

Straight Talk on Texas HMOs:
A PURCHASER'S GUIDE

HEDIS® 1999 Texas Subset



THCIC
Choosing Well



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

Texas Health Care Information Council

The Texas Legislature created the Texas Health Care Information Council (THCIC) in 1995 to establish a statewide health care data collection system. THCIC was given the mandate to collect information on health care charges, utilization, provider quality and outcomes to facilitate the promotion and accessibility of high quality, cost effective health care. THCIC's primary purpose is to encourage and enable informed health care decision-making among consumers and health plan purchasers in Texas.

THCIC is a small state agency that operates under the umbrella of the Texas Health and Human Services Commission. Much of its work is coordinated through contractual arrangements. THCIC is governed by a 19 member board comprised of 15 stakeholders in the health care delivery system of Texas, including hospitals, physicians, health plans, consumers, business, labor, and health experts, along with the directors of four state agencies involved in health or insurance.

The THCIC authorizing legislation recognized the need to bring representatives of health care entities together with consumer representatives on several levels to develop solutions to the issues that emerge in establishing reports for evaluating and selecting health care providers. To this end, THCIC was also mandated to establish five technical advisory committees (TACs). The Health Maintenance Organization (HMO) TAC guided much of the work resulting in this second annual report as part of their mission to recommend measures, data collection requirements, methods, standards, and formats for the public reporting of quality data on health benefit plans.

THCIC, committee, and TAC meetings are all open meetings by law. Agenda are posted on the agency web site at www.thcic.state.tx.us and in the Texas Register.

This report was completed with assistance from the Office of Policy and Planning of the Texas Department of Health (TDH). THCIC and TDH worked together to implement the data collection system for this important new public health data set. This partnership brings considerable skills and experience in the collection and analysis of health data, as well as ensuring that HEDIS® data are integrated with existing health data sets.

Texas Health Care Information Council
4900 N. Lamar, Suite 3407
Austin, Texas 78751-2399
phone: (512) 424-6492 fax: (512)424-6491
www.thcic.state.tx.us

About This Report

Chapter 108 of the Texas Health and Safety Code authorizes the collection of provider quality data from health benefit plans (health maintenance organizations) by market service area, and directs the Texas Health Care Information Council (THCIC) to make these data available for public use.

Straight Talk on Texas HMOs: A Purchaser's Guide reports quality of care performance by 29 licensed basic service health maintenance organizations (HMOs) providing commercial insurance in Texas during calendar year 1998. Since many of the HMOs have multiple service areas, there are 61 HMOs listed in this report.

Basic health services are defined by federal¹ and state law² as:

- physician services,
- inpatient and outpatient hospital services,
- medically necessary emergency health services,
- short-term outpatient evaluative and crisis intervention mental health services,
- medical treatment and referral services for the abuse of or addiction to alcohol and drugs,
- diagnostic laboratory and diagnostic and therapeutic radiologic services,
- home health services, and
- preventive health services including immunizations, well-child care, periodic health evaluations for adults, family planning services, infertility services and children's eye and ear examinations.

In keeping with the National Committee on Quality Assurance's (NCQA's) policy for reporting guidelines, THCIC allows HMOs to combine their Point of Service (POS) and/or Preferred Provider Organization (PPO) members prior to drawing their samples for Health Plan Employer Data and Information Set (HEDIS[®]) reporting. However, enrollment data reported in *Straight Talk* are for HMOs only and reflect information collected and reported by the Texas Department of Insurance (TDI).

In 1995, 12% of the Texas population were enrolled in a basic service HMO. For 1998, TDI data show that this figure had increased to 20%. Enrollment in HMOs by Texans in 1999 remained largely unchanged.³ These figures do not include Texans covered by non-managed care Medicare or Medicaid, nor do they include Texans covered by self-insured plans not regulated by TDI.

Straight Talk is intended for use by employee benefits specialists in recommending purchasing decisions for groups of employees. *Straight Talk* is designed to be a comprehensive decision support tool that focuses on plan attributes other than benefits and costs. One of its primary values is that it is not proprietary in nature; rather, it contains objective data based upon uniformly understood standards: HEDIS[®]. Comparing and choosing health plans based on the quality of their services as well as their costs encourages the plans to meet or exceed baseline quality standards.

1. 42 USC Sec.300e1

2. Chapter 20A.01, Texas Insurance Code

3. Managed Care Outlook, January 17, 2000, pg. 4

THCIC also produces consumer-oriented reports on commercial plan performance designed as companion pieces for *Comparing Texas HMOs* published by the Office of Public Insurance Counsel (www.opic.state.tx.us). *Your HMO Quality Check-up: A Consumer's Guide*, published in November 1999, contains fewer measures than *Straight Talk* and focuses upon the preventive services offered by Texas HMOs. The guide compares plans in the context of regional, state, and national averages. The six region-specific guides are available on the THCIC web site at www.thcic.state.tx.us.

THCIC publishes its reports on the agency's web site as soon as they are complete. THCIC publications can be downloaded from the web site for free. Bulk copies can be ordered for a limited fee via a link on the Council's web site. Copies of all THCIC publications are distributed to public libraries. If you are interested in other Council publications or updates to this report, we encourage you to check THCIC's web site often at www.thcic.state.tx.us.

We would like your feedback on this publication. Please consider taking the time to complete the evaluation form at the end of this book.

Most important...when choosing a health care provider, THCIC encourages you take the time to review quality-based information and Choose Well.

Health Plan Employer Data and Information Set (HEDIS®)

The Health Plan Employer Data and Information Set (HEDIS®) are standardized performance measures developed under the leadership of the National Committee for Quality Assurance (NCQA) for assessing the performance of managed care organizations.⁵ Beginning in 1999, HEDIS® results are considered when HMOs undergo NCQA review for accreditation. In 1999, 30% of Texas HMOs had achieved some level of NCQA accreditation⁶ (see list of Texas HMOs and their NCQA Accreditation status on page 120), representing over one-half of Texans served by HMOs.

NCQA groups HEDIS® measures into **domains** including:

- Effectiveness of Care,
- Access / Availability of Care,
- Satisfaction with the Experience of Care,
- Health Plan Stability,
- Use of Services,
- Cost of Care,
- Informed Health Care Choices, and
- Health Plan Descriptive Information.

The domain groupings identified by NCQA contain a variety of indicators aimed at measuring the scope of care characterized by the title of that domain. The performance measures in each domain are related to many significant public health issues such as cancer, heart disease, smoking, asthma, and diabetes. HEDIS® also includes a standardized survey of consumers' experiences (the Consumer Assessment of Health Plan Survey or CAHPS™) that evaluates plan performance in areas such as customer service, access to care and claims processing. Under the guidance of national health care experts, HEDIS® is regularly updated to reflect advancements in the science of performance measurement and information systems technology, as well as changes in the managed care industry.⁷

Texas' Subset of HEDIS®

THCIC has elected to collect a subset of HEDIS® in Texas, rather than the entire set of over 50 measures developed by NCQA. The process for determining Texas' subset of HEDIS® for a specific calendar year begins the year before at the level of the HMO Technical Advisory Committee (TAC). In the summer of 1999, the HMO TAC adopted the following principles to guide their recommendations:

- Advice is in direct relation to the types of plans and products currently available in the Texas marketplace,
- Measures collected must be translatable into meaningful information of value to THCIC constituents,
- There must be reason to believe that there is sufficient encounter information to make the analysis valuable. If the majority of plans cannot report a specific measure because of its small number of members, then that measure will not be collected,
- Minimize duplication in reporting to other state agencies, and
- THCIC reporting requirements and technical specifications thereof will be consistent with those of NCQA.

After the HMO TAC develops recommendations for Texas' subset of HEDIS®, the list is reviewed by the Health Plan Data Committee of the THCIC prior to final approval by the full THCIC. The list for 1999 can be found on page 119 of the Technical Appendix. Texas subset of HEDIS²⁰⁰⁰ measures can be found at www.thcic.state.tx.us.

5. NCQA is a private, non-profit organization that develops measurement standards, accredits HMOs, and encourages managed care plans to compete based on quality and value.

6. NCQA's accreditation list for January 2000.

7. www.ncqa.org/Pages/Main/overview3.htm

Making Use of Straight Talk

Although similar reports in other states score or rank plans to indicate which is the best, THCIC believes that these report cards over-simplify the process of choosing a health plan. It is important that purchasers of health care plans understand that each individual and/or family has different health care needs. The services offered by one plan, for example, may fit the needs of a young growing family best, while the needs of an older couple may best be met by a different HMO. It is necessary to match a family's needs for care with the plan that delivers these services best. THCIC believes that scoring and/or ranking of health plans does not encourage careful scrutiny on the part of purchasers or consumers.

Straight Talk on Texas HMOs contains information on most of the HEDIS® measures collected by THCIC and is designed as a decision support tool for health plan purchasers. *Straight Talk* is organized in the following manner:

- Summary data are provided for selected measures which enable the reader to evaluate selected performance measures in the context of other plan performance measures as well as with other health plans.
- HEDIS® measures are grouped into *domains* of care.
- Each *domain* contains a variety of measures aimed at the scope of care characterized by that group.
- Within each *domain*, we have chosen the measures that best illustrate the concepts of care that the domain represents.
- The Technical Appendix provides background information on the calculation of rates and significance test and provides more detail regarding plans not included in the other sections.

Explanatory information about each domain and most measures is presented along with the graphical tabular information to provide insight on why the information is important for considering a health plan. The measures included in this report were selected in part because we believe that they are useful for identifying health plans which provide the best quality of care. In addition, there was sufficient encounter information to make plan comparisons valuable to the health plan purchaser. For more information about how HEDIS® 1999 Technical Reference Manual.

Summary tables were constructed for selected HEDIS® measures based on the statistical test for significant differences from the state average which are described in the Technical Appendix. These tables provide visual information depicting whether a plan's performance for a set of measures within a specific domain is significantly higher (Δ), lower (\blacktriangledown), or similar (\blacklozenge) when compared to the state average. Individuals interested in the actual confidence interval values used to construct the summary tables should contact the Texas Health Care Information Council.

The Texas average of each of the plan rates for specific measures is also provided. In the measures related to the *Effectiveness of Care* domain, the *Healthy People 2000 Goal*⁸ and the *NCQA National Average*⁹ are provided when available. In some cases other relevant information about the measure is provided, along with instructions for interpreting the accompanying charts. Results for each HMO are reported by service area. The bars are listed in alphabetical order by HMO and service area name (usually the city from which the plan is administered).

The *Satisfaction with the Experience of Care* domain represents member satisfaction data collected by a survey of randomly selected plan members. The survey itself was administered by independent survey experts who were certified by NCQA. The survey allows for a range of customer satisfaction responses which we have summarized into a straight forward chart that can be used for comparing HMOs. The survey questions and examples of how to interpret the accompanying charts are provided in the *Satisfaction with the Experience of Care* domain section (pages 27-47).

8. Healthy People 2000: National Health Promotion and Prevention Objectives (1991), U.S. Public Health Service, U.S. Department of Health and Human Services, USDHHS Publication PHS 9150212, Washington, D.C.

9. The *NCQA National Averages* are based on the accumulated HEDIS® reports submitted to NCQA in a reporting year.

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Summary Tables

The summary tables on the following pages reflect the results of statistical tests comparing each plan's rate to the state average of all plans in Texas. The following symbols are used to indicate whether a plan's performance is significantly above or below the state average or the same:

- △ = Performance significantly above state average
- ◆ = Performance not statistically different from state average
- ▼ = Performance significantly below state average

Results of the comparisons provided in the tables in this section should be interpreted carefully. Tests of statistical significance account only for random or chance variations in measurements. HEDIS® does not control for differences in plan population characteristics such as age or health status. For some HEDIS® measures, this lack of risk adjustment could lead readers to mistakenly believe that superior or inferior plan performance is due to quality of care when, in fact, it may be due to case mix differences among plans.

Results are shown for the Effectiveness of Care Domain, the Satisfaction with the Experience of Care Domain, the Provider Turnover Measure in the Health Plan Stability Domain, the Board Certification Measures in the Health Plan Descriptive Domain, and the Well Child Visits in the First 15 Months of Life Measure in the Use of Services Domain.

For a more detailed description of the statistical test used please see the Appendix (pages 117-118).

NR - Plan failed to submit the required data or data not certified by NCQA licensed auditor.
NA - HMOs with fewer than 30 patients for this measure are not reported.

Effectiveness of Care Summary

Plan Name	Childhood Immun.	Adol. Immun. /MMR	Breast Cancer Screening	Cervical Cancer Screening	Prenatal Care 1st Trimester	Check-ups After Delivery	Cholesterol Management Rate-Screening	Eye Exams For Diabetes	Follow-up to Mental Illness 7 Days	Follow-up to Mental Illness 30 Days	Advising Smokers to Quit
Aetna US Healthcare (Houston)	•	•	•	▼	△	•	NA	•	•	△	•
Aetna US Healthcare (San Antonio)	NA	•	NA	•	NA	NA	NR	△	NA	NA	•
Aetna US Healthcare of North Texas (Dallas/Ft Worth)	△	△	△	△	△	△	△	•	△	△	•
CIGNA HealthCare of Texas, Inc. (Dallas/North Texas)	△	△	•	△	△	△	▼	△	△	•	•
CIGNA HealthCare of Texas, Inc. (Houston/South Texas)	•	•	•	•	▼	NR	•	•	•	•	▼
Community First Health Plans, Inc. (San Antonio MSA)	△	△	•	•	•	•	NA	△	NA	NA	•
Community Health Choice, Inc. (Houston)	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Exclusive Healthcare, Inc. (Dallas)	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
FIRSTCARE Southwest Health Alliances (Abilene)	•	▼	•	△	▼	△	NA	•	•	•	▼
FIRSTCARE Southwest Health Alliances (Amarillo)	•	△	△	△	△	△	NA	•	△	△	△
FIRSTCARE Southwest Health Alliances (Lubbock)	▼	▼	△	△	•	△	NA	▼	•	•	•
FIRSTCARE Southwest Health Alliances (Waco)	•	▼	•	•	▼	•	NA	•	NA	NA	△
Foundation Health, A Texas Health Plan, Inc. (Aus./S. A./Dal./El Paso)	•	▼	▼	▼	▼	▼	NA	▼	NA	NA	•
Harris Methodist Health Plan (Dallas)	△	△	△	△	△	•	▼	△	△	△	•
HealthFirst HMO (Tyler)	▼	△	▼	▼	•	△	NA	▼	•	•	•
HealthPlan of Texas, Inc. (Tyler)	•	▼	△	△	•	•	NA	△	NA	NA	△
HMO Blue, Central Texas (Austin)	•	•	•	△	△	△	NA	△	•	•	△
HMO Blue, Central Texas (San Antonio)	NA	△	•	•	△	•	NA	•	NA	NA	▼
HMO Blue, El Paso (El Paso)	△	•	▼	△	△	▼	NA	•	▼	▼	△
HMO Blue, Northeast Texas (Dallas/Ft Worth/Tyler)	•	•	▼	•	△	•	NA	•	▼	▼	△
HMO Blue, South Texas (Corpus Christi/Rio Grande Valley)	NA	NA	NA	▼	NA	NA	NA	NA	NA	NA	▼
HMO Blue, Southeast Texas (Houston)	•	▼	▼	•	△	△	NA	▼	▼	▼	•
HMO Blue, Southwest Texas (Abilene/Midland/San Angelo)	•	▼	•	•	△	•	NA	▼	•	•	•
HMO Blue, West Texas (Panhandle)	△	▼	•	•	△	•	NA	•	•	▼	•
Humana Health Plan of Texas (Austin)	△	△	△	△	△	△	NA	•	NA	NA	•
Humana Health Plan of Texas (Corpus Christi)	▼	△	△	△	•	△	•	△	NA	NA	•
Humana Health Plan of Texas (Dallas)	▼	△	▼	•	▼	▼	NA	•	NA	NA	•
Humana Health Plan of Texas (Houston)	•	▼	•	•	▼	•	NA	▼	NA	NA	•
Humana Health Plan of Texas (San Antonio)	△	△	△	△	•	•	△	•	▼	▼	•
Mercy Health Plans of Missouri, Inc. (Laredo)	▼	▼	•	▼	•	▼	NA	▼	NA	NA	▼
MethodistCare (Southeast)	NR	NR	•	▼	•	•	NA	▼	NA	NA	•
MSCH HMO (Houston)	•	▼	•	•	•	•	NA	•	NA	NA	•
NYLCare Health Plans of the Gulf Coast, Inc. (Austin)	△	△	•	▼	△	▼	NA	•	NA	NA	•
NYLCare Health Plans of the Gulf Coast, Inc. (Beaumont/Lufkin)	▼	▼	△	▼	▼	▼	NA	•	NA	NA	△
NYLCare Health Plans of the Gulf Coast, Inc. (Corpus Christi)	•	•	•	▼	NA	▼	NA	▼	NA	NA	•
NYLCare Health Plans of the Gulf Coast, Inc. (Houston)	•	•	•	▼	•	•	•	•	▼	▼	•
NYLCare Health Plans of the Gulf Coast, Inc. (San Antonio)	▼	▼	•	▼	•	▼	NA	•	NA	NA	•
NYLCare Health Plans of the Southwest, Inc. (Dallas)	▼	•	•	▼	△	•	NA	•	•	▼	•
ONE Health Plan of Texas, Inc. (Dallas)	NA	NA	NA	▼	NA	NR	NA	NA	NA	NA	•
ONE Health Plan of Texas, Inc. (Houston)	NA	NA	▼	▼	NR	NR	NA	NR	NA	NA	▼
PacifiCare of Texas (Dallas)	•	•	▼	▼	▼	▼	•	•	•	△	•
PacifiCare of Texas (Houston)	▼	▼	•	▼	▼	▼	NA	•	•	•	•
PacifiCare of Texas (San Antonio)	△	△	•	▼	•	△	△	△	•	•	•
PCA Health Plans of Texas, Inc. (Central/Austin)	△	△	•	△	△	△	NA	•	△	•	•
PCA Health Plans of Texas, Inc. (Gulf Coast/Houston)	•	▼	▼	▼	▼	▼	NA	▼	NA	NA	•
PCA Health Plans of Texas, Inc. (North/Dallas)	△	•	▼	•	▼	▼	NA	▼	•	•	•
PCA Health Plans of Texas, Inc. (South/San Antonio)	△	△	•	•	•	•	NA	•	NA	NA	•
Presbyterian Health Plan of El Paso (El Paso)	•	•	▼	NR	NA	NA	NA	▼	NR	NR	▼
Prudential HealthCare (Austin)	•	△	△	△	△	△	•	△	△	△	△
Prudential HealthCare (Corpus Christi)	▼	△	△	△	△	△	NA	•	•	•	•
Prudential HealthCare (El Paso)	▼	▼	▼	▼	△	•	NA	•	•	•	•
Prudential HealthCare (Houston)	▼	△	△	△	△	△	•	△	▼	△	•
Prudential HealthCare (North Texas)	△	△	△	△	△	△	▼	△	•	△	•
Prudential HealthCare (San Antonio)	•	△	•	△	△	△	▼	△	△	△	•
Scott and White Health Plan (Central Texas)	△	△	△	△	△	△	△	△	△	△	△
Seton Health Plan, Inc. (Austin)	▼	•	•	△	•	•	NA	•	NA	NA	•
Texas Health Choice, L.C. (Dallas)	△	△	△	△	△	△	△	△	▼	▼	•
UnitedHealthcare of Texas, Inc. (Austin/San Antonio)	•	△	•	△	△	△	•	•	NR	NR	•
UnitedHealthcare of Texas, Inc. (Corpus Christi)	•	▼	△	▼	•	•	NA	△	NA	NA	•
UnitedHealthcare of Texas, Inc. (Dallas)	△	▼	△	△	△	•	•	•	NR	NR	•
UnitedHealthcare of Texas, Inc. (Houston)	△	▼	△	△	△	•	▼	▼	NR	NR	•

Satisfaction with the Experience of Care (CAHPS™) Summary

Plan Name	Health Plan	Health Care	Dr. or Nurse	Specialist	Getting Needed Care	Getting Care Quickly	How Well Drs Commu.	Courteous & Helpful Off. Staff	Cust. Svc. Exper.	Claims Process
Aetna US Healthcare (Houston)	▼	•	•	•	•	•	•	•	•	•
Aetna US Healthcare (San Antonio)	▼	•	•	•	•	•	•	•	•	•
Aetna US Healthcare of North Texas (Dallas/Ft Worth)	▼	•	•	•	•	•	•	•	•	•
CIGNA HealthCare of Texas, Inc. (Dallas/North Texas)	▼	▼	▼	▼	•	▼	▼	▼	•	•
CIGNA HealthCare of Texas, Inc. (Houston/South Texas)	•	▼	•	▼	•	▼	▼	▼	•	•
Community First Health Plans, Inc. (San Antonio MSA)	△	△	•	△	•	•	△	•	•	•
Community Health Choice, Inc. (Houston)	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Exclusive Healthcare, Inc. (Dallas)	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
FIRSTCARE Southwest Health Alliances (Abilene)	△	△	•	△	△	△	△	△	△	△
FIRSTCARE Southwest Health Alliances (Amarillo)	△	△	•	•	△	△	△	△	△	△
FIRSTCARE Southwest Health Alliances (Lubbock)	△	△	△	△	△	△	△	△	△	△
FIRSTCARE Southwest Health Alliances (Waco)	△	△	△	△	△	△	△	•	△	△
Foundation Health, A Texas Health Plan, Inc. (Aus./S.A./Dal./El Paso)	▼	•	▼	▼	▼	▼	▼	▼	▼	•
Harris Methodist Health Plan (Dallas)	•	▼	•	▼	•	▼	▼	▼	△	△
HealthFirst HMO (Tyler)	△	△	△	•	△	△	△	△	△	△
HealthPlan of Texas, Inc. (Tyler)	△	△	△	△	△	△	△	△	△	△
HMO Blue, Central Texas (Austin)	△	•	•	•	•	▼	•	•	•	•
HMO Blue, Central Texas (San Antonio)	•	•	•	▼	▼	▼	•	•	•	•
HMO Blue, El Paso (El Paso)	△	•	•	▼	•	▼	•	▼	•	•
HMO Blue, Northeast Texas (Dallas/Ft Worth/Tyler)	•	•	•	•	▼	•	▼	•	•	▼
HMO Blue, South Texas (Corpus Christi/Rio Grande Valley)	△	△	•	•	•	•	•	•	△	•
HMO Blue, Southeast Texas (Houston)	▼	•	•	▼	•	▼	▼	•	•	▼
HMO Blue, Southwest Texas (Abilene/Midland/San Angelo)	•	△	△	•	•	•	•	•	•	•
HMO Blue, West Texas (Panhandle)	△	△	•	•	•	△	•	•	•	•
Humana Health Plan of Texas (Austin)	▼	•	▼	•	•	△	•	•	▼	•
Humana Health Plan of Texas (Corpus Christi)	△	•	•	•	•	•	•	•	•	△
Humana Health Plan of Texas (Dallas)	▼	•	•	•	▼	•	•	•	▼	▼
Humana Health Plan of Texas (Houston)	▼	▼	▼	•	▼	•	•	•	▼	▼
Humana Health Plan of Texas (San Antonio)	•	▼	•	•	▼	▼	▼	▼	•	•
Mercy Health Plans of Missouri, Inc. (Laredo)	△	△	△	△	△	•	△	△	△	△
MethodistCare (Southeast)	•	•	•	•	•	•	•	•	•	•
MSCH HMO (Houston)	▼	•	•	•	•	•	•	•	▼	•
NYLCare Health Plans of the Gulf Coast, Inc. (Austin)	•	•	▼	•	•	•	•	•	•	•
NYLCare Health Plans of the Gulf Coast, Inc. (Beaumont/Lufkin)	•	△	•	•	•	△	•	△	△	▼
NYLCare Health Plans of the Gulf Coast, Inc. (Corpus Christi)	△	△	•	•	△	△	△	△	•	•
NYLCare Health Plans of the Gulf Coast, Inc. (Houston)	•	▼	▼	•	•	▼	•	•	•	•
NYLCare Health Plans of the Gulf Coast, Inc. (San Antonio)	▼	•	•	•	▼	•	•	•	▼	▼
NYLCare Health Plans of the Southwest, Inc. (Dallas)	•	▼	•	▼	•	▼	▼	•	•	•
ONE Health Plan of Texas, Inc. (Dallas)	•	▼	•	•	▼	•	▼	•	•	•
ONE Health Plan of Texas, Inc. (Houston)	▼	▼	•	▼	•	•	•	•	•	▼
PacifiCare of Texas (Dallas)	▼	•	•	•	▼	•	•	•	▼	▼
PacifiCare of Texas (Houston)	△	•	•	•	•	△	△	△	•	▼
PacifiCare of Texas (San Antonio)	△	△	•	•	•	•	•	•	△	△
PCA Health Plans of Texas, Inc. (Central/Austin)	•	•	•	•	•	•	•	•	▼	•
PCA Health Plans of Texas, Inc. (Gulf Coast/Houston)	▼	▼	•	•	▼	•	•	•	▼	▼
PCA Health Plans of Texas, Inc. (North/Dallas)	▼	•	•	•	▼	•	•	•	▼	▼
PCA Health Plans of Texas, Inc. (South/San Antonio)	▼	•	•	•	▼	•	•	•	▼	•
Presbyterian Health Plan of El Paso (El Paso)	▼	•	•	•	▼	•	△	•	▼	▼
Prudential HealthCare (Austin)	•	•	•	•	•	•	•	•	•	•
Prudential HealthCare (Corpus Christi)	•	•	•	•	•	•	•	•	•	•
Prudential HealthCare (El Paso)	△	•	•	•	•	▼	•	•	△	△
Prudential HealthCare (Houston)	•	▼	▼	•	•	▼	▼	▼	•	▼
Prudential HealthCare (North Texas)	▼	▼	•	•	•	•	•	•	▼	▼
Prudential HealthCare (San Antonio)	△	•	△	•	△	•	•	•	•	△
Scott and White Health Plan (Central Texas)	△	△	△	△	△	△	△	△	△	△
Seton Health Plan, Inc. (Austin)	▼	•	•	•	•	•	△	•	•	•
Texas Health Choice, L.C. (Dallas)	•	▼	▼	•	•	•	▼	•	▼	•
UnitedHealthcare of Texas, Inc. (Austin/San Antonio)	•	•	•	•	△	△	▼	•	△	△
UnitedHealthcare of Texas, Inc. (Corpus Christi)	△	△	•	△	△	△	△	•	•	△
UnitedHealthcare of Texas, Inc. (Dallas)	△	•	•	•	△	△	△	•	•	△
UnitedHealthcare of Texas, Inc. (Houston)	•	•	•	•	△	•	▼	•	△	•

Health Plan Stability (A), Use of Services (B), and Health Plan Descriptive Information (C) Summaries

Plan Name	Provider Turnover (A)	Well Child Visits (B)	Board Certification			
			PCP (C)	OB/GYN (C)	Pediatrician (C)	Other Specialist (C)
Aetna US Healthcare (Houston)	▼	♦	△	♦	△	♦
Aetna US Healthcare (San Antonio)	▼	NA	♦	♦	♦	△
Aetna US Healthcare of North Texas (Dallas/Ft Worth)	△	△	△	△	△	♦
CIGNA HealthCare of Texas, Inc. (Dallas/North Texas)	♦	△	△	△	♦	△
CIGNA HealthCare of Texas, Inc. (Houston/South Texas)	▼	△	▼	♦	▼	▼
Community First Health Plans, Inc. (San Antonio MSA)	▼	△	♦	♦	▼	♦
Community Health Choice, Inc. (Houston)	NR	NR	NR	NR	NR	NR
Exclusive Healthcare, Inc. (Dallas)	NR	NR	NR	NR	NR	NR
FIRSTCARE Southwest Health Alliances (Abilene)	♦	△	▼	♦	△	♦
FIRSTCARE Southwest Health Alliances (Amarillo)	♦	△	♦	♦	△	▼
FIRSTCARE Southwest Health Alliances (Lubbock)	△	♦	▼	♦	♦	△
FIRSTCARE Southwest Health Alliances (Waco)	♦	△	♦	♦	NA	▼
Foundation Health, A Texas Health Plan, Inc. (Aus./S.A./Dal./El Paso)	▼	▼	△	△	△	△
Harris Methodist Health Plan (Dallas)	▼	△	▼	▼	▼	△
HealthFirst HMO (Tyler)	♦	△	△	♦	△	△
HealthPlan of Texas, Inc. (Tyler)	▼	♦	△	♦	♦	△
HMO Blue, Central Texas (Austin)	△	▼	♦	♦	▼	▼
HMO Blue, Central Texas (San Antonio)	△	NA	♦	♦	♦	♦
HMO Blue, El Paso (El Paso)	♦	▼	♦	♦	♦	♦
HMO Blue, Northeast Texas (Dallas/Ft Worth/Tyler)	▼	▼	♦	♦	♦	▼
HMO Blue, South Texas (Corpus Christi/Rio Grande Valley)	♦	NA	▼	♦	△	♦
HMO Blue, Southeast Texas (Houston)	△	▼	♦	♦	♦	△
HMO Blue, Southwest Texas (Abilene/Midland/San Angelo)	♦	▼	♦	△	♦	△
HMO Blue, West Texas (Panhandle)	▼	▼	▼	▼	♦	♦
Humana Health Plan of Texas (Austin)	△	▼	△	♦	♦	♦
Humana Health Plan of Texas (Corpus Christi)	♦	▼	▼	♦	♦	♦
Humana Health Plan of Texas (Dallas)	▼	▼	♦	△	♦	△
Humana Health Plan of Texas (Houston)	♦	▼	♦	♦	♦	♦
Humana Health Plan of Texas (San Antonio)	♦	▼	♦	♦	♦	△
Mercy Health Plans of Missouri, Inc. (Laredo)	♦	♦	♦	♦	▼	▼
MethodistCare (Southeast)	▼	NR	△	△	△	△
MSCH HMO (Houston)	♦	♦	△	△	△	△
NYLCare Health Plans of the Gulf Coast, Inc. (Austin)	♦	♦	♦	△	♦	♦
NYLCare Health Plans of the Gulf Coast, Inc. (Beaumont/Lufkin)	♦	▼	♦	▼	♦	♦
NYLCare Health Plans of the Gulf Coast, Inc. (Corpus Christi)	♦	NA	♦	♦	♦	♦
NYLCare Health Plans of the Gulf Coast, Inc. (Houston)	▼	▼	▼	♦	♦	▼
NYLCare Health Plans of the Gulf Coast, Inc. (San Antonio)	△	NA	♦	♦	♦	♦
NYLCare Health Plans of the Southwest, Inc. (Dallas)	♦	△	△	♦	△	△
ONE Health Plan of Texas, Inc. (Dallas)	▼	NA	♦	△	♦	△
ONE Health Plan of Texas, Inc. (Houston)	▼	NA	▼	▼	♦	▼
PacifiCare of Texas (Dallas)	△	♦	♦	♦	♦	♦
PacifiCare of Texas (Houston)	△	▼	▼	♦	♦	♦
PacifiCare of Texas (San Antonio)	♦	▼	♦	♦	♦	▼
PCA Health Plans of Texas, Inc. (Central/Austin)	△	▼	△	♦	♦	♦
PCA Health Plans of Texas, Inc. (Gulf Coast/Houston)	♦	▼	♦	♦	♦	♦
PCA Health Plans of Texas, Inc. (North/Dallas)	▼	▼	♦	△	♦	△
PCA Health Plans of Texas, Inc. (South/San Antonio)	♦	▼	♦	♦	♦	△
Presbyterian Health Plan of El Paso (El Paso)	△	▼	♦	♦	△	♦
Prudential HealthCare (Austin)	▼	△	△	△	♦	△
Prudential HealthCare (Corpus Christi)	▼	▼	♦	♦	♦	♦
Prudential HealthCare (El Paso)	▼	♦	♦	♦	♦	♦
Prudential HealthCare (Houston)	▼	△	△	♦	△	▼
Prudential HealthCare (North Texas)	▼	△	△	♦	♦	△
Prudential HealthCare (San Antonio)	▼	♦	△	△	♦	△
Scott and White Health Plan (Central Texas)	△	△	△	NR	△	△
Seton Health Plan, Inc. (Austin)	♦	△	♦	♦	▼	NR
Texas Health Choice, L.C. (Dallas)	△	△	♦	▼	♦	△
UnitedHealthcare of Texas, Inc. (Austin/San Antonio)	▼	△	♦	♦	▼	▼
UnitedHealthcare of Texas, Inc. (Corpus Christi)	♦	△	♦	▼	▼	▼
UnitedHealthcare of Texas, Inc. (Dallas)	▼	△	△	△	△	△
UnitedHealthcare of Texas, Inc. (Houston)	▼	△	NR	NR	NR	NR

Effectiveness of Care

The HEDIS® **Effectiveness of Care Domain** measures HMO success in delivering services designed to prevent the occurrence of illness or to identify a medical condition in its earliest stages. By doing so, the patient has a better chance of an improved health outcome and health care costs can be significantly reduced. Effectiveness of Care measures show the percentage of individuals indicated for a service who actually received the service. Differences in these measures may reflect the effort that individual HMOs make to get their members routine preventive care.

This section presents Effectiveness of Care data on the following measures:

- Childhood Immunization Status: Combination 2
- Adolescent Immunization Status: MMR
- Advising Smokers to Quit
- Breast Cancer Screening
- Cervical Cancer Screening
- Prenatal Care in the First Trimester
- Check-Ups After Delivery
- Cholesterol Management After Acute Cardiovascular Events
- Eye Exams for People with Diabetes
- Follow-up After Hospitalization for Mental Illness

Childhood Immunization Status: Combination 2

The percentage of children in the HMO who received all Combination 2 recommended vaccinations by age two.

Childhood immunizations are a proven and easy way to help children stay healthy by avoiding childhood diseases such as mumps, measles, and more serious illnesses such as polio and whooping cough. Because infants and young children are highly susceptible to these dangerous illnesses, children should receive all recommended vaccinations before the age of two. The *Healthy People 2000* goal for immunizations for two year olds is 90%.

Although childhood immunization is one of the most cost effective preventive health care initiatives, the Centers for Disease Control and Prevention estimates that less than 60% of all U.S. children are fully immunized by their second birthday.

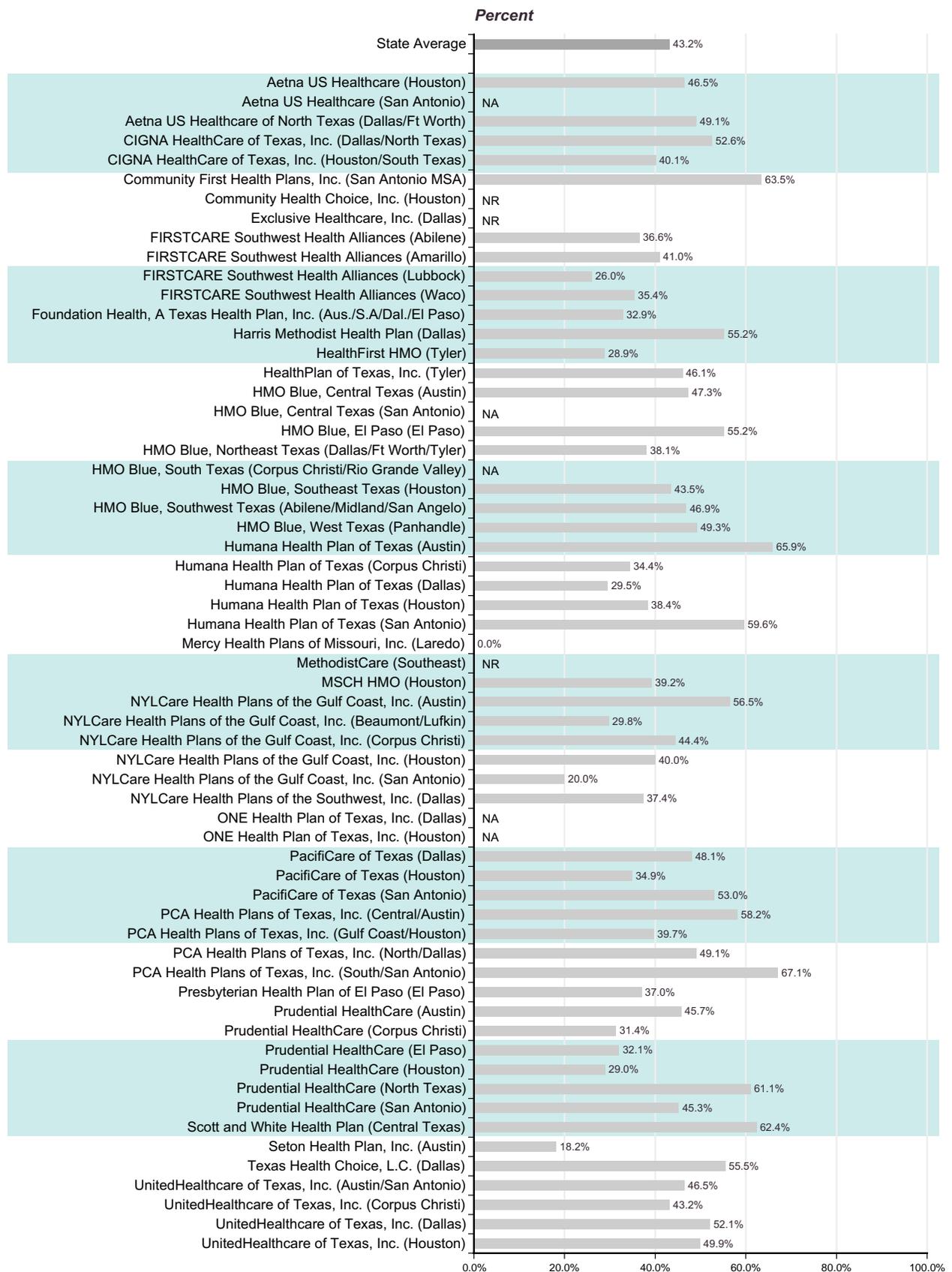
This graph shows the percentage of children in the HMO service area who received all Combination 2 vaccinations [Four DTP or DTaP, three polio (IPV or OPV), three Hepatitis B, one MMR and two H influenza type b vaccinations on or before the second birthday] recommended by the American Academy of Pediatrics by the age of two.

For information on other Childhood Immunization Status measures collected for HEDIS® 1999, contact the Texas Health Care Information Council.

State and National Values	1997	1998
Texas Average	45.0%	43.2%
NCQA National Average	65.4%	61.0%
Healthy People 2000 Goal	90.0%	

NR - Plan failed to submit the required data or data not certified by NCQA licensed auditor.
NA - HMOs with fewer than 30 patients for this measure are not reported.

Childhood Immunization Status: Combination 2



Adolescent Immunization Status: MMR

The percentage of children who received a second dose of the Measles, Mumps, Rubella (MMR) vaccine by age 13 years.

Measles, mumps, and rubella (German measles) are serious diseases that can lead to pneumonia, seizures, brain damage, meningitis, and even death. Most children should have a total of two MMR vaccines, one between 12 to 15 months of age and one between 4 to 6 years of age.¹

This graph shows the percentage of children in the HMO service area who received the Measles, Mumps, Rubella (MMR) vaccinations recommended (or a seropositive test result for MMR) by the American Academy of Pediatrics by the age of 13.

1. National Immunization Program (1998) Measles, Mumps & Rubella Vaccines: What You Need to Know. [Brochure]. Centers for Disease Control and Prevention, U.S. Department of Health & Human Services.

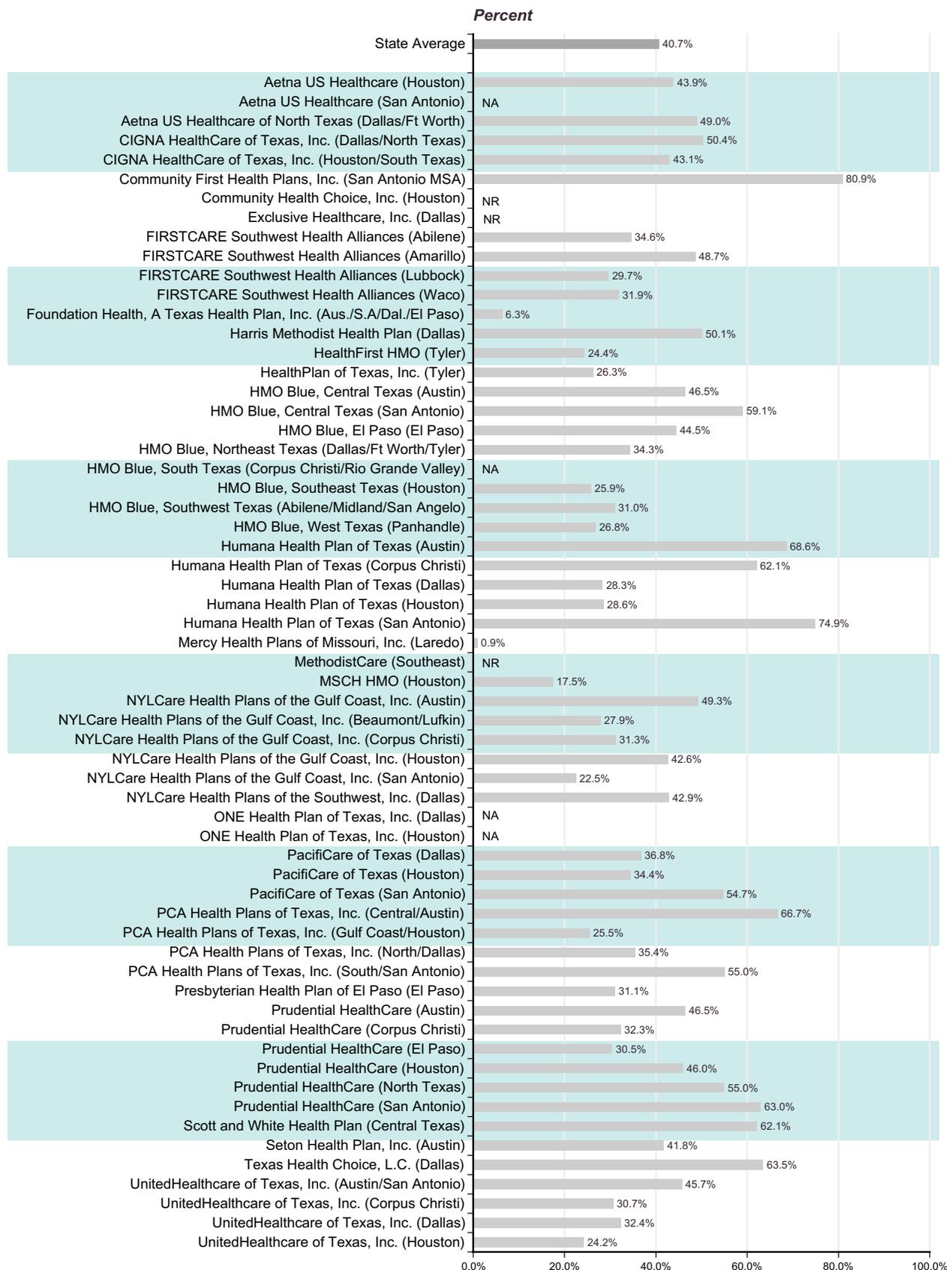
State and National Values	1997	1998
Texas Average	41.3%	40.7%
NCQA National Average	*	52.3%
Healthy People 2000 Goal	*	

* Value not established.

NR - Failed to submit the required data or data not certified by NCQA licensed auditor.

NA - HMOs with fewer than 30 patients for this measure are not reported.

Adolescent Immunization Status: MMR



Effectiveness of Care

Advising Smokers to Quit

The percentage of adult smokers or recent quitters who received advice to quit smoking from a health professional in the plan during the reporting year.

Smoking, responsible for an estimated 400,000 deaths each year, is the leading contributor to preventable mortality in the U.S.¹ Half of all lifelong smokers will die from a smoking related illness. The 1990 Surgeon General’s Report indicated that smokers who quit reduced their risk of dying prematurely by almost 50%. In 1990, the medical costs directly associated with smoking were over seven percent of national health expenditures (upwards of \$100 billion dollars).¹ Yet, given even these significant health and economic motivators, a large percentage of current smokers are still more likely to quit if so advised by their physician. Receiving even a brief amount of smoking cessation advice from a physician is associated with a 30% increase in the number of smokers who quit.²

This graph shows the percentage of smokers or recent quitters in the HMO service area who received advice to quit smoking from a plan doctor during the reporting year.

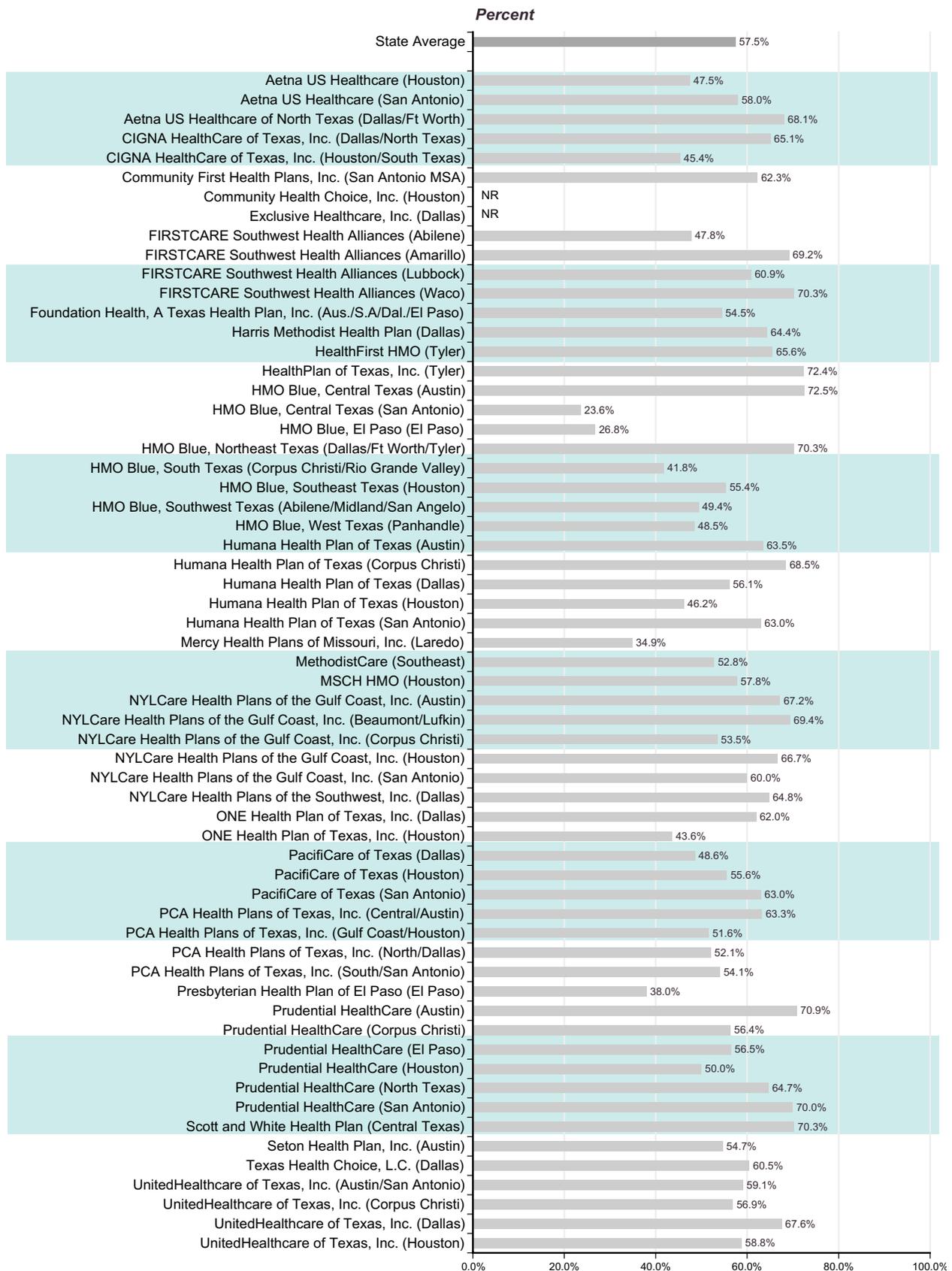
1. Health Maintenance Organizations in Maryland: A Comprehensive Performance Report (1997), State of Maryland Health Care Access and Cost Commission (HCACC).

2. HEDIS® 2000, Volume 1: Narrative-What’s in It and Why It Matters (1999), National Committee for Quality Assurance, Washington, D.C.

State and National Values	1997	1998
Texas Average	55.7%	57.5%
NCQA National Average	64.0%	62.6%
Healthy People 2000 Goal	75.0%	

NR - Failed to submit the required data or data not certified by NCQA licensed auditor.
 NA - HMOs with fewer than 30 patients for this measure are not reported.

Advising Smokers to Quit



Breast Cancer Screening

The percentage of women age 52 through 69 years who received a mammogram during the past two years.

Breast cancer is the second most common form of cancer among American women with 184,300 new cases reported each year.¹ Mammograms, which are x-rays of the breast that can identify tumors too small to be felt, are the most effective method for detecting breast cancer in a stage when it is most treatable. According to the American Cancer Society, more than 46,000 women in the U.S. die from breast cancer each year.² Mammography screening has been shown to reduce mortality due to breast cancer by 20 to 40 percent among women aged 50 and older.¹

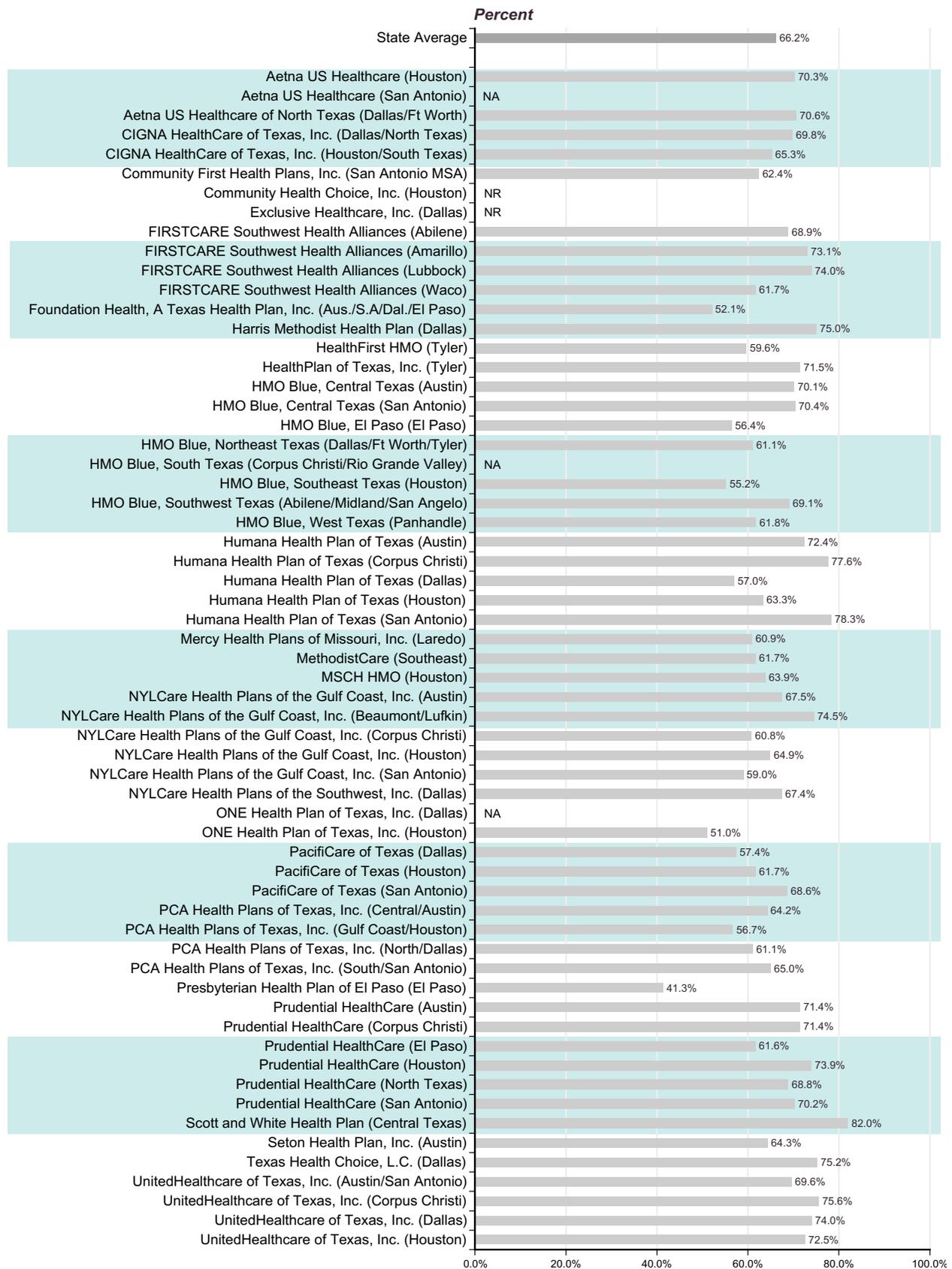
This graph shows the percentage of women age 52 and older in the HMO service area who had a mammogram within the past two years.

1. HEDIS® 2000, volume 1: Narrative-What’s in It and Why It Matters (1999), National Committee for Quality Assurance, Washington, D.C.
 2. HEDIS® 3.0/1998, volume 1: Narrative-What’s in It and Why It Matters (1997), National committee for Quality Assurance, Washington, D.C.

State and National Values	1997	1998
Texas Average	64.9%	66.2%
NCQA National Average	71.3%	72.2%
Healthy People 2000 Goal	60.0%	

NR - Failed to submit the required data or data not certified by NCQA licensed auditor.
 NA - HMOs with fewer than 30 patients for this measure are not reported.

Breast Cancer Screening



Cervical Cancer Screening

The percentage of women age 21-64 years who received a Pap smear test during the past three years.

Cervical cancer often has no recognizable symptoms until it is at an advanced stage. However, when detected early, cervical cancer is almost always cured. Approximately 13,000 new cases of cervical cancer are diagnosed each year and about 4,800 women per year die from this disease. Most of these deaths could have been prevented by a routine Pap smear. Early detection, through pap screening, has dramatically reduced the incidence and mortality from invasive cervical cancer, contributing to a 75% decline in the overall number of deaths from this cause.¹ The *Healthy People 2000* goal for cervical cancer screens within the past one to three years is 85%.

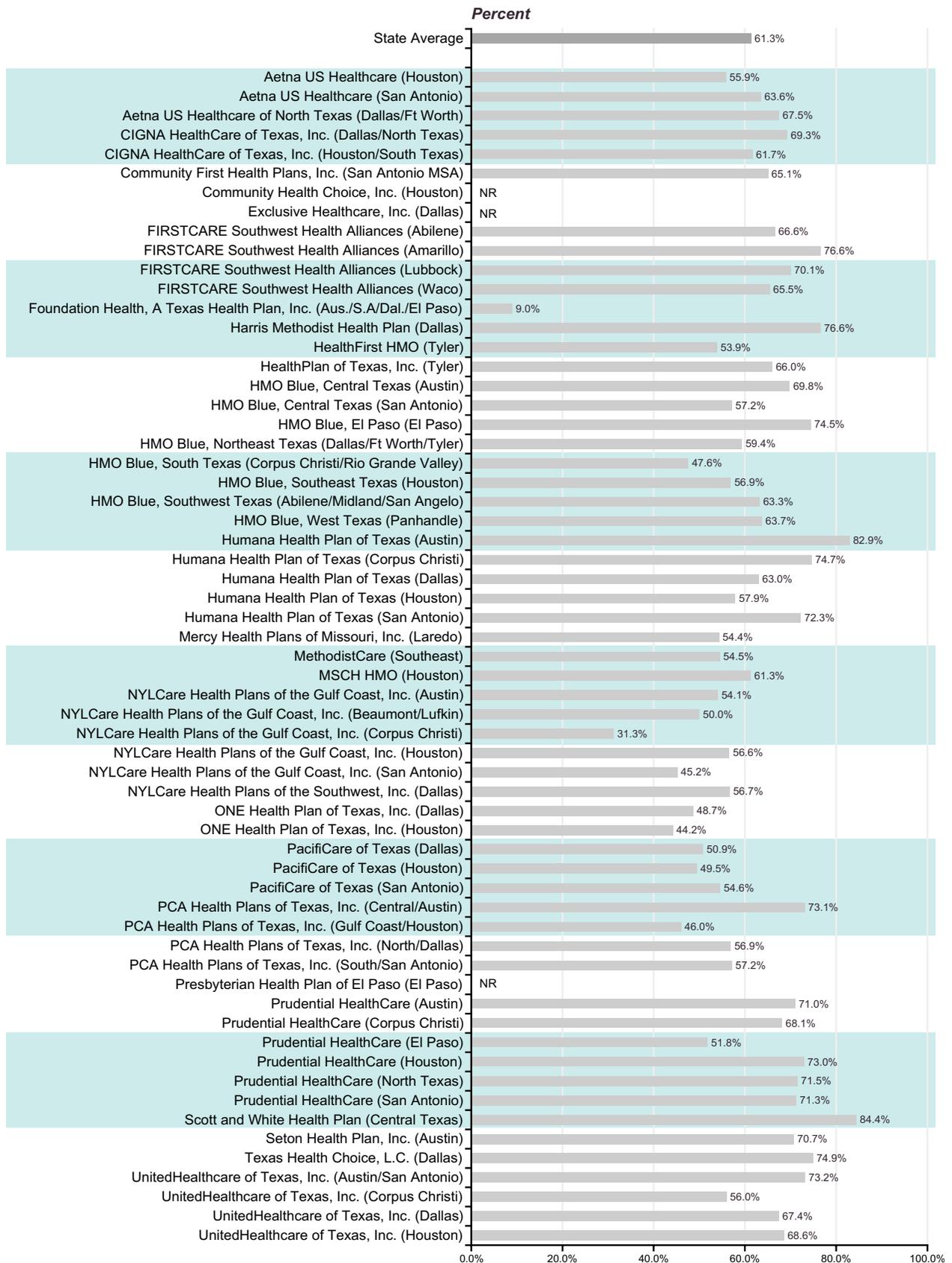
This graph shows the percentage of women age 21 through 64 in the HMO service area who received a Pap smear test within the past three years.

1. HEDIS® 2000, Volume 1: Narrative-What’s in It and Why It Matters (1999), National Committee for Quality Assurance, Washington, D.C.

State and National Values	1997	1998
Texas Average	64.2%	61.3%
NCQA National Average	71.3%	69.9%
Healthy People 2000 Goal	85.0%	

NR - Failed to submit the required data or data not certified by NCQA licensed auditor.
 NA - HMOs with fewer than 30 patients for this measure are not reported.

Cervical Cancer Screening



Effectiveness of Care

Prenatal Care in the First Trimester

The percentage of women with live births who had a prenatal care visit during the first trimester of pregnancy.

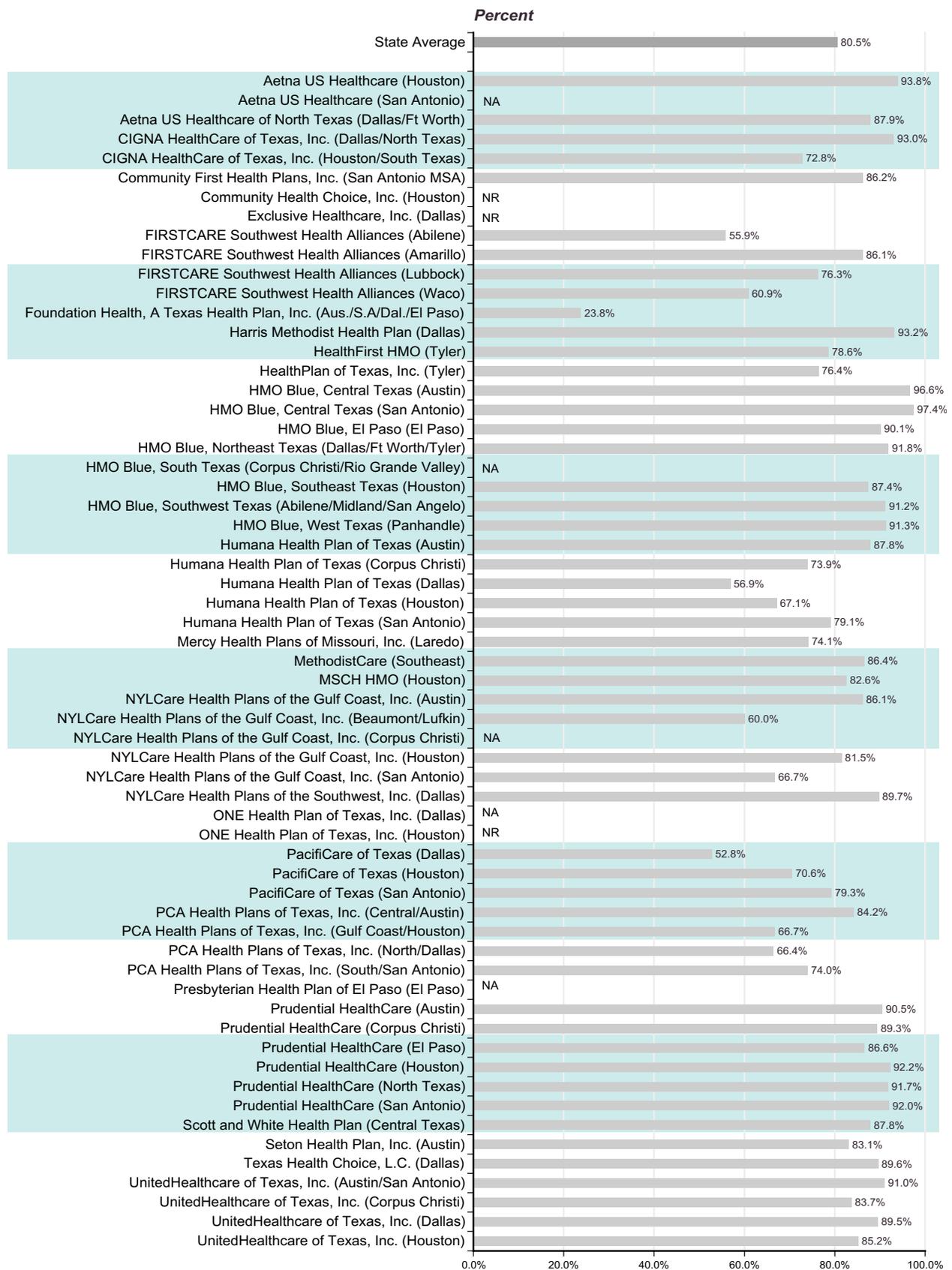
Early and regular prenatal care increases the likelihood that a woman will deliver a healthy, full-term baby because it allows doctors to identify and treat problems before they threaten the health of either the mother or the baby. The *Healthy People 2000* goal is for 90% of all pregnant women to receive a prenatal exam in the first trimester of pregnancy. Early prenatal screening identifies high-risk women, resulting in appropriate intervention and treatment. Conversely, a lack of prenatal care is strongly associated with low birthweight or premature delivery which in turn may contribute to both maternal and fetal complications.

This graph shows the percentage of women in the HMO service area who received their first prenatal care visit during the first three months of pregnancy.

State and National Values	1997	1998
Texas Average	78.9%	80.5%
NCQA National Average	83.1%	83.6%
Healthy People 2000 Goal	90.0%	

NR - Failed to submit the required data or data not certified by NCQA licensed auditor.
 NA - HMOs with fewer than 30 patients for this measure are not reported.

Prenatal Care in the First Trimester



Effectiveness of Care

Check-Ups After Delivery

The percentage of women with live births who received a postpartum check-up between 21 days and 56 days after delivery.

The month and a half immediately following birth is a period of significant physical, emotional, and social change for a mother. The American College of Obstetricians and Gynecologists recommends that women see their health care provider at least once between 4 to 6 weeks after delivery so a physician can evaluate the patient's health status, answer questions, and offer advice and assistance to the new mother.

This graph show the percentage of women with a live birth who received a postpartum check-up after delivery

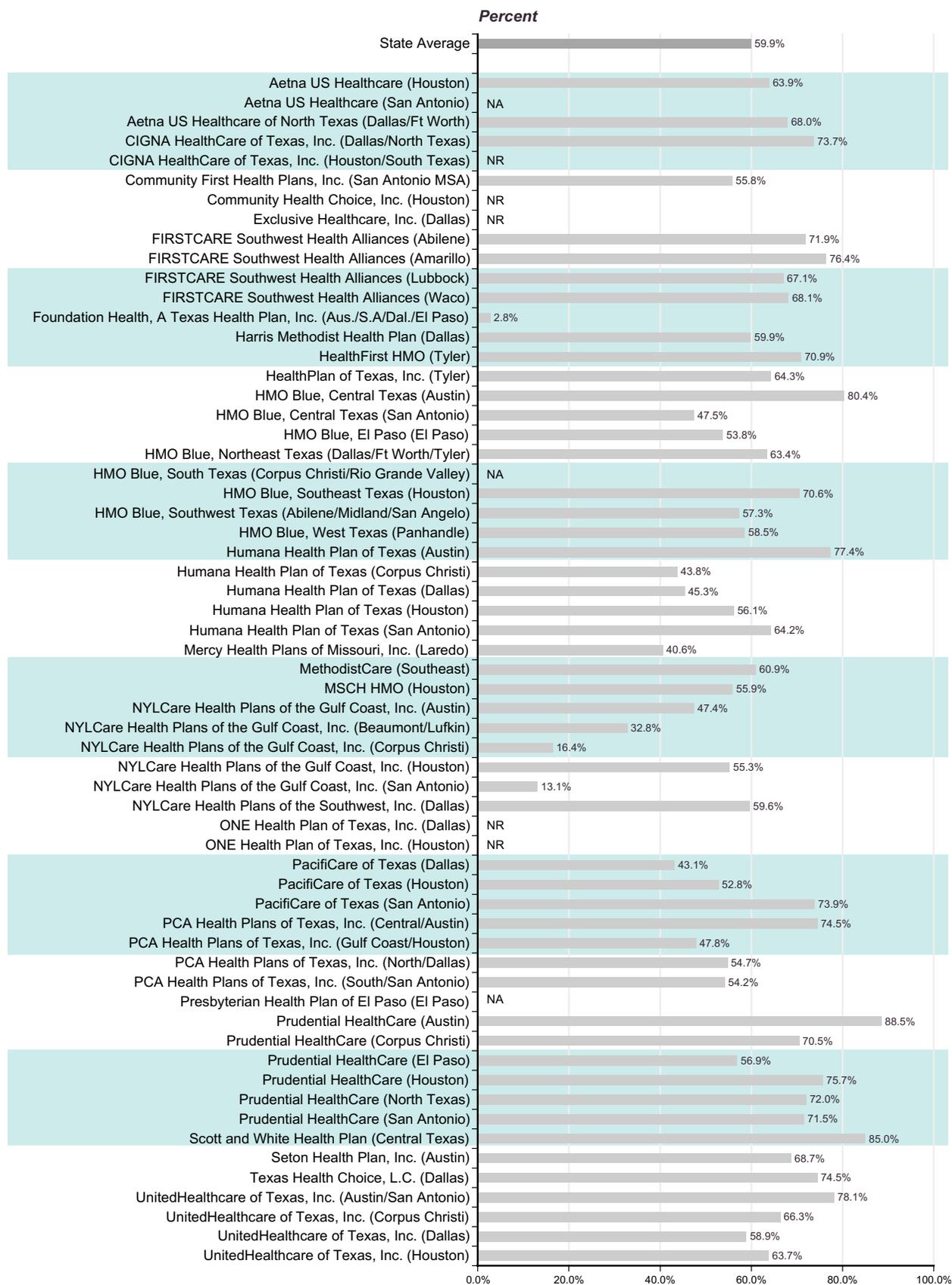
State and National Values	1997	1998
Texas Average	59.2%	59.9%
NCQA National Average	*	70.1%
Healthy People 2000 Goal	*	

* Value not established.

NR - Failed to submit the required data or data not certified by NCQA licensed auditor.

NA - HMOs with fewer than 30 patients for this measure are not reported.

Check-Ups After Delivery



Cholesterol Management After Acute Cardiovascular Events

The percentage of members age 18 through 75 who had an LDL-C (low density lipoprotein-cholesterol) screening performed on or between 60 and 365 days after discharge for an acute cardiovascular event.

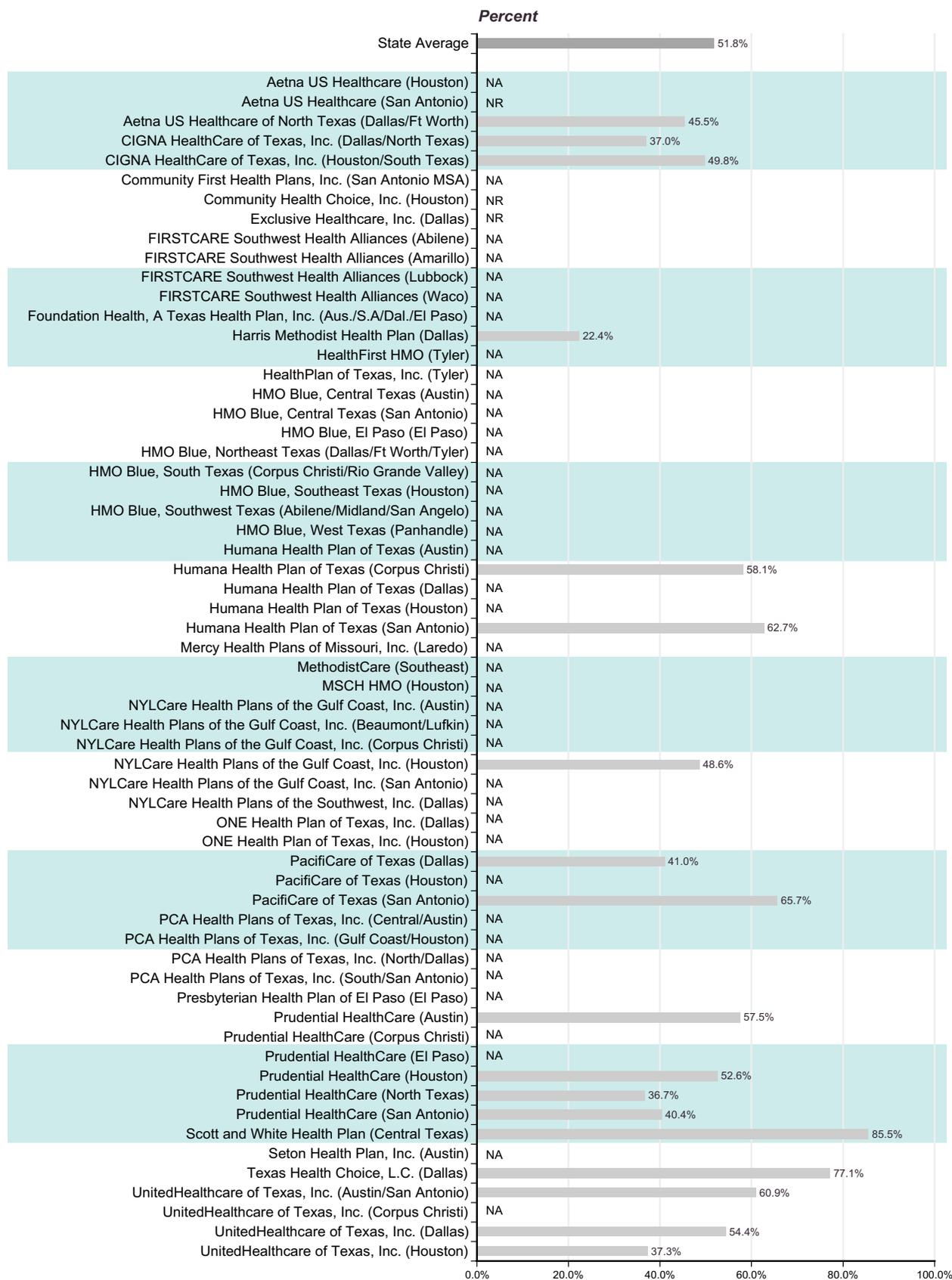
Hearth disease, the single leading cause of death in the United States, contributes to almost half a million deaths a year. Blood cholesterol [especially Low Density Lipoprotein-Cholesterol (LDL-C)] is directly related to the development of coronary artery disease and coronary heart disease. High LDL-C levels indicate that cholesterol has built up in the walls of the artery and may increase the risk of a heart attack or stroke. Reducing cholesterol in patients with known heart disease can reduce morbidity and mortality by as much as 40 percent.

This graph shows the percentage of members age 18 through 75 years old who were discharged in the year prior to the reporting year for acute myocardial infarction (AMI), coronary artery bypass graft (CABG), or percutaneous transluminal coronary angioplasty (PTCA) and had evidence of LDL-C screening on or between 60 and 365 days after discharge.

State and National Values	1997	1998
Texas Average	*	51.8%
NCQA National Average	*	59.1%
Healthy People 2000 Goal	*	

* Value not established.
 NR - Failed to submit the required data or data not certified by NCQA licensed auditor.
 NA - HMOs with fewer than 30 patients for this measure are not reported.

Cholesterol Management After Acute Cardiovascular Events



Eye Exams for People with Diabetes

The percentage of diabetic members (31 years of age and older) who had a retinal exam during the reporting year.

According to the American Diabetes Association, almost 16 million Americans have diabetes, and over 700,000 new cases are diagnosed every year. This disease is the leading cause of blindness for people 20-74 years of age, resulting in an estimated 12,000-24,000 diabetics losing their sight each year.¹ Although diabetic retinopathy is a common complication of diabetes, early detection and treatment of eye disease can prevent diabetics from losing their sight. The *Healthy People 2000* objective related to this measure is to reduce blindness due to diabetes from 2.2 per 1,000 to 1.4 per 1,000.² Regular dilated retinal exams are considered the most effective method for early detection.

HEDIS® notes that the frequency of retinal screening among diabetics is influenced by the type of diabetes and the presence and degree of retinopathy. Therefore, annual screening may not be indicated for every diabetic plan member and a screening rate of 100% is not expected.

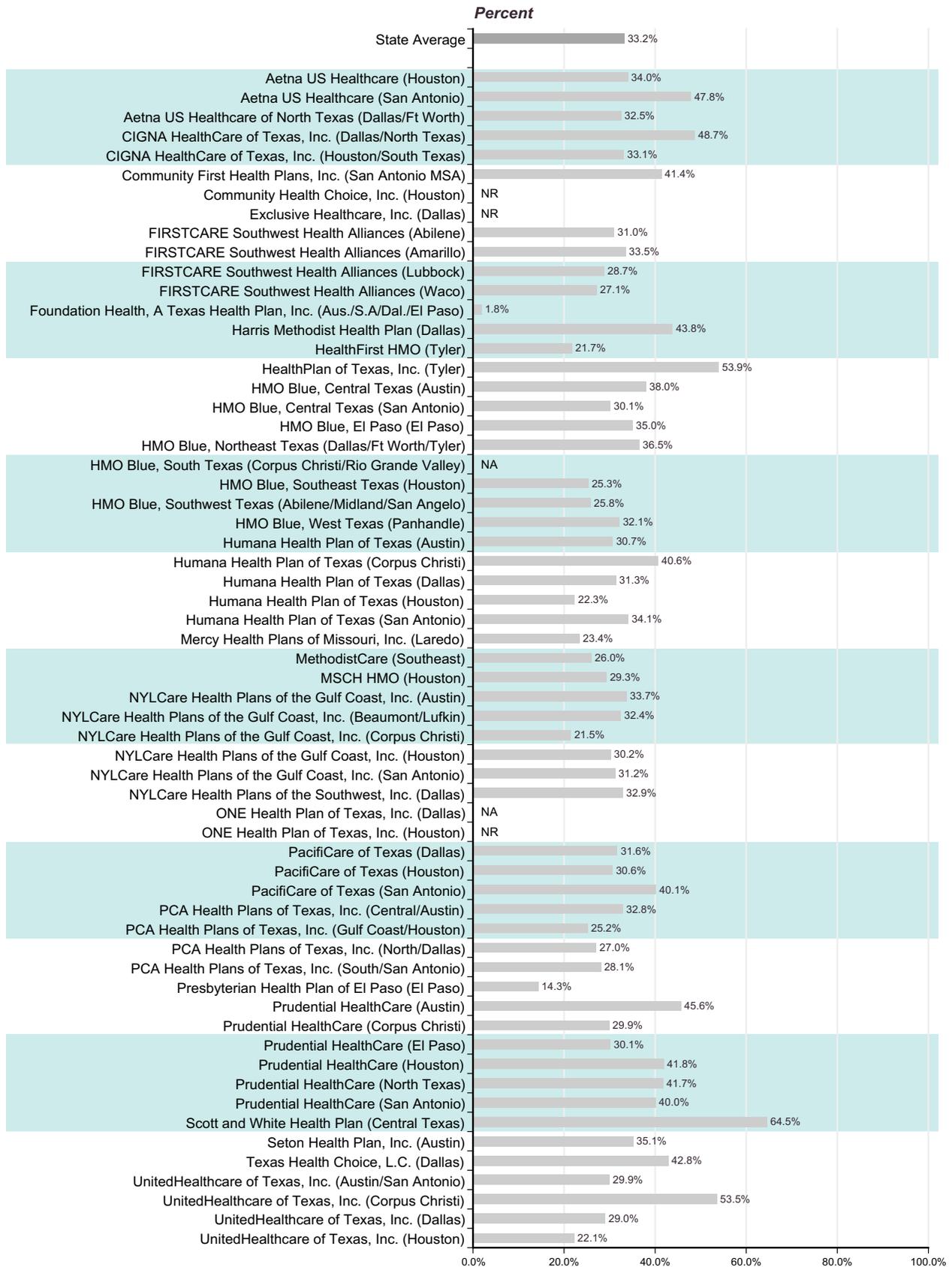
This graph shows the percentage of diabetics in the HMO service area who had eye exams in the past year.

1. Diabetes Facts and Figures (1999), American Diabetes Association.
2. Healthy People 2000: National Health Promotion and Disease Prevention Objectives (1991), U.S. Public Health Service, U.S. Department of Health and Human Services, USDHHS Publication PHS 9150212, Washington, D.C.

State and National Values	1997	1998
Texas Average	32.0%	33.2%
NCQA National Average	39.0%	40.9%
Healthy People 2000 Goal	*	

* Value not established.
 NR - Failed to submit the required data or data not certified by NCQA licensed auditor.
 NA - HMOs with fewer than 30 patients for this measure are not reported.

Eye Exams for People with Diabetes



Effectiveness of Care

Follow-Up After Hospitalization for Mental Illness

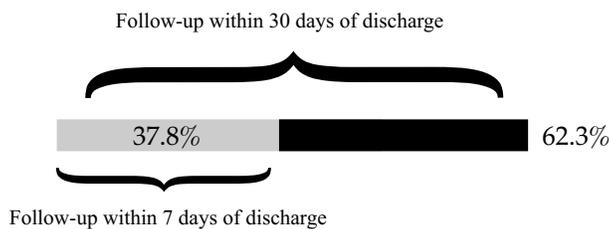
The percentage of members hospitalized for mental health disorders who were seen on an ambulatory care basis within 7 days and 30 days of discharge from the hospital.

A significant number of individuals suffer from some form of mental illness during their life, yet few of them are medically diagnosed. For example, suicide - a very real risk to individuals with mental illness - causes upwards of 15% of all deaths associated with untreated mood disorders.¹

It is important to provide regular follow-up therapy to patients after they have been hospitalized for mental illness. An outpatient visit with a mental health practitioner within 30 days of discharge is necessary to ensure that the patient's transition to home or work is supported and that gains made during hospitalization are maintained.

This graph shows the percentages of members hospitalized for mental health disorders in the HMO service area who were seen on an ambulatory care basis within 7 days and 30 days of discharge from the hospital. The light gray portion of the graph represents percentages of patient follow-up within 7 days of discharge. The total bar (gray + black) represents follow-up within 30 days of discharge from the hospital.

1. (HEDIS®) 2000, Volume 1: Narrative-What's in It and Why It Matters (1999), National Committee for Quality Assurance, Washington, D.C.



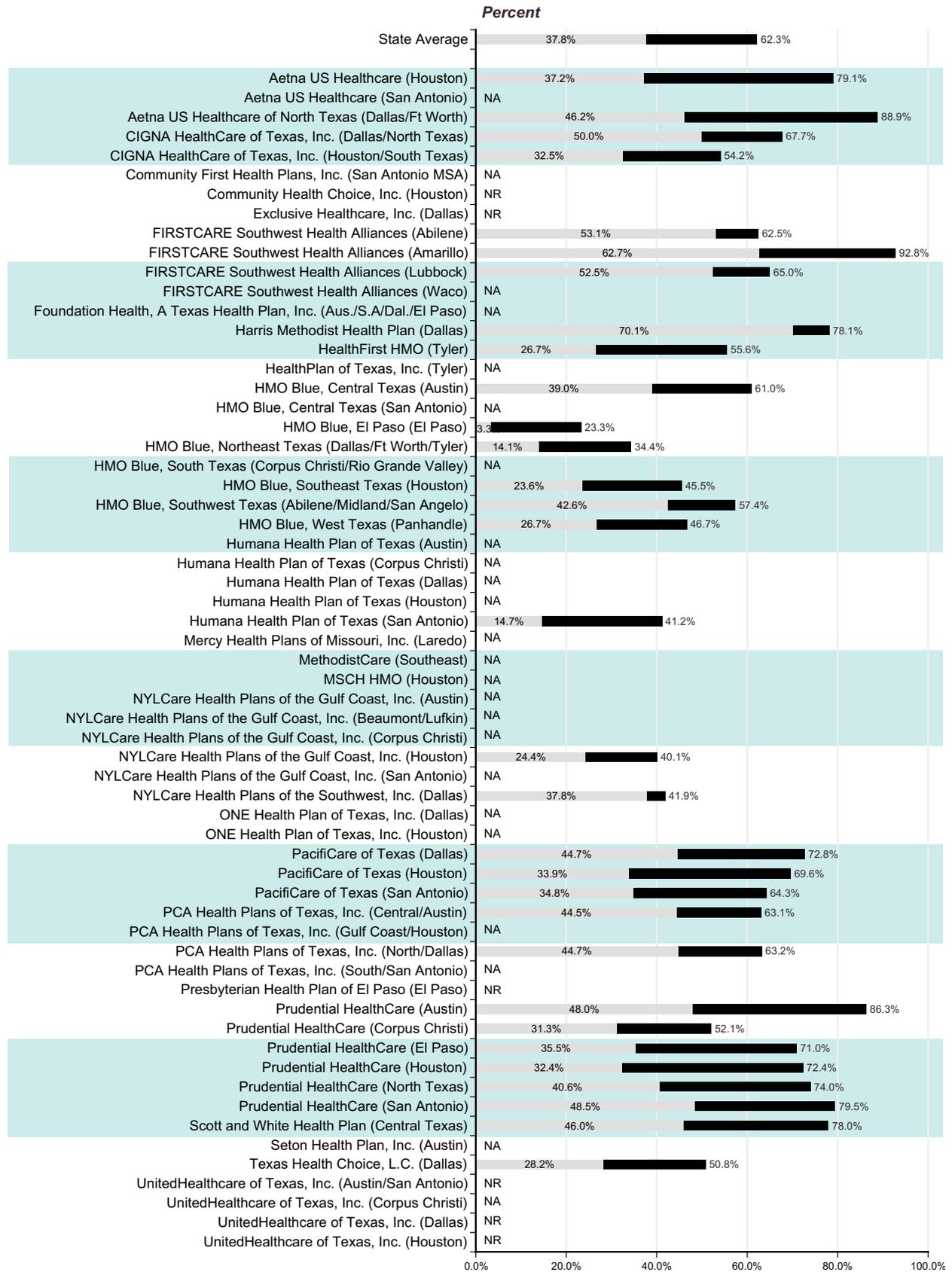
State and National Values	1997	1998
Texas Average within 7 days	*	37.8%
Texas Average within 30 days	66.0%	62.3%
NCQA National Ave. within 7 days	*	44.6%
NCQA National Ave. within 30 days	*	67.4%
Healthy People 2000 Goal	*	

8 Value not established.

NR - Failed to submit the required data or data not certified by NCQA licensed auditor.

NA - HMOs with fewer than 30 patients for this measure are not reported.

Follow-Up After Hospitalization for Mental Illness



Effectiveness of Care

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Satisfaction with the Experience of Care

This section presents results from the Consumer Assessment of Health Plans Study (CAHPS™ 2.0H, Adult) survey of HMO enrollees in Texas. Each health plan contracted with an independent NCQA certified vendor to conduct the survey. Questionnaires were mailed to a random sample of 1,240 enrollees of each health plan who were 18 years or older and members of the plan during 1998. The vendor also administered telephone surveys to those enrollees who did not return the mailed questionnaire. Responses for each enrollee in the health plan were then aggregated to produce comparable summary results for each health plan. The response rate for all Texas HMOs was 39% (75% by mail and 25% by telephone). Please refer to the appendix (page 124) for a list of response rates for each health plan.

The CAHPS™ results presented in this section represent results from four individual questions and six composite scores. The composite scores are designed to aggregate information from multiple specific questions and summarize health plan performance in key areas.

The CAHPS™ results presented in this section are:

Individual results:

- How People Rated Their Health Plan (1 question)
- How People Rated Their Care (1 question)
- How People Rated Their Doctor or Nurse (1 question)
- How People Rated Their Specialist (1 question)

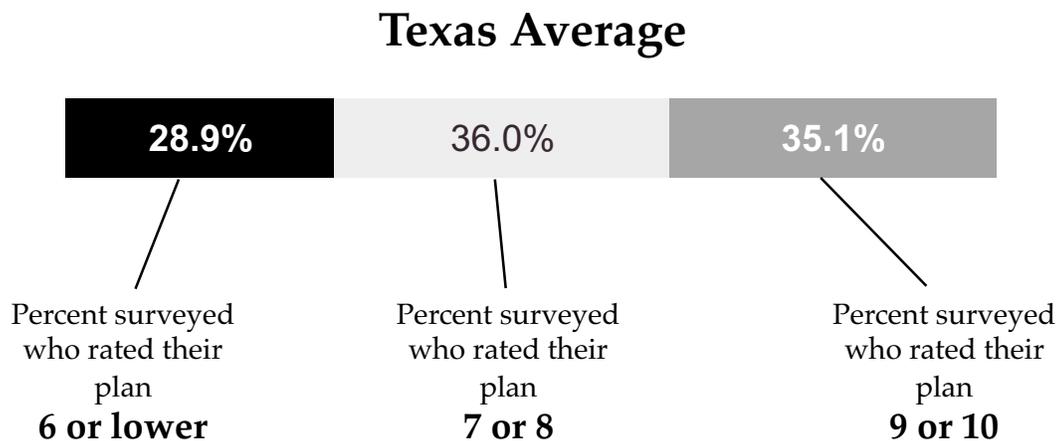
Composite results:

- Getting Needed Care (4 questions)
- Getting Care Quickly (4 questions)
- How Well Doctors Communicate (4 questions)
- Courteous and Helpful Office Staff (2 questions)
- Customer Service (3 questions)
- Claims Processing (2 questions)

How People Rated Their Health Plan

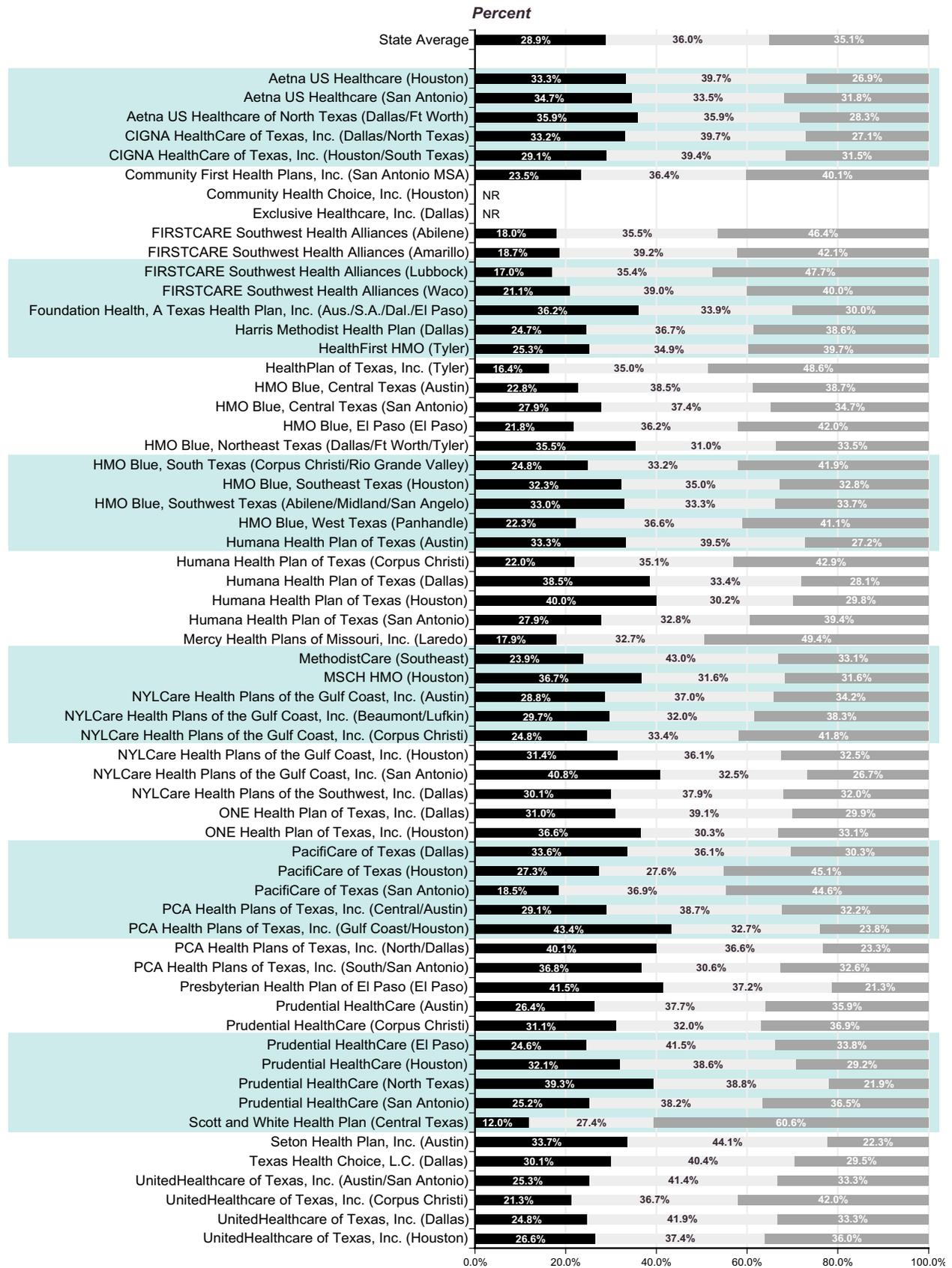
The bar graphs show the results of the following survey question:

Use any number from 0 to 10 where 0 is the worst health plan possible and 10 is the best health plan possible. How would you rate your health plan now?



How People Rated Their Health Plan

6 or lower 7 or 8 9 or 10

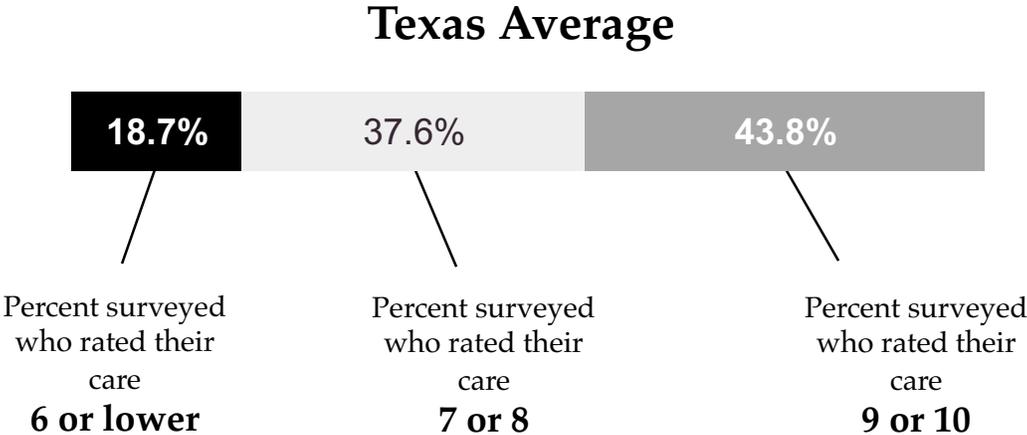


Satisfaction with the Experience of Care

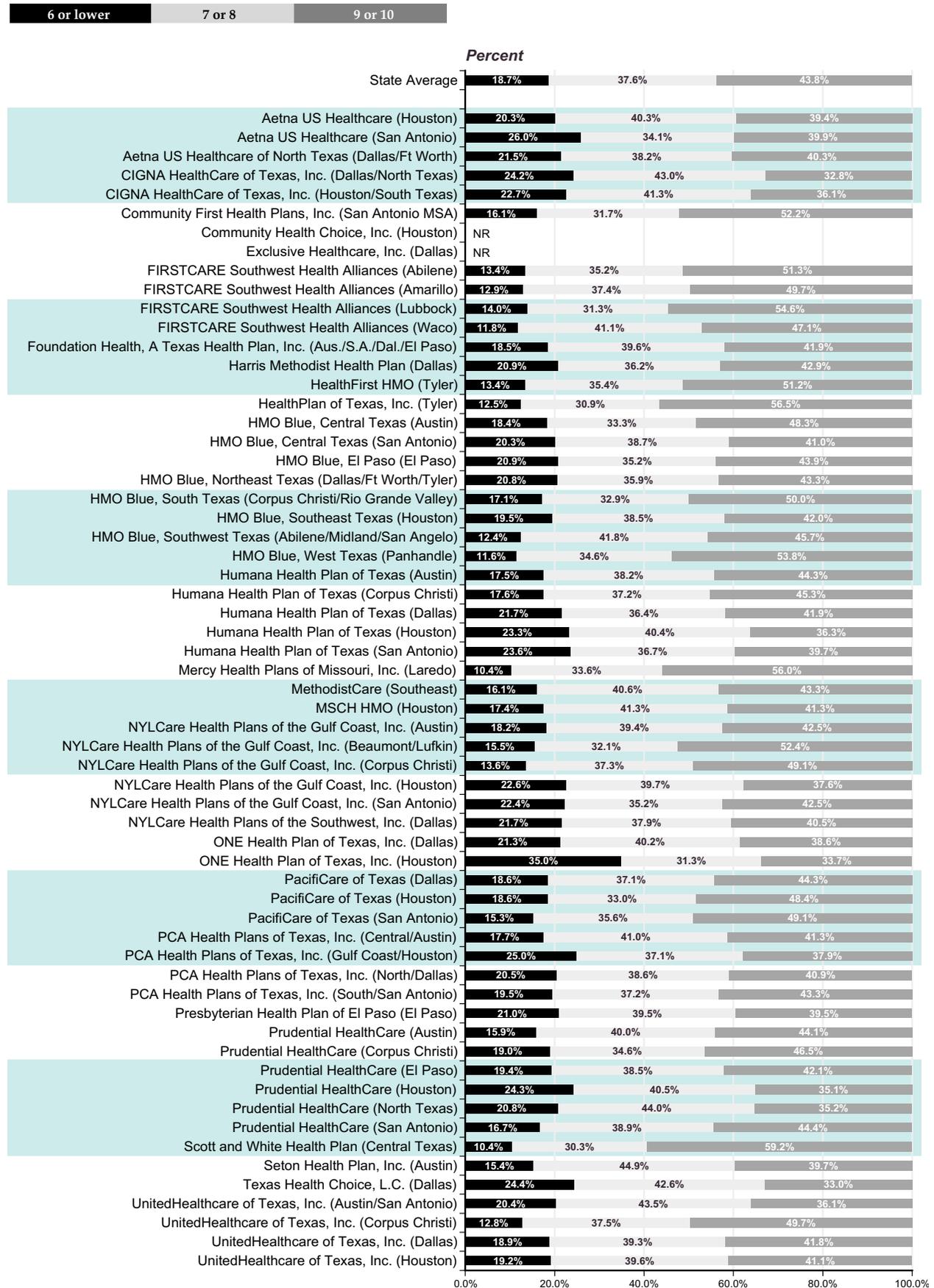
How People Rated Their Health Care

The bar graphs show the result of the following survey question:

Use any number from 0 to 10 where 0 is the worst health care possible and 10 is the best health care possible. How would you rate all your health care?



How People Rated Their Health Care

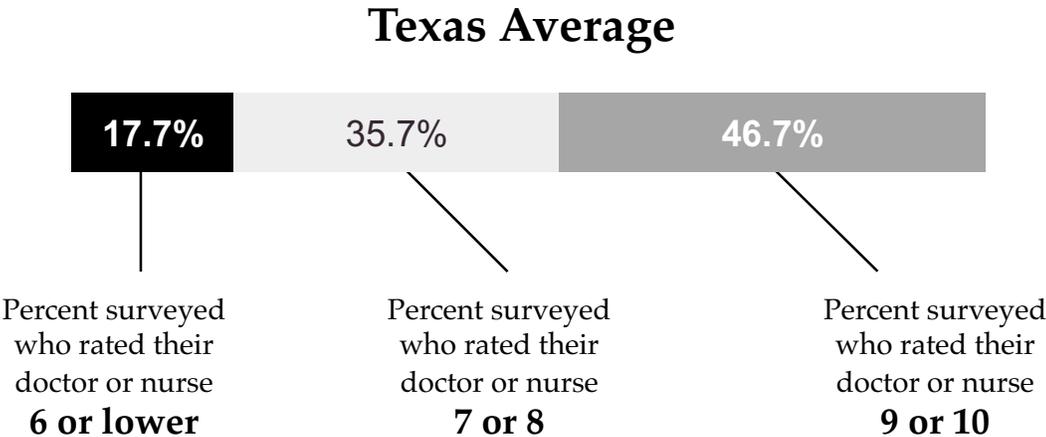


Satisfaction with the Experience of Care

How People Rated Their Doctor or Nurse

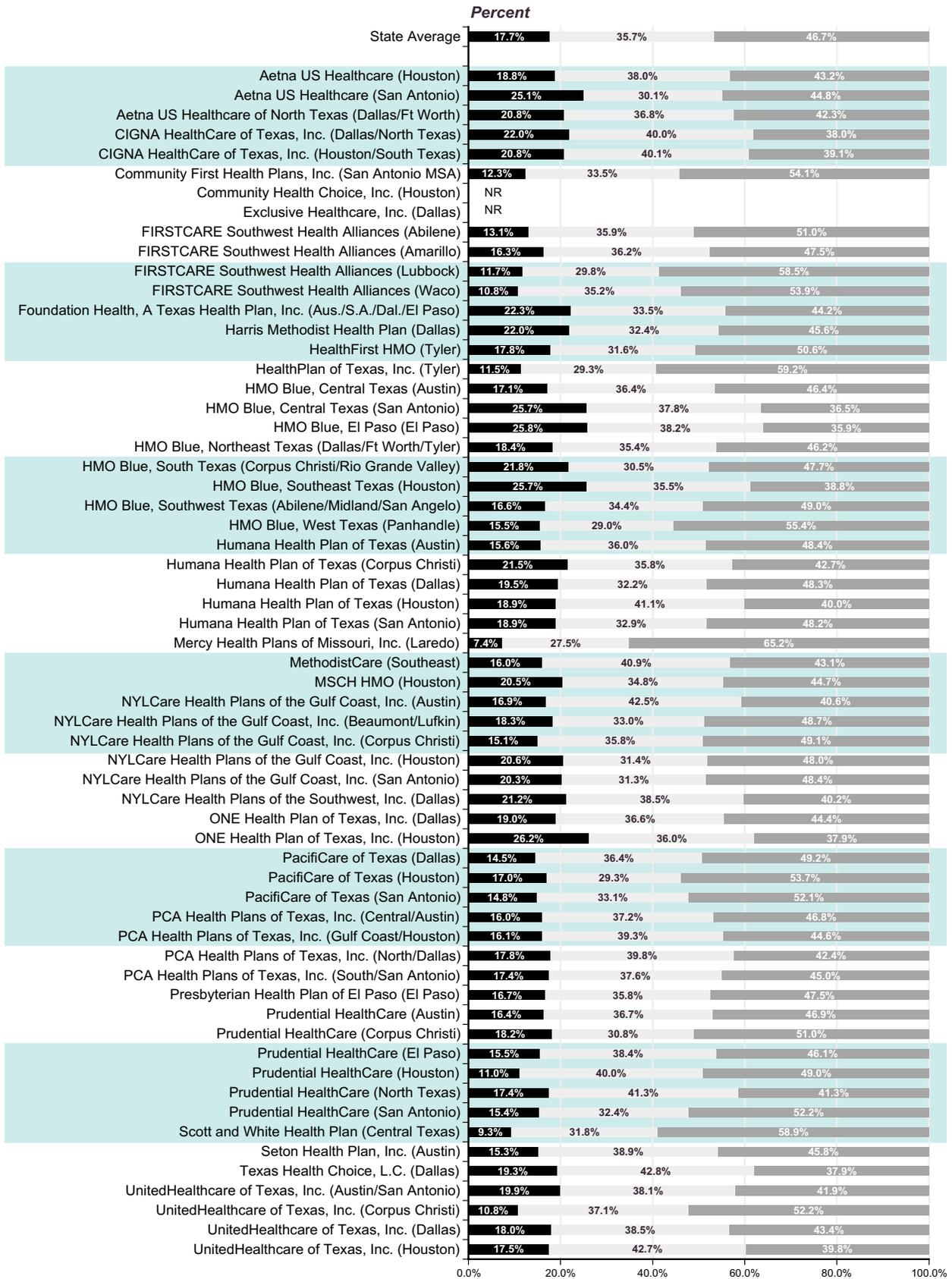
The bar graphs show the results of the following survey question:

Use any number from 0 to 10 where 0 is the worst personal doctor or nurse possible and 10 is the best doctor or nurse possible. How would you rate your personal doctor or nurse?



How People Rated Their Doctor or Nurse

6 or lower 7 or 8 9 or 10

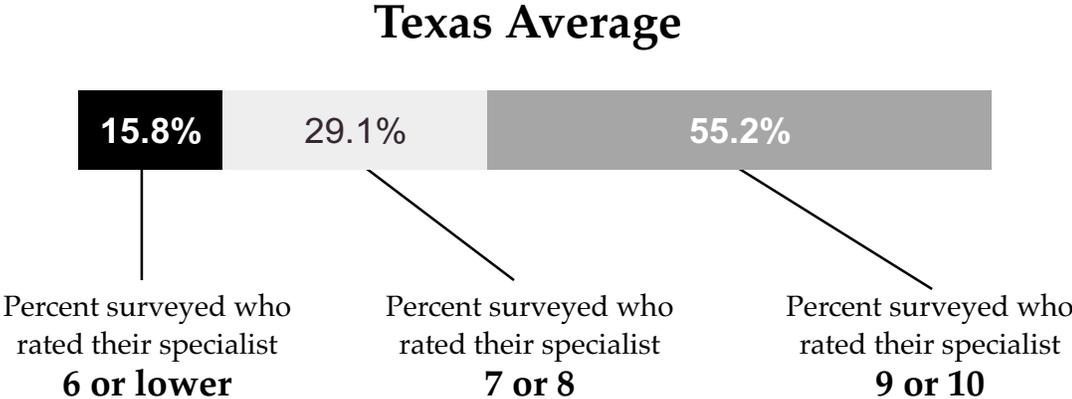


Satisfaction with the Experience of Care

How People Rated Their Specialist

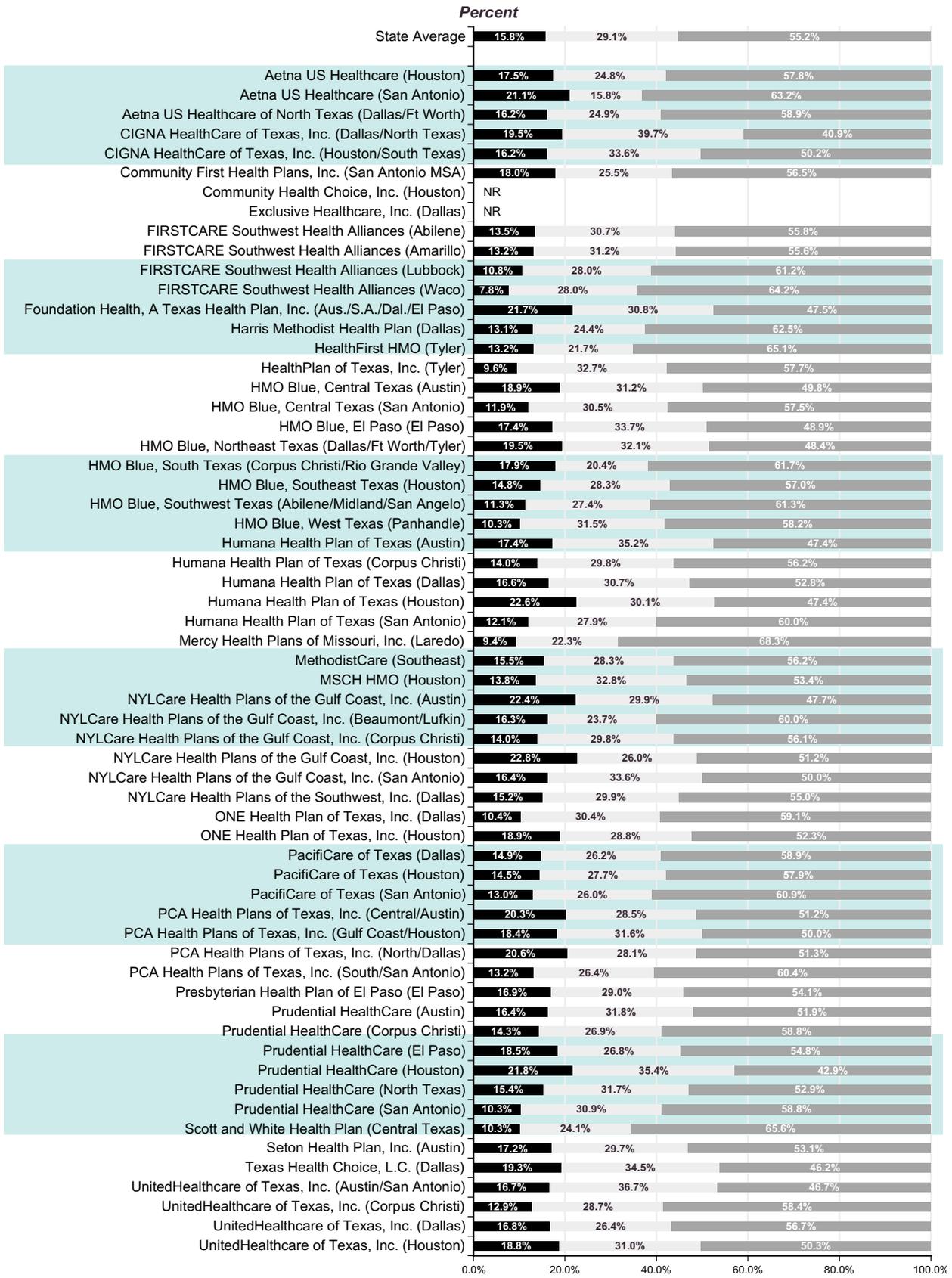
The bar graphs show the results of the following survey question:

Use any number from 0 to 10 where 0 is the worst specialist possible and 10 is the best specialist possible. How would you rate the specialist?



How People Rated Their Specialist

6 or lower 7 or 8 9 or 10



Satisfaction with the Experience of Care

Getting Needed Care

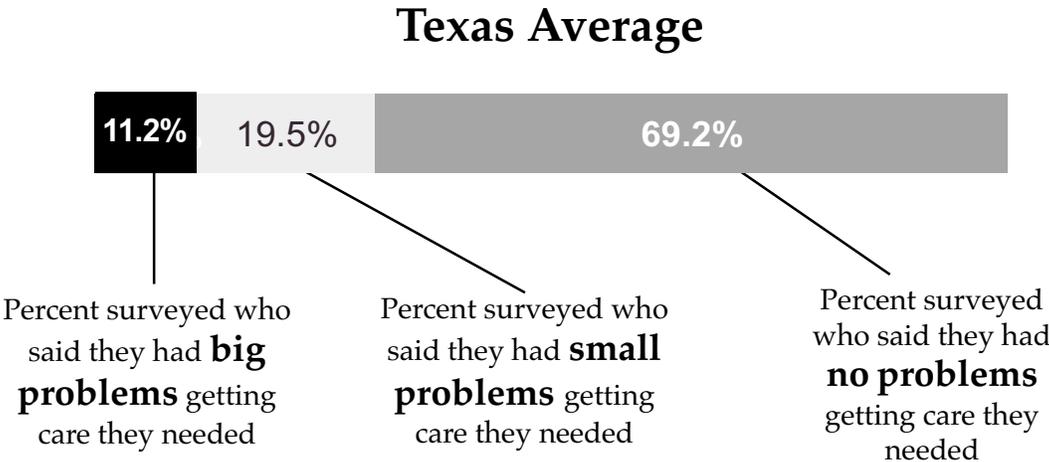
The bar graphs show the composite results of the following survey questions:

With the choice your health plan gave you, how much of a problem, if any, was it to get a personal doctor or nurse you are happy with?

In the last 12 months, how much of a problem, if any, was it get a referral to a specialist that you needed to see?

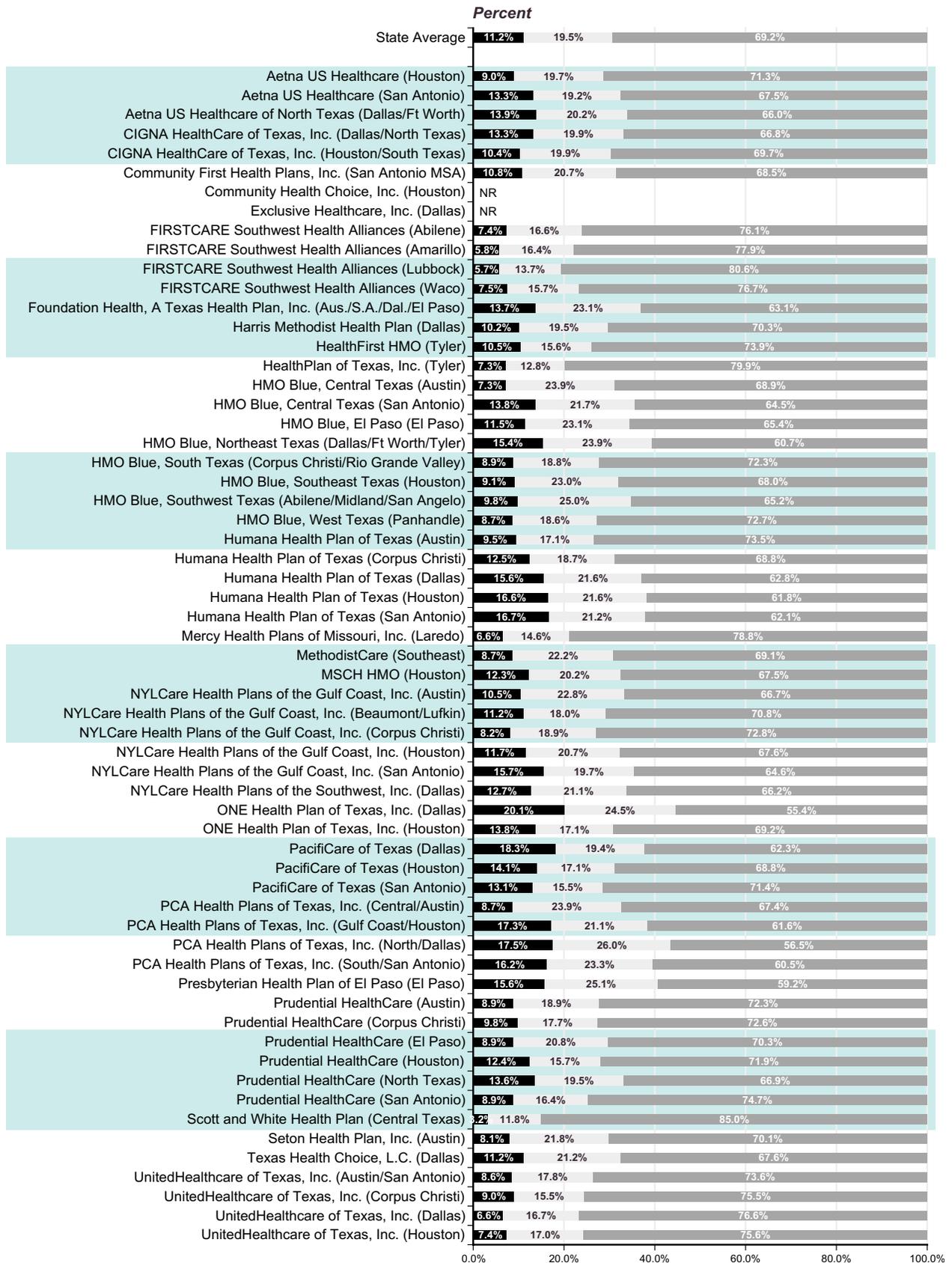
In the last 12 months, how much of a problem, if any, was it get the care you or a doctor believed necessary?

In the last 12 months, how much of a problem, if any, were delays in health care while you waited for approval from your health plan?



Getting Needed Care

Big Problems Small Problems No Problems



Satisfaction with the Experience of Care

Getting Care Quickly

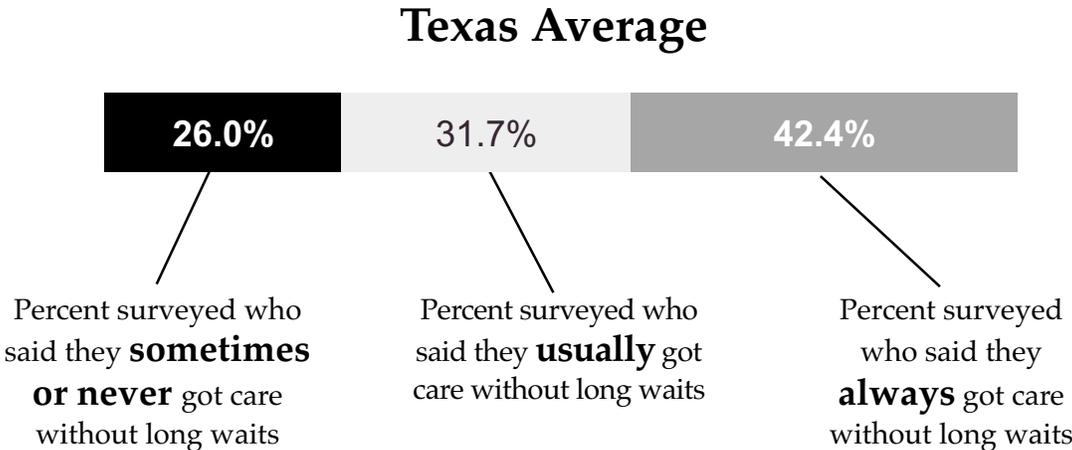
The bar graphs show the composite results of the following survey questions:

In the last 12 months, when you called during regular office hours, how often did you get the help or advice you needed?

In the last 12 months, how often did you get an appointment for regular or routine health care as a soon as you wanted?

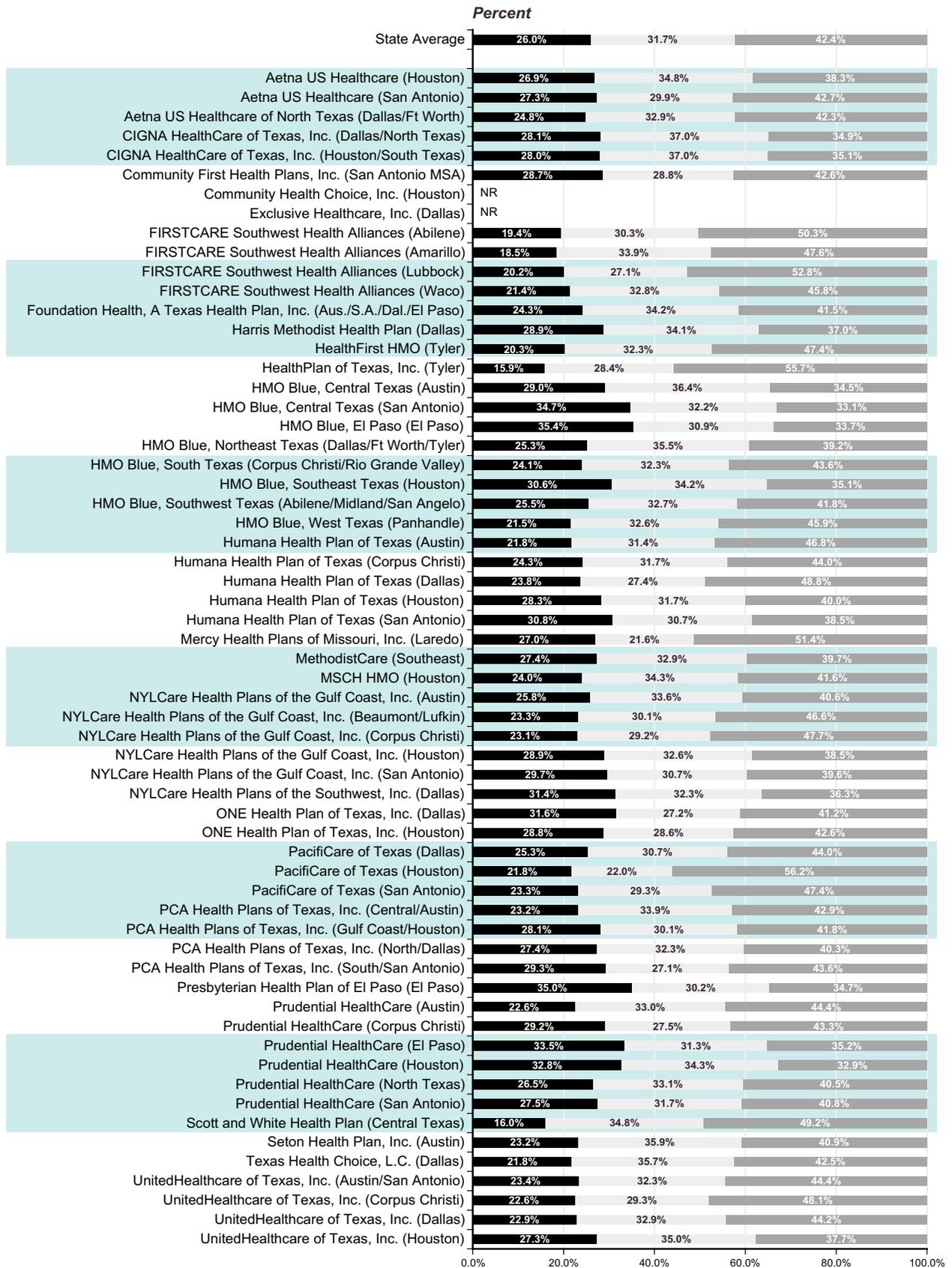
In the last 12 months, when you needed care right away for an illness or injury, how often did you get care as soon as you wanted?

In the last 12 months, how often did you wait in the doctor’s office or clinic more than 15 minutes past your appointment time to see the person you went to see?



Getting Care Quickly

Sometimes or Never Usually Always



Satisfaction with the Experience of Care

How Well Doctors Communicate

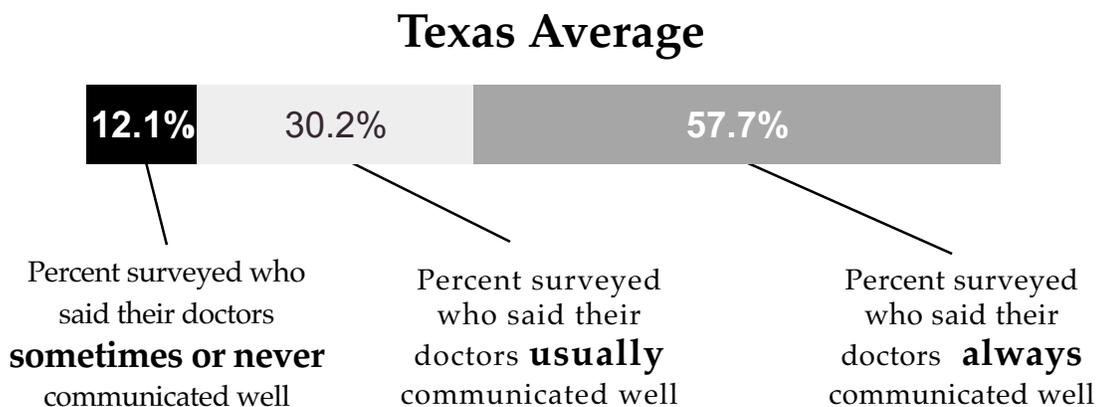
The bar graphs show the composite results of the following survey questions:

In the last 12 months, how often did doctors or other health providers listen carefully to you?

In the last 12 months, how often did doctors or other health providers explain things in a way you could understand?

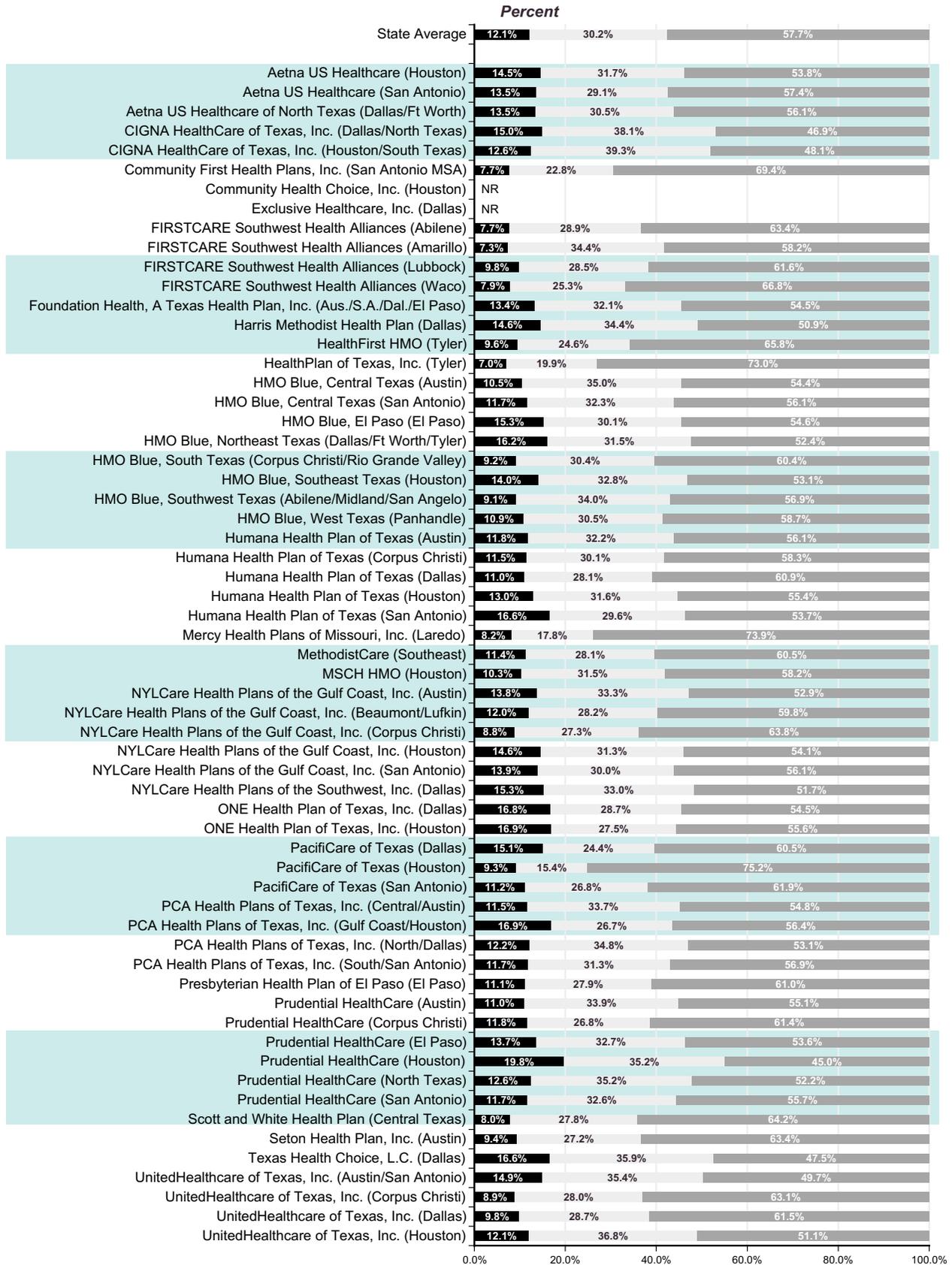
In the last 12 months, how often did doctors or other health providers show respect for what you had to say?

In the last 12 months, how often did doctors or other health providers spend enough time with you?



How Well Doctors Communicate

Sometimes or Never Usually Always



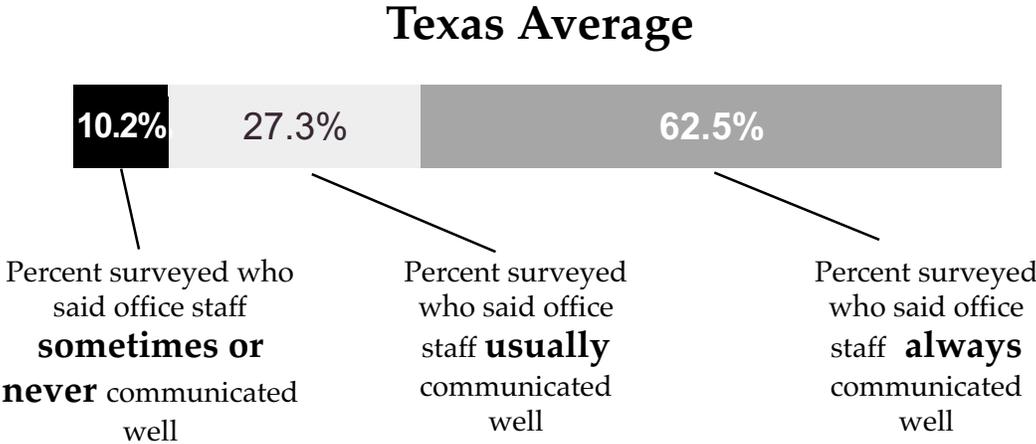
Satisfaction with the Experience of Care

Courteous and Helpful Office Staff

The bar graphs show the composite results of the following survey questions:

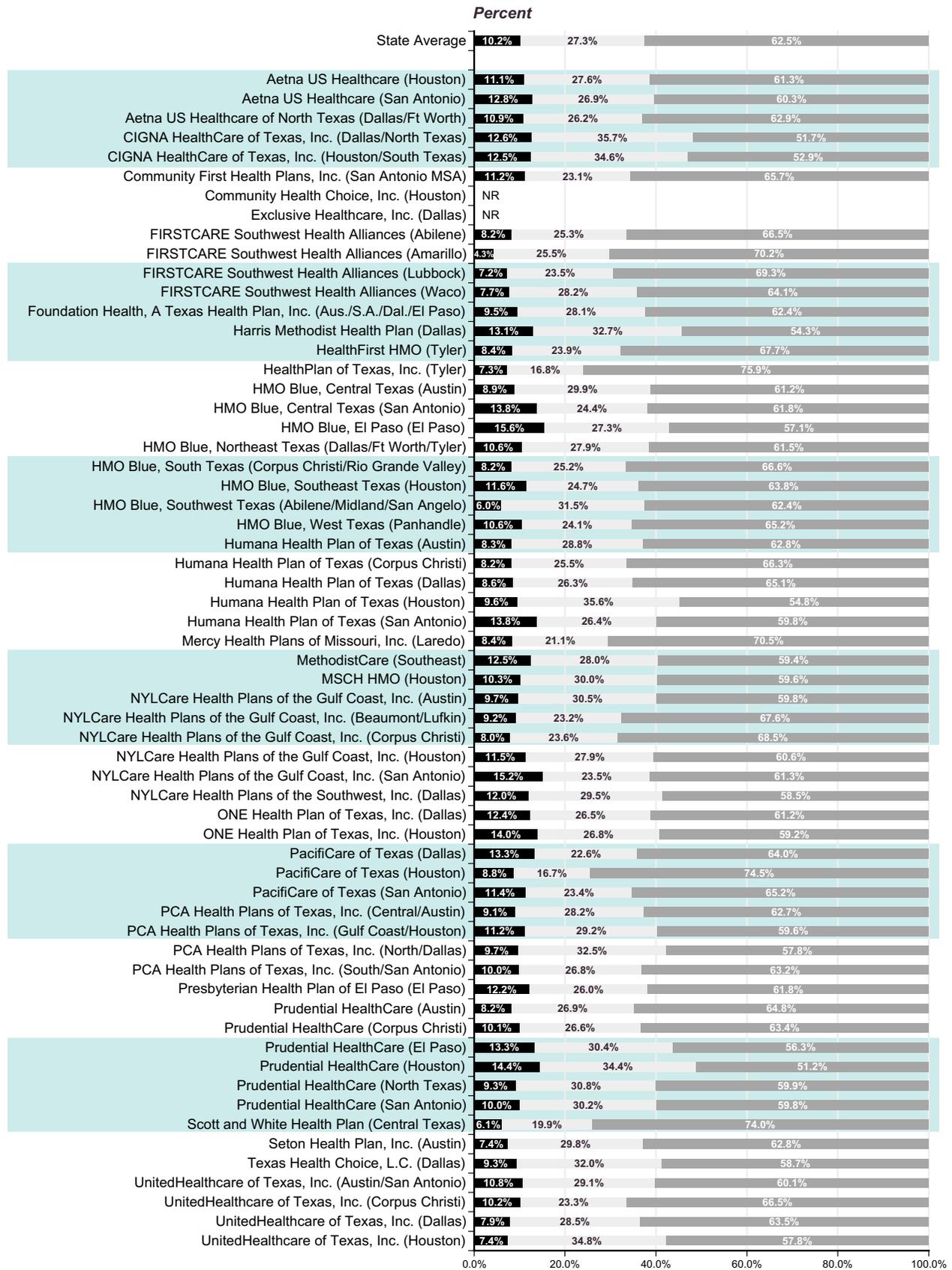
In the last 12 months, how often did office staff at a doctor’s office or clinic treat you with courtesy and respect?

In the last 12 months, how often was office staff at a doctor’s office or clinic as helpful as you thought they should be?



Courteous and Helpful Office Staff

Sometimes or Never Usually Always



Satisfaction with the Experience of Care

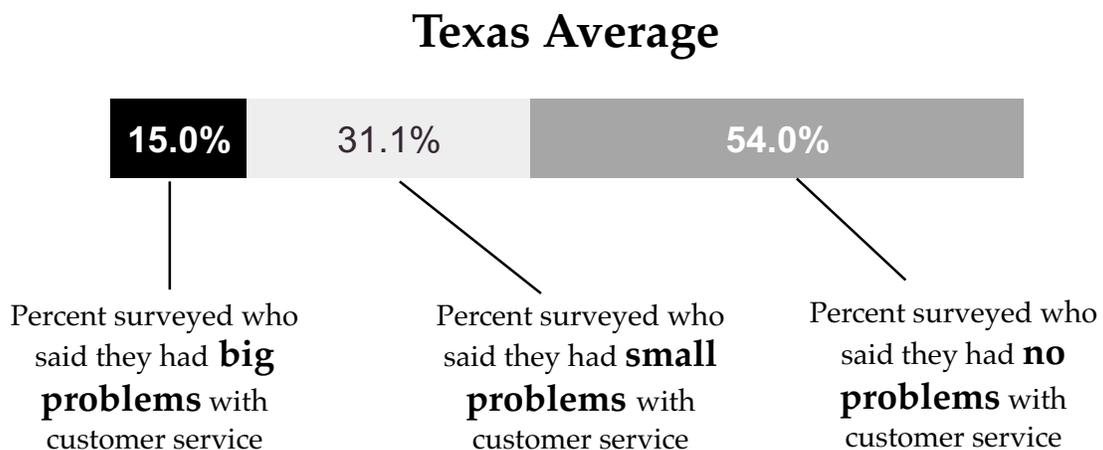
Customer Service

The bar graphs show the composite results of the following survey questions:

In the last 12 months, how much of a problem, if any, was it to find or understand information in the written materials?

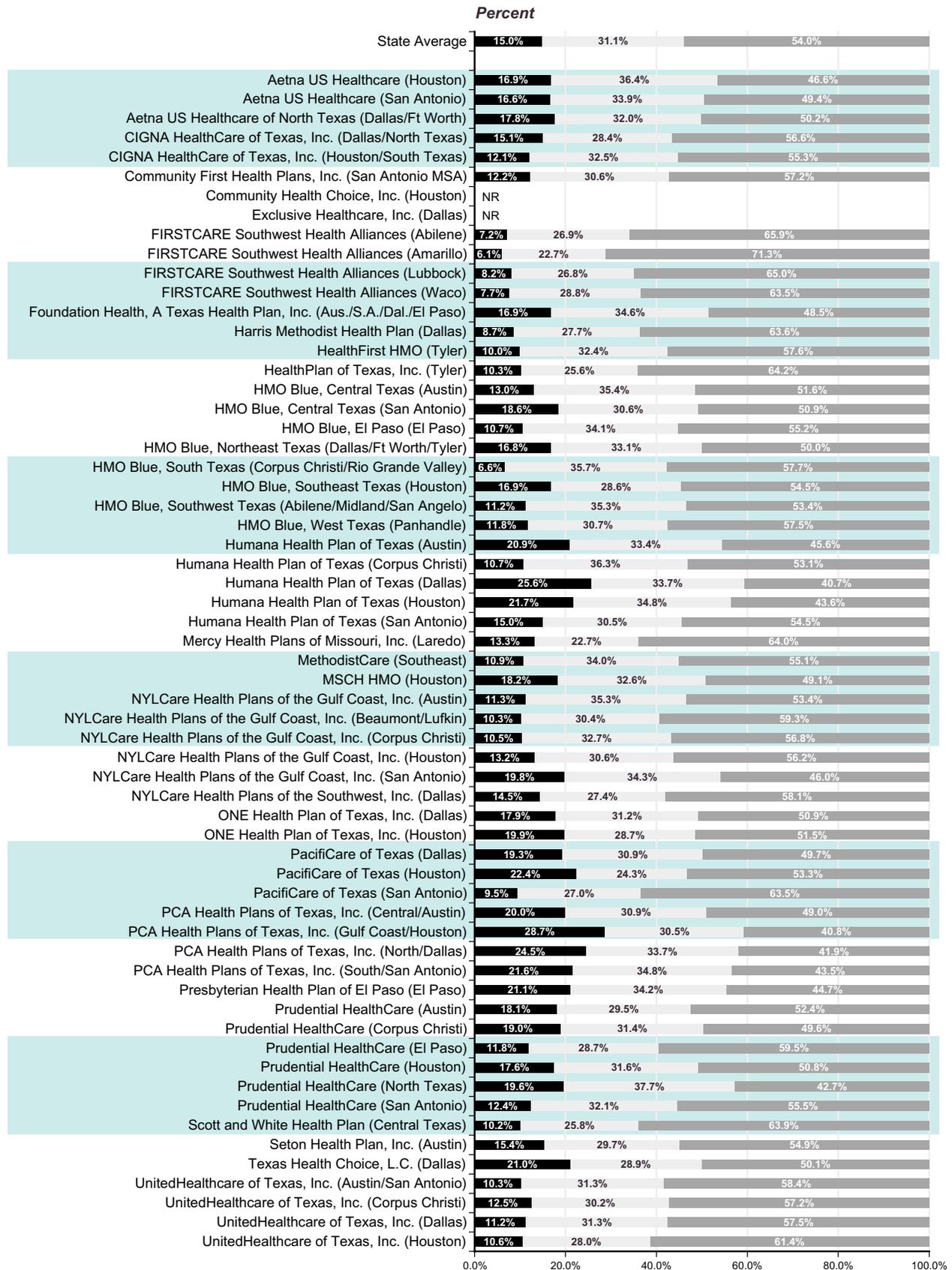
In the last 12 months, how much of a problem, if any, was it to get the help you needed when you called your health plan's customer service?

In the last 12 months, how much of a problem, if any, did you have with paperwork for your health plan?



Customer Service

Big Problems Small Problems No Problems



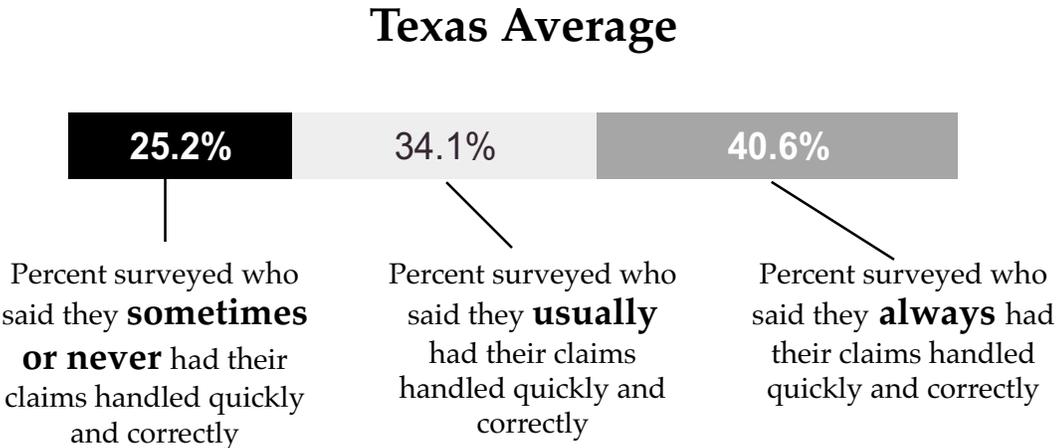
Satisfaction with the Experience of Care

Claims Processing

The bar graphs show the results of the following survey questions:

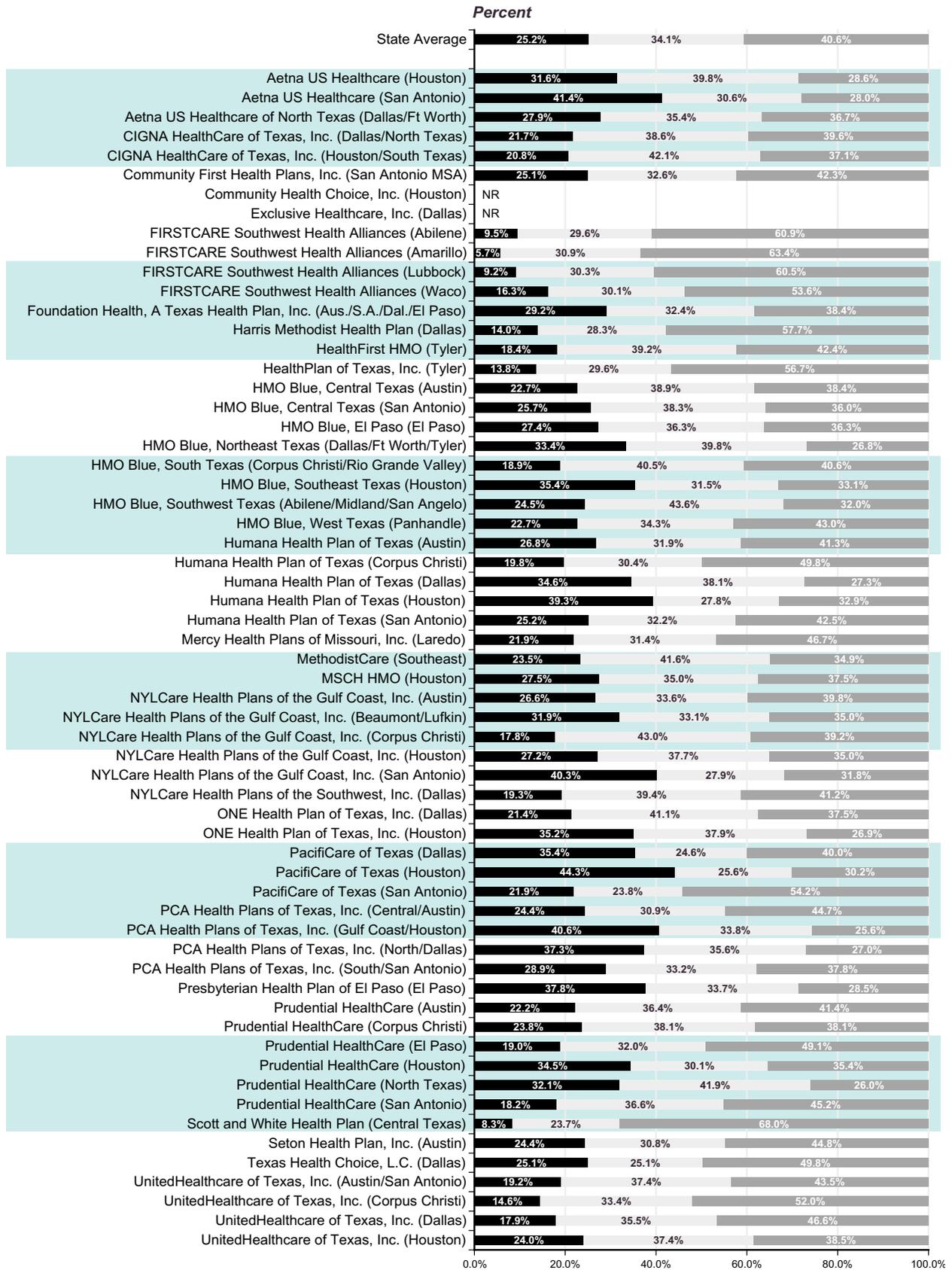
In the last 12 months, how often did your health plan handle your claims in a reasonable time?

In the last 12 months, how often did your health plan handle your claims correctly?



Claims Processing

Sometimes or Never Usually Always



Satisfaction with the Experience of Care

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Health Plan Stability

When considering health care coverage, it is important to know that the company you are considering is stable so you have a sense of whether they will remain stable in the future. Changes in a managed care organization's structure or financing could potentially affect its ability to deliver high quality care and service. The past performance of a managed care organization is a good predictor of future performance only if a plan's structure and health care delivery systems are stable.

This domain includes information about Practitioner Turnover and Indicators of Financial Stability.

Practitioner Turnover

The percentage of primary care providers (primary care physicians) who were affiliated with a plan as of December 31, 1997 and who were not affiliated with the plan as of December 31, 1998.

Keeping the same primary care provider over time can increase the effectiveness of the care members receive. Although a large number of providers leaving an HMO may be due to the plan ending contracts with its providers who are not meeting its standards, it may also indicate a problem with the plan itself.

If you are interested in a plan with a high percentage of departing providers, you may wish to check the results from the customer satisfaction survey (pages 27 - 47) to see if there are problems with provider accessibility.

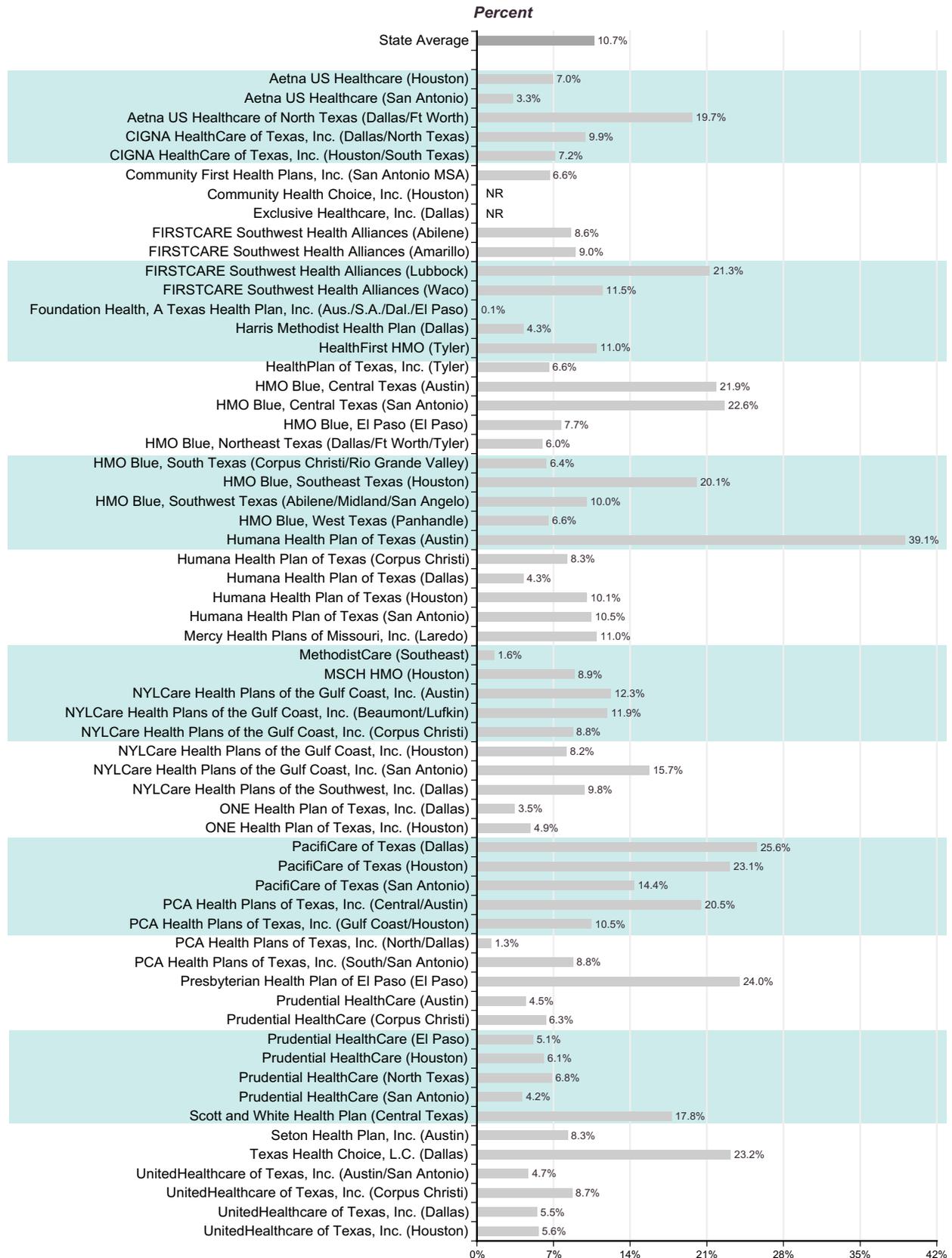
Because practitioner turnover rates are influenced by numerous factors - both good and bad - potential plan members are encouraged to use this information as a guide for asking questions of the plan.

This graph shows the percentage of primary care providers in the HMO service area who left the plan in 1998.

State and National Values	1997	1998
Texas Average	11.0%	10.7%
NCQA National Average	*	7.6%
Healthy People 2000 Goal	*	

* Value not established.
 NR - Failed to submit the required data or data not certified by NCQA licensed auditor.
 NP - Not published due to data error found by THCIC.
 NA - HMOs with fewer than 30 patients for this measure are not reported.

Practitioner Turnover



Indicators of Financial Stability*

The total revenues, expenses, and profits or losses that an individual health plan incurred during calendar year 1998.

Many HMOs in Texas and across the country have reported substantial operating losses over the past 18 months as is indicated in the data presented on the following page. While in some cases these losses are alarming, consumers should know that HMOs are required by law to set aside reserves to cover such losses. However, many HMO enrollees can expect premium cost increases over the next year, and some HMOs are increasing co-payments for prescriptions and certain medical services. Texas Department of Insurance (TDI) has been and will continue to closely monitor each HMO to assure that it remains financially sound and is able to continue providing services to Texans.

Texas licensed HMOs are regulated by TDI and are subject to stringent financial operating and reporting requirements. HMOs are required by law to file detailed quarterly and annual financial statements that allow TDI to monitor the financial condition of each HMO. To avoid duplicative reporting requirements, THCIC obtained certain financial data from TDI for inclusion in this report. For more detailed information on all HMOs, you may wish to access the TDI website at www.tdi.state.tx.us/company/hmo.

The table on the next page provides the following information:

Total Revenue: includes all revenue collected by the HMO, including premiums.

Total Expenses: all expenses paid by the HMO, including medical services and supplies and all administrative costs.

Medical/Hospital Expense Ratio: the percentage of total expenses that an HMO pays for all medical and hospital services provided for its enrollees. With a few exceptions, the range varies from approximately 70%-92%, with an average ratio of 82%.

Administrative Expense Ratio: the percentage of total expenses that an HMO pays for all administrative and overhead costs such as salaries for management staff, marketing, rent and utilities. The ratio in 1998 generally ranged from 8% to 28% with some exceptions; the average ratio was 18%.

After Tax Net Income (Loss): the amount of income left in 1998 after all expenses and taxes are subtracted from revenue received in 1998. Losses are enclosed in parenthesis. This total does not reflect the company's net worth or reserve amounts, but simply provides data on calendar year profits and losses based solely on revenue collected and expenses paid during a twelve month period.

* Narrative provided by the Texas Department of Insurance

Indicators of Financial Stability*

Plan Name	Total Revenue (Dollars)	Total Expenses (Dollars)	Medical/Hosp Expense Ratio	Admin. Expense Ratio	After-Tax Net Income (Loss) (Dollars)
Aetna US Healthcare (Houston)	\$147,864,870	\$144,332,267	86.0%	14.0%	\$2,301,524
Aetna US Healthcare (San Antonio)	\$5,688,249	\$5,336,438	85.4%	14.6%	\$228,890
Aetna US Healthcare of North Texas (Dallas/Ft Worth)	\$167,400,397	\$167,335,103	83.6%	16.4%	\$65,294
CIGNA HealthCare of Texas, Inc. (Dallas/North Texas)	\$249,394,458	\$244,018,582	87.8%	12.2%	\$3,528,580
CIGNA HealthCare of Texas, Inc. (Houston/South Texas)	\$362,806,066	\$372,724,437	89.3%	10.7%	(\$6,432,211)
Community First Health Plans, Inc. (San Antonio MSA)	\$36,220,168	\$35,706,036	76.2%	23.8%	\$514,132
Community Health Choice, Inc. (Houston)	\$32,805,546	\$33,545,167	81.2%	18.8%	(\$739,621)
Exclusive Healthcare, Inc. (Dallas)	\$12,520,183	\$15,964,303	76.6%	23.4%	(\$3,444,120)
FIRSTCARE Southwest Health Alliances (Abilene)	\$29,422,678	\$35,098,455	83.8%	16.2%	(\$5,675,777)
FIRSTCARE Southwest Health Alliances (Amarillo)	\$74,558,695	\$77,626,059	87.1%	12.9%	(\$3,067,364)
FIRSTCARE Southwest Health Alliances (Lubbock)	\$60,008,380	\$64,249,412	84.6%	15.4%	(\$4,241,032)
FIRSTCARE Southwest Health Alliances (Waco)	\$13,911,487	\$18,509,698	81.4%	18.6%	(\$4,598,211)
Foundation Health, A Texas Health Plan, Inc. (Aus./S.A./Dal./El Paso)	\$21,532,111	\$28,982,526	77.9%	22.1%	(\$4,987,166)
Harris Methodist Health Plan (Dallas)	\$592,703,059	\$691,795,438	83.6%	16.4%	(\$99,092,379)
HealthFirst HMO (Tyler)	\$33,082,291	\$38,404,017	83.6%	16.4%	(\$5,321,726)
HealthPlan of Texas, Inc. (Tyler)	\$14,726,203	\$16,867,112	93.1%	6.9%	(\$2,140,909)
HMO Blue, Central Texas (Austin)	\$35,354,764	\$42,072,223	88.5%	11.5%	(\$5,297,392)
HMO Blue, Central Texas (San Antonio)	\$19,776,510	\$19,868,590	84.0%	16.0%	(\$79,282)
HMO Blue, El Paso (El Paso)	\$28,891,415	\$34,146,871	86.5%	13.4%	(\$4,170,005)
HMO Blue, Northeast Texas (Dallas/Ft Worth/Tyler)	\$48,580,790	\$54,614,902	85.4%	14.6%	(\$4,812,331)
HMO Blue, South Texas (Corpus Christi/Rio Grande Valley)	\$2,268,983	\$2,369,899	82.6%	17.4%	(\$81,978)
HMO Blue, Southeast Texas (Houston)	\$129,567,436	\$133,143,165	88.2%	11.8%	(\$2,864,722)
HMO Blue, Southwest Texas (Abilene/Midland/San Angelo)	\$30,435,666	\$31,825,993	84.4%	15.6%	(\$1,390,327)
HMO Blue, West Texas (Panhandle)	\$37,117,941	\$39,293,565	81.5%	18.5%	(\$2,175,624)
Humana Health Plan of Texas (Austin)	\$38,923,831	\$31,817,978	94.2%	5.8%	\$4,824,391
Humana Health Plan of Texas (Corpus Christi)	\$78,540,764	\$73,693,761	89.3%	10.7%	\$3,290,786
Humana Health Plan of Texas (Dallas)	\$56,798,091	\$62,924,288	80.1%	19.9%	(\$4,159,271)
Humana Health Plan of Texas (Houston)	\$117,410,763	\$138,456,539	89.0%	11.0%	(\$14,288,651)
Humana Health Plan of Texas (San Antonio)	\$181,067,268	\$180,781,604	83.4%	16.6%	\$193,946
Mercy Health Plans of Missouri, Inc. (Laredo)	\$173,519,861	\$180,590,563	81.3%	18.7%	\$370,894
MethodistCare (Southeast)	\$48,339,121	\$60,956,883	75.4%	24.6%	(\$12,617,762)
MSCH HMO (Houston)	\$165,208,557	\$175,813,837	86.4%	13.6%	(\$10,605,280)
NYLCare Health Plans of the Gulf Coast, Inc. (Austin)	\$37,320,887	\$36,833,438	89.1%	10.9%	\$316,842
NYLCare Health Plans of the Gulf Coast, Inc. (Beaumont/Lufkin)	\$61,071,018	\$57,273,680	91.3%	8.7%	\$2,468,271
NYLCare Health Plans of the Gulf Coast, Inc. (Corpus Christi)	\$23,532,340	\$22,269,585	89.3%	10.7%	\$820,790
NYLCare Health Plans of the Gulf Coast, Inc. (Houston)	\$686,645,828	\$719,071,138	87.2%	12.8%	(\$21,075,935)
NYLCare Health Plans of the Gulf Coast, Inc. (San Antonio)	\$11,208,126	\$9,666,023	88.0%	12.0%	\$1,002,367
NYLCare Health Plans of the Southwest, Inc. (Dallas)	\$423,951,165	\$423,665,840	86.2%	13.8%	\$185,325
ONE Health Plan of Texas, Inc. (Dallas)	\$14,446,097	\$12,890,619	54.0%	46.0%	\$1,847,047
ONE Health Plan of Texas, Inc. (Houston)	\$19,239,158	\$20,758,808	86.1%	13.9%	(\$858,377)
PacifiCare of Texas (Dallas)	\$144,814,481	\$152,665,130	85.2%	14.8%	(\$5,335,387)
PacifiCare of Texas (Houston)	\$173,816,192	\$167,765,990	87.1%	12.9%	\$4,114,137
PacifiCare of Texas (San Antonio)	\$241,664,433	\$223,767,520	88.9%	11.1%	\$12,169,901
PCA Health Plans of Texas, Inc. (Central/Austin)	\$282,554,702	\$284,326,596	90.7%	9.3%	(\$676,582)
PCA Health Plans of Texas, Inc. (Gulf Coast/Houston)	\$85,468,000	\$86,701,000	92.9%	7.1%	(\$476,314)
PCA Health Plans of Texas, Inc. (North/Dallas)	\$65,164,000	\$72,754,000	89.5%	10.5%	(\$2,932,055)
PCA Health Plans of Texas, Inc. (South/San Antonio)	\$47,676,000	\$45,584,000	92.0%	8.0%	\$808,150
Presbyterian Health Plan of El Paso (El Paso)	\$15,287,653	\$17,115,077	80.8%	19.2%	(\$1,827,424)
Prudential HealthCare (Austin)	\$67,930,058	\$70,942,232	81.8%	18.2%	(\$3,012,174)
Prudential HealthCare (Corpus Christi)	\$10,205,570	\$13,093,679	86.1%	13.9%	(\$2,888,109)
Prudential HealthCare (El Paso)	\$15,973,458	\$17,262,449	85.0%	15.0%	(\$1,288,991)
Prudential HealthCare (Houston)	\$328,817,934	\$330,542,261	84.3%	15.7%	(\$1,724,327)
Prudential HealthCare (North Texas)	\$251,365,863	\$283,979,660	87.5%	13.5%	(\$32,613,797)
Prudential HealthCare (San Antonio)	\$114,470,903	\$120,446,587	82.0%	18.0%	(\$5,975,684)
Scott and White Health Plan (Central Texas)	\$225,263,221	\$224,763,223	90.0%	10.0%	\$499,998
Seton Health Plan, Inc. (Austin)	\$13,191,516	\$12,999,659	77.0%	23.0%	\$190,357
Texas Health Choice, L.C. (Dallas)	\$29,300,517	\$32,868,634	82.2%	17.8%	\$3,568,117
UnitedHealthcare of Texas, Inc. (Austin/San Antonio)	\$104,748,443	\$110,599,644	83.5%	16.5%	(\$3,671,201)
UnitedHealthcare of Texas, Inc. (Corpus Christi)	\$46,838,226	\$73,434,480	62.5%	37.5%	(\$24,770,254)
UnitedHealthcare of Texas, Inc. (Dallas)	\$166,799,105	\$174,727,906	83.3%	16.7%	(\$5,021,801)
UnitedHealthcare of Texas, Inc. (Houston)	\$145,714,081	\$147,121,441	82.7%	17.3%	(\$904,360)

Health Plan
Stability

*Source: Texas Department of Insurance

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Use of Services

Hospitals and health plans have become increasingly cost conscious in attempting to provide the most effective health care in the most efficient manner. Preventive treatment, outpatient procedures, and better management of care within a hospital setting have, in many cases, reduced the need for hospital admission or shortened the length of time patients stay admitted. The **Use of Services Domain** provides information on how health plans allocate and manage the health care resources of their members and care givers. While some plans may be more aggressive than others in limiting resources, a patient's health, age, gender, socio-economic status, and preferences all influence the length of a hospital stay and the types of services received during that stay.

The average length of stay has become a standard measure to compare hospitals and is a proxy for resource utilization. Longer stays are associated with higher costs to both the patient and the hospital. Further, the longer a patient remains in the hospital, the greater the risk for developing nosocomial complications. Conversely, a short stay for some conditions may indicate that the patient did not receive adequate care or that care was based more on financial than medical considerations. Recent concerns have raised the question of whether some types of hospital stays are too short, such as for obstetrical or mastectomy patients.

The following section is divided into seven parts:

Well Child Visits in the First 15 Months of Life.

Frequency of Selected Procedures per 1,000 members per year.

Inpatient Utilization including discharges per 1,000 members per year and average length of stay for all discharges and medicine, surgery, and maternity discharges.

Ambulatory Care including outpatient visits, ambulatory surgery/procedures, and observation room stays per 1,000 members per year.

Cesarean Section Rate including average length of stay.

Vaginal Birth After Cesarean Section (VBAC) Rate including average length of stay.

Mental Health Utilization including discharges per 1,000 members per year and average length of stay.

Well-Child Visits in the First 15 Months of Life: 6 or More Visits

The percentage of children who received six or more well child visits by age 15 months.

Well child check-ups are one of the best ways to be sure that potential health problems are detected and treated early. These check-ups also provide opportunities for parents and doctors to discuss concerns about the child’s health. The American Academy of Pediatrics recommends that children have six well child check-ups by the age of one.

This graph shows the percentage of children in the HMO service area who received six or more well care check-ups by the age of 15 months.

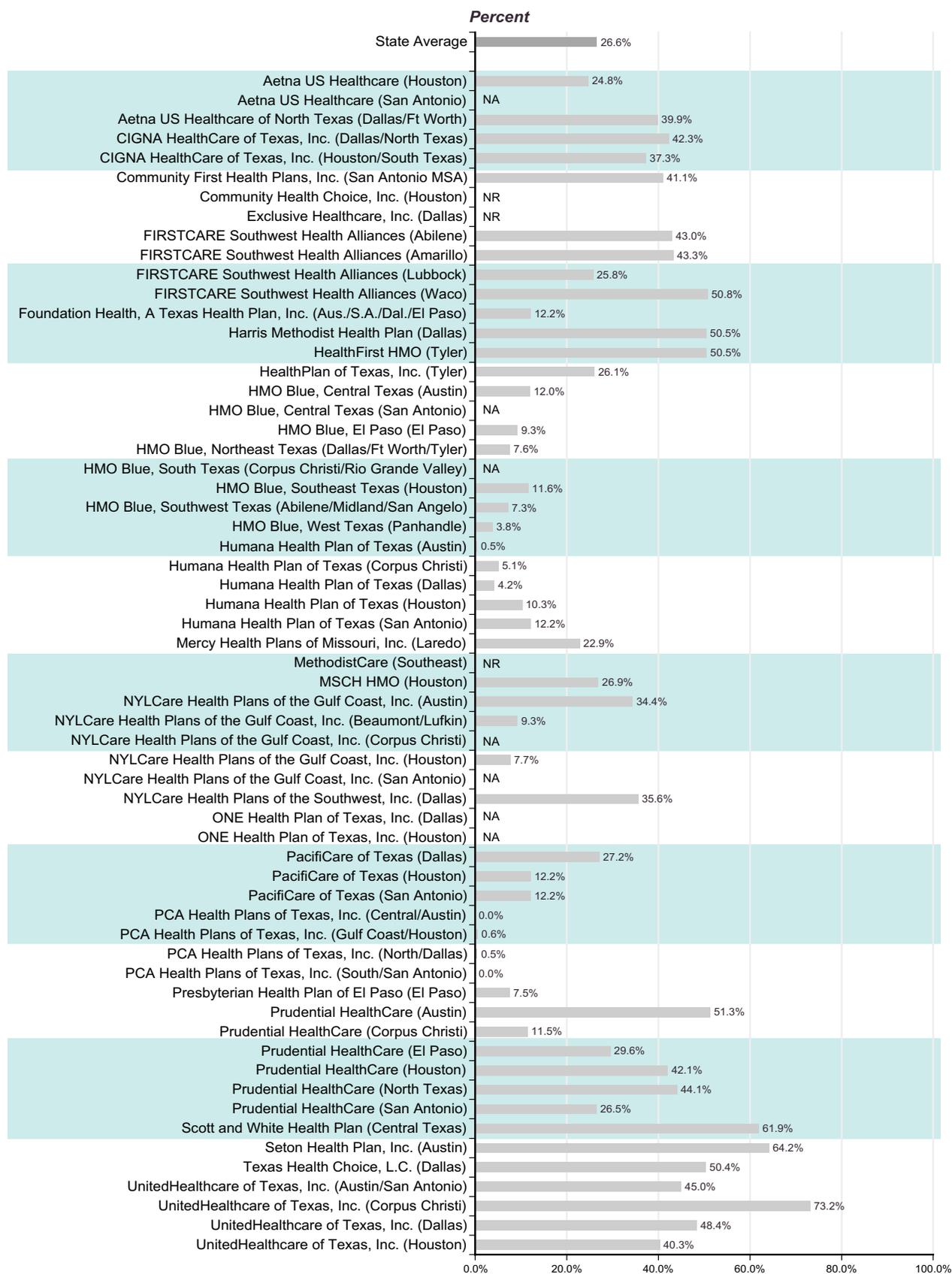
State and National Values	1997	1998
Texas Average	33.9%	26.6%
NCQA National Average	*	50.5%
Healthy People 2000 Goal	90.0%	

* Value not established.

NR - Failed to submit the required data or data not certified by NCQA licensed auditor.

NA - HMOs with fewer than 30 patients for this measure are not reported.

Well-Child Visits in the First 15 Months of Life: 6 or more visits



Use of Services

Frequency of Selected Procedures

The rate of frequently performed procedures (angioplasty, cardiac catheterization, coronary artery bypass grafting (CABG), cholecystectomy, hysterectomy, and laminectomy/diskectomy) per 1,000 members per year.

Many procedures that are frequently performed contribute substantially to the overall cost of health care. Variation in rates may be influenced by the demographics of the members as well as the practice patterns of the providers. They also can indicate that some procedures may be performed unnecessarily or that some may not be performed often enough. The following procedures were included as part of the Texas HEDIS® 1999 subset:

Hysterectomy: the surgical removal of the uterus either through an abdominal incision or vaginal incision. Hysterectomies are most commonly performed to remove benign or malignant tumors.

Cholecystectomy: the surgical removal of the gall bladder, sometimes required as a treatment for gallstones or infection. Cholecystectomy is one of the most common surgical procedures performed on women.

Open cholectstectomy: removal of the gallbladder through an incision in the abdomen.

Closed cholectstectomy: inspection and removal of the gallbladder using laproscopic techniques. Because the incisions are smaller, recovery time and hospital stays for closed cholecystectomy are shorter.

Laminectomy/Diskectomy: the surgical removal of either part of the vertebra or disc to relieve pain.

Angioplasty\PTCA (Percutananeous Transluminal Coronary Angioplasty): a method of opening a narrowed coronary artery by inserting and then inflating a small balloon to dilate the artery. Angioplasty, as an alternative to bypass surgery, is less invasive and is a less expensive procedure.

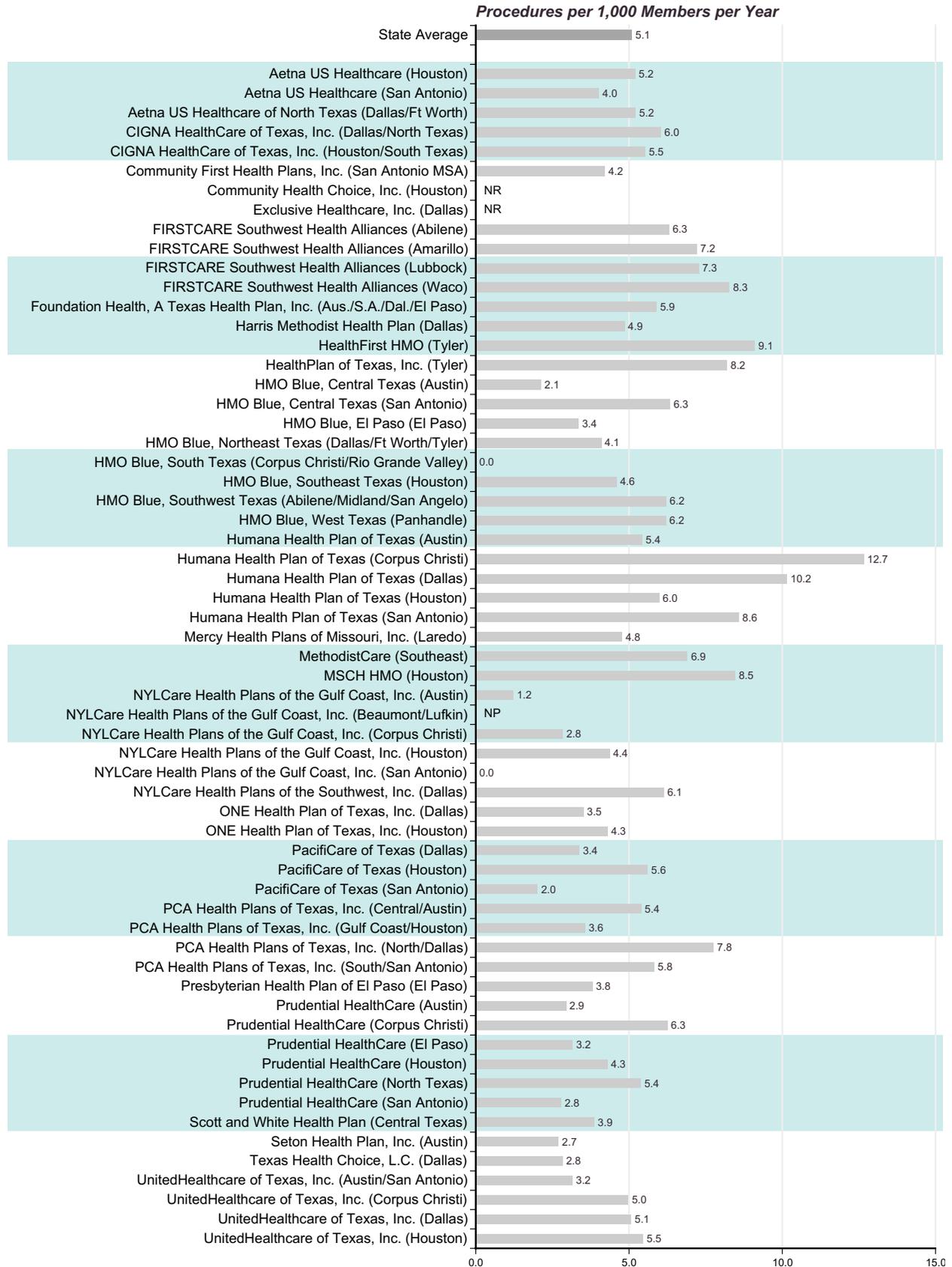
Cardiac Catheterization: a procedure where a slender sensing device is placed into the heart through a vein in the arm or leg to measure functions such as blood pressure and cardiac output and/or to evaluate the extent of coronary artery disease. The procedure often precedes coronary bypass surgery.

Coronary Artery Bypass Grafting (CABG): a surgical procedure that involves taking sections of large blood vessels from the patient's chest, stomach, or leg and grafting them around a blocked coronary artery, allowing blood to flow around the blocked artery through the new graft.

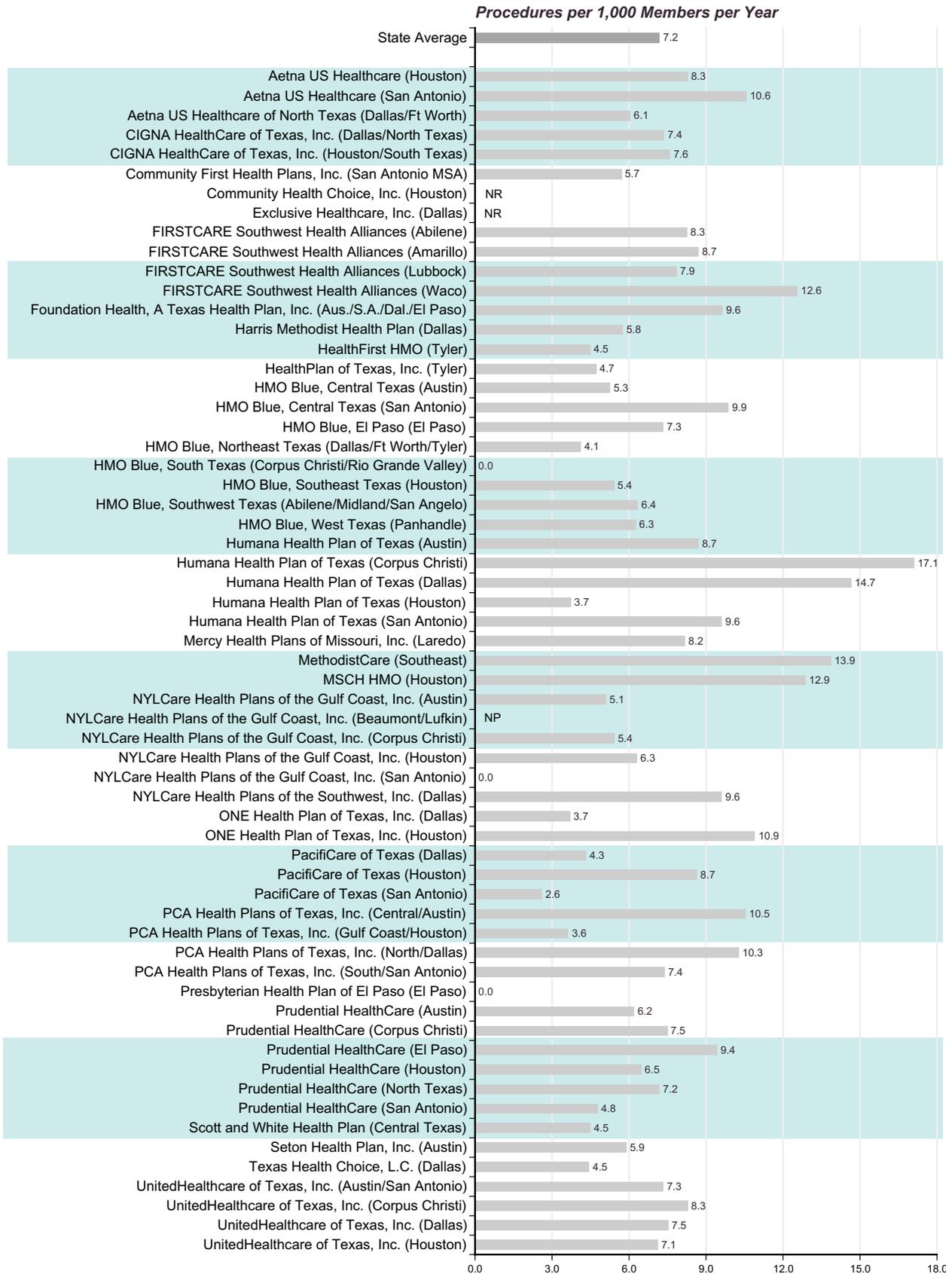
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NP - Not published due to data error found by THCIC.

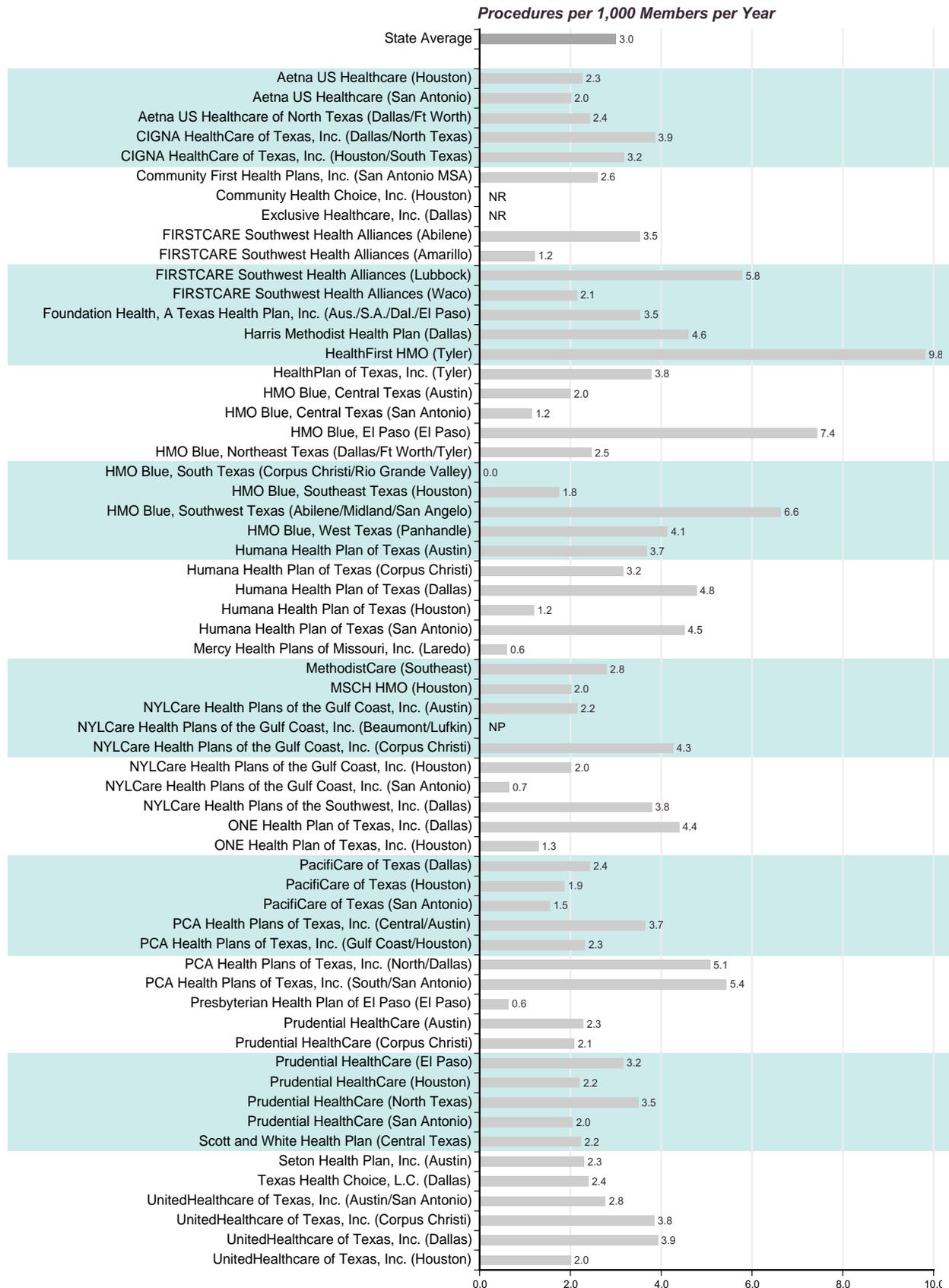
Hysterectomy, Abdominal (Female 15 - 44)



Hysterectomy, Abdominal (Female 45 - 64)

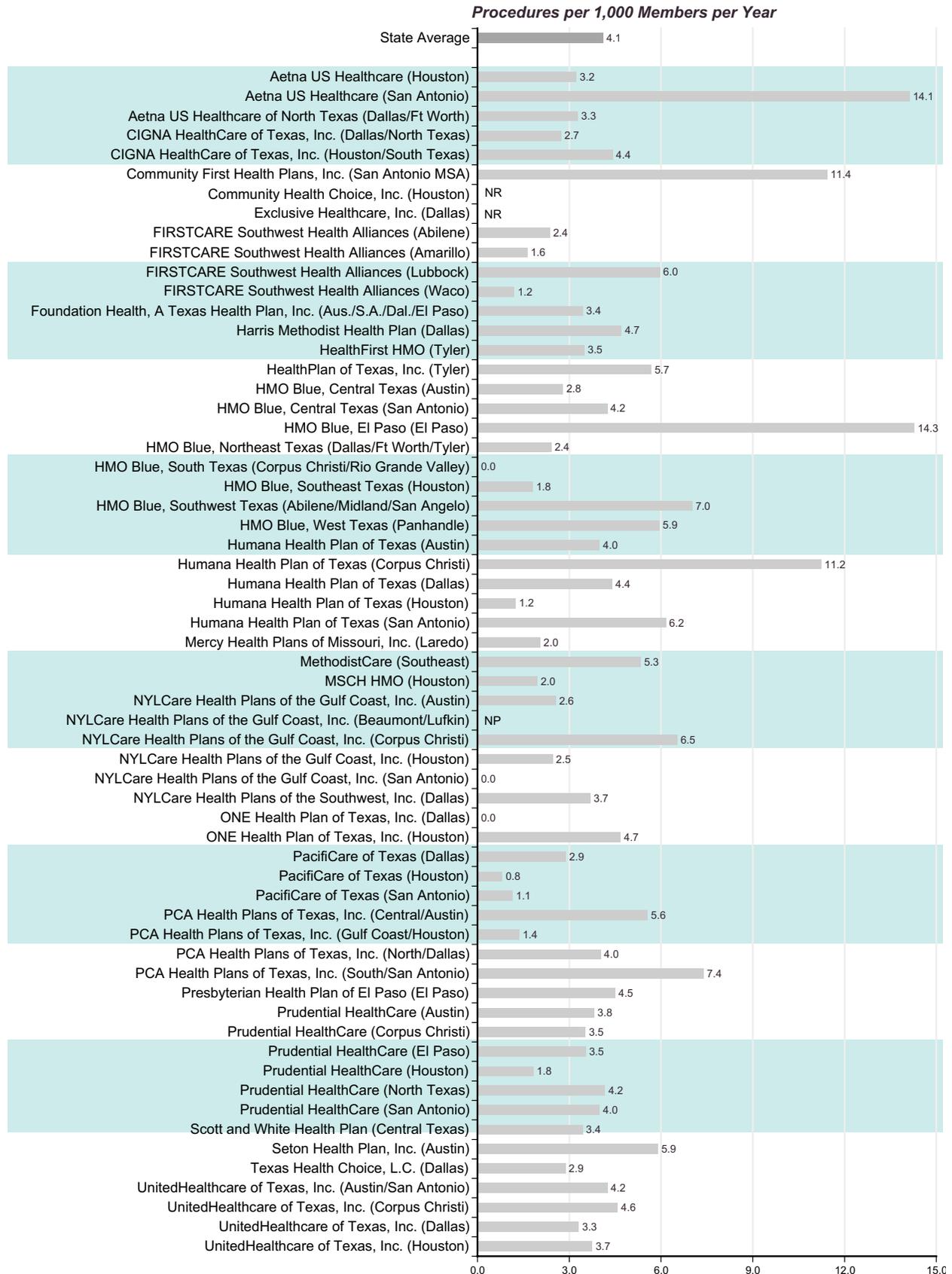


Hysterectomy, Vaginal (Female 15 - 44)



Use of Services

Hysterectomy, Vaginal (Female 45 - 64)



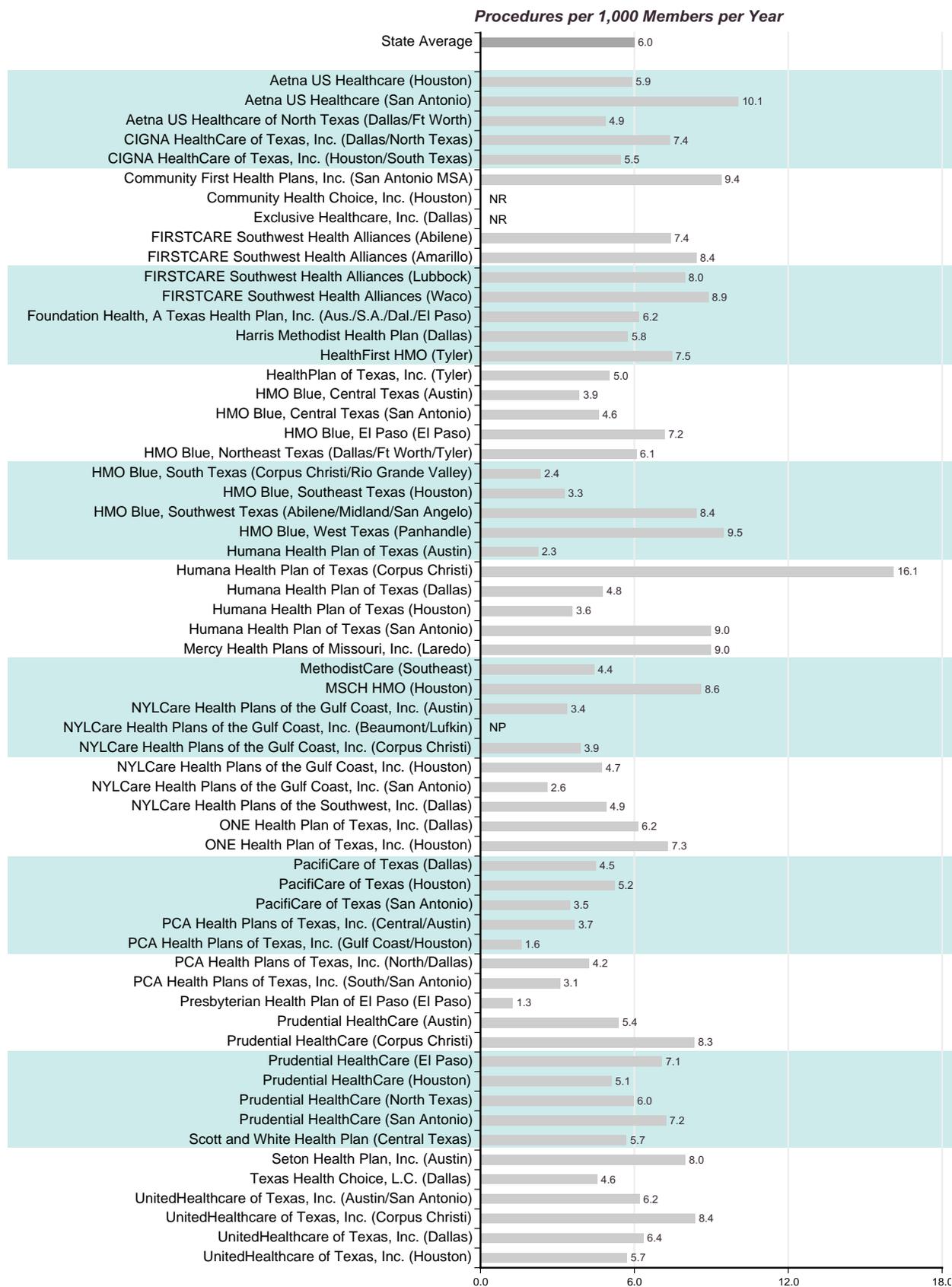
Cholecystectomy, Open (Male 30 - 64)

Procedures per 1,000 Members per Year

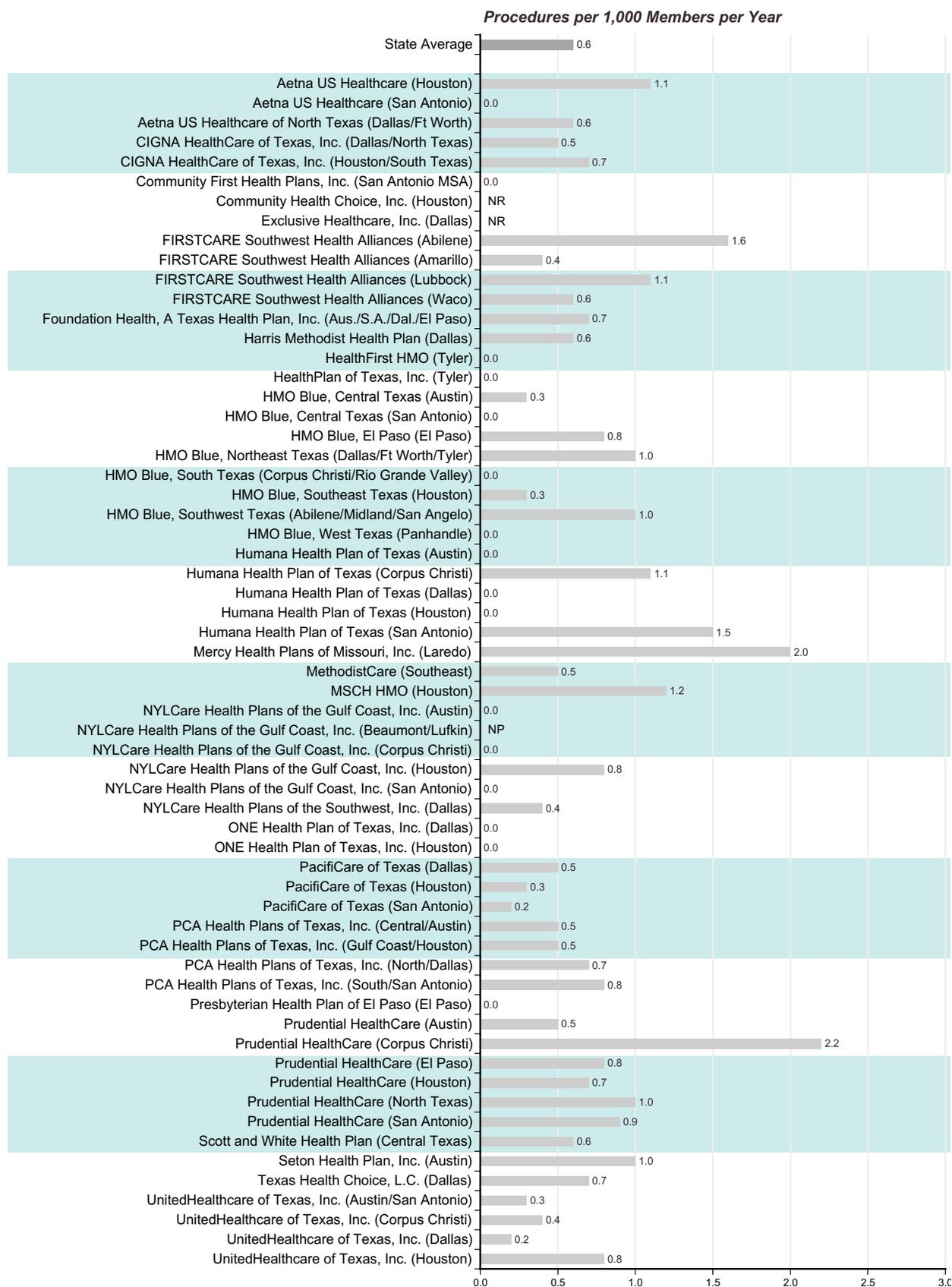


Use of Services

Cholecystectomy, Open (Female 15 - 44)

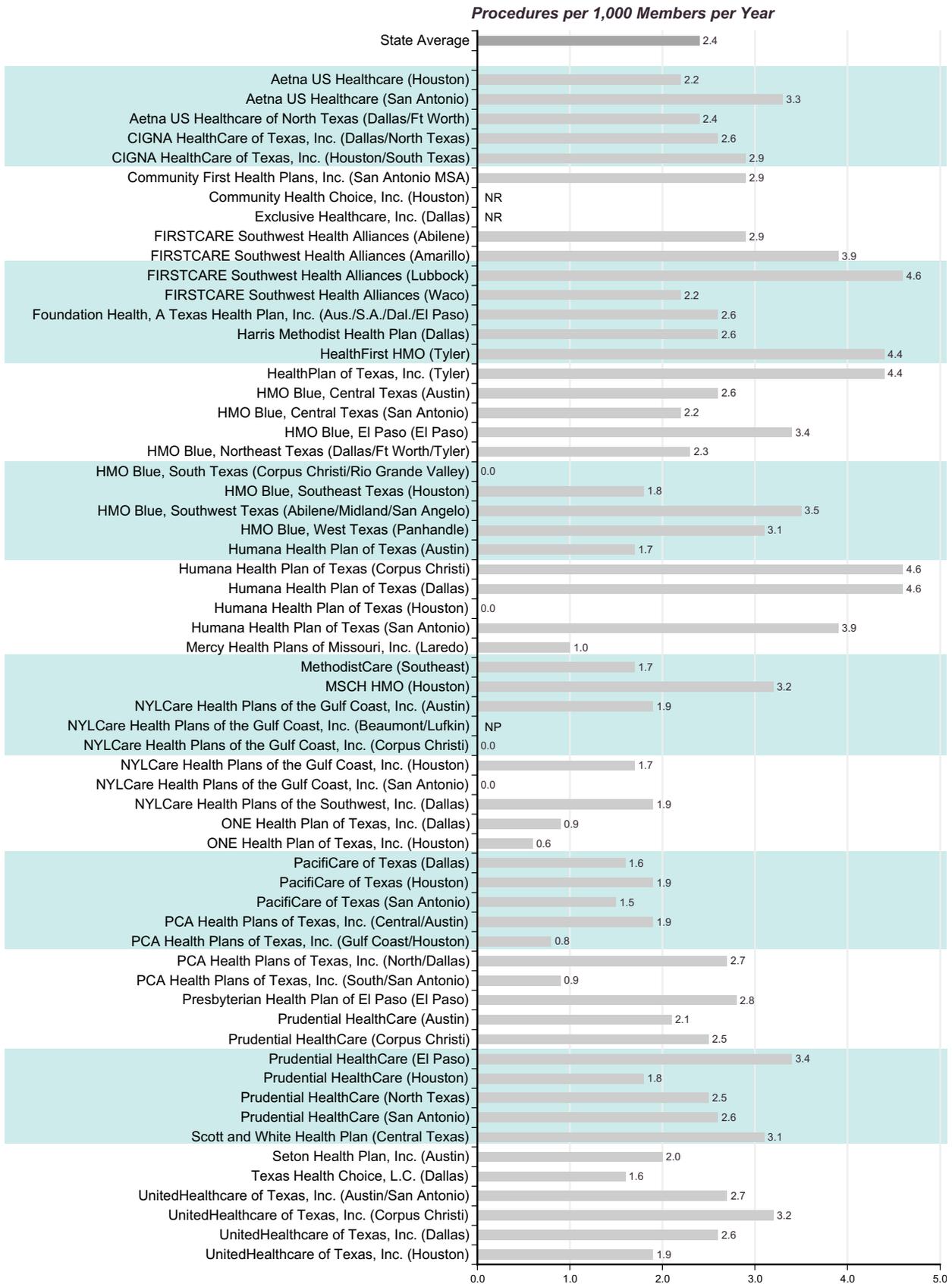


Cholecystectomy, Open (Female 45 - 64)

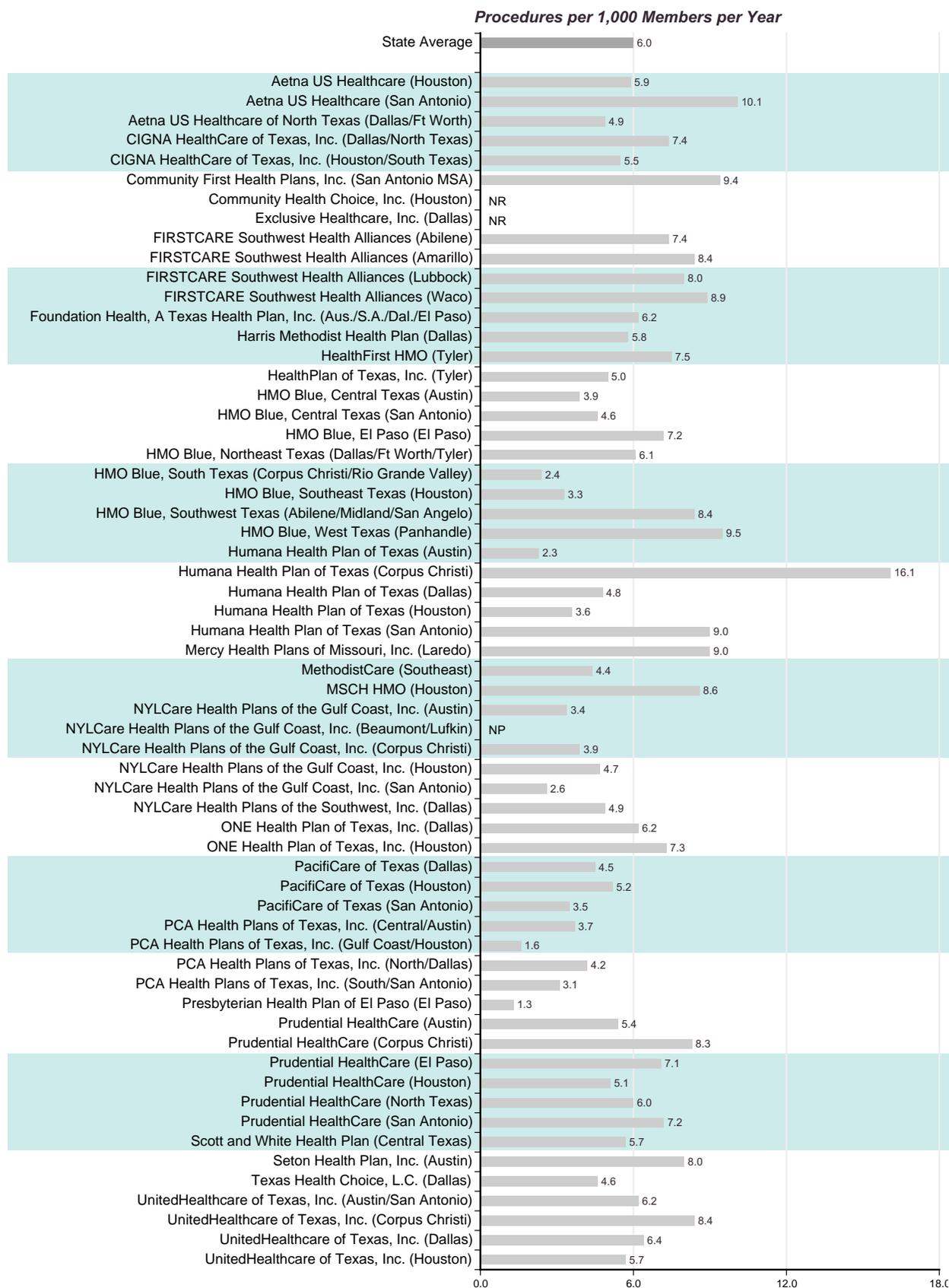


Use of Services

Cholecystectomy, Closed (Male 30 - 64)

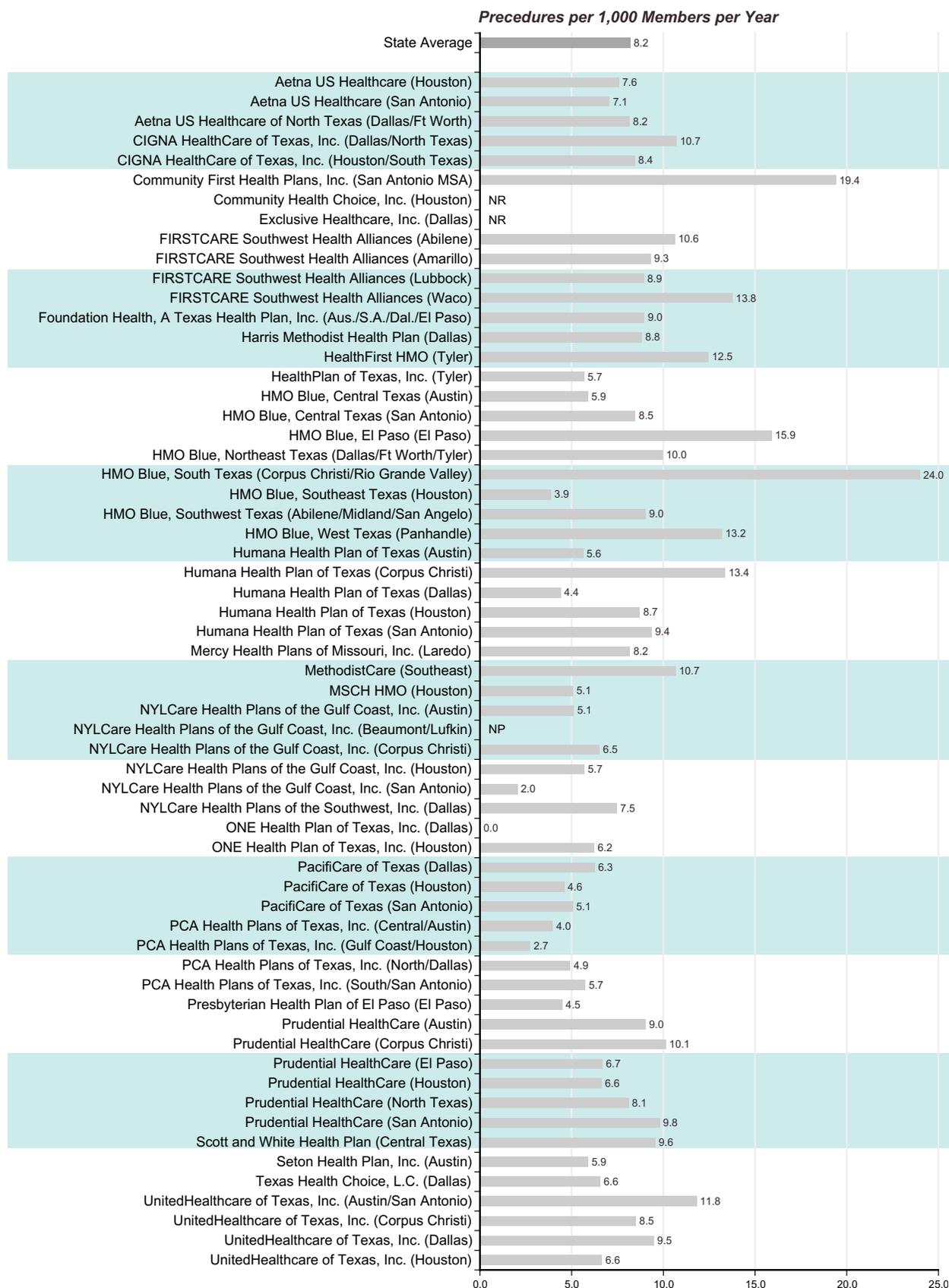


Cholecystectomy, Closed (Female 15 to 44)

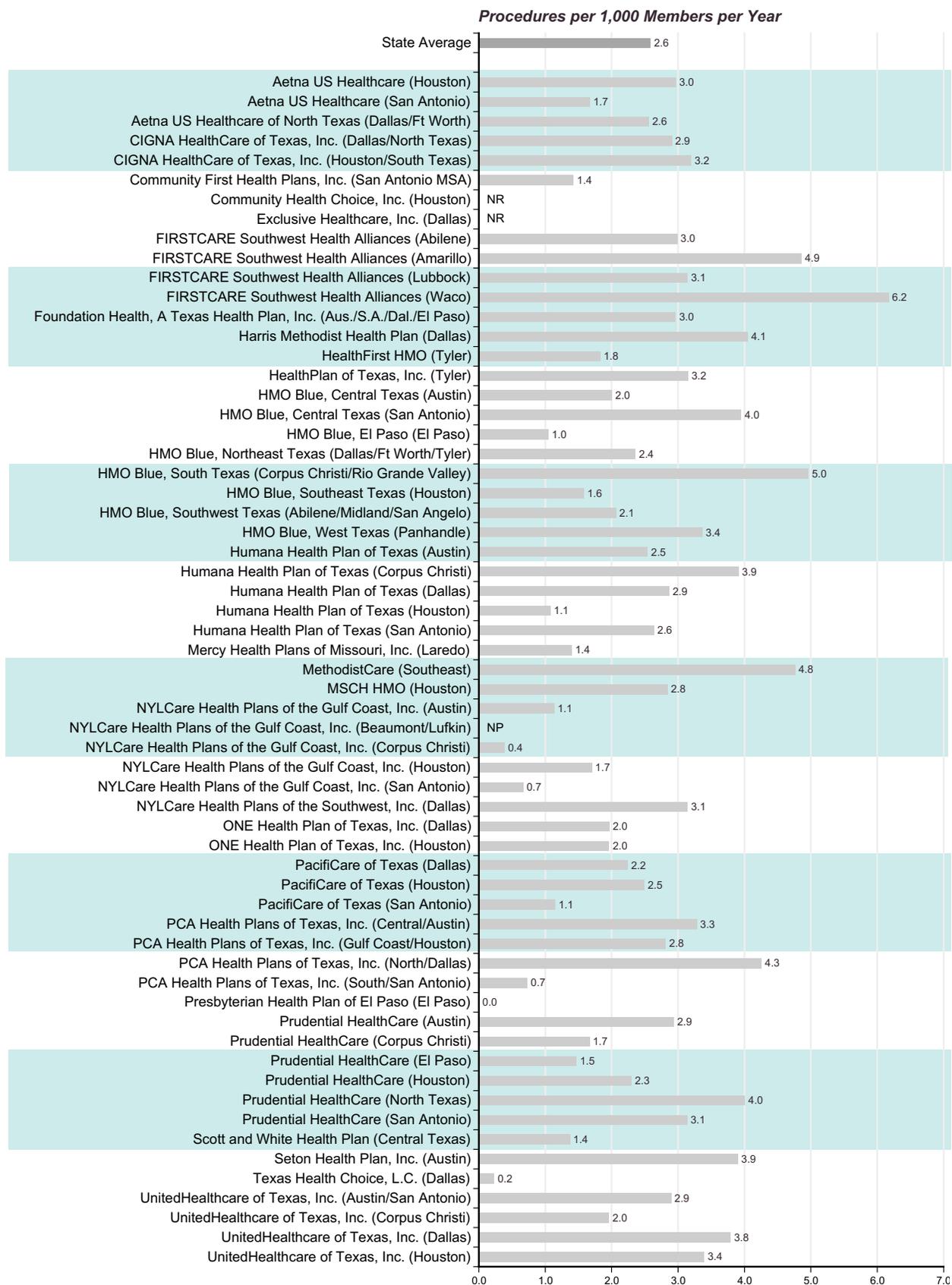


Use of Services

Cholecystectomy, Closed (Female 45 - 64)

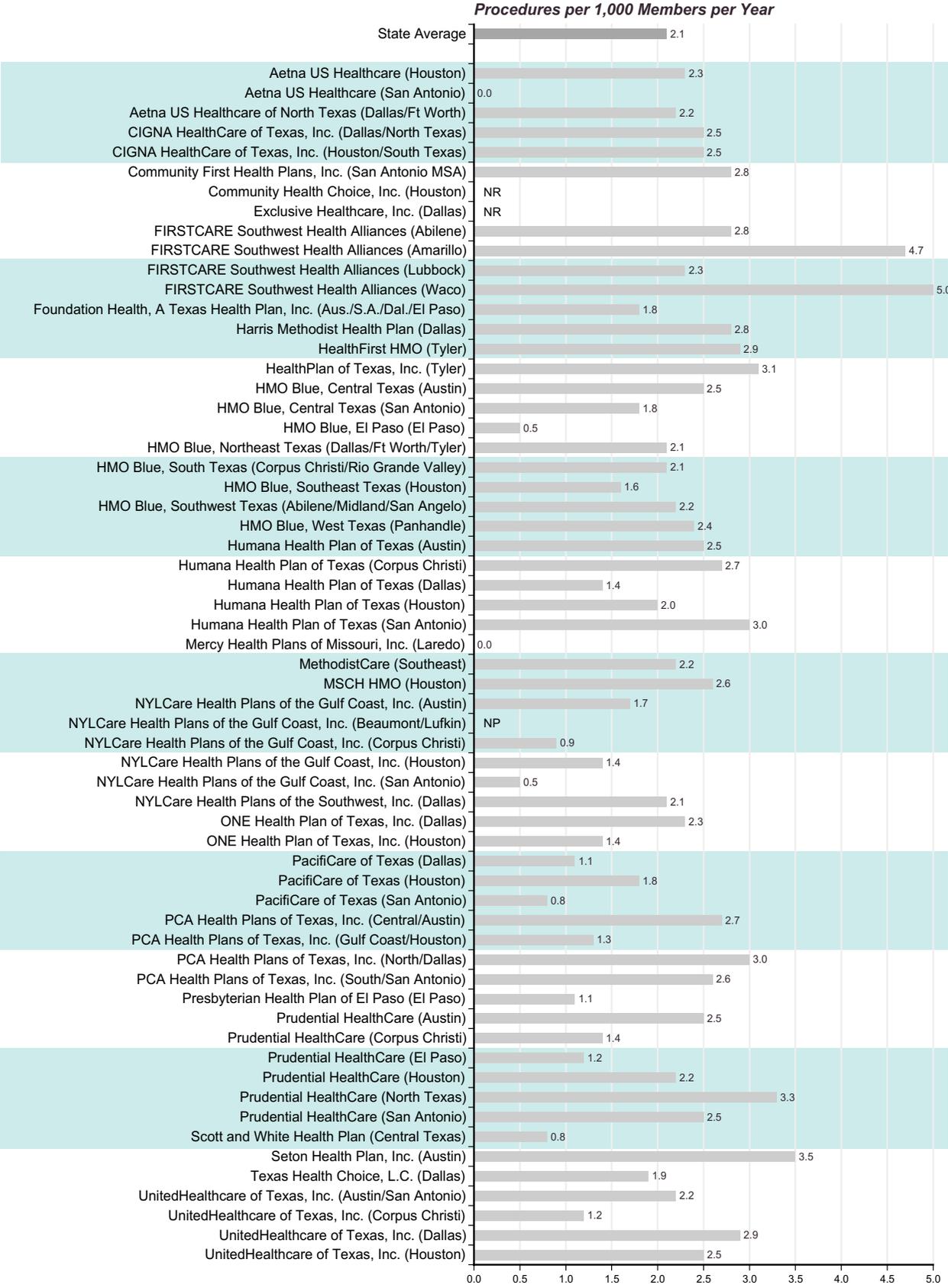


Laminectomy/Diskectomy (Male 20 - 64)

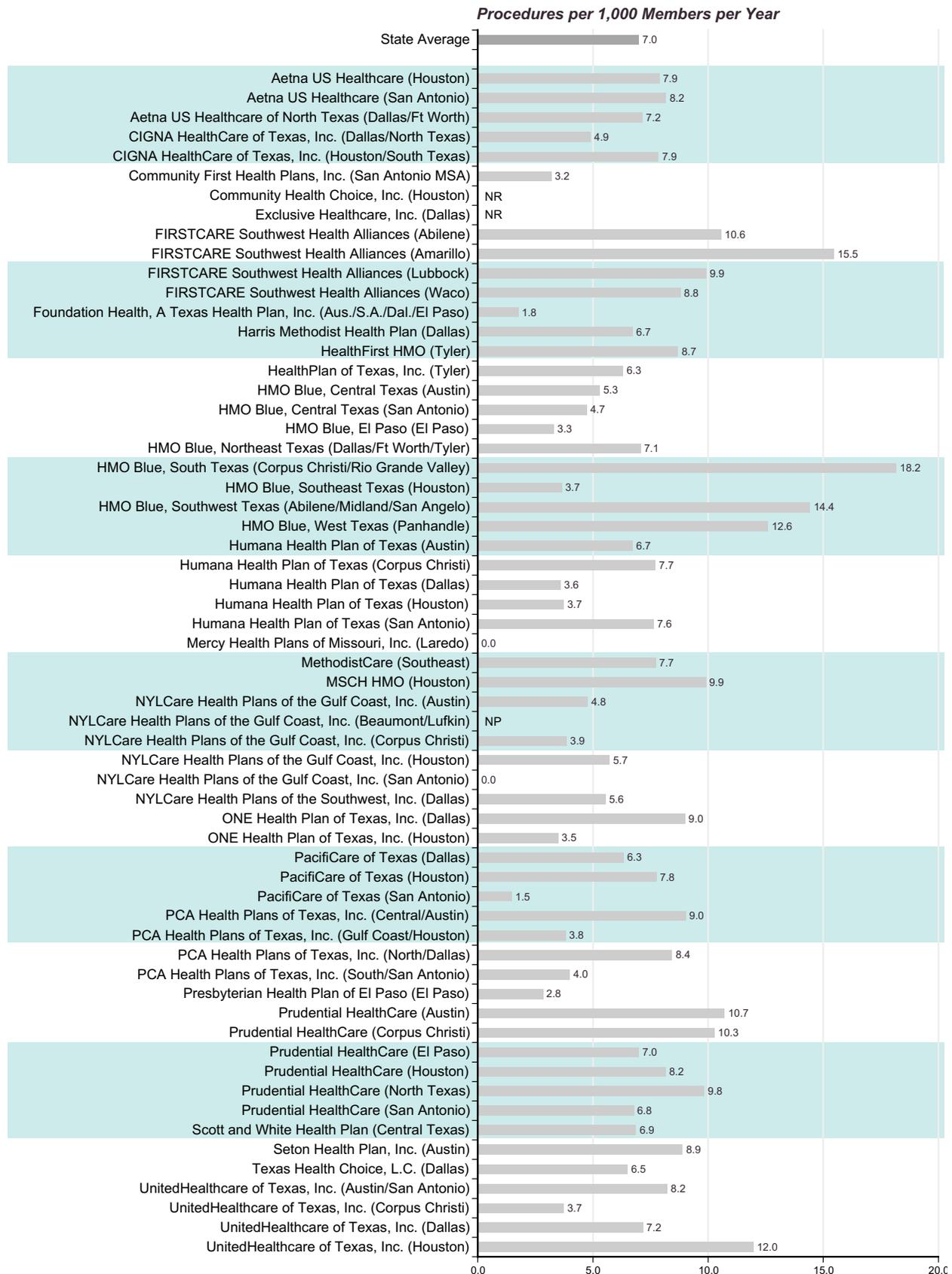


Use of Services

Laminectomy/Diskectomy (Female 20 - 64)

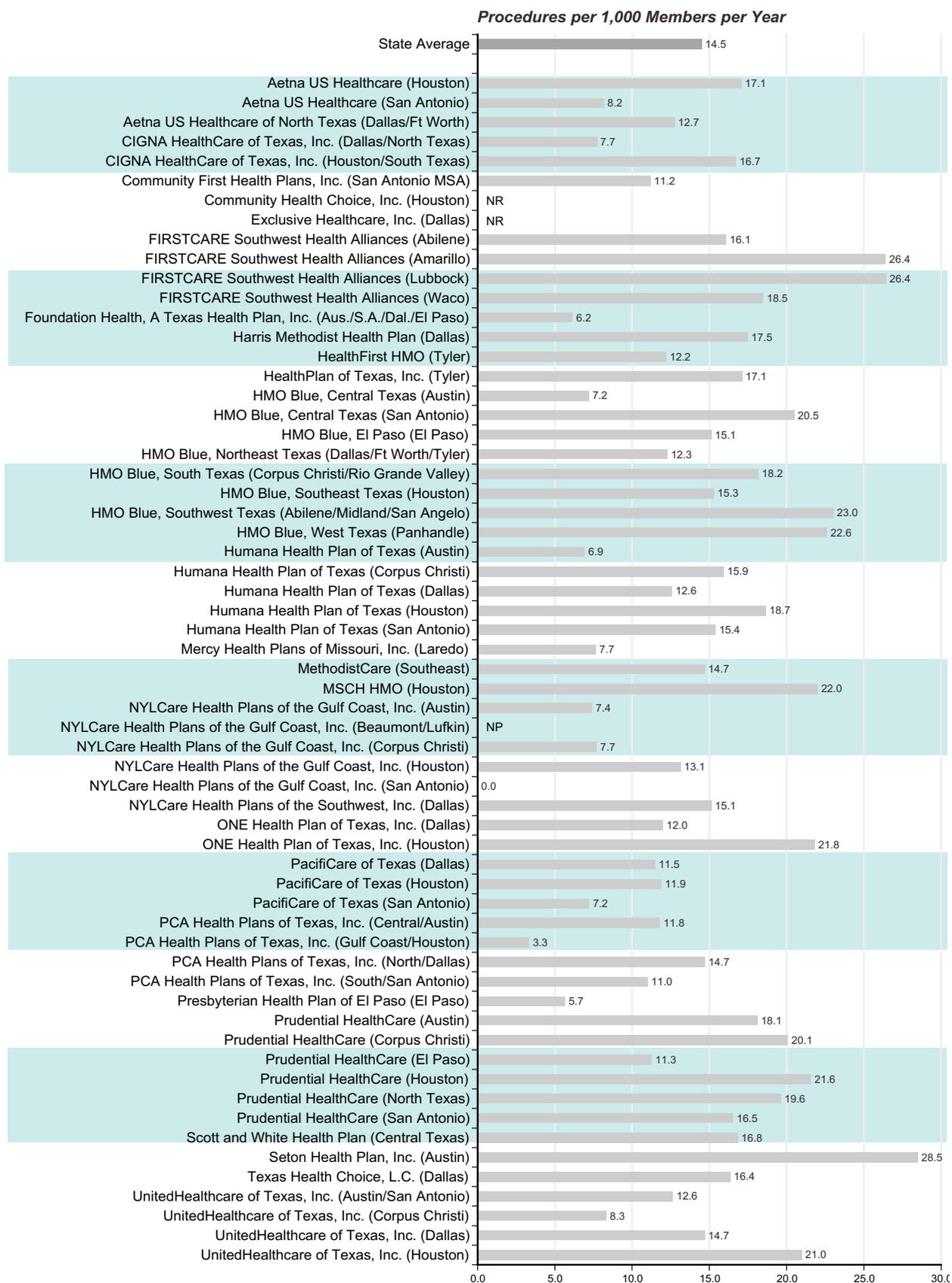


Angioplasty (PTCA) (Male 45 - 64)

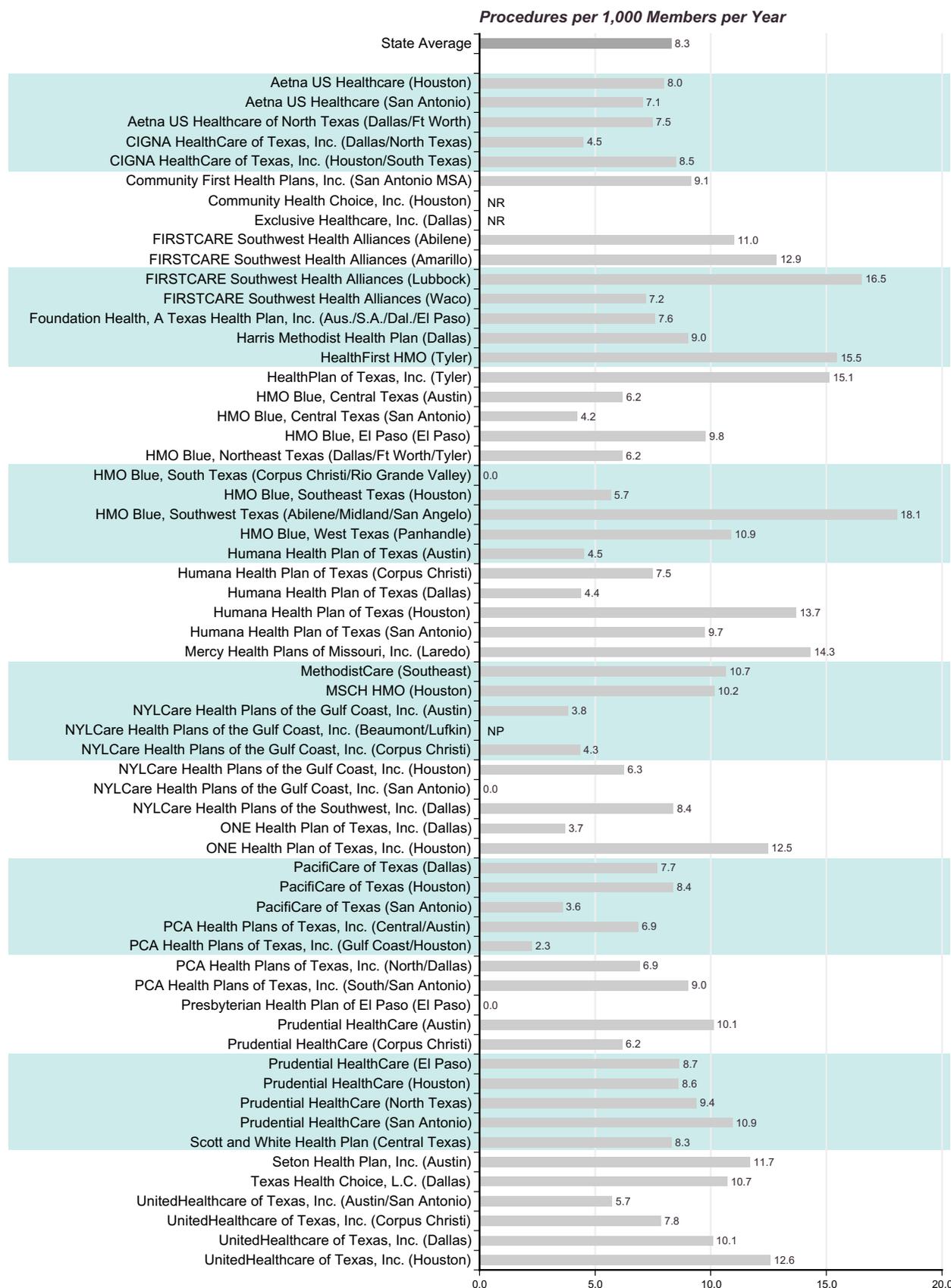


Use of Services

Cardiac Catheterization (Male 45 - 64)



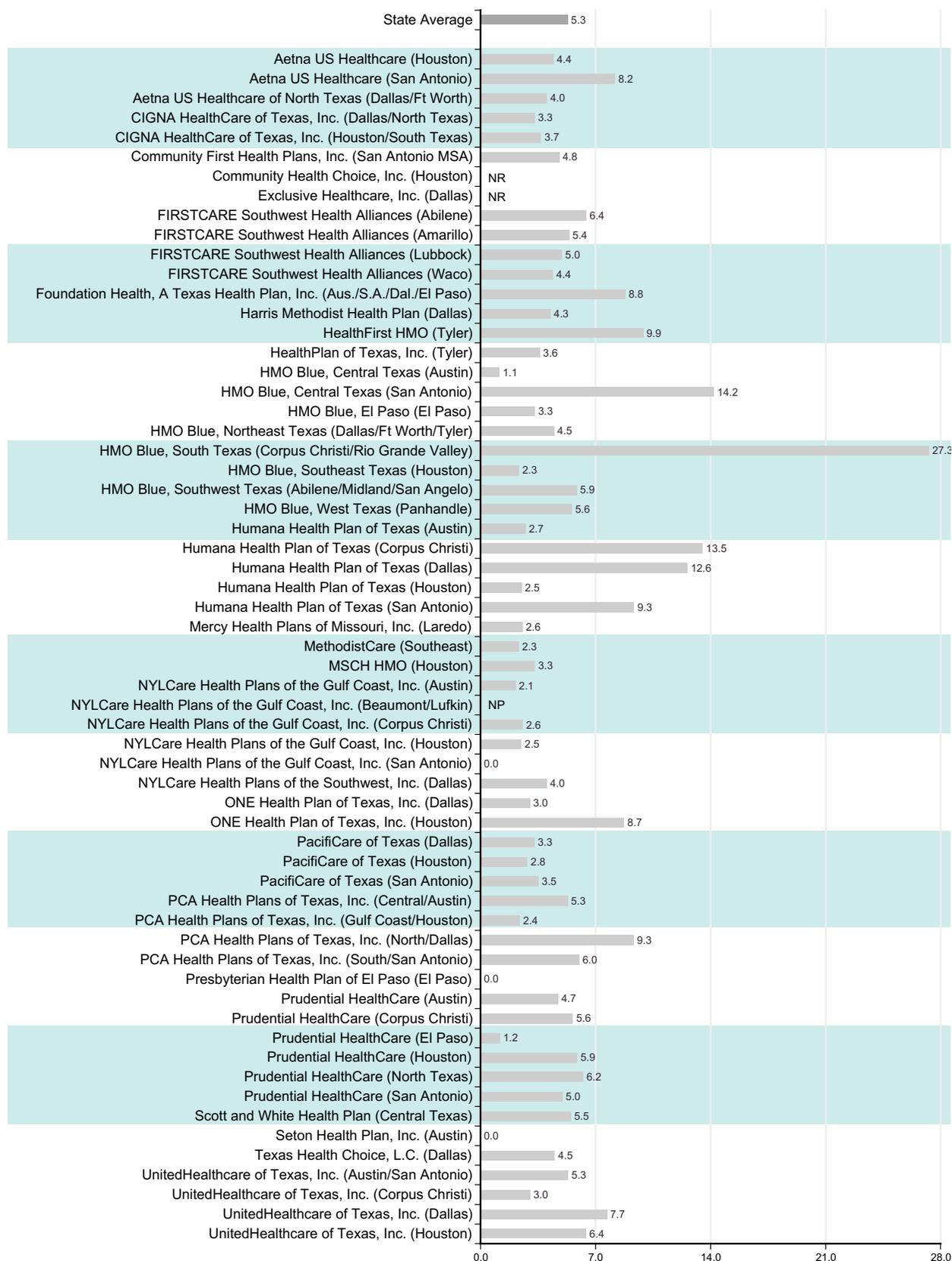
Cardiac Catheterization (Female 45 - 64)



Use of Services

Coronary Artery Bypass Grafting (CABG) (Male 45-64)

Procedures per 1,000 Members per Year



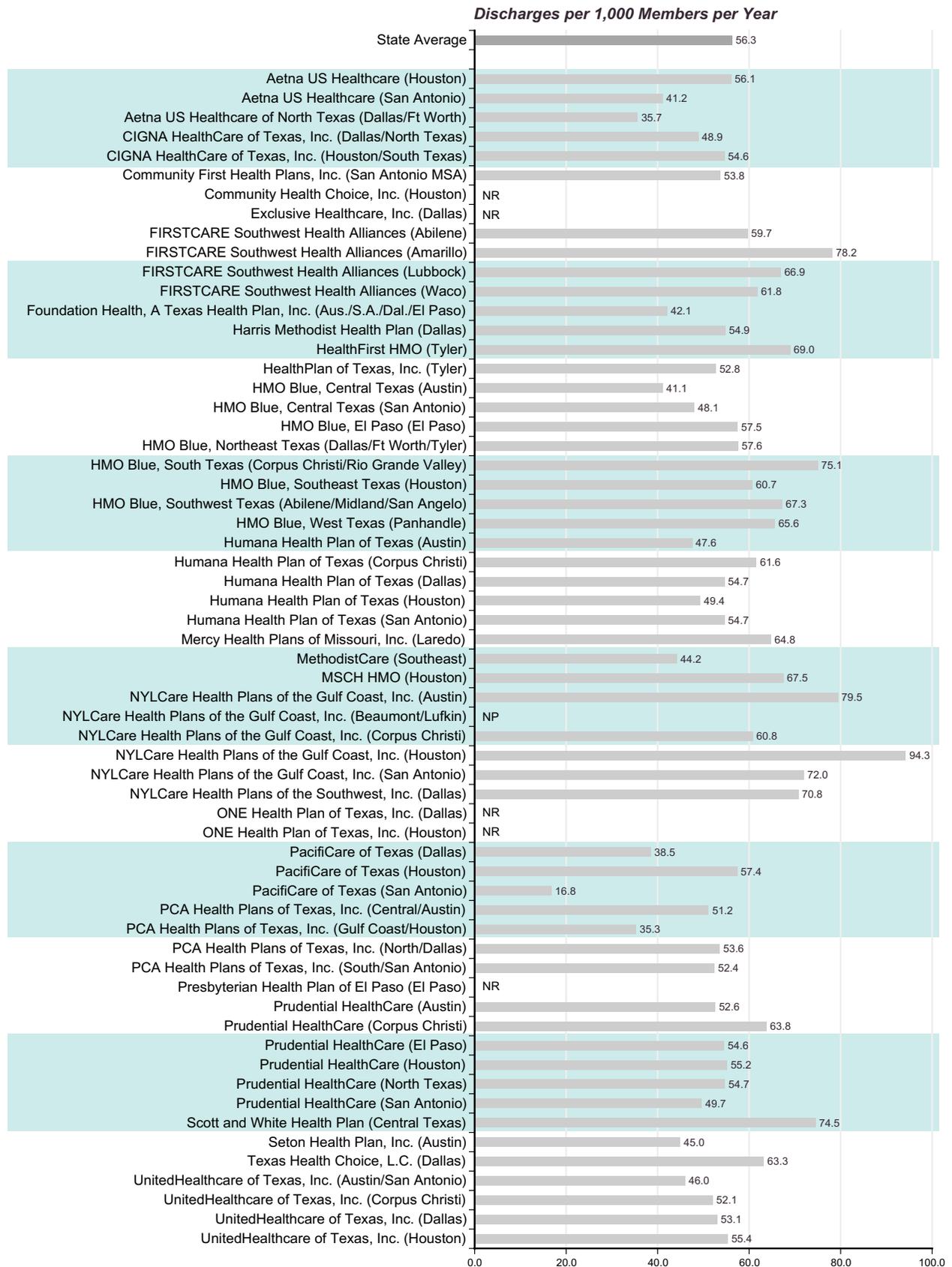
Inpatient Utilization - Total

Summary measures of discharges per 1,000 members per year and average length of stay for total inpatient acute care services

HMO members are hospitalized for a variety of reasons. Whether for a planned pregnancy, corrective surgery, or because of a life threatening emergency, hospitalization remains one of the most expensive costs to health care today. Total Inpatient Utilization estimates the extent that plan members received hospital acute care services for any reason other than non-acute care, mental health, and chemical dependency services or newborn care.

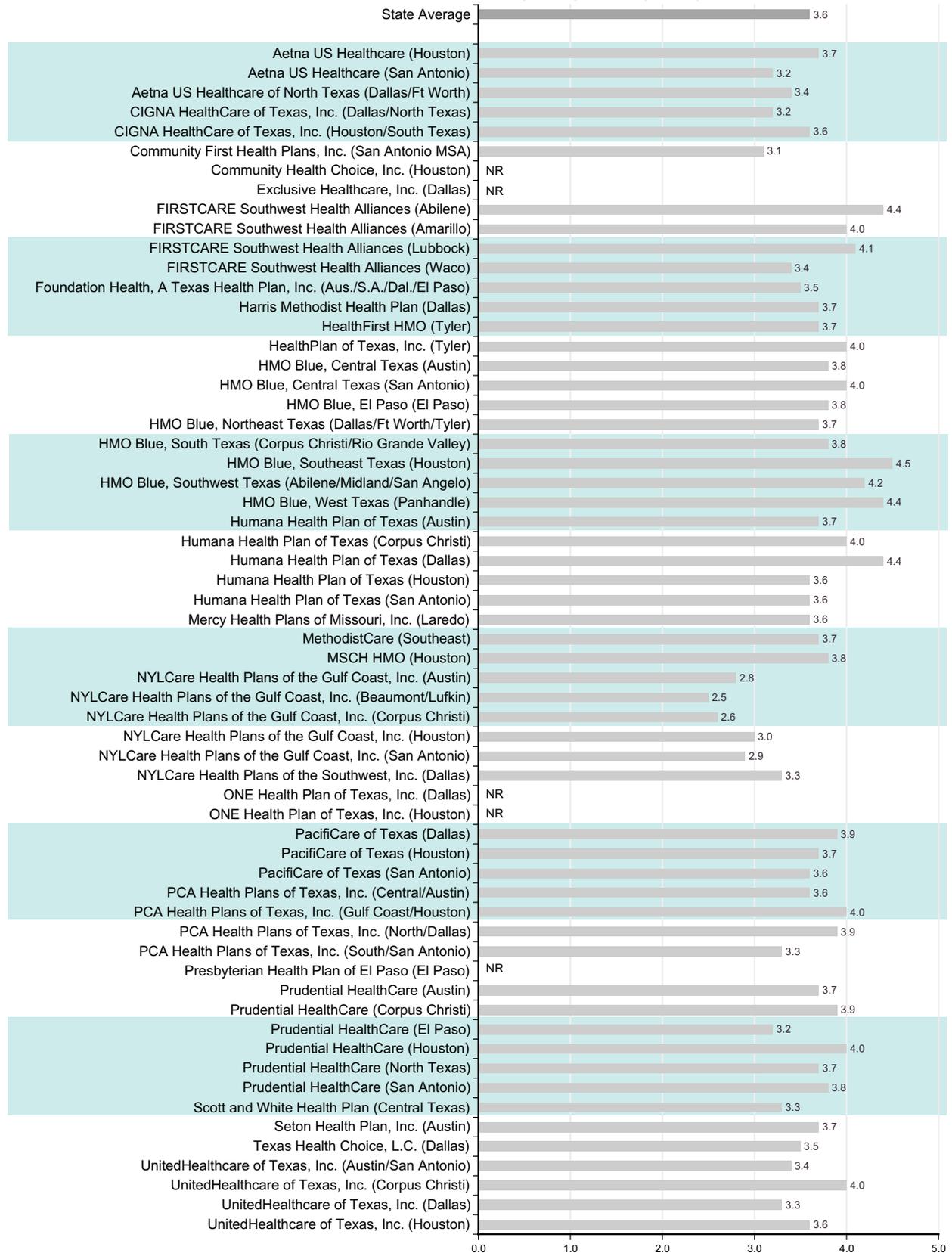
Inpatient Utilization - Total reporting includes the number of hospital admissions for the reporting period and how long the patient stayed. In turn, this information enables the calculation of average lengths of stay, and discharges per 1,000 members per year. This information is presented for each plan on the two following pages.

Inpatient Utilization - Total



Inpatient Utilization - Total

Average Length of Stay in Days



Inpatient Utilization - Medicine

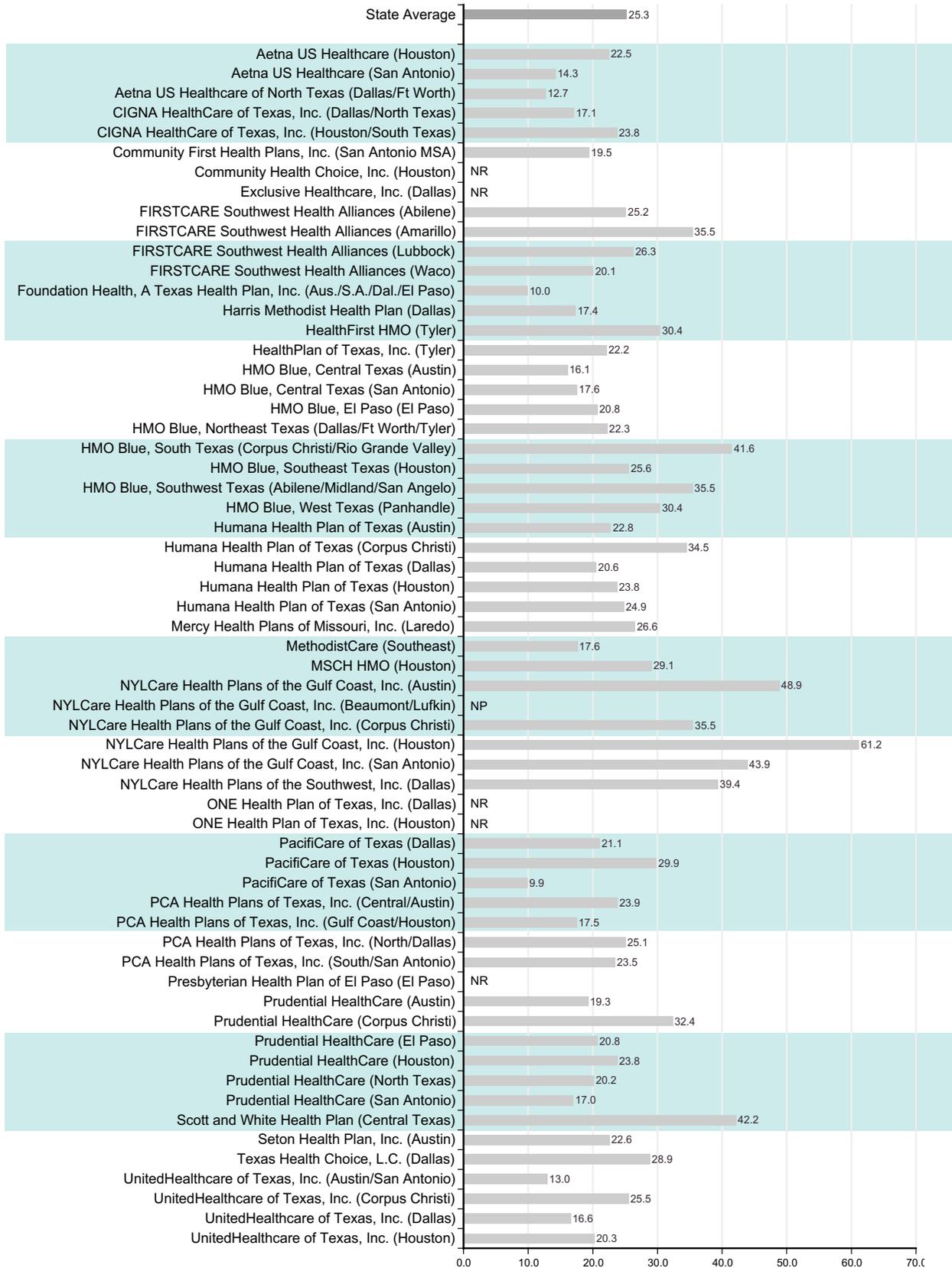
Summary measures of discharges per 1,000 members per year, and average length of stay for medicine acute care services.

Inpatient Utilization - Medicine estimates the extent that plan members received hospital care for acute care. Included in the reporting is the number of hospital admissions for the reporting period and how long the patient stayed. In turn, this information enables the calculation of average lengths of stay, and discharges per 1,000 members per year. This information is presented for each plan on the two following pages.

NR - Failed to submit the required data or data not certified by NCQA licensed auditor.
NP - Not published due to data error found by THCIC.

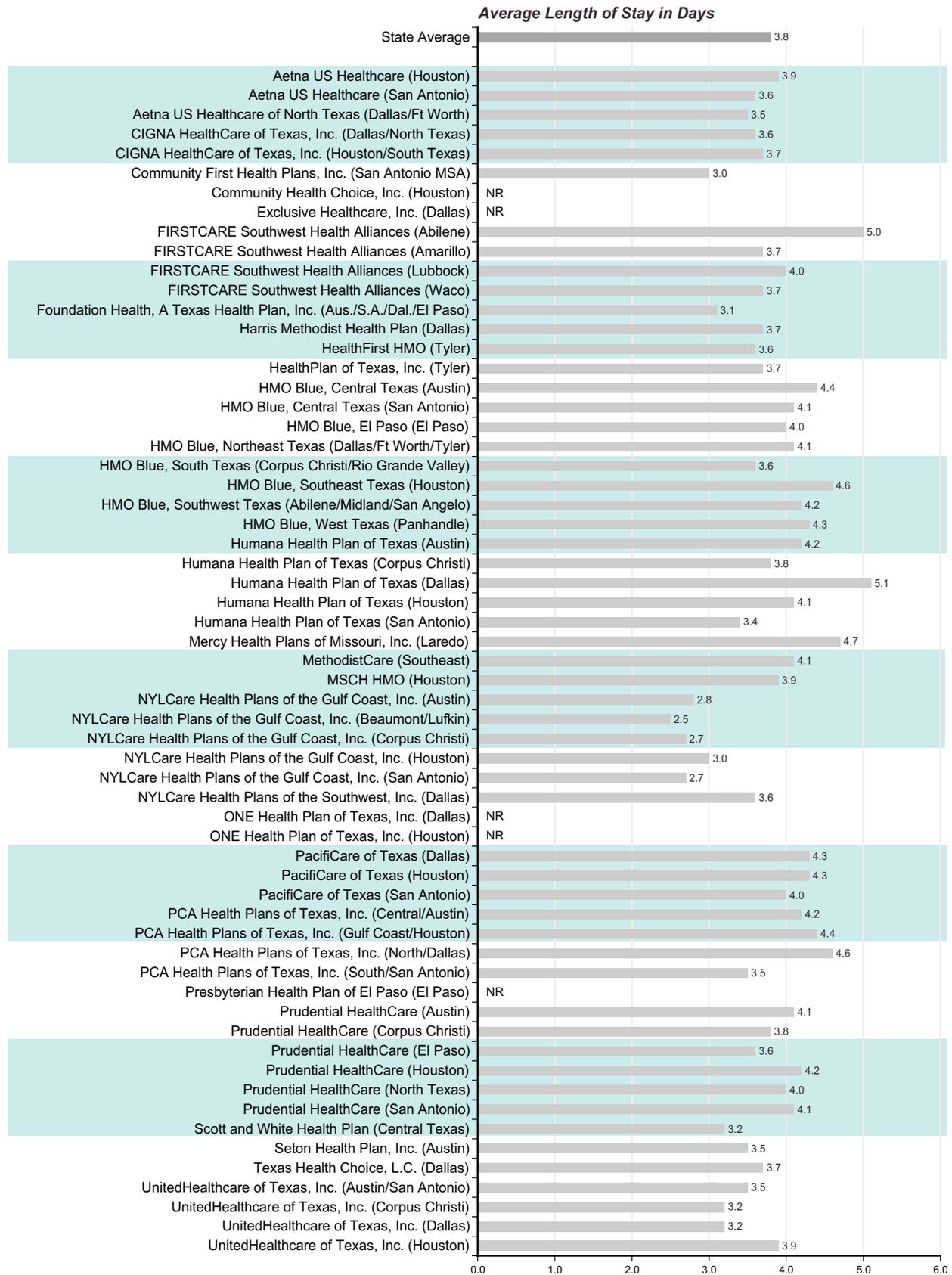
Inpatient Utilization - Medicine

Discharges per 1,000 Members per Year



Use of Services

Inpatient Utilization - Medicine



Inpatient Utilization - Surgery

Summary measures of discharges per 1,000 members per year, and average length of stay for surgery acute care services.

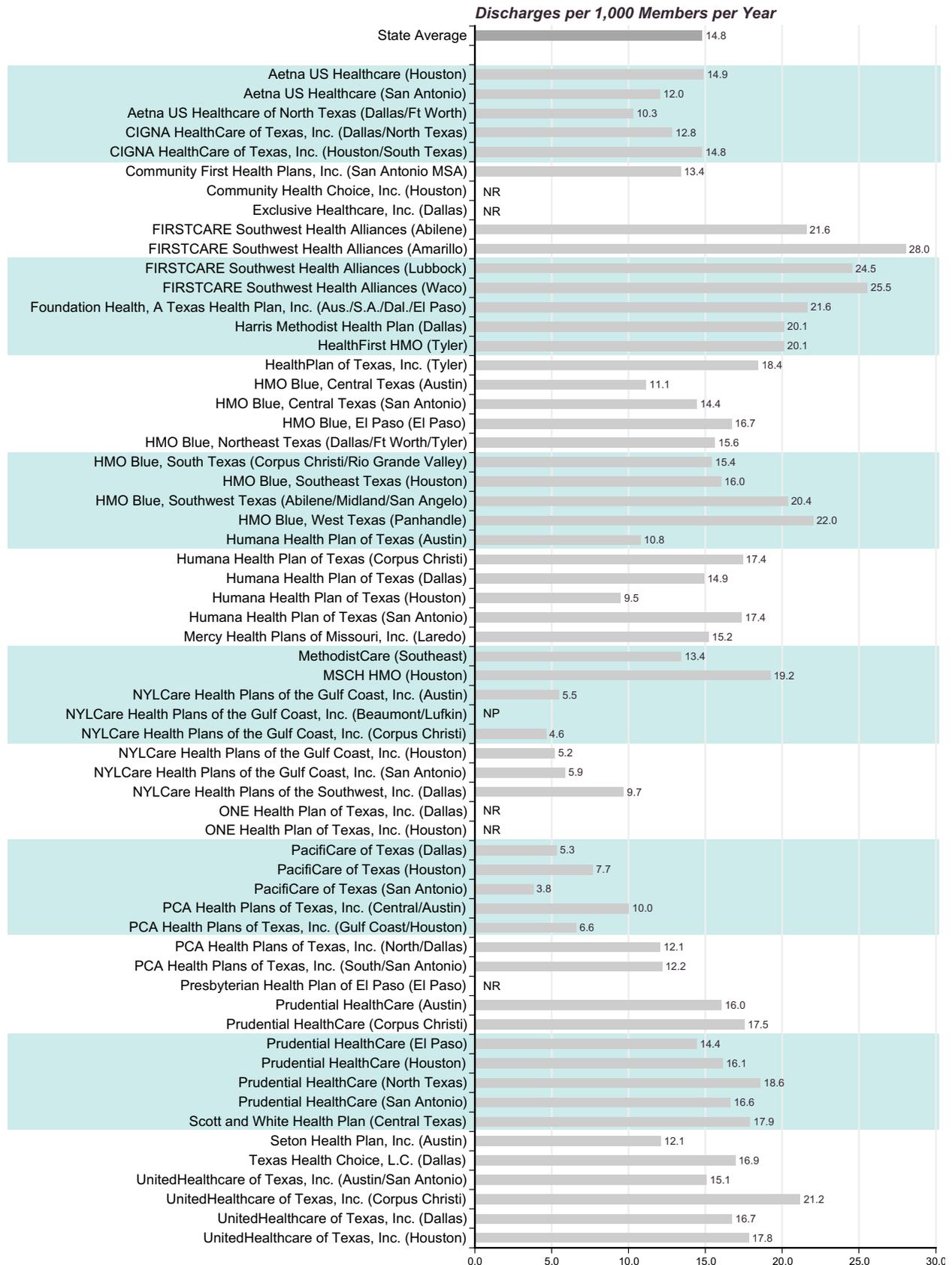
Inpatient Utilization - Surgery estimates the extent that plan members were admitted to a hospital for surgical treatment. Included in the reporting is the number of hospital admissions for the reporting period and how long the patient stayed. This information enables the calculation of average lengths of stay, and discharges per 1,000 members per year. This information is presented for each plan on the two following pages.

NR - Failed to submit the required data or data not certified by NCQA licensed auditor.

NP - Not published due to data error found by THCIC.

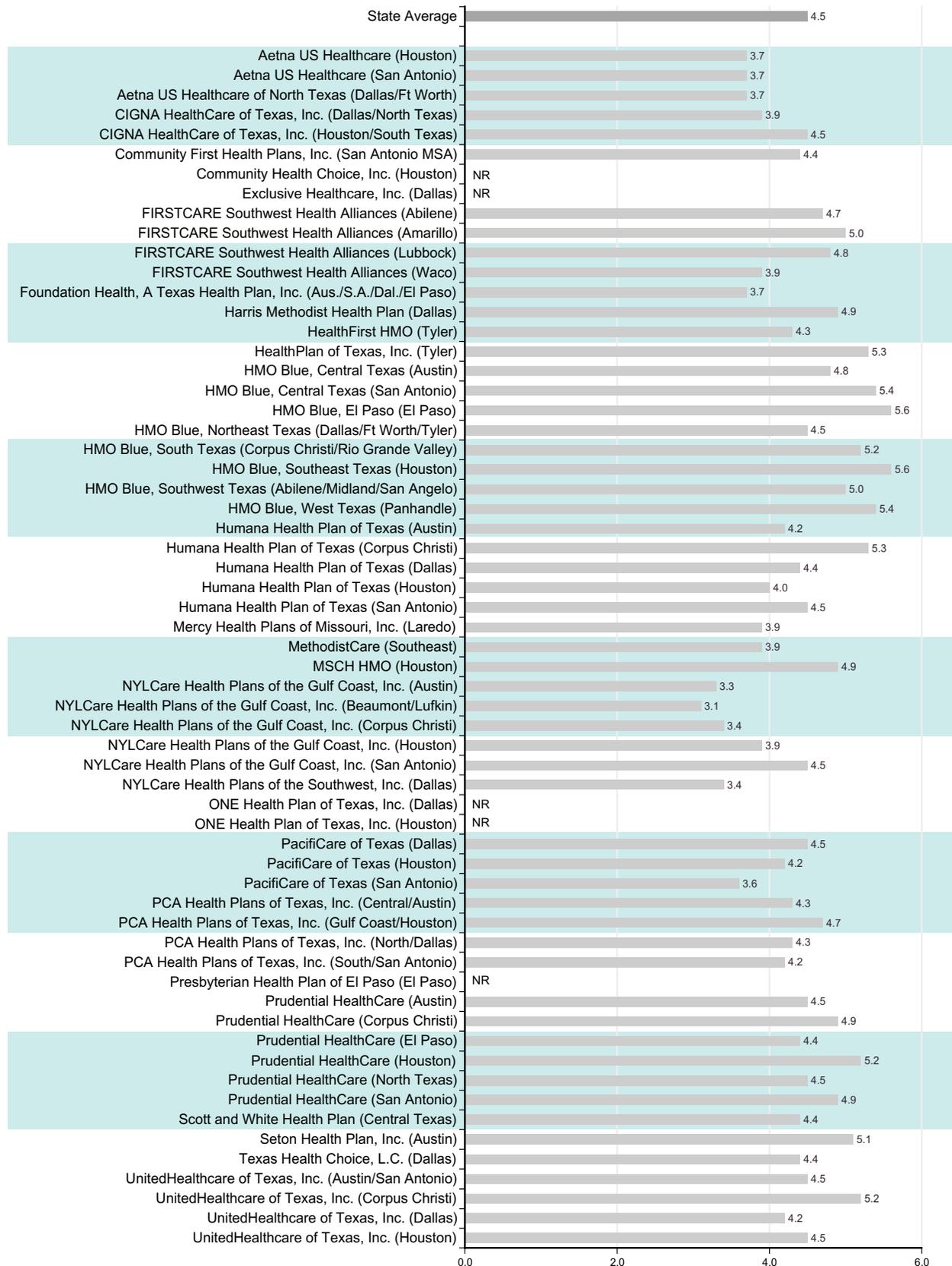
NA - HMOs with fewer than 30 patients for this measure are not reported.

Inpatient Utilization - Surgery



Inpatient Utilization - Surgery

Average Length of Stay in Days



Inpatient Utilization - Maternity

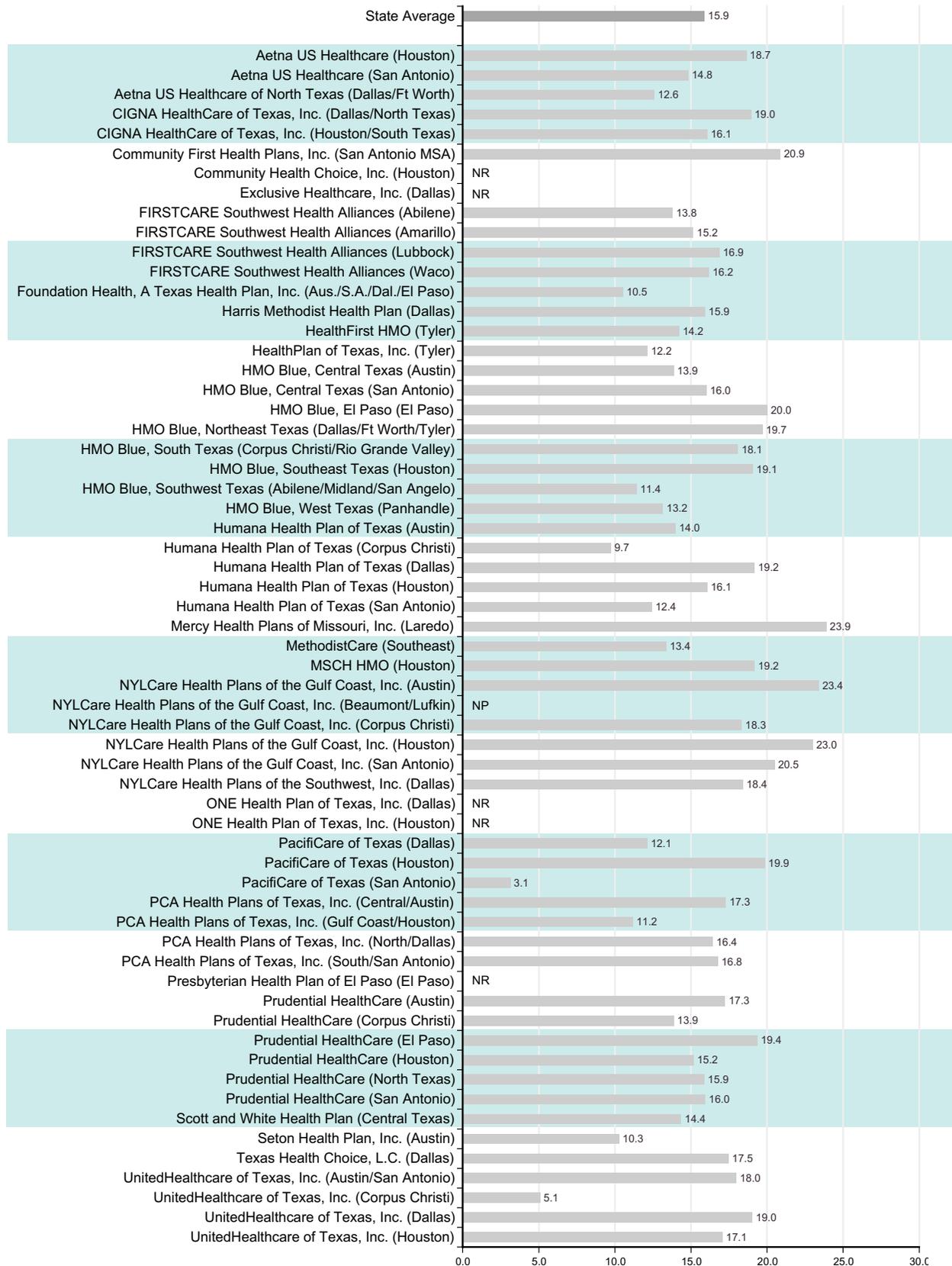
Summary measures of discharges per 1,000 members per year, and average length of stay for maternity acute care services.

A large number of hospital admissions are for childbirth. Information provided by this measure describes aspects of hospital care among maternity patients. Included in the reporting is the number of hospital admissions for the reporting period and how long the patient stayed. This information enables the calculation of average lengths of stay, and discharges per 1,000 members per year. This information is presented for each plan on the two following pages.

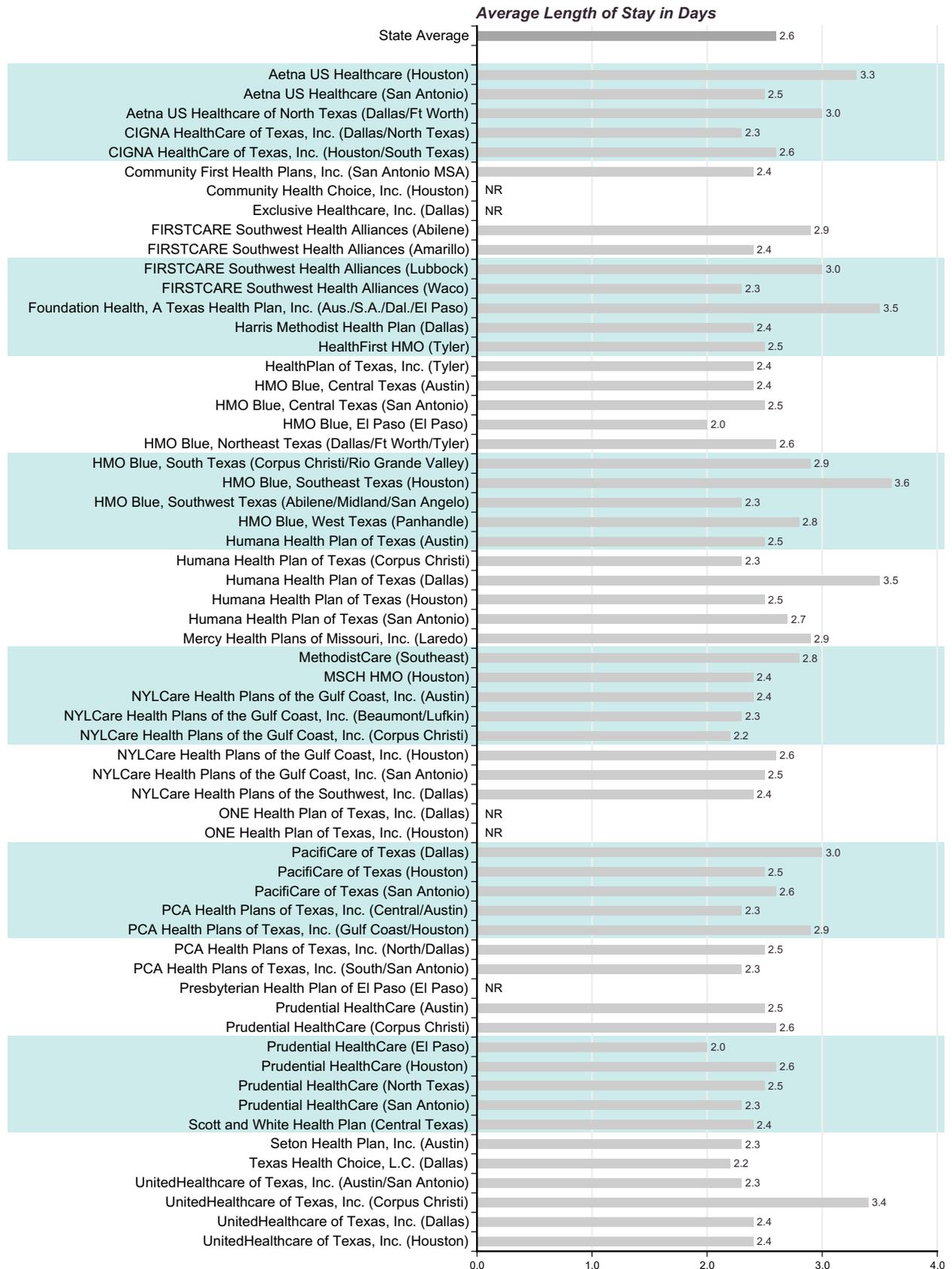
NR - Failed to submit the required data or data not certified by NCQA licensed auditor.
NP - Not published due to data error found by THCIC.

Inpatient Utilization - Maternity

Discharges per 1,000 Members per Year



Inpatient Utilization - Maternity



Ambulatory Care

Summary measure of the utilization of ambulatory care services per 1,000 members per year.

This measure reports the use of four types of ambulatory care services by plan members: outpatient visits, emergency room visits, ambulatory surgery/procedures, and observation room stays.

Outpatient Visits: This category reports face-to-face encounters between the practitioner and patient for office visits or routine visits to hospital outpatient departments. It provides a reasonable proxy for professional ambulatory encounters.

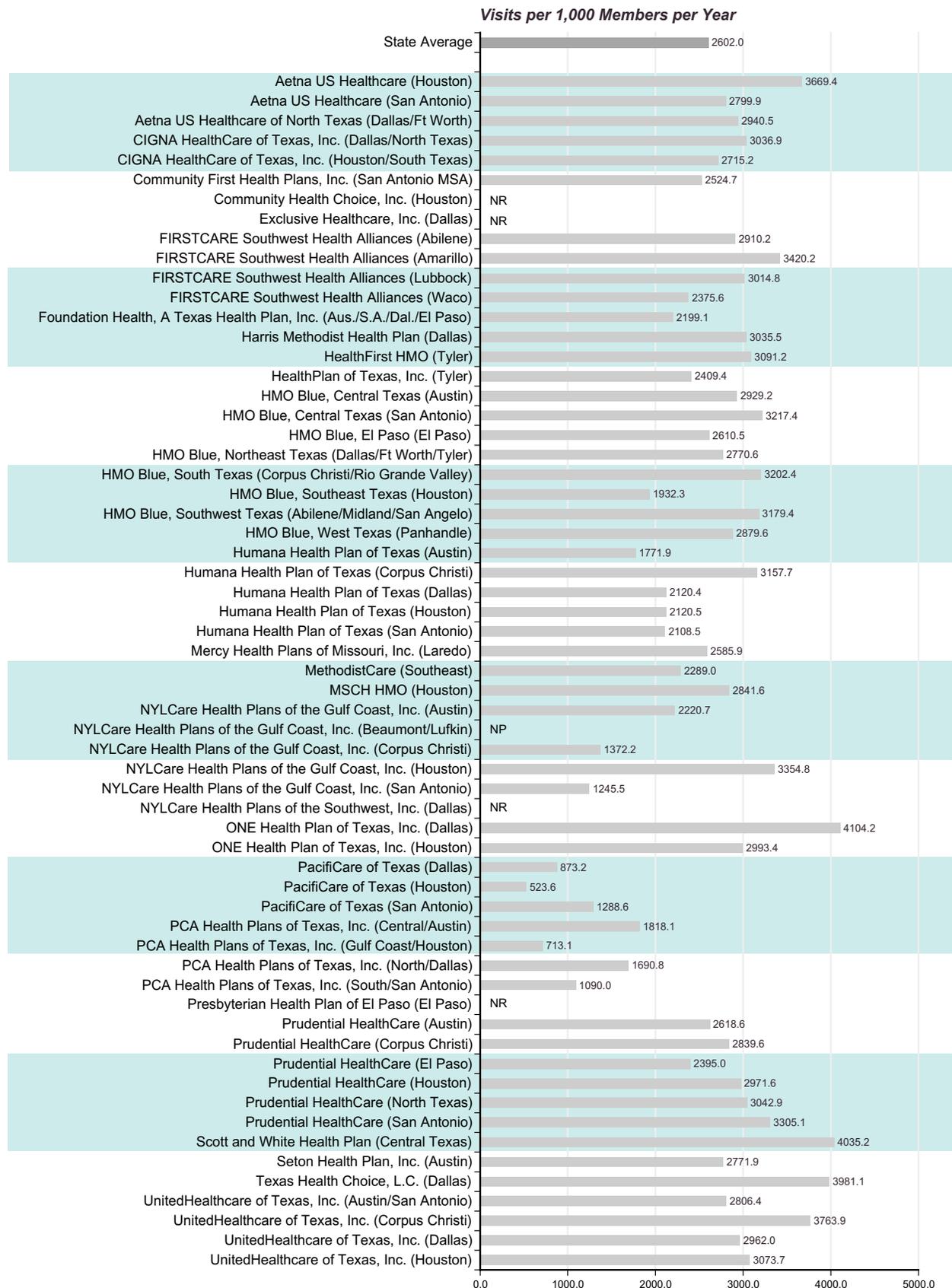
Emergency Room Visits: This category reports the use of emergency room services which can sometimes be used as a substitute for ambulatory clinic encounters. The decision to use an emergency room rather than a clinic or physician's office may be the result of insufficient access to primary care, rather than a patient's behavior. Therefore, it is important to note trends in emergency room utilization. Health plans, which promote effective ambulatory treatment of patients, should be able to keep the number of emergency room visits relatively low.

Ambulatory Surgery/Procedures: This category reports only ambulatory surgery/procedures performed at a hospital outpatient facility or at a freestanding surgery center. Office-based surgeries/procedures are not included in this measure but are reported under **Outpatient Visits**. Many procedures previously performed during an inpatient stay, are now routinely performed on an outpatient basis.

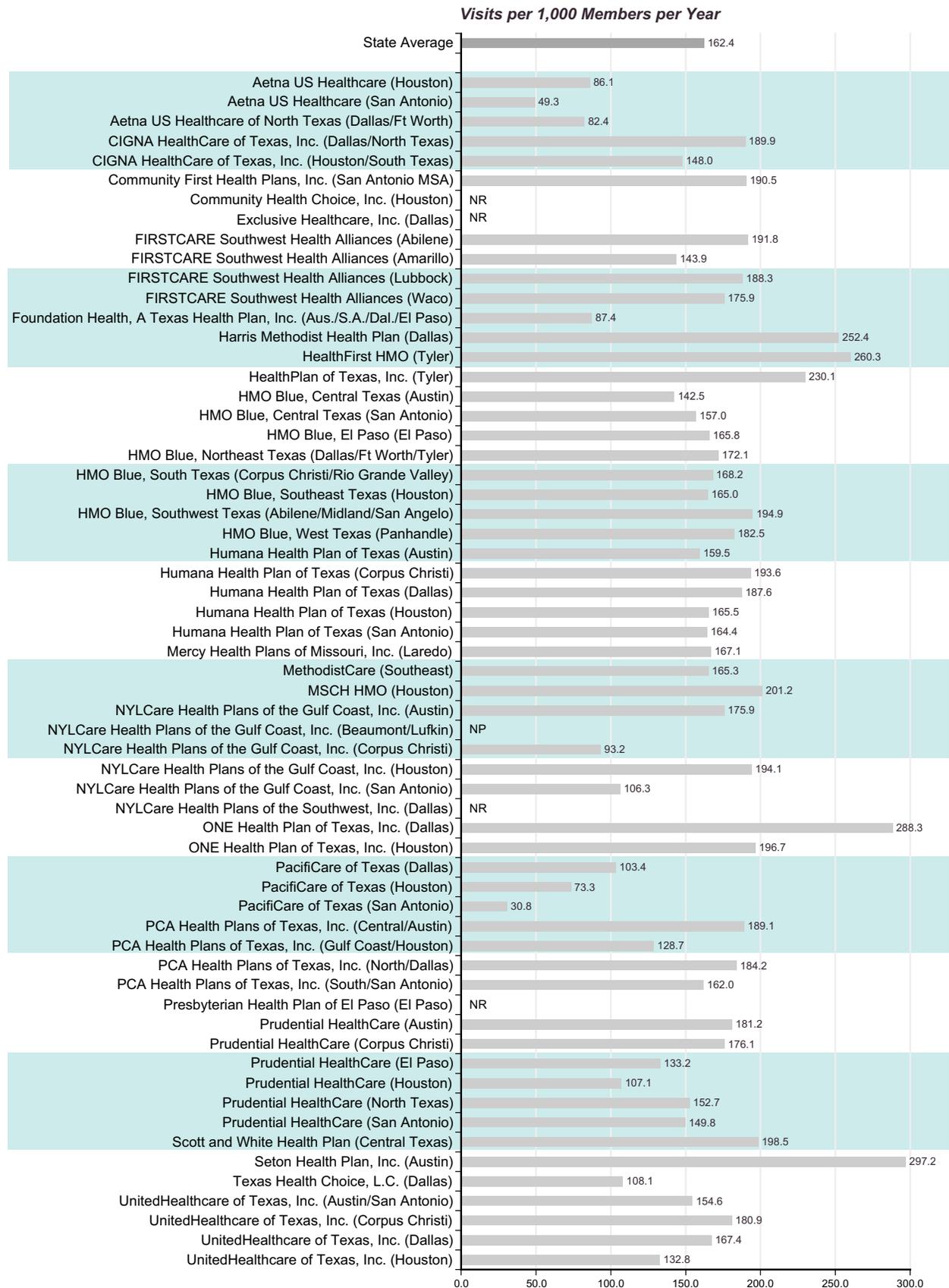
Observation Room Stays: This category reports observation room stays resulting in discharge of the patient. The observation room is generally part of the outpatient department of a hospital where patients stay for observation until the physician can determine whether inpatient admission is necessary.

NR - Failed to submit the required data or data not certified by NCQA licensed auditor.
NP - Not published due to data error found by THCIC.

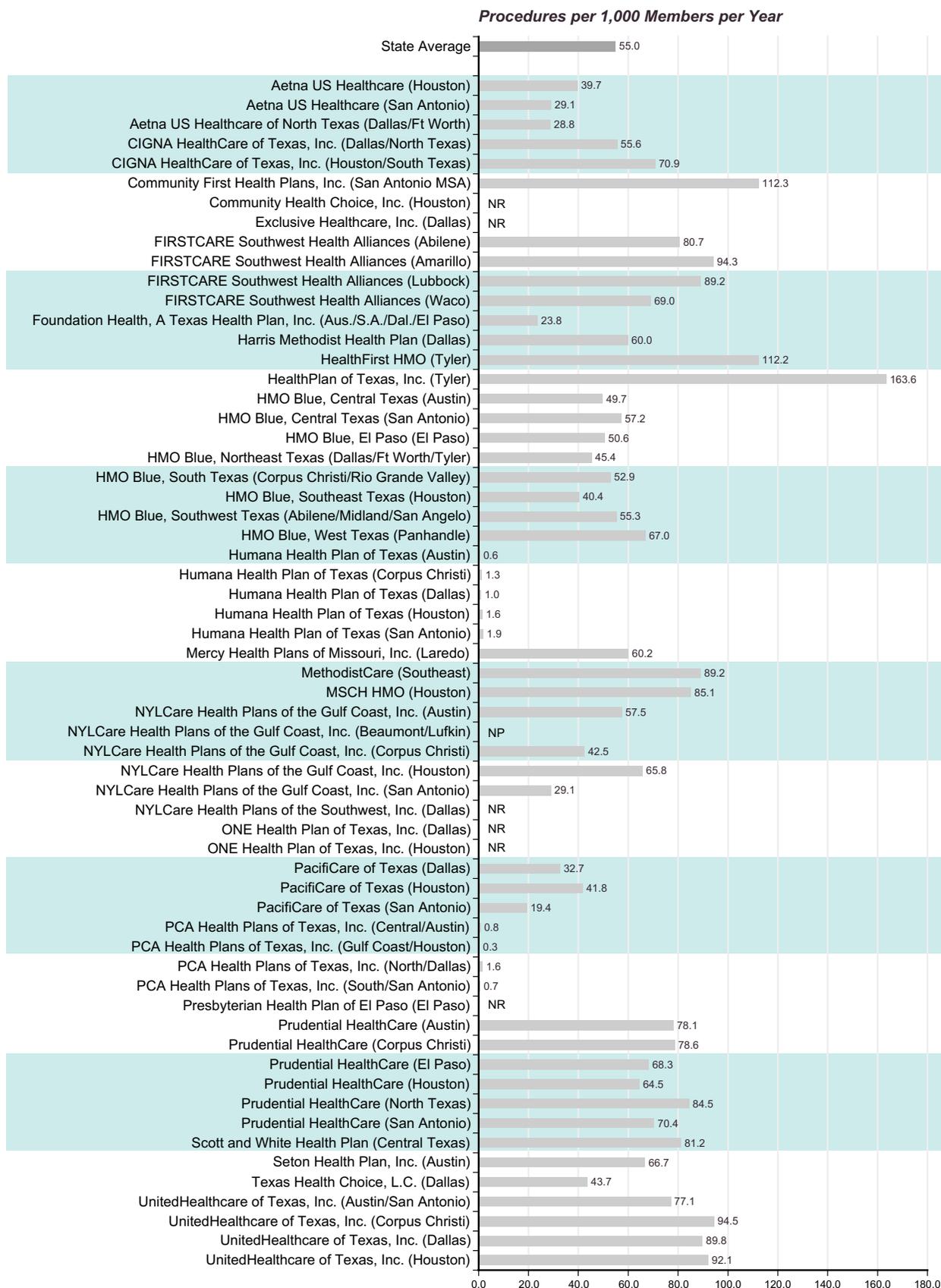
Ambulatory Care - Outpatient Visits



Ambulatory Care - Emergency Room Visits

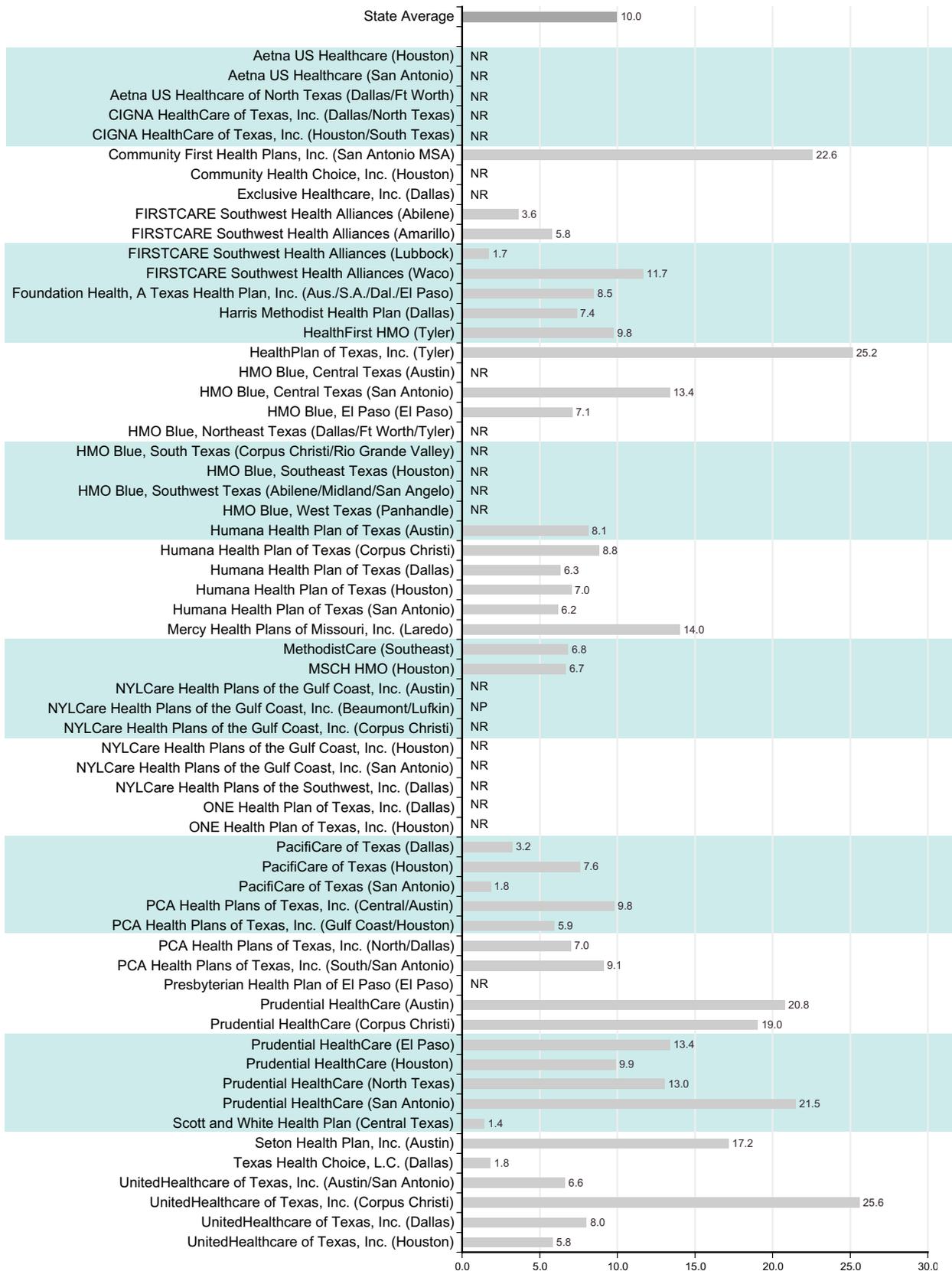


Ambulatory Care - Ambulatory Surgery/Procedures



Observation Room Stays

Discharges per 1,000 Members per Year



Cesarean Section Rate

Summary measures of maternity-related care (C-section rate, average length of stay) for women enrolled in a health plan who had a live birth delivered by cesarean section in 1998.

There has been great concern that cesarean sections (C-sections), one of the most frequently performed procedures, are done excessively. A study conducted in the early 1990's demonstrated that C-sections were performed for the following reasons: C-section after prior cesarean (35%), diagnosis and management of difficult and prolonged labor (30%), breech presentation (12%), fetal distress (9%), and "other" (14%).¹ The Healthy People 2000 goal is to decrease to 15% or less the proportion of women who receive C-sections.

The following graphs show the C-section rate for all live birth deliveries and the average length of stay in days for a C-section delivery.

1. Data Verification Project HEDIS® 3.0-1998-1996 Results Technical Report (1997), North Central Texas HEDIS Coalition, Arlington, Texas.

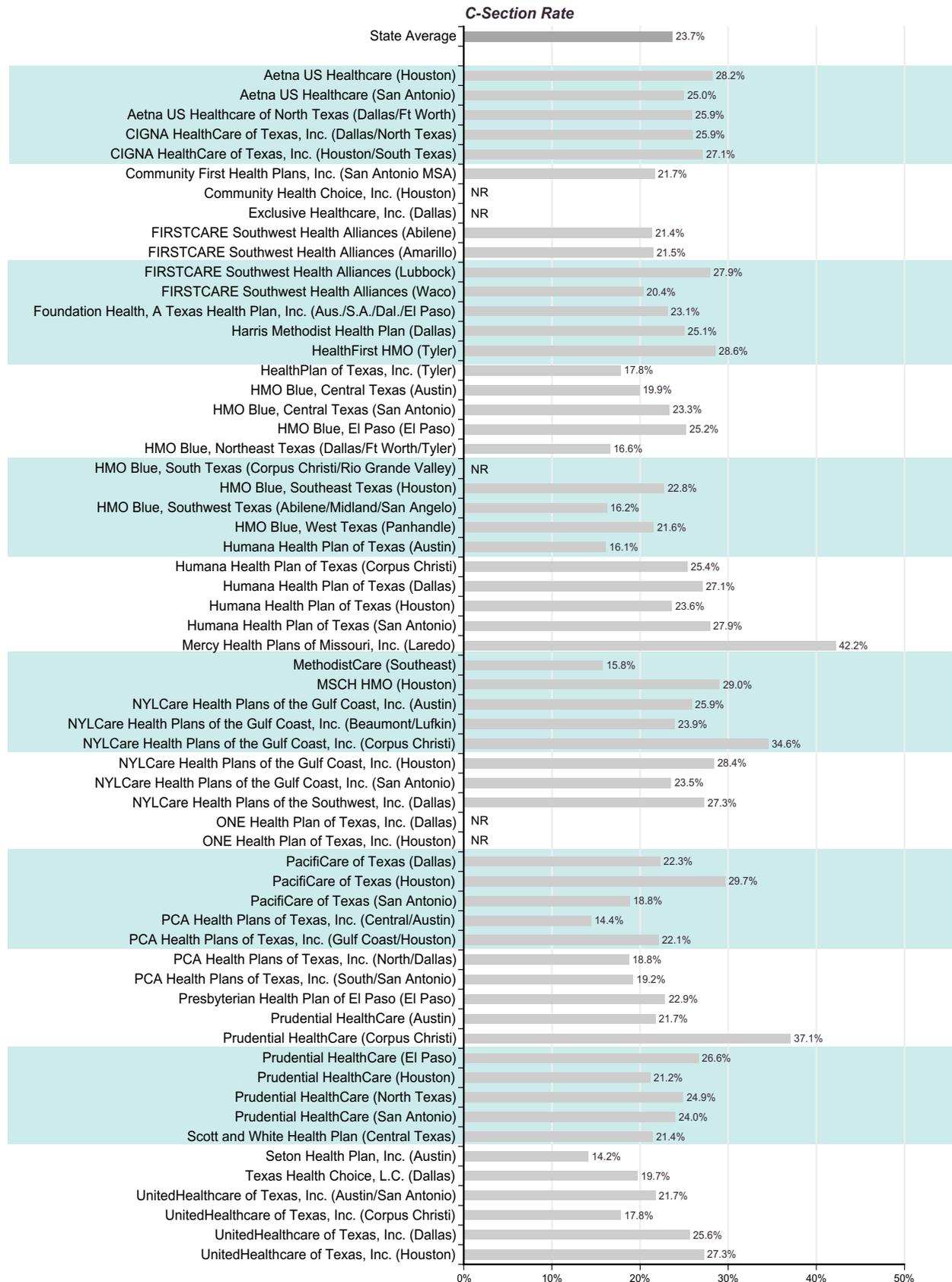
State and National Values	1997	1998
Texas Average	23.7%	23.7%
NCQA National Average	*	*
Healthy People 2000 Goal	15.0%	

* Value not established.

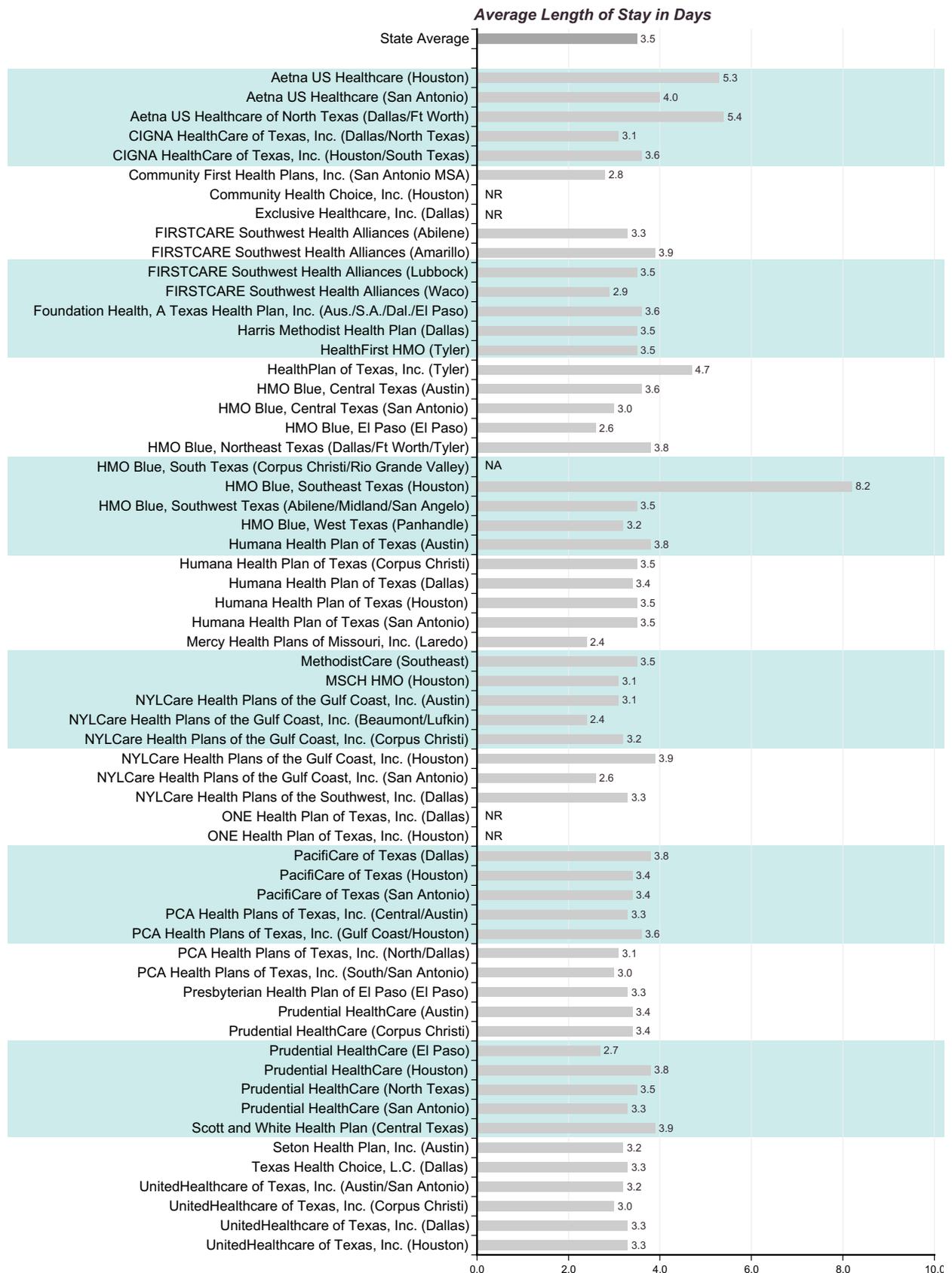
NR - Failed to submit the required data or data not certified by NCQA licensed auditor.

NA - HMOs with fewer than 30 patients for this measure are not reported.

Cesarean Section Rate



Cesarean Section Average Length of Stay



Vaginal Birth After C-Section (VBAC) Rate

Summary measures of maternity-related care (VBAC rate and average length of stay) for women, enrolled in a health plan, with a prior C-section, who had a live birth delivered vaginally in 1998.

In addition to trying to reduce the number of cesarean sections (C-sections), physicians are now reversing the trend of “once a C-section always a C-section”. Patient and practitioner education programs on the safety and desirability of vaginal birth after C-section (VBAC) deliveries can increase VBAC rates and thereby decrease C-section rates and their associated risk. The Healthy People 2000 goal for VBACs is 35%.

The following graphs show the percentage of vaginal deliveries by women with a prior cesarean section (VBAC) and the average length of stay for a VBAC delivery.

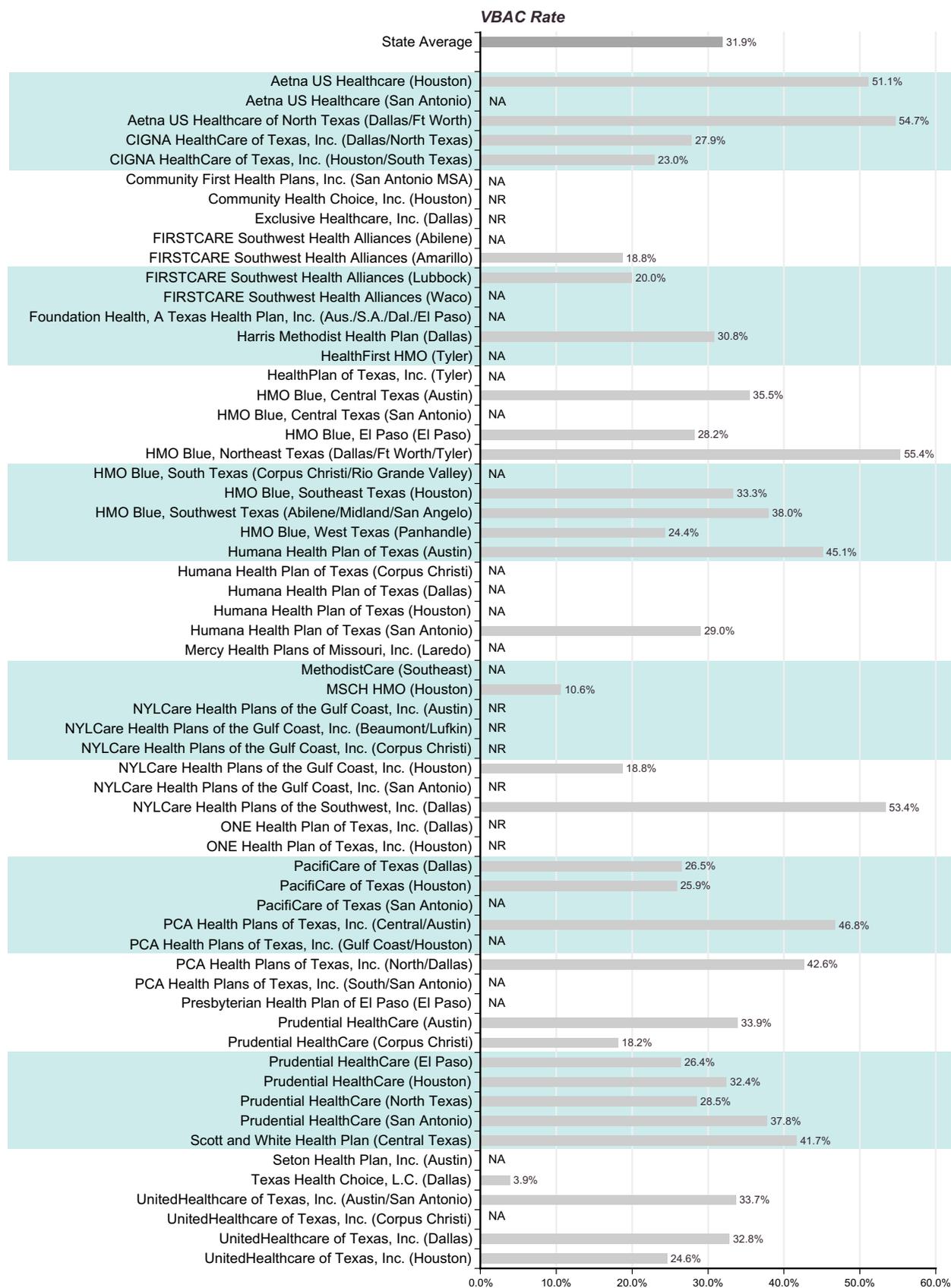
State and National Values	1997	1998
Texas Average	31.6%	31.9%
NCQA National Average	*	*
Healthy People 2000 Goal	35.0%	

* Value not established.

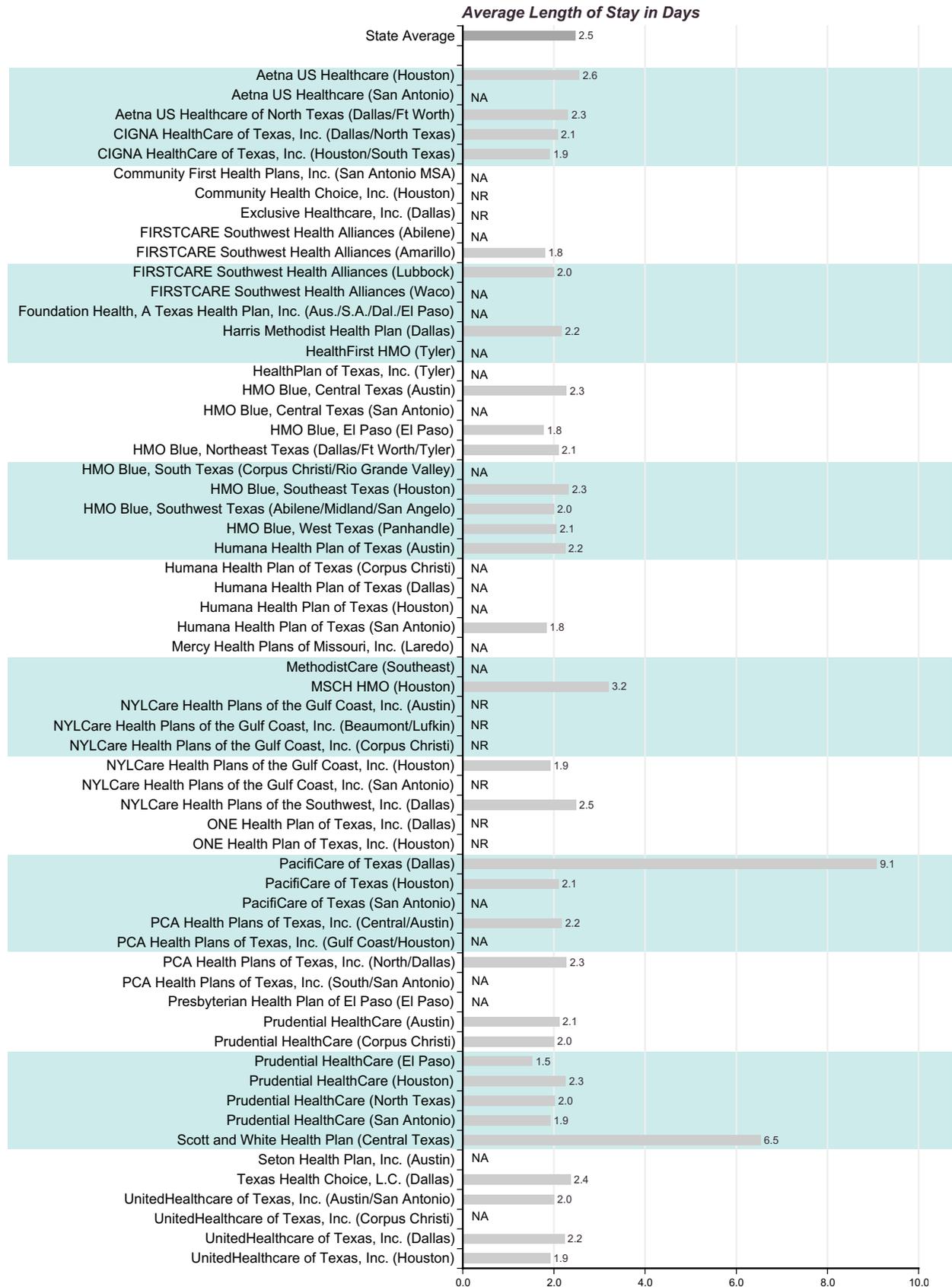
NR - Failed to submit the required data or data not certified by NCQA licensed auditor.

NA - HMOs with fewer than 30 patients for this measure are not reported.

Vaginal Birth After Cesarean Section (VBAC) Rate



Vaginal Birth After Cesarean Section (VBAC) Average Length of Stay



Mental Health Utilization

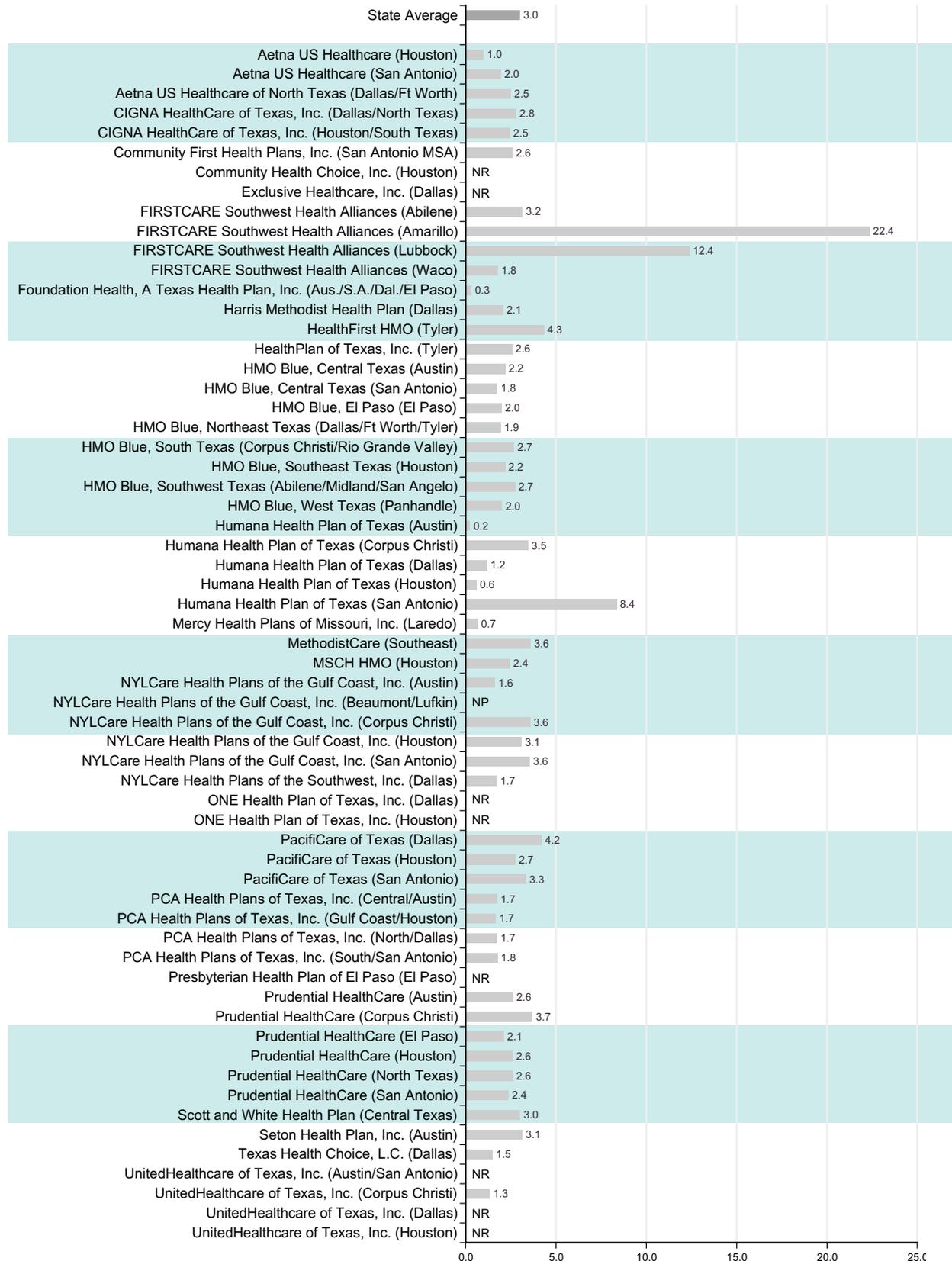
Summary of mental health utilization discharges per 1,000 members per year and average length of stay.

Mental health services may be of great interest to employers. Inadequate mental health services can lead to absenteeism, lost productivity, and increased general medical expenses.

NR - Failed to submit the required data or data not certified by NCQA licensed auditor.
NP - Not published due to data error found by THCIC.

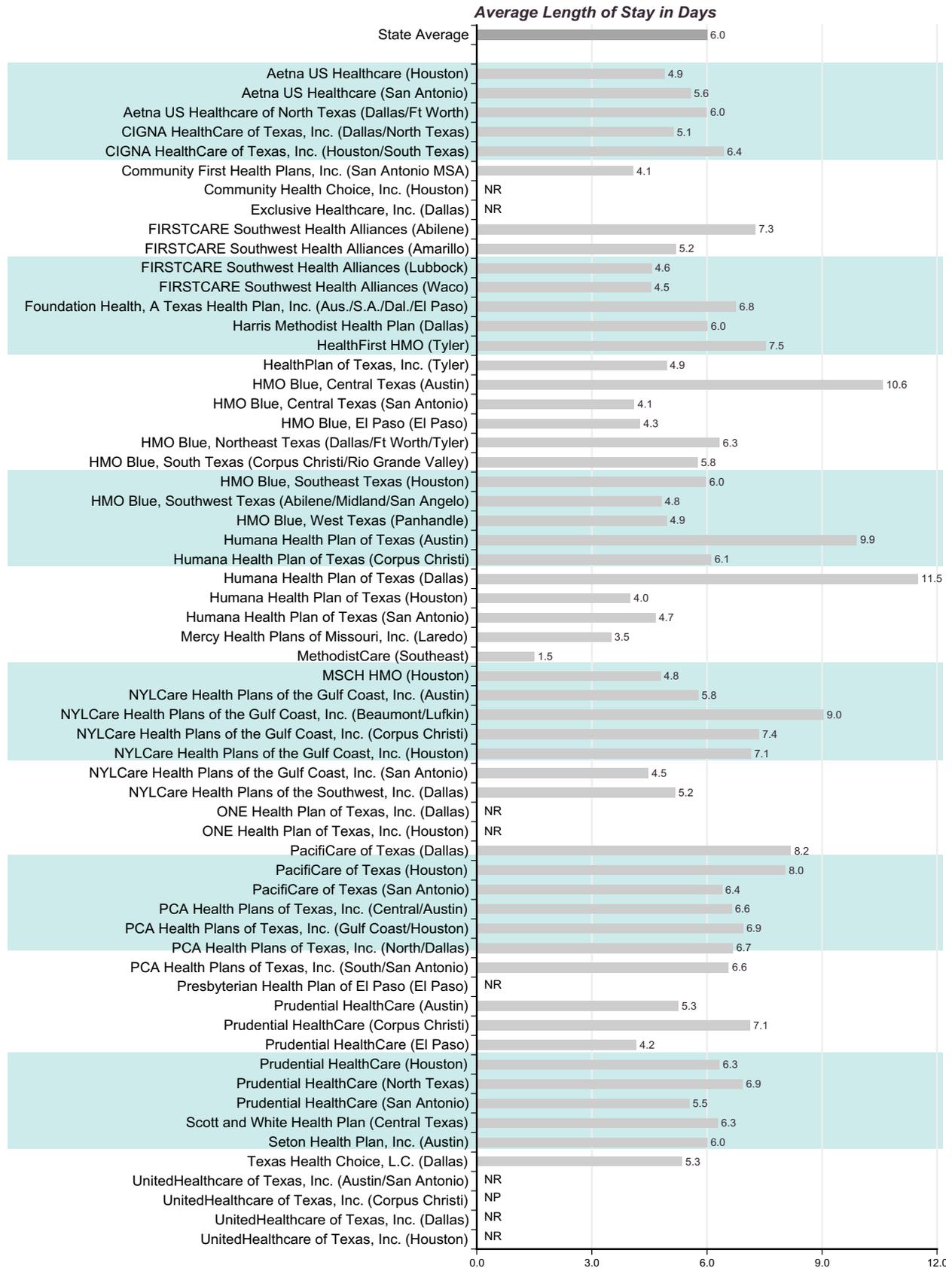
Mental Health Utilization

Discharges per 1,000 Members per Year



Use of Services

Mental Health Utilization



Health Plan Descriptive Information

The **Health Plan Descriptive Information Domain** provides information about a plan's structure, staffing, and enrollment. Although these are not performance measures, this information allows consumers to make informed decisions about their health care by providing relevant background information on plans. This section contains information on a plan's providers, such as the percent of physicians who are board certified, and how their providers are compensated. This information can indicate the qualification of the plan's physicians and what incentives may be in place for the plan's doctors. This section also contains information of a plan's membership. Informing consumers and purchasers about the enrollment characteristics of a plan, by providing a breakdown of membership by age and gender, can explain differences in the types of care provided and volume of services provided.

This section presents Health Plan Descriptive Information data on the following measures:

- Board Certification
- Practitioner Compensation
- Total Enrollment
- Enrollment by Payer

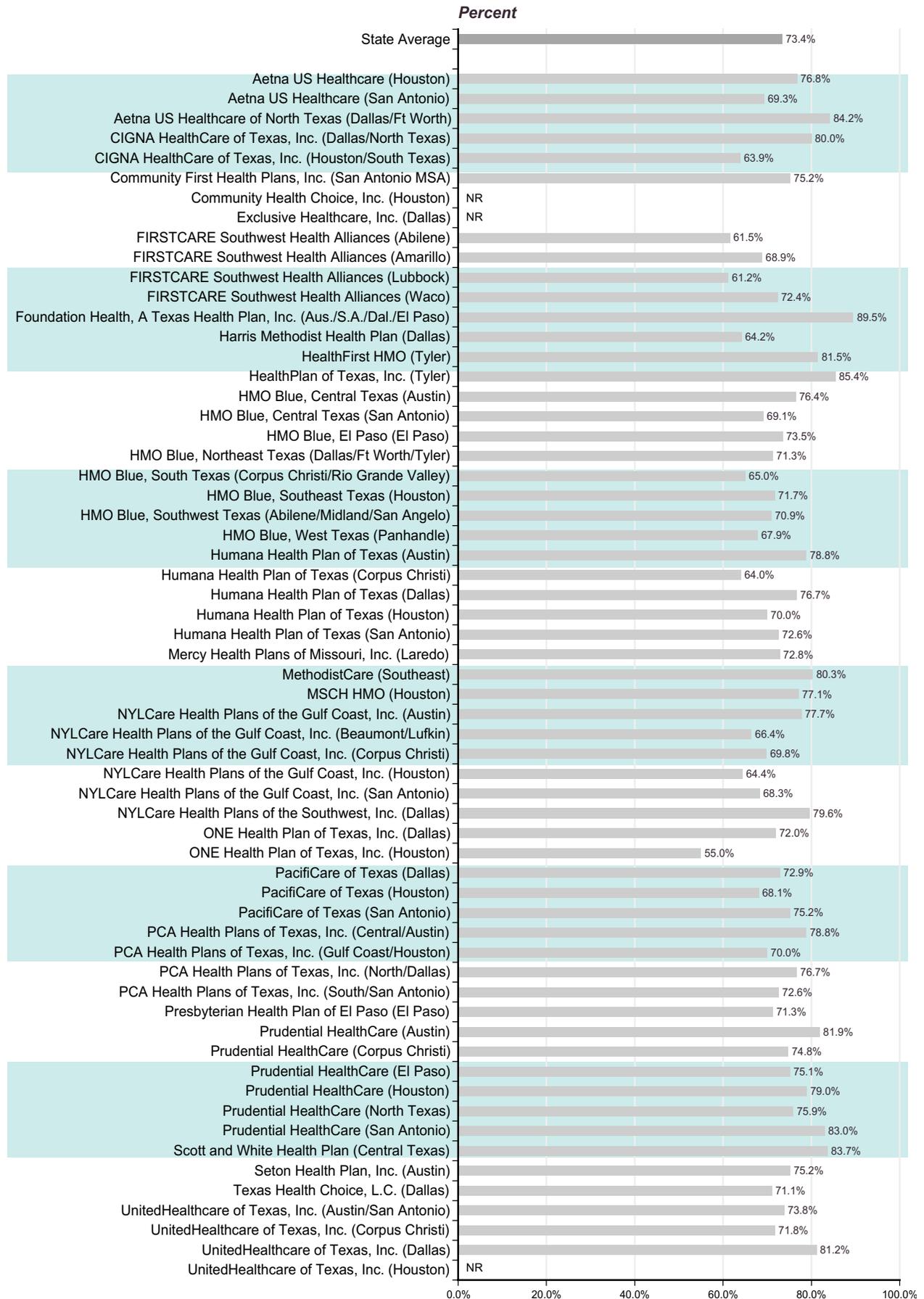
Board Certification - Primary Care Physicians

Board certification is a measure which provides information on a health plan's structure and staffing rather than its overall performance. Although the quality of a health plan's physicians has an impact on the quality of care it is able to provide, this measure alone does not directly measure the quality of each physician that is affiliated with a particular health plan. Physicians who have practiced for some time, or physicians practicing in rural areas, may be less likely to have board certification.

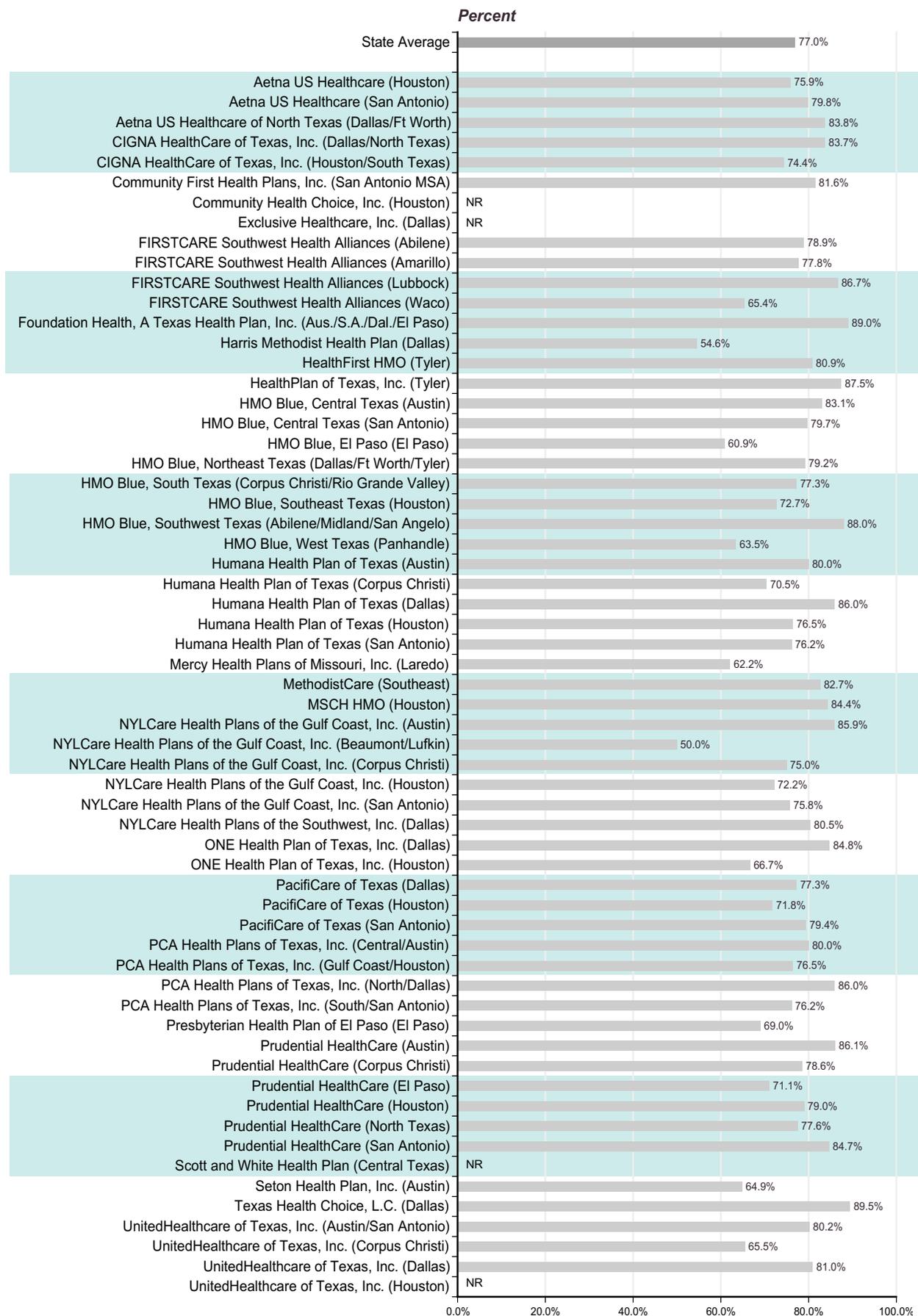
The graphs on the following pages show the proportion of plan physicians who have sought and obtained board certification and indicate the qualifications of the plan's physicians by primary care specialty.

NR - Failed to submit the required data or data not certified by NCQA licensed auditor.
NA - HMOs with fewer than 30 patients for this measure are not reported.

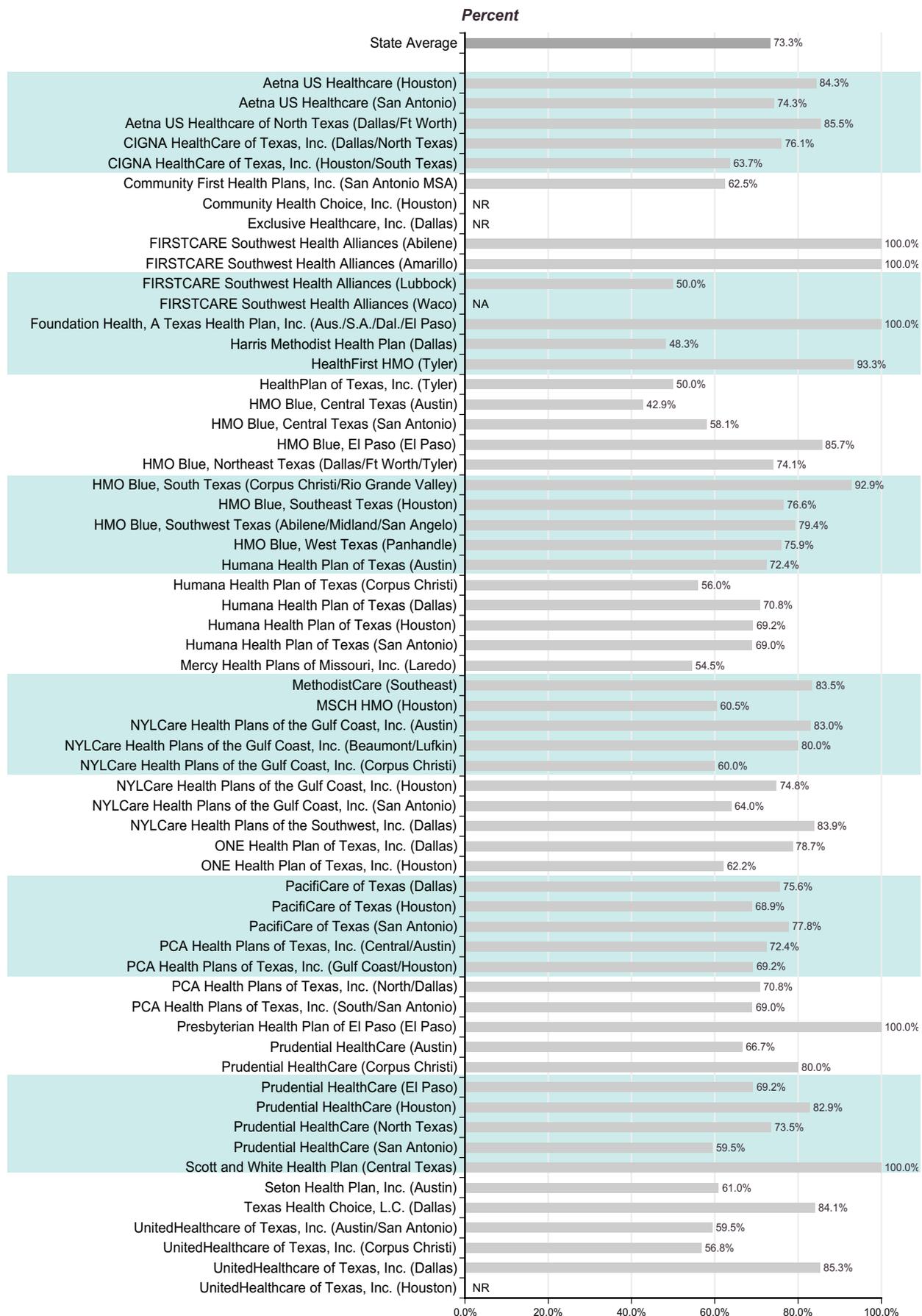
Board Certification - Primary Care Physicians



Board Certification - OB \ GYN Physicians

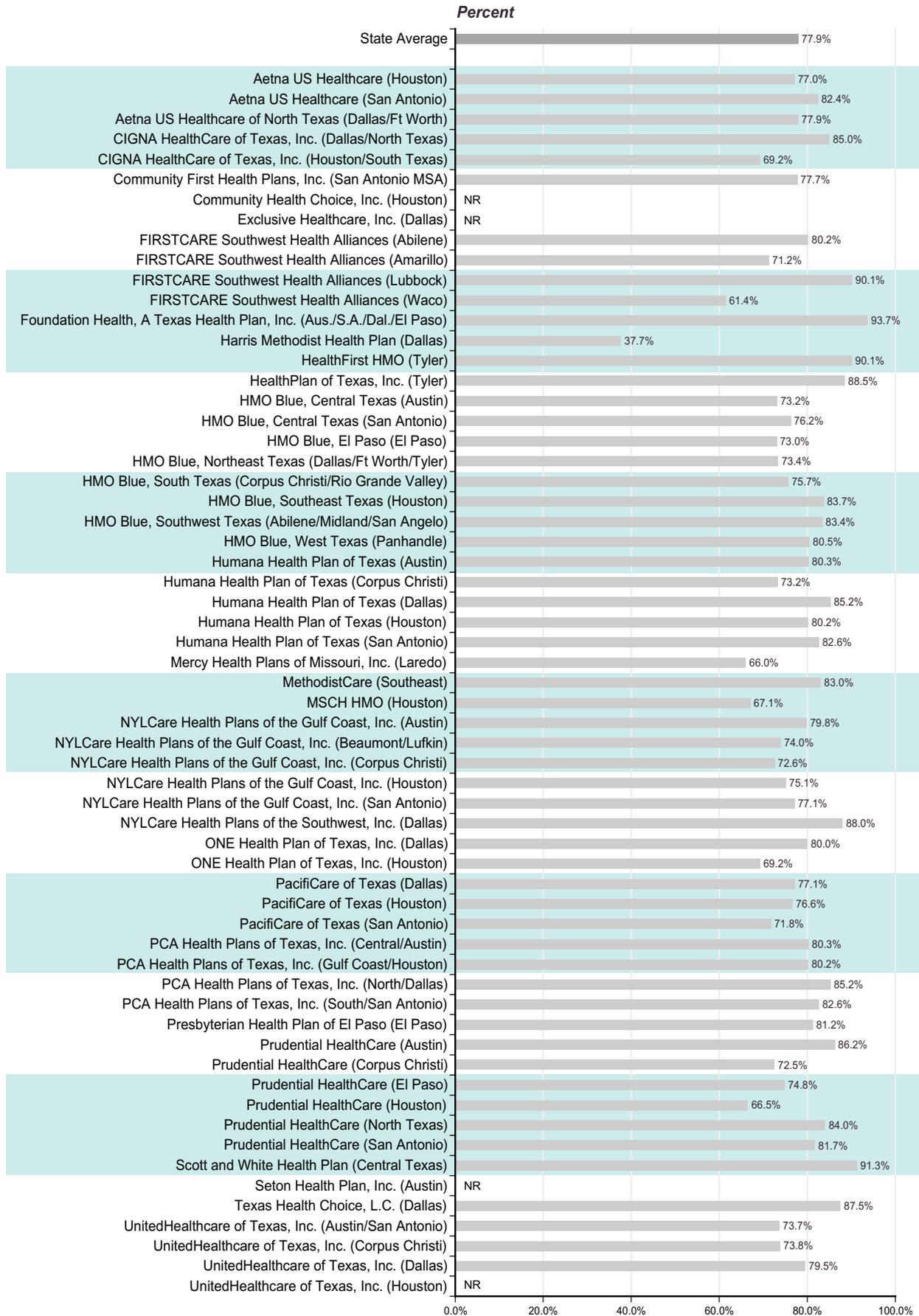


Board Certification - Pediatric Physician Specialists



Health Plan Descriptive Information

Board Certification - All Other Specialists



Practitioner Compensation*

HMOs use a variety of financial arrangements to compensate providers who participate in the health plan. In recent years, consumers and providers have expressed concern that some financial compensation plans act as an inducement for providers to limit medically necessary services. For example, if an HMO provides bonuses or reduces payments to doctors based on the number of specialist referrals a doctor issues, then the doctor may be reluctant to make referrals that he believes are necessary if his pay from the HMO will be reduced.

To address these concerns and others, the Texas Legislature instructed the Texas Department of Insurance to adopt what is now known as “Patient Protection Rules”. Since 1996, these rules specifically prohibit Texas licensed HMOs from using any financial incentives that act as an inducement to limit medically necessary services. For example, HMOs are not allowed to financially penalize doctors because they have a high number of referrals to specialists, or because they use certain services more than other doctors. Doctors also cannot be rewarded for limiting referrals or for limiting the use of services which are costly. However, these rules do not prohibit HMOs from establishing certain practice parameters within which doctors are expected to perform. Under certain conditions, HMOs are allowed to offer bonuses or withhold part of a payment if certain economic conditions are met. Following is a brief description of the payment arrangements most often used by HMOs and providers and an explanation of the acronyms used in the chart on the following page. In the table the data reported are the percent of providers that are paid according to the arrangement described in each column.

FFS: Fee-for-Service

FFS w/o withld/Bns: Fee-for-Service without a Withhold Provision or Bonus

FFS w/withld: Fee-for-Service with a Withholding Provision

FFS w Bns: Fee for Service with a Bonus

Cap w/o withld/Bns: Capitation without a Withholding Provision or Bonus

Cap w/withld: Capitation with a Withholding Provision

Cap w/Bns: Capitation with a Bonus

Other: The percentage of providers with some other financial arrangement

* Narrative provided by the Texas Department of Insurance

NR - Failed to submit the required data or data not certified by NCQA licensed auditor.
NA - HMOs with fewer than 30 patients for this measure are not reported.

Fee for Service (FFS): the doctor or provider is paid for each service based on a contractual payment schedule between the provider and the HMO. If a bonus provision is included (Fee-for-Service with Bonus), the bonus cannot be used as a reward or incentive for reducing patient services.

Fee-for-Service with a Withholding Provision: the doctor or provider is paid for each service provided, but the HMO withholds a certain amount of the doctor's pay (for example, 10 percent) until the end of the year when the money is paid only if certain cost guidelines are met.

Capitation: the HMO pays the Primary Care Physician (or in some cases a physician group or clinic) a set monthly payment for every HMO member who selects that doctor as his/her Primary Care Physician. The fee is paid every month, regardless of whether the member is treated by the doctor. Plans vary considerably as to what services are included in the monthly fee. Some plans include a wide range of services (such as office visits, lab tests, x-rays, immunizations, certain referrals) while others pay the doctor an additional sum for services other than office visits, thus reducing the doctors' personal liability.

Capitation with Bonus or Withhold Provision : the HMO has a standard capitation agreement (as described above) that includes an added bonus incentive or withhold provision. The withhold provision allows the HMO to keep a percentage of the doctor's monthly payment until the end of the year or contract period. If the doctor meets certain cost-related or performance criteria, the withhold money is then paid to the physician; in the case of a bonus provision, the physician receives a bonus payment. If the criteria are not met, the HMO keeps the money. Neither withhold provisions nor bonus incentives can be used as a reward for withholding necessary services.

In Texas, HMO members are largely protected from the negative impact of certain types of financial arrangements between HMOs and providers. However, physician compensation methods may still have some impact on patient care. The table on the following page provides information on the percentage of providers that are paid under varying financial arrangements within each HMO. Consumers may wish to consult with their own physician if they are concerned about how he or she is compensated by the HMO in which they are enrolled.

Practitioner Compensation

percent of providers paid according to the arrangement described in each column (see page 107 for category definitions)

Plan Name	FFS w/o with/d/Bns	FFS w/with/d	FFS w/Bns	Total FFS	Cap w/o with/d/Bns	Cap w/with/d	Cap w/Bns	Total Cap	Other
Aetna US Healthcare (Houston)	87%	0%	0%	87%	0%	12%	0%	12%	0%
Aetna US Healthcare (San Antonio)	6%	0%	0%	6%	0%	0%	94%	94%	0%
Aetna US Healthcare of North Texas (Dallas/Ft Worth)	30%	0%	0%	30%	61%	0%	9%	70%	0%
CIGNA HealthCare of Texas, Inc. (Dallas/North Texas)	0%	0%	85%	85%	0%	0%	14%	14%	0%
CIGNA HealthCare of Texas, Inc. (Houston/South Texas)	33%	0%	0%	33%	66%	0%	1%	67%	0%
Community First Health Plans, Inc. (San Antonio MSA)	45%	0%	0%	45%	55%	0%	0%	55%	0%
Community Health Choice, Inc. (Houston)	NR	NR	NR	NR	NR	NR	NR	NR	NR
Exclusive Healthcare, Inc. (Dallas)	NR	NR	NR	NR	NR	NR	NR	NR	NR
FIRSTCARE Southwest Health Alliances (Abilene)	0%	93%	0%	93%	0%	0%	0%	0%	7%
FIRSTCARE Southwest Health Alliances (Amarillo)	0%	23%	0%	23%	0%	0%	0%	0%	77%
FIRSTCARE Southwest Health Alliances (Lubbock)	0%	50%	0%	50%	0%	0%	0%	0%	50%
FIRSTCARE Southwest Health Alliances (Waco)	0%	0%	0%	0%	0%	0%	0%	0%	100%
Foundation Health, A Texas Health Plan, Inc. (Aus./S. A./Dal./El Paso)	100%	0%	0%	100%	0%	0%	0%	0%	0%
Harris Methodist Health Plan (Dallas)	70%	NR	NR	70%	30%	NR	NR	30%	NR
HealthFirst HMO (Tyler)	15%	64%	NR	79%	21%	NR	NR	21%	NR
HealthPlan of Texas, Inc. (Tyler)	0%	100%	0%	100%	0%	0%	0%	0%	0%
HMO Blue, Central Texas (Austin)	62%	0%	0%	62%	38%	0%	0%	38%	0%
HMO Blue, Central Texas (San Antonio)	76%	0%	0%	76%	24%	0%	0%	24%	0%
HMO Blue, El Paso (El Paso)	0%	0%	0%	0%	0%	90%	0%	90%	10%
HMO Blue, Northeast Texas (Dallas/Ft Worth/Tyler)	39%	0%	0%	39%	36%	25%	0%	61%	0%
HMO Blue, South Texas (Corpus Christi/Rio Grande Valley)	100%	0%	0%	100%	0%	0%	0%	0%	0%
HMO Blue, Southeast Texas (Houston)	8%	0%	0%	8%	48%	18%	26%	92%	0%
HMO Blue, Southwest Texas (Abilene/Midland/San Angelo)	0%	4%	86%	90%	0%	0%	10%	10%	0%
HMO Blue, West Texas (Panhandle)	0%	0%	100%	100%	0%	0%	0%	0%	0%
Humana Health Plan of Texas (Austin)	16%	0%	0%	16%	70%	0%	15%	85%	0%
Humana Health Plan of Texas (Corpus Christi)	26%	0%	7%	33%	58%	0%	9%	67%	0%
Humana Health Plan of Texas (Dallas)	62%	0%	0%	62%	38%	0%	0%	38%	0%
Humana Health Plan of Texas (Houston)	11%	0%	0%	11%	89%	0%	0%	89%	0%
Humana Health Plan of Texas (San Antonio)	0%	0%	0%	0%	7%	0%	4%	11%	89%
Mercy Health Plans of Missouri, Inc. (Laredo)	100%	0%	0%	100%	0%	0%	0%	0%	0%
MethodistCare (Southeast)	79%	0%	0%	79%	21%	0%	0%	21%	0%
MSCH HMO (Houston)	87%	0%	0%	87%	13%	0%	0%	13%	0%
NYLCare Health Plans of the Gulf Coast, Inc. (Austin)	19%	0%	0%	19%	81%	0%	0%	81%	0%
NYLCare Health Plans of the Gulf Coast, Inc. (Beaumont/Lufkin)	19%	0%	0%	19%	81%	0%	0%	81%	0%
NYLCare Health Plans of the Gulf Coast, Inc. (Corpus Christi)	12%	0%	0%	12%	88%	0%	0%	88%	0%
NYLCare Health Plans of the Gulf Coast, Inc. (Houston)	6%	0%	0%	6%	92%	0%	2%	94%	0%
NYLCare Health Plans of the Gulf Coast, Inc. (San Antonio)	4%	0%	0%	4%	96%	0%	0%	96%	0%
NYLCare Health Plans of the Southwest, Inc. (Dallas)	25%	0%	18%	43%	35%	0%	22%	57%	0%
ONE Health Plan of Texas, Inc. (Dallas)	39%	NR	61%	100%	NR	NR	NR	0%	NR
ONE Health Plan of Texas, Inc. (Houston)	16%	NR	84%	100%	NR	NR	NR	0%	NR
PacifiCare of Texas (Dallas)	11%	NR	NR	11%	87%	NR	3%	90%	NR
PacifiCare of Texas (Houston)	4%	NR	NR	4%	NR	13%	83%	96%	NR
PacifiCare of Texas (San Antonio)	2%	NR	NR	2%	NR	NR	98%	98%	NR
PCA Health Plans of Texas, Inc. (Central/Austin)	0%	0%	0%	0%	100%	0%	0%	100%	0%
PCA Health Plans of Texas, Inc. (Gulf Coast/Houston)	11%	0%	0%	11%	89%	0%	0%	89%	0%
PCA Health Plans of Texas, Inc. (North/Dallas)	36%	0%	0%	36%	64%	0%	0%	64%	0%
PCA Health Plans of Texas, Inc. (South/San Antonio)	0%	0%	0%	0%	7%	0%	4%	11%	89%
Presbyterian Health Plan of El Paso (El Paso)	0%	0%	0%	0%	100%	0%	0%	100%	NR
Prudential HealthCare (Austin)	NR	NR	NR	0%	NR	NR	NR	0%	NR
Prudential HealthCare (Corpus Christi)	NR	NR	NR	0%	NR	NR	NR	0%	NR
Prudential HealthCare (El Paso)	NR	NR	NR	0%	NR	NR	NR	0%	NR
Prudential HealthCare (Houston)	NR	NR	NR	0%	NR	NR	NR	0%	NR
Prudential HealthCare (North Texas)	NR	NR	NR	0%	NR	NR	NR	0%	NR
Prudential HealthCare (San Antonio)	NR	NR	NR	0%	NR	NR	NR	0%	NR
Scott and White Health Plan (Central Texas)	NR	NR	NR	0%	NR	NR	NR	0%	NR
Seton Health Plan, Inc. (Austin)	100%	NR	NR	100%	NR	NR	NR	0%	NR
Texas Health Choice, L.C. (Dallas)	0%	0%	0%	0%	30%	0%	70%	100%	0%
UnitedHealthcare of Texas, Inc. (Austin/San Antonio)	90%	0%	0%	90%	10%	0%	0%	10%	0%
UnitedHealthcare of Texas, Inc. (Corpus Christi)	0%	72%	0%	72%	0%	0%	1%	1%	27%
UnitedHealthcare of Texas, Inc. (Dallas)	90%	0%	0%	90%	10%	0%	0%	10%	0%
UnitedHealthcare of Texas, Inc. (Houston)	100%	0%	0%	100%	0%	0%	0%	0%	0%

Health Plan Descriptive Information

Total Enrollment

The percentage of plan members enrolled by payer.

Generally speaking, there are three product lines offered by Texas HMOs: commercial, medicare, and medicaid. While this report only includes HEDIS® data on commercial members, the following page shows what proportion of the HMO's total business is represented in each product line. Commercial members may be enrolled through an employer group policy or through an individual policy. Medicare members are enrolled through a contract between the Health Care Financing Administration (HCFA) and the health plan. Medicaid members are enrolled through a contract between the state Medicaid agency (Texas Department of Health) and the health plan.

The following table shows the percentage of the plan's membership enrolled in their commercial, Medicaid, or Medicare product lines.

NR - Failed to submit the required data or data not certified by NCQA licensed auditor.

Total Enrollment

Total Enrollment Percent

Plan Name	Commercial	Medicaid	Medicare
Aetna US Healthcare (Houston)	100%	0%	0%
Aetna US Healthcare (San Antonio)	100%	0%	0%
Aetna US Healthcare of North Texas (Dallas/Ft Worth)	100%	0%	0%
CIGNA HealthCare of Texas, Inc. (Dallas/North Texas)	100%	0%	0%
CIGNA HealthCare of Texas, Inc. (Houston/South Texas)	98%	0%	2%
Community First Health Plans, Inc. (San Antonio MSA)	36%	64%	0%
Community Health Choice, Inc. (Houston)	NR	NR	NR
Exclusive Healthcare, Inc. (Dallas)	NR	NR	NR
FIRSTCARE Southwest Health Alliances (Abilene)	100%	0%	0%
FIRSTCARE Southwest Health Alliances (Amarillo)	100%	0%	0%
FIRSTCARE Southwest Health Alliances (Lubbock)	100%	0%	0%
FIRSTCARE Southwest Health Alliances (Waco)	100%	0%	0%
Foundation Health, A Texas Health Plan, Inc. (Aus./S. A./Dal./El Paso)	100%	0%	0%
Harris Methodist Health Plan (Dallas)	56%	37%	7%
HealthFirst HMO (Tyler)	100%	0%	0%
HealthPlan of Texas, Inc. (Tyler)	100%	0%	0%
HMO Blue, Central Texas (Austin)	73%	27%	0%
HMO Blue, Central Texas (San Antonio)	28%	72%	0%
HMO Blue, El Paso (El Paso)	100%	0%	0%
HMO Blue, Northeast Texas (Dallas/Ft Worth/Tyler)	81%	19%	0%
HMO Blue, South Texas (Corpus Christi/Rio Grande Valley)	100%	0%	0%
HMO Blue, Southeast Texas (Houston)	61%	39%	0%
HMO Blue, Southwest Texas (Abilene/Midland/San Angelo)	100%	0%	0%
HMO Blue, West Texas (Panhandle)	87%	13%	0%
Humana Health Plan of Texas (Austin)	92%	0%	8%
Humana Health Plan of Texas (Corpus Christi)	57%	0%	43%
Humana Health Plan of Texas (Dallas)	39%	0%	61%
Humana Health Plan of Texas (Houston)	44%	0%	56%
Humana Health Plan of Texas (San Antonio)	71%	0%	29%
Mercy Health Plans of Missouri, Inc. (Laredo)	89%	8%	3%
MethodistCare (Southeast)	63%	37%	0%
MSCH HMO (Houston)	33%	48%	19%
NYLCare Health Plans of the Gulf Coast, Inc. (Austin)	35%	0%	65%
NYLCare Health Plans of the Gulf Coast, Inc. (Beaumont/Lufkin)	6%	0%	94%
NYLCare Health Plans of the Gulf Coast, Inc. (Corpus Christi)	82%	0%	18%
NYLCare Health Plans of the Gulf Coast, Inc. (Houston)	87%	0%	13%
NYLCare Health Plans of the Gulf Coast, Inc. (San Antonio)	11%	0%	89%
NYLCare Health Plans of the Southwest, Inc. (Dallas)	83%	0%	17%
ONE Health Plan of Texas, Inc. (Dallas)	100%	0%	0%
ONE Health Plan of Texas, Inc. (Houston)	100%	0%	0%
PacifiCare of Texas (Dallas)	72%	0%	28%
PacifiCare of Texas (Houston)	68%	0%	32%
PacifiCare of Texas (San Antonio)	63%	0%	37%
PCA Health Plans of Texas, Inc. (Central/Austin)	82%	16%	2%
PCA Health Plans of Texas, Inc. (Gulf Coast/Houston)	78%	0%	22%
PCA Health Plans of Texas, Inc. (North/Dallas)	87%	13%	0%
PCA Health Plans of Texas, Inc. (South/San Antonio)	43%	44%	12%
Presbyterian Health Plan of El Paso (El Paso)	100%	0%	0%
Prudential HealthCare (Austin)	100%	0%	0%
Prudential HealthCare (Corpus Christi)	100%	0%	0%
Prudential HealthCare (El Paso)	100%	0%	0%
Prudential HealthCare (Houston)	97%	0%	3%
Prudential HealthCare (North Texas)	100%	0%	0%
Prudential HealthCare (San Antonio)	97%	0%	3%
Scott and White Health Plan (Central Texas)	88%	0%	12%
Seton Health Plan, Inc. (Austin)	100%	0%	0%
Texas Health Choice, L.C. (Dallas)	99%	0%	1%
UnitedHealthcare of Texas, Inc. (Austin/San Antonio)	100%	0%	0%
UnitedHealthcare of Texas, Inc. (Corpus Christi)	100%	0%	0%
UnitedHealthcare of Texas, Inc. (Dallas)	97%	0%	3%
UnitedHealthcare of Texas, Inc. (Houston)	100%	0%	0%

Enrollment by Payer

The percentage of total members stratified by gender and age for the commercial product line.

Membership data by gender and age may help explain the differences in the types of care and the total volume of services a health plan provides. For example, since there are more cancers in an older population and some diseases affect men and women differently, it is important to consider the gender and age breakdown of the health plan when comparing utilization rates.

The following tables show the percentage of females and males in the plan by the following categories:

Males Age 0 - 19
Males Age 20 - 44
Males Age 45 - 64
Males Age 65 +
Males Total

Females Age 0 - 19
Females Age 20 - 24
Females Age 45 - 64
Females Age 65 +
Females Total

NR - Failed to submit the required data or data not certified by NCQA licensed auditor.

Enrollment by Payer - Males

percent of total plan enrollment by specific age categories

Plan Name	Age group 0-19	Age group 20-44	Age group 45-64	Age group 65+	Total Male
Aetna US Healthcare (Houston)	17.0%	21.5%	9.7%	0.4%	48.6%
Aetna US Healthcare (San Antonio)	16.6%	23.2%	10.3%	0.4%	50.5%
Aetna US Healthcare of North Texas (Dallas/Ft Worth)	16.2%	21.2%	10.2%	0.8%	48.4%
CIGNA HealthCare of Texas, Inc. (Dallas/North Texas)	18.1%	22.1%	8.9%	0.5%	49.6%
CIGNA HealthCare of Texas, Inc. (Houston/South Texas)	17.9%	20.6%	11.9%	0.3%	50.7%
Community First Health Plans, Inc. (San Antonio MSA)	18.4%	21.7%	6.2%	0.2%	46.6%
Community Health Choice, Inc. (Houston)	NR	NR	NR	NR	NR
Exclusive Healthcare, Inc. (Dallas)	NR	NR	NR	NR	NR
FIRSTCARE Southwest Health Alliances (Abilene)	17.6%	17.8%	11.0%	0.6%	47.1%
FIRSTCARE Southwest Health Alliances (Amarillo)	17.5%	16.7%	11.6%	1.0%	46.9%
FIRSTCARE Southwest Health Alliances (Lubbock)	17.8%	17.4%	10.0%	0.7%	45.9%
FIRSTCARE Southwest Health Alliances (Waco)	16.9%	15.8%	10.1%	0.7%	43.6%
Foundation Health, A Texas Health Plan, Inc. (Aus./S. A./Dal./El Paso)	17.5%	21.0%	9.3%	0.3%	48.1%
Harris Methodist Health Plan (Dallas)	16.5%	19.1%	11.8%	0.9%	48.3%
HealthFirst HMO (Tyler)	NR	NR	NR	NR	NR
HealthPlan of Texas, Inc. (Tyler)	17.6%	15.9%	15.9%	0.5%	49.8%
HMO Blue, Central Texas (Austin)	14.7%	19.4%	10.6%	1.0%	45.7%
HMO Blue, Central Texas (San Antonio)	14.6%	20.0%	11.2%	0.7%	46.5%
HMO Blue, El Paso (El Paso)	19.6%	19.7%	7.5%	0.3%	47.1%
HMO Blue, Northeast Texas (Dallas/Ft Worth/Tyler)	16.8%	22.2%	9.0%	0.6%	48.6%
HMO Blue, South Texas (Corpus Christi/Rio Grande Valley)	19.8%	19.6%	7.4%	0.9%	47.7%
HMO Blue, Southeast Texas (Houston)	16.6%	20.3%	9.4%	0.4%	46.7%
HMO Blue, Southwest Texas (Abilene/Midland/San Angelo)	17.9%	18.4%	10.0%	0.8%	47.2%
HMO Blue, West Texas (Panhandle)	18.3%	19.6%	9.4%	0.6%	47.8%
Humana Health Plan of Texas (Austin)	16.9%	16.2%	11.0%	1.6%	45.7%
Humana Health Plan of Texas (Corpus Christi)	18.2%	14.2%	14.6%	2.3%	49.4%
Humana Health Plan of Texas (Dallas)	15.8%	20.4%	9.5%	0.7%	46.4%
Humana Health Plan of Texas (Houston)	18.0%	22.1%	9.0%	0.4%	49.5%
Humana Health Plan of Texas (San Antonio)	16.7%	15.0%	13.1%	2.4%	47.3%
Mercy Health Plans of Missouri, Inc. (Laredo)	22.5%	17.3%	6.5%	0.2%	46.6%
MethodistCare (Southeast)	16.4%	20.5%	7.1%	0.2%	44.0%
MSCH HMO (Houston)	18.5%	18.2%	7.9%	0.2%	44.9%
NYLCare Health Plans of the Gulf Coast, Inc. (Austin)	16.9%	19.9%	8.7%	0.5%	46.1%
NYLCare Health Plans of the Gulf Coast, Inc. (Beaumont/Lufkin)	15.8%	17.8%	12.4%	1.2%	47.2%
NYLCare Health Plans of the Gulf Coast, Inc. (Corpus Christi)	19.2%	19.2%	8.2%	0.4%	47.0%
NYLCare Health Plans of the Gulf Coast, Inc. (Houston)	18.1%	18.2%	10.1%	0.9%	47.4%
NYLCare Health Plans of the Gulf Coast, Inc. (San Antonio)	14.9%	22.4%	9.0%	0.4%	46.7%
NYLCare Health Plans of the Southwest, Inc. (Dallas)	16.5%	18.8%	10.8%	0.7%	46.9%
ONE Health Plan of Texas, Inc. (Dallas)	11.7%	32.3%	9.0%	0.1%	53.0%
ONE Health Plan of Texas, Inc. (Houston)	10.9%	36.7%	12.2%	0.4%	60.2%
PacifiCare of Texas (Dallas)	16.9%	22.6%	10.1%	0.3%	50.0%
PacifiCare of Texas (Houston)	17.7%	22.6%	9.7%	0.3%	50.3%
PacifiCare of Texas (San Antonio)	17.8%	17.9%	10.2%	0.8%	46.8%
PCA Health Plans of Texas, Inc. (Central/Austin)	17.2%	19.1%	10.3%	0.8%	47.3%
PCA Health Plans of Texas, Inc. (Gulf Coast/Houston)	16.6%	21.3%	10.4%	0.4%	48.7%
PCA Health Plans of Texas, Inc. (North/Dallas)	15.5%	20.9%	12.7%	0.5%	49.6%
PCA Health Plans of Texas, Inc. (South/San Antonio)	16.2%	19.2%	11.0%	0.5%	46.9%
Presbyterian Health Plan of El Paso (El Paso)	20.4%	20.2%	6.6%	0.2%	47.4%
Prudential HealthCare (Austin)	15.3%	22.9%	10.5%	1.3%	50.1%
Prudential HealthCare (Corpus Christi)	17.6%	19.4%	10.8%	1.1%	48.8%
Prudential HealthCare (El Paso)	17.9%	20.2%	9.3%	0.7%	48.1%
Prudential HealthCare (Houston)	16.8%	19.0%	11.3%	0.9%	48.1%
Prudential HealthCare (North Texas)	15.6%	20.2%	11.2%	0.9%	47.9%
Prudential HealthCare (San Antonio)	16.6%	19.4%	10.1%	1.0%	47.2%
Scott and White Health Plan (Central Texas)	16.9%	18.5%	10.9%	1.8%	48.1%
Seton Health Plan, Inc. (Austin)	16.7%	15.1%	6.8%	0.2%	38.8%
Texas Health Choice, L.C. (Dallas)	17.1%	19.0%	10.9%	0.8%	47.9%
UnitedHealthcare of Texas, Inc. (Austin/San Antonio)	17.3%	23.8%	8.6%	0.2%	49.9%
UnitedHealthcare of Texas, Inc. (Corpus Christi)	17.5%	16.6%	11.3%	0.9%	46.3%
UnitedHealthcare of Texas, Inc. (Dallas)	17.2%	22.0%	8.3%	0.2%	47.8%
UnitedHealthcare of Texas, Inc. (Houston)	17.9%	21.5%	9.6%	0.2%	49.2%

Health Plan Descriptive Information

Enrollment by Payer - Females

percent of total plan enrollment by specific age categories

Plan Name	Age group 0-19	Age group 20-44	Age group 45-64	Age group 65+	Total Female
Aetna US Healthcare (Houston)	16.1%	24.6%	10.4%	0.3%	51.4%
Aetna US Healthcare (San Antonio)	17.1%	24.3%	7.9%	0.2%	49.5%
Aetna US Healthcare of North Texas (Dallas/Ft Worth)	15.7%	24.2%	11.1%	0.7%	51.6%
CIGNA HealthCare of Texas, Inc. (Dallas/North Texas)	17.5%	23.8%	8.7%	0.4%	50.4%
CIGNA HealthCare of Texas, Inc. (Houston/South Texas)	17.2%	21.6%	10.3%	0.2%	49.3%
Community First Health Plans, Inc. (San Antonio MSA)	17.3%	27.0%	8.7%	0.4%	53.4%
Community Health Choice, Inc. (Houston)	NR	NR	NR	NR	NR
Exclusive Healthcare, Inc. (Dallas)	NR	NR	NR	NR	NR
FIRSTCARE Southwest Health Alliances (Abilene)	16.5%	22.9%	12.9%	0.6%	52.9%
FIRSTCARE Southwest Health Alliances (Amarillo)	16.6%	21.9%	13.7%	1.0%	53.1%
FIRSTCARE Southwest Health Alliances (Lubbock)	17.2%	24.0%	12.3%	0.6%	54.1%
FIRSTCARE Southwest Health Alliances (Waco)	16.2%	24.7%	14.9%	0.7%	56.4%
Foundation Health, A Texas Health Plan, Inc. (Aus./S. A./Dal./El Paso)	15.8%	23.9%	11.8%	0.4%	51.9%
Harris Methodist Health Plan (Dallas)	15.9%	22.1%	12.9%	0.8%	51.7%
HealthFirst HMO (Tyler)	NR	NR	NR	NR	NR
HealthPlan of Texas, Inc. (Tyler)	17.4%	17.4%	15.1%	0.2%	50.2%
HMO Blue, Central Texas (Austin)	14.1%	26.3%	12.9%	1.0%	54.3%
HMO Blue, Central Texas (San Antonio)	14.3%	26.1%	12.5%	0.7%	53.5%
HMO Blue, El Paso (El Paso)	19.0%	24.8%	8.7%	0.3%	52.9%
HMO Blue, Northeast Texas (Dallas/Ft Worth/Tyler)	16.3%	24.8%	9.7%	0.6%	51.4%
HMO Blue, South Texas (Corpus Christi/Rio Grande Valley)	19.1%	24.2%	8.4%	0.7%	52.3%
HMO Blue, Southeast Texas (Houston)	16.2%	24.6%	12.1%	0.4%	53.3%
HMO Blue, Southwest Texas (Abilene/Midland/San Angelo)	17.3%	23.3%	11.7%	0.5%	52.8%
HMO Blue, West Texas (Panhandle)	17.4%	23.8%	10.6%	0.4%	52.2%
Humana Health Plan of Texas (Austin)	15.9%	23.7%	12.7%	2.0%	54.3%
Humana Health Plan of Texas (Corpus Christi)	17.1%	18.2%	13.2%	2.1%	50.6%
Humana Health Plan of Texas (Dallas)	16.4%	24.9%	11.7%	0.7%	53.6%
Humana Health Plan of Texas (Houston)	17.0%	24.2%	9.0%	0.3%	50.5%
Humana Health Plan of Texas (San Antonio)	16.0%	20.1%	14.5%	2.2%	52.7%
Mercy Health Plans of Missouri, Inc. (Laredo)	21.1%	24.0%	8.2%	0.2%	53.4%
MethodistCare (Southeast)	15.6%	30.0%	10.2%	0.1%	56.0%
MSCH HMO (Houston)	17.5%	26.2%	11.2%	0.2%	55.1%
NYLCare Health Plans of the Gulf Coast, Inc. (Austin)	16.1%	26.5%	10.9%	0.4%	53.9%
NYLCare Health Plans of the Gulf Coast, Inc. (Beaumont/Lufkin)	14.5%	23.0%	14.8%	0.6%	52.8%
NYLCare Health Plans of the Gulf Coast, Inc. (Corpus Christi)	18.0%	24.8%	9.7%	0.4%	53.0%
NYLCare Health Plans of the Gulf Coast, Inc. (Houston)	17.4%	22.8%	11.5%	0.9%	52.6%
NYLCare Health Plans of the Gulf Coast, Inc. (San Antonio)	14.5%	28.2%	10.3%	0.4%	53.3%
NYLCare Health Plans of the Southwest, Inc. (Dallas)	16.0%	23.5%	12.9%	0.7%	53.1%
ONE Health Plan of Texas, Inc. (Dallas)	11.1%	28.4%	7.2%	0.2%	47.0%
ONE Health Plan of Texas, Inc. (Houston)	10.2%	22.7%	6.8%	0.1%	39.8%
PacifiCare of Texas (Dallas)	16.3%	23.6%	9.8%	0.3%	50.0%
PacifiCare of Texas (Houston)	17.1%	23.0%	9.3%	0.2%	49.7%
PacifiCare of Texas (San Antonio)	17.2%	23.7%	11.6%	0.7%	53.2%
PCA Health Plans of Texas, Inc. (Central/Austin)	16.5%	23.8%	11.6%	0.7%	52.7%
PCA Health Plans of Texas, Inc. (Gulf Coast/Houston)	16.1%	24.0%	10.9%	0.3%	51.3%
PCA Health Plans of Texas, Inc. (North/Dallas)	14.9%	22.9%	12.3%	0.3%	50.4%
PCA Health Plans of Texas, Inc. (South/San Antonio)	14.9%	24.4%	13.4%	0.5%	53.1%
Presbyterian Health Plan of El Paso (El Paso)	18.7%	25.4%	8.3%	0.2%	52.6%
Prudential HealthCare (Austin)	14.6%	23.6%	10.4%	1.3%	49.9%
Prudential HealthCare (Corpus Christi)	16.5%	22.1%	11.4%	1.2%	51.2%
Prudential HealthCare (El Paso)	18.0%	24.1%	9.2%	0.7%	51.9%
Prudential HealthCare (Houston)	16.1%	22.9%	12.0%	0.9%	51.9%
Prudential HealthCare (North Texas)	16.6%	22.8%	11.7%	1.0%	52.1%
Prudential HealthCare (San Antonio)	15.6%	24.3%	11.8%	1.1%	52.8%
Scott and White Health Plan (Central Texas)	16.3%	21.8%	12.0%	1.8%	51.9%
Seton Health Plan, Inc. (Austin)	16.5%	32.1%	12.4%	0.2%	61.2%
Texas Health Choice, L.C. (Dallas)	16.5%	22.8%	12.1%	0.7%	52.1%
UnitedHealthcare of Texas, Inc. (Austin/San Antonio)	16.6%	24.7%	8.7%	0.1%	50.1%
UnitedHealthcare of Texas, Inc. (Corpus Christi)	16.9%	22.0%	13.9%	0.8%	53.7%
UnitedHealthcare of Texas, Inc. (Dallas)	16.6%	26.0%	9.4%	0.2%	52.2%
UnitedHealthcare of Texas, Inc. (Houston)	17.0%	23.8%	9.8%	0.2%	50.8%

TECHNICAL APPENDIX

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Methods and Statistical Issues

In order to accommodate differences in HMO data systems and technical capabilities, HEDIS® 1999 gives plans a choice to use either an administrative records technique or a hybrid method to calculate many of the performance measures reported by *Straight Talk* for the effectiveness of care, and use of services domains. The administrative records approach entails a two step process in which all records in a health plan's administrative database are queried to determine the denominator population and then the selected records are reviewed for inclusion in the numerator. The hybrid method, on the other hand, is sample driven, requiring random selection of enrollees to form the denominator followed by examination of administrative and medical records for evidence of a numerator event.

A third data gathering and analysis technique, survey research, is used for the Satisfaction with the Experience of Care Domain. The standardized survey instrument employed for HEDIS® 1999 is the Consumer Assessment of Health Plans Study, Version 2.0 (CAHPS™ 2.0H). This survey is administered through the mail with a telephone follow-up to members not responding by mail. It asks consumers to score various aspects of their experience with their health plan. Starting with this year, HEDIS® 1999 requires health plans to contract with independent survey vendors certified by NCQA to administer the survey.

HEDIS® 1999 requires continuous enrollment of members counted in rate denominators. Continuous enrollment criteria are measure specific, but typically, this condition is satisfied when an individual is an active plan member for the duration of time, usually one year. One break in enrollment of up to 45 days per year is usually allowed to account for a change in employment.

HEDIS® measures reported in *Straight Talk* meet rigorous standards for public release. THCIC required review of all health plan data submissions by an NCQA licensed auditor (see page 121 for plan auditors). Data not certified through this process are denoted in *Straight Talk* with an "NR" (Not Reportable). Other data may meet NCQA audit standards but are suppressed due to statistical considerations. These situations, which include rates calculated from less than 30 denominator observations are designated as "NA" (Not Applicable). All data underwent a final review by THCIC before publication. Data which were found to have errors confirmed by the plans upon this final review are designated with an "NP" (Not Published).

Measures from Effectiveness of Care, Satisfaction with Experience of Care, Health Plan Stability, Health Plan Descriptive and Use of Services Domains were tested using a 95% confidence interval to determine if they differ significantly from the average of all HMOs in the State. NCQA suggests the following formula for statistical significance testing on HEDIS® measures:

$$(\text{Planrate} - \text{*Stateavg}) \pm 1.96 \sqrt{(\text{SE plan})^2 + (\text{SE *Stateavg})^2}$$

Where:

Planrate = rate reported for the plan

*Stateavg = unweighted mean for all plans in Texas minus the comparison plan

SE plan = standard error for the plan

SE *Stateavg = standard error for the average for all plans in Texas

The equation for a plan standard error (SE plan) is as follows:

$$\sqrt{\frac{p(1-p)}{m-1}}$$

Where:

m = number of members in the sample

p = plan rate

The standard error for all plans in Texas (minus the comparison plan) is calculated like this:

$$\sqrt{\frac{1}{n^2} \sum_i^n \frac{1}{m_i-1} p_i(1-p_i)}$$

Where:

n = number of plans with valid rates minus 1

i = a plan

m = number of members in the sample

p = plan rate

Rates are considered statistically significant if the interval produced by the above test does not include zero. *Straight Talk* reports measures with a diamond (♦) when plan performance is not rated as statistically different from the average of all plans in the state. Otherwise, the measure is reported as either higher (△) or lower (▼) than the state average. Please keep in mind that higher does not always mean better. A high cesarean rate, for example, may indicate below average performance at managing delivery. Results of HEDIS statistical significance testing should be interpreted carefully as should any conclusions drawn from direct comparisons of plans. Statistical tests account only for random or chance variations in measurement. HEDIS® does not control for underlying differences in plan population characteristics such as age or health status. For some HEDIS® measures, this lack of risk adjustment could lead readers to erroneously accept the proposition that apparent superior or inferior performance is due to quality of care when in fact it derives from a positive or negative case mix.

State averages for specific measures were calculated as the arithmetic mean of individual health plan rates with denominators greater than or equal to 30 observations. Regional averages were calculated in a similar manner for the THCIC HMO consumer guides.

Straight Talk reports benchmarks from NCQA's National Summary Statistics and the U.S. Public Health Service's *Healthy People 2000* where appropriate. NCQA's National Averages are based on HEDIS® data voluntarily reported to NCQA by nearly 360 health plans throughout the country. NCQA intends its HEDIS® database to serve primarily as a decision and management support tool for benefits managers, consultants, policy makers, and health plans.

Healthy People 2000 are national objectives for the improved health of Americans set by the United States Public Health Service. *Healthy People 2000* standards are reported in *Straight Talk* because they are widely accepted as goals for public and private health care organizations. However, readers should bear in mind that 1) HEDIS® indicates current health status; *Healthy People 2000* represent expected future performance, 2) HEDIS® measures are for an insured population; *Healthy People 2000* are for the entire population and 3) precise definitions and methods used in HEDIS® and *Healthy People 2000* vary for some measures.

1. Health Maintenance Organizations in Maryland: A Comprehensive Performance Report (1997), State of Maryland Health care Access and Cost Commission (HCACC).

Texas Health Care Information Council Subset of HEDIS® 1999 Measures for 1998 Membership

Effectiveness of Care Domain

Childhood Immunization Status
Adolescent Immunization Status (NOTE: MMR only)
Breast Cancer Screening
Cervical Cancer Screening
Prenatal Care in the First Trimester
Check-Ups after Delivery
Cholesterol Management after Acute Cardiovascular Events (* LDL-C level <130 mg\dl)
Eye Exams for People with Diabetes
Follow-Up after Hospitalization for Mental Illness
*Antidepressant Management

Satisfaction with the Experience of Care Domain

CAHPS™ 2.0H

Health Plan Stability Domain

Practitioner Turnover
**Years in Business/Total Membership
**Indicators of Financial Stability

Use of Services Domain

Well-Child Visits in the First 15 Months of Life
Frequency of Selected Procedures:
· Angioplasty\PTCA (male ages 45-64)
· Cardiac Catheterization (females ages 45-64)
· Cardiac Catheterization (males ages 30-64)
· CABG (males 45-64)
· Cholecystectomy (males ages 30-64)
· Cholecystectomy (females ages 15-44)
· Cholecystectomy (females ages 45-64)
· Hysterectomy (females ages 15-44)
· Hysterectomy (females ages 45-64)
· Laminectomy/Diskectomy (females ages 20-64)
· Laminectomy/Diskectomy (males ages 20-64)

Inpatient Utilization – General Hospital/ Acute Care

Ambulatory Care

Cesarean Section Rate

Vaginal Birth After Cesarean Rate (VBAC rate)

Mental Health Utilization – Inpatient Discharges and Average Length of Stay

Health Plan Descriptive Information

Board Certification/Residency Completion

Provider Compensation

Arrangements with Public Health, Educational and Social Service Organization

Total Enrollment

Enrollment by Payer (Member Years/Months)

The measures that will be collected for Texas' HEDIS® 2000 can be found on THICIC's website at www.thcic.state.tx.us.

*Optional to report

**Data obtained from TDI

Members Enrolled, Product Reported, and Accreditation Status

Plan Name	Members Enrolled as of 12\31\97	Members Enrolled as of 12\31\98	Product	Accreditation Status
Aetna US Healthcare (Houston)	62,273	117,278	HMO/POS	Commendable
Aetna US Healthcare (San Antonio)	825	4,520	HMO/POS	
Aetna US Healthcare of North Texas (Dallas/Ft Worth)	93,013	114,128	HMO/POS	Commendable
CIGNA HealthCare of Texas, Inc. (Dallas/North Texas)	31,892	46,135	HMO/POS	Commendable
CIGNA HealthCare of Texas, Inc. (Houston/South Texas)	35,795	39,083	HMO/POS	Accredited
Community First Health Plans, Inc. (San Antonio MSA)	6,055	10,218	HMO	
Community Health Choice, Inc. (Houston)	12,094	11,685	HMO	
Exclusive Healthcare, Inc. (Dallas)	16,998	8,986	HMO/POS	
FIRSTCARE Southwest Health Alliances (Abilene)	15,765	17,075	HMO	
FIRSTCARE Southwest Health Alliances (Amarillo)	45,452	38,943	HMO	
FIRSTCARE Southwest Health Alliances (Lubbock)	27,179	26,051	HMO	
FIRSTCARE Southwest Health Alliances (Waco)	7,559	16,607	HMO	
Foundation Health, A Texas Health Plan, Inc. (Aus./S. A./Dal./El Paso)	16,528	10,827	HMO	
Harris Methodist Health Plan (Dallas)	240,155	255,616	HMO	Commendable
HealthFirst HMO (Tyler)	12,148	17,359	HMO	
HealthPlan of Texas, Inc. (Tyler)	8,731	7,520	HMO/POS	
HMO Blue, Central Texas (Austin)	13,160	16,044	HMO	
HMO Blue, Central Texas (San Antonio)	4,314	3,283	HMO	
HMO Blue, El Paso (El Paso)	21,719	22,501	HMO	
HMO Blue, Northeast Texas (Dallas/Ft Worth/Tyler)	22,457	30,560	HMO	
HMO Blue, South Texas (Corpus Christi/Rio Grande Valley)	1,156	1,420	HMO	
HMO Blue, Southeast Texas (Houston)	18,412	25,793	HMO	
HMO Blue, Southwest Texas (Abilene/Midland/San Angelo)	15,815	19,772	HMO	
HMO Blue, West Texas (Panhandle)	17,822	19,572	HMO	
Humana Health Plan of Texas (Austin)	820*	52,955*	HMO	Accredited (1)
Humana Health Plan of Texas (Corpus Christi)	16,051	11,922	HMO	
Humana Health Plan of Texas (Dallas)	2,931	8,516	HMO	Accredited (1)
Humana Health Plan of Texas (Houston)	8,648	16,449	HMO	Accredited (1)
Humana Health Plan of Texas (San Antonio)	57,292	53,944	HMO	Accredited (1)
Mercy Health Plans of Missouri, Inc. (Laredo)	5,383	6,530	HMO	
MethodistCare (Southeast)	7,692	20,041	HMO	
MSCH HMO (Houston)	13,024	33,055	HMO/POS	
NYLCare Health Plans of the Gulf Coast, Inc. (Austin)	21,627	33,855	HMO/POS	
NYLCare Health Plans of the Gulf Coast, Inc. (Beaumont/Lufkin)	17,450	17,318	HMO/POS	
NYLCare Health Plans of the Gulf Coast, Inc. (Corpus Christi)	5,684	12,448	HMO/POS	
NYLCare Health Plans of the Gulf Coast, Inc. (Houston)	294,245	287,657	HMO/POS	Commendable
NYLCare Health Plans of the Gulf Coast, Inc. (San Antonio)	5,225	6,103	HMO/POS	
NYLCare Health Plans of the Southwest, Inc. (Dallas)	146,899	167,680	HMO/POS	Commendable
ONE Health Plan of Texas, Inc. (Dallas)	4,039	9,325	HMO	
ONE Health Plan of Texas, Inc. (Houston)	11,420	14,194	HMO	
PacifiCare of Texas (Dallas)	35,234	44,050	HMO	
PacifiCare of Texas (Houston)	37,267	35,776	HMO	
PacifiCare of Texas (San Antonio)	55,897	47,291	HMO	
PCA Health Plans of Texas, Inc. (Central/Austin)	167,562	107,786	HMO	
PCA Health Plans of Texas, Inc. (Gulf Coast/Houston)	21,247	18,705	HMO	
PCA Health Plans of Texas, Inc. (North/Dallas)	35,825	34,490	HMO	
PCA Health Plans of Texas, Inc. (South/San Antonio)	11,229	9,613	HMO	
Presbyterian Health Plan of El Paso (El Paso)	12,171	8,712	HMO	
Prudential HealthCare (Austin)	42,493	44,650	HMO/POS	Commendable
Prudential HealthCare (Corpus Christi)	6,393	9,827	HMO/POS	Commendable
Prudential HealthCare (El Paso)	10,002	15,710	HMO/POS	
Prudential HealthCare (Houston)	178,130	172,817	HMO/POS	Commendable
Prudential HealthCare (North Texas)	111,006	171,084	HMO/POS	Commendable
Prudential HealthCare (San Antonio)	62,525	80,992	HMO/POS	Commendable
Scott and White Health Plan (Central Texas)	126,832	122,603	HMO	Accredited
Seton Health Plan, Inc. (Austin)	7,577	9,303	HMO	
Texas Health Choice, L.C. (Dallas) (Formerly Kaiser Foundation Hlth Plan of TX)	126,369	108,040	HMO	Accredited
UnitedHealthcare of Texas, Inc. (Austin/San Antonio)	62,464	74,599	HMO/POS	
UnitedHealthcare of Texas, Inc. (Corpus Christi) (Formerly Principal Hlth Care of TX)	38,992	26,996	HMO/POS	
UnitedHealthcare of Texas, Inc. (Dallas)	85,503	102,809	HMO	
UnitedHealthcare of Texas, Inc. (Houston)	85,724	90,998	HMO	

Commendable: Formerly Full Accreditation

Accredited: Formerly 1 year Accreditation

(1): Merger / consolidation review pending

* Enrollment number not available through TDI. Provided by plan.

Enrollment data provided by Texas Department of Insurance (TDI).

Health Plan Auditors

Plan Name	Auditor
Aetna US Healthcare (Houston)	Ernst & Young LLP
Aetna US Healthcare (San Antonio)	Ernst & Young LLP
Aetna US Healthcare of North Texas (Dallas/Ft Worth)	Ernst & Young LLP
CIGNA HealthCare of Texas, Inc. (Dallas/North Texas)	IPRO
CIGNA HealthCare of Texas, Inc. (Houston/South Texas)	IPRO
Community First Health Plans, Inc. (San Antonio MSA)	Healthcare Research Associates
Community Health Choice, Inc. (Houston)	Healthcare Research Associates
Exclusive Healthcare, Inc. (Dallas)	NOT AUDITED
FIRSTCARE Southwest Health Alliances (Abilene)	PricewaterhouseCoopers LLP
FIRSTCARE Southwest Health Alliances (Amarillo)	PricewaterhouseCoopers LLP
FIRSTCARE Southwest Health Alliances (Lubbock)	PricewaterhouseCoopers LLP
FIRSTCARE Southwest Health Alliances (Waco)	PricewaterhouseCoopers LLP
Foundation Health, A Texas Health Plan, Inc. (Aus/S.A./Dal/EI Paso)	Ernst & Young LLP
Harris Methodist Health Plan (Dallas)	Healthcare Research Associates
HealthFirst HMO (Tyler)	Ernst & Young LLP
HealthPlan of Texas, Inc. (Tyler)	Healthcare Research Associates
HMO Blue, Central Texas (Austin)	Healthcare Research Associates
HMO Blue, Central Texas (San Antonio)	Healthcare Research Associates
HMO Blue, El Paso (El Paso)	Healthcare Research Associates
HMO Blue, Northeast Texas (Dallas/Ft Worth/Tyler)	Healthcare Research Associates
HMO Blue, South Texas (Corpus Christi/Rio Grande Valley)	Healthcare Research Associates
HMO Blue, Southeast Texas (Houston)	Healthcare Research Associates
HMO Blue, Southwest Texas (Abilene/Midland/San Angelo)	Healthcare Research Associates
HMO Blue, West Texas (Panhandle)	Healthcare Research Associates
Humana Health Plan of Texas (Austin)	PricewaterhouseCoopers LLP
Humana Health Plan of Texas (Corpus Christi)	PricewaterhouseCoopers LLP
Humana Health Plan of Texas (Dallas)	PricewaterhouseCoopers LLP
Humana Health Plan of Texas (Houston)	PricewaterhouseCoopers LLP
Humana Health Plan of Texas (San Antonio)	PricewaterhouseCoopers LLP
Mercy Health Plans of Missouri, Inc. (Laredo)	KPMG LLP
MethodistCare (Southeast)	Healthcare Research Associates
MSCH HMO (Houston)	Healthcare Research Associates
NYLCare Health Plans of the Gulf Coast, Inc. (Austin)	Ernst & Young LLP
NYLCare Health Plans of the Gulf Coast, Inc. (Beaumont/Lufkin)	Ernst & Young LLP
NYLCare Health Plans of the Gulf Coast, Inc. (Corpus Christi)	Ernst & Young LLP
NYLCare Health Plans of the Gulf Coast, Inc. (Houston)	Ernst & Young LLP
NYLCare Health Plans of the Gulf Coast, Inc. (San Antonio)	Ernst & Young LLP
NYLCare Health Plans of the Southwest, Inc. (Dallas)	Ernst & Young LLP
ONE Health Plan of Texas, Inc. (Dallas)	Healthcare Research Associates
ONE Health Plan of Texas, Inc. (Houston)	Healthcare Research Associates
PacifiCare of Texas (Dallas)	Ernst & Young LLP
PacifiCare of Texas (Houston)	Ernst & Young LLP
PacifiCare of Texas (San Antonio)	Ernst & Young LLP
PCA Health Plans of Texas, Inc. (Central/Austin)	PricewaterhouseCoopers LLP
PCA Health Plans of Texas, Inc. (Gulf Coast/Houston)	PricewaterhouseCoopers LLP
PCA Health Plans of Texas, Inc. (North/Dallas)	PricewaterhouseCoopers LLP
PCA Health Plans of Texas, Inc. (South/San Antonio)	PricewaterhouseCoopers LLP
Presbyterian Health Plan of El Paso (El Paso)	Healthcare Research Associates
Prudential HealthCare (Austin)	The MEDSTAT Group
Prudential HealthCare (Corpus Christi)	The MEDSTAT Group
Prudential HealthCare (El Paso)	The MEDSTAT Group
Prudential HealthCare (Houston)	The MEDSTAT Group
Prudential HealthCare (North Texas)	The MEDSTAT Group
Prudential HealthCare (San Antonio)	The MEDSTAT Group
Scott and White Health Plan (Central Texas)	Healthcare Research Associates
Seton Health Plan, Inc. (Austin)	Healthcare Research Associates
Texas Health Choice, L.C. (Dallas)	KPMG LLP
UnitedHealthcare of Texas, Inc. (Austin/San Antonio)	Arthur Andersen
UnitedHealthcare of Texas, Inc. (Corpus Christi)	Ernst & Young LLP
UnitedHealthcare of Texas, Inc. (Dallas)	Arthur Andersen
UnitedHealthcare of Texas, Inc. (Houston)	Arthur Andersen

Plans by Region of Service

Plan Name

	North Texas	Gulf Coast	Central Texas	West Texas	Panhandle	East Texas	South Texas
Aetna US Healthcare (Houston)		•	•			•	
Aetna US Healthcare (San Antonio)							•
Aetna US Healthcare of North Texas (Dallas/Ft Worth)	•		•			•	
CIGNA HealthCare of Texas, Inc. (Dallas/North Texas)	•		•	•	•	•	
CIGNA HealthCare of Texas, Inc. (Houston/South Texas)		•	•			•	•
Community First Health Plans, Inc. (San Antonio MSA)							•
Community Health Choice, Inc. (Houston)		•					
Exclusive Healthcare, Inc. (Dallas)	•						
FIRSTCARE Southwest Health Alliances (Abilene)					•		
FIRSTCARE Southwest Health Alliances (Amarillo)					•		
FIRSTCARE Southwest Health Alliances (Lubbock)				•	•		
FIRSTCARE Southwest Health Alliances (Waco)	•	•	•			•	
Foundation Health, A Texas Health Plan, Inc. (Aus/S.A./Dal/EI Paso)	•		•	•			•
Harris Methodist Health Plan (Dallas)	•		•		•	•	
HealthFirst HMO (Tyler)	•		•			•	
HealthPlan of Texas, Inc. (Tyler)							•
HMO Blue, Central Texas (Austin)			•				
HMO Blue, Central Texas (San Antonio)			•				•
HMO Blue, El Paso (El Paso)				•			
HMO Blue, Northeast Texas (Dallas/Ft Worth/Tyler)	•					•	
HMO Blue, South Texas (Corpus Christi/ Rio Grande Valley)							•
HMO Blue, Southeast Texas (Houston)		•				•	
HMO Blue, Southwest Texas (Abilene/Midland/San Angelo)	•		•	•	•		•
HMO Blue, West Texas (Panhandle)					•		
Humana Health Plan of Texas (Austin)			•				
Humana Health Plan of Texas (Corpus Christi)							•
Humana Health Plan of Texas (Dallas)	•		•		•		
Humana Health Plan of Texas (Houston)		•	•			•	
Humana Health Plan of Texas (San Antonio)							•
Mercy Health Plans of Missouri, Inc. (Laredo)							•
MethodistCare (Southeast)		•	•			•	•
MSCH HMO (Houston)		•				•	•
NYLCare Health Plans of the Gulf Coast, Inc. (Austin)			•				
NYLCare Health Plans of the Gulf Coast, Inc. (Beaumont/Lufkin)						•	
NYLCare Health Plans of the Gulf Coast, Inc. (Corpus Christi)							•
NYLCare Health Plans of the Gulf Coast, Inc. (Houston)		•	•			•	
NYLCare Health Plans of the Gulf Coast, Inc. (San Antonio)							•
NYLCare Health Plans of the Southwest, Inc. (Dallas)	•		•		•	•	
ONE Health Plan of Texas, Inc. (Dallas)	•						
ONE Health Plan of Texas, Inc. (Houston)		•				•	
PacifiCare of Texas (Dallas)	•		•				
PacifiCare of Texas (Houston)		•	•			•	
PacifiCare of Texas (San Antonio)							•
PCA Health Plans of Texas, Inc. (Central/Austin)			•				
PCA Health Plans of Texas, Inc. (Gulf Coast/Houston)		•	•			•	•
PCA Health Plans of Texas, Inc. (North/Dallas)	•		•		•		
PCA Health Plans of Texas, Inc. (South/San Antonio)			•				•
Presbyterian Health Plan of El Paso (El Paso)				•			
Prudential HealthCare (Austin)			•				
Prudential HealthCare (Corpus Christi)							•
Prudential HealthCare (El Paso)				•			
Prudential HealthCare (Houston)		•	•			•	
Prudential HealthCare (North Texas)	•		•			•	
Prudential HealthCare (San Antonio)							•
Scott and White Health Plan (Central Texas)	•	•	•				
Seton Health Plan, Inc. (Austin)		•	•				•
Texas Health Choice, L.C. (Dallas)	•						
UnitedHealthcare of Texas, Inc. (Austin/San Antonio)			•				•
UnitedHealthcare of Texas, Inc. (Corpus Christi)							•
UnitedHealthcare of Texas, Inc. (Dallas)	•						
UnitedHealthcare of Texas, Inc. (Houston)		•	•				•

CAHPS™ Response Rate

Plan Name	Response Rate
State Average	39%
Aetna US Healthcare (Houston)	35%
Aetna US Healthcare (San Antonio)	32%
Aetna US Healthcare of North Texas (Dallas/Ft Worth)	32%
CIGNA HealthCare of Texas, Inc. (Dallas/North Texas)	46%
CIGNA HealthCare of Texas, Inc. (Houston/South Texas)	43%
Community First Health Plans, Inc. (San Antonio MSA)	43%
Community Health Choice, Inc. (Houston)	NR
Exclusive Healthcare, Inc. (Dallas)	NR
FIRSTCARE Southwest Health Alliances (Abilene)	47%
FIRSTCARE Southwest Health Alliances (Amarillo)	48%
FIRSTCARE Southwest Health Alliances (Lubbock)	44%
FIRSTCARE Southwest Health Alliances (Waco)	36%
Foundation Health, A Texas Health Plan, Inc. (Aus./S.A./Dal./El Paso)	42%
Harris Methodist Health Plan (Dallas)	48%
HealthFirst HMO (Tyler)	39%
HealthPlan of Texas, Inc. (Tyler)	38%
HMO Blue, Central Texas (Austin)	44%
HMO Blue, Central Texas (San Antonio)	39%
HMO Blue, El Paso (El Paso)	33%
HMO Blue, Northeast Texas (Dallas/Ft Worth/Tyler)	32%
HMO Blue, South Texas (Corpus Christi/Rio Grande Valley)	34%
HMO Blue, Southeast Texas (Houston)	36%
HMO Blue, Southwest Texas (Abilene/Midland/San Angelo)	92%
HMO Blue, West Texas (Panhandle)	41%
Humana Health Plan of Texas (Austin)	56%
Humana Health Plan of Texas (Corpus Christi)	58%
Humana Health Plan of Texas (Dallas)	52%
Humana Health Plan of Texas (Houston)	43%
Humana Health Plan of Texas (San Antonio)	55%
Mercy Health Plans of Missouri, Inc. (Laredo)	26%
MethodistCare (Southeast)	41%
MSCH HMO (Houston)	32%
NYLCare Health Plans of the Gulf Coast, Inc. (Austin)	37%
NYLCare Health Plans of the Gulf Coast, Inc. (Beaumont/Lufkin)	34%
NYLCare Health Plans of the Gulf Coast, Inc. (Corpus Christi)	34%
NYLCare Health Plans of the Gulf Coast, Inc. (Houston)	33%
NYLCare Health Plans of the Gulf Coast, Inc. (San Antonio)	22%
NYLCare Health Plans of the Southwest, Inc. (Dallas)	37%
ONE Health Plan of Texas, Inc. (Dallas)	26%
ONE Health Plan of Texas, Inc. (Houston)	25%
PacifiCare of Texas (Dallas)	39%
PacifiCare of Texas (Houston)	36%
PacifiCare of Texas (San Antonio)	37%
PCA Health Plans of Texas, Inc. (Central/Austin)	48%
PCA Health Plans of Texas, Inc. (Gulf Coast/Houston)	46%
PCA Health Plans of Texas, Inc. (North/Dallas)	51%
PCA Health Plans of Texas, Inc. (South/San Antonio)	49%
Presbyterian Health Plan of El Paso (El Paso)	63%
Prudential HealthCare (Austin)	35%
Prudential HealthCare (Corpus Christi)	31%
Prudential HealthCare (El Paso)	32%
Prudential HealthCare (Houston)	25%
Prudential HealthCare (North Texas)	33%
Prudential HealthCare (San Antonio)	31%
Scott and White Health Plan (Central Texas)	63%
Seton Health Plan, Inc. (Austin)	41%
Texas Health Choice, L.C. (Dallas)	50%
UnitedHealthcare of Texas, Inc. (Austin/San Antonio)	38%
UnitedHealthcare of Texas, Inc. (Corpus Christi)	32%
UnitedHealthcare of Texas, Inc. (Dallas)	38%
UnitedHealthcare of Texas, Inc. (Houston)	35%

We Would like your Feedback...

THCIC has attempted to anticipate the needs of employer purchasers, along with other potential users of this report. In the spirit of continuous quality improvement, we would very much appreciate your feedback. Included as the last page of this report is a form for use in sharing your experience of using this decision support tool. Please take the time to forward your feedback, or if you would prefer, we are happy to accept feedback via a phone call, fax, or email.

THCIC address information is at the bottom of the feedback form. We also encourage you to check our website on a regular basis. This is the primary resource for updated information on the plans, policies and procedures of the Texas Health Care Information Council.

Texas Health Care Information Council
4900 N. Lamar, Suite 3407
Austin, Texas 78751-2399
phone: (512) 424-6492 fax: (512) 424-6491
www.thcic.state.tx.us

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 the Texas Health care Information Council (note address info at bottom). Your assistance in providing this input is greatly appreciated.

Institution/Company Name:

Institution/Company Address:

City, State, Zip Code:

Institution/Company Website Address:

Administrator/CEO/Director Title:

Your Name:

Your Title:

Your Telephone Number:

Your Fax Number:

Your E-mail Address:

1. What I liked best about this report::

2. What I liked least about this report:

3. Changes I would suggest:

4. Questions that I have:

5. I would be willing to participate in a focus group to test THCIC materials:

Yes No