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# NEW YORK

# Consumer Guide to Health Insurers



**Department of  
Financial Services**

Maria T. Vullo, Superintendent

## Table of Contents

ABOUT THIS GUIDE .....	2
COMPLAINTS .....	4
PROMPT PAY COMPLAINTS .....	9
INTERNAL APPEALS.....	14
EXTERNAL APPEALS .....	19
GRIEVANCES .....	24
ACCESS AND SERVICE .....	29
CHILD AND ADOLESCENT HEALTH.....	32
ADULT HEALTH.....	37
WOMEN’S HEALTH.....	40
BEHAVIORAL HEALTH .....	43
MANAGING MEDICATIONS .....	46
DIABETES CARE.....	49
QUALITY OF PROVIDERS.....	52
HEALTH INSURANCE COMPANY ACCREDITATION.....	55
OVERALL COMPLAINT RANKING.....	58
INDEPENDENT DISPUTE RESOLUTION.....	62
HOW HEALTH INSURANCE COMPANIES PAY HEALTH CARE PROVIDER .....	65
TELEPHONE NUMBERS FOR HEALTH INSURANCE COMPANIES.....	66
CONTACTS AND RESOURCES.....	68

# New York Consumer Guide to Health Insurance Companies

## ABOUT THIS GUIDE

The purpose of this Guide<sup>1</sup> 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 62–64
  - DFS data are from calendar year 2017.
- 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 29–55.

- 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®<sup>2</sup>).
- DOH data on quality of care and service for health insurance companies are from calendar year 2016.

## 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.<sup>3</sup>
- Health insurance companies that were in operation during the entire 2016 calendar year were required to report DOH data.
- Health insurance companies are listed alphabetically in the data tables, except for the Overall Complaint Ranking table on pages 58–61.
- Some health insurance companies are listed using different names, depending on whether the data are reported by DFS or by DOH.

<sup>1</sup> This Guide is published pursuant to §210 of the New York Insurance Law.

<sup>2</sup> CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

<sup>3</sup> 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](http://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/](http://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 Companies<sup>1</sup>

## 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 additional provider services. Although many HMOs require their members to go to doctors and other providers in the HMO provider network, some HMO plans offer the option to go out-of-network (for example in an HMO Point of Service [POS] plan). Unless a member has an HMO plan that offers an out-of-network option, out-of-network services are usually not covered.

**Exclusive Provider Organization (EPO) Plan:** A type of coverage in which the insurer contracts with doctors, hospitals and other types of providers to form a network of providers. Certain services may require 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 provide care to an enrolled population at a prearranged discounted rate. PPO members do not usually need a referral to see a specialist, but certain services may require 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.

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<sup>1</sup> References to the terms "companies" and "plans" are used interchangeably and include HMOs, EPO/PPOs and commercial health 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 receive complaints from consumers and health care providers about health insurance companies. Complaints handled by DFS typically involve issues related to prompt payment, reimbursement, coverage, benefits, rates and premiums. Complaints handled by DOH involve concerns about the quality of care received by Managed Care HMO members. After reviewing each complaint, the State determines whether the health insurance company acted appropriately. If the State determines that the health insurance company did not act in accordance with its statutory and contractual obligations, the company must resolve the problem to come into compliance.

For issues concerning payment, reimbursement, coverage, benefits, rates and premiums, contact DFS at: [www.dfs.ny.gov/consumer/fileacomplaint.htm](http://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. A higher ranking means that the health insurance company had fewer complaints relative to its size.
- **Total Complaints to DFS:** Total number of complaints closed by DFS in 2017. Large health insurance companies may receive more complaints because they have more members than smaller health insurance companies.
- **Upheld Complaints by DFS:** Number of closed complaints resolved in favor of the member or provider because DFS determined that the health insurance company did not comply with statutory or contractual obligations. Complaints upheld by DFS are used to calculate the complaint ratio and ranking.
- **Premiums:** Dollar amount generated by a health insurance company in New York State during 2017. 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 with Managed Care HMO plans.
- **Upheld Complaints by DOH:** Number of complaints closed by DOH that were decided in favor of the member or provider.

# Complaints—HMOs 2017

Data Source: DFS and DOH

Data Compiled by the New York State DFS						Data Compiled by the New York State DOH	
HMO	Rank <sup>1,2</sup> 1 = Best 9 = Worst	Total Complaints to DFS	Upheld Complaints by DFS	Premiums (Millions \$)	Complaint Ratio	Total Complaints to DOH	Upheld Complaints by DOH
Capital District Physicians Health Plan	3	15	1	528.91	0.0019	0	0
Community Blue (HealthNow)	2	7	0	171.67	0.0000	0	0
Empire HealthChoice HMO, Inc.	9	372	148	561.65	0.2635	5	1
Excellus Health Plan	4	8	4	372.45	0.0107	0	0
HIP Health Maintenance Organization	7	369	148	2,311.89	0.0640	2	0
Independent Health Association, Inc.	1	11	0	244.34	0.0000	1	0
MVP Health Plan, Inc.	5	39	16	773.53	0.0207	1	0
Oxford Health Plans (NY), Inc.	8	186	49	232.06	0.2112	0	0
UnitedHealthcare of New York, Inc.	6	108	36	725.81	0.0496	5	0
<b>Total</b>		<b>1,115</b>	<b>402</b>	<b>5,922.31</b>	<b>0.0679</b>	<b>14</b>	<b>1</b>

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

<sup>2</sup>HMOs with a lower complaint ratio receive a higher ranking.

# Complaints—EPO/PPO Health Plans 2017

Data Source: DFS

EPO/PPO Health Plan	Rank <sup>1,2</sup> 1 = Best 13 = Worst	Total Complaints to DFS	Upheld Complaints by DFS	Premiums (Millions \$)	Complaint Ratio
Aetna Life Insurance Company <sup>3</sup>	12	1,165	414	2,275.88	0.1819
CDPHP Universal Benefits, Inc.	3	15	1	537.56	0.0019
CIGNA Health and Life Insurance Company <sup>3</sup>	10	157	71	1,029.55	0.0690
Empire HealthChoice Assurance, Inc. <sup>3</sup>	6	243	69	2,093.54	0.0330
Excellus Health Plan, Inc. <sup>3</sup>	8	126	37	898.97	0.0412
Group Health Incorporated <sup>3</sup>	13	1,360	914	639.76	1.4287
HealthNow New York Inc. <sup>3</sup>	4	61	13	1,514.11	0.0086
Independent Health Benefits Corporation	2	0	0	574.10	0.0000
MVP Health Services Corporation <sup>3</sup>	1	0	0	668.50	0.0000
Nippon Life Insurance Company of America	9	6	3	57.75	0.0519
Oscar Insurance Corporation	11	67	15	159.47	0.0941
Oxford Health Insurance, Inc. <sup>3</sup>	5	729	143	5,878.01	0.0243
UnitedHealthcare Insurance Company of New York <sup>3</sup>	7	231	80	2,281.92	0.0351
<b>Total</b>		<b>4,160</b>	<b>1,760</b>	<b>18,609.12</b>	<b>0.0946</b>

<sup>1</sup>If the ratios are the same among EPO/PPO health plans, the EPO/PPO with the higher annual premium amount receives a higher ranking.

<sup>2</sup>EPO/PPO health plans with a lower complaint ratio receive a higher ranking.

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

# Complaints—Commercial Health Insurance Companies 2017

Data Source: DFS

Commercial Health Insurance Company	Rank <sup>1,2</sup> 1 = Best 30 = Worst	Total Complaints to DFS	Upheld Complaints by DFS	Premiums (Millions \$)	Complaint Ratio
American Family Life Assurance Company of New York	13	14	3	307.95	0.0097
Berkshire Life Insurance Company of America	17	3	1	75.66	0.0132
CIGNA Life Insurance Company of New York	29	12	5	121.75	0.0411
Combined Life Insurance Company of New York	28	16	5	122.65	0.0408
Delta Dental of New York, Inc. <sup>3</sup>	2	5	0	170.88	0.0000
Dentcare Delivery Systems, Inc. <sup>3</sup>	18	5	1	61.18	0.0163
Eastern Vision Service Plan, Inc. <sup>4</sup>	4	1	0	95.98	0.0000
First Reliance Standard Life Insurance Company	20	2	1	51.54	0.0194
First Unum Life Insurance Company	10	18	2	290.10	0.0069
Genworth Life Insurance Company of New York	1	8	0	211.29	0.0000
Guardian Life Insurance Company of America	21	21	8	396.82	0.0202
Hartford Life and Accident Insurance Company	12	2	1	104.65	0.0096
HCC Life Insurance Company	8	0	0	56.25	0.0000
HM Life Insurance Company of New York	6	0	0	69.94	0.0000
Humana Insurance Company of New York	9	7	1	155.45	0.0064
John Hancock Life & Health Insurance Company	3	8	0	108.78	0.0000
Liberty Life Assurance Company of Boston	16	2	1	79.00	0.0127

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

<sup>2</sup>Commercial health insurance companies with a lower complaint ratio receive a higher ranking.

<sup>3</sup>Plan issues dental coverage only.

<sup>4</sup>Plan issues vision coverage only.



## Complaints—Commercial Health Insurance Companies 2017, continued

Data Source: DFS

Commercial Health Insurance Company	Rank <sup>1,2</sup> 1 = Best 30 = Worst	Total Complaints to DFS	Upheld Complaints by DFS	Premiums (Millions \$)	Complaint Ratio
Massachusetts Mutual Life Insurance Company	15	2	1	83.98	0.0119
Metropolitan Life Insurance Company	24	54	17	641.83	0.0265
Mutual of Omaha Insurance Company	30	5	3	69.94	0.0429
National Union Fire Insurance Company of Pittsburgh, PA	26	6	3	97.44	0.0308
New York Life Insurance Company	25	4	2	74.54	0.0268
Northwestern Mutual Life Insurance Company	14	3	1	95.64	0.0105
Paul Revere Life Insurance Company	19	3	1	58.93	0.0170
Principal Life Insurance Company	5	1	0	71.35	0.0000
Prudential Insurance Company of America	11	8	1	134.68	0.0074
ShelterPoint Life Insurance Company	22	5	2	93.11	0.0215
Standard Life Insurance Company of New York	7	4	0	58.22	0.0000
Sun Life and Health Insurance Company	23	12	3	138.24	0.0217
Transamerica Financial Life Insurance Company	27	15	4	103.09	0.0388
	<b>Total</b>	<b>246</b>	<b>67</b>	<b>4,200.86</b>	<b>0.0159</b>

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

<sup>2</sup>Commercial health insurance companies with a lower complaint ratio receive a higher ranking.

# 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](http://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. A higher ranking means that the health insurance company had fewer complaints relative to its size.
- **Total Complaints:** Total number of complaints closed by DFS in 2017. 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 2017. Large health insurance companies may receive more complaints because they have more members and pay more claims than smaller health insurance companies.
- **Upheld Prompt Pay Complaints:** Number of closed prompt pay complaints where DFS determined that the health insurance company was not processing claims in a timely manner. Prompt pay complaints upheld by DFS are used to calculate the prompt pay complaint ratio and ranking.
- **Premiums:** Dollar amount generated by a health insurance company in New York State during 2017. 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 2017

Data Source: DFS

HMO	Rank <sup>1,2</sup> 1 = Best 9 = Worst	Total Complaints	Total Prompt Pay Complaints	Upheld Prompt Pay Complaints	Premiums (Millions \$)	Prompt Pay Complaint Ratio
Capital District Physicians Health Plan	1	15	1	0	528.91	0.0000
Community Blue (HealthNow)	4	7	0	0	171.67	0.0000
Empire HealthChoice HMO, Inc.	9	372	89	57	561.65	0.1015
Excellus Health Plan	2	8	0	0	372.45	0.0000
HIP Health Maintenance Organization	7	369	124	64	2,311.89	0.0277
Independent Health Association, Inc.	3	11	1	0	244.34	0.0000
MVP Health Plan, Inc.	5	39	8	8	773.53	0.0103
Oxford Health Plans (NY), Inc.	8	186	36	17	232.06	0.0733
UnitedHealthcare of New York, Inc.	6	108	23	10	725.81	0.0138
	<b>Total</b>	<b>1,115</b>	<b>282</b>	<b>156</b>	<b>5,922.31</b>	<b>0.0263</b>

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

<sup>2</sup>HMOs with a lower prompt pay complaint ratio receive a higher ranking.

## Prompt Pay Complaints—EPO/PPO Health Plans 2017

Data Source: DFS

EPO/PPO Health Plan	Rank <sup>1,2</sup> 1 = Best 13 = Worst	Total Complaints	Total Prompt Pay Complaints	Upheld Prompt Pay Complaints	Premiums (Millions \$)	Prompt Pay Complaint Ratio
Aetna Life Insurance Company <sup>3</sup>	12	1,165	282	120	2,275.88	0.0527
CDPHP Universal Benefits, Inc.	4	15	1	1	537.56	0.0019
CIGNA Health and Life Insurance Company <sup>3</sup>	10	157	59	31	1,029.55	0.0301
Empire HealthChoice Assurance, Inc. <sup>3</sup>	8	243	61	30	2,093.54	0.0143
Excellus Health Plan, Inc. <sup>3</sup>	7	126	25	11	898.97	0.0122
Group Health Incorporated <sup>3</sup>	13	1,360	751	573	639.76	0.8956
HealthNow New York Inc. <sup>3</sup>	5	61	11	4	1,514.11	0.0026
Independent Health Benefits Corporation	2	0	0	0	574.10	0.0000
MVP Health Services Corporation <sup>3</sup>	1	0	0	0	668.50	0.0000
Nippon Life Insurance Company of America	3	6	0	0	57.75	0.0000
Oscar Insurance Corporation	11	67	9	5	159.47	0.0314
Oxford Health Insurance, Inc. <sup>3</sup>	6	729	172	49	5,878.01	0.0083
UnitedHealthcare Insurance Company of New York <sup>3</sup>	9	231	75	36	2,281.92	0.0158
<b>Total</b>		<b>4,160</b>	<b>1,446</b>	<b>860</b>	<b>18,609.12</b>	<b>0.0462</b>

<sup>1</sup>If the ratios are the same among EPO/PPO health plans, the EPO/PPO health plan with the higher annual premium amount receives a higher ranking.

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

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

# Prompt Pay Complaints—Commercial Health Insurance Companies 2017

Data Source: DFS

Commercial Health Insurance Company	Rank <sup>1,2</sup> 1 = Best 30 = Worst	Total Complaints	Total Prompt Pay Complaints	Upheld Prompt Pay Complaints	Premiums (Millions \$)	Prompt Pay Complaint Ratio
American Family Life Assurance Company of New York	1	14	0	0	307.95	0.0000
Berkshire Life Insurance Company of America	15	3	0	0	75.66	0.0000
CIGNA Life Insurance Company of New York	6	12	1	0	121.75	0.0000
Combined Life Insurance Company of New York	27	16	2	1	122.65	0.0082
Delta Dental of New York, Inc. <sup>3</sup>	4	5	1	0	170.88	0.0000
Dentcare Delivery Systems, Inc. <sup>3</sup>	30	5	2	1	61.18	0.0163
Eastern Vision Service Plan, Inc. <sup>4</sup>	10	1	0	0	95.98	0.0000
First Reliance Standard Life Insurance Company	22	2	0	0	51.54	0.0000
First Unum Life Insurance Company	2	18	0	0	290.10	0.0000
Genworth Life Insurance Company of New York	3	8	0	0	211.29	0.0000
Guardian Life Insurance Company of America	25	21	7	3	396.82	0.0076
Hartford Life and Accident Insurance Company	8	2	0	0	104.65	0.0000
HCC Life Insurance Company	21	0	0	0	56.25	0.0000
HM Life Insurance Company of New York	18	0	0	0	69.94	0.0000
Humana Insurance Company of New York	23	7	2	1	155.45	0.0064
John Hancock Life & Health Insurance Company	7	8	0	0	108.78	0.0000
Liberty Life Assurance Company of Boston	14	2	0	0	79.00	0.0000

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

<sup>2</sup>Commercial health insurance companies with a lower prompt pay complaint ratio receive a higher ranking.

<sup>3</sup>Plan issues dental coverage only.

<sup>4</sup>Plan issues vision coverage only.

## Prompt Pay Complaints—Commercial Health Insurance Companies 2017, continued

Data Source: DFS

Commercial Health Insurance Company	Rank <sup>1,2</sup> 1 = Best 30 = Worst	Total Complaints	Total Prompt Pay Complaints	Upheld Prompt Pay Complaints	Premiums (Millions \$)	Prompt Pay Complaint Ratio
Massachusetts Mutual Life Insurance Company	13	2	0	0	83.98	0.0000
Metropolitan Life Insurance Company	26	54	9	5	641.83	0.0078
Mutual of Omaha Insurance Company	29	5	1	1	69.94	0.0143
National Union Fire Insurance Company of Pittsburgh, PA	28	6	3	1	97.44	0.0103
New York Life Insurance Company	16	4	0	0	74.54	0.0000
Northwestern Mutual Life Insurance Company	11	3	0	0	95.64	0.0000
Paul Revere Life Insurance Company	19	3	0	0	58.93	0.0000
Principal Life Insurance Company	17	1	0	0	71.35	0.0000
Prudential Insurance Company of America	24	8	1	1	134.68	0.0074
ShelterPoint Life Insurance Company	12	5	0	0	93.11	0.0000
Standard Life Insurance Company of New York	20	4	0	0	58.22	0.0000
Sun Life and Health Insurance Company	5	12	1	0	138.24	0.0000
Transamerica Financial Life Insurance Company	9	15	2	0	103.09	0.0000
<b>Total</b>		<b>246</b>	<b>32</b>	<b>14</b>	<b>4,200.86</b>	<b>0.0033</b>

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

<sup>2</sup>Commercial health insurance companies with a lower prompt pay complaint ratio receive a higher ranking.

# 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 service<sup>1</sup> if the health plan offers an alternate service in-network or if the health plan denies an out-of-network referral.<sup>2</sup> In addition, if the health plan denies a step therapy protocol<sup>3</sup> override for a prescription drug, the member or the provider may be file an appeal.

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 2017.
- **Closed Appeals:** Number of internal appeals that the health insurance company decided by the end of 2017.
- **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.

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

<sup>2</sup> 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.

<sup>3</sup> Step-therapy protocols require members to try at least one other medication selected by their health plan before the health plan will grant coverage for the drug originally prescribed by the health care provider. The member or provider may request a step-therapy protocol override.

## KEEP IN MIND

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 2017

Data Source: DFS

HMO	Filed Appeals	Closed Appeals <sup>1</sup>	Reversals on Appeals	Reversal Rate (Percentage)
Capital District Physicians Health Plan	188	188	57	30.32%
Community Blue (HealthNow)	558	544	160	29.41%
Empire HealthChoice HMO, Inc.	1,222	1,287	543	42.19%
Excellus Health Plan	74	72	26	36.11%
HIP Health Maintenance Organization	615	608	192	31.58%
Independent Health Association, Inc.	133	128	68	53.13%
MVP Health Plan, Inc.	270	264	153	57.95%
Oxford Health Plans (NY), Inc.	449	488	244	50.00%
UnitedHealthcare of New York, Inc.	140	146	80	54.79%
<b>Total</b>	<b>3,649</b>	<b>3,725</b>	<b>1,523</b>	<b>40.89%</b>

<sup>1</sup>Closed internal appeals can exceed filed internal appeals in 2017 because closed internal appeals also include internal appeals filed prior to 2017.



# Internal Appeals—EPO/PPO Health Plans 2017

Data Source: DFS

EPO/PPO Health Plan	Filed Appeals	Closed Appeals <sup>1</sup>	Reversals on Appeals	Reversal Rate (Percentage)
Aetna Life Insurance Company <sup>2</sup>	1,801	1,736	645	37.15%
CDPHP Universal Benefits, Inc.	118	120	30	25.00%
CIGNA Health and Life Insurance Company <sup>2</sup>	2,809	2,729	1,090	39.94%
Empire HealthChoice Assurance, Inc. <sup>2</sup>	7,424	7,798	2,473	31.71%
Excellus Health Plan, Inc. <sup>2</sup>	2,779	2,675	846	31.63%
Group Health Incorporated <sup>2</sup>	294	289	121	41.87%
HealthNow New York Inc. <sup>2</sup>	1,101	1,102	256	23.23%
Independent Health Benefits Corporation	458	455	227	49.89%
MVP Health Services Corporation <sup>2</sup>	96	94	46	48.94%
Nippon Life Insurance Company of America	67	66	23	34.85%
Oscar Insurance Corporation	0	0	0	0.00%
Oxford Health Insurance, Inc. <sup>2</sup>	11,252	11,111	5,637	50.73%
UnitedHealthcare Insurance Company of New York <sup>2</sup>	3,383	3,385	847	25.02%
<b>Total</b>	<b>31,582</b>	<b>31,560</b>	<b>12,241</b>	<b>38.79%</b>

<sup>1</sup>Closed internal appeals can exceed filed internal appeals in 2017 because closed internal appeals also include internal appeals filed prior to 2017.

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

# Internal Appeals—Commercial Health Insurance Companies 2017

Data Source: DFS

Commercial Health Insurance Company <sup>1</sup>	Filed Appeals	Closed Appeals <sup>2</sup>	Reversals on Appeals	Reversal Rate (Percentage)
American Family Life Assurance Company of New York	0	0	0	0.00%
Berkshire Life Insurance Company of America	0	0	0	0.00%
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. <sup>3</sup>	0	0	0	0.00%
Dentcare Delivery Systems, Inc. <sup>3</sup>	0	0	0	0.00%
Eastern Vision Service Plan, Inc. <sup>4</sup>	0	0	0	0.00%
First Reliance Standard Life Insurance Company	12	12	5	41.67%
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	3,167	3,177	2,181	68.65%
Hartford Life and Accident Insurance Company	0	0	0	0.00%
HCC Life Insurance Company	0	0	0	0.00%
HM Life Insurance Company of New York	0	0	0	0.00%
Humana 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%

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

<sup>2</sup>Closed internal appeals can exceed filed internal appeals in 2017 because closed internal appeals also include internal appeals filed prior to 2017.

<sup>3</sup>Plan issues dental coverage only.

<sup>4</sup>Plan issues vision coverage only.

## Internal Appeals—Commercial Health Insurance Companies 2017, continued

Data Source: DFS

Commercial Health Insurance Company <sup>1</sup>	Filed Appeals	Closed Appeals <sup>2</sup>	Reversals on Appeals	Reversal Rate (Percentage)
Massachusetts Mutual Life Insurance Company	0	0	0	0.00%
Metropolitan Life Insurance Company	9,668	9,668	8,169	84.50%
Mutual of Omaha Insurance Company	0	0	0	0.00%
National Union Fire Insurance Company of Pittsburgh, PA	0	0	0	0.00%
New York Life Insurance Company	0	0	0	0.00%
Northwestern Mutual Life Insurance Company	0	0	0	0.00%
Paul Revere Life Insurance Company	0	0	0	0.00%
Principal Life Insurance Company	1	1	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	16	17	9	52.94%
Sun Life and Health Insurance Company	14	15	5	33.33%
Transamerica Financial Life Insurance Company	0	0	0	0.00%
<b>Total</b>	<b>12,878</b>	<b>12,890</b>	<b>10,369</b>	<b>80.44%</b>

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

<sup>2</sup>Closed internal appeals can exceed filed internal appeals in 2017 because closed internal appeals also include internal appeals filed prior to 2017.

# External Appeals

After an unsuccessful internal appeal, members and providers may request an external appeal when a health insurance company continues to refuse to pay for/ 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 service<sup>1</sup> if the health plan offers an alternate service in-network or if the health plan denies an out-of-network referral.<sup>2</sup> If the health plan denies coverage of a non-formulary drug, the member or provider may be eligible to request a formulary exception for that drug through the external appeal process, depending on the type of policy<sup>3</sup>. A formulary is a list of prescription drugs that are covered by a member's health plan. In addition, if the health plan denies an internal appeal for a step therapy protocol<sup>4</sup> override for a prescription drug, the member may request an external appeal.

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. An internal appeal is generally not required for a formulary exception.

\*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 2017.
- **Reversals on External Appeals:** Number of cases where an external appeal organization decided in favor of the member or provider.
- **Reversed in Part External Appeals:** Number of cases where an external appeal organization decided partially in favor of the member or provider. For example, an HMO refuses payment of a 5-day hospital stay, claiming it was not medically necessary; however, the external appeal organization decides that 3 of the 5 days were medically necessary.
- **Upheld External Appeals:** Number of cases where an external appeal organization agreed with the health insurance company's decision not to cover a service or procedure.

- **Reversal Rate:** Percentage of reversals on external appeals (cases decided in favor of the member or provider) divided by total external appeals. Please note that the number of cases when an external appeal organization decided partially in favor of the member or provider is also included in the reversal rate. A high reversal rate may indicate that a health insurance company does not make appropriate coverage decisions.

<sup>1</sup> 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.  
<sup>2</sup> 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.  
<sup>3</sup> Members with the following policy types may be eligible to file an external appeal for a formulary exception: Individual, Essential Plan, Small Group, Student Health Plans and Large Group policies.  
<sup>4</sup> Step-therapy protocols require members to try at least one other medication selected by their health plan before the health plan will grant coverage for the drug originally prescribed by the health care provider. The member or provider may request a step-therapy protocol override.

## External Appeals—HMOs 2017

Data Source: DFS

HMO	Total External Appeals	Reversals on External Appeals	Reversed in Part External Appeals	Upheld External Appeals	Reversal Rate (Percentage) <sup>1</sup>
Capital District Physicians Health Plan	31	12	0	19	38.71%
Community Blue (HealthNow)	12	6	0	6	50.00%
Empire HealthChoice HMO, Inc.	67	23	3	41	38.81%
Excellus Health Plan	3	3	0	0	100.00%
HIP Health Maintenance Organization	140	29	5	106	24.29%
Independent Health Association, Inc.	17	10	0	7	58.82%
MVP Health Plan, Inc.	12	5	2	5	58.33%
Oxford Health Plans (NY), Inc.	24	10	0	14	41.67%
UnitedHealthcare of New York, Inc.	20	6	0	14	30.00%
<b>Total</b>	<b>326</b>	<b>104</b>	<b>10</b>	<b>212</b>	<b>34.97%</b>

<sup>1</sup>Rate includes “reversed-in-part” decisions.

## External Appeals—EPO/PPO Health Plans 2017

Data Source: DFS

EPO/PPO Health Plan	Total External Appeals	Reversals on External Appeals	Reversed in Part External Appeals	Upheld External Appeals	Reversal Rate (Percentage) <sup>1</sup>
Aetna Life Insurance Company <sup>2</sup>	160	58	9	93	41.88%
CDPHP Universal Benefits, Inc.	20	8	0	12	40.00%
CIGNA Health and Life Insurance Company <sup>2</sup>	49	12	2	35	28.57%
Empire HealthChoice Assurance, Inc. <sup>2</sup>	384	139	12	233	39.32%
Excellus Health Plan, Inc. <sup>2</sup>	160	53	3	104	35.00%
Group Health Incorporated <sup>2</sup>	38	12	3	23	39.47%
HealthNow New York Inc. <sup>2</sup>	11	4	1	6	45.45%
Independent Health Benefits Corporation	4	3	0	1	75.00%
MVP Health Services Corporation	16	4	0	12	25.00%
Nippon Life Insurance Company of America	2	1	1	0	100.00%
Oscar Insurance Corporation	24	9	0	15	37.50%
Oxford Health Insurance, Inc. <sup>2</sup>	297	101	10	186	37.37%
UnitedHealthcare Insurance Company of New York <sup>2</sup>	48	18	1	29	39.58%
<b>Total</b>	<b>1,213</b>	<b>422</b>	<b>42</b>	<b>749</b>	<b>38.25%</b>

<sup>1</sup>Rate includes “reversed-in-part” decisions.

<sup>2</sup>External appeals and reversal rates include data from the health insurance company’s EPO, PPO and commercial business.

# External Appeals—Commercial Health Insurance Companies 2017

Data Source: DFS

Commercial Health Insurance Company <sup>1</sup>	Total External Appeals	Reversals on External Appeals	Reversed in Part External Appeals	Upheld External Appeals	Reversal Rate (Percentage) <sup>2</sup>
American Family Life Assurance Company of New York	0	0	0	0	0.00%
Berkshire Life Insurance Company of America	0	0	0	0	0.00%
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. <sup>3</sup>	0	0	0	0	0.00%
Dentcare Delivery Systems, Inc. <sup>3</sup>	2	2	0	0	100.00%
Eastern Vision Service Plan, Inc. <sup>4</sup>	0	0	0	0	0.00%
First Reliance Standard Life Insurance Company	0	0	0	0	0.00%
First Unum Life Insurance Company	0	0	0	0	0.00%
Genworth Life Insurance Company of New York	0	0	0	0	0.00%
Guardian Life Insurance Company of America	7	4	0	3	57.14%
Hartford Life and Accident Insurance Company	0	0	0	0	0.00%
HCC Life Insurance Company	0	0	0	0	0.00%
HM Life Insurance Company of New York	0	0	0	0	0.00%
Humana 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%

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

<sup>2</sup>Rate includes “reversed-in-part” decisions.

<sup>3</sup>Plan issues dental coverage only.

<sup>4</sup>Plan issues vision coverage only.

## External Appeals—Commercial Health Insurance Companies 2017, continued

Data Source: DFS

Commercial Health Insurance Company <sup>1</sup>	Total External Appeals	Reversals on External Appeals	Reversed in Part External Appeals	Upheld External Appeals	Reversal Rate (Percentage) <sup>2</sup>
Metropolitan Life Insurance Company	10	2	0	8	20.00%
Mutual of Omaha Insurance Company	0	0	0	0	0.00%
National Union Fire Insurance Company of Pittsburgh, PA	2	0	0	2	0.00%
New York Life Insurance Company	0	0	0	0	0.00%
Northwestern Mutual Life Insurance Company	0	0	0	0	0.00%
Paul Revere Life Insurance Company	0	0	0	0	0.00%
Principal Life Insurance Company	0	0	0	0	0.00%
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%
Sun Life and Health Insurance Company	1	1	0	0	100.00%
Transamerica Financial Life Insurance Company	0	0	0	0	0.00%
<b>Total</b>	<b>22</b>	<b>9</b>	<b>0</b>	<b>13</b>	<b>40.91%</b>

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

<sup>2</sup>Rate includes “reversed-in-part” decisions.



# 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 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 2017.
- **Closed Grievances:** Number of grievances the health insurance company resolved by the end of 2017.
- **Upheld Grievances:** Number of closed grievances where the health insurance company stood by its original decision and did not decide in favor of the member or provider.
- **Reversed Grievances:** Number of closed grievances where the health insurance company changed its initial decision and decided in favor of the member or provider.
- **Reversal Rate:** Percentage of reversals resulting from grievances (closed grievances decided in favor of the member or provider) divided by closed grievances.

## KEEP IN MIND

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 2017

Data Source: DFS

HMO	Filed Grievances	Closed Grievances <sup>1</sup>	Reversed Grievances	Upheld Grievances	Reversal Rate (Percentage)
Capital District Physicians Health Plan	287	291	162	129	55.67%
Community Blue (HealthNow)	50	49	12	37	24.49%
Empire HealthChoice HMO, Inc.	840	772	266	506	34.46%
Excellus Health Plan	61	53	10	43	18.87%
HIP Health Maintenance Organization	979	918	376	542	40.96%
Independent Health Association, Inc.	184	179	78	101	43.58%
MVP Health Plan, Inc.	141	141	47	94	33.33%
Oxford Health Plans (NY), Inc.	657	742	227	515	30.59%
UnitedHealthcare of New York, Inc.	326	317	137	180	43.22%
<b>Total</b>	<b>3,525</b>	<b>3,462</b>	<b>1,315</b>	<b>2,147</b>	<b>37.98%</b>

<sup>1</sup>Closed grievances can exceed filed grievances in 2017 because closed grievances also include grievances filed prior to 2017.

## Grievances—EPO/PPO Health Plans 2017

Data Source: DFS

EPO/PPO Health Plan	Filed Grievances	Closed Grievances <sup>1</sup>	Reversed Grievances	Upheld Grievances	Reversal Rate (Percentage)
Aetna Life Insurance Company <sup>2</sup>	195	205	36	169	17.56%
CDPHP Universal Benefits, Inc.	289	308	189	119	61.36%
CIGNA Health and Life Insurance Company <sup>2</sup>	282	276	57	219	20.65%
Empire HealthChoice Assurance, Inc. <sup>2</sup>	0	0	0	0	0.00%
Excelsus Health Plan, Inc. <sup>2</sup>	1,199	1,225	330	895	26.94%
Group Health Incorporated <sup>2</sup>	507	519	104	415	20.04%
HealthNow New York Inc. <sup>2</sup>	381	375	42	333	11.20%
Independent Health Benefits Corporation	540	551	223	328	40.47%
MVP Health Services Corporation	44	43	8	35	18.60%
Nippon Life Insurance Company of America	0	0	0	0	0.00%
Oscar Insurance Corporation	295	273	92	181	33.70%
Oxford Health Insurance, Inc. <sup>2</sup>	8,424	8,307	2,013	6,294	24.23%
UnitedHealthcare Insurance Company of New York <sup>2</sup>	5,407	5,659	1,377	4,282	24.33%
<b>Total</b>	<b>17,563</b>	<b>17,741</b>	<b>4,471</b>	<b>13,270</b>	<b>25.20%</b>

<sup>1</sup>Closed grievances can exceed filed grievances in 2017 because closed grievances also include grievances filed prior to 2017.

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

# Grievances—Commercial Health Insurance Companies 2017

Data Source: DFS

Commercial Health Insurance Company <sup>1</sup>	Filed Grievances	Closed Grievances <sup>2</sup>	Reversed Grievances	Upheld Grievances	Reversal Rate (Percentage)
American Family Life Assurance Company of New York	0	0	0	0	0.00%
Berkshire Life Insurance Company of America	0	0	0	0	0.00%
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. <sup>3</sup>	1,328	1,328	510	818	38.40%
Dentcare Delivery Systems, Inc. <sup>3</sup>	290	282	85	197	30.14%
Eastern Vision Service Plan, Inc. <sup>4</sup>	0	0	0	0	0.00%
First Reliance Standard Life Insurance Company	0	0	0	0	0.00%
First Unum Life Insurance Company	0	0	0	0	0.00%
Genworth Life Insurance Company of New York	0	0	0	0	0.00%
Guardian Life Insurance Company of America	74	78	31	47	39.74%
Hartford Life and Accident Insurance Company	0	0	0	0	0.00%
HCC Life Insurance Company	0	0	0	0	0.00%
HM Life Insurance Company of New York	0	0	0	0	0.00%
Humana 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%

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

<sup>2</sup>Closed grievances can exceed filed grievances in 2017 because closed grievances also include grievances filed prior to 2017.

<sup>3</sup>Plan issues dental coverage only.

<sup>4</sup>Plan issues vision coverage only.

# Grievances—Commercial Health Insurance Companies 2017, continued

Data Source: DFS

Commercial Health Insurance Company <sup>1</sup>	Filed Grievances	Closed Grievances <sup>2</sup>	Reversed Grievances	Upheld Grievances	Reversal Rate (Percentage)
Massachusetts Mutual Life Insurance Company	0	0	0	0	0.00%
Metropolitan Life Insurance Company	0	0	0	0	0.00%
Mutual of Omaha Insurance Company	0	0	0	0	0.00%
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%
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%
Sun Life and Health Insurance Company	0	0	0	0	0.00%
Transamerica Financial Life Insurance Company	0	0	0	0	0.00%
<b>Total</b>	<b>1,692</b>	<b>1,688</b>	<b>626</b>	<b>1,062</b>	<b>37.09%</b>

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

<sup>2</sup>Closed grievances can exceed filed grievances in 2017 because closed grievances also include grievances filed prior to 2017.

# 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 check-up or routine care at a doctor’s office or clinic as soon as needed.
    - Care right away for an illness or injury.
  - **Getting Needed Care:** The percentage of members who responded that they “usually” or “always” get:
    - Appointments with specialists as soon as needed.
    - Care, tests or treatments they 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 adults ages 20 years and older who had an outpatient or preventive care visit within the past 3 years, as reported by the health insurance company. A higher score means more people who were enrolled in the health insurance company had a provider visit. The measure is reported separately for ages 20–44 years and for ages 45–64 years.

# Access and Service—HMOs 2016

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	Ages 20–44	Symbol	Ages 45–64	Symbol
<b>NY HMO Average</b>	<b>66</b>		<b>87</b>		<b>88</b>		<b>80</b>		<b>94</b>		<b>96</b>	
Capital District Physicians Health Plan	78	▲	91	▲	92	▲	86	▲	95	▲	98	▲
Community Blue (HealthNow) <sup>1</sup>	68		92	▲	93	▲	76		95	▲	97	▲
Empire HealthChoice HMO, Inc.	49	▼	77	▼	79	▼	70	▼	90	▼	93	▼
Excellus (Univera Healthcare) <sup>2</sup>	66		89		94	▲	87	▲	93		95	
Excellus BlueCross BlueShield <sup>3</sup>	68		91	▲	89		81		94		96	
HIP Health Maintenance Organization	63		77	▼	77	▼	65	▼	91	▼	95	▼
Independent Health Association, Inc.	72	▲	90		93	▲	84	▲	95	▲	96	
MVP Health Plan, Inc.	68		90	▲	91		86	▲	94		97	▲
Oxford Health Plans (NY), Inc.	58	▼	88		89		82		94		95	▼

<sup>1</sup>Includes data for HealthNow PPO membership.

<sup>2</sup>Includes data for Univera PPO membership.

<sup>3</sup>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 2016

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 <sup>1</sup>	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	Ages 20-44	Ages 45-64	Symbol
<b>NY PPO Average</b>	<b>62</b>		<b>86</b>		<b>88</b>		<b>78</b>		<b>93</b>	<b>95</b>	
Aetna Life Insurance Company <sup>2</sup>	60		88		91		74		93		95
CDPHP Universal Benefits, Inc.	69	▲	89		89		83	▲	94	▲	97
CIGNA Health and Life Insurance	56		88		88		73		93		95
Empire HealthChoice Assurance, Inc.	70	▲	86		89		81		92	▼	94
Group Health Incorporated	60		82		85		73		NV		NV
MVP Health Plan, Inc.	55	▼	89		91		77		93		96
Oxford Health Insurance, Inc.	63		84		86		83	▲	96	▲	97
UnitedHealthcare Insurance Company of New York	61		82		88		76		94	▲	96

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

<sup>2</sup>Plan 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

## CHILD AND ADOLESCENT HEALTH

### MEASURE DESCRIPTIONS

#### *Child and Adolescent Immunizations and Screening*

- **Adolescent Immunization Combo:** The percentage adolescents, age 13 years, who had one dose of meningococcal vaccine and one dose of tetanus, diphtheria and pertussis vaccine by their 13th birthday.
- **Childhood Immunization Combo 3:** The percentage of children, age 2 years, who were fully immunized. Fully immunized consists of the following vaccines: four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV) and four pneumococcal conjugate (PCV).
- **Weight Assessment BMI Percentile:** The percentage of children and adolescents, ages 3–17 years, who had an outpatient visit with a PCP or OB/GYN and had their body mass index (BMI) calculated.

#### *Assessment, Education and Counseling for Adolescents*

- **Adolescent Preventive Care:** The percentage of adolescents, ages 12–17 years, who had at least one outpatient visit with a PCP or OB/GYN, and received assessment, counseling or education on the following four components of care:
  - Alcohol and Other Drug Use: Risks of substance use (substance use includes alcohol, street drugs, non-prescription drugs, prescription drug misuse and inhalant use).
  - Depression.
  - Sexual Activity: Risk behaviors and preventive actions associated with sexual activity.
  - Tobacco Use.

# Child and Adolescent Health—HMOs 2016

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.

## Child and Adolescent Immunizations and Screening

Performance Compared to the New York HMO Average						
HMO	Adolescent Immunization Combo		Childhood Immunization Combo 3		Weight Assessment BMI Percentile	
<b>NY HMO Average</b>	<b>78</b>		<b>81</b>		<b>77</b>	
Capital District Physicians Health Plan	86	▲	87	▲	92	▲
Community Blue (HealthNow) <sup>1</sup>	84	▲	91	▲	91	▲
Empire HealthChoice HMO, Inc.	70	▼	68	▼	69	▼
Excellus (Univera Healthcare) <sup>2</sup>	80		95	▲	91	▲
Excellus BlueCross BlueShield <sup>3</sup>	81		88	▲	81	▲
HIP Health Maintenance Organization	74	▼	77		74	
Independent Health Association, Inc.	87	▲	89	▲	94	▲
MVP Health Plan, Inc.	83	▲	89	▲	84	▲
Oxford Health Plans (NY), Inc.	71	▼	63	▼	56	▼

<sup>1</sup>Includes data for HealthNow PPO membership.

<sup>2</sup>Includes data for Univera PPO membership.

<sup>3</sup>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.

# Child and Adolescent Health—HMOs 2016, continued

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.

## Assessment, Education and Counseling for Adolescents

Performance Compared to the New York HMO Average								
HMO	Adolescent Preventive Care							
	Alcohol and Drug Use		Depression		Sexual Activity		Tobacco Use	
<b>NY HMO Average</b>	<b>67</b>		<b>59</b>		<b>64</b>		<b>73</b>	
Capital District Physicians Health Plan	79	▲	72	▲	72		82	▲
Community Blue (HealthNow) <sup>1</sup>	84	▲	74	▲	84	▲	86	▲
Empire HealthChoice HMO, Inc.	63		46	▼	53	▼	60	▼
Excellus (Univera Healthcare) <sup>2</sup>	85	▲	79	▲	84	▲	91	▲
Excellus BlueCross BlueShield <sup>3</sup>	72		65	▲	70	▲	82	▲
HIP Health Maintenance Organization	72		65		69		74	
Independent Health Association, Inc.	83	▲	81	▲	82	▲	86	▲
MVP Health Plan, Inc.	72		51	▼	67		80	▲
Oxford Health Plans (NY), Inc.	40	▼	30	▼	35	▼	46	▼

<sup>1</sup>Includes data for HealthNow PPO membership.

<sup>2</sup>Includes data for Univera PPO membership.

<sup>3</sup>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.

# Child and Adolescent Health—PPOs 2016

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.

## Child and Adolescent Immunizations and Screening

Performance Compared to the New York PPO Average						
PPO <sup>1</sup>	Adolescent Immunization Combo		Childhood Immunization Combo 3		Weight Assessment BMI Percentile	
<b>NY PPO Average</b>	<b>73</b>		<b>74</b>		<b>68</b>	
Aetna Life Insurance Company <sup>2</sup>	72		73		64	
CDPHP Universal Benefits, Inc.	82	▲	88	▲	90	▲
CIGNA Health and Life Insurance Company	63	▼	69	▼	84	▲
Empire HealthChoice Assurance, Inc.	79	▲	73		71	
Group Health Incorporated	56	▼	59	▼	46	▼
MVP Health Services Corporation	81	▲	83	▲	89	▲
Oxford Health Insurance, Inc.	68	▼	71		59	▼
UnitedHealthcare Insurance Company of New York	70		80	▲	59	▼

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

<sup>2</sup>Plan 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.

# Child and Adolescent Health—PPOs 2016, continued

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.

## Assessment, Education and Counseling for Adolescents

Performance Compared to the New York PPO Average								
PPO <sup>1</sup>	Adolescent Preventive Care							
	Alcohol and Drug Use		Depression		Sexual Activity		Tobacco Use	
<b>NY PPO Average</b>	<b>53</b>		<b>46</b>		<b>49</b>		<b>55</b>	
Aetna Life Insurance Company <sup>2</sup>	50		43		49		51	
CDPHP Universal Benefits, Inc.	85	▲	79	▲	82	▲	91	▲
CIGNA Health and Life Insurance Company	59		52		55		60	
Empire HealthChoice Assurance, Inc.	61		53		55		61	
Group Health Incorporated	45	▼	42		46		49	
MVP Health Services Corporation	72	▲	55	▲	67	▲	81	▲
Oxford Health Insurance, Inc.	45	▼	36	▼	40	▼	46	▼
UnitedHealthcare Insurance Company of New York	37	▼	32	▼	33	▼	43	▼

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

<sup>2</sup>Plan no longer offers individual health insurance in New York.

### Legend

▲ Significantly better than the NY PPO average.

▼ Significantly worse than the NY PPO average.

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# Quality of Care and Service for Health Insurance Companies

## ADULT HEALTH

### MEASURE DESCRIPTIONS

- **Controlling High Blood Pressure:** The percentage of adults ages 18 or older who had hypertension and whose blood pressure was adequately controlled based on the following criteria:
  - Adults ages 18–59 years whose blood pressure was <140/90 mm Hg.
  - Adults ages 60–85 years with a diagnosis of diabetes, whose blood pressure was <140/90 mm Hg.
  - Adults ages 60–85 years without a diagnosis of diabetes, whose blood pressure was <150/90 mm Hg.
- **Colon Cancer Screening:** The percentage of adults ages 50–75 years who had appropriate screening for colorectal cancer.
- **Use of Spirometry Testing for COPD:** The percentage of adults ages 40 years and older with a new diagnosis of COPD or newly active COPD, who received spirometry testing to confirm the diagnosis.
- **Flu Shot for Adults:** The percentage of adults ages 18–64 years who have had a flu shot.
- **Avoidance of Antibiotics for Adults With Acute Bronchitis:** The percentage of adults ages 18–64 years with acute bronchitis who did not receive a prescription for antibiotics. A higher score indicates more appropriate treatment of people with acute bronchitis.

# Adult Health—HMOs 2016

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		Colon Cancer Screening		Use of Spirometry Testing for COPD		Flu Shot for Adults		Avoidance of Antibiotics for Adults with Acute Bronchitis	
<b>NY HMO Average</b>	<b>63</b>		<b>67</b>		<b>48</b>		<b>52</b>		<b>26</b>	
Capital District Physicians Health	78	▲	73	▲	42		57	▲	34	▲
Community Blue (HealthNow) <sup>1</sup>	73	▲	68		49		47		29	▲
Empire HealthChoice HMO, Inc.	50	▼	55	▼	60	▲	46		25	
Excellus (Univera Healthcare) <sup>2</sup>	72	▲	67		45		57		21	
Excellus BlueCross BlueShield <sup>3</sup>	69	▲	68		41	▼	56		23	▼
HIP Health Maintenance	57	▼	68		52	▲	45		35	▲
Independent Health Association, Inc.	78	▲	69		50		54		21	▼
MVP Health Plan, Inc.	73	▲	73	▲	35	▼	52		25	
Oxford Health Plans (NY), Inc.	37	▼	62	▼	63	▲	45		31	▲

<sup>1</sup>Includes data for HealthNow PPO membership.

<sup>2</sup>Includes data for Univera PPO membership.

<sup>3</sup>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.

# Adult Health—PPOs 2016

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 <sup>1</sup>	Controlling High Blood Pressure		Colon Cancer Screening		Use of Spirometry Testing for COPD		Flu Shots for Adults		Avoidance of Antibiotics for Adults with Bronchitis	
<b>NY PPO Average</b>	<b>48</b>		<b>60</b>		<b>56</b>		<b>47</b>		<b>28</b>	
Aetna Life Insurance Company <sup>2</sup>	49		58		59		43		28	
CDPHP Universal Benefits, Inc.	71	▲	70	▲	43	▼	54	▲	28	
CIGNA Health and Life Insurance	41	▼	63		59		43		28	
Empire HealthChoice Assurance, Inc.	53		59		57		45		24	▼
Group Health Incorporated	69	▲	46	▼	48	▼	43		51	▲
MVP Health Services Corporation	71	▲	62		38	▼	42		23	▼
Oxford Health Insurance, Inc.	37	▼	69	▲	63	▲	52		33	▲
UnitedHealthcare Insurance Company of New York	36	▼	58		59		52		26	▼

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

<sup>2</sup>Plan 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

## 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, 2014, and December 31, 2016.
- **Cervical Cancer Screening:** The percentage of women ages 21–64 years who had cervical cytology performed every 3 years and women ages 30–64 years who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.
- **Timeliness of Prenatal Care:** The percentage of women who gave birth who had a prenatal care visit in the first trimester or within 42 days of enrollment in their health plan.
- **Postpartum Care:** The percentage of women who gave birth in the last year who had a postpartum care visit between 21 and 56 days after they gave birth.
- **Chlamydia Screening:** The percentage of sexually active young women who had at least one test for chlamydia. The measure is reported separately for ages 16–20 years and for ages 21–24 years.

# Women’s Health—HMOs 2016

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		Cervical Cancer Screening		Timeliness of Prenatal Care		Postpartum Care		Chlamydia Screening			
	Score	Symbol	Score	Symbol	Score	Symbol	Score	Symbol	Ages 16–20	Ages 21–24	Symbol	
<b>NY HMO Average</b>	<b>73</b>		<b>81</b>		<b>89</b>		<b>79</b>		<b>55</b>		<b>63</b>	
Capital District Physicians Health Plan	80	▲	85		96	▲	90	▲	67	▲	71	▲
Community Blue (HealthNow) <sup>1</sup>	76	▲	78	▼	95	▲	89	▲	57	▲	64	
Empire HealthChoice HMO, Inc.	65	▼	72	▼	87		74	▼	53		61	
Excellus (Univera Healthcare) <sup>2</sup>	76	▲	81		97	▲	91	▲	49		59	
Excellus BlueCross BlueShield <sup>3</sup>	77	▲	81		95	▲	89	▲	44	▼	55	▼
HIP Health Maintenance Organization	75	▲	84		90		73	▼	77	▲	80	▲
Independent Health Association, Inc.	76	▲	80		97	▲	91	▲	58		63	
MVP Health Plan, Inc.	74	▲	76	▼	95	▲	83	▲	52		64	
Oxford Health Plans (NY), Inc.	58	▼	82		77	▼	63	▼	59	▲	67	▲

<sup>1</sup>Includes data for HealthNow PPO membership.

<sup>2</sup>Includes data for Univera PPO membership.

<sup>3</sup>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.

# Women's Health—PPOs 2016

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 <sup>1</sup>	Breast Cancer Screening		Cervical Cancer Screening		Timeliness of Prenatal Care		Postpartum Care		Chlamydia Screening			
									Ages 16–20		Ages 21–24	
<b>NY PPO Average</b>	<b>68</b>		<b>80</b>		<b>87</b>		<b>68</b>		<b>59</b>		<b>68</b>	
Aetna Life Insurance Company <sup>2</sup>	69	▲	81		82	▼	66		57	▼	66	▼
CDPHP Universal Benefits, Inc.	77	▲	84		98	▲	93	▲	63	▲	66	
CIGNA Health and Life Insurance Company	70	▲	79		91	▲	66		58		67	
Empire HealthChoice Assurance, Inc.	67	▼	77		89		75	▲	59		67	
Group Health Incorporated	50	▼	60	▼	75	▼	49	▼	62		69	
MVP Health Services Corporation	72	▲	78		94	▲	83	▲	52	▼	62	▼
Oxford Health Insurance, Inc.	64	▼	86	▲	83		61	▼	55	▼	65	▼
UnitedHealthcare Insurance Company of New York	72	▲	82		85		62	▼	64	▲	73	▲

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

<sup>2</sup>Plan 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

## BEHAVIORAL HEALTH

### MEASURE DESCRIPTIONS

- **Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase:** The percentage of children ages 6–12 years who were newly prescribed ADHD medication and who had 1 follow-up visit with a practitioner within the 30 days after starting the medication.
- **Antidepressant Medication Management—Effective Continuation Phase Treatment:** The percentage of members ages 18 years and older who were diagnosed with depression and remained on antidepressant medication for at least 6 months.
- **Follow-Up after Hospitalization for Mental Illness:** The percentage of 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 seen on an ambulatory basis or who were in intermediate treatment with a mental health provider within 7 days of 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.
- **Metabolic Monitoring for Children and Adolescents on Antipsychotics:** The percentage of children and adolescents, ages 1–17 years, who had two or more antipsychotic prescriptions and had metabolic testing.

# Behavioral Health—HMOs 2016

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-Initiation Phase		Antidepressant Medication Management - Effective Continuation Phase		Follow-Up after Hospitalization for Mental Illness				Metabolic Monitoring for Children and Adolescents on Antipsychotics	
					Within 7 Days		Within 30 Days			
<b>NY HMO Average</b>	<b>43</b>		<b>49</b>		<b>59</b>		<b>74</b>		<b>40</b>	
Capital District Physicians Health Plan	59	▲	51		77	▲	87	▲	55	▲
Community Blue (HealthNow) <sup>1</sup>	53	▲	44	▼	66	▲	83	▲	31	
Empire HealthChoice HMO, Inc.	36		51		53		68		TS	
Excellus (Univera Healthcare) <sup>2</sup>	57		45		32	▼	49	▼	TS	
Excellus BlueCross BlueShield <sup>3</sup>	44		50		59		75		39	
HIP Health Maintenance Organization	51		48		53	▼	69	▼	56	
Independent Health Association, Inc.	40		49		68	▲	84	▲	45	
MVP Health Plan, Inc.	40		50		63		80		42	
Oxford Health Plans (NY), Inc.	31	▼	51		50	▼	65	▼	38	

<sup>1</sup>Includes data for HealthNow PPO membership.

<sup>2</sup>Includes data for Univera PPO membership.

<sup>3</sup>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.
- TS Sample size too small to report.

# Behavioral Health—PPOs 2016

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 HMO Average										
PPO <sup>1</sup>	Follow-Up Care for Children Prescribed ADHD Medication-Initiation Phase		Antidepressant Medication Management - Effective Continuation Phase		Follow-Up after Hospitalization for Mental Illness				Metabolic Monitoring for Children and Adolescents on Antipsychotics	
					Within 7 Days		Within 30 Days			
<b>NY PPO Average</b>	<b>44</b>		<b>56</b>		<b>58</b>		<b>73</b>		<b>42</b>	
Aetna Life Insurance Company <sup>2</sup>	41		64	▲	60		73		45	
CDPHP Universal Benefits, Inc.	46		54		70	▲	82	▲	50	
CIGNA Health and Life Insurance	50		52	▼	49	▼	77		37	
Empire HealthChoice Assurance, Inc.	35	▼	52	▼	54	▼	69	▼	33	▼
Group Health Incorporated	56		57		52		67		53	
MVP Health Services Corporation	41		53		57		67		44	
Oxford Health Insurance, Inc.	47		56		58		72		49	
UnitedHealthcare Insurance Company of New York	52	▲	52	▼	62	▲	76		42	

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

<sup>2</sup>Plan 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

## MANAGING MEDICATIONS

### MEASURE DESCRIPTIONS

- **Persistence of Beta-Blocker Treatment:** The percentage of adults ages 18 years and older who were hospitalized after a heart attack and received persistent beta-blocker treatment for six months after discharge.
- **Medical Management for People with Asthma, 75% Days Covered:** The percentage of children ages 5–18 years and adults ages 19–64 years with persistent asthma who filled prescriptions for asthma controller medications during at least 75% of their treatment period. The measure is reported separately for ages 5–18 and ages 19–64.

# Managing Medications—HMOs 2016

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	Persistence of Beta-Blocker Treatment		Medication Management for People with Asthma 75% Days Covered			
			Ages 5–18		Ages 19–64	
<b>NY HMO Average</b>	<b>85</b>		<b>34</b>		<b>47</b>	
Capital District Physicians Health	89		45	▲	48	
Community Blue (HealthNow) <sup>1</sup>	85		26	▼	43	▼
Empire HealthChoice HMO, Inc.	TS		39		53	
Excellus (Univera Healthcare) <sup>2</sup>	TS		37		51	
Excellus BlueCross BlueShield <sup>3</sup>	87		38	▲	50	▲
HIP Health Maintenance	68	▼	21	▼	41	▼
Independent Health Association, Inc.	96	▲	25	▼	44	
MVP Health Plan, Inc.	88		41		48	
Oxford Health Plans (NY), Inc.	80		28	▼	44	▼

<sup>1</sup>Includes data for HealthNow PPO membership.

<sup>2</sup>Includes data for Univera PPO membership.

<sup>3</sup>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.

**TS** Sample size too small to report.



# Managing Medications—PPOs 2016

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 <sup>1</sup>	Persistence of Beta-Blocker Treatment		Medication Management for People with Asthma 75% Days Covered			
			Ages 5–18		Ages 19–64	
<b>NY PPO Average</b>	<b>83</b>		<b>33</b>		<b>49</b>	
Aetna Life Insurance Company <sup>2</sup>	84		36		53	▲
CDPHP Universal Benefits, Inc.	92		32		45	
CIGNA Health and Life Insurance	89		30		46	
Empire HealthChoice Assurance, Inc.	84		32		49	
Group Health Incorporated	60	▼	26		43	
MVP Health Services Corporation	90		36		50	
Oxford Health Insurance, Inc.	79		32		49	
UnitedHealthcare Insurance Company of New York	79		32		47	

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

<sup>2</sup>Plan 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

## DIABETES CARE

### MEASURE DESCRIPTIONS

- **Monitoring Diabetes—Received All Three Tests (HbA1c Testing, Dilated Eye Exam, Nephropathy Monitoring):**  
The percentage of adults ages 18–75 years with diabetes, who received all three of the following tests: HbA1c test, diabetes eye exam and medical attention for nephropathy.
- **Managing Diabetes Outcomes—HbA1c Control (<8.0%):**  
The percentage of adults ages 18–75 years with diabetes, whose most recent HbA1c level was less than 8.0%.
- **Managing Diabetes Outcomes—Blood Pressure Controlled (<140/90 mmHg):** The percentage of adults ages 18–75 years with diabetes, whose most recent blood pressure was less than 140/90 mm Hg.

# Diabetes Care—HMOs 2016

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	Monitoring Diabetes: Received All Three Tests—HbA1c Testing, Dilated Eye Exam, Nephropathy Monitoring		Managing Diabetes Outcomes			
			HbA1c Control (<8.0%)		Blood Pressure Controlled (<140/90 mmHg)	
<b>NY HMO Average</b>	<b>54</b>		<b>61</b>		<b>65</b>	
Capital District Physicians Health Plan	60	▲	70	▲	75	▲
Community Blue (HealthNow) <sup>1</sup>	56		65		78	▲
Empire HealthChoice HMO, Inc.	43	▼	63		62	
Excellus (Univera Healthcare) <sup>2</sup>	55		69	▲	75	▲
Excellus BlueCross BlueShield <sup>3</sup>	56		65		74	▲
HIP Health Maintenance Organization	57		57	▼	55	▼
Independent Health Association, Inc.	60	▲	68	▲	76	▲
MVP Health Plan, Inc.	53		63		74	▲
Oxford Health Plans (NY), Inc.	45	▼	53	▼	44	▼

<sup>1</sup>Includes data for HealthNow PPO membership.

<sup>2</sup>Includes data for Univera PPO membership.

<sup>3</sup>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.

# Diabetes Care—PPOs 2016

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 <sup>1</sup>	Monitoring Diabetes: Received All Three Tests—HbA1c Testing, Dilated Eye Exam, Nephropathy Monitoring		Managing Diabetes Outcomes			
			HbA1c Control (<8.0%)		Blood Pressure Controlled (<140/90 mmHg)	
<b>NY PPO Average</b>	<b>45</b>		<b>58</b>		<b>56</b>	
Aetna Life Insurance Company <sup>2</sup>	47		59		56	
CDPHP Universal Benefits, Inc.	61	▲	71	▲	75	▲
CIGNA Health and Life Insurance	42		60		49	▼
Empire HealthChoice Assurance, Inc.	45		61		64	▲
Group Health Incorporated	35	▼	29	▼	27	▼
MVP Health Services Corporation	46		62		76	▲
Oxford Health Insurance, Inc.	46		54		44	▼
UnitedHealthcare Insurance Company of New York	45		55		45	▼

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

<sup>2</sup>Plan no longer offers individual health insurance in New York.

Legend
▲ Significantly better than the NY PPO average.
▼ Significantly worse than the NY PPO average.
<b>No symbol</b> indicates that the average is not different from the NY PPO average.

# Quality of Care and Service for Health Insurance Companies

## QUALITY OF PROVIDERS

### MEASURE DESCRIPTIONS

- **Satisfaction with Personal Doctor:** The percentage of members who responded 8, 9 or 10 (on a scale of 0–10, where 0 is the lowest level of satisfaction and 10 is the highest) when asked, “How would you rate your personal doctor?”
- **Satisfaction with Specialist:** The percentage of members who responded 8, 9 or 10 (on a scale of 0–10, where 0 is the lowest level of satisfaction and 10 is the highest) when asked “How would you rate your specialist?”
- **Satisfaction with Provider Communication:** The percentage of members who responded that their doctors or health care providers “usually” or “always”:
  - Listen carefully to them.
  - Explain things in a way they understand.
  - Show respect for what they have to say.
  - Spend enough time with them during visits.
- **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 2016

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	Pediatrics			
<b>NY HMO Average</b>	<b>86</b>		<b>84</b>		<b>96</b>		<b>73</b>		<b>78</b>		<b>77</b>	
Capital District Physicians Health Plan	89		83		96		82 ▲	76		83	▲	
Community Blue (HealthNow) <sup>1</sup>	84		87		96		80 ▲	75		83	▲	
Empire HealthChoice HMO,	87		85		96		82 ▲	82 ▲		83	▲	
Excelsus (Univera Healthcare) <sup>2</sup>	88		92 ▲		96		76		86 ▲	74		
Excelsus BlueCross BlueShield <sup>3</sup>	89		85		97		78 ▲	84 ▲		71	▼	
HIP Health Maintenance Organization	77	▼	78	▼	91	▼	71	▼	73	▼	74	▼
Independent Health Association, Inc.	90	▲	81		97		74		80		81	
MVP Health Plan, Inc.	86		82		96		73		77		78	
Oxford Health Plans (NY), Inc.	89		88		96		67	▼	77	▼	72	▼

<sup>1</sup>Includes data for HealthNow PPO membership.

<sup>2</sup>Includes data for Univera PPO membership.

<sup>3</sup>Includes data for Excelsus 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 2016

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 <sup>1</sup>	Satisfaction with Personal Doctor	Satisfaction with Specialist	Satisfaction with Provider Communication	Doctors Who Are Certified by a Medical Board								
				Internal Medicine			OB/GYN			Pediatrics		
<b>NY PPO Average</b>	<b>86</b>	<b>85</b>	<b>96</b>	<b>74</b>	<b>75</b>	<b>77</b>						
Aetna Life Insurance Company <sup>2</sup>	86	82	95	▲	▲	▲	▲	▲	▲	▲	▲	▲
CDPHP Universal Benefits, Inc.	86	90	96	▲	▲	▲	▲	▲	▲	▲	▲	▲
Cigna Health and Life Insurance Company	82	82	95	▼	▼	▼	▼	▼	▼	▼	▼	▼
Empire HealthChoice Assurance, Inc.	87	88	95	▲	▲	▲	▲	▲	▲	▲	▲	▲
Group Health Incorporated	84	82	96	▼	▼	▼	▼	▼	▼	▼	▼	▼
MVP Health Services	84	82	96									
Oxford Health Insurance, Inc.	89	87	98	▲	▼	▼	▼	▼	▼	▼	▼	▼
UnitedHealthcare Insurance Company of New York	88	86	93		▲	▲	▲	▲	▲	▲	▲	▲

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

<sup>2</sup>Plan 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.

# 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<sup>®1</sup>") 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](http://www.ncqa.org).

<sup>1</sup>HEDIS 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.
- **Not Reviewed** indicates that the health insurance company has not requested NCQA review.



## NCQA Accreditation Status as of July 2018<sup>1</sup>

HMO	Accreditation Status
Capital District Physicians Health Plan	Excellent
Community Blue (HealthNow)	Excellent
Empire HealthChoice HMO, Inc.	Accredited
Excellus Health Plan, Inc. (Excellus BlueCross BlueShield) <sup>2</sup>	Commendable
Excellus Health Plan, Inc. (Univera Healthcare) <sup>2</sup>	Commendable
HIP Health Maintenance Organization	Accredited
Independent Health Association, Inc.	Excellent
MVP Health Plan, Inc.	Commendable
Oxford Health Plans (NY), Inc.	Commendable
UnitedHealthcare 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	Accredited
Empire HealthChoice Assurance, Inc.	Accredited
Excellus Health Plan, Inc. (Excellus BlueCross BlueShield) <sup>2</sup>	Commendable
Excellus Health Plan, Inc. (Univera Healthcare) <sup>2</sup>	Commendable
Group Health Incorporated	Accredited
HealthNow New York Inc.	Excellent
Independent Health Benefits Corporation	Accredited
MVP Health Services Corporation	Not Reviewed
Nippon Life Insurance Company of America	Not Reviewed
Oscar Insurance Corporation	Accredited
Oxford Health Insurance, Inc.	Commendable
UnitedHealthcare Insurance Company of New York	Accredited

<sup>1</sup>Accreditation status does not include Medicare or Medicaid products.

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

## NCQA Accreditation Status as of July 2018<sup>1</sup>

Commercial Health Insurance Company	Accreditation Status
American Family Life Assurance Company of New York	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 of New York, Inc.	Not Reviewed
Dentcare Delivery Systems, Inc.	Not Reviewed
Eastern Vision Service Plan, Inc.	Not Reviewed
First Reliance Standard Life Insurance Company	Not Reviewed
First Unum Life Insurance Company	Not Reviewed
Genworth Life Insurance Company of New York	Not Reviewed
Guardian Life Insurance Company of America	Not Reviewed
Hartford Life and Accident Insurance Company	Not Reviewed
HCC Life Insurance Company	Not Reviewed
HM Life Insurance Company of New York	Not Reviewed
Humana 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
Mutual of Omaha Insurance Company	Not Reviewed
National Union Fire Insurance Company of Pittsburgh, PA	Not Reviewed
New York Life Insurance Company	Not Reviewed

Commercial Health Insurance Company	Accreditation Status
Northwestern Mutual Life Insurance Company	Not Reviewed
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
Sun Life and Health Insurance Company	Not Reviewed
Transamerica Financial Life Insurance Company	Not Reviewed

<sup>1</sup>Accreditation status does not include Medicare or Medicaid products.

## Overall Complaint Ranking

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

The overall 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. A higher ranking means that the health insurance company had fewer complaints relative to its size.
- **Total Complaints:** Total number of complaints closed by DFS in 2017. 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 2017. 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—2017

Data Source: DFS

Health Insurance Company/HMO	Plan Type	Rank <sup>1,2</sup>	Total Complaints	Complaints Upheld	Premiums (Millions \$)	Complaint Ratio
MVP Health Services Corporation <sup>5</sup>	EPO/PPO	1	0	0	668.50	0.0000
Independent Health Benefits Corporation	EPO/PPO	2	0	0	574.10	0.0000
Independent Health Association, Inc.	HMO	3	11	0	244.34	0.0000
Genworth Life Insurance Company of New York	Commercial	4	8	0	211.29	0.0000
Community Blue (HealthNow)	HMO	5	7	0	171.67	0.0000
Delta Dental of New York, Inc. <sup>3</sup>	Commercial	6	5	0	170.88	0.0000
John Hancock Life & Health Insurance Company	Commercial	7	8	0	108.78	0.0000
Eastern Vision Service Plan, Inc. <sup>4</sup>	Commercial	8	1	0	95.98	0.0000
Principal Life Insurance Company	Commercial	9	1	0	71.35	0.0000
HM Life Insurance Company of New York	Commercial	10	0	0	69.94	0.0000
Standard Life Insurance Company of New York	Commercial	11	4	0	58.22	0.0000
HCC Life Insurance Company	Commercial	12	0	0	56.25	0.0000
CDPHP Universal Benefits, Inc.	EPO/PPO	13	15	1	537.56	0.0019
Capital District Physicians Health Plan	HMO	14	15	1	528.91	0.0019
Humana Insurance Company of New York	Commercial	15	7	1	155.45	0.0064
First Unum Life Insurance Company	Commercial	16	18	2	290.10	0.0069
Prudential Insurance Company of America	Commercial	17	8	1	134.68	0.0074
HealthNow New York Inc. <sup>5</sup>	EPO/PPO	18	61	13	1,514.11	0.0086
Hartford Life and Accident Insurance Company	Commercial	19	2	1	104.65	0.0096
American Family Life Assurance Company of New York	Commercial	20	14	3	307.95	0.0097
Northwestern Mutual Life Insurance Company	Commercial	21	3	1	95.64	0.0105
Excellus Health Plan	HMO	22	8	4	372.45	0.0107

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

<sup>2</sup>Health insurance companies with a lower complaint ratio receive a higher ranking.

<sup>3</sup>Plan issues dental coverage only.

<sup>4</sup>Plan issues vision coverage only.

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

## Overall Complaint Ranking—2017, continued

Data Source: DFS

Health Insurance Company/HMO	Plan Type	Rank <sup>1,2</sup>	Total Complaints	Complaints Upheld	Premiums (Millions \$)	Complaint Ratio
Massachusetts Mutual Life Insurance Company	Commercial	23	2	1	83.98	0.0119
Liberty Life Assurance Company of Boston	Commercial	24	2	1	79.00	0.0127
Berkshire Life Insurance Company of America	Commercial	25	3	1	75.66	0.0132
Dentcare Delivery Systems, Inc. <sup>3</sup>	Commercial	26	5	1	61.18	0.0163
Paul Revere Life Insurance Company	Commercial	27	3	1	58.93	0.0170
First Reliance Standard Life Insurance Company	Commercial	28	2	1	51.54	0.0194
Guardian Life Insurance Company of America	Commercial	29	21	8	396.82	0.0202
MVP Health Plan, Inc. <sup>5</sup>	HMO	30	39	16	773.53	0.0207
ShelterPoint Life Insurance Company	Commercial	31	5	2	93.11	0.0215
Sun Life and Health Insurance Company	Commercial	32	12	3	138.24	0.0217
Oxford Health Insurance, Inc. <sup>5</sup>	EPO/PPO	33	729	143	5,878.01	0.0243
Metropolitan Life Insurance Company	Commercial	34	54	17	641.83	0.0265
New York Life Insurance Company	Commercial	35	4	2	74.54	0.0268
National Union Fire Insurance Company of Pittsburgh, PA	Commercial	36	6	3	97.44	0.0308
Empire HealthChoice Assurance, Inc. <sup>5</sup>	EPO/PPO	37	243	69	2,093.54	0.0330
UnitedHealthcare Insurance Company of New York <sup>5</sup>	EPO/PPO	38	231	80	2,281.92	0.0351
Transamerica Financial Life Insurance Company	Commercial	39	15	4	103.09	0.0388
Combined Life Insurance Company of New York	Commercial	40	16	5	122.65	0.0408
CIGNA Life Insurance Company of New York	Commercial	41	12	5	121.75	0.0411
Excellus Health Plan, Inc. <sup>5</sup>	EPO/PPO	42	126	37	898.97	0.0412
Mutual of Omaha Insurance Company	Commercial	43	5	3	69.94	0.0429
UnitedHealthcare of New York, Inc.	HMO	44	108	36	725.81	0.0496

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

<sup>2</sup>Health insurance companies with a lower complaint ratio receive a higher ranking.

<sup>3</sup>Plan issues dental coverage only.

<sup>4</sup>Plan issues vision coverage only.

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

## Overall Complaint Ranking—2017, continued

Data Source: DFS

Health Insurance Company/HMO	Plan Type	Rank <sup>1,2</sup>	Total Complaints	Complaints Upheld	Premiums (Millions \$)	Complaint Ratio
Nippon Life Insurance Company of America	EPO/PPO	45	6	3	57.75	0.0519
HIP Health Maintenance Organization	HMO	46	369	148	2,311.89	0.0640
CIGNA Health and Life Insurance Company <sup>5</sup>	EPO/PPO	47	157	71	1,029.55	0.0690
Oscar Insurance Corporation	EPO/PPO	48	67	15	159.47	0.0941
Aetna Life Insurance Company <sup>5</sup>	EPO/PPO	49	1,165	414	2,275.88	0.1819
Oxford Health Plans (NY), Inc.	HMO	50	186	49	232.06	0.2112
Empire HealthChoice HMO, Inc.	HMO	51	372	148	561.65	0.2635
Group Health Incorporated <sup>5</sup>	EPO/PPO	52	1,360	914	639.76	1.4287
<b>Total</b>			<b>5,521</b>	<b>2,229</b>	<b>28,732.29</b>	<b>0.0776</b>

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

# Independent Dispute Resolution

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

## Surprise Bills

- When you receive services from a non-participating doctor at a participating hospital or ambulatory surgical center, the bill you receive for those services will be a surprise bill covered by your insurer if:
  - A participating doctor was not available; **or**
  - A non-participating doctor provided services without your knowledge; **or**
  - Unforeseen medical circumstances arose at the time the health care services were provided.
- When you are referred by your participating doctor to a non-participating provider, the resulting bill is a surprise bill if you did not sign a written consent that you knew the services would be out-of-network and would result in costs not covered by your health plan. The bill will not be a surprise bill if you chose to receive services from a non-participating doctor instead of from an available participating doctor.
- You will be protected from a surprise bill and you will only be responsible for your in-network copayment, coinsurance or deductible if you:
  - Sign an assignment of benefits form<sup>1</sup> 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.

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

# Independent Dispute Resolution

In the event of a disagreement, a provider or health insurance company may dispute a payment or a charge for emergency services<sup>1</sup> or a surprise bill through a process called Independent Dispute Resolution (IDR).<sup>2</sup> 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 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 2017 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 2017 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 2017 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 2017 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 2017.

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<sup>1</sup> The following emergency services are exempt from the IDR process: CPT<sup>3</sup> 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 \$672.01 (adjusted annually for inflation rates) or less after any applicable co-insurance, co-payment and deductible.

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

<sup>3</sup> CPT codes copyright 2018 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—2017

Data Source: DFS

Category	Emergency Services	Surprise Bills
Claims Not Eligible	170	119
IDRE Decision Rendered for Eligible Claims:		
Health Plan Payment More Reasonable	203	49
Provider Charges More Reasonable	61	141
Split Decision	102	75
Settlement Reached	109	67
<b>Total Received</b>	<b>645</b>	<b>451</b>

# 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.

## Telephone Numbers for Health Insurance Companies

HMO	
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 Health Maintenance Organization	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

EPO/PPO Health Plan	
Aetna Life Insurance Company	800-872-3862
CDPHP Universal Benefits, Inc.	877-269-2134
Cigna Health & Life Insurance Company	800-244-6224
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 Services Corporation	800-825-5687
Nippon Life Insurance Company of America	800-374-1835
Oscar Insurance Corporation	855-672-2788
Oxford Health Insurance, Inc.	800-969-7480
UnitedHealthcare Insurance Company of New York	877-832-7734

## Telephone Numbers for Health Insurance Companies

Commercial Health Insurance Company <sup>1</sup>	
American Family Life Assurance Company of New York	800-366-3436
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, Inc.	800-932-0783
Dentcare Delivery Systems, Inc.	800-468-0608
Eastern Vision Service Plan, Inc.	800-877-7195
First Reliance Standard Life Insurance Company	800-353-3986
First Unum Life Insurance Company	866-679-3054
Genworth Life Insurance Company of New York	888-436-9678
Guardian Life Insurance Company of America	888-482-7342
Hartford Life and Accident Insurance Company	800-523-2233
HCC Life Insurance Company	800-447-0460
HM Life Insurance Company of New York	800-328-5433

Commercial Health Insurance Company <sup>1</sup>	
Humana Insurance Company of New York	800-327-9728
John Hancock Life & Health Insurance Company	800-732-5543
Liberty Life Assurance Company of Boston	800-373-0378
Massachusetts Mutual Life Insurance Company	800-272-2216
Metropolitan Life Insurance Company	800-334-4298
Mutual of Omaha Insurance Company	800-205-8193
National Union Fire Insurance Company of Pittsburgh, PA	877-638-4244
New York Life Insurance Company	800-695-9873
Northwestern Mutual Life Insurance Company	800-388-8123
Paul Revere Life Insurance Company	800-265-3199
Principal Life Insurance Company	800-986-3343
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
Sun Life and Health Insurance Company	800-786-5433
Transamerica Financial Life Insurance Company	888-763-7474

<sup>1</sup>Commercial health insurance companies generally do not offer health insurance coverage to individuals.

## Contacts and Resources

### QUESTIONS ABOUT THIS GUIDE?

**Contact: New York State Department of Financial Services**

One Commerce Plaza  
Albany, NY 12257

800-342-3736

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

For printed copies of the Guide, visit:

<http://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](http://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 Division  
99 Washington Avenue  
Box 177  
Albany, NY 12210

800-400-8882

Email: [externalappealquestions@dfs.ny.gov](mailto:externalappealquestions@dfs.ny.gov)

For general information:

[www.dfs.ny.gov/insurance/extapp/extappqa.htm](http://www.dfs.ny.gov/insurance/extapp/extappqa.htm)

For an external appeal application:

[www.dfs.ny.gov/insurance/extapp/extappl.pdf](http://www.dfs.ny.gov/insurance/extapp/extappl.pdf)

**For issues concerning HMO quality of care, contact:**

**New York State Department of Health  
Managed Care Complaint Unit**

OHIP DHPCO 1CP-1609

Albany, NY 12237

800-206-8125

[www.health.ny.gov/health\\_care/managed\\_care/complaints/index.htm](http://www.health.ny.gov/health_care/managed_care/complaints/index.htm)

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

**United States Department of Labor**

Employee Benefits Security Administration  
200 Constitution Avenue, NW  
Washington, DC 20210

202-693-8700

866-444-EBSA

<https://www.dol.gov/agencies/ebsa>

**For issues concerning insurance fraud, contact:**

**New York State Department of Financial Services**

Insurance Frauds Bureau  
1 State Street  
New York, NY 10004

800-342-3736

[www.dfs.ny.gov/consumer/scamsfraud.htm](http://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 and New York law ensure that health plans offered in the NYSOH for individuals and small businesses include a comprehensive package of items and services, known as essential health benefits. Health plans offered outside 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](http://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 helps you find high quality, affordable health insurance coverage for your employees and their families.

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

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

## Contacts and Resources

### APPLYING FOR HEALTH INSURANCE OFFERED ON NY STATE OF HEALTH

Open enrollment will begin on November 1, 2018, for coverage effective January 1, 2019. A Special Enrollment Period may also be available to 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](http://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](http://www.nystateofhealth.ny.gov)

**For more information about the Affordable Care Act,** visit: [www.healthcare.gov](http://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](http://www.medicare.gov)

New York State Office for the Aging Health Insurance Information Counseling & Assistance Program (HIICAP), contact 800-701-0501 or visit:

[www.aging.ny.gov/healthbenefits](http://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](http://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](http://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](http://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](http://www.health.ny.gov/health_care/managed_care/reports)