

2015

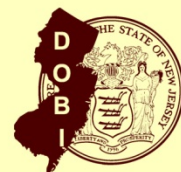
New Jersey

HMO & PPO Performance Report

Compare Your Choices



Chris Christie, Governor
Kim Guadagno, Lt. Governor



New Jersey
Department
of
Banking and
Insurance

Richard J. Badolato, Acting Commissioner



March 2016

Dear Consumers:

We are pleased to present a combined Health Maintenance Organization (HMO) and Preferred Provider Organization (PPO) Performance Report for 2015. The report contains information on the performance of New Jersey's HMOs and PPOs and how well these health plans deliver important health care services.

The report is designed to provide information to consumers and employers on the quality of New Jersey's HMO and PPO health plans and the available coverage. We believe that you will find this information useful when choosing health coverage for your family or business.

New Jersey is a leader in providing comprehensive, strong consumer and patient protections. We urge you to become familiar with these protections, which are explained in this report.

By providing you with this report, we strive to empower you to make the best health care choices for you, your family or your employees.

Richard J. Badolato
Acting Commissioner
Department of Banking and Insurance

This report was developed by the New Jersey Department of Health. It issued the first HMO performance report in 1997 with the cooperation of an advisory group representing HMOs, health care purchasers, providers and consumers. The New Jersey Department of Banking and Insurance (DOBI) assumed responsibility for providing the HMO Performance Report from the New Jersey Department of Health in August 2005. Regulatory matters concerning managed health care in the state are now at DOBI.

In 2014, DOBI expanded this report on health plan performance by including data for PPOs. DOBI has compiled a single performance report to show side-by-side results of HMOs and PPOs, making the publication more meaningful to employers, employees, and individual purchasers of health insurance.

This report includes information on all commercial managed care products currently marketed in New Jersey by HMOs or PPOs that had at least 2,000 members enrolled in these products in both 2013 and 2014. For HMOs, the information combines plan performance for the HMO and Point of Service (POS)* products for those HMOs who have both products. For PPOs, the information combines plan performance for all PPO and Exclusive Provider Organization (EPO) for those PPOs that have both products.

This report contains information on the following HMO and PPO carriers:

- ▶ **Aetna-HMO/POS & PPO/EPO** (Aetna Health Inc.- a New Jersey corporation; Aetna Life Insurance Company)
- ▶ **AmeriHealth-HMO/POS & PPO/EPO** (AmeriHealth HMO, Inc.; AmeriHealth Insurance Company of New Jersey)
- ▶ **Cigna-HMO/POS & PPO** (Cigna HealthCare of New Jersey, Inc.; Cigna Health and Life Insurance)
- ▶ **Horizon-HMO & PPO/EPO** (Horizon Healthcare Services, Inc.; Horizon BCBS of New Jersey Inc.)
- ▶ **United/Oxford-HMO/POS & PPO/EPO** (Oxford Health Plans of New Jersey; Oxford Health Insurance Company, Inc., UnitedHealthcare Insurance Company)

This report does not include performance for New Jersey Department of Human Services program (NJ FamilyCare). *See page 36 for ways you can obtain information on these programs.*

This report uses a measurement system called HEDIS[®], which was developed by the National Committee for Quality Assurance (NCQA). It includes measures collected and reported by the HMOs and PPOs. All measures are verified by independent auditors.

Reports through 2008 included ratings of member satisfaction with HMO services. You can find summary measures of customer satisfaction by visiting the NCQA's website (see page 33 for more details).

This report is also available on the Department's web site:

<http://www.state.nj.us/dobi/lifehealthactuarial/hmo2015>

HEDIS[®] is a registered trademark of the National Committee for Quality Assurance.

* A Point of Service (POS) plan has some of the qualities of HMO and PPO plans with benefit levels varying depending on whether care is received in or out of the carrier's network of providers.

New Jersey HMO & PPO Performance Report

Index

Commissioner’s Letter.....	1
Introduction	2
Contents	3
Quality Matters	4
Staying Healthy	5
▶ Breast Cancer Screening	6
▶ Cervical Cancer Screening	7
▶ Colorectal Cancer Screening	8
▶ Childhood Immunizations	9
▶ Adolescent Immunizations	10
Respiratory Condition	11
▶ Testing Children with Pharyngitis for Strep	12
▶ Treatment for Children with Upper Respiratory Infection (URI)	13
▶ Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	14
▶ Use of Spirometry Testing in the Assessment & Diagnosis of COPD	15
Getting Better/Living with Illness -1.....	16
▶ Management of Medicine for Depression	17
▶ Care after Hospitalization for Mental Illness	18
▶ Care after Prescribed ADHD Medication for Children	19
▶ Appropriate Medications for Children with Asthma	20
Getting Better/Living with Illness - 2	21
▶ Controlling High Blood Pressure	22
▶ Blood Sugar Testing for People with Diabetes	23
▶ Blood Sugar Control for People with Diabetes	24
▶ Eye Exams for People with Diabetes	25
Getting Better/Living with Illness - 3	26
▶ Persistence of Beta Blocker Treatment after a Heart Attack	27
▶ Check-ups for New Mothers	28
▶ Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis	29
▶ Use of Imaging Studies for Low Back Pain	30
Frequencies for Selected Procedures HMO.....	31
Frequencies for Selected Procedures PPO.....	32
Choosing Your HMO & PPO.....	33
Contacting Your HMO & PPO.....	34
Appeals and Complaints	35
Other Important Resources	36

Quality Matters

Why is the quality of health care important?

Not all HMOs and PPOs are the same. HMOs and PPOs differ in how well they keep members healthy and care for them when they become sick. That's why learning about health care quality is important.

- ▶ **If you are a consumer**, the quality of care provided by your HMO or PPO may influence your health and your family's health.
- ▶ **If you are an employer**, the quality of care provided by your HMO or PPO may influence absenteeism, employee productivity and your company's health care cost.

This report provides information about how well HMO & PPOs:

- ▶ Provided preventive care, such as immunizations and mammograms, to help members stay healthy, and
- ▶ Cared for members who are ill, such as managing the cholesterol level of people with heart conditions.

You can use this report, along with cost and benefit information available from your employer or the HMO or PPO, to choose the right plan for your health care needs.

When choosing an HMO or PPO, you should consider:

- ▶ Whether your doctor or health care provider is available in the HMO's or PPOs network,
- ▶ Whether the HMO or PPO offers the benefits you want,
- ▶ How much the HMO or PPO will cost you (look at both monthly premiums and out-of-pocket expenses such as co-payments, coinsurances and deductibles), and
- ▶ How well the HMO or PPO performs in the key areas most important to you.

Staying Healthy

Does the HMO or PPO help members stay healthy and avoid illness?

HMOs and PPOs should work with doctors to provide important preventive services that help members stay healthy. HMOs and PPOs reported on the percentage of their relevant membership who received the following services:

- Breast cancer screening
- Cervical cancer screening
- Colorectal cancer screening
- Immunizations for children
- Immunizations for adolescents

The following table shows how well each HMO and PPO performed. The bar graphs on the next pages show the HMO and PPO compared to the New Jersey average.

HMO & PPO	Breast cancer screening %	Cervical cancer screening %	Colorectal cancer screening %	Immunizations for children %	Immunizations for adolescent %
HMO					
Aetna - HMO/POS	69	77	64*	77*	75
AmeriHealth - HMO/POS	69	74	54	77	85
CIGNA - HMO/POS	71	84	62	79*	83*
Horizon - HMO	66	76	62*	79	77*
Oxford - HMO/POS	67	79	53*	69	65
PPO					
Aetna – PPO/EPO	68	79	58	75*	69
AmeriHealth – PPO/EPO	71	76	54	79	85
CIGNA - PPO	65	78	57	80*	84*
Horizon - PPO/EPO	62	72	58	75	72*
Oxford - PPO/EPO	70	80	53*	75	61
United - PPO/EPO	67	80	58*	75	70

*2013 data

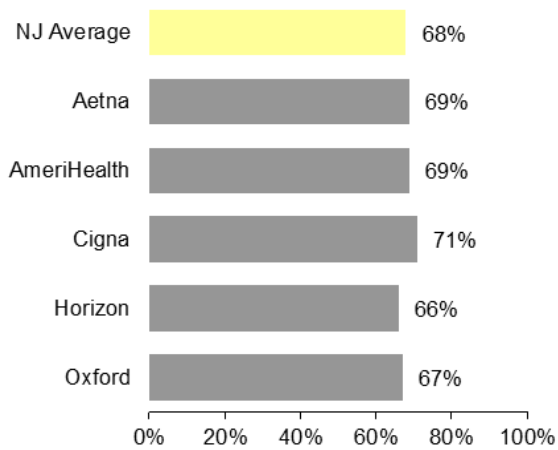
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Breast cancer screening

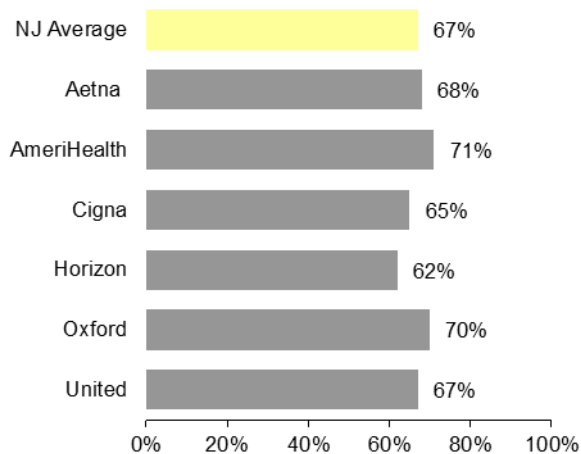
Mammograms are recommended for detection of breast cancer. The bar graphs show the percentage of women aged 42–69 who received a mammogram within the past two years.

A higher percentage rate is better for the Breast Cancer Screening measure. It shows that more women did get a mammogram within the measurement year.

HMO



PPO

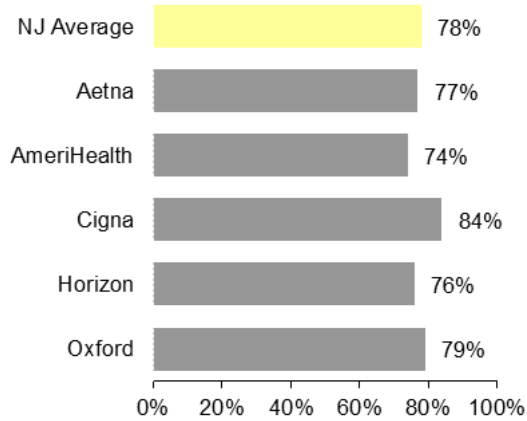


Cervical cancer screening

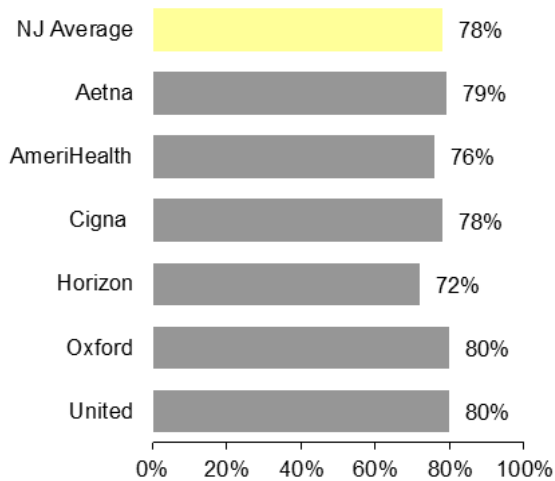
Pap smears are recommended for detection of cervical cancer. The bar graphs show the percentage of women aged 21–64 who received a Pap test within the past three years.

A higher percentage rate is better for the cervical cancer screening measure. It shows that more women did get a Pap test within a given timeframe.

HMO



PPO

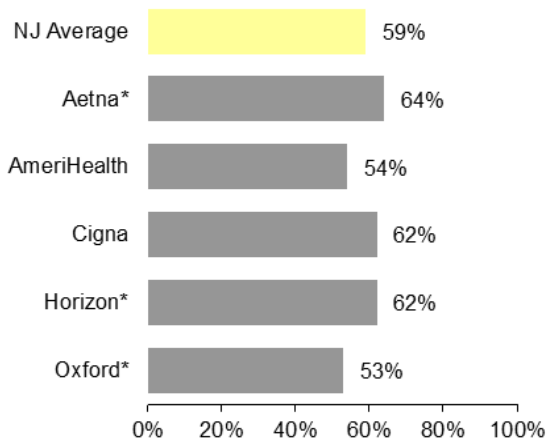


Colorectal cancer screening

Colonoscopy is recommended to look for early signs of colorectal cancer. The bar graphs show the percentage of members 50-75 who had appropriate screening for colorectal cancer.

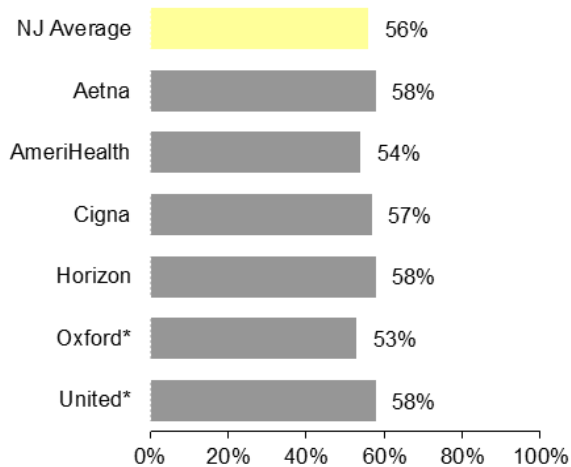
A higher percentage rate is better for the colorectal cancer screening measure. It shows that more adults in the 50-75 age group did get screened for colorectal cancer.

HMO



*2013 data

PPO



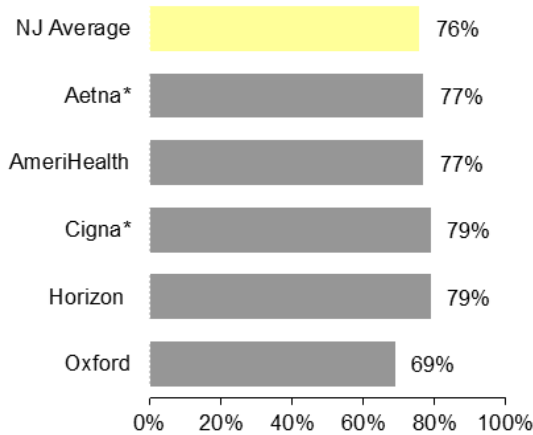
*2013 data

Immunizations for children

Immunizations prevent childhood diseases such as polio, measles, mumps, rubella and whooping cough. The bar graphs show the percentage of children who received recommended immunizations by age two.

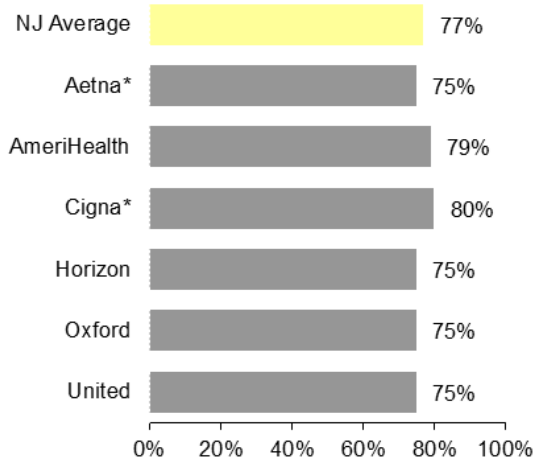
A higher percentage rate is better for the childhood immunization status. A higher percentage shows that more children did get all their required immunizations.

HMO



*2013 data

PPO



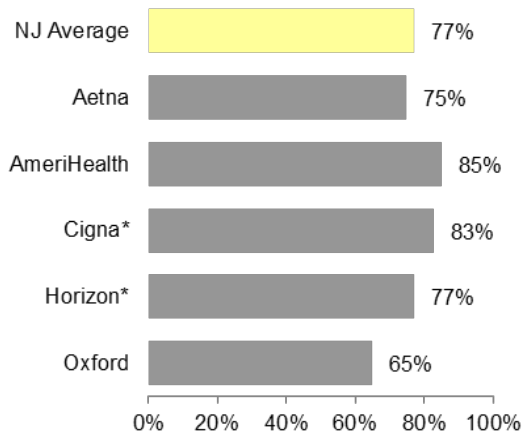
*2013 data

Immunizations for adolescents

Adolescent immunizations prevent adolescent diseases such as meningococcal, tetanus, diphtheria toxoids and acellular pertussis. The bar graphs show the percentage of adolescent children who received recommended immunizations by age 13 in the measurement year 2014.

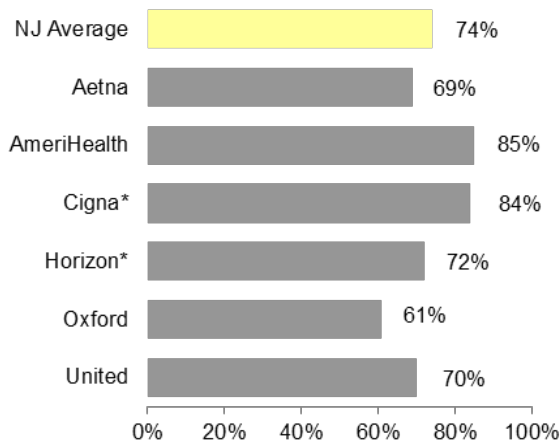
A higher percentage rate is better for the adolescent immunization status. A higher percentage shows that more adolescent children who turned 13 years of age during the measurement year got all their required immunizations.

HMO



*2013 data

PPO



*2013 data

Respiratory Conditions

How well does the HMO or PPO help members with respiratory conditions?

HMOs and PPOs should work with doctors to provide important services that help improve the health of members with respiratory conditions. HMOs and PPOs reported on the percentage of their relevant membership who received the following services.

- Testing children with pharyngitis for strep
- Avoidance of antibiotic treatment for children with upper respiratory infection (URI)
- Avoidance of antibiotic treatment in adults with acute bronchitis
- Use of spirometry testing in the assessment and diagnosis of Chronic Obstructive Pulmonary Disease (COPD)

The following table shows how well each HMO and PPO did. The bar graphs on the next pages show the HMOs and PPOs compared to the New Jersey average.

HMO & PPO	Testing children with Pharyngitis %	Avoidance of antibiotic treatment for children with URI %	Avoidance of antibiotic treatment for adults w/ Acute bronchitis %	Use of spirometry testing in diagnosis of COPD %
HMO				
Aetna - HMO/POS	85	86	19	49
AmeriHealth - HMO/POS	86	90	16	43
CIGNA - HMO/POS	88	95	18	40
Horizon - HMO	89	85	19	51
Oxford - HMO/POS	89	86	26	52
PPO				
Aetna – PPO/EPO	88	88	19	51
AmeriHealth – PPO/EPO	89	89	20	38
CIGNA - PPO	85	89	20	53
Horizon - PPO/EPO	87	86	22	46
Oxford - PPO/EPO	89	89	33	44
United – PPO/EPO	87	87	20	47

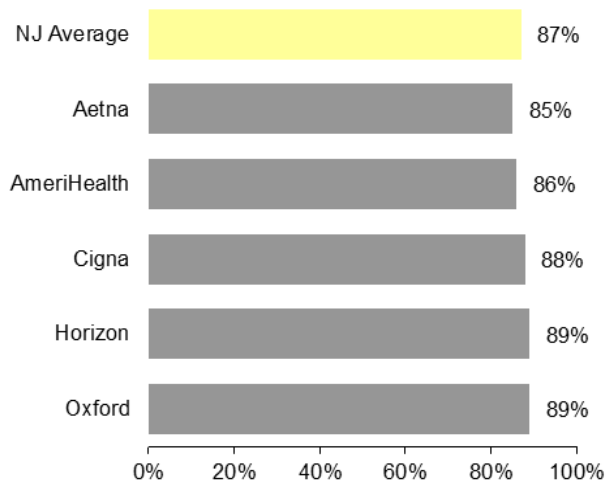
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Testing children with pharyngitis for strep

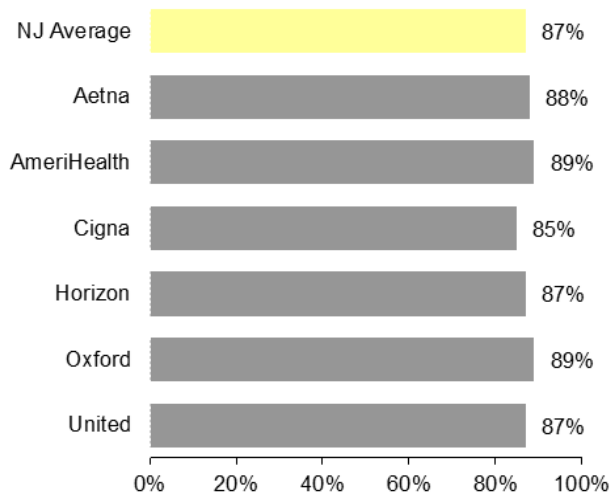
Strep testing is recommended for detection of pharyngitis. The bar graphs show the percentage of children 2-18 who received a strep test to diagnose pharyngitis and then given an antibiotic.

A higher percentage rate is better for this health measure. A higher percentage shows that more children and adolescents received an appropriate strep test before getting an antibiotic prescription medication to treat pharyngitis.

HMO



PPO

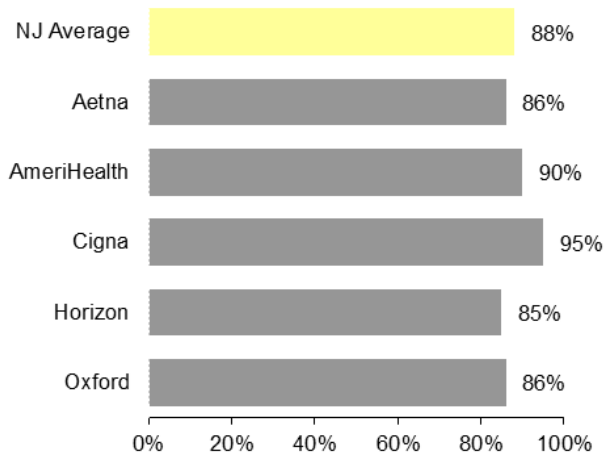


Avoidance of antibiotic treatment* for children with upper respiratory infection (URI)

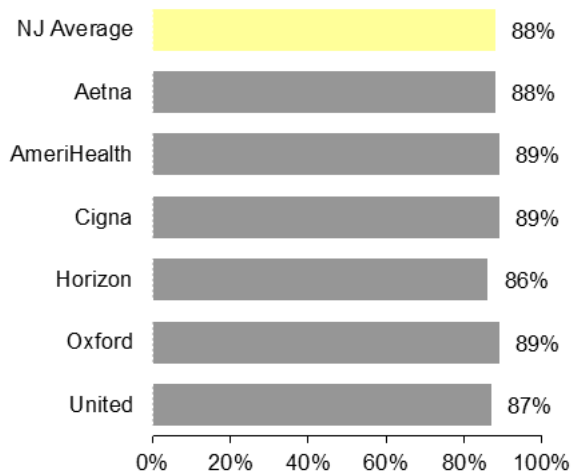
An upper respiratory infection (URI), is one of the most common illnesses, resulting in to more doctor visits. The bar graphs show the percentage of children 3 months to 18 years of age with a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic.

A higher percentage rate is better for this health measure. It means more infants, children and adolescents did not get an inappropriate and unnecessary antibiotic prescription.

HMO



PPO



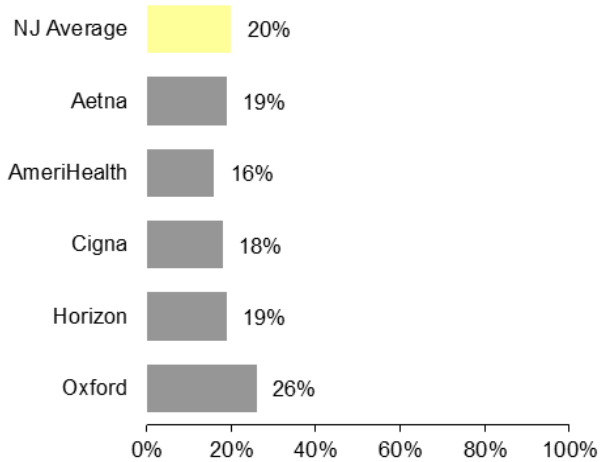
* Inappropriate use of antibiotics has been shown to promote resistant bacteria that are more difficult to treat. The federal Centers for Disease Control and Prevention (CDC) and other organizations urge physicians to avoid prescribing antibiotics when not medically indicated.

Avoidance of antibiotic treatment* for adults with acute bronchitis

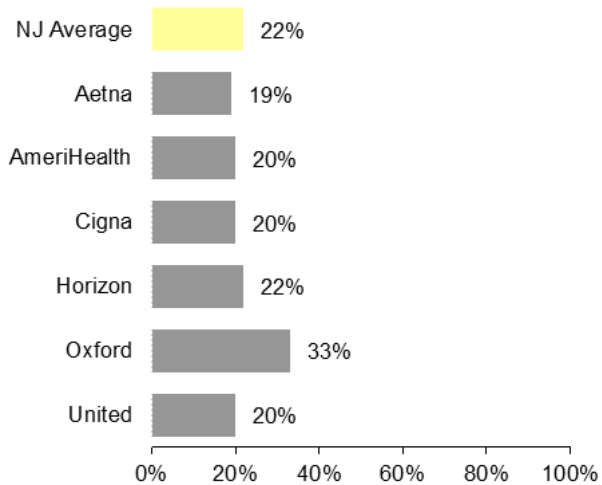
Use of antibiotics usually is not an appropriate treatment for acute bronchitis. The bar graphs show the percentage of adults ages 18-64 years with a diagnosis of acute bronchitis and who were not dispensed an antibiotic prescription.

A higher percentage rate is better for this health measure. A higher percentage rate indicates more adults with acute bronchitis were appropriately treated, but not given unnecessary antibiotic medication as part of their treatment.

HMO



PPO



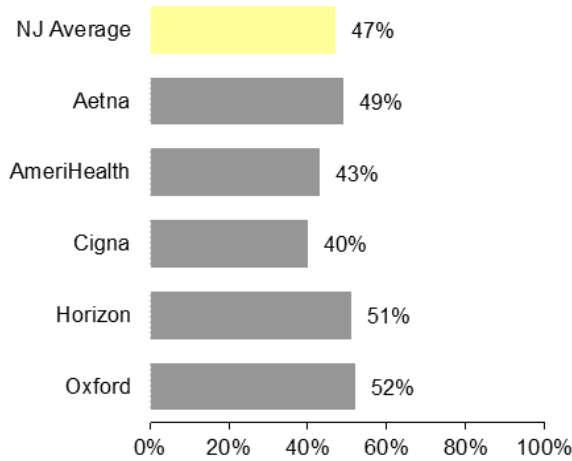
* Inappropriate use of antibiotics has been shown to promote resistant bacteria that are more difficult to treat. The federal Centers for Disease Control and Prevention (CDC) and other organizations urge physicians to avoid prescribing antibiotics when not medically indicated.

Use of spirometry testing in the assessment and diagnosis of COPD

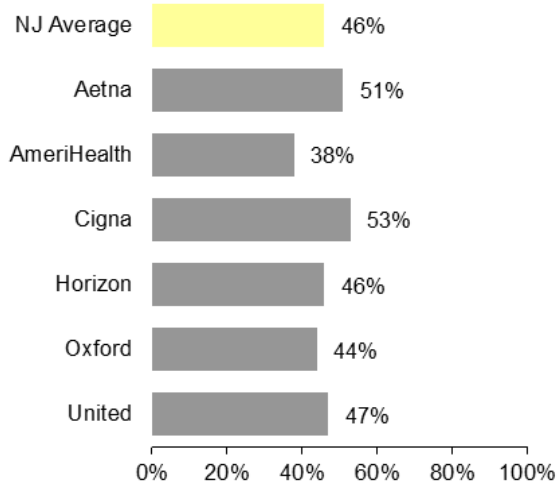
Spirometry testing measures air flow through the lungs and can confirm a COPD diagnosis. The bar graphs show the percentage of members, 40 years of age and older, with a new diagnosis or newly active COPD who received appropriate spirometry testing to confirm the diagnosis.

A higher percentage rate is better for this measure. It means that more adults who are 40 and above this age received the best diagnostic test for COPD (a lung function test called spirometry).

HMO



PPO



Getting Better/Living with Illness - 1

How well does the HMO or PPO care for members who are sick?

HMOs and PPOs should work with doctors to care for members who are sick or living with chronic illness. HMOs and PPOs reported on the percentage of their relevant membership who received the following:

- Management of medicine for depression
- Care after hospitalization for mental illness
- Follow-up care for children prescribed Attention Deficit Hyperactivity Disorder (ADHD) medications.
- Appropriate medications for treatment of asthma in children

The following table shows how well each HMO and PPO did and the bar graphs on the next pages show the HMO and PPO compared to the New Jersey average.

HMO & PPO	Management of medicine for depression %	Care after hospitalization for mental illness %	Follow-up Care for children prescribed ADHD medications %	Appropriate medications for asthma %
HMO				
Aetna - HMO/POS	74	74	38	97
AmeriHealth - HMO/POS	74	65	35	NA
CIGNA - HMO/POS	65	NA	NA	NA
Horizon - HMO	76	76	36	94
Oxford - HMO/POS	64	68	37	94
PPO				
Aetna – PPO/EPO	72	77	40	95
AmeriHealth – PPO/EPO	78	49	NA	NA
CIGNA - PPO	67	71	45	96
Horizon - PPO/EPO	76	69	36	96
Oxford - PPO/EPO	67	73	44	NA
United – PPO/EPO	65	79	47	96

NA - not applicable due to small sample size

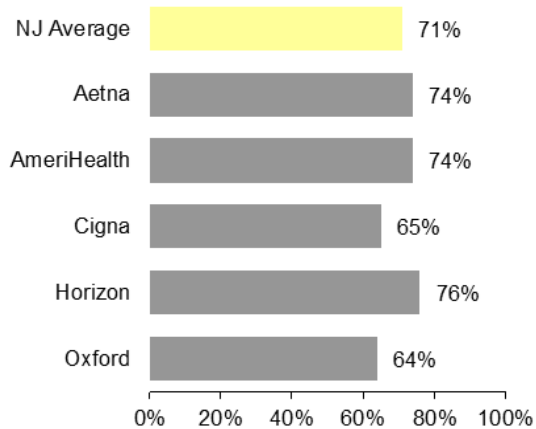
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Management of medicine for depression

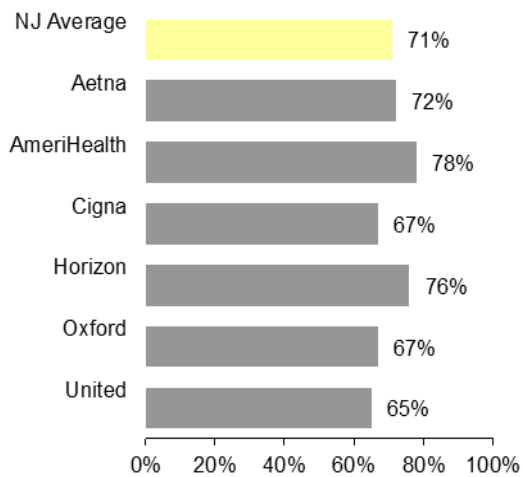
People taking medicine for depression need to be monitored. The bar graphs show the percentage of members given medicine for depression who had follow-up visits in the measurement year.

A higher percentage is better for effective acute phase treatment. That means that more adults with depression were effectively treated with 12 weeks of antidepressant medication during the acute phase of treatment.

HMO



PPO

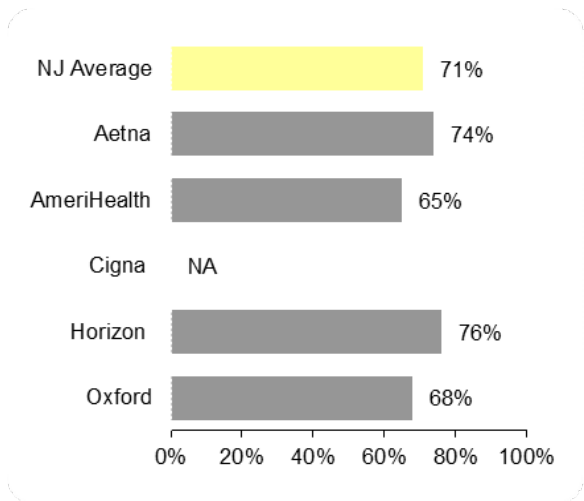


Care after hospitalization for mental illness

Therapy after a hospital stay for mental illness is important for recovery. The bar graphs show the percentage of members hospitalized for mental illness who received care afterwards.

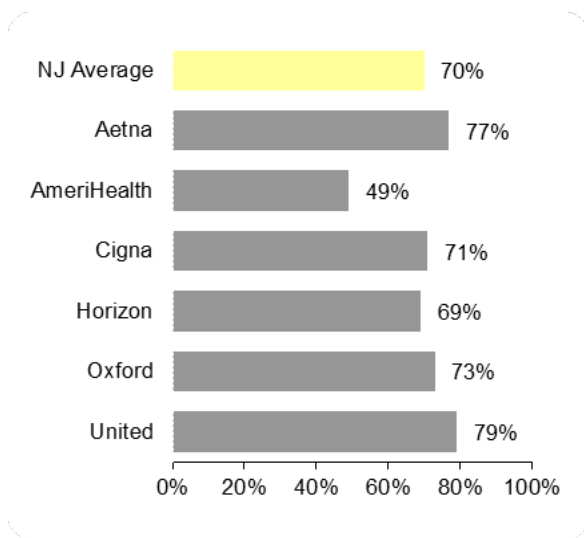
A higher percentage rate for the follow-up within 30 days of discharge is better. This means that more members who were hospitalized for treatment of mental health disorders received timely follow up within 30 days of discharge.

HMO



NA - Not applicable due to small sample size

PPO

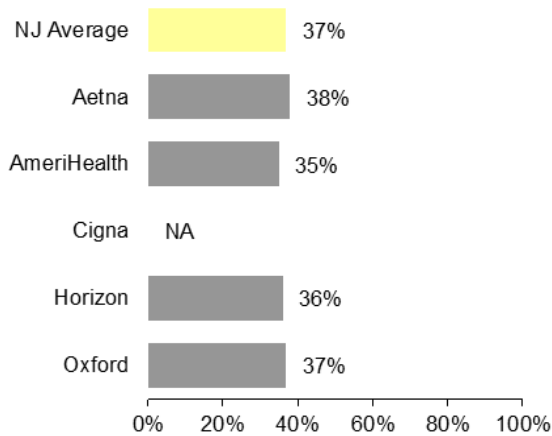


Follow-up care for children prescribed ADHD medications

Children prescribed ADHD medications need to be monitored. The bar graphs show the percentage of members given medicine for the Initiation Phase of ADHD who had follow-up visit within 30 days of the Initiation-Phase.

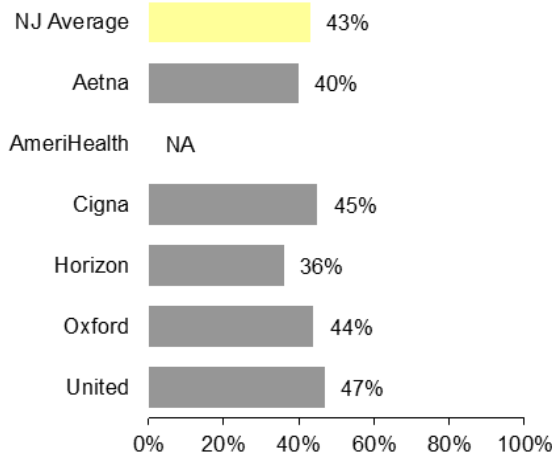
For the Initiation Phase of follow-up care for children prescribed ADHD medications, a higher percentage rate is better; this means that more children got a follow-up visit during the 30-day initiation phase.

HMO



NA - Not applicable due to small sample size

PPO



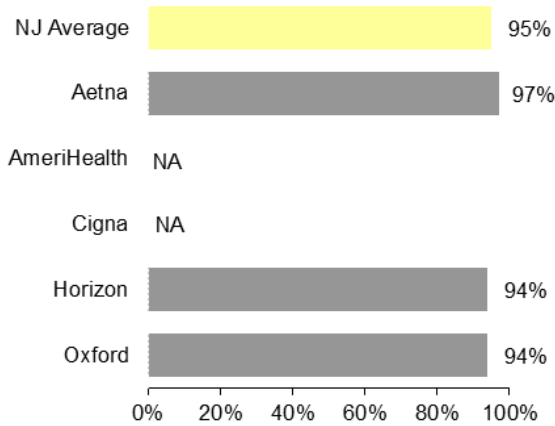
NA - Not applicable due to small sample size

Appropriate medications for asthma (children)

With appropriate therapies, long term control of persistent asthma can be achieved, resulting in a decrease in hospitalizations and emergency room visits for treatment. The bar graphs show the percentage of pediatric members aged 5–11 with persistent asthma who received an appropriate therapy in the past year.

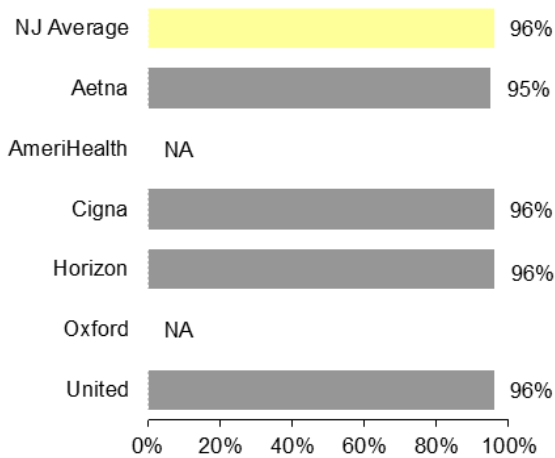
A higher percentage rate is better for this performance indicator. This means that more children ages 5-11 years with asthma were appropriately prescribed asthma medications.

HMO



NA - Not applicable due to small sample size

PPO



NA - Not applicable due to small sample size

Getting Better/Living with Illness - 2

How well does the HMO or PPO care for members who with illness?

HMOs and PPOs should work with doctors to care for members who are sick or living with chronic illness. HMOs and PPOs reported on the percentage of their relevant membership with the following conditions:

- Controlling high blood pressure
- Blood sugar testing for people with diabetes
- HbA1c poor control (>9.0%) for people with diabetes
- Eye exams for people with diabetes

The following table shows how well each HMO and PPO performed. The bar graphs on the next pages show the HMOs and PPOs compared to the New Jersey average.

HMO & PPO	Controlling high blood pressure %	Blood sugar testing for people with diabetes %	HbA1c poor control (>9.0%) for people with diabetes %	Eye exams for people with diabetes %
HMO				
Aetna - HMO/POS	55	88	37	57
AmeriHealth - HMO/POS	66	87*	33*	44*
CIGNA - HMO/POS	65	92	23	54*
Horizon - HMO	66	89	25	55*
Oxford - HMO/POS	53	86*	35*	46*
PPO				
Aetna – PPO/EPO	45	86	44	52*
AmeriHealth – PPO/EPO	70	86	32	47
CIGNA - PPO	68	90	25	49*
Horizon - PPO/EPO	69	88*	26*	49
Oxford - PPO/EPO	52	86*	35*	42*
United – PPO/EPO	50	86*	37*	45*

*2013 data

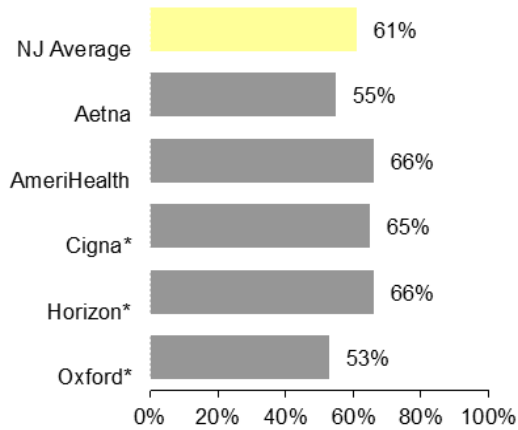
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Controlling high blood pressure

High blood pressure (hypertension) is a major risk factor for a number of diseases. The bar graphs show the percentage of members aged 18–85 with hypertension whose blood pressure was under control at their most recent medical visit.

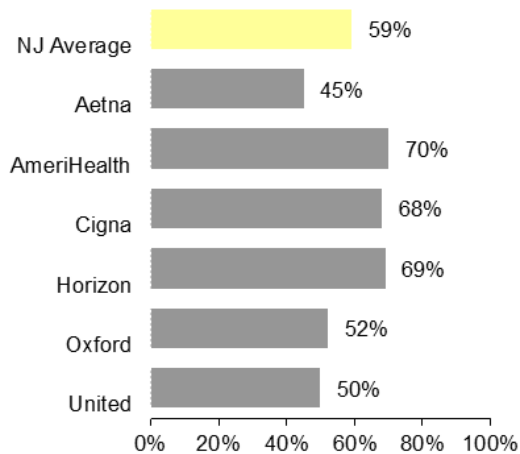
A higher percentage rate is better for this health measure. A higher percentage shows that more adults with hypertension did get adequate control of their blood pressure.

HMO



*2013 data

PPO

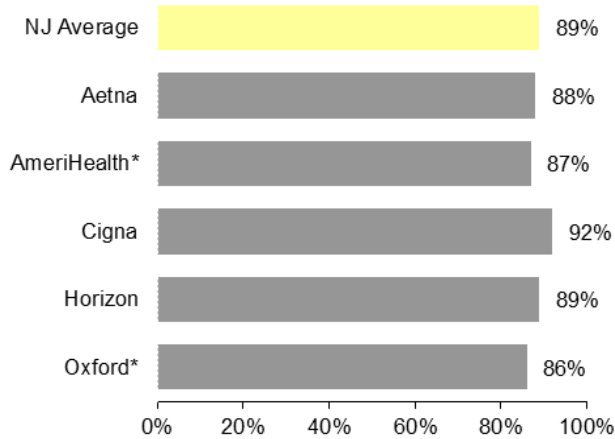


Blood sugar testing for people with diabetes

Controlling blood sugar levels can prevent complications from diabetes. The bar graphs show the percentage of members with diabetes who had a blood sugar (HbA1C) test in the measurement year.

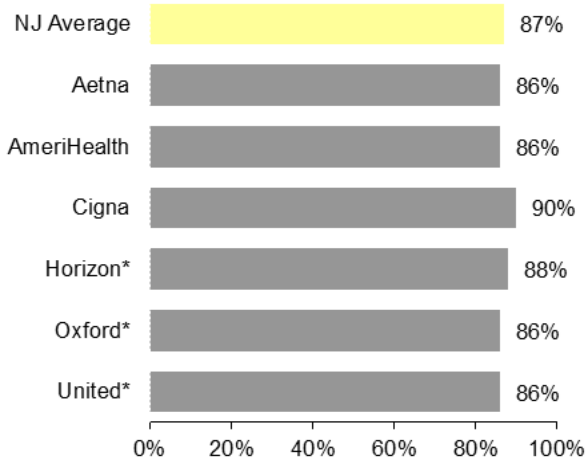
A higher percentage rate is better for this measure. It means that more diabetic adults 18-75 years of age received appropriate HbA1c testing.

HMO



*2013 data

PPO



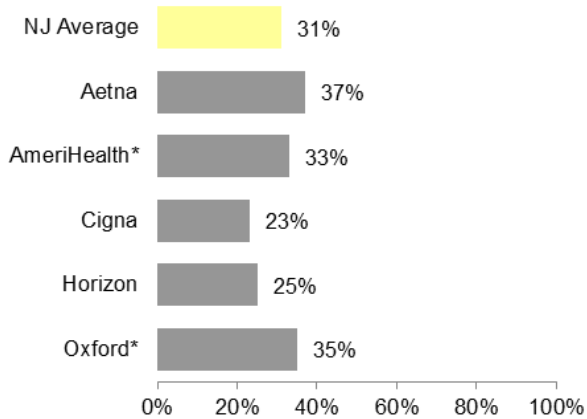
*2013 data

HbA1c poor control (>9.0%) for people with diabetes

The bar graphs show the percentage of members' ages 18 to 75 years with type 1 and type 2 diabetes who had HbA1c testing during measurement year 2014 and who displayed poor HbA1c control (> 9.0%).

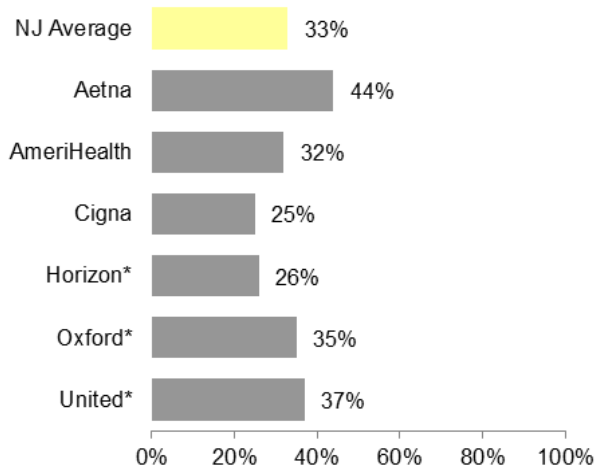
A *lower* percentage indicates a better performance. It shows better diabetic management, as fewer diabetic adults showed poor control of their HbA1c.

HMO



*2013 data

PPO



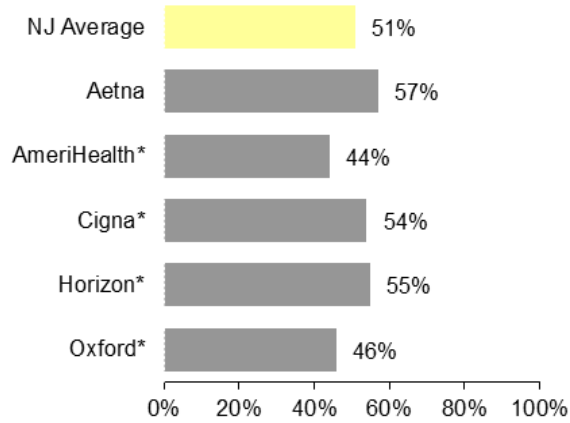
*2013 data

Eye exams for people with diabetes

Regular eye exams can reduce the risk of blindness from diabetes. The bar graphs show the percentage of members with diabetes who received an eye exam during the measurement year.

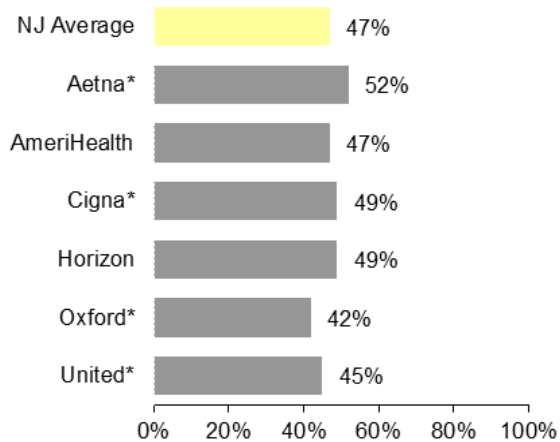
A higher percentage rate is better for this performance indicator. This means that more adults with diabetes received appropriate retinal examination of the eyes.

HMO



*2013 data

PPO



*2013 data

Getting Better/Living with Illness - 3

How well does the HMO and PPO care for members who are living with illness?

HMOs and PPOs should work with doctors to care for members who are sick or living with chronic illness. HMOs and PPOs reported on the percentage of their relevant membership who received the following:

- Persistence of beta blocker treatment after a heart attack
- Check-ups for new mothers
- Anti-Rheumatic drug therapy in rheumatoid arthritis
- Use of imaging studies for low back pain

The following table shows how well each HMO and PPO performed. The bar graphs on the next pages show the HMOs and PPOs compared to the New Jersey average.

HMO & PPO	Persistence of beta blocker treatment after heart attack %	Check-ups for new mothers %	Anti-Rheumatic drug therapy in rheumatoid arthritis %	Use of imaging studies for low back pain%
HMO				
Aetna - HMO/POS	93	69	83	75
AmeriHealth - HMO/POS	NA	72	NA	74
CIGNA - HMO/POS	NA	80	NA	76
Horizon - HMO	92	78	85	75
Oxford - HMO/POS	74	70	84	70
PPO				
Aetna – PPO/EPO	91	66	85	72
AmeriHealth – PPO/EPO	NA	74	NA	77
CIGNA - PPO	85	81	90	75
Horizon - PPO/EPO	86	81	85	72
Oxford - PPO/EPO	NA	66	72	68
United – PPO/EPO	84	71	85	74

NA – Not applicable due to small sample size

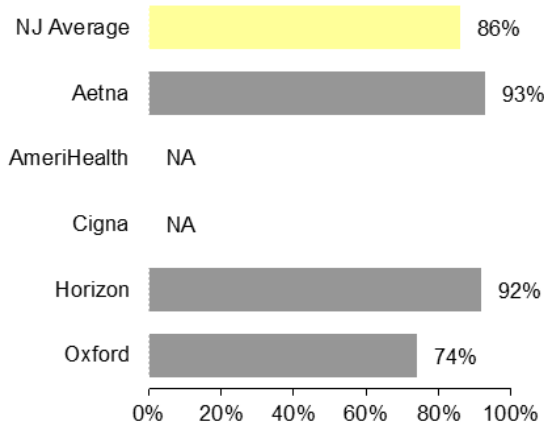
See the next page for more information →

Persistence of beta blocker treatment after a heart attack

Beta blockers after a heart attack can help prevent future heart attacks. The bar graphs show the percentage of members who received persistent beta-blocker treatment for six months after discharge.

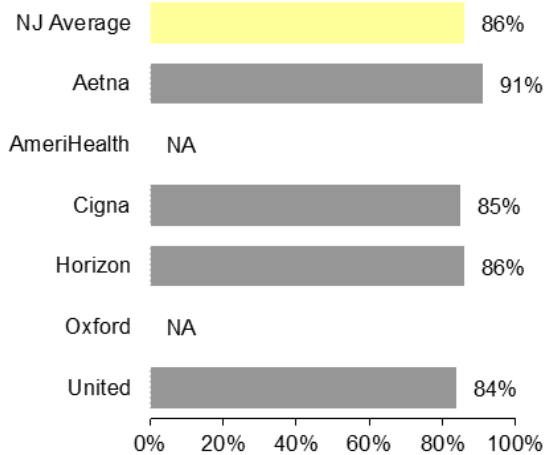
A higher percentage is better for this measure. It means that more adults with a history of having a heart attack received at least six months of beta-blocker treatment.

HMO



NA - Not applicable due to small sample size

PPO



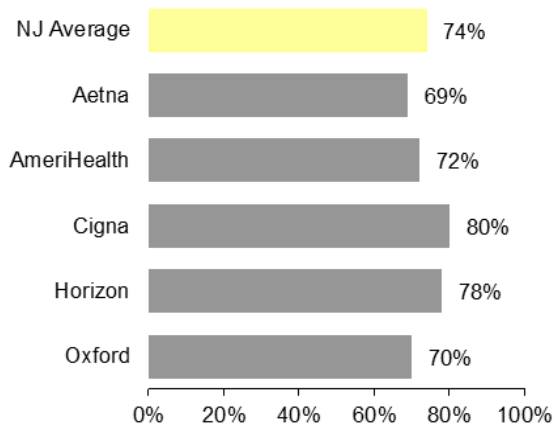
NA - Not applicable due to small sample size

Check-ups for new mothers

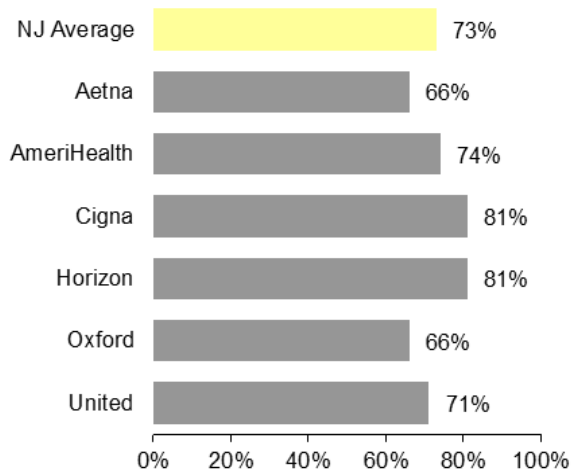
During a visit, providers can check a new mother's recovery from childbirth and answer questions. The bar graphs show the percentage of new mothers who received a check-up within eight weeks after delivery.

A higher percentage is better for this performance measure. This means that more women with live birth deliveries received postpartum care on a timely manner.

HMO



PPO

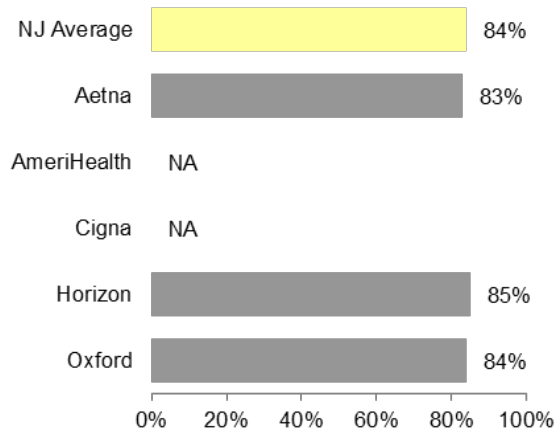


Anti-Rheumatic drug therapy in rheumatoid arthritis

DMARDs are proven effective in slowing or preventing joint damage as opposed to just relieving pain and inflammation. The bar graphs show the percentage of members 18 years old and older, who were diagnose with rheumatoid arthritis (RA) and who were given a prescription for at least one disease modifying anti-rheumatic drug (DMARD) in the measurement year.

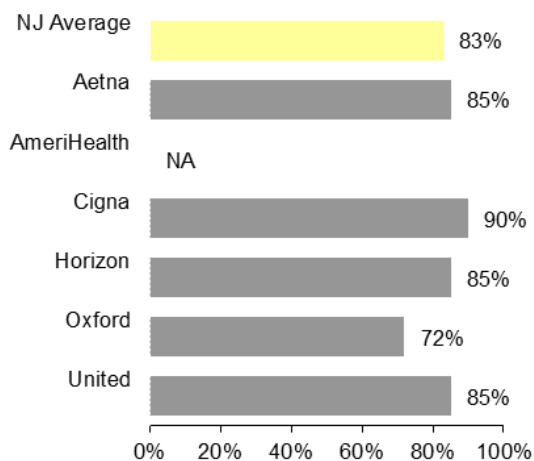
A higher percentage is better for this measure. This means that more adults 18 years of age and older did get DMARD treatment for their RA.

HMO



NA - Not applicable due to small sample size

PPO



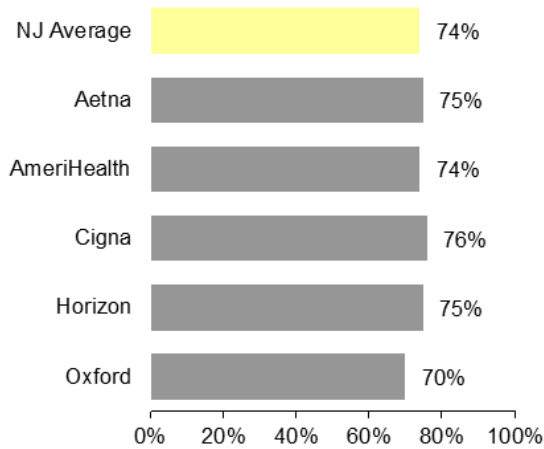
NA - Not applicable due to small sample size

Use of imaging studies for low back pain

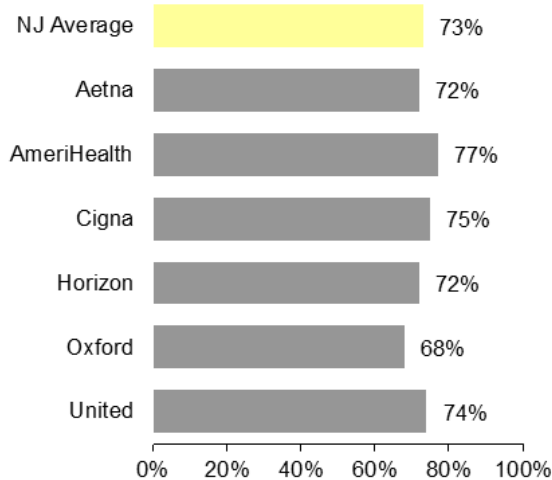
Imaging studies (plain x-ray, MRI, CT scan) are not needed for a primary diagnosis of lower back pain. The bar graphs show the percentage of members with a primary diagnosis of low back pain without any imaging studies (plain x-ray, MRI, CT scan) within 28 days of the diagnosis. A higher rate indicates appropriate treatment of low back pain.

The bar graphs show the percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain x-ray, MRI, CT scan) within 28 days of the diagnosis. A higher rate indicates appropriate treatment of low back pain.

HMO



PPO



Frequencies of selected Procedures - HMO

This measure summarizes the utilization of two frequently performed procedures - Tonsillectomy and Cardiac Catheterization:

Procedure	Age	Sex	2014 Number of Procedures	2015 Number of Procedures	2014 Procedures / 1,000 Member Years	2015 Procedures / 1,000 Member Years
Aetna						
Tonsillectomy	0-9	Male &	215	141	6.54	5.18
	10-19	Female	146	97	2.86	2.27
Cardiac Catheterization	45-64	Male	496	443	8.57	8.96
		Female	338	297	5.40	5.56
	65+	Male	116	87	19.99	18.47
		Female	63	46	11.99	10.69
AmeriHealth						
Tonsillectomy	0-9	Male &	40	24	6.26	5.95
	10-19	Female	20	15	2.52	2.99
Cardiac Catheterization	45-64	Male	96	51	8.77	7.40
		Female	40	28	3.93	4.35
	65+	Male	9	6	15.70	15.17
		Female	5	4	10.57	12.49
Cigna						
Tonsillectomy	0-9	Male &	17	15	5.06	5.57
	10-19	Female	10	9	2.59	2.86
Cardiac Catheterization	45-64	Male	32	16	8.89	5.50
		Female	20	14	5.32	4.39
	65+	Male	10	13	29.38	40.89
		Female	6	4	23.12	16.11
Horizon						
Tonsillectomy	0-9	Male &	834	704	6.09	5.82
	10-19	Female	464	359	2.66	2.36
Cardiac Catheterization	45-64	Male	1820	1481	10.33	10.23
		Female	1108	919	5.5	5.50
	65+	Male	634	524	26.86	23.35
		Female	253	232	12.56	11.96
Oxford						
Tonsillectomy	0-9	Male &	90	64	5.08	4.34
	10-19	Female	47	39	2.17	2.10
Cardiac Catheterization	45-64	Male	142	136	6.25	6.67
		Female	69	64	3.01	3.12
	65+	Male	18	11	14.05	9.98
		Female	7	9	7.43	11.35

Frequencies of selected Procedures - PPO

This measure summarizes the utilization of two frequently performed procedures - Tonsillectomy and Cardiac Catheterization:

Procedure	Age	Sex	2014 Number of Procedures	2015 Number of Procedures	2014 Procedures / 1,000 Member Years	2015 Procedures / 1,000 Member Years
Aetna						
Tonsillectomy	0-9	Male &	456	440	5.14	4.68
	10-19	Female	216	195	2.10	1.76
Cardiac Catheterization	45-64	Male	688	872	6.50	7.64
		Female	528	476	4.66	3.86
	65+	Male	217	224	19.64	19.25
		Female	122	119	12.30	11.15
AmeriHealth						
Tonsillectomy	0-9	Male &	50	25	6.21	6.16
	10-19	Female	32	10	3.08	2.02
Cardiac Catheterization	45-64	Male	119	49	9.17	8.30
		Female	55	35	3.92	5.32
	65+	Male	35	17	26.57	20.60
		Female	8	11	7.85	16.94
Cigna						
Tonsillectomy	0-9	Male &	222	227	4.65	4.73
	10-19	Female	129	125	2.30	2.24
Cardiac Catheterization	45-64	Male	456	443	7.69	7.42
		Female	240	246	3.99	4.07
	65+	Male	160	148	21.65	21.15
		Female	83	79	11.90	11.79
Horizon						
Tonsillectomy	0-9	Male &	284	316	4.88	4.84
	10-19	Female	165	161	2.33	1.90
Cardiac Catheterization	45-64	Male	723	915	9.10	9.24
		Female	402	519	4.43	4.88
	65+	Male	292	320	26.82	26.85
		Female	130	118	13.22	10.98
Oxford						
Tonsillectomy	0-9	Male &	40	35	5.47	5.35
	10-19	Female	28	17	2.97	1.98
Cardiac Catheterization	45-64	Male	89	63	8.12	6.64
		Female	39	27	3.08	2.63
	65+	Male	18	19	15.68	19.15
		Female	15	8	15.67	10.02
United						
Tonsillectomy	0-9	Male &	306	270	4.27	3.97
	10-19	Female	148	114	1.97	1.59
Cardiac Catheterization	45-64	Male	502	575	6.66	7.93
		Female	279	331	3.52	4.39
	65+	Male	183	217	16.20	20.87
		Female	133	141	12.35	14.21

Choosing Your HMO & PPO

Your choice of a Managed Care Plan can influence your health.

Looking at HMO & PPO quality, along with choice of providers, benefits offered, and costs, can help you decide on an HMO or PPO that best meets your needs.

Quality of Care and Service

- ▶ Look to see how well the HMO and PPO performs in each section of this report.
- ▶ Pay special attention to the health issues that are most important to you and your family.
- ▶ Do not focus on small differences in a single measure that may not be meaningful. To compare HMOs, and PPOs look at all the factors that contribute to an HMO's or PPO's performance and at large differences in the measures.
- ▶ Check the NCQA website for quality and member satisfaction measures of each health plan at: www.ncqa.org or <http://reportcard.ncqa.org/plan/external/plansearch.aspx>

Choice of Providers

- ▶ Make sure that your preferred doctor, hospital and other providers participate in the HMO's and PPO's network by looking in the HMO's and PPO's provider directory. It is important to confirm your provider's participation by calling the HMO's and PPO's member services department or the provider directly, prior to enrollment. See page 32 for ways to contact the HMO and PPO.
- ▶ Decide whether the HMO and PPO has enough of the kinds of doctors you are likely to need and whether they are located near your home or work.
- ▶ Once you have selected a provider, make sure the doctor has office hours and a location convenient for you and your family.

Benefits

- ▶ Find out what types of health benefit plans the HMO and PPO offers by reviewing the evidence of coverage or member handbook or calling the member services department to find out about the

health benefits or services covered.

- ▶ Consider your special needs and circumstances such as chronic health conditions, elder care, frequent travel, language, retirement or starting a family.
- ▶ Decide whether there is a good match between the health benefits offered by the HMO or PPO and what you think you may need.
- ▶ Find out what types of care or services the HMO And PPO does not cover.

Cost

- ▶ Try to get an idea of how much you are likely to pay in premiums, co-payments, coinsurance and deductibles each year.
- ▶ Find out if the HMO or PPO covers services by Providers outside the HMO's or PPO's network and how much it will cost for these services.
- ▶ See if there are any limits on how much you are responsible for paying in case of major illness (out-of-pocket maximum).
- ▶ The HMO and PPO might also have internal limits on specific services, such as, day or visit limits for specific services.

Accreditation

NCQA, the National Committee for Quality Assurance, is a non-profit organization committed to assessing, reporting on and improving the quality of care provided by the nation's carriers offering managed care health benefits plans. To find out if your carrier is NCQA accredited, call toll-free (888) 275-7585 or visit the web site: www.ncqa.org.

URAC, the American Accreditation HealthCare Commission is a non-profit organization originally focused on the accreditation of utilization review programs. URAC now provides accreditation services for many types of health care organizations, including HMOs. For information on URAC's accreditation services, visit the web site: www.urac.org.

JCAHO, the Joint Commission on Accreditation of Healthcare Organizations, is an independent, non-profit organization that evaluates and accredits various types of health care networks including health carriers, hospitals, home health care organizations and others. For more information on JCAHO's accreditation services, visit the web site: www.jcaho.org

Contacting Your HMO & PPO

The information in this report only covers the HMOs and PPOs offering commercial HMO/POS and PPO products. The contact information in the chart lists **all** active HMOs and PPOs approved to issue HMO and PPO products in New Jersey. Some of the HMOs are limited to offering Medicare or Medicaid products. Some products are only available in limited service areas. Contact the HMO or PPO to determine their offerings and service areas.

Telephone Numbers & Web Sites

HMO & PPO		
Health Plans	Telephone	Web site
Aetna Better Health of New Jersey, Inc. Aetna Health, Inc. - New Jersey Corp. Aetna Life Insurance Company	(800) 872-3862	www.aetna.com
AmeriChoice of New Jersey	(800) 941-4647	www.uhccommunityplan.com
AMERIGROUP New Jersey	(800) 600-4441	www.amerigroupcorp.com
AmeriHealth HMO AmeriHealth Insurance Company of New Jersey	(888) 968-7241	www.amerihealth.com
Bravo Health Pennsylvania, Inc.	(800)-235-9188	www.bravohealth.com
Care First Insurance Company	(888) 765-7786	https://carefirst.com
CIGNA HealthCare of New Jersey CIGNA Health & Life Insurance Co. of New Jersey Connecticut General Life Insurance Company	(800) 345-9458	www.cigna.com
Health Republic Insurance of New Jersey	(888) 990-5706	https://newjersey.healthrepublic.us
Geisinger Health Plan	(800) 631-1656	www.thehealthplan.com
Horizon Healthcare of New Jersey Horizon BCBS of New Jersey	(800) 355-2583	www.horizonblue.com
Humana Wisconsin Health Organization Insurance Corp.	(800) 486-2620	www.humana.com
National Guardian Life Insurance Company	(800) 988-0826	www.nglic.com
Nippon Life Insurance Company of America	(877) 252-7174	www.nipponlifebenefits.com
Oscar Insurance Corporation of New Jersey	(844) 672-2766	https://www.hioscar.com/
Oxford Health Plans - New Jersey Oxford Health Insurance Co. UnitedHealthCare Insurance Co.	(800) 444-6222	www.uhc.com
WellCare Health Plan of New Jersey	(866) 687-8570	www.wellcare.com

CARRIERS AS OF JULY 1, 2015

Appeals and Complaints

These are the steps you can take if you have been denied covered medical benefits or want to file a complaint.

To Appeal an HMO's or PPO's Decision

Your HMO or PPO is required to have an appeal process that gives you an opportunity to resolve disagreements about denials, limitations and terminations of covered services (or benefits for such services) resulting from a decision by the HMO or PPO that the services are not medically necessary. Such decisions are adverse utilization management (UM) determinations.

Review the services covered by your HMO or PPO and the explanation of the appeal process in your evidence of coverage or member handbook. You or your doctor, acting with your consent, have the right to file an appeal of an HMO's or PPO's adverse UM determination.

Stage 1

Inform the HMO or PPO in writing that you disagree with the carrier's decision to deny or limit services you believe are covered and medically necessary. Typically, a different doctor at the HMO or PPO will consider your request for services. You will receive notice of whether the HMO or PPO is revising or upholding the initial decision.

Stage 2

If you are dissatisfied with the results of the Stage 1 appeal, you can request in writing, that the HMO or PPO have your appeal reviewed by a panel of doctors and other health care professionals. You will receive notice of the panel's decision. Consumers enrolled in an individual health benefits plan do not have to file a Stage 2 appeal and may proceed directly to Stage 3 appeal.

Stage 3

If you are dissatisfied with the carrier's decision on your Stage 2 appeal, you can file an appeal with the Department of Banking and Insurance within four months after receiving the carrier's Stage 2 decision, or if you are enrolled in an individual

health benefits plan you can file within four months of receiving the carrier's Stage 1 appeal decision. You will receive the form and instructions needed to file a Stage 3 appeal from your HMO or PPO at the same time you receive the Stage 2 appeal decision, or the Stage 1 appeal decision if you are enrolled in an individual health benefits plan. Your case will be reviewed by independent experts under contract with the State through the Independent Health Care Appeals Program (IHCAP). Decisions made by the IHCAP are binding on the HMO or PPO and the covered person, except to the extent that other remedies are available to either party under State or Federal law.

For appeals involving urgent circumstances, the HMO or PPO is required to respond within 72 hours at Stages 1 and 2 of the appeal process.

To File a Complaint against an HMO or PPO

In addition to the appeal process for adverse UM determinations, you also have the right to complain to the HMO or PPO about any aspect of its operations. The carrier is required to have a system to resolve complaints about such things as quality of medical care, choice of doctors and other health care providers, and difficulties with processing claims or disputes about a carrier's business and marketing practices. The HMO or PPO is required to respond to your complaint within 30 days. Your evidence of coverage or member handbook contains a description of the process and contact information for resolving complaints. If you are dissatisfied with the outcome of the carrier's complaint process, contact:

NJ Department of Banking and Insurance
Consumer Protection Services
Office of Managed Care
P.O. Box 329, Trenton, NJ 08625-0329
(888) 393-1062
<http://www.state.nj.us/dobi/managed.htm>

Health Care Carrier Accountability Act

Signed into law in the summer of 2001, this legislation gives consumers covered under managed care contracts the right to sue their carrier if the consumer believes that the carrier's decision to delay or deny care has or will result in serious harm to the consumer. In most cases, consumers will first appeal the carrier's decision through completion of the external appeal process described above (Stage 3). However, the external appeal process can be bypassed in cases where serious harm to the consumer has already occurred or is imminent.

The process for appealing a decision or filing a complaint is different if you belong to a "self-funded" plan. Check with your employer or health plan and refer to page 36

For Medicare and Medicaid managed care appeals refer to page 36

Other Important Resources

When you are making decisions about health care, consider other sources of information and assistance.

Department of Banking and Insurance

Buyers Guides and other information are available for individual and small employer coverage. This information is on the New Jersey Department of Banking and Insurance's (DOBI) web site at

http://www.state.nj.us/dobi/division_insurance/ihcseh/index.html. You may also request

information by calling (609) 633-1882 and pressing option "3". DOBI monitors the compliance of HMOs and PPOs with New Jersey rules through in-depth reviews and targeted examinations. DOBI investigates consumer complaints about HMOs and PPOs and other carriers offering managed care health benefits plans, and oversees the Independent Health Care Appeals Program (IHCAP) and the program for Independent Claims Payment Arbitration (PICPA), an arbitration mechanism that became operational in July 2007 to address certain claims disputes between health care providers and carriers. Certain data regarding complaints, the IHCAP and PICPA is available. For information, visit

www.state.nj.us/dobi/managed.htm or call the Office of Managed Care toll-free at (888) 393-1062.

DOBI also posts information on enrollment by county and line of business, net worth and profitability for New Jersey HMOs and PPOs as well as other information on health carriers. This information can be found at

www.state.nj.us/dobi/lhactuar.htm

Medicare

For information on managed care options for Medicare in New Jersey, call the New Jersey Division of Aging Services, State Health Insurance Assistance Program (SHIP) at (800) 792-8820, or call (800) MEDICARE. You can also visit www.medicare.gov. If you have a complaint about a Medicare managed care plan, refer to your member services handbook for detailed information about where to submit your complaint based on the type of complaint you have.

NJ Family Care

For information on NJ Family Care and Medicaid HMO options, quality information and complaints, call the New Jersey Department of Human Service NJ FamilyCare program at 1-800-701-0710 (TTY: 1-800-701-0720) or visit: www.njfamilycare.org or <http://www.njconsumeraffairs.gov/>

Physicians

For information on New Jersey physicians, including disciplinary actions, call the New Jersey State Board of Medical Examiners at (609) 826-7100 or visit

<http://www.state.nj.us/lps/ca/bme/index.html>

Additional Health Care Information

The Department of Health publishes a number of reports and other data, such as indicators of hospital performance, and long-term care facility performance. This information is found at:

www.state.nj.us/health/reportcards.shtml. A

price comparison registry for many prescription drugs can be found at: www.njdrugprices.nj.gov

Self-Funded Plans

Large employers and unions often assume financial responsibility for employee health benefits instead of buying insurance. Employers may contract with outside organizations to administer their self-funded health benefits plans (sometimes referred to as "self-insured" plans). These plans are not bound by New Jersey's statutory or regulatory requirements, but rather by federal rules. Roughly half of all New Jersey health benefits through employers are in self-funded plans. Questions or complaints about these self-funded plans can only be addressed by the federal Department of Labor's Employee Benefits Security Administration. The main number is: (866) 275-7922. The web site is: www.dol.gov/ebsa.



New Jersey Department of Banking and Insurance
PO Box 325
Trenton, NJ 08625-0325

<http://www.state.nj.us/dobi/lifehealthactuarial/hmo2015/>