

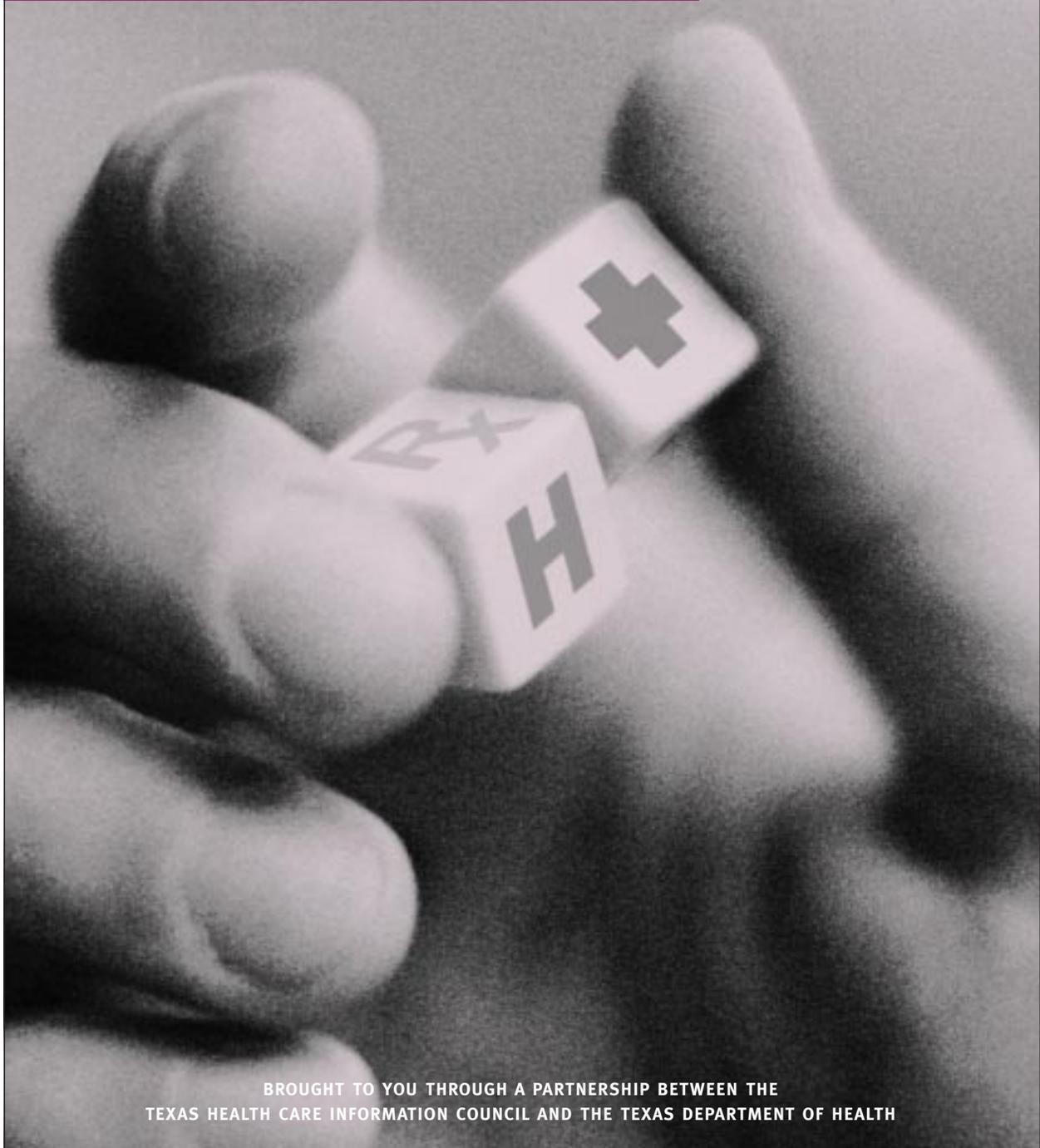
Your HMO Quality Check-up: A Consumer's Guide

THCIC

Choosing Well

Regions:

- North Texas
- Central Texas
- South Texas
- East Texas
- Gulf Coast
- Panhandle/West Texas



BROUGHT TO YOU THROUGH A PARTNERSHIP BETWEEN THE
TEXAS HEALTH CARE INFORMATION COUNCIL AND THE TEXAS DEPARTMENT OF HEALTH

The Texas Health Care Information Council (THCIC)

The Texas Health Care Information Council (THCIC)

was created by the Texas Legislature to help Texans get the best possible information about health care. THCIC collects a broad range of data on health care benefits, fees, quality of care, and patient satisfaction, and it uses the data to create useful publications like this one.

This booklet contains only a few of the many performance measures for health maintenance

organizations (HMOs) reported to THCIC for 1998. It covers HMOs which operate in the North region of Texas. Five other regional booklets have the same type of information about HMOs for the rest of the state.

Early next year, results on all the measures collected for Texas will be published in “Straight Talk on Texas HMOs – A Buyer’s Guide.”

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Choosing a health care plan for your family is an important decision. With all the plans available, how do you know which one to choose? What makes a good HMO? It's a simple question, but unfortunately there isn't a simple answer. That's because although all health maintenance organizations (HMOs) provide health care, we each have different health needs.

Whether you are in the market for the services of an HMO or evaluating your current HMO, this booklet can help you make an informed choice. It presents a snapshot of some of the preventive services offered by HMOs, includes other indicators of quality, and shows how plans compare against regional, state, and national standards.

The Texas Health Care Information Council and HMOs in Texas worked together with assistance from the Texas Department of Health to provide this information. Our goal is to help consumers by making information on HMOs available to everyone. We also wish to support employers, health plan administrators, and physicians in providing Texans with the best possible health care services.

Some Important Things to Consider

You'll need more than a snapshot of quality measures to make decisions about the right HMO for yourself and your family. Consider these:

- ✓ *Availability:* Does the HMO you are interested in provide services in the area where you live or work?
- ✓ *Benefits:* Does your HMO offer the benefits you want? All HMOs must provide basic health care services, but not all benefits are the same from plan to plan. The HMO best for you and your family depends on many factors, such as your age and the ages of your children, your health and that of other family members, and whether someone in your family needs special care. Choose your HMO carefully and select a plan that offers what's important to you, not necessarily a plan that offers a broad range of health care services that you may not need or use.
- ✓ *Choice:* Is your family physician or specialist a member of the network of providers for the HMO that interests you? If not, are you willing to change doctors? Usually it will cost more to see a doctor or specialist who is not a member of the HMO network. If you need to select a new doctor, you'll want to ask if there are doctors in the plan who are accepting new patients.
- ✓ *Costs:* Are there significant cost differences among the plans you are considering? Premiums can vary from one HMO to the next and so can payments (called co-pay) you have to make for doctor visits, specialists, drugs, hospital stays, and visits to the emergency room. Be sure to compare the costs of the plan with the level of service it provides in making your final choice.

Managing to Control Costs

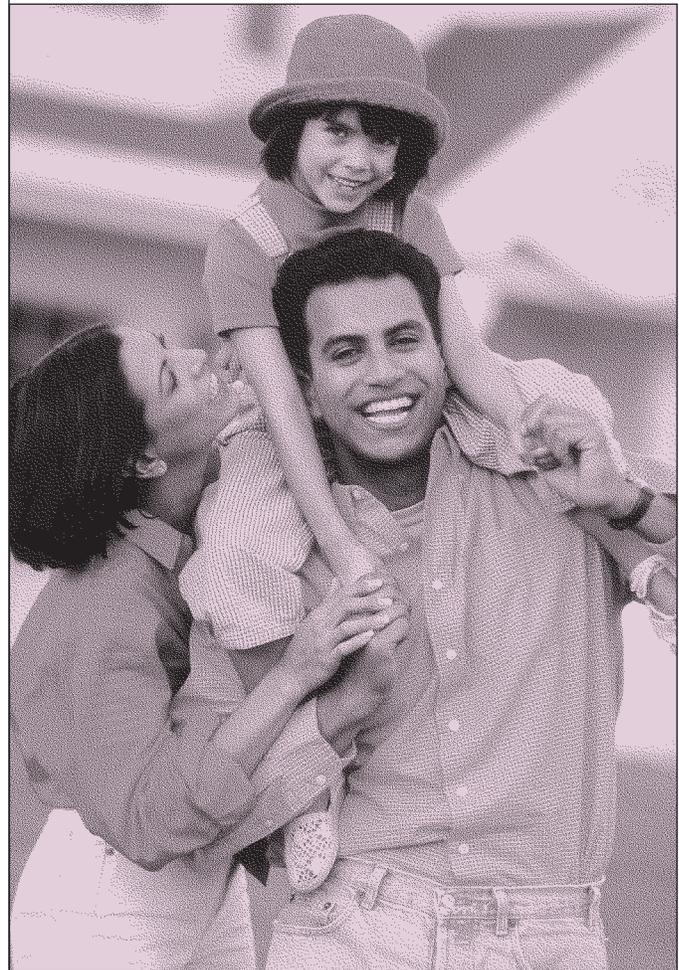
In the past, most people with health insurance could go to any doctor, specialist, or hospital they chose. However, as health care costs continued to go up every year, this type of insurance – called “indemnity” or “fee-for-service” – became too expensive in many cases. Eventually, many individuals and employers simply couldn’t afford it. Managed health care has emerged as an economical health care alternative.

There are many different types of managed health care. This booklet focuses on the most common: health maintenance organizations. HMOs provide a wide range of health services and preventive care through networks of doctors, hospitals, clinics, pharmacists, and other care providers. The HMO coordinates the services of its network of providers and monitors the quality of care its members receive. Generally, individuals (or their employers) pay a monthly fee for membership in the HMO. Members also pay a small fee (called a co-pay) for health care services such as doctor’s office visits, emergency care, and prescriptions. Members choose a primary care physician from the doctors available through the HMO to manage their health care, including referrals for specialty care, laboratory and x-ray services, and hospitalization when needed.

Collecting Objective Information

All Texas HMOs are required by State law to provide information about their services and practices to the Texas Health Care Information Council. HMOs use a specific set of objective performance measurements called HEDIS® (Health Plan Employer Data Information Set) to report their information. The HEDIS standards were developed by the National Committee for Quality Assurance (NCQA), a nonprofit organization recognized as an authority on managed care quality. These measures provide a way to make fair comparisons between individual HMOs.

Plans included in this booklet provided services from January 1 to December 31, 1998. Some of the HEDIS measures couldn’t be calculated for every HMO. In these instances, explanations appear in the notes with each information chart.



What's Included in this Booklet

This booklet has facts about the 18 HMO plans serving the North Texas region. It covers HMOs operating in the following 19 counties:

Collin	Johnson
Cooke	Kaufman
Dallas	Navarro
Denton	Palo Pinto
Ellis	Parker
Erath	Rockwall
Fannin	Somervell
Grayson	Tarrant
Hood	Wise
Hunt	

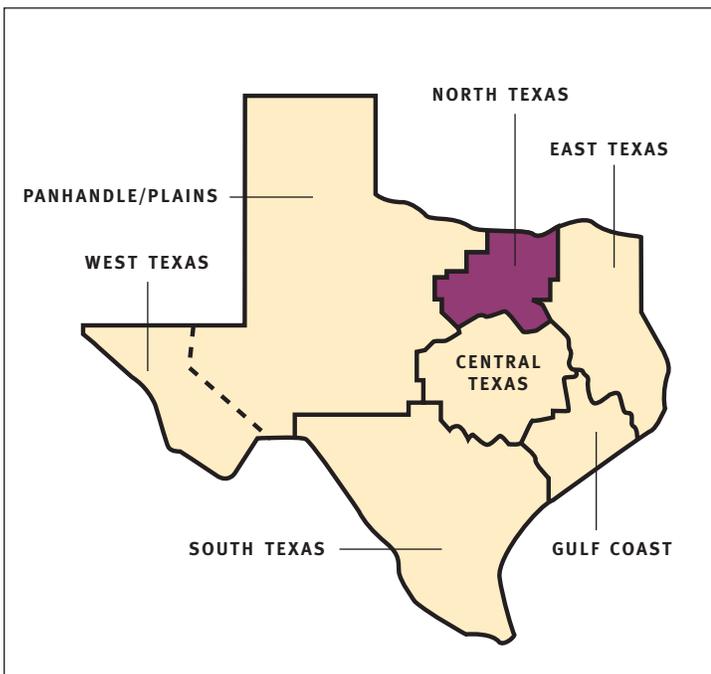
All HMOs offering services in any county in North Texas are included, even if they are headquartered in a city outside the region. Not all HMOs provide services in every county. You can check with the HMO for details about the areas it serves.

✓ **Performance Measures:** How does your HMO stack up against others in this area? This booklet includes a selection of HEDIS measures to help you compare HMOs in North Texas. Included are the availability of board-certified physicians in the HMO network and five measures related to members' use of preventive health care services.

It is less expensive to treat minor health problems than major ones. That's why most HMOs cover the costs of chronic disease screening and preventive health services. The idea is to catch health problems before they become serious. Many HMOs specifically encourage their members to use preventive services, while others pay for them but don't necessarily encourage their use. Remember that HMOs can encourage the use of preventive services, but it is your responsibility to get the care you need.

Even if the preventive services described in this booklet don't apply to you, you can use information to help understand HMO priorities for you and your family's health.

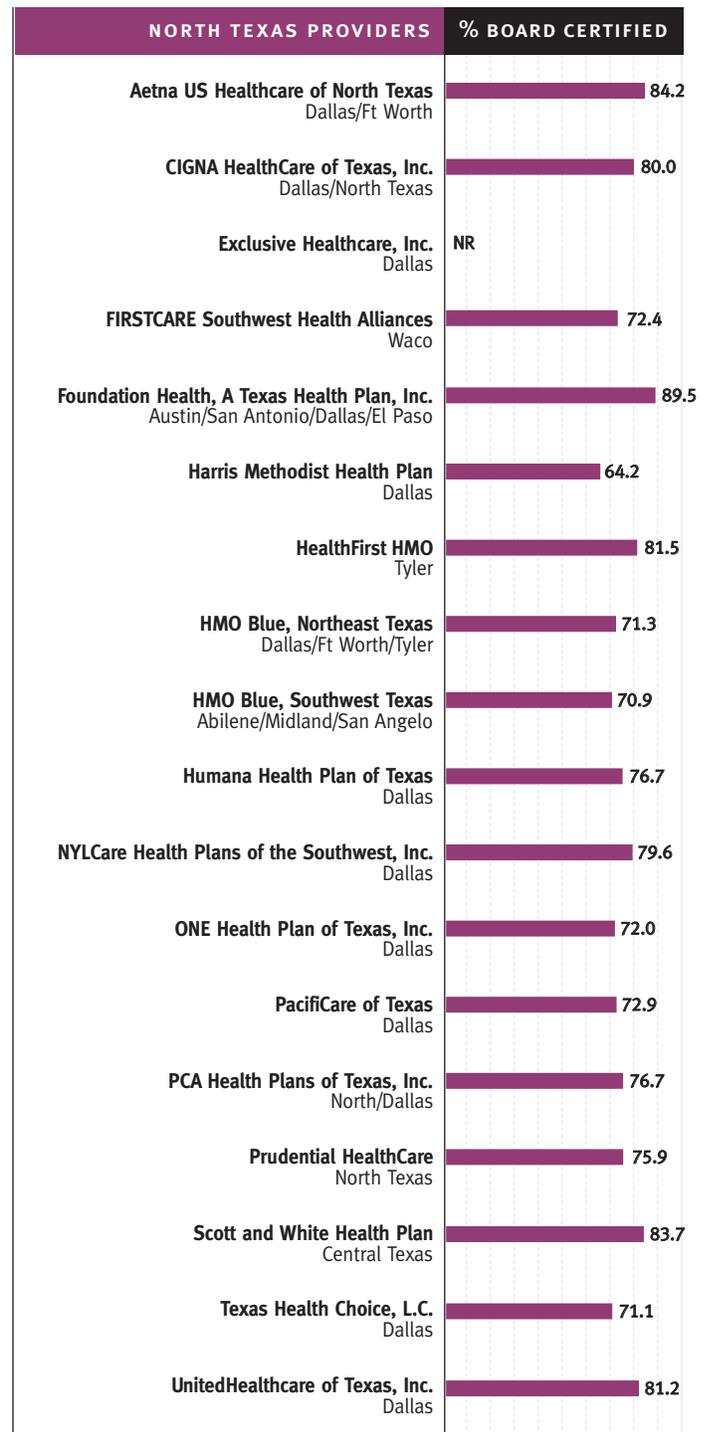
Curious about how your HMO compares to others in Texas and across the country? The Quality Compass® average is based on HEDIS data voluntarily reported by HMOs throughout the United States by the National Committee for Quality Assurance. *Healthy People 2000* is a report issued by the Centers for Disease Control and Prevention that contains widely accepted goals for all public and private health care organizations.



Board Certified Physicians

Percentage of doctors in the HMO network who are board certified

The quality of doctors in an HMO network has an important effect on the overall quality of care that HMO members receive. Board certification means that physicians have had additional training and passed a rigorous examination about the kinds of health problems they treat. This measure indicates the value an HMO gives to having well-trained physicians. The chart shows the percentage of doctors in the HMO network who are board certified.



NR Not reported because plan failed to submit required data or results were materially biased.

All HMOs offering services in any county in North Texas are included in this chart, even if they are headquartered in a city outside the region. Not all HMOs provide services in every county. Please check with the HMO for details about the area it serves in this region. Results on this measure are based on HMO records and were verified by independent auditing organizations.

Breast Cancer Screening

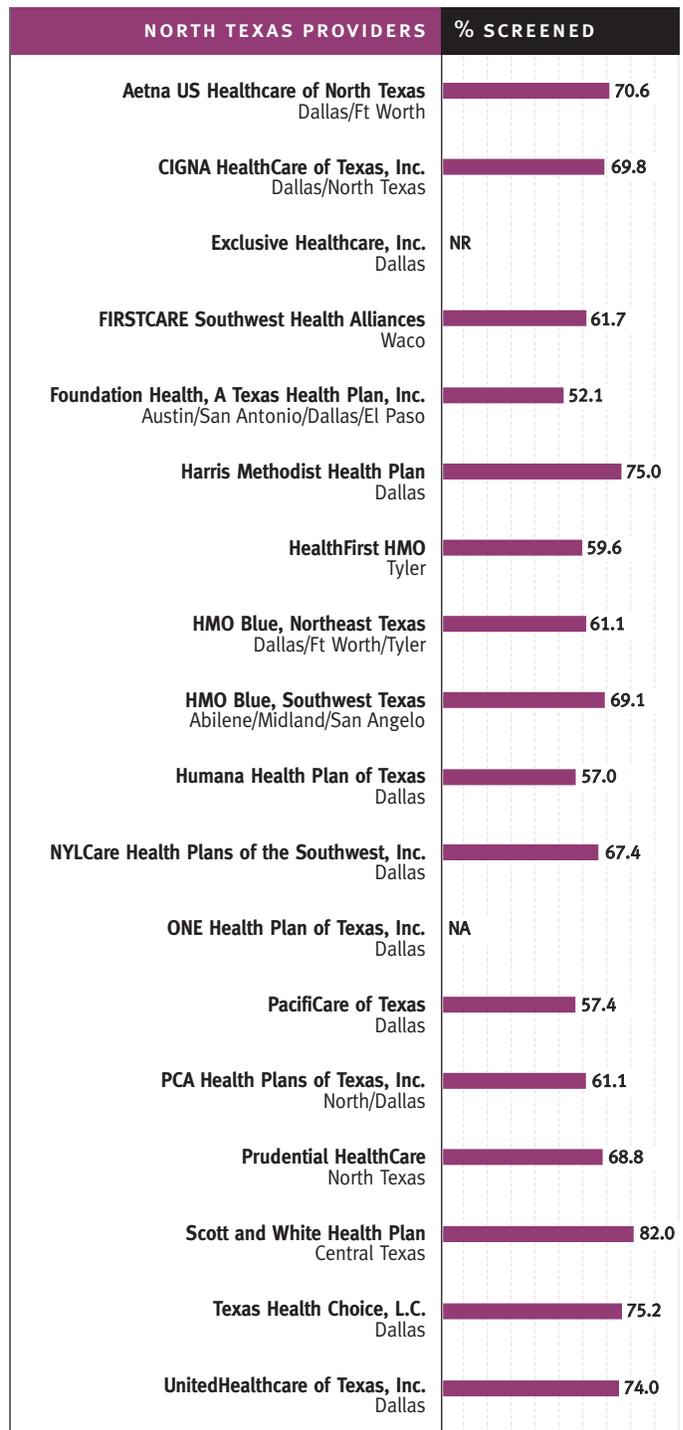
Percentage of women age 52 to 69 using the HMO who received a mammogram within the past two years

Breast cancer is the most common form of cancer among women. Experts estimate that a woman in this country has a 1 in 8 chance of developing breast cancer in her lifetime. Breast cancer occurs most frequently in women over 50 years of age. A mammogram, which is an x-ray of the breast, can help detect tumors in their earliest, most curable stages. The American Cancer Society recommends breast cancer screening every year starting at age 40. This measure indicates the importance an HMO places on the health of middle-aged and older women. The chart shows the percentage of women age 52 to 69 using the HMO who had a mammogram within the past two years.

REGIONAL AND NATIONAL AVERAGES	
Texas*	66.2%
North Texas*	66.4%
Quality Compass	72.2%
Healthy People 2000 Goal	60.0%

*Values Revised 12/13/99

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Cervical Cancer Screening

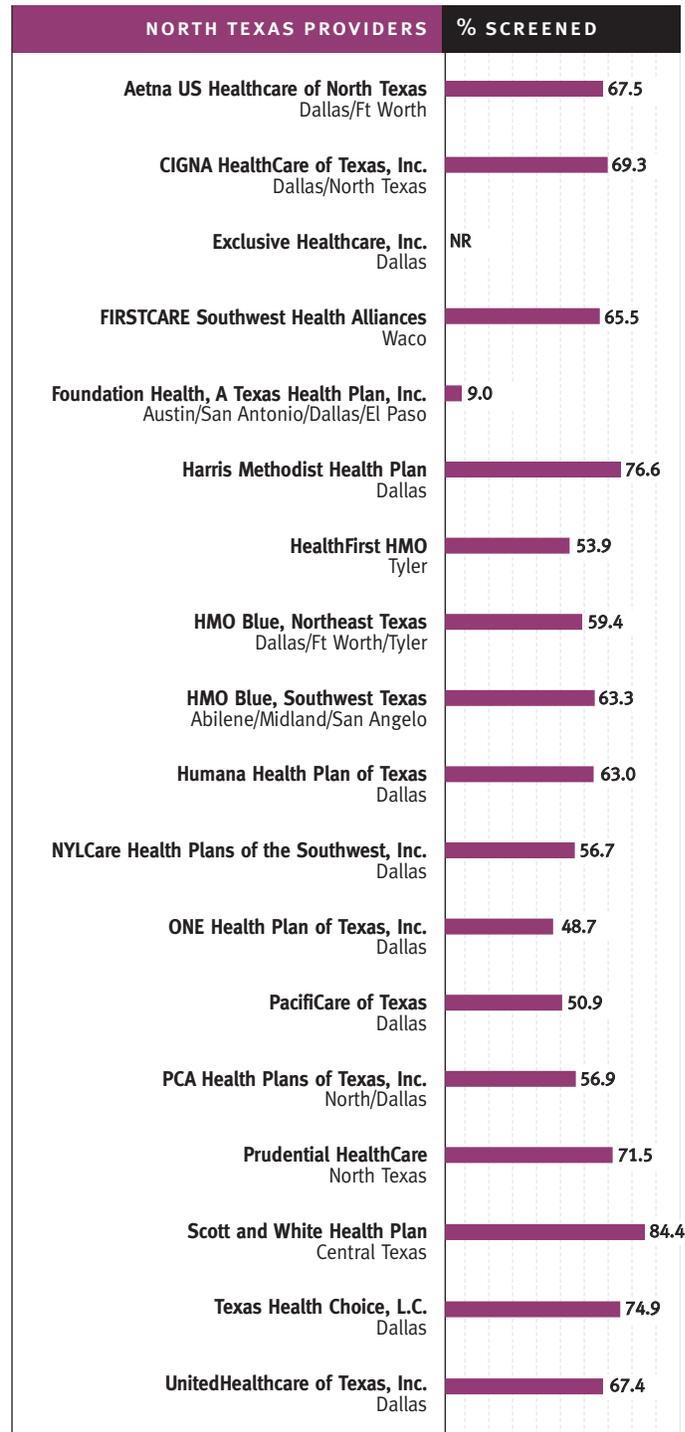
Percentage of women age 21 through 64 using the HMO who received a Pap smear within the past three years

There are usually no symptoms associated with cancer of the cervix. That's why it is important for women to have a regular Pap smear to detect this disease in its earliest, most treatable stage. When found and treated early, cervical cancer can be cured. This measure indicates the importance an HMO places on women's health. The chart shows the percentage of women age 21 through 64 using the HMO who had a Pap smear within the past three years.

REGIONAL AND NATIONAL AVERAGES	
Texas*	61.3%
North Texas*	61.1%
Quality Compass	69.9%
Healthy People 2000 Goal	85.0%

*Values Revised 12/13/99

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Prenatal Care in the First Trimester of Pregnancy

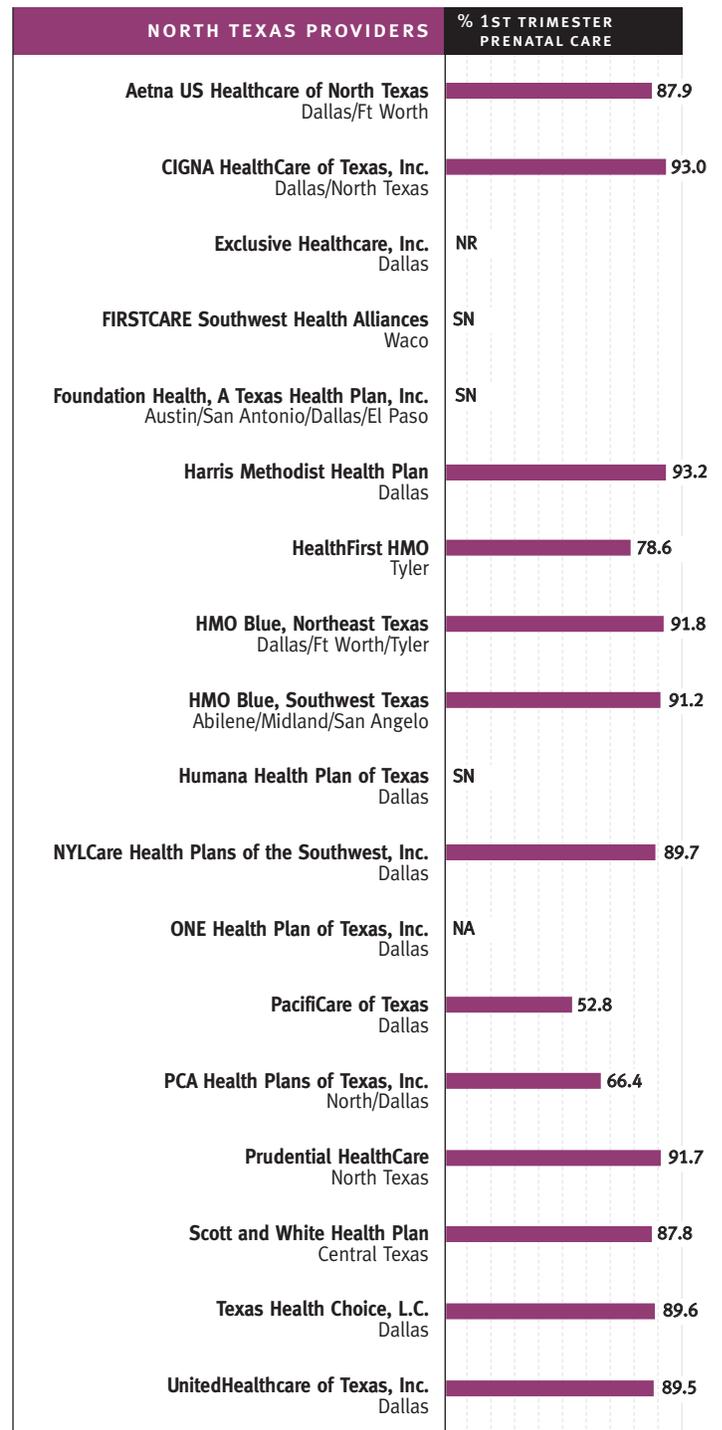
Percentage of pregnant women using the HMO who began prenatal care in the first trimester of pregnancy

Studies show that women who receive prenatal care starting in the first three months of pregnancy have healthier babies than women who receive no prenatal care or begin care later in their pregnancy. Early prenatal care results in fewer low birth weight babies and infant deaths. Prenatal care classes often help provide a pregnant woman with the skills she needs to be a better mother. This measure indicates the importance an HMO places on helping to ensure that mothers give birth to healthy babies. The chart shows the percentage of pregnant women using the HMO who began prenatal care in the first trimester of pregnancy.

REGIONAL AND NATIONAL AVERAGES	
Texas*	80.5%
North Texas*	77.8%
Quality Compass	83.6%
Healthy People 2000 Goal	90.0%

*Values Revised 12/13/99

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Well Child Check-ups in the First 15 Months

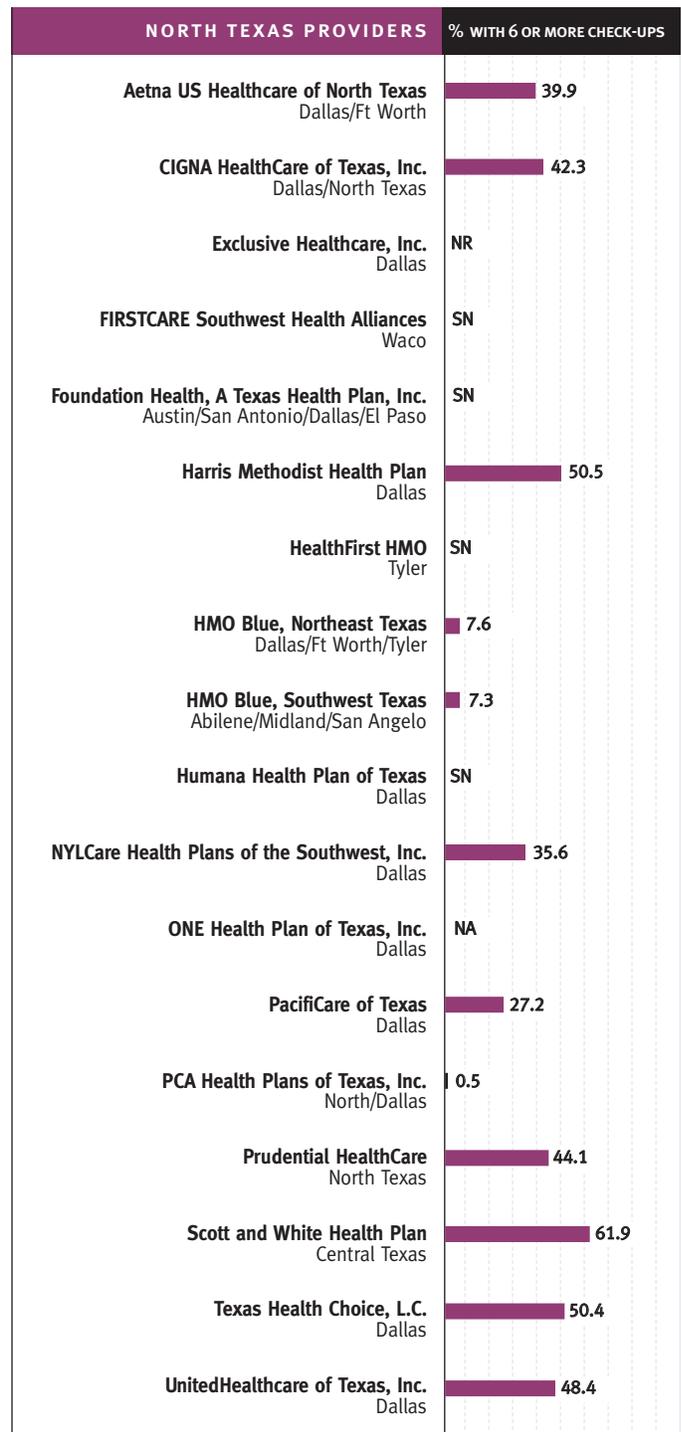
Percentage of children using the HMO who received at least six well-child check-ups by the age of 15 months

The American Academy of Pediatrics recommends that babies have six check-ups by the time they are one year old to track and monitor their health and development. These visits also provide the doctor a chance to offer guidance and counseling to parents. Immunizations to protect children from diseases such as chicken pox, measles, and rubella are an important component of regular visits to the doctor. This measure indicates the importance an HMO places on keeping children healthy. The chart shows the percentage of children using the HMO who received at least six well-child check-ups by the age of 15 months.

REGIONAL AND NATIONAL AVERAGES	
Texas*	33.2%
North Texas*	33.3%
Quality Compass	--
Healthy People 2000 Goal	90.0%

*Values Revised 12/13/99

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Eye Exams for People with Diabetes

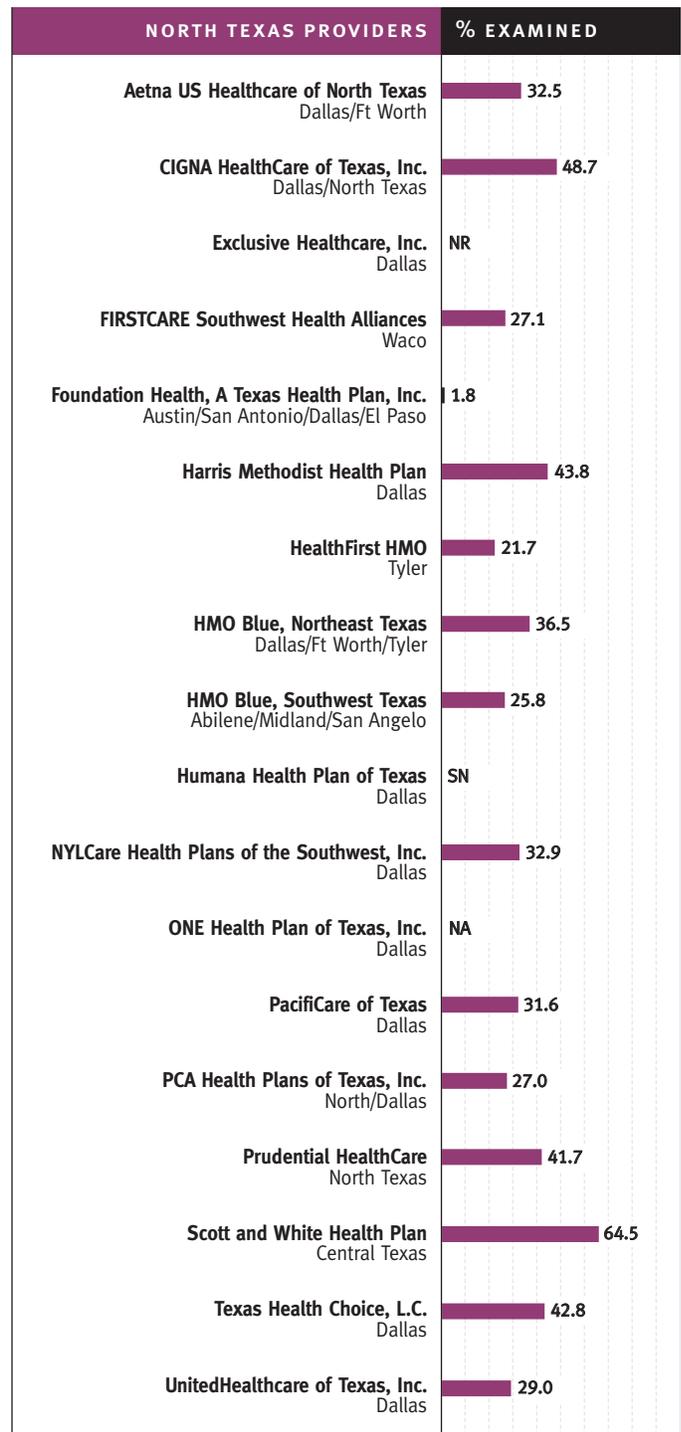
Percentage of people with diabetes using the HMO who had eye exams in the past year

People with diabetes are 25 times more likely to develop blindness than people who don't have the disease. However, early detection and treatment of eye disease can prevent people with diabetes from losing their sight. If you don't have diabetes but you do have a 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. The chart shows the percentage of people with diabetes using the HMO who had eye exams in the past year.

REGIONAL AND NATIONAL AVERAGES	
Texas*	26.6%
North Texas*	33.7%
Quality Compass	40.9%
Healthy People 2000 Goal	--

*Values Revised 12/13/99

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Other Quality Indicators

These tables cover other important things you will want to know about HMOs.

✓ **Accreditation:** Is your HMO accredited? The National Committee on Quality Assurance started its accreditation program in 1991 because consumers want fair and objective information about health plans. If an HMO is accredited, you know that it has met the NCQA's performance standards for quality. There are different levels of accreditation.

Some plans have not been in business long enough to become accredited. Remember, accreditation doesn't guarantee you'll receive quality care from a particular HMO or doctor with that HMO.

✓ **Provider Turnover:** Concerned about the likelihood that you might have to change doctors during the course of your HMO membership? We have included information that indicates the percentage of providers who left the HMO during 1998. If an HMO has a high score on this measure, ask the plan for an explanation. High turnover can sometimes mean that the HMO is not renewing contracts with physicians who don't adhere to the plan's standard of care.

NORTH TEXAS PROVIDERS		PROVIDER TURNOVER	MEMBERS ENROLLED ^Δ	ACCREDITATION STATUS
Aetna US Healthcare of North Texas Dallas/Ft Worth	19.7%	114,128	COMM	
CIGNA HealthCare of Texas, Inc. Dallas/North Texas	9.9%	46,135	COMM	
Exclusive Healthcare, Inc. Dallas	NR	8,986		
FIRSTCARE Southwest Health Alliances Waco	11.5%	16,607		
Foundation Health, A Texas Health Plan, Inc. Austin/San Antonio/Dallas/El Paso	0.1%	10,827		
Harris Methodist Health Plan Dallas	4.3%	255,616	COMM	
HealthFirst HMO Tyler	11.0%	17,359		
HMO Blue, Northeast Texas Dallas/Ft Worth/Tyler	6.0%	30,560		
HMO Blue, Southwest Texas Abilene/Midland/San Angelo	10.0%	19,772		
Humana Health Plan of Texas Dallas	4.3%	8,516	ACCR(1)	
NYLCare Health Plans of the Southwest, Inc. Dallas	9.8%	167,660	COMM	
ONE Health Plan of Texas, Inc. Dallas	3.5%	9,325		
PacifiCare of Texas Dallas	25.6%	44,050		
PCA Health Plans of Texas, Inc. North/Dallas	1.3%	34,490		
Prudential HealthCare North Texas	6.8%	171,084	COMM	
Scott and White Health Plan Central Texas	17.8%	122,603	ACCR	
Texas Health Choice, L.C. Dallas	23.2%	108,040	ACCR	
UnitedHealthcare of Texas, Inc. Dallas	5.5%	102,809		

NR Not reported because plan failed to submit required data or results were materially biased.
 COMM Commendable (formerly "full accreditation")
 ACCR Accredited (formerly "1 year accreditation")
 (1) Merger/consolidation review pending
 Δ Enrollment as of 12/31/98. Does not include POS (Point of Service) members. Data provided by Texas Department of Insurance (TDI).

How People Rated Their Health Plan Experience

Responses of plan members who were asked to rate all of their experience with their plan.

HEDIS provides HMO consumers an opportunity to learn how others feel about Texas health plans through a member satisfaction survey. Each health plan is responsible for surveying a group of its members and asking them questions regarding satisfaction with the plan, the plan's providers, and the services that the plan provides to its members.

Plan members rated their plan using one number from 0 to 10 where:

- 0 = "worst health plan possible" to
- 10 = "best health plan possible"

Want to know more about how members themselves rate their plan at providing specific customer services?

Comparing Texas HMOs 1999: Ratings by Consumers provides this and statistics on customer complaints. It is available from the Office of Public Insurance Counsel, William R. Hobby State Office Building, 333 Guadalupe St., Suite 3-120, Austin, TX 78701; phone 512-322-4143, or on their website at www.opic.state.tx.us.

CAHPS HEALTH PLANS	RATINGS		
North Texas Average	31%	36%	33%
State Average	29%	36%	35%
Aetna US Healthcare of North Texas Dallas/Ft Worth	36%	36%	28%
CIGNA HealthCare of Texas, Inc. Dallas/North Texas	33%	40%	27%
Exclusive Healthcare, Inc. Dallas	NR		
FIRSTCARE Southwest Health Alliances Waco	21%	39%	40%
Foundation Health, A Texas Health Plan, Inc. Austin/San Antonio/Dallas/El Paso	36%	34%	30%
Harris Methodist Health Plan Dallas	25%	37%	39%
HealthFirst HMO Tyler	25%	35%	40%
HMO Blue, Northeast Texas Dallas/Ft Worth/Tyler	35%	31%	34%
HMO Blue, Southwest Texas Abilene/Midland/San Angelo	33%	33%	34%
Humana Health Plan of Texas Dallas	39%	33%	28%
NYLCare Health Plans of the Southwest, Inc. Dallas	30%	38%	32%
ONE Health Plan of Texas, Inc. Dallas	31%	39%	30%
PacifiCare of Texas Dallas	34%	36%	30%
PCA Health Plans of Texas, Inc. North/Dallas	40%	37%	23%
Prudential HealthCare North Texas	39%	39%	22%
Scott and White Health Plan Central Texas	12%	27%	61%
Texas Health Choice, L.C. Dallas	30%	40%	29%
UnitedHealthcare of Texas, Inc. Dallas	25%	42%	33%

NR Not reported because plan failed to submit required data or results were materially biased.

Percentage who gave their plan a rating of:

- 0-6
- 7-8
- 9-10

Note: Because of rounding, percentages may not add up to 100%.