

The cover art features a collage of New Mexican symbols: a cactus, a rose, and a scale of justice. The text 'New Mexico' is written vertically on the left, '2002' is in the top right, and the main title 'Consumer Guide to Managed Care' is in the center.

# 2002 Consumer Guide to Managed Care

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## Health Care Quality Matters

### What is health care quality and why does it matter?

Health care quality means that health plans, doctors, nurses, clinics and hospitals do:

- **the right things**
- **at the right time**
- **in the right amount**
- **for the right people**

Quality health care helps people feel better and enjoy a better quality of life.

### Why should you be concerned about health care quality?

Health care quality varies from health plan to health plan in ways that can affect your health.

### What will this brochure tell you?

This brochure will show you how each plan's members felt about the care and service they received from their health plan in 2001.

### How does this information help you choose a health plan?

Satisfaction is one important measure of quality in addition to other factors such as covered benefits, services provided, choice of provider and cost. What each plan's members think about their health care and plan may tell you how well that plan will take care of you and your family's health care needs.

Use the information inside this brochure in combination. A single measure of quality does not reflect a health plan's performance.

### What commercial managed care plans are reported in this brochure?

- Blue Cross Blue Shield of NM
- Cimarron Health Plan
- HMO New Mexico (BCBS)
- Lovelace Health Plan
- Presbyterian Health Plan

Access the complete 2002 New Mexico Consumer Guide to Managed Care for detailed information on how the five largest commercial managed care plans in New Mexico performed in specific health care areas such as breast and cervical cancer screening, immunizations, diabetic care and other areas. Find out about your rights and responsibilities in working with your plan.

[www.healthlinknm.org/guide](http://www.healthlinknm.org/guide)

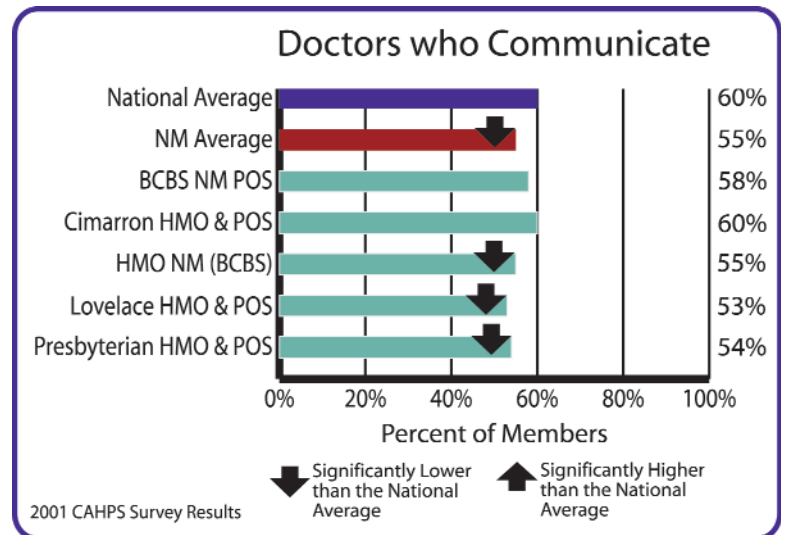
## How to Use the Charts

The purple bar at the top of each chart is a national average based on member ratings of their health care plans. These percentages are the average of 196,635 member ratings from 313 plans that reported nationally. The second or red bar in each chart is the New Mexico average and is the average of the largest commercial plans in New Mexico (reporting \$5 million or more in premium volume, and are each shown in a green bar). The ↑ arrows show that the plan or the NM Average is significantly higher than the national average. The ↓ arrows show that the plan or NM Average is significantly lower than the national average. Bars without arrows mean that the plan or NM Average is about the same as the National Average. See page 5 for more information about the source of this information.

Find the areas that are most important to you. Use this information to see how your current plan compares to other New Mexico plans and the national average.

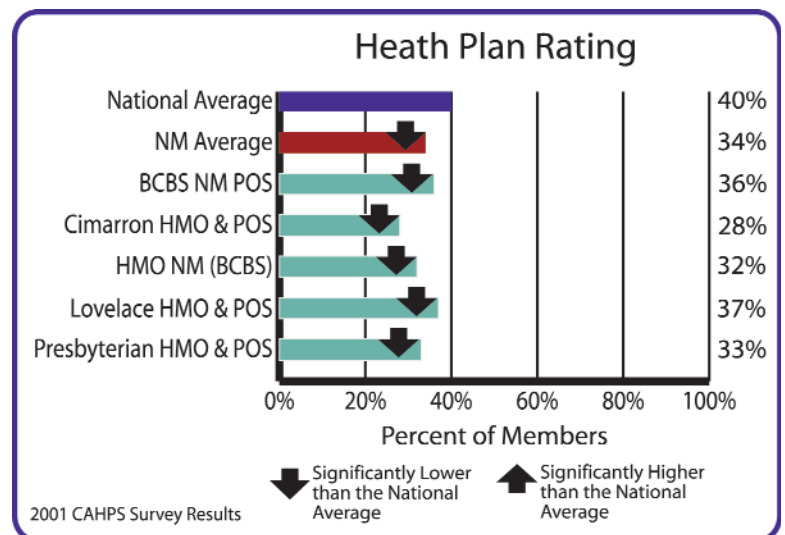
### Do plan members think their doctor or provider listens carefully and explains things in a way that is understandable?

**Doctors who Communicate** - The chart shows the percent of members in each plan who said that the doctors or other health providers in the plan network **always** communicated well. It combines members' answers to questions about how often the provider listened carefully, explained things in a way that they understand, showed respect for what they had to say, and spent enough time with them.



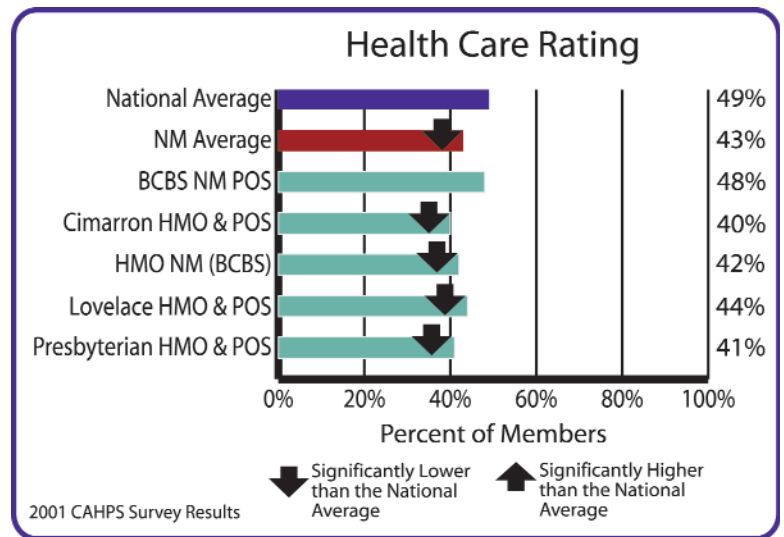
### How satisfied are the plan's members with their health plan?

**Health Plan Rating** - Members rated their plan on a scale of 0 (worst) to 10 (best). The chart shows the percent of members who gave their plan a **high** (9 or 10) rating.



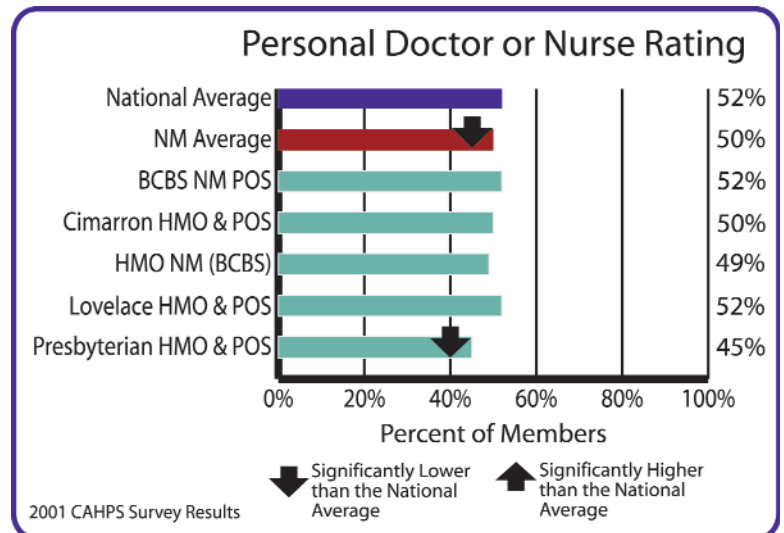
## How satisfied are the plan's members with the overall care they received?

**Health Care Rating** - Members rated the care they received on a scale of 0 (worst) to 10 (best). The chart shows the percent of members who gave the care they received a **high** (9 or 10) rating.



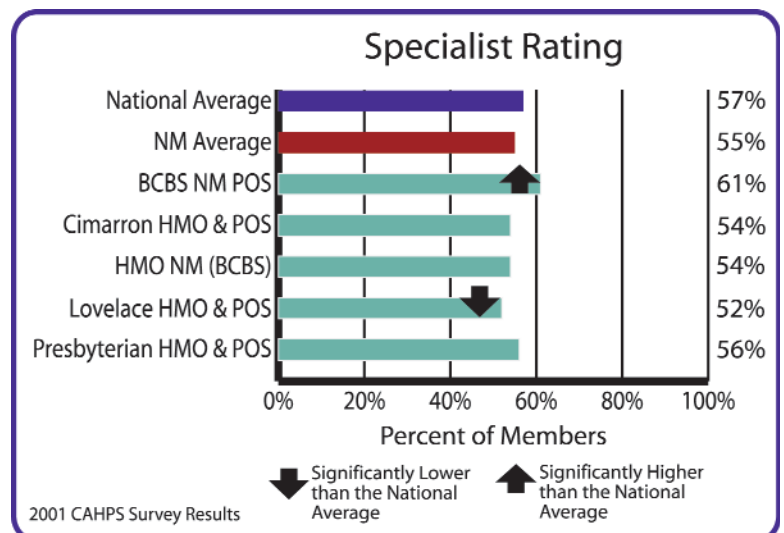
## How do a plan's members rate their doctors?

**Personal Doctor or Nurse Rating** - Members rated their health provider (doctor, specialist doctor, nurse practitioner or physician assistant) on a scale of 0 (worst) to 10 (best). The chart shows the percent of members who gave their provider a **high** (9 or 10) rating.



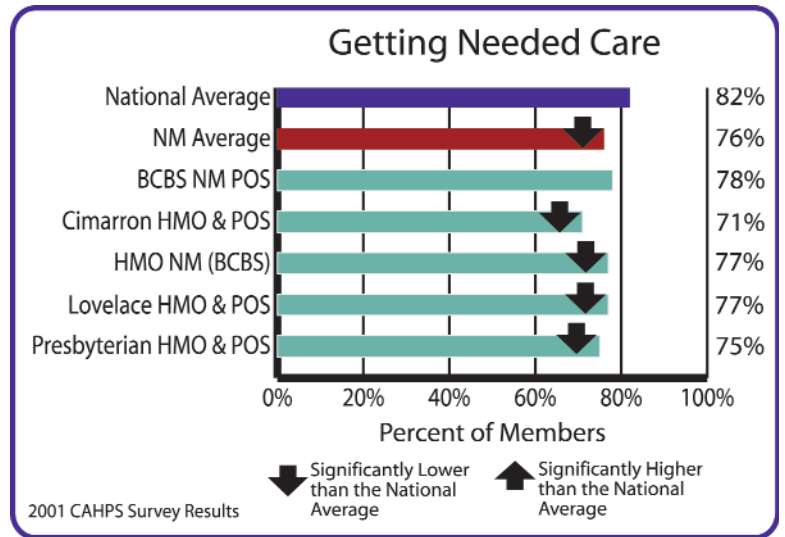
## How do a plan's members rate their specialist?

**Specialist Rating** - Members who saw a specialist rated them on a scale of 0 (worst) to 10 (best). The chart shows the percent of members who gave their specialist a **high** (9 or 10) rating.



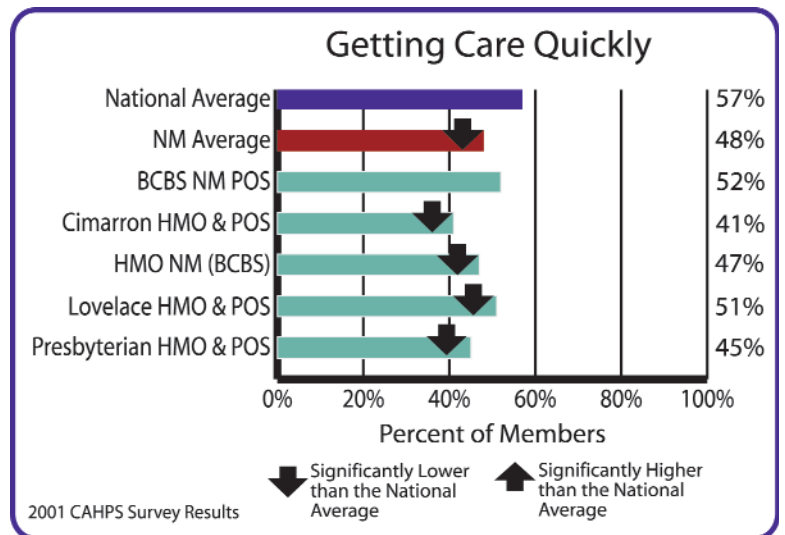
## Do plan members get the care they or their doctor believe is necessary?

**Getting Needed Care** - The chart shows the percent of members in each plan who said they **always** got the care they or their doctor believed was necessary.



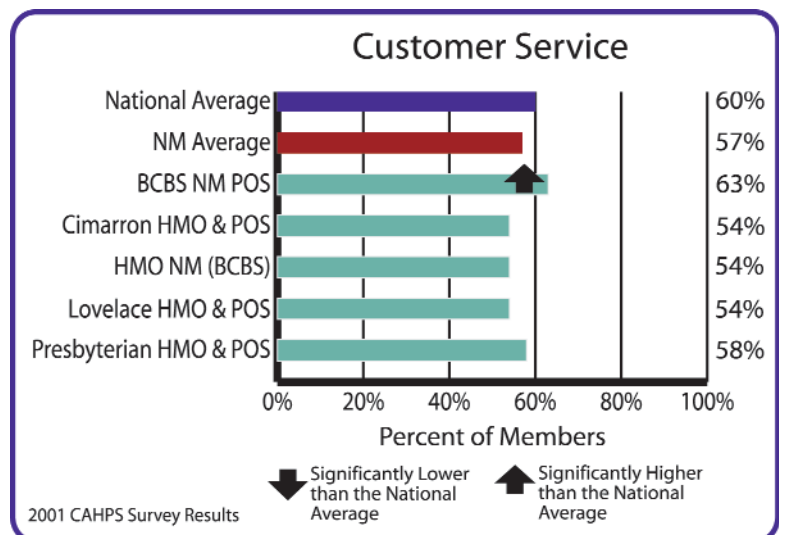
## Do plan members think their doctor's office or clinic responds to a call for help or advice during regular office hours in a timely manner?

**Getting Care Quickly** - The chart shows the percent of members in each plan who said they **always** got the help or advice they needed as soon as they wanted when they called their doctor's office or clinic during regular office hours.



## Do plan members get the help they need when they call their plan's customer service?

**Customer Service** - The chart shows the percent of members in each plan who said it was **not a problem** to get the help they needed when they called their health plan's customer service.



**What is Managed Care?** Managed care is a general term used to describe the type of health care where a health insurer or insurance plan coordinates care for its members through a group of doctors, hospitals and other providers called a network. In return, the health plan receives pre-set monthly payments, or premiums, for its services. This brochure reports on the five largest commercial managed care plans in New Mexico. These plans provide health care coverage paid for by employers and individual consumers.

**Two Types of Managed Care Plans are:**

- **Health Maintenance Organization (HMO)** - HMOs provide a range of health care services to members in return for a monthly premium. With some HMOs you will pay nothing when you visit doctors. With others there may be a small co-payment, usually \$15 or \$20 per visit. HMOs offer a list of doctors from which to choose a primary care physician (PCP). Your PCP coordinates your care, and generally, you must contact your PCP to be referred to a specialist. If you see a doctor outside of the HMO network of doctors without an approved referral, you will pay the bill.
- **Point of Service (POS)** - Some HMOs offer an option known as a POS that allows you to visit doctors outside of the HMO network. If your PCP refers you outside the network, the plan will pay most or all of the bill. If you visit a doctor outside of the plan without a referral and the service is covered, you will pay part of the bill.

**For Information on:**  
**Medicaid:** 888.997.2583  
**Medicare:** 800.MEDICARE or access [www.medicare.gov](http://www.medicare.gov)  
**NM Agency on Aging Health Insurance and Benefits Assistance Corp** - Call 800.432.2080 for assistance about Medicare and other health insurance questions.

**Where does this information come from?** In the spring of 2001, a random sample of each health plan’s members answered detailed questions about their health plan and their health providers using a national member satisfaction survey called Consumer Assessment of Health Plans Survey (CAHPS®). The surveys were conducted and analyzed by independent certified survey firms, at each plan’s expense, before the health plan saw the results.

The source for comparative CAHPS® survey data used in this publication is the National CAHPS® Benchmarking Database (NCBD). Any analysis, interpretation, or conclusion based on these data is solely that of the authors. The NCBD is a collaborative initiative of Westat and Shaller Consulting, with funding provided by the Agency for Healthcare Research and Quality.

For more information about CAHPS® access [www.ahrq.gov/qual/cahpfact.htm](http://www.ahrq.gov/qual/cahpfact.htm).

**Contact the Plans**

**Blue Cross Blue Shield of NM**  
POS 800.432.0750

**Cimarron Health Plan**  
HMO & POS 505.798.7373  
800.377.9594 x2528

**HMO New Mexico (BCBS)**  
HMO 800.423.1620

**Lovelace Health Systems**  
HMO & POS Albuquerque Area  
505.262.7363  
HMO & POS Outside Albuquerque  
800.808.7363

**Presbyterian Health Plan**  
HMO& POS Albuquerque Area  
505.923.5678  
HMO& POS Outside Albuquerque  
800.356.2219



# **How do New Mexico health care plans measure up?**

The 2002 NM Consumer Guide to Managed Care helps you compare the quality of health care among commercial managed care plans in New Mexico.

More details at:

**[www.healthlinknm.org/guide](http://www.healthlinknm.org/guide)**

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