

New York Consumer Guide to Health Insurers

2023



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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 4–24; the grievance information that appears on pages 25–29; and the independent dispute resolution information that appears on pages 74–76.
 - DFS data are from calendar year 2022.
- 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 30–66.

- DOH collects data through the New York State Department of Health’s Quality Assurance Reporting Requirements (QARR) and the Consumer Assessment of Healthcare Providers and Systems (CAHPS^{®2}).
- DOH data on quality of care and service for health insurance companies are from calendar year 2021.

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 2021 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 71–73.
- 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) to coordinate their care. Members need a referral from their PCP to obtain services from in-network specialists and additional provider services. Although many HMOs require their members to go to doctors and other providers in the HMO provider network, some HMOs 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 2022. 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 2022. 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 2022

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 7 = 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	3	8	3	624.41	0.0048	0	0
Excellus Health Plan	1	5	0	424.76	0.0000	0	0
Highmark Western and Northeastern New York Inc.	5	5	5	185.61	0.0269	0	0
HIP Health Maintenance Organization	7	636	378	2,667.08	0.1417	1	0
Independent Health Association, Inc.	2	2	0	218.05	0.0000	0	0
MVP Health Plan, Inc.	4	14	5	469.36	0.0107	0	0
UnitedHealthcare of New York, Inc.	6	60	28	638.45	0.0439	0	0
Total		730	419	5,227.72	0.0801	1	0

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.

Complaints—EPO/PPO Health Plans 2022

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	10	333	144	2,054.87	0.0701
CDPHP Universal Benefits, Inc.	2	7	3	540.88	0.0055
CIGNA Health and Life Insurance Company ²	12	260	127	1,699.09	0.0747
EmblemHealth Insurance Company ²	8	44	4	164.93	0.0243
EmblemHealth Plan, Inc. ²	15	1,433	644	429.99	1.4977
Empire HealthChoice Assurance, Inc. ²	11	509	287	4,051.73	0.0708
Excellus Health Plan, Inc. ²	5	89	34	2,861.02	0.0119
Healthfirst Insurance Company, Inc. ³	13	40	26	88.16	0.2949
Highmark Western and Northeastern New York Inc. ²	6	62	26	1,651.96	0.0157
Independent Health Benefits Corporation ²	1	10	2	464.27	0.0043
MVP Health Services Corporation ²	3	19	7	696.36	0.0101
Nippon Life Insurance Company of America ²	4	5	1	95.33	0.0105
Oscar Insurance Corporation	14	188	86	122.24	0.7035
Oxford Health Insurance, Inc. ²	9	750	270	6,311.04	0.0428
UnitedHealthcare Insurance Company of New York ²	7	116	40	2,073.92	0.0193
Total		3,865	1,701	23,305.79	0.0730

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

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

³ Healthfirst Insurance Company, Inc. is withdrawing from the Individual Market for its EPO plans effective January 1, 2024, and from the Small Group Market for its EPO plans as those policies renew beginning January 1, 2024.

Complaints—Commercial Health Insurance Companies 2022

Data Source: DFS

Commercial Health Insurance Company	Rank ^{1,2} 1 = Best 32 = Worst	Total Complaints to DFS	Upheld Complaints by DFS	Premiums (Millions \$)	Complaint Ratio
American Family Life Assurance Company of New York	25	20	4	304.57	0.0131
Berkshire Life Insurance Company of America	13	0	0	78.84	0.0000
Combined Life Insurance Company of New York	32	27	9	127.36	0.0707
Delta Dental of New York, Inc. ³	27	21	4	193.56	0.0207
Dentcare Delivery Systems, Inc. ³	17	8	0	52.51	0.0000
Eastern Vision Service Plan, Inc. ⁴	9	0	0	100.11	0.0000
Fidelity Security Life Insurance Company of New York	15	0	0	63.28	0.0000
First Reliance Standard Life Insurance Company	8	3	0	103.67	0.0000
First Unum Life Insurance Company	19	12	2	380.36	0.0053
Genworth Life Insurance Company of New York	31	30	5	179.19	0.0279
Guardian Life Insurance Company of America	24	23	7	541.34	0.0129
Hartford Life and Accident Insurance Company	1	8	0	447.59	0.0000
HCC Life Insurance Company	6	0	0	105.08	0.0000
HM Life Insurance Company of New York	10	0	0	96.22	0.0000
John Hancock Life & Health Insurance Company	30	19	3	119.67	0.0251
Lincoln Life and Annuity Company of New York	4	10	0	214.13	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 2022, continued

Data Source: DFS

Commercial Health Insurance Company	Rank ^{1,2} 1 = Best 32 = Worst	Total Complaints to DFS	Upheld Complaints by DFS	Premiums (Millions \$)	Complaint Ratio
Massachusetts Mutual Life Insurance Company	21	2	1	84.02	0.0119
Metropolitan Life Insurance Company	26	44	14	972.21	0.0144
Mutual of Omaha Insurance Company	5	2	0	112.97	0.0000
New York Life Group Insurance Company of New York	23	9	3	241.36	0.0124
New York Life Insurance Company	29	6	2	79.92	0.0250
Northwestern Mutual Life Insurance Company	7	0	0	104.75	0.0000
Principal Life Insurance Company	12	2	0	88.06	0.0000
Provident Life and Casualty Insurance Company	14	0	0	77.37	0.0000
Prudential Insurance Company of America	22	9	2	165.06	0.0121
ReliaStar Life Insurance Company of New York	16	0	0	55.90	0.0000
ShelterPoint Life Insurance Company	18	1	1	514.00	0.0019
Standard Life Insurance Company of New York	20	1	1	101.15	0.0099
Standard Security Life Insurance Company of New York	3	0	0	214.20	0.0000
Sun Life and Health Insurance Company	2	2	0	228.21	0.0000
Transamerica Financial Life Insurance Company	11	5	0	88.75	0.0000
Wellfleet New York Insurance Company	28	11	4	170.23	0.0235
Total		275	62	6,405.64	0.0097

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.

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 of the claim, *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 of the claim.

* 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 2022. 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 2022. 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 2022. 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 2022

Data Source: DFS

HMO	Rank ^{1,2} 1 = Best 7 = Worst	Total Complaints	Total Prompt Pay Complaints	Upheld Prompt Pay Complaints	Premiums (Millions \$)	Prompt Pay Complaint Ratio
Capital District Physicians Health Plan	1	8	0	0	624.41	0.0000
Excellus Health Plan	3	5	1	0	424.76	0.0000
Highmark Western and Northeastern New York Inc.	6	5	3	3	185.61	0.0162
HIP Health Maintenance Organization	7	636	284	221	2,667.08	0.0829
Independent Health Association, Inc.	4	2	0	0	218.05	0.0000
MVP Health Plan, Inc.	2	14	1	0	469.36	0.0000
UnitedHealthcare of New York, Inc.	5	60	14	7	638.45	0.0110
Total		730	303	231	5,227.72	0.0442

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

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

Prompt Pay Complaints—EPO/PPO Health Plans 2022

Data Source: DFS

EPO/PPO Health Plan	Rank ^{1, 2} 1 = Best 15 = Worst	Total Complaints	Total Prompt Pay Complaints	Upheld Prompt Pay Complaints	Premiums (Millions \$)	Prompt Pay Complaint Ratio
Aetna Life Insurance Company ³	10	333	116	61	2,054.87	0.0297
CDPHP Universal Benefits, Inc.	1	7	0	0	540.88	0.0000
CIGNA Health and Life Insurance Company ³	11	260	102	56	1,699.09	0.0330
EmblemHealth Insurance Company ³	9	44	5	3	164.93	0.0182
EmblemHealth Plan, Inc. ³	15	1,433	438	303	429.99	0.7047
Empire HealthChoice Assurance, Inc. ³	12	509	213	144	4,051.73	0.0355
Excellus Health Plan, Inc. ³	4	89	13	11	2,861.02	0.0038
Healthfirst Insurance Company, Inc. ⁴	13	40	19	13	88.16	0.1475
Highmark Western and Northeastern New York Inc. ³	5	62	14	8	1,651.96	0.0048
Independent Health Benefits Corporation ³	2	10	1	0	464.27	0.0000
MVP Health Services Corporation ³	6	19	9	5	696.36	0.0072
Nippon Life Insurance Company of America ³	3	5	2	0	95.33	0.0000
Oscar Insurance Corporation	14	188	63	29	122.24	0.2372
Oxford Health Insurance, Inc. ³	8	750	238	111	6,311.04	0.0176
UnitedHealthcare Insurance Company of New York ³	7	116	23	16	2,073.92	0.0077
Total		3,865	1,256	760	23,305.79	0.0326

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

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

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

⁴Healthfirst Insurance Company, Inc. is withdrawing from the Individual Market for its EPO plans effective January 1, 2024, and from the Small Group Market for its EPO plans as those policies renew beginning January 1, 2024.

Prompt Pay Complaints—Commercial Health Insurance Companies 2022

Data Source: DFS

Commercial Health Insurance Company	Rank ^{1,2} 1 = Best 32 = 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	30	20	5	1	304.57	0.0033
Berkshire Life Insurance Company of America	23	0	0	0	78.84	0.0000
Combined Life Insurance Company of New York	32	27	11	5	127.36	0.0393
Delta Dental of New York, Inc. ³	8	21	0	0	193.56	0.0000
Dentcare Delivery Systems, Inc. ³	27	8	3	0	52.51	0.0000
Eastern Vision Service Plan, Inc. ⁴	17	0	0	0	100.11	0.0000
Fidelity Security Life Insurance Company of New York	25	0	0	0	63.28	0.0000
First Reliance Standard Life Insurance Company	15	3	0	0	103.67	0.0000
First Unum Life Insurance Company	3	12	0	0	380.36	0.0000
Genworth Life Insurance Company of New York	9	30	0	0	179.19	0.0000
Guardian Life Insurance Company of America	28	23	5	1	541.34	0.0018
Hartford Life and Accident Insurance Company	2	8	0	0	447.59	0.0000
HCC Life Insurance Company	13	0	0	0	105.08	0.0000
HM Life Insurance Company of New York	18	0	0	0	96.22	0.0000
John Hancock Life & Health Insurance Company	11	19	0	0	119.67	0.0000
Lincoln Life and Annuity Company of New York	7	10	0	0	214.13	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 2022, continued

Data Source: DFS

Commercial Health Insurance Company	Rank ^{1,2} 1 = Best 32 = Worst	Total Complaints	Total Prompt Pay Complaints	Upheld Prompt Pay Complaints	Premiums (Millions \$)	Prompt Pay Complaint Ratio
Massachusetts Mutual Life Insurance Company	21	2	0	0	84.02	0.0000
Metropolitan Life Insurance Company	29	44	8	3	972.21	0.0031
Mutual of Omaha Insurance Company	12	2	0	0	112.97	0.0000
New York Life Group Insurance Company of New York	4	9	0	0	241.36	0.0000
New York Life Insurance Company	22	6	0	0	79.92	0.0000
Northwestern Mutual Life Insurance Company	14	0	0	0	104.75	0.0000
Principal Life Insurance Company	20	2	0	0	88.06	0.0000
Provident Life and Casualty Insurance Company	24	0	0	0	77.37	0.0000
Prudential Insurance Company of America	10	9	0	0	165.06	0.0000
ReliaStar Life Insurance Company of New York	26	0	0	0	55.90	0.0000
ShelterPoint Life Insurance Company	1	1	0	0	514.00	0.0000
Standard Life Insurance Company of New York	16	1	0	0	101.15	0.0000
Standard Security Life Insurance Company of New York	6	0	0	0	214.20	0.0000
Sun Life and Health Insurance Company	5	2	0	0	228.21	0.0000
Transamerica Financial Life Insurance Company	19	5	1	0	88.75	0.0000
Wellfleet New York Insurance Company	31	11	5	2	170.23	0.0117
Total		275	38	12	6,405.64	0.0019

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.

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Internal Appeals

An internal appeal or utilization review 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 a health plan denies a request to pay for an out-of-network service¹ if it offers an alternate service in-network or 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. The member or provider may also appeal if the health insurance company issues a denial about whether services are emergency services or a surprise bill⁴; whether the correct cost-sharing was applied to the insured's bill for emergency services or surprise bill; and whether a claim for care accurately reflects the treatments received.

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 2022.
- **Closed Appeals:** Number of internal appeals that the health insurance company decided by the end of 2022.
- **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 promote the appeal process and encourage members and providers to appeal denied services.

⁴ "Surprise bill" means a bill for health care services, other than emergency services, with respect to an insured for services rendered by a non-participating provider at a participating hospital or ambulatory surgical center, where a participating provider is unavailable or a non-participating provider renders services without the insured's knowledge, or unforeseen medical services arise at the time the health care services are rendered; provided, however, that a surprise bill shall not mean a bill received for health care services when a participating provider is available and the insured has elected to obtain services from a non-participating provider.

Internal Appeals—HMOs 2022

Data Source: DFS

HMO	Filed Appeals	Closed Appeals ¹	Reversals on Appeals	Reversal Rate (Percentage)
Capital District Physicians Health Plan	94	102	10	9.80%
Excellus Health Plan	598	578	169	29.24%
Highmark Western and Northeastern New York Inc.	225	217	110	50.69%
HIP Health Maintenance Organization	2,654	2,628	1,254	47.72%
Independent Health Association, Inc.	347	355	203	57.18%
MVP Health Plan, Inc.	242	240	141	58.75%
UnitedHealthcare of New York, Inc.	326	225	138	61.33%
Total	4,486	4,345	2,025	46.61%

¹Closed internal appeals can exceed filed internal appeals in 2022 because closed internal appeals include internal appeals filed prior to 2022.

Internal Appeals—EPO/PPO Health Plans 2022

Data Source: DFS

EPO/PPO Health Plan	Filed Appeals	Closed Appeals ¹	Reversals on Appeals	Reversal Rate (Percentage)
Aetna Life Insurance Company ²	1,853	1,853	1,002	54.07%
CDPHP Universal Benefits, Inc.	156	145	29	20.00%
CIGNA Health and Life Insurance Company ²	5,846	5,799	2,966	51.15%
EmblemHealth Insurance Company ²	180	179	98	54.75%
EmblemHealth Plan, Inc. ²	1,803	1,779	918	51.60%
Empire HealthChoice Assurance, Inc. ²	14,808	14,878	3,135	21.07%
Excellus Health Plan, Inc. ²	5,407	5,375	1,312	24.41%
Healthfirst Insurance Company, Inc. ³	342	420	208	49.52%
Highmark Western and Northeastern New York Inc. ²	1,368	1,366	580	42.46%
Independent Health Benefits Corporation ²	822	803	462	57.53%
MVP Health Services Corporation ²	279	277	128	46.21%
Nippon Life Insurance Company of America	151	150	69	46.00%
Oscar Insurance Corporation	140	162	56	34.57%
Oxford Health Insurance, Inc. ²	13,954	15,276	8,043	52.65%
UnitedHealthcare Insurance Company of New York ²	2,004	1,971	943	47.84%
Total	49,113	50,433	19,949	39.56%

¹Closed internal appeals can exceed filed internal appeals in 2022 because closed internal appeals include internal appeals filed prior to 2022.

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

³Healthfirst Insurance Company, Inc. is withdrawing from the Individual Market for its EPO plans effective January 1, 2024, and from the Small Group Market for its EPO plans as those policies renew beginning January 1, 2024.

Internal Appeals—Commercial Health Insurance Companies 2022

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	0	0	0	0.00%
Dentcare Delivery Systems, Inc. ³	20	23	8	34.78%
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	16	16	7	43.75%
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	6,509	7,014	3,753	53.51%
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%

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 2022 because closed internal appeals include internal appeals filed prior to 2022.

³Plan issues dental coverage only.

⁴Plan issues vision coverage only.

Internal Appeals—Commercial Health Insurance Companies 2022, 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	7,256	7,256	5,797	79.89%
Mutual of Omaha Insurance Company	0	0	0	0.00%
New York Life Group Insurance Company of New York	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%
Principal Life Insurance Company	0	0	0	0.00%
Provident Life and Casualty Insurance Company	0	0	0	0.00%
Prudential Insurance Company of America	0	0	0	0.00%
ReliaStar Life Insurance Company of New York	0	0	0	0.00%
ShelterPoint Life Insurance Company	0	0	0	0.00%
Standard Life Insurance Company of New York	33	33	17	51.52%
Standard Security Life Insurance Company of New York	0	0	0	0.00%
Sun Life and Health Insurance Company	0	0	0	0.00%
Transamerica Financial Life Insurance Company	0	0	0	0.00%
Wellfleet New York Insurance Company	0	0	0	0.00%
Total	13,834	14,342	9,582	66.81%

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 2022 because closed internal appeals include internal appeals filed prior to 2022.

³Plan issues dental coverage only.

⁴Plan issues vision coverage only.

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

The member or provider may also file an external appeal for denial reasons regarding: whether the services are emergency services or a surprise bill⁵; whether the correct cost-sharing was applied to the insured's bill for emergency services or surprise bill; and whether a claim for care accurately reflects the treatments received.

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, for additional services for a patient undergoing a course of continued treatment, or for services already provided.
- A health insurance company may charge a fee of up to \$25 for an external appeal but may not charge more than \$75 in a single plan year. The fee is refunded to the member if the appeal is overturned.

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, Large Group.

⁴ Step-therapy protocols require members to try at least one other medication selected by the 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.

⁵ "Surprise bill" means a bill for health care services, other than emergency services, with respect to an insured for services rendered by a non-participating provider at a participating hospital or ambulatory surgical center, where a participating provider is unavailable or a non-participating provider renders services without the insured's knowledge, or unforeseen medical services arise at the time the health care services are rendered; provided, however, that a surprise bill shall not mean a bill received for health care services when a participating provider is available and the insured has elected to obtain services from a non-participating provider.

External Appeals, continued

Understanding the Charts

- **Total External Appeals:** Total number of cases assigned to an external appeal organization in 2022.
 - **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 5-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. The number of cases when an external appeal organization decided partially in favor of the member or provider is also included in the reversal rate. A high reversal rate may indicate that a health insurance company does not make appropriate coverage decisions.

External Appeals—HMOs 2022

Data Source: DFS

HMO	Total External Appeals	Reversals on External Appeals	Reversed in Part External Appeals	Upheld External Appeals	Reversal Rate ¹ (Percentage)
Capital District Physicians Health Plan	12	8	0	4	66.67%
Highmark Western and Northeastern New York Inc.	16	7	0	9	43.75%
Excellus Health Plan	5	4	0	1	80.00%
HIP Health Maintenance Organization	40	7	1	32	20.00%
Independent Health Association, Inc.	13	5	0	8	38.46%
MVP Health Plan, Inc.	10	5	0	5	50.00%
UnitedHealthcare of New York, Inc.	6	4	0	2	66.67%
Total	102	40	1	61	40.20%

¹Rate includes "reversed in part" decisions.

External Appeals—EPO/PPO Health Plans 2022

Data Source: DFS

EPO/PPO Health Plan	Total External Appeals	Reversals on External Appeals	Reversed in Part External Appeals	Upheld External Appeals	Reversal Rate ¹ (Percentage)
Aetna Life Insurance Company ²	127	66	4	57	55.12%
CDPHP Universal Benefits, Inc.	4	1	0	3	25.00%
CIGNA Health and Life Insurance Company ²	64	25	0	39	39.06%
EmblemHealth Insurance Company ²	3	0	0	3	0.00%
EmblemHealth Plan, Inc. ²	10	7	1	2	80.00%
Empire HealthChoice Assurance, Inc. ²	743	298	18	427	42.53%
Excellus Health Plan, Inc. ²	210	95	1	114	45.71%
Healthfirst Insurance Company, Inc. ³	14	1	0	13	7.14%
Highmark Western and Northeastern New York Inc. ²	3	1	0	2	33.33%
Independent Health Benefits Corporation ²	2	2	0	0	100.00%
MVP Health Services Corporation ²	11	7	0	4	63.64%
Nippon Life Insurance Company of America ²	3	2	0	1	66.67%
Oscar Insurance Corporation	36	14	0	22	38.89%
Oxford Health Insurance, Inc. ²	370	162	6	202	45.41%
UnitedHealthcare Insurance Company of New York ²	40	20	0	20	50.00%
Total	1,640	701	30	909	44.57%

¹Rate includes "reversed in part" decisions.

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

³Healthfirst Insurance Company, Inc. is withdrawing from the Individual Market for its EPO plans effective January 1, 2024, and from the Small Group Market for its EPO plans as those policies renew beginning January 1, 2024.

External Appeals—Commercial Health Insurance Companies 2022

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	1	0	0	1	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 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	24	12	1	11	54.17%
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%

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 2022, 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	6	2	1	3	50.00%
Mutual of Omaha Insurance Company	0	0	0	0	0.00%
New York Life Group Insurance Company of New York	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%
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%
ReliaStar Life Insurance Company of New York	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	1	1	0	0	100.00%
Transamerica Financial Life Insurance Company	0	0	0	0	0.00%
Wellfleet New York Insurance Company	3	2	0	1	66.67%
Total	36	17	2	17	52.78%

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.

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 Charts

- **Filed Grievances:** Number of grievances submitted to the health insurance company in 2022.
- **Closed Grievances:** Number of grievances the health insurance company resolved by the end of 2022.
- **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 2022

Data Source: DFS

HMO	Filed Grievances	Closed Grievances ¹	Reversed Grievances	Upheld Grievances	Reversal Rate (Percentage)
Capital District Physicians Health Plan	27	39	9	30	23.08%
Highmark Western and Northeastern New York Inc.	4,595	4,518	4,181	337	92.54%
Excelsus Health Plan	684	676	218	458	32.25%
HIP Health Maintenance Organization	1,784	1,791	439	1,352	24.51%
Independent Health Association, Inc.	159	165	88	77	53.33%
MVP Health Plan, Inc.	120	114	34	80	29.82%
UnitedHealthcare of New York, Inc.	1,514	1,341	1,321	20	98.51%
Total	8,883	8,644	6,290	2,354	72.77%

¹Closed grievances can exceed filed grievances in 2022 because closed grievances include grievances filed before 2022.

Grievances—EPO/PPO Health Plans 2022

Data Source: DFS

EPO/PPO Health Plan	Filed Grievances	Closed Grievances ¹	Reversed Grievances	Upheld Grievances	Reversal Rate (Percentage)
Aetna Life Insurance Company ²	43	43	13	30	30.23%
CDPHP Universal Benefits, Inc.	208	211	138	73	65.40%
CIGNA Health and Life Insurance Company ²	165	171	44	127	25.73%
EmblemHealth Insurance Company ²	26	27	11	16	40.74%
EmblemHealth Plan, Inc. ²	1,213	1,178	229	949	19.44%
Empire HealthChoice Assurance, Inc. ²	2,646	2,741	573	2,168	20.90%
Excellus Health Plan, Inc. ²	1,382	1,341	342	999	25.50%
Healthfirst Insurance Company, Inc. ³	709	713	654	59	91.73%
Highmark Western and Northeastern New York Inc. ²	663	653	185	468	28.33%
Independent Health Benefits Corporation ²	479	461	209	252	45.34%
MVP Health Services Corporation ²	72	70	17	53	24.29%
Nippon Life Insurance Company of America ²	0	0	0	0	0.00%
Oscar Insurance Corporation	91	216	26	190	12.04%
Oxford Health Insurance, Inc. ²	8,498	8,787	1,210	7,577	13.77%
UnitedHealthcare Insurance Company of New York ²	13,619	13,622	0	13,622	0.00%
Total	29,814	30,234	3,651	26,583	12.08%

¹Closed grievances can exceed filed grievances in 2022 because closed grievances include grievances filed prior to 2022.

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

³Healthfirst Insurance Company, Inc. is withdrawing from the Individual Market for its EPO plans effective January 1, 2024, and from the Small Group Market for its EPO plans as those policies renew beginning January 1, 2024.

Grievances—Commercial Health Insurance Companies 2022

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	1,917	1,934	411	1,523	21.25%
Dentcare Delivery Systems, Inc. ³	249	260	39	221	15.00%
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 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	17	17	8	9	47.06%
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%

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 2022 because closed grievances include grievances filed prior to 2022.

³Plan issues dental coverage only.

⁴Plan issues vision coverage only.

Grievances—Commercial Health Insurance Companies 2022, 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	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%
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%
ReliaStar Life Insurance Company of New York	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%
Total	2,183	2,211	458	1,753	20.71%

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 2022 because closed grievances include grievances filed prior to 2022.

³Plan issues dental coverage only.

⁴Plan issues vision coverage only.

Quality of Care and Service for Health Insurance Companies

Access and Service

Measure Descriptions

- **Getting Care Needed:** 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.
- **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.
- **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?”
- **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 3 years, as reported by the health insurance company. A higher score means more people who were enrolled in the health insurance company had a provider visit. The measure is reported separately for ages 20–44 years and for ages 45–64 years.

Access and Service—HMOs 2021

Data Source: DOH

Performance Compared to the New York HMO Average												
HMO	Getting Care Needed		Getting Care Quickly		Rating of Health Plan		Rating of Overall Health Care		Members Seen by a Provider			
									Ages 20-44		Ages 45-64	
NY HMO Average	85		86		75		81		95		97	
Capital District Physicians Health Plan	90	▲	92	▲	86	▲	87	▲	96	▲	98	▲
Excellus Health Plan ¹	87		90		73		81		95		97	
Highmark Western and Northeastern New York Inc. ²	85		85		70		82		96	▲	98	▲
HIP Health Maintenance Organization	77	▼	76	▼	67	▼	72	▼	93	▼	95	▼
Independent Health Association, Inc.	91	▲	89		80	▲	84		96	▲	98	▲
MVP Health Plan, Inc.	83		84		75		80		95		97	

Legend

▲ Significantly better than the NY HMO average. ▼ Significantly worse than the NY HMO average. **No symbol** Not significantly different than the NY HMO average.

¹Includes combined data for Excellus BlueCross BlueShield HMO and PPO membership.

²Includes data for Highmark Western and Northeastern New York Inc. PPO membership.

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.

Access and Service—PPOs 2021

Data Source: DOH

Performance Compared to the New York PPO Average												
PPO ¹	Getting Care Needed		Getting Care Quickly		Rating of Health Plan		Rating of Overall Health Care		Members Seen by a Provider			
									Ages 20-44		Ages 45-64	
NY PPO Average	83		81		65		75		96		97	
Aetna Life Insurance Company	85		82		75	▲	76		96		96	
CDPHP Universal Benefits, Inc.	85		87	▲	84	▲	84	▲	95	▼	97	
CIGNA Health and Life Insurance Company	82		80		56	▼	74		95	▼	96	▼
EmblemHealth Plan, Inc.	87	▲	83		71	▲	80		91	▼	93	▼
Empire HealthChoice Assurance, Inc.	81		73	▼	74	▲	73		95	▼	96	▼
MVP Health Services Corporation	85		84		77	▲	80		96		97	
Oscar Insurance Corporation	71	▼	76		31	▼	59	▼	95	▼	95	▼
Oxford Health Insurance, Inc.	83		80		55	▼	75		97	▲	98	▲
UnitedHealthcare Insurance Company of New York	85		87	▲	63		78		97	▲	97	

Legend

▲ Significantly better than the NY PPO average. ▼ Significantly worse than the NY PPO average. **No symbol** Not significantly different than the NY PPO average.

¹Data for Excellus Health Plan PPO and Highmark Western and Northeastern New York Inc. are included in the HMO tables.

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.

Quality of Care and Service for Health Insurance Companies

Child and Adolescent Health

Measure Descriptions

- **Childhood Immunization Combo 3:** The percentage of children 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 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 Visits in the First 30 Months of Life:** The percentage of children who had the recommended number of well-child visits with a PCP during their first 30 months of life.
 - **Child and Adolescent Well-Care Visits:** The percentage of children and adolescents ages 3–21 years who had at least one comprehensive well-care visit with a PCP or an OB/GYN.
- **Weight Assessment and Counseling for Nutrition and Physical Activity:** The percentage of children and adolescents ages 3–17 years who had an outpatient visit with a PCP or OB/GYN during the measurement year, receiving the following three components of care during the measurement year:
 - BMI percentile.
 - Counseling for nutrition.
 - Counseling for physical activity.

Child and Adolescent Health—HMOs 2021

Data Source: DOH

Performance Compared to the New York HMO Average								
HMO	Childhood Immunization (Combo 3)		Adolescent Immunization (Combo 2)		Well-Child Visits in the First 30 Months of Life		Child and Adolescent Well-Care Visits	
NY HMO Average	87		41		91		75	
Capital District Physicians Health Plan	90	▲	34	▼	94		80	▲
Excellus Health Plan ¹	88		38		91		72	▼
Highmark Western and Northeastern New York Inc. ²	89		50	▲	93		82	▲
HIP Health Maintenance Organization	74	▼	40		81		69	▼
Independent Health Association, Inc.	94	▲	49	▲	96		84	▲
MVP Health Plan, Inc.	86		30	▼	92		72	▼

Legend

▲ Significantly better than the NY HMO average. ▼ Significantly worse than the NY HMO average. **No symbol** Not significantly different than the NY HMO average.

¹Includes combined data for Excellus BlueCross BlueShield HMO and PPO membership.

²Includes data for Highmark Western and Northeastern New York Inc. PPO membership.

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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Child and Adolescent Health—HMOs 2021, continued

Data Source: DOH

Performance Compared to the New York HMO Average						
HMO	Weight Assessment and Counseling for Nutrition and Physical Activity					
	BMI Percentile		Counseling for Nutrition		Counseling for Physical Activity	
NY HMO Average	86		81		77	
Capital District Physicians Health Plan	92	▲	90	▲	87	▲
Excellus Health Plan ¹	83		78		72	
Highmark Western and Northeastern New York Inc. ²	89		89	▲	86	▲
HIP Health Maintenance Organization	83		76	▼	73	
Independent Health Association, Inc.	97	▲	95	▲	94	▲
MVP Health Plan, Inc.	79	▼	79		76	

Legend

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Child and Adolescent Health—PPOs 2021

Data Source: DOH

Performance Compared to the New York PPO Average								
PPO ¹	Childhood Immunization (Combo 3)		Adolescent Immunization (Combo 2)		Well-Child Visits in the First 30 Months of Life		Child and Adolescent Well-Care Visits	
NY PPO Average	74		22		89		72	
Aetna Life Insurance Company	67	▼	22		92		74	▲
CDPHP Universal Benefits, Inc.	89	▲	33	▲	92		73	
CIGNA Health and Life Insurance Company	72		20		91		77	▲
EmblemHealth Plan, Inc.	79		34	▲	80		63	▼
Empire HealthChoice Assurance, Inc.	73		21		84		66	▼
MVP Health Services Corporation	80	▲	29	▲	90		74	▲
Oscar Insurance Corporation	42	▼	15		81		64	▼
Oxford Health Insurance, Inc.	74		18		85		72	
UnitedHealthcare Insurance Company of New York	84	▲	23		91		76	▲

Legend

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Child and Adolescent Health—PPOs 2021, continued

Data Source: DOH

Performance Compared to the New York PPO Average						
PPO ¹	Weight Assessment and Counseling for Nutrition and Physical Activity					
	BMI Percentile		Counseling for Nutrition		Counseling for Physical Activity	
NY PPO Average	75		71		65	
Aetna Life Insurance Company	67	▼	60	▼	55	▼
CDPHP Universal Benefits, Inc.	92	▲	93	▲	89	▲
CIGNA Health and Life Insurance Company	75		71		66	
EmblemHealth Plan, Inc.	75		72		69	
Empire HealthChoice Assurance, Inc.	80	▲	79	▲	72	▲
MVP Health Services Corporation	82	▲	81	▲	78	▲
Oscar Insurance Corporation	65	▼	64	▼	57	▼
Oxford Health Insurance, Inc.	70	▼	67		61	
UnitedHealthcare Insurance Company of New York	79		72		67	

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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.
- **Flu Shot for Adults:** The percentage of adults ages 18–64 years who have had a flu shot.
- **Advising Smokers to Quit:** The percentage of adults ages 18 years and older who are current smokers or tobacco users and who received cessation advice.
- **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.
- **Pharmacotherapy Management of COPD Exacerbation:** The percentage of COPD exacerbation events for adults ages 40 years and older who had an acute inpatient discharge or ED visit and were dispensed appropriate medications to manage the exacerbation. This measure is presented as two separate rates.
 - *Corticosteroids:* The percentage of events when the adult was prescribed a systemic corticosteroid within 14 days of the event.
 - *Bronchodilators:* The percentage of events when the adult was prescribed a bronchodilator within 30 days of the event.
- **Avoidance of Antibiotics in 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 Health—HMOs 2021

Data Source: DOH

Performance Compared to the New York HMO Average								
HMO	Controlling High Blood Pressure		Colon Cancer Screening		Flu Shot for Adults		Advising Smokers to Quit	
NY HMO Average	62		68		59		80	
Capital District Physicians Health Plan	78	▲	77	▲	60		78	
Excellus Health Plan ¹	60		66		54		85	
Highmark Western and Northeastern New York Inc. ²	69	▲	67		63		74	
HIP Health Maintenance Organization	55	▼	68		46	▼		TS
Independent Health Association, Inc.	73	▲	74	▲	63		78	
MVP Health Plan, Inc.	60		63		61		74	

Legend

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Adult Health—HMOs 2021, continued

Data Source: DOH

Performance Compared to the New York HMO Average								
HMO	Use of Spirometry Testing for COPD		Pharmacotherapy Management of COPD Exacerbation				Avoidance of Antibiotics in Adults with Acute Bronchitis	
			Corticosteroids		Bronchodilators			
NY HMO Average	37		80		88		39	
Capital District Physicians Health Plan	40		83		90		41	
Excellus Health Plan ¹	34	▼	83		91		39	
Highmark Western and Northeastern New York Inc. ²	35		80		87		39	
HIP Health Maintenance Organization	46	▲	71		85		48	
Independent Health Association, Inc.	38		76		76	▼	39	
MVP Health Plan, Inc.	38		74		87		37	

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Adult Health—PPOs 2021

Data Source: DOH

Performance Compared to the New York PPO Average								
PPO ¹	Controlling High Blood Pressure		Colon Cancer Screening		Flu Shot for Adults		Advising Smokers to Quit	
NY PPO Average	56		63		53		74	
Aetna Life Insurance Company	49	▼	59		62			TS
CDPHP Universal Benefits, Inc.	76	▲	72	▲	63	▲	71	
CIGNA Health and Life Insurance Company	54		60		48		67	
EmblemHealth Plan, Inc.	50	▼	52	▼	49			TS
Empire HealthChoice Assurance, Inc.	57		66		55		77	
MVP Health Services Corporation	68	▲	68	▲	53		76	
Oscar Insurance Corporation	46	▼	46	▼	50			TS
Oxford Health Insurance, Inc.	55		64		49		69	
UnitedHealthcare Insurance Company of New York	58		64		55			TS

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Adult Health—PPOs 2021, continued

Data Source: DOH

Performance Compared to the New York PPO Average								
PPO ¹	Use of Spirometry Testing for COPD		Pharmacotherapy Management of COPD Exacerbation				Avoidance of Antibiotics in Adults with Acute Bronchitis	
			Corticosteroids		Bronchodilators			
NY PPO Average	47		71		78		56	
Aetna Life Insurance Company	47		74		87		56	
CDPHP Universal Benefits, Inc.	39	▼	78		73		45	▼
CIGNA Health and Life Insurance Company	47		59		69		55	
EmblemHealth Plan, Inc.	40		33	▼	43	▼	73	▲
Empire HealthChoice Assurance, Inc.	47		72		82		52	▼
MVP Health Services Corporation	36	▼	91	▲	80		35	▼
Oscar Insurance Corporation		TS		TS		TS	50	
Oxford Health Insurance, Inc.	52	▲	73		88	▲	61	▲
UnitedHealthcare Insurance Company of New York	50			TS		TS	51	

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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, 2019, and December 31, 2021.
- **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 5 years.
- **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.
- **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.

Women’s Health—HMOs 2021

Data Source: DOH

Performance Compared to the New York HMO Average										
HMO	Breast Cancer Screening		Cervical Cancer Screening		Chlamydia Screening				Postpartum Care	
					Ages 16–20		Ages 21–24			
NY HMO Average	77		79		52		59		88	
Capital District Physicians Health Plan	78		82		69	▲	68	▲	97	▲
Excellus Health Plan ¹	78	▲	79		41	▼	52	▼	90	
Highmark Western and Northeastern New York Inc. ²	78	▲	82		61	▲	62	▲	86	
HIP Health Maintenance Organization	75	▼	77		72	▲	75	▲	82	▼
Independent Health Association, Inc.	80	▲	83		63	▲	63	▲	93	▲
MVP Health Plan, Inc.	72	▼	74	▼	52		64	▲	80	▼

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Performance Compared to the New York PPO Average										
PPO ¹	Breast Cancer Screening		Cervical Cancer Screening		Chlamydia Screening				Postpartum Care	
					Ages 16–20		Ages 21–24			
NY PPO Average	70		80		58		66		78	
Aetna Life Insurance Company	69	▼	79	▼	59		67		71	▼
CDPHP Universal Benefits, Inc.	77	▲	78		64	▲	64		96	▲
CIGNA Health and Life Insurance Company	72	▲	80		57		67		83	▲
EmblemHealth Plan, Inc.	53	▼	74	▼	58		72		75	
Empire HealthChoice Assurance, Inc.	69	▼	82		60	▲	67	▲	80	
MVP Health Services Corporation	73	▲	81		51	▼	61	▼	83	▲
Oscar Insurance Corporation	61	▼	70	▼	60		60		63	▼
Oxford Health Insurance, Inc.	68	▼	77	▼	52	▼	62	▼	76	
UnitedHealthcare Insurance Company of New York	74	▲	85		61	▲	70	▲	81	

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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 remained on antidepressant medication for at least 6 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) and 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 ED visits with a principal diagnosis of mental illness and 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 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 the 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 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 2021

Data Source: DOH

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	42		35		59		20	
Capital District Physicians Health Plan	48		44		59		21	
Excelsus Health Plan ¹	40	▼	30	▼	61	▲	21	
Highmark Western and Northeastern New York Inc. ²	51	▲	38		55	▼	23	
HIP Health Maintenance Organization	36		53	▲	51	▼	13	▼
Independent Health Association, Inc.	46		37		56		26	
MVP Health Plan, Inc.	38		46		52	▼	22	

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Behavioral Health—HMOs 2021

Data Source: DOH

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	70		80		72	
Capital District Physicians Health Plan	72		85		84	
Excellus Health Plan ¹	73	▲	79		73	
Highmark Western and Northeastern New York Inc. ²	71		84	▲	73	
HIP Health Maintenance Organization	60	▼	72	▼	65	
Independent Health Association, Inc.	68		83		64	
MVP Health Plan, Inc.	65		78		79	

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Behavioral Health—HMOs 2021

Data Source: DOH

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	32		46		31	
Capital District Physicians Health Plan	32		39		28	
Excellus Health Plan ¹	34	▲	48		34	▲
Highmark Western and Northeastern New York Inc. ²	26	▼	46		26	▼
HIP Health Maintenance Organization	43	▲	48		48	▲
Independent Health Association, Inc.	25	▼	36		22	▼
MVP Health Plan, Inc.	36		46		38	

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Behavioral Health—HMOs 2021

Data Source: DOH

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	12		28		12	
Capital District Physicians Health Plan	8		24		9	
Excellus Health Plan ¹	14	▲	30		14	▲
Highmark Western and Northeastern New York Inc. ²	9	▼	27		9	▼
HIP Health Maintenance Organization	17	▲	21		18	
Independent Health Association, Inc.	8	▼	22		8	▼
MVP Health Plan, Inc.	14		26		11	

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Behavioral Health—PPOs 2021

Data Source: DOH

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	37		43		64		14	
Aetna Life Insurance Company	46	▲	42		68	▲	13	
CDPHP Universal Benefits, Inc.	40		47		64		13	
CIGNA Health and Life Insurance Company	42		45		63		13	
EmblemHealth Plan, Inc.		TS		TS	59		13	
Empire HealthChoice Assurance, Inc.	46	▲	43		64		15	
MVP Health Services Corporation	42		47		62		18	
Oscar Insurance Corporation		TS		TS	59			TS
Oxford Health Insurance, Inc.	24	▼	44		65		11	
UnitedHealthcare Insurance Company of New York	44		40		62	▼	15	

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Behavioral Health—PPOs 2021

Data Source: DOH

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	64		76		71
Aetna Life Insurance Company	64		80	▲	81
CDPHP Universal Benefits, Inc.	71		81		62
CIGNA Health and Life Insurance Company	65		81	▲	70
EmblemHealth Plan, Inc.	62		66		65
Empire HealthChoice Assurance, Inc.	63		74		62
MVP Health Services Corporation	69		87	▲	67
Oscar Insurance Corporation		TS	61		TS
Oxford Health Insurance, Inc.	60	▼	65	▼	78
UnitedHealthcare Insurance Company of New York	68		79		54

Legend

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Behavioral Health—PPOs 2021

Data Source: DOH

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	36		48		36	
Aetna Life Insurance Company	33	▼	48		36	
CDPHP Universal Benefits, Inc.	30	▼	50		31	
CIGNA Health and Life Insurance Company	36		48		38	
EmblemHealth Plan, Inc.	50	▲	31		42	
Empire HealthChoice Assurance, Inc.	36		46		36	
MVP Health Services Corporation	35		52		34	
Oscar Insurance Corporation	28			TS	31	
Oxford Health Insurance, Inc.	38	▲	48		35	
UnitedHealthcare Insurance Company of New York	39		58		37	

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Behavioral Health—PPOs 2021

Data Source: DOH

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	15		25		15	
Aetna Life Insurance Company	15		28		15	
CDPHP Universal Benefits, Inc.	9	▼	27		14	
CIGNA Health and Life Insurance Company	16		22		17	
EmblemHealth Plan, Inc.	13		7		16	
Empire HealthChoice Assurance, Inc.	15		25		14	
MVP Health Services Corporation	12		31		13	
Oscar Insurance Corporation	9			TS	5	
Oxford Health Insurance, Inc.	16		24		14	
UnitedHealthcare Insurance Company of New York	17		27		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 6 months after discharge.
- **Asthma Medication Ratio:** The percentage of members ages 5–64 years who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.
- **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 2021

Data Source: DOH

Performance Compared to the New York HMO Average								
HMO	Persistence of Beta-Blocker Treatment		Asthma Medication Ratio		Statin Therapy for Patients With Cardiovascular Disease			
					Received Statin Therapy		Statin Adherence 80%	
NY HMO Average	92		81		85		82	
Capital District Physicians Health Plan	94		87	▲	86		83	
Excellus Health Plan ¹	94		81		86	▲	84	▲
Highmark Western and Northeastern New York Inc. ²	92		80		84		82	
HIP Health Maintenance Organization	77	▼	82		81	▼	73	▼
Independent Health Association, Inc.	92		78		82		83	
MVP Health Plan, Inc.	89		77	▼	86		77	▼

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Managing Medications—PPOs 2021

Data Source: DOH

Performance Compared to the New York PPO Average								
PPO ¹	Persistence of Beta-Blocker Treatment		Asthma Medication Ratio		Statin Therapy for Patients With Cardiovascular Disease			
					Received Statin Therapy		Statin Adherence 80%	
NY PPO Average	85		78		81		81	
Aetna Life Insurance Company	84		82	▲	81		84	▲
CDPHP Universal Benefits, Inc.	86		82		84	▲	83	▲
CIGNA Health and Life Insurance Company	89		84	▲	82		79	
EmblemHealth Plan, Inc.		TS	81		54	▼	74	▼
Empire HealthChoice Assurance, Inc.	86		77		80		78	▼
MVP Health Services Corporation	87		78		86	▲	80	
Oscar Insurance Corporation		TS	88		77		75	
Oxford Health Insurance, Inc.	84		73	▼	81		82	
UnitedHealthcare Insurance Company of New York	84		81	▲	82		77	▼

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Quality of Care and Service for Health Insurance Companies

Diabetes Care

Measure Descriptions

- **Monitoring Diabetes—HbA1c Testing:** The percentage of members with diabetes who received at least one Hemoglobin A1c (HbA1c) test within the past year.
- **Monitoring Diabetes—Dilated Eye Exam:** The percentage of members with diabetes who had a retinal eye screening exam during the last year or who had a negative retinal exam in the year prior.
- **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.
- **Kidney Health Evaluation for Patients with Diabetes:** The percentage of adults 18-85 years with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the last year.
- **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) and were dispensed at least one statin medication of any intensity and met the following criteria.
 - *Received:* Adults who were dispensed at least one statin medication of any intensity.
 - *Adherent:* Adults who remained on a statin medication of any intensity for at least 80% of the treatment period.

Diabetes Care—HMOs 2021

Data Source: DOH

Performance Compared to the New York HMO Average								
HMO	Monitoring Diabetes				Managing Diabetes Outcomes			
	HbA1c Testing		Dilated Eye Exam		HbA1c Control (<8.0%)		Blood Pressure Controlled (<140/90 mmHg)	
NY HMO Average	91		59		64		67	
Capital District Physicians Health Plan	92		61		75	▲	79	▲
Excellus Health Plan ¹	90		57		63		67	
Highmark Western and Northeastern New York Inc. ²	92		61		65		70	
HIP Health Maintenance Organization	90		59		60		61	▼
Independent Health Association, Inc.	92		71	▲	73	▲	77	▲
MVP Health Plan, Inc.	91		54		54	▼	65	

Legend

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Diabetes Care—HMOs 2021

Data Source: DOH

Performance Compared to the New York HMO Average						
HMO	Kidney Health Evaluation for Patients with Diabetes		Statin Therapy for Patients with Diabetes			
			Received		Adherent	
NY HMO Average	44		68		77	
Capital District Physicians Health Plan	48	▲	67		78	
Excellus Health Plan ¹	42	▼	67	▼	79	▲
Highmark Western and Northeastern New York Inc. ²	47	▲	71	▲	77	
HIP Health Maintenance Organization	43	▼	67		67	▼
Independent Health Association, Inc.	49	▲	74	▲	76	
MVP Health Plan, Inc.	42	▼	67		67	▼

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Diabetes Care—PPOs 2021

Data Source: DOH

Performance Compared to the New York PPO Average								
PPO ¹	Monitoring Diabetes				Managing Diabetes Outcomes			
	HbA1c Testing		Dilated Eye Exam		HbA1c Control (<8.0%)		Blood Pressure Controlled (<140/90 mmHg)	
NY PPO Average	90		50		56		58	
Aetna Life Insurance Company	87		54		50	▼	47	▼
CDPHP Universal Benefits, Inc.	94	▲	64	▲	73	▲	79	▲
CIGNA Health and Life Insurance Company	90		50		54		56	
EmblemHealth Plan, Inc.	79	▼	53		36	▼	47	▼
Empire HealthChoice Assurance, Inc.	91		47		61		63	▲
MVP Health Services Corporation	94	▲	49		57		64	▲
Oscar Insurance Corporation	87		31	▼	55		46	▼
Oxford Health Insurance, Inc.	90		46		55		56	
UnitedHealthcare Insurance Company of New York	91		51		61	▲	66	▲

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Diabetes Care—PPOs 2021

Data Source: DOH

Performance Compared to the New York PPO Average						
PPO ¹	Kidney Health Evaluation for Patients with Diabetes		Statin Therapy for Patients with Diabetes			
			Received		Adherent	
NY PPO Average	38		63		74	
Aetna Life Insurance Company	37	▼	62		77	▲
CDPHP Universal Benefits, Inc.	45	▲	69	▲	81	▲
CIGNA Health and Life Insurance Company	39	▲	63		71	▼
EmblemHealth Plan, Inc.	26	▼	48	▼	63	▼
Empire HealthChoice Assurance, Inc.	40	▲	63		73	
MVP Health Services Corporation	43	▲	68	▲	75	
Oscar Insurance Corporation	38		63		77	
Oxford Health Insurance, Inc.	34	▼	62		74	
UnitedHealthcare Insurance Company of New York	35	▼	63		71	▼

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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 2021

Data Source: DOH

Performance Compared to the New York HMO Average						
HMO	Satisfaction With Personal Doctor		Satisfaction With Specialist		Satisfaction With Provider Communication	
NY HMO Average	86		85		96	
Capital District Physicians Health Plan	92	▲	88		98	▲
Excellus Health Plan ¹	87		86		97	
Highmark Western and Northeastern New York Inc. ²	90		88		98	
HIP Health Maintenance Organization	83		81		92	▼
Independent Health Association, Inc.	88		84		98	
MVP Health Plan, Inc.	81		85		97	

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Quality of Providers—PPOs 2021

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Performance Compared to the New York PPO Average						
PPO ¹	Satisfaction With Personal Doctor		Satisfaction With Specialist		Satisfaction With Provider Communication	
NY PPO Average	86		84		95	
Aetna Life Insurance Company	81		89	▲	95	
CDPHP Universal Benefits, Inc.	88		84		97	
CIGNA Health and Life Insurance Company	84		80		94	
EmblemHealth Plan, Inc.	90	▲	90	▲	95	
Empire HealthChoice Assurance, Inc.	87		86		95	
MVP Health Services Corporation	89		86		97	
Oscar Insurance Corporation	84		73	▼	98	▲
Oxford Health Insurance, Inc.	89		82		93	
UnitedHealthcare Insurance Company of New York	84		82		92	

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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.

Understanding the Chart

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.

NCQA Accreditation Status Levels² are 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.
- **Not Reviewed** indicates that the health insurance company has not requested NCQA review.

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

¹HEDIS is a registered trademark of NCQA.

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

NCQA Accreditation Status as of July 2023¹

HMO	Accreditation Status
Capital District Physicians Health Plan, Inc. (CDPHP)	Accredited
Excellus Health Plan, Inc. dba Excellus BlueCross BlueShield ²	Accredited
Highmark Western and Northeastern New York Inc. ²	Accredited
HIP Health Plan of New York	Accredited
Independent Health Association, Inc.	Accredited
MVP Health Plan, Inc.	Accredited
UnitedHealthcare of New York, Inc. dba UnitedHealthcare Community Plan (NY)	Not Reviewed

¹Accreditation status does not include Medicare or Medicaid products.

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

EPO/PPO Health Plan	Accreditation Status
Aetna Life Insurance Company (New York)	Accredited
CDPHP Universal Benefits, Inc.	Accredited
CIGNA Health and Life Company – New York ²	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 ²	Accredited
Healthfirst Insurance Company, Inc.	Not Reviewed
Highmark Western and Northeastern New York Inc. ²	Accredited
Independent Health Benefits Corporation	Not Reviewed
MVP Health Plan Inc.	Not Reviewed
Nippon Life Insurance Company of America	Not Reviewed
Oscar Insurance Corporation	Accredited
Oxford Health Insurance Company, Inc. (New York)	Accredited
UnitedHealthcare Insurance Company of New York	Accredited

NCQA Accreditation Status as of July 2023¹, continued

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 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

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
Principal Life Insurance Company	Not Reviewed
Provident Life Insurance Company	Not Reviewed
Prudential Insurance Company of America	Not Reviewed
ReliaStar Life Insurance Company of New York	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

¹Accreditation status does not include Medicare or Medicaid products.

Overall Complaint Ranking

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

The overall ranking of all New York State insurance companies (HMOs, EPO/PPO health plans, and commercial health insurance companies) is based on complaints closed by DFS. It is not possible to compare different types of health insurance companies on a standardized basis. Consumers should consider a health insurance company's ranking in its category, as well as its overall ranking.

Understanding the Charts

- **Rank:** Each health insurance company's ranking is based on how many complaints were resolved by DFS in favor of the member or provider, relative to the company's premiums. A lower number results in a higher ranking. A higher ranking means that the health insurance company had fewer complaints relative to its size.
- **Total Complaints:** Total number of complaints closed by DFS in 2022. 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 2022. 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—2022

Data Source: DFS

Health Insurers	Plan Type	Rank ^{1,2}	Total Complaints	Complaints Upheld	Premiums (Millions \$)	Complaint Ratio
Hartford Life and Accident Insurance Company	Commercial	1	8	0	447.59	0.0000
Excellus Health Plan	HMO	2	5	0	424.76	0.0000
Sun Life and Health Insurance Company	Commercial	3	2	0	228.21	0.0000
Independent Health Association, Inc.	HMO	4	2	0	218.05	0.0000
Standard Security Life Insurance Company of New York	Commercial	5	0	0	214.20	0.0000
Lincoln Life and Annuity Company of New York	Commercial	6	10	0	214.13	0.0000
Mutual of Omaha Insurance Company	Commercial	7	2	0	112.97	0.0000
HCC Life Insurance Company	Commercial	8	0	0	105.08	0.0000
Northwestern Mutual Life Insurance Company	Commercial	9	0	0	104.75	0.0000
First Reliance Standard Life Insurance Company	Commercial	10	3	0	103.67	0.0000
Eastern Vision Service Plan, Inc. ³	Commercial	11	0	0	100.11	0.0000
HM Life Insurance Company of New York	Commercial	12	0	0	96.22	0.0000
Transamerica Financial Life Insurance Company	Commercial	13	5	0	88.75	0.0000
Principal Life Insurance Company	Commercial	14	2	0	88.06	0.0000
Berkshire Life Insurance Company of America	Commercial	15	0	0	78.84	0.0000
Provident Life and Casualty Insurance Company	Commercial	16	0	0	77.37	0.0000
Fidelity Security Life Insurance Company of New York	Commercial	17	0	0	63.28	0.0000
ReliaStar Life Insurance Company of New York	Commercial	18	0	0	55.90	0.0000
Dentcare Delivery Systems, Inc. ⁴	Commercial	19	8	0	52.51	0.0000
ShelterPoint Life Insurance Company	Commercial	20	1	1	514.00	0.0019

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

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

³Plan issues vision coverage only.

⁴Plan issues dental coverage only.

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

⁶Healthfirst Insurance Company, Inc. is withdrawing from the Individual Market for its EPO plans effective January 1, 2024, and from the Small Group Market for its EPO plans as those policies renew beginning January 1, 2024.

Overall Complaint Ranking—2022, continued

Data Source: DFS

Health Insurers	Plan Type	Rank ^{1,2}	Total Complaints	Complaints Upheld	Premiums (Millions \$)	Complaint Ratio
Independent Health Benefits Corporation ⁵	EPO/PPO	21	10	2	464.27	0.0043
Capital District Physicians Health Plan	HMO	22	8	3	624.41	0.0048
First Unum Life Insurance Company	Commercial	23	12	2	380.36	0.0053
CDPHP Universal Benefits, Inc.	EPO/PPO	24	7	3	540.88	0.0055
Standard Life Insurance Company of New York	Commercial	25	1	1	101.15	0.0099
MVP Health Services Corporation ⁵	EPO/PPO	26	19	7	696.36	0.0101
Nippon Life Insurance Company of America ⁵	EPO/PPO	27	5	1	95.33	0.0105
MVP Health Plan, Inc.	HMO	28	14	5	469.36	0.0107
Excellus Health Plan, Inc. ⁵	EPO/PPO	29	89	34	2,861.02	0.0119
Massachusetts Mutual Life Insurance Company	Commercial	30	2	1	84.02	0.0119
Prudential Insurance Company of America	Commercial	31	9	2	165.06	0.0121
New York Life Group Insurance Company of New York	Commercial	32	9	3	241.36	0.0124
Guardian Life Insurance Company of America	Commercial	33	23	7	541.34	0.0129
American Family Life Assurance Company of New York	Commercial	34	20	4	304.57	0.0131
Metropolitan Life Insurance Company	Commercial	35	44	14	972.21	0.0144
Highmark Western and Northeastern New York Inc. ⁵	EPO/PPO	36	62	26	1,651.96	0.0157
UnitedHealthcare Insurance Company of New York ⁵	EPO/PPO	37	116	40	2,073.92	0.0193
Delta Dental of New York, Inc. ⁴	Commercial	38	21	4	193.56	0.0207
Wellfleet New York Insurance Company	Commercial	39	11	4	170.23	0.0235
EmblemHealth Insurance Company ⁵	EPO/PPO	40	44	4	164.93	0.0243
New York Life Insurance Company	Commercial	41	6	2	79.92	0.0250

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

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

⁶Healthfirst Insurance Company, Inc. is withdrawing from the Individual Market for its EPO plans effective January 1, 2024, and from the Small Group Market for its EPO plans as those policies renew beginning January 1, 2024.

Overall Complaint Ranking—2022, continued

Data Source: DFS

Health Insurers	Plan Type	Rank ^{1,2}	Total Complaints	Complaints Upheld	Premiums (Millions \$)	Complaint Ratio
John Hancock Life & Health Insurance Company	Commercial	42	19	3	119.67	0.0251
Highmark Western and Northeastern New York Inc.	HMO	43	5	5	185.61	0.0269
Genworth Life Insurance Company of New York	Commercial	44	30	5	179.19	0.0279
Oxford Health Insurance, Inc. ⁵	EPO/PPO	45	750	270	6,311.04	0.0428
UnitedHealthcare of New York, Inc.	HMO	46	60	28	638.45	0.0439
Aetna Life Insurance Company ⁵	EPO/PPO	47	333	144	2,054.87	0.0701
Combined Life Insurance Company of New York	Commercial	48	27	9	127.36	0.0707
Empire HealthChoice Assurance, Inc. ⁵	EPO/PPO	49	509	287	4,051.73	0.0708
CIGNA Health and Life Insurance Company ²	EPO/PPO	50	260	127	1,699.09	0.0747
HIP Health Maintenance Organization	HMO	51	636	378	2,667.08	0.1417
Healthfirst Insurance Company, Inc. ⁶	EPO/PPO	52	40	26	88.16	0.2949
Oscar Insurance Corporation	EPO/PPO	53	188	86	122.24	0.7035
EmblemHealth Plan, Inc. ⁵	EPO/PPO	54	1,433	644	429.99	1.4977
Total			4,870	2,182	34,939.15	0.0625

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

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

³Plan issues vision coverage only.

⁴Plan issues dental coverage only.

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

⁶Healthfirst Insurance Company, Inc. is withdrawing from the Individual Market for its EPO plans effective January 1, 2024, and from the Small Group Market for its EPO plans as those policies renew beginning January 1, 2024.

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 received in 2022 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 received in 2022 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 received in 2022 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 received in 2022 that closed 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 2022.

¹ For dates of service prior to January 1, 2023, 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 or less.

² For more about the IDR process and to obtain an IDR provider application, visit: https://www.dfs.ny.gov/consumers/health_insurance/surprise_medical_bills

³ CPT codes copyright 2023 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—2022

Data Source: DFS

Category	Emergency Services	Surprise Bills
Claims Not Eligible	1,745	1,332
IDRE Decision Rendered for Eligible Claims:		
Health Plan Payment More Reasonable	240	311
Provider Charges More Reasonable	249	1,245
Split Decision	279	552
Settlement Reached	168	354
Total Received	2,681	3,794

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 services,² 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
Excellus Health Plan	(800) 847-1200
Highmark Western and Northeastern New York Inc.	(800) 544-2583
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

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	(866) 274-0060
EmblemHealth Plan, Inc.	(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.	(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 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

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	(800) 225-5695
New York Life Insurance Company	(800) 695-9873
Northwestern Mutual Life Insurance Company	(800) 388-8123
Principal Life Insurance Company	(800) 986-3343
Provident Life and Casualty Insurance Company	(866) 679-3054
Prudential Insurance Company of America	(877) 301-1212
ReliaStar Life Insurance Company of New York	(877) 884-5050
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

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)

Email: consumers@dfs.ny.gov

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/2023/06/ext_appl_20230417_form_fill.pdf

For issues concerning HMO quality of care, contact:

New York State Department of Health Managed Care Complaint Unit

OHIP DHPCO 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, 2023, through January 31, 2024. You must enroll by December 15, 2023, for coverage to start January 1, 2024. 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_cost.htm

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

To apply for Child Health Plus, contact the NYSOH at (855) 355-5777, or visit: https://www.health.ny.gov/health_care/child_health_plus/how_do_i_apply.htm

Essential Plan

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

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

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

Contacts and Resources, 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_faq

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/healthyny>

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 <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i>	Health Plan Name <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i>	Health Plan Name <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i>	Health Plan Name <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: <i>A lower rate is better.</i> <i>See page 14.</i>				

Health Plan Quality Comparison Worksheet

Quality Information	Health Plan Name <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i>	Health Plan Name <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i>	Health Plan Name <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i>	Health Plan Name <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i>
External Appeals <i>Enter reversal rate information.</i> Note: A lower rate is better. <i>See page 19.</i>				
Grievances <i>Enter reversal rate information.</i> Note: A lower rate is better. <i>See page 25.</i>				

Health Plan Quality Comparison Worksheet

Quality Information	Health Plan Name <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i>	Health Plan Name <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i>	Health Plan Name <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i>	Health Plan Name <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 30.</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 33.</i>				

Health Plan Quality Comparison Worksheet

Quality Information	Health Plan Name <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i>	Health Plan Name <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i>	Health Plan Name <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i>	Health Plan Name <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 38.</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 43.</i>				

Health Plan Quality Comparison Worksheet

Quality Information	Health Plan Name <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i>	Health Plan Name <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i>	Health Plan Name <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i>	Health Plan Name <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 46.</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 56.</i>				

Health Plan Quality Comparison Worksheet

Quality Information	Health Plan Name <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i>	Health Plan Name <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i>	Health Plan Name <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i>	Health Plan Name <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 59.</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 64.</i>				

Health Plan Quality Comparison Worksheet

Quality Information	Health Plan Name <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i>	Health Plan Name <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i>	Health Plan Name <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i>	Health Plan Name <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i>
Accreditation Status <i>Enter the health plan's accreditation status.</i> <i>See page 67.</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>				