

New York Consumer Guide to Health Insurance Companies



2016

New York State
Andrew M. Cuomo, Governor

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New York Consumer Guide to Health Insurance Companies

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 insurance company based on quality of care and service.

DATA SOURCES

The information in this Guide is provided by two New York agencies.

1. **New York State Department of Financial Services (DFS)** is responsible for protecting the public interest by supervising and regulating financial products and services, including those subject to the provisions of the Insurance Law and the Banking Law in New York State.
 - DFS compiles the complaint and appeal information that appears on pages 4–23, the grievance information that appears on pages 24–28 and the independent dispute resolution information that appears on pages 63–65.
 - DFS data are from calendar year 2015.
2. **New York State Department of Health (DOH)** works to protect and promote the health of New Yorkers through prevention, research and by ensuring delivery of quality health care. DOH compiles its portion of the complaint data on page 5 and the information on health insurance company performance that appears on pages 29–49.

- 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 on quality of care and service for health insurance companies are from calendar year 2014.

DETAILS ABOUT THE DATA

- The Guide does not include:
 - HMOs with less than \$25 million in premiums or fewer than 5,000 members.
 - Commercial and EPO/PPO plans with less than \$50 million in premiums.
 - Data for Medicare, Medicaid or self-insured plans.²
- Health insurance companies are listed alphabetically in the data tables, except for the Overall Complaint Ranking table on pages 54–57.
- Some health insurance companies are listed using different names depending on whether the data are reported by DFS or DOH.

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 website at www.medicare.gov. You can also contact the New York State Office for the Aging Health Insurance Information Counseling & Assistance Program (HIICAP) by calling 800-701-0501, or by visiting the website at www.aging.ny.gov/healthbenefits. For information on New York's Medicaid program, contact your local county Department of Social Services.

New York Consumer Guide to Health Insurance Companies¹

HEALTH INSURANCE COMPANY AND PLAN DEFINITIONS

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

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

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

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

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

Complaints

Each year, the New York State DFS and DOH receives complaints from consumers and health care providers about health insurance companies. Complaints typically involve issues related to prompt payment, reimbursement, coverage, benefits, rates and premiums. After reviewing each complaint, the State determines if the health insurance company acted appropriately. If the State determines that the health insurance company did not act in accordance with its statutory and contractual obligations, the company must resolve the problem to come into compliance.

For issues concerning payment, reimbursement, coverage, benefits, rates and premiums, contact DFS at: www.dfs.ny.gov/consumer/fileacomplaint.htm or call 800-342-3736.

UNDERSTANDING THE CHARTS

- **Rank:** Each health insurance company's rank is based on how many complaints were resolved by DFS in favor of the member or provider, relative to the company's premiums. A lower number results in a higher ranking. If the ratios are the same, the health insurance company with the higher premiums is ranked higher.
- **Total Complaints to DFS:** Total number of complaints closed by DFS in 2015. Large health insurance companies may receive more complaints because they have more members than smaller health insurance companies.
- **Complaints Upheld by DFS:** Number of closed complaints resolved in favor of the member or provider because DFS determined that the health insurance company did not comply with statutory or contractual obligations. Complaints upheld by DFS are used to calculate the complaint ratio and ranking.
- **Premiums:** Dollar amount generated by a health insurance company in New York State during 2015. Premiums are used to calculate the complaint ratio so that health insurance companies of different sizes can be compared fairly. Premium data exclude Medicare and Medicaid.
- **Complaint Ratio:** Number of complaints upheld (complaints resolved in favor of the member or provider) by DFS, divided by the health insurance company's premiums.
- **Total Complaints to DOH:** Total number of complaints closed by DOH. Complaints to DOH involve concerns about the quality of care received by members.
- **Complaints Upheld by DOH:** Number of complaints closed by DOH that were decided in favor of the member or provider.

Complaints—HMOs 2015

Data Source: DFS and DOH

Data Compiled by the New York State DFS						Data Compiled by the New York State DOH	
HMO	Rank ¹ 1 = Best 10 = Worst	Total Complaints to DFS	Complaints Upheld by DFS	Premiums (Millions \$)	Complaint Ratio	Total Complaints to DOH	Complaints Upheld by DOH
Aetna Health Inc. ²	8	77	32	119.89	0.2669	0	0
Capital District Physicians Health Plan	1	53	6	590.57	0.0102	0	0
Community Blue (HealthNow)	4	9	4	133.67	0.0299	0	0
Empire HealthChoice HMO, Inc.	10	872	346	586.61	0.5898	0	0
Excellus Health Plan	5	22	8	163.78	0.0488	0	0
HIP Health Maintenance Organization	7	511	233	2,105.20	0.1107	3	1
Independent Health Association, Inc.	3	18	4	209.03	0.0191	0	0
MVP Health Plan, Inc.	2	110	11	650.38	0.0169	0	0
Oxford Health Plans (NY), Inc.	6	369	79	1,041.96	0.0758	4	0
UnitedHealthcare of New York, Inc.	9	182	61	137.02	0.4452	0	0
Total		2,223	784	5,738.11	0.1366	7	1

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

²Plan no longer offers individual health insurance in New York.

Complaints—EPO/PPO Health Plans 2015

Data Source: DFS

EPO/PPO Health Plan	Rank ¹ 1 = Best 13 = Worst	Total Complaints to DFS	Complaints Upheld by DFS	Premiums (Millions \$)	Complaint Ratio
Aetna Life Insurance Company ^{2,3}	12	552	180	2,876.87	0.0626
CDPHP Universal Benefits, Inc. ²	2	32	4	714.94	0.0056
CIGNA Health and Life Insurance Company ²	7	127	47	1,196.86	0.0393
Empire HealthChoice Assurance, Inc. ²	10	344	111	2,161.11	0.0514
Excellus Health Plan, Inc. ²	4	160	32	3,765.59	0.0085
Group Health Incorporated ²	13	496	190	672.77	0.2824
HealthNow New York Inc. ²	3	37	9	1,377.60	0.0065
Independent Health Benefits Corporation	1	6	0	541.09	0.0000
MVP Health Insurance Company ²	6	24	7	212.88	0.0329
North Shore-LIJ Care Connect Insurance Company, Inc.	11	32	7	128.74	0.0544
Oscar Insurance Corporation	9	31	6	123.10	0.0487
Oxford Health Insurance, Inc. ²	8	899	185	4,608.09	0.0401
UnitedHealthcare Insurance Company of New York ²	5	174	66	2,091.51	0.0316
Total		2,914	844	20,471.14	0.0412

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

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

³Plan no longer offers individual health insurance in New York.

Complaints—Commercial Health Insurance Companies 2015

Data Source: DFS

Commercial Health Insurance Company	Rank ^{1,2} 1 = Best 32 = Worst	Total Complaints to DFS	Complaints Upheld by DFS	Premiums (Millions \$)	Complaint Ratio
American Family Life Assurance Company of New York	15	17	5	287.90	0.0174
American Progressive Life and Health Insurance	12	14	2	377.87	0.0053
Berkshire Life Insurance Company of America	7	1	0	70.66	0.0000
CIGNA Life Insurance Company of New York	19	15	2	102.34	0.0195
Combined Life Insurance Company of New York	23	22	3	108.13	0.0277
Delta Dental of New York, Inc. ³	2	3	0	161.54	0.0000
Dentcare Delivery Systems, Inc. ³	9	9	0	63.19	0.0000
Eastern Vision Service Plan, Inc. ⁴	4	0	0	85.92	0.0000
First Unum Life Insurance Company	18	19	5	278.95	0.0179
Genworth Life Insurance Company of New York	11	6	1	193.40	0.0052
Guardian Life Insurance Company of America	14	37	6	382.75	0.0157
Hartford Life Insurance Company	5	1	0	81.97	0.0000
Hartford Life and Accident Insurance Company	32	8	4	51.03	0.0784
HM Life Insurance Company of New York	8	1	0	65.31	0.0000
John Hancock Life & Health Insurance Company	31	12	9	119.43	0.0754
Liberty Life Assurance Company of Boston	10	1	0	59.55	0.0000

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

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

³Plan issues dental coverage only.

⁴Plan issues vision coverage only.

Complaints—Commercial Health Insurance Companies 2015

Data Source: DFS

Commercial Health Insurance Company	Rank ^{1,2} 1 = Best 32 = Worst	Total Complaints to DFS	Complaints Upheld by DFS	Premiums (Millions \$)	Complaint Ratio
Massachusetts Mutual Life Insurance Company	6	1	0	78.89	0.0000
Metropolitan Life Insurance Company	21	61	15	601.47	0.0249
MVP Health Services Corporation ³	1	0	0	187.91	0.0000
National Union Fire Insurance Company of Pittsburgh, PA	17	5	2	111.65	0.0179
New York Life Insurance Company	24	7	2	69.60	0.0287
Nippon Life Insurance Company of America	30	5	3	57.04	0.0526
Northwestern Mutual Life Insurance Company	13	4	1	89.86	0.0111
Paul Revere Life Insurance Company	26	4	2	60.67	0.0330
Principal Life Insurance Company	25	6	2	65.11	0.0307
Prudential Insurance Company of America	16	8	2	115.04	0.0174
ShelterPoint Life Insurance Company	20	4	2	85.71	0.0233
Standard Life Insurance Company of New York	27	2	2	51.34	0.0390
Standard Security Life Insurance Company of New York	22	6	2	76.96	0.0260
Sun Life and Health Insurance Company	3	5	0	144.19	0.0000
Transamerica Financial Life Insurance Company	29	10	5	105.71	0.0473
United States Life Insurance Company in the City of New York	28	18	2	50.25	0.0398
Total		312	79	4,441.33	0.0178

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

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

³Plan issues dental coverage only.

Prompt Pay Complaints

New York State requires all health insurance companies to:

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

For issues concerning payment, reimbursement, coverage, benefits, rates and premiums, contact DFS at: www.dfs.ny.gov/consumer/fileacomplaint.htm or call 800-342-3736.

UNDERSTANDING THE CHARTS

- **Rank:** Each health insurance company's rank is based on the number of prompt pay complaints upheld, relative to the company's premiums. A lower number results in a higher ranking. If the ratios are the same, the health insurance company with the higher premiums is ranked higher.
- **Total Complaints:** Total number of complaints closed by DFS in 2015. Complaints typically involve issues about prompt payment, reimbursement, coverage, benefits, rates and premiums.
- **Total Prompt Pay Complaints:** Total number of prompt pay complaints closed by DFS in 2015. Large health insurance companies may receive more complaints because they have more members and pay more claims than smaller health insurance companies.
- **Prompt Pay Complaints Upheld:** Number of closed prompt pay complaints where DFS determined that the health insurance company was not processing claims in a timely manner. Prompt pay complaints upheld by DFS are used to calculate the prompt pay complaint ratio and ranking.
- **Premiums:** Dollar amount generated by a health insurance company in New York State during 2015. Premiums are used to calculate the prompt pay complaint ratio so that health insurance companies of different sizes can be compared fairly. Premium data exclude Medicare and Medicaid.
- **Prompt Pay Complaint Ratio:** Number of prompt pay complaints upheld divided by the health insurance company's premiums.

Prompt Pay Complaints—HMOs 2015

Data Source: DFS

HMO	Rank ¹ 1 = Best 10 = Worst	Total Complaints	Total Prompt Pay Complaints	Prompt Pay Complaints Upheld	Premiums (Millions \$)	Prompt Pay Complaint Ratio
Aetna Health Inc. ²	9	77	22	10	119.89	0.0834
Capital District Physicians Health Plan	4	53	9	3	590.57	0.0051
Community Blue (HealthNow)	5	9	3	2	133.67	0.0150
Empire HealthChoice HMO, Inc.	10	872	299	198	586.61	0.3375
Excellus Health Plan	1	22	1	0	163.78	0.0000
HIP Health Maintenance Organization	7	511	152	80	2,105.20	0.0380
Independent Health Association, Inc.	3	18	2	1	209.03	0.0048
MVP Health Plan, Inc.	2	110	4	2	650.38	0.0031
Oxford Health Plans (NY), Inc.	6	369	79	31	1,041.96	0.0298
UnitedHealthcare of New York, Inc.	8	182	25	7	137.02	0.0511
	Total	2,223	596	334	5,738.11	0.0582

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

²Plan no longer offers individual health insurance in New York.

Prompt Pay Complaints—EPO/PPO Health Plans 2015

Data Source: DFS

EPO/PPO Health Plan	Rank ¹ 1 = Best 13 = Worst	Total Complaints	Total Prompt Pay Complaints	Prompt Pay Complaints Upheld	Premiums (Millions \$)	Prompt Pay Complaint Ratio
Aetna Life Insurance Company ^{2,3}	7	552	98	34	2,876.87	0.0118
CDPHP Universal Benefits, Inc. ²	2	32	8	1	714.94	0.0014
CIGNA Health and Life Insurance Company ²	6	127	37	12	1,196.86	0.0100
Empire HealthChoice Assurance, Inc. ²	12	344	105	50	2,161.11	0.0231
Excellus Health Plan, Inc. ²	3	160	27	14	3,765.59	0.0037
Group Health Incorporated ²	13	496	167	80	672.77	0.1189
HealthNow New York Inc. ²	4	37	10	6	1,377.60	0.0044
Independent Health Benefits Corporation	1	6	1	0	541.09	0.0000
MVP Health Insurance Company ²	5	24	6	2	212.88	0.0094
North Shore-LIJ Care Connect Insurance Company, Inc.	10	32	2	2	128.74	0.0155
Oscar Insurance Corporation	11	31	6	2	123.10	0.0162
Oxford Health Insurance, Inc. ²	9	899	184	67	4,608.09	0.0145
UnitedHealthcare Insurance Company of New York ²	8	174	47	29	2,091.51	0.0139
Total		2,914	698	299	20,471.14	0.0146

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

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

³Plan no longer offers individual health insurance in New York.

Prompt Pay Complaints—Commercial Health Insurance Companies 2015

Data Source: DFS

Commercial Health Insurance Company	Rank ^{1,2} 1 = Best 32 = Worst	Total Complaints	Total Prompt Pay Complaints	Prompt Pay Complaints Upheld	Premiums (Millions \$)	Prompt Pay Complaint Ratio
American Family Life Assurance Company of New York	1	17	1	0	287.90	0.0000
American Progressive Life and Health Insurance	25	14	2	1	377.87	0.0026
Berkshire Life Insurance Company of America	15	1	0	0	70.66	0.0000
CIGNA Life Insurance Company of New York	9	15	0	0	102.34	0.0000
Combined Life Insurance Company of New York	32	22	8	2	108.13	0.0185
Delta Dental of New York, Inc. ³	4	3	0	0	161.54	0.0000
Dentcare Delivery Systems, Inc. ³	19	9	0	0	63.19	0.0000
Eastern Vision Service Plan, Inc. ⁴	10	0	0	0	85.92	0.0000
First Unum Life Insurance Company	26	19	1	1	278.95	0.0036
Genworth Life Insurance Company of New York	2	6	0	0	193.40	0.0000
Guardian Life Insurance Company of America	27	37	11	3	382.75	0.0078
Hartford Life Insurance Company	12	1	0	0	81.97	0.0000
Hartford Life and Accident Insurance Company	23	8	0	0	51.03	0.0000
HM Life Insurance Company of New York	17	1	1	0	65.31	0.0000
John Hancock Life & Health Insurance Company	6	12	0	0	119.43	0.0000
Liberty Life Assurance Company of Boston	21	1	0	0	59.55	0.0000

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

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

³Plan issues dental coverage only.

⁴Plan issues vision coverage only.

Prompt Pay Complaints—Commercial Health Insurance Companies 2015

Data Source: DFS

Commercial Health Insurance Company	Rank ^{1,2} 1 = Best 32 = Worst	Total Complaints	Total Prompt Pay Complaints	Prompt Pay Complaints Upheld	Premiums (Millions \$)	Prompt Pay Complaint Ratio
Massachusetts Mutual Life Insurance Company	13	1	0	0	78.89	0.0000
Metropolitan Life Insurance Company	30	61	16	8	601.47	0.0133
MVP Health Services Corporation ³	3	0	0	0	187.91	0.0000
National Union Fire Insurance Company of Pittsburgh, PA	28	5	2	1	111.65	0.0090
New York Life Insurance Company	16	7	0	0	69.60	0.0000
Nippon Life Insurance Company of America	31	5	2	1	57.04	0.0175
Northwestern Mutual Life Insurance Company	29	4	1	1	89.86	0.0111
Paul Revere Life Insurance Company	20	4	0	0	60.67	0.0000
Principal Life Insurance Company	18	6	0	0	65.11	0.0000
Prudential Insurance Company of America	7	8	0	0	115.04	0.0000
ShelterPoint Life Insurance Company	11	4	0	0	85.71	0.0000
Standard Life Insurance Company of New York	22	2	0	0	51.34	0.0000
Standard Security Life Insurance Company of New York	14	6	0	0	76.96	0.0000
Sun Life and Health Insurance Company	5	5	0	0	144.19	0.0000
Transamerica Financial Life Insurance Company	8	10	2	0	105.71	0.0000
United States Life Insurance Company in the City of New York	24	18	3	0	50.25	0.0000
Total		312	50	18	4,441.33	0.0041

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

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

³Plan issues dental coverage only.

Internal Appeals

An internal appeal or utilization review (UR) occurs when a member or provider asks a health insurance company to reconsider its refusal to pay for a medical service that the health insurance company considers experimental, investigational, not medically necessary, a clinical trial, or a treatment for a rare disease. A member may also appeal when the health plan denies a request to pay for an out-of-network service¹ if the health plan offers an alternate service in-network or if the health plan denies an out-of-network referral².

Health insurance companies are required to have appeals reviewed by medical professionals. Common internal appeals involve the medical necessity of hospital admissions, length of hospital stays and use of certain medical procedures.

UNDERSTANDING THE CHARTS

- **Filed Appeals:** Number of internal appeals submitted to the health insurance company by members or providers in 2015.
- **Closed Appeals:** Number of internal appeals that the health insurance company decided by the end of 2015.
- **Reversals on Appeals:** Number of closed internal appeals where the health insurance company decided in favor of members or providers. If a health insurance company's decision to deny payment or coverage is reversed on an internal appeal, the health insurance company agrees to pay for the service or procedure.
- **Reversal Rate:** Percentage of reversals on appeals divided by closed appeals.

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

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

KEEP IN MIND

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

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

Internal Appeals—HMOs 2015

Data Source: DFS

HMO	Filed Appeals	Closed Appeals ¹	Reversals on Appeals	Reversal Rate (Percentage)
Aetna Health Inc. ²	141	86	21	24.42%
Capital District Physicians Health Plan	127	130	20	15.38%
Community Blue (HealthNow)	66	68	26	38.24%
Empire HealthChoice HMO, Inc.	1,435	1,441	563	39.07%
Excellus Health Plan	48	50	19	38.00%
HIP Health Maintenance Organization	714	729	265	36.35%
Independent Health Association, Inc.	100	100	40	40.00%
MVP Health Plan, Inc.	89	92	29	31.52%
Oxford Health Plans (NY), Inc.	1,113	2,966	559	18.85%
UnitedHealthcare of New York, Inc.	600	595	243	40.84%
Total	4,433	6,257	1,785	28.53%

¹Closed internal appeals can exceed filed internal appeals in 2015 because closed internal appeals also include internal appeals filed prior to 2015.

²Plan no longer offers individual health insurance in New York.

Internal Appeals—EPO/PPO Health Plans 2015

Data Source: DFS

EPO/PPO Health Plan	Filed Appeals	Closed Appeals ¹	Reversals on Appeals	Reversal Rate (Percentage)
Aetna Life Insurance Company ^{2,3}	3,410	3,466	1,372	39.58%
CDPHP Universal Benefits, Inc. ²	179	179	32	17.88%
CIGNA Health and Life Insurance Company ²	2,607	2,622	832	31.73%
Empire HealthChoice Assurance, Inc. ²	3,996	4,009	1,560	38.91%
Excellus Health Plan, Inc. ²	2,508	2,438	846	34.70%
Group Health Incorporated ²	1,352	1,409	448	31.80%
HealthNow New York Inc. ²	294	315	103	32.70%
Independent Health Benefits Corporation	257	262	118	45.04%
MVP Health Insurance Company ²	44	44	13	29.55%
North Shore-LIJ Care Connect Insurance Company, Inc.	343	329	79	24.01%
Oscar Insurance Corporation	97	97	33	34.02%
Oxford Health Insurance, Inc. ²	4,475	4,319	2,209	51.15%
UnitedHealthcare Insurance Company of New York ²	3,965	3,965	1,502	37.88%
Total	23,527	23,454	9,147	39.00%

¹Closed internal appeals can exceed filed internal appeals in 2015 because closed internal appeals also include internal appeals filed prior to 2015.

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

³Plan no longer offers individual health insurance in New York.

Internal Appeals—Commercial Health Insurance Companies 2015

Data Source: DFS

Commercial Health Insurance Company ¹	Filed Appeals	Closed Appeals	Reversals on Appeals	Reversal Rate (Percentage)
American Family Life Assurance Company of New York	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%
Delta Dental of New York, Inc. ²	0	0	0	0.00%
Dentcare Delivery Systems, Inc. ²	0	0	0	0.00%
Eastern Vision Service Plan, Inc. ³	0	0	0	0.00%
First Unum Life Insurance Company	0	0	0	0.00%
Genworth Life Insurance Company of New York	0	0	0	0.00%
Guardian Life Insurance Company of America	3,800	3,784	2,756	72.83%
Hartford Life Insurance Company	0	0	0	0.00%
Hartford Life and Accident Insurance Company	0	0	0	0.00%
HM Life Insurance Company of New York	0	0	0	0.00%
John Hancock Life & Health Insurance Company	0	0	0	0.00%
Liberty Life Assurance Company of Boston	0	0	0	0.00%

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

²Plan issues dental coverage only.

³Plan issues vision coverage only.

Internal Appeals—Commercial Health Insurance Companies 2015

Data Source: DFS

Commercial Health Insurance Company ¹	Filed Appeals	Closed Appeals	Reversals on Appeals	Reversal Rate (Percentage)
Massachusetts Mutual Life Insurance Company	0	0	0	0.00%
Metropolitan Life Insurance Company	10,920	10,920	9,263	84.83%
MVP Health Services Corporation ²	37	36	5	13.89%
National Union Fire Insurance Company of Pittsburgh, PA	0	0	0	0.00%
New York Life Insurance Company	0	0	0	0.00%
Nippon Life Insurance Company of America	268	256	70	27.34%
Northwestern Mutual Life Insurance Company	0	0	0	0.00%
Paul Revere Life Insurance Company	0	0	0	0.00%
Principal Life Insurance Company	5	4	0	0.00%
Prudential Insurance Company of America	0	0	0	0.00%
ShelterPoint Life Insurance Company	0	0	0	0.00%
Standard Life Insurance Company of New York	20	19	4	21.05%
Standard Security Life Insurance Company of New York	0	0	0	0.00%
Sun Life and Health Insurance Company	45	45	28	62.22%
Transamerica Financial Life Insurance Company	0	0	0	0.00%
United States Life Insurance Company in the City of New York	1	1	1	100.00%
Total	15,096	15,065	12,127	80.50%

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

²Plan issues dental coverage only.

External Appeals

After an internal appeal, members and providers may request an external appeal when a health insurance company continues to refuse to pay for/provide reimbursement for health care services on the basis that services are experimental, investigational, not medically necessary, a clinical trial, or a treatment for a rare disease. A member may also appeal when the health plan denies a request to pay for an out-of-network service¹ if the health plan offers an alternate service in-network or if the health plan denies an out-of-network referral².

Before requesting an external appeal, you usually must complete the health insurance company's first-level internal appeal process, or you and your health insurance company may agree jointly to waive the internal appeal process.

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

UNDERSTANDING THE CHARTS

- **Total External Appeals:** Total number of cases assigned to an external appeal organization in 2015.
- **Reversals on External Appeals:** Number of cases where an external appeal organization decided in favor of the member or provider.
- **External Appeals Reversed in Part:** Number of cases where an external appeal organization decided partially in favor of the member or provider. For example, an HMO refuses payment of a 5-day hospital stay, claiming it was not medically necessary; however, the external appeal organization decides that 3 of the 5 days were medically necessary.
- **External Appeals Upheld:** Number of cases where an external appeal organization agreed with the health insurance company's decision not to cover a service or procedure.
- **Reversal Rate:** Percentage of reversals on external appeals (cases decided in favor of the member or provider) divided by total external appeals. Please note that the number of cases when an external appeal organization decided partially in favor of the member or provider is also included in the reversal rate. A high reversal rate may indicate that a health insurance company does not make appropriate coverage decisions.

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

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

External Appeals—HMOs 2015

Data Source: DFS

HMO	Total External Appeals	Reversals on External Appeals	External Appeals Reversed in Part	External Appeals Upheld	Reversal Rate (Percentage) ¹
Aetna Health Inc. ²	22	9	1	12	45.45%
Capital District Physicians Health Plan	25	9	1	15	40.00%
Community Blue (HealthNow)	3	2	0	1	66.67%
Empire HealthChoice HMO, Inc.	152	56	8	88	42.11%
Excellus Health Plan	16	10	0	6	62.50%
HIP Health Maintenance Organization	141	34	3	104	26.24%
Independent Health Association, Inc.	12	4	0	8	33.33%
MVP Health Plan, Inc.	14	9	0	5	64.29%
Oxford Health Plans (NY), Inc.	126	61	6	59	53.17%
UnitedHealthcare of New York, Inc.	33	14	1	18	45.45%
Total	544	208	20	316	41.91%

¹Rate includes “reversed-in-part” decisions.

²Plan no longer offers individual health insurance in New York.

External Appeals—EPO/PPO Health Plans 2015

Data Source: DFS

EPO/PPO Health Plan	Total External Appeals	Reversals on External Appeals	External Appeals Reversed in Part	External Appeals Upheld	Reversal Rate (Percentage) ¹
Aetna Life Insurance Company ^{2,3}	221	77	5	139	37.10%
CDPHP Universal Benefits, Inc. ²	12	5	1	6	50.00%
CIGNA Health and Life Insurance Company ²	100	26	8	66	34.00%
Empire HealthChoice Assurance, Inc. ²	500	160	19	321	35.80%
Excellus Health Plan, Inc. ²	117	54	2	61	47.86%
Group Health Incorporated ²	118	38	12	68	42.37%
HealthNow New York Inc. ²	31	13	0	18	41.94%
Independent Health Benefits Corporation	5	3	0	2	60.00%
MVP Health Insurance Company ²	12	3	0	9	25.00%
North Shore-LIJ Care Connect Insurance Company, Inc.	26	4	0	22	15.38%
Oscar Insurance Corporation	29	7	0	22	24.14%
Oxford Health Insurance, Inc. ²	249	112	13	124	50.20%
UnitedHealthcare Insurance Company of New York ²	6	2	0	4	33.33%
Total	1,426	504	60	862	39.55%

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

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

³Plan no longer offers individual health insurance in New York.

External Appeals—Commercial Health Insurance Companies 2015

Data Source: DFS

Commercial Health Insurance Company ¹	Total External Appeals	Reversals on External Appeals	External Appeals Reversed in Part	External Appeals Upheld	Reversal Rate (Percentage) ²
American Family Life Assurance Company of New York	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%
Delta Dental of New York, Inc. ³	0	0	0	0	0.00%
Dentcare Delivery Systems, Inc. ³	0	0	0	0	0.00%
Eastern Vision Service Plan, Inc. ⁴	0	0	0	0	0.00%
First Unum Life Insurance Company	0	0	0	0	0.00%
Genworth Life Insurance Company of New York	0	0	0	0	0.00%
Guardian Life Insurance Company of America	8	5	0	3	62.50%
Hartford Life Insurance Company	0	0	0	0	0.00%
Hartford Life and Accident Insurance Company	0	0	0	0	0.00%
HM Life Insurance Company of New York	0	0	0	0	0.00%
John Hancock Life & Health Insurance Company	0	0	0	0	0.00%
Liberty Life Assurance Company of Boston	0	0	0	0	0.00%
Massachusetts Mutual Life Insurance Company	0	0	0	0	0.00%

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

²Rate includes “reversed-in-part” decisions.

³Plan issues dental coverage only.

⁴Plan issues vision coverage only.

External Appeals—Commercial Health Insurance Companies 2015

Data Source: DFS

Commercial Health Insurance Company ¹	Total External Appeals	Reversals on External Appeals	External Appeals Reversed in Part	External Appeals Upheld	Reversal Rate (Percentage) ²
Metropolitan Life Insurance Company	25	4	1	20	20.00%
MVP Health Services Corporation ³	0	0	0	0	0.00%
National Union Fire Insurance Company of Pittsburgh, PA	2	1	0	1	50.00%
New York Life Insurance Company	0	0	0	0	0.00%
Nippon Life Insurance Company of America	1	0	0	1	0.00%
Northwestern Mutual Life Insurance Company	0	0	0	0	0.00%
Paul Revere Life Insurance Company	0	0	0	0	0.00%
Principal Life Insurance Company	0	0	0	0	0.00%
Prudential Insurance Company of America	0	0	0	0	0.00%
ShelterPoint Life Insurance Company	0	0	0	0	0.00%
Standard Life Insurance Company of New York	0	0	0	0	0.00%
Standard Security Life Insurance Company of New York	0	0	0	0	0.00%
Sun Life and Health Insurance Company	1	1	0	0	100.00%
Transamerica Financial Life Insurance Company	0	0	0	0	0.00%
United States Life Insurance Company in the City of New York	0	0	0	0	0.00%
Total	37	11	1	25	32.43%

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

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

³Plan issues dental coverage only.

Grievances

A grievance is a complaint by a member or provider to a health insurance company about a denial based on limitations or exclusions in the contract. Medical necessity issues are the subjects of internal appeals, not grievances. Common grievances include problems getting referrals to specialists and disagreements over benefit coverage. According to New York State law, health insurance companies that offer a comprehensive policy that uses a network of providers must have a system in place for responding to members' concerns. The health insurance company must designate one or more qualified personnel to review the grievance and decide whether to reverse or uphold a denial.

UNDERSTANDING THE CHART

- **Filed Grievances:** Number of grievances submitted to the health insurance company in 2015.
- **Closed Grievances:** Number of grievances the health insurance company resolved by the end of 2015.
- **Grievances Upheld:** Number of closed grievances where the health insurance company stood by its original decision and did not decide in favor of the member or provider.
- **Reversed Grievances:** Number of closed grievances where the health insurance company changed its initial decision and decided in favor of the member or provider.
- **Reversal Rate:** Percentage of reversals resulting from grievances (closed grievances decided in favor of the member or provider) divided by closed grievances.

KEEP IN MIND

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

Please note:

- There is no "ideal" reversal rate.
- A low reversal rate may indicate that the health insurance company's initial decisions are correct, so fewer decisions require reversal, but an unusually low reversal rate may indicate that the health insurance company does not give appropriate reconsideration to initial decisions.
- A high reversal rate may indicate that a health insurance company's grievance process is responsive to members and providers, but an unusually high reversal rate may indicate that the health insurance company's process for making initial decisions is flawed.
- The number of grievances filed may be higher for health insurance companies that actively promote the grievance process to members and providers.

Grievances—HMOs 2015

Data Source: DFS

HMO	Filed Grievances	Closed Grievances ¹	Reversed Grievances	Grievances Upheld	Reversal Rate (Percentage)
Aetna Health Inc. ²	303	329	83	246	25.23%
Capital District Physicians Health Plan	331	349	200	149	57.31%
Community Blue (HealthNow)	102	102	25	77	24.51%
Empire HealthChoice HMO, Inc.	1,849	2,214	931	1,283	42.05%
Excellus Health Plan	66	61	19	42	31.15%
HIP Health Maintenance Organization	684	701	408	293	58.20%
Independent Health Association, Inc.	92	86	34	52	39.53%
MVP Health Plan, Inc.	62	62	16	46	25.81%
Oxford Health Plans (NY), Inc.	1,611	5,892	253	5,639	4.29%
UnitedHealthcare of New York, Inc.	516	516	193	323	37.40%
Total	5,616	10,312	2,162	8,150	20.97%

¹Closed grievances can exceed filed grievances in 2015 because closed grievances also include grievances filed prior to 2015.

²Plan no longer offers individual health insurance in New York.

Grievances—EPO/PPO Health Plans 2015

Data Source: DFS

EPO/PPO Health Plan	Filed Grievances	Closed Grievances ¹	Reversed Grievances	Grievances Upheld	Reversal Rate (Percentage)
Aetna Life Insurance Company ^{2,3}	3,488	3,470	866	2,604	24.96%
CDPHP Universal Benefits, Inc. ²	654	663	415	248	62.59%
CIGNA Health and Life Insurance Company ²	192	197	69	128	35.03%
Empire HealthChoice Assurance, Inc. ²	0	0	0	0	0.00%
Excellus Health Plan, Inc. ²	1,466	1,470	478	992	32.52%
Group Health Incorporated ²	1,520	1,495	464	1,031	31.04%
HealthNow New York Inc. ²	0	0	0	0	0.00%
Independent Health Benefits Corporation	210	209	76	133	36.36%
MVP Health Insurance Company ²	23	23	11	12	47.83%
North Shore-LIJ Care Connect Insurance Company, Inc.	64	64	19	45	29.69%
Oscar Insurance Corporation	269	273	138	135	50.55%
Oxford Health Insurance, Inc. ²	6,529	6,814	843	5,971	12.37%
UnitedHealthcare Insurance Company of New York ²	0	0	0	0	0.00%
Total	14,415	14,678	3,379	11,299	23.02%

¹Closed grievances can exceed filed grievances in 2015 because closed grievances also include grievances filed prior to 2015.

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

³Plan no longer offers individual health insurance in New York.

Grievances—Commercial Health Insurance Companies 2015

Data Source: DFS

Commercial Health Insurance Company ¹	Filed Grievances	Closed Grievances ²	Reversed Grievances	Grievances Upheld	Reversal Rate (Percentage)
American Family Life Assurance Company of New York	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%
Delta Dental of New York, Inc. ³	714	759	347	412	45.72%
Dentcare Delivery Systems, Inc. ³	242	261	60	201	22.99%
Eastern Vision Service Plan, Inc. ⁴	0	0	0	0	0.00%
First Unum Life Insurance Company	0	0	0	0	0.00%
Genworth Life Insurance Company of New York	0	0	0	0	0.00%
Guardian Life Insurance Company of America	0	0	0	0	0.00%
Hartford Life Insurance Company	0	0	0	0	0.00%
Hartford Life and Accident Insurance Company	0	0	0	0	0.00%
HM Life Insurance Company of New York	0	0	0	0	0.00%
John Hancock Life & Health Insurance Company	0	0	0	0	0.00%
Liberty Life Assurance Company of Boston	0	0	0	0	0.00%

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

²Closed grievances can exceed filed grievances in 2015 because closed grievances also include grievances filed prior to 2015.

³Plan issues dental coverage only.

⁴Plan issues vision coverage only.

Grievances—Commercial Health Insurance Companies 2015

Data Source: DFS

Commercial Health Insurance Company ¹	Filed Grievances	Closed Grievances	Reversed Grievances	Grievances Upheld	Reversal Rate (Percentage)
Massachusetts Mutual Life Insurance Company	0	0	0	0	0.00%
Metropolitan Life Insurance Company	0	0	0	0	0.00%
MVP Health Services Corporation ²	26	26	6	20	23.08%
National Union Fire Insurance Company of Pittsburgh, PA	0	0	0	0	0.00%
New York Life Insurance Company	0	0	0	0	0.00%
Nippon Life Insurance Company of America	0	0	0	0	0.00%
Northwestern Mutual Life Insurance Company	0	0	0	0	0.00%
Paul Revere Life Insurance Company	0	0	0	0	0.00%
Principal Life Insurance Company	0	0	0	0	0.00%
Prudential Insurance Company of America	0	0	0	0	0.00%
ShelterPoint Life Insurance Company	0	0	0	0	0.00%
Standard Life Insurance Company of New York	0	0	0	0	0.00%
Standard Security Life Insurance Company of New York	0	0	0	0	0.00%
Sun Life and Health Insurance Company	0	0	0	0	0.00%
Transamerica Financial Life Insurance Company	0	0	0	0	0.00%
United States Life Insurance Company in the City of New York	0	0	0	0	0.00%
Total	982	1,046	413	633	39.48%

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

²Plan issues dental coverage only.

Quality of Care and Service for Health Insurance Companies

ACCESS AND SERVICE

MEASURE DESCRIPTIONS

- **Rating of Health Plan:** The percentage of members who responded 8, 9 or 10 (on a scale of 0–10, where 0 is the worst health plan possible and 10 is the best health plan possible) when asked, “How would you rate your health plan?”
 - **Getting Care Quickly:** The percentage of members who responded that they “usually” or “always”:
 - Get appointments for regular or routine care as soon as requested.
 - Get care right away for an illness or injury.
 - **Getting Needed Care:** The percentage of members who responded that they “usually” or “always” thought it was easy to get:
 - Appointments with specialists.
 - Care, tests or treatments they thought they needed.
- **Rating of Overall Health Care:** The percentage of members who responded 8, 9 or 10 (on a scale of 0–10, where 0 is the worst health care possible and 10 is the best health care possible) when asked, “How would you rate all your health care?”
 - **Members Seen by a Provider:** The percentage of adult health insurance members who had an outpatient or preventive care visit within the past 3 years, as reported by the health insurance company. A higher score means more people who were enrolled in the health insurance company had a provider visit.

Access and Service—HMOs 2015

Data Source: DOH

UNDERSTANDING THE CHART

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

Note: Symbols show statistically significant differences between each health insurance company’s score and the New York average. “Statistically significant” means scores varied by more than could be accounted for by chance.

When comparing plan rates, note that some plans have the same rate but a different symbol. This is because plan rates are based on the number of members, which can differ among plans, and how much a plan’s rate differs from the New York average.

Performance Compared to the New York HMO Average												
HMO	Rating of Health Plan		Getting Care Quickly		Getting Needed Care		Rating of Overall Health Care		Members Seen by a Provider			
	Score	Symbol	Score	Symbol	Score	Symbol	Score	Symbol	Score	Symbol	Score	Symbol
NY HMO Average	67		88		88		78		94		96	
Aetna Health Inc. ¹	62		89		91		80		93	▼	95	▼
Capital District Physicians Health Plan	82	▲	92	▲	91	▲	85	▲	95	▲	97	▲
Community Blue (HealthNow) ²	67		89		92	▲	77		95	▲	97	▲
Empire HealthChoice HMO, Inc.	68		89		88		80		90	▼	95	▼
Excellus (Univera Healthcare) ³	63		92	▲	91		75		94		95	▼
Excellus BlueCross BlueShield ⁴	66		90		87		78		95	▲	97	▲
HIP Health Maintenance Organization	69		78	▼	76	▼	72	▼	92	▼	95	▼
Independent Health Association, Inc.	74	▲	90		90		80		94		96	
MVP Health Plan, Inc.	69		90		92	▲	81		94		97	▲
Oxford Health Plans (NY), Inc.	47	▼	77	▼	86		73		94		96	

¹ Plan no longer offers individual health insurance in New York.

² Includes data for HealthNow PPO membership.

³ Includes data for Univera PPO membership.

⁴ Includes data for Excellus BlueCross BlueShield PPO membership.

Legend

▲ Significantly better than the NY HMO average.

▼ Significantly worse than the NY HMO average.

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

Access and Service—PPOs 2015

Data Source: DOH

UNDERSTANDING THE CHART

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

Note: Symbols show statistically significant differences between each health insurance company’s score and the New York average. “Statistically significant” means scores varied by more than could be accounted for by chance.

When comparing plan rates, note that some plans have the same rate but a different symbol. This is because plan rates are based on the number of members, which can differ among plans, and how much a plan’s rate differs from the New York average.

Performance Compared to the New York PPO Average												
PPO ¹	Rating of Health Plan		Getting Care Quickly		Getting Needed Care		Rating of Overall Health Care		Members Seen by a Provider			
									Ages 20-44	Ages 45-64		
NY PPO Average	61		84		87		75		94		96	
Aetna Life Insurance Company ²	58		87		86		76		94		96	
CDPHP Universal Benefits, Inc.	70	▲	91	▲	92	▲	80	▲	95	▲	96	
Cigna Health and Life Insurance Company	59		84		88		77		94		95	
Empire HealthChoice Assurance, Inc.	72	▲	86		86		76		92	▼	94	▼
Group Health Incorporated	68	▲	84		90	▲	75		91	▼	94	▼
HIP Insurance Company of New York	44	▼	70	▼	71	▼	59	▼	89	▼	89	▼
MVP Health Insurance Company	61		88	▲	89		80		93		96	
Oxford Health Insurance, Inc.	55	▼	82		88		76		95	▲	97	▲
UnitedHealthcare Insurance Company of New York	66		85		88		78		94		96	

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

²Plan no longer offers individual health insurance in New York.

Legend

▲ Significantly better than the NY PPO average.

▼ Significantly worse than the NY PPO average.

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

Quality of Care and Service for Health Insurance Companies

CHILD AND ADOLESCENT HEALTH

MEASURE DESCRIPTIONS

- **Well-Child Visit in the First 15 Months of Life (6 Visits or More):** The percentage of children who had 6 or more well-child and preventive health visits in their first 15 months of life.
- **Well-Child Visit During the 3rd, 4th, 5th and 6th Years:** The percentage of children between the ages of 3 and 6 years who had well-child and preventive health visits in the past year.
- **Adolescent Well-Care Visits:** The percentage of adolescents (ages 12–21) who had at least 1 well-care or preventive visit in the past year.
- **Medical Management for People with Asthma, 50% Days Covered (ages 5–18):** The percentage of children 5–18 years with persistent asthma who filled prescriptions for asthma controller medications during at least 50% of their treatment period.

Child and Adolescent Health—HMOs 2015

Data Source: DOH

UNDERSTANDING THE CHART

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

Note: Symbols show statistically significant differences between each health insurance company’s score and the New York average. “Statistically significant” means scores varied by more than could be accounted for by chance.

When comparing plan rates, note that some plans have the same rate but a different symbol. This is because plan rates are based on the number of members, which can differ among plans, and how much a plan’s rate differs from the New York average.

Performance Compared to the New York HMO Average							
HMO	Well-Child Visit in the First 15 Months of Life (6 Visits or More)		Well-Child Visits During the 3rd, 4th, 5th, 6th Years		Adolescent Well-Care Visits		Medical Management for People with Asthma, 50% Days Covered (Ages 5–18)
NY HMO Average	84		85		61		55
Aetna Health Inc. ¹	76	▼	84		61		64
Capital District Physicians Health Plan	91	▲	89	▲	71	▲	51
Community Blue (HealthNow) ²	90	▲	89	▲	66	▲	54
Empire HealthChoice HMO, Inc.	73	▼	82	▼	56	▼	TS
Excellus (Univera Healthcare) ³	91	▲	85		62		48
Excellus BlueCross BlueShield ⁴	87	▲	84	▼	58	▼	56
HIP Health Maintenance Organization	65	▼	80	▼	55	▼	55
Independent Health Association, Inc.	90	▲	89	▲	69	▲	51
MVP Health Plan, Inc.	89		87		62		59
Oxford Health Plans (NY), Inc.	85		86	▲	65	▲	57

¹Plan no longer offers individual health insurance in New York.

²Includes data for HealthNow PPO membership.

³Includes data for Univera PPO membership.

⁴Includes data for Excellus BlueCross BlueShield PPO membership.

Legend

▲ Significantly better than the NY HMO average.

▼ Significantly worse than the NY HMO average.

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

TS Sample size too small to report.

Child and Adolescent Health—PPOs 2015

Data Source: DOH

UNDERSTANDING THE CHART

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

Note: Symbols show statistically significant differences between each health insurance company’s score and the New York average. “Statistically significant” means scores varied by more than could be accounted for by chance.

When comparing plan rates, note that some plans have the same rate but a different symbol. This is because plan rates are based on the number of members, which can differ among plans, and how much a plan’s rate differs from the New York average.

Performance Compared to the New York PPO Average								
PPO ¹	Well-Child Visit in the First 15 Months of Life (6 Visits or More)		Well-Child Visits During the 3rd, 4th, 5th, 6th Years		Adolescent Well-Care Visits		Medical Management for People with Asthma, 50% Days Covered (Ages 5–18)	
NY PPO Average	85		84		59		58	
Aetna Life Insurance Company ²	86	▲	85	▲	61	▲	63	▲
CDPHP Universal Benefits, Inc.	90	▲	89	▲	65	▲	53	
Cigna Health and Life Insurance Company	87	▲	86	▲	62	▲	57	
Empire HealthChoice Assurance, Inc.	75	▼	79	▼	51	▼	56	
Group Health Incorporated	76	▼	76	▼	49	▼	58	
HIP Insurance Company of New York	TS		77		53		TS	
MVP Health Insurance Company	86		85		61	▲	57	
Oxford Health Insurance, Inc.	86		85	▲	67	▲	58	
UnitedHealthcare Insurance Company of New York	88	▲	86	▲	61	▲	58	

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

²Plan no longer offers individual health insurance in New York.

Legend

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

Quality of Care and Service for Health Insurance Companies

ADULT HEALTH

MEASURE DESCRIPTIONS

- **Controlling High Blood Pressure:** The percentage of members ages 18 or older who had hypertension and whose blood pressure was adequately controlled during the measurement year based on the following criteria:
 - Members ages 18–59 years whose blood pressure was <140/90 mm Hg.
 - Members ages 60–85 years with a diagnosis of diabetes, whose blood pressure was <140/90 mm Hg.
 - Members ages 60–85 years without a diagnosis of diabetes, whose blood pressure was <150/90 mm Hg.
- **Use of Spirometry Testing for COPD:** The percentage of members ages 40 years and older with a new diagnosis of COPD or newly active COPD, who received spirometry testing to confirm the diagnosis.
- **Flu Shot for Adults (18–64):** The percentage of members ages 18–64 years who have had a flu shot.
- **Avoidance of Antibiotics for Adults with Acute Bronchitis:** The percentage of adults ages 18–64 years with acute bronchitis, who *did not* receive a prescription for antibiotics. A higher score indicates more appropriate treatment of people with acute bronchitis.

Adult Health—HMOs 2015

Data Source: DOH

UNDERSTANDING THE CHART

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

Note: Symbols show statistically significant differences between each health insurance company’s score and the New York average. “Statistically significant” means scores varied by more than could be accounted for by chance.

When comparing plan rates, note that some plans have the same rate but a different symbol. This is because plan rates are based on the number of members, which can differ among plans, and how much a plan’s rate differs from the New York average.

Performance Compared to the New York HMO Average								
HMO	Controlling High Blood Pressure		Use of Spirometry Testing for COPD		Flu Shot for Adults (Ages 18–64)		Avoidance of Antibiotics for Adults with Acute Bronchitis	
NY HMO Average	64		49		52		24	
Aetna Health Inc. ¹	52	▼	59	▲	36	▼	22	
Capital District Physicians Health Plan	76	▲	45		58	▲	29	▲
Community Blue (HealthNow) ²	74	▲	50		51		20	▼
Empire HealthChoice HMO, Inc.	64		63	▲	56		30	▲
Excellus (Univera Healthcare) ³	69		48		51		17	▼
Excellus BlueCross BlueShield ⁴	69	▲	40	▼	61	▲	19	▼
HIP Health Maintenance Organization	57	▼	50		44	▼	21	▼
Independent Health Association, Inc.	73	▲	53		50		23	
MVP Health Plan, Inc.	76	▲	41	▼	54		20	▼
Oxford Health Plans (NY), Inc.	46	▼	62	▲	44	▼	31	▲

¹Plan no longer offers individual health insurance in New York.

²Includes data for HealthNow PPO membership.

³Includes data for Univera PPO membership.

⁴Includes data for Excellus BlueCross BlueShield PPO membership.

Legend

▲ Significantly better than the NY HMO average.

▼ Significantly worse than the NY HMO average.

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

Adult Health—PPOs 2015

Data Source: DOH

UNDERSTANDING THE CHART

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

Note: Symbols show statistically significant differences between each health insurance company’s score and the New York average. “Statistically significant” means scores varied by more than could be accounted for by chance.

When comparing plan rates, note that some plans have the same rate but a different symbol. This is because plan rates are based on the number of members, which can differ among plans, and how much a plan’s rate differs from the New York average.

Performance Compared to the New York PPO Average								
PPO ¹	Controlling High Blood Pressure		Use of Spirometry Testing for COPD		Flu Shots for Adults (Ages 18-64)		Avoidance of Antibiotics for Adults with Bronchitis	
NY PPO Average	55		57		48		26	
Aetna Life Insurance Company ²	58		60	▲	57	▲	26	
CDPHP Universal Benefits, Inc.	74	▲	37	▼	48		25	
Cigna Health and Life Insurance Company	50	▼	63	▲	49		25	
Empire HealthChoice Assurance, Inc.	64	▲	59	▲	43		24	▼
Group Health Incorporated	24	▼	57		39	▼	38	▲
HIP Insurance Company of New York	22	▼	69		50		38	▲
MVP Health Insurance Company	NV		43	▼	47		22	▼
Oxford Health Insurance, Inc.	47	▼	62	▲	56		33	▲
UnitedHealthcare Insurance Company of New York	52		55	▼	47		24	

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

²Plan no longer offers individual health insurance in New York.

Legend

▲ Significantly better than the NY PPO average.

▼ Significantly worse than the NY PPO average.

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

NV Plan submitted invalid data.

Quality of Care and Service for Health Insurance Companies

WOMEN'S HEALTH

MEASURE DESCRIPTIONS

- **Breast Cancer Screening:** The percentage of women ages 50–74 years who had a mammogram any time on or between October 1, 2012, and December 31, 2014.
- **Timeliness of Prenatal Care:** The percentage of women who gave birth in the last year who had a prenatal care visit in the first trimester or within 42 days of enrollment in their health plan.
- **Chlamydia Screening:** The percentage of sexually active young women who had at least one test for chlamydia during the measurement year. The measure is reported separately for ages 16–20 years and for ages 21–24 years.

Women's Health—HMOs 2015

Data Source: DOH

UNDERSTANDING THE CHART

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

Note: Symbols show statistically significant differences between each health insurance company's score and the New York average. "Statistically significant" means scores varied by more than could be accounted for by chance.

When comparing plan rates, note that some plans have the same rate but a different symbol. This is because plan rates are based on the number of members, which can differ among plans, and how much a plan's rate differs from the New York average.

Performance Compared to the New York HMO Average								
HMO	Breast Cancer Screening		Timeliness of Prenatal Care		Chlamydia Screening			
					Ages 16–20		Ages 21–24	
NY HMO Average	74		89		53		60	
Aetna Health Inc. ¹	67	▼	89		59	▲	66	▲
Capital District Physicians Health Plan	79	▲	97	▲	62	▲	68	▲
Community Blue (HealthNow) ²	76	▲	98	▲	54		60	
Empire HealthChoice HMO, Inc.	72	▼	96	▲	53		61	
Excellus (Univera Healthcare) ³	75		92		51		56	
Excellus BlueCross BlueShield ⁴	77	▲	91		42	▼	52	▼
HIP Health Maintenance Organization	74		82	▼	74	▲	75	▲
Independent Health Association, Inc.	75	▲	97	▲	55		60	
MVP Health Plan, Inc.	75		95	▲	50	▼	58	
Oxford Health Plans (NY), Inc.	67	▼	82	▼	55		64	▲

¹Plan no longer offers individual health insurance in New York.

²Includes data for HealthNow PPO membership.

³Includes data for Univera PPO membership.

⁴Includes data for Excellus BlueCross BlueShield PPO membership.

Legend

▲ Significantly better than the NY HMO average.

▼ Significantly worse than the NY HMO average.

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

Women's Health—PPOs 2015

Data Source: DOH

UNDERSTANDING THE CHART

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

Note: Symbols show statistically significant differences between each health insurance company's score and the New York average. “Statistically significant” means scores varied by more than could be accounted for by chance.

When comparing plan rates, note that some plans have the same rate but a different symbol. This is because plan rates are based on the number of members, which can differ among plans, and how much a plan's rate differs from the New York average.

Performance Compared to the New York PPO Average								
PPO ¹	Breast Cancer Screening		Timeliness of Prenatal Care		Chlamydia Screening			
					Ages 16–20		Ages 21–24	
NY PPO Average	66		89		59		66	
Aetna Life Insurance Company ²	69	▲	90		56	▼	65	▼
CDPHP Universal Benefits, Inc.	76	▲	93		59		64	
Cigna Health and Life Insurance Company	70	▲	95	▲	58		66	
Empire HealthChoice Assurance, Inc.	67	▲	90		61	▲	68	▲
Group Health Incorporated	63	▼	86		63	▲	68	
HIP Insurance Company of New York	61		84		66		71	
MVP Health Insurance Company	72	▲	NV		49	▼	59	▼
Oxford Health Insurance, Inc.	70	▲	87		55	▼	63	▼
UnitedHealthcare Insurance Company of New York	63	▼	87		61	▲	68	▲

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

²Plan no longer offers individual health insurance in New York.

Legend

- ▲ Significantly better than the NY PPO average.
- ▼ Significantly worse than the NY PPO average.
- No symbol** indicates that the average is not different from the NY PPO average.
- NV** Plan submitted invalid data.

Quality of Care and Service for Health Insurance Companies

BEHAVIORAL HEALTH

MEASURE DESCRIPTIONS

- **Follow-Up Care for Children Prescribed ADHD Medication:** The percentage of children ages 6–12 years who were newly prescribed ADHD medication and who had at least 3 follow-up visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two measures assess follow-up care for children taking ADHD medication:
 - **Initiation Phase:** The percentage of children with a new prescription for ADHD medication and who had 1 follow-up visit with a practitioner within the 30 days after starting the medication.
 - **Continuation & Management Phase:** The percentage of children with a new prescription for ADHD medication, who remained on the medication for 7 months and who, in addition to the visit in the Initiation Phase, had at least 2 follow-up visits in the 9-month period after the Initiation Phase ended.
- **Antidepressant Medication Management:** Members ages 18 years and older who were diagnosed with depression and treated with an antidepressant medication. The measure has two components of care:
 - **Effective Acute Phase Treatment:** The percentage of members who remained on antidepressant medication during the entire 12-week Acute Treatment phase.
 - **Effective Continuation Phase Treatment:** The percentage of members who remained on antidepressant medication for at least 6 months.
- **Follow-Up after Hospitalization for Mental Illness:** Members ages 6 years and older who were hospitalized for treatment of selected mental health disorders (such as depression or bipolar disorder). The measure has two time-frame components:
 - **Within 7 Days:** The percentage of members who were hospitalized for treatment of selected mental health disorders and were seen by a mental health provider within 7 days after discharge.
 - **Within 30 Days:** The percentage of members who were seen on an ambulatory basis or who were in intermediate treatment with a mental health provider within 30 days of discharge.

Behavioral Health—HMOs 2015

Data Source: DOH

UNDERSTANDING THE CHART

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

Note: Symbols show statistically significant differences between each health insurance company’s score and the New York average. “Statistically significant” means scores varied by more than could be accounted for by chance.

When comparing plan rates, note that some plans have the same rate but a different symbol. This is because plan rates are based on the number of members, which can differ among plans, and how much a plan’s rate differs from the New York average.

Performance Compared to the New York HMO Average												
HMO	Follow-Up Care for Children Prescribed ADHD Medication			Antidepressant Medication Management				Follow-Up after Hospitalization for Mental Illness				
	Initiation Phase	Continuation & Management Phase		Effective Acute Phase		Effective Continuation Phase		Within 7 Days		Within 30 Days		
NY HMO Average	42		44		64		48		57		72	
Aetna Health Inc. ¹	58		TS		63		47		59		74	
Capital District Physicians Health Plan	43		46		64		49		76	▲	86	▲
Community Blue (HealthNow) ²	43		49		59	▼	43	▼	66	▲	80	▲
Empire HealthChoice HMO, Inc.	31		TS		66		43		53		64	
Excellus (Univera Healthcare) ³	47		TS		65		47		37	▼	50	▼
Excellus BlueCross BlueShield ⁴	42		42		65		49		57		75	
HIP Health Maintenance Organization	50		TS		65		49		51	▼	70	
Independent Health Association, Inc.	45		54		67		47		66	▲	81	▲
MVP Health Plan, Inc.	36		TS		65		49		59		73	
Oxford Health Plans (NY), Inc.	41		45		64		49		46	▼	61	▼

¹Plan no longer offers individual health insurance in New York.

²Includes data for HealthNow PPO membership.

³Includes data for Univera PPO membership.

⁴Includes data for Excellus BlueCross BlueShield PPO membership.

Legend

▲ Significantly better than the NY HMO average.

▼ Significantly worse than the NY HMO average.

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

TS Sample size too small to report.

Behavioral Health—PPOs 2015

Data Source: DOH

UNDERSTANDING THE CHART

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

Note: Symbols show statistically significant differences between each health insurance company’s score and the New York average. “Statistically significant” means scores varied by more than could be accounted for by chance.

When comparing plan rates, note that some plans have the same rate but a different symbol. This is because plan rates are based on the number of members, which can differ among plans, and how much a plan’s rate differs from the New York average.

Performance Compared to the New York PPO Average											
PPO ¹	Follow-Up Care for Children Prescribed ADHD Medication				Antidepressant Medication Management				Follow-Up after Hospitalization for Mental Illness		
	Initiation Phase		Continuation & Management Phase		Effective Acute Phase		Effective Continuation Phase		Within 7 Days		Within 30 Days
NY PPO Average	44		50		69		55		59		73
Aetna Life Insurance Company ²	40		44		75	▲	63	▲	60		73
CDPHP Universal Benefits, Inc.	48		50		64	▼	49	▼	65		81
Cigna Health and Life Insurance Company	51	▲	65	▲	67		52		60		74
Empire HealthChoice Assurance, Inc.	43		46		69		54		55	▼	70
Group Health Incorporated	34	▼	44		69		55		TS		TS
HIP Insurance Company of New York	TS		TS		66		51		TS		TS
MVP Health Insurance Company	34		TS		62	▼	49	▼	45	▼	63
Oxford Health Insurance, Inc.	45		49		67		54		60		72
UnitedHealthcare Insurance Company of New York	45		59		66		51	▼	61		74

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

²Plan no longer offers individual health insurance in New York.

Legend

▲ Significantly better than the NY PPO average.

▼ Significantly worse than the NY PPO average.

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

TS Sample size too small to report.

Quality of Care and Service for Health Insurance Companies

QUALITY OF PROVIDERS

MEASURE DESCRIPTIONS

- **Satisfaction with Personal Doctor:** The percentage of members who responded 8, 9 or 10 (on a scale of 0–10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible) when asked, “How would you rate your personal doctor?”
- **Satisfaction with Specialist:** The percentage of members who responded 8, 9 or 10 (on a scale of 0–10, where 0 is the worst specialist possible and 10 is the best specialist possible) when asked “How would you rate your specialist?”
- **Satisfaction with Provider Communication:** The percentage of members who responded that their doctors or health care providers “usually” or “always”:
 - Listen carefully to them.
 - Explain things in a way they understand.
 - Show respect for what they have to say.
 - Spend enough time with them during visits.
- **Doctors Who Are Certified by a Medical Board:** The percentage of internists, OB/GYNs and pediatricians who are board certified. A higher percentage means the health insurance company has more board-certified doctors in the practice areas listed.

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

Quality of Providers—HMOs 2015

Data Source: DOH

UNDERSTANDING THE CHART

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

Note: Symbols show statistically significant differences between each health insurance company’s score and the New York average. “Statistically significant” means scores varied by more than could be accounted for by chance.

When comparing plan rates, note that some plans have the same rate but a different symbol. This is because plan rates are based on the number of members, which can differ among plans, and how much a plan’s rate differs from the New York average.

Performance Compared to the New York HMO Average												
HMO	Satisfaction with Personal Doctor		Satisfaction with Specialist		Satisfaction with Provider Communication		Doctors Who Are Certified by a Medical Board					
							Internal Medicine	OB/GYN	Pediatric			
NY HMO Average	84		83		96		79		80		82	
Aetna Health Inc. ¹	87		81		97		81	▲	80		85	▲
Capital District Physicians Health Plan	89	▲	88	▲	97	▲	82		77		83	
Community Blue (HealthNow) ²	85		88	▲	97		81		81		90	▲
Empire HealthChoice HMO, Inc.	84		90	▲	95		80	▲	82		80	
Excellus (Univera Healthcare) ³	80		84		96		75		85		79	
Excellus BlueCross BlueShield ⁴	83		79		96		81		86	▲	77	▼
HIP Health Maintenance Organization	82		78		93	▼	75	▼	71	▼	77	▼
Independent Health Association, Inc.	81		78		96		72	▼	79		84	
MVP Health Plan, Inc.	86		83		94		75	▼	76	▼	82	
Oxford Health Plans (NY), Inc.	80		81		95		80		84	▲	82	

¹Plan no longer offers individual health insurance in New York.

²Includes data for HealthNow PPO membership.

³Includes data for Univera PPO membership.

⁴Includes data for Excellus BlueCross BlueShield PPO membership.

Legend

▲ Significantly better than the NY HMO average.

▼ Significantly worse than the NY HMO average.

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

Quality of Providers—PPOs 2015

Data Source: DOH

UNDERSTANDING THE CHART

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

Note: Symbols show statistically significant differences between each health insurance company’s score and the New York average. “Statistically significant” means scores varied by more than could be accounted for by chance.

When comparing plan rates, note that some plans have the same rate but a different symbol. This is because plan rates are based on the number of members, which can differ among plans, and how much a plan’s rate differs from the New York average.

Performance Compared to the New York PPO Average												
PPO ¹	Satisfaction with Personal Doctor		Satisfaction with Specialist		Satisfaction with Provider Communication		Doctors Who Are Certified by a Medical Board					
							Internal Medicine	OB/GYN		Pediatric		
NY PPO Average	84		84		95		79		79		81	
Aetna Life Insurance Company ²	83		83		93		80		80		85	▲
CDPHP Universal Benefits, Inc.	82		87		94		82		77		83	
Cigna Health and Life Insurance Company	85		84		95		80	▲	78		NV	
Empire HealthChoice Assurance, Inc.	84		83		94		81	▲	82	▲	81	
Group Health Incorporated	80		83		96		76	▼	69	▼	77	▼
HIP Insurance Company of New York	82		73	▼	94		75	▼	71	▼	77	▼
MVP Health Insurance Company	87		84		97		75	▼	76		82	
Oxford Health Insurance, Inc.	90	▲	87		95		80		84	▲	82	
UnitedHealthcare Insurance Company of New York	88		89	▲	97	▲	80	▲	85	▲	84	▲

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

²Plan no longer offers individual health insurance in New York.

Legend

▲ Significantly better than the NY PPO average.

▼ Significantly worse than the NY PPO average.

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

NV Plan submitted invalid data.

Quality of Care and Service for Health Insurance Companies

MANAGING MEDICATIONS

MEASURE DESCRIPTIONS

- **Drug Therapy for Rheumatoid Arthritis:** The percentage of members with rheumatoid arthritis who were dispensed at least one ambulatory prescription for a disease modifying anti-rheumatic drug.
- **Annual Monitoring for Patients on Persistent Medications:** The percentage of members ages 18 years and older who were taking certain medications for at least 6 months and who received specific monitoring tests. The following rates specify categories of medications that are of interest:
 - **Ace Inhibitors/ARBs:** The percentage of members who received at least a 180-day supply of ACE inhibitors and/or ARBs, and who had at least one blood test for potassium and a monitoring test for kidney function in the measurement year.
 - **Digoxin:** The percentage of members who received at least a 180-day supply of digoxin, and who had at least one blood test for potassium and a monitoring test for kidney function in the measurement year.
 - **Diuretics:** The percentage of members who received at least a 180-day supply of diuretics, and who had at least one blood test for potassium and a monitoring test for kidney function in the measurement year.

Managing Medications—HMOs 2015

Data Source: DOH

UNDERSTANDING THE CHART

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

Note: Symbols show statistically significant differences between each health insurance company’s score and the New York average. “Statistically significant” means scores varied by more than could be accounted for by chance.

When comparing plan rates, note that some plans have the same rate but a different symbol. This is because plan rates are based on the number of members, which can differ among plans, and how much a plan’s rate differs from the New York average.

Performance Compared to the New York HMO Average								
HMO	Drug Therapy for Rheumatoid Arthritis		Annual Monitoring for Patients on Persistent Medications					
			Ace Inhibitors/ARBs		Digoxin		Diuretics	
NY HMO Average	86		84		37		84	
Aetna Health Inc. ¹	79		85		43		84	
Capital District Physicians Health Plan	90		87	▲	38		86	▲
Community Blue (HealthNow) ²	85		81	▼	41		81	▼
Empire HealthChoice HMO, Inc.	78		85		TS		85	
Excellus (Univera Healthcare) ³	86		83		TS		85	
Excellus BlueCross BlueShield ⁴	89	▲	84		40		83	
HIP Health Maintenance Organization	86		85	▲	35		85	▲
Independent Health Association, Inc.	87		83	▼	40		82	▼
MVP Health Plan, Inc.	87		82	▼	29		82	
Oxford Health Plans (NY), Inc.	83	▼	85	▲	36		84	

¹Plan no longer offers individual health insurance in New York.

²Includes data for HealthNow PPO membership.

³Includes data for Univera PPO membership.

⁴Includes data for Excellus BlueCross BlueShield PPO membership.

Legend

▲ Significantly better than the NY HMO average.

▼ Significantly worse than the NY HMO average.

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

TS Sample size too small to report.

Managing Medications—PPOs 2015

Data Source: DOH

UNDERSTANDING THE CHART

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

Note: Symbols show statistically significant differences between each health insurance company’s score and the New York average. “Statistically significant” means scores varied by more than could be accounted for by chance.

When comparing plan rates, note that some plans have the same rate but a different symbol. This is because plan rates are based on the number of members, which can differ among plans, and how much a plan’s rate differs from the New York average.

Performance Compared to the New York PPO Average								
PPO ¹	Drug Therapy for Rheumatoid Arthritis	Annual Monitoring for Patients on Persistent Medications						
		Ace Inhibitors/ARBs		Digoxin		Diuretics		
NY PPO Average	85		84		38		83	
Aetna Life Insurance Company ²	85		84		45		83	
CDPHP Universal Benefits, Inc.	88		84		34		84	
Cigna Health and Life Insurance Company	84		85		34		84	
Empire HealthChoice Assurance, Inc.	86		85	▲	46		85	▲
Group Health Incorporated	78		86	▲	42		86	▲
HIP Insurance Company of New York	TS		87		TS		84	
MVP Health Insurance Company	83		84		45		83	
Oxford Health Insurance, Inc.	81		84		33		83	
UnitedHealthcare Insurance Company of New York	84		82	▼	30		81	▼

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

²Plan no longer offers individual health insurance in New York.

Legend

▲ Significantly better than the NY PPO average.

▼ Significantly worse than the NY PPO average.

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

TS Sample size too small to report.

Health Insurance Company Accreditation

Accreditation is a way of assessing health insurance company quality. It assures consumers that an independent organization has checked whether the health insurance company has effective systems in place for offering high-quality care. Health insurance companies may request an accreditation review; however, since accreditation is voluntary, not all companies request the review.

What Is NCQA Accreditation?

The National Committee for Quality Assurance (NCQA) is a private, nonprofit organization dedicated to improving health care by assessing and reporting on the quality of health insurance companies. NCQA's team of doctors and health care experts conduct a comprehensive review of a health insurance company's structure (against more than 60 different standards) and processes to maintain and improve quality in five core areas.

Health insurance companies must also submit results of clinical performance measures (known as "HEDIS^{®1}") and patient experience of care (known as "CAHPS") as part of the accreditation process.

HEDIS is an evaluation of the plan's performance on process and outcomes and makes it possible to compare company performance fairly.

CAHPS is a standardized survey used by all health insurance companies.

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

¹HEDIS is a registered trademark of NCQA.

NCQA Accreditation Outcomes Are Based on Health Insurance Company Performance

- **Excellent** indicates that the health insurance company demonstrates levels of service and clinical quality that meet or exceed NCQA's requirements for consumer protection and quality improvement. HEDIS results are in the highest range of national performance.
- **Commendable** indicates that the health insurance company demonstrates levels of service and clinical quality that meet NCQA's requirements for consumer protection and quality improvement.
- **Accredited** indicates that the health insurance company meets most of NCQA's basic requirements.
- **Provisional** indicates that the health insurance company meets some of NCQA's basic requirements.
- **Denied** indicates that the health insurance company does not meet NCQA's basic requirements.
- **Not Reviewed** indicates that the health insurance company has not requested NCQA review.
- **Interim** indicates that the health insurance company has basic structure and processes in place to meet expectations for consumer protection and quality improvement. Organizations awarded this status will need to undergo a new review within 18 months to demonstrate they have executed those processes effectively.

NCQA Accreditation Status as of July 2016¹

HMO	Accreditation Status
Aetna Health Inc.	Commendable
Capital District Physicians Health Plan	Excellent
Community Blue (HealthNow)	Commendable
Empire HealthChoice HMO, Inc.	Commendable
Excellus Health Plan	Commendable
HIP Health Maintenance Organization	Commendable
Independent Health Association, Inc.	Commendable
MVP Health Plan, Inc.	Commendable
Oxford Health Plans (NY), Inc.	Accredited
United Healthcare of New York, Inc.	Not Reviewed

EPO/PPO Health Plan	Accreditation Status
Aetna Life Insurance Company	Commendable
CDPHP Universal Benefits, Inc.	Excellent
CIGNA Health and Life Insurance Company	Commendable
Empire HealthChoice Assurance, Inc.	Scheduled
Excellus Health Plan, Inc.	Commendable
Group Health Incorporated	In Process
HealthNow New York Inc.	Commendable
Independent Health Benefits Corporation	Accredited
MVP Health Insurance Company	Not Reviewed
North Shore-LIJ Care Connect Insurance Company, Inc.	Not Reviewed
Oscar Insurance Corporation	Accredited
Oxford Health Insurance, Inc.	Accredited
UnitedHealthcare Insurance Company of New York	Accredited

Commercial Health Insurance Company	Accreditation Status
American Family Life Assurance Company of New York	Not Reviewed
American Progressive Life and Health Insurance	Not Reviewed
Berkshire Life Insurance Company of America	Not Reviewed
CIGNA Life Insurance Company of New York	Not Reviewed
Combined Life Insurance Company of New York	Not Reviewed
Delta Dental Insurance Company	Not Reviewed
Dentcare Delivery Systems, Inc.	Not Reviewed
Eastern Vision Service Plan, Inc.	Not Reviewed
First Unum Life Insurance Company	Not Reviewed
Genworth Life Insurance Company of New York	Not Reviewed
Guardian Life Insurance Company of America	Not Reviewed
Hartford Life and Accident Insurance Company	Not Reviewed
Hartford Life Insurance Company	Not Reviewed
HM Life Insurance Company of New York	Not Reviewed
John Hancock Life & Health Insurance Company	Not Reviewed
Liberty Life Assurance Company of Boston	Not Reviewed
Massachusetts Mutual Life Insurance Company	Not Reviewed
Metropolitan Life Insurance Company	Not Reviewed
MVP Health Services Corporation	Not Reviewed
National Union Fire Insurance Company of Pittsburgh, PA	Not Reviewed
New York Life Insurance Company	Not Reviewed
Nippon Life Insurance Company of America	Not Reviewed
Northwestern Mutual Life Insurance Company	Not Reviewed

¹Accreditation status does not include Medicare or Medicaid products.

NCQA Accreditation Status as of July 2016¹

Commercial Health Insurance Company	Accreditation Status
Paul Revere Life Insurance Company	Not Reviewed
Principal Life Insurance Company	Not Reviewed
Prudential Insurance Company of America	Not Reviewed
ShelterPoint Life Insurance Company	Not Reviewed
Standard Life Insurance Company of New York	Not Reviewed
Standard Security Life Insurance Company of New York	Not Reviewed
Sun Life and Health Insurance Company	Not Reviewed
Transamerica Financial Life Insurance Company	Not Reviewed
United States Life Insurance Company in the City of New York	Not Reviewed

¹Accreditation status does not include Medicare or Medicaid products.

How Health Insurance Companies Pay Health Care Providers

New York State health insurance companies pay health care providers (“providers”) in a variety of contractual methods; some of them are described below. A typical health insurance company may use more than one method. No one method is “best” or “right.” Ask your doctor if you have questions or concerns about how your health insurance company pays providers.

PAYMENT METHODS

- **Fee for Service:** The health insurance company pays providers for each office visit, procedure and test. Payment is usually based on an allowable fee or “usual and customary reimbursement.”
- **Capitation:** The health insurance company pays providers the same amount every month for every member under their primary care, regardless of the services a member receives. Supporters of capitation believe it gives physicians an incentive to keep people healthy through preventive care in order to avoid costly illnesses; others believe it creates an incentive to avoid providing necessary, but expensive, services.
- **Bonus:** The health insurance company pays providers additional amounts if they meet quality, customer-service or cost-saving goals.
- **Withhold:** The health insurance company withholds a portion of the provider’s payment to cover unexpected services such as specialty care, laboratory services or hospitalization. If patients do not use these services, the health insurance company returns the withheld amount to the physician. Some believe that this method helps reduce unnecessary expenses; others believe it discourages providers from offering necessary services.
- **Balance Billing:** A billing practice in which consumers are billed for the difference between what their insurance company pays and the fee that the provider normally charges. Balance billing is prohibited under most HMO contracts in New York, but may occur if members use the services of out-of-network providers under a PPO or POS arrangement.

Overall Complaint Ranking

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

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

UNDERSTANDING THE CHARTS

- **Rank:** Each health insurance company's ranking is based on how many complaints were resolved by DFS in favor of the member or provider, relative to the company's premiums. A lower number results in a higher ranking. If the ratios are the same, the health insurance company with the higher premiums is ranked higher.
 - **Total Complaints:** Total number of complaints closed by DFS in 2015. Large health insurance companies may receive more complaints because they have more consumers than smaller health insurance companies.
 - **Complaints Upheld:** Number of closed complaints resolved in favor of the member or provider because DFS determined that the health insurance company did not comply with statutory or contractual obligations. Complaints upheld by DFS are used to calculate the complaint ratio and ranking.
- **Premiums:** Dollar amount generated by a health insurance company in New York State during 2015. Premiums are used to calculate the complaint ratio so that health insurance companies of different sizes can be compared fairly. Premium data exclude Medicare and Medicaid.
 - **Complaint Ratio:** Number of complaints upheld (complaints resolved by DFS in favor of the member or provider) divided by the health insurance company's premiums.

Overall Complaint Ranking—2015

Data Source: DFS

Health Insurance Company/HMO	Rank ^{1,2}	Total Complaints	Complaints Upheld	Premiums (Millions \$)	Complaint Ratio
Independent Health Benefits Corporation ^(E)	1	6	0	541.09	0.0000
MVP Health Services Corporation ^{(C),3}	2	0	0	187.91	0.0000
Delta Dental of New York, Inc. ^{(C),3}	3	3	0	161.54	0.0000
Sun Life and Health Insurance Company ^(C)	4	5	0	144.19	0.0000
Eastern Vision Service Plan, Inc. ^{(C),4}	5	0	0	85.92	0.0000
Hartford Life and Accident Insurance Company ^(C)	6	1	0	81.97	0.0000
Massachusetts Mutual Life Insurance Company ^(C)	7	1	0	78.89	0.0000
Berkshire Life Insurance Company of America ^(C)	8	1	0	70.66	0.0000
HM Life Insurance Company of New York ^(C)	9	1	0	65.31	0.0000
Dentcare Delivery Systems, Inc. ^{(C),3}	10	9	0	63.19	0.0000
Liberty Life Assurance Company of Boston ^(C)	11	1	0	59.55	0.0000
Genworth Life Insurance Company of New York ^(C)	12	6	1	193.40	0.0052
American Progressive Life and Health Insurance ^(C)	13	14	2	377.87	0.0053
CDPHP Universal Benefits, Inc. ^{(E),5}	14	32	4	714.94	0.0056
HealthNow New York Inc. ^{(E),5}	15	37	9	1,377.60	0.0065
Excellus Health Plan, Inc. ^{(E),5}	16	160	32	3,765.59	0.0085
Capital District Physicians Health Plan ^(H)	17	53	6	590.57	0.0102
Northwestern Mutual Life Insurance Company ^(C)	18	4	1	89.86	0.0111
Guardian Life Insurance Company of America ^(C)	19	37	6	382.75	0.0157
MVP Health Plan, Inc. ^(H)	20	110	11	650.38	0.0169
American Family Life Assurance Company of New York ^(C)	21	17	5	287.90	0.0174
Prudential Insurance Company of America ^(C)	22	8	2	115.04	0.0174

Legend

- ^C Commercial Health Insurance Company
- ^E EPO/PPO Health Plan
- ^H HMO

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

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

³Plan issues dental coverage only.

⁴Plan issues vision coverage only.

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

Overall Complaint Ranking—2015

Data Source: DFS

Health Insurance Company/HMO	Rank ^{1,2}	Total Complaints	Complaints Upheld	Premiums (Millions \$)	Complaint Ratio
First Unum Life Insurance Company ^(C)	23	19	5	278.95	0.0179
National Union Fire Insurance Company of Pittsburgh, PA ^(C)	24	5	2	111.65	0.0179
Independent Health Association, Inc. ^(H)	25	18	4	209.03	0.0191
CIGNA Life Insurance Company of New York ^(C)	26	15	2	102.34	0.0195
ShelterPoint Life Insurance Company ^(C)	27	4	2	85.71	0.0233
Metropolitan Life Insurance Company ^(C)	28	61	15	601.47	0.0249
Standard Security Life Insurance Company of New York ^(C)	29	6	2	76.96	0.0260
Combined Life Insurance Company of New York ^(C)	30	22	3	108.13	0.0277
New York Life Insurance Company ^(C)	31	7	2	69.60	0.0287
Community Blue (HealthNow) ^(H)	32	9	4	133.67	0.0299
Principal Life Insurance Company ^(C)	33	6	2	65.11	0.0307
UnitedHealthcare Insurance Company of New York ^{(E),3}	34	174	66	2,091.51	0.0316
MVP Health Insurance Company ^{(E),3}	35	24	7	212.88	0.0329
Paul Revere Life Insurance Company ^(C)	36	4	2	60.67	0.0330
Standard Life Insurance Company of New York ^(C)	37	2	2	51.34	0.0390
CIGNA Health and Life Insurance Company ^{(E),3}	38	127	47	1,196.86	0.0393
United States Life Insurance Company in the City of New York ^(C)	39	18	2	50.25	0.0398
Oxford Health Insurance, Inc. ^{(E),3}	40	899	185	4,608.09	0.0401
Transamerica Financial Life Insurance Company ^(C)	41	10	5	105.71	0.0473
Oscar Insurance Corporation ^(E)	42	31	6	123.10	0.0487
Excellus Health Plan ^(H)	43	22	8	163.78	0.0488
Empire HealthChoice Assurance, Inc. ^{(E),3}	44	344	111	2,161.11	0.0514

Legend

^C Commercial Health Insurance Company

^E EPO/PPO Health Plan

^H HMO

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

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

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

Overall Complaint Ranking—2015

Data Source: DFS

Health Insurance Company/HMO	Rank ^{1,2}	Total Complaints	Complaints Upheld	Premiums (Millions \$)	Complaint Ratio
Nippon Life Insurance Company of America ^(C)	45	5	3	57.04	0.0526
North Shore-LIJ Care Connect Insurance Company, Inc. ^(E)	46	32	7	128.74	0.0544
Aetna Life Insurance Company ^{(E),3,4}	47	552	180	2,876.87	0.0626
John Hancock Life & Health Insurance Company ^(C)	48	12	9	119.43	0.0754
Oxford Health Plans (NY), Inc. ^(H)	49	369	79	1,041.96	0.0758
Hartford Life Insurance Company ^(C)	50	8	4	51.03	0.0784
HIP Health Maintenance Organization ^(H)	51	511	233	2,105.20	0.1107
Aetna Health Inc. ^{(H), 4}	52	77	32	119.89	0.2669
Group Health Incorporated ^{(E),3}	53	496	190	672.77	0.2824
UnitedHealthcare of New York, Inc. ^(H)	54	182	61	137.02	0.4452
Empire HealthChoice HMO, Inc. ^(H)	55	872	346	586.61	0.5898
Total		5,449	1,707	30,650.58	0.0557

Legend

^C Commercial Health Insurance Company

^E EPO/PPO Health Plan

^H HMO

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

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

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

⁴Plan no longer offers individual health insurance in New York.

Telephone Numbers for Health Insurance Companies

HMO	
Aetna Health Inc. ¹	800-435-8742
Capital District Physicians Health Plan	800-777-2273
Community Blue (HealthNow)	800-544-2583
Empire HealthChoice HMO, Inc.	800-261-5962
Excellus Health Plan	800-633-6066
HIP HMO	800-447-8255
Independent Health Association, Inc.	800-453-1910
MVP Health Plan, Inc.	800-825-5687
Oxford Health Plans (NY), Inc.	800-969-7480
UnitedHealthcare of New York, Inc.	877-832-7734

¹Plan no longer offers individual health insurance in New York.

EPO/PPO Health Plan	
Aetna Life Insurance Company ¹	800-872-3862
CDPHP Universal Benefits, Inc.	877-269-2134
Cigna Health & Life Insurance Company	800-244-6224
Empire HealthChoice Assurance, Inc.	800-261-5962
Excellus Health Plan, Inc.	800-847-1200
Group Health Incorporated (GHI)	800-444-2333
HealthNow New York, Inc.	800-888-0757
Independent Health Benefits Corporation	800-453-1910
MVP Health Insurance Company	800-825-5687
North Shore-LIJ Care Connect Insurance Company, Inc.	855-706-7545
Oscar Insurance Corporation	855-672-2788
Oxford Health Insurance, Inc.	800-969-7480
UnitedHealthcare Insurance Company of New York	877-832-7734

¹Plan no longer offers individual health insurance in New York.

Telephone Numbers for Health Insurance Companies

Commercial Health Insurance Company ¹	
American Family Life Assurance Company of New York	800-366-3436
American Progressive Life and 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
Delta Dental of New York	800-932-0783
Dentcare Delivery Systems, Inc.	800-468-0608
Eastern Vision Service Plan, Inc.	800-877-7195
First Unum Life Insurance Company	866-679-3054
Genworth Life Insurance Company of New York	888-436-9678
Guardian Life Insurance Company of America	888-482-7342
Hartford Life and Accident Insurance Company	800-523-2233
Hartford Life Insurance Company	800-523-2233
HM Life Insurance Company of New York	800-328-5433
John Hancock Life & Health Insurance Company	800-732-5543
Liberty Life Assurance Company of Boston	800-373-0378

Commercial Health Insurance Company ¹	
Massachusetts Mutual Life Insurance Company	800-272-2216
Metropolitan Life Insurance Company	800-334-4298
MVP Health Services Corporation	800-825-5687
National Union Fire Insurance Company of Pittsburgh, PA	877-638-4244
New York Life Insurance Company	800-695-9873
Nippon Life Insurance Company of America	800-374-1835
Northwestern Mutual Life Insurance Company	800-388-8123
Paul Revere Life Insurance Company	800-265-3199
Principal Life Insurance Company of America	800-986-3343
Prudential Insurance Company of America	877-301-1212
ShelterPoint Life Insurance Company	800-365-4999
Standard Life Insurance Company of New York	888-937-4783
Standard Security Life Insurance Company of New York	800-477-0087
Sun Life and Health Insurance Company	800-786-5433
Transamerica Financial Life Insurance Company	888-763-7474
United States Life Insurance Company in the City of New York	800-231-3655

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

Contacts and Resources

QUESTIONS ABOUT THIS GUIDE?

Contact: New York State Department of Financial Services

One Commerce Plaza
Albany, NY 12257

800-342-3736

(Monday-Friday, 8:30AM-4:30PM)

For printed copies of the PDF, visit:

www.dfs.ny.gov/consumer/chealth.htm, or call DFS at the phone number listed above.

PROBLEM WITH YOUR HEALTH INSURANCE COMPANY?

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

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

**Consumer Assistance Unit
New York State Department of Financial Services**

One Commerce Plaza
Albany, NY 12257

800-342-3736

www.dfs.ny.gov/consumer/fileacomplaint.htm

If you were denied coverage of health care services because your health insurance company considers them experimental, investigational, not medically necessary, a clinical trial, a rare disease treatment, an out-of-network service or, an out-of-network referral, contact:

New York State Department of Financial Services

New York State External Appeal

PO Box 7209

Albany, NY 12224

800-400-8882

E-mail: externalappealquestions@dfs.ny.gov

For general information:

www.dfs.ny.gov/insurance/extapp/extappqa.htm

For an external appeal application:

www.dfs.ny.gov/insurance/extapp/extappl.pdf

For issues concerning HMO quality of care, contact:

New York State Department of Health

Bureau of Managed Care Certification and Surveillance

Complaint Unit Room, 2019

Corning Tower ESP

Albany, NY 12237

800-206-8125

www.health.ny.gov/health_care/managed_care/complaints/index.htm

Under federal law, if you receive health coverage through a self-insured plan covered by ERISA, New York consumer protections and insurance laws do not apply. If you have a complaint regarding a self-insured plan, contact:

United States Department of Labor

Employee Benefits Security Administration

200 Constitution Avenue, NW

Washington, DC 20210

202-693-8700

866-444-EBSA

www.dol.gov/ebsa/aboutebsa/main.html

For issues concerning insurance fraud, contact:

New York State Department of Financial Services

Insurance Frauds Bureau

1 State Street

New York, NY 10004

800-342-3736

www.dfs.ny.gov/consumer/scamsfraud.htm

Contacts and Resources

INFORMATION ABOUT NY STATE OF HEALTH

Under the Affordable Care Act, New York State operates a health benefits exchange called the New York State of Health (NYSOH). An exchange is an organized marketplace designed to help people shop for and enroll in health insurance coverage.

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

Essential Health Benefits

The Affordable Care Act ensures that health plans offered in the NYSOH for individuals and small businesses include a comprehensive package of items and services, known as essential health benefits. Health plans offered outside of the NYSOH to individuals and small businesses must also include coverage of essential health benefits.

Essential health benefits must include items and services within at least the following categories:

- Ambulatory patient services.
- Emergency services.
- Hospitalization.
- Maternity and newborn care.

- Mental health and substance use disorder services, including behavioral health treatment (this includes counseling and psychotherapy).
- Prescription drugs.
- Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills).
- Laboratory services.
- Preventive and wellness services and chronic disease management.
- Pediatric services, including oral and vision care.

Health plans offered inside and outside the NYSOH to individuals and small businesses must provide certain levels of benefits. The Affordable Care Act defines the levels in four metal tiers:

- Bronze.
- Silver.
- Gold.
- Platinum.

The lower metal tiers (Bronze and Silver) will have lower premiums but consumers will be required to cover more of the cost of each service they receive. This may be achieved through higher deductibles, co-payments and/or co-insurance. The higher metal tiers (Gold and Platinum) have higher premiums but a lower cost share amount for each service.

This concept allows greater flexibility for consumers when choosing a health plan.

Consumers should assess their health care needs and choose the plan that best suits their requirements.

More details about the metal tiers and plans available through NYSOH may be obtained by visiting: www.nystateofhealth.ny.gov

Small Businesses

What is considered a small business with regard to NY State of Health?

In general, if you have 100 or fewer full-time equivalent (FTE) employees, you are considered a small business and may get employee insurance through the [Small Business Marketplace](#).

What is the Small Business Marketplace?

The Small Business Marketplace is a program that simplifies the process of buying health insurance for your small business.

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

- You control the coverage you offer to your employees and how much you pay toward employee premiums.
- You can research comparable health plans online which will help you make a decision that's right for your business.
- You may qualify for a [small business health care tax credit](#) worth up to 50% of your premium costs. You can still deduct from your taxes the rest of your premium costs not covered by the tax credit.

Contacts and Resources

APPLYING FOR HEALTH INSURANCE OFFERED ON NY STATE OF HEALTH

Open enrollment will begin on November 1, 2016, for coverage effective January 1, 2017. A Special Enrollment Period may also be available to those individuals who have had a qualifying life event.

For more information on how to apply for coverage through NYSOH or to see if you qualify for a Special Enrollment Period, contact

855-355-5777 or visit:
www.nystateofhealth.ny.gov

QUESTIONS ABOUT THE AFFORDABLE CARE ACT AND THE NY STATE OF HEALTH?

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

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

QUESTIONS ABOUT MEDICARE, MEDICAID CHILD HEALTH PLUS, AND THE ESSENTIAL PLAN?

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

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

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

800-701-0501 or visit:
www.aging.ny.gov/healthbenefits

For information about New York's Medicaid program, contact your local county Department of Social Services. For a listing of local Departments of Social Services visit:
www.health.ny.gov/health_care/medicaid/ldss.htm

Child Health Plus

Health insurance program for children under 19 years of age.

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

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

Essential Plan

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

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

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

QUESTIONS ABOUT HEALTHY NY?

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

For more information about the Healthy NY program, contact 866-HEALTHYNY (866-432-5849) or visit: www.dfs.ny.gov/healthyny

Related Resources

NYS DOH Managed Care Plan Performance Reports

For health plan performance on primary and preventive health care, access to health care, behavioral health and enrollee satisfaction, visit:
www.health.ny.gov/health_care/managed_care/reports

Appendix 1: New Protections for Consumers

Effective March 31, 2015, New York State law protects consumers from surprise bills when services are performed by a non-participating (out-of-network) doctor at a participating hospital or ambulatory surgical center in your health insurance company's network, or when a participating doctor refers an insured patient to a non-participating provider. The new law also protects insured patients from bills for out-of-network emergency services.

Surprise Bills

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

Hold Harmless Protections for Insured Patients for Emergency Services

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

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

Appendix 2: Independent Dispute Resolution

In the event of a disagreement, a provider or health insurance company may dispute a payment or a charge for emergency services¹ or a surprise bill through a process called Independent Dispute Resolution (IDR)². The dispute will be reviewed by an Independent Dispute Resolution Entity (IDRE). A decision will be made by a reviewer with training and experience in health care billing, reimbursement, and usual and customary charges in consultation with a licensed doctor in active practice in the same or similar specialty as the doctor providing the service that is the subject of the dispute. If the claim in dispute involves a consumer covered by health insurance, the IDRE determines which is more reasonable, the amount billed by the non-participating provider or the insurance company's payment. Uninsured patients or patients with self-insured coverage may also be able to file an IDR if they receive a bill from a doctor for emergency services provided in New York on or after March 31, 2015 if they believe the bill is excessive.

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

UNDERSTANDING THE CHART

- **Claims Not Eligible:** Number of IDR applications which were deemed not eligible for the IDR process. Some examples of ineligible applications include: services provided by a participating provider or non-emergency services.
- **Health Plan Payment More Reasonable:** Number of IDRs closed in 2015 where the IDRE determined the health plan's payment for the service was more reasonable than the amount the provider billed.
- **Provider Charges More Reasonable:** Number of IDRs closed in 2015 where the IDRE determined the amount charged by the provider was more reasonable than the amount paid by the health plan.
- **Split Decision:** Number of IDRs closed in 2015 where the IDRE determined that the health plan's payment was more reasonable for one or more codes on the claim and the provider's charge was reasonable for the remaining codes.
- **Settlement Reached:** Number of IDRs closed in 2015 as a result of a settlement between the health care provider and the health plan. The IDRE may direct a good faith negotiation for settlement if settlement would be likely or the health plan's payment and the provider's bill are unreasonably far apart.
- **Total Received:** Number of IDR applications submitted in 2015.

¹The following emergency services are exempt from the IDR process: CPT³ codes 99281 - 99285, 99288, 99291 - 99292, 99217 - 99220, 99224 - 99226, and 99234 - 99236 if the bill does not exceed 120% of the usual and customary cost and the fee disputed is \$631.72 (adjusted annually for inflation rates) or less after any applicable co-insurance, co-payment and deductible.

²For more about the IDR process and to obtain an IDR provider application visit: <http://www.dfs.ny.gov/insurance/hprovrght.htm>.

³CPT codes copyright 2016 American Medical Association. All rights reserved. CPT is a trademark of the AMA. No fee schedules, basic units, relative values or related listings are included in CPT. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to government use.

Independent Dispute Resolution — 2015

Data Source: DFS

Category	Emergency Service	Surprise Bills
Claims Not Eligible	60	33
IDRE Decision Rendered for Eligible Claims:		
Health Plan Payment More Reasonable	55	0
Provider Charges More Reasonable	36	1
Split Decision	22	1
Settlement Reached	34	1
Total Received	207	36