New Jersey Managed Health Care Plans

Compare Your Choices

Christine T. Whitman
Governor

Len Fishman
Commissioner,
Health and Senior Services

Dear Consumer:

As many New Jerseyans move into managed care, it's important that we have information on how well health care plans are performing. To help consumers know more about the quality of managed care plans, we are pleased to present our second annual report card.

In addition to 12 HMOs, this report looks at the performance of eight point of service (POS) plans, a type of managed care plan that allows consumers to receive care outside the network. You'll see how successful plans are in providing important preventive services, such as prenatal care and screenings for breast and cervical cancers. There is also a member satisfaction survey, which shows how people rate their own health plans.

This year we have added a section on children. There you'll find information on how plans are performing in immunizing children through their adolescent years. You'll also learn how parents rate the services their children have received.

Finally, as you use this guide, remember that New Jersey has strong laws that protect consumers, who are customers of managed care. Become familiar with those important rights, which are listed on the back cover of this report.

Congratulations on your decision to become more informed by using this report card. We know it will help you choose a plan that best meets your needs.

Christine Todd Whitman
Governor

Len Fishman
Commissioner,
Department of Health
and Senior Services

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 or can be requested by e-mail: hmo@doh.state.nj.us.

The New Jersey Department of Health and Senior Services compiled the information in this booklet with the cooperation of the New Jersey health plans. The Department was guided by an advisory group representing health plans, providers, large employers and the public.

There are two types of health plans presented in this booklet—health maintenance organizations (HMOs) and point of service (POS) plans.

This booklet contains information on the following health plans:

Corporation	Plans in this booklet
Aetna U.S. Healthcare-New Jersey	**Aetna USHC HMO** **Aetna USHC POS**
AmeriHealth HMO, Inc. New Jersey	**AmeriHealth HMO** **AmeriHealth POS**
CIGNA HealthCare of New Jersey, Inc. [a]	**CIGNA-Southern NJ HMO**
CIGNA HealthCare of Northern New Jersey, Inc.-CoMED HMO	**CIGNA-Northern NJ HMO** **CIGNA-Northern NJ POS**
First Option Health Plan of New Jersey	**First Option HMO** **First Option POS**
HIP Health Plan of New Jersey	**HIP HMO**
Horizon Health Care of New Jersey, Inc.-HMO BLUE	**HMO Blue**
NYLCare Health Plans of New Jersey, Inc.	**NYLCare HMO** **NYLCare POS**
Oxford Health Plans-New Jersey, Inc. [b]	**Oxford HMO** **Oxford POS**
Physicians Health Services of New Jersey, Inc.	**PHS-NJ HMO** **PHS-NJ POS**
Prudential HealthCare-New Jersey	**Prudential HMO**
United HealthCare of New Jersey, Inc.	**United HMO** **United POS**

[a] Cigna HealthCare of New Jersey, Inc. also offers a POS plan, but the plan could not submit information for this booklet because of small enrollment.

[b] Oxford Health Plans-New Jersey, Inc. submitted combined HEDIS data for the HMO and POS plans. Therefore, results shown for these two plans are the same.

Contents

This report is available at www.state.nj.us/health

How HMOs and POS Plans Work

This booklet contains information on two types of managed care plans in New Jersey: HMOs and POS plans. HMOs and POS plans deliver health care using provider networks, which are the groups of doctors, hospitals and other health care providers that serve people in a specific health plan.

HMOs generally pay only for services given by providers in the network. POS plans allow members to seek care from providers not in the network, but these services cost more. The table below highlights some of the important similarities and differences between HMOs and POS plans.

	HMO	POS
Can you get services from providers who are not in the network?	No. The HMO pays for all covered services only if you use providers in the network.	Yes. If you choose to use providers that are not part of the network you will pay more and fewer health services may be covered.
How do you pay for services?	There is no deductible. You are charged a pre-set amount or co-payment (usually between $5 and $25) for a physician office visit. You usually do not need to fill out claim forms.	If you use a provider who is in the network, there is no deductible and you are charged a co-payment. You do not need to fill out a claim form. If you use a provider who is not in the network, you may pay a deductible and a greater portion of the medical expenses. You may need to fill out a claim form.
Do you need to choose a primary care provider (PCP)?	Yes. You are usually required to choose a PCP from a list of network doctors. Your PCP takes care of most of your medical needs.	Yes. You usually need to choose a PCP from the list of network doctors. You have the option of using the PCP or going to a doctor who is not in the network.
Do you need a referral from your PCP to see a specialist?	Yes. Before you go to a specialist, you usually need a referral from your PCP.	Depends. You need a referral from your PCP only if you want to see a specialist who is in the network. You do not need a referral to see a specialist who is not in the network.

Sources of Information

Not all health plans are the same. That's why measuring health care quality is important. Quality information can tell you how well health plans are providing care and services to their members.

The New Jersey Department of Health and Senior Services worked with the National Committee for Quality Assurance (NCQA) to produce this booklet. NCQA is an independent, not-for-profit organization that assesses, measures and reports on the quality of care provided by the nation's health plans.

There are two sources for the quality information presented in this booklet:

Health Plans. The health plans collected data using a "measuring tool" called HEDIS®. All health plans collected the data in the same way so they can be compared fairly. New Jersey's Department of Health and Senior Services verified the accuracy of the data through an audit. The Peer Review Organization of New Jersey, an independent consultant to the State, audited the data for some plans. Other plans worked with an independent auditor certified by NCQA.

Source: health plan records—In this booklet, this symbol indicates information from the health plan that has been audited to ensure its accuracy.

Consumers. On behalf of the New Jersey Department of Health and Senior Services, the Eagleton Institute's Center for Public Interest Polling at Rutgers University, an independent survey company, conducted a telephone survey of a representative sample of members in each HMO or POS plan. Over 13,000 health plan members were surveyed in 1998. The survey included adult health plan members and parents of children enrolled in the health plan. The survey, Consumer Assessment of Health Plans, was developed by the U.S. Department of Health and Human Services, Agency for Heath Care Policy and Research.

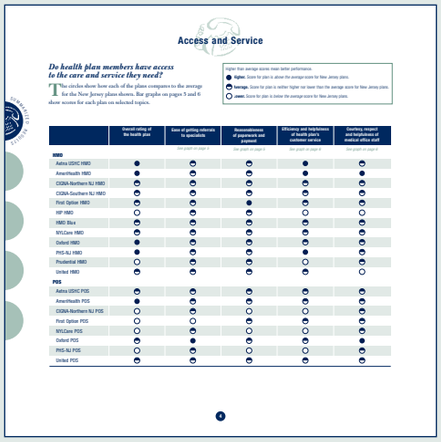
Source: consumer survey—In this booklet, this symbol indicates opinions of health plan members who were surveyed.

Note: Look at all factors that make up a health plan's performance and not just results of a particular piece of information. You should not make decisions among health plans based on small percentage differences that may not be meaningful.

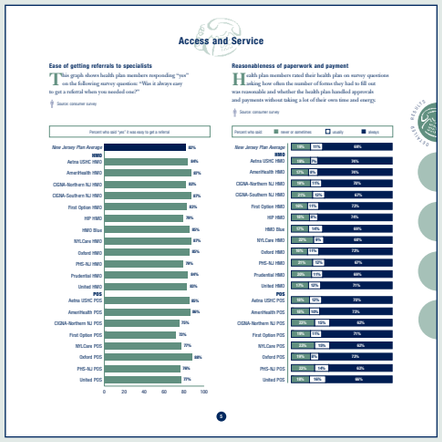
® HEDIS is a registered trademark of NCQA.

Health plan information in this booklet is displayed in two ways:

Charts with circles summarize results and give you the big picture of how the health plans compare. The circles represent how each of the plans performed compared to the group's average (higher, neither higher nor lower or below the average).*



Bar graphs show each health plan's scores for most topics.



This report includes only health plans with large commercial enrollments for 1996 and 1997. These plans accounted for 99% of the New Jersey commercial enrollment in 1997.

* Charts with circles show the results of statistical tests between each health plan's score and the average for the NJ health plans shown.

Access and Service

Do health plan members have access to the care and services they need?

The circles show how each of the plans compares to the average for the New Jersey plans shown. Bar graphs on pages 5 and 6 show scores for each plan on selected topics.

Higher than average scores mean better performance.

- ● **Higher.** Score for plan is *above the average* score for New Jersey plans.
- ◓ **Average.** Score for plan is neither higher nor lower than the average score for New Jersey plans.
- ○ **Lower.** Score for plan is *below the average* score for New Jersey plans.

SUMMARIZED RESULTS

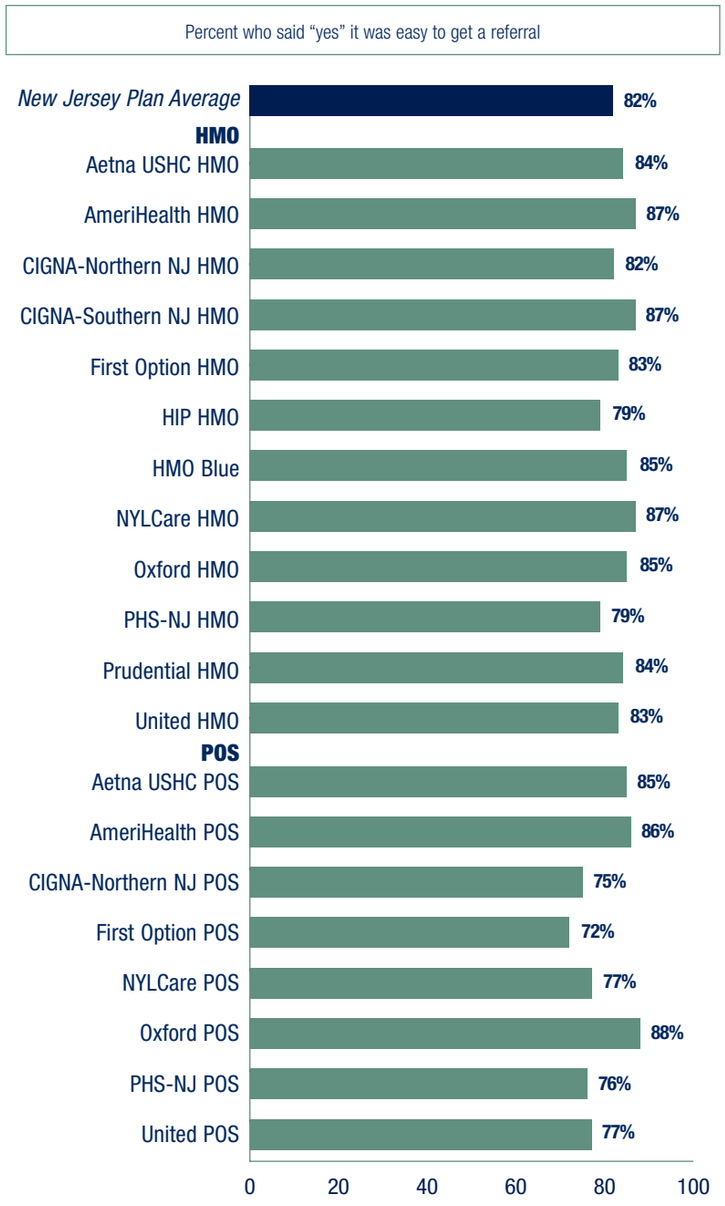
	Overall rating of the health plan	Ease of getting referrals to specialists	Reasonableness of paperwork and payment	Efficiency and helpfulness of health plan's customer service	Courtesy, respect and helpfulness of medical office staff
		See graph on page 5	*See graph on page 5*	*See graph on page 6*	*See graph on page 6*
HMO					
Aetna USHC HMO	●	◓	◓	●	◓
AmeriHealth HMO	●	◓	◓	●	●
CIGNA-Northern NJ HMO	◓	◓	◓	◓	◓
CIGNA-Southern NJ HMO	◓	◓	◓	◓	◓
First Option HMO	◓	◓	●	◓	◓
HIP HMO	○	◓	◓	○	○
HMO Blue	◓	◓	◓	◓	◓
NYLCare HMO	◓	◓	◓	◓	◓
Oxford HMO	●	◓	◓	◓	◓
PHS-NJ HMO	●	◓	◓	●	◓
Prudential HMO	○	◓	◓	○	◓
United HMO	◓	◓	◓	◓	○
POS					
Aetna USHC POS	◓	◓	◓	◓	◓
AmeriHealth POS	●	◓	◓	◓	◓
CIGNA-Northern NJ POS	○	◓	○	○	◓
First Option POS	○	○	◓	◓	◓
NYLCare POS	○	◓	○	○	◓
Oxford POS	◓	●	◓	◓	●
PHS-NJ POS	○	◓	○	○	◓
United POS	◓	◓	◓	◓	◓

Access and Service

Ease of getting referrals to specialists

This graph shows health plan members responding "yes" to the following survey question: "Was it always easy to get a referral when you needed one?"

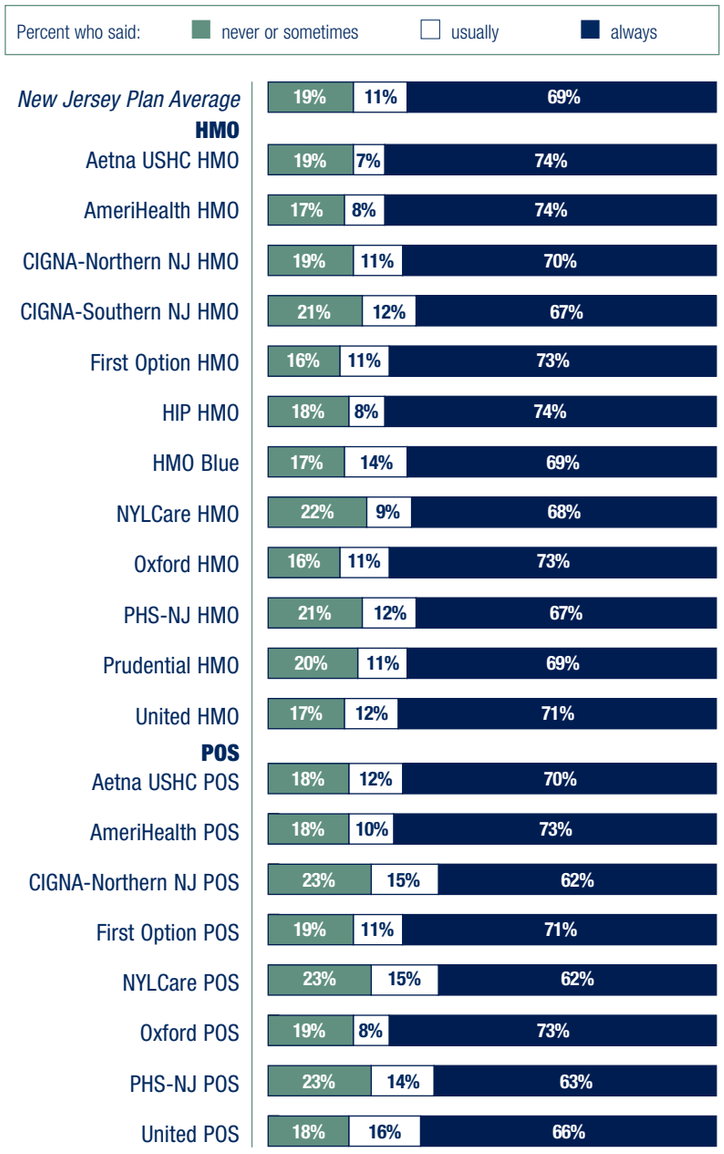
Source: consumer survey



Reasonableness of paperwork and payment

Health plan members were asked whether 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.

Source: consumer survey

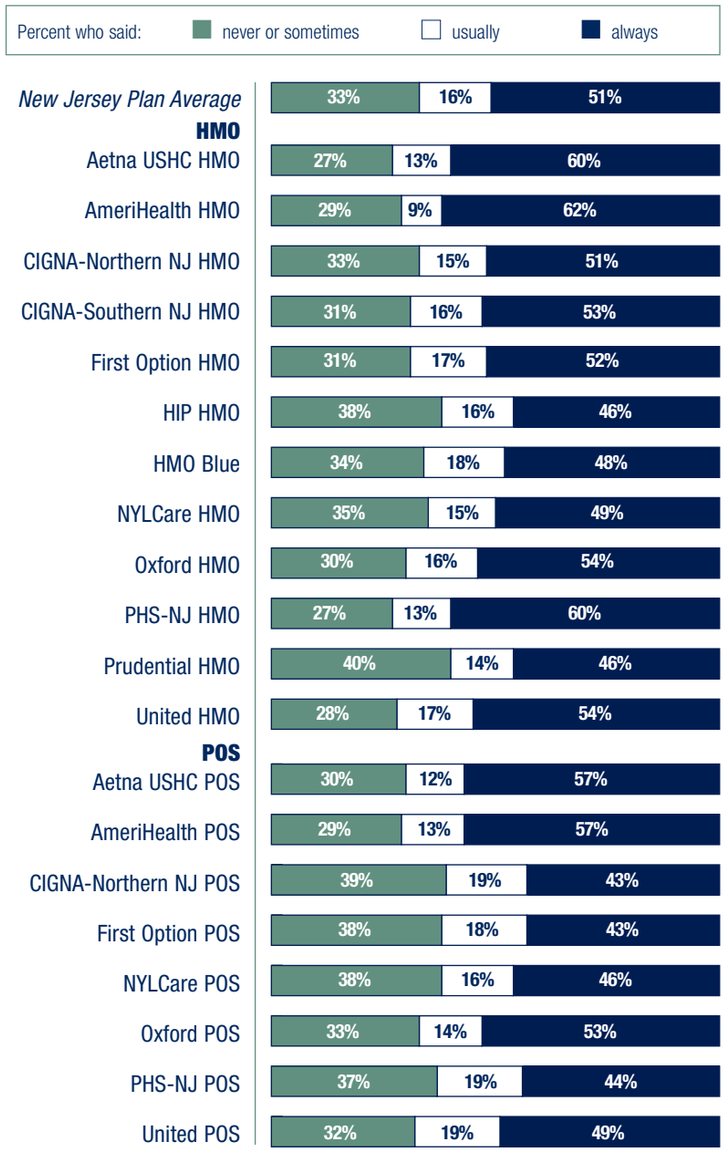


Access and Service

Efficiency and helpfulness of health plan's customer service staff

Health plan members were asked whether 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 was helpful.

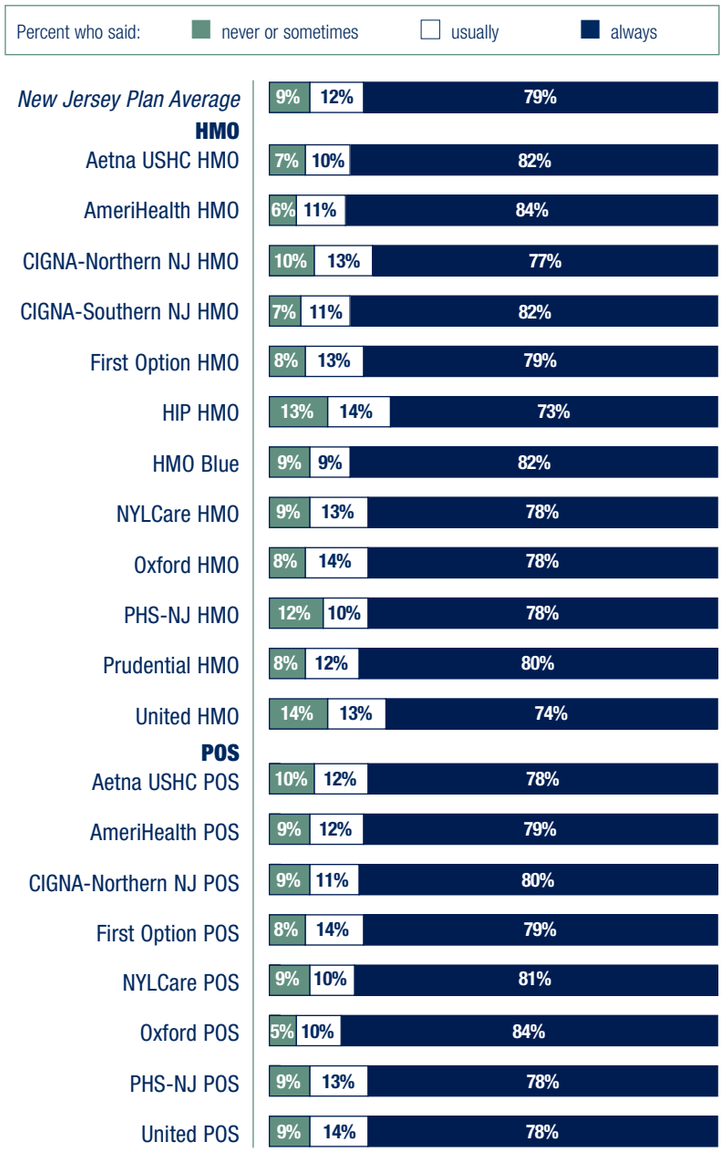
Source: consumer survey



Courtesy, respect, helpfulness of medical office staff

Health plan members were asked if the office staff at their doctor's office or clinic treated them with courtesy and respect and if they were helpful.

Source: consumer survey



Qualified Providers

Are health plan members satisfied with physicians and other providers?

The circles show how each of the plans compares to the average for the New Jersey plans shown. Bar graphs on page 8 show scores for each plan on selected topics.

Higher than average scores mean better performance.

- ● **Higher.** Score for plan is *above the average* score for New Jersey plans.
- ◓ **Average.** Score for plan is neither higher nor lower than the average score for New Jersey plans.
- ○ **Lower.** Score for plan is *below the average* score for New Jersey plans.

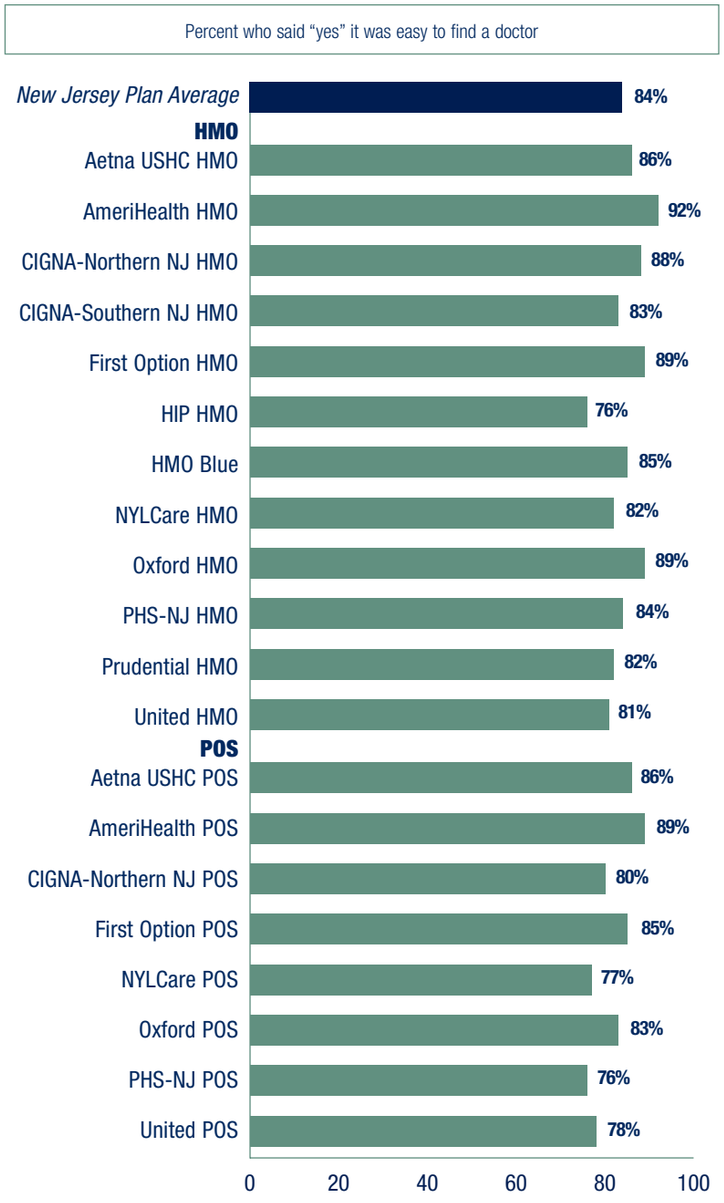
	Overall rating of the quality of care	Overall rating for doctors		Ease of finding a personal doctor	Doctors who communicate well
		Personal Doctor	Specialists		
				See graph on page 8	*See graph on page 8*
HMO					
Aetna USHC HMO	●	●	●	◓	◓
AmeriHealth HMO	●	●	◓	●	●
CIGNA-Northern NJ HMO	◓	◓	◓	●	◓
CIGNA-Southern NJ HMO	◓	◓	◓	◓	●
First Option HMO	●	●	●	●	◓
HIP HMO	○	○	○	○	○
HMO Blue	◓	◓	◓	◓	◓
NYLCare HMO	◓	◓	◓	◓	◓
Oxford HMO	◓	◓	◓	●	◓
PHS-NJ HMO	◓	◓	◓	◓	◓
Prudential HMO	◓	◓	◓	◓	◓
United HMO	○	○	◓	◓	○
POS					
Aetna USHC POS	◓	●	◓	◓	◓
AmeriHealth POS	◓	●	●	●	◓
CIGNA-Northern NJ POS	○	◓	◓	◓	◓
First Option POS	◓	◓	◓	◓	◓
NYLCare POS	◓	◓	◓	○	◓
Oxford POS	◓	◓	◓	◓	◓
PHS-NJ POS	◓	◓	◓	○	◓
United POS	◓	◓	◓	○	◓

Qualified Providers

Ease of finding a personal doctor

This graph shows health plan members responding "yes" to 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?"

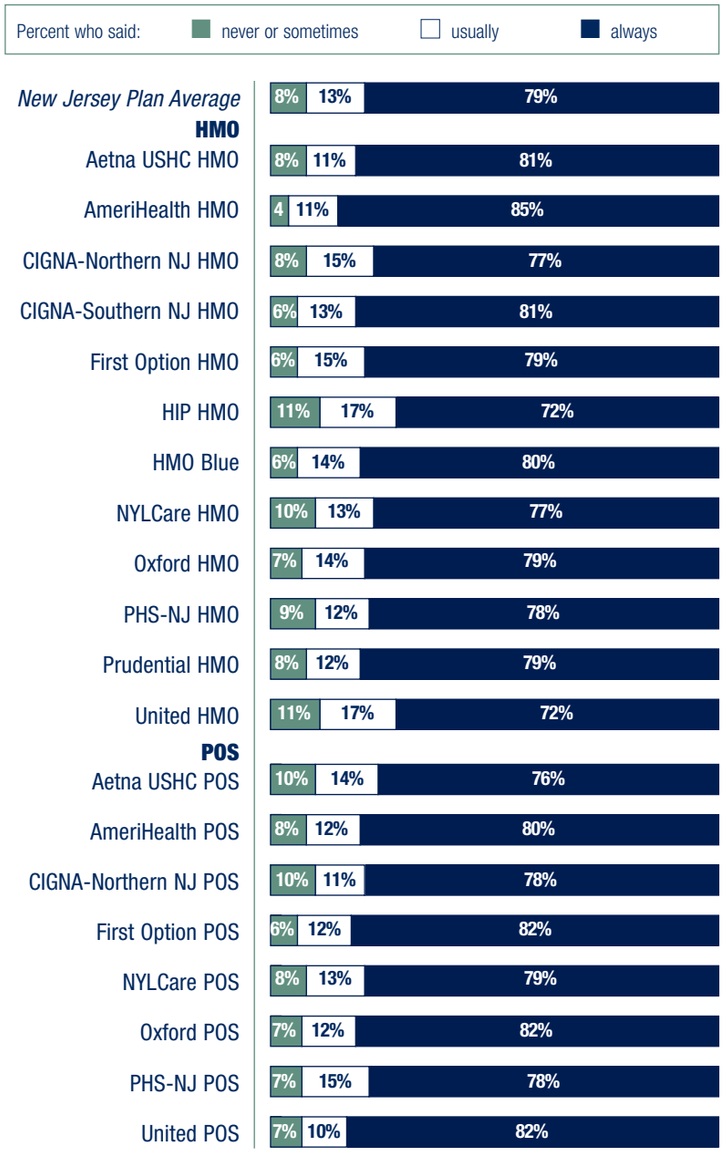
Source: consumer survey



Doctors who communicate well

Health plan members were asked how often their doctor or other health care professional listened carefully, explained things, showed respect and spent enough time with them.

Source: consumer survey



Staying Healthy

Does the health plan help people maintain good health and avoid illness?

The circles show how each of the plans compares to the average for the New Jersey plans shown. Bar graphs on pages 10 to 12 show scores for each plan on these topics.

Higher than average scores mean better performance.

- ● **Higher.** Score for plan is *above the average* score for New Jersey plans.
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- ○ **Lower.** Score for plan is *below the average* score for New Jersey plans.

	Percent of members ages 20–44 seen by a provider *	Percent of members ages 45–64 seen by a provider *	Prenatal care for pregnant women	Check-ups for new mothers	Testing for breast cancer	Testing for cervical cancer
	See graph on page 10	*See graph on page 10*	*See graph on page 11*	*See graph on page 11*	*See graph on page 12*	*See graph on page 12*
HMO						
Aetna USHC HMO	●	●	●	●	●	●
AmeriHealth HMO	●	●	●	●	●	◓
CIGNA-Northern NJ HMO	◓	◓	◓	◓	○	◓
CIGNA-Southern NJ HMO	◓	◓	Not Available[a]	◓	◓	◓
First Option HMO	●	●	○	○	◓	●
HIP HMO	○	○	◓	◓	◓	◓
HMO Blue	Not Available[a]	Not Available[a]	●	●	◓	◓
NYLCare HMO	Not Reported[b]	Not Reported[b]	Not Reported[b]	Not Reported[b]	Not Reported[b]	Not Reported[b]
Oxford HMO	○	○	●	◓	●	◓
PHS-NJ HMO	Not Available[a]	Not Available[a]	Not Available[a]	Not Available[a]	Not Available[a]	○
Prudential HMO	◓	◓	●	●	◓	●
United HMO	●	◓	○	○	○	○
POS						
Aetna USHC POS	◓	◓	●	●	●	●
AmeriHealth POS	Not Available[a]	Not Available[a]	Not Available[a]	Not Available[a]	Not Available[a]	Not Available[a]
CIGNA-Northern NJ POS	◓	◓	◓	◓	○	◓
First Option POS	●	●	○	○	◓	●
NYLCare POS	Not Reported[b]	Not Reported[b]	Not Reported[b]	Not Reported[b]	Not Reported[b]	Not Reported[b]
Oxford POS	○	○	●	◓	●	◓
PHS-NJ POS	Not Available[a]	Not Available[a]	Not Available[a]	○	Not Available[a]	○
United POS	○	○	○	○	○	◓

* Statistical tests are not appropriate for this measure. The circles reflect differences that are at least 5 percentage points above or below the overall average.

a Health plan did not collect the information or could not report due to small enrollment (Not Available).

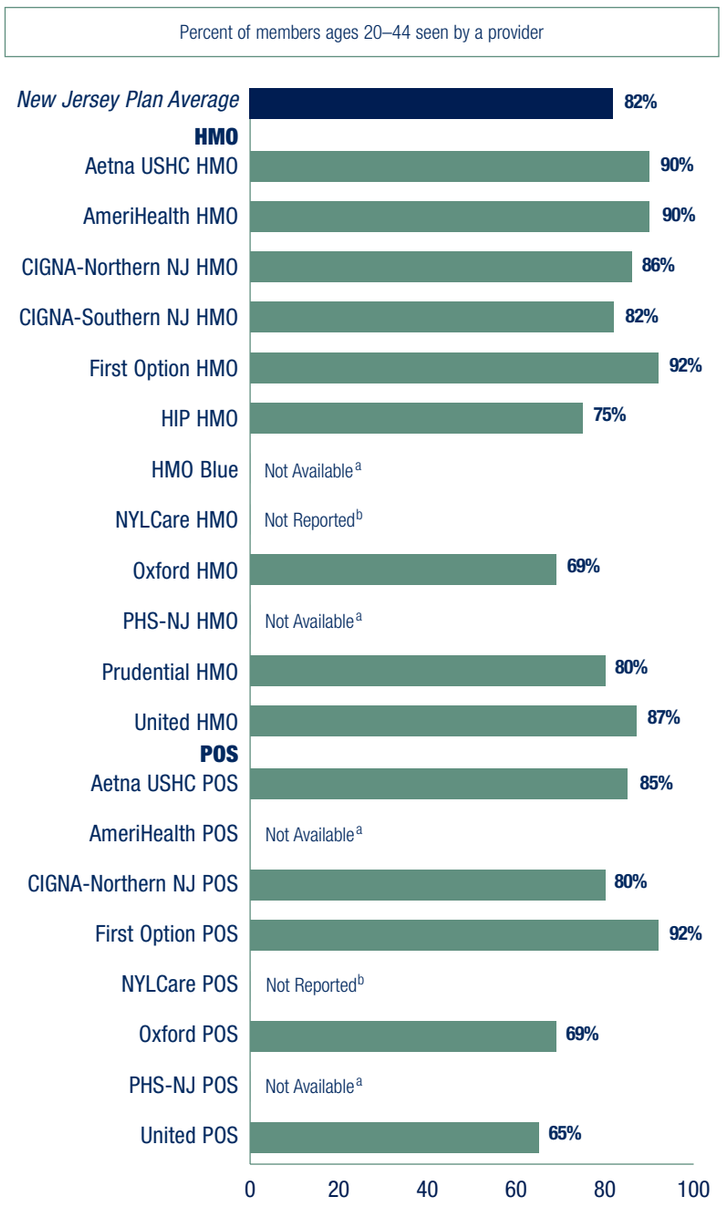
b Health plan did not meet audit requirements (Not Reported).

Staying Healthy

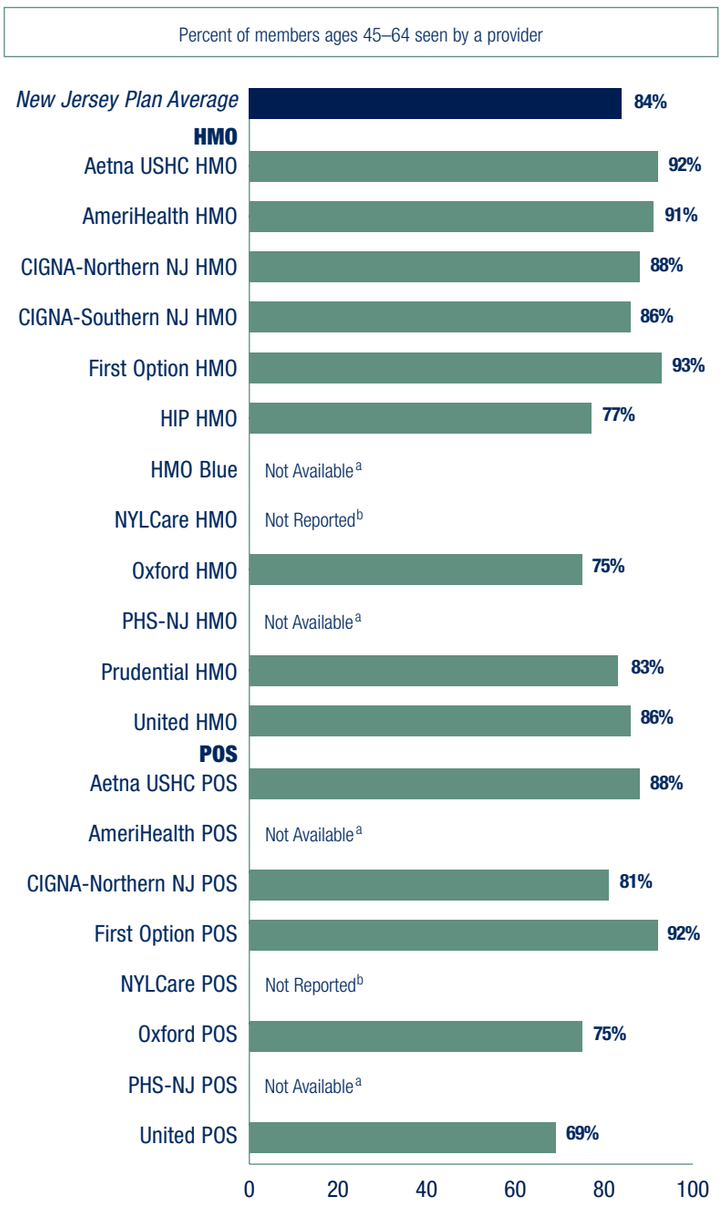
Percent of adult members seen by a provider

Even healthy members need to see a provider at least once in a three-year period to make sure that health problems are prevented or treated as early as possible. These graphs show the percentage of health plan members in two age groups who had an office visit in the past three years.

Source: health plan records



Source: health plan records



[a] Health plan did not collect the information or could not report due to small enrollment (Not Available).

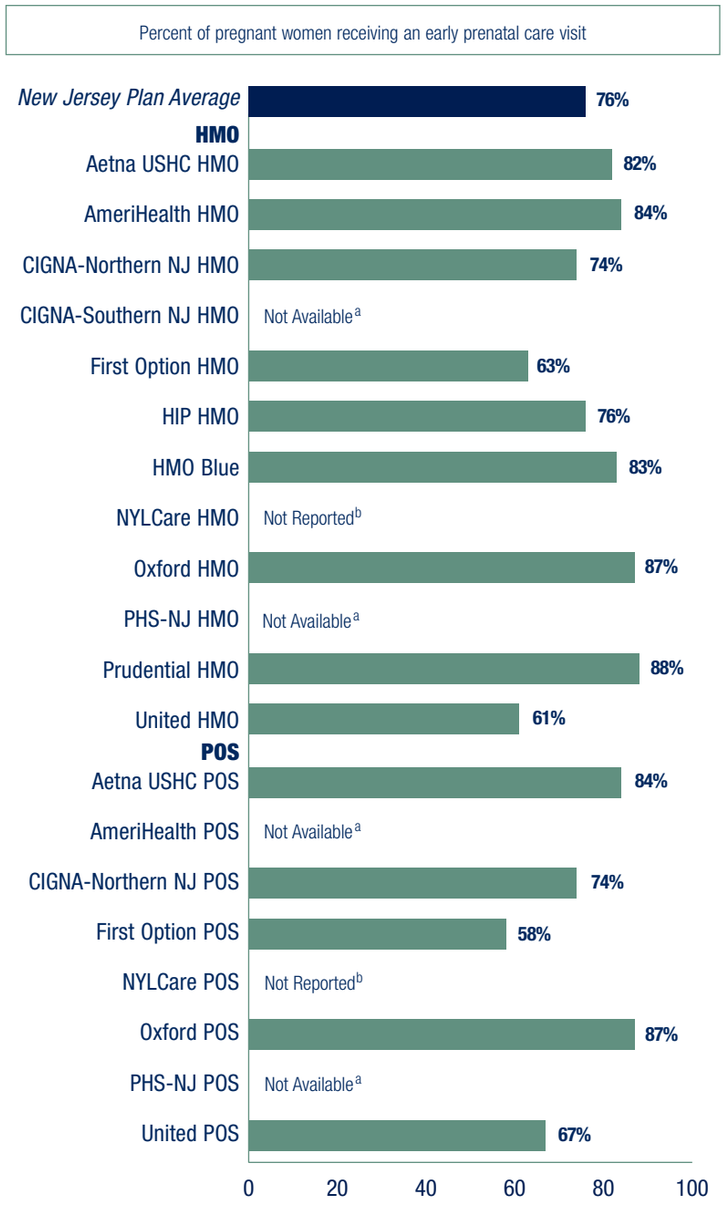
[b] Health plan did not meet audit requirements (Not Reported).

Staying Healthy

Prenatal care

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

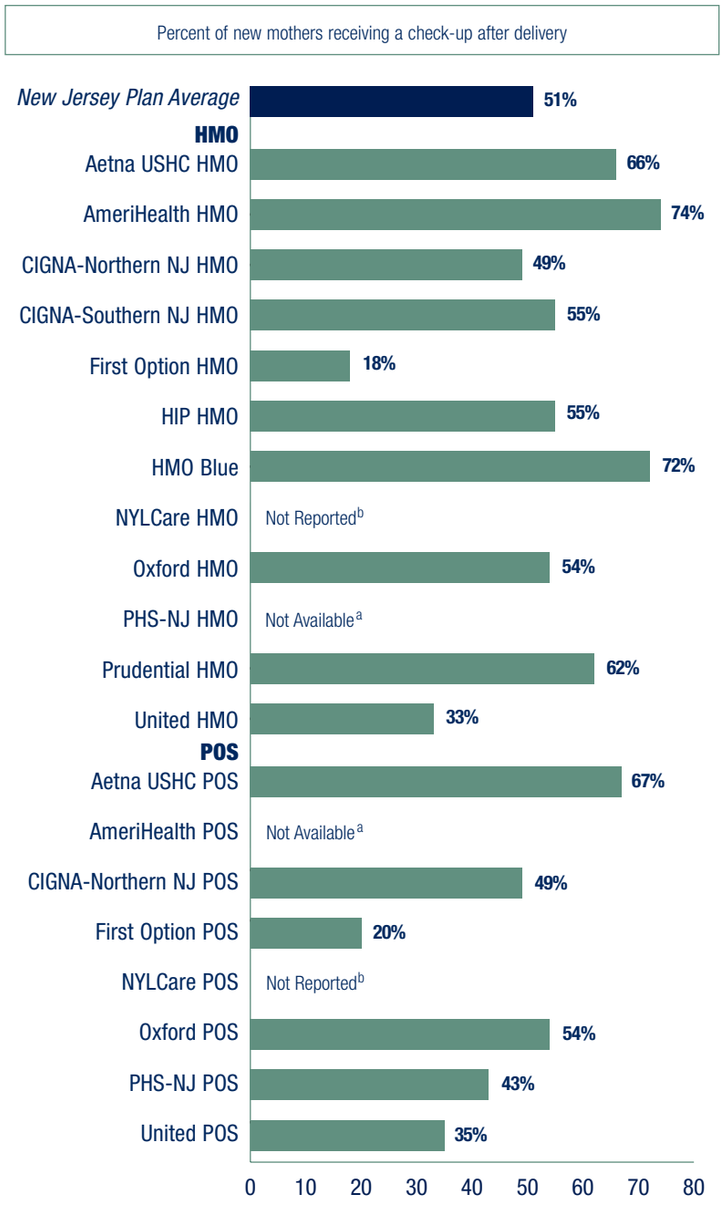
Source: health plan records



Check-ups for new mothers

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

Source: health plan records



[a] Health plan did not collect the information or could not report due to small enrollment (Not Available).

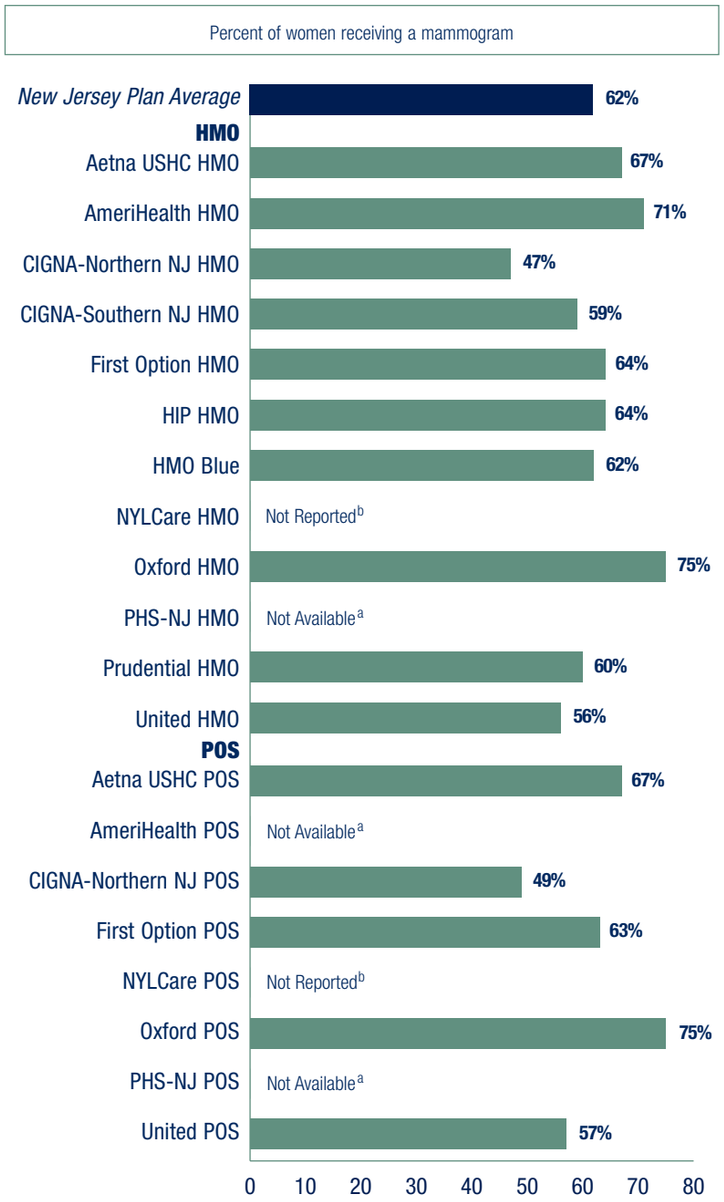
[b] Health plan did not meet audit requirements (Not Reported).

Staying Healthy

Testing for breast cancer

Women are less likely to die from breast cancer if the cancer is discovered early through a mammogram. This graph shows the percentage of women ages 52–69 in the health plan who had a mammogram within the past two years.

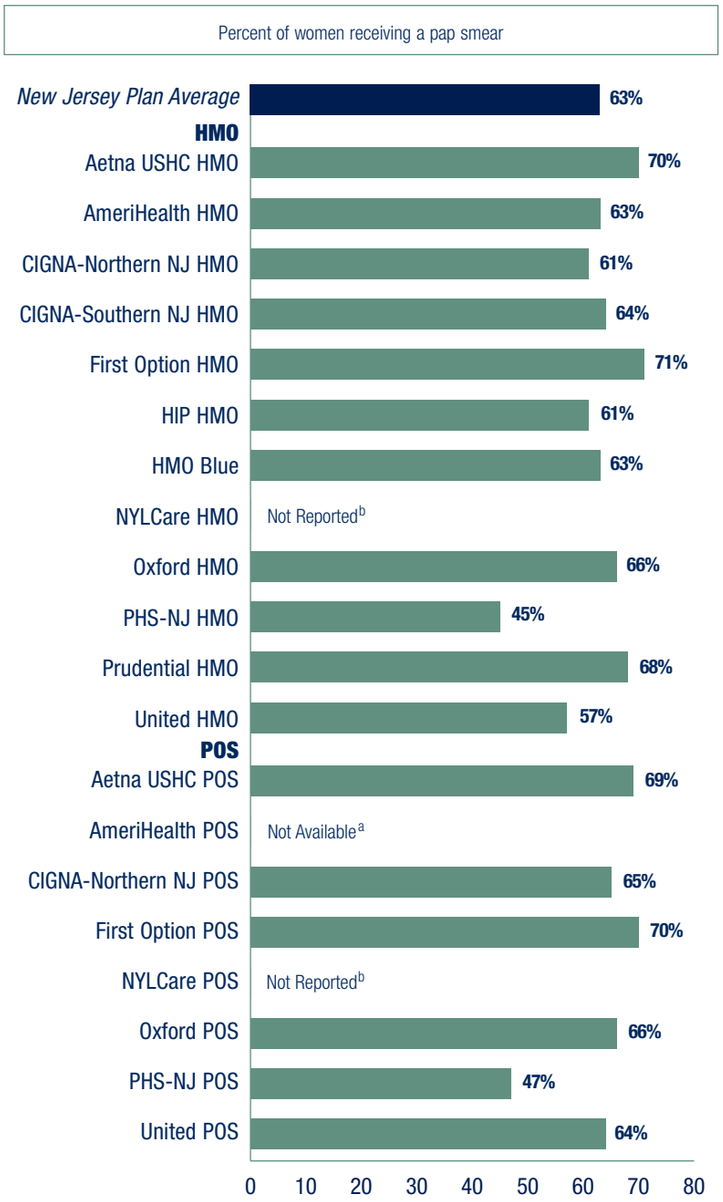
Source: health plan records



Testing for cervical cancer

Deaths from cervical cancer are significantly reduced by early detection through a pap smear. This graph shows the percentage of adult women in the health plan who received a pap smear within the past three years.

Source: health plan records



[a] Health plan did not collect the information or could not report due to small enrollment (Not Available).

[b] Health plan did not meet audit requirements (Not Reported).

Getting Better / Living with Illness

How well does the health plan care for people when they become sick?

The circles show how each of the plans compares to the average for the New Jersey plans shown. Bar graphs on pages 14 and 15 show scores for each plan on selected topics.

Higher than average scores mean better performance.

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- ○ **Lower.** Score for plan is *below the average* score for New Jersey plans.

	Sick patients' overall rating of the health plan *	Sick patients' overall rating of the quality of care *	Sick patients' ease of finding a personal doctor *	Getting the care sick patients need *	Eye exams for people with diabetes	Care after hospitalization for mental illness
			See graph on page 14	*See graph on page 14*	*See graph on page 15*	*See graph on page 15*
HMO						
Aetna USHC HMO	●	◓	●	◓	●	◓
AmeriHealth HMO	◓	●	●	◓	●	◓
CIGNA-Northern NJ HMO	◓	◓	◓	◓	○	◓
CIGNA-Southern NJ HMO	◓	●	◓	◓	○	Not Available[a]
First Option HMO	●	◓	◓	◓	○	●
HIP HMO	◓	○	○	○	●	◓
HMO Blue	◓	◓	◓	◓	◓	●
NYLCare HMO	◓	◓	◓	◓	Not Reported[b]	Not Reported[b]
Oxford HMO	◓	◓	◓	◓	●	Not Available[a]
PHS-NJ HMO	◓	◓	◓	◓	Not Available[a]	Not Available[a]
Prudential HMO	◓	◓	◓	◓	○	●
United HMO	◓	◓	◓	◓	○	Not Reported[b]
POS						
Aetna USHC POS	◓	◓	◓	◓	●	◓
AmeriHealth POS	◓	◓	◓	◓	Not Available[a]	Not Available[a]
CIGNA-Northern NJ POS	○	◓	◓	◓	○	◓
First Option POS	○	◓	●	◓	○	○
NYLCare POS	○	◓	○	◓	Not Reported[b]	Not Reported[b]
Oxford POS	◓	◓	◓	◓	●	Not Available[a]
PHS-NJ POS	○	◓	◓	◓	◓	Not Available[a]
United POS	◓	◓	○	◓	○	Not Reported[b]

* The information was collected from members who frequently used their health plan. Some measures are based on small but still acceptable sample sizes.

[a] Health plan did not collect the information or could not report due to small enrollment (Not Available).

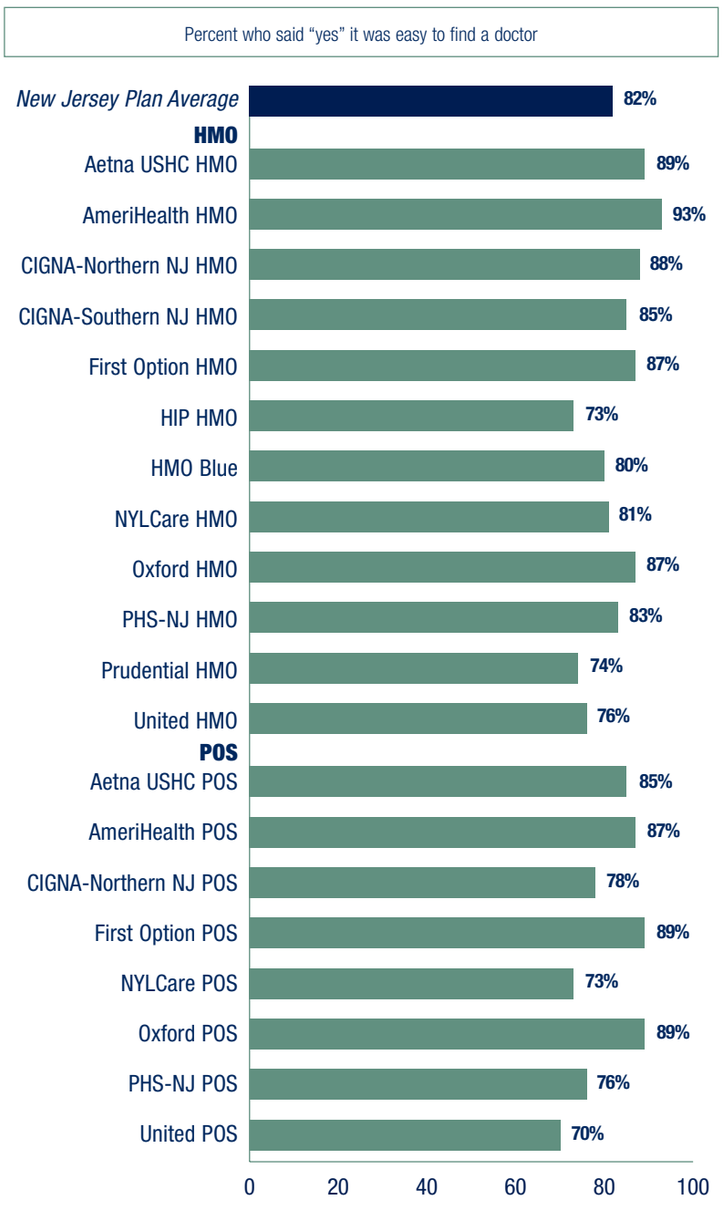
[b] Health plan did not meet audit requirements (Not Reported).

Getting Better / Living with Illness

Sick patients' ease of finding a doctor

Health plan members who used services frequently were asked 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?"

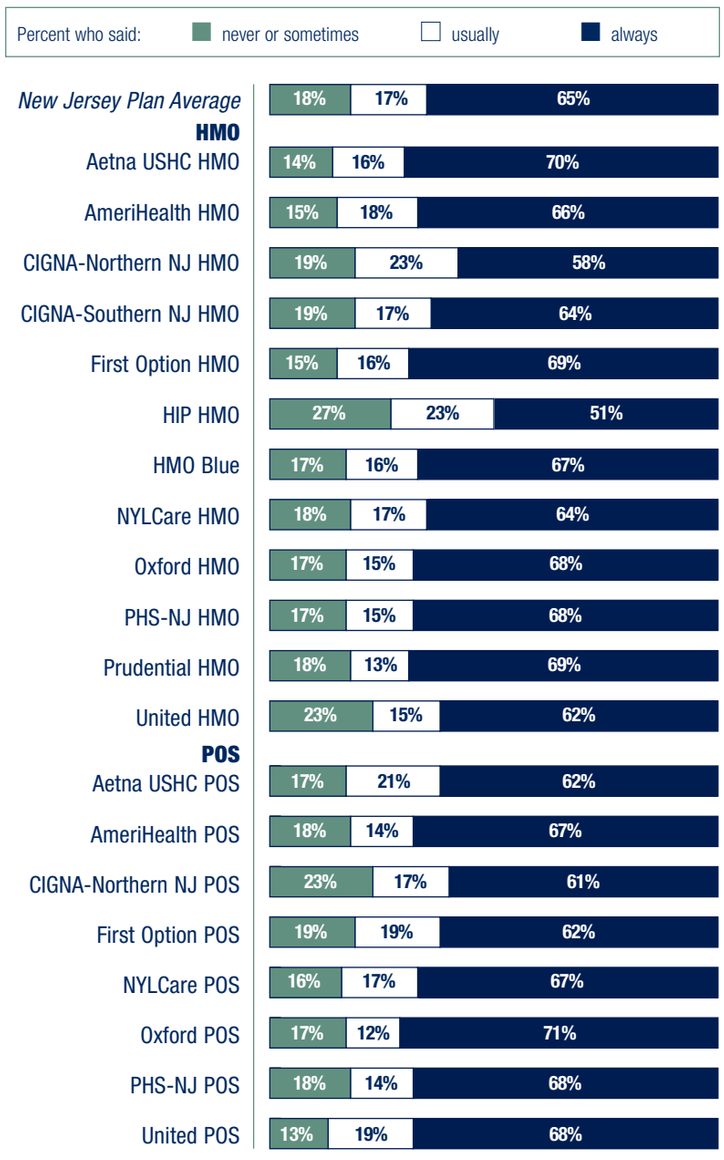
Source: consumer survey



Getting the care sick patients need

Health plan members who used services frequently were asked 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.

Source: consumer survey

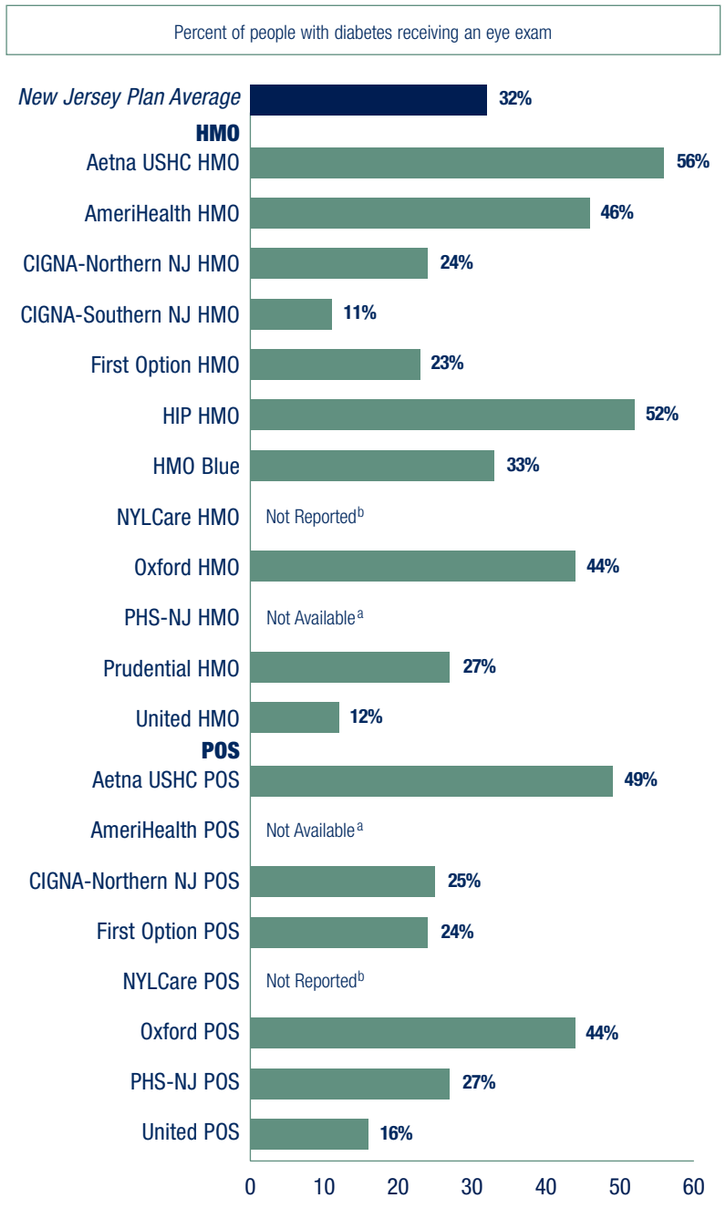


Getting Better / Living with Illness

Eye exams for adults with diabetes

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

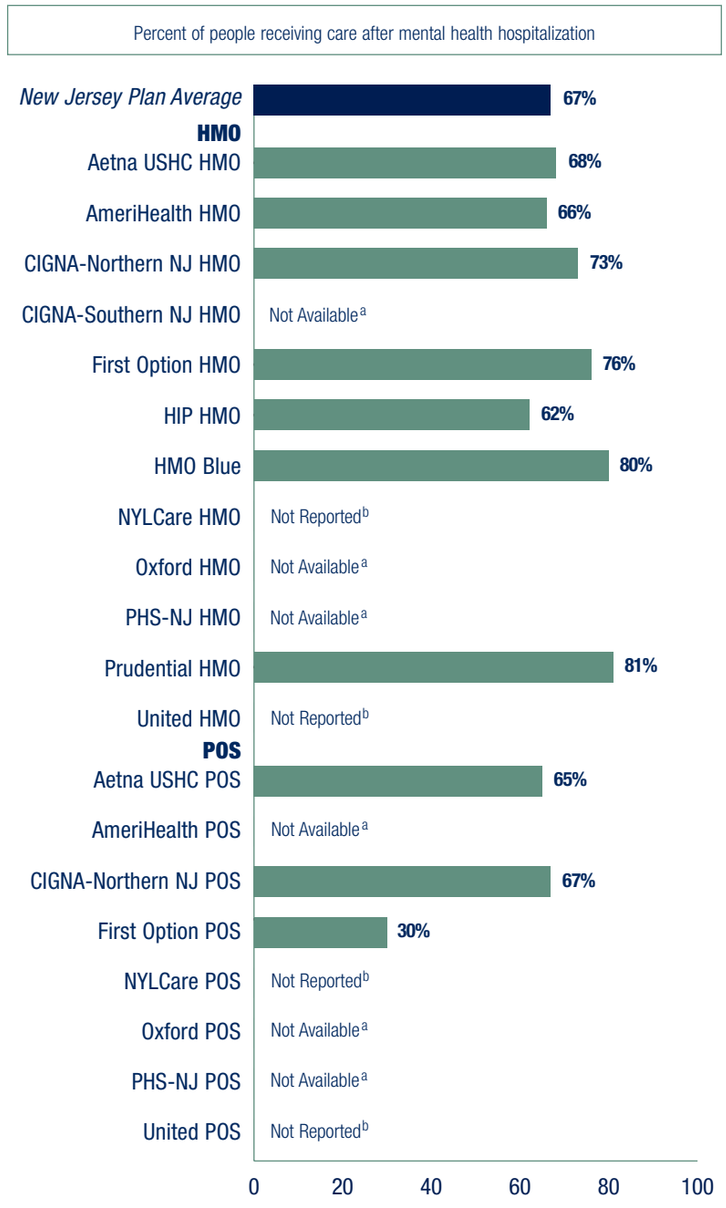
Source: health plan records



Care after being hospitalized for mental illness

Follow-up therapy is important after a hospital stay for mental illness to detect problems with medication or with the transition to home or work. This graph shows the percentage of health plan members hospitalized for a mental disorder who were seen by a mental health provider within 30 days after discharge.

Source: health plan records



[a] Health plan did not collect the information or could not report due to small enrollment (Not Available).

[b] Health plan did not meet audit requirements (Not Reported).

Care for Kids

How well does the health plan care for children?

The circles show how each of the plans compares to the average for the New Jersey plans shown. Bar graphs on pages 17 and 18 show scores for each plan on selected topics.

Higher than average scores mean better performance.

- ● **Higher.** Score for plan is *above the average* score for New Jersey plans.
- ◓ **Average.** Score for plan is neither higher nor lower than the average score for New Jersey plans.
- ○ **Lower.** Score for plan is *below the average* score for New Jersey plans.

	Overall rating of the quality of care for children	Overall rating of personal doctors for children	Ease of finding a personal doctor for children	Doctors who communicate well	Immunizations for children	Immunizations for adolescents
			See graph on page 17	*See graph on page 17*	*See graph on page 18*	*See graph on page 18*
HMO						
Aetna USHC HMO	◓	◓	●	●	◓	●
AmeriHealth HMO	◓	●	●	◓	●	●
CIGNA-Northern NJ HMO	◓	○	◓	○	◓	○
CIGNA-Southern NJ HMO	Not Available[a]	Not Available[a]	Not Available[a]	Not Available[a]	◓	○
First Option HMO	●	◓	●	◓	○	●
HIP HMO	○	○	◓	○	●	●
HMO Blue	○	◓	◓	◓	○	◓
NYLCare HMO	◓	◓	◓	◓	Not Reported[b]	Not Reported[b]
Oxford HMO	◓	◓	●	◓	●	●
PHS-NJ HMO	Not Available[a]	Not Available[a]	Not Available[a]	Not Available[a]	Not Available[a]	Not Available[a]
Prudential HMO	◓	○	◓	◓	◓	◓
United HMO	Not Available[a]	Not Available[a]	Not Available[a]	Not Available[a]	◓	○
POS						
Aetna USHC POS	◓	◓	◓	◓	◓	●
AmeriHealth POS	●	◓	●	●	Not Available[a]	Not Available[a]
CIGNA-Northern NJ POS	◓	◓	◓	◓	●	○
First Option POS	●	◓	◓	●	○	●
NYLCare POS	◓	◓	○	◓	Not Reported[b]	Not Reported[b]
Oxford POS	●	●	◓	●	●	●
PHS-NJ POS	◓	◓	○	◓	○	Not Available[a]
United POS	◓	◓	◓	◓	○	○

[a] Health plan did not collect the information or could not report due to small enrollment (Not Available).

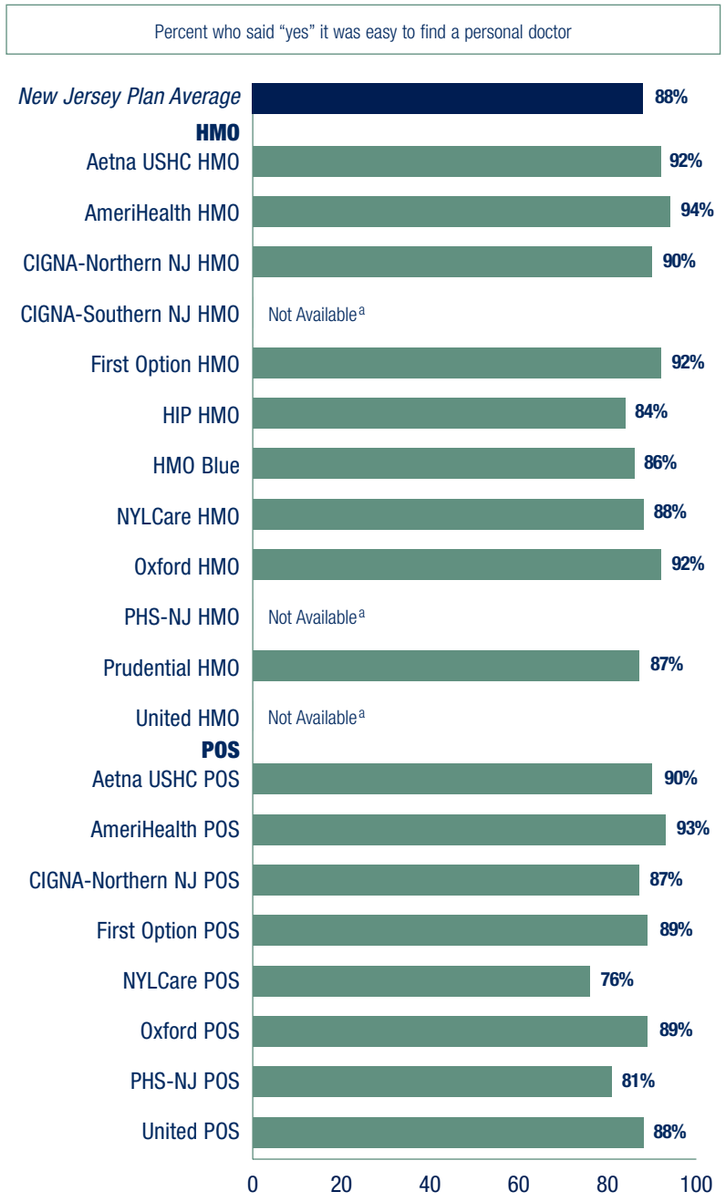
[b] Health plan did not meet audit requirements (Not Reported).

Care for Kids

Ease of finding a personal doctor for children

Health plan members were asked the following survey question: "With the choices your health insurance plan gives you, was it easy to find a personal doctor or nurse for your child that you are happy with?"

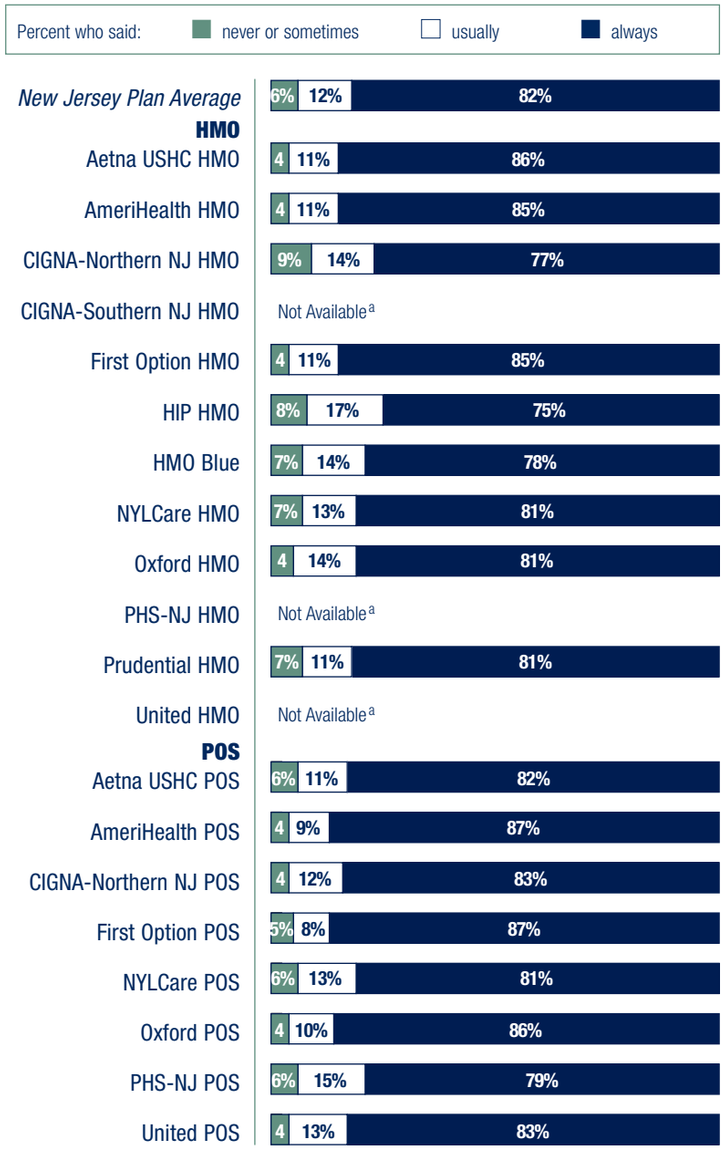
Source: consumer survey



Doctors who communicate well

Health plan members were asked how often their child's doctor or other health care professional listened carefully, explained things, showed respect and spent enough time with them.

Source: consumer survey



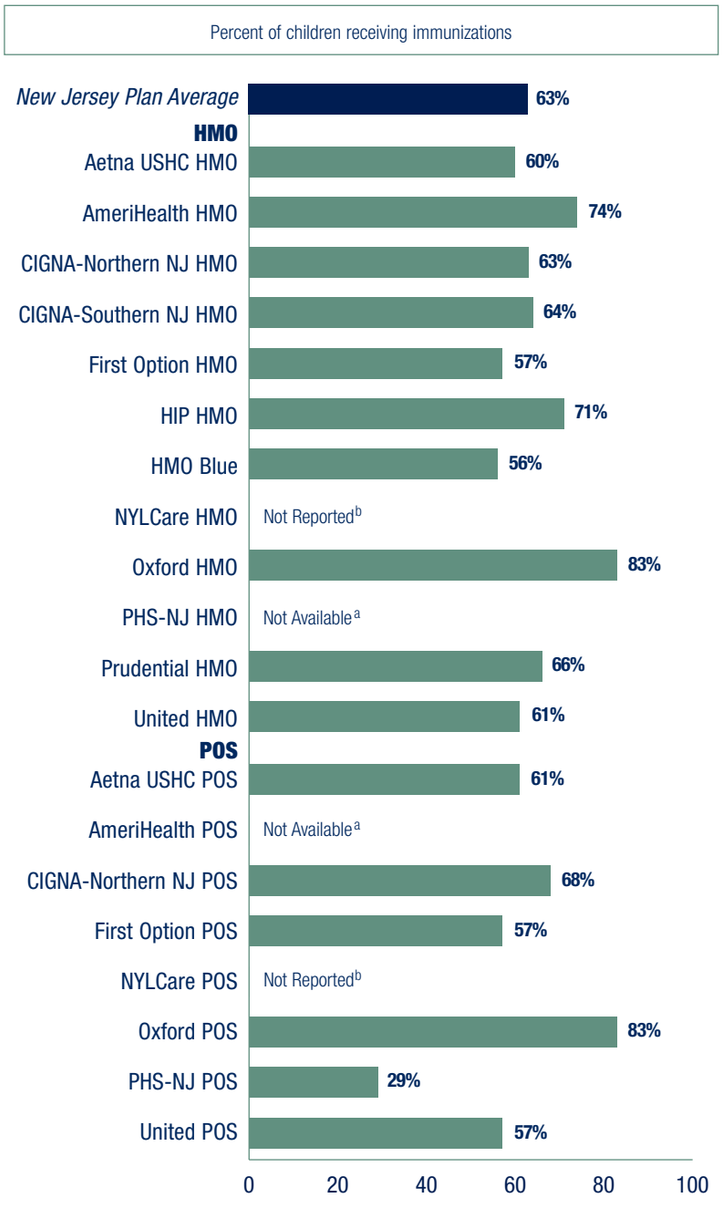
[a] Health plan did not collect the information or could not report due to small enrollment (Not Available).

Care for Kids

Immunizations for children

Immunizations prevent childhood diseases such as polio, measles, mumps, rubella, influenza type b, hepatitis b, diphtheria, tetanus and pertussis. This graph shows the percentage of children in the health plan who received recommended doses of vaccines by age 2.

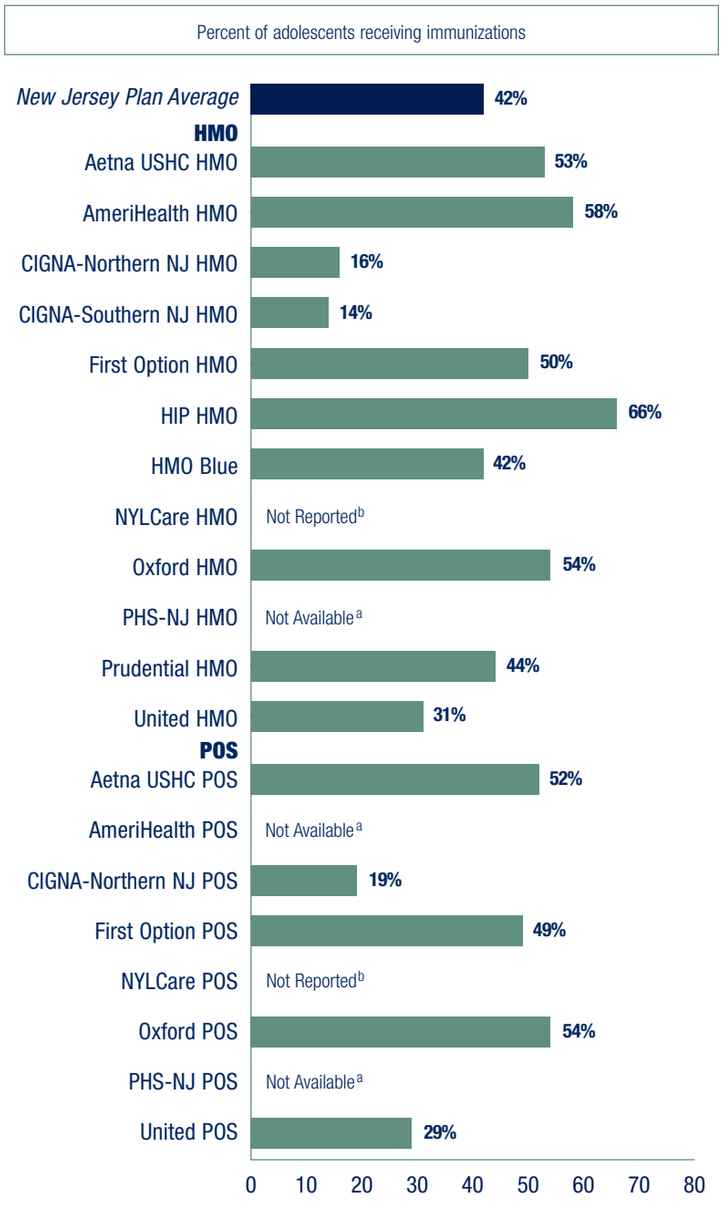
Source: health plan records



Immunizations for adolescents

Immunizations begin at birth and should be continued through adolescence. This graph shows the percentage of adolescents in the health plan who received a second dose of the vaccine for measles, mumps and rubella by age 13.

Source: health plan records



[a] Health plan did not collect the information or could not report due to small enrollment (Not Available).

[b] Health plan did not meet audit requirements (Not Reported).

Choosing the Right Health Plan

Choosing the best health plan for you and your family can be a difficult decision. Before you select a health plan, you may want to think about the following questions:

Availability

- Which health plans does your employer offer?
- Which health plans offer conveniently located facilities and doctors?

Benefits

- Which health plans offer the benefits you want?
- How do you obtain services when you are away from home?

Cost

- What are the premiums and co-payments for the plans?

Doctors/Hospitals

- Which health plans include your preferred doctors and hospital?

Quality

- Which health plans in this booklet scored well in the areas of quality that are most important to you?

Use the worksheet below to answer these questions by considering information in this booklet and other materials from your employer and the health plans.

Health Plan List the plans of interest to you.	**Availability** Review plan directories.	**Benefits** Review plan benefit information.	**Cost** Review plan cost information.	**Doctors/Hospitals** Review plan provider directories.	**Quality** Review information from each section of this booklet.				
					Access & Service See pages 4–6	Qualified Providers See pages 7–8	Staying Healthy See pages 9–12	Getting Better/ Living with Illness See pages 13–15	Care for Kids See pages 16–18

Knowing Your Responsibilities

Knowing how your health plan operates can help to increase your satisfaction. To get the most from your health plan you should:

- Read the member handbook or consult your employer to understand what services the plan will pay for ("covered services") and what it doesn't pay for ("exclusions").
- Ask questions if you don't understand information the plan or provider sends to you.
- Know how to choose or change your primary care physician.
- Know what you need to do to get a referral to see a specialist if your plan requires it.
- Know what your plan requires you to do if you need to use a hospital emergency room.
- Take good care of your health by getting appointments for check-ups or other preventive care.

Appeals and Complaints

To Appeal a Health Plan Decision

Your health plan is required to have an appeal process that provides you the opportunity to resolve disagreements about medical services. **If you are dissatisfied with the result of the health plan's appeal process, you can have your case reviewed by an independent organization selected by the New Jersey Department of Health and Senior Services.**

Here are steps to take if you believe you have been denied medical services covered by your health plan contract:

1. Review the medical services covered by your insurance contract and the explanation of the appeal process in the member handbook provided by the plan. Your health plan should inform you of your options at each stage of the process.
2. To begin the process of appeal, you should inform the health plan, either verbally or in writing, of your dissatisfaction with the health plan's decision to deny or limit services you believe are covered. You can communicate your appeal on your own or have a doctor do it for you with your permission. This is an opportunity for you or your doctor to discuss the issue with a physician from the health plan.
3. If you are not satisfied with the results of the initial communications with the health plan, you can request the health plan to have your appeal reviewed by a panel of doctors and other health care professionals not involved in your case. The panel members may either be part of the health plan's network or outside consultants in the relevant medical specialty. If the panel decides in favor of the health plan, you must receive written notification of the reasons why your appeal was denied. In addition, the health plan must give you instructions and forms so that you can take the process to the next stage and file your appeal with the Department of Health and Senior Services, if you choose.
4. You can file your appeal with the Department of Health and Senior Services within 60 days of receiving the health plan's denial. There is a fee of $25, which is reduced to $2 for those eligible for government assistance programs. An independent utilization review organization (IURO) will review your appeal. If the IURO determines you did not receive necessary medical services covered by the plan, it will recommend that the health plan provide the appropriate medical services. The health plan must then notify you or your doctor whether it accepts the IURO's recommendation. If it does not, it must explain the reasons for its rejection.

To File a Complaint

You also have the right to complain to the health plan about any aspect of its operations. New Jersey regulations require health plans to have a system to resolve complaints about such things as quality of medical care, choice of doctors and other health care providers, difficulties with health plan services, or disputes about plan business and marketing practices. The health plan is required to respond to your complaint within 30 days. The member handbook provided by the health plan contains a description of the complaint process and the telephone number and address of health plan staff responsible for resolving complaints.

If you are dissatisfied with the resolution reached through the health plan's complaint process, the State of New Jersey can assist you.

For complaints about quality of care, choice of providers or getting access to providers in a plan's network, contact:

NJ Department of Health and Senior Services
Office of Managed Care
P.O. Box 360, Trenton, NJ 08625-0360
phone (888) 393-1062

For complaints about a health plan's business practices contact:

NJ Department of Banking and Insurance
Division of Enforcement and Consumer Protection
P.O. Box 329, Trenton, NJ 08625-0329
phone (800) 446-7467.

Note: The process for appealing a health plan decision or filing a complaint is different if you are a member of a plan that is classified as "self-funded." Check with your employer or health plan to find out which process applies to you.

To learn more about the programs and services provided by the NJ Department of Health and Senior Services, visit our website: www.state.nj.us/health.

Take Care of Kids

If you know of a child who is not covered by health insurance, please call (800) 701-0710 for information on New Jersey KidCare. Call today to learn about the state's new affordable children's health insurance program.

Checking on Quality

The State of New Jersey, through the Department of Health and Senior Services, monitors the quality of care and services provided by HMOs and POS plans. The Department investigates consumers' complaints with the plans and conducts in-depth reviews of each plan. Plans are also required to obtain a quality audit by an independent review organization every three years. This requirement may be met through a quality review by one of the three accreditation organizations listed here or the New Jersey Peer Review Organization.

What is accreditation?

This booklet provides results on how health plans performed in certain areas that demonstrate quality. Accreditation is another way of evaluating quality. Accreditation assures consumers that an independent organization has checked whether the health plan has effective systems in place for ensuring high quality care. You can refer to the websites listed under the following accreditation organizations for more information.

American Accreditation HealthCare Commission/URAC is an independent, not-for-profit organization that originally focused on the accreditation of utilization review programs, but has since expanded its accreditation activities to include other aspects of managed care. AAHCC's web site is: www.urac.org.

Joint Commission on Accreditation of Healthcare Organizations (JCAHO) is an independent, not-for-profit organization that evaluates and accredits various types of health care networks including health plans, hospitals, home health care organizations and others. JCAHO's website is: www.jcaho.org.

National Committee for Quality Assurance (NCQA) is an independent, not-for-profit organization that assesses and reports on the quality of care provided by managed care organizations nationally. NCQA's web site is: www.ncqa.org.

Getting More Information

This booklet refers to the managed health care plans in New Jersey with a large commercial enrollment. They are listed below along with other health plans approved to provide services in New Jersey. All the plans provide coverage for people with private insurance, such as that obtained through an employer. Some plans are approved to offer Medicaid or Medicare coverage. Not all plans offer coverage in all counties. Call the health plan at the telephone number shown if you have additional questions.

For more information on Medicare programs available in New Jersey, call the Department of Health and Senior Services at (800) 792-8820 or visit Medicare's web site: www.medicare.gov. The New Jersey Department of Human Services can provide additional information on Medicaid programs at (800) 356-1561.

Health Plan	Telephone Number	Health Plan	Telephone Number
Aetna U.S. Healthcare-New Jersey [a,b]	(800) 323-9930	Liberty Health Plan, Inc [a]	(800) 399-0499
AMERICAID Community Care [a]	(800) 600-4441	Managed Healthcare Systems of New Jersey, Inc. [a]	(800) 941-4647
American Preferred Provider Plan [a]	(800) 310-2777	NYLCare Health Plans of New Jersey, Inc. [b]	(800) 496-1700
AmeriHealth HMO, Inc. New Jersey [a,b]	(800) 877-9829	Oxford Health Plans-New Jersey, Inc. [b]	(800) 444-6222
AtlantiCare Health Plan	(800) 272-5995	Physicians Health Services of New Jersey, Inc.	(800) 441-5741
CIGNA HealthCare of New Jersey, Inc. [b]	(800) 345-9458	Principal Health Care of Delaware-New Jersey	(800) 833-7423
CIGNA HealthCare of Northern New Jersey, Inc.-CoMED HMO [b]	(800) 345-9458	Prudential HealthCare-New Jersey [b]	(800) 422-7399
First Option Health Plan of New Jersey [a,b]	(800) 535-3647	QualMed Plans for Health, Inc. [b]	(800) 736-2096
HealthPlans of America, NJ, Inc	(888) 700-4647	United HealthCare of New Jersey, Inc. [b]	(800) 705-1691
HIP Health Plan of New Jersey [a,b]	(800) 240-7524	University Health Plans, Inc. [a]	(800) 564-6847
Horizon Health Care of New Jersey, Inc.-HMO BLUE [a,b]	(800) 355-BLUE		

Types of coverage:

[a] health plan also provides Medicaid coverage

[b] health plan also provides Medicare coverage

New Jersey Consumer Bill of Rights

Members of HMOs and POS plans, or any health plan that manages the use of services through provider networks, have important consumer rights including:

- The right to have a doctor—not an administrator—make the decision to deny or limit coverage
- The right to appeal a decision to deny or limit coverage, first within the managed care plan, then through an independent organization for a $25 filing fee (reduced to $2 for hardship) *See page 20 for details.*
- The right to no "gag rules." Doctors are allowed to discuss all treatment options even if they are not covered services.
- The right to receive up to 120 days of continued coverage—if medically necessary—from a doctor who has been terminated by a managed care plan
- The right to know how your managed care plan pays its doctors so you know if financial incentives or disincentives are tied to medical decisions
- 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 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 managed care plan
- The right to have a plan pay for a medical screening exam in the emergency room to determine whether an emergency medical condition exists
- The right to no retaliation against you or your doctor for filing appeals

This report is available at www.state.nj.us/health