

New York Consumer Guide to Health Insurance Companies

2012

New York State
Andrew M. Cuomo, Governor

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New York Consumer Guide to Health Insurance Companies

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 insurance company based on quality of care and service.

Data Sources

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

1. New York State Department of Financial Services (NYS DFS) is responsible for protecting the public interest by supervising and regulating financial products and services, including those subject to the provisions of the Insurance Law and the Banking Law in New York State.

- NYS DFS compiles the complaint and appeal information that appears on pages 3-22 as well as the grievance information that appears on pages 35-36.
- NYS DFS data are from calendar year 2011.

2. New York State Department of Health (NYS DOH) works to protect and promote the health of New Yorkers through prevention, science and ensuring delivery of quality health care. NYS DOH compiles the complaint data on page 4 and the information on HMO performance that appears on pages 23-34.

- NYS 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
- NYS DOH data on quality of care and service for HMOs are from calendar year 2010, 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 insurance companies are listed alphabetically in the data tables, except for the Overall Complaint Ranking table on pages 39-42.
- Some health insurance company names are listed using different names depending on whether the data are reported by NYS DFS or NYS DOH.

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, New York State (NYS DFS or NYS DOH) receives complaints about health insurance companies from consumers and health care providers. After reviewing each complaint, the State determines if the health insurance company acted appropriately. If the State determines that the health insurance company did not act in accordance with their statutory and contractual obligations, the company must resolve the problem. Complaints typically involve issues related to prompt payment, reimbursement, coverage, benefits, rates and premiums.

For issues concerning payment, reimbursement, coverage, benefits, rates and premiums, contact NYS DFS at 800-342-3736.

Understanding the Charts

- **Rank:** Each health insurance company is ranked based on how many complaints were resolved in favor of the consumer or provider by NYS DFS, relative to the health insurance company's premium. A lower number is better. If the ratios are the same, the health insurance company with the higher premium is ranked higher.
- **Total Complaints to NYS DFS:** Total number of complaints closed by NYS DFS in 2011. Large health insurance companies may receive more complaints because they have more consumers than smaller health insurance companies.
- **Upheld Complaints by NYS DFS:** Number of closed complaints resolved in favor of the consumer or provider because the NYS DFS determined that the health insurance company did not comply with statutory or contractual obligations. Upheld complaints by the NYS DFS are used to calculate the complaint ratio and rank.
- **Premiums:** Dollar amount generated by a health insurance company in New York State during 2011. Premiums are used to calculate the complaint ratio so that the health insurance companies 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 consumer or provider) by NYS DFS, divided by the health insurance company's premium.
- **Total Complaints to NYS DOH:** Total number of complaints against HMOs closed by NYS DOH.
- **Upheld Complaints to NYS DOH:** Number of complaints closed by NYS DOH that were decided in favor of the consumer or provider.

Complaints - HMOs 2011

Data Source: NYS DFS and NYS DOH

HMO	Data Compiled by the New York State Department of Financial Services (NYS DFS)					Data Compiled by the NYS Department of Health (NYS DOH)	
	Rank ¹ 1 = Best 11 = Worst	Total Complaints to NYS DFS	Upheld Complaints by NYS DFS	Premiums (Millions \$)	Complaint Ratio	Total Complaints to NYS DOH	Upheld Complaints by NYS DOH
Aetna Health Inc.	10	284	154	461.04	0.3340	4	0
Atlantis Health Plan, Inc.	11	1,022	906	96.93	9.3465	8	2
CDPHP	4	96	38	634.68	0.0599	12	1
Community Blue (Healthnow)	2	13	1	224.81	0.0044	4	0
Empire HealthChoice HMO, Inc.	7	358	105	983.46	0.1068	6	0
Excellus Health Plan	5	68	29	394.29	0.0736	9	0
HIP HMO	9	893	402	2,111.88	0.1904	9	6
Independent Health Association, Inc.	1	12	1	368.59	0.0027	4	2
MVP Health Plan, Inc.	3	320	15	719.06	0.0209	4	0
Oxford Health Plans (NY), Inc.	6	494	117	1,439.00	0.0813	6	0
UnitedHealthcare of New York, Inc.	8	29	6	38.42	0.1562	0	0
Total		3,589	1,774	7,472.15	0.2374	66	11

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

Complaints - Non-profit Indemnity Health Insurance Companies 2011

Data Source: NYS DFS

Non-profit Indemnity Health Insurance Company	Rank ¹ 1 = Best 5 = Worst	Total Complaints to NYS DFS	Upheld Complaints by NYS DFS	Premiums (Millions \$)	Complaint Ratio
CDPHP Universal Benefits, Inc.	1	1	0	360.05	0.0000
Excellus Health Plan, Inc.	4	604	370	3,853.84	0.0960
Group Health Incorporated	5	2,309	1,122	3,221.55	0.3483
Healthnow New York Inc.	3	80	9	1,383.01	0.0065
Independent Health Benefits Corporation	2	12	1	414.06	0.0024
Total		3,006	1,502	9,232.51	0.1627

¹ Health insurance companies with a lower complaint ratio receive a better rank.

Complaints - Commercial Health Insurance Companies 2011

Data Source: NYS DFS

Commercial Health Insurance Company	Rank ^{1,2} 1 = Best 38 = Worst	Total Complaints to NYS DFS	Upheld Complaints by NYS DFS	Premiums (Millions \$)	Complaint Ratio
Aetna Life Insurance Company	35	390	157	1,368.94	0.1147
American Family Life Assurance Company of New York	22	24	7	234.35	0.0299
American Progressive Life and Health Insurance	10	13	2	370.24	0.0054
Berkshire Life Insurance Company of America	17	3	1	58.15	0.0172
CIGNA Life Insurance Company of New York	20	5	2	88.71	0.0225
Combined Life Insurance Company of New York	33	36	7	112.89	0.0620
Connecticut General Life Insurance Company	36	282	200	798.25	0.2505
Delta Dental Insurance Company ³	9	6	2	562.18	0.0036
Empire HealthChoice Assurance, Inc.	29	924	238	5,040.56	0.0472
First Rehabilitation Life Insurance Company of America	14	2	1	67.99	0.0147
First Unum Life Insurance Company	19	26	6	303.91	0.0197
Freelancers Insurance Company, Inc.	38	59	30	97.80	0.3068
Genworth Life Insurance Company of New York	12	5	1	159.67	0.0063
Guardian Life Insurance Company of America	30	78	19	386.52	0.0492
Hartford Life Insurance Company	11	8	1	171.56	0.0058
HIP Insurance Company of New York	37	96	42	151.22	0.2777
Humana Insurance Company of New York	2	1	0	97.73	0.0000
John Hancock Life & Health Insurance Company	28	23	6	135.36	0.0443
Massachusetts Mutual Life Insurance Company	15	3	1	67.22	0.0149

¹ If the ratios are the same among health insurance companies, the health insurance company with the higher annual premium amount receives a better rank.

² Health insurance companies with a lower complaint ratio receive a better rank.

³ Plan issues dental coverage only.

Complaints - Commercial Health Insurance Companies 2011

Data Source: NYS DFS

Commercial Health Insurance Company	Rank ^{1,2} 1 = Best 38 = Worst	Total Complaints to NYS DFS	Upheld Complaints by NYS DFS	Premiums (Millions \$)	Complaint Ratio
Medco Containment Insurance Company of New York	3	0	0	78.24	0.0000
Metropolitan Life Insurance Company	16	67	9	572.12	0.0157
Mutual of Omaha Insurance Company	31	11	3	59.35	0.0506
MVP Health Insurance Company	21	152	18	734.29	0.0245
National Union Fire Insurance Company of Pittsburgh, PA	25	5	3	70.66	0.0425
New York Life Insurance Company	27	9	3	69.35	0.0433
Nippon Life Insurance Company of America	23	9	3	91.63	0.0327
Northwestern Mutual Life Insurance Company	4	1	0	77.17	0.0000
Oxford Health Insurance, Inc.	26	1,077	238	5,531.36	0.0430
Paul Revere Life Insurance Company	8	6	0	54.45	0.0000
Prudential Insurance Company of America	13	9	1	115.93	0.0086
Standard Life Insurance Company of New York	18	3	1	55.89	0.0179
Standard Security Life Insurance Company of New York	6	0	0	58.24	0.0000
Sterling Life Insurance Company	1	1	0	134.38	0.0000
Sun Life Insurance and Annuity Company of New York	7	0	0	56.88	0.0000
Transamerica Financial Life Insurance Company	34	14	5	67.61	0.0740
United States Life Insurance Company in the City of New York	24	21	3	83.51	0.0359
UnitedHealthcare Insurance Company of New York	32	940	330	6,138.77	0.0538
Zurich American Insurance Company	5	1	0	62.64	0.0000
Total		4,310	1,340	24,385.68	0.0550

¹ If the ratios are the same among health insurance companies, the health insurance company with the higher annual premium amount receives a better rank.

² Health insurance companies with a lower complaint ratio receive a better rank.

Prompt Pay Complaints

New York State requires all health insurance companies to:

- Pay undisputed electronic claims within 30 days 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 claims, or
- Deny the claim within 30 days of receipt.

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

Understanding the Charts

- **Rank:** Each health insurance company is ranked based on the number of upheld prompt pay complaints, relative to the health insurance company premium. A lower number is better. If the ratios are the same, the health insurance company with the higher premium is ranked higher.
- **Total Complaints:** Total number of complaints closed by the NYS DFS in 2011. 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 NYS DFS in 2011. Large health insurance companies might receive more complaints because they have more consumers and pay more claims than smaller health insurance companies.
- **Upheld Prompt Pay Complaints:** Number of closed prompt pay complaints where the NYS DFS determined the health insurance company was not processing claims in a timely manner. Upheld prompt pay complaints by the NYS DFS are used to calculate the prompt pay complaint ratio and rank.
- **Premiums:** Dollar amount generated by a health insurance company in New York State in 2011. Premiums are used to calculate the prompt pay complaint ratio so that health insurance companies of different sizes can be compared fairly. Premium data exclude Medicare and Medicaid.
- **Prompt Pay Complaint Ratio:** Number of upheld prompt pay complaints divided by a health insurance company's premium.

Prompt Pay Complaints - HMOs 2011

Data Source: NYS DFS

HMO	Rank ^{1,2} 1 = Best 11 = Worst	Total Complaints	Total Prompt Pay Complaints	Upheld Prompt Pay Complaints	Premiums (Millions \$)	Prompt Pay Complaint Ratio
Aetna Health Inc.	10	284	138	87	461.04	0.1887
Atlantis Health Plan, Inc.	11	1,022	877	815	96.93	8.4077
CDPHP	4	96	36	19	634.68	0.0299
Community Blue (Healthnow)	2	13	0	0	224.81	0.0000
Empire HealthChoice HMO, Inc.	6	358	96	37	983.46	0.0376
Excellus Health Plan	7	68	22	17	394.29	0.0431
HIP HMO	9	893	479	214	2,111.88	0.1013
Independent Health Association, Inc.	1	12	1	0	368.59	0.0000
MVP Health Plan, Inc.	3	320	211	9	719.06	0.0125
Oxford Health Plans (NY), Inc.	5	494	171	51	1,439.00	0.0354
UnitedHealthcare of New York, Inc.	8	29	12	3	38.42	0.0781
Total		3,589	2,043	1,252	7,472.15	0.1676

¹ If the ratios are the same among health insurance companies, the health insurance company 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 Health Insurance Companies 2011

Data Source: NYS DFS

Non-Profit Indemnity Health Insurance Companies	Rank ^{1,2} 1 = Best 5 = Worst	Total Complaints	Total Prompt Pay Complaints	Upheld Prompt Pay Complaints	Premiums (Millions \$)	Prompt Pay Complaint Ratio
CDPHP Universal Benefits, Inc.	2	1	0	0	360.05	0.0000
Excelsus Health Plan, Inc.	4	604	208	162	3,853.84	0.0420
Group Health Incorporated	5	2,309	1,243	730	3,221.55	0.2266
Healthnow New York Inc.	3	80	17	6	1,383.01	0.0043
Independent Health Benefits Corporation	1	12	0	0	414.06	0.0000
Total		3,006	1,468	898	9,232.51	0.0335

¹ If the ratios are the same among health insurance companies, the health insurance company with the higher annual premium amount receives a better rank.

² Health insurance companies with a lower complaint ratio receive a better rank.

Prompt Pay Complaints - Commercial Health Insurance Companies 2011

Data Source: NYS DFS

Commercial Health Insurance Company	Rank ^{1,2} 1 = Best 38 = Worst	Total Complaints	Total Prompt Pay Complaints	Upheld Prompt Pay Complaints	Premiums (Millions \$)	Prompt Pay Complaint Ratio
Aetna Life Insurance Company	35	390	174	94	1,368.94	0.0687
American Family Life Assurance Company of New York	23	24	10	4	234.35	0.0171
American Progressive Life and Health Insurance	1	13	2	0	370.24	0.0000
Berkshire Life Insurance Company of America	24	3	2	1	58.15	0.0172
CIGNA Life Insurance Company of New York	26	5	3	2	88.71	0.0225
Combined Life Insurance Company of New York	33	36	16	6	112.89	0.0531
Connecticut General Life Insurance Company	38	282	132	100	798.25	0.1253
Delta Dental Insurance Company ³	15	6	3	1	562.18	0.0018
Empire HealthChoice Assurance, Inc.	28	924	407	135	5,040.56	0.0268
First Rehabilitation Life Insurance Company of America	20	2	1	1	67.99	0.0147
First Unum Life Insurance Company	19	26	7	3	303.91	0.0099
Freelancers Insurance Company, Inc.	36	59	11	7	97.80	0.0716
Genworth Life Insurance Company of New York	2	5	0	0	159.67	0.0000
Guardian Life Insurance Company of America	22	78	22	6	386.52	0.0155
Hartford Life Insurance Company	16	8	2	1	171.56	0.0058
HIP Insurance Company of New York	37	96	31	14	151.22	0.0926
Humana Insurance Company of New York	5	1	0	0	97.73	0.0000
John Hancock Life & Health Insurance Company	31	23	7	4	135.36	0.0296
Massachusetts Mutual Life Insurance Company	21	3	1	1	67.22	0.0149

¹ If the ratios are the same among health insurance companies, the health insurance company with the higher annual premium amount receives a better rank.

² Health insurance companies with a lower complaint ratio receive a better rank.

³ Plan issues dental coverage only.

Prompt Pay Complaints - Commercial Health Insurance Companies 2011

Data Source: NYS DFS

Commercial Health Insurance Company	Rank ^{1,2} 1 = Best 38 = Worst	Total Complaints	Total Prompt Pay Complaints	Upheld Prompt Pay Complaints	Premiums (Millions \$)	Prompt Pay Complaint Ratio
Medco Containment Insurance Company of New York	7	0	0	0	78.24	0.0000
Metropolitan Life Insurance Company	17	67	17	4	572.12	0.0070
Mutual of Omaha Insurance Company	32	11	4	3	59.35	0.0506
MVP Health Insurance Company	18	152	82	7	734.29	0.0095
National Union Fire Insurance Company of Pittsburgh, PA	9	5	0	0	70.66	0.0000
New York Life Insurance Company	29	9	6	2	69.35	0.0288
Nippon Life Insurance Company of America	6	9	2	0	91.63	0.0000
Northwestern Mutual Life Insurance Company	8	1	0	0	77.17	0.0000
Oxford Health Insurance, Inc.	25	1,077	402	116	5,531.36	0.0210
Paul Revere Life Insurance Company	14	6	1	0	54.45	0.0000
Prudential Insurance Company of America	4	9	2	0	115.93	0.0000
Standard Life Insurance Company of New York	13	3	1	0	55.89	0.0000
Standard Security Life Insurance Company of New York	11	0	0	0	58.24	0.0000
Sterling Life Insurance Company	3	1	0	0	134.38	0.0000
Sun Life Insurance and Annuity Company of New York	12	0	0	0	56.88	0.0000
Transamerica Financial Life Insurance Company	34	14	9	4	67.61	0.0592
United States Life Insurance Company in the City of New York	27	21	6	2	83.51	0.0239
UnitedHealthcare Insurance Company of New York	30	940	373	180	6,138.77	0.0293
Zurich American Insurance Company	10	1	1	0	62.64	0.0000
Total		4,310	1,737	698	24,385.68	0.0286

¹ If the ratios are the same among health insurance companies, the health insurance company with the higher annual premium amount receives a better rank.

² Health insurance companies 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 insurance company to reconsider its refusal to pay for a medical service that the health insurance company considers experimental, investigational, not medically necessary, a clinical trial or a rare disease treatment. 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 insurance companies 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 Internal Appeals:** Number of internal appeals submitted to the health insurance company by the consumer or provider in 2011.
- **Closed Internal Appeals:** Number of internal appeals that the health insurance company decided by the end of 2011.
- **Reversed Internal Appeals:** Number of closed internal appeals that the health insurance company decided in favor of the consumer. If an internal appeal decision is reversed on appeal, the health insurance company agrees to pay for the service or procedure.
- **Reversal Rate:** Percentage of reversed internal appeals divided by closed internal appeals.

Keep in Mind

Pay specific attention to a health insurance company 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 insurance company makes its initial decisions correctly, so fewer decisions require reversal, but an unusually low reversal rate may indicate that the health insurance company does not give appropriate reconsideration to initial decisions.
- A high reversal rate may indicate that a health insurance company’s internal appeal process is responsive to consumers, but an unusually high reversal rate may indicate that the health insurance company’s process for making initial medical necessity decisions is flawed.
- The number of internal appeals filed may be higher for health insurance companies that actively promote the appeal process and encourage consumers to appeal denied services.

Internal Appeals - HMOs 2011

Data Source: NYS DFS

HMO	Filed Internal Appeals	Closed Internal Appeals ¹	Reversed Internal Appeals	Reversal Rate
Aetna Health Inc.	349	348	153	43.97%
Atlantis Health Plan, Inc.	602	580	371	63.97%
CDPHP	501	488	243	49.80%
Community Blue (Healthnow)	128	128	56	43.75%
Empire HealthChoice HMO, Inc.	497	494	169	34.21%
Excellus Health Plan	240	238	97	40.76%
HIP HMO	300	324	181	55.86%
Independent Health Association, Inc.	80	82	39	47.56%
MVP Health Plan, Inc.	174	173	35	20.23%
Oxford Health Plans (NY), Inc.	1,443	1,424	722	50.70%
UnitedHealthcare of New York, Inc.	46	46	26	56.52%
Total	4,360	4,325	2,092	48.37%

¹ Closed internal appeals can exceed filed internal appeals in 2011 because closed internal appeals also include internal appeals filed prior to 2011.

Internal Appeals - Non-profit Indemnity Health Insurance Companies 2011

Data Source: NYS DFS

Non-Profit Indemnity Health Insurance Company	Filed Internal Appeals	Closed Internal Appeals ¹	Reversed Internal Appeals	Reversal Rate
CDPHP Universal Benefits, Inc.	188	187	101	54.01%
Excellus Health Plan	2,583	2,598	1,084	41.72%
Group Health Incorporated	3,757	3,547	1,452	40.94%
Healthnow New York Inc.	662	635	204	32.13%
Independent Health Benefits Corporation	71	70	34	48.57%
Total	7,261	7,037	2,875	40.86%

¹ Closed internal appeals can exceed filed internal appeals in 2011 because closed internal appeals also include internal appeals filed prior to 2011.

Internal Appeals - Commercial Health Insurance Companies 2011

Data Source: NYS DFS

Commercial Health Insurance Company ¹	Filed Internal Appeals	Closed Internal Appeals ²	Reversed Internal Appeals	Reversal Rate
Aetna Life Insurance Company	1,399	1,424	396	27.81%
American Family Life Assurance Company of New York	0	0	0	0.00%
American Progressive Life and Health Insurance	0	0	0	0.00%
Berkshire Life Insurance Company of America	0	0	0	0.00%
CIGNA Life Insurance Company of New York	0	0	0	0.00%
Combined Life Insurance Company of New York	0	0	0	0.00%
Connecticut General Life Insurance Company	1,818	1,838	684	37.21%
Delta Dental Insurance Company	15	15	4	26.67%
Empire HealthChoice Assurance, Inc.	9	38	21	55.26%
First Rehabilitation Life Insurance Company of America	0	0	0	0.00%
First Unum Life Insurance Company	0	0	0	0.00%
Freelancers Insurance Company, Inc.	10	12	1	8.33%
Genworth Life Insurance Company of New York	0	0	0	0.00%
Guardian Life Insurance Company of America	3,121	3,127	2,184	69.84%
Hartford Life Insurance Company	0	0	0	0.00%
HIP Insurance Company of New York	35	39	24	61.54%
Humana Insurance Company of New York	0	0	0	0.00%
John Hancock Life & Health Insurance Company	0	0	0	0.00%
Massachusetts Mutual Life Insurance Company	0	0	0	0.00%

¹ Many of the commercial health insurance 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 2011 because closed internal appeals also include internal appeals filed prior to 2011.

Internal Appeals - Commercial Health Insurance Companies 2011

Data Source: NYS DFS

Commercial Health Insurance Company ¹	Filed Internal Appeals	Closed Internal Appeals ²	Reversed Internal Appeals	Reversal Rate
Medco Containment Insurance Company of New York	0	0	0	0.00%
Metropolitan Life Insurance Company	12,946	12,946	11,120	85.90%
Mutual of Omaha Insurance Company	5	5	0	0.00%
MVP Health Insurance Company	220	222	175	78.83%
National Union Fire Insurance Company of Pittsburgh, PA	0	0	0	0.00%
New York Life Insurance Company	0	0	0	0.00%
Nippon Life Insurance Company of America	7	3	2	66.67%
Northwestern Mutual Life Insurance Company	0	0	0	0.00%
Oxford Health Insurance, Inc.	3,867	3,813	1,947	51.06%
Paul Revere Life Insurance Company	0	0	0	0.00%
Prudential Insurance Company of America	0	0	0	0.00%
Standard Life Insurance Company of New York	17	17	8	47.06%
Standard Security Life Insurance Company of New York	0	0	0	0.00%
Sterling Life Insurance Company	4	31	29	93.55%
Sun Life Insurance and Annuity Company of New York	0	0	0	0.00%
Transamerica Financial Life Insurance Company	0	0	0	0.00%
United States Life Insurance Company in the City of New York	4	4	1	25.00%
UnitedHealthcare Insurance Company of New York	56,933	56,933	25,945	45.57%
Zurich American Insurance Company	0	0	0	0.00%
Total	80,410	80,467	42,541	52.87%

¹ Many of the commercial health insurance 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 2011 because closed internal appeals also include internal appeals filed prior to 2011.

External Appeals

After an internal appeal, consumers may request an external appeal when a health insurance company continues to deny health care services on the basis that services are experimental, investigational, not medically necessary, a clinical trial or a rare disease treatment. 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 if HMO offers an alternate service in-network. Before requesting an external appeal, you must complete the health insurance company's first-level internal appeal process or you and your health insurance company may agree jointly to waive the internal appeal process.

Understanding the Charts

- **Total External Appeals:** Total number of cases assigned to an external appeal organization in 2011.
- **Reversed External 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; however, the external appeal organization decided that only 3 of the 5 days were medically necessary.
- **Upheld External Appeals:** Number of cases where an external appeal organization agreed with the health insurance company's decision not to cover a service or procedure.
- **Reversal Rate:** Percentage of reversed external appeals (cases decided in favor of the consumer) divided by total external appeals. Please note that the number of cases when an external appeal organization decided partially in favor of the consumer is also included in the reversal rate. A high reversal rate may indicate that a health insurance company does not make appropriate coverage decisions.

External Appeals - HMOs 2011

Data Source: NYS DFS

HMO	Total External Appeals	Reversed External Appeals	Reversed in Part	Upheld External Appeals	Reversal Rate ¹
Aetna Health Inc.	36	7	3	26	27.78%
Atlantis Health Plan, Inc.	30	9	3	18	40.00%
CDPHP	41	16	1	24	41.46%
Community Blue (Healthnow)	3	1	0	2	33.33%
Empire Healthchoice HMO Inc.	165	49	8	108	34.55%
Excellus Health Plan	29	12	0	17	41.38%
HIP HMO	230	47	21	162	29.57%
Independent Health Association, Inc.	5	2	0	3	40.00%
MVP Health Plan, Inc.	53	21	2	30	43.40%
Oxford Health Plans (NY), Inc.	65	21	3	41	36.92%
UnitedHealthcare of New York, Inc.	0	0	0	0	0.00%
Total	657	185	41	431	34.40%

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

External Appeals - Non-profit Indemnity Health Insurance Companies 2011

Data Source: NYS DFS

Non-Profit Indemnity Health Insurance Company	Total External Appeals	Reversed External Appeals	Reversed in Part	Upheld External Appeals	Reversal Rate ¹
CDPHP Universal Benefits, Inc.	3	2	0	1	66.67%
Excellus Health Plan, Inc.	187	73	10	104	44.39%
Group Health Incorporated	179	46	7	126	29.61%
Healthnow New York Inc.	51	22	0	29	43.14%
Independent Health Benefits Corporation	2	0	0	2	0.00%
Total	422	143	17	262	37.91%

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

External Appeals - Commercial Health Insurance Companies 2011

Data Source: NYS DFS

Commercial Health Insurance Company ¹	Total External Appeals	Reversed External Appeals	Reversed in Part	Upheld External Appeals	Reversal Rate ²
Aetna Life Insurance Company	111	25	7	79	28.83%
American Family Life Assurance Company of New York	0	0	0	0	0.00%
American Progressive Life and Health Insurance	0	0	0	0	0.00%
Berkshire Life Insurance Company of America	0	0	0	0	0.00%
CIGNA Life Insurance Company of New York	0	0	0	0	0.00%
Combined Life Insurance Company of New York	0	0	0	0	0.00%
Connecticut General Life Insurance Company	42	11	1	30	28.57%
Delta Dental Insurance Company	0	0	0	0	0.00%
Empire Healthchoice Assurance, Inc.	539	173	28	338	37.29%
First Rehabilitation Life Insurance Company of America	0	0	0	0	0.00%
First Unum Life Insurance Company	0	0	0	0	0.00%
Freelancers Insurance Company, Inc	1	0	0	1	0.00%
Genworth Life Insurance Company of New York	0	0	0	0	0.00%
Guardian Life Insurance Company of America	19	7	0	12	36.84%
Hartford Life Insurance Company	0	0	0	0	0.00%
HIP Insurance Company of New York	11	2	0	9	18.18%
Humana Insurance Company of New York	0	0	0	0	0.00%
John Hancock Life & Health Insurance Company	0	0	0	0	0.00%
Massachusetts Mutual Life Insurance Company	0	0	0	0	0.00%

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

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

External Appeals - Commercial Health Insurance Companies 2011

Data Source: NYS DFS

Commercial Health Insurance Company ¹	Total External Appeals	Reversed External Appeals	Reversed in Part	Upheld External Appeals	Reversal Rate ²
Medco Containment Insurance Company of New York	0	0	0	0	0.00%
Metropolitan Life Insurance Company	27	13	0	14	48.15%
Mutual of Omaha Insurance Company	0	0	0	0	0.00%
MVP Health Insurance Company	15	8	1	6	60.00%
National Union Fire Insurance Company of Pittsburgh, PA	0	0	0	0	0.00%
New York Life Insurance Company	0	0	0	0	0.00%
Nippon Life Insurance Company of America	3	0	0	3	0.00%
Northwestern Mutual Life Insurance Company	0	0	0	0	0.00%
Oxford Health Insurance, Inc.	216	86	15	115	46.76%
Paul Revere Life Insurance Company	0	0	0	0	0.00%
Prudential Insurance Company of America	0	0	0	0	0.00%
Standard Life Insurance Company of New York	0	0	0	0	0.00%
Standard Security Life Insurance Company of New York	0	0	0	0	0.00%
Sterling Life Insurance Company	0	0	0	0	0.00%
Sun Life Insurance and Annuity Company of New York	0	0	0	0	0.00%
Transamerica Financial Life Insurance Company	0	0	0	0	0.00%
UnitedHealthcare Insurance Company of New York	309	114	16	179	42.07%
United States Life Insurance Company in the City of New York	1	1	0	0	100.00%
Zurich American Insurance Company	0	0	0	0	0.00%
Total	1,294	440	68	786	39.26%

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

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

QUALITY OF CARE AND SERVICE FOR HMOs

Access and Service

Data Source: NYS DOH

Measure Descriptions

- **Rating of Health Plan:** The percentage of members who responded 8, 9 or 10 (on a scale of 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible) when asked, "How would you rate your health plan?"
- **Getting Care Quickly:** The percentage of members who responded that they "usually" or "always":
 - Get appointments for regular or routine care as soon as they wanted.
 - Get care right away for an illness or injury.
- **Getting Needed Care:** The percentage of members who responded that they "usually" or "always" thought it was easy to get:
 - Appointments with specialists.
 - Care, tests or treatments members thought they needed.
- **Rating of Overall Health Care:** The percentage of members who responded 8, 9 or 10 (on a scale of 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible) when asked, "How would you rate all your health care?"
- **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: NYS 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 insurance company's score and the New York average. Statistically significant means scores varied by more than could be accounted for by chance.

When comparing plan rates, some plans have the same rate but a different symbol because the plan rates are based on the number of members, which can differ amongst plans, and how much a plan's rate differs from the New York average.

Performance Compared to the New York HMO Average						
HMO	Rating of Health Plan	Getting Care Quickly	Getting Needed Care	Rating of Overall Health Care	Members Seen by a Provider	
					Ages 20-44	Ages 45-64
NY HMO Average	62	87	85	75	94	95
Aetna Health Inc.	66	86	83	76	93 ▼	94 ▼
Atlantis Health Plan, Inc.	26 ▼	77 ▼	63 ▼	48 ▼	91 ▼	92 ▼
CDPHP	71 ▲	90	90 ▲	81 ▲	96 ▲	97 ▲
Community Blue (Healthnow)	68 ▲	90	89 ▲	82 ▲	95 ▲	96 ▲
Empire HealthChoice HMO, Inc.	65	84	85	74	92 ▼	93 ▼
Excellus BlueCross BlueShield	72 ▲	92 ▲	92 ▲	82 ▲	95 ▲	97 ▲
Excellus (Univera Healthcare)	61	91 ▲	89 ▲	80	94	95
HIP HMO	72 ▲	82 ▼	85	69 ▼	94	93 ▼
Independent Health Association, Inc.	74 ▲	92 ▲	90 ▲	85 ▲	96 ▲	96 ▲
MVP Health Plan, Inc.	68 ▲	89	90 ▲	79	95 ▲	96 ▲
Oxford Health Plans of NY, Inc.	51 ▼	86	86	76	95 ▲	96 ▲

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.

QUALITY OF CARE AND SERVICE FOR HMOs

Child and Adolescent Health

Data Source: NYS DOH

Measure Descriptions

- **Childhood Immunization Status:** The percentage of two-year olds who were fully immunized. Fully immunized means the two-year olds received the following vaccines - 4 Diphtheria/ Tetanus/ Pertussis, 3 Polio, 1 Measles/Mumps/Rubella, 2 H Influenza type B, 3 Hepatitis B, 1 Varicella and 4 pneumococcal. This measure was not collected for 2010; 2009 data is presented.
- **Well-Child Visit in the First 15 Months of Life:** The percentage of children who had five or more well-child and preventive health visits in their first 15 months of life.
- **Well-Child Visit During the 3rd, 4th, 5th and 6th Years:** The percentage of children between the ages of three and six years who had a well-child and preventive health visits in the past year.
- **Adolescent Well-Care Visits:** The percentage of adolescents (ages 12-21) who had at least one well-care or preventive visit during the measurement year.
- **Child Weight Assessment:** The percentage of members, ages 3 to 17 years, who had a visit with a health care provider and whose weight was assessed by plotting the member's BMI on a growth chart to determine a BMI percentile ranking.

Child and Adolescent Health

Data Source: NYS 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 insurance company's score and the New York average. Statistically significant means scores varied by more than could be accounted for by chance.

When comparing plan rates, some plans have the same rate but a different symbol because the plan rates are based on the number of members, which can differ amongst plans, and how much a plan's rate differs from the New York average.

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.

** Rotated measure. Data is from 2009.

Performance Compared to the New York HMO Average					
HMO	Childhood Immunization Status**	Well-Child Visits in the First 15 Months of Life	Well-Child Visits During the 3 rd , 4 th , 5 th and 6 th Years	Adolescent Well-Care Visits	Child Weight Assessment
NY HMO Average	68	89	82	59	62
Aetna Health Inc.	67	85 ▼	81	56 ▼	51 ▼
Atlantis Health Plan, Inc.	42 ▼	90	74 ▼	45 ▼	18 ▼
CDPHP	78 ▲	96 ▲	88 ▲	67 ▲	77 ▲
Community Blue (Healthnow)	79 ▲	96 ▲	87 ▲	64 ▲	73 ▲
Empire HealthChoice HMO, Inc.	59 ▼	82 ▼	75 ▼	46 ▼	52 ▼
Excellus BlueCross BlueShield	80 ▲	97 ▲	88 ▲	64 ▲	80 ▲
Excellus (Univera Healthcare)	77	95 ▲	82	58	76 ▲
HIP HMO	59 ▼	77 ▼	78 ▼	58 ▼	60
Independent Health Association, Inc.	87 ▲	96 ▲	88 ▲	67 ▲	72 ▲
MVP Health Plan, Inc.	77 ▲	93 ▲	80 ▼	57 ▼	72 ▲
Oxford Health Plans of NY, Inc.	60 ▼	91 ▲	83 ▲	61 ▲	41 ▼

QUALITY OF CARE AND SERVICE FOR HMOs

Adult Health

Data Source: NYS DOH

Measure Descriptions

- **Cervical Cancer Screening:** The percentage of women, ages 24 to 64 years, who had a Pap test within the measurement year or the two years prior.
- **Colorectal Cancer Screening:** The percentage of adults, ages 50 to 75 years, who had appropriate screening for colorectal cancer. This measure was not collected for 2010; 2009 data is presented.
- **Adult BMI Assessment:** The percentage of adults, ages 18 to 74 years, who had their body mass index BMI measured by their health care provider within the past two years.
- **Controlling High Blood Pressure:** The percentage of members, ages 18 to 85 years, who have hypertension and whose blood pressure is below 140/90.
- **Cholesterol Management After Cardiovascular Event - Level Controlled:** The percentage of members, ages 18 to 75 years, with a cardiovascular condition, whose cholesterol level LDL-C results was <100 mg/dL. This measure was not collected for 2010; 2009 data is presented.

Adult Health

Data Source: NYS 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 insurance company's score and the New York average. Statistically significant means scores varied by more than could be accounted for by chance.

When comparing plan rates, some plans have the same rate but a different symbol because the plan rates are based on the number of members, which can differ amongst plans, and how much a plan's rate differs from the New York average.

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.

** Rotated measure. Data is from 2009.

Performance Compared to the New York HMO Average					
HMO	Cervical Cancer Screening	Colorectal Cancer Screening**	Adult BMI Assessment	Controlling High Blood Pressure	Cholesterol Management - Controlled (<100 mg/dL)**
NY HMO Average	78	66	56	66	58
Aetna Health Inc.	75 ▼	65	29 ▼	57 ▼	52 ▼
Atlantis Health Plan, Inc.	70 ▼	37 ▼	41 ▼	41 ▼	31 ▼
CDPHP	79 ▲	73 ▲	76 ▲	72 ▲	67 ▲
Community Blue (Healthnow)	80 ▲	70 ▲	69 ▲	67	57
Empire HealthChoice HMO, Inc.	71 ▼	64	50 ▼	72 ▲	71 ▲
Excellus BlueCross BlueShield	83 ▲	66	51	70	66 ▲
Excellus (Univera Healthcare)	76 ▼	58 ▼	58	63	57
HIP HMO	79 ▲	65	69 ▲	59 ▼	51 ▼
Independent Health Association, Inc.	79 ▲	67	74 ▲	68	65 ▲
MVP Health Plan, Inc.	78	65	65 ▲	74 ▲	61
Oxford Health Plans of NY, Inc.	80 ▲	60 ▼	26 ▼	52 ▼	54

QUALITY OF CARE AND SERVICE FOR HMOs

Diabetes

Data Source: NYS DOH

This section reports on components of care for members with diabetes and the rate at which they received necessary components of diabetes care. Measures presented are grouped into those that monitor diabetes and those that measure outcomes for diabetes. This measure was not collected for 2010; 2009 data is presented.

Measure Descriptions

- **Dilated Eye Exam:** The percentage of members with diabetes who had a retinal eye screening exam over the last two years.
- **Nephropathy Monitoring:** The percentage of members with diabetes who were screened or were monitored for kidney damage.
- **Poor HbA1c Control:** The percentage of members with diabetes whose most recent HbA1c level indicated poor control (HbA1c result >9.0 percent, no HbA1c test, or missing HbA1c test result). A low rate is desirable for this measure.
- **Lipids Controlled:** The percentage of members with diabetes whose level of bad cholesterol was in control (LDL-C <100 mg/dL).
- **Blood Pressure Controlled:** The percentage of members with diabetes whose blood pressure is below 140/90.

Diabetes

Data Source: NYS 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 insurance company's score and the New York average. Statistically significant means scores varied by more than could be accounted for by chance.

When comparing plan rates, some plans have the same rate but a different symbol because the plan rates are based on the number of members, which can differ amongst plans, and how much a plan's rate differs from the New York average.

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.

** Rotated measure. Data is from 2009.

† For Poor HBA1c Control, a low rate is desirable.

Performance Compared to the New York HMO Average					
HMO	Dilated Eye Exam**	Nephropathy Monitoring**	Poor HbA1c Control**†	Lipids Controlled (<100 mg/dL)**	Blood Pressure Controlled (<140/90 mm Hg)**
NY HMO Average	59	82	28	47	64
Aetna Health Inc.	52 ▼	72 ▼	34 ▼	44	58 ▼
Atlantis Health Plan, Inc.	37 ▼	72 ▼	73 ▼	14 ▼	31 ▼
CDPHP	62	83	22 ▲	50	76 ▲
Community Blue (Healthnow)	62	85	29	50	68 ▲
Empire HealthChoice HMO, Inc.	62	85	23 ▲	50	69 ▲
Excellus BlueCross BlueShield	65 ▲	85 ▲	18 ▲	51 ▲	69 ▲
Excellus (Univera Healthcare)	61	88 ▲	23 ▲	51	68 ▲
HIP HMO	62	81	28	44	61
Independent Health Association, Inc.	64 ▲	89 ▲	21 ▲	51	71 ▲
MVP Health Plan, Inc.	56	86 ▲	21 ▲	51 ▲	67
Oxford Health Plans of NY, Inc.	51 ▼	79	37 ▼	43	55 ▼

QUALITY OF CARE AND SERVICE FOR HMOs

Behavioral Health

Data Source: NYS DOH

Measure Descriptions

- **Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase:** The percentage of children, ages 6 to 12 years, with a new prescription for ADHD medication and who had one follow-up visit with a practitioner within the 30 days after starting the medication.
- **Antidepressant Medication Management:** This measure is for members ages 18 years and older who were diagnosed with depression and treated with an antidepressant medication and has two components of care.
 - **Effective Acute Phase Treatment:** The percentage of members who remained on antidepressant medication during the entire 12-week acute treatment phase.
 - **Effective Continuation Phase Treatment:** The percentage of members who remained on antidepressant medication for at least six months.
- **Follow-up After Hospitalization for Mental Illness:** This measure is for members ages 6 years and older who were hospitalized for treatment of selected mental health disorders (such as depression or bipolar disorder) and has two time-frame components.
 - **Within 7 Days:** The percentage of members who were hospitalized for treatment for selected mental health disorders and were seen by a mental health provider within 7 days after discharge.
 - **Within 30 Days:** The percentage of members who were seen on an ambulatory basis or who were in intermediate treatment with a mental health provider within 30 days of discharge.

Behavior Health

Data Source: NYS 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 insurance company's score and the New York average. Statistically significant means scores varied by more than could be accounted for by chance.

When comparing plan rates, some plans have the same rate but a different symbol because the plan rates are based on the number of members, which can differ amongst plans, and how much a plan's rate differs from the New York average.

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.

– Sample size too small to report.

Performance Compared to the New York HMO Average					
HMO	Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase	Antidepressant Medication Management		Follow-Up After Hospitalization for Mental Illness	
		Effective Acute Phase	Effective Continuation Phase	Within 7 Days	Within 30 Days
NY HMO Average	43	65	49	68	82
Aetna Health Inc.	43	58 ▼	41 ▼	64	78
Atlantis Health Plan, Inc.	–	73	59	29 ▼	44 ▼
CDPHP	44	65	48	72	89 ▲
Community Blue (Healthnow)	44	61 ▼	44 ▼	70	85 ▲
Empire HealthChoice HMO, Inc.	42	61	49	60 ▼	78
Excellus BlueCross BlueShield	38 ▼	70 ▲	54 ▲	90 ▲	90 ▲
Excellus (Univera Healthcare)	58 ▲	59	43 ▼	88 ▲	89 ▲
HIP HMO	54 ▲	71 ▲	57 ▲	66	82
Independent Health Association, Inc.	38	66	49	65	83
MVP Health Plan, Inc.	37 ▼	64	47	69	83
Oxford Health Plans of NY, Inc.	50 ▲	64	49	62 ▼	75 ▼

QUALITY OF CARE AND SERVICE FOR HMOs

Quality of Providers

Data Source: NYS DOH

Measure Descriptions

- **Satisfaction with Personal Doctor:** The percentage of members who responded 8, 9 or 10 (on a scale of 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible) when asked, "How would you rate your personal doctor?"
- **Satisfaction with Specialist:** The percentage of members who responded 8, 9 or 10 (on a scale of 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible) when asked "How would you rate your specialist?"
- **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: NYS 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 insurance company's score and the New York average. Statistically significant means scores varied by more than could be accounted for by chance.

When comparing plan rates, some plans have the same rate but a different symbol because the plan rates are based on the number of members, which can differ amongst plans, and how much a plan's rate differs from the New York average.

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.

NV Plan submitted invalid data.

Performance Compared to the New York HMO Average						
HMO	Satisfaction with Personal Doctor	Satisfaction with Specialist	Satisfaction with Provider Communication	Doctors who are Certified by a Medical Board		
				Internal Medicine	OB/GYN	Pediatric
NY HMO Average	82	81	93	79	78	83
Aetna Health Inc.	81	78	93	79	75 ▼	82
Atlantis Health Plan, Inc.	73 ▼	66 ▼	88 ▼	NV	NV	NV
CDPHP	85	83	95	81	76	84
Community Blue (Healthnow)	84	83	93	78	74 ▼	86 ▲
Empire HealthChoice HMO, Inc.	84	76 ▼	93	74 ▼	76 ▼	79 ▼
Excellus BlueCross BlueShield	83	82	94	82 ▲	81	90 ▲
Excellus (Univera Healthcare)	79	87 ▲	93	78	79	88 ▲
HIP HMO	79	83	91 ▼	81 ▲	75 ▼	82
Independent Health Association, Inc.	81	85	95 ▲	76 ▼	78	83
MVP Health Plan, Inc.	85	85	95 ▲	81 ▲	81 ▲	87 ▲
Oxford Health Plans of NY, Inc.	85	80	95	80 ▲	82 ▲	82

QUALITY OF CARE AND SERVICE FOR HMOs

Grievances 2011

Data Source: NYS DFS

A grievance is when a consumer complains to a health insurance company 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 resolved by the end of 2011.
- **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 Reversed Grievances (closed grievances decided in favor of the member or provided) divided by closed grievances.

Keep in Mind:

Pay specific attention to a health insurance company 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 insurance company makes its initial decisions correctly, so fewer decisions require reversal, but an unusually low reversal rate may indicate that the health insurance company does not give appropriate reconsideration to initial decisions.
- A high reversal rate may indicate that a health insurance company's grievance process is responsive to consumers, but an unusually high reversal rate may indicate that the health insurance company's process for making initial decisions is flawed.
- The number of grievances filed may be higher for health insurance companies that actively promote the grievance process to consumers.

Grievances 2011

Data Source: NYS DFS

HMO	Filed Grievances	Closed Grievances ¹	Reversed Grievances	Upheld Grievances	Reversal Rate
Aetna Health Inc.	462	458	121	337	26.42%
Atlantis Health Plan, Inc.	44	44	16	28	36.36%
CDPHP	585	584	380	204	65.07%
Community Blue (Healthnow)	209	209	88	121	42.11%
Empire HealthChoice HMO, Inc.	810	785	202	583	25.73%
Excellus Health Plan ²	707	725	217	508	29.93%
HIP HMO	657	676	492	194	72.78%
Independent Health Benefits Corp ²	327	315	123	192	39.05%
MVP Health Plan, Inc.	208	209	64	145	30.62%
Oxford Health Insurance, Inc. ³	7,896	4,926	2,284	5,642	46.37%
UnitedHealthcare of New York, Inc.	75	57	30	27	52.63%
Total	11,980	8,988	4,017	7,981	44.69%

¹ Closed grievances can exceed filed grievances in 2011 because closed grievances also include grievances filed prior to 2011.

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 HMOs 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. For more information on NCQA, visit www.ncqa.org.

NCQA assigns accreditation outcomes based on the HMO's performance.	
<ul style="list-style-type: none"> • 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 <u>most</u> of NCQA's basic requirements. • Provisional indicates HMOs meet <u>some</u> 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 2012 ³	
HMO	Accreditation Status
Aetna Health Inc.	Commendable
Atlantis Health Plan, Inc.	Not Reviewed
CDPHP	Excellent
Community Blue (Healthnow)	Excellent
Empire HealthChoice HMO, Inc.	Commendable
Excellus Health Plan	Excellent
HIP HMO	Excellent
Independent Health Association, Inc.	Excellent
MVP Health Plan, Inc.	Excellent
Oxford Health Plans (NY), Inc.	Commendable
UnitedHealthcare of New York, Inc.	Not Reviewed

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 primary care physicians (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 insurance company 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 insurance company 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

Each year, NYS DFS receives complaints about health insurance companies from consumers and health care providers. After reviewing each complaint, the State determines if the health insurance company acted appropriately. If the State determines that the health insurance company did not act in accordance with their statutory and contractual obligations, the health insurance company must resolve the problem.

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

Understanding the Charts

- **Rank:** Each health insurance company is ranked based on how many complaints were resolved in favor of the consumer or provider by NYS DFS relative to the health insurance company’s premium. A lower number is better. If the ratios are the same, the health insurance company with the higher premium is ranked higher.
- **Total Complaints:** Total number of complaints closed by NYS DFS in 2011. Large health insurance companies may receive more complaints because they have more consumers than smaller health insurance companies.
- **Upheld Complaints:** Number of closed complaints resolved in favor of the consumer or provider because the NYS DFS determined that the health insurance company did not comply with statutory or contractual obligations. Upheld complaints by the NYS DFS are used to calculate the complaint ratio and rank.
- **Premiums:** Dollar amount generated by a health insurance company in New York State during 2011. Premiums are used to calculate the complaint ratio so that the health insurance companies 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 consumer or provider) by NYS DFS, divided by the health insurance company’s premium.

Overall Complaint Ranking - 2011

Data Source: NYS DFS

Health Insurance Company/HMO	Rank ^{1,2}	Total Complaints	Upheld Complaints	Premiums (Millions \$)	Complaint Ratio
CDPHP Universal Benefits, Inc. ^N	1	1	0	360.05	0.0000
Sterling Life Insurance Company ^C	2	1	0	134.38	0.0000
Humana Insurance Company of New York ^C	3	1	0	97.73	0.0000
Medco Containment Insurance Company of New York ^C	4	0	0	78.24	0.0000
Northwestern Mutual Life Insurance Company ^C	5	1	0	77.17	0.0000
Zurich American Insurance Company ^C	6	1	0	62.64	0.0000
Standard Security Life Insurance Company of New York ^C	7	0	0	58.24	0.0000
Sun Life Insurance and Annuity Company of New York ^C	8	0	0	56.88	0.0000
Paul Revere Life Insurance Company ^C	9	6	0	54.45	0.0000
Independent Health Benefits Corporation ^N	10	12	1	414.06	0.0024
Independent Health Association, Inc. ^H	11	12	1	368.59	0.0027
Delta Dental Insurance Company ^C	12	6	2	562.18	0.0036
Community Blue (Healthnow) ^H	13	13	1	224.81	0.0044
American Progressive Life and Health Insurance ^C	14	13	2	370.24	0.0054
Hartford Life Insurance Company ^C	15	8	1	171.56	0.0058
Genworth Life Insurance Company of New York ^C	16	5	1	159.67	0.0063
Healthnow New York Inc. ^N	17	80	9	1,383.01	0.0065
Prudential Insurance Company of America ^C	18	9	1	115.93	0.0086
First Rehabilitation Life Insurance Company of America ^C	19	2	1	67.99	0.0147
Massachusetts Mutual Life Insurance Company ^C	20	3	1	67.22	0.0149
Metropolitan Life Insurance Company ^C	21	67	9	572.12	0.0157

Legend

^C Commercial Health Insurance Company

^H HMO

^N Non-profit Indemnity Health Insurance Company

¹ If the ratios are the same among health insurance companies, the health insurance company with the higher annual premium amount receives a better rank.

² Health insurance companies with a lower complaint ratio receive a better rank.

Overall Complaint Ranking - 2011

Data Source: NYS DFS

Health Insurance Company/HMO	Rank ^{1,2}	Total Complaints	Upheld Complaints	Premiums (Millions \$)	Complaint Ratio
Berkshire Life Insurance Company of America ^C	22	3	1	58.15	0.0172
Standard Life Insurance Company of New York ^C	23	3	1	55.89	0.0179
First Unum Life Insurance Company ^C	24	26	6	303.91	0.0197
MVP Health Plan, Inc. ^H	25	320	15	719.06	0.0209
CIGNA Life Insurance Company of New York ^C	26	5	2	88.71	0.0225
MVP Health Insurance Company ^C	27	152	18	734.29	0.0245
American Family Life Assurance Company of New York ^C	28	24	7	234.35	0.0299
Nippon Life Insurance Company of America ^C	29	9	3	91.63	0.0327
United States Life Insurance Company in the City of New York ^C	30	21	3	83.51	0.0359
National Union Fire Insurance Company of Pittsburgh, PA ^C	31	5	3	70.66	0.0425
Oxford Health Insurance, Inc. ^C	32	1,077	238	5,531.36	0.0430
New York Life Insurance Company ^C	33	9	3	69.35	0.0433
John Hancock Life & Health Insurance Company ^C	34	23	6	135.36	0.0443
Empire HealthChoice Assurance, Inc. ^C	35	924	238	5,040.56	0.0472
Guardian Life Insurance Company of America ^C	36	78	19	386.52	0.0492
Mutual of Omaha Insurance Company ^C	37	11	3	59.35	0.0506
UnitedHealthcare Insurance Company of New York ^C	38	940	330	6,138.77	0.0538
Capital District Physicians Health Plan (CDPHP) ^H	39	96	38	634.68	0.0599
Combined Life Insurance Company of New York ^C	40	36	7	112.89	0.0620
Excellus Health Plan ^H	41	68	29	394.29	0.0736

Legend

^C Commercial Health Insurance Company
^H HMO
^N Non-profit Indemnity Health Insurance Company

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² Health insurance companies with a lower complaint ratio receive a better rank.

Overall Complaint Ranking - 2011

Data Source: NYS DFS

Health Insurance Company/HMO	Rank ^{1,2}	Total Complaints	Upheld Complaints	Premiums (Millions \$)	Complaint Ratio
Transamerica Financial Life Insurance Company ^C	42	14	5	67.61	0.0740
Oxford Health Plans (NY), Inc. ^H	43	494	117	1,439.00	0.0813
Excellus Health Plan, Inc. ^N	44	604	370	3,853.84	0.0960
Empire HealthChoice HMO, Inc. ^H	45	358	105	983.46	0.1068
Aetna Life Insurance Company ^C	46	390	157	1,368.94	0.1147
UnitedHealthcare of New York, Inc. ^H	47	29	6	38.42	0.1562
HIP Health Maintenance Organization ^H	48	893	402	2,111.88	0.1904
Connecticut General Life Insurance Company ^C	49	282	200	798.25	0.2505
HIP Insurance Company of New York ^C	50	96	42	151.22	0.2777
Freelancers Insurance Company, Inc. ^C	51	59	30	97.80	0.3068
Aetna Health Inc. ^H	52	284	154	461.04	0.3340
Group Health Incorporated ^N	53	2,309	1,122	3,221.55	0.3483
Atlantis Health Plan, Inc. ^H	54	1,022	906	96.93	9.3465
Total		10,905	4,616	41,090.34	0.1123

Legend

^C Commercial Health Insurance Company
^H HMO
^N Non-profit Indemnity Health Insurance Company

¹ If the ratios are the same among health insurance companies, the health insurance company with the higher annual premium amount receives a better rank.

² Health insurance companies with a lower complaint ratio receive a better rank.

Telephone Numbers for Health Insurance Companies

HMO	
Aetna Health Inc.	800-435-8742
Atlantis Health Plan, Inc.	866-747-8422
CDPHP	888-258-0477
Community Blue (Healthnow)	800-544-2583
Empire HealthChoice HMO, Inc.	800-261-5962
Excellus Health Plan	800-633-6066
HIP HMO	800-447-8255
Independent Health Association, Inc.	800-453-1910
MVP Health Plan, Inc.	888-687-6277
Oxford Health Plans (NY), Inc.	800-969-7480
UnitedHealthcare of New York, Inc.	877-832-7734

Non-profit Indemnity Health Insurance Company	
CDPHP Universal Benefits, Inc.	877-269-6522
Excellus Health Plan	800-847-1200
Group Health Incorporated	800-444-2333
Healthnow New York, Inc.	800-888-0757
Independent Health Benefits Corporation	800-453-1910

Telephone Numbers for Health Insurance Companies

Commercial Health Insurance Company ¹	
Aetna Life Insurance Company	860-273-0123
American Family Life Assurance Company of New York	800-366-3436
American Progressive Life and Health Insurance	800-332-3377 ext. 5559839
Berkshire Life Insurance Company of America	800-819-2468
CIGNA Life Insurance Company of New York	800-244-6224
Combined Life Insurance Company of New York	800-490-1322
Connecticut General Life Insurance Company	800-244-6224
Delta Dental Insurance Company	800-932-0783
Empire Healthchoice Assurance, Inc.	800-261-5962
First Rehabilitation Life Insurance Company of America	800-365-4999
First Unum Life Insurance Company	866-679-3054
Freelancers Insurance Company, Inc.	800-707-8802
Genworth Life Insurance Company of New York	888-436-9678
Guardian Life Insurance Company of America	888-482-7342
Hartford Life Insurance Company	800-523-2233
HIP Insurance Company of New York	800-447-8255
Humana Insurance Company of New York	800-448-6262
John Hancock Life & Health Insurance Company	800-732-5543
Massachusetts Mutual Life Insurance Company	800-272-2216
Medco Containment Insurance Company of New York	800-426-0152

Commercial Health Insurance Company ¹	
Metropolitan Life Insurance Company	800-334-4298
Mutual of Omaha Insurance Company	800-948-9478
MVP Health Insurance Company	800-825-5687
National Union Fire Insurance Company of Pittsburgh, PA	877-638-4244
New York Life Insurance Company	800-695-9873
Nippon Life Insurance Company of America	877-252-7174
Northwestern Mutual Life Insurance Company	800-388-8123
Oxford Health Insurance, Inc	800-969-7480
Paul Revere Life Insurance Company	800-265-3199
Prudential Insurance Company of America	877-301-1212
Standard Life Insurance Company of New York	888-937-4783
Standard Security Life Insurance Company of New York	212-355-4141
Sterling Life Insurance Company	800-688-0010
Sunlife Insurance and Annuity Company of New York	800-786-5433
Transamerica Financial Life Insurance Company	800-797-2643
United States Life Insurance Company in the City of New York	800-231-3655
UnitedHealthcare Insurance Company of New York	877-832-7734
Zurich American Insurance Company	800-382-2150

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

Contacts and Resources

Questions About this Guide?

Contact: New York State Department of Financial Services

One Commerce Plaza
Albany, NY 12257

800-342-3736 (*Monday-Friday, 8:30AM-4:30PM*)

For a printed copies of the PDF,
call 518-474-4557 or visit

www.dfs.ny.gov/insurance/hgintro.htm

Problem with Your Health Insurance Company?

First contact your health insurance company'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:

Consumer Assistance Unit

New York State Department of Financial Services

One Commerce Plaza
Albany, NY 12257

Or

25 Beaver Street
New York, NY 10004-2319

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

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

<http://www.dfs.ny.gov/consumer/fileacomplaint.htm>

If you were denied coverage of health care services because your health insurance company considers them experimental, investigational, not medically necessary, a clinical trial, a rare disease treatment or for HMO members, an out-of-network service, contact:

New York State Department of Financial Services

New York State External Appeal
PO Box 7209

Albany, NY 12224-0209

800-400-8882

Email externalappealquestions@dfs.ny.gov

For General Information:

<http://www.dfs.ny.gov/insurance/extapp/extappqa.htm>

For an External Appeal Application:

<http://www.dfs.ny.gov/insurance/extapp/extapppl.pdf>

For issues concerning HMO quality of care, contact:

New York State Department of Health
Bureau of Managed Care Certification
and Surveillance

Complaint Unit Room 2019

Corning Tower ESP

Albany, NY 12237-0062

800-206-8125

http://www.health.ny.gov/health_care/managed_care/complaints/index.htm

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
Employee Benefits Security
Administration

200 Constitution Avenue, NW
Washington, DC 20210

202-693-8700

866-444-EBSA

<http://www.dol.gov/ebsa/aboutebsa/main.html>

For issues concerning insurance fraud, contact:

New York State Department of Financial Services

Insurance Frauds Bureau
25 Beaver Street
New York, NY 10004

888-FRAUDNY (888-372-8369)

<http://www.dfs.ny.gov/insurance/fdidxcn.htm>

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.

Questions About Programs for the Uninsured?

Healthy NY

Health insurance program for small employers, sole proprietors and uninsured working individuals.
866-HEALTHYNY (866-432-5849)
www.HealthyNY.com

Child Health Plus

Health insurance program for children under 19 years of age.
800-698-4KIDS (800-698-4543)
http://www.health.ny.gov/health_care/child_health_plus/index.htm

Family Health Plus

Health insurance program for uninsured adults between 19 and 64 years of age who have incomes too high to qualify for Medicaid.
877-934-7587
http://www.health.ny.gov/health_care/family_health_plus/

NY Bridge Plan

Health insurance program for individuals who are newborn through 64 years of age and meet all of the following:

- U.S. Citizen and resident of NY State
- Have one or more pre-existing medical conditions
- No health care coverage for the last six months.

866-NY-EZ-APP (866-693-9327)
www.nybridgeplan.com

Related Resources

Looking for HMO Premium Rates?

To view the rates charged by HMOs, visit <http://www.dfs.ny.gov/insurance/ihmoindex.htm>

NYS DOH 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.ny.gov/health_care/managed_care/reports/