Deciding on an HMO

Are you thinking about joining a health maintenance organization (HMO)? HMOs have their own networks of doctors, hospitals, and other healthcare providers who have agreed to accept payment at a certain level for any services they provide. HMOs often have lower premiums than other types of insurance plans and tend to have lower copays and coinsurance, making them an affordable option for people. However, even though costs are generally lower with an HMO, they usually don’t cover out-of-network care, except in a true emergency. That means you must see only HMO-affiliated doctors and go only to HMO-affiliated hospitals for the HMO to pay for your care.

Some consumers contacting the Consumer Protection Division are very happy with their HMO coverage. Others have been disappointed with restrictions on coverage, wait times for appointments, and difficulty getting referrals to specialists or authorizations for hospitalization.

If you’re thinking about joining an HMO, here are some guidelines to help you.

Is an HMO for You?
As an HMO member, you must be willing to allow healthcare professionals within the HMO to make certain decisions for you that you previously made yourself, such as the decision to go to the hospital or see a specialist. Say, for example, you’ve seen a specialist for a chronic health problem. When you join an HMO, you may not be able to continue seeing that same specialist. Your HMO doctor may determine that a specialist’s care isn’t warranted in your case. Or if that specialist is not part of the HMO network, you’ll be assigned to another specialist.

In most cases, you must select a primary care doctor from the HMO’s list, and this doctor must be contacted each time you need services.

As an HMO member, you have the responsibility of knowing and following the HMO’s rules for such procedures as requesting referrals to specialists, getting emergency care, and having problems resolved if you’re unhappy with your care. You may not have coverage if you go outside the HMO network, so you must make sure your HMO’s procedures are known to those who may be called upon in emergencies—your spouse, your son’s babysitter, your daughter’s sports coach, etc.

Like everything else, HMOs vary in quality. Find out as much as you can before you make a decision to join. Talk to coworkers and your personnel benefits manager about HMO options available. If you have young children, talk with other parents who joined HMOs. Call the HMO customer service line to see how long a typical wait for service would be.
Compare and Evaluate Programs
Once you’ve decided to join an HMO, you need to find the best HMO for you. Do this by visiting the primary care site, reading the HMO’s patient information materials, and asking questions.

1. Are the hours and location convenient? Are lab tests done in a convenient location? Is parking available? Is the facility clean? How long does it take to schedule a non-emergency visit or routine check-up?
2. What hospitals are part of the HMO network?
3. Ask patients in the waiting room if they’re satisfied with the HMO. What is the attitude of the staff? How long have the doctors been with the plan?
4. Ask the HMO for a list of hospitals and specialists affiliated with the primary care site you’ll be using. Some consumers are disappointed to find their primary care site may not have a referral contract with every specialist listed in the HMO’s directory. What are the referral procedures to specialists and hospitals? If the type of specialist you need is not in the HMO network, what process must be followed to see an out-of-network specialist?
5. On your visits, will you most often see a doctor, nurse practitioner, or physician’s assistant? Are the doctors board certified, meaning they’ve passed certain exams for competency in their specialty?
6. Can you change your primary care doctor if you’re unhappy?
7. Think about services you’re likely to need. Are any listed in the “exclusions” section of the description of benefits?
8. What is the procedure for getting second opinions?
   • Are your current medications covered?
   • Are certain brands preferred over others?
   • What pharmacies must you go to? Are they convenient?
   • What are the copayments? Do they change based on the drugs?
   • How frequently must you renew your prescription for a drug you take long-term? (A single copayment for a 90-day supply of a drug is usually cheaper than three copayments for 30-day supplies.)
10. What medical equipment and supplies are covered and under what circumstances?
11. Compare differences in HMO coverage for drug and alcohol treatment, physical therapy, mental health services, non-routine dental and vision care, hearing aids, and access to alternative providers, such as chiropractors.
12. What health education and wellness programs are provided?
13. What are the deductible, coinsurance, and copayment amounts?

Selecting an HMO requires the same skills you use in making other choices in the marketplace: understanding your needs, gathering information, and thoughtfully making your decision. If you have a billing or coverage problem involving an HMO, contact the Consumer Protection Division’s Health Education and Advocacy Unit at 410-528-1840 (en español 410-230-1712).

For a comprehensive report on HMOs operating in Maryland, visit the Maryland Health Care Commission’s Web site at https://healthcarequality.mhcc.maryland.gov/HealthPlan/Suggestion.