

New York Consumer Guide to Health Insurance Companies



2014

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 2013.
- 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 2012, 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 50-52.
- 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 website 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 come into compliance.

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's rank is based on how many complaints were resolved by DFS in favor of the member or provider, relative to the 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 2013. Large health insurance companies may receive more complaints because they have more members than smaller health insurance companies.
- **Complaints Upheld 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. Complaints upheld by DFS are used to calculate the complaint ratio and ranking.
- **Premiums:** Dollar amount generated by a health insurance company in New York State during 2013. 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 complaints upheld (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 closed by DOH. Complaints to DOH involve concerns about the quality of care received by members.
- **Complaints Upheld by DOH:** Number of complaints closed by DOH that were decided in favor of the member or provider.

Complaints—HMOs 2013

Data Source: DFS and DOH

Data Compiled by the New York State DFS						Data Compiled by the New York State DOH	
HMO	Rank ¹ 1 = Best 11 = Worst	Total Complaints to DFS	Complaints Upheld by DFS	Premiums (Millions \$)	Complaint Ratio	Total Complaints to DOH	Complaints Upheld by DOH
Aetna Health Inc.	9	74	32	400.22	0.0800	2	0
Atlantis Health Plan, Inc. (d/b/a Easy Choice Health Plan of New York) ²	11	1,539	1,485	65.83	22.5570	7	5
Capital District Physicians Health Plan	2	24	7	634.31	0.0110	3	2
Community Blue (HealthNow)	4	6	3	180.95	0.0166	2	0
Empire HealthChoice HMO, Inc.	10	212	56	670.25	0.0836	9	0
Excellus Health Plan	8	40	25	332.43	0.0752	1	1
HIP Health Maintenance Organization	6	219	97	2,229.61	0.0435	3	1
Independent Health Association, Inc.	1	8	0	346.77	0.0000	1	0
MVP Health Plan, Inc.	3	41	10	626.10	0.0160	1	0
Oxford Health Plans (NY), Inc.	5	283	54	1745.04	0.0309	13	4
UnitedHealthcare of New York, Inc.	7	9	4	65.02	0.0615	0	0
Total		2,455	1,773	7,296.54	0.2430	42	13

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

²Plan intends to exit New York's individual, small group and large group health insurance markets effective December 31, 2014.

Complaints—Nonprofit Indemnity Health Insurance Companies 2013

Data Source: DFS

Nonprofit Indemnity Health Insurance Company	Rank ^{1, 2} 1 = Best 7 = Worst	Total Complaints to DFS	Complaints Upheld by DFS	Premiums (Millions \$)	Complaint Ratio
CDPHP Universal Benefits, Inc.	1	5	0	631.57	0.0000
Delta Dental of New York, Inc. ³	4	8	1	53.58	0.0187
Dentcare Delivery Systems, Inc. ³	6	9	1	50.50	0.0198
Excellus Health Plan, Inc.	5	203	77	4,020.87	0.0192
Group Health Incorporated	7	569	210	3,217.22	0.0653
HealthNow New York Inc.	3	54	21	1,354.62	0.0155
Independent Health Benefits Corporation	2	0	0	440.91	0.0000
Total		848	310	9,769.27	0.0317

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

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

³Plan issues dental coverage only.

Complaints—Commercial Health Insurance Companies 2013

Data Source: DFS

Commercial Health Insurance Company	Rank ^{1,2} 1 = Best 34 = Worst	Total Complaints to DFS	Complaints Upheld by DFS	Premiums (Millions \$)	Complaint Ratio
Aetna Life Insurance Company	29	161	63	1,805.97	0.0349
American Family Life Assurance Company of New York	12	9	1	267.06	0.0037
American Progressive Life and Health Insurance	16	5	3	338.25	0.0089
Berkshire Life Insurance Company of America	7	1	0	65.39	0.0000
CIGNA Health and Life Insurance Company	19	17	9	830.05	0.0108
CIGNA Life Insurance Company of New York	21	5	1	81.81	0.0122
Combined Life Insurance Company of New York	17	14	1	105.36	0.0095
Connecticut General Life Insurance Company	34	73	25	279.95	0.0893
Delta Dental Insurance Company ³	10	2	1	607.63	0.0016
Empire HealthChoice Assurance, Inc.	32	594	205	4,072.55	0.0503
First Unum Life Insurance Company	11	11	1	310.84	0.0032
Freelancers Insurance Company, Inc.	31	13	5	114.21	0.0438
Genworth Life Insurance Company of New York	1	2	0	176.98	0.0000
Guardian Life Insurance Company of America	20	21	4	356.07	0.0112
Hartford Life Insurance Company	2	7	0	129.88	0.0000
HIP Insurance Company of New York	33	30	11	147.17	0.0747
HM Life Insurance Company of New York	18	1	1	95.34	0.0105

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

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

³Plan issues dental coverage only.

Complaints—Commercial Health Insurance Companies 2013

Data Source: DFS

Commercial Health Insurance Company	Rank ^{1,2} 1 = Best 33 = Worst	Total Complaints to DFS	Complaints Upheld by DFS	Premiums (Millions \$)	Complaint Ratio
John Hancock Life & Health Insurance Company	14	2	1	118.74	0.0084
Metropolitan Life Insurance Company	23	26	8	598.60	0.0134
Mutual of Omaha Insurance Company	24	10	1	66.25	0.0151
MVP Health Insurance Company	22	39	7	528.01	0.0133
National Union Fire Insurance Company of Pittsburgh, PA	15	1	1	115.45	0.0087
New York Life Insurance Company	6	3	0	70.10	0.0000
Nippon Life Insurance Company of America	27	8	4	141.72	0.0282
Northwestern Mutual Life Insurance Company	4	1	0	83.78	0.0000
Oxford Health Insurance, Inc.	25	482	119	5,714.63	0.0208
Paul Revere Life Insurance Company	9	2	0	54.51	0.0000
Prudential Insurance Company of America	13	4	1	120.71	0.0083
Standard Life Insurance Company of New York	8	2	0	55.76	0.0000
Standard Security Life Insurance Company of New York	5	1	0	76.48	0.0000
Sun Life Insurance and Annuity Company of New York	3	3	0	97.87	0.0000
Transamerica Financial Life Insurance Company	26	8	2	91.14	0.0219
United States Life Insurance Company in the City of NY	30	13	4	96.30	0.0415
UnitedHealthcare Insurance Company of New York	28	324	121	3,499.42	0.0346
Total		1,895	600	21,313.95	0.0282

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

²Health 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 claim, **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's rank is based on the number of prompt pay complaints upheld, relative to the 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 2013. 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 2013. Large health insurance companies may receive more complaints because they have more members and pay more claims than smaller health insurance companies.
- **Prompt Pay Complaints Upheld:** Number of closed prompt pay complaints where DFS determined that the health insurance company was not processing claims in a timely manner. Prompt pay complaints upheld by DFS are used to calculate the prompt pay complaint ratio and ranking.
- **Premiums:** Dollar amount generated by a health insurance company in New York State in 2013. 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 prompt pay complaints upheld divided by a health insurance company's premiums.

Prompt Pay Complaints—HMOs 2013

Data Source: DFS

HMO	Rank ¹ 1 = Best 11 = Worst	Total Complaints	Total Prompt Pay Complaints	Prompt Pay Complaints Upheld	Premiums (Millions \$)	Prompt Pay Complaint Ratio
Aetna Health Inc.	10	74	45	27	400.22	0.0675
Atlantis Health Plan, Inc. (d/b/a Easy Choice Health Plan of New York) ²	11	1,539	1,509	1,470	65.83	22.3291
Capital District Physicians Health Plan	3	24	8	4	634.31	0.0063
Community Blue (HealthNow)	4	6	2	2	180.95	0.0111
Empire HealthChoice HMO, Inc.	9	212	84	35	670.25	0.0522
Excellus Health Plan	8	40	18	15	332.43	0.0451
HIP Health Maintenance Organization	7	219	105	63	2,229.61	0.0283
Independent Health Association, Inc.	1	8	2	0	346.77	0.0000
MVP Health Plan, Inc.	2	41	8	1	626.10	0.0016
Oxford Health Plans (NY), Inc.	6	283	93	29	1,745.04	0.0166
UnitedHealthcare of New York, Inc.	5	9	4	1	65.02	0.0154
Total		2,455	1,878	1,647	7,296.54	0.2257

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

²Plan intends to exit New York's individual, small group and large group health insurance markets effective December 31, 2014.

Prompt Pay Complaints—Nonprofit Indemnity Health Insurance Companies 2013

Data Source: DFS

Non-Profit Indemnity Health Insurance Companies	Rank ^{1,2} 1 = Best 7 = Worst	Total Complaints	Total Prompt Pay Complaints	Prompt Pay Complaints Upheld	Premiums (Millions \$)	Prompt Pay Complaint Ratio
CDPHP Universal Benefits, Inc.	1	5	0	0	631.57	0.0000
Delta Dental of New York, Inc. ³	3	8	2	0	53.58	0.0000
Dentcare Delivery Systems, Inc. ³	4	9	7	0	50.50	0.0000
Excellus Health Plan, Inc.	5	203	80	40	4,020.87	0.0099
Group Health Incorporated	7	569	237	112	3,217.22	0.0348
HealthNow New York Inc.	6	54	28	15	1,354.62	0.0111
Independent Health Benefits Corporation	2	0	0	0	440.91	0.0000
Total		848	354	167	9,769.27	0.0171

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

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

³Plan issues dental coverage only.

Prompt Pay Complaints—Commercial Health Insurance Companies 2013

Data Source: DFS

Commercial Health Insurance Company	Rank ^{1,2} 1 = Best 34 = Worst	Total Complaints	Total Prompt Pay Complaints	Prompt Pay Complaints Upheld	Premiums (Millions \$)	Prompt Pay Complaint Ratio
Aetna Life Insurance Company	30	161	58	36	1,805.97	0.0199
American Family Life Assurance Company of New York	3	9	2	0	267.06	0.0000
American Progressive Life and Health Insurance	1	5	0	0	338.25	0.0000
Berkshire Life Insurance Company of America	14	1	0	0	65.39	0.0000
CIGNA Health and Life Insurance Company	20	17	8	6	830.05	0.0072
CIGNA Life Insurance Company of New York	28	5	1	1	81.81	0.0122
Combined Life Insurance Company of New York	8	14	2	0	105.36	0.0000
Connecticut General Life Insurance Company	34	73	30	17	279.95	0.0607
Delta Dental Insurance Company ³	17	2	2	1	607.63	0.0016
Empire HealthChoice Assurance, Inc.	32	594	342	133	4,072.55	0.0327
First Unum Life Insurance Company	2	11	0	0	310.84	0.0000
Freelancers Insurance Company, Inc.	7	13	3	0	114.21	0.0000
Genworth Life Insurance Company of New York	4	2	0	0	176.98	0.0000
Guardian Life Insurance Company of America	18	21	3	1	356.07	0.0028
Hartford Life Insurance Company	5	7	1	0	129.88	0.0000
HIP Insurance Company of New York	33	30	12	7	147.17	0.0476
HM Life Insurance Company of New York	26	1	1	1	95.34	0.0105

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

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

³Plan issues dental coverage only.

Prompt Pay Complaints—Commercial Health Insurance Companies 2013

Data Source: DFS

Commercial Health Insurance Company	Rank ^{1,2} 1 = Best 34 = Worst	Total Complaints	Total Prompt Pay Complaints	Prompt Pay Complaints Upheld	Premiums (Millions \$)	Prompt Pay Complaint Ratio
John Hancock Life & Health Insurance Company	6	2	0	0	118.74	0.0000
Metropolitan Life Insurance Company	24	26	9	6	598.60	0.0100
Mutual of Omaha Insurance Company	13	10	1	0	66.25	0.0000
MVP Health Insurance Company	19	39	5	2	528.01	0.0038
National Union Fire Insurance Company of Pittsburgh, PA	22	1	1	1	115.45	0.0087
New York Life Insurance Company	12	3	0	0	70.10	0.0000
Nippon Life Insurance Company of America	31	8	5	3	141.72	0.0212
Northwestern Mutual Life Insurance Company	10	1	0	0	83.78	0.0000
Oxford Health Insurance, Inc.	23	482	172	54	5,714.63	0.0094
Paul Revere Life Insurance Company	16	2	0	0	54.51	0.0000
Prudential Insurance Company of America	21	4	2	1	120.71	0.0083
Standard Life Insurance Company of New York	15	2	0	0	55.76	0.0000
Standard Security Life Insurance Company of New York	11	1	0	0	76.48	0.0000
Sun Life Insurance and Annuity Company of New York	9	3	0	0	97.97	0.0000
Transamerica Financial Life Insurance Company	27	8	3	1	91.14	0.0110
United States Life Insurance Company in the City of NY	25	13	4	1	96.30	0.0104
UnitedHealthcare Insurance Company of New York	29	324	109	54	3,499.42	0.0154
Total		1,895	776	326	21,313.95	0.0153

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

²Health 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 treatment for a rare disease. 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 alternative 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 2013.
- **Closed Appeals:** Number of internal appeals that the health insurance company decided by the end of 2013.
- **Reversals on Appeals:** Number of closed internal appeals where the health insurance company decided in favor of members or providers. If a health insurance company's decision to deny 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.

K

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:

- There is no "ideal" reversal rate.
- A low reversal rate may indicate that the health insurance company's initial decisions are correct, 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 2013

Data Source: DFS

HMO	Filed Appeals	Closed Appeals ¹	Reversals on Appeals	Reversal Rate (Percentage)
Aetna Health Inc.	252	254	86	33.86%
Atlantis Health Plan, Inc. (d/b/a Easy Choice Health Plan of New York) ²	147	153	76	49.67%
Capital District Physicians Health Plan	134	140	30	21.43%
Community Blue (HealthNow)	83	83	17	20.48%
Empire HealthChoice HMO, Inc.	2,185	2,176	613	28.17%
Excellus Health Plan	133	137	52	37.96%
HIP Health Maintenance Organization	526	525	211	40.19%
Independent Health Association, Inc.	83	87	42	48.28%
MVP Health Plan, Inc.	117	119	44	36.97%
Oxford Health Plans (NY), Inc.	1,445	270	106	39.26%
UnitedHealthcare of New York, Inc.	45	85	22	25.88%
Total	5,150	4,029	1,299	32.24%

¹Closed internal appeals can exceed filed internal appeals in 2013 because closed internal appeals also include internal appeals filed prior to 2013.

²Plan intends to exit New York's individual, small group and large group health insurance markets effective December 31, 2014.

Internal Appeals—Nonprofit Indemnity Health Insurance Companies 2013

Data Source: DFS

Nonprofit Indemnity Health Insurance Company	Filed Appeals	Closed Appeals ¹	Reversals on Appeals	Reversal Rate (Percentage)
CDPHP Universal Benefits, Inc.	146	142	24	16.90%
Delta Dental of New York, Inc. ²	0	0	0	0.00%
Dentcare Delivery Systems, Inc. ²	0	0	0	0.00%
Excelsus Health Plan, Inc.	2,665	2,686	936	34.85%
Group Health Incorporated	1,137	1,124	317	28.20%
HealthNow New York Inc.	406	395	116	29.37%
Independent Health Benefits Corporation	139	136	76	55.88%
Total	4,493	4,483	1,469	32.77%

¹Closed internal appeals can exceed filed internal appeals in 2013 because closed internal appeals also include internal appeals filed prior to 2013.

²Plan issues dental coverage only.

Internal Appeals—Commercial Health Insurance Companies 2013

Data Source: DFS

Commercial Health Insurance Company ¹	Filed Appeals	Closed Appeals ²	Reversals on Appeals	Reversal Rate (Percentage)
Aetna Life Insurance Company	1,698	1,699	542	31.90%
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	1,532	1,428	400	28.01%
CIGNA Life Insurance Company of New York	0	0	0	0.00%
Connecticut General Life Insurance Company	0	0	0	0.00%
Delta Dental Insurance Company ³	1,187	1,285	363	28.25%
Empire HealthChoice Assurance, Inc.	0	0	0	0.00%
First Unum Life Insurance Company	6,182	6,185	1,870	30.23%
Freelancers Insurance Company, Inc.	0	0	0	0.00%
Genworth Life Insurance Company of New York	177	176	48	27.27%
Guardian Life Insurance Company of America	0	0	0	0.00%
Hartford Life Insurance Company	4,062	4,050	2,680	66.17%
HIP Insurance Company of New York	0	0	0	0.00%
HM Life Insurance Company of New York	53	53	27	50.94%

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

²Closed internal appeals can exceed filed internal appeals in 2013 because closed internal appeals also include internal appeals filed prior to 2013.

³Plan issues dental coverage only.

Internal Appeals—Commercial Health Insurance Companies 2013

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%
Metropolitan Life Insurance Company	13,077	13,077	11,163	85.36%
Mutual of Omaha Insurance Company	3	3	1	33.33%
MVP Health Insurance Company	144	144	34	23.61%
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	4	1	25.00%
Northwestern Mutual Life Insurance Company	0	0	0	0.00%
Oxford Health Insurance, Inc.	5,369	5,427	2,487	45.83%
Paul Revere Life Insurance Company	0	0	0	0.00%
Prudential Insurance Company of America	0	0	0	0.00%
Standard Life Insurance Company of New York	26	27	11	40.74%
Standard Security Life Insurance Company of New York	0	0	0	0.00%
Sun Life Insurance and Annuity Company of New York	43	43	29	67.44%
Transamerica Financial Life Insurance Company	0	0	0	0.00%
United States Life Insurance Company in the City of NY	1	1	1	100.00%
UnitedHealthcare Insurance Company of New York	54,712	54,712	23,311	42.61%
Total	88,269	88,314	42,968	48.65%

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

²Closed internal appeals can exceed filed internal appeals in 2013 because closed internal appeals also include internal appeals filed prior to 2013.

External Appeals

After an internal appeal, members and providers* may request an external appeal when a health insurance company continues to refuse to pay for/provide reimbursement for health care services on the basis that services are experimental, investigational, not medically necessary, a clinical trial or a treatment for a rare disease. 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 alternative service in-network. Before requesting an external appeal, you usually 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 behalves 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 2013.
- **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.
- **External Appeals Upheld:** 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 2013

Data Source: DFS

HMO	Total External Appeals	Reversals on External Appeals	External Appeals Reversed in Part	External Appeals Upheld	Reversal Rate (Percentage) ¹
Aetna Health Inc.	25	7	1	17	32.00%
Atlantis Health Plan, Inc. (d/b/a Easy Choice Health Plan of New York) ²	6	3	0	3	50.00%
Capital District Physicians Health Plan	14	8	1	5	64.29%
Community Blue (HealthNow)	2	1	0	1	50.00%
Empire HealthChoice HMO Inc.	165	54	9	102	38.18%
Excellus Health Plan	17	7	1	9	47.06%
HIP HMO	160	41	6	113	29.38%
Independent Health Association, Inc.	3	0	0	3	0.00%
MVP Health Plan, Inc.	27	10	4	13	51.85%
Oxford Health Plans (NY), Inc.	59	26	1	32	45.76%
UnitedHealthcare of New York, Inc.	0	0	0	0	0.00%
Total	478	157	23	298	37.66%

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

²Plan intends to exit New York's individual, small group and large group health insurance markets effective December 31, 2014.

External Appeals—Nonprofit Indemnity Health Insurance Companies 2013

Data Source: DFS

Non-Profit Indemnity Health Insurance Company	Total External Appeals	Reversals on External Appeals	External Appeals Reversed in Part	External Appeals Upheld	Reversal Rate (Percentage) ¹
CDPHP Universal Benefits, Inc.	2	1	0	1	50.00%
Delta Dental of New York, Inc. ²	0	0	0	0	0.00%
Dentcare Delivery Systems, Inc. ²	0	0	0	0	0.00%
Excellus Health Plan, Inc.	118	41	7	70	40.68%
Group Health Incorporated	245	68	20	157	35.92%
HealthNow New York Inc.	45	19	5	21	53.33%
Independent Health Benefits Corporation	9	6	0	3	66.67%
Total	419	135	32	252	39.86%

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

²Plan issues dental coverage only.

External Appeals—Commercial Health Insurance Companies 2013

Data Source: DFS

Commercial Health Insurance Company ¹	Total External Appeals	Reversals on External Appeals	External Appeals Reversed in Part	External Appeals Upheld	Reversal Rate (Percentage) ²
Aetna Life Insurance Company	147	37	6	104	29.25%
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	1	0	0	1	0.00%
Connecticut General Life Insurance Company	76	26	3	47	38.16%
Delta Dental Insurance Company ³	0	0	0	0	0.00%
Empire HealthChoice Assurance, Inc.	523	130	36	357	31.74%
First Unum Life Insurance Company	0	0	0	0	0.00%
Freelancers Insurance Company, Inc.	6	3	1	2	66.67%
Genworth Life Insurance Company of New York	0	0	0	0	0.00%
Guardian Life Insurance Company of America	13	5	1	7	46.15%
Hartford Life Insurance Company	0	0	0	0	0.00%
HIP Insurance Company of New York	15	1	1	13	13.33%
HM Life Insurance Company of New York	0	0	0	0	0.00%

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

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

³Plan issues dental coverage only.

External Appeals—Commercial Health Insurance Companies 2013

Data Source: DFS

Commercial Health Insurance Company ¹	Total External Appeals	Reversals on External Appeals	External Appeals Reversed in Part	External Appeals Upheld	Reversal Rate (Percentage) ²
John Hancock Life & Health Insurance Company	0	0	0	0	0.00%
Metropolitan Life Insurance Company	28	11	0	17	39.29%
Mutual of Omaha Insurance Company	0	0	0	0	0.00%
MVP Health Insurance Company	20	10	0	10	50.00%
National Union Fire Insurance Company of Pittsburgh, PA	1	0	0	1	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.	154	45	10	99	35.71%
Paul Revere Life Insurance Company	0	0	0	0	0.00%
Prudential Insurance Company of America	0	0	0	0	0.00%
Standard Life Insurance Company of New York	0	0	0	0	0.00%
Standard Security Life Insurance Company of New York	0	0	0	0	0.00%
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	104	48	6	50	51.92%
Total	1,090	316	64	710	34.86%

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

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

Grievances

A grievance is a complaint by a member or provider 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 that uses 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 2013.
- **Closed Grievances:** Number of grievances the health insurance company resolved by the end of 2013.
- **Grievances Upheld:** 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:

- There is no "ideal" reversal rate.
- A low reversal rate may indicate that the health insurance company's initial decisions are correct, 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 2013

Data Source: DFS

HMO	Filed Grievances	Closed Grievances ¹	Reversed Grievances	Grievances Upheld	Reversal Rate (Percentage)
Aetna Health Inc.	579	584	188	396	32.19%
Atlantis Health Plan, Inc. (d/b/a Easy Choice Health Plan of New York) ²	9	9	2	7	22.22%
Capital District Physicians Health Plan	495	492	301	191	61.18%
Community Blue (HealthNow)	134	132	56	76	42.42%
Empire HealthChoice HMO, Inc.	1,493	1,508	286	1,222	18.97%
Excellus Health Plan	166	170	68	102	40.00%
HIP Health Maintenance Organization	419	410	214	196	52.20%
Independent Health Association, Inc.	151	146	62	84	42.47%
MVP Health Plan, Inc.	109	110	19	91	17.27%
Oxford Health Plans (NY), Inc.	4,713	578	249	329	43.08%
UnitedHealthcare of New York, Inc.	8	10	3	7	30.00%
Total	8,276	4,149	1,448	2,701	34.90%

¹Closed grievances can exceed filed grievances in 2013 because closed grievances also include grievances filed prior to 2013.

²Plan intends to exit New York's individual, small group and large group health insurance markets effective December 31, 2014.

Grievances—Nonprofit Indemnity Health Insurance Companies 2013

Data Source: DFS

Nonprofit Indemnity Health Insurance Company ¹	Filed Grievances	Closed Grievances ²	Reversed Grievances	Grievances Upheld	Reversal Rate (Percentage)
CDPHP Universal Benefits, Inc.	0	0	0	0	0.00%
Delta Dental of New York, Inc. ³	461	444	221	223	49.77%
Dentcare Delivery Systems, Inc. ³	150	139	33	106	23.74%
Excellus Health Plan, Inc.	2,001	1,969	926	1,043	47.03%
Group Health Incorporated	9,050	8,937	1,106	7,831	12.38%
HealthNow New York Inc.	0	0	0	0	0.00%
Independent Health Benefits Corporation	178	172	64	108	37.21%
Total	11,840	11,661	2,350	9,311	20.15%

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

²Closed grievances can exceed filed grievances in 2013 because closed grievances also include grievances filed prior to 2013.

³Plan issues dental coverage only.

Grievances—Commercial Health Insurance Companies 2013

Data Source: DFS

Commercial Health Insurance Company ^{1,2}	Filed Grievances	Closed Grievances ³	Reversed Grievances	Grievances Upheld	Reversal Rate (Percentage)
Aetna Life Insurance Company	1,640	1,635	530	1,105	32.42%
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	114	114	55	59	48.25%
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	109	109	25	84	22.94%
Delta Dental Insurance Company ⁴	0	0	0	0	0.00%
Empire HealthChoice Assurance, Inc.	0	0	0	0	0.00%
First Unum Life Insurance Company	0	0	0	0	0.00%
Freelancers Insurance Company, Inc.	177	176	48	128	27.27%
Genworth Life Insurance Company of New York	0	0	0	0	0.00%
Guardian Life Insurance Company of America	0	0	0	0	0.00%
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%

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

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

³Closed grievances can exceed filed grievances in 2013 because closed grievances also include grievances filed prior to 2013.

⁴Plan issues dental coverage only.

Grievances—Commercial Health Insurance Companies 2013

Data Source: DFS

Commercial Health Insurance Company ^{1,2}	Filed Grievances	Closed Grievances ³	Reversed Grievances	Grievances Upheld	Reversal Rate (Percentage)
John Hancock Life & Health Insurance Company	0	0	0	0	0.00%
Metropolitan Life Insurance Company	0	0	0	0	0.00%
Mutual of Omaha Insurance Company	3	3	1	2	33.33%
MVP Health Insurance Company	73	75	15	60	20.00%
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.	12,309	12,324	4,735	7,589	38.42%
Paul Revere Life Insurance Company	0	0	0	0	0.00%
Prudential Insurance Company of America	0	0	0	0	0.00%
Standard Life Insurance Company of New York	0	0	0	0	0.00%
Standard Security Life Insurance Company of New York	0	0	0	0	0.00%
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	14,425	14,436	5,409	9,027	37.47%

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

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

³Closed grievances can exceed filed grievances in 2013 because closed grievances also include grievances filed prior to 2013.

Quality of Care and Service for Health Insurance Companies

Access and Service

MEASURE DESCRIPTIONS

- **Rating of Health Plan:** The percentage of members who responded 8, 9 or 10 (on a scale of 0–10, 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 0–10, 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 who were enrolled in the health insurance company had a provider visit.

Access and Service—HMOs 2013

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 “▲” 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 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	63		87		87		76		95		96	
Aetna Health Inc.	66		85		85		74		94 ▼		94 ▼	
Atlantis Health Plan, Inc. (d/b/a Easy Choice Health Plan of New York) ¹	25	▼	79	▼	70	▼	53	▼	90	▼	92	▼
Capital District Physicians Health Plan	76	▲	92	▲	92	▲	85	▲	96	▲	97	▲
Community Blue (HealthNow) ²	67		91	▲	91	▲	79		95		96	
Empire HealthChoice HMO, Inc.	62		87		90	▲	76		94	▼	95	▼
Excellus (Univera Healthcare) ³	61		89		90		77		93	▼	95	
Excellus BlueCross BlueShield	70	▲	89		89		80		97	▲	98	▲
HIP Health Maintenance Organization	74	▲	79	▼	82	▼	76		93	▼	94	▼
Independent Health Association, Inc.	73	▲	92	▲	93	▲	81	▲	95		97	▲
MVP Health Plan, Inc.	71	▲	88		92	▲	80	▲	95		97	▲
Oxford Health Plans (NY), Inc.	52	▼	87		84		74		95		96	

¹Plan intends to exit New York’s individual, small group and large group health insurance markets effective December 31, 2014.

²Includes data for HealthNow PPO membership.

³Includes data for Univera PPO membership.

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 2013

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 “▲” 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 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 ¹	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	60		86		87		76		94		95	
Aetna Life Insurance Company	56		85		90		74		94		95	
CDPHP Universal Benefits, Inc.	72	▲	89	▲	93	▲	81	▲	95	▲	96	▲
Connecticut General Life Insurance Company	57		88		85		75		94		95	
Empire HealthChoice Assurance, Inc.	49	▼	87		85		71		93	▼	94	▼
Excellus BlueCross BlueShield	61		89		89		80		95	▲	96	▲
Group Health Incorporated	64		83		83	▼	73		93	▼	94	▼
HIP Insurance Company of New York	62		79	▼	81	▼	77		93		94	▼
MVP Health Insurance Company	56		84		87		78		94		96	▲
Oxford Health Insurance, Inc.	52	▼	86		88		76		96	▲	97	▲
UnitedHealthcare Insurance Company of New York	68	▲	90	▲	89		79		94		96	▲

¹Data for HealthNow PPO and for Univera PPO are included in the HMO tables.

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

MEASURE DESCRIPTIONS

- **Childhood Immunization Status:** The percentage of 2-year-olds who were fully immunized. “Fully immunized” means the 2-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. This measure was not collected in 2012; this report presents 2011 data.
- **Immunization for Adolescents:** The percentage of 13-year-olds who had 1 dose of meningococcal vaccine between their 11th and 13th birthdays and 1 dose of tetanus, diphtheria and pertussis vaccine between their 10th and 13th birthdays.
- **Well-Child Visit in the First 15 Months of Life:** The percentage of children who had 5 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 3 and 6 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 1 well-care or preventive visit during the measurement year.
- **Medical Management for People With Asthma, 50% Days Covered (ages 5–18):** The percentage of children 5–18 years with persistent asthma who filled prescriptions for asthma controller medications during at least 50% of their treatment period.

Child and Adolescent Health—HMOs 2013

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 “▲” 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 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*		Immunization for Adolescents		Well-Child Visits During the 3rd, 4th, 5th, 6th Years		Adolescent Well-Care Visits		Medical Management for People With Asthma, 50% Days Covered (ages 5–18)	
NY HMO Average	71		65		84		61		52	
Aetna Health Inc.	66	▼	66		81	▼	57	▼	48	
Atlantis Health Plan, Inc. (d/b/a Easy Choice Health Plan of New York) ¹	41	▼	47	▼	69	▼	44	▼	TS	
Capital District Physicians Health Plan	86	▲	75	▲	88	▲	67	▲	65	▲
Community Blue (HealthNow) ²	75	▲	66		86	▲	63	▲	47	
Empire HealthChoice HMO, Inc.	63	▼	58	▼	71	▼	44	▼	51	
Excellus (Univera Healthcare) ³	81	▲	69	▲	81	▼	59	▼	49	
Excellus BlueCross BlueShield	85	▲	83	▲	87	▲	63	▲	64	▲
HIP Health Maintenance Organization	78	▲	72	▲	83		63	▲	49	
Independent Health Association, Inc.	81	▲	70	▲	89	▲	68	▲	50	
MVP Health Plan, Inc.	82	▲	69		85		59	▼	55	
Oxford Health Plans (NY), Inc.	55	▼	48	▼	85	▲	63	▲	48	▼

¹Plan intends to exit New York’s individual, small group and large group health insurance markets effective December 31, 2014.

²Includes data for HealthNow PPO membership.

³Includes data for Univera PPO membership.

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 2011.

Child and Adolescent Health—PPOs 2013

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 “▲” 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 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 ¹	Childhood Immunization Status*		Immunization for Adolescents		Well-Child Visits During the 3rd, 4th, 5th, 6th Years		Adolescent Well-Care Visits		Medical Management for People With Asthma, 50% Days Covered (5–18)	
NY PPO Average	64		62		79		53		56	
Aetna Life Insurance Company	68	▲	66		82	▲	58	▲	53	
CDPHP Universal Benefits, Inc.	80	▲	71	▲	88	▲	64	▲	66	
Connecticut General Life Insurance Company	66		62		83	▲	58	▲	57	
Empire HealthChoice Assurance, Inc.	NV		64		73	▼	45	▼	57	
Excellus BlueCross BlueShield	83	▲	71	▲	78	▼	53		62	▲
Group Health Incorporated	53	▼	68	▲	79		53		48	▼
HIP Insurance Company of New York	72		67		78		59	▲	TS	
MVP Health Insurance Company	50	▼	63		85	▲	59	▲	56	
Oxford Health Insurance, Inc.	55	▼	49	▼	84	▲	64	▲	50	▼
UnitedHealthcare Insurance Company of New York	60		56	▼	81	▲	55		54	

¹Data for HealthNow PPO and for Univera PPO are included in the HMO tables.

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 2011.

Quality of Care and Service for Health Insurance Companies

Adult Health

MEASURE DESCRIPTIONS

- **Adult BMI Assessment:** The percentage of members ages 18–74 years who had an outpatient visit and had their body mass index (BMI) documented during the measurement year or the year prior the measurement year.
- **Use of Spirometry Testing for COPD:** The percentage of members ages 40 years and older with a new diagnosis of COPD or newly active COPD, who received spirometry testing to confirm the diagnosis.
- **Flu Shot for Adults (50–64):** The percentage of members ages 50–64 years who have had a flu shot.
- **Avoidance of Antibiotics for Adults With Acute Bronchitis:** The percentage of adults ages 18–64 years with acute bronchitis, who did not receive a prescription for antibiotics. A higher score indicates more appropriate treatment of people with acute bronchitis.
- **Colon Cancer Screening:** The percentage of adults ages 50–75 years who had appropriate screening for colorectal cancer. This measure was not collected in 2012; this report presents 2011 data.

Adult Health—HMOs 2013

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 “▲” 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 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	Adult BMI Assessment		Use of Spirometry Testing for COPD		Flu Shot for Adults (50–64)		Avoidance of Antibiotics for Adults with Acute Bronchitis		Colon Cancer Screening*	
NY HMO Average	70		53		53		23		65	
Aetna Health Inc.	57	▼	57		46		23		61	
Atlantis Health Plan, Inc. (d/b/a Easy Choice Health Plan of New York) ¹	65	▼	47		40	▼	46	▲	36	▼
Capital District Physicians Health Plan	90	▲	42	▼	61	▲	15	▼	72	▲
Community Blue (HealthNow) ²	76	▲	52		57		15	▼	69	
Empire HealthChoice HMO, Inc.	64	▼	60	▲	48		43	▲	63	
Excellus (Univera Healthcare) ³	83	▲	50		51		17	▼	65	
Excellus BlueCross BlueShield	83	▲	45	▼	65	▲	14	▼	70	
HIP Health Maintenance Organization	83	▲	53		45	▼	27	▲	66	
Independent Health Association, Inc.	83	▲	54		58		14	▼	66	
MVP Health Plan, Inc.	89	▲	36	▼	60	▲	14	▼	68	
Oxford Health Plans (NY), Inc.	41	▼	61	▲	48		25	▲	60	▼

¹Plan intends to exit New York’s individual, small group and large group health insurance markets effective December 31, 2014.

²Includes data for HealthNow PPO membership.

³Includes data for Univera PPO membership.

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 2011.

Adult Health—PPOs 2013

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 “▲” 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 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 ¹	Adult BMI Assessment		Use of Spirometry Testing for COPD		Flu Shots for Adults (50-64)		Avoidance of Antibiotics for Adults With Bronchitis		Colon Cancer Screening*	
NY PPO Average	55		53		54		26		57	
Aetna Life Insurance Company	53		58	▲	54		24		64	▲
CDPHP Universal Benefits, Inc.	81	▲	42	▼	55		21	▼	71	▲
Connecticut General Life Insurance Company	50	▼	58	▲	59		21	▼	53	
Empire HealthChoice Assurance, Inc.	50	▼	53		56		37	▲	47	▼
Excellus BlueCross BlueShield	71	▲	42	▼	58		15	▼	64	▲
Group Health Incorporated	58		59	▲	45	▼	32	▲	50	▼
HIP Insurance Company of New York	65	▲	57		48		28		55	
MVP Health Insurance Company	NV		40	▼	64	▲	15	▼	47	▼
Oxford Health Insurance, Inc.	41	▼	61	▲	53		26		65	▲
UnitedHealthcare Insurance Company of New York	NV		54		50		22	▼	62	▲

¹Data for HealthNow PPO and for Univera PPO are included in the HMO tables.

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.

*Rotated measure. Data are from 2011.

Quality of Care and Service for Health Insurance Companies

Women's Health

MEASURE DESCRIPTIONS

- **Breast Cancer Screening:** The percentage of women ages 40–69 years who had a mammogram during the measurement year or the year prior to the measurement year.
- **Cervical Cancer Screening:** The percentage of women, ages 24 to 64 years, who had a Pap test within the measurement year or the 2 years prior.
- **Chlamydia Screening:** The percentage of sexually active young women who had at least one test for chlamydia during the measurement year. The measure is reported separately for ages 16–20 years and for ages 21–24 years.

Women's Health—HMOs 2013

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 "▲" 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 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	Breast Cancer Screening		Cervical Cancer Screening		Chlamydia Screening (16–20)		Chlamydia Screening (21–24)	
NY HMO Average	70		78		57		63	
Aetna Health Inc.	65	▼	74	▼	59		63	
Atlantis Health Plan, Inc. (d/b/a Easy Choice Health Plan of New York) ¹	59	▼	68	▼	49		54	
Capital District Physicians Health Plan	76	▲	80	▲	57		66	▲
Community Blue (HealthNow) ²	71	▲	78		55	▼	61	▼
Empire HealthChoice HMO, Inc.	63	▼	73	▼	58		63	
Excellus (Univera Healthcare) ³	70		75	▼	52	▼	55	▼
Excellus BlueCross BlueShield	76	▲	80	▲	42	▼	52	▼
HIP Health Maintenance Organization	74	▲	80	▲	77	▲	78	▲
Independent Health Association, Inc.	74	▲	78		54	▼	59	▼
MVP Health Plan, Inc.	70		76	▼	49	▼	59	▼
Oxford Health Plans (NY), Inc.	66	▼	79	▲	53	▼	63	

¹Plan intends to exit New York's individual, small group and large group health insurance markets effective December 31, 2014.

²Includes data for HealthNow PPO membership.

³Includes data for Univera PPO membership.

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.

Women's Health—PPOs 2013

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 "▲" 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 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 ¹	Breast Cancer Screening		Cervical Cancer Screening		Chlamydia Screening (16–20)		Chlamydia Screening (21–24)	
NY PPO Average	67		77		52		60	
Aetna Life Insurance Company	67		77		54	▲	63	▲
CDPHP Universal Benefits, Inc.	72	▲	77		57	▲	64	▲
Connecticut General Life Insurance Company	67		78	▲	55	▲	63	▲
Empire HealthChoice Assurance, Inc.	65	▼	75	▼	48	▼	57	▼
Excellus BlueCross BlueShield	72	▲	78	▲	42	▼	51	▼
Group Health Incorporated	63	▼	72	▼	56	▲	62	
HIP Insurance Company of New York	67		73	▼	57		68	▲
MVP Health Insurance Company	70	▲	77		47	▼	60	
Oxford Health Insurance, Inc.	69	▲	82	▲	49	▼	60	
UnitedHealthcare Insurance Company of New York	66	▼	77		59	▲	66	

¹Data for HealthNow PPO and for Univera PPO are included in the HMO tables.

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

BEHAVIORAL HEALTH

MEASURE DESCRIPTIONS

- **Follow-Up Care for Children Prescribed ADHD Medication:** The percentage of children ages 6–12 years who were newly prescribed ADHD medication and who had at least 3 follow-up visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two measures assess follow-up care for children taking ADHD medication:
 - **Initiation Phase:** The percentage of children with a new prescription for ADHD medication and who had 1 follow-up visit with a practitioner within the 30 days after starting the medication.
 - **Continuation & Management Phase:** The percentage of children with a new prescription for ADHD medication, who remained on the medication for 7 months and who, in addition to the visit in the Initiation Phase, had at least 2 follow-up visits in the 9-month period after the Initiation Phase ended.
- **Antidepressant Medication Management:** 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 6 months.
- **Follow-Up After Hospitalization for Mental Illness:** 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 of 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 2013

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 “▲” 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 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			Antidepressant Medication Management				Follow-Up After Hospitalization for Mental Illness			
	Initiation Phase	Continuation & Management Phase		Effective Acute Phase		Effective Continuation Phase		Within 7 Days		Within 30 Days	
NY HMO Average	46		50		68		55		64		78
Aetna Health Inc.	35		TS		68		56		51	▼	69
Atlantis Health Plan, Inc. (d/b/a Easy Choice Health Plan of New York) ¹	TS		TS		76		72		TS		TS
Capital District Physicians Health Plan	52		60		72	▲	61	▲	77	▲	88
Community Blue (HealthNow) ²	40		42		62	▼	49	▼	59		78
Empire HealthChoice HMO, Inc.	43		52		69		55		54	▼	68
Excellus (Univera Healthcare) ³	47		53		67		49		68		80
Excellus BlueCross BlueShield	44		48		71		57		73	▲	86
HIP Health Maintenance Organization	46		51		72		61	▲	63		77
Independent Health Association, Inc.	46		48		68		53		71		86
MVP Health Plan, Inc.	52		50		64		50	▼	70		84
Oxford Health Plans (NY), Inc.	49		49		69		57		61		74

¹Plan intends to exit New York’s individual, small group and large group health insurance markets effective December 31, 2014.

²Includes data for HealthNow PPO membership.

³Includes data for Univera PPO membership.

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.

TS Sample size too small to report.

Behavioral Health—PPOs 2013

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 “▲” 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 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 ¹	Follow-Up Care for Children Prescribed ADHD Medication				Antidepressant Medication Management				Follow-Up After Hospitalization for Mental Illness		
	Initiation Phase		Continuation & Management Phase		Effective Acute Phase		Effective Continuation Phase		Within 7 Days	Within 30 Days	
NY PPO Average	44		50		70		56		58	71	
Aetna Life Insurance Company	43		54		72		60 ▲		59	75	
CDPHP Universal Benefits, Inc.	49		64		74		64 ▲		74 ▲	86 ▲	
Connecticut General Life Insurance Company	52	▲	60		73		57		52 ▼	69	
Empire HealthChoice Assurance, Inc.	40	▼	48		70		56		46 ▼	57 ▼	
Excellus BlueCross BlueShield	42		43 ▼		69		53 ▼		68 ▲	82 ▲	
Group Health Incorporated	48		46		74		60		46 ▼	63 ▼	
HIP Insurance Company of New York	TS		TS		70		61		67	78	
MVP Health Insurance Company	41		41		63 ▼		48 ▼		66	82 ▲	
Oxford Health Insurance, Inc.	51	▲	59		71		61 ▲		70 ▲	80 ▲	
UnitedHealthcare Insurance Company of New York	49		61		69		53		63 ▲	78 ▲	

¹Data for HealthNow PPO and for Univera PPO are included in the HMO tables.

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.

TS Sample size too small to report.

Quality of Care and Service for Health Insurance Companies

Quality of Providers

MEASURE DESCRIPTIONS

- **Satisfaction With Personal Doctor:** The percentage of members who responded 8, 9 or 10 (on a scale of 0–10, 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 0–10, 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 2013

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 “▲” 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 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		83		94		79		77		81	
Aetna Health Inc.	84		82		94		81 ▲	79		85	▲	
Atlantis Health Plan, Inc. (d/b/a Easy Choice Health Plan of New York) ¹	75	▼	72	▼	93		73	▼	46	▼	64	▼
Capital District Physicians Health Plan	86	▲	89	▲	96	▲	85	▲	83	▲	90	▲
Community Blue (HealthNow) ²	82		86		94		80		74		89	▲
Empire HealthChoice HMO, Inc.	85		86		95		75	▼	77		77	▼
Excellus (Univera Healthcare) ³	80		80		95		77		80		79	
Excellus BlueCross BlueShield	82		81		94		82	▲	80		82	
HIP Health Maintenance Organization	83		87		89	▼	79		74	▼	80	
Independent Health Association, Inc.	84		88	▲	95		72	▼	79		81	
MVP Health Plan, Inc.	85		87	▲	96	▲	79		78		86	▲
Oxford Health Plans (NY), Inc.	83		79		92		81	▲	82	▲	82	

¹Plan intends to exit New York’s individual, small group and large group health insurance markets effective December 31, 2014.

²Includes data for HealthNow PPO membership.

³Includes data for Univera PPO membership.

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 2013

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 “▲” 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 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 ¹	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		83		95		79		78		82	
Aetna Life Insurance Company	81		86		95			▲	79		85	▲
CDPHP Universal Benefits, Inc.	87		83		95	81	85	▲	83		90	▲
Connecticut General Life Insurance Company	83		81		93		82	▲	79		84	▲
Empire HealthChoice Assurance, Inc.	86		75		97		76	▼	78		77	▼
Excellus BlueCross BlueShield	83		84		97	▲	82		80		82	
Group Health Incorporated	85		85		93		75	▼	70	▼	78	▼
HIP Insurance Company of New York	82		88	▲	92		79		74	▼	80	
MVP Health Insurance Company	82		81		96		79		79		86	▲
Oxford Health Insurance, Inc.	86		86		94			▲	82	▲	82	
UnitedHealthcare Insurance Company of New York	83		81		96	81	81	▲	83	▲	84	▲

¹Data for HealthNow PPO and for Univera PPO are included in the HMO tables.

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

Accreditation is a way of assessing health insurance company quality. It assures consumers that an independent organization has checked whether the health insurance company has effective systems in place for offering high-quality care. Health insurance companies may request an accreditation review; however, since accreditation is voluntary, not all companies request the review.

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 insurance companies. NCQA's team of doctors and health care experts conduct a comprehensive review of a health insurance company's structure (against more than 60 different standards) and processes to maintain and improve quality in five core areas.

Health insurance companies must also submit results of clinical performance measures (known as "HEDIS") and patient experience of care (known as "CAHPS") as part of the accreditation process.

HEDIS is an evaluation of the plan's performance on process and outcomes and makes it possible to compare company performance fairly.

CAHPS is a standardized survey used by all health insurance companies.

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

NCQA Accreditation Outcomes Are Based on Health Insurance Company Performance

- **Excellent** indicates that the health insurance company demonstrates levels of service and clinical quality that meet or exceed NCQA's requirements for consumer protection and quality improvement. HEDIS results are in the highest range of national performance.
- **Commendable** indicates that the health insurance company demonstrates levels of service and clinical quality that meet NCQA's requirements for consumer protection and quality improvement.
- **Accredited** indicates that the health insurance company meets most of NCQA's basic requirements.
- **Provisional** indicates that the health insurance company meets some of NCQA's basic requirements.
- **Denied** indicates that the health insurance company does not meet NCQA's basic requirements.
- **Not Reviewed** indicates that the health insurance company has not requested NCQA review.

NCQA Accreditation Status as of July 2014¹

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
HIP Health Maintenance Organization	Commendable
Independent Health Association, Inc.	Excellent
MVP Health Plan, Inc.	Excellent
Oxford Health Plans (NY), Inc.	Commendable
United Healthcare of New York, Inc.	Commendable

¹Accreditation status does not include Medicare or Medicaid products.

NCQA Accreditation Status as of July 2014¹

Nonprofit Indemnity Health Insurance Company	Accreditation Status
CDPHP Universal Benefits, Inc.	Excellent
Delta Dental of New York, Inc.	Not Reviewed
Dentcare Delivery Systems, Inc.	Not Reviewed
Excellus Health Plan, Inc.	Scheduled 12/2014
Group Health Incorporated	Not Reviewed
HealthNow New York Inc.	Excellent
Independent Health Benefits Corporation	Commendable
Commercial Health Insurance Company	Accreditation Status
Aetna Life Insurance Company	Commendable
American Family Life Assurance Company of New York	Not Reviewed
Berkshire Life Insurance Company of America	Not Reviewed
CIGNA Life Insurance Company of New York	Not Reviewed
CIGNA Health and Life Insurance Company	Commendable
CIGNA Life Insurance Company of New York	Not Reviewed
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.	Commendable
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

Commercial Health Insurance Company	Accreditation Status
John Hancock Life & Health Insurance Company	Not Reviewed
Metropolitan Life Insurance Company	Not Reviewed
Mutual of Omaha Insurance Company	Not Reviewed
MVP Health Insurance Company	Excellent
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
Northwestern Mutual Life Insurance Company	Not Reviewed
Oxford Health Insurance, Inc.	Commendable
Paul Revere Life Insurance Company	Not Reviewed
Prudential Insurance Company of America	Not Reviewed
Standard Life Insurance Company of New York	Not Reviewed
Standard Security 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

¹Accreditation status does not include Medicare or Medicaid products.

How Health Insurance Companies Pay Health Care Providers

New York State health insurance companies pay health care providers (“providers”) in a variety of contractual methods; some of them are 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 an 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 occur if members 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 come into compliance.

The overall rank of all New York State 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. Consumers should consider a health insurance company's ranking in its category, as well as its overall ranking.

UNDERSTANDING THE CHARTS

- **Rank:** Each health insurance company's ranking is based on how many complaints were resolved by DFS in favor of the member or provider, relative to the 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 2013. Large health insurance companies may receive more complaints because they have more consumers than smaller health insurance companies.
- **Complaints Upheld:** 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. Complaints upheld by DFS are used to calculate the complaint ratio and ranking.
- **Premiums:** Dollar amount generated by a health insurance company in New York State during 2013. 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 complaints upheld (complaints resolved by DFS in favor of the member or provider) divided by the health insurance company's premiums.

Overall Complaint Ranking—2013

Data Source: DFS

Health Insurance Company/HMO	Rank ^{1,2}	Total Complaints	Complaints Upheld	Premiums (Millions \$)	Complaint Ratio
CDPHP Universal Benefits, Inc. ^(N)	1	5	0	631.57	0.0000
Independent Health Benefits Corporation ^(N)	2	0	0	440.91	0.0000
Independent Health Associations, Inc. ^(H)	3	8	0	346.77	0.0000
Genworth Life Insurance Company of New York ^(C)	4	2	0	176.98	0.0000
Hartford Life Insurance Company ^(C)	5	7	0	129.88	0.0000
Sun Life Insurance and Annuity Company of New York ^(C)	6	3	0	97.87	0.0000
Northwestern Mutual Life Insurance Company ^(C)	7	1	0	83.78	0.0000
Standard Security Life Insurance Company of New York ^(C)	8	1	0	76.48	0.0000
New York Life Insurance Company ^(C)	9	3	0	70.10	0.0000
Berkshire Life Insurance Company of America ^(C)	10	1	0	65.39	0.0000
Standard Life Insurance Company of New York ^(C)	11	2	0	55.76	0.0000
Paul Revere Life Insurance Company ^(C)	12	2	0	54.51	0.0000
Delta Dental Insurance Company ^{(C),3}	13	2	1	607.63	0.0016
First Unum Life Insurance Company ^(C)	14	11	1	310.84	0.0032
American Family Life Assurance Company of New York ^(C)	15	9	1	267.06	0.0037
Prudential Insurance Company of America ^(C)	16	4	1	120.71	0.0083
John Hancock Life & Health Insurance Company ^(C)	17	2	1	118.74	0.0084
National Union Fire Insurance Company of Pittsburgh, PA ^(C)	18	1	1	115.45	0.0087
American Progressive Life and Health Insurance ^(C)	19	5	3	338.25	0.0089
Combined Life Insurance Company of New York ^(C)	20	14	1	105.36	0.0095
HM Life Insurance Company of New York ^(C)	21	1	1	95.34	0.0105
CIGNA Health and Life Insurance Company ^(C)	22	17	9	830.05	0.0108

Legend

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

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

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

³Plan issues dental coverage only.

Overall Complaint Ranking—2013

Data Source: DFS

Health Insurance Company/HMO	Rank ^{1,2}	Total Complaints	Complaints Upheld	Premiums (Millions \$)	Complaint Ratio
Capital District Physicians Health Plan ^(H)	23	24	7	634.31	0.0110
Guardian Life Insurance Company of America ^(C)	24	21	4	356.07	0.0112
CIGNA Life Insurance Company of New York ^(C)	25	5	1	81.81	0.0122
MVP Health Insurance Company ^(C)	26	39	7	528.01	0.0133
Metropolitan Life Insurance Company ^(C)	27	26	8	598.60	0.0134
Mutual of Omaha Insurance Company ^(C)	28	10	1	66.25	0.0151
HealthNow New York Inc. ^(N)	29	54	21	1,354.62	0.0155
MVP Health Plan, Inc. ^(H)	30	41	10	626.10	0.0160
Community Blue (HealthNow) ^(H)	31	6	3	180.95	0.0166
Delta Dental of New York, Inc. ^{(N),3}	32	8	1	53.58	0.0187
Excellus Health Plan, Inc. ^(N)	33	203	77	4,020.87	0.0192
Dentcare Delivery Systems, Inc. ^{(N), 3}	34	9	1	50.50	0.0198
Oxford Health Insurance, Inc. ^(C)	35	482	119	5,714.63	0.0208
Transamerica Financial Life Insurance Company ^(C)	36	8	2	91.14	0.0219
Nippon Life Insurance Company of America ^(C)	37	8	4	141.72	0.0282
Oxford Health Plans (NY), Inc. ^(H)	38	283	54	1,745.04	0.0309
UnitedHealthcare Insurance Company of New York ^(C)	39	324	121	3,499.42	0.0346
Aetna Life Insurance Company ^(C)	40	161	63	1,805.97	0.0349
United States Life Insurance Company in the City of NY ^(C)	41	13	4	96.30	0.0415
HIP Health Maintenance Organization ^(H)	42	219	97	2,229.61	0.0435
Freelancers Insurance Company, Inc. ^(C)	43	13	5	114.21	0.0438
Empire HealthChoice Assurance, Inc. ^(C)	44	594	205	4,072.55	0.0503

Legend

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

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

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

³Plan issues dental coverage only.

Overall Complaint Ranking—2013

Data Source: DFS

Health Insurance Company/HMO	Rank ^{1,2}	Total Complaints	Complaints Upheld	Premiums (Millions \$)	Complaint Ratio
UnitedHealthcare of New York, Inc. ^(H)	45	9	4	65.02	0.0615
Group Health Incorporated ^(N)	46	569	210	3,217.22	0.0653
HIP Insurance Company of New York ^(C)	47	30	11	147.17	0.0747
Excellus Health Plan ^(H)	48	40	25	332.43	0.0752
Aetna Health Inc. ^(H)	49	74	32	400.22	0.0800
Empire HealthChoice HMO, Inc. ^(H)	50	212	56	670.25	0.0836
Connecticut General Life Insurance Company ^(C)	51	73	25	279.95	0.0893
Atlantis Health Plan, Inc. (d/b/a Easy Choice Health Plan of New York) ^{(H),3}	52	1,539	1,485	65.83	22.5570
Total		5,198	2,683	38,379.76	0.0699

Legend

^C Commercial Health Insurance Company

^H HMO

^N Nonprofit Indemnity Health Insurance Company

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

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

³Plan intends to exit New York's individual, small group and large group health insurance markets effective December 31, 2014.

Telephone Numbers for Health Insurance Companies

HMO	
Aetna Health Inc.	800-435-8742
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
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
Delta Dental of New York, Inc.	800-932-0783
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 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
John Hancock Life & Health Insurance Company	800-732-5543

Commercial Health Insurance Company ¹	
Metropolitan Life Insurance Company	800-334-4298
Mutual of Omaha Insurance Company	800-948-9478
MVP Health Insurance Company	800-825-5687
National Union Fire Insurance Company of Pittsburgh, PA	877-638-4244
New York Life Insurance Company	800-695-9873
Nippon Life Insurance Company of America	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
Prudential Insurance Company of America	877-301-1212
Standard Life Insurance Company of New York	888-937-4783
Standard Security Life Insurance Company of New York	800-477-0087
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

¹Commercial 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 NY STATE OF HEALTH

Under the Affordable Care Act, New York State operates a health benefits exchange called the New York State of Health (NYSOH). An exchange is an organized marketplace designed to help people shop for and enroll in health insurance coverage.

The NYSOH is an open and transparent marketplace where individuals and small businesses can 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 Health Benefits

The Affordable Care Act ensures that health plans offered in the NYSOH for individuals and small businesses include a comprehensive package of items and services, known as essential health benefits. Health plans offered outside of the NYSOH to individuals and small businesses must also include coverage of 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, including oral and vision care.

Health plans offered inside and outside the NYSOH to individuals and small businesses must provide certain 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.

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 Marketplace](#).

What is the Small Business Marketplace?

The Small Business Marketplace is a program that simplifies the process of buying health insurance for your small business.

The Small Business 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

Open enrollment will begin on November 15, 2014, for coverage effective January 1, 2015. A Special Enrollment Period may also be available to those individuals who have had a qualifying life event.

For further information on how to apply for coverage through NYSOH or to see if you qualify for a Special Enrollment Period, contact

855-355-5777 or visit:
www.nystateofhealth.ny.gov/

QUESTIONS ABOUT THE AFFORDABLE CARE ACT AND THE NY STATE OF HEALTH?

For further information about NYSOH, contact 855-355-5777, or visit:
www.nystateofhealth.ny.gov/

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

QUESTIONS ABOUT MEDICARE, MEDICAID AND CHILD HEALTH PLUS?

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/ldss.htm

Child Health Plus

Health insurance program for children under 19 years of age.

For further information about Child Health Plus, contact 800-698-4KIDS (800-698-4543) or visit:
www.health.ny.gov/health_care/child_health_plus/index.htm

To apply for Child Health Plus, contact the NYSOH at 855-355-5777 or visit:
<https://nystateofhealth.ny.gov/>

QUESTIONS ABOUT HEALTHY NY?

The Healthy NY program offers reduced cost health insurance to eligible small businesses and their employees.

For further information about the Healthy NY program, contact 866-HEALTHYNY (866-432-5849) or visit: www.HealthyNY.com

Related Resources

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/