

New Jersey HMOs: *Performance Report*

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Dear HMO Consumer:

Choosing an HMO is an important and often difficult decision. Although HMOs have enjoyed explosive growth in our state, most consumers know little about the overall performance of their plans. New Jersey is helping consumers become more informed by providing reliable information on the quality of health care services.

New Jersey today has the most progressive, consumer-oriented HMO rules in the country. These rules protect the public and require HMOs to disclose information on how well they perform in delivering health care to their members.

This report card shows how successful various HMOs have been in providing preventive care, such as immunizing children and screening women for certain cancers. It also includes the ratings HMO members give their plans in areas such as overall quality of care, access to specialists and ability of personal care physicians to communicate with their patients.

This HMO consumer guide is a first step. Our hope is that over time, our data collection and analysis will become more sophisticated so consumers will have an even more detailed picture of how HMOs perform in this state.

I am very proud to present New Jersey's first HMO report card. Use it as a tool to help choose a health plan that best serves your needs.

Sincerely,

A handwritten signature in black ink that reads "Len Fishman".

Len Fishman
Commissioner



Health Maintenance Organizations

A *health maintenance organization (HMO)* is a form of comprehensive health insurance through which members receive care provided by certain doctors, hospitals and other health care providers who are affiliated with the HMO. These partnerships create a coordinated system of patient care called a network.

The physicians, hospitals and other health care providers in the network work together to provide care to the members of the HMO. An HMO coordinates the patient care given by network providers so it is possible for consumers to get information on the quality of care each HMO provides. This booklet contains that information.

How a Typical HMO Works

How you choose a primary care provider

HMOs require you to choose a primary care provider (PCP) from a list of network providers.

How you consult a specialist

In order to see most types of specialists, HMOs require that you get approval for a “referral” from your PCP. Some plans allow you to go to physicians that are not in the network but you pay more.

How you pay for services

Typically, consumers benefit financially from being a member of an HMO. There is no deductible and the out-of-pocket costs are low for most health care services received in the network. You are charged a pre-set amount (usually between \$5 and \$25) for a physician office visit. No claim forms need to be filled out.

Who is responsible for the qualifications of physicians

Before an HMO asks a provider to become part of the network, the HMO verifies the provider’s credentials and background.

Who is responsible for the care patients receive

In HMOs, each provider makes independent decisions about patient care, but he or she also works with the HMO to make sure that the patient receives the appropriate care.

How you get services “out of network”

In a typical HMO you are responsible for the cost of seeing a provider who is not in the network. Many HMOs also offer a point-of-service product that allows members to see out-of-network providers at an additional cost.



Sources of Information

The New Jersey Department of Health and Senior Services compiled the information in this booklet with the cooperation of the New Jersey HMOs and the National Committee for Quality Assurance (NCQA). NCQA is a nonprofit organization that assesses, measures and reports on the quality of care provided by the nation's HMOs.

There are two sources of information:

- **HMOs.** The HMOs collected data that are part of a set of measures called HEDIS®. HEDIS measures – developed by NCQA – provide a standard “measuring tool” so that HMOs can be compared in a fair way. The Peer Review Organization of New Jersey, an independent consultant, conducted an audit to verify the accuracy of this data.
- **Consumers.** The Eagleton Institute’s Center for Public Interest Polling at Rutgers University, an independent survey company, conducted a satisfaction survey of a representative sample of members in each HMO. Over 5,500 HMO members were surveyed for this report in the summer of 1997. The satisfaction survey used – Consumer Assessment of Health Plans (CAHPS) – was developed by the U.S. Department of Health and Human Services, Agency for Health Care Policy and Research.

This booklet contains information on the following HMOs:

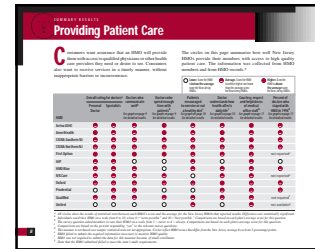
- Aetna U.S. Healthcare–New Jersey (**Aetna USHC**)
- AmeriHealth HMO, Inc. New Jersey (**AmeriHealth**)
- CIGNA HealthCare of New Jersey, Inc. (**CIGNA-Southern NJ**)
- CIGNA HealthCare of Northern New Jersey, Inc.–CoMED HMO (**CIGNA-Northern NJ**)
- First Option Health Plan of New Jersey (**First Option**)
- HIP Health Plan of New Jersey (**HIP**)
- HMO Blue–Medigroup, Inc. (**HMO Blue**)
- NYLCare Health Plans of New Jersey, Inc. (**NYLCare**)
- Oxford Health Plans–NJ, Inc. (**Oxford**)
- Prudential HealthCare–New Jersey HMO (**Prudential**)
- QualMed Plans for Health, Inc. (**QualMed**)
- United HealthCare of New Jersey, Inc. (**United**)

Only HMOs with large commercial enrollments for 1996 are included in this report. These HMOs accounted for 98% of the New Jersey commercial enrollment in 1996. Of those plans, only NYLCare and First Option failed to produce required HEDIS data necessary to monitor HMO quality. For a complete definition of the HMOs covered by this report see Background Information on page 21.

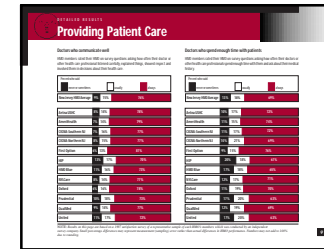


Learn About HMO Quality

Not all HMOs are the same. Some HMOs and the doctors, hospitals and other health care providers affiliated with them do a better job of caring for people than do others. The State of New Jersey requires HMOs to have systems to measure their performance and to make the results available to the public. This booklet provides you with that information so you can learn about the quality of New Jersey HMOs.



Charts with circles summarize results and give you the big picture of how the HMOs compare on the topics listed below.



Bar Graphs give you detailed results about each HMO's performance on the topics listed below.

HMO Service

You will learn what rating HMO members gave

- their HMO
- the quality of care they received
- their ease of finding a personal doctor
- their ease of getting a referral to specialists
- the amount of paperwork, handling of approvals and payments
- the efficiency and helpfulness of customer service

See page 5 for summarized results and pages 6-7 for detailed results.

Providing Patient Care

You will learn what rating HMO members gave

- their personal doctor
- the specialist they see most
- their doctor's ability to communicate well
- the amount of time their doctor spent with them
- their doctor's understanding of how health affects daily life
- the office staff's courtesy, respect and helpfulness

You will also learn about

- whether patients were encouraged to exercise or eat a healthy diet
- how many physicians stayed with the HMO over time

See page 8 for summarized results and pages 9-11 for detailed results.

Helping to Keep People Healthy

You will learn what portion of

- members were seen by a provider in the past 3 years
- children in the HMO received their required immunizations
- pregnant women in the HMO received necessary prenatal care
- new mothers in the HMO had a check-up after delivery
- older women in the HMO received tests for breast cancer
- women in the HMO received tests for cervical cancer

See page 12 for summarized results and pages 13-15 for detailed results.

Caring for the Sick

You will learn what ratings sick HMO members gave

- the HMO
- the quality of care
- their ease of finding a personal doctor
- their ability to get care when needed

You will also learn what portion of HMO members

- received eye exams because they have diabetes and are at risk for blindness
- received care after hospitalization for mental illness

See page 16 for summarized results and pages 17-18 for detailed results.



SUMMARY RESULTS

HMO Service

Maintaining a healthy lifestyle and having a good doctor are important to your health. Finding an HMO committed to providing you with high quality care and customer service is also important. An HMO is responsible for ensuring that members are satisfied with the HMO and its doctors.

The circles on this page summarize how members of New Jersey HMOs viewed service they received. The information was collected from members of the HMOs through an independent survey.*

○ Lower. Score for HMO is below the average score for New Jersey HMOs. ◐ Average. Score for HMO is neither higher nor lower than the average score for New Jersey HMOs. ● Higher. Score for HMO is above the average score for New Jersey HMOs.

HMO	Overall rating of the health plan ^a	Overall rating of the quality of care ^a	Ease of finding a personal doctor ^b <i>See graph on page 6 for detailed results.</i>	Ease of getting a referral to specialists ^b <i>See graph on page 6 for detailed results.</i>	Reasonableness of paperwork and payment ^c <i>See graph on page 7 for detailed results.</i>	Efficiency and helpfulness of HMO's customer service ^c <i>See graph on page 7 for detailed results.</i>
Aetna USHC	●	●	◐	●	●	●
AmeriHealth	●	●	●	◐	◐	●
CIGNA-Southern NJ	◐	◐	◐	◐	◐	◐
CIGNA-Northern NJ	◐	◐	◐	◐	◐	◐
First Option	◐	●	●	◐	◐	◐
HIP	◐	○	○	◐	◐	◐
HMO Blue	○	◐	○	◐	◐	◐
NYLCare	◐	◐	◐	◐	○	◐
Oxford	◐	◐	●	◐	◐	◐
Prudential	◐	◐	○	◐	◐	◐
QualMed	○	◐	◐	○	◐	◐
United	○	○	○	◐	◐	◐

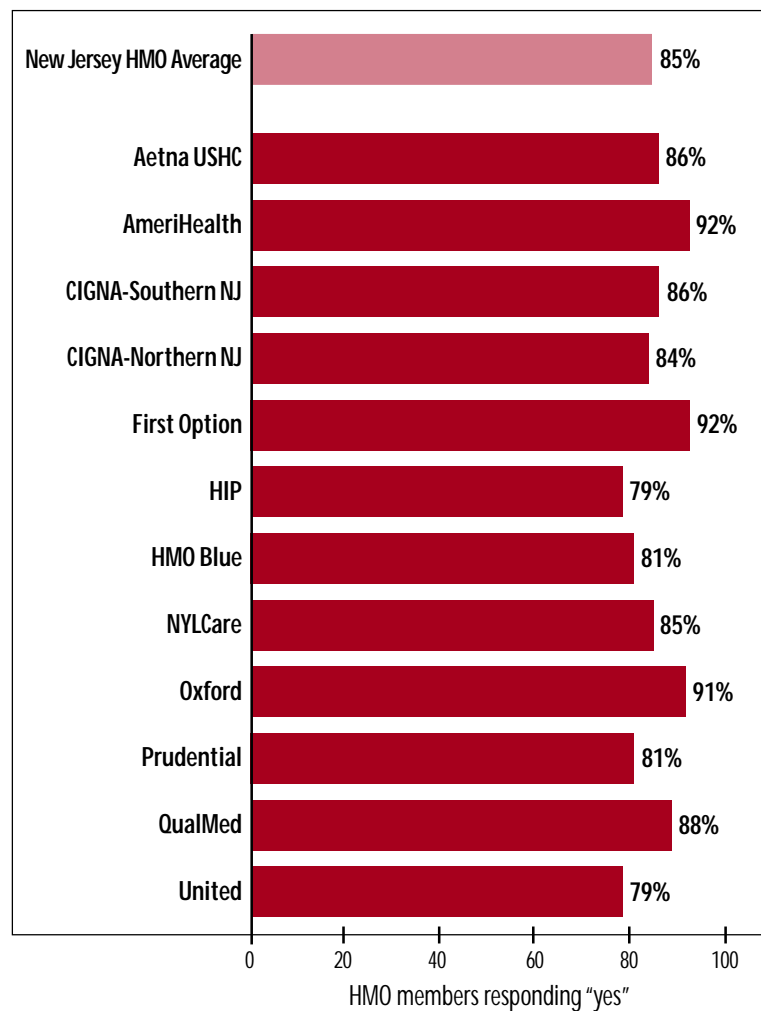
* All circles show the results of statistical tests between each HMO's score and the average for the New Jersey HMOs that reported results. Differences are statistically significant.
^a The survey question asked individuals to rate their HMO on a scale from 0 to 10, where 0 = "worst possible" and 10 = "best possible." Comparisons are based on each plan's average score for this question.
^b Comparisons are based on the percent responding "yes" to the relevant survey questions.
^c The survey question asked members to rate their HMO on a scale from 1 = "never" to 4 = "always." Comparisons are based on each plan's average score for this question.



HMO Service

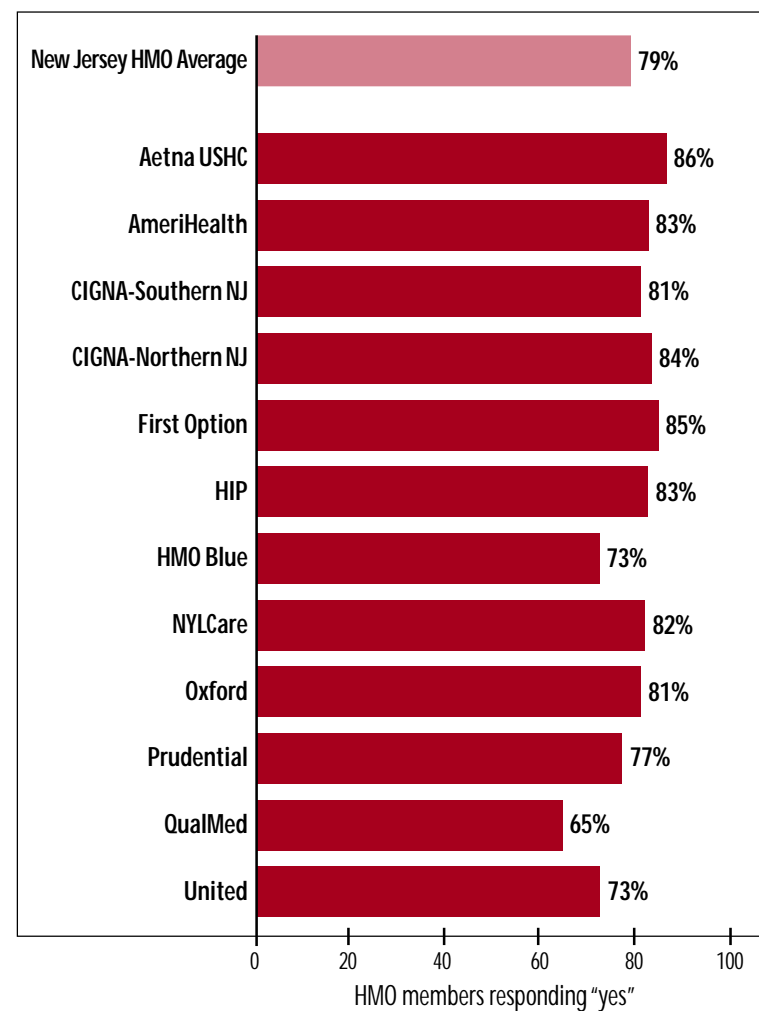
Ease of finding a personal doctor

This graph shows HMO members responding “yes” on the following survey question: “With the choices your health insurance plan gives you, was it easy to find a personal doctor or nurse you are happy with?”



Ease of getting a referral to specialists

This graph shows HMO members responding “yes” on the following survey question: “Was it always easy to get a referral when you needed one?”



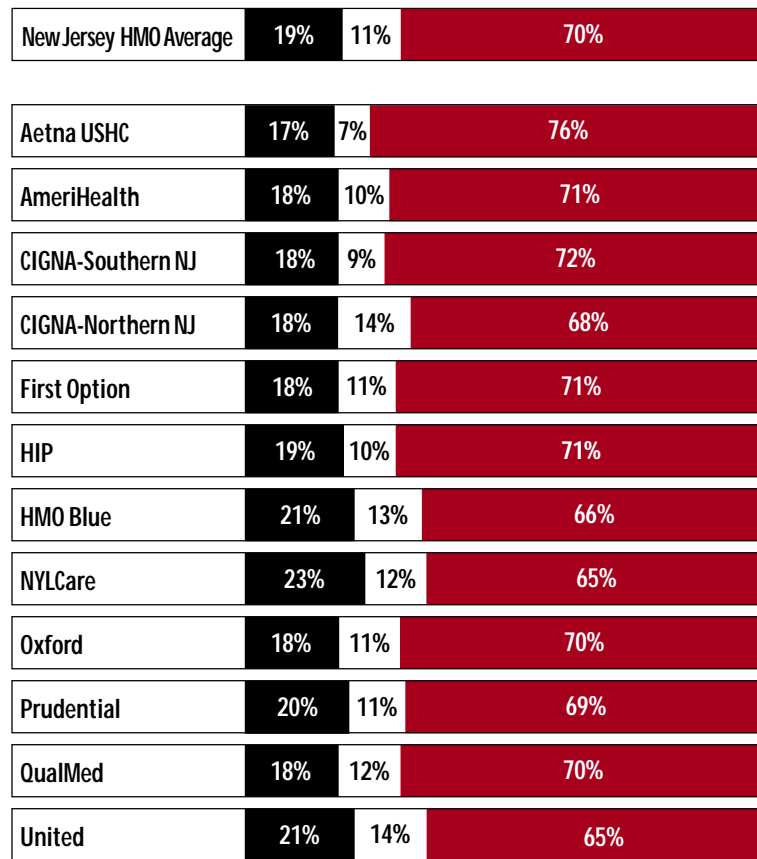
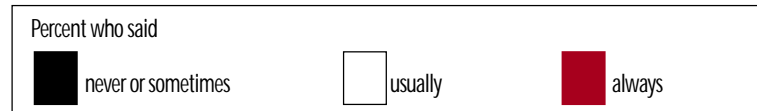
NOTE: Results on this page are based on a 1997 satisfaction survey of a representative sample of each HMO's members which was conducted by an independent survey company. Small percentage differences may represent measurement (sampling) error rather than actual differences in HMO performance.



HMO Service

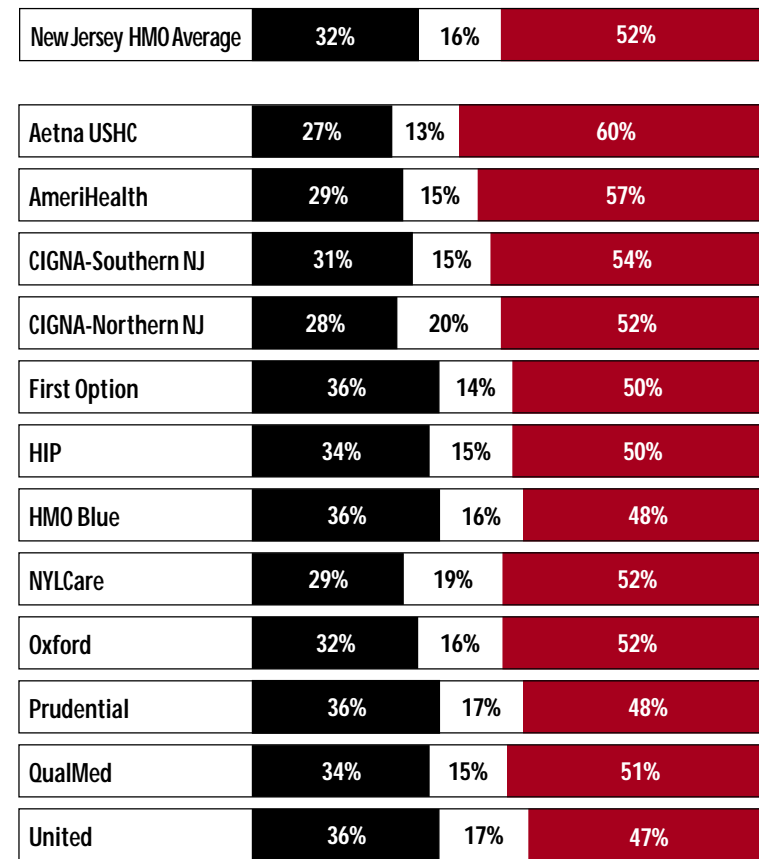
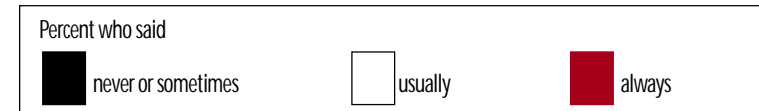
Reasonableness of paperwork and payment

HMO members rated their HMO on survey questions asking how often the number of forms they had to fill out was reasonable and whether the health plan handled approvals and payments without taking a lot of their own time and energy.



Efficiency and helpfulness of HMO's customer service

HMO members rated their HMO on survey questions asking how often their phone calls to customer service were taken care of without long waits, whether they got what they needed and whether the customer service staff were helpful.



NOTE: Results on this page are based on a 1997 satisfaction survey of a representative sample of each HMO's members which was conducted by an independent survey company. Small percentage differences may represent measurement (sampling) error rather than actual differences in HMO performance. Numbers may not add to 100% due to rounding.



Providing Patient Care

Consumers want assurance that an HMO will provide them with access to qualified physicians or other health care providers they need or desire to see. Consumers also want to receive services in a timely manner, without inappropriate barriers or inconvenience.

The circles on this page summarize how well New Jersey HMOs provide their members with access to high quality patient care. The information was collected from HMO members and from HMO records.*

○ Lower. Score for HMO is below the average score for New Jersey HMOs. ◐ Average. Score for HMO is neither higher nor lower than the average score for New Jersey HMOs. ● Higher. Score for HMO is above the average score for New Jersey HMOs.

HMO	Overall rating for doctors ^a		Doctors who communicate well ^b <i>See graph on page 9 for detailed results.</i>	Doctors who spend enough time with patients ^b <i>See graph on page 9 for detailed results.</i>	Patients encouraged to exercise or eat a healthy diet ^c <i>See graph on page 10 for detailed results.</i>	Doctor understands how health affects daily life ^c <i>See graph on page 10 for detailed results.</i>	Courtesy, respect and helpfulness of medical office staff ^b <i>See graph on page 11 for detailed results.</i>	Percent of doctors who stayed with HMO in 1996 ^d <i>See graph on page 11 for detailed results.</i>
	Personal Doctor	Specialists						
Aetna USHC	◐	◐	◐	●	◐	◐	●	◐
AmeriHealth	●	◐	◐	●	◐	●	◐	◐
CIGNA-Southern NJ	◐	◐	◐	◐	◐	◐	●	◐
CIGNA-Northern NJ	◐	◐	◐	◐	◐	◐	◐	◐
First Option	●	●	●	●	◐	◐	◐	not reported ^e
HIP	◐	◐	○	○	◐	○	◐	○
HMO Blue	◐	◐	◐	○	◐	◐	◐	◐
NYLCare	◐	◐	◐	◐	○	◐	◐	not reported ^e
Oxford	◐	◐	◐	◐	◐	●	◐	◐
Prudential	○	◐	◐	○	○	◐	◐	◐
QualMed	◐	◐	◐	◐	◐	◐	◐	not required ^f
United	○	○	○	○	◐	○	◐	not available ^g

* All circles show the results of statistical tests between each HMO's score and the average for the New Jersey HMOs that reported results. Differences are statistically significant.

^a Individuals rated their HMO on a scale from 0 to 10, where 0 = "worst possible" and 10 = "best possible." Comparisons are based on each plan's average score for this question.

^b The survey question asked members to rate their HMO on a scale from 1 = "never" to 4 = "always." Comparisons are based on each plan's average score for this question.

^c Comparisons are based on the percent responding "yes" to the relevant survey questions.

^d This measure is not based on a sample; statistical tests are not appropriate. Circles reflect HMO scores that differ from the New Jersey average by at least 5 percentage points.

^e HMO failed to submit the required information necessary to monitor HMO quality.

^f HMO was not required to submit the data for this measure because of small enrollment.

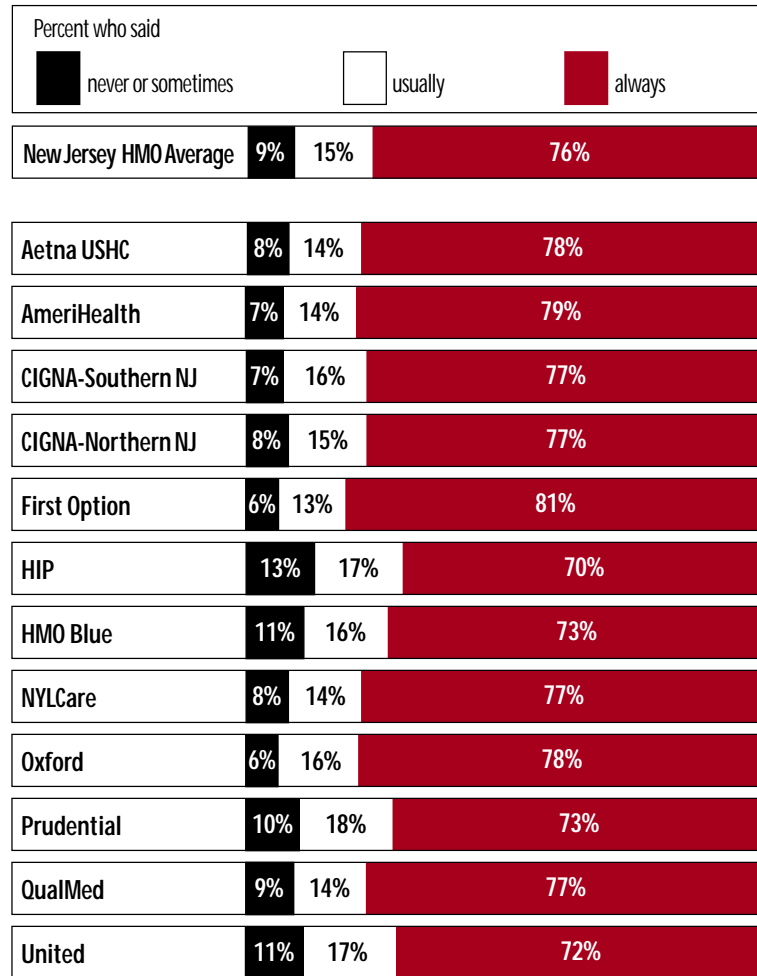
^g Data that the HMO submitted failed to meet the state's audit requirements.



Providing Patient Care

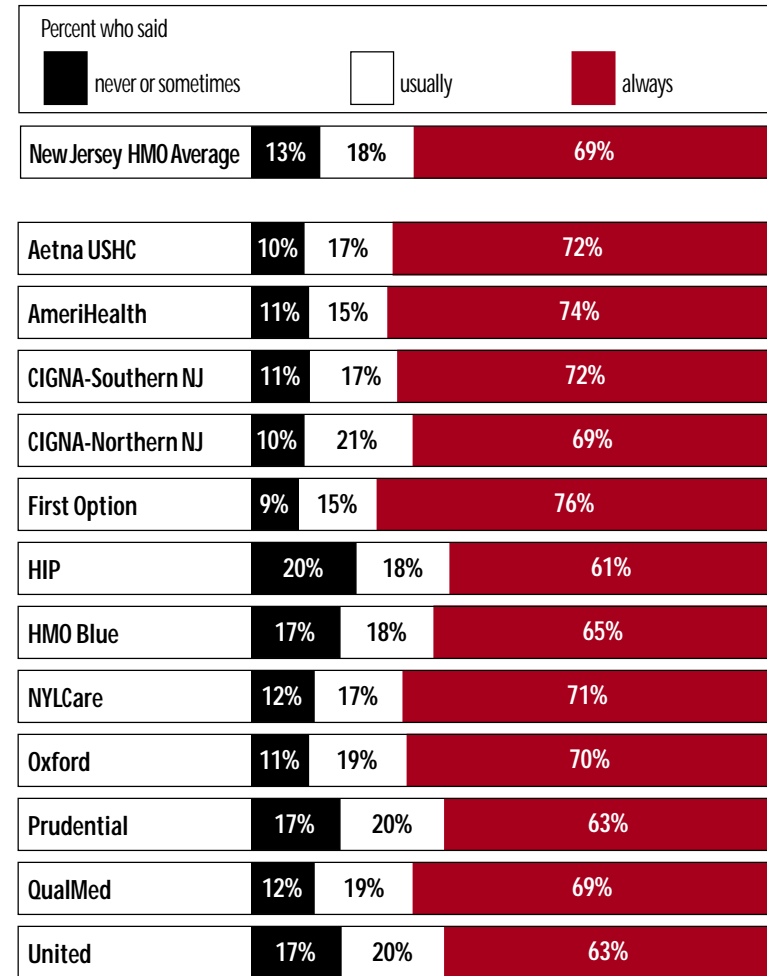
Doctors who communicate well

HMO members rated their HMO on survey questions asking how often their doctor or other health care professional listened carefully, explained things, showed respect and involved them in decisions about their health care.



Doctors who spend enough time with patients

HMO members rated their HMO on survey questions asking how often their doctors or other health care professionals spend enough time with them and ask about their medical history.



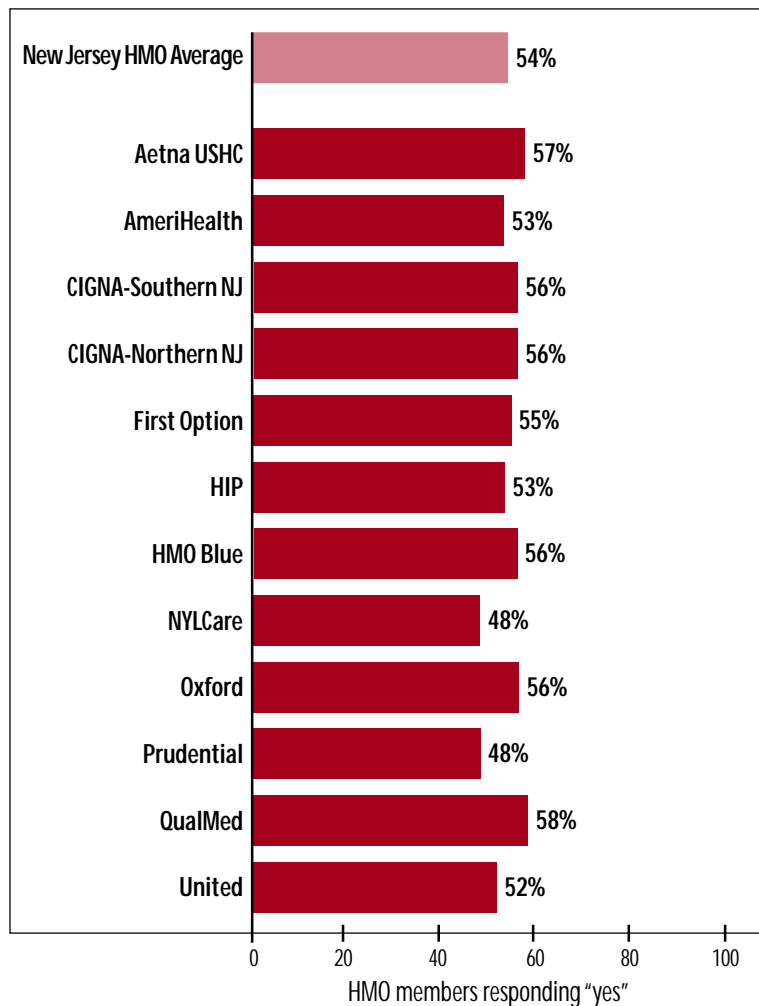
NOTE: Results on this page are based on a 1997 satisfaction survey of a representative sample of each HMO's members which was conducted by an independent survey company. Small percentage differences may represent measurement (sampling) error rather than actual differences in HMO performance. Numbers may not add to 100% due to rounding.



Providing Patient Care

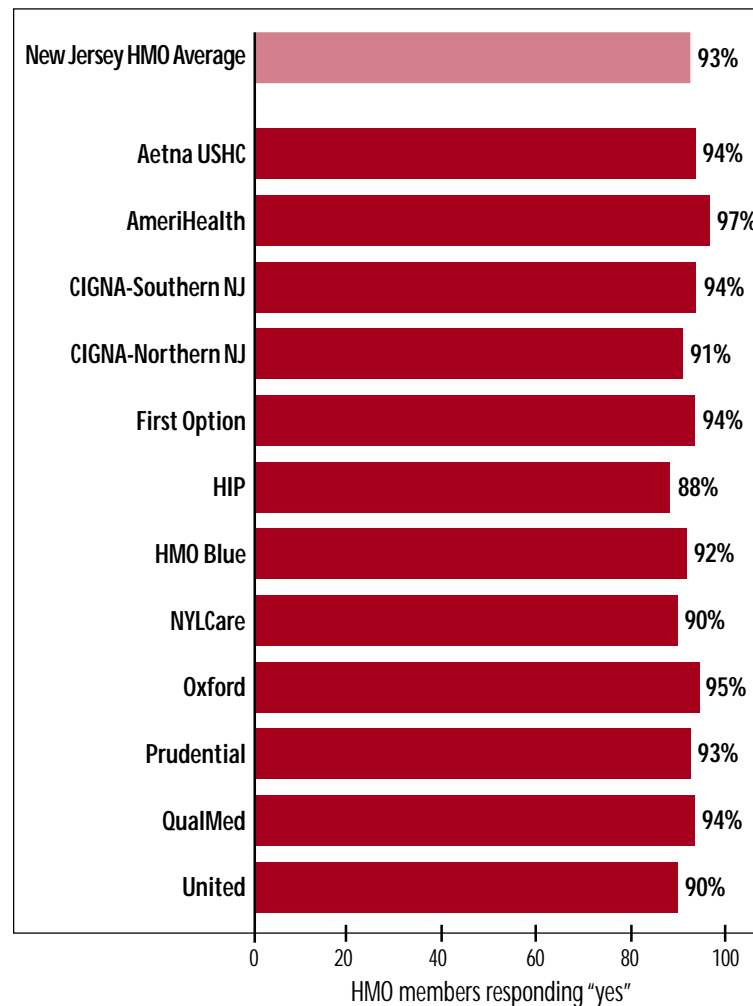
Patients encouraged to exercise or eat a healthy diet

This graph shows HMO members responding “yes” on the following survey question: “Has a health professional or your health insurance plan encouraged you to exercise or eat a healthy diet?”



Doctor understands how health affects daily life

HMO members rated their HMO on the following survey question: “Does your personal doctor or nurse understand how any health problems you have affect your day-to-day life?”



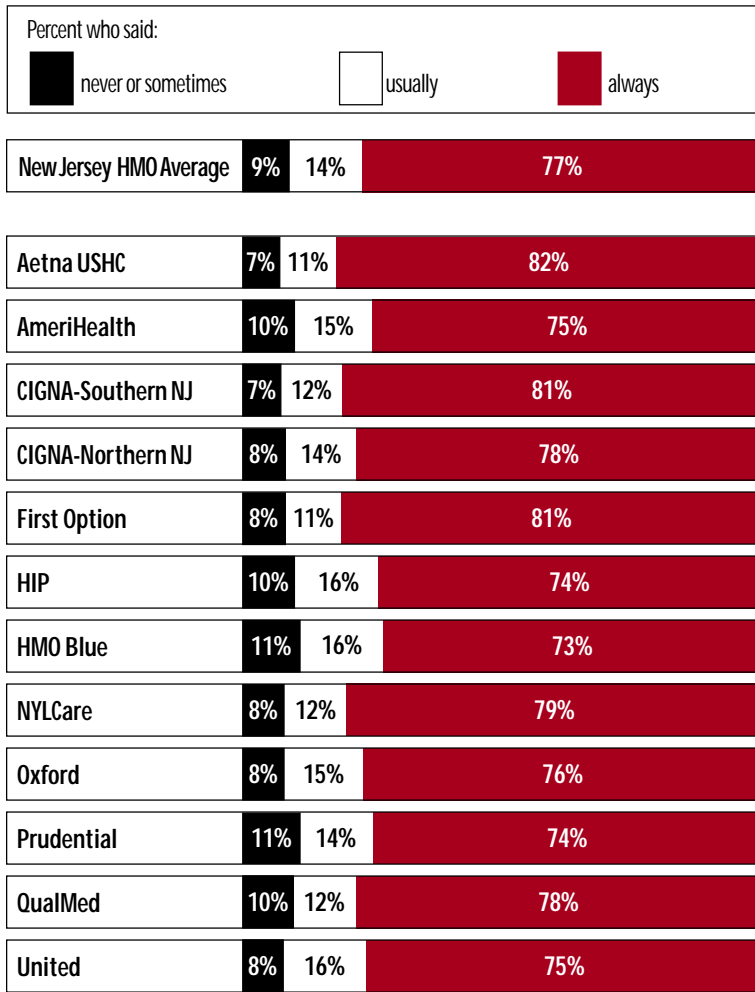
NOTE: Results on this page are based on a 1997 satisfaction survey of a representative sample of each HMO’s members which was conducted by an independent survey company. Small percentage differences may represent measurement (sampling) error rather than actual differences in HMO performance.



Providing Patient Care

Courtesy, respect and helpfulness of medical office staff

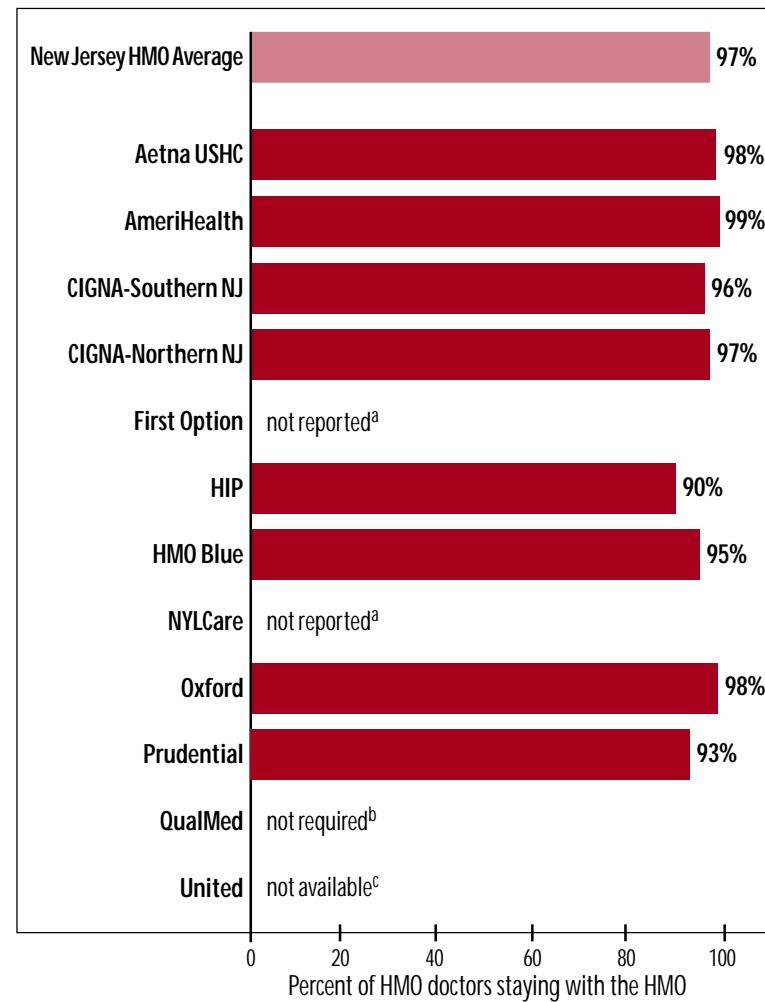
HMO members rated their HMO on survey questions asking how often the office staff at their doctor's office or clinic treat them with courtesy and respect and how often they were helpful.



NOTE: Results on this graph are based on a 1997 satisfaction survey of a representative sample of each HMO's members which was conducted by an independent survey company. Numbers may not add to 100% due to rounding.

Percent of primary care doctors who stayed with HMO in 1996

This graph shows the percentage of primary care doctors who stayed with the HMO. Patients often prefer to see the same physician over time. A larger percentage indicates that more doctors stayed with the plan and, therefore, that patients will be able to see the same doctor.



^a HMO failed to submit the required information necessary to monitor HMO quality.
^b HMO was not required to submit data for this measure because of small enrollment.
^c Data that the HMO submitted failed to meet the state's audit requirements.
 NOTE: The results on this graph are based on HMO records.



Helping to Keep People Healthy

While consumers expect HMOs to care for them if they become ill, HMOs can do a lot to help keep their members healthy. There are differences in how easy HMOs make it for people to get care that keeps them healthy and catches their medical problem before it gets serious. Some HMOs, for example, send notices to patients reminding them to get check-ups, shots and regular tests.

The circles on this page summarize how well New Jersey HMOs provide their members with preventive care. Results are based on information in HMO records and were verified by an organization not affiliated with the HMOs.*

○ Lower. Score for HMO is below the average score for New Jersey HMOs. ◐ Average. Score for HMO is neither higher nor lower than the average score for New Jersey HMOs. ● Higher. Score for HMO is above the average score for New Jersey HMOs.

HMO	Percent of members seen by a provider ^a <i>See graph on page 13 for detailed results.</i>		Immunizations for children <i>See graph on page 13 for detailed results.</i>	Prenatal care for pregnant women <i>See graph on page 14 for detailed results.</i>	Check-ups for new mothers <i>See graph on page 14 for detailed results.</i>	Testing for breast cancer <i>See graph on page 15 for detailed results.</i>	Testing for cervical cancer <i>See graph on page 15 for detailed results.</i>
	Ages 20-44	Ages 45-64					
Aetna USHC	◐	◐	◐	◐	●	●	●
AmeriHealth	●	●	◐	●	◐	◐	not available ^d
CIGNA-Southern NJ	◐	◐	○	not available ^d	○	○	◐
CIGNA-Northern NJ	◐	◐	◐	○	◐	○	○
First Option	not reported ^b	not reported ^b	not reported ^b	not reported ^b	not reported ^b	not reported ^b	not reported ^b
HIP	○	○	●	●	●	●	●
HMO Blue	○	○	◐	○	○	◐	○
NYLCare	not reported ^b	not reported ^b	not reported ^b	not reported ^b	not reported ^b	not reported ^b	not reported ^b
Oxford	●	●	○	●	○	◐	◐
Prudential	◐	◐	●	◐	●	◐	●
QualMed	not required ^c	not required ^c	not required ^c	not required ^c	not required ^c	not required ^c	not required ^c
United	not available ^d	not available ^d	not available ^d	not available ^d	not available ^d	○	not available ^d

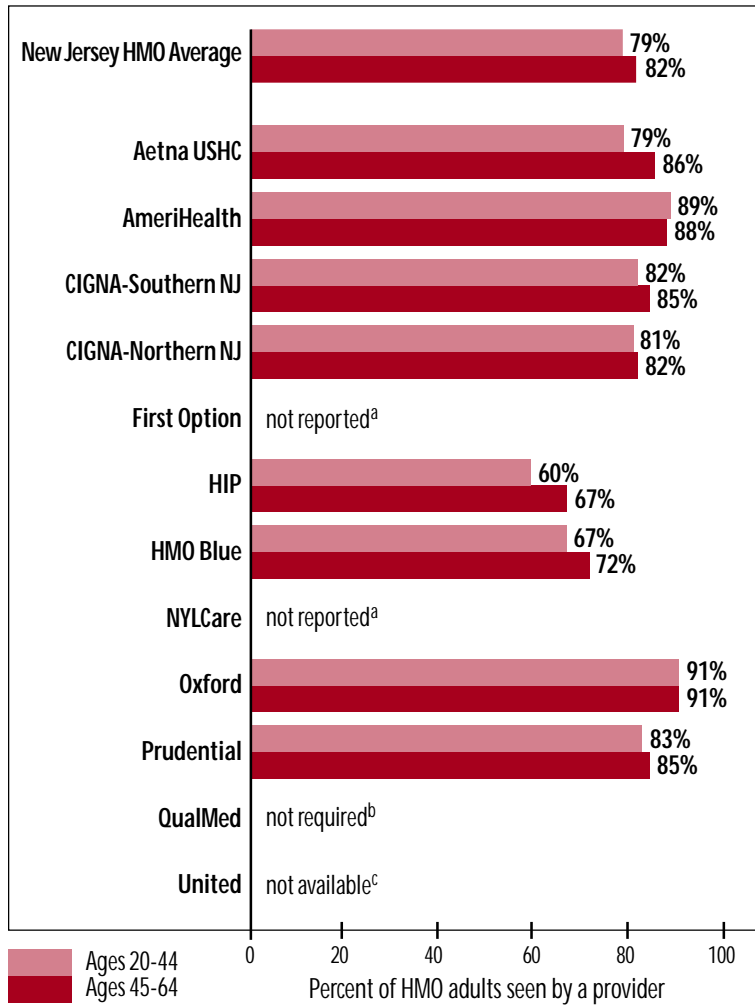
* All circles show the results of statistical tests between each HMO's score and the average for the New Jersey HMOs that reported results. Differences are statistically significant.
^a This measure is not based on a sample; statistical tests are not appropriate. Circles reflect HMO scores that differ from the New Jersey average by at least 5 percentage points.
^b HMO failed to submit the required information necessary to monitor HMO quality.
^c HMO was not required to submit the data for this measure because of small enrollment.
^d Either the HMO did not report this measure due to data problems or the data that the HMO submitted failed to meet the state's audit requirements.



Helping to Keep People Healthy

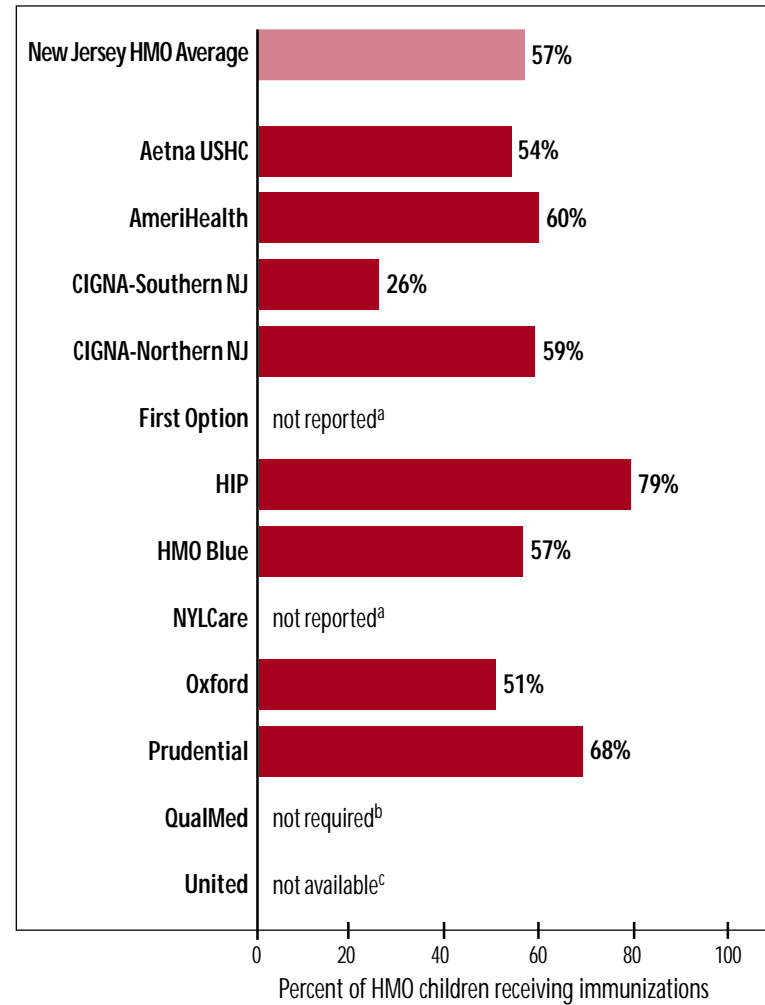
Percent of members (ages 20-44, 45-64) seen by a provider

This graph shows the percentage of HMO members who had an ambulatory or preventive care visit in the past three years. Even healthy members need to see a provider at least once in a three-year period to ensure medical problems are prevented or treated as early as possible.



Immunizations for children

This graph shows the percentage of children in the HMO who received recommended doses of vaccines by age two. Immunizations prevent childhood diseases such as polio, measles, mumps, rubella, influenza type b, hepatitis b, diphtheria, tetanus and pertussis.



^a HMO failed to submit the required information necessary to monitor HMO quality.
^b HMO was not required to submit data for this measure because of small enrollment.
^c Data that the HMO submitted failed to meet the state's audit requirements.

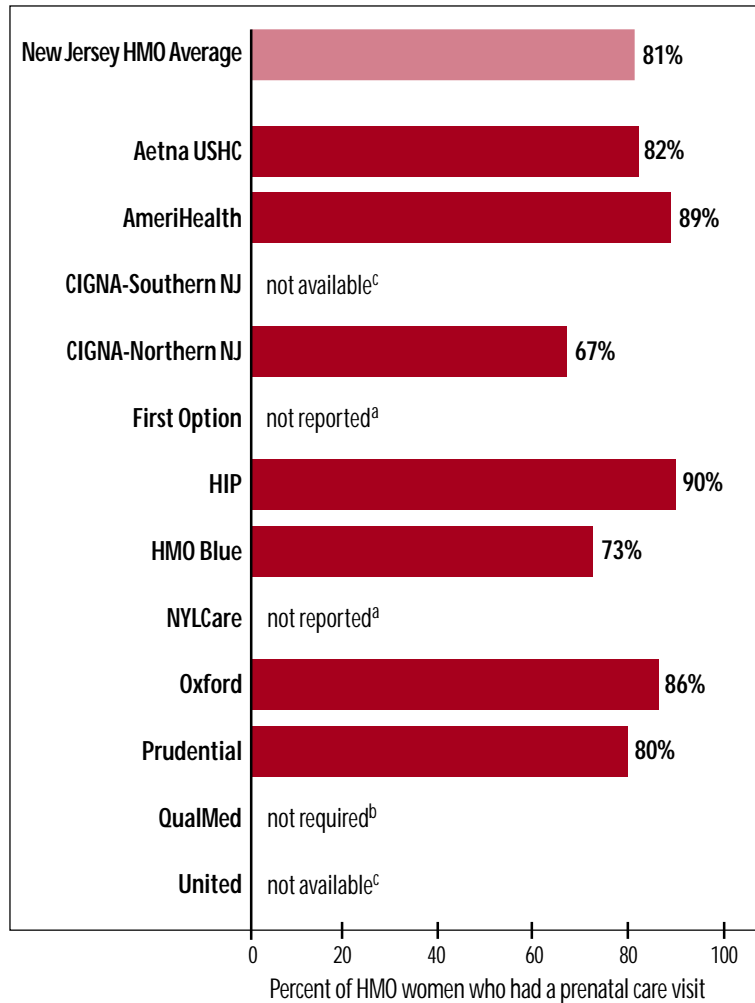
NOTE: The results on this page are based on HMO records. The childhood immunization results were verified by an organization not connected with the HMOs.



Helping to Keep People Healthy

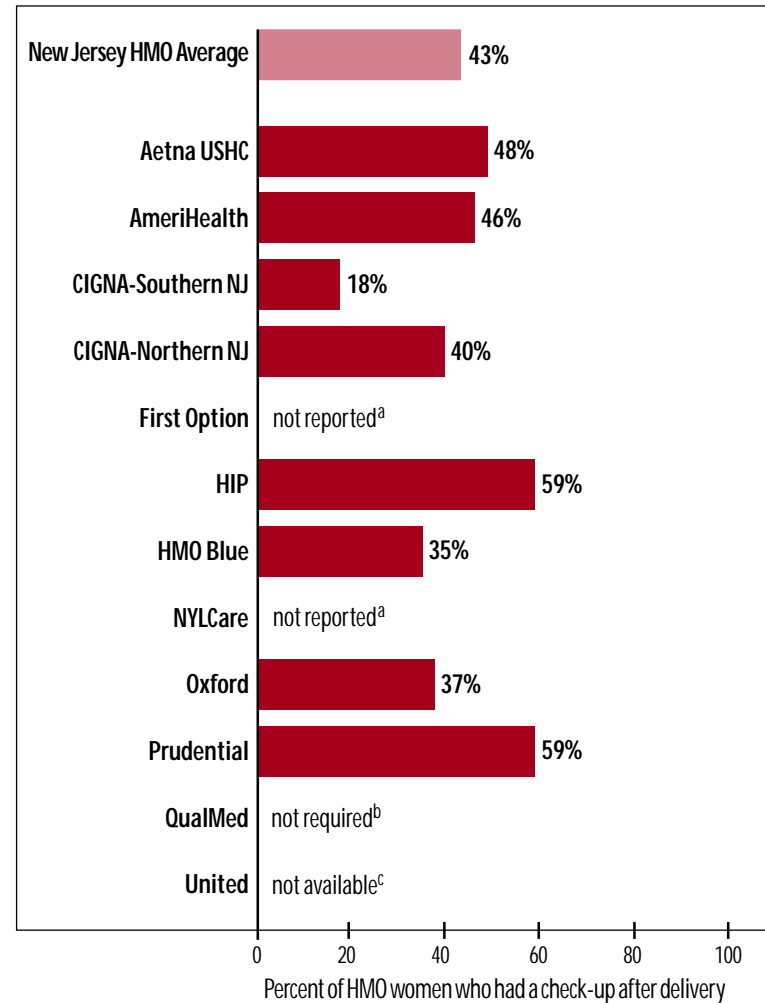
Prenatal care for pregnant women

This graph shows the percentage of women in the HMO who received their first prenatal care visit during the first three months of pregnancy. Early prenatal care contributes to having a healthy baby and preventing premature birth.



Check-ups for new mothers

This graph shows the percentage of women in the HMO who saw their health care providers at least once within six weeks after delivering a baby. Seeing a health care provider after delivery can help new mothers adjust to the changes associated with having a baby.



^a HMO failed to submit the required information necessary to monitor HMO quality.

^b HMO was not required to submit data for this measure because of small enrollment.

^c Either the HMO did not report this measure due to data problems or the data that the HMO submitted failed to meet the state's audit requirements.

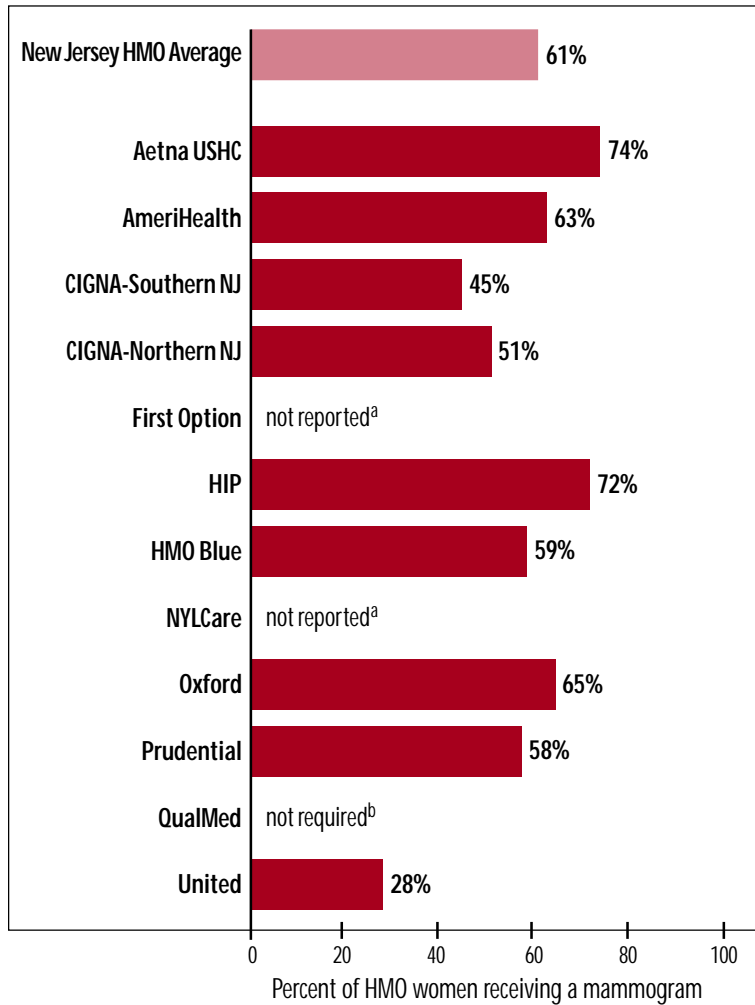
NOTE: The results on this page are based on HMO records and were verified by an organization not connected with the HMOs.



Helping to Keep People Healthy

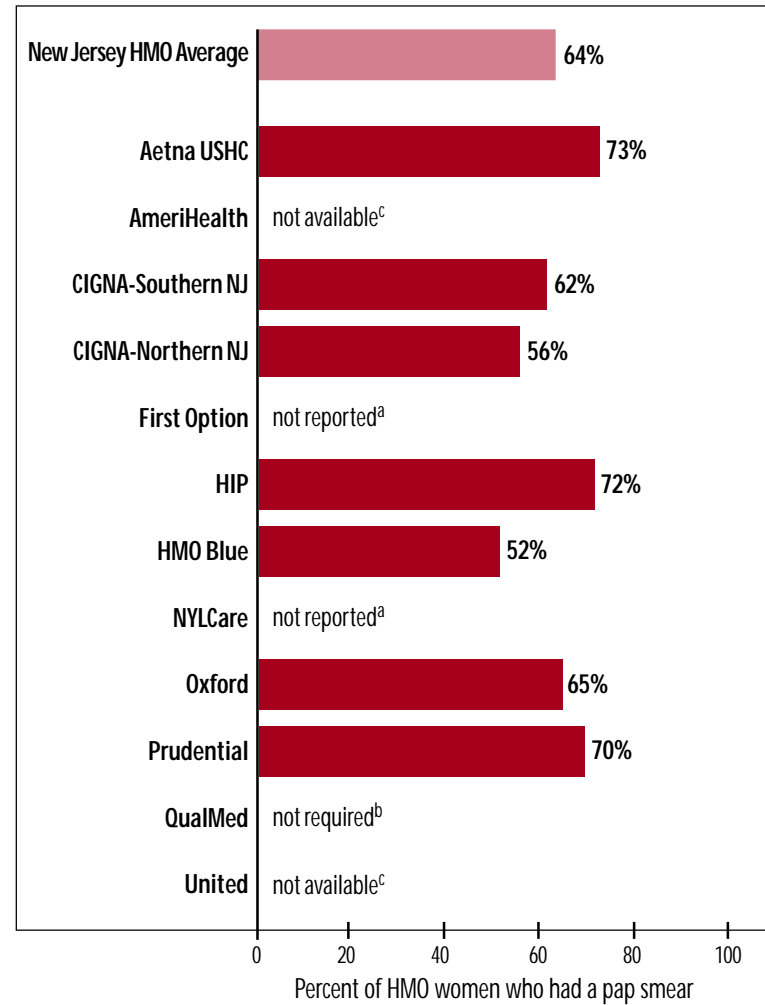
Testing for breast cancer

This graph shows the percentage of older women in the HMO who had a mammogram (a test to find breast cancer) within the past two years. Women are less likely to die from breast cancer if the cancer is discovered early through a mammogram.



Testing for cervical cancer

This graph shows the percentage of adult women in the HMO who received a pap smear (a test to find cervical cancer) within the past three years. Deaths from cervical cancer are significantly reduced by early detection through pap smears.



^a HMO failed to submit the required information necessary to monitor HMO quality.

^b HMO was not required to submit data for this measure because of small enrollment.

^c Either the HMO did not report this measure due to data problems or the data that the HMO submitted failed to meet the state's audit requirements.

NOTE: The results on this page are based on HMO records and were verified by an organization not connected with the HMOs.



Caring for the Sick

When comparing HMO's, most people want to know how well HMOs take care of their members with medical problems. If you're sick, you want to be confident that the HMO is doing all that is necessary.

The circles on this page summarize how New Jersey HMOs provide care for the members who are sick. The information was collected from members who frequently used HMO services and from HMO records.*

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HMO	Sick patients' overall rating of the health plan ^a	Sick patients' overall rating of the quality of care ^a	Sick patients' ease of finding a personal doctor ^b <i>See graph on page 17 for detailed results.</i>	Getting the care sick patients need ^c <i>See graph on page 17 for detailed results.</i>	Eye exams for people with diabetes <i>See graph on page 18 for detailed results.</i>	Care after hospitalization for mental illness <i>See graph on page 18 for detailed results.</i>
Aetna USHC	●	●	◐	◐	●	●
AmeriHealth	◐	◐	●	◐	●	not required ^e
CIGNA-Southern NJ	◐	◐	◐	●	○	not required ^e
CIGNA-Northern NJ	◐	◐	◐	◐	○	◐
First Option	●	●	●	●	not reported ^d	not reported ^d
HIP	●	◐	◐	○	●	◐
HMO Blue	◐	◐	◐	◐	◐	◐
NYLcare	◐	◐	◐	◐	not reported ^d	not reported ^d
Oxford	◐	◐	●	◐	○	◐
Prudential	○	○	○	◐	●	◐
QualMed	◐	◐	●	◐	not required ^e	not required ^e
United	○	○	○	◐	not available ^f	not available ^f

* All circles show the results of statistical tests between each HMO's score and the average for the New Jersey HMOs that reported results. Differences are statistically significant.

^a The survey question asked individuals to rate their HMO on a scale from 0 to 10, where 0 = "worst possible" and 10 = "best possible." Comparisons are based on each plan's average score for this question.

^b Comparisons are based on the percent responding "yes" to the relevant survey questions.

^c The survey question asked members to rate their HMO on a scale from 1 = "never" to 4 = "always." Comparisons are based on each plan's average score for this question.

^d HMO failed to submit the required information necessary to monitor HMO quality.

^e HMO was not required to submit the data for this measure because of small enrollment.

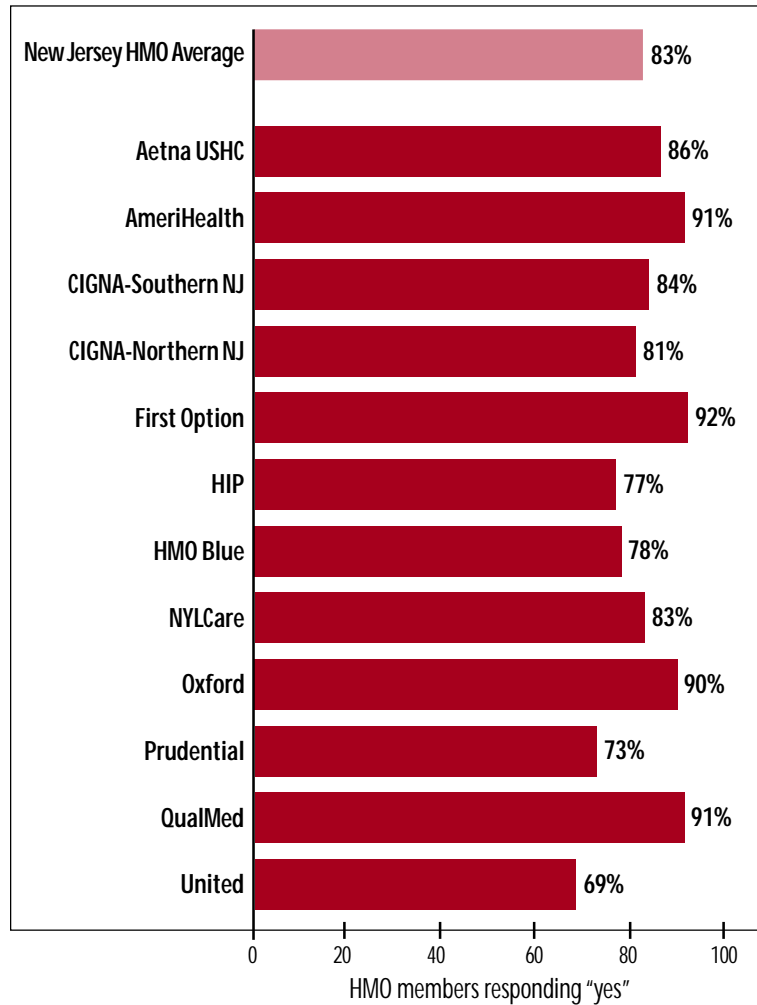
^f Data that the HMO submitted failed to meet the state's audit requirements.



Caring for the Sick

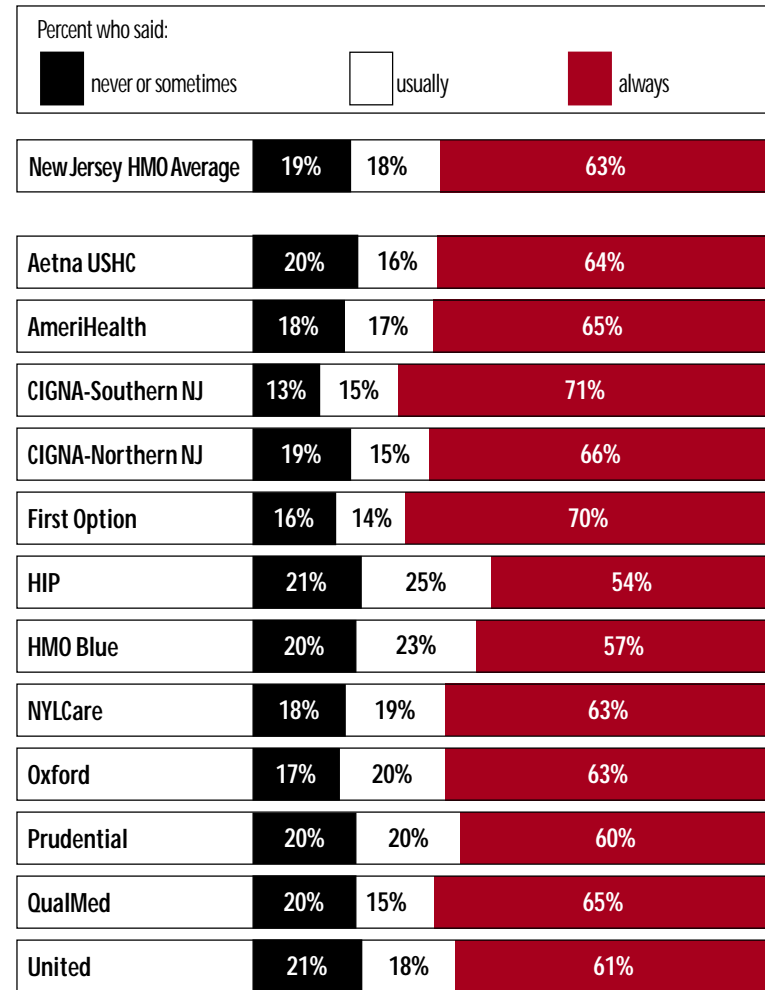
Sick patients' ease of finding a doctor

This graph shows HMO members responding "yes" on the following survey question: "With the choices your health insurance plan gives you, was it easy to find a personal doctor or nurse you are happy with?"



Getting the care sick patients need

HMO members rated their HMO on survey questions asking how often they got medical treatment or specialty care they needed, saw their own doctor and got assistance when they called a doctor's office.



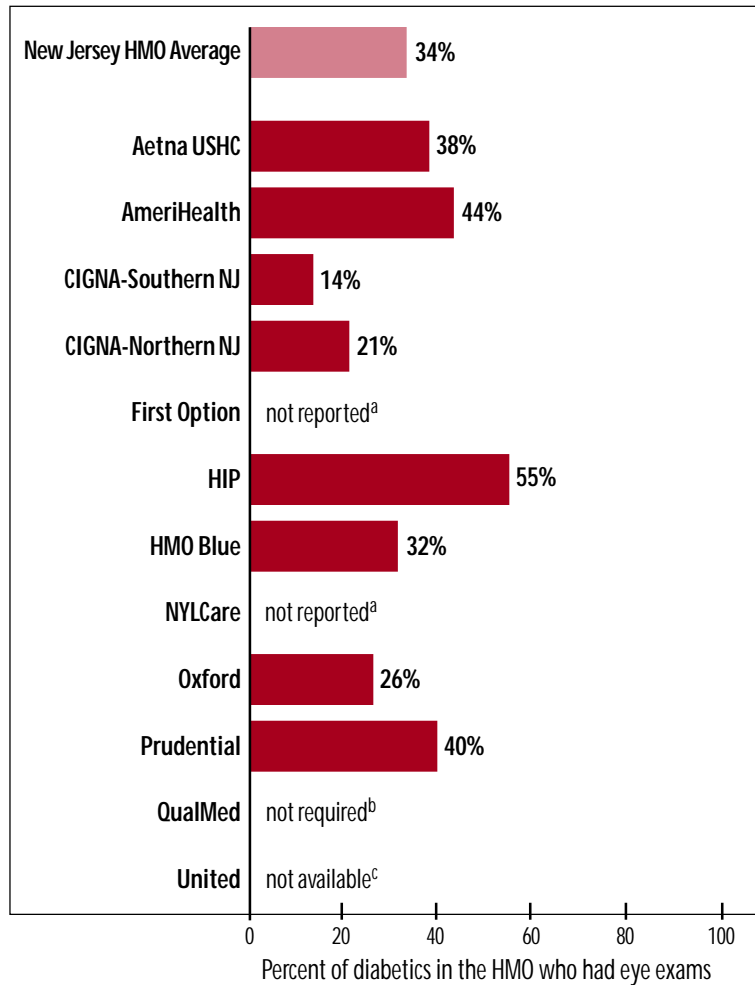
NOTE: Results on this page are based on a 1997 satisfaction survey of a representative sample of each HMO's members which was conducted by an independent survey company. Small percentage differences may represent measurement (sampling) error rather than actual differences in HMO performance. Numbers may not add to 100% due to rounding.



Caring for the Sick

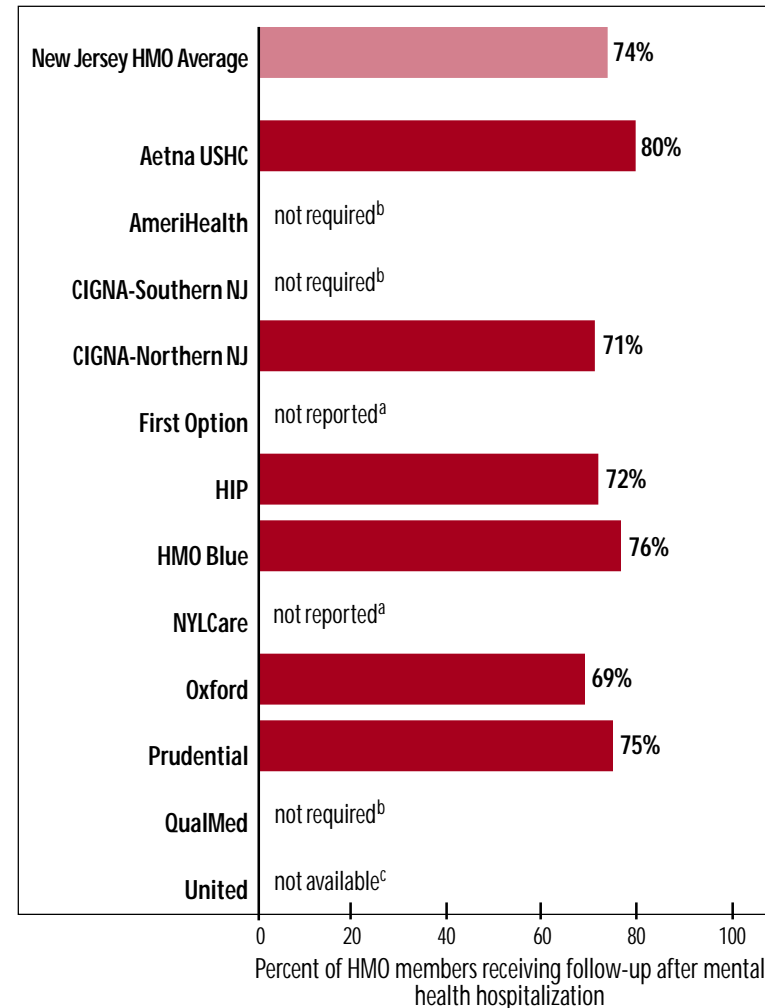
Eye exams for adults with diabetes

This graph shows the percentage of diabetics in the HMO who had eye exams in the past year. Blindness from diabetes can be reduced with early detection through eye exams.



Care after hospitalization for mental health illness

This graph shows the percentage of HMO members age 6 and over who were hospitalized for mental disorders and who were seen by a mental health provider within 30 days after their discharge. Regular follow-up therapy is necessary to support the patient's transition to a home or work environment.



^a HMO failed to submit the required information necessary to monitor HMO quality.

^b HMO was not required to submit data for this measure because of small enrollment.

^c Data that the HMO submitted failed to meet the state's audit requirements.

NOTE: The results on this page are based on HMO records and were verified by an organization not connected with the HMOs.



Your Personal Worksheet

This worksheet will help you organize and evaluate the information you have received about the HMOs available to you. You can use information in this booklet and in the other materials you may have obtained from your employer and the HMOs to complete the worksheet.

✓ Use a checkmark to indicate

HMO	Which HMOs are available where you live or work. <i>See pages 22 and 23 for a listing.</i>	Which HMOs offer the benefits you want. <i>Review benefit information from your employer or the HMOs.</i>	Which HMOs you can afford. <i>Review the cost information from your employer or the HMOs.</i>	Which HMOs include your preferred doctor or health care provider. <i>Review the HMOs' physician directories and telephone the customer service departments.</i>	Which HMOs scored well based on information in this booklet. <i>Review the information from each of the sections of this booklet. For each section, check the HMOs that you think performed the best.</i>			
					HMO Service	Providing Patient Care	Helping to Keep People Healthy	Caring for the Sick
Aetna USHC								
AmeriHealth								
CIGNA-Southern NJ								
CIGNA-Northern NJ								
First Option								
HIP								
HMO Blue								
NYLCare								
Oxford								
Prudential								
QualMed								
United								



Finding Out About HMOs

Some questions to ask:

- What doctors and hospitals can I use?
- How do I pick a doctor or change doctors?
- How do I see a specialist?
- How do I get services in an emergency?
- What if I need experimental therapy or treatment that is not covered?
- Am I covered when traveling away from home?
- How long do I have to wait for an appointment?
- Does the HMO operate a hotline for help with medical problems?
- What would happen if my doctor decides to leave the plan?
- How do I switch to another HMO if I am not satisfied?

The NJ Department of Health and Senior Services also investigates complaints about quality of care and choice and access to providers through its Office of Managed Care, P.O. Box 360, Trenton, NJ 08625 at (888) 393-1062. Complaints about the business practices of an HMO should be directed to the NJ Department of Banking and Insurance, Division of Enforcement and Consumer Protection, P.O. Box 329, Trenton, NJ 08625 at (800) 446-7467.

Consumer Complaints and Appeals

You have the right to disagree with an HMO's decision to deny or limit a medical service. A description of the appeal process should be in your member handbook provided by the HMO.

If you are dissatisfied with the results of your appeal to the HMO, you can take your case further to an independent utilization review organization for a fee of \$25. The fee can be reduced to \$2 for members who show eligibility for government assistance programs.

To take your appeal outside of the HMO, submit an appeal form available from your HMO to the Department of Health and Senior Services within 30 business days of the denial, along with the filing fee. Your appeal form will be forwarded to an independent utilization review organization for full review. The organization will make its recommendation to the HMO. The HMO then must notify you or your doctor whether it accepts that recommendation. If it does not, it must explain the reasons for the rejection.

Consumers also have the right to file complaints about any aspect of HMO operations. HMOs are required to establish a complaint system and must respond to your complaint within 30 days. A description of the complaint process can be found in your member handbook.

These appeal and complaint rights are different for plans which are classified as "self-funded." Check with your employer or HMO to find out which process applies to you.



Background Information

- Development of this report was guided by the HMO Health Data Committee (HeDaC), an advisory group composed of representatives of the HMO industry, the provider community, health care purchasers and the public. The committee reviewed the overall strategy for measuring HMO quality and the choice of specific measures. The Department of Health and Senior Services would like to express its appreciation to the committee members for their significant contribution and commitment to public reporting on HMO quality.
- Twelve New Jersey HMOs participated in the consumer survey and ten New Jersey HMOs reported HEDIS statistics. (Refer to page 3 for descriptions of HEDIS and the consumer survey.) The State of New Jersey required HMOs with 2,000 commercial enrollees at the end of 1996 to participate in the consumer survey. The State also required only HMOs with 2,000 enrollees at the end of 1995 to submit HEDIS data. Any measures based on fewer than 100 cases were excluded from the analysis. Of the eligible HMOs, only NYLCare and First Option failed to produce required HEDIS data necessary to monitor HMO quality.
- Most of the information is based on members with commercial coverage who are enrolled in the health plans' HMO. The exception is HEDIS data for AmeriHealth, CIGNA–Southern NJ, CIGNA–Northern NJ and Oxford, which includes members enrolled in the health plans' point-of-service products. Similar data is being collected for Medicare enrollees by the Health Care Financing Administration and for Medicaid enrollees by the New Jersey Department of Human Services.
- The HEDIS measurement system is designed to facilitate comparison of the quality of care provided by different HMOs. However, variation among reported rates could also be due to differences in available data, differences in data collection methodology or population differences.

For further information from the Department of Health and Senior Services, check our web site: www.state.nj.us/health



Getting More Information

The information on quality in this booklet refers to the HMOs with large commercial enrollment. However, other HMOs have been approved to provide services in New Jersey. The following list gives the names and telephone numbers for general information (including enrollment questions) and member services (questions from persons already enrolled in the HMO) for all HMOs approved to operate

in New Jersey in September 1997. The list also indicates whether the HMO was approved to offer commercial, Medicare or Medicaid coverage. Not all plans offer coverage in all counties and there may be changes in the types of coverage which the HMO offers. Please call the HMO for more specific information.

HMO Plan	Types of Coverage			Telephone Numbers	
	Commercial	Medicaid	Medicare	General Information	Member Services
<i>Aetna U.S. Healthcare-New Jersey</i>	all counties	some counties	all counties	(215) 628-4800	(800) 323-9930
AMERICAID Community Care	some counties	some counties		(973) 242-8840	(800) 600-4441
American Preferred Provider Plan	some counties	some counties		(973) 799-0900	(800) 310-2777
<i>AmeriHealth HMO, Inc. New Jersey</i>	all counties	some counties	some counties	(609) 778-6500	(800) 877-9829
AtlantiCare Health Plan	some counties			(609) 272-6330	(800) 272-5995
<i>CIGNA HealthCare of New Jersey, Inc.</i>	some counties			(302) 477-3700	(800) 345-9458
<i>CIGNA HealthCare of Northern New Jersey, Inc.—CoMED HMO</i>	all counties		some counties	(973) 328-4200	(800) 345-9458
<i>First Option Health Plan of New Jersey</i>	all counties	some counties		(732) 918-6700	(800) 535-3647
Healthsource New York/New Jersey, Inc.	some counties			(800) 248-2265	(800) 286-5589
<i>HIP Health Plan of New Jersey</i>	some counties	some counties	some counties	(800) HIP-TODAY	(800) 240-7524

NOTE: The names of the HMOs included in this booklet appear in italics. Only HMOs with 2,000 or more commercial enrollees in 1996 were required to submit information for this report.

HMO Plan	Types of Coverage			Telephone Numbers	
	Commercial	Medicare	Medicaid	General Information	Member Services
<i>HMO Blue—Medigroup, Inc.</i>	all counties	all counties	some counties	(973) 466-4000	(800) 355-BLUE
Liberty Health Plan, Inc.	some counties		some counties	(201) 946-6800	(800) 399-0499
Managed Healthcare Systems of New Jersey, Inc.	some counties		some counties	(973) 297-5500	(800) 941-4647
Mission Health Plans, Inc.	some counties			(888) 647-5267	(888) 700-4647
<i>NYLCare Health Plans of New Jersey, Inc.</i>	all counties	some counties		(201) 363-5500	(800) 496-1700
<i>Oxford Health Plans—NJ, Inc.</i>	all counties		some counties	(800) 723-8058	(800) 444-6222
Physician Healthcare Plan of New Jersey	all counties			(800) 957-4765	(800) 337-4765
Physician Health Services of New Jersey, Inc.	all counties			(201) 291-9300	(800) 441-5741
Principal Health Care of Delaware-New Jersey	some counties			(800) 833-7423	(800) 833-7423
<i>Prudential HealthCare-New Jersey HMO</i>	all counties	some counties		(908) 632-7000	(800) 422-7399
<i>QualMed Plans for Health, Inc.</i>	some counties	some counties		(800) 998-2840	(800) 736-2096
<i>United HealthCare of New Jersey, Inc.</i>	all counties	some counties		(973) 244-8041	(800) 227-1448
University Health Plans, Inc.	all counties		some counties	(973) 623-8700	(800) 564-6847

NOTE: The names of the HMOs included in this booklet appear in italics. Only HMOs with 2,000 or more commercial enrollees in 1996 were required to submit information for this report.



New Jersey Consumer Bill of Rights

Members of HMOs in New Jersey now have important consumer rights including:

- The right to obtain a current directory of doctors within the network
- The right to have a choice of specialists following a referral
- The right of consumers with chronic disabilities to be referred to specialists who are experienced treating those disabilities
- The right to have a doctor – not an administrator – make the decision to deny or limit coverage
- The right to access a primary care provider or a back-up 24 hours a day, 365 days a year for urgent care
- The right to call 911 in a potentially life-threatening situation without prior approval from your HMO
- The right to have an HMO pay for a medical screening exam in the emergency room to determine whether an emergency medical condition exists
- The right to receive up to 120 days of continued coverage – if medically necessary – from a doctor that has been terminated by an HMO
- The right to no “gag rules.” Doctors are allowed to discuss all treatment options even if they are not covered services
- The right to know how your HMO pays its doctors so you know if financial incentives or disincentives are tied to medical decisions
- The right to appeal a decision to deny or limit coverage, first within the HMO, then through an independent organization for a \$25 filing fee (reduced to \$2 for hardship)
- The right to no retaliation against you or your doctor for filing appeals

Under the Health Care Quality Act, which was signed into law by Governor Christie Whitman on August 7, 1997, these rights have been extended to cover other forms of health insurance that manage the use of services through provider networks.

To obtain additional copies of this booklet, please contact the Office of Managed Care, Department of Health and Senior Services, P.O. Box 360, Trenton, New Jersey 08625-0360, phone (888) 393-1062, fax (609) 633-0807. There is a charge for multiple copies. The report is available on the Department's web site: www.state.nj.us/health

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