

2009



NJ HMO Performance Report

Compare Your Choices



Jon S. Corzine
Governor



New Jersey
Department
of
Banking and
Insurance

Neil N. Jasey
Commissioner



November 2009

Dear Consumers:

We are pleased to present the thirteenth annual *New Jersey HMO Performance Report*, the fourth produced exclusively by the New Jersey Department of Banking and Insurance. This report contains information on the performance of New Jersey's health maintenance organizations (HMOs), and how well these HMOs deliver important health care services.

The report is designed to give consumers and employers information on the quality of New Jersey's HMOs and the coverage they provide. 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.

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Department of Banking and Insurance

The format for this report was originally developed by the New Jersey Department of Health and Senior Services (DHSS), when 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 DHSS in August 2005. All regulatory and oversight matters concerning managed health care in the state are now consolidated in DOBI.

This report includes information on all commercial products currently marketed in New Jersey by HMOs that had at least 2,000 members enrolled in commercial products in both 2007 and 2008. For most HMOs the information combines plan performance for the HMO and POS products.

This report does not include HMO performance related to any HMO's Medicare or Medicaid business or an HMO's business related to other New Jersey Department of Human Services programs. See page 12 for ways you can obtain information on these plans.

This report is based on a measurement system called HEDIS®, which was developed by the National Committee for Quality Assurance (NCQA) through the combined efforts of many health care experts. It includes measures collected by the HMOs and measures collected through member surveys. All measures are verified by independent auditors.

In prior reports, we included ratings of member satisfaction with HMO services. Now you can find summary measures of customer satisfaction by visiting the NCQA's website (see page 9 for more details).

This report contains information on the following HMOs and products:

- ▶ **Aetna-HMO/POS** (Aetna Health Inc. – a New Jersey corporation)
- ▶ **AmeriHealth-HMO/POS** (AmeriHealth HMO, Inc. – New Jersey)
- ▶ **CIGNA-HMO/POS** (CIGNA HealthCare of New Jersey, Inc.)
- ▶ **Health Net-HMO/POS** (Health Net of New Jersey, Inc.)
- ▶ **Horizon-HMO** (Horizon Healthcare of New Jersey, Inc.)
- ▶ **Oxford-HMO/POS** (Oxford Health Plans of New Jersey)

For information on contacting these and other New Jersey HMOs, see page 10.

This report is also available on the Department's web site:
<http://www.state.nj.us/dobi/lifehealthactuarial/hmo2009/>

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

New Jersey HMO Performance Report

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How well HMOs made sure that:

- ▶ women received a mammogram (a test for breast cancer)
- ▶ women received a Pap test (a test for cervical cancer)
- ▶ new mothers had a check-up after delivery
- ▶ children received recommended immunizations

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How well HMOs made sure that the members:

- ▶ being treated with medicine for depression were monitored appropriately
- ▶ with mental illness saw a provider after hospitalization
- ▶ with pediatric asthma received appropriate medications
- ▶ with hypertension had their blood pressure controlled
- ▶ with heart conditions had their cholesterol controlled
- ▶ who had a heart attack received appropriate medicine
- ▶ with diabetes had their blood sugar tested
- ▶ with diabetes, who are at risk for blindness, received an eye exam

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Quality Matters

Important Questions About Quality You Should Consider

What do you know about the quality of New Jersey HMOs?

This report provides information about how:

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

Why is the quality of health care important?

Not all HMOs are the same. HMOs 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 may influence your health and your family's health.
- ▶ **If you are an employer**, the quality of care provided by your HMO may influence absenteeism, employee productivity and your company's health care cost.

What should you consider when choosing your HMO?

You can use this report, along with cost and benefit information available from your employer or the HMO, to choose the best HMO for you.

When choosing an HMO, consider:

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

Staying Healthy

Does the HMO help members stay healthy and avoid illness?

A comparison of each HMO's performance to the New Jersey HMO average shows how effective the HMOs are in working with doctors to provide important preventive services that help members stay healthy (pages 3 and 4).

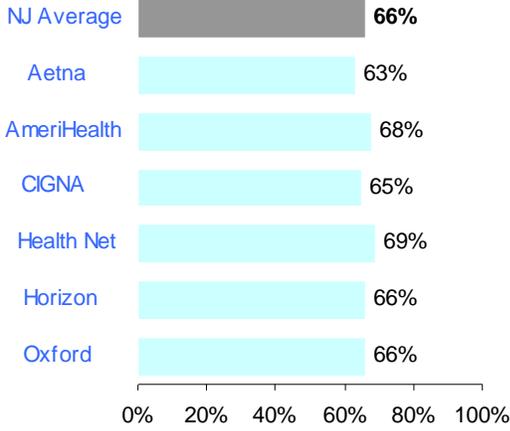
HMO	Testing of breast cancer	Testing of cervical cancer	Check-ups for new mothers	Immunizations for children
Aetna - HMO/POS	63	78	89	83*
AmeriHealth - HMO/POS	68	80	80	83
CIGNA - HMO/POS	65	78	84	82
Health Net - HMO/POS	69	83	79	78*
Horizon - HMO	66	78	82	84*
Oxford - HMO/POS	66	81	75	74*

* Childhood Immunization Data for Aetna, Health Net, Horizon and Oxford reflects 2007 rather than 2008 reporting year.

[See the next page for each HMO's scores →](#)

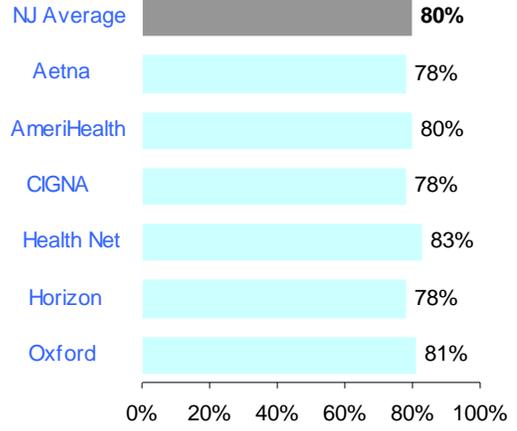
Testing for breast cancer

Mammograms are recommended for detection of breast cancer. Percent of women aged 42–69 who received a mammogram within the past two years:



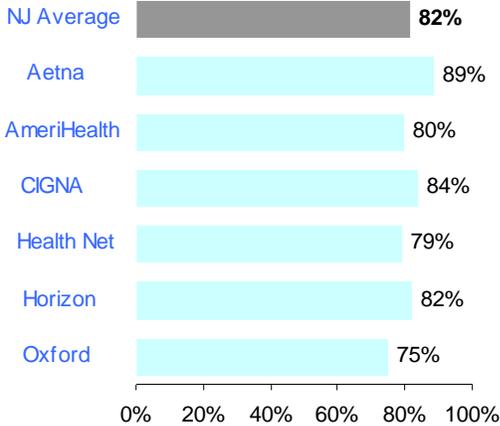
Testing for cervical cancer

Pap smears are recommended for detection of cervical cancer. Percent of women aged 21–64 who received a Pap test within the past three years:



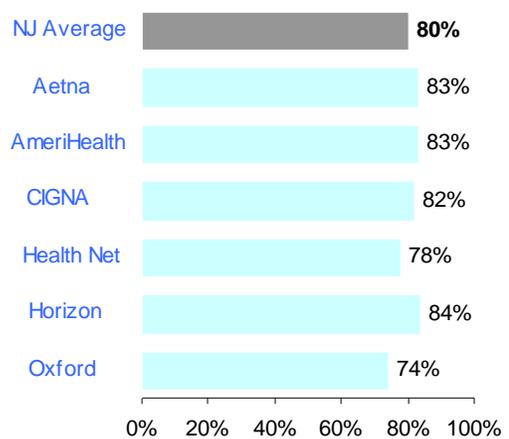
Check-ups for new mothers

During a visit, providers can check a new mother's recovery from childbirth and answer questions. Percent of new mothers who received a check-up within eight weeks after delivery:



Immunizations for children

Immunization shots prevent childhood diseases such as polio, measles, mumps, rubella and whooping cough. Percent of children who received recommended immunizations by age two:



Getting Better/Living with Illness

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

A comparison of each HMO's performance to the New Jersey HMO average shows how effective the HMOs are in working with doctors to care for members who are sick or living with chronic illness (pages 5–8).

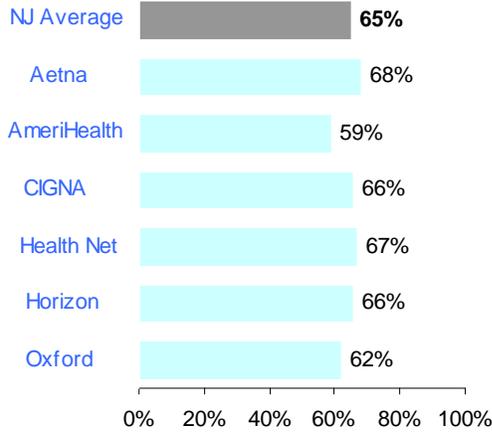
HMO	Management of medicine for depression*	Care after hospitalization for mental illness	Appropriate medications for asthma (children)	Controlling high blood pressure
Aetna - HMO/POS	68	80	96	71
AmeriHealth - HMO/POS	59	72	93	66
CIGNA - HMO/POS	66	69	94	64
Health Net - HMO/POS	67	82	96	71
Horizon - HMO	66	84	96	71
Oxford - HMO/POS	62	79	95	59

* Antidepressant Medication Management rate is based on Effective Acute Phase Treatment, as Optimal Practitioner Contacts for Medication Management retired this year.

See the next page for each HMO's scores →

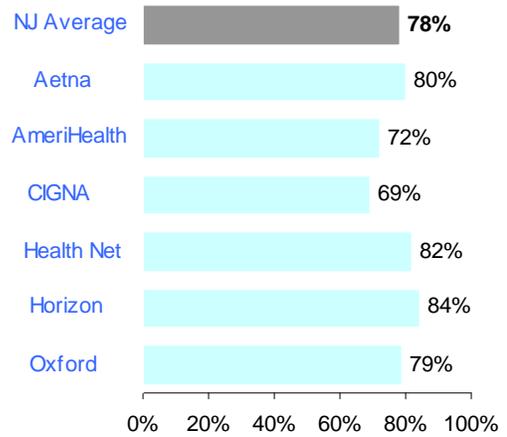
Management of medicine for depression

People taking medicine for depression need to be monitored. Percent of members given medicine for depression who had follow-up visits:



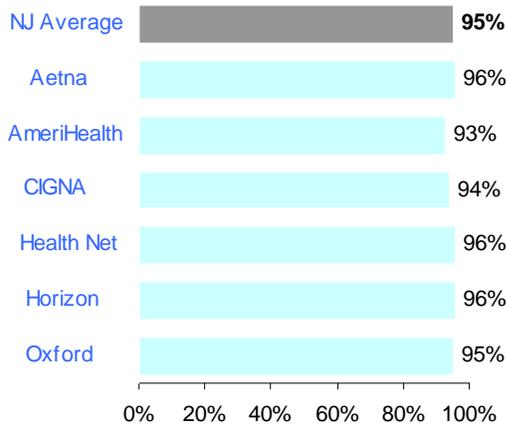
Care after hospitalization for mental illness

Therapy after a hospital stay for mental illness is important for recovery. Percent of members hospitalized for mental illness who received care afterwards:



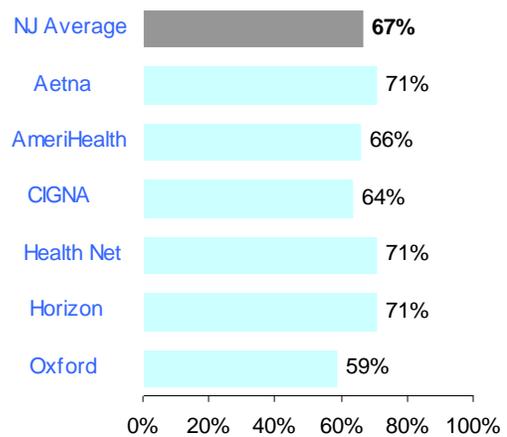
Appropriate medications for asthma (children)

With appropriate therapies, long term control of persistent asthma can be achieved, resulting in a decrease in hospitalizations and emergency room visits for treatment. Percent of pediatric members aged 5–17 with persistent asthma who received an appropriate therapy in the past year:



Controlling high blood pressure

High blood pressure (hypertension) is a major risk factor for a number of diseases and must be closely monitored and controlled. Percent of members aged 18–85 with hypertension whose blood pressure was under control at their most recent medical visit:



Getting Better/Living with Illness (continued)

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

A comparison of each HMO's performance to the New Jersey HMO average shows how effective the HMOs are in working with doctors to care for members who are sick or living with chronic illness (pages 5–8).

HMO	Cholesterol management of heart patients	Persistence of Beta blocker treatment after a heart attack	Blood sugar testing for people with diabetes	Eye exams for people with diabetes
Aetna - HMO/POS	64	79	87	60
AmeriHealth - HMO/POS	65	73	90	50
CIGNA - HMO/POS	61*	84	88	56
Health Net - HMO/POS	60*	85	91**	55***
Horizon - HMO	59	89	86	60
Oxford - HMO/POS	54	77	84**	43***

* Cholesterol Management Data for CIGNA and Health Net reflects 2007 rather than 2008 reporting year.

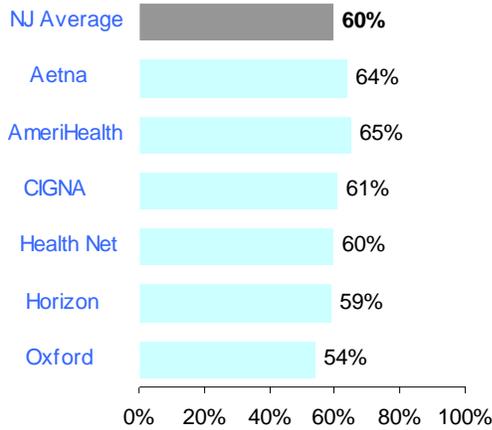
** Blood Sugar Testing Data for Health Net and Oxford reflects 2007 rather than 2008 reporting year.

*** Eye Exams Data for Health Net and Oxford reflects 2007 rather than 2008 reporting year.

See the next page for each HMO's scores →

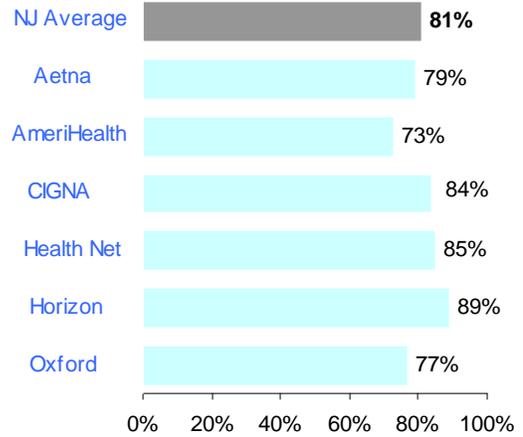
Cholesterol management of heart patients

Reducing cholesterol lowers the chances of having a heart attack. Percent of members with heart conditions who had their cholesterol level controlled:



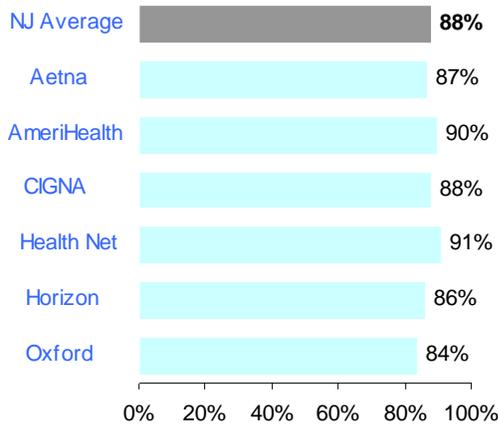
Persistence of beta blocker treatment after a heart attack

Beta blockers after a heart attack can help prevent future heart attacks. Percent of members who received persistent beta-blocker treatment for six months after discharge:



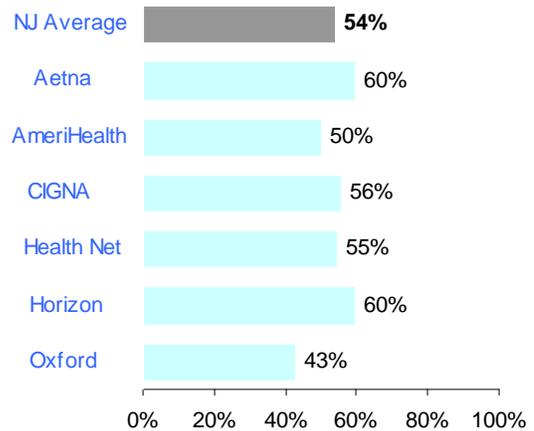
Blood sugar testing for people with diabetes

Controlling blood sugar levels can prevent complications from diabetes. Percent of members with diabetes who had a blood sugar (HbA1C) test:



Eye exams for people with diabetes

Regular eye exams can reduce the risk of blindness from diabetes. Percent of members with diabetes who received an eye exam:



Choosing Your HMO

Your choice of an HMO can influence your health.

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

Quality of Care and Service

- ▶ Look to see how well the HMO 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, look at all the factors that contribute to an HMO's performance and at large differences in the measures.
- ▶ Check the NCQA website for a 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 network by looking in the HMO's provider directory. It is important to confirm your provider's participation by calling the HMO's member services department or the provider directly, prior to enrollment. See page 10 for ways to contact the HMO.
- ▶ Decide whether the HMO 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 offers by reviewing the member handbook or calling the member services department.
- ▶ Consider your special needs and circumstances such as chronic health conditions, elder care, frequent travel, language, retirement and starting a family.

- ▶ Decide whether there is a good match between the health benefits offered by the HMO and what you think you may need.
- ▶ Find out what types of care or services the HMO 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 covers services by providers outside the HMO'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).
- ▶ Find out if the HMO places limits on the amount of benefits it will pay (annual or lifetime maximums).
- ▶ The HMO might also have internal limits on specific services, such as dollar, day or visit limits for specific services.

Accreditation

NCQA, also known as 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, also known as 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, also known as 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

The information in this report only covers the HMOs offering commercial HMO and POS products in New Jersey. The contact information in the chart lists **all** active HMOs approved to issue HMO and POS products in New Jersey. The chart shows if the HMO offers commercial coverage and if it participates in Medicare or Medicaid. It also shows the counties that each HMO is authorized to serve. An HMO might not offer Medicare or Medicaid in all the counties in its service area. Look at the chart notes to find the counties where an HMO participates in Medicare or Medicaid.

Telephone Numbers, Web Sites

NOTES:

1. AmeriChoice Medicare is available only in Atlantic, Bergen, Burlington, Camden, Essex, Hudson, Mercer, Middlesex, Monmouth, Ocean, Passaic and Union.

2. AMERIGROUP Medicare is available in Bergen, Essex, Hudson, Middlesex, Monmouth, Ocean and Union Counties only.

2*. AMERIGROUP Medicaid is available statewide except Salem County (South).

3. AmeriHealth Medicare is available only in Burlington, Camden, Cumberland, Gloucester and Salem (South).

4. Healthfirst Medicare & Medicaid are available in Bergen, Essex, Hudson, Passaic, and Union counties.

5. Health Net Medicaid is available in Bergen, Burlington, Camden, Cumberland, Essex, Gloucester, Hudson, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Somerset, Salem and Union.

6. Oxford Medicare is available in Bergen, Essex, Hudson, Passaic, Union, Morris, Mercer, Middlesex, Monmouth and Ocean.

7. University Health Plans Medicaid is available in all counties except Cape May (South).

HMO		
	Telephone	Web site
Aetna Health Inc. – (a New Jersey corporation)	(800) 872-3862	www.aetna.com
AmeriChoice of New Jersey	(800) 941-4647	www.americhoice.com
AMERIGROUP New Jersey	(800) 600-4441	www.amerigroupcorp.com
AmeriHealth HMO, Inc. – New Jersey	(866) 681-7368	www.amerihealth.com
CIGNA HealthCare of New Jersey, Inc.	(800) 345-9458	www.cigna.com
Healthfirst Health Plan of New Jersey, Inc.	(866) 635-1521	www.healthfirstnj.com
Health Net of New Jersey, Inc.	(800) 441-5741	www.healthnet.com
Horizon Healthcare of New Jersey, Inc.	(800) 355-2583	www.horizonblue.com
Oxford Health Plans of New Jersey	(800) 444-6222	www.oxhp.com
University Health Plans, Inc.	(800) 564-6847	www.uhpnet.com
WellCare Health Plan of New Jersey	(866) 687-8570	www.wellcare.com

PRODUCT LINE AND SERVICE AREA INFORMATION AS OF JULY 1, 2009

Use the telephone numbers and web sites to learn more about the HMOs that interest you.

Service Areas	Counties
NORTH:	Bergen, Essex, Hudson, Morris, Passaic, Sussex, Union, Warren
CENTER:	Hunterdon, Mercer, Middlesex, Monmouth, Somerset
SOUTH:	Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Ocean, Salem

Product Lines and Service Areas

PRODUCT LINES		
COMMERCIAL	MEDICARE	MEDICAID
✓	✓	
	✓ ₁	✓
	✓ ₂	✓ _{2*}
✓	✓ ₃	
✓		
	✓ ₄	✓ ₄
✓		✓ ₅
✓	✓	✓
✓	✓ ₆	
		✓ ₇
	✓	

SERVICE AREAS		
NORTH	CENTER	SOUTH
✓	✓	✓
✓	✓	✓
✓	✓	✓
✓	✓	✓
✓	✓	✓
Bergen, Essex, Hudson, Passaic, & Union		
✓	✓	✓
✓	✓	✓
✓	✓	✓
✓	✓	✓
✓	✓	✓
Essex, Hudson, Passaic, & Union	Middlesex	Middlesex

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 (800) 838-0935 or (800) 263-5912 and pressing option "2". DOBI monitors the compliance of HMOs with New Jersey rules through in-depth reviews and targeted examinations. DOBI investigates consumer complaints about HMOs 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 (or will be) 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, as well as other information on health carriers. This information can be found at www.state.nj.us/dobi/hactuar.htm

Medicare

For information on managed care options for Medicare in New Jersey, call the New Jersey

Department of Health and Senior Services, Division of Aging and Community 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.

NJFamilyCare/Medicaid

For information on NJ Family Care and Medicaid HMO options, quality information and complaints, call the New Jersey Department of Human Services at (800) 356-1561 or Visit: www.state.nj.us/humanservices.

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 and Senior Services (DHSS) publishes a number of reports and other data regarding, for instance, 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
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New Jersey Department of Banking and Insurance
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www.state.nj.us/dobi/lifehealthactuarial/hmo2009/