

**HEALTH SERVICE SYSTEM
Vendor Report Card**

United HealthCare Insurance Company
November 15, 2005
Period Evaluated: July 1, 2004 – September 30, 2005

COMPOSITE RATINGS

Criterion	Composite Rating	Rating Standards
A. Quality and Value		
1. Overall NCQA Rating	N/A	1. "Denied" or not accredited 2. "Provisional" 3. "Accredited" 4. "Commendable" 5. "Excellent"
2. Quality of written communication materials	3.5	1 - Consistently incomplete, confusing and unattractive. 2 - Significant problems in quality, but usually of a good quality of content, clarity, attractiveness and accessibility to diverse members. 3 - Rarely compelling, and some unevenness in quality, but usually of a good quality of content, clarity, attractiveness and accessibility to diverse members. 4 - Sometimes compelling, but always of a high quality of content, clarity, attractiveness and accessibility to diverse members. 5 - Consistently compelling; outstanding content, clarity, attractiveness and accessibility to diverse members.
3. Quality of website	4.2	Same as item 2 above.
4. Members' view of access to health care services	4.5	1 - Consistently long waits to see providers; most providers not accepting new patients; extremely difficult to access specialists. 2 - Often long waits to see providers, with some exceptions; many providers not accepting new patients; some difficulty in accessing specialists. 3 - Occasional long waits to see providers, but most waits are reasonable; some providers not accepting new patients; occasional difficulty accessing specialists. 4 - Almost all waits to see providers are reasonable, with infrequent exceptions; most providers are accepting new patients; infrequent difficulty accessing specialists. 5 - Waits to see providers are consistently short; rarely is a provider not accepting new patients; rarely any difficulty in accessing specialists.
5. Members' view of provider quality	4.5	Use any number from 1 to 5, where 1 is the worst provider quality and 5 is the best provider quality to rate the overall quality of the provider(s) accessed through the vendor's plan. Please include supporting comments for your rating.

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6. Members' view of vendor's customer service	3.5	Use any number from 1 to 5, where 1 is the worst customer service and 5 is the best customer service to rate the overall quality of the customer service received through the vendor's plan. Please include supporting comments for your rating.
7. Overall quality of service to members	3.7	Use any number from 1 to 5, where 1 is the worst quality of both care and service and 5 is the best quality of care and service to rate the overall quality of the care and service provided through the vendor's plan. Please include supporting comments for your rating.
8. Overall value delivered	4	Use any number from 1 to 5, where 1 is the worst ratio of cost to quality and 5 is the best ratio of cost to quality to rate the overall value provided by the vendor's plan. Please include supporting comments for your rating.
<i>B. Responsiveness to HSS Needs and Concerns</i>		
1. Attendance and level of participation at relevant Health Service Board meetings	4.5	Use any number from 1 to 5, where 1 is the worst level of attendance and participation and 5 is the best level of attendance and participation to rate the overall attendance and participation of the vendor's plan representative(s). Please include supporting comments for your rating.
2. Responsiveness and flexibility in interactions with Board	3.5	Use any number from 1 to 5, where 1 is the worst level of responsiveness and flexibility and 5 is the best level of responsiveness and flexibility to rate the overall responsiveness and flexibility of the vendor's plan representative(s). Please include supporting comments for your rating.
3. Responsiveness and flexibility in interactions with HSS Staff	4.7	Use any number from 1 to 5, where 1 is the worst level of responsiveness and flexibility and 5 is the best level of responsiveness and flexibility to rate the overall responsiveness and flexibility of the vendor's plan representative(s). Please include supporting comments for your rating.
<i>C. Contracting and Performance Guarantees</i>		
1. Written contract in place?	1	1 – Written contract executed and delivered more than 90 days after effective date. 2 – Written contract executed and delivered within 90 days after effective date. 3 – Written contract executed and delivered within 60 days after effective date. 4 – Written contract executed and delivered within 30 days after effective date. 5 – Written contract executed and delivered prior to effective date.

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2. Adherence to City's social policy legislation	1	1 – Contract omits more than two requested provisions. 2 – Contract omits two requested provisions. 3 – Contract omits one requested provision. 4 – Contract includes all requested provision with minor modifications. 5 – Contract includes all requested provisions without modification.
3. Inclusion of performance guarantees	5	1 – Contract contains no performance guarantees. 2 – Contract contains performance guarantees, but none includes monetary penalties. 3 – Contract contains performance guarantees, but more than one does not include monetary penalties. 4 – Contract contains performance guarantees, but one does not include monetary penalties. 5 – Contract contains performance guarantees with monetary penalties attached to each guarantee.
4. Comprehensiveness and sufficiency of performance guarantees	5	Use any number from 1 to 5, where 1 is the worst level of comprehensiveness (i.e., omits major components of vendor's contractual performance requirements) and 5 is the best level of comprehensiveness (i.e., includes all major components of vendor's contractual performance requirements). Please include supporting comments for your rating.
5. Adherence to performance guarantees	3	1 – Failed to reach three or more of the guaranteed performance levels specified below. 2 – Failed to reach two of the guaranteed performance levels specified below. 3 – Failed to reach one of the guaranteed performance levels specified below. 4 – Exceeded or reached all guaranteed performance levels specified below. 5 – Exceeded all guaranteed performance levels specified below.
<ul style="list-style-type: none"> • Time to pay - 90% in 10 Business Days – 2% penalty 		Standard met.
<ul style="list-style-type: none"> • Financial accuracy - 99.25% - 2% penalty 		Standard met.

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<ul style="list-style-type: none"> Procedural Accuracy - 95.00% - 2% penalty 		Standard met.
<ul style="list-style-type: none"> Average Speed to Answer - 30 Seconds – 2% penalty 		Standard met.
<ul style="list-style-type: none"> Abandonment Rate - < 3.00% - 1% penalty 		Standard met.
<ul style="list-style-type: none"> First Call Resolution - > 85.00% - 1% penalty 		Standard met.
<ul style="list-style-type: none"> Account Management Overall Satisfaction – at least “satisfied” – 1% penalty 		Standard exceeded.
<ul style="list-style-type: none"> Implementation - ID Cards - 99% mailed in 10 business days after final eligibility is received – 2% penalty 		Standard met.
<ul style="list-style-type: none"> Implementation - Electronic Claim Ready - By effective date or within 18 days from all systems loaded – 1% penalty 		Standard met.
<ul style="list-style-type: none"> Implementation - Eligibility Loading - Electronic eligibility files loaded within 3 business days from receipt – 1% penalty 		Standard met.

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<ul style="list-style-type: none"> PPO Network Discount Guarantee - 47% discount target with a 3% risk free corridor. 1% penalty for each % below the corridor – 5% penalty 		Standard not met.
6. Prompt reporting and payment for breaches of performance guarantees	1	1 – Vendor failed to report performance or pay any applicable penalties within 30 days of applicable due dates under contract. 2 – Vendor reported performance and paid any applicable penalties within 30 days of applicable due dates under contract. 3 – Vendor reported performance and paid any applicable penalties within 15 days of applicable due dates under contract. 4 – Vendor reported performance and paid any applicable penalties within five days of applicable due dates under contract. 5 – Vendor reported performance and paid any applicable penalties on or prior to applicable due dates under contract.

Rating Panel Participants (Individual Ratings and Comments Follow Below):

Vendor Self-Rating:	Kathy T Hajopolous, Strategic Account Executive, United HealthCare
HSS Operations Staff:	Tess Navarro, Chief Financial Officer
HSS Finance Staff:	Jeffrey Hildebrant, Assistant Director
Active Member:	Edward Harrington, Controller
Retired Member:	Claire Dunn, UESF-Retired Health Committee Chair
HS Board Member	Karen Breslin, Commissioner

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INDIVIDUAL PANELIST RATINGS AND COMMENTS

Criterion	Vendor's Self-Rating	HSS Operations Staff	HSS Finance Staff	Active Member	Retired Member	Board Member	Overall Rating
A. Quality and Value							
1. Overall NCQA Rating							N/A
2. Quality of written communication materials	4 High quality member communication Taking Care Newsletter, ID Card letters, Pharmacy member letters.	4 Bi-monthly newsletter contains healthcare information that applies to a diverse audience. Layout and appearance are professional.	4 The regularly-issued materials provide helpful information, with a section available for any HSS-related issues. However, improvements can be made in other written materials. In particular, the Explanation of Benefits should (a) use a bigger font size so it is more readable, (b) be formatted so it is clear to recipient what amount is due, (c) relocate detailed explanations to the reverse side.	3 As we discussed at the briefing, the current newsletter could be used more effectively to bring forward SF specific items. Also, as mentioned by the retiree rep, the current notification of payment/denial is sometimes confusing and could be made more clear whether there is a need for a payment to a doctor and how much is owed.	3 Some are not directly applicable to HSS members.	3 Newsletter not tailored for HSS members. Need more information on drug tier changes. ID card numbers so small, hard to read. Number for pharmacy should be easy to distinguish from CS number.	3.5

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Criterion	Vendor's Self-Rating	HSS Operations Staff	HSS Finance Staff	Active Member	Retired Member	Board Member	Overall Rating
3. Quality of website	5 Myuhc.com: industry-leading member tools such as on-line claims look-up, health tips, prevention guidelines, treatment cost estimator, direct link to Medco Rx. Employer website and on-line reporting tools for immediate access to claims and utilization data.	5 Website content is extensive. Appearance and layout are professional.	4 Improvements can be made: (a) changing color of the screen to one that is more legible and "softer" to the eyes (b) allowing interactive communication on the website.	4 The website is good for getting information. Improvements could be made on interaction. For example, being able to complete and file a form for payment on line would be useful.	3 Colors and font size difficult for many retirees.	4 Not enough experience to comment.	4.2
4. Members' view of access to health care services				5 Have only encountered one doctor who did not want to provide care through this company and he doesn't like any insurance company.	4 Generally positive.		4.5

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Criterion	Vendor's Self-Rating	HSS Operations Staff	HSS Finance Staff	Active Member	Retired Member	Board Member	Overall Rating
5. Members' view of provider quality				5 Doctors have been of the highest quality.	4 Generally positive.		4.5
6. Member's view of vendor's customer service				4 Quite good, but could be improved especially when you have to direct bill when a provider is out of network. Again, interactive use of the website could improve customer service.	3 Communication improvements needed.		3.5

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Criterion	Vendor's Self-Rating	HSS Operations Staff	HSS Finance Staff	Active Member	Retired Member	Board Member	Overall Rating
7. Overall quality of service to members	3 Operational performance guarantees have consistently shown positive results. However, there were some member issues related to transition to UHC from previous plan.	4 Overall service is excellent. 24/7 accessibility to information, minimal claims turnaround, ability to accept electronic claims submissions, call tracking capabilities and providing a "one-stop shop" combine to offer a quality experience to City Plan members.	3 There are still lingering issues resulting from the transition from HSS to UHC, particularly members receiving assistance over the phone.	5 Very good service overall. Items mentioned above are reasonably small in comparison to providing good doctors, paying on time, etc.	4 Again, communication improvements needed.	3 Members and physicians initially confused as to this still being City Health Plan. Medicare deductible and Plan deductible not coordinated, costing Medicare members \$100.00 more. Confusion for members as who to contact when problems not resolved by CS number. With time this has improved.	3.7

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Criterion	Vendor's Self-Rating	HSS Operations Staff	HSS Finance Staff	Active Member	Retired Member	Board Member	Overall Rating
8. Overall value delivered	5 Positive financial results related to provider network discounts, claims turn-around-time, financial accuracy, etc. Network access and customer service have also significantly improved with UHC.	4 Overall value is exceptional. The technology and national network access has enhanced the City Health Plan experience and brought it into the 21st century.	4 No comments.	4 Actually wanted to give a 4.5 on questions 7 and 8. Always room for improvement. Value goes down a small amount mostly due to increased co-pays on pharmacy which I realize is not strictly a vendor issue.	4 Major improvement in the past two years.	3 Big improvement in claims turnaround time. Good network for primary physicians. Transitional problems are improving.	4
<i>B. Responsiveness to HSS Needs and Concerns</i>							
1. Attendance and level of participation at relevant Health Service Board meetings	5 Have attended all Health Service Board and Rates & Benefits meetings.					4 No representative at some earlier meetings. Need representative who can trouble-shoot. Attendance good the last few months.	4.5

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Criterion	Vendor's Self-Rating	HSS Operations Staff	HSS Finance Staff	Active Member	Retired Member	Board Member	Overall Rating
2. Responsiveness and flexibility in interactions with Board	4 Have been very responsive to HSB Commissioner requests and provided follow-up on all issues raised.					3 Some initial response to complaints was to assume the member made a mistake. Generally responsive now and problems are being handled in a timely manner.	3.5
3. Responsiveness and flexibility in interactions with HSS Staff	5	5 Responsiveness to questions and issues has been excellent. Follow up has been timely. UHC has shown flexibility in meeting HSS technical needs and requirements.	4 See additional comments below.				4.7
<i>C. Contracting and Performance Guarantees</i>							
1. Written contract in place?							1
2. Adherence to City's social policy legislation							1

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Criterion	Vendor's Self-Rating	HSS Operations Staff	HSS Finance Staff	Active Member	Retired Member	Board Member	Overall Rating
3. Inclusion of performance guarantees							5
4. Comprehensiveness and sufficiency of performance guarantees	5 Have provided immediate follow-up and resolution to member and Board issues.	5 Performance guarantees included in the contract cover an extensive array of areas related to plan administration and represent a commitment to providing exceptional service.	5 Performance guarantee goals provided by UHC are comprehensive and reasonable, although it would be helpful if industry standards are indicated so comparison is afforded. Performance results, internally compiled and reported by UHC, are impressive, except the PPO Network Discount Guarantee as noted above.				5
5. Adherence to performance guarantees							3
6. Prompt reporting and payment for breaches of performance guarantees							1

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ADDITIONAL COMMENTS OF INDIVIDUAL PANELISTS

HSS Finance Staff:

Re: Responsiveness and flexibility in interactions with HSS Staff:

Finance interactions with UHC have so far focused on two general areas. One is the payment of claims (daily wire transfers based on UHC reported payments), where HSS needs to obtain additional explanations or information for those days when payments are significantly higher than average daily payments. The daily wire transfers have been running smoothly and flow of communication between HSS and UHC has been productive and timely. HSS just started working with UHC on providing information for those days when payments are significantly higher than usual daily payments. Initial coordination was quick and timely, however, HSS has problems opening e-mails and related attachments from UHC thru the Secure e-mail. The problem occurred 10/26/05 and still as of the evaluation date the issue has not been resolved. There were two explanations offered, pharmacy claims paid every two weeks and specific high claims. Specific high claims details are the information HSS is not able to view on Secure e-mail.

The other general area is printing reports off of UHC system showing historical claim payments, medical and pharmacy. This information is appropriately accessible to HSS.

Retired Member:

Some thoughts on the website.

The website may be for the many members who have access to the internet and are tech savvy enough to navigate a website, but there is a smaller but important group that simply has no access to that wealth of information, mostly older retirees who have no internet access or the skills to navigate the website.

Help should be offered to those who find the website but have difficulty finding the information they need. Maybe a simple set of written instructions that make the website more user-friendly and less daunting to those who are not entirely comfortable with the internet?

Also, there's a problem of readability for those with vision problems. The site is certainly attractive, but the small default font size and frequent use of pale colors (white print on light blue?) make reading difficult.

Perhaps the best first step is to get members off the homepage as quickly as possible by directing them to Site Login – does a member receive clear instructions from United Healthcare about how to log in the first time? If not, he or she should and, if so, reminded again on the website itself.

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ADDITIONAL COMMENTS OF FULL HEALTH SERVICE BOARD

None.