

Your HMO
Quality Check-up

THCIC
Choosing Well

✓ Texas
Medicare
HMOs



The Texas Health Care Information Council (THCIC) was created by the Texas Legislature to help Texans get the best possible information for choosing health care. THCIC collects a broad range of data on health care providers and it uses these data to create useful publications like this one.

The Texas Department of Health (TDH), established over a century ago to protect and promote the health of Texans, worked in partnership with THCIC to design a system to collect objective information on health maintenance organizations and to produce this report on Medicare health maintenance organizations.

This booklet contains data for all Medicare HMOs operating in Texas during 1997.

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More and more people who qualify for Medicare are choosing health maintenance organizations (HMOs) to provide for their health care needs. With several plans to choose from, how do you know which one to select?

There are many factors which go into deciding whether to choose Medicare managed care (Medicare HMO) or the original fee-for-service Medicare. For most seniors, it means they won't need a Medigap policy; for others, it means they will have prescription benefits.

This booklet is designed to provide you with objective, unbiased information to help you decide which Medicare HMO available might be your best choice.

In addition to this booklet, the federal government, the American Association of Retired Persons (AARP) and the Texas Department of Insurance have developed excellent materials that can help you decide between the original fee-for-service Medicare plan or the managed care Medicare plan.

If you need help in making this important decision, visit the Medicare website at www.medicare.gov, the AARP website at www.aarp.org and the Texas Department of Insurance website at www.tdi.state.tx.us.

If you don't have access to a computer at home or at your local library, you can call the Texas Health Information Counseling and Advocacy Program at 1-800-252-9240, the Social Security Administration at 1-800-772-1213 or the Texas Department of Insurance at 1-800-252-3439 for more information.

Managing to Control Costs

In the past, people with Medicare coverage could go to any doctor, specialist or hospital they chose. However, as costs have continued to rise, this way of providing health care to Medicare beneficiaries has become more and more expensive. Managed health care shows promise as an economical way to keep Medicare costs under control and to provide beneficiaries with additional benefits and freedom from filing claims.

Health maintenance organizations (HMOs) provide a wide range of health services and preventive health care through networks of doctors, hospitals, clinics, pharmacists and other providers. The HMO coordinates the services of its network of providers and monitors the quality of care its members receive. In general, the federal government contracts with HMOs to serve Medicare beneficiaries. Medicare beneficiaries may help pay the HMO by assigning their Part B premium to the HMO. Members may also pay a small fee (called a co-pay) for health care services such as doctors' visits, emergency care and prescriptions. Members choose a primary care physician from the doctors available through the HMO to manage health care including referrals for specialty care, laboratory, x-ray services and hospitalization when needed.

Collecting Objective Information

Beginning in 1998, all HMOs operating in Texas are required by State law to provide information about their services and practices within the state to the Texas Health Care Information Council.

Whether you are choosing a Medicare HMO for the first time or you are evaluating how your current HMO is performing, this booklet can help you make an informed choice. It presents a picture of how well HMOs are doing at making sure preventive services occur and provides

performance data on other important indicators of health care quality. This booklet also shows how plans compare against the state average as well as against national goals.

About This Report

THCIC asked Texas HMOs to use a specific set of objective performance measures called the Health Plan Employer Data Information Set (HEDIS[†]) to report their information. This ensured that the evaluation measures used for Texas HMOs would be comparable to those used for HMOs nationally. The HEDIS standards were developed by the National Committee for Quality Assurance (NCQA), a nonprofit organization recognized as an authority on managed care quality.

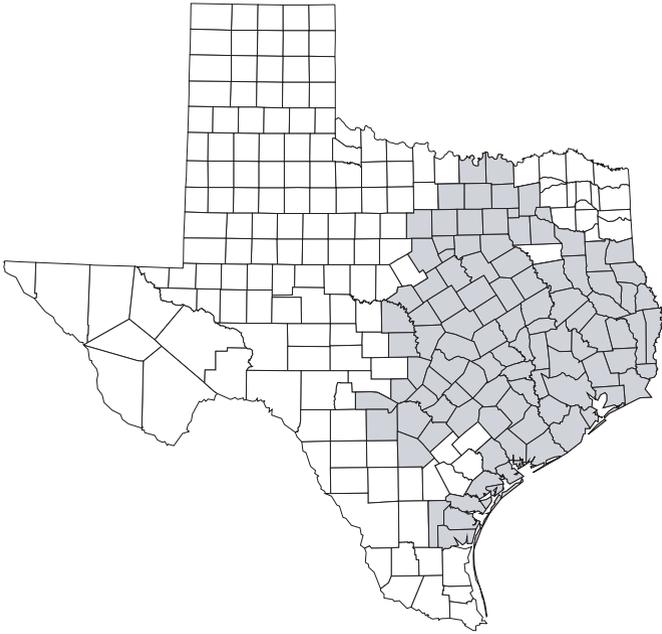
All Medicare HMOs offering plans in any county in Texas are included in this report. The area in which these plans serve is listed below the plan's name. However, not all Texas communities have access to Medicare managed care (see map on next page). You will need to check with HMOs you may be interested in to determine whether they provide services for the area in which you live.

Using This Report

This booklet reflects data on services and practices which occurred between January 1 and December 31, 1997. Each measure is presented on two facing pages. The page on the readers' left gives explanatory information about why the measure is important to you. The state average and the national goal are provided when available. The page on the readers' right consists of a bar chart with the results for each Medicare HMO in Texas. The bars are listed in alphabetical order by HMO with the plan's service area noted underneath.

[†]HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA)

Texas Counties with Medicare HMO Coverage



Anderson	Comal	Hood	Medina	San Patricio
Angelina	Cooke	Houston	Milam	San Saba
Aransas	Coryell	Hunt	Mills	Shelby
Atascosa	Dallas	Jackson	Montgomery	Smith
Austin	Denton	Jasper	Nacogdoches	Somervell
Bandera	Ellis	Jefferson	Navarro	Tarrant
Bastrop	Erath	Jim Wells	Newton	Travis
Bell	Falls	Johnson	Nueces	Trinity
Bexar	Fayette	Kaufman	Orange	Tyler
Blanco	Fort Bend	Kendall	Palo Pinto	Van Zandt
Bosque	Freestone	Kleberg	Panola	Victoria
Brazoria	Galveston	Lampasas	Parker	Walker
Brazos	Gonzales	Lavaca	Polk	Waller
Burleson	Grayson	Lee	Rains	Washington
Burnet	Grimes	Leon	Refugio	Wharton
Caldwell	Guadalupe	Liberty	Robertson	Williamson
Calhoun	Hamilton	Limestone	Rockwall	Wilson
Chambers	Hardin	Llano	Rusk	Wise
Cherokee	Harris	Madison	Sabine	
Collin	Hays	Matagorda	San Augustine	
Colorado	Hill	McLennan	San Jacinto	

Performance Measures



Breast Cancer Screening

Percentage of women age 52 to 69 using an HMO who had a mammogram within the past two years

Breast cancer is the most common form of cancer among women. Experts estimate that a woman in this country has a 1 in 9 chance of developing breast cancer in her lifetime. The American Cancer Society recommends breast cancer screening every year starting at age 40. A mammogram, which is an x-ray of the breast, can help detect tumors in their earliest, most curable stages. This measure gives an indication of the importance an HMO places on the health of middle-aged and older women. This chart shows the percentage of women age 52 to 69 using the HMO who had a mammogram within the past two years.

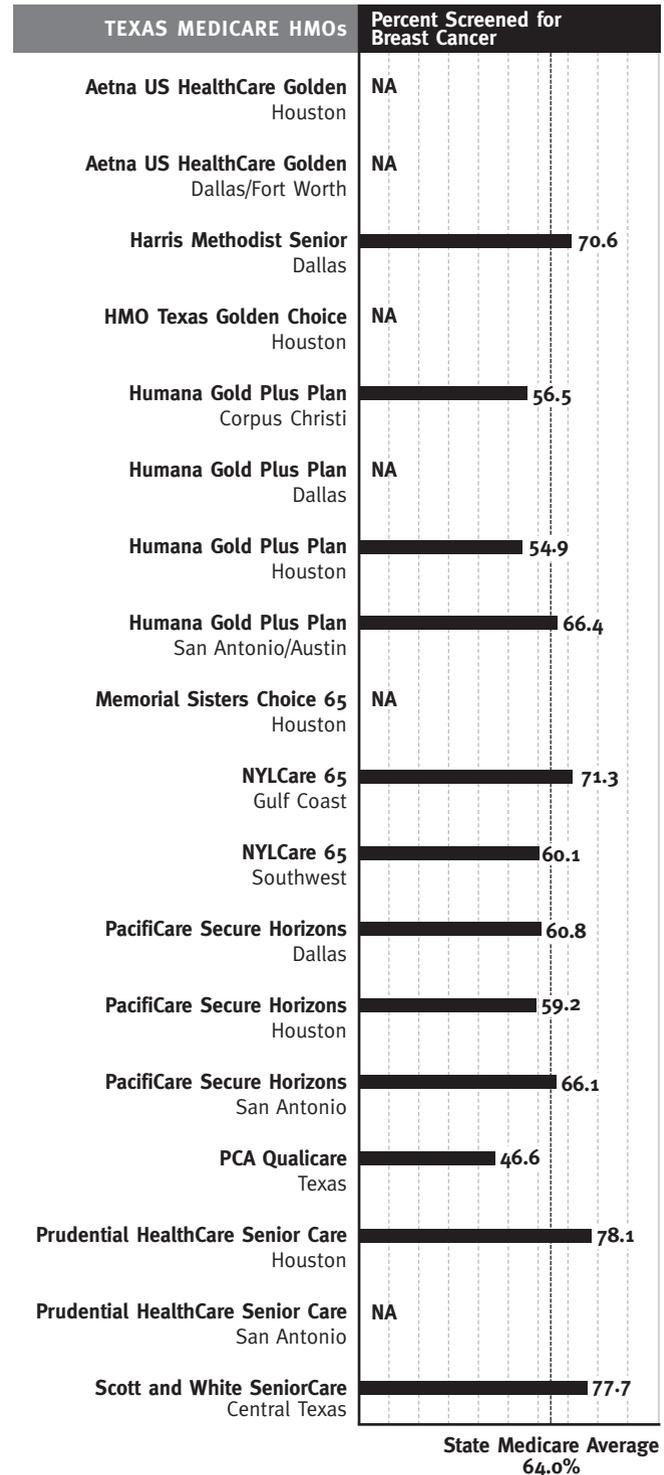
Texas Average	64.0%
Healthy People 2000 Goal	60.0%

All Medicare HMOs offering services in Texas are included in this chart. Not all HMOs provide services in every county. Please check with the HMO for details about the areas in which it serves. Results on this measure are based on HMO records and were verified by independent auditing organizations.

The dotted line on the chart indicates the Texas Medicare average.

NR - HMO failed to submit the required data or the data are not certified by an NCQA licensed auditor.

NA - HMOs with fewer than 100 patients for this measure are not reported.



Eye Exams for People with Diabetes

Percentage of people with diabetes using an HMO who had an eye exam in the last year

People with diabetes are 25 times more likely to develop blindness than people who do not have the disease. However, early detection and treatment of eye disease can prevent people with diabetes from losing their sight. If you do not have diabetes, but you do have another chronic condition such as heart disease, hypertension, asthma, pulmonary disease or cancer, this measure indicates the importance an HMO places on helping to ensure the best possible health for its members with chronic health problems. This chart shows the percentage of people with diabetes using the HMO who had an eye exam in the past year.

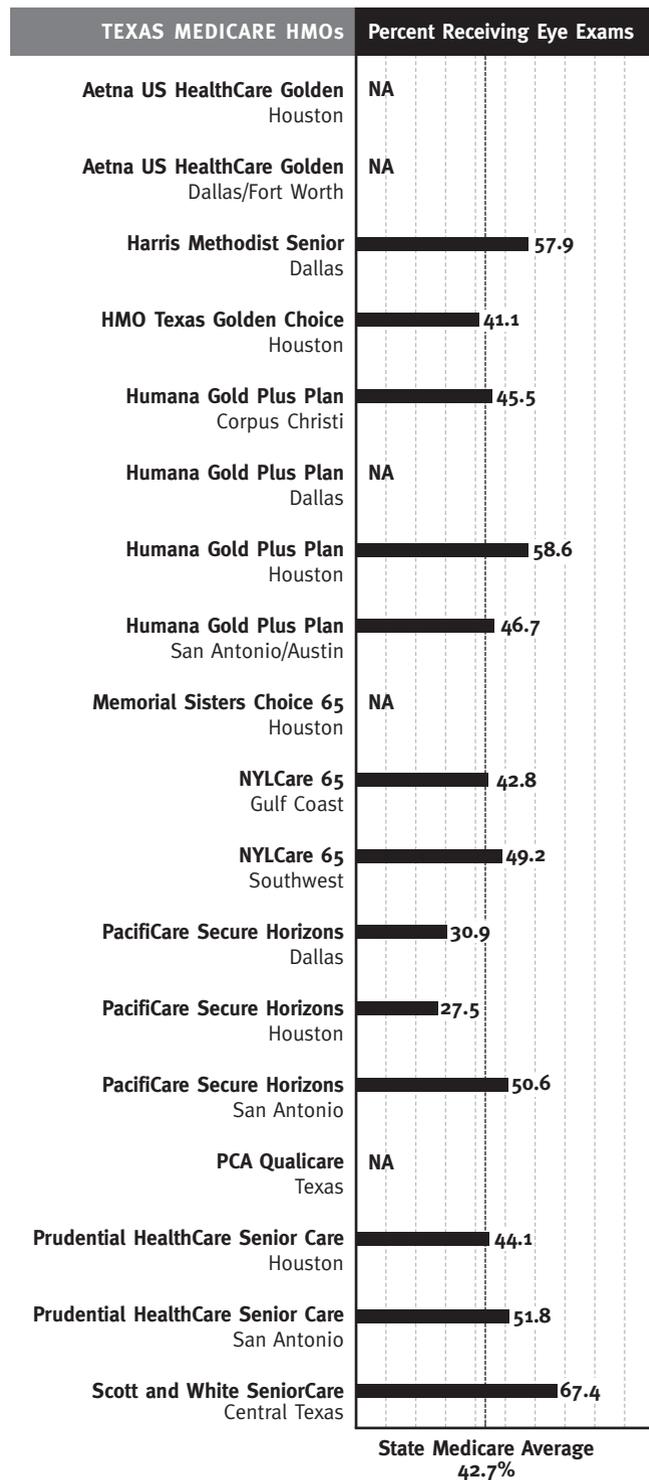
Texas Average	42.7%
Healthy People 2000 Goal	N/A

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Board Certified Physicians

Percentage of primary care physicians (PCPs) in the HMO network who are board certified

The quality of doctors in an HMO's network has an important effect on the overall quality of care HMO members receive. Board certification means physicians have had additional training and passed a rigorous examination about the kinds of health problems commonly treated in their area of medicine. This measure gives an indication of the value an HMO places on having specially-trained physicians. This chart shows the percentage of doctors in the HMO network who are board certified.

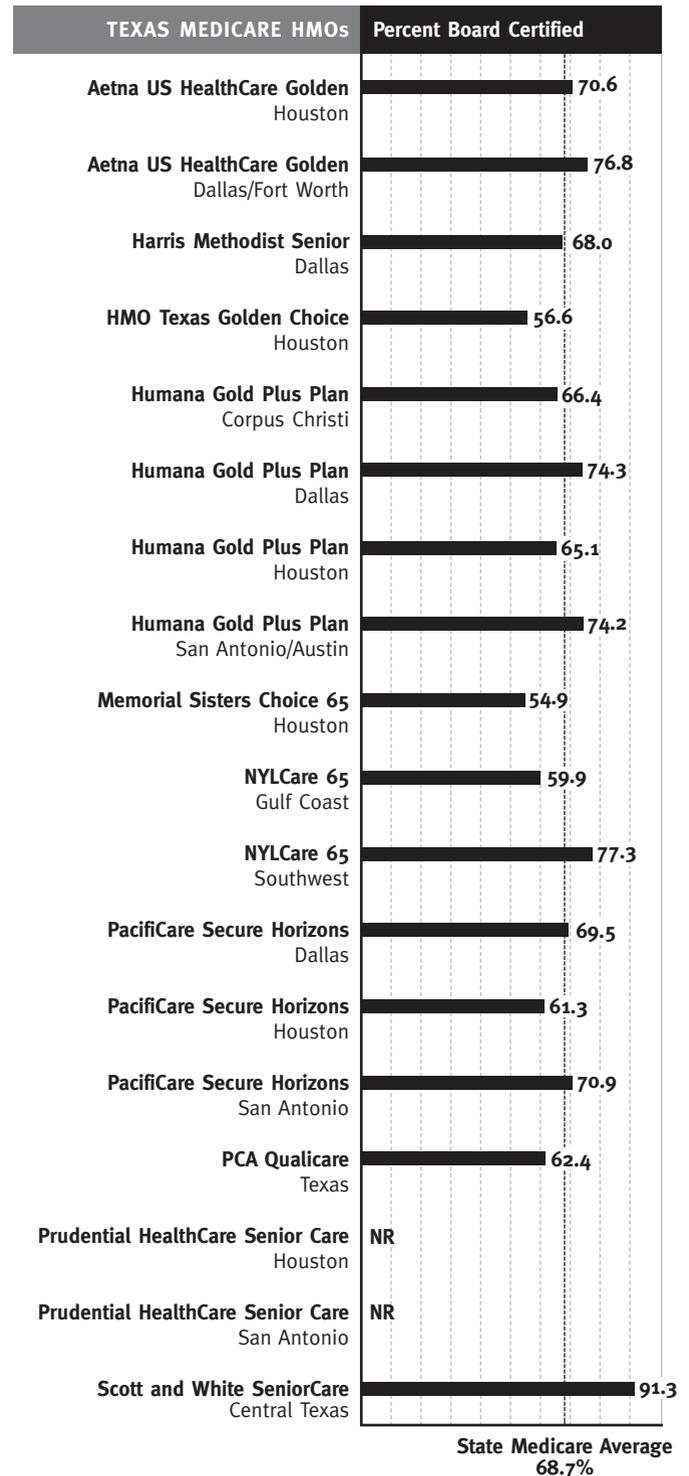
Texas Average	68.7%
Healthy People 2000 Goal	N/A

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Inpatient Utilization

The average length of stay for individuals hospitalized for non-ambulatory medical or surgical care

Medicare HMO members are hospitalized for a variety of reasons: planned surgery, unexpected illness or a medical condition which has spun out of control. The high cost of hospital care is an important reason people should have insurance. Inpatient utilization measures the average length of stay that Medicare HMO members experienced as a result of medical or surgical hospital care. This graphic does not include hospitalizations for mental health or chemical dependency reasons.

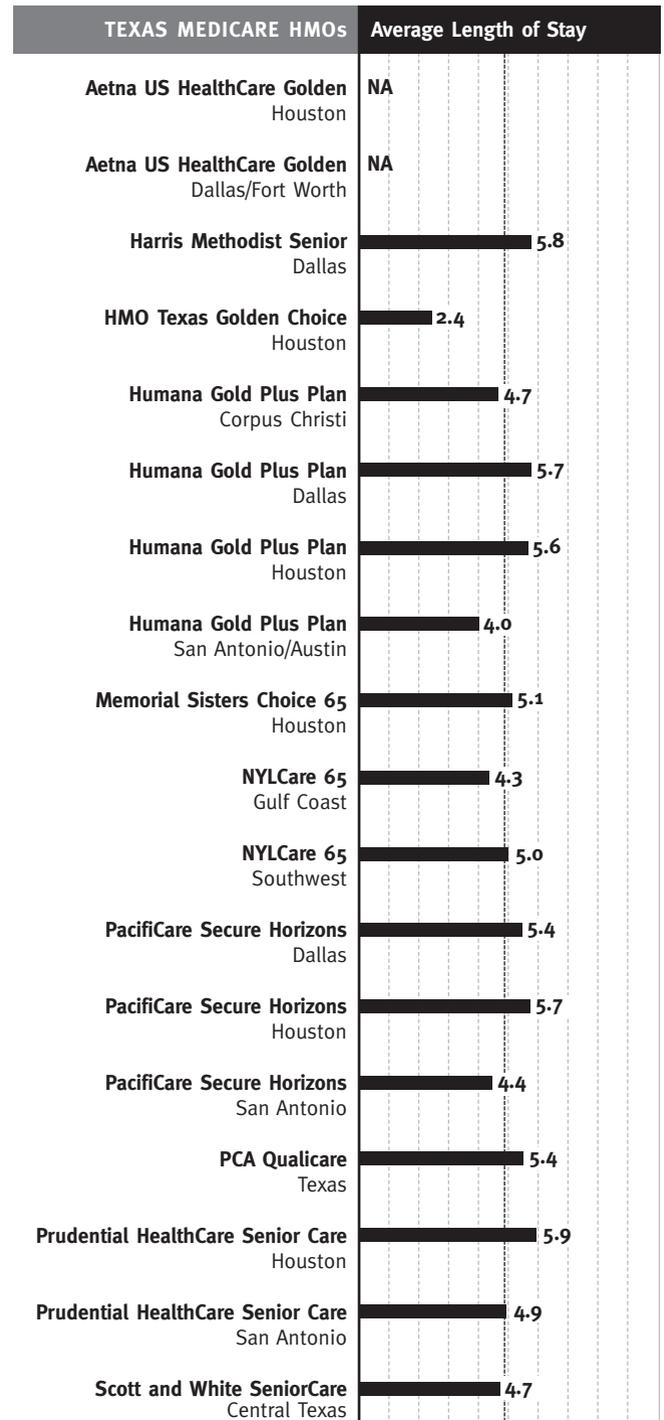
Texas Average	4.9 Days
Healthy People 2000 Goal	N/A

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**State Medicare Average
4.9 Days**

Availability of Primary Care Providers (PCPs)

Percentage of primary care providers (PCPs) who accept new members with no restrictions

Many health plan members rely on their primary care providers to diagnose and treat their illnesses. When joining an HMO, new members are asked to select their primary care provider (PCP) from a list of participating doctors within the health plan. In some cases, doctors' practices fill up and they no longer accept new patients. This chart shows the percentage of primary care providers who accept new members into their practices.

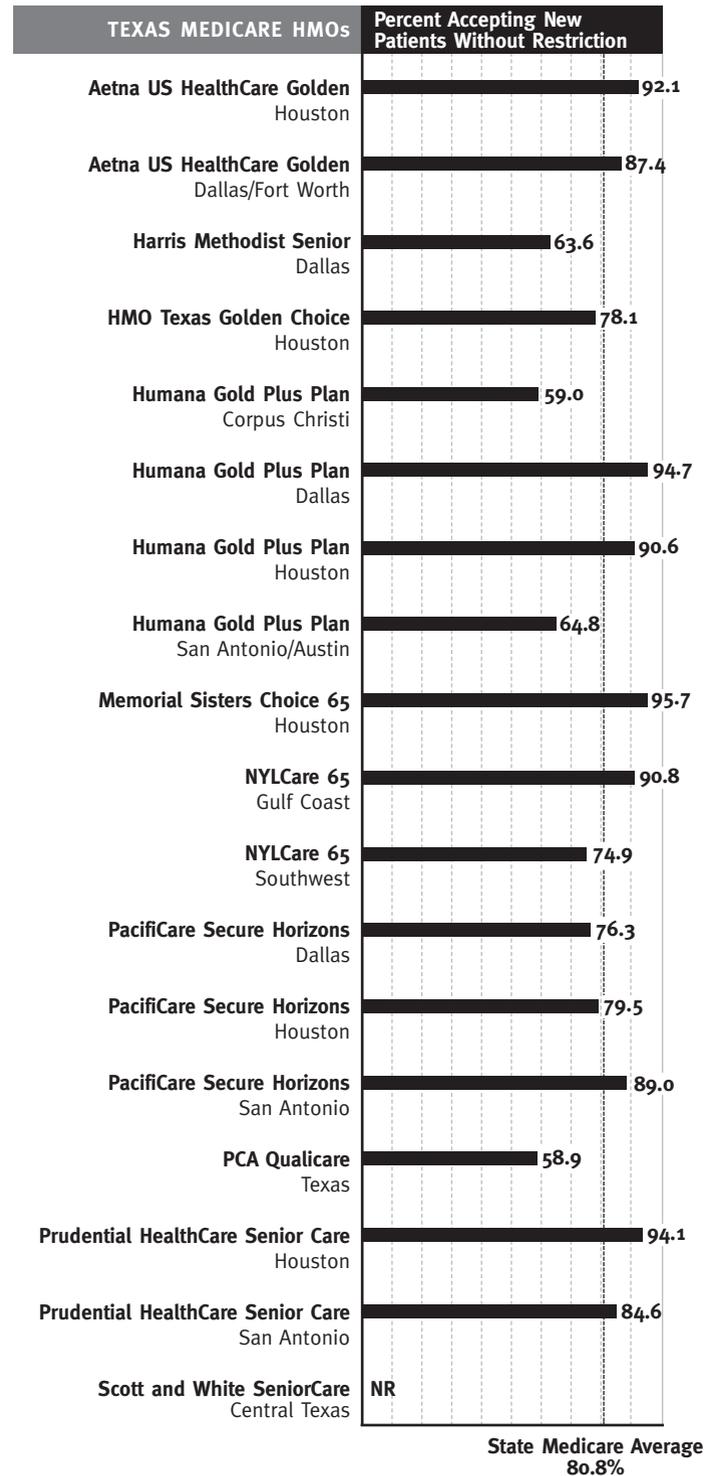
Texas Average	80.8%
Healthy People 2000 Goal	N/A

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The dotted line on the chart indicates the Texas Medicare average.

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Availability of Behavioral Health Care Providers

Percentage of behavioral health care providers who accept new members with no restrictions

Behavioral health problems are frequently under-diagnosed and often never treated. Only 15% of all individuals who require treatment receive necessary care. Having a selection of behavioral health caregivers available assures plan members that, should the need arise, choices are available to them. This chart shows the percentage of behavioral health care providers who accept new members with no restrictions.

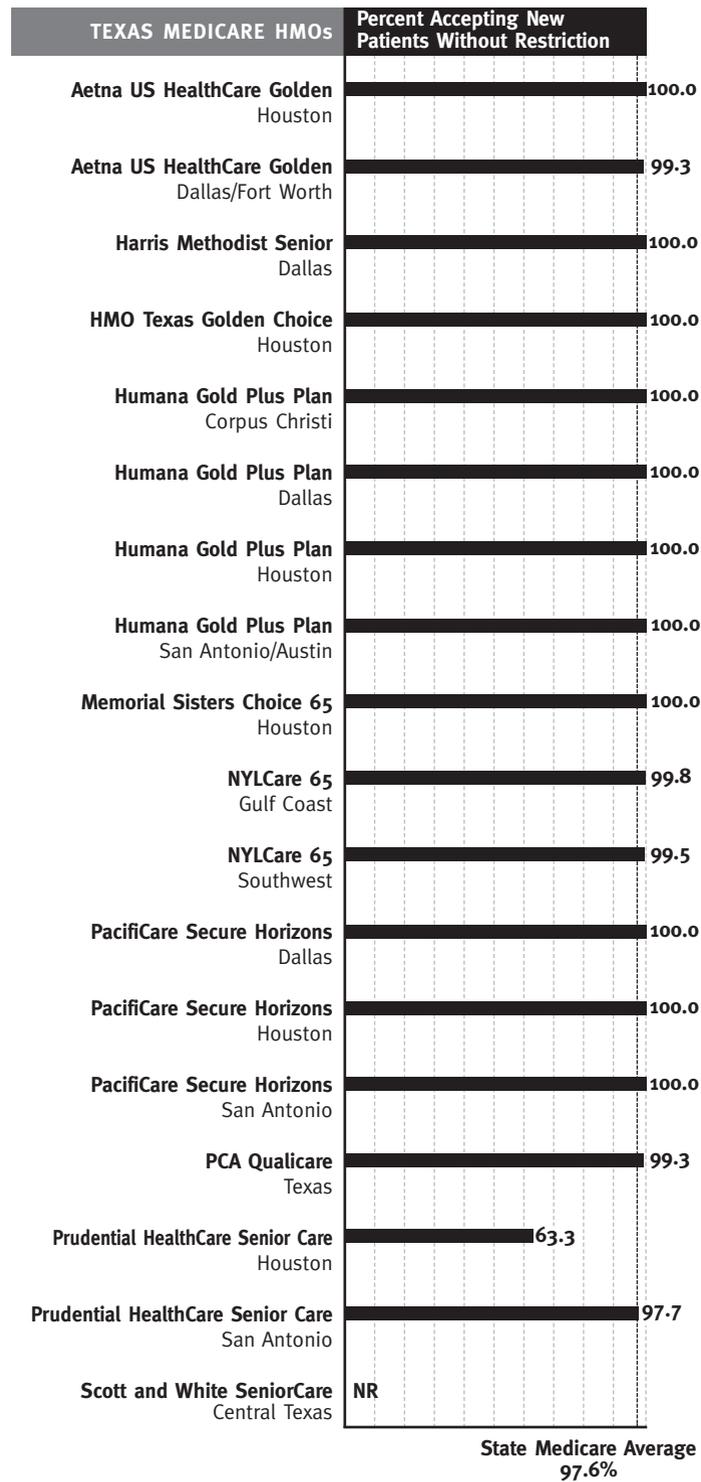
Texas Average	97.6%
Healthy People 2000 Goal	N/A

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Other Quality Indicators

The table on the next page covers other important things you will want to know about HMOs.

✓ *Members Enrolled:* The number of members enrolled in the plan as of December 31, 1996.

Membership data can be used to learn the enrollment characteristics of the plan and may help explain differences in the type of care and volume of services provided.

✓ *Disenrollment Rate:* The percentage of members who left the health plan during 1997.

A high disenrollment (withdrawal) rate may be a predictor of declining revenues, financial instability or high member dissatisfaction.

✓ *Provider Turnover:* The percentage of primary care providers who left the plan during 1997.

Keeping the same primary care provider (PCP) over time can increase the effectiveness of care members receive. A high provider turnover rate may mean that there is a problem with the way a plan is managed or that the plan is ending contracts with providers.

TEXAS MEDICARE HMOs	Members Enrolled	Disenrollment Rate	Provider Turnover
Aetna US HealthCare Golden Houston	*	*	*
Aetna US HealthCare Golden Dallas/Fort Worth	*	*	*
Harris Methodist Senior Dallas	20,778	9.2	5.4
HMO Texas Golden Choice Houston	1,364	39.1	23.3
Humana Gold Plus Plan Corpus Christi	9,154	14.3	18.2
Humana Gold Plus Plan Dallas	*	*	*
Humana Gold Plus Plan Houston	6,856	15.9	4.6
Humana Gold Plus Plan San Antonio/Austin	15,838	11.7	13.6
Memorial Sisters Choice 65 Houston	*	*	*
NYLCare 65 Gulf Coast	31,931	10.0	7.1
NYLCare 65 Southwest	21,561	13.0	12.6
PacifiCare Secure Horizons Dallas	12,306	16.6	10.0
PacifiCare Secure Horizons Houston	19,246	20.4	8.5
PacifiCare Secure Horizons San Antonio	30,624	11.9	8.2
PCA Qualicare Texas	20,771	25.4	8.2
Prudential HealthCare Senior Care Houston	6,650	14.2	10.7
Prudential HealthCare Senior Care San Antonio	2,128	22.9	13.8
Scott and White SeniorCare Central Texas	11,509	4.9	14.4

* These HMOs began Medicare enrollment after 12/31/1996

Some Important Things to Consider

You'll need more than a snapshot of quality measures to decide if Medicare HMO enrollment, or a particular Medicare HMO, is for you. Consider these factors:

✓ *Availability:* Does the HMO you are interested in provide services in the area where you live? The Medicare Compare database available on the Medicare website at www.medicare.gov allows you to search for companies serving your zip code. If you travel a great deal, check with the HMO about coverage while you are away from home.

✓ *Benefits:* Does your HMO offer the benefits you need or want? All HMOs must provide basic health care services, but not all benefits are the same from plan to plan. Choose your HMO carefully and select a plan that does the best job of offering what is important to you, not a plan that offers a broad range of health care services that you may never need or use.

✓ *Choice:* Is your family physician or specialist a member of the plan's network of providers? If not, are you willing to change doctors? It will usually cost more to see a doctor or a specialist who is not a member of the HMO's network. If you need to select a new doctor, you'll want to ask if they are accepting new patients.

✓ *Costs:* Are there significant cost differences among the plans? Premiums vary from one HMO plan to the next, and so can the payments (called co-pay) you have to make for doctor visits, specialists, prescriptions, hospital stays and emergency room visits. Be sure to weigh the cost of the plan with the level of service it provides when making your choice.

Please provide the following information along with anything else you would like to point out, and fax or send this form to the HMO Data Collection Program, Texas Health Care Information Council (note address at bottom). Your assistance in providing input is greatly appreciated.

*O*ptional
Name: _____
Address: _____
City, State, Zip: _____
Telephone number: _____
E-mail address: _____

1. What did you like best about this report?
2. What did you like least about this report?
3. What changes would you suggest?
4. Do you have any other questions?
5. Would you be willing to participate in a focus group to test future THCIC reporting materials?
 Yes No

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