

# New York Consumer Guide to Health Insurers

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# New York Consumer Guide to Health Insurers

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# New York Consumer Guide to Health Insurers

## 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 4–24; the grievance information that appears on pages 25–29; and the independent dispute resolution information that appears on pages 75–77.
  - DFS data are from calendar year 2023.
- 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 30–66.

- 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 2022.

## 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 2022 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 72–74.
- Some health insurance companies are listed using different names for the same company, 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<sup>®</sup> 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 <https://aging.ny.gov/programs/medicare-and-health-insurance>. For information on New York’s Medicaid program, contact your local county Department of Social Services.

# New York Consumer Guide to Health Insurers

## Health Insurance Company<sup>1</sup> 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 when services are received. In an HMO plan, members choose an in-network primary care physician (PCP) to coordinate their 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 HMOs 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 preauthorization. In an EPO, members must use the providers who belong to the EPO network, or their expenses will not be covered.

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<sup>1</sup>The terms “companies” and “plans” are used to mean the same thing, and include HMOs, EPO/PPOs, and commercial health insurance companies, unless it is clear from the text, such as in the chart, that one or the other is being discussed.

**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 preauthorization 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 Insurer:** Health insurance can also be written by life insurers, property/casualty insurers, and other types of insurers. Commercial insurers also manage member care, but offer a more traditional approach to coverage than HMOs. Policyholders might pay deductibles and high out-of-pocket costs unless they use a participating provider.

# 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, network adequacy, 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: <https://www.dfs.ny.gov/complaint> or call (800) 342-3736.

## 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 to DFS:** Total number of complaints closed by DFS in 2023. 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 2023. 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 of 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 2023

Data Source: DFS and DOH

HMO	Data Compiled by the New York State DFS				Data Compiled by the New York State DOH		
	Rank <sup>1</sup> 1 = Best 7 = 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	4	77	5	655.24	0.0076	0	0
Excellus Health Plan	1	7	0	540.62	0.0000	0	0
Highmark Western and Northeastern New York Inc.	6	22	7	128.83	0.0543	0	0
HIP Health Maintenance Organization	7	1,117	756	3,053.55	0.2476	1	0
Independent Health Association, Inc.	2	5	1	250.21	0.0040	0	0
MVP Health Plan, Inc.	3	10	3	483.39	0.0062	0	0
UnitedHealthcare of New York, Inc.	5	49	23	877.43	0.0262	0	0
<b>Total</b>		<b>1,287</b>	<b>795</b>	<b>5,989.27</b>	<b>0.1327</b>	<b>1</b>	<b>0</b>

<sup>1</sup>HMOs with a lower complaint ratio receive a higher ranking.

# Complaints—EPO/PPO Health Plans 2023

Data Source: DFS

EPO/PPO Health Plan	Rank <sup>1</sup> 1 = Best 14 = Worst	Total Complaints to DFS	Upheld Complaints by DFS	Premiums (Millions \$)	Complaint Ratio
Aetna Life Insurance Company <sup>2</sup>	12	618	297	2,291.84	0.1296
Anthem HealthChoice Assurance, Inc. <sup>2,3</sup>	8	523	260	3,905.65	0.0666
CDPHP Universal Benefits, Inc.	2	11	3	574.46	0.0052
CIGNA Health and Life Insurance Company <sup>2</sup>	10	325	231	2,127.69	0.1086
EmblemHealth Insurance Company <sup>2</sup>	11	30	16	128.74	0.1243
EmblemHealth Plan, Inc. <sup>2</sup>	14	1,642	959	478.69	2.0034
Excellus Health Plan, Inc. <sup>2</sup>	4	87	30	2,962.79	0.0101
Highmark Western and Northeastern New York Inc. <sup>2</sup>	7	128	65	1,167.44	0.0557
Independent Health Benefits Corporation <sup>2</sup>	1	10	3	615.06	0.0049
MVP Health Services Corporation <sup>2</sup>	3	21	4	671.81	0.0060
Nippon Life Insurance Company of America <sup>2</sup>	5	3	2	102.11	0.0196
Oscar Insurance Corporation	13	204	105	104.70	1.0029
Oxford Health Insurance, Inc. <sup>2</sup>	9	1,246	568	6,359.34	0.0893
UnitedHealthcare Insurance Company of New York <sup>2</sup>	6	169	62	2,276.82	0.0272
	<b>Total</b>	<b>5,017</b>	<b>2,605</b>	<b>23,767.14</b>	<b>0.1096</b>

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

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

<sup>3</sup> Formerly Empire HealthChoice Assurance, Inc.

# Complaints—Commercial Health Insurance Companies 2023

Data Source: DFS

Commercial Health Insurance Company	Rank <sup>1,2</sup> 1 = Best 33 = Worst	Total Complaints to DFS	Upheld Complaints by DFS	Premiums (Millions \$)	Complaint Ratio
American Family Life Assurance Company of New York	27	11	7	305.62	0.0229
Berkshire Life Insurance Company of America	11	2	0	81.41	0.0000
Combined Life Insurance Company of New York	21	13	1	120.07	0.0083
Delta Dental of New York, Inc. <sup>3</sup>	29	29	7	196.27	0.0357
Eastern Vision Service Plan, Inc. <sup>4</sup>	6	1	0	105.84	0.0000
Fidelity Security Life Insurance Company of New York	12	0	0	62.77	0.0000
First Reliance Standard Life Insurance Company	2	0	0	118.55	0.0000
First Symetra National Life Company of New York	14	0	0	59.33	0.0000
First Unum Life Insurance Company	17	9	1	377.74	0.0026
Genworth Life Insurance Company of New York	31	42	7	186.43	0.0375
Guardian Life Insurance Company of America	22	24	5	538.52	0.0093
Hartford Life and Accident Insurance Company	18	6	2	570.22	0.0035
HCC Life Insurance Company	4	0	0	109.65	0.0000
HM Life Insurance Company of New York	8	0	0	93.89	0.0000
John Hancock Life & Health Insurance Company	33	27	7	114.33	0.0612
Lincoln Life and Annuity Company of New York	20	8	1	222.05	0.0045

<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 2023, continued

Data Source: DFS

Commercial Health Insurance Company	Rank <sup>1,2</sup> 1 = Best 33 = Worst	Total Complaints to DFS	Upheld Complaints by DFS	Premiums (Millions \$)	Complaint Ratio
Massachusetts Mutual Life Insurance Company	10	3	0	83.75	0.0000
Metropolitan Life Insurance Company	26	57	16	920.57	0.0174
Mutual of Omaha Insurance Company	3	3	0	117.92	0.0000
New York Life Group Insurance Company of New York	23	5	2	214.50	0.0093
New York Life Insurance Company	30	9	3	82.34	0.0364
Northwestern Mutual Life Insurance Company	5	3	0	107.70	0.0000
Principal Life Insurance Company	24	4	1	90.89	0.0110
Provident Life and Casualty Insurance Company	9	2	0	86.37	0.0000
Prudential Insurance Company of America	25	8	2	172.89	0.0116
ReliaStar Life Insurance Company of New York	13	0	0	60.45	0.0000
ShelterPoint Life Insurance Company	16	1	1	487.65	0.0021
Standard Life Insurance Company of New York	7	2	0	100.04	0.0000
Standard Security Life Insurance Company of New York	1	1	0	209.17	0.0000
Sun Life and Health Insurance Company	19	4	1	247.03	0.0040
Transamerica Financial Life Insurance Company	32	13	4	92.08	0.0434
Union Labor Life Insurance Company	15	0	0	53.55	0.0000
Wellfleet New York Insurance Company	28	18	3	119.74	0.0251
	<b>Total</b>	<b>305</b>	<b>71</b>	<b>6,509.33</b>	<b>0.0109</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 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

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 of the claim, **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 of the claim.

\* Upon receipt of the requested additional information, where the obligation to pay the claim is clear, health insurance companies are required to make payment within 15 business days of determination, but no later than 30 days from receipt of the additional information for electronic claims, or within 45 days of receipt of the additional information for paper claims.

For issues concerning payment, reimbursement, coverage, benefits, rates, and premiums, contact DFS at: <https://www.dfs.ny.gov/complaint> or call (800) 342-3736.

## Understanding the Charts

- **Rank:** Each health insurance company's ranking 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 2023. 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 2023. 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 2023. 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 2023

Data Source: DFS

HMO	Rank <sup>1,2</sup> 1 = Best 7 = Worst	Total Complaints	Total Prompt Pay Complaints	Upheld Prompt Pay Complaints	Premiums (Millions \$)	Prompt Pay Complaint Ratio
Capital District Physicians Health Plan	3	77	1	1	655.24	0.0015
Excellus Health Plan	1	7	1	0	540.62	0.0000
Highmark Western and Northeastern New York Inc.	6	22	5	3	128.83	0.0233
HIP Health Maintenance Organization	7	1,117	549	422	3,053.55	0.1382
Independent Health Association, Inc.	2	5	1	0	250.21	0.0000
MVP Health Plan, Inc.	4	10	2	1	483.39	0.0021
UnitedHealthcare of New York, Inc.	5	49	21	12	877.43	0.0137
<b>Total</b>		<b>1,287</b>	<b>580</b>	<b>439</b>	<b>5,989.27</b>	<b>0.0733</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 2023

Data Source: DFS

EPO/PPO Health Plan	Rank <sup>1,2</sup> 1 = Best 14 = 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	618	298	165	2,291.84	0.0720
Anthem HealthChoice Assurance, Inc. <sup>3,4</sup>	8	523	215	119	3,905.65	0.0305
CDPHP Universal Benefits, Inc.	1	11	1	0	574.46	0.0000
CIGNA Health and Life Insurance Company <sup>3</sup>	11	325	183	150	2,127.69	0.0705
EmblemHealth Insurance Company <sup>3</sup>	10	30	13	7	128.74	0.0544
EmblemHealth Plan, Inc. <sup>3</sup>	14	1,642	503	329	478.69	0.6873
Excellus Health Plan, Inc. <sup>3</sup>	5	87	27	16	2,962.79	0.0054
Highmark Western and Northeastern New York Inc. <sup>3</sup>	7	128	38	23	1,167.44	0.0197
Independent Health Benefits Corporation <sup>3</sup>	3	10	2	1	615.06	0.0016
MVP Health Services Corporation <sup>3</sup>	4	21	5	2	671.81	0.0030
Nippon Life Insurance Company of America <sup>3</sup>	2	3	0	0	102.11	0.0000
Oscar Insurance Corporation	13	204	110	62	104.70	0.5922
Oxford Health Insurance, Inc. <sup>3</sup>	9	1,246	512	256	6,359.34	0.0403
UnitedHealthcare Insurance Company of New York <sup>3</sup>	6	169	58	27	2,276.82	0.0119
<b>Total</b>		<b>5,017</b>	<b>1,965</b>	<b>1,157</b>	<b>23,767.14</b>	<b>0.0487</b>

<sup>1</sup>If the ratios are the same among EPO/PPOs, the EPO/PPO 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.

<sup>4</sup>Formerly Empire HealthChoice Assurance, Inc.

# Prompt Pay Complaints—Commercial Health Insurance Companies 2023

Data Source: DFS

Commercial Health Insurance Company	Rank <sup>1,2</sup> 1 = Best 33 = 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	31	11	3	3	305.62	0.0098
Berkshire Life Insurance Company of America	23	2	0	0	81.41	0.0000
Combined Life Insurance Company of New York	9	13	4	0	120.07	0.0000
Delta Dental of New York, Inc. <sup>3</sup>	33	29	15	3	196.27	0.0153
Eastern Vision Service Plan, Inc. <sup>4</sup>	16	1	0	0	105.84	0.0000
Fidelity Security Life Insurance Company of New York	24	0	0	0	62.77	0.0000
First Reliance Standard Life Insurance Company	11	0	0	0	118.55	0.0000
First Symetra National Life Company of New York	26	0	0	0	59.33	0.0000
First Unum Life Insurance Company	3	9	0	0	377.74	0.0000
Genworth Life Insurance Company of New York	7	42	0	0	186.43	0.0000
Guardian Life Insurance Company of America	28	24	10	1	538.52	0.0019
Hartford Life and Accident Insurance Company	1	6	0	0	570.22	0.0000
HCC Life Insurance Company	14	0	0	0	109.65	0.0000
HM Life Insurance Company of New York	18	0	0	0	93.89	0.0000
John Hancock Life & Health Insurance Company	13	27	0	0	114.33	0.0000
Lincoln Life and Annuity Company of New York	5	8	1	0	222.05	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 2023, continued

Data Source: DFS

Commercial Health Insurance Company	Rank <sup>1,2</sup> 1 = Best 33 = Worst	Total Complaints	Total Prompt Pay Complaints	Upheld Prompt Pay Complaints	Premiums (Millions \$)	Prompt Pay Complaint Ratio
Massachusetts Mutual Life Insurance Company	21	3	0	0	83.75	0.0000
Metropolitan Life Insurance Company	30	57	14	7	920.57	0.0076
Mutual of Omaha Insurance Company	12	3	1	0	117.92	0.0000
New York Life Group Insurance Company of New York	29	5	1	1	214.50	0.0047
New York Life Insurance Company	22	9	1	0	82.34	0.0000
Northwestern Mutual Life Insurance Company	15	3	0	0	107.70	0.0000
Principal Life Insurance Company	19	4	1	0	90.89	0.0000
Provident Life and Casualty Insurance Company	20	2	0	0	86.37	0.0000
Prudential Insurance Company of America	8	8	0	0	172.89	0.0000
ReliaStar Life Insurance Company of New York	25	0	0	0	60.45	0.0000
ShelterPoint Life Insurance Company	2	1	0	0	487.65	0.0000
Standard Life Insurance Company of New York	17	2	0	0	100.04	0.0000
Standard Security Life Insurance Company of New	6	1	0	0	209.17	0.0000
Sun Life and Health Insurance Company	4	4	0	0	247.03	0.0000
Transamerica Financial Life Insurance Company	32	13	2	1	92.08	0.0109
Union Labor Life Insurance Company	27	0	0	0	53.55	0.0000
Wellfleet New York Insurance Company	10	18	7	0	119.74	0.0000
<b>Total</b>		<b>305</b>	<b>60</b>	<b>16</b>	<b>6,509.33</b>	<b>0.0025</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.

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

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

# Internal Appeals

An internal appeal or utilization review 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 if a health plan denies a request to pay for an out-of-network service<sup>1</sup> if it offers an alternate service in-network or denies an out-of-network referral.<sup>2</sup> The member or provider may also appeal if the health plan denies a step therapy protocol<sup>3</sup> override for a prescription drug. The member or provider may also appeal if the health insurance company issues a denial about whether services are emergency services or a surprise bill;<sup>4</sup> whether the correct cost-sharing was applied to the insured's bill for emergency services or surprise bill; and whether a claim for care accurately reflects the treatments received.

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 2023.
- **Closed Appeals:** Number of internal appeals that the health insurance company decided by the end of 2023.
- **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.

<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 needs of the member.

<sup>3</sup> Step-therapy protocols require members to try at least one other medication selected by the 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

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 promote the appeal process and encourage members and providers to appeal denied services.

<sup>4</sup> "Surprise bill" means a bill for health care services, other than emergency services, with respect to an insured for services rendered by a non-participating provider at a participating hospital or ambulatory surgical center, where a participating provider is unavailable or a non-participating provider renders services without the insured's knowledge, or unforeseen medical services arise at the time the health care services are rendered; provided, however, that a surprise bill shall not mean a bill received for health care services when a participating provider is available and the insured has elected to obtain services from a non-participating provider.

# Internal Appeals—HMOs 2023

Data Source: DFS

HMO	Filed Appeals	Closed Appeals <sup>1</sup>	Reversals on Appeals	Reversal Rate (Percentage)
Capital District Physicians Health Plan	316	312	91	29.17%
Excellus Health Plan	803	863	256	29.66%
Highmark Western and Northeastern New York Inc.	154	147	75	51.02%
HIP Health Maintenance Organization	3,392	3,443	1,714	49.78%
Independent Health Association, Inc.	554	520	290	55.77%
MVP Health Plan, Inc.	176	178	75	42.13%
UnitedHealthcare of New York, Inc.	333	234	148	63.25%
<b>Total</b>	<b>5,728</b>	<b>5,697</b>	<b>2,649</b>	<b>46.50%</b>

<sup>1</sup>Closed internal appeals can exceed filed internal appeals in 2023 because closed internal appeals include internal appeals filed prior to 2023.



# Internal Appeals—EPO/PPO Health Plans 2023

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>	1,927	1,927	824	42.76%
Anthem HealthChoice Assurance, Inc. <sup>2,3</sup>	16,108	15,777	3,342	21.18%
CDPHP Universal Benefits, Inc.	230	227	67	29.52%
CIGNA Health and Life Insurance Company <sup>2</sup>	6,275	6,224	3,179	51.08%
EmblemHealth Insurance Company <sup>2</sup>	233	238	128	53.78%
EmblemHealth Plan, Inc. <sup>2</sup>	2,283	2,300	962	41.83%
Excellus Health Plan, Inc. <sup>2</sup>	6,475	6,892	1,748	25.36%
Highmark Western and Northeastern New York Inc. <sup>2</sup>	1,415	1,419	732	51.59%
Independent Health Benefits Corporation <sup>2</sup>	1,651	1,604	929	57.92%
MVP Health Services Corporation <sup>2</sup>	253	251	97	38.65%
Nippon Life Insurance Company of America	268	268	120	44.78%
Oscar Insurance Corporation	119	107	42	39.25%
Oxford Health Insurance, Inc. <sup>2</sup>	15,212	15,253	8,778	57.55%
UnitedHealthcare Insurance Company of New York <sup>2</sup>	3,622	3,531	2,209	62.56%
<b>Total</b>	<b>56,071</b>	<b>56,018</b>	<b>23,157</b>	<b>41.34%</b>

<sup>1</sup> Closed internal appeals can exceed filed internal appeals in 2023 because closed internal appeals include internal appeals filed prior to 2023.

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

<sup>3</sup> Formerly Empire HealthChoice Assurance, Inc.

# Internal Appeals—Commercial Health Insurance Companies 2023

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%
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%
Eastern Vision Service Plan, Inc. <sup>4</sup>	0	0	0	0.00%
Fidelity Security Life Insurance Company of New York	0	0	0	0.00%
First Reliance Standard Life Insurance Company	19	20	8	40.00%
First Symetra National Life Company of New York	0	0	0	0.00%
First Unum Life Insurance Company	0	0	0	0.00%
Genworth Life Insurance Company of New York	0	0	0	0.00%
Guardian Life Insurance Company of America	6,635	6,647	1,988	29.91%
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%
John Hancock Life & Health Insurance Company	0	0	0	0.00%
Lincoln Life and Annuity Company of New York	0	0	0	0.00%

<sup>1</sup>Many 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 2023 because closed internal appeals include internal appeals filed prior to 2023.

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

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

## Internal Appeals—Commercial Health Insurance Companies 2023, 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	6,250	6,250	4,711	75.38%
Mutual of Omaha Insurance Company	0	0	0	0.00%
New York Life Group Insurance Company of New York	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%
Principal Life Insurance Company	11	10	3	30.00%
Provident Life and Casualty Insurance Company	0	0	0	0.00%
Prudential Insurance Company of America	0	0	0	0.00%
ReliaStar Life Insurance Company of New York	0	0	0	0.00%
ShelterPoint Life Insurance Company	0	0	0	0.00%
Standard Life Insurance Company of New York	49	49	24	48.98%
Standard Security Life Insurance Company of New York	0	0	0	0.00%
Sun Life and Health Insurance Company	0	0	0	0.00%
Transamerica Financial Life Insurance Company	0	0	0	0.00%
Union Labor Life Insurance Company	0	0	0	0.00%
Wellfleet New York Insurance Company	0	0	0	0.00%
<b>Total</b>	<b>12,964</b>	<b>12,976</b>	<b>6,734</b>	<b>51.90%</b>

<sup>1</sup> Many 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 2023 because closed internal appeals include internal appeals filed prior to 2023.

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

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

# 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 or 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 a health plan denies a request to pay for an out-of-network service<sup>1</sup> if it offers an alternate service in-network, or if the 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.) A member may also request an external appeal when the plan denies an internal appeal for a step-therapy protocol<sup>4</sup> override for a prescription drug.

The member or provider may also file an external appeal for denial reasons regarding whether the services are emergency services or a surprise bill<sup>5</sup>; whether the correct cost-sharing was applied to the insured's bill for emergency services or surprise bill; and whether a claim for care accurately reflects the treatments received.

Before requesting an external appeal, members must usually complete the health insurance company's first-level internal appeal process, or the member and the health insurance company may agree together to waive the internal appeal. An internal appeal is generally not required for a formulary exception.

## **Note:**

- Providers may file external appeals on their own behalf for continued or extended health care services, for additional services for a patient undergoing a course of continued treatment, or for services already provided.
- A health insurance company may charge a fee of up to \$25 for an external appeal, but may not charge more than \$75 in a single plan year. The fee is refunded to the member if the appeal is overturned.

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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 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, Large Group.

<sup>4</sup> Step-therapy protocols require members to try at least one other medication selected by the health plan before the 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.

<sup>5</sup> "Surprise bill" means a bill for health care services, other than emergency services, with respect to an insured for services rendered by a non-participating provider at a participating hospital or ambulatory surgical center, where a participating provider is unavailable or a non-participating provider renders services without the insured's knowledge, or unforeseen medical services arise at the time the health care services are rendered; provided, however, that a surprise bill shall not mean a bill received for health care services when a participating provider is available and the insured has elected to obtain services from a non-participating provider.

# External Appeals, continued

## Understanding the Charts

- **Total External Appeals:** Total number of cases assigned to an external appeal organization in 2023.
- **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 three of the five 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. 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.

# External Appeals—HMOs 2023

Data Source: DFS

HMO	Total External Appeals	Reversals on External Appeals	Reversed In Part External Appeals	Upheld External Appeals	Reversal Rate <sup>1</sup> (Percentage)
Capital District Physicians Health Plan	9	6	0	3	66.67%
Highmark Western and Northeastern New York Inc.	16	7	1	8	50.00%
Excellus Health Plan	18	13	0	5	72.22%
HIP Health Maintenance Organization	11	4	0	7	36.36%
Independent Health Association, Inc.	11	4	1	6	45.45%
MVP Health Plan, Inc.	18	7	0	11	38.89%
UnitedHealthcare of New York, Inc.	8	1	1	6	25.00%
<b>Total</b>	<b>91</b>	<b>42</b>	<b>3</b>	<b>46</b>	<b>49.45%</b>

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

# External Appeals—EPO/PPO Health Plans 2023

Data Source: DFS

EPO/PPO Health Plan	Total External Appeals	Reversals on External Appeals	Reversed In Part External Appeals	Upheld External Appeals	Reversal Rate <sup>1</sup> (Percentage)
Aetna Life Insurance Company <sup>2</sup>	303	140	0	163	46.20%
Anthem HealthChoice Assurance, Inc. <sup>2,3</sup>	744	279	15	450	39.52%
CDPHP Universal Benefits, Inc.	7	0	0	7	0.00%
CIGNA Health and Life Insurance Company <sup>2</sup>	69	37	2	30	56.52%
EmblemHealth Insurance Company <sup>2</sup>	15	5	0	10	33.33%
EmblemHealth Plan, Inc. <sup>2</sup>	13	4	1	8	38.46%
Excellus Health Plan, Inc. <sup>2</sup>	270	139	1	130	51.85%
Highmark Western and Northeastern New York Inc. <sup>2</sup>	16	9	0	7	56.25%
Independent Health Benefits Corporation <sup>2</sup>	1	0	0	1	0.00%
MVP Health Services Corporation <sup>2</sup>	9	5	0	4	55.56%
Nippon Life Insurance Company of America <sup>2</sup>	4	2	0	2	50.00%
Oscar Insurance Corporation	42	18	0	24	42.86%
Oxford Health Insurance, Inc. <sup>2</sup>	285	127	2	156	45.26%
UnitedHealthcare Insurance Company of New York <sup>2</sup>	63	26	0	37	41.27%
<b>Total</b>	<b>1,841</b>	<b>791</b>	<b>21</b>	<b>1,029</b>	<b>44.11%</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.

<sup>3</sup>Formerly Empire HealthChoice Assurance, Inc.

# External Appeals—Commercial Health Insurance Companies 2023

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%
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%
Eastern Vision Service Plan, Inc. <sup>4</sup>	0	0	0	0	0.00%
Fidelity Security Life Insurance Company of New York	0	0	0	0	0.00%
First Reliance Standard Life Insurance Company	0	0	0	0	0.00%
First Symetra National Life Company of New York	0	0	0	0	0.00%
First Unum Life Insurance Company	0	0	0	0	0.00%
Genworth Life Insurance Company of New York	0	0	0	0	0.00%
Guardian Life Insurance Company of America	8	3	0	5	37.50%
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%
John Hancock Life & Health Insurance Company	0	0	0	0	0.00%
Lincoln Life and Annuity Company of New York	0	0	0	0	0.00%

<sup>1</sup> Many 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 2023, 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>
Massachusetts Mutual Life Insurance Company	0	0	0	0	0.00%
Metropolitan Life Insurance Company	7	2	0	5	28.57%
Mutual of Omaha Insurance Company	0	0	0	0	0.00%
New York Life Group Insurance Company of New York	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%
Principal Life Insurance Company	0	0	0	0	0.00%
Provident Life and Casualty Insurance Company	0	0	0	0	0.00%
Prudential Insurance Company of America	0	0	0	0	0.00%
ReliaStar Life Insurance Company of New York	0	0	0	0	0.00%
ShelterPoint Life Insurance Company	0	0	0	0	0.00%
Standard Life Insurance Company of New York	0	0	0	0	0.00%
Standard Security Life Insurance Company of New York	0	0	0	0	0.00%
Sun Life and Health Insurance Company	1	1	0	0	100.00%
Transamerica Financial Life Insurance Company	0	0	0	0	0.00%
Union Labor Life Insurance Company	0	0	0	0	0.00%
Wellfleet New York Insurance Company	0	0	0	0	0.00%
<b>Total</b>	<b>16</b>	<b>6</b>	<b>0</b>	<b>10</b>	<b>37.50%</b>

<sup>1</sup>Many 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.

# 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 subject of internal appeals, not grievances. Common grievances include disagreements over benefit coverage. According to New York State law, health insurance companies offering 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 persons to review the grievance and decide whether to reverse or uphold a denial.

## Understanding the Charts

- **Filed Grievances:** Number of grievances submitted to the health insurance company in 2023.
- **Closed Grievances:** Number of grievances the health insurance company resolved by the end of 2023.
- **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

Pay 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 2023

Data Source: DFS

HMO	Filed Grievances	Closed Grievances <sup>1</sup>	Upheld Grievances	Reversed Grievances	Reversal Rate (Percentage)
Capital District Physicians Health Plan	225	215	89	126	58.60%
Excellus Health Plan	639	697	481	216	30.99%
Highmark Western and Northeastern New York Inc.	137	215	47	168	78.14%
HIP Health Maintenance Organization	1,794	1,716	1,056	660	38.46%
Independent Health Association, Inc.	149	149	87	62	41.61%
MVP Health Plan, Inc.	83	88	60	28	31.82%
UnitedHealthcare of New York, Inc.	7,860	7,082	20	7,062	99.72%
<b>Total</b>	<b>10,887</b>	<b>10,162</b>	<b>1,840</b>	<b>8,322</b>	<b>81.89%</b>

<sup>1</sup>Closed grievances can exceed filed grievances in 2023 because closed grievances include grievances filed before 2023.

# Grievances—EPO/PPO Health Plans 2023

Data Source: DFS

EPO/PPO Health Plan	Filed Grievances	Closed Grievances <sup>1</sup>	Upheld Grievances	Reversed Grievances	Reversal Rate (Percentage)
Aetna Life Insurance Company <sup>2</sup>	55	51	31	20	39.22%
Anthem HealthChoice Assurance, Inc. <sup>2,3</sup>	2,669	2,562	2,057	505	19.71%
CDPHP Universal Benefits, Inc.	188	184	58	126	68.48%
CIGNA Health and Life Insurance Company <sup>2</sup>	143	143	97	46	32.17%
EmblemHealth Insurance Company <sup>2</sup>	85	83	54	29	34.94%
EmblemHealth Plan, Inc. <sup>2</sup>	1,428	1,440	1,148	292	20.28%
Excellus Health Plan, Inc. <sup>2</sup>	1,216	1,342	1,033	309	23.03%
Highmark Western and Northeastern New York Inc. <sup>2</sup>	976	974	422	552	56.67%
Independent Health Benefits Corporation <sup>2</sup>	575	574	389	185	32.23%
MVP Health Services Corporation <sup>2</sup>	47	48	36	12	25.00%
Nippon Life Insurance Company of America <sup>2</sup>	0	0	0	0	0.00%
Oscar Insurance Corporation	960	835	529	306	36.65%
Oxford Health Insurance, Inc. <sup>2</sup>	8,547	8,522	6,855	1,667	19.56%
UnitedHealthcare Insurance Company of New York <sup>2</sup>	2,153	2,020	1,352	668	33.07%
<b>Total</b>	<b>19,042</b>	<b>18,778</b>	<b>14,061</b>	<b>4,717</b>	<b>25.12%</b>

<sup>1</sup> Closed grievances can exceed filed grievances in 2023 because closed grievances include grievances filed prior to 2023.

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

<sup>3</sup> Formerly Empire HealthChoice Assurance, Inc.

# Grievances—Commercial Health Insurance Companies 2023

Data Source: DFS

Commercial Health Insurance Company <sup>1</sup>	Filed Grievances	Closed Grievances <sup>2</sup>	Upheld Grievances	Reversed 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%
Combined Life Insurance Company of New York	0	0	0	0	0.00%
Delta Dental of New York, Inc. <sup>3</sup>	2,179	2,249	1,702	547	24.32%
Eastern Vision Service Plan, Inc. <sup>4</sup>	0	0	0	0	0.00%
Fidelity Security Life Insurance Company of New York	0	0	0	0	0.00%
First Reliance Standard Life Insurance Company	0	0	0	0	0.00%
First Symetra National Life Company of New York	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	15	15	14	1	6.67%
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%
John Hancock Life & Health Insurance Company	0	0	0	0	0.00%
Lincoln Life and Annuity Company of New York	0	0	0	0	0.00%

<sup>1</sup>Many 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 2023 because closed grievances include grievances filed prior to 2023.

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

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

# Grievances—Commercial Health Insurance Companies 2023, continued

Data Source: DFS

Commercial Health Insurance Company <sup>1</sup>	Filed Grievances	Closed Grievances <sup>2</sup>	Upheld Grievances	Reversed 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%
New York Life Group Insurance Company of New York	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%
Principal Life Insurance Company	0	0	0	0	0.00%
Provident Life and Casualty Insurance Company	0	0	0	0	0.00%
Prudential Insurance Company of America	0	0	0	0	0.00%
ReliaStar Life Insurance Company of New York	0	0	0	0	0.00%
ShelterPoint Life Insurance Company	0	0	0	0	0.00%
Standard Life Insurance Company of New York	0	0	0	0	0.00%
Standard Security Life Insurance Company of New York	0	0	0	0	0.00%
Sun Life and Health Insurance Company	0	0	0	0	0.00%
Transamerica Financial Life Insurance Company	0	0	0	0	0.00%
Union Labor Life Insurance Company	0	0	0	0	0.00%
Wellfleet New York Insurance Company	0	0	0	0	0.00%
<b>Total</b>	<b>2,194</b>	<b>2,264</b>	<b>1,716</b>	<b>548</b>	<b>24.20%</b>

<sup>1</sup>Many 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 2023 because closed grievances include grievances filed prior to 2023.

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

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

# Quality of Care and Service for Health Insurance Companies

## Access and Service

### Measure Descriptions

- **Getting Care Needed:** The percentage of members who responded that they “usually” or “always” get:
  - Appointments with specialists as soon as they needed.
  - Care, tests, or treatments they needed.
- **Getting Care Quickly:** The percentage of members who responded that they “usually” or “always” get:
  - Appointments for a check-up or routine care at a doctor’s office or clinic as soon as they needed.
  - Care right away for an illness or injury.
- **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?”
- **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 2022

Data Source: DOH

Performance Compared to the New York HMO Average												
HMO	Getting Care Needed		Getting Care Quickly		Rating of Health Plan		Rating of Overall Health Care		Members Seen by a Provider			
									Ages 20-44		Ages 45-64	
<b>NY HMO Average</b>	<b>85</b>		<b>85</b>		<b>73</b>		<b>78</b>		<b>95</b>		<b>97</b>	
Capital District Physicians Health Plan	86		86		81	▲	85	▲	97	▲	98	▲
Excellus Health Plan <sup>1</sup>	89		91	▲	75		81		95		97	
Highmark Western and Northeastern New York Inc. <sup>2</sup>	88		89		66	▼	71	▼	97	▲	98	▲
HIP Health Maintenance Organization	81		81		66		79		93	▼	95	▼
Independent Health Association, Inc.	90	▲	89		82	▲	86	▲	96	▲	98	▲
MVP Health Plan, Inc.	82		80	▼	76		76		94	▼	96	▼

**Legend**  
 ▲ Significantly better than the NY HMO average.      ▼ Significantly worse than the NY HMO average.      No symbol: Not significantly different than the NY HMO average.

<sup>1</sup>Includes combined data for Excellus BlueCross BlueShield HMO and PPO membership.

<sup>2</sup>Includes data for Highmark Western and Northeastern New York Inc. PPO membership.

## Understanding the Chart

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# Access and Service—PPOs 2022

Data Source: DOH

Performance Compared to the New York PPO Average												
PPO <sup>1</sup>	Getting Care Needed		Getting Care Quickly		Rating of Health Plan		Rating of Overall Health Care		Members Seen by a Provider			
									Ages 20-44		Ages 45-64	
<b>NY PPO Average</b>	<b>83</b>		<b>83</b>		<b>63</b>		<b>73</b>		<b>96</b>		<b>97</b>	
Aetna Life Insurance Company	85		84		69		83	▲	96		97	
Anthem HealthChoice Assurance, Inc. <sup>2</sup>	84		83		70		73		95	▼	96	▼
CDPHP Universal Benefits, Inc.	90	▲	86		78	▲	76		96		97	
CIGNA Health and Life Insurance Company	84		82		59		74		95	▼	96	▼
EmblemHealth Plan, Inc.	83		84		65		78		91	▼	94	▼
MVP Health Services Corporation	85		89	▲	72	▲	77		96		97	
Oscar Insurance Corporation	75	▼	82		37	▼	62	▼	95		95	▼
Oxford Health Insurance, Inc.	81		77		55	▼	69		97	▲	98	▲
UnitedHealthcare Insurance Company of New York	83		77		59		68		97	▲	97	

**Legend**

▲ Significantly better than the NY PPO average.      ▼ Significantly worse than the NY PPO average.      No symbol: Not significantly different than the NY PPO average.

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# Quality of Care and Service for Health Insurance Companies

## Child and Adolescent Health

### Measure Descriptions

- **Childhood Immunization Combo 3:** The percentage of children who had the following vaccines by their second birthday: 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 chickenpox (VZV), and four pneumococcal conjugate (PCV).
  - **Adolescent Immunization Combo 2:** The percentage of adolescents who had one dose of meningococcal conjugate vaccine, one tetanus, diphtheria toxoids, and acellular pertussis (Tdap) vaccine, and completed the human papillomavirus (HPV) vaccine series by their 13th birthday.
  - **Well-Child Visits in the First 30 Months of Life:** The percentage of children who had the recommended number of well-child visits with a PCP during their first 30 months of life.
  - **Child and Adolescent Well-Care Visits:** The percentage of children and adolescents ages 3–21 years who had at least one comprehensive well-care visit with a PCP or an OB/GYN.
- **Weight Assessment and Counseling for Nutrition and Physical Activity:** The percentage of children and adolescents ages 3–17 years who had an outpatient visit with a PCP or OB/GYN during the measurement year and received the following three components of care during the measurement year:
    - BMI percentile.
    - Counseling for nutrition.
    - Counseling for physical activity.

# Child and Adolescent Health—HMOs 2022

Data Source: DOH

Performance Compared to the New York HMO Average								
HMO	Childhood Immunization (Combo 3)		Adolescent Immunization (Combo 2)		Well-Child Visits in the First 30 Months of Life		Child and Adolescent Well-Care Visits	
<b>NY HMO Average</b>	<b>86</b>		<b>38</b>		<b>92</b>		<b>75</b>	
Capital District Physicians Health Plan	87		31	▼	94		79	▲
Excellus Health Plan <sup>1</sup>	88		36		92		73	▼
Highmark Western and Northeastern New York Inc. <sup>2</sup>	86		44	▲	94		81	▲
HIP Health Maintenance Organization	73	▼	39		84		70	▼
Independent Health Association, Inc.	91	▲	50	▲	95		84	▲
MVP Health Plan, Inc.	84		30	▼	92		72	▼

**Legend**  
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# Child and Adolescent Health—HMOs 2022, continued

Data Source: DOH

Performance Compared to the New York HMO Average						
HMO	Weight Assessment and Counseling for Nutrition and Physical Activity					
	BMI Percentile		Counseling for Nutrition		Counseling for Physical Activity	
<b>NY HMO Average</b>	<b>89</b>		<b>86</b>		<b>84</b>	
Capital District Physicians Health Plan	94	▲	92	▲	86	
Excellus Health Plan <sup>1</sup>	90		86		85	
Highmark Western and Northeastern New York Inc. <sup>2</sup>	94	▲	95	▲	92	▲
HIP Health Maintenance Organization	79	▼	73	▼	69	▼
Independent Health Association, Inc.	98	▲	97	▲	96	▲
MVP Health Plan, Inc.	79	▼	74	▼	73	▼

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# Child and Adolescent Health—PPOs 2022

Data Source: DOH

Performance Compared to the New York PPO Average								
PPO <sup>1</sup>	Childhood Immunization (Combo 3)		Adolescent Immunization (Combo 2)		Well-Child Visits in the First 30 Months of Life		Child and Adolescent Well-Care Visits	
<b>NY PPO Average</b>	<b>78</b>		<b>23</b>		<b>89</b>		<b>72</b>	
<b>Aetna Life Insurance Company</b>	79		27		93		75	▲
<b>Anthem HealthChoice Assurance, Inc.<sup>2</sup></b>	73	▼	24		85		65	▼
<b>CDPHP Universal Benefits, Inc.</b>	88	▲	30	▲	93		72	
<b>CIGNA Health and Life Insurance Company</b>	75		20		92		78	▲
<b>EmblemHealth Plan, Inc.</b>	75		22		84		64	▼
<b>MVP Health Services Corporation</b>	83	▲	33	▲	92		74	▲
<b>Oscar Insurance Corporation</b>	52	▼	19		91		65	▼
<b>Oxford Health Insurance, Inc.</b>	76		15	▼	86		73	▲
<b>UnitedHealthcare Insurance Company of New York</b>	87	▲	21	▼	92		76	▲

**Legend**  
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# Child and Adolescent Health—PPOs 2022, continued

Data Source: DOH

Performance Compared to the New York PPO Average						
PPO <sup>1</sup>	Weight Assessment and Counseling for Nutrition and Physical Activity					
	BMI Percentile		Counseling for Nutrition		Counseling for Physical Activity	
<b>NY PPO Average</b>	<b>78</b>		<b>73</b>		<b>69</b>	
Aetna Life Insurance Company	71	▼	66	▼	63	▼
Anthem HealthChoice Assurance, Inc. <sup>2</sup>	81		77		74	▲
CDPHP Universal Benefits, Inc.	93	▲	92	▲	88	▲
CIGNA Health and Life Insurance Company	78		75		69	
EmblemHealth Plan, Inc.	72	▼	69		66	
MVP Health Services Corporation	81		78	▲	75	▲
Oscar Insurance Corporation	68	▼	67	▼	63	▼
Oxford Health Insurance, Inc.	78		73		70	
UnitedHealthcare Insurance Company of New York	80		72		67	

**Legend**  
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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 18–85 years who had hypertension and whose blood pressure was adequately controlled (<140/90 mm Hg).
- **Colon Cancer Screening:** The percentage of adults ages 50–75 years who had appropriate screening for colorectal cancer.
- **Flu Shot for Adults:** The percentage of adults ages 18–64 years who have had a flu shot.
- **Advising Smokers to Quit:** The percentage of adults ages 18 years and older who are current smokers or tobacco users and who received cessation advice.
- **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.
- **Pharmacotherapy Management of COPD Exacerbation:** The percentage of COPD exacerbation events for adults ages 40 years and older who had an acute inpatient discharge or ED visit and were dispensed appropriate medications to manage the exacerbation. This measure is presented as two separate rates.
  - *Corticosteroids:* The percentage of events when the adult was prescribed a systemic corticosteroid within 14 days of the event.
  - *Bronchodilators:* The percentage of events when the adult was prescribed a bronchodilator within 30 days of the event.
- **Avoidance of Antibiotics in 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 2022

Data Source: DOH

Performance Compared to the New York HMO Average								
HMO	Controlling High Blood Pressure		Colon Cancer Screening		Flu Shot for Adults		Advising Smokers to Quit	
<b>NY HMO Average</b>	<b>69</b>		<b>64</b>		<b>56</b>		<b>84</b>	
Capital District Physicians Health Plan	83	▲	70	▲	68	▲	83	
Excellus Health Plan <sup>1</sup>	70		66		48			TS
Highmark Western and Northeastern New York Inc. <sup>2</sup>	67		63		50			TS
HIP Health Maintenance Organization	64	▼	59	▼	44	▼		TS
Independent Health Association, Inc.	75	▲	69		53		80	
MVP Health Plan, Inc.	59	▼	57	▼	55		92	

**Legend**  
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# Adult Health—HMOs 2022, continued

Data Source: DOH

Performance Compared to the New York HMO Average								
HMO	Use of Spirometry Testing for COPD		Pharmacotherapy Management of COPD Exacerbation				Avoidance of Antibiotics in Adults With Acute Bronchitis	
			Corticosteroids		Bronchodilators			
<b>NY HMO Average</b>	<b>37</b>		<b>83</b>		<b>87</b>		<b>40</b>	
Capital District Physicians Health Plan	39		83		89		45	
Excellus Health Plan <sup>1</sup>	34	▼	83		87		39	
Highmark Western and Northeastern New York Inc. <sup>2</sup>	35		83		86		41	
HIP Health Maintenance Organization	47	▲	74		81		42	
Independent Health Association, Inc.	36		84		87		38	
MVP Health Plan, Inc.	35		91		94		36	

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# Adult Health—PPOs 2022

Data Source: DOH

Performance Compared to the New York PPO Average								
PPO <sup>1</sup>	Controlling High Blood Pressure		Colon Cancer Screening		Flu Shot for Adults		Advising Smokers to Quit	
<b>NY PPO Average</b>	<b>58</b>		<b>58</b>		<b>52</b>		<b>74</b>	
<b>Aetna Life Insurance Company</b>	52	▼	58		52			TS
<b>Anthem HealthChoice Assurance, Inc.<sup>2</sup></b>	59		56		49			TS
<b>CDPHP Universal Benefits, Inc.</b>	82	▲	67	▲	57			TS
<b>CIGNA Health and Life Insurance Company</b>	57		56		46			TS
<b>EmblemHealth Plan, Inc.</b>	51	▼	58		49			TS
<b>MVP Health Services Corporation</b>	65	▲	64	▲	54		81	
<b>Oscar Insurance Corporation</b>	53	▼	48	▼	51			TS
<b>Oxford Health Insurance, Inc.</b>	59		56		52		64	
<b>UnitedHealthcare Insurance Company of New York</b>	64	▲	60		60	▲		TS

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# Adult Health—PPOs 2022, continued

Data Source: DOH

Performance Compared to the New York PPO Average								
PPO <sup>1</sup>	Use of Spirometry Testing for COPD		Pharmacotherapy Management of COPD Exacerbation				Avoidance of Antibiotics in Adults With Acute Bronchitis	
			Corticosteroids		Bronchodilators			
<b>NY PPO Average</b>	<b>45</b>		<b>71</b>		<b>80</b>		<b>45</b>	
<b>Aetna Life Insurance Company</b>	45		65		82		46	
<b>Anthem HealthChoice Assurance, Inc.<sup>2</sup></b>	44		65		72		46	
<b>CDPHP Universal Benefits, Inc.</b>	39		75		88		46	
<b>CIGNA Health and Life Insurance Company</b>	45		76		82		45	
<b>EmblemHealth Plan, Inc.</b>	35	▼		TS		TS	69	▲
<b>MVP Health Services Corporation</b>	34	▼	85		92		38	▼
<b>Oscar Insurance Corporation</b>		TS		TS		TS	44	
<b>Oxford Health Insurance, Inc.</b>	49	▲	73		86		46	
<b>UnitedHealthcare Insurance Company of New York</b>	46			TS		TS	42	

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# 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, 2020, and December 31, 2022.
- **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.
- **Chlamydia Screening:** The percentage of sexually active 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.
- **Postpartum Care:** The percentage of women who gave birth in the last year and had a postpartum care visit between 21 and 56 days after they gave birth.

# Women’s Health—HMOs 2022

Data Source: DOH

Performance Compared to the New York HMO Average										
HMO	Breast Cancer Screening		Cervical Cancer Screening		Chlamydia Screening				Postpartum Care	
					Ages 16–20		Ages 21–24			
<b>NY HMO Average</b>	<b>79</b>		<b>80</b>		<b>53</b>		<b>59</b>		<b>90</b>	
<b>Capital District Physicians Health Plan</b>	81	▲	85	▲	68	▲	67	▲	94	
<b>Excellus Health Plan<sup>1</sup></b>	80	▲	79		41	▼	52	▼	93	
<b>Highmark Western and Northeastern New York Inc.<sup>2</sup></b>	80	▲	82		63	▲	62	▲	87	
<b>HIP Health Maintenance Organization</b>	77	▼	77		71	▲	75	▲	79	▼
<b>Independent Health Association, Inc.</b>	82	▲	83		68	▲	63	▲	93	
<b>MVP Health Plan, Inc.</b>	73	▼	72	▼	52		61		78	▼

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# Women’s Health—PPOs 2022

Data Source: DOH

Performance Compared to the New York PPO Average										
PPO <sup>1</sup>	Breast Cancer Screening		Cervical Cancer Screening		Chlamydia Screening				Postpartum Care	
					Ages 16–20		Ages 21–24			
<b>NY PPO Average</b>	<b>73</b>		<b>81</b>		<b>59</b>		<b>66</b>		<b>81</b>	
Aetna Life Insurance Company	73		85	▲	61	▲	67		79	
Anthem HealthChoice Assurance, Inc. <sup>2</sup>	72	▼	76	▼	60		67		81	
CDPHP Universal Benefits, Inc.	81	▲	84		65	▲	62	▼	96	▲
CIGNA Health and Life Insurance Company	74	▲	83		60		68	▲	80	
EmblemHealth Plan, Inc.	58	▼	74	▼	59		72		76	
MVP Health Services Corporation	76	▲	77		51	▼	59	▼	84	
Oscar Insurance Corporation	66	▼	73	▼	59		64		65	▼
Oxford Health Insurance, Inc.	72	▼	80	▼	55	▼	64	▼	81	
UnitedHealthcare Insurance Company of New York	75	▲	80	▼	62	▲	70	▲	81	

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# 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 with a new prescription for ADHD medication and who had one follow-up visit with a practitioner within 30 days after starting the medication.
- **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.
- **Antidepressant Medication Management—Effective Continuation Phase Treatment:** The percentage of adults ages 18 years and older who were diagnosed with depression, treated with antidepressant medication, and remained on antidepressant medication for at least 6 months.
- **Follow-Up After Emergency Department (ED) Visit for Substance Use—Within 30 Days:** The percentage of members ages 13 years and older who were seen in an ED with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, and had a follow-up visit for SUD within 30 days.
- **Follow-Up After Emergency Department (ED) Visit for Mental Illness—Within 30 Days:** The percentage of members ages 6 years and older who were seen in ED visits with a principal diagnosis of mental illness and had a follow-up visit for mental illness within 30 days.
- **Follow-Up After Hospitalization for Mental Illness—Within 30 Days:** The percentage of members ages 6 years and older who were hospitalized for treatment of selected mental health illness and had a follow-up visit with a mental health provider within 30 days of discharge.
- **Adherence to Antipsychotic Medications for Individuals With Schizophrenia:** The percentage of adults ages 18 years and older with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80% of the treatment period.

# Quality of Care and Service for Health Insurance Companies

## Behavioral Health, continued

### Measure Descriptions

#### Initiation and Engagement of Substance Use Disorder (SUD) Treatment

- **Initiation of SUD Treatment:** The percentage of members ages 13 years and older who initiated treatment through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit, or medication treatment within 14 days of diagnosis for the following:
  - Alcohol use disorder.
  - Opioid use disorder.
  - Other substance use disorder.

- **Engagement of SUD Treatment:** The percentage of members ages 13 years and older who engaged in treatment within 34 days of initiation for the following:
  - Alcohol use disorder.
  - Opioid use disorder.
  - Other substance use disorder.



# Behavioral Health—HMOs 2022

Data Source: DOH

Performance Compared to the New York HMO Average								
HMO	Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase		Metabolic Monitoring for Children and Adolescents on Antipsychotics		Antidepressant Medication Management—Effective Continuation Phase		Follow-Up After ED Visit for Substance Use—Within 30 Days	
NY HMO Average	47		34		60		38	
Capital District Physicians Health Plan	51		43		61		45	
Excellus Health Plan <sup>1</sup>	44	▼	33		62	▲	38	
Highmark Western and Northeastern New York Inc. <sup>2</sup>	50		28		59		38	
HIP Health Maintenance Organization	49		42		52	▼	27	
Independent Health Association, Inc.	55		47		59		44	
MVP Health Plan, Inc.	60		25		55	▼	32	

**Legend**  
 ▲ Significantly better than the NY HMO average.      ▼ Significantly worse than the NY HMO average.      No symbol: Not significantly different than the NY HMO average.

<sup>1</sup>Includes combined data for Excellus BlueCross BlueShield HMO and PPO membership.

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## Understanding the Chart

The symbols in the chart show how each HMO compares to the average of 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.

# Behavioral Health—HMOs 2022

Data Source: DOH

Performance Compared to the New York HMO Average						
HMO	Follow-Up After Emergency Department Visit for Mental Illness— Within 30 Days		Follow-Up After Hospitalization for Mental Illness— Within 30 Days		Adherence to Antipsychotic Medications for Individuals With Schizophrenia	
<b>NY HMO Average</b>	<b>70</b>		<b>79</b>		<b>73</b>	
Capital District Physicians Health Plan	71		87	▲	79	
Excellus Health Plan <sup>1</sup>	72		76	▼	72	
Highmark Western and Northeastern New York Inc. <sup>2</sup>	72		86	▲	75	
HIP Health Maintenance Organization	64	▼	76		76	
Independent Health Association, Inc.	76		76		74	
MVP Health Plan, Inc.	63		80		69	

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# Behavioral Health—HMOs 2022

Data Source: DOH

Performance Compared to the New York HMO Average						
HMO	Initiation of Substance Use Disorder Treatment					
	Alcohol Use Disorder		Opioid Use Disorder		Other Substance Use Disorder	
<b>NY HMO Average</b>	<b>34</b>		<b>48</b>		<b>35</b>	
Capital District Physicians Health Plan	29			TS	43	
Excellus Health Plan <sup>1</sup>	36	▲	53	▲	34	
Highmark Western and Northeastern New York Inc. <sup>2</sup>	30	▼	33	▼	31	▼
HIP Health Maintenance Organization	48	▲	55		62	▲
Independent Health Association, Inc.	27	▼	41		32	
MVP Health Plan, Inc.	34		51		37	

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# Behavioral Health—HMOs 2022

Data Source: DOH

Performance Compared to the New York HMO Average						
HMO	Engagement of Substance Use Disorder Treatment					
	Alcohol Use Disorder		Opioid Use Disorder		Other Substance Use Disorder	
<b>NY HMO Average</b>	<b>13</b>		<b>30</b>		<b>14</b>	
Capital District Physicians Health Plan	9			TS	13	
Excellus Health Plan <sup>1</sup>	15	▲	34	▲	13	
Highmark Western and Northeastern New York Inc. <sup>2</sup>	11	▼	24		13	
HIP Health Maintenance Organization	17		21		27	▲
Independent Health Association, Inc.	9	▼	27		12	
MVP Health Plan, Inc.	12		26		12	

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# Behavioral Health—PPOs 2022

Data Source: DOH

Performance Compared to the New York PPO Average								
PPO <sup>1</sup>	Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase		Metabolic Monitoring for Children and Adolescents on Antipsychotics		Antidepressant Medication Management—Effective Continuation Phase		Follow-Up After ED Visit for Substance Use—Within 30 Days	
<b>NY PPO Average</b>	<b>47</b>		<b>42</b>		<b>66</b>		<b>32</b>	
<b>Aetna Life Insurance Company</b>	44		40		71	▲	34	
<b>Anthem HealthChoice Assurance, Inc.<sup>2</sup></b>	48		40		64	▼	37	▲
<b>CDPHP Universal Benefits, Inc.</b>	56		50		62	▼	36	
<b>CIGNA Health and Life Insurance Company</b>	48		40		64	▼	27	
<b>EmblemHealth Plan, Inc.</b>		TS		TS	54	▼	29	
<b>MVP Health Services Corporation</b>	48		41		60	▼	33	
<b>Oscar Insurance Corporation</b>		TS		TS	67			TS
<b>Oxford Health Insurance, Inc.</b>	47		45		71	▲	29	
<b>UnitedHealthcare Insurance Company of New York</b>	49		44		63	▼	29	

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# Behavioral Health—PPOs 2022

Data Source: DOH

Performance Compared to the New York PPO Average						
PPO <sup>1</sup>	Follow-Up After Emergency Department Visit for Mental Illness—Within 30 Days		Follow-Up After Hospitalization for Mental Illness—Within 30 Days		Adherence to Antipsychotic Medications for Individuals With Schizophrenia	
<b>NY PPO Average</b>	<b>63</b>		<b>76</b>		<b>72</b>	
<b>Aetna Life Insurance Company</b>	63		79		77	
<b>Anthem HealthChoice Assurance, Inc.<sup>2</sup></b>	62		75		68	
<b>CDPHP Universal Benefits, Inc.</b>	72		87	▲	63	
<b>CIGNA Health and Life Insurance Company</b>	65		79		68	
<b>EmblemHealth Plan, Inc.</b>	54		69			TS
<b>MVP Health Services Corporation</b>	64		84		62	
<b>Oscar Insurance Corporation</b>		TS		TS		TS
<b>Oxford Health Insurance, Inc.</b>	55	▼	66	▼	77	
<b>UnitedHealthcare Insurance Company of New York</b>	70	▲	79		67	

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# Behavioral Health—PPOs 2022

Data Source: DOH

Performance Compared to the New York PPO Average						
PPO <sup>1</sup>	Initiation of Substance Use Disorder Treatment					
	Alcohol Use Disorder		Opioid Use Disorder		Other Substance Use Disorder	
<b>NY PPO Average</b>	<b>36</b>		<b>50</b>		<b>38</b>	
<b>Aetna Life Insurance Company</b>	36		51		37	
<b>Anthem HealthChoice Assurance, Inc.<sup>2</sup></b>	37		48		40	
<b>CDPHP Universal Benefits, Inc.</b>	36		48		39	
<b>CIGNA Health and Life Insurance Company</b>	35		55		38	
<b>EmblemHealth Plan, Inc.</b>	44		45		43	
<b>MVP Health Services Corporation</b>	39		48		33	
<b>Oscar Insurance Corporation</b>	37			TS	42	
<b>Oxford Health Insurance, Inc.</b>	34		47		40	
<b>UnitedHealthcare Insurance Company of New York</b>	34		59		35	

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# Behavioral Health—PPOs 2022

Data Source: DOH

Performance Compared to the New York PPO Average						
PPO <sup>1</sup>	Engagement of Substance Use Disorder Treatment					
	Alcohol Use Disorder		Opioid Use Disorder		Other Substance Use Disorder	
<b>NY PPO Average</b>	<b>15</b>		<b>27</b>		<b>17</b>	
<b>Aetna Life Insurance Company</b>	14		25		16	
<b>Anthem HealthChoice Assurance, Inc.<sup>2</sup></b>	17	▲	22		17	
<b>CDPHP Universal Benefits, Inc.</b>	12		27		14	
<b>CIGNA Health and Life Insurance Company</b>	15		32		17	
<b>EmblemHealth Plan, Inc.</b>	11		26		20	
<b>MVP Health Services Corporation</b>	14		30		14	
<b>Oscar Insurance Corporation</b>	14			TS	12	
<b>Oxford Health Insurance, Inc.</b>	15		27		18	
<b>UnitedHealthcare Insurance Company of New York</b>	17		39		17	

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# 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 6 months after discharge.
- **Asthma Medication Ratio:** The percentage of members ages 5–64 years who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.
- **Statin Therapy for Patients With Cardiovascular Disease:** The percentage of male adults ages 21–75 years and female adults ages 40–75 years who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria:
  - *Received Statin Therapy:* Adults who were dispensed at least one high or moderate-intensity statin medication.
  - *Statin Adherence 80%:* Adults who remained on a high or moderate-intensity statin medication for at least 80% of the treatment period.

# Managing Medications—HMOs 2022

Data Source: DOH

Performance Compared to the New York HMO Average								
HMO	Persistence of Beta-Blocker Treatment		Asthma Medication Ratio		Statin Therapy for Patients With Cardiovascular Disease			
					Received Statin Therapy		Statin Adherence 80%	
<b>NY HMO Average</b>	<b>90</b>		<b>84</b>		<b>85</b>		<b>80</b>	
Capital District Physicians Health Plan	84		86		86		79	
Excellus Health Plan <sup>1</sup>	91		85	▲	86	▲	83	▲
Highmark Western and Northeastern New York Inc. <sup>2</sup>	87		84		84		74	▼
HIP Health Maintenance Organization	83		86		80	▼	72	▼
Independent Health Association, Inc.	93		80	▼	85		83	▲
MVP Health Plan, Inc.	89		76	▼	86		77	

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# Managing Medications—PPOs 2022

Data Source: DOH

Performance Compared to the New York PPO Average								
PPO <sup>1</sup>	Persistence of Beta-Blocker Treatment		Asthma Medication Ratio		Statin Therapy for Patients With Cardiovascular Disease			
					Received Statin Therapy		Statin Adherence 80%	
<b>NY PPO Average</b>	<b>85</b>		<b>80</b>		<b>81</b>		<b>81</b>	
<b>Aetna Life Insurance Company</b>	86		83	▲	82		84	▲
<b>Anthem HealthChoice Assurance, Inc.<sup>2</sup></b>	80		79		79	▼	80	
<b>CDPHP Universal Benefits, Inc.</b>	91		84		85	▲	84	
<b>CIGNA Health and Life Insurance Company</b>	89		89	▲	83		80	
<b>EmblemHealth Plan, Inc.</b>		TS	86		52	▼	75	▼
<b>MVP Health Services Corporation</b>	86		80		86	▲	78	▼
<b>Oscar Insurance Corporation</b>		TS	92		74		76	
<b>Oxford Health Insurance, Inc.</b>	87		76	▼	82		82	
<b>UnitedHealthcare Insurance Company of New York</b>	86		82		81		78	▼

## Legend

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# Quality of Care and Service for Health Insurance Companies

## Diabetes Care

### Measure Descriptions

- **Monitoring Diabetes—Dilated Eye Exam:** The percentage of members with diabetes who had a retinal eye screening exam during the last year or who had a negative retinal exam in the year prior to the last year.
- **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 blood pressure was less than 140/90 mm Hg.
- **Kidney Health Evaluation for Patients With Diabetes:** The percentage of adults 18-85 years with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the last year.
- **Statin Therapy for Patients With Diabetes:** The percentage of adults ages 40–75 years with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD), were dispensed at least one statin medication of any intensity, and met the following criteria.
  - *Received:* Adults who were dispensed at least one statin medication of any intensity.
  - *Adherent:* Adults who remained on a statin medication of any intensity for at least 80% of the treatment period.

# Diabetes Care—HMOs 2022

Data Source: DOH

Performance Compared to the New York HMO Average						
HMO	Monitoring Diabetes		Managing Diabetes Outcomes			
	Dilated Eye Exam		HbA1c Control (<8.0%)		Blood Pressure Controlled (<140/90 mmHg)	
<b>NY HMO Average</b>	<b>62</b>		<b>63</b>		<b>69</b>	
Capital District Physicians Health Plan	60		70	▲	80	▲
Excellus Health Plan <sup>1</sup>	61		61		69	
Highmark Western and Northeastern New York Inc. <sup>2</sup>	64		69	▲	74	▲
HIP Health Maintenance Organization	62		62		65	
Independent Health Association, Inc.	76	▲	73	▲	82	▲
MVP Health Plan, Inc.	52	▼	47	▼	50	▼

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# Diabetes Care—HMOs 2022

Data Source: DOH

Performance Compared to the New York HMO Average						
HMO	Kidney Health Evaluation for Patients With Diabetes		Statin Therapy for Patients With Diabetes			
			Received		Adherent	
<b>NY HMO Average</b>	<b>45</b>		<b>66</b>		<b>76</b>	
Capital District Physicians Health Plan	47	▲	66		76	
Excellus Health Plan <sup>1</sup>	43	▼	65	▼	79	▲
Highmark Western and Northeastern New York Inc. <sup>2</sup>	47	▲	69	▲	74	▼
HIP Health Maintenance Organization	46	▲	66		67	▼
Independent Health Association, Inc.	53	▲	72	▲	79	▲
MVP Health Plan, Inc.	44		69		66	▼

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# Diabetes Care—PPOs 2022

Data Source: DOH

Performance Compared to the New York PPO Average						
PPO <sup>1</sup>	Monitoring Diabetes		Managing Diabetes Outcomes			
	Dilated Eye Exam		HbA1c Control (<8.0%)		Blood Pressure Controlled (<140/90 mmHg)	
<b>NY PPO Average</b>	<b>51</b>		<b>59</b>		<b>59</b>	
Aetna Life Insurance Company	55		63		56	
Anthem HealthChoice Assurance, Inc. <sup>2</sup>	48		55		60	
CDPHP Universal Benefits, Inc.	61	▲	75	▲	80	▲
CIGNA Health and Life Insurance Company	47		54		61	
EmblemHealth Plan, Inc.	60	▲	40	▼	51	▼
MVP Health Services Corporation	54		55		55	
Oscar Insurance Corporation	34	▼	57		53	▼
Oxford Health Insurance, Inc.	45	▼	60		57	
UnitedHealthcare Insurance Company of New York	53		61		64	

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# Diabetes Care—PPOs 2022

Data Source: DOH

Performance Compared to the New York PPO Average						
PPO <sup>1</sup>	Kidney Health Evaluation for Patients With Diabetes		Statin Therapy for Patients With Diabetes			
	Received	Adherent	Received	Adherent	Received	Adherent
<b>NY PPO Average</b>	<b>38</b>		<b>61</b>		<b>75</b>	
<b>Aetna Life Insurance Company</b>	36	▼	60	▼	77	▲
<b>Anthem HealthChoice Assurance, Inc.<sup>2</sup></b>	40	▲	61		74	
<b>CDPHP Universal Benefits, Inc.</b>	46	▲	67	▲	80	▲
<b>CIGNA Health and Life Insurance Company</b>	39		63	▲	72	▼
<b>EmblemHealth Plan, Inc.</b>	28	▼	49	▼	60	▼
<b>MVP Health Services Corporation</b>	46	▲	68	▲	76	
<b>Oscar Insurance Corporation</b>	41		68		77	
<b>Oxford Health Insurance, Inc.</b>	32	▼	60	▼	77	▲
<b>UnitedHealthcare Insurance Company of New York</b>	40	▲	63		69	▼

**Legend**  
 ▲ Significantly better than the NY PPO average.      ▼ Significantly worse than the NY PPO average.      No symbol: Not significantly different than the NY PPO average.

<sup>1</sup>Data for Excellus Health Plan PPO and Highmark Western and Northeastern New York Inc. are included in the HMO tables.

<sup>2</sup>Formerly Empire HealthChoice Assurance, Inc.

## Understanding the Chart

The symbols in the chart show how each PPO compares to the average of 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.



# 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.

# Quality of Providers—HMOs 2022

Data Source: DOH

Performance Compared to the New York HMO Average						
HMO	Satisfaction With Personal Doctor		Satisfaction With Specialist		Satisfaction With Provider Communication	
NY HMO Average	85		84		95	
Capital District Physicians Health Plan	88		80		96	
Excellus Health Plan <sup>1</sup>	89		85		97	
Highmark Western and Northeastern New York Inc. <sup>2</sup>	83		83		96	
HIP Health Maintenance Organization	77	▼	82		90	▼
Independent Health Association, Inc.	89	▲	88		98	▲
MVP Health Plan, Inc.	84		86		95	
<b>Legend</b> ▲ Significantly better than the NY HMO average.      ▼ Significantly worse than the NY HMO average.      No symbol: Not significantly different than the NY HMO average.						

<sup>1</sup>Includes combined data for Excellus BlueCross BlueShield HMO and PPO membership.

<sup>2</sup>Includes data for Highmark Western and Northeastern New York Inc. PPO membership.

## Understanding the Chart

The symbols in the chart show how each HMO compares to the average of 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.

# Quality of Providers—PPOs 2022

Data Source: DOH

Performance Compared to the New York PPO Average						
PPO <sup>1</sup>	Satisfaction With Personal Doctor		Satisfaction With Specialist		Satisfaction With Provider Communication	
<b>NY PPO Average</b>	<b>82</b>		<b>85</b>		<b>95</b>	
Aetna Life Insurance Company	84		86		95	
Anthem HealthChoice Assurance, Inc. <sup>2</sup>	82		90		94	
CDPHP Universal Benefits, Inc.	89	▲	89		97	▲
CIGNA Health and Life Insurance Company	84		82		93	
EmblemHealth Plan, Inc.	83		83		95	
MVP Health Services Corporation	81		88		95	
Oscar Insurance Corporation	73	▼	74	▼	96	
Oxford Health Insurance, Inc.	82		83		94	
UnitedHealthcare Insurance Company of New York	80		86		94	

**Legend**  
 ▲ Significantly better than the NY PPO average.      ▼ Significantly worse than the NY PPO average.      No symbol: Not significantly different than the NY PPO average.

<sup>1</sup>Data for Excellus Health Plan PPO and Highmark Western and Northeastern New York Inc. are included in the HMO tables.

<sup>2</sup>Formerly Empire HealthChoice Assurance, Inc.

## Understanding the Chart

The symbols in the chart show how each PPO compares to the average of 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.

# 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.

## Understanding the Chart

### 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 different standards and processes to maintain and improve quality in core areas.

Health insurance companies must also submit results of clinical performance measures (known as "HEDIS<sup>®</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 health insurance companies.

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<sup>1</sup>HEDIS<sup>®</sup> is a registered trademark of the National Committee for Quality Assurance (NCQA).

<sup>2</sup>For more information, visit the NCQA Health Plan Report Card: <https://reportcards.ncqa.org/health-plans>.

### NCQA Accreditation Status:<sup>2</sup>

- **Accredited** indicates that the health insurance company demonstrates levels of service and clinical quality that meets or exceeds NCQA's rigorous requirements for consumer protection and quality improvement.
- **Not Reviewed** indicates that the health insurance company has not requested NCQA review.

For more information on NCQA, visit [www.ncqa.org](http://www.ncqa.org).

## NCQA Accreditation Status as of July 2024<sup>1</sup>

HMO	Accreditation Status
Capital District Physicians Health Plan	Accredited
Excellus Health Plan <sup>2</sup>	Accredited
Highmark Western and Northeastern New York Inc. <sup>2</sup>	Accredited
HIP Health Maintenance Organization	Accredited
Independent Health Association, Inc.	Accredited
MVP Health Plan, Inc.	Accredited
UnitedHealthcare of New York, Inc.	Not Reviewed

EPO/PPO Health Plan	Accreditation Status
Aetna Life Insurance Company	Accredited
Anthem HealthChoice Assurance, Inc.	Not Reviewed
CDPHP Universal Benefits, Inc.	Accredited
CIGNA Health and Life Insurance Company <sup>2</sup>	Accredited
EmblemHealth Insurance Company	Not Reviewed
EmblemHealth Plan, Inc.	Accredited
Excellus Health Plan, Inc. <sup>2</sup>	Accredited
Highmark Western and Northeastern New York Inc. <sup>2</sup>	Accredited
Independent Health Benefits Corporation	Not Reviewed
MVP Health Services Corporation	Not Reviewed
Nippon Life Insurance Company of America	Not Reviewed
Oscar Insurance Corporation <sup>3</sup>	Accredited
Oxford Health Insurance, Inc.	Accredited
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.

<sup>3</sup>Accreditation is based on EPO product.

## NCQA Accreditation Status as of July 2024<sup>1</sup>, continued

<b>Commercial Health Insurance Company</b>	<b>Accreditation Status</b>
<b>American Family Life Assurance Company of New York</b>	Not Reviewed
<b>Berkshire Life Insurance Company of America</b>	Not Reviewed
<b>Combined Life Insurance Company of New York</b>	Not Reviewed
<b>Delta Dental of New York, Inc.</b>	Not Reviewed
<b>Eastern Vision Service Plan, Inc.</b>	Not Reviewed
<b>Fidelity Security Life Insurance Company of New York</b>	Not Reviewed
<b>First Reliance Standard Life Insurance Company</b>	Not Reviewed
<b>First Symetra National Life Company of New York</b>	Not Reviewed
<b>First Unum Life Insurance Company</b>	Not Reviewed
<b>Genworth Life Insurance Company of New York</b>	Not Reviewed
<b>Guardian Life Insurance Company of America</b>	Not Reviewed
<b>Hartford Life and Accident Insurance Company</b>	Not Reviewed
<b>HCC Life Insurance Company</b>	Not Reviewed
<b>HM Life Insurance Company of New York</b>	Not Reviewed
<b>John Hancock Life &amp; Health Insurance Company</b>	Not Reviewed
<b>Lincoln Life and Annuity Company of New York</b>	Not Reviewed
<b>Massachusetts Mutual Life Insurance Company</b>	Not Reviewed
<b>Metropolitan Life Insurance Company</b>	Not Reviewed
<b>Mutual of Omaha Insurance Company</b>	Not Reviewed
<b>New York Life Group Insurance Company of New York</b>	Not Reviewed
<b>New York Life Insurance Company</b>	Not Reviewed
<b>Northwestern Mutual Life Insurance Company</b>	Not Reviewed

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

## NCQA Accreditation Status as of July 2024<sup>1</sup>, continued

Commercial Health Insurance Company	Accreditation Status
Principal Life Insurance Company	Not Reviewed
Provident Life and Casualty Insurance Company	Not Reviewed
Prudential Insurance Company of America	Not Reviewed
ShelterPoint Life Insurance Company	Not Reviewed
Standard Life Insurance Company of New York	Not Reviewed
Standard Security Life Insurance Company of New York	Not Reviewed
Sun Life and Health Insurance Company	Not Reviewed
Transamerica Financial Life Insurance Company	Not Reviewed
Union Labor Life Insurance Company	Not Reviewed
Wellfleet New York 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 ranking 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 2023. 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 2023. 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—2023

Data Source: DFS

Health Insurers	Plan Type	Rank <sup>1,2</sup>	Total Complaints	Complaints Upheld	Premiums (Millions \$)	Complaint Ratio
Excellus Health Plan	HMO	1	7	0	540.62	0.0000
Standard Security Life Insurance Company of New York	Commercial	2	1	0	209.17	0.0000
First Reliance Standard Life Insurance Company	Commercial	3	0	0	118.55	0.0000
Mutual of Omaha Insurance Company	Commercial	4	3	0	117.92	0.0000
HCC Life Insurance Company	Commercial	5	0	0	109.65	0.0000
Northwestern Mutual Life Insurance Company	Commercial	6	3	0	107.70	0.0000
Eastern Vision Service Plan, Inc. <sup>3</sup>	Commercial	7	1	0	105.84	0.0000
Standard Life Insurance Company of New York	Commercial	8	2	0	100.04	0.0000
HM Life Insurance Company of New York	Commercial	9	0	0	93.89	0.0000
Provident Life and Casualty Insurance Company	Commercial	10	2	0	86.37	0.0000
Massachusetts Mutual Life Insurance Company	Commercial	11	3	0	83.75	0.0000
Berkshire Life Insurance Company of America	Commercial	12	2	0	81.41	0.0000
Fidelity Security Life Insurance Company of New York	Commercial	13	0	0	62.77	0.0000
ReliaStar Life Insurance Company of New York	Commercial	14	0	0	60.45	0.0000
First Symetra National Life Company of New York	Commercial	15	0	0	59.33	0.0000
Union Labor Life Insurance Company	Commercial	16	0	0	53.55	0.0000
ShelterPoint Life Insurance Company	Commercial	17	1	1	487.65	0.0021
First Unum Life Insurance Company	Commercial	18	9	1	377.74	0.0026
Hartford Life and Accident Insurance Company	Commercial	19	6	2	570.22	0.0035
Independent Health Association, Inc.	HMO	20	5	1	250.21	0.0040

<sup>1</sup>If the ratios are the same among health insurance companies, the health insurance company with the higher annual 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 vision coverage only.

<sup>4</sup>Complaints, complaint ratios and premiums include data from the health insurance company's EPO, PPO, and commercial business.

<sup>5</sup>Plan issues dental coverage only.

<sup>6</sup>Formerly Empire HealthChoice Assurance, Inc.

## Overall Complaint Ranking—2023, continued

Data Source: DFS

Health Insurers	Plan Type	Rank <sup>1,2</sup>	Total Complaints	Complaints Upheld	Premiums (Millions \$)	Complaint Ratio
Sun Life and Health Insurance Company	Commercial	21	4	1	247.03	0.0040
Lincoln Life and Annuity Company of New York	Commercial	22	8	1	222.05	0.0045
Independent Health Benefits Corporation <sup>4</sup>	EPO/PPO	23	10	3	615.06	0.0049
CDPHP Universal Benefits, Inc. <sup>4</sup>	EPO/PPO	24	11	3	574.46	0.0052
MVP Health Services Corporation <sup>4</sup>	EPO/PPO	25	21	4	671.81	0.0060
MVP Health Plan, Inc.	HMO	26	10	3	483.39	0.0062
Capital District Physicians Health Plan	HMO	27	77	5	655.24	0.0076
Combined Life Insurance Company of New York	Commercial	28	13	1	120.07	0.0083
Guardian Life Insurance Company of America	Commercial	29	24	5	538.52	0.0093
New York Life Group Insurance Company of New York	Commercial	30	5	2	214.50	0.0093
Excellus Health Plan, Inc. <sup>4</sup>	EPO/PPO	31	87	30	2,962.79	0.0101
Principal Life Insurance Company	Commercial	32	4	1	90.89	0.0110
Prudential Insurance Company of America	Commercial	33	8	2	172.89	0.0116
Metropolitan Life Insurance Company	Commercial	34	57	16	920.57	0.0174
Nippon Life Insurance Company of America <sup>4</sup>	EPO/PPO	35	3	2	102.11	0.0196
American Family Life Assurance Company of New York	Commercial	36	11	7	305.62	0.0229
Wellfleet New York Insurance Company	Commercial	37	18	3	119.74	0.0251
UnitedHealthcare of New York, Inc.	HMO	38	49	23	877.43	0.0262
UnitedHealthcare Insurance Company of New York <sup>4</sup>	EPO/PPO	39	169	62	2,276.82	0.0272
Delta Dental of New York, Inc. <sup>5</sup>	Commercial	40	29	7	196.27	0.0357
New York Life Insurance Company	Commercial	41	9	3	82.34	0.0364

<sup>1</sup>If the ratios are the same among health insurance companies, the health insurance company with the higher annual 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 vision coverage only.

<sup>4</sup>Complaints, complaint ratios and premiums include data from the health insurance company's EPO, PPO, and commercial business.

<sup>5</sup>Plan issues dental coverage only.

<sup>6</sup>Formerly Empire HealthChoice Assurance, Inc.

## Overall Complaint Ranking—2023, continued

Data Source: DFS

Health Insurers	Plan Type	Rank <sup>1,2</sup>	Total Complaints	Complaints Upheld	Premiums (Millions \$)	Complaint Ratio
Genworth Life Insurance Company of New York	Commercial	42	42	7	186.43	0.0375
Transamerica Financial Life Insurance Company	Commercial	43	13	4	92.08	0.0434
Highmark Western and Northeastern New York Inc.	HMO	44	22	7	128.83	0.0543
Highmark Western and Northeastern New York Inc. <sup>4</sup>	EPO/PPO	45	128	65	1,167.44	0.0557
John Hancock Life & Health Insurance Company	Commercial	46	27	7	114.33	0.0612
Anthem HealthChoice Assurance, Inc. <sup>4,6</sup>	EPO/PPO	47	523	260	3,905.65	0.0666
Oxford Health Insurance, Inc. <sup>4</sup>	EPO/PPO	48	1,246	568	6,359.34	0.0893
CIGNA Health and Life Insurance Company <sup>4</sup>	EPO/PPO	49	325	231	2,127.69	0.1086
EmblemHealth Insurance Company <sup>4</sup>	EPO/PPO	50	30	16	128.74	0.1243
Aetna Life Insurance Company <sup>4</sup>	EPO/PPO	51	618	297	2,291.84	0.1296
HIP Health Maintenance Organization	HMO	52	1,117	756	3,053.55	0.2476
Oscar Insurance Corporation	EPO/PPO	53	204	105	104.70	1.0029
EmblemHealth Plan, Inc. <sup>4</sup>	EPO/PPO	54	1,642	959	478.69	2.0034
<b>Total</b>			<b>6,609</b>	<b>3,471</b>	<b>36,265.74</b>	<b>0.0957</b>

<sup>1</sup>If the ratios are the same among health insurance companies, the health insurance company with the higher annual 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 vision coverage only.

<sup>4</sup>Complaints, complaint ratios, and premiums include data from the health insurance company's EPO, PPO, and commercial business.

<sup>5</sup>Plan issues dental coverage only.

<sup>6</sup>Formerly Empire HealthChoice Assurance, Inc.

# Independent Dispute Resolution

New York State law protects consumers from surprise bills when services are performed by a non-participating (out-of-network) provider at a participating hospital or ambulatory surgical center in a 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 provider 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 provider was not available, **or**
  - A non-participating provider 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 provider instead of from an available participating provider.
- You will be protected from a surprise bill and you will only be responsible for your in-network copayment, coinsurance, or deductible.
  - If your doctor referred you to a non-participating provider, you **MUST** sign a surprise bill certification 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.
  - If a non-participating provider treats you at a participating hospital or ambulatory surgical center, you **MUST** sign a surprise bill certification 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 if you received the health care services before January 1, 2022. This form is not required for services provided on or after January 1, 2022 at a participating hospital or ambulatory surgical center, but it is recommended.

## Hold Harmless Protections for Insured Patients for Emergency Services

Health plans must protect consumers from bills for out-of-network emergency services in a hospital if they have coverage through a health insurance company subject to New York State law. Consumers do not have to pay non-participating provider charges for emergency services (typically for services in a hospital emergency room and inpatient services which follow an emergency room visit) that are more than the in-network copayment, coinsurance, or deductible. Let your health plan know if you receive a bill from a non-participating provider for emergency services, including a bill for inpatient services which follow an emergency room visit.

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<sup>1</sup> A surprise bill certification form allows your health care provider to seek payment from your health plan for a surprise bill. With your surprise bill certification form, 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 a surprise bill certification form, visit: [https://www.dfs.ny.gov/consumers/health\\_insurance/surprise\\_medical\\_bills](https://www.dfs.ny.gov/consumers/health_insurance/surprise_medical_bills)

# Independent Dispute Resolution, continued

In the event of a disagreement, a provider or health insurance company may dispute a payment or a charge for emergency services or a surprise bill through a process called Independent Dispute Resolution (IDR).<sup>1</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 costs, in consultation with a licensed provider in active practice in the same or similar specialty as the provider 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 whether the amount billed by the non-participating provider or the insurance company's payment is more reasonable. Uninsured patients or patients with self-insured coverage may also be able to file an IDR if they receive a bill from a provider 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 that 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 received in 2023 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 received in 2023 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 received in 2023 where the IDRE determined that the health plan's payment was more reasonable for one or more CPT codes<sup>2</sup> on the claim and the provider's charge was reasonable for the remaining codes.
- **Closed/Settled With Additional Payment:** Number of IDRs received in 2023 that closed as a result of an additional payment issued by the health plan after the IDR dispute was submitted prior to completion of the IDRE's review.
- **Settlement Reached:** Number of IDRs received in 2023 that closed 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 2023.

<sup>1</sup> For more about the IDR process and to obtain an IDR provider application, visit: [https://www.dfs.ny.gov/consumers/health\\_insurance/surprise\\_medical\\_bills](https://www.dfs.ny.gov/consumers/health_insurance/surprise_medical_bills)

<sup>2</sup> CPT codes copyright 2024 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—2023

Data Source: DFS

Category	Emergency Services	Surprise Bills
Claims not eligible	1,292	1,907
Still in Process	0	0
IDRE Decision Rendered for Eligible Claims:		
Health Plan Payment More Reasonable	387	651
Provider Charges More Reasonable	630	1,422
Split Decision	454	669
Closed/Settled With Additional Payment	26	87
Settlement Reached	109	319
<b>Total Received</b>	<b>2,898</b>	<b>5,055</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:** Consumers are billed for the difference between what their insurance company pays and the fee the provider normally charges. Balance billing is prohibited in certain circumstances, such as a surprise bill<sup>1</sup> or emergency services,<sup>2</sup> but may occur if members knowingly use the services of out-of-network providers under a PPO or POS arrangement.

<sup>1</sup>A surprise bill is when you received services from a non-participating provider at a participating hospital or ambulatory surgical center, where a participating provider was not available; or a non-participating provider provided services without your knowledge; or unforeseen medical circumstances arose at the time the services were provided. You did not choose to receive services from a non-participating provider instead of from an available participating provider; or you were referred by a participating physician to a non-participating provider, but 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 insurer. A referral occurs: (1) during a visit with your participating physician, a non-participating provider treats you; or (2) your participating physician takes a specimen from you in the office and sends it to a non-participating laboratory or pathologist; or (3) for any other health care services when referrals are required under your plan.

<sup>2</sup>Your health plan must protect you from bills for out-of-network emergency services in a hospital if you have coverage through an HMO or insurer subject to NY law (coverage that is not self-insured). You do not have to pay non-participating provider charges for emergency services (typically for services in a hospital emergency room and inpatient services that follow an emergency visit) that are more than your in-network co-payment, coinsurance or deductible.

## Telephone Numbers for Health Insurance Companies

HMO	
Capital District Physicians Health Plan	(800) 777-2273
Excellus Health Plan	(800) 847-1200
Highmark Western and Northeastern New York Inc.	(800) 544-2583
HIP Health Maintenance Organization	(866) 740-2917
Independent Health Association, Inc.	(800) 453-1910
MVP Health Plan, Inc.	(800) 825-5687
UnitedHealthcare of New York, Inc.	(833) 827-5227

EPO/PPO Health Plan	
Aetna Life Insurance Company	(800) 872-3862
Anthem HealthChoice Assurance, Inc.	(844) 285-2036
CDPHP Universal Benefits, Inc.	(877) 269-2134
Cigna Health & Life Insurance Company	(800) 244-6224
EmblemHealth Insurance Company	(866) 274-0060
EmblemHealth Plan, Inc.	(866) 274-0060
Excellus Health Plan, Inc.	(800) 847-1200
Highmark Western and Northeastern 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	(833) 827-5227



## Telephone Numbers for Health Insurance Companies, continued

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
Combined Life Insurance Company of New York	(800) 490-1322
Delta Dental of New York, Inc.	(888) 282-9501
Eastern Vision Service Plan, Inc.	(800) 877-7195
Fidelity Security Life Insurance Company of New York	(800) 648-8624
First Reliance Standard Life Insurance Company	(800) 353-3986
First Unum Life Insurance Company	(866) 679-3054
First Symetra National Life Company of New York	(800) 796-3872
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) 605-2282
HM Life Insurance Company of New York	(800) 328-5433
John Hancock Life & Health Insurance Company	(800) 732-5543
Lincoln Life and Annuity Company of New York	(877) 275-5462

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

Commercial Health Insurance Company <sup>1</sup>	
Massachusetts Mutual Life Insurance Company	(800) 272-2216
Metropolitan Life Insurance Company	(800) 334-4298
Mutual of Omaha Insurance Company	(800) 205-8193
New York Life Group Insurance Company of New York	(800) 225-5695
New York Life Insurance Company	(800) 695-9873
Northwestern Mutual Life Insurance Company	(800) 388-8123
Principal Life Insurance Company	(800) 986-3343
Provident Life and Casualty Insurance Company	(866) 679-3054
Prudential Insurance Company of America	(877) 301-1212
ReliaStar Life Insurance Company of New York	(877) 884-5050
ShelterPoint Life Insurance Company	(800) 365-4999
Standard Life Insurance Company of New York	(888) 937-4783
Standard Security Life Insurance Company of New York	(800) 477-0087
Sun Life and Health Insurance Company	(800) 786-5433
Transamerica Financial Life Insurance Company	(888) 763-7474
Union Labor Life Insurance Company	(800) 431-5425
Wellfleet New York Insurance Company	(877) 657-5030

## 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)

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

For printed copies of the Guide, visit:

[https://www.dfs.ny.gov/consumers/health\\_insurance/health\\_insurance\\_complaint\\_rankings](https://www.dfs.ny.gov/consumers/health_insurance/health_insurance_complaint_rankings), 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, network adequacy, benefits and premiums, contact:**

**Consumer Assistance Unit**

**New York State Department of Financial Services**

One Commerce Plaza  
Albany, NY 12257

(800) 342-3736

<https://www.dfs.ny.gov/complaint>

**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:**

[https://www.dfs.ny.gov/complaints/file\\_external\\_appeal](https://www.dfs.ny.gov/complaints/file_external_appeal)

For an external appeal application:

[https://www.dfs.ny.gov/system/files/documents/2023/06/ext\\_appl\\_20230417\\_form\\_fill.pdf](https://www.dfs.ny.gov/system/files/documents/2023/06/ext_appl_20230417_form_fill.pdf)

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

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

OHIP DHPKO 1CP-1609  
Albany, NY 12237

(800) 206-8125

[https://www.health.ny.gov/health\\_care/managed\\_care/complaints/index.htm](https://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

(888) FRAUDNY | (888) 372-8369

[https://www.dfs.ny.gov/complaints/report\\_fraud](https://www.dfs.ny.gov/complaints/report_fraud)

## Contacts and Resources, continued

### Information About NY State of Health

Under the Affordable Care Act, New York State operates a health benefit 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 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.

You should assess your health care needs and choose the plan that best suits your 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).

## Contacts and Resources, continued

### Small Businesses

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

In general, businesses with 100 full-time equivalent (FTE) employees or less over the prior calendar year, 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 businesses find high quality, affordable health insurance coverage for employees and their families. The Small Business Marketplace gives businesses choice and control over health costs.

- 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.

### Applying for Health Insurance Offered on NY State of Health

Open enrollment is November 1, 2024, through January 31, 2025. You must enroll by December 15, 2024, for coverage to start January 1, 2025. A Special Enrollment Period may also be available if you 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:

<https://aging.ny.gov/programs/medicare-and-health-insurance>

**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:

[https://www.health.ny.gov/health\\_care/medicaid/ldss.htm](https://www.health.ny.gov/health_care/medicaid/ldss.htm)

#### Children's Medicaid and Child Health Plus

Health insurance program for children under 19 years of age.

Your child may benefit from services through Children's Medicaid or Child Health Plus. Services include well-child care, immunizations, x-ray and lab tests, surgery, emergency care, prescription and nonprescription drugs, dental care, vision care, speech and hearing, emergency ambulance transportation to a hospital and more.

**For information about eligibility requirements for Children's Medicaid or Child Health Plus**, visit:

[https://www.health.ny.gov/health\\_care/child\\_health\\_plus/eligibility\\_and\\_cost.htm](https://www.health.ny.gov/health_care/child_health_plus/eligibility_and_cost.htm)

**For more information about Child Health Plus**, contact (800) 698-4KIDS ((800)-698-4543), or visit:

[https://www.health.ny.gov/health\\_care/child\\_health\\_plus/index.htm](https://www.health.ny.gov/health_care/child_health_plus/index.htm)

## Contacts and Resources, continued

### Questions About Medicare, Medicaid, Child Health Plus and the Essential Plan?, continued

To apply for **Child Health Plus**, contact the NYSOH at (855) 355-5777, or visit:

[https://www.health.ny.gov/health\\_care/child\\_health\\_plus/how\\_do\\_i\\_apply.htm](https://www.health.ny.gov/health_care/child_health_plus/how_do_i_apply.htm)

#### **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:

<https://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 Group Health Insurance Through COBRA and Young Adult Coverage?

#### **COBRA and Continuation of Benefits**

Under the federal Consolidated Omnibus Budget Reconciliation Act (COBRA), if you work for a company that has 20 employees or more, you and your family may have the right to purchase group health insurance for a limited period if you lose coverage due to certain qualifying events (such as job loss, job transition, death, and divorce). The New York State continuation coverage law resembles the federal COBRA. It applies to employers with less than 20 employees, and gives their employees and their employees' families the right to continue to purchase group health insurance for limited periods of time when they would otherwise lose coverage due to certain qualifying events.

For more information about **COBRA and Continuation of Benefits**, visit:

[https://www.dfs.ny.gov/consumers/health\\_insurance/cobra\\_and\\_premium\\_assistance](https://www.dfs.ny.gov/consumers/health_insurance/cobra_and_premium_assistance)

For frequently asked questions about **COBRA and Continuation of Benefits**, visit:

[https://www.dfs.ny.gov/consumers/health\\_insurance/cobra\\_faqs](https://www.dfs.ny.gov/consumers/health_insurance/cobra_faqs)

#### **Coverage through Age 29 or Young Adult Coverage**

Under New York Law, young adults may be able to stay on their parents' health insurance through age 29.

For more information about **Young Adult Coverage**, visit:

[https://www.dfs.ny.gov/consumers/health\\_insurance/cobra\\_and\\_premium\\_assistance](https://www.dfs.ny.gov/consumers/health_insurance/cobra_and_premium_assistance)

### 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:

<https://www.dfs.ny.gov/consumers/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:

[https://www.health.ny.gov/health\\_care/managed\\_care/reports/](https://www.health.ny.gov/health_care/managed_care/reports/)

# Health Plan Quality Comparison Worksheet

This worksheet can help you organize and compare quality information about the health plans available to you. Enter information in the Guide and in other materials you may have gotten from your employer and the health insurer. Start by entering the names of health plans you are considering, then enter quality information for the categories important to you.

<b>Quality Information</b>	<b>Health Plan Name</b> <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i>	<b>Health Plan Name</b> <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i>	<b>Health Plan Name</b> <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i>	<b>Health Plan Name</b> <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i>
<b>Complaints</b> <i>Enter ranking information.</i> <i>See page 4.</i>				
<b>Prompt Pay Complaints</b> <i>Enter ranking information.</i> <i>See page 9.</i>				
<b>Internal Appeals</b> <i>Enter reversal rate information.</i> <b>Note:</b> <i>A lower rate is better.</i> <i>See page 14.</i>				

# Health Plan Quality Comparison Worksheet

<b>Quality Information</b>	<b>Health Plan Name</b> <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i>	<b>Health Plan Name</b> <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i>	<b>Health Plan Name</b> <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i>	<b>Health Plan Name</b> <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i>
<b>External Appeals</b> <i>Enter reversal rate information.</i> <b>Note:</b> A lower rate is better. <i>See page 19.</i>				
<b>Grievances</b> <i>Enter reversal rate information.</i> <b>Note:</b> A lower rate is better. <i>See page 25.</i>				

# Health Plan Quality Comparison Worksheet

<b>Quality Information</b>	<b>Health Plan Name</b> <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i>	<b>Health Plan Name</b> <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i>	<b>Health Plan Name</b> <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i>	<b>Health Plan Name</b> <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i>
<b>Access and Services</b>  <i>Review and select measure(s) important to you, then enter performance information from the health plan for those measure(s).</i>  <i>See page 30.</i>				
<b>Child and Adolescent Health</b>  <i>Review and select measure(s) important to you, then enter performance information from the health plan for those measure(s).</i>  <i>See page 33.</i>				



# Health Plan Quality Comparison Worksheet

<b>Quality Information</b>	<b>Health Plan Name</b> <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i>	<b>Health Plan Name</b> <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i>	<b>Health Plan Name</b> <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i>	<b>Health Plan Name</b> <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i>
<b>Adult Health</b>  <i>Review and select measure(s) important to you, then enter performance information from the health plan for those measure(s).</i>  <i>See page 38.</i>				
<b>Women's Health</b>  <i>Review and select measure(s) important to you, then enter performance information from the health plan for those measure(s).</i>  <i>See page 43.</i>				

# Health Plan Quality Comparison Worksheet

<b>Quality Information</b>	<b>Health Plan Name</b> <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i>	<b>Health Plan Name</b> <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i>	<b>Health Plan Name</b> <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i>	<b>Health Plan Name</b> <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i>
<b>Behavioral Health</b>  <i>Review and select measure(s) important to you, then enter performance information from the health plan for those measure(s).</i>  <i>See page 46.</i>				
<b>Managing Medications</b>  <i>Review and select measure(s) important to you, then enter performance information from the health plan for those measure(s).</i>  <i>See page 56.</i>				

# Health Plan Quality Comparison Worksheet

<b>Quality Information</b>	<b>Health Plan Name</b> <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i>	<b>Health Plan Name</b> <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i>	<b>Health Plan Name</b> <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i>	<b>Health Plan Name</b> <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i>
<b>Diabetes Care</b>  <i>Review and select measure(s) important to you, then enter performance information from the health plan for those measure(s).</i>  <i>See page 59.</i>				
<b>Quality of Providers</b>  <i>Review and select measure(s) important to you, then enter performance information from the health plan for those measure(s).</i>  <i>See page 64.</i>				

# Health Plan Quality Comparison Worksheet

<b>Quality Information</b>  <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i>	<b>Health Plan Name</b>  <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i>	<b>Health Plan Name</b>  <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i>	<b>Health Plan Name</b>  <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i>	<b>Health Plan Name</b>  <i>Enter the health plan you are interested in that offers benefits and/or doctors you want.</i>
<b>Accreditation Status</b>  <i>Enter the health plan's accreditation status.</i>  <i>See page 67.</i>				
<b>Cost</b>  <i>Review cost information from your employer or health insurers.</i>  <i>Enter information about monthly premium, deductible, co-pays, and co-insurance.</i>				