

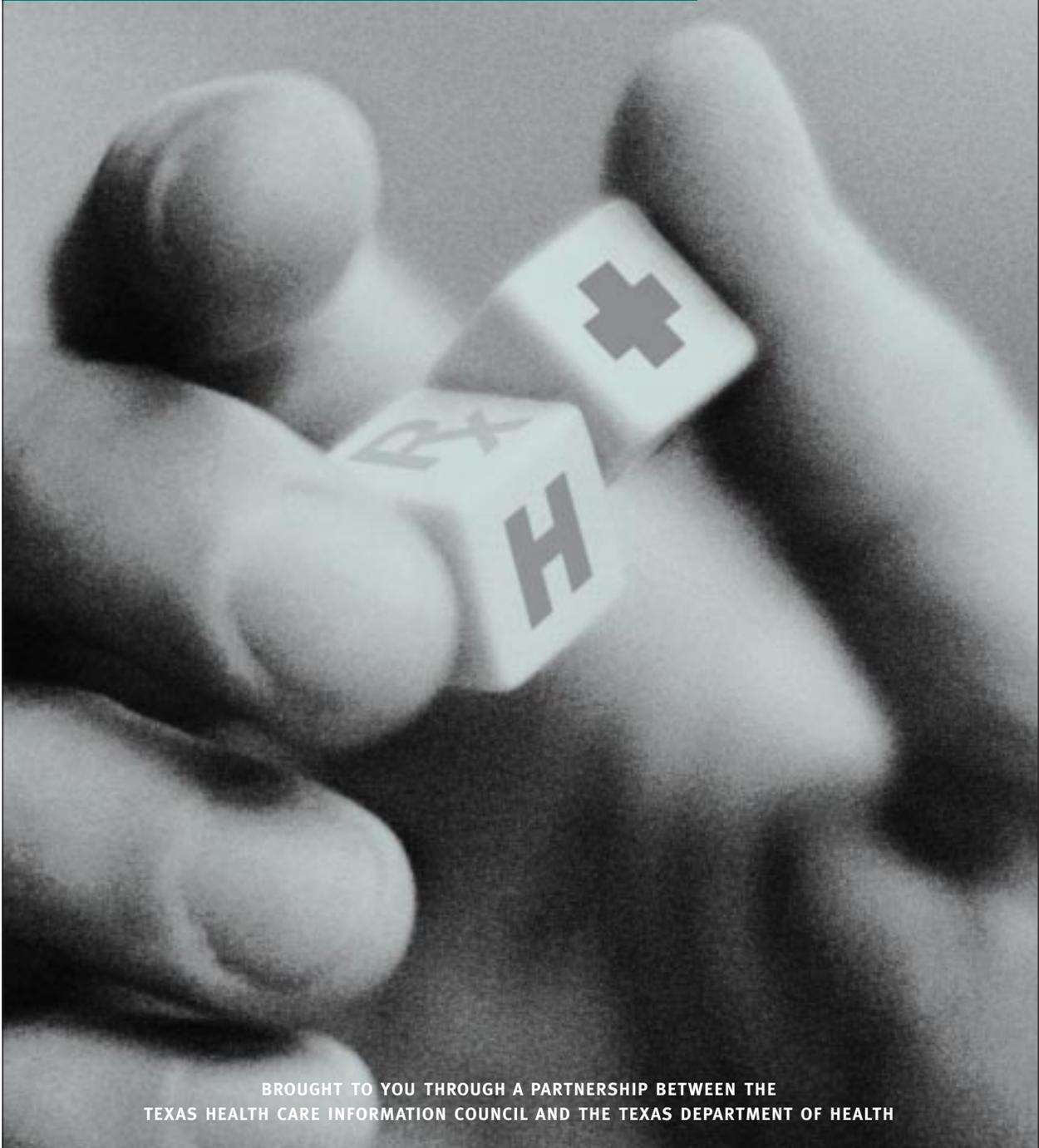
Your HMO Quality Check-up: A Consumer's Guide

THCIC

Choosing Well

Regions:

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



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

The Texas Health Care Information Council (THCIC)

The Texas Health Care Information Council (THCIC)

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

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

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

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

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

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

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

Some Important Things to Consider

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

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

Managing to Control Costs

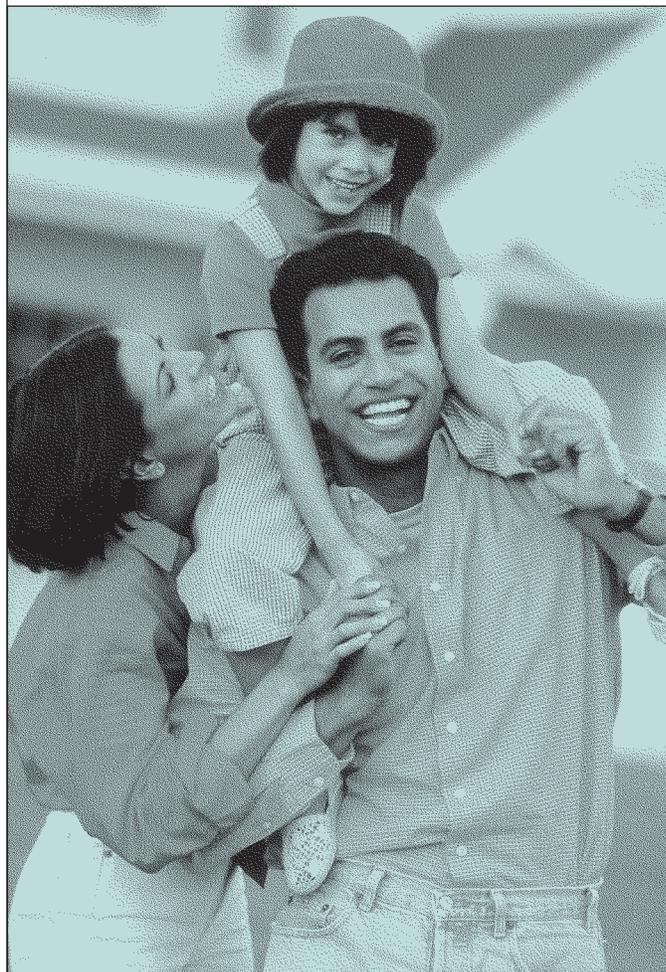
In the past, most people with health insurance could go to any doctor, specialist, or hospital they chose. However, as health care costs continued to go up every year, this type of insurance – called “indemnity” or “fee-for-service” – became too expensive in many cases. Eventually, many individuals and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

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

Collecting Objective Information

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

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



What's Included in this Booklet

This booklet has facts about the 23 HMO plans serving the South Texas region. It covers HMOs operating in the following 47 counties:

Aransas	Kenedy
Atascosa	Kerr
Bandera	Kinney
Bee	Kleberg
Bexar	La Salle
Brooks	Lavaca
Calhoun	Live Oak
Cameron	Maverick
Comal	McMullen
De Witt	Medina
Dimmitt	Nueces
Duval	Real
Edwards	Refugio
Frio	San Patricio
Gillespie	Starr
Goliad	Uvalde
Gonzales	Val Verde
Guadalupe	Victoria
Hidalgo	Webb
Jackson	Willacy
Jim Hogg	Wilson
Jim Wells	Zapata
Karnes	Zavala
Kendall	

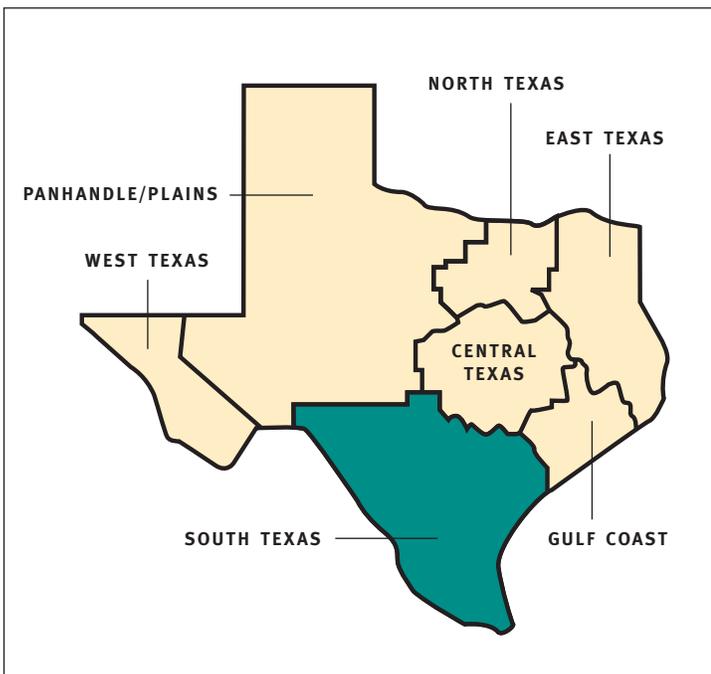
All HMOs offering services in any county in South Texas are included, even if they are headquartered in a city outside the region. Not all HMOs provide services in every county. You can check with the HMO for details about the areas it serves.

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

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

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

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

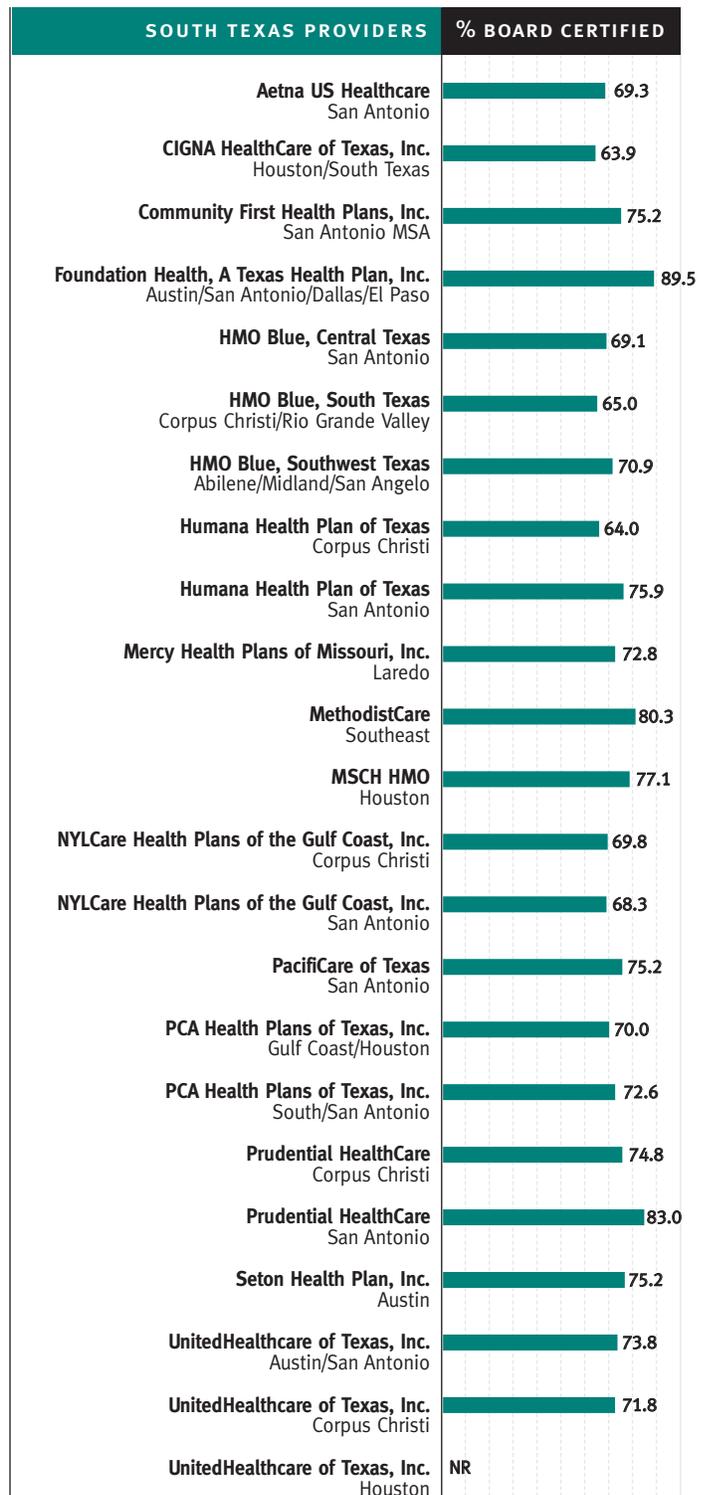


Board Certified Physicians

Percentage of doctors in the HMO network who are board certified

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

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



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

Breast Cancer Screening

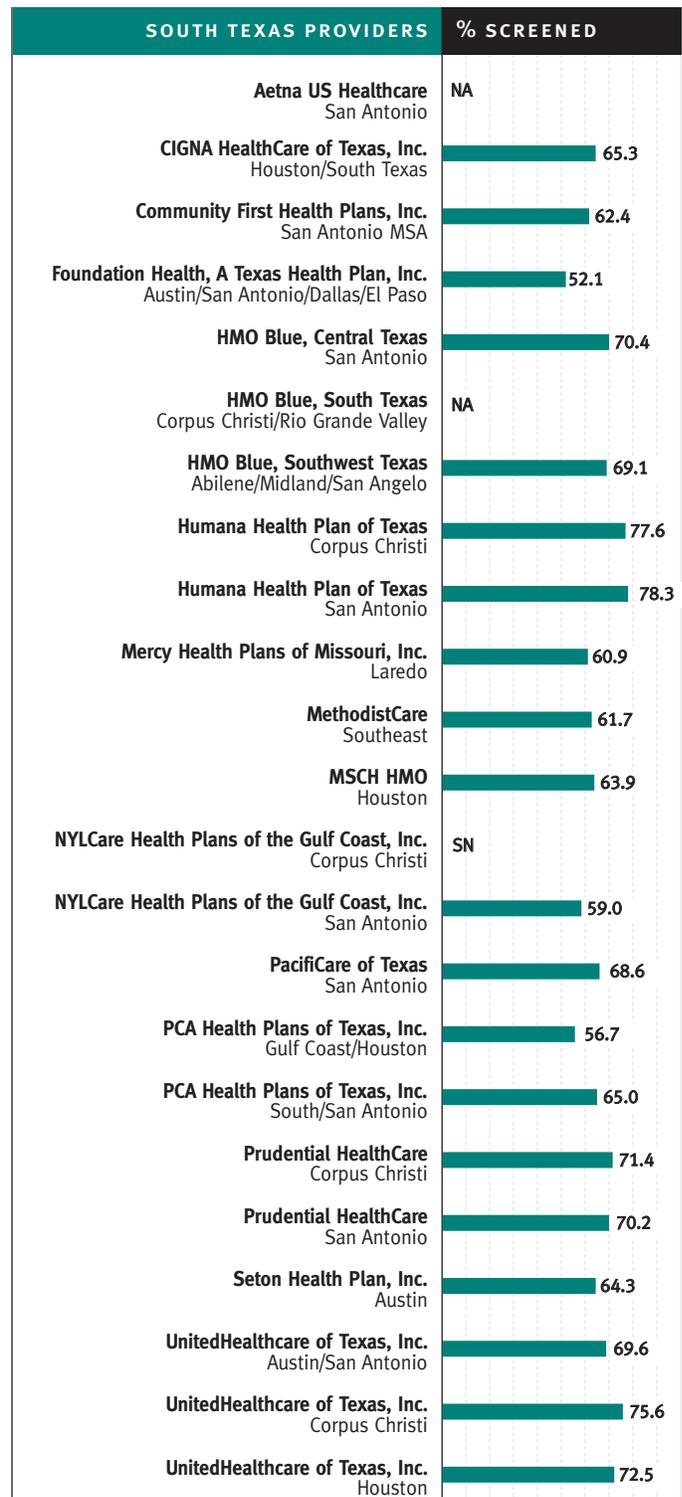
Percentage of women age 52 to 69 using the HMO who received a mammogram within the past two years

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

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

*Values Revised 12/13/99

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Cervical Cancer Screening

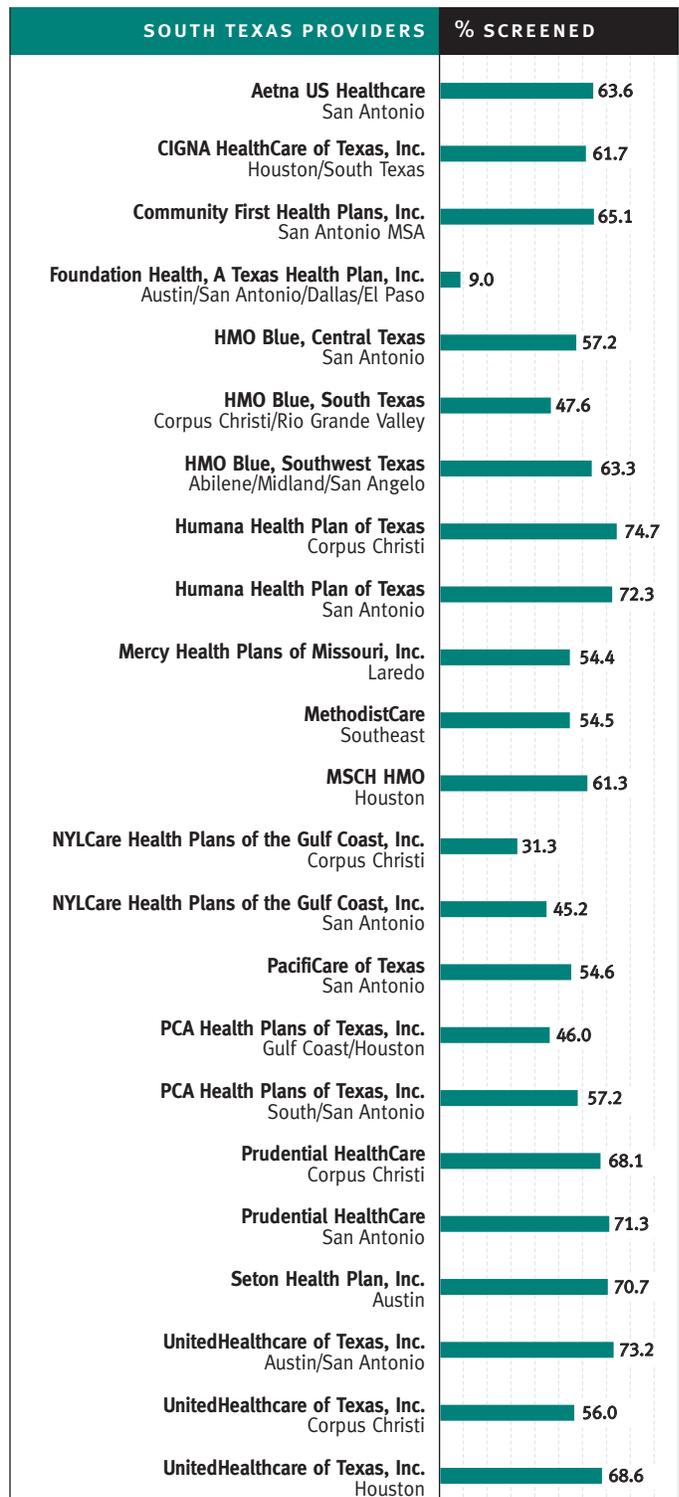
Percentage of women age 21 through 64 using the HMO who received a Pap smear within the past three years

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

REGIONAL AND NATIONAL AVERAGES	
Texas*	61.3%
South Texas*	57.7%
Quality Compass	69.9%
Healthy People 2000 Goal	85.0%

*Values Revised 12/13/99

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Prenatal Care in the First Trimester of Pregnancy

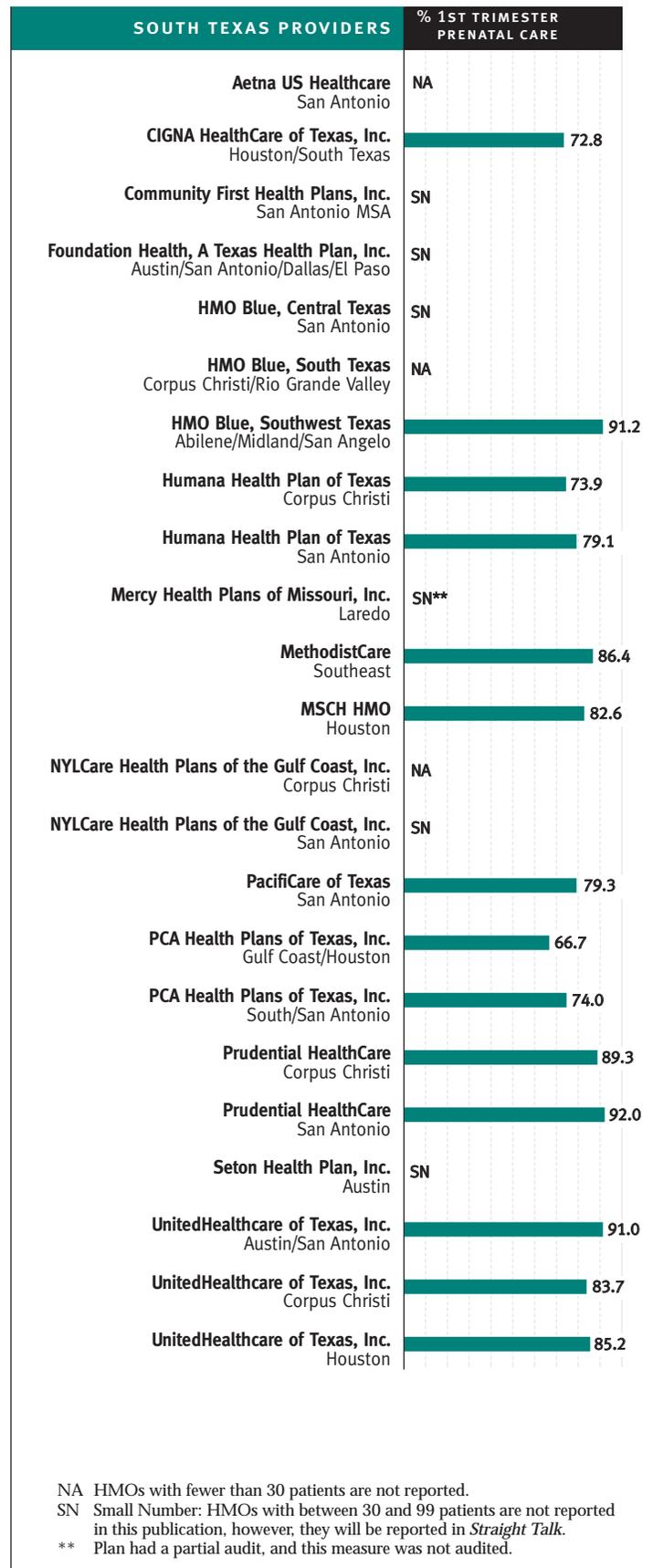
Percentage of pregnant women using the HMO who began prenatal care in the first trimester of pregnancy

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

REGIONAL AND NATIONAL AVERAGES	
Texas*	80.5%
South Texas*	78.9%
Quality Compass	83.6%
Healthy People 2000 Goal	90.0%

*Values Revised 12/13/99

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** Plan had a partial audit, and this measure was not audited.

Well Child Check-ups in the First 15 Months

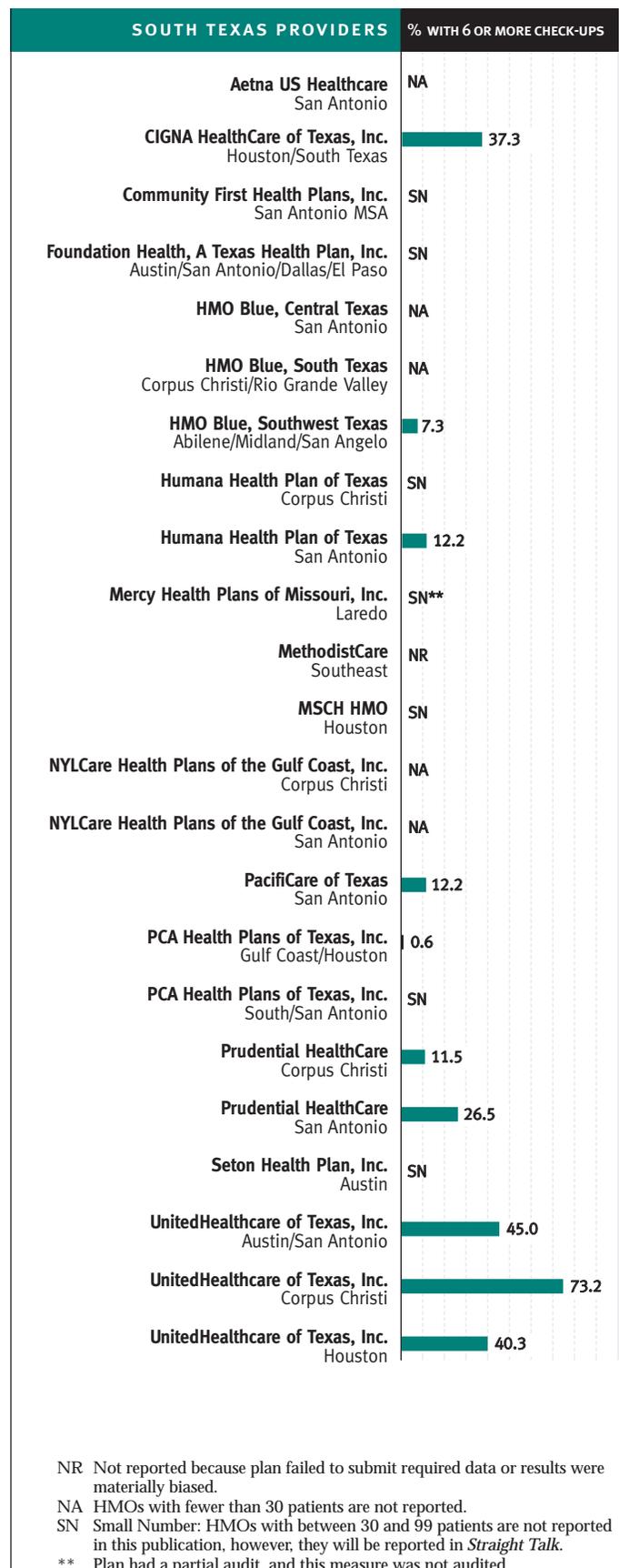
Percentage of children using the HMO who received at least six well-child check-ups by the age of 15 months

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

REGIONAL AND NATIONAL AVERAGES	
Texas*	33.2%
South Texas*	25.8%
Quality Compass	--
Healthy People 2000 Goal	90.0%

*Values Revised 12/13/99

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Eye Exams for People with Diabetes

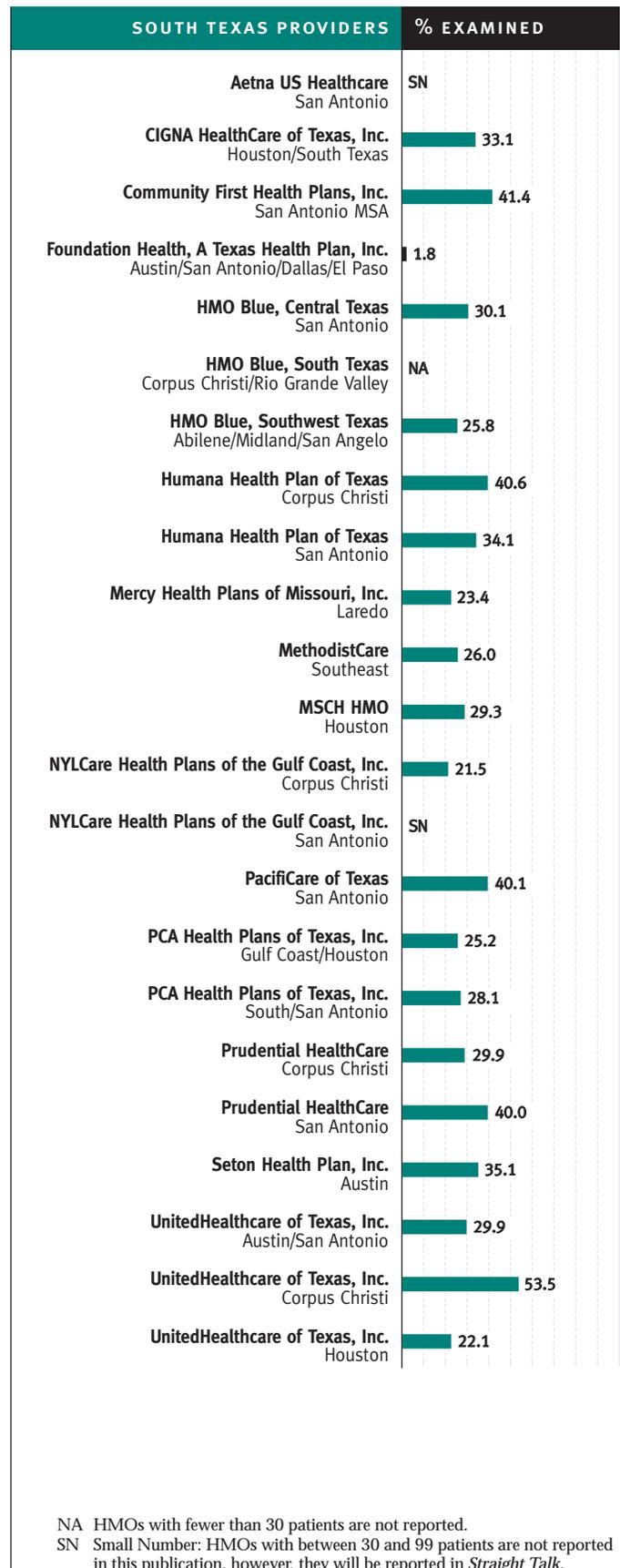
Percentage of people with diabetes using the HMO who had eye exams in the past year

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

REGIONAL AND NATIONAL AVERAGES	
Texas*	26.6%
South Texas*	31.4%
Quality Compass	40.9%
Healthy People 2000 Goal	--

*Values Revised 12/13/99

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Other Quality Indicators

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

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

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

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

SOUTH TEXAS PROVIDERS		PROVIDER TURNOVER	MEMBERS ENROLLED ^Δ	ACCREDITATION STATUS
Aetna US Healthcare San Antonio		3.3%	4,520	
CIGNA HealthCare of Texas, Inc. Houston/South Texas		7.2%	39,083	ACCR
Community First Health Plans, Inc. San Antonio MSA		6.6%	10,218	
Foundation Health, A Texas Health Plan, Inc. Austin/San Antonio/Dallas/El Paso		0.1%	10,827	
HMO Blue, Central Texas San Antonio		22.6%	3,283	
HMO Blue, South Texas Corpus Christi/Rio Grande Valley		6.4%	1,420	
HMO Blue, Southwest Texas Abilene/Midland/San Angelo		10.0%	19,772	
Humana Health Plan of Texas Corpus Christi		8.3%	11,922	
Humana Health Plan of Texas San Antonio		10.5%	53,944	Accr(1)
Mercy Health Plans of Missouri, Inc. Laredo		11.0%	6,530	
MethodistCare Southeast		1.6%	20,041	
MSCH HMO Houston		8.9%	33,055	
NYLCare Health Plans of the Gulf Coast, Inc. Corpus Christi		8.8%	12,448	
NYLCare Health Plans of the Gulf Coast, Inc. San Antonio		15.7%	6,103	
PacifiCare of Texas San Antonio		14.4%	47,291	
PCA Health Plans of Texas, Inc. Gulf Coast/Houston		10.5%	18,705	
PCA Health Plans of Texas, Inc. South/San Antonio		8.8%	9,613	
Prudential HealthCare Corpus Christi		6.3%	9,827	COMM
Prudential HealthCare San Antonio		4.2%	80,992	COMM
Seton Health Plan, Inc. Austin		8.3%	9,432	
UnitedHealthcare of Texas, Inc. Austin/San Antonio		4.7%	74,599	
UnitedHealthcare of Texas, Inc. Corpus Christi		8.7%	26,996	
UnitedHealthcare of Texas, Inc. Houston		5.6%	90,998	

COMM Commendable (formerly "full accreditation")
 ACCR Accredited (formerly "1 year accreditation")
 (1) Merger/consolidation review pending
 Δ Enrollment as of 12/31/98. Does not include POS (Point of Service) members. Data provided by Texas Department of Insurance (TDI).

How People Rated Their Health Plan Experience

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

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

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

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

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

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

CAHPS HEALTH PLANS	RATINGS		
South Texas Regional Average	29%	36%	36%
State Average	29%	36%	35%
Aetna US Healthcare San Antonio	35%	33%	32%
CIGNA HealthCare of Texas, Inc. Houston/South Texas	29%	39%	31%
Community First Health Plans, Inc. San Antonio MSA	24%	36%	40%
Foundation Health, A Texas Health Plan, Inc. Austin/San Antonio/Dallas/El Paso	36%	34%	30%
HMO Blue, Central Texas San Antonio	28%	37%	35%
HMO Blue, South Texas Corpus Christi/Rio Grande Valley	25%	33%	42%
HMO Blue, Southwest Texas Abilene/Midland/San Angelo	33%	33%	34%
Humana Health Plan of Texas Corpus Christi	22%	35%	43%
Humana Health Plan of Texas San Antonio	28%	33%	39%
Mercy Health Plans of Missouri, Inc. Laredo	18%	33%	49%
MethodistCare Southeast	24%	43%	33%
MSCH HMO Houston	37%	32%	32%
NYLCare Health Plans of the Gulf Coast, Inc. Corpus Christi	25%	33%	42%
NYLCare Health Plans of the Gulf Coast, Inc. San Antonio	41%	33%	27%
PacificCare of Texas San Antonio	18%	37%	45%
PCA Health Plans of Texas, Inc. Gulf Coast/Houston	43%	33%	24%
PCA Health Plans of Texas, Inc. South/San Antonio	37%	31%	33%
Prudential HealthCare Corpus Christi	31%	32%	37%
Prudential HealthCare San Antonio	25%	38%	37%
Seton Health Plan, Inc. Austin	34%	44%	22%
UnitedHealthcare of Texas, Inc. Austin/San Antonio	25%	41%	33%
UnitedHealthcare of Texas, Inc. Corpus Christi	21%	37%	42%
UnitedHealthcare of Texas, Inc. Houston	27%	37%	36%

Percentage who gave their plan a rating of:

0-6 7-8 9-10

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