

new york state hmo report card

2005

New York
State Health
Accountability
Foundation



I PRO



new york state

hmo report card

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State Health
Accountability
Foundation

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

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To learn more about the New York State Health Accountability Foundation, visit www.abouthealthquality.org

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Access and Service 9–20

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

You will learn how HMO members rated:

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

You will learn what portion of:

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

Staying Healthy / Getting Better 21–35

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

You will learn what portion of:

- children in the HMO received recommended immunizations
- adults received a beta blocker medication after hospitalization for a heart attack
- members with asthma received recommended medications
- members who recently had a heart attack or heart surgery (including angioplasty) whose cholesterol was at a low level
- members with diabetes received eye exams
- members with diabetes had poorly controlled blood sugar levels
- members received follow-up care after hospitalization for mental illness
- members with depression received ongoing care management and appropriate medication for both the acute and ongoing phases of treatment

Questions to Ask Health Plans 37–40

**about this
report**

About This Report

The New York State Health Accountability Foundation

The New York State Health Accountability Foundation is pleased to release its 2005 *HMO Report Card*. Each year, the *HMO Report Card* presents state-derived access, service and quality data for all of the commercial managed care plans in New York.

Co-founded by IPRO and the New York Business Group on Health, the Foundation is sustained by a Steering Committee of employer representatives drawn from major metropolitan-area corporations and government agencies who give generously of their time in leading our efforts.

We are indebted to the New York State Department of Health's Office of Managed Care, which segregates the commercial performance findings available through its annual, comprehensive Quality Assurance Reporting Requirements (QARR) Report and supports our use of that information in our own report card. The National Committee for Quality Assurance (NCQA) has also assisted us by permitting the use of its Quality Compass® database for the national comparison of HMO performance. We are also indebted to the Business Council of New York State for assisting us each year in distributing the document to business leaders across the state.

In addition to the *HMO Report Card*, the Foundation sponsors a number of other important activities. Later this year, the Foundation will issue a report card on hospital performance in New York State, building on the U. S. Centers for Medicare & Medicaid Services' (CMS) *Hospital Compare* tool. This *Hospital Report Card* will contain data about hospital performance on nationally recognized measures of

quality hospital care, developed through a public-private collaboration led by CMS, the American Hospital Association, the Federation of American Hospitals and the Association of American Medical Colleges. The *Hospital Report Card* will present this information in an easy-to-use, Web-based format that allows direct comparisons of hospitals within a given region. Users will also be able to link directly to a Web page maintained by each hospital for further information on the hospital's performance on the quality measures.

The Foundation's Web site, www.aboutthehealthquality.org, is a comprehensive resource for information about performance in a variety of settings. The site gives consumers one convenient starting point for access to a wide range of performance reports and public data regarding all types of health care services. For example, the site includes links to both *Nursing Home Compare* and *Home Health Compare*, Web sites sponsored by CMS that contain important information about the comparative quality of these two types of long-term care services. Also included are important public domain databases, such as the landmark cardiac surgery and angioplasty reports produced by the New York State Department of Health. The site also provides consumer-friendly information on how to file an appeal of a health plan denial in the states of New York, New Jersey and Connecticut. Finally, www.aboutthehealthquality.org contains an interactive version of this *HMO Report Card*, again designed for ease of use and of comparison among health plans.

As always, we welcome your thoughts and comments regarding the future direction of our Foundation.

Quality Compass® is a registered trademark of NCQA.



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

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About This Report

How to read the charts

This booklet displays two types of HMO information: summarized results and detailed results.

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

- Circles compare an HMO against the average, weighted by year-end plan enrollment, for all of the New York commercial HMOs (better than the average, neither better nor worse than the average, or worse than the average).

Performance Compared to the Average

- **Better.** Score for HMO is *better than the average* score for New York HMOs.
- ◐ **Average.** Score for HMO is neither better nor worse than the average score for New York HMOs.
- **Worse.** Score for HMO is *worse than the average* score for New York HMOs.
- na **Not applicable.** Sample size too small to report individually.

- For the access and service measures, the Report Card also shows whether a plan’s performance changed significantly from last year.

Performance Trend

- + **Improved.** Plan performance improved.
- nc **No change.** Plan performance did not change.
- **Declined.** Plan performance declined.
- na **Not available.** Trend information not available.

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

- Bar graphs show each HMO’s actual score, as well as state and national averages for the same measure.
 - New York Average: The statewide comparison is the average for New York commercial HMOs in 2003, weighted by the size of plan enrollment. Rates based on denominators of less than 30, while included in the New York averages shown, are reported as “Not Applicable” because they are not valid for comparison.
 - National Average and Range: Most of the graphs also show the national average and range, calculated from the data on 2003 performance provided by HMOs across the country to the National Committee for Quality Assurance. The national range represents the minimum and maximum rates reported. The national averages and ranges are not weighted by plan enrollment.


Understanding the results

- In comparing HMOs, it is important to consider all factors that make up an HMO’s performance and not just results of a particular measure.
- Determinations about an HMO’s performance should not be made based on small percentage differences that may not be meaningful.
- An HMO’s performance on any measure will vary from year to year.

Data sources

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

HMO data systems and medical records. HMOs collect and report data on a set of standard performance measures. HEDIS® is a nationally recognized performance measurement set that serves as a standard measuring tool to compare HMOs. All of the measures (including QARR measures) used in this report card come from HEDIS®, so that an HMO's performance in New York State can be compared to other HMOs, both within the state and nationally. IPRO, an independent, not-for-profit organization based in Lake Success, New York, along with other NCQA-licensed organizations, conduct audits to verify the accuracy of data submitted by HMOs.

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

Opinions of consumers. The New York State Department of Health requires all HMOs in New York to survey their members on satisfaction with the HMO. The questions used in the survey were derived from the CAHPS 3.0H survey, which is part of the HEDIS® measurement set.

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



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

About This Report

HMOs included in this report

The following commercial HMOs that submitted data on 2003 performance to the New York State Department of Health are included in this report:

Corporation	Listed in this report as
Aetna Inc.	Aetna
BlueShield of Northeastern New York	BSNENY
Blue Choice	Blue Choice
Capital District Physicians' Health Plan	CDPHP
CIGNA HealthCare of New York	CIGNA
Community Blue – BC/BS Western NY	Community Blue
Empire HealthChoice	Empire
Group Health Incorporated – GHI HMO	GHI HMO
Health Insurance Plan of Greater NY	HIP
Health Net	Health Net

Corporation	Listed in this report as
Independent Health Association*	Independent Health
MD NY	MD NY
MVP Health Care	MVP
Oxford Health Plans	Oxford
Preferred Care, Inc.	Preferred Care
UnitedHealthcare of New York	UHC-NY
Univera Healthcare	Univera
Upstate HMO	Upstate
Vytra Health Plans	Vytra

* This plan submitted data only on HMO products.

access and
service




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

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

PLAN NAME	Rating of health plan		Rating of your personal doctor or nurse		Ability to get needed care	
	<i>See graph on page 14</i>	<i>Performance trend</i>	<i>See graph on page 15</i>	<i>Performance trend</i>	<i>See graph on page 16</i>	<i>Performance trend</i>
Aetna		nc		nc		nc
BSNENY		nc		nc		nc
Blue Choice		nc		nc		nc
CDPHP		nc		nc		nc
CIGNA		nc		nc		nc
Community Blue		nc		nc		nc
Empire		nc		nc		nc
GHI HMO		nc		+		+
HIP		nc		nc		nc
Health Net		nc		-		nc

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

In addition, the calculation of circles for the satisfaction survey measures is based on a risk adjustment technique developed by the New York State Department of Health.

<p>Performance Compared to the Average</p> <ul style="list-style-type: none">  Better. Score for HMO is <i>better than the average</i> score for New York HMOs.  Average. Score for HMO is neither better nor worse than the average score for New York HMOs.  Worse. Score for HMO is <i>worse than the average</i> score for New York HMOs. na Not applicable. Sample size too small to report individually. 	<p>Performance Trend</p> <ul style="list-style-type: none"> + Improved. Plan performance improved. nc No change. Plan performance did not change. - Declined. Plan performance declined. na Not available. Trend information not available.
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PLAN NAME	Rating of health plan		Rating of your personal doctor or nurse		Ability to get needed care	
	<i>See graph on page 14</i>	<i>Performance trend</i>	<i>See graph on page 15</i>	<i>Performance trend</i>	<i>See graph on page 16</i>	<i>Performance trend</i>
Independent Health		+		nc		nc
MD NY		nc		+		nc
MVP		nc		-		nc
Oxford		nc		nc		nc
Preferred Care		+		nc		nc
UHC-NY		nc		nc		nc
Univera		nc		nc		nc
Upstate		-		nc		nc
Vytra		nc		nc		nc




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



































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

PLAN NAME	Ability to get care quickly		Satisfaction with the HMO's service		% of primary care physicians who stayed with the HMO		% of primary care physicians who are board certified	
	<i>See graph on page 17</i>	<i>Performance trend</i>	<i>See graph on page 18</i>	<i>Performance trend</i>	<i>See graph on page 19</i>	<i>Performance trend</i>	<i>See graph on page 20</i>	<i>Performance trend</i>
Aetna		nc		nc		+		nc
BSNENY		nc		nc		nc		nc
Blue Choice		nc		nc		nc		nc
CDPHP		nc		nc		nc		+
CIGNA		nc		-		-		nc
Community Blue		nc		nc		nc		+
Empire		nc		nc		+		+
GHI HMO		nc		nc		nc		nc
HIP		nc		nc		nc		+
Health Net		nc		nc		+		+

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

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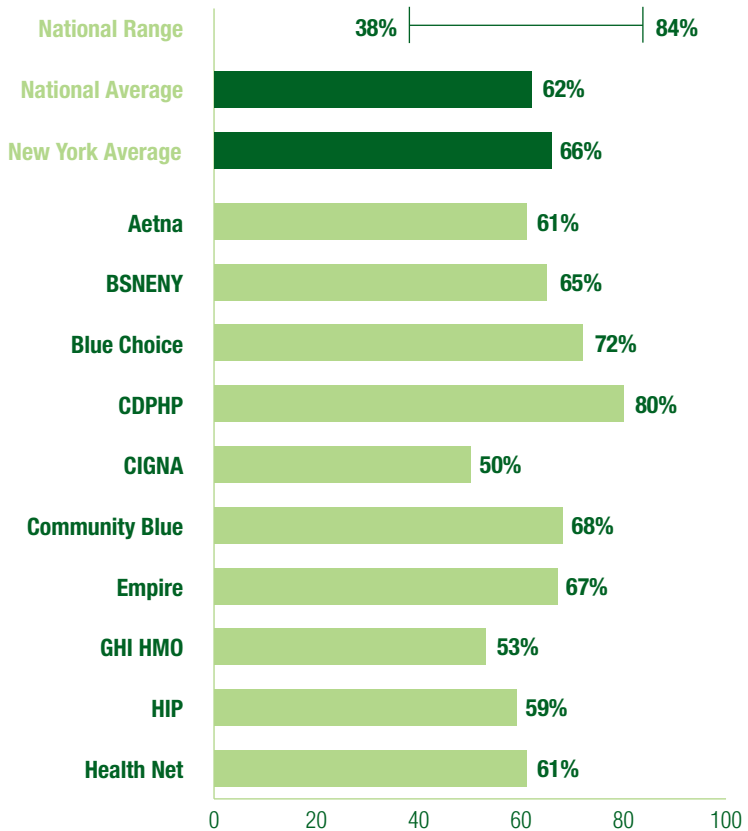
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PLAN NAME	Ability to get care quickly		Satisfaction with the HMO's service		% of primary care physicians who stayed with the HMO		% of primary care physicians who are board certified	
	See graph on page 17	Performance trend	See graph on page 18	Performance trend	See graph on page 19	Performance trend	See graph on page 20	Performance trend
Independent Health		nc		nc		nc		+
MD NY		nc		nc		nc		-
MVP		nc		nc		nc		-
Oxford		nc		nc		-		-
Preferred Care		nc		nc		nc		nc
UHC-NY		nc		-		nc		-
Univera		nc		+		nc		nc
Upstate		nc		nc		+		nc
Vytra		nc		nc		-		nc

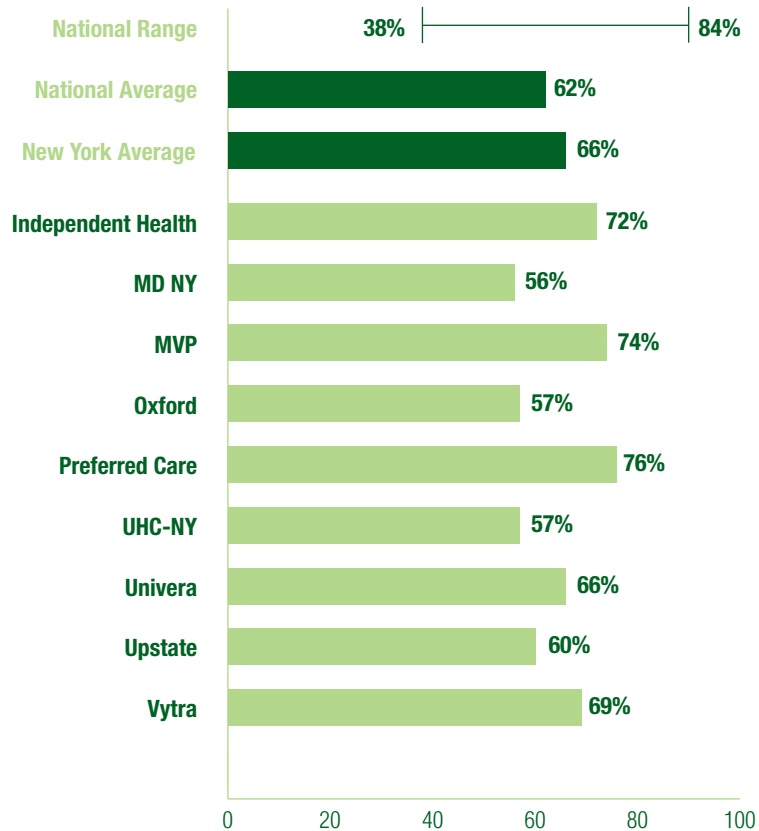
Rating of health plan

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

 Source: HMO member survey



Percent of members giving their plan a high rating.

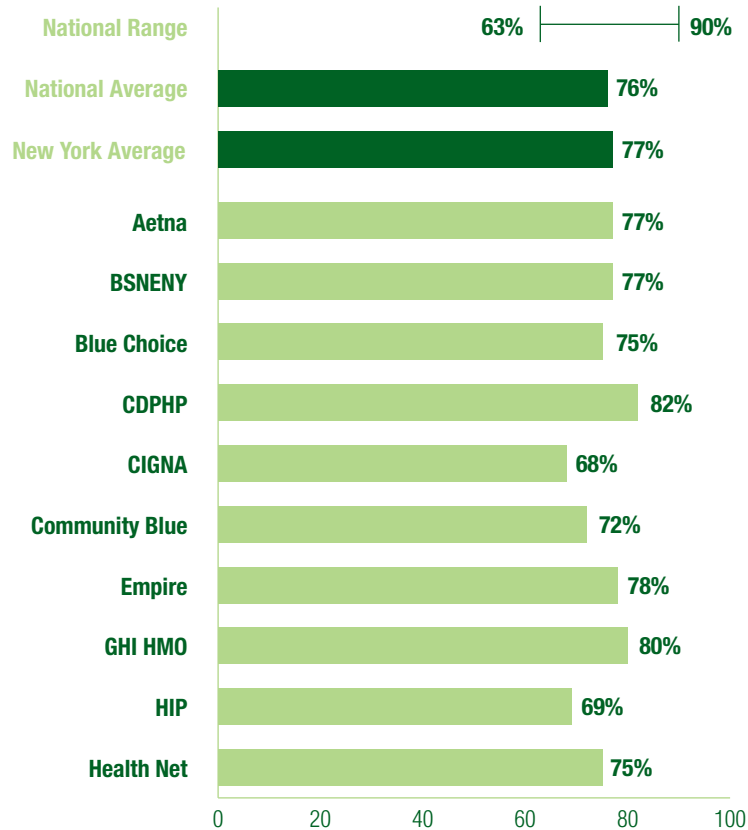


Percent of members giving their plan a high rating.

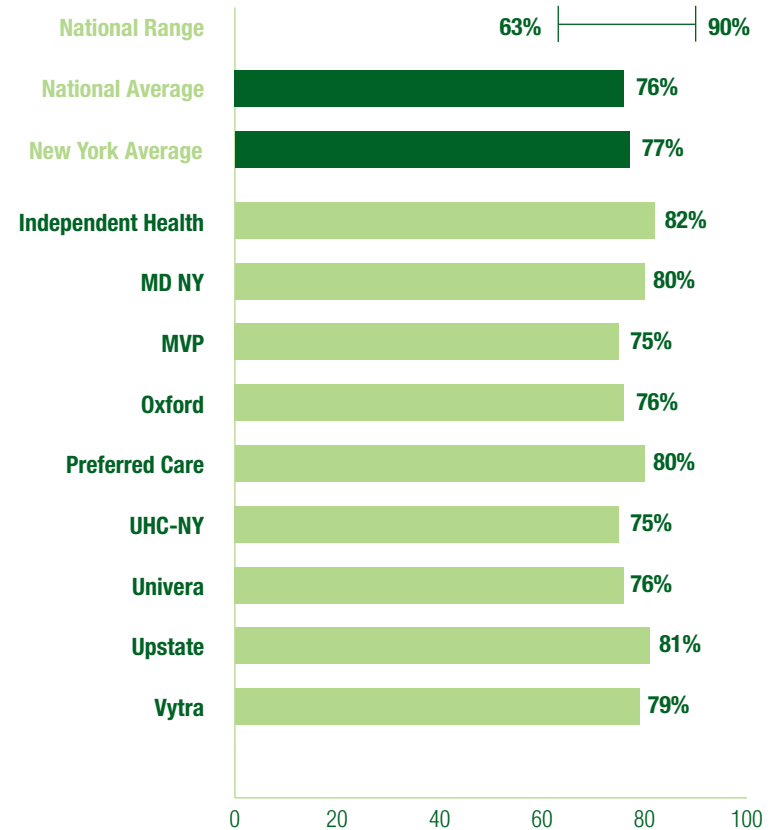
Rating of your personal doctor or nurse

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

 Source: HMO member survey



Percent of members giving their personal doctor or nurse a high rating.

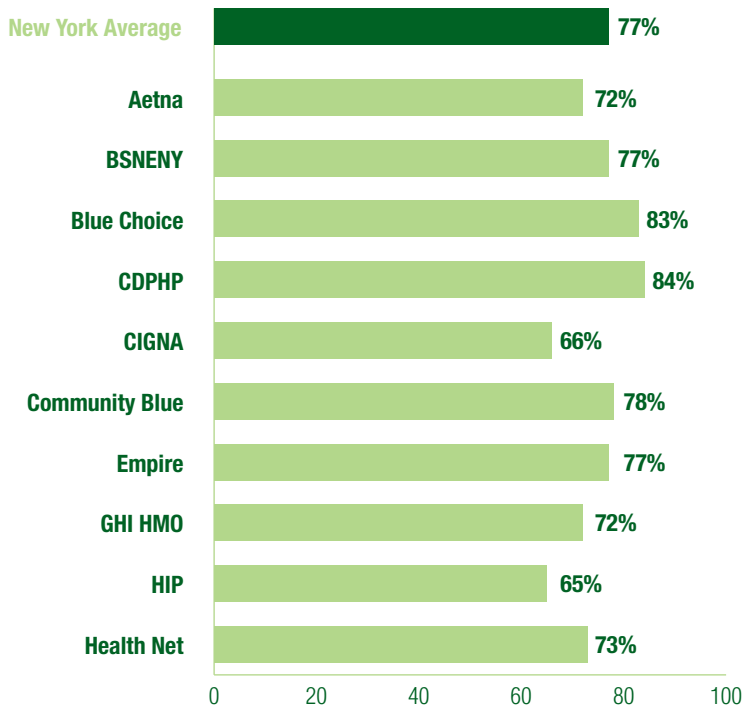


Percent of members giving their personal doctor or nurse a high rating.

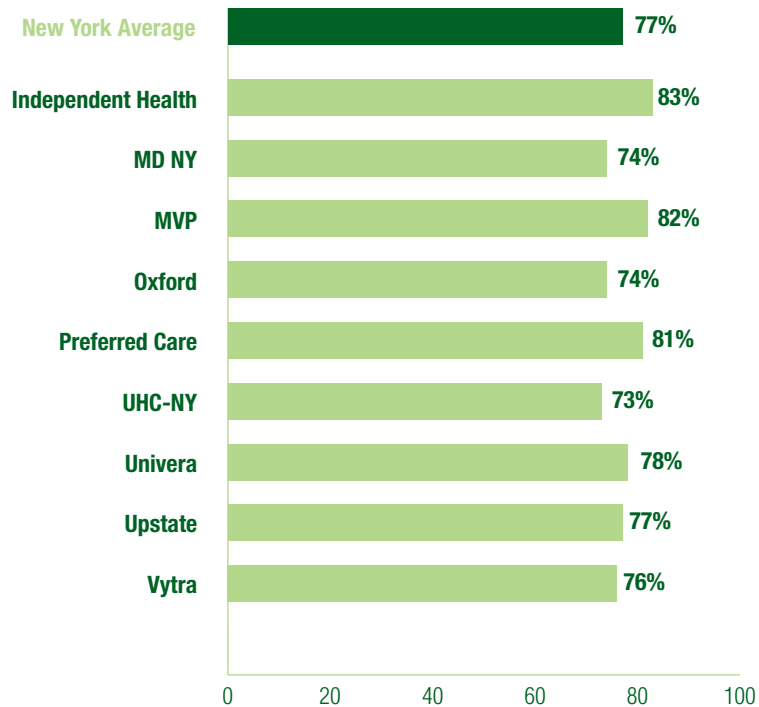
Ability to get needed care

HMO members were asked survey questions about how much of a problem, if any, they experienced getting the care they needed from their health plans. The rate reported is the proportion responding that they encountered *no* problem getting care.

 Source: HMO member survey



Percent of members encountering no problem getting care.



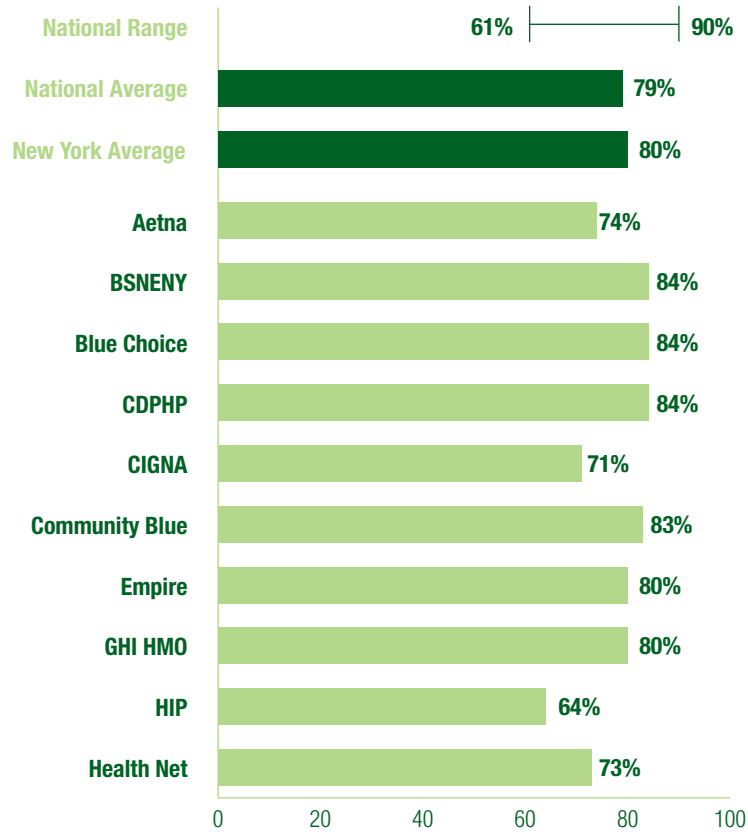
Percent of members encountering no problem getting care.

New York State calculates the rates for “Ability to get needed care” differently from the NCQA. The New York State percentage therefore cannot be compared to the national average.

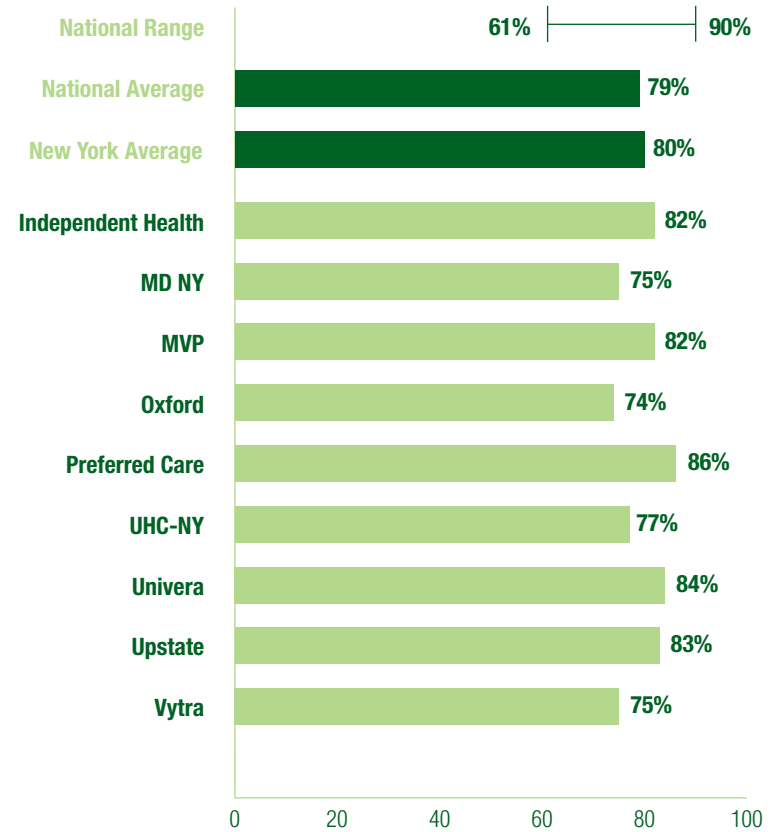
Ability to get care quickly

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

 Source: HMO member survey



Percent of members able to get care when needed.

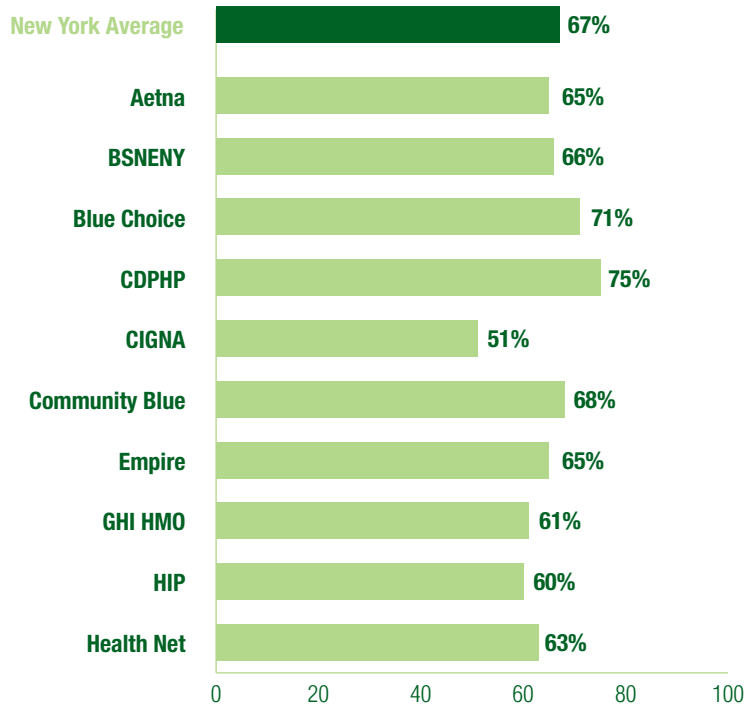


Percent of members able to get care when needed.

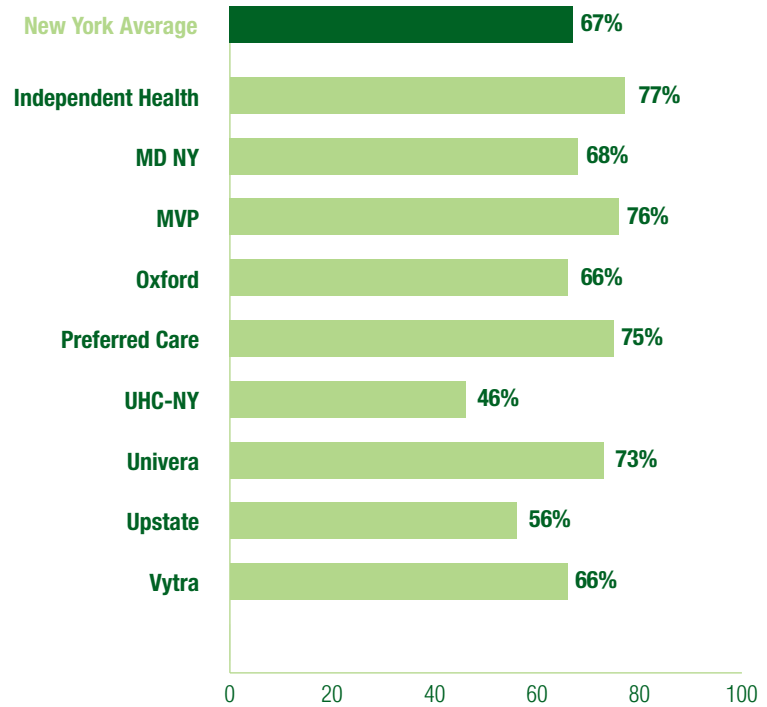
Satisfaction with HMO's service

HMO members were asked survey questions about how much of a problem, if any, they experienced with their health plan's service. The rate reported is based on the proportion of members responding that they had *no* problem with customer service.

 Source: HMO member survey



Percent of members encountering no problem with the HMO's services.



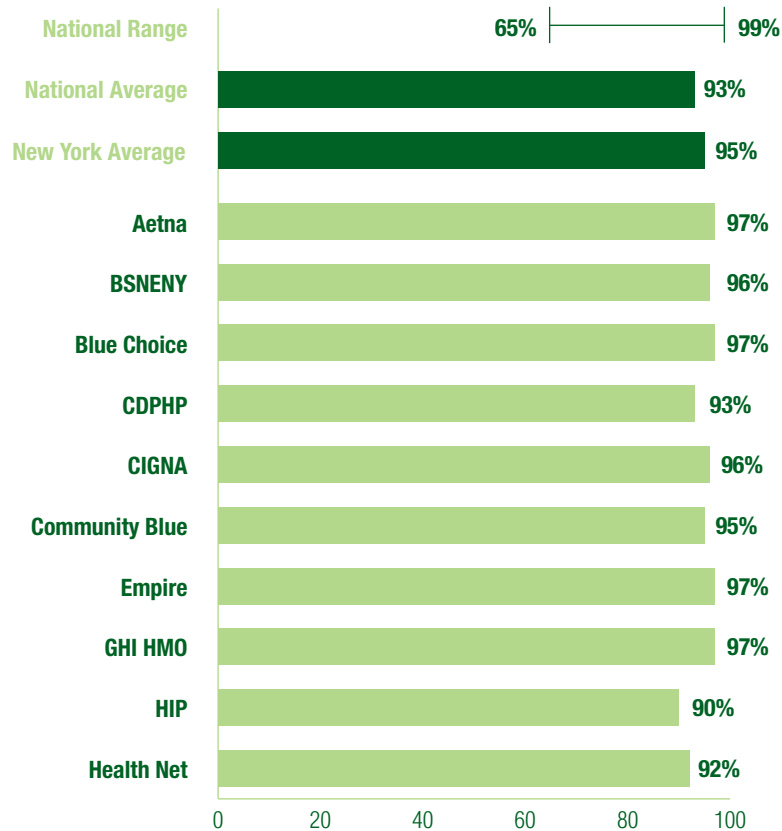
Percent of members encountering no problem with the HMO's services.

New York State calculates the rates for "Satisfaction with HMO's Service" differently from the NCQA. The New York State percentage therefore cannot be compared to the national average.

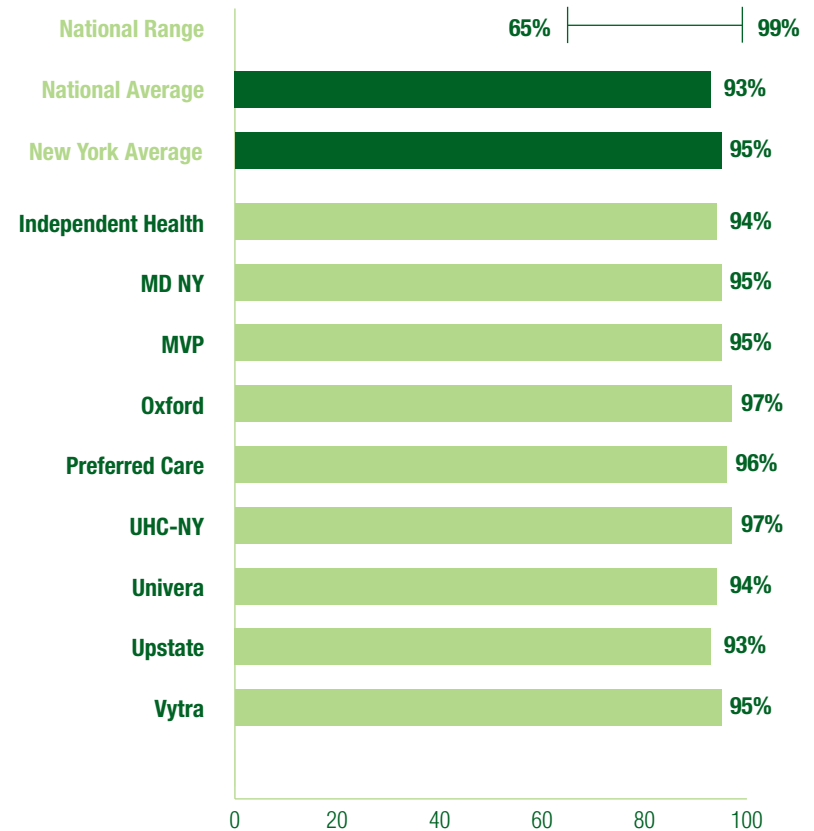
Percent of primary care physicians who stayed with the HMO

Patients often prefer to see the same physician over time. This graph shows the percentage of primary care physicians who stayed with the HMO in 2003. A larger percentage indicates that more physicians stayed with the plan and, therefore, patients were more likely to be able to stay with a primary care physician. Some physician turnover is normal.

Source: HMO records



Percent of primary care physicians staying with the HMO.

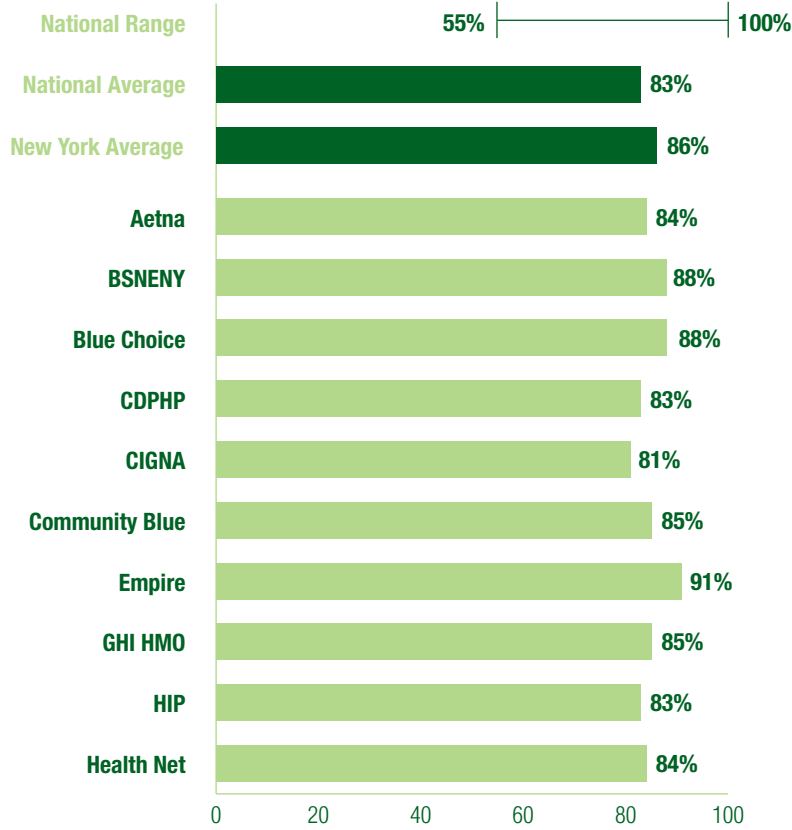


Percent of primary care physicians staying with the HMO.

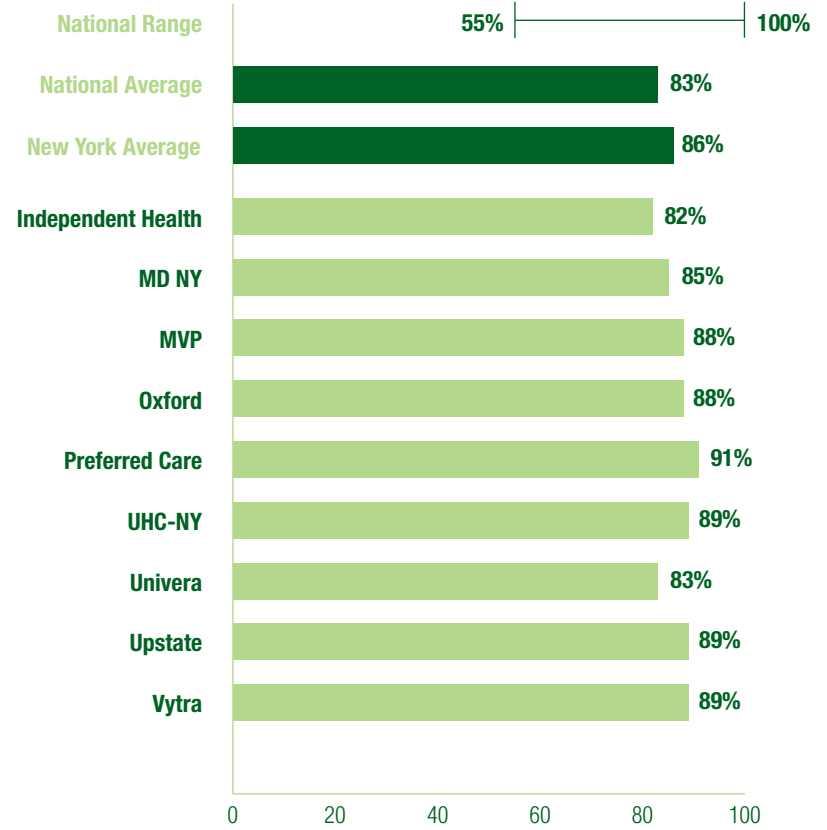
Percent of primary care physicians who are board certified

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

Source: HMO records



Percent of board certified primary care physicians.



Percent of board certified primary care physicians.

**staying healthy /
getting better**




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


The circles show how each HMO compares to the average for the New York HMOs shown.
 Bar graphs on pages 26 to 30 show scores reported for 2003 for each HMO on these measures.

PLAN NAME	Immunizations for children	Beta blocker after a heart attack	Appropriate medications for asthma	Control of cholesterol levels for heart patients	Eye exams for people with diabetes
	<i>See graph on page 26</i>	<i>See graph on page 27</i>	<i>See graph on page 28</i>	<i>See graph on page 29</i>	<i>See graph on page 30</i>
Aetna Health					
BSNENY					
Blue Choice					
CDPHP					
CIGNA					
Community Blue					
Empire					
GHI HMO					
HIP					
Health Net					

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

Performance Compared to the Average

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PLAN NAME	Immunizations for children	Beta blocker after a heart attack	Appropriate medications for asthma	Control of cholesterol levels for heart patients	Eye exams for people with diabetes
	<i>See graph on page 26</i>	<i>See graph on page 27</i>	<i>See graph on page 28</i>	<i>See graph on page 29</i>	<i>See graph on page 30</i>
Independent Health					
MD NY					
MVP					
Oxford					
Preferred Care					
UHC-NY		na			
Univera					
Upstate					
Vytra					



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














































The circles show how each HMO compares to the average for the New York HMOs shown.
 Bar graphs on pages 31 to 35 show scores reported for 2003 for each HMO on these measures.

PLAN NAME	Poor control of blood sugar for people with diabetes	Follow-up after hospitalization for mental illness	Antidepressant Medication Management		
			Visits to providers	Acute phase treatment	Ongoing phase treatment
	<i>See graph on page 31</i>	<i>See graph on page 32</i>	<i>See graph on page 33</i>	<i>See graph on page 34</i>	<i>See graph on page 35</i>
Aetna Health					
BSNENY					
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Health Net					

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

Performance Compared to the Average

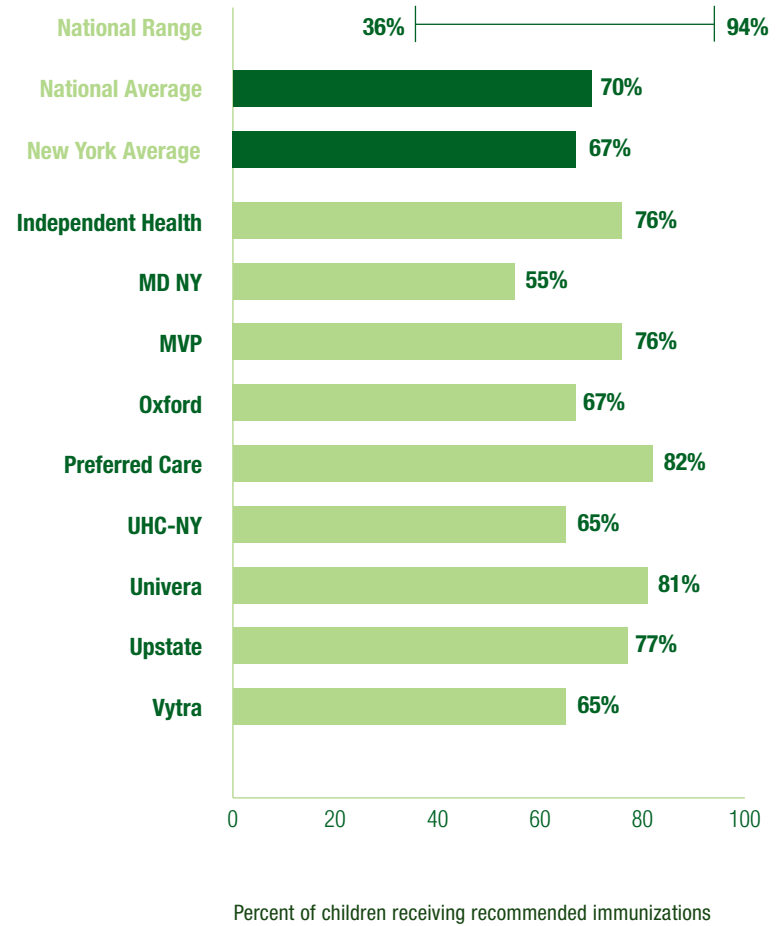
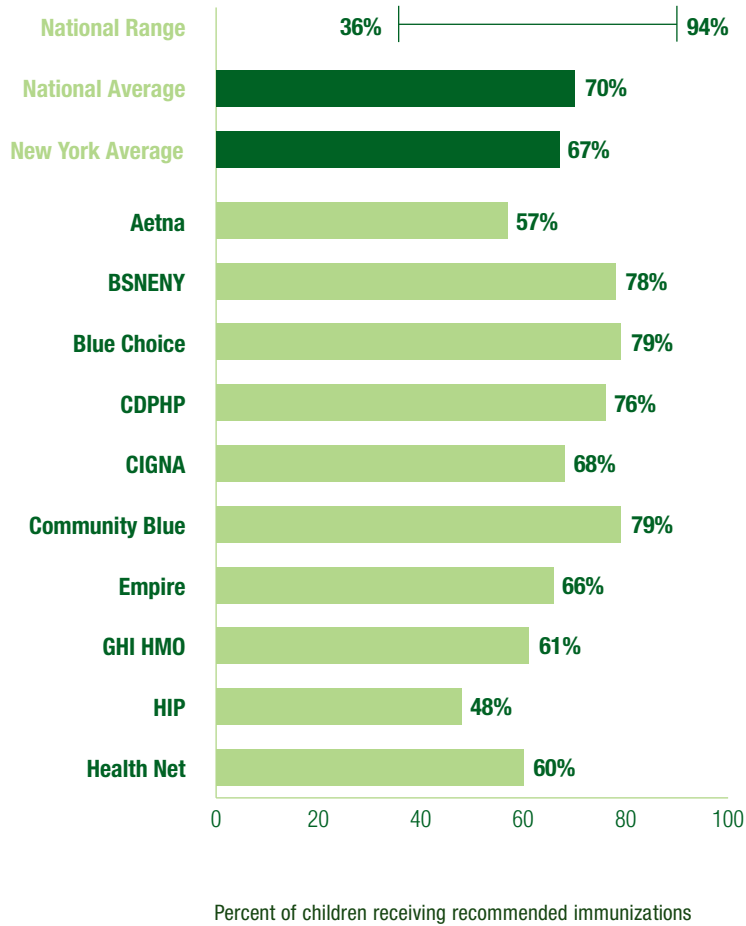
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	<i>See graph on page 31</i>	<i>See graph on page 32</i>	<i>See graph on page 33</i>	<i>See graph on page 34</i>	<i>See graph on page 35</i>
Independent Health					
MD NY					
MVP					
Oxford					
Preferred Care					
UHC-NY					
Univera					
Upstate					
Vytra					

Immunizations for children

Immunizations prevent childhood diseases such as polio, measles, mumps, rubella, Haemophilus influenza type B, hepatitis B, diphtheria, tetanus, pertussis and chicken pox. This graph shows the percentage of children in the HMO who received all recommended doses of vaccines by age two. Rates are based on those reported for the following combination of vaccines: four diphtheria/tetanus/pertussis, three polio, one MMR, three HepB, three Hib and one varicella.

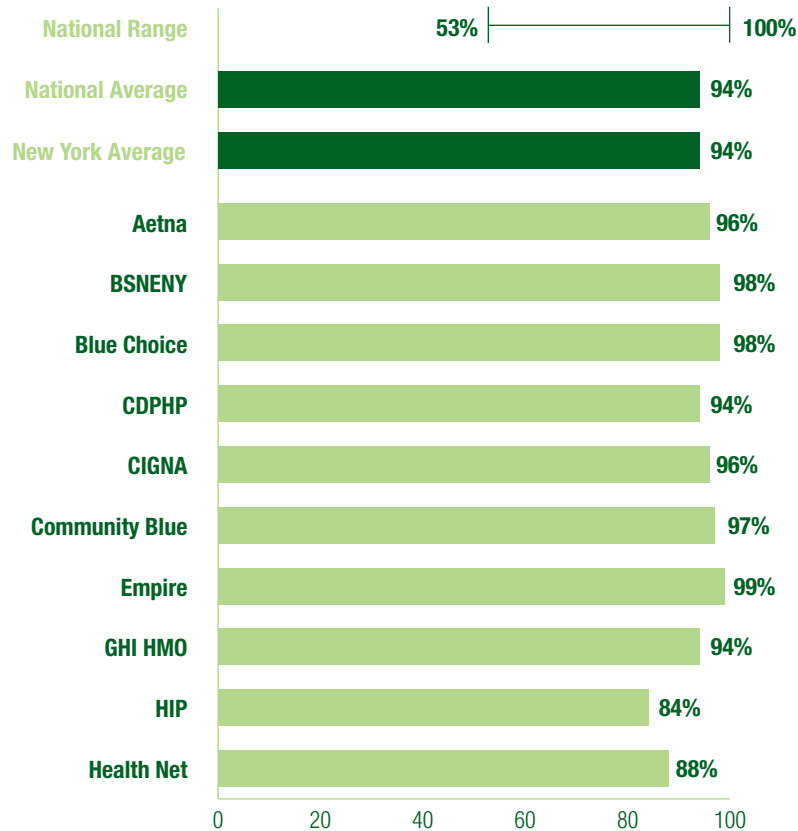
■ Source: HMO records



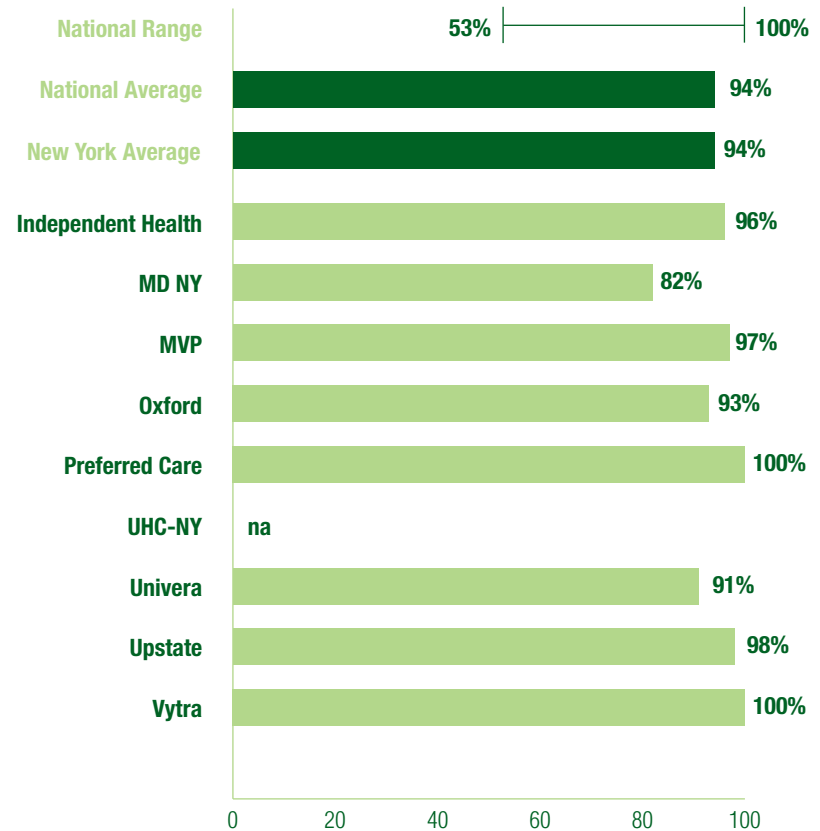
Beta blocker after a heart attack

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

Source: HMO records



Percent of adults receiving beta blockers following hospitalization for a heart attack



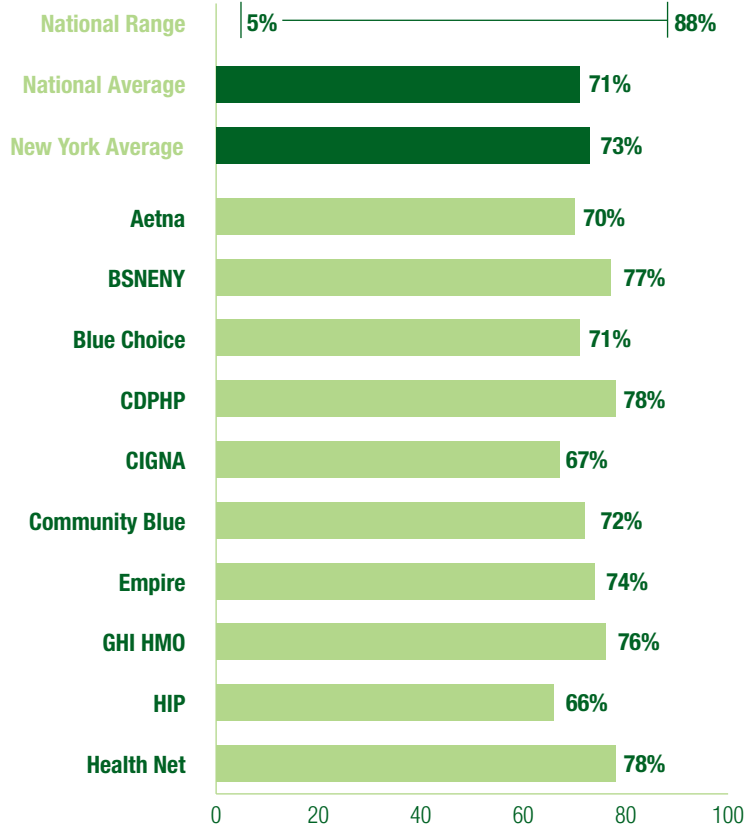
Percent of adults receiving beta blockers following hospitalization for a heart attack

na - Not applicable—Sample size too small to report individually.

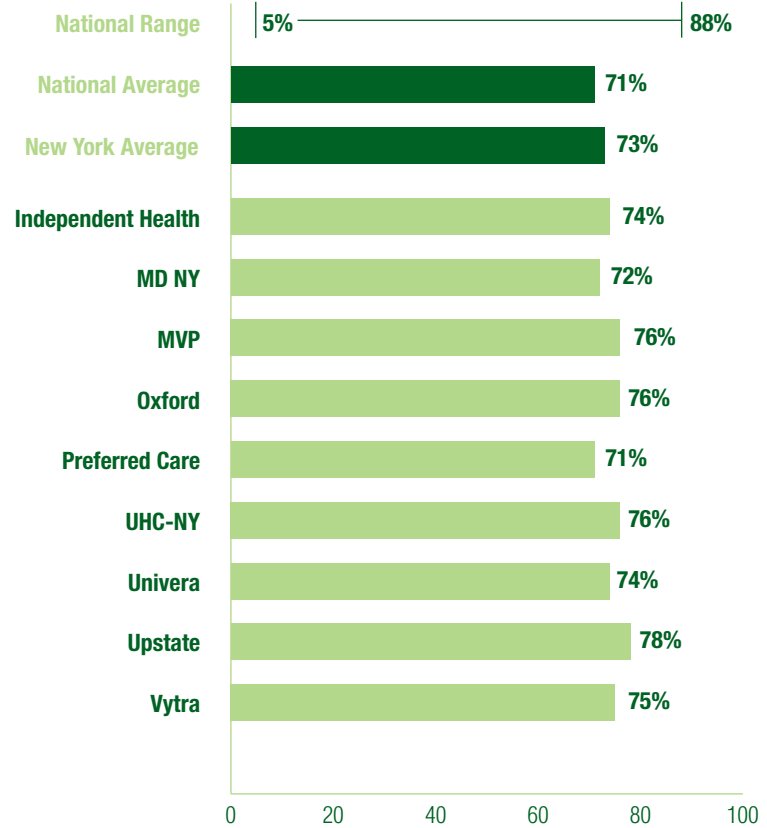
Appropriate medications for asthma

Most of the time, persistent asthma can be controlled if new patients receive the appropriate medications. This graph shows the percentage of members of all ages with asthma who were prescribed the medications recommended by the National Heart, Lung and Blood Institute.

■ Source: HMO records



Percent of members with asthma receiving recommended medication

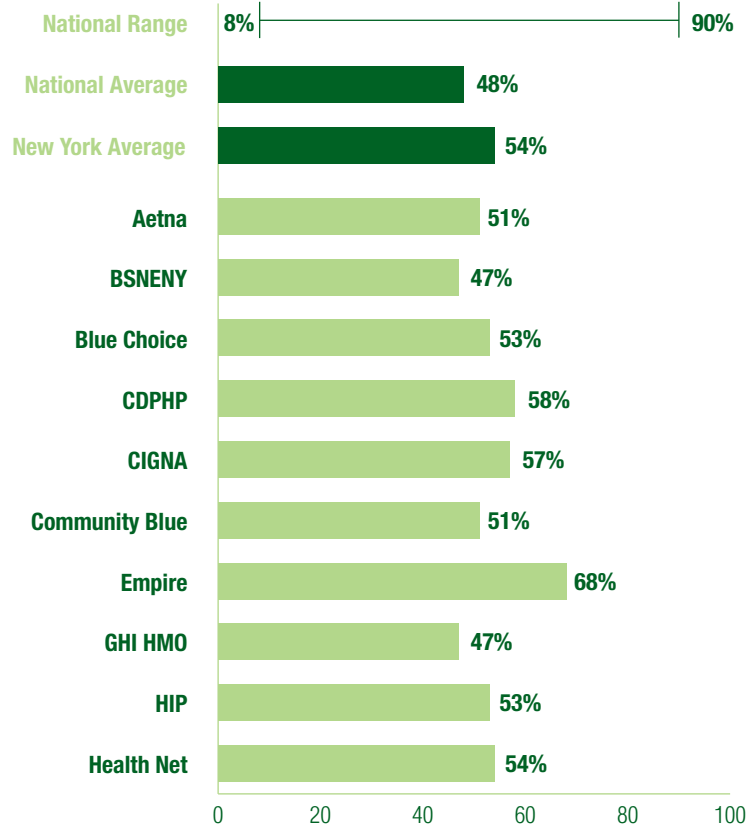


Percent of members with asthma receiving recommended medication

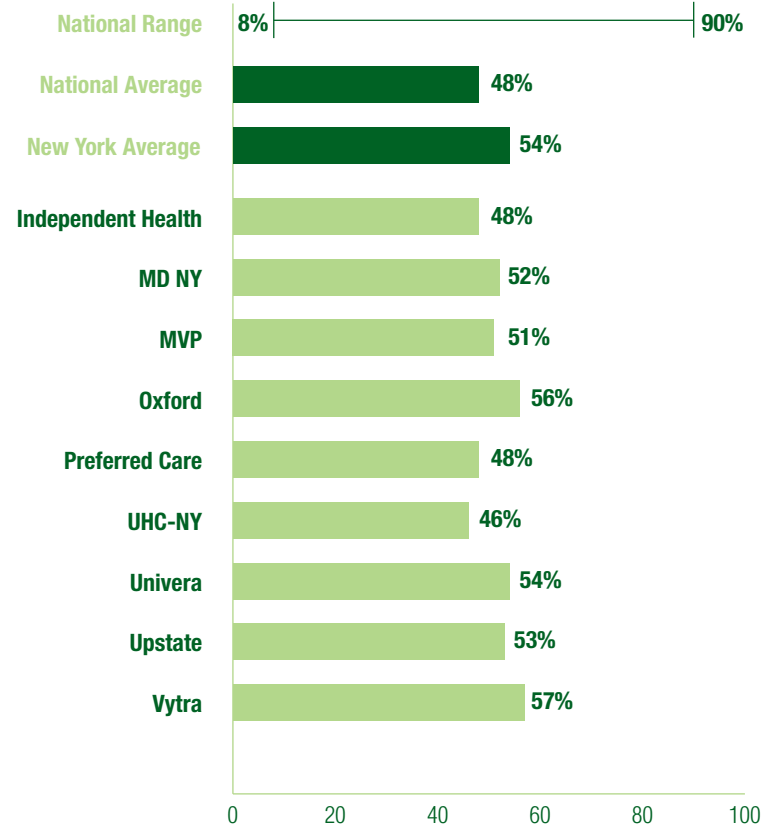
Control of heart patients' cholesterol levels

This graph shows the percentage of members who recently had a heart attack or heart surgery (including angioplasty) whose cholesterol was at a low level (less than 100mg/dl).

Source: HMO records



Percent of members with heart disease having cholesterol level controlled



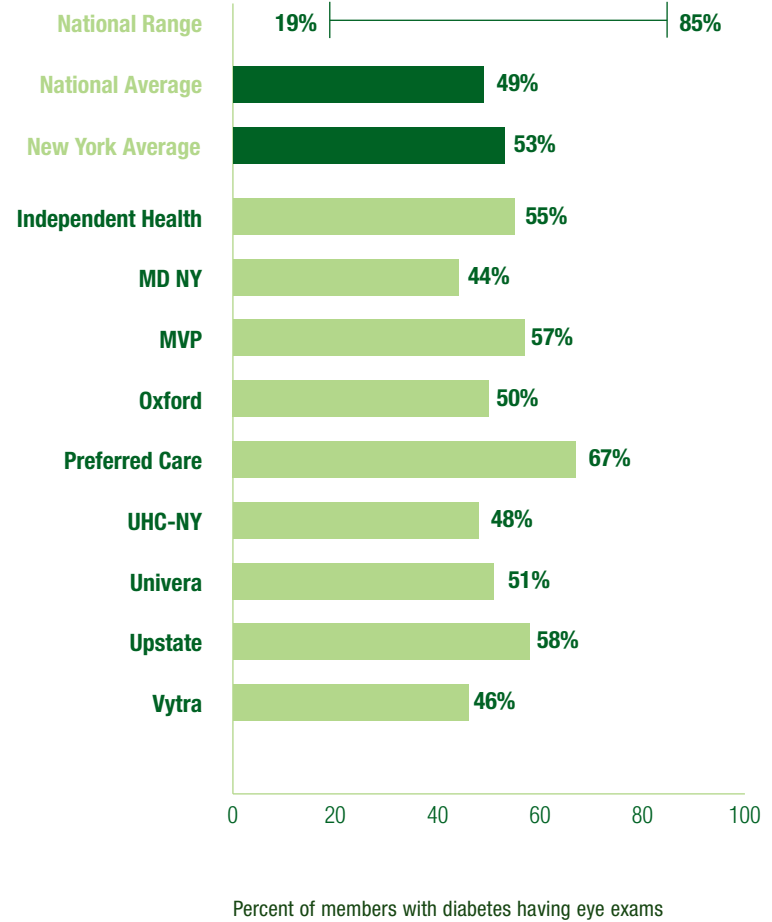
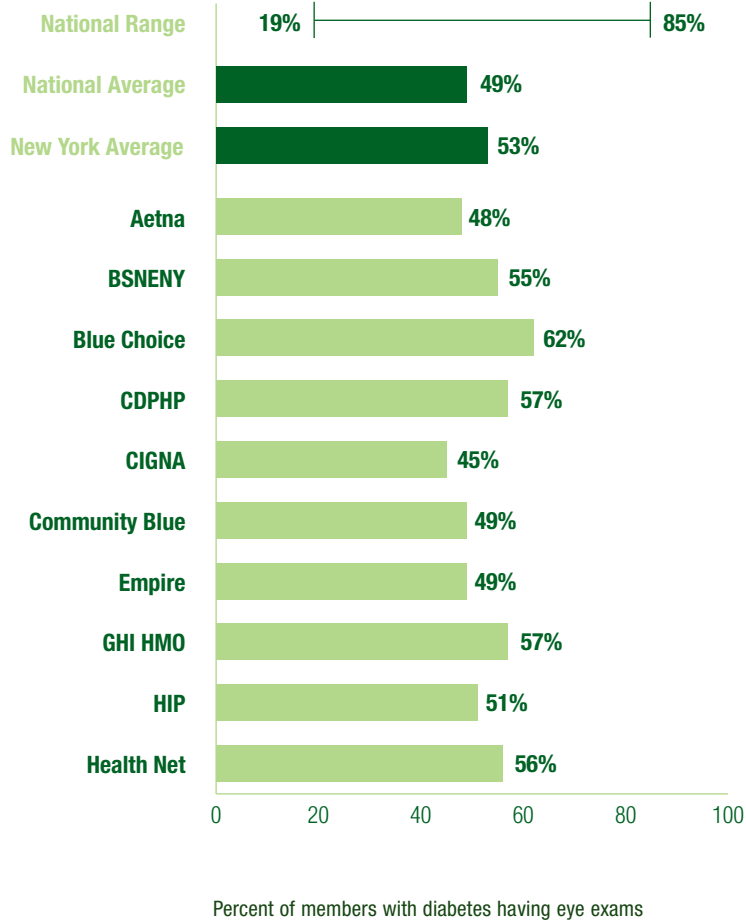
Percent of members with heart disease having cholesterol level controlled

Eye exams for people with diabetes

People with diabetes are at high risk for an eye condition that may lead to blindness.

This graph shows the percentage of members with diabetes who had an eye exam to check for this condition in the past two years.

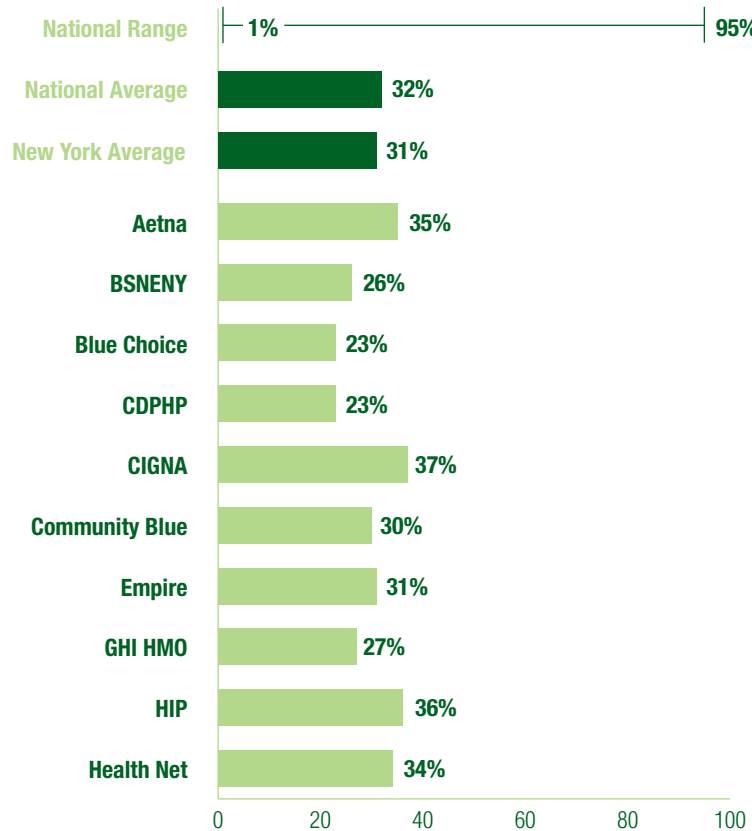
■ Source: HMO records



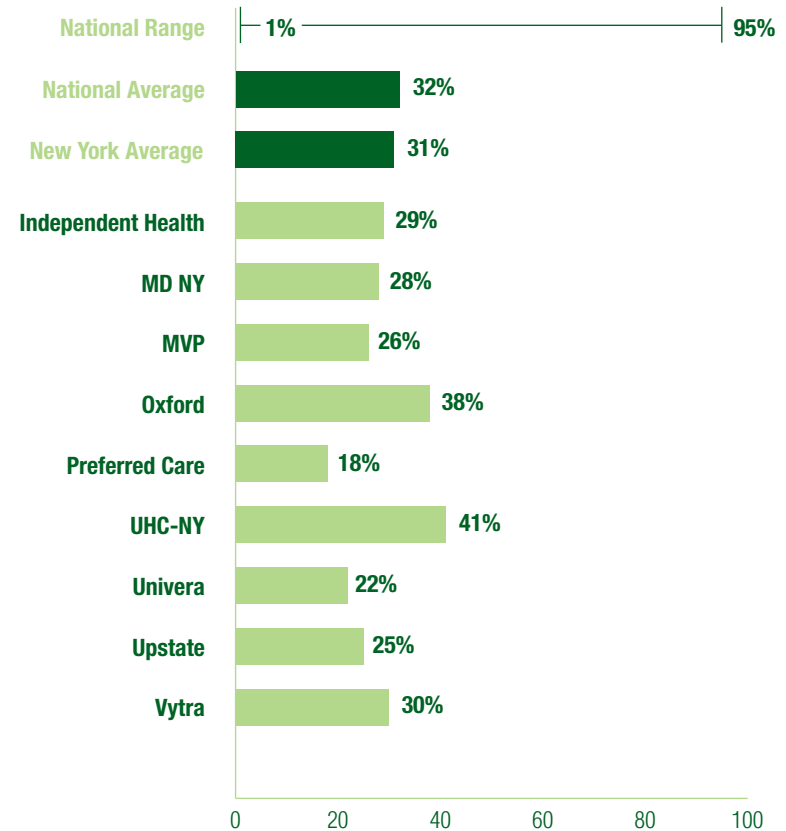
Poor control of blood sugar for people with diabetes

Keeping blood sugar levels low can prevent many complications of diabetes. This graph shows the percentage of members with diabetes whose blood sugar level (glyco-hemoglobin) was too high. For this measure, a lower number means better performance.

Source: HMO records



Percent of members with diabetes whose blood sugar level was too high

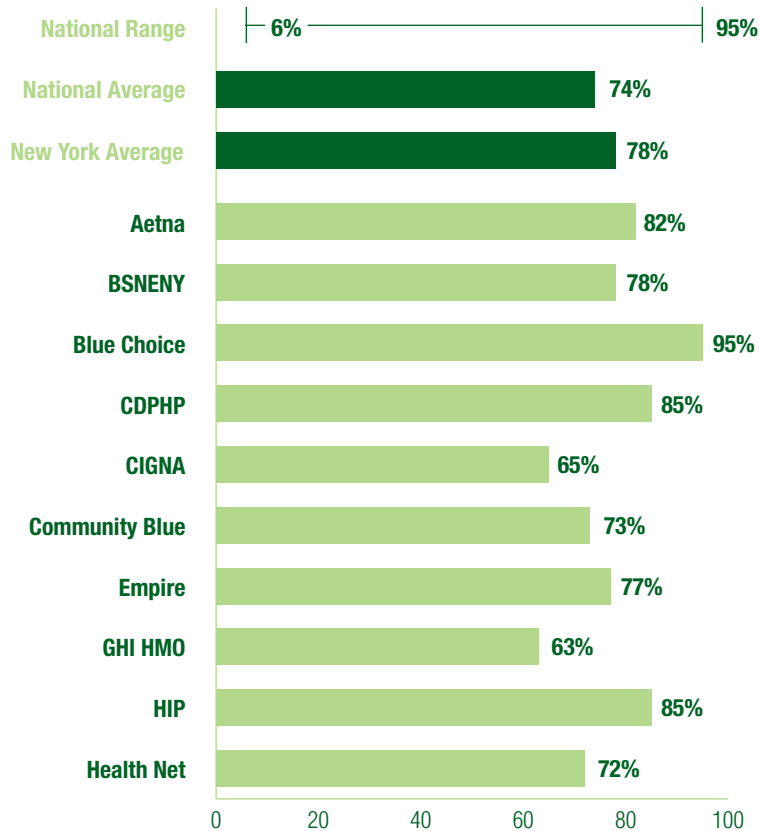


Percent of members with diabetes whose blood sugar level was too high

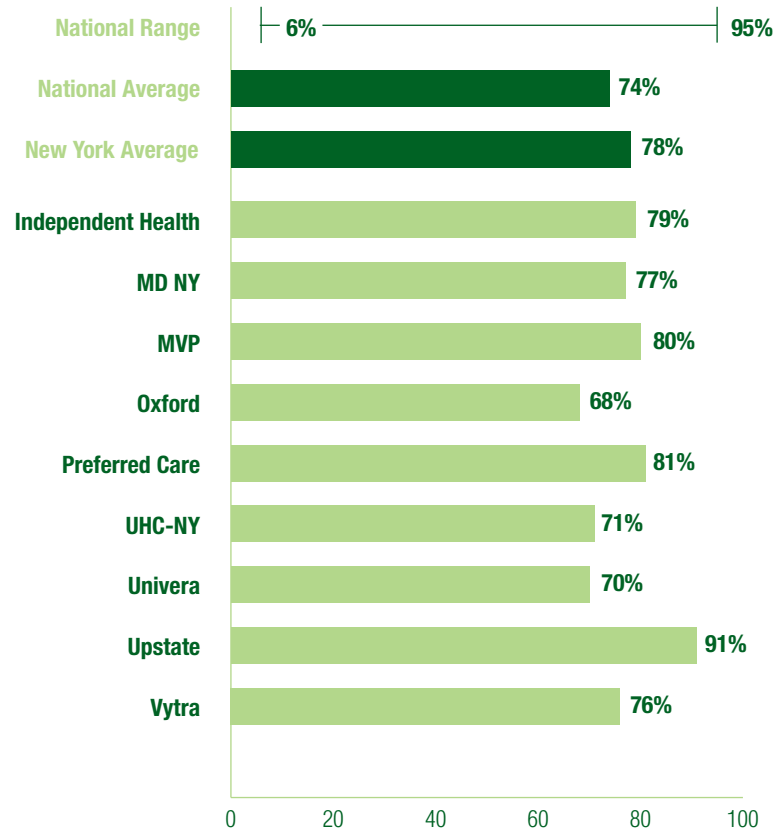
Follow-up after hospitalization for mental illness

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

Source: HMO records



Percent of HMO members receiving follow-up after hospitalization for mental illness.

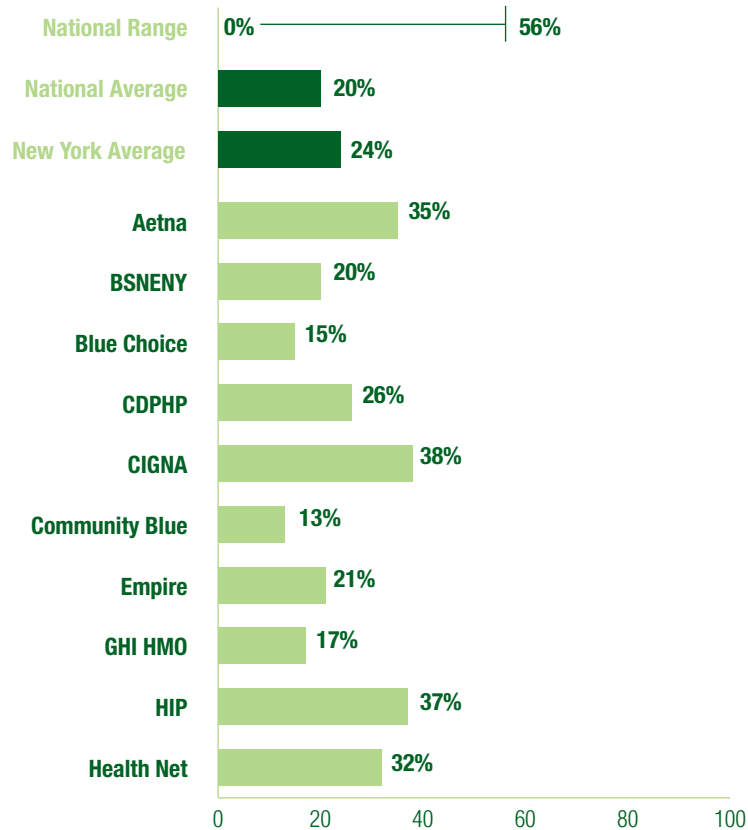


Percent of HMO members receiving follow-up after hospitalization for mental illness.

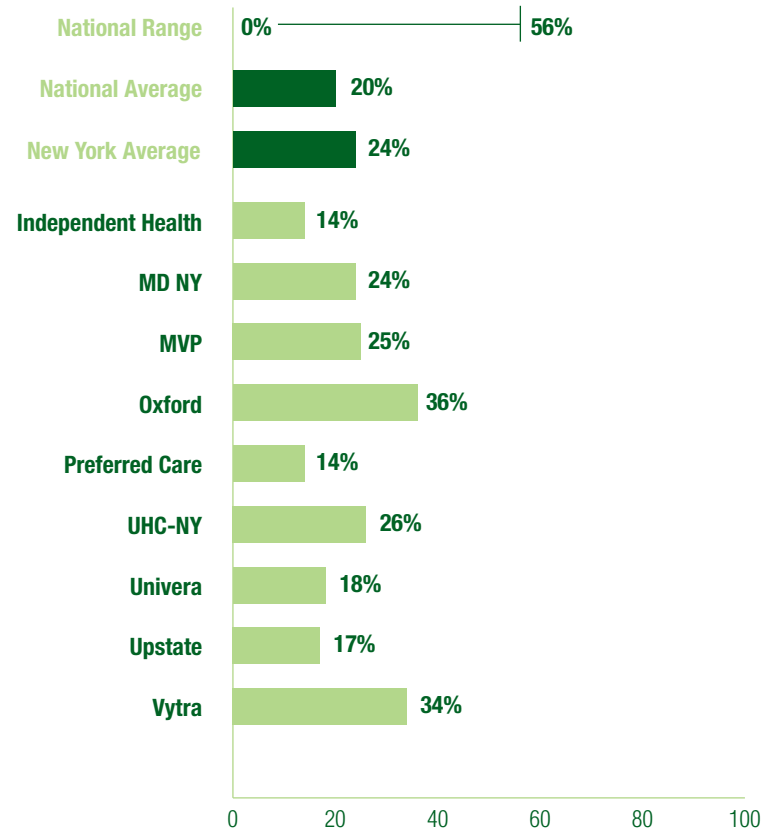
Antidepressant medication management: visits to providers

People who are being treated with medications for depression need to have their care overseen by their providers. This graph shows the percentage of plan members with depression who were treated with antidepressant medication and who had at least three follow-up visits in the first twelve weeks after treatment was initiated.

Source: HMO records



Percent of members with depression having outpatient visits.

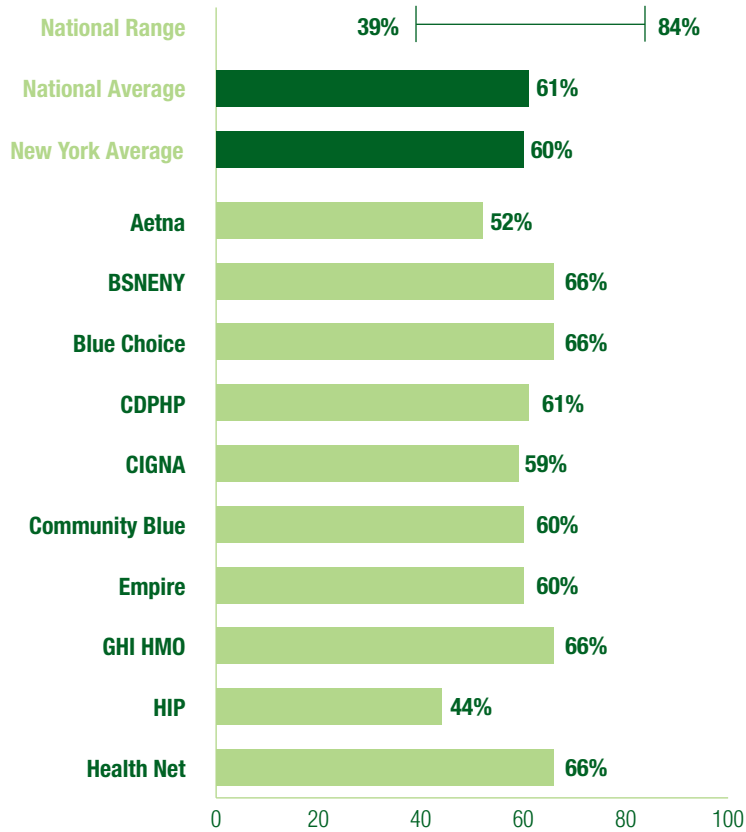


Percent of members with depression having outpatient visits.

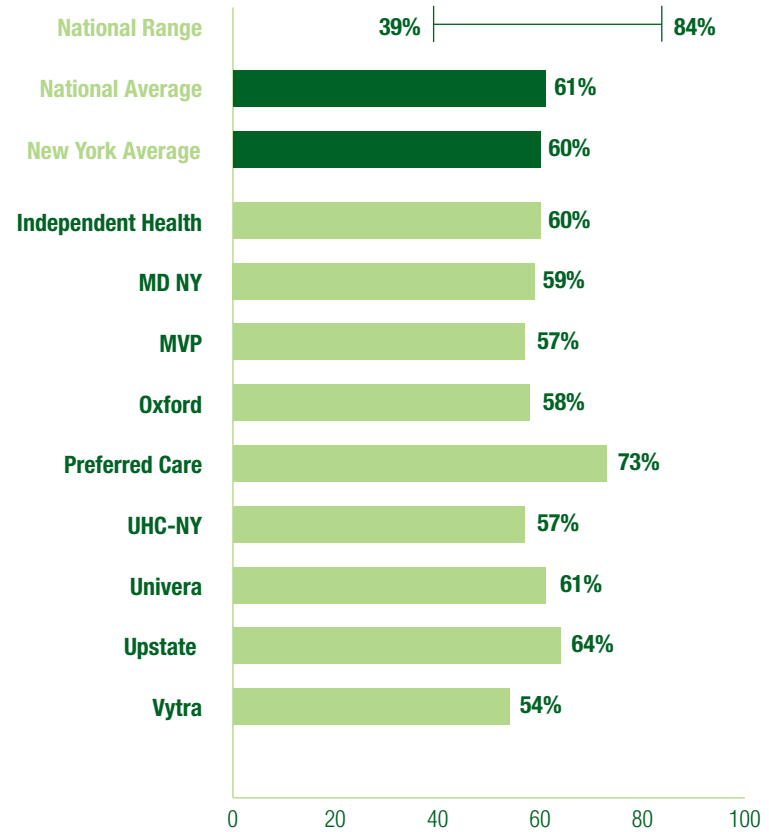
Antidepressant medication management: acute phase treatment

This graph shows the percentage of plan members with depression who were treated with antidepressant medication and stayed on medication for the entire 12-week acute treatment period.

Source: HMO records



Percent of members with depression taking medication for an acute period.

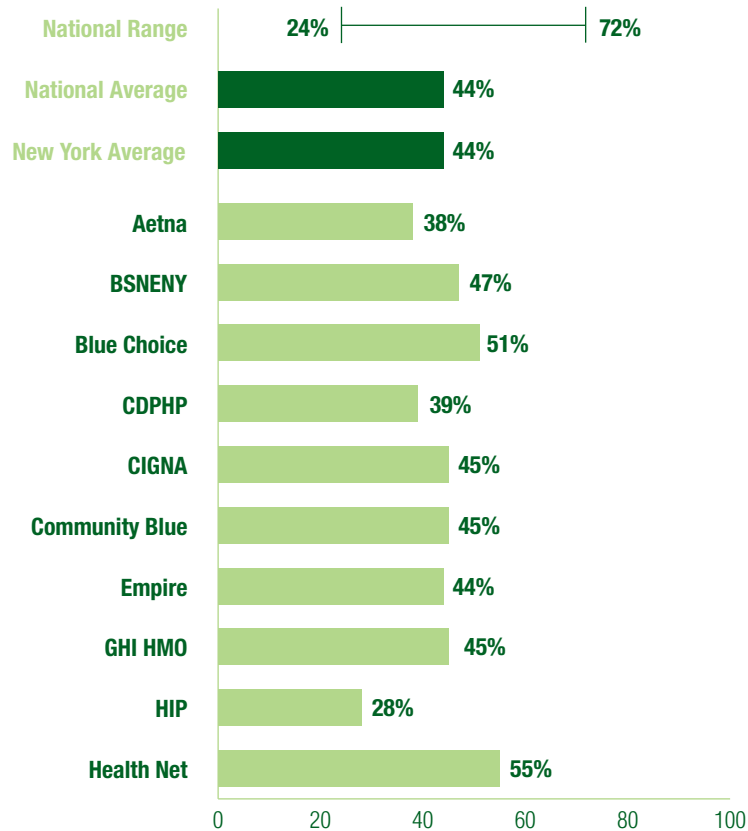


Percent of members with depression taking medication for an acute period.

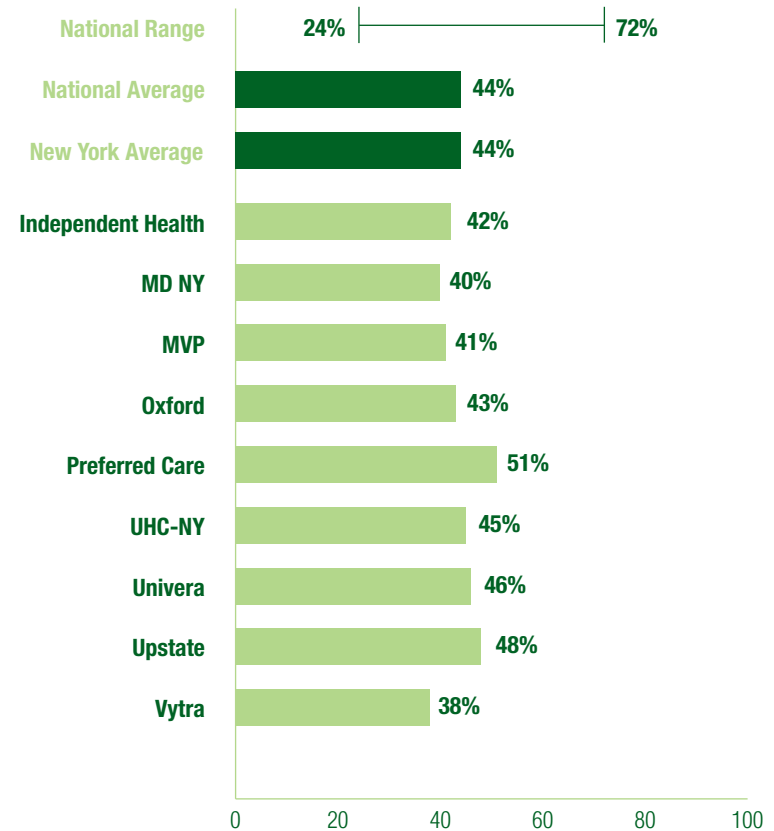
Antidepressant medication management: ongoing phase treatment

This graph shows the percentage of plan members with depression who were treated with antidepressant medication and stayed on medication for at least six months.

Source: HMO records



Percent of members with depression taking medication for at least six months.



Percent of members with depression taking medication for at least six months.

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**questions to ask
health plans**

Questions to Ask Health Plans

What purchasers should know before contracting

Access to Care

- Is this an *open access* or *gatekeeper* plan? If a gatekeeper plan, how are referrals to specialists handled? Once an employee sees a specialist, does he/she need to go back to the gatekeeper each time he/she needs to see the specialist again?
- If this is not a gatekeeper plan, do specialist visits need to be approved in advance?
- What procedures require pre-authorization or pre-certification? Are they the same both in and out of network? What are the penalties if these procedures are not followed? Are they the same both in and out of network? What services are excluded from coverage?
- How does the plan define “experimental procedures”?
- What are the reimbursement rules for durable medical equipment?
- What is the procedure for appeal of denied claims? Is there an opportunity for external review outside of the health plan?
- Are out-of-country services covered and to what extent?
- How are dependents residing outside of the coverage area handled?
- Does the plan offer an internet-based platform to review information?
- What is the level of reimbursement for out-of-network benefits? Are they the same for out-of-area?
- When are service representatives available to answer claims questions?

Provider Network

- Is the plan accredited? By whom? At what level?
- What percentage of primary care physicians accept new patients?
- What percentage of participating providers are board certified?
- Can the plan produce a list of participating physicians affiliated with a specific hospital?
- Are any treatment programs or specialties carved out or subcontracted to other vendors? If so, how do these programs differ from the payer’s program?
- How are primary and specialty doctors paid? Are there financial incentives to modify physician behavior? Does quality assessment affect doctors’ compensation?
- If an employee’s physician chooses to join the network, will the plan accept new providers? How long does it take a physician to be reviewed and added to the network? What kind of review is undertaken regarding physicians’ backgrounds?
- What is the plan’s physician turnover rate? How many physicians have been involuntarily dismissed from the network?
- How does the plan review quality on an ongoing basis?
- What percentage of plan members disenroll from the plan each year? Can the plan estimate what percentage of these are voluntary disenrollments?

Out-of-Network Reimbursement

- Are there reciprocal agreements with out-of-area networks to extend discounts to patients? What is the “reasonable and customary” fee level? How often is it updated? What is the time frame for paying out-of-network claims?
- Does the plan have a Centers of Excellence program?

Pharmacy Benefits

- Is there a pharmacy network? How many pharmacies are in the network? What major chains are not in the network? Is there a higher copayment for out-of-network pharmacies? What happens if an employee goes to a nonparticipating pharmacy, or if no network pharmacy is available?
- Is there a drug formulary (a list of covered drugs)? What drugs are excluded?
- How is the formulary determined?
- Is there a different copay for generic equivalents of formulary brand-name drugs, or for nonformulary brand-name drugs?
- Is there a mail order pharmacy program? What are the mail order copays?
- Must maintenance drugs be purchased by mail?
- How are brand-name drugs treated when no generic is available?
- What if the patient is taking a nonformulary brand-name drug because he/she has tried a formulary drug or generic drug and is unable to use the less expensive drug?
- Can the patient obtain the brand-name nonformulary drug at the formulary copay via an appeal or review?
- If the patient is prescribed a brand-name drug but a generic is available, can the member still buy the brand-name drug, by paying the brand copay plus the difference in cost between the brand-name drug and the generic drug?
- Are there drugs that are not covered, such as drugs for erectile dysfunction or weight loss?
- Are there drugs that require prior authorization, such as growth hormones?
- Are there quantity limits on certain drugs, such as migraine medication?
- How are infertility drugs covered, if at all?
- How are injectable drugs covered? Are members required to purchase injectable drugs at certain pharmacies or via a special program?
- Does the plan cover allergy drugs such as Clarinex, Allegra, Zyrtec, Flonase, etc.? Are members required to try over-the-counter Claritin first?

Questions to Ask Health Plans

Medical Management

- What constitutes a covered service? How are “medically necessary” or appropriate lengths of stay defined?
- What disease management programs are in place ? How do they affect a patient with an existing condition?
- What preventive health care programs are in place, e.g., vaccines, immunizations, mammograms, health club membership reimbursement, etc.?
- Are there other optional covered services? If so, which ones?
- Can the plan provide HEDIS® data? If not, why not?
- Does the plan have a quality assessment program in place?
- Please explain internal or external appeals processes.
- Is there a program in place to address medical errors?

Mental Health Services

- How extensive is the plan’s network of mental health services providers?
- Is there a cap on the coverage amounts available to patients receiving mental health services?
- Are patients requesting coverage for mental health services required to obtain prior authorization?

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Additional Resources

New York State Department of Health—www.health.state.ny.us
New York State Department of Insurance—www.ins.state.ny.us
National Committee for Quality Assurance—www.ncqa.org
The Centers for Medicare & Medicaid Services—www.cms.hhs.gov
1-800-MEDICARE
Central Office: (410) 786-3000
New York Regional Office: (212) 616-2205
Business Council of New York State—www.bcnys.org

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