

new york state hmo report card

Summer 2001

New York
State Health
Accountability
Foundation



IPRO

new york state

hmo report card

Summer 2001

**New York
State Health
Accountability
Foundation**

The New York State Health Accountability Foundation, a private-public partnership dedicated to promoting value-based purchasing, is co-sponsored by:

I PRO
1979 Marcus Avenue
Lake Success, NY 11042-1002
(516) 326-7767 ext. 588

New York Business Group on Health
386 Park Avenue South, Suite 703
New York, NY 10016
(212) 252-7440 ext. 13

To learn more about the New York State Health Accountability Foundation, visit our website at: www.nyshaf.org and www.abouthealthquality.org

The Foundation wishes to acknowledge the contribution of the following Steering Committee members and their employers to this report and the Foundation's other health care quality initiatives:

Tammy Bakos

Specialist, Benefits Strategy and Design
Verizon Communications

Andrew Loyst

Director, Global Benefits
Vivendi Universal

William Shanahan

Vice President, Human Resources
TIAA-CREF

About This Report4-8

- The New York State Health Accountability Foundation
- Adding quality as a variable to the purchasing equation
- Data sources
- How to read the charts
- HMOs included in this report

Access and Service9-20

Do HMO members have access to the care and service they need?

You will learn how HMO members rated:

- their HMO overall
- their primary care provider
- their ability to get needed care
- their ability to get services quickly
- their HMO’s customer service

You will learn what portion of:

- physicians stayed with the HMO over time
- physicians are board certified

Staying Healthy / Getting Better21-35

How well does the HMO help people avoid illness and care for them when they become sick?

You will learn what portion of:

- pregnant women received early prenatal care
- women received a test for cervical cancer (pap smear)
- women received a test for breast cancer (mammogram)
- children in the HMO received recommended immunizations
- members received follow-up care after hospitalization for mental illness
- adults received a beta blocker medication after hospitalization for a heart attack
- patients treated for depression received prolonged care management
- members with asthma received recommended medications
- members with heart disease were tested for cholesterol
- members with diabetes received a blood sugar test

Asthma Quality Improvement Initiatives36-37

Questions to Ask Health Plans38-39

Online Resources40

The New York State Health Accountability Foundation

The New York State Health Accountability Foundation is an independent, not-for-profit corporation funded by grants from the New York State Legislature and the New York State Department of Health. The founding partners are IPRO, one of the nation's largest quality evaluation organizations, and the New York Business Group on Health, New York's leading business coalition for health policy and information. The Steering Committee includes representatives of TIAA-CREF, Verizon Communications and Vivendi Universal.

The Foundation's goal is to enhance the power of the employers' voice in the health care marketplace, and thereby stimulate competition and promote value-based purchasing. Independently validated information on access, outcomes and patient satisfaction is collected and disseminated to employers and consumers to assure informed choice, and to providers, to promote best practices.

This is the Foundation's third annual New York State HMO Report Card. It builds on last year's edition and offers significant new information regarding plans' asthma management programs. The Foundation has a number of other activities underway. The Foundation is the New York City site partner for a multi-year survey being conducted by Robert Wood Johnson Foundation/ University of Minnesota that will evaluate provider satisfaction with the quality of care in HMOs. The Foundation has developed an expanded site on the World Wide Web that offers employers and employees in the tri-state area ready access to a wealth of comparative information on health plan and provider performance. The Foundation also is in the planning stages of a new quality improvement study; this study, to be conducted in collaboration

with New York State HMOs, will be the third in a series of disease-specific studies that will be incorporated into future editions of the report card.

The Foundation is working with the New York Health Purchasing Alliance (NYHPA) to provide quality information to small businesses. The NYHPA is an initiative of the New York Business Group on Health and the City of New York that provides a choice of health plans to small businesses.

This report card, intended for employers/purchasers of health care, evaluates all New York State-based HMOs with commercial enrollment. Plans are evaluated against selected, independently validated performance measures and compared to state-wide and national averages. This work has been done in cooperation with the New York State Department of Health and uses its Quality Assurance Reporting Requirements (QARR) database, an exceptionally strong and all-inclusive set of HMO measurements (full report available at www.health.state.ny.us). The National Committee for Quality Assurance (NCQA) has provided invaluable assistance in the development of this Report Card, including permitting the use of its Quality Compass® database for national comparisons of HMO performance.

In the following pages, the reader will find easy-to-read charts that evaluate and compare HMOs on specific characteristics in the areas of Access and Service and Staying Healthy/Getting Better. The Foundation believes that this comparative information will help employers and their employees make value-driven decisions in the health care marketplace.

® Quality Compass is a registered trademark of NCQA.

The Foundation seeks to expand available information on health care delivery through a series of disease-specific reports that are included in the HMO report cards. This year, the Foundation has included information about quality improvement activities in asthma, a major health problem. This report card presents HMOs' 1999 rates on long-term controller medication, a key element of therapy, and some of the HMO efforts underway to improve asthma quality-of-care.

The Foundation again wishes to acknowledge the substantial contributions of the staff of the New York State Department of Health, Office of Managed Care. We also wish to thank the corporate representatives on the Steering Committee, all of whom are dedicated to promoting and improving this report card in the interests of their employees and the community at large.

For additional information on the New York State Health Accountability Foundation, please contact:

John McGrath, MD, MPA
Health Policy Advisor
NYSHAF
1979 Marcus Avenue
Lake Success, NY 11042
(516) 326-7767 ext. 221

Theodore O. Will
Executive Vice President
IPRO
1979 Marcus Avenue
Lake Success, NY 11042
(516) 326-7767 ext. 540

Laurel Pickering, MPH
Executive Director
NYBGH
386 Park Avenue South
Suite 703
New York, NY 10016
(212) 252-7440 ext. 13

Adding quality as a variable to the purchasing equation

Purchasers value quality

Many employers now factor quality into their health care purchasing decisions. In fact, large corporations were the driving force behind the creation of standardized performance measurements used to assess quality. These standardized measures look at HMOs' performance on important aspects of care and service such as member satisfaction, immunization, mammography, and many other key areas. These measures allow employers and consumers alike to make meaningful comparisons among HMOs.

Why compare plans on quality?

Not all HMOs are the same. Some HMOs are more successful than others at keeping members healthy and caring for them when they become sick. For employers, the difference is important: keeping employees healthy means reduced absenteeism and increased productivity. Performance data encourage employers and health plans to work together to bring about overall improvements to the quality of the health care system.

Strategies for managing quality

The extent to which purchasers incorporate quality as a factor into their contracting strategy ranges from evaluating to actively managing quality. Evaluative strategies incorporate quality as an additional variable in the health care contracting decision. For example, purchasers may require performance measurement information from the HMOs that they contract with to compare performance across plans and assess how well a plan performs from one year to the next. Various scoring methods quantify HMO rankings based on quality, cost and other purchasing considerations.

Active management strategies incorporate specified performance goals into plan contracts. Financial incentives are often linked to these performance goals. Taking it one step further, purchasers may set employee contributions to their HMOs to reflect differences not only in plan premium costs, but in quality as well. Providing employees with quality information during open enrollment, these purchasers encourage employees to use better-quality HMOs, which are then rewarded with more enrollees and premium dollars.

How to read the charts

HMO information in this booklet is displayed in two ways:

Summarized results: Charts with circles summarize results of HMO performance.

- Circles compare an HMO against the average, weighted by year-end plan enrollment, for all of the New York commercial HMOs (higher, neither higher nor lower, or below the average). Higher than average scores generally mean better performance.
- The circles show differences between HMOs that are statistically significant, meaning scores vary by more than can be accounted for by chance.
- For the Access and Service measures, the report card also shows whether a plan's performance improved significantly from last year.
- In comparing HMOs, it is important to look at all factors that make up an HMO's performance and not just results of a particular measure.
- Determinations about an HMO's performance should not be made based on small percentage differences that may not be meaningful.

Detailed results: Bar graphs show detailed results of each HMO's performance.

- Bar graphs show each HMO's actual score and state and national benchmarks.

New York Average: The state-wide benchmark is the average for New York commercial HMOs in 1999, weighted by the size of plan enrollment. Rates based on denominators of less than 30, while included

in the New York averages shown, are reported as “Not Applicable” because they are not valid for comparison. The term “Not Reportable” is used to describe data that could not be verified independently.

National Average and Range: Most of the graphs also show the national average and range, calculated from information provided by 368 HMOs in 2000 to the National Committee for Quality Assurance. The national range represents the minimum and maximum rates reported. The national averages and ranges are not weighted by plan enrollment. Because reporting outside New York is generally voluntary, national rates may tend to be higher than local rates.

Data sources


The information in this report card comes from data that all HMOs operating in the State of New York are required to submit annually to the New York State Department of Health. As part of these Quality Assurance Reporting Requirements (QARR), the State mandates that each HMO submit information from two sources: HMO data reports and consumer opinion.

HMO data systems and medical records—HMOs collect and report data on a set of standard performance measures. HEDIS® is a nationally-recognized performance measurement set that serves as a standard measuring tool to compare HMOs. Almost all of the measures (including the QARR measures) used in this report card come from HEDIS®, so that an HMO’s performance in New York State can be compared to other HMOs, both within the state and nationally. (Note: HMOs operating in the State of New York must report their performance on these measures, regardless of their performance results.) IPRO, an independent, not-for-profit organization in Lake Success, NY, and other NCQA-licensed organizations, conducted audits to verify the accuracy of the data submitted by New York HMOs.

 Source: HMO records—In this report, this symbol indicates information from the HMO that has been audited to assure its accuracy.

Opinions of consumers—In 2000, the New York State Department of Health required all HMOs in New York to survey their members on satisfaction with the HMO. The questions used in the survey were derived from the CAHPS 2.0H survey, which is part of the HEDIS® measurement set.

The HMOs contracted with independent survey firms to conduct the surveys.

 Source: HMO member survey—In this report, this symbol indicates opinions of HMO members who were surveyed.

® HEDIS is a registered trademark of the National Committee for Quality Assurance.

About This Report

HMOs included in this report

The following commercial HMOs that submitted data on 1999 performance to the New York State Department of Health are included in this report:

Corporation	Listed in this report as
Aetna/U.S. Healthcare, Inc.*	Aetna/U.S. Healthcare
BC/BS of the Rochester Area*	BCBSRA
Capital District Physicians Health Plan	Capital District PHP
CIGNA HealthCare of New York*	CIGNA
Community Blue—BC/BS Western NY*	Community Blue
Empire BC/BS	Empire BC/BS
Health Now— BS of Northeastern NY*	Health Now
Health Insurance Plan of Greater NY*	HIP
HMO Blue—BC/BS of Utica-Watertown	HMO Blue
HMO-CNY—BC/BS Central NY*	HMO-CNY
Independent Health Association—Buffalo	IHA-Buffalo

Corporation	Listed in this report as
Managed Health, Inc.*	Managed Health
MD NY*	MD NY
Mohawk Valley PHP (MVP)	MVP
Oxford Health Plan*	Oxford
Physicians Health Services	PHS
Preferred Care, Inc.*	Preferred Care
UnitedHealthcare of New York, Inc.*	UHC-NY
UnitedHealthcare of Upstate New York*	UHC-Upstate
UniveraHealthcare—Central New York*	Univera Central NY
UniveraHealthcare—Western New York*	Univera Western NY
Vytra Healthcare of Long Island	Vytra

* These plans submitted data from both their HMO and Point-of-Service (POS) products.

access and
service






Do HMO members have access to the care and service they need?

The circles show how each HMO compares to the average for the New York HMOs shown. Bar graphs on pages 14 to 16 show scores for each HMO on these topics.

PLAN NAME	Rating of health plan		Rating of your personal doctor or nurse		Ability to get needed care	
	<i>See graph on page 14</i>	<i>Performance trend</i>	<i>See graph on page 15</i>	<i>Performance trend</i>	<i>See graph on page 16</i>	<i>Performance trend</i>
Aetna/U.S. Healthcare		-		nc		nc
BCBSRA		nc		nc		nc
Capital District PHP		nc		+		nc
CIGNA		nc		nc		nc
Community Blue		-		nc		nc
Empire BC/BS		nc		nc		nc
Health Now		nc		nc		nc
HIP		nc		nc		nc
HMO Blue		nc		nc		nc
HMO-CNY		nc		nc		nc
IHA-Buffalo		nc		nc		nc


































Due to differences in standard error that result from differences in sample size, there are instances where two plans having the same score may have received different designations (circles).

Performance Compared to the Average

-  **Higher.** Score for HMO is *above the average* score for New York HMOs.
-  **Average.** Score for HMO is neither higher nor lower than the average score for New York HMOs.
-  **Lower.** Score for HMO is *below the average* score for New York HMOs.

Plan Performance Over Time

- +** **Improved.** Plan performance improved from 1998 to 1999.
- nc** **No change.** Plan performance did not change from 1998 to 1999.
- **Declined.** Plan performance declined from 1998 to 1999.

PLAN NAME	Rating of health plan		Rating of your personal doctor or nurse		Ability to get needed care	
	<i>See graph on page 14</i>	<i>Performance trend</i>	<i>See graph on page 15</i>	<i>Performance trend</i>	<i>See graph on page 16</i>	<i>Performance trend</i>
Managed Health		nc		nc		nc
MD NY		-		nc		+
MVP		nc		nc		nc
Oxford		nc		nc		nc
PHS		nc		nc		nc
Preferred Care		nc		nc		nc
UHC-NY		nc		nc		nc
UHC-Upstate		nc		+		-
Univera Western NY		nc		nc		nc
Univera Central NY		-		nc		nc
Vytra		nc		+		nc

Do HMO members have access to the care and service they need?




The circles show how each HMO compares to the average for the New York HMOs shown. Bar graphs on pages 17 to 20 show scores for each HMO on these topics.

PLAN NAME	Ability to get care quickly		Satisfaction with HMO's service		% of primary care physicians who stayed with the HMO ^a		% of primary care physicians who are board certified ^a	
	<i>See graph on page 17</i>	<i>Performance trend</i>	<i>See graph on page 18</i>	<i>Performance trend</i>	<i>See graph on page 19</i>	<i>Performance trend</i>	<i>See graph on page 20</i>	
Aetna/U.S. Healthcare	○	nc	◐	+	◐	-	◐	
BCBSRA	●	nc	●	nc	◐	nc	◐	
Capital District PHP	●	nc	●	nc	◐	-	◐	
CIGNA	○	nc	○	nc	◐	*	◐	
Community Blue	●	nc	◐	nc	◐	nc	○	
Empire BC/BS	◐	nc	◐	-	◐	nc	◐	
Health Now	●	nc	○	nc	◐	*	◐	
HIP	○	nc	○	nc	○	-	◐	
HMO Blue	●	nc	○	nc	◐	nc	◐	
HMO-CNY	●	nc	○	nc	○	nc	◐	
IHA-Buffalo	◐	nc	●	nc	○	-	○	

^a This measure is not based upon a sample. These circles reflect differences that are at least 5 percentage points above or below the overall average for the New York HMOs. Plan enrollment size was not factored into the calculation of the summary circles for this measure.













































Due to differences in standard error that result from differences in sample size, there are instances where two plans having the same score may have received different designations (circles).

Performance Compared to the Average

-  **Higher.** Score for HMO is *above the average* score for New York HMOs.
-  **Average.** Score for HMO is neither higher nor lower than the average score for New York HMOs.
-  **Lower.** Score for HMO is *below the average* score for New York HMOs.

Plan Performance Over Time

- +** **Improved.** Plan performance improved from 1998 to 1999.
- nc** **No change.** Plan performance did not change from 1998 to 1999.
- **Declined.** Plan performance declined from 1998 to 1999.
- *** Trend data not appropriate.

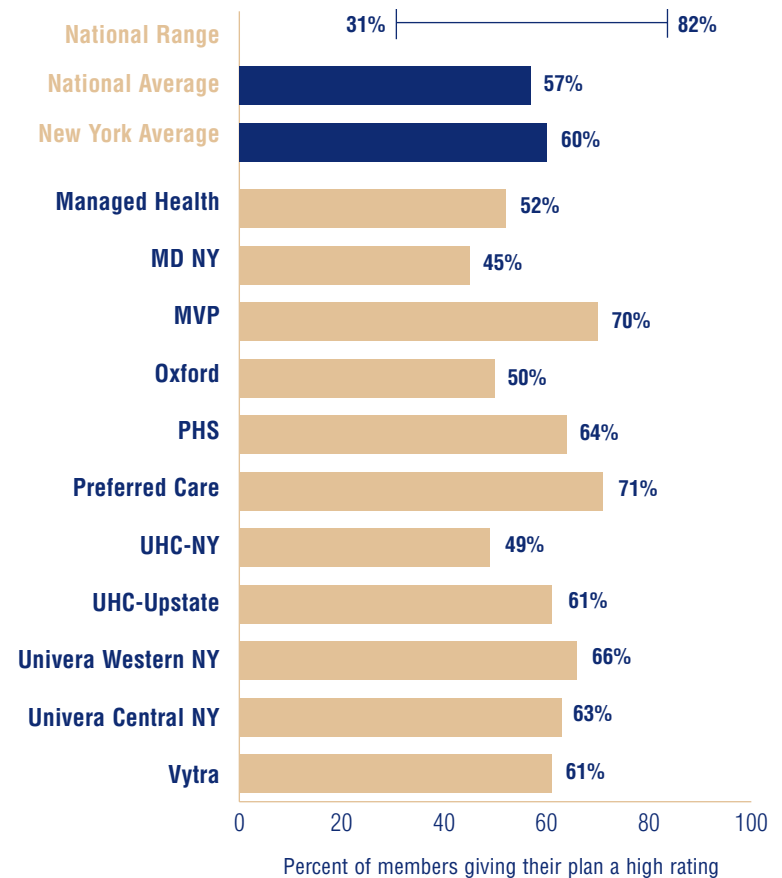
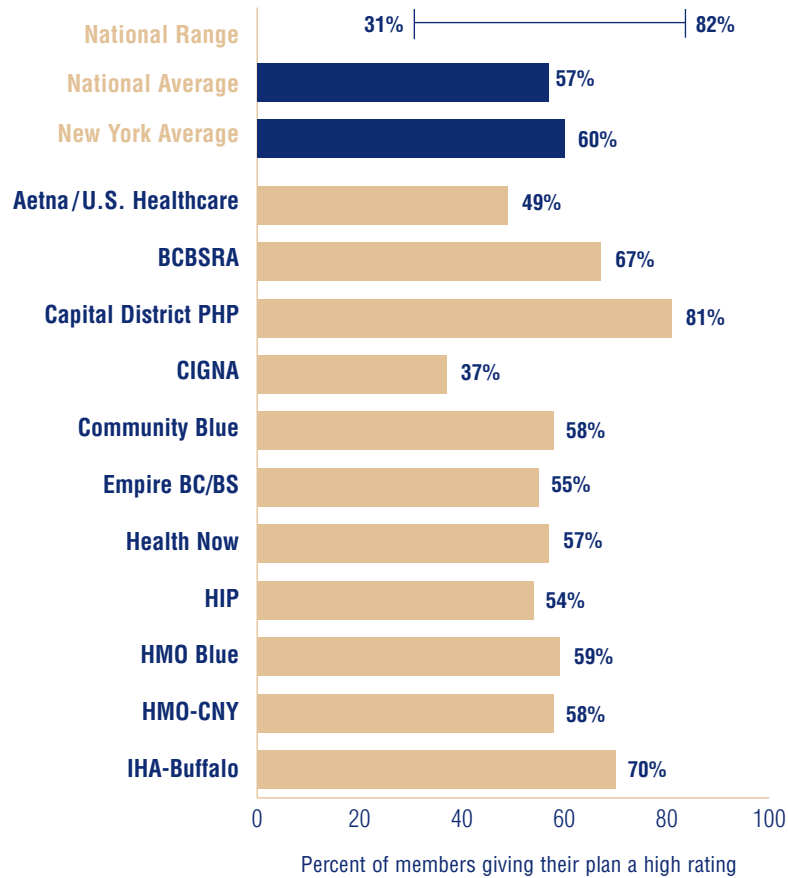
PLAN NAME	Ability to get care quickly		Satisfaction with HMO's service		% of primary care physicians who stayed with the HMO ^a		% of primary care physicians who are board certified ^a
	<i>See graph on page 17</i>	<i>Performance trend</i>	<i>See graph on page 18</i>	<i>Performance trend</i>	<i>See graph on page 19</i>	<i>Performance trend</i>	<i>See graph on page 20</i>
Managed Health		nc		nc		nc	
MD NY		nc		nc		-	
MVP		nc		nc		+	
Oxford		nc		nc		-	
PHS		nc		-		-	
Preferred Care		nc		nc		nc	
UHC-NY		nc		nc		*	
UHC-Upstate		nc		nc		*	
Univera Central NY		nc		nc		+	
Univera Western NY		nc		nc		+	
Vytra		nc		nc		nc	

Rating of health plan

In response to a survey question, HMO members rated their HMO on a 10-point scale, with 10 being the best. The rate reported is the percentage of members rating the plan an 8, 9, or 10.



Source: HMO member survey

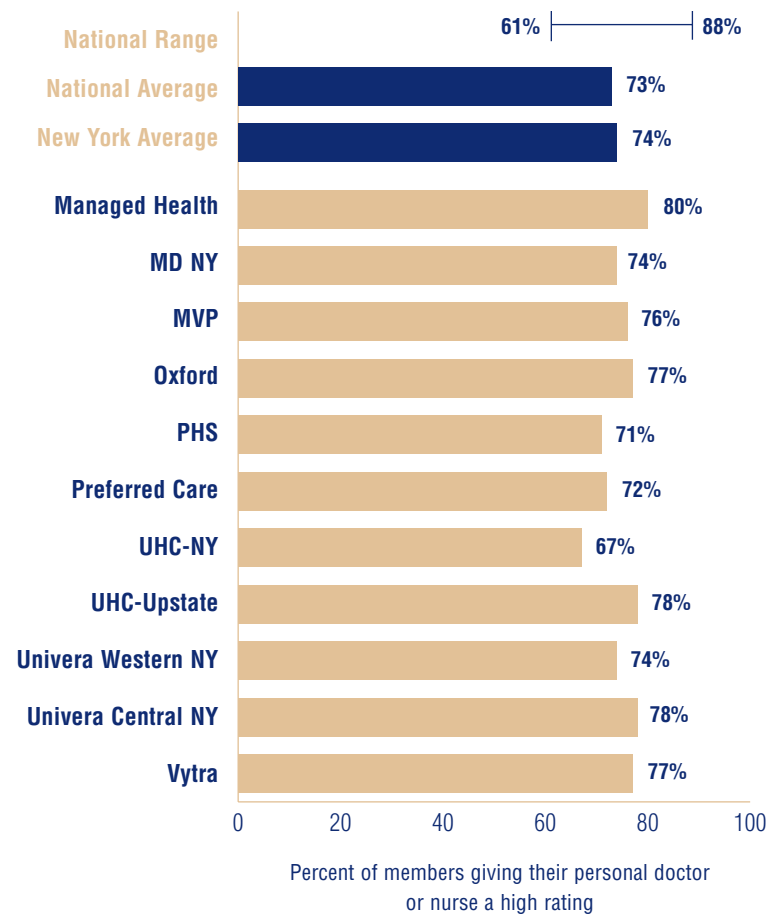
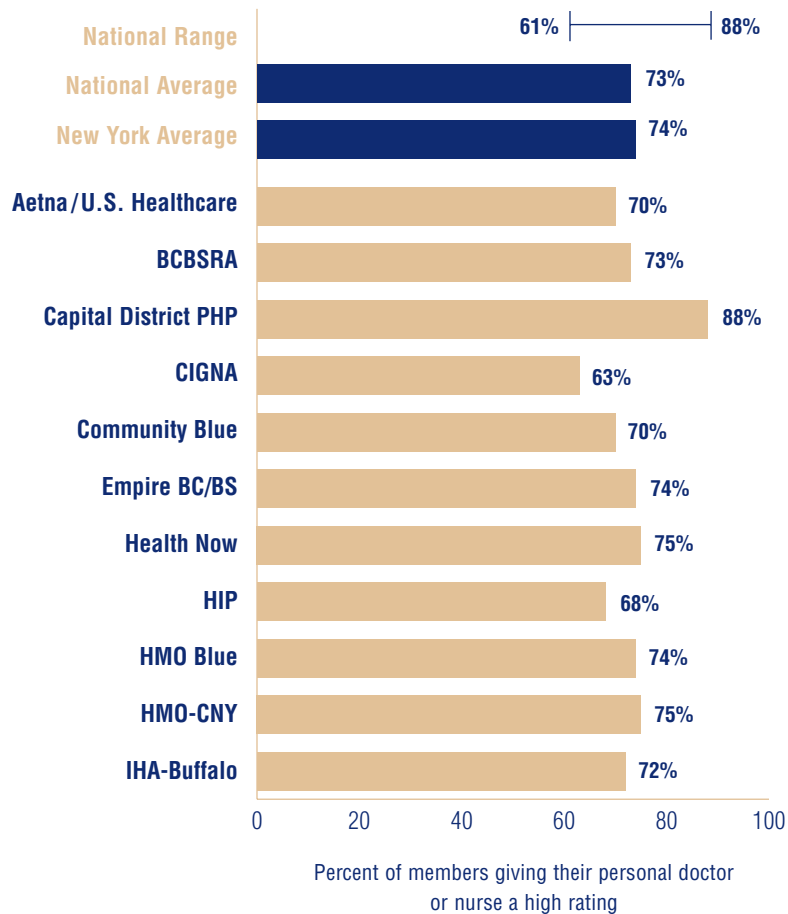


Rating of primary care provider

In response to a survey question, HMO members rated their personal doctor or nurse on a 10-point scale, with 10 being the best. The rate reported is the percentage of members rating their personal doctor or nurse an 8, 9, or 10.



Source: HMO member survey

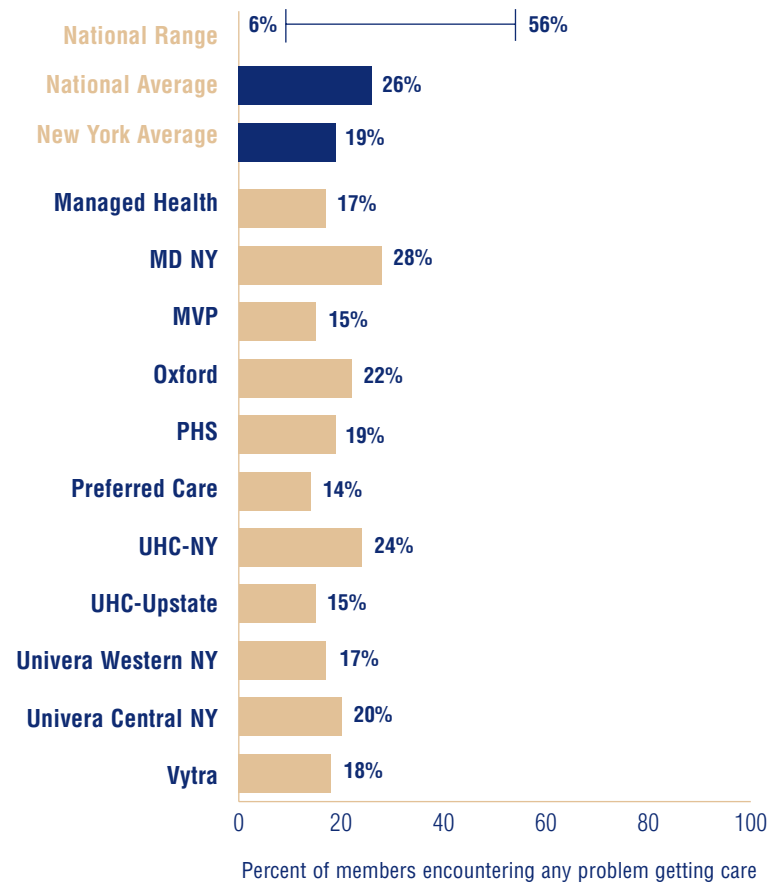
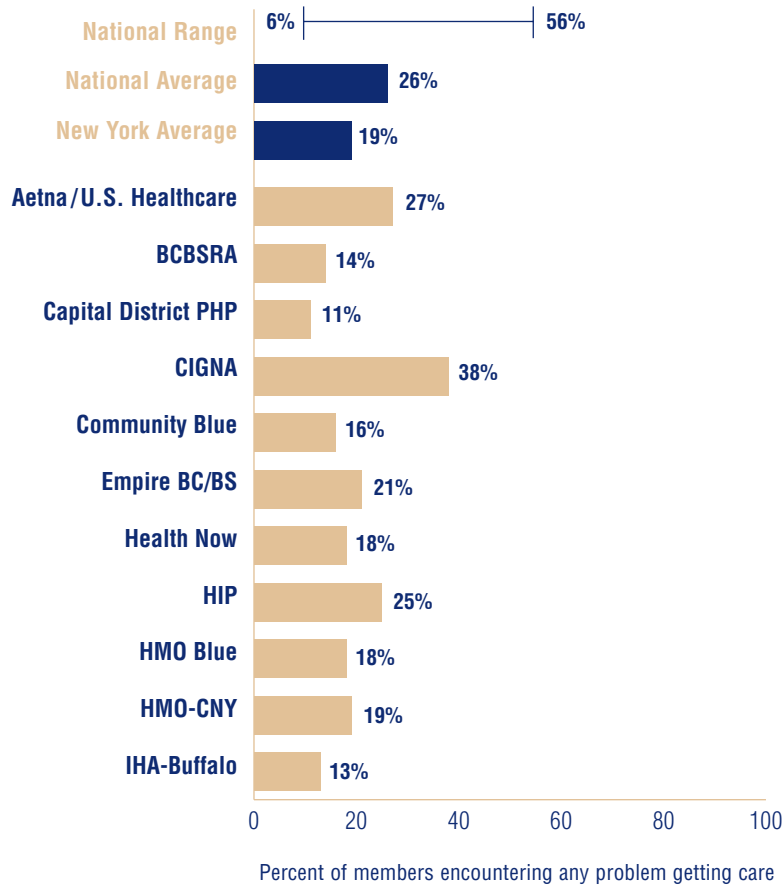


Ability to get needed care

HMO members were asked survey questions about how much of a problem, if any, they experienced getting the care they needed from their health plan. The rate reported is the proportion responding that they encountered any problem getting care.



Source: HMO member survey

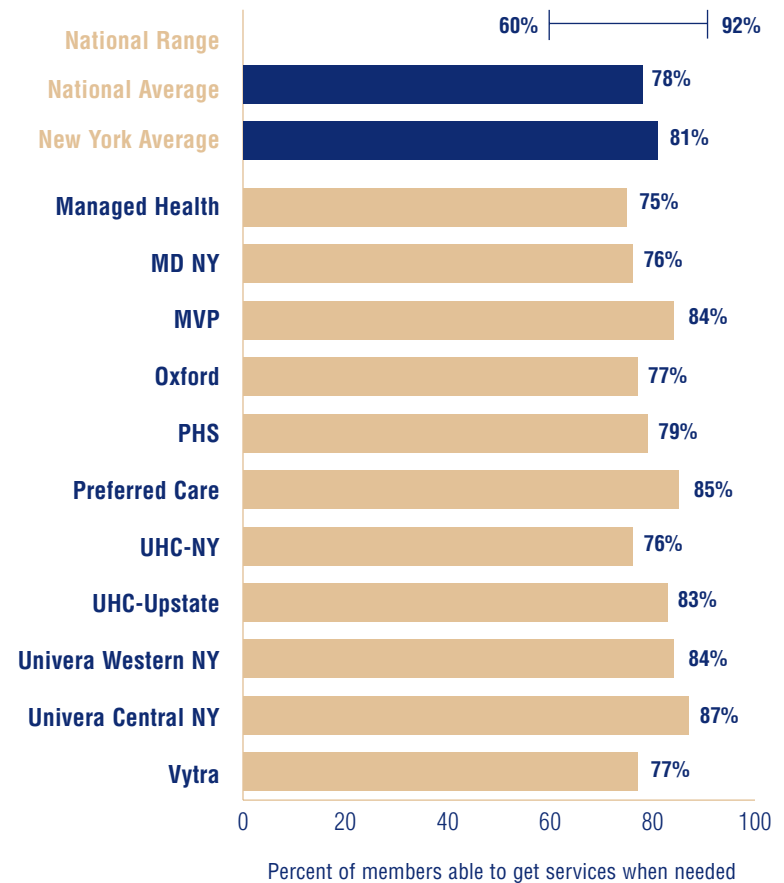
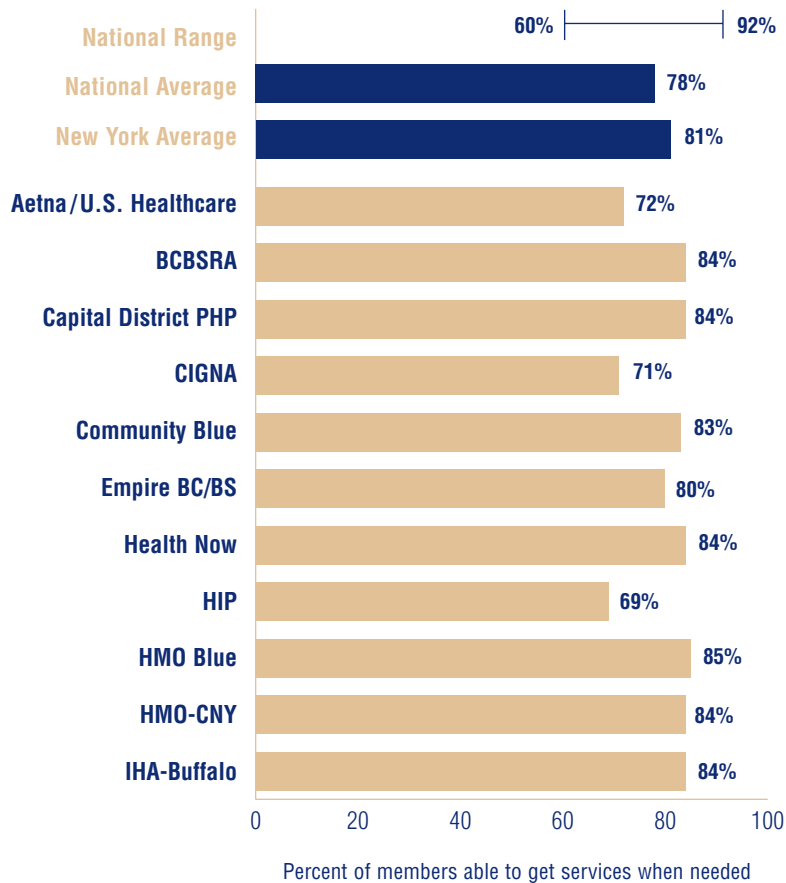


Ability to get services quickly

HMO members were asked survey questions about whether they received health plan services quickly. The rate reported is based on the proportion answering that they were usually or always able to get health care services when they needed them.



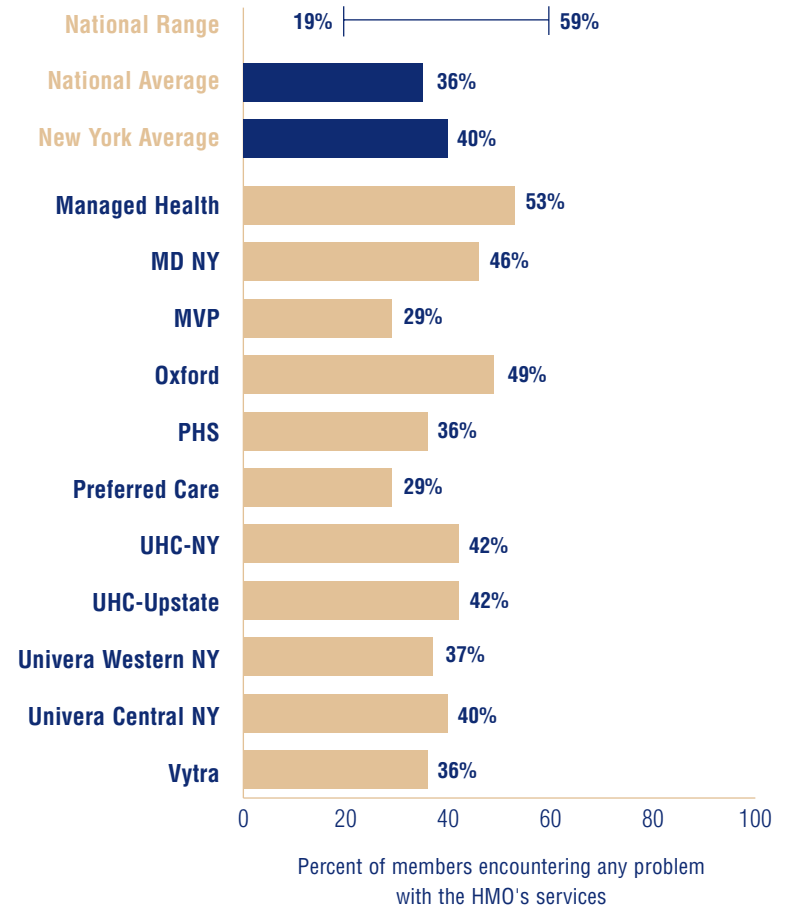
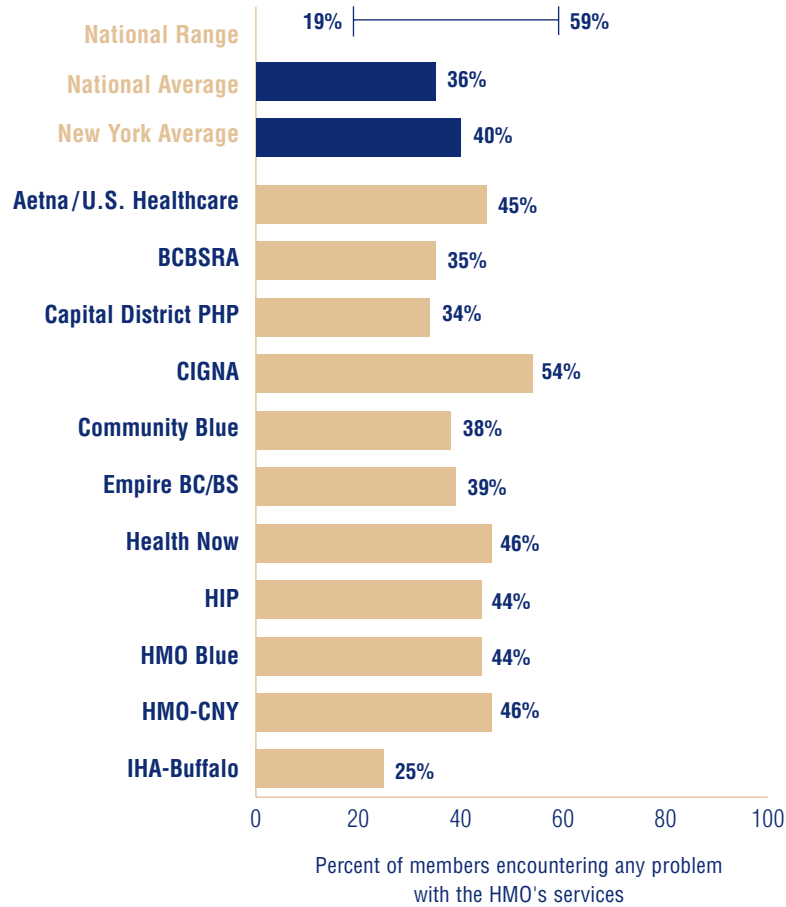
Source: HMO member survey



Customer service

HMO members were asked survey questions about how much of a problem, if any, they experienced with their health plan's service. The rate reported is based on the proportion of members responding that they had any problem with customer service.

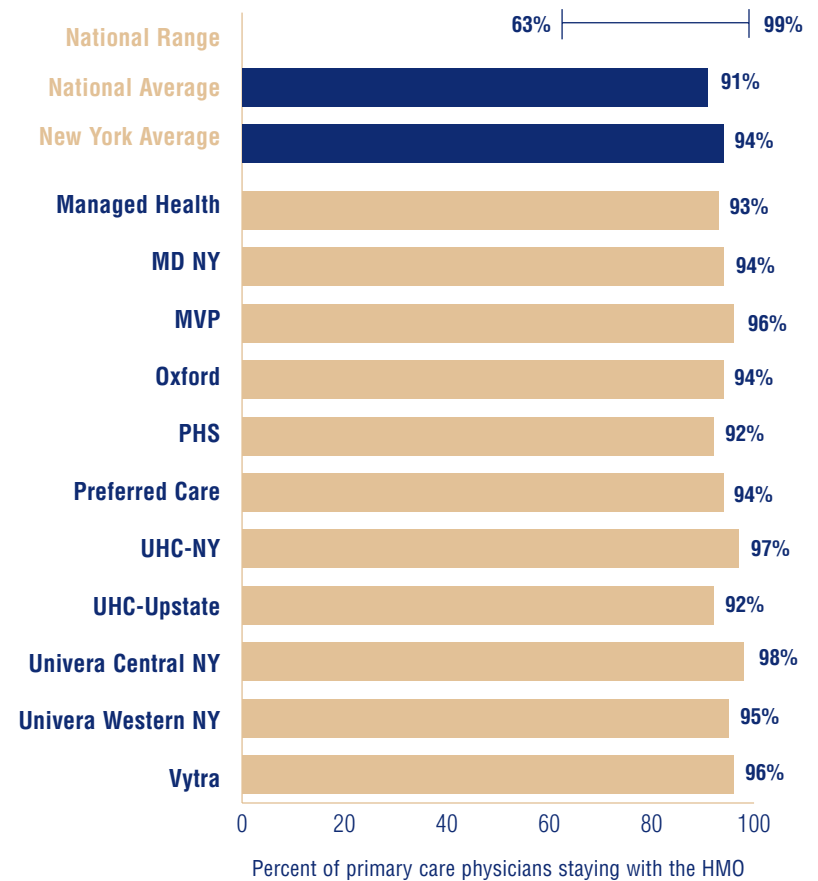
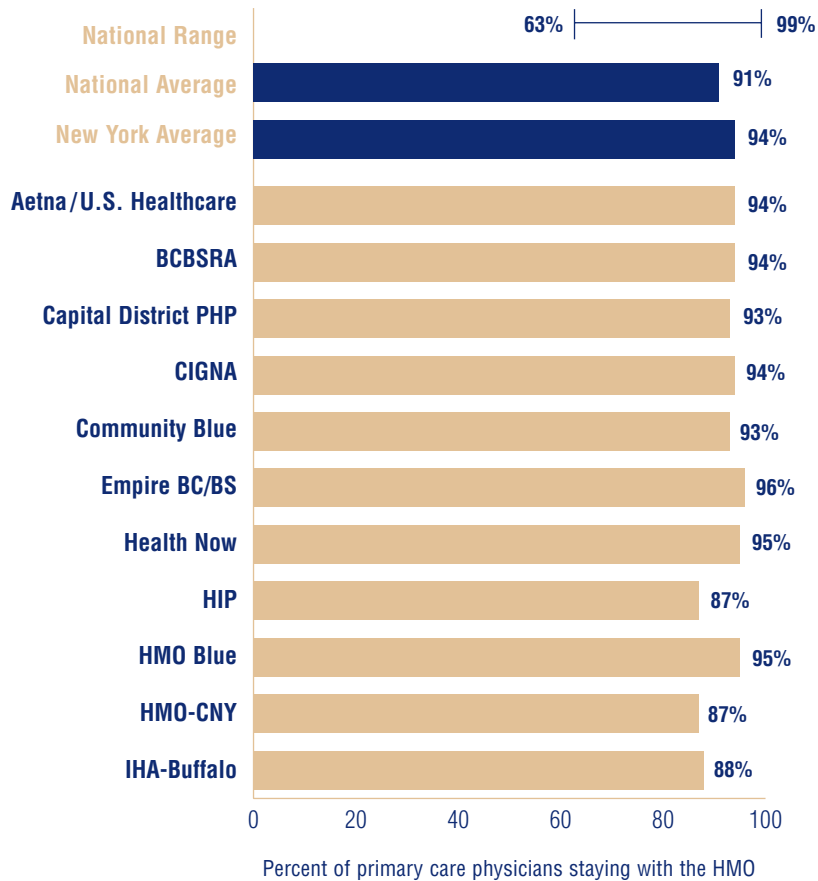
Source: HMO member survey



Percent of primary care physicians who stayed with the HMO

Patients often prefer to see the same physician over time. This graph shows the percentage of primary care physicians who stayed with the HMO in 1999. A larger percentage indicates that more physicians stayed with the plan and, therefore, patients were more likely to be able to stay with a primary care physician. Some physician turnover is normal.

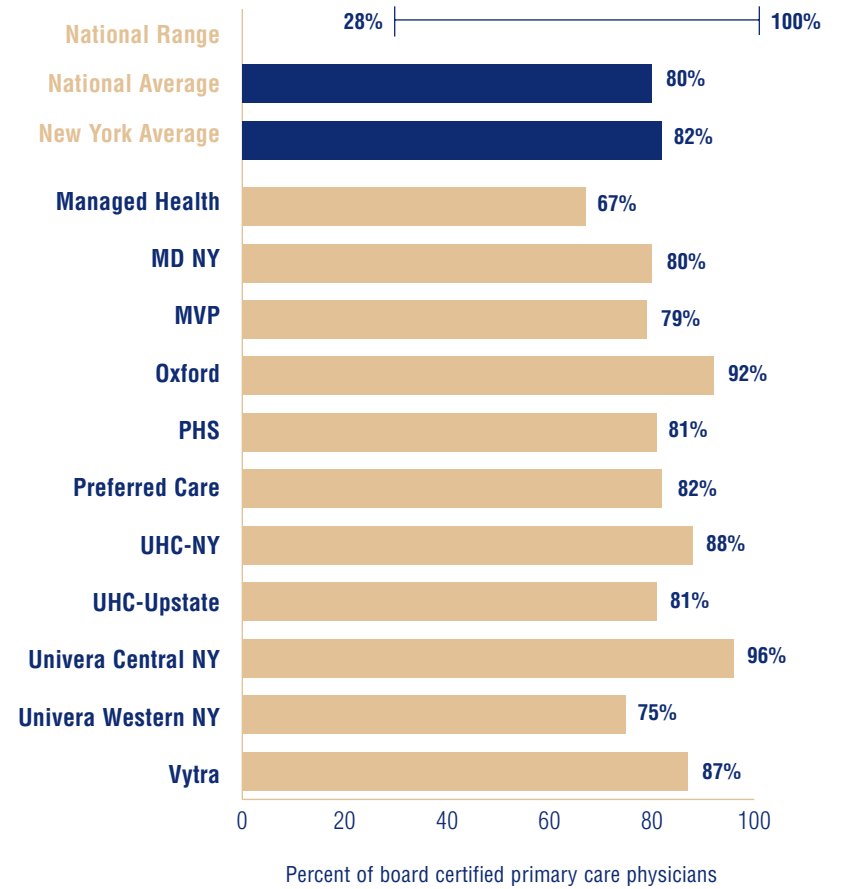
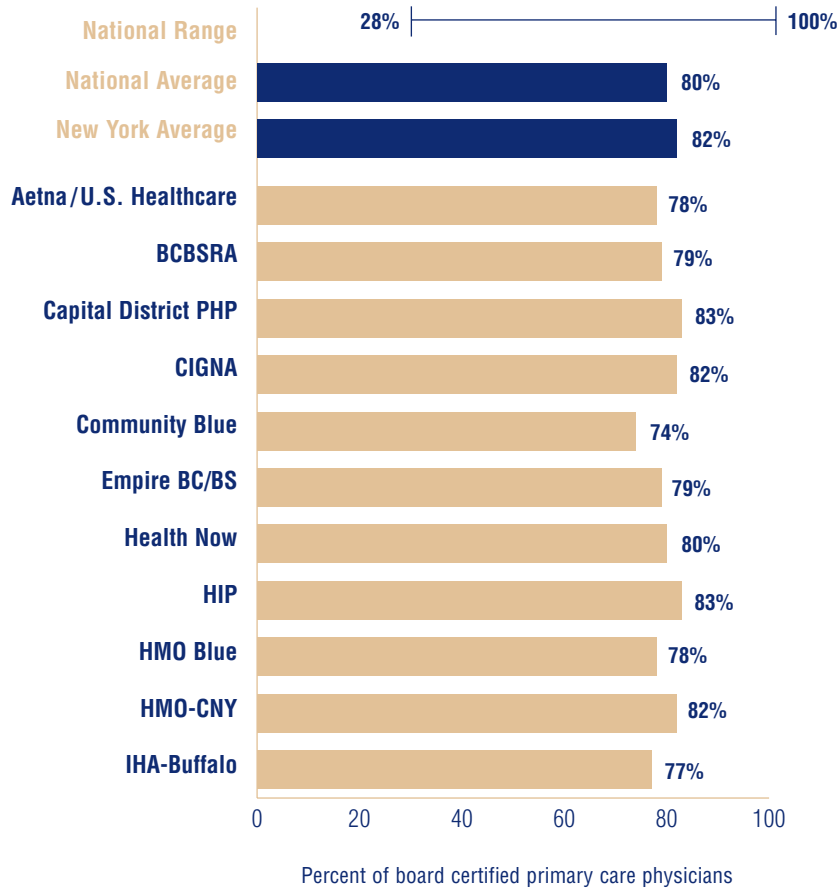
Source: HMO records



Percent of primary care physicians who are board certified

Board certified physicians have successfully completed an accredited residency program, met other requirements and have passed a national exam in their field of practice. This graph shows the percentage of primary care physicians in the HMO who are board certified.

Source: HMO records



**staying healthy /
getting better**



How well does the HMO help people avoid illness and care for them when they become sick?




The circles show how each HMO compares to the average for the New York HMOs shown. Bar graphs on pages 26 to 31 show scores reported for 1999 for each HMO on these measures.


























































PLAN NAME	Early prenatal care	Testing for cervical cancer*	Testing for breast cancer*	Immunizations for children	Follow-up after hospitalization for mental illness*	Beta blocker after a heart attack
	<i>See graph on page 26</i>	<i>See graph on page 27</i>	<i>See graph on page 28</i>	<i>See graph on page 29</i>	<i>See graph on page 30</i>	<i>See graph on page 31</i>
Aetna /U.S. Healthcare						
BCBSRA						
Capital District PHP						
CIGNA						
Community Blue					Not Reportable	
Empire BC/BS						
Health Now					Not Reportable	
HIP						
HMO Blue						Not Applicable
HMO-CNY						Not Applicable
IHA-Buffalo						

Due to differences in standard error that result from differences in sample size, there are instances where two plans having the same score may have received different designations (circles).

* These measures are in the HEDIS 2000 rotation set. Plans are not required to submit new data on this measure every year.

Performance Compared to the Average

-  **Higher.** Score for HMO is *above the average* score for New York HMOs.
-  **Average.** Score for HMO is neither higher nor lower than the average score for New York HMOs.
-  **Lower.** Score for HMO is *below the average* score for New York HMOs.

PLAN NAME	Early prenatal care	Testing for cervical cancer*	Testing for breast cancer*	Immunizations for children	Follow-up after hospitalization for mental illness*	Beta blocker after a heart attack
	<i>See graph on page 26</i>	<i>See graph on page 27</i>	<i>See graph on page 28</i>	<i>See graph on page 29</i>	<i>See graph on page 30</i>	<i>See graph on page 31</i>
Managed Health	Not Applicable			Not Applicable	Not Applicable	Not Applicable
MD NY				Not Reportable		Not Reportable
MVP						
Oxford						
PHS						Not Applicable
Preferred Care						
UHC-NY					Not Reportable	
UHC-Upstate					Not Reportable	
Univera Central NY						
Univera Western NY						
Vytra						

Not Reportable—Data could not be independently verified.

Not Applicable—Sample size too small to report individually.

How well does the HMO help people avoid illness and care for them when they become sick?

The circles show how each HMO compares to the average for the New York HMOs shown. Bar graphs on pages 32 to 35 show scores reported for 1999 for each HMO on these measures.

PLAN NAME	Management of medication for depression	Appropriate medications for asthma	Cholesterol screening	Blood sugar testing for people with diabetes
	<i>See graph on page 32</i>	<i>See graph on page 33</i>	<i>See graph on page 34</i>	<i>See graph on page 35</i>
Aetna/U.S. Healthcare	○	●	◐	○
BCBSRA	○	●	●	●
Capital District PHP	○	●	○	●
CIGNA	●	◐	○	○
Community Blue	Not Reportable	●	●	●
Empire BC/BS	Not Applicable	◐	◐	◐
Health Now	Not Reportable	●	●	●
HIP	●	●	○	●
HMO Blue	○	●	◐	◐
HMO-CNY	○	●	○	●
IHA-Buffalo	●	●	◐	●

Due to differences in standard error that result from differences in sample size, there are instances where two plans having the same score may have received different designations (circles).

Performance Compared to the Average

- Higher.** Score for HMO is *above the average* score for New York HMOs.
- Average.** Score for HMO is neither higher nor lower than the average score for New York HMOs.
- Lower.** Score for HMO is *below the average* score for New York HMOs.

PLAN NAME	Management of medication for depression	Appropriate medications for asthma	Cholesterol screening	Blood sugar testing for people with diabetes
	<i>See graph on page 32</i>	<i>See graph on page 33</i>	<i>See graph on page 34</i>	<i>See graph on page 35</i>
Managed Health	Not Applicable	Not Applicable	Not Applicable	<input type="radio"/>
MD NY	Not Reportable	Not Reportable	Not Reportable	Not Reportable
MVP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oxford	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
PHS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preferred Care	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
UHC-NY	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
UHC-Upstate	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Univera Central NY	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Univera Western NY	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Vytra	Not Applicable	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

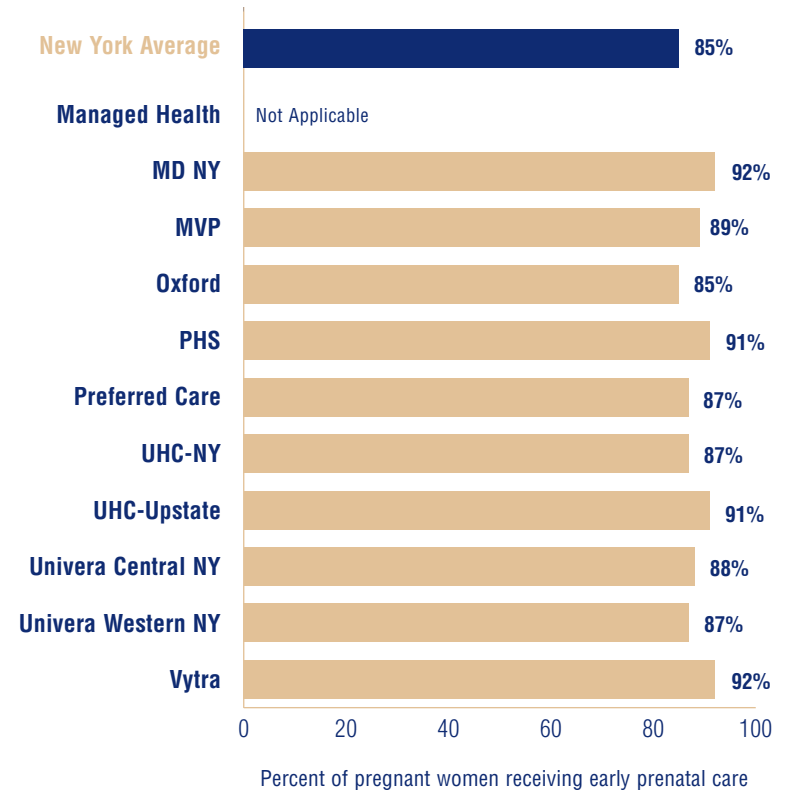
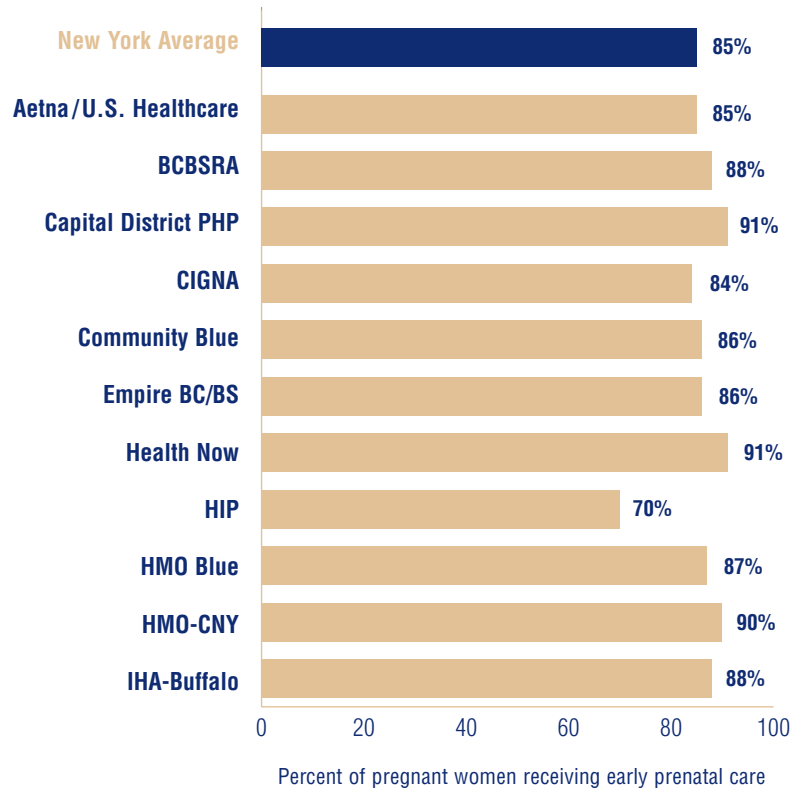
Not Reportable—Data could not be independently verified.

Not Applicable—Sample size too small to report individually.

Early prenatal care

Early prenatal care contributes to having a healthy baby and preventing premature birth. This graph shows the percentage of women in the HMO who received their first prenatal visit during their first three months of pregnancy.

Source: New York State Department of Health vital statistics



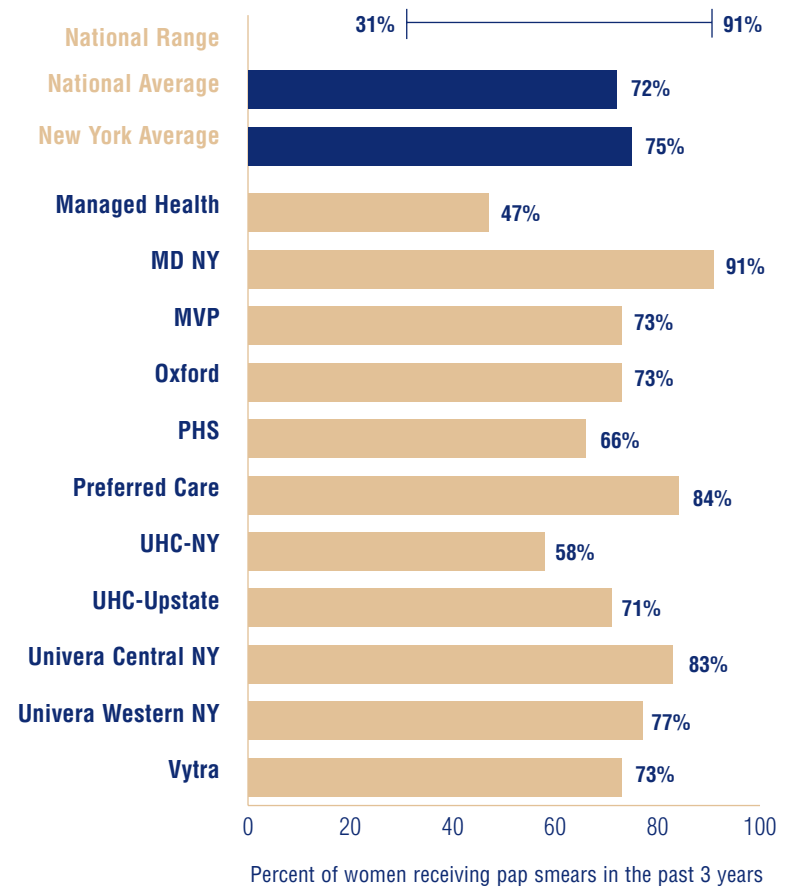
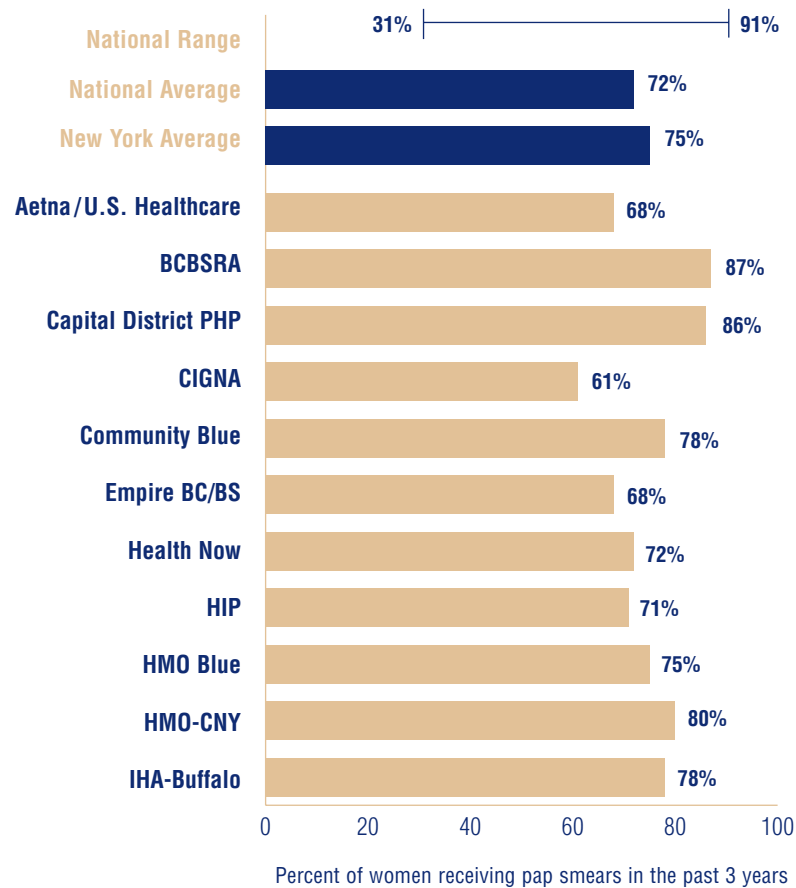
Results for this measure were calculated using the New York State Department of Health's methodology. Therefore, comparable national benchmarks are not available.

Not Applicable—Sample size too small to report individually.

Testing for cervical cancer

Deaths from cervical cancer are reduced significantly by early detection through pap smears. This graph shows the percentage of adult women in the HMO who received pap smears (tests to find cervical cancer) within the past three years.

Source: HMO records

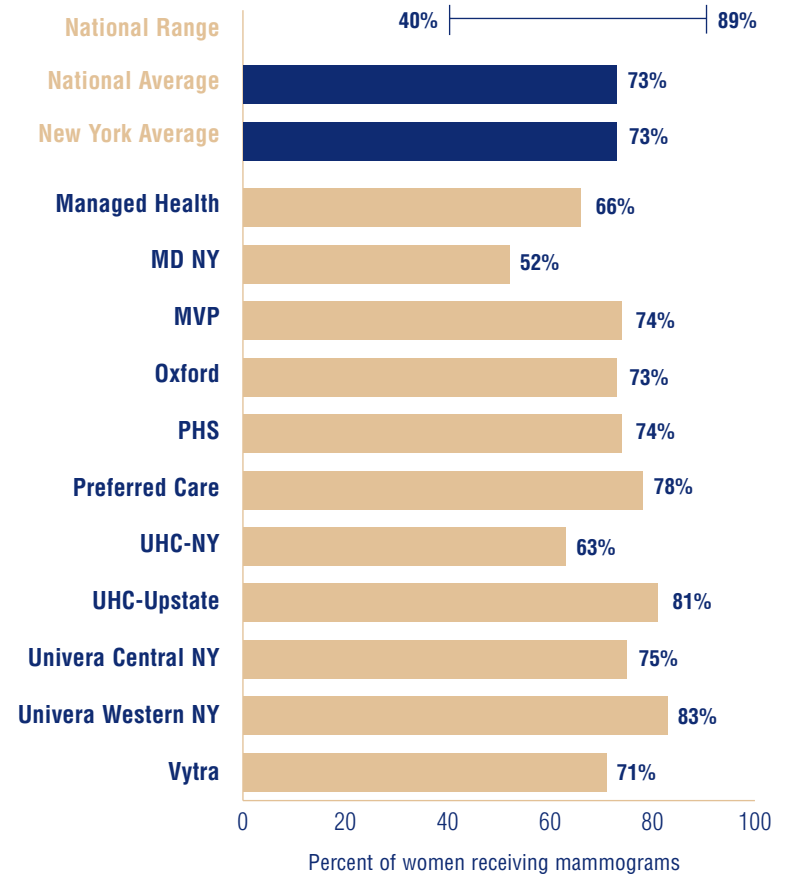
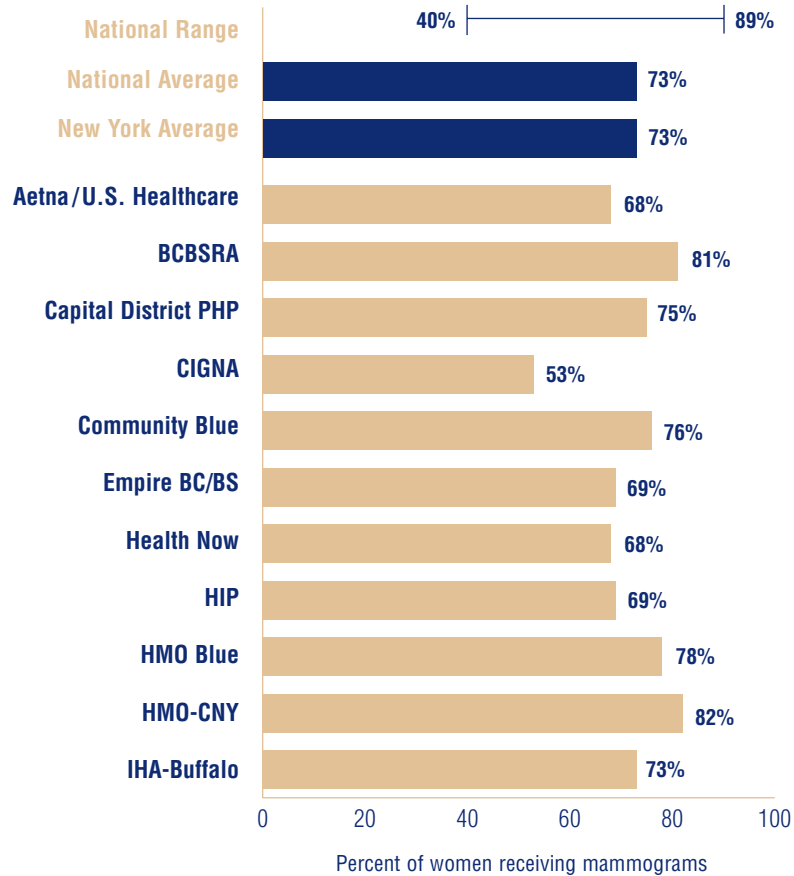


This measure is in the HEDIS 2000 rotation set. Plans are not required to submit new data on this measure every year.

Testing for breast cancer

Women are less likely to die from breast cancer if the cancer is discovered early through mammograms. This graph shows the percentage of women ages 52–69 in the HMO who had mammograms (tests to find breast cancer) within the past two years.

Source: HMO records

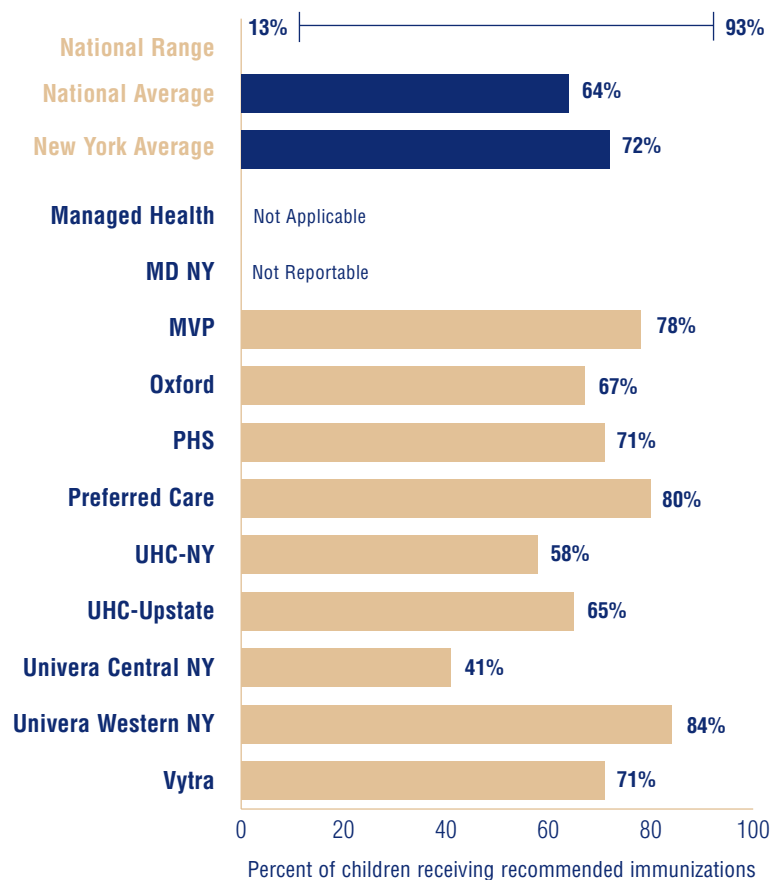
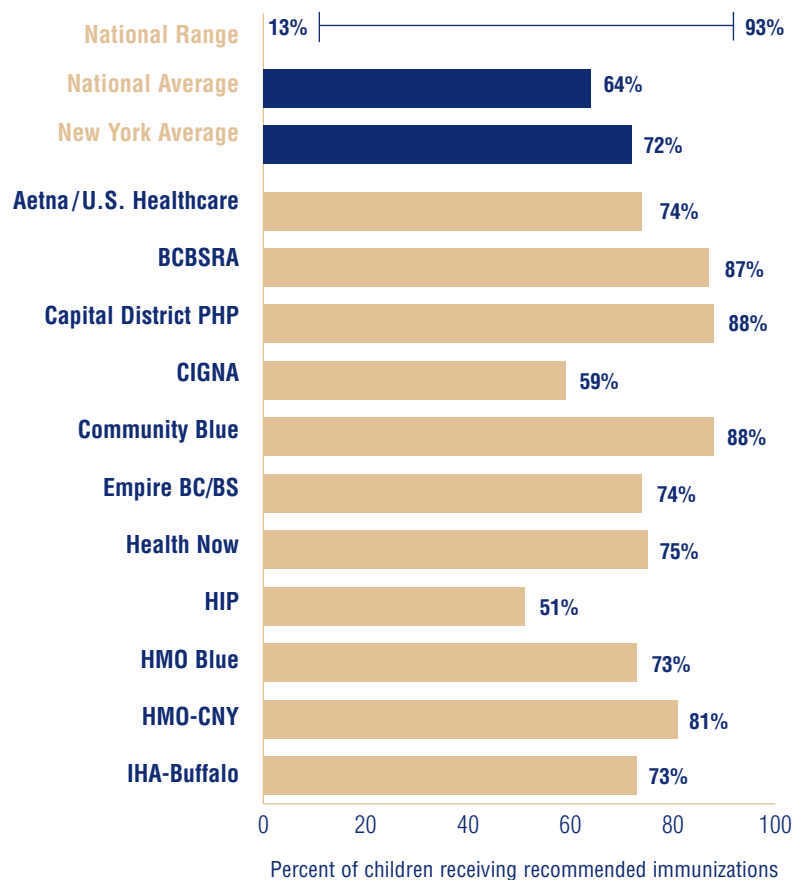


This measure is in the HEDIS 2000 rotation set. Plans are not required to submit new data on this measure every year.

Immunizations for children

Immunizations prevent childhood diseases such as polio, measles, mumps, rubella, Haemophilus influenza type B, hepatitis B, diphtheria, tetanus and pertussis. This graph shows the percentage of children in the HMO who received all recommended doses of vaccines by age two.

Source: HMO records



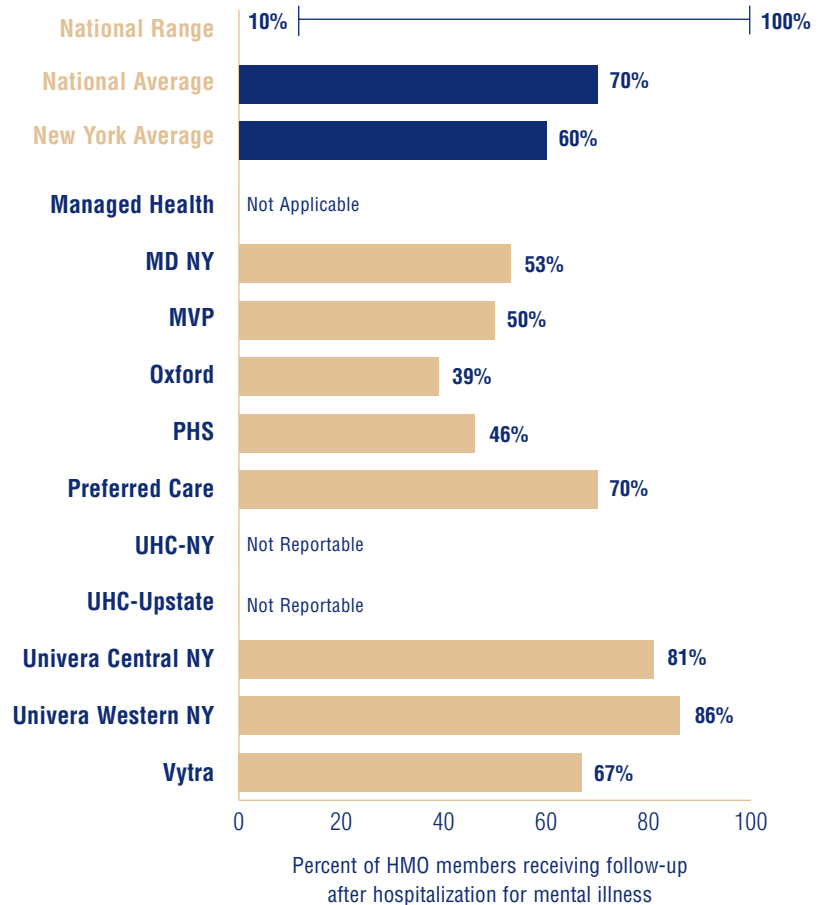
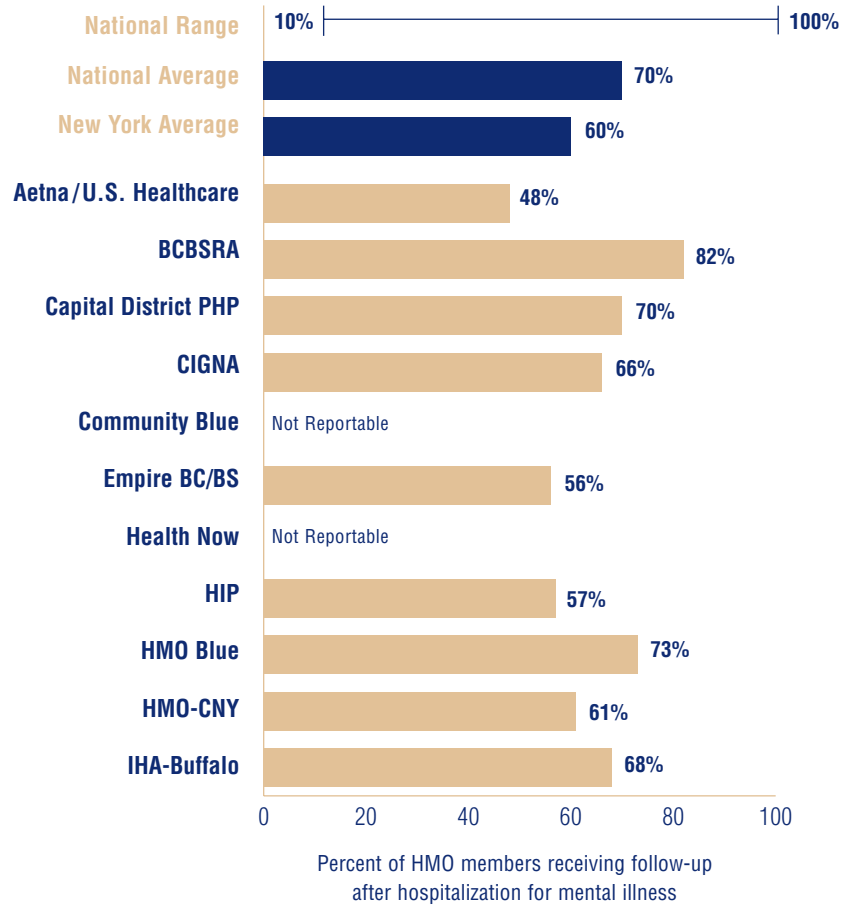
* Rates are based on those reported for the following combination of vaccines: four DTP or DTaP, three OPV or IPV, one MMR, three HepB and two Hib.

Not Applicable—Sample size too small to report individually.
 Not Reportable—Data could not be independently verified.

Follow-up after hospitalization for mental illness

Follow-up therapy is important for patients after they have been hospitalized for mental illness to detect problems at home or work or to adjust medication. This graph shows the percentage of HMO members hospitalized for a mental disorder who were seen by a mental health provider within 30 days of discharge.

Source: HMO records



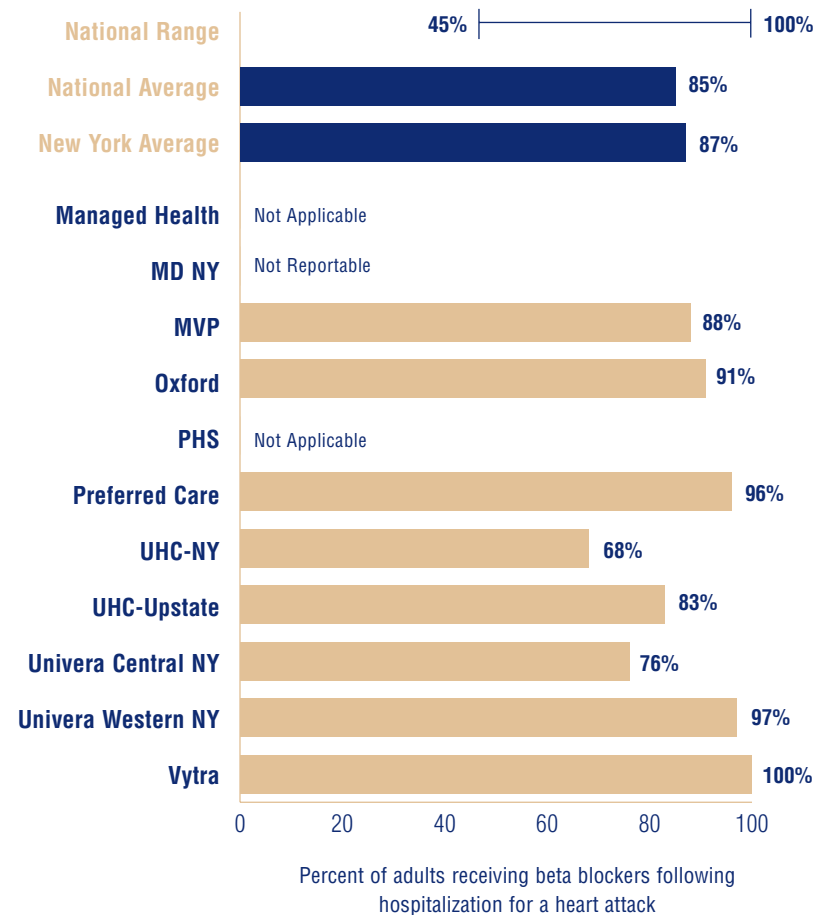
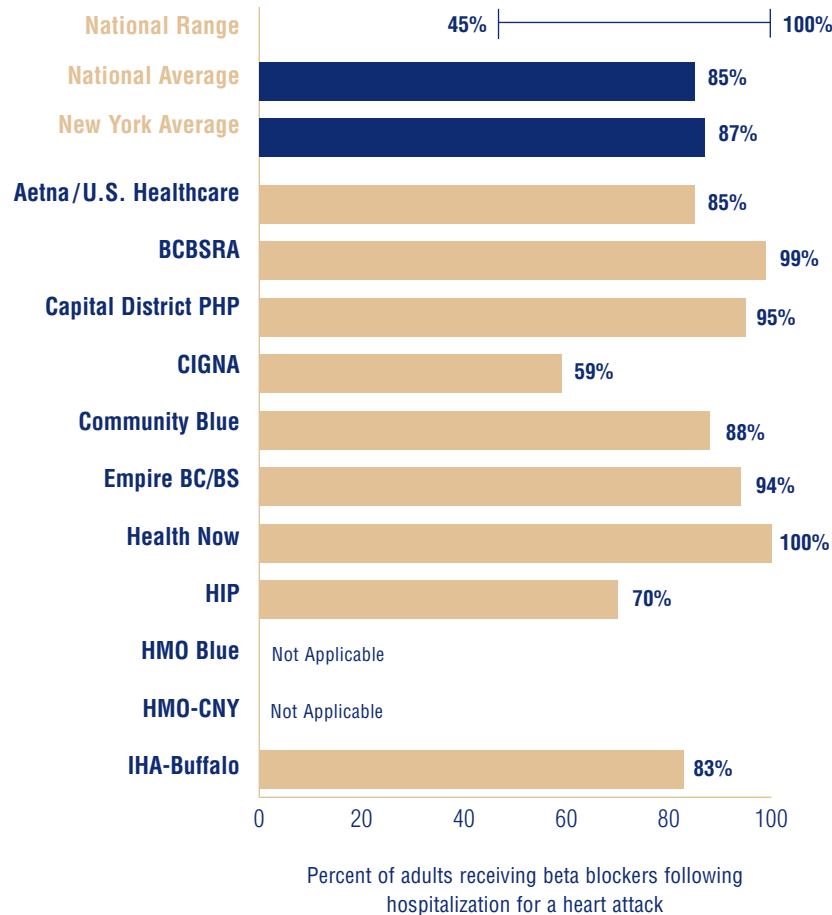
This measure is in the HEDIS 2000 rotation set. Plans are not required to submit new data on this measure every year.

Not Reportable—Data could not be independently verified.

Beta blocker after a heart attack

People who have had a heart attack are at higher risk of having another one. One medical therapy that decreases this risk is the use of beta blockers, which are medications that lower blood pressure and reduce how hard the heart has to work. This graph shows the percentage of eligible HMO members hospitalized for a heart attack who received a beta blocker medication.

Source: HMO records

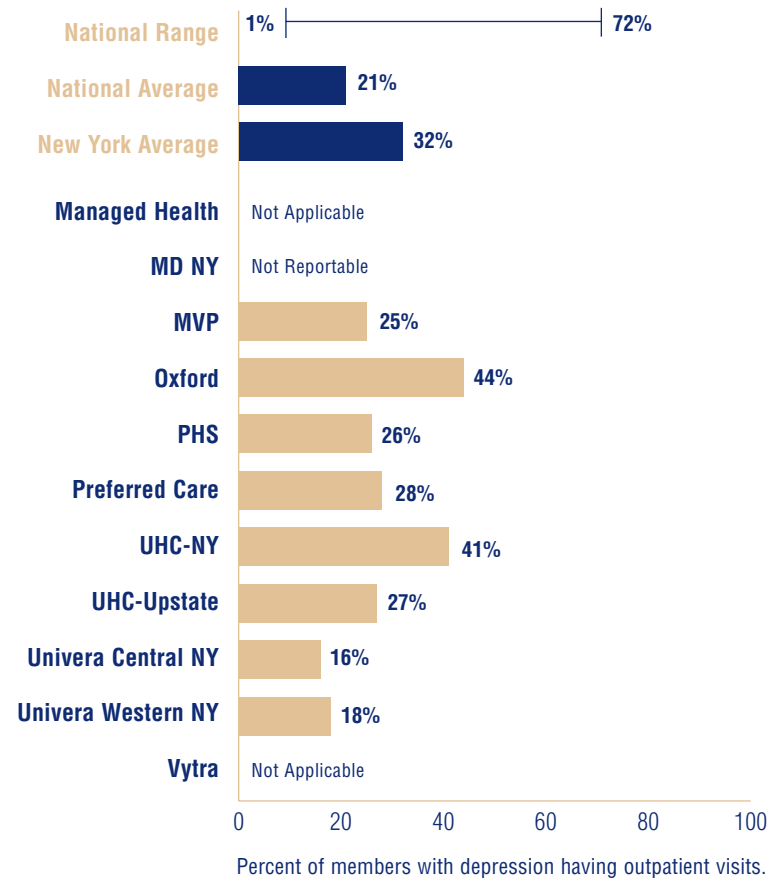
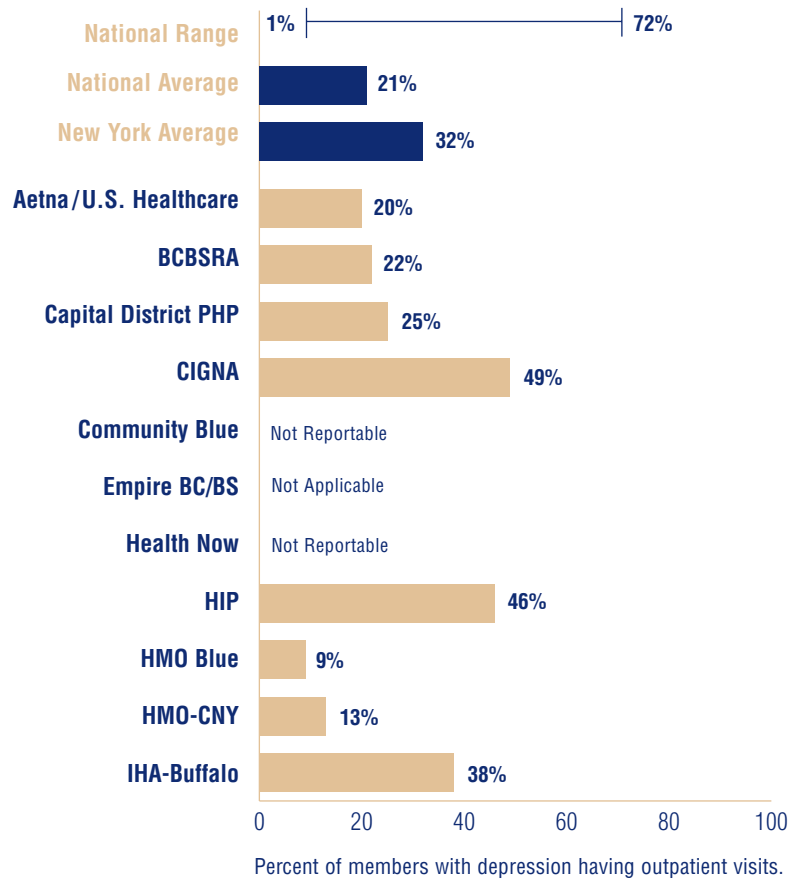


Not Applicable—Sample size too small to report individually.

Management of medication for depression

People who are being treated with medications for depression need to have their care overseen by their provider. This graph shows the percentage of plan members with depression who had at least three follow-up visits in the first 12 weeks after diagnosis.

Source: HMO records



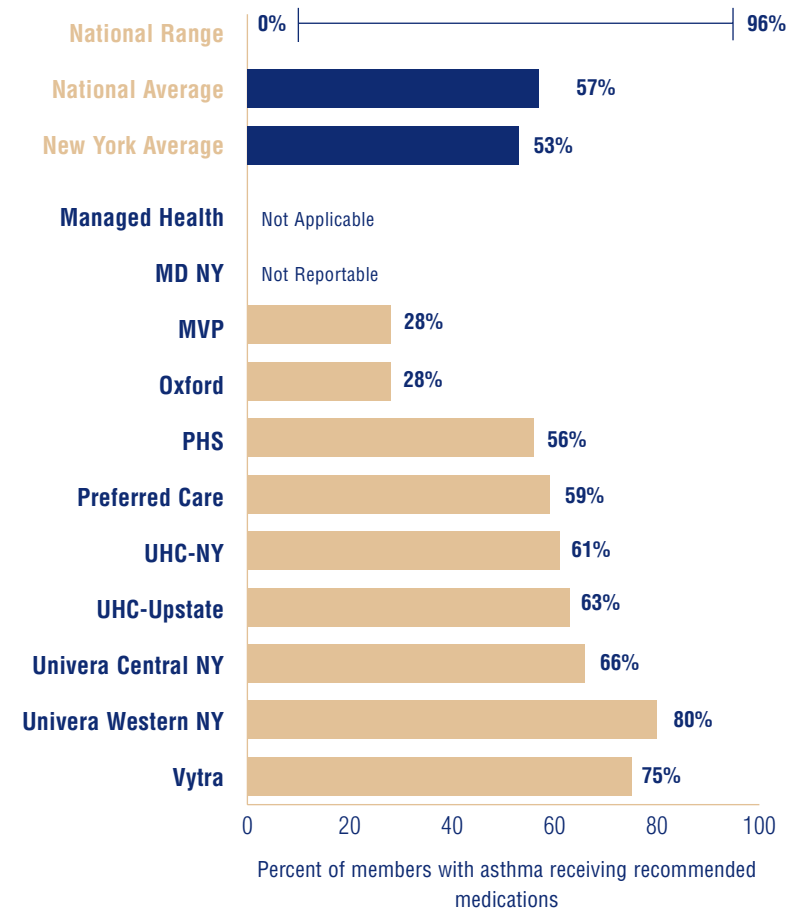
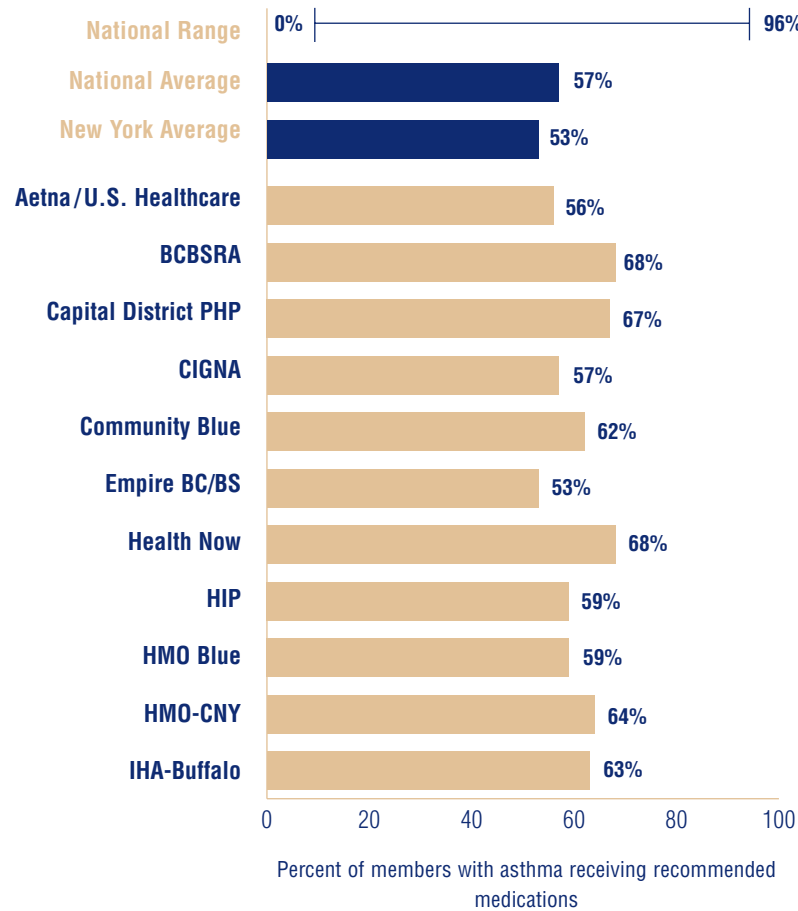
Not Reportable—Data could not be independently verified.

Not Applicable—Sample size too small to report individually.

Appropriate medications for asthma

Most of the time, persistent asthma can be controlled if new patients receive the best medications. This graph shows the percentage of members of all ages with asthma who were prescribed the medications recommended by the National Heart, Lung and Blood Institute. (See pages 36–37 for plan performance reported separately for children and for adults).

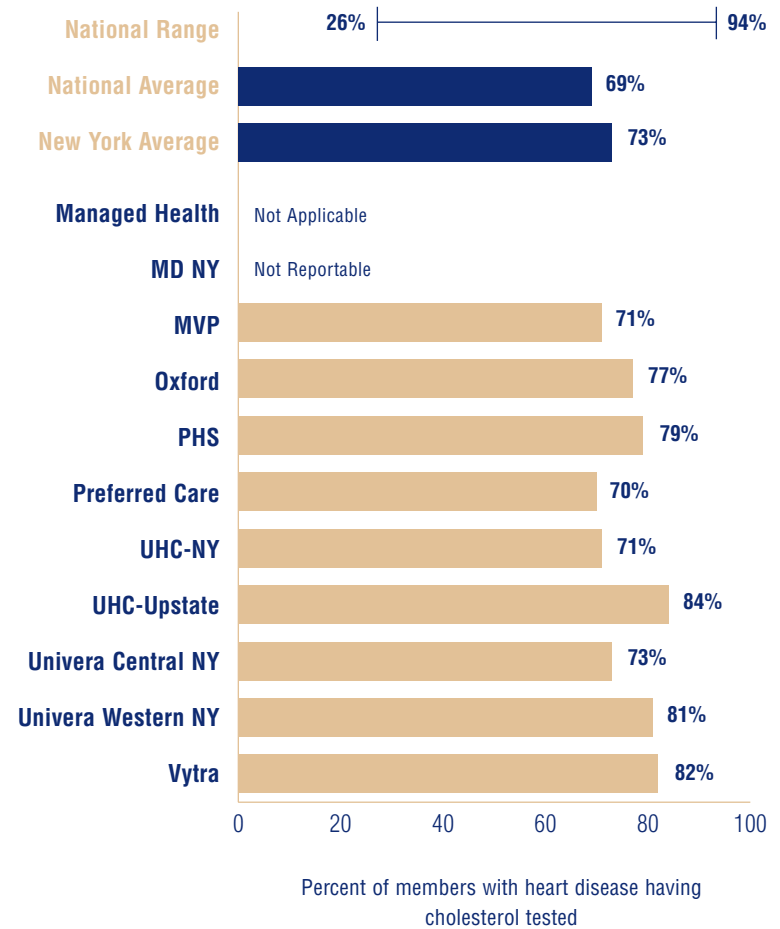
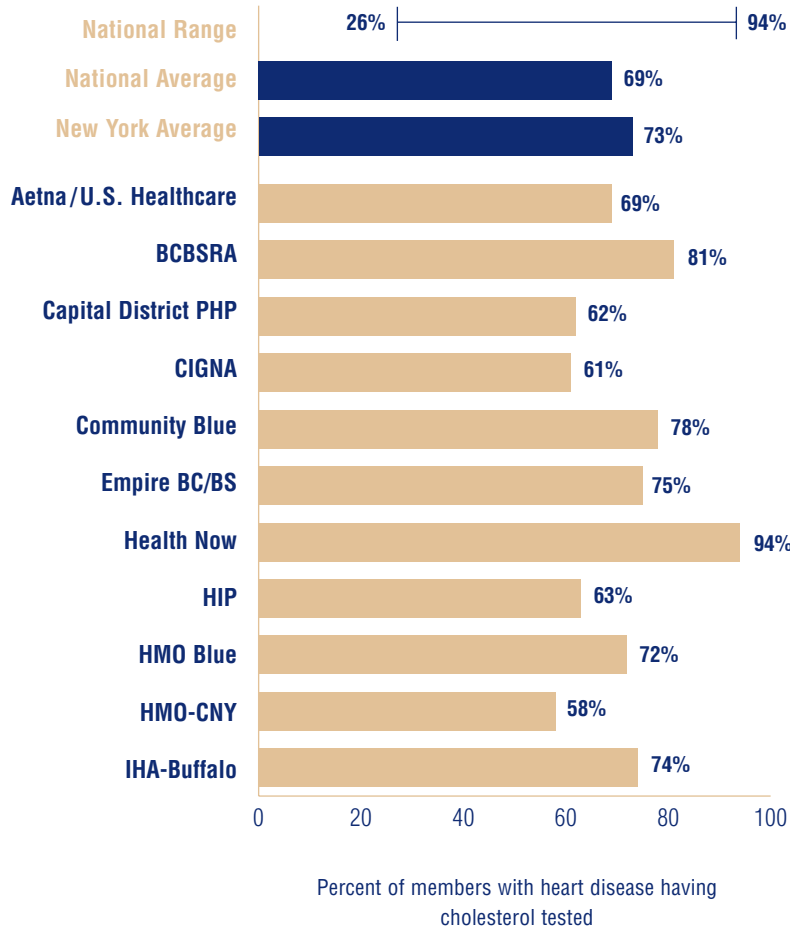
Source: HMO records



Cholesterol screening

Lower cholesterol levels reduce the risk of heart attack. This graph shows the percentage of members with heart disease who had their cholesterol level tested.

Source: HMO records



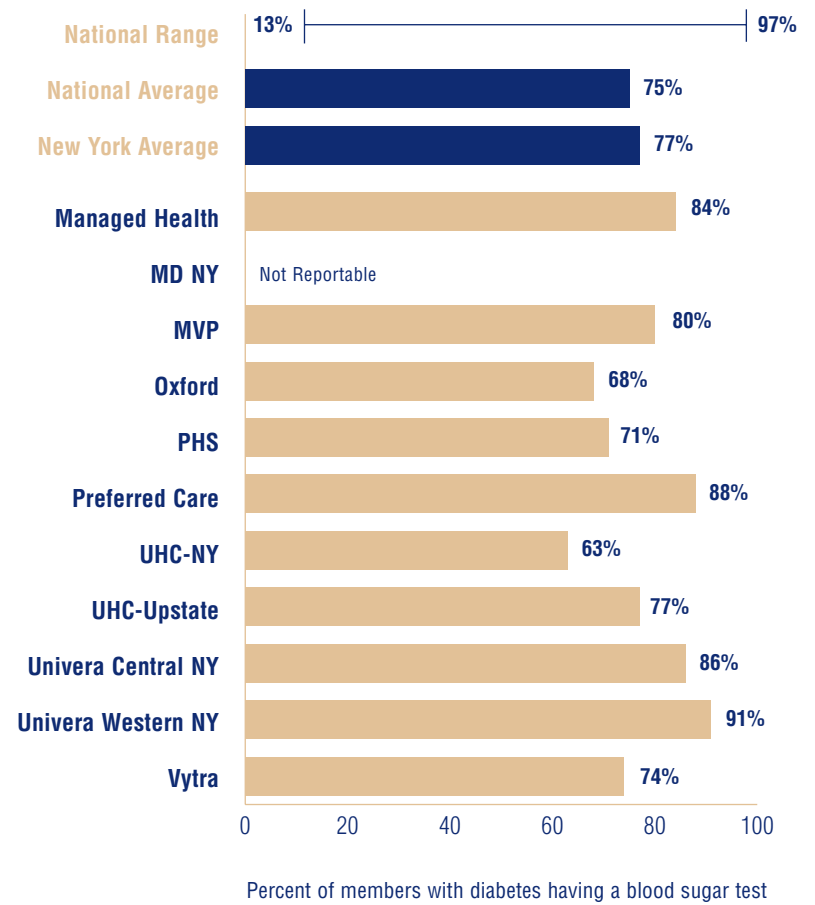
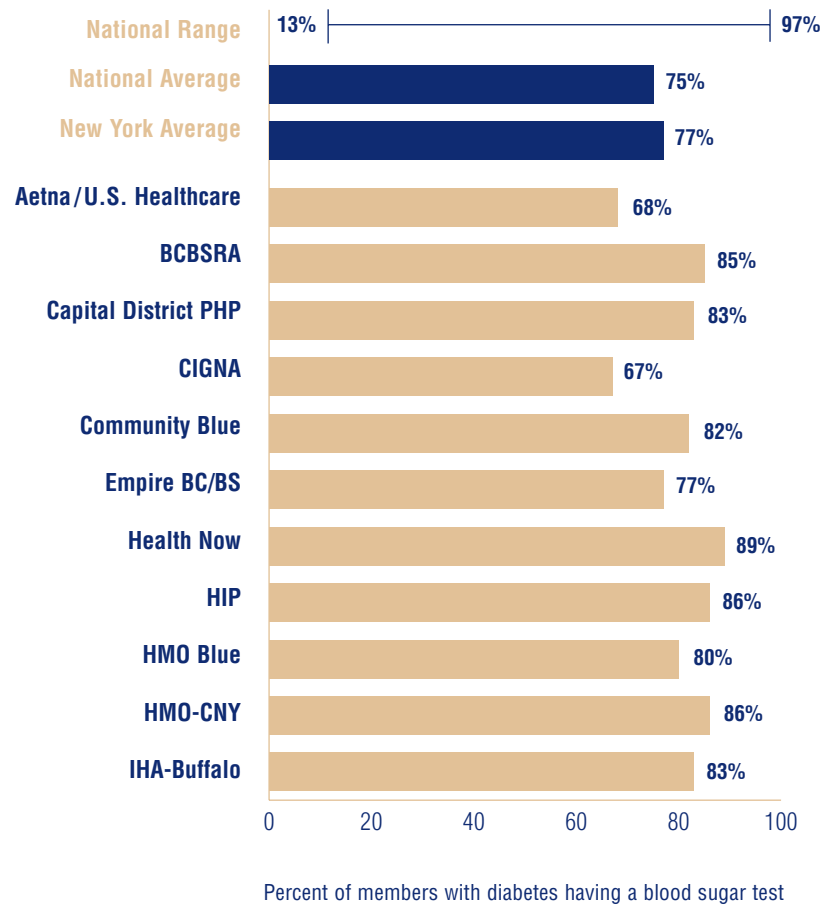
Not Reportable—Data could not be independently verified.

Not Applicable—Sample size too small to report individually.

Blood sugar testing for people with diabetes

Keeping blood sugar levels low can prevent many complications of diabetes. This graph shows the percentage of members with diabetes who had their blood sugar level (glycohemoglobin) tested.

Source: HMO records



How well does the HMO help people with asthma obtain key components of care?

Asthma is a chronic lung disease that can cause episodic breathing problems and is sometimes life-threatening. Asthma episodes vary greatly. Some people rarely have difficulties while others have trouble breathing every day. Recent medical research has shown that individuals

with persistent asthma typically should be on medications that help prevent asthma flares. The percentage of sampled people with asthma from each of the commercial plans who were found to be on such long-term control agents is listed below. The data are taken from the New York State Department of Health’s eQARR 99 report.

The Foundation surveyed each of the plans to ascertain what quality improvement efforts were underway to improve asthma care as of 2001. Most plans have implemented measures to train both clinicians and

PLAN NAME	Appropriate medications for asthma*		Asthma Quality Improvement Project	Asthma Disease Management Program		Education on written asthma management plan		Education on use of long-term controller meds		Education/instruction in use of MDI/spacers	
	5-17 years	18-56 years		Program Implemented	With direct phone consultation or case management	Patients	Clinicians	Patients	Clinicians	Patients	Clinicians
Aetna /U.S. Healthcare	49	59	●	●	●	●	●	●	●	●	●
BCBSRA	65	69	nd	nd	nd	nd	nd	nd	nd	nd	nd
Capital District PHP	63	69	●	●	○	●	○	●	○	●	○
CIGNA	59	56	●	●	●	●	●	●	●	●	●
Community Blue	54	65	●	●	●	●	●	●	●	●	●
Empire BC/BS	50	54	●	●	●	●	●	●	●	●	●
Health Now	66	68	●	●	●	●	●	●	●	●	●
HIP	51	63	●	●	●	●	●	●	●	●	●
HMO Blue	55	61	●	●	●	●	●	●	●	●	●
HMO-CNY	62	65	●	●	●	●	●	●	●	●	●
IHA-Buffalo	57	65	●	●	●	●	●	●	●	●	●

*Percent of eligible sampled patients with persistent asthma who received appropriate medications (inhaled steroids and/or cromolyn).

patients on taking long-term control medications, and the equipment needed to get the medications to the lungs (e.g., inhalers). Most plans also have promoted written management plans that have been shown to help people with asthma take better care of themselves. Plans are also implementing disease management programs—coordinated efforts to provide information and resources to patients and clinicians. These efforts should lead to improved outcomes for people with asthma.

Quality Improvement Project Implementation

- Yes
- No
- nd** No Data Available

PLAN NAME	Appropriate medications for asthma*		Asthma Quality Improvement Project	Asthma Disease Management Program		Education on written asthma management plan		Education on use of long-term controller meds		Education/instruction in use of MDI/spacers	
	5-17 years	18-56 years		Program Implemented	With direct phone consultation or case management	Patients	Clinicians	Patients	Clinicians	Patients	Clinicians
Managed Health	nd	nd	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
MD NY	nd	nd	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
MVP	44	27	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Oxford	19	37	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
PHS	56	56	<input type="radio"/>	<input type="radio"/>	nd	nd	nd	nd	nd	nd	nd
Preferred Care	52	62	<input type="radio"/>	<input type="radio"/>	nd	nd	nd	nd	nd	nd	nd
UHC-NY	56	63	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
UHC-Upstate	68	60	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Univera Central NY	65	66	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Univera Western NY	69	83	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vytra	70	77	<input type="radio"/>	<input type="radio"/>	nd	nd	nd	nd	nd	nd	nd

What purchasers should know before contracting

Access to Care

Is this an “open access” or “gatekeeper” plan? If a “gatekeeper” plan, how are referrals to specialists handled? Once an employee sees a specialist, does he/she need to go back to the “gatekeeper” each time he/she needs to see the specialist again?

If this is not a “gatekeeper” plan, do specialist visits need to be approved in advance?

What percentage of primary care physicians accept new patients?

What procedures need pre-authorization or pre-certification? Are they the same both in and out of network? What are the penalties if the procedures are not followed? Are they the same both in and out of network? What services appear on the plan’s exclusion list?

How does the plan define experimental procedures?

What procedures have limits, either in number of treatments or days associated with them? What are the rules for reimbursing durable medical equipment?

What is the procedure for appeals of denied claims? Is there an opportunity for external review outside of the health plan?

Are out-of-country services covered and to what extent?

How are dependents residing out of the coverage area handled?

Does the plan offer an internet-based platform to review information?

Provider Network

Is the plan accredited? By whom? At what level?

What percentage of participating providers are board certified?

Can the plan produce a print-out of which physicians are affiliated with a specific hospital?

Are there any specialties that are “carved-out” or subcontracted to another vendor? How do these programs differ from the payer’s program (i.e., medical management, referral guidelines, ID cards, phone numbers, etc.)?

How are primary and specialty doctors paid? Are there financial incentives to modify physician behavior? Does quality assessment affect doctors’ compensation?

If an employee’s physician would like to join the network, will the plan accept new providers? How long does it take a physician to be reviewed and added to the network?

What kind of review is undertaken regarding physicians’ backgrounds? What is the plan’s physician turnover rate? How many physicians have been dismissed from the network involuntarily?

How does the plan review quality on an ongoing basis?

What percentage of plan members disenroll from the plan each year?

Out-of-Network Reimbursement

What is the level of reimbursement for out-of-network benefits? Are they the same for out-of-area as well?

Are there reciprocal agreements with out-of-area networks to extend discounts to patients? What is the “reasonable & customary” fee level? How often is it updated? What is the time frame for paying out-of-network claims?

When are service representatives available to answer claims questions?

Do you have a Centers of Excellence program?

Pharmacy Benefits

Is there a pharmacy network? If so, what happens if an employee goes to a non-participating pharmacy?

If there is a drug formulary, what drugs are not in the formulary? Is there a mail order pharmacy program?

How are brand drugs treated when no generic is available?

What if the patient is allergic to the generic?

If a patient is currently being treated with a specific drug and it is not part of the formulary, how will the patient’s needs be met?

Are patients charged differently for generic drugs?

Is there access to non-formulary drugs even if patients pay themselves?

Medical Management

What is the plan’s procedure for defining a covered service, medical necessity or appropriateness and how long a patient can stay in the hospital?

What disease management programs are in place and how will they affect a patient with an existing condition?

What preventive health care programs are in place, e.g., vaccines, immunizations, mammograms, health club membership reimbursement, etc.? Are there other optional covered services? If so, which ones?

Can the plan provide HEDIS® data? If not, why not?

Do you have quality assessment program in place?

Please explain your internal or external appeals processes?

Is there a program in place to address medical errors?

® HEDIS is a registered trademark of the National Committee for Quality Assurance.

*Your source for Quality Health Care
Information on the Web*

New York metropolitan area residents now have an easy-to-use, comprehensive resource for information about the quality of their health care services. Composed of high-quality licensed and public domain content, this website allows consumers to create their own performance reports regarding health plans, hospitals and physician services, and chronic disease management. On the site, you will find:

Compare Your Care—Developed by the nationally-recognized Foundation for Accountability (FACCT), CompareYourCare is a set of web-based tools that help consumers understand what quality health care is and how to work with their doctor to ensure that they are getting the best care.

Compare Health Plans—Accreditation by the National Committee for Quality Assurance (NCQA) is a gold standard in the evaluation of HMO quality of care and service. Look for information on the performance of health plans throughout the metropolitan New York area.



Compare Providers—presented by the Center for Medical Consumers. You need a medical procedure and your doctor has referred you to a specialist or a hospital to have it done. How often has this specialist done the procedure? How about the hospital? The Center for Medical Consumers provides consumers information on the number of these procedures performed in New York State, by hospital and by doctor.

How to file an appeal—Consumer-friendly information on how to file an appeal of a health plan denial in the states of New York, New Jersey and Connecticut.

Links—Links to public access data addressing the performance of doctors, hospitals and health plans in the New York Metropolitan area.

New York State HMO Report Card is published by the
New York State Health Accountability Foundation
1979 Marcus Avenue
Lake Success, NY 11042
Phone: (516) 326-7767, extension 588.

This document may not be reproduced without the written permission
of the New York State Health Accountability Foundation.

For additional copies please call: (516) 326-7767, extension 588.

Additional Resources

New York State Department of Health—www.health.state.ny.us
New York State Department of Insurance—www.ins.state.ny.us
National Committee for Quality Assurance—www.ncqa.org
U.S. Health Care Financing Administration—www.hcfa.gov
Central Office: (410) 786-3000
N.Y. Regional Office: (212) 264-4488