# Defining Markets in the Health Insurance Industry

# NATIONAL ECONOMIC RESEARCH ASSOCIATES

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#### The Historic View

- Pre-1999
  - Geographic Market: at least Statewide, even National
  - Product Market: Self- and Fully-Insured
     All Products: Indemnity, PPO & HMO
- June 1999 Aetna-Prudential Consent
  - Geographic Market: MSA level...Dallas and Houston
  - Product Market: Fully-Insured HMO and HMO-based POS only
- Post-1999
  - No new precedents



# Can an MSA be a Relevant Geographic Market?

- Local health care delivery through local provider networks used to support the MSA as the geographic market
- Licensure for managed care plans requires physician and hospital networks. Generally only a single license is needed to operate statewide.
  - Typically, must notify regulator of additions to provider network to assure coverage before expanded plan is marketed

#### But...

• Ease of geographic expansion makes supply substitution important to defining the relevant market



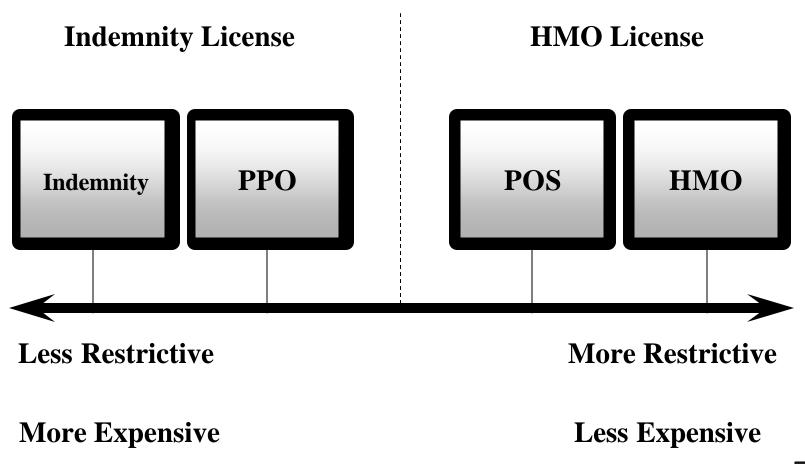
# Do Self-Insured Plans Compete with Fully-Insured Plans?

- Employees generally do not know funding source
- Most large insurers offer fully-insured and self-insured plans
  - Indemnity, PPO, POS and HMO plans can be self- or fully-insured
- Local TPAs generally available to offer services, with rental networks available
- In most cases, employers have choice of fully-insured and self-insured plans
  - Individual and small group segments are usually highly regulated



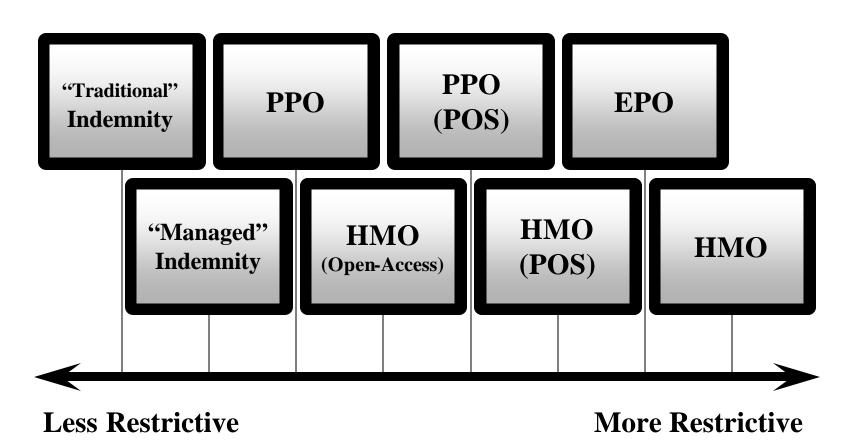


#### The Health Insurance Product Continuum





#### The Health Insurance Product Continuum



**Converging Prices** 

n/e/r/a
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- To test the proposition, DOJ used choice-modeling in Dallas and Houston to derive an elasticity
  - Obtained data from competing health plans and employers, which allowed them to study the choices made by employers and employees
  - Estimated elasticities less than -3
  - With low margins, critical elasticity close to −6
  - So, DOJ concluded that HMOs and PPOs were in separate markets



#### NERA simulation

- Test whether a proper model needs both benefit design and employee contribution
- In simulation, with both factors omitted we obtained an estimated elasticity below −1
- Accounting for choice and benefit design brought the elasticity estimate close to the known elasticity from the simulated data of −11
- Conclusion: missing data creates a bias toward challenging the merger



- Analysis of Mercer data
  - National survey of employers
  - Includes limited information on benefits and employee contribution
  - Elasticity estimates are consistent with conclusion that PPO,
     POS and HMO plans are all in same market
  - Nested logit grouped HMOs and PPOs together



- Yes, generally speaking the empirical evidence supports the conclusion that HMOs and PPOs compete and are therefore in the same relevant market
- Moreover, the world has changed...



#### Where are We Now?

- The DOJ has been asking the right questions
- The tools that were used in 1999 are still the right tools to use today
- The key to studying all three questions is to look at how the health plans, employers and employees switch, when presented with opportunities
- Finally, any analysis today must look at new products that may emerge as a result of the managed care backlash.



# Defining Markets in the Health Insurance Industry

#### END OF PRESENTATION

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