



Comparing Texas HMOs 1998

Ratings by Consumers

- ❖ See how health plans compare, based on results from an independent survey of people enrolled in each plan.

- ❖ View tables and charts that provide information on complaints and appeals filed with the Texas Department of Insurance.

- ❖ With help from this booklet, use the survey results and other information to decide which health plan is best for you and your family.

This booklet gives information on health care quality from a consumer perspective.

The health plan you choose can make a difference in the quality of care you get.

OFFICE OF PUBLIC INSURANCE COUNSEL

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ABOUT THIS REPORT

This is a report about the experience of Texans in Health Maintenance Organizations (HMOs). The Office of Public Insurance Counsel compiled the information in this report with the cooperation of the Texas Department of Insurance and the University of Texas Office of Survey Research. The Office of Public Insurance Counsel is a state agency which represents consumers as a class in insurance matters. The 75th Texas Legislature directed OPIC to issue annual report cards comparing HMOs in this state.

The first section of the report contains results of a consumer survey of HMO members, the CAHPS survey. CAHPS results are reported by HMO plan service area. The second section contains consumer complaint data and other information as compiled by the Texas Department of Insurance. This is state-wide data which is not collected by service area.

Who did the survey?

- ❖ The survey—the Consumer Assessment of Health Plans Study (CAHPS)—was performed by an independent organization—the University of Texas Office of Survey Research—not by the health plans. CAHPS was developed by the U.S. Department of Health and Human Services. Several states and the federal government have used CAHPS to assess the quality of health care delivery.

Who was surveyed?

- ❖ This booklet gives results from a survey of more than 10,000 members in 34 health plans. The plans were selected by OPIC based on market share and plan size within each service area. These HMOs account for 90 percent of the Texas commercial enrollment for 1997.
- ❖ For each plan, a representative group of approximately 300 adults who had been with their current health plan for at least six months were surveyed. They answered the survey questions based on their experiences during the previous six months only.

How was the survey done?

- ❖ The survey was done by phone. Participation was voluntary and confidential.
- ❖ The response rate for this survey was 79.7%. Of the plan members who were selected to be in the survey sample, 12,979 were reached by phone and 10,343 agreed to be interviewed.

Health Plans in the CAHPS Survey

Aetna U.S. Healthcare (Aetna)
Aetna U.S. Healthcare of North Texas (Aetna N. TX)
Cigna Healthcare of Texas (Cigna)
FirstCare¹
Foundation Health (Foundation)
Harris Methodist Texas Health Plan (Harris)
HMO Blue, Southwest Texas² (HMO Blue, SW TX)
HMO Blue, West Texas³ (HMO Blue, W. TX)
Humana Health Plan of San Antonio/Austin (Humana)
Kaiser Foundation Health Plan of Texas (Kaiser)

Mercy Health Plans of Missouri (Mercy)
NYLCare Health Plans of the Gulf Coast⁴ (NYLCare GC)
NYLCare Health Plans of the Southwest⁴ (NYLCare SW)
PacifiCare of Texas (PacifiCare)
PCA Health Plans of Texas⁵ (PCA)
Principal Health Care of Texas⁶ (Principal)
Prudential Health Care Plan (Prudential)
Rio Grande HMO (Rio Grande)⁷
Scott & White Health Plan (Scott & White)
United Healthcare of Texas (United)

¹ also known as SHA, L.L.C.

² aka Mid-Con Health Plans

³ aka West Texas Health Plans

⁴ NYLCare Health Plans of the Gulf Coast and NYLCare Health Plans of the Southwest were acquired by Aetna U.S. Healthcare effective June 26, 1998.

⁵ PCA Health Plans of Texas was acquired by Humana Health Plan of Texas effective September 5, 1997.

⁶ Principal Health Care of Texas was

acquired by United HealthCare Corp. effective August 12, 1998.

⁷ aka HMO Blue, El Paso

Note: HMO Blue has three separate licenses in Texas: HMO Blue, Southwest Texas; HMO Blue, West Texas; Rio Grande HMO.

BACKGROUND on types of plans

The type of health plan you join can affect what is covered, what you pay, and the doctors and hospitals you can use.

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

HMOs *Type of plans in the CAHPS Survey*

Health Maintenance Organizations

You have to 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 all covered services. You may have to pay a small amount when you get care, for example, \$10 per office visit.

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.

In many HMOs, in order to see a specialist or other providers in the network, you must talk to your PCP to get approval for a “referral.” Some HMOs let women choose a gynecologist in addition to a PCP. They can go directly to the gynecologist for annual check-ups and other women’s health care.

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.

Other plans with networks

PPOs

Preferred Provider Organizations

You don’t have to use the network, but there are advantages if you do.

In HMOs with a **POS** option, you can use the plan as an HMO or as a fee-for-service plan.

PPOs are similar to traditional fee-for-service health insurance, except they have a network.

POS

HMOs with Point-of-service Option

Points to consider

If you use a provider who *is* in the network:

- ❖ You will pay less when you get care.
- ❖ More services may be covered.

Traditional insurance—no network

Fee-for-service

The traditional type of insurance. It lets you 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.

And when your insurance does pay, you usually have to pay a portion of the cost 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 get health care (office visits, hospital stays, etc.).
- ❖ There is more paperwork, such as filing claim forms to get payment for services covered by the insurance, and keeping track of payments toward the deductible.

The CAHPS Survey

One way to measure quality of care is to look at the technical side.

This includes things like measuring how much patients are helped by the care they get. For example, if people have an operation, does it go well? Do they recover quickly?

The technical side of quality also includes looking at whether the care people get helps them stay as healthy as possible. For example, do young children get the shots they need to prevent disease? Do people get checkups and other preventive care that catches health

problems at an early stage?

The Texas Health Care Information Council has published regional reports which include this type of technical data.

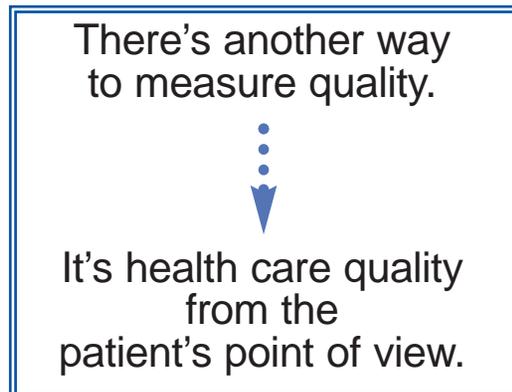
See page 47 for more information on resources on technical data.

The technical side of health care quality is very important, but it doesn't give you the whole picture.

Some things to know about the survey:

- ❖ The survey was done by an independent, outside organization —not by the health plans.
- ❖ The survey included enough people from each plan to make their answers representative. People told about their own plan only.
- ❖ The survey asked people about their experiences with their current health plan and medical care during the previous 6 months only.

See pages 1 and 4 for more information.



Overall ratings start on page 5

What people said about specific topics starts on page 8.

CAHPS is sponsored by:

U.S. Department of Health and Human Services
Public Health Service
Agency for Health Care Policy and Research
and through cooperative agreements
with:

- ❖ Harvard University
- ❖ RAND
- ❖ Research Triangle Institute

The survey covers areas where people enrolled in the health plans are really the experts about how well their plan is working.

The survey didn't ask about technical things that can be hard for patients to judge, such as how well a doctor does at surgery.

Instead, it asked about things that patients know the best. Things like:

- ❖ Could they get appointments quickly when they needed them?
- ❖ Did their doctors explain things in a way they could understand?
- ❖ Were they treated with courtesy and respect by office staff?
- ❖ Could they get the information they needed from the health plan?

Answers to these and other questions are in this booklet to help you compare your health plan choices.

Of course, the survey results are the opinions and judgments of the people who were surveyed. Your own experiences in a health plan could be different from those of the people who were surveyed. The survey results are not the evaluation or recommendations of the Office of Public Insurance Counsel.

But when you are trying to choose a plan, it can be helpful to know what other people's experiences have been.

How the stars show health plan comparisons

The stars on pages 6–14 show the results of statistical tests between each plan's score and the overall score for all health plans. These tests tell which plans are significantly better or lower than average.

- ❖ For the 0 to 10 scale (0 = "worst possible" to 10 = "best possible"), scores were means.
- ❖ For the questions that asked "how often?", scores were means on a scale from 1 = "never" to 4 = "always."
- ❖ For the "yes-no" questions, scores were percent "yes."
- ❖ All plan comparisons in this report use the p \leq .05 significance level. This means that there is one chance in 20 that a "better than average" or "below average" result came about just by chance or statistical variability.

Interpreting the survey results

- ❖ When you compare plan results shown in graphs, you should ignore small differences in percentages because survey results have a "margin of error." Differences between plans may result from chance alone rather than any real differences among plans.
- ❖ Keep in mind that the benefits and coverage that people get, and how much they pay for it, can be different for people in the same health plan, as well as from plan to plan. People who are more positive about their benefits and coverage, and what they pay, also tend to be more positive about their plan.

Overall Ratings by People Who Were Surveyed

- * * * Score for health plan on the scale from 0–10 is Better than the average score for all plans
 - * * Average (Score for health plan on the scale from 0–10 is neither higher nor lower than the average score for all plans)
 - * Score for health plan on the scale from 0–10 is Below the average score for all plans
- See page 4 for details about the stars.



The questions for overall ratings used a scale from 0 to 10, where 0 = “worst possible” and 10 = “best possible.”

This chart shows results for individual survey questions that asked people to give their own overall ratings of their health plan, health care, and doctors.

Ratings by adults of their own care

Service Area	Health Plan	Overall, how do adults rate their HEALTH PLAN?	Overall, how do adults rate the QUALITY OF CARE they have received?	Overall, how do adults rate their PERSONAL DOCTOR?	Overall, how do adults rate the SPECIALISTS they have seen?
<i>Austin/Central TX</i>	Foundation	* * *	* *	* *	* *
	NYLCare GC	* *	* *	* *	* *
	PCA	* *	* *	* *	* *
	Prudential	* *	* *	*	* *
	Scott & White	* * *	* * *	* * *	* *
	United	* *	* *	* *	* *
<i>Corpus Christi/ South TX</i>	Humana	* *	* *	* *	* *
	Mercy	* * *	* * *	* * *	* * *
	Principal	* * *	* * *	* * *	* * *

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See pages 1, 3 and 4 for more about the survey and how to interpret the survey results.

		Ratings by adults of their own care			
Service Area	Health Plan	Overall, how do adults rate their HEALTH PLAN?	Overall, how do adults rate the QUALITY OF CARE they have received?	Overall, how do adults rate their PERSONAL DOCTOR?	Overall, how do adults rate the SPECIALISTS they have seen?
<i>Dallas/East TX</i>	Aetna N. TX	*	**	**	**
	Cigna	***	**	**	**
	Harris	**	**	**	**
	Kaiser	**	**	**	**
	NYLCare SW	**	**	**	**
	Pacificare	*	**	**	**
	PCA	*	*	*	**
	Prudential	*	*	*	**
	United	**	**	**	***
<i>El Paso</i>	Prudential	***	**	**	**
	Rio Grande	***	**	*	**

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*** * *** Score for health plan on the scale from 0–10 is Better than the average score for all plans

*** *** Average (Score for health plan on the scale from 0–10 is neither higher nor lower than the average score for all plans)

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See page 4 for details about the stars.

Ratings by adults of their own care

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<i>Houston/ Gulf Coast</i>	Aetna	**	**	**	**
	Cigna	***	**	*	***
	NYLCare GC	**	**	**	**
	Pacificare	*	**	**	*
	PCA	*	**	**	**
	Prudential	**	*	**	*
	United	*	*	*	**
<i>Panhandle/Plains</i>	FirstCare	***	***	**	**
	HMO Blue, SW TX	**	**	**	***
	HMO Blue, W. TX	**	***	***	**
<i>San Antonio</i>	Humana	***	**	**	**
	Pacificare	***	**	**	**
	PCA	*	**	**	**
	Prudential	***	**	***	**

See pages 1, 3 and 4 for more about the survey and how to interpret the survey results.

What People Said About Specific Topics

GRAPHS on pages 14 - 33 show the details for these specific topics.

Most of these topics combine survey results for several questions.

- * * * Score for health plan is Better than the average score for all plans
 - * * Average (Score for health plan is neither higher nor lower than the average score for all plans)
 - * Score for health plan is Below the average score for all plans
- See page 4 for details about the stars.

Survey questions for specific topics were either “yes-no” questions or questions that asked “how often” people had certain experiences.



Service Area	Health Plan	Getting the care you need, when you need it		Doctors and medical care			
		Getting the care you need See graph on pages 14-15	Getting care without long waits See graph on pages 16-17	Easy to find a personal doctor you are happy with See graph on pages 18-19	Doctors who communicate well with their patients See graph on pages 20-21	Doctors who spend enough time with patients and know their medical history See graph on pages 22-23	Being encouraged to exercise or eat a healthy diet See graph on pages 24-25
Austin/Central TX	Foundation	**	**	**	**	**	**
	NYLCare of GC	***	**	***	**	**	**
	PCA	**	**	**	**	**	**
	Prudential	**	***	**	**	**	**
	Scott & White	**	***	***	**	**	**
	United	**	**	**	**	**	**

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See pages 1, 3 and 4 for more about the survey and how to interpret the survey results.

		Getting the care you need, when you need it		Doctors and medical care			
Service Area	Health Plan	Getting the care you need See graph on pages 14-15	Getting care without long waits See graph on pages 16-17	Easy to find a personal doctor you are happy with See graph on pages 18-19	Doctors who communicate well with their patients See graph on pages 20-21	Doctors who spend enough time with patients and know their medical history See graph on pages 22-23	Being encouraged to exercise or eat a healthy diet See graph on pages 24-25
<i>Corpus Christi/ South TX</i>	Humana	**	**	**	**	**	***
	Mercy	**	**	***	***	***	**
	Principal	***	**	**	**	***	***
<i>Dallas/East TX</i>	Aetna N. TX	**	**	**	**	**	**
	Cigna	**	**	**	***	***	**
	Harris	**	**	**	**	**	**
	Kaiser	**	***	**	**	**	**
	NYLCare SW	**	**	**	**	**	**
	Pacificare	**	**	*	**	**	*
	PCA	**	**	**	*	**	**
	Prudential	**	**	**	**	**	**
United	***	***	**	***	***	**	
<i>El Paso</i>	Prudential	*	*	**	**	**	*
	Rio Grande	*	*	*	*	*	*

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See pages 1, 3 and 4 for more about the survey and how to interpret the survey results.

Service Area	Health Plan	Getting the care you need, when you need it		Doctors and medical care			
		Getting the care you need See graph on pages 14-15	Getting care without long waits See graph on pages 16-17	Easy to find a personal doctor you are happy with See graph on pages 18-19	Doctors who communicate well with their patients See graph on pages 20-21	Doctors who spend enough time with patients and know their medical history See graph on pages 22-23	Being encouraged to exercise or eat a healthy diet See graph on pages 24-25
<i>Houston/ Gulf Coast</i>	Aetna	**	**	**	**	**	**
	Cigna	**	**	**	**	**	**
	NYLCare GC	**	**	**	**	**	**
	Pacificare	**	**	*	**	**	*
	PCA	**	*	**	**	**	*
	Prudential	*	**	*	*	*	**
	United	**	**	**	**	**	**
<i>Panhandle/Plains</i>	FirstCare	***	***	***	***	***	***
	HMO Blue, SW TX	**	**	**	**	**	*
	HMO Blue, W. TX	**	**	***	**	***	**
<i>San Antonio</i>	Humana	**	**	*	**	**	***
	Pacificare	*	**	**	**	**	**
	PCA	**	**	**	**	**	**
	Prudential	**	***	**	**	*	**

* * * Better than the average

* * Average

* Below average

See page 4 for details

Service Area	Health Plan	Medical office staff	The health plan		
		Courtesy, respect, and helpfulness of medical office staff See pages 26-27 for details	Health plan's customer service: efficiency and helpfulness See pages 28-29 for details	Reasonable paperwork, handling of approvals and payments See pages 30-31 for details	Easy to get referrals to specialists See pages 32-33 for details
<i>Austin/Central TX</i>	Foundation	**	*	*	***
	NYLCare GC	**	**	**	**
	PCA	**	**	**	**
	Prudential	***	**	**	**
	Scott & White	**	***	***	**
	United	***	**	**	***
<i>Corpus Christi/ South TX</i>	Humana	**	**	**	*
	Mercy	***	**	*	***
	Principal	***	**	***	**

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Service Area	Health Plan	Medical office staff	The health plan		
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	Cigna	**	**	**	**
	Harris	*	**	**	**
	Kaiser	**	**	***	**
	NYLCare SW	**	**	***	**
	Pacificare	**	**	**	*
	PCA	**	*	**	*
	Prudential	**	*	**	**
	United	**	**	**	**
<i>El Paso</i>	Prudential	*	***	**	**
	Rio Grande	**	***	*	**

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See pages 1, 3 and 4 for more about the survey and how to interpret the survey results.

Service Area	Health Plan	Medical office staff	The health plan		
		Courtesy, respect, and helpfulness of medical office staff	Health plan's customer service: efficiency and helpfulness	Reasonable paperwork, handling of approvals and payments	Easy to get referrals to specialists
		See pages 26-27 for details	See pages 28-29 for details	See pages 30-31 for details	See pages 32-33 for details
<i>Houston/ Gulf Coast</i>	Aetna	**	**	*	**
	Cigna	**	***	**	***
	NYLCare GC	*	**	**	**
	Pacificare	**	**	**	*
	PCA	**	*	*	**
	Prudential	**	**	**	**
	United	**	*	*	**
<i>Panhandle/Plains</i>	FirstCare	***	**	***	***
	HMO Blue, SW TX	**	**	**	**
	HMO Blue, W. TX	**	**	*	***
<i>San Antonio</i>	Humana	**	**	**	**
	Pacificare	**	**	**	**
	PCA	**	*	**	**
	Prudential	**	**	**	**

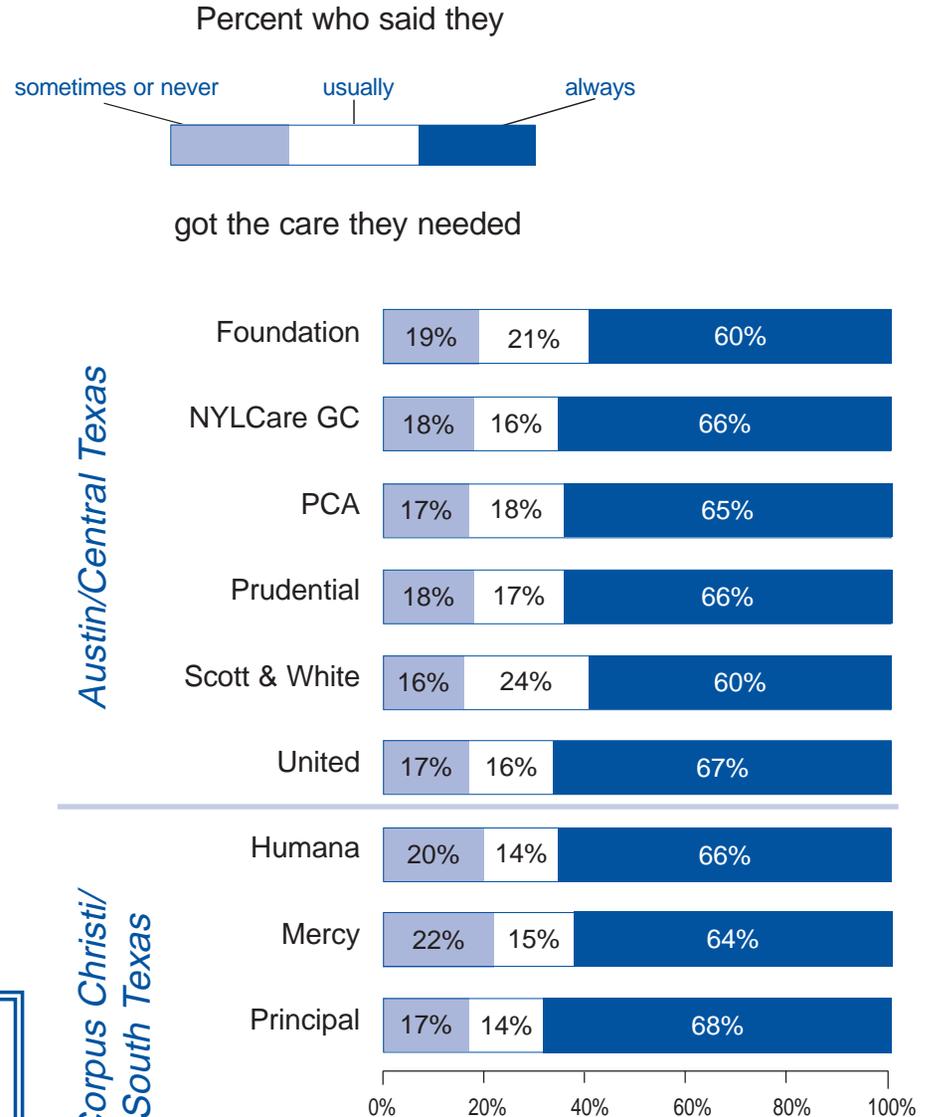
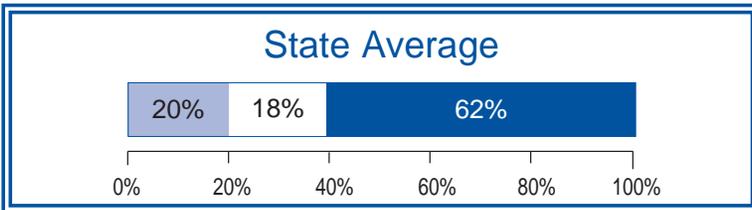
GRAPHS that show details for specific topics

Getting the care you need, when you need it

Getting the care you need

This graph shows answers to survey questions that asked people in each health plan *how often* they:

- ❖ Got tests or treatment they thought they needed
- ❖ Saw a specialist when they thought they needed one
- ❖ Were able to see their own doctor when they wanted to, rather than someone else
- ❖ Got the medical help or advice they needed when they called a doctor's office during regular daytime hours

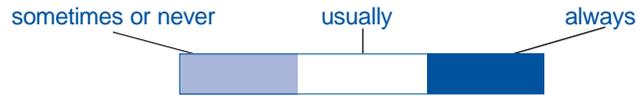


All answers are about experiences in the previous 6 months. For these 4 questions on “getting the care you need,” people didn’t answer if the question asked about experiences they had *not* had in the previous 6 months.

The percentages shown on the bars are the average of answers to the 4 survey questions above.

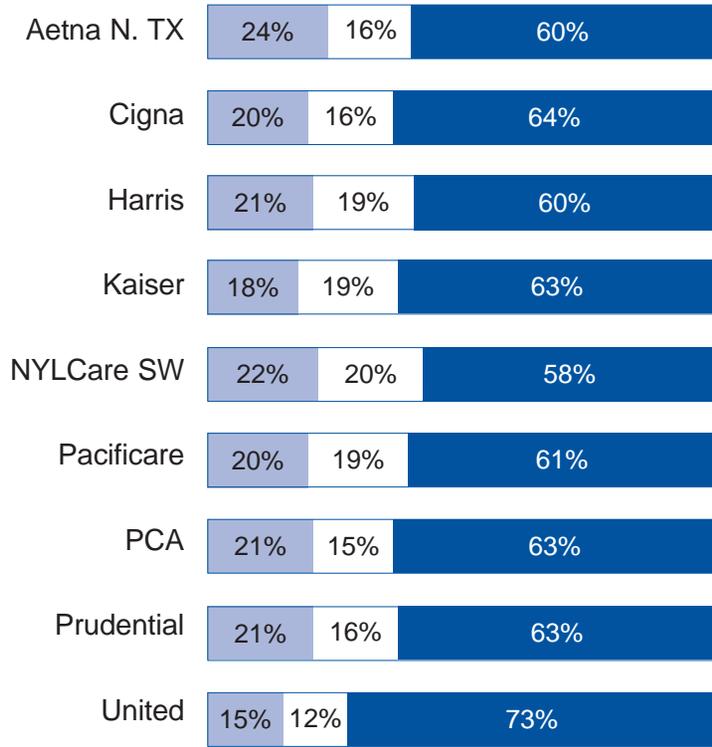
Due to rounding, numbers may not add to 100%.

Percent who said they

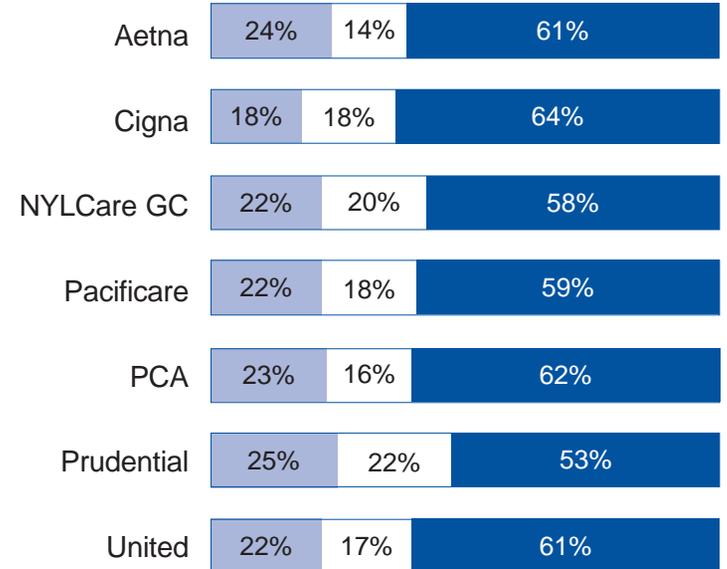


got the care they needed

Dallas/East Texas



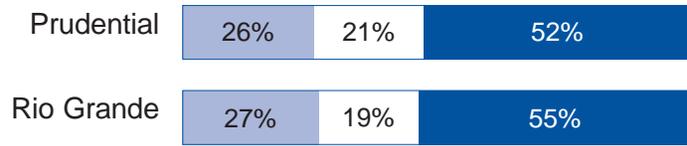
Houston/
Gulf Coast



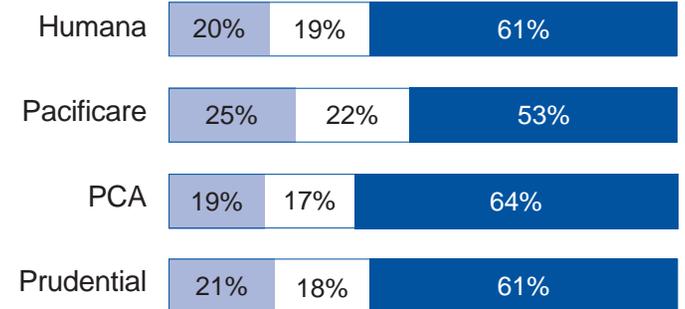
Panhandle/
Plains



El Paso



San Antonio



0% 20% 40% 60% 80% 100%

0% 20% 40% 60% 80% 100%

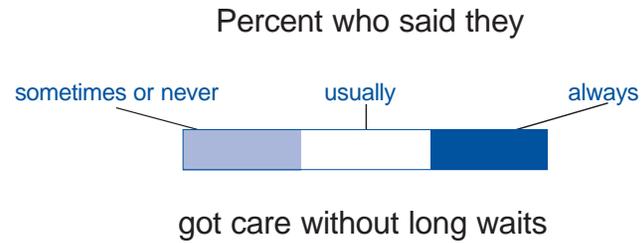
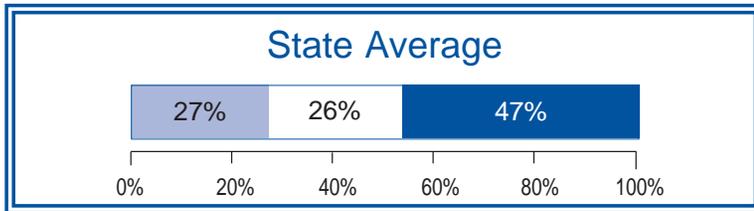
When you compare plans in this graph, keep in mind that small differences in percentages are not meaningful. See pages 2 and 4 for more on plan differences.

Getting the care you need,
when you need it

Getting care without long waits

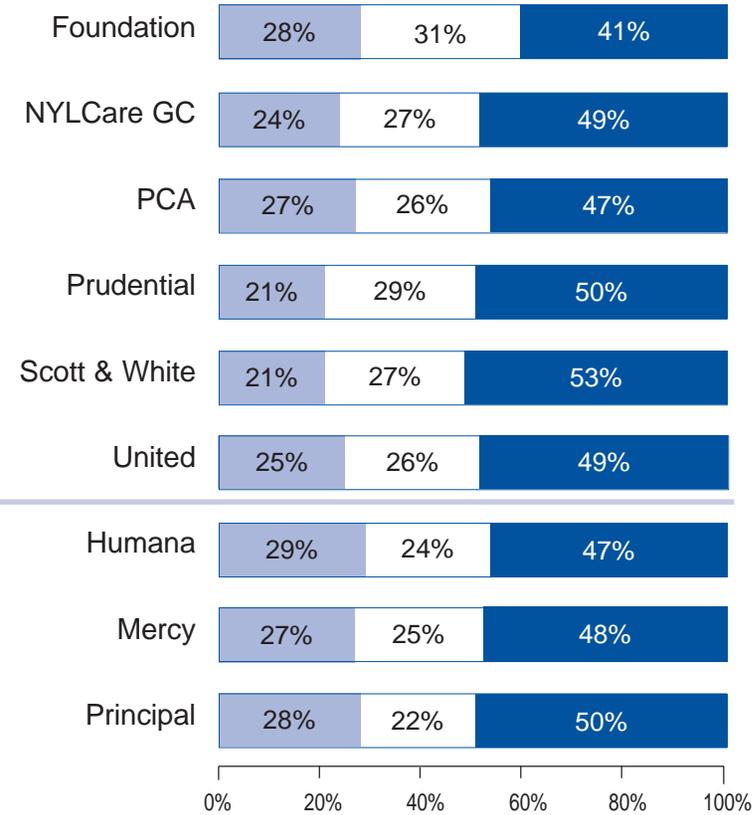
This graph shows answers to survey questions that asked people in each health plan *how often* they:

- ❖ Got help or advice they needed without a long wait when they called the doctor's office during regular daytime hours
- ❖ Got treatment as soon as they wanted for an illness or injury
- ❖ Got an appointment as soon as they wanted for regular or routine health care
- ❖ Waited less than 30 minutes past their appointment time to see the person they went to see



Austin/Central Texas

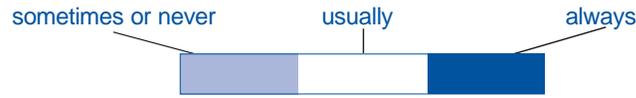
Corpus Christi/
South Texas



All answers are about experiences in the previous 6 months. For these 4 questions on “getting care without long waits,” people didn’t answer if the question asked about experiences they had *not* had in the previous 6 months.

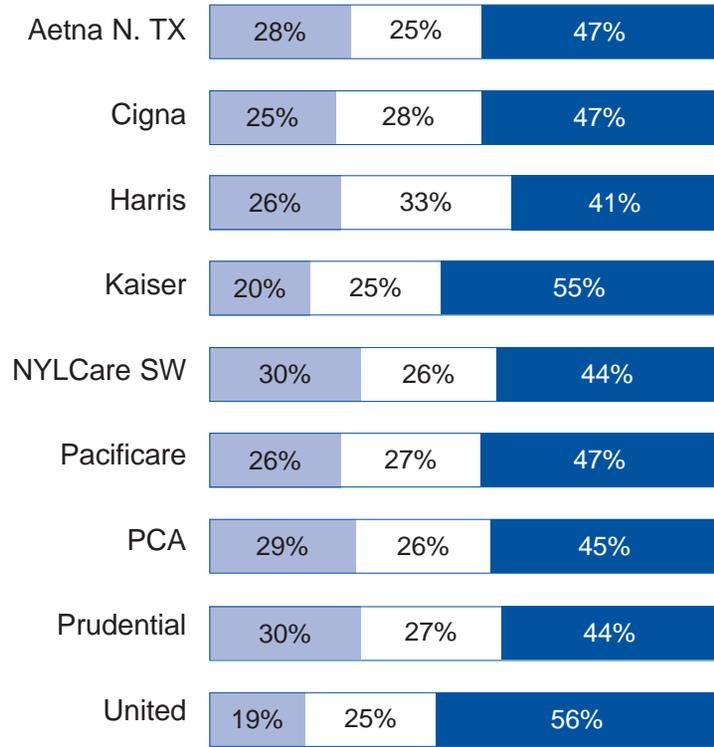
The percentages shown on the bars are the average of answers to the 4 survey questions above.

Percent who said they

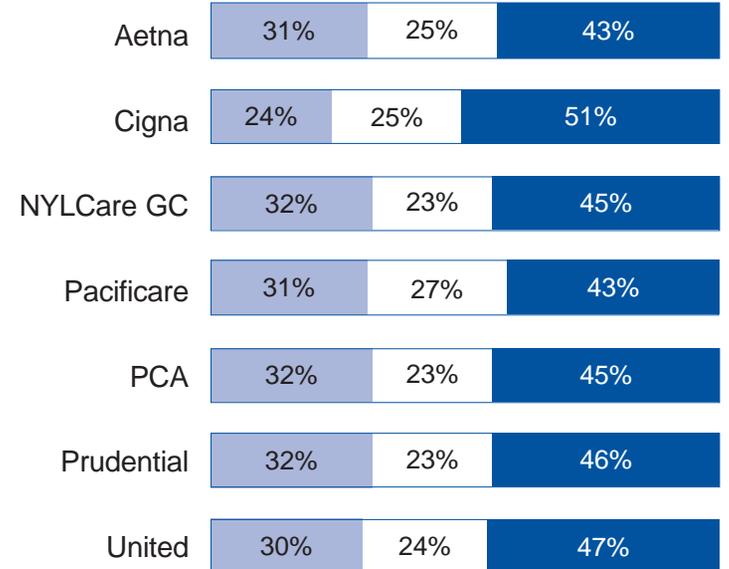


got care without long waits

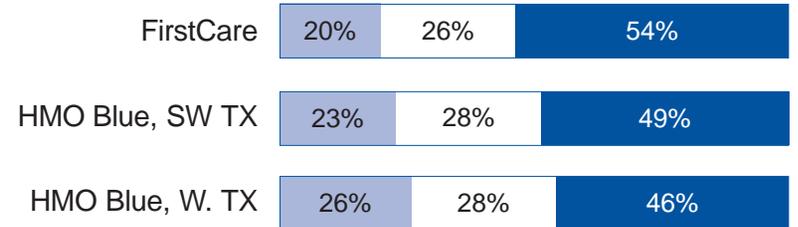
Dallas/East Texas



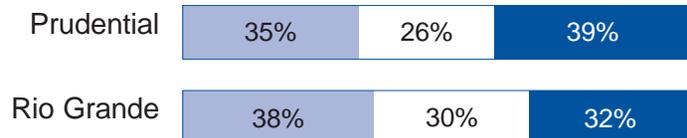
*Houston/
Gulf Coast*



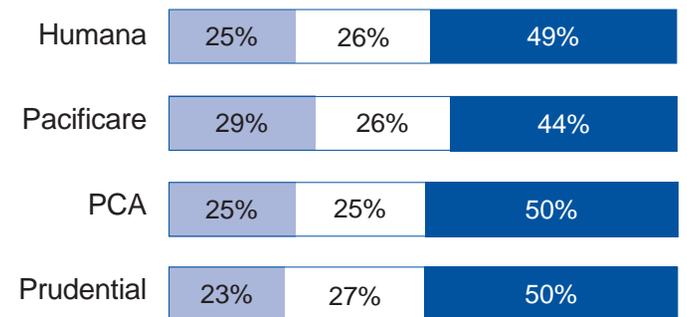
*Panhandle/
Plains*



El Paso



San Antonio



0% 20% 40% 60% 80% 100%

0% 20% 40% 60% 80% 100%

When you compare plans in this graph, keep in mind that small differences in percentages are not meaningful. See pages 2 and 4 for more on plan differences.

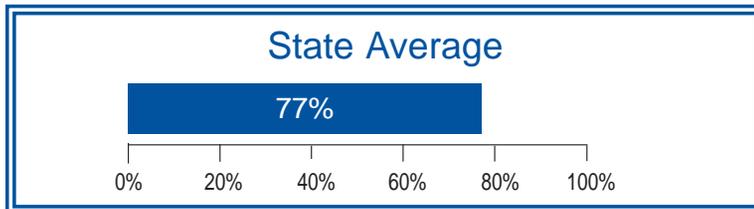
Doctors and medical care

Easy to find a personal doctor you are happy with

Sometimes when you join a health plan, you keep the doctors you already use. Or you may choose a new doctor.

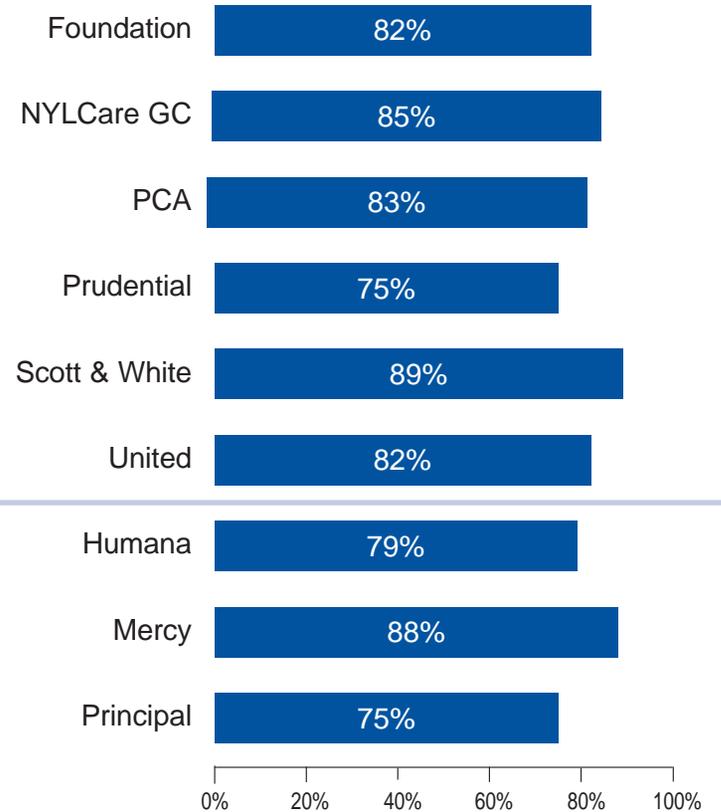
This graph shows:

- ❖ With the choices their health insurance plan gives them, whether it has been easy for people to find a personal doctor or other health professional (such as a nurse practitioner, physician assistant, or nurse) they were happy with.



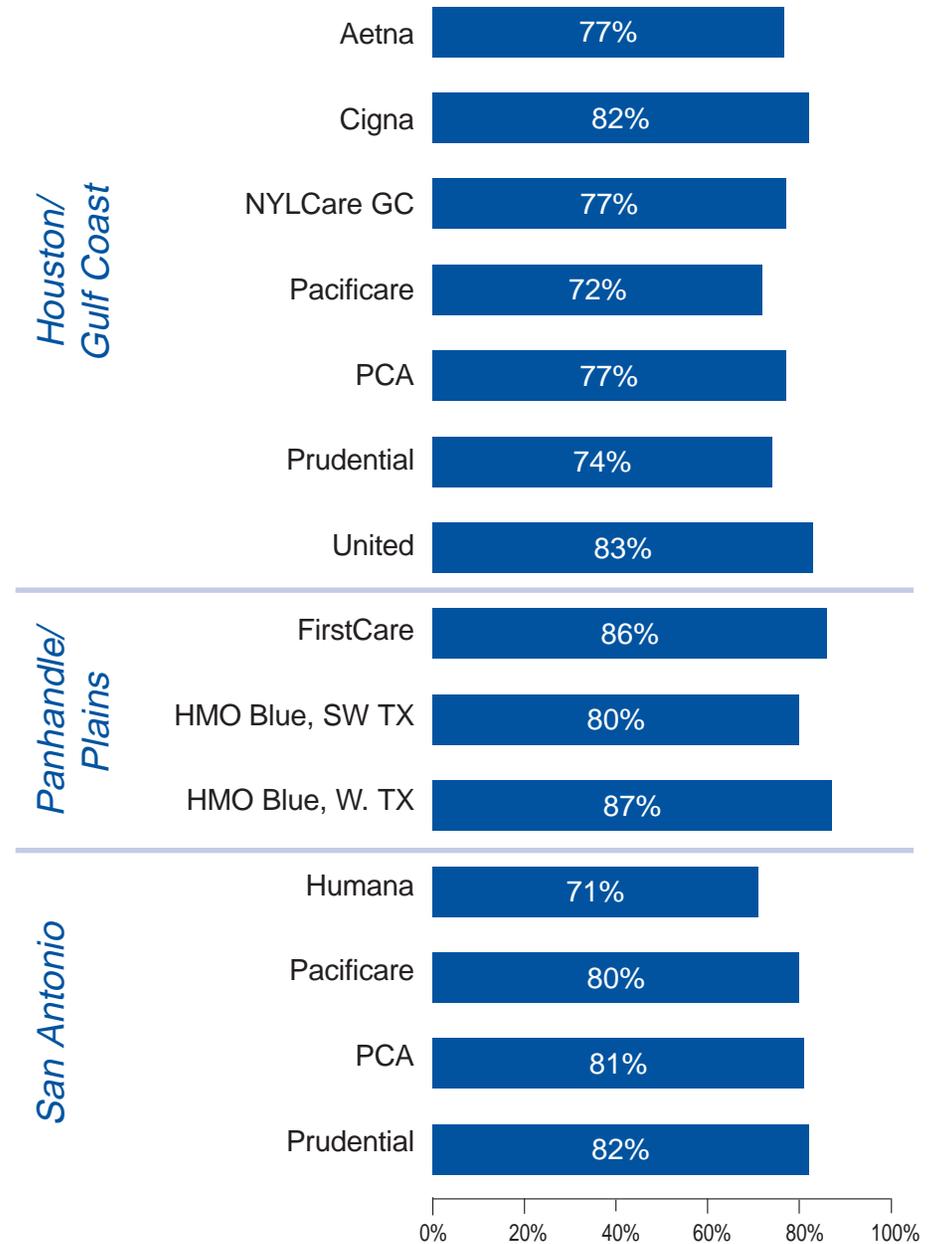
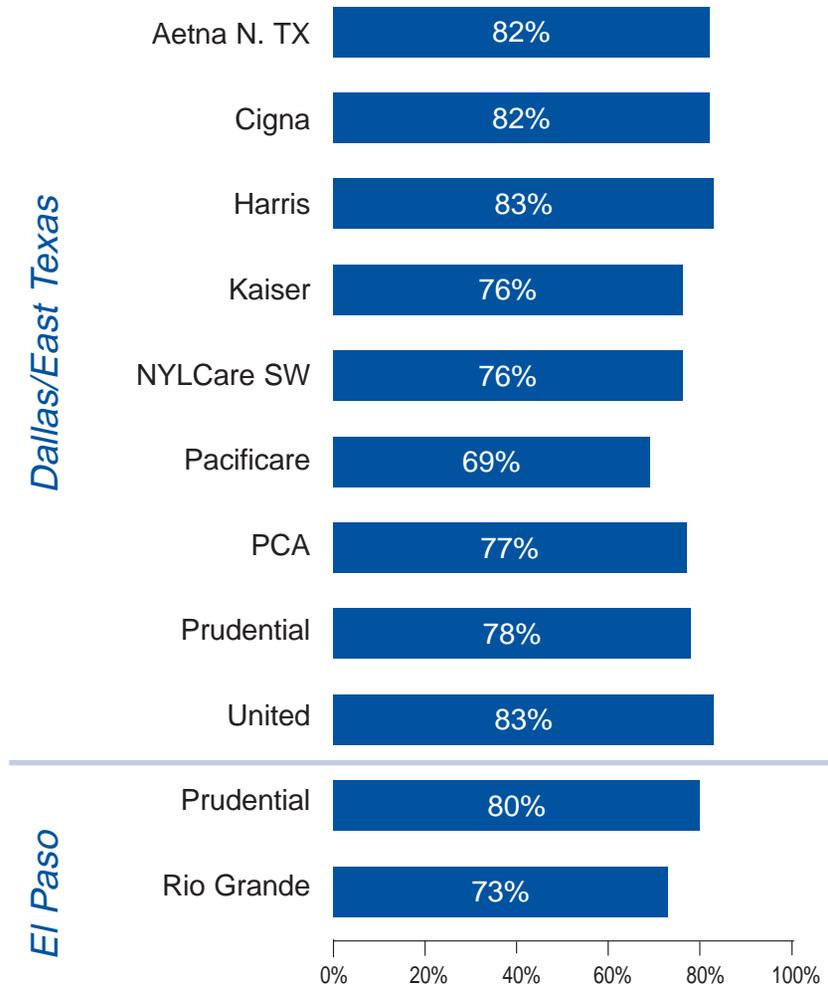
Percent who said, "yes," it has been easy to find a personal doctor they were happy with

Austin/Central Texas
Corpus Christi/South Texas



Everyone who was surveyed was asked this "yes-no" question.

Percent who said,
 “yes,” it has been easy to find a personal doctor they were happy with



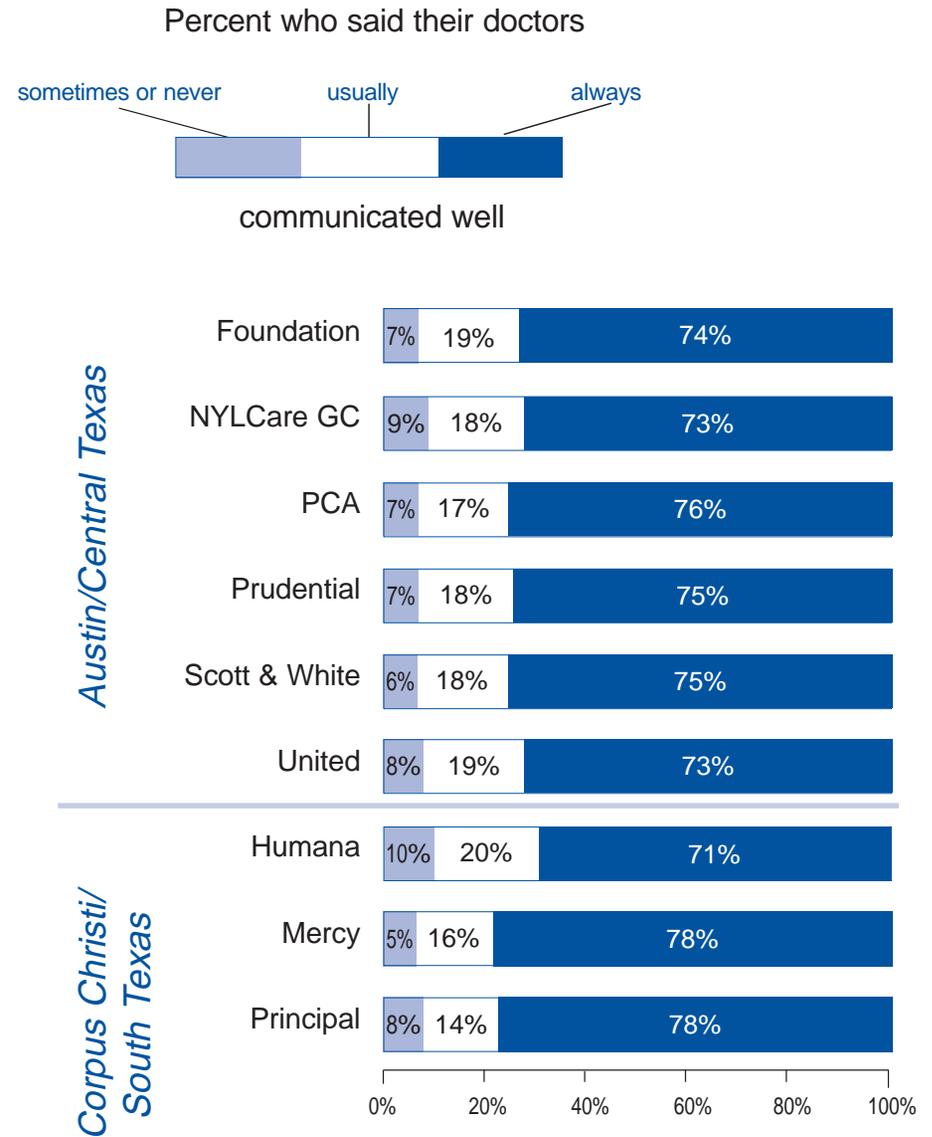
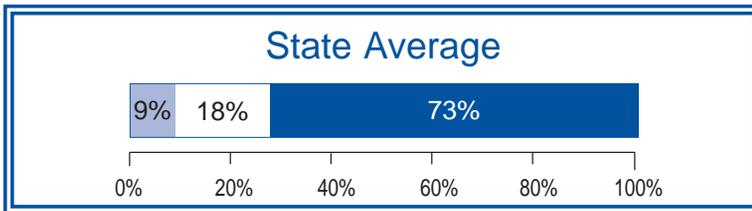
When you compare plans in this graph, keep in mind that small differences in percentages are not meaningful. See pages 2 and 4 for more on plan differences.

Doctors and medical care

Doctors who communicate well with their patients

This graph shows answers to survey questions that asked people in each health plan *how often* their doctor or other health care professional:

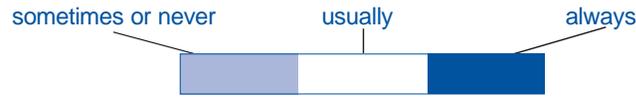
- ❖ Listened carefully to them
- ❖ Explained things in a way they could understand
- ❖ Showed respect for what they had to say
- ❖ Involved them as much as they wanted in decisions about their health care



All answers are about experiences in the previous 6 months. People who had not been to see a doctor or other health professional in the previous 6 months did not answer these questions.

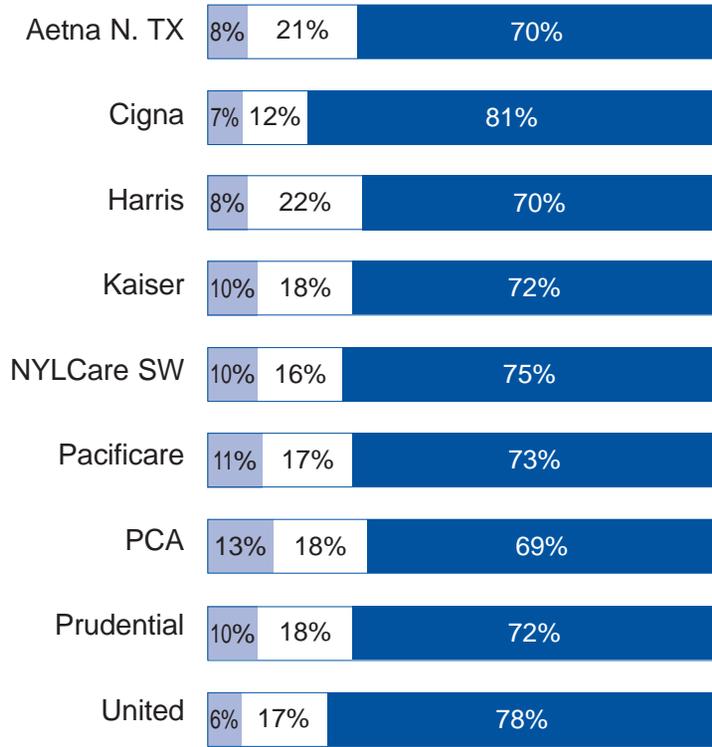
The percentages shown on the bars are the average of answers to the 4 survey questions above.

Percent who said their doctors

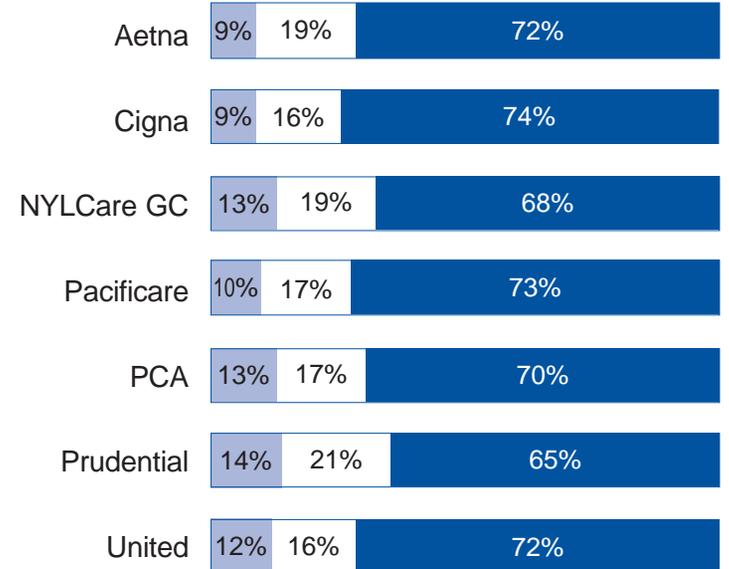


communicated well

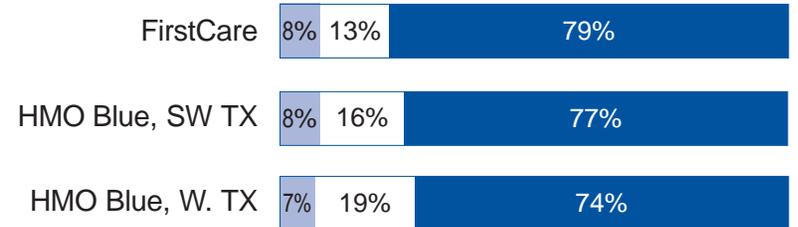
Dallas/East Texas



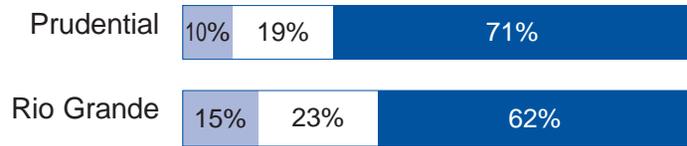
Houston/
Gulf Coast



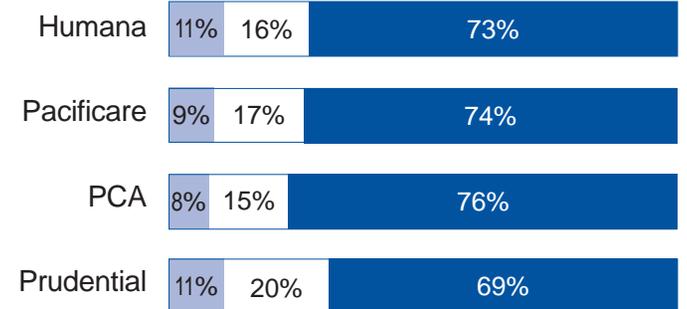
Panhandle/
Plains



El Paso



San Antonio



0% 20% 40% 60% 80% 100%

0% 20% 40% 60% 80% 100%

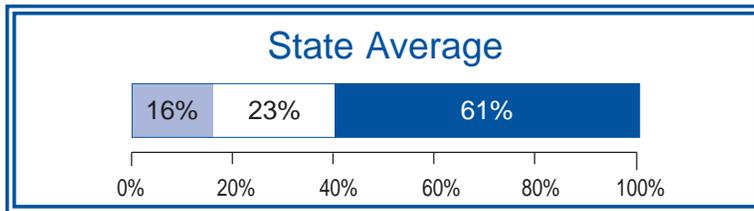
When you compare plans in this graph, keep in mind that small differences in percentages are not meaningful. See pages 2 and 4 for more on plan differences.

Doctors and medical care

Doctors who spend enough time with patients and know their medical history

This graph shows answers to survey questions that asked people in each health plan *how often* their doctors or other health care professionals:

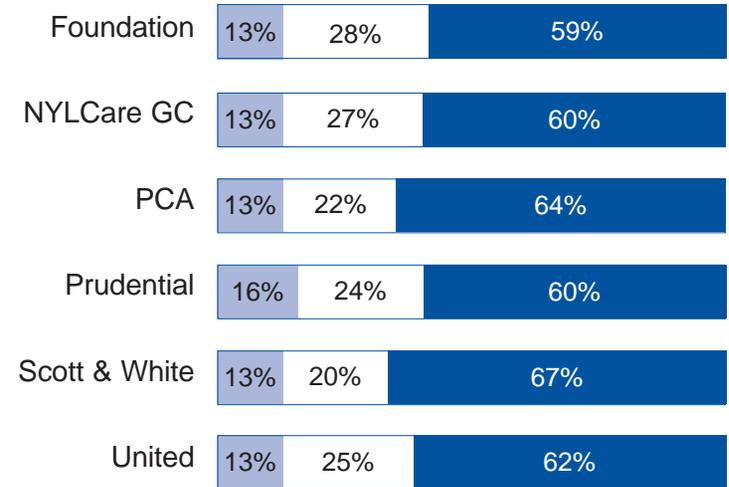
- ❖ Spent enough time with them
- ❖ Knew as much as they thought the doctor should about their medical history



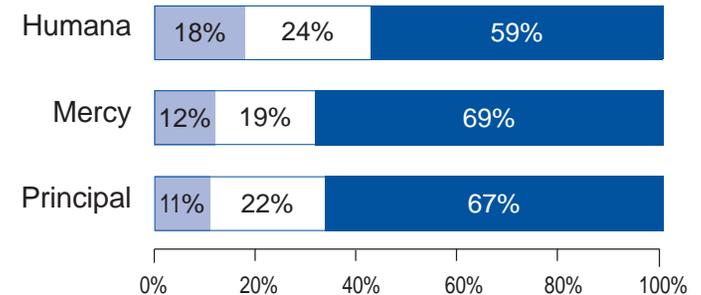
All answers are about experiences in the previous 6 months. People who had not been to see a doctor or other health professional in the previous 6 months did not answer these questions.

Percent who said their doctors
sometimes or never usually always
gave them enough time and knew their medical history

Austin/Central Texas

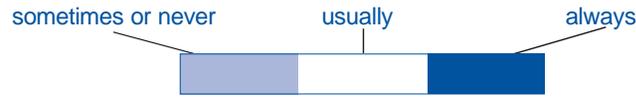


Corpus Christi/South Texas



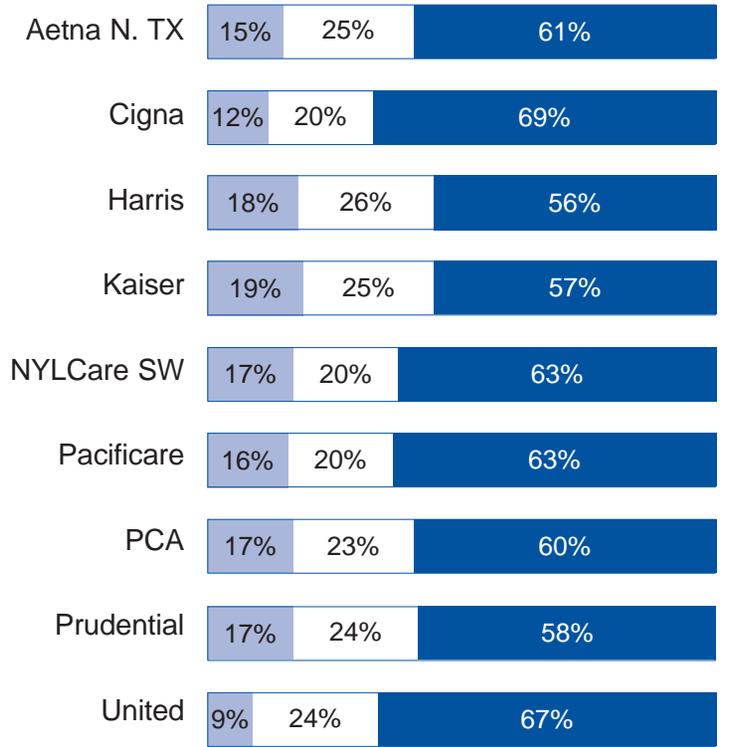
The percentages shown on the bars are the average of answers to the 2 survey questions above.

Percent who said their doctors

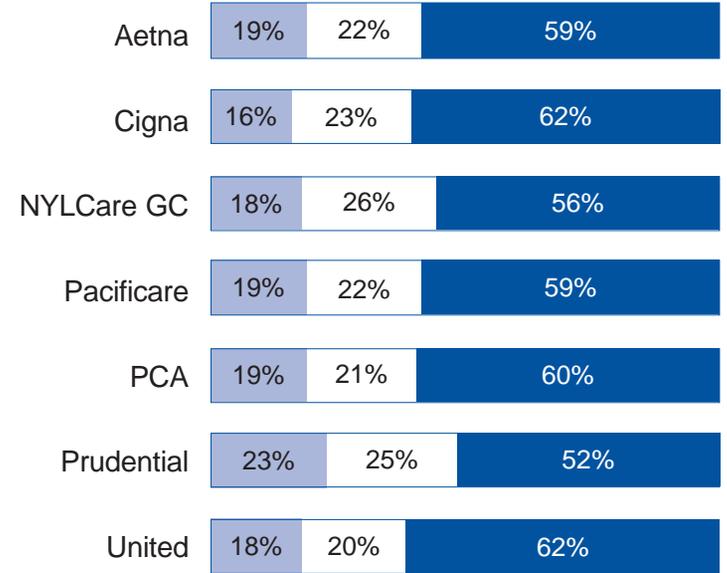


gave them enough time and knew their medical history

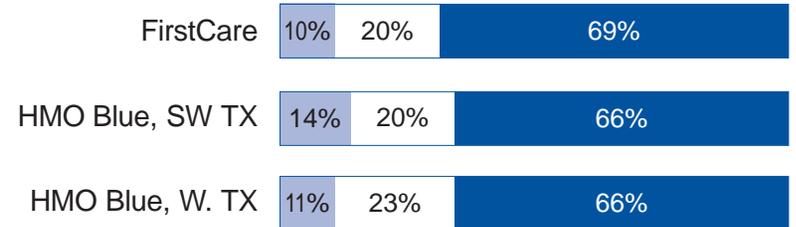
Dallas/East Texas



Houston/
Gulf Coast



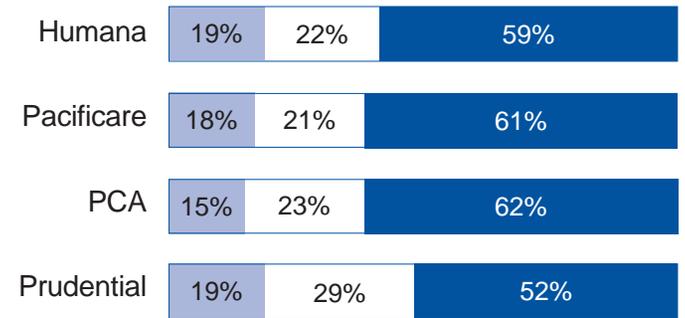
Panhandle/
Plains



El Paso



San Antonio



0% 20% 40% 60% 80% 100%

0% 20% 40% 60% 80% 100%

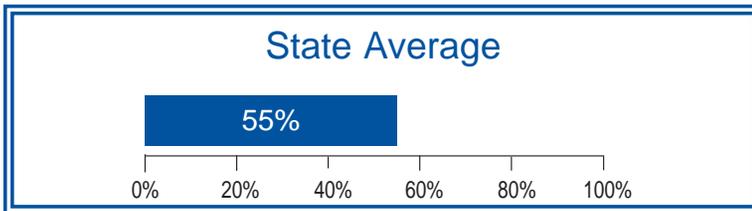
When you compare plans in this graph, keep in mind that small differences in percentages are not meaningful. See pages 2 and 4 for more on plan differences.

Doctors and medical care

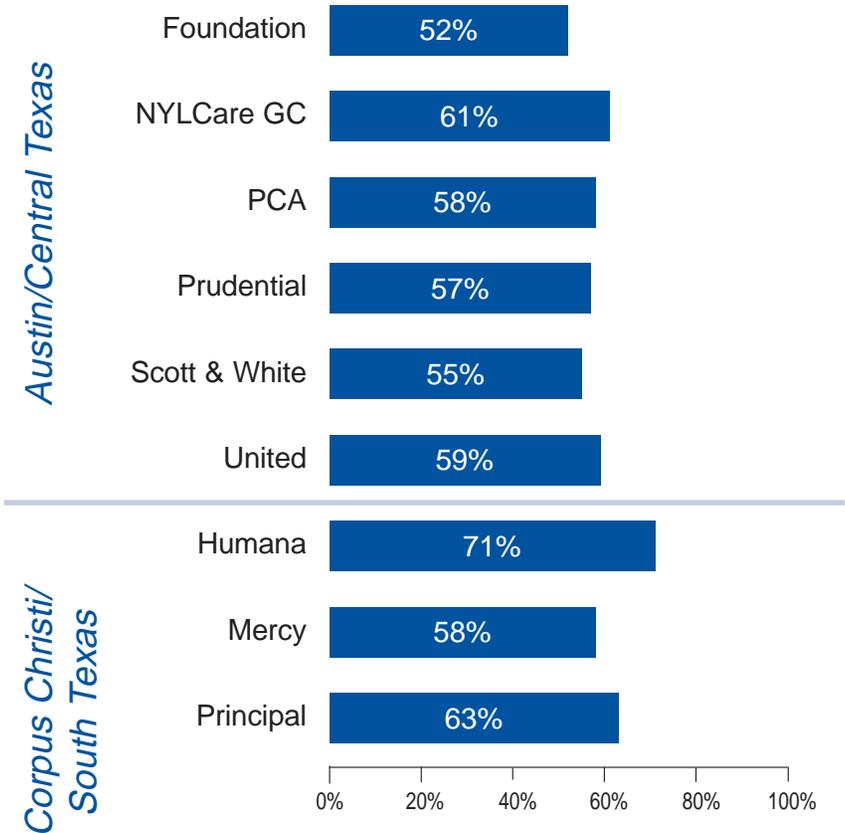
Being encouraged to exercise or eat a healthy diet

This graph shows answers to a survey question that asked people in each health plan whether they had been:

- ❖ Encouraged by a health professional or their health insurance plan to exercise or eat a healthy diet

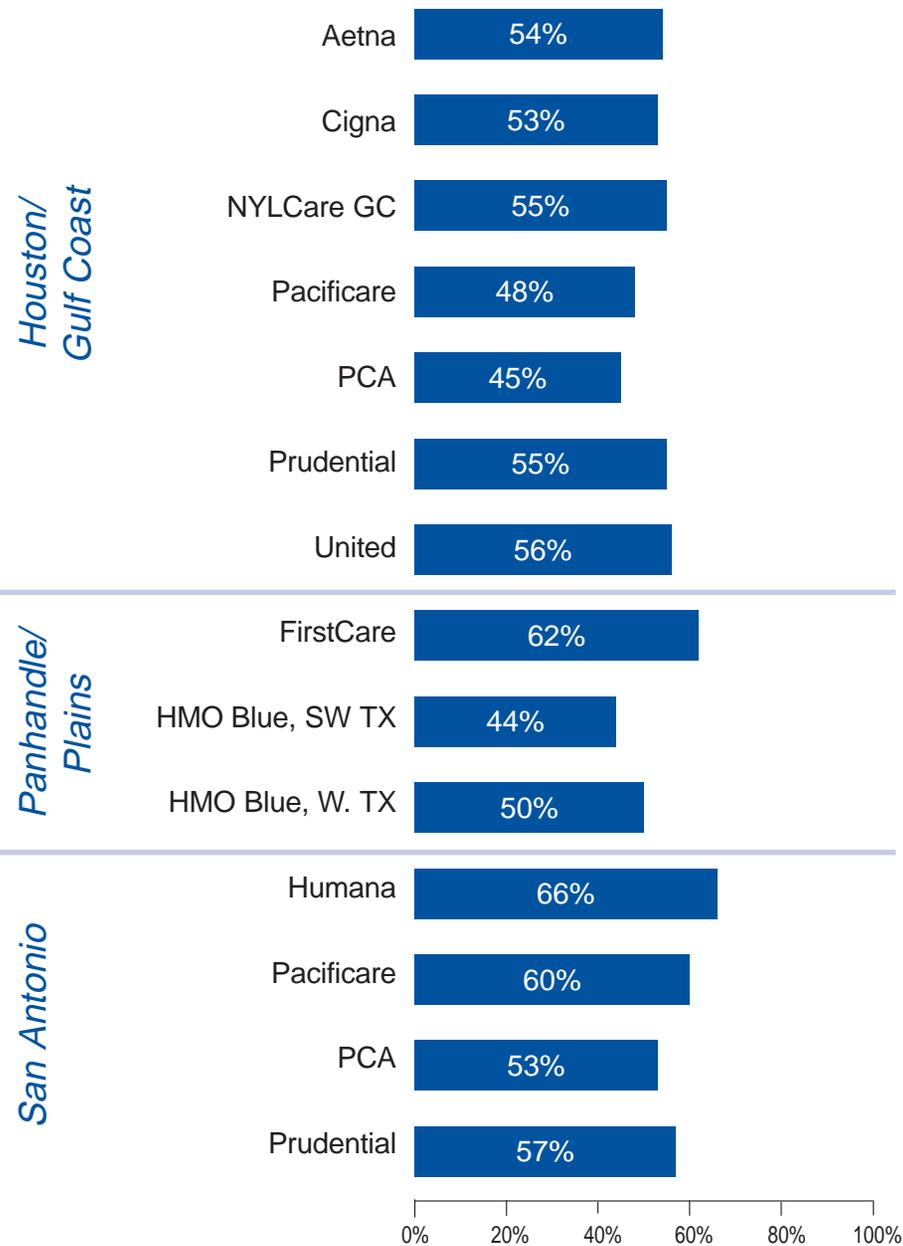
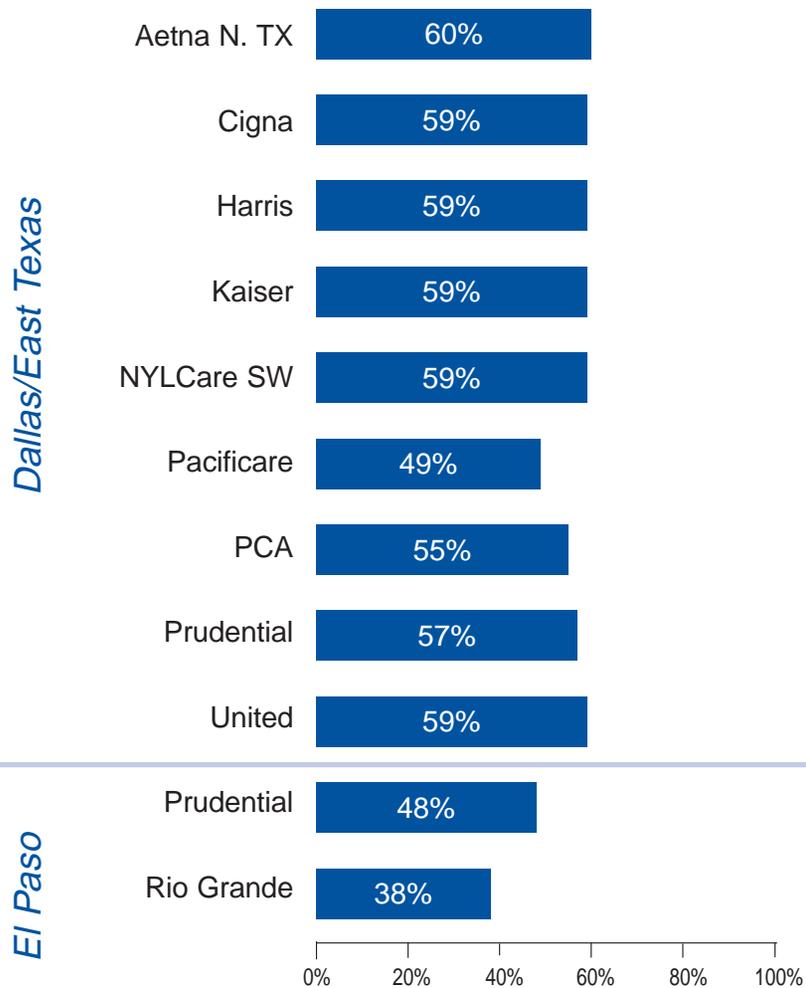


Percent who said, "yes," they were encouraged to exercise or eat a healthy diet



This was a "yes-no" question that asked everyone who was surveyed whether they had received this kind of encouragement during the last 6 months.

Percent who said,
 “yes,” they were encouraged to exercise or eat a healthy diet



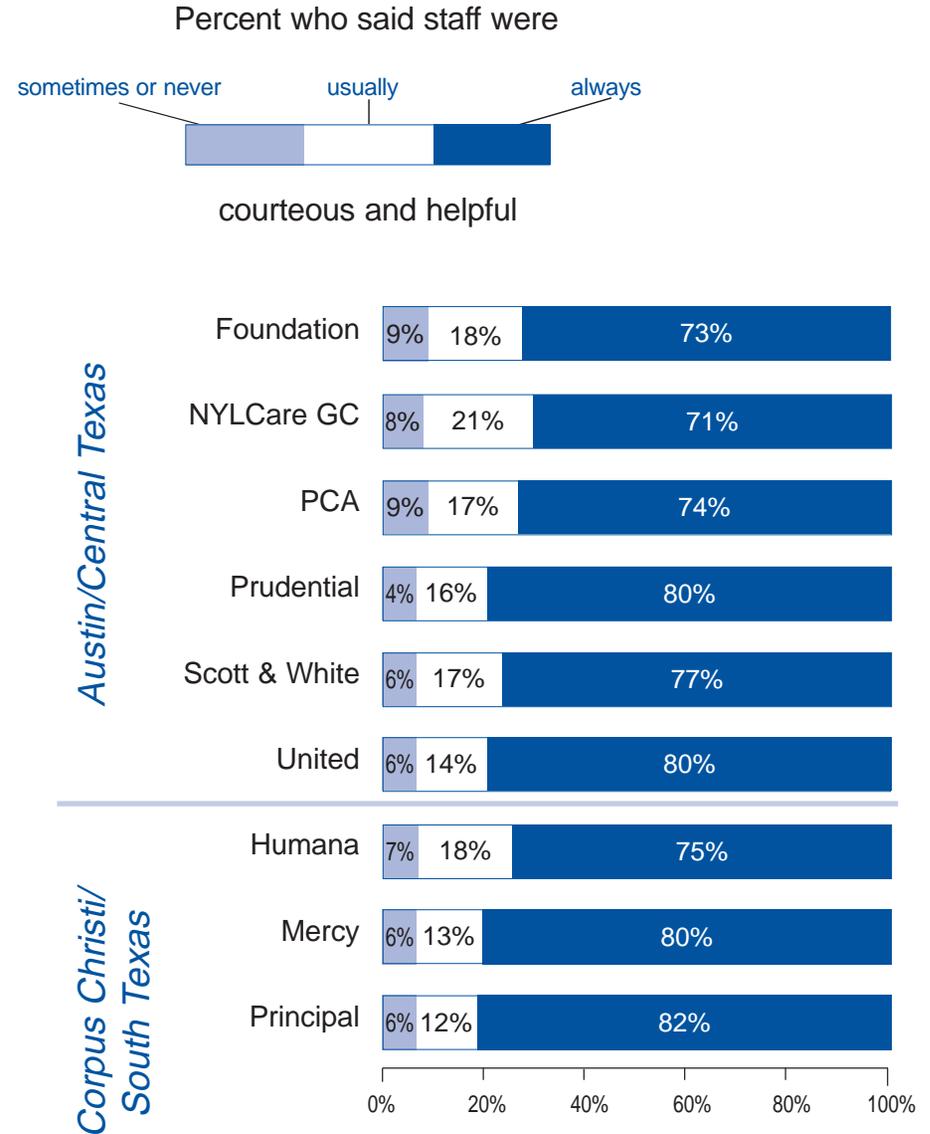
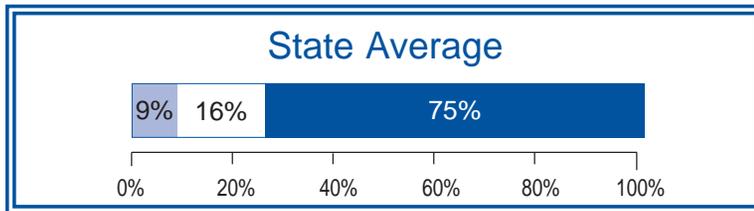
When you compare plans in this graph, keep in mind that small differences in percentages are not meaningful. See pages 2 and 4 for more on plan differences.

Medical office staff

**Courtesy, respect,
and helpfulness of
medical office staff**

This graph shows answers to survey questions that asked people in each health plan *how often* the office staff at their doctor's office or clinic:

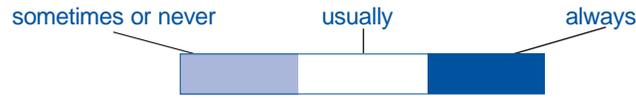
- ❖ Treated them with courtesy and respect
- ❖ Were as helpful as they thought the staff should be



All answers are about experiences in the previous 6 months. People who had not been to the doctor's office or clinic in the previous 6 months did not answer these questions.

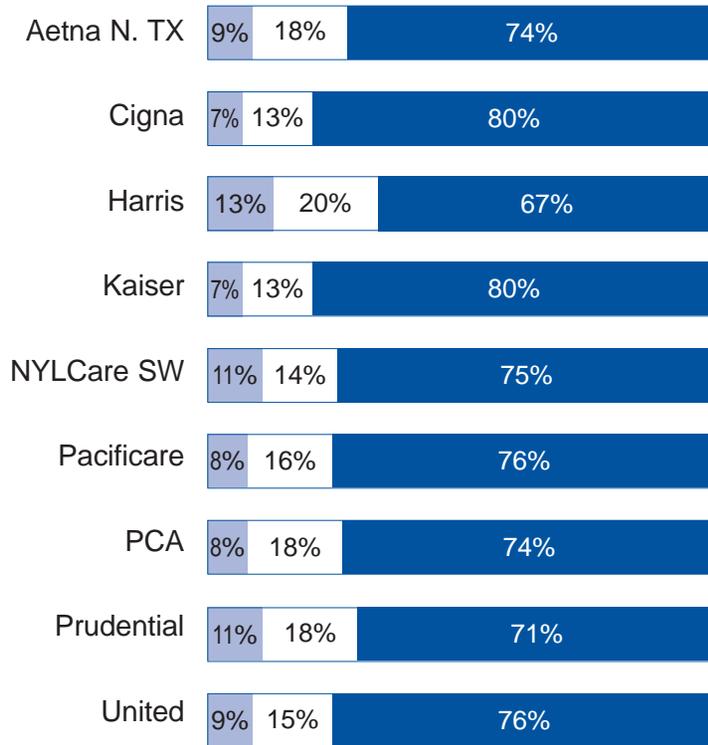
The percentages shown on the bars are the average of answers to the 2 survey questions above.

Percent who said staff were

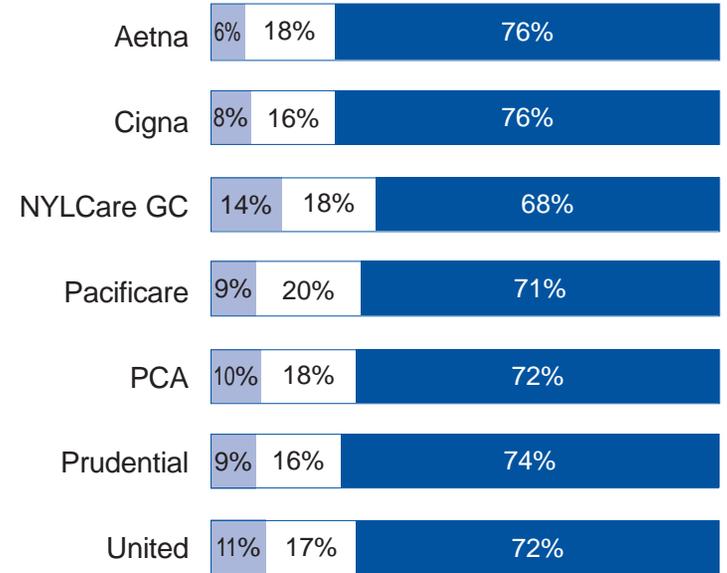


courteous and helpful

Dallas/East Texas

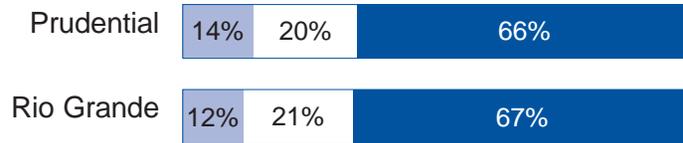


Houston/
Gulf Coast

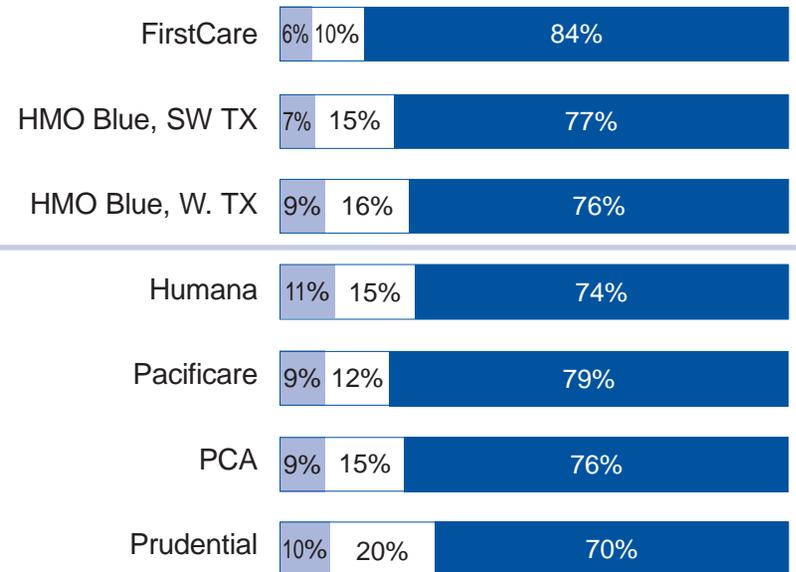


Panhandle/
Plains

El Paso



San Antonio



0% 20% 40% 60% 80% 100%

0% 20% 40% 60% 80% 100%

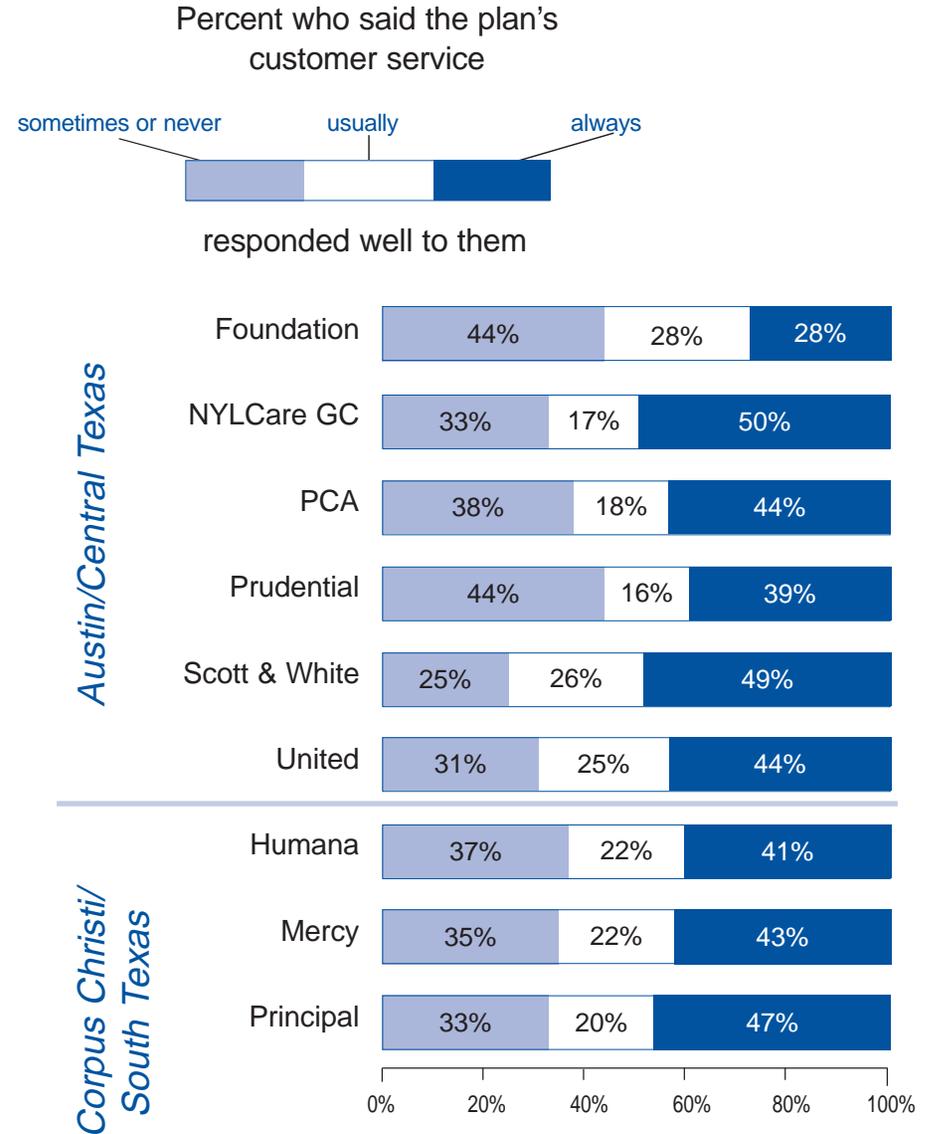
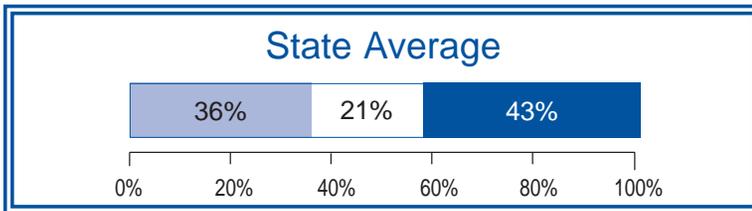
When you compare plans in this graph, keep in mind that small differences in percentages are not meaningful. See pages 2 and 4 for more on plan differences.

The health plan

Health plan's customer service: efficiency and helpfulness

This graph shows answers to survey questions that asked people in each health plan *how often*:

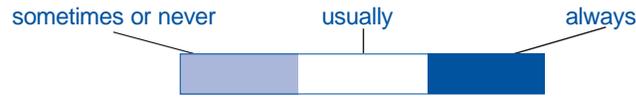
- ❖ Their phone calls to the health plan's customer service were taken care of without long waits
- ❖ They got all of the information or help they needed when they called the health plan's customer service
- ❖ People at the health plan's customer service were as helpful as they should be



All answers are about experiences in the previous 6 months. People who had not made any calls to their health plan's customer service in the last 6 months did not answer these questions.

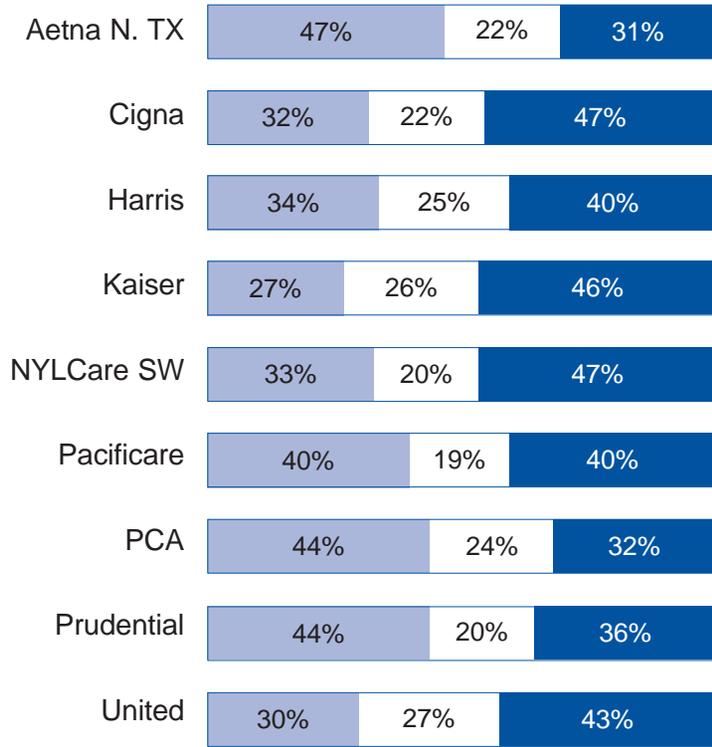
The percentages shown on the bars are the average of answers to the 3 survey questions above.

Percent who said the plan's customer service

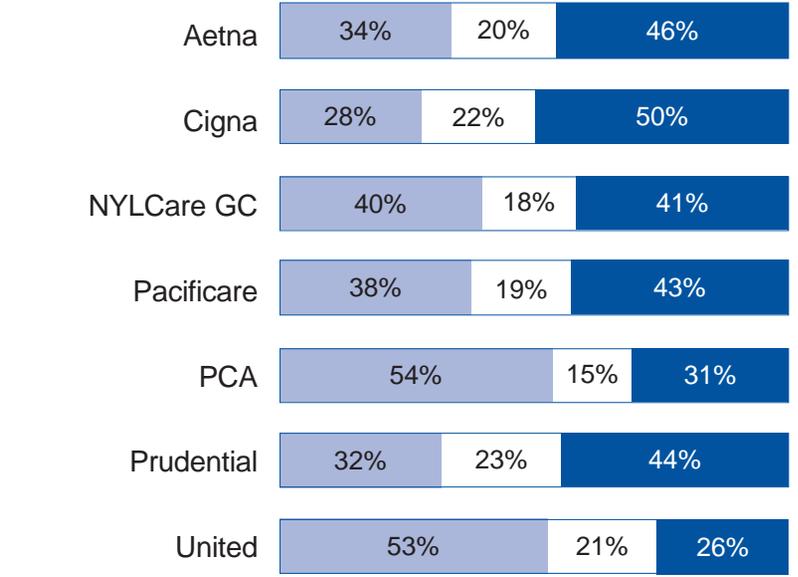


responded well to them

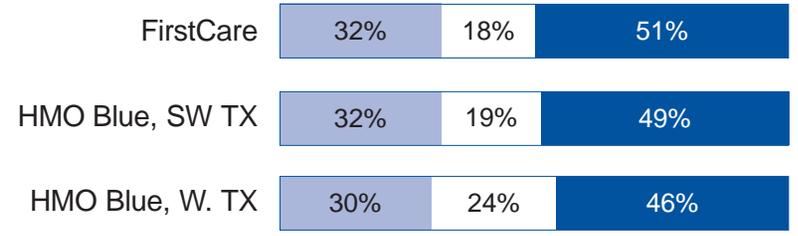
Dallas/East Texas



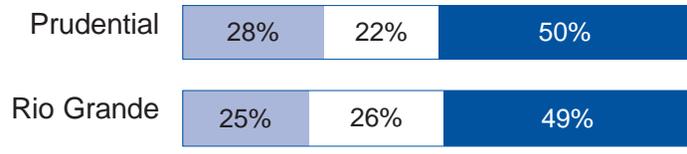
Houston/
Gulf Coast



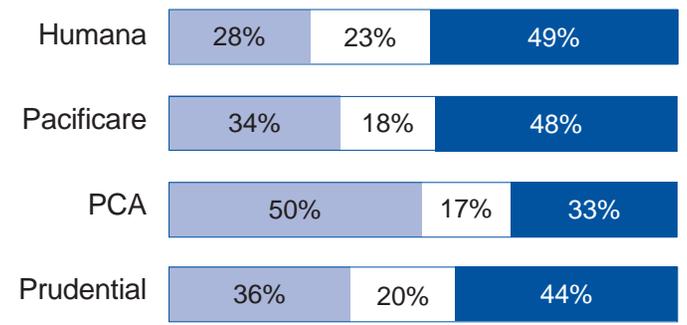
Panhandle/
Plains



El Paso



San Antonio



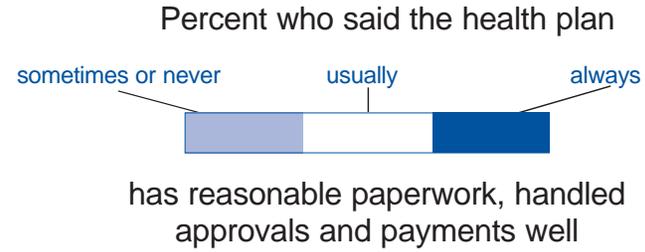
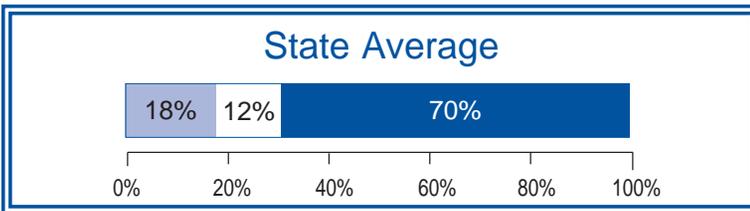
When you compare plans in this graph, keep in mind that small differences in percentages are not meaningful. See pages 2 and 4 for more on plan differences.

The health plan

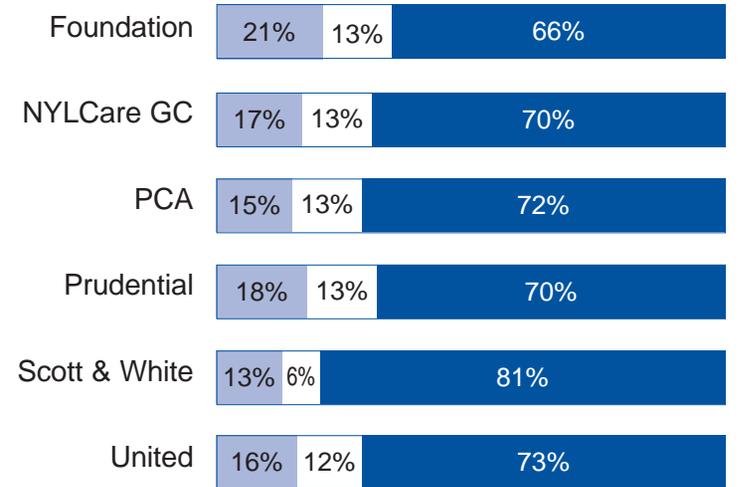
Reasonable paperwork, handling of approvals and payments

This graph shows answers to survey questions that asked people in each health plan *how often*:

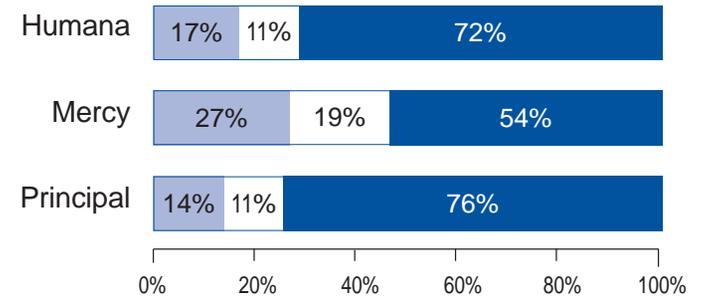
- ❖ The number of forms they had to fill out was reasonable
- ❖ The health plan handled approvals and payments without taking a lot of their own time and energy



Austin/Central Texas



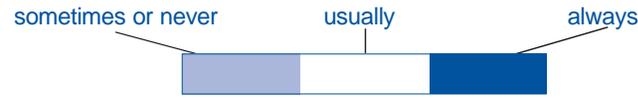
Corpus Christi/South Texas



All answers are about experiences in the previous 6 months. People did not answer a question if it asked about an experience they had *not* had in the previous 6 months.

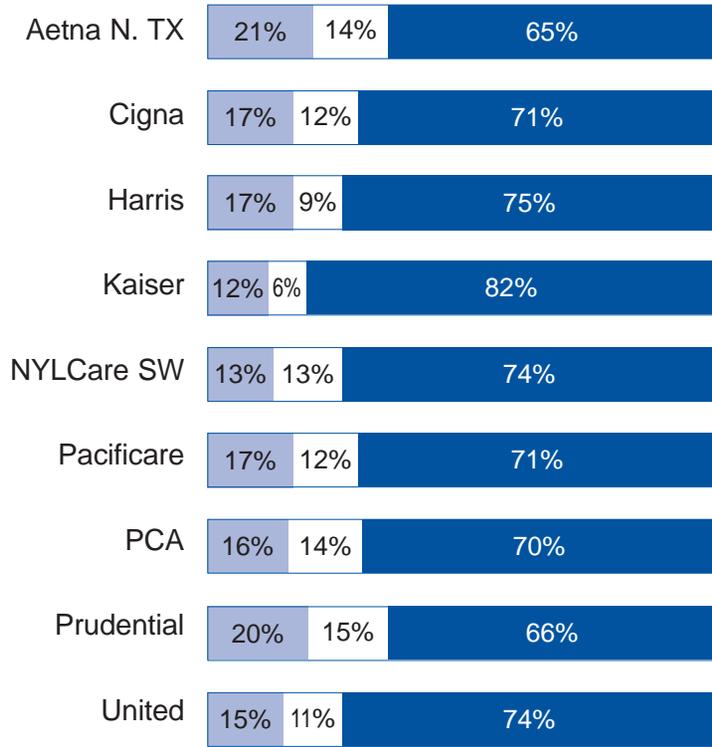
The percentages shown on the bars are the average of answers to the 2 survey questions above.

Percent who said the health plan

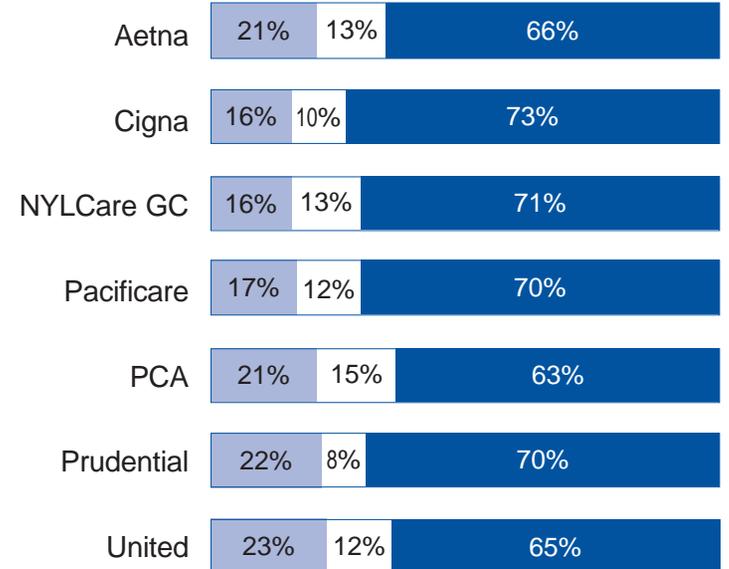


has reasonable paperwork, handled approvals and payments well

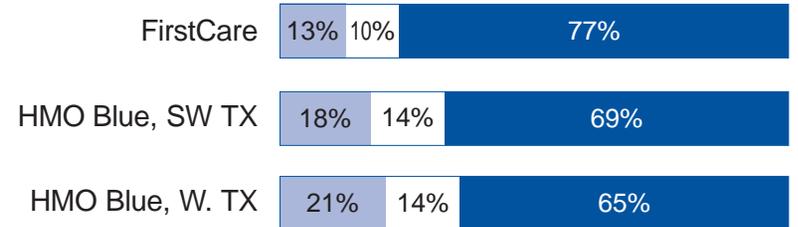
Dallas/East Texas



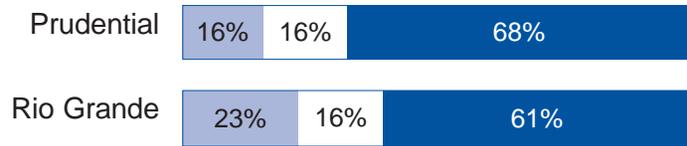
*Houston/
Gulf Coast*



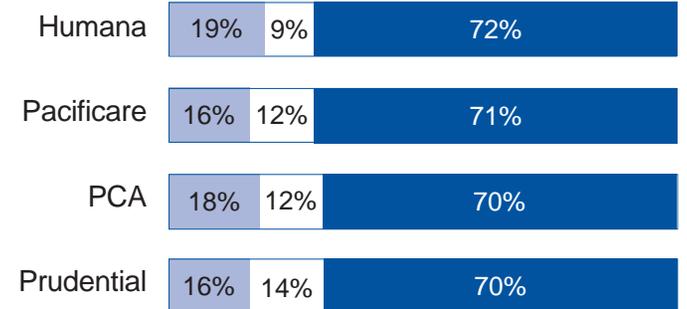
*Panhandle/
Plains*



El Paso



San Antonio



0% 20% 40% 60% 80% 100%

0% 20% 40% 60% 80% 100%

When you compare plans in this graph, keep in mind that small differences in percentages are not meaningful. See pages 2 and 4 for more on plan differences.

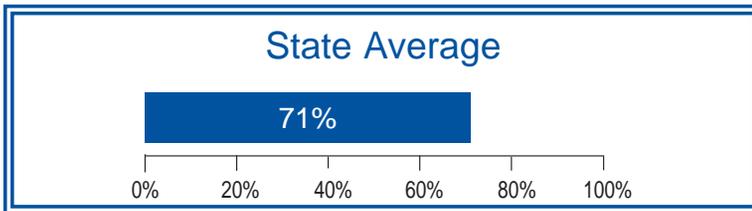
The Health Plan

Easy to get referrals to specialists

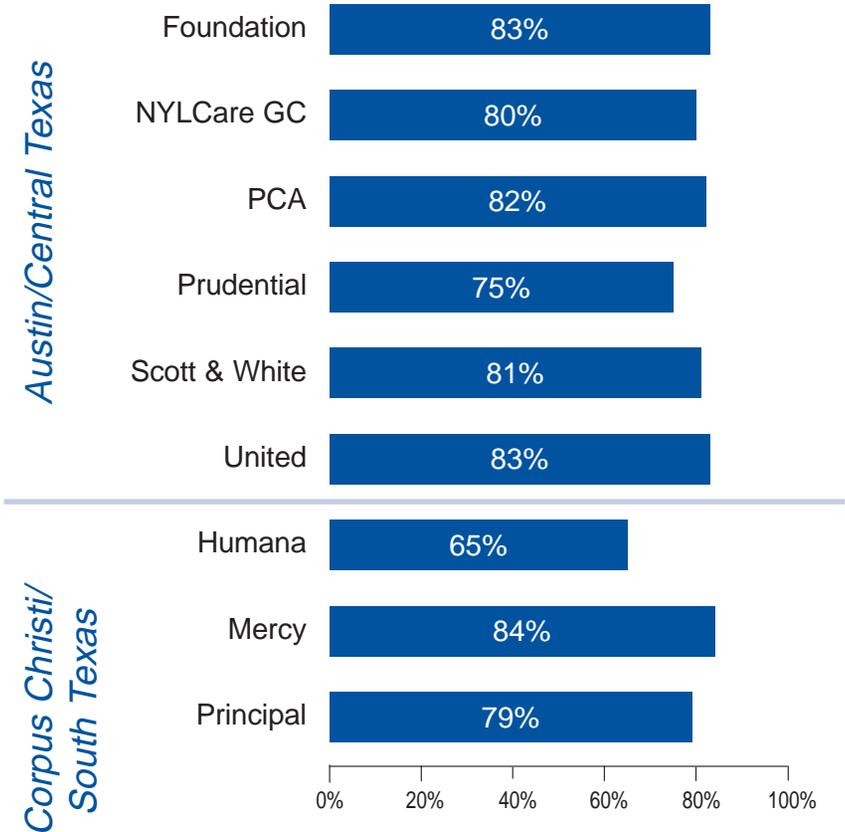
HMOs members usually have to get a referral from their primary care provider in order to see a specialist. (See page 2 for more on HMO plans.)

This graph shows what percentage of the people in HMO plans who needed a referral to see a specialist said:

- ❖ It was always easy to get the referral.



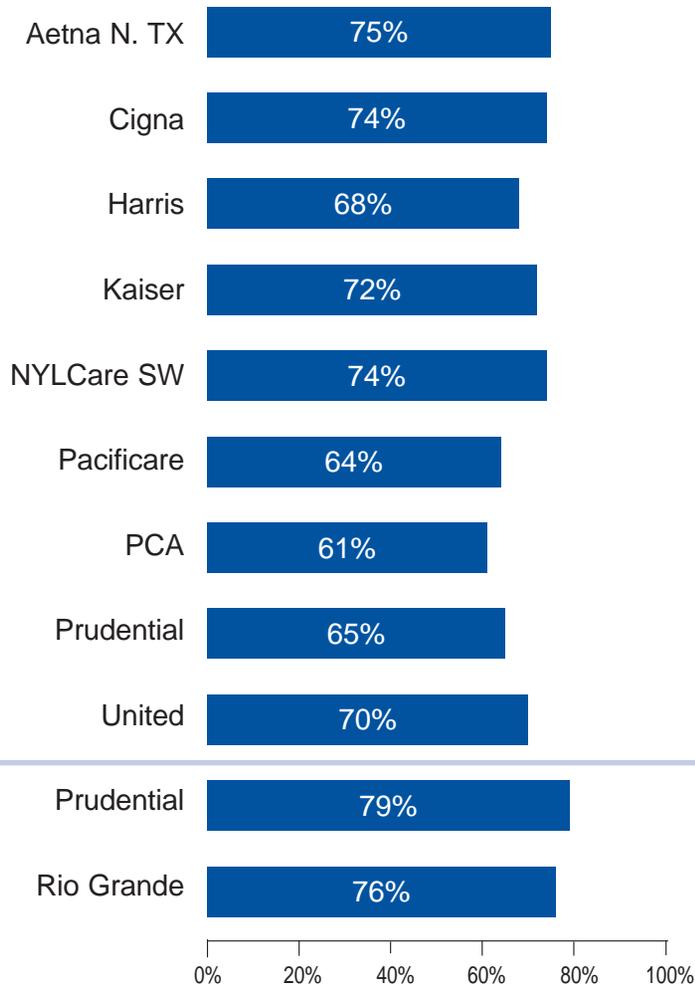
Percent who said, "yes," it was always easy to get a specialist referral when they needed one



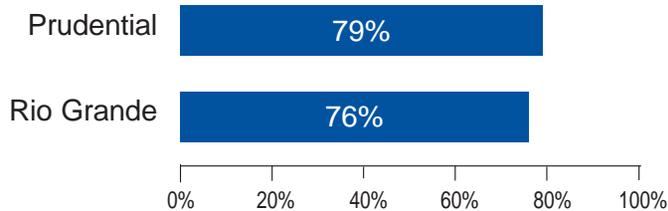
People who did not need a specialist referral in the previous 6 months did not answer this "yes-no" question.

Percent who said,
“yes,” it was always easy to get a specialist referral when they needed one

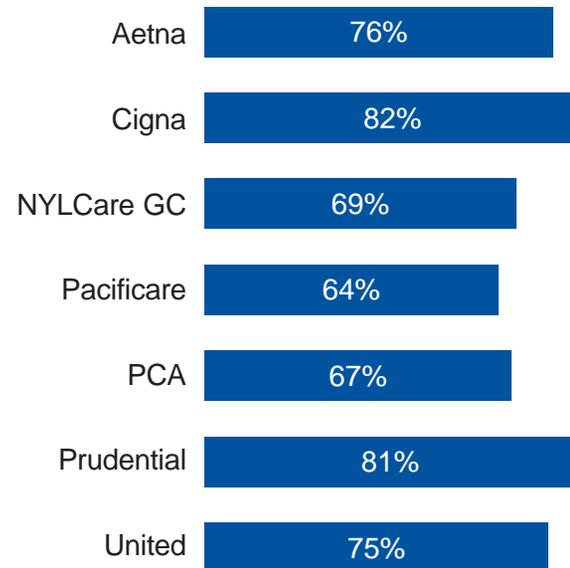
Dallas/East Texas



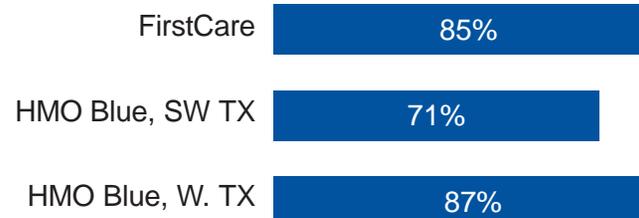
El Paso



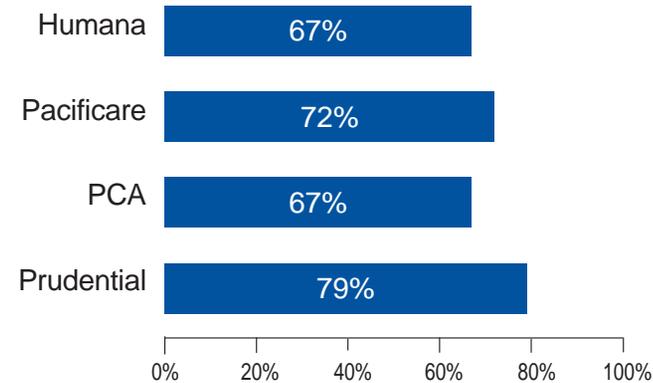
*Houston/
Gulf Coast*



*Panhandle/
Plains*



San Antonio



When you compare plans in this graph, keep in mind that small differences in percentages are not meaningful. See pages 2 and 4 for more on plan differences.

HMO Service Areas by Region and County

[Note: These regions are illustrative only. They were created by OPIC using service area maps and descriptions filed by the HMOs with the Texas Department of Insurance. The regions were designed to help people determine if a particular HMO does business in the county where they live or work. Some counties appear in more than one region because service areas vary widely. For example, an HMO in the San Antonio region may have a service area that extends into some counties listed in the Austin/Central Texas region. An HMO listed in a region may or may not provide services in every county of the region, or even throughout a particular county. The best way to see if an HMO is available to you is to contact the company.]

Austin/Central Texas: Austin, Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Erath, Falls, Fayette, Grimes, Hamilton, Hays, Hill, Hood, Johnson, Lampasas, Lee, Leon, Llano, Madison, McLennan, Milam, Mills, Robertson, San Saba, Somervell, Travis, Walker, Waller, Washington, Williamson.

Corpus Christi/South Texas: Aransas, Bee, Brooks, Calhoun, Cameron, Dewitt, Duval, Goliad, Hidalgo, Jackson, Jim Hogg, Jim Wells, Karnes, Kenedy, Kleberg, Lavaca, Live Oak, Nueces, Refugio, San Patricio, Starr, Victoria, Webb, Willacy, Zapata.

Dallas/East Texas: Anderson, Bosque, Bowie, Camp, Cass, Coke, Collin, Comanche, Concho, Cooke, Coryell, Dallas, Denton, Eastland, Ellis, Erath, Fannin, Falls, Franklin, Freestone, Grayson, Gregg, Harrison, Henderson, Hill, Hood, Hopkins, Hunt, Irion, Jack, Johnson, Kaufman, Lamar, Marion, Menard, Montague, Morris, Navarro, Palo Pinto, Panola, Parker, Potter, Rains, Red River, Rockwall, Runnels, Rusk, San Augustine, Schleicher, Smith, Somervell, Sterling, Tarrant, Titus, Tom Green, Upshur, Van Zandt, Wise, Wood.

El Paso: El Paso.

Houston/Gulf Coast: Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Grimes, Hardin, Harris, Jasper, Jefferson, Liberty, Matagorda, Montgomery, Orange, Waller, Wharton.

Panhandle/Plains: Andrews, Armstrong, Bailey, Borden, Brewster, Briscoe, Brown, Callahan, Carson, Castro, Childress, Coke, Coleman, Collingsworth, Comanche, Concho, Cottle, Crane, Crockett, Crosby, Culberson, Dallam, Dawson, Deaf Smith, Dickens, Donley, Eastland, Ector, Erath, Fisher, Floyd, Gaines, Garza, Glasscock, Hale, Hall, Hartley, Hansford, Hemphill, Hockley, Howard, Hudspeth, Hutchinson, Irion, Jeff Davis, Jones, Kent, Kimble, King, Lamb, Lipscomb, Loving, Lubbock, Lynn, Martin, Mason, Midland, Mills, Mitchell, Moore, Motley, Nolan, Ochiltree, Oldham, Palo Pinto, Parmer, Pecos, Potter, Presidio, Randall, Reagan, Reeves, Roberts, Runnels, Schleicher, Scurry, Shackelford, Sherman, Stevens, Stonewall, Sutton, Swisher, Taylor, Terrell, Terry, Tom Green, Val Verde, Wheeler, Yoakum.

San Antonio: Atascosa, Bexar, Bandera, Bastrop, Caldwell, Comal, Fayette, Frio, Gonzales, Guadalupe, Hays, King, Kendall, Lavaca, Medina, Travis, Williamson, Wilson.

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, 1997 through June 30, 1998. All complaints against HMOs are included regardless of whether TDI determined them justified.

During the four quarter reporting period, the number of complaints showed a pattern of continual increase. There were 520 complaints closed in the third quarter of 1997. By the second quarter of 1998, this figure had increased to 1,776. The reasons for this pattern of complaint increase cannot be determined with certainty. Greater awareness in the medical community and the general public of TDI's role in regulating HMO quality of care is probably one factor. Efforts on the part of some HMOs to alter

physician reimbursement during a financially difficult period for the industry may also account for part of the increase in complaints by medical providers.

Complaints registered by medical providers comprised the majority (57%) of resolved complaints during the reporting period. Typically the medical provider making the complaint is a physician. Over 90% of [provider complaints](#) (see graph on page 38) involve denial or delay of payment by the HMO. TDI determined 51% of provider complaints were justified during the reporting period.

[Non-provider complaints](#) (see graph on page 37) are typically registered against an HMO by patients. According to TDI, the most common justified non-provider complaints involve denial or delay of medical treatment, problems with claims

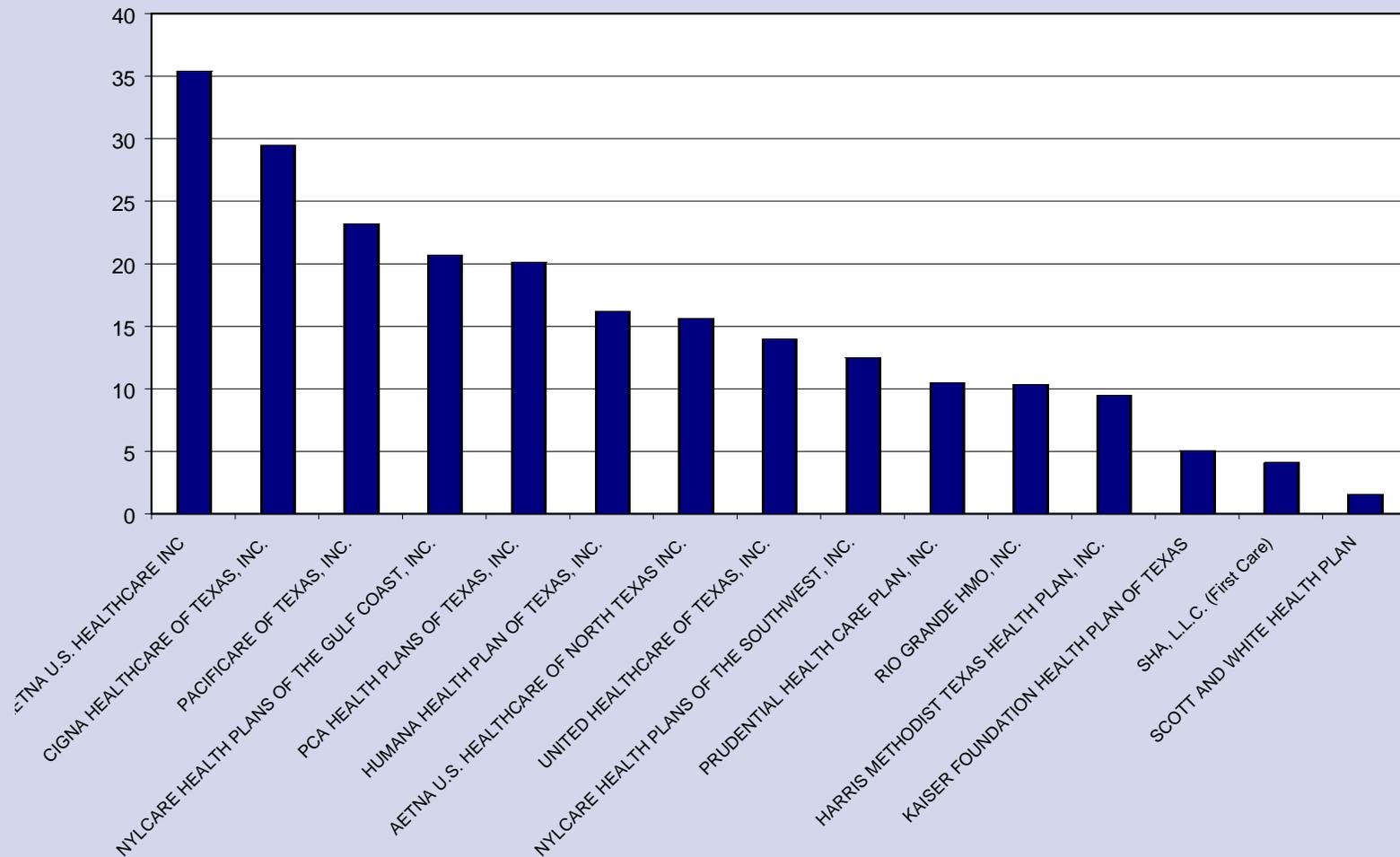
handling including reimbursement delays, and delays receiving referrals. Complaints determined by TDI to be justified comprised 52% of total non-provider complaints.

Although comparative statistics are reported in the following table for nearly all plans for which data was available, truly meaningful comparisons among plans with less than 50,000 enrollees may be limited. This is due to the very small number of complaints registered against many of these plans which decreases statistical reliability. For this reason, comparison charts for the smaller plans have not been compiled although the underlying data is reported.

Readers should be aware that these complaint statistics represent one limited interval in time and are likely subject to significant change and variation from year to year.

Total HMO Complaints Per 10,000 Enrollees

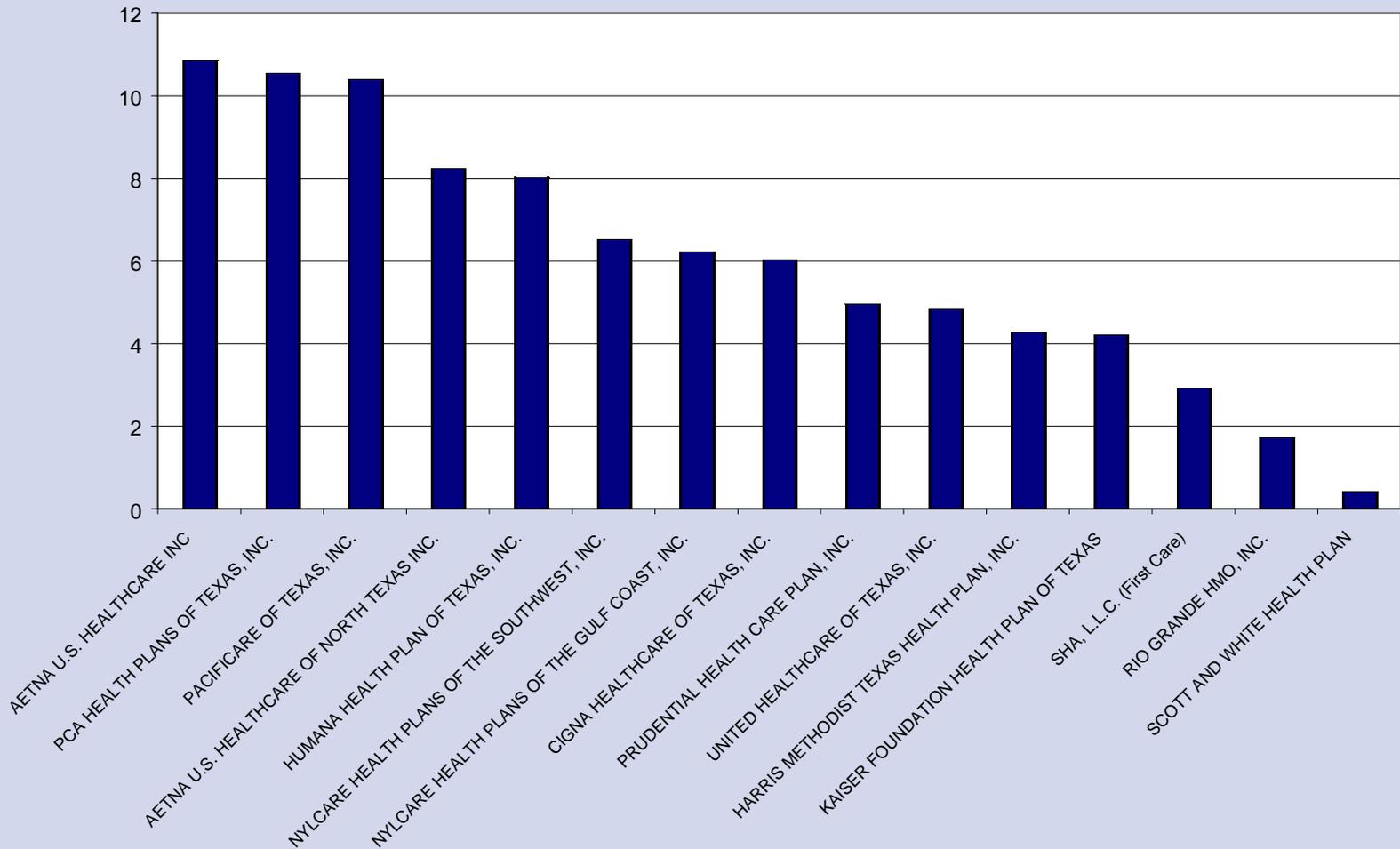
Plans With More than 50,000 Enrollees



Source: Texas Department of Insurance
July 1, 1997 - June 30, 1998

Total Non-Provider (Patient) Complaints Per 10,000 Enrollees

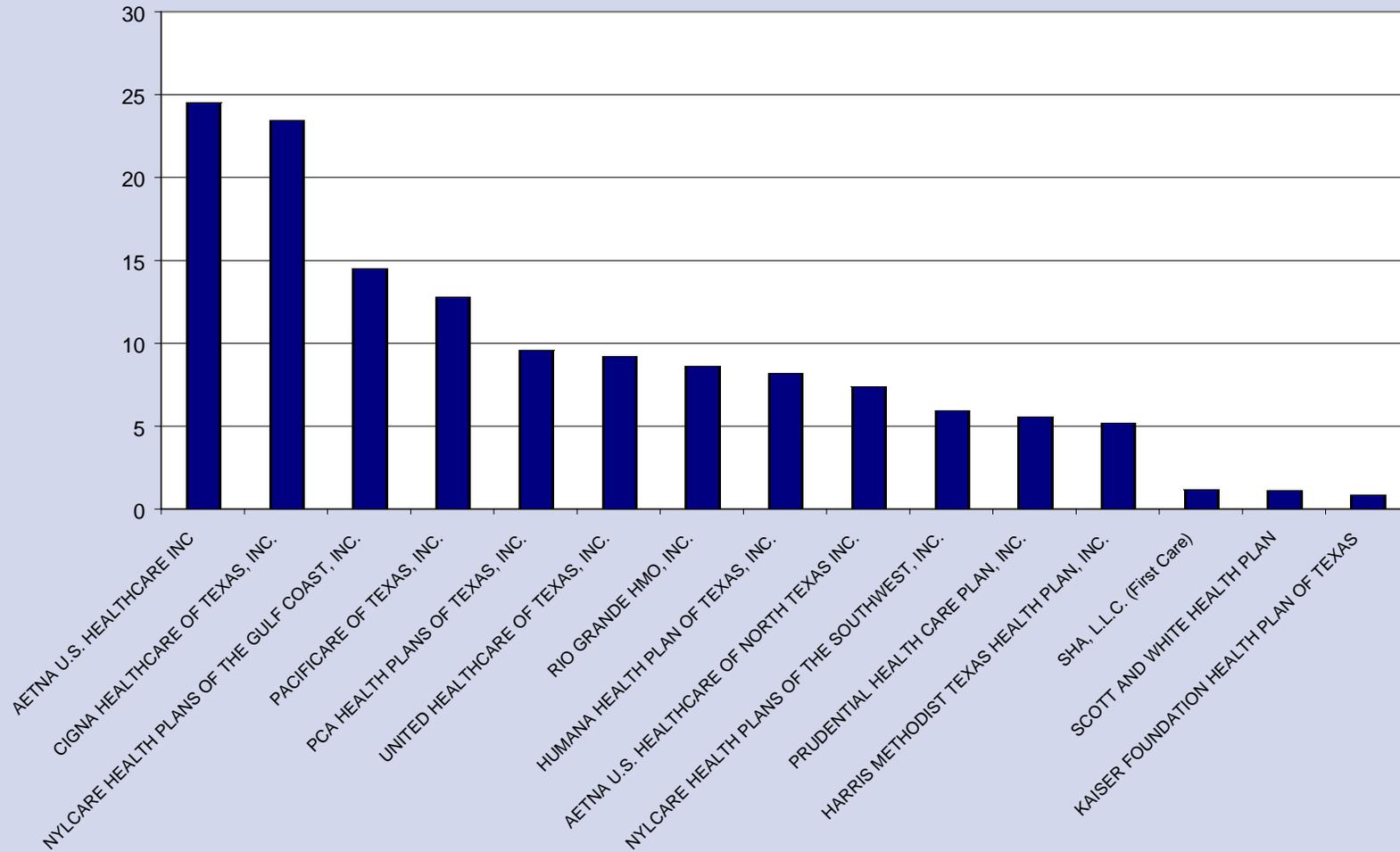
Plans With More than 50,000 Enrollees



Source: Texas Department of Insurance
July 1, 1997 - June 30, 1998

Total Provider (Physician) Complaints Per 10,000 Enrollees

Plans With More than 50,000 Enrollees



Source: Texas Department of Insurance
July 1, 1997 - June 30, 1998

HMO Complaint Data

July 1, 1997, - June 30, 1998

BASIC SERVICE* HMOs With Enrollment Above 50,000

BASIC SERVICE HMOs With Enrollment > 50,000	Total Complaints Per 10,000 Enrollees	Provider Complaints Per 10,000 Enrollees	Non-Provider Complaints Per 10,000 Enrollees	Enrollment As of December 1997	Total Complaints	Non-Provider Complaints	Provider Complaints
AETNA U.S. HEALTHCARE INC	35.38	24.53	10.85	63,603	225	69	156
AETNA U.S. HEALTHCARE OF NORTH TEXAS INC.	15.63	7.38	8.24	93,439	146	77	69
CIGNA HEALTHCARE OF TEXAS, INC.	29.46	23.43	6.03	71,280	210	43	167
HARRIS METHODIST TEXAS HEALTH PLAN, INC.	9.46	5.19	4.27	283,396	268	121	147
HUMANA HEALTH PLAN OF TEXAS, INC.	16.22	8.18	8.04	134,407	218	108	110
KAISER FOUNDATION HEALTH PLAN OF TEXAS	5.05	0.84	4.21	130,690	66	55	11
NYLCARE HEALTH PLANS OF THE GULF COAST, INC.	20.70	14.48	6.21	384,576	796	239	557
NYLCARE HEALTH PLANS OF THE SOUTHWEST, INC.	12.49	5.96	6.53	174,574	218	114	104
PACIFICARE OF TEXAS, INC.	23.20	12.79	10.41	197,002	457	205	252
PCA HEALTH PLANS OF TEXAS, INC.	20.12	9.57	10.55	296,756	597	313	284
PRUDENTIAL HEALTH CARE PLAN, INC.	10.51	5.54	4.97	422,586	444	210	234
RIO GRANDE HMO, INC.	10.36	8.63	1.73	115,850	120	20	100
SCOTT AND WHITE HEALTH PLAN	1.54	1.12	0.42	142,451	22	6	16
SHA, L.L.C. (FirstCare)	4.10	1.17	2.93	102,345	42	30	12
UNITED HEALTHCARE OF TEXAS, INC.	14.01	9.18	4.82	236,322	331	114	217
TOTAL / AVERAGE (Excluding High and Low)	13.77	8.11	5.67				

* A basic service HMO provides a full range of medical benefits, including physician services, inpatient and outpatient care and other services.

Source: Texas Department of Insurance

HMO Complaint Data

July 1, 1997, - June 30, 1998

BASIC SERVICE HMOs With Enrollment **Below** 50,000

BASIC SERVICE HMOs With Enrollment < 50,000 ¹	Total Complaints Per 10,000 Enrollees ⁴	Provider Complaints Per 10,000 Enrollees ⁴	Non-Provider Complaints Per 10,000 Enrollees ⁴	Enrollment As of December 1997	Total Complaints	Non-Provider Complaints	Provider Complaints
AMERICAID TEXAS, INC.	2.31	2.31	0.00	25,927	6	0	6
AMERIHEALTH HMO OF TEXAS, INC. ³	4.74	4.74	0.00	4,215	2	0	2
AMIL INTERNATIONAL (TEXAS), INC. ³	11.18	1.86	9.31	5,368	6	5	1
ANTHEM HEALTH PLAN OF TEXAS, INC.	21.73	16.90	4.83	4,141	9	2	7
CERTUS HEALTHCARE, L.L.C.	17.47	8.74	8.74	9,158	16	8	8
COMMUNITY FIRST HEALTH PLANS, INC.	2.13	0.85	1.28	23,438	5	3	2
COMMUNITY HEALTH CHOICE, INC.	5.63	0.80	4.82	12,438	7	6	1
COMPREHENSIVE HEALTH SERVICES OF TEXAS, INC.	13.46	8.08	5.39	7,428	10	4	6
EXCLUSIVE HEALTHCARE, INC.	16.47	3.53	12.94	16,998	28	22	6
FHP OF NEW MEXICO, INC.	22.18	17.25	4.93	12,171	27	6	21
FOUNDATION HEALTH, A TEXAS HEALTH PLAN, INC.	24.89	9.27	15.62	20,491	51	32	19
HEALTHCARE PARTNERS PLANS, L.C.	2.47	0.82	1.65	12,148	3	2	1
HEALTHSOURCE NORTH TEXAS, INC.	7.34	1.22	6.11	16,356	12	10	2
HEALTHSOURCE TX, INC.	NR ²	NR ²	NR ²	245	1	1	0
HMO TEXAS, L.C.	18.07	5.65	12.42	17,711	32	22	10
MEMORIAL SISTERS OF CHARITY HMO, L.L.C.	12.81	7.17	5.63	19,522	25	11	14
METHODIST CARE, INC.	1.02	0.00	1.02	9,828	1	1	0
MID-CON HEALTH PLANS, L.C. (HMO Blue, Southwest Texas)	1.90	1.90	0.00	15,815	3	0	3
ONE HEALTH PLAN OF TEXAS, INC.	5.17	1.94	3.23	15,459	8	5	3
PRINCIPAL HEALTH CARE OF TEXAS, INC.	9.23	3.33	5.90	38,992	36	23	13
SETON HEALTH PLAN, INC.	2.64	0.00	2.64	7,577	2	2	0
UNICARE OF TEXAS HEALTH PLANS, INC.	NR ²	NR ²	NR ²	1,081	3	0	3
WEST TEXAS HEALTH PLANS, L.C. (HMO Blue, West Texas)	19.09	16.76	2.33	21,476	41	5	36
TOTAL / AVERAGE (Excluding High and Low)	10.29	5.38	4.91				

1 Plans with zero enrollment or zero registered complaints from July 1, 1997 through June 30, 1998 are not included.

2 NR - not reported, statistically unreliable due to low enrollment base

3 New plan

4 Statistics may not be directly comparable due to the low number of complaints for certain plans

Source: Texas Department of Insurance

Office of Public Insurance Counsel

Complaints and Appeals

If your HMO declines to pay for health care that your physician thinks is necessary or appropriate, you may appeal this decision to your HMO. Should the HMO still deny your care, you have the right to file an appeal with an Independent Review Organization (IRO). These and other patient protections were contained in health care reform bills enacted by the Texas Legislature and signed by the Governor in 1997.

In addition to the IRO process, you can also file a complaint with the Texas Department of Insurance.

The chart on this page lists by HMO the complaints which have gone to an IRO review and whether they were decided in favor of the HMO or the patient.

For more information about patient rights and filing complaints, call the Texas Department of Insurance at: (800) 599-7467; In Austin, call 305-7211.

For more information about independent review, call: (888) 834-2476; In Austin call 322-3400.

ERISA

Some employer-sponsored health benefit plans are not subject to most state insurance laws because of a federal law called ERISA, the Employee Retirement Income Security Act of 1974. Staff at the Texas Department of Insurance can help determine if you are in one of these plans when they review your complaint. You can also request information from and file complaints with:

The United States Department of Labor
Pension and Welfare Benefits Administration
(214) 767-6831

Independent Review Organization (IRO) Appeals

Inception through August 19, 1998

HMO	Cases	Cases Decided In Favor of HMO	Cases Decided In Favor of Patient / Enrollee	Pending Cases
Aetna US Healthcare	4	3	0	1
AmeriHealth Texas	7	2	2	3
Anthem Health Plan of Texas	7	4	3	0
Cigna Health Care of Texas	1	1	0	0
FirstCare	1	1	0	0
Foundation Health	2	0	1	1
Harris Methodist Health Plan	5	1	4	0
Healthcare Partners HMO	1	1	0	0
HMO Blue	1	1	0	0
Humana/PCA Health Plans of Texas	6	4	2	0
Memorial Sisters of Charity	1	0	1	0
NYLCare Health Plans of the Gulf Coast	5	2	2	1
NYLCare Health Plans of the Southwest	28	13.5	9.5	5
One Health Plan of Texas	1	1	0	0
Pacificare of Texas, Inc.	2	1	1	0
Principal Health Care of Texas	1	0	0	1
Prudential Health Care Plan	4	2.5	0.5	1
Scott and White Health Plan	1	1	0	0
United Health Care of Texas	19	11	5	3
TOTAL / AVERAGE	97	50	31	16

Note: Fractional cases were decided partially in favor of the HMO and partially in favor of the patient.

Texas HMO Market Share

Based on Enrollment Ending December 31, 1997

HMO	Ending 1997 Texas Enrollment	Texas Market Share
HUMANA / PCA HEALTH PLANS OF TEXAS, INC.	433,004	13.51%
PRUDENTIAL HEALTH CARE PLAN, INC.	422,586	13.18%
NYLCARE HEALTH PLANS OF THE GULF COAST, INC.	384,576	12.00%
HARRIS METHODIST TEXAS HEALTH PLAN, INC.	283,396	8.84%
UNITED HEALTHCARE OF TEXAS, INC.	236,322	7.37%
PACIFICARE OF TEXAS, INC.	197,002	6.15%
NYLCARE HEALTH PLANS OF THE SOUTHWEST, INC.	174,574	5.45%
SCOTT AND WHITE HEALTH PLAN	142,451	4.44%
KAISER FOUNDATION HEALTH PLAN OF TEXAS	130,690	4.08%
RIO GRANDE HMO, INC.	115,850	3.61%
SHA, L.L.C. (FirstCare)	102,345	3.19%
AETNA U.S. HEALTHCARE OF NORTH TEXAS INC.	93,439	2.91%
CIGNA HEALTHCARE OF TEXAS, INC.	71,280	2.22%
AETNA U.S. HEALTHCARE INC	63,603	1.98%
PRINCIPAL HEALTH CARE OF TEXAS, INC.	38,992	1.22%
AMERICAID TEXAS, INC.	25,927	0.81%
COMMUNITY FIRST HEALTH PLANS, INC.	23,438	0.73%
WEST TEXAS HEALTH PLANS, L.C. (HMO Blue, West Texas)	21,476	0.67%
FOUNDATION HEALTH, A TEXAS HEALTH PLAN, INC.	20,491	0.64%
MEMORIAL SISTERS OF CHARITY HMO, L.L.C.	19,522	0.61%
HMO TEXAS, L.C.	17,711	0.55%
EXCLUSIVE HEALTHCARE, INC.	16,998	0.53%
HEALTHSOURCE NORTH TEXAS, INC.	16,356	0.51%
MID-CON HEALTH PLANS, L.C. (HMO Blue, Southwest Texas)	15,815	0.49%
ONE HEALTH PLAN OF TEXAS, INC.	15,459	0.48%
VISTA HEALTH PLAN	12,981	0.40%
COMMUNITY HEALTH CHOICE, INC.	12,438	0.39%
FHP OF NEW MEXICO, INC.	12,171	0.38%
HEALTHCARE PARTNERS PLANS, L.C.	12,148	0.38%
TEXAS CHILDREN'S HEALTH PLAN	12,058	0.38%
METHODIST CARE, INC.	9,828	0.31%
CERTUS HEALTHCARE, L.L.C.	9,158	0.29%
SETON HEALTH PLAN, INC.	7,577	0.24%
COMPREHENSIVE HEALTH SERVICES OF TEXAS, INC.	7,428	0.23%
HEALTHPLAN OF TEXAS, INC.	6,164	0.19%
MERCY HEALTH PLANS OF MISSOURI, INC.	5,383	0.17%
AMIL INTERNATIONAL (TEXAS), INC.	5,368	0.17%
AMERIHEALTH HMO OF TEXAS, INC.	4,215	0.13%
ANTHEM HEALTH PLAN OF TEXAS, INC.	4,141	0.13%
UNICARE OF TEXAS HEALTH PLANS, INC.	1,081	0.03%
HEALTHSOURCE TX, INC.	245	0.01%
PHYSICIANS CARE HMO, INC.	124	0.00%
TOTAL	3,205,811	100.00%

Source: Texas Department of Insurance
HMO Financial Report
Fourth Quarter 1997

CONSUMER WORKSHEET

1 Figure out which HMOs are available where you live or work

2 Take a look at benefits and coverage

Think about which health care services are most important to you and your family.

Review the information you have on the benefits and coverage from the health plans you can join.

Find out which plans cover the services you want. You may need to call the plans to get all your questions answered.

❖ Are there any health care services that you or someone in your family use regularly? Services like physical therapy or home health care.

❖ Are **prescription medications** covered? If you use a specific medication, check to see if it is covered.

❖ Are some services covered only in special circumstances, like emergency care? Find out if there are special rules you must follow.

❖ Are there limits on the coverage of any services, like the number of mental health visits each year?

3 Figure out what it will cost you

Monthly premium

Find out how much you will have to pay toward the monthly premium for each plan you can join.

Out-of-pocket costs

When you use health care services, you usually have to pay for some of the costs. What you pay can depend on the services you use and the type of plan you join.

The costs you *may* have to pay include:

❖ A deductible, which is the amount of money you have to pay each year before your plan starts to pay for covered services. Some services may have a separate deductible, like prescription drugs.

❖ What you pay each time you use a service. Some plans have a co-payment which is usually a set amount, like \$10 each time you see a doctor or \$5 for each prescription. With some other plans you pay a percentage of the cost, like 20% of your total hospital bill.

❖ In an HMO, if you get care outside their network, you pay all the costs yourself.

❖ No matter which plan you are in, if you use a service that is not covered, you pay all the costs yourself.

Putting the pieces together

Review the information you have from the plans you can join to find out specific information about costs.

Think about all the different kinds of costs you may face. Keep in mind how much and what kind of health care you and your family may need.

Remember: sometimes a plan with a low premium is also a plan that costs a lot when you use care. At other times, a low premium plan is really a low cost plan overall.

4 Doctors, hospitals, and other providers you can use

As we discussed on page 3, your choice of doctors, hospitals, and other providers depends on the plan you join.

If it is important to you or someone in your family to use a specific doctor or hospital, find out if they are in the networks of the health plans you are considering.

NOTE: Some Texas HMOs use [limited provider networks](#). In this system, once you pick a primary care physician, you may only use specialists that

are in that primary care physician's [limited provider network](#), or you risk paying the full cost of services.

You can:

- ❖ Ask the doctor or other provider which plan networks they are in, and whether or not they are accepting new patients.
- ❖ Check the health plan's provider list or call the plan and ask.

Also remember:

- ❖ If you have strong preferences for a certain hospital, find out if your doctor admits patients to that hospital.
- ❖ If you use certain specialized providers, such as chiropractors, find out if the plan covers the services they provide.

5 Convenient locations and times

Find out which plans have doctors and other health services, and pharmacies you can use, in convenient locations for you and your family:

- ❖ Are they close enough to home or work?
- ❖ Are they on convenient routes for public transportation?
- ❖ Is parking available if you need it?

Check to see if there are doctors and pharmacies in the network that have hours that work with your schedule.

- ❖ Are they open in the evenings and on weekends?

MAKING YOUR CHOICE

This worksheet has helped you organize and use the survey results and other information to compare health plans.

Now the choice is up to you. Look back over the worksheet to see which health plans you have checked off.

- ❖ See if you can find a pattern. Are there one or two health plans that you have checked all the time, or

almost all the time?

- ❖ If one health plan does well on some features and another plan does well on others, you'll have to think about what matters most to you.
- ❖ For many people, cost is a limiting factor. Focus on the plans you can afford. Find the one that performs best on the features that are most important to you.

HMO CUSTOMER SERVICE PHONE NUMBERS

Aetna	1-800-992-7947	HMO Blue, W. TX	1-800-468-2602
Aetna N. TX	1-800-992-7947	HMO Texas	1-800-466-8397
Americaid	1-817-870-1281	Humana	1-800-448-6262
AmeriHealth HMO	1-713-985-4100	Kaiser	1-800-930-4661
Amil	1-512-349-4050	Memorial Sisters of Charity	1-800-776-2885
Anthem	1-972-732-2000	Mercy	1-800-617-3433
Certus	1-888-423-7887	Methodist Care	1-800-313-0555
Cigna	1-800-238-8801	NYLCare GC	1-800-833-5318
Community First	1-800-434-2347	NYLCare SW	1-800-486-3040
Community Health Choice	1-888-760-2600	One Health Plan of Texas	1-800-866-3136
Comprehensive Health	1-800-559-9355	Pacificare	1-800-825-9355
Exclusive Healthcare	1-800-456-9292	PCA	1-800-234-7912
FHP of New Mexico	1-800-444-4347	Principal	1-800-580-2247
FirstCare	1-800-365-1051	Prudential	1-800-261-2645
Foundation	1-800-782-8373	Rio Grande	1-800-831-0576
Harris Methodist	1-800-633-8598	Scott & White	1-800-321-7947
Healthcare Partners	1-800-303-5155	Seton Health Plan	1-800-749-7404
Healthsource North Texas	1-800-856-2088	UniCare of Texas	1-800-445-1316
Healthsource Texas	1-888-222-0081	United - Austin/Central TX	1-800-411-1145
Memorial Sisters of Charity	1-800-776-2885	United - Dallas/East TX	1-800-705-1689
Methodist Care	1-800-313-0555	United - Houston	1-800-705-1692
HMO Blue, SW TX	1-800-468-2602		

OTHER SOURCES OF INFORMATION

State

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 is currently collecting Health 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.

HEDIS involves a review of physician administrative and medical records to see how well an HMO's doctors are doing at disease prevention, screening and early detection of medical problems, and the delivery of acute and chronic care. For example, HEDIS measures how often children in an HMO receive needed shots, and how often women receive breast cancer screening. HEDIS results are subject to many variables, including sample size, characteristics of the HMO's population (age, sex, race, standard of living), the type, quality and completeness of the source data, and errors in calculations. HEDIS results should be interpreted carefully.

The 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, quality of care and financial stability. TDI has lots of information about HMOs and health insurance generally, both in printed form and on their web site.

The 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 Bureau of Managed Care (TDH) has primary regulatory responsibility for Medicaid managed care in Texas. TDH collects information about Medicaid managed care company performance. TDH is conducting a CAHPS survey of Medicaid managed care plans, including HMOs.

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 web site, including comparative information about Medicare HMOs.

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 HMO, fee-for-service and managed care health plans that are available to federal workers.

Office of Public Insurance Counsel

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