

New York Consumer Guide to Health Insurance Companies



2013

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 is provided by two New York agencies.

- 1. New York State Department of Financial Services (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.
 - DFS compiles the complaint and appeal information that appears on pages 3–22 and the grievance information that appears on pages 23-27.
 - DFS data are from calendar year 2012.
- 2. New York State Department of Health (DOH)** works to protect and promote the health of New Yorkers through prevention, research and by ensuring delivery of quality health care. DOH compiles its portion of the complaint data on page 4 and the information on health insurance company performance that appears on pages 28-45.

- 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 on quality of care and service for health insurance companies are from calendar year 2011, 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 nonprofit 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 50-53.
- Some health insurance companies are listed using different names depending on whether the data are reported by DFS or 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 by visiting the website at www.aging.ny.gov/healthbenefits/. For information on New York's Medicaid program, contact your local county Department of Social Services.

Complaints

Each year, the New York State DFS and DOH receives complaints from consumers and health care providers about health insurance companies. Complaints typically involve issues related to prompt payment, reimbursement, coverage, benefits, rates and premiums. 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 its statutory and contractual obligations, the company must resolve the problem to comply.

For issues concerning payment, reimbursement, coverage, benefits, rates and premiums, contact DFS through its website at: www.dfs.ny.gov/consumer/fileacomplaint.htm or call 800-342-3736.

Understanding the Charts

- **Rank:** Each health insurance company is ranked based on how many complaints were resolved by DFS in favor of the member or provider, relative to the health insurance company's premiums. A lower number results in a better ranking. If the ratios are the same, the health insurance company with the higher premiums is ranked higher.
- **Total Complaints to DFS:** Total number of complaints closed by DFS in 2012. Large health insurance companies may receive more complaints because they have more members than smaller health insurance companies.
- **Upheld Complaints by DFS:** Number of closed complaints resolved in favor of the member or provider because DFS determined that the health insurance company did not comply with statutory or contractual obligations. Upheld complaints by DFS are used to calculate the complaint ratio and rank.
- **Premiums:** Dollar amount generated by a health insurance company in New York State during 2012. Premiums are used to calculate the complaint ratio so that 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 member or provider) by DFS, divided by the health insurance company's premiums.
- **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 member or provider.

Complaints—HMOs 2012

Data Source: DFS and DOH

HMO	Data Compiled by the New York State DFS					Data Compiled by the New York State DOH	
	Rank ¹ 1 = Best 12 = Worst	Total Complaints to DFS	Upheld Complaints by DFS	Premiums (Millions \$)	Complaint Ratio	Total Complaints to DOH	Upheld Complaints by DOH
Aetna Health Inc.	10	142	74	422.62	0.1751	1	0
Atlantis Health Plan, Inc. (d/b/a Easy Choice Health Plan of New York)	12	1,010	920	72.31	12.7226	2	1
Capital District Physicians Health Plan	4	61	12	634.24	0.0189	4	1
Community Blue (Healthnow)	1	14	2	200.51	0.0100	1	0
Empire HealthChoice HMO, Inc.	6	314	79	833.70	0.0948	9	1
Excellus Health Plan	7	73	40	357.78	0.1118	1	0
GHI HMO Select, Inc.	11	22	11	27.48	0.4003	2	0
HIP Health Maintenance Organization	5	429	191	2,230.33	0.0856	9	3
Independent Health Association, Inc.	2	18	4	364.59	0.0110	1	0
MVP Health Plan, Inc.	3	45	8	652.42	0.0123	2	1
Oxford Health Plans (NY), Inc.	8	548	225	1,673.81	0.1344	16	1
UnitedHealthcare of New York, Inc.	9	35	7	40.34	0.1735	0	0
Total		2,711	1,573	7,510.14	0.2095	48	8

¹ HMOs with a lower complaint ratio receive a higher ranking.

Complaints—Nonprofit Indemnity Health Insurance Companies 2012

Data Source: DFS

Nonprofit Indemnity Health Insurance Company	Rank ¹ 1 = Best 6 = Worst	Total Complaints to DFS	Upheld Complaints by DFS	Premiums (Millions \$)	Complaint Ratio
CDPHP Universal Benefits, Inc.	3	8	6	486.03	0.0123
Dentcare Delivery Systems, Inc. ²	4	4	1	51.37	0.0195
Excellus Health Plan, Inc.	5	315	147	4,014.36	0.0366
Group Health Incorporated	6	948	413	3,267.53	0.1264
Healthnow New York Inc.	2	63	9	1,349.30	0.0067
Independent Health Benefits Corporation	1	18	0	447.18	0.0000
Total		1,356	576	9,615.78	0.0599

¹ Health insurance companies with a lower complaint ratio receive a higher ranking.

² Plan issues dental coverage only.

Complaints—Commercial Health Insurance Companies 2012

Data Source: DFS

Commercial Health Insurance Company	Rank ^{1,2} 1 = Best 38 = Worst	Total Complaints to DFS	Upheld Complaints by DFS	Premiums (Millions \$)	Complaint Ratio
Aetna Life Insurance Company	32	232	88	1,598.78	0.0550
American Family Life Assurance Company of New York	12	10	1	252.31	0.0040
American Progressive Life and Health Insurance	15	4	3	301.73	0.0099
Berkshire Life Insurance Company of America	7	2	0	62.50	0.0000
CIGNA Health and Life Insurance Company	2	2	0	134.20	0.0000
CIGNA Life Insurance Company of New York	26	16	3	76.75	0.0391
Combined Life Insurance Company of New York	33	22	6	105.41	0.0569
Connecticut General Life Insurance Company	38	185	100	787.14	0.1270
Delta Dental Insurance Company ³	11	4	1	933.85	0.0011
Empire HealthChoice Assurance, Inc.	34	1,091	293	4,381.80	0.0669
First Rehabilitation Life Insurance Company of America	25	3	2	69.91	0.0286
First Unum Life Insurance Company	14	27	2	306.77	0.0065
Freelancers Insurance Company, Inc.	36	36	9	108.00	0.0833
Genworth Life Insurance Company of New York	13	4	1	168.91	0.0059
Guardian Life Insurance Company of America	22	40	8	344.51	0.0232
Hartford Life Insurance Company	19	18	3	154.62	0.0194
HIP Insurance Company of New York	37	49	21	170.73	0.1230
HM Life Insurance Company of New York	3	1	0	88.86	0.0000
Humana Insurance Company of New York	29	6	4	89.12	0.0449

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

² Health insurance companies with a lower complaint ratio receive a higher ranking.

³ Plan issues dental coverage only.

Complaints—Commercial Health Insurance Companies 2012

Data Source: DFS

Commercial Health Insurance Company	Rank ^{1,2} 1 = Best 38 = Worst	Total Complaints to DFS	Upheld Complaints by DFS	Premiums (Millions \$)	Complaint Ratio
John Hancock Life & Health Insurance Company	31	19	7	127.83	0.0548
Massachusetts Mutual Life Insurance Company	6	2	0	73.31	0.0000
Medco Containment Insurance Company of New York	4	0	0	83.34	0.0000
Metropolitan Life Insurance Company	20	53	11	565.91	0.0194
Mutual of Omaha Insurance Company	18	11	1	60.99	0.0164
MVP Health Insurance Company	17	53	10	696.85	0.0144
National Union Fire Insurance Company of Pittsburgh, PA	24	10	3	106.81	0.0281
New York Life Insurance Company	16	8	1	70.23	0.0142
Nippon Life Insurance Company of America	28	10	5	113.76	0.0440
Northwestern Mutual Life Insurance Company	5	3	0	80.28	0.0000
Oxford Health Insurance, Inc.	35	1,133	466	5,642.98	0.0826
Paul Revere Life Insurance Company	8	6	0	54.25	0.0000
Principal Life Insurance Company	10	5	0	53.14	0.0000
Prudential Insurance Company of America	1	5	0	141.13	0.0000
Standard Life Insurance Company of New York	9	3	0	53.60	0.0000
Sun Life Insurance and Annuity Company of New York	21	6	2	88.11	0.0227
Transamerica Financial Life Insurance Company	27	14	3	70.65	0.0425
United States Life Insurance Company in the City of NY	30	25	5	91.57	0.0546
UnitedHealthcare Insurance Company of New York	23	599	156	6,215.66	0.0251
Total		3,717	1,215	24,526.29	0.0495

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

² Health insurance companies with a lower complaint ratio receive a higher ranking.

Prompt Pay Complaints

New York State requires all health insurance companies to:

- Pay undisputed electronic claims within 30 days and pay undisputed paper claims within 45 days of receipt, **or**
- Request all additional information from the member or the provider, if necessary, within 30 days of receipt of the claims, **or**
- Deny the claim within 30 days of receipt.

For issues concerning payment, reimbursement, coverage, benefits, rates and premiums, contact DFS at: www.dfs.ny.gov/consumer/fileacomplaint.htm or call 800-342-3736.

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 premiums. A lower number results in a higher ranking. If the ratios are the same, the health insurance company with the higher premiums is ranked higher.
- **Total Complaints:** Total number of complaints closed by DFS in 2012. 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 DFS in 2012. Large health insurance companies might receive more complaints because they have more members and pay more claims than smaller health insurance companies.
- **Upheld Prompt Pay Complaints:** Number of closed prompt pay complaints where DFS determined that the health insurance company was not processing claims in a timely manner. Upheld prompt pay complaints by 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 2012. 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 premiums.

Prompt Pay Complaints—HMOs 2012

Data Source: DFS

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.	10	142	39	32	422.62	0.0757
Atlantis Health Plan, Inc. (d/b/a Easy Choice Health Plan of New York)	12	1,010	920	859	72.31	11.8791
Capital District Physicians Health Plan	4	61	18	3	634.24	0.0047
Community Blue (Healthnow)	2	14	1	0	200.51	0.0000
Empire HealthChoice HMO, Inc.	7	314	110	49	833.70	0.0588
Excellus Health Plan	9	73	37	27	357.78	0.0755
GHI HMO Select, Inc.	11	22	12	8	27.48	0.2911
HIP Health Maintenance Organization	6	429	220	118	2,230.33	0.0529
Independent Health Association, Inc.	1	18	0	0	364.59	0.0000
MVP Health Plan, Inc.	3	45	10	2	652.42	0.0031
Oxford Health Plans (NY), Inc.	5	548	202	58	1,673.81	0.0347
UnitedHealthcare of New York, Inc.	8	35	17	3	40.34	0.0744
Total		2,711	1,586	1,159	7,510.14	0.1543

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

² HMOs with a lower complaint ratio receive a higher ranking.

Prompt Pay Complaints—Nonprofit Indemnity Health Insurance Companies 2012

Data Source: DFS

Non-Profit Indemnity Health Insurance Companies	Rank ^{1,2} 1 = Best 6 = Worst	Total Complaints	Total Prompt Pay Complaints	Upheld Prompt Pay Complaints	Premiums (Millions \$)	Prompt Pay Complaint Ratio
CDPHP Universal Benefits, Inc.	4	8	1	1	486.03	0.0021
Dentcare Delivery Systems, Inc. ³	2	4	1	0	51.37	0.0000
Excellus Health Plan, Inc.	5	315	75	50	4,014.36	0.0125
Group Health Incorporated	6	948	363	192	3,267.53	0.0588
Healthnow New York Inc.	3	63	11	1	1,349.30	0.0007
Independent Health Benefits Corporation	1	18	0	0	447.18	0.0000
Total		1,356	451	244	9,615.78	0.0254

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

² Health insurance companies with a lower complaint ratio receive a higher ranking.

³ Plan issues dental coverage only.

Prompt Pay Complaints—Commercial Health Insurance Companies 2012

Data Source: 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	33	232	67	37	1,598.78	0.0231
American Family Life Assurance Company of New York	3	10	1	0	252.31	0.0000
American Progressive Life and Health Insurance	26	4	2	2	301.73	0.0066
Berkshire Life Insurance Company of America	19	2	0	0	62.50	0.0000
CIGNA Health and Life Insurance Company	7	2	1	0	134.20	0.0000
CIGNA Life Insurance Company of New York	14	16	0	0	76.75	0.0000
Combined Life Insurance Company of New York	35	22	8	4	105.41	0.0379
Connecticut General Life Insurance Company	38	185	84	50	787.14	0.0635
Delta Dental Insurance Company ³	24	4	2	1	933.85	0.0011
Empire HealthChoice Assurance, Inc.	36	1,091	508	189	4,381.80	0.0431
First Rehabilitation Life Insurance Company of America	18	3	0	0	69.91	0.0000
First Unum Life Insurance Company	2	27	0	0	306.77	0.0000
Freelancers Insurance Company, Inc.	27	36	5	1	108.00	0.0093
Genworth Life Insurance Company of New York	4	4	0	0	168.91	0.0000
Guardian Life Insurance Company of America	1	40	5	0	344.51	0.0000
Hartford Life Insurance Company	5	18	0	0	154.62	0.0000
HIP Insurance Company of New York	37	49	15	10	170.73	0.0586
HM Life Insurance Company of New York	10	1	0	0	88.86	0.0000
Humana Insurance Company of New York	31	6	1	1	89.12	0.0112

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

² Health insurance companies with a lower complaint ratio receive a higher ranking.

³ Plan issues dental coverage only.

Prompt Pay Complaints—Commercial Health Insurance Companies 2012

Data Source: 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
John Hancock Life & Health Insurance Company	8	19	0	0	127.83	0.0000
Massachusetts Mutual Life Insurance Company	15	2	0	0	73.31	0.0000
Medco Containment Insurance Company of New York	12	0	0	0	83.34	0.0000
Metropolitan Life Insurance Company	25	53	7	3	565.91	0.0053
Mutual of Omaha Insurance Company	20	11	0	0	60.99	0.0000
MVP Health Insurance Company	29	53	12	7	696.85	0.0100
National Union Fire Insurance Company of Pittsburgh, PA	28	10	3	1	106.81	0.0094
New York Life Insurance Company	17	8	0	0	70.23	0.0000
Nippon Life Insurance Company of America	34	10	5	3	113.76	0.0264
Northwestern Mutual Life Insurance Company	13	3	0	0	80.28	0.0000
Oxford Health Insurance, Inc.	32	1,133	364	115	5,642.98	0.0204
Paul Revere Life Insurance Company	21	6	0	0	54.25	0.0000
Principal Life Insurance Company	23	5	2	0	53.14	0.0000
Prudential Insurance Company of America	6	5	0	0	141.13	0.0000
Standard Life Insurance Company of New York	22	3	0	0	53.60	0.0000
Sun Life Insurance and Annuity Company of New York	11	6	1	0	88.11	0.0000
Transamerica Financial Life Insurance Company	16	14	1	0	70.65	0.0000
United States Life Insurance Company in the City of NY	9	25	3	0	91.57	0.0000
UnitedHealthcare Insurance Company of New York	30	599	204	65	6,215.66	0.0105
Total		3,717	1,301	489	24,526.29	0.0199

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

² Health insurance companies with a lower complaint ratio receive a higher ranking.

Internal Appeals

An internal appeal or utilization review (UR) occurs when a member or provider 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 to pay for an out-of-network service if the HMO 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 Appeals:** Number of internal appeals submitted to the health insurance company by members or providers in 2012.
- **Closed Appeals:** Number of internal appeals that the health insurance company decided by the end of 2012.
- **Reversals on Appeals:** Number of closed internal appeals that the health insurance company decided in favor of members or providers. If a health insurance company's decision denying payment or coverage is reversed on an internal appeal, the health insurance company agrees to pay for the service or procedure.
- **Reversal Rate:** Percentage of reversals on appeals divided by closed appeals.

Keep in Mind

A health insurance consumer should 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 members and providers, but an unusually high reversal rate may indicate that the health insurance company's process for making initial decisions is flawed.
- The number of internal appeals filed may be higher for health insurance companies that actively promote the appeal process and encourage members and providers to appeal denied services.

Internal Appeals—HMOs 2012

Data Source: DFS

HMO	Filed Appeals	Closed Appeals ¹	Reversals on Appeals	Reversal Rate (Percentage)
Aetna Health Inc.	283	293	124	42.32
Atlantis Health Plan, Inc. (d/b/a Easy Choice Health Plan of New York)	287	293	192	65.53
Capital District Physicians Health Plan	180	182	51	28.02
Community Blue (Healthnow)	102	100	27	27.00
Empire HealthChoice HMO, Inc.	2,471	2,505	978	39.04
Excellus Health Plan	179	183	61	33.33
GHI HMO Select, Inc.	3	3	3	100.00
HIP Health Maintenance Organization	1,100	1,099	508	46.22
Independent Health Association, Inc.	72	67	33	49.25
MVP Health Plan, Inc.	126	128	49	38.28
Oxford Health Plans (NY), Inc.	1,436	1,435	717	49.97
UnitedHealthcare of New York, Inc.	70	65	19	29.23
Total	6,309	6,353	2,762	43.48

¹ Closed internal appeals can exceed filed internal appeals in 2012 because closed internal appeals also include internal appeals filed prior to 2012.

Internal Appeals—Nonprofit Indemnity Health Insurance Companies 2012

Data Source: DFS

Nonprofit Indemnity Health Insurance Company	Filed Appeals	Closed Appeals ¹	Reversals on Appeals	Reversal Rate (Percentage)
CDPHP Universal Benefits, Inc.	114	107	32	29.91
Dentcare Delivery Systems, Inc. ²	0	0	0	0.00
Excellus Health Plan, Inc.	2,266	2,266	832	36.72
Group Health Incorporated	1,831	2,381	690	28.98
Healthnow New York Inc.	638	645	216	33.49
Independent Health Benefits Corporation	80	0	0	0.00
Total	4,929	5,399	1,770	32.78

¹ Closed internal appeals can exceed filed internal appeals in 2012 because closed internal appeals also include internal appeals filed prior to 2012.

² Plan issues dental coverage only.

Internal Appeals—Commercial Health Insurance Companies 2012

Data Source: DFS

Commercial Health Insurance Company ¹	Filed Appeals	Closed Appeals ²	Reversals on Appeals	Reversal Rate (Percentage)
Aetna Life Insurance Company	1,421	1,416	478	33.76
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 Health and Life Insurance Company	83	66	22	33.33
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	1,785	1,790	558	31.17
Delta Dental Insurance Company ³	0	0	0	0.00
Empire HealthChoice Assurance, Inc.	6,079	6,183	2,454	39.69
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.	1	1	0	0.00
Genworth Life Insurance Company of New York	0	0	0	0.00
Guardian Life Insurance Company of America	3,336	3,339	2,396	71.76
Hartford Life Insurance Company	0	0	0	0.00
HIP Insurance Company of New York	30	30	19	63.33
HM Life Insurance Company of New York	0	0	0	0.00
Humana Insurance Company of New York	0	0	0	0.00

¹ Many 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 2012 because closed internal appeals also include internal appeals filed prior to 2012.

³ Plan issues dental coverage only.

Internal Appeals—Commercial Health Insurance Companies 2012

Data Source: DFS

Commercial Health Insurance Company ¹	Filed Appeals	Closed Appeals ²	Reversals on Appeals	Reversal Rate (Percentage)
John Hancock Life & Health Insurance Company	0	0	0	0.00
Massachusetts Mutual Life Insurance Company	0	0	0	0.00
Medco Containment Insurance Company of New York	0	0	0	0.00
Metropolitan Life Insurance Company	13,059	13,059	11,057	84.67
Mutual of Omaha Insurance Company	2	2	0	0.00
MVP Health Insurance Company	126	126	32	25.40
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	3	3	1	33.33
Northwestern Mutual Life Insurance Company	0	0	0	0.00
Oxford Health Insurance, Inc.	3,617	3,702	1,779	48.06
Paul Revere Life Insurance Company	0	0	0	0.00
Principal Life Insurance Company	9	9	3	33.33
Prudential Insurance Company of America	0	0	0	0.00
Standard Life Insurance Company of New York	18	17	10	58.82
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 NY	1	1	0	0.00
UnitedHealthcare Insurance Company of New York	58,543	58,543	26,241	44.82
Total	88,113	88,287	45,050	51.03

¹ Many 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 2012 because closed internal appeals also include internal appeals filed prior to 2012.

External Appeals

After an internal appeal, members and providers* 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 to pay for an out-of-network service if the HMO offers an alternate service in-network. Before requesting an external appeal, you typically 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.

* Providers may file external appeals on their own behalf for continued or extended health care services, additional services for a patient undergoing a course of continued treatment, or services already provided.

Understanding the Charts

- **Total External Appeals:** Total number of cases assigned to an external appeal organization in 2012.
- **Reversals on External Appeals:** Number of cases where an external appeal organization decided in favor of the member or provider.
- **External Appeals Reversed in Part:** Number of cases where an external appeal organization decided partially in favor of the member or provider. For example, an HMO refuses payment of a 5-day hospital stay, claiming it was not medically necessary however, the external appeal organization decides that 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 reversals on external appeals (cases decided in favor of the member or provider) divided by total external appeals. Please note that the number of cases when an external appeal organization decided partially in favor of the member or provider 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 2012

Data Source: DFS

HMO	Total External Appeals	Reversals on External Appeals	External Appeals Reversed in Part	Upheld External Appeals	Reversal Rate (Percentage) ¹
Aetna Health Inc.	35	7	1	27	22.86
Atlantis Health Plan, Inc. (d/b/a Easy Choice Health Plan of New York)	13	3	1	9	30.77
Capital District Physicians Health Plan	11	3	0	8	27.27
Community Blue (Healthnow)	9	1	0	8	11.11
Empire HealthChoice HMO Inc.	152	40	12	100	34.21
Excellus Health Plan	27	6	0	21	22.22
GHI HMO Select, Inc.	3	0	0	3	0.00
HIP HMO	172	29	10	133	22.67
Independent Health Association, Inc.	4	0	0	4	0.00
MVP Health Plan, Inc.	43	8	3	32	25.58
Oxford Health Plans (NY), Inc.	61	19	1	41	32.79
UnitedHealthcare of New York, Inc.	1	1	0	0	100.00
Total	531	117	28	386	27.31

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

External Appeals—Nonprofit Indemnity Health Insurance Companies 2012

Data Source: DFS

Non-Profit Indemnity Health Insurance Company	Total External Appeals	Reversals on External Appeals	External Appeals Reversed in Part	Upheld External Appeals	Reversal Rate (Percentage) ¹
CDPHP Universal Benefits, Inc.	0	0	0	0	0.00
Dentcare Delivery Systems, Inc. ²	0	0	0	0	0.00
Excellus Health Plan, Inc.	132	53	3	76	42.42
Group Health Incorporated	226	52	26	148	34.51
Healthnow New York Inc.	37	13	1	23	37.84
Independent Health Benefits Corporation	5	3	0	2	60.00
Total	400	121	30	249	37.75

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

² Plan issues dental coverage only.

External Appeals—Commercial Health Insurance Companies 2012

Data Source: DFS

Commercial Health Insurance Company ¹	Total External Appeals	Reversals on External Appeals	External Appeals Reversed in Part	Upheld External Appeals	Reversal Rate (Percentage) ²
Aetna Life Insurance Company	114	32	8	74	35.09
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 Health and Life Insurance Company	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	14	2	2	10	28.57
Connecticut General Life Insurance Company	58	16	1	41	29.31
Delta Dental Insurance Company ³	0	0	0	0	0.00
Empire HealthChoice Assurance, Inc.	512	141	16	355	30.66
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.	2	1	0	1	50.00
Genworth Life Insurance Company of New York	0	0	0	0	0.00
Guardian Life Insurance Company of America	4	0	0	4	0.00
Hartford Life Insurance Company	0	0	0	0	0.00
HIP Insurance Company of New York	18	8	1	9	50.00
HM Life Insurance Company of New York	0	0	0	0	0.00
Humana Insurance Company of New York	0	0	0	0	0.00

¹ Many 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.

³ Plan issues dental coverage only.

External Appeals—Commercial Health Insurance Companies 2012

Data Source: DFS

Commercial Health Insurance Company ¹	Total External Appeals	Reversals on External Appeals	External Appeals Reversed in Part	Upheld External Appeals	Reversal Rate (Percentage) ²
John Hancock Life & Health Insurance Company	0	0	0	0	0.00
Massachusetts Mutual Life Insurance Company	0	0	0	0	0.00
Medco Containment Insurance Company of New York	0	0	0	0	0.00
Metropolitan Life Insurance Company	19	5	0	14	26.32
Mutual of Omaha Insurance Company	0	0	0	0	0.00
MVP Health Insurance Company	18	8	1	9	50.00
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	2	0	0	2	0.00
Northwestern Mutual Life Insurance Company	0	0	0	0	0.00
Oxford Health Insurance, Inc.	229	62	11	156	31.88
Paul Revere Life Insurance Company	0	0	0	0	0.00
Principal 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
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
United States Life Insurance Company in the City of NY	0	0	0	0	0.00
UnitedHealthcare Insurance Company of New York	271	109	9	153	43.54
Total	1,261	384	49	828	34.34

¹ Many 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.

Grievances

A grievance is a member or provider complaint to a health insurance company about a denial based on limitations or exclusions in the contract. Medical necessity issues are the subjects of internal appeals, not grievances. Common grievances include problems getting referrals to specialists and disagreements over benefit coverage. According to New York State law, health insurance companies that offer a comprehensive policy which utilizes a network of providers must have a system in place for responding to members' concerns. The health insurance company must designate one or more qualified personnel to review the grievance and decide whether to reverse or uphold a denial.

Understanding the Chart

- **Filed Grievances:** Number of grievances submitted to the health insurance company in 2012.
- **Closed Grievances:** Number of grievances the health insurance company resolved by the end of 2012.
- **Upheld Grievances:** Number of closed grievances where the health insurance company stood by its original decision and did not decide in favor of the member or provider.
- **Reversed Grievances:** Number of closed grievances where the health insurance company changed its initial decision and decided in favor of the member or provider.
- **Reversal Rate:** Percentage of reversals resulting from grievances (closed grievances decided in favor of the member or provider) divided by closed grievances.

Keep in Mind:

A health insurance consumer should 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 members and providers, 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 members and providers.

Grievances—HMOs 2012

Data Source: DFS

HMO	Filed Grievances	Closed Grievances ¹	Reversed Grievances	Upheld Grievances	Reversal Rate (Percentage)
Aetna Health Inc.	497	506	131	375	25.89
Atlantis Health Plan, Inc. (d/b/a Easy Choice Health Plan of New York)	40	44	33	11	75.00
Capital District Physicians Health Plan	553	555	352	203	63.42
Community Blue (Healthnow)	192	200	94	106	47.00
Empire HealthChoice HMO, Inc.	881	910	163	747	17.91
Excellus Health Plan	480	509	158	351	31.04
GHI HMO Select, Inc.	12	30	22	8	73.33
HIP Health Maintenance Organization	307	327	196	131	59.94
Independent Health Association, Inc.	127	133	66	67	49.62
MVP Health Plan, Inc.	161	160	38	122	23.75
Oxford Health Plans (NY), Inc.	2,714	2,613	883	1,730	33.79
UnitedHealthcare of New York, Inc.	50	82	0	82	0.00
Total	6,014	6,069	2,136	3,933	35.20

¹ Closed grievances can exceed filed grievances in 2012 because closed grievances also include grievances filed prior to 2012.

Grievances—Nonprofit Indemnity Health Insurance Companies 2012

Data Source: DFS

Nonprofit Indemnity Health Insurance Company ¹	Filed Grievances	Closed Grievances ²	Reversed Grievances	Upheld Grievances	Reversal Rate (Percentage)
CDPHP Universal Benefits, Inc.	0	0	0	0	0.00
Dentcare Delivery Systems, Inc. ³	121	116	30	86	25.86
Excelsus Health Plan, Inc.	1,839	1,708	346	1,362	20.26
Group Health Incorporated	0	0	0	0	0.00
Healthnow New York Inc.	0	0	0	0	0.00
Independent Health Benefits Corporation	131	136	68	68	50.00
Total	2,091	1,960	444	1,516	22.65

¹ As a result of legislative changes, more companies are required to report grievance data than in prior years.

² Closed grievances can exceed filed grievances in 2012 because closed grievances also include grievances filed prior to 2012.

³ Plan issues dental coverage only.

Grievances—Commercial Health Insurance Companies 2012

Data Source: DFS

Commercial Health Insurance Company ^{1,2}	Filed Grievances	Closed Grievances ³	Reversed Grievances	Upheld Grievances	Reversal Rate (Percentage)
Aetna Life Insurance Company	1,118	1,106	267	839	24.14
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 Health and Life Insurance Company	7	7	1	6	14.29
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	241	250	83	167	33.20
Delta Dental Insurance Company ⁴	460	460	212	248	46.09
Empire HealthChoice Assurance, Inc.	0	0	0	0	0.00
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.	647	656	281	375	42.84
Genworth Life Insurance Company of New York	0	0	0	0	0.00
Guardian Life Insurance Company of America	132	132	89	43	67.42
Hartford Life Insurance Company	0	0	0	0	0.00
HIP Insurance Company of New York	0	0	0	0	0.00
HM Life Insurance Company of New York	0	0	0	0	0.00

¹ As a result of legislative changes, more companies are required to report grievance data than in prior years.

² Many commercial health insurance companies do not write traditional comprehensive health insurance products and therefore have no grievances.

³ Closed grievances can exceed filed grievances in 2012 because closed grievances also include grievances filed prior to 2012.

⁴ Plan issues dental coverage only.

Grievances—Commercial Health Insurance Companies 2012

Data Source: DFS

Commercial Health Insurance Company ^{1,2}	Filed Grievances	Closed Grievances ³	Reversed Grievances	Upheld Grievances	Reversal Rate (Percentage)
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
Medco Containment Insurance Company of New York	0	0	0	0	0.00
Metropolitan Life Insurance Company	0	0	0	0	0.00
Mutual of Omaha Insurance Company	2	2	0	2	0.00
MVP Health Insurance Company	0	0	0	0	0.00
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	0	0	0	0	0.00
Northwestern Mutual Life Insurance Company	0	0	0	0	0.00
Oxford Health Insurance, Inc.	4,309	4,158	1,244	2,914	29.92
Paul Revere Life Insurance Company	0	0	0	0	0.00
Principal 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
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
United States Life Insurance Company in the City of NY	0	0	0	0	0.00
UnitedHealthcare Insurance Company of New York	0	0	0	0	0.00
Total	6,916	6,771	2,177	4,594	32.15

¹ As a result of legislative changes, more companies are required to report grievance data than in prior years.

² Many commercial health insurance companies do not write traditional comprehensive health insurance products and therefore have no grievances.

³ Closed grievances can exceed filed grievances in 2012 because closed grievances also include grievances filed prior to 2012.

QUALITY OF CARE AND SERVICE FOR HEALTH INSURANCE COMPANIES

Access and Service

Data Source: 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 requested.
 - 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 they 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 health insurance members who had an outpatient or preventive care visit within the past 3 years, as reported by the health insurance company. A higher score means more people enrolled in the health insurance company had a provider visit.

Access and Service—HMOs 2012

Data Source: DOH

Understanding the Chart

The symbols in the chart show how each HMO compares to the average for all New York HMOs. HMOs with a “▲” in the chart 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, note that some plans have the same rate but a different symbol. This is because the plan rates are based on the number of members, which can differ among 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	64		86		84		75		94		95	
Aetna Health Inc.	68		85		86		79		93	▼	94	▼
Atlantis Health Plan, Inc. (d/b/a Easy Choice Health Plan of New York)	33	▼	73	▼	65	▼	56	▼	91	▼	92	▼
Capital District Physicians Health Plan	74	▲	90	▲	89	▲	80		96	▲	97	▲
Community Blue (Healthnow)	68		88		89	▲	86	▲	95	▲	96	▲
Empire HealthChoice HMO, Inc.	64		82		87		77		92	▼	92	▼
Excellus (Univera Healthcare)	58	▼	91	▲	85		78		93	▼	95	
Excellus BlueCross BlueShield	70	▲	87		86		76		96	▲	97	▲
HIP Health Maintenance Organization	74	▲	80	▼	80		70		94		94	▼
Independent Health Association, Inc.	75	▲	89		87		78		95	▲	97	▲
MVP Health Plan, Inc.	67		93	▲	89	▲	79		96	▲	97	▲
Oxford Health Plans (NY), Inc.	52	▼	88		84		71		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.

Access and Service—PPOs 2012

Data Source: DOH

Understanding the Chart

The symbols in the chart show how each PPO compares to the average for all New York PPOs. PPOs with a “▲” in the chart performed better than the New York PPO 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, note that some plans have the same rate but a different symbol. This is because the plan rates are based on the number of members, which can differ among plans, and how much a plan’s rate differs from the New York average.

Performance Compared to the New York PPO Average											
PPO	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 PPO Average	63		87		87		76		94	95	
Aetna Life Insurance Company	61		84		87		77		93 ▼	94 ▼	
CDPHP Universal Benefits, Inc.	72	▲	90		89		85	▲	92 ▼	94 ▼	
Connecticut General Life Insurance Company	55	▼	87		86		73		94	95	
Empire HealthChoice Assurance, Inc.	72	▲	92	▲	89		73		93 ▼	94 ▼	
Excellus BlueCross BlueShield	63		91		86		76		94	95	
Group Health Incorporated	63		84		90		76		90 ▼	92 ▼	
HIP Insurance Company of New York	59		81	▼	84		70	▼	92 ▼	94 ▼	
MVP Health Insurance Company	56	▼	85		89		79		94	96 ▲	
Oxford Health Insurance, Inc.	59		87		85		74		96 ▲	97 ▲	
UnitedHealthcare Insurance Company of New York	72	▲	90	▲	88		84	▲	95 ▲	96 ▲	

Legend

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

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

QUALITY OF CARE AND SERVICE FOR HEALTH INSURANCE COMPANIES

Child and Adolescent Health

Data Source: 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, H Influenza type B, 3 Hepatitis B, 1 Varicella and 4 pneumococcal.
- **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 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 body mass index (BMI) on a growth chart to determine BMI percentile ranking.

Child and Adolescent Health—HMOs 2012

Data Source: DOH

Understanding the Chart

The symbols in the chart show how each HMO compares to the average for all New York HMOs. HMOs with a “▲” in the chart 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, note that some plans have the same rate but a different symbol. This is because the plan rates are based on the number of members, which can differ among plans, and how much a plan's rate differs from the New York average.

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 3rd, 4th, 5th and 6th Years		Adolescent Well-Care Visits		Child Weight Assessment	
NY HMO Average	71		93		85		60		65	
Aetna Health Inc.	66	▼	85	▼	82	▼	57	▼	68	
Atlantis Health Plan, Inc. (d/b/a Easy Choice Health Plan of New York)	41	▼	74	▼	34	▼	21	▼	23	▼
Capital District Physicians Health Plan	86	▲	97	▲	89	▲	67	▲	82	▲
Community Blue (Healthnow)	75	▲	96	▲	87	▲	63	▲	79	▲
Empire HealthChoice HMO, Inc.	63	▼	85	▼	74	▼	45	▼	56	▼
Excellus (Univera Healthcare)	81	▲	93		84		59		84	▲
Excellus BlueCross BlueShield	85	▲	98	▲	88	▲	64	▲	83	▲
HIP Health Maintenance Organization	78	▲	96	▲	94	▲	64	▲	63	
Independent Health Association, Inc.	81	▲	97	▲	88	▲	66	▲	85	▲
MVP Health Plan, Inc.	82	▲	95	▲	84		58	▼	77	▲
Oxford Health Plans (NY), Inc.	55	▼	90	▼	85		62	▲	42	▼

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.

Child and Adolescent Health—PPOs 2012

Data Source: DOH

Understanding the Chart

The symbols in the chart show how each PPO compares to the average for all New York PPOs. PPOs with a “▲” in the chart performed better than the New York PPO 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, note that some plans have the same rate but a different symbol. This is because the plan rates are based on the number of members, which can differ among plans, and how much a plan's rate differs from the New York average.

Performance Compared to the New York PPO Average										
PPO	Childhood Immunization Status		Well-Child Visits in the First 15 Months of Life		Well-Child Visits During the 3rd, 4th, 5th and 6th Years		Adolescent Well-Care Visits		Child Weight Assessment	
NY PPO Average	64		90		80		53		55	
Aetna Life Insurance Company	68	▲	90		82	▲	57	▲	75	▲
CDPHP Universal Benefits, Inc.	80	▲	96	▲	89	▲	64	▲	80	▲
Connecticut General Life Insurance Company	66		92	▲	83	▲	58	▲	68	▲
Empire HealthChoice Assurance, Inc.	NV		88	▼	77	▼	45	▼	42	▼
Excellus BlueCross BlueShield	83	▲	88	▼	78	▼	53		71	▲
Group Health Incorporated	53	▼	94	▲	80		53		50	▼
HIP Insurance Company of New York	72		96	▲	92	▲	59	▲	63	▲
MVP Health Insurance Company	50	▼	94	▲	84	▲	59	▲	NV	
Oxford Health Insurance, Inc.	55	▼	91		83	▲	63	▲	NV	
UnitedHealthcare Insurance Company of New York	60		93	▲	84	▲	57	▲	NV	

Legend

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

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

NV Plan submitted invalid data

QUALITY OF CARE AND SERVICE FOR HEALTH INSURANCE COMPANIES

Adult Health

Data Source: 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.
 - **Chlamydia Cancer Screening:** The percentage of sexually active young women, ages 16 through 20, who had at least one test for Chlamydia during the measurement year.
 - **Colorectal Cancer Screening:** The percentage of adults, ages 50 to 75 years, who had appropriate screening for colorectal cancer.
 - **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. This measure was not collected for 2011; 2010 data are presented.
- **Controlling High Blood Pressure:** The percentage of members, ages 18 to 85 years, who have hypertension and whose blood pressure is below 140/90. This measure was not collected for 2011; 2010 data are presented.
 - **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 are <100 mg/dL.

Adult Health—HMOs 2012

Data Source: DOH

Understanding the Chart

The symbols in the chart show how each HMO compares to the average for all New York HMOs. HMOs with a “▲” in the chart 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, note that some plans have the same rate but a different symbol. This is because the plan rates are based on the number of members, which can differ among plans, and how much a plan’s rate differs from the New York average.

Performance Compared to the New York HMO Average												
HMO	Cervical Cancer Screening		Chlamydia Cancer Screening		Colon Cancer Screening		Adult BMI Assessment **		Controlling High Blood Pressure**		Cholesterol Management —Controlled (<100 mg/dL)	
NY HMO Average	78		57		65		56		66		62	
Aetna Health Inc.	75	▼	58		61		29	▼	57	▼	49	▼
Atlantis Health Plan, Inc. (d/b/a Easy Choice Health Plan of New York)	67	▼	45		36	▼	41	▼	41	▼	20	▼
Capital District Physicians Health Plan	80	▲	55	▼	72	▲	76	▲	72	▲	64	
Community Blue (Healthnow)	79	▲	53	▼	69		69	▲	67		63	
Empire HealthChoice HMO, Inc.	70	▼	61	▲	63		50	▼	72	▲	64	
Excelsus (Univera Healthcare)	76	▼	51	▼	65		58		63		66	
Excelsus BlueCross BlueShield	82	▲	44	▼	70		51		70		72	▲
HIP Health Maintenance Organization	80	▲	74	▲	66		69	▲	59	▼	53	▼
Independent Health Association, Inc.	79	▲	53	▼	66		74	▲	68		66	
MVP Health Plan, Inc.	77	▼	50	▼	68		65	▲	74	▲	67	▲
Oxford Health Plans (NY), Inc.	79	▲	54	▼	60	▼	26	▼	52	▼	52	▼

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 are from 2010.

Adult Health—PPOs 2012

Data Source: DOH

Understanding the Chart

The symbols in the chart show how each PPO compares to the average for all New York PPOs. PPOs with a “▲” in the chart performed better than the New York PPO 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, note that some plans have the same rate but a different symbol. This is because the plan rates are based on the number of members, which can differ among plans, and how much a plan’s rate differs from the New York average.

Performance Compared to the New York PPO Average												
PPO	Cervical Cancer Screening		Chlamydia Cancer Screening		Colon Cancer Screening		Adult BMI Assessment **		Controlling High Blood Pressure**		Cholesterol Management —Controlled (<100 mg/dL)	
NY PPO Average	77		52		57		39		59		47	
Aetna Life Insurance Company	78	▲	54	▲	64	▲	26	▼	45	▼	44	
CDPHP Universal Benefits, Inc.	75	▼	53		71	▲	72	▲	75	▲	66	▲
Connecticut General Life Insurance Company	79	▲	54	▲	53		NV		56		54	▲
Empire HealthChoice Assurance, Inc.	74	▼	52		47	▼	41		67	▲	NV	
Excellus BlueCross BlueShield	79	▲	43	▼	64	▲	46	▲	63	▲	60	▲
Group Health Incorporated	70	▼	53		50	▼	36		47	▼	46	
HIP Insurance Company of New York	73	▼	54		55		39		51	▼	47	
MVP Health Insurance Company	78	▲	49	▼	47	▼	NV		NV		NV	
Oxford Health Insurance, Inc.	83	▲	49	▼	65	▲	NV		NV		50	
UnitedHealthcare Insurance Company of New York	78	▲	58	▲	62	▲	NV		NV		43	

Legend

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

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

**Rotated measure. Data are from 2010.

NV Plan submitted invalid data

QUALITY OF CARE AND SERVICE FOR HEALTH INSURANCE COMPANIES

Diabetes

Data Source: 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.

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—HMOs 2012

Data Source: DOH

Understanding the Chart

The symbols in the chart show how each HMO compares to the average for all New York HMOs. HMOs with a “▲” in the chart 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, note that some plans have the same rate but a different symbol. This is because the plan rates are based on the number of members, which can differ among plans, and how much a plan’s rate differs from the New York average.

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	60		83		27		47		66	
Aetna Health Inc.	57		76	▼	33	▼	44		51	▼
Atlantis Health Plan, Inc. (d/b/a Easy Choice Health Plan of New York)	21	▼	75	▼	60	▼	17	▼	19	▼
Capital District Physicians Health Plan	63		87	▲	23	▲	48		81	▲
Community Blue (Healthnow)	65	▲	84		23	▲	52	▲	69	
Empire HealthChoice HMO, Inc.	59		86	▲	21	▲	50		67	
Excellus (Univera Healthcare)	63		87	▲	19	▲	48		70	▲
Excellus BlueCross BlueShield	67	▲	84		17	▲	53	▲	71	▲
HIP Health Maintenance Organization	64	▲	81		30		48		64	
Independent Health Association, Inc.	67	▲	88	▲	20	▲	51		74	▲
MVP Health Plan, Inc.	60		83		19	▲	52	▲	69	▲
Oxford Health Plans (NY), Inc.	48	▼	78	▼	42	▼	36	▼	56	▼

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.

† For Poor HbA1c Control, a low rate is desirable.

Diabetes—PPOs 2012

Data Source: DOH

Understanding the Chart

The symbols in the chart show how each PPO compares to the average for all New York PPOs. PPOs with a “▲” in the chart performed better than the New York PPO 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, note that some plans have the same rate but a different symbol. This is because the plan rates are based on the number of members, which can differ among plans, and how much a plan’s rate differs from the New York average.

Performance Compared to the New York PPO Average										
PPO	Dilated Eye Exam		Nephropathy Monitoring		Poor HbA1c Control†		Lipids Controlled (<100 mg/dL)		Blood Pressure Controlled (<140/90 mm Hg)	
NY PPO Average	55		72		42		40		52	
Aetna Life Insurance Company	60	▲	77	▲	35	▲	45	▲	54	
CDPHP Universal Benefits, Inc.	61	▲	81	▲	25	▲	46	▲	75	▲
Connecticut General Life Insurance Company	52		76	▲	34	▲	43		55	
Empire HealthChoice Assurance, Inc.	51	▼	69		53	▼	32	▼	41	▼
Excellus BlueCross BlueShield	58		82	▲	22	▲	50	▲	72	▲
Group Health Incorporated	48	▼	77	▲	46	▼	38		37	▼
HIP Insurance Company of New York	53		81	▲	43		38		53	
MVP Health Insurance Company	42	▼	76	▲	NV		NV		NV	
Oxford Health Insurance, Inc.	54		73		49	▼	39		54	
UnitedHealthcare Insurance Company of New York	59		68		40		42		55	

Legend

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

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

† For Poor HbA1c Control, a low rate is desirable.

NV Plan submitted invalid data

QUALITY OF CARE AND SERVICE FOR HEALTH INSURANCE COMPANIES

Behavioral Health

Data Source: DOH

Measure Descriptions

- **Follow-Up Care for Children Prescribed ADHD Medication—**
Initiation Phase: The percentage of children ages 6–12 years, who had 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. The measure 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). The measure 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.

Behavioral Health—HMOs 2012

Data Source: DOH

Understanding the Chart

The symbols in the chart show how each HMO compares to the average for all New York HMOs. HMOs with a “▲” in the chart 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, note that some plans have the same rate but a different symbol. This is because the plan rates are based on the number of members, which can differ among plans, and how much a plan's rate differs from the New York average.

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	44		65		50		70		81	
Aetna Health Inc.	46		65		49		59	▼	70	▼
Atlantis Health Plan, Inc. (d/b/a Easy Choice Health Plan of New York)	—		71		57		—		—	
Capital District Physicians Health Plan	41		69	▲	58	▲	76	▲	90	▲
Community Blue (Healthnow)	47		59	▼	42	▼	75	▲	87	▲
Empire HealthChoice HMO, Inc.	42		61		44		65	▼	77	
Excellus (Univera Healthcare)	54		58	▼	43	▼	91	▲	92	▲
Excellus BlueCross BlueShield	41		69	▲	53	▲	88	▲	89	▲
HIP Health Maintenance Organization	50		65		48		69		81	
Independent Health Association, Inc.	42		65		50		59	▼	76	▼
MVP Health Plan, Inc.	41		65		47	▼	81	▲	85	
Oxford Health Plans (NY), Inc.	47		67		55	▲	65	▼	76	▼

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

Behavioral Health—PPOs 2012

Data Source: DOH

Understanding the Chart

The symbols in the chart show how each PPO compares to the average for all New York PPOs. PPOs with a “▲” in the chart performed better than the New York PPO 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, note that some plans have the same rate but a different symbol. This is because the plan rates are based on the number of members, which can differ among plans, and how much a plan’s rate differs from the New York average.

Performance Compared to the New York PPO Average										
PPO	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 PPO Average	44		66		50		64		79	
Aetna Life Insurance Company	44		64		50		58	▼	74	▼
CDPHP Universal Benefits, Inc.	50		70		59	▲	78	▲	88	▲
Connecticut General Life Insurance Company	50		71	▲	54		58	▼	72	▼
Empire HealthChoice Assurance, Inc.	36	▼	62	▼	44	▼	59	▼	78	
Excellus BlueCross BlueShield	42		65		48	▼	84	▲	87	▲
Group Health Incorporated	48		69		53		54	▼	69	▼
HIP Insurance Company of New York	—		64		45		66		78	
MVP Health Insurance Company	39		65		47		85	▲	86	▲
Oxford Health Insurance, Inc.	52	▲	70	▲	59	▲	67		81	
UnitedHealthcare Insurance Company of New York	46		66		51		64		79	

Legend

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

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

— Sample size too small to report.

QUALITY OF CARE AND SERVICE FOR HEALTH INSURANCE COMPANIES

Quality of Providers

Data Source: 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 internists, OB/GYNs and pediatricians who are board certified. A higher percentage means the health insurance company 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—HMOs 2012

Data Source: DOH

Understanding the Chart

The symbols in the chart show how each HMO compares to the average for all New York HMOs. HMOs with a “▲” in the chart 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, note that some plans have the same rate but a different symbol. This is because the plan rates are based on the number of members, which can differ among plans, and how much a plan’s rate differs from the New York average.

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	83		82		94		79	76	80		
Aetna Health Inc.	86		83		95		81 ▲	78 ▲	84 ▲		
Atlantis Health Plan, Inc. (d/b/a Easy Choice Health Plan of New York)	80		68 ▼		93		70 ▼	37 ▼	61 ▼		
Capital District Physicians Health Plan	84		86		93		86 ▲	85 ▲	74 ▼		
Community Blue (Healthnow)	85		86		94		77	70 ▼	70 ▼		
Empire HealthChoice HMO, Inc.	81		84		93		75 ▼	78	79		
Excellus (Univera Healthcare)	82		82		94		77	79	82		
Excellus BlueCross BlueShield	83		85		94		83 ▲	80	85 ▲		
HIP Health Maintenance Organization	82		84		92		82 ▲	74	82 ▲		
Independent Health Association, Inc.	81		82		92		70 ▼	80	82		
MVP Health Plan, Inc.	86		88 ▲		95 ▲		81 ▲	81 ▲	88 ▲		
Oxford Health Plans (NY), Inc.	82		80		94		79	81 ▲	81		

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 Providers—PPOs 2012

Data Source: DOH

Understanding the Chart

The symbols in the chart show how each PPO compares to the average for all New York PPOs. PPOs with a “▲” in the chart performed better than the New York PPO average.

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

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

Performance Compared to the New York PPO Average												
PPO	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 PPO Average	84		94		82		78		77		81	
Aetna Life Insurance Company	84		95		77		80	▲	79		84	▲
CDPHP Universal Benefits, Inc.	87		96	▲	86		86	▲	85	▲	74	▼
Connecticut General Life Insurance Company	82		94		78		82	▲	78		83	▲
Empire HealthChoice Assurance, Inc.	79		88	▼	82		76	▼	78		80	▼
Excellus BlueCross BlueShield	84		93		89	▲	83	▲	80		86	▲
Group Health Incorporated	86		94		83		71	▼	66	▼	75	▼
HIP Insurance Company of New York	84		91		83		81	▲	74	▼	82	
MVP Health Insurance Company	88		95		80		81	▲	81	▲	87	▲
Oxford Health Insurance, Inc.	81		95		77		79	▲	81	▲	81	
UnitedHealthcare Insurance Company of New York	86		95		83		79		82	▲	83	▲

Legend

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

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

Health Insurance Company Accreditation

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

What Is NCQA Accreditation?

The National Committee for Quality Assurance (NCQA) is a private, nonprofit organization dedicated to improving health care by assessing and reporting on the quality of health plans. NCQA’s team of doctors and health care experts 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 health insurance companies on a comparable basis. CAHPS is a standardized survey used by all health insurance companies. For more information on NCQA, visit www.ncqa.org.

NCQA Assigns Accreditation Outcomes Based on Health Insurance Company Performance

- **Excellent** indicates health insurance companies 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 health insurance companies demonstrate levels of service and clinical quality that meet NCQA’s rigorous requirements for consumer protection and quality improvement.
- **Accredited** indicates health insurance companies meet *most* of NCQA’s basic requirements.
- **Provisional** indicates health insurance companies meet *some* of NCQA’s basic requirements.
- **Denied** indicates health insurance companies do not meet NCQA’s basic requirements.
- **Not Reviewed** indicates health insurance companies have not requested NCQA review.

NCQA Accreditation Status as of July 2013 ³	
HMO	Accreditation Status
Aetna Health Inc.	Commendable
Atlantis Health Plan, Inc. (d/b/a Easy Choice Health Plan of New York)	Not Reviewed
Capital District Physicians Health Plan	Excellent
Community Blue (Healthnow)	Excellent
Empire HealthChoice HMO, Inc.	Commendable
Excellus Health Plan	Excellent
GHI HMO Select, Inc.	Not Reviewed
HIP Health Maintenance Organization	Excellent
Independent Health Association, Inc.	Excellent
MVP Health Plan, Inc.	Excellent
Oxford Health Plans (NY), Inc.	Commendable
United Healthcare of New York, Inc.	Not Reviewed

¹ HEDIS[®] (Healthcare Effectiveness Data and Information Set) is a registered trademark of the National Committee for Quality Assurance (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.

NCQA Assigns Accreditation Outcomes Based on Health Insurance Company Performance

- **Excellent** indicates health insurance companies demonstrate level of service and clinical quality that meets or exceeds NCQA's rigorous requirements for consumer protection and quality improvement. HEDIS results are in the highest range of national performance.
- **Commendable** indicates health insurance companies demonstrate level of service and clinical quality that meets NCQA's rigorous requirements for consumer protection and quality improvement.
- **Accredited** indicates health insurance companies meet *most* of NCQA's basic requirements.
- **Provisional** indicates health insurance companies meet *some* of NCQA's basic requirements.
- **Denied** indicates health insurance companies do not meet NCQA's basic requirements.
- **Not Reviewed** indicates health insurance companies have not requested NCQA review.

NCQA Accreditation Status as of July 2013¹

Non-Profit Indemnity Health Insurance Company	Accreditation Status
CDPHP Universal Benefits, Inc.	Excellent
Dentcare Delivery Systems, Inc.	Not Reviewed
Excellus Health Plan, Inc.	Excellent
Group Health Incorporated	Not Reviewed
Healthnow New York Inc.	Excellent
Independent Health Benefits Corporation	Not Reviewed
Commercial Health Insurance Company	Accreditation Status
Aetna Life Insurance Company	Excellent
American Family Life Assurance Company of New York	Not Reviewed
American Progressive Life and Health Insurance	Not Reviewed
Berkshire Life Insurance Company of America	Not Reviewed
CIGNA Health and Life Insurance Company	Commendable
CIGNA Life Insurance Company of New York	Commendable

Commercial Health Insurance Company	Accreditation Status
Combined Life Insurance Company of New York	Not Reviewed
Connecticut General Life Insurance Company	Commendable
Delta Dental Insurance Company	Not Reviewed
Empire HealthChoice Assurance, Inc.	Not Reviewed
First Rehabilitation Life Insurance Company of America	Not Reviewed
First Unum Life Insurance Company	Not Reviewed
Freelancers Insurance Company, Inc.	Not Reviewed
Genworth Life Insurance Company of New York	Not Reviewed
Guardian Life Insurance Company of America	Not Reviewed
Hartford Life Insurance Company	Not Reviewed
HIP Insurance Company of New York	Not Reviewed
HM Life Insurance Company of New York	Not Reviewed
Humana Insurance Company of New York	Not Reviewed
John Hancock Life & Health Insurance Company	Not Reviewed
Massachusetts Mutual Life Insurance Company	Not Reviewed
Medco Containment Insurance company of New York	Not Reviewed
Metropolitan Life Insurance Company	Not Reviewed
Mutual of Omaha Insurance Company	Not Reviewed
MVP Health Insurance Company	Not Reviewed
National Union Fire Insurance Company of Pittsburgh, PA	Not Reviewed
New York Life Insurance Company	Not Reviewed
Nippon Life Insurance Company of America	Not Reviewed

¹ Accreditation Status does not include Medicare or Medicaid products.

NCQA Assigns Accreditation Outcomes Based on Health Insurance Company Performance

- **Excellent** indicates health insurance companies demonstrate level of service and clinical quality that meets or exceeds NCQA's rigorous requirements for consumer protection and quality improvement. HEDIS results are in the highest range of national performance.
- **Commendable** indicates health insurance companies demonstrate level of service and clinical quality that meets NCQA's rigorous requirements for consumer protection and quality improvement.
- **Accredited** indicates health insurance companies meet *most* of NCQA's basic requirements.
- **Provisional** indicates health insurance companies meet *some* of NCQA's basic requirements.
- **Denied** indicates health insurance companies do not meet NCQA's basic requirements.
- **Not Reviewed** indicates health insurance companies have not requested NCQA review.

NCQA Accreditation Status as of July 2013¹

Commercial Health Insurance Company	Accreditation Status
Northwestern Mutual Life Insurance Company	Not Reviewed
Oxford Health Insurance, Inc.	Commendable
Paul Revere Life Insurance Company	Not Reviewed
Principal Life Insurance Company	Not Reviewed
Prudential Insurance Company of America	Not Reviewed
Standard Life Insurance Company of New York	Not Reviewed
Sun Life Insurance and Annuity Company of New York	Not Reviewed
Transamerica Financial Life Insurance Company of the City of New York	Not Reviewed
United States Life Insurance Company in the City of NY	Not Reviewed
UnitedHealthcare Insurance Company of New York	Commendable

¹ Accreditation Status does not include Medicare or Medicaid products.

How Health Insurance Companies Pay Health Care Providers

New York health insurance companies pay health care providers (“providers”) in a variety of contractual methods, including some of the methods described below. A typical health insurance company may use more than one method. No one method is “best” or “right.” Ask your doctor if you have questions or concerns about how your health insurance company pays providers.

Payment Methods

- **Fee for Service:** The health insurance company pays providers for each office visit, procedure and test. Payment is usually based on an allowable fee or “usual and customary reimbursement.”
- **Capitation:** The health insurance company pays providers 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 health insurance company pays providers additional amounts if they meet quality, customer-service or cost-saving goals.
- **Withhold:** The health insurance company withholds a portion of the provider’s payment to cover unexpected services such as specialty care, laboratory services or hospitalization. If patients do not use these services, the health insurance company 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, DFS receives complaints about health insurance companies from consumers and health care providers. After reviewing each complaint, DFS determines if the health insurance company acted appropriately. If DFS determines that the health insurance company did not act in accordance with its statutory and contractual obligations, the health insurance company must resolve the problem to comply.

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 DFS. It is not possible to compare different types of health insurance companies on a standardized basis. Accordingly, a health insurance company's ranking in its category, as well as its overall ranking, should be considered.

Understanding the Charts

- **Rank:** Each health insurance company is ranked based on how many complaints were resolved by DFS in favor of the member or provider relative to the health insurance company's premiums. A lower number results in a higher ranking. If the ratios are the same, the health insurance company with the higher premiums is ranked higher.
- **Total Complaints:** Total number of complaints closed by DFS in 2012. 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 member or provider because DFS determined that the health insurance company did not comply with statutory or contractual obligations. Upheld complaints by DFS are used to calculate the complaint ratio and rank.
- **Premiums:** Dollar amount generated by a health insurance company in New York State during 2012. Premiums are used to calculate the complaint ratio so that health insurance companies of different sizes can be compared fairly. Premium data exclude Medicare and Medicaid.
- **Complaint Ratio:** Number of upheld complaints (complaints resolved by DFS in favor of the member or provider), divided by the health insurance company's premiums.

Overall Complaint Ranking—2012

Data Source: DFS

Health Insurance Company/HMO	Rank ^{1,2}	Total Complaints	Upheld Complaints	Premiums (Millions \$)	Complaint Ratio
Independent Health Benefits Corporation ^N	1	18	0	447.18	0.0000
Prudential Insurance Company of America ^C	2	5	0	141.13	0.0000
CIGNA Health and Life Insurance Company ^C	3	2	0	134.20	0.0000
HM Life Insurance Company of New York ^C	4	1	0	88.86	0.0000
Medco Containment Insurance Company of New York ^C	5	0	0	83.34	0.0000
Northwestern Mutual Life Insurance Company ^C	6	3	0	80.28	0.0000
Massachusetts Mutual Life Insurance Company ^C	7	2	0	73.31	0.0000
Berkshire Life Insurance Company of America ^C	8	2	0	62.50	0.0000
Paul Revere Life Insurance Company ^C	9	6	0	54.25	0.0000
Standard Life Insurance Company of New York ^C	10	3	0	53.60	0.0000
Principal Life Insurance Company ^C	11	5	0	53.14	0.0000
Delta Dental Insurance Company ^{3,C}	12	4	1	933.85	0.0011
American Family Life Assurance Company of New York ^C	13	10	1	252.31	0.0040
Genworth Life Insurance Company of New York ^C	14	4	1	168.91	0.0059
First Unum Life Insurance Company ^C	15	27	2	306.77	0.0065
Healthnow New York Inc. ^N	16	63	9	1,349.30	0.0067
American Progressive Life and Health Insurance ^C	17	4	3	301.73	0.0099
Community Blue (Healthnow) ^H	18	14	2	200.51	0.0100
Independent Health Association, Inc. ^H	19	18	4	364.59	0.0110
MVP Health Plan, Inc. ^H	20	45	8	652.42	0.0123

Legend

^C Commercial Health Insurance Company

^H HMO

^N Nonprofit 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 higher ranking.

² Health insurance companies with a lower complaint ratio receive a higher ranking.

³ Plan issues dental coverage only.

Overall Complaint Ranking—2012

Data Source: DFS

Health Insurance Company/HMO	Rank ^{1,2}	Total Complaints	Upheld Complaints	Premiums (Millions \$)	Complaint Ratio
CDPHP Universal Benefits, Inc. ^N	21	8	6	486.03	0.0123
New York Life Insurance Company ^C	22	8	1	70.23	0.0142
MVP Health Insurance Company ^C	23	53	10	696.85	0.0144
Mutual of Omaha Insurance Company ^C	24	11	1	60.99	0.0164
Capital District Physicians Health Plan ^H	25	61	12	634.24	0.0189
Hartford Life Insurance Company ^C	26	18	3	154.62	0.0194
Metropolitan Life Insurance Company ^C	27	53	11	565.91	0.0194
Dentcare Delivery Systems, Inc. ^{3,N}	28	4	1	51.37	0.0195
Sun Life Insurance and Annuity Company of New York ^C	29	6	2	88.11	0.0227
Guardian Life Insurance Company of America ^C	30	40	8	344.51	0.0232
UnitedHealthcare Insurance Company of New York ^C	31	599	156	6,215.66	0.0251
National Union Fire Insurance Company of Pittsburgh, PA ^C	32	10	3	106.81	0.0281
First Rehabilitation Life Insurance Company of America ^C	33	3	2	69.91	0.0286
Excellus Health Plan, Inc. ^N	34	315	147	4,014.36	0.0366
CIGNA Life Insurance Company of New York ^C	35	16	3	76.75	0.0391
Transamerica Financial Life Insurance Company ^C	36	14	3	70.65	0.0425
Nippon Life Insurance Company of America ^C	37	10	5	113.76	0.0440
Humana Insurance Company of New York ^C	38	6	4	89.12	0.0449
United States Life Insurance Company in the City of NY ^C	39	25	5	91.57	0.0546
John Hancock Life & Health Insurance Company ^C	40	19	7	127.83	0.0548
Aetna Life Insurance Company ^C	41	232	88	1,598.78	0.0550
Combined Life Insurance Company of New York ^C	42	22	6	105.41	0.0569

Legend

- ^C Commercial Health Insurance Company
- ^H HMO
- ^N Nonprofit Indemnity Health Insurance Company

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² Health insurance companies with a lower complaint ratio receive a higher ranking.

³ Plan issues dental coverage only.

Overall Complaint Ranking—2012

Data Source: DFS

Health Insurance Company/HMO	Rank ^{1,2}	Total Complaints	Upheld Complaints	Premiums (Millions \$)	Complaint Ratio
Empire HealthChoice Assurance, Inc. ^C	43	1,091	293	4,381.80	0.0669
Oxford Health Insurance, Inc. ^C	44	1,133	466	5,642.98	0.0826
Freelancers Insurance Company, Inc. ^C	45	36	9	108.00	0.0833
HIP Health Maintenance Organization ^H	46	429	191	2,230.33	0.0856
Empire HealthChoice HMO, Inc. ^H	47	314	79	833.70	0.0948
Excellus Health Plan ^H	48	73	40	357.78	0.1118
HIP Insurance Company of New York ^C	49	49	21	170.73	0.1230
Group Health Incorporated ^N	50	948	413	3,267.53	0.1264
Connecticut General Life Insurance Company ^C	51	185	100	787.14	0.1270
Oxford Health Plans (NY), Inc. ^H	52	548	225	1,673.81	0.1344
UnitedHealthcare of New York, Inc. ^H	53	35	7	40.34	0.1735
Aetna Health Inc. ^H	54	142	74	422.62	0.1751
GHI HMO Select, Inc. ^H	55	22	11	27.48	0.4003
Atlantis Health Plan, Inc. (d/b/a Easy Choice Health Plan of New York) ^H	56	1,010	920	72.31	12.7226
Total		7,784	3,364	41,652.20	0.0808

Legend

^C Commercial Health Insurance Company

^H HMO

^N Nonprofit 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 higher ranking.

² Health insurance companies with a lower complaint ratio receive a higher ranking.

Telephone Numbers for Health Insurance Companies

HMO	
Aetna Health Inc.	800-435-8742
Atlantis Health Plan, Inc. (d/b/a Easy Choice Health Plan of New York)	866-747-8422
Capital District Physicians Health Plan	800-777-2273
Community Blue (Healthnow)	800-544-2583
Empire HealthChoice HMO, Inc.	800-261-5962
Excellus Health Plan	800-633-6066
GHI HMO Select, Inc.	877-411-3625
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

Nonprofit Indemnity Health Insurance Company	
CDPHP Universal Benefits, Inc.	877-269-2134
Dentcare Delivery Systems, Inc.	800-468-0608
Excellus Health Plan, Inc.	800-847-1200
Group Health Incorporated (GHI)	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	800-872-3862
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 Health & Life Insurance Company	800-244-6224
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
HM Life Insurance Company of New York	800-328-5433
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

Commercial Health Insurance Company ¹	
Medco Containment Insurance Company of New York	800-426-0152
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	800-374-1835
Northwestern Mutual Life Insurance Company	800-388-8123
Oxford Health Insurance, Inc.	800-969-7480
Paul Revere Life Insurance Company	800-265-3199
Principal Life Insurance Company	800-986-3343
Prudential Insurance Company of America	877-301-1212
Standard Life Insurance Company of New York	888-937-4783
Sunlife Insurance and Annuity Company of New York	800-786-5433
Transamerica Financial Life Insurance Company	888-763-7474
United States Life Insurance Company in the City of New York	800-231-3655
UnitedHealthcare Insurance Company of New York	877-832-7734

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 printed copies of the PDF, visit:

www.dfs.ny.gov/consumer/chealth.htm, or call DFS at the phone number listed above.

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 and premiums, contact:

Consumer Assistance Unit

New York State Department of Financial Services

One Commerce Plaza
Albany, NY 12257

800-342-3736

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

800-400-8882

E-mail: externalappealquestions@dfs.ny.gov

For general information:

www.dfs.ny.gov/insurance/extapp/extappqa.htm

For an external appeal application:

www.dfs.ny.gov/insurance/extapp/extappl.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

800-206-8125

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

Under federal law, if you receive health coverage through a self-insured plan covered by ERISA, 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

www.dol.gov/ebsa/aboutebsa/main.html

For issues concerning insurance fraud, contact:

New York State Department of Financial Services

Insurance Frauds Bureau
1 State Street
New York, NY 10004

800-342-3736

www.dfs.ny.gov/consumer/scamsfraud.htm

Contacts and Resources

Information About the NY State of Health

Under the Affordable Care Act, an exchange must be operating in every state starting in 2014. An exchange is an organized marketplace designed to help people shop for and enroll in health insurance coverage. In New York State, this exchange will be called the NY State of Health.

NY State of Health will be an open and transparent marketplace where individuals and small businesses will be able to choose among and compare rates, benefits and the quality of reasonably priced competing health insurance plans offered. Federal tax credits may be available to help qualified consumers and small businesses pay for the coverage.

Essential Benefits

The Affordable Care Act ensures that health plans offered in New York State of Health for individuals and small businesses include a comprehensive package of items and services, known as essential health benefits.

Essential health benefits must include items and services within at least the following categories:

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance use disorder services, including behavioral health treatment (this includes counseling and psychotherapy)

- Prescription drugs
- Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services

NY State of Health will offer policies with different levels of benefits. The Affordable Care act defines the levels in four metal tiers:

- Bronze
- Silver
- Gold
- Platinum

The lower metal tiers (Bronze and Silver) will have lower premiums but consumers will be required to cover more of the cost of each service they receive. This may be achieved through higher deductibles, co-payments and/or co-insurance. The higher metal tiers (Gold and Platinum) have higher premiums but a lower cost share amount for each service.

This concept allows greater flexibility for consumers when choosing a health plan. Consumers should assess their health care needs and choose the plan that best suits their requirements.

Starting October 1, 2013, further detail about the metal tiers and plans available in NYS State of Health may be obtained by visiting:
www.nystateofhealth.ny.gov/

Small Businesses

What is considered a small business with regard to NY State of Health?

In general, if you have 50 or fewer full-time equivalent (FTE) employees, you are considered a small business and may get employee insurance through the Small Business Health Options Program (SHOP).

What is SHOP?

The Small Business Health Options Program (SHOP) is a new program that simplifies the process of buying health insurance for your small business.

The SHOP Marketplace gives you choice and control over health costs.

- You control the coverage you offer to your employees and how much you pay toward employee premiums.
- You can compare health plans online on a comparable basis, which will help you make a decision that's right for your business.
- You may qualify for a small business health care tax credit worth up to 50% of your premium costs. You can still deduct from your taxes the rest of your premium costs not covered by the tax credit.

Contacts and Resources

Applying for Health Insurance Offered on NY State of Health

NY State of Health will begin accepting applications as of October 1, 2013 for coverage effective January 1, 2014.

For further information on how to apply for coverage through NY State of Health, visit: www.nystateofhealth.ny.gov/

Questions about the Affordable Care Act and the NY State of Health?

For further information about NY State of Health, visit: www.nystateofhealth.ny.gov/, or e-mail your questions to: exchange@health.state.ny.us

For further information about the Affordable Care Act, visit: www.healthcare.gov

Questions about Medicare and Medicaid?

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

Centers for Medicare & Medicaid Services
800-MEDICARE (800-633-4227) or visit:
www.medicare.gov

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

800-701-0501 or visit:
www.aging.ny.gov/healthbenefits/

For information about New York's Medicaid program, contact your local county Department of Social Services. For a listing of local Departments of Social Services visit:
www.health.ny.gov/health_care/medicaid/lcss.htm

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

Note: Important changes are coming to the Healthy NY program for Individuals, Sole Proprietors, and Small Employers, as indicated below.

Individuals & Sole Proprietors:

Coverage through Healthy NY will terminate as of December 31, 2013, for all individuals and sole proprietors. Individuals and sole proprietors can purchase insurance through NY State of Health starting in October 2013 for coverage effective January 1, 2014.

Small Employers:

Effective January 1, 2014, new Healthy NY policies and new premium rates will replace existing Healthy NY policies for small businesses. The new policies will include more comprehensive benefits required by federal health care reform.

Child Health Plus

Health insurance program for children under 19 years of age.

800-698-4KIDS (800-698-4543)
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 or visit:
www.health.ny.gov/health_care/family_health_plus/

Related Resources

Looking for HMO Premium Rates?

To view the rates charged by HMOs, visit:
www.dfs.ny.gov/insurance/ihmoindx.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:
www.health.ny.gov/health_care/managed_care/reports/