

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**INDIVIDUAL PROFILES OF
MEDICARE RISK HMOs**



**APRIL 1995
OEI-06-91-00733**

OFFICE OF INSPECTOR GENERAL

The mission of the Office of Inspector General (OIG), as mandated by Public Law 95-452, as amended, is to protect the integrity of the Department of Health and Human Services' (HHS) programs as well as the health and welfare of beneficiaries served by those programs. This statutory mission is carried out through a nationwide network of audits, investigations, and inspections conducted by three OIG operating components: the Office of Audit Services, the Office of Investigations, and the Office of Evaluation and Inspections. The OIG also informs the Secretary of HHS of program, and management problems, and recommends courses to correct them.

OFFICE OF AUDIT SERVICES

The OIG's Office of Audit Services (OAS) provides all auditing services for HHS, either by conducting audits with its own audit resources or by overseeing audit work done by others. Audits examine the performance of HHS programs and/or its grantees and contractors in carrying out their respective responsibilities and are intended to provide independent assessments of HHS programs and operations in order to reduce waste, abuse, and mismanagement and to promote economy and efficiency throughout the Department.

OFFICE OF INVESTIGATIONS

The OIG's Office of Investigations (OI) conducts criminal, civil, and administrative investigations of allegations of wrongdoing in HHS programs or to HHS beneficiaries and of unjust enrichment by providers. The investigative efforts of OI lead to criminal convictions, administrative sanctions, or civil money penalties. The OI also oversees State Medicaid fraud control units which investigate and prosecute fraud and patient abuse in the Medicaid program.

OFFICE OF EVALUATION AND INSPECTIONS

The OIG's Office of Evaluation and Inspections (OEI) conducts short-term management and program evaluations (called inspections) that focus on issues of concern to the Department, the Congress, and the public. The findings and recommendations contained in these inspection reports generate rapid, accurate, and up-to-date information on the efficiency, vulnerability, and effectiveness of departmental programs. This report was prepared in the Dallas regional office under the direction of Ralph Tunnell, Regional Inspector General and Chester B. Slaughter, Deputy Regional Inspector General. Project staff:

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● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: 0545 —	Enrollees (N = 37)				Disenrollees (N = 36)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
Beneficiary Responses to Key Survey Questions by Category								
For scheduled appointments with specialists, usually waited less than 13 days.	81% (970)	96% (26)	+15%	●	75% (477)	72% (13)	-3%	⊕
When very sick, was able to get a doctor's appointment within 1 to 2 days.	93% (942)	96% (21)	+3%	⊕	89% (453)	93% (13)	+4%	⊕
Usually waited less than 1 hour in the office to see primary HMO doctor.	95% (1,431)	85% (29)	-10%	○	87% (704)	76% (19)	-11%	⊕
Consistently busy telephone lines did <u>not</u> hinder bene's making appointments.	90% (780)	86% (18)	-4%	⊕	89% (425)	90% (18)	+1%	⊕
SERVICES								
Primary HMO doctor never failed to provide needed Medicare services.	96% (1,475)	100% (34)	+4%	●	88% (744)	82% (22)	-6%	⊕
Primary HMO doctor never failed to refer to a specialist when needed.	96% (1,439)	97% (30)	+1%	⊕	88% (732)	71% (20)	-17%	○
Didn't feel the need to seek out-of-plan care, excluding dental, routine eye, and emergent/urgent care.	93% (1,397)	94% (33)	+1%	⊕	86% (696)	85% (22)	-1%	⊕
Medical care received through the HMO caused beneficiaries' health to:								
▶ improve	53% (772)	38% (13)	-15%	○	41% (296)	20% (5)	-21%	○
▶ stay about the same	45% (649)	59% (20)	+14%	●	49% (383)	72% (18)	+23%	●
▶ worsen	2% (32)	3% (1)	+1%	⊕	10% (86)	8% (2)	-2%	⊕
PERSONAL TREATMENT								
Primary HMO doctor never failed to take beneficiary's health complaints seriously.	88% (1349)	79% (22)	-9%	○	76% (650)	88% (29)	+12%	●

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: 0545 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 37)				Disenrollees (N = 36)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
Most important to primary HMO doctor was:								
▶ giving the best medical care possible	86% (1,197)	93% (28)	+7%	●	72% (471)	52% (12)	-20%	○
▶ holding down the cost of care	9% (120)	0% (4)	-9%	○	26% (162)	48% (11)	+22%	●
Most important to the HMO was:								
▶ giving the best medical care possible	74% (1,036)	72% (23)	-2%	⊕	58% (387)	43% (9)	-15%	⊕
▶ holding down the cost of care	15% (213)	6% (2)	-9%	○	36% (230)	48% (10)	+12%	⊕

AETNA HEALTH PLANS OF NORTHERN CALIFORNIA

No. Enrollees: 14,580	Total No. Sampled: 94	Total No. Respondents: 60
Model type: IPA	For-Profit	Competitive

● Above average
⊕ Average
○ Below average
NS Not sufficient data

HMO ID #: H 0547	Enrollees (N = 34)				Disenrollees (N = 26)			
Beneficiary Responses to Key Survey Questions by Category	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
HEALTH SCREENING								
Was <u>not</u> asked at application about health problems, excluding kidney failure and hospice care.	63% (717)	94% (15)	+31%	●	58% (430)	64% (9)	+6%	⊕
Physical exam was <u>not</u> required before joining.	96% (1,295)	100% (20)	+4%	⊕	98% (824)	94% (16)	-4%	○
UNDERSTANDING OF HMOs								
Did know they could change their minds about enrolling after they applied.	88% (1,078)	82% (14)	-6%	⊕	82% (611)	69% (11)	-13%	⊕
Did know, from the beginning, they must be referred to a specialist by their primary HMO doctors.	89% (1,444)	91% (31)	+2%	⊕	84% (852)	83% (20)	-1%	⊕
Did know, from the beginning, they could only use HMO doctors and hospitals (except emergent care and urgent care outside the service area.)	96% (1,585)	100% (34)	+4%	●	93% (958)	96% (23)	+3%	⊕
Did know they had the right to appeal an HMO's refusal to provide/pay for services.	74% (1,113)	86% (25)	+12%	●	67% (523)	60% (12)	-7%	⊕
APPOINTMENTS								
For scheduled appointments with primary HMO doctors, usually waited less than 13 days.	85% (1,276)	94% (29)	+9%	⊕	82% (681)	90% (17)	+8%	⊕

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 0547 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 34)				Disenrollees (N = 26)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
For scheduled appointments with specialists, usually waited less than 13 days.	81% (970)	100% (27)	+19%	●	75% (477)	94% (16)	+19%	●
When very sick, was able to get a doctor's appointment within 1 to 2 days.	93% (942)	96% (24)	+3%	⊕	89% (453)	100% (14)	+11%	⊕
Usually waited less than 1 hour in the office to see primary HMO doctor.	95% (1,431)	97% (31)	+2%	⊕	87% (704)	95% (18)	+8%	⊕
Consistently busy telephone lines did <u>not</u> hinder bene's making appointments.	90% (780)	100% (20)	+10%	⊕	89% (425)	100% (9)	+11%	⊕
SERVICES								
Primary HMO doctor never failed to provide needed Medicare services.	96% (1,475)	97% (31)	+1%	⊕	88% (744)	100% (19)	+12%	●
Primary HMO doctor never failed to refer to a specialist when needed.	96% (1,439)	97% (30)	+1%	⊕	88% (732)	90% (18)	+2%	⊕
Didn't feel the need to seek out-of-plan care, excluding dental, routine eye, and emergent/urgent care.	93% (1,397)	97% (29)	+4%	●	86% (696)	83% (15)	-3%	⊕
Medical care received through the HMO caused beneficiaries' health to:								
▶ improve	53% (772)	57% (17)	+4%	⊕	41% (296)	41% (7)	0%	⊕
▶ stay about the same	45% (649)	43% (13)	-2%	⊕	49% (383)	59% (10)	+10%	⊕
▶ worsen	2% (32)	0% (0)	-2%	⊕	10% (86)	0% (0)	-10%	⊕
PERSONAL TREATMENT								
Primary HMO doctor never failed to take beneficiary's health complaints seriously.	88% (1349)	84% (26)	-4%	⊕	76% (650)	95% (18)	+19%	●

● Above average ⊕ Average ○ Below average NS Not sufficient data

HMO ID #: H 0547 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 34)				Disenrollees (N = 26)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
Most important to primary HMO doctor was:								
▶ giving the best medical care possible	86% (1,197)	88% (28)	+2%	⊕	72% (471)	95% (18)	+23%	●
▶ holding down the cost of care	9% (120)	6% (2)	-3%	⊕	26% (162)	0% (0)	-26%	○
Most important to the HMO was:								
▶ giving the best medical care possible	74% (1,036)	77% (23)	+3%	⊕	58% (387)	56% (9)	-2%	⊕
▶ holding down the cost of care	15% (213)	20% (6)	+5%	⊕	36% (230)	31% (5)	-5%	⊕

AMERIMED (CA)

No. Enrollees: 1,024	Total No. Sampled: 96	Total No. Respondents: 49
Model type: IPA	For-Profit	Competitive

● Above average
⊕ Average
○ Below average
NS Not sufficient data

HMO ID #: 0557	Enrollees (N = 28)				Disenrollees (N = 21)			
Beneficiary Responses to Key Survey Questions by Category	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
HEALTH SCREENING								
Was <u>not</u> asked at application about health problems, excluding kidney failure and hospice care.	63% (717)	63% (12)	0%	⊕	58% (430)	47% (7)	-11%	⊕
Physical exam was <u>not</u> required before joining.	96% (1,295)	96% (27)	0%	⊕	98% (824)	100% (17)	+2%	⊕
UNDERSTANDING OF HMOs								
Did know they could change their minds about enrolling after they applied.	88% (1,078)	80% (20)	-8%	⊕	82% (611)	89% (16)	+7%	⊕
Did know, from the beginning, they must be referred to a specialist by their primary HMO doctors.	89% (1,444)	85% (22)	-4%	⊕	84% (852)	77% (13)	-7%	⊕
Did know, from the beginning, they could only use HMO doctors and hospitals (except emergent care and urgent care outside the service area.)	96% (1,585)	85% (23)	-11%	○	93% (958)	80% (16)	-13%	○
Did know they had the right to appeal an HMO's refusal to provide/pay for services.	74% (1,113)	81% (17)	+7%	⊕	67% (523)	46% (5)	-21%	○
APPOINTMENTS								
For scheduled appointments with primary HMO doctors, usually waited less than 13 days.	85% (1,276)	91% (21)	+6%	⊕	82% (681)	82% (9)	0%	⊕

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: 0557 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 28)				Disenrollees (N = 21)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
For scheduled appointments with specialists, usually waited less than 13 days.	81% (970)	81% (13)	0%	⊕	75% (477)	55% (6)	-20%	○
When very sick, was able to get a doctor's appointment within 1 to 2 days.	93% (942)	100% (9)	+7%	⊕	89% (453)	80% (8)	-9%	⊕
Usually waited less than 1 hour in the office to see primary HMO doctor.	95% (1,431)	100% (24)	+5%	⊕	87% (704)	73% (8)	-14%	○
Consistently busy telephone lines did <u>not</u> hinder bene's making appointments.	90% (780)	88% (7)	-2%	⊕	89% (425)	100% (3)	+11%	⊕
SERVICES								
Primary HMO doctor never failed to provide needed Medicare services.	96% (1,475)	91% (21)	-5%	○	88% (744)	82% (9)	-6%	⊕
Primary HMO doctor never failed to refer to a specialist when needed.	96% (1,439)	100% (20)	+4%	●	88% (732)	91% (10)	+3%	⊕
Didn't feel the need to seek out-of-plan care, excluding dental, routine eye, and emergent/urgent care.	93% (1,397)	95% (18)	+2%	⊕	86% (696)	82% (9)	-4%	⊕
Medical care received through the HMO caused beneficiaries' health to:								
▶ improve	53% (772)	41% (9)	-12%	○	41% (296)	50% (5)	+9%	⊕
▶ stay about the same	45% (649)	59% (13)	+14%	●	49% (383)	50% (5)	+1%	⊕
▶ worsen	2% (32)	0% (0)	-2%	⊕	10% (86)	0% (0)	-10%	⊕
PERSONAL TREATMENT								
Primary HMO doctor never failed to take beneficiary's health complaints seriously.	88% (1349)	76% (16)	-12%	○	76% (650)	70% (7)	-6%	⊕

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: 0557 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 28)				Disenrollees (N = 21)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
Most important to primary HMO doctor was:								
▶ giving the best medical care possible	86% (1,197)	91% (19)	+5%	⊕	72% (471)	56% (5)	-16%	⊕
▶ holding down the cost of care	9% (120)	10% (2)	+1%	⊕	26% (162)	44% (4)	+18%	●
Most important to the HMO was:								
▶ giving the best medical care possible	74% (1,036)	71% (12)	-3%	⊕	58% (387)	25% (2)	-33%	○
▶ holding down the cost of care	15% (213)	18% (3)	+3%	⊕	36% (230)	75% (6)	+39%	●

HEALTH NET (CA)

No. Enrollees: 6,131	Total No. Sampled: 99	Total No. Respondents: 72
Model type: IPA	For-Profit	Competitive

● Above average
⊕ Average
○ Below average
NS Not sufficient data

HMO ID #: H 0563	Enrollees (N = 36)				Disenrollees (N = 36)			
Beneficiary Responses to Key Survey Questions by Category	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
HEALTH SCREENING								
Was <u>not</u> asked at application about health problems, excluding kidney failure and hospice care.	63% (717)	57% (4)	-6%	⊕	58% (430)	93% (13)	+35%	●
Physical exam was <u>not</u> required before joining.	96% (1,295)	100% (8)	+4%	⊕	98% (824)	100% (14)	+2%	⊕
UNDERSTANDING OF HMOs								
Did know they could change their minds about enrolling after they applied.	88% (1,078)	83% (5)	-5%	⊕	82% (611)	91% (10)	+9%	⊕
Did know, from the beginning, they must be referred to a specialist by their primary HMO doctors.	89% (1,444)	84% (27)	-5%	⊕	84% (852)	92% (23)	+8%	⊕
Did know, from the beginning, they could only use HMO doctors and hospitals (except emergent care and urgent care outside the service area.)	96% (1,585)	94% (30)	-2%	⊕	93% (958)	100% (25)	+7%	⊕
Did know they had the right to appeal an HMO's refusal to provide/pay for services.	74% (1,113)	73% (22)	-1%	⊕	67% (523)	46% (6)	-21%	○
APPOINTMENTS								
For scheduled appointments with primary HMO doctors, usually waited less than 13 days.	85% (1,276)	90% (27)	+5%	⊕	82% (681)	85% (11)	+3%	⊕

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 0563 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 36)				Disenrollees (N = 36)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
For scheduled appointments with specialists, usually waited less than 13 days.	81% (970)	88% (21)	+7%	⊕	75% (477)	73% (8)	-2%	⊕
When very sick, was able to get a doctor's appointment within 1 to 2 days.	93% (942)	86% (19)	-7%	⊕	89% (453)	100% (9)	+11%	⊕
Usually waited less than 1 hour in the office to see primary HMO doctor.	95% (1,431)	100% (29)	+5%	⊕	87% (704)	100% (14)	+13%	●
Consistently busy telephone lines did <u>not</u> hinder bene's making appointments.	90% (780)	86% (19)	-4%	⊕	89% (425)	100% (6)	+11%	⊕
SERVICES								
Primary HMO doctor never failed to provide needed Medicare services.	96% (1,475)	100% (30)	+4%	●	88% (744)	93% (13)	+5%	⊕
Primary HMO doctor never failed to refer to a specialist when needed.	96% (1,439)	97% (31)	+1%	⊕	88% (732)	93% (13)	+5%	⊕
Didn't feel the need to seek out-of-plan care, excluding dental, routine eye, and emergent/urgent care.	93% (1,397)	90% (28)	-3%	⊕	86% (696)	93% (13)	+7%	⊕
Medical care received through the HMO caused beneficiaries' health to:								
▶ improve	53% (772)	57% (17)	+4%	⊕	41% (296)	50% (7)	+9%	⊕
▶ stay about the same	45% (649)	40% (12)	-5%	⊕	49% (383)	43% (6)	-6%	⊕
▶ worsen	2% (32)	3% (1)	+1%	⊕	10% (86)	7% (1)	-3%	⊕
PERSONAL TREATMENT								
Primary HMO doctor never failed to take beneficiary's health complaints seriously.	88% (1349)	90% (26)	+2%	⊕	76% (650)	69% (9)	-7%	○

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 0563 —	Enrollees (N = 36)				Disenrollees (N = 36)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
Beneficiary Responses to Key Survey Questions by Category								
Most important to primary HMO doctor was:								
▶ giving the best medical care possible	86% (1,197)	93% (26)	+7%	●	72% (471)	73% (8)	+1%	⊕
▶ holding down the cost of care	9% (120)	0% (0)	-9%	○	26% (162)	27% (3)	+1%	⊕
Most important to the HMO was:								
▶ giving the best medical care possible	74% (1,036)	89% (23)	+15%	●	58% (387)	67% (8)	+9%	⊕
▶ holding down the cost of care	15% (213)	4% (1)	-11%	○	36% (230)	25% (3)	-11%	⊕

HMO COLORADO, INC.

No. Enrollees: 894	Total No. Sampled: 57	Total No. Respondents: 52
Model type: IPA	Not For-Profit	Competitive

● Above average ⊕ Average ○ Below average NS Not sufficient data

HMO ID #: H 0603	Enrollees (N = 46)				Disenrollees (N = 6)			
Beneficiary Responses to Key Survey Questions by Category	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
HEALTH SCREENING								
Was <u>not</u> asked at application about health problems, excluding kidney failure and hospice care.	63% (717)	67% (22)	+4%	⊕	58% (430)	75% (3)	+17%	⊕
Physical exam was <u>not</u> required before joining.	96% (1,295)	97% (35)	+1%	⊕	98% (824)	100% (5)	+2%	⊕
UNDERSTANDING OF HMOs								
Did know they could change their minds about enrolling after they applied.	88% (1,078)	90% (26)	+2%	⊕	82% (611)	50% (2)	-32%	○
Did know, from the beginning, they must be referred to a specialist by their primary HMO doctors.	89% (1,444)	93% (42)	+4%	⊕	84% (852)	40% (2)	-44%	○
Did know, from the beginning, they could only use HMO doctors and hospitals (except emergent care and urgent care outside the service area.)	96% (1,585)	93% (41)	-3%	⊕	93% (958)	100% (5)	+7%	⊕
Did know they had the right to appeal an HMO's refusal to provide/pay for services.	74% (1,113)	74% (32)	0%	⊕	67% (523)			NS
APPOINTMENTS								
For scheduled appointments with primary HMO doctors, usually waited less than 13 days.	85% (1,276)	100% (43)	+15%	●	82% (681)			NS

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 0603 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 46)				Disenrollees (N = 6)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
For scheduled appointments with specialists, usually waited less than 13 days.	81% (970)	92% (34)	+11%	⊕	75% (477)	100% (1)	+25%	●
When very sick, was able to get a doctor's appointment within 1 to 2 days.	93% (942)	92% (24)	-1%	⊕	89% (453)	100% (1)	+11%	⊕
Usually waited less than 1 hour in the office to see primary HMO doctor.	95% (1,431)	98% (42)	+3%	⊕	87% (704)	100% (1)	+13%	●
Consistently busy telephone lines did <u>not</u> hinder bene's making appointments.	90% (780)	95% (20)	+5%	⊕	89% (425)			NS
SERVICES								
Primary HMO doctor never failed to provide needed Medicare services.	96% (1,475)	96% (42)	0%	⊕	88% (744)	80% (4)	-8%	⊕
Primary HMO doctor never failed to refer to a specialist when needed.	96% (1,439)	96% (43)	0%	⊕	88% (732)	80% (4)	-8%	⊕
Didn't feel the need to seek out-of-plan care, excluding dental, routine eye, and emergent/urgent care.	93% (1,397)	91% (40)	-2%	⊕	86% (696)	100% (5)	+14%	●
Medical care received through the HMO caused beneficiaries' health to:								
▶ improve	53% (772)	47% (21)	-6%	⊕	41% (296)	40% (2)	-1%	⊕
▶ stay about the same	45% (649)	47% (21)	+2%	⊕	49% (383)	20% (1)	-29%	○
▶ worsen	2% (32)	7% (3)	+5%	●	10% (86)	40% (2)	+30%	●
PERSONAL TREATMENT								
Primary HMO doctor never failed to take beneficiary's health complaints seriously.	88% (1349)	87% (34)	-1%	⊕	76% (650)	80% (4)	+4%	⊕

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 0603 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 46)				Disenrollees (N = 6)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
Most important to primary HMO doctor was:								
▶ giving the best medical care possible	86% (1,197)	89% (32)	+3%	⊕	72% (471)	60% (3)	-12%	⊕
▶ holding down the cost of care	9% (120)	8% (3)	-1%	⊕	26% (162)	40% (2)	+14%	⊕
Most important to the HMO was:								
▶ giving the best medical care possible	74% (1,036)	71% (27)	-3%	⊕	58% (387)	60% (3)	+2%	⊕
▶ holding down the cost of care	15% (213)	18% (7)	+3%	⊕	36% (230)	40% (2)	+4%	⊕

COMPRE CARE HEALTH CARE SERVICES (CO)

No. Enrollees: 6,756	Total No. Sampled: 100	Total No. Respondents: 81
Model type: IPA	For-Profit	Competitive

● Above average
⊕ Average
○ Below average
NS Not sufficient data

HMO ID #: H 0609	Enrollees (N = 42)				Disenrollees (N = 39)			
Beneficiary Responses to Key Survey Questions by Category	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
HEALTH SCREENING								
Was <u>not</u> asked at application about health problems, excluding kidney failure and hospice care.	63% (717)	71% (17)	+8%	⊕	58% (430)	85% (23)	+27%	●
Physical exam was <u>not</u> required before joining.	96% (1,295)	97% (29)	+1%	⊕	98% (824)	100% (34)	+2%	⊕
UNDERSTANDING OF HMOs								
Did know they could change their minds about enrolling after they applied.	88% (1,078)	74% (17)	-14%	○	82% (611)	69% (20)	-13%	⊕
Did know, from the beginning, they must be referred to a specialist by their primary HMO doctors.	89% (1,444)	98% (40)	+9%	●	84% (852)	97% (38)	+13%	●
Did know, from the beginning, they could only use HMO doctors and hospitals (except emergent care and urgent care outside the service area.)	96% (1,585)	100% (40)	+4%	●	93% (958)	100% (38)	+7%	⊕
Did know they had the right to appeal an HMO's refusal to provide/pay for services.	74% (1,113)	68% (28)	-6%	⊕	67% (523)	77% (26)	+10%	⊕
APPOINTMENTS								
For scheduled appointments with primary HMO doctors, usually waited less than 13 days.	85% (1,276)	95% (38)	+10%	⊕	82% (681)	97% (31)	+15%	⊕

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 0609 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 42)				Disenrollees (N = 39)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
For scheduled appointments with specialists, usually waited less than 13 days.	81% (970)	91% (32)	+10%	⊕	75% (477)	96% (21)	+21%	●
When very sick, was able to get a doctor's appointment within 1 to 2 days.	93% (942)	100% (28)	+7%	⊕	89% (453)	96% (21)	+7%	⊕
Usually waited less than 1 hour in the office to see primary HMO doctor.	95% (1,431)	95% (35)	0%	⊕	87% (704)	94% (29)	+7%	⊕
Consistently busy telephone lines did <u>not</u> hinder bene's making appointments.	90% (780)	100% (18)	+10%	⊕	89% (425)	95% (18)	+6%	⊕
SERVICES								
Primary HMO doctor never failed to provide needed Medicare services.	96% (1,475)	100% (41)	+4%	●	88% (744)	94% (32)	+6%	⊕
Primary HMO doctor never failed to refer to a specialist when needed.	96% (1,439)	95% (39)	-1%	⊕	88% (732)	91% (32)	+3%	⊕
Didn't feel the need to seek out-of-plan care, excluding dental, routine eye, and emergent/urgent care.	93% (1,397)	93% (38)	0%	⊕	86% (696)	97% (33)	+11%	●
Medical care received through the HMO caused beneficiaries' health to:								
▶ improve	53% (772)	41% (16)	-12%	○	41% (296)	46% (12)	+5%	⊕
▶ stay about the same	45% (649)	59% (23)	+14%	●	49% (383)	54% (14)	+5%	⊕
▶ worsen	2% (32)	0% (0)	-2%	⊕	10% (86)	0% (0)	-10%	⊕
PERSONAL TREATMENT								
Primary HMO doctor never failed to take beneficiary's health complaints seriously.	88% (1349)	93% (37)	+5%	⊕	76% (650)	76% (25)	0%	⊕

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 0609 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 42)				Disenrollees (N = 39)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
Most important to primary HMO doctor was:								
▶ giving the best medical care possible	86% (1,197)	87% (28)	+1%	⊕	72% (471)	81% (21)	+9%	⊕
▶ holding down the cost of care	9% (120)	3% (4)	-6%	○	26% (162)	15% (4)	-11%	⊕
Most important to the HMO was:								
▶ giving the best medical care possible	74% (1,036)	81% (30)	+7%	⊕	58% (387)	52% (12)	-6%	⊕
▶ holding down the cost of care	15% (213)	11% (4)	-4%	⊕	36% (230)	39% (9)	+3%	⊕

QUAL-MED, INC. (COLORADO SPRINGS, CO)

No. Enrollees: 828	Total No. Sampled: 63	Total No. Respondents: 50
Model type: IPA	For-Profit	Competitive

● Above average
⊕ Average
○ Below average
NS Not sufficient data

HMO ID #: H 0616	Enrollees (N = 39)				Disenrollees (N = 11)			
Beneficiary Responses to Key Survey Questions by Category	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
HEALTH SCREENING								
Was <u>not</u> asked at application about health problems, excluding kidney failure and hospice care.	63% (717)	84% (27)	+21%	●	58% (430)	50% (3)	-8%	⊕
Physical exam was <u>not</u> required before joining.	96% (1,295)	100% (36)	+4%	⊕	98% (824)	100% (10)	+2%	⊕
UNDERSTANDING OF HMOs								
Did know they could change their minds about enrolling after they applied.	88% (1,078)	97% (33)	+9%	●	82% (611)	63% (5)	-19%	○
Did know, from the beginning, they must be referred to a specialist by their primary HMO doctors.	89% (1,444)	100% (36)	+11%	●	84% (852)	78% (7)	-6%	⊕
Did know, from the beginning, they could only use HMO doctors and hospitals (except emergent care and urgent care outside the service area.)	96% (1,585)	100% (36)	+4%	●	93% (958)	90% (9)	-3%	⊕
Did know they had the right to appeal an HMO's refusal to provide/pay for services.	74% (1,113)	78% (25)	+4%	⊕	67% (523)			NS
APPOINTMENTS								
For scheduled appointments with primary HMO doctors, usually waited less than 13 days.	85% (1,276)	97% (32)	+12%	⊕	82% (681)			NS

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 0616 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 39)				Disenrollees (N = 11)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
Most important to primary HMO doctor was:								
▶ giving the best medical care possible	86% (1,197)	91% (29)	+5%	⊕	72% (471)			NS
▶ holding down the cost of care	9% (120)	3% (1)	-6%	○	26% (162)			NS
Most important to the HMO was:								
▶ giving the best medical care possible	74% (1,036)	60% (18)	-14%	○	58% (387)			NS
▶ holding down the cost of care	15% (213)	20% (6)	+5%	⊕	36% (230)			NS

QUAL-MED, INC. (PUEBLO, CO)

No. Enrollees: 1,009	Total No. Sampled: 64	Total No. Respondents: 42
Model type: IPA	For-Profit	Competitive

● Above average
⊕ Average
○ Below average
NS Not sufficient data

HMO ID #: H 0617	Enrollees (N = 35)				Disenrollees (N = 7)			
Beneficiary Responses to Key Survey Questions by Category	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
HEALTH SCREENING								
Was <u>not</u> asked at application about health problems, excluding kidney failure and hospice care.	63% (717)	70% (14)	+7%	⊕	58% (430)			NS
Physical exam was <u>not</u> required before joining.	96% (1,295)	96% (23)	0%	⊕	98% (824)			NS
UNDERSTANDING OF HMOs								
Did know they could change their minds about enrolling after they applied.	88% (1,078)	91% (21)	+3%	⊕	82% (611)			NS
Did know, from the beginning, they must be referred to a specialist by their primary HMO doctors.	89% (1,444)	97% (31)	+8%	⊕	84% (852)			NS
Did know, from the beginning, they could only use HMO doctors and hospitals (except emergent care and urgent care outside the service area.)	96% (1,585)	94% (31)	-2%	⊕	93% (958)			NS
Did know they had the right to appeal an HMO's refusal to provide/pay for services.	74% (1,113)	72% (21)	-2%	⊕	67% (523)			NS
APPOINTMENTS								
For scheduled appointments with primary HMO doctors, usually waited less than 13 days.	85% (1,276)	84% (26)	-1%	⊕	82% (681)			NS

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 0617 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 35)				Disenrollees (N = 7)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
For scheduled appointments with specialists, usually waited less than 13 days.	81% (970)	91% (20)	+10%	⊕	75% (477)			NS
When very sick, was able to get a doctor's appointment within 1 to 2 days.	93% (942)	96% (26)	+3%	⊕	89% (453)			NS
Usually waited less than 1 hour in the office to see primary HMO doctor.	95% (1,431)	97% (29)	+2%	⊕	87% (704)			NS
Consistently busy telephone lines did <u>not</u> hinder bene's making appointments.	90% (780)	93% (14)	+3%	⊕	89% (425)			NS
SERVICES								
Primary HMO doctor never failed to provide needed Medicare services.	96% (1,475)	94% (29)	-2%	⊕	88% (744)			NS
Primary HMO doctor never failed to refer to a specialist when needed.	96% (1,439)	97% (29)	+1%	⊕	88% (732)			NS
Didn't feel the need to seek out-of-plan care, excluding dental, routine eye, and emergent/urgent care.	93% (1,397)	91% (29)	-2%	⊕	86% (696)			NS
Medical care received through the HMO caused beneficiaries' health to:								
▶ improve	53% (772)	41% (12)	-12%	○	41% (296)			NS
▶ stay about the same	45% (649)	55% (16)	+10%	●	49% (383)			NS
▶ worsen	2% (32)	3% (1)	+1%	⊕	10% (86)			NS
PERSONAL TREATMENT								
Primary HMO doctor never failed to take beneficiary's health complaints seriously.	88% (1349)	84% (26)	-4%	⊕	76% (650)			NS

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 0617 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 35)				Disenrollees (N = 7)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
Most important to primary HMO doctor was:								
▶ giving the best medical care possible	86% (1,197)	85% (22)	-1%	⊕	72% (471)			NS
▶ holding down the cost of care	9% (120)	8% (2)	-1%	⊕	26% (162)			NS
Most important to the HMO was:								
▶ giving the best medical care possible	74% (1,036)	62% (18)	-12%	○	58% (387)			NS
▶ holding down the cost of care	15% (213)	28% (8)	+13%	●	36% (230)			NS

HEALTH OPTIONS - SOUTH FLORIDA

No. Enrollees: 19,310	Total No. Sampled: 100	Total No. Respondents: 62
Model type: IPA	For-Profit	Competitive

● Above average
⊕ Average
○ Below average
NS Not sufficient data

HMO ID #: H 1026	Enrollees (N = 34)				Disenrollees (N = 28)			
Beneficiary Responses to Key Survey Questions by Category	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
HEALTH SCREENING								
Was <u>not</u> asked at application about health problems, excluding kidney failure and hospice care.	63% (717)	56% (14)	-7%	⊕	58% (430)	33% (6)	-25%	○
Physical exam was <u>not</u> required before joining.	96% (1,295)	97% (29)	+1%	⊕	98% (824)	100% (23)	+2%	⊕
UNDERSTANDING OF HMOs								
Did know they could change their minds about enrolling after they applied.	88% (1,078)	96% (26)	+8%	⊕	82% (611)	76% (16)	-6%	⊕
Did know, from the beginning, they must be referred to a specialist by their primary HMO doctors.	89% (1,444)	100% (32)	+11%	●	84% (852)	85% (23)	+1%	⊕
Did know, from the beginning, they could only use HMO doctors and hospitals (except emergent care and urgent care outside the service area.)	96% (1,585)	100% (32)	+4%	●	93% (958)	96% (25)	+3%	⊕
Did know they had the right to appeal an HMO's refusal to provide/pay for services.	74% (1,113)	77% (24)	+3%	⊕	67% (523)	61% (14)	-6%	⊕
APPOINTMENTS								
For scheduled appointments with primary HMO doctors, usually waited less than 13 days.	85% (1,276)	91% (28)	+6%	⊕	82% (681)	88% (21)	+6%	⊕

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 1026 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 34)				Disenrollees (N = 28)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
For scheduled appointments with specialists, usually waited less than 13 days.	81% (970)	89% (23)	+8%	⊕	75% (477)	95% (18)	+20%	●
When very sick, was able to get a doctor's appointment within 1 to 2 days.	93% (942)	87% (20)	-6%	⊕	89% (453)	100% (14)	+11%	⊕
Usually waited less than 1 hour in the office to see primary HMO doctor.	95% (1,431)	94% (29)	-1%	⊕	87% (704)	77% (17)	-10%	⊕
Consistently busy telephone lines did <u>not</u> hinder bene's making appointments.	90% (780)	96% (24)	+6%	⊕	89% (425)	87% (13)	-2%	⊕
SERVICES								
Primary HMO doctor never failed to provide needed Medicare services.	96% (1,475)	90% (28)	-6%	○	88% (744)	88% (21)	0%	⊕
Primary HMO doctor never failed to refer to a specialist when needed.	96% (1,439)	90% (28)	-6%	○	88% (732)	87% (20)	-1%	⊕
Didn't feel the need to seek out-of-plan care, excluding dental, routine eye, and emergent/urgent care.	93% (1,397)	97% (29)	+4%	●	86% (696)	91% (20)	+5%	⊕
Medical care received through the HMO caused beneficiaries' health to:								
▶ improve	53% (772)	74% (20)	+21%	●	41% (296)	30% (7)	-11%	⊕
▶ stay about the same	45% (649)	26% (7)	-19%	○	49% (383)	57% (13)	+8%	⊕
▶ worsen	2% (32)	0% (0)	-2%	⊕	10% (86)	13% (3)	+3%	⊕
PERSONAL TREATMENT								
Primary HMO doctor never failed to take beneficiary's health complaints seriously.	88% (1349)	94% (29)	+6%	●	76% (650)	68% (17)	-8%	⊕

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 1026 —	Enrollees (N = 34)				Disenrollees (N = 28)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
Beneficiary Responses to Key Survey Questions by Category								
Most important to primary HMO doctor was:								
▶ giving the best medical care possible	86% (1,197)	96% (24)	+10%	●	72% (471)	75% (12)	+3%	⊕
▶ holding down the cost of care	9% (120)	4% (1)	-5%	○	26% (162)	25% (4)	-1%	⊕
Most important to the HMO was:								
▶ giving the best medical care possible	74% (1,036)	71% (20)	-3%	⊕	58% (387)	61% (11)	+3%	⊕
▶ holding down the cost of care	15% (213)	21% (6)	+6%	⊕	36% (230)	28% (5)	-8%	⊕

HUMANA MEDICAL PLAN (FL)

No. Enrollees: 209,393	Total No. Sampled: 96	Total No. Respondents: 59
Model type: Staff	For-Profit	Competitive

● Above average
⊕ Average
○ Below average
NS Not sufficient data

HMO ID #: H 1036	Enrollees (N = 36)				Disenrollees (N = 23)			
Beneficiary Responses to Key Survey Questions by Category	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
HEALTH SCREENING								
Was <u>not</u> asked at application about health problems, excluding kidney failure and hospice care.	63% (717)	46% (13)	-17%	⊕	58% (430)	39% (7)	-19%	⊕
Physical exam was <u>not</u> required before joining.	96% (1,295)	100% (35)	+4%	⊕	98% (824)	100% (20)	+2%	⊕
UNDERSTANDING OF HMOs								
Did know they could change their minds about enrolling after they applied.	88% (1,078)	91% (31)	+3%	⊕	82% (611)	85% (17)	+3%	⊕
Did know, from the beginning, they must be referred to a specialist by their primary HMO doctors.	89% (1,444)	92% (33)	+3%	⊕	84% (852)	76% (16)	-8%	⊕
Did know, from the beginning, they could only use HMO doctors and hospitals (except emergent care and urgent care outside the service area.)	96% (1,585)	94% (34)	-2%	⊕	93% (958)	95% (20)	+2%	⊕
Did know they had the right to appeal an HMO's refusal to provide/pay for services.	74% (1,113)	74% (23)	-0%	⊕	67% (523)	74% (14)	+7%	⊕
APPOINTMENTS								
For scheduled appointments with primary HMO doctors, usually waited less than 13 days.	85% (1,276)	86% (24)	+1%	⊕	82% (681)	86% (18)	+4%	⊕

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 1036 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 36)				Disenrollees (N = 23)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
For scheduled appointments with specialists, usually waited less than 13 days.	81% (970)	71% (17)	-10%	⊕	75% (477)	73% (11)	-2%	⊕
When very sick, was able to get a doctor's appointment within 1 to 2 days.	93% (942)	100% (19)	+7%	⊕	89% (453)	87% (13)	-2%	⊕
Usually waited less than 1 hour in the office to see primary HMO doctor.	95% (1,431)	94% (31)	-1%	⊕	87% (704)	71% (15)	-16%	○
Consistently busy telephone lines did <u>not</u> hinder bene's making appointments.	90% (780)	90% (18)	0%	⊕	89% (425)	80% (12)	-9%	⊕
SERVICES								
Primary HMO doctor never failed to provide needed Medicare services.	96% (1,475)	97% (30)	+1%	⊕	88% (744)	65% (15)	-23%	○
Primary HMO doctor never failed to refer to a specialist when needed.	96% (1,439)	97% (29)	+1%	⊕	88% (732)	62% (13)	-26%	○
Didn't feel the need to seek out-of-plan care, excluding dental, routine eye, and emergent/urgent care.	93% (1,397)	93% (27)	0%	⊕	86% (696)	68% (15)	-18%	○
Medical care received through the HMO caused beneficiaries' health to:								
▶ improve	53% (772)	47% (15)	-6%	⊕	41% (296)	29% (6)	-12%	⊕
▶ stay about the same	45% (649)	53% (17)	+8%	⊕	49% (383)	33% (7)	-16%	○
▶ worsen	2% (32)	0% (0)	-2%	⊕	10% (86)	38% (8)	+28%	●
PERSONAL TREATMENT								
Primary HMO doctor never failed to take beneficiary's health complaints seriously.	88% (1349)	89% (25)	-1%	⊕	76% (650)	41% (9)	-35%	○

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 1036 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 36)				Disenrollees (N = 23)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
Most important to primary HMO doctor was:								
▶ giving the best medical care possible	86% (1,197)	69% (18)	-17%	○	72% (471)	39% (7)	-33%	○
▶ holding down the cost of care	9% (120)	19% (5)	+10%	●	26% (162)	56% (10)	+30%	●
Most important to the HMO was:								
▶ giving the best medical care possible	74% (1,036)	71% (20)	-3%	⊕	58% (387)	32% (6)	-26%	○
▶ holding down the cost of care	15% (213)	11% (3)	-4%	⊕	36% (230)	58% (11)	+22%	●

PCA HEALTH PLANS OF FLORIDA

No. Enrollees: 6,193	Total No. Sampled: 100	Total No. Respondents: 67
Model type: IPA	For-Profit	Competitive

● Above average
⊕ Average
○ Below average
NS Not sufficient data

HMO ID #: H 1056 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 40)				Disenrollees (N = 27)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
HEALTH SCREENING								
Was <u>not</u> asked at application about health problems, excluding kidney failure and hospice care.	63% (717)	84% (27)	+21%	●	58% (430)	55% (12)	-3%	⊕
Physical exam was <u>not</u> required before joining.	96% (1,295)	100% (34)	+4%	⊕	98% (824)	92% (22)	-6%	○
UNDERSTANDING OF HMOs								
Did know they could change their minds about enrolling after they applied.	88% (1,078)	92% (34)	+4%	⊕	82% (611)	91% (21)	+9%	⊕
Did know, from the beginning, they must be referred to a specialist by their primary HMO doctors.	89% (1,444)	95% (38)	+6%	⊕	84% (852)	83% (19)	-1%	⊕
Did know, from the beginning, they could only use HMO doctors and hospitals (except emergent care and urgent care outside the service area.)	96% (1,585)	98% (39)	+2%	⊕	93% (958)	100% (23)	+7%	⊕
Did know they had the right to appeal an HMO's refusal to provide/pay for services.	74% (1,113)	81% (30)	+7%	⊕	67% (523)	65% (11)	-2%	⊕
APPOINTMENTS								
For scheduled appointments with primary HMO doctors, usually waited less than 13 days.	85% (1,276)	83% (30)	-2%	⊕	82% (681)	82% (14)	0%	⊕

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 1056 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 40)				Disenrollees (N = 27)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
For scheduled appointments with specialists, usually waited less than 13 days.	81% (970)	79% (23)	-2%	⊕	75% (477)	72% (13)	-3%	⊕
When very sick, was able to get a doctor's appointment within 1 to 2 days.	93% (942)	84% (21)	-9%	○	89% (453)	80% (8)	-9%	⊕
Usually waited less than 1 hour in the office to see primary HMO doctor.	95% (1,431)	90% (35)	-5%	⊕	87% (704)	75% (15)	-12%	○
Consistently busy telephone lines did <u>not</u> hinder bene's making appointments.	90% (780)	94% (29)	+4%	⊕	89% (425)	100% (13)	+11%	⊕
SERVICES								
Primary HMO doctor never failed to provide needed Medicare services.	96% (1,475)	95% (36)	-1%	⊕	88% (744)	82% (14)	-6%	⊕
Primary HMO doctor never failed to refer to a specialist when needed.	96% (1,439)	95% (36)	-1%	⊕	88% (732)	68% (13)	-20%	○
Didn't feel the need to seek out-of-plan care, excluding dental, routine eye, and emergent/urgent care.	93% (1,397)	97% (37)	+4%	●	86% (696)	79% (15)	-7%	⊕
Medical care received through the HMO caused beneficiaries' health to:								
▶ improve	53% (772)	49% (16)	-4%	⊕	41% (296)	12% (2)	-29%	○
▶ stay about the same	45% (649)	52% (17)	+7%	⊕	49% (383)	71% (12)	+22%	●
▶ worsen	2% (32)	0% (0)	-2%	⊕	10% (86)	18% (3)	+8%	⊕
PERSONAL TREATMENT								
Primary HMO doctor never failed to take beneficiary's health complaints seriously.	88% (1349)	92% (36)	+4%	⊕	76% (650)	56% (9)	-20%	○

● Above average

⊕ Average

○ Below average

NS Not sufficient data

Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 40)				Disenrollees (N = 27)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
HMO ID #: H 1056								
Most important to primary HMO doctor was:								
▶ giving the best medical care possible	86% (1,197)	79% (27)	-7%	○	72% (471)	62% (8)	-10%	⊕
▶ holding down the cost of care	9% (120)	12% (4)	+3%	⊕	26% (162)	39% (5)	+13%	⊕
Most important to the HMO was:								
▶ giving the best medical care possible	74% (1,036)	62% (21)	-12%	○	58% (387)	31% (4)	-27%	○
▶ holding down the cost of care	15% (213)	21% (1)	+6%	⊕	36% (230)	54% (7)	+18%	●

HUMANA HEALTH PLAN (IL)

No. Enrollees: 20,817	Total No. Sampled: 96	Total No. Respondents: 54
Model type: Staff	For-Profit	Competitive

● Above average
⊕ Average
○ Below average
NS Not sufficient data

HMO ID #: H 1406	Enrollees (N = 35)				Disenrollees (N = 19)			
Beneficiary Responses to Key Survey Questions by Category	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
HEALTH SCREENING								
Was <u>not</u> asked at application about health problems, excluding kidney failure and hospice care.	63% (717)	44% (11)	-19%	○	58% (430)			NS
Physical exam was <u>not</u> required before joining.	96% (1,295)	96% (22)	0%	⊕	98% (824)			NS
UNDERSTANDING OF HMOs								
Did know they could change their minds about enrolling after they applied.	88% (1,078)	92% (22)	+4%	⊕	82% (611)			NS
Did know, from the beginning, they must be referred to a specialist by their primary HMO doctors.	89% (1,444)	82% (27)	-7%	⊕	84% (852)			NS
Did know, from the beginning, they could only use HMO doctors and hospitals (except emergent care and urgent care outside the service area.)	96% (1,585)	97% (33)	+1%	⊕	93% (958)			NS
Did know they had the right to appeal an HMO's refusal to provide/pay for services.	74% (1,113)	76% (22)	+2%	⊕	67% (523)			NS
APPOINTMENTS								
For scheduled appointments with primary HMO doctors, usually waited less than 13 days.	85% (1,276)	73% (24)	-12%	⊕	82% (681)			NS

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 1406 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 35)				Disenrollees (N = 19)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
For scheduled appointments with specialists, usually waited less than 13 days.	81% (970)	73% (22)	-8%	⊕	75% (477)			NS
When very sick, was able to get a doctor's appointment within 1 to 2 days.	93% (942)	90% (18)	-3%	⊕	89% (453)			NS
Usually waited less than 1 hour in the office to see primary HMO doctor.	95% (1,431)	94% (29)	-1%	⊕	87% (704)			NS
Consistently busy telephone lines did <u>not</u> hinder bene's making appointments.	90% (780)	69% (11)	-21%	○	89% (425)			NS
SERVICES								
Primary HMO doctor never failed to provide needed Medicare services.	96% (1,475)	90% (28)	-6%	○	88% (744)			NS
Primary HMO doctor never failed to refer to a specialist when needed.	96% (1,439)	97% (31)	+1%	⊕	88% (732)			NS
Didn't feel the need to seek out-of-plan care, excluding dental, routine eye, and emergent/urgent care.	93% (1,397)	91% (29)	-2%	⊕	86% (696)			NS
Medical care received through the HMO caused beneficiaries' health to:								
▶ improve	53% (772)	62% (21)	+9%	⊕	41% (296)			NS
▶ stay about the same	45% (649)	38% (13)	-7%	⊕	49% (383)			NS
▶ worsen	2% (32)	0% (0)	-2%	⊕	10% (86)			NS
PERSONAL TREATMENT								
Primary HMO doctor never failed to take beneficiary's health complaints seriously.	88% (1349)	79% (23)	-9%	○	76% (650)			NS

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 1406 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 35)				Disenrollees (N = 19)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
Most important to primary HMO doctor was:								
▶ giving the best medical care possible	86% (1,197)	93% (28)	+7%	●	72% (471)			NS
▶ holding down the cost of care	9% (120)	0% (0)	-9%	○	26% (162)			NS
Most important to the HMO was:								
▶ giving the best medical care possible	74% (1,036)	88% (28)	+14%	●	58% (387)			NS
▶ holding down the cost of care	15% (213)	9% (3)	-6%	⊕	36% (230)			NS

HEALTHSOURCE INDIANA MANAGED CARE PLAN

No. Enrollees: 399	Total No. Sampled: 55	Total No. Respondents: 52
Model type: IPA	For-Profit	Non-Competitive

● Above average
⊕ Average
○ Below average
NS Not sufficient data

HMO ID #: H 1551	Enrollees (N = 47)				Disenrollees (N = 5)			
Beneficiary Responses to Key Survey Questions by Category	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
HEALTH SCREENING								
Was <u>not</u> asked at application about health problems, excluding kidney failure and hospice care.	63% (717)	85% (28)	+22%	●	58% (430)	75% (3)	+17%	⊕
Physical exam was <u>not</u> required before joining.	96% (1,295)	100% (43)	+4%	⊕	98% (824)	100% (5)	+2%	⊕
UNDERSTANDING OF HMOs								
Did know they could change their minds about enrolling after they applied.	88% (1,078)	95% (38)	+7%	⊕	82% (611)	100% (5)	+18%	●
Did know, from the beginning, they must be referred to a specialist by their primary HMO doctors.	89% (1,444)	80% (37)	-9%	○	84% (852)	60% (3)	-24%	○
Did know, from the beginning, they could only use HMO doctors and hospitals (except emergent care and urgent care outside the service area.)	96% (1,585)	91% (42)	-5%	○	93% (958)	60% (3)	-33%	○
Did know they had the right to appeal an HMO's refusal to provide/pay for services.	74% (1,113)	67% (28)	-7%	⊕	67% (523)	33% (1)	-34%	○
APPOINTMENTS								
For scheduled appointments with primary HMO doctors, usually waited less than 13 days.	85% (1,276)	91% (40)	+6%	⊕	82% (681)	100% (4)	+18%	●

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 1551 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 47)				Disenrollees (N = 5)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
For scheduled appointments with specialists, usually waited less than 13 days.	81% (970)	74% (20)	-7%	⊕	75% (477)			NS
When very sick, was able to get a doctor's appointment within 1 to 2 days.	93% (942)	97% (32)	+4%	⊕	89% (453)			NS
Usually waited less than 1 hour in the office to see primary HMO doctor.	95% (1,431)	86% (36)	-9%	○	87% (704)			NS
Consistently busy telephone lines did <u>not</u> hinder bene's making appointments.	90% (780)	100% (27)	+10%	⊕	89% (425)			NS
SERVICES								
Primary HMO doctor never failed to provide needed Medicare services.	96% (1,475)	93% (42)	-3%	○	88% (744)	75% (3)	-13%	○
Primary HMO doctor never failed to refer to a specialist when needed.	96% (1,439)	95% (39)	-1%	⊕	88% (732)	100% (4)	+12%	●
Didn't feel the need to seek out-of-plan care, excluding dental, routine eye, and emergent/urgent care.	93% (1,397)	95% (38)	+2%	⊕	86% (696)	75% (3)	-11%	○
Medical care received through the HMO caused beneficiaries' health to:								
▶ improve	53% (772)	52% (22)	-1%	⊕	41% (296)	100% (2)	+59%	●
▶ stay about the same	45% (649)	45% (19)	0%	⊕	49% (383)			NS
▶ worsen	2% (32)	2% (1)	0%	⊕	10% (86)			NS
PERSONAL TREATMENT								
Primary HMO doctor never failed to take beneficiary's health complaints seriously.	88% (1349)	86% (38)	-2%	⊕	76% (650)	100% (4)	+24%	●

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 1551 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 47)				Disenrollees (N = 5)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
Most important to primary HMO doctor was:								
▶ giving the best medical care possible	86% (1,197)	85% (34)	-1%	⊕	72% (471)	100% (4)	+28%	●
▶ holding down the cost of care	9% (120)	10% (4)	+1%	⊕	26% (162)			NS
Most important to the HMO was:								
▶ giving the best medical care possible	74% (1,036)	66% (25)	-8%	⊕	58% (387)	75% (3)	+17%	⊕
▶ holding down the cost of care	15% (213)	24% (9)	+9%	●	36% (230)	25% (1)	-11%	⊕

HUMANA HEALTH PLAN (KY)

No. Enrollees: 3,010	Total No. Sampled: 99	Total No. Respondents: 74
Model type: IPA	For-Profit	Non-Competitive

● Above average
⊕ Average
○ Below average
NS Not sufficient data

HMO ID #: H 1890	Enrollees (N = 41)				Disenrollees (N = 33)			
Beneficiary Responses to Key Survey Questions by Category	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
HEALTH SCREENING								
Was <u>not</u> asked at application about health problems, excluding kidney failure and hospice care.	63% (717)	38% (9)	-25%	○	58% (430)	55% (11)	-3%	⊕
Physical exam was <u>not</u> required before joining.	96% (1,295)	94% (30)	-2%	⊕	98% (824)	92% (23)	-6%	○
UNDERSTANDING OF HMOs								
Did know they could change their minds about enrolling after they applied.	88% (1,078)	94% (29)	+6%	⊕	82% (611)	90% (17)	+8%	⊕
Did know, from the beginning, they must be referred to a specialist by their primary HMO doctors.	89% (1,444)	83% (33)	-6%	⊕	84% (852)	83% (25)	-1%	⊕
Did know, from the beginning, they could only use HMO doctors and hospitals (except emergent care and urgent care outside the service area.)	96% (1,585)	100% (39)	+4%	●	93% (958)	94% (29)	+1%	⊕
Did know they had the right to appeal an HMO's refusal to provide/pay for services.	74% (1,113)	68% (26)	-6%	⊕	67% (523)	86% (19)	+19%	●
APPOINTMENTS								
For scheduled appointments with primary HMO doctors, usually waited less than 13 days.	85% (1,276)	92% (35)	+7%	⊕	82% (681)	84% (21)	+2%	⊕

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 1890 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 41)				Disenrollees (N = 33)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
For scheduled appointments with specialists, usually waited less than 13 days.	81% (970)	87% (20)	+6%	⊕	75% (477)	69% (9)	-6%	⊕
When very sick, was able to get a doctor's appointment within 1 to 2 days.	93% (942)	100% (27)	+7%	⊕	89% (453)	86% (12)	-3%	⊕
Usually waited less than 1 hour in the office to see primary HMO doctor.	95% (1,431)	97% (36)	+2%	⊕	87% (704)	86% (19)	-1%	⊕
Consistently busy telephone lines did <u>not</u> hinder bene's making appointments.	90% (780)	92% (22)	+2%	⊕	89% (425)	86% (12)	-3%	⊕
SERVICES								
Primary HMO doctor never failed to provide needed Medicare services.	96% (1,475)	95% (37)	-1%	⊕	88% (744)	96% (23)	+8%	⊕
Primary HMO doctor never failed to refer to a specialist when needed.	96% (1,439)	97% (35)	+1%	⊕	88% (732)	92% (23)	+4%	⊕
Didn't feel the need to seek out-of-plan care, excluding dental, routine eye, and emergent/urgent care.	93% (1,397)	90% (35)	-3%	⊕	86% (696)	95% (18)	+9%	●
Medical care received through the HMO caused beneficiaries' health to:								
▶ improve	53% (772)	63% (20)	+10%	●	41% (296)	44% (8)	+3%	⊕
▶ stay about the same	45% (649)	31% (10)	-14%	○	49% (383)	50% (9)	+1%	⊕
▶ worsen	2% (32)	6% (2)	+4%	●	10% (86)	6% (1)	-4%	⊕
PERSONAL TREATMENT								
Primary HMO doctor never failed to take beneficiary's health complaints seriously.	88% (1349)	82% (32)	-6%	○	76% (650)	76% (19)	0%	⊕

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 1890 - Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 41)				Disenrollees (N = 33)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
Most important to primary HMO doctor was:								
▶ giving the best medical care possible	86% (1,197)	78% (28)	-8%	○	72% (471)	84% (16)	+12%	⊕
▶ holding down the cost of care	9% (120)	14% (5)	+5%	●	26% (162)	16% (3)	-10%	⊕
Most important to the HMO was:								
▶ giving the best medical care possible	74% (1,036)	82% (28)	+8%	⊕	58% (387)	72% (13)	+14%	⊕
▶ holding down the cost of care	15% (213)	15% (5)	0%	⊕	36% (230)	28% (1)	-8%	⊕

HEALTHCARE CORP. OF THE MID-ATLANTIC (MD)

No. Enrollees: 697	Total No. Sampled: 53	Total No. Respondents: 49
Model type: Group	For-Profit	Competitive

● Above average
⊕ Average
○ Below average
NS Not sufficient data

HMO ID #: H 2101	Enrollees (N = 44)				Disenrollees (N = 5)			
Beneficiary Responses to Key Survey Questions by Category	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
HEALTH SCREENING								
Was <u>not</u> asked at application about health problems, excluding kidney failure and hospice care.	63% (717)	76% (22)	+13%	⊕	58% (430)	50% (1)	-8%	⊕
Physical exam was <u>not</u> required before joining.	96% (1,295)	97% (33)	+1%	⊕	98% (824)	100% (3)	+2%	⊕
UNDERSTANDING OF HMOs								
Did know they could change their minds about enrolling after they applied.	88% (1,078)	82% (22)	-6%	⊕	82% (611)	100% (2)	+18%	●
Did know, from the beginning, they must be referred to a specialist by their primary HMO doctors.	89% (1,444)	86% (38)	-3%	⊕	84% (852)	100% (4)	+16%	●
Did know, from the beginning, they could only use HMO doctors and hospitals (except emergent care and urgent care outside the service area.)	96% (1,585)	91% (40)	-5%	○	93% (958)	100% (4)	+7%	⊕
Did know they had the right to appeal an HMO's refusal to provide/pay for services.	74% (1,113)	76% (32)	+2%	⊕	67% (523)	50% (2)	-17%	○
APPOINTMENTS								
For scheduled appointments with primary HMO doctors, usually waited less than 13 days.	85% (1,276)	73% (29)	-12%	⊕	82% (681)	50% (2)	-32%	○

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 2101 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 44)				Disenrollees (N = 5)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
For scheduled appointments with specialists, usually waited less than 13 days.	81% (970)	76% (29)	-5%	⊕	75% (477)			NS
When very sick, was able to get a doctor's appointment within 1 to 2 days.	93% (942)	93% (25)	0%	⊕	89% (453)			NS
Usually waited less than 1 hour in the office to see primary HMO doctor.	95% (1,431)	95% (38)	0%	⊕	87% (704)			NS
Consistently busy telephone lines did <u>not</u> hinder bene's making appointments.	90% (780)	89% (23)	-1%	⊕	89% (425)			NS
SERVICES								
Primary HMO doctor never failed to provide needed Medicare services.	96% (1,475)	95% (39)	-1%	⊕	88% (744)	100% (4)	+12%	●
Primary HMO doctor never failed to refer to a specialist when needed.	96% (1,439)	100% (40)	+4%	●	88% (732)	100% (4)	+12%	●
Didn't feel the need to seek out-of-plan care, excluding dental, routine eye, and emergent/urgent care.	93% (1,397)	97% (38)	+4%	●	86% (696)	100% (4)	+14%	●
Medical care received through the HMO caused beneficiaries' health to:								
▶ improve	53% (772)	70% (28)	+17%	●	41% (296)	75% (3)	+34%	●
▶ stay about the same	45% (649)	30% (12)	-15%	○	49% (383)	25% (1)	-24%	○
▶ worsen	2% (32)	0% (0)	-2%	⊕	10% (86)			NS
PERSONAL TREATMENT								
Primary HMO doctor never failed to take beneficiary's health complaints seriously.	88% (1349)	93% (39)	+5%	⊕	76% (650)	100% (4)	+24%	●

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 2101 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 44)				Disenrollees (N = 5)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
Most important to primary HMO doctor was:								
▶ giving the best medical care possible	86% (1,197)	87% (32)	+1%	⊕	72% (471)	100% (3)	+28%	●
▶ holding down the cost of care	9% (120)	11% (4)	+2%	⊕	26% (162)			NS
Most important to the HMO was:								
▶ giving the best medical care possible	74% (1,036)	80% (31)	+6%	⊕	58% (387)	100% (3)	+42%	●
▶ holding down the cost of care	15% (213)	13% (5)	-2%	⊕	36% (230)			NS

HARVARD COMMUNITY HEALTH PLAN - URBAN (MA)

No. Enrollees: 8,432	Total No. Sampled: 98	Total No. Respondents: 76
Model type: Staff	Not For-Profit	Competitive

● Above average
⊕ Average
○ Below average
NS Not sufficient data

HMO ID #: H 2206	Enrollees (N = 41)				Disenrollees (N = 35)			
Beneficiary Responses to Key Survey Questions by Category	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
HEALTH SCREENING								
Was <u>not</u> asked at application about health problems, excluding kidney failure and hospice care.	63% (717)	54% (7)	-9%	⊕	58% (430)	25% (3)	-33%	○
Physical exam was <u>not</u> required before joining.	96% (1,295)	100% (19)	+4%	⊕	98% (824)	92% (12)	-6%	○
UNDERSTANDING OF HMOs								
Did know they could change their minds about enrolling after they applied.	88% (1,078)	83% (10)	-5%	⊕	82% (611)	60% (6)	-22%	○
Did know, from the beginning, they must be referred to a specialist by their primary HMO doctors.	89% (1,444)	76% (28)	-13%	○	84% (852)	77% (24)	-7%	⊕
Did know, from the beginning, they could only use HMO doctors and hospitals (except emergent care and urgent care outside the service area.)	96% (1,585)	93% (37)	-3%	⊕	93% (958)	94% (31)	+1%	⊕
Did know they had the right to appeal an HMO's refusal to provide/pay for services.	74% (1,113)	54% (20)	-20%	○	67% (523)	54% (14)	-13%	⊕
APPOINTMENTS								
For scheduled appointments with primary HMO doctors, usually waited less than 13 days.	85% (1,276)	78% (28)	-7%	⊕	82% (681)	69% (18)	-13%	⊕

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 2206 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 41)				Disenrollees (N = 35)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
For scheduled appointments with specialists, usually waited less than 13 days.	81% (970)	85% (29)	+4%	⊕	75% (477)	68% (17)	-7%	⊕
When very sick, was able to get a doctor's appointment within 1 to 2 days.	93% (942)	100% (31)	+7%	⊕	89% (453)	96% (23)	+7%	⊕
Usually waited less than 1 hour in the office to see primary HMO doctor.	95% (1,431)	100% (40)	+5%	⊕	87% (704)	96% (27)	+9%	⊕
Consistently busy telephone lines did <u>not</u> hinder bene's making appointments.	90% (780)	88% (15)	-2%	⊕	89% (425)	71% (10)	-18%	○
SERVICES								
Primary HMO doctor never failed to provide needed Medicare services.	96% (1,475)	95% (36)	-1%	⊕	88% (744)	93% (28)	+5%	⊕
Primary HMO doctor never failed to refer to a specialist when needed.	96% (1,439)	100% (38)	+4%	●	88% (732)	100% (27)	+12%	●
Didn't feel the need to seek out-of-plan care, excluding dental, routine eye, and emergent/urgent care.	93% (1,397)	97% (35)	+4%	●	86% (696)	96% (27)	+10%	●
Medical care received through the HMO caused beneficiaries' health to:								
▶ improve	53% (772)	65% (24)	+12%	●	41% (296)	47% (14)	+6%	⊕
▶ stay about the same	45% (649)	35% (13)	-10%	○	49% (383)	53% (16)	+4%	⊕
▶ worsen	2% (32)	0% (0)	-2%	⊕	10% (86)	0% (0)	-10%	⊕
PERSONAL TREATMENT								
Primary HMO doctor never failed to take beneficiary's health complaints seriously.	88% (1349)	94% (33)	+6%	●	76% (650)	85% (23)	+9%	⊕

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 2206 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 41)				Disenrollees (N = 35)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
Most important to primary HMO doctor was:								
▶ giving the best medical care possible	86% (1,197)	92% (33)	+6%	●	72% (471)	93% (26)	+11%	⊕
▶ holding down the cost of care	9% (120)	8% (3)	-1%	⊕	26% (162)	7% (2)	-19%	○
Most important to the HMO was:								
▶ giving the best medical care possible	74% (1,036)	74% (26)	0%	⊕	58% (387)	83% (19)	+25%	●
▶ holding down the cost of care	15% (213)	17% (6)	+2%	⊕	36% (230)	13% (3)	-23%	○

HEALTH ALLIANCE PLAN OF MICHIGAN

No. Enrollees: 2,822	Total No. Sampled: 98	Total No. Respondents: 57
Model type: Group	Not For-Profit	Competitive

● Above average
⊕ Average
○ Below average
NS Not sufficient data

HMO ID #: H 2312	Enrollees (N = 31)				Disenrollees (N = 26)			
Beneficiary Responses to Key Survey Questions by Category	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
HEALTH SCREENING								
Was <u>not</u> asked at application about health problems, excluding kidney failure and hospice care.	63% (717)	88% (15)	+25%	●	58% (430)	39% (5)	-19%	⊕
Physical exam was <u>not</u> required before joining.	96% (1,295)	96% (25)	0%	⊕	98% (824)	95% (19)	-3%	⊕
UNDERSTANDING OF HMOs								
Did know they could change their minds about enrolling after they applied.	88% (1,078)	88% (15)	0%	⊕	82% (611)	64% (7)	-18%	○
Did know, from the beginning, they must be referred to a specialist by their primary HMO doctors.	89% (1,444)	87% (26)	-2%	⊕	84% (852)	71% (15)	-13%	○
Did know, from the beginning, they could only use HMO doctors and hospitals (except emergent care and urgent care outside the service area.)	96% (1,585)	97% (30)	+1%	⊕	93% (958)	87% (20)	-6%	⊕
Did know they had the right to appeal an HMO's refusal to provide/pay for services.	74% (1,113)	76% (22)	+2%	⊕	67% (523)	53% (10)	-14%	⊕
APPOINTMENTS								
For scheduled appointments with primary HMO doctors, usually waited less than 13 days.	85% (1,276)	52% (13)	-33%	○	82% (681)	59% (13)	-23%	○

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 2312 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 31)				Disenrollees (N = 26)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
For scheduled appointments with specialists, usually waited less than 13 days.	81% (970)	68% (13)	-13%	○	75% (477)	60% (9)	-15%	⊕
When very sick, was able to get a doctor's appointment within 1 to 2 days.	93% (942)	92% (12)	-1%	⊕	89% (453)	81% (13)	-8%	⊕
Usually waited less than 1 hour in the office to see primary HMO doctor.	95% (1,431)	96% (27)	+1%	⊕	87% (704)	94% (17)	+7%	⊕
Consistently busy telephone lines did <u>not</u> hinder bene's making appointments.	90% (780)	68% (15)	-22%	○	89% (425)	100% (14)	+11%	⊕
SERVICES								
Primary HMO doctor never failed to provide needed Medicare services.	96% (1,475)	93% (27)	-3%	○	88% (744)	100% (19)	+12%	●
Primary HMO doctor never failed to refer to a specialist when needed.	96% (1,439)	93% (28)	-3%	⊕	88% (732)	100% (20)	+12%	●
Didn't feel the need to seek out-of-plan care, excluding dental, routine eye, and emergent/urgent care.	93% (1,397)	85% (23)	-8%	○	86% (696)	88% (14)	+2%	⊕
Medical care received through the HMO caused beneficiaries' health to:								
▶ improve	53% (772)	52% (12)	-1%	⊕	41% (296)	63% (10)	+22%	●
▶ stay about the same	45% (649)	48% (11)	+3%	⊕	49% (383)	38% (6)	-11%	⊕
▶ worsen	2% (32)	0% (0)	-2%	⊕	10% (86)	0% (0)	-10%	⊕
PERSONAL TREATMENT								
Primary HMO doctor never failed to take beneficiary's health complaints seriously.	88% (1349)	86% (25)	-2%	⊕	76% (650)	74% (14)	-2%	⊕

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 2312 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 31)				Disenrollees (N = 26)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
Most important to primary HMO doctor was:								
▶ giving the best medical care possible	86% (1,197)	70% (19)	-16%	○	72% (471)	83% (10)	+11%	⊕
▶ holding down the cost of care	9% (120)	15% (4)	+6%	●	26% (162)	17% (2)	-9%	⊕
Most important to the HMO was:								
▶ giving the best medical care possible	74% (1,036)	81% (21)	+7%	⊕	58% (387)	90% (9)	+32%	●
▶ holding down the cost of care	15% (213)	12% (3)	-3%	⊕	36% (230)	10% (1)	-26%	○

PRIME HEALTH KANSAS CITY (MO)

No. Enrollees: 6,320	Total No. Sampled: 99	Total No. Respondents: 62
Model type: Staff	For-Profit	Competitive

● Above average
⊕ Average
○ Below average
NS Not sufficient data

HMO ID #: H 2649 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 42)				Disenrollees (N = 20)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
HEALTH SCREENING								
Was <u>not</u> asked at application about health problems, excluding kidney failure and hospice care.	63% (717)	32% (8)	-31%	○	58% (430)	17% (1)	-41%	○
Physical exam was <u>not</u> required before joining.	96% (1,295)	85% (22)	-11%	○	98% (824)	100% (8)	+2%	⊕
UNDERSTANDING OF HMOs								
Did know they could change their minds about enrolling after they applied.	88% (1,078)	96% (22)	+8%	⊕	82% (611)	75% (6)	-7%	⊕
Did know, from the beginning, they must be referred to a specialist by their primary HMO doctors.	89% (1,444)	92% (34)	+3%	⊕	84% (852)	77% (10)	-7%	⊕
Did know, from the beginning, they could only use HMO doctors and hospitals (except emergent care and urgent care outside the service area.)	96% (1,585)	100% (41)	+4%	●	93% (958)	100% (14)	+7%	⊕
Did know they had the right to appeal an HMO's refusal to provide/pay for services.	74% (1,113)	72% (26)	-2%	⊕	67% (523)	88% (7)	+21%	●
APPOINTMENTS								
For scheduled appointments with primary HMO doctors, usually waited less than 13 days.	85% (1,276)	89% (32)	+4%	⊕	82% (681)	90% (9)	+8%	⊕

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 2649 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 42)				Disenrollees (N = 20)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
For scheduled appointments with specialists, usually waited less than 13 days.	81% (970)	97% (32)	+16%	●	75% (477)	67% (4)	-8%	⊕
When very sick, was able to get a doctor's appointment within 1 to 2 days.	93% (942)	100% (34)	+7%	⊕	89% (453)	100% (4)	+11%	⊕
Usually waited less than 1 hour in the office to see primary HMO doctor.	95% (1,431)	97% (38)	+2%	⊕	87% (704)	91% (10)	+4%	⊕
Consistently busy telephone lines did <u>not</u> hinder bene's making appointments.	90% (780)	100% (29)	+10%	⊕	89% (425)	100% (4)	+11%	⊕
SERVICES								
Primary HMO doctor never failed to provide needed Medicare services.	96% (1,475)	100% (41)	+4%	●	88% (744)	90% (9)	+2%	⊕
Primary HMO doctor never failed to refer to a specialist when needed.	96% (1,439)	98% (39)	+2%	⊕	88% (732)	100% (10)	+12%	●
Didn't feel the need to seek out-of-plan care, excluding dental, routine eye, and emergent/urgent care.	93% (1,397)	95% (35)	+2%	⊕	86% (696)	89% (8)	+3%	⊕
Medical care received through the HMO caused beneficiaries' health to:								
▶ improve	53% (772)	51% (18)	-2%	⊕	41% (296)	56% (5)	+15%	⊕
▶ stay about the same	45% (649)	46% (16)	+1%	⊕	49% (383)	44% (4)	-5%	⊕
▶ worsen	2% (32)	3% (1)	+1%	⊕	10% (86)	0% (0)	-10%	⊕
PERSONAL TREATMENT								
Primary HMO doctor never failed to take beneficiary's health complaints seriously.	88% (1349)	85% (34)	-3%	⊕	76% (650)	85% (11)	+9%	⊕

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 2649 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 42)				Disenrollees (N = 20)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
Most important to primary HMO doctor was:								
▶ giving the best medical care possible	86% (1,197)	87% (34)	+1%	⊕	72% (471)	78% (7)	+6%	⊕
▶ holding down the cost of care	9% (120)	13% (5)	+4%	⊕	26% (162)	22% (2)	-4%	⊕
Most important to the HMO was:								
▶ giving the best medical care possible	74% (1,036)	87% (32)	+13%	●	58% (387)	60% (6)	+2%	⊕
▶ holding down the cost of care	15% (213)	14% (5)	-1%	⊕	36% (230)	40% (4)	+4%	⊕

TOTAL HEALTH CARE (MO)

No. Enrollees: 7,233	Total No. Sampled: 99	Total No. Respondents: 71
Model type: IPA	Not For-Profit	Competitive

● Above average ⊕ Average ○ Below average NS Not sufficient data

HMO ID #: H 2652	Enrollees (N = 43)				Disenrollees (N = 28)			
Beneficiary Responses to Key Survey Questions by Category	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
HEALTH SCREENING								
Was <u>not</u> asked at application about health problems, excluding kidney failure and hospice care.	63% (717)	25% (8)	-38%	○	58% (430)	16% (3)	-42%	○
Physical exam was <u>not</u> required before joining.	96% (1,295)	95% (35)	-1%	⊕	98% (824)	100% (27)	+2%	⊕
UNDERSTANDING OF HMOs								
Did know they could change their minds about enrolling after they applied.	88% (1,078)	78% (21)	-10%	○	82% (611)	75% (15)	-7%	⊕
Did know, from the beginning, they must be referred to a specialist by their primary HMO doctors.	89% (1,444)	95% (35)	+6%	⊕	84% (852)	100% (27)	+16%	●
Did know, from the beginning, they could only use HMO doctors and hospitals (except emergent care and urgent care outside the service area.)	96% (1,585)	100% (41)	+4%	⊕	93% (958)	100% (28)	+7%	⊕
Did know they had the right to appeal an HMO's refusal to provide/pay for services.	74% (1,113)	74% (29)	-0%	⊕	67% (523)	75% (7)	+8%	⊕
APPOINTMENTS								
For scheduled appointments with primary HMO doctors, usually waited less than 13 days.	85% (1,276)	97% (37)	+12%	⊕	82% (681)	100% (27)	+18%	●

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 2652 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 43)				Disenrollees (N = 28)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
For scheduled appointments with specialists, usually waited less than 13 days.	81% (970)	81% (6)	0%	⊕	75% (477)	96% (23)	+21%	●
When very sick, was able to get a doctor's appointment within 1 to 2 days.	93% (942)	100% (32)	+7%	⊕	89% (453)	100% (17)	+11%	⊕
Usually waited less than 1 hour in the office to see primary HMO doctor.	95% (1,431)	98% (40)	+3%	⊕	87% (704)	93% (25)	+6%	⊕
Consistently busy telephone lines did <u>not</u> hinder bene's making appointments.	90% (780)	100% (23)	+10%	⊕	89% (425)	94% (16)	+5%	⊕
SERVICES								
Primary HMO doctor never failed to provide needed Medicare services.	96% (1,475)	93% (37)	-3%	○	88% (744)	96% (26)	+8%	⊕
Primary HMO doctor never failed to refer to a specialist when needed.	96% (1,439)	87% (33)	-9%	○	88% (732)	92% (24)	+4%	⊕
Didn't feel the need to seek out-of-plan care, excluding dental, routine eye, and emergent/urgent care.	93% (1,397)	95% (37)	+2%	⊕	86% (696)	96% (26)	+10%	●
Medical care received through the HMO caused beneficiaries' health to:								
▶ improve	53% (772)	56% (20)	+3%	⊕	41% (296)	29% (7)	-12%	⊕
▶ stay about the same	45% (649)	42% (15)	-3%	⊕	49% (383)	67% (16)	+18%	●
▶ worsen	2% (32)	3% (1)	+1%	⊕	10% (86)	4% (1)	-6%	⊕
PERSONAL TREATMENT								
Primary HMO doctor never failed to take beneficiary's health complaints seriously.	88% (1349)	87% (34)	-1%	⊕	76% (650)	88% (22)	+12%	●

● Above average

⊕ Average

○ Below average

NS Not sufficient data

Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 43)				Disenrollees (N = 28)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
HMO ID #: H 2652								
Most important to primary HMO doctor was:								
▶ giving the best medical care possible	86% (1,197)	84% (31)	-2%	⊕	72% (471)	73% (16)	+1%	⊕
▶ holding down the cost of care	9% (120)	11% (4)	+2%	⊕	26% (162)	18% (4)	-8%	⊕
Most important to the HMO was:								
▶ giving the best medical care possible	74% (1,036)	74% (28)	0%	⊕	58% (387)	61% (14)	+3%	⊕
▶ holding down the cost of care	15% (213)	16% (6)	+1%	⊕	36% (230)	22% (5)	-14%	⊕

SHARE HEALTH PLAN OF NEBRASKA

No. Enrollees: 3,256	Total No. Sampled: 100	Total No. Respondents: 75
Model type: IPA	For-Profit	Non-Competitive

● Above average
⊕ Average
○ Below average
NS Not sufficient data

HMO ID #: H 2802 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 38)				Disenrollees (N = 37)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
HEALTH SCREENING								
Was <u>not</u> asked at application about health problems, excluding kidney failure and hospice care.	63% (717)	74% (17)	+11%	⊕	58% (430)	73% (16)	+15%	⊕
Physical exam was <u>not</u> required before joining.	96% (1,295)	100% (32)	+4%	⊕	98% (824)	100% (25)	+2%	⊕
UNDERSTANDING OF HMOs								
Did know they could change their minds about enrolling after they applied.	88% (1,078)	85% (22)	-3%	⊕	82% (611)	67% (14)	-15%	○
Did know, from the beginning, they must be referred to a specialist by their primary HMO doctors.	89% (1,444)	89% (31)	0%	⊕	84% (852)	82% (28)	-2%	⊕
Did know, from the beginning, they could only use HMO doctors and hospitals (except emergent care and urgent care outside the service area.)	96% (1,585)	94% (34)	-2%	⊕	93% (958)	89% (31)	-4%	⊕
Did know they had the right to appeal an HMO's refusal to provide/pay for services.	74% (1,113)	85% (29)	+11%	●	67% (523)	66% (19)	-1%	⊕
APPOINTMENTS								
For scheduled appointments with primary HMO doctors, usually waited less than 13 days.	85% (1,276)	100% (35)	+15%	●	82% (681)	100% (29)	+18%	●

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 2802 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 38)				Disenrollees (N = 37)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
For scheduled appointments with specialists, usually waited less than 13 days.	81% (970)	97% (29)	+16%	●	75% (477)	92% (24)	+17%	●
When very sick, was able to get a doctor's appointment within 1 to 2 days.	93% (942)	100% (23)	+7%	⊕	89% (453)	91% (19)	+2%	⊕
Usually waited less than 1 hour in the office to see primary HMO doctor.	95% (1,431)	97% (35)	+2%	⊕	87% (704)	97% (29)	+10%	⊕
Consistently busy telephone lines did <u>not</u> hinder bene's making appointments.	90% (780)	100% (15)	+10%	⊕	89% (425)	94% (17)	+5%	⊕
SERVICES								
Primary HMO doctor never failed to provide needed Medicare services.	96% (1,475)	94% (34)	-2%	⊕	88% (744)	91% (29)	+3%	⊕
Primary HMO doctor never failed to refer to a specialist when needed.	96% (1,439)	97% (35)	+1%	⊕	88% (732)	91% (29)	+3%	⊕
Didn't feel the need to seek out-of-plan care, excluding dental, routine eye, and emergent/urgent care.	93% (1,397)	100% (34)	+7%	●	86% (696)	82% (27)	-4%	⊕
Medical care received through the HMO caused beneficiaries' health to:								
▶ improve	53% (772)	69% (22)	+16%	●	41% (296)	39% (12)	-2%	⊕
▶ stay about the same	45% (649)	31% (10)	-14%	○	49% (383)	58% (18)	+9%	⊕
▶ worsen	2% (32)	0% (0)	-2%	⊕	10% (86)	3% (1)	-7%	⊕
PERSONAL TREATMENT								
Primary HMO doctor never failed to take beneficiary's health complaints seriously.	88% (1349)	89% (32)	+1%	⊕	76% (650)	70% (21)	-6%	⊕

HEALTH PLAN OF NEVADA

No. Enrollees: 13,794	Total No. Sampled: 99	Total No. Respondents: 76
Model type: Group	For-Profit	Competitive

● Above average ⊕ Average ○ Below average NS Not sufficient data

HMO ID #: H 2931	Enrollees (N = 42)				Disenrollees (N = 34)			
Beneficiary Responses to Key Survey Questions by Category	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
HEALTH SCREENING								
Was <u>not</u> asked at application about health problems, excluding kidney failure and hospice care.	63% (717)	68% (23)	+5%	⊕	58% (430)	63% (17)	+5%	⊕
Physical exam was <u>not</u> required before joining.	96% (1,295)	100% (37)	+4%	⊕	98% (824)	97% (29)	-1%	⊕
UNDERSTANDING OF HMOs								
Did know they could change their minds about enrolling after they applied.	88% (1,078)	94% (29)	+6%	⊕	82% (611)	93% (27)	+11%	⊕
Did know, from the beginning, they must be referred to a specialist by their primary HMO doctors.	89% (1,444)	90% (36)	+1%	⊕	84% (852)	97% (31)	+13%	●
Did know, from the beginning, they could only use HMO doctors and hospitals (except emergent care and urgent care outside the service area.)	96% (1,585)	98% (39)	+2%	⊕	93% (958)	100% (32)	+7%	⊕
Did know they had the right to appeal an HMO's refusal to provide/pay for services.	74% (1,113)	81% (30)	+7%	⊕	67% (523)	65% (17)	-2%	⊕
APPOINTMENTS								
For scheduled appointments with primary HMO doctors, usually waited less than 13 days.	85% (1,276)	58% (22)	-27%	○	82% (681)	59% (17)	-23%	○

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 2931 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 42)				Disenrollees (N = 34)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
For scheduled appointments with specialists, usually waited less than 13 days.	81% (970)	67% (20)	-14%	○	75% (477)	55% (11)	-20%	○
When very sick, was able to get a doctor's appointment within 1 to 2 days.	93% (942)	71% (17)	-22%	○	89% (453)	72% (13)	-17%	○
Usually waited less than 1 hour in the office to see primary HMO doctor.	95% (1,431)	97% (36)	+2%	⊕	87% (704)	86% (24)	-1%	⊕
Consistently busy telephone lines did <u>not</u> hinder bene's making appointments.	90% (780)	86% (23)	-4%	⊕	89% (425)	87% (13)	-2%	⊕
SERVICES								
Primary HMO doctor never failed to provide needed Medicare services.	96% (1,475)	97% (36)	+1%	⊕	88% (744)	85% (22)	-3%	⊕
Primary HMO doctor never failed to refer to a specialist when needed.	96% (1,439)	95% (36)	-1%	⊕	88% (732)	89% (25)	+1%	⊕
Didn't feel the need to seek out-of-plan care, excluding dental, routine eye, and emergent/urgent care.	93% (1,397)	95% (36)	+2%	⊕	86% (696)	85% (23)	-1%	⊕
Medical care received through the HMO caused beneficiaries' health to:								
▶ improve	53% (772)	47% (17)	-6%	⊕	41% (296)	56% (14)	+15%	⊕
▶ stay about the same	45% (649)	44% (16)	-1%	⊕	49% (383)	32% (8)	-17%	○
▶ worsen	2% (32)	8% (3)	+6%	●	10% (86)	12% (3)	+2%	⊕
PERSONAL TREATMENT								
Primary HMO doctor never failed to take beneficiary's health complaints seriously.	88% (1349)	82% (31)	-6%	○	76% (650)	54% (13)	-12%	○

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 2931 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 42)				Disenrollees (N = 34)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
Most important to primary HMO doctor was:								
▶ giving the best medical care possible	86% (1,197)	90% (28)	-4%	⊕	72% (471)	71% (12)	-1%	⊕
▶ holding down the cost of care	9% (120)	0% (0)	-9%	○	26% (162)	24% (4)	-2%	⊕
Most important to the HMO was:								
▶ giving the best medical care possible	74% (1,036)	79% (27)	+5%	⊕	58% (387)	61% (11)	+3%	⊕
▶ holding down the cost of care	15% (213)	6% (2)	-9%	○	36% (230)	28% (5)	-8%	⊕

FHP, INC. (NV)

No. Enrollees: 4,341	Total No. Sampled: 99	Total No. Respondents: 58
Model type: IPA	For-Profit	Competitive

● Above average
⊕ Average
○ Below average
NS Not sufficient data

HMO ID #: H 2949	Enrollees (N = 32)				Disenrollees (N = 26)			
Beneficiary Responses to Key Survey Questions by Category	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
HEALTH SCREENING								
Was <u>not</u> asked at application about health problems, excluding kidney failure and hospice care.	63% (717)	76% (22)	+13%	⊕	58% (430)	74% (14)	+16%	⊕
Physical exam was <u>not</u> required before joining.	96% (1,295)	97% (28)	+1%	⊕	98% (824)	100% (23)	+2%	⊕
UNDERSTANDING OF HMOs								
Did know they could change their minds about enrolling after they applied.	88% (1,078)	93% (28)	+5%	⊕	82% (611)	83% (19)	+1%	⊕
Did know, from the beginning, they must be referred to a specialist by their primary HMO doctors.	89% (1,444)	100% (30)	+11%	●	84% (852)	84% (21)	0%	⊕
Did know, from the beginning, they could only use HMO doctors and hospitals (except emergent care and urgent care outside the service area.)	96% (1,585)	97% (29)	+1%	⊕	93% (958)	89% (23)	-4%	⊕
Did know they had the right to appeal an HMO's refusal to provide/pay for services.	74% (1,113)	89% (23)	+15%	●	67% (523)	73% (11)	+6%	⊕
APPOINTMENTS								
For scheduled appointments with primary HMO doctors, usually waited less than 13 days.	85% (1,276)	89% (25)	+4%	⊕	82% (681)	71% (10)	-11%	⊕

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 2949 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 32)				Disenrollees (N = 26)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
For scheduled appointments with specialists, usually waited less than 13 days.	81% (970)	75% (12)	-6%	⊕	75% (477)	50% (5)	-25%	○
When very sick, was able to get a doctor's appointment within 1 to 2 days.	93% (942)	100% (12)	+7%	⊕	89% (453)	56% (5)	-33%	○
Usually waited less than 1 hour in the office to see primary HMO doctor.	95% (1,431)	100% (26)	+5%	⊕	87% (704)	73% (11)	-14%	○
Consistently busy telephone lines did <u>not</u> hinder bene's making appointments.	90% (780)	100% (9)	+10%	⊕	89% (425)	80% (8)	-9%	⊕
SERVICES								
Primary HMO doctor never failed to provide needed Medicare services.	96% (1,475)	100% (28)	+4%	●	88% (744)	88% (15)	0%	⊕
Primary HMO doctor never failed to refer to a specialist when needed.	96% (1,439)	100% (28)	+4%	●	88% (732)	88% (15)	0%	⊕
Didn't feel the need to seek out-of-plan care, excluding dental, routine eye, and emergent/urgent care.	93% (1,397)	100% (27)	+7%	●	86% (696)	87% (13)	+1%	⊕
Medical care received through the HMO caused beneficiaries' health to:								
▶ improve	53% (772)	48% (12)	-5%	⊕	41% (296)	29% (4)	-12%	⊕
▶ stay about the same	45% (649)	52% (13)	+7%	⊕	49% (383)	64% (9)	+15%	⊕
▶ worsen	2% (32)	0% (0)	-2%	⊕	10% (86)	7% (1)	-3%	⊕
PERSONAL TREATMENT								
Primary HMO doctor never failed to take beneficiary's health complaints seriously.	88% (1349)	96% (27)	+8%	●	76% (650)	71% (12)	-5%	⊕

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 2949 —	Enrollees (N = 32)				Disenrollees (N = 26)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
Beneficiary Responses to Key Survey Questions by Category								
Most important to primary HMO doctor was:								
▶ giving the best medical care possible	86% (1,197)	92% (23)	+6%	●	72% (471)	83% (5)	+11%	⊕
▶ holding down the cost of care	9% (120)	8% (2)	-1%	⊕	26% (162)	17% (1)	-9%	⊕
Most important to the HMO was:								
▶ giving the best medical care possible	74% (1,036)	82% (22)	+8%	⊕	58% (387)	33% (3)	-25%	○
▶ holding down the cost of care	15% (213)	4% (1)	-11%	○	36% (230)	44% (4)	+8%	⊕

FHP, INC. (NM)

No. Enrollees: 16,234	Total No. Sampled: 97	Total No. Respondents: 59
Model type: IPA	For-Profit	Competitive

● Above average ⊕ Average ○ Below average NS Not sufficient data

HMO ID #: H 3204	Enrollees (N = 31)				Disenrollees (N = 28)			
Beneficiary Responses to Key Survey Questions by Category	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
HEALTH SCREENING								
Was <u>not</u> asked at application about health problems, excluding kidney failure and hospice care.	63% (717)	48% (11)	-15%	⊕	58% (430)	48% (11)	-10%	⊕
Physical exam was <u>not</u> required before joining.	96% (1,295)	97% (28)	+1%	⊕	98% (824)	100% (25)	+2%	⊕
UNDERSTANDING OF HMOs								
Did know they could change their minds about enrolling after they applied.	88% (1,078)	89% (25)	+1%	⊕	82% (611)	71% (15)	-11%	⊕
Did know, from the beginning, they must be referred to a specialist by their primary HMO doctors.	89% (1,444)	93% (26)	+4%	⊕	84% (852)	85% (23)	+1%	⊕
Did know, from the beginning, they could only use HMO doctors and hospitals (except emergent care and urgent care outside the service area.)	96% (1,585)	97% (28)	+1%	⊕	93% (958)	96% (27)	+3%	⊕
Did know they had the right to appeal an HMO's refusal to provide/pay for services.	74% (1,113)	56% (14)	-18%	○	67% (523)	76% (16)	+9%	⊕
APPOINTMENTS								
For scheduled appointments with primary HMO doctors, usually waited less than 13 days.	85% (1,276)	78% (18)	-7%	⊕	82% (681)	83% (19)	+1%	⊕

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 3204 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 31)				Disenrollees (N = 28)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
For scheduled appointments with specialists, usually waited less than 13 days.	81% (970)	84% (16)	+3%	⊕	75% (477)	63% (12)	-12%	⊕
When very sick, was able to get a doctor's appointment within 1 to 2 days.	93% (942)	94% (15)	+1%	⊕	89% (453)	93% (14)	+4%	⊕
Usually waited less than 1 hour in the office to see primary HMO doctor.	95% (1,431)	96% (23)	+1%	⊕	87% (704)	100% (23)	+13%	●
Consistently busy telephone lines did <u>not</u> hinder bene's making appointments.	90% (780)	92% (12)	+2%	⊕	89% (425)	92% (11)	+3%	⊕
SERVICES								
Primary HMO doctor never failed to provide needed Medicare services.	96% (1,475)	89% (24)	-7%	○	88% (744)	91% (21)	+3%	⊕
Primary HMO doctor never failed to refer to a specialist when needed.	96% (1,439)	100% (26)	+4%	●	88% (732)	86% (19)	-2%	⊕
Didn't feel the need to seek out-of-plan care, excluding dental, routine eye, and emergent/urgent care.	93% (1,397)	88% (21)	-5%	○	86% (696)	64% (14)	-22%	○
Medical care received through the HMO caused beneficiaries' health to:								
▶ improve	53% (772)	62% (16)	+9%	⊕	41% (296)	26% (5)	-15%	⊕
▶ stay about the same	45% (649)	39% (10)	-6%	⊕	49% (383)	58% (11)	+9%	⊕
▶ worsen	2% (32)	0% (0)	-2%	⊕	10% (86)	16% (3)	+6%	⊕
PERSONAL TREATMENT								
Primary HMO doctor never failed to take beneficiary's health complaints seriously.	88% (1349)	96% (25)	+8%	●	76% (650)	85% (17)	+9%	⊕

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 3204 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 31)				Disenrollees (N = 28)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
Most important to primary HMO doctor was:								
▶ giving the best medical care possible	86% (1,197)	86% (19)	0%	⊕	72% (471)	67% (10)	-5%	⊕
▶ holding down the cost of care	9% (120)	5% (1)	-4%	⊕	26% (162)	33% (5)	+7%	⊕
Most important to the HMO was:								
▶ giving the best medical care possible	74% (1,036)	73% (19)	-1%	⊕	58% (387)	59% (10)	+1%	⊕
▶ holding down the cost of care	15% (213)	8% (2)	-7%	⊕	36% (230)	41% (7)	+5%	⊕

QUAL-MED INC. (NM)

No. Enrollees: 279	Total No. Sampled: 51	Total No. Respondents: 39
Model type: IPA	For-Profit	Competitive

● Above average
⊕ Average
○ Below average
NS Not sufficient data

HMO ID #: H 3249	Enrollees (N = 39)				Disenrollees (N = 0)			
Beneficiary Responses to Key Survey Questions by Category	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
HEALTH SCREENING								
Was <u>not</u> asked at application about health problems, excluding kidney failure and hospice care.	63% (717)	91% (29)	+28%	●	58% (430)			NS
Physical exam was <u>not</u> required before joining.	96% (1,295)	97% (35)	+1%	⊕	98% (824)			NS
UNDERSTANDING OF HMOs								
Did know they could change their minds about enrolling after they applied.	88% (1,078)	88% (30)	0%	⊕	82% (611)			NS
Did know, from the beginning, they must be referred to a specialist by their primary HMO doctors.	89% (1,444)	92% (33)	+3%	⊕	84% (852)			NS
Did know, from the beginning, they could only use HMO doctors and hospitals (except emergent care and urgent care outside the service area.)	96% (1,585)	95% (35)	-1%	⊕	93% (958)			NS
Did know they had the right to appeal an HMO's refusal to provide/pay for services.	74% (1,113)	80% (28)	+6%	⊕	67% (523)			NS
APPOINTMENTS								
For scheduled appointments with primary HMO doctors, usually waited less than 13 days.	85% (1,276)	97% (31)	+12%	⊕	82% (681)			NS

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 3249 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 39)				Disenrollees (N = 0)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
For scheduled appointments with specialists, usually waited less than 13 days.	81% (970)	87% (20)	+6%	⊕	75% (477)			NS
When very sick, was able to get a doctor's appointment within 1 to 2 days.	93% (942)	88% (14)	-5%	⊕	89% (453)			NS
Usually waited less than 1 hour in the office to see primary HMO doctor.	95% (1,431)	97% (30)	+2%	⊕	87% (704)			NS
Consistently busy telephone lines did <u>not</u> hinder bene's making appointments.	90% (780)	100% (12)	+10%	⊕	89% (425)			NS
SERVICES								
Primary HMO doctor never failed to provide needed Medicare services.	96% (1,475)	97% (33)	+1%	⊕	88% (744)			NS
Primary HMO doctor never failed to refer to a specialist when needed.	96% (1,439)	100% (34)	+4%	●	88% (732)			NS
Didn't feel the need to seek out-of-plan care, excluding dental, routine eye, and emergent/urgent care.	93% (1,397)	86% (30)	-7%	○	86% (696)			NS
Medical care received through the HMO caused beneficiaries' health to:								
▶ improve	53% (772)	55% (18)	+2%	⊕	41% (296)			NS
▶ stay about the same	45% (649)	46% (15)	+1%	⊕	49% (383)			NS
▶ worsen	2% (32)	0% (0)	-2%	⊕	10% (86)			NS
PERSONAL TREATMENT								
Primary HMO doctor never failed to take beneficiary's health complaints seriously.	88% (1349)	80% (28)	-8%	○	76% (650)			NS

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 3249 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 39)				Disenrollees (N = 0)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
Most important to primary HMO doctor was:								
▶ giving the best medical care possible	86% (1,197)	85% (28)	-1%	⊕	72% (471)			NS
▶ holding down the cost of care	9% (120)	9% (3)	0%	⊕	26% (162)			NS
Most important to the HMO was:								
▶ giving the best medical care possible	74% (1,036)	64% (21)	-10%	○	58% (387)			NS
▶ holding down the cost of care	15% (213)	15% (5)	0%	⊕	36% (230)			NS

HIP OF GREATER NEW YORK

No. Enrollees: 43,921	Total No. Sampled: 99	Total No. Respondents: 72
Model type: Group	Not For-Profit	Competitive

● Above average
⊕ Average
○ Below average
NS Not sufficient data

HMO ID #: H 3330	Enrollees (N = 40)				Disenrollees (N = 32)			
Beneficiary Responses to Key Survey Questions by Category	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
HEALTH SCREENING								
Was <u>not</u> asked at application about health problems, excluding kidney failure and hospice care.	63% (717)	50% (5)	-13%	⊕	58% (430)	67% (10)	+9%	⊕
Physical exam was <u>not</u> required before joining.	96% (1,295)	100% (7)	+4%	⊕	98% (824)	87% (13)	-11%	○
UNDERSTANDING OF HMOs								
Did know they could change their minds about enrolling after they applied.	88% (1,078)	100% (11)	+12%	●	82% (611)	86% (12)	+4%	⊕
Did know, from the beginning, they must be referred to a specialist by their primary HMO doctors.	89% (1,444)	87% (32)	-2%	⊕	84% (852)	86% (25)	+2%	⊕
Did know, from the beginning, they could only use HMO doctors and hospitals (except emergent care and urgent care outside the service area.)	96% (1,585)	97% (37)	+1%	⊕	93% (958)	90% (27)	-3%	⊕
Did know they had the right to appeal an HMO's refusal to provide/pay for services.	74% (1,113)	82% (27)	+8%	●	67% (523)	67% (16)	0%	⊕
APPOINTMENTS								
For scheduled appointments with primary HMO doctors, usually waited less than 13 days.	85% (1,276)	68% (25)	-17%	○	82% (681)	46% (11)	-36%	○

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 3330 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 40)				Disenrollees (N = 32)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
For scheduled appointments with specialists, usually waited less than 13 days.	81% (970)	58% (19)	-23%	○	75% (477)	54% (14)	-21%	○
When very sick, was able to get a doctor's appointment within 1 to 2 days.	93% (942)	94% (30)	+1%	⊕	89% (453)	75% (12)	-14%	○
Usually waited less than 1 hour in the office to see primary HMO doctor.	95% (1,431)	75% (27)	-20%	○	87% (704)	48% (13)	-39%	○
Consistently busy telephone lines did <u>not</u> hinder bene's making appointments.	90% (780)	67% (18)	-23%	○	89% (425)	52% (13)	-37%	○
SERVICES								
Primary HMO doctor never failed to provide needed Medicare services.	96% (1,475)	97% (34)	+1%	⊕	88% (744)	82% (22)	-6%	⊕
Primary HMO doctor never failed to refer to a specialist when needed.	96% (1,439)	94% (32)	-2%	⊕	88% (732)	89% (23)	+1	⊕
Didn't feel the need to seek out-of-plan care, excluding dental, routine eye, and emergent/urgent care.	93% (1,397)	83% (29)	-10	○	86% (696)	79% (19)	-7	⊕
Medical care received through the HMO caused beneficiaries' health to:								
▶ improve	53% (772)	65% (22)	+12%	●	41% (296)	25% (5)	-16%	⊕
▶ stay about the same	45% (649)	32% (11)	-13%	○	49% (383)	50% (10)	+1%	⊕
▶ worsen	2% (32)	3% (1)	+1%	⊕	10% (86)	25% (5)	+15%	●
PERSONAL TREATMENT								
Primary HMO doctor never failed to take beneficiary's health complaints seriously.	88% (1349)	91% (32)	+3%	⊕	76% (650)	83% (19)	+7%	⊕

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 3330 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 40)				Disenrollees (N = 32)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
Most important to primary HMO doctor was:								
▶ giving the best medical care possible	86% (1,197)	87% (26)	+1%	⊕	72% (471)	77% (13)	+5%	⊕
▶ holding down the cost of care	9% (120)	10% (3)	+1%	⊕	26% (162)	24% (4)	-2%	⊕
Most important to the HMO was:								
▶ giving the best medical care possible	74% (1,036)	82% (27)	+8%	⊕	58% (387)	47% (13)	-11%	⊕
▶ holding down the cost of care	15% (213)	15% (5)	0%	⊕	36% (230)	53% (4)	+17%	⊕

SANUS HEALTH PLAN OF GREATER NEW YORK

No. Enrollees: 5,794	Total No. Sampled: 100	Total No. Respondents: 70
Model type: IPA	For-Profit	Competitive

● Above average
⊕ Average
○ Below average
NS Not sufficient data

HMO ID #: H 3354	Enrollees (N = 41)				Disenrollees (N = 29)			
Beneficiary Responses to Key Survey Questions by Category	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
HEALTH SCREENING								
Was <u>not</u> asked at application about health problems, excluding kidney failure and hospice care.	63% (717)	71% (24)	+8%	⊕	58% (430)	63% (12)	+5%	⊕
Physical exam was <u>not</u> required before joining.	96% (1,295)	90% (34)	-6%	○	98% (824)	91% (21)	-7%	○
UNDERSTANDING OF HMOs								
Did know they could change their minds about enrolling after they applied.	88% (1,078)	92% (34)	+4%	⊕	82% (611)	73% (16)	-9%	⊕
Did know, from the beginning, they must be referred to a specialist by their primary HMO doctors.	89% (1,444)	90% (35)	+1%	⊕	84% (852)	78% (18)	-6%	⊕
Did know, from the beginning, they could only use HMO doctors and hospitals (except emergent care and urgent care outside the service area.)	96% (1,585)	97% (37)	+1%	⊕	93% (958)	83% (20)	-10%	○
Did know they had the right to appeal an HMO's refusal to provide/pay for services.	74% (1,113)	69% (25)	-5%	⊕	67% (523)	80% (8)	+13%	⊕
APPOINTMENTS								
For scheduled appointments with primary HMO doctors, usually waited less than 13 days.	85% (1,276)	88% (29)	+3%	⊕	82% (681)	86% (12)	+4%	⊕

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 3354 —	Enrollees (N = 41)				Disenrollees (N = 29)				
	Beneficiary Responses to Key Survey Questions by Category	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
For scheduled appointments with specialists, usually waited less than 13 days.	81% (970)	86% (12)	+5%	⊕		75% (477)	80% (8)	+5%	⊕
When very sick, was able to get a doctor's appointment within 1 to 2 days.	93% (942)	75% (9)	-18%	○		89% (453)	100% (5)	+11%	⊕
Usually waited less than 1 hour in the office to see primary HMO doctor.	95% (1,431)	81% (26)	-14%	○		87% (704)	75% (12)	-12%	○
Consistently busy telephone lines did <u>not</u> hinder bene's making appointments.	90% (780)	86% (6)	-4%	⊕		89% (425)	67% (2)	-22%	○
SERVICES									
Primary HMO doctor never failed to provide needed Medicare services.	96% (1,475)	97% (36)	+1%	⊕		88% (744)	92% (12)	+4%	⊕
Primary HMO doctor never failed to refer to a specialist when needed.	96% (1,439)	94% (29)	-2%	⊕		88% (732)	86% (12)	-2%	⊕
Didn't feel the need to seek out-of-plan care, excluding dental, routine eye, and emergent/urgent care.	93% (1,397)	94% (32)	+1%	⊕		86% (696)	92% (12)	+6%	⊕
Medical care received through the HMO caused beneficiaries' health to:									
▶ improve	53% (772)	47% (16)	-6%	⊕		41% (296)	8% (1)	-33%	○
▶ stay about the same	45% (649)	50% (17)	+5%	⊕		49% (383)	62% (8)	+13%	⊕
▶ worsen	2% (32)	3% (1)	+1%	⊕		10% (86)	31% (4)	+21%	●
PERSONAL TREATMENT									
Primary HMO doctor never failed to take beneficiary's health complaints seriously.	88% (1349)	91% (32)	+3%	⊕		76% (650)	71% (10)	-5%	⊕

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 3354		Enrollees (N = 41)			Disenrollees (N = 29)				
Beneficiary Responses to Key Survey Questions by Category		All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
Most important to primary HMO doctor was:									
▶	giving the best medical care possible	86% (1,197)	77% (24)	-9%	○	72% (471)	50% (4)	-22%	○
▶	holding down the cost of care	9% (120)	16% (5)	+7%	●	26% (162)	50% (4)	+24%	●
Most important to the HMO was:									
▶	giving the best medical care possible	74% (1,036)	67% (20)	-7%	⊕	58% (387)	50% (4)	-8%	⊕
▶	holding down the cost of care	15% (213)	17% (5)	+2%	⊕	36% (230)	50% (4)	+14%	⊕

KAISER FOUNDATION HEALTH PLAN (OH)

No. Enrollees: 13,842	Total No. Sampled: 98	Total No. Respondents: 70
Model type: Group	Not For-Profit	Non-Competitive

● Above average
⊕ Average
○ Below average
NS Not sufficient data

HMO ID #: H 3607	Enrollees (N = 38)				Disenrollees (N = 32)			
Beneficiary Responses to Key Survey Questions by Category	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
HEALTH SCREENING								
Was <u>not</u> asked at application about health problems, excluding kidney failure and hospice care.	63% (717)	48% (10)	-15%	⊕	58% (430)	44% (7)	-14%	⊕
Physical exam was <u>not</u> required before joining.	96% (1,295)	80% (20)	-16%	○	98% (824)	93% (13)	-5%	○
UNDERSTANDING OF HMOs								
Did know they could change their minds about enrolling after they applied.	88% (1,078)	84% (16)	-4%	⊕	82% (611)	50% (8)	-32%	○
Did know, from the beginning, they must be referred to a specialist by their primary HMO doctors.	89% (1,444)	80% (28)	-9%	○	84% (852)	73% (22)	-11%	⊕
Did know, from the beginning, they could only use HMO doctors and hospitals (except emergent care and urgent care outside the service area.)	96% (1,585)	94% (34)	-2%	⊕	93% (958)	80% (24)	-13%	○
Did know they had the right to appeal an HMO's refusal to provide/pay for services.	74% (1,113)	76% (25)	+2%	⊕	67% (523)	40% (10)	-27%	○
APPOINTMENTS								
For scheduled appointments with primary HMO doctors, usually waited less than 13 days.	85% (1,276)	30% (10)	-55%	○	82% (681)	32% (8)	-50%	○

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 3607 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 38)				Disenrollees (N = 32)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
For scheduled appointments with specialists, usually waited less than 13 days.	81% (970)	35% (9)	-46%	○	75% (477)	28% (5)	-47%	○
When very sick, was able to get a doctor's appointment within 1 to 2 days.	93% (942)	93% (26)	0%	⊕	89% (453)	84% (16)	-5%	⊕
Usually waited less than 1 hour in the office to see primary HMO doctor.	95% (1,431)	97% (32)	+2%	⊕	87% (704)	83% (19)	-4%	⊕
Consistently busy telephone lines did <u>not</u> hinder bene's making appointments.	90% (780)	68% (19)	-22%	○	89% (425)	74% (14)	-15%	○
SERVICES								
Primary HMO doctor never failed to provide needed Medicare services.	96% (1,475)	100% (35)	+4%	●	88% (744)	79% (23)	-9%	○
Primary HMO doctor never failed to refer to a specialist when needed.	96% (1,439)	97% (34)	+1%	⊕	88% (732)	86% (24)	-2%	⊕
Didn't feel the need to seek out-of-plan care, excluding dental, routine eye, and emergent/urgent care.	93% (1,397)	89% (32)	-4%	○	86% (696)	70% (19)	-16%	○
Medical care received through the HMO caused beneficiaries' health to:								
▶ improve	53% (772)	58% (21)	+5%	⊕	41% (296)	32% (8)	-9%	⊕
▶ stay about the same	45% (649)	36% (13)	-9%	⊕	49% (383)	40% (10)	-9%	⊕
▶ worsen	2% (32)	6% (2)	+4%	●	10% (86)	28% (7)	+18%	●
PERSONAL TREATMENT								
Primary HMO doctor never failed to take beneficiary's health complaints seriously.	88% (1349)	92% (34)	+4%	⊕	76% (650)	68% (19)	-8%	⊕

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 3607 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 38)				Disenrollees (N = 32)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
Most important to primary HMO doctor was:								
▶ giving the best medical care possible	86% (1,197)	91% (29)	+5%	⊕	72% (471)	65% (11)	-7%	⊕
▶ holding down the cost of care	9% (120)	6% (2)	-3%	⊕	26% (162)	35% (6)	+9%	⊕
Most important to the HMO was:								
▶ giving the best medical care possible	74% (1,036)	84% (26)	+10%	●	58% (387)	53% (10)	-5%	⊕
▶ holding down the cost of care	15% (213)	10% (3)	-5%	⊕	36% (230)	47% (9)	+11%	⊕

PACIFICARE OF OKLAHOMA

No. Enrollees: 5,077	Total No. Sampled: 100	Total No. Respondents: 80
Model type: Group	For-Profit	Non-Competitive

● Above average
⊕ Average
○ Below average
NS Not sufficient data

HMO ID #: H 3749	Enrollees (N = 41)				Disenrollees (N = 39)			
Beneficiary Responses to Key Survey Questions by Category	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
HEALTH SCREENING								
Was <u>not</u> asked at application about health problems, excluding kidney failure and hospice care.	63% (717)	63% (22)	0%	⊕	58% (430)	78% (25)	+20%	●
Physical exam was <u>not</u> required before joining.	96% (1,295)	100% (41)	+4%	⊕	98% (824)	97% (34)	-1%	⊕
UNDERSTANDING OF HMOs								
Did know they could change their minds about enrolling after they applied.	88% (1,078)	87% (32)	-1%	⊕	82% (611)	82% (28)	0%	⊕
Did know, from the beginning, they must be referred to a specialist by their primary HMO doctors.	89% (1,444)	98% (39)	+9%	●	84% (852)	78% (25)	-6%	⊕
Did know, from the beginning, they could only use HMO doctors and hospitals (except emergent care and urgent care outside the service area.)	96% (1,585)	100% (40)	+4%	●	93% (958)	94% (31)	+1%	⊕
Did know they had the right to appeal an HMO's refusal to provide/pay for services.	74% (1,113)	76% (28)	+2%	⊕	67% (523)	48% (11)	-19%	○
APPOINTMENTS								
For scheduled appointments with primary HMO doctors, usually waited less than 13 days.	85% (1,276)	92% (33)	+7%	⊕	82% (681)	81% (25)	-1%	⊕

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 3749 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 41)				Disenrollees (N = 39)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
For scheduled appointments with specialists, usually waited less than 13 days.	81% (970)	83% (20)	+2%	⊕	75% (477)	71% (15)	-4%	⊕
When very sick, was able to get a doctor's appointment within 1 to 2 days.	93% (942)	100% (19)	+7%	⊕	89% (453)	81% (13)	-8%	⊕
Usually waited less than 1 hour in the office to see primary HMO doctor.	95% (1,431)	100% (34)	+5%	⊕	87% (704)	84% (26)	-3%	⊕
Consistently busy telephone lines did <u>not</u> hinder bene's making appointments.	90% (780)	94% (15)	+4%	⊕	89% (425)	85% (11)	-4%	⊕
SERVICES								
Primary HMO doctor never failed to provide needed Medicare services.	96% (1,475)	97% (34)	+1%	⊕	88% (744)	68% (21)	-20%	○
Primary HMO doctor never failed to refer to a specialist when needed.	96% (1,439)	97% (35)	+1%	⊕	88% (732)	66% (19)	-22%	○
Didn't feel the need to seek out-of-plan care, excluding dental, routine eye, and emergent/urgent care.	93% (1,397)	92% (33)	-1%	⊕	86% (696)	89% (23)	+3%	⊕
Medical care received through the HMO caused beneficiaries' health to:								
▶ improve	53% (772)	37% (13)	-16%	○	41% (296)	28% (8)	-13%	⊕
▶ stay about the same	45% (649)	54% (19)	+9%	⊕	49% (383)	48% (14)	-1%	⊕
▶ worsen	2% (32)	9% (3)	+7%	●	10% (86)	24% (7)	+14%	●
PERSONAL TREATMENT								
Primary HMO doctor never failed to take beneficiary's health complaints seriously.	88% (1349)	91% (32)	+3%	⊕	76% (650)	69% (20)	-7%	⊕

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 3749 —	Enrollees (N = 41)				Disenrollees (N = 39)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
Beneficiary Responses to Key Survey Questions by Category								
Most important to primary HMO doctor was:								
▶ giving the best medical care possible	86% (1,197)	79% (23)	-7%	○	72% (471)	58% (14)	-14%	⊕
▶ holding down the cost of care	9% (120)	17% (5)	+8%	●	26% (162)	38% (9)	+12%	⊕
Most important to the HMO was:								
▶ giving the best medical care possible	74% (1,036)	64% (23)	-10%	○	58% (387)	44% (12)	-14%	⊕
▶ holding down the cost of care	15% (213)	28% (10)	+13%	●	36% (230)	48% (13)	+12%	⊕

U.S. HEALTH CARE SYSTEMS OF PENNSYLVANIA

No. Enrollees: 20,354	Total No. Sampled: 99	Total No. Respondents: 71
Model type: IPA	For-Profit	Competitive

● Above average ⊕ Average ○ Below average NS Not sufficient data

HMO ID #: H 3931	Enrollees (N = 39)				Disenrollees (N = 32)			
Beneficiary Responses to Key Survey Questions by Category	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
HEALTH SCREENING								
Was <u>not</u> asked at application about health problems, excluding kidney failure and hospice care.	63% (717)	69% (11)	+6%	⊕	58% (430)	86% (12)	+28%	●
Physical exam was <u>not</u> required before joining.	96% (1,295)	91% (21)	-5%	⊕	98% (824)	100% (17)	+2%	⊕
UNDERSTANDING OF HMOs								
Did know they could change their minds about enrolling after they applied.	88% (1,078)	85% (17)	-3%	⊕	82% (611)	92% (11)	+10%	⊕
Did know, from the beginning, they must be referred to a specialist by their primary HMO doctors.	89% (1,444)	92% (34)	+3%	⊕	84% (852)	93% (26)	+9%	⊕
Did know, from the beginning, they could only use HMO doctors and hospitals (except emergent care and urgent care outside the service area.)	96% (1,585)	95% (36)	-1%	⊕	93% (958)	96% (27)	+3%	⊕
Did know they had the right to appeal an HMO's refusal to provide/pay for services.	74% (1,113)	77% (27)	+3%	⊕	67% (523)	91% (19)	+24%	●
APPOINTMENTS								
For scheduled appointments with primary HMO doctors, usually waited less than 13 days.	85% (1,276)	100% (34)	+15%	●	82% (681)	92% (23)	+10%	⊕

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 3931 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 39)				Disenrollees (N = 32)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
For scheduled appointments with specialists, usually waited less than 13 days.	81% (970)	90% (26)	+9%	⊕	75% (477)	86% (18)	+11%	⊕
When very sick, was able to get a doctor's appointment within 1 to 2 days.	93% (942)	100% (25)	+7%	⊕	89% (453)	94% (17)	+5%	⊕
Usually waited less than 1 hour in the office to see primary HMO doctor.	95% (1,431)	100% (33)	+5%	⊕	87% (704)	83% (20)	-4%	⊕
Consistently busy telephone lines did <u>not</u> hinder bene's making appointments.	90% (780)	88% (14)	-2%	⊕	89% (425)	100% (12)	+11%	⊕
SERVICES								
Primary HMO doctor never failed to provide needed Medicare services.	96% (1,475)	97% (33)	+1%	⊕	88% (744)	88% (22)	0%	⊕
Primary HMO doctor never failed to refer to a specialist when needed.	96% (1,439)	94% (32)	-2%	⊕	88% (732)	88% (21)	0%	⊕
Didn't feel the need to seek out-of-plan care, excluding dental, routine eye, and emergent/urgent care.	93% (1,397)	94% (34)	+1%	⊕	86% (696)	91% (21)	+5%	⊕
Medical care received through the HMO caused beneficiaries' health to:								
▶ improve	53% (772)	68% (23)	+15%	●	41% (296)	64% (16)	+23%	●
▶ stay about the same	45% (649)	29% (10)	-16%	○	49% (383)	36% (9)	-13%	⊕
▶ worsen	2% (32)	3% (1)	+1%	⊕	10% (86)	0% (0)	-10%	⊕
PERSONAL TREATMENT								
Primary HMO doctor never failed to take beneficiary's health complaints seriously.	88% (1349)	94% (34)	+6%	●	76% (650)	84% (21)	+8%	⊕

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 3931 —	Enrollees (N = 39)				Disenrollees (N = 32)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
Beneficiary Responses to Key Survey Questions by Category								
Most important to primary HMO doctor was:								
▶ giving the best medical care possible	86% (1,197)	86% (24)	0%	⊕	72% (471)	86% (19)	+14%	⊕
▶ holding down the cost of care	9% (120)	7% (2)	-2%	⊕	26% (162)	9% (2)	-17%	○
Most important to the HMO was:								
▶ giving the best medical care possible	74% (1,036)	69% (22)	-5%	⊕	58% (387)	78% (19)	+20%	●
▶ holding down the cost of care	15% (213)	13% (4)	-2%	⊕	36% (230)	13% (3)	-23%	○

HUMANA HEALTH PLAN OF TEXAS (CORPUS CHRISTI)

No. Enrollees: 5,486	Total No. Sampled: 95	Total No. Respondents: 54
Model type: IPA	For-Profit	Non-Competitive

● Above average
⊕ Average
○ Below average
NS Not sufficient data

HMO ID #: H 4504	Enrollees (N = 30)				Disenrollees (N = 24)			
Beneficiary Responses to Key Survey Questions by Category	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
HEALTH SCREENING								
Was <u>not</u> asked at application about health problems, excluding kidney failure and hospice care.	63% (717)	47% (9)	-16%	⊕	58% (430)	41% (7)	-17%	⊕
Physical exam was <u>not</u> required before joining.	96% (1,295)	93% (26)	-3%	⊕	98% (824)	96% (21)	-2%	⊕
UNDERSTANDING OF HMOs								
Did know they could change their minds about enrolling after they applied.	88% (1,078)	87% (20)	-1%	⊕	82% (611)	95% (18)	+13%	⊕
Did know, from the beginning, they must be referred to a specialist by their primary HMO doctors.	89% (1,444)	82% (23)	-7%	⊕	84% (852)	91% (21)	+7%	⊕
Did know, from the beginning, they could only use HMO doctors and hospitals (except emergent care and urgent care outside the service area.)	96% (1,585)	93% (27)	-3%	⊕	93% (958)	96% (22)	+3%	⊕
Did know they had the right to appeal an HMO's refusal to provide/pay for services.	74% (1,113)	71% (20)	-3%	⊕	67% (523)	75% (12)	+8%	⊕
APPOINTMENTS								
For scheduled appointments with primary HMO doctors, usually waited less than 13 days.	85% (1,276)	100% (28)	+15%	●	82% (681)	100% (20)	+18%	●

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 4504 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 30)				Disenrollees (N = 24)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
For scheduled appointments with specialists, usually waited less than 13 days.	81% (970)	82% (18)	+1%	⊕	75% (477)	73% (11)	-2%	⊕
When very sick, was able to get a doctor's appointment within 1 to 2 days.	93% (942)	96% (21)	+3%	⊕	89% (453)	88% (7)	-1%	⊕
Usually waited less than 1 hour in the office to see primary HMO doctor.	95% (1,431)	87% (26)	-8%	○	87% (704)	79% (15)	-8%	⊕
Consistently busy telephone lines did <u>not</u> hinder bene's making appointments.	90% (780)	100% (15)	+10%	⊕	89% (425)	100% (11)	+11%	⊕
SERVICES								
Primary HMO doctor never failed to provide needed Medicare services.	96% (1,475)	100% (29)	+4%	●	88% (744)	90% (18)	+2%	⊕
Primary HMO doctor never failed to refer to a specialist when needed.	96% (1,439)	86% (25)	-10%	○	88% (732)	90% (17)	+2%	⊕
Didn't feel the need to seek out-of-plan care, excluding dental, routine eye, and emergent/urgent care.	93% (1,397)	93% (27)	0%	⊕	86% (696)	79% (15)	-7%	⊕
Medical care received through the HMO caused beneficiaries' health to:								
▶ improve	53% (772)	48% (12)	-5%	⊕	41% (296)	28% (5)	-13%	⊕
▶ stay about the same	45% (649)	52% (13)	+7%	⊕	49% (383)	61% (11)	+12%	⊕
▶ worsen	2% (32)	0% (0)	-2%	⊕	10% (86)	11% (2)	+1%	⊕
PERSONAL TREATMENT								
Primary HMO doctor never failed to take beneficiary's health complaints seriously.	88% (1349)	90% (26)	+2%	⊕	76% (650)	75% (15)	-1%	⊕

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 4504 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 30)				Disenrollees (N = 24)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
Most important to primary HMO doctor was:								
▶ giving the best medical care possible	86% (1,197)	85% (23)	-1%	⊕	72% (471)	77% (10)	+5%	⊕
▶ holding down the cost of care	9% (120)	7% (2)	-2%	⊕	26% (162)	23% (3)	-3%	⊕
Most important to the HMO was:								
▶ giving the best medical care possible	74% (1,036)	89% (23)	+15%	●	58% (387)	69% (9)	+11%	⊕
▶ holding down the cost of care	15% (213)	8% (2)	-7%	⊕	36% (230)	31% (4)	-5%	⊕

HUMANA HEALTH PLAN OF TEXAS (SAN ANTONIO)

No. Enrollees: 9,584	Total No. Sampled: 98	Total No. Respondents: 42
Model type: IPA	For-Profit	Competitive

● Above average
⊕ Average
○ Below average
NS Not sufficient data

HMO ID #: H 4510	Enrollees (N = 23)				Disenrollees (N = 19)			
Beneficiary Responses to Key Survey Questions by Category	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
HEALTH SCREENING								
Was <u>not</u> asked at application about health problems, excluding kidney failure and hospice care.	63% (717)	40% (6)	-23%	○	58% (430)			NS
Physical exam was <u>not</u> required before joining.	96% (1,295)	100% (19)	+4%	⊕	98% (824)			NS
UNDERSTANDING OF HMOs								
Did know they could change their minds about enrolling after they applied.	88% (1,078)	89% (16)	+1%	⊕	82% (611)			NS
Did know, from the beginning, they must be referred to a specialist by their primary HMO doctors.	89% (1,444)	73% (16)	-16%	○	84% (852)			NS
Did know, from the beginning, they could only use HMO doctors and hospitals (except emergent care and urgent care outside the service area.)	96% (1,585)	91% (20)	-5%	○	93% (958)			NS
Did know they had the right to appeal an HMO's refusal to provide/pay for services.	74% (1,113)	63% (12)	-11%	○	67% (523)			NS
APPOINTMENTS								
For scheduled appointments with primary HMO doctors, usually waited less than 13 days.	85% (1,276)	70% (14)	-15%	○	82% (681)			NS

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 4510 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 23)				Disenrollees (N = 19)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
For scheduled appointments with specialists, usually waited less than 13 days.	81% (970)	71% (12)	-10%	⊕	75% (477)			NS
When very sick, was able to get a doctor's appointment within 1 to 2 days.	93% (942)	85% (11)	-8%	⊕	89% (453)			NS
Usually waited less than 1 hour in the office to see primary HMO doctor.	95% (1,431)	85% (17)	-10%	○	87% (704)			NS
Consistently busy telephone lines did <u>not</u> hinder bene's making appointments.	90% (780)	56% (5)	-34%	○	89% (425)			NS
SERVICES								
Primary HMO doctor never failed to provide needed Medicare services.	96% (1,475)	94% (17)	-2%	⊕	88% (744)			NS
Primary HMO doctor never failed to refer to a specialist when needed.	96% (1,439)	100% (17)	+4%	●	88% (732)			NS
Didn't feel the need to seek out-of-plan care, excluding dental, routine eye, and emergent/urgent care.	93% (1,397)	89% (16)	-4%	○	86% (696)			NS
Medical care received through the HMO caused beneficiaries' health to:								
▶ improve	53% (772)	78% (14)	+25%	●	41% (296)			NS
▶ stay about the same	45% (649)	22% (4)	-23%	○	49% (383)			NS
▶ worsen	2% (32)	0% (0)	-2%	⊕	10% (86)			NS
PERSONAL TREATMENT								
Primary HMO doctor never failed to take beneficiary's health complaints seriously.	88% (1349)	81% (17)	-7%	○	76% (650)			NS

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 4510 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 23)				Disenrollees (N = 19)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
Most important to primary HMO doctor was:								
▶ giving the best medical care possible	86% (1,197)	88% (15)	+2%	⊕	72% (471)			NS
▶ holding down the cost of care	9% (120)	12% (2)	+3%	⊕	26% (162)			NS
Most important to the HMO was:								
▶ giving the best medical care possible	74% (1,036)	53% (9)	-21%	○	58% (387)			NS
▶ holding down the cost of care	15% (213)	35% (6)	+20%	●	36% (230)			NS

PACIFICARE OF TEXAS

No. Enrollees: 16,833	Total No. Sampled: 98	Total No. Respondents: 54
Model type: IPA	For-Profit	Competitive

● Above average
⊕ Average
○ Below average
NS Not sufficient data

HMO ID #: H 4590	Enrollees (N = 34)				Disenrollees (N = 20)			
Beneficiary Responses to Key Survey Questions by Category	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
HEALTH SCREENING								
Was <u>not</u> asked at application about health problems, excluding kidney failure and hospice care.	63% (717)	69% (20)	+6%	⊕	58% (430)	53% (8)	-5%	⊕
Physical exam was <u>not</u> required before joining.	96% (1,295)	100% (31)	+4%	⊕	98% (824)	100% (19)	+2%	⊕
UNDERSTANDING OF HMOs								
Did know they could change their minds about enrolling after they applied.	88% (1,078)	97% (28)	+9%	●	82% (611)	82% (14)	0%	⊕
Did know, from the beginning, they must be referred to a specialist by their primary HMO doctors.	89% (1,444)	94% (31)	+5%	⊕	84% (852)	100% (17)	+16%	●
Did know, from the beginning, they could only use HMO doctors and hospitals (except emergent care and urgent care outside the service area.)	96% (1,585)	100% (34)	+4%	●	93% (958)	100% (19)	+7%	⊕
Did know they had the right to appeal an HMO's refusal to provide/pay for services.	74% (1,113)	81% (25)	+7%	⊕	67% (523)	89% (8)	+22%	●
APPOINTMENTS								
For scheduled appointments with primary HMO doctors, usually waited less than 13 days.	85% (1,276)	87% (27)	+2%	⊕	82% (681)	75% (9)	-7%	⊕

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 4590 —	Enrollees (N = 34)				Disenrollees (N = 20)				
	Beneficiary Responses to Key Survey Questions by Category	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
For scheduled appointments with specialists, usually waited less than 13 days.	81% (970)	87% (20)	+6%	⊕	75% (477)	71% (5)	-4%	⊕	
When very sick, was able to get a doctor's appointment within 1 to 2 days.	93% (942)	100% (14)	+7%	⊕	89% (453)	71% (5)	-18%	○	
Usually waited less than 1 hour in the office to see primary HMO doctor.	95% (1,431)	97% (28)	+2%	⊕	87% (704)	82% (9)	-5%	⊕	
Consistently busy telephone lines did <u>not</u> hinder bene's making appointments.	90% (780)	100% (10)	+10%	⊕	89% (425)	83% (5)	-6%	⊕	
SERVICES									
Primary HMO doctor never failed to provide needed Medicare services.	96% (1,475)	97% (28)	+1%	⊕	88% (744)	82% (9)	-6%	⊕	
Primary HMO doctor never failed to refer to a specialist when needed.	96% (1,439)	97% (29)	+1%	⊕	88% (732)	91% (10)	+3%	⊕	
Didn't feel the need to seek out-of-plan care, excluding dental, routine eye, and emergent/urgent care.	93% (1,397)	93% (26)	0%	⊕	86% (696)	83% (10)	-3%	⊕	
Medical care received through the HMO caused beneficiaries' health to:									
▶ improve	53% (772)	64% (18)	+11%	●	41% (296)	83% (10)	+42%	●	
▶ stay about the same	45% (649)	36% (10)	-9%	⊕	49% (383)	17% (2)	-32%	○	
▶ worsen	2% (32)	0% (0)	-2%	⊕	10% (86)	0% (0)	-10%	⊕	
PERSONAL TREATMENT									
Primary HMO doctor never failed to take beneficiary's health complaints seriously.	88% (1349)	87% (27)	-1%	⊕	76% (650)	67% (8)	-9%	⊕	

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 4590 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 34)				Disenrollees (N = 20)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
Most important to primary HMO doctor was:								
▶ giving the best medical care possible	86% (1,197)	72% (18)	-14%	○	72% (471)	91% (10)	+19%	●
▶ holding down the cost of care	9% (120)	12% (3)	+3%	⊕	26% (162)	9% (1)	-17%	○
Most important to the HMO was:								
▶ giving the best medical care possible	74% (1,036)	65% (17)	-9%	⊕	58% (387)	90% (9)	+32%	●
▶ holding down the cost of care	15% (213)	23% (6)	+8%	●	36% (230)	10% (1)	-26%	○

SENTARA HEALTH PLANS (VA)

No. Enrollees: 259	Total No. Sampled: 54	Total No. Respondents: 47
Model type: Staff	For-Profit	Non-Competitive

● Above average ⊕ Average ○ Below average NS Not sufficient data

HMO ID #: H 4949	Enrollees (N = 44)				Disenrollees (N = 3)			
Beneficiary Responses to Key Survey Questions by Category	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
HEALTH SCREENING								
Was <u>not</u> asked at application about health problems, excluding kidney failure and hospice care.	63% (717)	17% (6)	-46%	○	58% (430)	67% (2)	+9%	⊕
Physical exam was <u>not</u> required before joining.	96% (1,295)	73% (27)	-23%	○	98% (824)	100% (3)	+2%	⊕
UNDERSTANDING OF HMOs								
Did know they could change their minds about enrolling after they applied.	88% (1,078)	94% (31)	+6%	⊕	82% (611)	100% (3)	+18%	●
Did know, from the beginning, they must be referred to a specialist by their primary HMO doctors.	89% (1,444)	98% (43)	+9%	●	84% (852)	100% (3)	+16%	●
Did know, from the beginning, they could only use HMO doctors and hospitals (except emergent care and urgent care outside the service area.)	96% (1,585)	100% (43)	+4%	●	93% (958)	100% (3)	+7%	⊕
Did know they had the right to appeal an HMO's refusal to provide/pay for services.	74% (1,113)	81% (33)	+7%	⊕	67% (523)	100% (3)	+33%	●
APPOINTMENTS								
For scheduled appointments with primary HMO doctors, usually waited less than 13 days.	85% (1,276)	83% (35)	-2%	⊕	82% (681)	100% (3)	+18%	●

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 4949 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 44)				Disenrollees (N = 3)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
For scheduled appointments with specialists, usually waited less than 13 days.	81% (970)	85% (29)	+4%	⊕	75% (477)	100% (3)	+25%	●
When very sick, was able to get a doctor's appointment within 1 to 2 days.	93% (942)	91% (21)	-2%	⊕	89% (453)	100% (1)	+11%	⊕
Usually waited less than 1 hour in the office to see primary HMO doctor.	95% (1,431)	95% (40)	0%	⊕	87% (704)	100% (3)	+13%	●
Consistently busy telephone lines did <u>not</u> hinder bene's making appointments.	90% (780)	94% (17)	+4%	⊕	89% (425)			NS
SERVICES								
Primary HMO doctor never failed to provide needed Medicare services.	96% (1,475)	93% (40)	-3%	⊕	88% (744)	100% (3)	+12%	●
Primary HMO doctor never failed to refer to a specialist when needed.	96% (1,439)	95% (38)	-1%	⊕	88% (732)	100% (3)	+12%	●
Didn't feel the need to seek out-of-plan care, excluding dental, routine eye, and emergent/urgent care.	93% (1,397)	88% (38)	-5%	○	86% (696)	100% (3)	+14%	●
Medical care received through the HMO caused beneficiaries' health to:								
▶ improve	53% (772)	35% (14)	-18%	○	41% (296)	33% (1)	-8%	⊕
▶ stay about the same	45% (649)	63% (25)	+18%	●	49% (383)	67% (2)	+18%	●
▶ worsen	2% (32)	3% (1)	+1%	⊕	10% (86)			NS
PERSONAL TREATMENT								
Primary HMO doctor never failed to take beneficiary's health complaints seriously.	88% (1349)	95% (39)	+7%	●	76% (650)	67% (2)	-9%	⊕

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 4949 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 44)				Disenrollees (N = 3)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
Most important to primary HMO doctor was:								
▶ giving the best medical care possible	86% (1,197)	90% (34)	+4%	⊕	72% (471)	33% (1)	-39%	○
▶ holding down the cost of care	9% (120)	3% (1)	-6%	○	26% (162)	67% (2)	+41%	●
Most important to the HMO was:								
▶ giving the best medical care possible	74% (1,036)	76% (28)	+2%	⊕	58% (387)	33% (1)	-25%	○
▶ holding down the cost of care	15% (213)	16% (6)	+1%	⊕	36% (230)	67% (2)	+31%	●

NETWORK HEALTH PLAN (WA)

No. Enrollees: 12,136	Total No. Sampled: 99	Total No. Respondents: 84
Model type: IPA	For-Profit	Competitive

● Above average ⊕ Average ○ Below average NS Not sufficient data

HMO ID #: H 5005	Enrollees (N = 43)				Disenrollees (N = 41)			
Beneficiary Responses to Key Survey Questions by Category	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
HEALTH SCREENING								
Was <u>not</u> asked at application about health problems, excluding kidney failure and hospice care.	63% (717)	80% (7)	+17%	⊕	58% (430)	85% (28)	+27%	●
Physical exam was <u>not</u> required before joining.	96% (1,295)	100% (19)	+4%	⊕	98% (824)	100% (37)	+2%	⊕
UNDERSTANDING OF HMOs								
Did know they could change their minds about enrolling after they applied.	88% (1,078)	97% (10)	+9%	⊕	82% (611)	88% (30)	+6%	⊕
Did know, from the beginning, they must be referred to a specialist by their primary HMO doctors.	89% (1,444)	86% (28)	-3%	⊕	84% (852)	95% (37)	+11%	●
Did know, from the beginning, they could only use HMO doctors and hospitals (except emergent care and urgent care outside the service area.)	96% (1,585)	95% (37)	-1%	⊕	93% (958)	97% (38)	+4%	⊕
Did know they had the right to appeal an HMO's refusal to provide/pay for services.	74% (1,113)	82% (20)	+8%	●	67% (523)	81% (26)	+14%	⊕
APPOINTMENTS								
For scheduled appointments with primary HMO doctors, usually waited less than 13 days.	85% (1,276)	97% (28)	+12%	⊕	82% (681)	97% (34)	+15%	⊕

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 5005 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 43)				Disenrollees (N = 41)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
For scheduled appointments with specialists, usually waited less than 13 days.	81% (970)	94% (28)	+13%	●	75% (477)	97% (29)	+22%	●
When very sick, was able to get a doctor's appointment within 1 to 2 days.	93% (942)	100% (31)	+7%	⊕	89% (453)	96% (22)	+7%	⊕
Usually waited less than 1 hour in the office to see primary HMO doctor.	95% (1,431)	100% (40)	+5%	⊕	87% (704)	91% (31)	+4%	⊕
Consistently busy telephone lines did <u>not</u> hinder bene's making appointments.	90% (780)	94% (15)	+4%	⊕	89% (425)	94% (16)	+5%	⊕
SERVICES								
Primary HMO doctor never failed to provide needed Medicare services.	96% (1,475)	95% (36)	-1%	⊕	88% (744)	95% (36)	+7%	⊕
Primary HMO doctor never failed to refer to a specialist when needed.	96% (1,439)	95% (38)	-1%	⊕	88% (732)	92% (35)	+4%	⊕
Didn't feel the need to seek out-of-plan care, excluding dental, routine eye, and emergent/urgent care.	93% (1,397)	90% (35)	-3%	⊕	86% (696)	89% (33)	+3%	⊕
Medical care received through the HMO caused beneficiaries' health to:								
▶ improve	53% (772)	55% (24)	+2%	⊕	41% (296)	39% (12)	-2%	⊕
▶ stay about the same	45% (649)	45% (13)	0%	⊕	49% (383)	55% (17)	+6%	⊕
▶ worsen	2% (32)	0% (0)	-2%	⊕	10% (86)	7% (2)	-3%	⊕
PERSONAL TREATMENT								
Primary HMO doctor never failed to take beneficiary's health complaints seriously.	88% (1349)	92% (35)	+4%	⊕	76% (650)	89% (32)	+13%	●

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 5005 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 43)				Disenrollees (N = 41)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
Most important to primary HMO doctor was:								
▶ giving the best medical care possible	86% (1,197)	90% (33)	+4%	⊕	72% (471)	78% (25)	+6%	⊕
▶ holding down the cost of care	9% (120)	5% (3)	-4%	⊕	26% (162)	16% (5)	-10%	⊕
Most important to the HMO was:								
▶ giving the best medical care possible	74% (1,036)	64% (26)	-10%	○	58% (387)	61% (19)	+3%	⊕
▶ holding down the cost of care	15% (213)	22% (6)	+7%	⊕	36% (230)	23% (7)	-13%	⊕

GROUP HEALTH CO-OP OF PUGET SOUND (WA)

No. Enrollees: 43,585	Total No. Sampled: 98	Total No. Respondents: 68
Model type: Staff	Not For-Profit	Competitive

● Above average
⊕ Average
○ Below average
NS Not sufficient data

HMO ID #: H 5050	Enrollees (N = 36)				Disenrollees (N = 32)			
Beneficiary Responses to Key Survey Questions by Category	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
HEALTH SCREENING								
Was <u>not</u> asked at application about health problems, excluding kidney failure and hospice care.	63% (717)	32% (6)	-31%	○	58% (430)	46% (6)	-12%	⊕
Physical exam was <u>not</u> required before joining.	96% (1,295)	81% (17)	-15%	○	98% (824)	100% (14)	+2%	⊕
UNDERSTANDING OF HMOs								
Did know they could change their minds about enrolling after they applied.	88% (1,078)	79% (11)	-9%	○	82% (611)	100% (12)	+18%	●
Did know, from the beginning, they must be referred to a specialist by their primary HMO doctors.	89% (1,444)	81% (26)	-8%	○	84% (852)	75% (21)	-9%	⊕
Did know, from the beginning, they could only use HMO doctors and hospitals (except emergent care and urgent care outside the service area.)	96% (1,585)	97% (34)	+1%	⊕	93% (958)	93% (26)	0%	⊕
Did know they had the right to appeal an HMO's refusal to provide/pay for services.	74% (1,113)	61% (19)	-13%	○	67% (523)	64% (18)	-3%	⊕
APPOINTMENTS								
For scheduled appointments with primary HMO doctors, usually waited less than 13 days.	85% (1,276)	82% (27)	-3%	⊕	82% (681)	81% (26)	-1%	⊕

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 5050 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 36)				Disenrollees (N = 32)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
For scheduled appointments with specialists, usually waited less than 13 days.	81% (970)	48% (14)	-33%	○	75% (477)	89% (23)	+14%	⊕
When very sick, was able to get a doctor's appointment within 1 to 2 days.	93% (942)	100% (26)	+7%	⊕	89% (453)	82% (22)	-7%	⊕
Usually waited less than 1 hour in the office to see primary HMO doctor.	95% (1,431)	100% (31)	+5%	⊕	87% (704)	100% (29)	+13%	●
Consistently busy telephone lines did <u>not</u> hinder bene's making appointments.	90% (780)	96% (22)	+6%	⊕	89% (425)	100% (21)	+11%	⊕
SERVICES								
Primary HMO doctor never failed to provide needed Medicare services.	96% (1,475)	100% (32)	+4%	●	88% (744)	90% (26)	+2%	⊕
Primary HMO doctor never failed to refer to a specialist when needed.	96% (1,439)	94% (32)	-2%	⊕	88% (732)	81% (26)	-7%	⊕
Didn't feel the need to seek out-of-plan care, excluding dental, routine eye, and emergent/urgent care.	93% (1,397)	97% (31)	+4%	●	86% (696)	83% (24)	-3%	⊕
Medical care received through the HMO caused beneficiaries' health to:								
▶ improve	53% (772)	58% (18)	+5%	⊕	41% (296)	56% (15)	+15%	⊕
▶ stay about the same	45% (649)	39% (12)	-6%	⊕	49% (383)	26% (7)	-23%	○
▶ worsen	2% (32)	3% (1)	+1%	⊕	10% (86)	19% (5)	+9%	⊕
PERSONAL TREATMENT								
Primary HMO doctor never failed to take beneficiary's health complaints seriously.	88% (1349)	75% (24)	-13%	○	76% (650)	69% (22)	-7%	⊕

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 5050 —	Enrollees (N = 36)				Disenrollees (N = 32)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
Beneficiary Responses to Key Survey Questions by Category								
Most important to primary HMO doctor was:								
▶ giving the best medical care possible	86% (1,197)	94% (31)	+8%	●	72% (471)	83% (20)	+11%	⊕
▶ holding down the cost of care	9% (120)	6% (2)	-3%	⊕	26% (162)	17% (4)	-9%	⊕
Most important to the HMO was:								
▶ giving the best medical care possible	74% (1,036)	87% (27)	+13%	●	58% (387)	76% (22)	+18%	●
▶ holding down the cost of care	15% (213)	3% (1)	-12%	○	36% (230)	21% (6)	-15%	⊕

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 9016 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 29)				Disenrollees (N = 30)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
For scheduled appointments with specialists, usually waited less than 13 days.	81% (970)	73% (16)	-8%	⊕	75% (477)	47% (7)	-28%	○
When very sick, was able to get a doctor's appointment within 1 to 2 days.	93% (942)	92% (12)	-1%	⊕	89% (453)	56% (5)	-33%	○
Usually waited less than 1 hour in the office to see primary HMO doctor.	95% (1,431)	84% (21)	-11%	○	87% (704)	70% (16)	-17%	○
Consistently busy telephone lines did <u>not</u> hinder bene's making appointments.	90% (780)	85% (11)	-5%	⊕	89% (425)	53% (8)	-36%	○
SERVICES								
Primary HMO doctor never failed to provide needed Medicare services.	96% (1,475)	100% (22)	+4%	⊕	88% (744)	70% (14)	-18%	○
Primary HMO doctor never failed to refer to a specialist when needed.	96% (1,439)	81% (17)	-15%	○	88% (732)	67% (14)	-21%	○
Didn't feel the need to seek out-of-plan care, excluding dental, routine eye, and emergent/urgent care.	93% (1,397)	94% (17)	+1%	⊕	86% (696)	80% (16)	-6%	⊕
Medical care received through the HMO caused beneficiaries' health to:								
▶ improve	53% (772)	60% (15)	+7%	⊕	41% (296)	32% (7)	-9%	⊕
▶ stay about the same	45% (649)	36% (9)	-9%	⊕	49% (383)	46% (10)	-3%	⊕
▶ worsen	2% (32)	4% (1)	+2%	⊕	10% (86)	23% (5)	+13%	●
PERSONAL TREATMENT								
Primary HMO doctor never failed to take beneficiary's	88%	78%	-10%	○	76%	65%	-11%	○

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 9016 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 29)				Disenrollees (N = 30)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
Most important to primary HMO doctor was:								
▶ giving the best medical care possible	86% (1,197)	85% (17)	-1%	⊕	72% (471)	38% (6)	-34%	○
▶ holding down the cost of care	9% (120)	10% (2)	+1%	⊕	26% (162)	63% (10)	+37%	●
Most important to the HMO was:								
▶ giving the best medical care possible	74% (1,036)	60% (12)	-14%	○	58% (387)	42% (8)	-16%	⊕
▶ holding down the cost of care	15% (213)	25% (5)	+10%	●	36% (230)	58% (11)	+22%	●

QUAL-MED CALIFORNIA VALLEY PLAN

No. Enrollees: 7,143	Total No. Sampled: 99	Total No. Respondents: 75
Model type: Group	For-Profit	Not Competitive

● Above average
⊕ Average
○ Below average
NS Not sufficient data

HMO ID #: H 9037	Enrollees (N = 41)				Disenrollees (N = 34)			
Beneficiary Responses to Key Survey Questions by Category	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
HEALTH SCREENING								
Was <u>not</u> asked at application about health problems, excluding kidney failure and hospice care.	63% (717)	59% (19)	-4%	⊕	58% (430)	68% (15)	+10%	⊕
Physical exam was <u>not</u> required before joining.	96% (1,295)	92% (33)	-4%	⊕	98% (824)	100% (29)	+2%	⊕
UNDERSTANDING OF HMOs								
Did know they could change their minds about enrolling after they applied.	88% (1,078)	93% (28)	+5%	⊕	82% (611)	67% (16)	-15%	○
Did know, from the beginning, they must be referred to a specialist by their primary HMO doctors.	89% (1,444)	92% (36)	+3%	⊕	84% (852)	86% (25)	+2%	⊕
Did know, from the beginning, they could only use HMO doctors and hospitals (except emergent care and urgent care outside the service area.)	96% (1,585)	97% (38)	+1%	⊕	93% (958)	93% (26)	0%	⊕
Did know they had the right to appeal an HMO's refusal to provide/pay for services.	74% (1,113)	74% (28)	0%	⊕	67% (523)	59% (13)	-8%	⊕
APPOINTMENTS								
For scheduled appointments with primary HMO doctors, usually waited less than 13 days.	85% (1,276)	92% (34)	+7%	⊕	82% (681)	89% (23)	+7%	⊕

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 9037 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 41)				Disenrollees (N = 34)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
For scheduled appointments with specialists, usually waited less than 13 days.	81% (970)	93% (28)	+12%	⊕	75% (477)	88% (15)	+13%	⊕
When very sick, was able to get a doctor's appointment within 1 to 2 days.	93% (942)	91% (21)	-2%	⊕	89% (453)	94% (16)	+5%	⊕
Usually waited less than 1 hour in the office to see primary HMO doctor.	95% (1,431)	100% (36)	+5%	⊕	87% (704)	92% (22)	+5%	⊕
Consistently busy telephone lines did <u>not</u> hinder bene's making appointments.	90% (780)	100% (22)	+10%	⊕	89% (425)	100% (11)	+11%	⊕
SERVICES								
Primary HMO doctor never failed to provide needed Medicare services.	96% (1,475)	100% (38)	+4%	●	88% (744)	91% (20)	+3%	⊕
Primary HMO doctor never failed to refer to a specialist when needed.	96% (1,439)	100% (38)	+4%	●	88% (732)	91% (21)	+3%	⊕
Didn't feel the need to seek out-of-plan care, excluding dental, routine eye, and emergent/urgent care.	93% (1,397)	97% (36)	+4%	●	86% (696)	83% (19)	-3%	⊕
Medical care received through the HMO caused beneficiaries' health to:								
▶ improve	53% (772)	50% (18)	-3%	⊕	41% (296)	47% (8)	+6%	⊕
▶ stay about the same	45% (649)	50% (18)	+5%	⊕	49% (383)	47% (8)	-2%	⊕
▶ worsen	2% (32)	0% (0)	-2%	⊕	10% (86)	6% (1)	-4%	⊕
PERSONAL TREATMENT								
Primary HMO doctor never failed to take beneficiary's health complaints seriously.	88% (1349)	92% (34)	+4%	⊕	76% (650)	82% (18)	+6%	⊕

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 9037 —	Enrollees (N = 41)				Disenrollees (N = 34)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
Beneficiary Responses to Key Survey Questions by Category								
Most important to primary HMO doctor was:								
▶ giving the best medical care possible	86% (1,197)	85% (28)	-1%	⊕	72% (471)	63% (10)	-9%	⊕
▶ holding down the cost of care	9% (120)	6% (2)	-3%	⊕	26% (162)	19% (3)	-7%	⊕
Most important to the HMO was:								
▶ giving the best medical care possible	74% (1,036)	77% (27)	+3%	⊕	58% (387)	39% (7)	-19%	○
▶ holding down the cost of care	15% (213)	9% (3)	-6%	○	36% (230)	50% (9)	+14%	⊕

SHARE HEALTH PLAN OF ILLINOIS

No. Enrollees: 30,518	Total No. Sampled: 100	Total No. Respondents: 78
Model type: IPA	For-Profit	Competitive

● Above average
⊕ Average
○ Below average
NS Not sufficient data

HMO ID #: 9045	Enrollees (N = 44)				Disenrollees (N = 34)			
Beneficiary Responses to Key Survey Questions by Category	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
HEALTH SCREENING								
Was <u>not</u> asked at application about health problems, excluding kidney failure and hospice care.	63% (717)	77% (23)	+14%	⊕	58% (430)	55% (11)	-3%	⊕
Physical exam was <u>not</u> required before joining.	96% (1,295)	95% (39)	-1%	⊕	98% (824)	100% (27)	+2%	⊕
UNDERSTANDING OF HMOs								
Did know they could change their minds about enrolling after they applied.	88% (1,078)	85% (29)	-3%	⊕	82% (611)	86% (18)	+4%	⊕
Did know, from the beginning, they must be referred to a specialist by their primary HMO doctors.	89% (1,444)	83% (34)	-6%	⊕	84% (852)	82% (23)	-2%	⊕
Did know, from the beginning, they could only use HMO doctors and hospitals (except emergent care and urgent care outside the service area.)	96% (1,585)	86% (37)	-10%	○	93% (958)	93% (26)	0%	⊕
Did know they had the right to appeal an HMO's refusal to provide/pay for services.	74% (1,113)	71% (29)	-3%	⊕	67% (523)	59% (13)	-8%	⊕
APPOINTMENTS								
For scheduled appointments with primary HMO doctors, usually waited less than 13 days.	85% (1,276)	83% (35)	-2%	⊕	82% (681)	96% (22)	+14%	⊕

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: 9045 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 44)				Disenrollees (N = 34)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
For scheduled appointments with specialists, usually waited less than 13 days.	81% (970)	80% (24)	-1%	⊕	75% (477)	88% (14)	+13%	⊕
When very sick, was able to get a doctor's appointment within 1 to 2 days.	93% (942)	96% (26)	+3%	⊕	89% (453)	100% (10)	+11%	⊕
Usually waited less than 1 hour in the office to see primary HMO doctor.	95% (1,431)	95% (38)	0%	⊕	87% (704)	86% (19)	-1%	⊕
Consistently busy telephone lines did <u>not</u> hinder bene's making appointments.	90% (780)	96% (22)	+6%	⊕	89% (425)	94% (15)	+5%	⊕
SERVICES								
Primary HMO doctor never failed to provide needed Medicare services.	96% (1,475)	95% (37)	-1%	⊕	88% (744)	88% (21)	0%	⊕
Primary HMO doctor never failed to refer to a specialist when needed.	96% (1,439)	95% (37)	-1%	⊕	88% (732)	79% (38)	-9%	⊕
Didn't feel the need to seek out-of-plan care, excluding dental, routine eye, and emergent/urgent care.	93% (1,397)	93% (38)	0%	⊕	86% (696)	83% (4)	-3%	⊕
Medical care received through the HMO caused beneficiaries' health to:								
▶ improve	53% (772)	59% (24)	+6%	⊕	41% (296)	46% (10)	+5%	⊕
▶ stay about the same	45% (649)	39% (16)	-6%	⊕	49% (383)	46% (10)	-3%	⊕
▶ worsen	2% (32)	2% (1)	0%	⊕	10% (86)	9% (2)	-1%	⊕
PERSONAL TREATMENT								
Primary HMO doctor never failed to take beneficiary's health complaints seriously.	88% (1349)	83% (34)	-5%	⊕	76% (650)	78% (18)	+2%	⊕

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: 9045 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 44)				Disenrollees (N = 34)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
Most important to primary HMO doctor was:								
▶ giving the best medical care possible	86% (1,197)	86% (30)	0%	⊕	72% (471)	71% (12)	-1%	⊕
▶ holding down the cost of care	9% (120)	11% (4)	+2%	⊕	26% (162)	18% (3)	-8%	⊕
Most important to the HMO was:								
▶ giving the best medical care possible	74% (1,036)	85% (29)	+9%	⊕	58% (387)	45% (9)	-13%	⊕
▶ holding down the cost of care	15% (213)	9% (3)	-6%	⊕	36% (230)	45% (9)	+9%	⊕

HEALTH MAINTENANCE OF OREGON

No. Enrollees: 11,400	Total No. Sampled: 99	Total No. Respondents: 76
Model type: IPA	For-Profit	Competitive

● Above average
⊕ Average
○ Below average
NS Not sufficient data

HMO ID #: H 9049	Enrollees (N = 39)				Disenrollees (N = 37)			
Beneficiary Responses to Key Survey Questions by Category	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
HEALTH SCREENING								
Was <u>not</u> asked at application about health problems, excluding kidney failure and hospice care.	63% (717)	76% (22)	+13%	⊕	58% (430)	83% (20)	+25%	●
Physical exam was <u>not</u> required before joining.	96% (1,295)	100% (31)	+4%	⊕	98% (824)	97% (29)	-1%	⊕
UNDERSTANDING OF HMOs								
Did know they could change their minds about enrolling after they applied.	88% (1,078)	79% (23)	-9%	○	82% (611)	93% (27)	+11%	⊕
Did know, from the beginning, they must be referred to a specialist by their primary HMO doctors.	89% (1,444)	92% (35)	+3%	⊕	84% (852)	91% (30)	+7%	⊕
Did know, from the beginning, they could only use HMO doctors and hospitals (except emergent care and urgent care outside the service area.)	96% (1,585)	97% (36)	+1%	⊕	93% (958)	97% (32)	+4%	⊕
Did know they had the right to appeal an HMO's refusal to provide/pay for services.	74% (1,113)	90% (28)	+16%	●	67% (523)	82% (23)	+15%	⊕
APPOINTMENTS								
For scheduled appointments with primary HMO doctors, usually waited less than 13 days.	85% (1,276)	97% (33)	+12%	⊕	82% (681)	80% (24)	-2%	⊕

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 9049 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 39)				Disenrollees (N = 37)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
For scheduled appointments with specialists, usually waited less than 13 days.	81% (970)	95% (20)	+14%	●	75% (477)	90% (17)	+15%	⊕
When very sick, was able to get a doctor's appointment within 1 to 2 days.	93% (942)	100% (19)	+7%	⊕	89% (453)	100% (17)	+11%	⊕
Usually waited less than 1 hour in the office to see primary HMO doctor.	95% (1,431)	100% (31)	+5%	⊕	87% (704)	100% (30)	+13%	●
Consistently busy telephone lines did <u>not</u> hinder bene's making appointments.	90% (780)	95% (18)	+5%	⊕	89% (425)	73% (16)	-16%	○
SERVICES								
Primary HMO doctor never failed to provide needed Medicare services.	96% (1,475)	94% (31)	-2%	⊕	88% (744)	93% (26)	+5%	⊕
Primary HMO doctor never failed to refer to a specialist when needed.	96% (1,439)	97% (32)	+1%	⊕	88% (732)	96% (27)	+8%	⊕
Didn't feel the need to seek out-of-plan care, excluding dental, routine eye, and emergent/urgent care.	93% (1,397)	91% (30)	-2%	⊕	86% (696)	90% (28)	+4%	⊕
Medical care received through the HMO caused beneficiaries' health to:								
▶ improve	53% (772)	42% (13)	-11%	○	41% (296)	31% (20)	-10%	⊕
▶ stay about the same	45% (649)	58% (18)	+13%	●	49% (383)	62% (18)	+13%	⊕
▶ worsen	2% (32)	0% (0)	-2%	⊕	10% (86)	7% (2)	-3%	⊕
PERSONAL TREATMENT								
Primary HMO doctor never failed to take beneficiary's health complaints seriously.	88% (1349)	94% (30)	+6%	●	76% (650)	74% (23)	-2%	⊕

● Above average

⊕ Average

○ Below average

NS Not sufficient data

HMO ID #: H 9049 Beneficiary Responses to Key Survey Questions by Category	Enrollees (N = 39)				Disenrollees (N = 37)			
	All HMOs	This HMO	% Diff.	Comp.	All HMOs	This HMO	% Diff.	Comp.
Most important to primary HMO doctor was:								
▶ giving the best medical care possible	86% (1,197)	87% (26)	+1%	⊕	72% (471)	67% (18)	-5%	⊕
▶ holding down the cost of care	9% (120)	7% (2)	-2%	⊕	26% (162)	33% (9)	+7%	⊕
Most important to the HMO was:								
▶ giving the best medical care possible	74% (1,036)	79% (23)	+5%	⊕	58% (387)	73% (19)	+15%	⊕
▶ holding down the cost of care	15% (213)	7% (2)	-8%	○	36% (230)	19% (5)	-17%	⊕

ENDNOTES

1. We selected a stratified random sample from HCFA's Group Health Plan (GHP) data base. First, we sampled 45 HMOs from the 87 HMOs under a risk contract with HCFA as of February 1993. Beginning with the GHP data, we counted the number of enrollments occurring within calendar years 1991 and 1992. For this cohort, we then calculated the proportion of disenrollments within the following 12 months. Based on this disenrollment rate, we divided the 87 risk HMOs into three strata of 29 HMOs each. Within each strata, we selected 15 HMOs by simple random sampling. Second, from each sampled HMO, we randomly selected 50 Medicare beneficiaries who were enrolled as of February 28, 1993 and 50 who had disenrolled between November 1992 and February 1993 inclusive. When the total number per HMO for either group was less than 50, we selected them all. Using HCFA's Enrollment Data Base, we excluded, from the sampling universe, beneficiaries who had died or who appeared as current enrollees, but had actually disenrolled since the last update to the GHP file. This process resulted in 2,217 enrollees and 1,915 disenrollees for a total of 4,132 beneficiaries. A total of 2882 surveys were deemed usable, yielding an unweighted return rate of 70% overall, 77% for enrollees (N=1,705) and 61% for disenrollees (N=1,177).
2. "Complaints against Medicare HMOs show large variances nationwide," *Modern Healthcare*, February 13, 1995, p. 17.
3. *Modern Healthcare*, *ibid.* "The absolute number of reconsiderations filed with an HMO may not be indicative of quality issues related to the provision of medical care. In some instances it may indicate a need for education of beneficiaries as to what Medicare covers or other operational issues....Conversely, a low rate of appeals may indicate that the (plan) is not providing appeal rights to its members."

APPENDIX A

HMO Means and Standard Deviations By Survey Question

Beneficiary Responses to Key Survey Questions by Category	HMOs by Enrollees				HMOs by Disenrollees			
	Mean of All HMOs	S. D.	Lowest HMO	Highest HMO	Mean of All HMOs	S. D.	Lowest HMO	Highest HMO
HEALTH SCREENING								
Was <u>not</u> asked at application about health problems, excluding kidney failure and hospice care.	63% (45 HMOs)	18%	17%	94%	58% (41 HMOs)	20%	16%	93%
Physical exam was <u>not</u> required before joining.	96% (45 HMOs)	6%	73%	100%	98% (41 HMOs)	4%	87%	100%
UNDERSTANDING OF HMOs								
Did know they could change their minds about enrolling after they applied.	88% (45 HMOs)	9%	46%	100%	82% (41 HMOs)	14%	50%	100%
Did know, from the beginning, they must be referred to a specialist by their primary HMO doctors.	89% (45 HMOs)	8%	55%	100%	84% (41 HMOs)	11%	40%	100%
Did know, from the beginning, they could only use HMO doctors and hospitals (emergent care and urgent care outside the service area.)	96% (45 HMOs)	4%	85%	100%	93% (41 HMOs)	8%	60%	100%
Did know they had the right to appeal an HMO's refusal to provide/pay for services.	74% (45 HMOs)	8%	54%	90%	67% (39 HMOs)	16%	33%	100%
APPOINTMENTS								
For scheduled appointments with primary HMO doctors, usually waited less than 13 days.	85% (45 HMOs)	14%	30%	100%	82% (39 HMOs)	16%	32%	100%
For scheduled appointments with specialists, usually waited less than 13 days.	81% (45 HMOs)	13%	35%	100%	75% (39 HMOs)	17%	28%	100%

Beneficiary Responses to Key Survey Questions by Category	HMOs by Enrollees				HMOs by Disenrollees			
	Mean of All HMOs	S. D.	Lowest HMO	Highest HMO	Mean of All HMOs	S. D.	Lowest HMO	Highest HMO
When very sick, was able to get a doctor's appointment within 1 to 2 days.	93% (45 HMOs)	9%	67%	100%	89% (38 HMOs)	12%	56%	100%
Usually waited less than 1 hour in the office to see primary HMO doctor.	95% (45 HMOs)	6%	75%	100%	87% (38 HMOs)	12%	48%	100%
Consistently busy telephone lines did <u>not</u> hinder bene's making appointments.	90% (45 HMOs)	11%	56%	100%	89% (36 HMOs)	13%	52%	100%
SERVICES								
Primary HMO doctor never failed to provide needed Medicare services.	96% (45 HMOs)	3%	89%	100%	88% (40 HMOs)	9%	65%	100%
Primary HMO doctor never failed to refer to a specialist when needed.	96% (45 HMOs)	4%	81%	100%	88% (40 HMOs)	10%	62%	100%
Didn't feel the need to seek out-of-plan care, excluding dental, routine eye, and emergent/urgent care.	93% (45 HMOs)	4%	83%	100%	86% (40 HMOs)	9%	64%	100%
Medical care received through the HMO caused beneficiaries' health to:								
▶ improve	53% (45 HMOs)	10%	35%	78%	41% (41 HMOs)	18%	8%	100%
▶ stay about the same	45% (45 HMOs)	10%	22%	63%	49% (41 HMOs)	16%	0%	72%
▶ worsen	2% (45 HMOs)	3%	0%	12%	10% (40 HMOs)	11%	0%	40%
PERSONAL TREATMENT								
Primary HMO doctor never failed to take beneficiary's health complaints seriously.	88% (45 HMOs)	6%	75%	97%	76% (41 HMOs)	12%	41%	100%
Most important to primary HMO doctor was:								
▶ giving the best medical care possible	86% (45 HMOs)	6%	69%	96%	72% (40 HMOs)	17%	33%	100%
▶ holding down the cost of care	9% (45 HMOs)	5%	0%	22%	26% (40 HMOs)	17%	0%	67%

Beneficiary Responses to Key Survey Questions by Category	HMOs by Enrollees				HMOs by Disenrollees			
	Mean of All HMOs	S. D.	Lowest HMO	Highest HMO	Mean of All HMOs	S. D.	Lowest HMO	Highest HMO
Most important to the HMO was:								
▶ giving the best medical care possible	74% (45 HMOs)	10%	52%	89%	58% (40 HMOs)	18%	25%	100%
▶ holding down the cost of care	15% (45 HMOs)	8%	3%	35%	36% (40 HMOs)	18%	0%	75%

APPENDIX B

BENEFICIARY COMMENTS

Many beneficiaries wrote comments about problems they perceived with their HMOs. They wrote words of praise less often. We make no inference about this difference; we merely note it. We have tried to select a representative mixture of comments that illustrate what beneficiaries thought and felt about their HMO experiences.

Overall Comments

"The whole time I was in the HMO, I couldn't have asked for better service than I got from the HMO. But when the rates went up, I just didn't have the money to stay in or I would have still been in the HMO."

"Using only HMO doctors and hospitals is very inconvenient for me. The closest doctor is 38 miles from my home."

"The doctor I had and trusted does not take HMO patients. I am happy with the HMO primary care doctor, but my main worry is what to do if we need emergency care which might lead to long-term care. I am 86 years old."

"Though I have no complaints about care I have received so far through my HMO, I prefer the family doctor medical scene to today's highly specialized 'Big Dollar' machines. However, financially this is no longer an option."

"I don't see how the government can think HMOs are the answer to good medical care. The doctor could care less about the person on these plans. If you are well and do not need a doctor, this would be okay."

"This program is very successful, and if the government would put every citizen in this program, it would save millions and millions because the doctors and hospitals would have to conform or go into another profession."

"The problem I have is paying for all the prescription medicine I'm taking because of the extremely high prices. Which makes it impossible for the elderly to have any kind of health insurance. Why pay for insurance if one can't afford the cure?"

"...you receive more value for the money you spend for services. I like their emphasis on preventive medicine. The only negative I've seen...is that it's a rather complex/diverse organization that tends to be impersonal and requires the patient to show more initiative in getting and keeping track of treatment."

Understanding of HMOs

"The representative I talked with said my HMO doctor could refer me to the doctor I had before even if they were not a member, but he didn't and wouldn't."

"My prescriptions per year [were] over \$1000. My HMO promised \$5 per prescription, but did not explain the limitations were a \$100 per month, two prescriptions, then I paid if [I couldn't] take generic drugs."

"There were too many don'ts in coverage. I did not know the restrictions when I first signed up."

"All health maintenance plans are so complicated for elderly people. Don't cover us up with manuals, rules and paperwork. Just keep it simple."

"FHP had employees who misrepresented their plan. When I discovered this, I was left with bills from specialists who were not on their list of providers. I have turned this matter over to family members because the entire situation is overwhelming."

"I am enclosing the statement from Good Samaritan Hospital. The total bill was \$6,521.55. Kaiser paid \$2,382.75. They told me that is what Medicare would pay. I owe \$4,138.80. I am going to appeal."

"Your survey should have addressed the patient education clients receive who belong to HMOs and how the services decline as you get older and need more, as well as what clients really know about the appeal process."

Appointments

"[I am] rushed in and out too fast. [I] spend a lot more time in the waiting room."

"I've only had my physical exam, but there's always a doctor at the office center and I can walk in anytime and see a doctor. I can also call the office center and they will provide transportation to and from the office center."

"The average time [to wait for appointments] was one appointment approximately every 3 months, and there were times I needed it more in my estimation."

"You have to listen to about 15 minutes [of] damn commercials when calling for appointments."

"We left the HMO because we had to make appointments a month ahead of time at the beginning of the month. If we forgot to call at the beginning of the month, we were told to call back the first of the next month."

"The medical care was lousy. I felt like a piece of meat being shuffled from one doctor to the next and not one of them ever really cared about my health, only how much money they could milk out of the Medicare system."

"HMOs have no interest in one's health. I don't mean the doctors or staff. It's the ones making the rules, such as medicine formularies."

"...The HMO which I was formerly covered by and the present one honestly try to give the best care possible and still try to keep the cost down. I appreciate this. I do not believe in running to the doctor unless I feel it is necessary."

"Their main objective is to hold down costs....When a Parkinson patient is refused a specialist and a heart patient is refused an electrocardiogram, the reason is very clear."

"The primary HMO doctor tried to intimidate me by yelling at me. He was either overworked or felt threatened when I asked for reasons for certain medications."

"We have had little cooperation from the [HMO] office when we needed it. The office staff was uninformed, gave us incorrect information several times. Gave us a run-around not to be believed when we badly needed their help...."

"...male HMO primary physician [delivers] embarrassing services which should be available for women by female HMO physician, e.g. Pap smears."