

New York Consumer Guide To Health Insurers

2010

New York State
David A Paterson, Governor

Table of Contents

About This Guide	2
Complaints	3
Prompt Pay Complaints	8
Internal Appeals	13
External Appeals	18
Access and Service	23
Staying Healthy and Living with Illness	25
Quality of Providers	27
Grievances	29
HMO Accreditation	31
How HMOs Pay Primary Care Physicians	32
Overall Complaint Ranking	33
Telephone Numbers for Health Insurers	35

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.	7	319	98	595.33	0.1646	5	1
Atlantis Health Plan	12	339	242	92.63	2.6127	3	2
CDPHP	4	126	13	660.43	0.0197	4	2
Community Blue (Healthnow)	1	34	1	342.16	0.0029	7	3
Empire HealthChoice HMO, Inc.	6	732	141	1,379.69	0.1022	2	1
Excellus Health Plan, Inc.	5	155	42	592.77	0.0709	22	9
GHI HMO Select, Inc.	11	109	33	62.43	0.5286	1	0
Health Net of NY, Inc.	8	219	71	387.79	0.1831	8	1
HIP HMO	10	1,277	540	2,361.42	0.2287	17	7
Independent Health Association, Inc. (IHA)	2	32	3	398.46	0.0075	2	0
MVP Health Plan, Inc.	3	117	19	1,164.97	0.0163	4	2
Oxford Health Plans of NY, Inc.	9	1,227	230	1,159.58	0.1983	12	2
Total	—	4,686	1,433	9,197.65	0.1558	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	27	485	197	1,444.57	0.1364
American Family Corporation	11	26	1	193.51	0.0052
American International Group	25	46	12	120.95	0.0992
CIGNA Health Group	26	192	83	754.06	0.1101
Combined Life Insurance Company	20	36	4	119.15	0.0336
Dentegra Group	2	2	0	458.35	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	735.14	0.1428
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	430.45	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	24	2,156	563	9,701.73	0.0580
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	5,831.52	0.0480
Zurich Insurance Group	7	2	0	71.16	0.0000
Total	—	4,635	1,292	23,020.78	0.0561

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.	7	319	108	47	595.33	0.0789
Atlantis Health Plan	12	339	239	192	92.63	2.0729
CDPHP	4	126	51	9	660.43	0.0136
Community Blue (Healthnow)	1	34	1	0	342.16	0.0000
Empire HealthChoice HMO, Inc.	5	732	311	71	1,379.69	0.0515
Excellus Health Plan, Inc.	6	155	37	19	592.77	0.0321
GHI HMO Select, Inc.	11	109	64	18	62.43	0.2883
Health Net of NY, Inc.	9	219	106	37	387.79	0.0954
HIP HMO	10	1,277	595	279	2,361.42	0.1181
Independent Health Association, Inc. (IHA)	2	32	1	0	398.46	0.0000
MVP Health Plan, Inc.	3	117	35	7	1,164.97	0.0060
Oxford Health Plans of NY, Inc.	8	1,227	470	108	1,159.58	0.0931
Total	—	4,686	2,018	787	9,197.65	0.0856

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	26	485	171	97	1,444.57	0.0671
American Family Corporation	6	26	0	0	193.51	0.0000
American International Group	28	46	27	12	120.95	0.0992
CIGNA Health Group	25	192	57	26	754.06	0.0345
Combined Life Insurance Company	21	36	12	2	119.15	0.0168
Dentegra Group	2	2	1	0	458.35	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	27	272	128	59	735.14	0.0803
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	3	10	1	0	430.45	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	23	2,156	801	289	9,701.73	0.0298
Universal American Financial Corp.	1	12	3	0	480.26	0.0000
UNUM Provident Corp. Group	4	52	0	0	421.97	0.0000
Wellpoint Inc.	24	1,051	514	174	5,831.52	0.0298
Zurich Insurance Group	13	2	0	0	71.16	0.0000
Total	—	4,635	1,786	677	23,020.78	0.0671

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
Excellus 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
Excelsus 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	458.35	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
MVP Group ^C	11	10	1	430.45	0.0023
Community Blue (Healthnow) ^H	12	34	1	342.16	0.0029
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	1,164.97	0.0163

Legend

^C Commercial Insurer

^H HMO

^N Non-profit Indemnity Insurer

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	660.43	0.0197
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	5,831.52	0.0480
UnitedHealth Group ^C	32	2,156	563	9,701.73	0.0580
Excellus Health Plan, Inc. ^H	33	155	42	592.77	0.0709
American International Group ^C	34	46	12	120.95	0.0992
Empire HealthChoice HMO, Inc. ^H	35	732	141	1,379.69	0.1022
CIGNA Health Group ^C	36	192	83	754.06	0.1101
Aetna Group ^C	37	485	197	1,444.57	0.1364
Health Net Inc. Group ^C	38	272	105	735.14	0.1428
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
HIP HMO ^H	42	1,277	540	2,361.42	0.2287
Group Health, Inc. (GHI) ^N	43	2,006	771	3,160.11	0.2440
GHI HMO Select, Inc. ^H	44	109	33	62.43	0.5286
Atlantis Health Plan ^H	45	339	242	92.63	2.6127
Total	—	11,980	3666	41,010.44	0.0894

Legend

^C Commercial Insurer

^H HMO

^N Non-profit Indemnity Insurer

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

