



Texas Health Care Information Council

Regions

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

Your HMO

QUALITY CHECK-UP

2000

A Consumer's Guide to
Texas Commercial HMOs

Brought to you through a partnership with the Texas Department of Health

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The Texas Health Care Information Council (THCIC) was created by the Texas Legislature to help Texans obtain the best possible information about health care. The Council collects a broad range of data on health care quality and patient satisfaction and uses these data to create informative publications like this one.

This guide contains a snapshot of 1999 performance measures reported to THCIC for commercial health maintenance organizations (HMOs) that operate in the **Panhandle Texas and West Texas** regions. Similar guides are available for five other regions of the state including Central Texas, East Texas, Gulf Coast Texas, North Texas, and South Texas.

A more detailed report, *Straight Talk on Texas HMOs – A Buyer’s Guide*, provides an in-depth look at all of the 1999 performance measures collected for commercial HMOs in Texas. This report, expected to be released early 2001, and all reports published by THCIC are available on the Council’s web site at www.thcic.state.tx.us.

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Published October 2000

Choosing a health care plan for your family is an important, but often difficult, decision. With a variety of plans available, how do you know which one to choose? What makes a good HMO? These are simple questions, but unfortunately there aren't simple answers. Although all health maintenance organizations (HMOs) provide for basic health care services, each plan provides additional services, operates under different management styles, and contracts with different health professionals.

Whether you are in the market for the services of a new HMO or evaluating your current plan, this guide can help you make an informed decision when choosing a plan that best meets the health care needs for you and your family. It presents a snapshot of some of the preventive services offered by HMOs, includes selected indicators of quality, and compares HMOs with regional, state, and national averages.

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

Health Maintenance Organizations (HMOs)

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

Some HMOs may offer a point-of service (POS) plan or rider. These POS plans or riders allow HMO enrollees to receive services from providers outside of the HMOs' network without prior approval from a network physician. If enrollees use providers inside the plans' network, the plan operates like a traditional HMO. If enrollees use providers outside the plans' network, the plan operates like a traditional insurance plan.

You can obtain more information about HMOs from the Texas Department of Insurance's (TDI) brochure called *Health Maintenance Organizations*. This brochure is available on TDI's website at www.tdi.state.tx.us or by calling 1-800-599-7467.

Performance Measures

All Texas HMOs with more than 5,000 members are required by state law to provide information about their services and practices to the Texas Health Care Information Council. HMOs use a specific set of objective performance measurements called HEDIS[®] (Health Plan Employer Data Information Set) to report their information. HEDIS[®] standards were developed by the National Committee for Quality Assurance (NCQA), a nonprofit organization recognized as an authority on managed care quality.

The performance measures included in this guide are:

- Board Certification
- Provider Turnover
- Breast Cancer Screening
- Cervical Cancer Screening
- Prenatal Care in the First Trimester of Pregnancy
- Well Child Check-ups in the First 15 Months of Life
- Eye Exams for Diabetic Retinal Disease, and
- How People Rated Their Health Plan.

Plans included in this booklet provided services between January 1 to December 31, 1999 and reported their HEDIS[®] measures using 1999 data. For some of the measures, plans were allowed to report data from 1998. The intent of this strategy was to reduce the reporting burden to health plans while still providing consumers with relevant and accurate data. Plans using 1998 data are identified for each measure.

Service Areas and Plans

All HMOs offering services in any county in the **Panhandle Texas and West Texas** regions are included in this guide, even if they are headquartered in a city outside the region. Not all HMOs provide services in every county. A list of counties in the **Panhandle and West Texas** regions can be found on the following page.

The following health plans are represented in this guide:

Panhandle Texas

- CIGNA HealthCare of Texas, Inc. (Dallas/North Texas)
- FIRSTCARE Southwest Health Alliances (Abilene)
- FIRSTCARE Southwest Health Alliances (Amarillo)
- FIRSTCARE Southwest Health Alliances (Lubbock)
- Harris Methodist Health Plans (Dallas)
- HMO Blue, Southwest Texas (Abilene/Midland/San Angelo)
- HMO Blue, West Texas (Panhandle)
- HMO Blue[®] Texas (Dallas)
- Humana Health Plan of Texas (Dallas)
- PCA Health Plans of Texas, Inc. (North/Dallas)

West Texas

- CIGNA HealthCare of Texas, Inc. (Dallas/North Texas)
- FIRSTCARE Southwest Health Alliances (Lubbock)
- HMO Blue, El Paso (El Paso)
- HMO Blue, Southwest Texas (Abilene/Midland/San Angelo)
- Presbyterian Health Plan of El Paso (El Paso)
- Prudential HealthCare (El Paso)

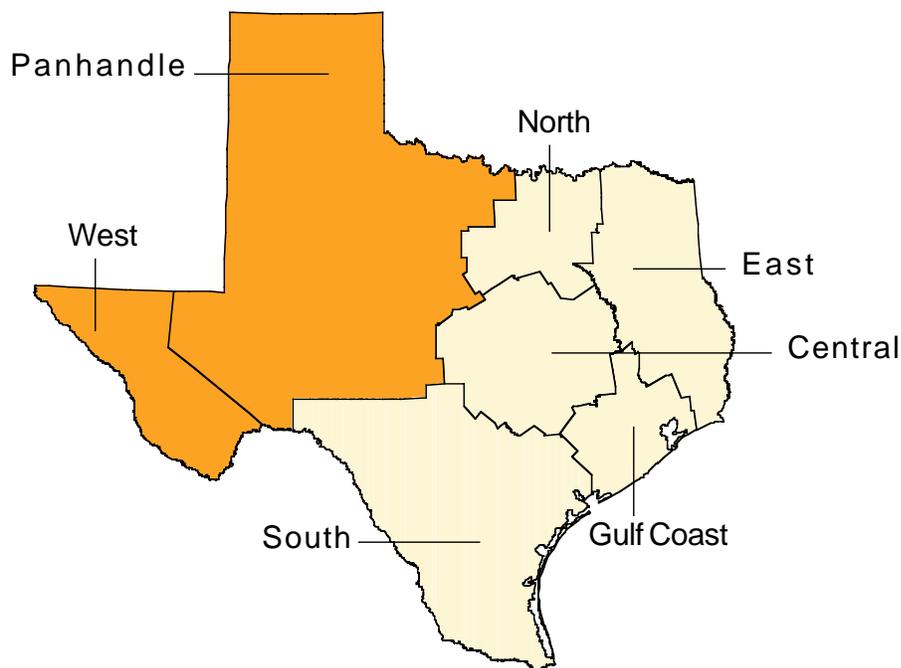
Panhandle Texas and West Texas

The following counties are located in the Panhandle Texas region:

Andrews	Crane	Hartley	Menard	Sherman
Archer	Crockett	Haskell	Midland	Stephens
Armstrong	Crosby	Hemphill	Mitchell	Sterling
Bailey	Dallam	Hockley	Montague	Stonewall
Baylor	Dawson	Howard	Morre	Sutton
Borden	Deaf Smith	Hutchinson	Motley	Swisher
Briscoe	Dickens	Irion	Nolan	Taylor
Brown	Donley	Jack	Ochiltree	Terrell
Callahan	Eastland	Jones	Oldham	Terry
Carson	Ector	Kimble	Parmer	Throckmorton
Castro	Fisher	King	Pecos	Tom Green
Childress	Floyd	Knox	Potter	Upton
Clay	Gaines	Lamb	Randall	Ward
Cochran	Garza	Lipscomb	Reagan	Wheeler
Coke	Glasscock	Loving	Reeves	Wichita
Coleman	Gray	Lubbock	Roberts	Wilbarger
Collingsworth	Hale	Lynn	Runnels	Winkler
Comanche	Hall	Martin	Schleicher	Yoakum
Concho	Hansford	Mason	Scurry	Young
Cottle	Hardeman	McCulloch	Shackelford	

The following counties are located in the West Texas region:

Brewster	El Paso	Jeff Davis
Culberson	Hudspeth	Presidio



How to Read This Report

Curious about how your HMO compares to the Texas or US average? Each performance measure in this report is presented on two pages. The first page describes the measure and provides state, region, and national averages. The second page presents the results of the measure for each HMO in bar chart format.

The state and region averages are computed using data from all HMOs that reported to the Texas Health Care Information Council. National averages, referred to as Quality Compass[®], represent only those HMOs across the nation that voluntarily report data to the National Committee for Quality Assurance (NCQA).

When available, we have also provided you with national public health goals. Healthy People 2000 objectives, issued by the U.S. Centers for Disease Control and Prevention, are widely accepted goals for all public and private health care organizations.

You'll need more than a snapshot of quality measures to make decisions about the right HMO for you and your family. The following page lists other things that may be important to you when choosing a health plan.

Some Other Important Things to Consider

√*Availability*: Does the HMO you are interested in provide services in the area where you live or work?

√*Benefits*: Does your HMO offer the benefits you want? By law, all HMOs must provide basic health care services, but not all benefits are the same from plan to plan. The HMO that best fits your family's needs depends on many factors, such as your age and the ages of your children, your family's health, and whether someone in your family needs special care. Choose your HMO carefully and select a plan that offers what's important to you, not necessarily a plan that offers a broad range of health care services that you may not need or use.

√*Choice*: Is your family physician or specialist a member of the network of providers for the HMO that interests you? If not, are you willing to change doctors? Usually it will cost more to see a doctor or specialist who is not a member of the HMO network. If you must select a new doctor, be sure to ask the HMO if there are doctors in the plan who will meet your needs and who are accepting new patients.

√*Costs*: Are there significant cost differences among the plans you are considering? Premiums can vary from one HMO to the next. So can co-payments you have to make for doctor visits, prescriptions, hospital stays, and visits to the emergency room. Be sure to compare the costs of the plan with the level of service it provides in making your final choice.

PERFORMANCE MEASURES

Board Certification - Primary Care Physicians

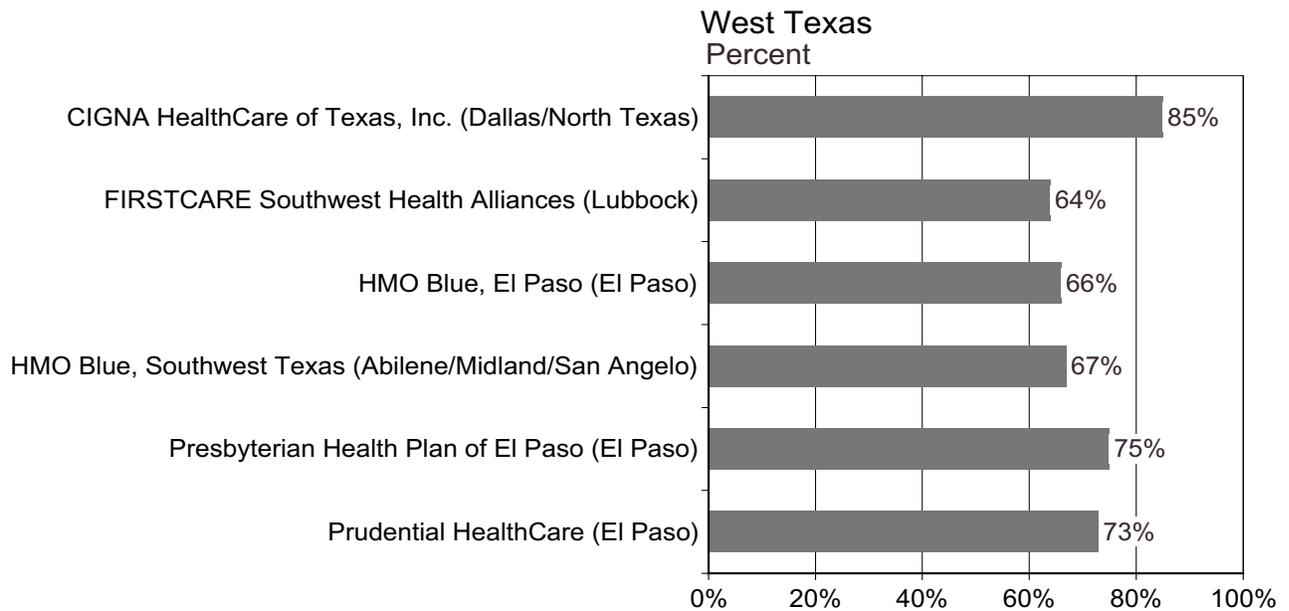
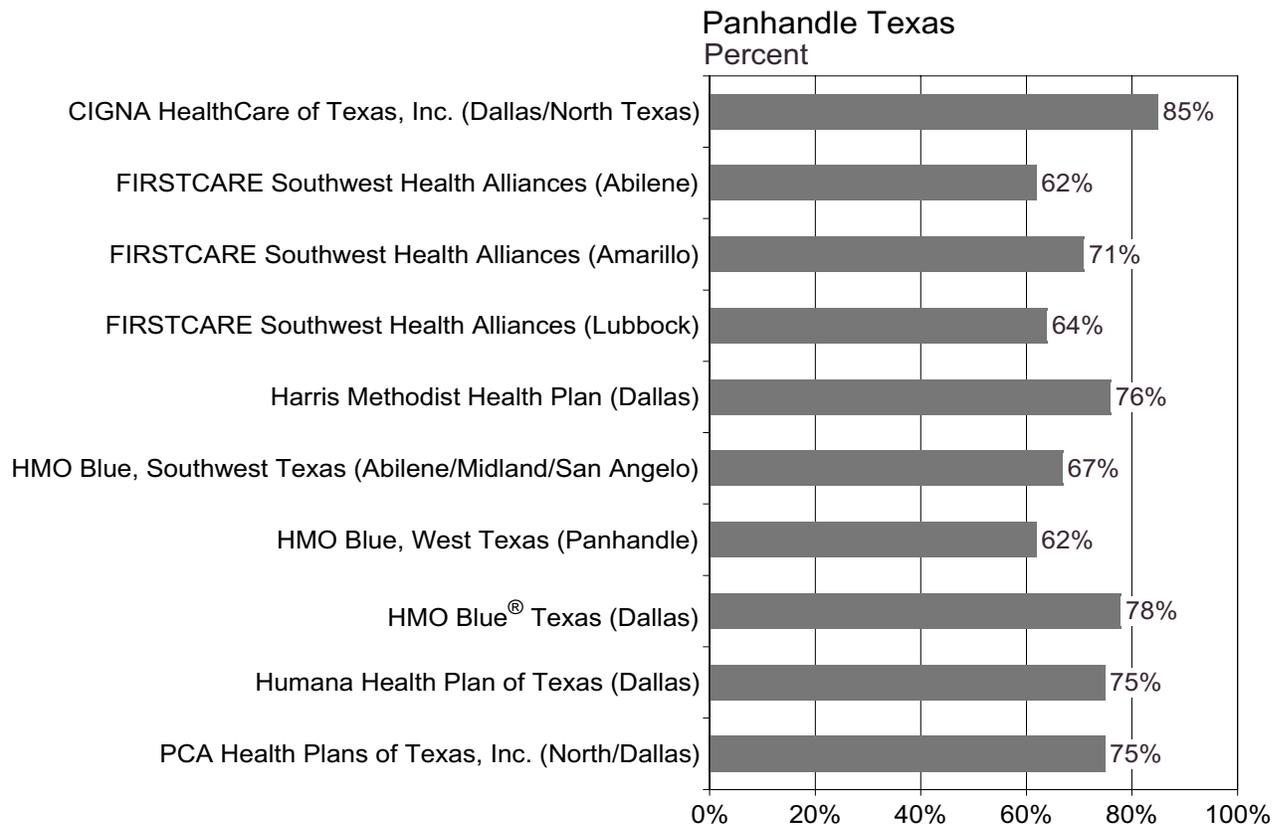
Definition: The percentage of primary care physicians in each HMO who are board certified.

Board certification provides information on the credentials of the physicians who belong to the plan. If physicians are board certified, it means they have completed residency training and a certification program in their field of practice. The percentage of board certified physicians in each plan does not directly measure the quality of every doctor in the plan. It provides basic information about the qualifications of the plan's physicians.

The graph on the next page shows the percentage of primary care physicians in each HMO who are board certified.

State and National Averages	
Texas	74%
Panhandle Texas	72%
West Texas	72%
Quality Compass®	80%

Board Certified Physicians



Practitioner Turnover

Definition: The percentage of primary care physicians affiliated with the health plan as of December 31, 1998 who were NOT affiliated with the plan as of December 31, 1999.

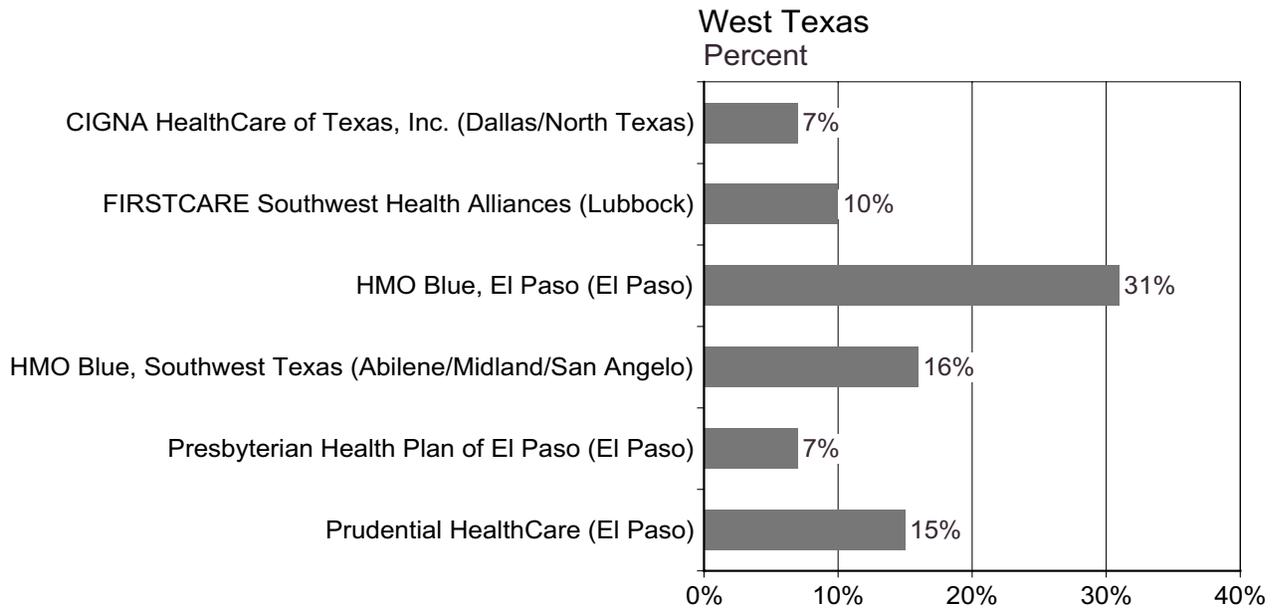
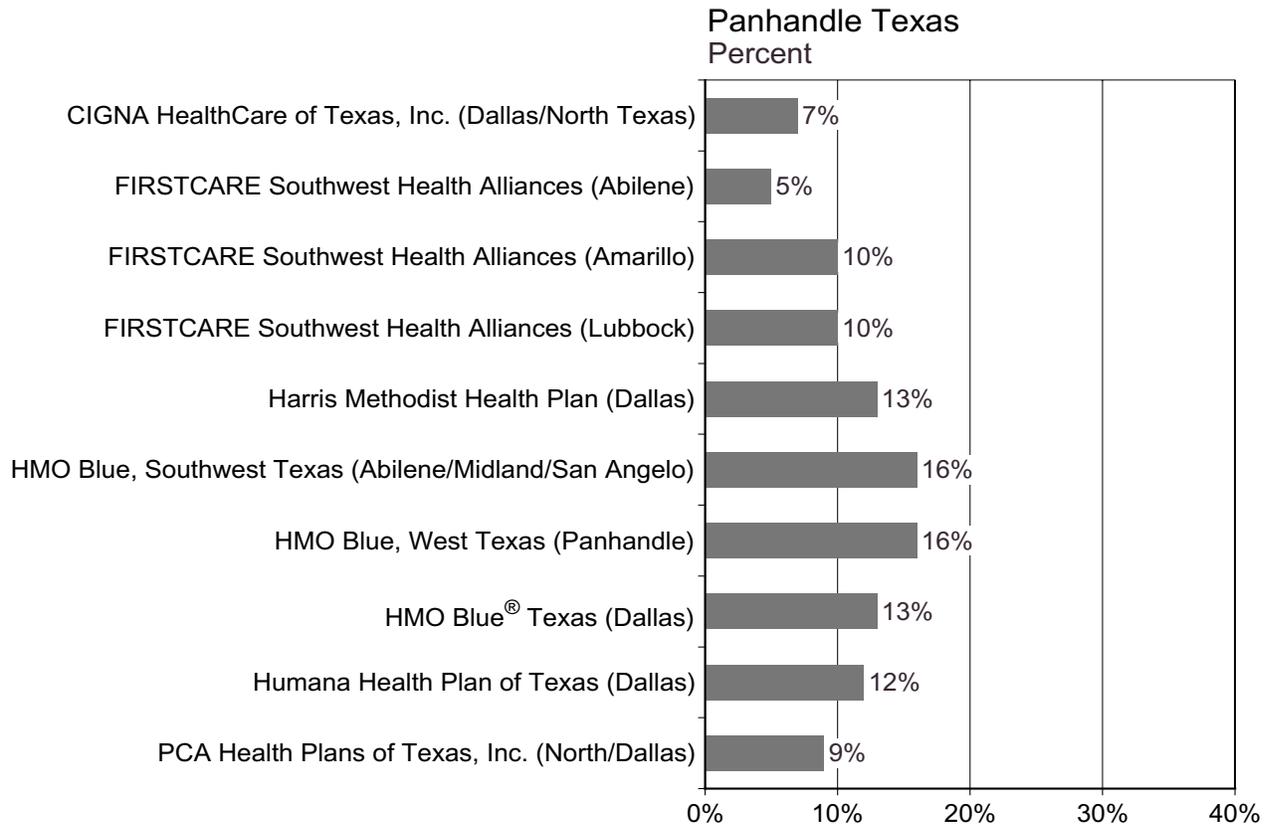
A primary care physician is usually a family doctor or internist who provides your regular and basic health care. Most people like to see the same provider over time. Developing a good relationship with your provider can increase the effectiveness of the care you receive. In managed care plans, your primary care physician (PCP) arranges your health care. The PCP refers you to a specialist when you need one.

Providers may end their affiliation with the health plan for many reasons and some provider turnover is normal due to physician's retiring or relocating their practices. Some health plans may end their affiliation with providers because they are not following the plan's standard of care.

The graph on the next page shows the percentage of primary care physicians in each HMO who left the health plan during 1999.

State and National Averages	
Texas	12%
Panhandle Texas	11%
West Texas	14%
Quality Compass®	9%

Practitioner Turnover



Breast Cancer Screening

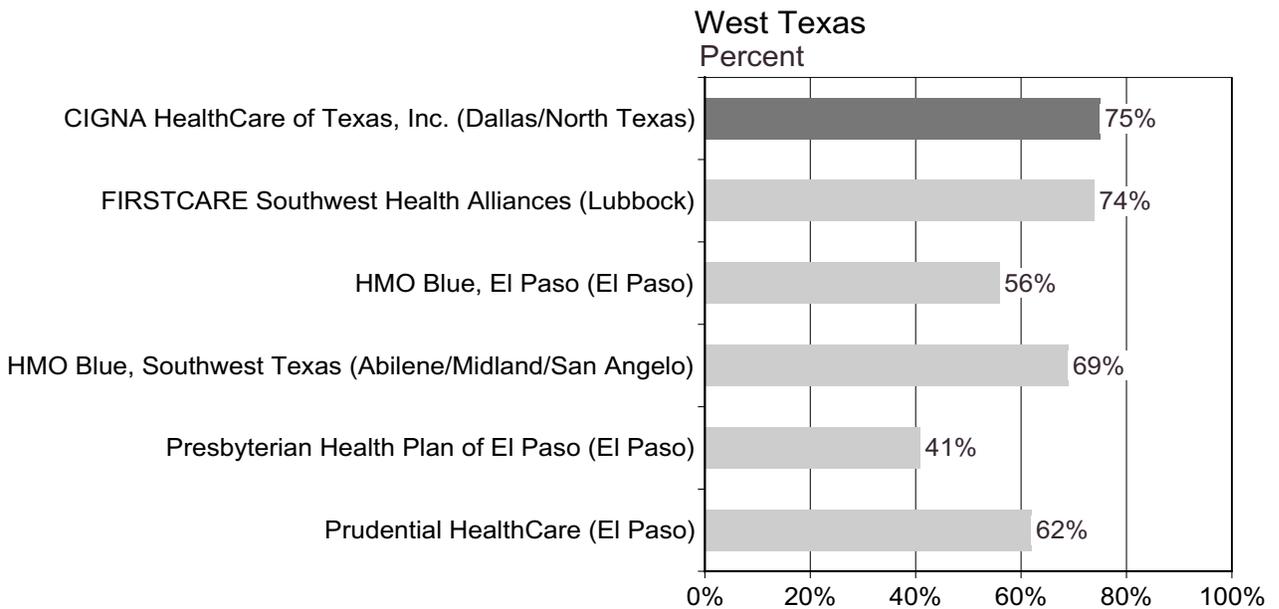
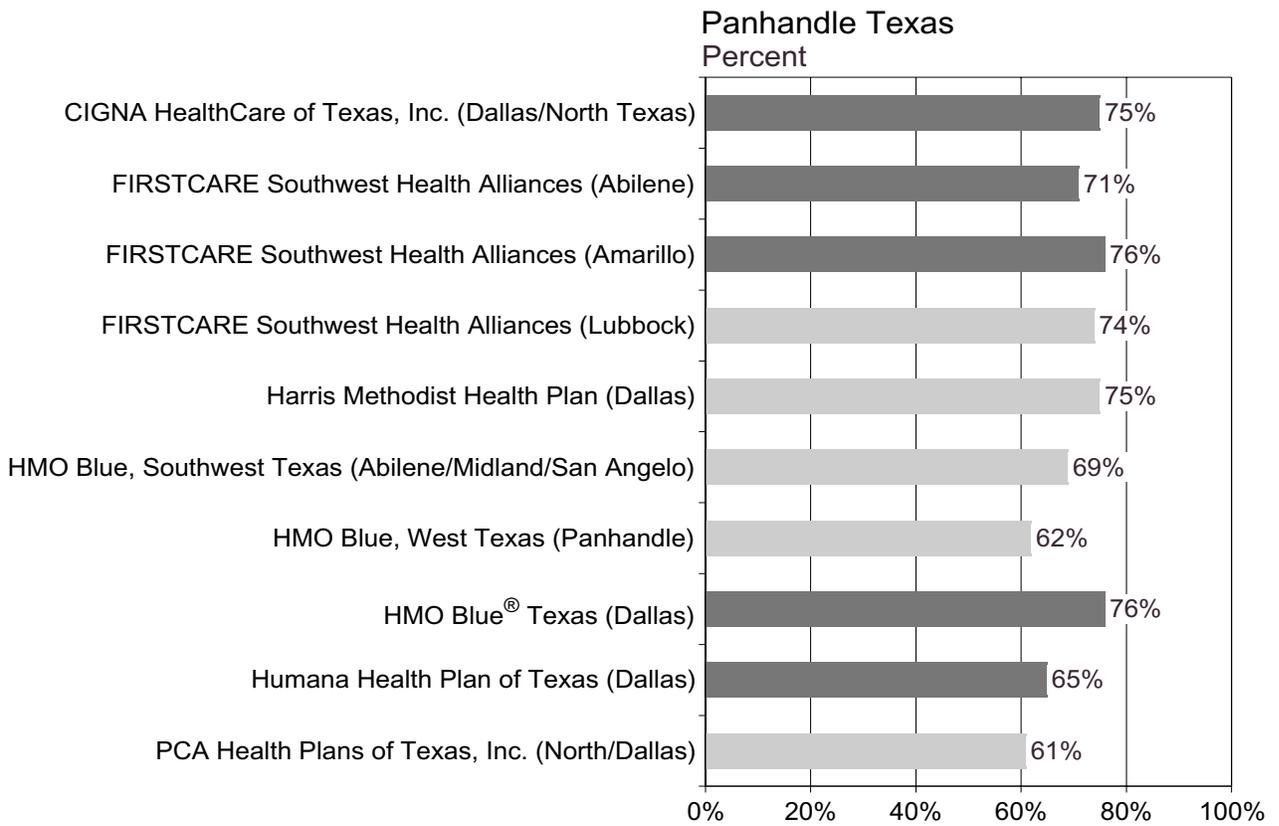
Definition: The percentage of women 52 through 69 years of age using the HMO who received a mammogram within the past two years.

Breast cancer is the second most common form of cancer among American women. The American Cancer Society predicts that there will be about 182,800 new cases of breast cancer in the year 2000 and about 40,800 deaths from the disease. The earlier breast cancer is found, the better the chances for successful treatment. One of the best ways to detect breast cancer tumors early is through a mammogram. A mammogram is an x-ray of the breast that identifies tumors which are too small to be detected by self examination. Mammograms, through early detection, have been shown to reduce breast cancer deaths by 20 to 40 percent among women 50 years and older.

The graph on the next page shows the percentage of women age 52 through 69 years old in each HMO who had a mammogram during the past two years.

State and National Averages	
Texas	67%
Panhandle Texas	70%
West Texas	63%
Quality Compass®	73%
Healthy People 2000 Goal.....	60%

Breast Cancer Screening



1998 Data
 1999 Data

Cervical Cancer Screening

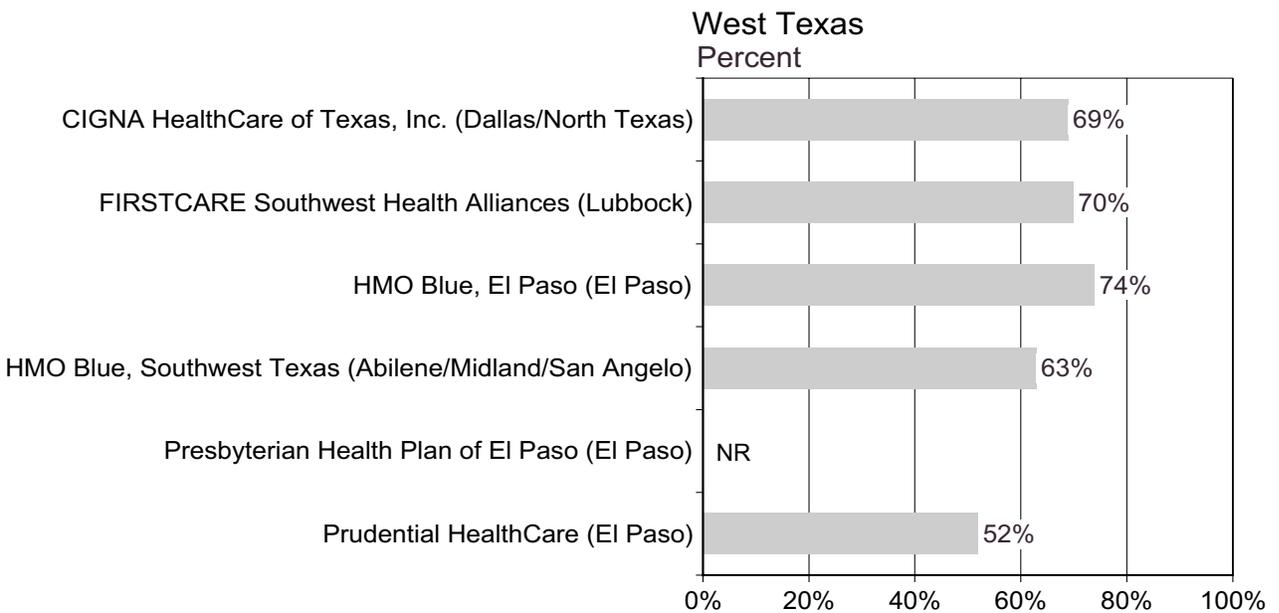
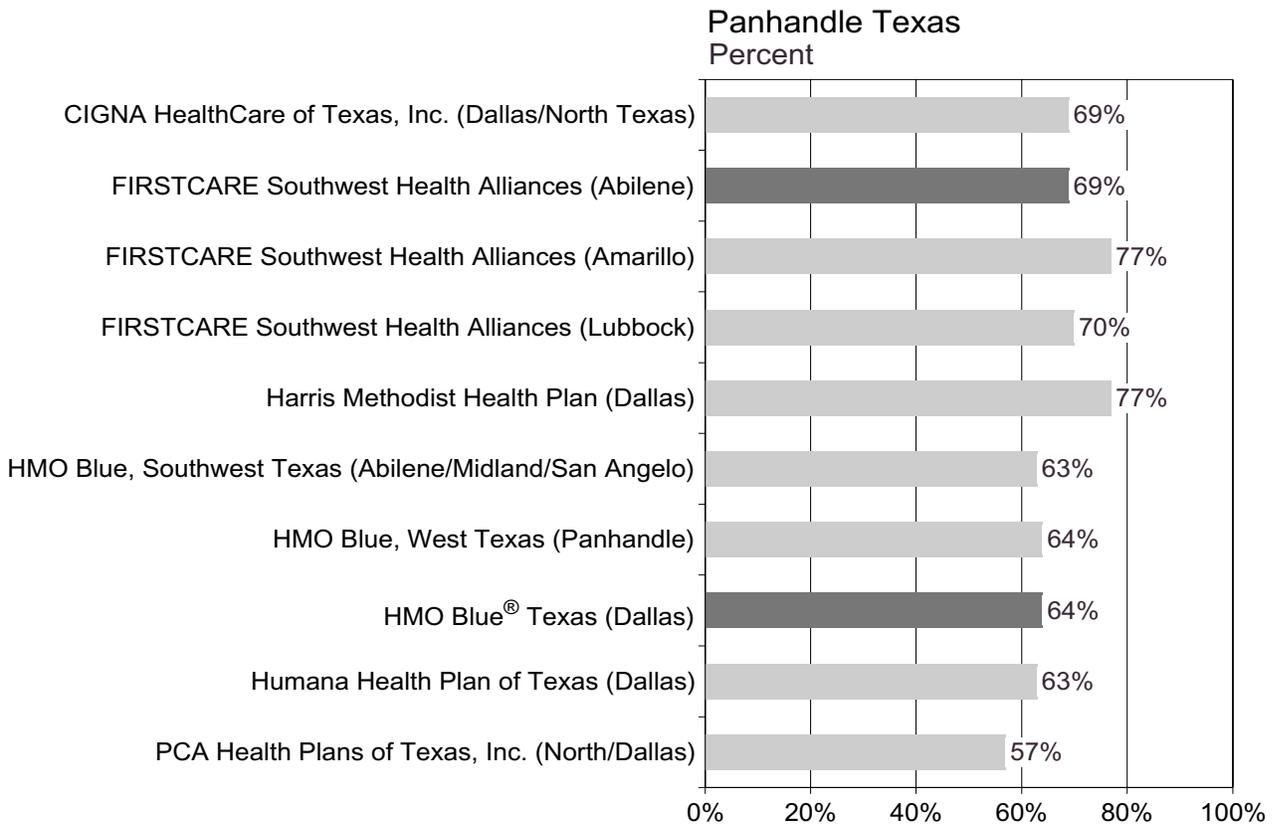
Definition: The percentage of women 21 through 64 years of age using the HMO who received a Pap test within the past three years.

In the year 2000, the American Cancer Society predicts that there will be about 12,800 new cases of invasive cervical cancer and 4,600 deaths from this disease. There are usually no symptoms associated with cancer of the cervix as it develops slowly over a number of years. Cervical cancer can often be cured when it is found and treated early. The use of the Pap test to find cervical cancer early has been credited with reducing the number of deaths from cervical cancer by as much as 75 percent. A number of organizations, including the American College of Obstetricians and Gynecologists, the American Medical Association, and the American Cancer Society recommend Pap testing every one to three years for all women who have been sexually active or who are over 18 years old.

The graph on the next page shows the percentage of women ages 21 through 64 years old in each HMO who had a Pap test during the past three years.

Regional and National Averages	
Texas	64%
Panhandle Texas	67%
West Texas	66%
Quality Compass®	73%
Healthy People 2000 Goal.....	85%

Cervical Cancer Screening



■ 1998 Data ■ 1999 Data

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

Prenatal Care in the First Trimester of Pregnancy

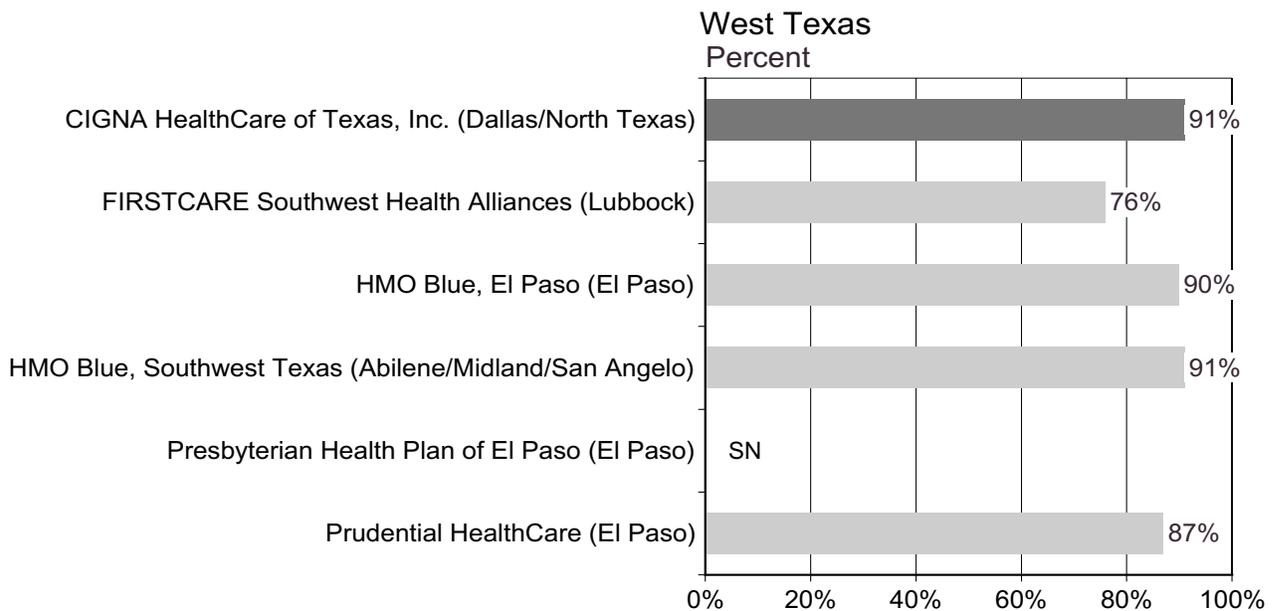
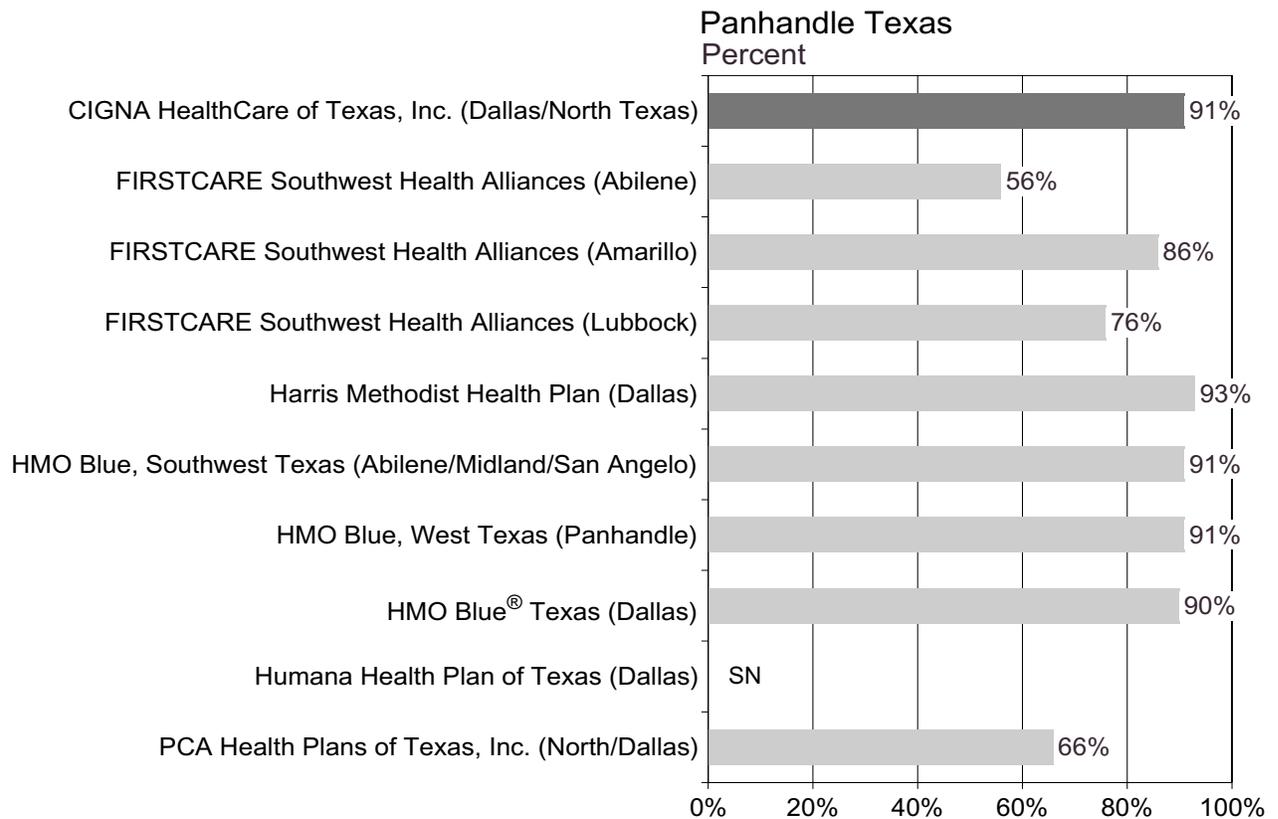
Definition: The percentage of pregnant women using the HMO who began prenatal care in the first trimester of pregnancy.

Studies show that women who receive prenatal care starting in the first three months of pregnancy have healthier babies than women who receive no prenatal care or begin care later in their pregnancy. Early prenatal care can reduce the risk of a premature birth and infant death.

The graph on the next page shows the percentage of pregnant women in each HMO who received prenatal care during the first trimester of pregnancy.

State and National Averages	
Texas	80%
Panhandle/West Texas	80%
West Texas	87%
Quality Compass®	85%
Healthy People 2000 Goal	90%

Prenatal Care in the First Trimester of Pregnancy



■ 1998 Data ■ 1999 Data

SN - HMOs with between 30 and 99 patients are not reported in this publication, however, they will be reported in *Straight Talk*.

Well-Child Visits in the First 15 Months of Life

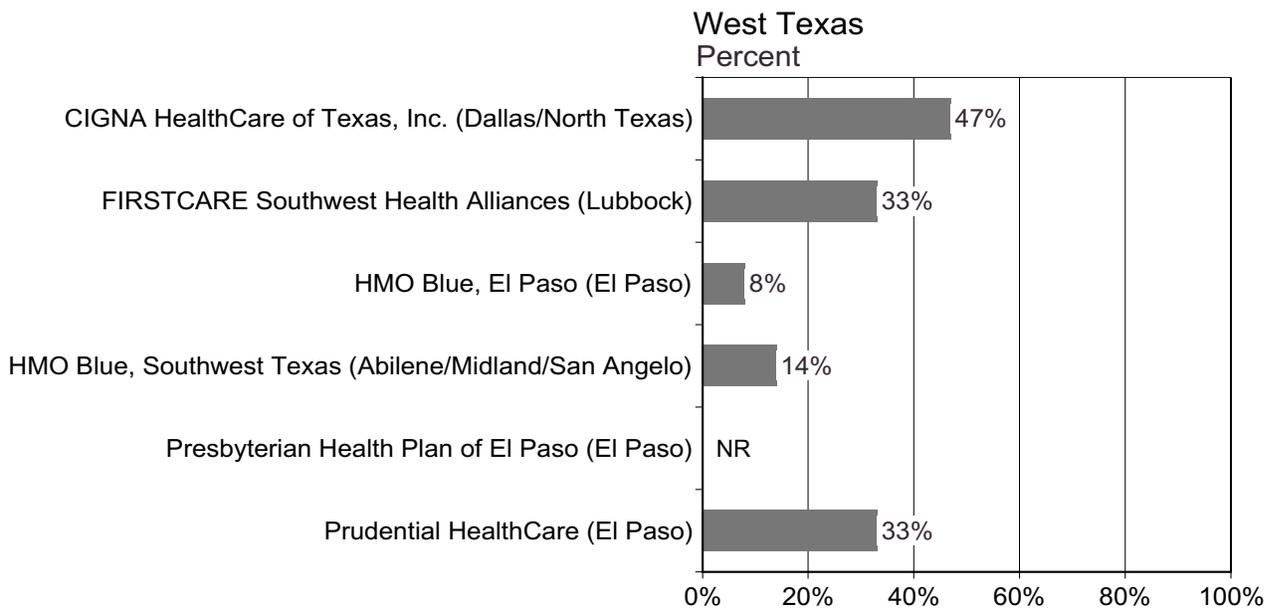
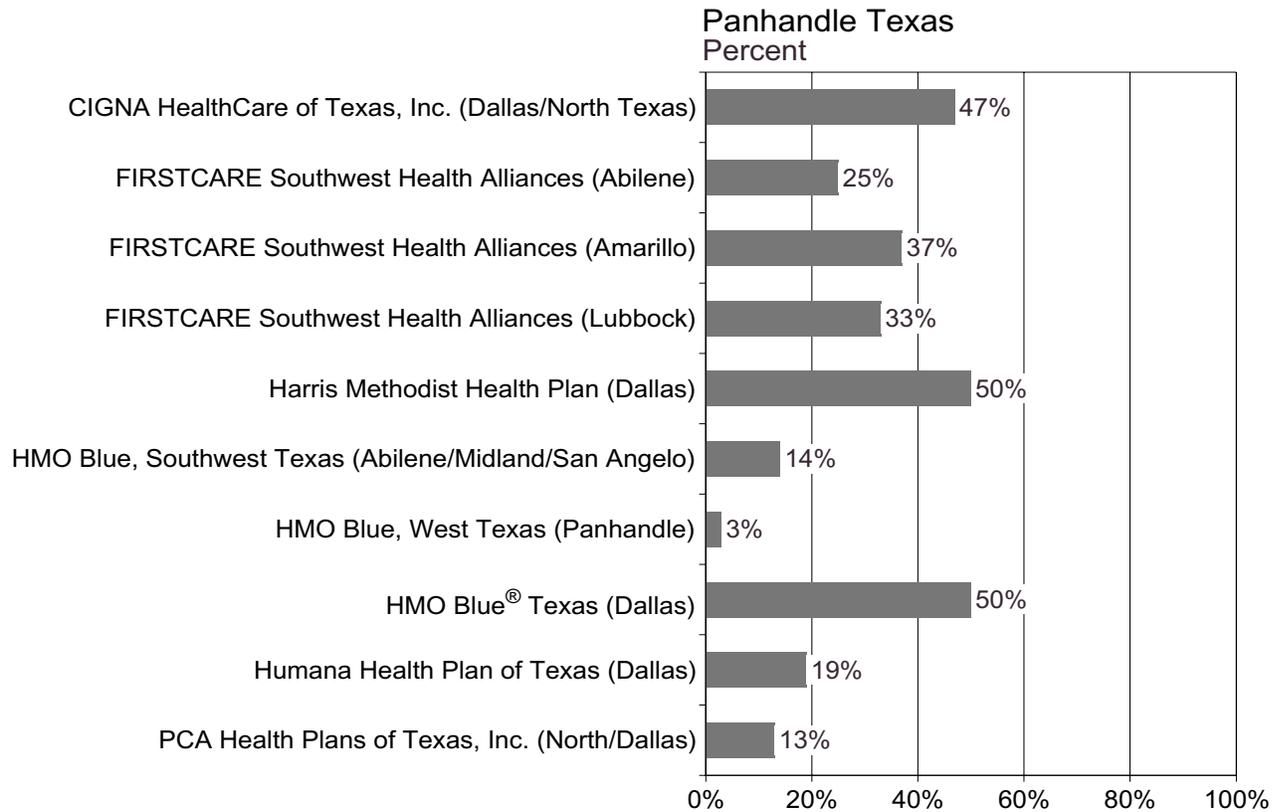
Definition: The percentage of children using the HMO who received at least six well-child check-ups by 15 months of age.

The American Academy of Pediatrics recommends that babies have six check-ups before age one to track and monitor their health and development. These visits also provide the doctor a chance to offer guidance and counseling to parents. Immunizations to protect children from diseases such as chicken pox, measles, and rubella are included as part of regular well child check-ups.

The graph on the next page shows the percentage of children in each HMO who received at least six well-child check-ups by 15 months of age.

State and National Averages	
Texas	27%
Panhandle/West Texas	29%
West Texas	27%
Quality Compass®	51%
Healthy People 2000 Goal.....	90%

Well Child Check-ups in the First 15 Months



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

Eye Exams for Diabetic Retinal Disease

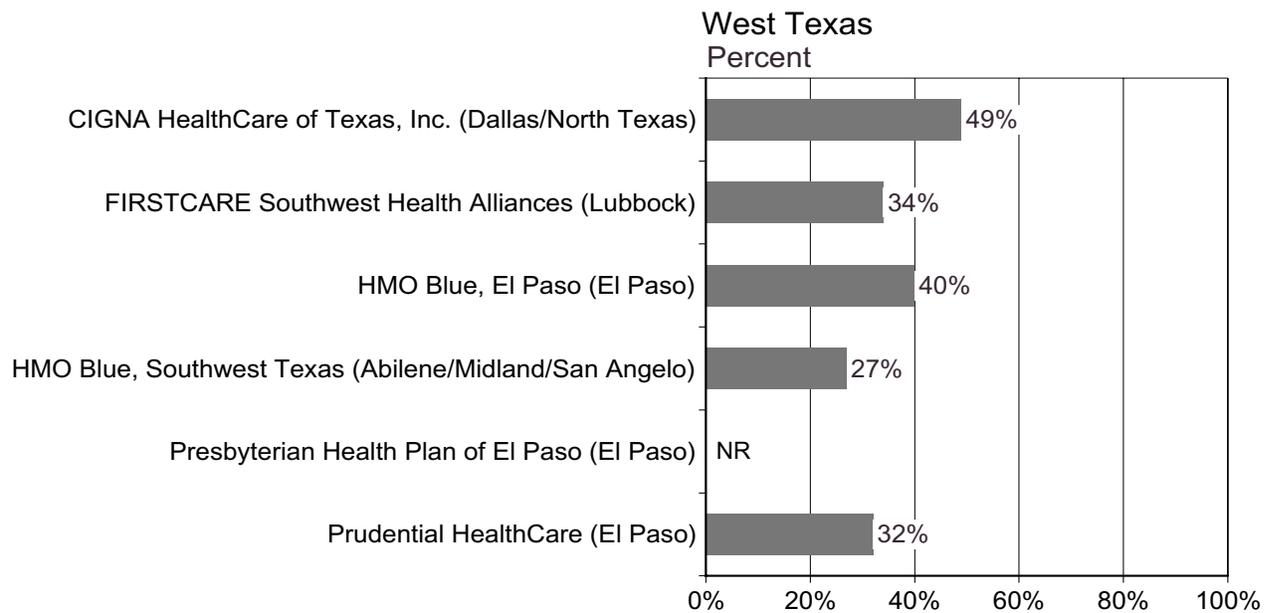
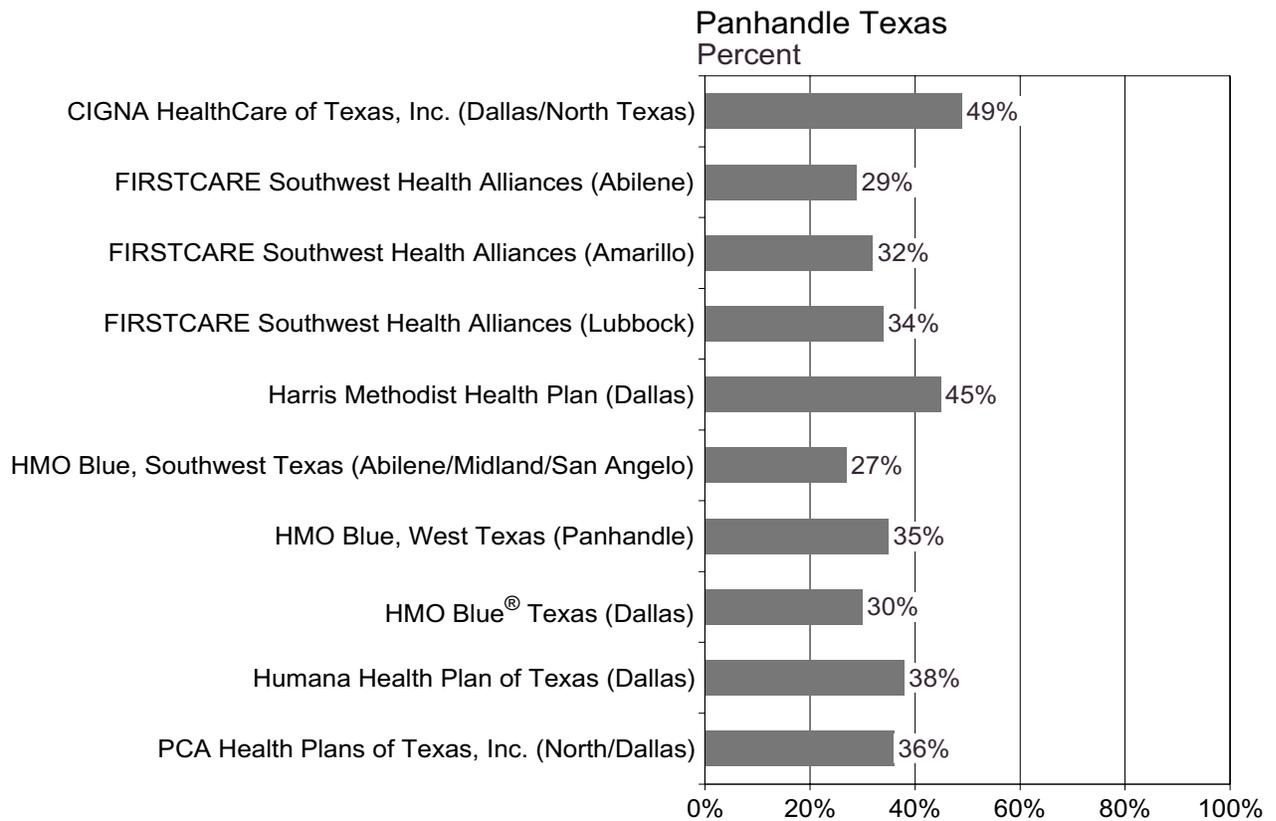
Definition: The percentage of members with diabetes (Type I and Type II) 18 through 75 years of age using the HMO who had a dilated eye exam during the past year.

According to the American Diabetes Association, almost 16 million Americans have diabetes and over 700,000 new cases are diagnosed every year. Diabetes is the leading cause of new cases of blindness for people 20 through 74 years of age, resulting in an estimated 12,000 to 24,000 diabetics losing their sight each year. Although diabetic retinopathy (diseases of the retina) is a common complication of diabetes, early detection and treatment of eye disease can prevent this disease from progressing to blindness. Regular dilated retinal exams are considered the most effective method for early detection of diabetic retinopathy.

The graph on the next page shows the percentage of diabetics age 18 through 75 years old in each HMO who had a dilated eye exam during the past year.

State and National Averages	
Texas	34%
Panhandle Texas	35%
West Texas	36%
Quality Compass®	45%

Eye Exams for Diabetic Retinal Disease



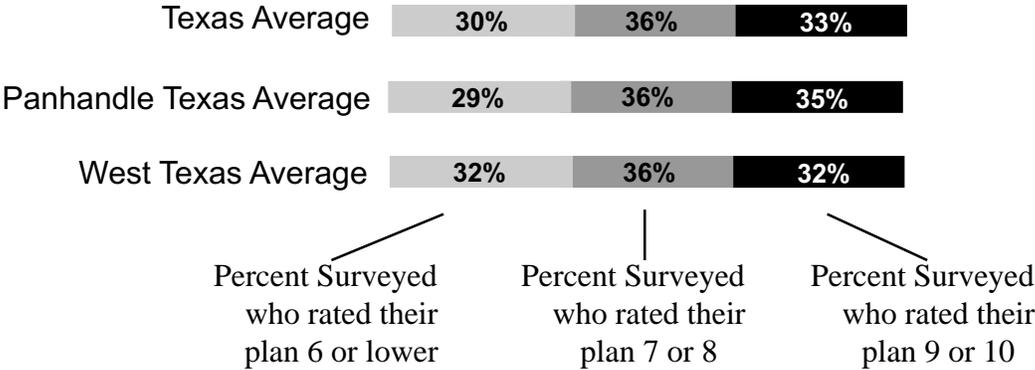
NR - Failed to submit the required data or data not verified by an NCQA certified auditor.

How People Rated Their Health Plan

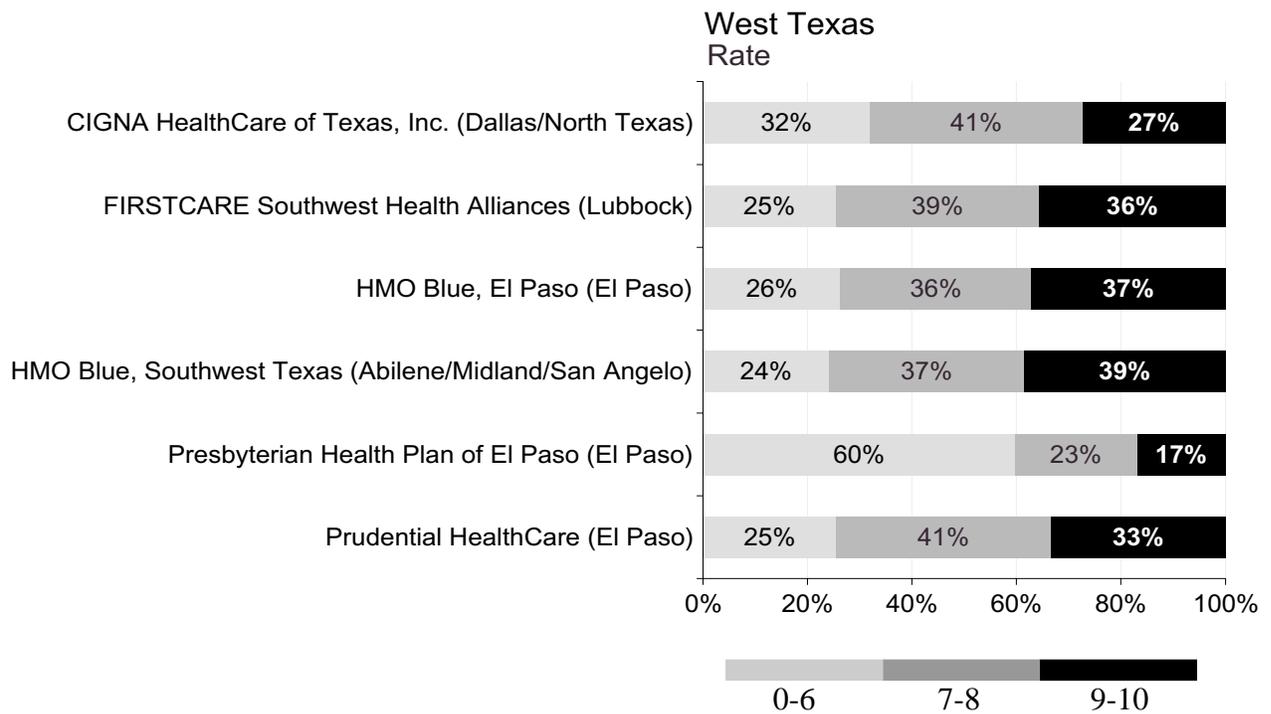
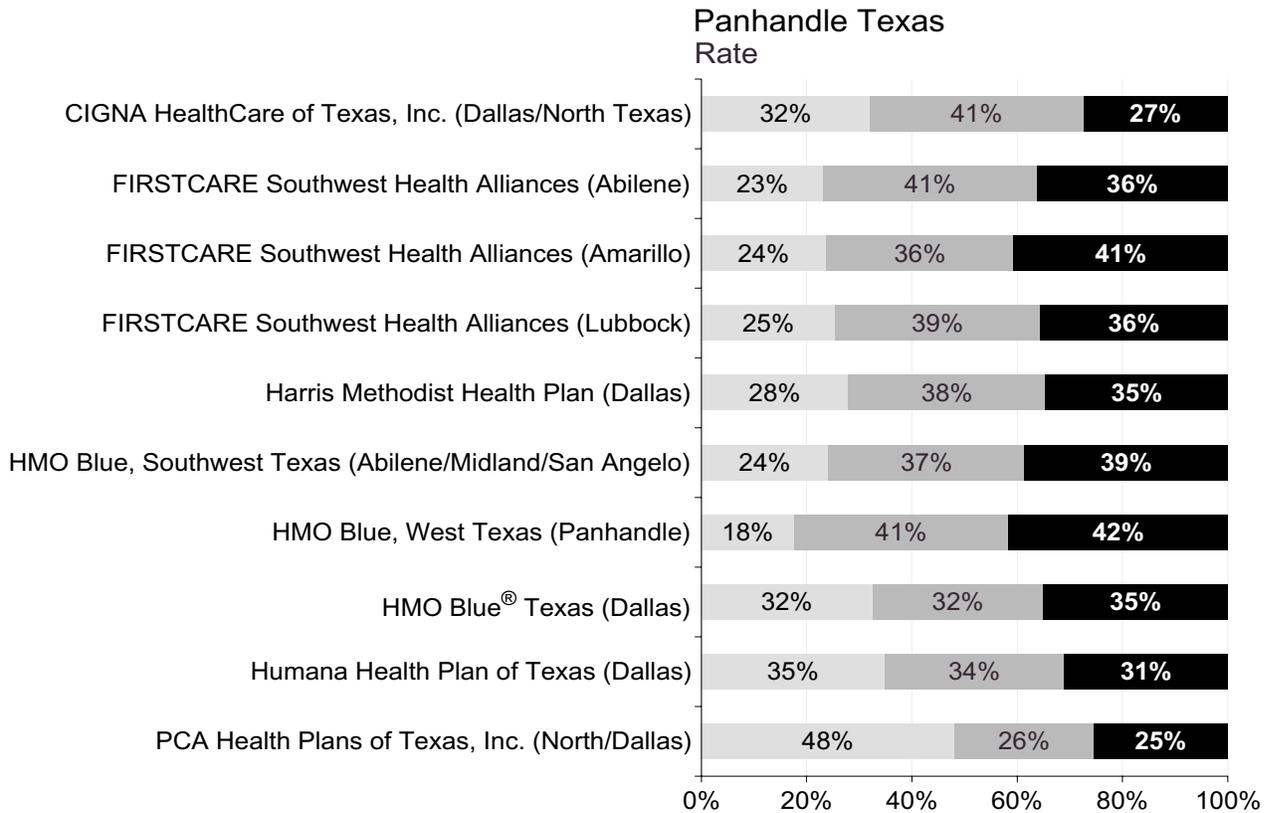
Definition: Survey responses of HMO members who were asked to rate their health plan, where 0 is the worst plan possible and 10 is the best plan possible.

The graph on the next page shows the percentages of plan members in each HMO who rated their plan a 0-6, 7-8, or 9-10.

A guide published by the Office of Public Insurance Counsel, *Comparing Texas HMOs 2000*, contains results from other member survey questions and can be found at www.opic.state.tx.us or by calling (512)322-4143.



How People Rated Their Health Plan



Other Information

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

√ *Product:* HMOs may include their POS products when calculating their performance measures that are included in this report. The table on the next page shows you which HMO reported on their HMO membership only or combined their HMO and POS membership.

√ *HMO Members:* HMO membership as of 12/31/1998. These data are from the Texas Department of Insurance and do not include membership for POS products.

√ *NCQA Accreditation:* The National Committee on Quality Assurance (NCQA) started its accreditation program in 1991 because consumers want fair and objective information about health plans. A national oversight committee assigns one of five possible accreditation levels - Excellent, Commendable, Accredited, Provisional, or Denied. Approximately 50% of all HMOs in the nation are involved in the NCQA accreditation process.

Other Quality Indicators

Panhandle Plan Name	Product	HMO Members 12/98	NCQA Accreditation
CIGNA HealthCare of Texas, Inc. (Dallas/North Texas)	HMO/POS	46,135	COMMENDABLE
FIRSTCARE Southwest Health Alliances (Abilene)	HMO	17,075	
FIRSTCARE Southwest Health Alliances (Amarillo)	HMO	38,943	
FIRSTCARE Southwest Health Alliances (Lubbock)	HMO	26,051	
Harris Methodist Health Plan (Dallas)	HMO	255,616	COMMENDABLE
HMO Blue, Southwest Texas (Abilene/Midland/San Angelo)	HMO	19,772	
HMO Blue, West Texas (Panhandle)	HMO	19,572	
HMO Blue® Texas (Dallas)	HMO/POS	167,680	COMMENDABLE
Humana Health Plan of Texas (Dallas)	HMO	8,516	
PCA Health Plans of Texas, Inc. (North/Dallas)	HMO	34,490	

West Plan Name	Product	HMO Members 12\98	NCQA Accreditation
CIGNA HealthCare of Texas, Inc. (Dallas/North Texas)	HMO/POS	46,135	COMMENDABLE
FIRSTCARE Southwest Health Alliances (Lubbock)	HMO	26,051	
HMO Blue, El Paso (El Paso)	HMO	22,501	
HMO Blue, Southwest Texas (Abilene/Midland/San Angelo)	HMO	19,772	
Presbyterian Health Plan of El Paso (El Paso)	HMO	8,712	
Prudential HealthCare (El Paso)	HMO/POS	15,710	

EXCELLENT - NCQA's highest accreditation status granted to plans that demonstrate levels of service and clinical quality that meet or exceed NCQA's rigorous requirements and also achieve HEDIS results that are in the highest range of national or regional performance.

COMMENDABLE - NCQA's second highest accreditation status granted to plans that demonstrate levels of service and clinical quality that meet or exceed NCQA's rigorous requirements.

ACCREDITED - NCQA's third highest accreditation status granted to plans that meet most of NCQA's basic requirements for consumer protection and quality improvement.