

New York Consumer Guide To Health Insurers

2010

New York State
David A Peterson, Governor

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New York Consumer Guide To Health Insurers

About This Guide

The purpose of this Guide is to:

- Inform you of the health insurance products offered in New York State and how they work.
- Help you choose a health insurer based on quality of care and service.

Data Sources

The information in this Guide comes from two New York agencies.

1. New York State Insurance Department (NYSID) is responsible for protecting the public interest by supervising and regulating insurance business in New York State.

- NYSID compiles the complaint and appeal information that appears on pages 3-20 and grievance information that appears on page 27.
- NYSID data are from calendar year 2009.

2. New York State Department of Health (DOH) works to protect and promote the health of New Yorkers through prevention, science and ensuring delivery of quality health care. DOH compiles the complaint data on page 4 and the information on HMO performance that appears on pages 21-26.

- DOH collects data through the New York State Department of Health's Quality Assurance Reporting Requirements (QARR) and the Consumer Assessment of Healthcare Providers and Systems (CAHPS®).¹
- DOH data are from calendar year 2008, except where noted.

Details About the Data

- The Guide does not include:
 - HMOs with less than \$25 million in premiums or fewer than 5,000 members.
 - Commercial and non-profit companies with less than \$50 million in premiums.
 - Data for Medicare, Medicaid or self-insured plans.²
- Health insurers are listed alphabetically in the data tables, except for the Overall Complaint Ranking table on pages 31-32.
- Some health insurer names are listed using different names depending on whether the data are reported by the Insurance Department by the Department of Health.

¹ CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

² For information about Medicare coverage, call the Centers for Medicare & Medicaid Services (CMS), the federal agency that oversees this program, at 800-MEDICARE (800-633-4227), or visit the Web site at www.medicare.gov. You can also contact the New York State Office for the Aging Health Insurance Information Counseling & Assistance Program (HIICAP) by calling 800-701-0501 or visit the Web site at www.hiicap.state.ny.us. For information on New York's Medicaid program, contact your local county Department of Social Services.

Complaints

Each year, NYSID and DOH receive complaints about health insurers from consumers and health care providers. After reviewing each complaint, the State determines if the health insurer acted appropriately. If the State determines that the insurer did not act in accordance with their statutory and contractual obligations, the health insurer must resolve the problem.

Understanding the Charts

- **Rank:** A better rank means that the health insurer had fewer upheld complaints, relative to its size. If the ratios are the same, the health insurer with the largest premium is ranked higher.
 - **Total Complaints to NYSID:** Total number of complaints closed by the Insurance Department in 2009. Complaints typically involve issues related to prompt payment, reimbursement, coverage, benefits, rates and premiums.
 - **Upheld Complaints by NYSID:** Number of closed complaints resolved in favor of the member or provider because the Insurance Department determined that the health insurer did not comply with statutory or contractual obligations. Complaints upheld by the Insurance Department are used to calculate the complaint ratio and rank.
 - **Premium:** Dollar amount of premiums generated by a health insurer in New York during 2009. Premiums are used to calculate the complaint ratio so that health insurers of different sizes can be compared fairly. Premium data exclude Medicare and Medicaid.
- **Complaint Ratio:** Number of upheld complaints (complaints resolved in favor of the member or provider) by NYSID, divided by the health insurer's total annual premium. Total annual premium, a measure of a health insurer's size, is used to calculate the complaint ratio. Large health insurers may receive more complaints because they have more members than smaller health insurers.
 - **Total Complaints to DOH:** Total number of complaints against HMOs closed by DOH. Complaints to DOH involve concerns about the quality of care received by HMO members.
 - **Upheld Complaints to DOH:** Number of complaints closed by DOH that were decided in favor of the consumer or provider.

Complaints - HMOs 2009

Data Source: NYSID and DOH

| HMO | Data Compiled by the New York State Insurance Department (NYSID) | | | | | Data Compiled by the NYS Department of Health (DOH) ² | |
|--|--|---------------------------|----------------------------|------------------------|-----------------|--|---------------------------------------|
| | Rank ¹ 1 = Best 12 = Worst | Total Complaints to NYSID | Upheld Complaints by NYSID | Premiums (Millions \$) | Complaint Ratio | Total Complaints to DOH ³ | Upheld Complaints by DOH ³ |
| Aetna Health Inc. | 8 | 319 | 98 | 595.33 | 0.1646 | 5 | 1 |
| Atlantis Health Plan | 12 | 339 | 242 | 92.63 | 2.6127 | 3 | 2 |
| CDPHP | 4 | 126 | 13 | 658.11 | 0.0198 | 4 | 2 |
| Community Blue (Healthnow) | 1 | 34 | 1 | 504.05 | 0.0020 | 7 | 3 |
| Empire HealthChoice HMO, Inc. | 6 | 732 | 141 | 1,379.69 | 0.1022 | 2 | 1 |
| Excellus Health Plan, Inc. | 5 | 155 | 42 | 809.72 | 0.0519 | 22 | 9 |
| GHI HMO Select, Inc. | 11 | 109 | 33 | 62.32 | 0.5296 | 1 | 0 |
| Health Net of NY, Inc. | 9 | 219 | 71 | 387.79 | 0.1831 | 8 | 1 |
| HIP HMO | 7 | 1,277 | 540 | 4,949.68 | 0.1091 | 17 | 7 |
| Independent Health Association, Inc. (IHA) | 2 | 32 | 3 | 398.46 | 0.0075 | 2 | 0 |
| MVP Health Plan, Inc. | 3 | 117 | 19 | 1,163.30 | 0.0163 | 4 | 2 |
| Oxford Health Plans of NY, Inc. | 10 | 1,227 | 230 | 1,159.58 | 0.1983 | 12 | 2 |
| Total | — | 4,686 | 1,433 | 12,160.64 | 0.1178 | 87 | 30 |

¹ HMOs with a lower complaint ratio receive a better rank.

² Data represents new collection methods from all sources and cannot be compared to complaint totals reported in previous years.

³ Data are from 2009.

Complaints - Non-profit Indemnity Insurers 2009

Data Source: NYSID

| Non-profit Indemnity Insurer | Rank ¹ 1 = Best 5 = Worst | Total Complaints To NYSID | Upheld Complaints By NYSID | Premiums (Millions \$) | Complaint Ratio |
|---|--|---------------------------------|----------------------------------|---------------------------|--------------------|
| Excellus Health Plan, Inc. | 4 | 543 | 153 | 3,485.65 | 0.0439 |
| Group Health, Inc. (GHI) | 5 | 2,006 | 771 | 3,160.11 | 0.2440 |
| Healthnow New York, Inc. | 2 | 73 | 14 | 1,598.68 | 0.0088 |
| Independent Health Benefits Corporation | 1 | 8 | 0 | 470.05 | 0.0000 |
| Preferred Assurance Company, Inc. | 3 | 29 | 3 | 77.53 | 0.0387 |
| Total | — | 2,659 | 941 | 8,792.01 | 0.1070 |

¹ Health insurers with a lower complaint ratio receive a better rank.

Complaints - Commercial Insurers 2009

Data Source: NYSID

| Commercial Insurer | Rank ^{1,2} 1 = Best 28 = Worst | Total Complaints To NYSID | Upheld Complaints By NYSID | Premiums (Millions \$) | Complaint Ratio |
|---|---|---------------------------------|----------------------------------|---------------------------|--------------------|
| Aetna Group | 26 | 485 | 197 | 1,444.57 | 0.1364 |
| American Family Corporation | 11 | 26 | 1 | 193.51 | 0.0052 |
| American International Group | 24 | 46 | 12 | 120.95 | 0.0992 |
| CIGNA Health Group | 25 | 192 | 83 | 754.06 | 0.1101 |
| Combined Life Insurance Company | 20 | 36 | 4 | 119.15 | 0.0336 |
| Dentegra Group | 2 | 2 | 0 | 322.40 | 0.0000 |
| First Rehabilitation Life Ins. Co. of America | 3 | 3 | 0 | 89.72 | 0.0000 |
| GE Global Group | 15 | 11 | 2 | 145.00 | 0.0138 |
| Geneve Holdings Inc. | 9 | 1 | 0 | 54.86 | 0.0000 |
| Guardian Life Group | 22 | 139 | 20 | 462.47 | 0.0432 |
| Hartford F & C Group | 13 | 15 | 2 | 230.02 | 0.0087 |
| Health Net Inc. Group | 28 | 272 | 105 | 436.40 | 0.2406 |
| Highmark Inc. | 6 | 1 | 0 | 76.29 | 0.0000 |
| Mass Mutual Life Insurance Co. | 8 | 4 | 0 | 61.55 | 0.0000 |
| Metropolitan Group | 19 | 65 | 13 | 633.07 | 0.0205 |
| Mutual of Omaha Group | 21 | 13 | 2 | 56.27 | 0.0355 |
| MVP Group | 10 | 10 | 1 | 428.99 | 0.0023 |
| New York Life Group | 17 | 4 | 1 | 64.37 | 0.0155 |
| Northwestern Mutual | 5 | 3 | 0 | 83.29 | 0.0000 |
| Protective Life Insurance Group | 16 | 18 | 1 | 64.66 | 0.0155 |

¹ If the ratios are the same among insurers, the insurer with the higher annual premium amount receives a better rank.

² Health insurers with a lower complaint ratio receive a better rank.

Complaints - Commercial Insurers 2009

Data Source: NYSID

| Commercial Insurer | Rank ^{1,2} 1 = Best 28 = Worst | Total Complaints To NYSID | Upheld Complaints By NYSID | Premiums (Millions \$) | Complaint Ratio |
|------------------------------------|---|---------------------------------|----------------------------------|---------------------------|--------------------|
| Prudential of America Group | 14 | 9 | 1 | 93.97 | 0.0106 |
| Stancorp Financial Group | 18 | 3 | 1 | 53.54 | 0.0187 |
| Sun Life Assurance Company of CN | 4 | 4 | 0 | 88.89 | 0.0000 |
| UnitedHealth Group | 27 | 2,156 | 563 | 3,613.46 | 0.1558 |
| Universal American Financial Corp. | 1 | 12 | 0 | 480.26 | 0.0000 |
| UNUM Provident Corp. Group | 12 | 52 | 3 | 421.97 | 0.0071 |
| Wellpoint Inc. | 23 | 1,051 | 280 | 5,829.25 | 0.0480 |
| Zurich Insurance Group | 7 | 2 | 0 | 71.16 | 0.0000 |
| Total | — | 4,635 | 1,292 | 16,494.09 | 0.0783 |

¹ If the ratios are the same among insurers, the insurer with the higher annual premium amount receives a better rank.

² Health insurers with a lower complaint ratio receive a better rank.

Prompt Pay Complaints

New York requires all health insurers to:

- Pay electronic claims within 30 days (effective January 31, 2010) and pay undisputed claims within 45 days of receipt, *or*
- Request all additional information from the consumer or the provider, if necessary, within 30 days of receipt of the claim, *or*
- Deny the claim within 30 days of receipt.

NYSID has a dedicated hotline for consumers and providers to file prompt pay complaints at 800-358-9260.

Understanding the Charts

- **Rank:** A better rank means that the health insurer had fewer upheld prompt pay complaints, relative to its size. If the ratios are the same, the health insurer with the higher premium is ranked higher.
- **Total Complaints:** Total number of complaints closed by the Insurance Department in 2009. Complaints typically involve issues about prompt payment, reimbursement, coverage, benefits, rates and premiums.
- **Total Prompt Pay Complaints:** Total number of prompt pay complaints closed by the Insurance Department in 2009.
- **Upheld Prompt Pay Complaints:** Number of closed prompt pay complaints where the Insurance Department determined the health insurer was not processing claims in a timely manner.
- **Premium:** Dollar amount of premiums generated by a health insurer in New York in 2009. Premiums are used to calculate the prompt pay complaint ratio so that health insurers of different sizes can be compared. Premium data exclude Medicare and Medicaid.
- **Prompt Pay Complaint Ratio:** Number of upheld prompt pay complaints divided by a health insurer's total annual premium. Large health insurers might receive more complaints because they have more members and pay more claims than smaller health insurers.

Prompt Pay Complaints - HMOs 2009

Data Source: NYSID

| HMO | Rank ^{1,2} 1 = Best 12 = Worst | Total Complaints | Total Prompt Pay Complaints | Upheld Prompt Pay Complaints | Premiums (Millions \$) | Prompt Pay Complaint Ratio |
|--|---|---------------------|-----------------------------------|------------------------------------|---------------------------|----------------------------------|
| Aetna Health Inc. | 8 | 319 | 108 | 47 | 595.33 | 0.0789 |
| Atlantis Health Plan | 12 | 339 | 239 | 192 | 92.63 | 2.0729 |
| CDPHP | 4 | 126 | 51 | 9 | 658.11 | 0.0137 |
| Community Blue (Healthnow) | 1 | 34 | 1 | 0 | 504.05 | 0.0000 |
| Empire HealthChoice HMO, Inc. | 6 | 732 | 311 | 71 | 1,379.69 | 0.0515 |
| Excellus Health Plan, Inc. | 5 | 155 | 37 | 19 | 809.72 | 0.0235 |
| GHI HMO Select, Inc. | 11 | 109 | 64 | 18 | 62.32 | 0.2889 |
| Health Net of NY, Inc. | 10 | 219 | 106 | 37 | 387.79 | 0.0954 |
| HIP HMO | 7 | 1,277 | 595 | 279 | 4,949.68 | 0.0564 |
| Independent Health Association, Inc. (IHA) | 2 | 32 | 1 | 0 | 398.46 | 0.0000 |
| MVP Health Plan, Inc. | 3 | 117 | 35 | 7 | 1,163.30 | 0.0060 |
| Oxford Health Plans of NY, Inc. | 9 | 1,227 | 470 | 108 | 1,159.58 | 0.0931 |
| Total | — | 4,686 | 2,018 | 787 | 12,160.64 | 0.0647 |

¹ If the ratios are the same among insurers, the insurer with the higher annual premium amount receives a better rank.

² HMOs with a lower complaint ratio receive a better rank.

Prompt Pay Complaints - Non-profit Indemnity Insurers 2009

Data Source: NYSID

| Non-Profit Indemnity Insurer | Rank ¹ 1 = Best 5 = Worst | Total Complaints | Total Prompt Pay Complaints | Upheld Prompt Pay Complaints | Premiums (Millions \$) | Prompt Pay Complaint Ratio |
|---|--|---------------------|-----------------------------------|------------------------------------|---------------------------|----------------------------------|
| Excellus Health Plan, Inc. | 4 | 543 | 223 | 105 | 3,485.65 | 0.0301 |
| Group Health, Inc. (GHI) | 5 | 2,006 | 1,116 | 485 | 3,160.11 | 0.1535 |
| Healthnow New York, Inc. | 2 | 73 | 20 | 10 | 1,598.68 | 0.0063 |
| Independent Health Benefits Corporation | 1 | 8 | 1 | 0 | 470.05 | 0.0000 |
| Preferred Assurance Company, Inc. | 3 | 29 | 5 | 2 | 77.53 | 0.0258 |
| Total | — | 2,659 | 1,365 | 602 | 8,792.01 | 0.0685 |

¹Health insurers with a lower complaint ratio receive a better rank.

Prompt Pay Complaints - Commercial Insurers 2009

Data Source: NYSID

| Commercial Insurer | Rank ^{1,2} 1 = Best 28 = Worst | Total Complaints | Total Prompt Pay Complaints | Upheld Prompt Pay Complaints | Premiums (Millions \$) | Prompt Pay Complaint Ratio |
|---|---|---------------------|-----------------------------------|------------------------------------|---------------------------|----------------------------------|
| Aetna Group | 25 | 485 | 171 | 97 | 1,444.57 | 0.0671 |
| American Family Corporation | 6 | 26 | 0 | 0 | 193.51 | 0.0000 |
| American International Group | 27 | 46 | 27 | 12 | 120.95 | 0.0992 |
| CIGNA Health Group | 24 | 192 | 57 | 26 | 754.06 | 0.0345 |
| Combined Life Insurance Company | 21 | 36 | 12 | 2 | 119.15 | 0.0168 |
| Dentegra Group | 4 | 2 | 1 | 0 | 322.40 | 0.0000 |
| First Rehabilitation Life Ins. Co. of America | 9 | 3 | 0 | 0 | 89.72 | 0.0000 |
| GE Global Group | 7 | 11 | 0 | 0 | 145.00 | 0.0000 |
| Geneve Holdings Inc. | 18 | 1 | 0 | 0 | 54.86 | 0.0000 |
| Guardian Life Group | 22 | 139 | 50 | 12 | 462.47 | 0.0259 |
| Hartford F & C Group | 5 | 15 | 0 | 0 | 230.02 | 0.0000 |
| Health Net Inc. Group | 28 | 272 | 128 | 59 | 436.40 | 0.1352 |
| Highmark Inc. | 12 | 1 | 0 | 0 | 76.29 | 0.0000 |
| Mass Mutual Life Insurance Co. | 16 | 4 | 0 | 0 | 61.55 | 0.0000 |
| Metropolitan Group | 20 | 65 | 17 | 6 | 633.07 | 0.0095 |
| Mutual of Omaha Group | 17 | 13 | 3 | 0 | 56.27 | 0.0000 |
| MVP Group | 2 | 10 | 1 | 0 | 428.99 | 0.0000 |
| New York Life Group | 15 | 4 | 0 | 0 | 64.37 | 0.0000 |
| Northwestern Mutual | 11 | 3 | 0 | 0 | 83.29 | 0.0000 |
| Protective Life Insurance Group | 14 | 18 | 0 | 0 | 64.66 | 0.0000 |

¹ If the ratios are the same among insurers, the insurer with the higher annual premium amount receives a better rank.

² Health insurers with a lower complaint ratio receive a better rank.

Prompt Pay Complaints - Commercial Insurers 2009

Data Source: NYSID

| Commercial Insurer | Rank ^{1,2} 1 = Best 28 = Worst | Total Complaints | Total Prompt Pay Complaints | Upheld Prompt Pay Complaints | Premiums (Millions \$) | Prompt Pay Complaint Ratio |
|------------------------------------|---|---------------------|-----------------------------------|------------------------------------|---------------------------|----------------------------------|
| Prudential of America Group | 8 | 9 | 0 | 0 | 93.97 | 0.0000 |
| Stancorp Financial Group | 19 | 3 | 0 | 0 | 53.54 | 0.0000 |
| Sun Life Assurance Company of CN | 10 | 4 | 1 | 0 | 88.89 | 0.0000 |
| UnitedHealth Group | 26 | 2,156 | 801 | 289 | 3,613.46 | 0.0800 |
| Universal American Financial Corp. | 1 | 12 | 3 | 0 | 480.26 | 0.0000 |
| UNUM Provident Corp. Group | 3 | 52 | 0 | 0 | 421.97 | 0.0000 |
| Wellpoint Inc. | 23 | 1,051 | 514 | 174 | 5,829.25 | 0.0298 |
| Zurich Insurance Group | 13 | 2 | 0 | 0 | 71.16 | 0.0000 |
| Total | — | 4,635 | 1,786 | 677 | 16,494.09 | 0.0410 |

¹ If the ratios are the same among insurers, the insurer with the higher annual premium amount receives a better rank.

² Health insurers with a lower complaint ratio receive a better rank.

Internal Appeals

An internal appeal or utilization review (UR) occurs when a consumer asks a health insurer to reconsider its refusal to pay for a medical service that the health insurer considers experimental, investigational or not medically necessary. If you are an HMO member, you may also appeal when the HMO denies a request for out-of-network service if it offers an alternate service in-network. Health insurers are required to have appeals reviewed by medical professionals. Common internal appeals involve the medical necessity of hospital admissions, length of hospital stays and use of certain medical procedures.

Understanding the Charts

- **Filed Appeals:** Number of internal appeals submitted to the health insurer by consumers and providers in 2009.
- **Closed Appeals:** Number of internal appeals that the health insurer decided by the end of 2009.
- **Reversed Appeals:** Number of closed internal appeals that the health insurer decided in favor of the consumer. If an internal appeal decision is reversed on appeal, the health insurer agrees to pay for the service or procedure.
- **Reversal Rate:** Percentage of reversed appeals divided by closed appeals.

Keep in Mind:

Pay specific attention to a health insurer that has a very high or very low reversal rate. Please note the following.

- There is no “ideal” reversal rate.
- A low reversal rate may indicate that the health insurer makes its initial decisions correctly, so fewer decisions require reversal, but an unusually low reversal rate may indicate that the health insurer does not give appropriate reconsideration to initial decisions.
- A high reversal rate may indicate that a health insurer’s internal appeal process is responsive to consumers, but an unusually high reversal rate may indicate that the health insurer’s process for making initial medical necessity decisions is flawed.
- The number of internal appeals filed may be higher for health insurers that actively promote the appeal process and encourage members to appeal denied services.

Internal Appeals - HMOs 2009

Data Source: NYSID

| HMO | Filed Appeals | Closed Appeals ¹ | Reversed Appeals | Reversal Rate |
|--|---------------|-----------------------------|------------------|---------------|
| Aetna Health Inc. | 415 | 419 | 179 | 42.72% |
| Atlantis Health Plan | 821 | 821 | 392 | 47.75% |
| CDPHP ² | 451 | 452 | 143 | 31.64% |
| Community Blue (Healthnow) | 188 | 231 | 69 | 29.87% |
| Empire HealthChoice HMO, Inc. | 266 | 279 | 98 | 35.13% |
| Excellus Health Plan, Inc. | 616 | 617 | 291 | 47.16% |
| GHI HMO Select, Inc. | 174 | 175 | 75 | 42.86% |
| Health Net of NY, Inc. | 794 | 807 | 236 | 29.24% |
| HIP HMO | 121 | 114 | 45 | 39.47% |
| Independent Health Association, Inc. (IHA) | 65 | 63 | 33 | 52.38% |
| MVP Health Plan, Inc. | 382 | 383 | 89 | 23.24% |
| Oxford Health Plans of NY, Inc. | 1,571 | 1,607 | 682 | 42.44% |
| Total | 5,864 | 5,968 | 2,332 | 39.08% |

¹ Closed internal appeals can exceed filed internal appeals in 2009 because closed internal appeals also include internal appeals filed prior to 2009.

² Includes internal appeals for the non-profit company.

Internal Appeals - Non-profit Indemnity Insurers 2009

Data Source: NYSID

| Non-Profit Indemnity Insurer | Filed Appeals | Closed Appeals ¹ | Reversed Appeals | Reversal Rate |
|---|---------------|-----------------------------|------------------|---------------|
| Excelsus Health Plan, Inc. | 2,621 | 2,620 | 1,149 | 43.85% |
| Group Health, Inc. (GHI) | 5,622 | 5,636 | 2,951 | 52.36% |
| Healthnow New York, Inc. | 527 | 584 | 185 | 31.68% |
| Independent Health Benefits Corporation | 73 | 73 | 42 | 57.53% |
| Preferred Assurance Company, Inc. | 33 | 33 | 2 | 6.06% |
| Total | 8,876 | 8,946 | 4,329 | 48.39% |

¹ Closed internal appeals can exceed filed internal appeals in 2009 because closed internal appeals also include internal appeals filed prior to 2009.

Internal Appeals -Commercial Insurers 2009

Data Source: NYSID

| Commercial Insurer ¹ | Filed Appeals | Closed Appeals ² | Reversed Appeals | Reversal Rate |
|---|---------------|-----------------------------|------------------|---------------|
| Aetna Group ³ | 1,930 | 1,891 | 569 | 30.09% |
| American Family Corporation | 0 | 0 | 0 | 0.00% |
| American International Group | 3 | 3 | 3 | 100.00% |
| CIGNA Health Group | 618 | 616 | 219 | 35.55% |
| Combined Life Insurance Company | 0 | 0 | 0 | 0.00% |
| Dentegra Group | 0 | 0 | 0 | 0.00% |
| First Rehabilitation Life Ins. Co. of America | 0 | 0 | 0 | 0.00% |
| GE Global Group | 0 | 0 | 0 | 0.00% |
| Geneve Holdings Inc. | 0 | 0 | 0 | 0.00% |
| Guardian Life Group | 2,370 | 2,329 | 1,634 | 70.16% |
| Hartford F & C Group | 0 | 0 | 0 | 0.00% |
| Health Net Inc. Group | 1,094 | 1,085 | 330 | 30.41% |
| Highmark Inc. | 0 | 0 | 0 | 0.00% |
| Mass Mutual Life Insurance Co. | 0 | 0 | 0 | 0.00% |
| Metropolitan Group | 10,927 | 10,927 | 9,266 | 84.80% |
| Mutual of Omaha Group | 0 | 0 | 0 | 0.00% |
| MVP Group | 177 | 175 | 35 | 20.00% |
| New York Life Group | 0 | 0 | 0 | 0.00% |

¹ Many of the commercial companies do not write traditional comprehensive health insurance products and therefore have no internal appeals.

² Closed internal appeals can exceed filed internal appeals in 2009 because closed internal appeals also include internal appeals filed prior to 2009.

³ Aetna Health Insurance Co. of NY internal appeals are included with HMO numbers.

Internal Appeals -Commercial Insurers 2009

Data Source: NYSID

| Commercial Insurer ¹ | Filed Appeals | Closed Appeals ² | Reversed Appeals | Reversal Rate |
|------------------------------------|---------------|-----------------------------|------------------|---------------|
| Northwestern Mutual | 0 | 0 | 0 | 0.00% |
| Protective Life Insurance Group | 0 | 0 | 0 | 0.00% |
| Prudential of America Group | 0 | 0 | 0 | 0.00% |
| Stancorp Financial Group | 10 | 10 | 5 | 50.00% |
| Sun Life Assurance Company of CN | 0 | 0 | 0 | 0.00% |
| UnitedHealth Group | 54,712 | 54,424 | 21,769 | 40.00% |
| Universal American Financial Corp. | 0 | 0 | 0 | 0.00% |
| UNUM Provident Corp. Group | 0 | 0 | 0 | 0.00% |
| Wellpoint Inc. | 322 | 327 | 91 | 27.83% |
| Zurich Insurance Group | 0 | 0 | 0 | 0.00% |
| Total | 72,163 | 71,787 | 33,921 | 47.25% |

¹ Many of the commercial companies do not write traditional comprehensive health insurance products and therefore have no internal appeals.

² Closed internal appeals can exceed filed internal appeals in 2009 because closed internal appeals also include internal appeals filed prior to 2009.

³ Aetna Health Insurance Co. of NY internal appeals are included with HMO numbers.

External Appeals

After an internal appeal, consumers may request an external appeal when a health insurer continues to deny health care services on the basis that services are experimental, investigational or not medically necessary. If you are an HMO member, you may also appeal when the HMO denies a request for out-of network service if the HMO offers an alternate service in-network. Before requesting an external appeal, you must complete the health insurer's first-level internal appeal process, or you and your health insurer may agree jointly to waive the internal appeal process.

Understanding the Charts

- **Total Appeals:** Total number of cases assigned to an external appeal organization in 2009.
 - **Reversed Appeals:** Number of cases where an external appeal organization decided in favor of the consumer.
 - **Reversed in Part:** Number of cases where an external appeal organization decided partially in favor of the consumer. For example, an HMO refused payment of a 5-day hospital stay, claiming it was not medically necessary. The external review organization decided that only 3 of the 5 days were medically necessary.
 - **Upheld Appeals:** Number of cases where an external appeal organization agreed with the health insurer's decision not to cover a service or procedure.
 - **Reversal Rate:** Percentage of cases in which the external appeal organization decided to change the health insurer's denial of coverage. In other words, the percentage of reviews decided in favor of the consumer. Please note that reversed-in-part decisions *are* included in the reversal rate.
- Note:** A high reversal rate may indicate that a health insurer does not make appropriate coverage decisions.

External Appeals - HMOs 2009

Data Source: NYSID

| HMO | Total Reviews | Reversed Reviews | Reversed in Part | Upheld Reviews | Reversal Rate ¹ |
|--|---------------|------------------|------------------|----------------|----------------------------|
| Aetna Health Inc. | 11 | 5 | 1 | 5 | 54.50% |
| Atlantis Health Plan | 19 | 6 | 4 | 9 | 52.60% |
| CDPHP | 17 | 3 | 0 | 14 | 17.60% |
| Community Blue (Healthnow) | 22 | 11 | 2 | 9 | 59.10% |
| Empire HealthChoice HMO, Inc. | 118 | 44 | 6 | 68 | 42.40% |
| Excellus Health Plan, Inc. | 59 | 28 | 2 | 29 | 50.80% |
| GHI HMO Select, Inc. | 1 | 1 | 0 | 0 | 100.00% |
| Health Net of NY, Inc. | 54 | 16 | 2 | 36 | 33.30% |
| HIP HMO | 163 | 27 | 17 | 119 | 27.00% |
| Independent Health Association, Inc. (IHA) | 2 | 1 | 0 | 1 | 50.00% |
| MVP Health Plan, Inc. | 34 | 17 | 0 | 17 | 50.00% |
| Oxford Health Plans of NY, Inc. | 70 | 24 | 2 | 44 | 37.10% |
| Total | 570 | 183 | 36 | 351 | 38.42% |

¹ Rate includes "reversed-in-part" decisions.

External Appeals - Non-profit Indemnity Insurers 2009

Data Source: NYSID

| Non-Profit Indemnity Insurer | Total Reviews | Reversed Reviews | Reversed in Part | Upheld Reviews | Reversal Rate ¹ |
|---|---------------|------------------|------------------|----------------|----------------------------|
| Excellus Health Plan, Inc. | 180 | 79 | 3 | 98 | 45.60% |
| Group Health, Inc. (GHI) | 136 | 36 | 10 | 90 | 33.80% |
| Healthnow New York, Inc. | 79 | 33 | 1 | 45 | 43.00% |
| Independent Health Benefits Corporation | 0 | 0 | 0 | 0 | 0.00% |
| Preferred Assurance Company, Inc. | 0 | 0 | 0 | 0 | 0.00% |
| Total | 395 | 148 | 14 | 233 | 41.01% |

¹ Rate includes "reversed-in-part" decisions.

External Appeals - Commercial Insurers 2009

Data Source: NYSID

| Commercial Insurer ¹ | Total Reviews | Reversed Reviews | Reversed in Part | Upheld Reviews | Reversal Rate ² |
|---|---------------|------------------|------------------|----------------|----------------------------|
| Aetna Group | 99 | 29 | 7 | 63 | 36.36% |
| American Family Corporation | 0 | 0 | 0 | 0 | 0.00% |
| American International Group | 0 | 0 | 0 | 0 | 0.00% |
| CIGNA Health Group | 16 | 4 | 1 | 11 | 31.25% |
| Combined Life Insurance Company | 0 | 0 | 0 | 0 | 0.00% |
| Dentegra Group | 0 | 0 | 0 | 0 | 0.00% |
| First Rehabilitation Life Ins. Co. of America | 0 | 0 | 0 | 0 | 0.00% |
| GE Global Group | 0 | 0 | 0 | 0 | 0.00% |
| Geneve Holdings Inc. | 0 | 0 | 0 | 0 | 0.00% |
| Guardian Life Group | 13 | 3 | 2 | 8 | 38.46% |
| Hartford F & C Group | 0 | 0 | 0 | 0 | 0.00% |
| Health Net Inc. Group | 52 | 17 | 1 | 34 | 34.62% |
| Highmark Inc. | 0 | 0 | 0 | 0 | 0.00% |
| Mass Mutual Life Insurance Co. | 0 | 0 | 0 | 0 | 0.00% |
| Metropolitan Group | 35 | 13 | 1 | 21 | 40.00% |
| Mutual of Omaha Group | 0 | 0 | 0 | 0 | 0.00% |
| MVP Group | 0 | 0 | 0 | 0 | 0.00% |
| New York Life Group | 0 | 0 | 0 | 0 | 0.00% |

¹ Many of the commercial companies do not write traditional comprehensive health insurance products and therefore have no internal appeals.

² Rate includes "reversed-in-part" decisions.

External Appeals - Commercial Insurers 2009

Data Source: NYSID

| Commercial Insurer ¹ | Total Reviews | Reversed Reviews | Reversed in Part | Upheld Reviews | Reversal Rate ² |
|------------------------------------|---------------|------------------|------------------|----------------|----------------------------|
| Northwestern Mutual | 0 | 0 | 0 | 0 | 0.00% |
| Protective Life Insurance Group | 0 | 0 | 0 | 0 | 0.00% |
| Prudential of America Group | 0 | 0 | 0 | 0 | 0.00% |
| Stancorp Financial Group | 0 | 0 | 0 | 0 | 0.00% |
| Sun Life Assurance Company of CN | 0 | 0 | 0 | 0 | 0.00% |
| UnitedHealth Group | 317 | 112 | 23 | 182 | 42.59% |
| Universal American Financial Corp. | 0 | 0 | 0 | 0 | 0.00% |
| UNUM Provident Corp. Group | 0 | 0 | 0 | 0 | 0.00% |
| Wellpoint Inc. | 280 | 116 | 12 | 152 | 45.71% |
| Zurich Insurance Group | 0 | 0 | 0 | 0 | 0.00% |
| Total | 812 | 294 | 47 | 471 | 42.00% |

¹ Many of the commercial companies do not write traditional comprehensive health insurance products and therefore have no internal appeals.

² Rate includes "reversed-in-part" decisions.

QUALITY OF CARE AND SERVICE FOR HMOs

Access and Service

Data Source: DOH

Measure Descriptions

- **Rating of Health Plan:** The percentage of members who rated their health on a scale from 0 (worst possible) to 10 (best possible). The percentages are based on the percentage of members who gave their HMO an 8, 9 or 10 rating.
- **Members Who Received Care Quickly:** Members responded that they “usually” or “always”:
 - Get appointments for regular or routine care as soon as they want.
 - Get care right away for an illness or injury.
- **Getting Needed Care:** Percentage of members who responded that they “usually” or “always” thought it was easy to get:
 - Appointments with specialists.
 - Care, tests or treatment members thought they needed.
- **Members Seen by a Provider:** The percentage of adult HMO members who had an outpatient or preventive care visit within the past 3 years, as reported by the HMO. A higher score means more people in the HMO had a provider visit.

Access and Service

Data Source: DOH

Understanding the Chart

The symbols in the charts show how each HMO compares to the average for all New York HMOs. Look for HMOs with a “▲” in the chart; they performed better than the New York HMO average. In other words, they had a greater percentage of satisfied members and members were more likely to be seen by a provider.

Note: Symbols show statistically significant differences between each health insurer’s score and the New York average. Statistically significant means scores varied by more than could be accounted for by chance.

Legend

- ▲ Higher than the NY HMO average
- ▼ Lower than the NY HMO average

No symbol indicates that the average is not different from the NY HMO average.

| Performance Compared to the New York HMO Average | | | | | |
|--|-----------------------|-----------------------------------|---------------------|----------------------------|------------|
| HMO | Rating of Health Plan | Members Who Received Care Quickly | Getting Needed Care | Members Seen by a Provider | |
| | | | | Ages 20-44 | Ages 45-64 |
| NY HMO Average | 63 | 88 | 85 | 94 | 95 |
| Aetna | 65 | 85 | 87 | 92 ▼ | 93 ▼ |
| Atlantis Health Plan | 38 ▼ | 80 ▼ | 71 ▼ | 92 ▼ | 91 ▼ |
| CDPHP | 74 ▲ | 92 ▲ | 89 ▲ | 96 ▲ | 96 ▲ |
| Empire | 57 ▼ | 88 | 85 | 93 ▼ | 95 |
| Excellus BlueCross BlueShield | 60 | 92 ▲ | 90 ▲ | 94 | 97 ▲ |
| GHI HMO | 65 | 88 | 83 | 92 ▼ | 93 ▼ |
| HIP HMO | 73 ▲ | 83 ▼ | 81 ▼ | 92 ▼ | 92 ▼ |
| Health Net of New York, Inc. | 63 | 84 | 85 | 94 | 93 ▼ |
| HealthNow New York, Inc. | 62 | 89 | 87 | 95 ▲ | 96 ▲ |
| Independent Health | 73 ▲ | 90 | 87 | 95 ▲ | 96 ▲ |
| MVP | 71 ▲ | 92 ▲ | 88 ▲ | 96 ▲ | 96 ▲ |
| Oxford | 56 ▼ | 85 | 81 | 95 ▲ | 95 |
| Preferred Care | 64 | 90 | 86 | 93 ▼ | 95 |
| Univera Healthcare | 57 ▼ | 90 | 89 ▲ | 94 | 95 |

QUALITY OF CARE AND SERVICE FOR HMOs

Staying Healthy and Living with Illness

Data Source: DOH

Measure Descriptions

- **Breast Cancer Screening:** The earliest sign of breast cancer is at times an abnormality detected on a mammogram before it can be felt by the woman or a health care professional. HMOs were rated on the percentage of women between the ages of 40 and 69 who had a mammogram in the past two years.
- **Controlling High Blood Pressure:** Controlling high blood pressure reduces risk of heart and kidney diseases, stroke and heart failure. Plans were rated on the percentage of members ages 18-85 years, who have hypertension and who have controlled their blood pressure (below 140/90) in the past year.
- **Antidepressant Medication Management: Effective Continuation Phase Treatment:** Depression even the most severe cases, is a highly treatable disorder. Patients should take regular doses of antidepressants for at least 3 to 4 weeks in order to experience the full beneficial effects. Patients should continue taking the medication for the time specified by their doctor, even if they are feeling better, in order to prevent a relapse of the depression. HMOs were rated on the percentage of members ages 18 and older who were diagnosed with depression and remained on medication for at least 6 months.
- **Flu Shots for Adults Ages 50-64:** The single best way to prevent the flu is for individuals to get an influenza vaccination (flu shot) each fall. Patients should try to get the flu shot in September or as soon as the vaccine is available. HMO members ages 50-64 who reported that they had an influenza vaccination after September 1, 2008.
- **Chlamydia Screening for Females Ages 16-20:** Chlamydia is a common sexually transmitted disease (STD) caused by bacteria. Even though symptoms of chlamydia are usually mild or not present, serious problems that cause irreversible damage, including infertility, can occur “silently” before a woman ever knows she has an infection. When found, Chlamydia can be easily treated and cured with antibiotics. HMOs were rated on the percentage of sexually active young women ages 16-20 who had at least one test for Chlamydia in the past year.

Staying Healthy and Living with Illness

Data Source: DOH

Understanding the Chart

The symbols in the charts show how each HMO compares to the average for all New York HMOs. Look for HMOs with a “▲” in the chart; they performed better than the New York HMO average.

Note: Symbols show statistically significant differences between each health insurer’s score and the New York average. Statistically significant means scores varied by more than could be accounted for by chance.

Legend

- ▲ Higher than the NY HMO average
- ▼ Lower than the NY HMO average

No symbol indicates that the average is not different from the NY HMO average.

| Performance Compared to the New York HMO Average | | | | | |
|--|-------------------------|---------------------------------|--|---------------------------------|--|
| HMO | Breast Cancer Screening | Controlling High Blood Pressure | Antidepressant Medication Management: Effective Continuation Phase Treatment | Flu Shots for Adults Ages 50-64 | Chlamydia Screening for Females Ages 16-20 |
| NY HMO Average | 71 | 63 | 47 | 50 | 48 |
| Aetna | 63 ▼ | 61 | 43 | 48 | 49 |
| Atlantis Health Plan | 58 ▼ | NV ¹ | 30 ▼ | 38 ▼ | 30 ▼ |
| CDPHP | 76 ▲ | 68 | 46 | 53 | 46 ▼ |
| Empire | 68 ▼ | 67 | 45 | 43 ▼ | 52 ▲ |
| Excellus BlueCross BlueShield | 75 ▲ | 67 | 55 ▲ | 60 ▲ | 46 ▼ |
| GHI HMO | 68 ▼ | 62 | 49 | 43 ▼ | 49 |
| HIP HMO | 69 ▼ | 64 | 39 ▼ | 41 ▼ | 48 |
| Health Net of New York, Inc. | 68 ▼ | 70 ▲ | 53 | 53 | 42 ▼ |
| HealthNow New York, Inc. | 72 ▲ | 60 | 43 ▼ | 45 ▼ | 54 ▲ |
| Independent Health | 75 ▲ | 64 | 43 ▼ | 54 | 50 ▲ |
| MVP | 73 ▲ | 67 | 48 | 50 | 49 |
| Oxford | 70 ▼ | 52 ▼ | 47 | 50 | 46 ▼ |
| Preferred Care | 72 ▲ | 64 | 52 ▲ | 62 ▲ | 47 |
| Univera Healthcare | 72 ▲ | 65 | 49 | 52 | 45 |

¹ NV Plan submitted invalid data.

QUALITY OF CARE AND SERVICE FOR HMOs

Quality of Providers

Data Source: DOH

Measure Descriptions

- **Satisfaction with Personal Doctor:** The percentage of members who rated their doctor on a scale from 0 (worst possible) to 10 (best possible). The percentages are based on the percentage of members who gave their HMO an 8, 9 or 10 rating.
- **Satisfaction with Provider Communication:** The percentage of members who responded that their doctors or health care providers “usually” or “always”:
 - Listen carefully to them.
 - Explain things in a way they understand.
 - Show respect for what they have to say.
 - Spend enough time with them during visits.
- **Doctors who are Certified by a Medical Board:** The percentage of internal medicine doctors, OB/GYNs and pediatricians who are board certified. A higher percentage means the HMO has more board-certified doctors in the practice areas listed.

To be board certified, doctors must receive additional training and pass an exam in their specialty. While board certification is not a guarantee of quality, it shows that a doctor has knowledge that the specialty board considers necessary.

Quality of Providers

Data Source: DOH

Understanding the Chart

The symbols in the charts show how each HMO compares to the average for all New York HMOs. Look for HMOs with a “▲” in the chart; they performed better than the New York HMO average.

Note: Symbols show statistically significant differences between each health insurer’s score and the New York average. Statistically significant means scores varied by more than could be accounted for by chance.

Legend

- ▲ Higher than the NY HMO average
- ▼ Lower than the NY HMO average

No symbol indicates that the average is not different from the NY HMO average.

| Performance Compared to the New York HMO Average | | | | | |
|--|-----------------------------------|--|--|-----------|-----------|
| HMO | Satisfaction with Personal Doctor | Satisfaction with Provider Communication | Doctors who are Certified by a Medical Board | | |
| | | | Internal Medicine | OB/GYN | Pediatric |
| NY HMO Average | 81 | 93 | 83 | 78 | 84 |
| Aetna | 78 | 91 | 79 ▼ | 64 ▼ | 80 ▼ |
| Atlantis Health Plan | 73 ▼ | 89 ▼ | 74 ▼ | 53 ▼ | 71 ▼ |
| CDPHP | 84 | 96 ▲ | 82 | 78 | 86 |
| Empire | 79 | 93 | 90 ▲ | 85 ▲ | 89 ▲ |
| Excellus BlueCross BlueShield | 84 | 94 | 83 | 80 | 90 ▲ |
| GHI HMO | 86 ▲ | 94 | 87 ▲ | 72 ▼ | 88 ▲ |
| HIP HMO | 82 | 92 | 83 | 79 | 83 |
| Health Net of New York, Inc. | 79 | 93 | 85 ▲ | 84 ▲ | 82 ▼ |
| HealthNow New York, Inc. | 84 | 95 ▲ | 79 ▼ | 81 ▲ | 88 ▲ |
| Independent Health | 79 | 93 | 75 ▼ | 75 | 83 |
| MVP | 86 ▲ | 93 | 82 ▼ | 83 ▲ | 85 |
| Oxford | 83 | 93 | 85 ▲ | 86 ▲ | 85 ▲ |
| Preferred Care | 83 | 93 | 77 ▼ | 77 | 86 |
| Univera Healthcare | 78 | 92 | 77 ▼ | 77 | 84 |

QUALITY OF CARE AND SERVICE FOR HMOs

Grievances 2009

Data Source: NYSID

A grievance is when a member complains to a health insurer about a denial based on limitations or exclusions in the contract. Medical necessity issues are internal appeals, not grievances. Common grievances include trouble getting referrals to specialists and disagreements over benefit coverage. According to New York State law, HMOs must have a system in place for responding to members' concerns. An internal HMO committee reviews grievances and decides whether to reverse or uphold a denial.

Understanding the Chart

- **Filed Grievances:** Number of grievances submitted to the HMO.
- **Closed Grievances:** Number of grievances the HMO decided by the end of the reporting period.
- **Upheld Grievances:** Number of closed grievances where the HMO stood by its original decision and did not decide in favor of the member or provider.
- **Reversed Grievances:** Number of closed grievances where the HMO changed its initial decision and decided in favor of the member or provider.
- **Reversal Rate:** Percentage of grievances that the HMO decided in favor of the consumer or provider.

Keep in Mind:

Pay specific attention to a health insurer that has a very high or very low reversal rate. Please note the following.

- There is no "ideal" reversal rate.
- A low reversal rate may indicate that the health insurer makes its initial decisions correctly, so fewer decisions require reversal, but an unusually low reversal rate may indicate that the health insurer does not give appropriate reconsideration to initial decisions.
- A high reversal rate may indicate that a health insurer's internal appeal process is responsive to consumers, but an unusually high reversal rate may indicate that the health insurer's process for making initial medical necessity decisions is flawed.
- The number of internal appeals filed may be higher for health insurers that actively promote the appeal process and encourage members to appeal denied services.

Grievances 2009

Data Source: DOH

| HMO | Filed Grievances | Closed Grievances ¹ | Reversed Grievances | Upheld Grievances | Reversal Rate |
|---|------------------|--------------------------------|---------------------|-------------------|---------------|
| Aetna Health Inc. | 641 | 645 | 173 | 472 | 26.82% |
| Atlantis Health Plan | 137 | 137 | 58 | 79 | 42.34% |
| CDPHP | 1,303 | 1,292 | 787 | 505 | 60.91% |
| Community Blue (Healthnow) | 356 | 361 | 178 | 183 | 49.31% |
| Empire HealthChoice HMO, Inc. | 699 | 689 | 150 | 539 | 21.77% |
| Excellus Health Plan, Inc. ² | 1,497 | 1,516 | 551 | 965 | 36.35% |
| GHI HMO Select, Inc. | 130 | 132 | 45 | 87 | 34.09% |
| Health Net of NY, Inc. ³ | 3,750 | 3,713 | 1,892 | 1,821 | 50.96% |
| HIP HMO | 1,200 | 1,184 | 784 | 400 | 66.22% |
| Independent Health Association, Inc. (IHA) ² | 362 | 354 | 144 | 210 | 40.68% |
| MVP Health Plan, Inc. | 343 | 341 | 81 | 260 | 23.75% |
| Oxford Health Plans of NY, Inc. ³ | 9,929 | 10,321 | 3,643 | 6,678 | 35.30% |
| Total | 20,347 | 20,685 | 8,486 | 12,199 | 41.02% |

¹ Closed grievances can exceed filed grievances in 2009 because closed grievances also include grievances filed prior to 2009.

² Includes grievances for the non-profit company.

³ Includes grievances for commercial company contracts.

HMO Accreditation

The quality ratings on the previous pages provide information about the results HMOs achieved. Accreditation is another way of assessing HMO quality. HMO accreditation assures consumers that an independent organization has checked whether the HMO has effective systems in place for ensuring high quality care. HMOs voluntarily request accreditation.

What Is NCQA Accreditation?

The National Committee for Quality Assurance (NCQA) is a private, non-profit organization dedicated to improving health care by assessing and reporting on the quality of health plans. NCQA has a team of doctors and health care experts who conduct a comprehensive review of a health plan's structure (against more than 60 different standards) and processes to maintain and improve quality in five core areas. Plans must also submit results of clinical performance measures (known as HEDIS^{®1}) and patient experience of care (known as CAHPS^{®2}) as part of the accreditation process. HEDIS is an evaluation of the plan's performance on process and outcomes which are precisely defined, which makes it possible to compare the performance of HMOs on an "apples-to-apples" basis. CAHPS is a standardized survey used by all HMOs.

NCQA assigns accreditation outcomes based on the HMO's performance.

- **Excellent** indicates HMOs demonstrate levels of service and clinical quality that meet or exceed NCQA's rigorous requirements for consumer protection and quality improvement. HEDIS results are in the highest range of national performance.
- **Commendable** indicates HMOs demonstrate levels of service and clinical quality that meet NCQA's rigorous requirements for consumer protection and quality improvement.
- **Accredited** indicates HMOs meet most of NCQA's basic requirements.
- **Provisional** indicates HMOs meet some of NCQA's basic requirements.
- **Denied** indicates HMOs do not meet NCQA's basic requirements.
- **Not Reviewed** indicates an HMO has not requested NCQA review.

NCQA Accreditation Status as of July 2010³

| HMO | Accreditation Status |
|--|----------------------|
| Aetna Health Inc. | Excellent |
| Atlantis Health Plan | Not Reviewed |
| CDPHP | Excellent |
| Community Blue (Healthnow) | Excellent |
| Empire HealthChoice HMO, Inc. | Excellent |
| Excellus Health Plan, Inc. | Excellent |
| GHI HMO Select, Inc. | Excellent |
| Health Net of NY, Inc. | Excellent |
| HIP HMO | Excellent |
| Independent Health Association, Inc. (IHA) | Excellent |
| MVP Health Plan, Inc. | Excellent |
| Oxford Health Plans of NY, Inc. | Excellent |

¹ HEDIS[®] (Healthcare Effectiveness Data and Information Set) is a registered trademark of NCQA.

² CAHPS[®] (Consumer Assessment of Healthcare Providers and Systems) is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

³ Accreditation status does not include Medicare or Medicaid products.

How HMOs Pay Primary Care Physicians

New York HMOs pay PCPs in a variety of ways; a typical HMO uses more than one method. No one method is “best” or “right.” Ask your doctor if you have questions or concerns about how your HMO pays PCPs.

Payment Methods

- **Fee for Service:** The HMO pays PCPs for each office visit, procedure and test. Payment is usually based on an allowable fee or “usual and customary reimbursement.”

Allowable Fee or Usual and Customary Reimbursement (UCR): The maximum amount a health insurer will pay for a service or procedure. Out-of-network services are normally paid based on this amount.

- **Capitation:** The HMO pays PCPs the same amount every month for every member under their primary care, regardless of the services a member receives. Supporters of capitation believe it gives physicians the incentive to keep people healthy through preventive care in order to avoid costly illnesses; others believe it creates an incentive to avoid providing necessary but expensive services.

- **Bonus:** The HMO pays PCPs additional amounts if they meet quality, customer-service or cost-saving goals.
- **Withhold:** The HMO holds a portion of the PCP’s payment to cover unexpected services such as specialty care, laboratory services or hospitalization. If patients do not use these services, the HMO returns the withheld amount to the physician. Some believe that this method helps reduce unnecessary expenses; others believe it discourages providers from offering necessary services.

Balance Billing: A billing practice in which consumers are billed for the difference between what their insurer pays and the fee that the provider normally charges. Balance billing is prohibited under most HMO contracts in New York, but may arise when consumers use the services of out-of-network providers under a PPO or POS arrangement.

Overall Complaint Ranking

The table shows the overall rank of all New York insurers (HMOs, non-profit indemnity insurers and commercial insurers), based on complaints closed by the New York State Insurance Department. Since comparing different types of health insurers is not an “apples to apples” type of comparison, consider a health insurer’s rank in its category as well as the overall rank.

| Insurer/HMO | Rank | Total Complaints | Upheld Complaints | Premiums (Millions \$) | Complaint Ratio |
|--|------|------------------|-------------------|------------------------|-----------------|
| Universal American Financial Corp. ^C | 1 | 12 | 0 | 480.26 | 0.0000 |
| Independent Health Benefits Corporation ^N | 2 | 8 | 0 | 470.05 | 0.0000 |
| Dentegra Group ^C | 3 | 2 | 0 | 322.40 | 0.0000 |
| First Rehabilitation Life Ins. Co. of America ^C | 4 | 3 | 0 | 89.72 | 0.0000 |
| Sun Life Assurance Company of CN ^C | 5 | 4 | 0 | 88.89 | 0.0000 |
| Northwestern Mutual ^C | 6 | 3 | 0 | 83.29 | 0.0000 |
| Highmark Inc. ^C | 7 | 1 | 0 | 76.29 | 0.0000 |
| Zurich Insurance Group ^C | 8 | 2 | 0 | 71.16 | 0.0000 |
| Mass Mutual Life Insurance Co. ^C | 9 | 4 | 0 | 61.55 | 0.0000 |
| Geneve Holdings Inc. ^C | 10 | 1 | 0 | 54.86 | 0.0000 |
| Community Blue (Healthnow) ^H | 11 | 34 | 1 | 504.05 | 0.0020 |
| MVP Group ^C | 12 | 10 | 1 | 428.99 | 0.0023 |
| American Family Corporation ^C | 13 | 26 | 1 | 193.51 | 0.0052 |
| UNUM Provident Corp. Group ^C | 14 | 52 | 3 | 421.97 | 0.0071 |
| Independent Health Association, Inc. (IHA) ^H | 15 | 32 | 3 | 398.46 | 0.0075 |
| Hartford F & C Group ^C | 16 | 15 | 2 | 230.02 | 0.0087 |
| Healthnow New York, Inc. ^N | 17 | 73 | 14 | 1,598.68 | 0.0088 |
| Prudential of America Group ^C | 18 | 9 | 1 | 93.97 | 0.0106 |
| GE Global Group ^C | 19 | 11 | 2 | 145.00 | 0.0138 |
| Protective Life Insurance Group ^C | 20 | 18 | 1 | 64.66 | 0.0155 |
| New York Life Group ^C | 21 | 4 | 1 | 64.37 | 0.0155 |
| MVP Health Plan, Inc. ^H | 22 | 117 | 19 | 1,163.30 | 0.0163 |

Legend

^C Commercial Insurer

^H HMO

^N Non-profit Indemnity Insurer

¹ The chart ranks health insurers and HMOs by complaint ratio. If the ratios are the same, the health insurer with the higher premium amount ranks higher.

Note: Small insurers and small HMOs are not included. Please consult *Details About the Data* on page 2.

Overall Complaint Ranking

| Insurer/HMO | Rank | Total Complaints | Upheld Complaints | Premiums (Millions \$) | Complaint Ratio |
|--|----------|------------------|-------------------|------------------------|-----------------|
| Stancorp Financial Group ^C | 23 | 3 | 1 | 53.54 | 0.0187 |
| CDPHP ^H | 24 | 126 | 13 | 658.11 | 0.0198 |
| Metropolitan Group ^C | 25 | 65 | 13 | 633.07 | 0.0205 |
| Combined Life Insurance Company ^C | 26 | 36 | 4 | 119.15 | 0.0336 |
| Mutual of Omaha Group ^C | 27 | 13 | 2 | 56.27 | 0.0355 |
| Preferred Assurance Company, Inc. ^N | 28 | 29 | 3 | 77.53 | 0.0387 |
| Guardian Life Group ^C | 29 | 139 | 20 | 462.47 | 0.0432 |
| Excellus Health Plan, Inc. ^N | 30 | 543 | 153 | 3,485.65 | 0.0439 |
| Wellpoint Inc. ^C | 31 | 1,051 | 280 | 5,829.25 | 0.0480 |
| Excellus Health Plan, Inc. ^H | 32 | 155 | 42 | 809.72 | 0.0519 |
| American International Group ^C | 33 | 46 | 12 | 120.95 | 0.0992 |
| Empire HealthChoice HMO, Inc. ^H | 34 | 732 | 141 | 1,379.69 | 0.1022 |
| HIP HMO ^H | 35 | 1,277 | 540 | 4,949.68 | 0.1091 |
| CIGNA Health Group ^C | 36 | 192 | 83 | 754.06 | 0.1101 |
| Aetna Group ^C | 37 | 485 | 197 | 1,444.57 | 0.1364 |
| UnitedHealth Group ^C | 38 | 2,156 | 563 | 3,613.46 | 0.1558 |
| Aetna Health Inc. ^H | 39 | 319 | 98 | 595.33 | 0.1646 |
| Health Net of NY, Inc. ^H | 40 | 219 | 71 | 387.79 | 0.1831 |
| Oxford Health Plans of NY, Inc. ^H | 41 | 1,227 | 230 | 1,159.58 | 0.1983 |
| Health Net Inc. Group ^C | 42 | 272 | 105 | 436.40 | 0.2406 |
| Group Health, Inc. (GHI) ^N | 43 | 2,006 | 771 | 3,160.11 | 0.2440 |
| GHI HMO Select, Inc. ^H | 44 | 109 | 33 | 62.32 | 0.5296 |
| Atlantis Health Plan ^H | 45 | 339 | 242 | 92.63 | 2.6127 |
| Total | — | 11,980 | 3,666 | 37,446.74 | 0.0979 |

Legend

- ^C Commercial Insurer
- ^H HMO
- ^N Non-profit Indemnity Insurer

¹ The chart ranks health insurers and HMOs by complaint ratio. If the ratios are the same, the health insurer with the higher premium amount ranks higher.

Note: Small insurers and small HMOs are not included. Please consult *Details About the Data* on page 2.

Telephone Numbers for Health Insurers

| HMOs | |
|--|--------------|
| Aetna Health Inc. | 800-435-8742 |
| Atlantis Health Plan | 866-747-8422 |
| CDPHP | 800-777-2273 |
| Community Blue (Healthnow) | 800-544-2583 |
| Empire HealthChoice HMO, Inc. | 800-261-5962 |
| Excellus Health Plan, Inc. | 800-462-0108 |
| GHI HMO Select, Inc. | 877-244-4466 |
| Health Net of NY, Inc. | 800-848-4747 |
| HIP HMO | 800-447-8255 |
| Independent Health Association, Inc. (IHA) | 800-453-1910 |
| MVP Health Plan, Inc. | 888-687-6277 |
| Oxford Health Plans of NY, Inc. | 800-969-7480 |

| Non-profit Indemnity Insurers | |
|---|--------------|
| Excellus Health Plan, Inc. | 800-847-1200 |
| Group Health, Inc. (GHI) | 800-444-2333 |
| Healthnow New York, Inc. | 800-888-0757 |
| Independent Health Benefits Corporation | 800-453-1910 |
| Preferred Assurance Company, Inc. | 800-665-7924 |

| Commercial Insurers¹ | |
|---|--------------|
| Aetna Group | 860-273-0123 |
| American Family Corporation | 800-366-3436 |
| American International Group | 877-800-8691 |
| CIGNA Health Group | 800-244-6224 |
| Combined Life Insurance Company | 800-490-1322 |
| Dentegra Group | 800-932-0783 |
| First Rehabilitation Life Ins. Co. of Am. | 800-365-4999 |
| GE Global Group | 800-844-6543 |
| Geneve Holdings Inc. | 212-355-4141 |
| Guardian Life Group | 888-482-7342 |
| Hartford F & C Group | 800-523-2233 |
| Health Net Inc. Group | 800-848-4747 |
| Highmark Inc. | 800-332-0366 |
| Mass Mutual Life Insurance Co. | 800 272-2216 |
| Metropolitan Group | 800-Metlife |
| Mutual of Omaha Group | 800-775-6000 |
| MVP Group | 888-687-6277 |
| New York Life Group | 800-695-9873 |
| Northwestern Mutual | 414-271-1444 |
| Protective Life Insurance Group | 800-866-3555 |
| Prudential of America Group | 800-828-0153 |
| Stancorp Financial Group | 800-426-4998 |
| Sun Life Assurance Company of CN | 800-786-5433 |
| UnitedHealth Group | 800-705-1691 |
| Universal American Financial Corp. | 800-332-3377 |
| UNUM Provident Corp. Group | 800-858-6843 |
| Wellpoint Inc. | 800-261-5962 |
| Zurich Insurance Group | 800-382-2150 |

¹ Commercial insurers generally do not offer health insurance coverage to individuals.

Contacts and Resources

Questions About this Guide?

Contact: NYSID Consumer Services Bureau

One Commerce Plaza

Albany, NY 12257

800-342-3736

For a printed copies of the PDF, call 518-474-4557 or visit www.ins.state.ny.us/hgintro.htm

Problem with Your Health Insurer?

First contact your health insurer's Member Services Department to try to resolve the issue. If the problem is not resolved to your satisfaction, call the appropriate state agency for assistance.

For issues concerning payment, reimbursement, coverage, benefits, rates and premiums, contact:

NYSID Consumer Services Bureau

One Commerce Plaza

Albany, NY 12257

www.ins.state.ny.us

800-342-3736 (*coverage, benefits, rates and premiums*)

800-358-9260 (*prompt pay complaints*)

If you were denied coverage of health care services because your health insurer considers them experimental, investigational, not medically necessary or, for HMO members, an out-of-network service, contact:

NYSID External Appeals

PO Box 7209

Albany, NY 12224

www.ins.state.ny.us/extapp/extappqa.htm

800-400-8882

For issues concerning HMO quality of care, contact:

New York State Department of Health

Office of Managed Care

Bureau of Managed Care Certification

and Surveillance-Complaint Unit

Corning Tower, Rm. 1911

Albany, NY 12237

www.health.state.ny.us

800-206-8125 (*quality of care*)

Under federal law, if you receive health coverage through a self-insured plan (ERISA plan), New York consumer protections and Insurance laws do not apply. If you have a complaint regarding a self-insured plan, contact:

United States Department of Labor

200 Constitution Avenue, NW

Washington, DC 20210

202-693-8300

866-4-USA-DOL (866-487-2365)

For issues concerning insurance fraud, contact:

NYSID Insurance Frauds Bureau

25 Beaver Street

New York, NY 10004

888-FRAUDNY (888-372-8369)

Contacts and Resources

Questions About Medicare and Medicaid?

For information about Medicare, Medicare Advantage or Medicare Part D coverage, contact:

Centers for Medicare & Medicaid Services

www.medicare.gov

800-MEDICARE (800-633-4227)

New York State Office for the Aging Health Insurance Information Counseling & Assistance Program (HIICAP)

<http://www.aging.ny.gov/healthbenefits/>

800-701-0501

For information about New York's Medicaid program, contact your local county Department of Social Services.

Related Resources

HealthyNY Web Site

This site includes information on HealthyNY coverage, eligibility criteria and information for uninsured New Yorkers. Visit www.HealthyNY.com

Looking for HMO Premium Rates?

To view the rates charged by HMOs, visit www.ins.state.ny.us/ihmoindx.htm

NYDOH Managed Care Plan Performance Reports

For health plan performance on primary and preventive health care, access to health care, behavioral health and enrollee satisfaction, visit:
http://www.health.state.ny.us/health_care/managed_care/reports

