cross & Blue Shield of Kansas City.
**Total users as of 12/31/91.*

Group Health Plan Inc.

940 W. Port Plaza, Suite 300, St. Louis, Mo. 63141; 314-453-1700; fax: 314-453-1959

Staff	
Physicians	240
Patients/physician	420
Board-certified	90%
Specialists	1,200
Administrative	23
Marketing	12
Facilities	
Hospitals	22
Pharmacies	75
Diagnostic labs	12
Locations	
Administrative	1
Primary care	28
Users	
Employer/payer groups	575
Single coverage	15,900
Family coverage	17,600
Employees & dependents	74,750
Total	98,000
Average hospital stay	4.42 days
Hospital admission/1,000 members	79
Revenues	
1991	$126,310,000
1990	$124,918,000

Operational date: January 1982.
Federally qualified.
Certified in: Illinois, Missouri.
Model type: IPA/staff.
For profit.
Ownership: Coventry Corp.
Service area: Missouri: Franklin, Gasconade, Jefferson, Lincoln, St. Charles, St. Genevieve, St. Louis City, Warren counties; Illinois: St. Clair, Jersey, Calhoun, Monroe, Clinton, Macoupin and Madison counties.
Services: Standard package including chiropractors, substance abuse, psychiatry, podiatry and OB/Gyn. Options include vision, dental, durable medical equipment and prescriptions. Diagnostic testing by HMO and independent labs.
Rating options: Community rating by class. Offers point-of-service contracts, 5% of members are enrolled.
Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.
Management reports: Provided upon request.
Officers: Mark H. Tabak, president/executive director; Dr. Christopher Maret, medical director; Jerry R. Hansen, marketing director; George Schneider, Steve Williams, Jill Hummel, Bill Ginnow, Pat Petersen, Dr. Timothy Saum.
See Coventry Corp. consolidated listing under Tennesee.

HMO Missouri Inc.

4444 Forest Park Blvd., St. Louis, Mo. 63108; 314-289-6206

Users	
Total*	59,607

Operational date: 1988.
Model type: IPA.
Affiliate: Blue Cross & Blue Shield of Missouri.
**Total users as of 12/31/91.*

Humana Prime Health

10450 Holmes, Suite 440, Kansas City, Mo. 64131; 816-941-8003; fax: 816-941-3910

Users	
Total*	75,437

Operational date: 1976; Humana owned since 1990.
Federally qualified.
Model type: Staff.
Service area: Kansas: Atchison, Jefferson, Johnson, Linn, Miami and Leavenworth counties; Missouri: Jackson, Cass, Platte, Clay, Lafayette and Ray counties.
Officers: David W. Fields, executive director; John Bolin, sales manager; Dr. Bruce Barter, medical director.
**Figure is as of 8/31/92.*
See Humana Health Care Plans consolidated listing under Kentucky.

The Medical Center Health Plan

1 City Place Drive, St. Louis, Mo. 63141; 314-567-6660; fax: 314-567-3627

Staff	
Physicians	287
Patients/physician	78
Board-certified	80%
Specialists	1,494
Facilities	
Hospitals	14
Pharmacies	168
Diagnostic labs	19
Users	
Employer/payer groups	73
Single coverage	5,239
Family coverage	4,639
Employees & dependents	22,397
Total	22,397
Average hospital stay	4.5 days
Hospital admission/1,000 members	81
Revenues	
1991	$62,393,415
1990	$21,903,673

Operational date: March 1988.
Certified in: Missouri.
Model type: IPA.
Not for profit.
Ownership: Barnes Hospital, Jewish Hospital, St. Louis Children's Hospital, Washington University School of Medicine.
Service area: Missouri: St. Louis and Franklin cities; Jefferson, St. Charles, St. Francois and portions of St. Genevieve and St. Louis counties; Illinois: Madison, Monroe and St. Clair counties. Contracts with Aetna Health Plans.
Services: Standard package including prescriptions, vision, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include dental. Diagnostic testing by HMO and independent labs.
Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts, 0.1% of members are enrolled.
Enrollment options: Individual enrollment allowed.
Management reports: Provided quarterly or annually.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: Ed Case, president; Del Snoberger, executive director; Dr. Harold Zarkowsky, medical director; Rob Tucker, marketing director.
See Aetna Life Insurance Co. consolidated listing under Connecticut.

MedPlan

10450 Holmes, Suite 440, Kansas City, Mo. 64131; 816-648-6610; fax: 816-941-3910

Users	
Total*	15,000

Operational date: 1985; Humana owned since September 1992.
Model type: IPA.
Service area: Kansas: Atchison, Jefferson, Johnson, Leavenworth, Linn, Miami and Wyandotte counties; Missouri: Cass, Clay, Jackson and Platte counties.
Officers: David W. Fields, execu-

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tive director; John Bolin, sales manager; Dr. Bruce Barter, medical director.

**Figure is as of 8/31/92.*

See Humana Health Care Plans consolidated listing under Kentucky.

MetLife HealthCare Network Inc. (St. Louis)

14500 S. Outer 40 Road, Suite 500, Chesterfield, Mo. 63017; 314-542-1400

Staff	
Physicians	467
Specialists	1,779
Facilities	
Hospitals	29
Locations	
Administrative	1

Operational date: January 1969.
Certified in: Missouri, Illinois.
Model type: IPA.
For profit.
Ownership: Metropolitan Life Insurance Co.
Service area: Missouri: Franklin, Jefferson, St. Charles and St. Louis counties; Illinois: Jersey, Macoupin, Madison, Monroe and St. Clair counties.
Services: Standard package including substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions, vision and dental. Diagnostic testing by independent labs.
Rating options: Community rating by class, experience rating.
Management reports: Provided annually.
Billing: Consolidated billing for national accounts.
Officers: Barbara C. Buenemann, president/chief executive officer; Barabara Corn, vp.

Physicians Health Plan of Greater St. Louis

77 W. Port Plaza, Suite 500, St. Louis, Mo. 63146; 314-275-7000; fax: 314-542-1155

Staff	
Physicians	779
Administrative	50
Marketing	15
Facilities	
Hospitals	34
Pharmacies	345
Diagnostic labs	80
Locations	
Administrative	1
Users	
Employer/payer groups	700
Single coverage	11,310
Family coverage	15,635
Employees & dependents	55,534
Total	56,400
Average hospital stay	4.1 days
Hospital admission/1,000 members	74.1

Operational date: February 1986.
Federally qualified.
Certified in: Missouri, Illinois.
Model type: IPA.
For profit.
Ownership: United HealthCare Corp. (80%).
Service area: Missouri: Crawford, Franklin, Gasconade, Jefferson, Phelps, St. Charles, St. Louis and Warren, counties; Illinois: Madison, Monroe and St. Clair counties.
Services: Standard package including prescriptions, vision, durable medical equipment and OB/Gyn. Options include chiropractors, substance abuse and psychiatry. Diagnostic testing by HMO and independent labs.
Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts. Offers non-federally qualified programs.
Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries.
Management reports: Provided quarterly, annually or upon request.
Officers: Michael F. Neidorff, president/executive director; Dr. Joseph P. Drozda, medical director; Linda Huber, vp-marketing sales; Lucille McLain, vp-medical services; Susan P. Chinnock, director-management services; Philip Mainquist, director-finance.

See United HealthCare Corp. consolidated listing under Minnesota.

Principal Health Care of Kansas City Inc.

1001 E. 101st Terrace, Suite 230, Kansas City, Mo. 64131; 816-941-3030; fax: 816-941-8516

Staff	
Physicians	267
Patients/physician	109
Board-certified	90%
Specialists	996
Administrative	44
Marketing	6
Facilities	
Hospitals	27
Pharmacies	225
Locations	
Administrative	1
Users	
Employer/payer groups	222
Employees & dependents	29,025
Total	29,025
Average hospital stay	4.2 days
Hospital admission/1,000 members	62
Revenues	
1991	$30,500,000
1990	$25,674,000

Service area: Missouri: Cass, Clay, Jackson, Johnson, Lafayette, Platte and Ray counties; Kansas: Douglas, Franklin, Johnson, Leavenworth, Miami, Shawnee and Wyandotte counties. Contracts with Ultralink, a national network.
Officers: Deborah Origer, executive director; Dr. Thomas Miller, medical director; Cathy Leschena, sales manager.
Contact: Cathy Leschena.

See Principal Health Care Inc. consolidated listing under Maryland.

Principal Health Care of St. Louis Inc.

600 Emerson Road, Suite 300, St. Louis, Mo. 63141; 314-991-3938; fax: 314-997-9704

Staff	
Physicians	220
Board-certified	90%
Specialists	1,800
Administrative	10
Marketing	5
Facilities	
Hospitals	34
Locations	
Administrative	1
Users	
Employer/payer groups	16
Employees & dependents	1,505
Total	1,505

Service area: Missouri: Franklin, Jefferson, St. Charles, St. Francois and St. Louis counties; Illinois: Calhoun, Jackson, Jersey, Madison, Monroe and St. Clair counties.
Officers: Deborah Origer, executive director; Dr. Thomas Miller, medical director; Brad Kirkpatrick, marketing director.
Contact: Brad Kirkpatrick.

See Principal Health Care Inc. consolidated listing under Maryland.

PruCare of Kansas City

4600 Madison Ave., Suite 300, Kansas City, Mo. 64112; 816-756-5588; fax: 816-756-5667

Staff	
Physicians	180
Patients/physician	175
Board-certified	90%
Specialists	353
Administrative	45
Marketing	14
Facilities	
Hospitals	19
Pharmacies	54
Diagnostic labs	13
Users	
Employer/payer groups	230
Single coverage	375
Family coverage	681
Total	4,200
Average hospital stay	4 days
Hospital admission/1,000 members	77.61

Operational date: Missouri: May 1986; Kansas: July 1987.
Model type: IPA.
For profit.
Ownership: The Prudential Insurance Co. of America.
Service area: Kansas: Johnson, Leavenworth, Miami and Wyandotte counties; Missouri: Cass, Clay, Jackson and Platte counties.
Services: Standard package including chiropractors, substance abuse, psychiatry, durable medical equipment, podiatry, OB/Gyn, adult/pediatric home health care and emergency (after hours) facilities. Options include prescriptions, vision and dental. Diagnostic testing by independent labs.
Rating options: Community rating; community rating by class.

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Management reports: Provided annually or upon request.

Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.

Officers: David W. Dingley, executive director; Dr. Ammon Ver Dught, medical director; Michael Eve, regional group manager; Nomi T. Pope, manager-health care services.

See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

PruCare of St. Louis

12312 Olive Blvd., Suite 500, Creve Coeur, Mo. 63141; 314-542-4500; fax: 314-542-4577

Staff	
Physicians	271
Patients/physician	200
Board-certified	80%
Specialists	658
Administrative	67
Marketing	18
Facilities	
Hospitals	18
Pharmacies	98
Diagnostic labs	22
Locations	
Administrative	1
Primary care	55
Users	
Total	14,000
Average hospital stay	5.17 days
Hospital admission/1,000 members	410.6

Operational date: July 1985.
Federally qualified.
Certified in: Missouri.
NCQA accredited.
Model type: IPA.
Ownership: The Prudential Insurance Co. of America.
Service area: Missouri: St. Louis and Franklin, Jefferson, St. Charles and St. Louis counties; Illinois: Madison, Monroe, Randolph and St. Clair counties.
Services: Standard package including vision, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions and dental. Diagnostic testing by independent labs.
Rating options: Community rating. Offers point-of-service contracts.
Management Reports: Provided.
Billing: Consolidated billing for national accounts.
Officers: Richard F. Rivers, vp-group operations; Michael Dooley, vp-healthcare management; Dr. Richard H. Fallon, medical director; Tracy H. Baker, regional group manager.
Contact: Tracy H. Baker.
See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

Total Health Care

2301 Main St., One Pershing Square, Kansas City, Mo. 64108; 816-395-3777

Users	
Total*	40,911

Operational date: 1981.
Model type: IPA.
Affiliate: Blue Cross & Blue Shield of Kansas City.
** Total users as of Dec. 31, 1991.*

MONTANA

HMO Montana

404 Fuller Ave., Helena, Mont. 59601; 406-444-8250

Users	
Total*	9,667

Operational date: 1987.
Model type: IPA.
Ownership: Blue Cross & Blue Shield of Montana.
** Total users as of Dec. 31, 1991.*

NEBRASKA

Exclusive Healthcare Inc./ExclusiCare*

Mutual of Omaha Plaza, Omaha, Neb. 68175; 402-978-2700; fax: 402-978-2999

Staff	
Physicians	1,902
Patients/physician	17.7
Board-certified	85%
Specialists	6,173
Administrative	86
Marketing	6
Facilities	
Hospitals	96
Pharmacies	947
Diagnostic labs	137
Locations	
Administrative	5
Primary care	3,000
Users	
Employer/payer groups	106
Single coverage	7,401
Family coverage	6,922
Employees & dependents	31,757
Total	31,757
Average hospital stay	3 days
Hospital admission/1,000 members	54
Revenues	
1991	$26,883,832
1990	$14,008,273

Operational date: April 1988.
Certified in: California, Colorado, Kansas, Missouri, Nebraska.
Model type: IPA.
Ownership: Mutual of Omaho.
Service area: Colorado: Adams, Arapahoe, Boulder, Clear Creek, Denver, Douglas, El Paso, Gilpin, Jefferson, Larimer and Teller counties; Nebraska: Dodge, Douglas, Sarpy and Washington counties; Iowa: Harrison, Mills and Pottawattamie counties; California: Los Angeles, Orange, Riverside, San Bernandino and Ventura counties; Missouri: Caldwell, Cass, Clay, Daviess, Harrison, Jackson, Jefferson, Lafayette, Livingston, Platte, St. Charles, St. Louis and St. Peters counties; Kansas: Douglas, Johnson, Leavenworth, Miami and Wyandotte counties.
Services: Standard package including chiropractors, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Diagnostic testing by independent labs.
Rating options: Adjusted community rating. Offers point-of-service contracts.
Management reports: Provided monthly or upon request.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: Dick Easley, president; John Fraser, assistant vp/operations manager; Dr. Mike Jenkin, medical director; Les Swick, marketing manager.
Contact: Linda Krueger, 4582 S. Ulster St./Parkway, Suite 202, Denver, Colo. 80237; 303-694-6919.
** Figures are consolidated, including all HMOs in this organization.*

Exclusive Healthcare Inc.

Mutual of Omaha, Omaha, Neb. 68175; 402-978-2700; fax: 402-978-2999

Staff	
Physicians	165
Patients/physician	110
Board-certified	100%
Specialists	654
Administrative	72
Marketing	1
Facilities	
Hospitals	11
Pharmacies	221
Diagnostic labs	18
Locations	
Administrative	1
Primary care	110
Users	
Employer/payer groups	44
Single coverage	3,575
Family coverage	4,254
Employees & dependents	18,865
Total	18,865
Average hospital stay	3.8 days
Hospital admission/1,000 members	74
Revenues	
1991	$19,003,027
1990	$11,977,217

Service area: Nebraska: Dodge, Douglas, Sarpy and Washington counties; Iowa: Harrison, Mills and Pottawattamie counties.
Officers: Bill Ketner, plan manager.
Contact: Nina Grove.
See Exclusive Healthcare Inc./ExclusiCare consolidated listing under Kentucky.

HMO Nebraska Inc.

2421 S. 73rd St., Omaha, Neb. 68124-2359; 402-392-2800; fax: 402-392-2761

Staff	
Physicians	188
Patients/physician	82.77
Board-certified	78%
Specialists	481
Administrative	37
Marketing	5
Facilities	
Hospitals	10
Pharmacies	105
Diagnostic labs	1
Locations	
Administrative	1
Users	
Employer/payer groups	134
Single coverage	2,990
Family coverage	3,650
Employees & dependents	15,449
Total	15,561
Average hospital stay	4.35 days
Hospital admission/1,000 members	67.63
Revenues	
1991	$19,675,393
1990	$19,053,402

Operational date: September 1985.
Federally qualified.
Certified in: Nebraska.
Model type: IPA.
For profit.
Ownership: Blue Cross & Blue Shield of Nebraska.
Service area: Nebraska: 26 counties; Iowa: Fremont, Harrison, Mills, Montgomery, Pottawattamie and Shelby counties. Offers service through HMO-USA (Blue Cross & Blue Shield Assn.) in 40 states.
Services: Standard package including substance abuse, psychiatry, podiatry and OB/Gyn. Options include prescriptions, vision, and durable medical equipment. Diagnostic testing by independent labs.
Rating options: Community rating: $169.11 single, $440.88 family; community rating by class; adjusted community rating. Offers non-federally qualified programs.
Enrollment options: Individual enrollment allowed.
Management reports: Provided upon request.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: Richard L Guffey, president; Maxine E. Crossley, executive director; Dr. David H. Filipi, consulting medical director; Carolyn J. Groth, marketing director; A. Duane Wilson, secretary/treasurer.
Contact: Carolyn J. Groth, 402-398-3613.

Principal Health Care of Nebraska Inc.

10810 Farnham Drive, Suite 425, Omaha, Neb. 68154; 402-333-1720; fax: 402-333-1116

Staff	
Physicians	155
Patients/physician	123
Board-certified	90%
Specialists	380
Administrative	22
Marketing	4
Facilities	
Hospitals	11
Pharmacies	100
Diagnostic labs	2
Locations	
Administrative	1
Users	
Employer/payer groups	90
Employees & dependents	19,052
Total	19,052
Average hospital stay	4.4 days
Hospital admission/1,000 members	53
Revenues	
1991	$15,800,000
1990	$13,500,000

Service area: Nebraska: Burt, Cass, Douglas, Lancaster, Otoe, Sarpy, Saunders and Washington counties; Iowa: Harrison, Mills and Pottawattamie counties. Contracts with Ultralink nationwide.
Officers: Louis Garcia, executive director; Dr. Fred Pettid, medical director; Greg Boles, marketing director.
Contact: Greg Boles.
See Principal Health Care Inc. consolidated listing under Maryland.

Share Health Plan of Nebraska Inc.

302 S. 36th St., Suite 300, Omaha, Neb. 68131; 402-345-9900; fax: 402-345-7904

Staff	
Physicians	109
Patients/physician	30
Board-certified	90%
Specialists	420
Administrative	70
Marketing	10
Facilities	
Hospitals	9
Pharmacies	152
Diagnostic labs	17
Locations	
Administrative	1
Primary care	42
Users	
Employer/payer groups	248
Single coverage	8,355
Family coverage	5,988
Employees & dependents	25,847
Total	28,896
Average hospital stay	4 days
Hospital admission/1,000 members	68

Operational date: October 1984.
Certified in: Iowa and Nebraska.
Model type: IPA.
For profit.
Ownership: United HealthCare Corp.
Service area: Nebraska: Dodge, Douglas, Sarpy and Washington counties; Iowa: Cass, Harrison, Mills, Pottawattamie and Shelby counties.
Services: Standard package excluding preventive medicine and periodic check-ups. Other services include prescriptions, vision, dental, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include preventative medicine. Diagnostic testing by independent labs.
Rating options: Community rating by class. Offers point-of-service contracts, 2% of members are enrolled.
Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.
Management reports: Provided annually.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: John M. Braasch, president/CEO; Kathy Mallatt, vp-marketing/product and network development group; Dr. Thomas M. Connors, medical director; James B. McLeod, marketing director.
See United HealthCare Corp. consolidated listing under Minnesota.

NEVADA

Humana Health Plan Inc.

3107 S. Maryland Parkway, Las Vegas, Nev. 89109; 702-737-7211; fax: 702-791-5826

Users	
Total*	11,402

Operational date: January 1989.
Model type: IPA.
Service area: Nevada: Clark County.
Officers: Maureen Cash, executive director; John Grady, sales manager; Dr. Leon Dantzig, medical director.
** Figure is as of 8/31/92.*

NEW HAMPSHIRE

U.S. Healthcare of New Hampshire Inc.

1601 Trapelo Road, Waltham, Mass. 02154; 617-893-1660; fax: 617-893-0544

Staff	
Physicians	34
Specialists	122
Users	
Total	4,000
Average hospital stay	2.75 days
Hospital admission/1,000 members	62.22
Revenues	
1991	$817,000

Operational date: July 1991.
Certified in: New Hampshire.
Model type: IPA.
For profit.
Ownership: U.S. Healthcare Inc.
Service area: New Hampshire: Cheshire, Hillsborough, Merrimack, Rockingham and Strafford counties.
Rating options: Community rating: $147.90 single, $387.60 family. Offers point-of-service contracts.
Officers: Dr. Richard Comell, medical director.
See U.S. Healthcare Inc. consolidated listing under Pennsylvania.

NEW JERSEY

Aetna Health Plans of New Jersey Inc.

485 A US Route 1, Iselin, N.J. 08830; 908-636-6200; fax: 908-750-5724

Staff	
Physicians	1,816
Patients/physician	65
Specialists	2,161
Administrative	248
Marketing	22
Facilities	
Hospitals	47
Pharmacies	1,812
Diagnostic labs	33
Users	
Employer/payer groups	874
Single coverage	15,335
Family coverage	28,019
Employees & dependents	105,186
Total	117,027
Average hospital stay	3.1 days
Hospital admission/1,000 members*	78.1
Revenues	
1991	$206,423,100
1990	$181,723,560

Operational date: July 1981.
Certified in: Delaware and New Jersey.
Model type: IPA.
For profit.
Service area: Delaware: Kent, New Castle and Sussex counties; New Jersey: 21 counties.
Services: Standard package including vision, psychiatry and OB/Gyn. Options include prescriptions, chiropractors, dental, substance abuse and durable medical equipment. Diagnostic testing done by independent labs.
Rating options: Community rating by class.
Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.
Management reports: Provided upon request.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: Dr. Dovi Sebastin, Dr. Frank Brosgol, medical directors; Jane Brockrick, Marianne Brigham, marketing directors; Chuck Scott and Dave Alpeter, vps.
**Excludes Medicare members.*
See Aetna Life Insurance Co. consolidated listing under Connecticut.

CIGNA Health Plan of North New Jersey Inc.

3 Stewart Court, Denville, N.J. 07834; 201-328-4200; fax: 201-328-6904

Staff	
Physicians	736
Specialists	1,712
Facilities	
Hospitals	56
Pharmacies	255
Diagnostic labs	1
Locations	
Administrative	2
Primary care	6,236
Users	
Total	122,641

Operational date: March 1988.
Certified in: New Jersey.
Model type: IPA.
Service area: New Jersey: Bergen, Essex, Hudson, Hunterdon, Middlesex, Monmouth, Morris, Passaic, Somerset, Sussex, Union and Warren counties.
Services: Diagnostic testing by independent labs.
Officers: Tom Garvey, executive director; Dr. Malcolm Moss, medical director.
See CIGNA Corp. consolidated listing under Connecticut.

Flagship Health Systems Inc.

959 Route 46, P.O. Box 369, Parsippany, N.J. 07054; 201-334-6300; fax: 201-334-2535

Staff	
Dentists	115
Patients/dentist	164
Specialists	213
Locations	
Primary care	328
Users	
Employer/payer groups	115
Employees & dependents	18,912
Total	18,912

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Revenues	
1991	$1,600,000
1990	$1,300,000

Operational date: December 1985.
Certified in: New Jersey.
Model type: IPA.
For profit.
Ownership: Delta Dental Plan of New Jersey.
Service area: New Jersey. Contracts with Delta Dental in Arizona, California, Colorado, District of Columbia, Florida, Georgia, Illinois, Iowa, Kentucky, Maryland, Massachusetts, Michigan, Minnesota, Missouri, North Dakota, Pennsylvania, Texas and Utah.
Services: Dental only.
Rating options: Community rating by class.
Management reports: Provided monthly.
Billing: Consolidated billing for national accounts.
Officers: James W. Oxford, president; Dr. Elizabeth Roberts, executive director; Doug Smyth, marketing vp.
Contact: Douglas Smyth, 201-299-2554.

HIP/Rutgers Health Plan

1 Worlds Fair Drive, Somerset, N.J. 08873; 908-560-9898; fax: 908-469-0980

Staff	
Physicians	115
Patients/physician	1,599
Board-certified	83%
Specialists	99
Administrative	340
Marketing	48
Facilities	
Hospitals	35
Pharmacies	116
Locations	
Administrative	2
Primary care	14
Users	
Employer/payer groups	2,849
Single coverage	36,911
Family coverage	43,961
Employees & dependents	158,105
Total	176,306
Average hospital stay	4.85 days
Hospital admission/1,000 members	93.88
Revenues	
1991	$239,560,116
1990	$203,688,225

Operational date: July 1976.
Federally qualified.
Certified in: New Jersey.
Model type: Group.
Ownership: Health Insurance Plan of Greater New York.
Service area: New Jersey: Bergen, Camden, Eastern Passaic, Gloucester, Hudson, Masex, Mercer, Middlesex, Somerset, Union and portions of Burlington, Hunterdon, Monmouth, and Morris counties.
Services: Standard package including vision, dental, substance abuse, psychiatry, durable medical equipment, podiatry, OB/Gyn., home care, skilled nursing, facility care and short-term rehabilitation care. Options include prescriptions and hearing aids. Diagnostic testing by HMO and independent labs.
Rating options: Community rating: $146.44 single, $421.72 family; adjusted community rating.
Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.
Management reports: Provided upon request.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: Victoria Wicks, president/CEO; Dr. Paul Lens, medical director; Robert Landrum, marketing director; Susan Hart Kavanagh, senior vp/administration; Louis Hanson, vp-finance.
See Health Insurance Plan of Greater New York consolidated listing under New York.

Health Maintenance Organization of New Jersey Inc.

S. 61 Paramus Road, Paramus, N.J. 07652; 201-843-6200; fax: 201-843-3789

Staff	
Physicians	1,116
Specialists	4,170
Users	
Total	408,000
Average hospital stay	4.62 days
Hospital admission/1,000 members	81.99
Revenues	
1991	$541,875,000
1990	$454,088,000

Operational date: February 1983.
Federally qualified.
Certified in: New Jersey.
NCQA accredited.
Model type: IPA.
For profit.
Ownership: U.S. Healthcare Inc.
Service area: New Jersey.
Rating options: Community rating: $171.50 single, $452.80 family. Offers point-of-service contracts, 2% of members are enrolled.
Officers: Dr. Howard D. Arkans, medical director.
See U.S. Healthcare Inc. consolidated listing under Pennsylvania.

Medigroup

3 Penn Plaza E., 13th Floor, Newark, N.J. 07105-2200; 201-466-8100; fax: 201-466-8126

Staff	
Physicians	1,218
Patients/physician	54
Board-certified	70%
Specialists	3,694
Administrative	318
Marketing	26
Facilities	
Pharmacies	1,800
Locations	
Administrative	2
Primary care	2
Users	
Employer/payer groups	553
Single coverage	11,064
Family coverage	17,117
Employees & dependents	28,181
Total	28,181
Average hospital stay	4.46 days
Hospital admission/1,000 members	96.4
Revenues	
1991	$99,784,086
1990	$87,155,358

Operational date: July 1973.
Certified in: New Jersey and Bucks County, Pennsylvania.
NCQA qualification pending.
Model type: IPA/staff.
For profit.
Ownership: Blue Cross & Blue Shield of New Jersey.
Service area: New Jersey. Offers service through HMO-USA (Blue Cross & Blue Shield Assn.) in 40 states.
Services: Standard package including chiropractors, vision, dental, substance abuse, psychiatry, podiatry and OB/Gyn. Options include prescriptions and durable medical equipment. Diagnostic testing by independent labs.
Rating options: Community rating by class.
Management reports: Provided upon request.
Officers: William Marino, president; Betty Kimmel, COO; Eric Burkett, acting medical director; Stephen Manobianco, marketing director.

MetLife HealthCare of New Jersey Inc.

485 Route One S., Building B, Iselin, N.J. 08830; 908-602-6500

Staff	
Physicians	508
Specialists	833
Facilities	
Hospitals	1

Operational date: May 1987.
Certified in: New Jersey.
Model type: IPA.
For profit.
Ownership: Metropolitan Life Insurance Co.
Service area: New Jersey: Bergen, Essex, Hudson, Mercer, Middlesex, Monmouth, Morris, Passaic, Somerset, and Union counties.
Services: Standard package including substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions, vision and dental. Diagnostic testing by independent labs.
Rating options: Community rating by class.
Management reports: Provided.
Billing: Consolidated billing for national accounts.
Officers: Michael Jaeger, president/CEO; John Poland, vp-operations.

PruCare New Jersey

200 Wood Ave. S., Iselin, N.J. 08830; 908-632-7000

Staff	
Physicians	1,474
Board-certified	77%
Specialists	2,223
Marketing	35
Facilities	
Hospitals	55
Pharmacies	450
Diagnostic labs	75
Locations	
Administrative	1
Users	
Total	36,892

Operational date: October 1986.
Federally qualified.
Certified in: New Jersey.
NCQA qualification pending.
Model type: IPA.
Ownership: The Prudential Insurance Co. of America.
Service area: New Jersey.
Services: Standard package including prescriptions, chiropractors, vision, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Diagnostic testing by independent labs.
Rating options: Community rating by class.
Management records: Provided upon request.
Billing: Consolidated billing for national accounts.
Officers: Anne Bossi, president; Paul Conlin, executive director; Dr. Judith Taylor, medical director; Raymond C. Allen Jr., marketing director.
See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

Prudential Health Care Plan Inc.*

56 N. Livingston Ave., Roseland, N.J. 007068; 201-716-8000

Users	
Employees & dependents	1,780,164

Service area/certified in: California, Colorado, Connecticut, Florida, Georgia, Illinois, Maryland, Missouri, New Jersey, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, North Carolina, Texas, Tennessee and Virginia.
**Figures are consolidated, including all HMOs in this organization.*

Sanus Corp. Health Systems*

1 Parker Plaza, 400 Kelby St., Fort Lee, N.J. 07024; 201-947-6000; fax: 201-947-9442

Staff	
Physicians	3,493
Patients/physician	282
Board-certified	83%
Specialists	9,019
Administrative	647
Marketing	100
Facilities	
Hospitals	248
Pharmacies	2,329
Diagnostic labs	136
Locations	
Administrative	5
Primary care	1,991
Users	
Employer/payer groups	3,017
Single coverage	111,391
Family coverage	106,509
Employees & dependents	683,795
Total	689,493
Average hospital stay	4.4 days
Hospital admission/1,000 members	117
Revenues	
1991	$457,690,881
1990	$338,197,140

Service area: District of Columbia, Illinois, Maryland, Missouri, New Jersey, New York, Virginia, and Texas. Contracts with FHP/Ultralink HMO National Network in California, Colorado, Florida, Connecticut, Illinois, Indiana, Maryland, Massachusetts, Michigan, New York, New Jersey, Minnesota, Missouri, North Carolina, Ohio, Oregon, Oklahoma, Pennsylvania, Texas, Utah, Virginia, Washington, Wisconsin, Wyoming.
Officers: Joseph Lynaugh, president; Mitchel Taks, controller.
** Figures are consolidated, including all HMOs in this organization.*

NEW MEXICO

HMO New Mexico Inc.

12800 Indian School Road N.E., Albuquerque, N.M. 87112; 505-291-6902; fax: 505-275-2711

Staff	
Physicians	176
Patients/physician	73.8
Board-certified	74%
Specialists	510
Administrative	20
Marketing	6
Facilities	
Hospitals	8
Pharmacies	57
Diagnostic labs	12
Locations	
Administrative	1
Users	
Employer/payer groups	70
Single coverage	2,794
Family coverage	3,782
Employees & dependents	14,946
Total	14,956
Average hospital stay	3.7 days
Hospital admission/1,000 members	78.7
Revenues	
1991	$14,838,674
1990	$12,984,517

Operational date: September 1985.
Federally qualified.
Certified in: New Mexico.
Model type: IPA.
For profit.
Service area: New Mexico: Bernalillo, Dona Ana, Los Alamos, McKinley, Mopa, Otero, Rio Arriba, San Juan, San Miguel, Sandovol, Santa Fe, Socorro, Torrance and Valencia counties. Offers service through HMO-USA (Blue Cross & Blue Shield Assn.) in 40 states.
Services: Standard package including chiropractors, limited vision, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions, dental and substance abuse. Diagnostic testing by independent labs.
Rating options: Community rating: $120.78 single, $338.18 family; community rating by class; adjusted community rating. Offers point-of-service contracts, 2% of members are enrolled.
Management reports: Provided.
Billing: Provides direct billing for COBRA premiums.
Officers: Thomas A. Levin, president; Blair Christensen, executive/sales director; Dr. Barry Silbaugh, medical director; Bill Jefferies, vp-sales; William T. O'Brien, vp; Marianne Bennett, secretary; Carole Ann Robinson, treasurer; Barbara Quissell, assistant secretary.

Health Plus of New Mexico

P.O. Box 27489, 7500 Jefferson St., N.E., Albuquerque, N.M. 87125-7489; 505-823-0700; fax: 505-823-0718

Staff	
Physicians	218
Patients/physician	222
Board-certified	88.5%
Specialists	582
Administrative	9
Marketing	17
Facilities	
Hospitals	9
Pharmacies	39
Diagnostic labs	19
Locations	
Administrative	1
Primary care	7
Users	
Employer/payer groups	412
Single coverage	9,048
Family coverage	9,772
Employees & dependents	40,582
Total	40,819
Average hospital stay	4.2 days
Hospital admission/1,000 members	68.9
Revenues	
1991	$36,525,000
1990	$28,675,000

Operational date: March 1986.
Federally qualified.
Certified in: New Mexico.
Model type: IPA.
For profit.
Ownership: Presbyterian Healthcare Services.
Service area: New Mexico: Bernalillo, Cibola, Guadalupe, Los Alamos, McKinely, Mora, Rio Arriba, Sandoval, Santa Fe, San Miguel, Socorro, Taos, Torrence, and Valencia counties.
Services: Standard package including prescriptions, chiropractors, substance abuse, psychiatry, durable medical equipment, podiatry, OB/Gyn. and skilled nursing. Options include vision and dental. Diagnostic testing by independent labs.
Rating options: Community rating: $117.24 single, $305.19 family; community rating by class; adjusted community rating. Offers point-of-service contracts, 2.05% of members are enrolled.
Management reports: Provided quarterly.
Officers: Robert L. Simmons, president; Dr. Neil I. Kaminsky, medical director; J.J. Parsons, marketing director; Billie M. Peterman, COO/treasurer; Marie Singer, secretary; Peter Snow, vp.
Contact: Monica Frakes.

Lovelace Health Plan

5301 Central Ave. N.E., Suite 500, Albuquerque, N.M. 87108; 505-262-7510 ext. 8031; fax: 505-262-7545

Staff	
Physicians	126
Patients/physician	1,050
Board-certified	77%
Specialists	350
Administrative	110
Marketing	28
Facilities	
Hospitals	12
Pharmacies	21
Diagnostic labs	19
Locations	
Administrative	3
Primary care	15
Users	
Employer/payer groups	361
Single coverage	22,015
Family coverage	31,371
Employees & dependents	121,583
Total	132,428
Average hospital stay	4.79 days
Hospital admission/1,000 members	75.84

Operational date: January 1973.
Federally qualified.
Certified in: New Mexico.
Model type: Mixed.
For profit.
Ownership: CIGNA.
Service area: New Mexico: Bernalillo, Dona Ana, Los Alamos, Otero, Rio Arriba, Sandoval, Santa Fe, San Miguel, and Sierra Valencia counties. Contracts with CIGNA Health Plans in Arizona, California, Colorado, Connecticut, Delaware, Florida, Georgia, Illinois, Kansas, Louisiana, Maryland, Missouri, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, Tennessee, Texas, Utah, Virginia, Washington, Wisconsin.
Services: Standard package including chiropractors, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions, vision, dental, substance abuse and health education. Diagnostic testing by HMO and independent labs.
Rating options: Community rating: $121 single, $315 family. Offers point-of-service contracts, less than 1% of members are enrolled. Offers non-federally qualified programs.
Management reports: Provided upon request.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: Dr. Derick Pasternak, CEO/president; Duke Rodriguez, COO/vp; Dr. John Lucas, chief medical officer; Phyllis Freyer, sales vp; Gail McFaddin, managed care officer; Rick Doxtator, CFO.
Contact: Caroline Jehle, sales director.

Qual-Med Inc. New Mexico Health Plan

6100 Uptown Blvd. N.E., Suite 400, Albuquerque, N.M. 87110; 505-889-8800; fax: 505-889-8819

Staff	
Physicians	362
Specialists	472
Administrative	4
Marketing	16
Facilities	
Hospitals	16
Pharmacies	43
Locations	
Administrative	1

Service area: New Mexico: Bernalillo, Los Alamos, Mora, Rio Arriba, San Miguel, Sandoval, Santa Fe, Taos, Torrance and Valencia counties.
See Qual-Med Inc. consolidated listing under Colorado.

NEW YORK

Aetna Health Plans of New York Inc.

2700 Westchester Ave., Purchase, N.Y. 10577; 914-251-0600; fax: 914-251-1537

Staff	
Physicians	1,712
Specialists	1,392
Administrative	56
Marketing	5
Facilities	
Hospitals	42
Pharmacies*	4,134
Diagnostic labs	45

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Users	
Employer/payer groups	201
Single coverage	4,504
Family coverage	3,653
Employees & dependents	15,899
Total	15,977
Average hospital stay	4.3 days
Hospital admission/1,000 members	122.4

Revenues	
1991	$17,318,274
1990	$13,749,612

Operational date: October 1987.
Certified in: New York.
NCQA qualification pending.
Model type: IPA.
For profit.

Service area: New York: Bronx, Kings, Manhattan, Nassau, Queens, Richmond, Rockland, Suffolk and Westchester counties.

Services: Standard package including substance abuse, podiatry and OB/Gyn. Options include prescriptions, chiropractors, vision, dental, psychiatry and durable medical equipment. Diagnostic testing by independent labs.

Rating options: Community rating. Offers point-of-service contracts, 20% of members are enrolled.

Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.

Management reports: Provided upon request.

Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.

Officers: Angelo D'Ascoli, executive director; Dr. Franklin L. Brosgol, medical director; Lucinda Annino, marketing director.

**Total locations in the state of New York.*

See Aetna Life Insurance Co. consolidated listing under Connecticut.

Blue Choice

150 E. Main St., Rochester, N.Y. 14647; 716-454-1700; fax: 716-238-4557

Staff	
Physicians	817
Patients/physician	425.3
Board-certified	96%
Specialists	1,682
Administrative	100
Marketing	39

Facilities	
Hospitals	16
Diagnostic labs	17

Locations	
Administrative	1

Users	
Employer/payer groups	4,600
Single coverage	65,440
Family coverage	90,546
Employees & dependents	356,330
Total	376,427
Average hospital stay	4.8 days
Hospital admission/1,000 members	89.9

Revenues	
1991	$364,321,124
1990	$283,138,533

Operational date: January 1985.
Certified in: New York.
NCQA qualification pending.
Model type: IPA.
Not for profit.

Ownership: Blue Cross of the Rochester Area.

Service area: New York: Livingston, Monroe, Ontario, Seneca, Wayne and Yates counties. Offers service through HMO-USA (Blue Cross & Blue Shield Assn.) in 40 states.

Services: Standard package including vision, substance abuse, psychiatry, podiatry and OB/Gyn. Options include prescriptions, chiropractors and durable medical equipment. Diagnostic testing by HMO and independent labs.

Rating options: Community rating: $115.73 single, $306.67 family. Offers point-of-service contracts.

Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.

Management reports: Provided upon request.

Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.

Officers: Howard Berman, president/CEO; Peter Wood, vp; Dr. Joe Stankaitis, medical director; Steve Kousouris, vp-marketing.

Contact: Jana Jones, 716-238-4362.

BlueCARE Plus

12 Rhoads Drive, Utica Business Park, Utica, N.Y. 13502; 315-798-4200; fax: 315-797-4298

Staff	
Physicians	270
Patients/physician	38
Board-certified	97%
Specialists	775
Administrative	8
Marketing	7

Facilities	
Hospitals	27
Pharmacies	162
Diagnostic labs	29

Locations	
Administrative	1

Users	
Employer/payer groups	130
Single coverage	1,955
Family coverage	1,996
Employees & dependents	8,867
Total	8,867
Average hospital stay	3.5 days
Hospital admission/1,000 members	400

Revenues	
1991	$12,207,261
1990	$14,773,513

Operational date: November 1986.
Model type: IPA.
Ownership: Blue Cross & Blue Shield of Utica-Watertown Inc.

Service area: New York: Chenango, Delaware, Fulton, Herkimer, Madison, Montgomery, Oneida, Oswego and Otsego and counties. Offers service through HMO-USA (Blue Cross & Blue Shield Assn.) in 40 states.

Services: Standard package including substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions, vision and dental.

Rating options: Community rating: $138.59 single, $344.59 family.

Officers: Robert McLaughlin, president; Henry Becker, executive director; Dr. Fel Davies, medical director; Peter Falzarine, marketing director; Robert Brown, finance.

Capital District Physicians' Health Plan

1 Columbia Circle, Albany, N.Y. 12203; 518-452-1941; fax: 518-452-0003

Staff	
Physicians	366
Patients/physician	308
Board-certified	80%
Specialists	1,320
Administrative	20
Marketing	14

Facilities	
Hospitals	13
Pharmacies	26
Diagnostic labs	9

Locations	
Administrative	1
Primary care	1,245

Users	
Employer/payer groups	898
Single coverage	25,047
Family coverage	51,672
Employees & dependents	112,690
Total	112,690
Average hospital stay	4.3 days
Hospital admission/1,000 members	84

Revenues	
1991	$126,500,000
1990	$107,800,000

Operational date: April 1984.
Certified in: New York.
Model type: IPA.
Not for profit.

Service area: New York: Albany, Columbia, Greene, Rensselaer, Saratoga and Schenectady counties.

Services: Standard package including substance abuse, psychiatry, durable medical equipment, podiatry, OB/Gyn., hospice, home health, skilled nursing, emergency services, physical and occupational therapy. Options include prescriptions, vision and dental. Diagnostic testing by independent labs.

Rating options: Community rating: $126.20 single, $328.12 family. Offers point-of-service contracts.

Management reports: Provided upon request.

Billing: Provides direct billing for COBRA premiums.

Officers: Dr. John Carter, chairman; Dr. Barry Schwartz, medical director; John R. Brannon, marketing director; Pamela Wilkes, director-health care services; Donald Baird, director-management information systems; Diane Bergman, director-internal operations; Mary Connolly, director-finance.

Contact: John R. Brannon.

ChoiceCare

Corporate Center, 395 N. Service Road, Melville, N.Y. 11747; 516-694-4000; fax: 516-694-5780

Staff	
Physicians	528
Patients/physician	82
Board-certified	81%
Specialists	853

Facilities	
Pharmacies	35,000

Locations	
Administrative	1

Users	
Employer/payer groups	205
Single coverage	6,000
Family coverage	9,200
Employees & dependents	15,200
Total	37,500
Average hospital stay	4.67 days
Hospital admission/1,000 members	102

Revenues	
1991	$41,583,965
1990	$27,475,389

Operational date: January 1986.
Certified in: New York.
Model type: IPA.
Ownership: Winthrop University Hospital/HMO-Health Care Plan.

Service area: New York: Nassau, Suffolk and Queens counties.

Services: Standard package including podiatry and OB/Gyn. Options include prescriptions, dental and durable medical equipment. Diagnostic testing by independent labs.

Rating options: Community rating: $148 single, $388.07 family. Offers point-of-service contracts, 1% of members are enrolled.

Management reports: Provided monthly, quarterly or annually.

Billing: Provides direct billing for COBRA premiums.

Officers: David S. Reynolds, president; Dr. Steven W. Christianson, medical director; Thomas Delaney, marketing director; Lloyd Straus, Sharon Smith-Daly; Russ Koutrouby.

CIGNA Health Plan of New York Inc.

1010 Northern Blvd., Suite 324, Great Neck, N.Y. 11021; 516-466-1000; fax: 516-466-1125

Staff	
Physicians	731
Specialists	1,238

Facilities	
Hospitals	132
Pharmacies	572
Diagnostic labs	1

Locations	
Administrative	2
Primary care	2,885

Users	
Total	42,443

Operational date: April 1985.
Federally qualified.
Certified in: New York.
Model type: IPA.

Service area: New York: Bronx, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk and Westchester counties.

Officers: Dr. Jonathan Kaplan, medical director.

See CIGNA Corp. consolidated listing under Connecticut.

Community Blue

1901 Main St., Buffalo, N.Y. 14240-0159; 716-887-6900

Users	
Total	128,243*

Operational date: 1985.
Model type: IPA.
Ownership: Blue Cross & Blue Shield of Western New York.

**Total users as of Dec. 31, 1991.*

Community Health Plan

1202 Troy-Schenectady Road, Latham, N.Y. 12110; 518-783-1864; fax: 518-785-1109

Staff	
Physicians	581
Patients/physician	1,750
Board-certified	95%
Specialists	1,264
Administrative	300

Facilities	
Hospitals	51
Pharmacies	243
Diagnostic labs	3

Locations	
Administrative	5
Primary care	137

Users	
Employer/payer groups	6,025
Single coverage	37,537
Family coverage	45,621
Employees & dependents	204,261
Total	212,782
Average hospital stay	5.79 days
Hospital admission/1,000 members	54.52

Revenues	
1991	$251,693,136
1990	$222,038,566

Operational date: January 1977.
Federally qualified.
Certified in: New York, Vermont and Massachusetts.
NCQA qualification pending.
Model type: Mixed.
Not for profit.

Service area: New York: 21 counties; Vermont: Addison, Bennington, Chittenden, Franklin, Rutland, Washington, Windham, Windsor and portions of Lamoille and Orange counties; Massachusetts: Berkshire, Franklin and Hampshire counties. Contracts with The HMO Group.

Services: Standard package including vision, substance abuse, psychiatry and OB/Gyn. Options include prescriptions, dental and durable medical equipment. Diagnostic testing by HMO and independent labs.

Rating options: Community rating. Offers point-of-service contracts, less than 1% of members are enrolled.

Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries.

Management reports: Provided.

Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.

Officers: John Baackes, president; Warren Paley, chairman; Dr. Bruce Nash, medical director; Maureen West, marketing director; Alden Doolittle, vp; David Whitaker, treasurer.

Contact: Maureen West.

Empire HealthNet

622 Third Ave., 34th Floor, New York, N.Y. 10017

Users	
Total*	125,127

Operational date: 1973.
Model type: Network.
Ownership: Empire Blue Cross & Blue Shield.

**Total users as of Dec. 31, 1991.*

HMO-CNY Inc./ Foundation Health Plan

8278 Willett Parkway, Baldwinsville, N.Y. 13027; 315-638-2133; fax: 315-638-0985

Staff	
Physicians	100
Patients/physician	4.1
Board-certified	85%
Specialists	364

Facilities	
Hospitals	3
Pharmacies	29
Diagnostic labs	1

Locations	
Administrative	1
Primary care	250

Users	
Employer/payer groups	115
Single coverage	2,607
Family coverage	3,889
Employees & dependents	16,235
Total	16,722
Average hospital stay	4.71 days
Hospital admission/1,000 members	99.9

Revenues*	
1991	$45,817,966
1990	$52,054,340

Operational date: May 1988.
Certified in: New York.
Model type: IPA.
For profit.

Ownership: Blue Cross & Blue Shield of Central New York.

Service area: New York: Broome, Tioga and portions of Chenango and Cortland counties; Pennsylvania: portions of Susquehanna and Bradford counties. Offers service through HMO-USA (Blue Cross & Blue Shield Assn.) in 40 states.

Services: Standard package including chiropractors, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions. Diagnostic testing by independent labs.

Rating options: Community rating: $146.36 single, $364.14 family.

Management reports: Provided annually or upon request.

Billing: Consolidated billing for national accounts.

Officers: George W. Manton, president; Robert S. Wilkinson, executive vp; Dr. Edward Cox, medical director; James N. Jerose, senior vp-marketing.

**Includes HMO-CYN Inc./Independent Prepaid Health Plan.*

HMO-CNY Inc./Independent Prepaid Health Plan

8278 Willett Parkway, Baldwinsville, N.Y. 13027; 315-638-2133; fax: 315-638-0985

Staff	
Physicians	177
Patients/physician	35
Board-certified	84%
Specialists	678

Facilities	
Hospitals	6
Pharmacies	144

Locations	
Administrative	1
Primary care	500

Users	
Employer/payer groups	196
Single coverage	2,853
Family coverage	4,132
Employees & dependents	17,585
Total	18,673
Average hospital stay	5.04 days
Hospital admission/1,000 members	96.9

Revenues*	
1991	45,817,966
1990	52,054,340

Operational date: May 1988.
Certified in: New York.
Model type: IPA.
For profit.

Ownership: Blue Cross & Blue Shield of Central New York.

Service area: New York: Onondaga, Oswego and portions of Cayuga, Cortland and Madison counties. Offers service through HMO-USA (Blue Cross & Blue Shield Assn.) in 40 states.

Services: Standard package including chiropractors, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions and vision. Diagnostic testing by independent labs.

Rating options: Community rating: $146.19 single, $366.49 family.

Management reports: Provided annually or upon request.

Billing: Consolidated billing for national accounts.

Officers: George W. Manton, president; Robert S. Wilkinson, executive vp; Dr. Bruce Chamberlain, medical director; James N. Jerose, senior vp-marketing.

**Includes HMO-CYN Inc./Foundation Health Plan.*

Health Care Plan

900 Guaranty Building, Buffalo, N.Y. 14202; 716-847-1480; fax: 716-847-1817

Staff	
Physicians	53
Patients/physician	1,500
Board-certified	100%
Specialists	170

Facilities	
Hospitals	6
Pharmacies	7
Diagnostic labs	7

Locations	
Administrative	1
Primary care	12

Users	
Employer/payer groups	1,000
Single coverage	14,098
Family coverage	18,988
Employees & dependents	76,065
Total	82,957

Operational date: September 1978.
Federally qualified.
Certified in: New York.
NCQA qualification pending.
Model type: Staff.
Not for profit.

Service area: New York: Cattaraugus, Erie, Niagara, Wyoming counties. Contracts with The HMO Group.

Services: Standard package including vision, substance abuse, psychiatry, podiatry, OB/Gyn. Options include durable medical equipment, prescriptions. Diagnostic testing by HMO.

Rating options: Community rating: $98.62 single, $253.45 family. Offers point-of-service contracts, 1.5% of members are enrolled.

Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.

Management reports: Provides specific data on request.

Billing: Consolidated billing for national accounts.

Officers: Dr. Arthur R. Goshin, president; Dr. Edward J. Marine, medical director; Stanley J. Duda, marketing director.

Health Insurance Plan of Greater New York*

7 W. 34th St., New York, N.Y. 10001; 908-630-9898 or 212-630-8790; fax: 212-630-8771

Users	
Employees & dependents	1,036,200

Continued on next page

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Certified in: Florida, New York, New Jersey.
Model type: Group/IPA.
Service area: Florida, New York, New Jersey.
**Figures are consolidated including all HMOs in this organization.*

Health Insurance Plan of Greater New York

7 W. 34th St., New York, N.Y. 10001; 908-630-9898 or 212-630-8790; fax: 212-630-8771

Staff	
Physicians	592
Patients/physician	1,300
Board-certified	69%
Specialists	1,197
Administrative	1,239
Marketing	118
Facilities	
Hospitals	22
Pharmacies	1,311
Diagnostic labs	1
Locations	
Administrative	1
Primary care	58
Users	
Employer/payer groups	7,000
Single coverage	291,114
Family coverage	193,562
Employees & dependents	856,839
Total	910,321
Average hospital stay	6.8 days
Hospital admission/1,000 members	59.7
Revenues	
1991	$1.1 billion
1990	$1.1 billion

Operational date: March 1947.
Certified in: New York.
NCQA qualification pending.
Model type: Group.
Not for profit.
Service area: New York: New York City, Nassau, Suffolk and Westchester counties. Contracts with the HMO Group.
Services: Standard package including vision, dental, substance abuse, psychiatry, podiatry, OB/Gyn. Options include prescriptions, durable medical equipment. Diagnostic testing by HMO and independent labs.
Rating options: Community rating: $124.16 single, $304.19 family. Offers point-of-service contracts.
Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.
Management reports: Provided upon request.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: Anthony L. Watson, president; Bernard Neek, executive vp/CFO; Dr. Jesse Jampol, medical director; John J. Klitsch, vp-marketing; Victor Rondina, senior vp-operations; Stephen I. Lewis, first senior vp-corporate affairs; Daniel P. Kennedy, senior vp-underwriting; Marc Stein, senior vp-finance; Fred Blickman, vp-human resources; Karen Wintringham, senior vp-corporate development; Eileen Winterble, vp-treasurer; Maxine Fass, senior vp/general counsel.
See Health Insurance Plan of Greater New York consolidated listing under New York.

Health Services Medical Corp.-Prepaid Health Plan

8278 Willett Parkway, Baldwinsville, N.Y. 13027; 315-638-2133; fax: 315-638-0985

Staff	
Physicians	57
Board-certified	95%
Specialists	451
Facilities	
Hospitals	4
Pharmacies	8
Diagnostic labs	1
Locations	
Administrative	1
Primary care	7
Users	
Employer/payer groups	319
Single coverage	6,121
Family coverage	8,540
Employees & dependents	37,815
Total	41,740
Average hospital stay	4.95 days
Hospital admission/1,000 members	71.6
Revenues	
1991	$58,025,925
1990	$56,531,763

Operational date: September 1977.
Federally qualified.
Certified in: New York.
NCQA qualification pending.
Model type: Group.
Not for profit.
Ownership: Health Services Medical Corp. of Central New York Inc.
Service area: New York: Onondaga, Oswego and portions of Cayuga, Cortland and Madison counties.
Services: Standard package including chiropractors, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions, vision and dental. Diagnostic testing by HMO.
Rating options: Community rating: $136.45 single, $348.34 family.
Management reports: Provided annually or upon request.
Officers: Frederick F. Yanni Jr., president; Robert S. Wilkinson, executive vp; Dr. Jeffrey S. Sneider, medical director; James N. Jerose, senior vp-marketing.

Health Services Medical Corp.-Prepaid Health Plan/Slocum-Dickson Medical Network

8278 Willett Parkway, Baldwinsville, N.Y. 13027; 315-638-2133; fax: 315-638-0985

Staff	
Physicians	29
Board-certified	95%
Specialists	149
Facilities	
Hospitals	8
Pharmacies	65
Diagnostic labs	1
Locations	
Administrative	2
Primary care	1
Users	
Employer/payer groups	104
Single coverage	1,163
Family coverage	1,397
Employees & dependents	6,161
Total	6,456
Average hospital stay	3.79 days
Hospital admission/1,000 members	90.40
Revenues	
1991*	$58,025,925
1990*	$56,531,763

Operational date: November 1987.
Certified in: New York.
NCQA qualification pending.
Model type: Network.
Not for profit.
Ownership: Health Services Medical Corp. of Central New York Inc.
Service area: New York: Herkimer, Oneida and portions of Madison counties.
Services: Standard package including chiropractors, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions and vision. Diagnostic testing by independent labs.
Rating options: Community rating: $127.27 single, $316.65 family.
Management reports: Provided annually or upon request.
Officers: Frederick F. Yanni Jr., president; Robert S. Wilkinson, executive vp; Dr. Sidney Blatt, medical director; James N. Jerose, senior vp-marketing.
* Total income for Health Services Medical Corp.

Independent Health

511 Farber Lakes Drive, Buffalo, N.Y. 14221; 716-631-3001; fax: 716-631-8554

Staff	
Physicians	712
Board-certified	62%
Specialists	1,026
Administrative	150
Marketing	14

Continued on next page

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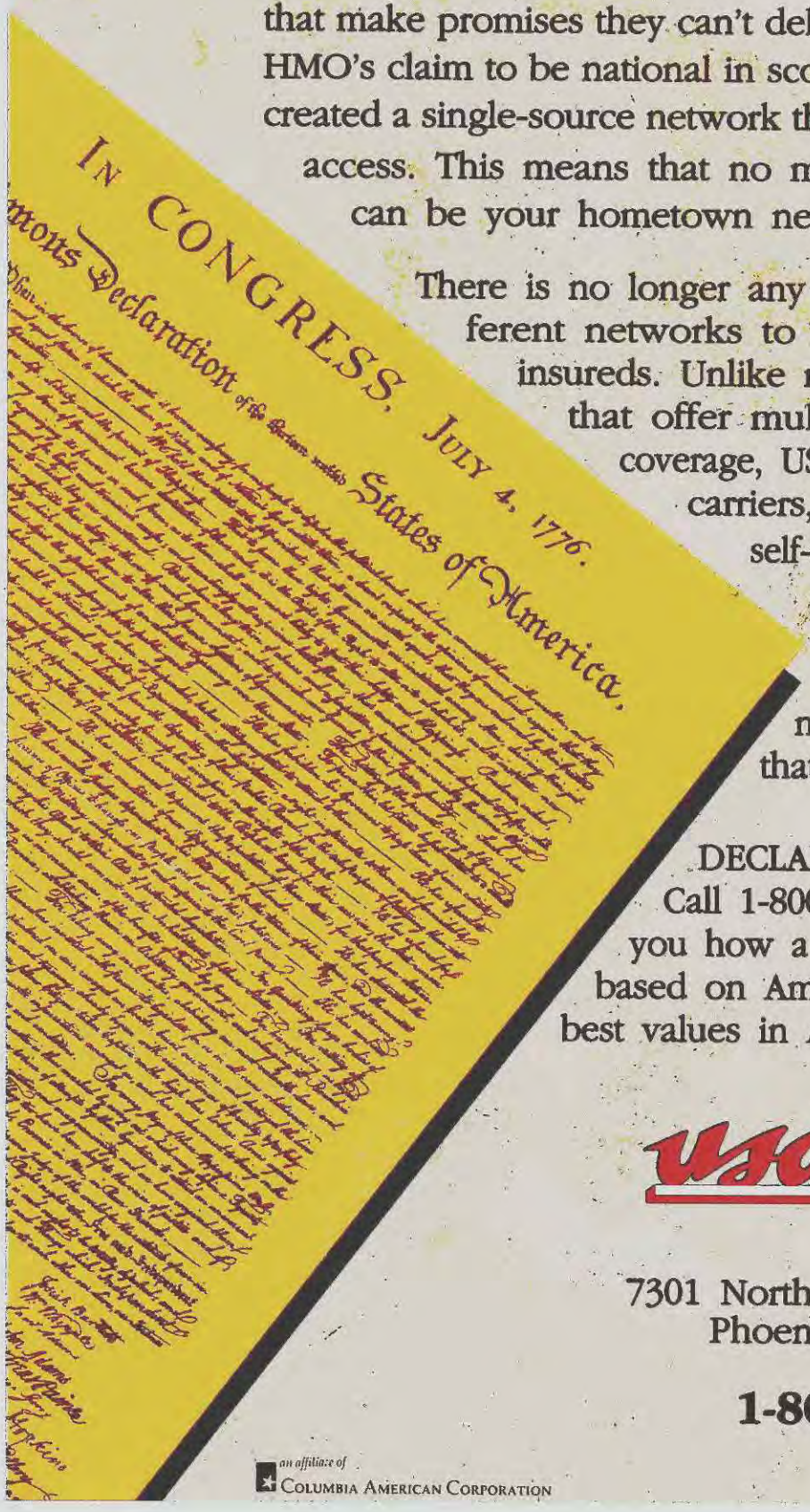

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Continued from previous page

Facilities	
Hospitals	30
Pharmacies	300
Diagnostic labs	15
Users	
Employer/payer groups	1,500
Single coverage	33,176
Family coverage	49,284
Employees & dependents	199,128
Total	199,128
Average hospital stay	4.2 days
Hospital admission/1,000 members	100
Revenues	
1991	$157,000,000
1990	$138,000,000

Operational date: February 1980.
Federally qualified.
Certified in: New York.
Model type: IPA.
Service area: New York: Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming counties. Contracts with Ultralink, HMO Managed Care Network and National Managed Care Inc. nationwide.
Services: Standard package including substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions, vision and dental. Diagnostic testing by independent labs.
Rating options: Community rating: $92.08 single, $249.08 family.
Management reports: Provided quarterly.
Officers: Frank Colantuono, president; Dr. Robert Kohn, medical director; Jack Hoerner, marketing director; Dennis Horrigan, director-health care services; David Liddle, director-internal operations; David Syposs, MIS director; Nate Powell, director-finance.
Contact: Jack Hoerner, 716-631-5392.

Independent Health Assn.

220 White Plains Road, Tarrytown, N.Y. 10591; 914-631-0939 or 800-654-5494; fax: 914-631-4870

Staff	
Physicians	431
Patients/physician	40
Board-certified	90%
Specialists	670
Administrative	28
Marketing	7
Facilities	
Hospitals	38
Pharmacies	225
Diagnostic labs	35
Locations	
Administrative	3
Primary care	1,500
Users	
Employer/payer groups	450
Single coverage	3,358
Family coverage	4,105
Employees & dependents	17,405
Total	17,405
Average hospital stay	3 days
Hospital admission/1,000 members	85
Revenues	
1991	$17,465,000
1990	$13,529,000

Operational date: May 1986.
Federally qualified.
Certified in: New York.
Model type: IPA.
Not for profit.
Service area: New York: Dutchess, Orange, Putnam, Rockland, Ulster and Westchester counties.
Services: Standard package including vision, dental, substance abuse, psychiatry, durable medical equipment, OB/Gyn., short-term restorative physical therapy, skilled nursing facility up to 45 days per calendar year, non-physician home health care and physician home visits. Options include prescriptions. Diagnostic testing by independent labs.
Rating options: Community rating: $122.56 single, $313.75 family.
Management reports: Provided upon request.
Billing: Provides direct billing for COBRA premiums.
Officers: Frank J. Colantuono, CEO; William M. Yurkowski, executive director; Herbert Sperling, medical director; Peter Osinski, marketing director; Hugh Downey, controller.

Managed Health Inc.

410 Lakeville Road, New Hyde Park, N.Y. 11042; 516-352-2999; fax: 516-352-4292

Staff	
Physicians	31
Patients/physician	110
Board-certified	92%
Specialists	135
Administrative	4
Marketing	5
Facilities	
Hospitals	4
Pharmacies	1,100
Diagnostic labs	4
Locations	
Administrative	1
Primary care	4
Users	
Employer/payer groups	75
Single coverage	1,000
Family coverage	1,000
Employees & dependents	3,500
Average hospital stay	5.5 days
Hospital admission/1,000 members	70
Revenues	
1991	$1,685,989
1990	$321,983

Operational date: October 1990.
Certified in: New York.
Model type: Group.
Not for profit.
Service area: New York: Nassau, Queens and Suffolk counties.
Services: Standard package including vision, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include dental and prescriptions. Diagnostic testing by HMO and independent labs.
Rating options: Community rating: $143.89 single, $359.72 family. Offers point-of-service contracts.
Enrollment options: Individual enrollment allowed.
Management reports: Provided annually or upon request.
Billing: Provides direct billing for COBRA premiums.
Officers: Dr. Jack Resnick, president/executive director; Dr. Daniel Reinharth, medical director; Richard Densing, marketing director; Neil Vogel, vp-operations/external affairs.

MetLife HealthCare Network of New York Inc.

2929 Express Drive N., Hauppauge, N.Y. 11787; 516-348-4200

Staff	
Physicians	1,726
Specialists	2,845
Facilities	
Hospitals	1

Operational date: 1987.
Certified in: New York.
Model type: IPA.
For profit.
Ownership: Metropolitan Life Insurance Co.
Service area: New Jersey: Bronx, Kings, Nassau, Queens, Richmond, Suffolk and Westchester counties; New Jersey: Bergen, Essex, Hudson, Mercer, Middlesex, Monmouth, Morris, Passaic, Somerset and Union counties.
Services: Standard package. Options include prescriptions, vision, dental, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Diagnostic testing by independent labs.
Rating options: Community rating by class.
Management reports: Provided annually.
Billing: Consolidated billing for national accounts.
Officers: Michael Jaeger, president/CEO; John Poland, vp-operations.

Physicians Health Services

Crosswest Office Center, Suite 212, 399 Knollwood Road, White Plains, N.Y. 10603; 914-682-8006; fax: 914-682-5692

Staff	
Physicians	326
Patients/physician	20
Board-certified	80%
Specialists	485
Administrative	19
Marketing	19
Facilities	
Hospitals	9
Pharmacies	214
Diagnostic labs	11
Locations	
Administrative	1
Users	
Employer/payer groups	572
Single coverage	3,774
Family coverage	3,157
Employees & dependents	14,081
Total	14,129
Average hospital stay	4 days
Hospital admission/1,000 members	399
Revenues	
1991	$18,447,706
1990	$11,479,124

Operational date: January 1986.
Federally qualified.
Certified in: New York, Connecticut.
Model type: IPA.
For profit.
Service area: New York: Putnam and Westchester counties. Contracts with HMO National Network in Texas; Ultralink in California; NMCI in Maryland.
Services: Standard package including chiropractors, substance abuse, psychiatry, durable medical equipment, podiatry, OB/Gyn, physical/occupational/speech therapy, home health care, skilled nursing facility, hospice. Options include prescriptions, vision and dental. Diagnostic testing by independent labs.
Rating options: Community rating: $170.49 single, $442.01 family.
Management reports: Provided quarterly.
Billing: Provides direct billing for COBRA premiums.
Officers: Philip J. Passantino, president/executive director; Dr. Albert F. Sheehy, medical director; Robin Deitrick, marketing director; Kevin Murphy, vp-marketing.

PruCare New York

400 Rella Blvd., Suite 300, Suffern, N.Y. 10901; 914-368-4497; fax: 914-368-8598

Staff	
Physicians	1,287
Board-certified	75%
Specialists	1,860
Administrative	600
Facilities	
Hospitals	46
Pharmacies	1,100
Diagnostic labs	75
Locations	
Administrative	1
Users	
Total	59,335

Operational date: January 1988.
Federally qualified.
Certified in: New York.
NCQA qualification pending.
Model type: IPA.
Ownership: The Prudential Insurance Co. of America.
Service area: New York: Dutchess, Kings, Manhattan, Nassau, Orange, Putnam, Queens, Richmond, Rockland, Suffolk, Ulster and Westchester counties.
Services: Standard package including chiropractors, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions. Diagnostic testing by independent labs.
Rating options: Community rating.
Management reports: Provided upon request.
Billing: Consolidated billing for national accounts.
Officers: Anne Bossi, president; Paul Conlin, executive director; Dr. Judith Taylor, medical director; Raymond C. Allen Jr., marketing director.
See the Prudential Health Care Plan consolidated listing under New Jersey.

Rochester Area Health Care Maintenance Organization

259 Monroe Ave., Rochester, N.Y. 14607; 716-325-3920; fax: 716-325-3664

Staff	
Physicians	700
Patients/physician	280
Board-certified	99%
Specialists	1,064
Administrative	4
Marketing	27
Facilities	
Hospitals	18
Pharmacies	181
Diagnostic labs	13
Locations	
Administrative	1
Users	
Employer/payer groups	2,173
Single coverage	20,985
Family coverage	23,908
Employees & dependents	115,918
Total	143,601
Hospital admission/1,000 members	80.62
Revenues	
1991	$164,253,089
1990	$148,518,930

Operational date: November 1979.
Federally qualified.
Certified in: New York.
NCQA qualification pending.
Model type: IPA.
Service area: New York: Genesee, Livingston, Monroe, Ontario, Orleans, Seneca, Wayne, Wyoming and Yates counties.
Services: Standard package including prescriptions, chiropractors, vision, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include dental. Diagnostic testing by independent labs.
Rating options: Community rating. Offers point-of-service contracts. Offers non-federally qualified programs.
Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.
Management reports: Provided upon request.
Billing: Provides direct billing for COBRA premiums.
Officers: John Urban, president/executive director; John C. Johns, medical director; Diane Soehner, marketing director; Mary Moynihan, vp-medical services; Don Hewitt, vp-finance/administration; Kathy Dahl, vp-human resources/quality improvement.

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	1,275
Patients/physician	52
Specialists	2,027
Facilities	
Hospitals	83
Pharmacies	403
Diagnostic labs	79
Locations	
Administrative	1
Primary care	21
Users	
Employer/payer groups	636
Single coverage	17,850
Family coverage	15,277
Employees & dependents	65,808
Total	69,808
Average hospital stay	5.4 days
Hospital admission/1,000 members	79
Revenues	
1991	$64,507,219

Operational date: October 1987.
Federally qualified.
Model type: IPA.
For profit.
Ownership: Sanus Corp. Health Systems/New York Life Insurance Co.
Service area: New York: Bronx, Kings, New York, Orange, Queens, Richmond, Rockland, Suffolk and Westchester counties; New Jersey: Bergen, Essex, Hudson, Morris, Passaic and Union counties.
Services: Standard package including psychiatry, durable medical equipment, podiatry, OB/Gyn. Options include vision, dental, substance abuse and prescriptions. Diagnostic testing by independent labs.
Rating options: Community rating: $143.17 single, $372.24 family; community rating by class. Offers point-of-service contracts, 36% of members are enrolled.
Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries.
Management reports: Provided upon request.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: Joseph Lynaugh, president; Harry Blair, executive director; Dr. Scott Cooper, medical director; Edwin Meyer, marketing director; Harriet Dronska, vp-marketing/sales; James Kerr, department executive director; Linda Sheran, director-claims; Samantha Maresca, director-customer relations; Wyne Kuegel, director-finance.
See Sanus Corp. Health System-consolidated listing under New Jersey.

Travelers Health Network of New York Inc.

5015 Campuswood Drive, East Syracuse, N.Y. 13057; 315-433-5700; fax: 315-433-5919

Staff	
Physicians	179
Specialists	366
Administrative	22
Facilities	
Hospitals	5
Pharmacies	67
Locations	
Administrative	1
Users	
Employees & dependents	23,757
Total	23,757
Average hospital stay	4.8 days
Hospital admission/1,000 members	57

Operational date: October 1985.
Federally qualified.
Certified in: New York.
Model type: IPA.
For profit.
Ownership: Travelers Corp.
Service area: New York: Cayuga, Madison, Onondaga and Oswego counties.
Services: Standard package including chiropractors, substance abuse, psychiatry, durable medical equipment, podiatry, OB/Gyn. and artificial aids. Options include prescriptions, vision, dental and family planning-surgical. Diagnostic testing by independent labs.
Rating options: Community rating. Offers point-of-service contracts, 0.1% of members are enrolled.
Management reports: Provided upon request.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: Kathryn Norton, executive director; Dr. William Nauen, medical director; Jim Butler, director-operations.
Contact: Lisa Warner, product manager, 203-954-3598.

Travelers Health Network of New York Inc. (New York Metro)

701 Westchester Ave., Suite 310E, White Plains, N.Y. 10604; 914-761-9102; fax: 914-287-4560

Staff	
Physicians	1,710
Specialists	4,025
Administrative	23
Facilities	
Hospitals	93
Pharmacies	1,498
Locations	
Administrative	1
Users	
Employees & dependents	18,012
Total	18,012
Average hospital stay	5.3 days
Hospital admission/1,000 members	63

Operational date: October 1986.
Federally qualified.
Certified in: New York, New Jersey.
Model type: IPA.
For profit.
Ownership: Travelers Corp.
Service area: New York: Bronx, Kings, Nassau, New York, Queens, Richmond, Rockland, Suffolk and Westchester counties; New Jersey: Bergen, Burlington, Camden, Essex, Gloucester, Hudson, Morris and Passaic counties.
Services: Standard package including chiropractors, substance abuse, psychiatry, durable medical equipment, podiatry, OB/Gyn. and artificial aids. Options include prescriptions, vision, dental and family planning-surgical. Diagnostic testing by independent labs.
Rating options: Community rating. Offers point-of-service contracts, 29% of members are enrolled.
Management reports: Provided upon request.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: Kathryn Norton, executive director; Bob Ettinger, director-operations.

U.S. Healthcare Inc.

333 Earle Ovington Blvd., Suite 502, Uniondale, N.Y. 11553; 516-794-6565; fax: 516-794-2389

Staff	
Physicians	655
Specialists	3,103
Users	
Total	239,000
Average hospital stay	4.89 days
Hospital admission/1,000 members	70.02
Revenues	
1991	$233,781,000
1990	$149,974,000

Operational date: February 1986.
Federally qualified.
Certified in: New York.
NCQA accredited.
Model type: IPA.
For profit.
Service area: New York: Bronx, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk and Westchester counties.

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Rating options: Community rating: $128.10 single, $311.50 family. Offers point-of-service contracts, 3% of members are enrolled.

Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries.

Officers: Timothy E. Nolan, president; Dr. Alan B. Bernstein, medical director.

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

NORTH CAROLINA

BCBS of North Carolina

5901 Durham-Chapel Hill Blvd., Durham, N.C. 27707; 919-489-7431

Users	
Total*	18,791

Operational date: 1982.
Model type: IPA.
Ownership: Blue Cross & Blue Shield of North Carolina.
**Total users as of 12/31/91.*

Carolina Physicians' Health Plan Inc.

4000 Aerial Center Parkway, Morrisville, N.C. 27560; 919-460-1610 or 800-849-9300; fax: 919-460-1624

Staff	
Physicians	698
Patients/physician	29.95
Board-certified	90%
Specialists	898
Administrative	116
Marketing	23
Facilities	
Hospitals	8
Pharmacies	98
Users	
Employer/payer groups	115
Single coverage	19,539
Family coverage	12,948
Employees & dependents	37,169
Total	37,169
Average hospital stay	3.9 days
Hospital admission/1,000 members	73.3
Revenues	
1991	$39,404,840
1990	$40,544,496

Operational date: April 1986.
Certified in: North Carolina.
Model type: IPA.
For profit.
Ownership: Doctors/Healthsource Management Inc.

Service area: North Carolina: Beaufort, Chatham, Durham, Edgecombe, Franklin, Gaston, Granville, Greene, Johnston, Lee, Martin, Mecklenburg, Nash, Onslow, Orange, Person, Pitt, Vance, Wake and Wilson.

Services: Standard package including durable medical equipment, podiatry and OB/Gyn. Options include prescriptions, vision, substance abuse and psychiatry. Diagnostic testing by independent labs.

Rating options: Community rating by class. Offers point-of-service contracts, 30% of members are enrolled.

Billing: Provides direct billing for COBRA premiums.

Officers: Robert J. Greczyn Jr., president/CEO; Dr. Rober Bilbro, president/chairman; Dr. Robert T. Harris, medical director; John T. Roos, vp-sales/marketing; Catherine N. Ferry, vp-health services; Keith G. Benoit, vp-finance/administration; Lewis C. Kammer, vp-planning/operations.

CIGNA Health Plan of North Carolina Inc.

2100 Rexford Road, Suite 422, Charlotte, N.C. 28211; 704-362-1703; fax: 704-544-5951

Staff	
Physicians	105
Specialists	285
Facilities	
Hospitals	6
Pharmacies	77
Diagnostic labs	1
Locations	
Administrative	2
Primary care	445
Users	
Total	3,302

Operational date: January 1992.
Certified in: North Carolina.
Model type: IPA.
Service area: North Carolina: Cabarrus, Gaston and Mecklenburg counties.

Services: Diagnostic testing by independent labs.
Officers: Timothy O'Hare, executive director.
See CIGNA Corp. consolidated listing under Connecticut.

CIGNA Health Plan of North Carolina Inc.

4011 Westchase Blvd., Suite 290, Raleigh, N.C. 27607; 919-839-7800; fax: 919-839-7888

Staff	
Physicians	162
Specialists	438
Facilities	
Hospitals	10
Pharmacies	119
Diagnostic labs	1
Locations	
Administrative	2
Primary care	954
Users	
Total	15,889

Operational date: January 1986.
Certified in: North Carolina.
Model type: IPA.
Service area: 22 counties in North Carolina.
Services: Diagnostic testing by independent labs.
Officers: Gloria Whitehead, executive director; Dr. Philip Stover, medical director.
See CIGNA Corp. consolidated listing under Connecticut.

HMO of North Carolina

5901 Durham-Chapel Hill Blvd., Durham, N.C. 27702; 919-489-7431

Users	
Total*	10,160

Operational date: 1987.
Model type: Group.
Affiliate: Blue Cross & Blue Shield of North Carolina.
**Total users as of 12/31/91.*

Kaiser Permanente/North Carolina Region

3120 Highwoods Blvd., Raleigh, N.C. 27604-1018; 919-981-6000; fax: 919-981-6052

Staff	
Physicians	85
Patients/physician	1,294
Board-certified	84%
Specialists	200
Administrative	793
Marketing	13
Facilities	
Hospitals	7
Pharmacies	7
Diagnostic labs	7
Locations	
Administrative	2
Primary care	7
Users	
Employer/payer groups	603
Single coverage	29,651
Family coverage	28,040
Employees & dependents	112,943
Total	117,946
Average hospital stay	4.6 days
Hospital admission/1,000 members	62
Revenues	
1991	$132,862,873
1990	$108,000,000

Operational date: January 1985.
Federally qualified.
Certified in: North Carolina.
Service area: North Carolina: 21 counties; South Carolina: Chester, Lancaster and York counties. Contracts with The HMO Group.
Services: Standard package including substance abuse, psychiatry and OB/Gyn. Options include prescriptions, vision, dental and durable medical equipment. Diagnostic testing by HMO.
Officers: Alvin W. Washington, vp/regional manager; Dr. J. Harper Gaston, medical director-Southeast Permanente Medical Group; Bruce Whitehurst, regional marketing manager; Anna M. Lore, health plan manager.
See Kaiser Foundation Health Plan Inc. consolidated listing under California.

PARTNERS National Health Plans of North Carolina Inc.

2000 Frontis Plaza Blvd., Suite 200, Winston-Salem, N.C. 27103; 919-760-4822; fax: 919-765-1835

Staff	
Physicians	233
Patients/physician	227
Board-certified	99%
Specialists	533
Administrative	73
Marketing	16
Facilities	
Hospitals	11
Diagnostic labs	10
Locations	
Administrative	1
Users	
Employer/payer groups	163
Single coverage	12,480
Family coverage	40,508
Employees & dependents	52,988
Total	52,988
Average hospital stay	4.95 days
Hospital admission/1,000 members	74.55
Revenues	
1991	$53,647,018
1990	$39,144,863

Operational date: October 1986.
Certified in: North Carolina.
Model type: IPA.
For profit.
Ownership: Carolina Medicorp Inc./Carolina Physicians Associates.
Service area: North Carolina: Davidson, Davie, Forsyth, Guilford, Randolph, Stokes, Surry and Yadkin counties.
Services: Standard package including prescriptions, substance abuse, psychiatry, durable medical equipment and OB/Gyn. Options include chiropractors. Diagnostic testing by independent labs.
Rating options: Community rating by class. Offers point-of-service contracts, 18% of members are enrolled.
Management reports: Provided monthly, quarterly, annually orupon request.
Billing: Consolidated billing for national accounts.
Officers: John W. Jones, president/executive director; Dr. William Sayers, medical director; Stuart R. Veach, marketing director; Cosby Davis, CFO.
Contact: Lisa Hamlett.

Personal Care Plan

P.O. Box 30004, Durham, N.C. 27702; 919-490-3803; fax: 919-490-3802

Staff	
Physicians	605
Patients/physician	61
Board-certified	91%
Specialists	2,357
Marketing	60
Facilities	
Hospitals	19
Locations	
Administrative	1
Users	
Employer/payer groups	325
Single coverage	18,698
Family coverage	18,569
Employees & dependents	37,267
T otal	37,267
Average hospital stay	5.39 days
Hospital admission/1,000 members	64

Operational date: September 1981.
Certified in: North Carolina.
Model type: IPA.
Not for profit.
Ownership: Blue Cross & Blue Shield of North Carolina.
Service area: North Carolina: 60 counties. Offers service through HMO-USA (Blue Cross & Blue Shield Assn.) in 40 states.
Services: Standard package including prescriptions, chiropractors, substance abuse, psychiatry, durable medical equipment, podiatry, OB/Gyn. Options include dental. Diagnostic testing independent labs.
Rating options: Adjusted community rating.
Management reports: Provided annually and upon request.
Billing: Provides direct billing for COBRA premiums.
Officers: Thomas A. Rose, president-BCBS of North Carolina; Dr. Don W. Bradley, executive director/medical director; Angela E. Tripp, marketing director; Gail Hicks, operations director; Steve Rogers, professional relations director; T. Nick Cleaton, sales director.

Physicians Health Plan of North Carolina Inc.

2307 W. Cone Blvd., Suite 200, Greensboro, N.C. 27408; 919-282-0900; fax: 919-288-5206

Staff	
Physicians	348
Patients/physician	140
Board-certified	64%
Specialists	997
Administrative	6
Marketing	2
Facilities	
Hospitals	20
Pharmacies	345
Diagnostic labs	5
Locations	
Administrative	2
Users	
Employer/payer groups	146
Single coverage	9,930
Family coverage	1,084
Total	50,263
Average hospital stay	4.9 days
Hospital admission/1,000 members	63

Operational date: May 1985.
Model type: IPA.
For profit.
Ownership: Wesley Long Community Hospital/Surgical Center of Greensboro/doctors.
Service area: North Carolina: Alamance, Bladen, Brunswick, Caswell, Columbus, Cumberland, Davidson, Duplin, Forsyth, Guilford, Harnett, Hoke, Lee, Moore, New Hanover, Onslow, Pender, Randolph, Richmond, Sampson, Robeson, Scotland and Rockingham counties. Contracts with Ultralink, HMO National Network.
Services: Standard package including vision, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Diagnostic testing by independent labs.
Rating options: Adjusted community rating. Offers point-of-service contracts, 93% of members are enrolled.
Management reports: Provided quarterly.
Billing: Provides direct billing for COBRA premiums.
Officers: Frank R. Mascia, president; Dr. Jeff Todd, medical director; Meg Sternberg, vp-marketing/development; Susan Craft, vp-operations; Randall Stewart, vp-finance.

PruCare of Charlotte

2100 Rexford Road, Suite 314/320, Charlotte, N.C. 28211; 704-365-8088; fax: 704-365-5684

Staff	
Physicians	75
Patients/physician	459
Board-certified	98%
Specialists	291
Administrative	26
Marketing	13
Facilities	
Hospitals	5
Pharmacies	62
Diagnostic labs	7
Locations	
Administrative	1
Users	
Employer/payer groups	101
Employees & dependents	34,400
Total	34,400
Average hospital stay	5.1 days
Hospital admission/1,000 members	63.2

Operational date: April 1985.
Federally qualified.
Certified in: North Carolina, South Carolina.
NCQA qualification pending.
Model type: Group.
For profit.
Ownership: Prudential Insurance Co. of America.
Service area: North Carolina: Cabarrus, Gaston, Iredill, Lincoln, Mecklenburg, Rowan, Stanley and Union counties; South Carolina: York County.
Services: Standard package including prescriptions, chiropractors, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include vision. Diagnostic testing by HMO and independent labs.
Rating options: Community rating. Offers point-of-service contracts.
Management reports: Provided annually.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: William Link, president; David Patterson, executive director; Dr. David Berenbeim, medical director; Dr. W. Stuart Tucker, associate medical director.
See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

NORTH DAKOTA

Care Choice

4510 13th Ave. S.W., Fargo, N.D. 58121; 701-282-1113

Users	
Total*	3,274

Operational date: 1985.
Model type: IPA.
Ownership: Blue Cross & Blue Shield of North Dakota.
**Total users as of 12/31/91.*

OHIO

Aetna Health Plans of Northern Ohio

3690 Orange Place, Suite 200, Cleveland, Ohio 44122; 216-464-2722; fax: 216-464-2723

Staff	
Physicians	518
Patients/physician	161
Board-certified	71%
Specialists	1,916
Administrative	102
Marketing	31
Facilities	
Hospitals	26
Pharmacies	850
Diagnostic labs	37
Users	
Employer/payer groups	182
Single coverage	4,987
Family coverage	11,134
Employees & dependents	42,441
Total	42,441
Average hospital stay*	3.7 days
Hospital admission/1,000 members*	74.4
Revenues	
1991	$60,199,884
1990	$53,047,619

Operational date: December 1983.
Certified in: Ohio.
NCQA qualification pending.
Model type: IPA.
Service area: Ohio: Astabula, Cuyahoga, Geauga, Lake, Lorain, Medina, Portage, Stark and Summit counties.
Services: Standard package including psychiatry, durable medical equipment, OB/Gyn., physical therapy, home health care, rehabilitation, routine eye and hearing exams, dialysis, chemotherapy and nursing facilities. Options include prescriptions, vision, dental and substance abuse. Diagnostic testing by independent labs.
Rating options: Community rating by class; adjusted community rating.
Management reports: Provided.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: David K. Ellwanger, executive director; Dr. Michael Eleff, medical director; Thomas Scurfield, marketing director.
**Excludes mental health treatment.*
See Aetna Life Insurance Co. consolidated listing under Connecticut.

American Prepaid Dental Plan of Ohio

6063 Frantz Road, Suite 204, Dublin, Ohio 43017; 614-793-8108; fax: 614-793-9992

Staff	
Dentists	207
Patients/dentist	131
Specialists	44
Administrative	2.5
Marketing	2
Locations	
Administrative	1
Users	
Employer/payer groups	1,000
Single coverage	3,500
Family coverage	5,600
Employees & dependents	24,909
Total	27,447
Revenues	
1991	$1,118,231
1990	$252,149

Service area: Ohio.
Officers: Jim Old, president; Dr. Bill Joseph, medical director; Brian Waterhouse, marketing director.
See American Dental Plan consolidated listing under Georgia.

Choice Care-Midwest Foundation Independent Physician Association

655 Eden Park Drive, Cincinnati, Ohio 45224; 513-784-5200; fax: 513-784-5300

Staff	
Physicians	890
Patients/physician	190
Board-certified	98%
Specialists	1,627
Administrative	325
Marketing	36
Facilities	
Hospitals	17
Pharmacies	370
Diagnostic labs	20
Users	
Employer/payer groups	456
Single coverage	23,189
Family coverage	41,706

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Users	
Employees & dependents	164,061
Total	169,253
Average hospital stay	4.4 days
Hospital admission/1,000 members	82

Revenues	
1991	$206,600,000
1990	$160,100,000

Operational date: March 1979.
Federally qualified.
Model type: IPA.
Not for profit.

Service area: Ohio: Hamilton, Brown, Butler, Clermont, Clinton, Hamilton and Warren counties; Kentucky: Boone, Campbell, Gallatin, Grant Kenton and Pendleton counties; Indiana: Dearborn, Franklin, Ohio, Ripley and Union counties. Contracts with Ultralink.

Services: Standard package including vision, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions and substance abuse. Diagnostic testing by independent labs.

Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts, 1.7% of members are enrolled.

Enrollment options: Individual enrollment allowed.

Management reports: Provided quarterly.

Officers: Dr. Daniel A. Gregorie, president; Dr. Robert Eidus, chief medical officer; John Tepe, senior vp-marketing; Jane Rollinson, CFO/senior vp-finance; Larry Savage, senior vp-administration; Byron Smith, senior vp-information systems.

Contact: Terri Hornbach, director-public relations.

CIGNA Health Plan of Ohio Inc.

445 Hutchinson Ave., Suite 900, Columbus, Ohio 43235; 614-847-7100; fax: 614-847-7146

Staff	
Physicians	241
Specialists	798

Facilities	
Hospitals	16
Pharmacies	105
Diagnostic labs	4

Locations	
Administrative	2
Primary care	1,128

Users	
Total	37,498

Operational date: May 1987.
Federally qualified.
Certified in: Ohio.
Model type: IPA.

Service area: Ohio: Delaware, Fairfield, Fayette, Franklin, Licking, Madison, Muskingham, Perry, Pickaway, Ross and Union counties.

Services: Diagnostic testing by independent labs.

Officers: Dr. Linda Yazvac, medical director.

See CIGNA Corp. consolidated listing under Connecticut.

CIGNA Health Plan of Ohio Inc.

5800 Lombardo Center, Suite 200, Seven Hills, Ohio 44131; 216-642-2920; fax: 216-642-2990

Staff	
Physicians	366
Specialists	939

Facilities	
Hospitals	33
Pharmacies	400
Diagnostic labs	50

Locations	
Administrative	2
Primary care	1,442

Users	
Total	35,858

Operational date: April 1987.
Federally qualified.
Certified in: Ohio.
Model type: IPA.

Service area: Ohio: Ashland, Ashtabula, Columbiana, Cuyahoga, Erie, Geauga, Lake, Lorain, Mahoning, Medina, Portage, Stark, Summit, Trumbull and Wayne counties.

Services: Diagnostic testing by independent labs.

Officers: Jim Messina, executive director; Dr. Gerald Herman, medical director.

See CIGNA Corp. consolidated listing under Connecticut.

CIGNA Health Plan of Ohio-Cincinnati

36 E. Seventh St., Suite 2301; Cincinnati, Ohio 45202; 513-629-2640; fax: 513-629-2639

Staff	
Physicians	173
Specialists	569

Facilities	
Hospitals	12
Pharmacies	52
Diagnostic labs	3

Locations	
Administrative	2
Primary care	1,182

Users	
Total	1,246

Operational date: January 1992.
Certified in: Ohio.
Model type: IPA.

Service area: Ohio: Boone, Butler, Campbell, Clermont, Grant, Hamilton, Keaton and Warren counties.

Services: Diagnostic testing by independent labs.

Officers: James Massie, executive director; Dr. David Williams, medical director.

See CIGNA Corp. consolidated listing under Connecticut.

CIGNA Health Plan of Ohio-Dayton

2621 Dryden Road, Suite 106, Dayton, Ohio 45439; 513-294-1616; fax: 513-294-8778

Staff	
Physicians	70
Specialists	161

Facilities	
Hospitals	10
Pharmacies	30
Diagnostic labs	29

Locations	
Administrative	2
Primary care	356

Users	
Total	262

Operational date: July 1991.
Certified in: Ohio.
Model type: IPA.

Service area: Ohio: Clark, Greene, Miami and Montgomery counties.

Services: Diagnostic testing by independent labs.

Officers: James Massie, executive director; Dr. David Williams, medical director.

See CIGNA Corp. consolidated listing under Connecticut.

Family Health Plan

333 14th St., Toledo, Ohio 43624; 419-241-6501; fax: 419-241-5441

Staff	
Physicians	155
Patients/physician	140
Board-certified	85%
Specialists	525
Administrative	3
Marketing	6

Facilities	
Hospitals	7
Pharmacies	148
Diagnostic labs	4

Locations	
Administrative	1
Primary care	80

Users	
Employer/payer groups	36
Single coverage	4,330
Family coverage	1,799
Employees & dependents	9,440
Total	17,993
Average hospital stay	4 days

Revenues	
1991	$13,088,493
1990	$13,266,082

Operational date: January 1986.
Certified in: Ohio.
Model type: IPA.
Not for profit.

Ownership: St. Vincents, Mercy and St. Charles Hospitals.

Service area: Ohio: Defiance, Fulton, Henry, Lucas, Ottawa, Snadusky and Wood counties; Michigan.

Services: Standard package excluding preventive medicine and periodic check-ups. Other services include chiropractors, vision, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions. Diagnostic testing by independent labs.

Rating options: Adjusted community rating.

Enrollment options: Individual enrollment allowed.

Management reports: Provided monthly.

Billing: Provides direct billing for COBRA premiums.

Officers: Robert A. Campbell, president; Dr. Warren Kleinberg, Dr John Ross, medical directors; David G. Bick, marketing director; Chris A. Scherer, vp-finance.

Contact: Rose Myers, marketing administrator.

HMO Health Ohio

676 S. Broadway St., Akron, Ohio 44311; 216-253-6760

Operational date: 1978.
Model type: Network.
Ownership: Blue Cross & Blue Shield of Ohio.

Health Maintenance Plan

1351 William Howard Taft Road, Cincinnati, Ohio 45208; 513-247-6600

Operational date: 1974.
Model type: Network.
Ownership: Community Mutual Blue Cross & Blue Shield.

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	180
Patients/physician	402
Board-certified	30%
Specialists	220
Administrative	70
Marketing	10

Facilities	
Hospitals	14
Pharmacies	92
Diagnostic labs	14

Locations	
Administrative	1
Primary care	450

Users	
Employer/payer groups	610
Single coverage	9,978
Family coverage	16,962
Employees & dependents	64,176
Total	72,337
Average hospital stay	3.69 days
Hospital admission/1,000 members	101

Revenues	
1991	$82,657,544
1990	$72,916,974

Operational date: November 1979.
Federally qualified.
Certified in: West Virginia, Ohio.
Model type: IPA.
Not for profit.

Service area: West Virginia: Brooks, Hancock, Marshall, Ohio, Tyler and Wetzel counties; Ohio: Belmont, Harrison, Jefferson, Monroe and Noble counties.

Services: Standard package including substance abuse, psychiatry, durable medical equipment, podiatry, OB/Gyn. Options include vision, dental, presciptions, temporary mandibular joint dysfunction. Diagnostic testing by independent labs.

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

Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.

Management reports: Provided quarterly or annually.

Billing: Provides direct billing for COBRA premiums.

Officers: Philip Wright, president; Dr. Basil Papadimitriou, medical director; David Mathieu, marketing director.

Health Power of Columbus Inc.

560 E. Town St., Columbus, Ohio 43215; 614-461-9900; fax: 614-461-6683

Staff	
Physicians	208
Patients/physician	81
Board-certified	84%
Specialists	1,072
Administrative	44
Marketing	15

Facilities	
Hospitals	9
Pharmacies	220
Diagnostic labs	22

Operational date: May 1984.
Certified in: Ohio.
Model type: Network.
For profit.

Service area: Ohio: Butler, Clermont, Delaware, Fairfield, Franklin, Hamilton, Licking, Madison, Pickaway, Union and Warren counties.

Services: Standard package including chiropractors, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions, vision and dental. Diagnostic testing by independent labs.

Enrollment options: Individual enrollment allowed.

Billing: Provided.

Officers: Thomas E. Beaty, president; Dr. James E. Foy, medical director; Gary L. Duzan, marketing director; Dr. Bernard F. Master, chairman; Elliott P. Feldman, secretary.

Health Power of Dayton Inc.

3131 Newmark Drive, Miamisburg, Ohio 45342; 513-438-3055; fax: 513-438-9024

Staff	
Physicians	130
Patients/physician	53
Board-certified	63%
Specialists	642
Administrative	6
Marketing	2

Facilities	
Hospitals	9
Pharmacies	220
Diagnostic labs	22

Operational date: July 1985.
Certified in: Ohio.
For profit.

Service area: Ohio: Clark, Greene and Montgomery counties.

Services: Standard package including chiropractors, substance abuse, psychiatry, durable medical equipment, podiatry, OB/Gyn. and chiropractors. Options include vision, dental and prescriptions. Diagnostic testing by independent labs.

Enrollment options: Individual enrollment allowed.

Billing: Provided.

Officers: Thomas E. Beaty, president; Dr. Martin J. Schear, medical director; Gary Duzan, marketing director; Dr. Bernard F. Master, chairman; Dr. Martin J. Schear, secretary.

HealthOhio Inc.

372 E. Center St., Marion, Ohio 43302; 614-387-6355; fax: 614-383-3840

Staff	
Physicians	75
Patients/physician	375
Board-certified	70%
Specialists	250
Administrative	47
Marketing	8

Facilities	
Hospitals	18
Pharmacies	48
Diagnostic labs	5

Locations	
Administrative	1
Primary care	200

Users	
Employer/payer groups	278
Single coverage	3,777
Family coverage	5,996
Employees & dependents	21,354
Total	26,121
Average hospital stay	3.4 days
Hospital admission/1,000 members	285

Revenues	
1991	$36,200,000
1990	$32,300,000

Operational date: May 1976.
Federally qualified.
Certified in: Ohio.
Model type: IPA.
Not for profit.

Service area: Ohio: Allen, Crawford, Delaware, Franklin, Hancock, Hardin, Knox, Logan, Marion, Morrow, Richland, Seneca, Union and Wyandot counties.

Services: Standard package including substance abuse, psychiatry, durable medical equipment and OB/Gyn. Options include prescriptions and vision. Diagnostic testing by independent labs.

Rating options: Community rating by class.

Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.

Management reports: Provided annually.

Billing: Provides direct billing for COBRA premiums.

Officers: N. Robert Jones, president/CEO; Daniel R. Dreher, executive vp; Dr. S. Azim Bukhari, medical director; Weston G. Lambert, marketing director; Timothy A. Lauer, CFO.

Contact: Weston G. Lambert.

HomeTown Hospital Health Plan

876 Amherst Road, Massillon, Ohio 44646; 216-837-6880; fax: 216-837-6869

Staff	
Physicians	76
Patients/physician	145
Board-certified	60%
Specialists	266
Administrative	14
Marketing	4

Facilities	
Hospitals	5
Pharmacies	108
Diagnostic labs	5

Locations	
Administrative	1

Users	
Employer/payer groups	100
Single coverage	1,385
Family coverage	2,919
Employees & dependents	10,813
Total	10,813
Average hospital stay	4.2 days
Hospital admission/1,000 members	84

Revenues	
1991	$11,034,306
1990	$7,572,280

Operational date: August 1986.
Certified in: Ohio.
Model type: IPA.
Not for profit.

Ownership: Massillon Community Hospital.

Service area: Ohio: Carroll, Columbiana, Holmes, Mahoning, Portage, Stark, Summitt, Tumbell, Tuscarawas and Wayne counties.

Services: Standard package including substance abuse, psychiatry, durable medical equipment, podiatry, OB/Gyn. Options include prescriptios. Diagnostic testing by independent labs.

Rating options: Community rating by class.

Enrollment options: Individual enrollment allowed.

Management reports: Provided annually.

Officers: Mervin Strine, president; William C. Epling, executive director; Dr. Mark Studebaker, medical director; Mary Ann Tournoux, marketing director; Charles Vignos, finance director; Betty Brownler, provider relations 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	
Total*	9,027

Operational date: 1987; Humana owned since January 1991.
Model type: Network.
Service area: 22 counties in Ohio.
Officers: Kenneth Page, executive director; Todd McMahan, sales manager; Dr. Ronald Lankford, medical director.

** Figure is as of 8/31/92.*

See Humana Health Care Plans consolidated listing under Kentucky.

Kaiser Permanente/ Ohio Region

North Point Tower, 1001 Lakeside Ave., Suite 1200, Cleveland, Ohio 44114; 216-479-5237; fax: 216-479-5553

Staff	
Physicians	135
Patients/physician	1,508
Board-certified	77%
Specialists	100
Administrative	2,329
Marketing	14

Facilities	
Hospitals	9
Pharmacies	12
Diagnostic labs	14

Locations	
Administrative	12
Primary care	21

Users	
Employer/payer groups	3,774
Single coverage	42,963
Family coverage	50,394
Employees & dependents	178,560
Total	188,320
Average hospital stay	5.6 days
Hospital admission/1,000 members	81

Revenues	
1991	$201,000,000
1990	$165,000,000

Operational date: October 1977.
Federally qualified.
Certified in: Ohio.

Service area: Ohio: Cuyahoga, Geuga, Lake, Lorain, Medina, Portage, Stark, Summit and Wayne counties. Contracts with The HMO Group.

Services: Standard package including substance abuse, psychiatry and OB/Gyn. Options include prescriptions, vision, dental and durable medical equipment. Diagnostic testing by HMO.

Officers: Kathryn A. Paul, senior vp/regional manager; Dr. Ronald G. Potts, president/regional medical director-Ohio Permanente Medical

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Group, P.C.; Roberta Secrist, marketing director/assistant health plan manager; Robert E. Baker, health plan manager.

See Kaiser Foundation Health Plan Inc. consolidated listing under California.

Licking Memorial Hospital Health Plan

1320 W. Main St., Suite HP,
Newark, Ohio 43055;
614-366-0533; fax: 614-366-0256

Staff	
Physicians	38
Patients/physician	415
Board-certified	100%
Specialists	70
Administrative	19
Marketing	1
Facilities	
Hospitals	5
Pharmacies	27
Diagnostic labs	1
Locations	
Administrative	1
Users	
Employer/payer groups	75
Single coverage	1,991
Family coverage	4,114
Employees & dependents	15,797
Total	15,797
Average hospital stay	4.7 days
Hospital admission/1,000 members	73
Revenues	
1991	$16,995,944
1990	$14,125,280

Operational date: November 1986.
Certified in: Ohio.
Model type: IPA.
Not for profit.
Ownership: Licking Memorial Hospital/Moundbuilders Physicians Assn.
Service area: Ohio: Coshocton, Delaware, Fairfield, Knox, Licking, Knox, Muskingum and Perry counties.
Services: Standard package including substance abuse, psychiatry, durable medical equipment, OB/Gyn. Options include prescriptions. Diagnostic testing by HMO and independent labs.
Rating options: Community rating by class.
Management reports: Provided annually.
Officers: William J. Andrews, president; Thomas D. Thompson, COO; Dr. Robert Kamps, medical director; Dr. Lawrence Dils, clinical affairs; Kitty Martin, director.

Medical Value Plan

P.O Box 2147, 405 Madison Ave.,
Toledo, Ohio 43603-2147;
419-245-5165; fax: 419-244-0532

Staff	
Physicians	172
Specialists	213
Administrative	7
Marketing	8
Facilities	
Hospitals	5
Pharmacies	163
Diagnostic labs	1
Locations	
Administrative	1
Primary care	155
Users	
Total	35,020
Revenues	
1991	$52,577,878
1990	$49,282,986

Operational date: May 1986.
Certified in: Ohio.
Model type: IPA.
For profit.
Ownership: Henry Ford Health Systems.
Service area: Ohio: Erie, Fulton, Henry, Lucas, Ottawa, Sandusky, Seneca and Wood counties; Michigan: Monroe County.
Services: Standard package including substance abuse, psychiatry, and OB/Gyn. Options include vision, dental, durable medical equipment and prescriptions. Diagnostic testing by independent labs.
Rating options: Community rating.
Enrollment options: Individual enrollment allowed.
Officers: Jim Walworth, president; Dr. Hal White, medical director; Gregory Lueck, marketing director; Roman Kulich, Anita Fennessey.
Contact: Connie Moon.

MetLife HealthCare Network of Ohio Inc.

Northmark Business Center, Suite 150, 4501 Erskine Road,
Cincinnati, Ohio 45242-4713;
513-745-9700

Staff	
Physicians	1 510
Specialists	2 346
Facilities	
Hospitals	51
Locations	
Administrative	3

Operational date: August 1985.
Certified in: Ohio.
Model type: IPA.
For profit.
Ownership: Metropolitan Life Insurance Co.
Service area: Ohio: Butler, Clermont, Cuyahoga, Delaware, Fairfield, Franklin, Geauga, Hamilton, Licking, Logan, Lorain, Madison, Mahoning, Pickaway, Portage, Stark, Summit, Trumbull, Union and Warren counties.
Services: Standard package including substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions, vision and dental. Diagnostic testing by independent labs.
Rating options: Community rating by class; experience rating.
Management reports: Provided annually.
Billing: Consolidated billing for national accounts.
Officers: Marilyn McMichael, president/ceo; Dr. James A. Garfield, vp/medical director.

PHP Benefit Systems

3650 Olentangy River Road,
Columbus, Ohio 43214;
614-442-7100; fax: 614-442-3902

Staff	
Physicians	4,800
Board-certified	62%
Administrative	324
Marketing	32
Facilities	
Hospitals	85
Pharmacies	1,509
Diagnostic labs	28
Locations	
Administrative	2
Users	
Employer/payer groups	498
Single coverage	20,342
Family coverage	29,521
Employees & dependents	117,174
Total	154,890
Average hospital stay	4.52 days
Hospital admission/1,000 members	74

Operational date: January 1980.
Certified in: Ohio.
Model type: IPA/group network.
For profit.
Ownership: United Healthcare Corp.
Service area: 65 counties in Ohio.
Services: Standard package including vision, substance abuse, psychiatry, durable medical equipment, OB/Gyn. and certain transplants. Options include prescriptions and dental. Diagnostic testing by independent labs.
Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts.
Enrollment options: Individual

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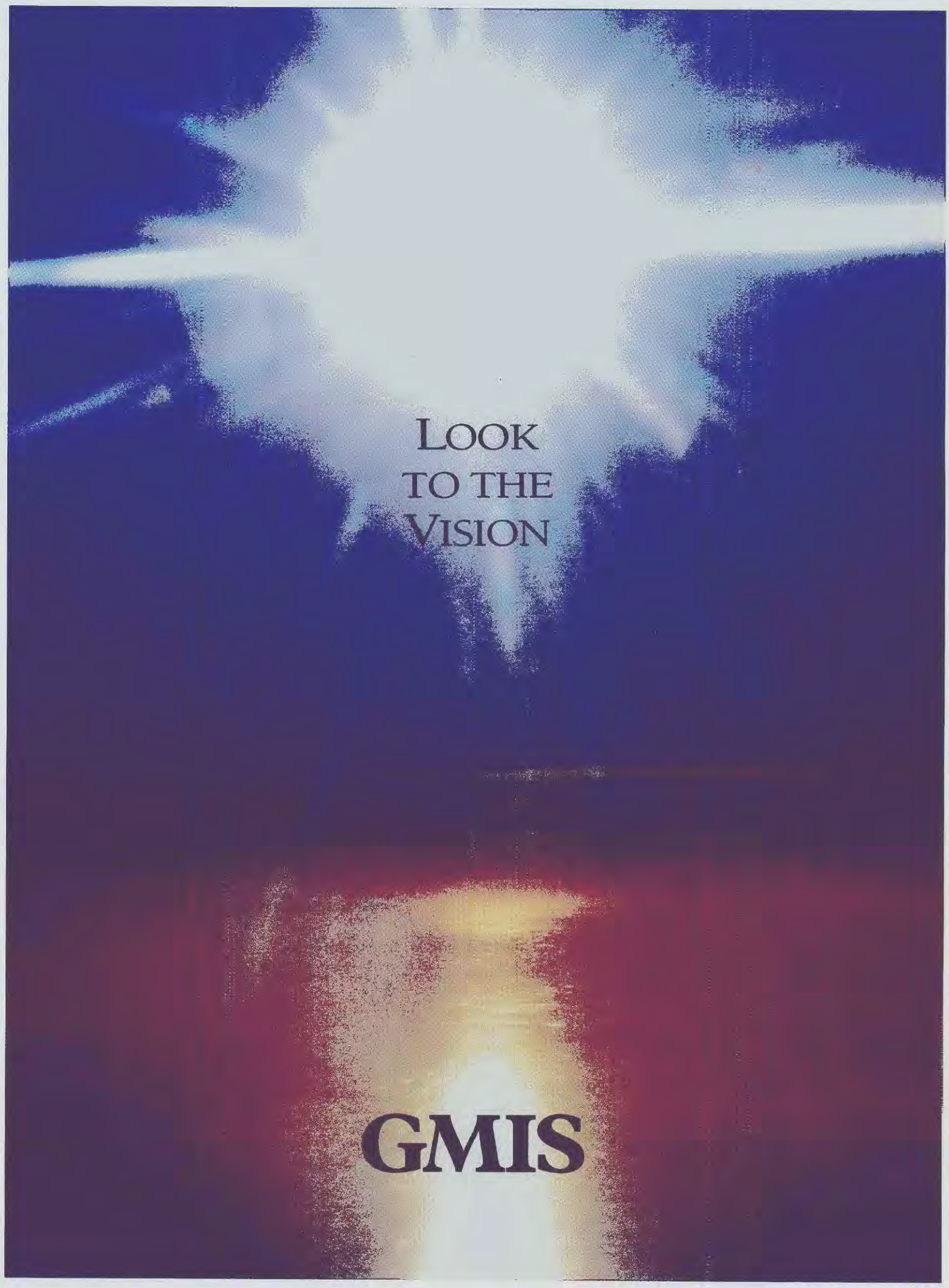

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enrollment allowed.

Management reports: Provided upon request.

Billing: Provides direct billing for COBRA premiums.

Officers: Dr. H. William Porterfield, president; Dr. Owen E. Johnson, medical director; Ken L. Hoyerman, vp-sales/marketing; Robert J. Sheehy, COO; Mary J. Dunlop, CFO.

Contact: Priscilla March, 614-442-7114.

See United HealthCare Corp. consolidated listing under Minnesota.

Paramount Health Care

1715 Indian Wood Circle, P.O. Box 928, Toledo, Ohio 43697-0928; 419-891-2500

Staff	
Physicians	187
Patients/physician	128
Board-certified	86%
Specialists	439
Administrative	40
Marketing	6
Facilities	
Hospitals	3
Pharmacies	65
Locations	
Administrative	1
Primary care	600
Users	
Employer/payer groups	505
Single coverage	3,573
Family coverage	6,635
Employees & dependents	23,786
Total	23,786
Average hospital stay	4.2 days
Hospital admission/1,000 members	77
Revenues	
1991	$27,400,000
1990	$19,100,000

Operational date: July 1988.
Certified in: Ohio.
Model type: IPA.
For profit.
Ownership: The Toledo Hospital.

Service area: Ohio: Fulton, Henry, Lucas, Ottawa, Sandusky and Wood counties.

Services: Standard package including substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Diagnostic testing by independent labs.

Rating options: Community rating: $151.41 single, $401.26 family; community rating by class.

Management reports: Provided quarterly.

Billing: Provides direct billing for COBRA premiums.

Officers: John C. Randolph, executive vp; Randolph C. Hoffman, vp-finance/operations; Dr. Joseph P. Moran, medical director; Patricia R. Richards, vp-health services.

Contact: John C. Randolph.

Principal Health Care of Ohio Inc.

8101 N. High St., Suite 380, Columbus, Ohio 43235; 614-841-1240; fax: 614-841-1245

Staff	
Physicians	27
Board-certified	99%
Specialists	157
Administrative	184
Marketing	8
Facilities	
Hospitals	4
Diagnostic labs	1
Locations	
Administrative	3
Users	
Employer/payer groups	115
Employees & dependents	25,709
Total	25,709
Average hospital stay	4.4 days
Hospital admission/1,000 members	51
Revenues	
1991	$30,000,000
1990	$11,883,163

Service area: Ohio: Franklin and portions of Delaware, Fairfield, Licking, Madison, Pickaway and Union counties.

Officers: Vernon Perry, executive director; Dr. William Hamelberg, medical director; Craig Peterson, marketing director.

Contact: Craig Peterson.

See Principal Health Care Inc. consolidated listing under Maryland.

PruCare of Central Ohio

485 Metro Place S., Suite 450, Dublin, Ohio 43017; 614-761-0002; fax: 614-761-1757

Staff	
Physicians	180
Patients/physician	161
Board-certified	89%
Specialists	261
Administrative	26
Marketing	8.5
Facilities	
Hospitals	12
Pharmacies	65
Diagnostic labs	12
Locations	
Administrative	1
Primary care	330
Users	
Employer/payer groups	55
Employees & dependents	28,925
Total	28,925
Average hospital stay	3.66 days
Hospital admission/1,000 members	69.91

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: Ohio: Delaware, Fairfield, Franklin, Licking, Madison, Pickaway and Union counties.

Services: Standard package including prescriptions, chiropractors, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Diagnostic testing by independent labs.

Rating options: Community rating by class.

Management reports: Provided annually.

Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.

Officers: Elwood Fisher, executive director; Dr. David Gundlack, medical director; John Mathewson, marketing director.

See the Prudential Health Care Plan consolidated listing under New Jersey.

PruCare of Cincinnati

312 Elm St., Cincinnati, Ohio 45201; 513-784-7500; fax: 513-784-7020

Staff	
Physicians	118
Patients/physician	41
Board-certified	89%
Specialists	363
Administrative	29
Marketing	16
Facilities	
Hospitals	7
Pharmacies	90
Locations	
Administrative	1
Primary care	31
Users	
Employer/payer groups	5
Employees & dependents	4,840
Total	4,840
Average hospital stay	4.03 days
Hospital admission/1,000 members	90.62

Operational date: March 1986.
NCQA qualification pending.
Model type: IPA.
For profit.
Ownership: The Prudential Insurance Co. of America.

Service area: Ohio: Butler, Clermont, Hamilton and Warren counties; Kentucky: Boone, Campbell and Kenton counties; Indiana: Dearborn County.

Services: Standard package including prescriptions, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Diagnostic testing by independent labs.

Rating options: Community rating by class.

Management reports: Provided annually.

Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.

Officers: Lynne Gross, executive director; Dr. Peter Marrocco, medical director; Fred Veazey, marketing director.

See the Prudential Health Care Plan consolidated listing under New Jersey.

PruCare of Northern Ohio

Halle Building, 1228 Euclid Ave., Suite 750, Cleveland, Ohio 44115; 216-241-5623; fax: 216-241-7561

Staff	
Physicians	132
Patients/physician	15
Board-certified	96%
Specialists	947
Administrative	19.5
Marketing	18
Facilities	
Hospitals	22
Pharmacies	97
Diagnostic labs	25
Locations	
Administrative	1
Primary care	190
Users	
Employer/payer groups	5
Employees & dependents	1,941
Total	1,941
Average hospital stay	4.29 days
Hospital admission/1,000 members	85.28

Operational date: April 1990.
NCQA qualification pending.
Model type: IPA.
For profit.
Ownership: The Prudential Insurance Co. of America.

Service area: Ohio: Cuyahoga, Geauga, Lake, Lorain, Medina, Portage and Summit counties.

Services: Standard package including prescriptions, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Diagnostic testing by independent labs.

Rating options: Community rating by class.

Management reports: Provided annually.

Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.

Officers: Linda Somers, executive director; Dr. A. Gus Kious, medical director; Chris Earl, marketing director.

See the Prudential Health Care Plan consolidated listing under New Jersey.

United Health Plan

1950 Morse Road, Columbus, Ohio 43229; 614-438-7515; fax: 614-438-6830

Staff	
Physicians	50
Patients/physician	200
Board-certified	68%
Specialists	220
Administrative	7
Marketing	5
Facilities	
Hospitals	5
Pharmacies	210
Locations	
Administrative	1
Users	
Employer/payer groups	31
Single coverage	2,154
Family coverage	2,549
Employees & dependents	9,966
Total	9,966
Average hospital stay	5.7 days
Hospital admission/1,000 members	80.5
Revenues	
1991	$11,903,448
1990	$10,908,690

Operational date: October 1977.
Certified in: Ohio.
Model type: IPA.
For profit.

Service area: Ohio: Champaign, Clark, Delaware, Fairfield, Fayette, Franklin, Licking, Madison, Pickaway and Union counties.

Services: Standard package including substance abuse, psychiatry, podiatry, OB/Gyn. Options include prescriptions, vision, dental and durable medical equipment. Diagnostic testing by independent labs.

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

Enrollment options: Individual enrollment allowed.

Billings: Provided.

Officers: Richard A. Mitchell, president/CEO; 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, Cincinnati, Ohio 45202; 513-721-3388; fax: 513-684-8111

Staff	
Physicians	305
Patients/physician	135
Board-certified	100%
Specialists	1,000
Administrative	75
Marketing	10
Facilities	
Hospitals	17
Pharmacies	250
Diagnostic labs	12
Locations	
Administrative	1
Primary care	350
Users	
Employer/payer groups	130
Single coverage	3,915
Family coverage	6,878
Employees & dependents	26,180
Total	30,914
Average hospital stay	3.9 days
Hospital admission/1,000 members	78
Revenues	
1991	$39,361,815
1990	$30,553,711

Operational date: September 1986.
Certified in: Ohio.
Model type: IPA/network.
Not for profit.
Ownership: University of Cincinnati Medical Center.

Service area: Ohio: Adams, Brown, Butler, Clermont, Hamilton, Highland and Warren counties; Kentucky: Boone, Campbell, Gallatin, Grant, Kenton and Pendleton counties; Indiana: Dearborn and Franklin counties.

Services: Standard package including prescriptions, vision, psychiatry and OB/Gyn. Options include dental, substance abuse, durable medical equipment and podiatry. Diagnostic testing by independent labs.

Rating options: Community rating: $118.29 single, $353.72 family; community rating by class.

Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.

Management reports: Provided upon request.

Officers: Hirsh Cohen, president/CEO; Dr. Robert W. Young, executive vp/chief medical officer; Melmon May, vp-marketing/corporate communications; Anthony Borromeo, CFO; Jefferson Walters, vp-operations.

OKLAHOMA

BlueLincs HMO

1400 S. Boston, Tulsa, Okla. 74119; 918-561-9900; fax: 918-561-9999

Staff	
Physicians	254
Patients/physician	180
Board-certified	70%
Specialists	1,180
Administrative	58
Marketing	7
Facilities	
Hospitals	22
Pharmacies	51
Diagnostic labs	4
Locations	
Administrative	2
Primary care	240
Users	
Employer/payer groups	260
Single coverage	8,379
Family coverage	2,430
Employees & dependents	8,936
Total	46,098
Average hospital stay	4.4 days
Hospital admission/1,000 members	65
Revenues	
1991	$56,873
1990	$45,658

Operational date: November 1984.
Federally qualified.
Certified in: Oklahoma.
NCQA accredited.
Model type: IPA.
For profit.
Ownership: Blue Cross & Blue Shield of Oklahoma.

Service area: Oklahoma: Tulsa and Oklahoma counties. Offers service through HMO-USA (Blue Cross & Blue Shield Assn.) in 40 states.

Services: Standard package including prescriptions, chiropractors, vision, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Diagnostic testing by HMO and independent labs.

Rating options: Adjusted community rating. Offers point-of-service contracts, 20% of members are enrolled. Offers non-federally qualified programs.

Management reports: Provided annually.

Billing: Consolidated billing for national accounts.

Officers: Ralph Rhoades, president/executive director; Dr. Wes Whittlesey, medical director; David Fleet, marketing director; Larry Smith, senior vp.

CIGNA Health Plan of Oklahoma Inc.-Oklahoma City

5100 N. Brookline, 9th Floor, Oklahoma City, Okla. 73112; 405-943-7711; fax: 405-946-9568

Staff	
Physicians	179
Specialists	592
Facilities	
Hospitals	16
Pharmacies	54
Diagnostic labs	1
Locations	
Administrative	2
Primary care	649
Users	
Total*	12,862

Operational date: January 1984.
Federally qualified.
Certified in: Oklahoma.
Model type: IPA.

Service area: Oklahoma: Canadian, Cleveland, Grady, Kingfisher, Lincoln, Logan, McClain, Oklahoma and Pottawatomie counties.

Services: Diagnostic testing by independent labs.

Officers: Dr. Kathleen Musser, executive/medical director.

**Includes member of CIGNA Health Plan of Oklahoma Inc., Tulsa.*

See CIGNA Corp. consolidated listing under Connecticut.

CIGNA Health Plan of Oklahoma Inc.

9810 E. 42nd St., Suite 220, Tulsa, Okla. 74146; 918-664-0166; fax: 918-663-6250

Staff	
Physicians	88
Specialists	256
Facilities	
Hospitals	6
Pharmacies	52
Diagnostic labs	3
Locations	
Administrative	2
Primary care	248

Operational date: January 1992.
Certified in: Oklahoma.
Model type: IPA.

Service area: Oklahoma: Creek, Lincoln, Mayes, Muskogee, Okmulgee, Osage, Rogers, Tulsa, Wagoner and Washington counties.

Services: Diagnostic testing by independent labs.

Officers: Dr. Kathleen Musser, executive/medical director.

See CIGNA Corp. consolidated listing under Connecticut.

PacifiCare

525 Central Park Drive, Oklahoma City, Okla. 73105; 405-525-9200; fax: 405-521-8349

Staff	
Physicians	68
Patients/physician	72
Board-certified	94%
Specialists	216
Administrative	12
Marketing	8

Continued on next page

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Facilities	
Hospitals	13
Pharmacies	149
Diagnostic labs	16
Locations	
Administrative	4
Primary care	16
Users	
Employer/payer groups	131
Single coverage	9,861
Family coverage	11,603
Employees & dependents	49,007
Total	50,866
Average hospital stay	3.8 days
Hospital admission/1,000 members	51.2
Revenues*	
1991	$44,743,390
1990	$29,549,257

Operational date: April 1988.
Federally qualified.
Certified in: Oklahoma.
Model type: Group.
Service area: Oklahoma: Canadian, Cleveland, Grady, Kingfisher, Lincoln, Logan, McClain, Oklahoma, Pottawatomie and Seminole counties. Contracts with HMO National Network.
Services: Standard package including chiropractors and substance abuse. Options include vision, dental, psychiatry, durable medical equipment, and podiatry. Diagnostic testing by HMO and independent labs.
Rating options: Community rating by class. Offers point-of-service contracts, less than 5% of members are enrolled.
Officers: David Kibbe, president; Dr. Steven Peskin, medical director; Chris Whitty, vp-marketing; Ronald Waezman, vp-operations.
** Figures are as of FYE 9/30.*
See PacifiCare Health Systems consolidated listing under California.

PacifiCare of Oklahoma

7134 S. Yale, Suite 700, Tulsa, Okla. 74136; 918-496-1200; fax: 918-494-7062

Staff	
Physicians	113
Patients/physician	492
Board-certified	94%
Specialists	259
Administrative	106
Marketing	13
Facilities	
Hospitals	7
Pharmacies	110
Diagnostic labs	31
Locations	
Administrative	5
Primary care	40
Users	
Employer/payer groups	176
Single coverage	11,821
Family coverage	12,880
Employees & dependents	55,580
Total	59,757
Average hospital stay	4 days
Hospital admission/1,000 members	54.6
Revenues*	
1991	$55,208,300
1990	$39,928,416

Operational date: October 1985.
Federally qualified.
Certified in: Oklahoma.
Model type: Group.
Service area: Oklahoma: Creek, Rogers, Tulsa, Wagoner counties. Contracts with HMO National Network.
Services: Standard package including chiropractors and substance abuse. Options include prescriptions, vision, dental, psychiatry, durable medical equipment, podiatry and OB/Gyn. Diagnostic testing by HMO and independent labs.
Rating options: Community rating by class. Offers point-of-service contracts, over 5% of members are enrolled.
Officers: David Kibbe, president; Chris Whitty, vp-marketing; Dr. Steven Peskin, medical director; Ronald Waezman, vp-operations.
**Figures are as of FYE 9/30.*
See PacifiCare Health Systems consolidated listing under California.

PruCare of Oklahoma City

3330 N.W. 56th, Suite 500, Oklahoma City, Okla. 73112; 405-942-6687; fax: 405-942-5861

Staff	
Physicians	27
Board-certified	92%
Specialists	64
Administrative	40
Marketing	9
Facilities	
Hospitals	2
Pharmacies	6
Diagnostic labs	1
Locations	
Administrative	1
Primary care	6
Users	
Employer/payer groups	65
Total	33,987

Operational date: May 1981.
Federally qualified.
NCQA accredited.
Model type: Group.
For profit.
Ownership: Prudential Insurance Co. of America.
Service area: Oklahoma: Canadian, Cleveland, Grady, Kingfisher, Lincoln, Logan, McClain, Oklahoma and Pottawatomie counties.
Services: Standard package including prescriptions, chiropractors, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Diagnostic testing by HMO.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: Gary Hawkins, executive director; Dr. Boyd Shook, medical director; Tim McFall, marketing director.
See the Prudential Health Care Plan consolidated listing under New Jersey.

PruCare of Tulsa

7912 E. 31st Court, Suite 300, Tulsa, Okla. 74145; 918-624-4600; fax: 918-627-9759

Staff	
Physicians	27
Patients/physician	1,004
Board-certified	89%
Specialists	182
Administrative	21.5
Marketing	6
Facilities	
Hospitals	3
Pharmacies	18
Diagnostic labs	4
Locations	
Administrative	1
Primary care	7
Users	
Employer/payer groups	97
Employees & dependents	26,406
Total	26,406
Average hospital stay	4.2 days
Hospital admission/1,000 members	79.3

Operational date: January 1983.
Federally qualified.
Certified in: Oklahoma.
NCQA accredited.
Model type: Group/specialty.
For profit.
Ownership: The Prudential Insurance Company of America.
Service area: Oklahoma: Creek, Muskogee, Osage, Rogers, Tulsa, Wagoner and Washington counties.
Services: Standard package including prescriptions, chiropractors, vision, substance abuse, psychiatry, durable medical equipment, podiatry, OB/Gyn and institutes of quality. Options include dental.Diagnostic testing by HMO and independent labs.
Rating options: Community rating: $137.98 single, $372.59 family; community rating by class; adjusted community rating.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: John W. Kennedy, executive director; Dr. C.B. Rebsamen, medical director; Mark Krogulski, marketing director.

OREGON

Capitol Health Care/Health Maintenance of Oregon

201 High St., S.E., Salem, Ore. 97301; 503-364-4868; fax: 503-588-4350

Staff	
Physicians	906
Board-certified	95%
Specialists	1,514
Facilities	
Hospitals	24
Diagnostic labs	18
Locations	
Administrative	5
Primary care	2,039
Users	
Employer/payer groups	3,066
Single coverage	24,726
Family coverage	27,313
Employees & dependents	116,036
Total	126,188
Average hospital stay	2.17 days
Hospital admission/1,000 members	109.44
Revenues	
1991	$138,008,485
1990	$135,431,852

Operational date: March 1978.
Federally qualified.
Certified in: Oregon.
Model type: IPA.
For profit. (Health Maintenance)
Not for profit. (Capitol Health Care)
Ownership: Blue Cross & Blue Shield of Oregon.
Service area: Oregon: Benton, Clackamas, Columbia, Hood River, Jackson, Josephine, Lane, Linn, Marion, Multnomah, Polk, Washington and Yamhill counties; Washington: Clark County. Offers service through HMO-USA (Blue Cross & Blue Shield Assn.) in 40 states.
Services: Standard package including prescriptions, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include chiropractors, vision and dental. Diagnostic testing by independent labs.
Rating options: Community rating by class. Offers point-of-service contracts.
Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.
Officers: Roger B. Lyman, president; Gary Rea, executive director; Dr. Leroy Henrich, medical director; Gerry Thompson, marketing director.

Good Health Plan of Oregon

1235 N.E. 47th Ave., Suite 220, Portland, Ore. 97213; 503-280-7550; fax: 503-280-7655

Staff	
Physicians*	337
Specialists*	966
Administrative	190
Marketing	21
Facilities	
Hospitals	9
Pharmacies	43
Diagnostic labs	10
Locations	
Administrative	1
Users	
Total	71,451
Revenues	
1991	$88,610,000
1990	$67,046,103

Operational date: September 1984.
Federally qualified.
Certified in: Oregon, Washington.
Model type: IPA.
Not for profit.
Ownership: Sister of Providence Hospitals.
Service area: Oregon: Clackamas, Columbia, Multnomah, Washington and Yamhill counties; Washington: Clark County.
Services: Standard package including substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions, vision and dental. Diagnostic testing by independent labs.
Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts. Offers non-federally qualified programs.
Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.
Management reports: Provided annually.
Officers: Mary O. McWilliams, CEO; Ted VonGlahn, COO; Jack A. Friedman, CDO; Shelly Handkins, director-finance.
**Figure is as of 4/1/92.*

Health Guard Services Inc.

600 Country Club Road, Eugene, Ore. 97401; 503-485-1850; fax: 503-686-2504

Staff	
Physicians	259
Patients/physician	150
Board-certified	100%
Specialists	435
Administrative	144
Marketing	15
Facilities	
Hospitals	10
Pharmacies	36
Diagnostic labs	1
Locations	
Administrative	2
Primary care	2
Users	
Employer/payer groups	1,310
Employees & dependents	53,368
Total	58,296
Average hospital stay	3.56 days
Hospital admission/1,000 members*	56
Revenues	
1991	$45,425,505
1990	$39,121,947

Operational date: March 1983.
Federally qualified.
Certified in: Oregon, Washington.
Model type: IPA.
Not for profit.
Ownership: Sisters of St. Joseph of Peace, Health & Hospital Services.
Service area: Oregon: Benton, Clatsop, Columbia, Lane and Linn counties; Washington: Cowlitz and Wahkiacum counties.
Services: Standard package including substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions, chiropractors, vision and dental. Diagnostic testing by independent labs.
Rating options: Community rating by class. Offers non-federally qualified programs.
Enrollment options: Individual enrollment allowed.
Management reports: Provided monthly or as contracted.
Officers: David L. Slade, president/executive director; Dr. Larry Hirons, Mark Litchman, Glen L. Purdy, medical directors; Steve Lynch, Susan Gillett, marketing directors; Patrick Corss, vp-insurance/pricing/underwriting; Kathleen Howard, vp-provider support/medical management; Pat McGuire, vp-information services.
**Excludes Medicare members whose admission rate per 1,000 is 266.*

Health Maintenance of Oregon

1800 S.W. First St., Suite 505, Portland, Ore. 97201; 503-274-0755

Users	
Total*	53,675

Operational date: 1986.
Model type: IPA.
Affiliate: Blue Cross & Blue Shield of Oregon.
**Total users as of 12/31/91.*

Kaiser Permanente/ Northwest Region

2701 Vaughn St., Suite 300, Portland, Ore. 97210-5398; 503-721-4615; fax: 503-721-4636

Staff	
Physicians	248
Patients/physician	1,416
Board-certified	90%
Specialists	381
Administrative	4,044
Marketing	34
Facilities	
Hospitals	4
Pharmacies	16
Diagnostic labs	17
Locations	
Administrative	1
Primary care	22
Users	
Employer/payer groups	3,593
Single coverage	61,615
Family coverage	86,317
Employees & dependents	332,947
Total	375,433
Average hospital stay	4.4 days
Hospital admission/1,000 members	84
Revenues	
1991	$418,034,000
1990	$345,000,000

Federally qualified.
Certified in: Oregon, Washington.
Service area: Oregon: portions of Benton, Clackamas, Clatsop, Columbia, Hood River, Linn, Marion, Multnomah, Polk, Washington and Yamhill counties; Washington: Clark, Lewis, Skamania and Wahkiakum counties. Contracts with The HMO Group.
Services: Standard package including substance abuse, psychiatry, podiatry and OB/Gyn. Options include prescriptions, vision, dental, durable medical equipment and hearing aids. Diagnostic testing by HMO and independent labs.
Officers: Michael H. Katcher, senior vp/regional manager; Dr. Fred M. Nomura, president/regional medical director of the Northwest Permanente, P.C.; Wade Overgaard, manager-sales/marketing; Denise L. Honzel, vp-health plan manager.
See Kaiser Foundation Health Plan Inc. consolidated listing under California.

PacifiCare of Oregon Inc.

5 Centerpointe Drive, Suite 600, Lake Oswego, Ore. 97035; 503-620-9324; fax: 503-684-8203

Staff	
Physicians	240
Patients/physician	355
Board-certified	85%
Specialists	800
Administrative	123
Marketing	16
Facilities	
Hospitals	18
Pharmacies	85
Diagnostic labs	29
Locations	
Administrative	1
Primary care	29
Users	
Employer/payer groups	412
Single coverage	10,858
Family coverage	8,049
Employees & dependents	57,233
Total	81,000
Average hospital stay	3.5 days
Hospital admission/1,000 members	52.5
Revenues	
1991	$110,192,000
1990	$86,550,000

Operational date: December 1985.
Federally qualified.
Certified in: Oregon, Washington.
Model type: Network.
Service area: Oregon: Benton, Clackamas, Linn, Marion, Multnomah, Polk and portions of Yamhill and Washington counties; Washington: Clark County. Contracts with HMO National Network.
Services: Standard package including prescriptions, substance abuse, psychiatry, podiatry and OB/Gyn. Options include chiropractors, vision, dental and durable medical equipment. Diagnostic testing by HMO and independent labs.
Rating options: Community rating by class. Offers point-of-service contracts, less than 1% of members are enrolled.
Officers: Dave Hallock, president; Dr. Bart McMullen, medical director; Gary Hubbard, vp-marketing; Pat Feyen, CFO.
See PacifiCare Health Systems consolidated listing under California.

Qual-Med Oregon Health Plan Inc.

4800 S.W. Macadam Ave., Suite 400, Portland, Ore. 69348; 503-222-5217; 503-274-0147

Staff	
Physicians	768
Specialists	1,936
Administrative	5
Marketing	10
Facilities	
Hospitals	16
Pharmacies	360
Locations	
Administrative	1

Service area: Washington: Clark, Cowlitz and Klickitat counties; Oregon: Clackamas, Columbia, Marion, Multnomah, Washington and Yamhill counties.
See Qual-Med Inc. consolidated listing under Colorado.

PENNSYLVANIA

Aetna Health Plans of Eastern Pennsylvania Inc.

150 Monument Road, Suite 106, Bala Cynwyd, Pa. 19004; 215-668-7343; fax: 215-668-2116

Staff	
Physicians	682
Patients/physician	20
Board-certified	77%
Specialists	2,104
Administrative	36
Marketing	15
Facilities	
Hospitals	28
Pharmacies	226
Locations	
Administrative	1
Users	
Employer/payer groups	506
Employees & dependents	6,651
Total	6,651

Operational date: July 1986.
NCQA accredited.
Model type: IPA.
For profit.
Service area: Pennsylvania: Bucks, Chester, Delaware, Montgomery and Philadelphia counties.
Services: Standard package including vision, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions and dental. Diagnostic testing by independent labs.
Rating options: Community rating; community rating by class.
Management reports: Provided annually or upon request.
Billing: Consolidated billing for national accounts.
Officers: Dennis Buhring, president; Robert Morrison, executive director; Dr. Harvey Nassau, medical director; Jane Broderick, marketing director; Charles Scott, general manager.
See Aetna Life Insurance Co. consolidated listing under Connecticut.

Continued on next page

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Aetna Health Plans of Western Pennsylvania Inc.

5700 Corporate Drive, Suite 300, Pittsburgh, Pa. 15237; 412-366-9000; fax: 412-366-9936

Staff	
Physicians	522
Board-certified	98%
Specialists	800
Administrative	3
Marketing	6
Facilities	
Hospitals	24
Pharmacies	350
Users	
Employer/payer groups	190
Single coverage	6,451
Family coverage	3,555
Employees & dependents	25,791
Total	25,791
Average hospital stay	3.9 days
Hospital admission/1,000 members	78
Revenues	
1991	$26,417,000
1990	$21,979,000

Operational date: August 1986.
Federally qualified.
Certified in: Pennsylvania.
NCQA qualification pending.
Model type: IPA.
For profit.
Service area: Pennsylvania: Allegheny, Beaver, Butler, Washington and Westmoreland counties.
Services: Standard package including prescriptions, vision, substance abuse, psychiatry, durable medical equipment and OB/Gyn. Diagnostic testing done by independent labs.
Rating options: Community rating; community rating by class.
Management reports: Provided annually or upon request.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: Ralph Hagemeier, executive director; Dr. Frank E. Keller, medical director; Robert W. Morris, marketing administrator; Dr. Daniel Brooks, chairman.
Contact: Robert Morris.
See Aetna Life Insurance Co. consolidated listing under Connecticut.

Central Medical Health Plans Inc.

564 Forbes Ave., Suite 900, Pittsburgh, Pa. 15219; 412-471-6877; fax: 412-471-6893

Staff	
Physicians	93
Patients/physician	145
Board-certified	50%
Specialists	304
Administrative	20
Marketing	4
Facilities	
Hospitals	11
Pharmacies	77
Diagnostic labs	28
Locations	
Administrative	1
Primary care	130
Users	
Employer/payer groups	83
Single coverage	2,353
Family coverage	3,240
Employees & dependents	11,712
Total	13,475
Average hospital stay	6.5 days
Hospital admission/1,000 members	101
Revenues	
1991	$20,100,000
1990	$17,600,000

Operational date: June 1988.
Certified in: Pennsylvania.
NCQA accredited.
Model type: IPA/network.
Not for profit.
Ownership: St. Francis Health System.
Service area: Pennsylvania: Allegheny, Armstrong, Beaver, Butler, Lawrence, Washington and Westmoreland counties.
Services: Standard package including substance abuse, psychiatry, podiatry and OB/Gyn. Options include prescriptions. Diagnostic testing by independent labs.
Rating options: Community rating: $134.13 single, $326.16 family, community rating by class (available in 1993).
Officers: M. Daniel Splain, president/executive director; James G. Zangrilli, medical director; Elizabeth Stolkowski, COO.

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CIGNA Health Plan of Delaware, Pennsylvania and South New Jersey

100 Stevens Drive, Suite 200, Philadelphia, Pa. 19113-1597; 215-595-3000; fax: 215-595-3159

Staff	
Physicians	879
Specialists	2,117
Facilities	
Hospitals	67
Pharmacies	360
Diagnostic labs	3
Locations	
Administrative	6
Primary care	4,073
Users	
Total	50,966

Operational date: May 1985 (Delaware). December 1985 (New Jersey). January 1986 (Pennsylvania).
Federally qualified.
Certified in: Delaware, New Jersey, Pennsylvania.
Model type: IPA.
Service area: Delaware: Kent, New Castle and Sussex counties. Pennsylvania: Bucks, Chester, Delaware, Montgomery and Philadelphia counties. New Jersey: Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Mercer, Ocean and Salem counties.
Services: Diagnostic testing by independent labs.
Officers: Leo Carey, executive director; Dr. Norman Scott, medical director.
See CIGNA Corp. consolidated listing under Connecticut.

Geisinger Health Plan

100 N. Academy Ave., Danville, Pa. 17822-3020; 717-271-8760; fax: 717-271-5268

Staff	
Physicians	201
Patients/physician	456
Board-certified	100%
Specialists	729
Administrative	4
Marketing	18
Facilities	
Hospitals	27
Pharmacies	121
Diagnostic labs	2
Locations	
Administrative	7
Users	
Employer/payer groups	558
Single coverage	21,109
Family coverage	27,272
Employees & dependents	163,717
Total	126,798
Average hospital stay*	5 days
Hospital admission/1,000 members*	67
Revenues	
1991	$88,815,907
1990	$71,953,834

Operational date: March 1985.
Federally qualified.
Certified in: Pennsylvania.
NCQA qualification pending.
Model type: Group.
Not for profit.
Affiliate: Geisinger Medical Center.
Service area: Pennsylvania: 24 counties.
Services: Standard package including podiatry and OB/Gyn. Options include prescriptions, vision, substance abuse, psychiatry and durable medical equipment. Diagnostic testing by HMO and independent labs.
Rating options: Community rating: $100.56 single, $261.46 family.
Enrollment options: Individual enrollment allowed.
Officers: Dr. Howard G. Hughes, president; William A. MacBain, executive director; Dr. Duane Davis, senior vp/medical director; Douglas C. Savidge, marketing director; George Kutz, vp-operations.
**Does not include Medicare members.*

Great Lakes Managed Care

400 French St., Suite 200, Erie, Pa. 16507; 814-452-3976; fax: 814-452-4358

Staff	
Physicians	76
Patients/physician	379
Board-certified	80%
Specialists	173
Administrative	9
Marketing	2
Facilities	
Hospitals	3
Pharmacies	1
Diagnostic labs	1
Locations	
Administrative	1

Operational date: March 1993.
Certified in: Pennsylvania.
Model type: Group/IPA/Network.
Ownership: Hamot Health Systems Inc.
Service area: Pennsylvania: Crawford, Erie and Venango counties.
Services: Standard package including substance abuse, psychiatry, durable medical equipment and OB/Gyn. Options include prescriptions, vision and dental. Diagnostic testing by independent labs.
Rating options: Community rating; community rating by class; adjusted community rating. Offers point-of-service contracts.
Management reports: Provided quarterly or annually.
Billing: Provides direct billing for COBRA premiums.
Officers: William A. Higgins, president/CEO; Dr. Donald N. VanDamia, medical director; Mary A. Larson, marketing director; Alan R. Davidson, director-operation/development.

Greater Atlantic Health Service

3550 Market St., Philadelphia, Pa. 19104; 215-823-8600; fax: 215-823-8617

Staff	
Physicians	527
Patients/physician	123
Board-certified	80%
Specialists	2,500
Administrative	330
Facilities	
Hospitals	45
Pharmacies	350
Locations	
Administrative	1
Primary care	503
Users	
Employer/payer groups	1,000
Total	65,000
Average hospital stay	5.5 days
Hospital admission/1,000 members	59.9
Revenues	
1991	$76,999,938
1990	$58,629,923

Operational date: 1972.
Certified in: Pennsylvania.
Model type: Staff/IPA.
For profit.
Ownership: Graduate Health System (hospital system).
Service area: Pennsylvania: Bucks, Chester, Delaware, Montgomery and Philadelphia counties. Contracts with National HMO Network and Ultralink.
Services: Standard package including vision, dental, substance abuse, psychiatry, podiatry and OB/Gyn. Options include prescriptions, durable medical equipment, and eyewear. Diagnostic testing by independent labs.
Rating options: Community rating: $119.36 single, $290.62 family; community rating by class.
Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries.
Management reports: Provided to payer groups.
Billing: Provides direct billing for COBRA premiums and consolidated billing for national accounts.
Officers: Ernest Monfiletto, president/CEO; Stephen J. Gordin, senior vp/medical director; Charles Greitzer, senior vp/marketing director; Eugene J. Ott, COO.

HMO of Northeastern Pennsylvania

70 N. Main St., Wilkes Barre, Pa. 18711; 717-829-8500

Users	
Total*	30,419

Operational date: 1987.
Model type: IPA.
Affiliate: Blue Cross & Blue Shield of Northeastern Pennsylvania.
**Total users as of 12/31/91.*

HealthAmerica of Central Pennsylvania

2601 Market Place St., Harrisburg, Pa. 17110; 717-540-4260; fax: 717-540-6336

Staff	
Physicians	304
Patients/physician	203
Board-certified	89%
Specialists	727
Administrative	62
Marketing	20
Facilities	
Hospitals	17
Pharmacies	200
Locations	
Administrative	2
Users	
Employer/payer groups	442
Single coverage	9,885
Family coverage	15,834
Employees & dependents	61,092
Total	61,267
Average hospital stay	3.91 days
Hospital admission/1,000 members	73.5
Revenues	
1991	$50,331,142
1990	$36,779,757

Operational date: July 1984.
Federally qualified.
Certified in: Pennsylvania.
NCQA accredited.
Model type: IPA/network.
For profit.
Ownership: Coventry Corp.
Service area: Pennsylvania: Adams, Cumberland, Dauphin, Lancaster, Lebanon, Perry and York counties. Contracts with Ultralink National Health Care Network.
Services: Standard package including vision, substance abuse, psychiatry, podiatry and OB/Gyn. Options include prescriptions, dental, durable medical equipment, and oral surgery. Diagnostic testing by independent labs.
Rating options: Community rating: $114.76 single, $300.34 family. Offers point-of-service contracts, 1% of members are enrolled. Offers non-federally qualified programs.
Management reports: Provided upon request.
Billing: Provides direct billing for COBRA premiums.
Officers: Michael Blackwood, president/CEO-HealthAmerica Pennsylvania; F.G. Chip Merkel, president-HealthAmerica Central Pennsylvania; Dr. Robert Robinson, medical director; Robert W. Shryock, marketing director; Greg Meredith, vp-clinical support services; Joe Tauber, controller.
See Coventry Corp. consolidated listing under Tennessee.

HealthAmerica Pennsylvania Inc.-Pittsburgh

5 Gateway Center, Pittsburgh, Pa. 15222, 412-553-7300; fax: 412-553-7384

Staff	
Physicians	385
Patients/physician	240
Board-certified	99%
Specialists	750
Administrative	282
Marketing	51
Facilities	
Hospitals	24
Pharmacies	110
Diagnostic labs	25
Locations	
Administrative	1
Primary care	310
Users	
Employer/payer groups	1,750
Single coverage	26,979
Family coverage	36,037
Employees & dependents	143,490
Total	143,490
Average hospital stay	4.55 days
Hospital admission/1,000 members	71
Revenues	
1991	$209,804,654
1990	$160,004,248

Operational date: June 1975.
Federally qualified.
Certified in: Pennsylvania.
NCQA accredited.
Model type: Staff/network.
For profit.
Ownership: Coventry Corp.
Service area: Pennsylvania: Allegheny, Armstrong, Beaver, Butler, Fayette, Washington and Westmoreland counties. Contracts with The HMO Group, Ultralink and HealtPlan Management Services.
Services: Standard package including chiropractors, substance abuse, psychiatry, podiatry and OB/Gyn. Options include prescriptions, vision, dental, durable medical equipment and oral surgery. Diagnostic testing by HMO and independent labs.
Rating options: Community rating: $124.74 single, $331.97 family. Offers point-of-service contracts, 7% of members are enrolled. Offers non-federally qualified programs.
Management reports: Provided upon request.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: Michael Blackwood, president/CEO; Dr. Robert A. Gormley, senior vp-medical affairs; Dr. Gregg P. Allen, physician-in-charge-network operations; Thomas J. Murray, vp-marketing; Dennis J. Reese, CFO.
See Coventry Corp. consolidated listing under Tennessee.

HealthGuard of Lancaster Inc.

Suite 105, 280 Granite Run Drive, Lancaster, Pa. 17601-6801; 717-560-9049; fax: 717-560-9413

Staff	
Physicians	82
Patients/physician	400
Specialists	225
Administrative	38
Marketing	5
Facilities	
Hospitals	4
Pharmacies	50
Locations	
Administrative	1
Primary care	27
Users	
Employer/payer groups	300
Single coverage	5,043
Family coverage	8,568
Employees & dependents	32,682
Total	32,682
Average hospital stay*	4.25 days
Hospital admission/1,000 members*	243
Revenues	
1991	$30,432,335
1990	$24,355,996

Operational date: September 1984.
Federally qualified.
Certified in: Pennsylvania.
NCQA accredited.
Model type: IPA.
For profit.
Ownership: Pennsylvania Blue Shield.
Service area: Pennsylvania: Lancaster and Western Chester counties. Offers service through HMO-USA (Blue Cross & Blue Shield Assn.) in 40 states.
Services: Standard package including chiropractors, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions. Diagnostic testing by HMO and independent labs.
Rating options: Community rating: $119.97 single, $325.50 family.
Management reports: Provided upon request.
Billing: Provides direct billing for COBRA premiums.
Officers: James R. Godfrey, president; Dr. Peter J. Altimare, medical director; Carl J. Naugle, vp-marketing; Robert F. Black, vp-finance.
**Excludes mental health and substance abuse treatment.*

Keystone Health Plan Central

300 Corporate Center Drive, Camp Hill, Pa. 17011; 717-763-3458

Users	
Total*	62,991

Operational date: 1983.
Model type: IPA.
Affiliate: Capital Blue Cross/Pennsylvania Blue Shield.
**Total users as of 12/31/91.*

Continued on next page

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Keystone Health Plan East

1901 Market St., P.O. Box 7516, Philadelphia, Pa. 19103-7516; 215-241-2001; fax: 215-241-4575

Staff	
Physicians	1,176
Patients/physician	300
Board-certified	84%
Specialists	3,189
Administrative	10
Marketing	50
Facilities	
Hospitals	59
Diagnostic labs	1
Locations	
Administrative	1
Primary care	891
Users	
Employer/payer groups	6,843
Single coverage	53,700
Family coverage	35,800
Employees & dependents	254,143
Total	343,444
Average hospital stay	4.5 days
Hospital admission/1,000 members	79
Revenues	
1991	$216,916,000
1990	$98,224,000

Operational date: January 1987.
Federally qualified.
Certified in: Pennsylvania.
NCQA qualification pending.
Model type: IPA.
For profit.
Ownership: Independence Blue Cross and Pennsylvania Blue Shield.
Service area: Pennsylvania: Bucks, Chester, Delaware, Montgomery and Philadelphia counties. Offers service through HMO-USA (Blue Cross & Blue Shield Assn.) in 40 states.
Services: Standard package including chiropractors, vision, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions and dental. Diagnostic testing by independent labs.
Rating options: Community rating: $124.80 single, $330.10 family. Offers point-of-service contracts, 40% of members are enrolled.
Management reports: Provided upon request.
Billing: Provides direct billing for COBRA premiums.
Officers: Allen F. Wise, president; John A. Daddis, executive director; Dr. Richard J. Gilfillan, senior vp-health services; Christopher D. Butler, marketing director; Thomas F. Pappalardo, senior vp-finance/CFO; John C. Zamzow, senior vp-medical delivery.

Keystone Health Plan West Inc.

Foster Plaza VI, 681 Anderson Drive, Pittsburgh, Pa. 15220; 412-937-4300

Staff	
Physicians	253
Patients/physician	250
Board-certified	100%
Specialists	718
Administrative	42
Marketing	8
Locations	
Administrative	1
Users	
Employer/payer groups	2,374
Single coverage	11,099
Family coverage	15,823
Employees & dependents	63,182
Total	63,182
Average hospital stay	4.4 days
Hospital admission/1,000 members	88
Revenues	
1991	57,130,000
1990	44,671,000

Operational date: September 1986.
Federally qualified.
Certified in: Pennsylvania.
Model type: IPA.
For profit.
Ownership: Blue Cross/Blue Shield.
Service area: Pennsylvania: Allegheny, Butler, Beaver, Washington and Westmoreland counties. Offers service through HMO-USA (Blue Cross & Blue Shield Assn.) in 40 states.
Services: Standard package including substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions and vision. Diagnostic testing by independent labs.
Rating options: Community rating by class.
Billing: Provides direct billing for COBRA premiums.
Officers: Anthony J. Bugel, executive director; Dr. Robert Kolock, medical director; Marty Altman, marketing director; George F. Grode; Pat Liebman.

PruCare of Philadelphia

220 Gibraltar Road, Suite 200, Horsham, Pa. 19044; 215-672-1944; fax: 215-442-2946

Staff	
Physicians	1,014
Patients/physician	14
Board-certified	85%
Specialists	1,717
Administrative	45
Marketing	25
Facilities	
Hospitals	33
Pharmacies	133
Diagnostic labs	18
Locations	
Administrative	1
Primary care	277
Users	
Employer/payer groups	3
Employees & dependents	14,545
Total	14,545
Average hospital stay	4.43 days
Hospital admission/1,000 members	78.95

Operational date: August 1987.
Federally qualified.
Certified in: Pennsylvania, Delaware.
NCQA accredited.
Model type: IPA.
For profit.
Ownership: The Prudential Insurance Co. of America.
Service area: Pennsylvania: Bucks, Chester, Delaware, Lehigh Valley, Montgomery, Norhthampton and Philadelphia counties; Delaware: New Castle County.
Services: Standard package including prescriptions, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Diagnostic testing by independent labs.
Rating options: Community rating by class.
Management reports: Provided annually.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: Patrick Geraghty, executive director; Dr. Daniel Lyons, medical director; Pamela Monachello, marketing director.

See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

Riverside Health Plan Inc.

Stone Point Landing, 500 Market St., Suite 107, Bridgewater, Pa. 15009; 412-775-4404; fax: 412-775-4633

Staff	
Physicians	62
Patients/physician	260
Board-certified	86%
Specialists	109
Administrative	10
Marketing	1
Facilities	
Hospitals	6
Diagnostic labs	2
Locations	
Administrative	1
Primary care	37
Users	
Employer/payer groups	104
Single coverage	1,646
Family coverage	4,342
Employees & dependents	15,949
Total	15,949
Average hospital stay	5.4 days
Hospital admission/1,000 members	55
Revenues	
1991	$17,548,905
1990	$13,671,684

Certified in: Pennsylvania.
Model type: IPA.
For profit.
Ownership: Hospital Physicians Joint Venture Assn.
Service area: Pennsylvania: Allegheny, Beacon, Butler, Lawrence and Washington counties.
Services: Standard package including substance abuse, psychiatry, durable medical equipment and OB/Gyn. Options include prescriptions. Diagnostic testing by independent labs.
Rating options: Community rating: $120.41 single, $315.84 family.
Management reports: Provided upon request.
Billing: Provides direct billing for COBRA premiums.
Officers: Terry Biss, president; Ronald P. Kocent, executive director; Dr. John Lehman, medical director; Bob Tincani, marketing director.

U.S. Healthcare Inc.*

980 Jolly Road, P.O. Box 1109, Blue Bell, Pa. 19422; 215-628-4800; fax: 215-283-6858

Staff	
Physicians	4,098
Specialists	16,324
Marketing	450
Users	
Total	1,355,000
Average hospital stay	4.63 days
Hospital admission/1,000 members	81.56
Revenues	
1991	$1.71 billion
1990	$1.33 billion

Operational date: January 1976.
Model type: IPA.
For profit.
Service area/certified in: Connecticut, Delaware, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania.
Services: Standard package including vision, child dental, substance abuse, psychiatry, podiatry, OB/Gyn, healthy eating, smoking cessation and fitness reimbursement. Options include prescriptions, vision, dental and durable medical equipment. Diagnostic testing by independent labs.
Rating options: Community rating. Offers point-of-service contracts.
Officers: Leonard Abramson, president.
**Figures are consolidated, including all HMOs in this organization.*

United States Health Care Systems of Pennsylvania Inc.

980 Jolly Road, P.O. Box 1109, Blue Bell, Pa. 19422; 215-628-4800; fax: 215-283-6858

Staff	
Physicians	1,429
Specialists	6,046
Users	
Total	632,000
Average hospital stay	4.65 days
Hospital admission/1,000 members	86.6
Revenues	
1991	$777,448,000
1990	$660,344,000

Operational date: January 1976.
Federally qualified.
Certified in: Pennsylvania.
NCQA accredited.
Model type: IPA.
For profit.
Ownership: U.S. Healthcare Inc.
Service area: Pennsylvania: Allegheny, Beaver, Berks, Bucks, Butler, Chester, Delaware, Fayette, Lehigh, Montgomery, Northampton, Philadelphia, Washington and Westmoreland counties.
Rating options: Community rating: $121.60-$127.30 single, $326.3-$319.10 family. Offers point-of-service contracts, 1% of members are enrolled.
Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries.
Officers: Dr. Raymond J. Fabius, Dr. Michael A. Mesoras, medical directors.
United States Health Care Systems of Pennsylvania also does business under the names of The Health Maintenance Organization of Pennsylvania and U.S. Healthcare.

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

PUERTO RICO

Centros De Cuidado De Salud Cruz Azul

P.O. Box 366068, San Juan, Puerto Rico 00936; 809-759-9898

Users	
Total*	74,043

Operational date: 1984.
Model type: Network.
Ownership: La Cruz Azul de Puerto Rico (a Blue Cross & Blue Shield Plan).
**Total users as of 12/31/91.*

RHODE ISLAND

CDS/DMS Dental Plan

111 Airport Road, Warwick, R.I. 02889; 800-456-8715; fax: 401-732-0165

Staff	
Physicians	55
Specialists	64
Administrative	5
Marketing	4
Locations	
Administrative	2
Users	
Employer/payer groups	75
Single coverage	2,400
Family coverage	3,400
Employees & dependents	10,000
Total	10,000

Service area: Massachusetts and Rhode Island.
Services: Dental. Diagnostic testing by independent labs.
Enrollment options: Individual enrollment allowed.
Management reports: Provided monthly.
Billing: Consolidated billing for national accounts.
Officers: Lorin B. Kinney, president; Linda S. Kinney, executive director; Dr. Sumner Hirshberg, medical director.

HMO Rhode Island Inc.

30 Chestnut St., Providence, R.I. 02903; 401-459-5500; fax: 401-453-2533

Staff	
Physicians	270
Patients/physician	70
Board-certified	80%
Specialists	420
Administrative	38
Marketing	3
Facilities	
Hospitals	13
Diagnostic labs	5
Locations	
Administrative	1
Users	
Employer/payer groups	678
Total	14,658
Average hospital stay	4.2 days
Hospital admission/1,000 members	89
Revenues	
1991	$19,496,255
1990	$14,589,437

Operational date: August 1986.
Federally qualified.
Certified in: Rhode Island and portions of Massachusetts.
Model type: IPA.
For profit.
Ownership: Blue Cross & Blue Shield of Rhode Island.

Continued on next page

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Continued from previous page

Service area: Rhode Island: Kent, Newport, Providence and Washington counties; Massachusetts: portions of Bristol and Norfolk counties. Offers service through HMO-USA (Blue Cross & Blue Shield Assn.) in 40 states.

Services: Standard package including substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions, vision and dental. Diagnostic testing by independent labs.

Rating options: Community rating: $156.59 single, $346.69 family; community rating by class; adjusted community rating. Offers point-of-service contracts, 20% of members are enrolled.

Management reports: Provided upon request.

Officers: Michael C. Gerhardt, president; Dr. Peter A. Hollmann, medical director; T. Clark Phillip, vp.

Ocean State Physicians Health Plan

475 Kilvert St., Suite 310, Warwick, R.I. 02886; 401-737-6900; fax: 401-737-6959

Staff	
Physicians	611
Board-certified	85%
Specialists	1,446
Administrative	185
Marketing	13
Facilities	
Hospitals	22
Pharmacies	168
Diagnostic labs	136
Locations	
Administrative	1
Users	
Employer/payer groups	1,373
Single coverage	23,682
Family coverage	29,425
Employees & dependents	134,559
Total	143,396
Average hospital stay	4.6 days
Hospital admission/1,000 members	75

Operational date: January 1983.
Certified in: Rhode Island, Massachusetts.
Model type: IPA.
For profit.
Ownership: United HealthCare Corp.

Service area: Rhode Island; Massachusetts: Bristol, Middlesex, Norfolk, Plymouth and Worcester counties.

Services: Standard package including vision, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions and dental. Diagnostic testing done by independent labs.

Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts, 21% of members are enrolled. Offers nonfederally qualified programs.

Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.

Management reports: Provided quarterly, annually or upon request.

Officers: Max L. Powell III, president/CEO; Matt Uustal, vp-operations; Dr. Anthony J. Kazlauskas, medical director; James Moniz Jr., vp-sales/marketing; Tina Brown-Stevenson, vp-medical management.

Contact: James Moniz Jr.

See United HealthCare Corp. Consolidated listing under Minnesota.

SOUTH CAROLINA

Companion HealthCare

P.O. Box 6170, Columbia, S.C. 29260; 803-786-8466 ext. 5521; fax: 803-786-7238

Staff	
Physicians	143
Patients/physician	251
Board-certified	80%
Specialists	799
Administrative	81
Marketing	3
Facilities	
Hospitals	29
Pharmacies	487
Diagnostic labs	10
Locations	
Administrative	1
Primary care	72
Users	
Employer/payer groups	255
Single coverage	12,218
Family coverage	8,009
Employees & dependents	37,348
Total	37,348
Average hospital stay	4.3 days
Hospital admission/1,000 members	60
Revenues	
1991	$32,967,955
1990	$26,192,376

Operational date: November 1984.
Federally qualified.
Certified in: South Carolina.
Model type: IPA.
For profit.
Ownership: Blue Cross & Blue Shield of South Carolina.

Service area: South Carolina: 25 counties. Offers service through HMO-USA (Blue Cross & Blue Shield Assn.) in 40 states.

Services: Standard package including chiropractors, substance abuse, psychiatry, durable medical equipment, podiatry, OB/Gyn. Options include vision, dental and life insurance. Diagnostic testing by independent labs.

Rating options: Community rating by class; adjusted community rating; ASO-minimum premium. Offers point-of-service contracts, 1% of members are enrolled. Offers nonfederally qualified programs.

Enrollment options: Individual enrollment allowed for children.

Management reports: Provided.

Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.

Officers: Harvey L. Galloway, COO/senior vp; Dr. Richard Foster Jr., medical director; Nancy R. Reid, marketing director; Elaine Chapman Fairey, vp-provider relations.

Contact: Nancy R. Reid.

Physicians Health Plan of South Carolina

110 Centerview Drive, Suite 301, Columbia, S.C. 29210-8438; 803-750-7400; fax: 803-750-7487

Staff	
Physicians	318
Patients/physician	72
Board-certified	58%
Specialists	416
Administrative	29
Marketing	8
Facilities	
Hospitals	19
Pharmacies	348
Diagnostic labs	2
Locations	
Administrative	1
Users	
Employer/payer groups	152
Single coverage	3,979
Family coverage	5,814
Employees & dependents	22,955
Total	22,955
Average hospital stay	4.05 days
Hospital admission/1,000 members	80

Operational date: April 1985.
Certified in: South Carolina.
Model type: IPA.
Not for profit.

Service area: Calhoun, Chester, Chesterfield, Darlington, Dillon, Fairfield, Florence, Horry, Kershaw, Lee, Lexington, Marion, Marlboro, Newberry, Orangeburg, Richland, Williamsburg and York counties.

Services: Standard package including vision, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions, chiropractors, dental, substance abuse and psychiatry. Diagnostic testing by independent labs.

Rating options: Adjusted community rating. Offers point-of-service contracts, 72.3% of members are enrolled.

Management reports: Provided upon request.

Officers: William E. Martin, executive director; Dr. Hugh Dubose, medical director; Beverly Smith, marketing director; Dr. Harold A. Moore, chairman; Dr. R. Gregory Jowers, vice chairman; Dr. Everett L. Dargan, secretary/treasurer.

Contact: Deborah Averett.

SOUTH DAKOTA

DakotaCare

1323 S. Minnesota Ave., Sioux Falls, S.D. 57105; 605-334-4000; fax: 605-336-0270

Staff	
Physicians	443
Patients/physician	45
Board-certified	75%
Specialists	522
Administrative	47
Marketing	56
Facilities	
Hospitals	61
Pharmacies	222
Diagnostic labs	3
Locations	
Administrative	1
Primary care	400
Users	
Employer/payer groups	1,576
Single coverage	5,179
Family coverage	4,325
Employees & dependents	20,479
Total	20,479
Average hospital stay	3.93 days
Hospital admission/1,000 members	92.3
Revenues	
1991	$24,527,435
1990	$24,005,039

Operational date: March 1986.
Certified in: South Dakota.
Model type: IPA.
For profit.
Ownership: South Dakota State Medical Assn.

Service area: South Dakota.

Services: Standard package including psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions, chiropractors, vision, dental, substance abuse, COBRA administration, Section 125 flexible benefits administration and third party administrators. Diagnostic testing by independent labs.

Rating options: Adjusted community rating. Offers point-of-service contracts, 100% of members are enrolled.

Management reports: Provided semi-annually upon request.

Billing: Provides direct billing for COBRA premiums.

Officers: Dr. Robert L. Ferrell, president; Robert D. Johnson, CEO; Dr. Russell H. Harris, medical director; Kirk J. Zimmer, senior vp; L. Paul Jensen, executive vp; Sharon Duncan, vp.

TENNESSEE

Aetna Health Plans of Tennessee Inc.

150 Fourth Ave. N., Suite 1260, Nashville, Tenn. 37219; 615-291-8323; fax: 615-291-6527

Staff	
Physicians	263
Patients/physician	61
Board-certified	80%
Specialists	598
Administrative	22
Marketing	15
Facilities	
Hospitals	22
Pharmacies	80
Users	
Employer/payer groups	131
Single coverage	3,284
Family coverage	2,898
Employees & dependents	14,732
Total	14,732
Average hospital stay	4.1 days
Hospital admission/1,000 members	95.9
Revenues	
1991	$18,461,000
1990	$19,226,000

Operational date: October 1984.
Model type: IPA.
For profit.

Service area: Tennessee: 19 counties.

Services: Standard package including chiropractors, vision, durable medical equipment and OB/Gyn. Options include prescriptions, dental, substance abuse and psychiatry. Diagnostic testing by independent labs.

Rating options: Community rating by class. Offers point-of-service contracts, 47% of members are enrolled.

Management reports: Provided upon request.

Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.

Officers: Luis A. Rosa, network management director; Dr. James Geraughty, medical director; Cliff McGown, marketing director; Amy Williams, vp/market manager.

See Aetna Life Insurance Co. consolidated listing under Connecticut.

CIGNA Health Plan of Tennessee Inc.-Nashville

1801 W. End Ave., Suite 800, Nashville, Tenn. 37203; 615-340-3059; fax: 615-340-3590

Staff	
Physicians	211
Specialists	450
Facilities	
Hospitals	18
Pharmacies	88
Diagnostic labs	3
Locations	
Administrative	2
Primary care	895
Users	
Total	25,188

Operational date: January 1985.
Certified in: Tennessee.
Model type: IPA.

Service area: Tennessee: Cannon, Cheatham, Davidson, DeKalb, Dickson, Maury, Montgomery, Robertson, Rutherford, Sumner, Williamson and Wilson counties.

Services: Diagnostic testing by independent labs.

Officers: David Mathis, executive director; Dr. Douglas Henry, medical director.

See CIGNA Corp. consolidated listing under Connecticut.

CIGNA Healthplan Inc.

850 Ridge Lake, Suite 210, Memphis, Tenn. 38120; 901-683-1653; fax: 901-685-3837

Staff	
Physicians	137
Specialists	561
Facilities	
Hospitals	18
Pharmacies	101
Diagnostic labs	6
Locations	
Administrative	2
Primary care	1,056
Users	
Total	28,754

Operational date: January 1988.
Certified in: Tennessee.
Model type: IPA.

Service area: Tennessee: Crittenden, DeSoto, Fayette, Shelby and Tipton counties.

Services: Diagnostic testing by independent labs.

Officers: William Quanstrom, executive director; Dr. Dean Greeson, medical director.

See CIGNA Corp. consolidated listing under Connecticut.

Coventry Corp.*

53 Century Blvd., Suite 250, Nashville, Tenn. 37214; 615-391-2440; fax: 615-391-2456

Staff	
Physicians	929
Patients/physician	288
Board-certified	90%
Specialists	2,677
Administrative	552
Marketing	83
Facilities	
Hospitals	63
Pharmacies	385
Diagnostic labs	55
Locations	
Administrative	4
Primary care	498
Users	
Employer/payer groups	2,767
Single coverage	52,764
Family coverage	69,471
Employees & dependents	279,507
Total	302,757
Average hospital stay	4.29 days
Hospital admission/1,000 members	74.5
Revenues	
1991	$386,445,796
1990	$321,702,005

Operational date: June 1975 (HealthAmerica-Pittsburgh); January 1982 (Group Health Plan); July 1984 (HealthAmerica-Central Pennsylvania).
Federally qualified.
Certified in: Pennsylvania, Missouri, Illinois.
NCQA accredited (HealthAmerica in Pittsburgh only).
Model type: IPA/staff/network.
For profit.
Ownership: Coventry Corp.

Service area: Pennsylvania: Adams, Allegheny, Armstrong, Beaver, Butler, Cumberland, Dauphin, Fayette, Lancaster, Lebanon, Perry, Washington, Westmoreland and York counties; Missouri: Crawford, Franklin, Gasconade, Jefferson, Lincoln, St. Charles, St. Genevience, St. Louis and Warren counties; Illinois: Calhoun, Clinton, Jersey, Macouplin, Madison, Monroe and St. Clair counties. Contracts with The HMO Group, Ultralink, HealthPlan Management Services.

Services: Standard package including chiropractors, substance abuse, psychiatry, podiatry and OB/Gyn. Options include vision, dental, durable medical equipment, prescriptions and oral surgery (HealthAmerica). Diagnostic testing by HMO and independent labs.

Rating options: Community rating: $124.74 single, $331.97 family (HealthAmerica-Pittsburgh), $114.76 single, $300.34 family (HealthAmerica-Central Pennsylvania); community rating by class (Group Health Plan); adjusted community rating (Group Health Plan). Offers point-of-service contracts, 7% of HealthAmerica-Pittsburgh members are enrolled and 5% of Group Health Plan memebers are enrolled. Offers nonfederally qualified programs (HealthAmerica).

Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries (Group Health Plan). Individual enrollment allowed (Group Health Plan).

Management reports: Provided upon request.

Billing: Provides direct billing for COBRA premiums (HealthAmerica). Consolidated billing for national accounts.

Officers: Philip Hertik, president/CEO/director; Joseph P. Williams, chairman/CEO/director; Richard H. Jones, vp/CFO/treasurer; Vicky A. Savage, vp-general counsel/secretary.

**Figures are consolidated, including all HMOs in this organization.*

Heritage National Healthplan of Tennessee Inc.

1515 5th Ave., Suite 600, Moline, Ill. 61265-1368; 309-765-1200

Staff	
Physicians	224
Board-certified	85%
Specialists	438
Administrative	431
Marketing	32
Facilities	
Hospitals	13
Pharmacies	225
Diagnostic labs	15
Locations	
Administrative	3
Users	
Employer/payer groups	37
Single coverage	2,849
Family coverage	9,353
Employees & dependents	31,830
Total	31,830
Average hospital stay	4.2 days
Hospital admission/1,000 members	81.7
Revenues	
1991	$34,606,548
1990	$28,221,426

Certified in: Tennessee.
NCQA qualification pending.
Model type: IPA.
For profit.
Ownership: Heritage National Healthplan Services Inc.

Service area: Tennessee: 16 counties.

See Heritage National Healthplan Serives Inc. under Illinois.

PruCare of Memphis

845 Crossover Lane, Suite 220, Memphis, Tenn. 38117; 901-766-7908; fax: 901-763-3470

Staff	
Physicians	20
Patients/physician	1,235
Board-certified	100%
Specialists	120
Administrative	16
Marketing	7
Facilities	
Hospitals	2
Pharmacies	3
Diagnostic labs	3
Locations	
Administrative	1
Primary care	4
Users	
Employer/payer groups	100
Single coverage	4,903
Family coverage	5,992
Employees & dependents	24,700
Total	24,700
Average hospital stay	4.7 days
Hospital admission/1,000 members	60

Operational date: November 1982.
Federally qualified.
Certified in: Tennessee.
Model type: Group.
For profit.
Ownership: Prudential Insurance Co. of America.

Service area: Tennessee: Shelby County.

Services: Standard package including prescriptions, chiropractors, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include vision and substance abuse. Diagnostic testing by HMO.

Rating options: Community rating. Offers point-of-service contracts, 14% of members are enrolled.

Management reports: Provided annually.

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Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.

Officers: William Link, executive vp-Prudential Group operations; Donna DeVaughn Tidline, executive director; Dr. Larry Amacker, medical director; Mark Nickerson, marketing director.

See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

PruCare of Nashville

227 French Landing Drive, Suite 300, Nashville, Tenn. 37228; 615-248-7100; 615-248-7167

Staff	
Physicians	46
Patients/physician	533
Board-certified	90%
Specialists	106
Administrative	29
Marketing	8
Facilities	
Hospitals	5
Pharmacies	9
Diagnostic labs	6
Locations	
Administrative	1
Primary care	16
Users	
Employer/payer groups	150
Single coverage	5,400
Family coverage	6,600
Employees & dependents	24,500
Total	24,500
Average hospital stay	4.3 days
Hospital admission/1,000 members	87

Operational date: September 1980.
Federally qualified.
Certified in: Tennessee.
NCQA qualification pending.
Model type: Group.
For profit.
Ownership: Prudential Insurance Co. of America.
Service area: Tennessee: Cheatham, Davidson, Robertson, Rutherford, Sumner, Williamson and Wilson counties.
Services: Standard package including prescriptions, chiropractors, vision, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Diagnostic testing by HMO.
Rating options: Community rating.
Management reports: Provided annually.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: William Link, executive vp-Prudential Group operations; Ed Griese, executive director; Dr. Mark Mahler, medical director; Robert Levy, marketing director.

See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

Southern Health Plan Inc.

600 Jefferson Ave., P.O. Box 97, Memphis, Tenn. 38101; 901-544-2636; fax: 901-544-2250

Staff	
Physicians	357
Patients/physician	125
Board-certified	85%
Specialists	764
Administrative	60
Marketing	7
Facilities	
Hospitals	23
Diagnostic labs	15
Locations	
Administrative	2
Primary care	160
Users	
Employer/payer groups	120
Single coverage	8,916
Family coverage	10,980
Employees & dependents	45,632
Total	45,632
Average hospital stay	4.27
Hospital admission/1,000 members	91
Revenues	
1991	$38,897,000
1990	$38,750,000

Operational date: June 1980.
Federally qualified.
Certified in: Tennessee.
Model type: IPA.
Not for profit.
Ownership: Blue Cross/Blue Shield of Memphis.
Service area: Tennessee: Shelby, Fayette, Haywood, Lauderdale, Madison and Tipton counties. Offers service through HMO-USA (Blue Cross & Blue Shield Assn.) in 40 states.
Services: Standard package including prescriptions, chiropractors, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include vision and dental. Diagnostic testing by independent labs.
Rating options: Adjusted community rating. Offers point-of-service contracts, 50% of members are enrolled. Offers non-federally qualified programs.
Management reports: Provided annually.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: Gene Holcomb, president; Tim Hogan, executive director; Dr. Alys Lipscomb, medical director; Brenda Kremser, marketing director.

Tennessee First Health Plan

2 Centre Square, 625 S. Gay St., Suite 300, Knoxville, Tenn. 37902; 615-546-2529; fax: 615-522-5422

Staff	
Physicians	124
Patients/physician	150
Board-certified	50%
Specialists	326
Administrative	7
Marketing	13
Facilities	
Hospitals	12
Pharmacies	38
Diagnostic labs	1
Locations	
Administrative	1
Users	
Employer/payer groups	156
Single coverage	2,642
Family coverage	6,628
Employees & dependents	17,350
Total	17,350
Average hospital stay	4 days
Hospital admission/1,000 members	75
Revenues	
1991	$17,984,397
1990	$15,465,936

Operational date: April 1986.
Model type: IPA.
For profit.
Ownership: Healthsource Inc.
Service area: Tennessee: Anderson, Blount, Bradley, Campbell, Cocke, Grainger, Hamblen, Jefferson, Knox, Loudon, McMinn, Monroe, Morgan, Roane, Scott, Sevier and Union counties. Contracts with HealthSource Inc. owned and managed HMOs in Maine, North Carolina, South Carolina, Indiana, Vermont, New York, Maryland, New Hampshire and Tennessee.
Services: Standard package including substance abuse, psychiatry, durable medical equipment and OB/Gyn. Options include prescriptions and vision. Diagnostic testing by independent labs.
Rating options: Community rating: $114.37 single, $291.64 family; community rating by class; adjusted community rating. Offers point-of-service contracts, 9% of members are enrolled.
Management reports: Provided upon request.
Officers: W. Brent Casey, president/CEO; Gary B. Simmons, vp-finance/operations; Dr. Curtis Sexton, medical director; Harry J. Alheid, vp-sales/marketing; Richard York, vp-provider relations; Jan D. McCarty, director-human resources; Robert C. Trumpy, senior vp.

Tennessee Health Care Network

P.O. Box 1407, Chattanooga, Tenn. 37401-1407; 615-755-5744; fax: 615-752-6575

Staff	
Physicians	337
Patients/physician	53
Board-certified	98%
Specialists	1,614
Facilities	
Hospitals	56
Diagnostic labs	8
Locations	
Administrative	4
Primary care	214
Users	
Employer/payer groups	215
Single coverage	4,801
Family coverage	2,918
Employees & dependents	17,846
Total	17,846
Average hospital stay	4.7 days
Hospital admission/1,000 members	85
Revenues	
1991	$23,000,000
1990	$20,000,000

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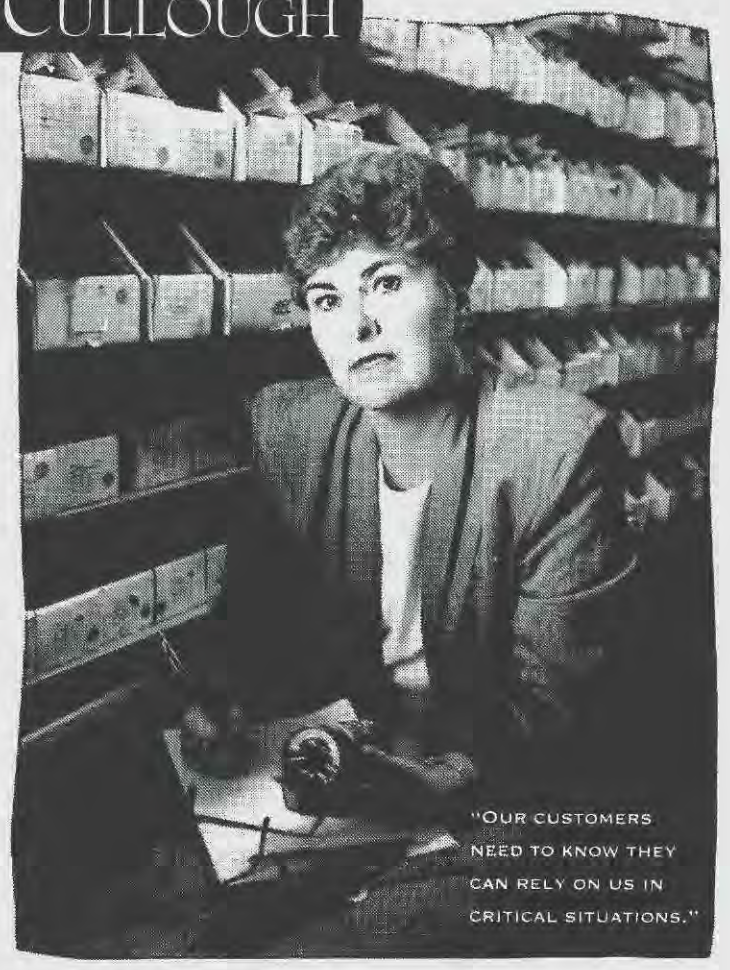
BLUE SHIELD OF CALIFORNIA WORKS EVERY BIT AS HARD AS BRENDA McCULLOUGH



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Small companies depend on the hard work of their employees. That's why businesses like XO Technologies, Inc. appreciate dedicated people like Brenda.

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Both plans – by themselves or together as a Dual Option program – offer a range of optional benefits and health promotion programs. We challenge any health plan to beat Blue Shield's commitment to service.

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Blue Shield of California

** The Blue Shield HMO is available in most of California*
Ideas That Work is a Service Mark of Blue Shield of California

Continued from previous page

Certified in: Tennessee.
Model type: IPA.
For profit.
Ownership: Blue Cross/Blue Shield of Tennessee.
Service area: Tennessee: 35 counties. Offers service through HMO-USA (Blue Cross & Blue Shield Assn.) in 40 states.
Services: Standard package including prescriptions, chiropractors, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include vision. Diagnostic testing by independent labs.
Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts, 2% of members are enrolled.
Management reports: Provided annually.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: Wayne Willison, president; Karen Russell, executive director; Jeff Hoeck, medical director; Glen Watson, marketing director.

TEXAS

Aetna Health Plans of Texas Inc.

2900 N. Loop W., Suite 400, Houston, Texas 77092; 713-683-7503; fax: 713-683-1134

Staff	
Physicians	280
Patients/physician	67
Board-certified	68%
Specialists	665
Administrative	21
Marketing	6
Facilities	
Hospitals	17
Pharmacies	130
Diagnostic labs	19
Users	
Employer/payer groups	128
Single coverage	75%
Employees & dependents	18,712
Total	18,712
Average hospital stay	4.2 days
Hospital admission/1,000 members	74
Revenues	
1991	$22,189,130
1990	$16,892,849

Operational date: August 1987.
Certified in: Texas.
NCQA qualification pending.
Model type: IPA.
For profit.
Service area: Texas: Brazoria, Fort Bend, Galveston, Harris, Liberty, Montgomery and Walker counties.
Services: Standard package including chiropractors, vision, substance abuse, psychiatry, durable medical equipment, podiatry, OB/Gyn. Options include prescriptions and dental. Diagnostic testing by independent labs.
Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts, 9.8% of members are enrolled.
Management reports: Provided quarterly, annually or upon request.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: Robert L. Dawson, president/executive director; Dr. James G. Bowerman, medical director; Mark H. Doyle, general manager.
Contact: Mark H. Doyle, 713-683-7501.
See Aetna Life Insurance Co. consolidated listing under Connecticut.

CIGNA Health Plan of Texas Inc.-Houston

1360 Post Oak Blvd., Suite 1100, Houston, Texas 77056; 713-552-7600; fax: 713-552-7699

Staff	
Physicians	301
Specialists	1,351
Facilities	
Hospitals	27
Pharmacies	133
Diagnostic labs	1
Locations	
Administrative	2
Primary care	1,724
Users	
Total	51,057

Operational date: July 1982.
Federally qualified.
Certified in: Texas.
Model type: IPA/staff.
Service area: Texas: Austin, Brazoria, Chambers, Fort Bend, Galveston, Grimes, Harris, Liberty, Matagorda, Montgomery, San Jacinto, Walker, Waller and Wharton counties.
Services: Diagnostic testing by HMO and independent labs.
Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.
Officers: Dennis Edmonds, executive director; Dr. Vernon Walters, medical director.
See CIGNA Corp. consolidated listing under Connecticut.

CIGNA Health Plan of Texas Inc.-Irving

600 E. Las Colinas Blvd., Suite 1100, Irving, Texas 75039; 214-401-5200; fax: 214-401-5299

Staff	
Physicians	410
Specialists	993
Facilities	
Hospitals	30
Pharmacies	167
Diagnostic labs	20
Locations	
Administrative	2
Primary care	2,077
Users	
Total	112,650

Operational date: March 1980.
Federally qualified.
Certified in: Texas.
Model type: IPA/staff.
Service area: Texas: Collin, Dallas, Denton, Ellis, Fannin, Grayson, Henderson, Hood, Hunt, Johnson, Kaufman, Parker, Rockwall, Tarrant and Wise counties.
Services: Diagnostic testing by HMO and independent labs.
Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.
Officers: Chuck Neff, executive director; Dr. Lawrence Levy, medical director.
See CIGNA Corp. consolidated listing under Connecticut.

Coastal Bend Health Plan Inc.

2502 Morgan, Corpus Christi, Texas 78405; 512-887-0101; fax: 512-887-8115

Staff	
Physicians	182
Board-certified	90%
Specialists	131
Administrative	30
Marketing	6
Facilities	
Hospitals	7
Pharmacies	50
Diagnostic labs	6
Locations	
Administrative	1
Users	
Employer/payer groups	191
Total	21,430
Average hospital stay	4.7 days

Operational date: December 1985.
Federally qualified.
Certified in: Texas.
Model type: IPA.
Service area: Texas: Nueces, San Patricio, Kleberg, Aransas, Bee, Jim Wells, Refugio, Victoria and Calallen counties. Contracts with Ultralink.
Services: Standard package including eye exams, substance abuse, psychiatry, durable medical equipment, podiatry, OB/Gyn. Options include prescriptions. Diagnostic testing by independent labs.
Rating options: Community rating by class.
Management reports: Provided quarterly or annually.
Officers: Dr. F. James McCutchon, president; Diana Tchida, executive director; Dr. William W. Burgin, medical director; Leo R. Barrera Jr., marketing director.

Greater Amarillo Health Plan Inc.

1901 Medi Park, Suite 2000, Amarillo, Texas 79109; 806-358-5151; fax: 806-358-5178

Staff	
Physicians	76
Patients/physician	388
Board-certified	90%
Specialists	120
Administrative	46
Marketing	5
Facilities	
Hospitals	5
Pharmacies	9
Diagnostic labs	2
Locations	
Administrative	1
Primary care	50
Users	
Employer/payer groups	237
Single coverage	5,567
Family coverage	7,232
Employees & dependents	29,385
Total	29,471
Average hospital stay	3.5 days
Hospital admission/1,000 members	409
Revenues	
1991	$36,543,200
1990	$26,746,929

Operational date: May 1986.
Federally qualified.
Certified in: Texas.
Model type: IPA.
For profit.
Ownership: High Plains Baptist Hospital.
Service area: Texas: Armstrong, Carson, Deaf Smith, Hutchinson, Moore, Oldham, Potter, Randall and Swisher counties.
Services: Standard package including substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions. Diagnostic testing by independent labs.
Rating options: Community rating by class.
Enrollment options: Individual enrollment allowed.
Management reports: Provided upon request.
Billing: Provides direct billing for COBRA premiums.
Officers: Harold Smith, president; Gary L. Gerard, executive director; Dr. Nathan Goldstein III, medical director; Chuck Walker, marketing director; Phillip W. Hudson, CFO.

Harris Methodist Health Plan

1300 Summit Ave., Suite 800, Ft. Worth, Texas 76102; 817-878-5831; fax: 817-878-3959

Staff	
Physicians	266
Patients/physician	310
Board-certified	83%
Specialists	902
Administrative	63
Marketing	23
Facilities	
Hospitals	23
Pharmacies	467
Locations	
Administrative	1
Primary care	800
Users	
Employer/payer groups	277
Single coverage	11,000
Family coverage	22,000
Employees & dependents	83,000
Total	83,000
Average hospital stay	3.85 days
Revenues	
1991	$89,604,380
1990	$63,849,773

Operational date: March 1986.
Federally qualified.
Certified in: Texas.
Model type: IPA.
Not for profit.
Ownership: Harris Methodist Health System.
Service area: Texas: Bosque, Comanche, Corgell, Dallas, Denton, Ellis, Erath, Freestone, Hamilton, Hill, Hood, Johnson, Limestone, Montague, Navarro, Parker, Palo Pinto, Parker, Somervell, Tarrant and Wise counties.
Services: Standard package including vision, substance abuse, psychiatry, durable medical equipment, podiatry, OB/Gyn. Options include prescriptions, hearing aide rider. Diagnostic testing by independent labs.
Rating options: Community rating by class. Offers point-of-service contracts.
Management reports: Provided quarterly.
Officers: Ronald L. Smith, president; Donald Hamlin, executive director; Dr. Thomas Davis, medical director; Michael Clark, vp.
Contact: Michael Clark.

Humana Health Plan of Texas Inc. (Corpus Christi)

5350 S. Staples, Suite 301, Corpus Christi, Texas 78411; 512-994-2000; fax: 512-994-2002

Users	
Total*	23,318

Operational date: April 1982.
Federally qualified.
Model type: IPA.
Service area: Texas: Nueces and San Patricio counties.
Officers: Richard Willis, executive director; Diane Coleman, sales manager; Dr. David Olson, medical director.
**Figure is as of Aug. 31, 1992.*

Humana Health Plan of Texas Inc. (San Antonio)

Med Center Plaza, 8431 Fredericksburg Road, San Antonio, Texas 78229; 512-617-1000; fax: 512-617-1065

Users	
Total*	69,112

Operational date: December 1984.
Federally qualified.
Model type: IPA/Group.
Service area: Texas: Ataswsa, Bandera, Bexar, Blanco, Corral, Frio, Guadalupe, Kendall, Media and Wilson counties.
Officers: Linda Hummel, sales manager; Dr. David Haddad, medical director.
**Figure is as of 8/31/92.*

Kaiser Permanente/ Texas Region

12720 Hillcrest Road, Suite 600, Dallas, Texas 75230; 214-458-5000; fax: 214-458-5116

Staff	
Physicians	81
Patients/physician	1,512
Board-certified	83%
Specialists	439
Administrative/marketing	885
Facilities	
Hospitals	5
Pharmacies	10
Diagnostic labs	10
Locations	
Administrative	10
Primary care	10
Users	
Employer/payer groups	625
Single coverage	26,161
Family coverage	26,393
Employees & dependents	114,089
Total	122,472
Average hospital stay	4.5 days
Hospital admission/1,000 members	80
Revenues	
1991	$167,152,000
1990	$121,000,000

Operational date: June 1979.
Federally qualified.
Certified in: Texas.
Service area: Texas: Dallas, Rockwall, Tarrant and portions of Collin, Denton, Ellis, Hood, Johnson, Kaufman, Parker, Hunt and Wise counties. Contracts with The HMO Group.
Services: Standard package including substance abuse, psychiatry and OB/Gyn. Options include prescriptions, vision, dental and durable medical equipment. Diagnostic testing by HMO.
Officers: Margaret H. Jordan, vp/regional manager; Dr. Richard P. Hoffmann, executive medical director/president & treasurer-Permanente Medical Group; Dan Mulkey, director-sales; John M. Pinkney, health plan manager.
See Kaiser Foundation Health Plan Inc. consolidated listing under California.

MetLife HealthCare Network of Texas Inc.

1320 Greenway Drive, Suite 400, Irving, Texas 75038-2510; 214-751-0777

Staff	
Physicians	1,441
Specialists	2,171
Facilities	
Hospitals	65
Locations	
Administrative	2

Operational date: January 1987.
Certified in: Texas.
Model type: IPA.
For profit.
Ownership: Metropolitan Life Insurance Co.
Service area: Texas: 25 counties.
Services: Standard package including substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions, vision and dental. Diagnostic testing by independent labs.
Rating options: Community rating by class; experience rating.
Management reports: Provided upon request.
Billing: Consolidated billing for national accounts.
Officers: Bill Wagner, president/CEO; Dr. Gregorio Cortez, vp/COO/acting medical director (Dallas); Dr. Donald Huge, vp/medical director (Houston).

PacifiCare of Texas

8200 IH-10 West, Suite 1000, Antonio, Texas 78230; 512-524-9800

Staff	
Physicians	73
Patients/physician	616
Board-certified	70%
Specialists	565
Administrative	91
Marketing	20
Facilities	
Hospitals	12
Pharmacies	58
Diagnostic labs	12
Locations	
Primary care	10
Users	
Employer/payer groups	305
Single coverage	8,933
Family coverage	10,057
Employees & dependents	43,187
Total	56,459
Average hospital stay	3.7 days
Hospital admission/1,000 members	67
Revenues*	
1991	$58,532,000
1990	$46,328,000

Operational date: May 1986.
Federally qualified.
Certified in: Texas.
Model type: Group.
Service area: Texas: Atacosa, Bexar, Comal, Guadalupa, Kendall, Medina and Wilson counties. Contracts with HMO National Network.
Services: Standard package including substance abuse. Options include prescriptions, vision, dental, psychiatry, durable medical equipment, podiatry and OB/Gyn. Diagnostic testing by HMO and independent labs.
Rating options: Community rating by class.
Officers: Jon Wampler, president; Dr. Chris Jagmin, medical director; Peter Van Valkinburgh, financial director.
**Figures are from FYE 9/30.*
See PacifiCare Health Systems consolidated listing under California.

PruCare of Austin

8303 Mopac Expressway, Suite 210A, Austin, Texas 78759; 512-465-6661; fax: 512-346-4827

Staff	
Physicians	62
Patients/physician	954
Board-certified	95%
Specialists	303
Administrative	44
Marketing	12
Facilities	
Hospitals	11
Pharmacies	36
Diagnostic labs	2
Locations	
Administrative	1
Users	
Employer/payer groups	134
Employees & dependents	33,032
Total	33,032
Average hospital stay	4.3 days
Hospital admission/1,000 members	71

Operational date: October 1980.
Federally qualified.
Certified in: Texas.
NCQA qualification pending.
Model type: Group.
For profit.
Ownership: The Prudential Insurance Co. of America.
Service area: Texas: Bastrop, Hays, Travis and portions of Caldwell and Williamson counties.
Services: Standard package including prescriptions, chiropractors, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include vision and dental. Diagnostic testing by independent labs.
Rating options: Community rating: $135.57 single, $366.08 family.
Management reports: Provided quarterly.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: William Link, president; Ron Yarbrough, executive director; William Taylor, medical director; Herman Wright, marketing director.
See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

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PruCare of Houston

24 Greenway Plaza, Houston, Texas 77046; 713-993-0311; fax: 713-993-3696

Staff	
Physicians	86
Board-certified	85%
Specialists	302
Administrative	116
Marketing	31
Facilities	
Hospitals	3
Pharmacies	10
Diagnostic labs	1
Locations	
Administrative	1
Users	
Employer/payer groups	585
Employees & dependents	144,299
Total	144,299
Average hospital stay	4.56 days
Hospital admission/1,000 members	67

Operational date: January 1974.
Federally qualified.
Certified in: Texas.
NCQA accredited.
Model type: Group.
For profit.
Ownership: The Prudential Insurance Co. of America.
Service area: Texas: Harris and portions of Brazoria, Fort Bend, Galveston, Montgomery and Walter counties.
Services: Standard package including prescriptions, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include vision and dental. Diagnostic testing by independent labs.
Rating options: Community rating: $121.73 single, $354.78 family.
Management reports: Provided annually.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: William Link, president; Raymond Flachbart, director; Dr. William Hauser, medical director; DeWitt Smith, regional marketing director.
See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

Prudential Health Care Plan Inc.

40 N.E. Loop 410, Suite 600, San Antonio, Texas 78216; 210-366-1921; fax: 210-366-1209

Staff	
Physicians	137
Patients/physician	110
Board-certified	89%
Specialists	395
Administrative	60
Marketing	17
Facilities	
Hospitals	13
Pharmacies	94
Diagnostic labs	11
Locations	
Administrative	1
Users	
Total	39,193
Average hospital stay	4.77 days
Hospital admission/1,000 members	52.2

Operational date: November 1984.
Federally qualified.
Certified in: Texas.
NCQA accredited.
Model type: IPA.
For profit.
Ownership: The Prudential Insurance Co. of America.
Service area: Texas: Bexar, Comal, Guadalupe and Kendell counties.
Services: Standard package including prescriptions, chiropractors, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include vision. Diagnostic testing by independent labs.
Rating options: Community rating: $134.50 single, $349.67 family. Offers point-of-service contracts.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: Robert L. Smith, executive director; Dr. C. William Metcalf, medical director; Halbert R. Carmichael, regional group manager.
Contact: Halbert R. Carmichael, 210-366-8624.
See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

Prudential Health Care Systems/PruCare of North Texas

4100 Alpha Road, Suite 400, Dallas, Texas 75244; 214-991-0014; fax: 214-448-3898

Staff	
Physicians	632
Patients/physician	260
Board-certified	90%
Specialists	833
Administrative	176
Marketing	28
Facilities	
Hospitals	31
Pharmacies	145
Diagnostic labs	12
Locations	
Administrative	1
Users	
Single coverage	7,328
Family coverage	5,307
Employees & dependents	25,271
Total	25,271
Average hospital stay	4.4 days
Hospital admission/1,000 members	98.86

Operational date: December 1985.
Federally qualified.
Certified in: Texas.
NCQA accredited.
Model type: IPA.
For profit.
Ownership: The Prudential Insurance Co. of America.
Service area: Texas: Collin, Dallas, Denton, Ellis, Hood, Johnson, Kaufman, Parker, Rockwall, Somervell and Tarrant counties.
Services: Standard package including chiropractors, vision, substance abuse, psychiatry, durable medical equipment, podiatry, OB/Gyn and home health care. Options include prescriptions, in-vitro fertilization and audiology/speech. Diagnostic testing by independent labs.
Rating options: Community rating by class.
Management reports: Provided annually.
Billing: Consolidated billing for national accounts.
Officers: Victor Lazzaro Jr., director-health care management; Dr. Robert Jacqmin, director-medical services; Joel Suarez, director-group marketing.
See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

Rio Grande HMO Inc.

4150 Pinnacle, Suite 203, El Paso, Texas 79902; 915-542-1547

Users	
Total	12,482*

Operational date: 1987.
Model type: IPA.
Affiliate: Blue Cross & Blue Shield of Texas.
**Total users as of 12/31/91.*

Sanus/New York Life Health Plan Inc.

3800 Buffalo Speedway, Suite 200, Houston, Texas 77098; 713-624-5000; fax: 713-963-9417 or 713-622-2480

Staff	
Physicians	362
Patients/physician	593
Board-certified	90%
Specialists	1,440
Administrative	242
Marketing	28
Facilities	
Hospitals	47
Pharmacies	341
Diagnostic labs	1
Locations	
Administrative	1
Primary care	305
Users	
Employer/payer groups	507
Single coverage	48,955
Family coverage	47,391
Employees & dependents	202,430
Total	202,990
Average hospital stay	4.32 days
Hospital admission/1,000 members	80.42
Revenues	
1991	$264,218,697
1990	$230,091,337

Operational date: December 1984.
Federally qualified.
Certified in: Texas.
Model type: IPA.
For profit.
Ownership: Sanus Corp. Health Systems/New York Life Insurance Co.
Service area: Texas: 16 counties.
Services: Standard package including substance abuse, psychiatry, podiatry and OB/Gyn. Options include chiropractors, vision, dental, durable medical equipment, prescriptions, prosthetics, blood, serious mental illness, in-vitro, speech and hearing. Diagnostic testing by HMO and independent labs.
Rating options: Community rating: $149.60 single, $501.20 family; community rating by class; adjusted community rating. Offers point-of-service contracts, 33% of members are enrolled.
Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries.
Management reports: Provided.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: Thomas Lucksinger, president; Dr. Jerald Zarin, medical director; Douglas Hoffman, marketing director; Mike Stock, finance director; Kurt Zecchin, health services director; Don Carroll, operations director; Bill Filandino, MIS director.
See Sanus Corp. Health Systems consolidated listing under New Jersey.

Sanus Texas Health Plan

4500 Fuller Drive, Irving, Texas 75038-6597; 214-650-5500; fax: 214-650-5700

Staff	
Physicians	305
Patients/physician	344
Board-certified	85%
Specialists	963
Administrative	7
Marketing	20
Facilities	
Hospitals	37
Pharmacies	261
Diagnostic labs	20
Locations	
Administrative	1
Primary care	1,665
Users	
Employer/payer groups	389
Single coverage	23,713
Family coverage	22,984
Employees & dependents	98,316
Total	98,896
Average hospital stay	4.1 days
Hospital admission/1,000 members	77
Revenues	
1991	$1,095,048
1990	$891,602

Operational date: March 1984.
Federally qualified.
Certified in: Texas.
Model type: IPA.
For profit.
Ownership: Sanus Corp. Health Systems/New York Life Insurance Co.
Service area: Texas: 19 counties.
Services: Standard package including substance abuse, podiatry, OB/Gyn. Options include vision, dental, psychiatry, durable medical equipment, prescriptions. Diagnostic testing by independent labs.
Rating options: Community rating: $151.20 single, $461.30 family; community rating by class; adjusted community rating. Offers point-of-service contracts.
Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.
Management reports: Provided.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: Joseph Lynaugh, president; Max Brown, executive director; Dr. Joseph Cheek, medical director; Nate Eudaly, CFO; Howard Flushman, director-medical administration; Brenda McDonald, director-operations; Susan Pohly, director-quality management.
See Sanus Corp. Health Systems consolidated listing under New Jersey.

Southwest Health Plan

2350 Lakeside Blvd., Suite 500, Richardson, Texas 75082; 214-470-7610; fax: 214-680-3416

Staff	
Physicians	294
Patients/physician	200
Board-certified	75%
Specialists	1,723
Administrative	2
Marketing	5
Facilities	
Hospitals	25
Pharmacies	220
Diagnostic labs	21
Users	
Employer/payer groups	171
Single coverage	7,886
Family coverage	11,828
Employees & dependents	44,681
Total	50,600
Average hospital stay	3.9 days
Hospital admission/1,000 members	69.9
Revenues	
1991	$71,835,000
1990	$66,898,000

Operational date: August 1985.
Federally qualified.
Certified in: Texas.
NCQA qualification pending.
Model type: IPA.
For profit.
Ownership: Aetna Life Insurance Co. and Baylor Healthcare System.
Service area: Texas: Collin, Dallas, Denton, Ellis, Hunt, Rockwall, Tarrant and portions of Delta, Fannin, Hopkins, Kaufman, Johnson and Rains counties.
Services: Standard package including prescriptions, substance abuse, psychiatry, durable medical equipment and OB/Gyn. Options include vision and dental. Diagnostic testing by independent labs.
Rating options: Community rating by class. Offers non-federally qualified programs.
Management reports: Provided upon request.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: Douglas C. Werner, president; Dr. Durand Benjamin Jr., medical director; Dr. T. Michael Cryer.
See Aetna Life Insurance Co. consolidated listing under Connecticut.

Travelers Health Network of Texas Inc. (Austin/San Antonio)

9442 Capital of Texas Highway, Suite 600, Austin, Texas 78759; 512-338-6800; fax: 512-338-6812

Staff	
Physicians*	280
Specialists*	690
Administrative*	28
Facilities	
Hospitals*	18
Pharmacies*	206
Locations	
Administrative*	1
Users	
Employees & dependents	30,700
Total	30,700
Average hospital stay	3.2 days
Hospital admission/1,000 members	55

Operational date: December 1986.
Federally qualified.
Certified in: Texas.
Model type: IPA.
For profit.
Ownership: Travelers Corp.
Service area: Texas: 20 counties.
Services: Standard package including chiropractors, substance abuse, psychiatry, durable medical equipment, podiatry, OB/Gyn and artificial aids. Options include prescriptions, vision, dental and family planning-surgical. Diagnostic testing by independent labs.
Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts, 0.14% of members are enrolled.
Management reports: Provided upon request.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: Laura Kabay, executive director; Terry Sulton, medical director; Jodi Richardson, director-operations.
**Figures are as of 4/30/92.*

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*	526
Specialists*	1,501
Administrative*	27
Facilities	
Hospitals*	38
Pharmacies*	307
Locations	
Administrative*	1
Users	
Employees & dependents	13,050
Total	13,050
Average hospital stay	3.2 days
Hospital admission/1,000 members	78

Operational date: June 1986.
Certified in: Texas.
Model type: IPA.
For profit.
Ownership: Travelers Corp.
Service area: Texas: Collin, Dallas, Denton, Ellis, Hood, Hunt, Johnson, Kaufman, Parker, Rockwall, Tarrant and Wise counties.
Services: Standard package including chiropractors, substance abuse, psychiatry, durable medical equipment, podiatry, OB/Gyn and artificial aids. Options include prescriptions, vision, dental and family planning-surgical. Diagnostic testing by independent labs.
Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts, 57% of members are enrolled.
Management reports: Provided upon request.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: Dave Barker, executive director; Andrew Small, medical director.
**Figures are as of 4/30/92.*

Travelers Health Network of Texas Inc. (Houston)

10800 Richmond Ave., Houston, Texas 77042; 713-268-7800; fax: 713-268-7820

Staff	
Physicians*	411
Specialists*	1,135
Administrative*	21
Facilities	
Hospitals*	26
Pharmacies*	259
Locations	
Administrative*	1
Users	
Employees & dependents	15,225
Total	15,225
Average hospital stay	5 days
Hospital admission/1,000 members	81

Operational date: December 1985.
Federally qualified.
Certified in: Texas.
Model type: IPA.
For profit.
Ownership: Travelers Corp.
Service area: Texas: Fort Bend, Galveston, Harris, Montgomery and Waller counties.
Services: Standard package including chiropractors, substance abuse, psychiatry, durable medical equipment, podiatry, OB/Gyn and artificial aids. Options include prescriptions, vision, dental and family planning-surgical. Diagnostic testing done by independent labs.
Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts, 10% of members are enrolled.
Management reports: Provided upon request.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: Tom Jackson, executive director; Terry Sanderson, medical director; Miriam Duckworth, director-operations.
**Figures are as of 4/30/92.*

UTAH

CIGNA Health Plan of Utah Inc.

5295 S. 320 St. W., Suite 280, Salt Lake City, Utah 84107; 801-265-2777; fax: 801-261-5349

Staff	
Physicians	246
Specialists	572
Facilities	
Hospitals	13
Pharmacies	88
Diagnostic labs	1
Locations	
Administrative	2
Primary care	1,184
Users	
Total	20,663

Operational date: January 1985.
Certified in: Utah.
Model type: IPA.
Service area: Utah: Box Elder, Davis, Morgan, Salt Lake, Summit, Tooele, Utah, Wasatch and Weber counties.
Services: Diagnostic testing by independent labs.
Officers: Bob Immitt, executive director; Dr. Taylor Jeppson, medical director.
See CIGNA Corp. consolidated listing under Connecticut.

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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	28
Marketing	6
Facilities*	
Hospitals	17
Pharmacies	200
Diagnostic labs	6
Locations	
Administrative	3
Primary care	500
Users	
Employer/payer groups	135
Single coverage	2,324
Family coverage	5,403
Employees & dependents	22,858
Total	26,891
Average hospital stay	3.5 days
Hospital admission/1,000 members	61.68
Revenues	
1991	$31,358,604
1990	$30,587,378

Operational date: September 1982.
Federally qualified.
Model type: Network.
For profit.
Ownership: Blue Cross/Blue Shield of Utah.
Service area: Utah: Davis, Morgan, Tooele, Salt Lake, Summit, Tooele, Utah and Weber counties. Offers service through HMO-USA (Blue Cross & Blue Shield Assn.) in 40 states.
Services: Standard package including prescriptions, chiropractors, vision, psychiatry, durable medical equipment and OB/Gyn. Options include dental, substance abuse, podiatry and extended benefits. Diagnostic testing by independent labs.
Rating options: Adjusted community rating. Offers non-federally qualified programs.
Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.
Billing: Provides direct billing for COBRA premiums.
Officers: Jed H. Pitcher, president; Michael E. Tobin, executive director; Dr. W. Knox Fitzpatrick Jr., medical director; Neal A. Spero, marketing director; Francis X. Leonard; J. Reid Greenwood; Dennis B. Tierney.
Contact: Francis X. Leonard, 801-481-6535.
** Staff and facility figures are from Dec. 31, 1991.*

United HealthCare of Utah

7910 S. 3500 E., Salt Lake City, Utah 84121; 801-942-6200; fax: 801-944-0940

Staff	
Physicians	442
Board-certified	83%
Specialists	503
Administrative	28
Marketing	12
Facilities	
Hospitals	12
Pharmacies	92
Diagnostic labs	5
Locations	
Administrative	1
Primary care	1,500
Users	
Employer/payer groups	320
Single coverage	5,022
Family coverage	9,243
Employees & dependents	41,225
Total	47,060
Average hospital stay	3.4 days
Hospital admission/1,000 members	240

Operational date: October 1984.
Certified in: Utah.
Model type: IPA.
For profit.
Ownership: United HealthCare Corp.
Service area: Utah: Box Elder, Davis, Salt Lake, Tooele, Utah and Weber counties.
Services: Standard package including prescriptions, vision, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include chiropractors and dental. Diagnostic testing by independent labs.
Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts, 25% of members are enrolled.
Management reports: Provided quarterly.
Officers: Colin Gardner, president; Dr. Gilbert Podolsky, medical director; Leonard Grover, vp-marketing; Sandra Watrous, vp-operations.
See United HealthCare Corp. consolidated listing under Minnesota.

VIRGINIA

Aetna Health Plans of the Mid-Atlantic Inc.

7799 Leesburg Pike, Suite 1100 S., Falls Church, Va. 22043; 703-903-7080; fax: 703-903-0316

Staff	
Physicians	819
Patients/physician	50
Board-certified	80%
Specialists	2,545
Administrative	100
Marketing	30
Facilities	
Hospitals	39
Pharmacies	466
Diagnostic labs	46
Users	
Employer/payer groups	137
Single coverage	8,699
Family coverage	7,406
Employees & dependents	36,511
Total	38,000
Average hospital stay	4.4 days
Hospital admission/1,000 members	62.6
Revenues	
1991	$46,000,000
1990	$50,400,000

Operational date: January 1984.
Federally qualified.
Certified in: District of Columbia, Maryland, Virginia.
NCQA qualification pending.
Model type: IPA.
For profit.
Service area: District of Columbia; Virginia: nine counties and six cities; Maryland: 11 counties.
Services: Standard package including chiropractors, vision, dental, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions. Diagnostic testing by independent labs.
Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts.
Enrollment options: Individual enrollment allowed.
Management reports: Provided annually or upon request.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: Dr. Jack Epstein, medical director; Russ Dickhart, market manager.
See Aetna Life Insurance Co. consolidated listing under Connecticut.

CapitalCare Inc.

1921 Gallows Road, 9th Floor, Vienna, Va. 22182; 703-761-5400; fax: 703-761-5413

Staff	
Physicians	675
Patients/physician	146
Board-certified	68%
Specialists	2,206
Facilities	
Hospitals	31
Pharmacies	150
Diagnostic labs	102
Locations	
Administrative	1
Users	
Employer/payer groups	1,016
Single coverage	33,582
Family coverage	22,395
Employees & dependents	98,651
Total	98,651
Average hospital stay	4.3 days
Hospital admission/1,000 members	69
Revenues	
1991	$57,542,027
1990	$66,648,570

Operational date: March 1985.
Certified in: Virginia, Maryland.
Model type: IPA.
Ownership: Blue Cross & Blue Shield of the National Capital Area.
Service area: Maryland: Anne Arundel, Charles, Frederick, Howard, Montgomery and Prince Georges counties; Virginia: Alexandria, Arlington, Fairfax, Loudoun and Prince William counties; District of Columbia. Offers service through HMO-USA (Blue Cross & Blue Shield Assn.) in 40 states.
Services: Standard package including vision, substance abuse, psychiatry, and OB/Gyn. Options include prescriptions, dental and durable medical equipment. Diagnostic testing by independent labs.
Rating options: Community rating by class. Offers point-of-service contracts, 74% of members are enrolled.
Management reports: Provided quarterly.
Billing: Consolidated billing for national accounts.
Officers: David L. Ward, president; Dr. Dennis B. McIntyre, medical director; Corte Iarossi, marketing director; Bruce Edwards, vp-marketing/administrative services; Joseph Petralia, corporate counsel.

CIGNA Health Plan of Virginia

Reflections II, Suite 450, 200 Golden Oak Court, Virginia Beach, Va. 23452; 804-463-8606; fax: 804-463-2134

Staff	
Physicians	204
Specialists	880
Facilities	
Hospitals	14
Pharmacies	101
Diagnostic labs	1
Locations	
Administrative	2
Primary care	1,459

Operational date: August 1984.
Federally qualified.
Certified in: Virginia.
Model type: IPA.
Service area: Virginia: Gloucester, Hencico, Isle of Wight, King and Queen, Mathews, Middlesex, Norfolk and York counties.
Services: Diagnostic testing by independent labs.
Officers: John Sharp, executive director; Dr. Frank Lieb, medical director.
See CIGNA Corp. consolidated listing under Connecticut.

CIGNA Health Plan of Virginia-Richmond

4050 Innslake Drive, Glen Allen, Va. 23060; 804-273-1100; fax: 804-273-1219

Staff	
Physicians	253
Specialists	925
Facilities	
Hospitals	12
Pharmacies	87
Diagnostic labs	1
Locations	
Administrative	1
Primary care	1,485
Users	
Total*	68,715

Operational date: March 1984.
Federally qualified.
Certified in: Virginia.
Model type: IPA.
Service area: Virginia: Amelia, Caroline, Chesterfield, Dinwiddie, Goochland, Hanover, Henrico, King William, Louisa, New Kent, Nottoway, Powhatan, Prince George counties.
Services: Diagnostic testing by independent labs.
Officers: John Sharp, executive director; Dr. Douglas Hadley, medical director.
** Includes figures for CIGNA Health Care of Virginia Inc., Virginia Beach.*
See CIGNA Corp. consolidated listing under Connecticut.

HMO Virginia Inc.

P.O. Box 26623, Richmond, Va. 23261; 804-354-3860; fax: 804-354-3936

Staff	
Physicians	388
Patients/physician	22
Board-certified	90%
Specialists	3,068
Administrative	93
Marketing	14
Facilities	
Hospitals	28
Pharmacies	220
Diagnostic labs	1
Locations	
Administrative	2
Users	
Employer/payer groups	74
Employees & dependents	8,511
Total	8,511
Average hospital stay	4.2 days
Hospital admission/1,000 members	92
Revenues	
1991	$25,700,000
1990	$29,700,000

Operational date: December 1984.
Federally qualified.
Certified in: Virginia.
Model type: IPA.
For profit.
Ownership: Blue Cross & Blue Shield of Virginia.
Service area: Virginia: 24 counties. Offers service through HMO-USA (Blue Cross & Blue Shield Assn.) in 40 states.
Services: Standard package including vision, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions and dental. Diagnostic testing by independent labs.
Rating options: Adjusted community rating.
Management reports: Provided upon request.
Billing: Provides direct billing for COBRA premiums.
Officers: Larry L. Donaldson, CEO; Dr. R. Michael O'Harra, medical director; Wiliam J. Phelps, marketing director; Samuel G. Weidman, vp-finance; Sara Jane Leggett, vp-operations.

HealthKeepers of Virginia Inc.

2220 Edward Holland Drive, Richmond, Va. 23230; 804-354-3860

Users	
Total*	29,487

Operational date: 1986.
Model type: IPA.
Affiliate: Blue Cross & Blue Shield of Virginia.
** Total users as of 12/31/91.*

Physicians Care

2111 Wilson Blvd., Suite 1150, Arlington, Va. 22201; 703-525-0602; fax: 703-243-3066

Staff	
Physicians	228
Patients/physician	2,000
Board-certified	93%
Specialists	1,164
Marketing	6
Facilities	
Hospitals	26
Locations	
Administrative	2
Users	
Employer/payer groups	68
Single coverage	2,415
Family coverage	1,806
Employees & dependents	526
Total	9,984
Average hospital stay	4 days
Hospital admission/1,000 members	72

Operational date: November 1985.
Federally qualified.
Certified in: Virginia, Maryland, District of Columbia.
Model type: IPA.
For profit.
Ownership: Blue Cross & Blue Shield of Virginia.
Service area: District of Columbia; Maryland: Montgomery and Prince Georges counties; Virginia: Arlington, Fairfax, Fauquier, Loudoun, Prince William, Spotsylvania and Stafford counties. Offers service through HMO-USA (Blue Cross & Blue Shield Assn.) in 40 states.
Services: Standard package including prescriptions, vision, substance abuse, psychiatry, durable medical equipment, OB/Gyn and prenatal tracking program. Options include dental. Diagnostic testing by independent labs.
Rating options: Community rating by class. Offers non-federally qualified programs.
Management reports: Provided.
Billing: Consolidated billing for national accounts.
Officers: Larry Donaldson, president; Suellen Rainey, executive director; Dr. Michael O'Hara, medical director; Marcia Ritter-Goggin, marketing director; Bill Phelps, vp-marketing.

PruCare of Richmond

1000 Boulders Parkway, Richmond, Va. 23225; 804-323-0900; fax: 804-323-0878

Staff	
Physicians	42
Patients/physician	336
Board-certified	88%
Specialists	312
Administrative	27
Marketing	8
Facilities	
Hospitals	4
Pharmacies	16
Diagnostic labs	5
Locations	
Administrative	1
Primary care	18
Users	
Employer/payer groups	60
Total	14,100
Average hospital stay	3.6 days
Hospital admission/1,000 members	102

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: Virginia: 19 counties.
Services: Standard package including prescriptions, chiropractors, vision, dental, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Diagnostic testing by HMO.
Rating options: Community rating; community rating by class; adjusted community rating. Offers point-of-service contracts.
Management reports: Provided annually or upon request.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: William Link, executive vp-Prudential Group operations; David Hunsaker, executive director; Dr. Steven Mohlie, medical director; John Joiner, marketing director.
See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

Randmark Inc.-Virginia

1211 Connecticut Ave. N.W., Suite 200, Washington, D.C. 20036; 202-293-6800; fax: 202-466-3789

Staff	
Dentists	154
Specialists	65
Administrative	7
Marketing	4
Locations	
Administrative	1
Users	
Total	4,804

Certified in: Virginia.
Model type: IPA.
Service area: Virginia: Chesapeake, Fairfax, Henrico, Loundon, Portsmouth, Powhatan and Prince William counties.
Services: Dental.
Rating options: Community rating; adjusted community rating. Offers point-of-service contracts, 10% of members are enrolled.
Enrollment options: Individual enrollment allowed.
Management reports: Provided upon request.
Billing: Consolidated billing for national accounts.
Officers: Marc Doctors, president; Randy Widen, chairman; Bob Wergin, CEO; Dan Karateew, dental director; Annette Rolin, marketing director; Mike Lloyd, CFO.
Contact: Annette Rolin.

Southern Health Services Inc.

P.O. Box 85603, Richmond, Va. 23285; 804-747-3700; fax: 804-747-8723

Staff	
Physicians	303
Patients/physician	115
Board-certified	90%
Specialists	548
Administrative	58
Marketing	10
Facilities	
Hospitals	11
Pharmacies	105
Diagnostic labs	14
Locations	
Administrative	1
Primary care	435
Users	
Employer/payer groups	549
Employees & dependents	34,947
Total	34,947
Average hospital stay	3.4 days
Hospital admission/1,000 members	260
Revenues	
1991	$39,302,128
1990	$36,227,779

Operational date: July 1985.
Federally qualified.
Certified in: Virginia.
Model type: IPA.
For profit.
Service area: Virginia: Colonial Heights, Hopewell, Petersburg and Richmond counties.
Services: Standard package including chiropractors, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions, vision and dental. Diagnostic testing by independent labs and in participating physicians offices.

Continued on next page

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Rating options: Offers point-of-service contracts. Offers non-federally qualified programs.

Management reports: Provided quarterly.

Billing: Provides direct billing for COBRA premiums.

Officers: James L. Gore, president/CEO; Daniel T. Gallagher, vp-operations; John M. Daniel III, medical director; Carrington Wilkerson, vp-marketing.

Travelers Health Network of Virginia Inc.

100 W. Plume St., 4th Floor, Norfolk, Va. 23510; 804-624-8500; fax: 804-624-9738

Staff	
Physicians*	220
Specialists*	742
Administrative*	20
Facilities	
Hospitals*	13
Pharmacies*	59
Locations	
Administrative*	1
Users	
Employees & dependents	14,898
Total	14,898
Average hospital stay	3.9 days
Hospital admission/1,000 members	75

Operational date: December 1985.

Federally qualified.

Certified in: Virginia.

Model type: IPA.

For profit.

Ownership: Travelers Corp.

Service area: Virginia: Chesapeake, Hampton, Newport News, Norfolk, Portsmouth, Suffolk and Virginia Beach counties.

Services: Standard package including chiropractors, substance abuse, psychiatry, durable medical equipment, podiatry, OB/Gyn, artificial aids and short-term rehabilitation. Options include prescriptions, vision, dental and family planning. Diagnostic testing by independent labs.

Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts, 6% of members are enrolled.

Enrollment options: Individual enrollment allowed.

Management reports: Provided upon request.

Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.

Officers: Karen Haugen, executive director; Thomas James, medical director.

** Figures are as of 4/30/92.*

WASHINGTON

CIGNA Health Plan of Washington Inc.

701 Fifth Ave., 2940 Columbia Center, Seattle, Wash. 98104; 206-625-8800; fax: 206-625-8879

Staff	
Physicians	281
Specialists	1,391
Facilities	
Hospitals	23
Pharmacies	67
Diagnostic labs	23
Locations	
Administrative	2
Primary care	1,014
Users	
Total	6,544

Operational date: September 1985.

Certified in: Washington.

Model type: IPA.

Service area: Washington: Island, King, Pierce, Skagit and Snohomish counties.

Services: Diagnostic testing by independent labs.

Officers: Dr. Joseph Leinonen, executive/medical director.

See CIGNA Corp. consolidated listing under Connecticut.

Group Health Cooperative of Puget Sound

521 Wall St., Seattle, Wash. 98121; 206-448-6565

Staff	
Physicians	801
Board-certified	88%
Specialists	2,175
Facilities	
Hospitals	33
Pharmacies	101
Diagnostic labs	40
Locations	
Administrative	40
Primary care*	40
Users	
Employees & dependents	386,938
Total	472,894
Average hospital stay	4.9 days
Revenues	
1991	$764,970,000
1990	$656,289,000

Operational date: January 1947.

Certified in: Washington, Idaho.

Model type: Staff, network and open-ended point-of-service.

Not for profit.

Service area: Washington: Benton, Franklin, King, Kitsap, Kittitas, Pierce, Skagit, Snohomish, Spokane, Thurston, Walla Walla, Whatcom, Whitman and Yakima counties; Idaho: Bonner, Kootenai and Latah counties.

Services: Standard package including prescriptions, vision, substance abuse, psychiatry, and OB/Gyn. Options include chiropractors, dental, durable medical equipment, podiatry and eyewear. Diagnostic testing by HMO and independent labs.

Rating options: Community rating by class. Offers point-of-service contracts, 1% of members are enrolled. Offers non-federally qualified programs.

Enrollment options: Contracts with HCFA to enroll Medicare beneficiaries. Individual enrollment allowed.

Management reports: Provided annually.

Billing: Consolidated billing for national accounts.

Officers: Phil Nudelman, president/CEO; Cheryl Scott, executive vp/COO; Dr. Al Truscott, medical director; Peter Brumleve, group vp-marketing; Grant McLaughlin, senior vp/CFO; Irwin Goverman, vp/chief information officer.

**Includes locations of staff physicians only.*

HMO Washington

1800 Ninth Ave., Seattle Washington 98101; 206-340-6600; fax: 206-389-6719

Staff	
Physicians	370
Specialists	2,306
Administrative	25
Facilities	
Hospitals	26
Pharmacies	111
Diagnostic labs	17
Locations	
Administrative	1
Users	
Total	11,037
Average hospital stay	3.8 days
Hospital admission/1,000 members	72
Revenues	
1991	$14,659,880
1990	$16,663,825

Operational date: April 1986.

Certified in: Washington.

Model type: IPA.

For profit.

Ownership: King County Medical Blue Shield.

Service area: Washington: King, Pierce, Spokane and Snohomish counties. Offers service through HMO-USA (Blue Cross & Blue Shield Assn.) in 40 states.

Services: Standard package including chiropractors, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions and vision. Diagnostic testing by independent labs.

Rating options: Community rating by class; experience rating.

Management reports: Provided upon request.

Officers: Mark S. Hawkins, president; Dr. Stanley D. Pomarantz, medical director; Ken Beers, marketing director.

Contact: Ken Beers, 206-464-3783.

HealthPlus

P.O. Box 2113, Seattle, Wash. 98111-2113; 206-670-4676; fax: 206-670-4766

Staff	
Physicians	492
Patients/physician	167
Board-certified	100%
Specialists	2,500
Administrative	140
Marketing	78

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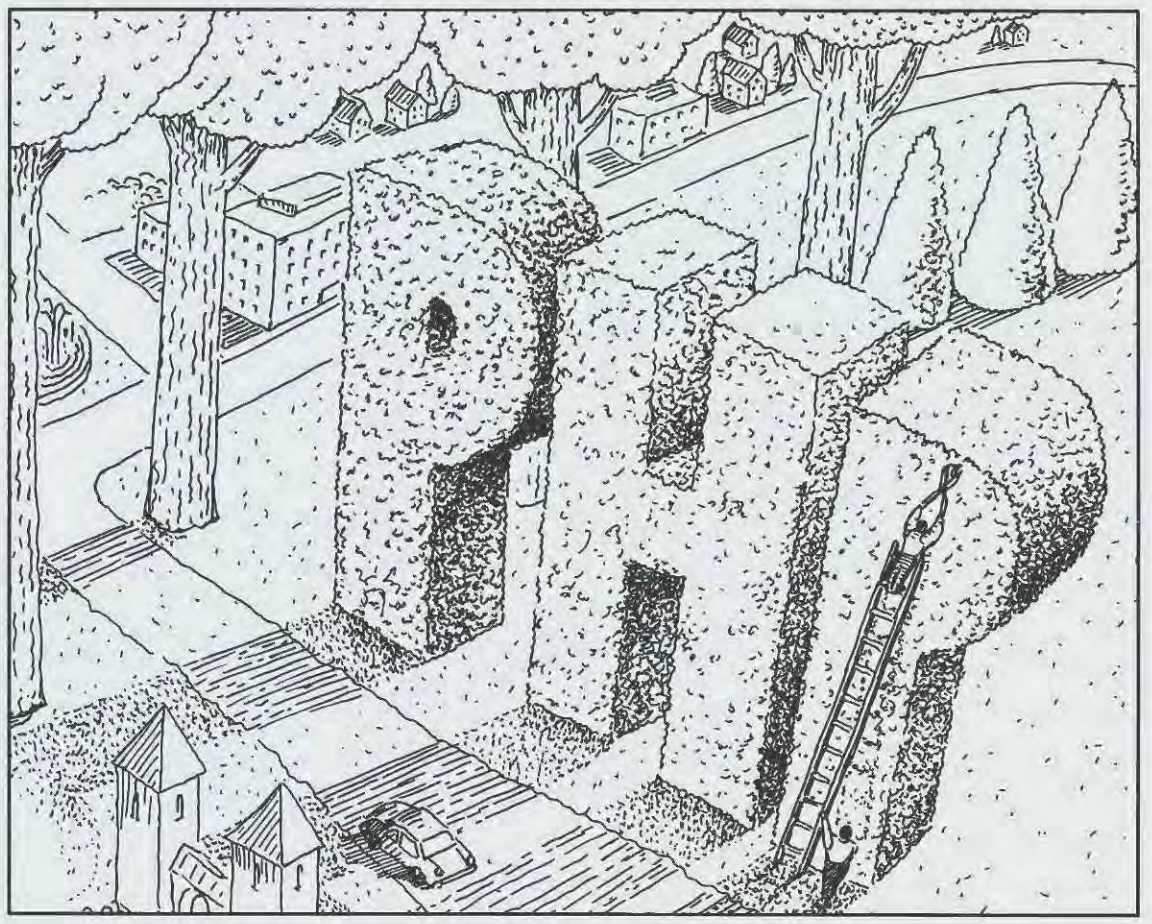

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Overland Park, KS 66211

Continued from previous page

Facilities	
Hospitals	51
Pharmacies	896
Locations	
Administrative	2
Primary care	86
Users	
Employer/payer groups	457
Family coverage	36,071
Employees & dependents	82,242
Total	82,242
Average hospital stay	3.67 days
Hospital admission/1,000 members	55.49
Revenues	
1991	$95,381,072
1990	$79,187,459

Operational date: January 1982.
Certified in: Washington, Idaho.
Model type: Network.
Not for profit.
Ownership: Blue Cross of Washington and Alaska.
Service area: Washington: 31 counties; Idaho: Benewah, Bonner, Kootenia and Latah counties; Oregon: Umatilla County. Offers service through HMO-USA (Blue Cross & Blue Shield Assn.) in 40 states.
Services: Standard package including vision, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions, chiropractors, prosthestics/orthotics, hearing aids, extended DME, vision hardware and TMJ. Diagnostic testing by HMO and independent labs.
Rating options: Community rating by class.
Management reports: Provided monthly.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: Gary Meade, president/CEO; Eric Rohlman, senior vp-operations; Dr. Leslie Nelson, vp/medical director; Steve Melton, vp/chief marketing officer.
Contact: Molly Swain, manager-public relations/communications.

Pacific Health Plans

401 Second Ave. S., Suite 300, Seattle, Wash. 98104; 206-326-4645; fax: 206-624-5790

Staff	
Physicians	288
Patients/physician	71
Administrative	50
Marketing	8

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Facilities	
Hospitals	21
Pharmacies	253
Locations	
Administrative	1
Primary care	73
Users	
Employer/payer groups	236
Single coverage	6,501
Family coverage	4,261
Employees & dependents	20,287
Total	20,373
Average hospital stay	4.2 days
Hospital admission/1,000 members	1.24
Revenues	
1991	$20,265,151
1990	$17,879,526

Operational date: 1985.
Certified in: Washington.
Model type: Network.
Not for profit.
Ownership: Pacific Medical Center.
Service area: Washington: King, Kitsap, Pierce, Snohomish and Thurston counties.
Services: Standard package including prescriptions, substance abuse, psychiatry, podiatry, OB/Gyn. Options include chiropractors, vision and dental. Diagnostic testing by independent labs.
Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts, 1% of members are enrolled.
Enrollment options: Individual enrollment allowed.
Management reports: Provided monthly.
Officers: Michael P. Fleck, president/CEO; Dr. Erick Davis, medical director; Thomas Houston, marketing director.

Qual-Med Washington Health Plan Inc./Inland Northwest Division

W. 201 North River Drive, Suite 300, Spokane, Wash. 99201; 509-326-8820; fax: 509-327-8663

Staff	
Physicians	723
Specialists	1,026
Administrative	4
Marketing	10
Facilities	
Hospitals	30
Pharmacies	34
Locations	
Administrative	1

Service area: Washington: Adams, Chelan, Douglas, Ferry, Grant, Island, King, Kitsap, Kittitas, Lewis, Lincoln, Okanogan, Pend Oreille, Pierce, Skagit, Snohomish, Spokane, Stevens, Thurston, Walla Walla, Whatcom, Whitman and Yakima counties. Manage HMOs in Clark, Cowlitz and Klickitat counties.
See Qual-Med Inc. consolidated listing under Colorado.

Qual-Med Washington Health Plan Inc./Puget Sound Division

520 Corporate Center, Building C, 2331 130th Ave. N.E., Suite 200, Bellevue, Wash. 98005; 206-869-3500; fax: 206-869-9234

Staff	
Physicians	1,337
Specialists	2,108
Administrative	9
Marketing	17
Facilities	
Hospitals	26
Pharmacies	81
Locations	
Administrative	1

Service area: Washington: Adams, Chelan, Douglas, Ferry, Grant, Island, King, Kitsap, Kittitas, Lewis, Lincoln, Okanogan, Pend Oreille, Pierce, Skagit, Snohomish, Spokane, Stevens, Thurston, Walla Walla, Whatcom, Whitman and Yakima counties. Manage HMOs in Clark, Cowlitz and Klickitat counties.
See Qual-Med Inc. consolidated listing under Colorado.

Virginia Mason Health Plan

1100 Olive Way, Suite 1580, Seattle, Wash. 98101-1828; 206-223-8844; fax: 206-223-7506

Staff	
Physicians	232
Patients/physician	136
Board-certified	94%
Specialists	969
Administrative	12
Marketing	6
Facilities	
Hospitals	17
Pharmacies	110
Diagnostic labs	8
Locations	
Administrative	1
Primary care	38
Users	
Employer/payer groups	172
Single coverage	8,961
Family coverage	8,812
Employees & dependents	34,890
Total	36,035
Average hospital stay	3.7 days
Hospital admission/1,000 members	66
Revenues	
1991	$47,486,513
1990	$39,210,820

Operational date: December 1985.
Certified in: Washington.
Model type: Group.
For profit.
Ownership: Virginia Mason Hospital and Clinic.
Service area: Washington: Columbia, King, Kitsap, Mason, Pierce, Snohomish and Walla Walla counties. Contracts with Aetna Health Plans.
Services: Standard package including prescriptions, vision, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include chiropractors, eyewear, temporomandibular joint disorder services and out-of-area coverage. Diagnostic testing by HMO and independent labs.
Rating options: Community rating by class; adjusted community rating.
Enrollment options: Individual enrollment allowed.
Management reports: Provided quarterly.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: Phillip J. Haas, president/executive director; Dr. John D. Allen, medical director; Paul Goldberg, marketing manager; J. Michael Rena, chairman; David I. Williams, vice chairman; Jacklyn Meurk, secretary/treasurer.
Contact: Phillip J. Haas.

WISCONSIN

Compcare Health Services Insurance Corp.

401 W. Michigan St., Milwaukee, Wis. 53201; 414-226-5466; fax: 414-226-5689

Staff	
Physicians	650
Patients/physician	230
Board-certified	77%
Specialists	891
Administrative	188
Marketing	48
Facilities	
Hospitals	18
Pharmacies	900
Diagnostic labs	5
Locations	
Administrative	1
Primary care	14
Users	
Employer/payer groups	900
Single coverage	24,000
Family coverage	35,000
Employees & dependents	135,773
Total	152,095
Average hospital stay	4 days
Hospital admission/1,000 members	80.1
Revenues	
1991	$183,593,110
1990	$161,072,323

Operational date: May 1973.
Federally qualified.
Certified in: Wisconsin.
Model type: IPA.
For profit.
Ownership: Blue Cross & Blue Shield United of Wisconsin (81%).
Service area: Wisconsin: Calumet, Kenosha, Milwaukee, Ozaukee, Racine, Sheboygan, Walworth, Washington and Waukesha counties. Offers service through HMO-USA (Blue Cross & Blue Shield Assn.) in 40 states.
Services: Standard package including prescriptions, chiropractors, substance abuse, psychiatry, durable medical equipment, podiatry, OB/Gyn, some organ transplants, maternity, allergy care, physical therapy, ambulance, immunizations and injections, some oral surgery procedures, hearing exams. Diagnostic testing by independent labs.
Rating options: Community rating by class. Offers point-of-service contracts, 1.5% of members are enrolled. Offers non-federally qualified programs.
Enrollment options: Individual enrollment allowed.
Management reports: Provided annually to groups over 150.
Officers: Jeffrey Nohl, president/COO; Thomas R. Hefty, CEO; Dr. Richard Christenson, medical director; Scott Coleman, director-marketing and underwriting/products; Craig Steffes, director-finance/enrollment services; Michael Bernstein, director-operations.

Eau Claire Health Protection Plan

2000 Westwood Drive, Wausau, Wis. 54401; 715-842-6896; fax: 715-847-8740

Staff	
Physicians	72
Specialists	146
Administrative	2
Marketing	4
Facilities	
Hospitals	9
Diagnostic labs	6
Locations	
Administrative	2
Primary care	153
Users	
Employer/payer groups	5
Single coverage	118
Family coverage	512
Employees & dependents	1,732
Total	1,732
Average hospital stay	4.54 days
Hospital admission/1,000 members	81.99

Operational date: November 1974.
Certified in: Wisconsin.
Model type: IPA.
For profit.
Ownership: Wausau Insurance Cos.
Service area: Wisconsin: Chippewa, Dunn, Eau Claire and Pepin counties.
Services: Standard package including prescriptions, chiropractors, vision, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include dental. Diagnostic testing by independent labs.
Rating options: Adjusted community rating.
Management reports: Provided monthly, quarterly, annually and upon request.
Billing: Provides direct billing for COBRA premiums.
Officers: Terry Bolz, assistant vp-alternate health care; Dr. Gerald Osband, vp-medical affairs; Richard Gumness, regional sales manager.
Contact: Scott Layman, 703 W. Hamilton Ave., P.O. Box 1060, Eau Claire, Wis. 54701-6938; 715-835-6174.

Employers Health Care Plan

1100 Employers Blvd., Green Bay, Wis. 54344; 414-336-1100

Staff	
Physicians	300
Patients/physician	100
Board-certified	95%
Specialists	700
Administrative	20
Marketing	4
Facilities	
Hospitals	17
Locations	
Administrative	1
Users	
Employer/payer groups	750
Single coverage	4,950
Family coverage	7,200
Employees & dependents	30,000
Total	30,000
Average hospital stay	4.3 days
Hospital admission/1,000 members	69
Revenues	
1991	$37,693,516
1990	$35,067,981

Operational date: August 1984.
Model type: Network.
For profit.
Ownership: Lincoln National Corp.
Service area: Wisconsin: La Crosse, Milwaukee, Racine and Western Wisconsin.
Services: Standard package including prescriptions, chiropractors, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Diagnostic testing by independent labs.
Rating options: Community rating by class; adjusted community rating.
Management reports: Provided annually.
Billing: Consolidated billing for national accounts.
Officers: William Lawson, president; William Fosick, executive director; Dr. Norm Schroeder, medical director; Ken Fasola, marketing director.

Family Health Plan Cooperative

11524 W. Theodore Trecker Way, Milwaukee, Wis. 53214; 414-256-0040; fax: 414-256-0069

Staff	
Physicians	65
Patients/physician	1,600
Board-certified	100%
Specialists	204
Administrative	200
Marketing	30
Facilities	
Hospitals	23
Pharmacies	5
Diagnostic labs	5
Locations	
Administrative	1
Primary care	5
Users	
Employer/payer groups	1,000
Single coverage	20,474
Family coverage	24,784
Employees & dependents	100,218
Total	105,063
Average hospital stay	4.95 days
Hospital admission/1,000 members	88.83
Revenues	
1991	$118,689,699
1990	$99,652,957

Operational date: March 1979.
Federally qualified.
Certified in: Wisconsin.
Model type: Staff.
Not for profit.
Service area: Wisconsin: Milwaukee, Ozaukee, Racine, Walworth, Washington and Waukesha counties.
Services: Standard package including prescriptions, chiropractors, substance abuse, psychiatry, durable medical equipment, podiatry, OB/Gyn and oral surgery. Options include vision and dental. Diagnostic testing by HMO.
Rating options: Community rating: $140.70 single, $362.45 family; community rating by class; adjusted community rating.
Enrollment options: Individual enrollment allowed.
Management reports: Provided annually or upon request.
Officers: Conrad Sobczak, executive director; Dr. James Chaillet, medical director; Michael Derdzinski, marketing director; Bob Dude, finance director; Dave Bradford, COO; Suzette Magruder, manager-health centers operation.

Greater La Crosse Health Protection Plan

1285 Rudy St., P.O. Box 38, La Crosse, Wis. 54602-0038; 715-842-6896; fax: 715-847-8740

Staff	
Physicians	92
Specialists	88
Administrative	3
Marketing	4
Facilities	
Hospitals	3
Diagnostic labs	3
Locations	
Administrative	2
Primary care	28
Users	
Employer/payer groups	17
Single coverage	694
Family coverage	1,322
Employees & dependents	5,290
Total	6,496
Average hospital stay	5.58 days
Hospital admission/1,000 members	118.53

Operational date: August 1986.
Certified in: Wisconsin.
Model type: IPA.
For profit.
Ownership: Wausau Insurance Cos.; Franciscan Health System; and Skemp Clinic Ltd.
Service area: Wisconsin: Buffalo, Crawford, Jackson, La Crosse, Monroe, Trempealeau and Vernon counties.
Services: Standard package excluding preventive medicine and periodic check-ups. Other services include prescriptions, chiropractors, vision, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include preventive medicine. Diagnostic testing by HMO.
Rating options: Community rating by class.

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Management reports: Provided monthly, quarterly, annually and upon request.

Billing: Provides direct billing for COBRA premiums.

Officers: Terry Bolz, assistant vp-alternate health care; Dr. David Westgard, medical director; John Burke, marketing director.

Contact: Terry Bolz, 2000 Westwood Drive, P.O. Box 8017, Wausau, Wis. 54401.

Greater Wisconsin Rapids Health Protection Plan

2000 Westwood Drive, Wausau, Wis. 54401; 715-842-6896; fax: 715-847-8740

Staff	
Physicians	75
Specialists	133
Administrative	2
Marketing	9
Facilities	
Hospitals	2
Diagnostic labs	8
Locations	
Administrative	1
Primary care	66
Users	
Employer/payer groups	6
Single coverage	266
Family coverage	292
Employees & dependents	1,263
Total	1,263
Average hospital stay	3.7 days
Hospital admission/1,000 members	106.1

Operational date: January 1980.
Certified in: Wisconsin.
Model type: IPA.
For profit.
Ownership: Wausau Insurance Cos.
Service area: Wisconsin: Wood and Marathon counties.
Services: Standard package including prescriptions, chiropractors, vision, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include dental. Diagnostic testing by independent labs.
Rating options: Adjusted community rating. Offers point-of-service contracts.
Management reports: Provided monthly, quarterly, annually and upon request.
Billing: Provides direct billing for COBRA premiums.
Officers: Terry Bolz, assistant vp-alternate health care; Dr. Gerald Osband, vp-medical affairs; Richard Gumness, regional sales manager.
Contact: George Snyder, 715-842-6844.

Green Bay Health Protection Plan

2000 Westwood Drive, Wausau, Wis. 54401; 715-842-6896; fax: 715-847-8740

Staff	
Physicians	160
Specialists	269
Administrative	2
Marketing	9
Facilities	
Hospitals	14
Locations	
Administrative	2
Primary care	161
Users	
Employer/payer groups	34
Single coverage	1,802
Family coverage	3,997
Employees & dependents	14,962
Total	14,962
Average hospital stay	4.22 days
Hospital admission/1,000 members	93.57

Operational date: January 1973.
Certified in: Wisconsin.
Model type: IPA.
For profit.
Ownership: Wausau Insurance Cos.
Service area: Wisconsin: Brown, Kewaunee, Oconto and Shawno counties.
Services: Standard package including prescriptions, chiropractors, vision, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include dental. Diagnostic testing by independent labs.
Rating options: Adjusted community rating.
Management reports: Provided monthly, quarterly, annually and upon request.
Billing: Provides direct billing for COBRA premiums.
Officers: Terry Bolz, assistant vp-alternative health care; Dr. Gerald Osband, vp-medical affairs; Richard Gumness, regional sales manager.
Contact: Joe Pirch, 2100 Riverside Drive, Green Bay, Wis. 54301-2323; 414-432-5565.

Group Health Cooperative

1 S. Park St., Madison, Wis. 53715; 608-251-3356; fax: 608-257-3842

Staff	
Physicians	19
Patients/physician	1,400
Board-certified	89.5%
Specialists	400
Administrative	352
Marketing	9
Facilities	
Hospitals	3
Pharmacies	3
Diagnostic labs	8
Locations	
Administrative	1
Primary care	3
Users	
Employer/payer groups	422
Single coverage	8,504
Family coverage	6,381
Employees & dependents	28,597
Total	29,977
Average hospital stay	4.76 days
Hospital admission/1,000 members	72.72
Revenues	
1991	$39,542,024
1990	$34,280,688

Operational date: March 1976.
Federally qualified.
Certified in: Wisconsin.
Model type: Staff.
Not for profit.
Service area: Wisconsin: Columbia, Dane, Dodge, Green, Iowa, Jefferson, Lafayette, Rock and Sauk counties.
Services: Standard package including chiropractors, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions, vision, dental, expanded vision benefit, free standing plans for dental and hearing aids. Diagnostic testing by HMO.
Rating options: Community rating by class.
Enrollment options: Individual enrollment allowed.
Management reports: Provided upon request.
Billing: Provides direct billing for COBRA premiums. Consolidated billing for national accounts.
Officers: Lawrence Zanoni, executive director; Dr. John Hansen, medical director; Thomas Mottard, marketing director; Ned Pautz, finance director; Kassandra Remo, clinic operations director.

HMO Midwest

502 Second St., Hudson, Wis. 54016; 715-386-6886

Users	
Total*	7,551

Operational date: 1984.
Model type: Network.
Affiliate: Blue Cross & Blue Shield on Minnesota.
**Total users as of 12/31/91.*

MetLife HealthCare Network of Wisconsin Inc.

11270 W. Park Place, Milwaukee, Wis. 53224; 414-359-0312

Staff	
Physicians	294
Specialists	519
Facilities	
Hospitals	14

Operational date: December 1986.
Model type: IPA.
For profit.
Ownership: Metropolitan Life Insurance Co.
Service area: Wisconsin: Kenosha, Milwaukee, Ozaukee, Racine, Washington and Waukesha counties.
Services: Standard package including psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions, vision and dental. Diagnostic testing by independent labs.
Rating options: Community rating by class.
Management reports: Provided upon request.
Billing: Consolidated billing for national accounts.
Officers: Dr. Charles G. Hertz, president/CEO; Dr. Steven A. Nagel, vp-medical affairs.

North Central Health Protection Plan

2000 Westwood Drive, Wausau, Wis. 54401; 715-842-6896; fax: 715-847-8740

Staff	
Physicians	121
Specialists	352
Administrative	3.5
Marketing	5
Facilities	
Hospitals	1
Diagnostic labs	1
Locations	
Administrative	1
Primary care	110
Users	
Employer/payer groups	63
Single coverage	4,115
Family coverage	11,886
Employees & dependents	34,070
Total	34,786
Average hospital stay	4.42 days
Hospital admission/1,000 members	95.79

Operational date: January 1972.
Certified in: Wisconsin.
Model type: IPA.
Not for profit.
Service area: Wisconsin: Langlade, Lincoln and Marathon counties.
Services: Standard package including prescriptions, chiropractors, vision, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include dental. Diagnostic testing by independent labs.
Rating options: Adjusted community rating.
Management reports: Provided monthly, quarterly, annually and upon request.
Billing: Provides direct billing for COBRA premiums.
Officers: Ken Peterson, executive director; Dr. Kevin Flaherty, medical director; Richard Gumness, regional sales manager.
Contact: Ken Peterson, 2000 Westwood Drive, Wausau, Wis. 54401; 715-847-8866.

Oshkosh Health Protection Plan

2000 Westwood Drive, Wausau, Wis. 54401; 715-842-6896; fax: 715-847-8740

Staff	
Physicians	47
Specialists	81
Administrative	2
Marketing	9
Facilities	
Hospitals	2
Diagnostic labs	3
Locations	
Administrative	2
Primary care	82
Users	
Employer/payer groups	9
Single coverage	389
Family coverage	817
Employees & dependents	2,782
Total	2,782
Average hospital stay	4.67 days
Hospital admission/1,000 members	92.74

Operational date: January 1989.
Certified in: Wisconsin.
Model type: IPA.
For profit.
Ownership: Wausau Insurance Cos.
Service area: Wisconsin: Winnebago County.
Services: Standard package including prescriptions, chiropractors, vision, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include dental. Diagnostic testing by independent labs.
Rating options: Community rating by class.
Management reports: Provided monthly, quarterly, annually and upon request.
Billing: Provides direct billing for COBRA premiums.
Officers: Terry Bolz, assistant vp-alternate health care; Dr. Gerald Osband, vp-medical affairs; Richard Gumness, regional sales manager.
Contact: Joe Pirch, 2100 Riverside Drive, Green Bay, Wis. 54301-2323; 414-432-5565.

Prime Care Health Plan Inc.

1233 N. Mayfair Road, Suite 301, Milwaukee, Wis. 53226; 414-453-9070; fax: 414-471-8626

Staff	
Physicians	725
Patients/physician	175
Board-certified	80%
Specialists	1,287
Administrative	229
Marketing	19
Facilities	
Hospitals	24
Pharmacies	320
Diagnostic labs	5
Locations	
Administrative	2
Users	
Employer/payer groups	1,766
Single coverage	10,981
Family coverage	25,433
Employees & dependents	86,590
Total	140,626
Average hospital stay*	5 days
Hospital admission/1,000 members*	122

Operational date: June 1986.
Certified in: Wisconsin.
Model type: Network.
For profit.
Service area: Wisconsin: Dodge, Jefferson, Kenosha, Milwaukee, Ozaukee, Racine, Walworth, Washington and Waukesha counties.
Services: Standard package including prescriptions, chiropractors, vision, substance abuse, psychiatry, durable medical equipment, OB/Gyn., some organ transplants. Options include dental. Diagnostic testing by independent labs.
Rating options: Adjusted community rating. Offers point-of-service contracts, 42% of members are enrolled.
Management reports: Provided.
Officers: Larry Rambo, president; Michael Lynch, medical director; Gary Van Alstine marketing director; William Felsing, COO; Jeanine Jaynor, director-health services; Peter Mersberger, vp-labor; Glenn Reinhardt, director-finance.
**Excludes Medicaid members.*
See United HealthCare Corp. consolidated listing under Minnesota.

Quality Care Chiropractic Insurance

P.O. Box 417, 155 E. Capitol Drive, Suite 6, Hartland, Wis. 53029; 414-367-3399; fax: 414-367-5934

Staff	
Chiropractors	115
Administrative	8
Marketing	2
Locations	
Administrative	1
Primary care	41

Operational date: April 1991.
Certified in: Wisconsin.
Model type: IPA.
Not for profit.
Service area: Wisconsin: Dodge, Jefferson, Kenosha, Milwaukee, Ozaukee, Racine, Rock, Sheboygam, Walworth, Washington and Waukesha counties.
Services: Chiropractors.
Rating options: Community rating by class; adjusted community rating.
Management reports: Provided monthly.
Officers: Jay Mason, president; Richard Nemitz, medical director; Debbie Wegner, director-quality assurance/utilization review.
Contact: Jay Mason.

U-CARE HMO Inc.

1 Point Place, Suite 200, Madison, Wis. 53719; 608-833-6444; fax: 608-833-7117

Staff	
Physicians	73
Patients/physician	231
Board-certified	90%
Specialists	450
Administrative	39
Marketing	4
Facilities	
Hospitals	5
Pharmacies	100
Diagnostic labs	5
Locations	
Administrative	1
Primary care	19
Users	
Employer/payer groups	160
Single coverage	3,660
Family coverage	3,607
Employees & dependents	14,811
Total	16,889
Average hospital stay	4.4 days
Hospital admission/1,000 members	86
Revenues	
1991	$20,724,000
1990	$16,953,000

Operational date: January 1989.
Certified in: Wisconsin.
Model type: Network.
Not for profit.
Ownership: University of Wisconsin Hospital and Medical School Faculty.
Service area: Wisconsin: Dade, Columbia, Marquette, Richland and Sauk counties.
Services: Standard package including chiropractors, substance abuse, psychiatry, durable medical equipment, podiatry and OB/Gyn. Options include prescriptions, vision and dental. Diagnostic testing by HMO.
Rating options: Community rating: $132 single, $345 family.
Enrollment options: Individual enrollment allowed.
Billing: Provides direct billing for COBRA premiums.
Officers: Dr. Marc F. Hansen, president/medical director; George Tervalon III, marketing director; Robert Gray, CFO; Jack Bowhan, director-health services. BI

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Annual listing of preferred provider organizations

ALABAMA

AIIA/COMP CARE

1620 Mason Ave., P.O. Box 11770, Daytona Beach, Fla. 32120; 904-274-3232; fax: 904-274-3242

Staff	
Chiropractors	41
Administrative	23
Marketing	7
Users: Workers Compensation	
Employer/payer groups	9

Service area: Alabama.

See AIIA/COMP CARE consolidated listing under Florida.

Aetna Health Plans*

3000 River Chase Galleria, Suite 530, Birmingham, Ala. 35244; 800-765-4379; fax: 205-985-3539

Staff	
Physicians	677
Board-certified	80%
Specialists	1,660
Facilities	
Hospitals	33
Pharmacies	484
Diagnostic labs	1
Users: Group Health	
Employer/payer groups	326
Employees & dependents	39,897
Total users	**39,897**

Operational date: October 1988.

Service area: Alabama: 34 counties. Contracts with Health Choice in Blount, Chilton, Clay, Coosa, Jefferson, St. Clair, Shelby, Talladega, Tallapoosa counties.

Officers: Dr. John Gastright, medical director; Barbara Bailey, marketing director.

** Information drawn from northeast and nothern Alabama, Anniston, Birmingham, Cullman, Fayette, Florence, Gadsden, Huntsville, Jasper, Montgomery, Phenix City, Mobile and Tuscaloosa networks operated from this office. Employer/payer groups may overlap, but total users do not.*

See Aetna Health Plans consolidated listing under Connecticut.

Alabama Medical Coalition Inc.

3719 Dauphin St., Mobile, Ala. 36608; 205-343-5251; fax: 205-460-5389

Staff	
Physicians	250
Board-certified	80%
Specialists	268
Administrative	4
Marketing	1
Facilities	
Hospitals	8
Diagnostic labs	2
Users: Group Health	
Employer/payer groups	18
Single coverage	2,325
Family coverage	2,925
Employees & dependents	13,000
Total users	**13,000**

Operational date: December 1985.

For profit.

Ownership: Southern Medical Health Systems Inc.

Service area: Alabama: Baldwin and Mobile counties.

Services: Standard package including vision, dental, durable medical equipment, podiatry and OB/Gyn. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by per diem, discount off customary rates, DRGs; is compensated by employers/payers, insurers, TPAs; charges a flat fee per employee, percent of savings. Services groups under contract with American Benefit Managers, Employers Health Insurance, Lincoln National.

UR: Standard procedures excluding preadmission review. UR provided by the PPO and Health Care Options.

Officers: Bill A. Mason, president; Elaine M. Bates, marketing director; Frank A. Hall, medical director; Randy Sucher.

Contact: Elaine M. Bates.

Beech Street

2 Ada, Irvine, Calif. 92718; 714-727-1353 or 800-233-2478; fax: 714-727-1319

Facilities	
Hospitals	16
Pharmacies	318

Service area: Alabama.

See Beech Street of California consolidated listing under California.

CAPP CARE Inc.

West Tower, 4000 MacArthur Blvd., Suite 10000, Newport Beach, Calif. 92660-2526; 714-251-2200; fax: 714-251-2222

Staff	
Physicians	186
Facilities	
Hospitals	7

Service area: Alabama: Albertville, Birmingham, Boaz, Huntsville and Montgomery.

See CAPP CARE Inc. consolidated listing under California.

CNA Managed Care PPO-Birmingham

2302 Parklake Drive N.E., Atlanta, Ga. 30345; 404-491-5100

Staff	
Physicians	868
Board-certified	65.7%
Facilities	
Hospitals/Mental facilities	4
Users: Group Health	
Employees	2,364

Service area: Alabama: Jefferson County.

Contact: Jim Sinopoli, manager-major group sales, 404-491-5359.

See CNA Managed Care PPO consolidated listing under Illinois.

FOCUS Healthcare Management Inc.

100 Union Hill Drive, Suite 100, Birmingham, Ala. 35209; 205-879-2235

Staff	
Physicians	42
Board-certified	50%
Specialists	62
Marketing	1
Facilities	
Hospitals	16
Diagnostic labs	3
Users: Workers Compensation	
Employer/payer groups	42
Single coverage	1,182,947
Total users	**1,182,947**

Operational date: January 1987.

Service area: Alambama: Colbert, Cullman, Etowah, Franklin, Jefferson, Lauderdale, Madison, Mobile, Montgomery and Tuscaloosa counties.

See FOCUS Healthcare Management Inc. consolidated listing under Tennessee.

Gulf Coast Regional Preferred Provider Organization

P.O. Box 850429, Mobile, Ala. 36608; 205-639-0188; fax: 205-639-0280

Staff	
Physicians	115
Board-certified	77%
Specialists	275
Administrative	3
Marketing	1
Facilities	
Hospitals	4
Pharmacies	1
Diagnostic labs	1
Users: Group Health	
Employer/payer groups	400
Employees & dependents	18,000
Users: Workers Compensation	
Employer/payer groups	40
Single coverage	4,500
Total users	**22,500**

Operational date: February 1985.

Not for profit.

Ownership: Providence Hospital, Gulf Coast Regional Physicians Assn. Corp.

Service area: Alabama: Baldwin and Mobile counties.

Services: Hospitalization, physician, OB/Gyn. 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 discount off customary rates; is compensated by providers. Services groups under contract with Focus Healthcare Management Inc.; HealthChoice; Florida Health Alliance; Florida First; Blue Cross & Blue Shield of Alabama.

UR: Standard procedures excluding second surgical opinion, outpatient service predetermination, case management. UR provided by the PPO.

Officers: Dr. Charles Hanes, president; Robert Kurtts, executive/marketing director; Dr. Nick Nichols, medical director.

Health Choice

P.O. Box 830605, Birmingham, Ala. 35283-0605; 205-326-9199; fax: 205-322-9333

Staff	
Physicians	380
Board-certified	95%
Specialists	700
Administrative	4
Marketing	2
Facilities	
Hospitals	10
Diagnostic labs	10
Users: Group Health	
Employer/payer groups	820
Employees & dependents	79,000
Users: Workers Compensation	
Employer/payer groups	200
Single coverage	42,000
Total users	**100,000**

Operational date: September 1984.

Not for profit.

Ownership: Baptist Medical Center, St. Vincent's Hospital.

Service area: Alabama: Blount, Cullman, Jefferson, Shelby and Talladega counties.

Services: Standard package including podiatry, OB/Gyn. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.

Compensation: Negotiates hospital charges by per diem, discount off customary rates; is compensated by employers/payers and insurers; charges a flat fee per employee.

UR: Standard procedures excluding length of stay determination, discharge planning, outpatient service predetermination, case management. UR provided by the PPO and outside contractors.

Officers: Scott Sheedy, executive director; Dr. Allan R. Goldstein, medical director; Joe Oaks, director-operations.

Humana Insurance Co. (PPO)/Humana Health Plan of Alabama Inc. (EPO)

3030 Williams Ave. S.W., Suite 121, Huntersville, Ala. 35801; 205-532-2000; fax: 205-532-2025

Total users	**26,748**

Operational date: 1984.

Officers: Rene Moret, executive director; Jane Quinn, sales manager; Dr. Larry Sullivan, medical director.

Humana Insurance Co. (PPO)/Humana Health Plan of Alabama Inc. (EPO)

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

Total users	**583**

Operational date: 1984.

Officers: David Lewis, executive director; Rea Jabour, sales manager; Dr. Edgar Givhan, medical director.

MetLife Network-Alabama

5 Post Oak Park, Suite 2120, Houston, Texas 77027-3416; 713-961-9944

Contact: William S. Woodside, vp.

See MetLife Network consolidated listing under Connecticut.

Preferred Medical Doctor Plan

P.O. Box 995, Birmingham, Ala. 35298; 205-988-2100

Users: Group Health	
Employees & dependents*	1,210,123
Total users*	**1,210,123**

Continued on next page

Guide to directory of PPOs

The sixth annual *Business Insurance* directory of preferred provider organizations contains listings with information on hundreds of 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 provides consolidated figures for all of its networks, that aggregate listing is marked with an asterisk. The names, addresses, telephone numbers and any services or information different from the consolidated entry is listed for the individual PPOs in the state in which they operate, with a reference to the consolidated listing.

The complete listings begin with **staff** information, including number participating physicians, average number of patients per primary physician, percent of board-certified physicians, specialists/specialists available for referral, administrative staff and marketing staff under direct contract as of June 30, 1992.

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.

Gross revenues for 1991 and 1990 are listed next, if provided.

Next, headings indicate the PPO's **operational date**, tax status as **for profit** or **not for profit** and **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 are given here.

Information on **services** includes standard and optional features of coverage. Unless otherwise noted or included in optional services, the standard package includes hospitalization, physicians, substance abuse programs and psychiatric services.

Also included is 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 **UR**. Unless noted, standard utilization review procedures include: 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.

Officers and a **contact** for those seeking more information complete the listings.

If you wish to determine in which states multistate PPOs operate, refer to the alphabetical index of networks that appears in the last pages of the magazine. The index lists PPOs operating directly or indirectly in three or more states.

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 Inc. listings explained

Private Healthcare Systems Inc. of Massachusetts offers managed care products and services in 115 metropolitan areas nationwide. The services are offered through the 15 commercial insurance companies that own PHCS and by direct contract with large, self-insured organizations.

More than 66,500 physicians and 785 hospitals in 27 states and the District of Columbia contract with PHCS. Participating insurance carriers use the PHCS PPO to develop customized plans to meet the needs of their subscribers.

PHCS participating members/owners are named under the PHCS corporate listing under Massachusetts. PHCS regional office listings found throughout the directory provide the number of hospitals and physicians under contract with PHCS in that market.

Continued from previous page

Operational date: 1984.
Ownership: Blue Cross & Blue Shield of Alabama.
Service area: Alabama.
** Figures are as of Dec. 31, 1991.*

Premier Health Plans of Alabama

P.O. Box 1250, Huntsville, Ala. 35807; 205-539-7789; fax: 205-539-0356

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 users	**38,000**

Operational date: December 1990.
Not for profit.
Service area: Alabama: Colbert, Franklin, Jackson, Lauderdale, Limestone, Madison, Marshall and Morgan counties.
Services: Standard package excluding substance abuse. Other services include OB/Gyn, 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 discount off customary rates; is compensated by employers/payers, insurers, TPAs; charges a flat fee per employee. Services groups under contract with Benefit America; Jefferson-Pilot Insurance Co.; The Guardian Life Insurance Co.
UR: Standard procedures excluding outpatient service predetermination. UR provided by independent contractors, primarily Health Cost Consultants.
Officers: Jeff F. Hamilton, president; Jennifer Lott, marketing director.
Contact: Jennifer Lott.

Private Healthcare Systems Inc.

1 American Center, 3319 W. End Ave., Suite 400, Nashville, Tenn. 37203; 615-386-9194; fax: 615-386-9198

Staff	
Physicians	873
Facilities	
Hospitals	4

Service area: Alabama: Anniston, Birminghman and Tuscaloosa.
Contact: Ed Sandrick, regional vp.
See Private Healthcare Systems Inc. consolidated listing under Massachusetts.

ProAmerica Managed Care Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669; fax: 817-347-3296

Facilities	
Hospitals	31
Total users	**18,000**

Service area: Alabama.
See ProAmerica Managed Care Inc. consolidated listing under Texas.

ALASKA

Aetna Health Plans

1501 Fourth Ave., Suite 1600, Seattle, Wash. 98101; 206-467-2816 fax: 206-467-2087

Users: Group Health	
Employer/payer groups	35
Employees & dependents	12,008
Total users	**12,008**

Operational date: April 1986.
Service area: Anchorage.
Officers: Dr. Stephen Ho, medical director; James Hickley, marketing director.
See Aetna Health Plans consolidated listing under Connecticut.

Beech Street

2 Ada, Irvine, Calif. 92718; 714-727-1353 or 800-233-2478; fax: 714-727-1319

Facilities	
Hospitals	2
Pharmacies	22

Service area: Alaska.
See Beech Street of California Inc. consolidated listing under California.

CAPP CARE Inc.

West Tower, 4000 MacArthur Blvd., Suite 10000, Newport Beach, Calif. 92660-2526; 714-251-2200; fax: 714-251-2222

Service area: Alaska: Anchorage.
See CAPP CARE Inc. consolidated listing under California.

ProAmerica Managed Care Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669; fax: 817-347-3296

Facilities	
Hospitals	1
Users: Group Health	
Employees & dependents	2,900
Total users	**2,900**

Service area: Alaska.
See ProAmerica Managed Care Inc. consolidated listing under Texas.

United Northwest Services

P.O. Box 141253, Spokane, Wash. 99214-1253

Staff	
Physicians	20
Board-certified	85%
Specialists	80
Facilities	
Diagnostic labs	2
Users: Group Health	
Employer/payer groups	2
Employees & dependents	52,000
Total users	**52,000**

Service area: Alaska.
See United Northwest Services consolidated listing under Washington.

ARIZONA

Admar Corp.

8630 E. Via de Ventura, Suite 201, Scottsdale, Ariz. 85258; 602-948-1430 or 800-395-6902

See Admar Corp. consolidated listing under California.

Aetna Health Plans

Pointe Corridor Centre IV, 7878 N. 16th St., Suite 210, Phoenix, Ariz. 85020; 602-395-8800; fax: 602-395-8813

Staff	
Physicians	376
Board-certified	80%
Specialists	869
Facilities	
Hospitals	11
Pharmacies	350
Diagnostic labs	16
Users: Group Health	
Employer/payer groups	50
Single coverage	28,000
Family coverage	12,000
Employees & dependents	40,000
Total users	**40,000**

Operational date: July 1992.
Service area: Arizona: Maricopa and Pinal counties.
Officers: Jim Jones, marketing director; John W. Coyle, vp; Eileen Sampanes, medical services director; Dr. Bill Buchsbaum, medical director; Valerie Olson, network management director.
See Aetna Health Plans consolidated listing under Connecticut.

Aetna Health Plans

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

Staff	
Physicians	139
Board-certified	77%
Specialists	337
Facilities	
Hospitals	8
Pharmacies	87
Diagnostic labs	6

Operational date: January 1987.
Service area: Arizona: Contracts with TM Care Health Network and PARTNERS Health Plan in Cochise, Graham, Greenlee, Pima, Santa Cruz, Yuma counties and parts of Pinal County.
Officers: Dr. Darrell Thorpe, executive director; Jay Heydt, marketing director; Dr. Steven Kethel, chairman; Dr. Luis Aguilar, medical reviewer; James Haynes, treasurer; Dr. Charles Bryant, secretary.
See Aetna Health Plans consolidated listing under Connecticut.

AIIA/COMP CARE

1620 Mason Ave., P.O. Box 11770, Daytona Beach, Fla. 32120; 904-274-3232; fax: 904-274-3242

Staff	
Chiropractors	34
Users: Workers Compensation	
Employer/payer groups	5

Service area: Arizona.
See AIIA/COMP CARE consolidated listing under Florida.

Arizona Preferred Provider

6464 E. Grant Road, Tucson, Ariz. 85715; 602-298-5297; fax: 602-296-7948

Staff	
Physicians	155
Patients/physician	3
Board-certified	100%
Specialists	591
Administrative	3
Marketing	2
Facilities	
Hospitals	5
Pharmacies	4
Diagnostic labs	1
Users: Group Health	
Employer/payer groups	4
Single coverage	1,500
Family coverage	1,000
Employees & dependents	2,500
Total users	**5,500**
Revenues	
1991	$310,000
1990	$240,000

Operational date: April 1984.
Not for profit.
Service area: Arizona: Maricopa and Pima counties.
Services: Standard package including vision, dental, podiatry, OB/Gyn, chiropractors. 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 discount off customary rates; is compensated by employers/payers; charges a flat fee per employee. The PPO will adjust fees based on savings realized or not realized. Services groups under contract with Arizona Preferred Provider Claim Services.
UR: Standard procedures excluding discharge planning and case management. UR provided by outside contractors.
Officers: Dwight W. Babcock, president/marketing director.
Contact: Kathy J. Dunn, general manager.

Beech Street

2 Ada, Irvine, Calif. 92718; 714-727-1353 or 800-233-2478; fax: 714-727-1319

Staff	
Physicians	359
Specialists	1,075
Facilities	
Hospitals	22
Pharmacies	483
Diagnostic labs	2

Service area: Arizona.
See Beech Street of California Inc. consolidated listing under California.

CCN Inc.

3636 N. Central Ave., Suite 730, Phoenix, Ariz. 85012; 602-263-1982; fax: 602-277-8260

Staff	
Physicians	587
Board-certified	75%
Specialists	1,613
Administrative	8
Marketing	1
Facilities	
Hospitals	28
Diagnostic labs	77
Users: Group Health	
Employer/payer groups	102
Employees & dependents	55,650
Users: Workers Compensation	
Single coverage	1,200,000
Total users	**1,255,650**

Operational date: 1987.
Service area: Arizona.
Services: Standard package including vision, dental, durable medical equipment, podiatry, OB/Gyn, chiropractic, physical therapy. Individual enrollment is allowed.
UR: Standard procedures including high-risk maternity screening. UR provided by the PPO.
Officers: Michael T. Williams, executive director.
See CCN Inc. consolidated listing under California.

CAPP CARE Inc.

West Tower, 4000 MacArthur Blvd., Suite 10000, Newport Beach, Calif. 92660-2526; 714-251-2200; fax: 714-251-2222

Staff	
Physicians	3,774
Facilities	
Hospitals	27

Service area: Arizona: Kingman, Phoenix, Sierra Vista, Tucson and Yuma.
See CAPP CARE Inc. consolidated listing under California.

CNA Managed Care PPO-Phoenix

3530 Wilshire Blvd., 7th Floor, Los Angeles, Calif. 90010; 213-252-7124

Staff	
Physicians	1,816
Board-certified	62.9%
Facilities	
Hospitals	18
Users: Group Health	
Employees	4,786

Service area: Arizona: Maricopa
Continued on next page

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- ✓ National specialty care center network

Anthem Health Systems™

800-654-1459, Ext. 5614
Offices in Jacksonville, Dallas, Sacramento, Indianapolis

Continued from previous page
and Pima counties.

Contact: Tim Closson, manager-major group sales.

See CNA Managed Care PPO consolidated listing under Illinois.

CIGNA PPO-Phoenix

11001 N. Black Canyon Highway, Suite 400, Phoenix, Ariz. 85029; 602-942-4462; fax: 602-371-2625

Staff	
Physicians	2,510
Facilities	
Hospitals	34

Operational date: July 1986.
Service area: Arizona.
Officers: Dr. Clyde Wright, regional managed care officer; Donn Merrill, provider relations.

See CIGNA Preferred Provider Organization consolidated listing under Connecticut.

CIGNA PPO-Tucson/Rural

535 N. Wilmot, Tucson, Ariz. 85711; 602-571-0111; fax: 602-748-2465

Staff	
Physicians	667
Facilities	
Hospitals	12

Operational date: May 1988.
Service area: Arizona.
Officers: Dr. Clyde Wright, regional managed care officer; Chris Tucci, provider relations.

See CIGNA Preferred Provider Organization consolidated listing under Connecticut.

Davis Vision

159 Express St., Plainview, N.Y. 11803; 800-933-9371; fax: 516-932-9845

Staff	
Optometrists	50
Users: Group Health	
Employer/payer groups	3
Employees & dependents	3,400
Total users	**3,400**

Service area: Arizona.

See Davis Vision consolidated listing under New York.

Humana Insurance Co.

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

Total users	**2,551**

Operational date: 1984.
Officers: Michael Seltzer, executive director; Glen Padula, sales manager.

Independent Chiropractic Physicians Inc.

205 Zane Grey Drive, Sedona, Ariz. 86336; 602-204-1805; fax: 602-204-1805

Staff	
Chiropractors	50
Users: Group Health	
Employer/payer groups	50
Employees & dependents	200,000
Total users	**200,000**

Operational date: January 1990.
For profit.
Service area: Arizona.
Services: Chiropractic. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Is compensated by employers/payers, providers, insurers, TPAs; charges a flat fee per employee. The PPO will adjust fees based on savings realized or not realized.
UR: Retrospective review. UR provided by the PPO and outside contractors, subject to agreement with the payor.
Officers: Alan M. Immerman, D.C., president/executive director.

Intergroup Healthcare Corp.-Interplus

1010 N. Finance Center Drive, Tucson, Ariz. 85710; 602-721-4444; fax: 602-290-7585

Staff	
Physicians	420
Patients/physician	541
Board-certified	77%
Specialists	1,255
Administrative	425
Marketing	24
Facilities	
Hospitals	33
Pharmacies	92
Diagnostic labs	41
Users: Group Health	
Employer/payer groups	9
Single coverage	52
Family coverage	34
Employees & dependents	182
Total users	**182**
Revenues*	
1991	$242,004,000
1990	$207,127,000

Operational date: July 1990.
For profit.
Ownership: Thomas-Davis Medical Centers P.C.
Service area: Arizona: Cochise, Maricopa, Pima and Santa Cruz counties.
Services: Standard package including durable medical equipment, podiatry, OB/Gyn, lab, X-ray, prescription drugs, chiropractors. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem; is compensated by employers/payers; charges an administrative fee or premium which includes PPO services. Services groups under contract with Bay Colony of Arizona and InterCare.
UR: Standard procedures excluding second surgical opinion. UR provided by the PPO.
Officers: Rick Barrett, president/CEO; Dr. Philip F. Dew, senior vp-medical services; Bob Whiting, vp-marketing; Carwin Y. Peterson, senior vp-finance/COO/CFO.

MetLife Network-Arizona

1 City Blvd. W., Suite 700, Orange, Calif. 92668; 714-978-1991

Contact: Nick Brecker, vp.

See MetLife Network consolidated listing under Connecticut.

Preferred Plan of Arizona

4515 S. McClintock Drive, Suite 217, Tempe, Ariz. 85282; 602-491-6844 or 800-999-9303; fax: 602-491-6877

Contact: Tom Bader, regional director; Lori Gustafson, plan manager.

Principal Health Care Inc.-PPO

10210 N. 25th Ave., Suite 211, Phoenix, Ariz. 85021; 602-861-0033; fax: 602-861-1887

Staff	
Physicians	313
Board-certified	82.5%
Specialists	879
Facilities	
Hospitals	20
Diagnostic labs	28
Users: Group Health	
Employer/payer groups	357
Employees & dependents	12,388
Total users	**12,388**

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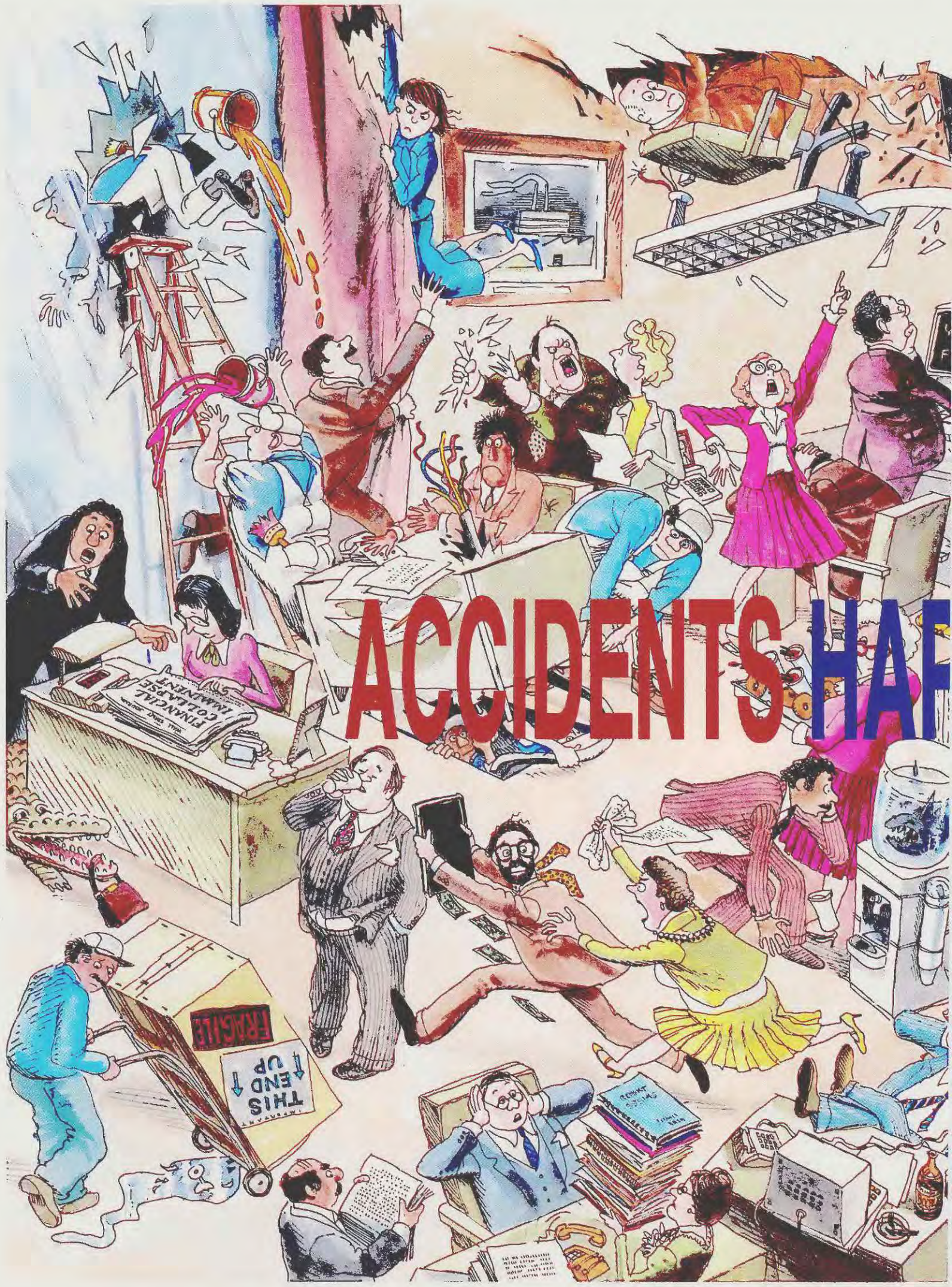

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Operational date: October 1989.
For profit.
Ownership: The Principal Financial Group.
Service area: Arizona: Cochise, Maricopa, Mohave, Pima, Pinal, Santa Cruz and Yuma counties.
Services: Standard package including vision, podiatry, OB/Gyn, chiropractic, physical therapy, radiology, laboratory, infusion therapy, fetal monitoring, home health.
Compensation: Negotiates hospital charges by per diem, discount off customary rates; is compensated by insurers; charges a flat fee per employee.
Officers: David Weiss, acting executive director; Dr. Richard O. Flynn, medical director.
See Principal Health Care Inc. consolidated listing under Maryland.

Private Healthcare Systems Inc.

2525 E. Camelback Road, Suite 755, Phoenix, Ariz. 85106; 602-553-7444; fax: 602-381-1523

Staff	
Physicians	1,855
Facilities	
Hospitals	20

Service area: Arizona: Phoenix and Tucson.
Contact: Barbara Lubash, senior vp-operations.
See Private Healthcare Systems Inc. consolidatd listing under Massachusetts.

ProAmerica Managed Care Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669; fax: 817-347-3296

Facilities	
Hospitals	23
Users: Group Health	
Employees & dependents	79,800
Total users	**79,800**

Service area: Arizona.
See ProAmerica consolidated listing under Texas.

The Southern Arizona Physicians Services Assn.

P.O. Box 30223, Tucson, Ariz. 85751-0223; 602-326-0455

Staff	
Physicians	173
Board-certified	90%
Specialists	81
Administrative	2
Facilities	
Hospitals	3
Pharmacies	23
Diagnostic labs	9
Users: Group Health	
Employer/payer groups	73
Single coverage	9,241
Family coverage	35,672
Employees & dependents	44,913
Total users	**44,913**
Revenues	
1991	$1,235,472
1990	$1,041,257

Operational date: April 1984.
Not for profit.
Service area: Arizona.
Services: Standard package including vision, dental, durable medical equipment, podiatry, OB/Gyn, 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 discount off customary rates; is compensated by providers, insurers; charges a flat fee per employee, percent of savings. The PPO will adjust fees based on savings realized or not realized; 42% are covered by such contracts.
UR: Standard procedures excluding length of stay determination, case management. UR provided by outside contractors.
Officers: Thomas Patrick Finley, president.

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Travelers Managed Care System-Tucson/Phoenix*

10000 N. 31st Ave., Phoenix, Ariz. 85051; 602-861-8600

Staff	
Physicians	1,941
Facilities	
Hospitals	16
Users: Group Health	
Employer/payer groups	116
Total users	**25,336**

Operational date: March 1987.
Service area: Arizona: Maricopa and Pima counties.
Officers: Kim Vance, executive director; Reid Dienhart, district sales manager.
** Information drawn from a consolidation of the Phoenix and Tuscon networks operated from this office.*
See The Travelers Insurance Co. consolidated listing under Connecticut.

USA Healthnet Inc.*

7301 N. 16th St., Suite 201, Phoenix, Ariz. 85020; 602-371-3880; fax: 602-861-2805

Staff	
Physicians	42,177
Board-certified	95%
Specialists	27,435
Administrative	82
Marketing	15
Facilities	
Hospitals	1,912
Pharmacies	738
Diagnostic labs	73
Users: Group Health	
Employer/payer groups	253
Single coverage	1,861,126
Family coverage	3,806,186
Employees & dependents	9,854,117
Users: Workers Compensation	
Employer/payer groups	341
Single coverage	1,772,431
Total users	**11,626,548**

Operational date: June 1985.
For profit.
Ownership: Columbia American Corp.
Service area: Nationwide, including District of Columbia but excluding North Dakota, Vermont and Wyoming.
Services: Standard package including vision, dental, durable medical equipment, podiatry, OB/Gyn, transplant centers, skilled nursing facilities, rehabilitation centers, home health care, pharmacies. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem, discount off customary rates, DRGs, cost sharing; is compensated by employers/payers, insurers, TPAs; charges a flat fee per employee, percent of savings. The PPO will adjust its fees based on savings realized or not realized.
UR: Standard procedures. UR provided by the PPO.
Officers: Linda Howland, president; Laura Dickson, executive director; Dr. Millard Nelson, medical director; Renee Kemmeries, marketing director; Martha Sposito, vp-provider relations.
Contact: Renee Kemmeries.
* Figures are consolidated, including all PPOs operated by USA Healthnet Inc.

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ARKANSAS

Aetna Health Plans

2350 Lakeside Blvd., Suite 500, Richardson, Texas 75082; 214-470-7604; fax: 214-680-3416

Staff	
Physicians	80
Patients/physician	48
Board-certified	84%
Specialists	252
Marketing	2
Facilities	
Hospitals	4
Pharmacies	64
Diagnostic labs	4
Users: Group Health	
Employer/payer groups	13
Employees & dependents	3,800
Total users	**3,800**

Operational date: March 1992.
Service area: Arkansas: Faulkner, Lonoke, Prairie, Pulaski, Saline counties and portions of Arkansas, Jackson, Jefferson and Monroe counties.
Officers: Dr. Michael Cryer, medical director; Dr. Barry Koerpel, medical director; Brian Forbes, marketing manager; Russel Jabyis, director-network management.
See Aetna Health Plans consolidated listing under Connecticut.

CAPP CARE Inc.

West Tower, 4000 MacArthur Blvd., Suite 10000, Newport Beach, Calif. 92660-2526; 714-251-2200; fax: 714-251-2222

Service area: Arkansas: Northeast Arkansas, Fort Smith and Little Rock.
See CAPP CARE Inc. consolidated listing under California.

CCN Inc.

8911 Balboa Ave., San Diego, Calif. 92123; 619-278-2273; fax: 619-278-1262

Operational date: December 1992.
For profit.
Service area: Arkansas.
Services: Hospitalization, physicians. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem, discount off customary rates, is compensated by employers/payers, insurers, TPAs; charges a flat fee per employee, percent of savings.
UR: Standard procedures excluding discharge planning, second surgical opinion, hospital bill audits, outpatient service predetermination, case management.
Officers: Michael T. Williams, executive director.
See CCN Inc. consolidated listing under California.

CIGNA PPO-Russellville

850 Ridge Lake, Suite 210, Memphis, Tenn. 38120; 901-683-1653; fax: 901-685-3837

Staff	
Physicians	33
Facilities	
Hospitals	1

Operational date: January 1992.
Service area: Arkansas: Russellville county.
Officers: Tim Fitzgerald, regional managed care officer; Patti Letchworth, provider relations.
See CIGNA Preferred Provider Organization consolidated listing under Connecticut.

Coordinated Preferred Provider Organization

P.O. Box 21298, Little Rock, Ark. 72221; 501-224-1235; fax: 501-224-1419

Staff	
Physicians	145
Board-certified	90%
Specialists	126
Facilities	
Hospitals	5
Users: Group Health	
Employer/payer groups	34
Users: Workers Compensation	
Employer/payer groups	34
Total users	**20,000**

Operational date: June 1985.
For profit.
Ownership: Spradley & Coker Inc.
Service area: Arkansas: Arkansas, Clark, Faulkner, Pulaski and Sebastian counties.
Services: Standard package excluding substance abuse. Other services include podiatry, OB/Gyn. Employees can select non-PPO providers.
Compensation: Negotiates hospital charges by per diem, discount off customary rates; is compensated by insurers; charges a flat fee per employee. Services groups under contract with Provident Life & Accident Insurance Co.; Spradley & Coker Inc.
UR: Standard procedures excluding discharge planning, second surgical opinion, outpatient service predetermination, case management. UR provided by the PPO.
Officers: Daryl E. Coker, president; Wilma J. Bridenbaugh, medical director; Jim Lewis, production manager.

FOCUS Healthcare Management Inc.

7101 Executive Center Drive, Suite 375, Brentwood, Tenn. 37027; 615-377-9936

Staff	
Physicians	NA
Board-certified	50%
Specialists	5
Marketing	1
Facilities	
Hospitals	12
Users: Workers Compensation	
Employer/payer groups	15
Single coverage	77,578
Total users	**77,578**

Operational date: March 1991.
Service area: Arkansas: Clark, Craighead, Miller, Pulaski and Sebastian counties.
See FOCUS Healthcare Management Inc. consolidated listing under Tennessee.

ProAmerica Managed Care Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669; fax: 817-347-3296

Facilities	
Hospitals	7
Users: Group Health	
Employees & dependents	12,800
Total users	**12,800**

Service area: Arkansas.
See ProAmerica Managed Care Inc. consolidated listing under Texas.

Prudential Plus of Little Rock (Point-of-Service)

10800 Financial Center Parkway, Suite 499, Little Rock, Ark. 72211; 501-227-7776; fax: 501-227-0581

Staff	
Physicians	96
Board-certified	92%
Specialists	213
Administrative	22
Marketing	5
Facilities	
Hospitals	7
Pharmacies	38
Diagnostic labs	1
Users: Group Health	
Employees & dependents	18,083
Total users	**18,083**

Operational date: November 1987.
For profit.
Ownership: The Prudential Insurance Co. of America.
AAPI accreditation pending.
Service area: Arkansas: Faulkner, Lonoke, Pulaski and Saline counties.
Services: Standard package includin durable medical equipment, podiatry, OB/Gyn. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem; is compensated by employers/payers; charges a flat fee per employee. The PPO will adjust fees based on savings realized or not realized.
UR: Standard procedures. UR provided by the PPO.
Officers: William Link, president; Norine Yukon, executive director; Dr. Michael Muszynski, medical director; Mark Krogulski, director-group marketing.
See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

Prudential Plus of Little Rock*

10800 Financial Center Parkway, Suite 499, Little Rock, Ark. 72211; 501-227-7776; fax: 501-227-0581

** Prudential Plus is Prudential's PPO product, with provider networks comparable to Prudential Plus (point-of-service).*
See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

CALIFORNIA

501 Panel Providers

12722 Riverside Drive, North Hollywood, Calif. 91607; 818-506-2501; fax: 818-506-0309

Staff	
Physicians & Specialists	6,360
Facilities	
Hospitals	110
Users: Group Health	
Employer/payer groups	856
Single coverage	11,000
Family coverage	4,600
Employees & dependents	25,000
Total users	**40,600**

Operational date: 1975.
For profit.
Ownership: 501 Insurance Marketing Inc.
Service area: California.
Services: Standard package including dental, podiatry, OB/Gyn, acupuncture, chiropractors. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem; is compensated by insurers, TPAs; charges a flat fee per employee. The PPO will adjust fees based on savings realized or not realized. Services groups under contract with National Marketing Assn.; Exclusive Care Trust; Anchorage Fire & Casualty Insurance Co.; Ararat International Administrators Inc.; Banner Health Systems.
UR: Provided by outside contractors.
Officers: Chester Bloome, president; Joyce Canter.

Admar Corp.*

1551 N. Tustin Ave., Suite 300, Santa Ana, Calif. 92701; 714-953-9600; fax: 714-953-6309

Staff	
Physicians	20,338
Patients/physician	15
Board-certified	80%
Specialists	33,096
Administrative	29
Marketing	9
Facilities	
Hospitals	920
Pharmacies	1,589
Users: Group Health	
Employer/payer groups	104
Family coverage	2,502,713
Employees & dependents	5,756,239
Total users	**5,756,239**
Revenues	
1991	$10,330,000
1990	$10,192,000

Operational date: 1978.
For profit.
Ownership: Admar Group Inc.
Service area: Alaska, Arkansas, Arizona, California, Colorado, Florida, District of Columbia, Georgia, Iowa, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Massachusetts, Maryland, Michigan, Mississippi, Missouri, New Hampshire, New Mexico, Nevada, Ohio, Oregon, Pennsylvania, Rhode Island, Tennessee, Texas, Virginia, Washington, Wisconsin.
Services: Standard package including durable medical equipment, podiatry, OB/Gyn. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem, discount off customary rates; is compensated by employers/payers; charges a flat fee per employee, percent of savings.
UR: Standard procedures including point of service negotiations. UR provided by the PPO.
Officers: Richard Toral, ceo; John Gray, president-managed care; Virginia Pascual, executive vp; Dr. Vincent Duda, medical director; Karin Anderson, vp-marketing/sales; Ed Evans, cfo.
** Figures are consolidated, including all PPOs in this organization.*

Admar Corp.

1111 Bayhill Drive, Suite 425, San Bruno, Calif. 94066; 415-742-6590 or 800-395-6901

See Admar Corp. consolidated listing under California.

Aetna Health Plans*

1111 Bayhill Drive, Suite 300, San Bruno, Calif. 94066; 800-635-5447; fax: 415-871-0515

Staff	
Physicians	2,442
Specialists	5,349
Facilities	
Hospitals	55
Pharmacies	729
Diagnostic labs	86
Users: Group Health	
Employer/payer groups	2,116
Employees & dependents	190,796
Total users	**190,796**

Operational date: February 1989.
Service area: California: 17 counties and the greater San Francisco area.
Officers: Paul Swenson, executive director; Dr. Joe Cook, medical director.
** Information drawn from a consolidation of the Central Valley and Northern California-San Francisco and Sacramento area networks operating from this office. Employer/payer groups may overlap, but total users do not.*
See Aetna Health Plans consolidated listing under Connecticut.

Aetna Health Plans

303 E. Vanderbilt Way, San Bernardino, Calif. 92308; fax: 714-386-3330

Staff	
Physicians	2,792
Board-certified	71.6%
Specialists	5,852
Administrative	8
Facilities	
Hospitals	74
Pharmacies	1,295
Users: Group Health	
Employer/payer groups	1,309
Single coverage	18,451
Family coverage	21,017
Employees & dependents	121,177
Total users	**121,177**

Operational date: June 1988.
For profit.
Service area: California: Los Angeles, Orange, Riverside, San Bernardino, San Luis Obispo, Santa Barbara and Ventura counties and portions of Kern county.
Officers: Michael Dobbs, president, Mittie Soutar, executive director, Dr. Michael Gavin, medical director; David Long, Hollye Wylie, marketing directors; Craig Dupont, CFO.
See Aetna Health Plans consolidated listing under Connecticut.

Aetna Health Plans

7676 Hazard Center Drive, 10th Floor, San Diego, Calif. 92108; 619-497-4138 fax: 619-497-4258

Staff	
Physicians	539
Board-certified	74%
Specialists	2,435
Facilities	
Hospitals	13
Pharmacies	280
Users: Group Health	
Employer/payer groups	369
Employees & dependents	14,271
Total users	**14,271**

Operational date: November 1990.
For profit.
Service area: California: San Diego.
Officers: Dr. Antonio P. Linares, medical director; Stacey Hrountas, network director; William Gregory, marketing general manager.
See Aetna Health Plans consolidated listing under Connecticut.

American Chiropractic Network-Southwest Region

8885 Rio San Diego Drive, Suite 365, San Diego, Calif. 92108; 619-279-8100; fax: 619-297-8189

Staff	
Physicians	1,375
Administrative	20
Marketing	1
Users: Group Health	
Employer/payer groups	9
Single coverage	67,000
Family coverage	101,000
Total users	**368,000**

Operational date: 1987.
Service area: Arizona, California, Nevada, New Mexico.
Services: Chiropractic. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Compensated by employers/payers, insurers; charges a flat fee per employee, percent of services by doctors/hospitals.
UR: Services include precertification, outpatient service predetermination. UR provided by the PPO.
Officers: George DeVries, executive director.

BPS Inc. (Benefit Panel Services)

888 S. Figueroa St., Suite 1400, Los Angeles, Calif. 90017; 213-489-2694; fax: 213-489-7973

Staff	
Physicians	4,305
Patients/physician	50
Board-certified	90%
Specialists	5,765
Administrative	190
Marketing	12
Facilities	
Hospitals	178
Diagnostic labs	144
Users: Group Health	
Employer/payer groups	1,600
Employees & dependents	280,000
Users: Workers Compensation	
Employer/payer groups	3
Single coverage	2,795
Total users	**282,795**

Operational date: May 1983.
For profit.
Accredited by AAPI.
Service area: 23 counties in California.
Services: Standard package including podiatry, OB/Gyn, chiropractic, workers comp. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by per diem, discount off customary rates, all inclusive case rates; is compensated by employers/payers, insurers; charges a flat fee per employee. The PPO will adjust fees based on savings realized or not realized.
UR: Standard procedures. UR provided by the PPO.
Officers: W. Mark Jasper, president; Dr. Robert Blackman, Dr. Alan Rosenstein, regional medical directors; Virginia L. Downie, vp-marketing; Dr. Marshall Bernes, chairman; Daniel Seargent, cfo; Ann Kukierus, senior vp-operations.
Contact: Virginia L. Downie.

Beech Street of California Inc.*

2 Ada, Irvine, Calif. 92718; 714-727-1353 or 800-233-2478; fax: 714-727-1319

Staff	
Physicians	13,778
Specialists	38,236
Facilities	
Hospitals	1,053
Pharmacies	19,742
Diagnostic labs	75
Users: Group Health	
Employer/payer groups	346
Single coverage	569,380
Family coverage	854,070
Employees & dependents	3,558,625
Users: Workers Compensation	
Employer/payer groups	167
Single coverage	3,660,000
Total users	**7,218,625**
Revenues**	
1991	$228,853,448
1990	140,753,721

Operational date: 1984.
For profit.
Service area: Nationwide excluding Arkansas.
Services: Standard package including durable medical equipment, podiatry, OB/Gyn, chiropractic, 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 per diem, discount off customary rates, DRGs, rate caps; is

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compensated by employers/payers, insurers, TPAs; charges a flat fee per employee, percent of savings, percent of gross billed charges. The PPO will adjust fees based on savings realized or not realized. Services groups under contract with more than 75 insurers and TPAs.

UR: Standard procedures including psychiatry/substance abuse. UR provided by the PPO.

Officers: Edwin M. Crawford, president; Bradley S. Karro, COO; Dr. Lester Sacks, medical director; George J. Bregante, vp-marketing/sales; John K. Mills, executive vp; Samuel J. Hartman, senior vp.

** Figures are consolidated, including all PPOs owned by Beech Street.*

*** Includes claims paid to hospitals only.*

Beech Street

2 Ada, Irvine, Calif. 92718; 714-727-1353 or 800-233-2478; fax: 714-727-1319

Staff	
Physicians	4,686
Specialists	14,056
Facilities	
Hospitals	244
Pharmacies	3,225
Diagnostic labs	44

Service area: California.

See Beech Street of California Inc. consolidated listing under California.

Blue Shield of California-The Blue Shield Preferred Plan

P.O. Box 7168, San Francisco, Calif. 94120-7168; 415-445-5000; fax: 415-445-5836

Staff	
Physicians	16,368
Board-certified	65%
Specialists	28,338
Administrative	4,300
Marketing	260
Facilities	
Hospitals	276
Pharmacies	5,465
Diagnostic labs	460
Users: Group Health	
Employer/payer groups	3,207
Single & family coverage	361,112
Employees & dependents	749,381
Total users	**1,622,868**
Revenues	
1991	$1.1 billion
1990	$1 billion

Operational date: May 1984.

Not for profit.

Ownership: Blue Shield of California.

Service area: California.

Services: Standard package including vision, dental, durable medical equipment, podiatry, OB/Gyn, chiropractic, hospice, acupuncture, short-term rehabilitation, prescription drugs, 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, discount off customary rates, DRGs; is compensated by employers/payers; charges a flat fee per employee. The PPO will adjust fees based on savings realized or not realized.

UR: Standard procedures. UR provided by the PPO.

Officers: Peter F. Scott, president; Thomas C. Paton, chairman; Dr. Wade Aubry, medical director; Joseph Tyskiewicz, senior vp.

CAPP CARE Inc.

West Tower, 4000 MacArthur Blvd., Suite 10000, Newport Beach, Calif. 92660-2526; 714-251-2200; fax: 714-251-2222

Staff	
Physicians	22,225
Facilities	
Hospitals	168

Service area: Northern Califonia, Central California, Los Angeles, Imperial County and San Diego.

See CAPP CARE Inc. consolidated listing under California.

CAPP CARE Inc.*

West Tower, 4000 MacArthur Blvd., Suite 10000, Newport Beach, Calif. 92660-2526; 714-251-2200; fax: 714-251-2222

Staff	
Physicians	24,745
Board-certified	64.05%
Specialists	37,341
Administrative	185
Facilities	
Hospitals	1,500
Pharmacies	55,000
Users: Group Health	
Employer/payer groups	150
Total users	**2,000,000**
Revenues	
1991	$13,349,735
1990**	$6,141,580

Operational date: 1982.

For profit.

Ownership: Pacific Mutual Life Insurance, American United Life Insurance, Home Life Insurance, Nationwide HealthCare Corp and Provident Mutual Life Insurance.

Accredited by AAPI.

Service area: Alabama, Alaska, Arizona, Arkansas, California, Colorado, Delaware, Florida, Georgia, Idaho, Illinois, Indiana, Louisiana, Michigan, Minnesota, Missouri, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, Tennessee, Texas, Virginia, Washington, Wisconsin, Wyoming and Puerto Rico.

Services: Standard package including durable medical equipment, podiatry, OB/Gyn. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by per diem, discount off customary rates, outpatient case rates; is compensated by employers/payers; charges a flat fee per employee, percent of savings. The PPO will adjust fees based on savings realized or not realized. Services groups under contract with 49 TPAs and insurers.

UR: Standard procedures including, retrospective review, hospital bill audits. UR provided by the PPO.

Officers: Michael E. Henry, president/COO; Dr. Edward Zalta, CEO; Dr. Harvey Eichner, medical director; Thomas R. Acosta, vp-marketing, William T. Ross, vp-PPO/provider affairs.

Contact: Dorothy Baylor, manager-new business development, 714-251-2200 ext. 408.

** Figures are consolidated, including all PPOs in this organization.*

*** Figure is from fiscal year to calendar year/six months ended Dec. 30, 1990.*

CCN Inc.*

8911 Balboa Ave., San Diego, Calif. 92123; 619-278-2273 or 800-247-2898; fax: 619-278-1262

Users: Group Health	
Employees & dependents	1,074,244
Users: Workers Compensation	
Single coverage	13,035,000
Total users	**14,099,244**

Operational date: 1987.

Not for profit in California; For profit in all other states.

Service area: Arizona, Arkansas, California (Community Care Network), Colorado, District of Columbia, Florida, Hawaii, Illinois (EPIQual/CCN Inc.), Indiana (EPIQual/CCN Inc.), Louisiana, Mississippi, Missouri, Nebraska, New Jersey, New Mexico, Oklahoma, Pennsylvania, Tennessee, Texas, Virginia, Wisconsin (Health Care Network of Greater Milwaukee).

Services: See regional listings. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed on a regional basis.

Compensation: Negotiates hospital charges by per diem, discount off customary rates; is compensated by employers/payers, insurers, TPAs; charges a flat fee per employee, percent of savings. Services groups under contract with numerous TPAs and insurers.

Officers: James E. Buncher, CEO; Dr. Eugene Helsel, medical director; Patrick J. Sullivan, marketing director.

Contact: Marjorie Wells, corporate communications manager.

** Figures are consolidated, including all PPOs in this organization.*

CCN Inc.

8911 Balboa Ave., San Diego, Calif. 92123; 619-278-2273; fax: 619-278-1262

Staff	
Physicians	5,316
Board-certified	76%
Specialists	13,000
Administrative	300
Marketing	20
Facilities	
Hospitals	267
Diagnostic labs	145
Users: Group Health	
Employer/payer groups	680
Employees & dependents	651,556
Users: Workers Compensation	
Single coverage	8,000,000
Total users	**8,651,556**

Operational date: December 1984.

Not for profit.

Service area: California.

Services: Standard package including vision, dental, durable medical equipment, podiatry, OB/Gyn, home health care, chiropractic, podiatry. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.

UR: Standard procedures. UR provided by the PPO.

Officers: Sandra M. Foote.

See CCN Inc. consolidated listing under California.

CNA Managed Care PPO-Central California*

3530 Wilshire Blvd., 7th Floor, Los Angeles, Calif. 90010; 213-252-7124

Staff	
Physicians	10,427
Board-certified	66.4%
Facilities	
Hospitals	98
Total employee users	**12,223**

Service area: California: Fresno, Kern, Kings, Los Angeles, Mercer, Orange, Riverside, San Bernardino, San Diego, San Luis Obispo, Santa Barbara, Stanislaus, Tulare and Ventura counties.

Contact: Tim Closson, manager-major group sales.

** Information drawn from a consolidation of the Central California, San Diego and Los Angeles networks operated from this office.*

See CNA Managed Care PPO consolidated listing under Illinois.

CNA Managed Care PPO-Sacramento/San Francisco

50 Fremont St., San Francisco, Calif. 94105; 415-243-4982

Staff	
Physicians	5,592
Board-certified	63.5%
Facilities	
Hospitals	67
Total employee users	**5,062**

Service area: California: Alameda, Butte, Contra Costa, Lake, Marin, Napa, Placer, Sacramento, San Benito, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma and Yolo counties.

Contact: Robert Shaffer, manager-major group sales.

** Information drawn from a consolidation of the Sacramento and San Francisco networks operated from this office.*

See CNA Managed Care PPO consolidated listing under Illinois.

CareAmerica Life Insurance

20520 Nordhoff St., Chatsworth, Calif. 91311-6191; 818-407-2222; fax: 818-407-2359

Staff	
Physicians*	4,404
Patients/physician	1.79
Board-certified	95%
Specialists*	9,587
Administrative	30
Marketing	34
Facilities	
Hospitals*	168
Users: Group Health	
Employer/payer groups	450
Single coverage	2,464
Family coverage	1,472
Employees & dependents	7,872
Total users	**7,872**
Revenues	
1991	$27,928,203
1990	$19,920,402

Operational date: January 1988.

For profit.

Ownership: CareAmerica.

Service area: California: 30 counties.

Services: Standard package including vision, dental, durable medical equipment, podiatry, OB/Gyn. Employees can select non-PPO providers.

Compensation: Negotiates hospital charges by per diem; is compensated by employers/payers; charges an administrative load with each dollar of premium. Hospital charges per diem; compensated by employers payers; charges administrative load with each dollar of premium.

UR: Standard procedures excluding preadmission review, length of stay determination, retrospective review, hospital bill audits, case management. UR provided by the PPO.

Officers: Larry D. Gray, president/CEO; Jerry A. Torgerson, executive vp; Dr. Candy Bloom, Dr. James Reilly, medical director; Nels Johnson, vp-group sales/marketing; Paul Kimmins, vp/CFO.

** Figures as of Dec. 30, 1991.*

CIGNA PPO-California

2400 E. Katella Blvd., Anaheim, Calif. 92806; 714-939-5758; fax: 714-939-5829

Staff	
Physicians	17,073
Facilities	
Hospitals	221

Operational date: November 1985.

Service area: 41 counties in California.

Officers: Bert Wagener, regional managed care officer; John Gray, administrator.

See CIGNA Preferred Provider Organization consolidated listing under Connecticut.

ConserviCare

5772 Bolsa Ave., Suite 220, Huntington Beach, Calif. 92649; 714-894-5755; fax: 714-892-2945

Staff	
Physicians	5,860
Patients/physician	38.3
Board-certified	84.2%
Specialists	5,920
Administrative	4
Marketing	2
Facilities	
Hospitals	185
Diagnostic labs	140
Users: Group Health	
Employer/payer groups	144
Single coverage	88,082
Family coverage	176,166
Employees & dependents	264,248
Users: Workers Compensation	
Employer/payer groups	1
Single coverage	1,840
Total users	**266,088**

Operational date: September 1986.

For profit.

Service area: California: Imperial, Kern, Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Luis Obispo, Santa Barbara and Ventura counties. Contracts with Maricopa Foundation in Arizona; Preferred Healthcare Network in Nevada; Preferred Plan in Illinois, Indiana, Michigan, Ohio, Wisconsin; Healthcare Savings in North Carolina, South Carolina; Dimension PPO in Florida; Universal Preferred in Connecticut and Ohio; Managed Health Care Inc. in Texas; MedCorp USA in Arkansas, Oklahoma and Texas; Healthcare Advantage in Alabama, Georgia, Louisiana and Michigan; Pacific Health Alliance in California; Pharmaceutical Care Network in California.

Services: Standard package including durable medical equipment, podiatry, OB/Gyn, home health care, 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 per diem, bundled services, cardiac, transplants, lithrotripsy; is compensated by employers/payers, insurers, TPAs; charges a flat fee per employee, percent of savings. The PPO will adjust fees based on savings realized. Services groups under contract with Summit Administrators Inc., L&H Administrators, Benefit Claims Payors, Group Underwriters Inc., Global Medical Management Inc., Employee Benefit Administrators Inc.

UR: Standard procedures excluding retrospective review, hospital bill audits. UR provided by the PPO.

Officers: E.L. Raffetto, president; Dr. Burton H. Smith, medical director; Mr. Lynn Holland, marketing director; N.E. Raffetto, vp/treasurer.

Contact: E.L. Raffetto.

Cost Care Physician Managed Networks*

600 Newport Center Drive, Suite 600, Newport Beach, Calif. 92660; 714-729-4500; fax: 714-729-4650

Staff	
Physicians	28,105
Board-certified	90%
Specialists	32,101
Administrative	50
Marketing	10
Facilities	
Hospitals	891
Diagnostic labs	368
Users: Group Health	
Employer/payer groups	785
Employees & dependents	311,860
Total users	**311,860**

Operational date: 1985.

For profit.

Ownership: John Hancock Mutual Life Insurance Co.

Service area: Owned or affiliated networks in New England, Alaska, Arizona, California, Colorado, Connecticut, District of Columbia, Florida, Georgia, Illinois, Indiana, Louisiana, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, North Carolina, Ohio, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Vermont, Virginia, Washington.

Contracts with Preferred Health Network in California; Sloans Lake Managed Care in Colorado; Samaritan Physician Network in Arizona; CareMark in Oregon; Sound Health Network in Washington, Alaska; Health Preferred of Mid-America in Illinois; Health First and Emerald Health Network in Ohio; Sagamore Health Network in Indiana; Mid-America Healthnet in Missouri; Associates for Health Care in Wisconsin; ETHIX Mid-West in Minnesota; Healthlink in Missouri; Preferred Plan of Georgia in Georgia; Transcentury in Texas; Preferred Health Partnership, Health Choice, and Healthnet in Tennessee; Principal Health Care in Louisiana; Healthnet in North Carolina; Health Choice in Connecticut and Florida; Health Network in Virginia; Preferred Choice in Texas; Carolina Preferred in North Carolina, South Carolina; National Capital PPO in Maryland, District of Columbia; ETHIX Mid-Atlantic in New Jersey, Pennsylvania; Health Advantage in Rhode Island.

Services: Standard package including vision, durable medical equipment, podiatry, OB/Gyn, chiropractic. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by per diem, DRGs; is compensated by employers/payers; charges a flat fee per employee.

UR: Standard procedures including maternity high-risk program, patient assist line, home health care program, specialty referral. UR provided by the PPO.

Officers: Larry Goelman, CEO; Patty Batt, vp-network management; Dr. Alan Greenfield, vp-medical services; Ray Foose, vp-marketing; Virginia Cirica, COO; David Ackley, CFO; Vicki Schweitzer, vp-operations; Joe Briand, vp-payor affiliated management.

** Figures are consolidated, including all PPOs in this organization. Cost Care Physicians Managed Networks services are marketed under both Cost Care Physicians Managed Network plans as well as Hancock Preferred plans. This listing contains totals from both plans.*

Cost Care Physician Managed Networks

Regional Medical Review Center, 17011 Beach Blvd., Huntington Beach, Calif. 92647

Service area: Statewide in Alaska, California and Washington. Phoenix, Denver and Portland, Ore.

Officers: Linda Bowman, director-network management; Dr. Kenneth Beckman, regional medical director.

See Cost Care Physician Managed Networks consolidated listing under California.

Davis Vision

21800 Oxnard St., Suite 550, Woodland Hills, Calif. 91367; 818-710-7748 or 800-933-9371

Staff	
Optometrists	1,000
Administrative	5
Marketing	9

Continued on next page

Continued from previous page

Users: Group Health	
Employer/payer groups	37
Employees & dependents	63,000
Total users	**63,000**

Service area: California.

See Davis Vision consolidated listing under New York.

Delta Preferred Option

P.O. Box 7736, San Francisco, Calif. 94120; 415-972-8300; fax: 415-972-8466

Staff	
Dentists	1,850
Patients/dentists	200
Specialists	270
Users: Group Health	
Employer/payer groups	117
Single coverage	35,000
Family coverage	107,000
Employees & dependents	370,000
Total users	**370,000**
Revenues	
1991	$56,500,000
1990	$44,000,000

Operational date: June 1987.
Not for profit.
Ownership: Delta Dental Plan of California.
Service area: California.
Services: Dental. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates dental charges by submitting for approval; is compensated by employers/payers; charges a flat fee per employee.
UR: Retrospective review, computer practice profiles, dentist consultant treatment, patient-treatment computer cross-check, utilization review of services provided by DPO. UR provided by the PPO.
Officers: William T. Ward, president; Dr. John F. Field, dental director/senior vp-public/professional services; Don B. Coukling, senior vp-marketing; Joseph C. Jaeger, senior vp/CFO; Jerry R. Holcombe, senior vp-corporate services.
Contact: Jeff Album.

FOCUS Healthcare Management Inc.

7101 Executive Center Drive, Suite 375, Brentwood, Tenn. 37027; 615-377-9936

Staff	
Physicians	1,455
Board-certified	50%
Specialists	5,112
Marketing	1
Facilities	
Hospitals	287
Diagnostic labs	321

Operational date: December 1990.
Service area: 36 counties in California.

See FOCUS Healthcare Management Inc. consolidated listing under Tennessee.

Foundation for Medical Care of Santa Clara County

1101 S. Winchester Blvd., Suite F-164, San Jose, Calif. 95128; 408-248-9400; fax: 408-248-0334

Staff	
Physicians	2,000
Board-certified	72%
Specialists	1,200
Administrative	3
Marketing	1
Facilities	
Hospitals	11
Diagnostic labs	40
Users: Group Health	
Employer/payor groups	1,038
Family coverage	34,503
Employees & dependents	86,257
Total users	**86,257**

Operational date: 1960.
Not for profit.
Service area: California: Santa Clara County.
Services: Standard package excluding substance abuse. Other services include OB/Gyn. 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, discount off customary rates; is compensated by employers/payers, providers, TPAs; charges a flat fee per employee. Services groups under contract with Principal Mutual Life Insurance Co.; Blue Cross of Northern California; American Western Life Insurance Co.; Comparative Insurance Services/United Administrative Services; John Alden Life Insurance Co.; California Foundation for Medical Care.
UR: Standard procedures excluding length of stay determination, discharge planning, hospital bill audits. UR provided by Review Services Inc. and others.
Officers: Dr. James R. Dickson, president; Charles W. Maschal, executive director; Dr. Donald L. Allari, vp; Dr. Allan S. Vishoot, secretary; John Working, treasurer.
Contact: Marilyn Credi.

Golden West Dental & Vision Plan

888 W. Ventura Blvd., Camarillo, Calif. 93010; 805-987-8941; fax: 805-987-6110

Staff	
Dentists	1,660
Patients/dentists	130
Specialists	866
Administrative	27
Marketing	8
Facilities	
Dental locations	615
Users: Group Health	
Employer/payer groups	800
Employees & dependents	85,000
Total users	**85,000**
Revenues	
1991	$6,000,000
1990	$5,000,000

Operational date: 1974.
For profit.
Service area: California.
Services: Vision, dental. Services available unbundled. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Is compensated by employers/payers; charges a flat fee per employee.
Officers: Troy Becker, president; Daphne Becker, executive director; Dr. Willian Spellman, medical director; James D. Fuhrman, vp-marketing; Jeff Becker, vp.
Contact: Troy Becker.

Hancock Preferred Plan

600 Newport Center Drive, Suite 600, Newport Beach, Calif. 92660; 714-729-4500; fax: 714-729-4650/
Regional Medical Center, 17011 Beach Blvd., Huntington Beach, Calif. 92647

See Cost Care Physician Managed Network consolidated listing under California.

Health Care Foundation of San Mateo County Inc.

400 S. El Camino Real, Suite 1510, San Mateo, Calif. 94402; 415-347-8455; fax: 415-342-2054

Staff	
Physicians	510
Board-certified	95%
Specialists	351
Administrative	5
Facilities	
Hospitals	7
Pharmacies	1
Diagnostic labs	12
Users: Group Health	
Employer/payer groups	398
Single coverage	849
Family coverage	6,377
Employees & dependents	15,944
Total users	**15,944**

Operational date: October 1971.
Not for profit.
Service area: California: San Mateo County.
Services: Standard package including durable medical equipment, podiatry, OB/Gyn. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem, discount off customary rates; is compensated by employers/payers, insurers, TPAs; charges a flat fee per employee. The PPO will adjust fees based on savings realized or not realized.
UR: Standard procedures. UR 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

Total users	5,345

Operational date: 1984.
Officers: Jeanne Skelly, executive director; Greg Argenas, sales manager; Dr. James Wamsley, medical director.

Insurance Dentists of America

20480 Blauer Drive, Saratoga, Calif. 95070; 408-867-1960; fax: 408-867-0899

Staff	
Dentists	25,485
Dental specialists	4,462
Administrative/marketing	8
Total users	**2,000,000**

Operational date: September 1983.
For profit.
Service area: Nationwide.
Services: Dental. Services available unbundled. 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 employee. Services groups under contract with The Travelers; Metlife; MassMutual; Mutual of Omaha; Phoenix Home Life; The Principal Financial Group; Provident Life & Accident; The Guardian.
UR: Retrospective review. UR provided by the PPO.
Officers: Dr. Richard L. Garwood, president; Dr. Gordon D. Marx, vp-professional relations; Harry Kaplan, secretary/treasurer.
Contact: Dr. Richard L. Garwood.

Interplan Corp.

1150 W. Robinhood Drive, Suite 2-C, Stockton, Calif. 95207; 209-473-0811; fax: 209-473-0863

Staff	
Physicians	7,050
Patients/physician	71
Board-certified	94%
Specialists	7,950
Administrative	60
Marketing	2
Facilities	
Hospitals	275
Pharmacies	3,150
Diagnostic labs	312
Users: Group Health	
Employer/payor groups	170
Single coverage	223,000
Family coverage	223,000
Employees & dependents	468,300
Users: Workers Compensation	
Employer/payer groups	25
Single coverage	150,000
Total users	**618,300**

Operational date: August 1984.
For Profit.
Service area: California; Nevada: Reno, Las Vegas.
Services: Standard package including dental, durable medical equipment, podiatry, OB/Gyn, chiropractic, lab, surgicenter, MRI, tertiary care centers, 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 per diem; is compensated by employers/payers, insurers, TPAs; charges a flat fee per employee, percent of savings (workers comp). The PPO will adjust fees based on savings realized or not realized. Services groups under contract with numerous insurers and TPAs.
UR: Standard procedures including gatekeeper review and EAP. UR provided by the PPO.
Officers: Daniel P. Sheehy, president; Phoebe J. Brown, executive director.

Los Angeles Foundation for Medical Care

1925 Wilshire Blvd., Suite 310, Los Angeles, Calif. 92123; 800-232-9043; fax: 619-467-0102

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/payor groups	52
Employees & dependents	111,000
Total users	**111,000**

Operational date: 1982.
Not for profit.
Service area: California: Los Angeles county.
Services: Standard package including vision, podiatry, OB/Gyn, audiology, chiropractors, home health agencies, clinical social work, marriage/family counseling, physical therapy, psychology, 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, discount off customary rates; is compensated by employers/payers, providers, insurers, TPAs, package rates for OB/Gyn and cardiac services; charges a flat fee per employee, percent of savings. Services groups under contract with American Insurance Co. of Texas; American National Insurance Co.; Banker's Life & Casualty; Bankers United; Benefit Claims Payors Inc.; Certified Life; Consumer Health Plans; EBP Insurance Services; Globe Life; Home Life; L&H Administrators; John Alden; Life Investors Insurance Co. of America; Philadelphia American; Principal Mutual.
UR: Standard procedures. UR provided by the PPO.
Officers: Dr. David 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

5100 W. Goldleaf Circle, Suite 300, Los Angeles, Calif. 90056; 213-299-0999; fax: 213-290-1274

Staff	
Providers	4,145
Board-certified	17%
Administrative	287
Marketing	27
Facilities	
Hospitals	409
Users: Group Health	
Employer/payer groups	350
Family coverage	680,000
Employees & dependents	1,700,000
Total users	**1,700,000**
Revenues	
1991	$35,000,000
1990	$30,000,000

Operational date: 1982.
For profit.
Service area: Nationwide.
Services: Substance abuse, psychiatry. 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, discount off customary rates; is compensated by employers/payers, insurers; charges a flat fee per employee. The PPO will adjust fees based on savings realized or not realized. Services groups under contract with Metlife Healthcare Network of Southern California; Maxicare of California.
UR: Standard procedures excluding length of stay determination, second surgical opinion, hospital bill audits. UR provided by the PPO.
Officers: Ronald W. Moreland, president; Gary Valasquez, CFO; H.G. Whittington, medical director; Tom Boyajy, vp-eastern region; Karen Lennox, vp-southern region.
Contact: Don Pope, director-regional marketing.

Medview Services Inc. (Comp Pro)

301 E. Ocean Blvd, Suite 900, Long Beach, Calif. 90802; 310-436-7730; fax: 310-983-1616

Staff	
Physicians	27,597
Board-certified	90%
Specialists	17,800
Administrative	3
Marketing	1
Facilities	
Hospitals	355
Users: Group Health	
Employees & dependents	5,000
Users: Workers Compensation	
Employer/payer groups	13
Single coverage	688,000
Total users	**693,000**

Service area: California.

See Medview Services Inc. (Comp Pro) consolidated listing under Michigan.

MetLife Network-Northern California

50 Fremont St., Suite 1100, San Francisco, Calif. 94105; 415-957-4101

Contact: Larry Kissner, vp.

See MetLife Network consolidated listing under Connecticut.

MetLife Network-Southern California

1 City Blvd. W., Suite 700, Orange, Calif. 92668; 714-978-1991

Contact: Nick Brecker, vp.

See MetLife Network consolidated listing under Connecticut.

Newport Dental Plan

1401 Dove St., Suite 290, Newport Beach, Calif. 92660; 800-497-6453 ext. 233; fax: 714-756-2758

Staff	
Dentists	30
Specialists	20
Administrative	12
Marketing	3
Total users	**35,000**
Revenues	
1991	$13,000,000
1990	NA

Operational date: June 1985.
For profit.
Service area: California: Los Angeles and Orange counties.
Services: Dental.
Compensation: Is compensated by employers/payers, insurers, TPAs; charges a flat fee per employee.
Officers: Dr. Dennis R. Fratt, president; Dr. Charles Stirewalt, dental director; Deborah McCarthy, marketing director; John Drake, CFO; Dr. Joseph Zepf, director-quality assurance.

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, Private Healthcare Systems Inc., Wichita Preferred Provider Assn. and Health Care Savings in Alabama, Arizona, Arkansas, California, Colorado, District of Columbia, Florida, Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Jersey, New Mexico, North Carolina, Ohio, Oklahoma, Pennsylvania, South Carolina, Tennessee, Texas, Utah, Virginia, Washington and Wisconsin.
Contact: James W. Burke, assistant vp, 714-760-4022.

PPO Alliance

21800 Oxnard St., Suite 550, Woodland Hills, Calif. 91367; 818-710-7762; fax: 818-710-7835

Staff	
Physicians	6,000
Patients/physician	117
Board-certified	85%
Specialists	9,000
Administrative	50
Marketing	6
Facilities	
Hospitals	213
Users: Group Health	
Employer/payer groups	1,000
Employees & dependents	700,000
Users: Workers Compensation	
Employer/payer groups	14
Single coverage	250,000
Total Users	**950,000**

Operational date: April 1984.
For profit.
Ownership: UniHealth America and Adventist Health System/West.
Service area: California.
Services: Standard package including vision, OB/Gyn. 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, discount off customary rates,

Continued on next page

Continued from previous page

case rates; is compensated by employers/payers, providers, insurers, TPAs; charges a flat fee per employee, percent of savings.

UR: Standard procedures. UR provided by Pacific Review Services, ETHIX Care Management.

Officers: John C. Funk, president; Steven A. Cerra, vp-sales/marketing.

PPO of Ventura County

625 E. Santa Clara St., Ventura, Calif. 93001; 805-656-1113; fax: 805-643-5337

Staff	
Physicians	250
Patients/physician	15
Board-certified	75%
Specialists	470
Administrative	72
Marketing	2
Facilities	
Hospitals	11
Pharmacies	6
Diagnostic labs	8
Total users	**50,000**
Revenues	
1991	$6,000,000
1990	$4,000,000

Operational date: 1984.

Not for profit.

Service area: Arizona, California, Illinois, New Jersey. Contracts with California Foundation for medical care in California.

Services: Standard package including vision, dental, durable medical equipment, podiatry, OB/Gyn. 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, discount off customary rates; is compensated by employers/payers, providers, insurers, TPAs; charges a flat fee per employee, percent of savings. The PPO will adjust fees based on savings realized or not realized. Services groups under contract with Ventura Insurance Administrators.

UR: Standard procedures. UR provided by the PPO and outside contractors.

Officers: Dr. W. Cloyce Huff, president; R. McWilliams, executive director; Dr. Richard Loft, medical director; Richard E. Michel, marketing director.

Physical Therapy Provider Network Inc.*

21443 Ventura Blvd., Suite 241, Woodland Hills, Calif. 91364; 818-883-7876; fax: 818-883-0669

Staff	
Physical Therapists	750
Administrative	12
Marketing	4
Facilities	
Offices	270
Users: Group Health	
Employer/payer groups	55
Users: Workers Compensation	
Employer/payer groups	10
Total users**	**3,025,000**
Revenues	
1991	$6,600,000
1990	$5,000,000

Operational date: May 1985.

For profit.

Service area: California, Florida, Louisiana, Michigan.

Services: Physical therapy. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.

Compensation: Is compensated by providers; charges annual dues for participating providers. Services groups under contract with 20 TPAs or insurers.

UR: Retrospective review and case management. UR provided by the PPO and outside contractors.

Officers: Michael Weinper, president; Fred Rothenberg, executive director; Elise Latawiec, medical director; Janis Peterson, marketing director; Nancy Rothenberg, administrator.

Contact: Nancy Rothenberg.

** Figures are consolidated, including all PPOs in this organization.*

*** Total users is 5,025,000 as of October 1992.*

Physical Therapy Provider Network Inc.

21243 Ventura Blvd., Suite 241, Woodland Hills, Calif. 91364; 818-883-7876; fax: 818-883-0669

Staff	
Physical therapists	550
Administrative	8
Marketing	2
Facilities	
Offices	196
Total users	**3,000,000**
Revenues	
1991	$6,500,000
1990	$5,000,000

Service area: California.

See Physical Therapy Provider Network Inc. consolidated listing under California.

Preferred Health Network

301 E. Ocean Blvd., Long Beach, Calif. 90802; 310-983-1616; fax: 310-983-1424

Staff	
Physicians	8,360
Patients/physician	82
Board-certified	85%
Specialists	13,615
Administrative	114
Marketing	12
Facilities	
Hospitals	259
Diagnostic labs	200
Users: Group Health	
Employer/payer groups	15,160
Single & family coverage	420,000
Employees & dependents	2,900,000
Users: Workers Compensation	
Employer/payer groups	510
Single coverage	857,540
Total users	**2,100,000**
Revenues	
1991	$9,100,000
1990	$7,700,000

Operational date: December 1982.

For profit.

Ownership: Qual Med.

Service area: California and Texas. Contracts with Medview in Connecticut, Florida, Illinois, Indiana, Kansas, Massachusetts, Wisconsin, Michigan, Missouri, North Carolina, Ohio, Pennsylvania and South Carolina and Tennessee; Cost Care in Texas.

Services: Standard package including durable medical equipment, podiatry, OB/Gyn, 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, discount off customary rates; is compensated by employers/payers; charges a flat fee per employee, percent of savings. The PPO will adjust fees based on savings realized or not realized. Services groups under contract with 149 insurers and TPAs.

UR: Standard procedures excluding retrospective review, second surgical opinion, hospital bill audits, outpatient service predetermination, case management. UR provided by the PPO.

Officers: Richard Mastaler, president; Dr. Kenneth Epstein, medical director; Joseph Manheim, vp-network operations; Rick Hersey, vp-sales; Teresa Conrethan, vp-management information systems/human resources; Ron Seibel, senior vp/COO.

Preferred Medical Systems

1005 W. Orangebury, Suite B, Modesto, Calif. 95350; 209-527-3350; fax: 209-527-6773

Staff	
Physicians	335
Board-certified	47%
Specialists	942
Administrative	60
Marketing	12
Facilities	
Hospitals	14
Pharmacies	102
Diagnostic labs	28

Continued on next page

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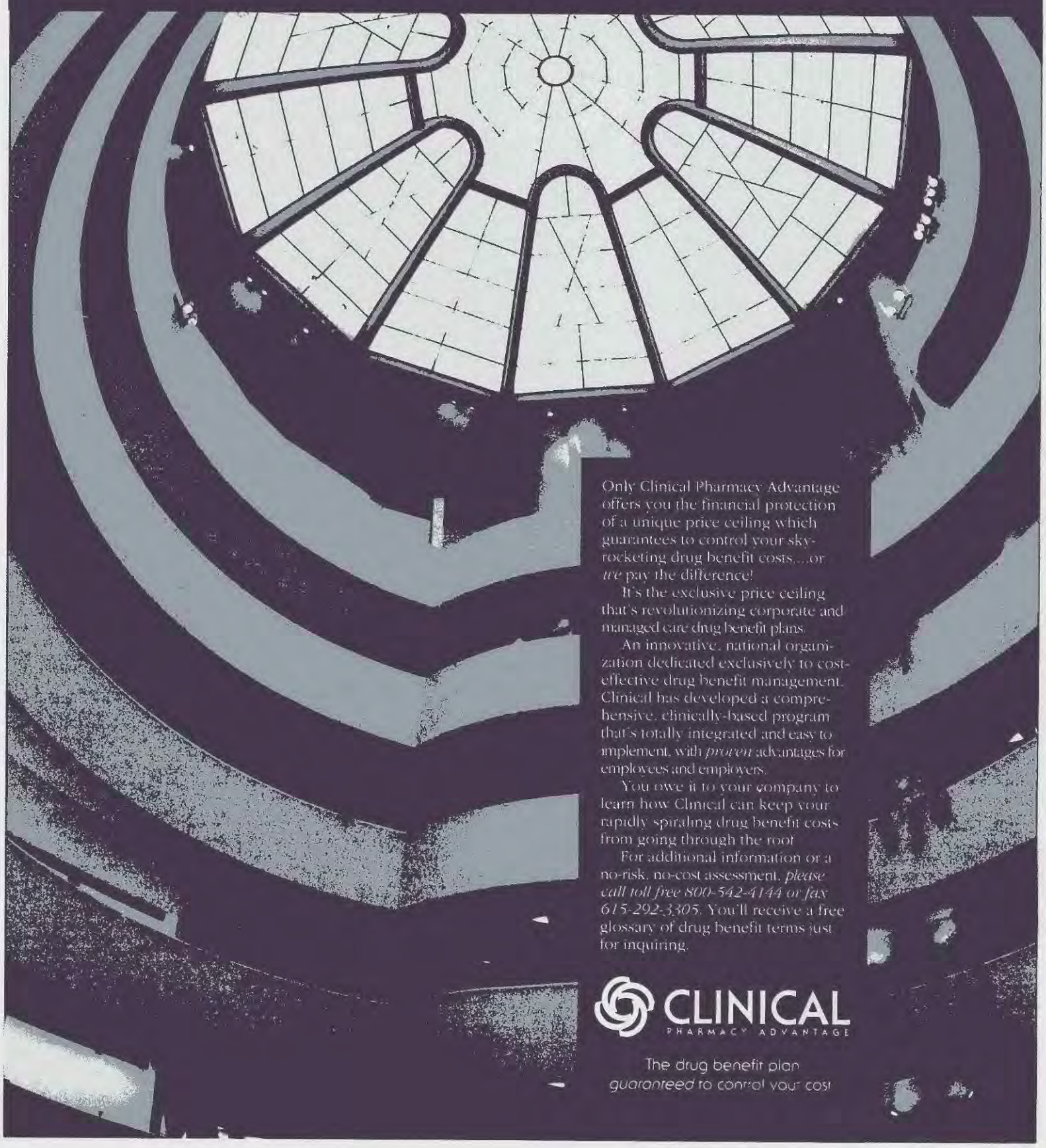

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Continued from previous page

Users: Group Health	
Employer/payer groups	5
Employees & dependents	18,801

Operational date: May 1983.
For profit.
Ownership: National Medical Enterprises Inc./Healthcare Corp.
Service area: California: Fresno, Merced, San Joaquin, Stanislaus and Tuolumne counties.
Services: Standard package including vision, durable medical equipment, podiatry, OB/Gyn, pharmacy, SN7. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem, discount off customary rates; is compensated by employers/payers; charges a flat fee per employee.
UR: Standard procedures. UR provided by the PPO.
Officers: Richard K. Eamer, president-National Medical Enterprises; Clive E. Riddle, vp/CEO; Dr. Eric Ostrom, medical director; Paul T. Vogelzang, marketing director.

Premier Health Resources Inc.

10565 Civic Center Drive, Suite 128, Rancho Cucamonga, Calif. 91730; 800-350-2270; fax: 714-941-2282

Staff	
Physicians	150
Board-certified	80%
Specialists	1,000
Administrative	1
Marketing	1
Facilities	
Hospitals	175
Users: Workers Compensation	
Employer/payer groups	4
Single coverage	200,000
Total users	**200,000**

Operational date: April 1992.
For profit.
Service area: California.
Services: Standard package excluding substance abuse. Other services include dental, durable medical equipment, retail and mail order prescription drugs, MRI/CT imaging. Services available unbundled. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem, discount off customary rates, diagnostic and procedure backed case rates; is compensated by employers/payers; charges a percent of savings, flat fee including performance guarantee. The PPO will adjust fees based on savings realized or not realized.
UR: Standard procedures including disability case management. UR provided by the PPO.
Officers: Aaron L. Brown, president; Dr. Melvin R. Stolz, vp; James P. Bradley, marketing director; Jeffrey S. Lampman, vp-operations.
Contact: Aaron L. Brown or James P. Bradley.

Principal Health Care Inc.-Southern California

275 E. Hillcrest, Suite 160, Thousand Oaks, Calif. 91360; 805-373-2691 or 800-437-2691; fax: 805-373-5528

Staff	
Physicians	1,766
Board-certified	85%
Specialists	2,969
Facilities	
Hospitals	44
Diagnostic labs	13

Operational date: September 1992.
Service area: California: Imperial, Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Luis Obispo, Santa Barbara and Ventura counties.
Services: Hospitalization, physicians, vision, durable medical equipment, podiatry, OB/Gyn, physical therapy, home health care, laboratory, 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 per diem, discount off customary rates; is compensated by insurers; charges a flat fee per employee.
UR: Standard procedures. UR provided by The Principal Financial Group.
Officers: Kenneth Linde, president; David Weiss, executive director; Dr. Michael Marsh, medical director.
See Principal Health Care Inc. consolidated listing under Maryland.

Private Healthcare Systems Inc.

3345 Michelson Ave., Suite 200, Irvine, Calif. 92715; 714-476-9816; fax: 714-476-0650
49 Stevenson St., Suite 660, San Francisco, Calif. 94105; 415-495-1874; fax: 415-495-1879

Staff	
Physicians	16,719
Facilities	
Hospitals	183

Service area: 34 cities in California.
Contact: Brenda Lubash, senior vp-operations.
See Private Healthcare Systems Inc. consolidated listing under Massachusetts.

ProAmerica Managed Care Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669; fax: 817-347-3296

Facilities	
Hospitals	25
Users: Group Health	
Employees & dependents	113,000
Total users	**113,000**

Service area: California.
See ProAmerica Managed Care Inc. consolidated listing under Texas.

Provident Preferred Network

5750 Wilshire Blvd., Los Angeles, Calif. 90036; 213-964-1972; fax: 213-964-9264

Staff	
Physicians	12,600
Patients/physician	6
Board-certified	75%
Specialists	10,400
Administrative	7
Marketing	19
Facilities	
Hospitals	110
Diagnostic labs	7
Users: Group Health	
Employer/payer groups	44
Single & family coverage	24,521
Employees & dependents	56,398
Total users	**56,398**

Operational date: December 1983.
Service area: California: Los Angeles, Riverside, San Bernadino, Ventura, San Diego, Orange, Santa Barbara, Alameda, Contra Costa, Marin, Santa Clara, Sacramento, San Mateo and San Francisco counties.
See Provident Preferred Network consolidated listing under Tennessee.

PruCare Plus of Northern Califonia (Point-of-Service)

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

Staff	
Physicians	2,205
Patients/physician	10.3
Board-certified	62.7%
Specialists	5,396
Administrative	100
Marketing	15
Facilities	
Hospitals	49
Pharmacies	1,406
Locations	
Administrative	1
Primary care	2
Users	
Employer/payer groups	357
Single coverage	14,622
Family coverage	13,066
Employees & dependents	54,715
Total	54,715
Average hospital stay	4.4 days
Hospital admission/1,000 members	54

Operational date: October 1986.
Certified in: California.
NCQA accredited.
Model type: IPA.
For profit.
Ownership: PruCare of California.
Service area: California: Alameda, Contra Costa, Los Angeles, Marin, Orange, Placer, Riverside, San Mateo, Santa Cruz, Sonoma, San Joaquin, San Francisco, Santa Clara, Solano, Fresno, Sacramento, San Bernadino, San Diego and Yolo counties.
Services: Standard package including prescriptions, lab/X-ray, preventative medicine, periodic check-ups, durable medical equipment, podiatry, OB/Gyn. Options include chiropractors, vision. Diagnostic testing by POS and independent labs.
Rating options: Community rating by class. Offers point-of-service contracts, 46.5% of members are enrolled.
Management reports: Provided monthly.
Officers: Kathy Swenson, vp-western group operations; Rick Badger, executive director-PruCare of Northern California; Dr. Arthur Small, medical director-PruCare of Northern California; Pat Egan, manager; David Carlson, director-financial services.
See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

PruCare Plus of San Diego (Point-of-Service)

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

Staff	
Physicians	378
Patients/physician	25.6
Board-certified	77.9%
Specialists	2,310
Administrative	100
Marketing	15
Facilities	
Hospitals	16
Pharmacies	1,406
Locations	
Administrative	1
Primary care	1
Users	
Employer/payer groups	288
Single coverage	4,329
Family coverage	4,139
Employees & dependents	17,321
Total	17,321
Average hospital stay	3.9 days
Hospital admission/1,000 members	66

Operational date: August 1986.
Certified in: California.
NCQA accredited.
Model type: IPA.
For profit.
Ownership: PruCare of California.
Service area: California: Alameda, Contra Costa, Fresno, Los Angeles, Marin, Orange, Placer, Riverside, San Mateo, Santa Cruz, Sonoma, San Joaquin, San Francisco, Santa Clara, Solano, Sacramento, San Bernadino, San Diego and Yolo counties.
Services: Standard package including prescriptions, lab/X-ray, preventative medicine, periodic check-ups, durable medical equipment, podiatry, OB/Gyn. Options include chiropractors, vision. Diagnostic testing by POS and independent labs.
Rating options: Community rating by class. Offers point-of-service contracts, 44.25% of members are enrolled.
Management reports: Provided monthly.
Officers: Kathy Swenson, vp-western group operations; Dennis McDowell, executive director-PruCare of San Diego California; Dr. Saul Liserbram, medical director-PruCare of Northern California; Pat Egan, manager; David Carlson, director-financial services.
See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

PruCare Plus of Northern California (Point-of-Service)

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

Staff	
Physicians	1,668
Patients/physician	31
Board-certified	77.6%
Specialists	7,078
Administrative	100
Marketing	15
Facilities	
Hospitals	63
Pharmacies	1,406
Locations	
Administrative	1
Primary care	2
Users	
Employer/payer groups	342
Single coverage	24,696
Family coverage	24,579
Employees & dependents	101,574
Total	101,574
Average hospital stay	4.75 days
Hospital admission/1,000 members	60

Operational date: July 1987.
Certified in: California.
NCQA accredited.
Model type: IPA.
For profit.
Ownership: PruCare of California.
Service area: California: Alameda, Marin, San Mateo, Santa Cruz, Sonoma, Placer, San Joaquin, Contra Costa, San Francisco, Santa Clara, Solano, Fresno, Sacramento, Yolo, Los Angeles, Orange, Riverside, San Bernadino and San Diego counties.
Services: Standard package including prescriptions, lab/x-ray, preventative medicine, periodic check-ups, durable medical equipment, podiatry, OB/Gyn. Options include chiropractors, vision. Diagnostic testing by POS and independent labs.
Rating options: Community rating by class. Offers point-of-service contracts, 46.5% of members are enrolled.
Management reports: Provided monthly.
Officers: Kathy Swenson, vp-western group operations; Sharon Olson, associate executive director-PruCare of Southern California; Mary Frances Flynn, associate executive director-PruCare of Orange County; Dr. Jeff Kamil, Dr. Richard Katz, medical directors-PruCare of Orange County; Pat Egan, manager; David Carlson, director-financial services.
See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

Prudent Buyer Plan from Blue Cross of California

21555 Oxnard St., Woodland Hills, Calif. 91367; 818-703-2703; fax: 818-703-2563

Staff	
Physicians	12,420
Patients/physician	150
Board-certified	78%
Specialists	20,494
Administrative	15
Marketing	30
Facilities	
Hospitals	292
Pharmacies	4,300
Users: Group Health	
Employees & dependents	1,768,000
Total users	**1,768,000**
Revenues	
1991	$2,320,000,000
1990	$2,130,000,000

Operational date: June 1983.
Not for profit.
Ownership: Blue Cross of California.
Service area: California.
Services: Standard package including vision, dental, durable medical equipment, podiatry, OB/Gyn, behavioral health access, physical medicine network, home infusion therapy network. 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; is compensated by employers/payers; charges a flat fee per employee. The PPO will adjust fees based on savings realized or not realized.
UR: Standard procedures including drug utilization review. UR provided by the PPO.
Officers: Leonard Schaeffer, chairman/CEO; Faye Donley, vp/executive director; Dr. Charles Payton, medical director; David Pincus, vp-marketing.
Contact: Michael Chee.

PruNetwork-California*

Northern-177 Bovet Road, Suite 400, San Mateo, Calif. 94402; 415-345-5599; fax: 415-574-3754

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

Southern-P.O. Box 10029, Van Nuys, Calif. 91409; 818-992-2461; fax: 818-992-2288

Staff	
Physicians(Norther)	2,364
Physicians (San Diego)	648
Physicians (Southers)	2,787
Patients/physician	62
Board-certified	46%
Specialists(Northern	5,225
Specialists (San Diego)	2,034
Specialists (Southern)	8,835
Administrative	100
Marketing	15
Facilities	
Hospitals	515
Pharmacies	7
Users: Group Health	
Employer/payer groups	40
Single coverage	10,147
Family coverage	13,038
Employees & dependents	47,867

Operational date: January 1991.
For profit.
Ownership: Prudential Insurance Co. of America.
Service area: Northern California: 36 counties. San Diego: south county, east county, central county inland, central county coastal, north county inland, north county coastal. Southern California: Los Angeles, Orange, San Bernadino, Riverside, Ventura, Kern, San Luis Obispo and Santa Barbara counties.
Services: Standard package including durable medical equipment, podiatry, OB/Gyn, oncology, anesthesiology, cardiology, dermatology, neurology, speech therapist, plastic surgery. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem, discount off customary rates; charges by a negotiated fee schedule.
UR: Standard procedures. UR provided by the PPO.
Officers: Kathy Swenson, vp; Rick Badger (Northern), Sharon Olsen (Southern), Dennis McDowell (San Diego), executive directors: Dr. Art Small (Northern), Dr. Sol Lizerbram (San Diego), Dr. Jeff Kamil (Southern), medical directors; Patricia Bgan, marketing director.
Contact: Pamela Polk, 818-992-3617.
**This listing contains information for all Prudential PPOs in California.*
See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

Radnet Management Inc.

1516 Cotner Ave., Los Angeles, Calif. 90025; 310-479-0399; fax: 310-478-5810

Staff	
Physicians	50
Board-certified	100%
Administrative	60
Marketing	12
Facilities	
Diagnostic labs	15
Users: Group Health	
Employer/payer groups	100
Users: Workers Compensation	
Employer/payer groups	50
Revenues	
1991	$50,000,000
1990	$35,000,000

Operational date: September 1987.
For profit.
Service area: California: Los Angeles, Marin, Napa, Orange, Riverside, San Bernardino, San Diego, Sonoma, San Francisco and Ventura counties.
Services: Service includes diagnostic radiology and imaging (non-hospital/outpatient only.) Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Is compensated by employers/payers, insurers.
Officers: Dr. Howard G. Berger, president; Francine Moskowitz, executive vp/general manager; 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

Continued on next page

Continued from previous page

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: California: Imperial and San Diego counties.
Services: Standard package including vision, dental, substance abuse, durable medical equipment, psychiatry, podiatry, OB/Gyn, pharmacy, radiology, speech therapy, outpatient surgery centers, home healthcare, diagnostic laboratories, physical therapy, 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, discount off customary rates, fixed rates for outpatient services/package rates for cardiac and obstetrics services; is compensated by employers/payers, providers, insurers, TPAs; charges a flat fee per 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; Travelers Corp.; West Coast Life; United of Omaha.
UR: Standard procedures. UR 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.

Travelers Managed Care System-Fresno

770 Shaw Ave., Suite 326, Fresno, Calif. 93710; 209-225-6667

Staff	
Physicians	578
Facilities	
Hospitals	12
Users: Group Health	
Employer/payer groups	51
Total users	**4,819**

Operational date: March 1988.
Service area: California: Fresno, Kings, Madera, Merced and Tulare counties.
Officers: Ann Carder, executive director; Emory Dameron, district sales manager.
See The Travelers Insurance Co. consolidated listing under Connecticut.

Travelers Managed Care System-Northern California

185 Lennon Lane, Walnut Creek, Calif. 94598; 415-945-4171

Staff	
Physicians	4,679
Facilities	
Hospitals	37
Users: Group Health	
Employer/payer groups	684
Total users	**94,685**

Operational date: July 1986.
Service area: California: Alameda, Contra Costa, Lake, Marin, Mendocino, Napa, San Francisco, San Mateo, Santa Clara, Solano and Sonoma counties.
Officers: Roland King, executive director; Emory Dameron, district sales manager.
See The Travelers Insurance Co. consolidated listing under Connecticut.

Travelers Managed Care System-Sacramento

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

Staff	
Physicians	1,056
Facilities	
Hospitals	20
Users: Group Health	
Employer/payer groups	111
Total users	**7,680**

Operational date: February 1988.
Service area: California: Amador, El Dorado, Nevada, Placer, Sacramento, San Joaquin and Stanislaus and Yolo counties.
Officers: Ann Carder, executive director; Emory Dameron, district sales manager.
See The Travelers Insurance Co. consolidated listing under Connecticut.

Travelers Managed Care System-Southern California/San Diego

1 Pointe Drive, Suite 600, Brea, Calif. 92621; 714-256-6500

Staff	
Physicians	8,439
Facilities	
Hospitals	76
Users: Group Health	
Employer/payer groups	1,443
Total users	**177,601**

Operational date: April 1986.
Service area: California: Imperial, Kern, Los Angeles, Orange, Riverside, San Bernardino, Santa Barbara, San Diego and Ventura counties.
Officers: Kim Vance, executive director; Reid S. Dienhart, district sales manager.
See The Travelers Insurance Co. consolidated listing under Connecticut.

COLORADO

Admar Corp.

4155 E. Jewel Ave., Suite 616, Denver, Colo. 80222; 303-759-0707 or 800-395-6903

See Admar Corp. consolidated listing under California.

Aetna Health Plans

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

Staff	
Physicians	491
Patients/physician	110
Board-certified	69%
Specialists	1,241
Facilities	
Hospitals	17
Diagnostic labs	35
Users: Group Health	
Employer/payer groups	195
Employees & dependents	44,000
Total users	**44,000**

Operational date: July 1987.
Service area: Colorado: Adams, Arapahoe, Boulder, Denver, Douglas, El Paso, Jefferson, Pueblo and portions of Elbert, Teller and Weld counties.
Officers: Patrick Dowd, president; Dr. Virginia Moore, medical director; Jerry Banks, marketing director.
See Aetna Health Plans consolidated listing under Connecticut.

Beech Street

2 Ada, Irvine, Calif. 92718; 714-727-1353 or 800-233-2478; fax: 714-727-1319

Staff	
Physicians	648
Specialists	1,752
Facilities	
Hospitals	19
Pharmacies	198
Diagnostic labs	2

Service area: Colorado.
See Beech Street of California Inc. consolidated listing under California.

Bethesda Provider Network

4400 E. Iliff Ave., Denver, Colo. 80222; 303-691-2374; fax: 303-759-6085

Staff	
Mental health specialists	110
Administrative	2
Marketing	1
Facilities	
Hospitals	10
Users: Group Health	
Employer/payer groups	11
Employees & dependents	50,000
Total users	**50,000**
Revenues	
1991	$450,000
1990	$350,000

Operational date: 1985.
Not for profit.
Ownership: Bethesda Psychealth System.
Service area: Colorado.
Services: Substance abuse, psychiatry. 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; is compensated by employers/payers, insurers, TPAs; charges a flat fee per employee, percent of savings. The PPO will adjust fees based on savings realized or not realized. Services groups under contract with Aetna Health Plans of Colorado; Metropolitan Insurance Co.; FAIM; U.S. Life Insurance Co.
UR: Precertification, concurrent hospital treatment review, discharge planning, retrospective review, case management. UR provided by the PPO.
Officers: Patricia A. Hagan, executive director/marketing director; Dr. Richard Martinez, medical director.

CAPP CARE Inc.

West Tower, 4000 MacArthur Blvd., Suite 10000, Newport Beach, Calif. 92660-2526; 714-251-2200; fax: 714-251-2222

Staff	
Physicians	3,312
Facilities	
Hospitals	12

Service area: Colorado: Boulder, Colorado Springs, Denver, Fort Collins/Loveland, Greeley, Pueblo.
See CAPP CARE Inc. consolidated listing under California.

CCHP Inc.-Colorado Chiropractic Healthcare Providers Inc.

P.O. Box 218, Wheat Ridge, Colo. 80034; 303-424-9045; fax: 303-467-2397

Staff	
Chiropractors	155
Facilities	
Offices	130
Users: Group Health	
Employees & dependents	75,000
Users: Workers Compensation	
Single coverage	50,000

Operational date: September 1984.
For profit.
Service area: Colorado.
Services: Chiropractic. May be customized to meet employer specifications.
Compensation: Is compensated by employers/payers, providers; percent of services by doctors/hospitals. Services groups under contract with American Family; The Alliance; American Benefits; National Health Systems; Fringe Benefits; Sierra Health & Life.
UR: Review for chiropractic service. UR provided by the PPO.
Officers: J. Eric Griffiths, president.
Contact: Alice F. Campbell.

CCN Inc.

8911 Balboa Ave., San Diego, Calif. 92123; 619-278-2273; fax: 619-278-1262

Operational date: December 1992.
For profit.
Service area: Colorado.
Services: Hospitalization, physicians. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
UR: Standard procedures excluding discharge planning, second surgical opinion, hospital bill audits, outpatient service predetermination, case management.
See CCN Inc. consolidated listing under California.

CNA Managed Care PPO-Denver

4500 Cherry Creek Drive S., Denver, Colo. 80222; 303-759-7180

Staff	
Physicians	2,515
Board-certified	67.4%
Facilities	
Hospitals	13
Total employee users	**4,922**

Service area: Colorado: Fresno, Kern, Kings, Merced, San Luis Obispo, Santa Barbara, Stanislaus and Tulare counties.
Contact: Dennis Lory, manager-major group sales.
See CNA Managed Care PPO consolidated listing under Illinois.

CIGNA PPO-Colorado

3900 E. Mexico Ave., Suite 1100, Denver, Colo. 80222; 303-782-1500; fax: 303-782-1577

Staff	
Physicians	2,705
Facilities	
Hospitals	19

Operational date: October 1985.
Service area: Colorado: Adams, Arapahoe, Boulder, Denver, Douglas, El Paso, Jefferson, Larimer, Pueblo, Teller and Weld counties.
Officers: Terry Nimnicht, regional managed care officer; Nanci Robertson, provider relations.
See CIGNA Preferred Provider Organization consolidated listing under Connecticut.

Davis Vision

159 Express St., Plainview, N.Y. 11803; 800-933-9371; fax: 516-932-9845

Staff	
Optometrists	12
Users: Group Health	
Employer/payer groups	6
Employees & dependents	9,100
Total users	**9,100**

Service area: Colorado.
See Davis Vision consolidated listing under New York.

FOCUS Healthcare Management Inc.

305 Moody, Suite 243, Galveston, Texas 77550; 409-762-1861

Staff	
Physicians	7
Board-certified	50%
Specialists	61
Marketing	1
Facilities	
Hospitals	8
Diagnostic labs	1
Users: Workers Compensation	
Employer/payer groups	5
Single coverage	138,689
Total users	**138,689**

Operational date: September 1990.
Service area: Colorado: Adams, Arapahoe, Denver and El Paso counties.
See FOCUS Healthcare Management Inc. consolidated listing under Tennessee.

Great West Care

8505 E. Orchard Road, Englewood, Colo. 80111; 303-689-3375; fax: 303-689-5760

Staff	
Physicians	79,876
Board-certified	73%
Facilities	
Hospitals	1,053
Users: Group Health	
Employer/payer groups	3,989
Employees & dependents	276,025
Total users	**276,025**

Ownership: Great-West Life & Annuity Insurance Co.
Service area: Contracts with Private Healthcare Systems in Alabama, Arizona, California, Colorado, District of Columbia, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Missouri, New Jersey, North Carolina, Ohio, Oklahoma, Pennsylvania, South Carolina, Tennessee, Texas, Virginia, Washington, Wisconsin; ETHIX Southeast in North Carolina, South Carolina; Butte Glenn Foundation in California; ETHIX Great Lakes in Michigan; Preferred Health Partnership in Tennessee; PreferredOne in Minnesota; Preferred Plan of Indiana in Indiana; Preferred Healthcare Network in Nevada; TakeCare Preferred in Nebraska, North Carolina; Managed Healthcare Northwest in Oregon; Premier Medical Network in Utah; ETHIX Northwest in Washington, Alaska; Mid-Florida Preferred in Florida; Wisconsin Preferred Provider Network in Wisconsin.
Officers: Alan MacLennan, Jim Motz and Robert Kavanaugh, senior vps; Dr. Jeffrey Kraines, medical director; David Grapko, assistant vp.
Contact: Gayle Perron or Terri Scrima, managed care specialists.

The Healthcare Initiative

600 Grant St., Suite 200, Denver, Colo. 80203; 303-860-8602; fax: 303-860-8614

Staff	
Physicians	1,065
Patients/physician	37
Board-certified	90%
Specialists	1,735
Administrative	7
Marketing	4
Facilities	
Hospitals	20
Diagnostic labs	19
Users: Group Health	
Employer/payer groups	7
Employees & dependents	40,000
Users: Workers Compensation	
Employer/payer groups	2
Single coverage	5,000
Total users	**45,000**

Operational date: October 1988.
For profit.
Ownership: Lutheran Medical Center; Rose Medical Center; St. Joseph Hospital; Swedish Medical Center.
Service area: Colorado: Adams, Arapahoe, Boulder, Denver, Douglas, El Paso, Fremont, Jefferson, Larimer, Morgan, Pueblo, Teller, Weller and Yuma counties.
Services: Standard package. Other services include durable medical equipment, podiatry, OB/Gyn. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by discount off customary rates, DRGs; is compensated by shareholders. Services groups under contract with Business Select Trust; Casualty Care Network; HSI Health Plans.
UR: Discharge planning, retrospective review, full medical management. UR provided by client specific contractors.
Officers: Timothy O'Donnell, president; Dr. Terry Gipson, medical director; John Leavitt, marketing director; Nick Hilger, chairman.

Humana Health Care Plans

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

Total users	4,376

Operational date: 1985.
Officers: James Cameron, executive director; Buddy Cox, sales manager.

Medview Services Inc. (Comp Pro)

1850 Woodmoor Drive, Suite 208, Monument, Colo. 80132; 800-776-8721; fax: 719-481-4896

Staff	
Physicians	4,891
Board-certified	90%
Specialists	3,470
Administrative	10
Marketing	1
Facilities	
Hospitals	48
Users: Group Health	
Employer/payer groups	5
Employees & dependents	16,500
Users: Workers Compensation	
Employer/payer groups	10
Single coverage	48,500
Total users	**65,000**

Service area: Colorado.
See Medview Services Inc. (Comp Pro) consolidated listing under Michigan.

MetLife Network-Colorado

1 City Blvd. W., Suite 700, Orange, Calif. 92668; 714-978-1991

Contact: Nick Brecker, vp.
See MetLife Network consolidated listing under Connecticut.

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For an explanation of directory terms and criteria, see directory guide, page 66.

Continued from previous page

Mountain Medical Affiliates Inc.

1355 S. Colorado Blvd., Suite 900, Denver, Colo. 80222; 303-782-9696; fax: 303-782-9009

Staff	
Physicians	700
Specialists	1,467
Administrative	10
Marketing	2
Facilities	
Hospitals	23
Diagnostic labs	11
Users: Group Health	
Employer/payer groups	76
Employees & dependents	190,000
Total users	**190,000**

Operational date: October 1990.
For profit.
AAPI accreditation pending.
Services: Standard package. Other services include durable medical equipment, podiatry, OB/Gyn, orthotics/prosthetics, physical therapy, prenatal monitoring, home nursing, infusion therapy, respiratory therapy, rehabilitation. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem, discount off customary rates, case rates for tertiary care; is compensated by employers/payers, providers, insurers; charges a flat fee per employee, percent of savings, percent of services by doctors/hospitals. The PPO will adjust fees based on savings realized or not realized. Services groups under contract with Chubb Life America; Benefit Claim Payors; Employee Benefit Specialists; Corporate Benefit Service of America; Home Life; Mutual of Omaha; Metropolitan Life; National Target Group; PruNet.
UR: Standard procedures. UR provided by the PPO.
Officers: Dr. Peter Durante, president/medical director; Barbara Brett, executive/marketing director; Michael Bowman, CFO.

The New England Care

8505 E. Orchard Road, Englewood, Colo. 80111; 303-689-3375; fax: 303-689-5760

Staff	
Physicians	79,876
Board-certified	73%
Facilities	
Hospitals	1,053
Users: Group Health	
Employer/payer groups	615
Single & family coverage	67,225

Ownership: Great-West Life & Annuity Insurance Co.
Service area: Contracts with Private Health Care Systems in Alabama, Arizona, central California, Colorado, District of Columbia, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Missouri, New Jersey, North Carolina, Ohio, Oklahoma, Pennsylvania, South Carolina, Tennessee, Texas, Virginia, Washington, Wisconsin; ETHIX Southeast in North Carolina, South Carolina; Butte Glenn Foundation in California; ETHIX Great Lakes in Michigan; Preferred Health Partnership in Tennessee; PreferredOne in Minnesota; Preferred Plan of Indiana in Indiana; Preferred Healthcare Network in Nevada; TakeCare Preferred in Nebraska, North Carolina; Managed Healthcare Northwest in Oregon; Premier Medical Network in Utah; ETHIX Northwest in Washington, Alaska; Mid-Florida Preferred in Florida; Wisconsin Preferred Provider Network in Wisconsin.
Officers: Alan Maclennan, senior vp; Dr. Jeffrey Kraines, medical director; Robert Kavanaugh, senior vp; Jim Motz, senior vp; David Grapko, assistant vp.
Contact: Gayle Perron or Terri Scrima, senior managed care specialists.

NorthCare

P.O. Box 5336, 1801 16th St., Greeley, Colo. 80631-0336; 303-395-2650; fax: 303-395-2651

Staff	
Physicians	90
Patients/physician	300
Board-certified	95%
Specialists	170
Administrative	11
Marketing	2
Facilities	
Hospitals	8
Pharmacies	8
Diagnostic labs	8
Users: Group Health	
Employer/payer groups	1,050
Single coverage	5,000
Family coverage	6,300
Employees & dependents	26,000
Users: Workers Compensation	
Employer/payer groups	12
Single coverage	4,800
Total users	**28,300**
Revenues	
1991	$11,660,920
1990	$6,850,000

Operational date: December 1986.
For profit.
Ownership: North Colorado Medical Center.
Service area: Colorado: Adams, Larimer, Logan, Phillips, Washington, Weld and Yuma counties.
Services: Standard package. Other services include vision, durable medical equipment, podiatry, OB/Gyn. 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 discount off customary rates; is compensated by employers/payers, providers, insurers; charges a flat fee per employee, percent of services by doctors/hospitals. The PPO will adjust fees based on savings realized. Services groups under contract with Mutual of Omaha; The Principal Financial Group; Metropolitan; Hospital Service Ind.; Mass Mutual; American Medical Security; Alta; Mountain States Administration; TPA Washington.
UR: Standard procedures. UR provided by the PPO.
Officers: Richard Stenner, president; William Jollie, executive director; Craig Wilson, medical director; Roberta Miller, COO/marketing director.
Contact: William Jollie.

Prime Health Plan

700 Broadway, Denver, Colo. 80273; 303-831-2131; fax: 303-831-9411

Staff	
Physicians	4,771
Patients/physician	38
Specialists	2,400
Administrative	115
Marketing	37
Facilities	
Hospitals	36
Diagnostic labs	17
Users: Group Health	
Employer/payer groups	1,400
Single coverage	35,000
Family coverage	32,000
Employees & dependents	152,372
Total users	**152,372**

Operational date: September 1984.
Not for profit.
Ownership: Blue Cross Blue Shield of Colorado.
Service area: Colorado.
Services: Standard package including vision, durable medical equipment, podiatry, OB/Gyn, home health. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by discount off customary rates, DRGs; is compensated by employers/payers, providers; charges a flat fee per employee. The PPO will adjust fees based on savings realized or not realized. Services groups under contract with Blue Cross Blue Shield of Colorado.
UR: Standard procedures excluding length of stay determination, hospital bill audits. UR provided by the PPO.
Officers: Thomas A. Levin, president/CEO; Dr. Terry Sullivan, medical director; Don Cacace, vp-marketing strategy; Marianne Bennett, senior vp/legal counsel.
Contact: Penny Bacon, sales, 303-831-2049.

Principal Health Care Inc.-Colorado Springs Division

2906 Beacon St., Colorado Springs, Colo. 80907; 719-635-8960; fax: 719-635-3709

Staff	
Physicians	265
Specialists	184
Administrative	3.3
Facilities	
Hospitals	3
Diagnostic labs	1
Users: Group Health	
Employer/payer groups	26
Single coverage	1,159
Employees & dependents	14,894
Total users	**16,008**

Service area: Colorado: El Paso and Teller counties.
Contact: Maelu Fleck, manager-PPO operations.
See Principal Health Care Inc. consolidated listing under Maryland.

Priority Healthcare Systems (Exclusive Provider Organization)

1355 S. Colorado Blvd., Suite 901, Denver, Colo. 80222; 303-757-7575; fax: 303-782-9009

Staff	
Physicians	312
Patients/physician	80
Board-certified	80%
Specialists	739
Administrative	28
Marketing	5.5
Facilities	
Hospitals	9
Diagnostic labs	23
Users: Group Health	
Employer/payer groups	3
Employees & dependents	2,500
Total users	**2,500**

Operational date: August 1991.
For profit.
Service area: Colorado: Adams, Arapahoe, Boulder, Denver and Jefferson counties.
Services: Standard package including durable medical equipment, podiatry, OB/Gyn, speech therapy, occupational therapy, physical therapy. Services available unbundled. Employees can select non-EPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem, DRGs; is compensated by employers/payers, providers, insurers, TPAs; charges a flat fee per employee. Services groups under contract with American Medical Security; MassMutual; Intercare Benefit System.
UR: Standard procedures excluding hospital bill audits. UR provided by the EPO.
Officers: Dr. Henry Cleveland, president; Dr. Dean L. Sadler, medical director; Gail McCue, marketing director; Kim Peerless, director-UR; Greg Wilkins, director-provider relations.
Contact: Gail McCue.

Private Healthcare Systems Inc.

650 S. Cherry St., Suite 1050, Denver, Colo. 80222; 303-399-1903; fax: 303-399-2369

Staff	
Physicians	2,595
Facilities	
Hospitals	20

Service area: Colorado: Boulder, Longmont, Colorado Springs, Denver, Greenley and Pueblo.
Contact: Barbara Lubash, senior vp-operations.
See Private Healthcare Systems Inc. consolidated listing under Massachusetts.

ProAmerica Managed Care Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669; fax: 817-347-3296

Staff	
Physicians	523
Board-certified	95%
Specialists	951
Facilities	
Hospitals	27
Users: Group Health	
Employees & dependents	36,200
Total users	**36,200**

Service area: Colorado.
See ProAmerica Managed Care Inc. consolidated listing under Texas.

Provider Networks of America Inc.

4100 International Plaza, Suite 180, Fort Worth, Texas 76109; 817-735-8293; fax: 817-735-1487

Facilities	
Hospitals	15
Ancillary providers	10
Outpatient centers	3
Users: Group Health	
Employer/payer groups	34
Employees & dependents	68,820

Operational date: October 1989.
For profit.
Service area: Colorado.
Services: Standard package excluding phsician. Other services include durable medical equipment, orthopedic services, home care, maternity management, outpatient surgery, rehabilitation.
See Provider Networks of America Inc. consolidated listing under Texas.

Prudential Plus of Colorado (Point-of-Service)

4643 S. Ulster St., Suite 1000, Denver, Colo. 80237; 303-796-6100; fax: 303-796-6183

Staff	
Physicians	1,674
Patients/physician	24
Board-certified	84%
Specialists	1,048
Administrative	16
Marketing	15
Facilities	
Hospitals	16
Pharmacies	64
Diagnostic labs	1
Users: Group Health	
Employer/payer groups	244
Employees & dependents	38,811
Total users	**38,811**

Operational date: August 1986.
For profit.
Ownership: Prudential Insurance Co. of America.
Service area: Colorado: Adams, Arapahoe, Boulder, Clear Creek, Denver, Douglas, El Paso, Gilpin, Jefferson, Teller and portions of Elbert, Fremont and Park counties.
Services: Standard package including dental, durable medical equipment, podiatry, OB/Gyn, X-ray/lab, physical therapy, home health care. Employees can select non-POS providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem, discount off customary rates; is compensated by employers/payers; charges a flat fee per employee, varies.
UR: Standard procedures. UR provided by the POS.
Officers: George Becker, CFO-north central group operation; Mark Donahue, manager-Prudential health care system; Dr. Elizabeth Kraft, medical director; Robert Tazioli, regional group manager.
See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

PruNetwork of Colorado*

4643 S. Ulster St., Suite 1000, Denver, Colo. 80237; 303-796-6100; fax: 303-796-6183

** PruNetwork is Prudential's PPO product, with provider networks comparable to Prudential Plus (Point-of-Service).*
See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

Sloans Lake Managed Care

1355 S. Colorado Blvd., Suite 902, Denver, Colo. 80222; 303-691-2200; fax: 303-691-0460

Staff	
Physicians	809
Patients/physician	430
Board-certified	76%
Specialists	1,105
Administrative	58
Marketing	5.5
Facilities	
Hospitals	36
Diagnostic labs	23
Users: Group Health	
Employer/payer groups	117
Employees & dependents	347,663
Users: Workers Compensation	
Employer/payer groups	1
Single coverage	15,000
Total users	**362,663**
Revenues	
1991	$2,500,657

Operational date: October 1978.
For profit.
Accredited by AAPI.
Service area: Colorado.
Services: Standard package including durable medical equipment, podiatry, OB/Gyn, speech therapy, occupational therapy, physical therapy. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem, discount off customary rates, DRGs; is compensated by employers/payers, providers, insurers, TPAs; charges a flat fee per employee. Services groups under contract with American Medical Security in Wisconsin, Colorado; American Western Life in California; Brokerage Services Inc./Safeco in New Mexico, Colorado; John Hancock Mutual Life Insurance Co. in Calfornia; Massachusetts Mutual in Massachusetts, Colorado; Nationwide in Ohio, Colorado; New England Mutual Life in Massachusetts, Colorado; Principal Mutual Life in Iowa, Colorado; Provident Life & Accident Insurance Co. in Tennessee, New Mexico; Provident Indemnity in Pennsylvania, Arizona; American Group Life/CappCare in Texas; Celtic Life Insurance Co./Affordable; FHP Life Insurance Co./CappCare in California; Fidelity & Deposit Co. of Maryland/CappCare in Maryland, Colorado; Gem Insurance Co./CappCare in Utah; Liberty Mutual/Affordable; Pacific Mutual/CappCare in California, Arizona; Quorum Care/CappCare in California.
UR: Standard procedures excluding hospital bill audits. UR provided by the PPO.
Officers: Dr. Henry Cleveland, president; Dr. Dean L. Sadler, medical director; Gail McCue, marketing director; Kim Peerless, director-UR; Greg Wilkins, director-provider relations.

Travelers Managed Care System-Colorado

7600 E. Orchard Road, Englewood, Colo. 80111; 303-740-2055

Staff	
Physicians	1,511
Facilities	
Hospitals	13
Users: Group Health	
Employer/payer groups	197
Total users	**39,257**

Operational date: December 1986.
Service area: Colorado: Adams, Arapahoe, Boulder, Denver, Douglas, El Paso, Elbert, Gilpin, Jefferson, Larimer, Park, Pueblo, Summit, Teller and Weid counties.
Officers: Larry Dobson, executive director; Frank Zima, district sales manager.
See The Travelers Insurance Co. consolidated listing under Connecticut.

CONNECTICUT

AIIA/COMP CARE

1620 Mason Ave., P.O. Box 11770, Daytona Beach, Fla., 32120; 904-274-3232; fax: 904-274-3242

Staff	
Chiropractors	108
Users: Workers Compensation	
Employer/payer groups	8

Service area: Connecticut.
See AIIA/COMP CARE consolidated listing under Florida.

Aetna Health Plans

Windsor Customer Center, 80 Lamberton Road, Windsor, Conn. 06095; 203-298-4406; fax:203-298-4422

Staff	
Physicians	572
Board-certified	78.9%
Specialists	3,209
Facilities	
Hospitals	9
Pharmacies	453
Diagnostic labs	46
Users: Group Health	
Employer/payer groups	13
Employees & dependents	2,414
Total users	**2,414**

Operational date: July 1991.
Service area: Connecticut: Middlesex, New Haven, Hartford counties and portions of Fairfield, Litchfield, New London and Tolland Counties.
Officers: Dr. Edward J. Smith, medical director; Susan Sullivan, marketing director; David Polk, regional vp; Susan Crean, network director.
See Aetna Health Plans consolidated listing under Connecticut.

Continued on next page

Continued from previous page

Aetna Life Insurance Co.-Aetna Health Plans*

1000 Middle St., Middletown, Conn. 06457; 203-273-0123

Staff	
Physicians	52,143
Board-certified	71%
Specialists	112,637
Administrative	180
Marketing	470
Facilities	
Hospitals	1,171
Pharmacies	28,000
Users: Group Health	
Employer/payer groups	10,420
Single coverage	850,569
Employees & dependents	1,944,016
Total users	**1,944,016**

Operational date: 1985.
For profit.
Ownership: Aetna Life Insurance Co.
Service area: Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, 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, Puerto Rico, South Carolina, Tennessee, Texas, Utah, Virginia, Washington, Wisconsin.
Services: Standard package including durable medical equipment, podiatry, OB/Gyn, laboratory, X-ray, therapy/rehabilitation services, chiropractic, 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 per diem, discount off customary rates, DRGs; is compensated by employers/payers; charges a flat fee per employee. The PPO will adjust fees based on savings realized or not realized.
UR: Standard procedures including on-site nursing review, pre-natal program. UR provided by the PPO.
Officers: James McLane, CEO; John Cole, group health & managed care operations; Charles T. Bell, finance & risk management; Howard Bailit, medical policies & programs; William Watson, member services.
Contact: David Wills, network policies & programs, 203-636-1040.
**Figures are consolidated, including all PPOs in this organization.*

Beech Street

2 Ada, Irvine, Calif. 92718; 714-727-1353 or 800-233-2478; fax: 714-727-1319

Facilities	
Pharmacies	25

Service area: Connecticut.
See Beech Street of California Inc. consolidated listing under California.

Century 2000

P.O. Box 504, North Haven, Conn. 06473; 203-239-4911

Users: Group Health	
Employees & dependents*	49,445
Total users*	**49,445**

Operational date: 1986.
Ownership: Blue Cross & Blue Shield of Connecticut.
Service area: Connecticut.
**Figures are as of Dec. 31, 1991.*

CIGNA Preferred Provider Organization*

Hartford, Conn. 06152; 203-726-6000

Staff	
Physicians	NA
Board-certified	85%
Users: Group Health	
Employees & dependents	1,654,000
Total users	**1,654,000**

For profit.
Service area: Nationwide. Contracts with Health Care Preferred in Florida (Orange, Osceola and Seminole counties); Preferred Health Partnership in Tennessee (Anderson, Blount, Campbell, Grainger, Hamblen, Jefferson, Knox, Loudon, McMinn, Monroe, Morgan, Rhea, Roane, Sevier, Sullivan and Union counties); Health Care Network in Wisconsin (Milwaukee, Ozaukee, Washington and Waukesha counties); Medical Card System in Puerto Rico; Vantage Health Network in Oregon (Clackamas, Clark, Columbia, Hood River, Marion, Multnomah, Wasco, Washington and Yamhill counties); Managed Care Consultants in Nevada (Clark, Carson City and Washoe counties); ETHIX Midwest in Minnesota (Anoka, Carver, Crow Wing, Dakota, Goodhue, Hennepin, McLeod, Meeker, Mille Lacs, Morrison, Pierce, Ramsey, Rice, Saint Croix, Scott, Sherburne, Wabasha, Washington and Wright counties); Preferred Health Care in Kansas (39 counties).
Ownership: CIGNA Corp.
Services: Standard package including durable medical equipment, podiatry, OB/Gyn. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem, discount off customary rates, DRGs; is compensated by employers/payers; charges a flat fee per employee.
UR: Standard procedures. UR provided by the PPO and Intracorp.
Officers: Patti O'Conner, marketing director.
**Figures are consolidated, including all PPOs in this organization.*

Davis Vision

159 Express St., Plainview, N.Y. 11803; 800-933-9371; fax: 516-932-9845

Staff	
Optometrists	80
Users: Group Health	
Employer/payer groups	19
Employees & dependents	32,000
Total users	**32,000**

Service area: Connecticut.
See Davis Vision consolidated listing under New York.

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 (Clayton, Cobb, DeKalb, Douglas, Fayette, Fulton, Gwinnett, Henry, Newton and Rockdale counties); National Capital PPO in District of Columbia, Maryland (Anne Arundel, Baltimore, Frederick, Hartford, Howard, Montgomery and Prince Georges counties), Virginia (Arlington, Fairfax, Loudon, Prince William, Spotsylvania and Stafford counties); Benefit Panel Services in California (Alameda, Contra Costa, Fresno, Kern, Los Angeles, Marin, Napa, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Solano, Sonoma, Stanislaus, Ventura and Yolo counties); ETHIX Southeast in North Carolina (Catawba, Davidson, Forsyth, Guilford, Mecklenburg, Wake and Winston-Salem counties), South Carolina (Cherokee, Darlington, Florence, Greenville, Lexington, Richland and Spartanburg counties); Health Preferred of Mid-America in Illinois (Christian, Cook, DeKalb, DuPage, Grundy, Iroquois, Kane, Kankakee, Kendall, Lake, LaSalle, Lee, McHenry, Peoria, Rock Island, Sangamon, Tazewell, Will and Winnebago counties); Health Services Preferred in Kentucky (Boone, Campbell and Kenton counties), Ohio (Butler, Clark, Clermont, Greene, Hamilton, Miami, Montgomery and Warren counties); ETHIX Great Lakes in Michigan (Clinton, Eaton, Genesee, Ingham, Kent, Livingston, Macomb, Monroe, Newaygo, Oakland, Ottawa, Saginaw, St. Clair, Tuscola, Washtenaw and Wayne counties); Health Network in Florida (Alachua, Bay, Broward, Columbia, Dade, Duval, Escambia, Hendry, Hernando, Highlands, Hillsborough, Indian River, Lee, Manatee, Okaloosa, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Putnam, St. Lucie, Santa Rosa, Sarasota, Seminola and Volusia counties); HealthNet in Kansas (Doniphan, Douglas, Johnson, Leavenworth, Miami and Wyandotte counties), Missouri (Andrew, Buchanan, Caldwell, Cass, Clay, Clinton, Daviess, DeKalb, Harrison, Holt, Jackson, Lafayette, Livingston, Platte and Ray counties); Baptist Health Services Group in Tennessee (Shelby County), Mississippi (DeSoto County); Health Care Network of Greater Milwaukee in Wisconsin (Milwaukee, Ozaukee, Washington and Waukesha counties); HealthLink in Missouri (Adair, Audrain, Boone, Butler, Cole, Franklin, Jefferson, Phelps, Pike, Randolph, St. Charles, St. Francois, St. Genevieve, St. Louis City and St. Louis counties), Illinois (Adams, Bond, Calhoun, Champaign, Christian, Clay, Clinton, Fayette, Franklin, Jackson, Jefferson, Jersey, Johnson, Macon, Madison, Marion, Monroe, Perry, Randolph, Sangamon, Shelby, St. Clair, Union, Washington, Wayne and Williamson counties), Indiana (DuBois, Vanderburgh and Warrick counties); PreferredOne in Minnesota (Anoka, Carlton, Carver, Chisago, Clay, Dakota, Hennepin, Isanti, Kanabec, McLeod, Mille Lacs, Pine, Ramsey, Rice, Scott, Sherburne, Stearns, St. Louis, Washington and Wright counties), Wisconsin (Douglas, Polk and St. Croix counties), North Dakota (Cass and Trail counties); ETHIX Mid-Atlantic in Pennsylvania (Bucks, Chester, Delaware, Montgomery and Philadelphia counties), New Jersey (Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Essex, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Somerset and Union counties); American Health Network in Tennessee (Cheatham, Davidson, Jefferson, Knox, Robertson, Rutherford, Sumner, Williamson and Wilson counties), Texas (Aransas, Atascosa, Bandera, Bastrop, Bell, Bexar, Blanco, Brazoria, Brazos, Burnet, Caldwell, Cameron, Chambers, Collin, Comal, Comanche, Cook, Dallas, Denton, El Paso, Erath, Fort Bend, Galveston, Grayson, Guadalupe, Harris, Hays, Henderson, Hidalgo, Hood, Hopkins, Hudspeth, Hunt, Jefferson, Jim Wells, Johnson, Kaufman, Kendall, Kerr, Kleberg, Liberty, Limestone, Matagorda, McLennan, Medina, Montgomery, Navarro, Nueces, Palo Pinto, Parker, Refugio, Rockwall, San Patricio, Somervell, Smith, Tarrant, Travis, Uvalde, Van Zandt, Waller, Washington, Wharton, Wichita, Williamson, Wilson and Wood counties); ETHIX Pacific in Oregon (Clackamas, Columbia, Multnomah, Washington and Yamhill counties), Washington (Clark county); ETHIX Northwest in Washington (Chelan, Clallam, Grays Harbor, King, Mason, Pierce, Skagit, Snohomish, Spokane, Thurston and Walla Walla counties).
Contact: Scott Avery, product manager.

Medview Services Inc. (Comp Pro)

32991 Hamilton Court, Farmington Hills, Mich. 48334; 313-488-5260; fax: 313-488-5262

Staff	
Physicians	367
Board-certified	90%
Specialists	272
Users: Group Health	
Employer/payer groups	2
Employees & dependents	1,300
Users: Workers Compensation	
Employer/payer groups	4
Single coverage	3,600
Total users	**4,900**

Service area: Connecticut.
See Medview Services Inc. (Comp Pro) consolidated listing under Michigan.

MetLife Network*

57 Greens Farms Road, Westport, Conn. 06880; 203-454-6100

Staff	
Physicians	68,283
Facilities	
Hospitals	903
Users: Group Health	
Employer/payer groups	247
Employees & dependents	2,800,000
Total users	**2,800,000**

Operational date: January 1984.
For profit.
Service area: Alabama, Arizona, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Mississippi, Missouri, Nebraska, Nevada, New Hampshire, New Jersey, New York, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin.
Services: Standard package including durable medical equipment. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem for hospitals and fee schedules for physicians.
UR: Standard procedures including surgical necessity review, but excluding retrospective review and hosptial bill audits. UR provided by the PPO.
Officers: Robert A. Chernow, senior vp-managed care services group; Robert E. Byrne, vp-network operations; Dr. Paul A. Bluestein, vp-national medical director.
Contact: Ambrose J. Redmond Jr., vp; Keystone Building, 21st Floor, 99 High Street, Boston, Mass. 02110-2310; 617-574-3911.
** Figures are consolidated, including all PPOs in this organization.*

Preferred Health Care Ltd.*

15 River Road, Wilton, Conn. 06897; 203-762-0993; fax: 203-834-9587

Staff	
Physicians	2,633
Board-certified	100%
Specialists	16,520
Administrative	800
Marketing	15
Facilities	
Hospitals	1,087
Users: Group Health	
Employer/payer groups	67
Employees & dependents	6,032,900
Users: Workers Compensation	
Employer/payer groups	1
Single coverage	58,000
Total users	**6,090,900**
Revenues	
1991	$40,400,000
1990	$27,000,000

Operational date: January 1987.
For profit.
Ownership: The CareSys Co.
Accredited by AAPI.
Service area: Nationwide including District of Columbia and Puerto Rico.
Services: Standard package. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem, discount off customary rates, DRGs, all-inclusive per diem rates; is compensated by employers/payers, insurers, TPAs; charges a flat fee per employee. The PPO will adjust fees based on savings realized or not realized.
UR: Standard procedures excluding retrospective review, second surgical opinion, hospital bill audits. UR provided by the PPO.
Officers: David J. McDonnell, chairman/CEO; David G. Noone, president; J. Matthew Thomas, executive vp; Dr. Alexander Rodriguez, chief medical officer; Peter M. Hotz, vp-marketing/sales; William V. Hoyt, senior vp/CFO; Estal A. Fain, senior vp-MIS; George Neidich, senior vp-general counsel; Amy Kentera, senior vp-network systems.
Contact: Peter Hotz, vp-marketing/sales, 203-761-7336.
**Figures are consolidated, including all PPOs in this organization.*

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
Pharmacies	590
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: Connecticut: Fairfield, Hartford, Litchfield, Middlesex, New London, Tolland and Windam counties.
Services: Standard package including vision, dental, durable medical equipment, podiatry, OB/Gyn. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by discount off customary rates; is compensated by employers/payers; charges a percent of premium or administration fee.
UR: Standard procedures including psych/substance abuse. UR provided by the PPO and HDI for psych/substance abuse.
Officers: John Croweak, president; Harry Torello, executive director; Dr. John Donnelly, medical director; Donald Olson, vp-marketing.
Contact: Doug Kenyon.

ProAmerica Managed Care Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669; fax: 817-347-3296

Facilities	
Hospitals	3
Users: Group Health	
Employees & dependents	10,100
Total users	**10,100**

Service area: Connecticut.
See ProAmerica Managed Care Inc. consolidated listing under Texas.

Prucare Plus-Connecticut (Point-of-Service)

400 Rella Blvd., Suite 300, Suffern, N.Y. 10901; 914-368-4497; fax: 914-368-8598

Staff	
Physicians	214
Board-certified	75%
Specialists	318
Facilities	
Hospitals	7
Pharmacies	200
Diagnostic labs	50
Users: Group Health	
Employees & dependents	4,319
Total users	**4,319**

Operational date: January 1987.
For profit.
Service area: Connecticut: Fairfield, Middlesex and New Haven counties.
Services: Standard package including vision, durable medical equipment, podiatry, OB/Gyn. Employees can select non-POS providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem, discount off customary rates, DRGs; is compensated by employers/payers; charges a flat fee per employee. The POS plan will adjust fees based on savings realized or not realized.
UR: Standard procedures. UR provided by the POS.
Officers: Anne Bossi, president; Paul Conlin, executive director; Dr. Judith Taylor, medical director; Raymond C. Allen Jr., marketing director.
See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

PruNetwork-Connecticut*

400 Rella Blvd., Suite 300, Suffern, N.Y. 10901; 914-368-4497; fax: 914-368-8598

** PruNetwork is Prudential's PPO product, with provider networks comparable to PruCare Plus.*
See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

The Travelers Insurance Co.-Travelers Managed Care System*

Managed Care & Employee Benefits Operations, 1 Tower Square, Hartford, Conn. 06183

Staff	
Physicians	82,525
Facilities	
Hospitals	1,033
Users: Group Health	
Employees & dependents	1,600,000
Total users	**1,600,000**

For profit.
Ownership: The Travelers Insurance Co.
Service area: Alaska, Arizona, California, Colorado, Connecticut, District of Columbia, Florida, Georgia, Illiois, Indiana, Kansas, Louisiana, Massachusetts, Maryland, Michigan, Missouri, New Jersey, New York, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, South Carolina, Tennessee, Texas, Virginia. Contracts with Select Care in Minnesota (17 counties), Wisconsin, North Dakota (Cass County);

Continued on next page

Continued from previous page
HCN in Wisconsin (Milwaukee, Ozaukee, Washington, Waukesha counties; Coastal Health Care Administrators in California (Monterey, San Benito, San Luis Obispo, Santa Cruz counties); Sound Health in Alaska (Anchorage, Dillingham, Kenai, Peninsula, Matanuska, Sustna, Valdez counties), Washington (34 counties); Vantage in Oregon (Clackamas, Multnomah, Washington, Hood River, Wasco, Yamhill, Clatsop, Columbia, Lane counties), Washington (Clark county); Queens Health Care in Hawaii; Baptist Health Care (PPO only) in Tennessee (13 counties), Mississippi (16 counties, Arkansas (5 counties), Missouri (2 counties); Intermountain Health Care in Utah (Davis, Salt Lake, Summit, Utah, Wasatch, Weber counties); Panhandle in Texas (27 counties).

Services: Standard package including vision, chiropractic, pharmacy, wellness programs. 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, discount off customary rates, DRGs; is compensated by employers/payers; charges a flat fee per employee, percent of services by doctors/hospitals.

UR: Standard procedures excluding outpatient service predetermination UR provided by PPO.

Officers: Joseph Brophy, president, 203-954-6088; Dr. James Mulvihill, senior vp-health policy & medical management, 203-954-6233.

**Figures are consolidated, including all PPOs in this organization.*

Travelers Managed Care System-Connecticut

Glastonbury Corporate Center II, 628 Hebron Ave., Suite 300, Glastonbury, Conn., 06033; 203-954-2387

Staff	
Physicians	1,427
Facilities	
Hospitals	12
Users: Group Health	
Employer/payer groups	315
Total users	**39,781**

Operational date: February 1989.

Service area: Connecticut: Hartford, New Haven, Tolland, Litchfield counties.

Officers: Mary Ann Shea, executive director; Brian Bellows, district sales manager.

See The Travelers Insurance Co. consolidated listing under Connecticut.

DELAWARE

Aetna Health Plans

700 E. Gate Drive, Suite 210 Mount Laurel, N.J. 08054-9865; 609-866-7880; 609-866-2801

Staff	
Physicians	66
Specialists	73
Facilities	
Hospitals	1
Pharmacies	144
Diagnostic labs	19
Users: Group Health	
Employer/payer groups	1
Family coverage	1
Employees & dependents	3
Total users	**3**

Operational date: January 1992.

Service area: Delaware: New Castle, Kent and Sussex counties.

Officers: Dr. Sebastin Dovi, executive/medical director; Kaye Morrow, associate executive director, Chuck Scott, vp, Philadelphia market.

Contact: Jeffery Robinson, administrator-operations, 408-855-1020.

See Aetna Health Plans consolidated listing under Connecticut

Beech Street

2 Ada, Irvine, Calif. 92718; 714-727-1353 or 800-233-2478; fax: 714-727-1319

Facilities	
Hospitals	1
Pharmacies	20

Service area: Delaware.

See Beech Street of California Inc. consolidated listing under California.

CAPP CARE Inc.

West Tower, 4000 MacArthur Blvd., Suite 10000, Newport Beach, Calif. 92660-2526; 714-251-2200; fax: 714-251-2222

Service area: Delaware: Wilmington.

See CAPP CARE Inc. consolidated listing under California.

FOCUS Healthcare Management Inc.

7101 Executive Center Drive, Suite 375, Brentwood, Tenn. 37027; 615-377-9936

Staff	
Marketing	1
Facilities	
Hospitals	3

Operational date: January 1991.

Service area: Delaware: Newark, Wilmington and Dover counties.

See FOCUS Healthcare Management Inc. consolidated listing under Tennessee.

MetLife Network-Delaware

1515 Market St., Suite 710, Philadelphia, Pa. 19102; 215-656-7756

Contact: Thomas J. Regan, vp.

See MetLife Network consolidated listing under Connecticut.

Principal Health Care Inc.-Delaware

100 W. Commons Blvd., Suite 300, New Castle, Del. 19720; 302-322-4700; 800-833-4723; fax: 302-322-9007

Staff	
Physicians	83
Board-certified	63%
Specialists	209
Facilities	
Hospitals	9
Diagnostic labs	1
Users: Group Health	
Employees & dependents	475
Total users	**475**

Service area: Delaware: New Castle, Kent and Sussex counties.

Officers: Max F. Kenyon, executive director; Dr. Maurice Liebesman, medical director; Virginia Pfeiffer, marketing director.

See Principal Health Care Inc. consolidated listing under Maryland.

ProAmerica Managed Care Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669; fax: 817-347-3296

Facilities	
Hospitals	2
Users: Group Health	
Employees & dependents	2,500
Total users	**2,500**

Service area: Delaware.

See ProAmerica Managed Care Inc. consolidated listing under Texas.

DISTRICT OF COLUMBIA

Aetna Health Plans

7799 Leesburg Pike, Suite 1100 S., Falls Church, Va. 22043; 703-903-7080; fax: 703-903-0316

Staff	
Physicians	914
Patients/physician	51
Board-certified	79%
Specialists	2,524
Facilities	
Hospitals	38
Pharmacies	878
Diagnostic labs	45
Users: Group Health	
Employer/payer groups	234
Employees & dependents	32,048

Operational date: July 1987.

Service area: Maryland: Baltimore city, Anne Arundel, Baltimore, Carroll, Cecil, Frederick, Harford, Howard, Montgmery, Prince Georges, Prince William and Washington counties; Virginia: Alexandria, Fairfax, Falls Church cities, Arlington, Fairfax and Loudoun counties.

Officers: Russ Dickhart, executive director; Dr. Jack Epstein, medical director; Jim Solomon, marketing director; Mary Ann Eull, network director-Washington D.C.; Doug Meyer, network director, Baltimore.

See Aetna Health Plans consolidated listing under Connecticut

Beech Street

2 Ada, Irvine, Calif. 92718; 714-727-1353 or 800-233-2478; fax: 714-727-1319

Facilities	
Pharmacies	40

Service area: District of Columbia.

See Beech Street of California Inc. consolidated listing under California.

Blue Cross & Blue Shield Preferred Provider Plan

550 12th St., S.W., Washington D.C. 20065; 202-479-8525; fax: 202-479-8521

Staff	
Physicians	4,659
Board-certified	76%
Facilities	
Hospitals	35
Users: Group Health	
Employer/payer groups	1,743
Single coverage	28,283
Family coverage	100,241
Employees & dependents	489,706
Total users	**489,706**

Operational date: June 1986.

Not for profit.

Ownership: Blue Cross & Blue Shield of the National Capital Area.

Service area: District of Columbia; Maryland: Prince Georges and Montgomery counties; Virginia: Alexandria, Falls Church, Arlington and Fairfax counties.

Services: Standard package including vision, dental, podiatry, OB/Gyn. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by discount off customary rates; is compensated by insurers, TPAs; charges a percent fee for service.

UR: Standard procedures excluding preadmission review. UR provided by the PPO and Health Management Strategies.

Officers: Benjamin Guilani, president/CEO; Dr. Gregory K. Morris, medical director; Tim Cord, marketing director; Simone J. Pace, COO.

CAPP CARE Inc.

West Tower, 4000 MacArthur Blvd., Suite 10000, Newport Beach, Calif. 92660-2526; 714-251-2200; fax: 714-251-2222

Facilities	
Hospitals	2

Service area: District of Columbia; Maryland: Silver Spring; Virginia: Northern Virginia.

See CAPP CARE Inc. consolidated listing under California.

CCN Inc./Mid-Atlantic

2000 N. 14th St., Suite 480, Arlington, Va. 22201; 800-367-2294 or 703-841-0725; fax: 703-841-1322

Staff	
Physicians	507
Board-certified	75%
Specialists	1,178
Administrative	7
Marketing	1
Facilities	
Hospitals	16
Users: Group Health	
Employer/payer groups	37
Employees & dependents	43,613
Users: Workers Compensation	
Employer/payer groups	19
Single coverage	1,797,000
Total users	**1,840,613**

Operational date: July 1989.

Service area: District of Columbia; Maryland: Montgomery, Prince Georges counties; Virginia: Alexandria, Arlington, Fairfax, Loudoun, Prince William, Stafford counties.

Services: Standard package excluding substance abuse. Other services include durable medical equipment, OB/Gyn, home health care, home infusion therapy, data services. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by per diem, discount off customary rates, DRGs, all methods with per diem rates as preferred; is compensated by employers/payers, insurers, TPAs, affiliates; blended: percent savings and per capita. The PPO will adjust fees based on savings realized or not realized.

UR: Standard procedures excluding, second surgical opinion, hospital bill audits, outpatient service predetermination. UR provided by the PPO and the Sunderbruch Corporation.

Officers: Paul Marchant.

See CCN Inc. consolidated listing under California.

CNA Managed Care PPO-Washington D.C.

1101 Market St., 25th Floor, Philadelphia, Pa. 19107; 215-351-3842

Staff	
Physicians	1,566
Board-certified	69.3%
Facilities	
Hospitals	19
Total employee users	**21,988**

Service area: Maryland: Prince, Georges and Montgomery counties; Virginia: Fairfax, Falls Church, Alexandria and Prince William counties; District of Columbia.

Contact: MaryBeth Synder, manager-major group sales.

See CNA Managed Care PPO consolidated listing under Illinois.

CIGNA PPO-Mid-Atlantic

9700 Patuxent Woods Drive, Columbia, Md. 21046; 410-720-5800; fax: 410-720-5860

Staff	
Physicians	2,290
Facilities	
Hospitals	31

Operational date: January 1992.

Service area: District of Columbia; Virginia: Alexandria, Falls Church, Fairfax, Manassas, Manassas Park cities, Arlington, Fairfax, Loudon, Prince William and Stafford counties; Maryland: Baltimore city, Allegany, Anne Arundel, Baltimore, Calvert, Carroll, Charles, Frederick, Garrett, Harford, Howard, Montgomery, Prince Georges and Washington counties.

Officers: Tim Fitzgerald, regional managed care officer, Sharon Stewart, provider relations.

See CIGNA Preferred Provider Organization consolidated listing under Connecticut.

MetLife Network-District of Columbia

1515 Market St., Suite 710, Philadelphia, Pa. 19102; 215-656-7756

Contact: Thomas J. Regan, vp.

See MetLife Network consolidated listing uncer Connecticut.

National Capital PPO (NCPPO)

7979 Old Georgetown Road, Suite 200, Bethesda, Md. 20814; 301-654-6853; fax: 301-907-8212

See National Capital PPO consolidated listing under Maryland.

Private Healthcare Systems Inc.

2000 Corporate Ridge, Suite 510, McLean, Va. 22102; 703-749-3660; fax: 703-749-3653

Staff	
Physicians	1,778
Facilities	
Hospitals	21

Service area: Distict of Columbia and portions of Maryland and Virginia.

Contact: Glenda Henderson, senior vp-operations.

See Private Healthcare Systems Inc. consolidated listing under Massachusetts.

ProAmerica Managed Care Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669; fax: 817-347-3296

Facilities	
Hospitals	1
Users: Group Health	
Employees & dependents	4,000
Total users	**4,000**

Service area: District of Columbia.

Officers: Norman M. Bruce Jr., president; Dr. Wilson Weatherford, medical director; Alan Scoggins, marketing director; Nancy Connaway, vp/COO; Roger Chapman, Patsy Heath and Billie Waite, vps; Robert Newton, assistant vp.

See ProAmerica Managed Care Inc. consolidated listing under Texas.

Travelers Managed Care System-Washington, D.C.

3110 Fairview Park Drive, Falls Church, Va., 22042; 703-641-7500

Staff	
Physicians	2,131
Facilities	
Hospitals	16
Users: Group Health	
Employer/payer groups	386
Total users	**31,008**

Operational date: April 1987.

Service area: District of Columbia; Maryland: Charles, Frederick, Montgomery, Prince Georges; Virginia: Alexandria, Fairfax and Falls Church cities, Arlington, Fairfax, Loudon and Prince William counties.

Officers: Karen Haugen, director-operations; Gib Palmer, district sales manager.

See The Travelers Insurance Co. consolidated listing under Connecticut.

FLORIDA

AHL Select Provider Network

76 S. Laura St., Jacksonville, Fla. 32202; 904-359-2656; fax: 904-359-2695

Staff	
Physicians	1,082
Board-certified	80%
Specialists	2,960
Marketing	11
Facilities	
Hospitals	88
Diagnostic Labs	100
Users: Group Health	
Employer/payer groups	34
Employees & dependents	120,000
Total users	**120,000**

Operational date: July 1988.

For profit.

Ownership: American Heritage Life Insurance Co.

Service area: Florida. Contracts with Southcare Medical Alliance in Atlanta; Southeast Medical Alliance in Arkansas, Louisiana and Missouri; Virginia Health Network in Virginia; Healthchoice in Birmingham, Ala.; Carolina Preferred Care in North Carolina and South Carolina; North Texas Health Care Network in Dallas and Fort Worth, Texas.

Services: Standard package, including podiatry, OB/Gyn. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by per diem, discount off customary rates; is compensated by employers/payers; charges a flat fee per employee.

UR: Standard procedures excluding hospital bill audits, outpatient service predetermination, and including oncology case management prenatal program. UR provided by the PPO.

Officers: James H. Baum, senior vp-group department; K. Pearl Harrison, vp-health care relations & claims; Robert J. Young, vp-group marketing; Christine F. Gutzler, manager-PPO.

Contact: Christine F. Gutzler.

AIIA/COMP CARE*

1620 Mason Ave., P.O. Box 11770, Daytona Beach, Fla. 32120; 904-274-3232; fax: 904-274-3242

Staff	
Chiropractors	1,400
Administrative	23
Marketing	7
Users: Group Health	
Employer/payer groups	4
Employees & dependents	390,000
Users: Workers Compensation	
Employer/payer groups	138
Single coverage	5,700,000

Continued on next page

Continued from previous page

Total users	**6,000,000**
Revenues	
1991	$6,200,000
1990	$6,000,000

Operational date: May 1986.
For profit.
AAPI accreditation pending.
Service area: Nationwide.
Services: Chiropractors. Services are 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, providers, insurers, TPAs, PPO networks; charges a flat fee per employee, percent of savings. The PPO will adjust fees based on savings realized or not realized.
UR: Precertification, concurrent review, retrospective review, bill audits, case management, independent medical reviews. UR provided by the PPO.
Officers: Fred E. Fronstin, president; John B. Witty, COO; Ronald L. Harris, D.C., medical director; John C. Barrett, marketing director; Neil M. Brown, CEO.
Contact: John C. Barrett.
** Figures are consolidated, including all PPOs in this organization.*

AIIA/COMP CARE

1620 Mason Ave., P.O. Box 11770, Daytona Beach, Fla. 32120; 904-274-3232; fax: 904-274-3242

Staff	
Chiropractors	203
Users: Workers Compensation	
Employer/payer groups	71
Single coverage	1,749,000

Service area: Florida.
See AIIA/COMP CARE consolidated listing under Florida.

Aetna Health Plans*

3000 Riverchase Galleria, Suite 530, Birmingham, Ala. 35224; 800-765-4379; fax: 205-985-3539

Facilities	
Hospitals	9
Pharmacies	23
Users: Group Health	
Employer/payer groups	56
Employees & dependents	1,879
Total users	**1,879**

Operational date: March 1987.
Service area: Florida: Bay, Gulf, Escambia, Santa Rosa and Washington counties; Alabama: Baldwin, Covington and Escambia counties.
Officers: Dr. John Gastright, medical director; Barbara Bailey, marketing director.
** Information drawn from a consolidation of the Gulf Coast and Panama City (Florida) networks operated from this office. Employer/payer groups may overlap, but total users do not.*
See Aetna Health Plans consolidated listing under Connecticut.

Aetna Health Plans*

10161 Centurion Parkway N., Suite 110, Jacksonville, Fla. 32256; 904-928-4460; fax: 904-928-4464

Staff	
Physicians	424
Board-certified	71%
Specialists	1,320
Facilities	
Hospitals	13
Pharmacies	162
Diagnostic labs	12
Users: Group Health	
Employer/payer groups	129
Employees & dependents	45,500
Total users	**45,500**

Operational date: November 1988.
Service area: Florida: Alachua, Baker, Bradford, Clay, Columbia, Duval, Gilchrist, Levy, Nassau, Suwannee and Union counties.
Officers: William Shalley, president; James Gilmour, executive director; Dr. Craig Gage, medical director; R. Steve Warrick, general manager.
** Information drawn from a consolidation of the Gainesville and Jacksonville networks operated from this office. Employer/payer groups may overlap, but total users do not.*
See Aetna Health Plans consolidated listing under Connecticut.

Aetna Health Plans*

1060 Maitland Center Commons, Suite 100, Maitland, Fla. 32751; 407-660-2800; fax: 407-660-2974

Staff	
Physicians	550
Board-certified	75%
Specialists	1,926
Facilities	
Hospitals	15
Pharmacies	334
Diagnostic labs	13
Users: Group Health	
Employer/payer groups	418
Employees & dependents	72,217
Total users	**72,217**

Operational date: January 1986.
Service area: Florida: Brevard, Marion, Orange, Osceola, Seminole and Volusia counties.
Officers: William Shaley, vp; James Gilmour, executive director; Dr. Craig Gage, medical director; R. Steve Warrick, general manager.
** Information drawn from a consolidation of the Orlando, Ocala, Daytona Beach and Brevard County networks operated from this office. Employer/payer groups may overlap, but total users do not.*
See Aetna Health Plans consolidated listing under Connecticut.

Aetna Health Plans*

4890 W. Kennedy Blvd. Suite 545, Tampa, Fla. 33609; 813-287-7820; fax: 813-282-0893

Staff	
Physicians	426
Board-certified	71%
Specialists	1,601
Facilities	
Hospitals	21
Pharmacies	472
Users: Group Health	
Employer/payer groups	305
Employees & dependents	35,218
Total users	**35,218**

Operational date: June 1986.
Service area: Florida: Citrus, Gadsden, Hernando, Hillsborough, Jefferson, Lee, Leon, Pasco, Pinellas, Sumter and Taylor counties.
Officers: William Shaley, vp; James Gilmour, director-managed care; Dr. Craig Gage, medical director; Don Schmitt, marketing director.
** Information drawn from a consolidation of the Inverness, Tallahassee, Fort Myers and Tampa Bay/St. Petersburg networks operated from this office. Employer/payer groups may overlap, but total users do not.*
See Aetna Health Plans consolidated listing under Connecticut.

Aetna Health Plans*

580 Village Blvd., Suite 215, West Palm Beach, Fla. 33409; 407-683-3633; fax: 407-471-8219

Staff	
Physicians	933
Board-certified	75%
Specialists	3,039
Facilities	
Hospitals	23
Pharmacies	518
Diagnostic labs	37
Users: Group Health	
Employer/payer groups	200
Employees & dependents	19,091
Total users	**19,091**

Operational date: September 1986.
Service area: Florida: Broward, Dade, Martin, Palm Beach and St. Lucie counties.
Officers: James Gilmour, director-managed care; R. Steven Warrick, general manager; Dr. Craig Gage, medical director.
** Information drawn from a consolidation of the Palm Beach/Martin/St. Lucie county and Dade/Broward county networks operated from this office. Employer/payer groups may overlap, but total users do not.*
See Aetna Health Plans consolidated listing under Connecticut.

Av-Med Managed Care Inc.

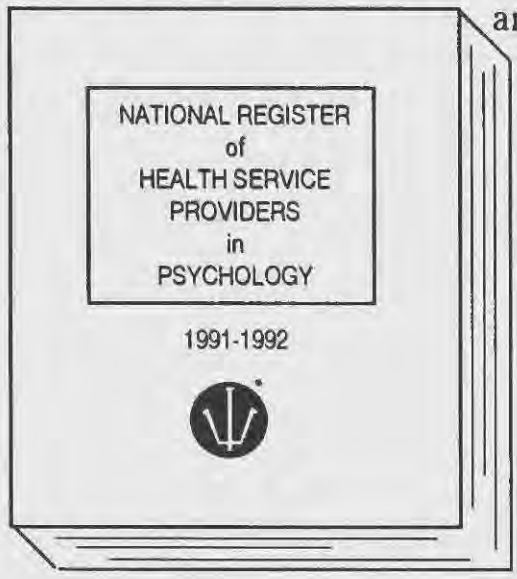
9400 S. Dadeland Blvd., Miami, Fla. 33156; 305-662-4760; fax: 303-662-4783

Staff	
Physicians	1,293
Patients/physician	200
Board-certified	90%
Specialists	3,165
Administrative	21
Marketing	18
Facilities	
Hospitals	84
Pharmacies	995
Diagnostic labs	3
Users: Group Health	
Employer/payer groups	63
Single coverage	5,861
Family coverage	5,245
Employees & dependents	22,658
Total users	**22,658**
Revenues	
1991-1992	$28,478,000

Continued on next page

THE FIRST STEP IS EASY!...

Looking for over *16,000* quality health service providers who are educated, trained and/or have experience:



- in the use of ***specific assessment techniques*** (such as clinical neuropsychological assessment, psychological testing of children, disability determinations & worker compensation evaluations)?
- in ***intervention techniques*** (such as brief psychotherapy, group psychotherapy, crisis intervention, & stress and/or pain management)?
- in serving ***specific diagnostic disorders*** (such as anxiety disorders, mood disorders, & substance abuse or dependence)?
- in serving ***specific target populations*** (such as ethnic minorities/cultural issues, domestic violence and/or child abuse, impaired professionals & and those with physical disabilities)?
- in ***targeting specific groups*** (such as the elderly, children, couples & families, adolescents, and adults)?

STEP ONE: Call the National Register!

Over 300 health care organizations subscribe to the National Register identifying it as THE SOURCE for:

(1) forming a network of qualified, doctoral level health care professionals
(2) identifying psychologists with Hospital Staff Membership
(3) locating health care providers who speak languages other than English.

The latest comprehensive edition was published in March 1992 and contains detailed information on over 16,000 licensed psychologists who are nationally recognized as Health Service Providers. This edition & its supplement (published in November 1992) are available for purchase.

For more information on this credentialing organization that has served the mental health, substance abuse needs since 1974, please call or write to:

National Register
of Health Service Providers in Psychology
1120 G Street, NW • Suite 330 • Washington, DC 20005
(202) STEP ONE or 783-7663

Continued from previous page

Operational date: August 1984.
Not for profit.
Ownership: Santa Fe Healthcare Services.
Service area: Florida: 28 counties.
Services: Standard package including vision, durable medical equipment, podiatry, OB/Gyn, home health, chiropractic, prescription drugs. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem, global rates; is compensated by employers/payers, insurers; charges a flat fee per employee. The PPO will adjust fees based on savings realized or not realized. Services groups under contract with ASI Inc., John Alden Life Insurance, Anchor Benefit Consultants, Employee Benefits Plan, SIBA, Benefits Management Corp.
UR: Standard procedures including referral management. UR provided by the PPO.
Officers: E.C. Peddie, president/chairman; Doug Cueny, executive vice chairman; Dr. Bernard Mansheim, medical director; Ann Taylor, secretary; Kenneth Cohen, treasurer.
Contact: Leda I. Silver, or Ed Hannum, 2701 Rocky Point Road, Tampa, Fla. 33607; 800-257-2273.

Beech Street

2 Ada, Irvine, Calif. 92718;
714-727-1353 or 800-233-2478;
fax: 714-727-1319

Staff	
Physicians	1,485
Specialists	4,015
Facilities	
Hospitals	86
Pharmacies	1,582
Diagnostic labs	7

Service area: Florida.
See Beech Street of California Inc. consolidated listing under California.

CAPP CARE Inc.

West Tower, 4000 MacArthur Blvd., Suite 10000, Newport Beach, Calif. 92660-2526;
714-251-2200; fax: 714-251-2222

Staff	
Physicians	5,495
Facilities	
Hospitals	44

Service area: Florida: Fort Myers, Jacksonville, Melbourne, Orlando, Pensacola, Tallahassee, Tampa/St. Petersburg.
See CAPP CARE Inc. consolidated listing under California.

CCN Inc.

8911 Balboa Ave., San Diego, Calif. 92123; 619-278-2273
fax: 619-278-1262

Operational date: December 1992.
For profit.
Service area: Florida.
Services: Hospitalization, physicians. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem, discount off customary rates; is compensated by employers/payers, insurers, TPAs; charges a flat fee per employee, percent of savings.
UR: Standard procedures excluding discharge planning, second surgical opinion, hospital bill audits, outpatient service predetermination, case management.
See CCN Inc. consolidated listing under California.

CNA Managed Care PPO*

2303 N. Semoran Blvd., Orlando, Fla. 32807; 407-677-2328

Staff	
Physicians	3,888
Board-certified	60.2%
Facilities	
Hospitals	45
Total users	**12,313**

Service area: Florida: Alachua, Broward, Dade, Duval, Hernando, Hillsborough, Marion, Orange, Osceola, Palm Beach, Pasco, Pinellas, St. Johns and Seminole counties.
Contact: Tim O'Brien, manager-major group sales, 407-677-2328.

** Information drawn from a consolidation of the Jacksonville, Tampa/St. Petersburg, Orlando and Miami networks operated from this office.*
See CNA Managed Care PPO consolidated listing under Illinois.

CIGNA PPO-Jacksonville/Ocala

1101 N. Lake Destiny Road, Suite 300, Maitland, Fla. 32751;
407-660-1344; fax: 407-875-0611

Staff	
Physicians	551
Facilities	
Hospitals	5

Operational date: July 1991.
Service area: Florida: Alachua, Baker, Bradford, Citrus, Clay, Duval, Flagler, Levy, Marion, Nassau, Putnam, St. Johns and Union counties.
Officers: Brad Arms, regional managed care officer; Harriet Wallsh, provider relations.
See CIGNA Preferred Provider Organization consolidated listing under Connecticut.

CIGNA PPO-South Florida

15600 N.W. 67th Ave., Suite 301, Miami Lakes, Fla. 33014;
305-826-6200; fax: 305-826-6212

Staff	
Physicians	2,582
Facilities	
Hospitals	30

Operational date: October 1984.
Service area: Florida: Broward, Dade and Palm Beach counties.
Officers: Brad Arms, regional managed care officer; Jim Nance, provider relations.
See CIGNA Preferred Provider Organization consolidated listing under Connecticut.

CIGNA PPO-Tampa

2502 Rocky Point Road, Suite 901, Tampa, Fla. 33607; 813-281-1000;
fax: 813-282-0265

Staff	
Physicians	1,393
Facilities	
Hospitals	24

Operational date: January 1988.
Service area: Florida: Hillsborough, Pasco, Pinellas and Polk counties.
Officers: Brad Arms, regional managed care officer; Suzanne Lewis, provider relations.
See CIGNA Preferred Provider Organization consolidated listing under Connecticut.

Davis Vision

159 Express St., Plainview, N.Y. 11803; 800-933-9371;
fax: 516-932-9845

Staff	
Optometrists	80
Users: Group Health	
Employer/payer groups	1
Employees & dependents	32,000
Total users	**32,000**

Service area: Florida.
See Davis Vision consolidated listing under New York.

Dimension Health Inc.

290 N.W. 165th St. Suite PH1, Miami, Fla. 33026; 305-949-8869;
305-949-8413

Staff	
Physicians*	1,300
Board-certified	95%
Specialists	2,200
Administrative	3
Marketing	16
Facilities	
Hospitals	16
Users: Group Health	
Employer/payer groups	25
Employees & dependents*	450,000
Total users	**450,000**

Operational date: May 1988.
Not for profit.
Ownership: Baptist, Hialeah, Mercy, Miami, Childrens, Mount Sinai and North Shore hospitals.
Service area: Florida: Broward, Dade and Palm Beach counties.
Services: Hospitalization, physicians, OB/Gyn, 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, discount off customary rates; is compensated by employers/payers, insurers, TPAs; charges a flat fee per employee, percent of savings. Services groups under contract with McDonough Caperton Insurance Group, Metropolitan Life Insurance Co. and 16 TPAs.
UR: Standard procedures excluding length of stay determination, discharge planning, retrospective review, hospital bill audits, outpatient service predetermination. UR provided by Medical Foundation Services Inc.
Officers: Edward Rosasco, chairman; Robert Harris, president/CEO; Robert Furlong, medical director; Fred Hirt, co-chairman; Steve Sonenreich, Don Friedwald, Tom Jones and Charles Linton, board members.
Contact: John Arfanis.
** Figure includes tie-ins with insurance companies and national PPO networks.*

Florida Health Choice Plan

5300 W. Atlantic Ave., Suite 302, Delray Beach, Fla. 33484;
407-496-0505; fax: 407-496-0513

Staff	
Physicians	1,207
Board-certified	75%
Specialists	1,787
Administrative	24
Marketing	2
Facilities	
Hospitals	22
Diagnostic labs	8
Users: Group Health	
Employer/payer groups	2,044
Single coverage	94,941
Family coverage	170,894
Employees & dependents	265,835
Total users	**265,835**
Revenues	
1991	$1,248,531
1990	$896,418

Operational date: March 1984.
Not for profit.
Ownership: Memorial Hospital, Memorial Hospital West, JFK Medical Center, Boca Raton Community Hospital, St. Mary's Hospital, Holy Cross Hospital.
Accredited by AAPI.
Service area: Florida: Broward, Dade and Palm Beach counties.
Services: Standard package including vision, dental, durable medical equipment, podiatry, OB/Gyn. 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, discount off customary rates; is compensated by employers/payers, insurers, TPAs; charges a flat fee per employee, percent of savings. Services groups under contract with American Medical Security, The Principal Financial Group, Provident Life & Accident Insurance Co., Home Life, Life General Insurance Co., Administrative Services Inc., Alta Health Care Strategies, Employee Benefit Plans Inc., Gallagher BassettServices Inc.
UR: Standard procedures. UR provided by the PPO.
Officers: Charles A. Lindgren, president; Dr. John M. Harper, medical director.
Contact: Kathryn Eagle, manager-network affiliations.

FOCUS Healthcare Management Inc.

4522 Spruce W., Suite 200, Tampa, Fla. 33607; 813-281-0819

Staff	
Physicians	250
Specialists	158
Marketing	3
Facilities	
Hospitals	70
Diagnostic labs	21
Users: Workers Compensation	
Employer/payer groups	35
Single coverage	2,890,934
Total users	**2,890,934**

Operational date: May 1988.
Service area: Florida: Alachua, Bay, Brevard, Broward, Dade, Duval, Hillsborough, Indian River, Lee, Leon, Orange, Palm Beach, Pinellas, Sarasota, Seminole and Volusia counties.
See FOCUS Healthcare Management Inc. consolidated listing under Tennessee.

Global Medical Management Inc.

8211 W. Broward Blvd., Penthouse II, Plantation, Fla. 33324;
800-682-6065; fax: 305-370-6301

Service area: Contracts with Health Advantage in Florida; Managed Health Care in Texas; ConserviCare in California; various PPOs and direct contracting in Asia, Europe, the Far East and South America.
Contact: Ruth Z. Hamm, director-business development.
Please refer to the end of this directory for complete listing.

Healthchoice

1405 S. Orange Ave., Suite 301, Orlando, Fla. 32806;
407-237-6306; fax: 407-425-8545

Staff	
Physicians	300
Board-certified	72%
Specialists	700
Administrative	7
Marketing	4
Facilities	
Hospitals	9
Diagnostic labs	9
Users: Group Health	
Employer/payer groups	22
Employees & dependents	68,000
Total users	**68,000**

Operational date: April 1985.
For profit.
Ownership: Orlando Regional Hospital.
Service area: Florida: Brevard, Orange, Osceola and Seminole counties.
Services: Standard package including durable medical equipment, podiatry, OB/Gyn. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem, discount off customary rates; is compensated by employers/payers, insurers, TPAs; charges a flat fee per employee. The PPO will adjust fees based on savings realized or not realized. Services groups under contract with Mutual of Omaha, United of Omaha, United World Life, Fortis Benefits, Northwestern National Life, Principal Mutual Life, John Hancock, Bankers Risk Management, Self Funding Administrators, Hospital Benefits Inc., Professional Benefit Administrators, Robey-Barber, Florida First, Brown & Brown, BenefitSource, Harrington Benefits.
UR: Standard procedures excluding hospital bill audits. UR provided by the PPO and outside contractors.
Officers: Dr. Samuel Stephens, president; Nancy J. Smith, executive director; Dr. Richard Janovitz, medical director; Janice S. Bush, marketing director.

Humana Health Insurance Co. of Florida Inc.

99 Racetrack Road, Suite 200, Fort Walton Beach, Fla. 32547;
904-863-3382; fax: 904-864-2016

Total users	**12,409**

Operational date: 1985.
Officers: Mike Coupe, executive director.

Humana Health Insurance Co. of Florida Inc.

1060 Maitland Center Commons, Suite 300, Maitland, Fla. 32751;
407-661-6000; fax: 407-661-6414

Total users	**16,756**

Operational date: 1984.
Officers: Robert Bissell, executive director; Richard K. Wheeler, director-sales.

Humana Health Insurance Co. of Florida Inc.

3400 Lakeside Drive, Miramar, Fla. 33027; 305-626-5499;
fax: 305-626-5717

5701 W. Sunrise Blvd., 2nd Floor, Plantation, Fla. 33313;
305-321-7711; fax: 305-321-7864

1901 S. Congress Ave., Suite 201, Boynton Beach, Fla. 33426;
407-738-3065; fax: 407-738-3007

Total users	**48,424**

Operational date: 1984.
Officers: Thomas Wyss, executive director; Robert P. Wieckert, director-sales; Dr. William F. Bennett, medical director; D. Richard Austin, Bert Polacek, Dan Barcy, sales managers.

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

Total users	**3,198**

Operational date: 1988.
Officers: Michael B. Brouthers, executive director; Richard K. Wheeler, sales director; Dr. Ernest Cook, medical director; Nancy Bovard, assistant sales manager.

Humana Health Insurance Co. of Florida Inc.

5401 W. Kennedy Blvd. Suite 800, Tampa, Fla. 33609; 813-286-8829;
fax: 813-286-1870

Total users	**31,942**

Operational date: 1984.
Officers: Kenneth Tannenbaum, executive director; W. Fred Wheeler, sales manager; Dr. Steve Venable, medical director.

Managed Care Programs Inc.

P.O. Box 26008, Tampa, Fla. 33623-6008; 813-282-8424;
fax: 813-282-8034

Staff	
Mental health specialists	174
Board-certified	95%
Administrative	7
Marketing	2
Facilities	
Hospitals	58
Users: Group Health	
Employer/payer groups	2
Employees & dependents	16,000
Total users	**18,000**

Operational date: June 1991.
For profit.
Service area: Connecticut, Florida, Indiana, Kentucky.
Services: Standard package. 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; is compensated by employers/payers, insurers, TPAs; charges a flat fee per employee, percent of savings. The PPO will adjust fees based on savings realized or not realized. Services groups under contract with Humana Health Care Plans Inc., Allegiant Administrators, Professional Administrators Ltd.
UR: Standard procedures excluding second surgical opinion. UR provided by the PPO.
Officers: John Kelly, vp-operations; Dr. Thomas Brown, medical director.
Contact: John Kelly.

Medco Value Plus

7011 Grand National Drive, Orlando, Fla. 32819;
800-621-7557; fax: 407-363-7928

Staff	
Administrative	8
Marketing	10
Facilities	
Hospitals	350
Users: Group Health	
Employer/payer groups	6
Family coverage	30,000
Employees & dependents	70,000
Total users	**70,000**

Operational date: February 1991.
For profit.
Service area: Nationwide except for Hawaii, Montana, New Hampshire, North Dakota, Vermont, Wyoming. Contracts with CAPP Care in Arizona, California, Florida, Iowa, Kansas, Nebraska, New Jersey, New Mexico, Pennsylvania, Tennessee, Texas; Medview in Indiana, Massachusetts, Michigan, North Carolina, South Carolina, Wisconsin; Southeast Medical Alliance in Louisiana, Mississippi; The Healthcare Initiative in Colorado; Preferred Health Providers in Kansas City; ADMAR in Georgia, Missouri, Oregon, Washington; ETHIX Midwest in Minnesota; First Health Network in Ohio; Healthcare's Finest Network in Illinois.
Services: Standard package including vision, durable medical equipment, podiatry, OB/Gyn. Ser-

Continued on next page

Continued from previous page
vices 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, discount off customary rates, DRGs; is compensated by employers/payers, insurers, TPAs; charges a flat fee per employee, percent of savings. The PPO will adjust fees based on savings realized or not realized.

UR: Retrospective review, hospital bill audits. UR provided by outside contractors.

Officers: Dennis Serine, president; Tim Serine; Dennis Reineke.

Contact: George Parks, director-managed care; Shirley Balsley, assistant director-managed care.

Medview Services Inc. (Comp Pro)

3625 Queen Palm Drive, Tampa, Fla. 33619; 813-623-5282 or 800-722-1919; fax: 813-622-7822

Staff	
Physicians	8,589
Board-certified	90%
Specialists	5,720
Administrative	39
Marketing	1
Facilities	
Hospitals	205
Users: Group Health	
Employer/payer groups	6
Employees & dependents	75,000
Users: Workers Compensation	
Employer/payer groups	14
Single coverage	987,000
Total users	**1,003,000**

Service area: Florida.

See Medview Services Inc. (Comp Pro) consolidated listing under Michigan.

MetLife Network-Florida

47 Perimeter Center E., Suite 600, Atlanta, Ga. 30346-2092; 404-393-1410

Contact: James Crowley III, vp.

See MetLife Network consolidated listing under Connecticut.

Physical Therapy Provider Network Inc.

16244 S. Military Trail, Suite 250, DelRay Beach, Fla. 33484; 407-499-4449

Staff	
Physical therapists	100
Administrative	2
Marketing	1
Facilities	
Offices	42

Operational date: March 1992.

Service area: Florida.

Officers: Linda Zane, president; Larry Rootner, marketing director.

Contact: Linda Zane.

See Physical Therapy Provider Network Inc. consolidated listing under California.

Preferred Patient Care

P.O. Box 1798, Jacksonville, Fla. 32231-0014; 904-363-5357; fax: 904-363-5797

Staff	
Physicians	15,354
Administrative	18
Marketing	70
Facilities	
Hospitals	140
Pharmacies	1,900
Diagnostic labs	112
Users: Group Health	
Employer/payer groups	4,700
Employees & dependents	1,300,000
Total users	**1,300,000**
Revenues	
1991	$1.2 billion
1990	$1.1 billion

Operational date: October 1984.

Not for profit.

Ownership: Blue Cross & Blue Shield of Florida.

Service area: Florida: statewide excluding Martin and Collier counties.

Services: Standard package including dental, podiatry, OB/Gyn. 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, individual policyholders; charges a premium. The PPO will adjust fees based on savings realized or not realized; 3% are covered by such contracts.

UR: Standard procedures excluding length of stay determination, second surgical opinion, outpatient service predetermination. UR provided by the PPO.

Officers: Kenneth G. Sellers, vp-product management division; James E. Mose, executive/marketing director; Dr. Larry Tremonti, medical director.

Principal Health Care Inc.-Jacksonville

1200 Gulf Life Drive, Suite 500, Jacksonville, Fla. 32207; 904-390-0935; fax: 904-390-0950

Staff	
Physicians	161
Patients/physician	62.4
Board-certified	73%
Specialists	360
Administrative	9
Facilities	
Hospitals	10
Diagnostic labs	11
Users: Group Health	
Employer/payer groups	9
Employees & dependents	10,048*
Total users	**10,048***

Service area: Florida: Alachua, Baker, Clay, Duval, Nassau and St. Johns counties.

Officers: James F.H. Henry, executive director; Dr. Kenneth Jones, medical director; Deborah Dunaway, marketing director.

Contact: Karen Johnson.

See Principal Health Care Inc. consolidated listing under Maryland.

** Figures based on number of employees multiplied by 2.3 per company estimate.*

Principal Health Care Inc.-Miami Division

9130 S. Dadeland Blvd., Suite 1116, Miami, Fla. 33156; 315-670-9244 or 800-821-1530; fax: 305-670-9243

Staff	
Physicians	244
Specialists	640
Administrative	3
Marketing	1
Facilities	
Hospitals	18
Pharmacies	289
Diagnostic labs	1
Users: Group Health	
Employer/payer groups	1

Service area: Florida: Broward, Dade and Palm Beach counties.

Officers: James F.H. Henry, executive director; Dr. Mel Mackler, medical director; Deborah Dunaway, marketing director.

See Principal Health Care Inc. consolidated listing under Maryland.

Principal Health Care Inc.-Pensacola Division

1 University Plaza, 7282 Plantation Road, Suite 300, Pensacola, Fla. 32504; 904-484-4000; fax: 904-484-4004

Staff	
Physicians	67
Board-certified	93%
Specialists	179
Facilities	
Hospitals	3
Users: Group Health	
Employer/payer groups	1
Employees & dependents	528
Total users	**528**

Service area: Florida: Escambia, Okaloosa, Santa Rosa and Walton counties; Alabama: Baldwin, Covington, Escambia and Monroe counties.

Officers: James F.H. Henry, executive director; Dr. Louis Fowler, medical director; C.W. Trinchitella, marketing director.

See Principal Health Care Inc. consolidated listing under Maryland.

Principal Health Care Inc.-Tampa/Orlando*

4350 Cypress St., Suite 542, Tampa, Fla. 33607; 813-877-4630 or 800-654-7803; fax: 813-877-2148

Staff	
Physicians	374
Board-certified	75%
Specialists	1,454
Facilities	
Hospitals	23
Diagnostic labs	17
Users: Group Health	
Employer/payer groups	14
Employees & dependents	10,694
Total users	**10,694**

Service area: Florida: Citrus, Hernando, Hillsborough, Lake, Lee, Manatee, Orange, Osceola, Pasco, Pinellas, Sarasota, Seminole and Volusia counties.

Officers: James F.H. Henry, executive director; David Ewing, medical director; Michael Soto, marketing director; Ginger Lay, network manager.

** Information drawn from a consolidation of the Tampa and Orlando Marketplace networks operated from this office. Employer/payer groups may overlap, but total users do not.*

See Principal Health Care Inc. consolidated listing under Maryland.

Private Healthcare Systems Inc.

1511 N. Westshore Blvd., Suite 620, Tampa, Fla. 33607; 813-282-8200; fax: 813-282-8210

Staff	
Physicians	4,087
Facilities	
Hospitals	43

Service area: Florida: Boca Raton, Clearwater, Delray Beach, Fort Lauderdale, Gainesville, Hialeah, Hollywood, Jacksonville, Lakeland, Miami, Orlando, Pompano Beach, St. Petersburg, Tampa, West Palm Beach and Winter Haven.

Contact: Paul Robinson, regional vp-operations.

See Private Healthcare Systems Inc. consolidated listing under Massachusetts.

ProAmerica Managed Care Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669; fax: 817-347-3296

Facilities	
Hospitals	95
Users: Group Health	
Employees & dependents	123,600
Total users	**123,600**

Service area: Florida.

See ProAmerica Managed Care Inc. consolidated listing under Texas.

Provider Networks of America Inc.

4100 International Plaza, Suite 180, Fort Worth, Texas 76109; 817-735-8293; fax: 817-735-1487

Facilities	
Hospitals	26
Ancillary providers	6
Outpatient centers	4
Users: Group Health	
Employer/payer groups	34
Employees & dependents	99,820
Total users	**99,820**

Operational date: October 1989.

For profit.

Service area: Florida.

Services: Hospitalization, substance abuse, psychiatric services, rehabilitation, homecare, outpatient surgery.

See Provider Networks of America Inc. consolidated listing under Texas.

PruCare Plus-Jacksonville (POS)

1200 Gulf Life Drive, Suite 701, Jacksonville, Fla. 32207; 904-346-5800; fax: 904-346-5888

Staff	
Physicians	166
Patients/physician	57
Board-certified	89%
Specialists	275
Administrative	48
Marketing	4
Facilities	
Hospitals	6
Pharmacies	29
Diagnostic labs	1
Users: Group Health	
Employer/payer groups	133
Single coverage	1,723
Family coverage	1,822
Employees & dependents	9,479
Total users	**9,479**

Operational date: September 1986.

For profit.

Ownership: Prudential Health Care Plan Inc.

Service area: Florida: Baker, Clay, Duval, Nassau and St. John counties.

Services: Standard package including durable medical equipment, podiatry, OB/Gyn, laboratory, X-ray, preventative medicine, periodic check ups, prescription drugs, chiropractors. Employees can select non-POS providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by per diem, discount off customary rates; is compensated by employers/payers; charges a flat fee per employee, premiums per employee and family.

UR: Standard procedures. UR provided by the POS plan.

Officers: William Link, executive vp-Prudential group operations; C. Richard Cook, vp-group operations; Dr. William Moore, medical director; Matthew Davies, director-marketing/operations.

See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

PruCare Plus-Orlando (POS)

2301 Lucien Way, Suite 230, Maitland, Fla. 32751; 407-875-6600; fax: 407-660-0552

Staff	
Physicians	216
Patients/physician	111
Board-certified	91%
Specialists	310
Administrative	105
Marketing	13
Facilities	
Hospitals	9
Pharmacies	78
Diagnostic labs	6
Users: Group Health	
Employer/payer groups	111
Single coverage	6,398
Family coverage	6,149
Employees & dependents	23,837
Total users	**23,837**

Operational date: September 1986.

For profit.

Ownership: Prudential Health Care Plan Inc.

Service area: Florida: Orange, Osceola, Seminole, and portions of Lake, Polk and Volusia counties.

Services: Standard package including durable medical equipment, podiatry, OB/Gyn. Employees can select non-POS providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by per diem, discount off customary rates; is compensated by insurers; charges a flat fee per employee, negotiated budget, fee schedule, discounted charges.

UR: Standard procedures. UR provided by the POS plan.

Officers: William Link, executive vp-Prudential group operations; Andrew Crooks, executive director; Dr. Edward Lowenstein, medical director; Geoff Kilgore, marketing director.

See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

PruCare Plus-Tampa Bay (POS)

3450 W. Busch Blvd., Suite 245, Tampa, Fla. 33618; 813-932-1977; fax: 813-931-4188

Staff	
Physicians	214
Patients/physician	88
Board-certified	85%
Specialists	444
Administrative	43
Marketing	12
Facilities	
Hospitals	22
Pharmacies	110
Diagnostic labs	40
Users: Group Health	
Employer/payer groups	165
Total users	**18,800**

Operational date: July 1985.

For profit.

Ownership: Prudential Health Care Plan Inc.

Service area: Florida: Hillsborough, Pasco and Pinellas counties.

Services: Standard package including vision, durable medical equipment, podiatry, OB/Gyn. Employees can select non-POS providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by per diem, discount off customary rates; services compensated by insurers; charges according to a fee schedule, discounted charges.

UR: Standard procedures. UR provided by the POS plan.

Officers: William Link, executive vp-Prudential group operations; Christopher Adams, executive director; Dr. Robert Newhardt, medical director; Wallace Dawson, marketing director.

See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

Travelers Managed Care System-Central

1000 Legion Place, Orlando, Fla. 32801; 800-359-4715

Staff	
Physicians	1,155
Facilities	
Hospitals	14
Users: Group Health	
Employer/payer groups	563
Total users	**26,429**

Operational date: March 1987.

Service area: Florida: Brevard, Lake, Orange, Osceola, Seminole and Volusia counties.

Officers: Valerie Payne, director-operations; John Z. Olewski II, district sales manager.

See The Travelers Insurance Co. consolidated listing under Connecticut.

Travelers Managed Care System-North

9485 Regency Square Blvd., Suite 200, Jacksonville, Fla. 32225; 800-328-2412

Staff	
Physicians	764
Facilities	
Hospitals	13
Users: Group Health	
Employer/payer groups	275
Total users	**10,362**

Operational date: March 1987.

Service area: Florida: Alachua, Baker, Bradford, Clay, Columbia, Duval, Flagler, Marion, Nassau, Putnam, St. Johns and Union counties.

Officers: Valerie Payne, director-operations; John Z. Olewski II, district sales manager.

See The Travelers Insurance Co. consolidated listing under Connecticut.

Travelers Managed Care System-South

150 S. Pine Island Road, Plantation, Fla. 33324; 305-474-9408

Staff	
Physicians	3,445
Facilities	
Hospitals	26
Users: Group Health	
Employer/payer groups	951
Total users	**90,152**

Operational date: April 1986.

Service area: Florida: Broward, Dade, Henry, Martin, Palm Beach and St. Lucie counties.

Officers: Nancy Taylor Ward, executive director; Steve Pollart, district sales manager.

See The Travelers Insurance Co. consolidated listing under Connecticut.

Travelers Managed Care System-West Central

1511 N. Westshore, Suite 650, Tampa, Fla. 33607; 800-359-4715

Staff	
Physicians	1,324
Facilities	
Hospitals	14
Users: Group Health	
Employer/payer groups	855
Total users	**69,083**

Operational date: December 1986.

Service area: Florida: Hillsborough, Pasco, Pinellas Polk and Sarasota counties.

Officers: Valerie Payne, director-operations; John Z. Olewski II, district sales manager.

See The Travelers Insurance Co. consolidated listing under Connecticut.

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Volusia Health Network

111 N. Frederick Ave., Suite 500, Daytona Beach, Fla. 32114-3414; 904-253-2198; fax: 904-255-6130

Staff	
Physicians	54
Board-certified	75%
Specialists	180
Administrative	1
Marketing	1
Facilities	
Hospitals	4
Pharmacies	20
Diagnostic labs	1
Users: Group Health	
Employer/payer groups	10
Employees & dependents	6,000
Total users	**6,000**

Operational date: July 1986.
Not for profit.
Ownership: Halifax Medical Center.
Service area: Florida: Volusia County.
Services: Standard package including durable medical equipment, podiatry, OB/Gyn, 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, discount off customary rates, DRGs, capitation; is compensated by employers/payers, providers, insurers, TPAs; charges a flat fee per employee. Services groups under contract with American Heritage Life, Florida Health Choice Plan, American Medical Security, Florida Health Alliance, Aetna, BenefitSource, Mutually Preferred.
UR: Standard procedures excluding outpatient service predetermination. UR provided by the PPO.
Officers: David Seal, president/executive director; Dr. Alvin Smith, medical director; Lou Orban, marketing director.
Contact: David Seal.

GEORGIA

AIIA/COMP CARE

1620 Mason Ave., P.O. Box 11770, Daytona Beach, Fla. 32120; 904-274-3232; fax: 904-274-3242

Staff	
Chiropractors	98
Users: Workers Compensation	
Employer/payer groups	28

Service area: Georgia.
See AIIA/COMP CARE consolidated listing under Florida.

Archcare Health Plan

411 Gordon Ave., Thomasville, Ga. 31792; 912-226-4122; fax: 912-228-1322

Staff	
Physicians	33
Patients/physician	236
Board-certified	99%
Specialists	71
Administrative	6
Marketing	2
Facilities	
Hospitals	4
Pharmacies	41
Diagnostic labs	1
Users: Group Health	
Employer/payer groups	22
Single coverage	2,262
Family coverage	4,313
Employees & dependents	14,069
Total users	**14,069**

Operational date: October 1987.
For profit.
Ownership: Archbold Medical Center, Qualicare Physicians Assn.
Service area: Florida: Jefferson, Leon and Madison counties; Georgia: Brooks, Colquitt, Decatur, Grady, Lowndes, Mitchell and Thomas counties.
Services: Standard package including durable medical equipment, podiatry, OB/Gyn, pharmacy. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by DRGs; is compensated by employers/payers, insurers; charges a flat fee per employee. Services groups under contract with Blue Cross/Blue Shield of Georgia.
UR: Standard procedures excluding hospital bill audits. UR provided by the PPO.
Officers: Clifford Campbell, chairman; Wm. Keith Jones, executive director; Dr. Mark Wood, medical director.
Contact: Wm. Keith Jones.

Aetna Health Plans*

3 Piedmont Center, 3565 Piedmont Road, Suite 300, Atlanta, Ga. 30305; 404-814-4300; fax: 404-814-4338

Staff	
Physicians	435
Board-certified	77%
Specialists	1,682
Facilities	
Hospitals	22
Users: Group Health	
Employer/payer groups	415
Employees & dependents	86,003
Total users	**86,003**

Operational date: July 1988.
Service area: Georgia: Bibb, Bollock, Bryan, Burke, Chatham, Cherokee, Clayton, Cobb, Columbia, Crawford, Dekalb, Douglas, Effingham, Forsyth, Fulton, Houston, Jefferson, Jones, Liberty, McDuffie, Monroe, Peach, Richmond and Twiggs counties; South Carolina: Aiken, Barnwell, Jasper, Edgefield counties.
Officers: Dr. John Gastright, medical director; Barbara Bailey, marketing director; Steve White, provider network director.
** Information drawn from a consolidation of the Atlanta, Augusta, Ga./Aiken, S.C., Macon and Savannah networks operated from this office. Employer/payer groups may overlap, but total users do not.*
See Aetna Health Plans consolidated listing under Connecticut.

Beech Street

2 Ada, Irvine, Calif. 92718; 714-727-1353 or 800-233-2478; fax: 714-727-1319

Staff	
Physicians	7
Specialists	18
Facilities	
Hospitals	34
Pharmacies	635

Service area: Georgia.
See Beech Street of California Inc. consolidated listing under California.

Blue Cross & Blue Shield of Georgia Inc.

Capital City Plaza, 3350 Peachtree Road N.E., Atlanta, Ga. 30326; 404-842-8000

Staff*	
Physicians	2,500
Facilities*	
Hospitals	34
Users: Group Health*	
Employees & dependents	184,472
Total users*	**184,472**

Operational date: October 1984.
Sponsorship: Blue Cross & Blue Shield of Georgia Inc.
Service area: Georgia.
UR: Standard procedures excluding length of stay determination, discharge planning, second surgical opinion, case management.
** Figures are 1990 data.*

CAPP CARE Inc.

West Tower, 4000 MacArthur Blvd., Suite 10000, Newport Beach, Calif. 92660-2526; 714-251-2200; fax: 714-251-2222

Staff	
Physicians	1,714
Facilities	
Hospitals	21

Service area: Georgia: Atlanta, Augusta and Savannah.
See CAPP CARE Inc. consolidated listing under California.

CNA Managed Care PPO-Atlanta

2320 Parklake Drive N.E., Atlanta, Ga. 30345; 404-491-5100

Staff	
Physicians	1,817
Board-certified	66%
Facilities	
Hospitals	14
Users: Group Health	
Employees	6,775

Service area: Georgia: Clayton, Cobb, DeKalb, Fulton and Gwinnett counties.
Contact: Manager-major group sales, 404-491-5359.
See CNA Managed Care PPO consolidated listing under Illinois.

CIGNA PPO-Atlanta

1360 Peachtree St. N.E., Midtown Plaza II, Suite 1300, Atlanta, Ga. 30309; 404-881-9779; fax: 404-898-4832

Staff	
Physicians	1,420
Facilities	
Hospitals	29

Operational date: July 1988.
Service area: Georgia: Bartow, Butts, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Rockdale and Spalding counties.
Officers: Brad Arms, regional managed care officer; Mary Brandt, provider relations.
See CIGNA Preferred Provider Organization consolidated listing under Connecticut.

Cost Care Physician Managed Networks

Regional Medical Review Center, 2 Paces W., Suite 600, 2727 Paces Ferry Road N.W., Atlanta, Ga. 30339; 404-319-8101

Service area: Florida: Jacksonville, Miami, Orlando, Tampa and St. Petersburg; Georgia: Atlanta; Louisiana: New Orleans; North Carolina; South Carolina; Tennessee: Knoxville, Memphis and Nashville; Texas: Austin, Corpus Christi, Dallas, Houston, Odessa and San Antonio; Virginia: Richmond.
Officers: Virgil Williams, director-network management; Dr. Arthur Haymes, regional medical director.
See Cost Care Physician Managed Network consolidated listing under California.

Crawford Care Alliance

5620 Glenridge Drive, Atlanta, Ga. 30342; 404-847-4029; fax: 404-847-4028

Service area: Contracts for group health coverage with Health Choice in Alabama, Mississippi, Tennessee; Beech Street in Arizona, California, Nevada, New Mexico, Ohio, Texas; Southeast Medical Alliance in Arkansas; Medview in Colorado, Illinois, Indiana, Kansas, Massachusetts, Michigan, Missouri, North Carolina, Pennsylvania, South Carolina; PMC in Connecticut; The Health Advantage in Florida; SouthCare Medical Alliance in Georgia; MBMA in Iowa, Nebraska; PMA in Indiana; MedComp-USA in Louisiana; NCPPO in Maryland, Virginia; Select Care in Minnesota, North Dakota; HealthWest in Missouri; Preferred Health Strategies in New Jersey; Primary Health in Ohio; MEDCORP Southwest in Oklahoma; FirstChoice in Oregon, Washington; MHN in Oregon; Alpha in Pennsylvania; Health Net in Tennessee; Preferred Health Plan in Tennessee; Virginia Health Network in Virginia; WPPN in Wisconsin.

Contracts for workers compensation coverage with Focus in Alabama, Arkansas, Connecticut, Georgia, Kansas, Kentucky, Louisiana, Massachusetts, Mississippi, Missouri, New Jersey, Oklahoma, Pennsylvania, Tennessee, Virginia; Affordable in Arizona, California, Nevada, New Mexico, North Carolina, Ohio, Oregon, South Carolina, Texas, Utah; CompPro in Colorado, Florida, Hawaii, Idaho, Illinois, Indiana, Maine, Michigan, New Hampshire, Vermont, West Virginia; MBMA in Iowa, Nebraska and Wisconsin.
Officers: P.A. Bollinger, president; Dr. Steven R. Gerst, executive/medical director; Jeffrey V. Aycock, marketing director.
Contact: Dr. Richard Groepper.

FOCUS Healthcare Management Inc.

1140 Hammond Drive, Building B 2275, Suite O, Atlanta, Ga. 30328; 404-396-8959

Staff	
Physicians	140
Board-certified	50%
Specialists	169
Marketing	3
Facilities	
Hospitals	30
Diagnostic labs	8
Users: Workers Compensation	
Employer/payer groups	35
Single coverage	1,321,445
Total users	**1,321,445**

Service area: Georgia: Bartow, Bibb, Chatham, Cobb, Douglas, Fulton, Gwinnett, Hall, Richmond, Muscogee and Spalding counties.
See FOCUS Healthcare Management Inc. consolidated listing under Tennessee.

Hancock Preferred Plan

Regional Medical Review Center, 2 Paces W., Suite 600, 2727 Paces Ferry Road N.W., Atlanta, Ga. 30339; 404-319-8101

See Cost Care Physician Managed Network listing under Georgia.

HealthCare Plus

5780 Powers Ferry Road N.W., Atlanta, Ga. 30327-4390; 404-618-3831; fax: 404-980-6580

Staff	
Physicians	250
Board-certified	85%
Specialists	280
Administrative	11
Marketing	5
Facilities	
Hospitals	13

Operational date: January 1992.
For profit.
Ownership: Life Insurance Co. of Georgia.
Service area: Georgia: Clayton, Cobb, DeKalb, Fulton and Gwinnett counties.
Services: Standard package including durable medical equipment, podiatry, OB/Gyn. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem; is compensated by employers/payers; charges a flat fee per employee.
UR: Standard procedures including medical case management and per case negotiations. UR services provided by Utilization Management Program.
Officers: Dr. Charles Jones, medical director; James Sinopoli, sales manager; Barbara Dawe, manager-managed care.

Healthstar Managed Care Corp.

Tower Place, 3340 Peachtree Road N.E., Suite 1965, Atlanta, Ga. 30326; 404-240-0310; fax: 404-240-0680

Staff	
Physicians	2,000
Patients/physician	25
Board-certified	65%
Specialists	1,300
Administrative	11
Marketing	1
Facilities	
Hospitals	33
Pharmacies	8,700
Diagnostic labs	6
Users: Group Health	
Employer/payer groups	75
Single coverage	4,976
Family coverage	7,024
Employees & dependents	30,213
Users: Workers Compensation	
Employer/payer groups	7
Single coverage	40,000
Total users	**70,213**

Operational date: January 1989.
For profit.
Service area: Georgia.
Officers: Jimmie M. Mahaffey, executive director.
See Healthstar Managed Care Corp. consolidated listing under Illinois.

Life Insurance Co. of Georgia

5780 Powers Ferry Road N.W., Atlanta, Ga. 30327-4390; 404-952-1766; fax: 404-952-6635

For profit.
Service area: Contracts with American Health Network in Texas, California; Baptist Health Services Group in Arkansas, Mississippi and Tennessee; CappCare nationwide; Florida Health Network in Florida; Health Care Savings in North Carolina, South Carolina; Health Net in Tennessee; HealthCare Plus in Georgia; Preferred Health Partnership in Tennessee; Southeast Medical Alliance in Arkansas, Louisiana and Mississippi.
Contact: James Sinopoli.

Medview Services Inc. (Comp Pro)

32991 Hamilton Court, Farmington Hills, Mich. 48334; 313-488-5260; fax: 313-488-5262

Service area: Contracts with Southcare Medical Alliance in Clayton, Cobb, DeKalb, Fulton and Gwinnett counties in Georgia.
See Medview Services Inc.(Comp Pro) consolidated listing under Michigan.

MetLife Network-Georgia

47 Perimeter Center E., Suite 600, Atlanta, Ga. 30346-2092; 404-393-1410

Contact: James Crowley III, vp.
See MetLife Network consolidated listing under Connecticut.

Preferred Care Georgia

P.O. Box 4445, Atlanta, Ga. 30302-4445; 404-842-8000

Users: Group Health*	
Employees & dependents	194,287
Total users*	**194,287**

Operational date: 1984.
Ownership: Blue Cross and Blue Shield of Georgia.
Service area: Georgia.
** Figures are as of Dec. 31, 1991.*

Preferred Plan of Georgia

3150 Holcomb Bridge Road, Suite 210, Norcross, Ga. 30071-1312; 404-840-1162 or 800-662-5265; fax: 404-840-7431

Contact: Mary Ashley-Sellers, regional director; Rebecca Durkee, plan manager.

Private Healthcare Systems Inc.

1000 Abernathy Road, Suite 940, Atlanta, Ga. 30328; 404-394-1084; fax: 404-394-1398

Staff	
Physicians	1,879
Facilities	
Hospitals	19

Service area: Georgia: Atlanta and Macon-Warner Robins.
Contact: Paul Robinson, regional vp-operations.
See Private Healthcare Systems Inc. consolidated listing under Massachusetts.

ProAmerica Managed Care Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669; fax: 817-347-3296

Facilities	
Hospitals	19
Users: Group Health	
Employees & dependents	53,600
Total users	**53,600**

Service area: Georgia.
See ProAmerica Managed Care Inc. consolidated listing under Texas.

Provident Preferred Network

Building 500, 1100 Abernathy Road, Suite 1220, Atlanta, Ga. 30328-5630; 404-551-4660; fax: 404-551-4696

Staff	
Physicians	778
Board-certified	75%
Administrative	14
Marketing	19
Facilities	
Hospitals	34
Pharmacies	103
Diagnostic labs	2
Users: Group Health	
Employer/payer groups	93
Single & family coverage	136,457
Employees & dependents	313,851
Total users	**313,851**

Operational date: 1987.
Ownership: Provident Life & Accident Insurance Co.
Service area: Georgia: 34 counties.
See Provident Preferred Network consolidated listing under Tennessee.

Provider Networks of America Inc.

4100 International Plaza, Suite 180, Fort Worth, Texas 76109; 817-735-8293; fax: 817-735-1487

Facilities	
Hospitals	17
Ancillary providers	3

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Users: Group Health	
Employer/payer groups	37
Employees & dependents	144,115
Total users	**144,115**

Operational date: October 1989.
For profit.
Service area: Georgia.
Services: Standard package excluding physicians but including maternity management, orthopedic services.
See Provider Networks of America Inc. consolidated listing under Texas.

PruCare Plus-Atlanta (Point-of-Service)

2839 Paces Ferry Road, Suite 1100, Atlanta, Ga. 30339; 404-955-8010; fax: 404-433-0601

Staff	
Physicians	428
Patients/physician	80
Board-certified	91%
Specialists	588
Administrative	98
Marketing	5
Facilities	
Hospitals	19
Pharmacies	106
Diagnostic labs	15
Users: Group Health	
Employer/payer groups	330
Single coverage	9,512
Family coverage	6,888
Employees & dependents	34,400
Total users	**34,400**

Operational date: July 1986.
For profit.
Ownership: Prudential Health Care Plan Inc.
Service area: Georgia: Barrow, Bartow, Butts, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Rockdale, Newton, Paulding, Spaulding and Walton counties.
Services: Standard package. May select non-POS providers, plan may be customized to employer specifications.
Compensation: Negotiates hospital charges by per diem, discount off customary rates; is compensated by insurers; charges a flat fee per employee. The POS will adjust fees based on savings realized or not realized.
UR: Standard procedures. UR provided by the POS.
Officers: William Link, executive vp-Prudential group operations; Marilynn Schafer, executive director; Dr. Charles Gendel, medical director; Bart Hester, marketing director.
See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

SouthCare Medical Alliance

3715 Northside Parkway, 400 Northcreek, Suite 300, Atlanta, Ga. 30327; 404-231-9911; fax: 404-731-9416

Staff	
Physicians	1,285
Board-certified	80%
Specialists	1,041
Administrative	12
Marketing	7
Facilities	
Hospitals	21
Users: Group Health	
Employer/payer groups	3,520
Employees & dependents	365,667
Users: Workers Compensation	
Employer/payer groups	12
Single coverage	38,827
Total users	**395,346**
Revenues	
1991	$61,000,000
1990	$44,300,000

Operational date: January 1986.
Not for profit.
Accredited by AAPI.
Service area: Georgia.
Services: Standard package including podiatry, OB/Gyn. 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, discount off customary rates; is compensated by employers/payers, insurers; charges a flat fee per employee, percent of savings.
UR: Standard procedures including psychiatric UR. UR provided by the PPO.
Officers: Larry L. Madlem, president; Rebecca H. McQueen, senior vp/COO; Dr. Gwynne T. Brunt Jr., medical director; Al Teets, senior vp-marketing & development.
Contact: Rebecca H. McQueen.

Travelers Managed Care System-Atlanta

211 Perimeter Center Parkway, Suite 400, Atlanta, Ga. 30346; 404-395-4850

Staff	
Physicians	1,358
Facilities	
Hospitals	20
Users: Group Health	
Employer/payer groups	316
Total users	**36,994**

Operational date: October 1989.
Service area: Georgia: Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Rockdale and Spalding.
Officers: Larry Jackson, director-operations; John Z. Olewski II, district sals manager.
See The Travelers Insurance Co. consolidated listing under Connecticut.

HAWAII

Aetna Health Plans

1111 Bayhill Drive, Suite 300, San Bruno, Calif. 94066; 800-635-5447; fax: 415-871-0515

Staff	
Physicians	233
Specialists	461
Facilities	
Hospitals	15
Pharmacies	74
Diagnostic labs	42
Users: Group Health	
Employer/payer groups	88
Employees & dependents	8,794
Total users	**8,794**

Operational date: October 1986.
Service area: Hawaii.
Officers: Dr. Michael Gavin, medical director; Stephen Siu, marketing director.
See Aetna Health Plans consolidated listing under Connecticut

Beech Street

2 Ada, Irvine, Calif. 92718; 714-727-1353 or 800-233-2478; fax: 714-727-1319

Facilities	
Pharmacies	53

Service area: Hawaii.
See Beech Street of California Inc. consolidated listing under California.

CCN Inc.

8911 Balboa Ave., San Diego, Calif. 92123; 619-278-2273; fax: 619-278-1262

Facilities	
Hospitals	2
Users: Workers Compensation	
Single coverage	50,000
Total users	**50,000**

Operational date: July 1991.
Service area: Hawaii.
Services: Hospitalization.
UR: Standard procedures excluding second surgical opinion, hospital bill audits, outpatient service predetermination.
See CCN Inc. consolidated listing under California.

Hawaii Medical Service Corp.

818 Keeaumoku St., Honolulu, Hawaii 96814

Staff*	
Physicians	1,695
Facilities*	
Hospitals	22
Users: Group Health*	
Employees & dependents	133,306
Total users*	**133,306**

Operational date: January 1986.
Sponsorship: Hawaii Medical Service Assn. (Blue Cross & Blue Shield).
Service area: Hawaii.
UR: Standard procedures excluding length of stay determination, retrospective review, hospital bill audits, case management.
**Figures are 1990 data.*

ProAmerica Managed Care Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669; fax: 817-347-3296

Facilities	
Hospitals	1
Users: Group Health	
Employees & dependents	2,000
Total users	**2,000**

Service area: Hawaii.
See ProAmerica Managed Care Inc. consolidated listing under Texas.

IDAHO

Beech Street

2 Ada, Irvine, Calif. 92718; 714-727-1353 or 800-233-2478; fax: 714-727-1319

Facilities	
Hospitals	1
Pharmacies	72

Service area: Idaho.
See Beech Street of California Inc. consolidated listing under California.

CAPP CARE Inc.

West Tower, 4000 MacArthur Blvd., Suite 10000, Newport Beach, Calif. 92660-2526; 714-251-2200; fax: 714-251-2222

Facilities	
Hospitals	1

Service area: Idaho: Boise.
See CAPP CARE Inc. consolidated listing under California.

MetLife Network-Idaho

50 Fremont St., Suite 1100, San Francisco, Calif. 94105; 415-957-4101

Contact: Larry Kissner, vp.
See MetLife Network consolidated listing under Connecticut.

Sound Health-Idaho

1501 Fourth Ave., Suite 500, Seattle, Wash. 98101; 206-622-6111; fax: 206-623-5173

Staff	
Physicians	35
Board-certified	95%
Specialists	48
Facilities	
Hospitals	1
Users: Group Health	
Employer/payer groups	3

Service area: Northern Idaho.
See Sound Health consolidated listing under Washington.

United Northwest Services

P.O. Box 141253, Spokane, Wash. 99214-1253; 509-928-2569

Staff	
Physicians	165
Board-certified	85%
Specialists	420
Facilities	
Hospitals	5
Diagnostic labs	2
Users: Group Health	
Employer/payer groups	3
Employees & dependents	25,000
Total users	**25,000**

Service area: Idaho.
See United Northwest Services consolidated listing under Washington.

ILLINOIS

Aetna Health Plans*

303 W. Madison, Suite 300, Chicago, Ill. 60606; 312-372-0209; fax: 312-372-3710

Staff	
Physicians	1,147
Board-certified	82%
Specialists	2,435
Facilities	
Hospitals	45
Diagnostic labs	6
Users: Group Health	
Employer/payer groups	601
Employees & dependents	70,748
Total users	**70,748**

Operational date: March 1987.
Service area: Illinois: Cook, Dupage, Kane, Lake, McHenry, Will, Peoria, Tazwell, Fulton, Woodford, Boone, Winnebago, Lee, Ogle, Kankakee counties.
Officers: Kevin Hickey, president/executive director; Dr. Alan Rosenberg, medical director; Tolbert Chisom, medical director.
**Information drawn from a consolidation of the Chicago, Peoria, Rockford and Kankakee networks operated from this office. Employer/payer groups may overlap, but total users do not.*
See Aetna Health Plans consolidated listing under Connecticut.

The AFFORDABLE Medical Networks*

3200 Highland Ave., Downers Grove, Ill. 60515-1223; 708-241-7900; fax: 708-241-7856

Staff	
Physicians	12,500
Board-certified	80%
Specialists	50,000
Administrative	63
Marketing	33
Facilities	
Hospitals	1,150
Pharmacies	7,000
Diagnostic labs	1,100
Users: Group Health	
Employer/payer groups	1,915
Employees & dependents	6,900,000
Users: Workers Compensation	
Employer/payer groups	135
Single coverage	6,100,000
Total users	**13,000,000**
Revenues	
1991	$70,910,000
1990	$42,238,000

Operational date: 1983.
For profit.
Service area: Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Washington, Wisconsin. New service areas available in 1993: Hawaii, Idaho, Vermont and Wyoming.
Services: Standard package including durable medical equipment, podiatry, OB/Gyn, rehabilitation, chiropractors, prescriptions, psychology, ambulatory surgery centers, clinical labs, social workers, outpatient imaging centers, physical therapy. Services available unbundled. Employees can select non-PPO providers.
Compensation: Negotiates hospital charges by per diem; is compensated by employers/payers; charges by percent of savings. The PPO will adjust fees based on savings realized or not realized. Services groups under contract with American General Group Life Insurance; Boston Mutual; Celtic Life; CUNA Mutual Insurance Group; Gallagher Bassett Services Inc.; National Casualty Co.; Pioneer Life/National Group Life; Rural Insurance Cos.; Wisconsin Physician Services Inc.
UR: Standard procedures excluding outpatient service predetermination. Other services include Mental health review, chiropractic review, and PPO redirection. UR provided by the PPO.
Officers: James C. Smith, president; Dr. Hartmut Kannegiesser, medical director-PPO; Dr. Scott Smith, medical director-UR; Lottie A. Kurez, marketing director; John Krakauer, corporate operating officer; Edward Wristen, COO-provider networks; Daniel Brunner, COO-policy & government affairs; W. Robert Keen, COO-OUCH Systems.
** Figures are consolidated, including all PPOs in this organization.*

Beech Street

2 Ada, Irvine, Calif. 92718; 714-727-1353 or 800-233-2478; fax: 714-727-1319

Staff	
Physicians	910
Specialists	2,590
Facilities	
Hospitals	73
Pharmacies	1,047
Diagnostic labs	2

Service area: Illinois.
See Beech Street of California Inc. consolidated listing under California.

Behavioral Health Systems

485 S. Frontage Road, Suite 305, Burr Ridge, Ill. 60521-7110; 708-655-4440; fax: 708-655-4558

Staff	
Physicians	80
Patients/physician	460
Board-certified	70%
Specialists	120
Administrative	5
Marketing	2
Facilities	
Hospitals	15
Users: Group Health	
Employer/payer groups	10
Employees & dependents	37,000
Total users	**37,000**

Operational date: December 1985.
For profit.
Service area: Greater Chicago metropolitan area, northwest Illinois, northwest Indiana.
Services: Standard package. Services available unbundled. Employees can select non-PPO providers. May be customized to specifications.
Compensation: Negotiates hospital charges by per diem rate; is compensated by employers/payers, insurers; charges a flat fee per employee, percent of savings. The PPO will adjust fees based on savings realized or not realized. Services groups under contract with Arthur J. Gallagher & Co.; Gallagher Bassett Services; MSI; McConachie; Travelers Corp.; Brookfield; Professional Benefit Administrators.
UR: Standard procedures. UR provided by the PPO.
Officers: Edward W. Hatch, president; Dr. Anthony. M. D'Agostino, chairman/medical director; Robert L. Rogers, marketing director; Dr. Cullen R. Schwemer, vp; Dr. Harold F. McGrath, secretary/treasurer.

CCN/EPIQual

8735 W. Higgins Road, Suite 250, Chicago, Ill. 60631; 312-693-2273; fax: 312-693-2273

Staff	
Physicians	849
Patients/physician	91
Board-certified	80%
Specialists	1,583
Administrative	15
Marketing	2
Facilities	
Hospitals	46
Users: Group Health	
Employer/payer groups	47
Employees & dependents	95,219
Users: Workers Compensation	
Single coverage	700,000
Total users	**795,219**

Operational date: January 1989.
For profit.
Service area: Illinois: Addison, Boone, Champaign, Clay, Cook, Dekalb, Dupage, Henry, Lake, Kane, Kankakee, McHenry, Randolph, Rock Island, Sangamon, St. Clair, Shelby, Vermillion, Will, Winnebago and Vermillion counties; Northwest Indiana.
Services: Standard package including podiatry, OB/Gyn, immediate care centers. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem, discount off customary rates; is compensated by employers/payers, insurers; charges a flat fee per employee, percent of savings or some combination of methods.
UR: Preadmission review, precertification, concurrent review, length of stay determination, retrospective review.
Officers: Debra Halladay, executive director.
See CCN Inc. consolidated listing under California.

Continued on next page

For an explanation of directory terms and standard services see directory guide, page 66.

Continued from previous page

CNA Managed Care PPO*

CNA Insurance Cos.-CNA Plaza, Suite 27S, Chicago, Ill. 60685; 312-822-5000; fax: 312-822-1454

Staff	
Physicians	26,611
Board-certified	85%
Specialists	39,916
Administrative	950
Marketing	13
Facilities	
Hospitals	785
Users: Group Health	
Employer/payer groups	86
Family coverage	237,598
Employees & dependents	522,716
Revenues	
1991	$9,000,000
1990	$4,230,000

Operational date: September 1986.
For profit.
Ownership: CNA Insurance Cos.
Service area: Alabama, Arizona, California, Colorado, District of Columbia, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Massachusetts, Maryland, Michigan, Minnesota, Missouri, New Jersey, North Carolina, Ohio, Oklahoma, Pennsylvania, South Carolina, Tennessee, Texas, Virginia, Washington and Wisconsin.
Services: Standard package including podiatry, OB/Gyn, mental health integrated/specialty programs, centers of excellence, workers comp, home health, long-term care. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem, discount off customary rates; is compensated by employers/payers; charges a flat fee per employee.
UR: Standard procedures excluding retrospective review. UR provided by the PPO.
Officers: Jae Wittlich, president; Ardyth Eisenberg, manager-cost containment development; Dr. Steven Boren and Dr. Jeffrey Kraines, medical directors; Glen Mateja, marketing director.
** Figures are consolidated, including all PPOs in this organization.*

CNA Managed Care PPO-Chicago

CNA Plaza, 22 West, Chicago, Ill. 60685; 312-822-7626

Staff	
Physicians	3,478
Board-certified	65.9%
Facilities	
Hospitals	42
Total employee users	**29,651**

Service area: Illinois: Cook, Lake, DuPage, Kane and Will counties; Indiana: Lake County.
Contact: Wayne Malzone, manager-major group sales.
See CNA Managed Care PPO consolidated listing under Illinois.

CAPP CARE Inc.

West Tower, 4000 MacArthur Blvd., Suite 10000, Newport Beach, Calif. 92660-2526; 714-251-2200; fax: 714-251-2222

Staff	
Physicians	2,147
Facilities	
Hospitals	38

Service area: Illinois: Chicago metropolitan area, Decatur, Kankakee, LaSalle/Peru and Marion, Moline, Rock Island; Iowa: Bettendorf, Davenport.
See CAPP CARE Inc. consolidated listing under California.

CIGNA PPO—Chicago

1700 Higgins Road, Suite 600, Des Plaines, Ill. 60018; 708-699-5600; fax: 708-699-5675

Staff	
Physicians	4,128
Facilities	
Hospitals	65

Operational date: August 1987.
Service area: Illinois: Cook, DuPage, Kane, LaPorte, Lake, McHenry, Porter and Will counties.
Officers: Gordon Church, regional managed care officer; Ron Craven, administrator.
See CIGNA Preferred Provider Organization consolidated listing under Connecticut.

Cost Care Physician Managed Network-Midwest

Regional Medical Review Center, 2800 W. Higgins Road, Hoffman Estates, Ill. 60195

Service area: Chicago; Cleveland; Cincinnati; Indianapolis; Kansas City, Mo.; St. Louis; Milwaukee; Minneapolis.
Officers: Norma Foote, director-network management; Dr. Susan Malone, regional medical director.
See Cost Care Physician Managed Network consolidated listing under California.

Davis Vision

159 Express St., Plainview, N.Y. 11803; 800-933-9371; fax: 516-932-9845

Staff	
Optometrists	212
Users: Group Health	
Employer/payer groups	6
Employees & dependents	93,000
Total users	**93,000**

Service area: Illinois.
See Davis Vision consolidated listing under New York.

Delta Dental Plan of Illinois

7321 W. Lake St., River Forest, Ill. 60305; 708-771-0800; fax: 708-771-0815

Staff	
Dentists	1,225
Specialists	186
Administrative	12
Marketing	21
Users: Group Health	
Employer/payer groups	236
Employees & dependents	70,274

Operational date: January 1988.
Not for profit.
Ownership: Delta Dental Plan of Illinois.
Service area: Illinois: Boone, Carroll, Cook, DuPage, Jo Daviess, Kane, Lake, Ogle, Stephenson, Will and Winnebago counties.
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 discount off customary rates; is compensated by employers/payers; charges a premium per employee unit and per family unit.
UR: Precertification, retrospective review, case management, alternate treatment planning. UR provided by the PPO.
Officers: Dr. Harold L. Martin, president; Dr. Stephen O. Raibley, medical director; Robert L. Kiriakos, vp-marketing; Patricia Vance, vp-operations.

Dental Care Plus Management Corp.

770 N. Halsted, Suite 308, Chicago, Ill. 60622; 312-829-1295; fax: 312-829-9767

Staff	
Dentists	150
Patients/dentist	70
Board-certified	100%
Specialists	100
Administrative	103
Marketing	7
Users: Group Health	
Employer/payer groups	3
Single coverage	3,217
Family coverage	2,543
Employees & dependents	11,031
Total users	**11,031**
Revenues	
1991	$6,000,000
1990	$4,200,000

Operational date: October 1987.
For profit.
Service area: Illinois: Cook, DuPage, Kane, Lake, McHenry and Will counties.
Services: Dental. Services available unbundled. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Is compensated by employers/payers, insurers; charges a flat fee per employee. Services groups under contract with International Health Care Systems Inc. and Health Care Systems Inc.
UR: Standard procedures excluding preadmission review, concurrent review, length of stay determination, discharge planning, hospital bill audits. UR provided by the PPO.
Officers: Tina Li, president; Dr. William Li, executive director; Dr. Ross Rubino, Dr. Paul Chaitkin and Dr. George Zehak, dental directors; Karen Beck, marketing director; Richard Sawicz, administrator; Dr. Seymour Yale, senior dental consultant.

Employee Health Systems Inc.

17 W. 727 Butterfield Road, Suite E, Oakbrook Terrace, Ill. 60181; 708-268-1660; fax: 708-629-2446

Staff	
Physicians	400
Board-certified	100%
Specialists	300
Administrative	1
Marketing	1
Facilities	
Hospitals	40
Users: Group Health	
Employer/payer groups	2
Family coverage	17,100
Employees & dependents	39,330
Total users	**39,330**
Revenues	
1991	$5,743,545
1992	NA

Operational date: January 1991.
For profit.
Service area: Illinois: Cook, DuPage, Kane, Kendall, Lake, Winnebago and Will counties; Indiana: Lake and Porter counties.
Services: Standard package including durable medical equipment, OB/Gyn, 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, discount off customary rates; is compensated by employers/payers; charges a flat fee per employee, percent of savings. The PPO will adjust fees based on savings realized or not realized.
UR: Second surgical opinion, hospital bill audits. UR provided by outside contractors.
Officers: Monica Kotas, president; Joseph M. Zerega, marketing director.
Contact: Joseph M. Zerega.

FOCUS Healthcare Management Inc.

11560 W. 95th St., Suite 207, Overland Park, Kan. 66214; 913-894-6677

Staff	
Physicians	255
Board-certified	50%
Specialists	849
Marketing	1
Facilities	
Hospitals	77
Diagnostic labs	5
Users: Workers Compensation	
Employer/payer groups	14
Single coverage	223,549
Total users	**223,549**

Operational date: January 1989.
Service area: Illinois: Cook, DuPage, Henry, Kane, Kankakee, Knox, Lake, LaSalle, McHenry, Mercer, Ogle, Rock Island, St. Clair, Whiteside, Will and Winnebago counties; Indiana: Allen and Lake counties.
See FOCUS Healthcare Management Inc. consolidated listing under Tennessee.

Freedom Plan Ltd.

600 S. 13th St., Pekin, Ill. 61554; 309-353-0789; fax: 309-347-5453

Operational date: May 1985.
Service area: Contracts with Health Care Compare, Health Network and MedView Services Inc. in Mason, Peoria, Tazewell and Woodford counties in Illinois.
Contact: Daniel P. Franklin, executive director.

Great Lakes Preferred Plan

747 E. 22nd St., Suite 100, Lombard, Ill. 60148; 708-916-8400; fax: 708-916-4275

Staff	
Physicians	441
Patients/physician	60
Board-certified	95%
Specialists	1,100
Administrative	215
Marketing	21
Facilities	
Hospitals	45
Pharmacies	586
Users: Group Health	
Employees & dependents	26,449
Total users	**26,449**

Operational date: February 1987.
For profit.
Ownership: Take Care Inc.
Service area: Illinois: Cook, DuPage, Kane, Lake and Will counties; Indiana: Lake County. Contracts with Take Care Inc. in Arizona, District of Columbia, Georgia, Indiana, Iowa, Maryland, Massachusetts, Missouri, Nebraska, Texas and Virginia.
Services: Standard package including podiatry, OB/Gyn. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem; is compensated by employers/payers, insurers, TPAs; charges a flat fee per employee. Services groups under contract with Lincoln National Life Insurance Co.; Employer's Health Insurance Co.; Jackson Long; North American Life & Casualty Co.
UR: Standard procedures excluding hospital bill audits. UR provided by the PPO.
Officers: Anthony Van Roekel, president; Dr. John Buehler, medical director; Amy Scavo, vp-sales; Ralph O'Brien, vp-finance.
Contact: Amy Scavo.

Hancock Preferred Plan-Midwest

Regional Medical Review Center, 2800 W. Higgins Road, Hoffman Estates, Ill. 60195

See Cost Care Physician Managed Network listing under Illinois.

HEALTH DIRECT Inc.

1011 E. Touhy Ave., Suite 500, Des Plaines, Ill. 60018; 708-391-9500; fax: 708-390-7715

Staff	
Physicians	1,472
Patients/physician	78
Board-certified	75%
Specialists	2,145
Administrative	130
Marketing	9
Facilities	
Hospitals	37
Diagnostic labs	1
Users: Group Health	
Employer/payer groups	60
Employees & dependents	114,400
Total users	**114,400**

Operational date: March 1987.
Ownership: Health Care Systems/Evangelical Health System/Lutheran General HealthSystem.
Service area: Illinois: Cook, DuPage, Kane, Lake, McHenry and Will counties and Rockford area; Northwest Indiana; Iowa: Quad cities area.
Services: Standard package including vision, durable medical equipment, podiatry, OB/Gyn, specialized care facilities. 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, discount off customary rates; is compensated by employers/payers, insurers, TPAs; charges a flat fee per employee, percent of savings. The PPO will adjust fees based on savings realized or not realized. Services groups under contract with Provident Life Insurance; RE Harrington; Chubb Group; NYNEX; Mutual of Omaha; The Principal Financial Group; John Alden; Golden Rule; Group Insurance Administrators; Allied Benefit System Inc.; Benefit Administrator System; Benefits of Columbus; BMS Services Inc.; Professional Benefits Administrators; Jackson Long, TPA Inc.; WJ Haynes; Syncor; Zenith Administrators; Benefit Administrators of America Inc.; ALTA; American Healthcare Alliance.
UR: Standard procedures excluding hospital bill audits and including med info line, high-risk maternity screening, behavioral health direct network, in/outpatient mental health and substance abuse review also used. UR provided by the PPO.
Officers: Charles Stark, president; Jennifer L. Cline, COO; Dr. Walter A. Hollinger, medical director; LaVonne St. Amand, marketing director; Kerry Finnegan, vp-marketing/sales; Stephen R. Tiwald, vp-networks/consulting; Jay Gore, vp-data/tech services.
Contact: Julie Barth-marketing coordinator.

Health Preferred of Mid-America

2400 E. Devon Ave., Des Plaines, Ill. 60018; 708-803-4762; fax: 708-803-4787

Staff	
Physicians	1,199
Patients/physician	67
Board-certified	76.3%
Specialists	2,028
Administrative	8
Marketing	2
Facilities	
Hospitals	34
Users: Group Health	
Employer/payer groups	163
Employees & dependents	84,000
Total users	**84,000**

Operational date: October 1986.
For profit.
Ownership: Northwestern Memorial, Ravenswood Medical Center, Resurrection Medical Center, St. Francis-Evanston, St. Joseph-Joliet, Swedish Covenant, Louis A. Weiss Memorial, Westlake Community Hospital.
Service area: Illinois: Cook, DeKalb, DuPage, Grundy, Kane, Kankakee, Kendall, Lake, LaSalle, Lee, McHenry, Peoria, Rock Island, Sangamon, Will and Winnebago counties; Indiana: Lake County.
Services: Standard package including durable medical equipment, podiatry, OB/Gyn, home health/hospice agencies, magnetic resonance imaging, immedicare, surgicenters, clinical labs. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem, discount off customary rates, DRGs; is compensated by employers/payers, providers; charges a flat fee per employee, percent of services by hospitals.
UR: Standard procedures excluding hospital bill audits. UR provided by the PPO and outside contractors.
Officers: David K. Williams, president; Dr. Alvin Somberg, medical director.
Contact: Robert E. Pannier or David K. Williams, 708-803-4762.

HealthNetwork Inc.*

1420 Kensington Road, Suite 203, Oak Brook, Ill. 60521; 708-954-2900; fax: 708-954-1518

Staff	
Physicians	5,995
Patients/physician	149
Board-certified	75%
Specialists	4,500
Administrative	5
Marketing	8
Facilities	
Hospitals	106
Pharmacies	1
Users: Group Health	
Employer/payer groups	293
Employees & dependents	851,775
Total users	**851,775**

Operational date: February 1985.
For profit.
Ownership: Little Company of Mary Hospital & Health Center, Illinois Masonic Medical Center, Mercy Hospital & Medical Center, West Suburban Hospital & Medical Center.
Service area: Illinois, Indiana, Iowa and Wisconsin.
Services: Standard package including vision, dental, durable medical equipment, podiatry, OB/Gyn, home health & hospice, adult day care, infusion therapy, MRI, nursing home, transportation services, weight management, smoking cessation, stress 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 per diem, discount off customary rates; is compensated by employers/payers, insurers; charges a flat fee per employee, percent of savings.
UR: Standard procedures. UR provided by the PPO.
Officers: George C. Phillips Jr., president; Dr. Raymond McDermott, medical director; Z. William Ziarno, marketing director; Donna Wolak, vp-finance; Rob J. Wright, assistant vp-general services.
** Figures are consolidated, including all PPOs in this organization.*

Continued on next page

Continued from previous page

HealthNetwork Inc.

1420 Kensington Road, Suite 203,
Oak Brook, Ill. 60521;
708-954-2900; fax: 708-954-1518

Staff	
Physicians	4,674
Patients/physician	69
Board-certified	75%
Specialists	3,508
Facilities	
Hospitals	74
Pharmacies	1

Service area: Illinois.

See HealthNetwork Inc. consolidated listing under Illinois.

Healthstar Managed Care Corp.*

7257 N. Lincoln Ave., Lincolnwood,
Ill. 60646; 708-673-3113;
fax: 708-679-4804

Staff	
Physicians	9,000
Patients/physician	25
Board-certified	65%
Specialists	5,850
Administrative	110
Marketing	9
Facilities	
Hospitals	198
Pharmacies	8,700
Diagnostic labs	31
Users: Group Health	
Employer/payer groups	560
Single coverage	86,000
Family coverage	118,000
Employees & dependents	510,000
Users: Workers Compensation	
Employer/payer groups	33
Single coverage	895,000
Total users	**1,405,000**

Operational date: September 1984.

For profit.

Service area: Illinois, Indiana, Ohio and Georgia.

Services: Standard package including durable medical equipment, podiatry, OB/Gyn. 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; is compensated by employers/payers, insurers, TPAs; charges a flat fee per employee, percent of savings. The PPO will adjust fees based on savings realized or not realized.

UR: Standard procedures excluding retrospective review, hospital bill audits. UR provided by the PPO.

Officers: Thomas H. Stateman, president; David Jackson, executive director (Illinois); Dr. Rich Shuch, medical director; Nicholas A. Vasile, marketing director; Robert Hofstadter, executive vp.

Contact: Nick Vasile.

**Figures are consolidated, including all PPOs in this organization.*

Healthstar Managed Care Corp.

7257 N. Lincoln Ave., Lincolnwood,
Ill. 60646; 708-673-3113;
fax: 708-679-4804

Staff	
Physicians	3,500
Patients/physician	25
Board-certified	65%
Specialists	2,400
Administrative	64
Marketing	6
Facilities	
Hospitals	77
Pharmacies	8,700
Diagnostic labs	17
Users: Group Health	
Employer/payer groups	395
Single coverage	54,860
Family coverage	75,140
Employees & dependents	324,838
Users: Workers Compensation	
Employer/payer groups	19
Single coverage	750,000
Total users	**1,074,838**

Operational date: September 1984.

For profit.

Service area: Illinois.

Officers: David Jackson, executive director.

Contact: Nick Vasile.

See Healthstar Managed Care Corp. consolidated listing under Illinois.

LaborCare Inc.

7366 N. Lincoln, Suite 304,
Lincolnwood, Ill. 60646;
708-675-7320; fax: 708-675-7325

Staff	
Administrative	3
Marketing	1
Facilities	
Hospitals	59
Users: Group Health	
Employer/payer groups	10
Single coverage	74,000
Employees & dependents	255,800
Total users	**255,800**

Operational date: October 1988

Not for profit.

Service area: 26 counties in Illinois. Indiana: Lake County; Iowa: Scott, Cedar and Muscatine counties; Missouri.: St. Louis, St. Charles, Jasper, Newton, Butler, Dunklin, New Madrid, Stoddard, Ripley and Jefferson counties; Arkansas: Clay County; Kansas: Sedgwick County.

Services: Standard package excluding physicians. Other services include durable medical equipment, OB/Gyn, home health care, home infusion, perinatal. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by per diem, discount off customary rates; is compensated by member health and welfare funds; charges a flat fee per employee.

UR: Standard procedures excluding precertification, length of stay determination. UR provided by Health Dynamics Inc.

Officers: Benjamin W. Cikanek, president; Frank Tenerello, marketing director.

Contact: Joseph N. Mohr.

Medview Services Inc. (Comp Pro)

555 W. Madison Ave., Suite 371,
Chicago, Ill. 60661; 312-902-3765;
fax: 312-902-3685

Staff	
Physicians	4,891
Board-certified	90%
Specialists	3,180
Administrative	17
Marketing	2
Facilities	
Hospitals	177
Users: Group Health	
Employer/payer groups	6
Employees & dependents	18,600
Users: Workers Compensation	
Employer/payer groups	30
Single coverage	1,410,000
Total users	**1,428,600**

Service area: Illinois.

See Medview Services Inc.(Comp Pro) consolidated listing under Michigan.

MetLife Network-Illinois

200 E. Randolph Drive, Suite 6836,
Chicago, Ill. 60601

Contact: Michael Witwer, vp.

See MetLife Network consolidated listing under Connecticut.

Midwest Business Medical Assn. Ltd.*

5901 N. Cicero, Suite 207,
Chicago, Ill. 60646; 312-685-9299;
fax: 312-685-4819

Staff	
Physicians	1,550
Board-certified	99%
Specialists	4,100
Administrative	21
Marketing	8
Facilities	
Hospitals	159
Diagnostic labs	213
Users: Group Health	
Single coverage	33,000
Family coverage	42,000
Employees & dependents	138,000
Users: Workers Compensation	
Single coverage	619,000
Total users	**748,000**

Operational date: January 1984.

For profit.

Service area: Illinois, Indiana, Iowa, Missouri, Nebraska and Wisconsin.

Services: Standard package. Other services include durable medical equipment, podiatry, OB/Gyn, home health care, rehabilitation facilities, immediate care facilities,

Continued on next page

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Continued from previous page
chiropractic, imaging sites, wellness programs. 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, discount off customary rates; is compensated by employers/payers, insurers; charges a flat fee per employee, percent of savings. The PPO will adjust fees based on savings realized or not realized.

UR: Standard procedures. UR provided by the PPO.

Officers: Noreen F. Orbach, president; James M. Golden, executive director; Arleen Leib, medical director; R. Maraffino, provider director; L. Negron, group director; E. Frontera, workers compensation director; Dr. Robert Babick, physician advisor.

**Figures are consolidated, including all PPOs in this organization.*

Midwest Business Medical Assn. Ltd.*

5901 N. Cicero, Suite 207,
Chicago, Ill. 60646; 312-685-9299;
fax: 312-685-4819

Staff	
Physicians	1,370
Board-certified	99%
Specialists	3,480
Administrative	17
Marketing	6
Facilities	
Hospitals	140
Diagnostic labs	181
Users: Group Health	
Single coverage	26,800
Family coverage	30,000
Employees & dependents	101,800
Users: Workers Compensation	
Single coverage	594,000
Total users	**686,800**

Operational date: January 1984.
For profit.
AAPI accreditation pending.
Service area: Illinois; Indiana; Wisconsin; Missouri.

See Midwest Business Medical Assn. Ltd. consolidated listing under Illinois.

Preferred Plan Inc.

10600 W. Higgins Road,
Rosemont, Ill. 60018;
708-564-0235; fax: 708-296-8197

Staff	
Physicians	5,100
Board-certified	80%
Specialists	3,100
Administrative	3
Marketing	2
Facilities	
Hospitals	75
Diagnostic labs	8
Users: Group Health	
Employer/payer groups	300
Single coverage	279,000
Employees & dependents	697,500
Total users	**697,500**

Operational date: July 1983.
For profit.
Service area: Illinois, Indiana, Iowa.

Services: Standard package including durable medical equipment, podiatry, OB/Gyn, MRI 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, discount off customary rates; is compensated by employers/payers, insurers, TPAs; charges a flat fee per employee, percent of savings. Services groups under contract with over 25 TPA's and over 25 insurance carriers.

UR: UR provided by multiple outside vendors.

Officers: Robert J. Curry, president; Arlene Pernal, executive director; Dr. Nicholas C. Caro, medical director; James R. Crones, marketing director.

Contact: James R. Crones.

Principal Health Care Inc.-Greater Chicago

310 S. Michigan Ave., Suite 1320,
Chicago, Ill. 60604; 312-294-6594;
fax: 312-294-6591

Staff	
Physicians	3,800
Patients/physician	19
Board-certified	85%
Specialists	3,040
Facilities	
Hospitals	42
Pharmacies	315
Users: Group Health	
Employer/payer groups	5
Employees & dependents	5,291
Total users	**5,291**

Service area: Illinois: Cook, DuPage, Kane, Lake, McHenry and Will counties; Indiana: Lake, Porter and St. Joseph counties.

Officers: Lee Green, executive director; Allan Malnak, medical director; Michael McClelland, marketing director.

See Principal Health Care Inc. consolidated listing under Maryland.

Private Healthcare Systems Inc.

9399 W. Higgins Road, Suite 500,
Rosemont, Ill. 60018;
708-292-6700; fax: 708-292-6735

Staff	
Physicians	3,663
Facilities	
Hospitals	43
Total users	

Service area: Illinois: Aurora, Chicago, Elgin, Joliet, Kankakee, Rockford and Lake County.

Contact: Ed Sandrick, regional vp.

See Private Healthcare Systems Inc. consolidated listing under Massachusetts.

ProAmerica Managed Care Inc.

714 Main St., Fort Worth, Texas
76102; 800-523-3669;
fax: 817-347-3296

Facilities	
Hospitals	18
Users: Group Health	
Employees & dependents	99,400
Total users	**99,400**

Certified in: Illinois.

See ProAmerica Managed Care Inc. consolidated listing under Texas.

PruCare Plus of Illinois (Point-of-Service)

Columbia Centre II/9450 W. Bryn Mawr, Rosemont, Ill. 60018;
708-671-8700; fax: 708-671-6958

Staff	
Physicians	4,332
Patients/physician	109
Board-certified	74%
Specialists	3,088
Administrative	100
Marketing	35
Facilities	
Hospitals	56
Pharmacies	308
Diagnostic labs	15
Users: Group Health	
Employer/payer groups	1,000
Employees & dependents	135,640
Total users	**135,640**

Operational date: January 1986.
For profit.
Ownership: The Prudential Insurance Co. of America.
Service area: Illinois: Cook, DuPage, Lake and portions of Boone, DeKalb, Grundy, Kane, Kankakee, Kendall, LaSalle, Lee, McHenry and Will counties.

Services: Standard package including dental, durable medical equipment, podiatry, OB/Gyn, X-ray/lab, physical therapy, home health care, hospice, surgical centers, kidney stone centers, urgent care facilities. Employees can select non-POS providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by per diem, discount off customary rates; is compensated by employers/payers; charges a flat fee per employee, varies.

UR: Standard procedures. UR provided by the POS.

Officers: Scott Serota, vp-health care management; Tim DeWitt, director-health care management; Dr. Henry Hollander, medical director; Jim Ebbitt, vp-group marketing.

See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

PruNetwork of Illinois*

Columbia Centre II/9450 W. Bryn Mawr, Rosemont, Ill. 60018;
708-671-8700; fax: 708-671-6958

Total users	1,012

**PruNetwork is Prudential's PPO product, with provider networks comparable to PruCare Plus.*

See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

PsychCare Connections Inc.

7346 N. Monticello, Skokie, Ill.
60076; 708-679-2575;
fax: 708-679-1274

Staff	
Psychiatrists	39
Administrative	1
Marketing	1
Facilities	
Hospitals	9
Users: Group Health	
Employer/payer groups	300
Single coverage	16,000
Employees & dependents	16,000
Total users	**16,000**

Operational date: December 1986.
For profit.
Service area: Illinois, Wisconsin, Indiana.

Services: Substance abuse, psychiatry. 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, discount off customary rates, DRGs; is compensated by employers/payers, insurers, TPAs; charges a flat fee per employee, percent of savings. The PPO will adjust fees based on savings realized. Services groups under contract with Lincoln National; Take Care.

UR: Standard procedures excluding second surgical opinion, hospital bill audits. UR provided by the PPO.

Officers: Dolores Kapral, president/executive director; Dr. Ronald L. Kirschner, medical director; Judith Lieberman, marketing director.

RUSH Contract Care PPO

33 E. Congress Parkway, Suite
701, Chicago, Ill. 60605;
312-347-0947; fax: 312-347-4500

Staff	
Physicians	1,151
Patients/physician	70
Board-certified	96%
Specialists	1,411
Administrative	40
Marketing	2
Facilities	
Hospitals	61
Pharmacies	1
Users: Group Health	
Employer/payer groups	22
Employees & dependents	80,000
Total users	**80,000**

Operational date: 1986.
Not for profit.
Ownership: Rush-Presbyterian-St. Luke's Medical Center.
Service area: Illinois: Cook, DuPage, Illinois, Kane, Lake, McHenry, Peoria, Porter and Will counties; Indiana: Lake and Porter counties.

Services: Standard package. Other services include vision, durable medical equipment, podiatry, OB/Gyn, surgicenters, social workers, chiropractors, home health care, second surgical opinion. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by per diem, discount off customary rates; is compensated by employers/payers; charges a flat fee per employee. The PPO will adjust fees based on savings realized or not realized. Services groups under contract with American National Insurance; Centennial Life Insurance; Epic Life Insurance; Philadelphia American Life Insurance Co.; Principal Financial Group; State Mutual Co.; U.S. Life Insurance Co.; Allied Benefits Systems; Alternative Benefits; Benefit Claims Payors; Brookfield; Group Administrators; Health Claims Administration; Health Plan Management; Jackson, Long & Associates; Mid America Services; Midwest Benefits Corp.; North Texas Healthcare; RMSCO Management Services; William Northey Co.

UR: Standard procedures excluding retrospective review, hospital bill audits, outpatient service predetermination. UR provided by the PPO.

Officers: Truman Esmond, Jr., president; Lori L. Anderson, director; Dr. Carolyn Lopez, medical director; Paula Mazurkiewicz, marketing director.

Travelers Managed Care System-Chicago

50 Shuman Blvd., Suite 400,
Naperville, Ill. 60563;
708-983-2400

Staff	
Physicians	3,116
Facilities	
Hospitals	42
Users: Group Health	
Employer/payer groups	919
Total users	**122,588**

Operational date: June 1987.
Service area: Illinois: Cook, DuPage, Kane, Lake, McHenry and Will counties.

Officers: Tim Dickman, executive director; Richard C. Nichols, district sales manager.

See The Travelers Insurance Co. consolidated listing under Connecticut.

INDIANA

AIIA/COMP CARE

1620 Mason Ave., P.O. Box 11770,
Daytona Beach, Fla., 32120;
904-274-3232; fax: 904-274-3242

Staff	
Chiropractors	27
Users: Workers Compensation	
Employer/payer groups	5

Service area: Indiana.

See AIIA/COMP CARE consolidated listing under Florida.

Aetna Health Plans

303 West Madison, Suite 300,
Chicago, Ill. 60606; 312-372-0209;
fax: 312-372-3710

Staff	
Physicians	44
Board-certified	82%
Specialists	151
Facilities	
Hospitals	4

Operational date: December 1988.
Service area: Indiana: Lake County and parts of Porter County.

Officers: Kevin Hickey, president and executive director; Dr. Alan Rosenberg, medical director, Tolbert Chisom, marketing director.

See Aetna Health Plans consolidated listing under Connecticut.

Aetna Health Plans*

6081 E. 82nd St. Suite 407,
Indianapolis, Ind. 46250;
317-841-2932; fax: 317-845-2817

Staff	
Physicians	1,323
Specialists	3,356
Facilities	
Hospitals	32
Pharmacies	462
Users: Group Health	
Employer/payer groups	278
Employees & dependents	33,040
Total users	**33,040**

Operational date: March 1987.
Service area: Indiana: 27 counties.
Illinois: Parts of Edgar County.
Officers: Dr. Robert Gibbs, medical director.

** Information drawn from a consolidation of the Indianapolis, Fort Wayne and Evansville networks operated from this office. Employer/payer groups may overlap, but total users do not.*

See Aetna Health Plans consolidated listing under Connecticut.

Anthem Health Systems

5451 W. Lakeview Parkway, South Drive, Indianapolis, Ind. 46268;
317-290-5600; fax: 317-290-5690

Staff	
Physicians & specialists	39,226
Administrative	400
Marketing	9
Facilities	
Hospitals	604
Users: Group Health	
Employer/payer groups	5,042
Employees & dependents	2,818,670
Users: Workers Compensation	
Employer/payer groups	2
Single coverage	5,500
Total users	**2,824,170**

Operational date: October 1983.
For profit.
Ownership: Associated Insurance Companies Inc.
Service area: California, Florida, Indiana, Nevada, New Mexico, Tennessee, Texas. Contracts with Southeast Medical Alliance in Arkansas, Louisiana, Mississippi; Arizona Medical Network in Arizona; SouthCare Medical Alliance in Georgia; Carolina Preferred Care in North Carolina; Virginia Health Network in Virginia; Ohio Health Choice Plan in Ohio; First Choice in Oregon, Washington.

Services: Standard package including durable medical equipment, podiatry, OB/Gyn, pharmacy, wellness, health promotion, high risk pregnancy management, employee information. 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, discount off customary rates; is compensated by employers/payers, insurers, TPAs; charges a flat fee per employee, percent of savings.

UR: Standard procedures. UR provided by the PPO.

Officers: Michael O. Bell, CEO; Dr. Joseph Huguenard, medical director; Lisa Getzfrid, COO; Robert Toller, CFO; Judith Fleming, chief marketing officer; Terry Kopp, Martin Kreis, Linda Rossi and Venessa Wood, regional vps.

Contact: Midwest-Joe Solari, 317-298-6665; Southeast-John McCreedy, 904-363-7481; South Central-Kendra Fuller, 214-841-1617; Western-Terry McLaughlin, 916-649-6564 or Paul Etheredge, 714-589-3970.

Beech Street

2 Ada, Irvine, Calif. 92718;
714-727-1353 or 800-233-2478;
fax: 714-727-1319

Staff	
Physicians	41
Specialists	109
Facilities	
Hospitals	14
Pharmacies	758

Service area: Indiana.

See Beech Street of California Inc. consolidated listing under California.

CCN Inc.

8911 Balboa Ave., San Diego, Calif.
92123; 619-278-2273
fax: 619-278-1262

Operational date: December 1992.
For profit.
Service area: Indiana.
Services: Hospitalization, physicians.
UR: Standard procedures excluding discharge planning, second surgical opinion, hospital bill audits, outpatient service predetermination, case management.

See CCN Inc. consolidated listing under California.

CNA Managed Care PPO-Indianapolis

CNA Plaza, 22 West, Chicago, Ill.
60685; 312-822-7626

Staff	
Physicians	902
Board-certified	62.3%
Facilities	
Hospitals	12
Total employee users	**4,353**

Service area: Indiana: Marion County.

Contact: Wayne Malzone, manager-major group sales.

See CNA Managed Care PPO consolidated listing under Illinois.

CAPP CARE Inc.

West Tower, 4000 MacArthur Blvd., Suite 10000, Newport Beach, Calif. 92660-2526;
714-251-2200; fax: 714-251-2222

Staff	
Physicians	809
Facilities	
Hospitals	9

Service area: Greater Indianapolis and northwest Indiana; Louisville, Ky.

See CAPP CARE Inc. consolidated listing under California.

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Continued from previous page

CIGNA PPO-Indianapolis/ South Bend

9200 Keystone Crossing, P.O. Box 90257, Indianapolis, Ind. 46290; 317-573-3190; fax: 317-573-3194

Staff	
Physicians	1,069
Facilities	
Hospitals	19

Operational date: November 1989.

Service area: Indiana: Berrien, Boone, Clinton, Elkhart, Hamilton, Hancock, Hendricks, Henry, Johnson, Madison, Marion, Marshall, Morgan, Putnam, St. Joseph, Shelby and Tipton counties.

Officers: Gordon Church, regional managed care officer; Paul Kinkel, provider relations.

See CIGNA Preferred Provider Organization consolidated listing under Connecticut.

Davis Vision

159 Express St., Plainview, N.Y. 11803; 800-933-9371; fax: 516-932-9845

Staff	
Optometrists	35
Users: Group Health	
Employer/payer groups	6
Employees & dependents	3,600
Total users	**3,600**

Service area: Indiana.

See Davis Vision consolidated listing under New York.

FOCUS Healthcare Management Inc.

11560 W. 95th St., Suite 207, Overland Park, Kan. 66214; 913-894-6677

Staff	
Physicians	255
Board-certified	50%
Specialists	849
Marketing	1
Facilities	
Hospitals	77
Diagnostic labs	5
Users: Workers Compensation	
Employer/payer groups	14
Single coverage	223,549
Total users	**223,549**

Operational date: January 1989.

Service area: Illinois: Cook, Dupage, Henry, Kane, Kankakee, Knox, Lake, LaSalle, McHenry, Mercer, Ogle, Rock Island, St. Clair, Whiteside, Will, and Winnebago counties; Indiana: Allen and Lake counties.

See FOCUS Healthcare Management Inc. consolidated listing under Tennessee.

HealthNetwork Inc.

1420 Kensington Road, Suite 203, Oak Brook, Ill. 60521; 708-954-2900 or 800-345-7848; fax: 708-954-1518

Staff	
Physicians	106
Patients/physician	1,347
Board-certified	75%
Specialists	80
Facilities	
Hospitals	7
Pharmacies	1
Users: Group Health	
Total users	**851,775**

Service area: Northwest Indiana.

See HealthNetwork Inc. consolidated listing under Illinois.

Healthstar Managed Care Corp.

8275 Allison Pointe Trail, Suite 325, Indianapolis, Ind. 46250; 800-677-2552; fax: 317-579-5401

Staff	
Physicians	500
Patients/physician	25
Board-certified	65%
Specialists	325
Administrative	7
Marketing	1
Facilities	
Hospitals	23
Pharmacies	8,700
Users: Group Health	
Employer/payer groups	2
Single coverage	844
Family coverage	1,156
Employees & dependents	5,024
Total users	**5,024**

Operational date: March 1991.
For profit.
Service area: Indiana.
Contact: Elaine Hreachmack.

See Healthstar Managed Care Corp. consolidated listing under Illinois.

Humana Insurance Co.

Waterside Building, 101 E. Main St., Louisville, Ky. 40202; 502-580-5005; fax: 502-580-5043

Total users	**116,252**

Operational date: 1984.

Officers: Vicky Gregg, executive director; Jim Moser, sales manager.

Indiana Pro Health Network Inc.

8180 Clearvista Parkway, Suite 230, Indianapolis, Ind. 46256; 317-588-7575; 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: Central Indiana.

Services: Standard package including durable medical equipment, podiatry, OB/Gyn. 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, discount off customary rates; is compensated by employers/payers, insurers, TPAs; charges a flat fee per employee. The PPO will adjust fees based on savings realized or not realized.

UR: Standard procedures including data analysis. UR provided by the PPO and outside contractors of the payer's choice.

Officers: Ted E. Milkey, president; Julie A. Phegley, executive director; Dr. Tom Fisher and Dr. Sam Cramer, medical directors.

Contact: Ray Snider.

Medview Services Inc. (Comp Pro)

32991 Hamilton Court, Farmington Hills, Mich. 48334; 313-488-5260; fax: 313-488-5262

Staff	
Physicians	5,085
Board-certified	90%
Specialists	3,400
Marketing	1
Facilities	
Hospitals	101
Users: Group Health	
Employer/payer groups	8
Employees & dependents	13,500
Users: Workers Compensation	
Employer/payer groups	29
Single coverage	625,000
Total users	

Service area: Indiana.

See Medview Services Inc. (Comp Pro) consolidated listing under Michigan.

MetLife Network-Indiana

The Spectrum, Suite 400, 6060 Rockside Woods Blvd., Independence, Ohio 44131-2338; 216-642-6109

Contact: Michael J. McDermott, vp.

See MetLife Network consolidated listing under Connecticut.

Physicians Medical Alliance

3951 N. Meridian, Indianapolis, Ind. 46208; 317-924-8728; fax: 317-923-1575

Staff	
Physicians	567
Board-certified	75%
Specialists	1,000
Administrative	3
Marketing	1
Facilities	
Hospitals	44
Diagnostic labs	100
Users: Group Health	
Employer/payer groups	14
Single coverage	30,000
Employees & dependents	70,000
Users: Workers Compensation	
Employer/payer groups	15
Single coverage	45,000
Total users	**80,000**
Revenues	
1991	$5,000,000
1990	$3,000,000

Operational date: January 1986.
For profit.
Service area: Indiana.

Services: Standard package excluding substance abuse. Other services include vision, OB/Gyn. 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, discount off customary rates, billed charges; is compensated by employers/payers, providers, insurers, TPAs; charges a flat fee per employee, percent of savings, percent of services by doctors/hospitals. The PPO will adjust fees based on savings realized or not realized.

UR: Standard procedures excluding hospital bill audits, outpatient service predetermination. UR provided by outside contractors.

Officers: Dr. E. Henry Lamkin, president; Nancy Mabel, executive director.

Contact: Nancy Mabel.

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
Total users*	**385,388**

Operational date: April 1985.
Sponsorship: Blue Cross & Blue Shield of Indiana.
Service area: Indiana.
UR: Standard procedures excluding length of stay determination, retrospective review, hospital bill audits, outpatient service predetermination.

** Figures are 1990 data.*

Preferred Plan of Indiana

1 Penmark Way, Suite 200, 11591 N. Meridian St., Carmel, Ind. 46032; 317-573-6887 or 800-528-5139; fax: 317-573-6688

Contact: Lee Spruiell, regional director.

Preferred Plan (a TakeCare Preferred Network)

409 E. Cook Road, Suite 100, Fort Wayne, Ind. 46825; 219-487-2000; fax: 219-487-2122

Staff	
Physicians	4,671
Board-certified	%90
Specialists	11,603
Administrative	32
Marketing	6
Facilities	
Hospitals	249
Pharmacies	312
Diagnostic labs	131
Users: Group Health	
Employer/payer groups	37
Employees & dependents	212,404
Total users	**212,404**

Operational date: May 1992 (acquisition from Lincoln National).
For profit.
Not for profit.
Ownership: TakeCare.

Service area: Arizona: Apache, Cochise, Gila, Graham, Greenlee, LaPaz, Maricopa, Mohave, Navajo, Pima, Pinal, Santa Cruz, Yzvzpai, and Yuma counties; District of Columbia and Maryland: Baltimore, Calvert, Carroll, Charles, Frederick, Howard, Montgomery, Prince Georges, Washington, and Baltimore City counties; Georgia: Cobb, DeKalb, Douglas, Fulton, Gwinnett, and Newton counties; Illinois: Clinton, Fayette, Jackson, Madison, Monroe, St. Clair, Williamson, and Clay counties; Indiana: Allen, Adams, DeKalb, Huntington, Noble, Wabash, Wells, and Whitley counties; Kansas: Johnson, Leavenworth, Miami, and Wyandotte counties; Massachusetts: Bristol, Essex, Middlesex, Norfolk, Plymouth, and Suffolk counties; Missouri: Buchanan, Butler, Clay, Cass, Franklin, Jackson, Jefferson, LaFayette, Monroe, Platte, Ray, Scott, St. Charles, and St. Louis counties; Nebraska/Iowa: Cass, Dodge, Douglas, Mills, Pottawattamie Sarpy, and Washington counties; Ohio: Defiance County; Texas: Bastrop, Brazoria, Brazos, Burleson, Caldwell, Chambers, Collin, Dallas, Hays, Ellis, Grayson, Johnson, Kaufman, Parker, Rockwell, Tarrant, Travis, Williamson, Fort Bend, Galveston, Grimes, Harris, Liberty, Montgomery, Robertson, San Jacinto, and Wharton counties; Virginia: Alexandria City, Arlington, Fairfax, Loudon, and Prince Williams counties;

Services: Standard package including durable medical equipment, podiatry, OB/Gyn. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by per diem, discount off customary rates; is compensated by employers/payers, insurers, TPAs; charges a flat fee per employee, percent of savings. The PPO will adjust fees based on savings realized.

UR: Standard procedures including psychiatric review. UR provided by the PPO.

Officers: Karen L. Greenrose, executive director; Dr. Michael Mohrmann, medical director; J. Lee Spruiell, marketing director; Sue Sproat, manager-Fort Wayne repricing; Judie Scott, director-medical management; Jim Campbell, director-information systems.

Contact: Amy M. Galecki, manager-HR/PPO marketing.

Private Healthcare Systems Inc.

9399 W. Higgins Road, Suite 500, Rosemont, Ill. 60018; 708-292-6700; fax: 708-292-6735

Staff	
Physicians	1,043
Facilities	
Hospitals	15

Service area: Indiana: Gary, Hammond and Indianapolis.

Contact: Ed Sandrick, regional vp.

See Private Healthcare Systems Inc. consolidated listing under Massachusetts.

ProAmerica Managed Care Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669; fax: 817-347-3296

Facilities	
Hospitals	12
Users: Group Health	
Employees & dependents	36,400
Total users	**36,400**

Service area: Indiana.

See ProAmerica Managed Care Inc. consolidated listing under Texas.

Prudential Plus of Indiana (Point-of-Service)

8425 Woodfield Crossing Blvd., Suite 301; Indianapolis, Ind. 46280; 317-469-8000; fax: 317-469-8059

Staff	
Physicians	757
Patients/physician	69
Board-certified	94%
Specialists	463
Administrative	18
Marketing	12
Facilities	
Hospitals	14
Pharmacies	70
Diagnostic labs	15
Users: Group Health	
Employer/payer groups	198
Employees & dependents	20,374
Total	**20,374**

Operational date: October 1986.
For profit.

Ownership: The Prudential Insurance Co. of America.

Service area: Indiana: Boone, Hamilton, Hancock, Hendricks, Johnson, Marion, and portions of Henry, Montgomery, Morgan, Madison, Putnam, and Shelby counties.

Services: Standard package including dental, durable medical equipment, podiatry, OB/Gyn., x-ray lab, physical therapy, home health care, chiropractic. Employees can select non-POS providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by per diem, discount off customary rates; is compensated by employers/payers; charges a flat fee per employee, varies.

UR: Standard procedures. UR provided by the POS plan.

Officers: Scott Serota, vp-health care management; Shirley Lady, director-health care management; Dr. John Dugan, medical director; Noreen Pritchett, marketing director.

See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

PruNetwork of Indiana*

8425 Woodfield Crossing Blvd., Suite 301, Indianapolis, Ind. 46280; 317-469-8000; fax: 317-469-8059

** PruNetwork is Prudential's PPO product, with provider networks comparable to Prudential Plus.*

See the Prudential Health Care Plan Inc. consolidated listing under New Jersey.

Travelers Managed Care System-Indiana*

50 Shuman Blvd., Suite 400, Naperville, Ill. 60503; 708-983-2400

Staff	
Physicians	1,273
Facilities	
Hospitals	15
Users: Group Health	
Employer/payer groups	146
Total users	**17,215**

Operational date: February 1989.

Service area: Indiana: Allen, Boone, Elkhart, Hendricks, Hamilton, Hancock, Johnson, Lake, Laporte, Madison, Marion, Morgan, Porter, St. Joseph, Shelby, Tippecanoe, and Wells counties.

Officers: Tim Dickman, executive director; Scott Dennis, district sales manager.

** Information drawn from a consolidation of the Central Indiana/Fort Wayne, Central Indiana/Indianapolis and Northwestern Indiana networks operated from this office.*

See The Travelers Insurance Co. consolidated listing under Connecticut.

TriState Healthcare Partners

600 Mary St., Evansville, Ind. 47747; 812-428-7265; fax: 812-428-7258

Staff	
Physicians	118
Board-certified	82%
Specialists	145
Facilities	
Hospitals	3
Diagnostic labs	5
Users: Group Health	
Employer/payer groups	11
Employees & dependents	18,000
Total users	**18,000**

Operational date: July 1985.
Not for profit.

Service area: Illinois: Wabash and White counties; Indiana: Gibson, Knox, Posey, Spencer, Vanderburgh, and Warrick counties; Kentucky: Daviess, Henderson, Union and Webster counties.

Services: Standard package. Other services include podiatry, OB/Gyn. 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 discount off customary rates, DRGs; is compensated by employers/payers; charges a flat fee per employee. The PPO will adjust fees based on savings realized or not realized.

UR: Standard procedures excluding second surgical opinion. UR provided by outside contractors.

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Continued from previous page
Contact: Marla Seaton, executive director.

VHA Tri-State Health Plans Inc.

8180 Clearvista Parkway, Suite 230, Indianapolis, Ind. 46256; 317-588-7575; 317-588-7422

Staff	
Physicians	1,350
Administrative	13
Facilities	
Hospitals	28
Pharmacy chains	1
Users: Group Health	
Employer/payer groups	2

Operational date: January 1991.
Not for profit.
Ownership: VHA Tri-State Inc.
Service area: Indiana.
Services: Standard package including durable medical equipment, podiatry, OB/Gyn. 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, discount off customary rates; is compensated by employers/payers, insurers, TPAs; charges a flat fee per employee.
UR: Standard procedures. UR provided by the PPO and outside contractors of the payer's choice.
Officers: Gary Ford, president; Julie Phegley, executive director; Dr. Samuel Cramer and Dr. Thomas Fisher, medical directors.
Contact: Ray Snider.

IOWA

Aetna Health Plans

7301 College Blvd., Suite 150, Overland Park, Kan. 66210; 913-451-2154; fax: 913-451-0683

Staff	
Physicians	253
Patients/physician	50
Board-certified	76%
Specialists	404
Facilities	
Hospitals	5
Pharmacies	87
Diagnostic labs	5
Users: Group Health	
Employer/payer groups	73
Employees & dependents	12,540
Total users	**12,540**

Operational date: July 1987.
Service area: Nebraska: Douglas and Sarpay counties and portions of Washington county; Iowa: Pottawattamie county.
Officers: Dr. Harold Zarkowski, medical director; Rod Williamson, marketing director; Nancy Crain, director-network management.
See Aetna Health Plans consolidated listing under Connecticut

Beech Street

2 Ada, Irvine, Calif. 92718; 714-727-1353 or 800-233-2478; fax: 714-727-1319

Facilities	
Hospitals	4
Pharmacies	136

Service area: Iowa.
See Beech Street of California Inc. consolidated listing under California.

CAPP CARE Inc.

West Tower, 4000 MacArthur Blvd., Suite 10000, Newport Beach, Calif. 92660-2526; 714-251-2200; fax: 714-251-2222

Facilities	
Hospitals	4

Service area: Iowa: Waterloo/Cedar Falls, Davenport and Des Moines; Illinois: Rock Island.
See CAPP CARE Inc. consolidated listing under California.

CIGNA PPO-Davenport

1700 Higgins Road, Suite 600, Des Plaines, Ill. 60018; 708-699-5600; fax: 708-699-5657

Facilities	
Hospitals	5

Operational date: January 1990.
Service area: Iowa: Clinton County.
Officers: Gordon Church, regional managed care officer; Ron Craven, administrator.
See CIGNA Preferred Provider Organization consolidated listing under Connecticut.

CIGNA PPO-Des Moines

1700 Higgins Road, Suite 600, Des Plaines, Ill. 60018; 708-699-5600; fax: 708-699-5657

Staff	
Physicians	383
Facilities	
Hospitals	5

Operational date: April 1992.
Service area: Iowa: Des Moines; Boone, Dallas, Jasper, Madison, Marion, Marshall, Polk, Story and Warren counties.
Officers: Gordon Church, regional managed care officer; Ron Craven, administrator.
See CIGNA Preferred Provider Organization consolidated listing under Connecticut.

FOCUS Healthcare Management Inc.

11560 W. 95th St., Suite 207, Overland Park, Kan. 66214; 913-894-6677

Staff	
Physicians	40
Board-certified	50%
Specialists	17
Marketing	1
Facilities	
Hospitals	8

Operational date: September 1990.
Service area: Iowa: Alamakee, Black Hawk, Cerro Gerde, Polk and Pottawattamie counties.
See FOCUS Healthcare Management Inc. consolidated listing under Tennessee.

Health First

2704 Pierce St., P.O. Box 2055, Sioux City, Iowa 51104; 712-279-3950; fax: 712-279-3929

Staff	
Physicians	125
Board-certified	95%
Specialists	70
Administrative	4
Marketing	1
Facilities	
Hospitals	6
Diagnostic labs	2
Users: Group Health	
Employer/payer groups	85
Employees & dependents	9,200
Total users	**9,200**

Operational date: January 1987.
Not for profit.
Service area: Iowa: Buena Vista, Cherokee, Plymouth, Sioux and Woodbury counties; Nebraska: Dakota and Dixon counties; South Dakota: Union county.
Services: Standard package including durable medical equipment, podiatry, OB/Gyn, home health care, rehabilitation. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem, discount off customary rates, DRGs; is compensated by employers/payers, providers, insurers, TPAs; charges a flat fee per employee. The PPO will adjust fees based on savings realized or not realized. Services groups under contract with Mutual of Omaha; Principal Mutual; Guardian Life; Centennial Insurance; Iowa Benefits Inc.; Payflex Systems USA; Seabury & Smith; Three Rivers Benefit; BAAI; LaHood & Associates Inc.
UR: Standard procedures excluding second surgical opinion, hospital bill audits. UR provided by the PPO.
Officers: Dr. Gene N. Herbek, president; Rick J. Pyburn, executive director.
Contact: Rick J. Pyburn.

Healthcare Preferred Inc.

317 Sixth Ave., Suite 1002, Des Moines, Iowa 50309; 515-244-6300; fax: 515-237-1258

Staff	
Physicians	500
Patients/physician	155
Board-certified	100%
Specialists	600
Administrative	4
Marketing	1
Facilities	
Hospitals	23
Diagnostic labs	14
Users: Group Health	
Employer/payer groups	1,213
Single coverage	31,401
Employees & dependents	*78,000
Total users*	**78,000**
Revenues	
1991	$901,637
1990	$746,214

Operational date: January 1984.
For profit.
Ownership: The Principal Financial Group.
Service area: Iowa: Boone, Butler, Calhoun, Cerro Gordo, Cherokee, Clarke, Dallas, Hamilton, Jasper, Lucas, Madison, Marion, Plymouth, Polk, Poweshiek, Scott, Wayne, Warren and Woodbury counties; Illinois: Henry and Rock Island counties.
Services: Standard package including OB/Gyn. Employees can select non-PPO providers. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by discount off customary rates; is compensated by insurers, TPAs; charges a flat fee per employee. Services groups under contract with Aetna; Alta Health Strategies Inc.; American Administrators; American Medical Security; Benefit Administrators of America; BenePro; Corporate Benefit Services of America; Employers Health Insurance; Farm Bureau; Iowa Benefits Inc.; Mass Mutual; Medical Trust Administrators; National Benefit Consultants; Northwestern Lumbermen Inc.; Northwestern National Life; Principal; Seabury & Smith; Select Benefit Administrators; Take Care.
UR: Standard procedures excluding precertification, discharge planning, hospital bill audits, case management. UR provided by the PPO.
Officers: Dr. Michael Richards, president; Thomas Press, COO/executive vp; Dr. Kevin Cunningham, medical director; JoAnn Nemmers, director of operations.
Contact: Stephanie Van Doren.
**Company estimate.*

HealthNetwork Inc.

1420 Kensington Road, Suite 203, Oak Brook, Ill. 60521; 708-954-2900; fax: 708-954-1518

Facilities	
Hospitals	4
Users: Group Health	
Employer/payer groups	293
Employees & dependents	851,775
Total users	**851,775**

Service area: Iowa.
See HealthNetwork Inc. consolidated listing under Illinois.

MetLife Network-Iowa

20 E. Randolph Drive, Suite 6836, Chicago, Ill. 60601; 312-861-3000

Contact: Michael Witwer, vp.
See MetLife Network consolidated listing under Connecticut.

Midwest Business Medical Assn.*

1225 E. River Drive, Davenport, Iowa 52803; 319-322-1021

Staff	
Physicians	180
Board-certified	98%
Specialists	620
Administrative	4
Marketing	2
Facilities	
Hospitals	19
Diagnostic labs	32
Users: Group Health	
Single coverage	6,200
Family coverage	12,000
Employees & dependents	36,200
Total users	**61,200**

For profit.
Service area: Western Illinois, Iowa, Nebraska.
Contact: Jayne Huett.
See Midwest Business Medical Assn. Ltd. consolidated listing under Illinois.

ProAmerica Managed Care Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669; fax: 817-347-3296

Facilities	
Hospitals	11
Users: Group Health	
Employees & dependents	23,100
Total users	**23,100**

Service area: Iowa.
See ProAmerica Managed Care Inc. consolidated listing under Texas.

KANSAS

Aetna Health Plans

7301 College Blvd., Suite 150, Overland Park, Kan. 66210; 913-451-2154; fax: 913-451-0683

Staff	
Physicians	426
Board-certified	73.6%
Specialists	698
Facilities	
Hospitals	7
Pharmacies	101
Users: Group Health	
Employer/payer groups	287
Employees & dependents	33,859
Total Users:	**33,859**

Operational date: January, 1990
Service area: Kansas: Harvey, McPherson, Sedgwick and Sumner counties and parts of Butler, Cowley and Reno counties.
Officers: Nancy Crain, director, network management; Harold Zarkowsky, M.D.; John Vargas, marketing director.
See Aetna Health Plans consolidated listing under Connecticut

Beech Street

2 Ada, Irvine, Calif. 92718; 714-727-1353 or 800-233-2478; fax: 714-727-1319

Facilities	
Hospitals	6
Pharmacies	232
Diagnostic labs	1

Service area: Kansas.
See Beech Street of California Inc. consolidated listing under California.

CAPP CARE Inc.

West Tower, 4000 MacArthur Blvd., Suite 10000, Newport Beach, Calif. 92660-2526; 714-251-2200; fax: 714-251-2222

Service area: Kansas: Kansas City, Wichita, Atchison and Norton; Missouri: Kansas City.
See CAPP CARE Inc. consolidated listing under California.

CIGNA PPO-Kansas City

7400 110th St., Suite 600, Overland Park, Kan. 66210; 913-451-9389; fax: 913-451-0974

Staff	
Physicians	1,659
Facilities	
Hospitals	26

Operational date: January 1988.
Service area: Missouri: Cass, Clay, Jackson, Lafayette, Platte and Ray counties; Kansas: Douglas, Franklin, Johnson, Leavenworth, Miami and Wyandotte counties.
Officers: Terry Nimnicht, regional managed care officer.
See CIGNA Preferred Provider Organization consolidated listing under Connecticut.

Delta Preferred-Delta Dental Plan of Kansas Inc.

P.O. Box 49198; Witchita, Kan. 67201; 316-264-4511; fax: 316-264-5912

Operational date: January 1993.
Ownership: Delta Dental Plan of Kansas.
Services: Dental. Employees may select non-PPO providers. May be customized to meet employer specifications.
Officers: Ronald Gessl, executive director; Ed Roling, marketing director.

FOCUS Healthcare Management Inc.

11560 W. 95th St., Suite 207; Overland Park, Kan. 66214; 913-894-6677

Staff	
Physicians	70
Board-certified	50%
Specialists	401
Marketing	1
Facilities	
Hospitals	50
Diagnostic labs	5

Continued on next page

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PRO-NET

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Continued from previous page

Users: Workers Compensation	
Employer/payer groups	34
Single coverage	1,175,705
Total users	**1,175,705**

Operational date: October 1989.
Service area: Missouri: Boone, Butler, Clay, Franklin, Jackson, St. St. Charles, St. Clair and St. Louis counties; Kansas: Johnson, Sedgwick, Shawnee and Wyandotte counties.

See FOCUS Healthcare Management Inc. consolidated listing under Tennessee.

MetLife Network-Kansas

The Bemiston Tower, 231 S. Bemiston Ave., Suite 300, St. Louis, Mo. 63105-1988; 314-726-5990

Contact: Bill Tracey.

See MetLife Network consolidated listing under Connecticut.

Participating Physicians Organization

P.O. Box 239, Topeka, Kan. 66601-0239; 913-291-7000

Users: Group Health	
Employees & dependents*	166,919
Total users*	**166,919**

Operational date: 1987.
Ownership: Blue Cross and Blue Shield of Kansas.
Service area: Kansas.
**Figures are as of 12/31/91.*

Preferred Chiropractic Care

555 N. McLean Blvd., Wichita, Kan. 67203; 316-263-7800; fax: 316-263-7814

Staff	
Chiropractors	96
Patients/chiropractor	48
Administrative	5
Marketing	2
Users: Group Health	
Employer/payer groups	1,248
Employees & dependents	298,000
Users: Workers Compensation	
Employer/payer groups	425
Single coverage	115,000
Total users	**364,000**

Operational date: November 1984.
For profit.
Service area: Arizona, Florida, Kansas, Louisiana, Missouri, Oklahoma, Texas.
Services: Chiropractors. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Is compensated by providers, insurers, TPAs, shared risk; charges a flat fee per employee, percent of services by chiropractors, provider services.
UR: Retrospective review, case management. UR provided by the PPO.
Officers: Dr. Brad Dopps, president; M. Gary Banwart, CEO.

Preferred Health Care Inc.

345 Riverview, Suite 600, Wichita, Kan. 67203; 316-268-0345; fax: 316-268-0346

Staff	
Physicians	524
Specialists	1,100
Administrative	10
Marketing	2
Facilities	
Hospitals	63
Diagnostic labs	18
Users: Group Health	
Employer/payer groups	360
Employees & dependents	145,000
Total users	**145,000**
Revenues	
1991	$1,457,251
1990	$1,373,069

Operational date: May 1985.
For profit.
Ownership: St. Francis Regional Medical Center, St. Joseph Medical Center.
Service area: Kansas: All counties except Douglas, Johnson and Wyandotte.
Services: Standard package including vision, dental, durable medical equipment, podiatry, OB/Gyn, chiropractic. Services available unbundled.
Compensation: Negotiates hospital charges by per diem, discount off customary rates, DRGs; is compensated by employers/payers, providers, insurers; charges a flat fee per employee, percent of services by doctors/hospitals. Services groups under contract with Willis Corroon Inc.; CIGNA; Aetna Life & Casualty.
UR: Standard procedures excluding second surgical opinion, hospital bill audits, outpatient service predetermination. UR provided by the PPO.
Officers: Marlon R. Dauner, president; Dr. Ben Matassarin, medical liaison; Mike Howell, marketing director; Gary Williams, vp-program services; Stan Vaughan, vp-finance.

Preferred Mental Health Inc.

2108 W. 75th St., Prairie Village, Kan. 66208; 913-677-1642; fax: 913-677-1209

Staff	
Psychiatrists	259
Psychologists	269
Administrative	6
Marketing	1
Facilities	
Hospitals & substance abuse facilities	125
Diagnostic labs	6
Users: Group Health	
Employer/payer groups	13
Employees & dependents	49,500
Total users	**49,500**

Operational date: April 1987.
For profit.
Service area: Colorado, Kansas, Missouri, Texas.
Services: Standard package including employee assistance programs, mental health/substance abuse management, claims review. 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, discount off customary rates; is compensated by employers/payers; charges a flat fee per employee, percent of savings. The PPO will adjust fees based on savings realized or not realized. Services groups under contract with Business Mens Assurance Co.; American Benefit Plan Administrators.
UR: Standard procedures excluding second surgical opinion. Also uses clean claims. UR provided by the PPO.
Officers: Thomas Fitzgerald, Ph.D., president/executive director; Steve Beaumont, marketing director.

Preferred Plan of Missouri/Kansas City

11020 King Street, Suite 108, Overland Park, Kan. 66210; 913-345-8121 or 800-832-5778; fax: 913-345-8503

Contact: Mike Tweedy, regional director; Kim Courtney, plan manager.

Preferred Vision Care

8695 College Blvd., Suite 220, Overland Park, Kan. 66210; 913-451-1672; fax: 913-451-1704

Staff	
Physicians	3,500
Patients/physician	2,500
Board-certified	98%
Administrative	10
Marketing	5
Facilities	
Diagnostic labs	185
Users: Group Health	
Employer/payer groups	17,000
Single coverage	368,000
Family coverage	782,000
Employees & dependents	2,714,000
Total users	**2,714,000**

Operational date: February 1987.
For profit.
Service area: Nationwide, including Guam, Virgin Islands, and Puerto Rico.
Services: Vision. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospi-

Continued on next page

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BI

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tal charges by fixed cost-plus; is compensated by employers/payers, insurers; charges a flat fee per employee.

UR: Retrospective review, case management. UR provided by the PPO.

Officers: Paul J. Disser, president; Robert J. Feher, executive director; Michele G. Disser, medical director; Jeff Zuckerman, marketing director.

Contact: Michele G. Disser.

Prescription Network of Kansas

1308 W. 10th St., Topeka, Kan., 66604; 913-232-1712; fax: 913-232-3764

Staff	
Administrative	4
Marketing	2
Facilities	
Pharmacies	800
Users: Group Health	
Employer/payer groups	16
Employees & dependents	6,000
Total users	**6,000**

Operational date: October 1985.
Not for profit.
Ownership: Kansas Pharmacy Service Corp.
Service area: Kansas, Missouri, Texas.
Services: Prescription drug benefit management and consulting prescription durg claims processing & administration, drug utilization review. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Is compensated by employers/payers, insurers, TPAs; charges an administrative charge per claim processed.
UR: Concurrent and retrospective drug utilization review. UR provided by the PPO and Q.A. Inc.
Officers: Hal Schwarz, president; Peter Stern, executive director; Kent Richardson, marketing director.
Contact: Peter Stern.

Private Healthcare Systems Inc.

2405 Grand Ave., Suite 1270, Kansas City, Mo. 64108; 816-221-4455; fax: 816-221-4466

Staff	
Physicians	1,302
Facilities	
Hospitals	19

Service area: Kansas: Kansas City; Missouri: Kansas City.
Contact: Ed Sandrick, regional vp.
See Private Healthcare Systems Inc. consolidated listing under Massachusetts.

ProAmerica Managed Care Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669; fax: 817-347-3296

Facilities	
Hospitals	6
Users: Group Health	
Employees & dependents	8,400
Total users	**8,400**

Service area: Kansas.
See ProAmerica Managed Care Inc. consolidated listing under Texas.

Travelers Managed Care System-Kansas City

9200 Indian Creek Parkway, Suite 500, Overland Park, Kan., 66210; 913-345-8167

Staff	
Physicians	1,059
Facilities	
Hospitals	13
Users: Group Health	
Employer/payer groups	116
Total users	**13,075**

Operational date: October 1987.
Service area: Kansas: Cass, Johnson, Leavenworth, Miami, Wyandotte; Missouri: Clay, Jackson, Lafayette and Platte counties.
Officers: Larry Dobson, executive director, Frank Zima, district sales manager.
See The Travelers Insurance Co. consolidated listing under Connecticut.

WPPA Inc.

1102 S. Hillside, Wichita, Kan. 67211; 316-683-4111; fax: 316-683-1606

Staff	
Physicians	330
Patients/physician	197
Board-certified	73%
Specialists	745
Administrative	4.5
Facilities	
Hospitals	30
Diagnostic labs	10
Users: Group Health	
Employer/payer groups	32
Employees & dependents	65,000
Users: Workers Compensation	
Employer/payer groups	1
Single coverage	7,800
Total users	**65,000**

Operational date: October 1985.
For profit.
Ownership: Medical Society Medical Review Foundation.
Service area: Kansas (not including Kansas City).
Services: Standard package. Other services include durable medical equipment, podiatry, OB/Gyn, workers compensation, utilization review. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by per diem, discount off customary rates, DRGs; is compensated by employers/payers; charges a flat fee per employee, percent of savings. Services groups under contract with Roebuck Administrators Inc.; Benefit Plan Services Inc.; Willis Corroon Inc.; Cost Management Technology Inc.; Roland Group Inc.; LaHood and Associates Inc.; American Medical Security; Metropolitan Life Insurance Co.; Benefit Trust Life Insurance Co.; Centennial Life Insurance Co.; Guardian Life Insurance Co. of America; John Alden Life Insurance Co.; Healthcare America Plans Inc.; Mennonite Mutual Aid; Missouri Valley Life and Health Insurance Co.; Pacific Mutual; PM Group Life Insurance Co.; Employee Benefits America Administration Corp.; Principal Mutual Life Insurance Co.; TMG Life Insurance Co.
UR: Standard procedures length of stay determination, hospital bill audits. UR provided by the parent company.
Officers: James M. Van Milligan, program director.
Contact: James M. Van Milligan.

KENTUCKY

Aetna Health Plans*

10401 Linn Station Road, Louisville Ky. 40223; 502-423-6240; fax: 502-423-6148

Staff	
Physicians	443
Specialists	1,785
Facilities	
Hospitals	13
Pharmacies	253
Users: Group Health	
Employer/payer groups	92

Operational date: February, 1992.
Service area: Kentucky: Anderson, Bourbon, Bullitt, Clark, Fayette, Franklin, Jefferson, Jessamine, Madison, Oldham, Scott, Shelby, Spencer, Trimble, Woodford counties; Indiana: Clark, Floyd, Harrison counties.
Officers: Dr. Robert Gibbs, medical director; Steven Jones, marketing director.
**Information drawn from a consolidation of the Lexington and Louisville networks operated from this office. Employer/payer groups may overlap, but total users do not.*
See Aetna Health Plans consolidated listing under Connecticut.

Beech Street

2 Ada, Irvine, Calif. 92718; 714-727-1353 or 800-233-2478; fax: 714-727-1319

Facilities	
Hospitals	14
Pharmacies	329

Service area: Kentucky.
See Beech Street of California Inc. consolidated listing under California.

CNA Managed Care PPO-Louisville

1010 Market St., Suite 560, St. Louis, Mo. 63178; 314-342-7945

Staff	
Physicians	848
Board-certified	68.4%
Facilities	
Hospitals	7
Total employee users	**3,353**

Service area: Missouri: Jefferson and Montgomery counties.
Contact: Bill Carroll, manager-major group sales, 314-342-7945.
See CNA Managed Care PPO consolidated listing under Illinois.

CAPP CARE Inc.

West Tower, 4000 MacArthur Blvd., Suite 10000, Newport Beach, Calif. 92660-2526; 714-251-2200; fax: 714-251-2222

Service area: Kentucky: Covington, Louisville and Owensboro; Ohio: Cincinnati; Indiana: Jeffersonville.
See CAPP CARE Inc. consolidated listing under California.

Center Care

800 Park St., P.O. Box 148, Bowling Green, Ky. 42102; 502-745-1517; fax: 502-745-1518

Staff	
Physicians	37
Board-certified	69%
Specialists	135
Administrative	6
Marketing	5
Facilities	
Hospitals	27
Pharmacies	126
Users: Group Health	
Employer/payer groups	17
Single coverage	2,153
Family coverage	5,022
Employees & dependents	17,938
Total users	**17,938**

Operational date: 1989.
Not for profit.
Ownership: Commonwealth Health Corp.
Service area: Kentucky.: Warren, Logan, Edmonson, Butler, Simpson, Allen and Barren counties.
Services: Standard package including vision, OB/Gyn. 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, discount off customary rates, DRGs; is compensated by Commonwealth Health Corp. Services groups under contract with Underwriters Safety & Claims; Eagles Administrators; Willis-Corroon; ICH; Hunt & Taylor; General American; Metropolitan Life; American Administrative Services; ACMG; Provident Life; Aetna.
UR: Determined by employer plan design. UR provided by Health Services Review.
Officers: Gary Hoefler, executive vp; John Mark Fones, general manager.

Humana Health Plan Inc.-Lexington

101 Prosperous Place, Suite 300, Lexington, Ky. 40509; 606-263-1400; fax: 606-263-1488

Total users	**39,508**

Operational date: 1984.
Officers: Betty Chowning, executive director; Katherine Congleton, sales manager; Dr. Timothy Costitch, medical director.

Humana Health Plan Inc.-Louisville

Waterside Building, 101 E. Main St., Louisville, Ky. 40202; 502-580-5005; fax: 502-580-5043

Total users	**116,252**

Operational date: 1984.
Officers: Vicky Gregg, associate executive director; Jim Moser, sales manager.

MetLife Network-Kentucky

47 Perimeter Center E., Suite 600, Atlanta, Ga. 30346-2092; 404-393-1410

Contact: James Crowley III, vp.
See MetLife Network consolidated listing under Connecticut.

Option 2000

9901 Linn Station Road, Louisville, Ky. 40223

Facilities*	
Hospitals	111
Users: Group Health*	
Employees & dependents	244,116
Total users*	**244,116**

Operational date: December 1984.
Sponsorship: Blue Cross & Blue Shield of Kentucky.
Service area: Kentucky.
UR: Standard procedures excluding length of stay determination, retrospective review, hospital bill audits, outpatient service predetermination.
**Figures are 1990 data.*

Preferred Health Plan Inc.

10001 Linn Station Road, Suite 105, Louisville, Ky. 40223; 502-339-7500; fax: 502-339-8716

Staff	
Physicians	1,200
Board-certified	78%
Specialists	800
Administrative	14
Marketing	2
Facilities	
Hospitals	8
Users: Group Health	
Employer/payer groups	12
Employees & dependents	89,172
Total users	**89,172**

Operational date: December 1989.
For profit.
Service area: Kentucky: Bull, Hardin, Jefferson, Nelson, Meade, Oldham, Shelby, Spencer counties; Indiana: Clark, Floyd, Hanson counties.
Services: Standard package excluding psychiatry. Other services include 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, discount off customary rates, DRGs; is compensated by employers/payers, providers, insurers, TPAs; charges a flat fee per employee. Services groups under contract with Preferred Health Plan TPA; Aetna; CIGNA; Prudential; Private Health Care Systems; The Mutual Group; Mass Mutual; Healthsource Indiana.
UR: Standard procedures. UR provided by the PPO.
Officers: Bernard Tamme, president; Dr. Lyle S. Graham, medical director; Patrick F. Galla, marketing director; Thomas L. Sears, CEO; Mary Stivers, director-operations; Barbara Peirce, RN, director-medical services.
Contact: Patrick F. Galla.

Private Healthcare Systems Inc.

1 American Center, 3319 W. End Ave., Suite 400, Nashville, Tenn. 37203; 615-386-9194; fax: 615-386-9198

Staff	
Physicians	850
Facilities	
Hospitals	19

Service area: Kentucky: Fayette, Lexington, Louisville and surrounding area which includes Indiana.
Contact: Ed Sandrick, regional vp.
See Private Healthcare Systems Inc. consolidated listing under Massachusetts.

ProAmerica Managed Care Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669; fax: 817-347-3296

Facilities	
Hospitals	20
Users: Group Health	
Employees & dependents	16,100
Total users	**16,100**

Service area: Kentucky.
See ProAmerica Managed Care Inc. consolidated listing under Texas.

LOUISIANA

AIIA/COMP CARE

1620 Mason Ave., P.O. Box 11770, Daytona Beach, Fla. 32120; 904-274-3232; fax: 904-274-3242

Staff	
Chiropractors	48
Users: Workers Compensation	
Employer/payer groups	10

Service area: Louisiana.
See AIIA/COMP CARE consolidated listing under Florida.

Aetna Health Plans*

3900 N. Causeway Blvd., Suite 410, Metairie, La. 70002-7283; 504-830-5600; fax: 504-837-6571

Staff	
Physicians	547
Board-certified	73%
Specialists	1,972
Facilities	
Hospitals	16
Pharmacies	317
Users: Group Health	
Employer/payer groups	140
Employees & dependents	10,450
Total users	**10,450**

Operational date: March 1988.
Service area: Louisiana: 25 parishes.
** Information drawn from a consolidation of the New Orleans, Lake Charles, Baton Rouge and Lafayette networks operated from this office. Employer/payer groups may overlap, but total users do not.*
See Aetna Health Plans consolidated listing under Connecticut.

Aetna Health Plans

2325 Lakeside Blvd., Suite 500, Richardson, Texas 75082; 214-570-7603; fax: 214-680-3416

Staff	
Physicians	31
Patients/physician	100
Board-certified	76%
Specialists	131
Facilities	
Hospitals	3
Users: Group Health	
Employer/payer groups	34
Employees & dependents	3,155
Total users	**3,155**

Operational date: March, 1987.
Service area: Louisiana: Bossier and Caddo parishes and parts of De-Soto parish.
Officers: Dr. Michael Cryer, medical director; Doug Werner, senior vp.
See Aetna Health Plans consolidated listing under Connecticut.

American LIFECARE

650 Poydras St., Suite 1150, New Orleans, La. 70130; 504-561-0600; fax: 504-522-5503

Staff	
Physicians	493
Patients/physician	460
Board-certified	94%
Specialists	847
Facilities	
Hospitals	36
Diagnostic labs	6
Users: Group Health	
Employer/payer groups	66
Employees & dependents	211,000
Users: Workers Compensation	
Employer/payer groups	3
Single coverage	16,000
Total users	**227,00**

Operational date: September 1983.
For profit.
Service area: Louisiana, Mississippi, Arkansas.
Services: Standard package including vision, durable medical equipment, podiatry, OB/Gyn. 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, discount off customary rates, DRGs; is compensated by employers/payers, insurers, TPAs; charges a flat fee per employee, percent of savings. The PPO will adjust fees based on savings realized or not realized.
UR: Standard procedures. UR provided by outside contractors.

Continued on next page

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Officers: Ed Michael Reggie, president; Nan M. Wallis, executive director; Dr. Theodore J. Borgman, medical director; Sylvia G. Murphy, director-provider relations; Donald Dubay, director-network development; Vicki Iiams, manager-claims/customer service.

Contact: Nan M. Wallis.

Beech Street

2 Ada, Irvine, Calif. 92718;
714-727-1353 or 800-233-2478;
fax: 714-727-1319

Staff	
Physicians	420
Specialists	1,080
Facilities	
Hospitals	55
Pharmacies	334
Diagnostic labs	2

Service area: Louisiana.

See Beech Street of California Inc. consolidated listing under California.

CNA Managed Care PPO-New Orleans

6565 W. Loop S., Suite 450,
Bellaire, Texas 77401;
713-663-5200

Staff	
Physicians	693
Board-certified	64.4%
Facilities	
Hospitals	10
Total employee users	**3,658**

Service area: Louisiana: Jefferson and Orleans parishes.

Contact: Vera Cantrell, manager-major group sales, 214-620-5484.

See CNA Managed Care PPO consolidated listing under Illinois.

CAPP CARE Inc.

West Tower, 4000 MacArthur Blvd., Suite 10000, Newport Beach, Calif. 92660-2526;
714-251-2200; fax: 714-251-2222

Staff	
Physicians	1,663
Facilities	
Hospitals	24

Service area: Louisiana: Alexandria, Baton Rouge, Lafayette, Lake Charles, New Orleans, Shreveport, South Central Louisiana and portions of Mississippi.

See CAPP CARE Inc. consolidated listing under California.

CIGNA PPO-New Orleans

111 Veterans Blvd., Heritage Plaza, Suite 1424, Metairie, La. 70005; 504-832-1993;
fax: 504-831-7499

Staff	
Physicians	367
Facilities	
Hospitals	11

Operational date: July 1991.

Service area: Louisiana: Hancock, Jefferson, Orleans, Pearl River, Plaquemines, St. Bernard, St. Charles, St. John the Baptist and St. Tammany parishes.

Officers: Brad Arms, regional managed care officer; Vicky Smith, provider relations.

See CIGNA Preferred Provider Organization consolidated listing under Connecticut.

Community Care Network

3850 N. Causeway Blvd., Metairie, La. 70002; 800-972-0499;
fax: 504-836-7381

Staff	
Physicians	255
Board-certified	90%
Specialists	603
Administrative	3
Marketing	1
Facilities	
Hospitals	17
Diagnostic labs	7
Users: Group Health	
Employer/payer groups	21
Employees & dependents	14,500
Users: Workers Compensation	
Employer/payer groups	1
Single coverage	10,000
Total users	**24,500**

Operational date: January 1991.

For profit.

Service area: Louisiana: Ascension, East Baton Rouge, Jefferson, Livingston, Orleans, Plaquemines, St. Bernard, St. Charles, St. James, St. John, St. Tammany and West Baton Rouge parishes.

Services: Standard package including durable medical equipment, OB/Gyn, home health care, home 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 per diem, discount off customary rates; is compensated by employers/payers, insurers; charges a flat fee per employee, percent of savings. The PPO will adjust fees based on savings realized or not realized.

UR: Payor's choice.

Officers: Charles Brewer, executive director.

See CCN Inc. consolidated listing under California.

Davis Vision

159 Express St., Plainview, N.Y. 11803; 800-933-9371;
fax: 516-932-9845

Staff	
Optometrists	85
Users: Group Health	
Employer/payer groups	8
Employees & dependents	42,000
Total users	**42,000**

Service area: Louisiana.

See Davis Vision consolidated listing under New York.

First Choice Health Plan

P.O. Box 98029, Baton Rouge, La. 70898-9029; 504-295-3307;
fax: 504-295-2054

Staff	
Physicians	1,320
Specialists	3,471
Facilities	
Hospitals	35
Diagnostic labs	28
Users: Group Health	
Employer/payer groups	889
Employees & dependents	71,722
Total users	**71,722**

Operational date: January 1985.

Not for profit.

Ownership: Blue Cross and Blue Shield of Louisiana.

Service area: Louisiana.

Services: Standard package including durable medical equipment, OB/Gyn, home health, skilled nursing, ambulatory surgery, hospice, ambulance, mobile lithrotripsy. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by per diem, discounted charges; is compensated by employers/payers.

UR: Standard procedures excluding discharge planning, second surgical opinion, outpatient service predetermination.

Officers: Aaron L. Johnston, president; Dr. Jim Gengilbach, medical director; Richard J. Hale, CEO-BCBS Division.

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

Staff	
Physicians	53
Board-certified	50%
Specialists	44
Marketing	1
Facilities	
Hospitals	53
Diagnostic labs	4
Users: Workers Compensation	
Employer/payer groups	35
Single coverage	827,498
Total users	**827,498**

Operational date: January 1990.

Service area: Louisiana: Bassler, Caddo, Claiborne, East Baton Rouge, Iberia, Jefferson, Lafayette, Lafourche, Orleans, St. Landry, St. John the Baptist, St. Mary, St. Tammany, Tangipahoa, Vermillion and Washington parishes.

See FOCUS Healthcare Management Inc. consolidated listing under Tennessee.

Gulf South Health Plans Inc.

5615 Corporate Blvd., Suite 4, Baton Rouge, La. 70808;
504-927-7212; fax: 504-922-9241

Staff	
Physicians	169
Patients/physician	125
Board-certified	71%
Specialists	327
Administrative	87
Marketing	9.5
Facilities	
Hospitals	12
Pharmacies	130
Diagnostic labs	6
Users: Group Health	
Employer/payer groups	21
Single coverage	1,300
Family coverage	1,900
Employees & dependents	9,000
Total users	**9,000**
Revenues*	
1991	$34,401,523
1990	$8,963,073

Operational date: January 1987.

For profit.

Ownership: General Health Inc.

Service area: Louisiana: Ascension, East Baton Rouge, East Feliciana, Iberville, Livingston, Pointe Coupee, St. Helena, St. James, Tangipahoa, West Baton Rouge and West Feliciana parishes; Mississippi: Centreville, Gloster and Woodville cities.

Services: Standard package including vision, dental, durable medical equipment, podiatry, OB/Gyn. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by per diem, discount off customary rates; is compensated by employers/payers; charges a flat fee per employee. Services groups under contract with Gulf South Administrative Services Inc.

UR: Standard procedures. UR provided by the PPO.

Officers: Patrick C. Powers, president; Dr. R. Dwight Brower, medical director; Charles D. Calvi, Jr., senior vp-marketing; Jack W. Walker, senior vp-operations.

Contact: Charles D. Calvi, Jr.

**Fiscal year ends Oct. 31.*

Healthcare Advantage

4427 N. Robertson, New Orleans, La. 70115; 800-880-4465;
fax: 504-899-8677

Staff	
Physicians	3,3431
Board-certified	89%
Specialists	1,900
Administrative	37
Marketing	7
Facilities	
Hospitals	71
Pharmacies	300
Diagnostic labs	30
Users: Group Health	
Employer/payer groups	462
Single coverage	52,632
Employees & dependents	121,053
Users: Workers Compensation	
Employer/payer groups	6
Single coverage	30,459
Total users	**151,512**

Operational date: June 1989.

For profit.

Ownership: Touro Infirmary.

Service area: Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, Oklahoma, Texas, Tennessee. Contracts with Health Choice in Alabama, Tennessee; Affiliated Healthcare in Texas; PPO Oklahoma in Oklahoma; HealthStar in Georgia.

Services: Standard package including vision, dental, durable medical equipment, OB/Gyn, pharmacy, home health, pregnancy monitoring. 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, discount off customary rates, DRGs; is compensated by employers/payers, insurers, TPAs; charges a flat fee per employee. The PPO will adjust fees based on savings not realized. Services groups under contract with Employers Health; American Underwriters Life; Lamar Life; John Alden Life; numerous TPAs.

UR: Standard procedures excluding hospital bill audits. UR provided by the PPO.

Officers: Gary Stein, president; Jane Cooper, executive director; Dr. John Ernst, medical director; Chris Peterson, marketing director.

MetLife Network-Louisiana

5 Post Oak Park, Suite 2120, Houston, Texas 77027-3416;
713-961-9944

Contact: William S. Woodside, vp.

See MetLife Network consolidated listing under Connecticut.

Physical Therapy Provider Network Inc.

5420 Corporate Blvd., Suite 304, Baton Rouge, La. 70808;
504-947-6888

Operational date: 1992.

Service area: Louisiana.

Officers: Ronald Driggs, president; Kim Bueche, administrator.

Contact: Kim Bueche.

See Physical Therapy Provider Network Inc. consolidated listing under California.

Principal Health Care Inc.-New Orleans Division

3421 N. Causeway Blvd., Suite 600, Metairie, La. 70002;
504-834-0840; fax: 504-834-2694

Staff	
Physicians	769
Board Certified	72.4%
Specialists	756
Administrative	7
Marketing	9
Facilities	
Hospitals	18
Pharmacies	50
Diagnostic labs	8
Users: Group Health	
Employer/payer groups	4
Employees & dependents	3,952
Total users	**3,952**

Operational date: January 1985.

Service area: Louisiana: Jefferson, Orleans, Plaquemines, St. Bernard, St. Charles and St. Tammany parishes.

Officers: Jan Stallmeyer, executive director; Dr. John B. Guidry, medical director; Dale Coplen, marketing director.

See Principal Health Care Inc. consolidated listing under Maryland.

Private Healthcare Systems Inc.

Xerox Center, 222 W. Las Colinas Blvd., Suite 2120, Irving, Texas 75039; 214-869-1451;
fax: 214-869-2327

Staff	
Physicians	707
Facilities	
Hospitals	8

Service area: Louisiana: Baton Rouge, Lafayette, New Orleans.

Contact: Paul Robinson, regional vp-operations.

See Private Healthcare Systems Inc. consolidated listing under Massachusetts.

ProAmerica Managed Care Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669;
fax: 817-347-3296

Facilities	
Hospitals	26
Users: Group Health	
Employees & dependents	30,100
Total users	**30,100**

Service area: Louisiana.

See ProAmerica Managed Care Inc. consolidated listing under Texas.

Provider Networks of America Inc.

4100 International Plaza, Suite 180, Fort Worth, Texas 76109;
817-735-8293; fax: 817-735-1487

Facilities	
Hospitals	21
Ancillary providers	1
Users: Group Health	
Employer/payer groups	34
Family coverage	50,561

Operational date: October 1989.

Service area: Louisiana.

Services: Standard package excluding physicians. Other services include durable medical equipment, maternity management.

See Provider Networks of America Inc. consolidated listing under Texas.

Southeast Medical Alliance

111 Veterans Memorial Blvd., Suite 230, Metairie, La. 70005;
504-837-7374; fax: 504-837-9063

Staff	
Physicians	1,593
Patients/physician	225
Board-certified	98%
Specialists	748
Administrative	15
Marketing	5
Facilities	
Hospitals	69
Diagnostic labs	69
Users: Group Health	
Employer/payer groups	119
Family coverage	60,000
Employees & dependents	150,000
Total users	**150,000**

Operational date: July 1988.

Not for profit.

Ownership: Tulane University Med Center, West Jefferson Hospital, Slidell Memorial Hospital, Lakeside Hospital, Southern Baptist Hospital.

Service area: Louisiana; Arkansas: Little Rock, Northern Little Rock, and Conway counties; Mississippi: Jackson, Hattiesburg, and Vicksburg counties.

Services: Standard package including ophthalmology, durable medical equipment, podiatry, OB/Gyn. 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, discount off customary rates, DRGs; is compensated by employers/payers; charges a flat fee per employee, percent of savings. Services groups under contract with American Heritage Life Insurance Co.; Anthem Life of Indiana; Golden Rule Insurance Co.; Guardian Life Insurance Co. of America; Jefferson-Pilot Life Insurance Co.; Lamar Life Insurance Co.; Life Insurance Co. of Georgia; Mutual of Omaha; Pan American Life Insurance Co.; Protective Life Insurance Co.; Provident Life and Accident Insurance Co.; Washington National Life Insurance Co.; Aetna Life Insurance Co.; American National Life Insurance Co. of Texas; Banker's Life and Casualty Co.; John Alden Life Insurance Co.; John Hancock Mutual Life Insurance Co.; Kansas City Life Insurance Co.; Life Insurance Co. of North America; North American Life and Casualty Co.; Prudential Insurance Co. of America; State Mutual Life Assurance Co.; Acordia Small Business Benefits of the Southwest Inc.; American Benefit Administrators Inc.; American Insurance Consultants; American Trust Administrators Inc.; Benefit Claims Payors; Benmark; DBL Services; Delta Bro-

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UR: Standard procedures excluding concurrent review, hospital bill audits. UR provided by the PPO.

Officers: Byron R. Harrell, president; Barbara Louviere, executive director; Dr. Gary Frentz, medical director; John Dawes, marketing director.

Travelers Managed Care System-New Orleans

Galleria One, Suite 2100, Galleria Blvd., Metairie, La. 70001; 504-836-5555

Staff	
Physicians	785
Facilities	
Hospitals	13
Users: Group Health	
Employer/payer groups	183
Total users	**39,859**

Operational date: December 1987.

Service area: Louisiana: Jefferson, Orleans, Plaquemines, St. Bernard, St. Charles, St. Tammany, St. John the Baptist, St. Mary, Iberia, Terebonne and Lafourche parishes.

Officers: Denise Palmer, executive director; Richard Spears, district sales manager.

See The Travelers Insurance Co. consolidated listing under Connecticut.

MAINE

AIIA/COMP CARE

1620 Mason Ave., P.O. Box 11770, Daytona Beach, Fla. 32120; 904-274-3232; fax: 904-274-3242

Staff	
Chiropractors	39
Users: Workers Compensation	
Employer/payer groups	9

Service area: Maine.

See AIIA/COMP CARE consolidated listing under Florida.

Aetna Health Plans

3 Highwood Drive, Suite 100 Tewksbury, Mass. 01876; 508-640-6047; fax: 508-640-1701

Staff	
Physicians	15
Patients/physician	68
Board-certified	81%
Specialists	41
Administrative	24
Marketing	13
Facilities	
Hospitals	1
Pharmacies	10
Users: Group Health	
Employer/payer groups	9
Single coverage	353
Family coverage	656
Employees & dependents	2,523
Total users	**2,523**

Operational date: May 1987.

Service area: Maine: Androscoggin and portions of Cumberland, Kennebee, Oxford and Sagadahoc counties.

Officers: Dr. Edward J. Smith; David E. Polk, vp; John A. Sanders, general manager; Meredith Perlman, network manager.

See Aetna Health Plans consolidated listing under Connecticut

Beech Sreet

2 Ada, Irvine, Calif. 92718; 714-727-1353 or 800-233-2478; fax: 714-727-1319

Facilities	
Pharmacies	23

Service area: Maine.

See Beech Street of California Inc. consolidated listing under California.

Synernet Quality Health Plan

222 St. John St., Portland, Maine 04102; 207-774-3398; fax: 207-775-3415

Staff	
Physicians	185
Patients/physician	17
Specialists	400
Administrative	5
Marketing	1
Facilities	
Hospitals	10
Diagnostic labs	4
Users: Group Health	
Employer/payer groups	2
Employees & dependents	3,144
Total users	**3,144**
Revenues	
1991	$494,500
1990	$419,893

Operational date: January 1989.

For profit.

Ownership: York Hospital; Southern Maine Medical Center; Mercy Hospital; Brighton Medical Center; Mid Coast Bath/Brunswick; Miles Hospital; St. Mary's Regional Medical Center; Waterville Osteopathic Hospital; Redington-Fairview General Hospital.

Service area: Maine.

Services: Standard package including podiatry, OB/Gyn, chiropractors. 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 employee. The PPO will adjust fees based on savings realized or not realized. Services groups under contract with North American Administrators; NCAS Maine.

UR: Standard procedures excluding retrospective review, hospital bill audits. UR provided by the PPO.

Officers: Jacquelyn Adams, president/executive director; Dr. Douglas Arken, medical director.

MARYLAND

AIIA/COMP CARE

1620 Mason Ave., P.O. Box 11770, Daytona Beach, Fla. 32120; 904-274-3232; fax: 904-274-3242

Staff	
Chiropractors	25
Users: Workers Compensation	
Employer/payer groups	5

Service area: Maryland.

See AIIA/COMP CARE consolidated listing under Florida.

Alliance PPO Inc.

4 Taft Court, Rockville, Md. 20850; 301-294-5147

Staff	
Physicians	4,720
Board-certified	85%
Specialists	7,200
Administrative	15
Marketing	4
Facilities	
Hospitals	100
Diagnostic labs	76
Users: Group Health	
Employer/payer groups	2,250
Family coverage	115,276
Employees & dependents	276,526
Users: Workers Compensation	
Employer/payer groups	1
Single coverage	9,250
Total users	**285,776**
Revenues	
1991	$58,000,000
1990	$28,000,000

Operational date: May 1988.

For profit.

Ownership: Mid Atlantic Medical Service Inc.

Service area: District of Columbia; Maryland; Virginia: Arlington, Caroline, Delaware, Fairfax, Goochland, Loudon, Hampton, Hanover, Henrico, Norfolk, Portsmouth, Prince William, Richmond, Stafford, Spotsylvania, Sussex and Virginia Beach counties.

Services: Standard package including dental, durable medical equipment, podiatry, OB/Gyn, utilization management. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.

Compensation: Negotiates hospital charges by per diem, discount off customary rates; is compensated by employers/payers, insurers, TPAs; charges a flat fee per employee, percent of savings. Services groups under contract with 72 TPAs and insurers.

UR: Standard procedures. UR provided by the PPO.

Officers: Mark Grubar, president; Dr. Eric Baugh, medical director; Steven J. Murfin, marketing director.

Beech Street

2 Ada, Irvine, Calif. 92718; 714-727-1353 or 800-233-2478; fax: 714-727-1319

Facilities	
Pharmacies	179

Service area: Maryland.

See Beech Street of California Inc. consolidated listing under California.

Blue Cross & Blue Shield of Maryland Preferred Provider Network

10455 Mill Run Circle, Owings Mills, Md. 21117; 410-581-3000

Staff	
Physicians	3,000
Specialists	6,000
Facilities	
Hospitals	83
Diagnostic labs	40
Users: Group Health	
Employees & dependents	397,000
Total users	**397,000**

Operational date: July 1985.

Not for profit.

Ownership: Blue Cross & Blue Shield of Maryland.

Service area: Maryland.

Services: Standard package including dental, OB/Gyn. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by state regulated rates; is compensated by employers/payers; charges by flat fee per employee, percent of savings, percent of services by doctors/hospitals. The PPO will adjust fees based on savings realized.

UR: Standard procedures including mental/nervous UR. UR provided by the PPO.

Officers: Carl Sardegna, president/chief executive officer; Ned Vadakin, chief operating officer; Dr. Daniel McCrone, medical director; Rita Costello, marketing director.

Contact: Rita Costello.

CMG Health

25 Crossroads Drive, Owings Mills, Md. 21117; 410-581-5000; fax: 410-581-5007

Staff	
Physicians	850
Board-certified	75%
Administrative	45
Marketing	8
Facilities	
Hospitals	351
Users: Group Health	
Employer/payer groups	8,500
Family coverage	400,000
Employees & dependents	1,000,000
Total users	**1,000,000**
Revenues	
1991	$10,500,000
1990	$7,500,000

Operational date: September 1986.

For profit.

Service area: Alabama, Arizona, Colorado, Delaware, District of Columbia, Florida, Georgia, Idaho, Illinois, Iowa, Kansas, Maryland, Minnesota, Mississippi, Missouri, Montana, New Jersey, New Mexico, New York, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Tennessee, Vermont, Virginia, Washington, West Virginia, Wyoming.

Services: Standard package excluding physicians. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by per diem, discount off customary rates, DRGs; is compensated by employers/payers, providers, insurers, TPAs; charges a flat fee per employee, percent of savings. The PPO will adjust fees based on savings realized or not realized.

UR: Standard procedures excluding second surgical opinion. UR provided by the PPO.

Officers: Alan Shusterman, president; Henry Boyd, executive vp/CEO; Wayne Feest, vp-sales/marketing; Dr. Douglass Kay, senior vp-quality assurance; Dr. Ronald Cann, senior vp-medical affairs.

Contact: Sue Westervelt, director of communications, 410-581-8415.

CNA Managed Care PPO-Baltimore

1101 Market St., 25th Floor, Philadelphia, Pa. 19107; 215-351-3842

Staff	
Physicians	1,022
Board-certified	68.4%
Facilities	
Hospitals	8
Total employee users	**5,851**

Service area: Maryland: Anne Arundel, Baltimore and Howard counties.

Contact: MaryBeth Synder, manager-major group sales, 215-351-3842.

See CNA Managed Care PPO consolidated listing under Illinois.

CAPP CARE Inc.

West Tower, 4000 MacArthur Blvd., Suite 10000, Newport Beach, Calif. 92660-2526; 714-251-2200; fax: 714-251-2222

Facilities	
Hospitals	1

Service area: District of Columbia; Maryland: Silver Spring.

See CAPP CARE Inc. consolidated listing under California.

ChiroCare of Maryland

198 Thomas Jefferson Drive, Suite 8, Frederick, Md. 21702; 301-696-9469

Staff	
Physicians	52
Users: Group Health	
Employer/payer groups	1

Operational date: 1990.

Service area: District of Columbia, Maryland.

Officers: Dr. Jeff DeShamps, Medical Director.

Contact: Elizabeth Scott Bodle.

See American Chiropractic Network Inc. consolidated listing under Minnesota.

CIGNA PPO Mid-Atlantic

9700 Patuxent Woods Drive, Columbia, Md. 21046; 410-720-5800; fax: 410-720-5860

Staff	
Physicians	2,290
Facilities	
Hospitals	31

Operational date: January 1992.

Service area: District of Columbia; Virginia: Alexandria, Arlington, Fairfax, Falls Church, Loudoun, Prince William and Stafford counties; Maryland: Anne Arundel, Baltimore, Calvert, Carroll, Charles, Frederick, Garrett, Harford, Howard, Montgomery, Prince Georges and Washington counties.

Officers: Tim Fitzgerald, regional managed care officer, Sharon Stewart, provider relations.

See CIGNA Preferred Provider Organization consolidated listing under Connecticut.

Davis Vision

159 Express St., Plainview, N.Y. 11803; 800-933-9371; fax: 516-932-9845

Staff	
Optometrists	60
Users: Group Health	
Employer/payer groups	5
Employees & dependents	13,000
Total users	**13,000**

Service area: Maryland.

See Davis Vision consolidated listing under New York.

Health Care 2000 Inc.

660 Kenilworth Drive, Towson, Md. 21204; 410-296-8326; fax: 410-296-8363

Staff	
Physicians	400
Board-certified	95%
Specialists	1,000
Administrative	25
Marketing	1
Facilities	
Hospitals	15
Pharmacies	200
Diagnostic labs	50
Users: Group Health	
Employer/payer groups	12
Single coverage	100,000
Family coverage	100,000
Employees & dependents	220,000
Total users	**220,000**

Operational date: July 1984.

For profit.

Ownership: Fidelity Health Systems.

Service area: Maryland.

Services: Standard package. Other services include vision, dental, durable medical equipment, OB/Gyn. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by state-set rate; is compensated by employers/payers; charges a flat fee per employee. The PPO will adjust fees based on savings realized or not realized.

UR: Standard procedures. UR provided by the PPO.

Officers: Mitchell Diamond, president; Dr. Richard Maffezzoli, medical director; Lisa Johnson, marketing director.

Contact: Mitchell Diamond.

MetLife Network-Maryland

1515 Market St., Suite 710, Philadelphia, Pa. 19102; 215-656-7756

Contact: Thomas J. Regan, vp.

See MetLife Network consolidated listing under Connecticut.

National Capital PPO

7979 Old Georgetown Road, Suite 200, Bethesda, Md. 20814; 301-654-6853; fax: 301-907-8212

Staff	
Physicians	3,500
Patients/physician	110
Board-certified	90%
Specialists	2,100
Administrative	23
Marketing	2
Facilities	
Hospitals	31
Diagnostic labs	4
Users: Group Health	
Employer/payer groups	450
Employees & dependents	100,000
Users: Workers Compensation	
Employer/payer groups	1
Single coverage	10,000
Total users	**110,000**

Operational date: January 1988.

For profit.

Service area: District of Columbia; Virginia: Arlington, Alexandria and Fairfax counties; Maryland: Anne Arundel, Baltimore, Frederick, Howard, Montgomery and Prince Georges counties.

Services: Standard package including OB/Gyn, claims review and repricing. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by per diem, discount off customary rates, DRGs; is compensated by employers/payers, insurers, TPAs; charges a flat fee per employee. The PPO will adjust fees based on savings realized or not realized. Services groups under contract with Massachusetts Mutual; The Hartford; John Hancock; Union Labor Life Insurance; Lincoln National; Mutual of Omaha; Provident; Federated Life; CIGNA; Great West Life Insurance.

UR: Standard procedures. UR provided by the PPO.

Officers: Elliot A. Segal, president; Robert A. McCluskey, chief operating officer/executive vp; Dr. Robert A. Berenson, Dr. Arthur A. Rubin, medical directors; Karen Lange Keller, marketing director.

Preferred Plan of Mid-Atlantic

7200 Wisconsin Ave., Bethesda, Md. 20814; 301-951-1808; fax: 301-951-3719

Contact: Mary Ashley-Sellers, regional director.

Continued on next page

Continued from previous page

Principal Health Care Inc.*

1801 Rockville Pike, Suite 601, Rockville, Md. 20852; 301-881-1033; fax: 301-231-0020

Staff	
Physicians	8,665
Specialists	12,589
Facilities	
Hospitals	221
Pharmacies	608
Diagnostic labs	81
Users: Group Health	
Employees & dependents	46,301
Total users	**46,301**

Operational date: 1987.
For profit.
Service area: Portions of Arizona, Kansas, Missouri, Nebraska, Iowa, Louisiana, Delaware, Florida, Alabama, Ohio, Illinois, Indiana, California, Colorado, District of Columbia, Maryland, Virginia.
Services: Standard package excluding substance abuse. Other services include durable medical equipment, podiatry, OB/Gyn. 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, discount off customary rates, DRGs; is compensated by employers/payers; charges a flat fee per employee, percent of savings, percent of services by doctors/hospitals.
UR: Preadmission review, prece: tification, second surgical opinion. UR provided by the PPO.
Officers: Kenneth Linde, president; David Ewing, medical director; Michael Soto, marketing director; David Weiss, vp; Dave Roberts, second vp; Sharon Taylor, vp-finance.
**Figures are consolidated, including all PPOs in this organization.*

Private Healthcare Systems Inc.

2000 Corporate Ridge, Suite 510, McLean, Va. 22102; 703-749-3660; fax: 703-749-3653

Staff	
Physicians	1,172
Facilities	
Hospitals	11

Service area: Baltimore.
Contact: Glenda Henderson, senior vp-operations.
See Private Healthcare Systems Inc. consolidated listing under Massachusetts.

ProAmerica Managed Care Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669; fax: 817-347-3296

Facilities	
Hospitals	3
Users: Group Health	
Employees & dependents	17,900
Total users	**17,900**

Service area: Maryland.
See ProAmerica Managed Care Inc. consolidated listing under Texas.

PruCare of Washington, D.C./Baltimore (Point-of-Service)

4600 E. West Highway, Eighth Floor, Bethesda, Md. 20814; 301-913-2020; fax: 301-913-5300

Staff	
Physicians	1,233
Patients/physician	83
Board-certified	97%
Specialists	1,737
Administrative	54
Marketing	17
Facilities	
Hospitals	33
Pharmacies	280
Users: Group Health	
Employer/payor groups	109
Employees & dependents	102,123

Operational date: March 1987.
For profit.
Ownership: The Prudential Insurance Co. of America.
Service area: District of Columbia; Maryland: Anne Arundel, Baltimore, Carroll, Harford, Howard, Montgomery and Prince Georges counties; Virginia: Alexandria, Arlington, Fairfax and Loudoun counties.
Services: Standard package including durable medical equipment, podiatry, OB/Gyn.
Compensation: Negotiates hospital charges by per diem, discount off customary rates, governed by State Rate Control Commission for Maryland; is compensated by employers/payers; charges a flat fee per employee. The POS will adjust fees based on savings realized or not realized.
UR: Standard procedures excluding second surgical opinion, hospital bill audits. UR provided by the POS.
Officers: Richard Meyer, executive director; Dr. Alfonso Janoski, medical director; George Lane, marketing director.
See Prudential Health Care Inc. consolidated listing under New Jersey.

PruCare of Washington, D.C./Baltimore (PPO)*

4600 E. West Highway, Eighth Floor, Bethesda, Md. 20814; 301-913-2020; fax: 301-913-5300

** PruCare of Washington, D.C./Baltimore is Prudential's PPO product, with provider networks comparable to PruCare of Washington, D.C./Baltimore (Point-of-Service).*
See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

Sanus Preferred Services

7601 Ora Glen Drive, Greenbelt, Md. 20770; 800-635-3121 or 301-982-0098; fax: 301-441-3559

Staff	
Physicians	752
Patients/physician	39
Board-certified	69%
Specialists	1,722
Administrative	1
Marketing	30
Facilities	
Hospitals	40
Diagnostic labs	30
Users: Group Health	
Employer/payer groups	6
Employees & dependents	22,522
Users: Workers Compensation	
Employer/payer groups	1
Single coverage	7,000
Total users	**29,522**

Operational date: June 1986.
For profit.
Ownership: Health Care Management.
Service area: District of Columbia; Maryland: Anne Arundel, Baltimore, Calvert, Carroll, Charles, Frederick, Harford, Howard, Montgomery, Prince Georges and St. Mary's counties; Virginia: Alexandria, Arlington, Christine, Fairfax, Farquier, King George, Loudon, Prince William, Spotsylvania, Stafford and Westmoreland counties.
Services: Standard package including dental, durable medical equipment, podiatry, OB/Gyn, pharmacy. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem, discount off customary rates; is compensated by employers/payers, insurers, TPAs; charges a flat fee per employee, percent of savings. The PPO will adjust fees based on savings realized or not realized. Services groups under contract with New York Life Insurance Co.; Alta Health Insurance Strategies; General American Life Insurance Co.; Managed Care Administration; Comprehensive Benefit Service Corp.
UR: Standard procedures excluding retrospective review, second surgical opinion, hospital bill audits, outpatient service predetermination. UR provided by the PPO.
Officers: Jeff Emerson, executive director; Dr. David Anders, medical director; Joan Harp, marketing director; Virginia Dollard, executive vp/chief executive officer.
Contact: Victoria Hertzberg.

Selectcare

P.O. Box 1010, Owings Mills, Md. 21117; 410-581-3000

Users: Group Health	
Employees & dependents*	377,535
Total users*	**377,535**

Operational date: 1985.
Ownership: Blue Cross & Blue Shield of Maryland.
Service area: Maryland.
**Figures are as of Dec. 31, 1991.*

Travelers Managed Care System-Central Maryland

3 Parkway, Philadelphia, Pa., 19102; 800-344-2705

Staff	
Physicians	1,634
Facilities	
Hospitals	12
Users: Group Health	
Employer/payer groups	113
Total users	**16,489**

Operational date: December 1986.
Service area: Maryland: Anne Arundel, Baltimore, Carroll, Frederick, Harford, Howard and Washington counties.
Officers: Karen Haugen, director-operations; Gib Palmer, district sales manager.
See The Travelers Insurance Co. consolidated listing under Connecticut.

MASSACHUSETTS

AIIA/COMP CARE

1620 Mason Ave., P.O. Box 11770, Daytona Beach, Fla., 32120; 904-274-3232; fax: 904-274-3242

Staff	
Chiropractors	71
Users: Workers Compensation	
Employer/payer groups	8

Service area: Massachusetts.
See AIIA/COMP CARE consolidated listing under Florida.

Advantage (Pilgrim Health Care Inc.)

10 Accord Executive Drive, P.O. Box 9108, Norwell, Mass. 02061; 617-871-9945; fax: 617-982-9668

Staff	
Physicians	2,087
Patients/physician	3.6
Specialists	4,766
Administrative	434
Marketing	61
Facilities	
Hospitals	67
Pharmacies	50,000
Diagnostic labs	63
Users: Group Health	
Employer/payer groups	66
Single coverage	1,849
Family coverage	1,847
Employees & dependents	7,547
Total users	**7,547**
Revenues*	
1991	$461,677

Operational date: January 1991.
Not for profit.
Service area: Massachusetts: Barnstable, Bristol, Middlesex, Norfolk, Plymouth, Suffolk and portions of Essex and Worcester counties; Rhode Island: Bristol, Kent, Newport, Providence and Washington counties.
Services: Standard package including vision, dental, durable medical equipment, podiatry, OB/Gyn. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem, discount off customary rates, DRGs, charges; is compensated by employers/payers; charges a flat fee per employee.
UR: Standard procedures.
Officers: Allan I. Greenberg, CEO/executive vp; Dr. Michael A. Kaufman and Dr. Paul R. Reich, vps-medical affairs; James R. Smith, vp-sales/marketing/corporate communications; Dr. Samuel K. Stewart, vp-Pilgrim Independent Practice Association Inc.; Thomas J. Brophy, vp-accounting joint venture finance/actuarial anaylsis/MIS; Richard J. Campagne, vp-claims services; James A. Hester Jr., vp-network development/human resources.
Contact: William J. Sullivan, manager-sales support services 800-742-8326.
** Figures from June 30, 1991.*

Aetna Health Plans-Boston

3 Highwood Drive, Suite 100, Tewksbury, Mass. 01876; 508-640-6047 fax: 508-640-1701

Staff	
Physicians	708
Patients/physician	33
Board-certified	82%
Specialists	1,387
Facilities	
Hospitals	29
Pharmacies	670
Diagnostic labs	28
Users: Group Health	
Employer/payer groups	155
Single coverage	3,271
Family coverage	6,075
Employees & dependents	23,367
Total users	**23,367**

Operational date: October 1988.
Service area: Massachusetts: Middlesex and Suffolk counties and portions of Bristol, Essex, Norfolk, Plymouth and Worcester counties; New Hampshire: portions of Hillsborough, Merrimack and Rockingham counties.
Officers: Dr. Edward J. Smith, medical director; David E. Polk, vp; John A. Sanders, general manager; Meredith E. Perlman, network manager.
See Aetna Health Plans consolidated listing under Connecticut.

Aetna Health Plans-Western Massachusetts

80 Lamberton Road, Windsor, Conn. 06065; fax: 203-298-4283

Staff	
Physicians	94
Board-certified	86%
Specialists	163
Facilities	
Hospitals	3
Pharmacies	114
Diagnostic labs	2

Operational date: June 1992.
Service area: Massachusetts: Franklin, Hampden and portions of Hampshire counties.
Officers: Dr. Edward J. Smith, medical director.
See Aetna Health Plans consolidated listing under Connecticut.

Allmerica Medical Management Mutual Alliances Plan

440 Lincoln St., Worcester, Mass. 06153; 508-855-2471; fax: 508-855-2877

Staff	
Physicians	320
Patients/physician	53
Board-certified	100%
Specialists	850
Administrative	20
Facilities	
Hospitals	34
Users: Group Health	
Employer/payer groups	37
Single coverage	1,000
Family coverage	8,000
Employees & dependents	17,000
Total users	**17,000**

Operational date: October 1988.
For profit.
Service area: Massachusetts: Bristol, Essex, Franklin, Middlesex, Norfolk, Plymouth, Suffolk and Worcester counties. Contracts with PCHS Ltd. PPO; Carolina Preferred Care PPO in North Carolina and South Carolina; Ohio Health Choice PPO in Ohio; Health Link in St. Louis; HealthNet in Kansas City, Mo.
Services: Standard package. Other services including durable medical equipment, podiatry, OB/Gyn. Employees can select non-PPO providers.
Compensation: Negotiates hospital charges by per diem, discount off customary rates, DRGs; is compensated by employers/payers; charges a flat fee per employee.
UR: Standard procedures excluding second surgical opinion, hospital bill audits, outpatient service predetermination. UR provided by the PPO.
Officers: Penny Noyes, assistant vp; Lawrence Jacobson, manager, development/support, 508-855-3278.
Contact: Lawrence Jacobson.

American Chiropractic Network-New England

118 Russell Park, Suite 2, Quincy, Mass. 02169-4400; 617-479-3322; fax: 617-471-4031

Staff	
Physicians	100

Operational date: 1992.
Service area: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont.
Officers: Thomas S. Sullivan, Regional Network Director.

Beech Street

2 Ada, Irvine, Calif. 92718; 714-727-1353 or 800-233-2478; fax: 714-727-1319

Facilities	
Hospitals	20
Pharmacies	364
Diagnostic labs	5

Service area: Massachusetts.
See Beech Street of California Inc. consolidated listing under California.

Blue Care Elect

Blue Cross & Blue Shield of Mass., 100 Summer St., Boston, Mass. 02110; 617-956-2000

Staff	
Physicians	3,002
Specialists	4,480
Facilities	
Hospitals	52
Pharmacies	1,482
Users: Group Health	
Employer/payer groups	209
Single coverage	6,320
Family coverage	7,388
Employees & dependents	30,516
Total users	**30,516**

Operational date: September 1989.
Not for profit.
Ownership: Blue Cross & Blue Shield of Massachusetts.
Service area: Massachusetts, excluding Berkshire County.
Services: Standard package including durable medical equipment, podiatry, OB/Gyn, chiropractors, hospices, community health centers, diagnostic imaging facilities, home health care agencies. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem, DRGs; is compensated by employers/payers; variety of financial arrangements available-premium; cost-plus, reinsured cost-plus.
UR: Standard procedures excluding precertification, second surgical opinion, outpatient service predetermination. UR provided by the PPO.
Officers: William C. Van Faasen, president; Dr. David L. Maltz, medical director.
Contact: John Conti, 617-956-2724.

CNA Managed Care PPO-Boston

100 Newport Ave., North Quincy, Mass. 02269; 617-984-4865

Staff	
Physicians	2,244
Board-certified	63.5%
Facilities	
Hospitals	25
Total employee users	**3,566**

Service area: Massachusetts: Norfolk, Suffolk, Essex and Middlesex counties.
Contact: Jack Harvey, manager-major group sales, 617-984-4865.
See CNA Managed Care PPO consolidated listing under Illinois.

CIGNA PPO-Boston

Framingham Corporate Center, 492 Old Connecticut Path, Framingham, Mass. 01701; 508-935-2100; fax: 508-879-6273

Staff	
Physicians	1,864
Facilities	
Hospitals	24

Operational date: July 1991.
Service area: Massachusetts: Barnstable, Bristol, Essex, Middlesex, Norfolk, Plymouth and Suffolk counties.
Officers: Chan Wheeler, regional managed care officer; Jane Barna, provider relations.
See CIGNA Preferred Provider Organization consolidated listing under Connecticut.

CIGNA PPO-Springfield/Worcester

5700 Bigelow Commons, Enfield, Conn. 06082; 203-745-2288; fax: 203-741-7266

Staff	
Physicians	526
Facilities	
Hospitals	7

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Operational date: April 1992.
Service area: Massachusetts: Hampden and Worcester counties.
Officers: Chan Wheeler, regional managed care officer; Jackie Pyzik, provider relations.
See CIGNA Preferred Provider Organization consolidated listing under Connecticut.

Delta Dental Plan's Delta Select

10 Presidents Landing, Medford, Mass. 02155; 617-393-1000; fax: 617-393-1199

Staff	
Physicians	395
Board-certified	100%
Specialists	145
Administrative	150
Marketing	22

Operational date: January 1992.
Not for profit.
Ownership: Delta Dental Plan.
Service area: Massachusetts.
Services: Dental. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Compensated by employers/payers; percent of services by doctors/hospitals.
UR: Precertification, retrospective review, case management. UR provided by the PPO.
Officers: Robert Hunter, president; Dr. Michael Segal, medical director; Scott O'Gorman, vp-marketing; 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	1,600
Specialists	850
Administrative	7
Marketing	7
Facilities	
Hospitals	16
Diagnostic labs	12
Users: Group Health	
Employer/payer groups	140
Single coverage	1,475
Family coverage	900
Employees & dependents	2,375
Total users	**2,375**

Operational date: January 1986.
For profit.
Service area: Massachusetts: Worcester County.
Services: Standard package including vision, dental, durable medical equipment, podiatry, OB/Gyn, physical therapy, radiology, laboratory services. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by discount off customary rates; is compensated by employers/payors; charges flat fee per eligible employee. Contracts with Sentry Life Insurance Co.
UR: Standard procedures. UR provided by Peer Review (Malden, Mass.), Health Pro (Worcester, Mass.)
Officers: William R. Breidenbach, president, executive/marketing director; Dr. Michael Galica, medical director; Susan E. Crossman, vp-operations/director-provider services; Ronald Berube, vp-MIS.

MassMutual Preferred Plus

1295 State St., Springfield, Mass. 01111; 413-744-6164

Service area: Contracts with Maricopa in Arizona; BPS and CCN in California; Sloans Lake in Colorado; National Capital PPO in the District of Columbia, Maryland; Florida Health Network and Preferred Health Providers in Florida; Preferred Plan of Georgia in Georgia; Queen's Health Plan in Hawaii; Health Preferred of MidAmerica and Health Star in Illinois; Sagamore Health Network in Indiana; Preferred Health Plan and Western Mass in Massachusetts; Preferred Health Network in Maryland; ETHIX in Michigan (Great Lakes), Minnesota (Midwest), North Carolina (Southeast), Oregon (Pacific), Pennsylvania (Mid Atlantic), Washington (Northwest); Health Link in Missouri; Health Net in Missouri, Tennessee; Carolina Preferred in North Carolina; Preferred Health Care in Nevada; Emerald Health Network, Health First and Health Response in Ohio; CompMed in Oklahoma; Vantage in Oregon; Pennsylvania Health Choice Plan in Pennsylvania; Health Choice in Tennessee; Anthem Health Systems and North Texas Healthcare in Texas; Sound Health in Washington; First Health Choice Plan in West Virginia.

Medview Services Inc. (Comp Pro)

32991 Hamilton Court, Farmington Hills, Mich. 48334; 313-488-5260; fax: 313-488-5262

Staff	
Physicians	329
Board-certified	90%
Specialists	273
Facilities	
Hospitals	49
Users: Group Health	
Employer/payer groups	6
Employees & dependents	7,600
Users: Workers Compensation	
Employer/payer groups	8
Single coverage	43,500
Total users	**51,100**

Service area: Massachusetts.
See Medview Services Inc. (Comp Pro) consolidated listing under 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 consolidated listing under 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	850
Board-certified	90%
Administrative	40
Facilities	
Hospitals	11
Pharmacies	170
Diagnostic labs	14
Users: Group Health	
Employer/payer groups	490
Employees & dependents	46,777
Total users	**46,777**
Revenues	
1991	$30,000,000
1990	$28,500,000

Operational date: 1985.
Not for profit.
Ownership: Pioneer Management Systems Inc.
Service area: Massachusetts: Franklin, Hampden, Hampshire and Worcester counties.
Services: Standard package including vision, dental, durable medical equipment, podiatry, OB/Gyn. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem; is compensated by employers/payers; charges a flat fee per employee.
UR: Standard procedures excluding outpatient service predetermination. UR provided by the PPO.
Officers: Bruce E. Suchy, president; Dr. William Baker, medical director; Paul Broughton, junior vp-operations.

Preferred Plan of Massachusetts

River Ridge Office Park, 100 River Ridge Drive, Suite 102, Norwood, Mass. 02062; 617-762-0248; fax: 617-762-6659

Contact: Mary-Ashley Sellers, regional director; Thomas Dahlborg, plan manager.

Private Healthcare Systems Inc.*

20 Maguire Road, Lexington, Massachusetts 02173; 617-861-5500; fax: 617-861-5772

Staff	
Physicians	26,611
Board-certified	85%
Specialists	39,916
Administrative	950
Marketing	13
Facilities	
Hospitals	785
Diagnostic labs	437
Users: Group Health	
Employer/payer groups	35,000
Employees & dependents	2,100,000
Total users	**2,100,000**
Revenues	
1991	$46,000,000
1990	$27,000,000

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., Fortis Benefits Insurance Co., General American Life Insurance Co., Great-West Life & Annuity Insurance Co., The Guardian Life Insurance Co. of America, Jefferson-Pilot Life Insurance Co., The New England Mutual Life Insurance Co., Northwestern National Life Insurance Co., Pacific Mutual Life Insurance Co., Phoenix Home Life Mutual Insurance Co., State Mutual Life Assurance Co. of America, Time Insurance Co.
Service area: Alabama, Arizona, California, Colorado, Florida, Georgia, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Missouri, New Jersey, North Carolina, Ohio, Oklahoma, Pennsylvania, South Carolina, Tennessee, Texas, Virginia, Washington, Wisconsin, District of Columbia.
Services: Standard package including vision, dental, durable medical equipment, podiatry, OB/Gyn., workers compensation, utilization management, medical case management, centers of excellence for transplant procedures. Services available unbundled. Employees can select non-PPO providers. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by per diem, discount off customary rates, DRGs, ambulatory; compensated by employers/payers, insurers; charges a flat fee per employee. The PPO will adjust fees based on savings realized. Services groups under contract with Benefit Trust Life Insurance Co., Business Men's Assurance Co. of America, CNA Insurance Cos., Confed Admin Services Inc., Fortis Benefits Insurance Co., General American Life Insurance Co., Great-West Life & Annuity Insurance Co., The Guardian Life Insurance Co. of America, Jefferson-Pilot Life Insurance Co., The New England Mutual Life Insurance Co., Northwestern National Life Insurance Co., Pacific Mutual Life Insurance Co., Phoenix Home Life Mutual Insurance Co., State Mutual Life Assurance Co. of America, Time Insurance Co.
UR: Standard procedures excluding hospital bill audits, psychiatric/substance abuse review. UR provided by the PPO.
Officers: Gene P. Guselli, president/CEO; Donna Goldin, executive vp; N. Stephen Ober, vp/corporate medical director; Michael A. Euele, assistant vp-client services.
Contact: Michelle Gauthier, marketing/communications manager.
**Figures are consolidated, including all PPOs in this organization.*

Private Healthcare Systems Inc.

20 Maguire Road, Lexington, Mass. 02173; 617-861-5500; fax: 617-862-3458

Staff	
Physicians	3,024
Facilities	
Hospitals	31

Service area: Massachusetts: Boston, Brockton, Lawrence, Lowell and Salem.
Contact: Glenda Henderson, senior vp-operations.
See Private Healthcare Systems Inc. consolidated listing under Massachusetts.

ProAmerica Managed Care Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669; fax: 817-347-3296

Facilities	
Hospitals	5
Users: Group Health	
Employees & dependents	43,400
Total users	**43,400**

Service area: Massachusetts.
See ProAmerica Managed Care Inc. consolidated listing under Texas.

Provider Networks of America Inc.

4100 International Plaza, Suite 180, Fort Worth, Texas 76109; 817-735-8293; fax: 817-735-1487

Facilities	
Hospitals	25
Ancillary providers	2
Outpatient centers	7
Users: Group Health	
Employer/payer groups	37
Family coverage	132,173

Operational date: October 1989.
Service area: Massachusetts.
Services: Hospitalization, rehabilitation, homecare, orthopedic services, outpatient clinic, outpatient surgery.
See Provider Networks of America Inc. consolidated listing under Texas.

PruCare Plus (Point-of-Service)

10 New England Business Center, Old River Road, P.O. Box 1827, Andover, Mass. 01810; 508-681-4723; fax: 508-659-4199

Staff	
Physicians	1,355
Patients/physician	30
Board-certified	80%
Specialists	2,071
Administrative	30
Marketing	20
Facilities	
Hospitals	37
Pharmacies	350
Diagnostic labs	150
Users: Group Health	
Employer/payer groups	350
Employees & dependents	43,375

Operational date: May 1986.
For profit.
Service area: Massachusetts: Barnstable, Bristol, Essex, Middlesex, Norfolk, Plymouth, Suffolk and Worcester counties.
Services: Standard package including durable medical equipment, podiatry, OB/Gyn. Employees can select non-POS providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem, discount off customary rates; is compensated by employers/payers; charges a flat fee per employee. The POS will adjust fees based on savings realized or not realized.
UR: Standard procedures. UR provided by the POS.
Officers: William Link, president; Ernest Bourassa, executive/marketing director; Mark Weinstein, John Abramson, medical directors.
See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

Total Health Plan Inc.

333 Wyman St., Waltham, Mass. 02254; 617-466-9400; fax: 617-466-8583

Staff	
Physicians	1,693
Patients/physician	35
Board-certified	99%
Specialists	3,001
Administrative	55
Marketing	14
Facilities	
Hospitals	42
Pharmacies	55,000
Diagnostic labs	152
Users: Group Health	
Employer/payer groups	200
Employees & dependents	60,000
Total users	**60,000**
Revenues	
1991	$47,666,042
1990	$24,013,408

Operational date: October 1986.
For profit.
Ownership: Tufts Associated Health Plans Inc.
Service area: Massachusetts: Essex, Middlesex, Norfolk, Plymouth, Suffolk and Worcester counties.
Services: Standard package including vision, durable medical equipment, podiatry, OB/Gyn, prescription drugs, fitness & wellness benefits. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem; is compensated by employers/payers; charges a flat fee per employee. The PPO will adjust fees based on savings realized or not realized. Services groups under contract with North American Life & Casualty; State Mutual; Tufts Associated Health Plan.
UR: Standard procedures excluding second surgical opinion, hospital bill audits, outpatient service predetermination. UR provided by the PPO.
Officers: Nancy L. Leaming, president; Dr. Harris A. Berman, chief executive officer; Dr. Lawrence Baker, medical director; Marilynn Weinrich, marketing director.
Contact: Marilynn Weinrich.

Travelers Managed Care System-Massachusetts

125 High St., Boston, Mass. 02109; 617-772-2670

Staff	
Physicians	3,778
Facilities	
Hospitals	32
Users: Group Health	
Employer/payer groups	1,213
Employees & dependents	64,018
Total users	**64,018**

Operational date: March 1987.
Service area: Massachusetts: Bristol, Essex, Middlesex, Norfolk, Plymouth, Suffolk and Worcester counties; New Hampshire: Hillsborough, Merrimack and Rockingham counties; Rhode Island: Bristol, Kent, Newport, Providence and Washington counties.
Officers: Mary Ann Shea, executive director; Joseph Robinson, district sales manager.
See The Travelers Insurance Co. consolidated listing under Connecticut.

MICHIGAN

AIIA/COMP CARE

1620 Mason Ave., P.O. Box 11770, Daytona Beach, Fla., 32120; 904-274-3232; fax: 904-274-3242

Staff	
Chiropractors	52
Users: Group Health	
Employer/payer groups	1
Single coverage	67,000
Users: Workers Compensation	
Employer/payer groups	5

Service area: Michigan.
See AIIA/COMP CARE consolidated listing under Florida.

Admar Corp.

4525 Charing Cross, Bloomfield Hills, Mich. 48304; 313-647-9244

See Admar Corp. consolidated listing under California.

Aetna Health Plans*

19852 Haggerty Road, Livonia, Mich. 48152; 313-462-2183; fax: 313-464-2924

Staff	
Physicians	1,519
Specialists	1,803
Facilities	
Hospitals	39
Pharmacies	720
Diagnostic labs	14
Users: Group Health	
Employer/payer groups	297
Single coverage	58,300
Family coverage	85,200
Employees & dependents	185,410
Total users	**185,410**

Operational date: October 1987.
Service area: Michigan: 18 counties.
Officers: Bill Swartz, provider network/executive director; Dr. Ray McMahon, medical director; Phillip Pierce-general manager/marketing
Continued on next page

For an explanation of directory terms and standard services see directory guide, page 66.

Continued from previous page
director; Gloria Huddleston, administrator-provider network.

**Information drawn from a consolidation of the Flint, Detroit, Lansing, Port Huron and Saginaw/Bay City networks operated from this office. Employer/payer groups may overlap, but total users do not.*

See Aetna Health Plans consolidated listing under Connecticut.

Aetna Health Plans-Grand Rapids/Muskegon

3855 Sparks Dr. S.E., Suite 200, Grand Rapids, Mich. 49546; 616-940-0214; fax: 616-940-0220.

Staff	
Physicians	150
Patients/physician	2,500
Board-certified	72%
Specialists	326
Facilities	
Hospitals	8
Pharmacies	119
Diagnostic labs	14
Users: Group Health	
Employer/payer groups	36
Employees & dependents	8,374
Total users	**8,374**

Operational date: January 1989.

Service area: Michigan: Kent, Muskegon and Ottawa counties and parts of Allegan, Barry, Ionia, Newago, Mecosta and Montcalm counties.

Officers: A.B. Parker, marketing director.

See Aetna Health Plans consolidated listing under Connecticut.

Beech Street

2 Ada, Irvine, Calif. 92718; 714-727-1353 or 800-233-2478; fax: 714-727-1319

Staff	
Physicians	728
Specialists	1,872
Facilities	
Hospitals	6
Pharmacies	728
Diagnostic labs	1

Service area: Michigan.

See Beech Street of California Inc. consolidated listing under California.

Blue Cross/Blue Shield of Michigan Blue Preferred Plan

25925 Telegraph, P.O. Box 2225, Southfield, Mich. 48037; 313-799-6539; fax: 313-799-6950

Staff	
Physicians	8,679
Board-certified	63%
Specialists	3,743
Administrative	11
Facilities	
Hospitals	121
Pharmacies	1,900
Diagnostic labs	11
Users: Group Health	
Employer/payer groups	2,298
Single & Family coverage	248,874
Employees & dependents	641,525
Total users	**641,525**
Revenues	
1991	$642,393,000
1990	$290,191,735

Operational date: April 1985.

Not for profit.

Ownership: Blue Cross & Blue Shield of Michigan.

Service area: Michigan: Allegan, Alpena, Antrim, Arenac, Barry, Bay, Benzie, Berrien, Calhoun, Cass, Charlevoix, Cheboygan, Chippewa, Clare, Clinton, Crawford, Dickinson, Eaton, Emmet, Genesee, Grand Traverse, Gratiot, Hillsdale, Houghton, Huron, Ingham, Ionia, Iosco, Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Lapeer, Leelanau, Lenawee, Livingston, Mackinac, Macomb, Marquette, Mecosta, Midland, Missaukee, Monroe, Montcalm, Muskegon, Oakland, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, Sanilac, Shiawassee, St. Clair, St. Joseph, Tuscola, Van Buren, Washtenaw, Wayne and Wexford counties.

Services: Standard package excluding substance abuse. Other services include podiatry, OB/Gyn, chiropractic, pharmacies, 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; charges a group rating or individual premium.

UR: Standard procedures excluding length of stay determination, outpatient service predetermination. UR provided by the PPO.

Officers: Susan Berg, executive director.

Contact: Debra Mancini.

CAPP CARE Inc.

West Tower, 4000 MacArthur Blvd., Suite 10000, Newport Beach, Calif. 92660-2526; 714-251-2200; fax: 714-251-2222

Staff	
Physicians	3,110
Facilities	
Hospitals	26

Service area: Michigan: Bay City, Detroit, Flint, Jackson, Lansing, Livingston, Port Huron, Saginaw and St. Clair.

See CAPP CARE Inc. consolidated listing under California.

CNA Managed Care PPO-Detroit

400 Galleria Officentre, Southfield, Mich. 48086; 313-351-6100

Staff	
Physicians	1,661
Board-certified	63%
Facilities	
Hospitals	24
Total employee users	**2,529**

Service area: Michigan: Macomb, Oakland and Wayne counties.

Contact: Ed Murphy, manager-major group sales.

See CNA Managed Care PPO consolidated listing under Illinois.

CIGNA PPO-Detroit

27777 Franklin Road, Suite 900, Southfield, Mich. 48034; 313-351-1971; fax: 313-351-1979

Staff	
Physicians	1,994
Facilities	
Hospitals	33

Operational date: January 1988.

Service area: Michigan: Jackson, Kent, Livingston, Macomb, Monroe, Oakland, Ottawa, St. Clair, Washtenaw and Wayne counties.

Officers: Gordon Church, regional managed care officer; Theresa Aro, provider relations.

See CIGNA Preferred Provider Organization consolidated listing under Connecticut.

Davis Vision

159 Express St., Plainview, N.Y. 11803; 800-933-9371; fax: 516-932-9845

Staff	
Optometrists	75
Users: Group Health	
Employer/payer groups	3
Employees & dependents	27,500
Total users	**27,500**

Service area: Michigan.

See Davis Vision consolidated listing under New York.

Delta Preferred Provider Organization/Dental Enhanced Preferred Provider Organization

P.O. Box 30416, Lansing, Mich. 48909; 517-349-6000; fax: 517-347-5237

Staff	
Dentists	914
Specialists	137
Administrative	600
Marketing	28
Users: Group Health	
Employer/payer groups	81
Employees & dependents	246,864
Total users	**246,864**

Operational date: January 1988.

Not for profit.

Ownership: Delta Dental Plan of Michigan.

Service area: Michigan.

Services: Dental. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Compensated by employers/payers; charges a flat fee per employee, administration fee based on expected claims activity.

UR: Fee Audits, practice pattern review, predetermination, consultant review. UR provided by the PPO.

Officers: Patrick P. Gribben Jr.,

Continued on next page

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Divisions Of
AMERICAN DRUG STORES
2100 Swift Drive Oak Brook, IL 60521

Continued from previous page
president; E. Craig Lesley, vp-marketing; C. Richard Seitz, executive vp.

Contact: E. Craig Lesley.

ETHIX Great Lakes

6001 Adams, Suite 100, Bloomfield Hills, Mich. 48304; 313-433-8320; fax: 313-433-8330

Staff	
Physicians	2,700
Patients/physician	14
Administrative	16
Marketing	1
Facilities	
Hospitals	36
Users: Group Health	
Employer/payer groups	87
Employees & dependents	38,167
Total users	**38,167**
Revenues	
1991	$926,000
1990	$807,000

Operational date: January 1989.
For profit.
Ownership: Ethix Corp.
Service area: Michigan: Detroit, Flint, Saginaw, Lansing, Grand Rapids, Muskegon, Howell, Petosky and Adrian.
Services: Standard package including durable medical equipment, OB/Gyn. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem, discount off customary rates; is compensated by employers/payers, providers, insurers; charges a flat fee per employee, percent of savings, percent of services by doctors/hospitals. Services groups under contract with Great West Life; Mass Mutual Life; First Security; The Hartford.
UR: Standard procedures.
Officers: Peter S. Linder, president; Dr. Henry Shevitz, medical director; Kim Sultana, marketing representative.
Contact: Patricia Thomas.

EXCEL-Preferred Provider Plan

7091 Orchard Lake Road
West Bloomfield, Mich. 48322;
313-539-3080; fax: 313-539-3084

Staff	
Board-certified	90%

Operational date: January 1993.
For profit.
Ownership: United American Health Care Corp.
Service area: Michigan, Ohio.
Services: Standard package including dental, durable medical equipment, podiatry, OB/Gyn. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem, discount off customary rates; is compensated by employers/payers, providers; charges a flat fee per employee, percent of services by doctors/hospitals.
UR: Standard procedures excluding hospital bill audits. UR provided by the PPO.
Officers: Dr. Julius Coombs, president; Ronald Dobbins, executive director; Dr. William Sharp, medical director; Denice Davis, vp-planning & development.
Contact: Illene Zagoria.

Health Alliance Plan of Michigan

2850 W. Grand Blvd., Detroit, Mich. 48202; 313-874-7930; fax: 313-874-8301

Staff	
Physicians	787
Patients/physician	508
Board-certified	43%
Specialists	1,862
Administrative	500
Marketing	50
Facilities	
Hospitals	36
Pharmacies	450
Diagnostic labs	10
Users: Group Health	
Employer/payer groups	100
Single coverage	1,135
Family coverage	1,397
Employees & dependents	5,521
Total users	**5,668**
Revenues	
1991	$6,996,951
1990	$6,847,294

Operational date: June 1986.
Not for profit.
Ownership: Health Alliance Plan of Michigan.
Service area: Michigan: Macomb, Monroe, Oakland, St. Clair, Sanilac, Washtenaw and Wayne counties. Contracts with Aetna Health Plans and ETHIX in Michigan.
Services: Standard package including vision, durable medical equipment, OB/Gyn. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem, discount off customary rates, DRGs; is compensated by employers/payers, insurers, TPAs; charges a flat fee per employee. The PPO will adjust fees based on savings realized or not realized. Services groups under contract with Aetna Health Plans; Midwest/ALTA Health Strategies.
UR: Standard procedures. UR provided by the PPO.
Officers: James Walworth, president; Roman Kulich, chief operating officer; Dr. David Siegel, vp-health and medical affairs; John F. Breitmeyer, vp-marketing.
Contact: Rick Jelinek, Health Alliance Plan 313-552-6000.

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IBA Health & Life Assurance Co.

458 W. South St., Kalamazoo, Mich. 49007; 616-382-1340; fax: 616-382-6541

Staff	
Physicians	1,000
Board-certified	75%
Specialists	1,000
Administrative	6
Marketing	4
Facilities	
Hospitals	42
Users: Group Health	
Employees & dependents	14,837
Total users	**14,837**
Revenues	
1991	$8,875,157
1990	$6,240,737

Operational date: May 1986.
For profit.
Ownership: Bronson Healthcare Group
Service area: Michigan.
Services: Standard package including vision, dental, durable medical equipment, podiatry, OB/Gyn, prescription. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem, discount off customary rates, DRGs, tiered discounts; is compensated by employers/payers, TPAs; charges a flat fee per employee. Services groups under contract with Interactive Healthcare Coordinators; Self Funded Comp Insurance Administrators.
UR: Standard procedures. UR provided by the PPO.
Officers: Larry O'Brien, president; Helen M. Hughes, vp; Dr. Gerald Friedman, medical director.

Medview Services Inc. (Comp Pro)*

32991 Hamilton Court, Farmington Hills, Mich. 48334; 313-488-5262; fax: 313-488-5262

Staff	
Physicians	50,491
Board-certified	90%
Specialists	23,691
Administrative	133
Marketing	18
Facilities	
Hospitals	1,649
Users: Group Health	
Employer/payer groups	24
Employees & dependents	180,072
Users: Workers Compensation	
Employer/payer groups	81
Single coverage	6,977,441
Total users	**7,157,513**

Operational date: February 1987.
For profit.
Ownership: Pharmacy Management Services Inc.
Service area: California, Colorado, Florida, Georgia, Illinois, Indiana, Kansas, Massachusetts, Michigan, Missouri, Pennsylvania, North Carolina, South Carolina, Connecticut, Tennessee, Texas and Wisconsin.
Services: Standard package including durable medical equipment, podiatry, OB/Gyn, home health care, chiropractic, case management.
Compensation: Negotiates hospital charges by per diem, discount off customary rates, percent off state fee schedule; is compensated by employers/payers, insurers, TPAs; charges a flat fee per employee, percent of savings. The PPO will adjust fees based on savings realized or not realized. Services groups under contract with Aetna; Allstate Insurance; American Country Insurance; American Family Insurance; American Indemnity Group; Atlantic Mutual; Bituminous Insurance Co.; CIGNA Corp.; Chubb Group; Citizens Insurance Co.; Employers Mutual Insurance; Erie Insurance Companies Group; Federated Insurance; Hanover Insurance; Home Insurance; ITT Hartford; Kemper National; Liberty Mutual; MIC General Insurance Corp.; Milwaukee Insurance Co.; Nationwide Insurance; River Forest Insurance Co.; Royal Insurance; Sentry Insurance; State Farm Insurance; Alexis Risk Management; Corporate Services; Crawford and Co.; GRM Industries; Penn General; Shield Insurance; Total Program Administrators.
UR: Standard procedures. UR provided by the PPO.
Officers: Robert H. Marks, president; Debra Cerre-Ruedisili, vp/coo; Dr. Henry Shevitz, medical director; Darrell D. Jarvis, marketing director.

**Figures are consolidated, including all PPOs in this organization.*

Medview Services Inc. (Comp Pro)

32991 Hamilton Court, Farmington Hills, Mich. 48334; 313-488-5260; fax: 313-488-5262

Staff	
Physicians	4,424
Board-certified	90%
Specialists	3,387
Administrative	49
Marketing	6
Facilities	
Hospitals	162
Users: Group Health	
Employer/payer groups	11
Employees & dependents	47,000
Users: Workers Compensation	
Employer/payer groups	34
Single coverage	2,105,000
Total users	**2,152,000**

Service area: Michigan.
See Medview Services Inc. (Comp Pro) consolidated listing under 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 consolidated listing under Connecticut.

MIDA Dental Plans

2000 Town Center, Suite 2200, Southfield, Mich. 48075; 313-353-6410; fax: 313-353-0727

Staff	
Dentists	1,087
Patients/physician	160
Board-certified	100%
Specialists	423
Administrative	14
Marketing	5
Users: Group Health	
Employees & dependents	173,100
Total users	**173,100**

Operational date: February 1987.
For profit.
Service area: Arizona, California, Kentucky, Michigan, Missouri, Ohio.
Services: Dental. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Is compensated by employers/payers, insurers; charges a flat fee per employee, percent of services by doctors/hospitals. Services groups under contract with MIDA Administration Group.
UR: Outpatient service predetermination. UR provided by the PPO.
Officers: Dr. Walter Knysz, president; Dr. Stephen Patterson, medical director; Tamara L. Jacobs, marketing director; Janet Oleszkowicz, senior vp-national operations.
Contact: Bob Dombrowski.

National Foot Care Program Inc.

22255 Greenfield Road, Suite 550, Southfield, Mich. 48075; 313-559-2579; fax: 313-423-1077

Staff	
Physicians	87
Specialists	143
Administrative	8
Marketing	3
Facilities	
Hospitals	28
Users: Group Health	
Employer/payer groups	4
Employees covered	124,091
Dependents covered	243,041
Employees & dependents	367,132
Total users	**367,132**

Operational date: February 1984.
For profit.
Ownership: Value Health Inc.
Service area: Delaware, Illinois, Indiana, Maryland, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, Wisconsin.
Services: Hospitalization, physicians, podiatry. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by all inclusive negotiated rates; is compensated by em-

Continued on next page

Continued from previous page
ployers/payers; charges a flat fee per employee.

UR: Standard procedures excluding discharge planning, hospital bill audits, case management. Also uses routine chart review. UR provided by the PPO and U.S. Administrators.

Officers: Dr. Claude Oster, president/executive director; Dr. Sanford Rosenfeld, medical director; David James, marketing director; Robbie Romeo, vp-operations.

National Rehabilitation System Inc.

22255 Greenfield Road, Suite 550, Southfield, Mich. 48075; 313-559-7748; fax: 313-423-1077

Staff	
Physicians	48
Administrative	2
Marketing	3

Operational date: Pre-operational.

For profit.

Services: Standard package excluding substance abuse, psychiatry. Other services include durable medical equipment, physical medicine and rehabilitation. May be customized to meet employer specifications.

Officers: Dr. Claude Oster, president/CEO; David James, marketing director.

Contact: Nancy Foley, executive assistant.

PPOM

28588 Northwestern Highway, Suite 380, Southfield, Mich. 48034; 313-357-7766; fax: 313-357-7766

Staff	
Physicians	3,100
Specialists	2,700
Administrative	100
Marketing	15
Facilities	
Hospitals	78
Diagnostic labs	45
Users: Group Health	
Employees & dependents	475,000
Users: Workers Compensation	
Employer/payer groups	18
Total users	**500,000**
Revenues	
1991	$250,900,000
1990	$167,100,000

Operational date: March 1984.

For profit.

Service area: Michigan; Northwest Ohio.

Services: Standard package including durable medical equipment, podiatry, OB/Gyn. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.

Compensation: Negotiates hospital charges by per diem, DRGs; is compensated by employers/payers; charges a percent of services by doctors/hospitals. Services groups under contract with American Community; American Medical Security; CNA Insurance; Central Benefits; Central Reserve Life; CAM Benefit Program; Employers Health Insurance Co.; First Security Life; Fortis Benefits; The Guardian Life Insurance; John Alden Insurance Co.; Lincoln Group Trust; Midwestern National Insurance Co.; Northwestern National Life Insurance Co.; Principal Mutual Life Insurance Co.; Provident Life & Accident; Time Insurance; Wausau Insurance Co.; ALTA; A.S.R.; C.C. Systems of Michigan; CAM Administrative Services; Consolidated Risk Management Services; Corporate Group Services; Creative Risk Management Services; Custom Benefit Plans; Employee Benefits Administration; Employee Benefit Concepts; Employee Benefits Inc.; Employee Benefit Plans; First Benefits Inc.; Group Benefit Services; Group Health Managers Inc.; Med Benefit System; Mid-Continental; Midwest Benefits; Michigan Hospital Assn.; MidAmerica; NCAS; NGS American Inc.; Penn General; Pension & Group Services; Regency Medical Administrators; Risk Control; TPA of Illinois; The Processing Alternative Inc.; Weyco.

UR: Standard procedures excluding length of stay determination, retrospective review, hospital bill audits, outpatient service predetermination. UR provided by the PPO and outside contractors.

Officers: Richard Rogel, CEO; David Miller, president; Dr. Allan Waldman, medical director/vp; Jay Levin, marketing director/vp.

Contact: Jay Levin.

Physical Therapy Provider Network Inc.

1665 Hamilton Road, Okemos, Mich. 48864; 517-349-6728

Staff	
Physical Therapists	100
Administrative	2
Marketing	1
Facilities	
Offices	32
Total users	**25,000**
Revenues	
1991	$50,000

Operational date: July 1990.

Officers: Jim Hayden, president; Melissa Franks, administrator; David Ruppert, marketing director.

Contact: Melissa Franks.

See Physical Therapy Provider Network Inc. consolidated li)sting under California.

Private Healthcare Systems Inc.

3000 Town Center, Suite 830, Southfield, Mich. 48750; 313-351-9130; fax: 313-351-9136

Staff	
Physicians	1,766
Facilities	
Hospitals	27

Service area: Michigan: Detroit.

Contact: Ed Sandrick, regional vp.

See Private Healthcare Systems Inc. consolidated listing under Massachusetts.

ProAmerica Managed Care Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669; fax: 817-347-3296

Facilities	
Hospitals	2
Users: Group Health	
Employees & dependents	36,100
Total users	**36,100**

Service area: Michigan.

See ProAmerica Managed Care Inc. consolidated listing under Texas.

Prudential Plus of Michigan (Point-of-Service)

3000 Town Center, Suite 2160, Southfield, Mich. 48075; 313-358-2840; fax: 313-358-8955

Staff	
Physicians	1,564
Patients/physician	12
Board-certified	72%
Specialists	912
Administrative	17
Marketing	17
Facilities	
Hospitals	25
Pharmacies	88
Diagnostic labs	5
Users: Group Health	
Employer/payer groups	156
Employees & dependents	18,930
Total users	**18,930**

Operational date: February 1988.

For profit.

Ownership: The Prudential Insurance Co. of America.

Service area: Michigan: Macomb, Oakland and Wayne counties.

Services: Standard package including dental, durable medical equipment, podiatry, OB/Gyn, X-ray/lab, chiropractic, home health care. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by discount off customary rates; is compensated by employers/payers; charges by flat fee per eligible employee, varies.

UR: Standard procedures. UR provided by the POS.

Officers: George Becker, vp-health care management; Myron Werley, director-health care management; Dr. James Coughlin, medical director; Rebecca Muller, marketing director.

See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

PruNetwork of Michigan

3000 Town Center, Suite 2160, Southfield, Mich. 48075; 313-358-2840; fax: 313-358-8955

** PruNetwork is Prudential's PPO product, with provider networks comparable to Prudential Plus.*

See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

ValueRx Pharmacy Program Inc.

1825 S. Woodward, Suite 200, Bloomfield Hills, Mich. 48304; 313-338-4466; fax: 313-253-6520

Staff	
Administrative	105
Marketing	15
Facilities	
Pharmacies	24,046
Users: Group Health	
Employer/payer groups	775
Employees & dependents	846,258
Total users	**846,258**
Revenues	
1991	$109,763,000
1990	$67,185,000

Operational date: March 1985.

For profit.

Service area: Nationwide.

Services: Substance abuse, prescription drug coverage, formulary, physician profiling and education, mail order services. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Is compensated by employers/payers, providers, TPAs; charges a fee per prescription claim. The PPO will adjust fees based on savings realized or not realized. Services groups under contract with numerous TPAs.

UR: Retrospective, concurrent and prospective drug review, case management. UR provided by the PPO.

Officers: Barry Smith, president/CEO; David Olsen, chief administrative officer; Dr. Jonathon T. Edelson, senior vp-medical affairs/corporate development; Paul Hansen, director of marketing; Mike Winkelman, senior vp-pharmacy; Greg Watanabe, senior vp-operations.

Contact: Brian E. Dalbey, vp-sales.

Travelers Managed Care System-Michigan*

50 Shuman Blvd., Suite 400, Naperville, Ill. 60503; 800-752-4285

Staff	
Physicians	1,572
Facilities	
Hospitals	33
Users: Group Health	
Employer/payer groups	108
Total users	**24,530**

Operational date: December 1986.

Service area: Ionia, Kent, Macomb, Montcalm, Muskegon, Oakland and Wayne counties.

Officers: Tim Dickman, executive director; Robert Mahoney, district sales manager.

**Information drawn from a consolidation of the Western Michigan and Detroit networks operated from this office.*

See The Travelers Insurance Co. consolidated listing under Connecticut.

MINNESOTA

Aetna Health Plans

5050 Excelsior Blvd., B303 Minneapolis, Minn. 55416; 612-925-8595; fax: 612-925-6933

Staff	
Physicians	561
Board-certified	70%
Specialists	1,762
Facilities	
Hospitals	14
Pharmacies	242
Users: Group Health	
Employer/payer groups	59
Employees & dependents	7,557
Total users	**7,557**

Operational date: July 1988.

Service area: Minnesota: Carver, Hennepin and Ramsey counties and portions of Anoka, Dakota, Scott and Washington counties.

Officers: Dr. George Isham, medical director; Chad Beste, marketing director.

See Aetna Health Plans consolidated listing under Connecticut.

American Chiropractic Network Inc.*

5620 Smetana Drive, Suite 225, Minnetonka, Minn. 55343; 612-938-6909; fax: 612-938-5187

Staff	
Chiropractors	4,000
Administrative	45
Marketing	7
Users: Group Health	
Family coverage	800,000
Employees & dependents	2,000,000
Users: Workers Compensation	
Single coverage	1,500,000
Total users	**3,500,000**

Operational date: January 1987.

For profit.

Service area: Arizona, California, Colorado, Connecticut, Florida, Georgia, Idaho, Illinios, Indiana, Kansas, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Nevada, New Hampshire, New Mexico, North Carolina, North Dakota, Ohio, Oregon, Rhode Island, South Dakota, Texas, Vermont, Washington, Wisconsin.

Services: Chiropractic. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Is compensated by employers/payers, insurers; charges a flat fee per employee, percent of services by doctors/hospitals.

UR: Precertification, outpatient service predetermination. UR provided by the PPO.

Officers: Thomas J. Allenburg, president; Andrew Aho, marketing director; David L. Cole, vp.

Contact: Andrew Aho.

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
Total users*	**213,800**

Operational date: 1984.

Not for profit.

Ownership: Blue Cross & Blue Shield of Minnesota.

Service area: Minnesota.

Services: Standard package including vision, podiatry, OB/Gyn. 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 discount off customary rates, DRGs; is compensated by employers/payers.

UR: Standard procedures. UR provided by the PPO.

Officers: Andrew Czajkowski, president; Grayce Peters, vp-marketing.

**Figures are 1990 data.*

Beech Street

2 Ada, Irvine, Calif. 92718; 714-727-1353 or 800-233-2478; fax: 714-727-1319

Facilities	
Hospitals	6
Pharmacies	308
Diagnostic labs	1

Service area: Minnesota.

See Beech Street of California Inc. consolidated listing under California.

CNA Managed Care PPO-Minneapolis/St. Paul

CNA Plaza, 22 West, Chicago, Ill. 60685; 312-822-7626

Staff	
Physicians	1,365
Board-certified	75%
Facilities	
Hospitals	13
Total employee users	**1,165**

Service area: Minnesota: Carver, Dakota, Hennepin, Ramsey, St. Paul, and Scott counties.

Contact: Wayne Malzone, manager-major group sales.

See CNA Managed Care PPO consolidated listing under Illinois.

CAPP CARE Inc.

West Tower, 4000 MacArthur Blvd., Suite 10000, Newport Beach, Calif. 92660-2526; 714-251-2200; fax: 714-251-2222

Service area: Minnesota: Minneapolis/St. Paul and St. Cloud.

See CAPP CARE Inc. consolidated listing under California.

ChiroCare of Minnesota

5620 Smetana Drive Suite 225, Minnetonka, Minn. 55343; 612-938-0212; fax: 612-938-6909

Staff	
Physicians	330
Users: Group Health	
Employer/payer groups	6
Employees & dependents	150,000
Users: Workers Compensation	
Employer/payer groups	1

Operational date: 1983.

Service area: Minnesota.

Officers: Zachary Kimble, Guy Jarvi, vps.

Contact: Andrew Aho.

Delta Dental of Minnesota-Dental Choice

7807 Creedridge Circle, Minneapolis, Minn. 55440; 612-944-5252; 612-829-2317

Users: Group Health	
Employer/payer groups	75

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: Compensated by employers/payers; charges a flat fee per employee. The PPO will adjust fees based on savings realized or not realized.

UR: Precertification, retrospective review, outpatient service predetermination. UR provided by the PPO.

Officers: Michael Walsh, presi-

Continued on next page

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Continued from previous page
dent; Loren Hanson, executive director; Dr. Thomas Ireland, medical director; Bob McGrath, marketing director.

ETHIX Midwest

8500 Normandale Lake Blvd., Bloomington, Minn. 55437; 612-896-1200; fax: 612-896-4888

Staff	
Physicians	1,600
Patients/physician	49
Administrative	50
Marketing	3
Facilities	
Hospitals	22
Users: Group Health	
Employer/payer groups	296
Employees & dependents	78,202
Total Users	**78,202**
Revenues	
1991	$3,029,000
1990	$2,567,000

Operational date: February 1984.
For profit.
Ownership: The Ethix Corp.
Service area: Minnesota and Western Wisconsin.
Services: Standard package including durable medical equipment, OB/Gyn, pharmacy, disablity review. 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, discount off customary rates; is compensated by employers/payers, providers, insurers; charges a flat fee per employee, percent of savings, percent of services by doctors/hospitals. Services groups under contract with CIGNA; Metropolitan Life; Massachusetts Mutual; Pyramid Life; Employee Benefit Plans; Mid American Mutual.
UR: Standard procedures. UR provided by the PPO.
Officers: Nazie Eftekhmi, president; Dr. Brian T. Ebeling, medical director; Steven Osterkamp, vp-sales.
Contact: William Card Jr., manager-sales/marketing.

Group Health Inc.

2829 University Ave. S.E., Minneapolis 55414; 612-623-8400; fax: 612-623-8560

Staff	
Physicians	479
Patients/physician	1,450
Board-certified	96%
Specialists	1,119
Administrative	684
Marketing	15
Facilities	
Hospitals	24
Pharmacies	92
Diagnostic labs	20
Users: Group Health	
Employer/payer groups	4
Single coverage	830
Family coverage	1,149
Employees & dependents	4,483
Users: Workers Compensation	
Employer/payer groups	4
Single coverage	4,483
Total users	**4,483**
Revenues*	
1991	$451,436,000
1990	$386,061,000

Operational date: May 1987.
Not for profit.
Ownership: Group Health Inc.
Service area: Minnesota: Anoka, Carver, Hennepin, Ramsey, Scott, Washington and Wright counties.
Services: Standard package including vision, dental, durable medical equipment, podiatry, OB/Gyn. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by discount off customary rates; is compensated by employers/payers; charges a flat fee per employee.
UR: Standard procedures. UR provided by the PPO.
Officers: George C. Halvorson, president/CEO; Dr. Paul Brat, COO/medical director; Roger Swenson, senior vp-sales/marketing.
**Figures reflect parent company revenues.*

Health Risk Management-CarePASS*

8000 West 78th St., Minneapolis, Minn. 55439; 800-824-3882; 612-829-3578

Staff	
Physicians	12,600
Patients/physician	14.5
Board-certified	90%
Specialists	30,000
Administrative	20
Marketing	20
Facilities	
Hospitals	860
Pharmacies	27,000
Users: Group Health	
Employer/payer groups	36
Single & family coverage	73,350
Employees & dependents	183,375
Total users	**183,375**
Revenues	
1991	$27,828,000
1990	$20,212,000

Operational date: June 1986.
For profit.
Ownership: Health Risk Management Inc.
Service area: Alabama, Arkansas, Arizona, California, Colorado, Delaware, Florida, Georgia, Iowa, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maryland, Michigan, Missouri, Mississippi, North Carolina, North Dakota, Nebraska, New Jersey, New Mexico, New York, Ohio, Oklahoma, Pennsylvania, South Carolina, Tennessee, Texas, Virginia, Washington, Wisconsin, West Virginia, Wyoming. Contracts with Select Care in Minnesota and North Dakota; Carolina Preferred Care in North Carolina and South Carolina; Healthcare Advantage Inc. in Texas, Louisiana, Alabama, Mississippi and Georgia; HFN in Illinois; CAPP Care in Arkansas, California, Colorado, Florida, Iowa, Indiana, Kansas, Michigan, Nebraska, New Mexico, New Jersey, Ohio, Oklahoma, Pennsylvania, Tennessee, Texas, Washington, Wisconsin and Wyoming.
Services: Standard package. Other services include dental, durable medical equipment, podiatry, OB/Gyn, prescription drug, general medical/surgical. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem, discount off customary rates, DRGs, package prices for maternity; is compensated by employers/payers, insurers, TPAs; charges a flat fee per employee, percent of savings, per use fee. The PPO will adjust fees based on savings realized or not realized.
UR: Standard procedures includingemployee assistance program also used. UR provided by the PPO.
Officers: Marlene Travis, president; Dr. John Blank, COO; Dr. Gary McIlroy, CEO; Tom Clark, CFO.
Contact: Gordon Kuntz, PPO product manager.
**Figures are consolidated, including all PPOs in this organization.*

Medica Choice Self-Insured

5601 Smetana Drive, P.O. Box 1587, Minneapolis, Minn. 55440-1587; 612-936-1200; fax: 612-936-4900

Staff	
Physicians	2,462
Specialists	1,758
Administrative	700
Marketing	62
Facilities	
Hospitals	83
Pharmacies	684
Diagnostic labs	13
Users: Group Health	
Employer/payer groups	37
Single coverage	11,518
Family coverage	15,110
Employees & dependents	45,723
Total users	**45,723**
Revenues*	
1991	$38,833,000
1990	$25,631,000

Operational date: 1984.
For profit.
Ownership: Medica Choice.
Service area: Minnesota: Aitkin, Anoka, Becker, Beltrami, Benton, Carlton, Carver, Cass, Chisago, Clay, Clearwater, Crow Wing, Dakota, Dodge, Douglas, Goodhue, Grant, Hennepin, Hubbard, Isanti, Kanabec, Kandiyohi, Lake, LeSueur, Manhomen, McLeod, Meeker, Mille Lacs, Morrison, Nicollet, Norman, Otter Trail, Pine, Polk, Pope, Ramsey, Renville, Rice, St. Louis, Scott, Sherburne, Sibley, Stearns, Steele, Todd, Washington, Wilkin and Wright counties; North Dakota: Barnes, Cass, Ransom, Richland, Stutsman and Traill counties.
Services: Standard package including vision, dental, durable medical equipment, podiatry, OB/Gyn, prescription drugs, preventive care, emergency services, lab, 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 per diem, discount off customary rates, DRGs, per stay; is compensated by employers/payers; charges a flat fee per employee, percent of claims.
UR: Standard procedures including alternative care review, benefit review, specialty programs, nurse line. UR provided by the PPO.
Officers: Bob Suellentrop, president/COO; David Strand, CEO; Dr. Allen J. Chernov, medical director; Arnold B. Hebert Jr., vp-sales/marketing; Stanley W. Hamilton, CFO; Barbara Hughes, assistant secretary.
Contact: Martha J. Bergh, 612-936-1651.
**Revenue figures do not include administrative services.*

NWNL Health Management Corp.

1295 Bandana Blvd. N., Suite 220, St. Paul, Minn. 55108; 612-647-0016; fax: 612-659-2309

Staff	
Physicians	663
Patients/physician	2.6
Board-certified	99%
Specialists	1,988
Facilities	
Hospitals	19
Pharmacies	376
Diagnostic labs	3

Operational date: 1991.
For profit.
Service area: Contracts with PPA Choice in Minnesota (Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, Washington and Wright counties).
Services: Standard package including vision, durable medical equipment, podiatry, OB/Gyn. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem, discount off customary rates, per stay arrangements, modified same day surgery fee schedule; is compensated by employers/payers; charges a flat fee per employee.
UR: Standard procedures excluding second surgical opinion. UR provided by the PPO.
Officers: Frederic Sattler, president; Dr. J. Bryan Warren, medical director; Curtis Olson, marketing director; Celia Manlove, senior vp-health services; Margaret Liedholm, vp-operations; Mike Cornelison, vp-finance.

Northwestern National Life Premier Benefits

20 Washington Avenue S., Minneapolis, Minn. 55401; 800-950-7736; fax: 612-342-7592

Service area: Contracts with Private Healthcare Systems Inc.; Samaritan Health Plan in Arizona; First Choice in Washington; Mid-America Healthnet in Missouri; Scripps Clinic Health Network in California.
Contact: Marvin Lind, director-managed care implementation, 612-372-5453.

Preferred One

1 Main St., S.E., Suite 400, Minneapolis, Minn. 55414-1027; 612-623-8282; fax: 612-623-0984

Staff	
Physicians	2,000
Board-certified	98%
Specialists	2,000
Administrative	70
Marketing	3
Facilities	
Hospitals	38
Pharmacies	500
Diagnostic labs	6
Users: Group Health	
Employer/payer groups	5,800
Single and family coverage	120,400
Employees & dependents	301,000
Users: Workers Compensation	
Employer/payer groups	320
Single coverage	8,300
Total users	**321,750**
Revenues	
1991	$116,000,000
1990	$95,000,000

Operational date: January 1984.
Not for profit.
Accredited by AAPI.
Service area: Minnesota; North Dakota; Wisconsin.
Services: Standard package. Other services include vision, dental, durable medical equipment, podiatry, OB/Gyn, chiropractic, 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 DRGs; is compensated by employers/payers, insurers, TPAs; charges a flat fee per employee, percent of savings. The PPO will adjust fees based on savings realized or not realized. Services groups under contract with ABI Administrative Services Corp.; American Medical Security; Benefit Trust Life; Chubb Life America; Employers Health Insurance; Fortis Benefits Insurance Co.; Great West Life; Group Health Inc.; Guardian Life; Hartford Insurance Co.; John Alden Life Insurance Co.; Lincoln National Insurance Co.; MNIC Cos.; MSI Insurance; Mutual of Omaha; The New England; Northwestern National Life; Old Northwest Agents Inc.; Principal Mutual Life; Rogers Benefits Group; ABI Administrative Services Corp./Corporate Benefit Services of America; Alta Health Strategies; Benefits Incorporated/Claims Inc.; BenePro Inc.; CC Systems Corp.; DCA Inc.; Employee Benefit Plans Inc.; Group Insurance Service Center; JJJ Group Inc.; Professional Claim Administrators; Sheffield, Olson & McQueen Inc.; Travelers Plan Administrators.
UR: Standard procedures. UR provided by the PPO.
Officers: Marcus Merz, president; Dr. Kenneth Dedeker, medical director; K. Jim Miller, marketing director; David Olsen, vp-operations; Tina Frontera-Adson, director-healthcare management services; Mary Lewis, director of finance.
Contact: K. Jim Miller.

Private Healthcare Systems Inc.

9399 W. Higgins Road, Suite 500, Rosemont, Ill. 60018; 708-292-6700; fax: 708-292-6735

Staff	
Physicians	1,412
Facilities	
Hospitals	14

Service area: Minnesota: Minneapolis, St. Paul and portiona of Wisconsin.
Contact: Ed Sandrick, regional vp.
See Private Healthcare Systems Inc. consolidated listing under Massachusetts.

ProAmerica Managed Care Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669; fax: 817-347-3296

Facilities	
Hospitals	4
Users: Group Health	
Employees & dependents	152,000
Total users	**152,000**

Service area: Minnesota.
See ProAmerica Managed Care Inc. consolidated listing under Texas.

Prudential Plus of Minnesota

3701 S. Wayzata Blvd., Minneapolis, Minn. 55416; 612-349-1010; fax: 612-349-1683

Staff	
Physicians	1,800
Physicians/patients	12
Board-certified	95%
Specialists	1,108
Administrative	8
Marketing	18
Facilities	
Hospitals	19
Pharmacies	170
Users: Group Health	
Employer/payer groups	37
Employees & dependents	8,757
Total users	**8,757**

Operational date: January 1992.
For profit.
Ownership: The Prudential Insurance Co. of America.
Service area: Minnesota: Hennepin, Ramsey, Washington, Anoka, Scott, Dakota and Carver counties.
Services: Standard package including dental, durable medical equipment, podiatry, OB/Gyn. Employees can select non-POS providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem, discount off customary rates; is compensated by insurers; charges vary.
UR: Standard procedures. UR provided by the POS.
Officers: George Becker, CFO-
Continued on next page

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Continued from previous page
north central; Gary Shulz, director-health care management; Dr. Robert Burgfechtel, medical director; Gregg Prussing, marketing director.

See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

PruNetwork of Minnesota*

3701 S. Wayzata Blvd.,
Minneapolis, Minn. 55416;
612-349-1010; fax: 612-349-1683

** PruNetwork is Prudential's PPO product, with provider networks comparable to Prudential Plus.*

See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

Select Care Inc.

1700 W. 82nd St., Suite 100,
Bloomington, Minn. 55431;
612-885-5700; fax: 612-885-5718

Staff	
Physicians	3,200
Patients/physician	330
Board-certified	97%
Specialists	1,600
Administrative	6
Marketing	6
Facilities	
Hospitals	49
Pharmacies	600
Diagnostic labs	2
Users: Group Health	
Employer/payer groups	1,750
Single coverage	27,000
Family coverage	44,000
Employees & dependents	175,000
Total users	**175,000**
Revenues	
1991	$4,288,021
1990	$2,651,454

Operational date: January 1983.
Not for profit.
Accredited by AAPI.
Service area: Minnesota; western Wisconsin; eastern North Dakota.
Services: Standard package. Other services include vision, durable medical equipment, podiatry, OB/Gyn, workers comp, chiropractic, pharmacy, primary care gatekeeper network, advocate. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem, discount off customary rates, DRGs; is compensated by employers/payers, providers, insurers, TPAs; charges a flat fee per employee, percent of savings, percent of services by doctors/hospitals. The PPO will adjust fees based on savings realized or not realized. Services groups under contract with Aetna Health Plan, ALTA Health Strategies, American Benefit Plan, BAAI, Benefit Administrators, Benefit Plan Administrators, BenePro, Benefit Planners, CC Systems, Claims & Benefits Inc., Corporate Benefit Services, Corporate Group Systems Inc., DCA Inc., Flex Compensation, Group Insurance Service Center, Hartford Insurance Co., Health One, Health Plan Management, Health Risk Management, JJ Group, John Alden, NWNL, Proclaim, Prudential Insurance Co., Richard Reese & Associates/Zenith, St. Paul Electrical Workers, Sheffield, Olson & McQueen, TPA of Minnesota, Teamcare, The Travelers, Willis Corroon Corp., Wilson McShane.
UR: Standard procedures including referral management. UR provided by the PPO.
Officers: Jack G. Davis, president; Dr. Richard J. Frey, Dr. Marvin S. Segal, vps/medical directors; Michael L. Thielen, vp-marketing/sales; Leroy G. Meyering, vp-operations/CFO.

MISSISSIPPI

AIIA/COMP CARE

1620 Mason Ave., P.O. Box 11770,
Daytona Beach, Fla. 32120;
904-274-3232; fax: 904-274-3242

Staff	
Chiropractors	24
Users: Workers Compensation	
Employer/payer groups	5

Service area: Mississippi.
See AIIA/COMP CARE consolidated listing under Florida.

Aetna Health Plans

3900 N. Causeway Blvd., Suite 410, Metairie, La. 70002-1767;
504-830-5600; fax: 504-837-6571

Staff	
Physicians	42
Specialists	135
Facilities	
Hospitals	1
Pharmacies	26
Users: Group Health	
Employer/payer groups	13
Employees & dependents	1,140
Total users	**1,140**

Operational date: November 1987.
Service area: Mississippi: Harrison County and parts of Hancock and Stone Counties.
See Aetna Health Plans consolidated listing under Connecticut

Beech Street

2 Ada, Irvine, Calif. 92718;
714-727-1353 or 800-233-2478;
fax: 714-727-1319

Facilities	
Hospitals	11
Pharmacies	198

Service area: Mississippi.
See Beech Street of California Inc. consolidated listing under California.

CCN Inc.

8911 Balboa Ave., San Diego,
Calif. 92123; 619-278-2273;
fax: 619-278-1262

Operational date: December 1992.
For profit.
Service area: Mississippi.
Services: Hospitalization, physicians. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem, discount off customary rates, is compensated by employers/payers, insurers, TPAs; charges a flat fee per employee, percent of savings.
UR: Standard procedures excluding discharge planning, second surgical opinion, hospital bill audits, outpatient service predetermination, case management.
See CCN Inc. consolidated listing under California.

CAPP CARE Inc.

West Tower, 4000 MacArthur Blvd., Suite 10000, Newport Beach, Calif. 92660-2526;
714-251-2200; fax: 714-251-2222

Facilities	
Hospitals	10

Service area: Northern, Northeast and Southern Mississippi, Gulfport/Biloxi, Picayune and Jackson; Louisiana: New Orleans .
See CAPP CARE Inc. consolidated listing under California.

FOCUS Healthcare Management Inc.

5947 S. Shore Drive, Baton Rouge,
La. 70817; 504-752-7617

Staff	
Physicians	21
Board-certified	50%
Marketing	1
Facilities	
Hospitals	1
Users: Workers Compensation	
Employer/payer groups	8
Single coverage	44,819
Total users	**44,819**

Operational date: June 1991.
Service area: Mississippi: Harrison, Hinds and Pike counties.
See FOCUS Healthcare Management Inc. consolidated listing under Tennessee.

MetLife Network-Mississippi

5 Post Oak Park, Suite 2120,
Houston, Texas 77027-3416;
713-961-9944

Contact: William S. Woodside, vp.
See MetLife Network consolidated listing under Connecticut.

Preferred Care

3545 Lakeland Drive E., Jackson,
Miss. 39208

Staff*	
Physicians	926
Facilities*	
Hospitals	27
Users: Group Health*	
Employees & dependents	62,084
Total users*	**62,084**

Operational date: February 1985.
Sponsorship: Blue Cross & Blue Shield of Mississippi Inc.
Service area: Mississippi.
UR: Standard procedures excluding length of stay determination, discharge planning, retrospective review, hospital bill audits, outpatient service predetermination.
**Figures are 1990 data.*

ProAmerica Managed Care Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669;
fax: 817-347-3296

Facilities	
Hospitals	8
Users: Group Health	
Employees & dependents	11,600
Total users	**11,600**

Service area: Mississippi.
See ProAmerica Managed Care Inc. consolidated listing under Texas.

MISSOURI

Admar Corp.

509 Olive St., Suite 700, St. Louis,
Mo. 63101; 314-421-1005 or
800-395-6905

See Admar Corp. consolidated listing under California.

Aetna Health Plans*

1 City Place Drive, Suite 670, St. Louis, Mo. 63141; 314-994-2518;
fax: 314-567-3627

Staff	
Physicians	557
Board-certified	80%
Specialists	1,944
Facilities	
Hospitals	20
Pharmacies	11
Diagnostic labs	18
Users: Group Health	
Employer/payer groups	374
Employees & dependents	33,673
Total users	**33,673**

Operational date: November 1986.
Service area: Missouri: Boone, Franklin, Gasconade, St. Charles, St. Francois and St. Louis counties; Illinois: Madison and St. Clair counties.
Officers: Del Snoberger, executive director; Dr. Harold Zarkowski, medical director; Rob Tucker, marketing director; Jerry Hawkins, vp.
**Information drawn from a consolidation of the St. Louis and Columbia networks operated from this office. Employer/payer groups may overlap, but total users do not.*

See Aetna Health Plans consolidated listing under Connecticut.

Aetna Health Plans

7301 College Boulevard, Suite 150
Overland Park, Kan. 66210;
913-451-2154; fax: 913-451-0683

Staff	
Physicians	697
Patients/physician	55
Board-certified	76%
Specialists	1,150
Administrative	10
Marketing	5
Facilities	
Hospitals	11
Pharmacies	213
Diagnostic labs	11
Users: Group Health	
Employer/payer groups	332
Employees & dependents	38,531
Total users	**38,531**

Operational date: June 1986.
Service area: Missouri: Clay and Jackson counties and part of Cass and Platte counties; Kansas: Johnson and Wyandotte counties and part of Leavenworth County.
Officers: Dr. Harold Zarkowsky; Rod Williamson, marketing director; Nancy Crain, director of network management.
See Aetna Health Plans consolidated listing under Connecticut

Beech Street

2 Ada, Irvine, Calif. 92718;
714-727-1353 or 800-233-2478;
fax: 714-727-1319

Facilities	
Hospitals	19
Pharmacies	408

Service area: Missouri.
See Beech Street of California Inc. consolidated listing under 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	1,666
Board-certified	70%
Specialists	1,560
Facilities	
Hospitals	56
Users: Group Health	
Employer/payer groups	5,900
Single coverage	75,000
Family coverage	64,000
Employees & dependents	349,000
Total users	**349,000**
Revenues	
1991	$551,691,000
1990	$651,921,000

Operational date: January 1985.
Not for profit.
Ownership: Blue Cross & Blue Shield of Missouri.
Service area: Missouri: 58 counties; Ilinois: Adams, Madison and St. Clair counties.
Services: Standard package including durable medical equipment, podiatry, OB/Gyn. 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 combination of per case, per diem, and percent of charges; is compensated by employers/payers; charges a flat fee per employee.
UR: Standard procedures including employee health and wellness, focused review, managed care account service, medical record documentation consultation, member education on delivery system issues, outcomes management, practice parameters, quality management profiling. UR provided by the PPO.
Officers: Roy P. Heimburger, president; Clifford S. Graham, executive vp/COO; Dr. Randall Treadwell, medical director; Richard S. Smith, senior vp-marketing; D. Ann Salanno, vp-benefit management.

CCN Inc.

9393 W. 110th St., 51 Corporate Woods, Suite 502, Overland Park, Kan. 66210; 913-451-6717;
fax: 913-451-6750

Staff	
Physicians	365
Board-certified	65%
Specialists	804
Marketing	1
Facilities	
Hospitals	35
Users: Group Health	
Employer/payer groups	11
Employees & dependents	5,000
Users: Workers Compensation	
Employer/payer groups	3
Single coverage	5,000
Total users	**10,000**

Operational date: May 1992.
For profit.
Service area: Illinois: St. Clair and Madison counties; Kansas: Leavenworth and Wyandotte counties; Missouri: Buchanan, Butler, Cass, Clay, Franklin, Greene, Jackson, Jefferson, Johnson, Lafayette, Platte, Ray, St. Charles and St. Louis counties.
Services: Hospitalization, physicians, durable medical equipment and 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, discount off

Continued on next page

For an explanation of directory terms and standard services see directory guide, page 66.

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Continued from previous page
customary rates; is compensated by employers/payers, insurers; charges a flat fee per employee.

Officers: Robert Brightwell, executive director.

See CCN Inc. consolidated listing under California.

CNA Managed Care PPO-Kansas City/ St. Louis*

1010 Market St., Suite 560, St. Louis, Mo. 63178; 314-342-7000

Staff	
Physicians	2,689
Board-certified	60.2%
Facilities	
Hospitals	36
Total employee users	**7,287**

Service area: Illinois: St. Clair county; Kansas: Douglas, Johnson, and Wyandotte counties; Missouri: Cass, Clay, Franklin, Jackson, Nodaway, Oregon, St. Charles, and St. Louis counties.

Contact: Bill Carroll, manager-major group sales, 314-342-7000.

**Information drawn from a consolidation of the St. Louis and Kansas City networks operated from this office.*

See CNA Managed Care PPO consolidated listing under Illinois.

CAPP CARE Inc.

West Tower, 4000 MacArthur Blvd., Suite 10000, Newport Beach, Calif. 92660-2526; 714-251-2200; fax: 714-251-2222

Staff	
Physicians	1,287
Facilities	
Hospitals	22

Service area: Missouri: Boonville, Kansas City, St. Louis, Southeast Missouri; Southern Illinois and portions of Kansas.

See CAPP CARE Inc. consolidated listing under California.

CIGNA PPO-Columbia/ St. Louis

8182 Maryland, Suite 900, Clayton, Mo. 63105; 314-726-7700; fax: 314-726-7820

Staff	
Physicians	2,668
Facilities	
Hospitals	26

Operational date: September 1987.

Service area: Missouri: Audrain, Boone, Callaway, Cole, Cooper, Franklin, Howard, Jefferson, Madison, Moniteau, Monroe, St. Charles, St. Clair and St. Louis counties.

Officers: Gordon Church, regional managed care officer; Patricia Maher, provider relations.

**Information drawn from a consolidation of the Columbia and St. Louis networks operated from this office.*

See CIGNA Preferred Provider Organization consolidated listing under Connecticut.

CIGNA PPO-Kansas City

7400 110th St., Suite 600, Overland Park, Kan. 66210; 913-451-9389; fax: 913-451-0974

Staff	
Physicians	1,659
Facilities	
Hospitals	26

Operational date: January 1988.

Service area: Kansas: Douglas, Franklin, Johnson, Leavenworth, Miami and Wyandotte counties; Missouri: Cass, Clay, Jackson, Lafayette, Platte and Ray counties.

Officers: Terry Nimnicht, regional managed care officer.

See CIGNA Preferred Provider Organization consolidated listing under Connecticut.

Complete Medical Care Inc.

1031 Bellevue Ave., Suite 300, St. Louis, Mo. 63117; 314-781-1338; fax: 314-781-5244

Staff	
Physicians	210
Patients/physician	20
Board-certified	90%
Specialists	180
Administrative	1
Marketing	1
Facilities	
Hospitals	5
Diagnostic labs	1
Users: Group Health	
Employer/payer groups	4
Single coverage	1,000
Family coverage	3,000
Employees & dependents	8,000
Users: Workers Compensation	
Employer/payer groups	3
Single coverage	2,000
Total users	**10,000**
Revenues	
1991	$1,100,000
1990	$800,000

Operational date: August 1984.

For profit.

Service area: Missouri: St. Louis County.

Services: Standard package including durable medical equipment, podiatry, OB/Gyn. 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, discount off customary rates; is compensated by employers/payers, insurers, TPAs; charges a percent of services by doctors/hospitals. The PPO will adjust fees based on savings realized or not realized. Services groups under contract with Alexsis Insurance.

UR: Standard procedures excluding length of stay determination, discharge planning, retrospective review, second surgical opinion, hospital bill audits, case management. UR provided by the PPO.

Officers: Dr. Stephen C. Spurgeon, president/medical director; John N. Komos, executive/marketing director.

Davis Vision

159 Express St., Plainview, N.Y. 11803; 800-933-9371; fax: 516-932-9845

Staff	
Optometrists	39
Users: Group Health	
Employer/payer groups	3
Employees & dependents	17,000
Total users	**17,000**

Service area: Missouri.

See Davis Vision consolidated listing under New York.

ETHIX Mid-Rivers (ETHIX Preferred Care)

8175 Big Bend Blvd., Suite 200, St. Louis, Mo. 63119; 314-963-9090; fax: 314-963-9004

Staff	
Physicians	690
Patients/physician	53
Board-certified	100%
Specialists	1,618
Administrative	4
Marketing	3
Facilities	
Hospitals	29
Diagnostic labs	46
Users: Group Health	
Employer/payer groups	320
Single coverage	14,600
Family coverage	22,200
Employees & dependents	92,000
Total users	**92,000**
Revenues	
1991	$481,191
1990	$591,662

Operational date: 1984.

For profit.

Service area: Illinois: Clinton, Franklin, Greene, Jackson, Jersey, Macoupin, Madison, Monroe, Perry, St. Clair, Sangamon and Williamson counties; Missouri: Boone, Butler, Calaway, Franklin, Howard, Jefferson, Lincoln, Montgomery, New Madrid, St. Charles, St. Francois, St. Louis, Stoddard and Warren counties.

Services: Standard package including vision, durable medical equipment, podiatry, OB/Gyn. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by per diem; is compensated by employers/payers; charges a flat fee per employee, percent of savings, percent of services by doctors/hospitals. Services groups under contract with Gallagher Bassett Services Inc.; Century Planners Ltd.; Employee Benefit Plans.

UR: Standard procedures. UR provided by the PPO, ETHIX Care Management or The Sunderbruch Corp.

Officers: Peter Linder, president; Sue Israelson, executive vp; Dr. David Campbell, medical director; Mark Williams, marketing director; John Ware, vp-operations.

Contact: Mark Williams.

FOCUS Healthcare Management Inc.

11560 W. 95th St., Suite 207; Overland Park, Kan. 66214; 913-894-6677

Staff	
Physicians	70
Board-certified	50%
Specialists	401
Marketing	2
Facilities	
Hospitals	50
Diagnostic labs	5
Users: Workers Compensation	
Employer/payer groups	34
Single coverage	1,175,705
Total users	**1,175,705**

Operational date: October 1989.

Service area: Kansas: Johnson, Sedgwick, Shawne and Wyandotte counties; Missouri: Boone, Butler, Clay, Franklin, Jackson, St. Charles, St. Clair and St. Louis counties.

See FOCUS Healthcare Management Inc. consolidated listing under Tennessee.

Gencare Sanus Passport PPO

P.O. Box 419079, St. Louis, Mo. 63141-9079; 314-434-6114; fax: 314-434-8461

Staff	
Physicians	551
Board-certified	74%
Specialists	2,163
Administrative	173
Marketing	17
Facilities	
Hospitals	38
Pharmacies	124
Diagnostic labs	21
Users: Group Health	
Employer/payer groups	504
Single & family coverage	108,282
Employees & dependents	270,000
Total users	**270,000**
Revenues	
1991	$130,126,878
1990	$108,776,435

For profit.

Ownership: Gencare Health Systems Inc.

Service area: Illinois: 11 counties; Missouri: 14 counties.

Services: Standard package including dental, durable medical equipment, podiatry, OB/Gyn. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by per diem or case rates on inpatient services, flat rates for surgery, capitation for radiology, discount fee-for-service on outpatient; is compensated by employers/payers; charges a flat fee per employee. Services groups under contract with Benefit Trust Life; Genelco; John Alden; Gallagher Bassett; Alta; Spectrum; Century Planners; General American; New York Life; DBL Services; Seabury & Smith.

UR: Standard procedures excluding hospital bill audits. UR provided by the PPO.

Officers: Thomas Zorumski, executive director; Dr. Matt Emons, medical director; Randy Cupp, marketing director.

Humana Choice Plan

10450 Holmes, Suite 440, Kansas City, Mo. 64131; 816-941-8003; fax: 816-941-3910

Total users	**267**

Operational date: August 1992.

Officers: David W. Fields, executive director; John Bolin, sales manager; Dr. Bruce Barter, medical director.

Medview Services Inc. (Comp Pro)

32991 Hamilton Court, Farmington Hills, Mich. 48334; 313-488-5260; fax: 313-488-5262

Staff	
Physicians	1,058
Board-certified	90%
Specialists	743
Facilities	
Hospitals	71
Users: Group Health	
Employer/payer groups	5
Employees & dependents	11,700
Users: Workers Compensation	
Employer/payer groups	10
Single coverage	210,000
Total users	**221,700**

Service area: Missouri.

See Medview Services Inc.(Comp Pro) consolidated listing under Michigan.

MetLife Network-Missouri

The Berniston Tower, 231 S. Berniston Ave., Suite 300, St. Louis, Mo. 63105-1988; 314-726-5990

Contact: Bill Tracey.

See MetLife Network consolidated listing under Connecticut.

Mid-America Health Network Inc.

2 Pershing Square, 2300 Main St., Suite 1090, Kansas City, Mo. 64108; 816-221-0222; fax: 816-221-7709

Staff	
Physicians	598
Board-certified	70%
Specialists	1,210
Administrative	14
Marketing	5
Facilities	
Hospitals	19
Users: Group Health	
Employer/payer groups	3,655
Employees & dependents	289,517
Total users	**289,517**

Operational date: June 1984.

For profit.

Accredited by AAPI.

Service area: Kansas: Anderson, Atchison, Bourbon, Douglas, Franklin, Johnson, Leavenworth, Linn, Miami and Wyandotte counties; Missouri: Andrew, Bates, Buchanan, Caldwell, Cass, Clay, Cedar, Daviess, DeKalb, Gentry, Harrison, Henry, Jackson, Johnson, Lafayette, Livingston, Platte, Ray and Vernon counties.

Services: Standard package. Other services include podiatry, OB/Gyn. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by per diem; is compensated by employers/payers, providers, insurers, TPAs; charges a flat fee per employee, percent of savings. The PPO will adjust fees based on savings realized or not realized. Services groups under contract with 33 insurers and 29 TPAs.

UR: Standard procedures excluding hospital bill audits. UR provided by the PPO.

Officers: Beverly Simmons, president; Dr. Richard Brummett, medical director; Dennis Kasselman, marketing director; Rob Lundeen, vp-finance.

Contact: Dennis Kasselman.

Preferred Care

P.O. Box 419169, Kansas City, Mo. 64141-6169; 816-395-2222

Users: Group Health	
Employees & dependents*	154,307
Total users*	**154,307**

Operational date: 1983.

Ownership: Blue Cross & Blue Shield of Kansas City.

Service area: Missouri.

**Figures are as of 12/31/91.*

Preferred Plan of Missouri/St. Louis

1215 Fern Ridge Parkway, Suite 206, St. Louis, Mo. 63141; 314-434-4341 or 800-434-4341; fax: 314-434-4934

Contact: Mike Tweedy, regional director; Mary Slazinik, plan manager.

Principal Health Care Inc.-Kansas City

1001 E. 101st Terrace, Suite 230, Kansas City, Mo. 64131; 816-941-3030; 800-969-3343; fax: 816-941-8516

Staff	
Physicians	600
Patients/physician	25
Board-certified	70%
Specialists	1,200
Administrative	8
Facilities	
Hospitals	30
Diagnostic labs	10
Users: Group Health	
Employer/payer groups	3
Employees & dependents	5,592
Total users	**5,592**

Service area: Kansas: Douglas, Johnson, Leavenworth, Randolph, and Wyandotte counties; Missouri: Bates, Cass, Clay, Clinton, Jackson, Johnson, Lafayette, Platte, Ray and Shawnee counties.

Officers: Deborah Origer, executive director; Dr. Thomas Miller, medical director.

See Principal Health Care Inc. consolidated listing under Maryland.

Private Healthcare Systems Inc.

2405 Grand Ave., Suite 1270, Kansas City, Mo. 64108; 816-221-4455; fax: 816-221-4466

Staff	
Physicians	2,760
Facilities	
Hospitals	23

Service area: Kansas: Kansas City; portions of Illinois; Missouri: Kansas City and St. Louis. .

Contact: Ed Sandrick, regional vp.

See Private Healthcare Systems Inc. consolidated listing under Massachusetts.

ProAmerica Managed Care Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669; fax: 817-347-3296

Facilities	
Hospitals	15
Users: Group Health	
Employees & dependents	14,000
Total users	**14,000**

Service area: Missouri.

See ProAmerica Managed Care Inc. consolidated listing under Texas.

Prudential Health Care System (Point-of-Service)

12312 Olive Blvd., Suite 500, Creve Coeur, Mo. 63141; 314-542-4500; fax: 314-542-4577

Staff	
Physicians	443
Patients/physician	200
Board-certified	80%
Specialists	658
Administrative	67
Marketing	18
Facilities	
Hospitals	18
Pharmacies	98
Diagnostic labs	22
Users: Group Health	
Employees & dependents	85,000

Operational date: July 1985.

For profit.

Ownership: The Prudential Insurance Co. of America.

Service area: Illinois: Madison, Monroe, Randolph and St. Clair counties; Missouri: Franklin, Jefferson, St. Charles, St. Louis counties, St. Louis city.

Services: Standard package including vision, dental, durable medical equipment, podiatry, OB/Gyn.

Compensation: Negotiates hospital charges by per diem, discount off customary rates.

UR: Standard procedures. UR provided by Prudential.

Officers: Richard F. Rivers, vp-group operations; Michael Dooley, vp-healthcare management; Dr. Richard H. Fallon, medical director; Tracy H. Baker, regional group manager.

See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

Prudential Health Care System (PPO)*

12313 Olive Blvd., Suite 500, Creve Coeur, Mo. 63141; 314-542-4500; fax: 314-542-4577

** Prudential Health Care System is Prudential's PPO product, with provider networks comparable to Prudential Health Care System (Point-of-Service).*

See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

Continued on next page

Continued from previous page

Prudential Plus of Kansas City (Point-of-Service)

4600 Madison Ave., Suite 300, Kansas City, Mo. 64112; 816-756-5588; fax: 816-756-5667

Staff	
Physicians	306
Patients/physician	162.5
Board-certified	90%
Specialists	353
Administrative	45
Marketing	14
Facilities	
Hospitals	19
Pharmacies	54
Diagnostic labs	13

Operational date: May 1986.
For profit.
Model: IPA.
Ownership: The Prudential Insurance Co. of America.
Service area: Kansas: Anderson, Atchison, Douglas, Franklin, Jefferson, Johnson, Leaverworth, Linn, Miami and Wyandotte counties; Missouri: Bates, Buchanan, Cass, Clay, Clinton, Henry, Jackson, Johnson, Lafayette, Platte and Ray counties.
Services: Standard package including labs/X-ray, preventative medicine, periodic check-ups, chiropractors, durable medical equipment, podiatry, OB/Gyn, home health care, emergency facilities. Options include prescriptions, vision, dental. Diagnostic testing is performed by independent labs.
Compensation: Community rating by class. Point-of-services contracts offered, 100% of employees are enrolled.
Management reports: Provided annually or upon request. Direct billing under COBRA. Consolidated billing for national accounts.
Officers: David W. Dingley, executive director; Dr. Ammon VerDught, medical director; Michael Eve, regional group manager; Nomi T. Pope, manager-health care services.
See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

Travelers Managed Care System-St. Louis

231 South Bemiston, Suite 715, St. Louis, Mo. 63105; 314-727-0930

Staff	
Physicians	1,088
Facilities	
Hospitals	19
Users: Group Health	
Employer/payer groups	135
Total users	**17,329**

Operational date: December 1986.
Service area: Illinois: Madison, Monroe, St. Clair; Missouri: Franklin, Jefferson, St. Charles and St. Louis counties.
Officers: Laura Kabay, executive director of development; Frank Zima, district sales manager.
See The Travelers Insurance Co. consolidated listing under Connecticut.

MONTANA

Beech Sreet

2 Ada, Irvine, Calif. 92718; 714-727-1353 or 800-233-2478; fax: 714-727-1319

Facilities	
Hospitals	2
Pharmacies	43

Service area: Montana.
See Beech Street of California Inc. consolidated listing under 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	11,500
Total users	**11,500**

Operational date: July 1990.
Not for profit.
Ownership: Blue Cross & Blue Shield of Montana.
Service area: Montana.
Services: Hospitalization, psychiatry. 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 retention charge on insured products.
UR: Standard procedures excluding second surgical opinion, hospital bill audits, outpatient service predetermination. UR 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.

Sound Health-Montana

1501 Fourth Ave., Suite 500, Seattle, Wash. 98101; 206-622-6111; fax: 206-623-5173

Staff	
Physicians	21
Board-certified	95%
Specialists	34
Marketing	11
Facilities	
Hospitals	1
Users: Group Health	
Employer/payer groups	1

Service area: Montana.
See Sound Health consolidated listing under Washington.

NEBRASKA

Beech Street

2 Ada, Irvine, Calif. 92718; 714-727-1353 or 800-233-2478; fax: 714-727-1319

Facilities	
Hospitals	2
Pharmacies	114

Service area: Nebraska.
See Beech Street of California Inc. consolidated listing under California.

CCN Inc.

8911 Balboa Ave., San Diego, Calif. 92123; 619-278-2273; fax: 619-278-1262

Staff	
Marketing	1
Facilities	
Hospitals	1
Users: Group Health	
Employer/payer groups	1
Single coverage	800
Family coverage	450
Employees & dependents	1,875
Total users	**1,875**

Operational date: September 1992.
For profit.
Service area: Nebraska.
Services: Standard package including vision, OB/Gyn. 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, discount off customary rates, is compensated by insurers, TPAs; charges a flat fee per employee, percent of savings. The PPO will adjust fees based on savings realized or not realized.
UR: Standard procedures excluding length of stay determination, second surgical opinion, outpatient service predetermination. UR provided by the PPO.
See CCN Inc. consolidated listing under California.

CAPP CARE Inc.

West Tower, 4000 MacArthur Blvd., Suite 10000, Newport Beach, Calif. 92660-2526; 714-251-2200; fax: 714-251-2222

Staff	
Physicians	269
Facilities	
Hospitals	5

Service area: Nebraska: Fremont and Omaha; Iowa: Council Bluffs.
See CAPP CARE Inc. consolidated listing under California.

FOCUS Healthcare Management Inc.

11560 W. 95th St., Suite 207, Overland Park, Kan. 66214; 913-894-6677

Staff	
Physicians	14
Board-certified	50%
Specialists	21
Marketing	1
Facilities	
Hospitals	4
Diagnostic labs	3

Operational date: June 1991.
Service area: Nebraska: Blair, Lincoln and Omaha counties.
See FOCUS Healthcare Management Inc. consolidated listing under Tennessee.

MetLife Network-Nebraska

The Berniston Tower, 231 S. Berniston Ave., Suite 300, St. Louis, Mo. 63105-1988; 314-726-5990

Contact: Bill Tracey.
See MetLife Network consolidated listing under Connecticut.

Mutually Preferred*

Mutual of Omaha Plaza, Omaha, Neb. 68175; 402-978-5100; fax: 402-978-5391

Staff	
Physicians	25,818
Board-certified	85%
Specialists	47,330
Administrative	400
Marketing	240
Facilities	
Hospitals	868
Pharmacies	19,000
Users: Group Health	
Employer/payer groups	401
Employees & dependents	400,000
Total users	**400,000**

Operational date: January 1985.
For profit.
Ownership: Mutual of Omaha Insurance Co.
Service area: Colorado: Longmont county; Florida: Jacksonville; Iowa: Council Bluffs, Des Moines, Sioux City; Massachusetts: Boston; Nebraska: Lincoln, Omaha; Ohio: Akron, Cincinnati, Cleveland, Columbus, Dayton. Contracts with Health Choice in Alabama (Birmingham); Gulf Health Plans in Alabama (Mobile); Sound Health Network in Alaska (Anchorage); Arizona Medical Network, Rural Arizona Network and InterMed Network in Arizona; Southeast Medical Alliance in Arkansas; PPO Alliance in California; Boulder Valley IPA in Colorado (Boulder); Mountain Medical Affiliates in Colorado (Denver); Fort Collins IPA and North Colorado IPA in Colorado (Fort Collins/Loveland); NorthCare in Colorado (Brush/Fort Morgan, Greeley/Brighton); Medical Network in Colorado (Colorado Springs); Preferred Choice in Colorado (Pueblo); Healthchoice in Florida (Orlando, Brevard and Volusia counties); Preferred Health Providers in Florida (Tampa, Miami, Winterhaven); Volusia Health Network in Florida (Volusia county); SouthCare Medical Alliance in Georgia (Atlanta); HealthLink in Illinois (South Central); PersonalCare Preferred in Illinois (Champaign/Urbana); Health Direct PPO in Illinois (Chicago, Elgin, Joliet, Hammond Ind.); VHA Tri-State Health Plans in Indiana (Evansville, Indianapolis, Fort Wayne, Terre Haute); Health First in Iowa (Sioux City); HealthNet in Kansas and Missouri (Kansas City); Southeast Medical Alliance in Louisiana; National Capital PPO in Maryland, Virginia and District of Columbia; Admar/Med Network in Massachusetts (Boston); Preferred One in Minnesota, Wisconsin (Minneapolis/St. Paul area) and North Dakota (Fargo); HealthLink in Missouri (St. Louis and rural Missouri); Preferred Healthcare Network Inc. in Nevada (Reno/Carson City); Health Care Inc. in Nevada (Las Vegas); HealthMark Affiliated Networks in North Carolina (Charlotte); HealthRESPONSE in Ohio (Columbus); Universal Preferred Health Network Inc. in Ohio (Cincinnati/Dayton); PATH in Ohio (Cleveland/Akron); CompMed in Oklahoma (Tulsa, Oklahoma City and rural Oklahoma); Vantage PPO in Oregon (Portland); Intergroup Services Corp. in Pennsylvania and Southern New Jersey; Signature Health Alliance in Tennessee (Knoxville); Health Choice in Tennessee (Memphis); Health Net in Tennessee (Nashville/Middle Tennessee); North Texas Healthcare Network in Texas (Dallas/Fort Worth); National HealthCare Alliance in Texas (Houston, Austin/San Marcos, Laredo); ETHIX Southwest in Texas (San Antonio, Corpus Christi, Rio Grande Valley); Medical Care Referral Group in Texas (El Paso); Premier Medical Network in Utah (Salt Lake City, Ogden); Sound Health Network Inc. in Washington; Associates for HealthCare in Wisconsin (Milwaukee).
Services: Standard package including dental, durable medical equipment, podiatry, OB/Gyn, nursing, home health care, infusion and respiratory 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, discount off customary rates, DRGs; is compensated by employers/payers; charges a flat fee per employee. Services groups under contract with Mutual Plan Administrators Inc.
UR: Standard procedures including psychiatric care review. UR provided by the PPO.
Officers: Al Wagner, president; Bob Murphy, executive director; Dr. Frank L. Barnham, medical director; Steve Kohoskie, marketing director.
** Figures are consolidated, including all PPOs in this organization.*

Option One

8420 W. Dodge Road, Suite 210, Omaha, Neb. 68114; 402-391-7044

Staff	
Physicians	155
Patients/physician	380
Board-certified	90%
Specialists	370
Administrative	11
Marketing	1
Facilities	
Hospitals	7
Users: Group Health	
Employer/payer groups	721
Employees & dependents	59,500
Total users	**60,000**
Revenues	
1991	$31,000,000
1990	$24,000,000

Operational date: October 1984.
Not for profit.
Ownership: Childrens Hospital, Jennie Edmundson Hospital, Methodist Richard Young Hospital; Nebraska Methodist Hospital.
Service area: Nebraska: Dodge, Douglas, Sarpy and Washington counties; Iowa: Harrison, Mills and Pottawattamie counties.
Services: Standard package including durable medical equipment, OB/Gyn, clinical psychologist, certified master social worker, ceritified professional counselor. 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, discount off customary rates, DRGs; is compensated by employers/payers, providers, insurers; charges a flat fee per employee, membership fees from hospitals and physicians. PPO will adjust fees based on savings realized. Services groups under contract with Aetna Life & Casualty; American United Life; Benefit Trust Life; Chubb Life; Centennial Life; Central Benefit Life; Guardian Life; Massachusetts Mutual; The Mutual Group; New England Life; Northwestern National Life; Phoenix HomeLife; Principal Mutual; Time Life.
UR: Standard procedures excluding second surgical opinion, hospital bill audits. Other services include mental health review, chemical dependency review. UR provided by the PPO.
Officers: Gary A. Perkins, president; Ralph L. Morocco Jr., executive director; Dr. Peter Gordon, medical director; Kelly W. Sanderson, director-health resources management.

PPO Nebraska

P.O. Box 3248, Main Post Office Station, Omaha, Neb. 68180-0001; 402-390-1800

Users: Group Health	
Employees & dependents*	23,345
Total users*	**23,345**

Operational date: 1987.
Ownership: Blue Cross and Blue Shield of Nebraska.
Service area: Nebraska.
** Figures are as of Dec. 31, 1991.*

Preferred Plan of Omaha/Iowa

11208 Wright Circle, Suite 125, Omaha, Neb. 68144; 402-334-0445 or 800-762-5009; fax: 402-334-0314

Contact: Mike Tweedy, regional director; Peggy Hawkins, plan manager.

Principal Health Care Inc.

10810 Farnam Drive, Suite 425, Omaha, Neb. 68154; 402-333-1720 or 800-288-3343; fax: 402-333-1116

Staff	
Physicians	98
Patients/physician	35
Board-certified	80%
Specialists	406
Administrative	2
Marketing	3
Users: Group Health	
Employer/payer groups	2
Employees & dependents	3,431
Total users	**3,431**

Service area: Nebraska: Burt, Cass, Douglas, Lancaster, Sarpy and Washington counties; Iowa: Harrison, Mills and Pottawattamie counties.
Officers: Louis B. Garcia, executive director; Dr. Fred Pettid, medical director; Greg Boles, marketing director; Joan Jacobsen, member services; Marquita McKnight, health services; Paige Petitt, provider relations.
See Principal Health Care Inc. consolidated listing under Maryland.

ProAmerica Managed Care Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669; fax: 817-347-3296

Facilities	
Hospitals	3
Users: Group Health	
Employees & dependents	14,000
Total users	**14,000**

Service area: Nebraska.
See ProAmerica Managed Care Inc. consolidated listing under Texas.

NEVADA

AlterNet

3405 Cambridge St., Las Vegas, Nev. 89109; 702-792-2994; fax: 702-792-5816

Staff	
Physicians	940
Patients/physician	126
Board-certified	90%
Specialists	640
Administrative	16
Marketing	2
Facilities	
Hospitals	8
Pharmacies	55
Diagnostic labs	16
Users: Group Health	
Employer/payer groups	172
Single coverage	24,000
Family coverage	7,000
Employees & dependents	38,000
Users: Workers Compensation	
Employer/payer groups	2
Single coverage	4,500
Total users	**38,000**

Operational date: July 1988.
For profit.
AAPI accreditation pending.
Service area: Nevada.
Services: Standard package in-

Continued on next page

Continued from previous page
cluding vision, dental, durable medical equipment, podiatry, OB/Gyn, 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 per diem, percent discount off customary rates; is compensated by employers/payers, insurers; charges for services by flat fee per employee, workers compensation category bases. Services groups under contract with Risk Management Resources; EBP; Sponsored Marketing; CIGNA Corp.; Fortis; Time; Life General Securities; American National; Chubb Corp.; The Travelers Insurance Co.; CCN; CostCare; PPO Alliance.

UR: Standard procedures. UR provided by the PPO.

Officers: Joe Lawrence, president; Gerald W. Kring, executive director; Dr. Kenneth Mower, medical director; Terrence Morgen, marketing director.

Beech Street

2 Ada, Irvine, Calif. 92718; 714-727-1353 or 800-233-2478; fax: 714-727-1319

Staff	
Physicians	68
Specialists	176
Facilities	
Hospitals	5
Pharmacies	145

Service area: Nevada.

See Beech Street of California Inc. consolidated listing under California.

CAPP CARE Inc.

West Tower, 4000 MacArthur Blvd., Suite 10000, Newport Beach, Calif. 92660-2526; 714-251-2200; fax: 714-251-2222

Staff	
Physicians	27
Facilities	
Hospitals	3

Service area: Nevada: Fallon, Las Vegas, Reno and Sparks.

See CAPP CARE Inc. consolidated listing under California.

Health Care Inc.

P.O. Box 26059, Las Vegas, Nev. 89126; 702-876-2600; fax: 702-876-6545

Staff	
Physicians	100
Board-certified	80%
Specialists	400
Administrative	5
Marketing	1
Facilities	
Hospitals	11
Pharmacies	12
Diagnostic labs	7
Users: Group Health	
Employer/payer groups	8
Employees & dependents	40,000
Total users	**40,000**

Operational date: November 1983.

Not for profit.

AAPI accreditation pending.

Service area: Southern Nevada.

Services: Standard package including vision, durable medical equipment, podiatry, OB/Gyn, chiropractic, outpatient mental health, high-risk pregnancy. Options include dental. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by per diem, discount off customary rates, flat rate fee schedule; is compensated by employers/payers, insurers; charges a flat fee per employee. Services groups under contract with Mutual of Omaha.

UR: Standard procedures. UR provided by the PPO.

Officers: E. Lavonne Lewis, chairwoman; Carol M. Abbott, executive director; Dr. Eugene Speck, medical director.

Contact: Carol M. Abbott.

Humana Health Insurance of Nevada Inc.

3107 S. Maryland Parkway, Las Vegas, Nev. 89109; 702-737-7211; fax: 702-791-5826

Total users	**12,828**

Operational date: 1984.

Officers: Maureen Cash, executive director; John Grady, sales manager; Dr. Louis Freedman, medical director.

MetLife Network-Nevada

1 City Blvd. W., Suite 700, Orange, Calif. 92668; 714-978-1991

Contact: Nick Brecker, vp.

See MetLife Network consolidated listing under Connecticut.

Nevada Preferred Professionals

2300 S. Rancho Drive, Suite 203, Las Vegas, Nev. 89102; 702-384-3366; fax: 702-384-9781

Staff	
Physicians	276
Board-certified	50-55%
Patient/physician	165
Specialists	551
Administrative	8
Marketing	1
Facilities	
Hospitals	6
Pharmacies	59
Diagnostic labs	15
Users: Group Health	
Employer/payer groups	26
Single coverage	25,000
Family coverage	24,600
Employees & dependents	58,000
Total users	**58,000**

Operational date: June 1983.

For profit.

AAPI accreditation pending.

Service area: Nevada: Clark and Washoe counties.

Services: Standard package including durable medical equipment, podiatry, OB/Gyn, home health, I.V. infusion care, ambulatory surgical 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; is compensated by employers/payers; charges a flat fee per employee. Services groups under contract with Principal Mutual Life; Guardian Life; Benefit Claims Payors.

UR: Standard procedures excluding hospital bill audits. UR provided by the PPO.

Officers: Dr. Robert Clark, president/medical director; Joana Scaletta, executive/marketing director; Dr. Alan Feld, vp; Dr. Jack Hirsh, secretary; Dr. Armand Scully, treasurer.

Northern Nevada Health Network

85 Washington St., Reno, Nev. 89503; 702-688-5866; fax: 702-688-5604

Staff	
Physicians	175
Board-certified	98%
Specialists	150
Administrative	4
Marketing	1
Facilities	
Hospitals	10
Pharmacies	30
Diagnostic labs	10
Users: Group Health	
Employer/payer groups	35
Single coverage	11,500
Family coverage	10,500
Employees & dependents	33,000
Total users	**33,000**
Revenues	
1991	$24,500,000
1990	$22,500,000

Operational date: December 1988.

For profit.

Ownership: Northern Nevada Medical Group.

Service area: California: Eldorado and Plumas counties; Nevada: Churchill, Douglas, Elko, Humboldt, Lyon, Mineral, Ormsby, Pine, Storey, Washoe, and White counties.

Services: Standard package including vision, durable medical equipment, podiatry, OB/Gyn. 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; is compensated by employers/payers; charges a flat fee per employee. Services groups under contract with Sierra Health & Life; Horizon Health; American Managed Care; Employers Health Insurance; Beneficial Life; John Alden Life Insurance; Alta Health.

UR: Standard procedures excluding preadmission hospital review, second surgical opinion, hospital bill audits. UR provided by the PPO and ETHIX Care Management.

Officers: Dr. Victor Knutzen, president; Keith Q. Beagle, CEO; Dr. Catherine Goring, medical 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: California: El Dorado County; Nevada.

Services: Standard package including dental, durable medical equipment, podiatry, OB/Gyn. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by per diem, DRGs; is compensated by employers/payers, insurers; charges a flat fee per employee.

UR: Standard procedures. UR provided by the PPO.

Officers: Glen E. Ogden, president; Frank J. Heller, Philip R. Steffensen.

ProAmerica Managed Care Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669; fax: 817-347-3296

Facilities	
Hospitals	6
Users: Group Health	
Employees & dependents	16,100
Total users	**16,100**

Service area: Nevada.

See ProAmerica Managed Care Inc. consolidated listing under Texas.

Prudent Buyer Plan

5250 S. Virginia, P.O. Box 10330, Reno, Nev. 89520; 702-829-4000; fax: 702-829-4113

Staff	
Physicians	400
Board-certified	100%
Specialists	1,114
Facilities	
Hospitals	15
Diagnostic labs	1
Users: Group Health	
Employer/payer groups	261

Operational date: September 1985.

Not for profit.

Ownership: Blue Cross & Blue Shield of Nevada.

Service area: Nevada: 16 counties.

Services: Standard package including durable medical equipment, podiatry, OB/Gyn, all specialty services. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.

Compensation: Negotiates hospital charges by per diem, discount off customary rates; is compensated by employers/payers, insurers; charges a flat fee per employee, percent of savings.

UR: Standard procedures excluding second surgical opinion, hospital bill audits, outpatient service predetermination. UR provided by the PPO.

Officers: Thomas A. Levin, president/CEO; Dr. William Bannen, medical director; Norm Becker, vp-sales & marketing.

Contact: Rich Crockett, sales 702-228-1229.

Sierra Healthcare Options Inc.

P.O. Box 15645, Las Vegas, Nev. 89114-5645; 702-646-8577; fax: 702-646-0144

Staff	
Physicians	759
Specialists	522
Administrative	10
Marketing	2
Facilities	
Hospitals	9
Pharmacies	36
Diagnostic labs	2
Users: Group Health	
Employer/payer groups	20
Single coverage	12,799
Family coverage	12,800
Employees & dependents	49,820
Total users	**49,820**

Operational date: January 1986.

For profit.

Ownership: Sierra Health Services.

Service area: Nevada.

Services: Standard package including vision, durable medical equipment, podiatry, OB/Gyn. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by per diem; is compensated by employers/payers; charges a flat fee per employee, percent of savings. The PPO will adjust fees based on savings realized or not realized. Services groups under contract with Sierra Health & Life; Mutual Administrators; Risk Management Resources; USAble Administrators; R.G. Shannon Administrators; Lipman Insurance Administrators; Benefit Management Corp.

UR: Standard procedures excluding second surgical opinion, hospital bill audits. UR provided by the PPO.

Officers: Kathy Costello, president; Dr. John Nanson, medical director; Erin MacDonald, marketing director; Rosario Saenz, manager

NEW HAMPSHIRE

Beech Street

2 Ada, Irvine, Calif. 92718; 714-727-1353 or 800-233-2478; fax: 714-727-1319

Facilities	
Hospitals	1
Pharmacies	55

Service area: New Hampshire.

See Beech Street of California Inc. consolidated listing under California.

CAPP CARE Inc.

West Tower, 4000 MacArthur Blvd., Suite 10000, Newport Beach, Calif. 92660-2526; 714-251-2200; fax: 714-251-2222

Service area: New Hampshire: Salem.

See CAPP CARE Inc. consolidated listing under California.

HealthChoice

P.O. Box 2041, Concord, N.H. 03802; 800-531-4584; fax: 603-226-1913

Staff	
Physicians	350
Board-certified	60%
Specialists	1,050
Administrative	18
Marketing	10
Facilities	
Hospitals	37
Diagnostic labs	16
Users: Group Health	
Employer/payer groups	20
Single coverage	18,200
Family coverage	33,800
Employees & dependents	52,000
Total users	**52,000**
Revenues	
1991	$770,911
1990	$214,000

Operational date: April 1989.

For profit.

Ownership: HealthSource Preferred.

Service area: Massachusetts: Essex, Middlesex and Worcester counties; New Hampshire: Belknap, Carroll, Cheshire, Grafton, Hillsboro, Rockingham, Strafford and Sullivan counties.

Services: Standard package including durable medical equipment, podiatry, OB/Gyn, chiropractic, visiting nurses association. 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, discount off customary rates; is compensated by employers/payers; charges a flat fee per employee. Services groups under

Continued on next page

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Continued from previous page
contract with Employee Benefit Plan Administration; American International Group.

UR: Standard procedures excluding length of stay determination, including high risk maternity screening. UR provided by the PPO.

Officers: Dr. Norman Payson, president; Sally Crawford, COO; Richard Salmon, medical director; Donna Lencke, vp-marketing; Beth Mauck, vp-managed care services.

Contact: Cynthia Wheelan, account executive-managed care 800-531-4584, ext. 2628.

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 consolidated listing under Connecticut.

ProAmerica Managed Care Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669; fax: 817-347-3296

Facilities	
Hospitals	4
Users: Group Health	
Employees & dependents	9,500
Total users	**9,500**

Service area: New Hampshire.

See ProAmerica Managed Care Inc. consolidated listing under Texas.

Travelers Managed Care System-New Hampshire

125 High St., Boston, Mass. 02109; 617-772-2670

Staff	
Physicians	3,778
Facilities	
Hospitals	32
Users: Group Health	
Employer/payer groups	1,213
Employees & dependents	64,018
Total users	**64,018**

Operational date: March 1987.

Service area: Massachusetts: Bristol, Essex, Middlesex, Norfolk, Plymouth, Suffolk and Worcester counties; New Hampshire: Hillsborough, Merrimack and Rockingham counties; Rhode Island: Bristol, Kent, Newport, Providence and Washington counties.

Officers: Mary Ann Shea, executive director; Joseph Robinson, district sales manager.

See The Travelers Insurance Co. consolidated listing under Connecticut.

NEW JERSEY

AIIA/COMP CARE

1620 Mason Ave., P.O. Box 11770, Daytona Beach, Fla. 32120; 904-274-3232; fax: 904-274-3242

Staff	
Chiropractors	21
Users: Group Health	
Employer/payer groups	1
Single coverage	112,000
Users: Workers Compensation	
Employer/payer groups	5

Service area: New Jersey.

See AIIA/COMP CARE consolidated listing under Florida.

Aetna Health Plans of New Jersey Inc.

485 A U.S. Route 1, Iselin, N.J. 07054; 908-636-6200; fax: 908-950-5724

Staff	
Physicians	1,464
Patients/physician	5
Specialists	1,471
Facilities	
Hospitals	47
Pharmacies	1,812
Diagnostic labs	33
Users: Group Health	
Employer/payer groups	28
Employees & dependents	6,603
Total users	**6,603**

Operational date: July 1991.

Service area: New Jersey: 21 counties.

Officers: Dr. Sebastin Dovi, medical director-Philadelphia market; Frank Brosgol, medical director-New York; Jane Broderick, marketing director-Philadelphia market; Marianne Brigham, marketing director-New York market; Kaye Morrow, Cindy Mazer and Robert Beverugh, associate executive directors; Chuck Scott, vp-Philadelphia market; Dave Alpeter, vp-New York market.

See Aetna Health Plans consolidated listing under Connecticut.

American International Health & Rehabilitation Services Inc. (AIHRS)

400 Interpace Parkway, Building A, Parsippany, N.J. 07054; 201-402-2800; fax: 201-402-3105

Service area: Contracts with Affordable, Alabama Medical, Alliance, Beech Street, FOCUS, Health Care Savings, HealthNet, Healthsource, Lincoln National, MedView, Midwest Business Group, OUCH, Preferred Care, SouthCare and Virginia Health for services in Alabama, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Louisiana, Maine, Maryland, Massachusetts, Michigan, Missouri, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Utah, Vermont, Virginia, West Virginia and Wisconsin.

Officers: Ralph L. Rousseau, president; Elaine C. Halberstadt, assistant vp- marketing; Bob Landy, assistant vp-workers' compensation administration; Rebecca J. Hast, assistant vp-PPO administration.

Contact: Elaine C. Halberstadt.

Associated Chiropractic Providers Inc.

484 Union Ave., Middlesex, N.J. 08846; 908-356-8040; fax: 908-356-0042

Staff	
Chiropractors	150
Administrative	2
Marketing	2
Users: Group Health	
Employer/payer groups	36
Family coverage	325,000
Users: Workers Compensation	
Employer/payer groups	21
Single coverage	1,000,000
Total users	**1,200,000**

Operational date: June 1986.

For profit.

Service area: New Jersey.

Services: Chiropractic physicians. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.

Compensation: Is compensated by providers, insurers; charges a percent of savings. The PPO will adjust fees based on savings realized or not realized. Services groups under contract with Aetna Health Plan HMO; Consumer Health Network (CHN); CoMed/CIGNA HMO.

UR: Case management. UR provided by the PPO.

Officers: Louis W. Barile, president; Robert McCutcheon, chiropractic director; William E. Litterer, secretary; Frank A. Stiso, treasurer.

Beech Street

2 Ada, Irvine, Calif. 92718; 714-727-1353 or 800-233-2478; fax: 714-727-1319

Facilities	
Hospitals	16
Pharmacies	213

Service area: New Jersey.

See Beech Street of California Inc. consolidated listing under California.

The Block Group-Managed Vision Care

103 Eisenhower Parkway, P.O. Box 954, Roseland, N.J., 07068-0954; 201-226-5222; fax: 201-226-5835

Staff	
Physicians	6,000

Operational date: 1983.

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: Is compensated by employers/payers, providers, insurers, TPAs; charges a flat fee per employee, fee for services.

UR: UR provided by the PPO.

Officers: Michael P. Block, president; Stuart R. Schwartz, senior vp; Kathy L. Wood, vp-administration; Mark O. Jolly, vp-sales.

Contact: Mark Jolly.

Blue Choice

3 Penn Plaza East, PP4A, Newark, N.J. 07105-2200; 201-466-4000; fax: 201-466-5173

Staff	
Physicians	1,215
Patients/physician	24
Board-certified	56.4%
Specialists	3,709
Administrative	3,000
Marketing	150
Facilities	
Hospitals	86
Pharmacies	20,000
Diagnostic labs	1
Users: Group Health	
Employer/payer groups	4
Single coverage	8,693
Family coverage	6,921
Employees & dependents	29,844
Total users	**29,844**

Operational date: January 1991.

Not for profit.

Ownership: Blue Cross Blue Shield of New Jersey Inc.

Service area: New Jersey.

Services: Standard package excluding hospitalization. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by per diem, discount off customary rates, DRGs; is compensated by employers/payers; charges a flat fee per employee, percent of services by doctors/hospitals.

UR: Standard procedures excluding length of stay determination. UR provided by the PPO and state mandated URO's.

Officers: John J. Petillo, president/CEO; Robert J. Pures, executive director; Robert J. Ailes, medical director; Donald Curry and Robert Marino, marketing directors.

Blue Cross & Blue Shield of New Jersey's Preferred Care

3 Penn Plaza East, Newark, N.J. 07102; 800-522-2583

Staff	
Physicians	9,412
Specialists	3,390
Facilities	
Hospitals	44
Pharmacies	1,799
Diagnostic labs	67
Total users*	**12,000**

Operational date: October 1992.

Not for profit.

Ownership: Health Service Corp.-Blue Cross & Blue Shield of New Jersey.

Service area: New Jersey.

Services: Standard package including vision, dental, durable medical equipment, podiatry, OB/Gyn. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by percent discount off DRGs.

UR: Standard procedures excluding concurrent review, length of stay determination, outpatient service predetermination. UR provided by the PPO.

Officers: John J. Petillo, president/CEO; Dr. Robert J. Ailes, medical director; Donald M. Curry, vp-marketing.

Contact: Donald M. Curry.

* Figure as of 10/1/92.

CCN Inc.

8911 Balboa Ave., San Diego, Calif. 92123; 619-278-2273; fax: 619-278-1262

Operational date: December 1992.

For profit.

Service area: New Jersey.

Services: Hospitalization, physicians. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by per diem, discount off customary rates, is compensated by employers/payers, insurers, TPAs; charges a flat fee per employee, percent of savings.

UR: Standard procedures excluding discharge planning, second surgical opinion, hospital bill audits, outpatient service predetermination, case management.

See CCN Inc. consolidated listing under California.

CNA Managed Care PPO-New Jersey

100 Church St., New York, N.Y. 10007; 212-306-2000

Staff	
Physicians	579
Board-certified	48.3%
Facilities	
Hospitals	15

Contact: Barry Slocum, manager-major group sales, 212-306-8694.

See CNA Managed Care PPO consolidated listing under Illinois.

CAPP CARE Inc.

West Tower, 4000 MacArthur Blvd., Suite 10000, Newport Beach, Calif. 92660-2526; 714-251-2200; fax: 714-251-2222

Facilities	
Hospitals	14

Service area: Eastern, Western/Trenton and South Central New Jersey, Atlantic City and Northeast/Newark.

See CAPP CARE Inc. consolidated listing under California.

Consumer Health Network

908 Oak Tree Road, Suite C, South Plainfield, N.J. 07080; 908-754-6200; fax: 908-754-4431

Staff	
Physicians	476
Patients/physician	67
Board-certified	93%
Specialists	1,320
Administrative	10
Marketing	34
Facilities	
Hospitals	26
Users: Group Health	
Employer/payer groups	3,500
Employees & dependents	500,000
Users: Workers Compensation	
Employers/payer groups	150

Operational date: September 1989.

For profit.

Service area: New Jersey; Pennsylvania: Bucks, Chester, Delaware, Lehigh and Philadelphia counties.

Services: Standard package including vision, dental, durable medical equipment, podiatry, OB/Gyn. 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 discount off DRGs; is compensated by employers/payers, insurers, TPAs, welfare fund associations; charges a flat fee per employee, percent of savings. The PPO will adjust fees based on savings realized or not realized. Services groups under contract with 13 TPAs, 4 insurance companies, 4 welfare funds, 5 associations.

UR: Standard procedures. UR provided by outside contractors.

Officers: Nancy C. Romeo, president; Dr. Arthur Maron, medical director; Joseph Carabello, marketing director; Mr. Len Weinman, operations director.

Davis Vision

159 Express St., Plainview, N.Y. 11803; 800-933-9371; fax: 516-932-9845

Staff	
Optometrists	72
Users: Group Health	
Employer/payer groups	17
Employees & dependents	89,000
Total users	**89,000**

Service area: New Jersey.

See Davis Vision consolidated listing under New York.

Continued on next page

For an explanation of directory terms and standard services see directory guide, page 66.

Our Goal.

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Continued from previous page

Delta Dental Plan of New Jersey

959 Route 46, Parsippany, N.J. 07054; 201-334-6300; fax: 201-334-2535

Staff	
Dentists	680
Patients/dentists	16
Specialists	140
Administrative	200
Marketing	15
Users: Group Health	
Employer/payer groups	30
Employees & dependents	10,000
Total users	**10,000**

Operational date: July 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.
Compensation: Compensated by Delta Dental; charges an administrative fee.
UR: Precertification, retrospective review, alternate procedures. UR provided by the PPO.
Officers: Dr. Robert Ott, president; James Oxford, executive vp; Dr. Frank Klump, dental director; Douglas Smyth, marketing vp.
Contact: Douglas Smyth, 201-299-2500.

ETHIX Mid-Atlantic

Princeton Forrestal Villege, 125-250 Village Blvd., Princeton, N.J. 08540; 800-682-8296; fax: 609-799-5290; P.O. Box 408, Linwood, N.J. 08221; 609-926-0700; fax: 609-926-9093

Staff	
Physicians	1,065
Board-certified	85%
Specialists	1,569
Administrative	60
Marketing	2
Facilities	
Hospitals	50
Diagnostic labs	36
Users: Group Health	
Employer/payer groups	365
Employees & dependents	132,370
Users: Workers Compensation	
Employer/payer groups	1
Employees with single coverage	1,000
Total users	**133,370**
Revenues	
1991	$44,309,260
1990	$26,846,293

Operational date: February 1986.
For profit.
Service area: New Jersey; Pennsylvania: Bucks, Chester, Delaware, Montgomery and Philadelphia counties.
Services: Standard package including vision, durable medical equipment, podiatry, OB/Gyn, MRI centers, lithotripsy centers, birthing centers, ambulance, physical therapy, sports medicine centers, diagnostic x-ray/lab, home health care, mental health clinic, chiropractic, hospice. 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, discount off customary rates, DRGs, fixed prices; is compensated by employers/payers, providers, insurers, TPAs; charges a flat fee per employee, percent of services by doctors/hospitals. Services groups under contract with Hartford Life Insurance Co.; Mass Mutual Life Insurance Co.; Northwestern National Life Insurance Co.; John Hancock Life Insurance Co.; Comprehensive Benefits Service Co.; Johnson Administrators; Susquehanna Administrators; Eastern Benefits; BFN Corp.; Durham Life Insurance Co.; Employers Health Insurance; Brokerage Concepts.
UR: Standard procedures including DRG review, mental health, substance abuse, negotiation services. UR provided by the PPO and Scheffel Associates.
Officers: Leon Jalbert, president; Kathleen Davis Morrisey, vp-operations; Dr. Donald Lieberman, medical director; Drew Eastwick, marketing director; Barbara Phelan, regional manager-Central/Northern New Jersey; Barbara Spata-regional manager/Southern New Jersey.
Contact: Drew Eastwick or Valerie Phillips.

FOCUS Healthcare Management Inc.

160 N. Craig St., Pittsburgh, Pa. 15213; 412-621-8911; fax: 412-681-8128

Staff	
Physicians	271
Board-certified	50%
Specialists	586
Marketing	5
Facilities	
Hospitals	31
Diagnostic labs	27
Users: Workers Compensation	
Employer/payer groups	15
Single coverage	439,310
Total users	**439,310**

Operational date: June 1989.
Service area: New Jersey: Atlantic, Burlington, Camden, Cumberland, Essex, Hudson, Mercer, Middlesex, Monmouth, Ocean, Passaic, Union and Warren counties.
See FOCUS Healthcare Management Inc. consolidated listing under Tennessee.

General Psychological Services Inc.

P.O. Box 325, American House Route 519, Hope, N.J. 07844; 908-459-5616; fax: 908-459-5021

Staff	
Specialists	2,850
Administrative	4
Marketing	1
Users: Group Health	
Employer/payer groups	4
Employees & dependents	70,000
Total users	**70,000**

Operational date: 1987.
For profit.
Service area: Nationwide.
Services: Employee assistance programs, wellness-health promotion. 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, discount off customary rates; is compensated by employers/payers, providers, insurers, TPAs; charges a flat fee per employee, percent of savings, percent of services by doctors/hospitals, fee for service. The PPO will adjust fees based on savings realized or not realized. Services groups under contract with Quantum; Green Springs; American Psych. Management; Health Risk Management.
UR: Standard procedures excluding second surgical opinion. UR provided by the PPO, affiliate managed care companies and payor groups.
Officers: Robert Erickson and Nicholas P. Armenti, co-directors.
Contact: Robert Erickson.

LifeCare Management Systems Inc.

P.O. Box 827, American House, Route 519, Hope, N.J. 07844; 800-232-7388; fax: 908-459-4714

Staff	
Specialists	465
Administrative	7
Marketing	2
Facilities	
Hospitals	23
Users: Group Health	
Employer/payer groups	7
Employees & dependents	80,000
Users: Workers Compensation	
Employer/payer groups	1

Operational date: March 1988.
For profit.
Service area: Nationwide.
Services: Standard package excluding physician. Other services include employee assistance programs, wellness health promotion. 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, discount off customary rates, fee for service; is compensated by employers/payers, insurers, TPAs; charges a flat fee per employee, percent of savings, percent of services by doctors/hospitals, fee for service. The PPO will adjust fees

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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
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based on savings realized or not realized. Services groups under contract with New Jersey Auto Dealers Association; Metlife Healthcare Network (HMO); Teamsters Local 469; Plandata; I.E. Shaffer; Western Union; Hudson County Vocational Schools.

UR: Standard procedures excluding retrospective review, second surgical opinion, hospital bill audits, outpatient service predetermination, case management. UR provided by the PPO, Corporate Health Systems, Medical Review Corp., Franklin Health Group.

Officers: Nicholas P. Armenti, Ph.D., president; Robert Ericksen, Ph.D.

Contact: Nicholas P. Armenti.

Medical Diagnostic Management Inc.

777 Terrace Ave., 5th Floor, Hasbrouck Heights, N.J. 07604; 201-288-4556; fax: 201-288-4955

Staff	
Administrative	9
Marketing	4
Facilities	
Diagnostic labs	346

Operational date: May 1989.

For profit.

Service area: Connecticut, Illinois, Indiana, Massachusetts, Minnesota, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Wisconsin.

Services: Outpatient diagnostic radiology, outpatient diagnostic laboratory. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.

Compensation: Is compensated by employers/payers, providers; charges a flat fee per employee, percent of savings.

UR: Retrospective review. UR provided by the PPO.

Officers: Robert Clemente, president; Philip Loughnane, executive director; Dr. Richard Newman, medical director; Michael Cortese, marketing director; Robert Gold, legal counsel.

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 consolidated listing under Connecticut.

MetLife Network-Southern New Jersey

1515 Market St., Suite 710, Philadelphia, Pa. 19102; 215-656-7756

Contact: Thomas J. Regan, vp.

See MetLife Network consolidated listing under Connecticut.

Preferred Health Strategies Inc.

777 Terrace Ave., 5th Floor, Hasbrouck Heights, N.J. 07604; 201-288-4362; fax: 201-288-4955

Staff	
Physicians	1,811
Patients/physician	18.22
Board-certified	89%
Specialists	2,212
Administrative	9
Marketing	4
Facilities	
Hospitals	26
Diagnostic labs	12
Users: Group Health	
Employer/payer groups	56
Employees & dependents	13,250
Total users	**13,250**

Operational date: November 1990.

For profit.

Service area: New Jersey.

Services: Standard package excluding substance abuse. Other services include podiatry, OB/Gyn. 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; charges a flat fee per employee, percent of savings. Services groups under contract with Plan Data; MacKinnon; BFN; EBP/CBSC; Rasmussen Benefit Plan Administrators.

Officers: Robert Clemente, president; Philip Loughnane, executive director; Dr. Richard Newman, medical director; Michael Cortese, marketing director; Robert Gold, legal counsel.

Private Healthcare Systems Inc.

330 Madison Ave., 28th Floor, New York, N.Y. 10017; 212-983-5160; fax: 212-983-7128

Staff	
Physicians	1,082
Facilities	
Hospitals	23

Service area: New Jersey: Atlantic City, Bergen, Hunterdon, Middlesex, Newark, Passaic, Somerset, and Trenton counties.

Contact: Glenda Henderson, senior vp-operations.

See Private Healthcare Systems Inc. consolidated listing under Massachusetts.

ProAmerica Managed Care Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669; fax: 817-347-3296

Facilities	
Hospitals	5
Users: Group Health	
Employees & dependents	35,700
Total users	**35,700**

Service area: New Jersey.

See ProAmerica Managed Care Inc. consolidated listing under Texas.

ProHealth of America Inc.

2040 6th Ave., Suite B, Neptune, N.J. 07753; 908-776-6767; fax: 908-776-5168

Staff	
Physicians	370
Patients/physician	4,000
Board-certified	95%
Specialists	280
Administrative	10
Marketing	8
Facilities	
Hospitals	35
Diagnostic labs	37
Users: Workers Compensation	
Employer/payer groups	155
Single coverage	60,000
Total users	**60,000**
Revenues	
1991	$3,000,000
1990	$1,300,000

Operational date: February 1989.

For profit.

Service area: New Jersey.

Services: Standard package excluding hospitalization. Other services include podiatry, managed care program, safety services. Services available unbundled. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by DRGs; is compensated by employers/payers, insurers; charges a flat fee per employee. The PPO will adjust fees based on savings realized or not realized.

UR: Standard procedures excluding concurrent review, length of stay determination, discharge planning. UR provided by the PPO.

Officers: Dr. Robert Dennis, president; James R. Montenegro, executive director; Dr. Steven Crawford, medical director; Richard Schwartz, marketing director.

Contact: James Montenegro.

PruCare Plus-New Jersey (Point-of-Service)

200 Wood Ave. S., Iselin, N.J. 08830

Staff	
Physicians	1,474
Board-certified	77%
Specialists	2,223
Facilities	
Hospitals	55
Pharmacies	450
Diagnostic labs	75
Users: Group Health	
Employees & dependents	194,466
Total users	**194,466**

Operational date: May 1986.

For profit.

Ownership: The Prudential Insurance Co. of America.

Service area: New Jersey.

Services: Standard package including vision, durable medical equipment, podiatry, OB/Gyn. Employees can select non-POS providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by per diem, discount off customary rates, DRGs; is compensated by employers/payers; charges a flat fee per employee. The POS will adjust fees based on savings realized or not realized.

UR: Standard procedures. UR provided by the POS.

Officers: Anne E. Bossi, president; Paul C. Conlin, executive director; Dr. Judith Taylor, medical director; Raymond C. Allen Jr., marketing director.

See the Prudential Health Care Plan Inc. consolidated listing under New Jersey.

Prudential Health Care Plan Inc.*

56 N. Livingston Ave., Roseland, N.J. 07068; 201-716-8000

Staff	
Physicians	19,833
Specialists	39,213
Facilities	
Hospitals	2,583
Pharmacies	3,775
Users: Group Health	
Employees & dependents	2,336,602
Total users	**2,336,602**

Service area: Arkansas, California, Colorado, Connecticut, District of Columbia, Delaware, Florida, Georgia, Illinios, Indiana, Kentucky, Massachusetts, Maryland, Michigan, Missouri, North Carolina, New Jersey, New York, Ohio, Oklahoma, Pennsylvania, Tennessee, Texas, South Carolina, Virginia.

Compensation: Contracts for services with Preferred Health Plan Inc. and The Physicians Inc. in Kentucky (Bullitt, Hardin, Jefferson, Nelson, Oldham, Shelby, Spencer), Indiana (Clark, Floyd, Harrison); ALPHA Health Network in Pennsylvania (Allegheny, Butler, Fayette).

** Figures are consolidated, including all PPOs and POSs in this organizations.*

PruNetwork-New Jersey*

200 Wood Ave. S., Iselin, N.J. 08830

**PruNetwork is Prudential's PPO product, with provider networks comparable to PruCare Plus.*

See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

Travelers Managed Care System-Northern New Jersey

701 Westchester Ave., White Plains, N.Y. 10604; 914-761-9103

Staff	
Physicians	2,115
Facilities	
Hospitals	40
Users: Group Health	
Employer/payer groups	151
Total users	**19,399**

Operational date: December 1988.

Service area: New Jersey: Bergen, Essex, Hudson, Mercer, Morris, Passaic, Union, Hunterdon, Middlesex, Monmouth, Somerset, Sussex and Warren counties.

Officers: Kathryn Norton, executive director; Jim Eick, district sales manager.

See The Travelers Insurance Co. consolidated listing under Connecticut.

US LIFE CARE

3600 Route 66, Neptune, N.J. 07754-1580; 908-922-7591; fax: 908-922-7595

Service area: Contracts with SouthCare Medical Alliance in Georgia; US Health Plan and Access Health Care in Ohio; Medical Network Inc. in Maine; RUSH Contract Care in Illinois; Clara Maas Physicians IPA, Prime Care IPA, St. Barnabas/Metrowest IPA, Newark Beth Israel, Central Jersey IPA, Medical Practice Associates, Med-O-Care, St. Francis Multicare Corp., UMDNJ-SOM Faculty Practice Plan, UMDNJ-RWJ Faculty Practice Plan, North Jersey IPA, Valley Health Services, IPA of Burlington County, Essex County Health Organization, University Physicians Associates, Kimball Health Providers Inc., Riverview OB/GYN Physicians IPA, Bayshore IPA, Shore Area IPA, Pedal Management Services and Riverview Physicians IPA in New Jersey; Maricopa Foundation for Medical Care and Southern Arizona Physicians Service Association in Arizona; Arapahoe IPA, Boulder Valley IPA, Boulder Medical Center, Centennial Medical Practice Assn., Children's Health Care Assn., Denver Medical Practice Assn., Aurora Medical Practice Assn., Metro West Medical Practice Assn., Platte Valley IPA, Broadway Physicians Group, Fort Collins IPA, Northern Colorado Medical Practice Assn., Southern Colorado Medical Practice Assn., Professional Associates, San Luis Valley Medical Professional Corp., ParkCare Inc., Valley Wide Health Services, Denver General Hospital Physician, Community Health Providers, Western Colorado IPA, Medical Practice Assn. and University Physicians in Colorado; 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; National Health Care Alliance and North Texas Health Plan in Texas; Preferred Health Professionals in Kansas.

UR: Standard procedures excluding discharge planning, retrospective review, second surgical opinion, hospital bill audits, outpatient service predetermination, case management. UR provided by Spectrum Review Services, Atlanta Healthcare Alliance.

Officers: Christopher Ruisi, senior executive vp-administration; Dave Dunn, executive vp; Dr. Henry Mineur, medical director; Hugh Bailey, executive vp-marketing.

Contact: Lorraine Sabol, director-managed care.

NEW MEXICO

AIIA/COMP CARE

1620 Mason Ave., P.O. Box 11770, Daytona Beach, Fla. 32120; 904-274-3232; fax: 904-274-3242

Staff	
Chiropractors	25
Users: Workers Compensation	
Employer/payer groups	4

Service area: New Mexico.

See AIIA/COMP CARE consolidated listing under Florida.

Beech Street

2 Ada, Irvine, Calif. 92718; 714-727-1353 or 800-233-2478; fax: 714-727-1319

Facilities	
Hospitals	16
Pharmacies	147

Service area: New Mexico.

See Beech Street of California Inc. consolidated listing under California.

CCN Inc.

3636 N. Central Ave., Suite 730, Phoenix, Ariz. 85012; 602-263-1982; fax: 602-277-8260

Staff	
Physicians	141
Board-certified	75%
Specialists	229
Administrative	8
Marketing	1
Facilities	
Hospitals	5
Diagnostic labs	7
Users: Group Health	
Employer/payer groups	16
Employees & dependents	4,904
Users: Workers Compensation	
Employer/payer groups	6
Single coverage	10,000
Total users	**14,904**

For profit.

Service area: New Mexico.

Services: Standard package including durable medical equipment, OB/Gyn. 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 discount off customary rates; is compensated by employers/payers, insurers, TPAs; charges a flat fee per employee, percent of savings.

UR: Standard procedures including high—risk maternity screening. UR provided by the PPO.

Officers: Mike Williams, executive director.

See CCN Inc. consolidated listing under California.

CAPP CARE Inc.

West Tower, 4000 MacArthur Blvd., Suite 10000, Newport Beach, Calif. 92660-2526; 714-251-2200; fax: 714-251-2222

Staff	
Physicians	139
Facilities	
Hospitals	9

Service area: Southern and Eastern New Mexico, Albuquerque and Santa Fe and Socorro counties.

See CAPP CARE Inc. consolidated listing under California.

CIGNA PPO-Albuquerque

4501 Indian School Road N.E., Suite 100, Albuquerque, N.M. 87110; 505-265-6455; fax: 505-268-9423

Staff	
Physicians	1,104
Facilities	
Hospitals	11

Operational date: June 1988.

Service area: New Mexico: Bernalillo, Los Alamos, Rio Arriba, San Miguel, Sandoval, Sante Fe, Socorro, Taos, Torrance and Valencia counties.

Officers: Dr. Derick Pasternak, regional managed care officer; Rebie Bittler, provider relations.

See CIGNA Preferred Provider Organization consolidated listing under Connecticut.

DELTAchoice

2101 San Pedro N.E., Albuquerque, N.M. 87110; 505-262-1479; fax: 505-266-9315

Staff	
Dentists	49
Specialists	2
Administrative	1
Marketing	1
Users: Group Health	
Employer/payer groups	4
Single coverage	282
Family coverage	126
Employees & dependents	660
Total users	**660**

Operational date: June 1990.

Not for profit.

Ownership: Delta Dental Plan of New Mexico.

Service area: Bernalillo, Colfax, Guadalupe, Harding, Los Alamos, Mora, Quay, Rio Arriba, Sandoval, San Miguel, Santa Fe, Taos, Torrance, Union, and Valencia.

Services: Dental. Services available unbundled. Employees can select non-PPO providers.

Compensation: Fee schedule by dental procedure; is compensated by employers/payers; charges a flat fee per employee

UR: Predetermination-dental consultant review. UR provided by the PPO.

Officers: Dr. James O'Connell, president; C. Sue Bisbee, executive director; Dr. Lief Isaacson, medical director; Mark Covell, marketing director.

MetLife Network-New Mexico

1 City Blvd. W., Suite 700, Orange, Calif. 92668; 714-978-1991

Contact: Nick Brecker, vp.

See MetLife Network consolidated listing under Connecticut.

Continued on next page

Continued from previous page

ProAmerica Managed Care Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669; fax: 817-347-3296

Facilities	
Hospitals	13
Users: Group Health	
Employees & dependents	15,400
Total users	**15,400**

Service area: New Mexico.

See ProAmerica Managed Care Inc. consolidated listing under Texas.

NEW YORK

AIIA/COMP CARE

1620 Mason Ave., P.O. Box 11770, Daytona Beach, Fla. 32120; 904-274-3232; fax: 904-274-3242

Staff	
Chiropractors	25
Users: Workers Compensation	
Employer/payer groups	5

Service area: New York.

See AIIA/COMP CARE consolidated listing under Florida.

Aetna Health Plans-Purchase

2700 Westchester Avenue Purchase, N.Y. 10577; 914-251-0600; fax: 914-251-1537

Staff	
Physicians	1,712
Board-certified	77%
Specialists	1,392
Facilities	
Hospitals	42
Pharmacies	4,134
Diagnostic labs	45
Users: Group Health	
Employer/payer groups	33
Employees & dependents	14,209
Total users	**14,209**

Operational date: July 1991.

Service area: New York: Bronx, Dutchess, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Sullivan, Suffolk, Ulster and Westchester counties.

Officers: Angelo V. D'Ascoli, executive director; Dr. Franklin L. Brosgol, medical director; Lucinda Annino, marketing director.

See Aetna Health Plans consolidated listing under Connecticut

Aetna Health Plans-Syracuse

620 Erie Blvd., West P.O. Box 4951 Syracuse N.Y. 13221-4951; 800-231-1692; fax: 315-424-4685

Staff	
Physicians	206
Board-certified	98%
Specialists	147
Facilities	
Hospitals	4

Service area: New York: Broome, Cayuga, Chemung, Chenango, Cortland, Delaware, Monroe, Onondaga, Oswego, Tioga and Tompkins counties.

Officers: Angelo D'Ascoli, executive director; Dr. Frank Brosgol, medical director; Dave Alpeter, vp; Carl Bryant, general manager.

See Aetna Health Plans consolidated listing under Connecticut

Beech Street

2 Ada, Irvine, Calif. 92718; 714-727-1353 or 800-233-2478; fax: 714-727-1319

Facilities	
Pharmacies	287

Service area: New York.

See Beech Street of California Inc. consolidated listing under California.

Carenet Inc.

40 John Glenn Drive, Amherst, N.Y. 14228; 716-691-8556; fax: 716-691-8524

Staff	
Physicians	800
Board-certified	100%
Specialists	2,700
Administrative	2
Marketing	4
Facilities	
Hospitals	25
Pharmacies	250
Diagnostic labs	75
Users: Group Health	
Employer/payer groups	10
Single coverage	2,500
Family coverage	5,000
Employees & dependents	18,750
Revenues	
1991	$22,500,000
1990	$12,600,000

Operational date: January 1989.

For profit.

Service area: 24 counties in New York; Massachusetts: Berkshire, Hampshire and Franklin counties; New Hampshire: Stratford, Buckingham, Hillsborough, Belknap and Merrimack counties; Pennsylvania: York County.

Services: Standard package including vision, dental, durable medical equipment, podiatry, OB/Gyn. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by discount off customary rates, DRGs; is compensated by employers/payers, insurers, TPAs; charges a flat fee per employee, percent of savings.

UR: Standard procedures. UR provided by the PPO.

Officers: Ronald K. Zoeuer, president; Dr. Arthur Orlick, medical director; Thomas J. Doney, marketing director.

Contact: Thomas J. Doney.

Cost Care Physician Managed Networks

Regional Medical Review Center, 122 E. 42nd St., New York, N.Y. 10168

Service area: District of Columbia; Maryland: Baltimore; Connecticut; New Jersey; Pennsylvania: Philadelphia; Rhode Island.

Officers: Bob Cato, director-network management; Dr. Michael Joseph Dean, regional medical director.

See Cost Care Physician Managed Network consolidated listing under California.

Davis Vision*

159 Express St., Plainview, N.Y. 11803; 800-933-9371; fax: 516-932-9845

Staff	
Optometrists	2,400
Administrative	55
Marketing	15
Users: Group Health	
Employer/payer groups	550
Employees & dependents	2,900,000
Total users	**2,900,000**

Operational date: 1965.

For profit.

Service area: Nationwide.

Services: Vision. May be customized to meet employer specifications.

Compensation: Is compensated by employers/payers; charges a fee for service or a premium.

UR: Comprehensive prevention-based total quality management, quality assurance programs, electronic claims adjudication.

Officers: Richard Davis, president; Carl Moroff, senior vp/chief TQM officer; James Hyman, vp-marketing; Teresa Mandarini-Hanlon, vp-marketing; Larry Gabel, vp-finance; Betty Tucker, vp-claims; Anthony Durante, vp-computer operations.

Contact: West: James Hyman, Davis Vision, 202 E. Cheyenne Mountain Blvd., Suite A, Colorado Springs, Colo. 80906; 719-576-1494; East: Teresa Mandarini-Hanlon, Davis Vision, 63 Shore Road, Winchester, Mass. 01890; 617-729-8590.

**Figures are consolidated, including all PPOs in this organization.*

Davis Vision

159 Express St., Plainview, N.Y. 11803; 800-933-9371; fax: 516-932-9845

Staff	
Optometrists	269
Users: Group Health	
Employer/payer groups	127
Employees & dependents	1,420,000
Total users	**1,420,000**

Service area: New York.

See Davis Vision consolidated listing under New York.

Hancock Preferred Plan

Regional Medical Review Center, 122 E. 42nd St., New York, N.Y. 10168

See Cost Care Physician Managed Networks listing under New York.

MetLife Network-New York

Keystone Building, 21st Floor, 99 High St., Boston, Mass. 02110-2310; 617-574-3911

Contact: Ambrose J. Redmond Jr., vp.

See MetLife Network consolidated listing under Connecticut.

MultiPlan Inc.

17 W. 17th St., New York, NY 10011-5510; 212-727-9700; fax: 212-627-6395

Staff	
Physicians	NA
Board-certified	95%
Facilities	
Diagnostic labs	80
Users: Group Health	
Employer/payer groups	250
Employees & dependents	1,500,000
Users: Workers Compensation	
Single coverage	100,000
Total users	**1,500,000**

Operational date: 1971.

For profit.

Service area: Nationwide except North Dakota.

Services: Standard package including durable medical equipment, rehabilitation network, ambulatory surgical and walk-in centers, home health, long term, laboratory services, magnetic resonance imaging. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by per diem, discount off customary rates, DRGs; is compensated by employers/payers, insurers, TPAs; charges a flat fee per employee, percent of savings. Services groups under contract with nearly 70 TPAs.

UR: Standard procedures excluding outpatient service predetermination. UR services provided by the PPO.

Officers: Donald Rubin, president; Edward T. Gluckman, executive vp; Dr. John Jacoby, medical director; Edward Rothstein, vp-marketing; Sidney Meyer, vp/counsel; Roxanne Young, vp; Gordon Ball, vp-operations; Coleman Pell-controller; Michael Lardiere.

Contact: Donald Rubin.

New York Life Insurance Co.

51 Madison Ave., Room 1502, New York, N.Y. 10010; 212-576-8092; fax: 212-447-4106

Service area: Contracts with Passport PPO and Sanus/Passport in Texas; Sanus/Passport in the District of Columbia, Maryland, Virginia; BPS in California; The Alliance in Colorado; CoMed in Ohio; CompMed in Oklahoma; Cost Care in Massachusetts and New Hampshire; ETHIX Great Lakes in Michigan; ETHIX Mid-Atlantic in Pennsylvania and New Jersey; ETHIX Southeast in North Carolina and South Carolina; Gencare/Sanus in Missouri; Health Preferred of Med-America in Illinois; Health Net in Kansas and Missouri; HealthStar in Georgia; Preferred Health Providers in Florida.

ProAmerica Managed Care Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669; fax: 817-347-3296

Facilities	
Hospitals	3
Users: Group Health	
Employees & dependents	16,800
Total users	**16,800**

Service area: New York.

See ProAmerica Managed Care Inc. consolidated listing under Texas.

PruCare Plus-New York (Point-of-Service)

400 Rella Blvd., Suite 300, Suffern, N.Y.; 914-368-4497; fax: 914-368-8598

Staff	
Physicians	1,287
Board-certified	75%
Specialists	1,860
Facilities	
Hospitals	46
Pharmacies	1,100
Diagnostic labs	75
Users: Group Health	
Employees & dependents	35,549
Total users	**35,549**

Operational date: April 1987.

For profit.

Ownership: The Prudential Insurance Co. of America.

Service area: New York: Dutchess, Kings, New York, Queens, Nassau, Orange, Putnam, Richmond, Rockland, Suffolk, Ulster and Westchester counties.

Services: Standard package including vision, durable medical equipment, podiatry, OB/Gyn. Employees can select non-POS providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by per diem, discount off customary rates, DRGs; is compensated by employers/payers; charges a flat fee per employee. The POS will adjust fees based on savings realized or not realized.

UR: Standard procedures. UR provided by the POS.

Officers: Anne E. Bossi, president; Paul C. Conlin, executive director; Dr. Judith Taylor, medical director; Raymond C. Allen Jr., marketing director.

See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

PruNetwork-New York*

400 Rella Blvd., Suite 300, Suffern, N.Y. 109; 914-368-4497; fax: 914-368-8598

**PruNetwork is Prudential's PPO product, with provider networks comparable to PruCare Plus.*

See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

Shield Care Network

275 Oak St., Buffalo, N.Y. 14203; 716-847-1616; fax: 716-847-1817

Staff	
Physicians	600
Board-certified	70%
Specialists	600
Administrative	4
Marketing	4
Facilities	
Hospitals	16
Diagnostic labs	50
Users: Group Health	
Employer/payer groups	500
Single coverage	7,000
Family coverage	4,000
Employees & dependents	16,000
Total users	**16,000**
Revenues	
1991	$13,000,000
1990	$10,000,000

Operational date: January 1989.

Not for profit.

Ownership: Blue Shield of Western New York.

Service area: New York: Albany, Cattaraugus, Columbia, Erie, Fulton, Genessee, Green, Montgomery, Niagara, Rensselear, Schenectady, Schoharie and Warren counties.

Services: Standard package including durable medical equipment, podiatry, OB/Gyn, lab. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.

Compensation: Negotiates hospital charges by discount off customary rates; is compensated by employers/payers.

UR: Standard procedures. UR provided by the PPO.

Officers: Walter Brown, acting president; Edward Lucy, executive director; Dr. James Nunn, medical director; Steven Trincanati, marketing director.

Contact: Edward Lucy.

Travelers Managed Care System-Syracuse

620 Erie Blvd. W., Suite 202, Syracuse, N.Y. 13204; 315-479-6667

Staff	
Physicians	545
Facilities	
Hospitals	5
Users: Group Health	
Employer/payer groups	64
Total users	**4,805**

Operational date: October 1989.

Service area: New York: Cayuga, Madison, Onondaga, Oswego counties.

Officers: Kathryn Norton, executive director; Marc Rothbart, district sales manager.

See The Travelers Insurance Co. consolidated listing under Connecticut.

Travelers Managed Care System-New York

701 Westchester Ave., White Plains, N.Y. 10604; 914-761-9103

Staff	
Physicians	3,620
Facilities	
Hospitals	53
Users: Group Health	
Employer/payer groups	297
Total users	**86,594**

Operational date: November 1988.

Service area: New York: Bronx, Kings, Nassau, New York, Queens, Richmond, Suffolk and Westchester counties.

Officers: Kathryn Norton, executive director; Richard Hogarth, district sales manager.

See The Travelers Insurance Co. consolidated listing under Connecticut.

NORTH CAROLINA

AIIA/COMP CARE

1620 Mason Ave., P.O. Box 11770, Daytona Beach, Fla. 32120; 904-274-3232; fax: 904-274-3242

Staff	
Chiropractors	72
Users: Workers Compensation	
Employer/payer groups	19

Service area: North Carolina.

See AIIA/COMP CARE consolidated listing under Florida.

Aetna Health Plans*

640 Charlotte Plaza, Charlotte, N.C. 28244; 704-353-7504; fax: 704-353-7832

Staff	
Physicians	169
Board-certified	87%
Specialists	598
Facilities	
Hospitals	15
Pharmacies	318
Users: Group Health	
Employer/payer groups	79
Employees & dependents	24,968
Total users	**24,968**

Operational date: March 1988.

Service area: North Carolina: Alexander, Burke, Cabarrus, Catawba, Durham, Iredell, Johnston, Mecklenburg, Orange and Wake counties; South Carolina: York County.

Officers: Dr. Dan Barco, medical director; Preston Williams, marketing director.

**Information drawn from a consolidation of the Hickory, Durham & Raleigh and Charlotte networks operated from this office. Employer/payer groups may overlap, but total users do not.*

See Aetna Health Plans consolidated listing under Connecticut.

Beech Street

2 Ada, Irvine, Calif. 92718; 714-727-1353 or 800-233-2478; fax: 714-727-1319

Facilities	
Hospitals	10
Pharmacies	710

Continued on page 110

For an explanation of directory terms and standard services see directory guide, page 66.

Continued from page 107

Service area: North Carolina.

See Beech Street of California Inc. consolidated listing under California.

CAPP CARE Inc.

West Tower, 4000 MacArthur Blvd., Suite 10000, Newport Beach, Calif. 92660-2526; 714-251-2200; fax: 714-251-2222

Facilities	
Hospitals	4

Service area: North Carolina: Catawba, Charlotte, Greensboro, Greenville, Raleigh/Durham and Wilmington.

See CAPP CARE Inc. consolidated listing under California.

ChiroCare of North Carolina

P.O. Box 38513, Greensboro, N.C. 27438; 919-668-0909

Staff	
Physicians	90
Users: Group Health	
Employer/payer groups	3

Operational date: 1988.
Service area: North Carolina.
Officers: Elizabeth Scott Bodle.

CIGNA PPO-Charlotte

2100 Rexford Road, Suite 422, Charlotte, N.C. 28211; 704-362-1703; fax: 704-544-5951

Staff	
Physicians	381
Facilities	
Hospitals	6

Operational date: October 1989.
Service area: North Carolina: Cabarrus, Gaston, Lincoln and Mecklenberg counties.
Officers: Tim Fitzgerald, regional managed care officer; Deborag Campbell, provider relations.

See CIGNA Preferred Provider Organization consolidated listing under Connecticut.

CIGNA PPO-Raleigh

4011 Westchase Blvd., Suite 290, Raleigh, N.C. 27607; 919-839-7800; fax: 919-839-7888

Staff	
Physicians	622
Facilities	
Hospitals	8

Operational date: June 1989.
Service area: North Carolina: Alamance, Bladen, Cumberland, Durham, Edcombe/Nash, Edgecombe, Forsyth, Franklin, Guilford, Harnett, Hoke, Johnston, Nash, Orange, Pitt, Randolph, Robeson, Sampson, Stokes, Wake, Wayne and Wilson.
Officers: Tim Fitzgerald, regional managed care officer; Lucyann Eyre, provider relations.

See CIGNA Preferred Provider Organization consolidated listing under Connecticut.

ETHIX Southeast Inc.

P.O. Box 222097, 2100 Rexford Road, Suite 415, Charlotte, N.C. 28222; 704-364-8215; fax: 704-364-9718

Staff	
Physicians	484
Board-certified	95%
Specialists	603
Administrative	5
Marketing	2
Facilities	
Hospitals	25
Users: Group Health	
Employer/payer groups	706
Employees & dependents	63,549
Total users	**63,549**

Operational date: January 1987.
For profit.
Service area: North Carolina: Catawba, Davidson, Forsyth, Guilford, Mecklenburg, and Wake counties; South Carolina: Charleston, Florence, Greenville, Kershaw, Pickins, Richland, and Spartanburg counties.
Services: Standard package including durable medical equipment, OB/Gyn. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem, discount off customary rates; is compensated by employers/payers, providers; charges a flat fee per employee. Services groups under contract with Mass Mutual; New York Life; Hartford; Great West; Employee Health Insurance; Lincoln National; Fringe Benefit Review; Employee Benefit Plans; Carolina Benefit Plan; Employee Benefit Services of North Carolina.
UR: Standard procedures excluding hospital bill audits, also includes emergency admission review, early maternity review/high risk profile. UR provided by the PPO.
Officers: Brenda Miller, vp; Dr. Steven P. Bonner, medical director; John Nowak, marketing director; Gayle Burleson, director-value assurance; Andrew Hewat, director-network services; Marty Presnell, director-data processing.
Contact: John Nowak.

FOCUS Healthcare Management Inc.

P.O. Box 235, 17 A Hartwell Villas, Anderson, S.C. 29624; 803-225-1426

Staff	
Physicians	88
Board-certified	50%
Specialists	93
Marketing	1
Facilities	
Hospitals	24
Diagnostic labs	1
Users: Workers Compensation	
Employer/payer groups	21
Single coverage	378,828
Total users	**378,828**

Operational date: June 1991.
Service area: North Carolina: Alexander, Avery, Burke, Caldwell, Catawba, Davidson, Forsyth, Guilford, Lincoln and Rockingham counties.

See FOCUS Healthcare Management Inc. consolidated listing under Tennessee.

Health Care Savings Inc.

4530 Park Road, Charlotte, N.C. 28226; 704-527-6261; fax: 704-527-0629

Staff	
Physicians	600
Board-certified	90%
Specialists	800
Administrative	10
Marketing	3
Facilities	
Hospitals	18
Pharmacies	200
Users: Group Health	
Employer/payer groups	2,600
Single coverage	10,000
Family coverage	40,000
Employees & dependents	110,000
Total users	**110,000**

Operational date: January 1985.
For profit.
Ownership: North Carolina Medical Society, Carolina Doctors Care.
Service area: North Carolina, South Carolina.
Services: Standard package including vision, durable medical equipment, OB/Gyn. 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; is compensated by employers/payers; charges a flat fee per employee. Services groups under contract with Acordia Benefits of the South, Benefit Trust Life, Fortis Benefits/Western Life, Jefferson Pilot, John Hancock, Nationwide, Pacific Mutual, Protective Life, Southeastern Chamber Plan, Guardian, American National Life, Fortis Benefits/Mutual Benefits, General American, John Alden, Life of Georgia, New England Life, Principal Mutual, Southeastern Insurance Group, State Mutual, Time Insurance, ACS Consulting Group, BCA Claim & Benefit Administration, Carolina Benefit Administration, Corporate Benefit Plans, Employee Benefit Plans, Gardner & White, Group Health Administrators, Hewitt, Coleman & Associates, Key Risk Management, Services, National Benefit Administrators, Penn Western Benefits Inc., Thaxton Management, Woods & Groom, American Benefit Corp., Benefit Planning Services, Consolidated Benefits Inc., Employee Benefit Services, Fringe Benefit Review, General Administrators, HDR Employee Benefit Administrators, Interactive Medical Systems, Medical Claims Management, National Claims Administration Serivces, Piedmont Administrators, Tucker Administrators.
UR: Standard procedures excluding hospital bill audits. UR provided by the PPO.
Officers: Dr. Lawrence Cutchin, president/medical director; Dr. Kevin Soden, medical director; Dick Dunn, marketing director; David Pate, CFO.
Contact: Dick Dunn.

HealthMark Affiliated Networks

5108 N. I-85 Service Road, Suite 14, Charlotte, N.C. 28206; 704-597-7001; fax: 704-597-1429

Staff	
Physicians	91
Board-certified	93%
Specialists	400
Administrative	7
Marketing	1
Facilities	
Hospitals	12
Diagnostic labs	1
Users: Group Health	
Employer/payer groups	500
Employees & dependents	43,022
Total users	**43,022**
Revenues	
1991	$6,000,000
1992	NA

Operational date: March 1989.
For profit.
Service area: North Carolina: Cabarrus, Gaston, Lincoln, Mecklenburg, Rowan, Union and Wake counties; South Carolina: Chester and York counties.
Services: Standard package including vision, durable medical equipment, OB/Gyn, dialysis, home health, rehabilitation 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, discount off customary rates, DRGs, flat rate-outpatient surgery; is compensated by employers/payers, insurers, TPAs; charges a flat fee per employee, percent of savings. The PPO will adjust fees based on savings realized or not realized. Services groups under contract with 30 insurers and TPAs.
UR: Standard procedures excluding second surgical opinion, hospital bill audits, outpatient service predetermination. UR provided by the PPO.
Officers: Kenneth L. Stanford, president/executive director; Dr. Charles B. Rich, medical director; Emily O. Jones, marketing director; Harri Hartofilis, claims operations.

Medcost/Carolina Preferred Care

1399 Ashleybrook Lane, Suite 100, Winston-Salem, N.C. 27114; 919-760-3090; fax: 919-760-1506

Staff	
Physicians	160
Board-certified	90%
Specialists	190
Administrative	34
Marketing	1
Facilities	
Hospitals	61
Users: Group Health	
Employer/payer groups	1,010
Employees & dependents	161,140
Total users	**161,140**

Operational date: October 1984.
For profit.
Service area: North Carolina, South Carolina, Northern Georgia.
Services: Standard package excluding substance abuse. Other services include 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, discount off customary rates, DRGs; is compensated by employers/payers, insurers, TPAs; charges a flat fee per employee,percent of savings. The PPO will adjust fees based on savings realized or not realized. Services groups under contract with American Heritage Life Insurance Co., Associated Insurance Co., CNA Insurance Co., General American Life Insurance Co., Jefferson-Pilot Insurance Co., John Alden Life Insurance Co., John Hancock Insurance Co., Mid-South Insurance Co., The Mutual Group, National Health Insurance Co., Protective Life Insurance Co., State Mutual Cos., Acordia Cos. in Indiana, Booke & Co., EB Services Inc., Employee Benefit Services, Employee Benefit Systems Inc., Fringe Benefit Review, Interactive Medical Systems, Key Risk Management, McDonough Caperton, Medical Claims Management Corp., NCAS, Penn Western Benefits and Piedmont Administrators in North Carolina, Boyle-Vaughn Associates and McDowell Agency Inc. in South Carolina, Western States Administrators in California, Willse & Associates Inc. in Maryland.
UR: Standard procedures excluding hospital bill audits, outpatient service predetermination. Also uses prenatal program. UR provided by the PPO.
Officers: Otto Mueller, president; Dr. William Lorentz Jr., medical director; Mark Johansson, marketing director; Kathryn Showalter, PPO manager.
Contact: Mark Johansson.

Medview Services Inc. (Comp Pro)

32991 Hamilton Court, Farmington Hills, Mich. 48334; 313-488-5260; fax: 313-488-5262

Staff	
Physicians	78
Board-certified	90%
Specialists	47
Facilities	
Hospitals	64
Users: Group Health	
Employer/payer groups	2
Employees & dependents	10,000
Users: Workers Compensation	
Employer/payer groups	4
Single coverage	4,250
Total users	**14,250**

Service area: North Carolina.

See Medview Services Inc. (Comp Pro) consolidated listing under Michigan.

MetLife Network-North Carolina

47 Perimeter Center E., Suite 600, Atlanta, Ga. 30346-2092; 404-393-1410

Contact: James Crowley III, vp.

See MetLife Network consolidated listing under Connecticut.

Preferred Care

Blue Cross Blue Shield of North Carolina, P.O. Box 2291, Durham, N.C. 27702; 919-490-4125; fax: 919-419-1338

Staff	
Physicians & specialists	10,212
Facilities	
Hospitals	73
Users: Group Health	
Employer/payer groups	3,300
Employees & dependents	345,000
Total users	**345,000**

Operational date: April 1987.
Not for profit.
Ownership: Blue Cross Blue Shield of North Carolina.
Service area: North Carolina (82 of 100 counties).
Services: Hospitalization, physicians, ambulatory surgical facilities. Services are available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem, per case basis with other per diems; is compensated by employers/payers.
UR: Standard procedures excluding second surgical opinion, outpatient service predetermination. UR provided by the PPO.
Officers: Thomas A. Rose, president; N. Earl Ridout, executive director; Dr. Allen McBride, medical director; Roger Philyaw, marketing director.

Private Healthcare Systems Inc.

2000 Corporate Ridge, Suite 510, McLean, Va. 22102; 703-749-3660; fax: 703-749-3653

Staff	
Physicians	63
Facilities	
Hospitals	1

Service area: North Carolina: Fayetteville.
Contact: Glenda Henderson, senior vp-operations.

See Private Healthcare Systems Inc. consolidated listing under Massachusetts.

ProAmerica Managed Care Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669; fax: 817-347-3296

Facilities	
Hospitals	15
Users: Group Health	
Employees & dependents	76,300
Total users	**76,300**

Service area: North Carolina.

See ProAmerica Managed Care Inc. consolidated listing under Texas.

Provident Preferred Network

1 Independence Center, Charlotte, N. C. 28246; 704-344-4600

Staff	
Physicians	1,235
Board-certified	75%
Administrative	21
Marketing	20
Facilities	
Hospitals	47
Pharmacies	115
Diagnostic labs	47
Users: Group Health	
Employer/payer groups	93
Single & family coverage	136,457
Employees & dependents	313,851
Total users	**313,851**

Operational date: January 1983.
For profit.
Ownership: Provident Life & Accident Insurance Co.
Service area: 54 counites in North Carolina.
Services: Standard package including durable medical equipment, podiatry, OB/Gyn. 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; is compensated by providers; charges a flat fee per employee.

See Provident Preferred Network consolidated listing under Tennessee.

PruCare Plus-Charlotte (Point-of-Service)

2100 Rexford Road, Suite 314/320, Charlotte, N.C. 28211; 704-365-8688; fax: 704-365-5684

Staff	
Physicians	93
Patients/physician	54
Board-certified	98%
Specialists	317
Administrative	26
Marketing	13
Facilities	
Hospitals	5
Pharmacies	62
Diagnostic labs	7
Users: Group Health	
Employer/payer groups	34
Employees & dependents	5,000
Total users	**5,000**

Operational date: November 1986.
For profit.
Ownership: The Prudential Insurance Co. of America.
Service area: North Carolina: Carrabus, Gaston, Lincoln, Mecklenburg, Rowan, Union and portions of Iudell and Stanley; South Carolina: York county.
Services: Standard package including vision, durable medical equipment, podiatry, OB/POS. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem, discount off customary rates; is compensated by employers/payers; charges monthly premium.
UR: Standard procedures. UR provided by the POS.
Officers: William Link, executive vp-Prudential group operations; David Patterson, executive director; Dr. David Berenbeim, medical direc-

Continued on next page

Continued from previous page
tor; Dr. W. Stuart Tucker Jr., associate medical director.

See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

Travelers Managed Care System-Greensboro/Charlotte*

150 Pinecroft Road, Suite 108, Greensboro, N.C. 27407; 919-855-6466

Staff	
Physicians	1,301
Facilities	
Hospitals	12
Users: Group Health	
Employer/payer groups	202
Total users	**26,948**

Operational date: July 1987.

Service area: North Carolina: Alamance, Davidson, Davie, Forsyth, Guilford, Cabarrus, Catawba, Gatson, Iredell, Lincoln, Mecklenburg, Rowan, Stanley, Union; South Carolina: York county.

Officers: Larry Jackson, director-operations; Brad Van Winkle, district sales manager.

** Information drawn from a consolidation of the Greensboro and Charlotte networks operated from this office.*

See The Travelers Insurance Co. consolidated listing under Connecticut.

NORTH DAKOTA

Beech Street

2 Ada, Irvine, Calif. 92718; 714-727-1353 or 800-233-2478; fax: 714-727-1319

Facilities	
Pharmacies	28

Service area: North Dakota.

See Beech Street of California Inc. consolidated listing under California.

OHIO

AIIA/COMP CARE

1620 Mason Ave., P.O. Box 11770, Daytona Beach, Fla. 32120; 904-274-3232; fax: 904-274-3242

Staff	
Chiropractors	108
Users: Workers Compensation	
Employer/payer groups	64

Service area: Ohio.

See AIIA/COMP CARE consolidated listing under Florida.

Aetna Health Plans-Ohio Valley

600 Vine St., Cincinnati, Ohio 45202; 513-579-3385; fax: 513-579-3336

Staff	
Physicians	1,117
Board-certified	74%
Specialists	4,080
Facilities	
Hospitals	24
Pharmacies	470
Diagnostic labs	39
Users: Group Health	
Employer/payer groups	149
Employees & dependents	55,989

Operational date: June 1988.

Service area: Kentucky: Boone, Campbell and Kenton counties; Illinois: Dearborn, Franklin and Ohio counties; Ohio: Brown, Butler, Clark, Clemont, Greene, Hamilton, Highland, Miami, Montgomery, and Warren counties.

Officers: Dr. Raymond McMahon, medical director; Bruce Turner, marketing director.

See Aetna Health Plans consolidated listing under Connecticut.

Aetna Health Plans-Cleveland*

36900 Orange Place, Suite 200, Cleveland, Ohio 44122; 216-464-2722; fax: 216-464-2723

Staff	
Physicians	568
Board-certified	71%
Specialists	1,469
Facilities	
Hospitals	25
Pharmacies	662
Diagnostic labs	58
Users: Group Health	
Employer/payer groups	201
Employees & dependents	39,702
Total users	**39,702**

Operational date: October 1982.

Service area: Ohio: Ashtabula, Columbiana, Cuyohoga, Geauga, Lake, Lorain, Medina, Mohoning, Portage, Stark, Summit and Trumbull counties.

Officers: David Ellwanger, executive director, Dr. Michael Eleff, medical director; Thomas Seurfield, marketing director.

** Information drawn from a consolidation of the Akron, Youngstown/Warren and Cleveland networks operated from this office. Employer/payer groups may overlap, but total users do not.*

See Aetna Health Plans consolidated listing under Connecticut.

Aetna Health Plans-Central Ohio

100 E. Campus View Blvd., Suite 120, Columbus, Ohio 43235; 614-431-8700; fax: 614-431-8711

Staff	
Physicians	484
Board-certified	82%
Specialists	727
Facilities	
Hospitals	11
Pharmacies	215
Diagnostic labs	8
Users: Group Health	
Employer/payer groups	43
Employees & dependents	4,714

Operational date: October 1990.

Service area: Ohio: Delaware, Fairfield, Franklin, Madison, Marion, Morrow, Pickaway, and Union counties.

Officers: Dr. Raymond McMahon, medical director; Richard Wiggins, marketing director.

See Aetna Health Plans consolidated listing under Connecticut.

Aetna Health Plans-Eastern Ohio

5700 Corporate Drive, Suite 300, Pittsburgh, Pa. 15237; 412-369-4666; fax: 412-366-9936

Staff	
Physicians	99
Specialists	175
Facilities	
Hospitals	5

Operational date: January 1990.

Service area: Ohio: Belmont, Jefferson and part of Columbiana counties; West Virginia: Brooke, Hancock, Marshall, Ohio and Wetzel counties.

Officers: Allen Spath, executive director; Dr. Ray McMahon, medical director; Robert Treend, vp and marketing director.

See Aetna Health Plans consolidated listing under Connecticut.

Aetna Health Plans-Toledo

1 Sea Gate, Suite 690, Toledo, Ohio 43604; 419-249-2750; fax: 419-244-7465

Staff	
Physicians	336
Board-certified	73%
Specialists	1,391
Facilities	
Hospitals	7
Pharmacies	134
Diagnostic labs	15
Users: Group Health	
Employer/payer groups	55
Employees & dependents	22,897

Operational date: May 1988.

Service area: Ohio: Erie, Huron, and Lucas counties and parts of Fulton, Sandusky and Wood counties.

Officers: Dr. Raymond McMahon, medical director; Cliff Eastman, marketing director.

See Aetna Health Plans consolidated listing under Connecticut.

AultCare Corp.

2600 Sixth St. S.W., Canton, Ohio 44710; 216-438-6360; fax: 216-484-7845

Staff	
Physicians	400
Board-certified	85%
Specialists	600
Administrative	3
Marketing	5
Facilities	
Hospitals	8
Users: Group Health	
Employer/payer groups	80
Single coverage	6,800
Family coverage	15,200
Employees & dependents	56,000
Total users	**56,000**
Revenues	
1991	$33,000,000
1990	$22,100,000

Operational date: December 1985.

Not for profit.

Ownership: Aultman Hospital, Aultcare Physicians.

Service area: Ohio: Columbiana, Holmes, Stark, Summit and Tuscarawas counties.

Services: Standard package including vision, dental, durable medical equipment, podiatry, OB/Gyn. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by discount off customary rates; is compensated by employers/payers, providers; charges a flat fee per employee.

UR: Standard procedures excluding length of stay determination. UR provided by the PPO.

Officers: Rick Haines, executive director; Dr. Greg Haban, medical director; Jack Brehany, marketing director.

Contact: Joe Novak.

Beech Street

2 Ada, Irvine, Calif. 92718; 714-727-1353 or 800-233-2478; fax: 714-727-1319

Staff	
Physicians	602
Specialists	1,548
Facilities	
Hospitals	77
Pharmacies	823

Service area: Ohio.

See Beech Street of California Inc. consolidated listing under California.

CNA Managed Care PPO*

4 Summitt Drive, Independence, Ohio 44131; 216-328-7870

Staff	
Physicians	3,680
Board-certified	66.4%
Facilities	
Hospitals	43
Total employee users	**15,570**

Service area: Ohio: Butler, Cuyahoga, Franklin, Geauga, Hamilton, Lake, Lorain, Mahoning, Montgomery, Portage, Summit, and Trumbull counties; Kentucky: Kenton County.

Contact: Jack West, manager-major group sales.

** Information drawn from a consolidation of the Akron, Cleveland, Cincinnati, Columbus and Dayton networks operated from this office.*

See CNA Managed Care PPO consolidated listing under Illinois.

CAPP CARE Inc.

West Tower, 4000 MacArthur Blvd., Suite 10000, Newport Beach, Calif. 92660-2526; 714-251-2200; fax: 714-251-2222

Staff	
Physicians	8,403
Facilities	
Hospitals	83

Service area: Ohio: Akron, Bellefontaine, Canton, Cleveland, Cincinnati, Columbus, Coshocton, Dayton, Lima, Mansfield, Toledo, Steubenville, Warren, Youngstown and Zanesville.

See CAPP CARE Inc. consolidated listing under California.

ChiroCare of Ohio

5620 Smetana Drive, Suite 225, Minnetonka, Minn. 55343; 612-938-6909; fax: 612-938-6909

Staff	
Physicians	210
Users: Group Health	
Employer/payer groups	1
Users: Workers Compensation	1
Employer/payer groups	1

Operational date: 1990.

Service area: Ohio.

Officers: Dick Grimm, marketing director.

CIGNA PPO-Cincinnati/Dayton

36 E. Seventh St., Suite 2301, Cincinnati, Ohio 45202; 513-629-2640; fax: 513-629-2639

Staff	
Physicians	1,339
Facilities	
Hospitals	23

Operational date: February 1990.

Service area: Ohio: Boone, Butler, Campbell, Clark, Clermont, Grant, Greene, Hamilton, Kenton, Miami, Montgomery and Warren counties.

Officers: Gordon Church, regional managed care officer; Brenda Culyer, provider relations.

See CIGNA Preferred Provider Organization consolidated listing under Connecticut.

CIGNA PPO-Cleveland

5800 Lombardo Center, Suite 200, Seven Hills, Ohio 44131; 216-642-2920; fax: 216-642-2990

Staff	
Physicians	2,439
Facilities	
Hospitals	38

Operational date: August 1987.

Service area: Ohio: Ashland, Ashtabula, Columbiana, Cuyahoga, Erie, Geauga, Lake, Lorain, Mahoning, Medina, Portage, Stark, Summit, Trumbull and Wayne counties.

Officers: Gordon Church, regional managed care officer; Jim Messina, provider relations.

See CIGNA Preferred Provider Organization consolidated listing under Connecticut.

CIGNA PPO-Columbus

445 Hutchinson Ave., Suite 900, Columbus, Ohio 43235; 614-847-7100; fax: 614-847-7146

Staff	
Physicians	962
Facilities	
Hospitals	21

Operational date: January 1991.

Service area: Ohio: Athens, Coshocton, Delaware, Fairfield, Fayette, Franklin, Guernsey, Hocking, Holmes, Knox, Lawrence, Licking, Madison, Muskingum, Perry, Pickaway, Ross, Tuscarawas, Union and Vinton counties.

Officers: Gordon Church, regional managed care officer; Daryl Edmonds, provider relations.

See CIGNA Preferred Provider Organization consolidated listing under Connecticut.

Community Preferred Health Plan

1351 William Howard Taft Road, Cincinnati, Ohio 45206; 513-872-8100; fax: 513-247-6719

Staff	
Physicians	3,898
Specialists	10,442
Facilities	
Hospitals	114
Pharmacies	2,000
Diagnostic labs	118
Users: Group Health	
Employer/payer groups	12,000
Employees & dependents	183,519
Total users	**183,513**

Operational date: June 1987.

Not for profit.

Ownership: Community Mutual Insurance Co., Blue Cross & Blue Shield.

Accredited by AAPI.

Service area: Ohio; Kentucky: Boone, Campbell and Kenton counties.

Services: Standard package including durable medical equipment, podiatry, OB/Gyn. 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 discount off customary rates, DRGs; is compensated by employers/payers; charges a flat fee per employee. The PPO will adjust fees based on savings realized or not realized.

UR: Standard procedures. UR provided by the PPO.

Officers: Stefen R. Brueckner, president/COO; Bradford Buxton, senior vp/health care management; Dr. David A. Chellappa, medical director; John Stofa, group business division; John Folina, select division; David C. Bertke, vp-provider affairs; Dr. Joseph I. Berman, vp-clinical affairs.

Contact: Perry J. Pogany, manager-provider networks, 4665 Cornell Road, Suite 300, Cincinnati, Ohio 45241.

Davis Vision

159 Express St., Plainview, N.Y. 11803; 800-933-9371; fax: 516-932-9845

Staff	
Optometrists	56
Users: Group Health	
Employer/payer groups	9
Employees & dependents	27,000
Total users	**27,000**

Service area: Ohio.

See Davis Vision consolidated listing under New York.

The Emerald Health Network Inc.

Diamond Building, 16th Floor, 1100 Superior Ave., Cleveland, Ohio 44114-2591; 216-479-2030; fax: 216-479-2039

Staff	
Physicians	1,872
Patients/physician	130
Board-certified	65%
Specialists	2,956
Administrative	10
Marketing	18
Facilities	
Hospitals	42
Diagnostic labs	44
Users: Group Health	
Employer/payer groups	1,160
Single coverage	32,590
Family coverage	48,887
Employees & dependents	198,079
Total users	**198,079**
Revenues	
1991	$192,822,532
1990	$158,959,120

Operational date: January 1984.

For profit.

Service area: Ohio; Kentucky: Boone, Campbell, Grant and Keaton counties; Pennsylvania: Alleghany, Beaver and Mercer counties.

Services: Standard package including podiatry, OB/Gyn. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by per diem, discount off customary rates, DRGs; is compensated by employers/payers, providers, insurers, TPAs; charges a flat fee per employee, percent of savings, percent of services by doctors/hospitals. The PPO will adjust fees based on savings realized or not realized. Services groups under contract with Massachusetts Mutual; John Hancock; Provident Life; Central Reserve Life; Centennial Life.

UR: Standard procedures excluding precertification, hospital bill audits, case management. UR provided by the PPO.

Officers: Burt Bundgus, president/executive director; Dr. R.W. Dikes, medical director; Sam A. Yovanno, marketing director; Jay Zybelman, vp/secretary; James Spear, COO.

Contact: Mary Milligan, manager-marketing services, 216-479-2030.

Health First

2060 Reading Road, Cincinnati, Ohio 45202; 513-721-3388; fax: 513-684-8111

Staff	
Physicians	1,300
Specialists	1,000
Administrative	88
Marketing	10
Facilities	
Hospitals	16
Pharmacies	200
Users: Group Health	
Employer/payer groups	40*
Employees & dependents	15,000
Total users	**15,000**

Operational date: January 1989.

Not for profit.

Ownership: University Health Plan Inc.

Service area: Southwest/central Ohio.

Continued on next page

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Services: Standard package including durable medical equipment, podiatry, OB/Gyn. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by per diem, discount off customary rates; is compensated by employers/payers, insurers; charges a flat fee per covered life. Services groups under contract with McDonough Caperton; John Hancock; Massachusetts Mutual.

UR: Standard procedures excluding second surgical opinion, hospital bill audits, including mental health. UR provided by the PPO.

Officers: Hirsh J. Cohen, president/executive director; Dr. Robert W. Young, medical director; Melmon May, vp-marketing; Tony Borromeo, vp-finance; Jeff Walter, vp-operations.

Contact: Jeff Walters.

** Company estimate.*

Health Service Affiliates

11499 Chester Road, Sixth Floor, South Tower, Cincinnati, Ohio 45246; 513-424-3351; fax: 513-424-6597

Staff	
Participating ancillary providers	56
Administrative	20
Marketing	5
Facilities	
Hospitals	56
Diagnostic labs	380
Users: Group Health	
Employer/payer groups	100,000
Employees & dependents	3,750,000
Total users	**3,750,000**

Operational date: 1989.
For profit.
Service area: Nationwide.

Services: Standard package including 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 per diem, discount off customary rates, DRGs, combination per diem with discount; is compensated by employers/payers, insurers, TPAs; charges a flat fee per employee, percent of savings, combination capitation plus percent of savings. The PPO will adjust fees based on savings realized or not realized. Services groups under contract with Allegiant Management Services Inc.; American Self Care; Beneplan Strategies; CCI Administrators Inc.; Central Reserve Life; Community Mutual Insurance Co.; Custom Design Benefits; E&E Benefit Plans; Eagles Administrators Ltd.; ITT Hartford Life Insurance Co.; John Alden Life Insurance Co.; Klais & Co. Inc.; Managed Benefit Administrators; Medical Benefits Administrators; Medical Benefits Mutual Life Insurance Co.; PIASO Services Inc.; Provident Life & Accident; R.E. Harrington Inc.; Target Point Administrators; UFCW Local Unions; United Medical Resources.

UR: Standard procedures including disability case management. UR provided by the PPO.

Officers: Mary J. Hanley, president; William D. Stief, CEO; Dr. James G. Diller, chief medical officer, legal affairs.

Contact: Mary J. Hanley.

Health Service Preferred

11499 Chester Road, Sixth Floor, South Tower, Cincinnati, Ohio 45246; 513-424-3351; fax: 513-424-6597

Staff	
Physicians	867
Patients/physician	59
Board-certified	65%
Specialists	833
Administrative	20
Marketing	5
Facilities	
Hospitals	24
Diagnostic labs	8
Users: Group Health	
Employer/payer groups	389
Single coverage	5,148
Family coverage	15,246
Employees & dependents	55,000
Total users	**55,000**

Operational date: 1988.
For profit.
Service area: Western Ohio, northern Kentucky.

Services: Standard package including durable medical equipment, podiatry, OB/Gyn, chiropractic, psychologists. Services available unbundled. Employees can select non-PPO providers. PPO may be customized to meet employer specifications. Individual enrollment is allowed.

Compensation: Negotiates hospital charges by per diem, discount off customary rates; is compensated by employers/payers, insurers, TPAs; charges a flat fee per employee, percent of savings, capitation plus risk arrangements based on guarantees savings. The PPO will adjust fees based on savings realized or not realized. Services groups under contract with Allegiant Management Services Inc.; Beneplan Strategies; CCI Administrators Inc.; Central Reserve Life; Custom Design Benefits; E&E Benefit Plans; Eagles Administrators Ltd; ITT Hartford Life Insurance Co.; Klais & Co. Inc.; Provident Life & Accident; R.E. Harrington Inc.; Target Point Administrators; UCFW Local Unions; United Medical Resources.

UR: Standard procedures including behavioral management programs. UR provided by the PPO.

Officers: Mary J. Hanley, president; William D. Stief, CEO; James G. Diller, medical director; Thomas D. Colvin, senior vp-legal affairs.

Contact: Mary J. Hanley.

HealthRESPONSE

793 W. State St., Columbus, Ohio 43222; 614-225-5632; fax: 614-225-1359

Staff	
Physicians	233
Board-certified	80%
Specialists	467
Administrative	5
Facilities	
Hospitals	4
Pharmacies	65
Diagnostic labs	4
Users: Group Health	
Employees & dependents	25,000
Total users	**25,000**

Operational date: October 1985.
Not for profit.
Service area: Ohio: Delaware, Fairfield, Franklin, Licking, Madison, Pickaway and Ross counties.

Services: Standard package excluding substance abuse. Other services include durable medical equipment, podiatry, OB/Gyn. 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, discount off customary rates, DRGs; is compensated by employers/payers, providers, insurers, Mount Carmel Health; charges a flat fee per employee. Services groups under contract with Holy Cross Shared Services; Central Benefits BC/BS; J.W. Didion & Associates; Medical Benefits Mutual; Mutual of Omaha Insurance; University Health Plan; Universally Preferred.

UR: Standard procedures excluding hospital bill audits. UR provided by the PPO.

Officers: Dr. Michael Cooney, president; Charles A. Turner III, executive director; Dr. Dudley Briggs, medical director.

Healthstar Managed Care Corp.

1 Independence Place, 4807 Rockside Road, Suite 500, Independence, Ohio 44131; 216-642-3120; fax: 216-642-0161

Staff	
Physicians	3,000
Patients/physician	25
Board-certified	65%
Specialists	1,950
Administrative	28
Marketing	1
Facilities	
Hospitals	65
Pharmacies	8,700
Diagnostic labs	8
Users: Group Health	
Employer/payer groups	88
Single coverage	25,320
Family coverage	34,680
Employees & dependents	149,925
Users: Workers Compensation	
Employer/payer groups	7
Single coverage	105,000
Total users	**254,925**

Operational date: April 1987.
For profit.
Service area: Ohio.

Services: Standard package including durable medical equipment, podiatry, OB/Gyn. 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; is compensated by employers/payers, insurers, TPAs; charges a flat fee per employee, percent of savings. The PPO will adjust fees based on savings realized or not realized.

UR: Standard procedures excluding retrospective review, hospital bill audits. UR provided by the PPO.

Officers: Thomas H. Stateman, president; Les D. Reade, executive director; Dr. Rick Shuch, medical director; Nicholas A. Vasile, marketing directro; Robert Hofstadter, executive vp.

Contact: Les Reade.

See Healthstar Managed Care Corp. consolidated listing under Illinois.

Humana Health Care Plans

8044 Montgomery Road, Suite 460, Cincinnati, Ohio 45236; 513-792-0511; fax: 513-792-0520

Total users	**166**

Operational date: 1991.
Officers: Kenneth Page, executive director; Todd McMahon, sales manager.

Mental Health Provider Systems

1991 Lee Road, Cleveland Heights, Ohio 44118; 800-255-6339; fax: 216-932-9458

Staff	
Physicians	39
Board-certified	75%
Specialists	180
Administrative	3
Marketing	1
Total users	**9,600**
Revenues	
1991	$50,000
1990	$20,000

Operational date: January 1990.
For profit.
Service area: Ohio: Ashtabula, Cuyahoga, Franklin, Geauga, Knox, Lake, Lorain, Mahoning, Medina, Portage, Richard, Stark, Summit and Trumbull counties; Texas: Brazoria, Chambers, Galveston and Harris counties.

Services: Standard package. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Consults and advises on hospital charges; is compensated by employers/payers; charges a flat fee per employee.

UR: Standard procedures excluding length of stay determination, second surgical opinion, hospital bill audits. UR provided by the PPO.

Officers: Roger N. Hess, president/executive director; Dr. John B. Sawyer, medical director; Debbie Druhot, marketing director.

Contact: Roger N. Hess.

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 consolidated listing under Connecticut.

Milestone Health System

110 Northwoods Blvd., Columbus, Ohio 43235; 614-888-4084; fax: 614-888-8634

Staff	
Physicians	120
Board-certified	98%
Specialists	450
Administrative	5
Marketing	1
Facilities	
Hospitals	11
Diagnostic labs	10

Operational date: October 1992.
For profit.
Service area: Ohio: Delaware, Fairfield, Franklin, Licking, Pickaway and Union counties.

Services: Standard package including durable medical equipment, podiatry, OB/Gyn. 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, discount off customary rates; is compensated by employers/payers, insurers; charges a flat fee per employee. The PPO will adjust fees based on savings realized. Services groups under contract with Medical Benefits Administrators; EBA; E&E Benefits Consultants.

UR: Standard procedures excluding second surgical opinion. Also uses employee and provider profiling. UR provide by the PPO.

Officers: Eric H. Helt, president/marketing director; Kent K. Bermingham, executive director; Dr. James B. Soldano, medical director.

Contact: Eric H. Helt.

North American Benefits Network Inc.

P.O. Box 94928, Cleveland, Ohio 44101-4928; 216-356-8212; fax: 216-356-0140

Staff	
Dentists	355
Administrative	2
Users: Group Health	
Employer/payer groups	9
Single coverage	2,306
Family coverage	1,507
Employees & dependents	4,677
Total users	**4,677**

Operational date: August 1986.
For profit.
Ownership: North American Benefits Network Inc.
Service area: Ohio: Cuyahoga, Lake and Lorain counties.

Services: Dental. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by contracting individual fees; is compensated by employers/payers; charges a flat fee per employee.

Officers: Donald T. Baker, president; Dr. Kenneth M. Sirocky, dental director.

Ohio Health Choice Plan

2322 E. 22nd St., Cleveland, Ohio 44115-3176; 800-554-0027; fax: 216-621-3178

Staff	
Physicians	3,113
Patients/physician	67
Board-certified	70%
Specialists	4,226
Administrative	11
Marketing	8
Facilities	
Hospitals	84
Diagnostic labs	89
Users: Group Health	
Employer/payer groups	3,000
Employees & dependents	254,000
Total users	**254,000**

Operational date: September 1982.
Not for profit.
Ownership: St. Vincent Charity Hospital & Health Center.
Service area: Ohio and parts of Kentucky. Contracts with CAPP Care nationwide.

Services: Standard package including durable medical equipment, podiatry, OB/Gyn. 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, discount off customary rates; is compensated by employers/payers, insurers, TPAs; charges a flat fee per employee, percent of savings. The PPO will adjust fees based on savings realized or not realized.

UR: Standard procedures excluding hospital bill audits. UR provided by the PPO.

Officers: Russ Eckles, executive vp; Dr. Pierce Mullally, medical director; Jim Francisco, marketing director.

Contact: Jim Francisco, Jeff Diday, Scott Vactor.

Prefer One

P.O. Box 16526, Columbus Ohio 43216; 614-464-5711

Operational date: 1984.
Ownership: Central Benefits Mutual Insurance Co.
Service area: Ohio.

** Figures as of Dec. 31, 1991.*

Preferred Care of Ohio

2060 E. Ninth St., Cleveland, Ohio 44115-1355; 216-687-7000

Users: Group Health	

Operational date: 1984.
Ownership: Blue Cross & Blue Shield of Ohio.
Service area: Ohio.

** Figures as of Dec. 31, 1991.*

Preferred Patient Plan Network

525 Metro Place North, Suite 300, Dublin, Ohio 43017; 614-766-0061; fax: 614-889-2148

Staff	
Physicians	709
Board-certified	76%
Specialists	1,312
Administrative	6
Marketing	2
Facilities	
Hospitals	41
Diagnostic labs	49
Users: Group Health	
Employer/payer groups	46
Employees & dependents	2,885
Total users	**2,885**

Operational date: August 1991.
For profit.
Ownership: ETHIX Corp.
Service area: Ohio: Butler, Clermont, Clinton, Cuyahoga, Delaware, Fairfield, Franklin, Geauga, Hamilton, Lake, Lorain, Madison, Medina, Montgomery, Portage and Summit counties. Kentucy: Boone, Campbell and Kenton counties.

Services: Standard package including durable medical equipment, podiatry, OB/Gyn, laboratories, diagnostic radiology, urgent care centers. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by per diem, discount off customary rates, DRGs; is compensated by employers/payers, insurers, TPAs; charges a flat fee per employee, percent of savings. The PPO will adjust fees based on savings realized or not realized.

UR: Standard procedures. UR provided by the PPO.

Officers: Diane Schrimpf, executive director/marketing director; Dr. Dudley M. Briggs, medical director.

Primary Health Services

35 River St., Chagrin Falls, Ohio 44022; 216-247-3414; fax: 216-247-1028

Staff	
Physicians	4,000
Patients/physician	100
Board-certified	85%
Specialists	1,000
Administrative	9
Marketing	4
Facilities	
Hospitals	85
Pharmacies	5,000
Diagnostic labs	15
Users: Group Health	
Employees & dependents	400,000
Total users	**400,000**

Operational date: March 1983.
For profit.
Service area: Ohio, northern Kentucky, northern West Virginia, western Pennsylvania.

Services: Standard package including vision, dental, durable medical equipment, podiatry, OB/Gyn. 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, discount off customary rates, DRGs, case charge; is compensated by employers/payers, insurers, TPAs; charges a flat fee per employee, percent of savings.

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UR: Standard procedures excluding outpatient service predetermination. UR provided by the PPO and outside contractors.

Officers: William Daley, president; Lee Janovitz, vp-operations.

Contact: Lee Janovitz.

Principal Health Care Inc.-Columbus Division

8101 N. High St., Suite 380, Columbus, Ohio 43235; 614-841-1240; fax: 614-841-1245

Staff	
Physicians	125
Board-certified	95%
Specialists	300
Administrative	2
Marketing	15

Operational date: Pre-operational.

Service area: Ohio: Franklin County.

Officers: Vernon A. Perry, executive director; Dr. William Hammelberg, medical director; Craig Peterson, marketing director.

See Principal Health Care Inc. consolidated listing under Maryland.

Private Healthcare Systems Inc.

10560 Ashview Place, Suite 192, Cincinnati, Ohio 45242; 513-733-1102; fax: 513-733-1132

Staff	
Physicians	3,875
Facilities	
Hospitals	44

Service area: Ohio: Akron, Canton, Cincinnati, Cleveland, Columbus, Dayton, Springfield, Youngstown, Warren; portions of Kentucky and Indiana.

Contact: Glenda Henderson, senior vp-operations.

See Private Healthcare Systems Inc. consolidated listing under Massachusetts.

ProAmerica Managed Care Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669; fax: 817-347-3296

Facilities	
Hospitals	11
Users: Group Health	
Employees & dependents	18,900
Total users	**18,900**

Service area: Ohio.

See ProAmerica Managed Care Inc. consolidated listing under Texas.

PruCare of Central Ohio (Point-of-Service)

485 Metro Place S., Suite 450, Dublin, Ohio 43017; 614-761-0002; fax: 614-761-1757

Staff	
Physicians	276
Patients/physician	49
Board-certified	73%
Specialists	357
Administrative	26
Marketing	7.5
Facilities	
Hospitals	12
Pharmacies	65
Diagnostic labs	12
Users: Group Health	
Employer/payer groups	15
Employees & dependents	13,698
Total users	**13,698**

Operational date: March 1988.

For profit.

Ownership: The Prudential Insurance Co. of America.

Service area: Ohio: Delaware, Fairfield, Franklin, Licking, Madison and Union counties.

Services: Standard package including durable medical equipment, podiatry, OB/Gyn.

Compensation: Negotiates hospital charges by per diem, discount off customary rates; is compensated by employers/payers; charges a flat fee per employee. The POS will adjust fees based on savings realized or not realized.

UR: Standard procedures excludes second surgical opinion, hospital bill audits. UR provided by the POS.

Officers: Elwood Fisher, executive director; Dr. John Verhoff, medical director; John Mathewson, marketing director.

See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

PruCare of Central Ohio (PPO)*

485 Metro Place S., Suite 450, Dublin, Ohio 43017; 614-761-0002; fax: 614-761-1757

** PruCare of Central Ohio is Prudential's PPO product, with provider networks comparable to PruCare of Central Ohio (Point-of-Service).*

See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

PruCare of Cincinnati (Point-of-Service)

312 Elm St., Cincinnati, Ohio 45201; 513-784-7500; fax: 513-784-7020

Staff	
Physicians	551
Patients/physician	61
Board-certified	94%
Specialists	873
Administrative	29
Marketing	16
Facilities	
Hospitals	15
Pharmacies	90
Diagnostic labs	7
Users: Group Health	
Employer/payer groups	60
Employees & dependents	33,546
Total users	**33,546**

Operational date: March 1986.

For profit.

Ownership: The Prudential Insurance Co. of America.

Service area: Ohio: Butler, Clermont, Hamilton and Warren counties; Kentucky: Boone, Campbell and Kenton counties; Indiana: Dearborn County.

Services: Standard package including durable medical equipment, podiatry, OB/Gyn.

Compensation: Negotiates hospital charges by per diem; is compensated by employers/payers; charges a flat fee per employee. The POS will adjust fees based on savings realized or not realized.

UR: Standard procedures excluding second surgical opinion, hospital bill audits.

Officers: Lynne Gross, executive director; Dr. Peter Marrocco, medical director; Fred Veazey, marketing director.

See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

PruCare of Cincinnati (PPO)*

312 Elm St., Cincinnati, Ohio 45201; 513-784-7500; fax: 513-784-7020

** PruCare of Cincinnati is Prudential's PPO product, with provider networks comparable to PruCare of Cincinnati (Point-of-Service).*

See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

PruCare of Northern Ohio (Point-of-Service)

Halle Building, 1228 Euclid Ave., Suite 750, Cleveland, Ohio 44115; 216-241-5623; fax: 216-241-7561

Staff	
Physicians	442
Patients/physician	34
Board-certified	79%
Specialists	872
Administrative	19.5
Marketing	18
Facilities	
Hospitals	22
Pharmacies	97
Diagnostic labs	25
Users: Group Health	
Employer/payer groups	25
Employees & dependents	15,116
Total users	**15,116**

Operational date: January 1989.

For profit.

Ownership: The Prudential Insurance Co. of America.

Service area: Ohio: Cuyahoga, Geauga, Lake, Lorain, Medina, Portage and Summit counties.

Services: Standard package including durable medical equipment, podiatry, OB/Gyn.

Compensation: Negotiates hospital charges by per diem, discount off customary rates; is compensated by employers/payers; charges a flat fee per employee. The POS will adjust fees based on savings realized or not realized.

UR: Standard procedures excluding second surgical opinion, hospital bill audits. UR provided by the POS.

Officers: Linda Somers, executive director; Dr. A. Gus Kious, medical director; Chris Earl, marketing director.

See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

PruCare of Northern Ohio (PPO)*

Halle Building, 1228 Euclid Ave., Suite 750, Cleveland, Ohio 44115; 216-243-5623; fax: 216-243-7561

** PruCare of Northern Ohio is Prudential's PPO product, with provider networks comparable to PruCare of Northern Ohio (Point-of-Service).*

See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

Super Blue

2060 E. Ninth St., Cleveland, Ohio 44115; 216-687-7000; fax: 216-687-7274

Staff	
Physicians	2,298
Patients/physician	10
Board-certified	70%
Specialists	1,814
Administrative	34
Marketing	230
Facilities	
Hospitals	117
Pharmacies	3,800
Diagnostic labs	26
Total users	**179,456**
Revenues	
1991	$77,823,000
1990	$69,589,000

Operational date: December 1988.

Not for profit.

Ownership: Blue Cross & Blue Shield of Ohio.

Service area: Ohio; Kentucky: Kenton County; West Virginia: Hancock, Marshall, Ohio and Wetzel counties.

Services: Standard package. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by per diem, discount off customary rates, DRGs; is compensated by employers/payers, providers, insurers, TPAs; charges a flat fee per employee. Services groups under contract with Mutual Health Services.

UR: Standard procedures including provider profiling. UR provided by the PPO.

Officers: Kent W. Clapp, president/COO; John Burry Jr., chairman/CEO; Dr. J. Ross, chief medical advisor; Edward J. Hartzell, executive vp-sales & customer service; Ronald H. Rafal, executive vp-finance.

Contact: George Stadtlander, director-utilization management, 216-687-1951.

Travelers Managed Care System-Cincinnati

312 Plum St., Suite 1210, Cincinnati, Ohio 45202; 513-369-3164

Staff	
Physicians	1,072
Facilities	
Hospitals	8
Users: Group Health	
Employer/payer groups	36
Total users	**8,043**

Operational date: October 1987.

Service area: Kentucky: Boone, Campbell and Kenton counties; Ohio: Butler, Clermont and Hamilton counties.

Officers: Susan Mego, executive director; Bob Fox, district sales manager.

See The Travelers Insurance Co. consolidated listing under Connecticut.

Travelers Managed Care System-Columbus

150 E. Campus View Blvd., Columbus, Ohio 43235; 614-433-2000

Staff	
Physicians	636
Facilities	
Hospitals	9
Users: Group Health	
Employer/payer groups	54
Total users	**10,470**

Operational date: October 1987.

Service area: Ohio: Delaware, Fairfield, Fayette, Franklin, Licking, Marion, Pickaway and Ross counties.

Officers: Susan Mego, executive director; Bob Fox, district sales manager.

See The Travelers Insurance Co. consolidated listing under Connecticut.

Travelers Managed Care System-Dayton

1 Mellon Bank Center, 500 Grant St., Pittsburgh, Pa., 15219-2502; 412-338-5545

Staff	
Physicians	443
Facilities	
Hospitals	10
Users: Group Health	
Employer/payer groups	27
Total users	**6,313**

Operational date: November 1987.

Service area: Ohio: Allen, Auglaize, Butler, Clark, Greene, Logan, Mercer, Miami, Montgomery, Preble, Shelby and Warren counties.

Officers: Susan Mego, executive director; Bob Fox, district sales manager.

See The Travelers Insurance Co. consolidated listing under Connecticut.

Travelers Managed Care System-Northeast Ohio

1111 Superior Ave., Cleveland, Ohio 44114-2541; 216-574-4400

Staff	
Physicians	1,919
Facilities	
Hospitals	27
Users: Group Health	
Employer/payer groups	69
Total users	**37,024**

Operational date: June 1987.

Service area: Ohio: Cuyahoga, Geauga, Lake, Lorain, Mahoning, Medina, Portage, Stark, Summit, Trumbell and Wayne counties; Pennsylvania: Mercer County.

Officers: Susan Mego, executive director; Bob Fox, district sales manager.

See The Travelers Insurance Co. consolidated listing under Connecticut.

Travelers Managed Care System-Toledo

50 Shuman Blvd., Suite 400, Naperville, Ill. 60503; 708-983-2400

Staff	
Physicians	351
Facilities	
Hospitals	3
Users: Group Health	
Employer/payer groups	15
Total users	**3,026**

Operational date: June 1988.

Service area: Ohio: Fulton, Lucas and Ottawa counties.

Officers: Tim Dickman, executive director; Rob Mahoney, district sales manager.

See The Travelers Insurance Co. consolidated listing under Connecticut.

OKLAHOMA

Aetna Health Plans-Oklahoma City

5555 N.W. Grand Blvd., Suite 180, Oklahoma City, Okla. 73112; 405-943-8516; fax: 405-946-3960

Staff	
Physicians	265
Patients/physician	5,892
Board-certified	73%
Specialists	749
Facilities	
Hospitals	8
Pharmacies	109
Users: Group Health	
Employer/payer groups	106
Employees & dependents	7,409
Total users	**7,409**

Operational date: November 1987.

Service area: Oklahoma: Canadian, Cleveland, Logan, McClain, Oklahoma and Pontotoc Counties and parts of Pottawatomie and Seminole counties.

Officers: Dr. Michael Cryer and Dr. Barry Koerpel, medical directors; Brian Forbes, marketing director.

See Aetna Health Plans consolidated listing under Connecticut.

Aetna Health Plans-Tulsa

8023 E. 63rd Place, Suite 205, Tulsa, Okla. 74113; 918-250-6114; fax: 918-250-6117

Staff	
Physicians	312
Board-certified	73%
Specialists	835
Facilities	
Hospitals	5
Pharmacies	136
Users: Group Health	
Employer/payer groups	51
Employees & dependents	7,029

Operational date: January 1989.

Service area: Oklahoma: Creek, Osage, Rogers, Tulsa and Wagoner counties and parts of Mayes County.

Officers: Dr. Michael Cryer, medical director; Brian Forbes, marketing director; Douglas Werner, vp.

See Aetna Health Plans consolidated listing under Connecticut.

Beech Street

2 Ada, Irvine, Calif. 92718; 714-727-1353 or 800-233-2478; fax: 714-727-1319

Staff	
Physicians	489
Specialists	1,198
Facilities	
Hospitals	35
Pharmacies	225

Service area: Oklahoma.

See Beech Street of California Inc. consolidated listing under California.

Continued on next page

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Blue Cross Blue Shield of Oklahoma

1215 S. Boulder, P.O. Box 3283, Tulsa, Okla. 74102; 918-560-3500; fax: 918-560-3037

Staff	
Physicians	3,000
Board-certified	60%
Specialists	1,800
Facilities	
Hospitals	53
Pharmacies	300
Diagnostic labs	20
Users: Group Health	
Employees & dependents	285,000
Total users	**285,000**

Operational date: April 1984.
Ownership: Blue Cross Blue Shield of Oklahoma.
Service area: Oklahoma.
Services: Standard package including podiatry, OB/Gyn, 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; charges a maximum fee schedule.
UR: Standard procedures excluding outpatient service predetermination. UR provided by the PPO.
Officers: Ralph S. Rhoades, president.

CCN Inc.

8911 Balboa Ave., San Diego, Calif. 92123; 619-278-2273; fax: 619-278-1262

Operational date: December 1992.
For profit.
Service area: Oklahoma.
Services: Hospitalization, physicians.
UR: Standard procedures excluding discharge planning, second surgical opinion, hospital bill audits, outpatient service predetermination, case management.
See CCN Inc. consolidated listing under California.

CNA Managed Care PPO-Oklahoma City

12005 Ford Road, Suite 300, Dallas, Texas 75234; 214-620-5484

Staff	
Physicians	325
Board-certified	56.6%
Facilities	
Hospitals	5
Total employee users	**4,519**

Service area: Oklahoma: Cleveland and Oklahoma counties.
Contact: Brad Thorson, manager-major group sales, 214-620-5484.
See CNA Managed Care PPO consolidated listing under Illinois.

CAPP CARE Inc.

West Tower, 4000 MacArthur Blvd., Suite 10000, Newport Beach, Calif. 92660-2526; 714-251-2200; fax: 714-251-2222

Staff	
Physicians	92
Facilities	
Hospitals	4

Service area: Oklahoma: Ardmore, Cushing, Tulsa and Oklahoma City.
See CAPP CARE Inc. consolidated listing under California.

CIGNA PPO-Oklahoma City/Tulsa

5100 N. Brookline, 9th Floor, Oklahoma City, Okla. 73112; 405-943-7711; fax: 405-946-9568

Staff	
Physicians	851
Facilities	
Hospitals	26

Operational date: January 1989.
Service area: 33 counties in Oklahoma.
Officers: Terry Nimnicht, regional managed care officer.
See CIGNA Preferred Provider Organization consolidated listing under Connecticut.

Comprehensive Medical Care Affiliates Inc. (COMPMED)

P.O. Box 4780, Tulsa, Okla. 74159-0780; 918-744-4422; fax: 918-744-3065

Staff	
Physicians	461
Patients/physician	314
Board-certified	86%
Specialists	870
Administrative	25
Marketing	8
Facilities	
Hospitals	31
Diagnostic labs	6
Users: Group Health	
Employer/payer groups	1,154
Employees & dependents	145,000
Total users	**145,000**
Revenues	
1991	$37,000,000
1990	$31,000,000

Operational date: January 1983.
For profit.
Ownership: St. John Medical Center.
Accredited by AAPI.
Service area: Oklahoma: Canadian, Cherokee, Choctaw, Cleveland, Craig, Creek, Delaware, Garfield, Grant, Haskell, Kay, Kingfisher, Latimer, Leflore, Lincoln, Logan, Mayes, McIntosh, Muskogee, Noble, Nowata, Oklahomaa, Osage, Ottawa, Pawnee, Payne, Pontotoc, Rogers, Sequayah, Tulsa, Wagoner and Washington counties; Kansas: Chautauqua, Elk, Labette, Montgomery and Wilson counties.
Services: Standard package including vision, durable medical equipment, podiatry, OB/Gyn. 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, discount off customary rates, DRGs; is compensated by employers/payers, insurers, TPAs; charges a flat fee per employee, percent of savings. The PPO will adjust fees based on savings realized or not realized. Services groups under contract with Alta Health Strategies Inc.; Employee Benefit Plans Inc.; Willis Corroon Administrators Inc.; Plan Benefit Administrators Inc.; Employee Benefit Plans of Oklahoma Inc.; Seabury & Smith Inc.; General American Life Insurance Co.; John Alden Life Insurance Co.; Business Men's Assurance; Employers Health Insurance.
UR: Standard procedures. UR provided by the PPO.
Officers: David J. Pynn, president/executive director; Dr. Robert G. Perryman, medical director; John E. Brandt, vp-marketing; Bette Newfield, vp.

FOCUS Healthcare Management Inc.

305 Moody, Suite 243, Galveston, Texas 77550; 409-762-1861

Staff	
Physicians	1
Specialists	15
Marketing	1
Facilities	
Hospitals	23
Diagnostic labs	1
Users: Workers Compensation	
Employer/payer groups	32
Single coverage	400,472
Total users	**400,472**

Operational date: July 1990.
Service area: Oklahoma: Blaine, Choctaw, Cleveland, Comanche, Creek, Garfield, Kay, Kingfisher, Lafiore, Lincoln, Mayes, Oklahoma, Ottawa, Pawnee and Tulsa counties.
See FOCUS Healthcare Management Inc. consolidated listing under 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 consolidated listing under Connecticut.

PPO Oklahoma

6441 N.W. Grand Blvd., Suite 304, Oklahoma City, Okla. 73116; 405-843-9551; fax: 405-843-0956

Staff	
Physicians	750
Board-certified	89%
Specialists	500
Administrative	5
Marketing	1
Facilities	
Hospitals	30
Diagnostic labs	1
Users: Group Health	
Employer/payer groups	10
Employees & dependents	11,500
Users: Workers Compensation	
Employer/payer groups	1
Single coverage	7,500
Total users	**19,000**

Operational date: March 1992.
For profit.
Service area: Oklahoma.
Services: Standard package including vision, durable medical equipment, OB/Gyn, chiropractic, home health. 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; is compensated by employers/payers; charges a flat fee per employee, percent of savings. The PPO will adjust fees based on savings realized or not realized.
UR: Standard procedures excluding hospital bill audits. Also uses work related injuries. UR provided by Quality Managed Care.
Officers: Martin Sholder, president; Dr. Mary Ann Bauman, medical director; Sandra Bulow-Hube, vp-operations.
Contact: Martin Sholder.

Private Healthcare Systems Inc.

Xerox Center, 222 W. Las Colinas Blvd., Suite 2120, Irving, Texas 75039; 214-869-1451; fax: 214-869-2327

Staff	
Physicians	350
Facilities	
Hospitals	5

Service area: Oklahoma: Oklahoma City and Tulsa.
Contact: Glenda Henderson, senior vp-operations.
See Private Healthcare Systems Inc. consolidated listing under Massachusetts.

ProAmerica Managed Care Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669; fax: 817-347-3296

Facilities	
Hospitals	13
Users: Group Health	
Employees & dependents	19,300
Total users	**19,300**

Service area: Oklahoma.
See ProAmerica Managed Care Inc. consolidated listing under Texas.

Provider Networks of America Inc.

4100 International Plaza, Suite 180, Fort Worth, Texas 76109; 817-735-8293; fax: 817-735-1487

Facilities	
Hospitals	28
Ancillary providers	4
Users: Group Health	
Employer/payer groups	34
Family coverage	27,830

For profit.
Service area: Oklahoma.
Services: Standard package excluding physicians. Other services include homecare, orthopedic services.

Prudential Plus (Point-of-Service)

3330 N.W. 56th St., Suite 500, Oklahoma City, Okla. 73112; 405-942-6687; fax: 405-942-5861

Staff	
Physicians	176
Board-certified	95%
Marketing	9
Facilities	
Hospitals	5
Pharmacies	15
Diagnostic labs	2
Users: Group Health	
Employer/payer groups	133
Total users	**22,394**

For profit.
Ownership: The Prudential Insurance Co. of America.
Service area: Oklahoma: Canadian, Cleveland, Grady, Kingfisher, Lincoln, McClain, Oklahoma and Pottawatomie counties.
Services: Standard package including vision, durable medical equipment, podiatry, OB/Gyn. Services are available unbundled. Employees can select non-POS providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem, DRGs; is compensated by employers/payers; charges a flat fee per employee.
UR: Standard procedures. UR provided by the POS.
Officers: Gary Hawkins, executive director; Dr. Boyd Shook, medical director; Tim McFall, marketing director.
See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

PruNetwork*

3330 N.W. 56th St., Oklahoma City, Okla. 73112; 405-942-6687; fax: 405-942-5861

Total users	**1,050**

** PruNetwork is Prudential's PPO product, with provider networks comparable to Prudential Plus (Point-of-Service).*
See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

Prudential Plus of Tulsa (Point-of-Service)

7912 E. 31st St., Suite 300, Tulsa, Okla. 74145; 918-624-4600; fax: 918-627-9759

Staff	
Physicians	195
Patients/physician	110
Board-certified	95%
Specialists	332
Administrative	28.5
Marketing	8
Facilities	
Hospitals	8
Pharmacies	41
Diagnostic labs	4
Users: Group Health	
Employer/payer groups	228
Employees & dependents	34,911
Total users	**34,911**

Operational date: January 1983.
For profit.
Ownership: The Prudential Insurance Co. of America.
Service area: Oklahoma: Tulsa, Creek, Muskogee, Osage, Rogers, Wagoner and Washington counties.
Services: Standard package including vision, dental, durable medical equipment, podiatry, OB/Gyn., rehab, prescriptions, home health care, wellness, skilled nursing. Employees can select non-POS providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem; is compensated by employers/payers; charges a flat fee per employee.
UR: Standard procedures. UR provided by the POS.
Officers: John Kennedy, executive director; Dr. C.B. Rebsamen, medical director; Mark Krogulski, regional marketing director.
See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

PruNetwork of Tulsa*

7912 E. 31st Court, Suite 300, Tulsa, Okla. 74145; 918-624-4600; fax: 918-627-9759

** PruNetwork of Tulsa is Prudential's PPO product, with provider networks comparable to Prudential Plus of Tulsa (Point-of-Service).*
See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

Sooner Health Plan

3555 N.W. 58th, Suite 400, Oklahoma City, Okla. 73034; 405-942-7818; fax: 405-942-1236

Staff	
Physicians	800
Board-certified	70%
Specialists	900
Administrative	15
Marketing	3
Facilities	
Hospitals	30
Pharmacies	10
Diagnostic labs	12
Users: Group Health	
Employer/payer groups	100
Single coverage	1,300
Family coverage	13,000
Employees & dependents	107,750
Users: Workers Compensation	
Employer/payer groups	4
Single coverage	2,500
Total users	**107,750**

Operational date: September 1984.
Not for profit.

Continued on next page

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Service area: Oklahoma.

Services: Standard package including durable medical equipment, podiatry, OB/Gyn. 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, discount off customary rates, DRGs; is compensated by employers/payers, providers; charges a flat fee per employee, percent of savings. The PPO will adjust fees based on savings realized or not realized.

UR: Standard procedures excluding hospital bill audits. UR provided by the PPO.

Officers: David Jacobson, president; Dr. Merritt, medical director; Harold Patton, marketing director.

Contact: Harold Patton.

Travelers Managed Care System-Oklahoma City

3035 N.W. 63rd St., Second Floor, Oklahoma City, Okla., 73116; 405-843-2263

Staff	
Physicians	386
Facilities	
Hospitals	10
Users: Group Health	
Employer/payer groups	34
Total users	**10,268**

Operational date: June 1989.

Service area: Oklahoma: Canadian, Cleveland, Garfield, Kingfisher, Lincoln, Logan, Oklahoma, Payne and Pottawatomie counties.

Officers: Dave Barker, executive director; Tom Bliss, district sales manager.

See The Travelers Insurance Co. consolidated listing under Connecticut.

Travelers Managed Care System-Tulsa

8321 E. 61st St., Tulsa, Oklahoma 74133; 918-250-0155

Staff	
Physicians	647
Facilities	
Hospitals	5
Users: Group Health	
Employer/payer groups	94
Total users	**20,027**

Operational date: December 1986.

Service area: Oklahoma: Rogers and Tulsa counties.

Officers: Dave Barker, executive director-development; Tom Bliss, district sales manager.

See The Travelers Insurance Co. consolidated listing under Connecticut.

OREGON

Aetna Health Plans

200 S.W. Market St., Suite 1750, Portland, Ore. 97201; 503-221-5434; fax: 503-221-5452

Staff	
Physicians	669
Specialists	2,274
Facilities	
Hospitals	16
Pharmacies	167
Users: Group Health	
Employer/payer groups	73
Employees & dependents	6,689

Operational date: October, 1986.

Service area: Oregon: Clackamas, Hood River, Multnomah, Washington, Yamhill and portions of Columbia, Lane and Wasco counties; Washington: Clark county and portions of Klickitat county. Contracts with Managed Health Care Northwest, Inc. in Oregon (Clark, Clackamas, Lane, Multnomah, Washington and Yamhill counties.)

Officers: Dr. Michael Gavin, medical director; Gloria Stone, marketing director.

See Aetna Health Plans consolidated listing under Connecticut.

Beech Street

2 Ada, Irvine, Calif. 92718; 714-727-1353 or 800-233-2478; fax: 714-727-1319

Staff	
Physicians	567
Specialists	1,533
Facilities	
Hospitals	20
Pharmacies	222

Service area: Oregon.

See Beech Street of California Inc. consolidated listing under California.

Blue Cross & Blue Shield of Oregon Preferred Provider Plan

P.O. Box 1271, Portland, Ore. 97207-1271; 503-225-4877; fax: 503-225-4882

Staff	
Physicians	2,756
Specialists	829
Administrative	6
Marketing	4
Facilities	
Hospitals	30
Diagnostic labs	25
Users: Group Health	
Employer/payer groups	148,043
Employees & dependents	347,469
Total users	**366,330**

Operational date: October 1986.

Not for profit.

Ownership: Blue Cross & Blue Shield of Oregon.

Service area: Oregon, Washington (only counties that border Oregon).

Services: Standard package including durable medical equipment, podiatry, OB/Gyn. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment allowed.

Compensation: Negotiates hospital charges by discount off customary rates, DRGs; is compensated by employers/payers; charges an administrative fee negotiated per contract. Services groups under contract with Associated Administrators Inc.

UR: Standard procedures excluding retrospective review, second surgical opinion. UR provided by the PPO.

Officers: Dick Woolworth, president/CEO; Barney Speight, vp; Dr. John Santa, medical director; Gerry Thompson, vp-marketing.

CAPP CARE Inc.

West Tower, 4000 MacArthur Blvd., Suite 10000, Newport Beach, Calif. 92660-2526; 714-251-2200; fax: 714-251-2222

Staff	
Physicians	1,422
Facilities	
Hospitals	13

Service area: Oregon: Portland and Salem.

See CAPP CARE Inc. consolidated listing under California.

ChiroCare of Oregon

P.O. Box 112, West Linn, Ore. 97068; 503-639-2189; fax: 503-620-1471

Staff	
Physicians	210
Users: Group Health	
Employer/payer groups	4
Users: Workers Compensation	
Employer/payer groups	1

Operational date: 1987.

Service area: Oregon.

Officers: Linda Ficere, marketing director.

See American Chiropractic Network Inc. consolidated listing under Minnesota.

ETHIX Pacific

12655 S.W. Center St., Beaverton, Ore. 97005; 503-641-5352; fax: 503-643-9943

Staff	
Physicians	1,100
Patients/physician	45
Administrative	11
Facilities	
Hospitals	13
Users: Group Health	
Employer/payer groups	151
Employees & dependents	49,150

Continued on next page

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Feb 15	Feb 3	Utilization Review Providers	Benefits: Health Care Cost Control
Mar 8	Feb 24	Risk Management Consultants	Risk Management Services
Mar 29	Mar 17	Employee Benefits Info Systems	Benefits: Design & Administration
Apr 26	Apr 13	Captive Managers	Captives/Risk Manager of the Year
Jun 7	May 26	Property Loss Control Consultants	Property Loss Control
Jun 21	Jun 9	EAPs & Mental Health Networks	Benefits: Midyear Market Report
Jul 5	Jun 23	Agents & Brokers	Agent/Broker Profiles
Jul 19	Jul 7	Alternative Facilities	Midyear Property/Casualty Mkt Report
Aug 2	Jul 21	Benefit Communication Systems	Communicating With Employees
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Sep 6	Aug 25	401(k) Plan Administrators	Benefits: Pensions/Retirement Plans
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Oct 18	Oct 6	Safety Consultants & Rehab Svcs	Workers Compensation
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Continued from previous page

Total users	**49,150**

Revenues

1991	$867,000
1990	$746,000

Operational date: October 1986.
For profit.
Ownership: The ETHIX Corp.
Service area: Oregon: Clackamas, Cuny, Josephine, Loos, Lane, Multnomah, Washington, and Yamhill counties; Washington: Clark county.
Services: Standard package including durable medical equipment, OB/Gyn.
Compensation: Negotiates hospital charges by per diem, discount off customary rates; is compensated by employers/payers, providers, insurers; charges for service per employee, percent of savings, percent of services by doctors/hospitals. Services groups under contract with Concepts Administrators; Employee Benefit Plans; Employers Health Insurance; Massachusetts Mutual; Principal Financial Group; Blue Cross; The Hartford.
UR: Standard procedures. UR provided by the PPO.
Officers: Candace Sellers, president; Dr. Frank Schramm, medical director; Mary Stansell, vp.
Contact: Mary Stansell.

Managed Healthcare Northwest Inc.

2701 N.W. Vaughn, Suite 710, Portland, Ore. 97210; 503-224-0409; fax: 503-224-0116

Staff	
Physicians	546
Board-certified	67%
Specialists	968
Administrative	38
Marketing	5
Facilities	
Hospitals	17
Diagnostic labs	22
Users: Group Health	
Employer/payer groups	45
Family coverage	89,670
Employees & dependents	206,240
Users: Workers Compensation	
Employer/payer groups	8
Single coverage	185,752
Total users	**391,992**

Operational date: January 1988.
For profit.
Ownership: Legacy Health System, Portland Adventist Medical Center.
Service area: Oregon: Clackamas, Columbia, Hood, Lane, Marion, Multnomah, Tillamook, and Yamhill counties; Washington: Clark, Klickitat, Skamania and counties.
Services: Standard package including vision, durable medical equipment, podiatry, OB/Gyn. 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 discount off per diem rates; is compensated by employers/payers, providers, insurers; charges a flat fee per employee. Services groups under contract with 12 insurance companies and 11 TPAs.
UR: Standard procedures excluding discharge planning, hospital bill audits.
Officers: Robert Pallari, president/CEO; David Heyer, finance manager; Dr. Thomas Reardon, medical director; Sally LaFollette, marketing director; Maggie Allee, director-medical management; Patrick Payton, director-behavioral health services; Joe Clayworth, director-information systems.
Contact: Dolores Russell.

MetLife Network-Oregon

50 Fremont St., Suite 1100, San Francisco, Calif. 94105; 415-957-4101

Contact: Larry Kissner, vp.
See MetLife Network consolidated listing under Connecticut.

ProAmerica Managed Care Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669; fax: 817-347-3296

Facilities	
Hospitals	3
Users: Group Health	
Employees & dependents	10,900
Total users	**10,900**

Service area: Oregon.
See ProAmerica Managed Care Inc. consolidated listing under Texas.

United Northwest Services

P.O. Box 141253, Spokane, Wash. 99214-1253; 509-928-2569

Staff	
Physicians	300
Board-certified	85%
Specialists	520
Facilities	
Hospitals	3
Diagnostic labs	2
Users: Group Health	
Employer/payer groups	2
Employees & dependents	54,000
Total users	**54,000**

Service area: Oregon.
See United Northwest Services consolidated listing under Washington.

Vantage PPO

1235 N.E. 47th, Suite 220, Portland, Ore. 97230; 503-280-7551; fax: 503-280-7655

Staff	
Physicians	400
Patients/physician	127
Board-certified	90%
Specialists	800
Administrative	32
Marketing	2
Facilities	
Hospitals	12
Diagnostic labs	12
Users: Group Health	
Employer/payer groups	1,140
Single & family coverage	50,858
Employees & dependents	116,973
Users: Workers Compensation	
Employer/payer groups	25
Single coverage	164,852
Total users	**281,825**
Revenues	
1991	$1,870,650
1990	$1,934,000

Operational date: 1983.
Not for profit.
Ownership: Sisters of Providence.
Service area: Oregon: Clackamas, Columbia, Douglas, Hood River, Multnomah, Sherman, Wasco, Washington, and Yamhill counties; Washington: Clark, Cowlitz, Klickitat, and Skamania counties; Contracts with Admar Corp. in California; Preferred Health Network in California; North Texas Healthcare in Texas; Sound Health in Washington; American Healthcare Alliance nationwide.
Services: Standard package including durable medical equipment, podiatry, OB/Gyn, chiropractic. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem, percent of billed, packaged rates for heart-related care; is compensated by employers/payers, providers; charges a flat fee per employee. Services groups under contract with Advanced Benefit Administrators; Alta Health Strategies; Associated Administrators; Glen Slaughter & Associates; Healthcare Management Inc.; Kipp & Co.; S.M. Administrators; William C. Earhardt Co.
UR: Standard procedures excluding hospital bill audits. Also uses outpatient surgery management. UR provided by the PPO.
Officers: Mary O. McWilliams, president/CEO; Ted Von Glahn, COO; Dr. Don Olson, chief medical officer; Jack Friedman, chief development officer; Phil Jackson, PPO/MCO product manager.
Contact: Missy Maese.

PENNSYLVANIA

AIIA/COMP CARE

1620 Mason Ave., P.O. Box 11770, Daytona Beach, Fla. 32120; 904-274-3232; fax: 904-274-3242

Staff	
Chiropractors	68
Users: Group Health	
Employer/payer groups	1
Single coverage	207,000
Users: Workers Compensation	
Employer/payer groups	7

Service area: Pennsylvania.
See AIIA/COMP CARE consolidated listing under Florida.

Access Care

70 N. Main St., Wilkes-Barre, Pa. 18711; 717-829-6011

Users: Group Health	
Employees & dependents*	29,593
Total users*	**29,593**

Operational date: 1986.
Ownership: Blue Cross of Northeastern Pennsylvania.
Service area: Pennsylvania.
**Figures are as of 12/31/91.*

Acorn Behavioral Health-Care Management Corp.

The Acorn Building, 134 N. Narberth Ave., Narberth, Pa. 19072-2299; 800-223-7050; fax: 215-664-8373

Staff	
Psychiatrists	100
Administrative	7
Marketing	2
Facilities	
Hospitals	200
Users: Group Health	
Employer/payer groups	170
Employees & dependents	500,000
Total users	**500,000**
Revenues	
1991	$4,000,000
1990	$3,200,000

Operational date: 1975.
For profit.
Service area: Nationwide, including Puerto Rico and the Virgin Islands.
Services: Substance abuse, psychiatry. 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; is compensated by employers/payers; charges a flat fee per employee, percent of savings. The PPO will adjust fees based on savings realized or not realized. Services groups under contract with Aetna; CIGNA; Provident; Midwest Benefits Corp.; Corporate Group Systems; Northern Group Services; Confederation Life; Noble Lowndes Johnston.
UR: Standard procedures excluding second surgical opinion, hospital bill audits. Also uses face-to-face preadmission certification. UR provided by the PPO.
Officers: Mel S. Goldsmith, Ph.D., president/executive director; Dorothy T. Harrison, Ph.D., clinical director; Donna DeHart, marketing director; Mel Wondolowski, Ph.D., vp-corporate relations; Barbara Carroll, COO; Arlette McGlade, vp-systems & administration.

Aetna Health Plans-Erie/Pittsburgh/Johnstown*

5700 Corporate Drive, Suite 300, Pittsburgh, Pa. 15237; 412-366-9000; fax: 412-364-2393

Staff	
Physicians	723
Board-certified	94%
Specialists	1,510
Facilities	
Hospitals	28
Pharmacies	369
Diagnostic labs	30
Users: Group Health	
Employer/payer groups	36
Employees & dependents	2,644
Total users	**2,644**

Operational date: March 1987.
Service area: Pennsylvania: Alleghany, Armstrong, Beaver, Butler, Cambria, Erie, Indiana, Somerset, Washington and Westmoreland counties.
Officers: Dr. Frank M. Keller, medical director; Bob Morris, marketing director; Alfred Clerici, director-network management.
**Information drawn from a consolidation of the Erie, Pittsburgh and Johnstown networks operated from this office. Employer/payer groups may overlap, but total users do not.*
See Aetna Health Plans consolidated listing under Connecticut.

Aetna Health Plans-Philadelphia

150 Monument Road, Suite 106, Bala Cynwyd, Pa. 19004; 215-668-1440; fax: 215-668-1226

Staff	
Physicians	1,276
Board-certified	80%
Specialists	3,575
Facilities	
Hospitals	22
Pharmacies	427
Users: Group Health	
Employer/payer groups	66
Employees & dependents	50,219
Total users	**50,219**

Operational date: January 1990.
Service area: Pennsylvania: Delaware and Philadelphia counties and parts of Berks, Bucks, Chester and Montgomery counties.
Officers: Chuck Scott, president; Anthony Buividas, executive director; Dr. Harvey Nassau, medical director; Jane Broderick, marketing director; Fred Hyser, general manager.
See Aetna Health Plans consolidated listing under Connecticut.

Aetna Health Plans-Northeastern Pennsylvania

1065 Highway 315, Wilkes-Barre, Pa. 18702; 717-822-6900; fax: 717-822-9671

Staff	
Physicians	234
Specialists	401
Facilities	
Hospitals	9
Pharmacies	111
Diagnostic labs	1
Users: Group Health	
Employer/payer groups	12
Employees & dependents	12,661
Total Users	**12,661**

Operational date: January 1990.
Service area: Pennsylvania: Bradford, Lackawanna, Luzerne, Sullivan, Susquehanna, Wayne and Wyoming counties and parts of Carbon and Monroe counties.
Officers: Tony Buividas, executive director; Dr. Frank Dovi, medical director; Fred Heyser, marketing director; Charles Scott, vp.
See Aetna Health Plans consolidated listing under Connecticut.

Alpha Health Network

415 Holiday Drive, Pittsburgh, Pa. 15220; 412-937-1396; fax: 412-937-9655

Staff	
Physicians	1,094
Board-certified	71%
Specialists	2,215
Administrative	25
Marketing	3
Facilities	
Hospitals	54
Diagnostic labs	8
Users: Group Health	
Employer/payer groups	192
Single coverage	20,646
Family coverage	33,274
Employees & dependents	134,805
Total users	**134,805**
Revenues	
1991	$81,500,000

Operational date: July 1985.
Not for profit.
Service area: Pennsylvania: 18 counties.
Services: Standard package including durable medical equipment, podiatry, OB/Gyn. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem, discount off customary rates; is compensated by employers/payers, providers, insurers, TPAs; charges a flat fee per employee, percent of services by doctors/hospitals. The PPO will adjust fees based on savings realized or not realized.
UR: Standard procedures excluding hospital bill audits. UR provided by the PPO.
Officers: Donald Fetterholf, medical director; Rick Chiocchi, marketing director; Linda Wostein, provider relations.
Contact: Rick Chiocchi.

American Health Alternative

925 Baltimore Pike, Concordsville, Pa. 19331; 215-358-5711; fax: 215-358-5238

Staff	
Physicians	1,000
Patients/physician	41
Board-certified	90%
Specialists	1,500
Administrative	20
Marketing	9
Facilities	
Hospitals	52
Diagnostic labs	36
Users: Group Health	
Employer/payer groups	3
Single coverage	5,000
Family coverage	8,000
Employees & dependents	33,000
Total users	**33,000**

Operational date: April 1991.
For profit.
Ownership: Independence Blue Cross.
Service area: Delaware: Kent, New Castle, and Sussex counties; Maryland: Cecil and Hartford counties; New Jersey: Burlington, Camden, Gloucester and Salem counties; Pennsylvania: Bucks, Berks, Chester, Delaware, Lancaster, Montgomery, Philadelphia and York counties;
Services: Standard package including vision, dental, durable medical equipment, podiatry, OB/Gyn, health club discounts, Weight Watchers, 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 per diem, discount off customary rates; is compensated by employers/payers; charges a flat fee per employee. The PPO will adjust fees based on savings realized or not realized.
UR: Standard procedures. UR provided by the PPO.
Officers: Alfred F. Meyer, president; Charles D. Clausen, vp; Michael E. Norman, vp-strategic management; Mary McDonald, vp-health services.
Contact: Charles D. Clausen.

Beech Street

2 Ada, Irvine, Calif. 92718; 714-727-1353 or 800-233-2478; fax: 714-727-1319

Facilities	
Hospitals	55
Pharmacies	435
Diagnostic labs	1

Service area: Pennsylvania.
See Beech Street of California Inc. consolidated listing under California.

CCN Inc.

8911 Balboa Ave., San Diego, Calif. 92123; 619-278-2273; fax: 619-278-1262

Operational date: December 1992.
Service area: Pennsylvania.
Services: Hospitalization, physicians.
UR: Standard procedures excluding discharge planning, second surgical opinion, hospital bill audits, outpatient service predetermination, case management.
See CCN Inc. consolidated listing under California.

CNA Managed Care PPO-Philadelphia/Pittsburgh/Harrisburg*

1101 Market St., 25th Floor, Philadelphia, Pa. 19107; 215-351-3842

Staff	
Physicians	3,856
Board-certified	65%
Facilities	
Hospitals	45
Total employee users	**8,520**

Service area: New Jersey: Burlington and Camden counties; Pennsylvania: Alleghany, Bucks, Butler, Chester, Dauphin, Jenkintown, Lycoming, Montgomery and Philadelphia counties.
Contact: MaryBeth Synder, manager-major group sales.
** Information drawn from a consolidation of the Pittsburgh/Harrisburg and Philadelphia networks operated from this office.*
See CNA Managed Care PPO consolidated listing under Illinois.

Continued on next page

For an explanation of directory terms and standard services see directory guide, page 66.

Continued from previous page

CAPP CARE Inc.

West Tower, 4000 MacArthur Blvd., Suite 10000, Newport Beach, Calif. 92660-2526; 714-251-2200; fax: 714-251-2222

Staff	
Physicians	2,137
Facilities	
Hospitals	54

Service area: Central and Southeast Pennsylvania; Altoona, Erie, Johnstown, Philadelphia and Pittsburgh metropolitan areas, Pottsville, Scranton/Wilkes-Barre, Williamsport; Delaware: Wilmington.

See CAPP CARE Inc. consolidated listing under California.

Central Susquehanna Healthcare Providers Inc.

1 Hospital Drive, Lewisburg, Pa. 17837; 717-522-2505; fax: 717-522-2745

Staff	
Physicians	105
Facilities	
Hospitals	2
Users: Group Health	
Employer/payer groups	40
Employees & dependents	3,800
Total users	**3,800**

Operational date: 1986.
Not for profit.
Ownership: Evangelical Community Hospital, Sunbury Community Hospital.
Service area: Pennsylvania: Northumberland, Snyder and Union counties.
Services: Standard package including durable medical equipment, podiatry, OB/Gyn. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by discount off customary rates; is compensated by employers/payers; charges a flat fee per employee. Services groups under contract with NEP Administrators & Consultants and Comprehensive Benefits Services Co.
UR: Standard procedures excluding discharge planning, retrospective review, hospital bill audits, case management. UR provided by Keystone Healthcare, Medicus and August Healthcare.
Officers: Jonathan Hahn, president; William Stoltzfus, chairman.
Contact: Brenda Templin.

CIGNA PPO-Philadelphia

100 Stevens Drive, Suite 200, Philadelphia, Pa. 19113-1597; 215-595-3000; fax: 215-595-3159

Staff	
Physicians	1,936
Facilities	
Hospitals	25

Operational date: December 1990.
Service area: Pennsylvania: Bucks, Chester, Delaware, Montgomery and Philadelphia counties.
Officers: Chan Wheeler, regional managed care officer; Susan Bradley, provider relations.

See CIGNA Preferred Provider Organization consolidated listing under Connecticut.

CIGNA PPO-Pittsburgh

2 Oliver Plaza, 3700 Liberty Ave., Suite 2130, Pittsburgh, Pa. 15222; 412-355-3700; fax: 412-355-3734

Staff	
Physicians	803
Facilities	
Hospitals	11

Operational date: January 1989.
Service area: Pennsylvania: Allegheny and Westmoreland counties.
Officers: Gordon Church, regional managed care officer; Marsha Cunning, provider relations.

See CIGNA Preferred Provider Organization consolidated listing under 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
Total users*	**49,635**

Operational date: April 1986.
Sponsorship: Blue Cross of Western Pennsylvania and Pennsylvania Blue Shield.
Service area: Pennsylvania.
UR: Standard procedures excluding length of stay determination, retrospective review, hospital bill audits, case management.
** Figures are 1990 data.*

Davis Vision

159 Express St., Plainview, N.Y. 11803; 800-933-9371; fax: 516-932-9845

Staff	
Optometrists	79
Users: Group Health	
Employer/payer groups	11
Employees & dependents	31,000
Total users	**31,000**

Service area: Pennsylvania.

See Davis Vision consolidated listing under New York.

ETHIX Mid-Atlantic

530 E. Swedesford Road, Suite 201, Wayne, Pa. 19087; 215-971-0404; fax: 215-971-0159

Staff	
Physicians	2,520
Patients/physician	16
Administrative	30
Marketing	2
Facilities	
Hospitals	47
Users: Group Health	
Employer/payer groups	154
Employees & dependents	103,000
Total users	**103,000**
Revenues	
1991	$3,286,000
1990	$2,468,000

Operational date: October 1984.
For profit.
Ownership: The Ethix Corp.
Service area: New Jersey; Pennsylvania: five-county Philadelphia area.
Services: Standard package including durable medical equipment, OB/Gyn. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem, discount off customary rates, DRGs; is compensated by employers/payers, providers, insurers; charges a flat fee per employee, percent of savings. Services groups under contract with Massachusetts Mutual; The Hartford; Employers Health; John Hancock; Principal Life.
UR: Standard procedures including DRG review, mental health/substance abuse, negotiation services. UR provided by the PPO.
Officers: Leon W. Jalbert, president; Kathleen D. Morrissey, R.N., vp-operations; Dr. Donald Lieberman, medical director; Richard Kupniewski, vp-finance/administration.
Contact: Val Phillips, marketing representative.

FOCUS Healthcare Management Inc.

160 N. Craig St., Pittsburgh, Pa. 15213; 412-621-8911; fax: 412-971-2933

987 Old Eagle School Road, Suite 712, Wayne, Pa. 19087; 215-688-7726; fax: 215-647-5383

Staff	
Physicians*	270
Board-certified	50%
Specialists	908
Marketing	5
Facilities	
Hospitals	82
Diagnostic labs	23
Users: Workers Compensation	
Employer/payer groups	32
Single coverage	2,549,778
Total users	**2,549,778**

Operational date: June 1989.
Service area: Pennsylvania: Adams, Alleghany, Bucks, Butler, Cambra, Chester, Cumberland, Delaware, Erie, Fayette, Lackawanna, Lancaster, Montgomery and Philadelphia counties.
** Figures include chiropractors and podiatrists.*

See FOCUS Healthcare Management Inc. consolidated listing under Tennessee.

Great Lakes Managed Care

400 French St., Suite 200, Erie, Pa. 16507; 814-452-3976; fax: 814-452-4358

Staff	
Physicians	76
Patients/physician	379
Board-certified	80%
Specialists	209
Administrative	9
Marketing	2
Facilities	
Hospitals	3
Pharmacies	1
Diagnostic labs	1
Users: Group Health	
Employer/payer groups	21
Single/family coverage	4,714
Employees & dependents	17,866
Users: Workers Compensation	
Employer/payer groups	1
Single coverage	500
Total users	**18,366**

Operational date: June 1986.
For profit.
Ownership: Hamot Health Systems.
Service area: Pennsylvania: Clarion, Crawford, Elk, Erie, Forest, Mercer, McKean, Venango and Warren counties; Ohio: Ashtabula County; New York: Chautauqua County.
Services: Standard package including opthalmology, dental, durable medical equipment, podiatry, OB/Gyn. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by discount off customary rates; is compensated by employers/payers, insurers; charges a flat fee per employee, percent of savings.
UR: Standard procedures excluding retrospective review, hospital bill audits, outpatient service predetermination. UR provided by the PPO and Parkside Health Management Corp.
Officers: William A. Higgins, president/CEO; Dr. Donald N. VanDamia, medical director; Mary A. Larson, marketing director; Alan R. Davidson, director-operations/development.

HealthAssurance

5 Gateway Center, Pittsburgh, Pa. 15222; 412-553-7480; fax: 412-553-7384

Staff	
Physicians	359
Patients/physician	21
Board-certified	94%
Specialists	471
Administrative	23
Marketing	37
Facilities	
Hospitals	24
Pharmacies	110
Diagnostic labs	25
Users: Group Health	
Employer/payer groups	115
Single coverage	2,035
Family coverage	1,285
Employees & dependents	6,563
Total users	**6,563**
Revenues	
1991	3,950,371
1990	173,650

Operational date: September 1990.
For profit.
Ownership: Coventry Corp.
Service area: Pennsylvania: Alleghany, Armstrong, Beaver, Butler, Fayette, Washington and Westmoreland counties.
Services: Standard package including vision, dental, durable medical equipment, podiatry, OB/Gyn, prescription drugs, preventive care services, home health care. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem; is compensated by employers/payers, insurers; charges a monthly rate if fully insured, flat fee per employee if self insured. The PPO will adjust fees based on savings realized or not realized. Services groups under contract with American Service Life Insurance Co.
UR: Standard procedures including on-site current review, mental health/chemical dependency precertification and review. UR provided by the PPO.
Officers: Michael Blackwood, president/CEO; Elizabeth D. Allen, vp; Dr. Greg P. Allen, medical director; Thomas J. Murray, vp-marketing; Denise J. Reese, vp/CFO.
Contact: Thomas J. Murray.

Horizon Health Plan

265 Conneaut Lake Road, Meadville, Pa. 16335; 814-336-1782; fax: 814-337-0479

Staff	
Physicians	771
Board-certified	71%
Facilities	
Hospitals	20
Diagnostic labs	6
Users: Group Health	
Employer/payer groups	123
Employees & dependents	27,232
Total users	**27,232**

Operational date: September 1986.
For profit.
Ownership: Horizon Hospital System, Millcreek Community Hospital, Northwest Medical Center, Saint Vincent Health Center, Titusville Area Hospital.
Service area: Pennsylvania: Allegheny, Beaver, Butler, Cambria, Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Forest, Jefferson, Lawrence, McKean, Mercer, Venango and Warren counties.
Services: Standard package including durable medical equipment, podiatry, OB/Gyn. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem, discount off customary rates, DRGs; is compensated by access fee paid by employer; charges a flat fee per employee. Services groups under contract with Acordia of Western Pennsylvania; American SelectCare Corp.; Association Administrators & Consultants Inc.; Benefit Administrators Inc.; BenePlan Strategies Inc.; B.P. Agency Inc.; Coordinated Benefits Corp.; Diversified Group Administrators Inc.; Employee Benefit Plans Inc.; Employee Benefit Plans of Oklahoma; Group Insurance Services Inc.; Health Claims Inc.; Health America; Medical Resources Ltd.; NEP Insurance Services Inc.; North American Benefits Network; Provident Indemnity; The TPA of Ohio.
UR: Standard procedures excluding concurrent review, case management. UR provided by outside contractors.
Officers: Gerald P. Alonge, executive director; Steven M. Fisher, vp-managed care/marketing; Mike Ebert, director-sales/marketing.
Contact: Nyla Reutzel, manager-network development.

InterGroup Services Corp.-Select Provider Network

101 Lindenwood Drive, Suite 150; Malvern, Pa. 19355; 800-537-9389; fax: 215-647-5383

Staff	
Physicians	4,300
Board-certified	70%
Specialists	2,800
Administrative	5
Marketing	3
Facilities	
Hospitals	85
Diagnostic labs	40
Users: Group Health	
Employer/payer groups	3,150
Employees & dependents	365,000
Users: Workers Compensation	
Employer/payer groups	25
Single coverage	605,000
Total users	**970,000**
Revenues	
1991	$31,500,000
1990	$22,000,000

Operational date: 1985.
For profit.
Ownership: Resource Holdings Ltd.
Service area: Pennsylvania; New Jersey: Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Gloucester, Hunterdon, Mercer, Monmouth, Morris, Ocean, Salem and Somerset counties; Delaware.
Services: Standard package including durable medical equipment, podiatry, OB/Gyn. 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, discount off customary rates, DRGs; is compensated by employers/payers, insurers, TPAs; charges a flat fee per employee, percent of savings. The PPO will adjust fees based on savings not realized. Services groups under contract with CAPP CARE, FOCUS Healthcare Management, Principal Mutual, USA Healthnet, PRO-NET; COST CARE and 55 other claims administrators and insurance companies.
UR: Standard procedures including workers compensation review. UR provided by CAPP CARE; FOCUS Healthcare Management; Principal Mutual; Mutual of Omaha.
Officers: G. Martin Dudley, CLU, president; Roger Halverson, vp-marketing; David R. Vaughn, chairman; John A. George, executive vp; John R. Strube, vp.

Intracorp

1205 Westlakes Drive, Suite 300, Berwyn, Pa. 19312; 215-889-2747; fax: 215-889-2621

Service area: Contracts with USA Healthnet in Alabama, Arizona, Arkansas, California, Colorado, Florida, Georgia, Illinois, Indiana, Kansas, Kentucky, Louisiana, Massachusetts, Mississippi, Missouri, Nebraska, Oklahoma, Pennsylvania, South Carolina, Tennessee, Texas, Virginia, Washington, Wisconsin.
Contact: USA Healthnet/WIN, 3355 W. Alabama, Suite 1010, Houston, Texas 77098; 800-438-1828.

Medview Services Inc. (Comp Pro)

32991 Hamilton Court, Farmington Hills, Mich. 48334; 313-488-5260; fax: 313-488-5262

Staff	
Physicians	3,854
Board-certified	90%
Specialists	2,614
Facilities	
Hospitals	133
Users: Group Health	
Employer/payer groups	3
Employees & dependents	21,000
Users: Workers Compensation	
Employer/payer groups	7
Single coverage	110,000
Total users	**131,000**

Service area: Missouri.

See Medview Services Inc. (Comp Pro) consolidated listing under Michigan.

Mental Health Consultants

1878 Sugar Bottom Road, Furlong, Pa. 18925; 215-345-7838; fax: 215-345-8488

Staff	
Specialists	185
Administrative	5
Marketing	2
Facilities	
Hospitals	18
Users: Group Health	
Employer/payer groups	22
Family coverage	42,000
Employees & dependents	82,000
Users: Workers Compensation	
Employer/payer groups	1
Single coverage	25,000
Total users	**107,000**

Operational date: February 1980.
For profit.
Ownership: Mental Health Consultants.
Service area: Pennsylvania: Berks, Bucks, Chester, Delaware, Lancaster, Lehigh Montgomery, Northampton and Philadelphia counties; New Jersey: Burlington, Camden and Warren counties.
Services: Substance abuse, psychiatric, employee assistance, mental health 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; is compensated by employers/payers, insurers, TPAs; charges a flat fee per employee.
UR: Standard procedures excluding second surgical opinion and including disability review. UR provided by the PPO.
Officers: Edward J. Haaz, president; Gary Nightingale, executive director; Melissa Plenzick, marketing director; Cyndi Haaz, secretary.

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MetLife Network-Pennsylvania

1515 Market St., Suite 710,
Philadelphia, Pa. 19102;
215-656-7756

Contact: Thomas J. Regan, vp.
See MetLife Network consolidated listing under Connecticut.

OPTIONS UR-Comp Network

1400 Penn Ave., Suite 200,
Pittsburgh, Pa. 15219;
412-391-9607; fax: 412-391-0468

Staff	
Physicians	108
Board-certified	90%
Specialists	519
Administrative	6
Marketing	3
Facilities	
Hospitals	25
Pharmacies	30
Diagnostic labs	17
Users: Workers Compensation	
Employer/payer groups	13
Single coverage	90,000
Total users	**90,000**

Operational date: June 1990.
For profit.
Service area: Pennsylvania: Alleghany, Armstrong, Beaver, Blair, Butler, Cambria, Center, Erie, Fayette, Greene, Indiana, Lawrence, Mercer, Somerset and Washington counties.
Services: Standard package including vision, dental, durable medical equipment, podiatry, physical therapy centers, MRI centers, urgent care centers, rehabilitation, independent exams, work hardening. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by discount off customary rates; is compensated by employers/payers, insurers, TPAs; charges a percent of savings.
UR: Standard procedures excluding discharge planning. UR provided by the PPO.
Officers: Antonia L. Scarlata, COO; Robert C. Coll, vp-administrative services; Virginia S. Gainor, medical director; Lesly Wagner, marketing director.

Pennsylvania Blue Shield

P.O. Box 890089, Camp Hill, Pa.
17089-0089; 717-763-3151

Users: Group Health	
Employees & dependents*	87,787
Total users*	**87,787**

Operational date: 1985.
Ownership: Pennsylvania Blue Shield.
Service area: Pennsylvania.
** Figures are as of Dec. 31, 1991.*

Pennsylvania Health Care Plan

4117 Penn Ave., Pittsburgh, Pa.
15201; 412-622-4300;
fax: 412-621-6705

Staff	
Physicians	743
Administrative	4
Marketing	5
Facilities	
Hospitals	40
Pharmacies	539
Diagnostic labs	19
Users: Group Health	
Employer/payer groups	135
Family coverage	22,000
Employees & dependents	55,000
Users: Workers Compensation	
Employer/payer groups	10
Single coverage	2,000
Total users	**60,000**

Operational date: August 1986.
For profit.
Ownership: St. Francis Health System.
Service area: Pennsylvania: Alleghany, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Centre, Clearfield, Fayette, Fulton, Greene, Huntingdon, Indiana, Jefferson, Lawrence, Somerset; Venango, Washington and Westmoreland counties; Ohio: Belmont, Columbiana, Harrison, Mahoning, Monroe, Coshocton and Tuscarawas counties; West Virginia: Brooke, Hancock, Marshall Ohio and Wetzel counties.
Services: Standard package including vision, dental, durable medical equipment, podiatry, OB/Gyn, home health agency, pediatric nursing service, pediatric durable medical equipment. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem, discount off customary rates; is compensated by employers/payers, providers, insurers, TPAs; charges a flat fee per employee, percent of savings, percent of services by doctors/hospitals. The PPO will adjust fees based on savings realized or not realized. Services groups under contract with MassMutual; Central Reserve Life; Congress Life; The Mutual Group; Diversified Group Life.
UR: Standard procedures including drug utilization review. UR provided by the PPO.
Officers: M. Daniel Splain, CEO; Elizabeth Stolkowski, COO; Dr. Michael Christy, medical director; Lance Blankenship, marketing director.

Preferred Care Inc.

6 Neshaminy Interplex, Suite 205,
Trevose, Pa. 19053;
215-639-6208; fax: 215-639-2672

Staff	
Physicians	782
Board-certified	80%
Specialists	1,189
Administrative	12
Marketing	2
Facilities	
Hospitals	36
Diagnostic labs	6
Users: Group Health	
Employer/payer groups	22
Single & family coverage	68,000
Employees & dependents	156,400
Users: Workers Compensation	
Employer/payer groups	5
Single coverage	250,000
Total users	**594,400**
Revenues	
1991	$6,000,000
1990	$4,500,000

Operational date: January 1985.
For profit.
Service area: Pennsylvania: Bucks, Chester, Delaware, LeHigh, Montgomery and Philadelphia counties; New Jersey: Burlington, Camden, Gloucester and Mercer counties; northern Delaware.
Services: Standard package including vision, dental, durable medical equipment, podiatry, OB/Gyn. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem, discount off customary rates, DRGs; is compensated by employers/payers, insurers, TPAs; charges a flat fee per employee, percent of savings. Services groups under contract with John Alden Life Insurance Co.; Provident Indemnity Insurance Co.; Alta Health Strategies Inc.; Willsie & Associates; National Benefits Corp.; Equitable Beneficial Life Insurance Co.; ProAmerica Managed Care; USA Healthnet; American International Healthcare.
UR: Standard procedures. UR provided by outside contractors.
Officers: Larry W. Driscoll, president; Richard L. Matthew, executive director; Melissa Plenzick, marketing director.
Contact: Richard L. Matthew.

Preferred Healthcare Systems Inc.

620 Howard Ave., Altoona, Pa.
16601; 814-949-3009;
fax: 814-949-3115

Staff	
Physicians	102
Board-certified	75%
Specialists	155
Administrative	2
Marketing	1
Facilities	
Hospitals	10
Diagnostic labs	10
Users: Group Health	
Employer/payer groups	76
Employees & dependents	7,400
Total users	**7,400**

Operational date: July 1985.
Not for profit.
Service area: Pennsylvania: Bedford, Blair, Centre, Clearfield, Fulton, Huntingdon, Juniate and Mifflin counties.
Services: Standard package including durable medical equipment, podiatry, OB/Gyn. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem, discount off customary rates; is compensated by employers/payers; charges a flat fee per employee. Services groups under contract with Educators Mutual Life Insurance Co.; Equitable Beneficial Life Insurance Co.; Travelers Insurance Co.; Blair Mill Administrators; BABB Administrators; NEP Administrators; Diversified Group Administrators Inc.; Alta Health Strategies Inc.
UR: Standard procedures excluding hospital bill audits. UR provided by the PPO and Medicus.
Officers: Donald E. Snyder, president; Kathy J. Meckley, executive director; Thomas J. Link, marketing director; Marvin H. Meisner, chairman.
Contact: Carole L. Kron.

Private Healthcare Systems Inc.

330 Madison Ave., 26th Floor, New
York, N.Y. 10017; 212-983-7128;
fax: 212-983-7128

Staff	
Physicians	3,663
Facilities	
Hospitals	42

Service area: Pennsylvania: Allentown, Bethlehem, Carlisle, Easton, Harrisburg, Lebanon, Pittsburgh, Philadelphia, Scranton/Wilkes Barre, Williamsport and portions of New Jersey.
Contact: Glenda Henderson, senior vp-operations.
See Private Healthcare Systems Inc. consolidated listing under Massachusetts.

ProAmerica Managed Care Inc.

714 Main St., Fort Worth, Texas
76102; 800-523-3669;
fax: 817-347-3296

Facilities	
Hospitals	12
Users: Group Health	
Employees & dependents	63,700
Total users	**63,700**

Service area: Pennsylvania.
See ProAmerica Managed Care Inc. consolidated listing under Texas.

PruCare of Philadelphia (Point-of-Service)

220 Gibralter Road, Suite 200,
Horsham, Pa. 19044;
215-672-1944; fax: 215-442-2946

Staff	
Physicians	1,014
Patients/physician	50
Board-certified	80%
Specialists	1,717
Administrative	45
Marketing	25
Facilities	
Hospitals	30
Pharmacies	133
Diagnostic labs	18
Users: Group Health	
Employer/payer groups	77
Employees & dependents	51,115
Total users	**51,115**

Operational date: August 1987.
For profit.
Ownership: The Prudential Insurance Co. of America.
Service area: Pennsylvania: Bucks, Chester, Delaware, Lehigh, Montgomery, Northhampton and Philadelphia counties; Delaware: New Castle County.
Services: Standard package including durable medical equipment, podiatry, OB/Gyn.
Compensation: Negotiates hospital charges by per diem, discount off customary rates, DRGs; is compensated by employers/payers; charges a flat fee per employee. The PPO will adjust fees based on savings realized or not realized.
UR: Standard procedures excluding second surgical opinion, hospital bill audits. UR provided by the PPO.
Officers: Patrick Geraghty, executive director; Dr. Daniel Lyons, medical director; Pamela Monachello.
See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

PruCare of Philadelphia*

220 Gibraltar Road, Suite 200,
Horsham, Pa. 19044;
215-672-1944; fax: 215-442-2946

Operational date: April 1991.
** PruCare of Philadelphia is Prudential's PPO product, with provider networks comparable to PruCare of Philadelphia (Point-of-Service).*
See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

Travelers Managed Care System-Philadelphia

3 Parkway Plaza, Suite 1310,
Philadelphia, Pa. 19102;
800-334-2705

Staff	
Physicians	2,259
Facilities	
Hospitals	30
Users: Group Health	
Employer/payer groups	510
Total users	**48,076**

Operational date: January 1988.
Service area: New Jersey: Burlington, Camden, Gloucester and Mercer counties; Pennsylvania: Buck, Chester, Delaware, Montgomery and Philadelphia counties.
Officers: Patricia Hedden, executive director; William Wohlgemuth, district sales manager.
See The Travelers Insurance Co. consolidated listing under Connecticut.

Travelers Managed Care System-Pittsburgh

1 Mellon Bank Center, 500 Grant
St., Pittsburgh, Pa. 15219-2502;
412-338-5546

Staff	
Physicians	1,331
Facilities	
Hospitals	15
Users: Group Health	
Employer/payer groups	75
Total users	**19,271**

Operational date: June 1988.
Service area: Pennsylvania: Allegheny, Beaver, Butler, Fayette, Lawrence, Washington and Westmoreland counties.
Officers: Patricia Hedden, executive director; William Wohlgemuth, district sales manager.
See The Travelers Insurance Co. consolidated listing under Connecticut.

University Health Network, c/o Blue Cross of Western Pennsylvania

Fifth Avenue Place, 120 5th Ave.,
Suite 731, Pittsburgh, Pa. 15222;
412-255-8142; fax: 412-255-8550

Staff	
Physicians	337
Patients/physician	23.8
Board-certified	98%
Specialists	1,192
Administrative	5
Facilities	
Hospitals	13
Diagnostic labs	1
Users: Group Health	
Employer/payer groups	12
Single & family coverage	4,733
Employees & dependents	8,903
Total users	**8,903**
Revenues	
1991	$6,020,000
1990	$5,400,000

Operational date: July 1987.
Not for profit.
Ownership: Blue Cross of Western Pennsylvania, Blue Shield, University Health Services.
Service area: Pennsylvania: Alleghany, Butler Washington and Westmoreland counties.
Services: Standard package including OB/Gyn. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem; is compensated by employers/payers; charges a percent of services by doctors/hospitals.
UR: Standard procedures excluding discharge planning, hospital bill audits, outpatient service predetermination. UR provided by the PPO and Health Related Services.
Officers: John O'Neil, president; Dr. Michael Karpf, medical director.
Contact: Michael F. Zezulewicz, director-alternative delivery systems.

VHA East Health Plans Inc.

200 Berwyn Park, Suite 202,
Berwyn, Pa. 19312; 215-296-2558;
fax: 215-296-8850

Staff	
Physicians	456
Board-certified	87%
Specialists	800
Administrative	2
Facilities	
Hospitals	16
Diagnostic labs	16
Users: Group Health	
Employer/payer groups	10
Employees & dependents	15,000
Total users	**15,000**

Operational date: June 1987.
For profit.
Ownership: VHA East.
Service area: Pennsylvania: Bucks, Chester, Delaware, Lehigh, Montgomery and Philadelphia counties; New Jersey: Burlington and Gloucester.counties.
Services: Standard package including dental, durable medical equipment, podiatry, OB/Gyn. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by discount off customary rates; is compensated by employers/payers, providers; charges a flat fee per employee.
UR: Standard procedures. UR provided by multiple outside contractors.
Officers: Michael J. Daly, president.

PUERTO RICO

Aetna Health Plans

580 Village Blvd., Suite 215, West
Palm Beach, Fla. 33409-1902;
407-683-3633; fax: 407-471-8219

Users: Group Health	
Employer/payer groups	25
Employees & dependents	10,000
Total users	**10,000**

Operational date: June 1986.
Service area: Contracts with Medical Card System Inc. in Puerto Rico.
Officers: Felipe Benedit, president; Domingo Rodriguez, vp-treasurer; Emily Fererra, system director; Jose Duran, vp-operations; Jose G. Melendez, vp-services; Jenny Berruz, managed care director.
See Aetna Health Plans consolidated listing under Connecticut.

Beech Street

2 Ada, Irvine, Calif. 92718;
714-727-1353 or 800-233-2478;
fax: 714-727-1319

Facilities	
Pharmacies	31

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Continued from previous page

Service area: Puerto Rico.

See Beech Street of California Inc. consolidated listing under California.

CAPP CARE Inc.

West Tower, 4000 MacArthur Blvd., Suite 10000, Newport Beach, Calif. 92660-2526; 714-251-2200; fax: 714-251-2222

Facilities	
Hospitals	1

Service area: Puerto Rico: San Juan.

See CAPP CARE Inc. consolidated listing under California.

RHODE ISLAND

AIIA/COMP CARE

1620 Mason Ave., P.O. Box 11770, Daytona Beach, Fla. 32120; 904-274-3232; fax: 904-274-3242

Staff	
Chiropractors	10
Users: Workers Compensation	
Employer/payer groups	7

Service area: Rhode Island.

See AIIA/COMP CARE consolidated listing under Florida.

Beech Street

2 Ada, Irvine, Calif. 92718; 714-727-1353 or 800-233-2478; fax: 714-727-1319

Facilities	
Pharmacies	40

Service area: Rhode Island.

See Beech Street of California Inc. consolidated listing under California.

CAPP CARE Inc.

West Tower, 4000 MacArthur Blvd., Suite 10000, Newport Beach, Calif. 92660-2526; 714-251-2200; fax: 714-251-2222

Service area: Rhode Island: Providence and Pawtucket.

See CAPP CARE Inc. consolidated listing under California.

HealthMate

1 LaSalle Square, Providence, R.I. 02903; 401-459-1000

Staff	
Physicians	820
Specialists	1,280
Facilities	
Hospitals	17
Pharmacies	250
Diagnostic labs	27
Users: Group Health	
Employer/payer groups	9,479
Single coverage	38,470
Family coverage	43,455
Employees & dependents	185,632
Total users	**185,632**
Revenues*	
1991	$157,484,996
1990	$87,091,128

Operational date: July 1986.
Not for profit.
Ownership: Blue Cross & Blue Shield of Rhode Island.
Service area: Rhode Island.
Services: Standard package including vision, durable medical equipment, podiatry, OB/Gyn. Services available unbundled. 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 employee.
UR: Standard procedures. UR provided by the PPO and Green Spring Health Services for mental health/substance abuse.
Officers: Douglas J. McIntosh, president; Dr. George Coleman, medical director; Richard Krupski, marketing director.
**Claims paid.*

ProAmerica Managed Care Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669; fax: 817-347-3296

Facilities	
Hospitals	1
Users: Group Health	
Employees & dependents	1,400
Total users	**1,400**

Service area: Rhode Island.

See ProAmerica Managed Care Inc. consolidated listing under Texas.

Travelers Managed Care System-Rhode Island

125 High St., Boston, Mass. 02109; 617-772-2670

Staff	
Physicians	3,778
Facilities	
Hospitals	32
Users: Group Health	
Employer/payer groups	1,213
Employees & dependents	64,018
Total users	**64,018**

Operational date: March 1987.
Service area: Massachusetts: Bristol, Essex, Middlesex, Norfolk, Plymouth, Suffolk and Worcester counties; New Hampshire: Hillsborough, Merrimack and Rockingham counties; Rhode Island: Bristol, Kent, Newport, Providence and Washington counties.
Officers: Mary Ann Shea, executive director; Joseph Robinson, district sales manager.

See The Travelers Insurance Co. consolidated listing under Connecticut.

SOUTH CAROLINA

AIIA/COMP CARE

1620 Mason Ave., P.O. Box 11770, Daytona Beach, Fla. 32120; 904-274-3232; fax: 904-274-3242

Staff	
Chiropractors	41
Users: Workers Compensation	
Employer/payer groups	13

Service area: South Carolina.

See AIIA/COMP CARE consolidated listing under Florida.

Aetna Health Plans*

2000 Center Point Blvd, Columbia S.C. 29210; 803-731-7577; fax: 803-731-7615

Staff	
Physicians	60
Board-certified	77%
Specialists	373
Facilities	
Hospitals	7
Pharmacies	249
Users: Group Health	
Employer/payer groups	8
Employees & dependents	10,556
Total users	**10,556**

Operational date: January 1990.
Service area: South Carolina: Berkeley, Calhoun, Charleston, Cherokee, Dorchester, Fairfield, Greenville, Kershaw, Lexington, Pickens, Richland, and Spartanburg counties.
Officers: Dr. Dan Barco, Medical Director; Preston Williams, Marketing Director.
**Information drawn from a consolidation of the Greenville/Spartanburg, Charleston and Columbia networks operated from this office. Employer/payer groups may overlap, but total users do not.*

See Aetna Health Plans consolidated listing under Connecticut.

Beech Street

2 Ada, Irvine, Calif. 92718; 714-727-1353 or 800-233-2478; fax: 714-727-1319

Staff	
Physicians	12
Specialists	29
Facilities	
Hospitals	7
Pharmacies	384

Service area: South Carolina.

See Beech Street of California Inc. consolidated listing under California.

CAPP CARE Inc.

West Tower, 4000 MacArthur Blvd., Suite 10000, Newport Beach, Calif. 92660-2526; 714-251-2200; fax: 714-251-2222

Facilities	
Hospitals	3

Service area: South Carolina: Charleston, Columbia, and Greenville/Spartanburg.

See CAPP CARE Inc. consolidated listing under California.

CIGNA PPO-Columbia

2100 Rexford Road, Suite 422, Charlotte, N.C. 28211; 704-362-1703; fax: 704-544-5951

Facilities	
Hospitals	2

Operational date: January 1990.
Service area: South Carolina: Lexington and Richland counties.
Officers: Tim Fitzgerald, regional managed care officer; Cissie Carroll, provider relations.

See CIGNA Preferred Provider Organization consolidated listing under Connecticut.

FOCUS Healthcare Management Inc.

P.O. Box 235, 17 A Hartwell Villas, Anderson, S.C. 29624; 803-225-1426

Staff	
Physicians	1
Board-certified	50%
Specialists	41
Marketing	1
Facilities	
Hospitals	25
Diagnostic labs	12
Users: Workers Compensation	
Employer/payer groups	22
Single coverage	236,370
Total users	**236,370**

Operational date: June 1991.
Service area: South Carolina: Charleston, Richmond, Florence, Spartanburg and Greenville counties.

See FOCUS Healthcare Management Inc. consolidated listing under Tennessee.

Medview Services Inc. (Comp Pro)

32991 Hamilton Court, Farmington Hills, Mich. 48334; 313-488-5260; fax: 313-488-5262

Staff	
Physicians	38
Board-certified	90%
Specialists	31
Facilities	
Hospitals	26
Users: Group Health	
Employer/payer groups	2
Employees & dependents	1,000
Users: Workers Compensation	
Employer/payer groups	4
Single coverage	1,700
Total users	**2,081**

Service area: South Carolina.

See Medview Services Inc. (Comp Pro) consolidated listing under Michigan.

Preferred Personal Care

I-20 at Alpine Road, Columbia, S.C. 29219-0001; 803-788-0222; fax: 803-788-8702

Staff	
Physicians	1,169
Board-certified	90%
Specialists	1,648
Facilities	
Hospitals	49
Pharmacies	16,000
Users: Group Health	
Employees & dependents	210,000
Total users	**210,000**

Operational date: January 1984.
Not for profit.
Ownership: Blue Cross & Blue Shield of South Carolina.
Service area: South Carolina.
Services: Standard package including durable medical equipment, OB/Gyn. 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, discount off customary rates, DRGs; is compensated by employers/payers; charges a flat fee per employee. The PPO will adjust fees based on savings realized or not realized. Services groups under contract with Planned Administrators Inc.
UR: Standard procedures. UR provided by the PPO.
Officers: M. Edward Sellers, president; Tom Faulds, executive vp; Dr. Ashby Jordan, medical director; Donald B. Nystrom, marketing vp; Douglas Fleming, vp.
Contact: Douglas Fleming 803-788-0222 ext. 2557.

Private Healthcare Systems Inc.

1000 Abernathy Road, Suite 940, Atlanta, Ga. 30328; 404-394-1084; fax: 404-394-1398

Staff	
Physicians	86
Facilities	
Hospitals	2

Service area: South Carolina: Charleston.
Contact: Paul Robinson, regional vp-operations.

See Private Healthcare Systems Inc. consolidated listing under Massachusetts.

ProAmerica Managed Care Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669; fax: 817-347-3296

Facilities	
Hospitals	8
Users: Group Health	
Employees & dependents	21,000
Total users	**21,000**

Service area: South Carolina.

See ProAmerica Managed Care Inc. consolidated listing under Texas.

Provident Preferred Network

250 Commonwealth Drive, Greenville, S. C. 29616; 803-234-7953; fax: 803-234-0253

Staff	
Physicians	1,219
Board-certified	75%
Administrative	14
Marketing	15
Facilities	
Hospitals	32
Pharmacies	15
Diagnostic labs	35
Users: Group Health	
Employer/payer groups	93
Single & family coverage	136,457
Employees & dependents	313,851
Total users	**313,851**

Operational date: January 1986.
For profit.
Ownership: Provident Life & Accident Insurance Co.
Service area: 31 counties in South Carolina.

See Provident Preferred Network consolidated listing under Tennessee.

Travelers Managed Care System-Charleston

21 Perimeter Center Parkway, Atlanta, Ga. 30346; 404-395-4850

Staff	
Physicians	208
Facilities	
Hospitals	2
Users: Group Health	
Employer/payer groups	52
Total users	**3,219**

Operational date: March 1988.
Service area: South Carolina: Berkeley, Charleston and Dorchester counties.
Officers: Larry Jackson, director-operations; Brad Van Winkle, district sales manager.

See The Travelers Insurance Co. consolidated listing under Connecticut.

SOUTH DAKOTA

Aware

1601 W. Madison St., Sioux Falls, S.D. 57104; 605-336-1976

Staff*	
Physicians	51
Facilities*	
Hospitals	650
Users: Group Health*	
Employees & dependents	7,269
Total users*	**7,269**

Operational date: January 1987.
Sponsorship: Blue Cross of South Dakota.
Service area: South Dakota.
UR: Standard procedures excluding length of stay determination, retrospective review, hospital bill audits, case management.
**Figures are 1990 data.*

Beech Street

2 Ada, Irvine, Calif. 92718; 714-727-1353 or 800-233-2478; fax: 714-727-1319

Facilities	
Hospitals	1
Pharmacies	55

Service area: South Dakota.

See Beech Street of California Inc. consolidated listing under California.

TENNESSEE

AIIA/COMP CARE

1620 Mason Ave., P.O. Box 11770, Daytona Beach, Fla., 32120; 904-274-3232; fax: 904-274-3242

Staff	
Chiropractors	37
Users: Workers Compensation	
Employer/payer groups	7

Service area: Tennessee.

See AIIA/COMP CARE consolidated listing under Florida.

Aetna Health Plans-Knoxville/Chattanooga*

3 Piedmont Center, Suite 300, 3565 Piedmont Road, Atlanta, Ga. 30305; 404-814-4340; fax: 404-814-4338

Staff	
Physicians	232
Board-certified	75%
Specialists	770
Facilities	
Hospitals	16
Pharmacies	151
Users: Group Health	
Employer/payer groups	102
Employees & dependents	16,400
Total users	**16,400**

Operational date: May 1986.
Service area: Georgia: Catoosa, Dade and portions of Walker counties; Tennessee: Anderson, Blount, Cocke, Hamblen, Hamilton, Grainger, Jefferson, Knox, Loudon, Roane, Sevier and portions of Marion, Morgan and Union counties.
Officers: Dr. John Gastright, medical director; Barbara Bailey, marketing director; Steve White, provider network director.
**Information drawn from a consolidation of the Knoxville and Chattanooga networks operated from this office. Employer/payer groups may overlap, but total users do not.*

See Aetna Health Plans consolidated listing under Connecticut.

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Aetna Health Plans-Memphis

6077 Primacy Parkway, Suite 310, Memphis, Tenn. 38119; 901-684-2380; fax: 901-684-2394

Staff	
Physicians	390
Patients/physician	49
Board-certified	71%
Specialists	1,110
Facilities	
Hospitals	17
Pharmacies	185
Diagnostic labs	4
Users: Group Health	
Employer/payer groups	190
Employees & dependents	19,585

Operational date: November 1987.

Service area: Tennessee: Fayette, Haywood, Lauderdale, Obion, Shelby, Tipton and portions of Weakley counties; Arkansas: Crittendon, Lee, Mississippi, St. Francis and portions of Craighead and Poinsett counties; Kentucky: Fulton County; Mississippi: Alcorn, Benton, De Soto, Lafayette, Marshall, Panola, Prestiss, Tate, Tippah and Union counties.

Officers: Dr. James Geraughty, medical director; Wayne Lohman, marketing director; Amy Williams, vp; Tom Hoerl, administrator-network management.

See Aetna Health Plans consolidated listing under Connecticut

Aetna Health Plans-Nashville

150 Fourth Ave. N., Suite 1260, Nashville, Tenn. 37219; 615-291-8323; fax: 215-291-6527

Staff	
Physicians	559
Board-certified	82%
Specialists	422
Facilities	
Hospitals	18
Users: Group Health	
Employer/payer groups	126
Employees & dependents	28,804

Operational date: July 1989.

Service area: Tennessee: Bedford, Cheatham, Coffee, Davidson, Dekalb, Dickson, Giles, Maury, Robertson, Rutherford, Smith Sumner, Trousdale, Williamson and Wilson counties.

Officers: Dr. James Geraughty, medical director; Cliff McGown, marketing director; Amy N. Williams, vp; Luis A. Rosa, network management director.

See Aetna Health Plans consolidated listing under Connecticut

Baptist Health Services Group

920 Madison Ave., Suite 415, Memphis, Tenn. 38103; 901-227-2474; fax: 901-227-7246

Staff	
Physicians	1,552
Board-certified	77%
Specialists	901
Administrative	3
Marketing	4
Facilities	
Hospitals	17
Pharmacies	2
Diagnostic labs	2
Users: Group Health	
Employer/payer groups	2,168
Employees & dependents	123,758
Users: Workers Compensation	
Employer/payer groups	18
Single coverage	17,486
Total users	**123,758**

Operational date: November 1985.

For profit.

Ownership: Baptist Memorial Hospital and Physicians Healthcare Corp. of the Mid South.

Service area: Arkansas, Mississippi, Tennessee.

Services: Standard package including durable medical equipment, podiatry, OB/Gyn.

Compensation: Negotiates hospital charges by per diem, discount off customary rates, DRGs.

UR: UR provided by outside contractors.

Officers: Bill Fleming, executive director; Michael Clement, marketing director; Fred Stearns, director-operations.

Contact: Fred Stearns.

Beech Street

2 Ada, Irvine, Calif. 92718; 714-727-1353 or 800-233-2478; fax: 714-727-1319

Facilities	
Hospitals	13
Pharmacies	569

Service area: Tennesee.

See Beech Street of California Inc. consolidated listing under California.

CCN Inc.

8911 Balboa Ave., San Diego, Calif. 92123; 619-278-2273; fax: 619-278-1262

Operational date: December 1992.

For profit.

Service area: Tennessee.

Services: Hospitalization, physicians. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by per diem, discount off customary rates; is compensated by employers/payers, insurers, TPAs; charges a flat fee per employee, percent of savings.

UR: Preadmission review, precertification, concurrent review, length of stay determination, retrospective review. UR provided by the PPO.

See CCN Inc. consolidated listing under California.

CNA Managed Care PPO-Memphis/Nashville*

2302 Parklake Drive N.E., Atlanta, Ga. 30345; 404-491-5100 (Memphis); 404-491-5397 (Nashville)

Staff	
Physicians	1,232
Board-certified	58.6%
Facilities	
Hospitals	22
Total employee users	**12,436**

Service area: Tennessee: Coffee, Davidson, Dickson, Dyer, Franklin, Maury, Montgomery, Obion, Robertson, Shelby, Sumner, Weakley and Wilson counties; Arkansas: Crittenden County.

Contact: Manager-major group sales, 404-491-5359.

**Information drawn from a consolidation of the Nashville and Memphis networks operated from this office.*

See CNA Managed Care PPO consolidated listing under Illinois.

CAPP CARE Inc.

West Tower, 4000 MacArthur Blvd., Suite 10000, Newport Beach, Calif. 92660-2526; 714-251-2200; fax: 714-251-2222

Staff	
Physicians	3,806
Facilities	
Hospitals	51

Service area: Western and Central Tennessee, Knoxville, Tenn.; Northeast Arkansas; Northern Mississippi.

See CAPP CARE Inc. consolidated listing under California.

CIGNA PPO-Chattanooga

1360 Post Oak Blvd., Suite 1500, Houston, Texas 77056; 713-623-7844; fax: 713-623-7853

Staff	
Physicians	239
Facilities	
Hospitals	9

Continued on next page

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Continued from previous page

Operational date: January 1988.
Service area: Tennessee: Bradley, Catoosa and Hamilton counties.
Officers: Bras Arms, regional managed care officer; Martha Lentz, provider relations.

See CIGNA Preferred Provider Organization consolidated listing under Connecticut.

CIGNA PPO-Memphis/Jackson

850 Ridge Lake, Suite 210, Memphis, Tenn. 38120; 901-683-1653; fax: 901-685-3837

Staff	
Physicians	813
Facilities	
Hospitals	21

Operational date: January 1988.
Service area: Tennessee: Crittenden, DeSoto, Fayette, Madison, Shelby and Tipton counties.
Officers: Tim Fitzgerald, regional managed care officer; Patti Letchworth, provider relations.

See CIGNA Preferred Provider Organization consolidated listing under Connecticut.

CIGNA PPO-Nashville

1801 W. End Ave., Suite 800, Nashville, Tenn. 37203; 615-340-3059; fax: 615-340-3590

Staff	
Physicians	619
Facilities	
Hospitals	15

Operational date: January 1985.
Service area: Tennessee: Cannon, Cheatham, Davidson, DeKalb, Dickson, Maury, Montgomery, Robertson, Rutherford, Sumner, Williamson and Wilson counties.
Officers: Tim Fitzgerald, regional managed care officer; Patsy Kelly, provider relations.

See CIGNA Preferred Provider Organization consolidated listing under Connecticut.

Davis Vision

159 Express St., Plainview, N.Y. 11803; 800-933-9371; fax: 516-932-9845

Staff	
Optometrists	45
Users: Group Health	
Employer/payer groups	6
Employees & dependents	19,000
Total users	**19,000**

Service area: Tennessee.
See Davis Vision consolidated listing under New York.

FOCUS Healthcare Management Inc.*

7101 Executive Center Drive, Suite 375, Brentwood, Tenn. 37027; 615-377-9936

Staff	
Physicians	3,343
Board-certified	50%
Specialists	10,279
Administrative	3
Marketing	39
Facilities	
Hospitals	1,036
Diagnostic labs	512
Users: Workers Compensation	
Employer/payer groups	517
Single coverage	15,382,599
Total users	**15,382,599**

Service area: Alabama, Arkansas, California, Florida, Georgia, Louisiana, Mississippi, North Carolina, New Jersey, Nebraska, Oklahoma, Pennsylvania, South Carolina, Tennessee, Texas, Virginia, Wisconsin, Colorado, Illinois/Indiana, Delaware, Missouri/Kansas, Iowa. See regional listings for counties serviced.
Services: Standard package including vision, dental, durable medical equipment, podiatry. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem, discount off customary rates; is compensated by employers/payers, insurers, TPAs; charges by percent of savings.
UR: Standard procedures. UR provided by the PPO.
Officers: Stryker Warren Jr., CEO; David S. Iskowe, president; Dr. Richard Cooper, medical director; Mitchell Weinstein, Jim Lackey, senior vps.
Contact: Bob Sturdivant, vp-national accounts, 800-873-0055.
**Figures are consolidated, including all PPOs in this organization.*

FOCUS Healthcare Management Inc.

7101 Executive Center Drive, Suite 375, Brentwood, Tenn. 37027; 615-377-9936

Staff	
Physicians	79
Board-certified	50%
Specialists	406
Marketing	1
Facilities	
Hospitals	42
Diagnostic labs	6
Users: Workers Compensation	
Employer/payer groups	41
Single coverage	1,138,582
Total users	**1,138,582**

Operational date: February 1990.
Service area: Tennessee: Coffee, Davidson, Dekalb, Dickson, Hamilton, Knox, Lauden, Maury, Putnam, Robertson, Rutherford, Shelby, Sumner, Warren, Williamson and Wilson counties.

See FOCUS Healthcare Management Inc. consolidated listing under Tennessee.

Health Net Inc.

1817 Patterson St., P.O. Box 23497, Nashville, Tenn. 37202-3497; 615-321-9511; fax: 615-321-4140

Staff	
Physicians	700
Patients/physician	65
Board-certified	80%
Specialists	500
Administrative	19
Marketing	6
Facilities	
Hospitals	18
Pharmacies	59
Diagnostic labs	9
Users: Group Health	
Employer/payer groups	1,700
Employees & dependents	75,000
Total users	**75,000**
Revenues	
1991	$1,431,000
1990	$1,196,000

Operational date: May 1984.
Not for profit.
Accredited by AAPI.
Service area: Tennessee: Bedford, Cheatham, Coffee, Davidson, Dekalb, Dickson, Hickman, Lawrence, Macon, Maury, Montgomery, Putrum, Robertson, Rutherford, Sumner, Trousdale, Warren and Wilson counties.
Services: Standard package including vision, durable medical equipment, podiatry, OB/Gyn. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by discount off customary rates; is compensated by employers/payers, providers; charges a flat fee per employee. The PPO will adjust fees based on savings not realized. Services groups under contract with 62 TPAs and insurers.
UR: Standard procedures excluding preadmission review, outpatient service predetermination. UR provided by the PPO.
Officers: John Hackworth, executive director; Steve McHugh, marketing director; Warren York, vp-administration; Lawrence P. Lance,

Continued on next page

For an explanation of directory terms and standard services see directory guide, page 66.

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Financial:
Chief Financial Officers and Vice-presidents of Finance 2,637
Secretaries, Treasurers, contollers and other Financial Personnel 3,822
Risk/Employee Benefits:
Vice-presidents, directors, managers, and other related department personnel of: insurance, risk, employee benefits, personnel, compensation, pension, safety, security, industrial relations, human resources and employee/labor relations 14,998
Sub-total 28,089
Associations 416
Government, Unions and Educational Institutions 1,148
Commercial Consumers
Sub-total 29,653
Insurance Agents and Brokers . . 8,947
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Continued from previous page
CFO; Neda Lewis, vp-medical management services.

Medview Services Inc. (Comp Pro)

32991 Hamilton Court, Farmington Hills, Mich. 48334; 313-488-5260; fax: 313-488-5262

Staff	
Physicians	37
Board-certified	90%
Facilities	
Hospitals	12
Users: Group Health	
Employer/payer groups	1
Employees & dependents	225
Users: Workers Compensation	
Employer/payer groups	4
Single coverage	891
Total users	**1,116**

Service area: Tennessee.

See Medview Services Inc. (Comp Pro) consolidated listing under Michigan.

MetLife Network-Tennessee

47 Perimeter Center E., Suite 600, Atlanta, Ga. 30346-2092; 404-393-1410

Contact: James Crowley III, vp.

See MetLife Network consolidated listing under Connecticut.

Preferred Care/ Tennessee Preferred

801 Pine St., Chattanooga, Tenn. 37402; 615-755-5600; fax: 615-755-2178

Staff	
Physicians	2,201
Specialists	4,217
Facilities	
Hospitals	143
Pharmacies	1,142
Diagnostic labs	35
Users: Group Health	
Employer/payer groups	3,200
Single coverage	157,308
Family coverage	194,642
Employees & dependents	920,305
Total users	**920,305**

Operational date: March 1985.
Not for profit.
Ownership: Blue Cross Blue Shield of Tennessee.
Service area: Tennessee, excluding, Fayette, Haywood, Lauderdale, Shelby, and Tipton counties.
Services: Standard package including vision, dental, durable medical equipment, podiatry, OB/Gyn, home infusion therapy, home health agency, prescriptions. Employees can select non-PPO providers. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by per diem, discount off customary rates; charges a flat fee per employee.
UR: Standard procedures.UR provided by the PPO.
Officers: Tom Long, president; Glen C. Watson Jr., executive director; Dr. Richard Armstrong, medical director; Gregory E. Samuels, marketing director; Ken Tolliver, vp-managed care development.
Contact: Gregory E. Samuels.

Preferred Health Partnership Inc.

280 Fort Sanders W. Blvd., Suite 205, Knoxville, Tenn. 37922; 615-531-5747; fax: 615-531-5055

Staff	
Physicians	276
Board-certified	97%
Specialists	565
Administrative	4
Facilities	
Hospitals	16
Pharmacies	24
Diagnostic labs	6
Users: Group Health	
Employees & dependents	108,000
Total users	**108,000**

Operational date: April 1985.
For profit.
Ownership: Fort Sanders Medical Center, Methodist Medical Center of Oak Ridge.
Service area: Tennessee: Anderson, Blount, Campbell, Claiborne, Cocke, Grainger, Greene, Hamblen, Jefferson, Loudon, Knox, McMinn, Monroe, Roane, Scott, and Seviet counties.
Services: Standard package including OB/Gyn. 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, discount off customary rates; is compensated by employers/payers, providers, TPAs; charges a flat fee per employee. The PPO will adjust fees based on savings not realized.
UR: Standard procedures excluding hospital bill audits, case management. UR provided by the PPO.
Officers: Bill Rust, president/executive director.

Preferred Provider Option

P.O. Box 98, Memphis, Tenn. 38101; 901-529-3111

Users: Group Health*	
Employees & dependents	164,167
Total users*	**164,167**

Operational date: 1985.
Ownership: Blue Cross and Blue Shield of Memphis.
Service area: Tennessee.
**Figures are as of 12/31/91.*

Private Healthcare Systems Inc.

1 American Center, 3319 W. End Ave., Suite 400, Nashville, Tenn. 37203; 615-386-9194; fax: 615-386-9198

Staff	
Physicians	1,308
Facilities	
Hospitals	25

Service area: Tennessee: Chattanooga, Memphis, Nashville and portions of Arkansas and Mississippi.
Contact: Ed Sandrick, regional vp.

See Private Healthcare Systems Inc. consolidated listing under Massachusetts.

ProAmerica Managed Care Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669; fax: 817-347-3296

Staff	
Physicians	437
Board Certified	95%
Specialists	894
Facilities	
Hospitals	69
Users: Group Health	
Employees & dependents	27,000
Total users	**27,000**

Service area: Tennessee.

See ProAmerica Managed Care Inc. consolidated listing under Texas.

Provident Preferred Network*

1 Fountain Square, Chattanooga, Tenn. 37402; 615-755-1524; fax: 615-755-2247

Staff	
Physicians	27,106
Board-certified	75%
Administrative	73
Marketing	92
Facilities	
Hospitals	274
Pharmacies	263
Diagnostic labs	92
Users: Group Health	
Employer/payer groups	190
Single & family coverage	210,000
Employees & dependents	483,000
Total users	**483,000**

Operational date: 1983.
For profit.
Ownership: Provident Life & Accident Insurance Co.
Service area: California, Georgia, North Carolina, South Carolina, and Tennessee. Contracts for care with HealthChoice in Alabama, North Carolina, Tennessee; CAPPO in Arkansas; California Foundation for Medical Care in California; ADMAR in California, Texas; Sloans Lake in Colorado; CAPP CARE in Florida, Illinois, Indiana, Iowa, Kansas, Louisiana, Michigan, Missouri, Nebraska, Ohio, Oklahoma, Pennsylvania, Texas, Wisconsin; HealthCare Preferred in Florida; Florida Health Choice Plan in Florida; HealthStar in Illinois; Health Services Preferred in Kentucky, Ohio; Southeast Medical Alliance in Louisiana; Alliance in Maryland, Virginia, District of Columbia; PPO of Michigan in Michigan; HealthLink in Missouri; Consumers Health Network in New Jersey, Pennsylvania; Mountain States in New Mexico; Emerald Health in Ohio; CompMed in Oklahoma; CareMark in Oregon; Premier Med Network in Utah; Virginia Health Network in Virginia; Sound Health Network in Washington.
Services: Standard package including dental, durable medical equipment, podiatry, OB/Gyn. 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, discount off customary rates, DRGs; is compensated by providers; charges a flat fee per employee.
UR: Standard procedures. UR provided by the PPO.
Officers: Dr. Stephen A. George, president/executive director; Dr. F. Warren Tingley, medical director; John Blake, marketing director.
Contact: Angela R. Albee, sales & proposal coordinator.
**Figures are consolidated, including all PPOs in this organization.*

Provident Preferred Network

1 Fountain Square, Chattanooga, Tenn. 37402; 615-755-1524; fax: 615-755-2247

Staff	
Physicians	874
Board-certified	90%
Administrative	9
Marketing	19
Facilities	
Hospitals	51
Pharmacies	30
Diagnostic labs	1
Users: Group Health	
Employer/payer groups	93
Single & family coverage	136,457
Employees & dependents	313,851
Total users	**313,851**

Operational date: 1983.
For profit.
Ownership: Provident Life & Accident Insurance Co.
Service area: Georgia: Catoosa, Dade, Walker, and Whitfield counties. Tennessee: 94 counties.

See Provident Preferred Network consolidated listing under Tennessee.

Provider Networks of America Inc.

4100 International Plaza, Suite 180, Fort Worth, Texas 76109; 817-735-8293; fax: 817-735-1487

Facilities	
Hospitals	21
Ancillary providers	10
Outpatient centers	3
Users: Group Health	
Employer/payer groups	34
Family coverage	37,231

For profit.
Service area: Tennessee.

See Provider Networks of America Inc. consolidated listing under Texas.

Prudential Plus-Memphis (Point-of-Service)

845 Crossover Lane, Suite 220, Memphis, Tenn. 38117; 901-766-7908; fax: 901-763-3470

Staff	
Physicians	112
Patients/physician	31
Board-certified	92%
Specialists	342
Administrative	16
Marketing	7
Facilities	
Hospitals	3
Pharmacies	34
Diagnostic labs	6
Users: Group Health	
Employer/payer groups	115
Single coverage	625
Family coverage	798
Employees & dependents	3,500
Total users	**3,500**

Operational date: December 1986.
For profit.
Ownership: Prudential Health Care Plan Inc.
Service area: Tennessee: Shelby.
Services: Standard package including durable medical equipment, podiatry, OB/Gyn. Employees can select non-POS providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem, discount off customary rates; is compensated by employers/payers; charges a flat fee per employee.
UR: Standard procedures. UR provided by the POS.
Officers: William Link, executive vp-Prudential group operations; Donna Delbugan Tidline, executive director; Dr. Larry Amacker, medical director; Mark Nickerson, marketing director.

See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

Prudential Plus-Nashville (Point-of-Service)

227 French Landing, Suite 300, Nashville, Tenn. 37228; 615-248-7100; fax: 615-248-7167

Staff	
Physicians	176
Patients/physician	39
Board-certified	88%
Specialists	245
Administrative	29
Marketing	8
Facilities	
Hospitals	10
Pharmacies	31
Diagnostic labs	8
Users: Group Health	
Employer/payer groups	140
Single coverage	1,575
Family coverage	1,925
Employees & dependents	6,900
Total users	**6,900**

Operational date: July 1987.
For profit.
Ownership: Prudential Health Care Plan Inc.
Service area: Tennessee; Cheatham, Davidson, Robertson, Rutherford, Sumner, Williamson and Wilson counties.
Services: Standard package including vision, durable medical equipment, podiatry, OB/Gyn. Employees can select non-POS providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem, discount off customary rates; is compensated by employers/payers. The POS will adjust fees based on savings realized or not realized.
UR: Standard procedures. UR provided by the POS.
Officers: William Link, executive vp-Prudential group operation; Ed Griese, executive director; Dr. Mark Mahler, medical director; Robert Levy, marketing director.

See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

Signature Health Alliance

28 White Bridge Road, Suite 103, Nashville, Tenn. 37205; 615-356-3732; fax: 615-356-3783

Staff	
Physicians	400
Patients/physician	175
Board-certified	90%
Specialists	1,000
Administrative	2
Marketing	1
Facilities	
Hospitals	30
Users: Group Health	
Employer/payer groups	126
Employees & dependents	72,000
Total users	**72,000**

Operational date: June 1985.
For profit.
Ownership: St. Thomas Hospital, Vanderbilt University Medical Center and Nashville Memorial Hospital.
Service area: Tennessee: Knoxville and Nashville areas.
Services: Standard package including podiatry, OB/Gyn. Employees may select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by discount off customary rates; is compensated by employers/payers, providers; charges a flat fee per employee. The PPO will adjust fees based on savings realized or not realized. Services groups under contract with CAPP Care, John Alden, Federated Mutual, Home Life, and other insurers.
UR: UR provided by outside contractors (varies by employer.)
Officers: Terry Williams, president; Milt Jenkinson, marketing director.

Signature Health Alliance of East Tennessee

P.O. Box 3818, Knoxville, Tenn. 37927-3818; 615-546-1893; fax: 615-546-2126

Staff	
Physicians	116
Patients/physician	150
Board-certified	95%
Specialists	402
Administrative	3
Marketing	1
Facilities	
Hospitals	8
Diagnostic labs	18
Users: Group Health	
Employer/payer groups	55
Employees & dependents	19,500
Total users	**19,500**

Operational date: June 1991.
Not for profit.
Ownership: St. Mary's Medical Center.
Service area: Tennessee: Anderson, Blount, Campbell, Carter, Claiborne, Cocke, Fentress, Grainger, Greene, Hamblen, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, McMinn, Meigs, Monroe, Morgan, Pickett, Rhea, Roane,Scott, Sevier, Union, and Washington counties.
Services: Standard package including durable medical equipment, podiatry, OB/Gyn. 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 discount off customary rates; is compensated by employers/payers; charges a flat fee per employee. The PPO will adjust fees based on savings realized or not realized. Services groups under contract with Mutual of Omaha Cos.; BenePlan Strategies; Diversified Group Administrators; Corporate Systems; Seabury & Smith; Pan American.
UR: Standard procedures. UR provided by CAPP Care Inc. and various contractors utilized by TPAs and insurers.
Officers: David R. Evans, executive director.

Travelers Managed Care System-Nashville/Knoxville*

211 Perimeter Center Parkway, Suite 400, Atlanta, Ga., 30346; 404-395-4850

Staff	
Physicians	1,092
Facilities	
Hospitals	23
Users: Group Health	
Employer/payer groups	136
Total users	**13,532**

Operational date: December 1987.
Service area: Tennessee: Anderson, Blount, Bradley, Cheatham, Davidson, Dekalb, Dickson, Grainger, Hambler, Jefferson, Knox, Loudon, Macon, McMinn, Monroe, Roane, Robertson, Rutherford, Seviet, Smith, Sumner, Trousdale, Williamson, Wilson, and Union counties.
Officers: Larry Jackson, director

Continued on page 124

There are two kinds of heart attack victims.

The quick and the dead.

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American Heart Association

This space provided as a public service.

Continued from page 122
of operations, Brad Van Winkle, district sales manager.

**Information drawn from a consolidation of the Nashville and Knoxville networks operated from this office. Employer/payer groups may overlap, but total users do not.*

See The Travelers Insurance Co. consolidated listing under Connecticut.

TEXAS

AIIA/COMP CARE

1620 Mason Ave., P.O. Box 11770, Daytona Beach, Fla. 32120; 904-274-3232; fax: 904-274-3242

Staff	
Chiropractors	63
Users: Workers Compensation	
Employer/payer groups	6

Service area: Texas.

See AIIA/COMP CARE consolidated listing under Florida.

Admar Corp.

8323 Southwest Freeway, Suite 842, Houston, Texas 77074; 713-981-0547 or 800-395-6904

See Admar Corp. consolidated listing under California.

Advantage Care Network Inc.

7100 West Wind, Suite 115, El Paso, Texas 79912; 915-581-8182; fax: 915-581-7537

Staff	
Physicians	72
Board-certified	75%
Specialists	110
Administrative	6
Marketing	3
Facilities	
Hospitals	4
Pharmacies	81
Diagnostic labs	5
Users: Group Health	
Employer/payer groups	3
Single coverage	7,115
Family coverage	1,604
Employees & dependents	11,125
Total users	**11,125**

Operational date: January 1992.
For profit.
Ownership: Young Insurance Agency.
Service area: Texas: El Paso County.
Services: Standard package including durable medical equipment, podiatry, OB/Gyn. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem, percent discount after stop loss is met; is compensated by employers/payers, insurers; charges a flat fee per employee. Services groups under contract with Young Insurance Agency.
UR: Standard procedures excluding precertification, second surgical opinion, hospital bill audits and outpatient service predetermination. UR provided by Excelcare.
Officers: Irene Chavez, president; Stephen M. Young, executive director; Dr. William Amos, medical director.
Contact: Hazel Brandl.

Aetna Health Plans*

2330 Lakeside Blvd., Suite 500, Richardson, Texas 75082; 214-470-4604; fax: 214-6800-3416

Staff	
Physicians	706
Board-certified	75%
Specialists	2,472
Facilities	
Hospitals	28
Pharmacies	674
Diagnostic labs	6
Users: Group Health	
Employer/payer groups	543
Employees & dependents	143,950
Total users	**143,950**

Operational date: September 1988.
Service area: Texas: Bell, Collin, Dallas, Denton, El Paso, Ellis, Johnson, Potter, Randal, Rockwall, Tarrant and McLennan counties.
Officers: Dr. Michael Cryer and Dr. Barry Koerpel, medical directors; Mark Bailey, marketing director; Russell Jarvis, director-network management; Doug Werner, area marketing head.

**Information drawn from a consolidation of the Temple/Waco, El Paso, Dallas and Amarillo networks operated from this office. Employer/payer groups may overlap, but total users do not.*

See Aetna Health Plans consolidated listing under Connecticut.

Aetna Health Plans-Austin

5215 N. O'Connor Blvd., 24th Floor, Irving, Texas 75039; 214-401-8719; fax: 213-401-8836

Staff	
Physicians	152
Patients/physician	106
Board-certified	76%
Specialists	506
Facilities	
Hospitals	6
Pharmacies	106
Users: Group Health	
Employer/payer groups	153
Employees & dependents	20,840

Operational date: November, 1988.
Service area: Texas: Bastrop, Hays, Travis and Williamson counties.
Officers: Robert Dawson, executive director; Dr. Barry Koerpel, medical director; Ed Atherton, marketing director.

See Aetna Health Plans consolidated listing under Connecticut.

Aetna Health Plans-Corpus Christi/San Antonio*

9901 IH Ten West, San Antonio, Texas 78230; 512-691-8440; fax: 512-697-1539

Staff	
Physicians	286
Board-certified	79%
Specialists	681
Facilities	
Hospitals	12
Pharmacies	125
Diagnostic labs	3
Users: Group Health	
Employer/payer groups	133
Total users	**40,000**

Operational date: March 1989.
Service area: Texas: Bexar, Comal, Guadalupe, Kendall, Kleberg, Nueces, and San Patricio counties.
Officers: Ron Compton, president; Dr. Michael Cryer, Dr. Barry Koerpel, medical directors; E.W. Atherton, marketing director.

**Information drawn from a consolidation of the Corpus Christi and San Antonio networks operated from this office. Employer/payer groups may overlap, but total users do not.*

See Aetna Health Plans consolidated listing under Connecticut.

Aetna Health Plans-Houston

9494 Southwest Freeway, Suite 350, Houston, Texas 77074; 713-776-2887; fax: 713-988-5662

Staff	
Physicians	590
Patients/physician	110
Board-certified	70%
Specialists	1,500
Facilities	
Hospitals	211
Pharmacies	415
Diagnostic labs	36
Users: Group Health	
Employer/payer groups	301
Single coverage	48,239
Family coverage	87,708
Employees & dependents	41,578

Operational date: October 1987.
Service area: Texas: Brazoria, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery and Wharton counties.
Officers: Dr. James Bowerman, medical director; Mark Doyle, marketing director.

See Aetna Health Plans consolidated listing under Connecticut.

Alliance Health Providers

1400 S. Main, Suite 414, Fort Worth, Texas 76104; 817-332-4537; fax: 817-870-9774

Staff	
Physicians	340
Patients/physician	95
Board-certified	75%
Specialists	840
Administrative	7
Marketing	2
Facilities	
Hospitals	27
Pharmacies	200
Diagnostic labs	39
Users: Group Health	
Employer/payer groups	150
Single coverage	2,000
Family coverage	32,603
Employees & dependents	77,553
Users: Workers Compensation	
Employer/payer groups	50
Single coverage	150,000
Total users	**227,553**

Operational date: December 1986.
For profit.
Ownership: Daughters of Charity Health System-West Central.
Service area: North Central Texas: Dallas, Tarrant, Wise, Denton, Collin, Kaufman, Ellis, Johnson, Rockwall, Parker and Hood counties.
Services: Standard package including vision, durable medical equipment, podiatry, OB/Gyn, employee assistance programs. 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, discount off customary rates; is compensated by employers/payers; charges a flat fee per employee, percent of savings. The PPO will adjust fees based on savings realized or not realized. Services groups under contract with The Haney Group, Group Administrator, EMS Administrative Services, Northwestern National Life, American Medical Security, USA for Healthcare, Philadelphia Life.
UR: Standard procedures excluding preadmission review, length of stay determination, discharge planning, hospital bill audits. UR provided by outside contractors.
Officers: Allen Coleman, chairman; Lovie Pollinger, executive director; Dr. Warren Moorman, medical director; Carol Corpening and Gary Wilson, marketing staff.
Contact: Carol Corpening or Gary Wilson.

Beech Street

2 Ada, Irvine, Calif. 92718; 714-727-1353 or 800-233-2478; fax: 714-727-1319

Staff	
Physicians	955
Specialists	2,581
Facilities	
Hospitals	28
Pharmacies	1,747
Diagnostic labs	3

Service area: Texas.

See Beech Street of California Inc. consolidated listing under California.

CCN Inc.

8911 Balboa Ave., San Diego, Calif. 92123; 619-278-2273; fax: 619-278-1262

Operational date: December 1992.
For profit.
Service area: Texas.
Services: Hospitalization, physicians. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem, discount off customary rates; is compensated by employers/payers, insurers, TPAs; charges a flat fee per employee, percent of savings.
UR: Standard procedures excluding discharge planning, second surgical opinion, hospital bill audits, outpatient service predetermination, case management.

See CCN Inc. consolidated listing under California.

CNA Managed Care PPO- Austin/Corpus Christi/Houston/San Antonio*

6565 W. Loop S., Suite 450, Bellaire, Texas 77401; 713-663-5200

Staff	
Physicians	2,730
Board-certified	62.1%
Facilities	
Hospitals	33
Total employee users	**9,673**

Service area: Texas: Bell, Bexar, Fort Bend, Harris and Travis counties.
Contact: Vera Cantrell, manager-major group sales, 713-663-5200.

**Information drawn from a consolidation of the Houston, Austin and San Antonio/Corpus Christi networks operated from this office.*

See CNA Managed Care PPO consolidated listing under Illinois.

CNA Managed Care PPO-Dallas/Fort Worth

12005 Ford Road, Suite 300, Dallas, Texas 75234; 214-620-5484

Staff	
Physicians	1,547
Board-certified	69.5%
Facilities	
Hospitals	16
Total employee users	**4,649**

Service area: Texas: Dallas, Denton, Collin, Kaufman and Tarrant counties.
Contact: Brad Thorson, manager-major group sales.

See CNA Managed Care PPO consolidated listing under Illinois.

CAPP CARE Inc.

West Tower, 4000 MacArthur Blvd., Suite 10000, Newport Beach, Calif. 92660-2526; 714-251-2200; fax: 714-251-2222

Staff	
Physicians	2,078
Facilities	
Hospitals	54

Service area: Texas: Abilene, Austin, Brekenridge, Bryan/College Station, Corpus Christi, Dallas/Fort Worth, El Paso, Galveston, Houston/McAllen/Brownsville, San Antonio, Victoria, Waco and Wichita Falls.

See CAPP CARE Inc. consolidated listing under California.

CIGNA PPO-Dallas

600 E. Las Colinas Blvd., Suite 1100, Irving, Texas 75039; 214-401-5200; fax: 214-401-5299

Staff	
Physicians	1,316
Facilities	
Hospitals	26

Operational date: January 1988.
Service area: Texas: Collin, Dallas, Denton, Ellis, Fannin, Grayson, Henderson, Hood, Hunt, Johnson, Kaufman, Parker, Rockwall, Tarrant and Wise counties.
Officers: Brad Arms; regional managed care officer; Stephen Arnold, provider relations.

See CIGNA Preferred Provider Organization consolidated listing under Connecticut.

CIGNA PPO-Houston

1360 Post Oak Blvd., Suite 1100, Houston, Texas 77056; 713-552-7600; fax: 713-552-7699

Staff	
Physicians	1,037
Facilities	
Hospitals	37

Operational date: January 1988.
Service area: Texas: Austin, Brazoria, Chambers, Fort Bend, Galveston, Grimes, Harris, Liberty, Matagorda, Montgomery, San Jacinto, Walker, Waller and Wharton counties.
Officers: Brad Arms, regional managed care officer; David Stone, provider relations.

See CIGNA Preferred Provider Organization consolidated listing under Connecticut.

Corphealth Inc.

1300 Summit Ave, Suite 626, Fort Worth, Texas 76102; 817-654-2440; fax: 817-335-9100

Staff	
Physicians	300
Administrative	10
Marketing	2
Facilities	
Hospitals	150
Users: Group Health	
Employer/payer groups	40
Family coverage	175,000
Employees & dependents	350,000

Operational date: January 1989.
For profit.
Service area: Alabama, Georgia, Louisiana, Mississippi, North Carolina, Ohio, Oklahoma, Texas.
Services: Standard package. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem; is compensated by employers/payers, insurers, TPAs; charges a flat fee per employee, percent of savings. The PPO will adjust fees based on savings realized or not realized. Services groups under contract with Metlife, Continental Life & Accident, ALTA First Health, Southern Benefit Consultants, Group Administrators, CIGNA Corp. and Control Data Systems.
UR: Standard procedures excluding second surgical opinion, outpatient service predetermination. UR provided by the PPO.
Officers: Patrick D. Gotcher, CEO/marketing director; Dr. Barry Fenton, medical director; David L. Redfield, COO.

Davis Vision

159 Express St., Plainview, N.Y. 11803; 800-933-9371; fax: 516-932-9845

Staff	
Optometrists	105
Users: Group Health	
Employer/payer groups	41
Employees & dependents	83,000
Total users	**83,000**

Service area: Texas.

See Davis Vision consolidated listing under New York.

ETHIX Southwest

7800 IH-10 West, San Antonio, Texas 78230-4767; 512-340-9692

Staff	
Physicians	950
Patients/physician	39
Administrative	14
Marketing	1
Facilities	
Hospitals	18
Users: Group Health	
Employer/payer groups	814
Employees & dependents	36,957
Total users	**36,957**
Revenues	
1991	$828,000
1990	$439,000

Operational date: October 1985.
For profit.
Ownership: The Ethix Corp.
Service area: Texas: Austin, Corpus Christi, Harlington, McAllen and San Antonio.
Services: Standard package including durable medical equipment, OB/Gyn. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem, discount off customary rates; services compensatedby employers/payers, providers, insurers; charges a flat fee per employee, percent of savings, percent of services by doctors/hospitals. Services groups under contract with American Medical Security, CIGNA Corp., New York Life, John Hancock, Nationwide, Mutual of Omaha, Golden Rule, Employers' Health, Association Life, Principal Financial Group.

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UR: Standard procedures. UR provided by the PPO.

Officers: Lori H. Haglund, president; Dr. Richard Wayne, medical director; Teresa Staggs, marketing representative.

Contact: Teresa Staggs.

FOCUS Healthcare Management Inc.

2201 N. Collins, Suite 250, Arlington, Texas 76011; 817-261-8669

305 Moody, Suite 243, Galveston, Texas 77550; 409-762-1861

Staff	
Physicians	260
Board-certified	50%
Specialists	725
Administrative	3
Marketing	5
Facilities	
Hospitals	146
Diagnostic labs	71
Users: Workers Compensation	
Employer/payer groups	106
Single coverage	1,927,990
Total users	**1,927,990**

Operational date: April 1989.

Service area: Texas: Anderson, Angelina, Bell, Bexar, Bowie, Brazoria, Brazos, Collin, Dallas, Denton, El Paso, Falls, Fort Bend, Galveston, Grayson, Harris, Hays, Jasper, Lubbock, Montgomery, Moore, Nacogdoches, Parker, Potter, Randall, Rockwall, San Patricio, Smith, Tarrant, Travis, Victoria, Webb, Williamson and Wise counties.

See FOCUS Healthcare Management Inc. consolidated listing under Tennessee.

HEC SELECT-Dallas/ Fort Worth and Houston

1300 W. Mockingbird, Dallas, Texas 75247; 214-905-4421; fax: 214-905-4427

Staff	
Physicians	824
Patients/physician	253
Board-certified	92%
Specialists	1,197
Administrative	5
Marketing	10
Facilities	
Hospitals	37
Pharmacies	87
Users: Group Health	
Employer/payer groups	17
Employees & dependents	208,075
Users: Workers Compensation	
Employer/payer groups	2

Operational date: Dallas/Fort Worth: February 1989; Houston: November 1986.

For profit.

Service area: Texas: Brazoria, Chambers, Collin, Dallas, Denton, Erath, Fort Bend, Galveston, Harris, Hood, Johnson, Kaufman, Liberty, Montgomery, Rockwall, Somervell, Tarrant and Waller counties.

Services: Standard package including podiatry, OB/Gyn, prescriptions, chiropractors. 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, discount off customary rates; is compensated by employers/payers, insurers, TPAs; charges a flat fee per employee. The PPO will adjust fees based on savings realized or not realized. Services groups under contract with Beech Street, Golden Rule Insurance Co. and Highlands Insurance.

UR: Standard procedures excluding retrospective review, hospital bill audits. UR provided by Health Economics Corp.

Officers: Richard Herrmann, president; James R. McPhail, vp-managed health care; Dr. Laurence Dotin, medical director; John Stevenson, vp-marketing; Nancy Coleman, senior vp-claims administration; Tom Dubowski, vp/controller/treasurer; Paul Buchschacker, general counsel.

Contact: John Stevenson.

**Information drawn from a consolidation of the Dallas/Fort Worth and Houston networks operated from this office. Employer/payer groups may overlap, but total users do not.*

HEC SELECT-Managed Behavioral

1300 W. Mockingbird, Dallas, Texas 75247; 214-905-4421; fax: 214-905-4427

Staff	
Psychiatrists	70
Board-certified	100%
Administrative	5
Marketing	10
Facilities	
Hospitals	80
Users: Group Health	
Employer/payer groups	2
Employees & dependents	16,375
Total users	**16,375**

Operational date: April 1991.

For profit.

Service area: Texas: Collin, Dallas, Denton, Harris and Tarrant counties; Oklahoma: Tulsa; Utah: Salt Lake City.

Services: Psychiatry, psychiatric hospitalization, substance abuse. 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, discount off customary rates; is compensated by employers/payers; charges a flat fee per employee. The PPO will adjust fees based on savings realized or not realized.

UR: Standard procedures. UR provided by the PPO.

Officers: Richard Herrmann, president; James R. McPhail, vp-managed health care; Dr. Laurence Dotin, medical director; John Stevenson, vp-marketing; Nancy Coleman, senior vp-claims administration; Tom Dubowski, vp/controller/treasurer; Paul Buchschacker, general counsel.

Contact: John Stevenson.

HealthFirst Alliance

9430 Research Blvd., Building IV, Suite 400, Austin, Texas 78759; 512-343-4577; fax: 512-345-2924

Staff	
Physicians	375
Board-certified	92%
Specialists	250
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.

Not for profit.

Service area: Texas: Austin, Bastrop, Bernet, Blanco, Elgin, Johnson City, Lockhart, Round Rock, San Marcos and Smithville counties.

Services: Standard package including vision, durable medical equipment, podiatry, OB/Gyn, 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, discount off customary rates; is compensated by employers/payers, insurers, TPAs; charges a flat fee per 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.

UR: Varies by employer or contract group.

Contact: Mary W. Patterson or Catherine A. McCoy.

Humana Insurance Co.

5350 S. Staples, Suite 301, Corpus Christi, Texas 78411; 512-994-2000; fax: 512-994-2002

Total users	**7,806**

Operational date: 1985.

Officers: Richard Willis, executive director; Diane Coleman, sales manager; Dr. David Olson, medical director.

Humana Insurance Co.

Med Center Plaza, 8431 Fredericksburg Road, San Antonio, Texas 78229; 512-617-1000; fax: 512-617-1019

Total users	**26,399**

Operational date: 1985.

Officers: Linda Hummel, director-sales; Dr. David Haddad, medical director.

MedicalControl Inc.

9649 Webb Chapel Road, Dallas, Texas 75220; 214-352-2666; fax: 214-352-5777

Staff	
Physicians	850
Board-certified	90%
Administrative	5
Marketing	12
Facilities	
Hospitals	175
Users: Group Health	
Employer/payer groups	252
Employees & dependents	679,000
Users: Workers Compensation	
Employer/payer groups	2
Total users	**679,000**

Operational date: June 1988.

For profit.

Service area: Nationwide excluding Connecticut, Delaware, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island and Vermont.

Services: Standard package including OB/Gyn, rehabilitation services. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by percent discount off frozen customary rates for individual services; is compensated by employers/payers, insurers, TPAs; charges a percent of savings.

UR: UR provided by outside contractors.

Officers: J. Ward Hunt, president; A.J. Rosmarin, COO; Henry R. Ochel, marketing director.

Contact: A.J. Rosmarin.

Medview Services Inc. (Comp Pro)

1235 N. Loop, Suite 101, Houston, Texas 77008; 713-869-6192; fax: 713-869-6195

Staff	
Physicians	6,417
Board-certified	90%
Specialists	4,750
Facilities	
Hospitals	275
Users: Group Health	
Employer/payer groups	5
Employees & dependents	13,800
Users: Workers Compensation	
Employer/payer groups	10
Single coverage	560,000
Total users	**573,800**

Service area: Texas.

See Medview Services Inc. (Comp Pro) consolidated listing under Michigan.

MetLife Network-Texas

5 Post Oak Park, Suite 2120, Houston, Texas 77027-3416; 713-961-9944

Contact: William S. Woodside, vp.

See MetLife Network consolidated listing under Connecticut.

National HealthCare Alliance

770 S. Post Oak Lane, Suite 445, Houston 77056; 713-439-0123; fax: 713-439-7529

Staff	
Physicians	1,740
Patients/physician	78
Board-certified	65%
Specialists	1,362
Administrative	9
Marketing	3
Facilities	
Hospitals	92
Pharmacies	529
Diagnostic labs	62
Users: Group Health	
Employer/payer groups	3,168
Single coverage	3,217
Family coverage	51,063
Employees & dependents	135,700
Users: Workers Compensation	
Employer/payer groups	12
Single coverage	1,580
Total users	**137,280**
Revenues	
1991	$56,200,000
1990	$36,200,000

Operational date: October 1986.

For profit.

Service area: Texas.

Services: Standard package including vision, dental, durable medical equipment, podiatry, OB/Gyn, 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, discount off customary rates, DRGs; is compensated by employers/payers, insurers, TPAs; charges a flat fee per employee, percent of savings. The PPO will adjust fees based on savings realized or not realized. Services groups under contract with Plan Services, Group Administrators Inc., ACT, Benefit Plan Services Inc., Mutual of Omaha Insurance Co., Principal Life Insurance Co., Home Life Insurance Co. and US Life Insurance Co.

UR: Standard procedures including occupational medicine review. UR provided by the PPO.

Officers: Robert Woolfolk, president; Melvin Thorne, COO; Dr. John Baird, medical director; Ray Burns, marketing director.

Contact: Melvin Thorne.

North Texas Healthcare Network

5601 N. MacArthur Blvd., Suite 300, Irving, Texas 75038; 214-751-0047; fax: 214-518-2554

Staff	
Physicians	756
Patients/physician	194
Board-certified	85%
Specialists	1,290
Administrative	82
Marketing	9
Facilities	
Hospitals	27
Pharmacies	300
Users: Group Health	
Employer/payer groups	1,415
Single coverage	72,766
Employees & dependents	167,361
Users: Workers Compensation	
Employer/payer groups	3
Single coverage	3,320
Total users	**167,361**

Operational date: July 1986.

Not for profit.

Ownership: Presbyterian Hospital of Dallas, Harris Methodist and Fort Worth Methodist Hospital of Dallas.

Service area: Texas: Collin, Dallas, Ellis, Johnson, Kaufman, Parker, Rockwall and Tarrant counties.

Services: Standard package including vision, durable medical equipment, podiatry, OB/Gyn, pharmacy, chiropractic. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by per diem, discount off customary rates; is compensated by employers/payers, insurers, TPAs; charges a flat fee per employee, percent of savings, or a combination of the above. Services groups under contract with numerous TPAs and insurers.

UR: Standard procedures excluding hospital bill audits, outpatient service predetermination. UR provided by the PPO.

Officers: Charles R. Coil, president; Dr. Jack Shelton, medical director; Donald H. Walker, marketing director.

Contact: Donald H. Walker.

Panhandle Provider Organization Inc.

1500 Coulter, Suite 5, Amarillo, Texas 79106; 806-358-8303; fax: 806-358-6820

Staff	
Physicians	200
Patients/physician	729
Board-certified	80%
Specialists	130
Administrative	3
Marketing	2
Facilities	
Hospitals	5
Pharmacies	17
Diagnostic labs	1
Users: Group Health	
Employer/payer groups	210
Employees & dependents	56,000
Users: Workers Compensation	
Employer/payer groups	80

Operational date: January 1987.

Not for profit.

Ownership: Northwest Texas Hospital, St. Anthony's Hospital.

Service area: 27 counties in Texas; Kansas: Mead, Morton and Stevens counties; New Mexico: Colfax, Curry, Harding, Lea, Quay, Roosevelt and Union counties; Oklahoma: Cimarron and Texas counties.

Services: Standard package including vision, dental, durable medical equipment, podiatry, OB/Gyn, sports medicine, cataract & eye surgery, pharmacy, diagnostic imaging. Services available unbundled. May be customized to meet employer specifications. Individual enrollment is allowed.

Compensation: Negotiates hospital charges by discount off customary rates; is compensated by employers/payers; charges a flat fee per employee.

UR: Concurrent review.

Officers: Dr. Pablo Diaz-Esquivel, president/medical director; Anne Drissel, executive director; Dr. Leslie Reese, medical director; Karen Brown, marketing director.

Planned Behavioral Health Care Inc.

9535 Forest Lane, Suite 110, Dallas, Texas 75243; 214-680-0400; fax: 214-680-3111

Staff	
Physicians	110
Patients/physician	25
Board-certified	90%
Specialists	1,100
Administrative	50
Marketing	10
Facilities	
Hospitals	45
Users: Group Health	
Employer/payer groups	65
Single coverage	25,000
Family coverage	80,000
Employees & dependents	210,000
Total users	**210,000**
Revenues	
1991	$10,000,000
1990	$6,000,000

Operational date: January 1988.

For profit.

Service area: Nationwide.

Services: Standard package. 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, DRGs; is compensated by employers/payers; charges a flat fee per employee, percent of savings. The PPO will adjust fees based on savings realized or not realized.

UR: Standard procedures excluding retrospective review, second surgical opinion, hospital bill audits. UR provided by the PPO.

Officers: Joyce Ramay, president; Roland Anderson, medical director; Donna McFaul, marketing director; James Sanders, secretary; Steve Embree, CFO.

Preferred Health Arrangement

P.O. Box 690450, San Antonio, Texas 78269; 210-699-1872; fax: 210-697-3108

Staff	
Physicians	100
Board-certified	95%
Specialists	452
Administrative	2
Marketing	1
Facilities	
Hospitals	5
Diagnostic labs	3

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Users: Group Health	
Employer/payer groups	31
Employees & dependents	45,000
Total users	**45,000**

Operational date: September 1990.
For profit.
Ownership: Benefit Planners Inc.
Service area: Texas: Bexar and Comal counties.
Services: Standard package including durable medical equipment, podiatry, OB/Gyn, rehabilitation, physical therapy, radiology, home health, nursing, home IV therapy, ambulance, laboratory, outpatient surgical centers. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem, discount off customary rates; is compensated by employers/payers; charges a percent of savings. The PPO will adjust fees based on savings realized or not realized. Services groups under contract with Benefit Planners Inc.
UR: Standard procedures excluding outpatient service predetermination.
Officers: Tom P. Cusick Jr., president; Brian Mattson, executive director; Dr. Miguel Vasquez Jr., medical director; Terry L. Ryan, marketing director.

Preferred Plan of Texas/Dallas

6220 N. Beltline Road, Suite 201, Irving, Texas 75063; 214-751-0681 or 800-542-9401; fax: 214-751-0682

Contact: Tom Bader, regional director; Donna Campbell, plan manager.

Preferred Plan of Texas/Houston

800 Gessner, Suite 1225, Houston, Texas 77024; 713-464-1230 or 800-535-8763; fax: 713-464-1677

Contact: Tom Bader, regional director; Valerie Alderman, plan manager.

Private Healthcare Systems Inc.

Xerox Center, 222 W. Las Colinas Blvd., Suite 2120, Irving, Texas 75039; 214-869-1451; fax: 214-869-2327

Staff	
Physicians	4,643
Facilities	
Hospitals	58

Service area: Texas: Abilene, Arlington, Austin, Bryan, College Station, Corpus Christi, Dallas, El Paso, Fort Worth, Houston, Killeen, Laredo, Lubbock, McAllen, San Antonio, Temple, and Waco.
Contact: Paul Robinson, regional vp-operations.
See Private Healthcare Systems Inc. consolidated listing under Massachusetts.

ProAmerica ManagedCare Inc.*

714 Main St., Fort Worth, Texas 76102; 800-523-3669; fax: 817-347-3296

Staff	
Physicians	1,628
Board-certified	95%
Specialists	3,013
Administrative	57
Marketing	11
Facilities	
Hospitals	758
Users: Group Health	
Employer/payer groups	355
Employees & dependents	1,900,000
Users: Workers Compensation	
Employer/payer groups	2
Single coverage	1,000
Total users	**1,900,000**
Revenues	
1991	$146,417,000
1990	$111,896,000

Operational date: November 1986.
For profit.
Ownership: Transport Life Insurance Co.
Service area: Nationwide excluding Idaho, Maine, Montana, North Dakota, South Dakota and Vermont; New Mexico and Florida operational January 1993. Contracts with Alliance Health Providers PPO in Texas; Alliance PPO Inc. in Maryland, Northern Virginia, District of Columbia; Associates for Healthcare Inc. in Wisconsin; Consumer Health Network in New Jersey; ETHIX Great Lakes in Michigan; ETHIX Midwest in Minnesota; ETHIX Northwest in Washington, Alaska, Montana; ETHIX Pacific in Oregon; ETHIX Southeast in North Carolina, South Carolina; ETHIX Southwest in Texas; Health Management Associates in Arizona, Nevada; Health First Alliance in Texas; Ohio Health Choice Plan in Ohio; Options for Healthcare in Massachusetts; PPO Alliance Plus in California; Panhandle Providers in Texas; Pennsylvania Healthcare Plan in Pennsylvania, West Virginia; Preferred Care (ETHIX MidRivers) in Missouri, Southern Illinois; Preferred Care Inc. in Pennsylvania; Preferred Plan Inc. in Illinois, Indiana; Preferred Plan of Georgia in Georgia; Preferred Health Partnership in Eastern Tennessee; Sooner Health Care Plan in Oklahoma; Southeast Medical Alliance in Louisiana, Arkansas.
Services: Standard package including vision, durable medical equipment, podiatry, OB/Gyn, rehabilitation, maternity management, transplant network, large-claim negotiation, cardiovascular care, 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, discount off customary rates, DRGs; is compensated by employers/payers, insurers, TPAs; charges a flat fee per employee, percent of savings.
UR: Standard procedures excluding hospital bill audits, including HHC and DME certification and rate negotiation. UR provided by the PPO.
Officers: Norman M. Bruce Jr., president; Dr. Wilson Weatherford, medical director; Alan Scoggins, marketing director; Nancy Connaway, vp/COO; Roger Chapman, Patsy Heath, and Billie Waite, vps; Robert Newton, assistant vp.
**Figures are consolidated, including all PPOs in this organization.*

ProAmerica Managed Care Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669; fax: 817-347-3296

Staff	
Physicians	503
Board-certified	95%
Specialists	1,011
Facilities	
Hospitals	191
Users: Group Health	
Employees & dependents	410,000
Total users	**410,000**

Service area: Texas.
See ProAmerica Managed Care Inc. consolidated listing under Texas.

Provider Networks of America Inc.*

4100 International Plaza, Suite 180, Fort Worth, Texas 76109; 817-735-8293; fax: 817-735-1487

Facilities	
Hospitals	1,215
Ancillary providers	310
Outpatient centers	85
Users: Group Health	
Employer/payer groups	45
Employees & dependents	1,100,000
Total users	**1,100,000**

Operational date: October 1989.
For profit.
Service area: Nationwide. Contracts with First Choice in Washington; Florida Health Choice in Florida; Intergroup Services Inc. in Pennsylvania, New Jersey; Primary Health in Ohio; Health Network in Illinois, Indiana, Iowa, Wisconsin; Beech Street in California, Arizona, Nevada.
Services: Standard package excluding physicians. Other services include durable medical equipment, homecare, orthopedic services, maternity management, rehabilitation, outpatient surgery, outpatient clinics. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem, discount off customary rates; is compensated by employers/payers, insurers, TPAs; charges a percent of savings. Services groups under contract with Administrative Support Inc. in Indiana; Aid Association for Lutherans in Wisconsin; Benecorp in Connecticut; Benefit Claims Payors Inc. in Arizona; Benefit Planners Inc., Multi-Flex Benefit Systems, National Health Insurance, National Security Life & Accident, PFL Life Insurance, Ry-Ron Inc. in Texas; Benepro in Minnesota; Brennco Benefit Administrators Inc., Kansas; Central Reserve Life Insurance Co., Earle M. Jorgensen Co., Managed Health Funding in California; Chandler & Associates in Ohio; Dallas General Life Insurance Co. in Dallas; All Risk Administrators, Dun & Bradstreet Plan Services, The New England Plan Services Inc. in Florida; Bankers Life & Casualty, Ecker Enterprises Inc., Scholle Corp. in Illinois; Fortis Benefits in Missouri, Georgia, Pennsylvania, Texas, Indiana and Minnesota; Iowa Benefits Inc. Iowa; J.W. Carell Administrators Inc. in Tennessee; National Benefit Plans Inc. in Virginia; National Telephone Cooperative Association in the District of Columbia; Paragon Benefits Inc. in Georgia; Plandata Co. Inc. in New Jersey; Rollins Truck Leasing Corp. in Delaware; Sentry Insurance, The Mutual Group in Wisconsin.
Officers: Dr. Allen Rafeh, president/medical director; Leila Potter, executive director; Karen Lovett, marketing director; Donna Hill, vp-development.
Contact: Karen Lovett.
**Figures are consolidated, including all PPOs in this organization.*

Provider Networks of America Inc.

4100 International Plaza, Suite 180, Fort Worth, Texas 76109; 817-735-8293; fax: 817-735-1487

Facilities	
Hospitals	50
Ancillary providers	22
Outpatient centers	10
Users: Group Health	
Employer/payer groups	34
Family coverage	317,410

Operational date: October 1989.
For profit.
Service area: Texas.
Services: Standard package excluding physicians. Other services include durable medical equipment, rehabilitation, homecare, orthopedic services, maternity management. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
See Provider Networks of America Inc. consolidated listing under Texas.

Prudential Health Care Plan Inc.

40 N.E. Loop 410, Suite 600, San Antonio, Texas 78216; 210-366-1921; fax: 210-366-1209

Staff	
Physicians	173
Board-certified	89%
Specialists	415
Administrative	60
Marketing	17
Facilities	
Hospitals	14
Pharmacies	94
Diagnostic labs	11

Operational date: January 1987.
For profit.
Ownership: The Prudential Insurance Co. of America.
Service area: Texas: Bexar, Comal, Guadalupe and Kendall counties.
Services: Standard package including durable medical equipment, podiatry, OB/Gyn. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem; is compensated by employers/payers; charges premium rates, administrative fees. The PPO will adjust fees based on savings realized or not realized.
UR: Standard procedures. UR provided by the PPO.
Officers: Robert L. Smith, executive director; Dr. C. William Metcalf, medical director; Halbert R. Carmichael, regional group manager.
Contact: Halbert R. Carmichael, 210-366-8624.
See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

The Prudential Health Care System

8303 Mopac, Suite 210A, Austin, Texas 78759; 512-465-6662; fax: 512-346-4827

Staff	
Physicians	185
Patients/physician	142
Board-certified	92%
Specialists	290
Administrative	57
Marketing	17
Facilities	
Hospitals	11
Pharmacies	32
Diagnostic labs	3
Users: Group Health	
Employer/payer groups	134
Employees & dependents	24,515
Total users	**24,515**

Operational date: May 1991.
For profit.
Ownership: Prudential Insurance Co. of America.
AAPI accreditation pending.
Service area: Texas: Bastrop, Hays, Travis, and portions of Caldwell and Williamson counties.
Services: Standard package including durable medical equipment, podiatry, OB/Gyn. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem; is compensated by employers/payers; charges a flat fee per employee. The PPO will adjust fees based on savings realized or not realized.
UR: Standard procedures. UR provided by the PPO.
Officers: William Link, president; Ron Yarbrough, executive director; Dr. Bill Taylor, medical director; Herman Wright, marketing director.
See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

Prudential Plus (Point-of-Service)

4100 Alpha Road, Suite 400, Dallas, Texas 75244; 214-991-0014; fax: 214-448-3898

Staff	
Physicians	632
Patients/physician	260
Board-certified	90%
Specialists	833
Administrative	176
Marketing	28
Facilities	
Hospitals	31
Pharmacies	145
Diagnostic labs	12
Users: Group Health	
Single coverage	40,206
Family coverage	29,115
Employees & dependents	138,642
Total users	**138,642**

Operational date: January 1987.
For profit.
Ownership: The Prudential Insurance Co. of America.
Service area: Texas: Collin, Dallas, Denton, Ellis, Hood, Johnson, Kaufman, Parker, Rockwell, Somervell and Tarrant counties.
Services: Standard package including vision, durable medical equipment, podiatry, OB/Gyn. Services available unbundled. Employees can select non-POS providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem, discount off customary rates; is compensated by employers/payers; charges a flat fee per employee.
UR: Standard procedures. UR provided by the POS.
Officers: Victor Lazzaro Jr., director-health case managemnt; Dr. Robert Jacqmin, director-medical services; Joel Suarez, director-group marketing.
See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

Prudential Plus of Houston (Point-of-Service)

24 Greenway Plaza, Houston, Texas 77046; 713-993-3902; fax: 713-993-3696

Staff	
Physicians	404
Patients/physician	213
Board-certified	90%
Specialists	639
Administrative	116
Marketing	31
Facilities	
Hospitals	22
Diagnostic labs	2
Users: Group Health	
Employer/payer groups	340
Employees & dependents	75,906
Total users	**75,906**

Operational date: January 1987.
For profit.
Ownership: The Prudential Insurance Co. of America.
AAPI accreditation pending.
Service area: Texas: Harris and portions of Brazoria, Ft. Bend, Galveston, Montgomery, and Walter counties.
Services: Standard package including durable medical equipment, podiatry, OB/Gyn. Employees can select non-POS providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem, discounted fee-for-service; is compensated by employers/payers; charges a flat fee per employee. The POS will adjust fees based on savings realized or not realized.
UR: Standard procedures. UR provided by the POS.
Officers: William Link, president; Raymond Flachbart, director; Dr. William Hauser, medical director; DeWitt Smith, regional marketing director.
See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

PruNetwork of Houston*

24 Greenway Plaza, Suite 500, Houston, Texas 77046; 713-993-0311; fax: 713-993-3696

Total users	3,950

**PruNetwork of Houston is Prudential's PPO product, with provider networks comparable to Prudential Plus of Houston (Point-of-Service).*
See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

Sanus Passport/PPO Inc.

4500 Fuller Drive, Irving Texas; 214-791-3900; fax: 214-650-5700

Staff	
Physicians	224
Patients/physician	350
Board-certified	85%
Specialists	908
Administrative	8
Marketing	23
Facilities	
Hospitals	33
Diagnostic labs	15
Users: Group Health	
Employer/payer groups	498
Employees & dependents	90,474
Total users	**90,474**
Revenues	
1991	$882,127
1990	$746,820

For profit.
Ownership: Sanus Corp. Health Systems.
Service area: Texas: Collin, Cooke, Dallas, Delta, Denton, Ellis, Fannin, Grayson, Hood, Hopkins, Hunt, Johnson, Kaufman, Parker, Rains, Rockwall, Somervell, Tarrant and Wise counties.
Services: Standard package including vision, dental, durable medical equipment, OB/Gyn. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospi-

Continued on next page

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tal charges by per diem, discount off customary rates; is compensated by employers/payers; charges a flat fee per employee. The PPO will adjust fees based on savings realized or not realized. Services groups under contract with New York Life; General American; Alliance; Palico; Pan American Life.

UR: Standard procedures excluding hospital bill audits. UR provided by the PPO.

Officers: Joe Lynaugh, president; Max Brown, executive director; Dr. Joseph Cheek, medical director; Howard Flushman, medical administration director; Brenda McDonald, operations director; Nate Eudaly, chief financial officer.

Sanus Preferred Physicians Inc.

3800 Buffalo Speedway, Suite 200, Houston, Texas 77098; 713-624-5000; fax: 713-963-9417

Staff	
Physicians	199
Patients/physician	80
Board-certified	88%
Specialists	655
Administrative	2
Marketing	1
Facilities	
Hospitals	47
Diagnostic labs	1
Users: Group Health	
Employer/payer groups	231
Total users	**16,300**

Operational date: March 1987.
For profit.
Ownership: Sanus/New York Life.
Service area: Texas: Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Grimes, Harris, Liberty, Matagorda, Montgomery, San Jacinto, Walker, Waller, Washington, and Wharton counties.
Services: Standard package including durable medical equipment, podiatry, OB/Gyn, ambulatory surgery, SNF/PT/rehabilitation, home health. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem, discount off customary rates; is compensated by employers/payers, insurers, TPAs; charges a flat fee per employee. Services groups under contract with New York Life Insurance; General American; Philadelphia Life; Modern American Life; Health Program Managers Inc.; Third Party Administrators (Byron); Alta Health Strategies; Diversified Group Administrators; Producers Exchange Benefits.
UR: Standard procedures excluding retrospective review, hospital bill audits, outpatient service predetermination. UR provided by the PPO, CoMed, Hillhouse and Healthtrack.
Officers: Thomas S. Lucksinger, executive director; Dr. Jerald Zarin, medical director; Doug Hoffman, marketing director.
Contact: Warren Benson.

Script Care Inc.

155 IH 10 North, Suite 5, Beaumont, Texas 77707; 409-832-3041; fax: 409-832-3109

Facilities	
Pharmacies	30,000
Users: Group Health	
Employer/payer groups	60
Single coverage	5,000
Family coverage	15,000
Employees & dependents	45,000
Total users	**45,000**
Revenues	
1991	$2,000,000
1990	$1,000,000

Operational date: January 1990.
For profit.
Service area: Nationwide.
Services: Pharmaceutical services. 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, insurers, TPAs; charges a flat fee per employee. Services groups under contract with Greentree Administrators; Anthem Entrust Agencies; Acordia.
UR: Retrospective review, prospective (point-of-sale) review. UR provided by the PPO.
Officers: James F. Brown, president; C.J. Johansson, executive director.

Travelers Managed Care System-Austin

9442 Capital of Texas Highway N., Arboretum Plaza 2, Suite 600, Austin, Texas 78759; 800-424-6480

Staff	
Physicians	489
Facilities	
Hospitals	8
Users: Group Health	
Employer/payer groups	122
Total users	**8,831**

Operational date: March 1988.
Service area: Texas: Bastrop, Blanco, Burnet, Bell, Caldwell, Comal, Hays, Lee, Milam, Travis, and Williamson counties.
Officers: Laura Kabay, executive director; Richard Spears, district sales manager.
See The Travelers Insurance Co. consolidated listing under Connecticut.

Travelers Managed Care System-Dallas/Ft. Worth

2250 Lakeside Blvd., Suite 330, Richardson, Texas 75082; 214-437-3074

Staff	
Physicians	2,027
Facilities	
Hospitals	38
Users: Group Health	
Employer/payer groups	469
Total users	**67,207**

Operational date: March 1988.
Service area: Texas: Collin, Dallas, Denton, Ellis, Erath, Grayson, Hood, Hunt, Johnson, Kaufman, Limestone, Mclennan, Parker, Rockwall, Somervell, Tarrant, Wise, and Wood counties.
Officers: Dave Barker, executive director; Tom Bliss, district sales manager.
See The Travelers Insurance Co. consolidated listing under Connecticut.

Travelers Managed Care System-Houston

10800 Richmond Ave., Houston, Texas 77042; 713-268-7800

Staff	
Physicians	1,546
Facilities	
Hospitals	26
Users: Group Health	
Employer/payer groups	622
Total users	**81,250**

Operational date: March 1988.
Service area: Texas: Fort Bend, Galveston, Harris, Montgomery and portions of Brazoria and Waller counties.
Officers: Thomas Jackson, executive director; Richard Spears, district sales manager.
See The Travelers Insurance Co. consolidated listing under Connecticut.

Travelers Managed Care System-San Antonio

7550 1H 10 W., Suite 600, San Antonio, Texas 78759; 512-524-3300

Staff	
Physicians	481
Facilities	
Hospitals	10
Users: Group Health	
Employer/payer groups	146
Total users	**15,398**

Operational date: April 1988.
Service area: Texas: Atascosa, Bendera, Bexar, Comal, Guadalupe, Kendall, Kerr, Medina and Wilson counties.
Officers: Laura Kabay, executive director; Richard Spears, district sales manager.
See The Travelers Insurance Co. consolidated listing under Connecticut.

Trinity Health Network

1612 Summit Ave., Suite 400, Fort Worth, Texas 76102; 817-336-1044; fax: 817-336-6999

Staff	
Physicians	170
Specialists	480
Administrative	4
Marketing	1
Facilities	
Hospitals	15
Diagnostic labs	1
Users: Group Health	
Employer/payer groups	3
Employees & dependents	35,000
Total users	**35,000**

Operational date: May 1985.
For profit.
Ownership: All Saints Episcopal Hospital of Fort Worth.
Service area: Texas: Dallas and Tarrant counties.
Services: Standard package including podiatry, OB/Gyn. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem, discount off customary rates; is compensated by employers/payers, providers; charges a flat fee per employee.
UR: Standard procedures excluding preadmission review, length of stay determination, second surgical opinion, hospital bill audits, outpatient service predetermination. UR provided by the PPO.
Officers: Tom Hardy, vp; Larry Olive, executive director; T.M. Gallagher, medical director; Linda Williams, marketing director.

UTAH

Aetna Health Plans-Utah

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

Staff	
Physicians	432
Patients/physician	42
Specialists	1,024
Facilities	
Hospitals	20
Pharmacies	133
Diagnostic labs	20

Operational date: January 1991.
Service area: Utah: Beaver, Cache, Davis, Duchesne, Garfield, Iron, Juab, Millard, Morgan, Piute, Rich, Salt Lake, Sanpete, Sevier, Summit, Utah, Wasatch, Washington, Wayne, and Weber counties and parts of Box Elder county; Wyoming: parts of Lincoln and Uinta counties. Contracts with Intermountain Healthcare.
Officers: Patrick Dowd, president; Dr. Virginia Moore, medical director; Jerry Banks, marketing director.
See Aetna Health Plans consolidated listing under Connecticut.

ALTA First Health

6975 Union Park Center, Midvale, Utah 84047; 801-568-5500; fax: 801-568-5652

Service area: Contracts with The AFFORDABLE Medical Networks nationwide excluding Hawaii, Idaho, New York, Vermont, West Virginia, Wyoming.
Officers: Terry Nofsinger, chairman/CEO; Dr. Jack Taylor, medical director; Rick Hansen, senior vp-marketing; Harlan Seymour, president; Sid Paulson and George Dreisbach, executive vps.

Beech Street

2 Ada, Irvine, Calif. 92718; 714-727-1353 or 800-233-2478; fax: 714-727-1319

Facilities	
Hospitals	8
Pharmacies	141

Service area: Utah.
See Beech Street of California Inc. consolidated listing under California.

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CIGNA PPO-Salt Lake City

5295 S. 320 W., Suite 280, Salt Lake City, Utah 84107; 801-265-2777; fax: 801-261-5349

Staff	
Physicians	847
Facilities	
Hospitals	12

Operational date: January 1991.
Service area: Utah: Box Elder, Davis, Kane, Millard, Morgan, Salt Lake, Sanpete, Sevier, Summit, Tooele, Utah, Wasatch, Washington and Weber counties.
Officers: Terry Nimnicht, regional managed care officer; Myrna Singleton, provider relations.
See CIGNA Preferred Provider Organization consolidated listing under Connecticut.

MetLife Network-Utah

1 City Blvd. W., Suite 700, Orange, Calif. 92668; 714-978-1991

Contact: Nick Brecker, vp.
See MetLife Network consolidated listing 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	342
Board-certified	95%
Specialists	609
Administrative	14
Marketing	2
Facilities	
Hospitals	18
Pharmacies	65
Users: Group Health	
Employer/payer groups	260
Employees & dependents	71,000
Users: Workers Compensation	
Employer/payer groups	6
Single coverage	43,000
Total users	**110,000**

Operational date: March 1985.
For profit.
Ownership: Holy Cross Hospital, St. Benedict's Hospital, Healthtrust Inc.
Service area: Utah: Box Elder, Cache, Carbon, Davis, Duchesne, Millard, Morgan, Salt Lake, Summit, Tooele, Uintah, Utah, Wasatch and Weber counties; Wyoming: Lincoln, Teton and Uinta counties; Idaho: Bear Lake, Caribou, Franklin and Madison counties.
Services: Standard package including vision, dental, durable medical equipment, podiatry, OB/Gyn, 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 per diem, discount off customary rates; is compensated by employers/payers, insurers, TPAs; charges a flat fee per employee, percent of savings, percent of services by doctors/hospitals. The PPO will adjust fees based on savings realized or not realized. Services groups under contract with numerous TPAs and insurers.
UR: Standard procedures. UR provided by the PPO and outside contractors.
Officers: Dan Wolterman, president; Lynn S. Simons, executive director; Dr. Joseph Schoenhals, medical director; Kevin Potts, marketing director; Charles C. Auchterlonie, CEO.
Contact: Kevin J. Potts.

ProAmerica Managed Care Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669; fax: 817-347-3296

Facilities	
Hospitals	5
Users: Group Health	
Employees & dependents	5,100
Total users	**5,100**

Service area: Utah.
See ProAmerica Managed Care Inc. consolidated listing under Texas.

VERMONT

AIIA/COMP CARE

1620 Mason Ave., P.O. Box 11770, Daytona Beach, Fla. 32120; 904-274-3232; fax: 904-274-3242

Staff	
Chiropractors	10
Users: Workers Compensation	
Employer/payer groups	4

Service area: Vermont.
See AIIA/COMP CARE consolidated listing under Florida.

Beech Street

2 Ada, Irvine, Calif. 92718; 714-727-1353 or 800-233-2478; fax: 714-727-1319

Facilities	
Pharmacies	6

Service area: Vermont.
See Beech Street of California Inc. consolidated listing under California.

CIGNA PPO-Burlington

5700 Bigelow Commons, Enfield, Conn. 06082; 203-745-2288; fax: 203-741-7266

Staff	
Physicians	435
Facilities	
Hospitals	3

Operational date: January 1992.
Service area: Vermont: Chittenden, Rutland and Washington counties.
Officers: Chan Wheeler, regional managed care officer; Jackie Pyzik, provider relations.
See CIGNA Preferred Provider Organization consolidated listing under Connecticut.

Vermont Freedom Plan

P.O. Box 186, Montpelier, Vt. 05601; 802-223-6131

Users: Group Health	
Employees & dependents*	3,500
Total users*	**3,500**

Operational date: 1991.
Ownership: Blue Cross and Blue Shield of Vermont.
Service area: Vermont.
**Figures are as of Dec. 31, 1991.*

VIRGINIA

AIIA/COMP CARE

1620 Mason Ave., P.O. Box 11770, Daytona Beach, Fla. 32120; 904-274-3232; fax: 904-274-3242

Staff	
Chiropractors	51
Users: Workers Compensation	
Employer/payer groups	16

Service area: Virginia.
See AIIA/COMP CARE consolidated listing under Florida.

Aetna Health Plans-Hampton Roads

5040 Corporate Woods Drive, Virginia Beach, Va. 23462; 804-671-2734; fax: 804-671-2730

Staff	
Physicians	2,327
Board-certified	89%
Specialists	843
Facilities	
Hospitals	11
Pharmacies	181
Diagnostic labs	14
Users: Group Health	
Employer/payer groups	163
Employees & dependents	7,609
Total users	**7,609**

Operational date: March 1987.
Service area: Virginia: Chesapeake, Gloucester, Hampton, Lancaster, Newport News, Norfolk, Portsmouth, Virginia Beach and York counties; Williamsburg city.
Officers: John P. Cole, executive director; Dr. David Litchfield, medical director; Joe Burns, marketing director; Russ Dickhart.
See Aetna Health Plans consolidated listing under Connecticut.

Aetna Health Plans-Richmond

9030 Stony Point Parkway, Suite 440, Richmond, Va. 23235; 804-330-8480; fax: 804-330-8693

Staff	
Physicians	341
Board-certified	94%
Specialists	696
Facilities	
Hospitals	8
Pharmacies	156
Diagnostic labs	6
Users: Group Health	
Employer/payer groups	183
Employees & dependents	34,864
Total users	**34,864**

Operational date: January 1988.
Service area: Virginia: Amelia, Charles City, Chesterfield, Cumberland, Dinwiddie, Goochland, Hanover, Henrico, New Kent, Nottoway, Powhatan, and Prince Georges counties; independent cities of Hopewell, Richmond and Petersburg.
Officers: Dr. David Litchfield, medical director; Joe Burns, marketing director; Russ Dickhart.
See Aetna Health Plans consolidated listing under Connecticut.

Beech Street

2 Ada, Irvine, Calif. 92718; 714-727-1353 or 800-233-2478; fax: 714-727-1319

Staff	
Physicians	616
Specialists	1,584
Facilities	
Hospitals	22
Pharmacies	449
Diagnostic labs	1

Service area: Virginia.
See Beech Street of California Inc. consolidated listing under California.

Blue Cross & Blue Shield of Virginia-KeyCare

2015 Staples Mill Road, Richmond, Va. 23279; 804-354-2322; fax: 804-354-2225

Staff	
Physicians	3,392
Board-certified	90%
Specialists	5,080
Facilities	
Hospitals	118
Diagnostic labs	46
Users: Group Health	
Employees & dependents	548,000
Total users	**548,000**

Operational date: July 1983.
Not for profit.
Ownership: Blue Cross & Blue Shield of Virginia.
Service area: Virginia; contiguous areas of District of Columbia, North Carolina, Tennessee and West Virginia.
Services: Standard package including durable medical equipment, podiatry, OB/Gyn. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem, discount off customary rates, per case; is compensated by employers/payers; charges a flat fee per employee, percent of claims. Services groups under contract with Total Program Administration.
UR: Standard procedures excluding second surgical opinion, hospital bill audits, outpatient service predetermination. Also uses on-site concurrent review. UR provided by the PPO and United Behavioral Systems.

CCN Inc.-Blue Ridge

2000 N. 14th St., Suite 480, Arlington, Va. 22201; 800-367-2294 or 703-841-0725; fax: 703-841-1322

Staff	
Administrative	7
Marketing	1
Facilities	
Hospitals	5
Users: Group Health	
Employer/payer groups	17
Employees & dependents	6,943
Users: Workers Compensation	
Employer/payer groups	18
Single coverage	3,000
Total users	**9,943**

Operational date: May 1989.
For profit.
Service area: Virginia: Montgomery, Pulaski and Roanoke counties.
Services: Hospitalization, OB/Gyn.
Compensation: Negotiates hospital charges by per diem, discount off customary rates, DRGs, multiple methods with per diem rate as preferred; is compensated by employers/payers, insurers, TPAs, affiliates; charges a flat fee per employee, percent of savings, blended: percent savings and per cap. The PPO will adjust fees based on savings realized or not realized. Services groups under contract with numerous TPAs and insurers.
UR: Standard procedures excluding discharge planning, second surgical opinion, hospital bill audits, outpatient service predetermination. UR provided by the PPO and The Sunderbruch Corp.
Officers: Paul Marchant, executive director.
See CCN Inc. consolidated listing under California.

CNA Managed Care PPO-Richmond/Tidewater

1101 Market St., 25th Floor, Philadelphia, Pa. 19107; 215-351-3842

Staff	
Physicians	1,555
Board-certified	61.3%
Facilities	
Hospitals	16
Total employee users	**17,673**

Service area: Virginia: Richmond and Petersburg counties.
Contact: MaryBeth Synder, manager-major group sales.
See CNA Managed Care PPO consolidated listing under Illinois.

CAPP CARE Inc.

West Tower, 4000 MacArthur Blvd., Suite 10000, Newport Beach, Calif. 92660-2526; 714-251-2200; fax: 714-251-2222

Service area: Greater District of Columbia area and Northern Virginia.
See CAPP CARE Inc. consolidated listing under California.

CIGNA PPO-Hampton Road/Virginia Beach

Reflections II, Suite 450, 200 Golden Oak Court, Virginia Beach, Va. 23452; 804-463-8606; fax: 804-463-2134

Staff	
Physicians	940
Facilities	
Hospitals	13

Operational date: February 1990.
Service area: Virginia: Chesapeake, Hampton, James City, Newport News, Poquoson, Portsmouth, Suffolk, Virginia Beach and Williamsburg cities; Gloucester, Isle of Wight, King and Queen, Mathews, Middlesex, Norfolk and York counties.
Officers: Tim Fitzgerald, regional managed care officer; Rachel Schneider, provider relations.
See CIGNA Preferred Provider Organization consolidated listing under Connecticut.

CIGNA PPO-Mid-Atlantic

9700 Patuxent Woods Drive, Columbia, Md. 21046; 410-720-5800; fax: 410-720-5860

Staff	
Physicians	2,290
Facilities	
Hospitals	31

Operational date: January 1992.
Service area: District of Columbia. Virginia: Alexandria, Falls Church, Manassas, Manassas Park cities; Arlington, Fairfax, Loudon, Prince William and Stafford counties. Maryland: Baltimore city; Anne Arundel, Baltimore, Calvert, Carroll, Charles, Frederick, Garrett, Harford, Howard, Montgomery, Prince Georges and Washington counties.
Officers: Tim Fitzgerald, regional managed care officer; Sharon Stewart, provider relations.
See CIGNA Preferred Provider Organization consolidated listing under Connecticut.

CIGNA PPO-Richmond

4050 Innslake Drive, Glen Allen, Va. 23060; 804-273-1100; fax: 804-273-1219

Staff	
Physicians	1,170
Facilities	
Hospitals	14

Operational date: February 1990.
Service area: Virginia: Charles, Colonial Heights, Hopewell, Petersburg and Richmond cities; Amelia, Caroline, Chesterfield, Dinwiddie, Goochland, Hanover, Henrico, King William, Louisa, New Kent, Nottoway, Powhatan and Prince Georges counties.
Officers: Tim Fitzgerald, regional managed care officer; Lori Staloch, provider relations.
See CIGNA Preferred Provider Organization consolidated listing under Connecticut.

Davis Vision

159 Express St., Plainview, N.Y. 11803; 800-933-9371; fax: 516-932-9845

Staff	
Optometrists	46
Users: Group Health	
Employer/payer groups	7
Employees & dependents	26,000
Total users	**26,000**

Service area: Virginia.
See Davis Vision consolidated listing under New York.

EPIC Pharmacy Network

1311 High Point Ave., Richmond, Va. 23230; 800-876-3742; fax: 804-353-4328

Facilities	
Pharmacies	450

Operational date: July 1992.
For profit.
Service area: Delaware, District of Columbia, Maryland and Virginia.
Services: Pharmacy. May be customized to meet employer specifications.
Compensation: Is compensated by employers/payers; charges a fee per prescription. Services groups under contract with Duke & Co. and Tucker Administrators.
UR: Retrospective review. UR provided by outside contractors.
Officers: R. Michael Berryman, president; Patrick M. Berryman, broker; James A. Miller, secretary/treasurer.
Contact: Patrick M. Berryman.

FOCUS Healthcare Management Inc.

P.O. Box 235, 17 A Hartwell Villas, Anderson, S.C. 29624; 803-225-1426

Staff	
Physicians	8
Board-certified	50%
Specialists	604
Marketing	1
Facilities	
Hospitals	30
Users: Workers Compensation	
Employer/payer groups	17
Single coverage	428,105
Total users	**428,105**

Operational date: June 1991.
Service area: Virginia: Accomack, Essex, Gloucester, Henrico, Newport News, Norfolk and Princess Anne counties.
See FOCUS Healthcare Management Inc. consolidated listing under Tennessee.

Continued on next page

Continued from previous page

MetLife Network-Virginia

1515 Market St., Suite 710, Philadelphia, Pa. 19102; 215-656-7756

Contact: Thomas J. Regan, vp.

See MetLife Network consolidated listing under Connecticut.

National Capital PPO (NCPPO)

6800 Backlick Road, Springfield, Va. 22150

See National Capital PPO consolidated listing under Maryland.

PPOI/Keycare

P.O. Box 27401, Richmond, Va. 23279; 804-354-7000

Users: Group Health	
Employees & dependents*	227,377
Total users*	**227,377**

Operational date: 1983.
Ownership: Blue Cross and Blue Shield of Virginia.
Service area: Virginia.
**Figures are as of Dec. 31, 1991.*

Private Healthcare Systems Inc.

2000 Corporate Ridge, Suite 510, McLean, Va. 22102; 703-749-3660; fax: 703-749-3653

Staff	
Physicians	1,655
Facilities	
Hospitals	15

Service area: Virginia: Newport News, Norfolk, Petersburg, Richmond and Virginia Beach counties.
Contact: Glenda Henderson, senior vp-operations.

See Private Healthcare Systems Inc. consolidated listing under Massachusetts.

ProAmerica Managed Care Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669; fax: 817-347-3296

Staff	
Physicians	165
Board-certified	95%
Specialists	157
Facilities	
Hospitals	18
Users: Group Health	
Employees & dependents	31,200
Total users	**31,200**

Service area: Virginia.
See ProAmerica Managed Care Inc. consolidated listing under Texas.

Prudential Plus-Richmond (Point-of-Service)

1000 Boulders Parkway, Richmond, Va. 23225; 804-323-0900; fax: 804-323-0878

Staff	
Physicians	145
Patients/physician	62
Board-certified	88%
Specialists	334
Administrative	27
Marketing	8
Facilities	
Hospitals	5
Pharmacies	16
Diagnostic labs	5
Users: Group Health	
Employer/payer groups	105
Total users	**8,900**

Operational date: October 1986.
For profit.
Ownership: Prudential Health Care Plan Inc.
Service area: 20 counties in Virginia and Richmond city.
Services: Standard package including durable medical equipment, podiatry, OB/Gyn. Employees can select non-POS providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem, discount off customary rates; is compensated by insurers; charges by fee schedule, negotiated budget.
UR: Standard procedures. UR provided by the POS.
Officers: William Link, executive vp-Prudential group operations; David Hunsaker, executive director; Dr. Steven Mohli, medical director; John Joiner, marketing director.

See Prudential Health Care Plan Inc. consolidated listing under New Jersey.

Select Net

P.O. Box 1948, Parkersburg, Va. 26102; 304-424-7700

Users: Group Health	
Employees & dependents*	18,295
Total users*	**18,295**

Operational date: 1989.
Ownership: Mountain State Blue Cross and Blue Shield.
Service area: Virginia.
**Figures are as of Dec. 31, 1991.*

Travelers Managed Care System-Norfolk

100 West Plume St., Norfolk, Va. 23510; 804-624-8500

Staff	
Physicians	962
Facilities	
Hospitals	13
Users: Group Health	
Employer/payer groups	77
Total users	**12,978**

Operational date: May 1988.
Service area: Virginia: Chesapeake, Hampton, James City, Newport News, Norfolk, Portsmouth, Suffolk and Virginia Beach counties.
Officers: Karen Haugen, director-operations; Gib Palmer, district sales manager.

See The Travelers Insurance Co. consolidated listing under Connecticut.

Travelers Managed Care System-Richmond

300 Arboretum Place, 6th Floor, Richmond, Va., 23236; 804-330-6675

Staff	
Physicians	1,214
Facilities	
Hospitals	8
Users: Group Health	
Employer/payer groups	139
Total users	**16,400**

Operational date: March 1987.
Service area: Virginia: Chesterfield, Colonial Heights City, Dinwiddie, Hanover, Henrico, Hopewell City, New Kent, Petersburg, Prince Georges and Richmond City counties.
Officers: Karen Haugen, director-operations; Gib Palmer, district sales manager.

See The Travelers Insurance Co. consolidated listing under Connecticut.

Virginia Health Network

7400 Beaufont Springs Drive, Suite 505, Richmond, Va. 23225; 804-320-3837; fax: 804-320-5984

Staff	
Physicians	604
Board-certified	68%
Specialists	1,767
Administrative	3
Marketing	1
Facilities	
Hospitals	18
Users: Group Health	
Employer/payer groups	1,200
Employees & dependents*	109,250
Users: Workers Compensation	
Single coverage	180,000
Total users	**289,250**

Operational date: September 1988.
For profit.
Ownership: Chesapeake General Hospital, St. Mary's Hospital, Richmond Memorial Hospital, Obici Hospital, Maryview Medical Center, DePaul Medical Center, Riverside Regional Medical Center, Virginia Beach General, Portsmouth General Hospital.
Service area: Virginia: Richmond, Hampton Roads, and Charlottesville areas.
Services: Standard package including podiatry, OB/Gyn. 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, discount off customary rates; is compensated by employers/payers, providers, insurers; charges a flat fee per employee, percent of services by doctors/hospitals. The PPO will adjust fees based on savings realized or not realized. Services groups under contract with numerous insurers, TPAs, and contracting networks.
UR: UR provided by outside contractors determined by the payor.
Officers: James W. Brittain, president; Dr. Robert O. Williams, medical director; J. David Keplinger, marketing director; Judie Southworth, vp-provider services.
Contact: J. David Keplinger.
**Company estimate.*

WASHINGTON

Aetna Health Plans*

1501 Fourth Ave., Suite 1600, Seattle, Wash. 98101; 206-467-2816; fax: 206-467-2087

Staff	
Physicians	872
Patients/physician	35
Board-certified	79%
Specialists	1,746
Facilities	
Hospitals	16
Pharmacies	173
Diagnostic labs	14
Users: Group Health	
Employer/payer groups	160
Employees & dependents	30,914
Total users	**30,914**

Operational date: July 1987.
Service area: Washington: King, Kitsap, Pierce, Snohomish and Spokane counties.
Officers: Dr. Michael Gavin and Dr. Steven Ho, medical directors; James Hickey, marketing director.
**Information drawn from a consolidation of the Spokane and Puget Sound networks operated from this office. Employer/payer groups may overlap, but total users do not.*

See Aetna Health Plans consolidated listing under Connecticut.

American Chiropractic Network-Washington

P.O. Box 112, West Linn, Oregon 97068; 503-639-2189; fax: 503-620-1471

Staff	
Physicians	80

Operational date: 1991.
Service area: Washington.
Officers: Linda Ficere, marketing director.

Beech Street

2 Ada, Irvine, Calif. 92718; 714-727-1353 or 800-233-2478; fax: 714-727-1319

Staff	
Physicians	953
Specialists	2,452
Facilities	
Hospitals	51
Pharmacies	344
Diagnostic labs	3

Service area: Washington.
See Beech Street of California Inc. consolidated listing under California.

CNA Managed Care PPO-Seattle/Puget Sound

50 Fremont St., San Francisco, Calif. 94105; 415-243-4982

Staff	
Physicians	1,437
Board-certified	58.9%
Facilities	
Hospitals	21
Total employee users	**3,484**

Service area: Washington: King, Pierce and Snohomish counties.
Contact: Robert Shaffer, manager-major group sales.

See CNA Managed Care PPO consolidated listing under Illinois.

CAPP CARE Inc.

West Tower, 4000 MacArthur Blvd., Suite 10000, Newport Beach, Calif. 92660-2526; 714-251-2200; fax: 714-251-2222

Staff	
Physicians	847
Facilities	
Hospitals	13

Service area: Portland area/Southern Washington, Seattle/Tacoma and Spokane.

See CAPP CARE Inc. consolidated listing under California.

CIGNA PPO—Seattle/Tacoma

701 Fifth Ave., 2940 Columbia Center, Seattle, Wash, 98104; 206-625-8800; fax: 206-625-8879

Staff	
Physicians	1,687
Facilities	
Hospitals	19

Operational date: January 1988.
Service area: Washington: Island, King, Kitsap, Lewis, Pierce, Skagit, Snohomish and Thurston counties.
Officers: Terry Nimnicht, regional managed care officer, Peg Witham, provider relations.

See CIGNA Preferred Provider Organization consolidated listing under Connecticut.

ETHIX Northwest

601 Union St., Suite 4330, Seattle, Wash. 98101-2359; 206-447-0757; fax: 206-447-0762

Staff	
Physicians	2,928
Board-certified	94%
Specialists	1,422
Administrative	4
Marketing	1.5
Facilities	
Hospitals	46
Diagnostic labs	10
Users: Group Health	
Employer/payer groups	281
Employees & dependents	128,940
Total users	**128,940**
Revenues	
1991	$1,953,016
1990	$1,377,385

Operational date: July 1986.
For profit.
Ownership: The Ethix Corp.
Service area: Washington: Benton, Callum, Chelan, Clark, Cowlitz, Grant, Grays Harbor, King, Lewis, Mason, Okanogan, Pierce, Skagit, Snohomish, Spokane, Thurston, Walla Walla, Whatcom and Yakima counties; Montana: Yellowstone County; Alaska: Anchorage County.
Services: Standard package including durable medical equipment, podiatry, OB/Gyn. 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, discount off customary rates, DRGs, case rates; is compensated by employers/payers, providers, insurers, TPAs; charges a flat fee per employee, percent of services by doctors/hospitals. Services groups under contract with Lincoln Nationanl Life Insurance Co.; ITT Hartford; Great-West Life Assurance Co.; The Principal Financial Group; Old Northwest Agents Inc.; CNA Insurance Cos.; Rogers Benefit Group; Northwest Administrators; Concept Administrators; Western Benefits Administrators Inc.; Sound Benefit Administrators; The TPA of Washington; Glen Slaughter & Assoc.; Kipp & Co.; Northwest Administrators of Great Falls; Intermountain Administrators Inc.; Anchor Benefits Inc.
UR: Standard procedures. UR provided by the PPO.
Officers: David Ford, president; Dr. Frank Schramm, medical director; Laurie Shorett, marketing director.

First Choice Health Network Inc.

1100 Olive Way, Suite 1480, Seattle, Wash. 98101-1838; 206-292-8255; fax: 206-624-4953

Staff	
Physicians	1,431
Board-certified	75%
Specialists	1,927
Administrative	21
Marketing	1
Facilities	
Hospitals	52
Pharmacies	400
Diagnostic labs	64
Users: Group Health	
Employer/payer groups	4,000
Employees & dependents	290,000
Total users	**290,000**

Operational date: September 1984.
For profit.
Service area: Washington.
Services: Standard package including durable medical equipment, podiatry, OB/Gyn, 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 per diem, discount off customary rates, DRGs; is compensated by employers/payers, insurers, TPAs; charges a flat fee per employee, percent of savings. The PPO will adjust fees based on savings realized or not realized. Services groups under contract with Employers Health Insurance, Guardian Life Insurance Co., John Alden Life Insurance Co., The Mutual Group (Association Life), New York Life Insurance Co., Northwestern National Life Insurance Co., Pacific Heritage Assurance, Safeco, Time Insurance Co., Advanced Benefit Administrators, Concept Administrators Inc., Crawford & Co., EBP Insurance Services Inc., The Travelers Plan Administrators, Trusteed Plans Service Corp./Flexible Benefits Corp., Healthcare Management Administrators Inc., Kipp and Co., NCAS Northwest Inc., Network Management Inc., Northwestern National Life Insurance Co., Welfare and Pension Adminstration Service Inc., Zenith Administrators Inc.
UR: Standard procedures excluding retrospective review. UR provided by the PPO.
Officers: Clayton S. Fields, president/executive director; Dr. Anna H. Chavelle, medical director; Ross D. Heyl, marketing director; Randy Barker, Charlotte Wheeler, Sherry Perry, vps.
Contact: Clayton S. Fields.

Grays Harbor Medical Bureau

421 W. State St., Aberdeen, Wash. 98520; 206-532-9320; fax: 206-532-9324

Staff	
Physicians	49
Specialists	29
Administrative	2
Marketing	4
Facilities	
Hospitals	1
Pharmacies	22
Total users	**3,000**

Operational date: July 1987.
Not for profit.
Service area: Washington: Grays Harbor and Pacific counties.
Services: Standard package including vision, durable medical equipment, podiatry, OB/Gyn. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: Negotiates hospital charges by discount off customary rates; is compensated by employers/payers; charges a flat fee per employee.
UR: Standard procedures excluding concurrent review, discharge planning, retrospective review, outpatient service predetermination. UR provided by the PPO.
Officers: Gary S. Fisher, president; Patricia Hollatz, executive director; Dr. Robert Haskey, medical director; Mary K. Heyrman, marketing director.

King County Medical Blue Shield Preferred Plan

1800 9th Ave., Seattle, Wash. 98111; 206-464-3600; fax: 206-343-0848

Staff	
Physicians	1,727
Board-certified	75%
Specialists	1,822
Facilities	
Hospitals	19
Diagnostic labs	22
Users: Group Health	
Employer/payer groups	5,059
Employees & dependents	384,159
Total users	**406,235**
Revenues	
1991	$191,226,000
1990	$144,000,000

Operational date: May 1985.
Not for profit.
Ownership: Blue Shield of Washington.
Service area: Washington: Clark, Cowlitz, King, Kitsap, Lewis, Pierce, Skagit, Snohomish, Thurston and Wahkiakum counties.
Services: Standard package in-

Continued on next page

Continued from previous page
cluding vision, durable medical equipment, podiatry, OB/Gyn, home health, labs, hospice, ambulatory surgery. 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, DRGs, case rates, discount off billed charges; is compensated by providers; charges a percent of savings.

UR: Standard procedures excluding discharge planning, retrospective review. UR provided by the PPO.

Officers: Winlock Pickering, president; Dale Francis, executive vp; Dr. Terry Rogers, senior vp-medical affairs; Herb Breitenborn, vp-marketing & sales; Stephanie Hunter, cost containment administrator.

MSC Preferred Plan

P.O. Box 3048, Spokane, Wash. 99220; 509-536-4700

Users: Group Health	
Employees & dependents*	73,263
Total users*	**73,263**

Operational date: 1987.
Ownership: Medical Service Corporation of Eastern Washington.
Service area: Washington.
**Figures are as of 12/31/91.*

MetLife Network-Washington

50 Fremont St., Suite 1100, San Francisco, Calif. 94105; 415-957-4101
Contact: Larry Kissner, vp.
See MetLife Network consolidated listing under Connecticut.

Pierce County Medical-Preferred Plans

1501 Market St., P.O. Box 2915, Tacoma, Wash. 98401-2915; 206-597-6520; fax: 206-597-7475

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: Washington: Pierce County.
Services: Standard package including vision, podiatry, OB/Gyn. 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 discount off customary rates, DRGs; is compensated by employers/payers; charges a flat fee per employee.
UR: Standard procedures excluding outpatient service predetermination. UR 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
Total users*	**66,942**

Operational date: February 1986.
Ownership: Medical Service Corp. of Eastern Washington.
Sponsorship: Blue Cross & Blue Shield.
Service area: Washington: Benton, Franklin, Grant, Spokane and Whitman counties.
UR: Standard procedures excluding length of stay determination, retrospective review, hospital bill audits, case management.
**Figures are 1990 data.*

Private Healthcare Systems Inc.

49 Stevenson St., Suite 660, San Francisco, Calif. 94105; 415-495-1874; fax: 415-495-1879

Staff	
Physicians	1,513
Facilities	
Hospitals	23

Service area: Washington: Kennewich, Olympia, Paso, Richland, Seattle, Spokane, Tacoma and Yakima.
Contact: Barbara Lubash, senior vp-operations.
See Private Healthcare Systems Inc. consolidated listing under Massachusetts.

ProAmerica Managed Care Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669; fax: 817-347-3296

Facilities	
Hospitals	3
Users: Group Health	
Employees & dependents	49,000
Total users	**49,000**

Service area: Washington.
See ProAmerica Managed Care Inc. consolidated listing under Texas.

Prudent Buyer Plan

15700 Dayton Ave. N., Seattle, Wash. 98133; 206-670-2033

Staff*	
Physicians	5,286
Facilities*	
Hospitals	68
Users: Group Health*	
Employees & dependents	281,170
Total users*	**281,170**

Operational date: October 1985.
Sponsorship: Blue Cross of Washington & Alaska.
Service area: Washington; Alaska: Anchorage, Fairbanks, Ketchikan and Seward counties.
UR: Standard procedures excluding length of stay determination, retrospective review, second surgical opinion, hospital bill audits, outpatient service predetermination.
**Figures are 1990 data.*

Sound Health*

1501 Fourth Ave., Suite 500, Seattle, Wash. 98101; 206-622-6111; fax: 206-623-5173

Staff	
Physicians	2,366
Patients/physician	142
Board-certified	95%
Specialists	5,322
Administrative	6
Marketing	9
Facilities	
Hospitals	67
Diagnostic labs	35
Users: Group Health	
Employer/payer groups	2,726
Family coverage	146,072
Employees & dependents	335,029
Total users	**335,029**
Revenues	
1991	$2,889,822
1990	$1,275,566

Operational date: October 1987.
Not for profit.
Ownership: Sisters of Providence Health Systems.
Service area: Washington: 34 counties.
Services: Standard package including vision, durable medical equipment, podiatry, OB/Gyn, chiropractic, home health. 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, discount off customary rates, DRGs; is compensated by employers/payers, insurers, TPAs; charges a flat fee per employee, percent of savings, hospital administrative fee. The PPO will adjust fees based on savings realized or not realized. Services groups under contract with 12 insurers, 18 TPAs, 13 PPOs and 4 self-insured groups.
UR: Standard procedures. UR provided by the PPO and outside contractors.
Officers: Gerald L. Coe, president/executive director; Dr. Fritz Van Paasschen, medical director; Paddy Cottrell, marketing director; Jeff Blancett, COO; Cassie Undlin, CFO.
Contact: Ty Tabor.
**Figures are consolidated, including all PPOs in this organization.*

United Northwest Services*

P.O. Box 141253, Spokane, Wash. 99214-1253; 509-928-2569

Staff	
Physicians	1,300
Board-certified	85%
Specialists	1,700
Administrative	3
Marketing	2
Facilities	
Hospitals	35
Diagnostic labs	8
Users: Group Health	
Employer/payer groups	43
Employees & dependents	330,000
Total users	**330,000**

Operational date: June 1984.
For profit.
Service area: Alaska, Idaho, Oregon, Washington, Utah.
Services: Standard package including vision, durable medical equipment, podiatry, OB/Gyn, home infusion therapy, 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 discount off customary rates; is compensated by providers; charges a percent of services by doctors/hospitals. Services groups under contract with A.W. Rhein Co.; National Rural Electric Cooperatives; Blue Cross-South Carolina; numerous other through PHCS Network.
UR: Standard procedures. UR provided by the PPO and Washington PPO.
Officers: Dr. Milam Jeckle, president; Tom Markeson, executive director; Dr. Larry Worth, medical director; Heidi Harrington, marketing director.
**Figures are consolidated including all PPOs in this organization.*

United Northwest Services-Washington

P.O. Box 141253, Spokane, Wash. 99214-1253; 509-928-2569

Staff	
Physicians	815
Board-certified	85%
Specialists	680
Facilities	
Hospitals	27
Diagnostic labs	2
Users: Group Health	
Employer/payer groups	43
Total users	**199,000**

Service area: Washington.
See United Northwest Services consolidated listing under Washington.

Washington Physician Services

P.O. Box 2010, Seattle, Washington 98111; 206-389-7520

Users: Group Health	
Employees & dependents*	33,550
Total users*	**33,550**

Operational date: 1985.
Ownership: Washington Physician Services.
Service area: Washington.
**Figures are as of 12/31/91.*

Whatcom Medical Bureau

3000 Northwest Ave., P.O. Box 9753, Bellingham, Wash. 98227-9753; 206-734-8000; fax: 206-734-6676

Staff	
Physicians	45
Patients/physician	1,200
Specialists	175
Administrative	68
Marketing	6
Facilities	
Hospitals	3
Pharmacies	10
Diagnostic labs	2
Users: Group Health	
Employer/payer groups	620
Employees & dependents	30,000

Operational date: January 1985.
Not for profit.
Service area: Washington: San Juan, Whatcom counties.
Services: Standard package including vision, podiatry, OB/Gyn. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications.
Compensation: Negotiates hospital charges by per diem, discount off customary rates. The PPO will adjust fees based on savings realized or not realized.
Officers: Chuck Beard, president; Mike Fournier, marketing director.
Contact: Mike Fournier.

WEST VIRGINIA

Beech Street

2 Ada, Irvine, Calif. 92718; 714-727-1353 or 800-233-2478; fax: 714-727-1319

Facilities	
Hospitals	2
Pharmacies	125

Service area: West Virginia.
See Beech Street of California Inc. consolidated listing under California.

MedSelect of West Virginia

1 Hillcrest Drive, Charleston, W.Va. 25326; 304-347-0638; fax: 304-347-0746

Staff	
Administrative	3
Marketing	1
Facilities	
Hospitals	19
Users: Group Health	
Employer/payer groups	372
Single coverage	7,550
Family coverage	11,280
Employees & dependents	43,300
Total users	**43,308**
Revenues	
1991	$13,500,000
1990	$11,100,000

Operational date: September 1986.
For profit.
Service area: West Virginia; contiguous counties in Ohio, Pennsylvania, Maryland, Virginia and Kentucky.
Services: Hospitalization. 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 discount off customary rates; is compensated by employers/payers; charges a flat fee per employee. Services groups under contract with Guardian; Mutual Group; Hartford; Jefferson Pilot; MidSouth; Travelers.
UR: Standard procedures excluding retrospective review, second surgical opinion, hospital bill audits, outpatient service predetermination. UR provided by PRS, MedCert, Intracorp.
Officers: Susan Cunningham, executive director; Dave Cook, marketing director.
Contact: Jennings Hart.

MetLife Network-West Virginia

1515 Market St., Suite 710, Philadelphia, Pa. 19102; 215-656-7765
Contact: Thomas J. Regan, vp.
See MetLife Network consolidated listing under Connecticut.

ProAmerica Managed Care Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669; fax: 817-347-3296

Facilities	
Hospitals	6
Users: Group Health	
Employees & dependents	6,700
Total users	**6,700**

Service area: West Virginia.
See ProAmerica Managed Care Inc. consolidated listing under Texas.

WISCONSIN

Aetna Health Plans*

2675 N. Mayfair Road, Suite 506 Wauwatosa, Wis. 53226; 414-256-2294; fax: 414-256-2299

Staff	
Physicians	640
Board-certified	74%
Specialists	804
Administrative	12
Marketing	5
Facilities	
Hospitals	13
Users: Group Health	
Employer/payer groups	154
Employees & dependents	27,795
Total users	**27,795**

Operational date: August 1986.
Service area: Wisconsin: Kenosha, Milwaukee, Ozaukee, Washington, Waukesha counties.
Officers: Dr. Allan Rosenberg, medical director; Kevin Hickey, market manager; Michael Care, general manager.
**Information drawn from a consolidation of the Milwaukee and Kenosha networks operated from this office. Employer/payer groups may overlap, but total users do not.*
See Aetna Health Plans consolidated listing under Connecticut.

Associates for Health Care Inc.

125 N. Executive Drive, Suite 201, Brookfield, Wis. 53005; 414-784-9007; fax: 414-784-6419

Staff	
Physicians	836
Patients/physician	21
Board-certified	98%
Specialists	454
Administrative	2
Marketing	7
Facilities	
Hospitals	31
Pharmacies	53
Diagnostic labs	8
Users: Group Health	
Employer/payer groups	2,674
Single & family coverage	74,000
Employees & dependents	185,000
Users: Workers Compensation	
Employer/payer groups	2
Single coverage	2,000
Total users	**187,000**

Operational date: September 1984.
For profit.
Service area: Wisconsin: Brown, Calumet, Dane, Kenosha, Manitowoc, Milwaukee, Outgamie, Ozaukee, Portage, Racine, Richland, Rock, Sheboygan, Vilas, Walworth, Washington, Waukesha and Waupaca counties; Nationwide excluding Idaho, Maine, North Dakota and Vermont.
Services: Standard package including vision, dental, durable medical equipment, podiatry, OB/Gyn, pharmacy, home health care, X-ray/lab, hospice, rehabilitation, ambulance service. 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, discount off customary rates; is compensated by employers/payers, providers; charges a flat fee per employee, percent of savings, percent of services by doctors/hospitals. The PPO will adjust fees based on savings not realized. Services groups under contract with over 40 insurers and TPAs.
UR: Standard procedures including outpatient psych, maternity and oncology. UR provided by the PPO.
Officers: Richard L. Blomquist, president; Judith A. Grimes, executive director; Peter J. Grimes, marketing director.
Contact: Richard L. Blomquist.

Beech Street

2 Ada, Irvine, Calif. 92718; 714-727-1353 or 800-233-2478; fax: 714-727-1319

Staff	
Physicians	232
Specialists	568
Facilities	
Hospitals	20
Pharmacies	295

Service area: Wisconsin.
See Beech Street of California Inc. consolidated listing under California.

CNA Managed Care PPO-Milwaukee

CNA Plaza, 22 West, Chicago, Ill. 60685; 312-822-7626

Staff	
Physicians	700
Board-certified	61.9%
Facilities	
Hospitals	13
Total employee users	**1,074**

Service area: Wisconsin: Milwaukee, Waukesha and Sheboygan counties.

Continued on page 132

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Continued from page 130

Contact: Wayne Malzone, manager-major group sales.

See CNA Managed Care PPO consolidated listing under Illinois.

CAPP CARE Inc.

West Tower, 4000 MacArthur Blvd., Suite 10000, Newport Beach, Calif. 92660-2526; 714-251-2200; fax: 714-251-2222

Staff	
Physicians	890
Facilities	
Hospitals	22

Service area: Wisconsin: Milwaukee, Appleton and Madison.

See CAPP CARE Inc. consolidated listing under California.

ChiroCare of Wisconsin

2825 N.Mayfair Road, Suite 106, Wauwatosa, Wisconsin 53222; 414-476-4733; fax: 414-476-4517

Staff	
Physicians	293
Administrative	6
Marketing	1
Users: Group Health	
Employees & dependents	192,200

Operational date: 1986.

Service area: Wisconsn.

Officers: Scott Giltner, president; Jeff Nienhaus, executive director; Brad Guinn, secretary & treasurer; Dr. Matt DeJanovich, chairman; Dr. Steve Douglas, vp.

Contact: Jeff Nienhaus.

Delta PPO/Delta Dental Plan of Wisconsin

P.O. Box 828, Stevens Point, Wis. 54481; 715-344-6087; 715-344-2446

Staff	
Dentists	302
Specialists	126
Users: Group Health	
Employer/payer groups	12
Single coverage	3,042
Family coverage	3,696
Employees & dependents	11,244
Revenues	
1991	$1,219,411
1990	NA

Operational date: September 1990.

Not for profit.

Ownership: Delta Dental Plan of Wisconsin.

Service area: 18 counties in Wisconsin.

Services: Dental. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates dental benefit charges by discount off customary rates; is compensated by employers/payers; charges a flat fee per employee

UR: Precertification. UR provided by the PPO.

Officers: Dennis L. Brown, president; Dennis L. Peterson, executive vp; Patty Glennon, vp-finance; Karen Johnson, director-operations; Karen Thompson, director-underwriting/actuarial; Lindie Raflik, director-system design/development; Bonnie Patoka, director-system service/support.

FOCUS Healthcare Management Inc.

602 N. Oakwood Ave., Oconomowoc, Wis. 53066; 414-567-7120

Staff	
Physicians	19
Board-certified	50%
Specialists	2
Marketing	1
Facilities	
Hospitals	14

Operational date: April 1990.

Service area: Wisconsin: Eau Claire, Kenosha, LaCrosse, Monroe, Tempealeaw and Waukesha counties.

See FOCUS Healthcare Management Inc. consolidated listing under Tennessee.

Health Care Network of Wisconsin

250 Bishops Way, Suite 300, Brookfield, Wis. 53005; 414-784-0223 fax: 414-784-2976

Staff	
Physicians	587
Board-certified	74%
Specialists	1,098
Administrative	29
Marketing	5
Facilities	
Hospitals	22
Diagnostic labs	11
Users: Group Health	
Employer/payer groups	127
Employees & dependents	194,984
Users: Workers Compensation	
Single coverage	1,250,000
Total users	**1,444,984**

Operational date: July 1987.

For profit.

Service area: Wisconsin: Clark, Douglas, Fond du Lac, Kenosha, Oconto, Ozaukee, Sheboygan, Washington, Waukesha, and Winnebago counties.

Services: Standard package including durable medical equipment, OB/Gyn, home health care, non-hospital based laboratories, chiropractic network, ambulatory surgery center. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by per diem, discount off customary rates, ICD-9 procedures codes; is compensated by employers/payers, insurers; charges a flat fee per employee.

UR: Standard procedures excluding length of stay determination, second surgical opinion, hospital bill audits, ambulatory care review program.

Officers: Michele Holzman, executive director.

See CCN Inc. consolidated listing under California.

HealthNetwork Inc.

1420 Kensington Road, Suite 203, Oak Brook, Ill. 60521; 708-954-2900; fax: 708-954-1518

Staff	
Physicians	1,215
Patients/physician	95
Board-certified	75%
Specialists	912
Administrative	5
Marketing	8
Facilities	
Hospitals	21
Users: Group Health	
Employer/payer groups	293
Employees & dependents	851,775
Total users	**851,775**

Service area: Wisconsin: metropolitan areas.

See HealthNetwork Inc. consolidated listing under Illinois.

Medview Services Inc. (Comp Pro)

32991 Hamilton Court, Farmington Hills, Mich. 48834; 313-488-5260; fax: 313-488-5262

Staff	
Physicians	345
Board-certified	90%
Specialists	263
Facilities	
Hospitals	34
Users: Group Health	
Employer/payer groups	4
Employees & dependents	1,450
Users: Workers Compensation	
Employer/payer groups	12
Single coverage	190,000
Total users	**191,450**

Service area: Wisconsin.

See Medview Services Inc. (Comp Pro) consolidated listing under Michigan.

MetLife Network-Wisconsin

200 E. Randolph Drive, Suite 6836, Chicago, Ill. 60601-6804; 312-861-3000

Contact: Michael Witwer, vp.

See MetLife Network consolidated listing under Connecticut.

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
Total users	**53,250**
Revenues	
1991	NA
1990	$43,700,000

Operational date: 1984.

For profit.

Ownership: Blue Cross & Blue Shield United of Wisconsin.

Service area: 29 counties in Wisconsin.

Services: Standard package including durable medical equipment, OB/Gyn. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by per diem, discount off customary rates; is compensated by employers/payers, insurers, TPAs; charges a percent of services by doctors/hospitals.

UR: Standard procedures excluding length of stay determination, discharge planning, outpatient service predetermination. UR provided by the PPO.

Officers: Essie Whitelaw, president/executive director; Dr. Richard Christenson, medical director; Babette Honore, marketing manager; Paul Jasinski, vp-finance.

Contact: Babette Honore.

Private Healthcare Systems Inc.

9399 W. Higgins Road, Suite 500, Rosemont, Ill. 60018; 708-292-6700; fax: 708-292-6735

Staff	
Physicians	804
Facilities	
Hospitals	13

Service area: Wisconsin: Milwaukee and Sheboygan.

Contact: Ed Sandrick, regional vp.

See Private Healthcare Systems Inc. consolidated listing under Massachusetts.

ProAmerica Managed Care Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669; fax: 817-347-3296

Facilities	
Hospitals	6
Users: Group Health	
Employees & dependents	98,700
Total users	**98,700**

Service area: Wisconsin.

See ProAmerica Managed Care Inc. consolidated listing under Texas.

Wausau Preferred Care

Wausau Insurance Cos., 2000 Westwood Drive, Wausau, Wis. 54401; 715-842-6896; fax: 715-847-8740

Staff	
Physicians	332
Specialists	520
Administrative	13
Marketing	31
Facilities	
Hospitals	21
Diagnostic labs	17
Users: Group Health	
Employer/payer groups	27
Single coverage	644
Family coverage	1,004
Employees & dependents	4,004

Operational date: January 1987.

For profit.

Ownership: Wausau Insurance Cos.

Service area: Wisconsin: Buffalo, Chippewa, Crawford, Dunn, Eau Claire, Jackson, LaCrosse, Lincoln, Marathon, Outagamie, Pepin, Taylor, Trempeleau, Vernon and Winnebago counties. ontracts with CAPP Care in Arizona, California, Colorado, Delaware, Florida, New Jersey, New Mexico, Ohio, Pennsylvania, Tennessee, Texas, Utah; Healthstar in Illinois; VHA Health Plans in Indiana; Healthnet in Kansas, Missouri; Healthlink in Illinois, Missouri; PPOM in Michigan; PreferredOne in Minneapolis, North Dakota; Vantage in Oregon, Washington; SoundHealth in Washington; Alliance Inc. in District of Columbia, Maryland, Virginia; SouthCare in Georgia; Health Net in Tennessee; Sooner Health Plan in Oklahoma; Premier in Kansas, Missouri; Focus in Alabama, Louisiana, New Jersey, North Carolina, Pennsylvania, South Carolina, Tennessee; Affordable Medical Networks in Arizona, Arkansas, California, Florida, New Mexico, Oklahoma, Texas.

Services: Standard package including vision, durable medical equipment, podiatry, OB/Gyn. Employees can select non-PPO providers. May be customized to meet employer specifications.

Compensation: Negotiates hospital charges by per diem, discount off customary rates; is compensated by employers/payers; charges a flat fee per employee, built in premium.

UR: Standard procedures excluding second surgical opinion, outpatient service predetermination. UR provided by the PPO.

Officers: Terry Bolz, assistant vp-alternate health care; Dr. Gerald Osband, assistant vp-medical affairs; Richard Gumness, regional sales manager.

Contact: Terry Bolz.

Wausau Preferred Health Plans

1 Park Plaza, 11270 W. Park Place, Milwaukee, Wis. 53224; 414-577-2100; 414-577-2337

Staff	
Physicians	450
Specialists	550
Facilities	
Hospitals	12
Users: Group Health	
Employer/payer groups	105
Single coverage	2,304
Family coverage	5,423
Employees & dependents	12,815
Users: Workers Compensation	
Employer/payer groups	300
Total users	**52,000**
Revenues	
1991	$8,200,000
1990	$13,730,000

Operational date: November 1987.

For profit.

Ownership: Preferred Health Insurance Corp. (Wausau Insurance Cos.)

Service area: Wisconsin: Kenosha, Milwaukee, Ozaukee, Racine, Washington, and Waukesha counties.

Services: Standard package including vision, durable medical equipment, OB/Gyn, 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, discount off customary rates; is compensated by employers/payers; charges a flat fee per employee. The PPO will adjust fees based on savings realized or not realized.

UR: Standard procedures excluding length of stay determination, hospital bill audits, outpatient service predetermination. UR provided by the PPO.

Officers: Leon J. Weinberger, president; James H. Yahnke, executive director; Dr. Christopher J. Drayna, medical director; William Hattendorf, marketing director.

Contact: Kristine Chapman or James Yahnke.

WYOMING

Beech Street

2 Ada, Irvine, Calif. 92718; 714-727-1353 or 800-233-2478; fax: 714-727-1319

Facilities	
Pharmacies	44

Service area: Wyoming.

See Beech Street of California Inc. consolidated listing under California.

CAPP CARE Inc.

West Tower, 4000 MacArthur Blvd., Suite 10000, Newport Beach, Calif. 92660-2526; 714-251-2200; fax: 714-251-2222

See CAPP CARE Inc. consolidated listing under California.

ProAmerica Managed Care Inc.

714 Main St., Fort Worth, Texas 76102; 800-523-3669; fax: 817-347-3296

Facilities	
Hospitals	1
Users: Group Health	
Employees & dependents	4,900
Total users	**4,900**

Service area: Wyoming.

See ProAmerica Managed Care Inc. consolidated listing under Texas.

PPO ADDENDUM

The following information was inadvertently omitted from the Florida listing.

HEC SELECT-Melbourne

1300 W. Mockingbird Lane, Dallas, Texas 75247; 214-905-4421; fax: 214-905-4427

Staff	
Physicians	42
Patients/physician	65
Board-certified	98%
Specialists	70
Administrative	5
Marketing	10
Users: Group Health	
Employer/payer groups	1
Employees & dependents	2,750
Total users	**2,750**

Operational date: January 1991.

For profit.

Service area: Florida: Brevard.

Services: Physicians, OB/Gyn. Services available unbundled. Employees can select non-PPO providers. May be customized to meet employer specifications. Individual enrollment is allowed.

Compensation: Compensated by employers/payers; charges a flat fee per employee. The PPO will adjust fees based on savings realized or not realized.

UR: Standard procedures excluding retrospective review, hospital bill audits. UR provided by an outside vendor.

Officers: Richard Herrmann, president; James R. McPhail, vp-managed health care; Dr. Laurence Dotin, medical director; John Stevenson, vp-marketing; Nancy Coleman, senior vp-claims administration; Tom Dubowski, vp/controller/treasurer; Paul Buchschacker, general counsel.

Contact: John Stevenson. BI

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HMOs that operate in multiple states

The following HMOs directly service three or more states or contract with other HMOs to offer multistate services. If the HMO has a corporate or consolidated listing in the directory, the state under which it can be found is included after the company name.

To make it possible to locate regional listings in the directory, if a state is serviced through an office located in a neighboring state or serviced by offices in more than one state, it is noted in parentheses after the state name; it is in the noted state(s) that the directory entry will be found.

The regional HMO name is also given if significantly different from the consolidated or corporate name. An HMO may have more than one regional listing per state. Not all participants provide regional listings.

The following national HMO network associations and their service areas are listed in the box below: The HMO Group, HMO National Network, National Managed Care Inc. and UltraLink.

Aetna Life Insurance Co. (Connecticut)
Services: Arizona-Partners Health Plan, California, Connecticut, Colorado, Delaware (N.J.), District of Columbia (Va.), Florida, Georgia, Illinois (Ill./Mo.), Indiana-Partners National Health Plan, Louisiana, Maryland (Va.), Michigan, Missouri-The Medical Center Health Plan, New Jersey, New York, Ohio, Pennsylvania, Tennessee, Texas*, Virginia.
** Regional listings under both Aetna Health Plans of the Mid-Atlantic and Southwest Health Plan Inc.*

American Dental Plan (Georgia)
Services: Alabama, Florida, Georgia, Ohio-American Prepaid Dental Plan.

AvMed Health Plan (Florida)
Services: Florida.
Contracts with: HMO National Network, National Managed Care Inc., UltraLink.

Blue Cross & Blue Shield/HMO-USA
Services: Alabama: Health Maintenance Group of Birmingham, Health Options Inc. (Fla.); Arizona: HMO Arizona; Arkansas: HMO Arkansas; California: Blue Shield of California, CaliforniaCare; Colorado: HMO Colorado Inc.; Connecticut: Community Health Care Plan, Constitution HealthCare Inc.; Delaware: Delaware Valley HMO, The HMO of Delaware Inc., Total Health Plus Inc.; District of Columbia: CapitalCare Inc. (Va.), HealthCare Corp. of the Mid-Atlantic (Md.), Physicians Care (Va.); Florida: Capital Health Plan, Health Options Inc., Health Options Diversified; Georgia: HMO Georgia Inc.; Hawaii: Community Health Program, HMO Hawaii, Health Plan Hawaii; Idaho: HealthPlus (Wash.), Idaho Preferred Healthcare; Illinois: BCI HMO Inc., Foundation for Medical Care of Central Illinois, HMO Illinois; Indiana: HMO Illinois (Ill.), Health Maintenance of Indiana, Physicians Health Network, Physicians Health Service; Iowa: HMO Nebraska (Neb.); Kansas: HMO Kansas; Kentucky: Alternative Health Delivery Systems Inc., HMO Kentucky; Maine: HMO Maine; Maryland: CapitalCare Inc. (Va.), Columbia-FreeState Health System, Columbia Medical Plan Inc., HealthCare Corp. of the Mid-Atlantic, HealthCare Corp. of the Potomac, Physicians Care (Va.); Massachusetts: Bay State Health Care, HMO Blue, HMO Rhode Island Inc. (R.I.); Michigan: Blue Care Inc., Blue Care Network of East Michigan, Blue Care Network-Great Lakes, Blue Care Network Health Central, Blue Care Network of Southeast Michigan; Minnesota: Blue Plus, First Plan HMO; Missouri: Total Health Care, Good Health HMO, HMO Missouri; Montana: HMO Montana; Nebraska: HMO Nebraska; New Hampshire: HMO Blue (Mass.); New Jersey: Medigroup; New Mexico: HMO New Mexico; New York: Blue Choice, BlueCARE Plus, Community Blue, Empire HealthNet, HMO-CNY Inc./Foundation Health Plan, HMO-CNY Inc./Independent Prepaid Health Plan; North Carolina: HMO of North Carolina, BCBS of North Carolina, Personal Care Plan; North Dakota: Care Choice; Ohio: HMO Health Ohio, Health Maintenance Plan; Oklahoma: BlueLincs HMO; Oregon: Capitol Health Care/Health Maintenance of Oregon, Health Maintenance of Oregon, HealthPlus (Wash.); Pennsylvania: HMO-CYN Inc./Foundation Health Plan (N.Y.), HMO of Northeastern Pennsylvania, HealthGuard of Lancaster Inc., Keystone Health Plan Central, Keystone Health Plan East, Keystone Health Plan West; Rhode Island: HMO Rhode Island Inc.; South Carolina: Companion HealthCare; Tennessee: Southern Health Plan Inc., Tennessee Health Care Network; Texas: Rio Grande HMO Inc.; Utah: HealthWise; Virginia: CapitalCare Inc., HMO Virginia Inc., HealthKeepers of Virginia Inc., Physicians Care; Washington: HMO Washington, HealthPlus; Wisconsin: Compcare Health Services Insurance Corp, HMO Midwest; Puerto Rico: Centros De Cuidado De Salud Cruz Azul.

CDS/DMS Dental Plan (Rhode Island)
Services: Massachusetts, Rhode Island.
Contracts in: California, Florida, Georgia, Illinois, Minnesota, New Jersey, New York, Vermont.

California Psychological Health Plan (California)
Services: California.
Contracts in: 26 states.

Care Choices HMO-Iowa (Iowa)
Services: Iowa, Nebraska, South Dakota.

Central Massachusetts Health Care (Massachusetts)
Services: Massachusetts.
Contracts with: UltraLink.

Chicago HMO Ltd. (Illinois)
Services: Illinois, Indiana, Wisconsin.
Contracts with: HMO National Network.

Choice Care-Midwest Foundation Independent Physicians Assn. (Ohio)
Services: Indiana, Kentucky, Ohio.
Contracts with: UltraLink.

CIGNA Corp. (Connecticut)
Services: Arizona, California, Colorado, Connecticut, Delaware (Pa.), District of Columbia (Md.), Florida, Georgia, Illinois, Kansas, Louisiana, Maryland, Massachusetts, Missouri, New Jersey (N.J./Pa.), New Mexico-Lovelace Health Plan, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, Tennessee, Texas, Utah, Virginia (Md./Va.), Washington.
CIGNA Dental Health services additional areas. See listing under Florida for complete dental service area.

Coastal Bend Health Plan Inc. (Texas)
Services: Texas.
Contracts with: UltraLink.

Community Health Plan (New York)
Services: Massachusetts, New York, Vermont.
Contracts with: The HMO Group.

CompDent Corp.-dental (Kentucky)
Services: Indiana, Kansas, Kentucky, Missouri, Ohio, Illinois, West Virginia.

Comprecare (Colorado)
Services: Colorado.
Contracts with: HMO National Network in Alabama, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Texas, Utah, Virginia, Washington, Wisconsin.

Coventry Corp. (Tennessee)
Services: Illinois-Group Health Plan Inc. (Mo.), Missouri-Group Health Plan Inc., Pennsylvania-HealthAmerica.
Contracts with: The HMO Group, UltraLink, HealthPlan Management Services.

Dencap Dental Plans-Dental Maintenance Organization (Michigan)
Services: Michigan.
Contracts with: National Assn. of Prepaid Dental Plans, nationwide.

Dental Benefit Providers Inc. (Maryland)
Services: California, Colorado, Connecticut, District of Columbia, Georgia, Indiana, Illinois, Iowa, Kansas, Maryland, Massachusetts, Michigan, Missouri, New Mexico, New York, Ohio, Pennsylvania, Texas, Virginia.

Dental Network USA (Illinois)
Services: 32 states, District of Columbia, Virgin Islands.

Exclusive Healthcare Inc. (Nebraska)
Services: California, Colorado, Iowa (Neb.), Kansas, Missouri (Kan./Mo.), Nebraska.

FHP Health Care (California)
Services: Arizona, California, Nevada. New Mexico, Utah, Guam.
Contracts with: UltraLink.

Fallon Community Health Plan (Massachusetts)
Services: Massachusetts.
Contracts with: The HMO Group in Arizona, Connecticut, District of Columbia, Illinois, Louisiana, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Rhode Island, Washington.

First Commonwealth Inc.-dental (Illinois)
Services: Illinois.
Contracts with: NAPDP.

Flagship Health Systems Inc.-dental (New Jersey)
Services: New Jersey.
Contracts with: Delta Dental in Arizona. California, Colorado, District of Columbia, Florida, Georgia, Illinois, Iowa, Kentucky, Maryland, Massachusetts, Michigan, Minnesota, Missouri, North Dakota, Pennsylvania, Texas, Utah.

Georgia Dental Plan Inc. (Georgia)
Services: Georgia.
Contracts with: Associated Dental Services in Alabama, Illinois, Indiana, Wisconsin.

Greater Atlantic Health Service (Pennsylvania)
Services: Pennsylvania.
Contracts with: National HMO Network, UltraLink.

Group Health Assn. (District of Columbia)
Services: District of Columbia, Maryland, Virginia.
Contracts with: The HMO Group.

Group Health Inc. (Minnesota)
Services: Minnesota, Wisconsin.

The following is a list of national HMO network associations and the states in which their affiliates offer services. HMO products may not be available statewide.

The HMO Group: Arizona, Connecticut, District of Columbia, Florida, Illinois, Massachusetts, Minnesota, New Hampshire, New Jersey, New York, Rhode Island, Vermont, Washington and Wisconsin.

HMO National Network: California, Colorado, Connecticut, District of Columbia, Florida, Georgia, Illinois, Indiana, Iowa, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Nebraska, New Jersey, New Mexico, New York, North Carolina, Ohio, Oregon, South Carolina, Texas, Utah, Virginia and Wisconsin.

National Managed Care Inc.: Alabama, California, Colorado, Connecticut, District of Columbia, Florida, Georgia, Illinois, Indiana, Iowa, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Nebraska, New York, North Carolina, Ohio, Oregon, Puerto Rico, Rhode Island, South Carolina, Texas, Utah, Virginia and Wisconsin.

UltraLink: Alabama, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Guam, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Utah, Virginia, Washington, West Virginia and Wisconsin.

Contracts with: Aetna Health Plans.
The HMO Group in Arizona, Connecticut, District of Columbia, Illinois, Massachusetts, Minnesota, Missouri, New Hampshire, New York, Pennsylvania, Washington, Wisconsin.
Kaiser in California, Colorado, Connecticut, Georgia, Hawaii, Illinois, Kansas, Maryland, Massachusetts, Michigan, Missouri, New York, North Carolina, Ohio, Oregon, Texas, Virginia, Wisconsin.

Gulf South Health Plans Inc. (Louisiana)
Services: Louisiana.
Contracts with: UltraLink.

Health Alliance Plan of Michigan (Michigan)
Services: Michigan.
Contracts with: Kaiser-Xerox Health Link.

Health Care Plan (New York)
Services: New York.
Contracts with: The HMO Group.

Health Insurance Plan of Greater New York/HIP (New York)
Services: Florida, New Jersey, New York.
Contracts with: The HMO Group.

Health Net (California)
Services: California.
Contracts with: National Managed Care Inc. in Alabama, California, Colorado, Connecticut, District of Columbia, Florida, Georgia, Illinois, Indiana, Iowa, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Nebraska, New York, North Carolina, Ohio, Oregon, Rhode Island, South Carolina, Texas, Utah, Virginia, Wisconsin, Puerto Rico.

Health Plan of the Redwoods (California)
Services: California.
Contracts with: HMO National Network, UltraLink; nationwide.

Heritage National Healthplan Services Inc. (Illinois)
Services: Illinois, Iowa, Tennessee, Wisconsin.

Humana Health Care Plans (Kentucky)
Services: Alabama, Arizona, Colorado, Florida, Illinois, Indiana (Ill., Ind., Ky.), Kansas (Mo.)*, Kentucky, Louisiana, Missouri*, Nevada, Ohio, Texas.
** Regional listings under Humana Prime Health and MedPlan.*

Independent Health (New York)
Services: New York.
Contracts with: HMO Managed Care Network, National Managed Care Inc., UltraLink; nationwide.

Kaiser Foundation Health Plan Inc. (California)
Services: California, Colorado, Connecticut, District of Columbia, Georgia, Hawaii, Kansas, Maryland (D.C.), Massachusetts (Conn.), Missouri (Kan.), New York (Mass.), North Carolina, Ohio, Oregon, South Carolina (N.C.), Texas, Washington (Ore.).
Regional listings appear under the name Kaiser Permanente.
Contracts with: The HMO Group.

M-Plan Inc. (Indiana)
Services: Indiana.
Contracts with: The HMO Group.

M.D.-Individual Practice Assn. Inc. (Maryland)
Services: District of Columbia, Maryland, Virginia.
Contracts with: National Managed Care Inc.; 26 states, District of Columbia and Puerto Rico.

MedCenters Health Plan (Minnesota)
Services: Minnesota, Wisconsin.
Contracts with: Aetna Health Plans, The HMO Group, Kaiser.

Medical Associates HMO (Iowa)
Services: Illinois, Iowa, Wisconsin.

MetLife HealthCare Network
Services: Arizona, California, Colorado, Florida, Georgia, Illinois, Kansas, Massachusetts, Missouri (Kan./Mo.), New Jersey (N.J./N.Y.), New York, Ohio, Texas, Wisconsin.

MIDA Dental Plans (Michigan)
Services: Arizona, California, Delaware, District of Columbia, Florida, Georgia, Illinois, Indiana, Kansas, Kentucky, Maryland, Massachusetts, Michigan, Missouri, Ohio, Pennsylvania, Virginia, Washington, West Virginia.

Oxford Health Plans (Connecticut)
Services: Connecticut, New Jersey, New York.

PacifiCare Health Systems (California)
Services: California, Oklahoma, Oregon, Texas, Washington (Ore.).
Contracts with: HMO National Network in California, Colorado, Connecticut, Florida, Illinois, Indiana, Maryland, Massachusetts, Michigan, Minnesota, Missouri, New Jersey, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Texas, Utah, Virginia, Washington, Wisconsin, Wyoming.

Pacific Union Dental (California)
Services: California, Illinois, Nevada.

PARTNERS National Health Plans of North Carolina Inc. (North Carolina)
Services: North Carolina.
Contracts with: Aetna Health Plans.

PersonalCare Insurance of Illinois Inc. (Illinois)
Services: Illinois.
Contracts with: HMO National Network.

Physicians Health Plan of North Carolina (North Carolina)
Services: North Carolina.
Contracts with: HMO National Network, UltraLink.

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Physicians Health Services (New York)
Services: New York.
Contracts with: HMO National Network in Texas, NMCI in Maryland, UltraLink in California.

Physicians Health Services of Connecticut Inc. (Connecticut)
Services: Connecticut.
Contracts with: HMO National Network in Texas.
NMCI in Maryland, UltraLink in California.

Pilgrim Health Care (Massachusetts)
Services: Massachusetts, Rhode Island.
Contracts with: UltraLink.

Principal Health Care Inc. (Maryland)
Services: Alabama (Fla.), Delaware, District of Columbia (Md.), Florida, Illinois (Ill., Mo.), Iowa (Neb.), Kansas (Mo.), Louisiana, Maryland, Missouri, Nebraska, Ohio, Virginia (Md.).
Contracts with: UltraLink, nationwide.

Private Medical-Care Inc. (California)
Services: Arizona, California, Colorado, Florida, Georgia, Illinois, Minnesota, New Mexico, Nevada, Texas, Utah.
Contracts with: Delta Dental Plans.

Prudential Health Care Plan Inc. (New Jersey)
Services: California, Colorado, Connecticut, Delaware (Pa.), District of Columbia (Md.), Florida, Georgia, Illinois (Ill./Mo.), Indiana (Ohio), Kansas (Mo.), Kentucky (Ohio), Maryland, Missouri, New Jersey, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, South Carolina (N.C.), Tennessee, Texas, Virginia (Md./Va.).
** Regional listings under PruCare or Prudential.*

Qual-Med Inc. (Colorado)
Services: California*, Colorado**, Idaho (Wash.), New Mexico, Oregon, Washington (Ore./Wash.)
** Regional listings under both Qual-Med and Bridgeway Plan for Health.*
*** Regional listings under both Qual-Med and HMO Health Plans Inc.*

Randmark Management Inc. (dental)
Services: Colorado, District of Columbia, Florida, Illinois, Maryland, Virginia.

RUSH Anchor/RUSH Access HMO (Illinois)
Services: Illinois, Indiana.
Contracts with: The HMO Group.

Samaritan Health Plan (Arizona)
Services: Arizona.
Contracts with: HMO National Network, nationwide.

Sanus Corp. Health Systems (New Jersey)
Services: District of Columbia-Healthplus (Md.), Illinois-Gencare/Sanus Health Plan (Mo.), Maryland-Healthplus, Missouri-Gencare/Sanus Health Plan, New Jersey (N.Y.), New York, Texas, Virginia-Healthplus (Md.).
Contracts with: UltraLink-HMO National Network in California, Colorado, Connecticut, Florida, Illinois, Indiana, Maryland, Massachusetts, Michigan, Minnesota, Missouri, New Jersey, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Texas, Utah, Virginia, Washington, Wisconsin, Wyoming.

Southeast Health Plan (Alabama)
Services: Alabama.
Contracts with: National Managed Care Inc., nationwide.

Tennessee First Health Plan (Tennessee)
Services: Tennessee.
Contracts with: Healthsource in Indiana, Maine, New Hampshire, New York, North Carolina, Maryland, South Carolina, Tennessee, Vermont.

Travelers Health Network
Services: California, Illinois, Louisiana, New Jersey (N.Y.), New York, Texas, Virginia.

Tufts Associated Health Plan (Massachusetts)
Services: Massachusetts.
Contracts with: HMO National Network, UltraLink.

U.S. Healthcare Inc. (Pennsylvania)
Services: Connecticut, Delaware, Maryland, Massachusetts, New Hampshire, New Jersey-Health Maintenance Organization of New Jersey Inc., New York, Pennsylvania-United States Health Care Systems of Pennsylvania.

United HealthCare Corp. (Minnesota)
Services: California, Georgia, Illinois*, Iowa-Share Health Plan of Nebraska Inc. (Neb.), Massachusetts-Ocean State Physicians Health Plan (R.I.), Minnesota, Missouri-Physicians Health Plan of Greater St. Louis, Nebraska-Share Health Plan of Nebraska Inc., Ohio-PHP Benefit Systems, Rhode Island-Ocean State Physicians Health Plan, South Carolina-Physicians Health Plan of South Carolina, Utah, Wisconsin-Prime Care Health Plan Inc.
** Regional listings under Share Health Plan of Illinois Inc. and Physicians Health Plan of Greater St. Louis (Mo.).*
Contracts with: National Managed Care Inc., UltraLink.

University Health Plan (Ohio)
Services: Indiana, Kentucky, Ohio.

Virginia Mason Health Plan (Washington)
Services: Washington.
Contracts with: Aetna Health Plans. BI

PPOs with multistate operations

The following preferred provider organization directly service more than two states or contract through other PPOs. If the PPO has a corporate or consolidated listing in the directory, the state in which the listing can be found is listed after the company name.

To make it possible to locate regional listings in the directory, if a state is serviced through an office located in a neighboring state or serviced by offices in more than one state, it is noted in parentheses after the state name; it is in the noted state(s) that the entry will be found.

The regional PPO name is also given if it is significantly different from the consolidated or corporate name. A PPO may have more than one regional listing per state. Not all participants provide regional listings.

AHL Select Provider Network (Florida)
Contracts with: Carolina Preferred Care in North Carolina, South Carolina; Healthchoice in Alabama; North Texas Health Care Network in Texas; Southcare Medical Alliance in Georgia; Southeast Medical Alliance in Arkansas, Louisiana and Missouri; Virginia Health Network in Virginia.

AIIA/COMP CARE (Florida)
Services: Alabama, Arizona, Connecticut, Florida, Georgia, Indiana, Louisiana, Maine, Maryland, Massachusetts, Michigan, Mississippi, New Jersey, New Mexico, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Vermont, Virginia.

ALTA First Health (Utah)
Contracts with: The AFFORDABLE Medical Networks nationwide excluding Hawaii, Idaho, New York, Vermont, West Virginia, Wyoming.

Acorn Behavioral Healthcare Management Corp. (Pennsylvania)
Services:* Nationwide, including Puerto Rico and the Virgin Islands.
* All information under the Pennsylvania consolidated entry. No regional listings provided.

Admar Corp. (California)
Services:* Alaska, Arizona, Arkansas, California, Colorado, District of Columbia, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Mississippi, Montana, Nevada, New Hampshire, New Mexico, Ohio, Oregon, Pennsylvania, Rhode Island, Tennessee, Texas, Virginia, Washington, Wisconsin.
* Regional listings appear in Arizona, California, Colorado, Michigan, Missouri, Texas.

Aetna Health Plans (Connecticut)
Services: Alabama (Ala./Fla.), Alaska, Arizona, Arkansas (Ark./Tenn.), California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia (Ga./Tenn.), Hawaii, Illinois (Ill./Ind./Mo./Ohio), Indiana (Ind./Ky.), Iowa, Kansas (Kan./Mo.), Kentucky (Ky./Ohio/Tenn.), Louisiana, Maine, Maryland (D.C.), Massachusetts, Michigan, Minnesota, Mississippi (Miss./Tenn.), Missouri, Nebraska (Iowa), New Hampshire (Mass.), New Jersey, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Puerto Rico, South Carolina (Ga./N.C./S.C.), Tennessee, Texas, Utah, Virginia (D.C./Va.), Washington (Ore./Wash.), West Virginia (Ohio), Wisconsin, Wyoming (Utah).
Contracts with: Health Choice in Alabama; Intermountain Health Care in Utah; Managed Health Care Northwest in Oregon; Medical Card System Inc. in Puerto Rico; PARTNERS Health Plan in Arizona; TM Care Health Network in Arizona.

The AFFORDABLE Medical Networks (Illinois)
Services:* Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Washington, Wisconsin. New service areas available in 1993: Hawaii, Idaho, Vermont and Wyoming.
* All information under the Illinois consolidated entry. No regional are provided.

Alliance PPO Inc. (Maryland)
Services:* District of Columbia, Maryland, Virginia.
* All information under the Maryland consolidated entry. No regional listings provided.

Allmerica Medical Management Mutual Alliances Plan (Massachusetts)
Contracts with: Carolina Preferred Care PPO in North Carolina, South Carolina; Health Link in Missouri; HealthNet in Missouri; Ohio Health Choice PPO in Ohio; PHCS Ltd. PPO.

American Chiropractic Network Inc. (Minnesota)
Services: Arizona (Calif.), California, Connecticut (Mass.), District of Columbia* (Md.), Maine (Mass.), Maryland*, Massachusetts, Minnesota*, New Hampshire (Mass.), New Mexico (Calif.), Nevada (Calif.), North Carolina*, Ohio*, Oregon*, Rhode Island (Mass.), Vermont (Mass.), Washington, Wisconsin*.
* Regional listings appear under the name ChiroCare.

American International Health & Rehabilitation Services Inc. (AIHRS) (New Jersey)
Contracts with: The AFFORDABLE Medical Networks, Alabama Medical Coalition, Alliance PPO, Beech Street, FOCUS Healthcare Management, Health Care Savings, HealthNet, Healthsource, Lincoln National, MedView Services Inc. (Comp Pro), Midwest Business Medical Assn., OUCH, Preferred Care, SouthCare and Virginia Health in Alabama, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Louisiana, Maine, Maryland, Massachusetts, Michigan, Missouri, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Utah, Vermont, Virginia, West Virginia and Wisconsin.

American LIFECARE (Louisiana)
Services:* Arkansas, Louisiana, Mississippi.
* All information under the Louisiana consolidated entry. No regional listings provided.

Anthem Health Systems Inc. (Indiana)
Services: California, Florida, Indiana, Nevada, New Mexico, Tennessee, Texas.
Contracts with: Arizona Medical Network in Arizona; Carolina Preferred Care in North Carolina; First Choice in Oregon, Washington; Ohio Health Choice Plan in Ohio; SouthCare Medical Alliance in Georgia; Southeast Medical Alliance in Arkansas, Louisiana, Mississippi; Virginia Health Network in Virginia.

Associates for Health Care Inc. (Wisconsin)
Services:* Nationwide excluding Idaho, Maine, North Dakota and Vermont.
* All information under the Wisconsin consolidated entry. No regional listings provided.

Baptist Health Services Group (Tennessee)
Services:* Arkansas, Mississippi, Tennessee.
* All information under the Tennessee consolidated entry. No regional listings provided.

Beech Street (California)
Services: Alabama, Alaska, Arizona, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming.

The Block Group-Managed Vision Care (New Jersey)
Services:* Nationwide.
* All information under the New Jersey consolidated entry. No regional listings provided.

Blue Cross & Blue Shield
Services: Alabama: Preferred Medical Doctor Plan; Alaska: Prudent Buyer Plan (Wash.); California: Blue Shield of California/The Blue Shield Preferred Plan, Prudent Buyer Plan from Blue Cross of California; Colorado: Prime Health Plan; Connecticut: Century 2000, Preferred Provider Plan; Delaware: American Health Alternative (Pa.); District of Columbia: BC/BS Preferred Provider Plan, BC/BS of Virginia-KeyCare (Va.); Florida: Preferred Patient Care; Georgia: BC/BS of Georgia Inc., Preferred Care Georgia; Hawaii: Hawaii Medical Service Corp.; Illinois: BC/BS of Missouri-Alliance Program (Mo.); Indiana: Preferred Care of Indiana; Kansas: Participating Physicians Organization; Kentucky: Community Preferred Health Plan (Ohio), Option 2000, Super Blue (Ohio); Louisiana: First Choice Health Plan; Maryland: American Health Alternative (Pa.), BC/BS of Maryland Preferred Provider Network, BC/BS Preferred Provider Plan (D.C.), Selectcare; Massachusetts: Blue Care Elect; Michigan: Blue Cross/Blue Shield of Michigan Blue Preferred Plan; Minnesota: Aware Gold; Mississippi: Preferred Care; Missouri: BC/BS of Missouri-Alliance Program, Preferred Care; Montana: HealthLink-BC/BS of Montana; Nebraska: PPO Nebraska; Nevada: Prudent Buyer Plan; New Jersey: American Health Alternative (Pa.), Blue Choice, BC/BS of New Jersey's Preferred Care; New York: Shield Care Network; North Carolina: BC/BS of Virginia-KeyCare (Va.), Preferred Care; Ohio: Community Preferred Health Plan, Preferred Care of Ohio, Super Blue; Oklahoma: BC/BS of Oklahoma; Oregon: BC/BS of Oregon Preferred Provider Plan; Pennsylvania: Access Care, American Health Alternative, Custom Care Preferred, Pennsylvania Blue Shield, University Health Network; Rhode Island: HealthMate; South Carolina: Preferred Personal Care; South Dakota: Aware; Tennessee: BC/BS of Virginia-KeyCare (Va.), Preferred Care/Tennessee Preferred, Preferred Provider Option; Vermont: Vermont Freedom Plan; Virginia: BC/BS Preferred Provider Plan (D.C.), BC/BS of Virginia-KeyCare, PPOI/Keycare, Select Net; Washington: BC/BS of Oregon Preferred Provider Plan (Ore.), King County Medical Blue Shield Preferred Plan, Pierce County Medical-Preferred Plans, The Preferred Plan, Prudent Buyer Plan; West Virginia: Super Blue (Ohio), BC/BS of Virginia-KeyCare (Va.); Wisconsin: Preferred Provider Option.

CCN Inc. (California)
Services: Arizona, Arkansas, California*, Colorado, District of Columbia, Florida, Hawaii, Illinois* (Ill./Ind.), Indiana*, Louisiana, Maryland (D.C.), Mississippi, Missouri (Ill./Kan./Mo.), Nebraska, New Jersey, New Mexico, Oklahoma, Pennsylvania, Tennessee, Texas, Virginia (D.C.), Wisconsin*.
* Regional listings under the name Community Care Network, EPIQual/CCN Inc. or Health Care Network (HCN).

CMG Health (Maryland)
Services:* Alabama, Arizona, Colorado, Delaware, District of Columbia, Florida, Georgia, Idaho, Illinois, Iowa, Kansas, Maryland, Minnesota, Mississippi, Missouri, Montana, New Jersey, New Mexico, New York, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Tennessee, Vermont, Virginia, Washington, West Virginia, Wyoming.
* All information under the Maryland consolidated entry. No regional listings provided.

CNA Managed Care PPO (Illinois)
Services: Alabama, Arizona, Arkansas (Tenn.), California, Colorado, District of Columbia, Florida, Georgia, Illinois (Ill./Mo.), Indiana (Ill./Ind.), Kansas (Kan./Mo.), Kentucky (Ohio), Louisiana, Maryland (D.C./Md.), Massachusetts, Michigan, Minnesota, Missouri, New Jersey (N.J./Pa.), Ohio, Oklahoma, Pennsylvania, Tennessee, Texas, Virginia (D.C./Va.), Washington, Wisconsin.

CAPP CARE Inc. (California)
Services: Alabama, Alaska, Arizona, Arkansas, California, Colorado, Delaware, District of Columbia, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Mississippi, Missouri, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, Tennessee, Texas, Virginia, Washington, Wisconsin, Wyoming.

Carenet Inc. (New York)
Services:* Massachusetts, New Hampshire, New York, Pennsylvania.
* All information under the New York consolidated entry. No regional listings provided.

CIGNA Preferred Provider Organization (Connecticut)
Services: Arizona, Arkansas, California, Colorado, Connecticut, District of Columbia, Florida, Georgia, Illinois, Indiana, Iowa, Kansas (Kan./Mo.), Louisiana, Maryland, Massachusetts, Michigan, Missouri (Kan./Mo.), New Mexico, North Carolina, Ohio, Oklahoma, Pennsyl-

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vania, South Carolina, Tennessee, Texas, Utah, Vermont, Virginia, Washington.

Contracts with: ETHIX Midwest in Minnesota; Health Care Preferred in Florida; Health Care Network in Wisconsin; Managed Care Consultants in Nevada; Medical Card System Inc. in Puerto Rico; Preferred Health Care in Kansas; Preferred Health Partnership in Tennessee; Vantage Health Network in Oregon.

ConserviCare (California)
Contracts with: Dimension PPO in Florida; Healthcare Advantage in Alabama, Georgia, Louisiana, Michigan; Healthcare Savings in North Carolina, South Carolina; Managed Health Care Inc. in Texas; Maricopa Foundation in Arizona; MedCorp USA in Texas, Oklahoma, Arkansas; Pacific Health Alliance in California; Pharmaceutical Care Network in California; Preferred Healthcare Network in Nevada; Preferred Plan in Illinois, Wisconsin, Indiana, Michigan, Ohio; Universal Preferred in Connecticut, Ohio.

Corphealth Inc. (Texas)
Services:* Alabama, Georgia, Louisiana, Mississippi, North Carolina, Ohio, Oklahoma, Texas.
* All information appears under the Texas consolidated entry. No regional listings are provided.

Cost Care Physician Managed Networks (California)
Services:* Alaska (Calif.), Arizona (Calif.), California, Colorado (Calif.), Connecticut (N.Y.), District of Columbia (N.Y.), Florida (Ga.), Georgia, Illinois, Indiana (Ill.), Louisiana (Ga.), Maine (N.Y.), Maryland (N.Y.), Massachusetts (N.Y.), Minnesota (Ill.), Missouri (Ill.), New England (N.Y.), New Hampshire (N.Y.), New Jersey (N.Y.), New York, North Carolina (Ga.), Ohio (Ill.), Oregon (Calif.), Pennsylvania (N.Y.), Rhode Island (N.Y.), South Carolina (Ga.), Tennessee (Ga.), Texas (Ga.), Vermont (N.Y.), Virginia (Ga.), Washington (Calif.), Wisconsin (Ill.).
* States are serviced through owned or affiliated networks.

Contracts with: Associates for Health Care in Wisconsin; CareMark in Oregon; Carolina Preferred in North Carolina, South Carolina; Emerald Health Network in Ohio; ETHIX Mid-Atlantic in New Jersey, Pennsylvania; ETHIX Mid-West in Minnesota; Health Advantage in Rhode Island; Health Choice in Connecticut, Florida, Tennessee; Health First in Ohio; Health Network in Virginia; Health Preferred of Mid-America in Illinois; Healthlink in Missouri; Healthnet in North Carolina, Tennessee; Mid-America Healthnet in Missouri; National Capital PPO in Maryland, District of Columbia; Preferred Choice in Texas; Preferred Health Network in California; Preferred Health Partnership in Tennessee; Preferred Plan of Georgia in Georgia; Principal Health Care in Louisiana; Sagamore Health Network in Indiana; Samaritan Physician Network in Arizona; Sloans Lake Managed Care in Colorado; Sound Health Network in Washington, Alaska; Transcentury in Texas.

Crawford Care Alliance (Georgia)
Contracts with: Alpha Network in Pennsylvania; Beech Street in Arizona, California, Nevada, New Mexico, Ohio, Texas; FirstChoice in Oregon, Washington; The Health Advantage in Florida; Health Choice in Alabama, Mississippi, Tennessee; Health Net in Tennessee; HealthWest in Missouri; MBMA in Iowa, Nebraska; Managed Health Network in Oregon; MedComp-USA in Louisiana; MEDCORP Southwest in Oklahoma; Medview in Colorado, Illinois, Indiana, Kansas, Massachusetts, Michigan, Missouri, North Carolina, Pennsylvania, South Carolina; NCPPO in Maryland, Virginia; PMA in Indiana; PMC in Connecticut; Preferred Health Strategies in New Jersey; Preferred Health Plan in Tennessee; Primary Health in Ohio; Select Care in Minnesota, North Dakota; SouthCare Medical Alliance in Georgia; Southeast Medical Alliance in Arkansas; Virginia Health Network in Virginia; WPPN in Wisconsin.

Contracts for workers compensation coverage with: The AFFORDABLE Medical Networks in Arizona, California, Nevada, New Mexico, North Carolina, Ohio, Oregon, South Carolina, Texas, Utah; FOCUS Healthcare Management in Alabama, Arkansas, Connecticut, Georgia, Kansas, Kentucky, Louisiana, Massachusetts, Mississippi, Missouri, New Jersey, Oklahoma, Pennsylvania, Tennessee, Virginia; MedView Services Inc. (Comp Pro) in Colorado, Florida, Hawaii, Idaho, Illinois, Indiana, Maine, Michigan, New Hampshire, Vermont, West Virginia; Midwest Business Medical Assn. in Iowa, Nebraska and Wisconsin.

Davis Vision (New York)
Services: Arizona, California, Colorado, Connecticut, Florida, Illinois, Indiana, Louisiana, Maryland, Michigan, Missouri, New Jersey, New York, Ohio, Pennsylvania, Tennessee, Texas, Virginia.

Delta Dental Plans
Services: California-Delta Preferred Option, Illinois-Delta Dental Plan of Illinois, Kansas-Delta Preferred/Delta Dental Plan of Kansas Inc., Massachusetts-Delta Dental Plan's Delta Select, Michigan-Delta Preferred Provider Organization/Delta Enhanced Preferred Provider Organization, Minnesota-Delta Dental Plan of Minnesota/Delta Choice, New Jersey-Delta Dental Plan of New Jersey, New Mexico-DELTAchoice, Wisconsin-Delta PPO/Delta Dental Plan of Wisconsin.

EPIC Pharmacy Network (Virginia)
Services:* Delaware, District of Columbia, Maryland, Virginia.
* All information appears under the Virginia consolidated entry. No regional listings are provided.

The Emerald Health Network Inc. (Ohio)
Services:* Kentucky, Ohio, Pennsylvania.
* All information appears under the Ohio consolidated entry. No regional listings are provided.

The ETHIX Corp.
Services: Alaska: ETHIX Northwest (Wash.); Illinois: ETHIX Mid-Rivers (ETHIX Preferred Care) (Mo.); Kentucky: Preferred Patient Plan Network (Ohio); Minnesota: ETHIX Midwest; Missouri: ETHIX Mid-Rivers (ETHIX Preferred Care); Montana: ETHIX Northwest (Wash.); New Jersey: ETHIX Mid-Atlantic (N.J./Pa.); North Carolina: ETHIX Southeast; Ohio: Preferred Patient Plan Network; Oregon: ETHIX Pacific; Pennsylvania: ETHIX Mid-Atlantic (N.J./Pa.); South Carolina: ETHIX Southeast (N.C.); Texas: ETHIX Southwest; Washington: ETHIX Pacific (Ore.), ETHIX Northwest; Wisconsin: ETHIX Midwest.

FOCUS Healthcare Management Inc. (Tennessee)
Services: Alabama, Arkansas, California, Colorado, Delaware, Florida, Georgia, Illinois, Indiana, Kansas (Kan./Mo.), Louisiana, Mississippi, Missouri (Kan./Mo.), Nebraska, New Jersey, North Carolina, Oklahoma, Pennsylvania, South Carolina, Tennessee, Texas, Virginia, Wisconsin.

Freedom Plan Ltd. (Illinois)
Contracts with: Health Care Compare in Illinois; Health Network in Illinois; MedView Services Inc. (Comp Pro) in Illinois.

General Psychological Services Inc. (New Jersey)
Services: Nationwide.

Global Medical Management Inc. (Florida)
Contracts with: ConserviCare in California; Health Advantage in Florida; Managed Health Care in Texas; Various PPOs and direct contracting in Asia, Europe, the Far East and South America.

Great Lakes Managed Care (Pennsylvania)
Services:* New York, Ohio, Pennsylvania.
* All information appears under the Pennsylvania consolidated entry. No regional listings are provided.

Great West Care (Colorado)
Contracts with: Butte Glenn Foundation in California; ETHIX Great Lakes in Michigan; ETHIX Northwest in Alaska, Washington; ETHIX Southeast in North Carolina, South Carolina; Managed Healthcare Northwest in Oregon; Mid-Florida Preferred in Florida; Preferred Health Partnership in Tennessee; PreferredOne in Minnesota; Preferred Plan of Indiana in Indiana; Preferred Healthcare Network in Nevada; Premier Medical Network in Utah; Private Healthcare Systems Inc. in Alabama, Arizona, California, Colorado, District of Columbia, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Missouri, New Jersey, North Carolina, Ohio, Oklahoma, Pennsylvania, South Carolina, Tennessee, Texas, Virginia, Washington, Wisconsin; TakeCare Preferred in Nebraska, North Carolina; Wisconsin Preferred Provider Network in Wisconsin.

HEC Select (Texas)
Services: Florida, Oklahoma (Texas), Texas, Utah (Texas).

Health Alliance Plan of Michigan (Michigan)
Contracts with: Aetna Health Plans in Michigan.
ETHIX Great Lakes in Michigan.

HEALTH DIRECT Inc. (Illinois)
Services:* Illinois, Indiana, Iowa.
* All information appears under the Illinois consolidated entry. No regional listings are provided.

Health First (Iowa)
Services:* Iowa, Nebraska, South Dakota.
* All information appears under the Iowa consolidated entry. No regional listings are provided.

Health Risk Management-CarePASS (Minnesota)
Services: Alabama, Arizona, Arkansas, California, Colorado, Delaware, Florida, Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Missouri, Mississippi, Nebraska, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, South Carolina, Tennessee, Texas, Virginia, Washington, Wisconsin, West Virginia, Wyoming.

Contracts with: CAPP CARE Inc. in Arkansas, California, Colorado, Florida, Iowa, Indiana, Kansas, Michigan, Nebraska, New Mexico, New Jersey, Ohio, Oklahoma, Pennsylvania, Tennessee, Texas, Washington, Wisconsin, Wyoming; Carolina Preferred Care in North Carolina, South Carolina; HFN in Illinois; Healthcare Advantage Inc. in Alabama, Georgia, Louisiana, Mississippi, Texas; Select Care in Minnesota, North Dakota.

Health Service Affiliates (Ohio)
Services:* Nationwide.
* All information appears under the Ohio consolidated entry. No regional listings are provided.

Healthcare Advantage (Louisiana)
Services:* Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, Oklahoma, Tennessee, Texas.
* All information appears under the Louisiana consolidated entry. No regional listings are provided.

Contracts with: Affiliated Healthcare in Texas; Health Choice in Alabama, Tennessee; HealthStar in Georgia; PPO Oklahoma in Oklahoma.

HealthNetwork Inc. (Illinois)
Services: Illinois, Indiana, Iowa, Wisconsin.

HealthStar Managed Care Corp. (Illinois)
Services: Georgia, Illinois, Indiana, Ohio.

Humana Health Care Plans
Services:* Alabama, Arizona, California, Colorado, Florida, Indiana, Kentucky, Missouri, Nevada, Ohio, Texas.
* Regional listings appear under the name Humana Insurance Co., Humana Health Plan, Humana Health Insurance Co. or Humana Choice Plan.

ITT Hartford (Connecticut)
Contracts with: American Health Network in Tennessee, Texas; Baptist Health Services Group in Tennessee, Mississippi; BPS Inc. in California; ETHIX Great Lakes in Michigan; ETHIX Mid-Atlantic in Pennsylvania, New Jersey; ETHIX Northwest in Washington; ETHIX Pacific in Oregon, Washington; ETHIX Southeast in North Carolina, South Carolina; Florida Health Network in Florida; Health Care Network of Greater Milwaukee in Wisconsin; Health Preferred of Mid-America in Illinois; Health Services Preferred in Kentucky, Ohio; HealthLink in Missouri, Illinois, Indiana; HealthNet in Kansas, Missouri; National Capital PPO in District of Columbia, Maryland, Virginia; Preferred Plan of Georgia in Georgia; PreferredOne in Minnesota, Wisconsin, North Dakota.

Insurance Dentists of America (California)
Services:* Nationwide.
* All information appears under the California consolidated entry. No regional listings are provided.

InterGroup Services Corp.-Select Provider Network (Pennsylvania)
Services:* Delaware, New Jersey, Pennsylvania.
* All information appears under the Pennsylvania consolidated entry. No regional listings are provided.

Intracorp (Pennsylvania)
Contracts with: USA Healthnet in Alabama, Arizona, Arkansas, California, Colorado, Florida, Georgia, Illinois, Indiana, Kansas, Kentucky, Louisiana, Massachusetts, Mississippi, Missouri, Oklahoma, Pennsylvania, South Carolina, Tennessee, Texas, Virginia, Wisconsin, Nebraska, Washington.

Kemper National Services (Florida)
Contracts with: The AFFORDABLE Medical Networks in Arizona, California, New Mexico, Oregon, Texas; FOCUS Healthcare Management Inc. in Alabama, Kansas, Louisiana, Missouri, Pennsylvania, Tennessee, Virginia; Kemper National Services/KRMS in Connecticut, New Jersey, North Carolina, South Carolina; MedView Services Inc. (Comp Pro) in Colorado, Florida, Indiana, Massachusetts, Michigan, Wisconsin; HealthStar in Florida, Georgia, Illinois.

LaborCare Inc. (Illinois)
Services:* Arkansas, Illinois, Indiana, Iowa, Kansas, Missouri.
* All information appears under the Illinois consolidated entry. No regional listings are provided.

Life Insurance Co. of Georgia (Georgia)
Contracts with: American Health Network in California, Texas; Baptist Health Services Group in Arkansas, Mississippi and Tennessee; CAPP CARE Inc. nationwide; Florida Health Network in Florida; Health Care Savings in North Carolina, South Carolina; Health Net in Tennessee; HealthCare Plus in Georgia; Preferred Health Partnership in Tennessee; Southeast Medical Alliance in Arkansas, Louisiana and Mississippi.

LifeCare Management Systems Inc. (New Jersey)
Services:* Nationwide.
* All information appears under the New Jersey consolidated entry. No regional listings are provided.

Managed Care Programs Inc. (Florida)
Services:* Connecticut, Florida, Indiana, Kentucky.
* All information appears under the Florida consolidated entry. No regional listings are provided.

Managed Health Network (California)
Services:* Nationwide.
* All information appears under the California consolidated entry. No regional listings are provided.

MassMutual Preferred Plus (Massachusetts)
Contracts with: Anthem Health Systems in Texas; BPS Inc. in California; CCN Inc. in California; Carolina Preferred in North Carolina; CompMed in Oklahoma; Emerald Health Network in Ohio; ETHIX Great Lakes in Michigan; ETHIX Mid-Atlantic in Pennsylvania; ETHIX Midwest in Minnesota; ETHIX Northwest in Washington; ETHIX Pacific in Oregon; ETHIX Southeast in North Carolina; First Health Choice Plan in West Virginia; Florida Health Network in Florida; Health Choice in Tennessee; Health First in Ohio; Health Preferred of MidAmerica in Illinois; Health Response in Ohio; Health Star in Illinois; HealthLink in Missouri; HealthNet in Missouri, Tennessee; Maricopa Medical Services in Arizona; National Capital PPO in the District of Columbia, Maryland; North Texas Healthcare in Texas; Pennsylvania Health Choice Plan in Pennsylvania; Preferred Health Care in Nevada; Preferred Health Network in Maryland; Preferred Health Plan in Massachusetts; Preferred Health Providers in Florida; Preferred Plan of Georgia in Georgia; Queen's Health Plan in Hawaii; Sagamore Health Network in Indiana; Sloans Lake in Colorado; Sound Health in Washington; Vantage PPO in Oregon; Western Mass in Massachusetts.

Medco Value Plus (Florida)
Services:* Nationwide except for Hawaii, Montana, New Hampshire, North Dakota, Vermont, Wyoming.
* All information appears under the Florida consolidated entry. No regional listings are provided.

Contracts with: ADMAR in Georgia, Missouri, Oregon, Washington; CAPP CARE Inc. in Arizona, California, Florida, Iowa, Kansas, Nebraska, New Jersey, New Mexico, Pennsylvania, Tennessee, Texas; ETHIX Midwest in Minnesota; First Health Network in Ohio; Healthcare's Finest Network in Illinois; The Healthcare Initiative in Colorado; Medview in Indiana, Massachusetts, Michigan, North Carolina, South Carolina, Wisconsin; Preferred Health Providers in Missouri; Southeast Medical Alliance in Louisiana, Mississippi.

Medcost/Carolina Preferred Care (North Carolina)
Services:* Georgia, North Carolina, South Carolina.
* All information appears under the North Carolina consolidated entry. No regional listings are provided.

Medical Diagnostic Management Inc. (New Jersey)
Services:* Connecticut, Illinois, Indiana, Massachusetts, Minnesota, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Wisconsin.
* All information appears under the New Jersey consolidated entry. No regional listings are provided.

MedicalControl Inc. (Texas)
Services:* Nationwide excluding Connecticut, Delaware, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island and Vermont.
* All information appears under the Texas consolidated entry. No regional listings are provided.

MedSelect of West Virginia (West Virginia)
Services:* Kentucky, Maryland, Ohio, Pennsylvania, Virginia, West Virginia.
* All information appears under the West Virginia consolidated entry. No regional listings are provided.

MedView Services Inc. (CompPro) (Michigan)
Services: California, Colorado, Connecticut, Florida, Georgia, Illinois, Indiana, Massachusetts, Michigan, Missouri, North Carolina, Pennsylvania, South Carolina, Tennessee, Texas, Wisconsin.

MetLife Network (Connecticut)
Services: Alabama, Arizona, California, Colorado, Delaware, District of Columbia, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Mississippi, Missouri, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin.

MIDA Dental Plans (Michigan)
Services:* Arizona, California, Kentucky, Michigan, Missouri, Ohio.
* All information appears under the Michigan consolidated entry. No regional listings are provided.

Midwest Business Medical Assn. (Illinois)
Services: Illinois (Ill./Iowa), Indiana (Ill.), Iowa, Missouri (Ill.), Nebraska (Iowa), Wisconsin (Ill.).

MultiPlan Inc. (New York)
Services:* Nationwide except North Dakota.
* All information appears under the New York consolidated entry. No regional listings are provided.

Mutually Preferred (Nebraska)
Services:* Colorado, Florida, Iowa, Massachusetts, Nebraska, Ohio.
* All information appears under the Nebraska consolidated entry. No regional listings are provided.

Contracts with: Admar/Med Network in Massachusetts; Arizona Medical Network in Arizona; Associates for HealthCare in Wisconsin;

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Boulder Valley IPA in Colorado; CompMed in Oklahoma; ETHIX Southwest in Texas; Fort Collins IPA in Colorado; Gulf Health Plans in Alabama; Health Care Inc. in Nevada; Health Choice in Alabama, Tennessee; Health Direct PPO in Illinois, Indiana; Health First in Iowa; Health Net in Tennessee; Healthchoice in Florida; HealthLink in Illinois, Missouri; HealthMark Affiliated Networks in North Carolina; HealthNet in Kansas, Missouri; HealthRESPONSE in Ohio; InterMed Network in Arizona; Medical Care Referral Group in Texas; Medical Network in Colorado; Mountain Medical Affiliates in Colorado; National Capital PPO in District of Columbia, Maryland, Virginia; National HealthCare Alliance in Texas; North Colorado IPA in Colorado; North Texas Healthcare Network in Texas; NorthCare in Colorado; PATH in Ohio; PPO Alliance in California; PersonalCare Preferred in Illinois; Preferred Choice in Colorado; Preferred Health Providers in Florida; Preferred Healthcare Network Inc. in Nevada; PreferredOne in Minnesota, Wisconsin, North Dakota; Premier Medical Network in Utah; Rural Arizona Network in Arizona; Signature Health Alliance in Tennessee; Sound Health Network Inc. in Alaska, Washington; SouthCare Medical Alliance in Georgia; Southeast Medical Alliance in Arkansas, Louisiana; Universal Preferred Health Network Inc. in Ohio; VHA Tri-State Health Plans in Indiana; Vantage PPO in Oregon; Volusia Health Network in Florida.

NWNL Health Management Corp. (Minnesota)
Contracts with: PPA Choice in Minnesota.

National Capital PPO (Maryland)
Services: District of Columbia, Maryland, Virginia.

National Foot Care Program Inc. (Michigan)
Services:* Delaware, Illinois, Indiana, Maryland, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, Wisconsin.
* All information appears under the Michigan consolidated entry. No regional listings are provided.

The New England Care (Colorado)
Contracts with: Butte Glenn Foundation in California; ETHIX Great Lakes in Michigan; ETHIX Northwest in Alaska, Washington; ETHIX Southeast in North Carolina, South Carolina; Managed Healthcare Northwest in Oregon; Mid-Florida Preferred in Florida; Preferred Health Partnership in Tennessee; PreferredOne in Minnesota; Preferred Plan of Indiana in Indiana; Preferred Healthcare Network in Nevada; Premier Medical Network in Utah; Private Healthcare Systems Inc. in Alabama, Arizona, California, Colorado, District of Columbia, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Missouri, New Jersey, North Carolina, Ohio, Oklahoma, Pennsylvania, South Carolina, Tennessee, Texas, Virginia, Washington, Wisconsin; TakeCare Preferred in Nebraska, North Carolina; Wisconsin Preferred Provider Network in Wisconsin.

New York Life Insurance Co. (New York)
Contracts with: The Alliance in Colorado; BPS in California; CoMed in Ohio; CompMed in Oklahoma; Cost Care in Massachusetts, New Hampshire; ETHIX Great Lakes in Michigan; ETHIX Mid-Atlantic in Pennsylvania, New Jersey; ETHIX Southeast in North Carolina, South Carolina; Gencare/Sanus in Missouri; Health Net in Kansas, Missouri; Health Preferred of Med-America in Illinois; HealthStar in Georgia; Passport PPO in Texas; Preferred Health Providers in Florida; Sanus/Passport in the District of Columbia, Maryland, Virginia, Texas.

Northwestern National Life Premier Benefits (Minnesota)
Contracts with: First Choice in Washington; Mid-America Healthnet in Missouri; Private Healthcare Systems Inc; Samaritan Health Plan in Arizona; Scripps Clinic Health Network in California.

Ohio Health Choice Plan (Ohio)
Services: Kentucky, Ohio.
Contracts with: CAPP CARE Inc. nationwide.

PM Group's PPO (California)
Contracts with: CAPP CARE Inc., Private Healthcare Systems Inc., Wichita Preferred Provider Assn. and Health Care Savings in Alabama, Arizona, Arkansas, California, Colorado, District of Columbia, Florida, Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Jersey, New Mexico, North Carolina, Ohio, Oklahoma, Pennsylvania, South Carolina, Tennessee, Texas, Utah, Virginia, Washington and Wisconsin.

PPO of Ventura County (California)
Services:* Arizona, California, Illinois, New Jersey.
* All information appears under the California consolidated entry. No regional listings are provided.
Contracts with: California Foundation for Medical Care in California.

Panhandle Provider Organization Inc. (Texas)
Services:* Kansas, New Mexico, Oklahoma, Texas.
* All information appears under the Texas consolidated entry. No regional listings are provided.

Pennsylvania Health Care Plan (Pennsylvania)
Services:* Ohio, Pennsylvania, West Virginia.
* All information appears under the Pennsylvania consolidated entry. No regional listings are provided.

Physical Therapy Provider Network Inc. (California)
Services: California, Florida, Louisiana, Michigan.

Planned Behavioral Health Care Inc. (Texas)
Services:* Nationwide.
* All information appears under the Texas consolidated entry. No regional listings are provided.

Preferred Care Inc. (Pennsylvania)
Services:* Delaware, New Jersey, Pennsylvania.
* All information appears under the Pennsylvania consolidated entry. No regional listings are provided.

Preferred Chiropractic Care (Kansas)
Services:* Arizona, Florida, Kansas, Louisiana, Missouri, Oklahoma, Texas.
* All information appears under the Kansas consolidated entry. No regional listings are provided.

Preferred Health Care Ltd. (Connecticut)
Services:* Nationwide including District of Columbia and Puerto Rico.
* All information appears under the Connecticut consolidated entry. No regional listings are provided.

Preferred Health Network (California)
Services:* California, Texas.
* All information appears under the California consolidated entry. No regional listings are provided.
Contracts with: Medview Services Inc. (Comp Pro) in Connecticut, Florida, Illinois, Indiana, Kansas, Massachusetts, Wisconsin, Michigan, Missouri, North Carolina, Ohio, Pennsylvania, South Carolina, Tennessee; Cost Care Physician Managed Networks in Texas.

Preferred Mental Health Inc. (Kansas)
Services:* Colorado, Kansas, Missouri, Texas.
* All information appears under the Kansas consolidated entry. No regional listings are provided.

Preferred One (Minnesota)
Services:* Minnesota, North Dakota, Wisconsin.
* All information appears under the Minnesota consolidated entry. No regional listings are provided.

Preferred Plan Inc. (Illinois)
Services:* Illinois, Indiana, Iowa.
* All information appears under the Nebraska consolidated entry. No regional listings are provided.

Preferred Plan (A Take Care Health Plan)
Services: Arizona, Georgia, Indiana, Iowa (Neb.), Kansas, Maryland, Massachusetts, Missouri (Kan./Mo.), Nebraska, Texas.

Preferred Vision Care (Kansas)
Services:* Nationwide, including Guam, Virgin Islands, and Puerto Rico.
* All information appears under the Nebraska consolidated entry. No regional listings are provided.

Premier Medical Network (Utah)
Services:* Idaho, Utah, Wyoming.
* All information appears under the Utah consolidated entry. No regional listings are provided.

Prescription Network of Kansas (Kansas)
Services:* Kansas, Missouri, Texas.
* All information appears under the Nebraska consolidated entry. No regional listings are provided.

Primary Health Services (Ohio)
Services:* Kentucky, Ohio, Pennsylvania, West Virginia.
* All information appears under the Ohio consolidated entry. No regional listings are provided.

Principal Health Care Inc. (Maryland)
Services: Alabama (Fla.), Arizona, California, Colorado, Delaware, District of Columbia (Md.), Florida, Illinois, Indiana (Ill.), Iowa (Neb.), Kansas (Mo.), Louisiana, Maryland, Missouri, Nebraska, Ohio, Virginia (Md.).

Private Healthcare Systems Ltd. (Massachusetts)
Services: Alabama, Arizona, California, Colorado, District of Columbia, Florida, Georgia, Illinois (Ill./Mo.), Indiana (Ind./Ky./Ohio), Kansas (Kan./Mo.), Kentucky (Ky./Ohio), Louisiana, Maryland (Md./D.C.), Massachusetts, Michigan, Minnesota, Mississippi (Miss./Tenn.), Missouri (Mo./Kan.), New Jersey (N.J./Pa.), North Carolina, Ohio, Oklahoma, Pennsylvania, South Carolina, Tennessee, Texas, Virginia (Va./D.C.), Washington, Wisconsin (Wis./Minn.).

ProAmerica Managed Care Inc. (Texas)
Services: Nationwide excluding Idaho, Maine, Montana, North Dakota and South Dakota but including District of Columbia.
Contracts with: Alliance Health Providers PPO in Texas; Alliance PPO Inc. in District of Columbia, Maryland, Virginia; Associates for Healthcare Inc. in Wisconsin; Consumer Health Network in New Jersey; ETHIX Great Lakes in Michigan; ETHIX Midwest in Minnesota; ETHIX Northwest in Alaska, Montana, Washington; ETHIX Pacific in Oregon; ETHIX Southeast in North Carolina, South Carolina; ETHIX Southwest in Texas; Health Management Associates in Arizona, Nevada; Health First Alliance in Texas; Ohio Health Choice Plan in Ohio; Options for Healthcare in Massachusetts; PPO Alliance Plus in California; Panhandle Providers PPO in Texas; Pennsylvania Healthcare Plan in Pennsylvania, West Virginia; Preferred Care (ETHIX MidRivers) in Illinois, Missouri; Preferred Care Inc. in Pennsylvania; Preferred Plan in Illinois, Indiana; Preferred Plan of Georgia in Georgia; Preferred Health Partnership in Tennessee; Sooner Health Plan in Oklahoma; Southeast Medical Alliance in Arkansas, Louisiana.

Provident Preferred Network (Tennessee)
Services: California, Georgia, North Carolina, South Carolina, Tennessee.
Contracts with: Admar in California, Texas; Alliance PPO Inc. in District of Columbia, Maryland, Virginia; CAPP CARE Inc. in Florida, Illinois, Indiana, Iowa, Kansas, Louisiana, Michigan, Missouri, Nebraska, Ohio, Oklahoma, Pennsylvania, Texas, Wisconsin; CAPPO in Arkansas; CareMark in Oregon; California Foundation for Medical Care in California; CompMed in Oklahoma; Consumers Health Network in New Jersey, Pennsylvania; Emerald Health Network Inc. in Ohio; Florida HealthChoice Plan in Florida; Health Services Preferred in Kentucky, Ohio; Healthcare Preferred Inc. in Florida; HealthChoice in Alabama, North Carolina, Tennessee; HealthLink in Missouri; HealthStar in Illinois; Mountain States Managed Care in New Mexico; PPOM in Michigan; Premier Medical Network in Utah; Sloans Lake Managed Care in Colorado; Sound Health Network in Washington; Southeast Medical Alliance in Louisiana; Virginia Health Network in Virginia.

Provider Networks of America Inc. (Texas)
Services: Colorado, Florida, Georgia, Louisiana, Massachusetts, Oklahoma, Tennessee, Texas.
Contracts with: Beech Street in Arizona, California, Nevada; First Choice in Washington; Florida Health Choice Plan in Florida; Health Network in Illinois, Indiana, Iowa, Wisconsin; Inter Group Services Inc. in New Jersey, Pennsylvania; Primary Health in Ohio.

The Prudential Health Care Plans Inc. (New Jersey)
Services: Arkansas, California, Colorado, Connecticut, Delaware (Pa.), District of Columbia (Md.), Florida, Georgia, Illinois (Ill./Mo.), Indiana (Ind./Ohio), Kansas (Mo.), Kentucky (Ohio), Maryland, Massachusetts, Michigan, Minnesota, Missouri, New Jersey, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, South Carolina (N.C.), Tennessee, Texas, Virginia (Va./Md.)
Contracts with: The Physicians Inc. in Indiana.
Preferred Health Plan Inc. in Kentucky.
Regional listings appear under the names PruCare Plus, Prudential Plus or PruNetwork.

PsychCare Connections Inc. (Illinois)
Services:* Illinois, Wisconsin, Indiana.
* All information appears under the Illinois consolidated entry. No regional listings are provided.

Sanus Corp. Health Systems (New Jersey)
Services: District of Columbia: Sanus Preferred Services (Md.); Illinois: Gencare Sanus Passport (Mo.); Maryland: Sanus Preferred Services; Missouri: Gencare Sanus Passport; Texas: Sanus Passport PPO, Sanus Preferred Physicians; Virginia: Sanus Preferred Services (Md.).

Script Care Inc. (Texas)
Services:* Nationwide.
* All information appears under the Texas consolidated entry. No regional listings are provided.

Select Care Inc. (Minnesota)
Services:* Minnesota, North Dakota, Wisconsin.
* All information appears under the Minnesota consolidated entry. No regional listings are provided.

Sound Health (Washington)
Services: Idaho, Montana, Washington.

Southeast Medical Alliance (Louisiana)
Services:* Arkansas, Louisiana, Mississippi.
* All information appears under the Louisiana consolidated entry. No regional listings are provided.

Travelers Managed Care System (Connecticut)
Services: Arizona, California, Colorado, Connecticut, District of Columbia, Florida, Georgia, Illinois (Ill./Mo.), Indiana, Kansas, Kentucky (Ohio), Louisiana, Maryland (D.C./Md.), Massachusetts, Michigan, Missouri (Kan./Mo.), New Hampshire, New Jersey (N.J./Pa.), New York, North Carolina, Ohio, Oklahoma, Pennsylvania (Ohio/Pa.), Rhode Island, South Carolina (N.C./S.C.), Tennessee, Texas, Virginia (D.C./Va.).
Contracts with: Baptist Health Services in Arkansas, Mississippi, Missouri, Tennessee; Coastal Health Care Administrator in California; Health Care Network (HCN) in Wisconsin; Intermountain Health Care in Utah; Queen's Health Care in Hawaii; Panhandle Providers PPO in Texas; Select Care in Minnesota, Wisconsin; Sound Health in Alaska, Washington; Vantage PPO in Oregon, Washington.

TriState Healthcare Partners (Indiana)
Services:* Indiana, Kentucky, Illinois.
* All information appears under the Indiana consolidated entry. No regional listings are provided.

US LIFE CARE (New Jersey)
Contracts with: Access Health Care in Ohio; Arapahoe IPA in Colorado; Aurora Medical Practice Assn. in Colorado; Bayshore IPA in New Jersey; Boulder Valley IPA in Colorado; Boulder Medical Center in Colorado; Broadway Physicians Group in Colorado; Centennial Medical Practice Assn. in Colorado; Central Jersey IPA in New Jersey; Children's Health Care Assn. in Colorado; Clara Maas Physicians IPA in New Jersey; Community Health Providers in Colorado; Denver General Hospital Physician in Colorado; Denver Medical Practice Assn. in Colorado; Eastern Iowa Health Care Inc. in Iowa; Essex County Health Organization in New Jersey; Fort Collins IPA in Colorado; IPA of Burlington County in New Jersey; Iowa City IPA in Iowa; Kimball Health Providers Inc. in New Jersey; MD Physicians Inc. in Oklahoma; Maricopa Foundation for Medical Care in Arizona; Metro West Medical Practice Assn. in Colorado; Med-O-Care in New Jersey; Medical Network Inc. in Maine; Medical Practice Associates in New Jersey; Medical Practice Assn. in Colorado; National Health Care Alliance in Texas; North Texas Health Plan in Texas; Newark Beth Israel in New Jersey; North Jersey IPA in New Jersey; Northern Colorado Medical Practice Assn. in Colorado; ParkCare Inc. in Colorado; Pedal Management Services in New Jersey; Physicians Medical Plan of Tulsa in Oklahoma; Platte Valley IPA in Colorado; Preferred Health Professionals in Kansas; Prime Care IPA in New Jersey; Professional Associates in Colorado; Riverview Physicians IPA in New Jersey; RUSH Contract Care in Illinois; St. Barnabas/Metrowest IPA in New Jersey; St. Francis Multicare Corp. in New Jersey; San Luis Valley Medical Professional Corp. in Colorado; Shore Area IPA in New Jersey; Sooner Health Plan Inc. in Oklahoma; SouthCare Medical Alliance in Georgia; Southern Arizona Physicians Service Assn. in Arizona; Southern Colorado Medical Practice Assn. in Colorado; UMDNJ-RWJ Faculty Practice Plan in New Jersey; UMDNJ-SOM Faculty Practice Plan in New Jersey; University Physicians in Colorado; University Physicians Associates in New Jersey; US Health Plan in Ohio; Valley Health Services in New Jersey; Valley Wide Health Services in Colorado; Western Colorado IPA in Colorado.

United Northwest Services (Washington)
Services: Alaska, Idaho, Oregon, Utah (Wash.), Washington.

USA Healthnet Inc. (Arizona)
Services:* Nationwide including District of Columbia but excluding North Dakota, Vermont and Wyoming.
* All information appears under the Arizona consolidated entry. No regional listings are provided.

ValueRx Pharmacy Program Inc. (Michigan)
Services:* Nationwide.
* All information appears under the Michigan consolidated entry. No regional listings are provided.

Vantage PPO (Oregon)
Services: Oregon, Washington.
Contracts with: Admar Corp. in California; American Healthcare Alliance nationwide; North Texas Healthcare in Texas; Preferred Health Network in California; Sound Health in Washington.

Wausau Preferred Care (Wisconsin)
Contracts with: The AFFORDABLE Medical Networks in Arizona, Arkansas, California, Florida, New Mexico, Oklahoma, Texas; Alliance Inc. in District of Columbia, Maryland, Virginia; CAPP CARE Inc. in Arizona, California, Colorado, Delaware, Florida, New Jersey, New Mexico, Ohio, Pennsylvania, Tennessee, Texas, Utah; FOCUS Healthcare Management Inc. in Alabama, Louisiana, New Jersey, North Carolina, Pennsylvania, South Carolina, Tennessee; Health Net in Tennessee; HealthLink in Illinois, Missouri; HealthNet in Kansas, Missouri; HealthStar in Illinois; PPOM in Michigan; PreferredOne in Minneapolis, North Dakota; Premier in Kansas, Missouri; Sooner Health Plan in Oklahoma; Sound Health in Washington; SouthCare in Georgia; VHA Health Plans in Indiana; Vantage in Oregon, Washington.

OUR ANSWER ISN'T JUST ANOTHER PLUG.

Today's employee health care system is shot full of holes. Unnecessary surgical procedures, extended hospital stays, inappropriate diagnostic testing, over-utilization of psychiatric and substance abuse benefits, code gaming and the rubber stamping of claim payments can seriously drain a company's profits.

Insurers that address only one or two of these problems won't stem the flow.

At ITT Hartford, we take a total approach to cost containment. Managed care networks, utilization management (including psychiatric and substance abuse review), hospital bill audits, health care provider profiling and careful attention to monitoring and managing claims are all part of our process.

Everybody's plugging cost containment these days. The ITT Hartford difference is a strategy that's as comprehensive as it is conscientious.

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The snowshoe rabbit changes color with the season, adopting a white coat in winter and a brown coat in summer. This change, which is governed by the shortening length of day, enables the rabbit to blend into its background for protection.

The Ability To Adapt To The Environment Is Necessary For Survival In Nature. And In Benefits Management.

In nature, the ability to change and adapt is required for survival. In managing employee benefits programs, it's also becoming a necessity.

The Mutual of Omaha Companies recognize this need. Our experience in developing and offering PPO, EPO, HMO and point-of-service plans gives us the ability to work with companies to design benefit programs that can meet their changing needs. Our years of experience have taught us the best ways to prepare for change — and therefore, we're ready to help benefits managers meet it.

Nature is experienced at managing change. And so are we.

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