

2021 EDITION

NEW YORK Consumer Guide to Health Insurers



Department of
Financial Services

New York Consumer Guide to Health Insurers

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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 71–73.
 - DFS data are from calendar year 2020.
- 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 5 and the information on health insurance company performance that appears on pages 29–63.

- 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 years 2018 and 2019.

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 2019 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 68–70.
- 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 <https://aging.ny.gov/programs/medicare-and-health-insurance>. 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 care for assigned members. 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 preauthorization. In an EPO, members must use the providers who belong to the EPO network or their expenses will not be covered.

¹The terms “companies” and “plans” are used to mean the same thing and include HMOs, EPO/ PPOs and commercial health insurance companies, unless it is clear from the text, such as in the chart, that one or the other 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 preauthorization 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 also manage member care, but offer a more traditional approach to coverage than HMOs. Policyholders might pay deductibles and high 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 2020. 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 2020. 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 of 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 2020

Data Source: DFS and DOH

HMO	Data Compiled by the New York State DFS					Data Compiled by the New York State DOH	
	Rank ^{1,2} 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	1	7	0	621.75	0.0000	0	0
Community Blue (Highmark Western and Northeastern New York Inc. ³)	2	0	0	185.61	0.0000	0	0
Empire HealthChoice HMO, Inc.	8	46	14	39.14	0.3577	1	1
Excellus Health Plan	5	8	2	424.76	0.0047	0	0
HIP Health Maintenance Organization	6	1,110	339	2,667.08	0.1271	0	0
Independent Health Association, Inc.	4	9	1	217.08	0.0046	0	0
MVP Health Plan, Inc.	3	16	2	512.34	0.0039	0	0
UnitedHealthcare of New York, Inc.	7	85	32	230.01	0.1391	0	0
Total		1,281	390	4,897.77	0.0796	1	1

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

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

³Formerly HealthNow New York Inc. HealthNow New York Inc.'s name changed upon completion of an affiliation with Highmark Inc. effective April 27, 2021.

Complaints—EPO/PPO Health Plans 2020

Data Source: DFS

EPO/PPO Health Plan	Rank ¹ 1 = Best 15 = Worst	Total Complaints to DFS	Upheld Complaints by DFS	Premiums (Millions \$)	Complaint Ratio
Aetna Life Insurance Company ²	11	355	133	1,880.33	0.0707
CDPHP Universal Benefits, Inc.	2	7	3	573.87	0.0052
CIGNA Health and Life Insurance Company ²	9	208	65	1,557.53	0.0417
EmblemHealth Insurance Company ³	12	20	9	74.20	0.1213
EmblemHealth Plan, Inc. ^{2,4}	15	1,485	716	593.27	1.2069
Empire HealthChoice Assurance, Inc. ²	10	413	180	2,924.70	0.0615
Excellus Health Plan, Inc. ²	4	81	21	2,995.82	0.0070
Healthfirst Insurance Company, Inc.	14	40	24	66.46	0.3611
Highmark Western and Northeastern New York Inc. ^{2,5}	3	29	10	1,614.88	0.0062
Independent Health Benefits Corporation ²	1	1	0	426.53	0.0000
MVP Health Services Corporation ²	5	15	7	711.81	0.0098
Nippon Life Insurance Company of America	6	4	2	81.55	0.0245
Oscar Insurance Corporation	13	178	51	242.70	0.2101
Oxford Health Insurance, Inc. ²	8	965	212	6,166.32	0.0344
UnitedHealthcare Insurance Company of New York ²	7	161	54	2,007.11	0.0269
Total		3,962	1,487	21,917.08	0.0678

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.

³Formerly HIP Insurance Company of New York.

⁴Formerly Group Health Incorporated.

⁵Formerly HealthNow New York Inc. HealthNow New York Inc.'s name changed upon completion of an affiliation with Highmark Inc. effective April 27, 2021.

Complaints—Commercial Health Insurance Companies 2020

Data Source: DFS

Commercial Health Insurance Company	Rank ^{1,2} 1 = Best 35 = Worst	Total Complaints to DFS	Upheld Complaints by DFS	Premiums (Millions \$)	Complaint Ratio
American Family Life Assurance Company of New York	26	11	3	322.85	0.0093
Berkshire Life Insurance Company of America	12	1	0	77.78	0.0000
Combined Life Insurance Company of New York	31	15	3	138.80	0.0216
Delta Dental of New York, Inc. ³	28	14	2	190.79	0.0105
Dentcare Delivery Systems, Inc. ³	18	5	0	58.83	0.0000
Eastern Vision Service Plan, Inc. ⁴	9	0	0	86.75	0.0000
Fidelity Security Life Insurance Company of New York	17	1	0	59.78	0.0000
First Reliance Standard Life Insurance Company	14	0	0	73.18	0.0000
First Symetra National Life Company of New York	20	0	0	56.58	0.0000
First Unum Life Insurance Company	21	18	2	370.91	0.0054
Genworth Life Insurance Company of New York	2	17	0	192.43	0.0000
Guardian Life Insurance Company of America	23	23	3	444.42	0.0068
Hartford Life and Accident Insurance Company	24	4	2	287.59	0.0070
HCC Life Insurance Company	6	0	0	101.61	0.0000
HM Life Insurance Company of New York	15	0	0	66.58	0.0000
John Hancock Life & Health Insurance Company	4	17	0	124.49	0.0000
Lincoln Life and Annuity Company of New York	30	6	1	54.03	0.0185
Lincoln Life Assurance Company of Boston	7	2	0	91.75	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 2020, continued

Data Source: DFS

Commercial Health Insurance Company	Rank ^{1,2} 1 = Best 35 = Worst	Total Complaints to DFS	Upheld Complaints by DFS	Premiums (Millions \$)	Complaint Ratio
Massachusetts Mutual Life Insurance Company	10	1	0	86.74	0.0000
Metropolitan Life Insurance Company	25	26	5	700.27	0.0071
Mutual of Omaha Insurance Company	8	4	0	86.80	0.0000
New York Life Group Insurance Company of New York ⁵	3	7	0	170.99	0.0000
New York Life Insurance Company	11	0	0	79.24	0.0000
Northwestern Mutual Life Insurance Company	27	2	1	101.58	0.0098
Paul Revere Life Insurance Company	35	3	3	54.08	0.0555
Principal Life Insurance Company	13	4	0	77.49	0.0000
Provident Life and Casualty Insurance Company	16	1	0	61.26	0.0000
Prudential Insurance Company of America	34	13	5	124.33	0.0402
ShelterPoint Life Insurance Company	1	2	0	292.98	0.0000
Standard Life Insurance Company of New York	32	4	2	76.54	0.0261
Standard Security Life Insurance Company of New York	5	0	0	114.69	0.0000
Sun Life and Health Insurance Company	22	5	1	161.87	0.0062
Transamerica Financial Life Insurance Company	33	9	3	108.80	0.0276
Wellfleet New York Insurance Company	29	3	1	92.85	0.0108
Westport Insurance Corporation	19	0	0	57.46	0.0000
Total		218	37	5,247.12	0.0071

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.

⁵Formerly Cigna Life Insurance Company of New York.

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.

*Upon receipt of the requested additional information, where the obligation to pay the claim is clear, health insurance companies are required to make payment within 15 business days of determination but no later than 30 days from receipt of the additional information for electronic claims or within 45 days of receipt of the additional information for paper claims.

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 2020. 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 2020. 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 2020. 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 2020

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	1	7	1	0	621.75	0.0000
Community Blue (Highmark Western and Northeastern New York Inc. ³)	5	0	0	0	185.61	0.0000
Empire HealthChoice HMO, Inc.	8	46	14	4	39.14	0.1022
Excellus Health Plan	3	8	0	0	424.76	0.0000
HIP Health Maintenance Organization	7	1,110	318	152	2,667.08	0.0570
Independent Health Association, Inc.	4	9	0	0	217.08	0.0000
MVP Health Plan, Inc.	2	16	0	0	512.34	0.0000
UnitedHealthcare of New York, Inc.	6	85	15	9	230.01	0.0391
Total		1,281	348	165	4,897.77	0.0337

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.

³Formerly HealthNow New York Inc. HealthNow New York Inc.'s name changed upon completion of an affiliation with Highmark Inc. effective April 27, 2021.

Prompt Pay Complaints—EPO/PPO Health Plans 2020

Data Source: DFS

EPO/PPO Health Plan	Rank ¹ 1 = Best 15 = Worst	Total Complaints	Total Prompt Pay Complaints	Upheld Prompt Pay Complaints	Premiums (Millions \$)	Prompt Pay Complaint Ratio
Aetna Life Insurance Company ²	9	355	86	40	1,880.33	0.0213
CDPHP Universal Benefits, Inc.	3	7	2	1	573.87	0.0017
CIGNA Health and Life Insurance Company ²	8	208	53	22	1,557.53	0.0141
EmblemHealth Insurance Company ³	12	20	8	3	74.20	0.0404
EmblemHealth Plan, Inc. ^{2,4}	15	1,485	494	335	593.27	0.5647
Empire HealthChoice Assurance, Inc. ²	11	413	124	76	2,924.70	0.0260
Excellus Health Plan, Inc. ²	4	81	13	6	2,995.82	0.0020
Healthfirst Insurance Company, Inc.	14	40	15	12	66.46	0.1806
Highmark Western and Northeastern New York Inc. ^{2,5}	2	29	6	2	1,614.88	0.0012
Independent Health Benefits Corporation ²	1	1	0	0	426.53	0.0000
MVP Health Services Corporation ³	5	15	6	5	711.81	0.0070
Nippon Life Insurance Company of America ³	10	4	2	2	81.55	0.0245
Oscar Insurance Corporation	13	178	34	17	242.70	0.0700
Oxford Health Insurance, Inc. ²	6	965	226	69	6,166.32	0.0112
UnitedHealthcare Insurance Company of New York ²	7	161	41	25	2,007.11	0.0125
Total		3,962	1,110	615	21,917.08	0.0281

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

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

³Formerly HIP Insurance Company of New York.

⁴Formerly Group Health Incorporated.

⁵Formerly HealthNow New York Inc. HealthNow New York Inc.'s name changed upon completion of an affiliation with Highmark Inc. effective April 27, 2021.

Prompt Pay Complaints—Commercial Health Insurance Companies 2020

Data Source: DFS

Commercial Health Insurance Company	Rank ^{1,2} 1 = Best 35 = 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	33	11	3	1	322.85	0.0031
Berkshire Life Insurance Company of America	20	1	0	0	77.78	0.0000
Combined Life Insurance Company of New York	34	15	3	1	138.80	0.0072
Delta Dental of New York, Inc. ³	6	14	2	0	190.79	0.0000
Dentcare Delivery Systems, Inc. ³	27	5	0	0	58.83	0.0000
Eastern Vision Service Plan, Inc. ⁴	17	0	0	0	86.75	0.0000
Fidelity Security Life Insurance Company of New York	26	1	0	0	59.78	0.0000
First Reliance Standard Life Insurance Company	23	0	0	0	73.18	0.0000
First Symetra National Life Company of New York	29	0	0	0	56.58	0.0000
First Unum Life Insurance Company	2	18	0	0	370.91	0.0000
Genworth Life Insurance Company of New York	5	17	0	0	192.43	0.0000
Guardian Life Insurance Company of America	32	23	3	1	444.42	0.0023
Hartford Life and Accident Insurance Company	4	4	0	0	287.59	0.0000
HCC Life Insurance Company	12	0	0	0	101.61	0.0000
HM Life Insurance Company of New York	24	0	0	0	66.58	0.0000
John Hancock Life & Health Insurance Company	9	17	0	0	124.49	0.0000
Lincoln Life and Annuity Company of New York	31	6	0	0	54.03	0.0000
Lincoln Life Assurance Company of Boston	15	2	0	0	91.75	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 2020, continued

Data Source: DFS

Commercial Health Insurance Company	Rank ^{1,2} 1 = Best 35 = Worst	Total Complaints	Total Prompt Pay Complaints	Upheld Prompt Pay Complaints	Premiums (Millions \$)	Prompt Pay Complaint Ratio
Massachusetts Mutual Life Insurance Company	18	1	0	0	86.74	0.0000
Metropolitan Life Insurance Company	1	26	3	0	700.27	0.0000
Mutual of Omaha Insurance Company	16	4	0	0	86.80	0.0000
New York Life Group Insurance Company of New York ⁵	7	7	0	0	170.99	0.0000
New York Life Insurance Company	19	0	0	0	79.24	0.0000
Northwestern Mutual Life Insurance Company	13	2	0	0	101.58	0.0000
Paul Revere Life Insurance Company	30	3	0	0	54.08	0.0000
Principal Life Insurance Company	21	4	1	0	77.49	0.0000
Provident Life and Casualty Insurance Company	25	1	0	0	61.26	0.0000
Prudential Insurance Company of America	10	13	0	0	124.33	0.0000
ShelterPoint Life Insurance Company	3	2	1	0	292.98	0.0000
Standard Life Insurance Company of New York	22	4	0	0	76.54	0.0000
Standard Security Life Insurance Company of New York	11	0	0	0	114.69	0.0000
Sun Life and Health Insurance Company	8	5	0	0	161.87	0.0000
Transamerica Financial Life Insurance Company	35	9	2	1	108.80	0.0092
Wellfleet New York Insurance Company	14	3	0	0	92.85	0.0000
Westport Insurance Corporation	28	0	0	0	57.46	0.0000
Total		218	18	4	5,247.12	0.0008

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.

⁵Formerly Cigna Life Insurance Company of New York.

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 The member or provider may also 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 2020.
- **Closed Appeals:** Number of internal appeals that the health insurance company decided by the end of 2020.
- **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 needs of the member.

³ Step-therapy protocols require members to try at least one other medication selected by the 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

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 2020

Data Source: DFS

HMO	Filed Appeals	Closed Appeals ¹	Reversals on Appeals	Reversal Rate (Percentage)
Capital District Physicians Health Plan	148	153	40	26.14%
Community Blue (Highmark Western and Northeastern New York Inc. ²)	159	165	75	45.45%
Empire HealthChoice HMO, Inc.	161	175	49	28.00%
Excellus Health Plan	484	478	167	34.94%
HIP Health Maintenance Organization	1,908	1,919	1,177	61.33%
Independent Health Association, Inc.	311	318	157	49.37%
MVP Health Plan, Inc.	283	283	149	52.65%
UnitedHealthcare of New York, Inc.	283	285	156	54.74%
Total	3,737	3,776	1,970	52.17%

¹Closed internal appeals can exceed filed internal appeals in 2020 because closed internal appeals also include internal appeals filed before 2020.

²Formerly HealthNow New York Inc. HealthNow New York Inc.'s name changed upon completion of an affiliation with Highmark Inc. effective April 27, 2021.

Internal Appeals—EPO/PPO Health Plans 2020

Data Source: DFS

EPO/PPO Health Plan	Filed Appeals	Closed Appeals ¹	Reversals on Appeals	Reversal Rate (Percentage)
Aetna Life Insurance Company ²	1,213	1,213	529	43.61%
CDPHP Universal Benefits, Inc.	118	132	34	25.76%
CIGNA Health and Life Insurance Company ²	4,359	4,332	2,046	47.23%
EmblemHealth Insurance Company ³	109	109	74	67.89%
EmblemHealth Plan, Inc. ^{2,4}	1,348	1,373	877	63.87%
Empire HealthChoice Assurance, Inc. ²	9,069	8,957	2,442	27.26%
Excellus Health Plan, Inc. ²	4,108	4,193	1,501	35.80%
Healthfirst Insurance Company, Inc.	151	152	52	34.21%
Highmark Western and Northeastern New York Inc. ^{2,5}	1,102	1,153	457	39.64%
Independent Health Benefits Corporation ²	668	669	348	52.02%
MVP Health Services Corporation ²	329	330	162	49.09%
Nippon Life Insurance Company of America	120	134	61	45.52%
Oscar Insurance Corporation	238	234	92	39.32%
Oxford Health Insurance, Inc. ²	11,352	11,471	5,831	50.83%
UnitedHealthcare Insurance Company of New York ²	2,540	2,560	956	37.34%
Total	36,824	37,012	15,462	41.78%

¹Closed internal appeals can exceed filed internal appeals in 2020 because closed internal appeals also include internal appeals filed before 2020.

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

³Formerly HIP Insurance Company of New York.

⁴Formerly Group Health Incorporated.

⁵Formerly HealthNow New York Inc. HealthNow New York Inc.'s name changed upon completion of an affiliation with Highmark Inc. effective April 27, 2021.

Internal Appeals—Commercial Health Insurance Companies 2020

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%
Combined Life Insurance Company of New York	0	0	0	0.00%
Delta Dental of New York, Inc. ³	531	531	116	21.85%
Dentcare Delivery Systems, Inc. ³	0	0	0	0.00%
Eastern Vision Service Plan, Inc. ⁴	0	0	0	0.00%
Fidelity Security Life Insurance Company of New York	0	0	0	0.00%
First Reliance Standard Life Insurance Company	10	10	2	20.00%
First Symetra National Life Company of New York	0	0	0	0.00%
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	3,661	3,752	2,150	57.30%
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%
Lincoln Life and Annuity Company of New York	0	0	0	0.00%
Lincoln Life Assurance Company of Boston	0	0	0	0.00%

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

²Closed internal appeals can exceed filed internal appeals in 2020 because closed internal appeals also include internal appeals filed before 2020.

³Plan issues dental coverage only.

⁴Plan issues vision coverage only.

Internal Appeals—Commercial Health Insurance Companies 2020, 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	7,069	7,069	6,023	85.20%
Mutual of Omaha Insurance Company	0	0	0	0.00%
New York Life Group Insurance Company of New York ⁵	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	5	5	1	20.00%
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	14	14	8	57.14%
Standard Security Life Insurance Company of New York	0	0	0	0.00%
Sun Life and Health Insurance Company	141	136	62	45.59%
Transamerica Financial Life Insurance Company	0	0	0	0.00%
Wellfleet New York Insurance Company	0	0	0	0.00%
Westport Insurance Corporation	0	0	0	0.00%
Total	11,431	11,517	8,362	72.61%

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

²Closed internal appeals can exceed filed internal appeals in 2020 because closed internal appeals also include internal appeals filed before 2020.

³Plan issues dental coverage only.

⁴Plan issues vision coverage only.

⁵Formerly Cigna Life Insurance Company of New York.

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 or 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 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, members must usually complete the health insurance company's first-level internal appeal process, or the member and the health insurance company may agree together to waive the internal appeal. An internal appeal is generally not required for a formulary exception.

Note:

- 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 2020.
- **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 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 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 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 2020

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	4	2	0	2	50.00%
Community Blue (Highmark Western and Northeastern New York Inc. ²)	1	1	0	0	100.00%
Empire HealthChoice HMO, Inc.	17	5	0	12	29.41%
Excellus Health Plan	9	6	1	2	77.78%
HIP Health Maintenance Organization	59	14	1	44	25.42%
Independent Health Association, Inc.	18	6	0	12	33.33%
MVP Health Plan, Inc.	15	12	0	3	80.00%
UnitedHealthcare of New York, Inc.	7	2	1	4	42.86%
Total	130	48	3	79	39.23%

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

²Formerly HealthNow New York Inc. HealthNow New York Inc.'s name changed upon completion of an affiliation with Highmark Inc. effective April 27, 2021.

External Appeals—EPO/PPO Health Plans 2020

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	118	47	1	70	40.68%
CDPHP Universal Benefits, Inc.	6	5	0	1	83.33%
CIGNA Health and Life Insurance Company	56	24	3	29	48.21%
EmblemHealth Insurance Company ³	0	0	0	0	0.00%
EmblemHealth Plan, Inc. ^{2,4}	21	7	1	13	38.10%
Empire HealthChoice Assurance, Inc. ²	443	141	14	288	34.99%
Excellus Health Plan, Inc. ²	150	67	1	82	45.33%
Healthfirst Insurance Company, Inc.	2	0	0	2	0.00%
Highmark Western and Northeastern New York Inc. ^{2,5}	30	9	0	21	30.00%
Independent Health Benefits Corporation	2	1	0	1	50.00%
MVP Health Services Corporation	17	9	0	8	52.94%
Nippon Life Insurance Company of America	0	0	0	0	0.00%
Oscar Insurance Corporation	60	15	1	44	26.67%
Oxford Health Insurance, Inc.	310	117	5	188	39.35%
UnitedHealthcare Insurance Company of New York ²	38	19	0	19	50.00%
Total	1,253	461	26	766	38.87%

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

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

³Formerly HIP Insurance Company of New York.

⁴Formerly Group Health Incorporated.

⁵Formerly HealthNow New York Inc. HealthNow New York Inc.'s name changed upon completion of an affiliation with Highmark Inc. effective April 27, 2021.

External Appeals—Commercial Health Insurance Companies 2020

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%
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%
Fidelity Security Life Insurance Company of New York	0	0	0	0	0.00%
First Reliance Standard Life Insurance Company	0	0	0	0	0.00%
First Symetra National Life Company of New York	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	4	2	0	2	50.00%
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%
Lincoln Life and Annuity Company of New York	1	0	0	1	0.00%
Lincoln Life Assurance Company of Boston	0	0	0	0	0.00%

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

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

³Plan issues dental coverage only.

⁴Plan issues vision coverage only.

External Appeals—Commercial Health Insurance Companies 2020, 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
Massachusetts Mutual Life Insurance Company	0	0	0	0	0.00%
Metropolitan Life Insurance Company	5	3	0	2	60.00%
Mutual of Omaha Insurance Company	0	0	0	0	0.00%
New York Life Group Insurance Company of New York ⁵	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	0	0	1	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%
Westport Insurance Corporation	0	0	0	0	0.00%
Total	11	5	0	6	45.45%

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

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

³Plan issues dental coverage only.

⁴Plan issues vision coverage only.

⁵Formerly Cigna Life Insurance Company of New York.

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 subject 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 2020.
- **Closed Grievances:** Number of grievances the health insurance company resolved by the end of 2020.
- **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

Pay 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 2020

Data Source: DFS

HMO	Filed Grievances	Closed Grievances ¹	Reversed Grievances	Upheld Grievances	Reversal Rate (Percentage)
Capital District Physicians Health Plan	220	221	142	79	64.25%
Community Blue (Highmark Western and Northeastern New York Inc. ²)	45	40	15	25	37.50%
Empire HealthChoice HMO, Inc.	84	90	21	69	23.33%
Excellus Health Plan	455	456	187	269	41.01%
HIP Health Maintenance Organization	2,245	2,196	884	1,312	40.26%
Independent Health Association, Inc.	131	132	53	79	40.15%
MVP Health Plan, Inc.	93	95	24	71	25.26%
UnitedHealthcare of New York, Inc.	266	254	111	143	43.70%
Total	3,539	3,484	1,437	2,047	41.25%

¹Closed grievances can exceed filed grievances in 2020 because closed grievances also include grievances filed before 2020.

²Formerly HealthNow New York Inc. HealthNow New York Inc.'s name changed upon completion of an affiliation with Highmark Inc. effective April 27, 2021.

Grievances— EPO/PPO Health Plans 2020

Data Source: DFS

EPO/PPO Health Plan	Filed Grievances	Closed Grievances ¹	Reversed Grievances	Upheld Grievances	Reversal Rate (Percentage)
Aetna Life Insurance Company ²	66	60	12	48	20.00%
CDPHP Universal Benefits, Inc.	172	175	121	54	69.14%
CIGNA Health and Life Insurance Company ²	231	233	63	170	27.04%
EmblemHealth Insurance Company	45	48	28	20	58.33%
EmblemHealth Plan, Inc.	479	499	127	372	25.45%
Empire HealthChoice Assurance, Inc. ²	2,003	2,032	397	1,635	19.54%
Excellus Health Plan, Inc. ²	1,655	1,587	431	1,156	27.16%
Healthfirst Insurance Company, Inc.	488	469	194	275	41.36%
Highmark Western and Northeastern New York Inc. ^{2,5}	283	285	91	194	31.93%
Independent Health Benefits Corporation	328	319	101	218	31.66%
MVP Health Services Corporation	44	42	10	32	23.81%
Nippon Life Insurance Company of America ²	0	0	0	0	0.00%
Oscar Insurance Corporation	203	287	44	243	15.33%
Oxford Health Insurance, Inc. ²	8,263	8,005	2,781	5,224	34.74%
UnitedHealthcare Insurance Company of New York ²	1,165	1,170	395	775	33.76%
Total	15,425	15,211	4,795	10,416	31.52%

¹Closed grievances can exceed filed grievances in 2020 because closed grievances also include grievances filed before 2020.

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

³Formerly HIP Insurance Company of New York.

⁴Formerly Group Health Incorporated.

⁵Formerly HealthNow New York Inc. HealthNow New York Inc.'s name changed upon completion of an affiliation with Highmark Inc. effective April 27, 2021.

Grievances—Commercial Health Insurance Companies 2020

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 York	0	0	0	0	0.00%
Berkshire Life Insurance Company of America	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	222	222	86	136	38.74%
Dentcare Delivery Systems, Inc. ³	235	240	41	199	17.08%
Eastern Vision Service Plan, Inc. ⁴	0	0	0	0	0.00%
Fidelity Security Life Insurance Company of New York	0	0	0	0	0.00%
First Reliance Standard Life Insurance Company	0	0	0	0	0.00%
First Symetra National Life Company of New York	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	21	27	6	21	22.22%
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%
Lincoln Life and Annuity Company of New York	0	0	0	0	0.00%
Lincoln Life Assurance Company of Boston	0	0	0	0	0.00%

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

²Closed grievances can exceed filed grievances in 2020 because closed grievances also include grievances filed before 2020.

³Plan issues dental coverage only.

⁴Plan issues vision coverage only.

Grievances—Commercial Health Insurance Companies 2020, 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 Group Insurance Company of New York ⁵	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%
Westport Insurance Corporation	0	0	0	0	0.00%
Total	478	489	133	356	27.20%

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

²Closed grievances can exceed filed grievances in 2020 because closed grievances also include grievances filed before 2020.

³Plan issues dental coverage only.

⁴Plan issues vision coverage only.

⁵Formerly Cigna Life Insurance Company of New York.

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 2018-2019

Data Source: DOH

Understanding the Chart

The symbols in the chart show how each HMO compares to the average of 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	71		87		89		81		94		96	
Capital District Physicians Health Plan	85	▲	87		94	▲	88	▲	95	▲	97	▲
Community Blue (Highmark Western and Northeastern New York Inc. ¹)	72		91	▲	91		84		95	▲	97	▲
Empire HealthChoice HMO, Inc.	76		88		90		91	▲	95	▲	96	
Excellus Health Plan ²	62	▼	91		90		76		93	▼	95	▼
HIP Health Maintenance Organization	63	▼	75	▼	76	▼	72	▼	92	▼	95	▼
Independent Health Association, Inc.	72		89		93	▲	83		95	▲	97	▲
MVP Health Plan, Inc.	73		86		87		80		94		97	▲

¹Formerly HealthNow New York Inc. HealthNow New York Inc.’s name changed upon completion of an affiliation with Highmark Inc. effective April 27, 2021.

Includes data for Highmark Western and Northeastern New York Inc. PPO membership.

²Includes combined data for Excellus BlueCross BlueShield and Univera Healthcare HMO and 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 2018-2019

Data Source: DOH

Understanding the Chart

The symbols in the chart show how each PPO compares to the average of 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		84		85		75		94		95	
Aetna Life Insurance Company	69	▲	82		86		77		93	▼	95	
CDPHP Universal Benefits, Inc.	76	▲	91	▲	90	▲	83	▲	94		97	▲
CIGNA Health and Life Insurance Company	60		85		85		73		94		96	▲
EmblemHealth Plan, Inc. ²	63		90	▲	87		76		79	▼	82	▼
Empire HealthChoice Assurance, Inc.	68		79		83		73		92	▼	94	▼
MVP Health Services Corporation	69	▲	90	▲	90	▲	91	▲	94		97	▲
Oscar Insurance Corporation	43	▼	83		79	▼	60	▼	92	▼	93	▼
Oxford Health Insurance, Inc.	52	▼	75	▼	76	▼	66		95	▲	96	▲
UnitedHealthcare Insurance Company of New York	57		79		85		75		95	▲	96	▲

¹Data for Excellus Health Plan PPO and Highmark Western and Northeastern New York Inc. (formerly HealthNow New York Inc.) PPO are included in the HMO tables. HealthNow New York Inc.’s name changed upon completion of an affiliation with Highmark Inc. effective April 27, 2021.

²Formerly Group Health Incorporated.

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 had the following vaccines by their second birthday: 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 chickenpox (VZV) and four pneumococcal conjugate (PCV).
- **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 completed the human papillomavirus (HPV) vaccine series by their 13th birthday.
- **Well-Child Visit in the First 15 Months of Life (6 Visits or More):** The percentage of children who had six or more well-child visits with a PCP during their first 15 months of life.
- **Adolescent Well-Care Visits:** The percentage of adolescents ages 12–21 years who had at least one comprehensive well-care visit with a PCP or an OB/GYN.
- **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 2018-2019

Data Source: DOH

Understanding the Chart

The symbols in the chart show how each HMO compares to the average of 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		Well-Child Visit in the First 15 Months of Life (6 Visits or More)		Adolescent Well-Care Visits		Weight Assessment BMI Percentile	
NY HMO Average	86		33		89		68		90	
Capital District Physicians Health Plan	91	▲	32		93	▲	75	▲	98	▲
Community Blue (Highmark Western and Northeastern New York Inc. ¹)	90	▲	41	▲	92	▲	75	▲	90	
Empire HealthChoice HMO, Inc.	69	▼	18	▼	77	▼	65		80	▼
Excellus Health Plan ²	87		30	▼	90	▲	66	▼	92	
HIP Health Maintenance	72	▼	34		71	▼	60	▼	83	▼
Independent Health Association, Inc.	90	▲	42	▲	95	▲	80	▲	96	▲
MVP Health Plan, Inc.	86		30		92		70	▲	87	▼

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²Includes combined data for Excellus BlueCross BlueShield and Univera Healthcare HMO and 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 2018-2019, continued

Data Source: DOH

Understanding the Chart

The symbols in the chart show how each HMO compares to the average of all New York HMOs. HMOs with a “▲” performed better than the New York HMO average.

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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	78		71		75		83	
Capital District Physicians Health Plan	91	▲	85	▲	84	▲	95	▲
Community Blue (Highmark Western and Northeastern New York Inc. ¹)	84		71		80		90	▲
Empire HealthChoice HMO, Inc.	65	▼	64		62	▼	65	▼
Excellus Health Plan ²	77		68		74		82	
HIP Health Maintenance Organization	65	▼	69		64	▼	69	▼
Independent Health Association, Inc.	91	▲	87	▲	89	▲	92	▲
MVP Health Plan, Inc.	71	▼	66		68		79	

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Legend

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Child and Adolescent Health—PPOs 2018-2019

Data Source: DOH

Understanding the Chart

The symbols in the chart show how each PPO compares to the average of 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		Well-Child Visit in the First 15 Months of Life (6 Visits or More)		Adolescent Well-Care Visits		Weight Assessment BMI Percentile	
NY PPO Average	74		20		86		64		75	
Aetna Life Insurance Company	70		20		88	▲	67	▲	70	
CDPHP Universal Benefits, Inc.	88	▲	32	▲	91	▲	63	▼	91	▲
CIGNA Health and Life Insurance Company	77		18		90	▲	71	▲	79	▲
EmblemHealth Plan, Inc. ²	66	▼	21		62	▼	49	▼	72	
Empire HealthChoice Assurance, Inc.	70		23		81	▼	59	▼	74	
MVP Health Services Corporation	85	▲	30	▲	90	▲	70	▲	86	▲
Oscar Insurance Corporation	56	▼	15		73	▼	59	▼	72	
Oxford Health Insurance, Inc.	72		16	▼	79	▼	60	▼	73	
UnitedHealthcare Insurance Company of New York	81	▲	19	▼	90	▲	70	▲	74	

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Legend

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Child and Adolescent Health—PPOs 2018-2019, continued

Data Source: DOH

Understanding the Chart

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

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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	56		51		51		61	
Aetna Life Insurance Company	50		46		48		53	
CDPHP Universal Benefits, Inc.	88	▲	89	▲	79	▲	93	▲
CIGNA Health and Life Insurance	60		59		54		64	
EmblemHealth Plan, Inc. ²	54		58		50		57	
Empire HealthChoice Assurance, Inc.	58		55		52		64	
MVP Health Services Corporation	72	▲	63	▲	64	▲	77	▲
Oscar Insurance Corporation	57		58		52		59	
Oxford Health Insurance, Inc.	55		43	▼	48		58	
UnitedHealthcare Insurance Company of New York	51		46		48		58	

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Quality of Care and Service for Health Insurance Companies

Adult Health

Measure Descriptions

- **Controlling High Blood Pressure:** The percentage of adults ages 18–85 years who had hypertension and whose blood pressure was adequately controlled (<140/90 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 2018-2019

Data Source: DOH

Understanding the Chart

The symbols in the chart show how each HMO compares to the average of 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	68		72		46	
Capital District Physicians Health Plan	80	▲	79	▲	43	
Community Blue (Highmark Western and Northeastern New York Inc. ¹)	65		70		49	
Empire HealthChoice HMO, Inc.	56	▼	66	▼	57	
Excellus Health Plan ²	70		72		43	▼
HIP Health Maintenance Organization	60	▼	72		54	▲
Independent Health Association, Inc.	73	▲	75		51	
MVP Health Plan, Inc.	67		73		39	▼

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Legend

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Adult Health—HMOs 2018-2019, continued

Data Source: DOH

Understanding the Chart

The symbols in the chart show how each HMO compares to the average of 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	56		36		90	
Capital District Physicians Health Plan	59		40	▲	97	▲
Community Blue (Highmark Western and Northeastern New York Inc. ¹)	49	▼	34	▼	90	
Empire HealthChoice HMO, Inc.	56		32		78	▼
Excellus Health Plan ²	58		38	▲	89	
HIP Health Maintenance Organization	46	▼	32	▼	91	
Independent Health Association, Inc.	65	▲	32	▼	92	
MVP Health Plan, Inc.	55		33		84	▼

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Adult Health—PPOs 2018-2019

Data Source: DOH

Understanding the Chart

The symbols in the chart show how each PPO compares to the average of 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	52		62		54	
Aetna Life Insurance Company	43	▼	58		55	
CDPHP Universal Benefits, Inc.	72	▲	78	▲	40	▼
CIGNA Health and Life Insurance	53		60		58	
EmblemHealth, Inc.	47		49	▼	49	
Empire HealthChoice Assurance, Inc.	53		65		53	
MVP Health Services Corporation	64	▲	66		38	▼
Oscar Insurance Corporation	52		44	▼	TS	
Oxford Health Insurance, Inc.	55		61		60	▲
UnitedHealthcare Insurance Company of New York	52		62		58	

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Legend

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TS Sample size too small to report.

Adult Health—PPOs 2018-2019, continued

Data Source: DOH

Understanding the Chart

The symbols in the chart show how each PPO compares to the average of 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	49		34		71	
Aetna Life Insurance Company	44		37	▲	58	▼
CDPHP Universal Benefits, Inc.	63	▲	43	▲	98	▲
CIGNA Health and Life Insurance	43		34		71	
EmblemHealth Plan, Inc.	48		59	▲	71	
Empire HealthChoice Assurance, Inc.	52		35		76	▲
MVP Health Services Corporation	54		35		80	▲
Oscar Insurance Corporation	35	▼	35		66	▼
Oxford Health Insurance, Inc.	41		30	▼	76	▲
UnitedHealthcare Insurance Company of New York	58	▲	31	▼	68	

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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, 2017, and December 31, 2019.
- **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.
- **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 2018-2019

Data Source: DOH

Understanding the Chart

The symbols in the chart show how each HMO compares to the average of 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.

HMO	Breast Cancer Screening		Cervical Cancer Screening		Postpartum Care		Chlamydia Screening			
							Ages 16–20		Ages 21–24	
NY HMO Average	77		80		82		56		61	
Capital District Physicians Health Plan	79	▲	84	▲	94	▲	69	▲	70	▲
Community Blue (Highmark Western and Northeastern New York Inc. ¹)	79	▲	82		83		63	▲	66	▲
Empire HealthChoice HMO, Inc.	74	▼	77	▼	69	▼	58		70	▲
Excellus Health Plan	76	▼	80		NQ		44	▼	54	▼
HIP Health Maintenance Organization	76	▼	81		75	▼	75	▲	77	▲
Independent Health Association, Inc.	80	▲	80		89	▲	68	▲	65	▲
MVP Health Plan, Inc.	74	▼	78		73	▼	57		61	

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Legend

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NQ Not Required

Women's Health—PPOs 2018-2019

Data Source: DOH

Understanding the Chart

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PPO ¹	Breast Cancer Screening		Cervical Cancer Screening		Postpartum Care		Chlamydia Screening			
							Ages 16–20		Ages 21–24	
NY PPO Average	70		79		73		62		69	
Aetna Life Insurance Company	69	▼	80		74		64	▲	71	▲
CDPHP Universal Benefits, Inc.	78	▲	82		93	▲	68	▲	69	
CIGNA Health and Life Insurance Company	72	▲	80		79	▲	63		71	▲
EmblemHealth Plan, Inc.	47	▼	58	▼	76		69	▲	71	
Empire HealthChoice Assurance, Inc.	70		76	▼	68	▼	61	▼	68	
MVP Health Services Corporation	74	▲	79		75		57	▼	64	▼
Oscar Insurance Corporation	63	▼	70	▼	56	▼	57		66	
Oxford Health Insurance, Inc.	70		81	▲	69		57	▼	64	▼
UnitedHealthcare Insurance Company of New York	74	▲	83	▲	75		65	▲	74	▲

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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 at least three follow-up visits within a 10-month period, one of which was within 30 days after starting the medication.
- **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.
- **Antidepressant Medication Management—Effective Continuation Phase Treatment:** The percentage of members ages 18 years and older who were diagnosed with depression, treated with antidepressant medication, and who remained on antidepressant medication for at least six months.
- **Follow-Up After Emergency Department (ED) 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 (ED) with a principal diagnosis of alcohol or other drug dependence (AOD), who had a follow-up visit for AOD within 30 days.
- **Follow-Up After Emergency Department (ED) Visit for Mental Illness—Within 30 Days:** The percentage of members ages 6 years and older who were seen in emergency department visits with a principal diagnosis of mental illness, who had a follow-up visit for mental illness within 30 days.
- **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 illness and who had a follow-up visit with a mental health practitioner within 30 days after discharge.
- **Adherence to Antipsychotic Medications for Individuals With Schizophrenia:** The percentage of members ages 18 years and older with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.

Quality of Care and Service for Health Insurance Companies

Behavioral Health, continued

Measure Descriptions

Initiation and Engagement of Alcohol and Other Drug Abuse (AOD) or Dependence Treatment

- **Initiation of AOD:** The percentage of members ages 18 years and older who initiated treatment through an inpatient admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication treatment within 14 days of the diagnosis for the following:
 - Alcohol Abuse or Dependence.
 - Opioid Abuse or Dependence.
 - Other Drug Abuse or Dependence.

- **Engagement of AOD:** The percentage of members ages 18 years and older who initiated treatment and who had two or more AOD services or medication treatment within 34 days of the initiation visit for the following:
 - Alcohol Abuse or Dependence.
 - Opioid Abuse or Dependence.
 - Other Drug Abuse or Dependence.

Behavioral Health—HMOs 2018-2019

Data Source: DOH

Understanding the Chart

The symbols in the chart show how each HMO compares to the average of all New York HMOs. HMOs with a “▲” performed better than the New York HMO average.

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Performance Compared to the New York HMO Average								
HMO	Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase		Metabolic Monitoring for Children and Adolescents on Antipsychotics		Antidepressant Medication Management—Effective Continuation Phase		Follow-Up After ED Visit for Alcohol and Other Drug Dependence—Within 30 Days	
NY HMO Average	47		40		55		19	
Capital District Physicians Health Plan	52		49		54		23	
Community Blue (Highmark Western and Northeastern New York Inc. ¹)	46		40		50	▼	26	▲
Empire HealthChoice HMO, Inc.	TS		TS		62		TS	
Excellus Health Plan ²	47		37	▼	58	▲	19	
HIP Health Maintenance Organization	44		39		52		7	▼
Independent Health Association, Inc.	47		47		56		22	
MVP Health Plan, Inc.	32		49		54		20	

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TS Sample size too small to report.

Behavioral Health—HMOs 2018-2019

Data Source: DOH

Understanding the Chart

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Performance Compared to the New York HMO Average						
HMO	Follow-up After Emergency Department Visit for Mental Illness - Within 30 Days		Follow-up After Hospitalization for Mental Illness - Within 30 Days		Adherence to Antipsychotic Medications for Individuals with Schizophrenia	
NY HMO Average	69		68		73	
Capital District Physicians Health Plan	68		88	▲	71	
Community Blue (Highmark Western and Northeastern New York Inc. ¹)	84	▲	81	▲	74	
Empire HealthChoice HMO, Inc.	58		TS		TS	
Excellus Health Plan ²	68		66		75	
HIP Health Maintenance Organization	57	▼	52	▼	68	
Independent Health Association, Inc.	63		73		73	
MVP Health Plan, Inc.	70		44	▼	TS	

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Legend

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

TS Sample size too small to report.

Behavioral Health—HMOs 2018-2019

Data Source: DOH

Understanding the Chart

The symbols in the chart show how each HMO compares to the average of 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	Initiation of Alcohol and Other Drug Abuse					
	Alcohol Abuse or Dependence		Opioid Abuse or Dependence		Other Drug Abuse or Dependence	
NY HMO Average	34		45		33	
Capital District Physicians Health Plan	38		43		40	
Community Blue (Highmark Western and Northeastern New York Inc. ¹)	32		47		30	▼
Empire HealthChoice HMO, Inc.	34		TS		TS	
Excellus Health Plan ²	34		46		34	
HIP Health Maintenance Organization	51	▲	49		52	▲
Independent Health Association, Inc.	30		37		28	▼
MVP Health Plan, Inc.	40		45		34	

¹Formerly HealthNow New York Inc. HealthNow New York Inc.'s name changed upon completion of an affiliation with Highmark Inc. effective April 27, 2021. Includes data for Highmark Western and Northeastern New York Inc. PPO membership.

²Includes combined data for Excellus BlueCross BlueShield and Univera Healthcare HMO and PPO membership.

Legend

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Behavioral Health—HMOs 2018-2019

Data Source: DOH

Understanding the Chart

The symbols in the chart show how each HMO compares to the average of all New York HMOs. HMOs with a “▲” performed better than the New York HMO average.

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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	Engagement of Alcohol and Other Drug Abuse					
	Alcohol Abuse or Dependence		Opioid Abuse or Dependence		Other Drug Abuse or Dependence	
NY HMO Average	13		28		14	
Capital District Physicians Health Plan	13		31		14	
Community Blue (Highmark Western and Northeastern New York Inc. ¹)	12		31		13	
Empire HealthChoice HMO, Inc.	11		TS		TS	
Excellus Health Plan ²	13		28		14	
HIP Health Maintenance Organization	21	▲	23		24	▲
Independent Health Association, Inc.	11		24		12	
MVP Health Plan, Inc.	11		14		11	

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Behavioral Health—PPOs 2018-2019

Data Source: DOH

Understanding the Chart

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

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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		Metabolic Monitoring for Children and Adolescents on Antipsychotics		Antidepressant Medication Management—Effective Continuation Phase		Follow-Up After ED Visit for Alcohol and other Drug Dependence—Within 30 Days	
NY PPO Average	45		43		58		12	
Aetna Life Insurance Company	43		44		64	▲	9	▼
CDPHP Universal Benefits, Inc.	40		47		56		27	▲
CIGNA Health and Life Insurance Company	46		43		57		9	
EmblemHealth Plan, Inc. ²	49		50		66		15	
Empire HealthChoice Assurance, Inc.	45		40		57		14	
MVP Health Services Corporation	43		39		55		24	▲
Oscar Insurance Corporation	45		38		64		5	
Oxford Health Insurance, Inc.	46		44		57		11	
UnitedHealthcare Insurance Company of New York	45		45		54	▼	13	

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Behavioral Health—PPOs 2018-2019

Data Source: DOH

Understanding the Chart

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Performance Compared to the New York PPO Average						
PPO ¹	Follow-up After Emergency Department Visit for Mental Illness - Within 30 Days		Follow-up After Hospitalization for Mental Illness - Within 30 Days		Adherence to Antipsychotic Medications for Individuals with Schizophrenia	
NY PPO Average	63		64		70	
Aetna Life Insurance Company	63		65		79	▲
CDPHP Universal Benefits, Inc.	66		84	▲	TS	
CIGNA Health and Life Insurance Company	59		79	▲	70	
EmblemHealth Plan, Inc. ²	54		27	▼	72	
Empire HealthChoice Assurance, Inc.	64		63		64	
MVP Health Services Corporation	82	▲	46	▼	88	
Oscar Insurance Corporation	40	▼	20	▼	TS	
Oxford Health Insurance, Inc.	53	▼	51	▼	66	
UnitedHealthcare Insurance Company of New York	68	▲	71	▲	67	

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Behavioral Health—PPOs 2018-2019

Data Source: DOH

Understanding the Chart

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

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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	Initiation of Alcohol and Other Drug Abuse					
	Alcohol Abuse or Dependence		Opioid Abuse or Dependence		Other Drug Abuse or Dependence	
NY PPO Average	38		53		43	
Aetna Life Insurance Company	33	▼	55		41	
CDPHP Universal Benefits, Inc.	34		48		42	
CIGNA Health and Life Insurance Company	35		44		39	
EmblemHealth Plan, Inc. ²	48	▲	56		51	
Empire HealthChoice Assurance, Inc.	41	▲	52		41	
MVP Health Services Corporation	35		48		43	
Oscar Insurance Corporation	74	▲	TS		84	▲
Oxford Health Insurance, Inc.	41	▲	58		46	▲
UnitedHealthcare Insurance Company of New York	37		48		43	

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Behavioral Health—PPOs 2018-2019

Data Source: DOH

Understanding the Chart

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

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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	Engagement of Alcohol and Other Drug Abuse					
	Alcohol Abuse or Dependence		Opioid Abuse or Dependence		Other Drug Abuse or Dependence	
NY PPO Average	16		28		17	
Aetna Life Insurance Company	15		30		18	
CDPHP Universal Benefits, Inc.	12		29		15	
CIGNA Health and Life Insurance Company	15		23		17	
EmblemHealth Plan, Inc. ²	17		24		18	
Empire HealthChoice Assurance, Inc.	17		27		17	
MVP Health Services Corporation	12	▼	34		15	
Oscar Insurance Corporation	11		TS		9	
Oxford Health Insurance, Inc.	18	▲	28		19	
UnitedHealthcare Insurance Company of New York	14		24		16	

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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 2018-2019

Data Source: DOH

Understanding the Chart

The symbols in the chart show how each HMO compares to the average of all New York HMOs. HMOs with a “▲” performed better than the New York HMO average.

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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		38		56		81		80	
Capital District Physicians Health Plan	85		38		55		85	▲	80	
Community Blue (Highmark Western and Northeastern New York Inc. ¹)	82		34		50	▼	85	▲	80	
Empire HealthChoice HMO, Inc.	TS		TS		66		73	▼	65	▼
Excellus Health Plan ²	89		41	▲	59	▲	81		82	▲
HIP Health Maintenance Organization	84		39		49	▼	71	▼	72	▼
Independent Health Association, Inc.	96		27	▼	51		81		80	
MVP Health Plan, Inc.	95		31		54		80		79	

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Managing Medications—PPOs 2018-2019

Data Source: DOH

Understanding the Chart

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

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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	82		34		53		79		77	
Aetna Life Insurance Company	88		41	▲	60	▲	79		82	▲
CDPHP Universal Benefits, Inc.	88		33		52		84	▲	82	▲
CIGNA Health and Life Insurance Company	84		32		52		81		77	
EmblemHealth Plan, Inc. ²	66		TS		50		45	▼	76	
Empire HealthChoice Assurance, Inc.	80		36		53		78		76	
MVP Health Services Corporation	84		42		55		82	▲	79	
Oscar Insurance Corporation	TS		TS		52		86		79	
Oxford Health Insurance, Inc.	80		29	▼	51	▼	81	▲	75	▼
UnitedHealthcare Insurance Company of New York	85		32		51		78		77	

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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 at least one of each 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 blood pressure was less than 140/90 mm Hg.
- **Statin Therapy for Patients with Diabetes—Received:** The percentage of adults ages 40–75 years with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who were dispensed at least one statin medication of any intensity.

Diabetes Care—HMOs 2018-2019

Data Source: DOH

Understanding the Chart

The symbols in the chart show how each HMO compares to the average of 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		Managing Diabetes Outcomes				Statin Therapy for Patients with Diabetes—Received	
	Received All Three Tests—HbA1c Testing, Dilated Eye Exam, Nephropathy Monitoring		HbA1c Control (<8.0%)		Blood Pressure Controlled (<140/90 mmHg)			
NY HMO Average	57		62		71		64	
Capital District Physicians Health Plan	63	▲	70	▲	81	▲	65	
Community Blue (Highmark Western and Northeastern New York Inc. ¹)	62		62		73		67	▲
Empire HealthChoice HMO, Inc.	49	▼	64		60	▼	61	
Excellus Health Plan ²	54		64		74		63	▼
HIP Health Maintenance Organization	56		54	▼	60	▼	59	▼
Independent Health Association, Inc.	63	▲	70	▲	75	▲	68	▲
MVP Health Plan, Inc.	52		60		70		66	

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Diabetes Care—PPOs 2018-2019

Data Source: DOH

Understanding the Chart

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

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Performance Compared to the New York PPO Average								
PPO ¹	Monitoring Diabetes		Managing Diabetes Outcomes				Statin Therapy for Patients with Diabetes—Received	
	Received All Three Tests—HbA1c Testing, Dilated Eye Exam, Nephropathy Monitoring		HbA1c Control (<8.0%)		Blood Pressure Controlled (<140/90 mmHg)			
NY PPO Average	48		58		59		60	
Aetna Life Insurance Company	52		56		46	▼	60	
CDPHP Universal Benefits, Inc.	60	▲	69	▲	78	▲	64	▲
CIGNA Health and Life Insurance	46		58		64	▲	61	
EmblemHealth Plan, Inc. ²	44		41	▼	50	▼	44	▼
Empire HealthChoice Assurance, Inc.	46		58		62		60	
MVP Health Services Corporation	51		60		74	▲	63	▲
Oscar Insurance Corporation	36	▼	54		49	▼	64	
Oxford Health Insurance, Inc.	45		59		64	▲	61	▲
UnitedHealthcare Insurance Company of New York	46		61		58		59	

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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.

Quality of Providers—HMOs 2018-2019

Data Source: DOH

Understanding the Chart

The symbols in the chart show how each HMO compares to the average of 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.

HMO	Satisfaction With Personal Doctor		Satisfaction With Specialist		Satisfaction With Provider Communication	
NY HMO Average	86		84		96	
Capital District Physicians Health Plan	90		91	▲	97	
Community Blue (Highmark Western and Northeastern New York Inc. ¹)	87		84		98	▲
Empire HealthChoice HMO, Inc.	92	▲	91	▲	97	
Excellus Health Plan ²	83		80		96	
HIP Health Maintenance Organization	84		75	▼	95	
Independent Health Association, Inc.	86		84		95	
MVP Health Plan, Inc.	83		86		93	▼

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Quality of Providers—PPOs 2018-2019

Data Source: DOH

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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.

PPO ¹	Satisfaction With Personal Doctor		Satisfaction With Specialist		Satisfaction With Provider Communication	
NY PPO Average	85		81		96	
Aetna Life Insurance Company	88		79		96	
CDPHP Universal Benefits, Inc.	87		90	▲	95	
Cigna Health and Life Insurance Company	81		90	▲	94	
EmblemHealth Plan, Inc.	87		83		98	▲
Empire HealthChoice Assurance, Inc.	85		78		94	
MVP Health Services Corporation	94	▲	93	▲	98	▲
Oscar Insurance Corporation	79		68	▼	95	
Oxford Health Insurance, Inc.	81		69	▼	92	
UnitedHealthcare Insurance Company of New York	84		83		97	

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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.

¹HEDIS is a registered trademark of NCQA.

For more information visit NCQA Health Plan Report Card: <https://reportcards.ncqa.org/#/health-plans/list>.

NCQA Accreditation Status Levels² Based on Health Insurance Company Performance

- **Accredited** indicates that the health insurance company demonstrates levels of service and clinical quality that meets or exceeds NCQA's rigorous requirements for consumer protection and quality improvement.
- **Provisional** indicates that the health insurance company meets some, but not all, of NCQA's consumer protection and quality improvement requirements.
- **Not Reviewed** indicates that the health insurance company has not requested NCQA review.

NCQA Accreditation Status as of July 2021¹

HMO	Accreditation Status
Capital District Physicians Health Plan	Accredited
Community Blue (Highmark Western and Northeastern New York Inc. ²)	Accredited
Empire HealthChoice HMO, Inc. dba Empire BlueCross BlueShield HMO	Accredited
Excellus Health Plan, Inc. dba Excellus BlueCross BlueShield ³	Accredited
Excellus Health Plan, Inc. dba Univera Healthcare ³	Accredited
HIP Health Maintenance Organization	Accredited
Independent Health Association, Inc.	Accredited
MVP Health Plan, Inc.	Accredited
UnitedHealthcare of New York, Inc.	Not Reviewed

¹Accreditation status does not include Medicare or Medicaid products.

²Accreditation is based on HealthNow New York, Inc. HMO/POS/PPO combined.

³Accreditation is based on HMO/POS/PPO/EPO combined

EPO/PPO Health Plan	Accreditation Status
Aetna Life Insurance Company	Accredited
CDPHP Universal Benefits, Inc.	Accredited
CIGNA Health and Life Insurance Company	Accredited
EmblemHealth Insurance Company	Not Reviewed
EmblemHealth Plan, Inc	Accredited
Empire HealthChoice Assurance, Inc. dba Empire Blue Cross Blue Shield in New York	Accredited
Excellus Health Plan, Inc. dba Excellus BlueCross BlueShield ³	Accredited
Excellus Health Plan, Inc. dba Univera Healthcare ³	Accredited
Healthfirst Insurance Company, Inc.	Not Reviewed
Highmark Western and Northeastern New York Inc. ²	Accredited
Independent Health Benefits Corporation	Not Reviewed
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	Accredited

NCQA Accreditation Status as of July 2021¹

Commercial Health Insurance Company	Accreditation Status
American Family Life Assurance Company of New York	Not Reviewed
Berkshire Life Insurance Company of America	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
Fidelity Security Life Insurance Company of New York	Not Reviewed
First Reliance Standard Life Insurance Company	Not Reviewed
First Symetra National Life Company of New York	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
Lincoln Life and Annuity Company of New York	Not Reviewed
Lincoln Life Assurance Company of Boston	Not Reviewed

¹Accreditation status does not include Medicare or Medicaid products.

Commercial Health Insurance Company	Accreditation Status
Massachusetts Mutual Life Insurance Company	Not Reviewed
Metropolitan Life Insurance Company	Not Reviewed
Mutual of Omaha Insurance Company	Not Reviewed
New York Life Group Insurance Company of New York	Not Reviewed
New York Life Insurance Company	Not Reviewed
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 Company	Not Reviewed
Wellfleet New York Insurance Company	Not Reviewed
Westport Insurance Corporation	Not Reviewed

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 2020. 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 2020. 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—2020

Data Source: DFS

Health Insurers	Plan Type	Rank ^{1,2}	Total Complaints	Complaints Upheld	Premiums (Millions \$)	Complaint Ratio
Capital District Physicians Health Plan	HMO	1	7	0	621.75	0.0000
Independent Health Benefits Corporation ³	EPO/PPO	2	1	0	426.53	0.0000
ShelterPoint Life Insurance Company	Commercial	3	2	0	292.98	0.0000
Genworth Life Insurance Company of New York	Commercial	4	17	0	192.43	0.0000
Community Blue (Highmark of Western and Northeastern New York Inc. ⁴)	HMO	5	0	0	185.61	0.0000
New York Life Group Insurance Company of New York ⁵	Commercial	6	7	0	170.99	0.0000
John Hancock Life & Health Insurance Company	Commercial	7	17	0	124.49	0.0000
Standard Security Life Insurance Company of New York	Commercial	8	0	0	114.69	0.0000
HCC Life Insurance Company	Commercial	9	0	0	101.61	0.0000
Lincoln Life Assurance Company of Boston	Commercial	10	2	0	91.75	0.0000
Mutual of Omaha Insurance Company	Commercial	11	4	0	86.80	0.0000
Eastern Vision Service Plan, Inc. ⁶	Commercial	12	0	0	86.75	0.0000
Massachusetts Mutual Life Insurance Company	Commercial	13	1	0	86.74	0.0000
New York Life Insurance Company	Commercial	14	0	0	79.24	0.0000
Berkshire Life Insurance Company of America	Commercial	15	1	0	77.78	0.0000
Principal Life Insurance Company	Commercial	16	4	0	77.49	0.0000
First Reliance Standard Life Insurance Company	Commercial	17	0	0	73.18	0.0000
HM Life Insurance Company of New York	Commercial	18	0	0	66.58	0.0000
Provident Life and Casualty Insurance Company	Commercial	19	1	0	61.26	0.0000
Fidelity Security Life Insurance Company of New York	Commercial	20	1	0	59.78	0.0000

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

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

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

⁴Formerly HealthNow New York Inc. HealthNow New York Inc.'s name changed upon completion of an affiliation with Highmark Inc. effective April 27, 2021.

⁵Formerly Cigna Life Insurance Company of New York.

⁶Plan issues vision coverage only.

⁷Plan issues dental coverage only.

⁸Formerly HIP Insurance Company of New York.

⁹Formerly Group Health Incorporated.

Overall Complaint Ranking—2020, continued

Data Source: DFS

Health Insurers	Plan Type	Rank ^{1,2}	Total Complaints	Complaints Upheld	Premiums (Millions \$)	Complaint Ratio
Dentcare Delivery Systems, Inc. ⁷	Commercial	21	5	0	58.83	0.0000
Westport Insurance Corporation	Commercial	22	0	0	57.46	0.0000
First Symetra National Life Company of New York	Commercial	23	0	0	56.58	0.0000
MVP Health Plan, Inc.	HMO	24	16	2	512.34	0.0039
Independent Health Association, Inc.	HMO	25	9	1	217.08	0.0046
Excellus Health Plan	HMO	26	8	2	424.76	0.0047
CDPHP Universal Benefits, Inc.	EPO/PPO	27	7	3	573.87	0.0052
First Unum Life Insurance Company	Commercial	28	18	2	370.91	0.0054
Sun Life and Health Insurance Company	Commercial	29	5	1	161.87	0.0062
Highmark Western and Northeastern New York ^{3,4}	EPO/PPO	30	29	10	1,614.88	0.0062
Guardian Life Insurance Company of America	Commercial	31	23	3	444.42	0.0068
Hartford Life and Accident Insurance Company	Commercial	32	4	2	287.59	0.0070
Excellus Health Plan, Inc. ³	EPO/PPO	33	81	21	2,995.82	0.0070
Metropolitan Life Insurance Company	Commercial	34	26	5	700.27	0.0071
American Family Life Assurance Company of New York	Commercial	35	11	3	322.85	0.0093
MVP Health Services Corporation ³	EPO/PPO	36	15	7	711.81	0.0098
Northwestern Mutual Life Insurance Company	Commercial	37	2	1	101.58	0.0098
Delta Dental of New York, Inc. ⁷	Commercial	38	14	2	190.79	0.0105
Wellfleet New York Insurance Company	Commercial	39	3	1	92.85	0.0108
Lincoln Life and Annuity Company of New York	Commercial	40	6	1	54.03	0.0185

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

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

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⁸Formerly HIP Insurance Company of New York.

⁹Formerly Group Health Incorporated.

Overall Complaint Ranking—2020, continued

Data Source: DFS

Health Insurers	Plan Type	Rank ^{1,2}	Total Complaints	Complaints Upheld	Premiums (Millions \$)	Complaint Ratio
Combined Life Insurance Company of New York	Commercial	41	15	3	138.80	0.0216
Nippon Life Insurance Company of America	EPO/PPO	42	4	2	81.55	0.0245
Standard Life Insurance Company of New York	Commercial	43	4	2	76.54	0.0261
UnitedHealthcare Insurance Company of New York ³	EPO/PPO	44	161	54	2,007.11	0.0269
Transamerica Financial Life Insurance Company	Commercial	45	9	3	108.80	0.0276
Oxford Health Insurance, Inc. ³	EPO/PPO	46	965	212	6,166.32	0.0344
Prudential Insurance Company of America	Commercial	47	13	5	124.33	0.0402
CIGNA Health and Life Insurance Company ³	EPO/PPO	48	208	65	1,557.53	0.0417
Paul Revere Life Insurance Company	Commercial	49	3	3	54.08	0.0555
Empire HealthChoice Assurance, Inc. ³	EPO/PPO	50	413	180	2,924.70	0.0615
Aetna Life Insurance Company ³	EPO/PPO	51	355	133	1,880.33	0.0707
EmblemHealth Insurance Company ⁸	EPO/PPO	52	20	9	74.20	0.1213
HIP Health Maintenance Organization	HMO	53	1,110	339	2,667.08	0.1271
UnitedHealthcare of New York, Inc.	HMO	54	85	32	230.01	0.1391
Oscar Insurance Corporation	EPO/PPO	55	178	51	242.70	0.2101
Empire HealthChoice HMO, Inc.	HMO	56	46	14	39.14	0.3577
Healthfirst Insurance Company, Inc.	EPO/PPO	57	40	24	66.46	0.3611
EmblemHealth Plan, Inc. ^{3,9}	EPO/PPO	58	1,485	716	593.27	1.2069
Total			5,461	1,914	32,061.97	0.0597

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

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

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

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⁹Formerly Group Health Incorporated.

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 a 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

- Health plans must protect consumers from bills for out-of-network emergency services in a hospital if they have coverage through a health insurance company subject to New York State law. Consumers do not have to pay non-participating provider charges for emergency services (typically for services in a hospital emergency room) that are more than the 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, continued

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 whether the amount billed by the non-participating provider or the insurance company's payment is more reasonable. 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 that 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 2020 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 2020 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 2020 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 2020 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 2020.

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 \$714.64 (for 2021 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 2021 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—2020

Data Source: DFS

Category	Emergency Services	Surprise Bills
Claims Not Eligible	379	276
IDRE Decision Rendered for Eligible Claims:		
Health Plan Payment More Reasonable	184	74
Provider Charges More Reasonable	133	708
Split Decision	233	238
Settlement Reached	102	106
Total Received	1,031	1,402

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 (Highmark of Western and Northeastern New York Inc. ¹)	800-544-2583
Empire HealthChoice HMO, Inc.	844-285-2036
Excellus Health Plan	800-847-1200
HIP Health Maintenance Organization	866-740-2917
Independent Health Association, Inc.	800-453-1910
MVP Health Plan, Inc.	800-825-5687
UnitedHealthcare of New York, Inc.	833-827-5227

¹ Formerly HealthNow New York Inc. HealthNow New York Inc.'s name changed upon completion of an affiliation with Highmark Inc. effective April 27, 2021.

² Formerly HIP Insurance Company of New York.

³ Formerly Group Health Incorporated.

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
EmblemHealth Insurance Company ²	866-274-0060
EmblemHealth Plan, Inc. ³	866-274-0060
Empire HealthChoice Assurance, Inc.	844-285-2036
Excellus Health Plan, Inc.	800-847-1200
Healthfirst Insurance Company, Inc.	844-488-1486
Highmark Western and Northeastern New York Inc. ¹	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	833-827-5227

Telephone Numbers for Health Insurance Companies, continued

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
Combined Life Insurance Company of New York	800-490-1322
Delta Dental of New York, Inc.	888-282-9501
Dentcare Delivery Systems, Inc.	800-468-0608
Eastern Vision Service Plan, Inc.	800-877-7195
Fidelity Security Life Insurance Company of New York	800-648-8624
First Reliance Standard Life Insurance Company	800-353-3986
First Symetra National Life Company of New York	800-796-3872
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	800-605-2282
HM life Insurance Company of New York	800-328-5433
John Hancock Life & Health Insurance Company	800-732-5543
Lincoln Life and Annuity Company of New York	877-275-5462
Lincoln Life Assurance Company of Boston	877-275-5462

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 Group Insurance Company of New York ²	800-225-5695
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
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/system/files/documents/2021/02/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, continued

Information About NY State of Health

Under the Affordable Care Act, New York State operates a health benefit 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 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.

You should assess your health care needs and choose the plan that best suits your 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, businesses with 100 full-time equivalent (FTE) employees or less over the prior calendar year, 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 businesses find high quality, affordable health insurance coverage for employees and their families.

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

- 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, continued

Applying for Health Insurance Offered on NY State of Health

Open enrollment is November 1, 2021, through January 31, 2022. You must enroll by December 15, 2021, for coverage to start January 1, 2022. A Special Enrollment Period may also be available if you 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: <https://aging.ny.gov/programs/medicare-and-health-insurance>

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_costs.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, continued

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 employees or more, 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 (such as job loss, job transition, death and divorce). The New York State continuation coverage law resembles the federal COBRA. It applies to employers with less than 20 employees and gives their employees and their employees' 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 age 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: A 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
	Enter the health plan you are interested in that offers benefits and/or doctors you want.	Enter the health plan you are interested in that offers benefits and/or doctors you want.	Enter the health plan you are interested in that offers benefits and/or doctors you want.	Enter the health plan you are interested in that offers benefits and/or doctors you want.
External Appeals Enter reversal rate information. Note: A lower rate is better. See page 19.				
Grievances Enter reversal rate information. Note: A lower rate is better. See page 24.				

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 55.</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 58.</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 61</i>				
Accreditation Status <i>Enter the health plan's accreditation status.</i> <i>See page 64.</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>
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>				