

New York Consumer Guide To Health Insurers

2011

New York State
Andrew M. Cuomo, Governor

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New York Consumer Guide To Health Insurers

About This Guide

The purpose of this Guide is to:

- Inform you of the health insurance products offered in New York State and how they work.
- Help you choose a health insurer based on quality of care and service.

Data Sources

The information in this Guide comes from two New York agencies.

1. New York State Insurance Department (NYSID) is responsible for protecting the public interest by supervising and regulating insurance business in New York State.

- NYSID compiles the complaint and appeal information that appears on pages 3-22 and grievance information that appears on pages 29-30.
- NYSID data are from calendar year 2010.

2. New York State Department of Health (DOH) works to protect and promote the health of New Yorkers through prevention, science and ensuring delivery of quality health care. DOH compiles the complaint data on page 4 and the information on HMO performance that appears on pages 23-28.

- DOH collects data through the New York State Department of Health's Quality Assurance Reporting Requirements (QARR) and the Consumer Assessment of Healthcare Providers and Systems (CAHPS®).¹
- DOH data are from calendar year 2009, except where noted.

Details About the Data

- The Guide does not include:
 - HMOs with less than \$25 million in premiums or fewer than 5,000 members.
 - Commercial and non-profit companies with less than \$50 million in premiums.
 - Data for Medicare, Medicaid or self-insured plans.²
- Health insurers are listed alphabetically in the data tables, except for the Overall Complaint Ranking table on pages 33-35.
- Some health insurer names are listed using different names depending on whether the data are reported by the Insurance Department by the Department of Health.

¹ CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

² For information about Medicare coverage, call the Centers for Medicare & Medicaid Services (CMS), the federal agency that oversees this program, at 800-MEDICARE (800-633-4227), or visit the Web site 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 visit the Web site at www.hiicap.state.ny.us. For information on New York's Medicaid program, contact your local county Department of Social Services.

Complaints

Each year, NYSID and DOH receive complaints about health insurers from consumers and health care providers. After reviewing each complaint, the State determines if the health insurer acted appropriately. If the State determines that the insurer did not act in accordance with their statutory and contractual obligations, the health insurer must resolve the problem.

Understanding the Charts

- **Rank:** A better rank means that the health insurer had fewer upheld complaints, relative to its size. If the ratios are the same, the health insurer with the largest premium is ranked higher.
 - **Total Complaints to NYSID:** Total number of complaints closed by the Insurance Department in 2010. Complaints typically involve issues related to prompt payment, reimbursement, coverage, benefits, rates and premiums.
 - **Upheld Complaints by NYSID:** Number of closed complaints resolved in favor of the member or provider because the Insurance Department determined that the health insurer did not comply with statutory or contractual obligations. Complaints upheld by the Insurance Department are used to calculate the complaint ratio and rank.
 - **Premium:** Dollar amount of premiums generated by a health insurer in New York during 2010. Premiums are used to calculate the complaint ratio so that health insurers of different sizes can be compared fairly. Premium data exclude Medicare and Medicaid.
- **Complaint Ratio:** Number of upheld complaints (complaints resolved in favor of the member or provider) by NYSID, divided by the health insurer's total annual premium. Total annual premium, a measure of a health insurer's size, is used to calculate the complaint ratio. Large health insurers may receive more complaints because they have more members than smaller health insurers.
 - **Total Complaints to DOH:** Total number of complaints against HMOs closed by DOH. Complaints to DOH involve concerns about the quality of care received by HMO members.
 - **Upheld Complaints to DOH:** Number of complaints closed by DOH that were decided in favor of the consumer or provider.

Complaints - HMOs 2010

Data Source: NYSID and DOH

HMO	Data Compiled by the New York State Insurance Department (NYSID)					Data Compiled by the NYS Department of Health (DOH) ²	
	Rank ¹ 1 = Best 11 = Worst	Total Complaints to NYSID	Upheld Complaints by NYSID	Premiums (Millions \$)	Complaint Ratio	Total Complaints to DOH ³	Upheld Complaints by DOH ³
Aetna Health Inc.	8	281	71	502.69	0.1412	2	1
Atlantis Health Plan	11	479	395	113.48	3.4808	7	2
CDPHP	7	165	72	625.02	0.1152	11	3
Community Blue (Healthnow)	2	21	3	265.75	0.0113	17	1
Empire HealthChoice HMO, Inc.	5	499	102	1,118.77	0.0912	5	0
Excellus Health Plan, Inc.	6	122	40	415.17	0.0963	24	0
GHI HMO Select, Inc.	10	87	14	44.70	0.3132	2	1
HIP HMO	9	917	432	2,095.73	0.2061	16	5
Independent Health Association, Inc. (IHA)	1	49	0	354.90	0.0000	6	1
MVP Health Plan, Inc.	3	119	26	877.84	0.0296	5	1
Oxford Health Plans of NY, Inc.	4	594	100	1,199.26	0.0834	5	0
Total		3,333	1,255	7,613.29	0.1648	100	15

¹ HMOs with a lower complaint ratio receive a better rank.

² Data represents new collection methods from all sources and cannot be compared to complaint totals reported in previous years.

³ Data are from 2010.

Complaints - Non-profit Indemnity Insurers 2010

Data Source: NYSID

Non-profit Indemnity Insurer	Rank ¹ 1 = Best 4 = Worst	Total Complaints To NYSID	Upheld Complaints By NYSID	Premiums (Millions \$)	Complaint Ratio
Excellus Health Plan, Inc.	3	314	94	3,814.84	0.0250
Group Health, Inc. (GHI)	4	1,613	669	3,315.74	0.2020
Healthnow New York, Inc.	2	117	18	1,600.52	0.0110
Independent Health Benefits Corporation	1	75	0	425.92	0.0000
Total		2,119	781	9,157.01	0.0853

¹ Health insurers with a lower complaint ratio receive a better rank.

Complaints - Commercial Insurers 2010

Data Source: NYSID

Commercial Insurer	Rank ^{1,2} 1 = Best 35 = Worst	Total Complaints To NYSID	Upheld Complaints By NYSID	Premiums (Millions \$)	Complaint Ratio
Aetna Life Insurance Company	31	395	157	1,301.27	0.1207
American Family Life Assurance Company of New	19	21	3	210.82	0.0142
American Progressive Life and Health Insurance	11	8	1	534.87	0.0019
Berkshire Life Insurance Company of America	23	4	1	54.07	0.0185
CIGNA Life Insurance Company of New York	3	6	0	92.99	0.0000
Combined Life Insurance Company of New York	15	33	1	113.57	0.0088
Connecticut General Life Insurance Company	32	158	91	747.70	0.1217
Delta Dental Insurance Company ³	1	4	0	508.89	0.0000
Empire HealthChoice Assurance, Inc.	28	963	224	4,646.53	0.0482
First Rehabilitation Life Insurance Company of America	17	1	1	90.58	0.0110
First Unum Life Insurance Company	12	21	1	295.11	0.0034
Freelancers Insurance Company, Inc.	35	62	31	85.21	0.3638
Genworth Life Insurance Company of New York	2	7	0	150.55	0.0000
Guardian Life Insurance Company of America	26	79	12	408.01	0.0294
Hartford Life Insurance Company	13	13	1	176.86	0.0057
HIP Insurance Company of New York	34	123	59	197.80	0.2983
HM Life Insurance Company of New York	18	1	1	76.31	0.0131
John Hancock Life & Health Insurance Company	14	1	1	133.02	0.0075
Massachusetts Mutual Life Insurance Company	6	1	0	63.44	0.0000

¹ If the ratios are the same among insurers, the insurer with the higher annual premium amount receives a better rank.

² Health insurers with a lower complaint ratio receive a better rank.

³ Plan issues dental coverage only.

Complaints - Commercial Insurers 2010

Data Source: NYSID

Commercial Insurer	Rank ^{1,2} 1 = Best 35 = Worst	Total Complaints To NYSID	Upheld Complaints By NYSID	Premiums (Millions \$)	Complaint Ratio
MetLife Insurance Company of Connecticut	10	4	0	51.53	0.0000
Metropolitan Life Insurance Company	22	49	9	531.37	0.0169
Mutual of Omaha Insurance Company	8	14	0	57.81	0.0000
MVP Health Insurance Company	25	74	19	698.23	0.0272
New York Life Insurance Company	5	2	0	65.93	0.0000
Nippon Life Insurance Company of America	27	5	3	63.18	0.0475
Northwestern Mutual Life Insurance Company	4	1	0	74.77	0.0000
Oxford Health Insurance, Inc.	30	1,442	234	4,830.29	0.0484
Paul Revere Life Insurance Company	24	5	1	50.35	0.0199
Prudential Insurance Company of America	16	8	1	99.31	0.0101
Standard Life Insurance Company of New York	7	1	0	58.28	0.0000
Standard Security Life Insurance Company of New	9	2	0	57.07	0.0000
Transamerica Financial Life Insurance Company	20	14	1	65.53	0.0153
United States Life Insurance Company	29	25	5	102.39	0.0488
UnitedHealthcare Insurance Company of New York	33	864	308	5,439.95	0.0566
Zurich American Insurance Company	21	1	1	61.18	0.0163
Total		4,412	1,167	22,194.77	0.0526

¹ If the ratios are the same among insurers, the insurer with the higher annual premium amount receives a better rank.

² Health insurers with a lower complaint ratio receive a better rank.

Prompt Pay Complaints

New York requires all health insurers to:

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

NYSID has a dedicated hotline for consumers and providers to file prompt pay complaints at 800-358-9260.

Understanding the Charts

- **Rank:** A better rank means that the health insurer had fewer upheld prompt pay complaints, relative to its size. If the ratios are the same, the health insurer with the higher premium is ranked higher.
- **Total Complaints:** Total number of complaints closed by the Insurance Department in 2010. 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 the Insurance Department in 2010.
- **Upheld Prompt Pay Complaints:** Number of closed prompt pay complaints where the Insurance Department determined the health insurer was not processing claims in a timely manner.
- **Premium:** Dollar amount of premiums generated by a health insurer in New York in 2010. Premiums are used to calculate the prompt pay complaint ratio so that health insurers of different sizes can be compared. Premium data exclude Medicare and Medicaid.
- **Prompt Pay Complaint Ratio:** Number of upheld prompt pay complaints divided by a health insurer's total annual premium. Large health insurers might receive more complaints because they have more members and pay more claims than smaller health insurers.

Prompt Pay Complaints - HMOs 2010

Data Source: NYSID

HMO	Rank ^{1,2} 1 = Best 11 = Worst	Total Complaints	Total Prompt Pay Complaints	Upheld Prompt Pay Complaints	Premiums (Millions \$)	Prompt Pay Complaint Ratio
Aetna Health Inc.	7	281	101	22	502.69	0.0438
Atlantis Health Plan	11	479	375	339	113.48	2.9874
CDPHP	8	165	70	46	625.02	0.0736
Community Blue (Healthnow)	2	21	3	0	265.75	0.0000
Empire HealthChoice HMO, Inc.	4	499	166	35	1,118.77	0.0313
Excellus Health Plan, Inc.	5	122	24	14	415.17	0.0337
GHI HMO Select, Inc.	10	87	43	9	44.70	0.2014
HIP HMO	9	917	435	262	2,095.73	0.1250
Independent Health Association, Inc. (IHA)	1	49	1	0	354.90	0.0000
MVP Health Plan, Inc.	3	119	25	11	877.84	0.0125
Oxford Health Plans of NY, Inc.	6	594	259	41	1,199.26	0.0342
Total		3,333	1,502	779	7,613.29	0.1023

¹ If the ratios are the same among insurers, the insurer with the higher annual premium amount receives a better rank.

² HMOs with a lower complaint ratio receive a better rank.

Prompt Pay Complaints - Non-profit Indemnity Insurers 2010

Data Source: NYSID

Non-Profit Indemnity Insurer	Rank ¹ 1 = Best 4 = Worst	Total Complaints	Total Prompt Pay Complaints	Upheld Prompt Pay Complaints	Premiums (Millions \$)	Prompt Pay Complaint Ratio
Excellus Health Plan, Inc.	3	314	80	51	3,814.84	0.0100
Group Health, Inc. (GHI)	4	1,613	671	252	3,315.74	0.0800
Healthnow New York, Inc.	2	117	40	5	1,600.52	0.0000 ²
Independent Health Benefits Corporation	1	75	0	0	425.92	0.0000
Total		2,119	791	308	9,157.01	0.0336

¹ Health insurers with a lower complaint ratio receive a better rank.

² The actual ratio is not 0 due to rounding to the ten thousandths.

Prompt Pay Complaints - Commercial Insurers 2010

Data Source: NYSID

Commercial Insurer	Rank ^{1,2} 1 = Best 35 = Worst	Total Complaints	Total Prompt Pay Complaints	Upheld Prompt Pay Complaints	Premiums (Millions \$)	Prompt Pay Complaint Ratio
Aetna Life Insurance Company	32	395	131	68	1,301.27	0.0523
American Family Life Assurance Company of New	21	21	8	1	210.82	0.0047
American Progressive Life and Health Insurance	1	8	1	0	534.87	0.0000
Berkshire Life Insurance Company of America	27	4	2	1	54.07	0.0185
CIGNA Life Insurance Company of New York	7	6	0	0	92.99	0.0000
Combined Life Insurance Company of New York	24	33	12	1	113.57	0.0088
Connecticut General Life Insurance Company	33	158	60	41	747.70	0.0548
Delta Dental Insurance Company ³	2	4	1	0	508.89	0.0000
Empire HealthChoice Assurance, Inc.	29	963	466	115	4,646.53	0.0247
First Rehabilitation Life Insurance Company of America	8	1	0	0	90.58	0.0000
First Unum Life Insurance Company	3	21	2	0	295.11	0.0000
Freelancers Insurance Company, Inc.	34	62	6	5	85.21	0.0587
Genworth Life Insurance Company of New York	4	7	2	0	150.55	0.0000
Guardian Life Insurance Company of America	20	79	17	1	408.01	0.0025
Hartford Life Insurance Company	23	13	4	1	176.86	0.0057
HIP Insurance Company of New York	35	123	51	31	197.80	0.1567
HM Life Insurance Company of New York	9	1	0	0	76.31	0.0000
John Hancock Life & Health Insurance Company	5	1	0	0	133.02	0.0000
Massachusetts Mutual Life Insurance Company	12	1	0	0	63.44	0.0000

¹ If the ratios are the same among insurers, the insurer with the higher annual premium amount receives a better rank.

² Health insurers with a lower complaint ratio receive a better rank.

³ Plan issues dental coverage only.

Prompt Pay Complaints - Commercial Insurers 2010

Data Source: NYSID

Commercial Insurer	Rank ^{1,2} 1 = Best 35 = Worst	Total Complaints	Total Prompt Pay Complaints	Upheld Prompt Pay Complaints	Premiums (Millions \$)	Prompt Pay Complaint Ratio
MetLife Insurance Company of Connecticut	18	4	0	0	51.53	0.0000
Metropolitan Life Insurance Company	22	49	11	3	531.37	0.0056
Mutual of Omaha Insurance Company	16	14	1	0	57.81	0.0000
MVP Health Insurance Company	25	74	19	7	698.23	0.0100
New York Life Insurance Company	11	2	0	0	65.93	0.0000
Nippon Life Insurance Company of America	13	5	0	0	63.18	0.0000
Northwestern Mutual Life Insurance Company	10	1	1	0	74.77	0.0000
Oxford Health Insurance, Inc.	28	1,442	517	92	4,830.29	0.0190
Paul Revere Life Insurance Company	19	5	1	0	50.35	0.0000
Prudential Insurance Company of America	6	8	1	0	99.31	0.0000
Standard Life Insurance Company of New York	15	1	0	0	58.28	0.0000
Standard Security Life Insurance Company of New	17	2	1	0	57.07	0.0000
Transamerica Financial Life Insurance Company	26	14	7	1	65.53	0.0153
United States Life Insurance Company	31	25	11	3	102.39	0.0293
UnitedHealthcare Insurance Company of New York	30	864	301	141	5,439.95	0.0259
Zurich American Insurance Company	14	1	0	0	61.18	0.0000
Total		4,412	1,634	512	22,194.77	0.0231

¹ If the ratios are the same among insurers, the insurer with the higher annual premium amount receives a better rank.

² Health insurers with a lower complaint ratio receive a better rank.

Internal Appeals

An internal appeal or utilization review (UR) occurs when a consumer asks a health insurer to reconsider its refusal to pay for a medical service that the health insurer considers experimental, investigational or not medically necessary. If you are an HMO member, you may also appeal when the HMO denies a request for out-of-network service if it offers an alternate service in-network. Health insurers 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 insurer by consumers and providers in 2010.
- **Closed Appeals:** Number of internal appeals that the health insurer decided by the end of 2010.
- **Reversed Appeals:** Number of closed internal appeals that the health insurer decided in favor of the consumer. If an internal appeal decision is reversed on appeal, the health insurer agrees to pay for the service or procedure.
- **Reversal Rate:** Percentage of reversed appeals divided by closed appeals.

Keep in Mind

Pay specific attention to a health insurer that has a very high or very low reversal rate. Please note the following.

- There is no “ideal” reversal rate.
- A low reversal rate may indicate that the health insurer makes its initial decisions correctly, so fewer decisions require reversal, but an unusually low reversal rate may indicate that the health insurer does not give appropriate reconsideration to initial decisions.
- A high reversal rate may indicate that a health insurer’s internal appeal process is responsive to consumers, but an unusually high reversal rate may indicate that the health insurer’s process for making initial medical necessity decisions is flawed.
- The number of internal appeals filed may be higher for health insurers that actively promote the appeal process and encourage members to appeal denied services.

Internal Appeals - HMOs 2010

Data Source: NYSID

HMO	Filed Appeals	Closed Appeals ¹	Reversed Appeals	Reversal Rate
Aetna Health Inc.	367	349	142	40.69%
Atlantis Health Plan	957	957	535	55.90%
CDPHP ²	190	197	77	39.09%
Community Blue (Healthnow)	143	140	42	30.00%
Empire HealthChoice HMO, Inc.	395	395	102	25.82%
Excellus Health Plan, Inc.	323	349	143	40.97%
GHI HMO Select, Inc.	84	83	33	39.76%
HIP HMO	1,191	1,161	630	54.26%
Independent Health Association, Inc. (IHA)	79	79	30	37.97%
MVP Health Plan, Inc.	186	188	63	33.51%
Oxford Health Plans of NY, Inc.	1,628	1,638	843	51.47%
Total	5,543	5,536	2,640	47.69%

¹ Closed internal appeals can exceed filed internal appeals in 2010 because closed internal appeals also include internal appeals filed prior to 2010.

² Includes internal appeals for the non-profit company.

Internal Appeals - Non-profit Indemnity Insurers 2010

Data Source: NYSID

Non-Profit Indemnity Insurer	Filed Appeals	Closed Appeals ¹	Reversed Appeals	Reversal Rate
Excellus Health Plan, Inc.	2,403	2,408	903	37.50%
Group Health, Inc. (GHI)	5,225	5,080	2,693	53.01%
Healthnow New York, Inc.	635	635	190	29.92%
Independent Health Benefits Corporation	67	69	29	42.03%
Total	8,330	8,192	3,815	46.57%

¹ Closed internal appeals can exceed filed internal appeals in 2010 because closed internal appeals also include internal appeals filed prior to 2010.

Internal Appeals -Commercial Insurers 2010

Data Source: NYSID

Commercial Insurer ¹	Filed Appeals	Closed Appeals ²	Reversed Appeals	Reversal Rate
Aetna Life Insurance Company	1,603	1,593	510	31.82%
American Family Life Assurance Company of New	0	0	0	0.00%
American Progressive Life and Health Insurance	0	0	0	0.00%
Berkshire Life Insurance Company of America	0	0	0	0.00%
CIGNA Life Insurance Company of New York	0	0	0	0.00%
Combined Life Insurance Company of New York	0	0	0	0.00%
Connecticut General Life Insurance Company	1,021	948	309	30.26%
Delta Dental Insurance Company	0	0	0	0.00%
Empire HealthChoice Assurance, Inc.	92	83	31	33.70%
First Rehabilitation Life Insurance Company of America	0	0	0	0.00%
First Unum Life Insurance Company	0	0	0	0.00%
Freelancers Insurance Company, Inc.	43	46	11	25.58%
Genworth Life Insurance Company of New York	0	0	0	0.00%
Guardian Life Insurance Company of America	2,632	2,611	1,737	66.00%
Hartford Life Insurance Company	0	0	0	0.00%
HIP Insurance Company of New York	63	57	34	53.97%
HM Life Insurance Company of New York	0	0	0	0.00%

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

² Closed internal appeals can exceed filed internal appeals in 2010 because closed internal appeals also include internal appeals filed prior to 2010.

Internal Appeals -Commercial Insurers 2010

Data Source: NYSID

Commercial Insurer ¹	Filed Appeals	Closed Appeals ²	Reversed Appeals	Reversal Rate
John Hancock Life & Health Insurance Company	0	0	0	0.00%
Massachusetts Mutual Life Insurance Company	0	0	0	0.00%
MetLife Insurance Company of Connecticut	0	0	0	0.00%
Metropolitan Life Insurance Company	12,284	12,284	10,590	86.21%
Mutual of Omaha Insurance Company	0	0	0	0.00%
MVP Health Insurance Company	206	206	37	17.96%
New York Life Insurance Company	0	0	0	0.00%
Nippon Life Insurance Company of America	6	6	0	0.00%
Northwestern Mutual Life Insurance Company	0	0	0	0.00%
Oxford Health Insurance, Inc.	4,611	4,606	2,360	51.18%
Paul Revere Life Insurance Company	0	0	0	0.00%
Prudential Insurance Company of America	0	0	0	0.00%
Standard Life Insurance Company of New York	25	22	5	20.00%
Standard Security Life Insurance Company of New	0	0	0	0.00%
Transamerica Financial Life Insurance Company	0	0	0	0.00%
United States Life Insurance Company	2	3	1	50.00%
UnitedHealthcare Insurance Company of New York	44,599	44,894	17,681	39.64%
Zurich American Insurance Company	0	0	0	0.00%
Total	67,187	67,359	33,306	49.57%

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

² Closed internal appeals can exceed filed internal appeals in 2010 because closed internal appeals also include internal appeals filed prior to 2010.

External Appeals

After an internal appeal, consumers may request an external appeal when a health insurer continues to deny health care services on the basis that services are experimental, investigational or not medically necessary. If you are an HMO member, you may also appeal when the HMO denies a request for out-of-network service if the HMO offers an alternate service in-network. Before requesting an external appeal, you must complete the health insurer's first-level internal appeal process or you and your health insurer may agree jointly to waive the internal appeal process.

Understanding the Charts

- **Total Appeals:** Total number of cases assigned to an external appeal organization in 2010.
 - **Reversed Appeals:** Number of cases where an external appeal organization decided in favor of the consumer.
 - **Reversed in Part:** Number of cases where an external appeal organization decided partially in favor of the consumer. For example, an HMO refused payment of a 5-day hospital stay, claiming it was not medically necessary. The external review organization decided that only 3 of the 5 days were medically necessary.
 - **Upheld Appeals:** Number of cases where an external appeal organization agreed with the health insurer's decision not to cover a service or procedure.
 - **Reversal Rate:** Percentage of cases in which the external appeal organization decided to change the health insurer's denial of coverage. In other words, the percentage of reviews decided in favor of the consumer. Please note that reversed-in-part decisions *are* included in the reversal rate.
- Note:** A high reversal rate may indicate that a health insurer does not make appropriate coverage decisions.

External Appeals - HMOs 2010

Data Source: NYSID

HMO	Total Reviews	Reversed Reviews	Reversed in Part	Upheld Reviews	Reversal Rate ¹
Aetna Health Inc.	26	7	0	19	26.92%
Atlantis Health Plan	45	14	4	27	40.00%
CDPHP	18	7	1	10	44.44%
Community Blue (Healthnow)	11	5	0	6	45.45%
Empire HealthChoice HMO, Inc.	97	30	7	60	38.14%
Excellus Health Plan, Inc.	53	31	1	21	60.38%
GHI HMO Select, Inc.	4	0	0	4	0.00%
HIP HMO	200	45	24	131	34.50%
Independent Health Association, Inc. (IHA)	4	1	0	3	25.00%
MVP Health Plan, Inc.	44	21	2	21	52.27%
Oxford Health Plans of NY, Inc.	40	19	1	20	50.00%
Total	542	180	40	322	40.59%

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

External Appeals - Non-profit Indemnity Insurers 2010

Data Source: NYSID

Non-Profit Indemnity Insurer	Total Reviews	Reversed Reviews	Reversed in Part	Upheld Reviews	Reversal Rate ¹
Excellus Health Plan, Inc.	139	62	6	71	48.92%
Group Health, Inc. (GHI)	99	16	11	72	27.27%
Healthnow New York, Inc.	58	27	3	28	51.72%
Independent Health Benefits Corporation	9	3	0	6	33.33%
Total	305	108	20	177	41.97%

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

External Appeals - Commercial Insurers 2010

Data Source: NYSID

Commercial Insurer ¹	Total Reviews	Reversed Reviews	Reversed in Part	Upheld Reviews	Reversal Rate ²
Aetna Life Insurance Company	111	37	5	69	37.84%
American Family Life Assurance Company of New	0	0	0	0	0.00%
American Progressive Life and Health Insurance	0	0	0	0	0.00%
Berkshire Life Insurance Company of America	0	0	0	0	0.00%
CIGNA Life Insurance Company of New York	0	0	0	0	0.00%
Combined Life Insurance Company of New York	0	0	0	0	0.00%
Connecticut General Life Insurance Company	18	7	0	11	38.89%
Delta Dental Insurance Company	0	0	0	0	0.00%
Empire HealthChoice Assurance, Inc.	367	124	18	225	38.69%
First Rehabilitation Life Insurance Company of America	0	0	0	0	0.00%
First Unum Life Insurance Company	0	0	0	0	0.00%
Freelancers Insurance Company, Inc.	4	1	0	3	25.00%
Genworth Life Insurance Company of New York	0	0	0	0	0.00%
Guardian Life Insurance Company of America	15	4	2	9	40.00%
Hartford Life Insurance Company	0	0	0	0	0.00%
HIP Insurance Company of New York	0	0	0	0	0.00%
HM Life Insurance Company of New York	0	0	0	0	0.00%

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

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

External Appeals - Commercial Insurers 2010

Data Source: NYSID

Commercial Insurer ¹	Total Reviews	Reversed Reviews	Reversed in Part	Upheld Reviews	Reversal Rate ²
John Hancock Life & Health Insurance Company	0	0	0	0	0.00%
Massachusetts Mutual Life Insurance Company	0	0	0	0	0.00%
MetLife Insurance Company of Connecticut	0	0	0	0	0.00%
Metropolitan Life Insurance Company	24	7	1	16	33.33%
Mutual of Omaha Insurance Company	0	0	0	0	0.00%
MVP Health Insurance Company	0	0	0	0	0.00%
New York Life Insurance Company	0	0	0	0	0.00%
Nippon Life Insurance Company of America	4	2	0	2	50.00%
Northwestern Mutual Life Insurance Company	0	0	0	0	0.00%
Oxford Health Insurance, Inc.	165	67	6	92	44.24%
Paul Revere Life Insurance Company	0	0	0	0	0.00%
Prudential Insurance Company of America	0	0	0	0	0.00%
Standard Life Insurance Company of New York	0	0	0	0	0.00%
Standard Security Life Insurance Company of New	0	0	0	0	0.00%
Transamerica Financial Life Insurance Company	0	0	0	0	0.00%
United States Life Insurance Company	0	0	0	0	0.00%
UnitedHealthcare Insurance Company of New York	200	74	12	114	43.00%
Zurich American Insurance Company	0	0	0	0	0.00%
Total	908	323	44	541	40.42%

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

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

QUALITY OF CARE AND SERVICE FOR HMOs

Access and Service

Data Source: DOH

Measure Descriptions

- **Rating of Health Plan:** The percentage of members who rated their health on a scale from 0 (worst possible) to 10 (best possible). The percentages are based on the percentage of members who gave their HMO an 8, 9 or 10 rating.
- **Members Who Received Care Quickly:** Members responded that they “usually” or “always”:
 - Get appointments for regular or routine care as soon as they want.
 - Get care right away for an illness or injury.
- **Getting Needed Care:** Percentage of members who responded that they “usually” or “always” thought it was easy to get:
 - Appointments with specialists.
 - Care, tests or treatment members thought they needed.
- **Members Seen by a Provider:** The percentage of adult HMO members who had an outpatient or preventive care visit within the past 3 years, as reported by the HMO. A higher score means more people in the HMO had a provider visit.

Access and Service

Data Source: DOH

Understanding the Chart

The symbols in the charts show how each HMO compares to the average for all New York HMOs. Look for HMOs with a "▲" in the chart; they performed better than the New York HMO average. In other words, they had a greater percentage of satisfied members and members were more likely to be seen by a provider.

Note: Symbols show statistically significant differences between each health insurer'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, some plans have the same rate but a different symbol because the plan rates are based on the number of members, which can differ amongst plans, and how much a plan's rate differs from the New York average.

Legend

- ▲ Higher than the NY HMO average
- ▼ Lower than the NY HMO average

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

Performance Compared to the New York HMO Average					
HMO	Rating of Health Plan	Members Who Received Care Quickly	Getting Needed Care	Members Seen by a Provider	
				Ages 20-44	Ages 45-64
NY HMO Average	59	87	84	94	95
Aetna	63	86	83	93 ▼	94 ▼
Atlantis Health Plan	36 ▼	79 ▼	66 ▼	93 ▼	91 ▼
CDPHP	74 ▲	89	90 ▲	96 ▲	97 ▲
Empire	54 ▼	85	85	94	96 ▲
Excelsus BlueCross BlueShield	58	91 ▲	90 ▲	95	97 ▲
HIP (EmblemHealth)	59	82 ▼	81	93 ▼	92 ▼
Health Net of New York, Inc.	65 ▲	82	83	94	93 ▼
HealthNow New York, Inc.	63	91 ▲	88 ▲	95 ▲	96 ▲
Independent Health	70 ▲	91 ▲	87 ▲	95 ▲	96 ▲
MVP	63	89	89 ▲	95 ▲	96 ▲
Oxford	52 ▼	85	83	95 ▲	96 ▲
Univera Healthcare	55	87	86	92 ▼	95

QUALITY OF CARE AND SERVICE FOR HMOs

Staying Healthy and Living with Illness

Data Source: DOH

Measure Descriptions

- **Weight Assessment:** The Centers for Disease Control and Prevention (CDC) states that overweight children and adolescents are more likely to become obese as adults. CDC also states that calculating body mass index (BMI) is one of the best methods for population assessment of obesity. Assessing BMI allows health care providers to identify individuals who are at high risk and implement preventive care.
 - **Child Weight Assessment:** HMOs were rated on the percentage of members, ages 3 to 17 years, who had a visit with a health care provider and whose weight was assessed by the percentile ranking of their BMI.
 - **Adult BMI Assessment:** HMOs were rated on the percentage of adults, ages 18 to 74 years, who had their body mass index BMI measured by their health care provider in the past two years.
- **Colorectal Cancer Screening:** Colorectal cancer affects both men and women of all racial and ethnic groups and is most often found in people ages 50 or older. Screening can find precancerous polyps (abnormal growths in the colon or rectum) so that they can be removed before turning into cancer. Screening also helps by find colorectal cancer at an early stage, when it can be successfully treated. HMOs were rated on the percentage of adults, ages 50 to 80 years, who had appropriate screening for colorectal cancer.
- **Cholesterol Management After Cardiovascular Event - Level Controlled:** Individuals with cardiovascular disease can reduce their risk of the disease worsening and premature death by managing cholesterol levels. HMOs were rated on the percentage of members, ages 18 to 75 years, with a cardiovascular condition, whose cholesterol level LDL-C results was <100 mg/dL.
- **Follow-up After Hospitalization for Mental Illness - Within 7 days:** Appropriate follow-up after hospitalization for a mental illness can reduce the likelihood of its recurrence. HMOs were rated on the percentage of members ages 6 and older who were hospitalized for treatment for selected mental health disorders and were seen by a mental health provider within 7 days after discharge.

Staying Healthy and Living with Illness

Data Source: DOH

Understanding the Chart

The symbols in the charts show how each HMO compares to the average for all New York HMOs. Look for HMOs with a "▲" in the chart; they performed better than the New York HMO average.

Note: Symbols show statistically significant differences between each health insurer'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, some plans have the same rate but a different symbol because the plan rates are based on the number of members, which can differ amongst plans, and how much a plan's rate differs from the New York average.

Legend

- ▲ Higher than the NY HMO average
- ▼ Lower than the NY HMO average

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

NV Plan submitted invalid data
 — Sample size too small to report.

Performance Compared to the New York HMO Average					
HMO	Child Weight Assessment	Adult BMI Assessment	Colorectal Cancer Screening	Cholesterol Management After Cardiovascular Event - Level Controlled	Follow-up After Hospitalization for Mental Illness - Within 7 days
NY HMO Average	55	48	66	58	66
Aetna	47 ▼	25 ▼	65	52 ▼	62
Atlantis Health Plan	11 ▼	38 ▼	37 ▼	31 ▼	24 ▼
CDPHP	74 ▲	57 ▲	73 ▲	67 ▲	73 ▲
Empire	55	42 ▼	64	71 ▲	68
Excellus BlueCross BlueShield	70 ▲	40 ▼	66	66 ▲	82 ▲
HIP HMO	42 ▼	57 ▲	65	51 ▼	65
Health Net of New York, Inc.	48 ▼	43 ▼	68	61	65
HealthNow New York, Inc.	52	46	70 ▲	57	73 ▲
Independent Health	65 ▲	58 ▲	67	65 ▲	64
MVP	65 ▲	47	65	61	62 ▼
Oxford	NV	NV	60 ▼	54	60 ▼
Univera Healthcare	68 ▲	58 ▲	58 ▼	57	—

QUALITY OF CARE AND SERVICE FOR HMOs

Quality of Providers

Data Source: DOH

Measure Descriptions

- **Satisfaction with Personal Doctor:** The percentage of members who rated their doctor on a scale from 0 (worst possible) to 10 (best possible). The percentages are based on the percentage of members who gave their HMO an 8, 9 or 10 rating.
- **Satisfaction with Provider Communication:** The percentage of members who responded that their doctors or health care providers “usually” or “always”:
 - Listen carefully to them.
 - Explain things in a way they understand.
 - Show respect for what they have to say.
 - Spend enough time with them during visits.
- **Doctors who are Certified by a Medical Board:** The percentage of internal medicine doctors, OB/GYNs and pediatricians who are board certified. A higher percentage means the HMO has more board-certified doctors in the practice areas listed.

To be board certified, doctors must receive additional training and pass an exam in their specialty. While board certification is not a guarantee of quality, it shows that a doctor has knowledge that the specialty board considers necessary.

Quality of Providers

Data Source: DOH

Understanding the Chart

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

Note: Symbols show statistically significant differences between each health insurer’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, some plans have the same rate but a different symbol because the plan rates are based on the number of members, which can differ amongst plans, and how much a plan's rate differs from the New York average.

Legend

- ▲ Higher than the NY HMO average
- ▼ Lower than the NY HMO average

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

NV Plan submitted invalid data

Performance Compared to the New York HMO Average					
HMO	Satisfaction with Personal Doctor	Satisfaction with Provider Communication	Doctors who are Certified by a Medical Board		
			Internal Medicine	OB/GYN	Pediatric
NY HMO Average	81	93	80	79	83
Aetna	78	93	81 ▲	82 ▲	85 ▲
Atlantis Health Plan	71 ▼	89 ▼	68 ▼	35 ▼	64 ▼
CDPHP	83	94	80	84 ▲	77 ▼
Empire	79	93	74 ▼	76 ▼	77 ▼
Excellus BlueCross BlueShield	81	95	84 ▲	83 ▲	93 ▲
HIP (EmblemHealth)	77	91	81 ▲	76 ▼	82
Health Net of New York, Inc.	82	96 ▲	NV	NV	NV
HealthNow New York, Inc.	82	93	80	80	88 ▲
Independent Health	81	94	77 ▼	77	85
MVP	86 ▲	94	81	81	87 ▲
Oxford	82	95	86 ▲	89 ▲	86 ▲
Univera Healthcare	80	94	78	78	91 ▲

QUALITY OF CARE AND SERVICE FOR HMOs

Grievances 2010

Data Source: NYSID

A grievance is when a member complains to a health insurer about a denial based on limitations or exclusions in the contract. Medical necessity issues are internal appeals, not grievances. Common grievances include trouble getting referrals to specialists and disagreements over benefit coverage. According to New York State law, HMOs must have a system in place for responding to members' concerns. An internal HMO committee reviews grievances and decides whether to reverse or uphold a denial.

Understanding the Chart

- **Filed Grievances:** Number of grievances submitted to the HMO.
- **Closed Grievances:** Number of grievances the HMO decided by the end of the reporting period.
- **Upheld Grievances:** Number of closed grievances where the HMO stood by its original decision and did not decide in favor of the member or provider.
- **Reversed Grievances:** Number of closed grievances where the HMO changed its initial decision and decided in favor of the member or provider.
- **Reversal Rate:** Percentage of grievances that the HMO decided in favor of the consumer or provider.

Keep in Mind:

Pay specific attention to a health insurer that has a very high or very low reversal rate. Please note the following.

- There is no "ideal" reversal rate.
- A low reversal rate may indicate that the health insurer makes its initial decisions correctly, so fewer decisions require reversal, but an unusually low reversal rate may indicate that the health insurer does not give appropriate reconsideration to initial decisions.
- A high reversal rate may indicate that a health insurer's internal appeal process is responsive to consumers, but an unusually high reversal rate may indicate that the health insurer's process for making initial medical necessity decisions is flawed.
- The number of internal appeals filed may be higher for health insurers that actively promote the appeal process and encourage members to appeal denied services.

Grievances 2010

Data Source: DOH

HMO	Filed Grievances	Closed Grievances ¹	Reversed Grievances	Upheld Grievances	Reversal Rate
Aetna Health Inc.	553	529	127	402	24.01%
Atlantis Health Plan	51	51	14	37	27.45%
CDPHP	1,155	1,174	811	363	69.08%
Community Blue (Healthnow)	366	361	170	191	47.09%
Empire HealthChoice HMO, Inc.	810	828	236	592	28.50%
Excellus Health Plan, Inc. ²	1,174	1,189	311	878	26.16%
GHI HMO Select, Inc.	51	61	20	41	32.79%
HIP HMO	869	891	654	237	73.40%
Independent Health Association, Inc. (IHA) ²	321	326	119	207	36.50%
MVP Health Plan, Inc.	295	301	77	224	25.58%
Oxford Health Plans of NY, Inc. ³	6,818	6,886	2,332	4,554	33.87%
Total	12,463	12,597	4,871	7,726	38.67%

¹ Closed grievances can exceed filed grievances in 2010 because closed grievances also include grievances filed prior to 2010.

² Includes grievances for the non-profit company.

³ Includes grievances for commercial company contracts.

HMO Accreditation

The quality ratings on the previous pages provide information about the results HMOs achieved. Accreditation is another way of assessing HMO quality. HMO accreditation assures consumers that an independent organization has checked whether the HMO has effective systems in place for ensuring high quality care. HMOs voluntarily request accreditation.

What Is NCQA Accreditation?

The National Committee for Quality Assurance (NCQA) is a private, non-profit organization dedicated to improving health care by assessing and reporting on the quality of health plans. NCQA has a team of doctors and health care experts who conduct a comprehensive review of a health plan's structure (against more than 60 different standards) and processes to maintain and improve quality in five core areas. Plans must also submit results of clinical performance measures (known as HEDIS^{®1}) and patient experience of care (known as CAHPS^{®2}) as part of the accreditation process. HEDIS is an evaluation of the plan's performance on process and outcomes which are precisely defined, which makes it possible to compare the performance of HMOs on an "apples-to-apples" basis. CAHPS is a standardized survey used by all HMOs.

NCQA assigns accreditation outcomes based on the HMO's performance.

- **Excellent** indicates HMOs demonstrate levels of service and clinical quality that meet or exceed NCQA's rigorous requirements for consumer protection and quality improvement. HEDIS results are in the highest range of national performance.
- **Commendable** indicates HMOs demonstrate levels of service and clinical quality that meet NCQA's rigorous requirements for consumer protection and quality improvement.
- **Accredited** indicates HMOs meet most of NCQA's basic requirements.
- **Provisional** indicates HMOs meet some of NCQA's basic requirements.
- **Denied** indicates HMOs do not meet NCQA's basic requirements.
- **Not Reviewed** indicates an HMO has not requested NCQA review.

NCQA Accreditation Status as of July 2011³

HMO	Accreditation Status
Aetna Health Inc.	Commendable
Atlantis Health Plan	Not Reviewed
CDPHP	Excellent
Community Blue (Healthnow)	Excellent
Empire HealthChoice HMO, Inc.	Excellent
Excellus Health Plan, Inc.	Excellent
GHI HMO Select, Inc.	Not Reviewed
Health Net of NY, Inc.	Excellent
HIP HMO	Commendable
Independent Health Association, Inc. (IHA)	Excellent
MVP Health Plan, Inc.	Excellent
Oxford Health Plans of NY, Inc.	Commendable

¹ HEDIS[®] (Healthcare Effectiveness Data and Information Set) is a registered trademark of NCQA.

² CAHPS[®] (Consumer Assessment of Healthcare Providers and Systems) is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

³ Accreditation status does not include Medicare or Medicaid products.

How HMOs Pay Primary Care Physicians

New York HMOs pay PCPs in a variety of ways; a typical HMO uses more than one method. No one method is “best” or “right.” Ask your doctor if you have questions or concerns about how your HMO pays PCPs.

Payment Methods

- **Fee for Service:** The HMO pays PCPs for each office visit, procedure and test. Payment is usually based on an allowable fee or “usual and customary reimbursement.”

Allowable Fee or Usual and Customary Reimbursement (UCR): The maximum amount a health insurer will pay for a service or procedure. Out-of-network services are normally paid based on this amount.

- **Capitation:** The HMO pays PCPs 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 the 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 HMO pays PCPs additional amounts if they meet quality, customer-service or cost-saving goals.
- **Withhold:** The HMO holds a portion of the PCP’s payment to cover unexpected services such as specialty care, laboratory services or hospitalization. If patients do not use these services, the HMO returns the withheld amount to the physicians. 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 insurer pays and the fee that the provider normally charges. Balance billing is prohibited under most HMO contracts in New York, but may arise when consumers use the services of out-of-network providers under a PPO or POS arrangement.

Overall Complaint Ranking

The table shows the overall rank of all New York insurers (HMOs, non-profit indemnity insurers and commercial insurers), based on complaints closed by the New York State Insurance Department. Since comparing different types of health insurers is not an “apples to apples” type of comparison, consider a health insurer’s rank in its category as well as the overall rank.

Insurer/HMO	Rank	Total Complaints	Upheld Complaints	Premiums (Millions \$)	Complaint Ratio
Delta Dental Insurance Company ^C	1	4	0	508.89	0.0000
Independent Health Benefits Corporation ^N	2	75	0	425.92	0.0000
Independent Health Association, Inc. ^H	3	49	0	354.90	0.0000
Genworth Life Insurance Company of New York ^C	4	7	0	150.55	0.0000
CIGNA Life Insurance Company of New York ^C	5	6	0	92.99	0.0000
Northwestern Mutual Life Insurance Company ^C	6	1	0	74.77	0.0000
New York Life Insurance Company ^C	7	2	0	65.93	0.0000
Massachusetts Mutual Life Insurance Company ^C	8	1	0	63.44	0.0000
Standard Life Insurance Company of New York ^C	9	1	0	58.28	0.0000
Mutual of Omaha Insurance Company ^C	10	14	0	57.81	0.0000
Standard Security Life Insurance Company of New ^C	11	2	0	57.07	0.0000
MetLife Insurance Company of Connecticut ^C	12	4	0	51.53	0.0000
American Progressive Life and Health Insurance ^C	13	8	1	534.87	0.0019
First Unum Life Insurance Company ^C	14	21	1	295.11	0.0034
Hartford Life Insurance Company ^C	15	13	1	176.86	0.0057
John Hancock Life & Health Insurance Company ^C	16	1	1	133.02	0.0075
Combined Life Insurance Company of New York ^C	17	33	1	113.57	0.0088
Prudential Insurance Company of America ^C	18	8	1	99.31	0.0101
Healthnow New York Inc. ^N	19	117	18	1,600.52	0.0110
First Rehabilitation Life Insurance Company of America ^C	20	1	1	90.58	0.0110
Community Blue ^H	21	21	3	265.75	0.0113

Legend

- ^C Commercial Insurer
- ^H HMO
- ^N Non-profit Indemnity Insurer

Overall Complaint Ranking

Insurer/HMO	Rank	Total Complaints	Upheld Complaints	Premiums (Millions \$)	Complaint Ratio
HM Life Insurance Company of New York ^C	22	1	1	76.31	0.0131
American Family Life Assurance Company of New ^C	23	21	3	210.82	0.0142
Transamerica Financial Life Insurance Company ^C	24	14	1	65.53	0.0153
Zurich American Insurance Company ^C	25	1	1	61.18	0.0163
Metropolitan Life Insurance Company ^C	26	49	9	531.37	0.0169
Berkshire Life Insurance Company of America ^C	27	4	1	54.07	0.0185
Paul Revere Life Insurance Company ^C	28	5	1	50.35	0.0199
Excellus Health Plan, Inc. ^N	29	314	94	3,814.84	0.0250
MVP Health Insurance Company ^C	30	74	19	698.23	0.0272
Guardian Life Insurance Company of America ^C	31	79	12	408.01	0.0294
MVP Health Plan, Inc. ^H	32	119	26	877.84	0.0296
Nippon Life Insurance Company of America ^C	33	5	3	63.18	0.0475
Empire HealthChoice Assurance, Inc. ^C	34	963	224	4,646.53	0.0482
Oxford Health Insurance, Inc. ^C	35	1,442	234	4,830.29	0.0484
United States Life Insurance Company ^C	36	25	5	102.39	0.0488
UnitedHealthcare Insurance Company of New York ^C	37	864	308	5,439.95	0.0566
Oxford Health Plans (NY), Inc. ^H	38	594	100	1,199.26	0.0834
Empire HealthChoice HMO, Inc. ^H	39	499	102	1,118.77	0.0912
Excellus Health Plan ^H	40	122	40	415.17	0.0963
Capital District Physicians Health Plan ^H	41	165	72	625.02	0.1152
Aetna Life Insurance Company ^C	42	395	157	1,301.27	0.1207
Connecticut General Life Insurance Company ^C	43	158	91	747.70	0.1217
Aetna Health Inc ^H	44	281	71	502.69	0.1412
Group Health Incorporated ^N	45	1,613	669	3,315.74	0.2020
HIP HMO ^H	46	917	432	2,095.73	0.2061

Legend

- ^C Commercial Insurer
- ^H HMO
- ^N Non-profit Indemnity Insurer

Overall Complaint Ranking

Insurer/HMO	Rank	Total Complaints	Upheld Complaints	Premiums (Millions \$)	Complaint Ratio
HIP Insurance Company of New York ^C	47	123	59	197.80	0.2983
GHI HMO Select, Inc. ^H	48	87	14	44.70	0.3132
Freelancers Insurance Company, Inc. ^C	49	62	31	85.21	0.3638
Atlantis Health Plan, Inc. ^H	50	479	395	113.48	3.4808
Total		9,864	3,203	38,965.07	0.0822

Legend

- ^C Commercial Insurer
- ^H HMO
- ^N Non-profit Indemnity Insurer

Telephone Numbers for Health Insurers

HMOs	
Aetna Health Inc.	800-435-8742
Atlantis Health Plan	866-747-8422
CDPHP	888-258-0477
Community Blue (Healthnow)	800-544-2583
Empire HealthChoice HMO, Inc.	800-261-5962
Excellus Health Plan, Inc.	800-633-6066
GHI HMO Select, Inc.	877-244-4466
HIP HMO	800-447-8255
Independent Health Association, Inc. (IHA)	800-453-1910
MVP Health Plan, Inc.	888-687-6277
Oxford Health Plans of NY, Inc.	800-969-7480

Non-profit Indemnity Insurers	
Excellus Health Plan, Inc.	800-847-1200
Group Health, Inc. (GHI)	800-444-2333
Healthnow New York, Inc.	800-888-0757
Independent Health Benefits Corporation	800-453-1910

Telephone Numbers for Health Insurers

Commercial Insurers ¹	
Aetna Life Insurance Company	860-273-0123
American Family Life Assurance Company of New York	800-366-3436
American Progressive Life & Health Insurance	800-332-3377 ext. 5559839
Berkshire Life Insurance Company of America	800-819-2468
CIGNA Life Insurance Company of New York	800-244-6224
Combined Life Insurance Company of New York	800-490-1322
Connecticut General Life Insurance Company	800-244-6224
Delta Dental Insurance Company	800-932-0783
Empire Healthchoice Assurance, Inc.	800-261-5962
First Rehabilitation Life Insurance Company of America	800-365-4999
First Unum Life Insurance Company	866-679-3054
Freelancers Insurance Company, Inc.	800-707-8802
Genworth Life Insurance Company of New York	888-436-9678
Guardian Life Insurance Company of America	888-482-7342
Hartford Life Insurance Company of America	800-523-2233
HIP Insurance Company of New York	800-447-8255
HM Life Insurance Company of New York	800-328-5433
John Hancock Life & Health Insurance Company	800-732-5543
Massachusetts Mutual Life Insurance Company	800-272-2216
Metlife Insurance Company of Connecticut	800-334-4298

Commercial Insurers ¹	
Metropolitan Group	800-638-5433
Mutual of Omaha Insurance Company	800-948-9478
MVP Health Insurance Company	800-825-5687
New York Life Insurance Company	800-695-9873
Nippon Life Insurance Company of America	877-252-7174
Northwestern Mutual	800-388-8123
Oxford Health Insurance, Inc	800-969-7480
Paul Revere Life Insurance Company	800-265-3199
Prudential Insurance Company of America	877-301-1212
Standard Life Insurance Company of New York	888-937-4783
Transamerica Financial Life Insurance Company	800-797-2643
United States Life Insurance Company	800-231-3655
UnitedHealthcare Insurance Company of New York	877-832-7734
Zurich American Insurance Company	800-382-2150

¹ Commercial insurers generally do not offer health insurance coverage to individuals.

Contacts and Resources

Questions About this Guide?

Contact: NYSID Consumer Services Bureau

One Commerce Plaza

Albany, NY 12257

800-342-3736

For a printed copies of the PDF, call 518-474-4557 or visit www.ins.state.ny.us/hgintro.htm

Problem with Your Health Insurer?

First contact your health insurer's Member Services Department to try to resolve the issue. If the problem is not resolved to your satisfaction, call the appropriate state agency for assistance.

For issues concerning payment, reimbursement, coverage, benefits, rates and premiums, contact:

NYSID Consumer Services Bureau

One Commerce Plaza

Albany, NY 12257

www.ins.state.ny.us

800-342-3736 (*coverage, benefits, rates and premiums*)

800-358-9260 (*prompt pay complaints*)

If you were denied coverage of health care services because your health insurer considers them experimental, investigational, not medically necessary or, for HMO members, an out-of-network service, contact:

NYSID External Appeals

PO Box 7209

Albany, NY 12224

www.ins.state.ny.us/extapp/extappqa.htm

800-400-8882

For issues concerning HMO quality of care, contact:

New York State Department of Health

Office of Managed Care

Bureau of Managed Care Certification

and Surveillance-Complaint Unit

Corning Tower, Rm. 1911

Albany, NY 12237

www.health.state.ny.us

800-206-8125 (*quality of care*)

Under federal law, if you receive health coverage through a self-insured plan (ERISA plan), 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

200 Constitution Avenue, NW

Washington, DC 20210

202-693-8300

866-4-USA-DOL (866-487-2365)

For issues concerning insurance fraud, contact:

NYSID Insurance Frauds Bureau

25 Beaver Street

New York, NY 10004

888-FRAUDNY (888-372-8369)

Contacts and Resources

Questions About Medicare and Medicaid?

For information about Medicare, Medicare Advantage or Medicare Part D coverage, contact:

Centers for Medicare & Medicaid Services
www.medicare.gov
800-MEDICARE (800-633-4227)

New York State Office for the Aging Health Insurance Information Counseling & Assistance Program (HIICAP)

<http://www.aging.ny.gov/healthbenefits/>
800-701-0501

For information about New York's Medicaid program, contact your local county Department of Social Services.

Questions About Programs for the Uninsured?

HealthyNY

Health insurance program for small employers, sole proprietors and uninsured working individuals.
866-HEALTHYNY (866-432-5849)
www.HealthyNY.com

Child Health Plus

Health insurance program for children under 19 years of age.
800-698-4KIDS (800-698-4543)
<http://www.health.state.ny.us/nysdoh/chplus/index.htm>

Family Health Plus

Health insurance program for uninsured adults between 19 and 64 years of age who have incomes too high to qualify for Medicaid.
877-934-7587
<http://www.health.state.ny.us/nysdoh/fhplus/index.htm>

NY Bridge Plan

Health insurance program for individuals who are newborn through 64 years of age and meet all of the following:

- U.S. Citizen and resident of NY State
- Have one or more pre-existing medical conditions
- No health care coverage for the last six months.

866-NY-EZ-APP (866-693-9327)
www.nybridgeplan.com

Related Resources

Looking for HMO Premium Rates?

To view the rates charged by HMOs, visit www.ins.state.ny.us/ihmoindx.htm

NYDOH 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:

http://www.health.state.ny.us/health_care/managed_care/reports