

NEW MEXICO CONSUMER GUIDE TO MANAGED CARE

The New Mexico Consumer Guide to Managed Care is published by the New Mexico Health Policy Commission (HPC). The information in this guide is data for services provided in 2008, collected from Managed Care Organizations. It is used to assist consumers in evaluating health care services, health care providers, and making decisions on their health plan purchases.

What to look for in a health plan:

- High ratings given by members of the health plan.
- Has done a good job preventing and treating illnesses.
- Benefits and services you want or need.
- Services where and when you need them.
- Doctors and hospitals you want or need.
- The National Committee for Quality Assurance (NCQA) Accreditation.

What to look for in a doctor:

- High ratings for quality of care.
- Has the training and experience to meet your needs.
- Will help you make decisions about your health care.
- How well the doctor communicates.
- What languages the doctor speaks.

What to look for when looking for a hospital:

- Accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).
- Ensure that hospital is highly rated by the state.
- Experience and success in treating your condition.
- Works to improve quality of care.

**DO YOUR RESEARCH BEFORE MAKING A
DECISION ABOUT YOUR HEALTH INSURANCE.**

**SHARE THIS REPORT WITH
FAMILY AND FRIENDS.**

INFORMATION IN THIS GUIDE WAS GATHERED FROM NEW MEXICO HEALTH PLANS AND THEIR MEMBERS

Healthcare Effectiveness Data and Information Set (HEDIS®) is used by each of the medical insurance health plans to collect their own data. **HEDIS** is a set of performance measures used to monitor quality and set standards to assist the consumers in purchasing health insurance. Data is collected on an annual basis for performance measures that address many important health issues in our country such as cancer, heart disease, diabetes and many more. The consumer may compare the results of the performance measures for several health plans. **HEDIS** performance measures chosen by a five-member editorial board are presented on the following pages. This report includes results from a satisfaction survey called the **Consumer Assessment of Healthcare Providers and Systems (CAHPS®)** used to ask members of a health plan questions about their experiences with their health plan and medical services. This report provides a comparison of four New Mexico health plans with the State of New Mexico Plan Average.

To learn more about **HEDIS**, go to www.ncqa.org and to learn more about **CAHPS**, go to www.cahps.ahrq.gov.

Only two types of managed care health insurance plans are listed in this report:

- **Health Maintenance Organization (HMO)** - provides medical services based on a prepaid monthly premium and a co-payment for visits to your family doctor or when other medical services are received.
- **Point of Service (POS) Plan** - combines aspects of both prepaid and fee for service insurance. This allows you to receive medical services out of network, but may result in you paying more for the services.

HEALTH CARE MEASURES

New Mexico Commercial Health Plan Performance Measures

Effectiveness of Care

	Blue Cross Blue Shield NM-HMO	Lovelace Health Plan	Presbyterian Health Plan	New Mexico Plan Average	National Average
Antidepressant Medication Management: Effective Acute Phase Percentage of members 18 years of age and older who were diagnosed with depression, were treated with medication and continued taking their medication for at least twelve weeks.	★★	★	★★	63.6%	62.9%
Appropriate Treatment for Children with Upper Respiratory Infection Percentage of children 3 months-18 years of age who were diagnosed with upper respiratory infection and were not dispensed an antibiotic prescription.	★★	★★	★★	84.9%	83.5%
Breast Cancer Screening Percentage of women 42-69 years of age who had a mammogram during the last two years.	★★	★★	★★	64.5%	69.1%
Cervical Cancer Screening Percentage of women 21-64 years of age who received one or more pap tests within the past three years.	★★	★★	★★	76.7%	81.7%
Chlamydia Screening Percentage of women 16-25 years of age who were identified as sexually active and who had at least one test for Chlamydia during the measurement year.	★★	★	★★	48.7%	38.1%
Colorectal Cancer Screening Percentage of adults 50-80 years of age who received a screening for colorectal cancer.	★	★ ★★	★★	53.2%	55.6%
Childhood Immunizations - Combination 2 Percentage of children who received all recommended vaccines by the age of 2.	★★	★★	★★	79.5%	80.8%
Controlling High Blood Pressure Percentage of members whose blood pressure was adequately controlled among adults ages 18-85 years old who are diagnosed with hypertension.	★★	★★	★★	54.6%	62.2%
Diabetes Care - HbA1c Testing Percentage of members 18-75 years of age with diabetes who had an HbA1c test during the past year.	★★	★★	★★	86.7%	88.1%
Diabetes Care - Retinal Exam Percentage of members 18-75 years of age with diabetes who had an eye screening for retinal disease in the past year.	★	★ ★★	★★	47.5%	55.0%
Follow-Up After Hospitalization for Mental Illness - 7 Days Percentage of members who were hospitalized for mental illness & were seen as an outpatient by a mental health professional within 7 days after their discharge.	★★	★★	★★	51.4%	55.6%
Access/Availability of Care					
Children and Adolescents' Access to Primary Care Practitioners Percentage of members 12-24 months old who had a visit with an MCO primary care practitioner.	★	★★	★ ★★	97.1%	96.9%

CONSUMER SATISFACTION



New Mexico Commercial Health Plan Performance Measures

	Blue Cross Blue Shield NM-HMO	Lovelace Health Plan	Presbyterian Health Plan	New Mexico Plan Average	National Average
Getting Needed Care Percentage of members who reported "Always and Usually" to how often it was easy to get appointments with a specialist.	★★	★	★ ★★	82.7%	86.0%
Getting Care Quickly Percentage of members who reported "Always and Usually" to when they needed care right away, or received an appointment for routine care, received the care as soon as they thought they should.	★	★	★ ★★	79.4%	87.0%
Doctors Who Communicate Well Percentage of members who reported "Always and Usually" to providers listening to them, explaining things clearly, showing them respect and spending enough time with them.	★ ★★	★ ★★	★	91.7%	94.0%
Overall Rating of Health Plan Percentage of members who rated their health plan "9 or 10" on a scale of 0-10, with 10 being the best health plan possible.	★	★	★ ★★	67.4%	78.0%
Overall Rating of Health Care Percentage of members who rated their health care "9 or 10" on a scale of 0-10, with 10 being the best health care possible.	★	★	★ ★★	71.6%	87.0%

The HPC calculates and reports a weighted New Mexico Plan Average.

Average scores are calculated using a Standard Deviation for each measure.

★ Above Average Score ★★ Average score ★ Below Average Score

Plan performance measures are compared to the New Mexico Plan Average. The National Average was a figure provided by NCQA

NEW MEXICO COMMERCIAL HEALTH PLANS

HEALTH PLAN REPORTING	Type of Plan	Number of Members as of 12/31/07	NCQA Accreditation Status
Blue Cross Blue Shield of New Mexico - HMO www.bcbsnm.com • 1-800-423-1630	HMO	28,362	Commendable
Lovelace Health Plan www.lovelacehealthplan.com 1-800-808-7363 • (505) 262-7363	HMO & POS	49,352	Excellent
Presbyterian Health Plan www.phs.org • 1-800-356-2219 • (505) 923-5678	HMO & POS	137,758	Excellent

Health Plan Reporting means that the health plan is a health care insurer licensed in New Mexico, has a total premium volume in excess of \$5,000,000 in the year reporting, and offers one or more managed health care plans in New Mexico.

Type of Plan - Health Maintenance Organization (HMO) and Point of Service (POS) are types of managed care health insurance plans.

Number of Members is the total enrollment of New Mexicans insured with a commercial health plan.

NCQA Accreditation Status - NCQA is a private, non-profit organization that evaluates and accredits many kinds of organizations. The NCQA seal states that a health plan has met or exceeded standards and has passed accreditation - a nationally recognized seal of approval. A health plan listed as not accredited may not have undergone the voluntary review by NCQA for accreditation or the plan may have undergone NCQA review but is awaiting a decision.



Accredited Accreditation is for health plans that have met most of NCQA's requirements, a two-star seal.



Commendable Accreditation is for health plans that have met or exceeded all of NCQA's requirements, a three-star seal.



Excellent Accreditation is for health plans that have achieved the highest scores for quality care and service, a four-star seal.

Visit NCQA's website at www.ncqa.org to see if your plan has the seal of approval.

OTHER CONTACTS & LINKS

NM Aging and Long-Term Services Department: 1-800-432-2080

or www.nmaging.state.nm.us

Children, Youth and Families: 1-800-797-3260 or www.cyfd.org

Department of Health: 505-827-2613 or www.health.state.nm.us

Managed Health Care Bureau: 505-827-3928 or www.nmprc.state.nm.us/mhcb.htm

NM Health Policy Commission: 505-827-6201 or www.hpc.state.nm.us

NM Human Services Department: 827-6286 or www.hsd.state.nm.us

Medicaid: 1-888-997-2583 or www.hsd.state.nm.us/mad/Index.html

Medicare: 1-800-MEDICARE (1-800-633-4227) or www.medicare.gov



HPC

New Mexico
Health Policy
Commission

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MISSION STATEMENT

The Health Policy Commission (HPC) is a state agency that provides independent research, guidance and recommendations on health policy issues that impact the health status of New Mexicans.

NM Health Policy Commission
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www.hpc.state.nm.us

2009 NEW MEXICO CONSUMER GUIDE TO MANAGED CARE

THE INFORMATION IN THIS GUIDE IS DATA FOR SERVICES PROVIDED IN 2008
ONLY TWO TYPES OF MANAGED CARE HEALTH INSURANCE PLANS ARE LISTED IN THIS REPORT

HPC

New Mexico
Health Policy
Commission

www.hpc.state.nm.us

NEW MEXICO
PUBLIC REGULATION COMMISSION



INSURANCE DIVISION
MANAGED HEALTH CARE BUREAU
1.800.4 ASK PRC

"Your New Mexico PRC Working for You"

MANAGED HEALTH CARE BUREAU

The Bureau's key focus is to assist managed health care consumers and enrollees in understanding their rights to appeal coverage denials of requested health care services under a managed health care plan or PPO product. Such appeals and complaints are rights afforded to every commercial managed health care enrollee under the New Mexico Patient Protection Act.

Please contact the Bureau, if you have any questions regarding your managed health care insurance plan or wish to file an appeal regarding a decision made by your insurer.

GOVERNOR

BILL RICHARDSON

STATE OF NEW MEXICO

