

Comparing Texas HMOs 1999

Health Plan Quality from the
Consumer's Point of View

prepared by the
OFFICE OF PUBLIC INSURANCE COUNSEL
www.opic.state.tx.us



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About the report . . .

The **Office of Public Insurance Counsel (OPIC)**

is a state agency which represents consumers as a class in insurance matters.

The 75th Texas Legislature directed OPIC to issue annual reports comparing HMOs in the state of Texas.

This report reflects the experience of Texans in Health Maintenance Organizations (HMOs) during 1998. Only commercial populations were surveyed. Not included in this survey were Medicaid and Medicare populations. However, Medicaid information is readily available from the Texas Department of Health (TDH). Medicare information may be obtained from the Health Care Financing Administration (HCFA). To contact these agencies, refer to the information on pages 31-32. In addition, the report does not include ERISA plans. See pages 26 and 32 for more information on ERISA plans.

The first section of the report contains results of a survey of HMO members, the CAHPS™ 2.0H survey. The results are reported by service area for each plan in seven different regional booklets (Central Texas, East Texas, Gulf Coast Texas, North Texas, Panhandle/Plains Texas, South Texas, and West Texas). The following sections contain state-wide information such as complaint data, market share, and other helpful information as compiled by the Texas Department of Insurance and other sources.

Who did the survey?

The survey – the Consumer Assessment of Health Plans Study, Version 2.0H (CAHPS™ 2.0H) – was performed by independent survey vendors certified by the National Committee for Quality Assurance (NCQA), a not-for-profit organization dedicated to assessing and reporting on the quality of managed care plans.

The survey comprises the consumer satisfaction measure for the Health Plan Employer Data and Information Set (HEDIS®) that Texas health maintenance organizations are required to submit annually to the Texas Health Care Information Council (THCIC). OPIC relied on the THCIC for member-level data of the HEDIS®/CAHPS™ 2.0H survey for its analysis.

The HEDIS®/CAHPS™ 2.0H is a merging of NCQA's former HEDIS® Member Satisfaction Survey and the CAHPS™.

CAHPS™ was developed by Harvard Medical School, Research Triangle Institute, Inc. and RAND.

Who was surveyed?

The regional booklets (Central Texas, East Texas, Gulf Coast Texas, North Texas, Panhandle/Plains Texas, South Texas, and West Texas) of *Comparing Texas HMOs 1999* show results of an analysis made on more than 24,000 members in 59 health plans across Texas.

Adults who had been enrolled in their plan continuously for the 12 month period from January 1, 1998 to December 31, 1998 were surveyed. People only answered questions about the health care services they had actually used during the 12 months immediately preceding the survey.

How was the survey done?

The survey was administered primarily by mail, with a telephone follow-up to those not responding to the mailed questionnaire. The survey was voluntary and confidential.

The survey asked HMO members questions about their experiences with their health plans and medical care, such as:

- Were claims handled quickly and correctly?
- Did they get the care they needed?
- Could they get appointments quickly when they needed them?
- Could they get information they needed from the health plan?

If you are interested in performance measures such as the rates at which the plans perform:

- Child immunizations
- Breast cancer screenings
- Eye exams for people with diabetes,

the Texas Health Care Information Council has published regional reports which include this type of information. For other sources of information about HMOs, see pages 30-32.

What was the response rate?

The response rate for the survey was 39%. Of the 62,359 plan members selected and eligible to participate in the survey, 18,246 completed the survey by mail and 6,147 completed the survey by phone. Refer to page 18 for a list of response rates by plan for all plans in the survey.

Why does health plan quality matter?

When you pick an HMO, you are also picking the doctors, hospitals, and other providers you can use. You are also choosing plan administrators, who review and approve or disapprove doctor-recommended care, and provide financial incentives to doctors based on the amount or type of care provided. That is why it is important to consider consumer ratings of health plan quality along with costs and covered services.

How this booklet can help you

This booklet gives you information about health plan quality from the point of view of people who were enrolled in the plans during 1998.

This booklet can help you choose a health plan by showing you how the plans in Texas compare on some important quality topics. Although this report compares plans, it does not tell you which one to choose. You should pick a plan based on what is most important to you and your family.

For a short description of health maintenance organizations and how to get additional information, see pages 5 and 30-32.

What are your legal rights?

Texas has some of the most comprehensive patient protection laws in the nation.

When you are deciding whether to enroll in an HMO, it is important to know that HMOs are required to provide you information you request about the *terms and conditions* of the health plan including:

- ***covered services,***
- ***exclusions and limitations,***
- ***prior authorization requirements,***
- ***continuity of treatment,***
- ***complaint resolution,*** and
- ***the HMO's toll-free telephone number.***

Upon request the HMO also must tell you whether a specific drug is on the HMO's list of approved prescription drugs (formulary) within 3 business days of your request.

Some other rights covered by Texas law are:

- Access to specialist care—in and out of the network
- Access to prescription drugs—formulary, non-formulary, and off-label uses
- Payment for emergency care, including care at out-of-network hospitals
- Continuity of care when your doctor leaves the network
- Complaints, appeals, and independent review of adverse determinations
- Legal action against an HMO for harm caused by its treatment decisions
- Prohibiting retaliation against a patient or doctor for filing complaints
- Prohibiting financial rewards to doctors for withholding necessary care
- Prohibiting contractual limitations on treatment options doctors can discuss with patients

The Texas Department of Insurance publishes a brochure describing your rights entitled *Health Maintenance Organizations*. Link to this document on OPIC's website at www.opic.state.tx.us or call 1-800-252-3439 to request a copy.

Types of health plans . . .

Type of plans in this report

HMO

You must use the network. There are advantages in cost and coverage. As long as you use the doctors and other providers in the HMO network, the HMO pays for covered services. You may have to pay a small co-payment when you receive care, for example, \$10 per office visit. You may also have a deductible or higher co-payment for hospital or other services.

Most HMOs ask you to choose a doctor or clinic to be your **primary care provider**, or PCP. Your PCP takes care of most of your medical needs.

Generally, before you see a specialist or other providers in the network, HMOs require that you talk to your PCP to get a **referral**. However, HMOs must allow women to choose a gynecologist in addition to a PCP. In addition, the law allows direct access to specialists in other situations. For more information see page 4.

Points to consider

- You must use the doctors and other providers in the network.
- If the HMO has **limited provider networks**, you may have to use only the doctors and other providers in your personal doctor's network.
- You will usually pay less when you get care.
- Preventive care is usually covered.

Traditional indemnity insurance (no network)

Fee-for-service

There is no network. It allows you to use any doctor or hospital, but usually costs you more.

These plans are called "fee-for-service" because doctors and other providers receive a fee for each service such as an office visit, test, procedure, or other health care service.

There is usually a **deductible**, which is the dollar amount you must pay each year before the insurance company begins to pay their share of the costs.

And when your insurance does pay, you usually must pay a portion of the costs yourself (for example, 20% of the charge).

Points to consider

- You will have no limitations on choice of providers.
- You will pay more when you receive health care (office visits, hospital stays, etc.).
- There may be more paperwork, such as filing claim forms to get payment for services covered by the insurance, and keeping track of payments toward the deductible.

Network:

The group of doctors, hospitals, and other health care providers who serve people in a specific health plan.

Other plans with networks

POS and PPO

You are not limited to using the network, but there are advantages if you do.

In HMOs with a **Point Of Service** (POS) option, you may use the plan as an HMO or as a fee-for-service plan. There may be limitations on your use of the POS.

Preferred Provider Organizations (PPO) have a network, but allow you to use out-of-network doctors on a fee-for-service basis. In general, you are not required to get a referral to receive specialty or out-of-network care.

Points to consider

- If you use a provider who is in the network:
- You will pay less when you receive care.
 - More services may be covered.

While analysis of the consumer survey was performed for **all** commercial health maintenance organizations (HMOs) in Texas, only the results for plans which provide services in the Gulf Coast Texas area are featured in the survey (CAHPS™ 2.0H) results portion of this booklet.

The counties included in the Gulf Coast Texas area are:
Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton

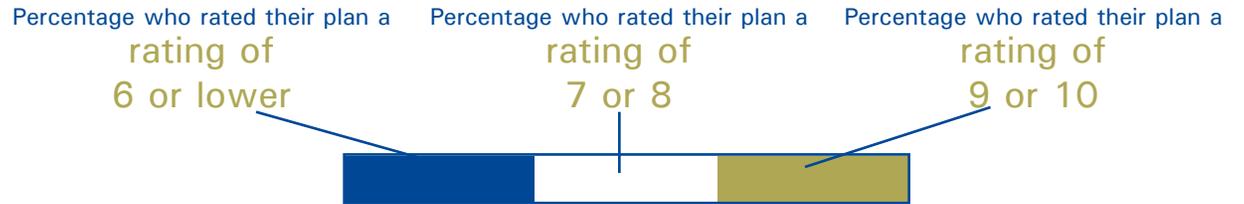
Not all HMOs provide services in each county listed here. HMOs whose service area is mainly in another region of the state are included in this report if their service area extends into at least one county in the Gulf Coast Texas region. The city/area shown after the name of each HMO indicates its main area of service. You should contact the plans directly for details on the areas they serve.

If your HMO is not included in the following section, chances are the plan was exempt from participating in the survey due to its low enrollment or its short time of participation in the Texas commercial HMO market during 1998. In addition, your plan may be among the three commercial HMOs that did not submit required data (see page 18).

Survey (CAHPS™ 2.0H) Results
for
Gulf Coast Texas Plans

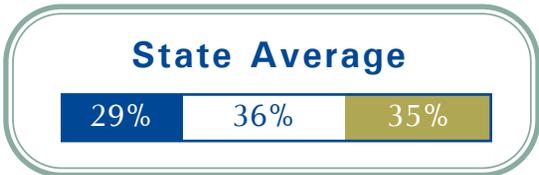
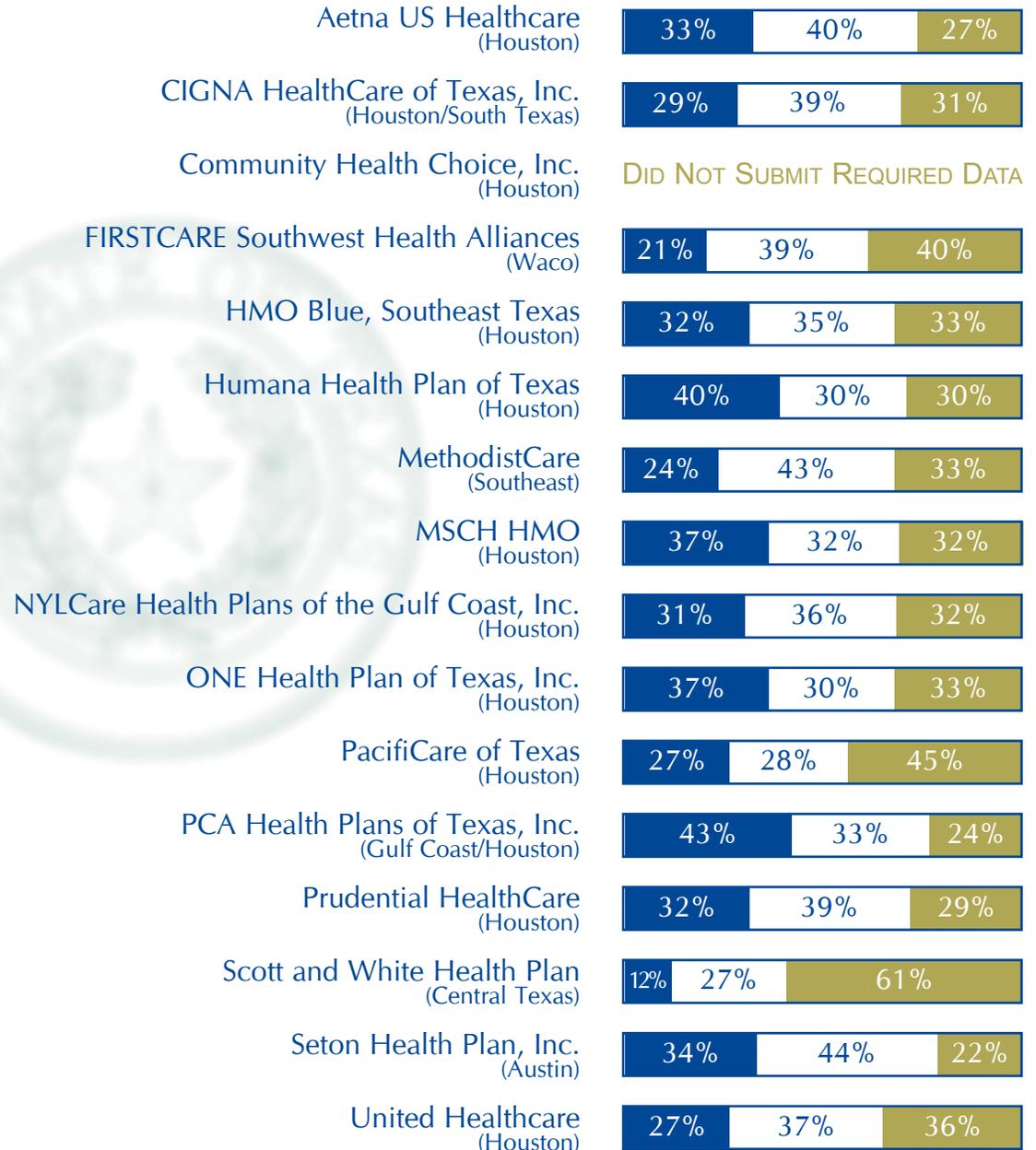


How people rated their health plan



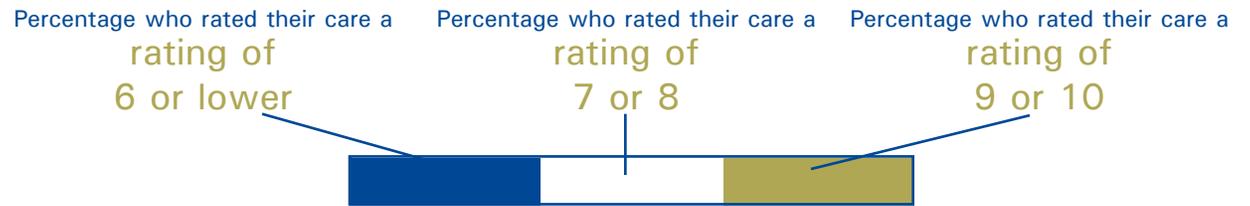
The bar graphs show answers to a survey question that asked people to **rate their health plan** on a scale from:

0 = “worst health plan possible” to
10 = “best health plan possible”



Due to rounding, percentages may not add to 100%.

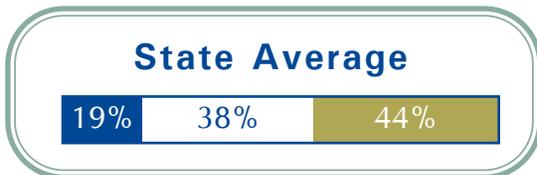
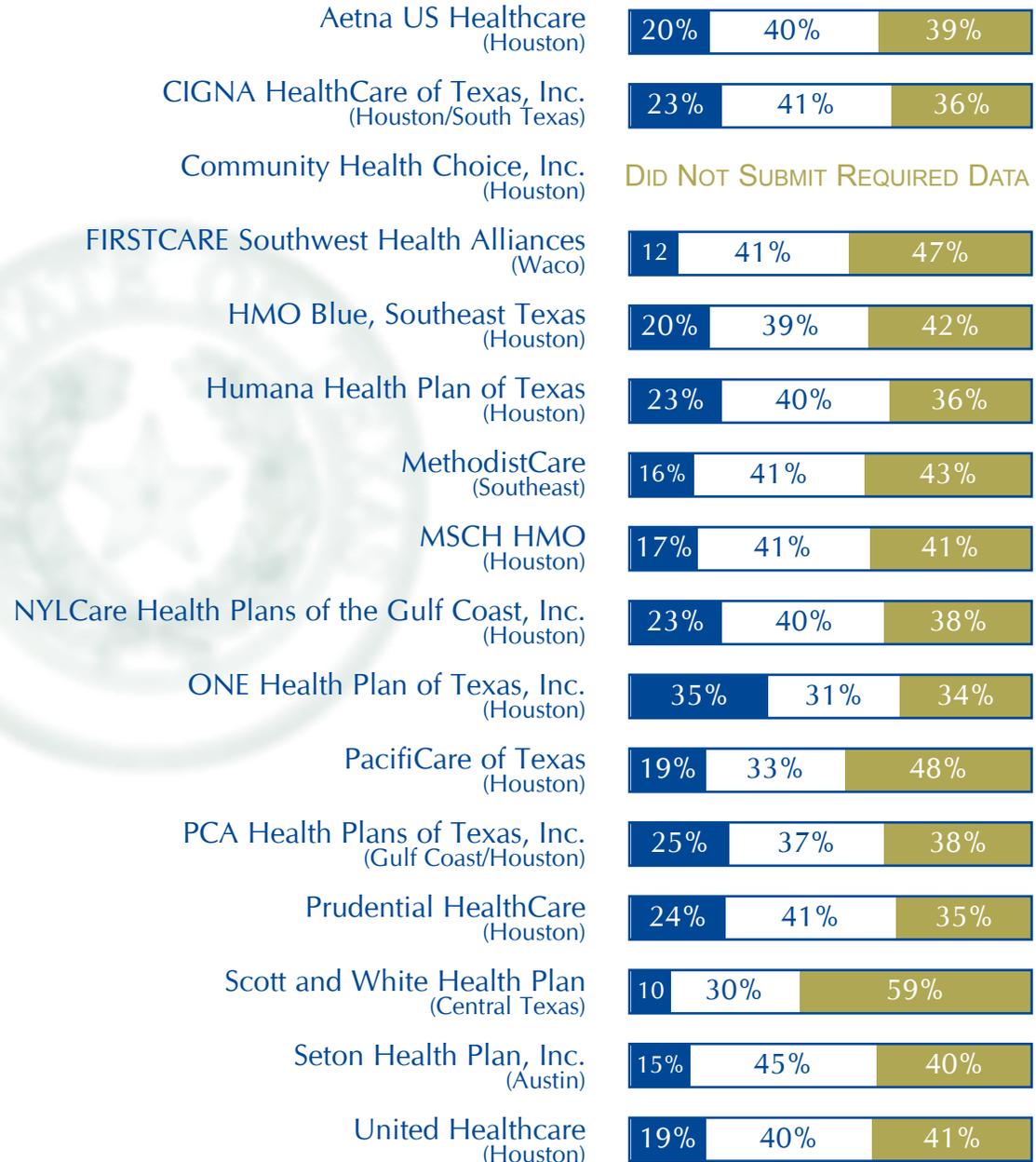
How people rated their health care



The bar graphs show answers to a survey question that asked people to rate the care they received from all doctors and other health providers on a scale from:

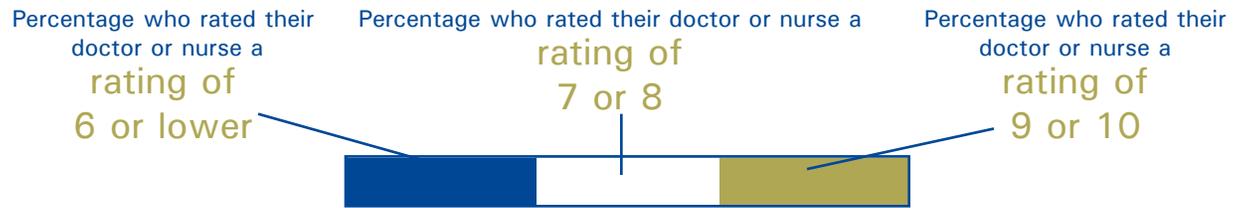
0 = "worst health care possible" to

10 = "best health care possible"



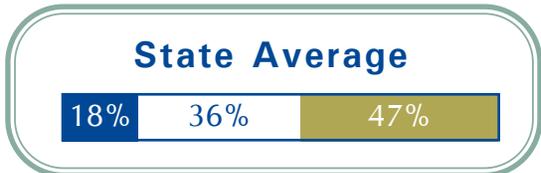
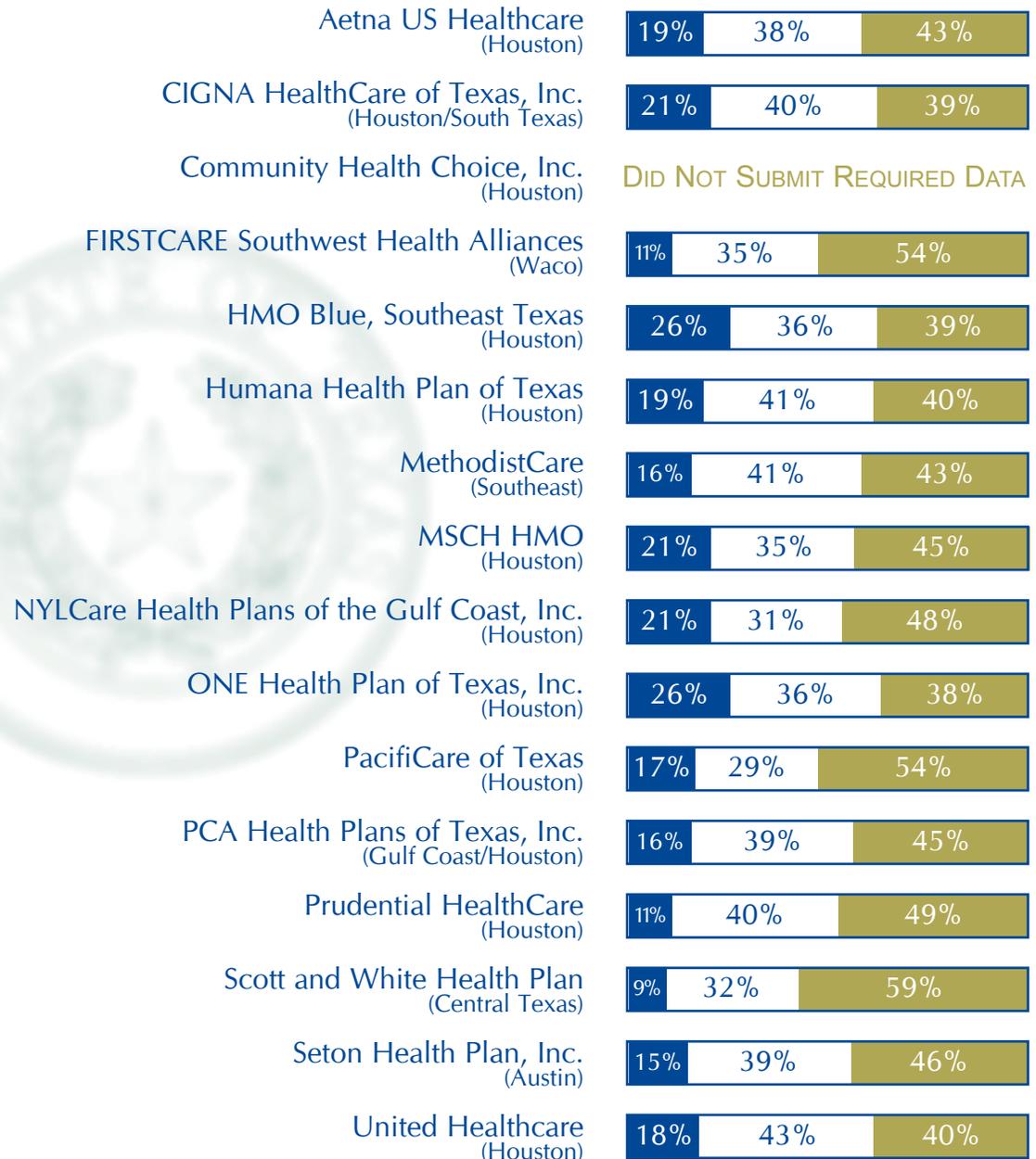
Due to rounding, percentages may not add to 100%.

How people rated their doctor or nurse



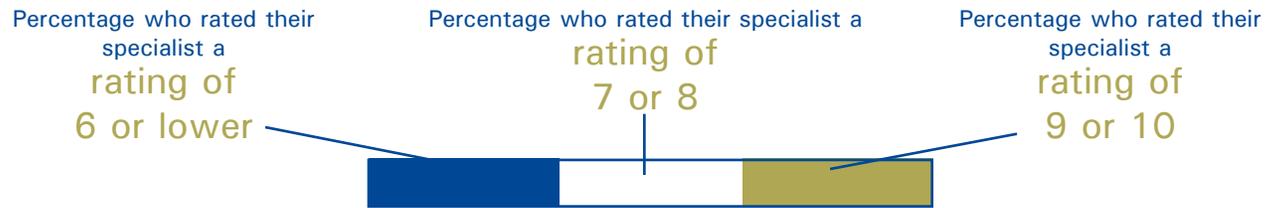
The bar graphs show answers to a survey question that asked people to rate their doctor or nurse on a scale from:

- 0 = "worst personal doctor or nurse possible" to
- 10 = "best personal doctor or nurse possible"



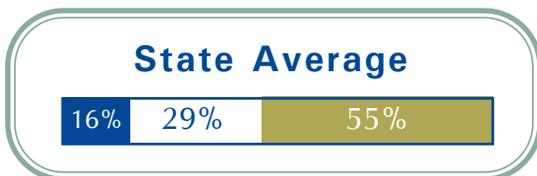
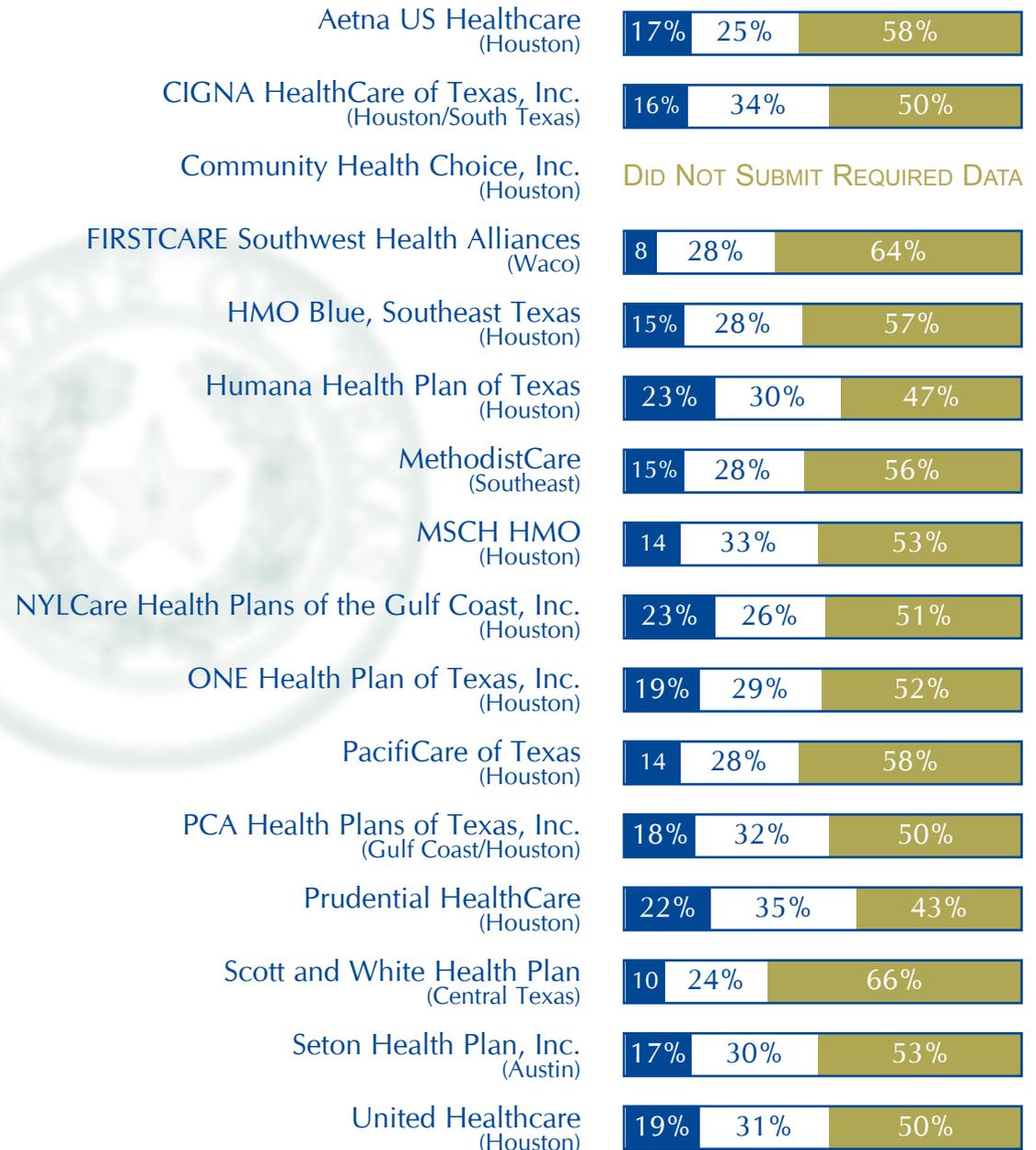
Due to rounding, percentages may not add to 100%.

How people rated their specialist



The bar graphs show answers to a survey question that asked people to rate their specialist on a scale from:

0 = "worst specialist possible" to
10 = "best specialist possible"



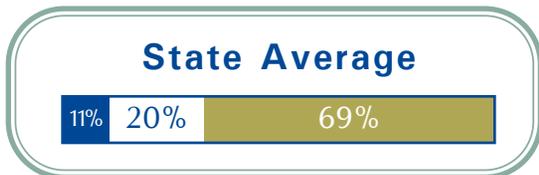
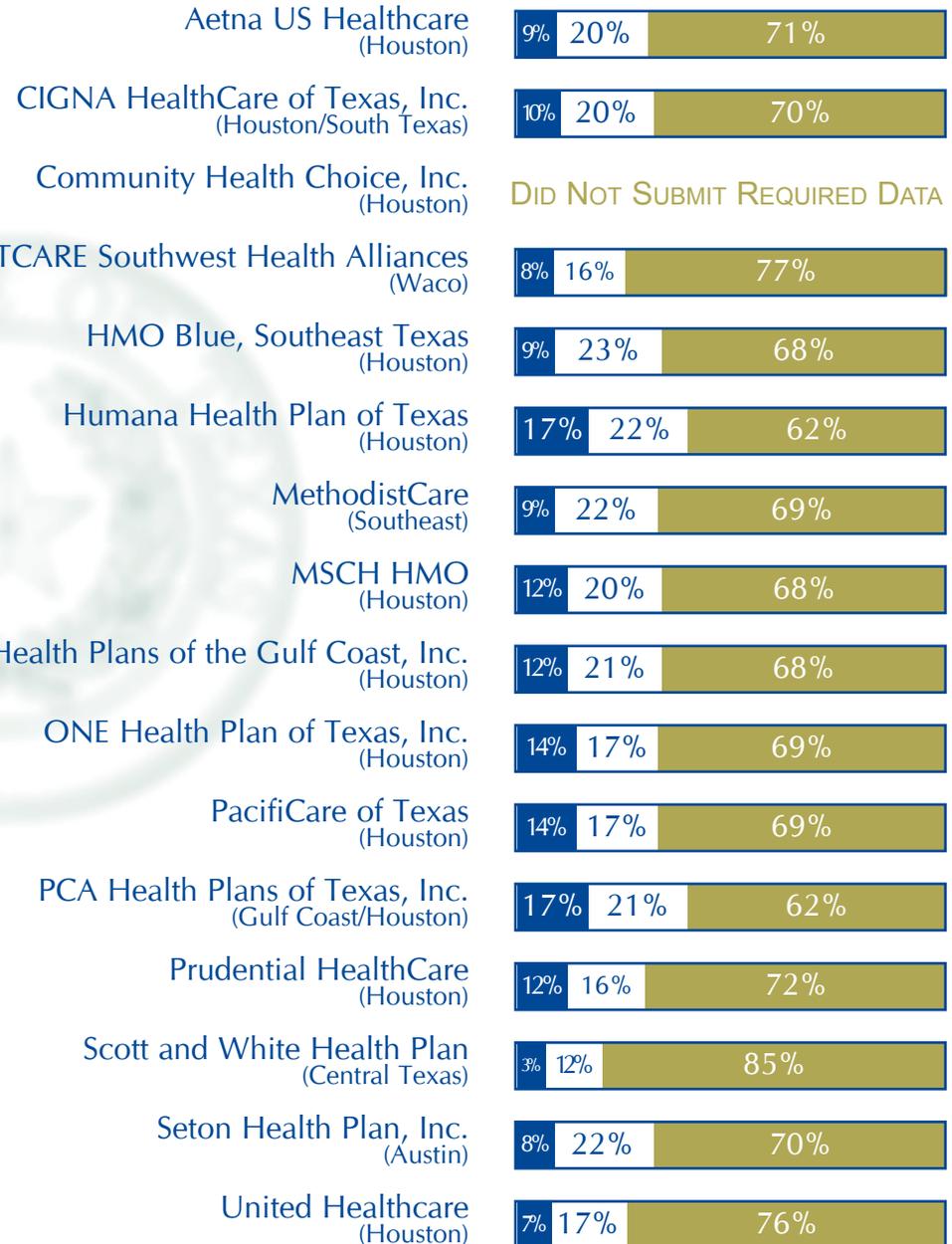
Due to rounding, percentages may not add to 100%.

Getting care that is needed



The bar graphs show answers to survey questions that asked people **how much of a problem** it was to:

- Find a personal doctor or nurse.
- Get a referral to a specialist that they wanted to see.
- Get the care they and their doctor believed necessary.
- Get care approved by the health plan without delays.



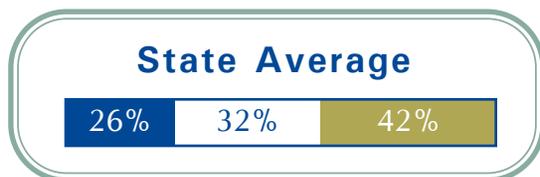
Due to rounding, percentages may not add to 100%.

Getting care without long waits

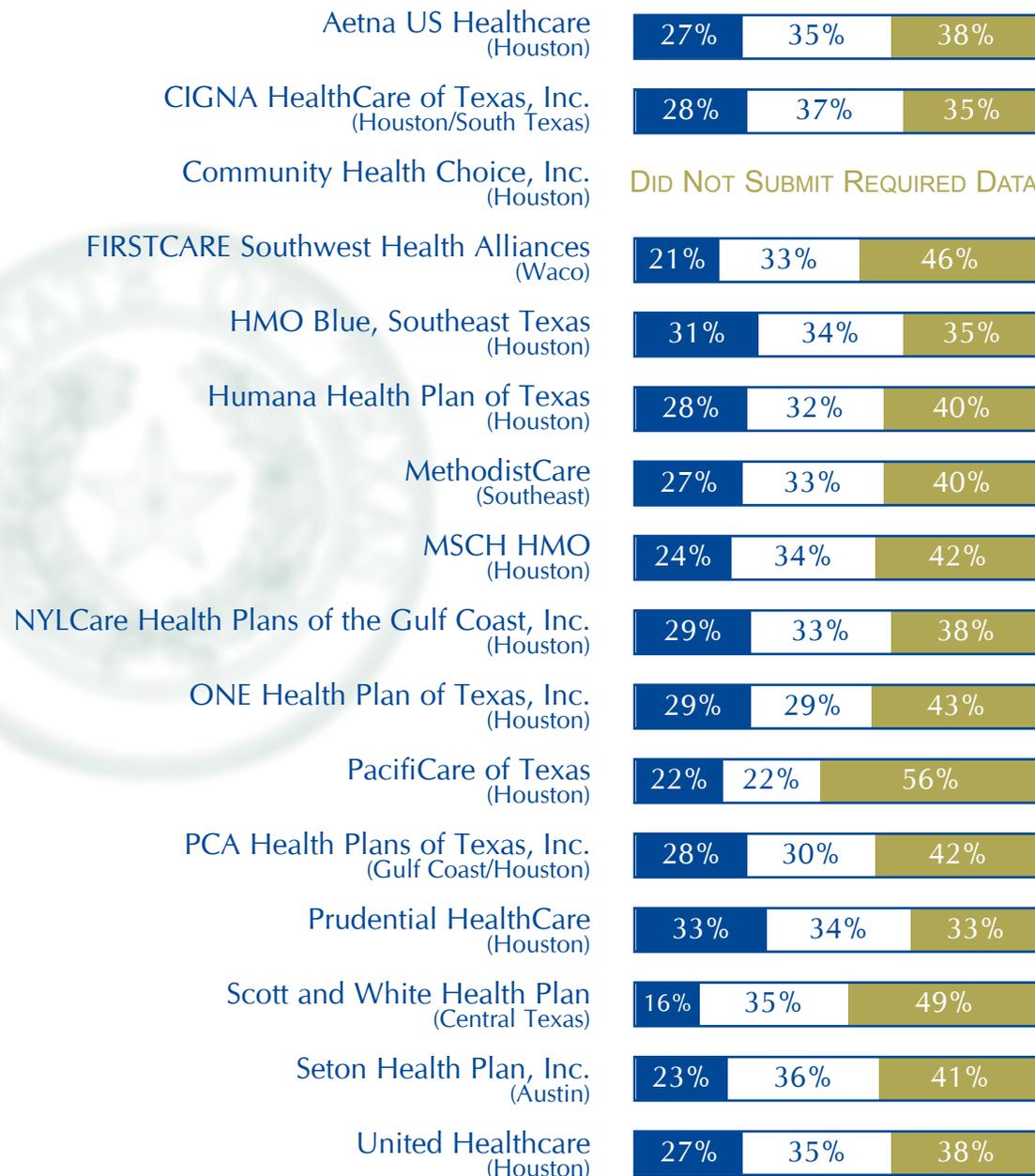


The bar graphs show answers to survey questions that asked people **how often** they:

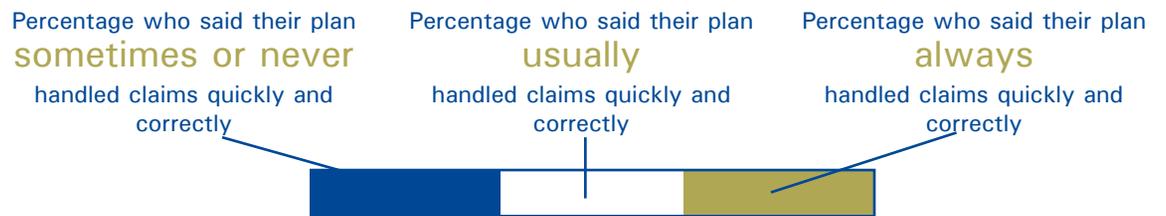
- Got the help or advice they needed when they called the doctor's office during regular office hours.
- Got treatment as soon as they wanted when they were sick or injured.
- Got an appointment as soon as they wanted for regular or routine health care.
- Waited only 15 minutes or less past their appointment time to see the person they went to see.



Due to rounding, percentages may not add to 100%.

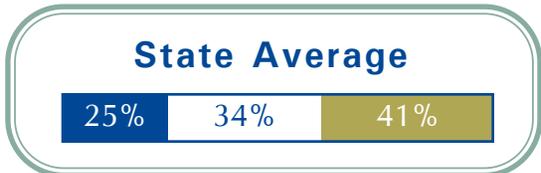
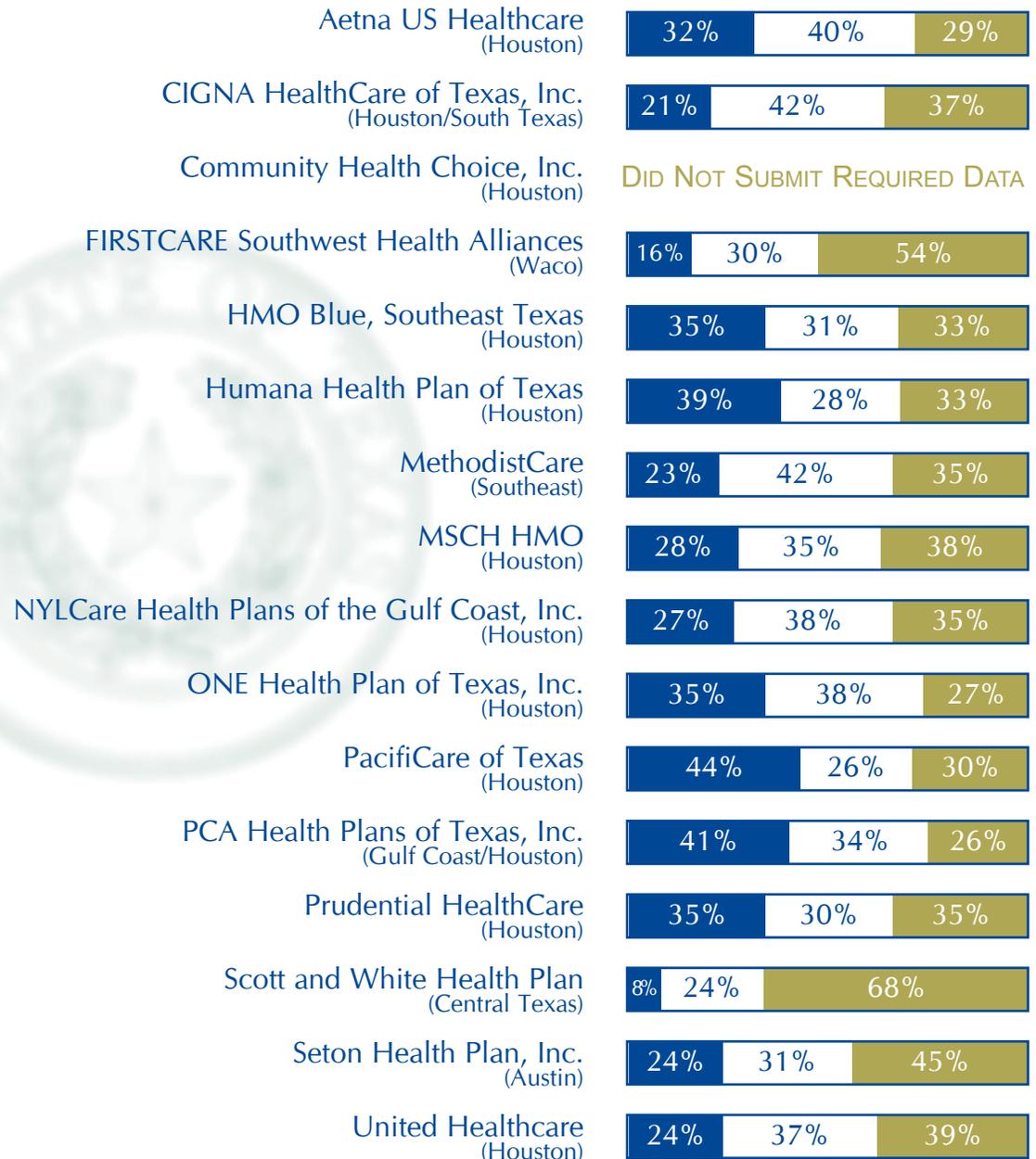


Handling of claims quickly and correctly



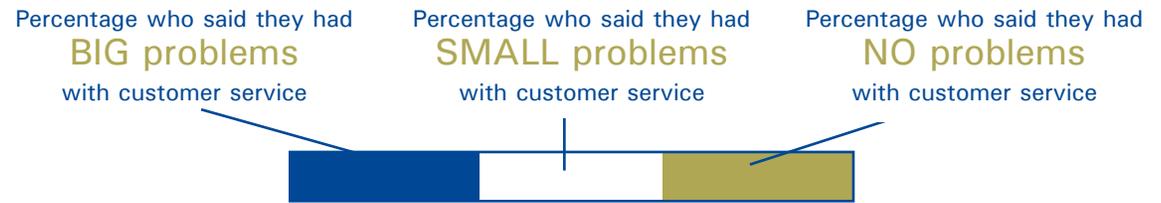
The bar graphs show answers to survey questions that asked people **how often** their health plan:

- Handled claims in a reasonable time.
- Handled claims correctly.



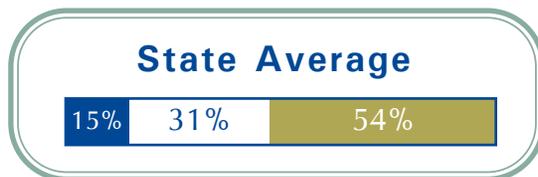
Due to rounding, percentages may not add to 100%.

Efficiency and helpfulness of customer service

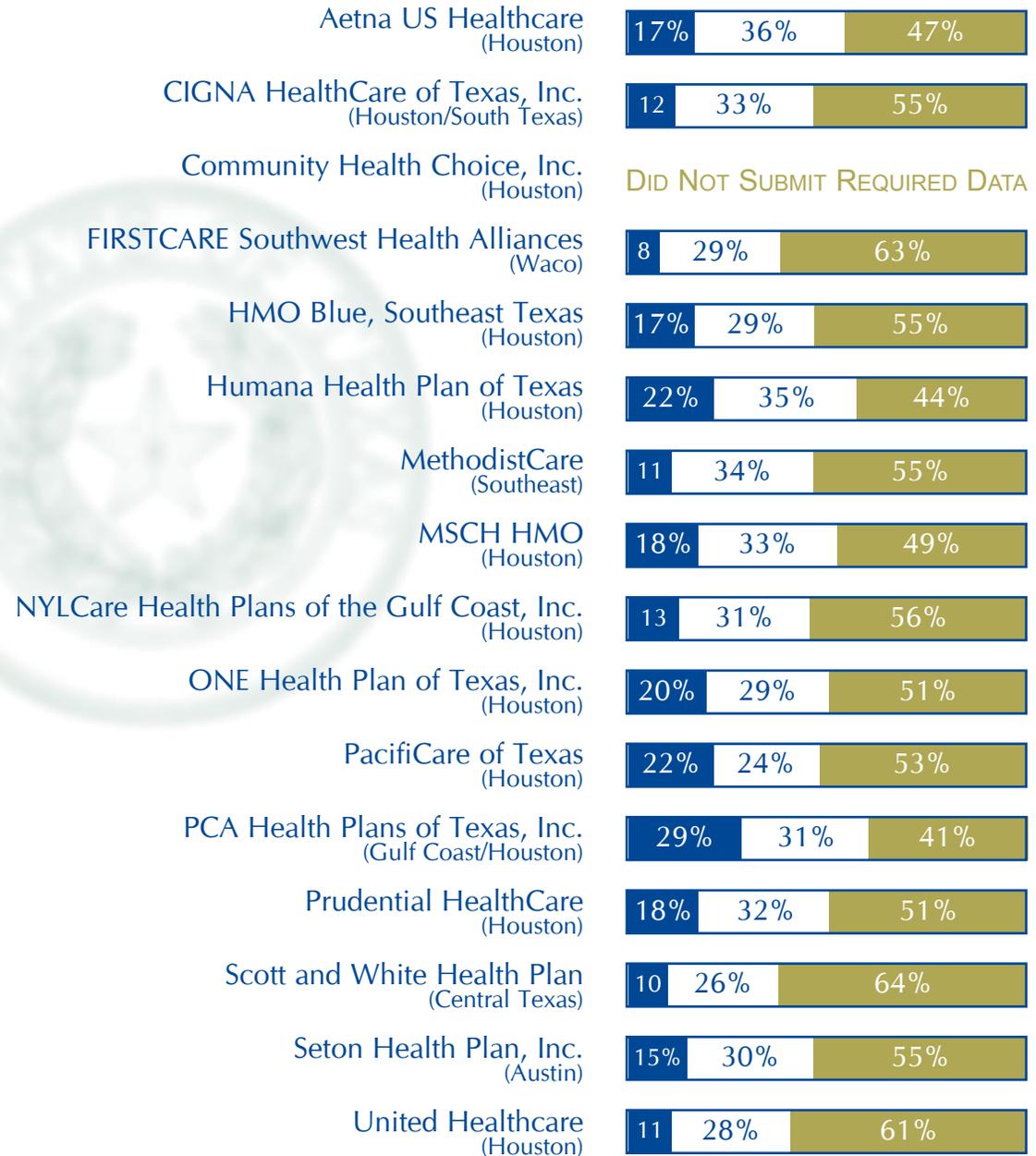


The bar graphs show answers to survey questions that asked people **how much of a problem** it was to:

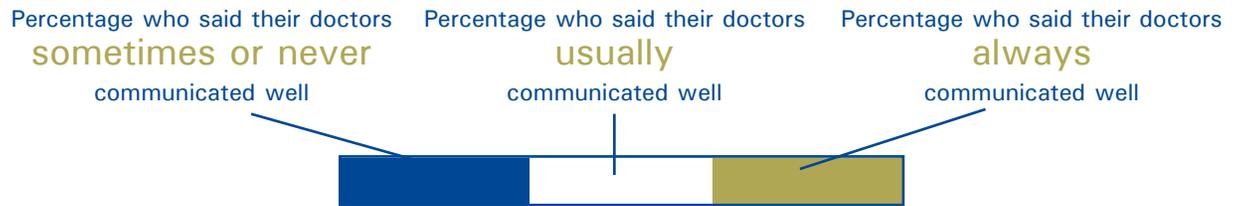
- Get the help they needed when they called the health plan's customer service.
- Find or understand information in the written materials from their health plan.
- Deal with paperwork.



Due to rounding, percentages may not add to 100%.

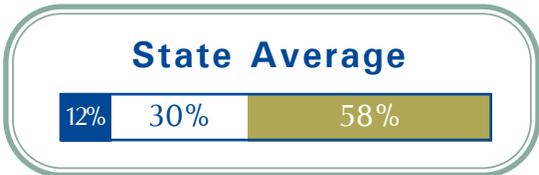
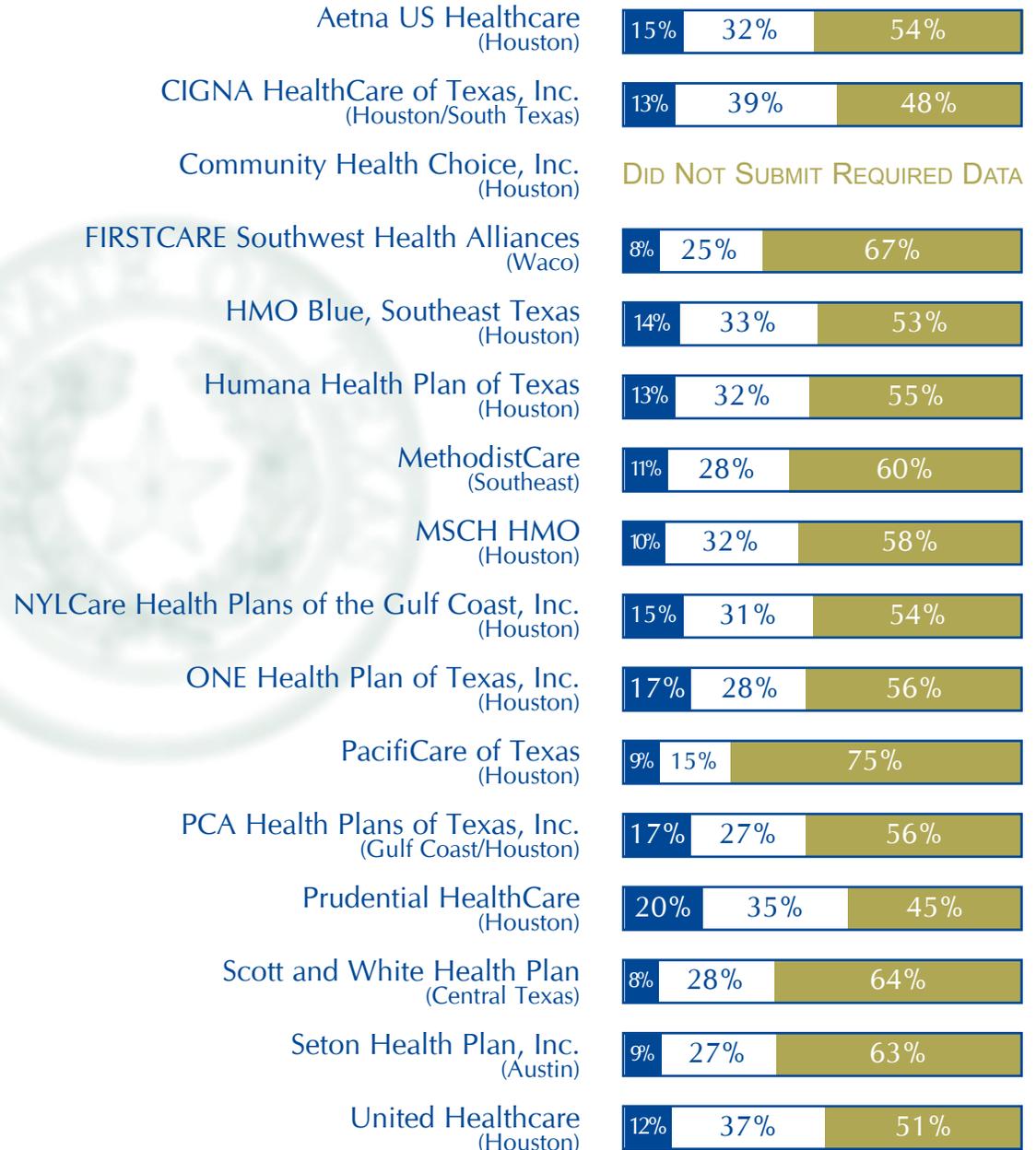


How well doctors communicate



The bar graphs show answers to survey questions that asked people **how often** their doctor or other health provider:

- Listened carefully to them.
- Explained things in a way they could understand.
- Showed respect for what they had to say.
- Spent enough time with them.



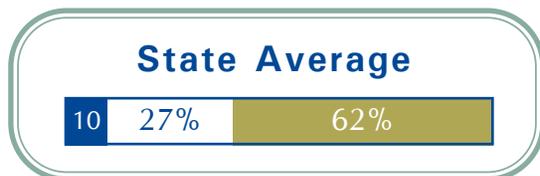
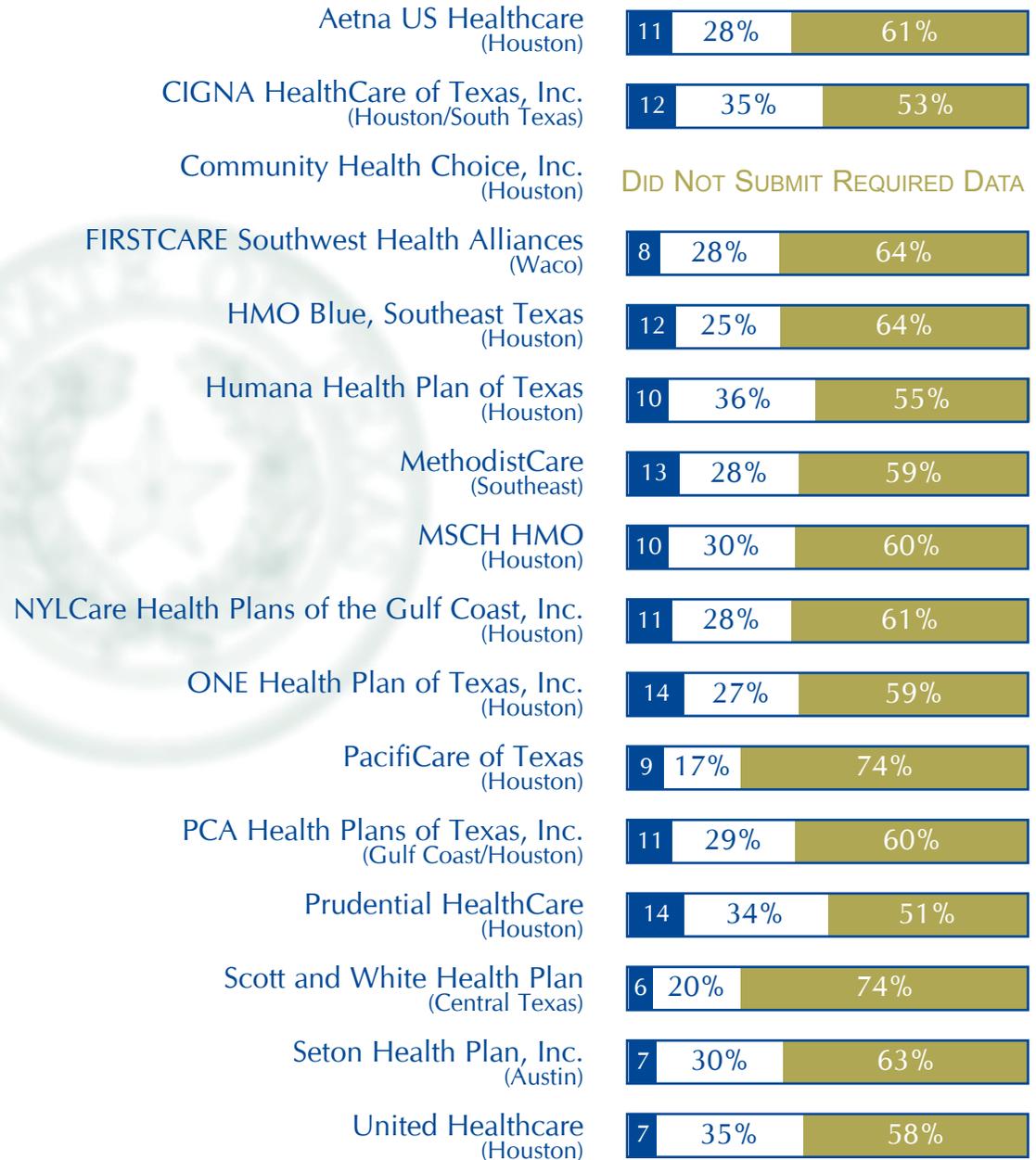
Due to rounding, percentages may not add to 100%.

Courtesy, respect and helpfulness of office staff



The bar graphs show answers to survey questions that asked people **how often** the office staff at their doctor's office:

- Treated them with courtesy and respect.
- Were as helpful as they should be.



Due to rounding, percentages may not add to 100%.

Response rate for all plans in the survey

response rate = (completed surveys / [total sample - ineligible])

State Average = 39%

Aetna US Healthcare (Houston)	35%	MethodistCare (Southeast)	41%
Aetna US Healthcare (San Antonio)	32%	MSCH HMO (Houston)	32%
Aetna US Healthcare of North Texas (Dallas/Ft Worth)	32%	NYLCare Health Plans of the Gulf Coast, Inc. (Austin)	37%
Certus Healthcare, L.L.C. (Corpus Christi)	DNS	NYLCare Health Plans of the Gulf Coast, Inc. (Beaumont/Lufkin)	34%
CIGNA HealthCare of Texas, Inc. (Dallas/North Texas)	46%	NYLCare Health Plans of the Gulf Coast, Inc. (Corpus Christi)	34%
CIGNA HealthCare of Texas, Inc. (Houston/South Texas)	43%	NYLCare Health Plans of the Gulf Coast, Inc. (Houston)	33%
Community First Health Plans, Inc. (San Antonio MSA)	43%	NYLCare Health Plans of the Gulf Coast, Inc. (San Antonio)	22%
Community Health Choice, Inc. (Houston)	DNS	NYLCare Health Plans of the Southwest, Inc. (Dallas)	37%
Exclusive Healthcare, Inc. (Dallas)	DNS	ONE Health Plan of Texas, Inc. (Dallas)	26%
FIRSTCARE Southwest Health Alliances (Abilene)	47%	ONE Health Plan of Texas, Inc. (Houston)	25%
FIRSTCARE Southwest Health Alliances (Amarillo)	48%	PacifiCare of Texas (Dallas)	39%
FIRSTCARE Southwest Health Alliances (Lubbock)	44%	PacifiCare of Texas (Houston)	36%
FIRSTCARE Southwest Health Alliances (Waco)	36%	PacifiCare of Texas (San Antonio)	37%
Foundation Health, A Texas Health Plan, Inc. (Austin/San Antonio/Dallas/El Paso)	42%	PCA Health Plans of Texas, Inc. (Central/Austin)	48%
Harris Methodist Health Plan (Dallas)	48%	PCA Health Plans of Texas, Inc. (Gulf Coast/Houston)	46%
HealthFirst HMO (Tyler)	39%	PCA Health Plans of Texas, Inc. (North/Dallas)	51%
Health Plan of Texas (Tyler)	38%	PCA Health Plans of Texas, Inc. (South/San Antonio)	49%
HMO Blue, Central Texas (Austin)	44%	Presbyterian Health Plan of El Paso (El Paso)	63%
HMO Blue, Central Texas (San Antonio)	39%	Prudential HealthCare (Austin)	35%
HMO Blue, El Paso (El Paso)	33%	Prudential HealthCare (Corpus Christi)	31%
HMO Blue, Northeast Texas (Dallas/Ft Worth/Tyler)	32%	Prudential HealthCare (El Paso)	32%
HMO Blue, South Texas (Corpus Christi/Rio Grande Valley)	34%	Prudential HealthCare (Houston)	25%
HMO Blue, Southeast Texas (Houston)	36%	Prudential HealthCare (North Texas)	33%
HMO Blue, Southwest Texas (Abilene/Midland/San Angelo)	92%	Prudential HealthCare (San Antonio)	31%
HMO Blue, West Texas (Panhandle)	41%	Scott and White Health Plan (Central Texas)	63%
Humana Health Plan of Texas (Austin)	56%	Seton Health Plan, Inc. (Austin)	41%
Humana Health Plan of Texas (Corpus Christi)	58%	Texas Health Choice, L.C. (Dallas)	50%
Humana Health Plan of Texas (Dallas)	52%	United Healthcare (Austin/San Antonio)	38%
Humana Health Plan of Texas (Houston)	43%	United Healthcare (Corpus Christi)	32%
Humana Health Plan of Texas (San Antonio)	55%	United Healthcare (Dallas)	38%
Mercy Health Plans of Missouri, Inc. (Laredo)	26%	United Healthcare (Houston)	35%

DNS = Did not submit required data

Complaint Data



The following section contains state-wide information as compiled by the Texas Department of Insurance.

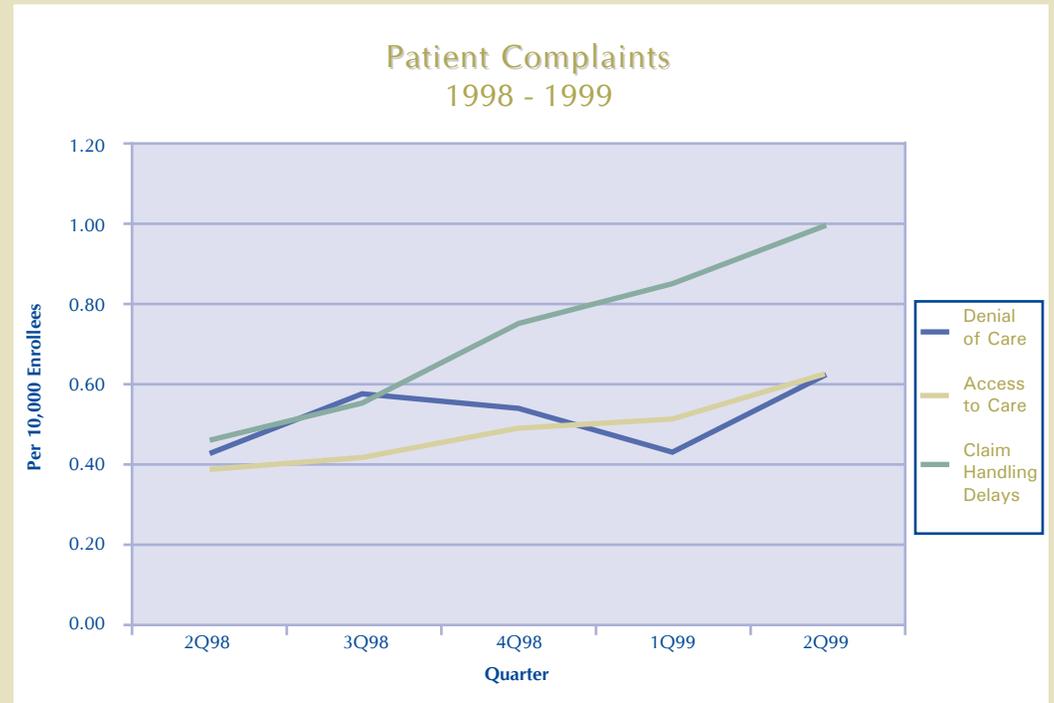
Complaint data

The following tables and charts provide information about the number of complaints against HMOs registered by medical providers, patients and others with the Texas Department of Insurance (TDI) from July 1, 1998 through June 30, 1999. All closed complaints against HMOs are reported regardless of their disposition by TDI. A review of over 16,000 complaints disposed since 1997 indicated that 55% were found to be justified by TDI.

Between June 30, 1998 and June 30, 1999, annual complaints per HMO member increased about 90%. The largest single reason for registering complaints dealt with frustration over delays in handling claims (46%). While medical providers, such as doctors, register the majority of claims handling complaints (74%), patients and others are complaining more frequently about this issue. Complaints about delays in claims handling from patients and others increased over 114% since June 1998 (see chart). This increase coincides with a period of poor profitability for Texas HMOs.

On a more positive note, complaints related to denial of care have generally experienced a downward trend, which recently began leveling off.

Complaints involving access to care deal with the HMO's "gate-keeping" function. Such complaints generally revolve around a disagreement with an HMO over

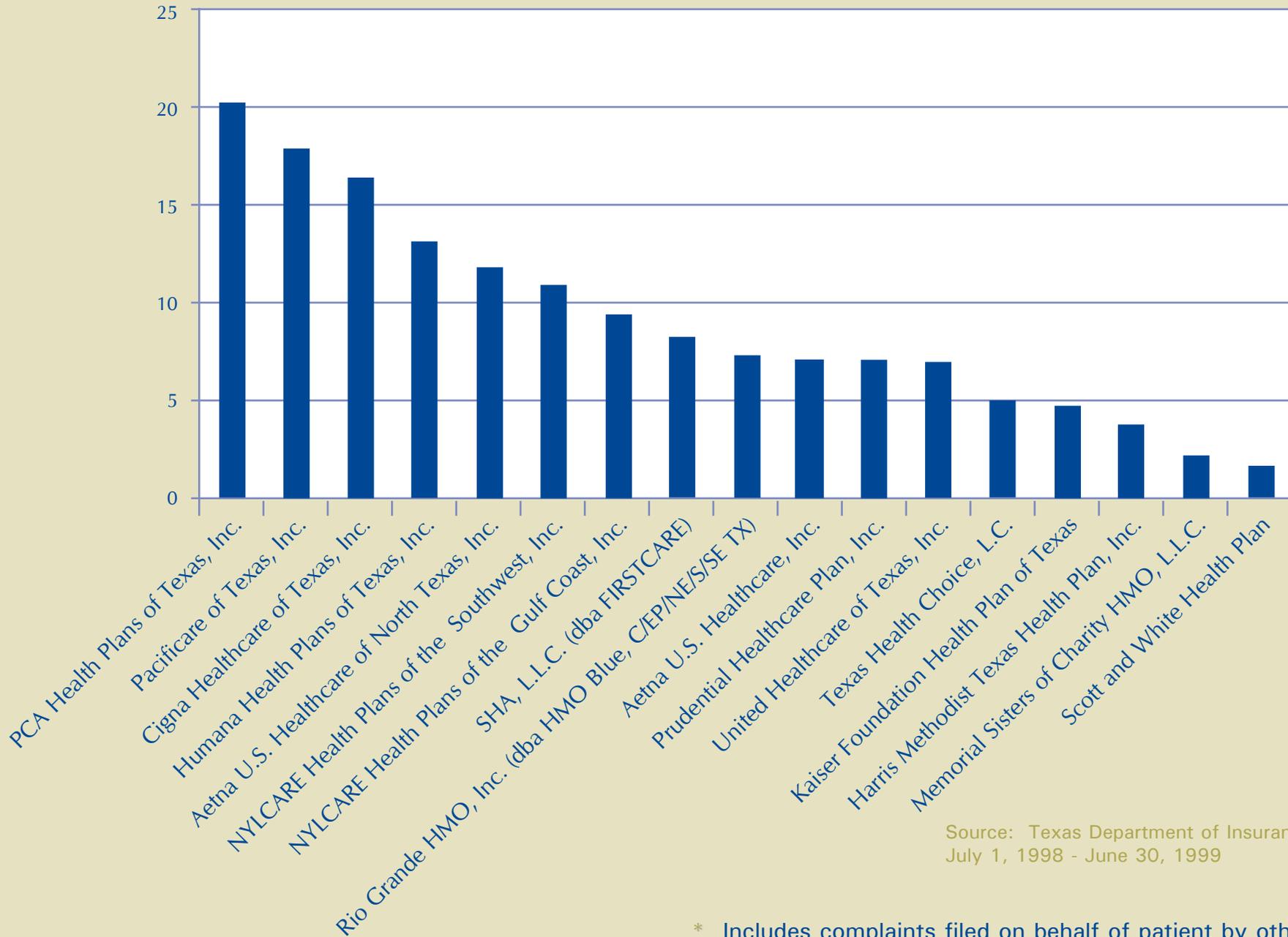


whether a medical procedure or referral is necessary or covered by the contract. Complaints from patients and others dealing with access to care issues increased 60% since June 1998.

Although comparative statistics are reported in the Total Complaint Data tables for nearly all plans for which data was available, comparisons among plans with smaller enrollment may be difficult. This is due to the extreme variation in complaint ratios among these plans.

Patient* Complaints Per 10,000 Enrollees

Plans With **More** than 50,000 Enrollees

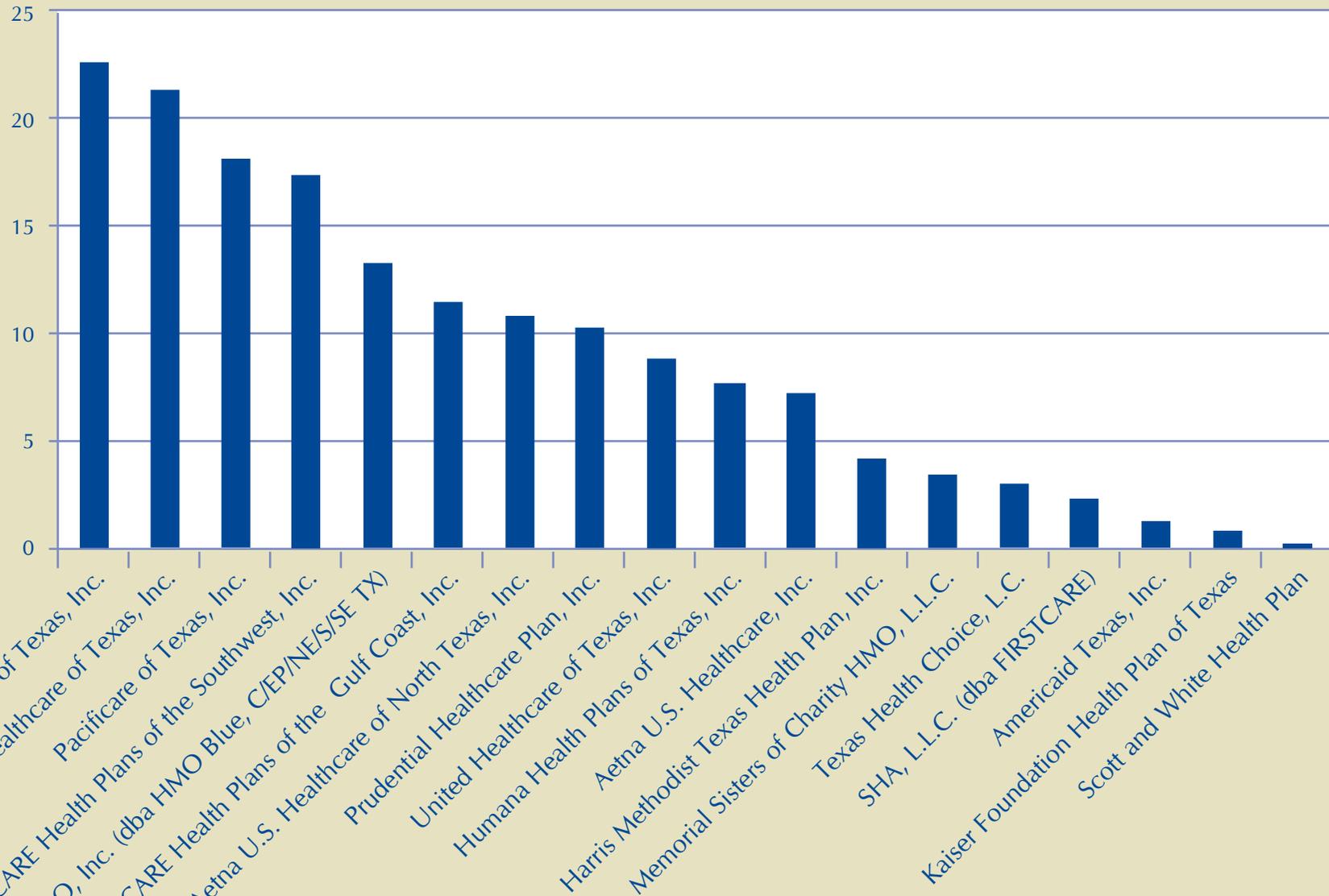


Source: Texas Department of Insurance
July 1, 1998 - June 30, 1999

* Includes complaints filed on behalf of patient by others.

Health Care Provider* Complaints Per 10,000 Enrollees

HMOs With **More** than 50,000 Enrollees

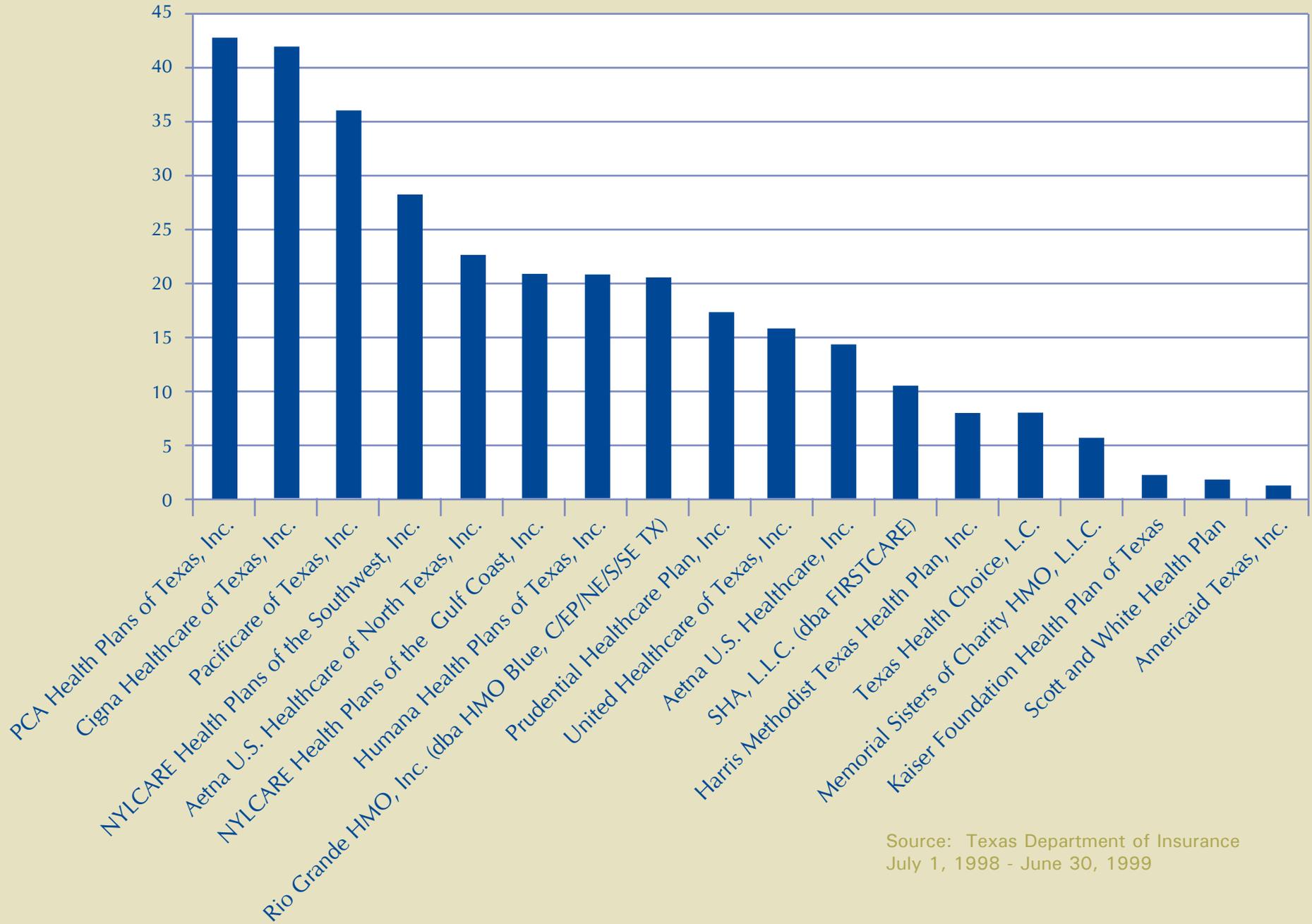


Source: Texas Department of Insurance
July 1, 1998 - June 30, 1999

* Includes doctors, hospitals and other health care providers.

Combined (Patient/Provider) Complaints Per 10,000 Enrollees

Plans With **More** than 50,000 Enrollees



Source: Texas Department of Insurance
July 1, 1998 - June 30, 1999

Complaint Data

Total Complaint Data

July 1, 1998 - June 30, 1999

Basic Service HMOs With Enrollment **Above** 50,000

	Ending Enrollment Dec 31, 1998	Health Care Provider Complaints	Patient Complaints	Combined (Patient / Provider) Complaints	Health Care Provider Complaints Per 10,000 Enrollment	Patient Complaints Per 10,000 Enrollment	Combined (Patient / Provider) Complaints Per 10,000 Enrollment
Aetna U.S. Healthcare of North Texas, Inc.	114,309	123	135	258	10.76	11.81	22.57
Aetna U.S. Healthcare, Inc.	122,623	88	87	175	7.18	7.09	14.27
Americaid Texas, Inc.	65,273	8	0	8	1.23	-	1.23
Cigna Healthcare of Texas, Inc.	90,917	193	149	342	21.23	16.39	37.62
Harris Methodist Texas Health Plan, Inc.	307,842	128	116	244	4.16	3.77	7.93
Humana Health Plans of Texas, Inc.	218,892	167	287	454	7.63	13.11	20.74
Kaiser Foundation Health Plan of Texas ¹	112,024	9	53	62	0.80	4.73	5.53
Memorial Sisters of Charity HMO, L.L.C. (dba MSCH HMO)	82,316	28	18	46	3.40	2.19	5.59
NYLCARE Health Plans of the Gulf Coast, Inc.	409,560	467	385	852	11.40	9.40	20.80
NYLCARE Health Plans of the Southwest, Inc.	204,442	354	223	577	17.32	10.91	28.22
Pacificare of Texas, Inc.	188,997	341	338	679	18.04	17.88	35.93
PCA Health Plans of Texas, Inc. ²	217,879	491	440	931	22.54	20.19	42.73
Prudential Healthcare Plan, Inc.	509,902	521	361	882	10.22	7.08	17.30
Rio Grande HMO, Inc. (dba HMO Blue, Central, El Paso, NE, S, SE TX)	163,514	216	119	335	13.21	7.28	20.49
Scott and White Health Plan	142,330	2	23	25	0.14	1.62	1.76
SHA, L.L.C. (dba FIRSTCARE)	105,936	24	87	111	2.27	8.21	10.48
Texas Health Choice, L.C.	135,097	40	67	107	2.96	4.96	7.92
United Healthcare of Texas, Inc.	301,144	265	209	474	8.80	6.94	15.74
TOTAL / AVERAGE ⁷ BASIC SERVICE (Plans > 50,000 Enrollment)	3,492,997	3,465	3,097	6,562	8.75	8.34	17.06

Footnotes

- 1 Kaiser Foundation Health Plan merged with Texas Health Choice, L.C.
- 2 PCA Health Plans merged with Humana Health Plan of Texas
- 3 Comprehensive Health Services became insolvent and is currently in TDI receivership
- 4 Healthcare Partners Plans became HealthFirst HMO, Inc.
- 5 Healthsource North Texas merged with Cigna HealthCare of Texas, Inc.
- 6 Principal Healthcare merged with United Healthcare of Texas
- 7 Average complaint ratios for plans with enrollment greater than 50,000 are calculated excluding the high and low value in each column.
- 8 Overall complaint ratios for plans with under 50,000 enrollment are based on the median rather than the average for comparison purposes due to the high level of variability among plans.

Additional Explanatory Notes

- 1) Source data: Texas Department of Insurance ICIS complaint data was downloaded from the Department's website for use in this project. Complaints were counted as follows: 1) Owner = HMO, 2) Subject of Complaint does not = ERISA, 3) Line of Coverage = Group A&H.
- 2) Comprehensive Health Services, Healthcare Partners, Healthsource North Texas, Kaiser Foundation Health Plan, and Principal Health Care reported zero enrollment as of 12/31/98. For these plans the most recent available enrollment number was used.
- 3) Multiple complaint issues recorded under a single complaint ID are counted as multiple complaints. This differs from TDI's method; therefore complaint counts in this exhibit will not reconcile to TDI compilations which are also publicly available.

Total Complaint Data

July 1, 1998 - June 30, 1999

Basic Service HMOs With Enrollment **Below** 50,000

	Ending Enrollment Dec 31,1998	Health Care Provider Complaints	Patient Complaints	Combined (Patient / Provider) Complaints	Health Care Provider Complaints Per 10,000 Enrollment	Patient Complaints Per 10,000 Enrollment	Combined (Patient / Provider) Complaints Per 10,000 Enrollment
Amerihealth HMO of North Texas, Inc.	1,391	0	0	0	-	-	-
Amerihealth HMO of Texas, Inc.	36,793	21	54	75	5.71	14.68	20.38
Amil International (Texas), Inc.	6,410	4	13	17	6.24	20.28	26.52
Certus Healthcare, L.L.C.	22,359	702	30	732	313.97	13.42	327.38
Community First Health Plans, Inc.	28,281	4	4	8	1.41	1.41	2.83
Community Health Choice, Inc.	19,503	43	4	47	22.05	2.05	24.10
Comprehensive Health Services of Texas, Inc. (dba WellChoice) ³	12,740	399	194	593	313.19	152.28	465.46
Exclusive Healthcare, Inc.	8,986	5	19	24	5.56	21.14	26.71
Family Health Centers, Inc.	36,181	0	3	3	-	0.83	0.83
Foundation Health, A Texas Health Plan, Inc.	10,827	14	19	33	12.93	17.55	30.48
Healthcare Partners Plans, L.C. ⁴	15,049	2	0	2	1.33	-	1.33
HealthFirst HMO, Inc.	19,730	6	9	15	3.04	4.56	7.60
HealthPlan of Texas, Inc.	10,957	0	0	0	-	-	-
Healthsource North Texas, Inc. ⁵	8,680	3	8	11	3.46	9.22	12.67
Humana HMO Texas, Inc.	2,374	0	0	0	-	-	-
Mercy Health Plans of Missouri, Inc.	6,530	1	2	3	1.53	3.06	4.59
Methodist Care, Inc.	31,351	3	19	22	0.96	6.06	7.02
Mid-Con Health Plans, Inc. (dba HMO Blue, Southwest Texas)	19,772	0	0	0	-	-	-
One Health Plan of Texas, Inc.	23,519	68	25	93	28.91	10.63	39.54
Parkland Community Health Plan, Inc.	8,836	0	0	0	-	-	-
Physicians Care HMO, Inc.	208	0	0	0	-	-	-
Presbyterian Health Plan, Inc.	10,616	1	10	11	0.94	9.42	10.36
Principal Health Care of Texas ⁶	26,614	15	17	32	5.64	6.39	12.02
Seton Health Plan, Inc.	9,489	0	0	0	-	-	-
Texas Children's Health Plan, Inc.	26,935	0	0	0	-	-	-
Texas Universities Health Plan, Inc.	531	0	0	0	-	-	-
Unicare of Texas Health Plans Inc.	2,620	8	1	9	30.53	3.82	34.35
Universal Healthplan, Inc.	1,152	0	0	0	-	-	-
Valley Baptist Health Plan, Inc.	5,119	0	0	0	-	-	-
Vista Health Plan, Inc.	15,189	0	0	0	-	-	-
West Texas Health Plans, L.C. (dba HMO Blue, West Texas)	23,152	4	7	11	1.73	3.02	4.75
TOTAL / MEDIAN BASIC SERVICE (Plans < 50,000 enrollment)⁸	451,894	1,303	438	1,741	5.60	7.80	12.67

Complaint Data

Refer to footnotes and additional explanatory notes on opposite page.

Comparing Texas HMOs 1999 – Gulf Coast Texas

Appeals and Complaints

If your health plan refuses to pay for health care that you or your physician thinks is necessary or appropriate, you have the right to file an appeal with an **Independent Review Organization (IRO)**. If your condition is life-threatening you may go directly to the IRO without using the HMO's internal appeals process. Health plans are required to pay for the IRO and comply with its decisions.

Please contact the TDI's **IRO information line** at (888) 834-2476 for more information about independent review. In Austin call 322-3400.

You may be able to take legal action against an HMO if you have been harmed by its health care treatment decisions.

You may also file a complaint against the HMO with the Texas Department of Insurance (TDI). Complaints against health care providers should also be directed to the appropriate licensing or enforcement agency.

For information on filing complaints and other patient's rights, contact the TDI's **Consumer Help Line** at (800) 252-3439. In Austin, call 463-6500.

Exception:

Some employer-sponsored health benefit plans are not subject to most state insurance laws because of a federal law called the Employee Retirement Income Security Act of 1974 (ERISA). However, Texas law now includes a *voluntary* independent review mechanism for ERISA plans. ERISA plans that agree to participate in the IRO process must comply with decisions made by the IRO.

Staff at the Texas Department of Insurance can help determine if you are in an ERISA plan when they review your complaint. You can also request information from

Independent Review Organization (IRO) Appeals Inception through August 30, 1999

	Cases	Cases Decided in Favor of HMO	Cases Decided in Favor of Patient/Enrollee	Cases Decided Partially in Favor of Both	Pending Cases
Aetna US Healthcare	17	8	8	1	0
AmeriHealth HMO of North Texas	10	4	6	0	0
AmeriHealth of Texas	29	8	19	1	1
Amil International	1	1	0	0	0
Anthem Health Plans	5	3	2	0	0
CIGNA HealthCare of Texas, Inc.	4	2	2	0	0
Community First Health Plans, Inc.	1	0	0	1	0
FIRSTCARE Southwest Health Alliances	8	5	2	0	1
Foundation Health, A Texas Health Plan, Inc.	11	6	4	1	0
Harris Methodist Health Plan	20	9	9	0	2
Healthcare Partners HMO	1	0	1	0	0
HealthFirst HMO	4	3	1	0	0
HMO Blue	8	1	4	3	0
Humana/PCA Health Plans of Texas	20	10	9	1	0
Memorial Sisters of Charity (MSCH HMO)	1	1	0	0	0
NYLCare Health Plans of the Gulf Coast, Inc.	7	3	4	0	0
NYLCare Health Plans of the Southwest, Inc.	45	20	22	3	0
One Health Plan of Texas, Inc.	1	0	1	0	0
Pacificare of Texas	5	3	2	0	0
Principal Health Care of Texas, Inc.	1	1	0	0	0
Prudential HealthCare	28	7	17	1	3
Scott and White Health Plan	2	0	2	0	0
Texas Health Choice, L.C.	2	1	0	1	0
United Healthcare	49	20	28	1	0
TOTAL	280	116	143	14	7

and file complaints with the United States Department of Labor (see page 32).

Source:
Texas Department of Insurance

HMO Market Share
Customer Service Phone Numbers
Sources of Financial Information
Other Sources of Information



The following section contains state-wide information as compiled by the
Texas Department of Insurance and other sources.

HMO Market share

HMO	Service Area	Enrollment	Market Share
Aetna U.S. Healthcare (includes Aetna N. Texas and Prudential)	Statewide	802,999	20.86%
NYLCare Health Plans (Gulf Coast and SW) ¹	Statewide	633,888	16.46%
Humana Health Plans of Texas, Inc. (includes PCA Health Plans)	Statewide	403,587	10.48%
Harris Methodist Texas Health Plan, Inc.	Dallas	311,759	8.10%
United Healthcare of Texas, Inc.	Statewide	283,307	7.36%
Blue Cross Blue Shield of Texas (includes all HMO Blue plans)	Statewide	206,746	5.37%
PacifiCare of Texas, Inc.	Statewide	195,196	5.07%
Scott and White Health Plan	Central TX	147,924	3.84%
Texas Health Choice, L.C. (includes Kaiser Foundation Plans)	Statewide	125,547	3.26%
SHA, L.L.C. (dba FIRSTCARE Southwest Health Alliances)	Statewide	102,561	2.66%
CIGNA Healthcare of Texas, Inc.	Statewide	93,139	2.42%
Memorial Sisters of Charity HMO, L.L.C.	Houston	89,060	2.31%
Americaid Texas, Inc.	Statewide	65,284	1.70%
Amerihealth HMO of Texas, Inc.	Houston	45,124	1.17%
Methodist Care, Inc.	Houston/SE TX	40,973	1.06%
Family Health Centers, Inc.	Galveston	35,860	0.93%
Texas Children's Health Plan, Inc.	Houston	32,888	0.85%
Community First Health Plans, Inc.	San Antonio	30,861	0.80%
One Health Plan of Texas, Inc.	Statewide	27,151	0.71%
Vista Health Plan, Inc.	Austin	26,532	0.69%
HealthFirst HMO, Inc.	Tyler	22,198	0.58%
Certus Healthcare, L.L.C.	Corpus Christi	22,077	0.57%
Community Health Choice, Inc.	Houston	20,564	0.53%
Presbyterian Health Plan, Inc.	Statewide	13,048	0.34%
HealthPlan of Texas, Inc.	Tyler	11,563	0.30%
Foundation Health, A Texas Health Plan, Inc.	Statewide	9,442	0.25%
Parkland Community Health Plan, Inc.	Northeast TX	9,310	0.24%
Seton Health Plan, Inc.	Austin	8,950	0.23%
Amil International (Texas), Inc.	Austin	8,220	0.21%
Mercy Health Plans of Missouri, Inc.	Statewide	6,944	0.18%
Exclusive Healthcare, Inc.	Statewide	6,910	0.18%
Valley Baptist Health Plan, Inc.	Harlingen	5,756	0.15%
Unicare of Texas Health Plans Inc.	Houston	3,088	0.08%
Texas Universities Health Plan, Inc.	Statewide	593	0.02%
Universal Healthplan, Inc.	Houston	499	0.01%
Amerihealth HMO of North Texas, Inc.	Statewide	196	0.01%
Physicians Care HMO, Inc.	Dallas	169	0.00%
TOTAL BASIC SERVICE		3,849,913	100%

Figures based on March 1999 ending enrollment.

Source:
TDI Texas Data HMO Report:
Basic Service First Quarter 1999

¹ NYLCare is in the process of being acquired by Blue Cross Blue Shield of Texas, Inc. If the acquisition is completed, the Texas market share of Blue Cross Blue Shield would increase to approximately 21.8%.

Customer service phone numbers

Aetna U.S. Healthcare of North Texas, Inc.	1-800-992-7947	Methodist Care, Inc.	1-800-313-0555
Aetna U.S. Healthcare, Inc.	1-800-992-7947	Metro West Health Plan, Inc.	1-888-924-8852
Americaid Community Care (Americaid Texas, Inc.)	1-800-600-4441	MSCH HMO (Memorial Sisters of Charity HMO, L.L.C.)	1-800-776-2885
Amerihealth HMO of North Texas, Inc.	1-888-671-5278	NYLCARE Health Plans of the Gulf Coast, Inc.	1-800-833-5318
Amerihealth HMO of Texas, Inc.	1-888-329-5378	NYLCARE Health Plans of the Southwest, Inc.	1-800-486-3040
Amil International (Texas), Inc.	1-888-349-2645	One Health Plan of Texas, Inc.	1-800-866-3136
Certus Healthcare, L.L.C.	1-888-223-7887	PacifiCare of Texas, Inc.	1-800-825-9355
Cigna Healthcare of Texas, Inc.	1-800-238-8801	Parkland Community Health Plan, Inc.	1-888-672-2277
Community First Health Plans, Inc.	1-800-434-2347	PCA Health Plans of Texas, Inc.	1-800-234-7912
Community Health Choice, Inc.	1-888-760-2600	Physicians Care HMO, Inc.	1-800-860-1385
Exclusive Healthcare, Inc.	1-800-456-9292	Presbyterian Health Plan of El Paso, Inc.	1-800-444-4347
FIRSTCARE Southwest Health Alliances(SHA, L.L.C.)	1-800-365-1051	Principal Health Care of Texas	Now United Healthcare of Texas, Inc.
Foundation Health, A Texas Health Plan, Inc.	1-800-782-8373	Prudential Healthcare Plan, Inc.	1-800-261-2645
Harris Methodist Texas Health Plan, Inc.	1-800-633-8598	Scott and White Health Plan	1-800-321-7947
Healthcare Partners Plans, L.C.	Now HealthFirst HMO, Inc.	Seton Health Plan, Inc.	1-800-749-7404
HealthFirst HMO	1-800-303-5155	Texas Children's Health Plan, Inc.	1-800-990-8247
HealthPlan of Texas, Inc.	1-903-531-4447	Texas Health Choice, L.C.	1-800-466-8397
Healthsource North Texas, Inc.	1-800-856-2088	Texas Universities Health Plan, Inc.	1-800-811-0560
HMO Blue, C/S/SE/NE Texas (Rio Grande HMO, Inc.)	1-800-831-0576	Unicare of Texas Health Plans Inc.	1-800-683-2273
HMO Blue, Southwest Texas (Mid-Con Health Plans, Inc.)	1-800-468-2602	United Healthcare of Texas, Inc.	1-800-411-1145
HMO Blue, West Texas (West Texas Health Plans, L.C.)	1-800-468-2602	Universal Healthplan, Inc.	1-713-847-0910
Humana Health Plans of Texas, Inc.	1-800-448-6262	USABLE Health Advantage (USABLE HMO, Inc.)	1-800-844-6047
Kaiser Foundation Health Plan of Texas	Now Texas Health Choice, L.C.	UTMB Healthcare Systems (Family Health Centers, Inc.)	1-800-310-7500
Mercy Health Plans of Missouri, Inc.	1-800-617-3433	Vista Health Plan, Inc.	1-800-852-1040
		WellChoice (Comprehensive Health Services of Texas, Inc.)	1-800-559-9355

Sources of financial information

Several organizations publish information about the financial strength of HMOs and other insurance companies in Texas. The financial condition of a health plan can impact their ability to timely pay claims and, in extreme cases, may affect quality of care. Unusually high complaint levels against a health plan, especially by medical providers, are sometimes an indication of poor financial condition.

A.M. Best's financial strength ratings for health plans rated by that organization can be accessed through their website at <http://www.ambest.com>. *Standard and Poor's* rating service also provides publicly available information on the financial strength of some Texas health plans at <http://www.standardandpoor.com>. In addition, *Weiss Ratings, Inc.* provides financial ratings for some Texas health plans rated poorly by that organization at <http://www.weissratings.com>.

Further financial and other information about many Texas health plans can be obtained by calling the Texas Department of Insurance customer service line at 1-800-252-3439.

OPIC encourages consumers to review all available information about their HMO's financial strength.

Other sources of information

STATE

Texas Department of Insurance

P.O. Box 149091
Austin, Texas 78714-9091
(800) 252-3439;
In Austin, 463-6515
www.tdi.state.tx.us

The Texas Department of Insurance (TDI) has regulatory authority over the state's HMOs, including complaints, appeals, quality of care and financial stability. TDI has information about HMOs and health insurance in general, both in printed form and on their website.

Texas Health Care Information Council

4900 North Lamar, Room 3407
Austin, Texas 78751-2399
(512) 424-6492
www.thcic.state.tx.us

The Texas Health Care Information Council is a state agency that collects data from hospitals and HMOs about quality of care and makes it available to the public. The Council annually collects and publishes Health Plan Employer Data and Information Set (HEDIS®) information from Texas HMOs. HEDIS® is a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA), a not-for-profit organization. HEDIS® is designed to allow for comparisons of HMO performance.

Texas Department of Health

Bureau of Managed Care
11044 Research Boulevard
Austin Texas 78759
(512) 794-6862
www.tdh.state.tx.us

The Texas Department of Health's Bureau of Managed Care (TDH) has primary regulatory responsibility over Medicaid managed care in Texas. TDH collects information about Medicaid managed care company performance. TDH has conducted and published a CAHPS™ survey of Medicaid managed care plans, including HMOs.

Employees Retirement System of Texas

18th and Brazos Streets
P.O. Box 13207
Austin, Texas 78711-3207
(800) 252-3645;
In Austin, 476-6431
www.ers.state.tx.us

The Employees Retirement System of Texas (ERS) administers health benefit plans for state agency and higher education employees whose employers participate in the Texas Uniform Group Insurance Program (UGIP). ERS also administers retirement plans for state agency employees. Their website contains useful information and guides to health benefits.

(continued on next page)

(continued from page 31)

FEDERAL

Health Care Financing Administration

7500 Security Boulevard
Baltimore, Maryland 21244-1850
(410) 786-3000
www.hcfa.gov

The Health Care Financing Administration (HCFA) is the agency of federal government responsible for oversight of the nation's Medicare program, including Medicare HMOs and other Medicare managed care organizations. HCFA makes information available to Medicare beneficiaries via its website, including comparative information about Medicare HMOs.

United States Department of Labor

Pension and Welfare Benefits Administration
(Dallas Regional Office)
525 Griffin Street, Rm. 707
Dallas, Texas 75202-5025
(214)767-6831
www.dol.gov/dol/pwba

The Pension and Welfare Benefits Administration (PWBA) of the Department of Labor is the federal agency responsible for administering and enforcing provisions of Title I of the Employee Retirement Income Security Act of 1974 (ERISA). The PWBA publishes numerous documents and guides to assist workers with employer-based benefits in getting the information needed to protect their benefit rights.

Office of Personnel Management

San Antonio Service Center
8610 Broadway, Room 305
San Antonio, Texas 78217
(210) 805-2423
www.opm.gov

The Office of Personnel Management publishes an annual guide to health benefit plans for federal civilian employees called the FEHB Guide. The guide compares and rates HMOs, fee-for-service and managed care health plans that are available to federal workers.



Please send questions or comments to:

Office of Public Insurance Counsel

William P. Hobby State Office Building

333 Guadalupe, Suite 3-120

Austin, Texas 78701

512-322-4143

fax 512-322-4148

<http://www.opic.state.tx.us>

Rod.Bordelon@mail.capnet.state.tx.us

TDD or TT Users Call 1-800-RELAY TX
then ask agent to call the number you wish to reach