

2019 EDITION

NEW YORK

Consumer Guide to Health Insurers



Department of
Financial Services

Linda A. Lacewell, Superintendent

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New York Consumer Guide to Health Insurers

About This Guide

The purpose of this Guide¹ 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 4–23, the grievance information that appears on pages 24–28 and the independent dispute resolution information that appears on pages 64–66.
 - DFS data are from calendar year 2018.
- 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 29–56.

- 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®²).
- DOH data on quality of care and service for health insurance companies are from calendar year 2017.

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 EPO/PPO plans with less than \$50 million in premiums.
 - Data for Medicare, Medicaid or self-insured plans.³
- Health insurance companies that were in operation during the entire 2017 calendar year were required to report DOH data.
- Health insurance companies are listed alphabetically in the data tables, except for the Overall Complaint Ranking table on pages 60–63.
- Some health insurance companies are listed using different names for the same company, depending on whether the data are reported by DFS or by DOH.

¹ This Guide is published pursuant to §210 of the New York Insurance Law.

² CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

³ 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.

New York Consumer Guide to Health Insurers

Health Insurance Company¹ and Plan Definitions

Health Maintenance Organization (HMO) Plan: A type of coverage that provides comprehensive health services to members in return for a monthly premium and copayment when services are received. In an HMO plan, members choose an in-network primary care physician (PCP) who coordinates each assigned member's care. Members need a referral from their PCP to obtain services from in-network specialists and additional provider services. Although many HMOs require their members to go to doctors and other providers in the HMO provider network, some HMO plans offer the option to go out-of-network (for example in an HMO Point of Service [POS] plan). Unless a member has an HMO plan that offers an out-of-network option, out-of-network services are usually not covered.

Exclusive Provider Organization (EPO) Plan: A type of coverage in which the insurer contracts with doctors, hospitals and other types of providers to form a network of providers. Certain services may require pre-authorization. In an EPO, members must use the providers who belong to the EPO network or their expenses will not be covered.

¹ References to the terms "companies" and "plans" are used interchangeably and include HMOs, EPO/PPOs and commercial health insurance companies, unless it is clear from the context, such as in the various charts, that only the term specifically mentioned is being discussed.

Preferred Provider Organization (PPO) Plan: A type of managed care coverage based on a network of doctors and hospitals that provide care to an enrolled population at a prearranged discounted rate. PPO members do not usually need a referral to see a specialist, but certain services may require pre-authorization from the health insurance company. PPO members may use out-of-network providers; however, members usually pay more when they receive care outside the PPO network.

Commercial Insurers: Health insurance can also be written by life insurers, property/casualty insurers and other types of insurers. Commercial insurers employ managed care strategies, but offer a more traditional approach to coverage than HMOs. Policyholders are subject to deductibles and significant out-of-pocket costs unless they use a participating provider.

Complaints

Each year, the New York State DFS and DOH receive complaints from consumers and health care providers about health insurance companies. Complaints handled by DFS typically involve issues related to prompt payment, reimbursement, coverage, network adequacy, benefits, rates and premiums. Complaints handled by DOH involve concerns about the quality of care received by Managed Care HMO members. After reviewing each complaint, the State determines whether 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 at: <https://www.dfs.ny.gov/complaint> or call 800-342-3736.

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. A higher ranking means that the health insurance company had fewer complaints relative to its size.
- **Total Complaints to DFS:** Total number of complaints closed by DFS in 2018. Large health insurance companies may receive more complaints because they have more members than smaller health insurance companies.
- **Upheld Complaints by DFS:** Number of closed complaints resolved in favor of the member or provider because DFS determined that the health insurance company did not comply with statutory or contractual obligations. 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 2018. 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 with Managed Care HMO plans.
- **Upheld Complaints by DOH:** Number of complaints closed by DOH that were decided in favor of the member or provider.

Complaints—HMOs 2018

Data Source: DFS and DOH

| HMO | Data Compiled by the New York State DFS | | | | | Data Compiled by the New York State DOH | |
|---|--|-------------------------------|--------------------------------|---------------------------|--------------------|---|--------------------------------|
| | Rank ¹ 1 = Best 8 = Worst | Total Complaints to DFS | Upheld Complaints by DFS | Premiums (Millions \$) | Complaint Ratio | Total Complaints to DOH | Upheld Complaints by DOH |
| Capital District Physicians Health Plan | 2 | 9 | 1 | 541.47 | 0.0018 | 1 | 0 |
| Community Blue (HealthNow) | 1 | 0 | 0 | 183.02 | 0.0000 | 0 | 0 |
| Empire HealthChoice HMO, Inc. | 8 | 338 | 193 | 124.76 | 1.5470 | 2 | 0 |
| Excellus Health Plan | 4 | 14 | 6 | 397.21 | 0.0151 | 2 | 0 |
| HIP Health Maintenance Organization | 7 | 688 | 400 | 2,501.09 | 0.1599 | 1 | 0 |
| Independent Health Association, Inc. | 3 | 18 | 2 | 228.96 | 0.0087 | 0 | 0 |
| MVP Health Plan, Inc. | 5 | 38 | 17 | 584.97 | 0.0291 | 1 | 0 |
| UnitedHealthcare of New York, Inc. | 6 | 79 | 35 | 792.96 | 0.0441 | 0 | 0 |
| Total | | 1,184 | 654 | 5,354.44 | 0.1221 | 7 | 0 |

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

Complaints—EPO/PPO Health Plans 2018

Data Source: DFS

| EPO/PPO Health Plan | Rank ¹ 1 = Best 13 = Worst | Total Complaints to DFS | Upheld Complaints by DFS | Premiums (Millions \$) | Complaint Ratio |
|---|---|-------------------------------|--------------------------------|---------------------------|--------------------|
| Aetna Life Insurance Company ² | 12 | 1,300 | 455 | 1,975.90 | 0.2303 |
| CDPHP Universal Benefits, Inc. | 3 | 9 | 4 | 508.50 | 0.0079 |
| CIGNA Health and Life Insurance Company ² | 9 | 180 | 102 | 1,157.74 | 0.0881 |
| Empire HealthChoice Assurance, Inc. ² | 10 | 423 | 227 | 2,549.34 | 0.0890 |
| Excellus Health Plan, Inc. ² | 5 | 88 | 27 | 2,866.75 | 0.0094 |
| Group Health Incorporated ² | 13 | 1,515 | 1,111 | 806.75 | 1.3771 |
| HealthNow New York Inc. ² | 4 | 42 | 14 | 1,502.44 | 0.0093 |
| Independent Health Benefits Corporation | 1 | 11 | 1 | 565.62 | 0.0018 |
| MVP Health Services Corporation ² | 2 | 10 | 3 | 734.03 | 0.0041 |
| Nippon Life Insurance Company of America ² | 6 | 11 | 3 | 62.67 | 0.0479 |
| Oscar Insurance Corporation | 11 | 132 | 39 | 298.80 | 0.1305 |
| Oxford Health Insurance, Inc. ² | 7 | 1,054 | 319 | 6,590.88 | 0.0484 |
| UnitedHealthcare Insurance Company of New York ² | 8 | 289 | 106 | 1,966.61 | 0.0539 |
| Total | | 5,064 | 2,411 | 21,586.03 | 0.1117 |

¹EPO/PPO health plans with a lower complaint ratio receive a higher ranking.

²Complaints, complaint ratios and premiums include data from the health insurance company's EPO, PPO and commercial business.

Complaints—Commercial Health Insurance Companies 2018

Data Source: DFS

| Commercial Health Insurance Company | Rank ^{1,2} 1 = Best 33 = Worst | Total Complaints to DFS | Upheld Complaints by DFS | Premiums (Millions \$) | Complaint Ratio |
|--|---|-------------------------------|--------------------------------|---------------------------|--------------------|
| American Family Life Assurance Company of New York | 14 | 10 | 2 | 317.98 | 0.0063 |
| Berkshire Life Insurance Company of America | 29 | 4 | 2 | 77.33 | 0.0259 |
| CIGNA Life Insurance Company of New York | 31 | 13 | 4 | 144.69 | 0.0276 |
| Combined Life Insurance Company of New York | 32 | 22 | 4 | 129.71 | 0.0308 |
| Delta Dental of New York, Inc. ³ | 26 | 20 | 3 | 180.47 | 0.0166 |
| Dentcare Delivery Systems, Inc. ³ | 25 | 5 | 1 | 60.83 | 0.0164 |
| Eastern Vision Service Plan, Inc. ⁴ | 6 | 0 | 0 | 97.37 | 0.0000 |
| First Reliance Standard Life Insurance Company | 10 | 2 | 0 | 60.85 | 0.0000 |
| First Unum Life Insurance Company | 23 | 16 | 5 | 315.09 | 0.0159 |
| Genworth Life Insurance Company of New York | 1 | 9 | 0 | 203.15 | 0.0000 |
| Guardian Life Insurance Company of America | 15 | 22 | 3 | 424.89 | 0.0071 |
| Hartford Life and Accident Insurance Company | 3 | 3 | 0 | 158.28 | 0.0000 |
| HCC Life Insurance Company | 9 | 0 | 0 | 74.88 | 0.0000 |
| HM Life Insurance Company of New York | 12 | 0 | 0 | 59.14 | 0.0000 |
| John Hancock Life & Health Insurance Company | 27 | 13 | 2 | 102.18 | 0.0196 |
| Liberty Life Assurance Company of Boston | 4 | 0 | 0 | 99.10 | 0.0000 |

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

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

³Plan issues dental coverage only.

⁴Plan issues vision coverage only.

Complaints—Commercial Health Insurance Companies 2018, continued

Data Source: DFS

| Commercial Health Insurance Company | Rank ^{1,2} 1 = Best 33 = Worst | Total Complaints to DFS | Upheld Complaints by DFS | Premiums (Millions \$) | Complaint Ratio |
|--|---|-------------------------------|--------------------------------|---------------------------|--------------------|
| Massachusetts Mutual Life Insurance Company | 7 | 4 | 0 | 85.19 | 0.0000 |
| Metropolitan Life Insurance Company | 20 | 34 | 9 | 640.22 | 0.0141 |
| Mutual of Omaha Insurance Company | 30 | 5 | 2 | 74.05 | 0.0270 |
| New York Life Insurance Company | 8 | 5 | 0 | 77.59 | 0.0000 |
| Northwestern Mutual Life Insurance Company | 18 | 1 | 1 | 97.53 | 0.0103 |
| Paul Revere Life Insurance Company | 11 | 3 | 0 | 59.62 | 0.0000 |
| Principal Life Insurance Company | 19 | 2 | 1 | 75.29 | 0.0133 |
| Provident Life and Casualty Insurance Company | 33 | 2 | 2 | 51.58 | 0.0388 |
| Prudential Insurance Company of America | 21 | 13 | 2 | 135.46 | 0.0148 |
| ShelterPoint Life Insurance Company | 2 | 0 | 0 | 181.87 | 0.0000 |
| Standard Life Insurance Company of New York | 22 | 3 | 1 | 67.70 | 0.0148 |
| Standard Security Life Insurance Company of New York | 24 | 1 | 1 | 62.36 | 0.0160 |
| Sun Life and Health Insurance Company | 16 | 7 | 1 | 120.09 | 0.0083 |
| Transamerica Financial Life Insurance Company | 17 | 6 | 1 | 99.36 | 0.0101 |
| Wellfleet New York Insurance Company | 5 | 2 | 0 | 97.39 | 0.0000 |
| WESCO Insurance Company | 28 | 2 | 1 | 50.67 | 0.0197 |
| Westport Insurance Corporation | 13 | 0 | 0 | 50.59 | 0.0000 |
| Total | | 229 | 48 | 4,532.50 | 0.0106 |

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

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

Prompt Pay Complaints

New York State requires all health insurance companies to:

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

For issues concerning payment, reimbursement, coverage, benefits, rates and premiums, contact DFS at: <https://www.dfs.ny.gov/complaint> or call 800-342-3736.

Understanding the Charts

- **Rank:** Each health insurance company's ranking is based on the number of prompt pay complaints upheld, relative to the company's premiums. A lower number results in a higher ranking. A higher ranking means that the health insurance company had fewer complaints relative to its size.
- **Total Complaints:** Total number of complaints closed by DFS in 2018. 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 2018. Large health insurance companies may receive more complaints because they have more members and pay more claims than smaller health insurance companies.
- **Upheld Prompt Pay Complaints:** Number of closed prompt pay complaints where DFS determined that the health insurance company was not processing claims in a timely manner. 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 during 2018. 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 the health insurance company's premiums.

Prompt Pay Complaints—HMOs 2018

Data Source: DFS

| HMO | Rank ^{1,2} 1 = Best 8 = Worst | Total Complaints | Total Prompt Pay Complaints | Upheld Prompt Pay Complaints | Premiums (Millions \$) | Prompt Pay Complaint Ratio |
|---|--|---------------------|-----------------------------------|------------------------------------|---------------------------|----------------------------------|
| Capital District Physicians Health Plan | 3 | 9 | 3 | 1 | 541.47 | 0.0018 |
| Community Blue (HealthNow) | 2 | 0 | 0 | 0 | 183.02 | 0.0000 |
| Empire HealthChoice HMO, Inc. | 8 | 338 | 151 | 93 | 124.76 | 0.7454 |
| Excellus Health Plan | 4 | 14 | 8 | 6 | 397.21 | 0.0151 |
| HIP Health Maintenance Organization | 7 | 688 | 352 | 228 | 2,501.09 | 0.0912 |
| Independent Health Association, Inc. | 1 | 18 | 6 | 0 | 228.96 | 0.0000 |
| MVP Health Plan, Inc. | 5 | 38 | 12 | 9 | 584.97 | 0.0154 |
| UnitedHealthcare of New York, Inc. | 6 | 79 | 26 | 13 | 792.96 | 0.0164 |
| Total | | 1,184 | 558 | 350 | 5,354.44 | 0.0654 |

¹If the ratios are the same among HMOs, the HMO with the higher annual premium amount receives a higher ranking.

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

Prompt Pay Complaints—EPO/PPO Health Plans 2018

Data Source: DFS

| EPO/PPO Health Plan | Rank ^{1,2} 1 = Best 13 = Worst | Total Complaints | Total Prompt Pay Complaints | Upheld Prompt Pay Complaints | Premiums (Millions \$) | Prompt Pay Complaint Ratio |
|---|---|---------------------|-----------------------------------|------------------------------------|---------------------------|----------------------------------|
| Aetna Life Insurance Company ³ | 12 | 1,300 | 394 | 186 | 1,975.90 | 0.0941 |
| CDPHP Universal Benefits, Inc. | 5 | 9 | 3 | 2 | 508.50 | 0.0039 |
| CIGNA Health and Life Insurance Company ³ | 9 | 180 | 68 | 48 | 1,157.74 | 0.0415 |
| Empire HealthChoice Assurance, Inc. ³ | 10 | 423 | 190 | 117 | 2,549.34 | 0.0459 |
| Excellus Health Plan, Inc. ³ | 3 | 88 | 16 | 7 | 2,866.75 | 0.0024 |
| Group Health Incorporated ³ | 13 | 1,515 | 725 | 588 | 806.75 | 0.7289 |
| HealthNow New York Inc. ³ | 4 | 42 | 8 | 3 | 1502.44 | 0.0020 |
| Independent Health Benefits Corporation | 1 | 11 | 1 | 0 | 565.62 | 0.0000 |
| MVP Health Services Corporation ³ | 2 | 10 | 2 | 1 | 734.03 | 0.0014 |
| Nippon Life Insurance Company of America ³ | 8 | 11 | 5 | 2 | 62.67 | 0.0319 |
| Oscar Insurance Corporation | 11 | 132 | 45 | 18 | 298.80 | 0.0602 |
| Oxford Health Insurance, Inc. ³ | 6 | 1,054 | 365 | 175 | 6,590.88 | 0.0266 |
| UnitedHealthcare Insurance Company of New York ³ | 7 | 289 | 130 | 60 | 1,966.61 | 0.0305 |
| Total | | 5,064 | 1,952 | 1,207 | 21,586.03 | 0.0559 |

¹If the ratios are the same among EPO/PPO health plans, the EPO/PPO health plan with the higher annual premium amount receives a higher ranking.

²EPO/PPO health plans with a lower prompt pay complaint ratio receive a higher ranking.

³Prompt pay complaints, complaint ratios and premiums include data from the health insurance company's EPO, PPO and commercial business.

Prompt Pay Complaints—Commercial Health Insurance Companies 2018

Data Source: DFS

| Commercial Health Insurance Company | Rank ^{1,2} 1 = Best 33 = Worst | Total Complaints | Total Prompt Pay Complaints | Upheld Prompt Pay Complaints | Premiums (Millions \$) | Prompt Pay Complaint Ratio |
|--|---|---------------------|-----------------------------------|------------------------------------|---------------------------|----------------------------------|
| American Family Life Assurance Company of New York | 2 | 10 | 2 | 0 | 317.98 | 0.0000 |
| Berkshire Life Insurance Company of America | 17 | 4 | 0 | 0 | 77.33 | 0.0000 |
| CIGNA Life Insurance Company of New York | 7 | 13 | 0 | 0 | 144.69 | 0.0000 |
| Combined Life Insurance Company of New York | 30 | 22 | 6 | 1 | 129.71 | 0.0077 |
| Delta Dental of New York, Inc. ³ | 29 | 20 | 16 | 1 | 180.47 | 0.0055 |
| Dentcare Delivery Systems, Inc. ³ | 22 | 5 | 2 | 0 | 60.83 | 0.0000 |
| Eastern Vision Service Plan, Inc. ⁴ | 14 | 0 | 0 | 0 | 97.37 | 0.0000 |
| First Reliance Standard Life Insurance Company | 21 | 2 | 0 | 0 | 60.85 | 0.0000 |
| First Unum Life Insurance Company | 3 | 16 | 0 | 0 | 315.09 | 0.0000 |
| Genworth Life Insurance Company of New York | 4 | 9 | 0 | 0 | 203.15 | 0.0000 |
| Guardian Life Insurance Company of America | 1 | 22 | 7 | 0 | 424.89 | 0.0000 |
| Hartford Life and Accident Insurance Company | 6 | 3 | 0 | 0 | 158.28 | 0.0000 |
| HCC Life Insurance Company | 18 | 0 | 0 | 0 | 74.88 | 0.0000 |
| HM Life Insurance Company of New York | 24 | 0 | 0 | 0 | 59.14 | 0.0000 |
| John Hancock Life & Health Insurance Company | 9 | 13 | 0 | 0 | 102.18 | 0.0000 |
| Liberty Life Assurance Company of Boston | 11 | 0 | 0 | 0 | 99.10 | 0.0000 |

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

²Commercial health insurance companies with a lower prompt pay complaint ratio receive a higher ranking.

³Plan issues dental coverage only.

⁴Plan issues vision coverage only.

Prompt Pay Complaints—Commercial Health Insurance Companies 2018, continued

Data Source: DFS

| Commercial Health Insurance Company | Rank ^{1,2} 1 = Best 33 = Worst | Total Complaints | Total Prompt Pay Complaints | Upheld Prompt Pay Complaints | Premiums (Millions \$) | Prompt Pay Complaint Ratio |
|--|---|---------------------|-----------------------------------|------------------------------------|---------------------------|----------------------------------|
| Massachusetts Mutual Life Insurance Company | 15 | 4 | 0 | 0 | 85.19 | 0.0000 |
| Metropolitan Life Insurance Company | 28 | 34 | 3 | 2 | 640.22 | 0.0031 |
| Mutual of Omaha Insurance Company | 19 | 5 | 0 | 0 | 74.05 | 0.0000 |
| New York Life Insurance Company | 16 | 5 | 1 | 0 | 77.59 | 0.0000 |
| Northwestern Mutual Life Insurance Company | 12 | 1 | 0 | 0 | 97.53 | 0.0000 |
| Paul Revere Life Insurance Company | 23 | 3 | 0 | 0 | 59.62 | 0.0000 |
| Principal Life Insurance Company | 32 | 2 | 1 | 1 | 75.29 | 0.0133 |
| Provident Life and Casualty Insurance | 25 | 2 | 0 | 0 | 51.58 | 0.0000 |
| Prudential Insurance Company of America | 8 | 13 | 0 | 0 | 135.46 | 0.0000 |
| ShelterPoint Life Insurance Company | 5 | 0 | 0 | 0 | 181.87 | 0.0000 |
| Standard Life Insurance Company of New York | 33 | 3 | 3 | 1 | 67.70 | 0.0148 |
| Standard Security Life Insurance Company of New York | 20 | 1 | 0 | 0 | 62.36 | 0.0000 |
| Sun Life and Health Insurance Company | 31 | 7 | 2 | 1 | 120.09 | 0.0083 |
| Transamerica Financial Life Insurance Company | 10 | 6 | 2 | 0 | 99.36 | 0.0000 |
| Wellfleet New York Insurance Company | 13 | 2 | 1 | 0 | 97.39 | 0.0000 |
| WESCO Insurance Company | 26 | 2 | 0 | 0 | 50.67 | 0.0000 |
| Westport Insurance Corporation | 27 | 0 | 0 | 0 | 50.59 | 0.0000 |
| Total | | 229 | 46 | 7 | 4,532.50 | 0.0015 |

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

²Commercial health insurance companies with a lower prompt pay 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. A member may also appeal when the health plan denies a request to pay for an out-of-network service¹ if the health plan offers an alternate service in-network or if the health plan denies an out-of-network referral.² In addition, the member or the provider may appeal if the health plan denies a step therapy protocol³ override for a prescription drug.

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 2018.
- **Closed Appeals:** Number of internal appeals that the health insurance company decided by the end of 2018.
- **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.

¹ An out-of-network service denial is a preauthorization request that is denied because the service is not available in-network and the health plan recommends an alternate in-network service that it believes is not materially different from the requested out-of-network service.

² An out-of-network referral denial occurs when the member's out-of-network referral request is denied because the health plan has an in-network provider with appropriate training and experience to meet the particular needs of the member.

³ Step-therapy protocols require members to try at least one other medication selected by their health plan before the health plan will grant coverage for the drug originally prescribed by the health care provider. The member or provider may request a step-therapy protocol override.

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 2018

Data Source: DFS

| HMO | Filed Appeals | Closed Appeals ¹ | Reversals on Appeals | Reversal Rate (Percentage) |
|---|---------------|-----------------------------|----------------------|----------------------------|
| Capital District Physicians Health Plan | 224 | 223 | 78 | 34.98% |
| Community Blue (HealthNow) | 145 | 141 | 34 | 24.11% |
| Empire HealthChoice HMO, Inc. | 442 | 649 | 255 | 39.29% |
| Excellus Health Plan | 58 | 60 | 23 | 38.33% |
| HIP Health Maintenance Organization | 2,454 | 2,436 | 1,178 | 48.36% |
| Independent Health Association, Inc. | 187 | 185 | 84 | 45.41% |
| MVP Health Plan, Inc. | 217 | 221 | 125 | 56.56% |
| UnitedHealthcare of New York, Inc. | 280 | 283 | 183 | 64.66% |
| Total | 4,007 | 4,198 | 1,960 | 46.69% |

¹Closed internal appeals can exceed filed internal appeals in 2018 because closed internal appeals also include internal appeals filed prior to 2018.

Internal Appeals—EPO/PPO Health Plans 2018

Data Source: DFS

| EPO/PPO Health Plan | Filed Appeals | Closed Appeals ¹ | Reversals on Appeals | Reversal Rate (Percentage) |
|---|---------------|-----------------------------|----------------------|----------------------------|
| Aetna Life Insurance Company ² | 1,441 | 1,441 | 576 | 39.97% |
| CDPHP Universal Benefits, Inc. | 127 | 130 | 44 | 33.85% |
| CIGNA Health and Life Insurance Company ² | 3,476 | 3,439 | 1,346 | 39.14% |
| Empire HealthChoice Assurance, Inc. ² | 7,889 | 8,334 | 3,131 | 37.57% |
| Excellus Health Plan, Inc. ² | 5,487 | 5,429 | 1,691 | 31.15% |
| Group Health Incorporated ² | 1,841 | 1,830 | 1,081 | 59.07% |
| HealthNow New York Inc. ² | 1,342 | 1,314 | 261 | 19.86% |
| Independent Health Benefits Corporation | 546 | 537 | 315 | 58.66% |
| MVP Health Services Corporation ² | 325 | 325 | 162 | 49.85% |
| Nippon Life Insurance Company of America ² | 153 | 142 | 50 | 35.21% |
| Oscar Insurance Corporation | 447 | 436 | 167 | 38.30% |
| Oxford Health Insurance, Inc. ² | 10,318 | 10,324 | 5,807 | 56.25% |
| UnitedHealthcare Insurance Company of New York ² | 3,848 | 3,848 | 1,280 | 33.26% |
| Total | 37,240 | 37,529 | 15,911 | 42.40% |

¹Closed internal appeals can exceed filed internal appeals in 2018 because closed internal appeals also include internal appeals filed prior to 2018.

²Internal appeals and reversal rates include data from the health insurance company's EPO, PPO and commercial business.

Internal Appeals—Commercial Health Insurance Companies 2018

Data Source: DFS

| Commercial Health Insurance Company ¹ | Filed Appeals | Closed Appeals ² | Reversals on Appeals | Reversal Rate (Percentage) |
|--|---------------|-----------------------------|----------------------|----------------------------|
| American Family Life Assurance Company of New York | 0 | 0 | 0 | 0.00% |
| Berkshire Life Insurance Company of America | 0 | 0 | 0 | 0.00% |
| CIGNA Life Insurance Company of New York | 0 | 0 | 0 | 0.00% |
| Combined Life Insurance Company of New York | 0 | 0 | 0 | 0.00% |
| Delta Dental of New York, Inc. ³ | 0 | 0 | 0 | 0.00% |
| Dentcare Delivery Systems, Inc. ³ | 0 | 0 | 0 | 0.00% |
| Eastern Vision Service Plan, Inc. ⁴ | 0 | 0 | 0 | 0.00% |
| First Reliance Standard Life Insurance Company | 7 | 7 | 4 | 57.14% |
| First Unum Life Insurance Company | 0 | 0 | 0 | 0.00% |
| Genworth Life Insurance Company of New York | 0 | 0 | 0 | 0.00% |
| Guardian Life Insurance Company of America | 3,855 | 3,732 | 2,216 | 59.38% |
| Hartford Life and Accident Insurance Company | 0 | 0 | 0 | 0.00% |
| HCC Life Insurance Company | 0 | 0 | 0 | 0.00% |
| HM Life Insurance Company of New York | 0 | 0 | 0 | 0.00% |
| John Hancock Life & Health Insurance Company | 0 | 0 | 0 | 0.00% |
| Liberty Life Assurance Company of Boston | 0 | 0 | 0 | 0.00% |

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

²Closed internal appeals can exceed filed internal appeals in 2018 because closed internal appeals also include internal appeals filed prior to 2018.

³Plan issues dental coverage only.

⁴Plan issues vision coverage only.

Internal Appeals—Commercial Health Insurance Companies 2018, continued

Data Source: DFS

| Commercial Health Insurance Company ¹ | Filed Appeals | Closed Appeals ² | Reversals on Appeals | Reversal Rate (Percentage) |
|--|---------------|-----------------------------|----------------------|----------------------------|
| Massachusetts Mutual Life Insurance Company | 0 | 0 | 0 | 0.00% |
| Metropolitan Life Insurance Company | 10,386 | 10,386 | 8,845 | 85.16% |
| Mutual of Omaha Insurance Company | 0 | 0 | 0 | 0.00% |
| New York Life Insurance Company | 0 | 0 | 0 | 0.00% |
| Northwestern Mutual Life Insurance Company | 0 | 0 | 0 | 0.00% |
| Paul Revere Life Insurance Company | 0 | 0 | 0 | 0.00% |
| Principal Life Insurance Company | 2 | 2 | 1 | 50.00% |
| Provident Life and Casualty Insurance Company | 0 | 0 | 0 | 0.00% |
| Prudential Insurance Company of America | 0 | 0 | 0 | 0.00% |
| ShelterPoint Life Insurance Company | 0 | 0 | 0 | 0.00% |
| Standard Life Insurance Company of New York | 22 | 22 | 9 | 40.91% |
| Standard Security Life Insurance Company of New York | 0 | 0 | 0 | 0.00% |
| Sun Life and Health Insurance Company | 5 | 5 | 4 | 80.00% |
| Transamerica Financial Life Insurance Company | 0 | 0 | 0 | 0.00% |
| Wellfleet New York Insurance Company | 0 | 0 | 0 | 0.00% |
| WESCO Insurance Company | 0 | 0 | 0 | 0.00% |
| Westport Insurance Corporation | 0 | 0 | 0 | 0.00% |
| Total | 14,277 | 14,154 | 11,079 | 78.27% |

¹Many of the 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 2018 because closed internal appeals also include internal appeals filed prior to 2018.

External Appeals

After an unsuccessful 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. A member may also appeal when the health plan denies a request to pay for an out-of-network service¹ if the health plan offers an alternate service in-network or if the health plan denies an out-of-network referral.² If the health plan denies coverage of a non-formulary drug, the member or provider may be eligible to request a formulary exception for that drug through the external appeal process, depending on the type of policy.³ A formulary is a list of prescription drugs that are covered by a member's health plan. In addition, the member may request an external appeal if the health plan denies an internal appeal for a step therapy protocol⁴ override for a prescription drug.

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 together to waive the internal appeal process. An internal appeal is generally not required for a formulary exception.

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

*A health insurance company may charge a fee up to \$25 for an external appeal but may not charge more than a total of \$75 in a single plan year. The fee will be refunded to you if the appeal is overturned.

Understanding the Charts

- **Total External Appeals:** Total number of cases assigned to an external appeal organization in 2018.
- **Reversals on External Appeals:** Number of cases where an external appeal organization decided in favor of the member or provider.
- **Reversed in Part External Appeals:** 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 five day hospital stay, claiming it was not medically necessary; however, the external appeal organization decides that three of the five days were medically necessary.
- **Upheld External Appeals:** Number of cases where an external appeal organization agreed with the health insurance company's decision not to cover a service or procedure.

- **Reversal Rate:** Percentage of reversals on external appeals (cases decided in favor of the member or provider) divided by total external appeals. Please note that the number of cases when an external appeal organization decided partially in favor of the member or provider is also included in the reversal rate. A high reversal rate may indicate that a health insurance company does not make appropriate coverage decisions.

¹ An out-of-network service denial is a pre-authorization request that is denied because the service is not available in-network and the health plan recommends an alternate in-network service that it believes is not materially different from the requested out-of-network service.

² An out-of-network referral denial occurs when the member's out-of-network referral request is denied because the health plan has an in-network provider with appropriate training and experience to meet the particular needs of the member.

³ Members with the following policy types may be eligible to file an external appeal for a formulary exception: Individual, Essential Plan, Small Group, Student Health Plans and Large Group policies.

⁴ Step-therapy protocols require members to try at least one other medication selected by their health plan before the health plan will grant coverage for the drug originally prescribed by the health care provider. The member or provider may request a step-therapy protocol override.

External Appeals—HMOs 2018

Data Source: DFS

| HMO | Total External Appeals | Reversals on External Appeals | Reversed in Part External Appeals | Upheld External Appeals | Reversal Rate (Percentage) ¹ |
|---|------------------------|-------------------------------|-----------------------------------|-------------------------|---|
| Capital District Physicians Health Plan | 28 | 19 | 2 | 7 | 75.00% |
| Community Blue (HealthNow) | 3 | 0 | 0 | 3 | 0.00% |
| Empire HealthChoice HMO, Inc. | 39 | 10 | 2 | 27 | 30.77% |
| Excellus Health Plan | 3 | 1 | 0 | 2 | 33.33% |
| HIP Health Maintenance Organization | 137 | 31 | 4 | 102 | 25.55% |
| Independent Health Association, Inc. | 10 | 5 | 0 | 5 | 50.00% |
| MVP Health Plan, Inc. | 11 | 5 | 0 | 6 | 45.45% |
| UnitedHealthcare of New York, Inc. | 11 | 4 | 2 | 5 | 54.55% |
| Total | 242 | 75 | 10 | 157 | 35.12% |

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

External Appeals—EPO/PPO Health Plans 2018

Data Source: DFS

| EPO/PPO Health Plan | Total External Appeals | Reversals on External Appeals | Reversed in Part External Appeals | Upheld External Appeals | Reversal Rate (Percentage) ¹ |
|---|------------------------|-------------------------------|-----------------------------------|-------------------------|---|
| Aetna Life Insurance Company ² | 130 | 36 | 5 | 89 | 31.54% |
| CDPHP Universal Benefits, Inc. | 14 | 4 | 0 | 10 | 28.57% |
| CIGNA Health and Life Insurance Company ² | 53 | 19 | 1 | 33 | 37.74% |
| Empire HealthChoice Assurance, Inc. ² | 349 | 122 | 5 | 222 | 36.39% |
| Excellus Health Plan, Inc. ² | 179 | 60 | 1 | 118 | 34.08% |
| Group Health Incorporated ² | 40 | 18 | 8 | 14 | 65.00% |
| HealthNow New York Inc. ² | 26 | 9 | 0 | 17 | 34.62% |
| Independent Health Benefits Corporation | 0 | 0 | 0 | 0 | 0.00% |
| MVP Health Services Corporation | 22 | 7 | 0 | 15 | 31.82% |
| Nippon Life Insurance Company of America ² | 4 | 2 | 0 | 2 | 50.00% |
| Oscar Insurance Corporation | 55 | 20 | 0 | 35 | 36.36% |
| Oxford Health Insurance, Inc. ² | 237 | 95 | 7 | 135 | 43.04% |
| UnitedHealthcare Insurance Company of New York ² | 35 | 21 | 0 | 14 | 60.00% |
| Total | 1,144 | 413 | 27 | 704 | 38.46% |

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

²External appeals and reversal rates include data from the health insurance company's EPO, PPO and commercial business.

External Appeals—Commercial Health Insurance Companies 2018

Data Source: DFS

| Commercial Health Insurance Company ¹ | Total External Appeals | Reversals on External Appeals | Reversed in Part External Appeals | Upheld External Appeals | Reversal Rate (Percentage) ² |
|--|------------------------|-------------------------------|-----------------------------------|-------------------------|---|
| American Family Life Assurance Company of New York | 0 | 0 | 0 | 0 | 0.00% |
| Berkshire Life Insurance Company of America | 0 | 0 | 0 | 0 | 0.00% |
| CIGNA Life Insurance Company of New York | 0 | 0 | 0 | 0 | 0.00% |
| Combined Life Insurance Company of New York | 0 | 0 | 0 | 0 | 0.00% |
| Delta Dental of New York, Inc. ³ | 0 | 0 | 0 | 0 | 0.00% |
| Dentcare Delivery Systems, Inc. ³ | 0 | 0 | 0 | 0 | 0.00% |
| Eastern Vision Service Plan, Inc. ⁴ | 0 | 0 | 0 | 0 | 0.00% |
| First Reliance Standard Life Insurance Company | 0 | 0 | 0 | 0 | 0.00% |
| First Unum Life Insurance Company | 0 | 0 | 0 | 0 | 0.00% |
| Genworth Life Insurance Company of New York | 0 | 0 | 0 | 0 | 0.00% |
| Guardian Life Insurance Company of America | 9 | 5 | 1 | 3 | 66.67% |
| Hartford Life and Accident Insurance Company | 0 | 0 | 0 | 0 | 0.00% |
| HCC Life Insurance Company | 0 | 0 | 0 | 0 | 0.00% |
| HM Life Insurance Company of New York | 0 | 0 | 0 | 0 | 0.00% |
| John Hancock Life & Health Insurance Company | 0 | 0 | 0 | 0 | 0.00% |
| Liberty Life Assurance Company of Boston | 0 | 0 | 0 | 0 | 0.00% |
| Massachusetts Mutual Life Insurance Company | 0 | 0 | 0 | 0 | 0.00% |

¹Many of the 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.

⁴Plan issues vision coverage only.

External Appeals—Commercial Health Insurance Companies 2018, continued

Data Source: DFS

| Commercial Health Insurance Company ¹ | Total External Appeals | Reversals on External Appeals | Reversed in Part External Appeals | Upheld External Appeals | Reversal Rate (Percentage) ² |
|--|------------------------|-------------------------------|-----------------------------------|-------------------------|---|
| Metropolitan Life Insurance Company | 7 | 5 | 0 | 2 | 71.43% |
| Mutual of Omaha Insurance Company | 0 | 0 | 0 | 0 | 0.00% |
| New York Life Insurance Company | 0 | 0 | 0 | 0 | 0.00% |
| Northwestern Mutual Life Insurance Company | 0 | 0 | 0 | 0 | 0.00% |
| Paul Revere Life Insurance Company | 0 | 0 | 0 | 0 | 0.00% |
| Principal Life Insurance Company | 1 | 1 | 0 | 0 | 100.00% |
| Provident Life and Casualty Insurance Company | 0 | 0 | 0 | 0 | 0.00% |
| Prudential Insurance Company of America | 0 | 0 | 0 | 0 | 0.00% |
| ShelterPoint Life Insurance Company | 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 and Health Insurance Company | 0 | 0 | 0 | 0 | 0.00% |
| Transamerica Financial Life Insurance Company | 0 | 0 | 0 | 0 | 0.00% |
| Wellfleet New York Insurance Company | 0 | 0 | 0 | 0 | 0.00% |
| WESCO Insurance Company | 0 | 0 | 0 | 0 | 0.00% |
| Westport Insurance Corporation | 0 | 0 | 0 | 0 | 0.00% |
| Total | 17 | 11 | 1 | 5 | 70.59% |

¹Many of the 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 disagreements over benefit coverage. According to New York State law, health insurance companies offering 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 persons 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 2018.
- **Closed Grievances:** Number of grievances the health insurance company resolved by the end of 2018.
- **Upheld Grievances:** Number of closed grievances where the health insurance company stood by its original decision and did not decide in favor of the member or provider.
- **Reversed Grievances:** Number of closed grievances where the health insurance company changed its initial decision and decided in favor of the member or provider.
- **Reversal Rate:** Percentage of reversals resulting from grievances (closed grievances decided in favor of the member or provider) divided by closed grievances.

Keep in Mind

A health insurance consumer should pay specific attention to a health insurance company that has a very high or very low reversal rate.

Please note:

- 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 2018

Data Source: DFS

| HMO | Filed Grievances | Closed Grievances ¹ | Reversed Grievances | Upheld Grievances | Reversal Rate (Percentage) |
|---|------------------|--------------------------------|---------------------|-------------------|----------------------------|
| Capital District Physicians Health Plan | 216 | 222 | 102 | 120 | 45.95% |
| Community Blue (HealthNow) | 66 | 64 | 27 | 37 | 42.19% |
| Empire HealthChoice HMO, Inc. | 406 | 502 | 192 | 310 | 38.25% |
| Excellus Health Plan | 55 | 64 | 22 | 42 | 34.38% |
| HIP Health Maintenance Organization | 1,112 | 1,041 | 431 | 610 | 41.40% |
| Independent Health Association, Inc. | 144 | 144 | 55 | 89 | 38.19% |
| MVP Health Plan, Inc. | 76 | 76 | 19 | 57 | 25.00% |
| UnitedHealthcare of New York, Inc. | 37 | 51 | 17 | 34 | 33.33% |
| Total | 2,112 | 2,164 | 865 | 1,299 | 39.97% |

¹Closed grievances can exceed filed grievances in 2018 because closed grievances also include grievances filed prior to 2018.

Grievances— EPO/PPO Health Plans 2018

Data Source: DFS

| EPO/PPO Health Plan | Filed Grievances | Closed Grievances ¹ | Reversed Grievances | Upheld Grievances | Reversal Rate (Percentage) |
|---|------------------|--------------------------------|---------------------|-------------------|----------------------------|
| Aetna Life Insurance Company ² | 136 | 133 | 45 | 88 | 33.83% |
| CDPHP Universal Benefits, Inc. | 244 | 238 | 141 | 97 | 59.24% |
| CIGNA Health and Life Insurance Company ² | 172 | 185 | 31 | 154 | 16.76% |
| Empire HealthChoice Assurance, Inc. ² | 2,024 | 2,036 | 389 | 1,647 | 19.11% |
| Excellus Health Plan, Inc. ² | 1,372 | 1,378 | 309 | 1,069 | 22.42% |
| Group Health Incorporated ² | 770 | 746 | 146 | 600 | 19.57% |
| HealthNow New York Inc. ² | 277 | 277 | 52 | 225 | 18.77% |
| Independent Health Benefits Corporation | 471 | 460 | 171 | 289 | 37.17% |
| MVP Health Services Corporation | 74 | 74 | 20 | 54 | 27.03% |
| Nippon Life Insurance Company of America ² | 0 | 0 | 0 | 0 | 0.00% |
| Oscar Insurance Corporation | 488 | 468 | 128 | 340 | 27.35% |
| Oxford Health Insurance, Inc. ² | 10,044 | 10,073 | 2,349 | 7,724 | 23.32% |
| UnitedHealthcare Insurance Company of New York ² | 7,048 | 7,051 | 1,660 | 5,391 | 23.54% |
| Total | 23,120 | 23,119 | 5,441 | 17,678 | 23.53% |

¹Closed grievances can exceed filed grievances in 2018 because closed grievances also include grievances filed prior to 2018.

²Grievances and reversal rates include data from the health insurance company's EPO, PPO and commercial business.

Grievances—Commercial Health Insurance Companies 2018

Data Source: DFS

| Commercial Health Insurance Company ¹ | Filed Grievances | Closed Grievances ² | Reversed Grievances | Upheld Grievances | Reversal Rate (Percentage) |
|--|------------------|--------------------------------|---------------------|-------------------|----------------------------|
| American Family Life Assurance Company of New | 0 | 0 | 0 | 0 | 0.00% |
| Berkshire Life Insurance Company of America | 0 | 0 | 0 | 0 | 0.00% |
| CIGNA Life Insurance Company of New York | 0 | 0 | 0 | 0 | 0.00% |
| Combined Life Insurance Company of New York | 0 | 0 | 0 | 0 | 0.00% |
| Delta Dental of New York, Inc. ³ | 1,962 | 1,962 | 834 | 1128 | 42.51% |
| Dentcare Delivery Systems, Inc. ³ | 268 | 273 | 70 | 203 | 25.64% |
| Eastern Vision Service Plan, Inc. ⁴ | 0 | 0 | 0 | 0 | 0.00% |
| First Reliance Standard Life Insurance Company | 0 | 0 | 0 | 0 | 0.00% |
| First Unum Life Insurance Company | 0 | 0 | 0 | 0 | 0.00% |
| 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 and Accident Insurance Company | 0 | 0 | 0 | 0 | 0.00% |
| HCC Life Insurance Company | 0 | 0 | 0 | 0 | 0.00% |
| HM Life Insurance Company of New York | 0 | 0 | 0 | 0 | 0.00% |
| John Hancock Life & Health Insurance Company | 0 | 0 | 0 | 0 | 0.00% |
| Liberty Life Assurance Company of Boston | 0 | 0 | 0 | 0 | 0.00% |

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

²Closed grievances can exceed filed grievances in 2018 because closed grievances also include grievances filed prior to 2018.

³Plan issues dental coverage only.

⁴Plan issues vision coverage only.

Grievances—Commercial Health Insurance Companies 2018, continued

Data Source: DFS

| Commercial Health Insurance Company ¹ | Filed Grievances | Closed Grievances ² | Reversed Grievances | Upheld Grievances | Reversal Rate (Percentage) |
|--|------------------|--------------------------------|---------------------|-------------------|----------------------------|
| Massachusetts Mutual Life Insurance Company | 0 | 0 | 0 | 0 | 0.00% |
| Metropolitan Life Insurance Company | 0 | 0 | 0 | 0 | 0.00% |
| Mutual of Omaha Insurance Company | 0 | 0 | 0 | 0 | 0.00% |
| New York Life Insurance Company | 0 | 0 | 0 | 0 | 0.00% |
| Northwestern Mutual Life Insurance Company | 0 | 0 | 0 | 0 | 0.00% |
| Paul Revere Life Insurance Company | 0 | 0 | 0 | 0 | 0.00% |
| Principal Life Insurance Company | 0 | 0 | 0 | 0 | 0.00% |
| Provident Life and Casualty Insurance Company | 0 | 0 | 0 | 0 | 0.00% |
| Prudential Insurance Company of America | 0 | 0 | 0 | 0 | 0.00% |
| ShelterPoint Life Insurance Company | 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 and Health Insurance Company | 0 | 0 | 0 | 0 | 0.00% |
| Transamerica Financial Life Insurance Company | 0 | 0 | 0 | 0 | 0.00% |
| Wellfleet New York Insurance Company | 0 | 0 | 0 | 0 | 0.00% |
| WESCO Insurance Company | 0 | 0 | 0 | 0 | 0.00% |
| Westport Insurance Corporation | 0 | 0 | 0 | 0 | 0.00% |
| Total | 2,230 | 2,235 | 904 | 1,331 | 40.45% |

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

²Closed grievances can exceed filed grievances in 2018 because closed grievances also include grievances filed prior to 2018.

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 a check-up or routine care at a doctor’s office or clinic as soon as needed.
 - Care right away for an illness or injury.
 - **Getting Needed Care:** The percentage of members who responded that they “usually” or “always” get:
 - Appointments with specialists as soon as needed.
 - Care, tests or treatments 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 adults ages 20 years and older who had an outpatient or preventive care visit within the past three 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. The measure is reported separately for ages 20–44 years and for ages 45–64 years.

Access and Service—HMOs 2017

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 | 69 | | 86 | | 87 | | 79 | | 94 | | 96 |
| Capital District Physicians Health Plan | 84 | ▲ | 92 | ▲ | 93 | ▲ | 87 | ▲ | 95 | ▲ | 98 |
| Community Blue (HealthNow) ¹ | 79 | ▲ | 89 | | 89 | | 84 | ▲ | 95 | ▲ | 97 |
| Empire HealthChoice HMO, Inc. | 47 | ▼ | 82 | | 83 | | 71 | ▼ | 91 | ▼ | 93 |
| Excellus (Univera Healthcare) ² | 69 | | 87 | | 87 | | 78 | | 94 | | 96 |
| Excellus BlueCross BlueShield ³ | 69 | | 87 | | 87 | | 78 | | 94 | | 96 |
| HIP Health Maintenance Organization | 59 | ▼ | 71 | ▼ | 75 | ▼ | 73 | ▼ | 92 | ▼ | 95 |
| Independent Health Association, Inc. | 75 | ▲ | 91 | ▲ | 91 | ▲ | 85 | ▲ | 95 | ▲ | 97 |
| MVP Health Plan, Inc. | 71 | | 90 | ▲ | 89 | | 80 | | 94 | | 97 |

¹Includes data for HealthNow PPO membership.

²Includes data for Univera PPO membership.

³Includes data for Excellus BlueCross BlueShield PPO membership.

Legend

▲ Significantly better than the NY HMO average.

▼ Significantly worse than the NY HMO average.

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

Access and Service—PPOs 2017

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 | 62 | | 83 | | 87 | | 75 | | 93 | | 95 | |
| Aetna Life Insurance Company | 63 | | 85 | | 87 | | 74 | | 93 | | 95 | |
| CDPHP Universal Benefits, Inc. | 76 | ▲ | 91 | ▲ | 92 | ▲ | 82 | ▲ | 94 | ▲ | 97 | ▲ |
| CIGNA Health and Life Insurance | 59 | | 80 | | 87 | | 76 | | 94 | ▲ | 95 | |
| Empire HealthChoice Assurance, Inc. | 75 | ▲ | 82 | | 85 | | 79 | | 92 | ▼ | 94 | ▼ |
| Group Health Incorporated | 66 | | 82 | | 88 | | 74 | | 82 | ▼ | 82 | ▼ |
| MVP Health Services Corporation | 57 | | 81 | | 87 | | 73 | | 93 | | 96 | ▲ |
| Oscar Insurance Corporation | 40 | ▼ | 76 | ▼ | 80 | ▼ | 60 | ▼ | 88 | ▼ | 90 | ▼ |
| Oxford Health Insurance, Inc. | 55 | ▼ | 85 | | 88 | | 77 | | 95 | ▲ | 96 | ▲ |
| UnitedHealthcare Insurance Company of New York | 66 | | 85 | | 87 | | 84 | ▲ | 94 | ▲ | 96 | ▲ |

¹Data for Excellus BlueCross BlueShield PPO, HealthNow PPO and Univera PPO are included in the HMO tables.

Legend

▲ Significantly better than the NY PPO average.

▼ Significantly worse 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

Child and Adolescent Immunizations and Screening

- **Childhood Immunization Combo 3:** The percentage of children age 2 years who were fully immunized. Fully immunized consists of the following vaccines: four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.
- **Adolescent Immunization Combo 2:** The percentage of adolescents age 13 years who had one dose of meningococcal conjugate vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday.
- **Weight Assessment BMI Percentile:** The percentage of children and adolescents, ages 3–17 years, who had an outpatient visit with a PCP or OB/GYN and had their body mass index (BMI) calculated.

Assessment, Education and Counseling for Adolescents

- **Adolescent Preventive Care:** The percentage of adolescents ages 12–17 years who had at least one outpatient visit with a PCP or OB/GYN and received assessment, counseling or education on the following four components of care:
 - Alcohol and Other Drug Use: Risks of substance use (substance use includes alcohol, street drugs, nonprescription drugs, prescription drug misuse and inhalant use).
 - Depression.
 - Sexual Activity: Risk behaviors and preventive actions associated with sexual activity.
 - Tobacco Use.

Child and Adolescent Health—HMOs 2017

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.

Child and Adolescent Immunizations and Screening

| Performance Compared to the New York HMO Average | | | | | | |
|--|--------------------------------|---|---------------------------------|---|----------------------------------|---|
| HMO | Childhood Immunization Combo 3 | | Adolescent Immunization Combo 2 | | Weight Assessment BMI Percentile | |
| NY HMO Average | 86 | | 27 | | 84 | |
| Capital District Physicians Health Plan | 88 | | 30 | | 91 | ▲ |
| Community Blue (HealthNow) ¹ | 91 | ▲ | 30 | | 90 | ▲ |
| Empire HealthChoice HMO, Inc. | 66 | ▼ | 14 | ▼ | 80 | |
| Excellus (Univera Healthcare) ² | 89 | | 26 | | 83 | |
| Excellus BlueCross BlueShield ³ | 89 | | 26 | | 83 | |
| HIP Health Maintenance Organization | 72 | ▼ | 27 | | 71 | ▼ |
| Independent Health Association, Inc. | 91 | ▲ | 27 | | 95 | ▲ |
| MVP Health Plan, Inc. | 85 | | 27 | | 89 | ▲ |

¹Includes data for HealthNow PPO membership.

²Includes data for Univera PPO membership.

³Includes data for Excellus BlueCross BlueShield PPO membership.

Legend

▲ Significantly better than the NY HMO average.

▼ Significantly worse than the NY HMO average.

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

Child and Adolescent Health—HMOs 2017, continued

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.

Assessment, Education and Counseling for Adolescents

| Performance Compared to the New York HMO Average | | | | | | | | |
|--|----------------------------|---|------------|---|-----------------|---|-------------|---|
| HMO | Adolescent Preventive Care | | | | | | | |
| | Alcohol and Drug Use | | Depression | | Sexual Activity | | Tobacco Use | |
| NY HMO Average | 74 | | 68 | | 68 | | 78 | |
| Capital District Physicians Health Plan | 82 | | 78 | ▲ | 74 | | 84 | |
| Community Blue (HealthNow) ¹ | 82 | ▲ | 73 | | 74 | | 86 | ▲ |
| Empire HealthChoice HMO, Inc. | 64 | ▼ | 52 | ▼ | 52 | ▼ | 65 | ▼ |
| Excellus (Univera Healthcare) ² | 76 | | 62 | | 71 | | 80 | |
| Excellus BlueCross BlueShield ³ | 76 | | 62 | | 71 | | 80 | |
| HIP Health Maintenance Organization | 57 | ▼ | 54 | ▼ | 55 | ▼ | 63 | ▼ |
| Independent Health Association, Inc. | 90 | ▲ | 86 | ▲ | 86 | ▲ | 88 | ▲ |
| MVP Health Plan, Inc. | 75 | | 57 | ▼ | 68 | | 79 | |

¹Includes data for HealthNow PPO membership.

²Includes data for Univera PPO membership.

³Includes data for Excellus BlueCross BlueShield PPO membership.

Legend

▲ Significantly better than the NY HMO average.

▼ Significantly worse than the NY HMO average.

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

Child and Adolescent Health—PPOs 2017

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.

Child and Adolescent Immunizations and Screening

| Performance Compared to the New York PPO Average | | | | | | |
|--|--------------------------------|---|---------------------------------|---|----------------------------------|---|
| PPO ¹ | Childhood Immunization Combo 3 | | Adolescent Immunization Combo 2 | | Weight Assessment BMI Percentile | |
| NY PPO Average | 73 | | 16 | | 73 | |
| Aetna Life Insurance Company | 68 | ▼ | 17 | | 71 | |
| CDPHP Universal Benefits, Inc. | 89 | ▲ | 29 | ▲ | 91 | ▲ |
| CIGNA Health and Life Insurance Company | 76 | | 14 | ▼ | 85 | ▲ |
| Empire HealthChoice Assurance, Inc. | 70 | | 17 | | 75 | |
| Group Health Incorporated | 46 | ▼ | 14 | | 50 | ▼ |
| MVP Health Services Corporation | 80 | ▲ | 21 | ▲ | 83 | ▲ |
| Oscar Insurance Corporation | 67 | | 17 | | 72 | |
| Oxford Health Insurance, Inc. | 73 | | 13 | ▼ | 69 | |
| UnitedHealthcare Insurance Company of New York | 79 | ▲ | 16 | | 68 | ▼ |

¹Data for Excellus BlueCross BlueShield PPO, HealthNow PPO and Univera PPO are included in the HMO tables.

Legend

▲ Significantly better than the NY PPO average.

▼ Significantly worse than the NY PPO average.

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

Child and Adolescent Health—PPOs 2017, continued

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.

Assessment, Education and Counseling for Adolescents

| Performance Compared to the New York PPO Average | | | | | | | | |
|--|----------------------------|---|------------|---|-----------------|---|-------------|---|
| PPO ¹ | Adolescent Preventive Care | | | | | | | |
| | Alcohol and Drug Use | | Depression | | Sexual Activity | | Tobacco Use | |
| NY PPO Average | 54 | | 49 | | 49 | | 58 | |
| Aetna Life Insurance Company | 57 | | 51 | | 52 | | 58 | |
| CDPHP Universal Benefits, Inc. | 85 | ▲ | 81 | ▲ | 83 | ▲ | 90 | ▲ |
| CIGNA Health and Life Insurance | 65 | ▲ | 59 | ▲ | 56 | | 70 | ▲ |
| Empire HealthChoice Assurance, Inc. | 65 | ▲ | 53 | | 57 | ▲ | 67 | ▲ |
| Group Health Incorporated | 40 | ▼ | 34 | ▼ | 37 | ▼ | 41 | ▼ |
| MVP Health Services Corporation | 65 | ▲ | 57 | ▲ | 55 | | 73 | ▲ |
| Oscar Insurance Corporation | 35 | ▼ | 17 | ▼ | 29 | ▼ | 27 | ▼ |
| Oxford Health Insurance, Inc. | 41 | ▼ | 39 | ▼ | 37 | ▼ | 47 | ▼ |
| UnitedHealthcare Insurance Company of New York | 46 | ▼ | 43 | | 38 | ▼ | 50 | ▼ |

¹Data for Excellus BlueCross BlueShield PPO, HealthNow PPO and Univera PPO are included in the HMO tables.

Legend

- ▲ Significantly better than the NY PPO average.
- ▼ Significantly worse 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

Adult Health

Measure Descriptions

- **Controlling High Blood Pressure:** The percentage of adults ages 18 or older who had hypertension and whose blood pressure was adequately controlled based on the following criteria:
 - Adults ages 18–59 years whose blood pressure was <140/90 mm Hg.
 - Adults ages 60–85 years with a diagnosis of diabetes, whose blood pressure was <140/90 mm Hg.
 - Adults ages 60–85 years without a diagnosis of diabetes, whose blood pressure was <150/90 mm Hg.
- **Colon Cancer Screening:** The percentage of adults ages 50–75 years who had appropriate screening for colorectal cancer.
- **Use of Spirometry Testing for COPD:** The percentage of adults 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:** The percentage of adults ages 18–64 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.
- **Adult BMI Assessment:** The percentage of adults ages 18–74 years with an outpatient visit who had their body mass index (BMI) documented.

Adult Health—HMOs 2017

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 | Controlling High Blood Pressure | | Colon Cancer Screening | | Use of Spirometry Testing for COPD | |
| NY HMO Average | 67 | | 69 | | 45 | |
| Capital District Physicians Health Plan | 75 | ▲ | 76 | ▲ | 42 | |
| Community Blue (HealthNow) ¹ | 76 | ▲ | 68 | | 46 | |
| Empire HealthChoice HMO, Inc. | 52 | ▼ | 61 | ▼ | 54 | |
| Excellus (Univera Healthcare) ² | 69 | | 71 | | 42 | ▼ |
| Excellus BlueCross BlueShield ³ | 69 | | 71 | | 42 | ▼ |
| HIP Health Maintenance Organization | 47 | ▼ | 64 | | 48 | ▲ |
| Independent Health Association, Inc. | 75 | ▲ | 70 | | 51 | ▲ |
| MVP Health Plan, Inc. | 72 | ▲ | 73 | | 38 | ▼ |

¹Includes data for HealthNow PPO membership.

²Includes data for Univera PPO membership.

³Includes data for Excellus BlueCross BlueShield PPO membership.

Legend

▲ Significantly better than the NY HMO average.

▼ Significantly worse than the NY HMO average.

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

Adult Health—HMOs 2017, continued

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 | Flu Shot for Adults | | Avoidance of Antibiotics for Adults With Acute Bronchitis | | Adult BMI Assessment | |
| NY HMO Average | 53 | | 30 | | 86 | |
| Capital District Physicians Health Plan | 58 | | 38 | ▲ | 92 | ▲ |
| Community Blue (HealthNow) ¹ | 51 | | 26 | ▼ | 94 | ▲ |
| Empire HealthChoice HMO, Inc. | 54 | | 25 | | 78 | ▼ |
| Excellus (Univera Healthcare) ² | 54 | | 31 | ▲ | 84 | |
| Excellus BlueCross BlueShield ³ | 54 | | 31 | ▲ | 84 | |
| HIP Health Maintenance Organization | 42 | ▼ | 33 | | 77 | ▼ |
| Independent Health Association, Inc. | 49 | | 24 | ▼ | 94 | ▲ |
| MVP Health Plan, Inc. | 59 | | 28 | | 88 | |

¹Includes data for HealthNow PPO membership.

²Includes data for Univera PPO membership.

³Includes data for Excellus BlueCross BlueShield PPO membership.

Legend

▲ Significantly better than the NY HMO average.

▼ Significantly worse than the NY HMO average.

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

Adult Health—PPOs 2017

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 | Controlling High Blood Pressure | | Colon Cancer Screening | | Use of Spirometry Testing for COPD | |
| NY PPO Average | 49 | | 60 | | 56 | |
| Aetna Life Insurance Company | 46 | | 59 | | 56 | |
| CDPHP Universal Benefits, Inc. | 70 | ▲ | 71 | ▲ | 38 | ▼ |
| CIGNA Health and Life Insurance | 43 | ▼ | 60 | | 59 | |
| Empire HealthChoice Assurance, Inc. | 47 | | 59 | | 56 | |
| Group Health Incorporated | NV | | 50 | ▼ | 49 | ▼ |
| MVP Health Services Corporation | 63 | ▲ | 56 | | 46 | ▼ |
| Oscar Insurance Corporation | 55 | ▲ | 39 | ▼ | TS | |
| Oxford Health Insurance, Inc. | 48 | | 62 | | 64 | ▲ |
| UnitedHealthcare Insurance Company of New York | 51 | | 64 | | 58 | |

¹Data for Excellus BlueCross BlueShield PPO, HealthNow PPO and Univera PPO are included in the HMO tables.

Legend

- ▲ Significantly better than the NY PPO average.
- ▼ Significantly worse than the NY PPO average.
- No symbol** indicates that the average is not different from the NY PPO average.
- NV** Plan submitted invalid data.
- TS** Sample size too small to report.

Adult Health—PPOs 2017, continued

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 | Flu Shot for Adults | | Avoidance of Antibiotics for Adults With Acute Bronchitis | | Adult BMI Assessment | |
| NY PPO Average | 48 | | 28 | | 69 | |
| Aetna Life Insurance Company | 48 | | 30 | | 55 | ▼ |
| CDPHP Universal Benefits, Inc. | 64 | ▲ | 33 | ▲ | 92 | ▲ |
| CIGNA Health and Life Insurance | 43 | | 31 | | 65 | |
| Empire HealthChoice Assurance, Inc. | 47 | | 24 | ▼ | 75 | ▲ |
| Group Health Incorporated | 47 | | 56 | ▲ | 45 | ▼ |
| MVP Health Services Corporation | 45 | | 25 | ▼ | 85 | ▲ |
| Oscar Insurance Corporation | 34 | ▼ | 25 | | 72 | |
| Oxford Health Insurance, Inc. | 45 | | 27 | ▼ | 69 | |
| UnitedHealthcare Insurance Company of New York | 50 | | 28 | | 75 | ▲ |

¹Data for Excellus BlueCross BlueShield PPO, HealthNow PPO and Univera PPO are included in the HMO tables.

Legend

▲ Significantly better than the NY PPO average.

▼ Significantly worse 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

Women's Health

Measure Descriptions

- **Breast Cancer Screening:** The percentage of women ages 50–74 years who had a mammogram any time on or between October 1, 2015, and December 31, 2017.
 - **Cervical Cancer Screening:** The percentage of women ages 21–64 years who had cervical cytology performed every three years and women ages 30–64 years who had cervical cytology/human papillomavirus (HPV) co-testing performed every five years.
 - **Timeliness of Prenatal Care:** The percentage of women who gave birth and had a prenatal care visit in the first trimester or within 42 days of enrollment in their health plan.
- **Postpartum Care:** The percentage of women who gave birth in the last year and had a postpartum care visit between 21 and 56 days after they gave birth.
 - **Chlamydia Screening:** The percentage of sexually active young women who had at least one test for chlamydia. The measure is reported separately for ages 16–20 years and for ages 21–24 years.

Women's Health—HMOs 2017

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 | | Timeliness of Prenatal Care | | Postpartum Care | | Chlamydia Screening | | | |
| | | | | | | | | | Ages 16–20 | | Ages 21–24 | |
| NY HMO Average | 77 | | 80 | | 94 | | 83 | | 55 | | 62 | |
| Capital District Physicians Health Plan | 79 | ▲ | 83 | | 96 | | 93 | ▲ | 71 | ▲ | 68 | ▲ |
| Community Blue (HealthNow) ¹ | 78 | ▲ | 83 | | 98 | ▲ | 91 | ▲ | 59 | ▲ | 65 | ▲ |
| Empire HealthChoice HMO, Inc. | 67 | ▼ | 71 | ▼ | 92 | | 75 | ▼ | 52 | | 60 | |
| Excellus (Univera Healthcare) ² | 78 | ▲ | 79 | | 95 | | 83 | | 45 | ▼ | 54 | ▼ |
| Excellus BlueCross BlueShield ³ | 78 | ▲ | 79 | | 95 | | 83 | | 45 | ▼ | 54 | ▼ |
| HIP Health Maintenance Organization | 74 | ▼ | 80 | | 83 | ▼ | 61 | ▼ | 73 | ▲ | 77 | ▲ |
| Independent Health Association, Inc. | 77 | | 80 | | 98 | ▲ | 94 | ▲ | 59 | ▲ | 63 | |
| MVP Health Plan, Inc. | 75 | ▼ | 78 | | 92 | | 87 | ▲ | 53 | | 62 | |

¹Includes data for HealthNow PPO membership.

²Includes data for Univera PPO membership.

³Includes data for Excellus BlueCross BlueShield PPO membership.

Legend

▲ Significantly better than the NY HMO average.

▼ Significantly worse than the NY HMO average.

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

Women's Health—PPOs 2017

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 | | Timeliness of Prenatal Care | | Postpartum Care | | Chlamydia Screening | | | |
| | | | | | | | | | Ages 16–20 | | Ages 21–24 | |
| NY PPO Average | 68 | | 79 | | 88 | | 69 | | 61 | | 68 | |
| Aetna Life Insurance Company | 69 | ▲ | 78 | | 84 | | 64 | ▼ | 62 | ▲ | 69 | |
| CDPHP Universal Benefits, | 78 | ▲ | 87 | ▲ | 96 | ▲ | 89 | ▲ | 65 | ▲ | 66 | |
| CIGNA Health and Life Insurance Company | 71 | ▲ | 79 | | 88 | | 70 | | 61 | | 70 | ▲ |
| Empire HealthChoice Assurance, Inc. | 68 | | 75 | ▼ | 88 | | 74 | ▲ | 60 | ▼ | 68 | |
| Group Health Incorporated | 48 | ▼ | 56 | ▼ | 69 | ▼ | 50 | ▼ | 69 | ▲ | 73 | ▲ |
| MVP Health Services Corporation | 72 | ▲ | 75 | | 88 | | 83 | ▲ | 56 | ▼ | 63 | ▼ |
| Oscar Insurance Corporation | 58 | ▼ | 70 | ▼ | 89 | | 74 | | 60 | | 67 | |
| Oxford Health Insurance, Inc. | 62 | ▼ | 82 | ▲ | 86 | | 66 | | 57 | ▼ | 65 | ▼ |
| UnitedHealthcare Insurance Company of New York | 73 | ▲ | 81 | ▲ | 92 | ▲ | 67 | | 63 | ▲ | 72 | ▲ |

¹Data for Excellus BlueCross BlueShield PPO, HealthNow PPO and Univera PPO are included in the HMO tables.

Legend

- ▲ Significantly better than the NY PPO average.
- ▼ Significantly worse 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—Initiation Phase:** The percentage of children ages 6–12 years who were newly prescribed ADHD medication and who had one follow-up visit with a practitioner within the 30 days after starting the medication.
- **Antidepressant Medication Management—Effective Continuation Phase Treatment:** The percentage of members ages 18 years and older who were diagnosed with depression and remained on antidepressant medication for at least six months.
- **Follow-Up After Hospitalization for Mental Illness—Within 30 Days:** The percentage of members ages 6 years and older who were hospitalized for treatment of selected mental health disorders (such as depression or bipolar disorder) and were seen on an ambulatory basis or who were in intermediate treatment with a mental health provider within 30 days of discharge.
- **Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence—Within 30 Days:** The percentage of members ages 13 years and older who were seen in an emergency department with a principal diagnosis of alcohol or other drug dependence (AOD) who had a follow-up visit for AOD within 30 days.
- **Metabolic Monitoring for Children and Adolescents on Antipsychotics:** The percentage of children and adolescents, ages 1–17 years, who had two or more antipsychotic prescriptions and had metabolic testing.

Behavioral Health—HMOs 2017

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—Initiation Phase | | Antidepressant Medication Management—Effective Continuation Phase | | Follow-up After Hospitalization for Mental Illness—Within 30 Days | | Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence—Within 30 Days | | Metabolic Monitoring for Children and Adolescents on Antipsychotics | |
| NY HMO Average | 44 | | 52 | | 76 | | 19 | | 40 | |
| Capital District Physicians Health Plan | 49 | | 53 | | 83 | ▲ | 19 | | 49 | |
| Community Blue (HealthNow) ¹ | 49 | | 50 | | 80 | ▲ | 27 | ▲ | 43 | |
| Empire HealthChoice HMO, Inc. | 24 | ▼ | 56 | | 63 | ▼ | 15 | | TS | |
| Excellus (Univera Healthcare) ² | 42 | | 54 | ▲ | 74 | | 18 | | 35 | ▼ |
| Excellus BlueCross BlueShield ³ | 42 | | 54 | ▲ | 74 | | 18 | | 35 | ▼ |
| HIP Health Maintenance Organization | 63 | ▲ | 45 | ▼ | 70 | ▼ | 9 | ▼ | 41 | |
| Independent Health Association, Inc. | 48 | | 51 | | 82 | | 26 | ▲ | 56 | ▲ |
| MVP Health Plan, Inc. | 38 | | 46 | ▼ | 75 | | 18 | | 37 | |

¹Includes data for HealthNow PPO membership.

²Includes data for Univera PPO membership.

³Includes data for Excellus BlueCross BlueShield PPO membership.

Legend

▲ Significantly better than the NY HMO average.

▼ Significantly worse 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 2017

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—Initiation Phase | | Antidepressant Medication Management—Effective Continuation Phase | | Follow-Up After Hospitalization for Mental Illness—Within 30 Days | | Follow-Up After Emergency Department Visit for Alcohol and other Drug Dependence—Within 30 Days | | Metabolic Monitoring for Children and Adolescents on Antipsychotics | |
| NY PPO Average | 41 | | 55 | | 73 | | 13 | | 43 | |
| Aetna Life Insurance Company | 39 | | 60 | ▲ | 74 | | 13 | | 44 | |
| CDPHP Universal Benefits, Inc. | 40 | | 53 | | 80 | ▲ | 13 | | 44 | |
| CIGNA Health and Life Insurance Company | 42 | | 53 | ▼ | 75 | | 9 | ▼ | 43 | |
| Empire HealthChoice Assurance, Inc. | 40 | | 54 | | 71 | | 15 | ▲ | 39 | |
| Group Health Incorporated | 53 | | 55 | | 61 | ▼ | 20 | | 67 | |
| MVP Health Services Corporation | 42 | | 50 | ▼ | 73 | | 20 | ▲ | 43 | |
| Oscar Insurance Corporation | TS | | 61 | | 38 | ▼ | 16 | | TS | |
| Oxford Health Insurance, Inc. | 42 | | 55 | | 70 | | 9 | ▼ | 44 | |
| UnitedHealthcare Insurance Company of | 42 | | 56 | | 75 | | 12 | | 43 | |

¹Data for Excellus BlueCross BlueShield PPO, HealthNow PPO and Univera PPO are included in the HMO tables.

Legend

▲ Significantly better than the NY PPO average.

▼ Significantly worse 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

Managing Medications

Measure Descriptions

- **Persistence of Beta-Blocker Treatment:** The percentage of adults ages 18 years and older who were hospitalized after a heart attack and received persistent beta-blocker treatment for six months after discharge.
- **Medication Management for People With Asthma (75% Days Covered):** The percentage of children ages 5–18 years and adults ages 19–64 years with persistent asthma who filled prescriptions for asthma controller medications during at least 75% of their treatment period. The measure is reported separately for ages 5–18 and ages 19–64.
- **Statin Therapy for Patients With Cardiovascular Disease:** The percentage of male adults ages 21–75 years and female adults ages 40–75 years who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria:
 - Received Statin Therapy: Adults who were dispensed at least one high or moderate-intensity statin medication.
 - Statin Adherence 80%: Adults who remained on a high or moderate-intensity statin medication for at least 80% of the treatment period.

Managing Medications—HMOs 2017

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 | Persistence of Beta-Blocker Treatment | | Medication Management for People With Asthma 75% Days Covered | | | | Statin Therapy for Patients With Cardiovascular Disease | | |
| | | | Ages 5–18 | | Ages 19–64 | | Received | Adherent | |
| NY HMO Average | 88 | | 39 | | 54 | | 81 | | 77 |
| Capital District Physicians Health Plan | 85 | | 39 | | 51 | | 85 | ▲ | 74 ▼ |
| Community Blue (HealthNow) ¹ | 93 | | 30 ▼ | | 48 ▼ | | 83 | ▲ | 75 |
| Empire HealthChoice HMO, Inc. | TS | | 36 | | 59 | | 76 | ▼ | 78 |
| Excellus (Univera Healthcare) ² | 86 | | 43 ▲ | | 58 ▲ | | 81 | | 80 ▲ |
| Excellus BlueCross BlueShield ³ | 86 | | 43 ▲ | | 58 ▲ | | 81 | | 80 ▲ |
| HIP Health Maintenance Organization | 83 | | 36 | | 53 | | 68 | ▼ | 73 |
| Independent Health Association, Inc. | 94 | | 27 ▼ | | 44 ▼ | | 82 | | 76 |
| MVP Health Plan, Inc. | 94 | | 46 | | 59 | | 81 | | 76 |

¹Includes data for HealthNow PPO membership.

²Includes data for Univera PPO membership.

³Includes data for Excellus BlueCross BlueShield PPO membership.

Legend

▲ Significantly better than the NY HMO average.

▼ Significantly worse 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.

Managing Medications—PPOs 2017

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 | Persistence of Beta-Blocker Treatment | | Medication Management for People With Asthma 75% Days Covered | | | | Statin Therapy for Patients With Cardiovascular Disease | | |
| | | | Ages 5–18 | | Ages 19–64 | | Received | | Adherent |
| NY PPO Average | 83 | | 33 | | 52 | | 77 | | 75 |
| Aetna Life Insurance Company | 84 | | 40 | ▲ | 58 | ▲ | 77 | | 80 |
| CDPHP Universal Benefits, Inc. | 96 | ▲ | 27 | | 49 | | 84 | ▲ | 77 |
| CIGNA Health and Life Insurance Company | 81 | | 28 | | 50 | | 79 | | 74 |
| Empire HealthChoice Assurance, Inc. | 85 | | 27 | ▼ | 51 | | 80 | ▲ | 75 |
| Group Health Incorporated | 62 | ▼ | 41 | | 53 | | 50 | ▼ | 64 |
| MVP Health Services Corporation | 91 | | 35 | | 50 | | 83 | ▲ | 74 |
| Oscar Insurance Corporation | TS | | TS | | 49 | | 77 | | 76 |
| Oxford Health Insurance, Inc. | 81 | | 34 | | 52 | | 78 | | 74 |
| UnitedHealthcare Insurance Company of New York | 84 | | 31 | | 51 | | 77 | | 75 |

¹Data for Excellus BlueCross BlueShield PPO, HealthNow PPO and Univera PPO are included in the HMO tables.

Legend

▲ Significantly better than the NY PPO average.

▼ Significantly worse 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

Diabetes Care

Measure Descriptions

- **Monitoring Diabetes—Received All Three Tests (HbA1c Testing, Dilated Eye Exam, Nephropathy Monitoring):**
The percentage of adults ages 18–75 years with diabetes, who received all three of the following tests: HbA1c test, diabetes eye exam and medical attention for nephropathy.
 - **Managing Diabetes Outcomes—HbA1c Control (<8.0%):**
The percentage of adults ages 18–75 years with diabetes, whose most recent HbA1c level was less than 8.0%.
- **Managing Diabetes Outcomes—Blood Pressure Controlled (<140/90 mmHg):** The percentage of adults ages 18–75 years with diabetes, whose most recent blood pressure was less than 140/90 mm Hg.

Diabetes Care—HMOs 2017

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 | Monitoring Diabetes: Received All Three Tests—HbA1c Testing, Dilated Eye Exam, Nephropathy Monitoring | | Managing Diabetes Outcomes | | | |
| | | | HbA1c Control (<8.0%) | | Blood Pressure Controlled (<140/90 mmHg) | |
| NY HMO Average | 55 | | 63 | | 69 | |
| Capital District Physicians Health Plan | 60 | | 69 | ▲ | 74 | ▲ |
| Community Blue (HealthNow) ¹ | 60 | | 64 | | 73 | |
| Empire HealthChoice HMO, Inc. | 47 | ▼ | 62 | | 62 | ▼ |
| Excellus (Univera Healthcare) ² | 51 | | 63 | | 76 | ▲ |
| Excellus BlueCross BlueShield ³ | 51 | | 63 | | 76 | ▲ |
| HIP Health Maintenance Organization | 57 | | 59 | ▼ | 52 | ▼ |
| Independent Health Association, Inc. | 61 | ▲ | 71 | ▲ | 79 | ▲ |
| MVP Health Plan, Inc. | 57 | | 65 | | 71 | |

¹Includes data for HealthNow PPO membership.

²Includes data for Univera PPO membership.

³Includes data for Excellus BlueCross BlueShield PPO membership.

Legend

▲ Significantly better than the NY HMO average.

▼ Significantly worse than the NY HMO average.

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

Diabetes Care—PPOs 2017

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 | Monitoring Diabetes: Received All Three Tests— HbA1c Testing, Dilated Eye Exam, Nephropathy Monitoring | Managing Diabetes Outcomes | | | | |
| | | HbA1c Control (<8.0%) | | Blood Pressure Controlled (<140/90 mmHg) | | |
| NY PPO Average | 45 | | 56 | | 55 | |
| Aetna Life Insurance Company | 48 | | 56 | | 48 | ▼ |
| CDPHP Universal Benefits, Inc. | 62 | ▲ | 66 | ▲ | 75 | ▲ |
| CIGNA Health and Life Insurance | 45 | | 49 | ▼ | 51 | |
| Empire HealthChoice Assurance, Inc. | 44 | | 59 | | 60 | ▲ |
| Group Health Incorporated | 37 | ▼ | 39 | ▼ | 28 | ▼ |
| MVP Health Services Corporation | 46 | | 60 | | 70 | ▲ |
| Oscar Insurance Corporation | 34 | ▼ | 58 | | 62 | ▲ |
| Oxford Health Insurance, Inc. | 44 | | 59 | | 55 | |
| UnitedHealthcare Insurance Company of New York | 45 | | 54 | | 60 | |

¹Data for Excellus BlueCross BlueShield PPO, HealthNow PPO and Univera PPO are included in the HMO tables.

Legend

▲ Significantly better than the NY PPO average.

▼ Significantly worse 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

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 lowest level of satisfaction and 10 is the highest) 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 lowest level of satisfaction and 10 is the highest) 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 2017

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 | | Pediatrics | |
| NY HMO Average | 85 | | 84 | | 95 | | 77 | | 79 | | 79 | |
| Capital District Physicians Health Plan | 89 | ▲ | 87 | | 97 | ▲ | 81 | ▲ | 76 | | 83 | |
| Community Blue (HealthNow) ¹ | 88 | | 90 | ▲ | 95 | | 73 | ▼ | 66 | ▼ | 70 | ▼ |
| Empire HealthChoice HMO, Inc. | 86 | | 80 | | 96 | | 83 | ▲ | 83 | ▲ | 83 | ▲ |
| Excellus (Univera Healthcare) ² | 84 | | 87 | | 96 | | 69 | ▼ | 87 | ▲ | 69 | ▼ |
| Excellus BlueCross BlueShield ³ | 84 | | 87 | | 96 | | 69 | ▼ | 87 | ▲ | 69 | ▼ |
| HIP Health Maintenance Organization | 78 | ▼ | 77 | ▼ | 89 | ▼ | 75 | ▼ | 77 | ▼ | 78 | |
| Independent Health Association, Inc. | 85 | | 85 | | 95 | | 73 | ▼ | 80 | | 82 | |
| MVP Health Plan, Inc. | 88 | | 82 | | 95 | | 74 | ▼ | 82 | | 81 | |

¹Includes data for HealthNow PPO membership.

²Includes data for Univera PPO membership.

³Includes data for Excellus BlueCross BlueShield PPO membership.

Legend

▲ Significantly better than the NY HMO average.

▼ Significantly worse than the NY HMO average.

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

Quality of Providers—PPOs 2017

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 | | Pediatrics | |
| NY PPO Average | 84 | | 83 | | 95 | | 77 | | 78 | | 78 | |
| Aetna Life Insurance Company | 85 | | 81 | | 96 | | 77 | | 79 | | 83 | ▲ |
| CDPHP Universal Benefits, Inc. | 86 | | 83 | | 96 | | 81 | ▲ | 76 | | 82 | ▲ |
| Cigna Health and Life Insurance Company | 82 | | 85 | | 92 | | 76 | | 81 | ▲ | 79 | |
| Empire HealthChoice Assurance, Inc. | 86 | | 88 | | 97 | | 83 | ▲ | 83 | ▲ | 82 | ▲ |
| Group Health Incorporated | 85 | | 81 | | 93 | | 76 | | 72 | ▼ | 78 | |
| MVP Health Services Corporation | 82 | | 79 | | 97 | | 74 | ▼ | 82 | | 80 | |
| Oscar Insurance Corporation | 78 | ▼ | 77 | | 95 | | 71 | ▼ | 25 | ▼ | 11 | ▼ |
| Oxford Health Insurance, Inc. | 88 | | 87 | | 95 | | 76 | | 85 | ▲ | 79 | ▲ |
| UnitedHealthcare Insurance Company of New York | 89 | | 84 | | 97 | | 77 | | 86 | ▲ | 80 | ▲ |

¹Data for Excellus BlueCross BlueShield PPO, HealthNow PPO and Univera PPO are included in the HMO tables.

Legend

▲ Significantly better than the NY PPO average.

▼ Significantly worse 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^{®1}") 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 health insurance companies.

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

NCQA Accreditation Status Levels 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/CAHPS 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 rigorous requirements for consumer protection and quality improvement.
- **Accredited** indicates that the health insurance company meets NCQA's basic requirements.
- **Provisional** indicates that the health insurance company meets some, but not all, of NCQA's basic requirements.
- **Expired** indicates that the health insurance company was previously accredited but has not requested NCQA review.
- **Not Reviewed** indicates that the health insurance company has not requested NCQA review.

¹HEDIS is a registered trademark of NCQA.

NCQA Accreditation Status as of July 2019¹

| HMO | Accreditation Status |
|---|----------------------|
| Capital District Physicians Health Plan | Excellent |
| Community Blue (HealthNow) | Commendable |
| Empire HealthChoice HMO, Inc. | Accredited |
| Excellus Health Plan, Inc. (Excellus BlueCross BlueShield) ² | Excellent |
| Excellus Health Plan, Inc. (Univera Healthcare) ² | Excellent |
| HIP Health Maintenance Organization | Accredited |
| Independent Health Association, Inc. | Provisional |
| MVP Health Plan, Inc. | Commendable |
| UnitedHealthcare of New York, Inc. | Not Reviewed |

| EPO/PPO Health Plan | Accreditation Status |
|---|----------------------|
| Aetna Life Insurance Company | Accredited |
| CDPHP Universal Benefits, Inc. | Excellent |
| CIGNA Health and Life Insurance Company | Accredited |
| Empire HealthChoice Assurance, Inc. | Accredited |
| Excellus Health Plan, Inc. (Excellus BlueCross BlueShield) ² | Excellent |
| Excellus Health Plan, Inc. (Univera Healthcare) ² | Excellent |
| Group Health Incorporated | Accredited |
| HealthNow New York Inc. | Commendable |
| Independent Health Benefits Corporation | Expired |
| MVP Health Services Corporation | Not Reviewed |
| Nippon Life Insurance Company of America | Not Reviewed |
| Oscar Insurance Corporation | Accredited |
| Oxford Health Insurance, Inc. | Accredited |
| UnitedHealthcare Insurance Company of New York | Commendable |

¹Accreditation status does not include Medicare or Medicaid products.

²Accreditation is based on HMO/POS/PPO/EPO combined.

NCQA Accreditation Status as of July 2019¹

| Commercial Health Insurance Company | Accreditation Status |
|--|----------------------|
| 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 |
| Combined Life Insurance Company of New York | Not Reviewed |
| Delta Dental of New York, Inc. | Not Reviewed |
| Dentcare Delivery Systems, Inc. | Not Reviewed |
| Eastern Vision Service Plan, Inc. | Not Reviewed |
| First Reliance Standard Life Insurance Company | Not Reviewed |
| First Unum Life Insurance Company | Not Reviewed |
| Genworth Life Insurance Company of New York | Not Reviewed |
| Guardian Life Insurance Company of America | Not Reviewed |
| Hartford Life and Accident Insurance Company | Not Reviewed |
| HCC Life Insurance Company | Not Reviewed |
| HM Life Insurance Company of New York | Not Reviewed |
| John Hancock Life & Health Insurance Company | Not Reviewed |
| Liberty Life Assurance Company of Boston | Not Reviewed |
| Massachusetts Mutual Life Insurance Company | Not Reviewed |
| Metropolitan Life Insurance Company | Not Reviewed |
| Mutual of Omaha Insurance Company | Not Reviewed |
| New York Life Insurance Company | Not Reviewed |

| Commercial Health Insurance Company | Accreditation Status |
|--|----------------------|
| Northwestern Mutual Life Insurance Company | Not Reviewed |
| Paul Revere Life Insurance Company | Not Reviewed |
| Principal Life Insurance Company | Not Reviewed |
| Provident Life and Casualty Company | Not Reviewed |
| Prudential Insurance Company of America | Not Reviewed |
| ShelterPoint Life Insurance Company | Not Reviewed |
| Standard Life Insurance Company of New York | Not Reviewed |
| Standard Security Life Insurance Company of New York | Not Reviewed |
| Sun Life and Health Insurance Company | Not Reviewed |
| Transamerica Financial Life Insurance | Not Reviewed |
| Wellfleet New York Insurance Company | Not Reviewed |
| WESCO Insurance Company | Not Reviewed |
| Westport Insurance Corporation | Not Reviewed |

¹Accreditation status does not include Medicare or Medicaid products.

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 ranking of all New York State insurance companies (HMOs, EPO/PPO health plans 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. A higher ranking means that the health insurance company had fewer complaints relative to its size.
- **Total Complaints:** Total number of complaints closed by DFS in 2018. 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 2018. 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—2018

Data Source: DFS

| Health Insurers | Plan Type | Rank ^{1,2} | Total Complaints | Complaints Upheld | Premiums (Millions \$) | Complaint Ratio |
|--|------------|---------------------|------------------|-------------------|------------------------|-----------------|
| Genworth Life Insurance Company of New York | Commercial | 1 | 9 | 0 | 203.15 | 0.0000 |
| Community Blue (HealthNow) | HMO | 2 | 0 | 0 | 183.02 | 0.0000 |
| ShelterPoint Life Insurance Company | Commercial | 3 | 0 | 0 | 181.87 | 0.0000 |
| Hartford Life and Accident Insurance Company | Commercial | 4 | 3 | 0 | 158.28 | 0.0000 |
| Liberty Life Assurance Company of Boston | Commercial | 5 | 0 | 0 | 99.10 | 0.0000 |
| Wellfleet New York Insurance Company | Commercial | 6 | 2 | 0 | 97.39 | 0.0000 |
| Eastern Vision Service Plan, Inc. ⁴ | Commercial | 7 | 0 | 0 | 97.37 | 0.0000 |
| Massachusetts Mutual Life Insurance Company | Commercial | 8 | 4 | 0 | 85.19 | 0.0000 |
| New York Life Insurance Company | Commercial | 9 | 5 | 0 | 77.59 | 0.0000 |
| HCC Life Insurance Company | Commercial | 10 | 0 | 0 | 74.88 | 0.0000 |
| First Reliance Standard Life Insurance Company | Commercial | 11 | 2 | 0 | 60.85 | 0.0000 |
| Paul Revere Life Insurance Company | Commercial | 12 | 3 | 0 | 59.62 | 0.0000 |
| HM Life Insurance Company of New York | Commercial | 13 | 0 | 0 | 59.14 | 0.0000 |
| Westport Insurance Corporation | Commercial | 14 | 0 | 0 | 50.59 | 0.0000 |
| Independent Health Benefits Corporation | EPO/PPO | 15 | 11 | 1 | 565.62 | 0.0018 |
| Capital District Physicians Health Plan | HMO | 16 | 9 | 1 | 541.47 | 0.0018 |
| MVP Health Services Corporation ⁵ | EPO/PPO | 17 | 10 | 3 | 734.03 | 0.0041 |
| American Family Life Assurance Company of New York | Commercial | 18 | 10 | 2 | 317.98 | 0.0063 |
| Guardian Life Insurance Company of America | Commercial | 19 | 22 | 3 | 424.89 | 0.0071 |
| CDPHP Universal Benefits, Inc. | EPO/PPO | 20 | 9 | 4 | 508.50 | 0.0079 |
| Sun Life and Health Insurance Company | Commercial | 21 | 7 | 1 | 120.09 | 0.0083 |

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

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

³Plan issues dental coverage only.

⁴Plan issues vision coverage only.

⁵Complaints, complaint ratios and premiums include data from the health insurance company's EPO, PPO and commercial business.

Overall Complaint Ranking—2018, continued

Data Source: DFS

| Health Insurers | Plan Type | Rank ^{1,2} | Total Complaints | Complaints Upheld | Premiums (Millions \$) | Complaint Ratio |
|--|------------|---------------------|------------------|-------------------|------------------------|-----------------|
| Independent Health Association, Inc. | HMO | 22 | 18 | 2 | 228.96 | 0.0087 |
| HealthNow New York Inc. ⁵ | EPO/PPO | 23 | 42 | 14 | 1,502.44 | 0.0093 |
| Excellus Health Plan, Inc. ⁵ | EPO/PPO | 24 | 88 | 27 | 2,866.75 | 0.0094 |
| Transamerica Financial Life Insurance Company | Commercial | 25 | 6 | 1 | 99.36 | 0.0101 |
| Northwestern Mutual Life Insurance Company | Commercial | 26 | 1 | 1 | 97.53 | 0.0103 |
| Principal Life Insurance Company | Commercial | 27 | 2 | 1 | 75.29 | 0.0133 |
| Metropolitan Life Insurance Company | Commercial | 28 | 34 | 9 | 640.22 | 0.0141 |
| Prudential Insurance Company of America | Commercial | 29 | 13 | 2 | 135.46 | 0.0148 |
| Standard Life Insurance Company of New York | Commercial | 30 | 3 | 1 | 67.70 | 0.0148 |
| Excellus Health Plan | HMO | 31 | 14 | 6 | 397.21 | 0.0151 |
| First Unum Life Insurance Company | Commercial | 32 | 16 | 5 | 315.09 | 0.0159 |
| Standard Security Life Insurance Company of New York | Commercial | 33 | 1 | 1 | 62.36 | 0.0160 |
| Dentcare Delivery Systems, Inc. ³ | Commercial | 34 | 5 | 1 | 60.83 | 0.0164 |
| Delta Dental of New York, Inc. ³ | Commercial | 35 | 20 | 3 | 180.47 | 0.0166 |
| John Hancock Life & Health Insurance Company | Commercial | 36 | 13 | 2 | 102.18 | 0.0196 |
| WESCO Insurance Company | Commercial | 37 | 2 | 1 | 50.67 | 0.0197 |
| Berkshire Life Insurance Company of America | Commercial | 38 | 4 | 2 | 77.33 | 0.0259 |
| Mutual of Omaha Insurance Company | Commercial | 39 | 5 | 2 | 74.05 | 0.0270 |
| CIGNA Life Insurance Company of New York | Commercial | 40 | 13 | 4 | 144.69 | 0.0276 |
| MVP Health Plan, Inc. | HMO | 41 | 38 | 17 | 584.97 | 0.0291 |
| Combined Life Insurance Company of New York | Commercial | 42 | 22 | 4 | 129.71 | 0.0308 |
| Provident Life and Casualty Insurance Company | Commercial | 43 | 2 | 2 | 51.58 | 0.0388 |
| UnitedHealthcare of New York, Inc. | HMO | 44 | 79 | 35 | 792.96 | 0.0441 |

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

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

³Plan issues dental coverage only.

⁴Plan issues vision coverage only.

⁵Complaints, complaint ratios and premiums include data from the health insurance company's EPO, PPO and commercial business.

Overall Complaint Ranking—2018, continued

Data Source: DFS

| Health Insurers | Plan Type | Rank ^{1,2} | Total Complaints | Complaints Upheld | Premiums (Millions \$) | Complaint Ratio |
|---|-----------|---------------------|------------------|-------------------|------------------------|-----------------|
| Nippon Life Insurance Company of America ³ | EPO/PPO | 45 | 11 | 3 | 62.67 | 0.0479 |
| Oxford Health Insurance, Inc. ³ | EPO/PPO | 46 | 1,054 | 319 | 6,590.88 | 0.0484 |
| UnitedHealthcare Insurance Company of New York ³ | EPO/PPO | 47 | 289 | 106 | 1,966.61 | 0.0539 |
| CIGNA Health and Life Insurance Company ³ | EPO/PPO | 48 | 180 | 102 | 1,157.74 | 0.0881 |
| Empire HealthChoice Assurance, Inc. ³ | EPO/PPO | 49 | 423 | 227 | 2,549.34 | 0.0890 |
| Oscar Insurance Corporation | EPO/PPO | 50 | 132 | 39 | 298.80 | 0.1305 |
| HIP Health Maintenance Organization | HMO | 51 | 688 | 400 | 2,501.09 | 0.1599 |
| Aetna Life Insurance Company ³ | EPO/PPO | 52 | 1,300 | 455 | 1,975.90 | 0.2303 |
| Group Health Incorporated ³ | EPO/PPO | 53 | 1,515 | 1,111 | 806.75 | 1.3771 |
| Empire HealthChoice HMO, Inc. | HMO | 54 | 338 | 193 | 124.76 | 1.5470 |
| Total | | | 6,477 | 3,113 | 31,472.97 | 0.0989 |

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

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

³Complaints, complaint ratios and premiums include data from the health insurance company's EPO, PPO and commercial business.

Independent Dispute Resolution

New York State law protects consumers from surprise bills when services are performed by a non-participating (out-of-network) doctor at a participating hospital or ambulatory surgical center in your health insurance company's network, or when a participating doctor refers an insured patient to a non-participating provider. The law also protects insured patients from bills for out-of-network emergency services.

Surprise Bills

- When you receive services from a non-participating doctor at a participating hospital or ambulatory surgical center, the bill you receive for those services will be a surprise bill covered by your insurer if:
 - A participating doctor was not available, **or**
 - A non-participating doctor provided services without your knowledge, **or**
 - Unforeseen medical circumstances arose at the time the health care services were provided.
- When you are referred by your participating doctor to a non-participating provider, the resulting bill is a surprise bill if you did not sign a written consent that you knew the services would be out-of-network and would result in costs not covered by your health plan. The bill will not be a surprise bill if you chose to receive services from a non-participating doctor instead of from an available participating doctor.
- You will be protected from a surprise bill and you will only be responsible for your in-network copayment, coinsurance or deductible if you:
 - Sign an assignment of benefits form¹ to permit your health care provider to seek payment for the bill from your health plan **and**
 - Send the form to your health plan and health care provider and include a copy of the bill or bills you do not think you should pay.

Hold Harmless Protections for Insured Patients for Emergency Services

- Your health plan must protect you from bills for out-of-network emergency services in a hospital if you have coverage through a health insurance company subject to New York State law. You do not have to pay non-participating provider charges for emergency services (typically for services in a hospital emergency room) that are more than your in-network copayment, coinsurance or deductible. Let your health plan know if you receive a bill from a non-participating provider for emergency services.

¹ An assignment of benefits allows your health care provider to seek payment from your health plan for a surprise bill. With your assignment of benefits, the health care provider cannot seek payment from you for a surprise bill, except for the copayment, coinsurance or deductible that you would owe if you used a participating provider. For more information or to obtain an assignment of benefits form visit: https://www.dfs.ny.gov/consumers/health_insurance/surprise_medical_bills

Independent Dispute Resolution

In the event of a disagreement, a provider or health insurance company may dispute a payment or a charge for emergency services¹ or a surprise bill through a process called Independent Dispute Resolution (IDR).² The dispute will be reviewed by an Independent Dispute Resolution Entity (IDRE). A decision will be made by a reviewer with training and experience in health care billing, reimbursement, and usual and customary charges in consultation with a licensed doctor in active practice in the same or similar specialty as the doctor providing the service that is the subject of the dispute. If the claim in dispute involves a consumer covered by health insurance, the IDRE determines which is more reasonable, the amount billed by the non-participating provider or the insurance company's payment. Uninsured patients or patients with self-insured coverage may also be able to file an IDR if they receive a bill from a doctor for emergency services provided in New York if they believe the bill is excessive.

The IDRE will make a determination within 30 days of receipt of the dispute.

Understanding the Chart

- **Claims Not Eligible:** Number of IDR applications which were deemed not eligible for the IDR process. Some examples of ineligible applications include: services provided by a participating provider or non-emergency services.
- **Health Plan Payment More Reasonable:** Number of IDRs closed in 2018 where the IDRE determined the health plan's payment for the service was more reasonable than the amount the provider billed.
- **Provider Charges More Reasonable:** Number of IDRs closed in 2018 where the IDRE determined the amount charged by the provider was more reasonable than the amount paid by the health plan.
- **Split Decision:** Number of IDRs closed in 2018 where the IDRE determined that the health plan's payment was more reasonable for one or more CPT codes³ on the claim and the provider's charge was reasonable for the remaining codes.
- **Settlement Reached:** Number of IDRs closed in 2018 as a result of a settlement between the health care provider and the health plan. The IDRE may direct a good faith negotiation for settlement if settlement would be likely or the health plan's payment and the provider's bill are unreasonably far apart.
- **Total Received:** Number of IDR applications submitted in 2018.

¹ The following emergency services are exempt from the IDR process: CPT³ codes 99281–99285, 99288, 99291–99292, 99217–99220, 99224–99226, and 99234–99236 if the bill does not exceed 120% of the usual and customary cost and the fee disputed is \$683.22 (for 2019 and adjusted annually for inflation rates) or less after any applicable co-insurance, co-payment and deductible.

² For more about the IDR process and to obtain an IDR provider application visit: https://www.dfs.ny.gov/apps_and_licensing/health_insurers/independent_dispute_resolution

³ CPT codes copyright 2019 American Medical Association. All rights reserved. CPT is a trademark of the AMA. No fee schedules, basic units, relative values or related listings are included in CPT. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to government use.

Independent Dispute Resolution—2018

Data Source: DFS

| Category | Emergency Services | Surprise Bills |
|---|--------------------|----------------|
| Claims Not Eligible | 187 | 165 |
| IDRE Decision Rendered for Eligible Claims: | | |
| Health Plan Payment More Reasonable | 174 | 50 |
| Provider Charges More Reasonable | 196 | 222 |
| Split Decision | 208 | 220 |
| Settlement Reached | 83 | 66 |
| Total Received | 848 | 723 |

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 in certain circumstances such as a surprise bill¹ or emergency services², but may occur if members knowingly use the services of out-of-network providers under a PPO or POS arrangement.

¹A surprise bill is when you received services from a non-participating physician at a participating hospital or ambulatory surgical center, where a participating physician was not available; or a non-participating physician provided services without your knowledge; or unforeseen medical circumstances arose at the time the services were provided. You did not choose to receive services from a non-participating physician instead of from an available participating physician; OR You were referred by a participating physician to a non-participating provider, but you did not sign a written consent that you knew the services would be out-of-network and would result in costs not covered by your insurer. A referral occurs: (1) during a visit with your participating physician, a non-participating provider treats you; or (2) your participating physician takes a specimen from you in the office and sends it to a non-participating laboratory or pathologist; or (3) for any other health care services when referrals are required under your plan.

²Your health plan must protect you from bills for out-of-network emergency services in a hospital if you have coverage through an HMO or insurer subject to NY law (coverage that is not self-insured). You do not have to pay non-participating provider charges for emergency services (typically for services in a hospital emergency room) that are more than your in-network co-payment, coinsurance or deductible.

Telephone Numbers for Health Insurance Companies

| HMO | |
|---|--------------|
| 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 Health Maintenance Organization | 800-447-8255 |
| Independent Health Association, Inc. | 800-453-1910 |
| MVP Health Plan, Inc. | 800-825-5687 |
| UnitedHealthcare of New York, Inc. | 877-832-7734 |

| EPO/PPO Health Plan | |
|--|--------------|
| Aetna Life Insurance Company | 800-872-3862 |
| CDPHP Universal Benefits, Inc. | 877-269-2134 |
| Cigna Health & Life Insurance Company | 800-244-6224 |
| Empire HealthChoice Assurance, Inc. | 800-261-5962 |
| 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 |
| MVP Health Services Corporation | 800-825-5687 |
| Nippon Life Insurance Company of America | 800-374-1835 |
| Oscar Insurance Corporation | 855-672-2788 |
| Oxford Health Insurance, Inc. | 800-969-7480 |
| UnitedHealthcare Insurance Company of New York | 877-832-7734 |

Telephone Numbers for Health Insurance Companies

| Commercial Health Insurance Company ¹ | |
|--|--------------|
| American Family Life Assurance Company of New York | 800-366-3436 |
| Berkshire Life Insurance Company of America | 800-819-2468 |
| CIGNA Life Insurance Company of New York | 800-244-6224 |
| Combined Life Insurance Company of New York | 800-490-1322 |
| Delta Dental of New York, Inc. | 800-932-0783 |
| Dentcare Delivery Systems, Inc. | 800-468-0608 |
| Eastern Vision Service Plan, Inc. | 800-877-7195 |
| First Reliance Standard Life Insurance Company | 800-353-3986 |
| First Unum Life Insurance Company | 866-679-3054 |
| Genworth Life Insurance Company of New York | 888-436-9678 |
| Guardian Life Insurance Company of America | 888-482-7342 |
| Hartford Life and Accident Insurance Company | 800-523-2233 |
| HCC Life Insurance Company | 800-447-0460 |
| HM Life Insurance Company of New York | 800-328-5433 |
| John Hancock Life & Health Insurance Company | 800-732-5543 |
| Liberty Life Assurance Company of Boston | 800-373-0378 |

| Commercial Health Insurance Company ¹ | |
|--|--------------|
| Massachusetts Mutual Life Insurance Company | 800-272-2216 |
| Metropolitan Life Insurance Company | 800-334-4298 |
| Mutual of Omaha Insurance Company | 800-205-8193 |
| New York Life Insurance Company | 800-695-9873 |
| Northwestern Mutual Life Insurance Company | 800-388-8123 |
| Paul Revere Life Insurance Company | 800-265-3199 |
| Principal Life Insurance Company | 800-986-3343 |
| Provident Life and Casualty Insurance Company | 866-679-3054 |
| Prudential Insurance Company of America | 877-301-1212 |
| ShelterPoint Life Insurance Company | 800-365-4999 |
| Standard Life Insurance Company of New York | 888-937-4783 |
| Standard Security Life Insurance Company of New York | 800-477-0087 |
| Sun Life and Health Insurance Company | 800-786-5433 |
| Transamerica Financial Life Insurance Company | 888-763-7474 |
| Wellfleet New York Insurance Company | 877-657-5030 |
| WESCO Insurance Company | 877-528-7878 |
| Westport Insurance Corporation | 800-255-6931 |

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 Guide, visit:

https://www.dfs.ny.gov/consumers/health_insurance/health_insurance_complaint_rankings, 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, network adequacy, benefits and premiums, contact:

Consumer Assistance Unit

New York State Department of Financial Services

One Commerce Plaza
Albany, NY 12257

800-342-3736

<https://www.dfs.ny.gov/complaint>

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, an out-of-network service or, an out-of-network referral, contact:

New York State Department of Financial Services

New York State External Appeal Division

99 Washington Avenue
Box 177

Albany, NY 12210

800-400-8882

Email: externalappealquestions@dfs.ny.gov

For general information:

https://www.dfs.ny.gov/complaints/file_external_appeal

For an external appeal application:

<https://www.dfs.ny.gov/docs/insurance/extapp/extappl.pdf>

For issues concerning HMO quality of care, contact:

New York State Department of Health

Managed Care Complaint Unit

OHIP DHPKO 1CP-1609

Albany, NY 12237

800-206-8125

https://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

<https://www.dol.gov/agencies/ebsa>

For issues concerning insurance fraud, contact:

New York State Department of

Financial Services

Insurance Frauds Bureau

1 State Street

New York, NY 10004

888-FRAUDNY | 888-372-8369

https://www.dfs.ny.gov/complaints/report_fraud

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 compare plans based on cost, benefits and other important features, apply for and receive financial help with premiums and cost-sharing based on income, and select and enroll in health insurance coverage. The NYSOH also helps eligible consumers enroll in other programs including Medicaid, Child Health Plus, and the Essential Plan. Federal tax credits may be available to help qualified consumers and small businesses pay for the coverage.

Essential Health Benefits

The Affordable Care Act and New York law ensure 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.

More details about the metal tiers and plans available through NYSOH 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 100 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 helps you find high quality, affordable health insurance coverage for your employees and their families.

The Small Business Marketplace gives you choice and control over health costs.

- You can research comparable health plans online that 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 is November 1, 2019 through January 31, 2020. You must enroll by December 15, 2019 for coverage to start January 1, 2020. A Special Enrollment Period may also be available to individuals who have had a qualifying life event.

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

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

Questions About Medicare, Medicaid, Child Health Plus and the Essential Plan?

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), contact 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: https://www.health.ny.gov/health_care/medicaid/ldss.htm

Children's Medicaid and Child Health Plus

Health insurance program for children under 19 years of age.

Your child may benefit from services through Children's Medicaid or Child Health Plus. Services include well-child care, immunizations, x-ray and lab tests, surgery, emergency care, prescription and nonprescription drugs, dental care, vision care, speech and hearing, emergency ambulance transportation to a hospital and more.

For information about eligibility requirements for Children's Medicaid or Child Health Plus, visit: https://www.health.ny.gov/health_care/child_health_plus/eligibility_and_cost.htm

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

Essential Plan

Health insurance program for lower-income individuals who don't qualify for Medicaid or Child Health Plus.

For more information about the Essential Plan, contact 855-355-5777 or visit: <https://info.nystateofhealth.ny.gov/essentialplan>

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

Contacts and Resources

Questions About Group Health Insurance Through COBRA and Young Adult Coverage?

COBRA and Continuation of Benefits

Under the federal Consolidated Omnibus Budget Reconciliation Act (COBRA), if you work for a company that has 20 or more employees, you and your family may have the right to purchase group health insurance for a limited period if you lose coverage due to certain qualifying events (e.g., job loss, job transition, death and divorce). The New York State continuation coverage law resembles the federal COBRA. It applies to employers with fewer than 20 employees and gives workers who work for employers with fewer than 20 employees and their families the right to continue to purchase group health insurance for limited periods of time when they would otherwise lose coverage due to certain qualifying events.

For more information about COBRA and Continuation of Benefits, visit:

https://www.dfs.ny.gov/consumers/health_insurance/cobra_and_premium_assistance

For frequently asked questions about COBRA and Continuation of Benefits visit:

https://www.dfs.ny.gov/consumers/health_insurance/cobra_faqs

Coverage through Age 29 or Young Adult Coverage

Under New York Law, young adults may be able to stay on their parents' health insurance through the age of 29.

For more information about Young Adult Coverage, visit:

https://www.dfs.ny.gov/consumers/health_insurance/cobra_and_premium_assistance

Questions about Healthy NY?

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

For more information about the Healthy NY program, contact 866-HEALTHYNY (866-432-5849) or visit:

https://www.dfs.ny.gov/consumers/small_businesses/about_healthy_ny

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:

https://www.health.ny.gov/health_care/managed_care/reports/

Health Plan Quality Comparison Worksheet

This worksheet can help you organize and compare quality information about the health plans available to you. Enter information in the Guide and in other materials you may have gotten from your employer and the health insurer. Start by entering the names of health plans you are considering, then enter quality information for the categories important to you.

| Quality Information | Health Plan Name | Health Plan Name | Health Plan Name | Health Plan Name |
|---|--|--|--|--|
| | <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i> | <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i> | <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i> | <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i> |
| | | | | |
| Complaints <i>Enter ranking information.</i> <i>See page 4.</i> | | | | |
| Prompt Pay Complaints <i>Enter ranking information.</i> <i>See page 9.</i> | | | | |
| Internal Appeals <i>Enter reversal rate information.</i> Note: Lower rate is better. <i>See page 14.</i> | | | | |

Health Plan Quality Comparison Worksheet

| Quality Information | Health Plan Name | Health Plan Name | Health Plan Name | Health Plan Name |
|---|--|--|--|--|
| | <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i> | <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i> | <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i> | <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i> |
| | | | | |
| External Appeals <i>Enter reversal rate information.</i> Note: A lower rate is better. <i>See page 19.</i> | | | | |
| Grievances <i>Enter reversal rate information.</i> Note: A lower rate is better. <i>See page 24.</i> | | | | |

Health Plan Quality Comparison Worksheet

| Quality Information | Health Plan Name | Health Plan Name | Health Plan Name | Health Plan Name |
|--|--|--|--|--|
| | <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i> | <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i> | <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i> | <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i> |
| | | | | |
| Access and Services <i>Review and select measure(s) important to you, then enter performance information from the health plan for those measure(s).</i> <i>See page 29.</i> | | | | |
| Child and Adolescent Health <i>Review and select measure(s) important to you, then enter performance information from the health plan for those measure(s).</i> <i>See page 32.</i> | | | | |

Health Plan Quality Comparison Worksheet

| Quality Information | Health Plan Name | Health Plan Name | Health Plan Name | Health Plan Name |
|---|--|--|--|--|
| | <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i> | <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i> | <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i> | <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i> |
| | | | | |
| Adult Health <i>Review and select measure(s) important to you, then enter performance information from the health plan for those measure(s).</i> <i>See page 37.</i> | | | | |
| Women's Health <i>Review and select measure(s) important to you, then enter performance information from the health plan for those measure(s).</i> <i>See page 42.</i> | | | | |

Health Plan Quality Comparison Worksheet

| Quality Information | Health Plan Name | Health Plan Name | Health Plan Name | Health Plan Name |
|---|--|--|--|--|
| | <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i> | <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i> | <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i> | <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i> |
| | | | | |
| Behavioral Health <i>Review and select measure(s) important to you, then enter performance information from the health plan for those measure(s).</i> <i>See page 45.</i> | | | | |
| Managing Medications <i>Review and select measure(s) important to you, then enter performance information from the health plan for those measure(s).</i> <i>See page 48.</i> | | | | |

Health Plan Quality Comparison Worksheet

| Quality Information | Health Plan Name | Health Plan Name | Health Plan Name | Health Plan Name |
|---|--|--|--|--|
| | <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i> | <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i> | <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i> | <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i> |
| | | | | |
| Diabetes Care <i>Review and select measure(s) important to you, then enter performance information from the health plan for those measure(s).</i> <i>See page 51.</i> | | | | |
| Quality of Providers <i>Review and select measure(s) important to you, then enter performance information from the health plan for those measure(s).</i> <i>See page 54.</i> | | | | |

Health Plan Quality Comparison Worksheet

| Quality Information | Health Plan Name | Health Plan Name | Health Plan Name | Health Plan Name |
|---|--|--|--|--|
| | <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i> | <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i> | <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i> | <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i> |
| | | | | |
| Accreditation Status <i>Enter the health plan's accreditation status.</i> <i>See page 57.</i> | | | | |
| Cost <i>Review cost information from your employer or health insurers.</i> <i>Enter information about monthly premium, deductible, co-pays and co-insurance.</i> | | | | |