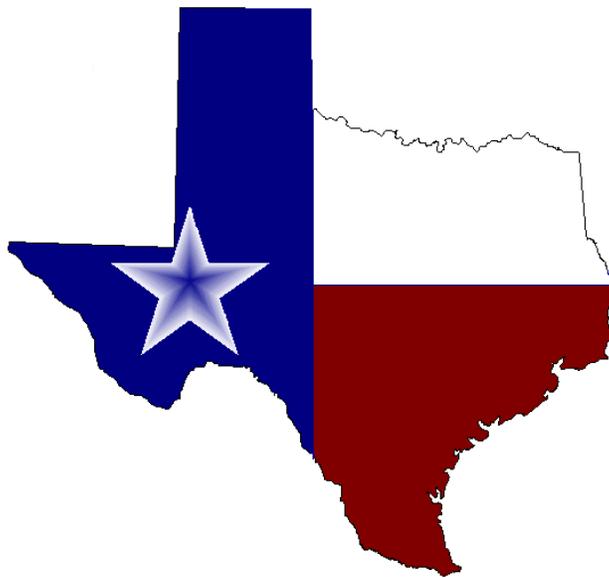


COMPARING TEXAS HMOs 2013

HEALTH PLAN QUALITY
FROM THE
CONSUMER'S POINT OF VIEW



All Regions Included:

Central Texas
East Texas
Gulf Coast Texas
North Texas
Panhandle/Plains Texas
South Texas
West Texas



Prepared by the
OFFICE OF PUBLIC INSURANCE COUNSEL
Deeia Beck, Public Counsel
www.opic.state.tx.us

Comparing Texas HMOs

Table of Contents

SECTION 1: BACKGROUND	2
About the Report	
Choosing an HMO	
Your Rights as a Consumer	
Types of Health Plans	
SECTION 2: SURVEY (CAHPS® 5.0H) RESULTS	7
Central Texas Plans	
East Texas Plans	
Gulf Coast Texas Plans	
North Texas Plans	
Panhandle/Plains Texas Plans	
South Texas Plans	
West Texas Plans	
SECTION 3: COMPLAINTS AGAINST HMOS AND APPEALS	91
HMO Complaint Data	
Denials, Appeals, and Independent Review Organizations	
SECTION 4: ADDITIONAL INFORMATION	97
About the Survey	
HMO Market Share Data	
HMO Financial Information	
Additional Sources of Information	
HMO Customer Service Contact Information	

About the Report

The Office of Public Insurance Counsel (OPIC) is an independent state agency that advocates on behalf of insurance consumers as a class in the state of Texas. In 1997 the 75th Texas Legislature directed OPIC to issue annual reports comparing Health Maintenance Organizations (HMOs) in the state of Texas.

Comparing Texas HMOs 2013 reflects the experience of Texans enrolled in HMOs during 2012. Section One of the report offers background information on the report, information on consumer rights, and information on types of health plans. Section Two provides the results of the Consumer Assessment of Healthcare Providers and Systems, Version 5.0H (CAHPS[®] 5.0H), by service area. Section Three contains information on HMO complaints, appeals, and independent review organizations. Section Four provides HMO market share data and financial information, HMO customer service contact information, additional sources of health care information, and information on the survey.

About the Survey

The CAHPS[®] 5.0H survey was performed by independent vendors certified by the National Committee for Quality Assurance (NCQA), a private, non-profit organization.

The survey comprises the consumer satisfaction measure for the Healthcare Effectiveness Data and Information Set (HEDIS[®]). Texas law requires HMOs to submit HEDIS[®] measures—including consumer satisfaction data—on an annual basis.

The survey data was compiled from answers from 5,942 adults enrolled in commercial health plans across the state of Texas. The surveyors mailed questionnaires to approximately 26,000 plan members eligible to participate and followed up by telephone with those who did not respond. Participants answered questions about their satisfaction with the health care services they received in the previous twelve months.

The report does not include data for Medicare, Medicaid, or Employee Retirement Income Security Act of 1974 (ERISA) plans. Pages 100-102 contain contact information for these plans.

About HMOs

Health Maintenance Organizations (HMOs) are managed care plans that provide health care services to members through networks of doctors, hospitals, and other health care providers. An HMO member must select a primary care physician who oversees medical care and provides referrals to specialists. HMOs require members to pay a set copayment for covered services within the network. The table on page 5 provides more information on HMOs and compares HMOs to other types of health plans.

How to Use the Report

Choosing an HMO can feel overwhelming. When you select an HMO, you are not only choosing health plan benefits, but also the network of doctors, hospitals, and other providers who deliver your care as well as the administrators who review and approve recommended care. You can obtain information on service area, benefits, cost, and available providers directly from the HMOs. However, consumer satisfaction information can be difficult to find. *Comparing Texas HMOs 2013* provides this information for you.

Choosing an HMO

When you choose an HMO, you will want to make an apples-to-apples comparison of the plans. This section lists a few points of comparison to consider. This is not an exhaustive list, but it is intended to help you break down a complicated decision into smaller pieces. You may use the table below to take notes on the HMOs you consider.

- **Service Area Availability**
HMOs cover specific service areas. Review the HMOs' membership information to find one with a service area close to where you live or work.
- **Benefits**
Individuals utilize different services based on medical conditions, age, and family needs. Review HMO benefit information for coverage of medications or services that you use. You may need to contact the plans to get all your questions answered.

- **Affordability**
Your overall health care costs will include your premiums as well as other out-of-pocket costs. To compare affordability, estimate your annual health care needs and calculate the total out-of-pocket cost you would pay with each HMO.
- **Provider Availability**
Some consumers find it important to receive care from specific doctors or hospitals. Review provider directories for information on in-network providers.
- **Consumer Satisfaction**
The survey data in this report provide an aggregate look at consumer satisfaction for members currently enrolled in HMOs. Review the information in this report to find out how current plan enrollees rate the plan quality of the HMOs you are considering.

HMO	Service Area Availability	Benefits	Affordability	Provider Availability	Consumer Satisfaction

Your Rights as a Consumer

An HMO must provide requested information regarding the terms and conditions of the plan including:

- covered services
- exclusions and limitations
- prior authorization requirements
- continuity of treatment
- approved prescription drugs
- complaint resolution
- the HMO's toll-free telephone number

You have the right to certain consumer protections under federal and state law.

Under Federal Law:

- Health plans must provide a required set of preventive services to enrollees, waiving applicable in-network deductibles, copays, and coinsurance.
- Health plans may not require referrals for in-network pediatric and OB-GYN care.
- Health plans may not require prior approval for emergency care.
- Health plans that offer dependent coverage must allow adult children who lack access to employer-sponsored coverage the option of remaining on a parent's plan up to age 26.
- Health plans may not deny coverage or apply pre-existing condition exclusions to coverage starting January 1, 2014.
- Health plans may not impose lifetime dollar limits.
- Health plans may not rescind health insurance coverage.
- Consumers have a right to internal and external appeals of claim and coverage denials.

Under Texas State Law:

- Health plans must provide access to specialist care and prescription drugs.
- Health plans must provide access to regular physical examinations.
- Health plans must provide emergency care, including care at out-of-network hospitals.
- Health plans must provide continuity of care when your doctor leaves the network.
- Health plans must provide a procedure for complaints, appeals, and independent review of adverse determinations.
- Health plans may not provide financial rewards to doctors for withholding necessary care.
- Health plans must allow members to change primary care physicians at least four times per year.
- Health plans may not prohibit doctors from discussing treatment options with patients.
- Health plans must provide covered health care services within a certain distance of a consumer's home.
- Consumers have the right to request mediation for certain out-of-network claims.
- Consumers may take legal action against a non-ERISA HMO plan for harm caused by its treatment decisions.
- Providers may not bill patients for covered services if the HMO fails to pay.
- Hospitals and doctors must provide an itemized statement of billed services and/or an estimate of charges upon request.

The Texas Department of Insurance publishes a brochure describing your rights entitled "Health Maintenance Organizations." You may access this document on TDI's website at <http://www.tdi.texas.gov/pubs/consumer/cb069.html> or by calling 1-800-252-3439 to request a copy.

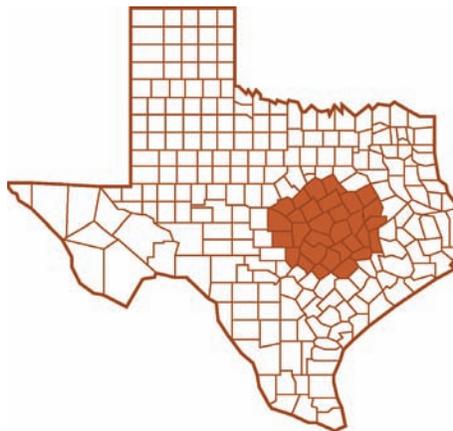
Types of Health Plans

	HMO <i>Health Maintenance Organization</i>	PPO <i>Preferred Provider Organization</i>	EPO <i>Exclusive Provider Organization</i>	HMO/POS <i>Health Maintenance Organization with Point-of-Service Option</i>	Traditional Insurance <i>Fee-for-Service</i>
Type of Network	<u>Closed</u> You must use in-network doctors, hospitals, and specialists.	<u>Open</u> You may use in-network doctors, hospitals, and specialists or go outside the network.	<u>Closed</u> You must use in-network doctors, hospitals, and specialists.	<u>Open</u> You may use in-network doctors, hospitals, and specialists or go outside the network.	<u>No Network</u> You may use any doctor, hospital, or specialist you choose.
Limits on your choice of doctors	HMO plans typically require you to choose a primary care physician (PCP) from the HMO's network. With some exceptions, you must obtain a referral from your PCP before seeing other doctors in the network.	Many PPOs permit you to see any doctor in the network without a referral. However, some PPOs do require you to choose a PCP and obtain a referral before seeing other doctors in the PPO's network. Verify referral requirements with the PPO before making an appointment.	EPOs typically permit you to see any network provider without a referral. Verify referral requirements with the EPO before making an appointment.	An HMO/POS will typically require you to choose a PCP and obtain a referral from that doctor before making an appointment with other doctors in the network.	No limitations.
Incentives to use network doctors	Except in an emergency, an HMO will not cover services provided by out-of-network providers.	The PPO will typically reimburse a higher percentage of the cost of your health care services if you use in-network providers.	Except in limited circumstances (such as an emergency), an EPO will not cover services provided by out-of-network providers.	An HMO/POS will typically reimburse a higher percentage of the cost of your health care services if you use in-network providers.	Not applicable.
Payment for services	When you access the HMO network, you will pay designated copays for covered services. Typically, you will not pay a deductible or coinsurance. An in-network provider cannot bill you for any remaining balance after you meet your copay.	When you access the PPO network, you typically pay a copay for covered services. You may also pay a percentage of the overall cost of the service. When you use an out-of-network provider, you will be responsible for your deductible, coinsurance, and any remaining balance charged by the health care provider.	When you access the EPO network, you may pay copays, coinsurance, or deductibles for covered services. When you use an out-of-network provider, you will typically pay the entire cost of the service.	When you access the HMO network, you will pay designated copays. When you use an out-of-network provider, you will be responsible for your deductible, coinsurance, and any remaining balance charged by the health care provider.	Fee-for-Service insurance plans partially pay for the medical services you receive. You will be responsible for coinsurance plus any remaining balance charged by the health care provider.

Survey (CAHPS® 5.0H) Results for Central Texas Plans

The counties included in the Central Texas area are:

Bastrop	Burnet	Grimes	Leon	Mills
Bell	Caldwell	Hamilton	Limestone	Robertson
Blanco	Coryell	Hays	Llano	San Saba
Bosque	Falls	Hill	Madison	Travis
Brazos	Fayette	Lampasas	McLennan	Washington
Burleson	Freestone	Lee	Milam	Williamson



This section features survey results for plans that serve the Central Texas area. It includes HMOs with a service area that extends into at least one county in the region. The city/area shown after the name indicates the primary area of service. Contact plans directly for details on specific service areas.

An HMO may be exempt from participation in the survey due to low enrollment or limited participation in the Texas commercial HMO market during 2012.

NCQA requires 100 responses to report survey results. OPIC has opted to report data based on 30 or more responses to provide consumers with greater access to data to compare HMOs.

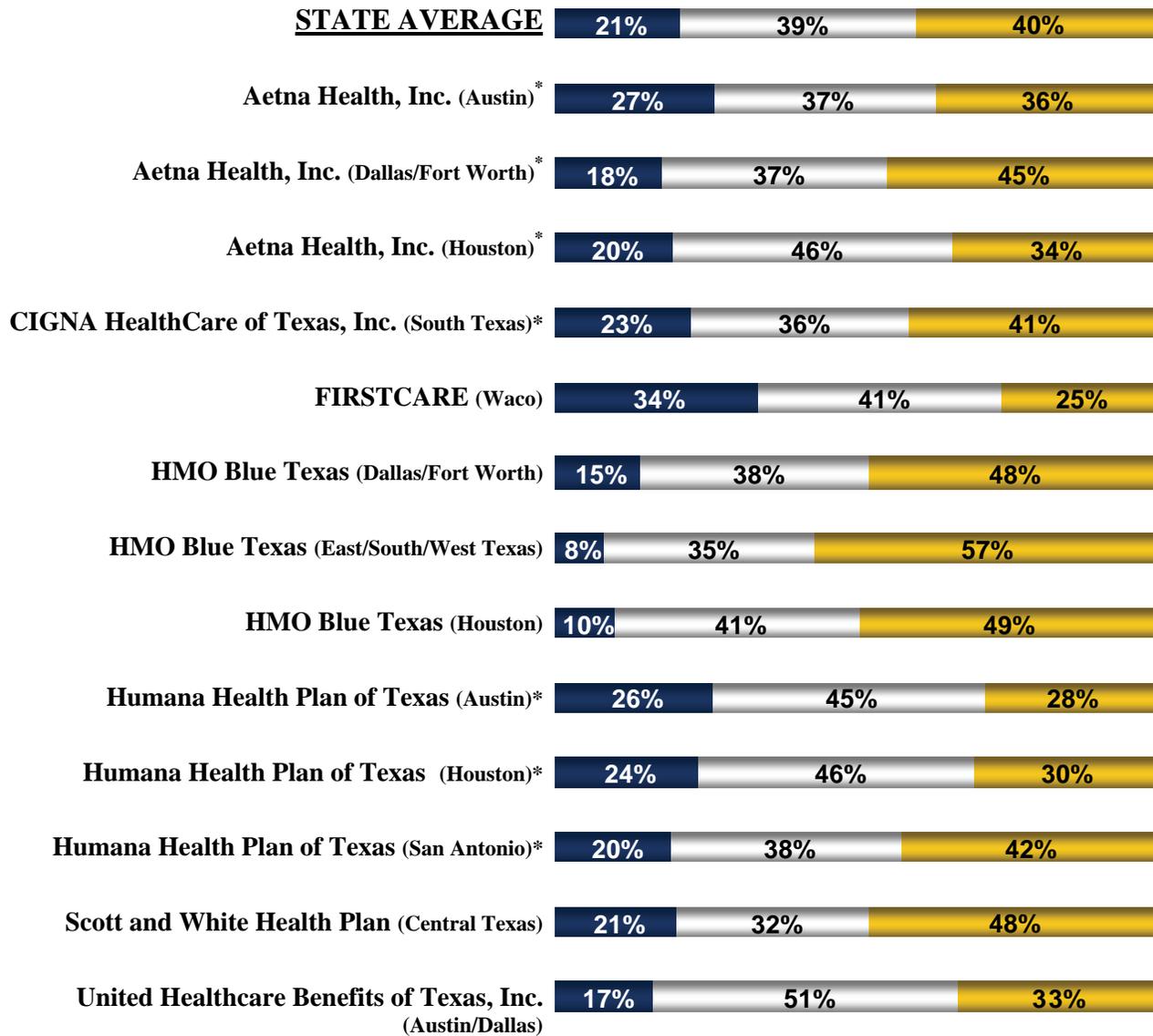
How people rated their health plan

Survey (CAHPS® 5.0H) Results

Percentage who rated their plan 6 or lower	Percentage who rated their plan 7 or 8	Percentage who rated their plan 9 or 10
--	--	---

The bar graphs show answers to a survey question that asked people to **rate their health plan** on a scale from:

0 = “worst health plan possible” to **10** = “best health plan possible”



Due to rounding, percentages may not add up to 100%.

* Includes HMO & POS products. (See page 5 for explanation.)

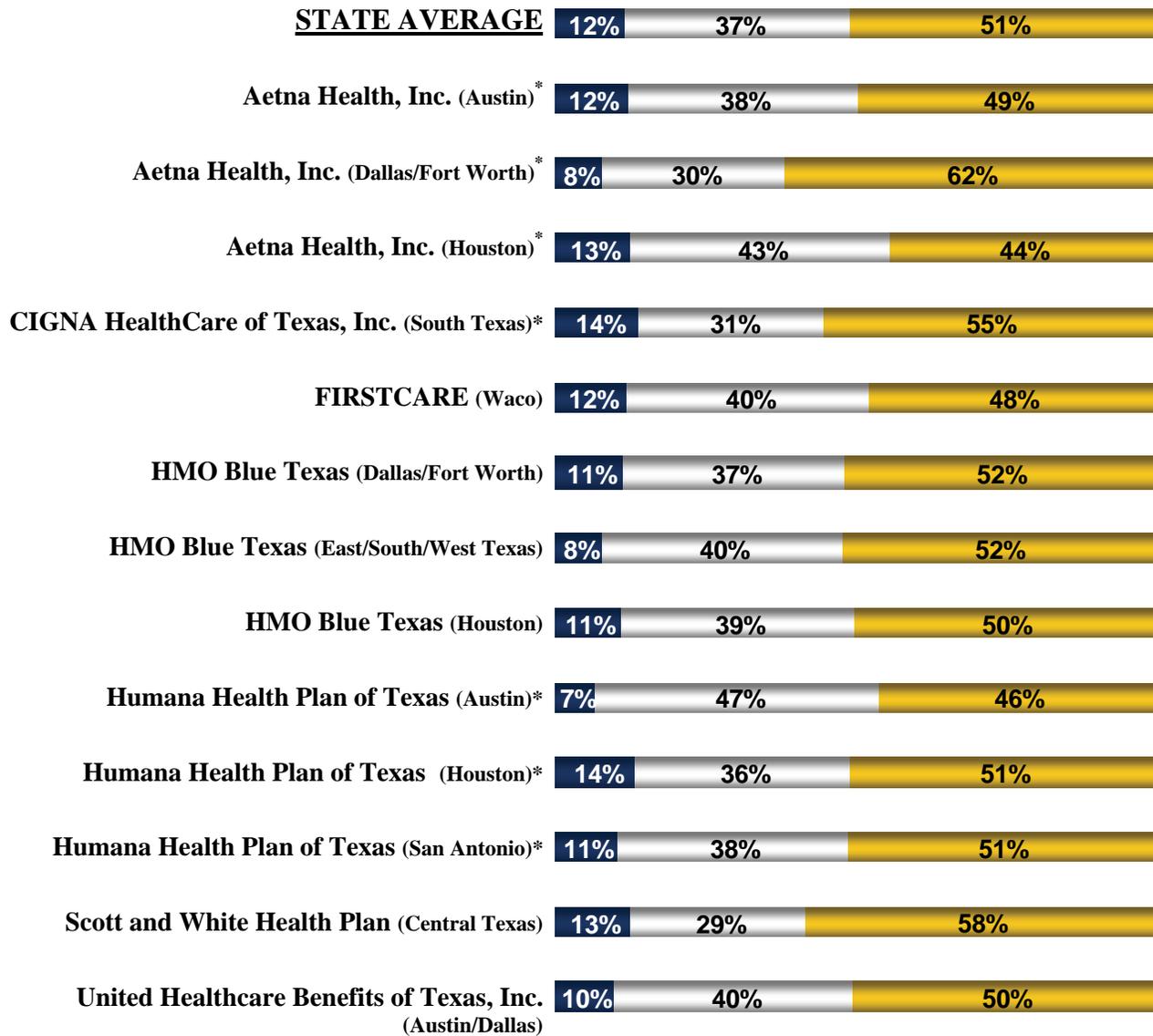
How people rated their health care

Survey (CAHPS® 5.0H) Results

Percentage who rated their care 6 or lower	Percentage who rated their care 7 or 8	Percentage who rated their care 9 or 10
---	---	--

The bar graphs show answers to a survey question that asked people to **rate their health care** on a scale from:

0 = “worst health care possible” to **10** = “best health care possible”



Due to rounding, percentages may not add up to 100%.

* Includes HMO & POS products. (See page 5 for explanation.)

Survey (CAHPS® 5.0H) Results - Central Texas

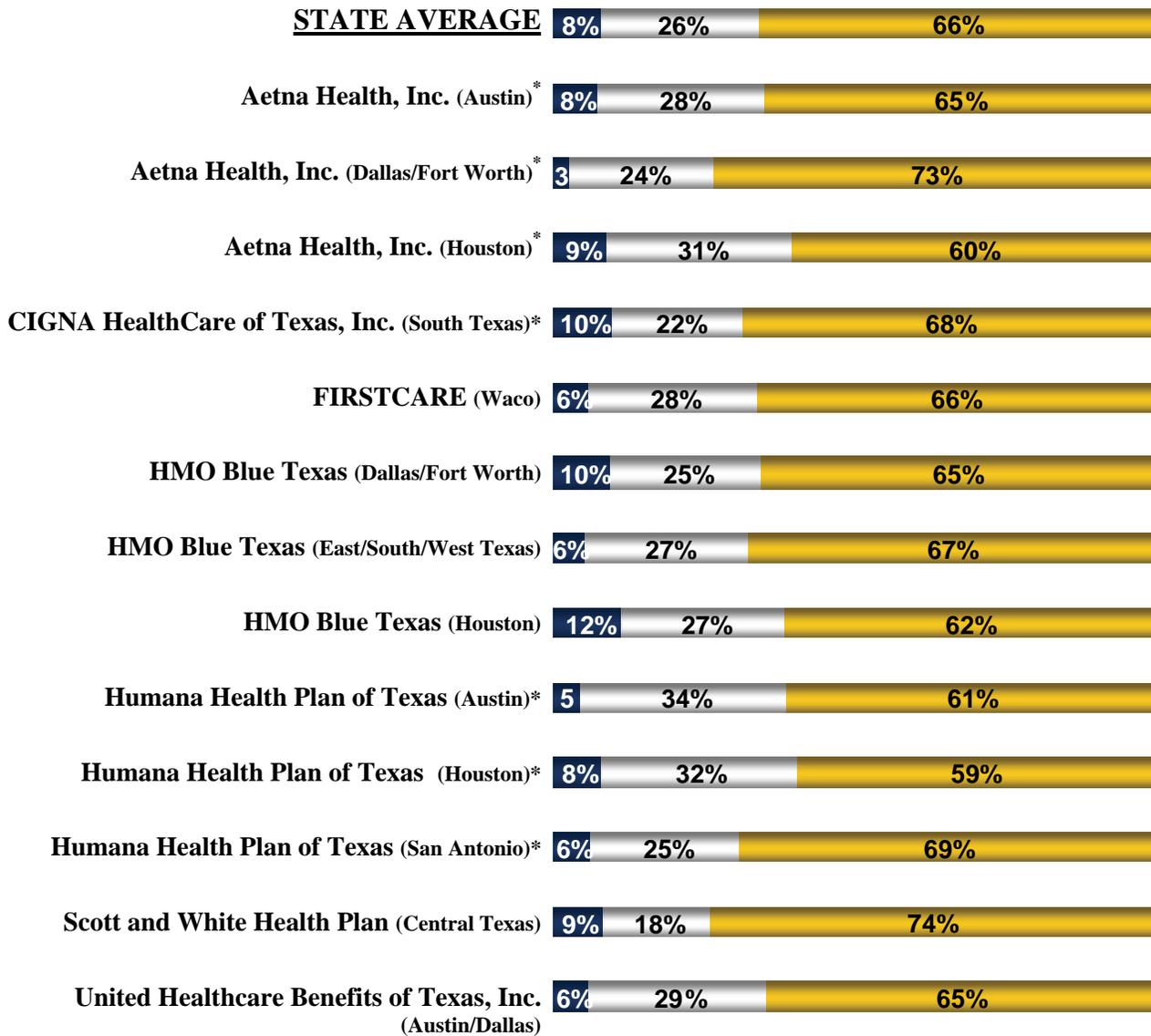
How people rated their personal doctor

Survey (CAHPS® 5.0H) Results

Percentage who rated their personal doctor 6 or lower	Percentage who rated their personal doctor 7 or 8	Percentage who rated their personal doctor 9 or 10
---	---	--

The bar graphs show answers to a survey question that asked people to **rate their personal doctor** on a scale from:

0 = “worst personal doctor possible” to **10** = “best personal doctor possible”



Due to rounding, percentages may not add up to 100%.

* Includes HMO & POS products. (See page 5 for explanation.)

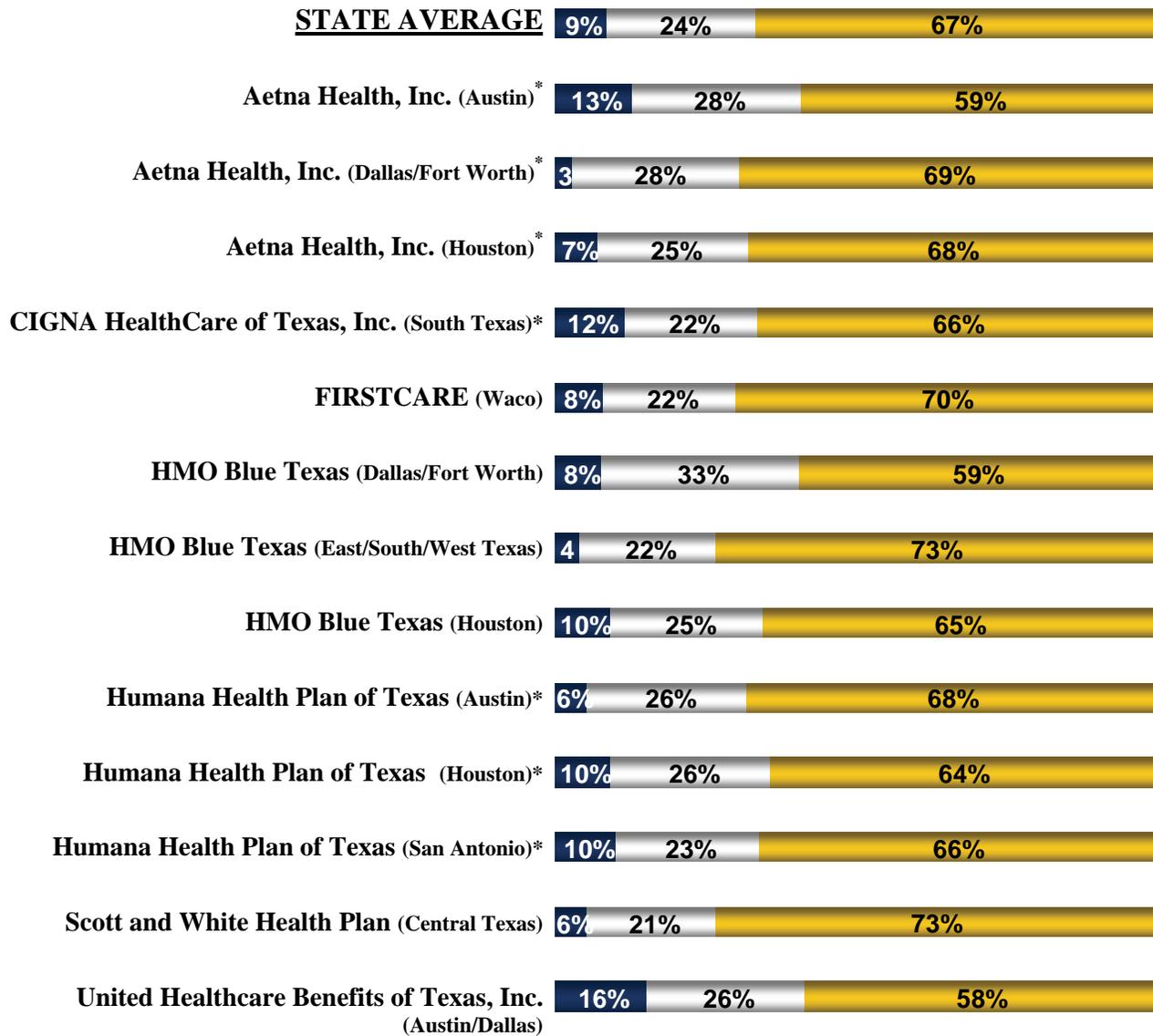
How people rated their specialist

Survey (CAHPS® 5.0H) Results

Percentage who rated their specialist 6 or lower	Percentage who rated their specialist 7 or 8	Percentage who rated their specialist 9 or 10
--	--	---

The bar graphs show answers to a survey question that asked people to **rate their specialist** on a scale from:

0 = “worst specialist possible” to **10** = “best specialist possible”



Due to rounding, percentages may not add up to 100%.

* Includes HMO & POS products. (See page 5 for explanation.)

Survey (CAHPS® 5.0H) Results - Central Texas

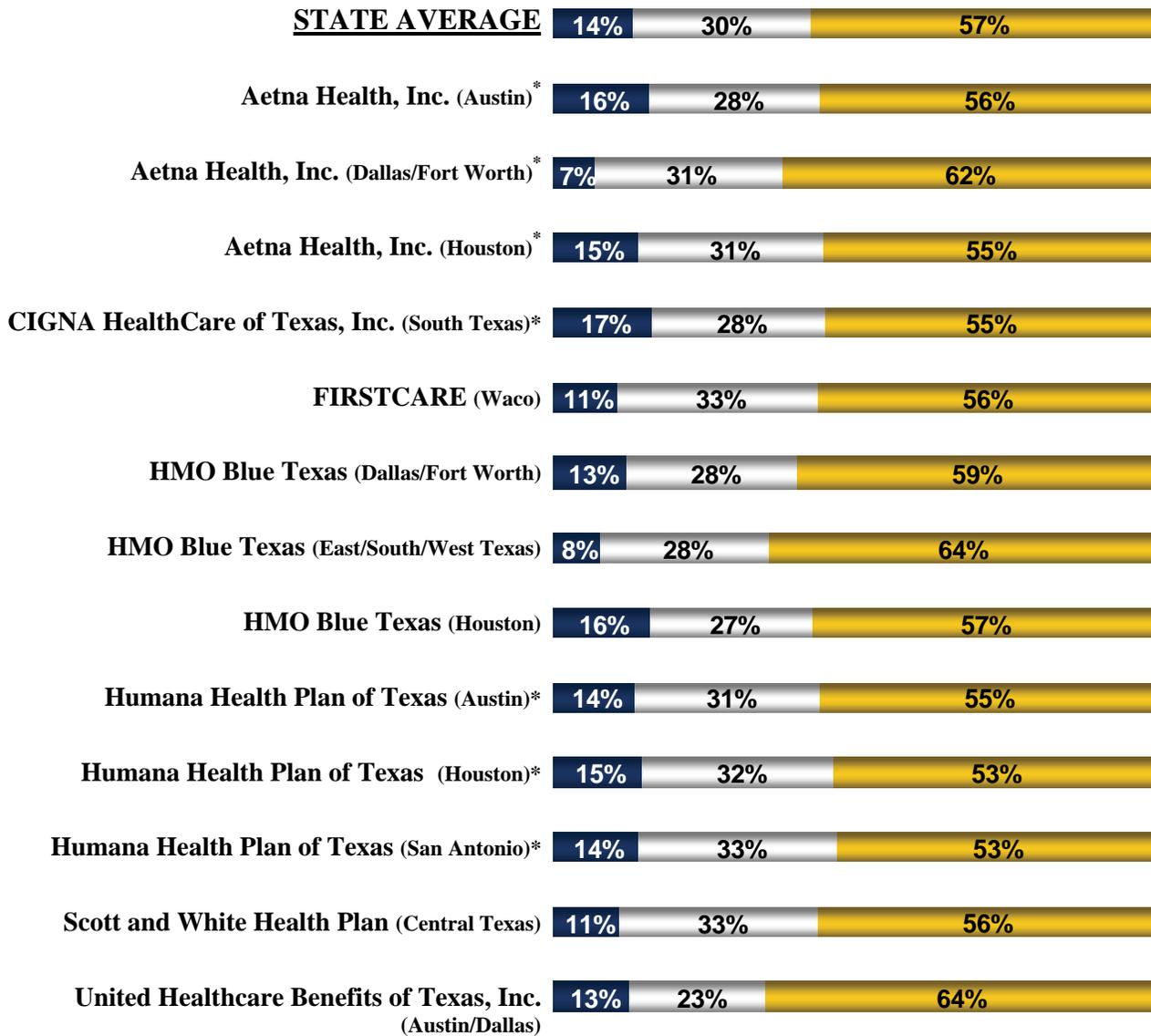
Getting needed care

Survey (CAHPS® 5.0H) Results

Percentage who said they sometimes or never received care that was needed	Percentage who said they usually received care that was needed	Percentage who said they always received care that was needed
--	---	--

The bar graphs show answers to survey questions that asked people **how often** it was easy for them to:

- Get appointments with specialists.
- Get care, tests or treatment they needed through their health plan.



Due to rounding, percentages may not add up to 100%.

* Includes HMO & POS products. (See page 5 for explanation.)

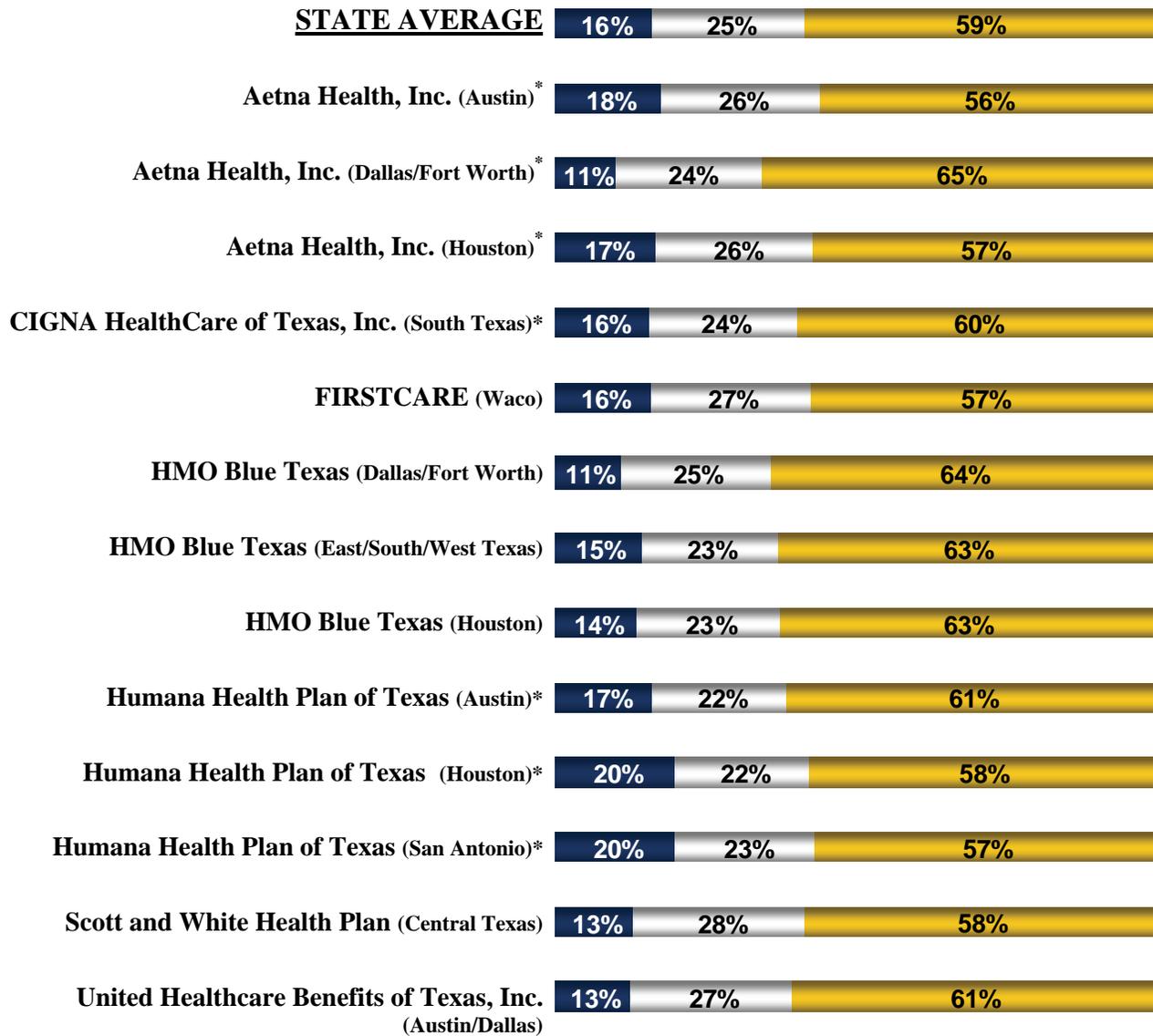
Getting care quickly

Survey (CAHPS® 5.0H) Results

Percentage who said they sometimes or never got care quickly	Percentage who said they usually got care quickly	Percentage who said they always got care quickly
--	---	--

The bar graphs show answers to survey questions that asked people **how often** they:

- Got care as soon as they thought they needed when they needed care right away.
- Got an appointment as soon as they thought they needed when they did not need care right away.



Due to rounding, percentages may not add up to 100%.

* Includes HMO & POS products. (See page 5 for explanation.)

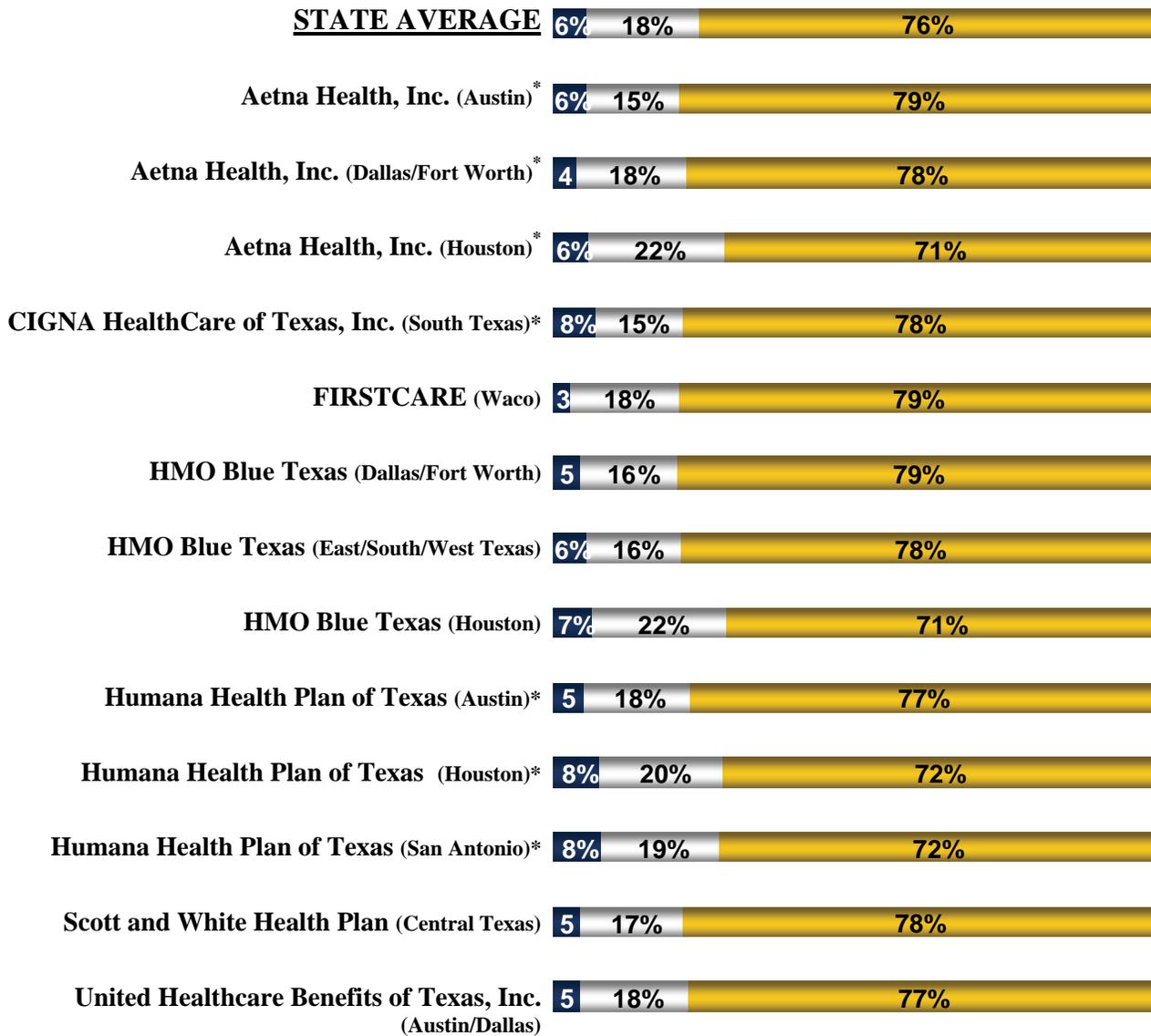
How well doctors communicate

Survey (CAHPS® 5.0H) Results

Percentage who said their doctors sometimes or never communicated well	Percentage who said their doctors usually communicated well	Percentage who said their doctors always communicated well
--	---	--

The bar graphs show answers to survey questions that asked people **how often** their personal doctor:

- Explained things in a way that was easy for them to understand.
- Listened carefully to them.
- Showed respect for what they had to say.
- Spent enough time with them.



Due to rounding, percentages may not add up to 100%.

* Includes HMO & POS products. (See page 5 for explanation.)

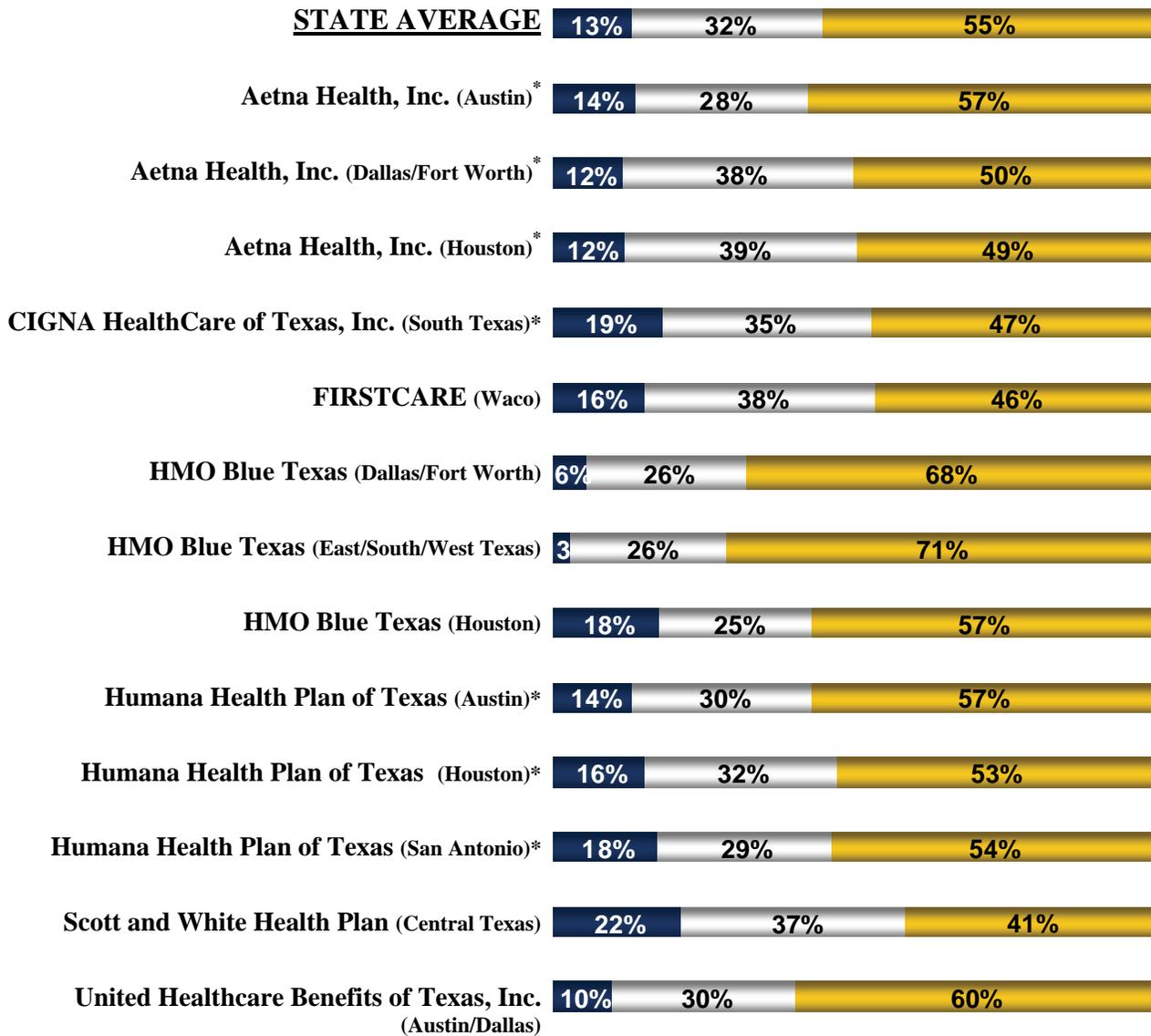
Handling of claims quickly and correctly

Survey (CAHPS® 5.0H) Results

Percentage who said their plan sometimes or never handled claims quickly and correctly	Percentage who said their plan Usually handled claims quickly and correctly	Percentage who said their plan Always handled claims quickly and correctly
---	--	---

The bar graphs show answers to survey questions that asked people **how often** their health plan:

- Handled claims quickly.
- Handled claims correctly.



Due to rounding, percentages may not add up to 100%.

* Includes HMO & POS products. (See page 5 for explanation.)

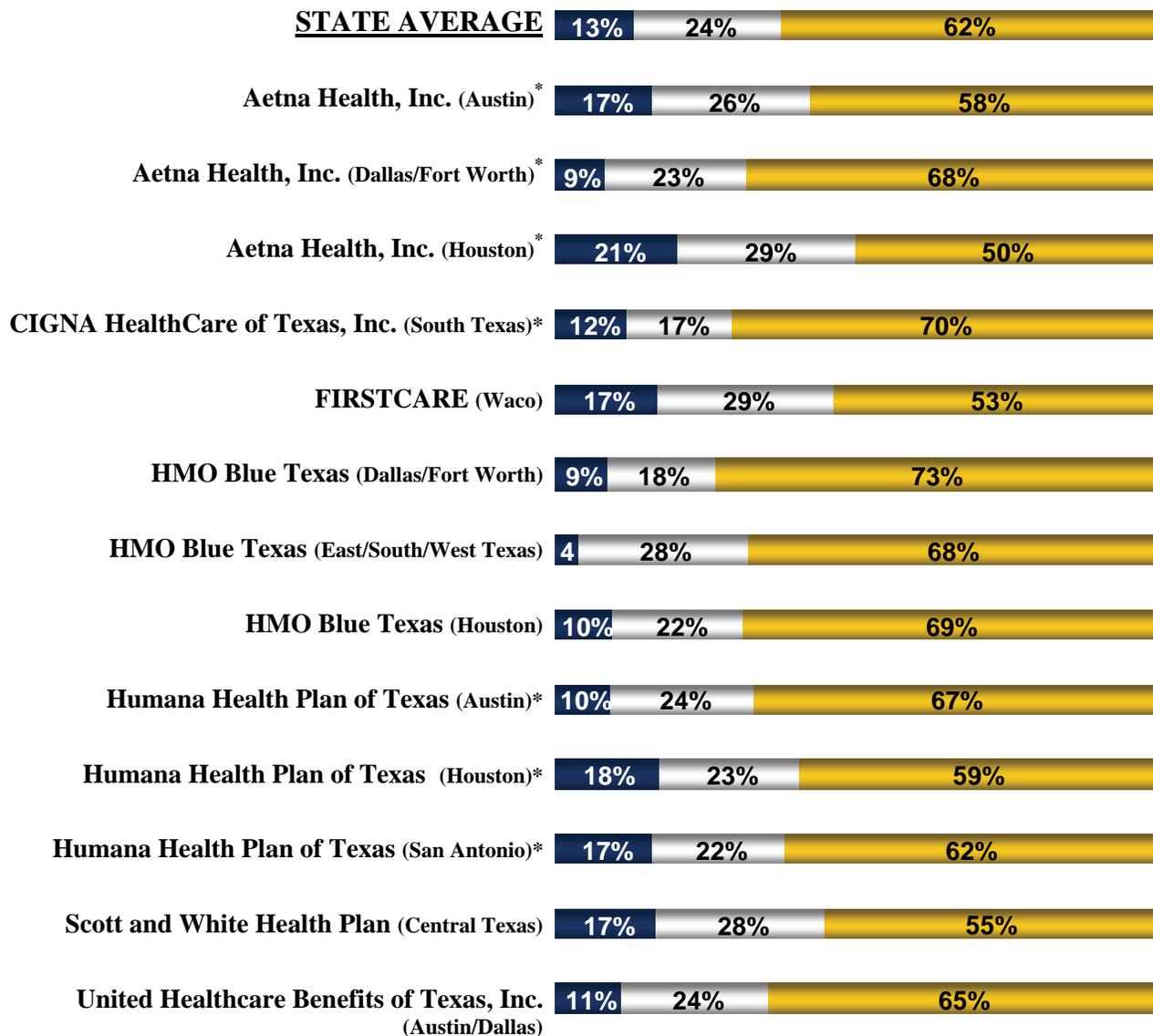
Health plan customer service

Survey (CAHPS® 5.0H) Results

Percentage who said customer service was sometimes or never efficient and helpful	Percentage who said customer service was usually efficient and helpful	Percentage who said customer service was always efficient and helpful
--	---	--

The bar graphs show answers to survey questions that asked people **how often**:

- They got the information or help they needed from their health plan's customer service.
- Their health plan's customer service staff treated them with courtesy and respect.



Due to rounding, percentages may not add up to 100%.

* Includes HMO & POS products. (See page 5 for explanation.)

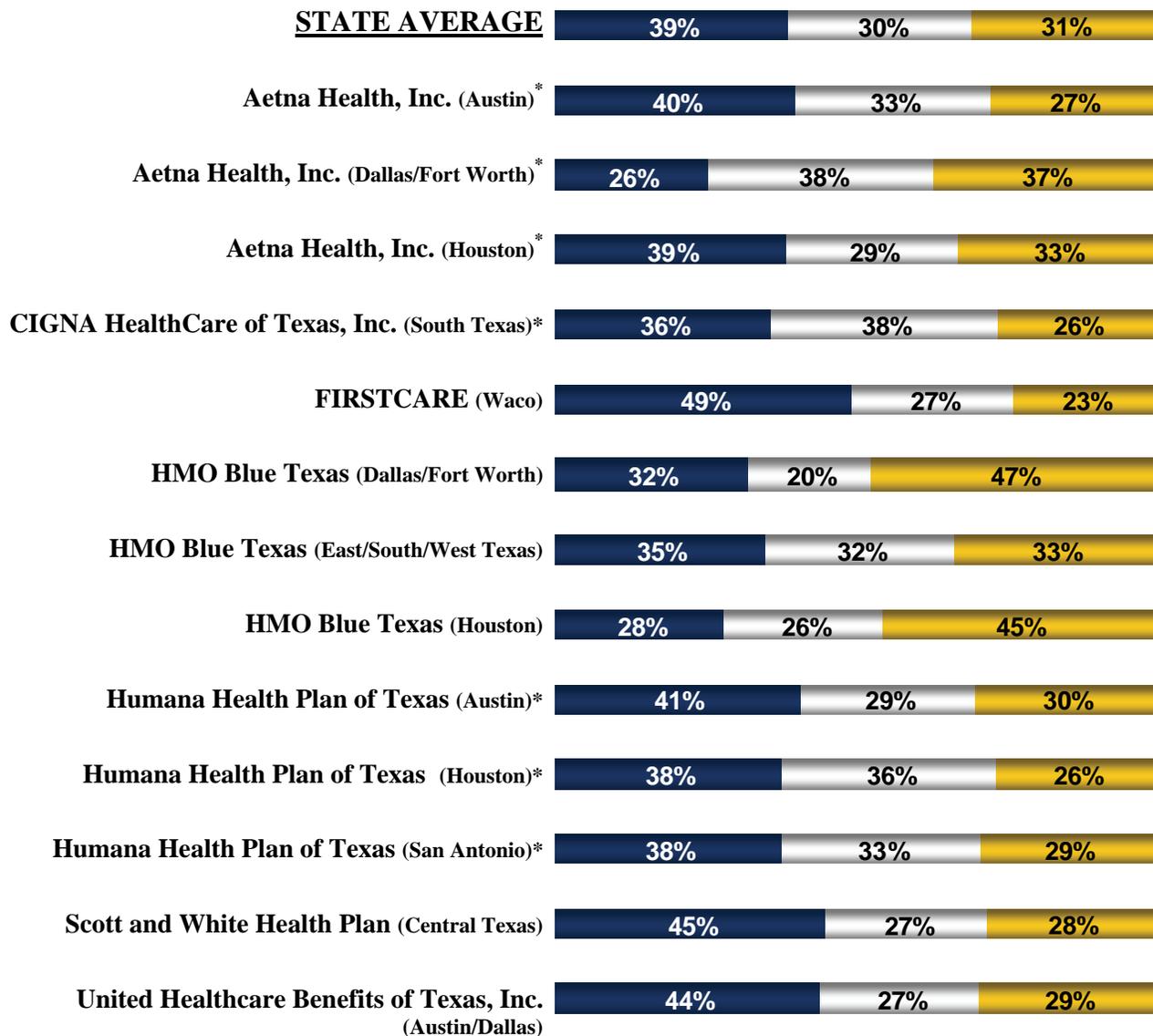
Plan information on costs

Survey (CAHPS® 5.0H) Results

Percentage who said they sometimes or never were able to find out cost info	Percentage who said they Usually were able to find out cost info	Percentage who said they Always were able to find out cost info
--	---	--

The bar graphs show answers to survey questions that asked people **how often** they were able to find out from their plan:

- How much would have to be paid for a health care service or equipment.
- How much would have to be paid for specific prescription medicines.



Due to rounding, percentages may not add up to 100%.

* Includes HMO & POS products. (See page 5 for explanation.)

Survey (CAHPS® 5.0H) Results - Central Texas

Response rate for all plans in the survey

Response rate = (completed surveys / [total sample – ineligible])

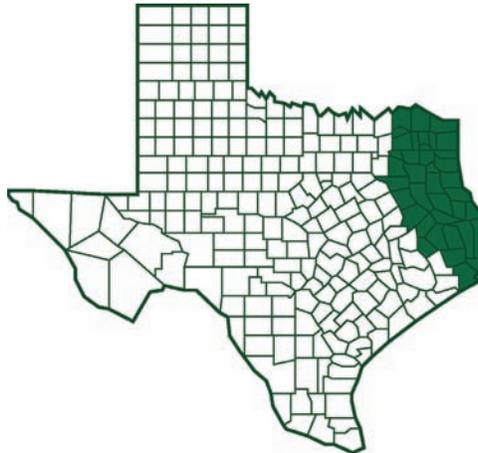
State Average = 25%

Aetna Health, Inc. (Austin)	22%
Aetna Health, Inc. (Dallas/Fort Worth)	26%
Aetna Health, Inc. (El Paso)	20%
Aetna Health, Inc. (Houston)	21%
Aetna Health, Inc. (San Antonio/Corpus Christi)	22%
CIGNA HealthCare of Texas, Inc. (South Texas)	19%
Community First Health Plans (San Antonio)	33%
FIRSTCARE (Abilene)	30%
FIRSTCARE (Amarillo)	35%
FIRSTCARE (Lubbock)	28%
FIRSTCARE (Waco)	24%
HMO Blue Texas (Dallas/Fort Worth)	22%
HMO Blue Texas (East/South/West Texas)	25%
HMO Blue Texas (Houston)	20%
Humana Health Plan of Texas (Austin)	23%
Humana Health Plan of Texas (Corpus Christi)	23%
Humana Health Plan of Texas (Houston)	21%
Humana Health Plan of Texas (San Antonio)	26%
Scott and White Health Plan (Central Texas)	36%
United Healthcare Benefits of Texas, Inc. (Austin/Dallas)	15%
United Healthcare Benefits of Texas, Inc. (Houston/San Antonio)	25%

Survey (CAHPS® 5.0H) Results for East Texas Plans

The counties included in the East Texas area are:

Anderson	Delta	Hopkins	Morris	Rains	Shelby	Van Zandt
Angelina	Franklin	Houston	Nacogdoches	Red River	Smith	Wood
Bowie	Gregg	Jasper	Newton	Rusk	Titus	
Camp	Hardin	Jefferson	Orange	Sabine	Trinity	
Cass	Harrison	Lamar	Panola	San Augustine	Tyler	
Cherokee	Henderson	Marion	Polk	San Jacinto	Upshur	



This section features survey results for plans that serve the East Texas area. It includes HMOs with a service area that extends into at least one county in the region. The city/area shown after the name indicates the primary area of service. Contact plans directly for details on specific service areas.

An HMO may be exempt from participation in the survey due to low enrollment or limited participation in the Texas commercial HMO market during 2012.

NCQA requires 100 responses to report survey results. OPIC has opted to report data based on 30 or more responses to provide consumers with greater access to data to compare HMOs.

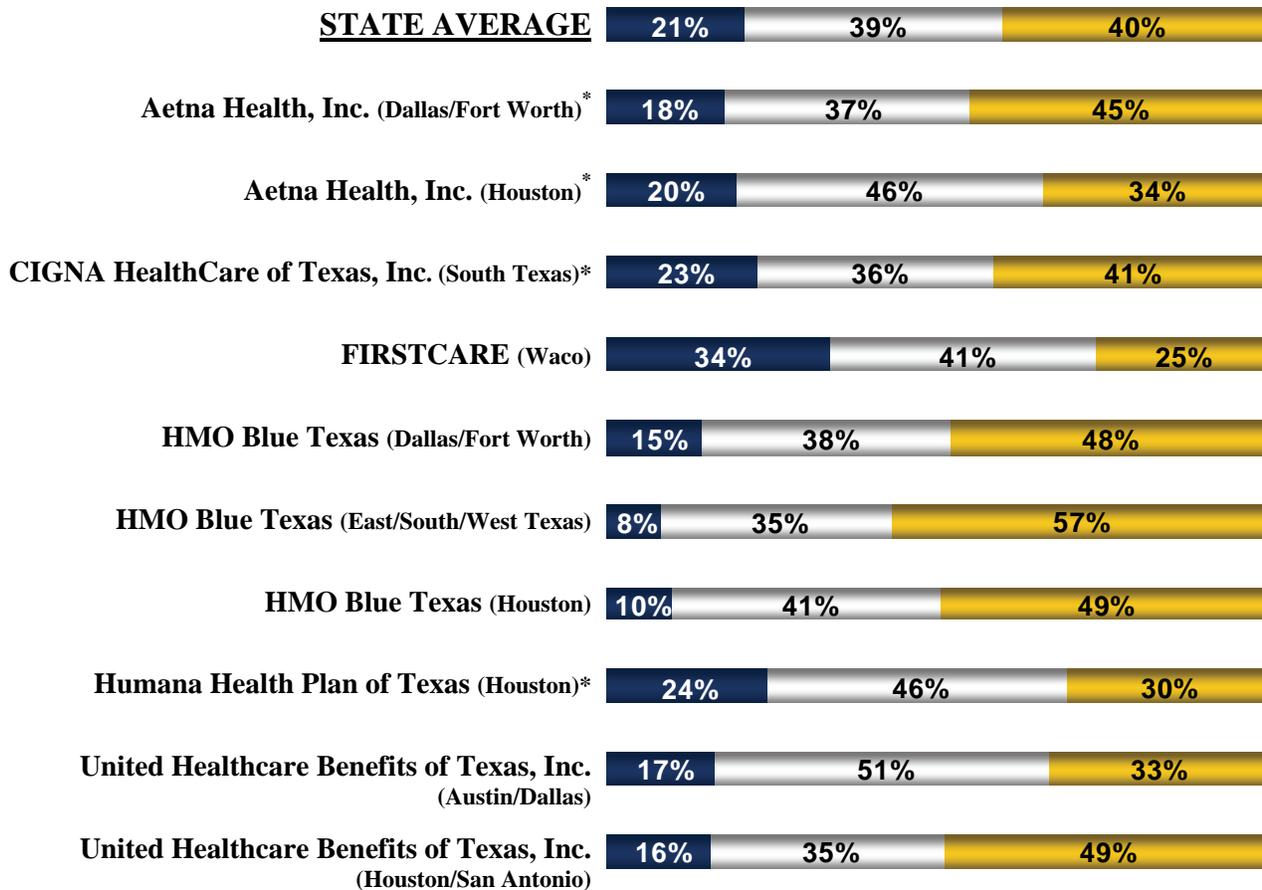
How people rated their health plan

Survey (CAHPS® 5.0H) Results

Percentage who rated their plan 6 or lower	Percentage who rated their plan 7 or 8	Percentage who rated their plan 9 or 10
---	---	--

The bar graphs show answers to a survey question that asked people to **rate their health plan** on a scale from:

0 = “worst health plan possible” to 10 = “best health plan possible”



Due to rounding, percentages may not add up to 100%.

* Includes HMO & POS products. (See page 5 for explanation.)

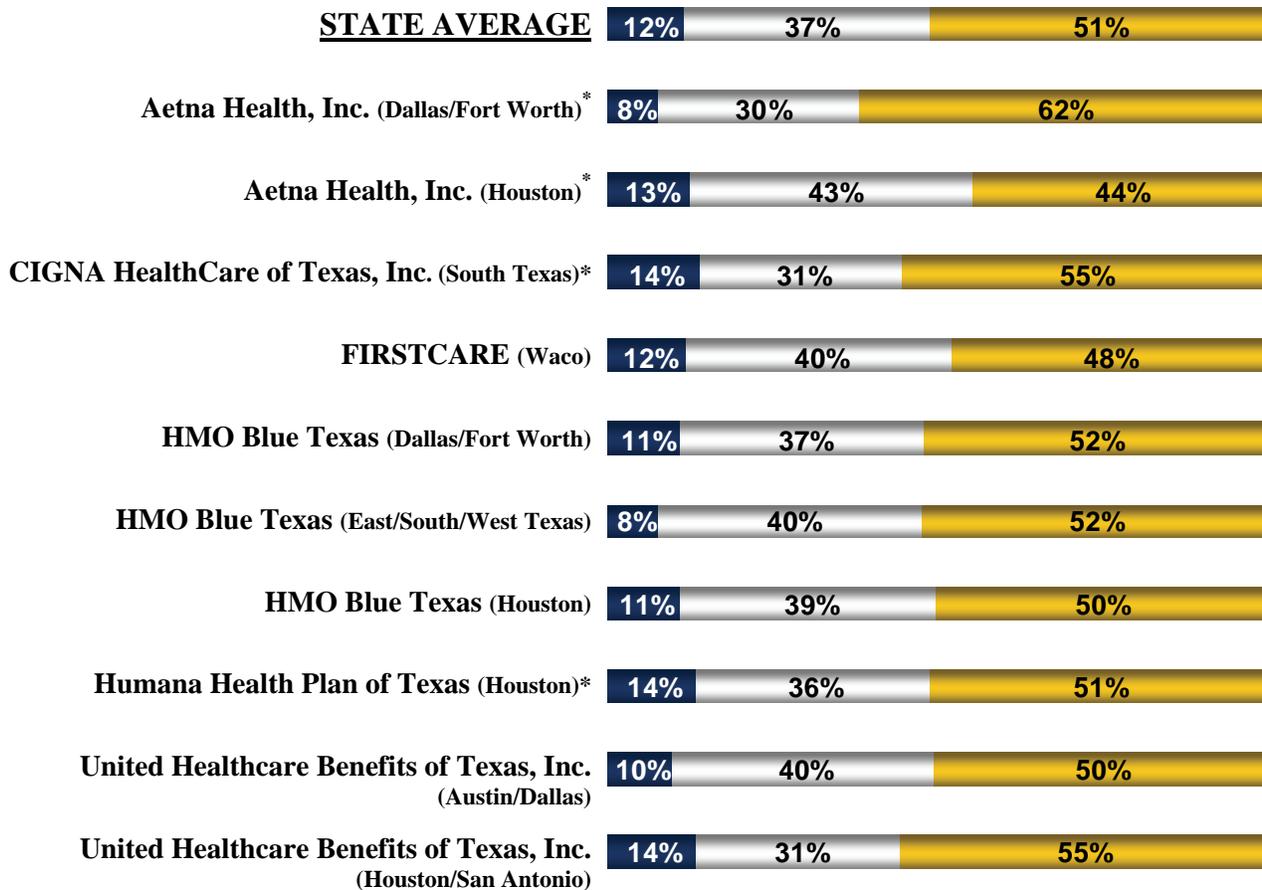
How people rated their health care

Survey (CAHPS® 5.0H) Results

Percentage who rated their care 6 or lower	Percentage who rated their care 7 or 8	Percentage who rated their care 9 or 10
---	---	--

The bar graphs show answers to a survey question that asked people to **rate their health care** on a scale from:

0 = “worst health care possible” to **10** = “best health care possible”



Survey (CAHPS® 5.0H) Results - East Texas

Due to rounding, percentages may not add up to 100%.

* Includes HMO & POS products. (See page 5 for explanation.)

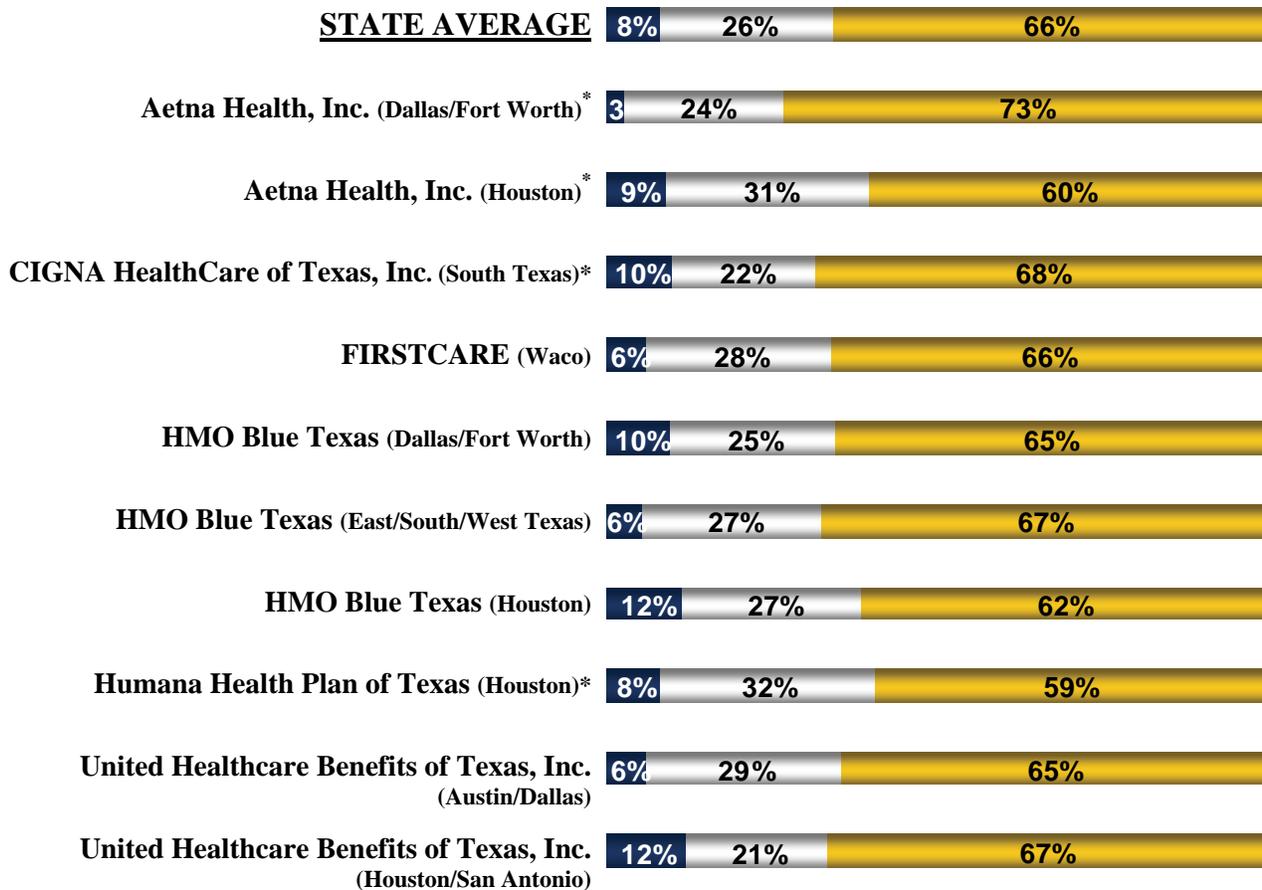
How people rated their personal doctor

Survey (CAHPS® 5.0H) Results

Percentage who rated their personal doctor 6 or lower	Percentage who rated their personal doctor 7 or 8	Percentage who rated their personal doctor 9 or 10
--	--	---

The bar graphs show answers to a survey question that asked people to **rate their personal doctor** on a scale from:

0 = “worst personal doctor possible” to **10** = “best personal doctor possible”



Due to rounding, percentages may not add up to 100%.

* Includes HMO & POS products. (See page 5 for explanation.)

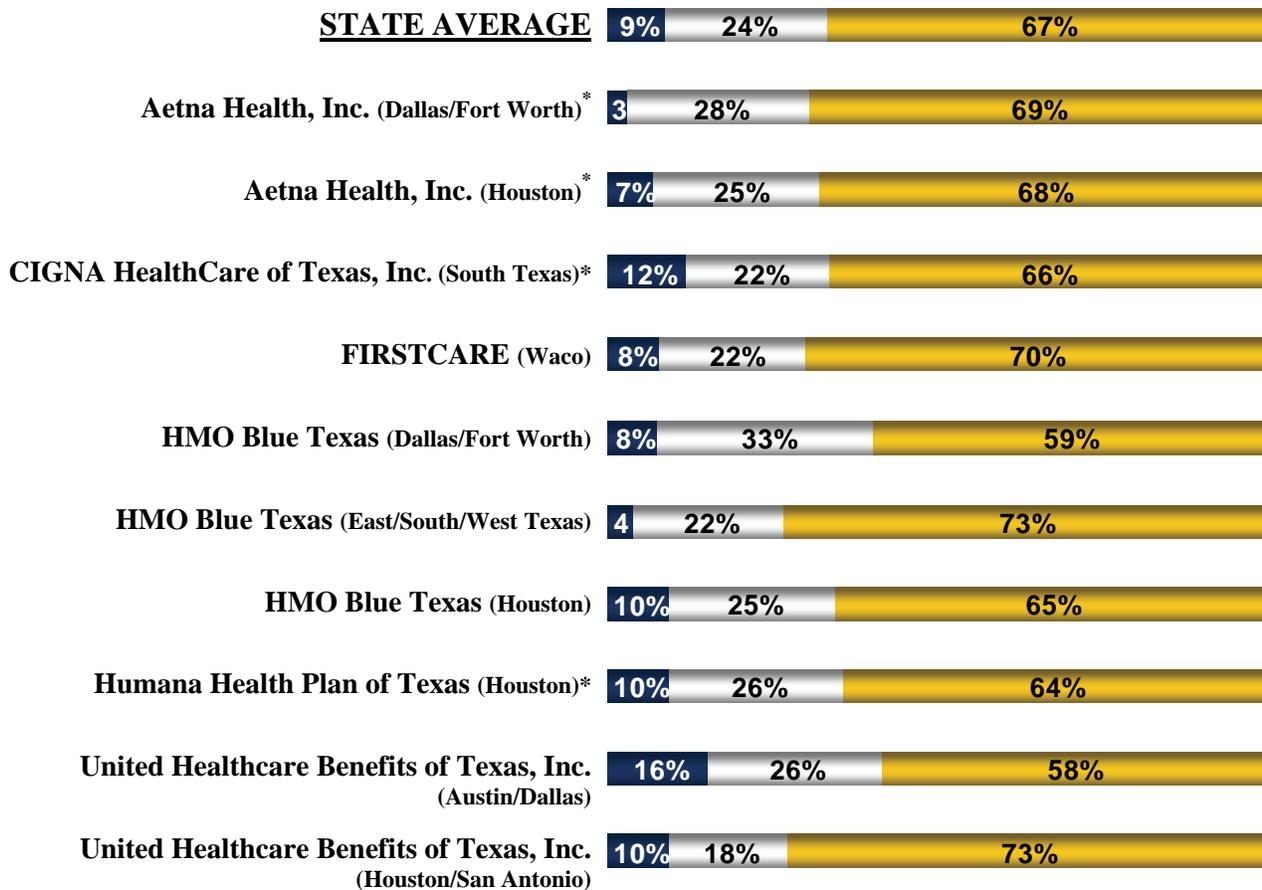
How people rated their specialist

Survey (CAHPS® 5.0H) Results

Percentage who rated their specialist 6 or lower	Percentage who rated their specialist 7 or 8	Percentage who rated their specialist 9 or 10
---	---	--

The bar graphs show answers to a survey question that asked people to **rate their specialist** on a scale from:

0 = “worst specialist possible” to **10** = “best specialist possible”



Survey (CAHPS® 5.0H) Results - East Texas

Due to rounding, percentages may not add up to 100%.

* Includes HMO & POS products. (See page 5 for explanation.)

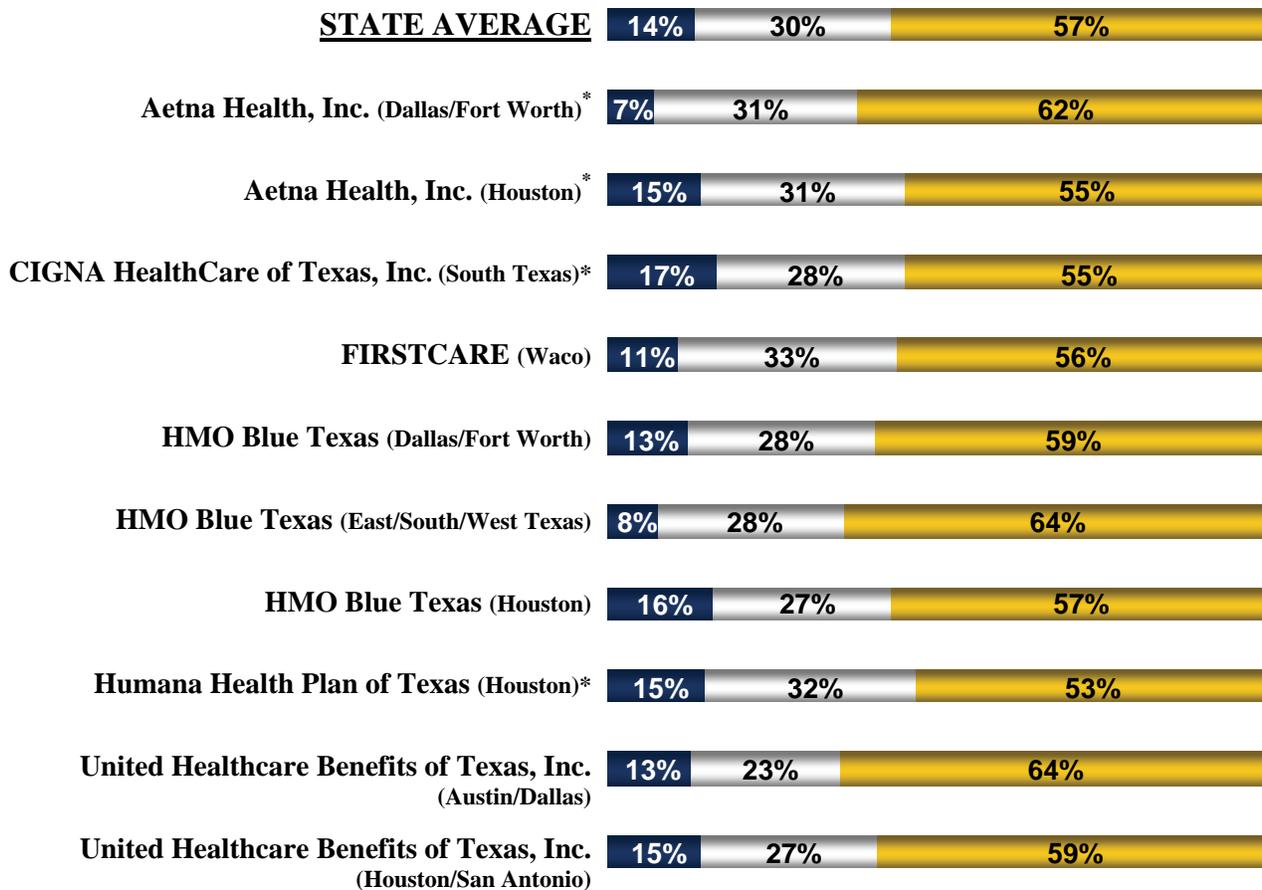
Getting needed care

Survey (CAHPS® 5.0H) Results

Percentage who said they sometimes or never received care that was needed	Percentage who said they usually received care that was needed	Percentage who said they always received care that was needed
--	---	--

The bar graphs show answers to survey questions that asked people **how often** it was easy for them to:

- Get appointments with specialists.
- Get care, tests or treatment they needed through their health plan.



Due to rounding, percentages may not add up to 100%.

* Includes HMO & POS products. (See page 5 for explanation.)

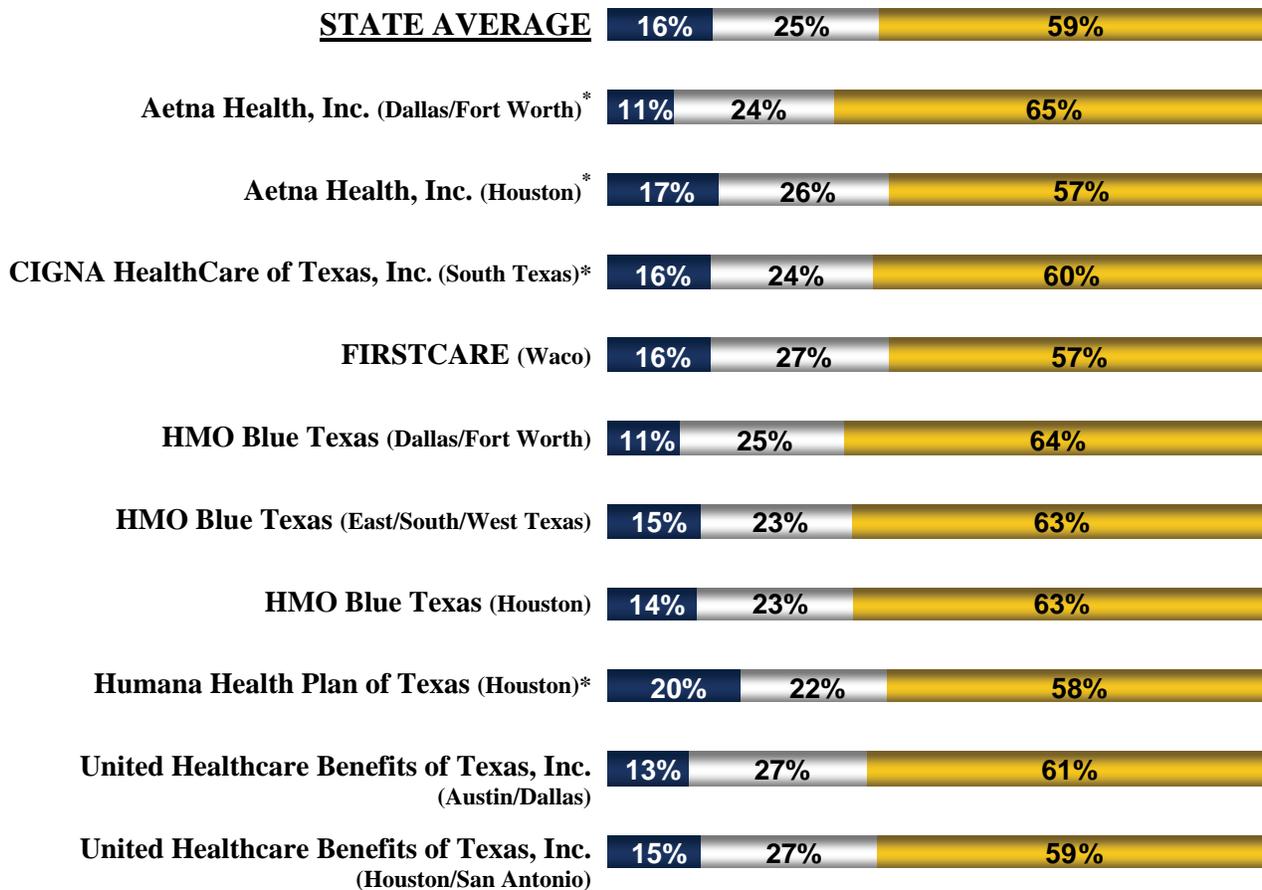
Getting care quickly

Survey (CAHPS® 5.0H) Results

Percentage who said they sometimes or never got care quickly	Percentage who said they usually got care quickly	Percentage who said they always got care quickly
--	---	--

The bar graphs show answers to survey questions that asked people **how often** they:

- Got care as soon as they thought they needed when they needed care right away.
- Got an appointment as soon as they thought they needed when they did not need care right away.



Survey (CAHPS® 5.0H) Results - East Texas

Due to rounding, percentages may not add up to 100%.

* Includes HMO & POS products. (See page 5 for explanation.)

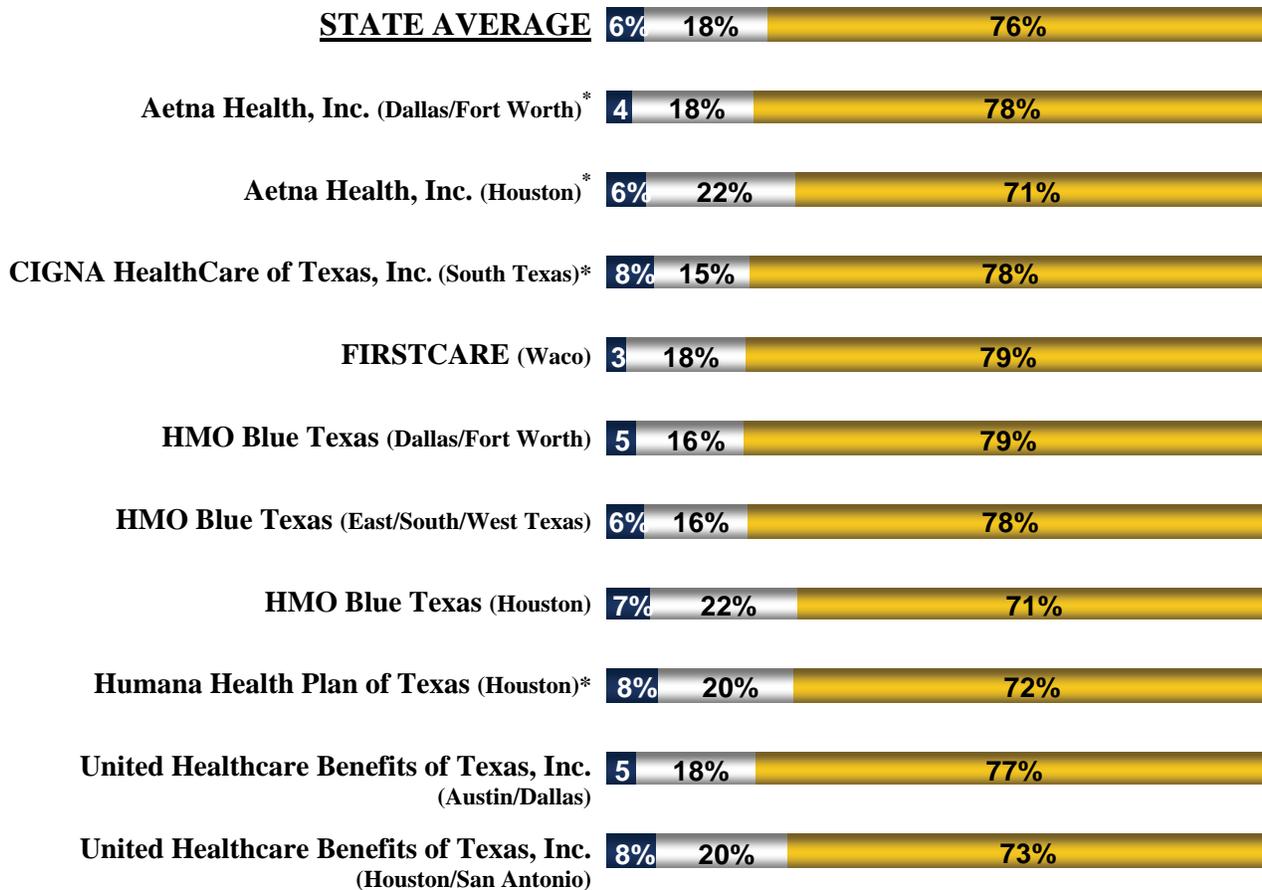
How well doctors communicate

Survey (CAHPS® 5.0H) Results

Percentage who said their doctors sometimes or never communicated well	Percentage who said their doctors usually communicated well	Percentage who said their doctors always communicated well
---	--	---

The bar graphs show answers to survey questions that asked people **how often** their personal doctor:

- Explained things in a way that was easy for them to understand.
- Listened carefully to them.
- Showed respect for what they had to say.
- Spent enough time with them.



Due to rounding, percentages may not add up to 100%.

* Includes HMO & POS products. (See page 5 for explanation.)

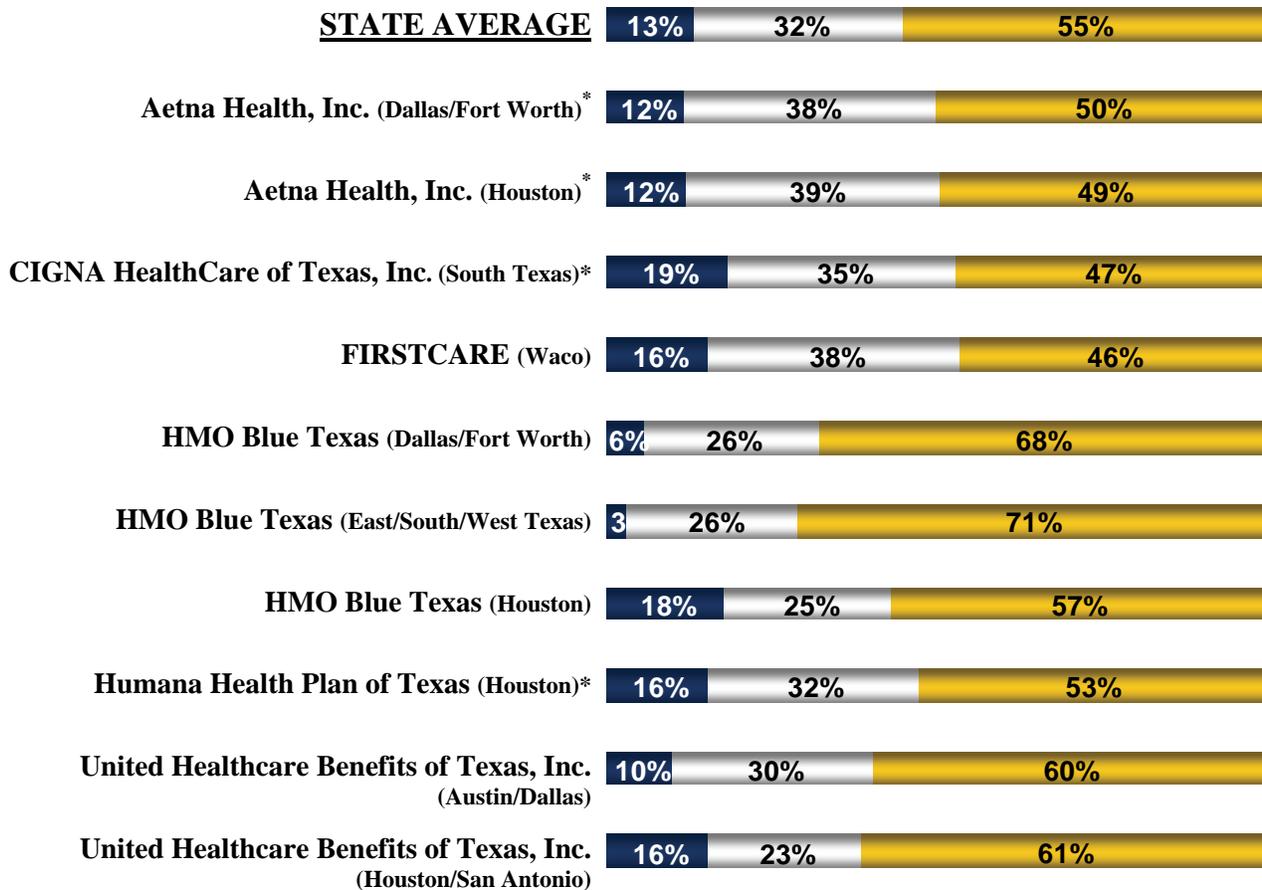
Handling of claims quickly and correctly

Survey (CAHPS® 5.0H) Results

Percentage who said their plan sometimes or never handled claims quickly and correctly	Percentage who said their plan Usually handled claims quickly and correctly	Percentage who said their plan Always handled claims quickly and correctly
---	--	---

The bar graphs show answers to survey questions that asked people **how often** their health plan:

- Handled claims quickly.
- Handled claims correctly.



Due to rounding, percentages may not add up to 100%.

* Includes HMO & POS products. (See page 5 for explanation.)

Health plan customer service

Survey (CAHPS® 5.0H) Results

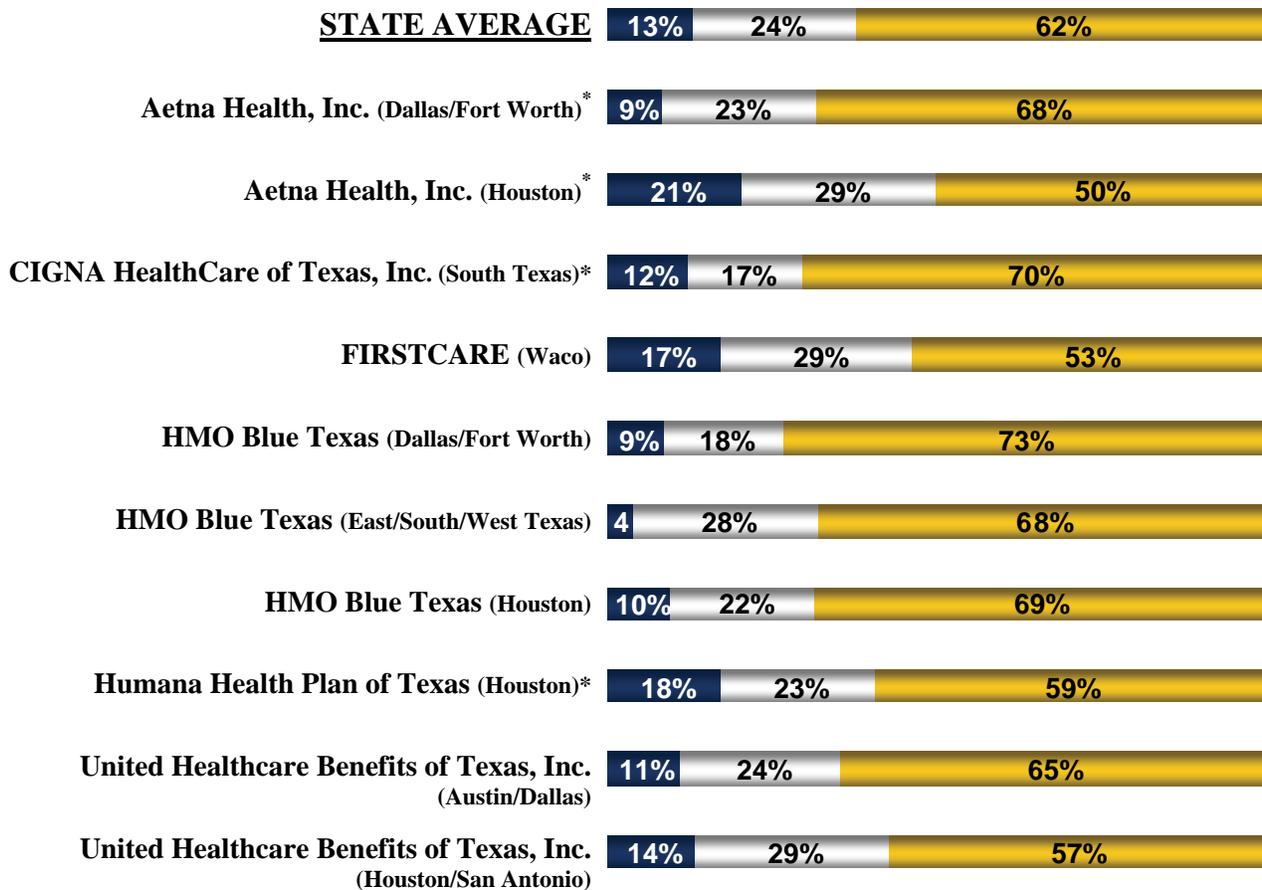
Percentage who said customer service was **sometimes or never** efficient and helpful

Percentage who said customer service was **usually** efficient and helpful

Percentage who said customer service was **always** efficient and helpful

The bar graphs show answers to survey questions that asked people **how often**:

- They got the information or help they needed from their health plan's customer service.
- Their health plan's customer service staff treated them with courtesy and respect.



Due to rounding, percentages may not add up to 100%.

* Includes HMO & POS products. (See page 5 for explanation.)

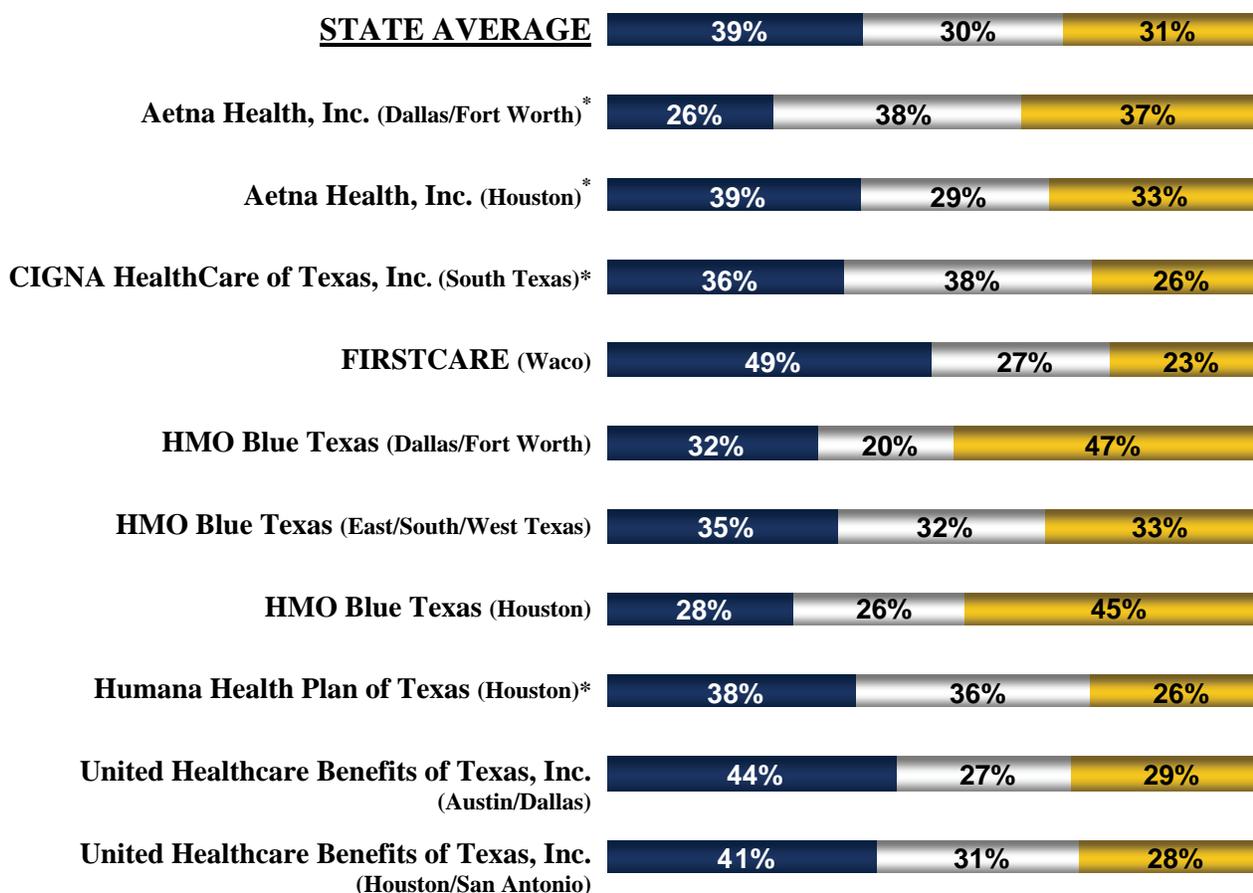
Plan information on costs

Survey (CAHPS® 5.0H) Results

Percentage who said they sometimes or never were able to find out cost info	Percentage who said they Usually were able to find out cost info	Percentage who said they Always were able to find out cost info
--	---	--

The bar graphs show answers to survey questions that asked people **how often** they were able to find out from their plan:

- How much would have to be paid for a health care service or equipment.
- How much would have to be paid for specific prescription medicines.



Survey (CAHPS® 5.0H) Results - East Texas

Due to rounding, percentages may not add up to 100%.

* Includes HMO & POS products. (See page 5 for explanation.)

Response rate for all plans in the survey

Response rate = (completed surveys / [total sample – ineligible])

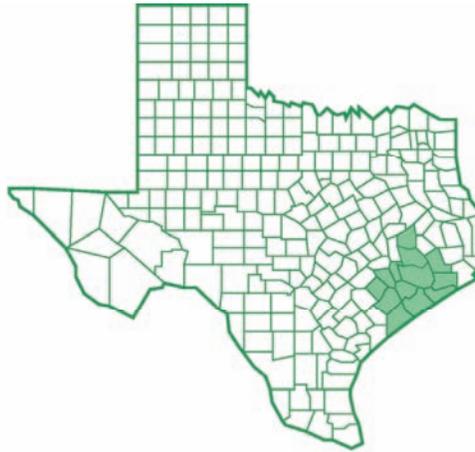
State Average = 25%

Aetna Health, Inc. (Austin)	22%
Aetna Health, Inc. (Dallas/Fort Worth)	26%
Aetna Health, Inc. (El Paso)	20%
Aetna Health, Inc. (Houston)	21%
Aetna Health, Inc. (San Antonio/Corpus Christi)	22%
CIGNA HealthCare of Texas, Inc. (South Texas)	19%
Community First Health Plans (San Antonio)	33%
FIRSTCARE (Abilene)	30%
FIRSTCARE (Amarillo)	35%
FIRSTCARE (Lubbock)	28%
FIRSTCARE (Waco)	24%
HMO Blue Texas (Dallas/Fort Worth)	22%
HMO Blue Texas (East/South/West Texas)	25%
HMO Blue Texas (Houston)	20%
Humana Health Plan of Texas (Austin)	23%
Humana Health Plan of Texas (Corpus Christi)	23%
Humana Health Plan of Texas (Houston)	21%
Humana Health Plan of Texas (San Antonio)	26%
Scott and White Health Plan (Central Texas)	36%
United Healthcare Benefits of Texas, Inc. (Austin/Dallas)	15%
United Healthcare Benefits of Texas, Inc. (Houston/San Antonio)	25%

Survey (CAHPS® 5.0H) Results for Gulf Coast Texas Plans

The counties included in the Gulf Coast Texas area are:

Austin	Galveston	Walker
Brazoria	Harris	Waller
Chambers	Liberty	Wharton
Colorado	Matagorda	
Fort Bend	Montgomery	



This section features survey results for plans that serve the Gulf Coast Texas area. It includes HMOs with a service area that extends into at least one county in the region. The city/area shown after the name indicates the primary area of service. Contact plans directly for details on specific service areas.

An HMO may be exempt from participation in the survey due to low enrollment or limited participation in the Texas commercial HMO market during 2012.

NCQA requires 100 responses to report survey results. OPIC has opted to report data based on 30 or more responses to provide consumers with greater access to data to compare HMOs.

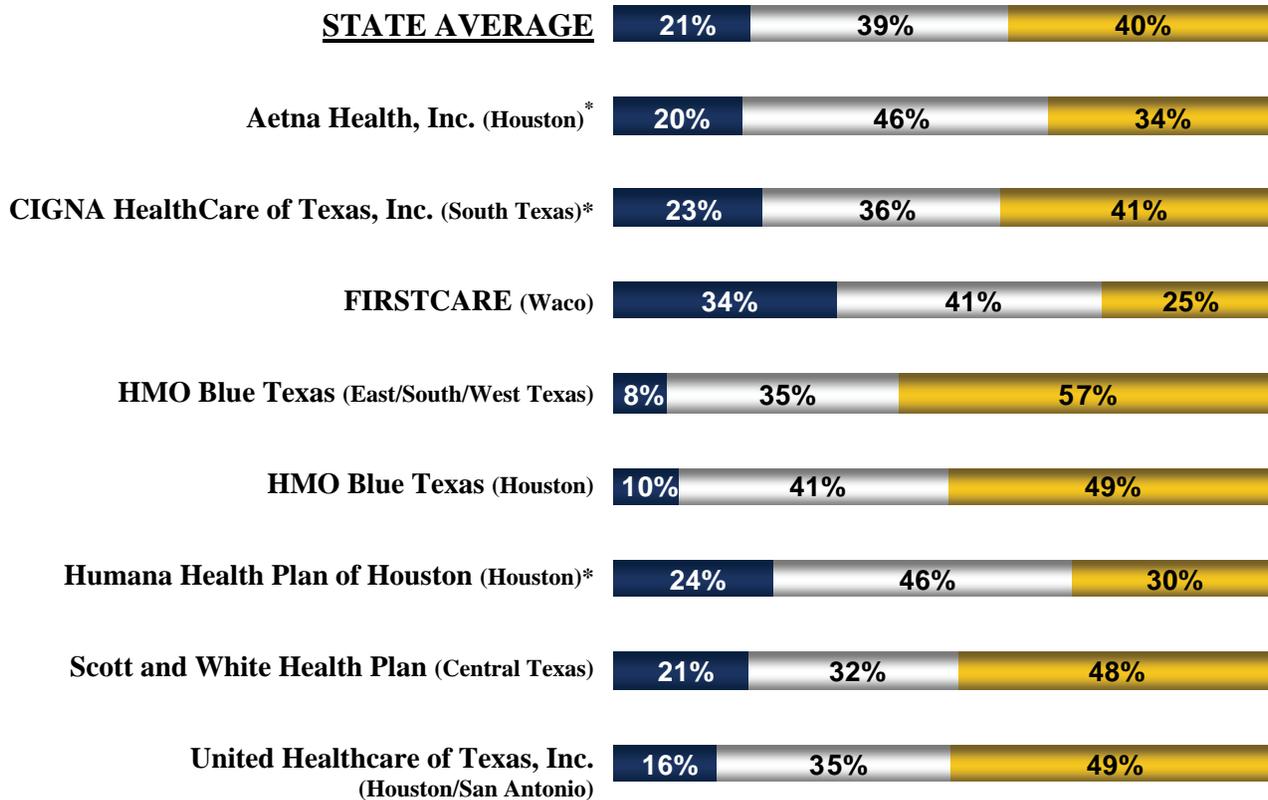
How people rated their health plan

Survey (CAHPS® 5.0H) Results

Percentage who rated their plan 6 or lower	Percentage who rated their plan 7 or 8	Percentage who rated their plan 9 or 10
---	---	--

The bar graphs show answers to a survey question that asked people to **rate their health plan** on a scale from:

0 = “worst health plan possible” to **10** = “best health plan possible”



Due to rounding, percentages may not add up to 100%.

* Includes HMO & POS products. (See page 5 for explanation.)

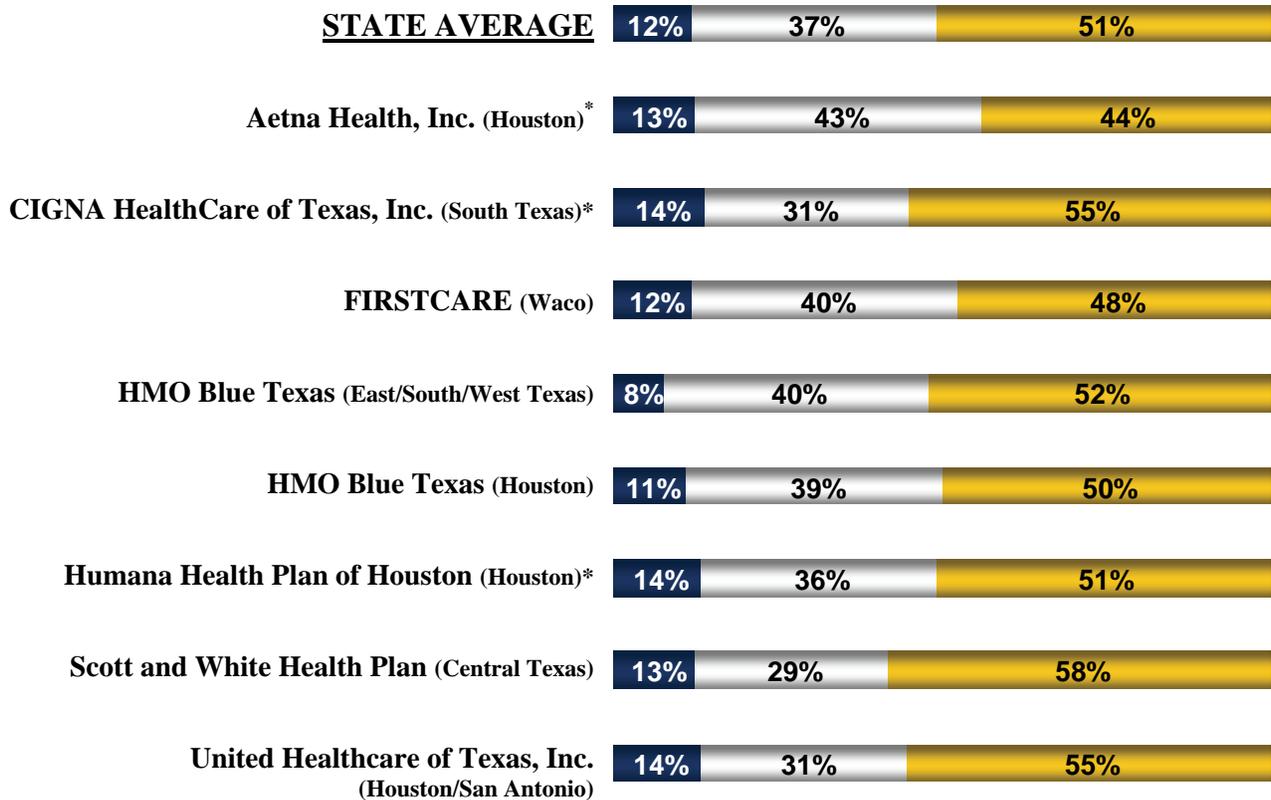
How people rated their health care

Survey (CAHPS® 5.0H) Results

Percentage who rated their care 6 or lower	Percentage who rated their care 7 or 8	Percentage who rated their care 9 or 10
---	---	--

The bar graphs show answers to a survey question that asked people to **rate their health care** on a scale from:

0 = “worst health care possible” to **10** = “best health care possible”



Due to rounding, percentages may not add up to 100%.

* Includes HMO & POS products. (See page 5 for explanation.)

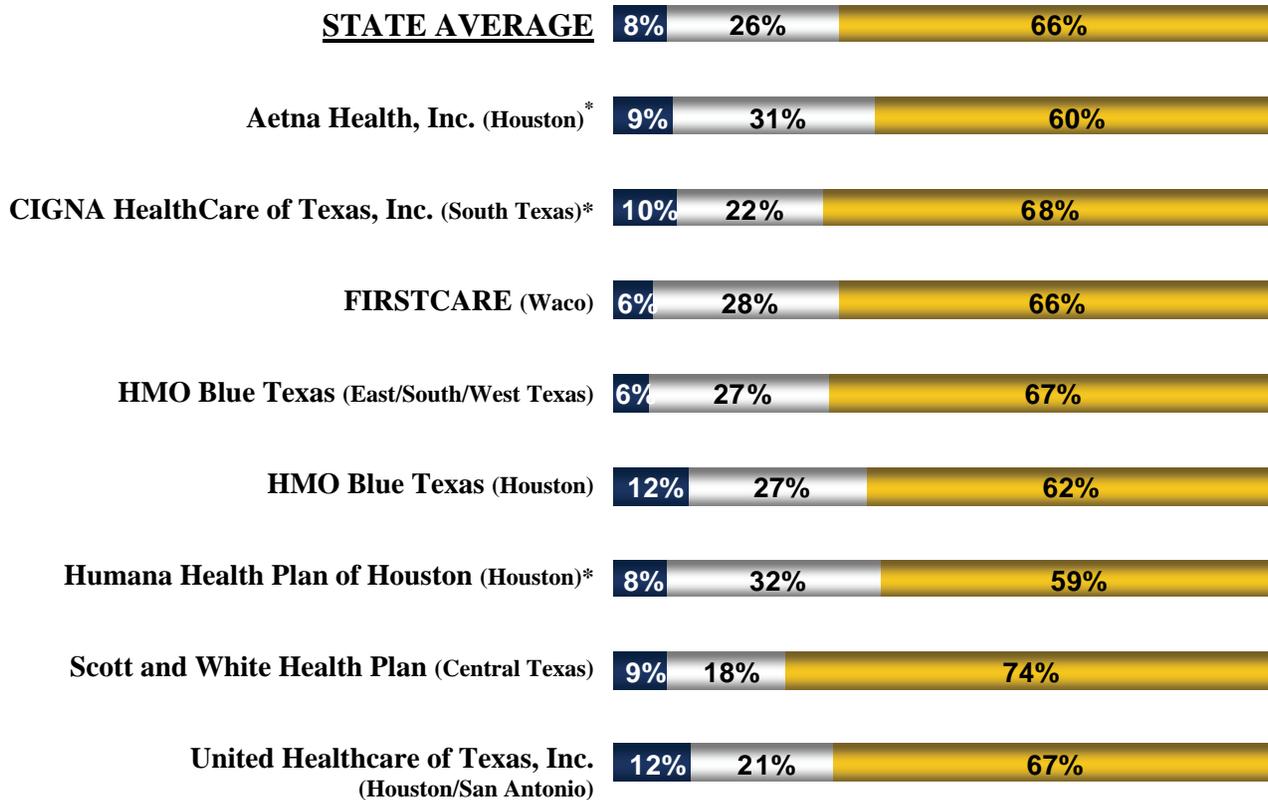
How people rated their personal doctor

Survey (CAHPS® 5.0H) Results

Percentage who rated their personal doctor 6 or lower	Percentage who rated their personal doctor 7 or 8	Percentage who rated their personal doctor 9 or 10
---	---	--

The bar graphs show answers to a survey question that asked people to **rate their personal doctor** on a scale from:

0 = “worst personal doctor possible” to **10** = “best personal doctor possible”



Due to rounding, percentages may not add up to 100%.

* Includes HMO & POS products. (See page 5 for explanation.)

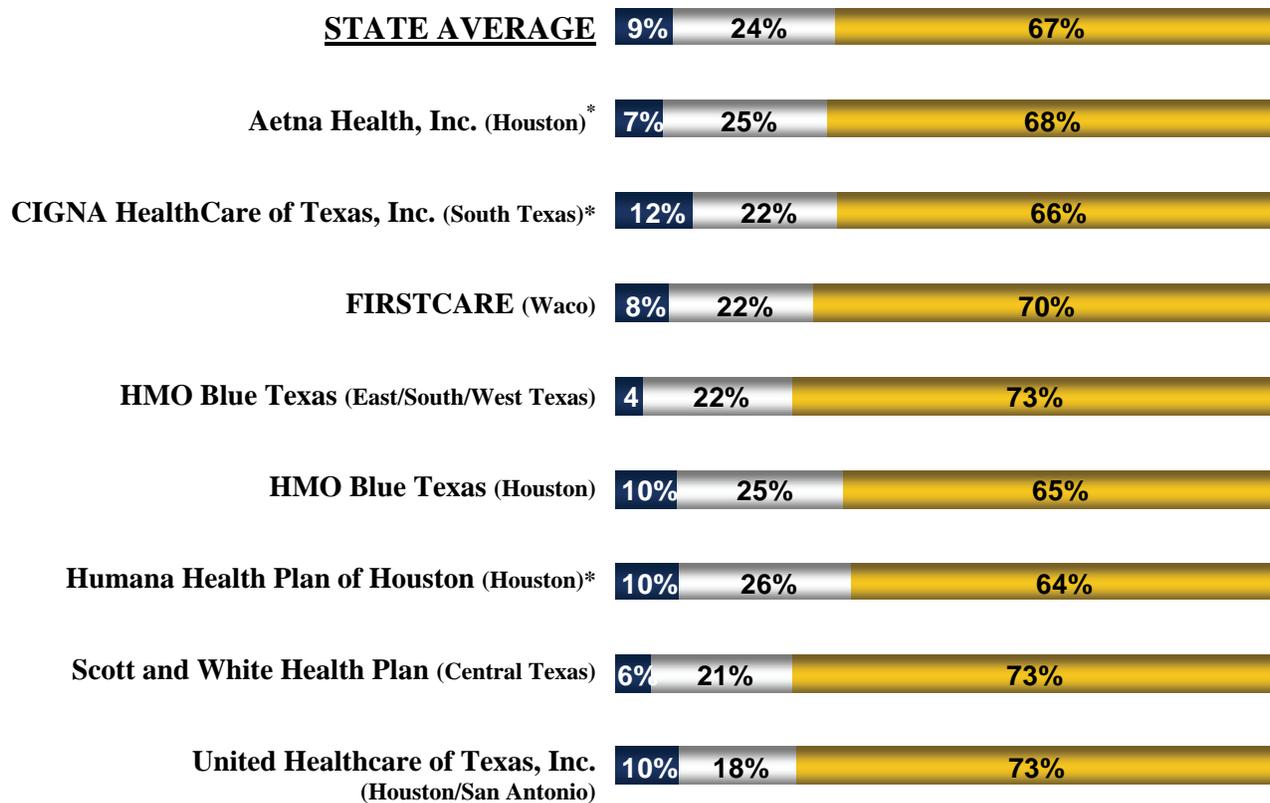
How people rated their specialist

Survey (CAHPS® 5.0H) Results

Percentage who rated their specialist 6 or lower	Percentage who rated their specialist 7 or 8	Percentage who rated their specialist 9 or 10
---	---	--

The bar graphs show answers to a survey question that asked people to **rate their specialist** on a scale from:

0 = “worst specialist possible” to **10** = “best specialist possible”



Due to rounding, percentages may not add up to 100%.

* Includes HMO & POS products. (See page 5 for explanation.)

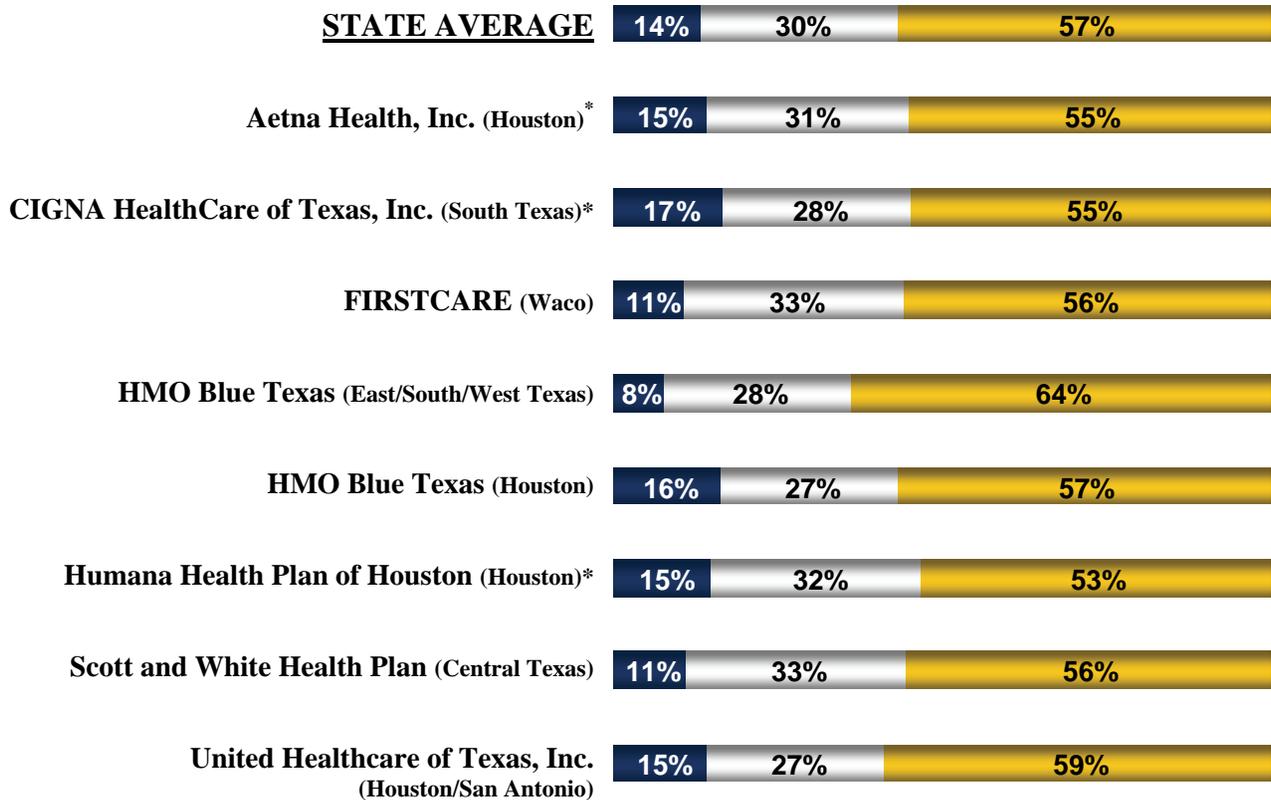
Getting needed care

Survey (CAHPS® 5.0H) Results

Percentage who said they sometimes or never received care that was needed	Percentage who said they usually received care that was needed	Percentage who said they always received care that was needed
--	---	--

The bar graphs show answers to survey questions that asked people **how often** it was easy for them to:

- Get appointments with specialists.
- Get care, tests or treatment they needed through their health plan.



Due to rounding, percentages may not add up to 100%.

* Includes HMO & POS products. (See page 5 for explanation.)

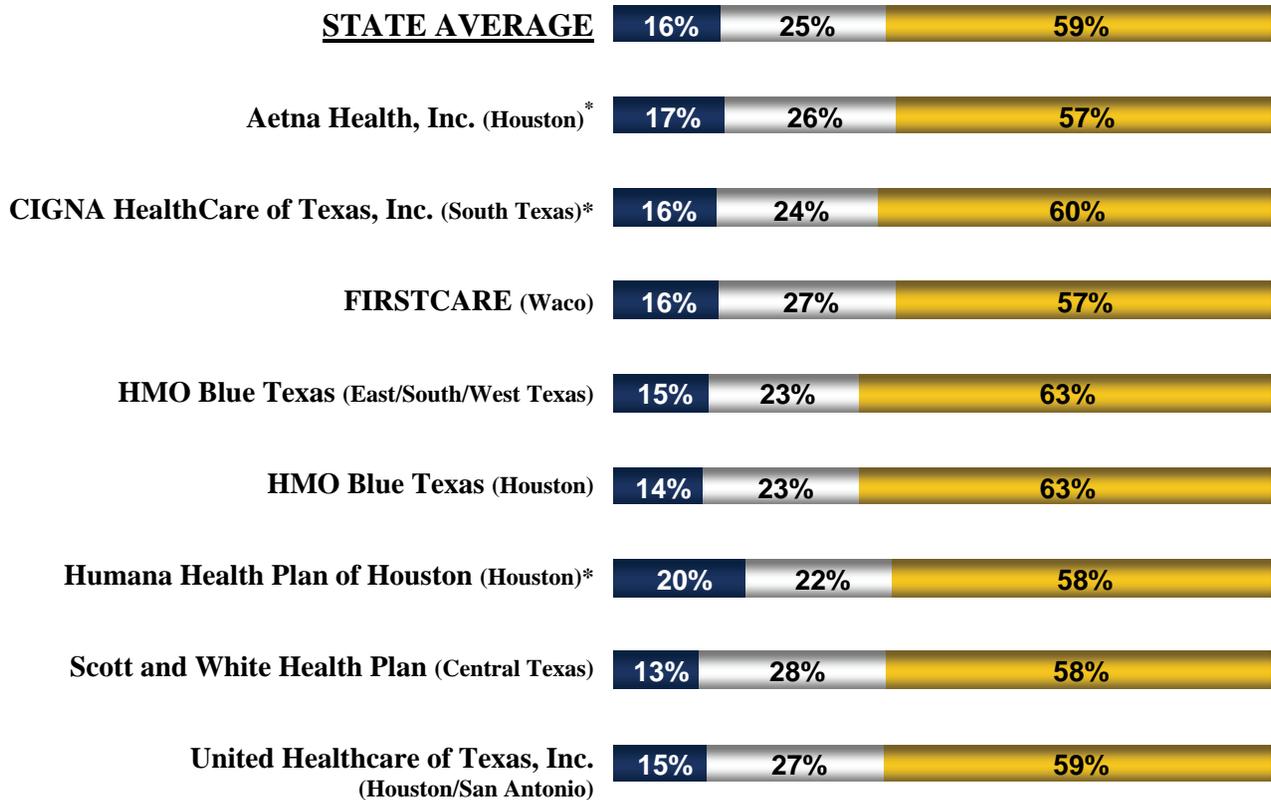
Getting care quickly

Survey (CAHPS® 5.0H) Results

Percentage who said they sometimes or never got care quickly	Percentage who said they usually got care quickly	Percentage who said they always got care quickly
---	--	---

The bar graphs show answers to survey questions that asked people **how often** they:

- Got care as soon as they thought they needed when they needed care right away.
- Got an appointment as soon as they thought they needed when they did not need care right away.



Due to rounding, percentages may not add up to 100%.

* Includes HMO & POS products. (See page 5 for explanation.)

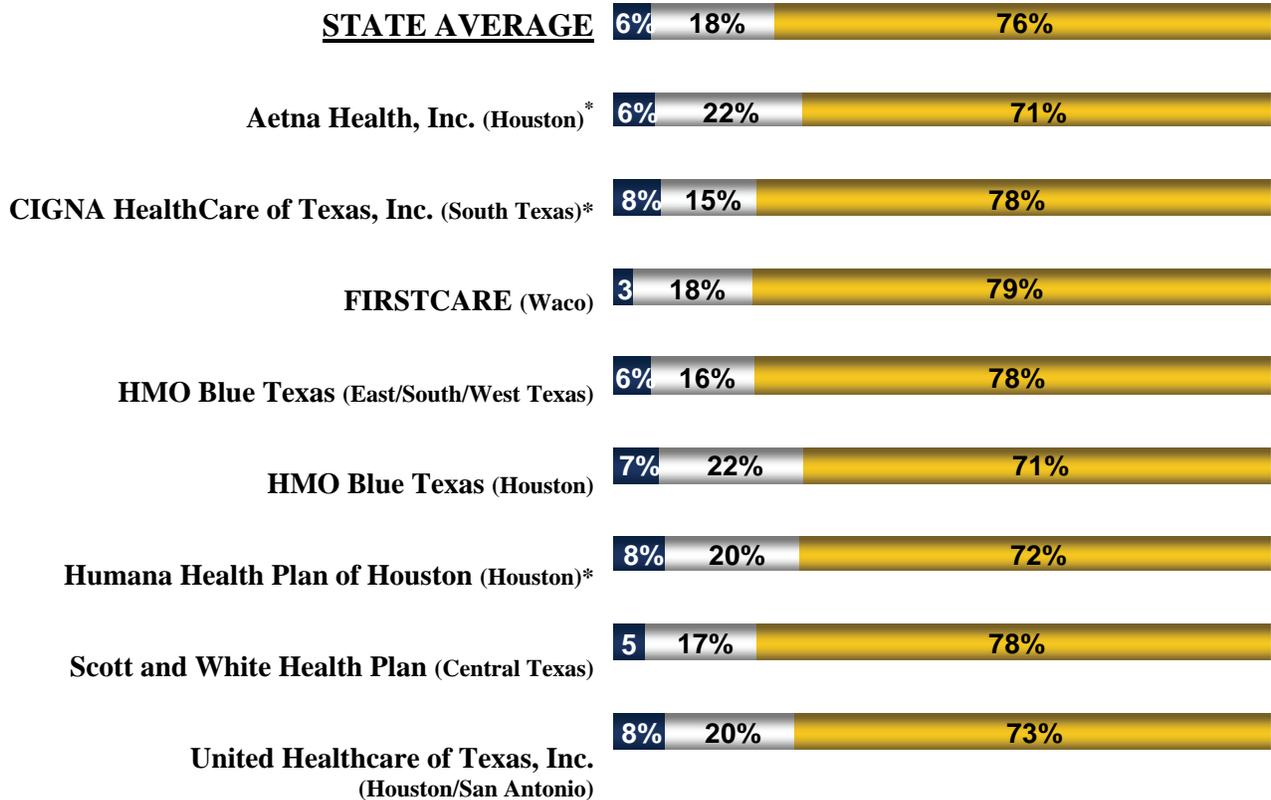
How well doctors communicate

Survey (CAHPS® 5.0H) Results

Percentage who said their doctors sometimes or never communicated well	Percentage who said their doctors usually communicated well	Percentage who said their doctors always communicated well
---	--	---

The bar graphs show answers to survey questions that asked people **how often** their personal doctor:

- Explained things in a way that was easy for them to understand.
- Listened carefully to them.
- Showed respect for what they had to say.
- Spent enough time with them.



Due to rounding, percentages may not add up to 100%.

* Includes HMO & POS products. (See page 5 for explanation.)

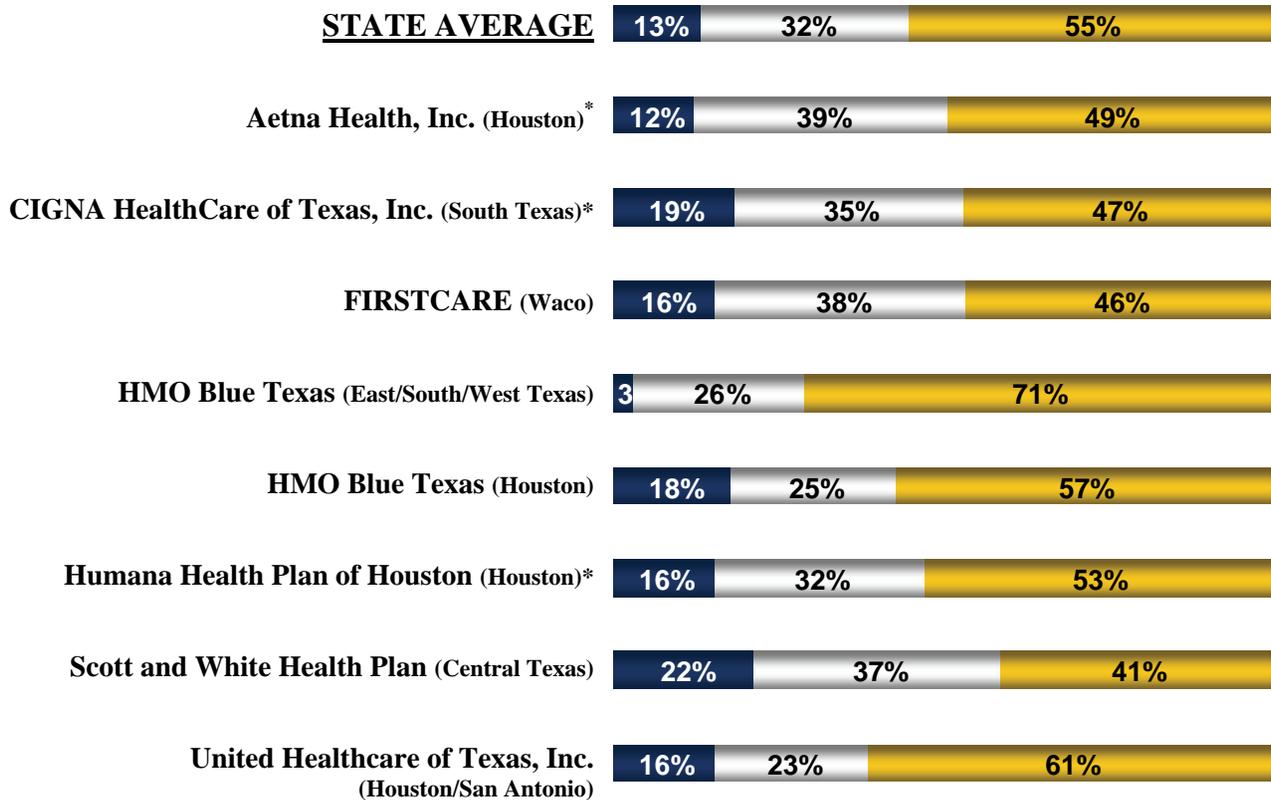
Handling of claims quickly and correctly

Survey (CAHPS® 5.0H) Results

Percentage who said their plan sometimes or never handled claims quickly and correctly	Percentage who said their plan Usually handled claims quickly and correctly	Percentage who said their plan Always handled claims quickly and correctly
---	--	---

The bar graphs show answers to survey questions that asked people **how often** their health plan:

- Handled claims quickly.
- Handled claims correctly.



Due to rounding, percentages may not add up to 100%.

* Includes HMO & POS products. (See page 5 for explanation.)

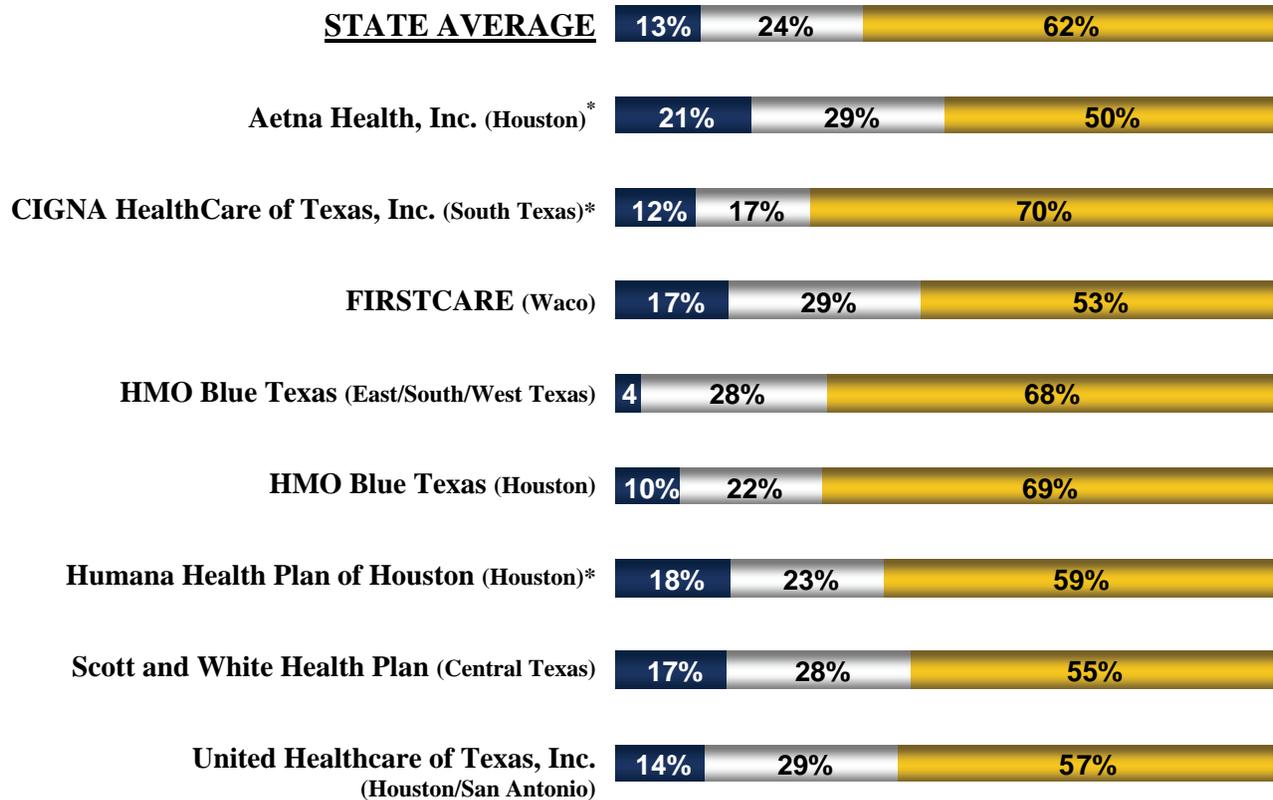
Health plan customer service

Survey (CAHPS® 5.0H) Results

Percentage who said customer service was sometimes or never efficient and helpful	Percentage who said customer service was usually efficient and helpful	Percentage who said customer service was always efficient and helpful
--	---	--

The bar graphs show answers to survey questions that asked people **how often**:

- They got the information or help they needed from their health plan's customer service.
- Their health plan's customer service staff treated them with courtesy and respect.



Due to rounding, percentages may not add up to 100%.

* Includes HMO & POS products. (See page 5 for explanation.)

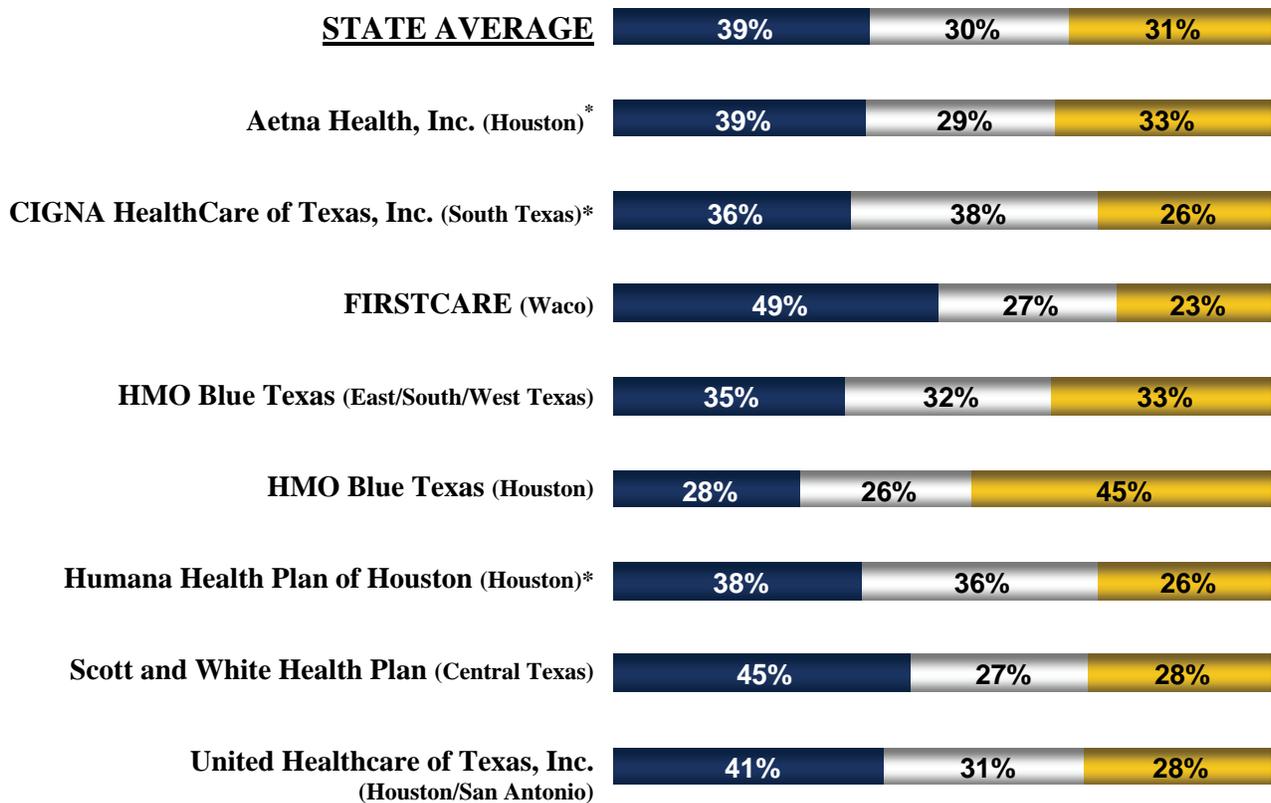
Plan information on costs

Survey (CAHPS® 5.0H) Results

Percentage who said they sometimes or never were able to find out cost info	Percentage who said they Usually were able to find out cost info	Percentage who said they Always were able to find out cost info
--	---	--

The bar graphs show answers to survey questions that asked people **how often** they were able to find out from their plan:

- How much would have to be paid for a health care service or equipment.
- How much would have to be paid for specific prescription medicines.



Due to rounding, percentages may not add up to 100%.

* Includes HMO & POS products. (See page 5 for explanation.)

Response rate for all plans in the survey

Response rate = (completed surveys / [total sample – ineligible])

State Average = 25%

Aetna Health, Inc. (Austin)	22%
Aetna Health, Inc. (Dallas/Fort Worth)	26%
Aetna Health, Inc. (El Paso)	20%
Aetna Health, Inc. (Houston)	21%
Aetna Health, Inc. (San Antonio/Corpus Christi)	22%
CIGNA HealthCare of Texas, Inc. (South Texas)	19%
Community First Health Plans (San Antonio)	33%
FIRSTCARE (Abilene)	30%
FIRSTCARE (Amarillo)	35%
FIRSTCARE (Lubbock)	28%
FIRSTCARE (Waco)	24%
HMO Blue Texas (Dallas/Fort Worth)	22%
HMO Blue Texas (East/South/West Texas)	25%
HMO Blue Texas (Houston)	20%
Humana Health Plan of Texas (Austin)	23%
Humana Health Plan of Texas (Corpus Christi)	23%
Humana Health Plan of Texas (Houston)	21%
Humana Health Plan of Texas (San Antonio)	26%
Scott and White Health Plan (Central Texas)	36%
United Healthcare Benefits of Texas, Inc. (Austin/Dallas)	15%
United Healthcare Benefits of Texas, Inc. (Houston/San Antonio)	25%

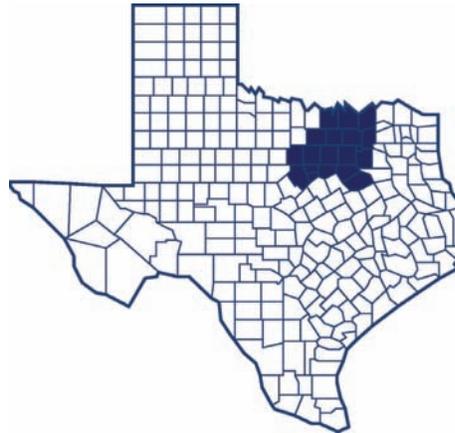
Survey (CAHPS® 5.0H) Results

for

North Texas Plans

The counties included in the North Texas area are:

Collin	Fannin	Navarro	Wise
Cooke	Grayson	Palo Pinto	
Dallas	Hood	Parker	
Denton	Hunt	Rockwall	
Erath	Johnson	Somervell	
Ellis	Kaufman	Tarrant	



This section features survey results for plans that serve the North Texas area. It includes HMOs with a service area that extends into at least one county in the region. The city/area shown after the name indicates the primary area of service. Contact plans directly for details on specific service areas.

An HMO may be exempt from participation in the survey due to low enrollment or limited participation in the Texas commercial HMO market during 2012.

NCQA requires 100 responses to report survey results. OPIC has opted to report data based on 30 or more responses to provide consumers greater access to data to compare HMOs.

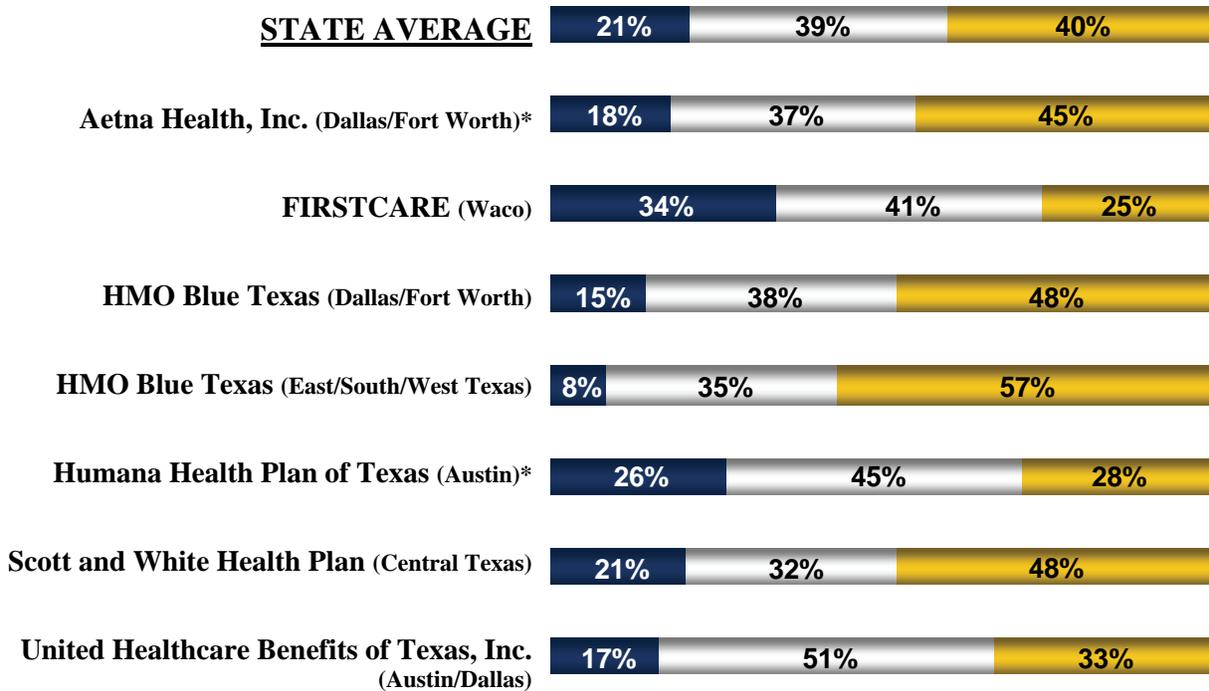
How people rated their health plan

Survey (CAHPS® 5.0H) Results

Percentage who rated their plan 6 or lower	Percentage who rated their plan 7 or 8	Percentage who rated their plan 9 or 10
---	---	--

The bar graphs show answers to a survey question that asked people to **rate their health plan** on a scale from:

0 = “worst health plan possible” to **10** = “best health plan possible”



Due to rounding, percentages may not add up to 100%.

* Includes HMO & POS products. (See page 5 for explanation.)

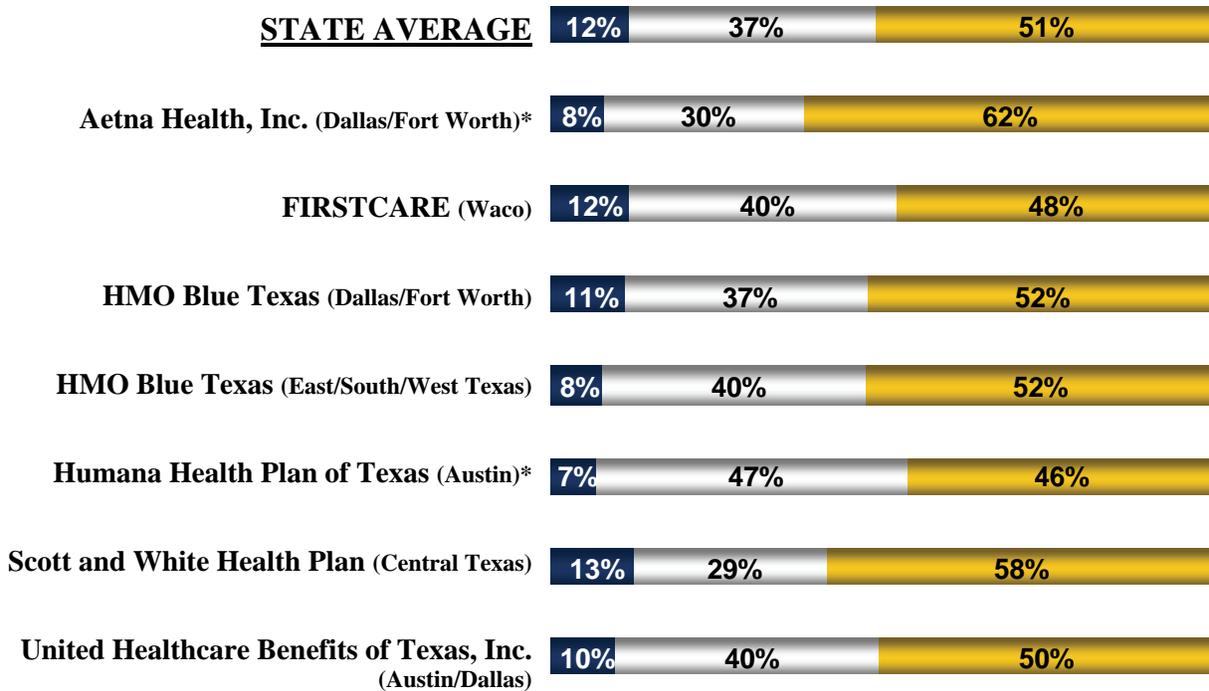
How people rated their health care

Survey (CAHPS® 5.0H) Results

Percentage who rated their care 6 or lower	Percentage who rated their care 7 or 8	Percentage who rated their care 9 or 10
---	---	--

The bar graphs show answers to a survey question that asked people to **rate their health care** on a scale from:

0 = “worst health care possible” to **10** = “best health care possible”



Due to rounding, percentages may not add up to 100%.

* Includes HMO & POS products. (See page 5 for explanation.)

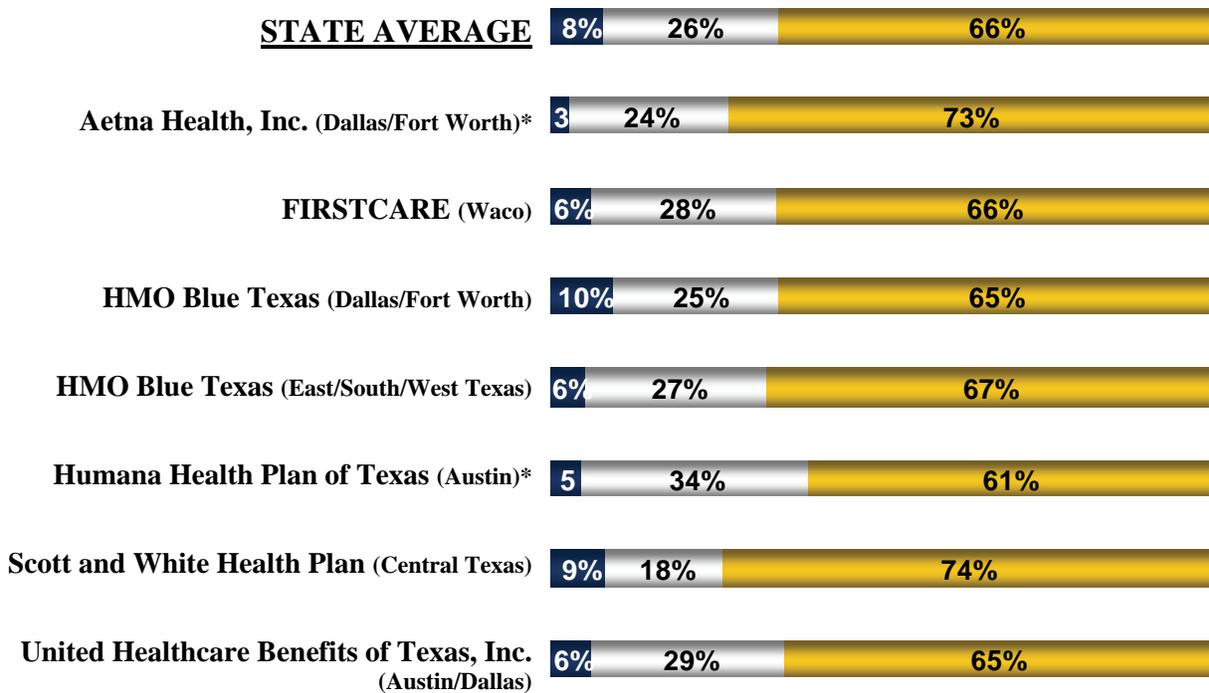
How people rated their personal doctor

Survey (CAHPS® 5.0H) Results

Percentage who rated their personal doctor 6 or lower	Percentage who rated their personal doctor 7 or 8	Percentage who rated their personal doctor 9 or 10
--	--	---

The bar graphs show answers to a survey question that asked people to **rate their personal doctor** on a scale from:

0 = “worst personal doctor possible” to **10** = “best personal doctor possible”



Due to rounding, percentages may not add up to 100%.

* Includes HMO & POS products. (See page 5 for explanation.)

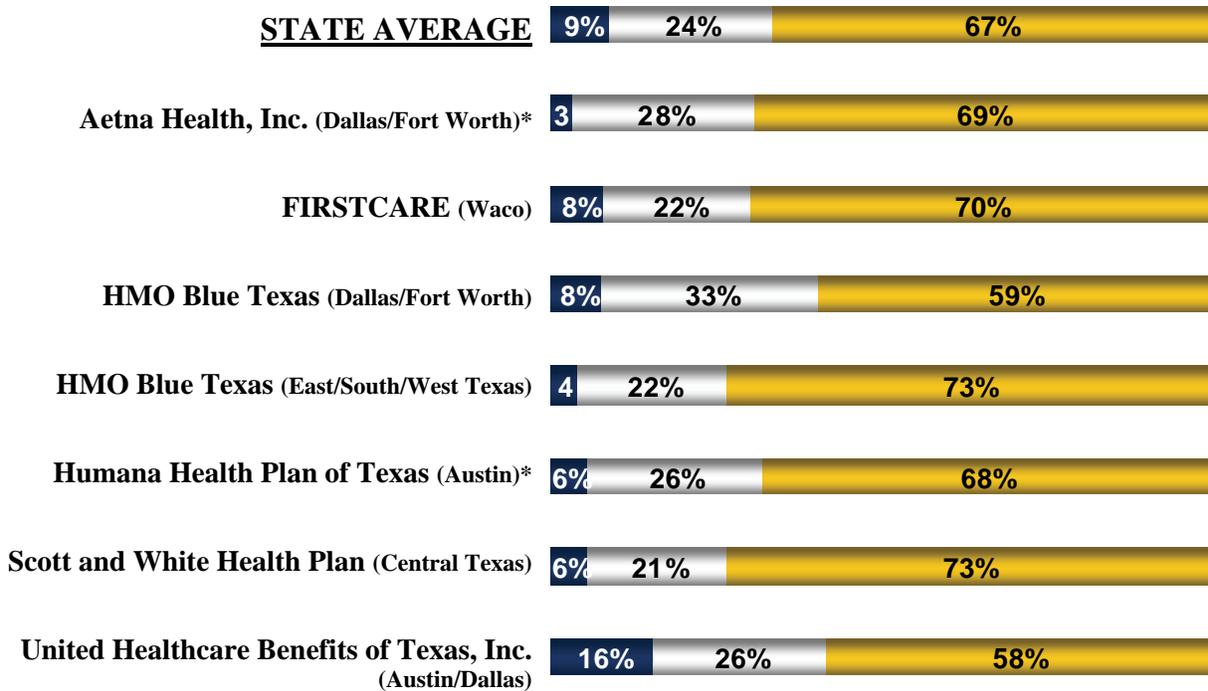
How people rated their specialist

Survey (CAHPS® 5.0H) Results

Percentage who rated their specialist 6 or lower	Percentage who rated their specialist 7 or 8	Percentage who rated their specialist 9 or 10
---	---	--

The bar graphs show answers to a survey question that asked people to **rate their specialist** on a scale from:

0 = “worst specialist possible” to **10** = “best specialist possible”



Due to rounding, percentages may not add up to 100%.

* Includes HMO & POS products. (See page 5 for explanation.)

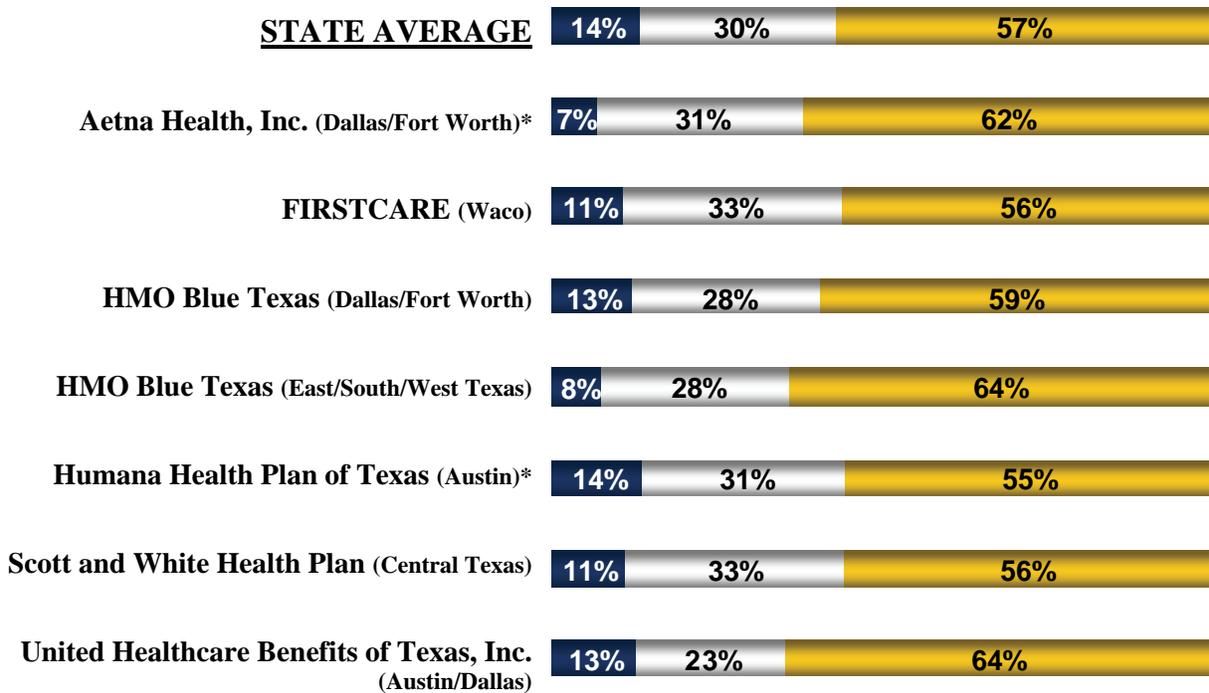
Getting needed care

Survey (CAHPS® 5.0H) Results

Percentage who said they sometimes or never received care that was needed	Percentage who said they usually received care that was needed	Percentage who said they always received care that was needed
--	---	--

The bar graphs show answers to survey questions that asked people **how often** it was easy for them to:

- Get appointments with specialists.
- Get care, tests or treatment they needed through their health plan.



Due to rounding, percentages may not add up to 100%.

* Includes HMO & POS products. (See page 5 for explanation.)

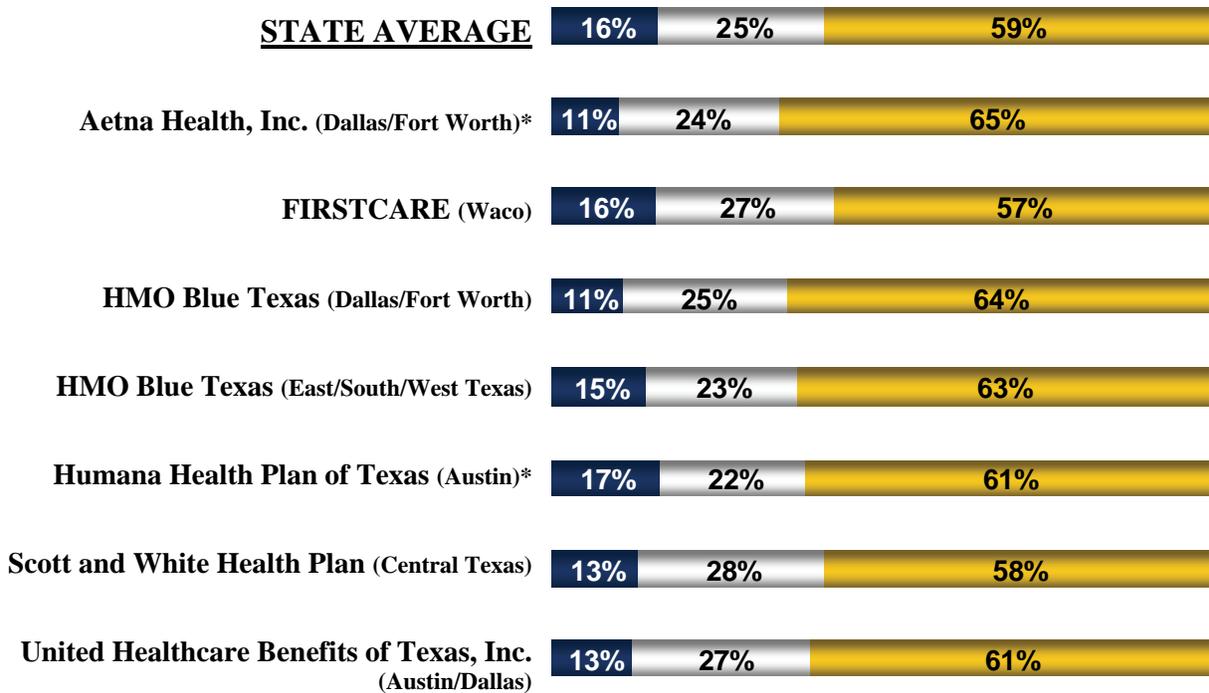
Getting care quickly

Survey (CAHPS® 5.0H) Results

Percentage who said they sometimes or never got care quickly	Percentage who said they usually got care quickly	Percentage who said they always got care quickly
---	--	---

The bar graphs show answers to survey questions that asked people **how often** they:

- Got care as soon as they thought they needed when they needed care right away.
- Got an appointment as soon as they thought they needed when they did not need care right away.



Due to rounding, percentages may not add up to 100%.

* Includes HMO & POS products. (See page 5 for explanation.)

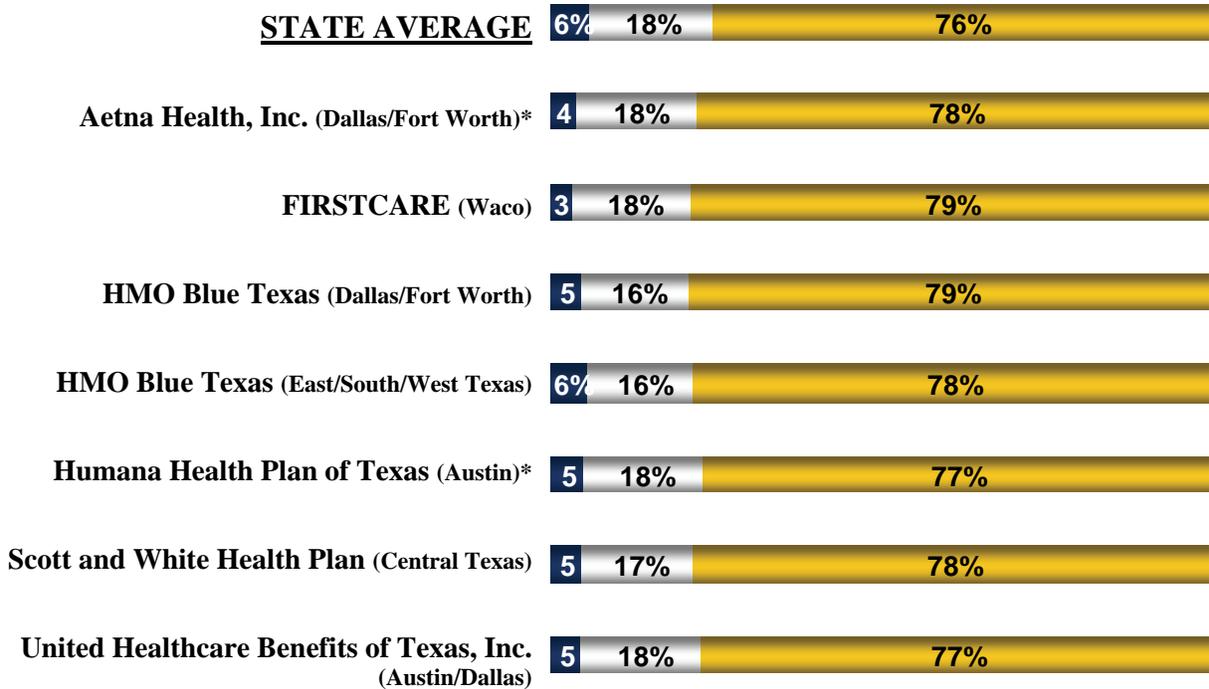
How well doctors communicate

Survey (CAHPS® 5.0H) Results

Percentage who said their doctors sometimes or never communicated well	Percentage who said their doctors usually communicated well	Percentage who said their doctors always communicated well
---	--	---

The bar graphs show answers to survey questions that asked people **how often** their personal doctor:

- Explained things in a way that was easy for them to understand.
- Listened carefully to them.
- Showed respect for what they had to say.
- Spent enough time with them.



Due to rounding, percentages may not add up to 100%.

* Includes HMO & POS products. (See page 5 for explanation.)

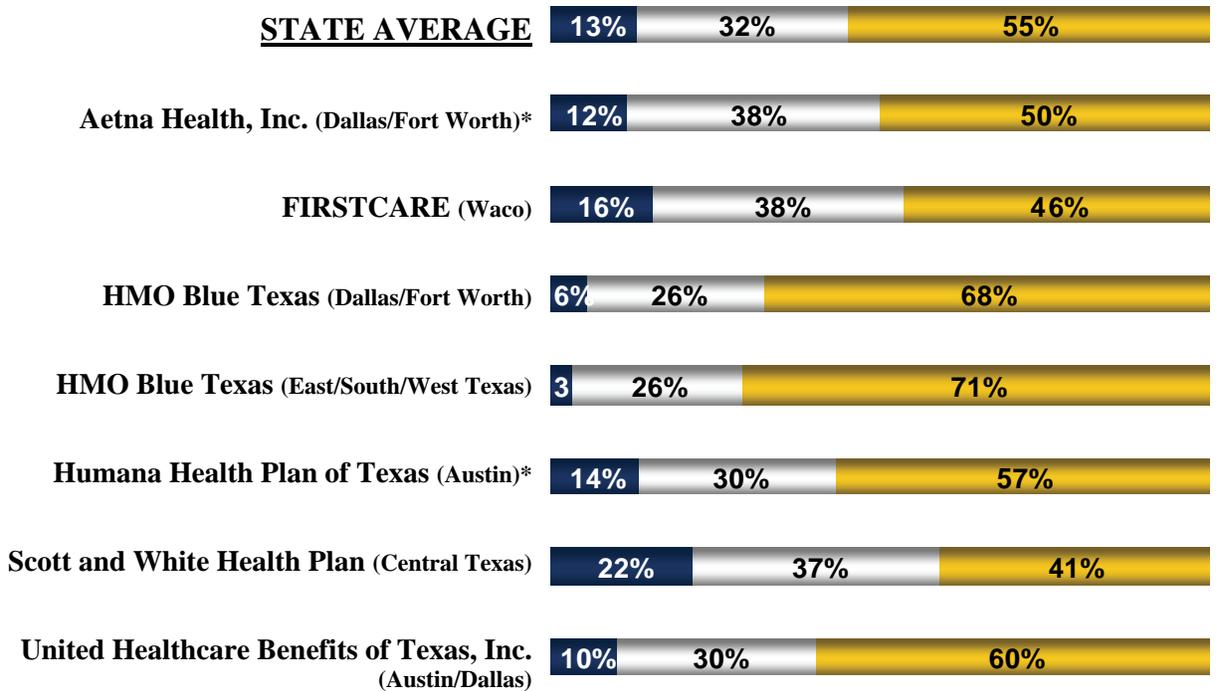
Handling of claims quickly and correctly

Survey (CAHPS® 5.0H) Results

Percentage who said their plan sometimes or never handled claims quickly and correctly	Percentage who said their plan Usually handled claims quickly and correctly	Percentage who said their plan Always handled claims quickly and correctly
---	--	---

The bar graphs show answers to survey questions that asked people **how often** their health plan:

- Handled claims quickly.
- Handled claims correctly.



Due to rounding, percentages may not add up to 100%.

* Includes HMO & POS products. (See page 5 for explanation.)

Health plan customer service

Survey (CAHPS® 5.0H) Results

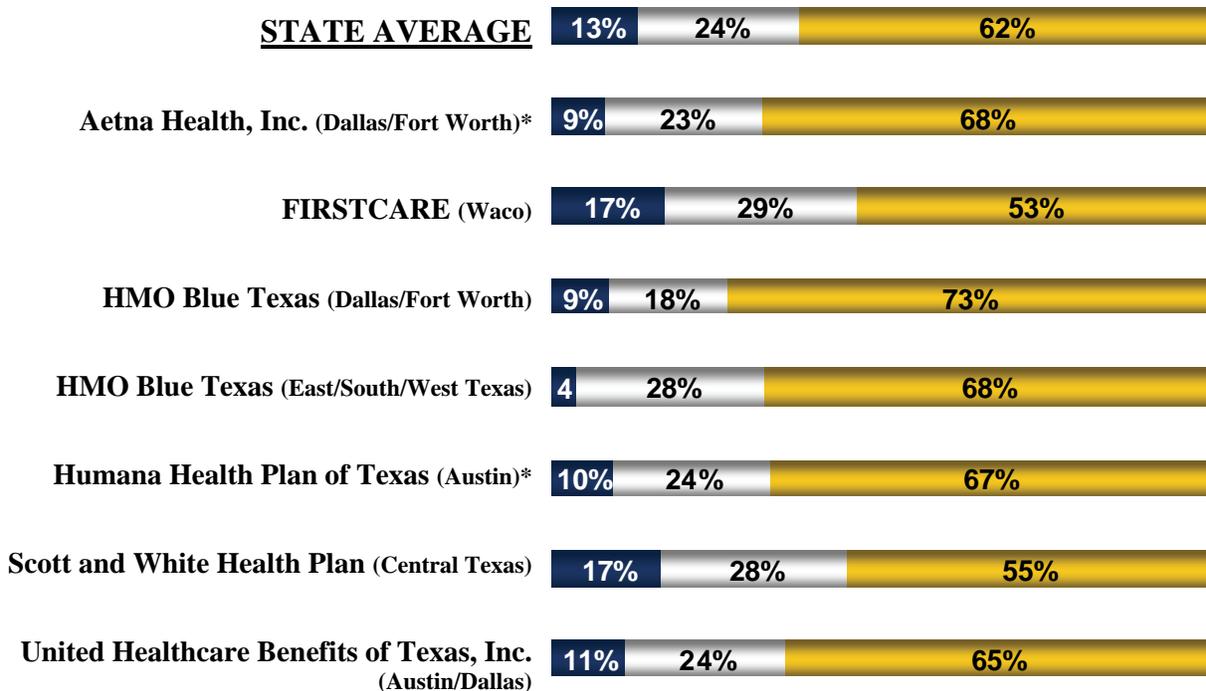
Percentage who said customer service was **sometimes or never** efficient and helpful

Percentage who said customer service was **usually** efficient and helpful

Percentage who said customer service was **always** efficient and helpful

The bar graphs show answers to survey questions that asked people **how often**:

- They got the information or help they needed from their health plan's customer service.
- Their health plan's customer service staff treated them with courtesy and respect.



Due to rounding, percentages may not add up to 100%.

* Includes HMO & POS products. (See page 5 for explanation.)

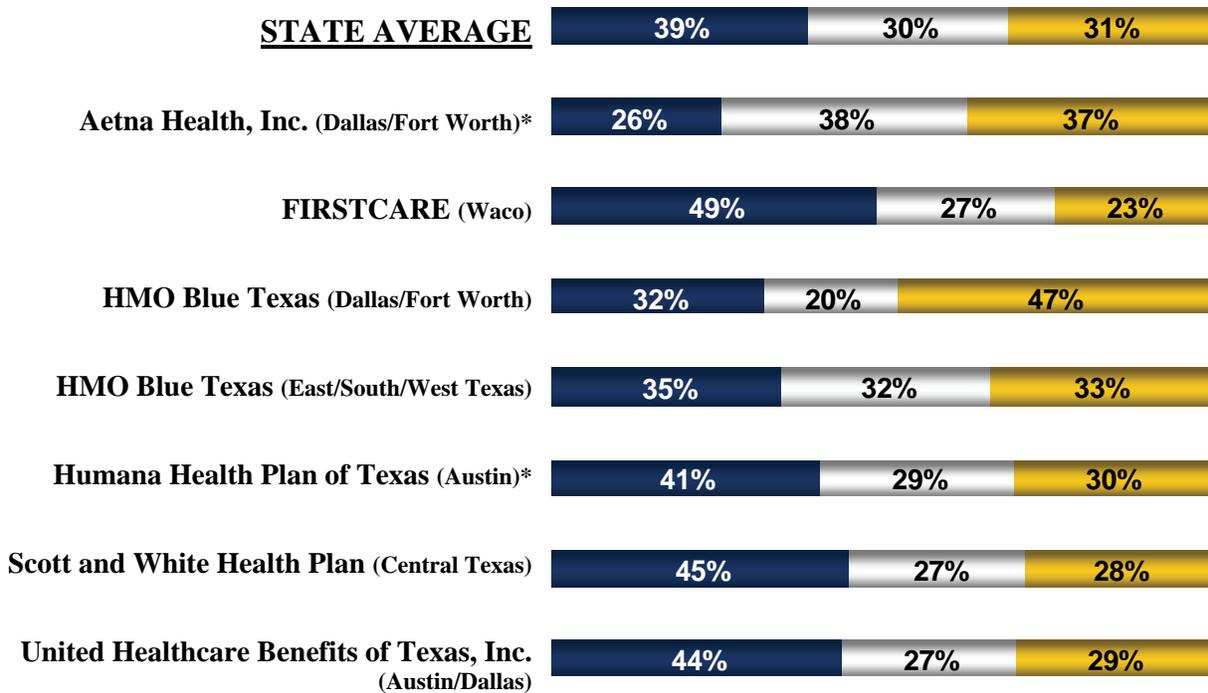
Plan information on costs

Survey (CAHPS® 5.0H) Results

Percentage who said they sometimes or never were able to find out cost info	Percentage who said they Usually were able to find out cost info	Percentage who said they Always were able to find out cost info
--	---	--

The bar graphs show answers to survey questions that asked people **how often** they were able to find out from their plan:

- How much would have to be paid for a health care service or equipment.
- How much would have to be paid for specific prescription medicines.



Due to rounding, percentages may not add up to 100%.

Survey (CAHPS® 5.0H) Results - North Texas

* Includes HMO & POS products. (See page 5 for explanation.)

Response rate for all plans in the survey

Response rate = (completed surveys / [total sample – ineligible])

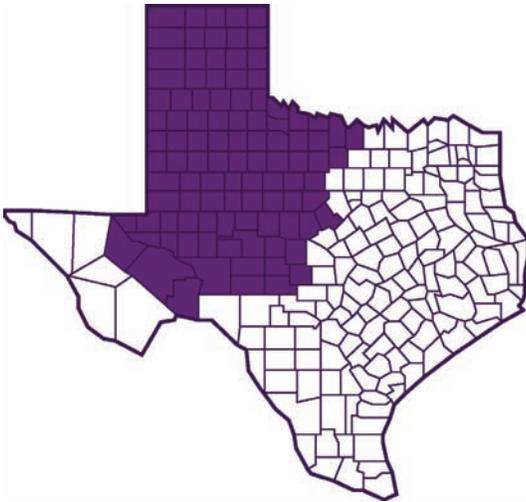
State Average = 25%

Aetna Health, Inc. (Austin)	22%
Aetna Health, Inc. (Dallas/Fort Worth)	26%
Aetna Health, Inc. (El Paso)	20%
Aetna Health, Inc. (Houston)	21%
Aetna Health, Inc. (San Antonio/Corpus Christi)	22%
CIGNA HealthCare of Texas, Inc. (South Texas)	19%
Community First Health Plans (San Antonio)	33%
FIRSTCARE (Abilene)	30%
FIRSTCARE (Amarillo)	35%
FIRSTCARE (Lubbock)	28%
FIRSTCARE (Waco)	24%
HMO Blue Texas (Dallas/Fort Worth)	22%
HMO Blue Texas (East/South/West Texas)	25%
HMO Blue Texas (Houston)	20%
Humana Health Plan of Texas (Austin)	23%
Humana Health Plan of Texas (Corpus Christi)	23%
Humana Health Plan of Texas (Houston)	21%
Humana Health Plan of Texas (San Antonio)	26%
Scott and White Health Plan (Central Texas)	36%
United Healthcare Benefits of Texas, Inc. (Austin/Dallas)	15%
United Healthcare Benefits of Texas, Inc. (Houston/San Antonio)	25%

Survey (CAHPS® 5.0H) Results for Panhandle/Plains Texas Plans

The counties included in the Panhandle/Plains Texas area are:

Andrews	Briscoe	Cochran	Crane	Donley	Hutchinson	Montague	Sterling
Archer	Brown	Coke	Crockett	Eastland	Irion	Moore	Stonewall
Armstrong	Callahan	Coleman	Crosby	Ector	Jack	Motley	Sutton
Bailey	Carson	Collingsworth	Dallam	Fisher	Jones	Nolan	Swisher
Baylor	Castro	Comanche	Dawson	Floyd	Kent	Ochiltree	Taylor
Borden	Childress	Concho	Deaf Smith	Foard	Kimble	Oldham	Terrell
	Clay	Cottle	Dickens	Gaines	King	Parmer	Terry
				Garza	Knox	Pecos	Throckmorton
				Glasscock	Lamb	Potter	Tom Green
				Gray	Lipscomb	Randall	Upton
				Hale	Loving	Reagan	Ward
				Hall	Lubbock	Reeves	Wheeler
				Hansford	Lynn	Roberts	Wichita
				Hardeman	Martin	Runnels	Wilbarger
				Hartley	Mason	Schleicher	Winkler
				Haskell	McCulloch	Scurry	Yoakum
				Hemphill	Menard	Shackelford	Young
				Hockley	Midland	Sherman	
				Howard	Mitchell	Stephens	



This section features survey results for plans that serve the Panhandle/Plains Texas area. It includes HMOs with a service area that extends into at least one county in the region. The city/area shown after the name indicates the primary area of service. Contact plans directly for details on specific service areas.

An HMO may be exempt from participation in the survey due to low enrollment or limited participation in the Texas commercial HMO market during 2012.

NCQA requires 100 responses to report survey results. OPIC has opted to report data based on 30 or more responses to provide consumers greater access to data to compare HMOs.

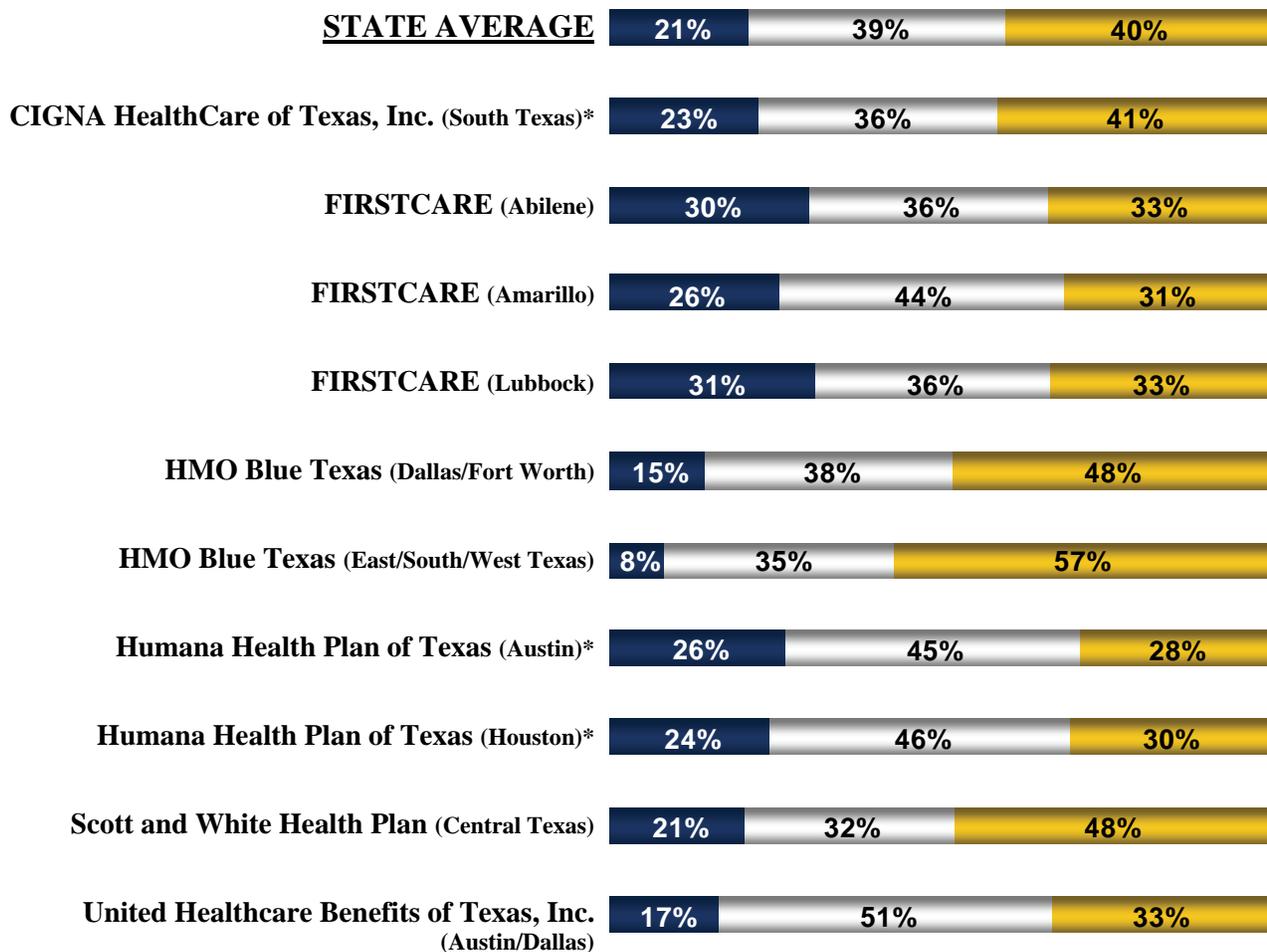
How people rated their health plan

Survey (CAHPS® 5.0H) Results

Percentage who rated their plan 6 or lower	Percentage who rated their plan 7 or 8	Percentage who rated their plan 9 or 10
---	---	--

The bar graphs show answers to a survey question that asked people to **rate their health plan** on a scale from:

0 = “worst health plan possible” to **10** = “best health plan possible”



Due to rounding, percentages may not add up to 100%.

* Includes HMO & POS products. (See page 5 for explanation.)

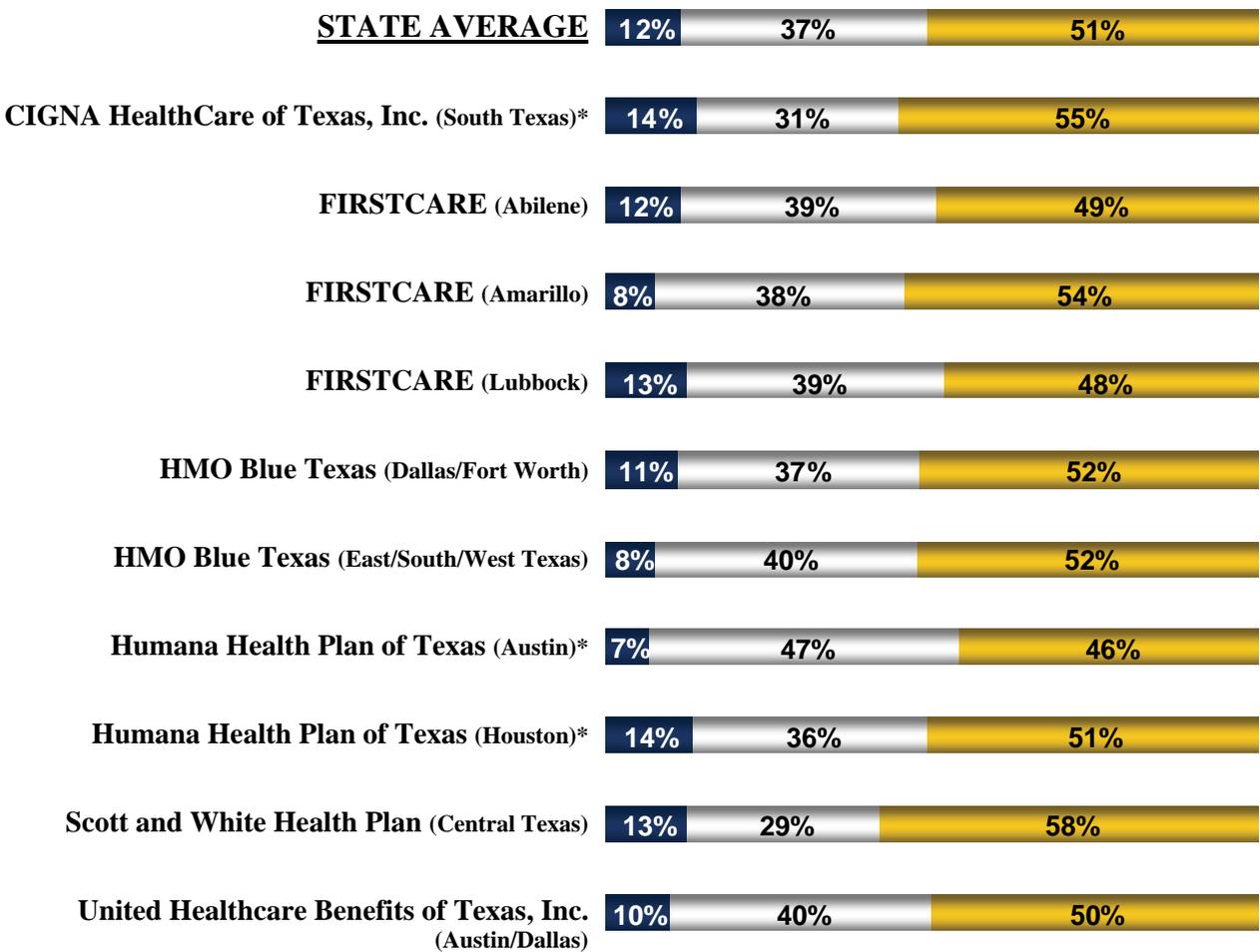
How people rated their health care

Survey (CAHPS® 5.0H) Results

Percentage who rated their care 6 or lower	Percentage who rated their care 7 or 8	Percentage who rated their care 9 or 10
---	---	--

The bar graphs show answers to a survey question that asked people to **rate their health care** on a scale from:

0 = “worst health care possible” to **10** = “best health care possible”



Due to rounding, percentages may not add up to 100%.

* Includes HMO & POS products. (See page 5 for explanation.)

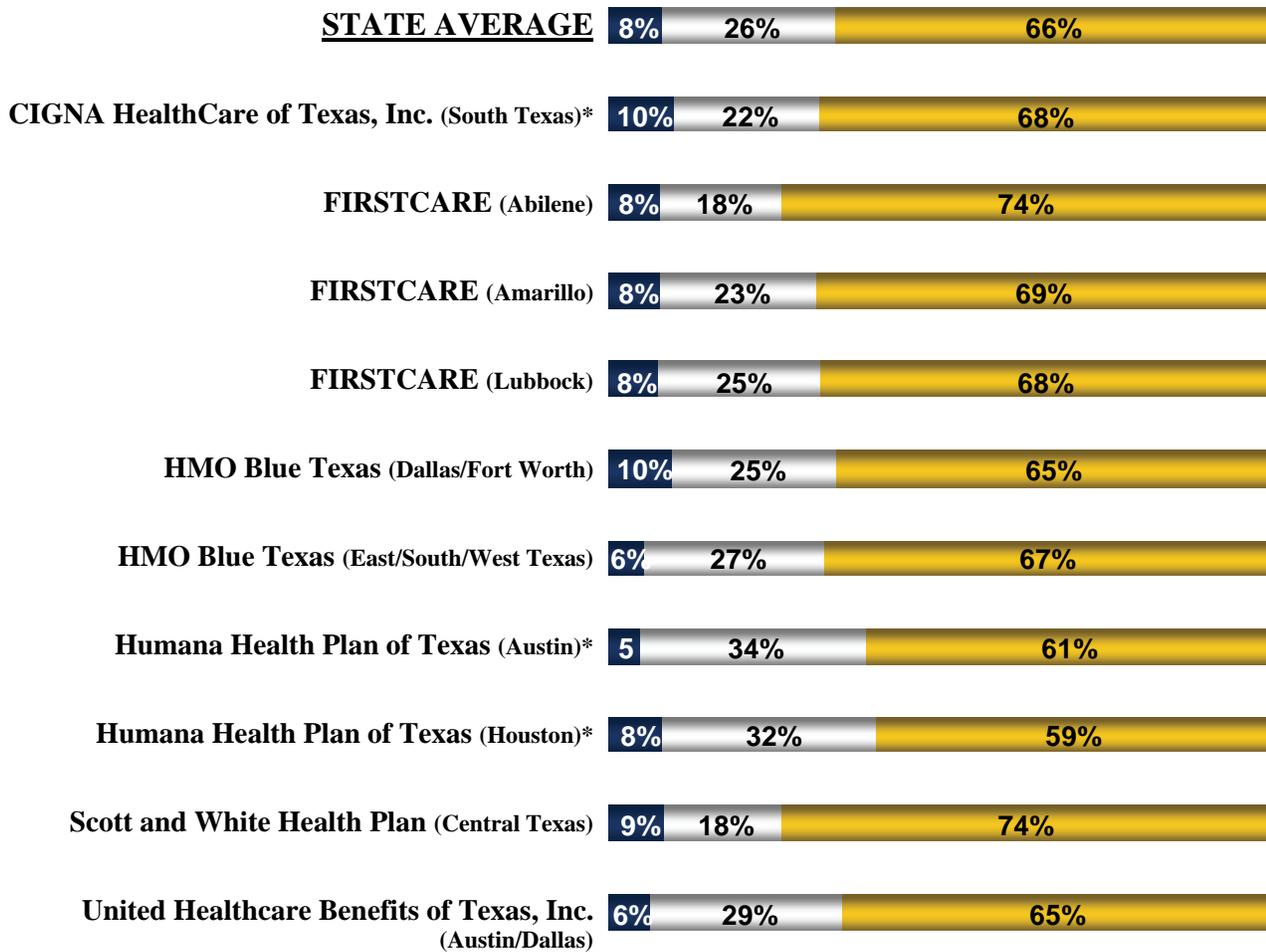
How people rated their personal doctor

Survey (CAHPS® 5.0H) Results

Percentage who rated their personal doctor 6 or lower	Percentage who rated their personal doctor 7 or 8	Percentage who rated their personal doctor 9 or 10
---	---	--

The bar graphs show answers to a survey question that asked people to **rate their personal doctor** on a scale from:

0 = “worst personal doctor possible” to **10** = “best personal doctor possible”



Due to rounding, percentages may not add up to 100%.

* Includes HMO & POS products. (See page 5 for explanation.)

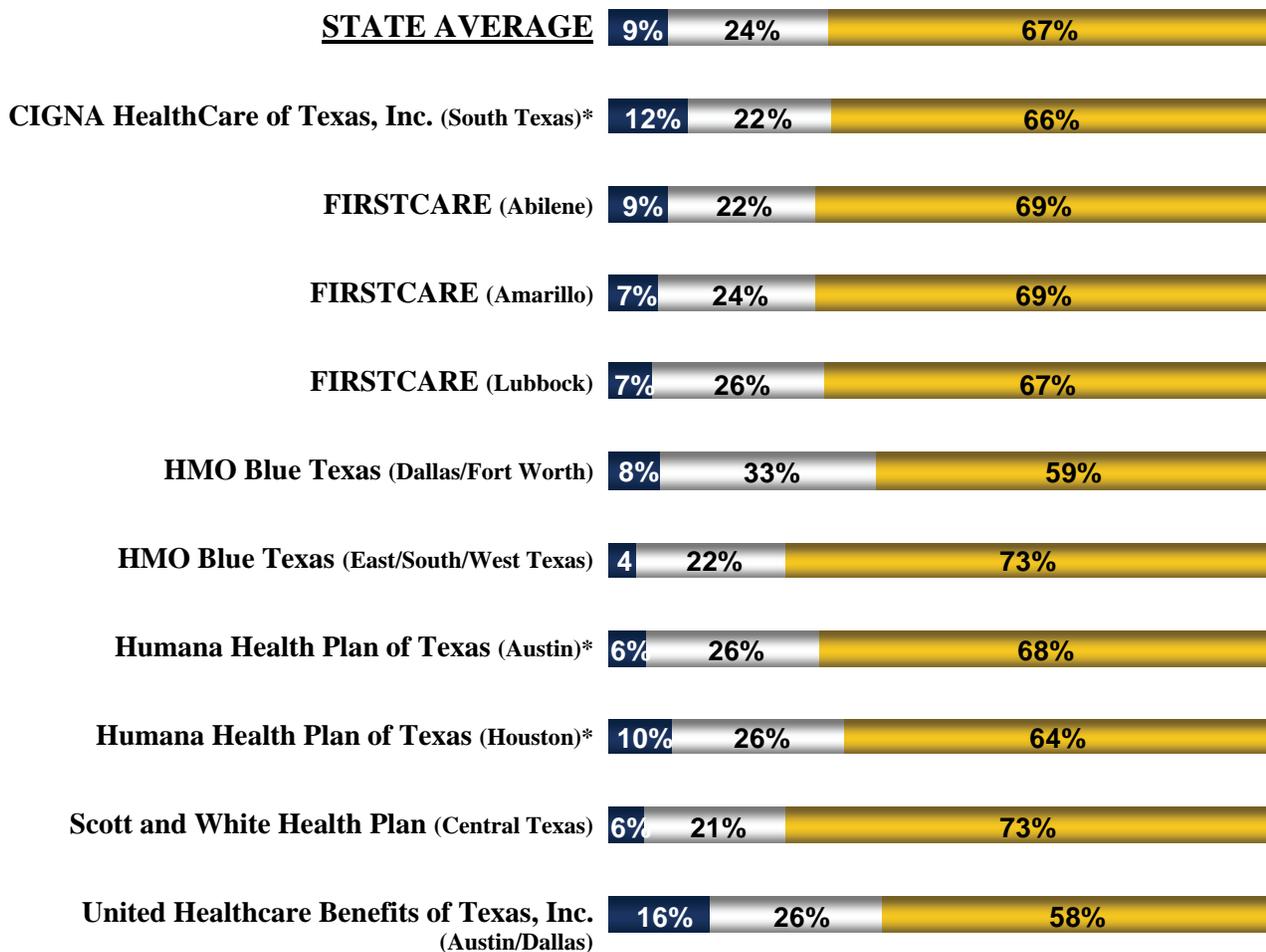
How people rated their specialist

Survey (CAHPS® 5.0H) Results

Percentage who rated their specialist 6 or lower	Percentage who rated their specialist 7 or 8	Percentage who rated their specialist 9 or 10
---	---	--

The bar graphs show answers to a survey question that asked people to **rate their specialist** on a scale from:

0 = “worst specialist possible” to 10 = “best specialist possible”



Due to rounding, percentages may not add up to 100%.

* Includes HMO & POS products. (See page 5 for explanation.)

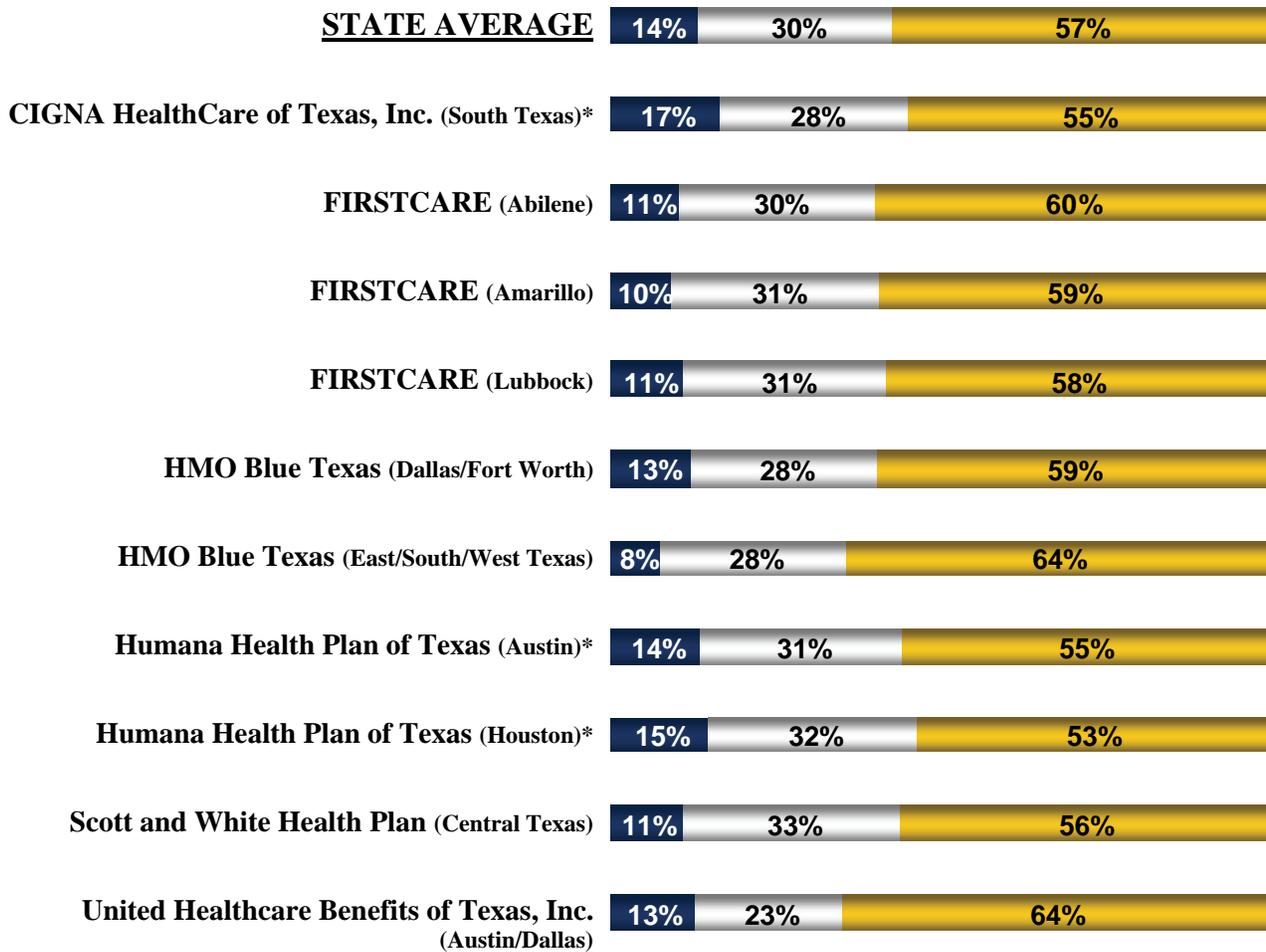
Getting needed care

Survey (CAHPS® 5.0H) Results

Percentage who said they sometimes or never received care that was needed	Percentage who said they usually received care that was needed	Percentage who said they always received care that was needed
--	---	--

The bar graphs show answers to survey questions that asked people **how often** it was easy for them to:

- Get appointments with specialists.
- Get care, tests or treatment they needed through their health plan.



Due to rounding, percentages may not add up to 100%.

* Includes HMO & POS products. (See page 5 for explanation.)

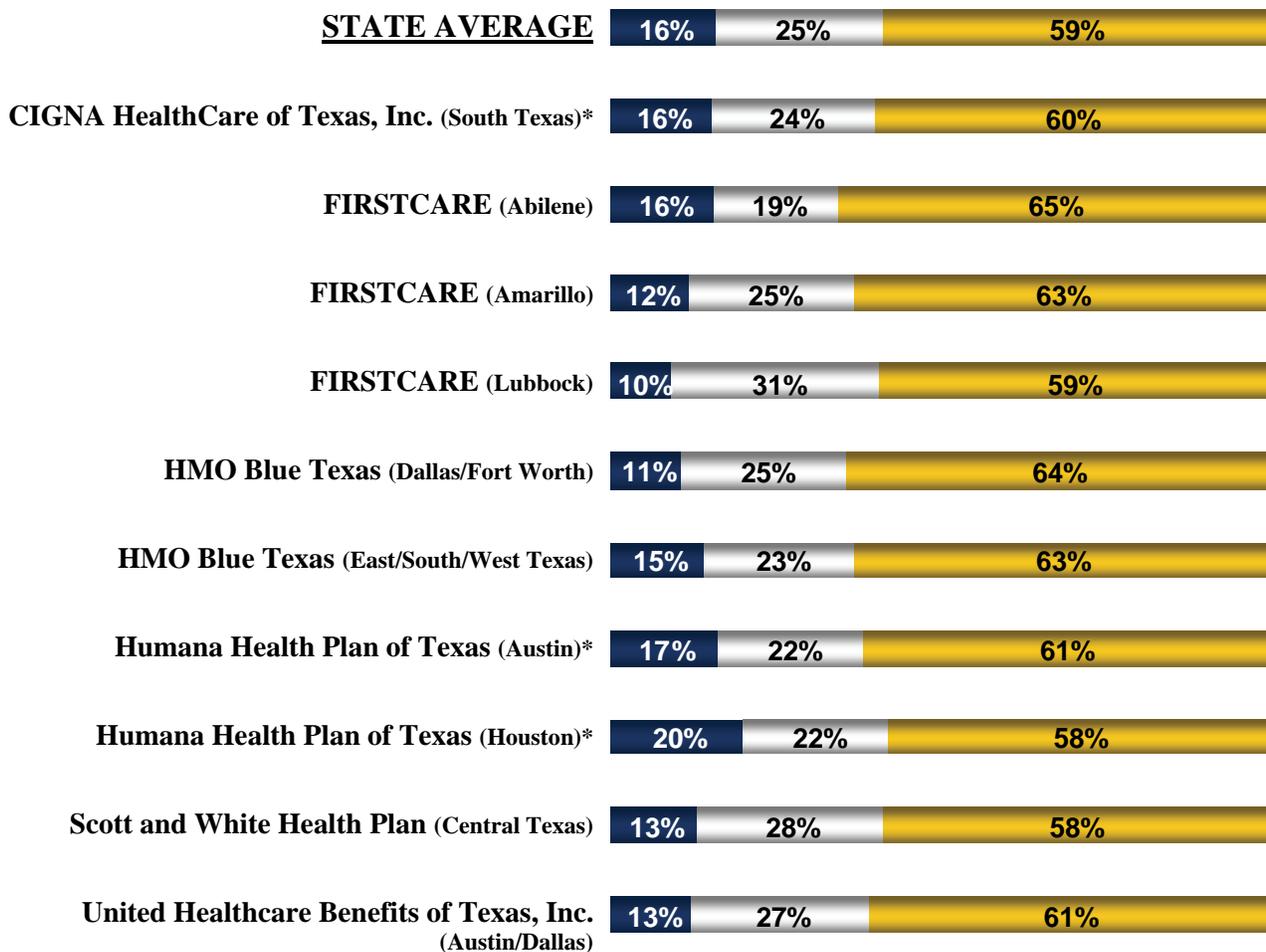
Getting care quickly

Survey (CAHPS® 5.0H) Results

Percentage who said they sometimes or never got care quickly	Percentage who said they usually got care quickly	Percentage who said they always got care quickly
---	--	---

The bar graphs show answers to survey questions that asked people **how often** they:

- Got care as soon as they thought they needed when they needed care right away.
- Got an appointment as soon as they thought they needed when they did not need care right away.



Due to rounding, percentages may not add up to 100%.

* Includes HMO & POS products. (See page 5 for explanation.)

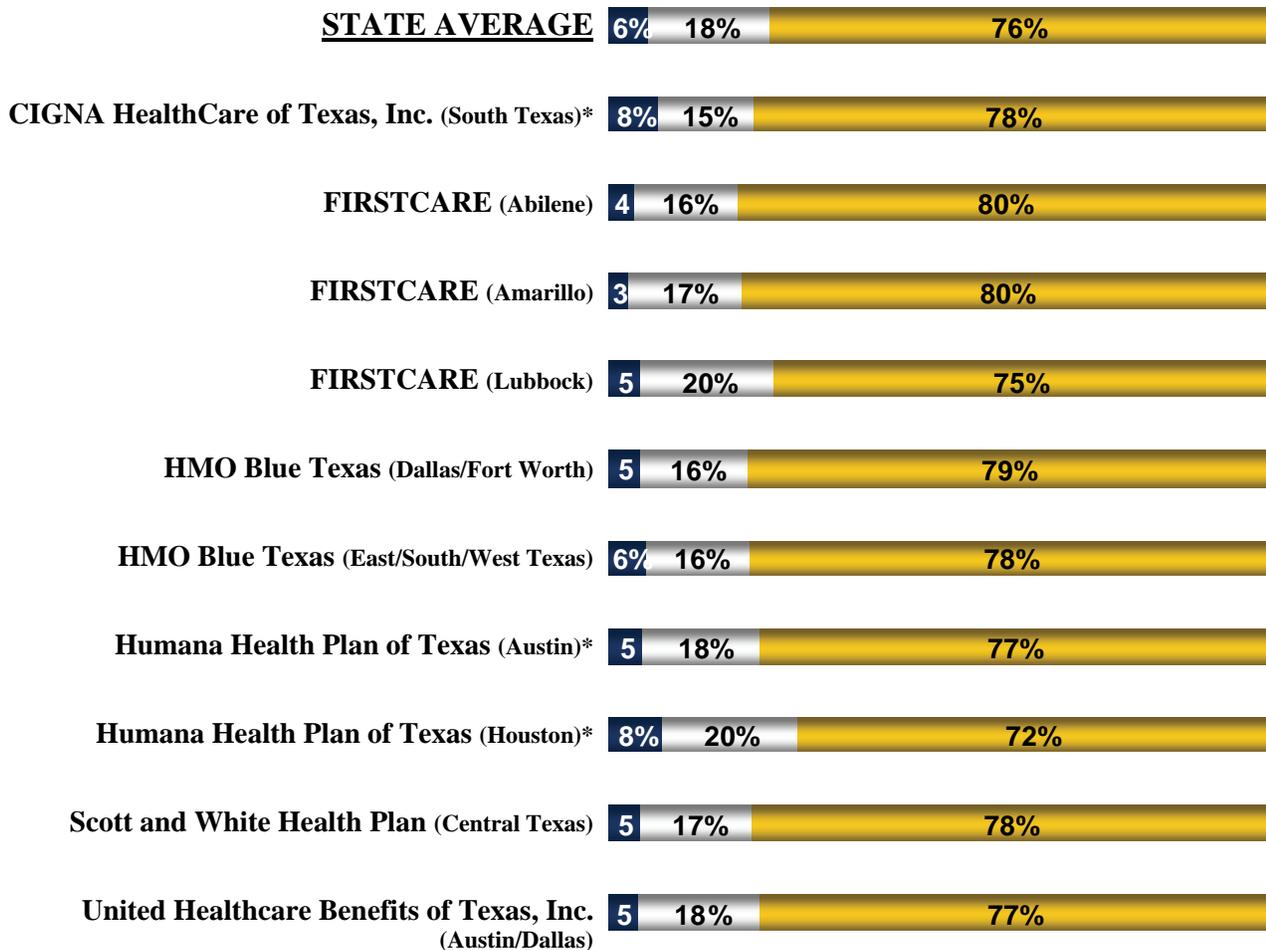
How well doctors communicate

Survey (CAHPS® 5.0H) Results

Percentage who said their doctors sometimes or never communicated well	Percentage who said their doctors usually communicated well	Percentage who said their doctors always communicated well
---	--	---

The bar graphs show answers to survey questions that asked people **how often** their personal doctor:

- Explained things in a way that was easy for them to understand.
- Listened carefully to them.
- Showed respect for what they had to say.
- Spent enough time with them.



Due to rounding, percentages may not add up to 100%.

* Includes HMO & POS products. (See page 5 for explanation.)

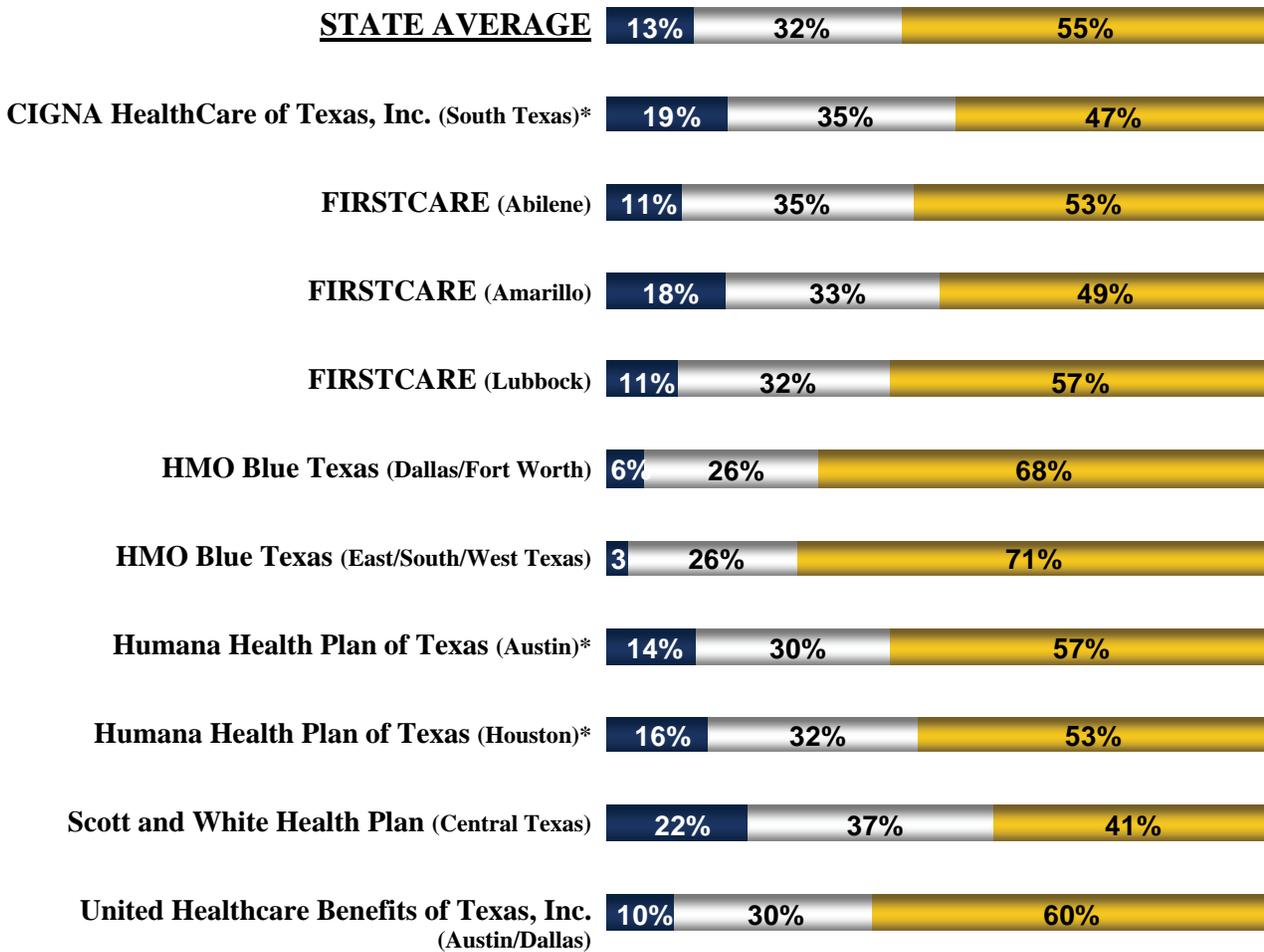
Handling of claims quickly and correctly

Survey (CAHPS® 5.0H) Results

Percentage who said their plan sometimes or never handled claims quickly and correctly	Percentage who said their plan Usually handled claims quickly and correctly	Percentage who said their plan Always handled claims quickly and correctly
---	--	---

The bar graphs show answers to survey questions that asked people **how often** their health plan:

- Handled claims quickly.
- Handled claims correctly.



Due to rounding, percentages may not add up to 100%.

* Includes HMO & POS products. (See page 5 for explanation.)

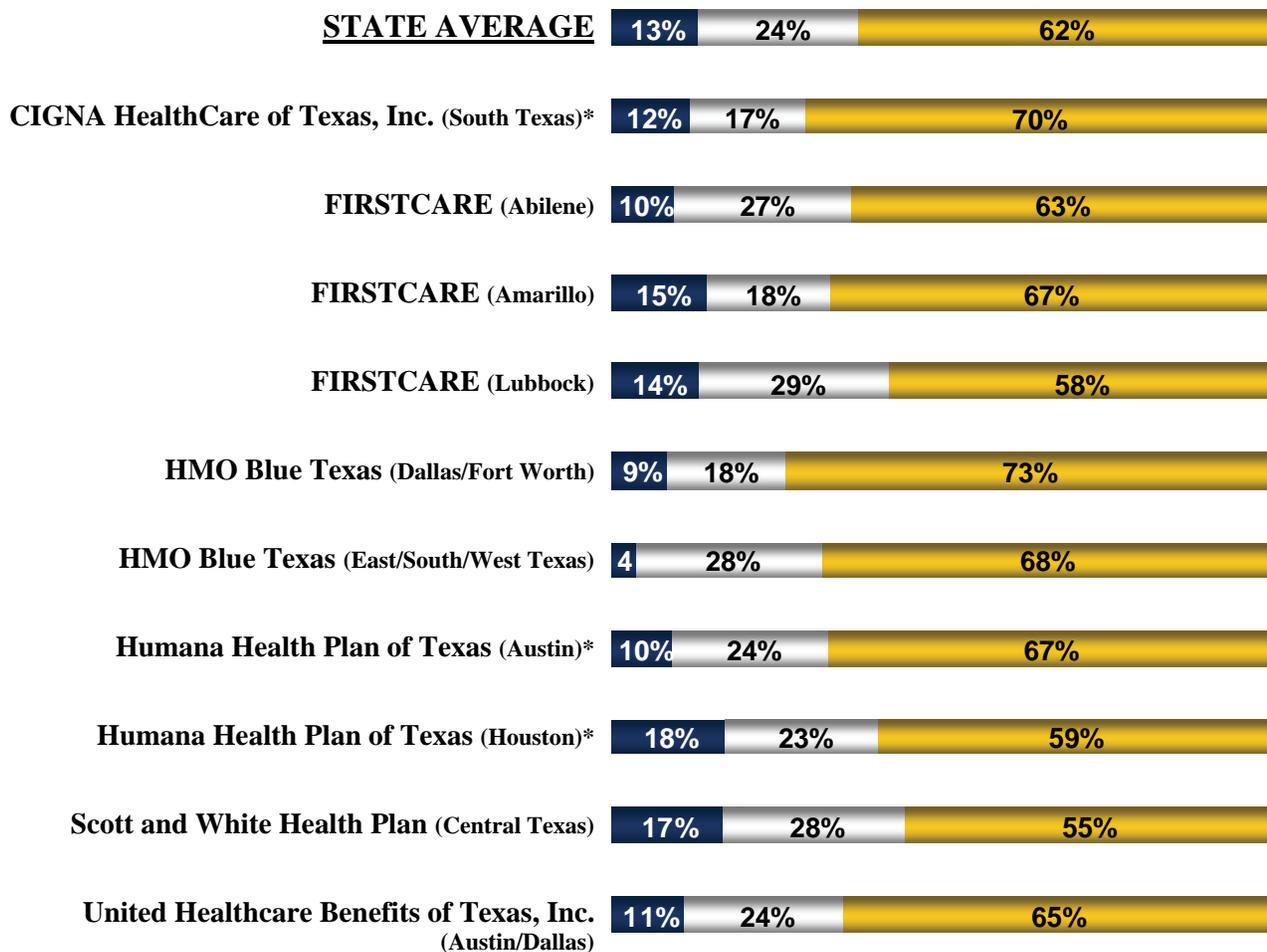
Health plan customer service

Survey (CAHPS® 5.0H) Results

Percentage who said customer service was sometimes or never efficient and helpful	Percentage who said customer service was usually efficient and helpful	Percentage who said customer service was always efficient and helpful
--	---	--

The bar graphs show answers to survey questions that asked people **how often**:

- They got the information or help they needed from their health plan's customer service.
- Their health plan's customer service staff treated them with courtesy and respect.



Due to rounding, percentages may not add up to 100%.

* Includes HMO & POS products. (See page 5 for explanation.)

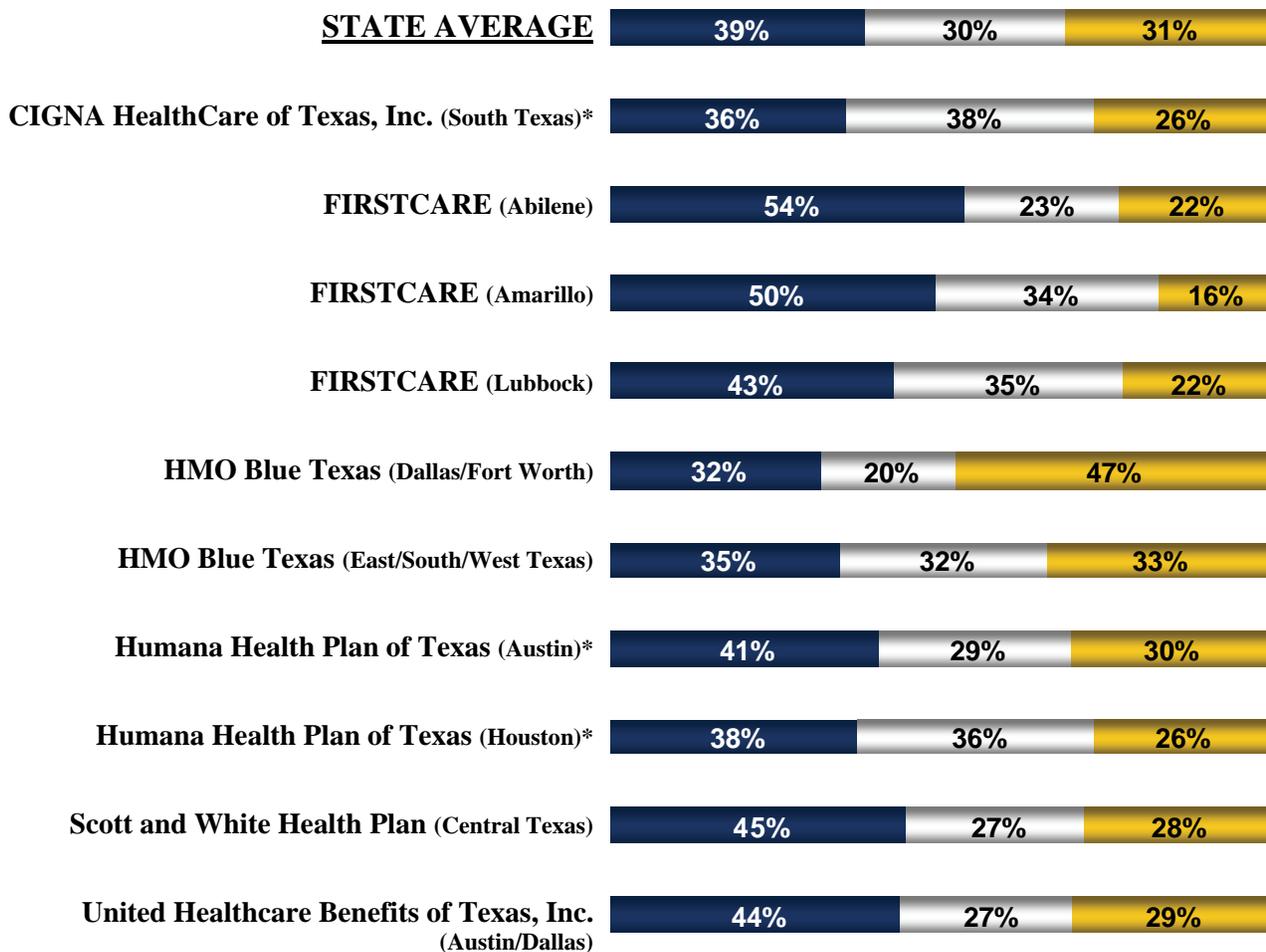
Plan information on costs

Survey (CAHPS® 5.0H) Results

Percentage who said they sometimes or never were able to find out cost info	Percentage who said they Usually were able to find out cost info	Percentage who said they Always were able to find out cost info
--	---	--

The bar graphs show answers to survey questions that asked people **how often** they were able to find out from their plan:

- How much would have to be paid for a health care service or equipment.
- How much would have to be paid for specific prescription medicines.



Due to rounding, percentages may not add up to 100%.

* Includes HMO & POS products. (See page 5 for explanation.)

Response rate for all plans in the survey

Response rate = (completed surveys / [total sample – ineligible])

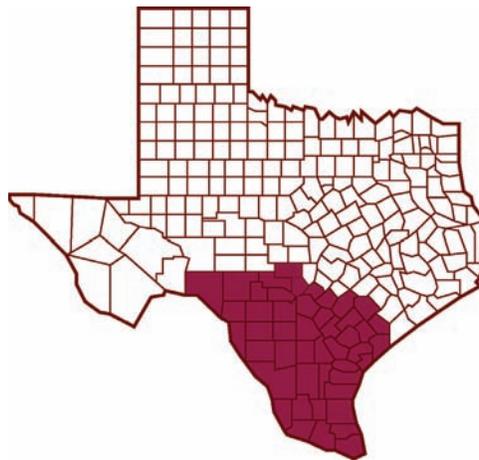
State Average = 25%

Aetna Health, Inc. (Austin)	22%
Aetna Health, Inc. (Dallas/Fort Worth)	26%
Aetna Health, Inc. (El Paso)	20%
Aetna Health, Inc. (Houston)	21%
Aetna Health, Inc. (San Antonio/Corpus Christi)	22%
CIGNA HealthCare of Texas, Inc. (South Texas)	19%
Community First Health Plans (San Antonio)	33%
FIRSTCARE (Abilene)	30%
FIRSTCARE (Amarillo)	35%
FIRSTCARE (Lubbock)	28%
FIRSTCARE (Waco)	24%
HMO Blue Texas (Dallas/Fort Worth)	22%
HMO Blue Texas (East/South/West Texas)	25%
HMO Blue Texas (Houston)	20%
Humana Health Plan of Texas (Austin)	23%
Humana Health Plan of Texas (Corpus Christi)	23%
Humana Health Plan of Texas (Houston)	21%
Humana Health Plan of Texas (San Antonio)	26%
Scott and White Health Plan (Central Texas)	36%
United Healthcare Benefits of Texas, Inc. (Austin/Dallas)	15%
United Healthcare Benefits of Texas, Inc. (Houston/San Antonio)	25%

Survey (CAHPS® 5.0H) Results for South Texas Plans

The counties included in the South Texas area are:

Aransas	Cameron	Gillespie	Jim Wells	La Salle	Real	Webb
Atascosa	Comal	Goliad	Karnes	Lavaca	Refugio	Willacy
Bandera	De Witt	Gonzales	Kendall	Live Oak	San Patricio	Wilson
Bee	Dimmitt	Guadalupe	Kenedy	Maverick	Starr	Zapata
Bexar	Duval	Hidalgo	Kerr	McMullen	Uvalde	Zavala
Brooks	Edwards	Jackson	Kinney	Medina	Val Verde	
Calhoun	Frio	Jim Hogg	Kleberg	Nueces	Victoria	



This section features survey results for plans that serve the South Texas area. It includes HMOs with a service area that extends into at least one county in the region. The city/area shown after the name indicates the primary area of service. Contact plans directly for details on specific service areas.

An HMO may be exempt from participation in the survey due to low enrollment or limited participation in the Texas commercial HMO market during 2012.

NCQA requires 100 responses to report survey results. OPIC has opted to report data based on 30 or more responses to provide consumers greater access to data to compare HMOs.

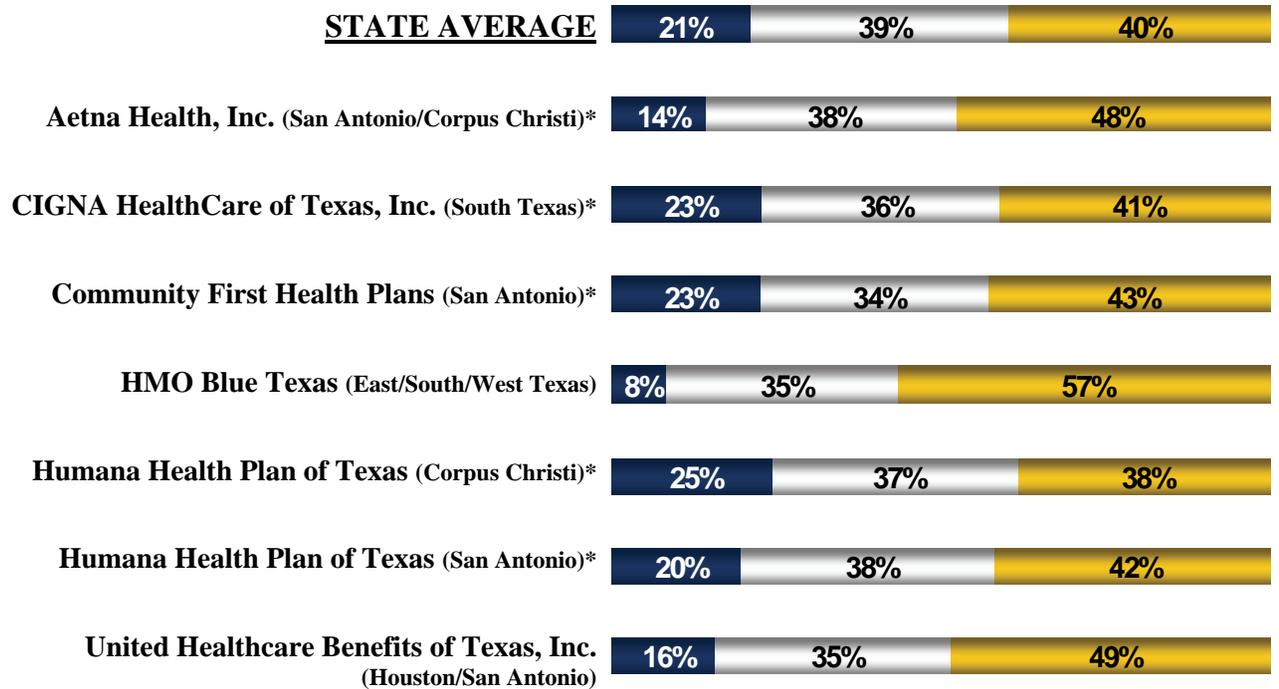
How people rated their health plan

Survey (CAHPS® 5.0H) Results

Percentage who rated their plan 6 or lower	Percentage who rated their plan 7 or 8	Percentage who rated their plan 9 or 10
---	---	--

The bar graphs show answers to a survey question that asked people to **rate their health plan** on a scale from:

0 = “worst health plan possible” to **10** = “best health plan possible”



Due to rounding, percentages may not add up to 100%.

* Includes HMO & POS products. (See page 5 for explanation.)

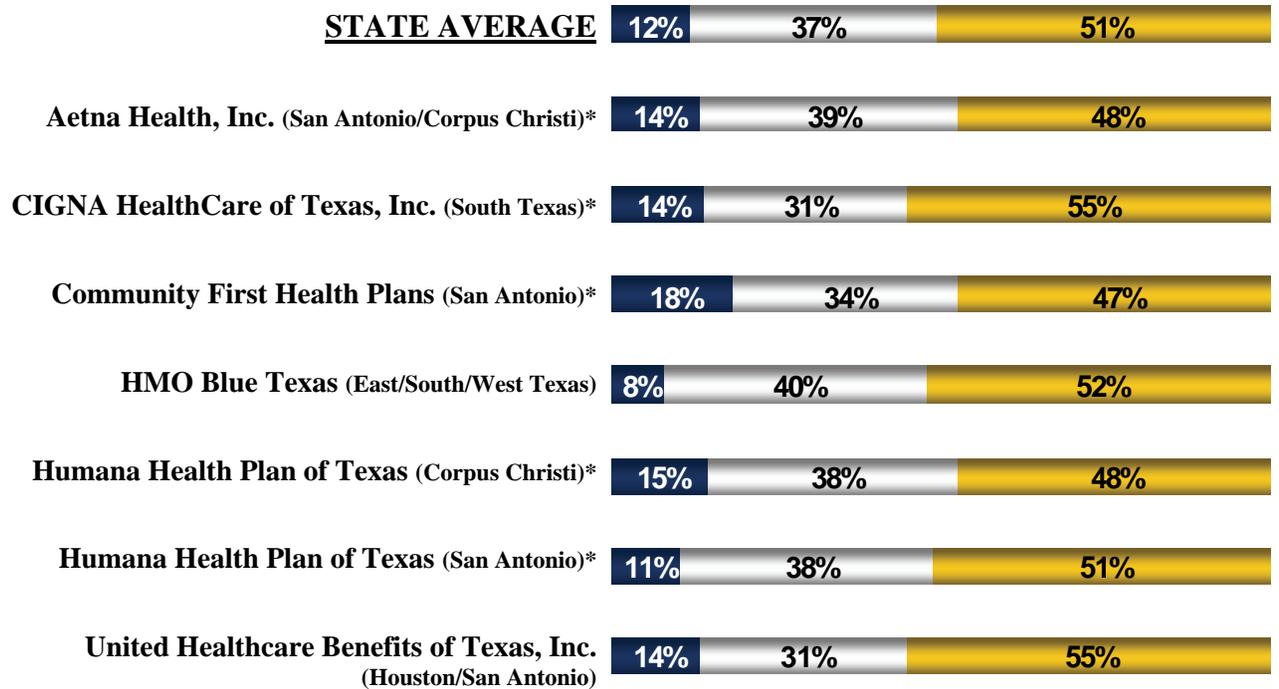
How people rated their health care

Survey (CAHPS® 5.0H) Results

Percentage who rated their care 6 or lower	Percentage who rated their care 7 or 8	Percentage who rated their care 9 or 10
---	---	--

The bar graphs show answers to a survey question that asked people to **rate their health care** on a scale from:

0 = “worst health care possible” to **10** = “best health care possible”



Due to rounding, percentages may not add up to 100%.

Survey (CAHPS® 5.0H) Results - South Texas

* Includes HMO & POS products. (See page 5 for explanation.)

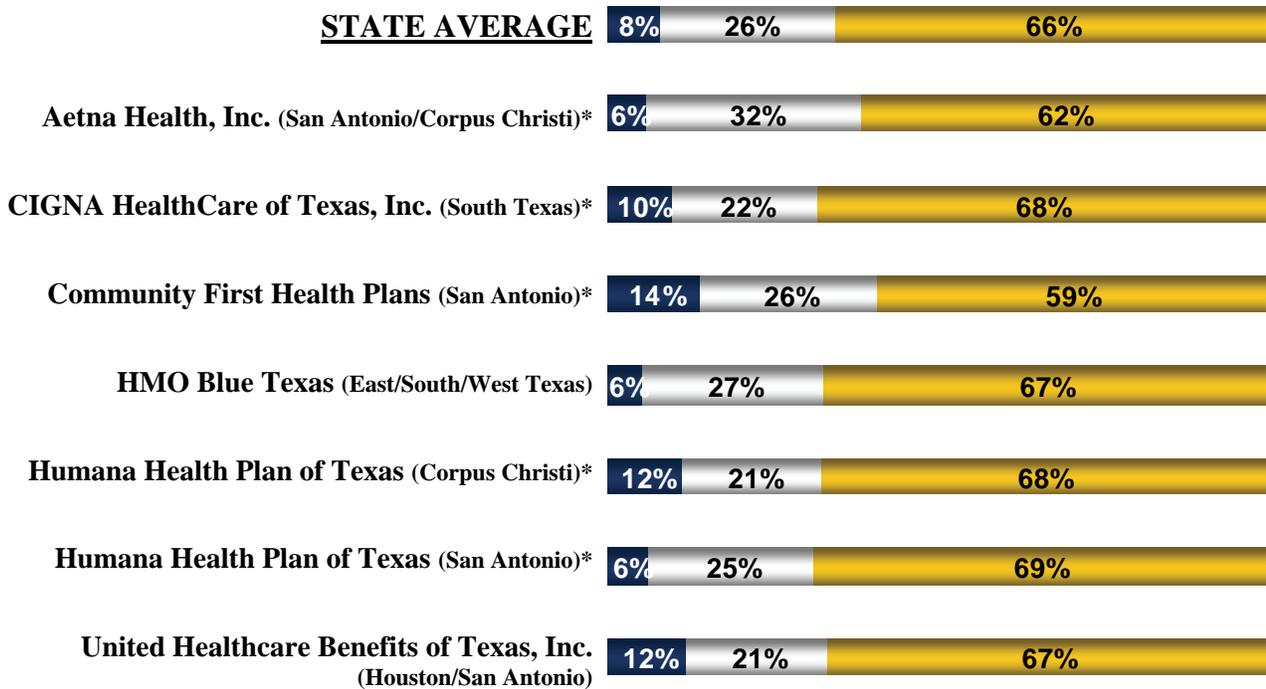
How people rated their personal doctor

Survey (CAHPS® 5.0H) Results

Percentage who rated their personal doctor 6 or lower	Percentage who rated their personal doctor 7 or 8	Percentage who rated their personal doctor 9 or 10
--	--	---

The bar graphs show answers to a survey question that asked people to **rate their personal doctor** on a scale from:

0 = “worst personal doctor possible” to **10** = “best personal doctor possible”



Due to rounding, percentages may not add up to 100%.

* Includes HMO & POS products. (See page 5 for explanation.)

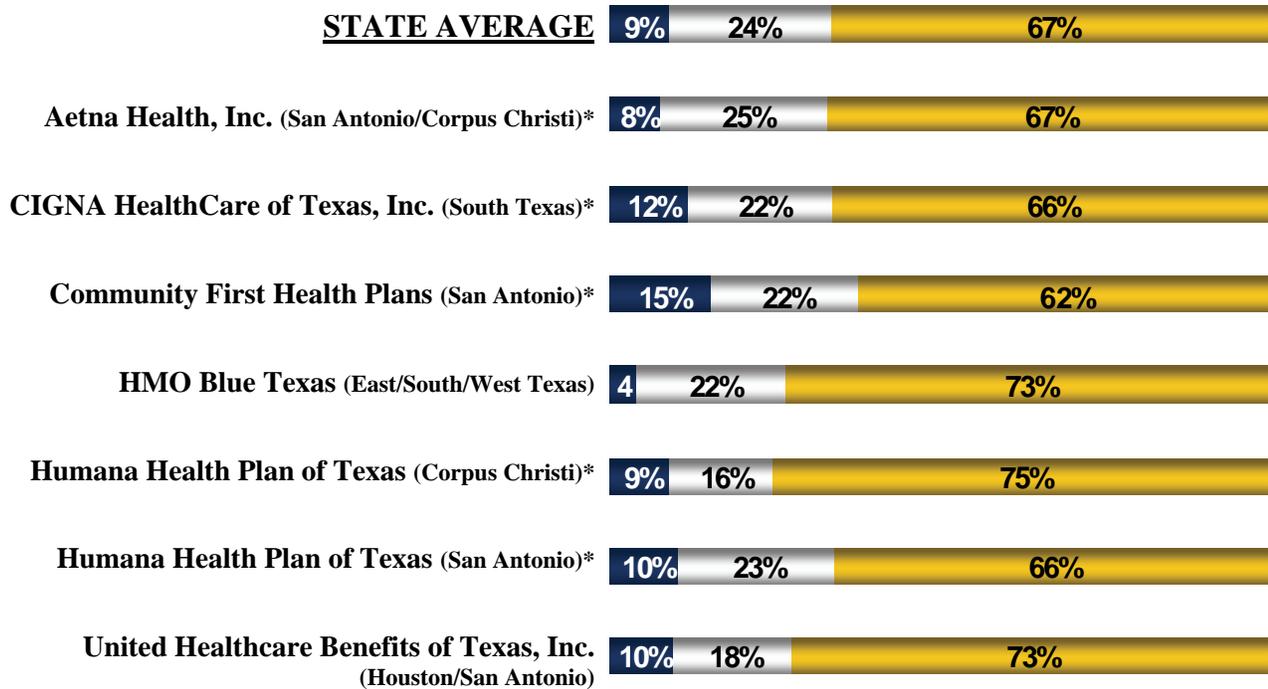
How people rated their specialist

Survey (CAHPS® 5.0H) Results

Percentage who rated their specialist 6 or lower	Percentage who rated their specialist 7 or 8	Percentage who rated their specialist 9 or 10
---	---	--

The bar graphs show answers to a survey question that asked people to **rate their specialist** on a scale from:

0 = “worst specialist possible” to **10** = “best specialist possible”



Due to rounding, percentages may not add up to 100%.

Survey (CAHPS® 5.0H) Results - South Texas

* Includes HMO & POS products. (See page 5 for explanation.)

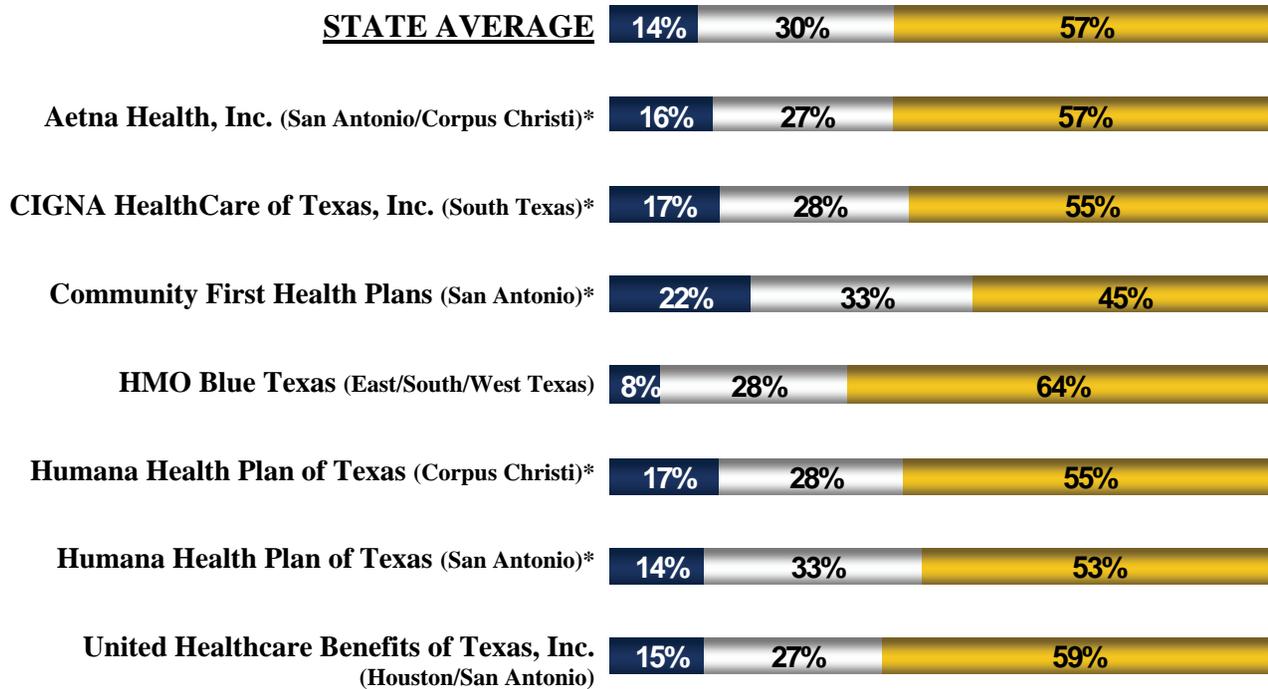
Getting needed care

Survey (CAHPS® 5.0H) Results

Percentage who said they sometimes or never received care that was needed	Percentage who said they usually received care that was needed	Percentage who said they always received care that was needed
--	---	--

The bar graphs show answers to survey questions that asked people **how often** it was easy for them to:

- Get appointments with specialists.
- Get care, tests or treatment they needed through their health plan.



Due to rounding, percentages may not add up to 100%.

* Includes HMO & POS products. (See page 5 for explanation.)

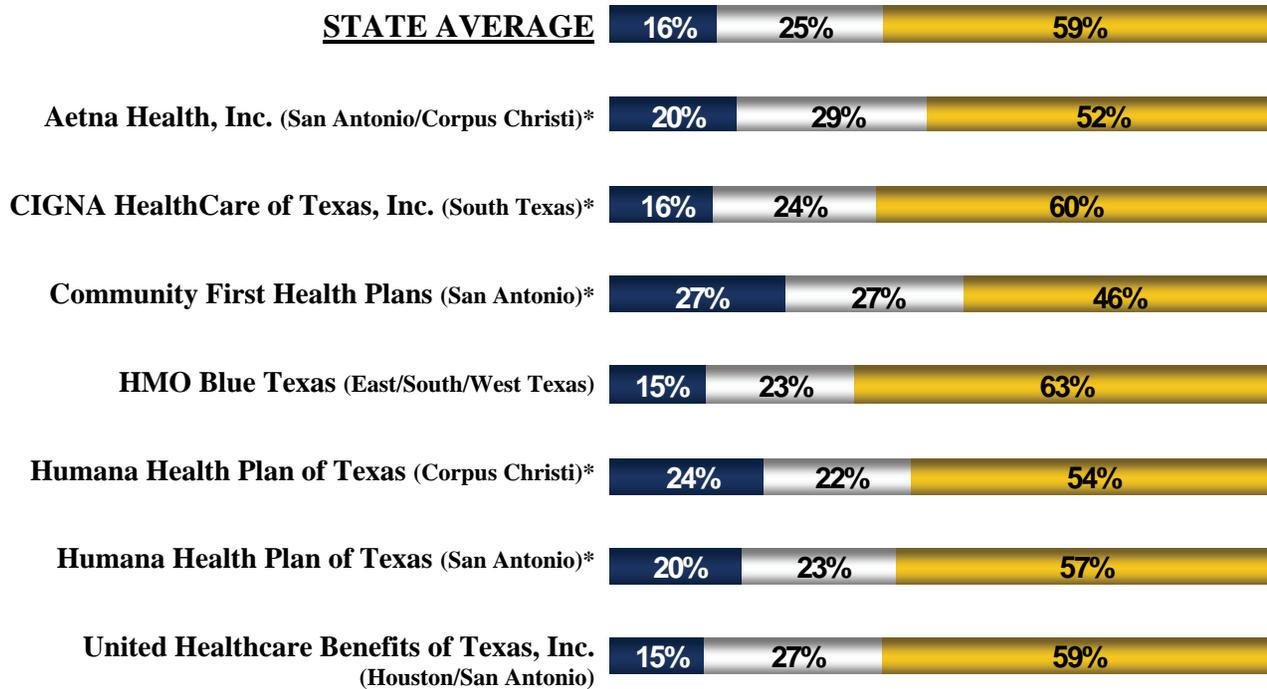
Getting care quickly

Survey (CAHPS® 5.0H) Results

Percentage who said they sometimes or never got care quickly	Percentage who said they usually got care quickly	Percentage who said they always got care quickly
---	--	---

The bar graphs show answers to survey questions that asked people **how often** they:

- Got care as soon as they thought they needed, when they needed care right away.
- Got an appointment as soon as they thought they needed when they did not need care right away.



Due to rounding, percentages may not add up to 100%.

Survey (CAHPS® 5.0H) Results - South Texas

* Includes HMO & POS products. (See page 5 for explanation.)

How well doctors communicate

Survey (CAHPS® 5.0H) Results

Percentage who said their doctors sometimes or never communicated well	Percentage who said their doctors usually communicated well	Percentage who said their doctors always communicated well
---	--	---

The bar graphs show answers to survey questions that asked people **how often** their personal doctor:

- Explained things in a way that was easy for them to understand.
- Listened carefully to them.
- Showed respect for what they had to say.
- Spent enough time with them.



Due to rounding, percentages may not add up to 100%.

* Includes HMO & POS products. (See page 5 for explanation.)

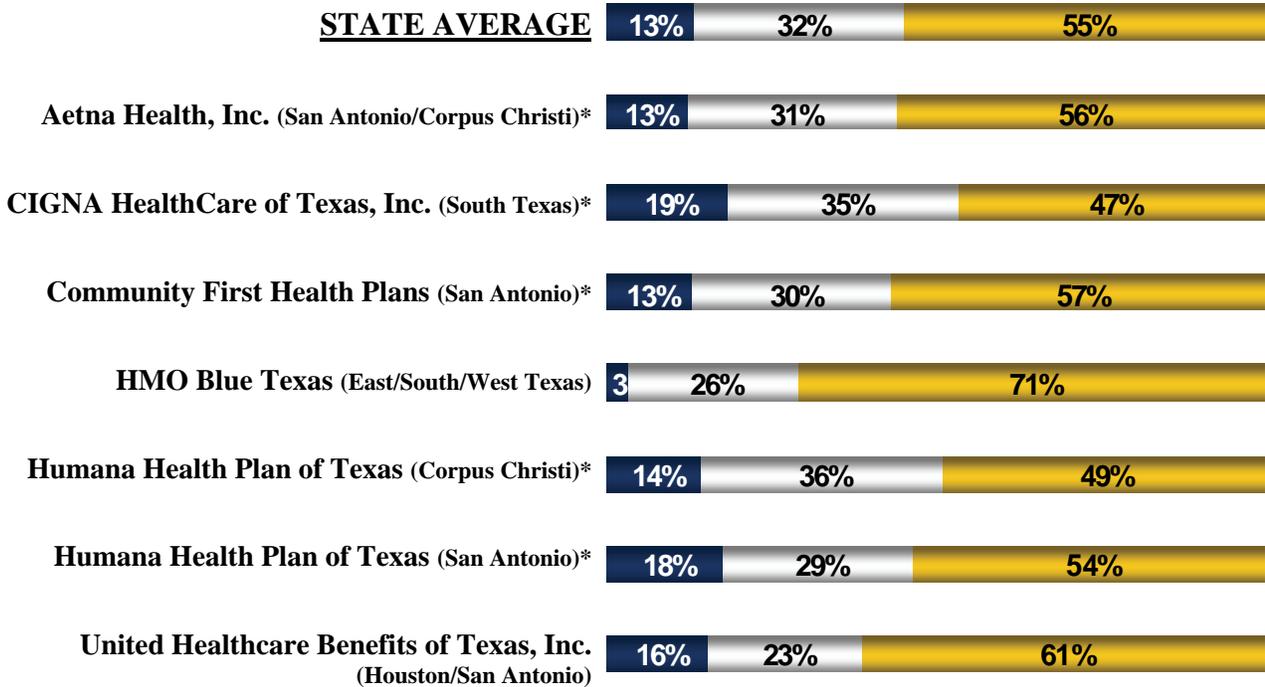
Handling of claims quickly and correctly

Survey (CAHPS® 5.0H) Results

Percentage who said their plan sometimes or never handled claims quickly and correctly	Percentage who said their plan Usually handled claims quickly and correctly	Percentage who said their plan Always handled claims quickly and correctly
---	--	---

The bar graphs show answers to survey questions that asked people **how often** their health plan:

- Handled claims quickly.
- Handled claims correctly.



Due to rounding, percentages may not add up to 100%.

Survey (CAHPS® 5.0H) Results - South Texas

* Includes HMO & POS products. (See page 5 for explanation.)

Health plan customer service

Survey (CAHPS® 5.0H) Results

Percentage who said customer service was **sometimes or never** efficient and helpful

Percentage who said customer service was **usually** efficient and helpful

Percentage who said customer service was **always** efficient and helpful

The bar graphs show answers to survey questions that asked people **how often**:

- They got the information or help they needed from their health plan's customer service.
- Their health plan's customer service staff treated them with courtesy and respect.

STATE AVERAGE 13% 24% 62%

Aetna Health, Inc. (San Antonio/Corpus Christi)* 15% 31% 55%

CIGNA HealthCare of Texas, Inc. (South Texas)* 12% 17% 70%

Community First Health Plans (San Antonio)* 18% 24% 58%

HMO Blue Texas (East/South/West Texas) 4 28% 68%

Humana Health Plan of Texas (Corpus Christi)* 14% 23% 64%

Humana Health Plan of Texas (San Antonio)* 17% 22% 62%

United Healthcare Benefits of Texas, Inc. (Houston/San Antonio) 14% 29% 57%

Due to rounding, percentages may not add up to 100%.

* Includes HMO & POS products. (See page 5 for explanation.)

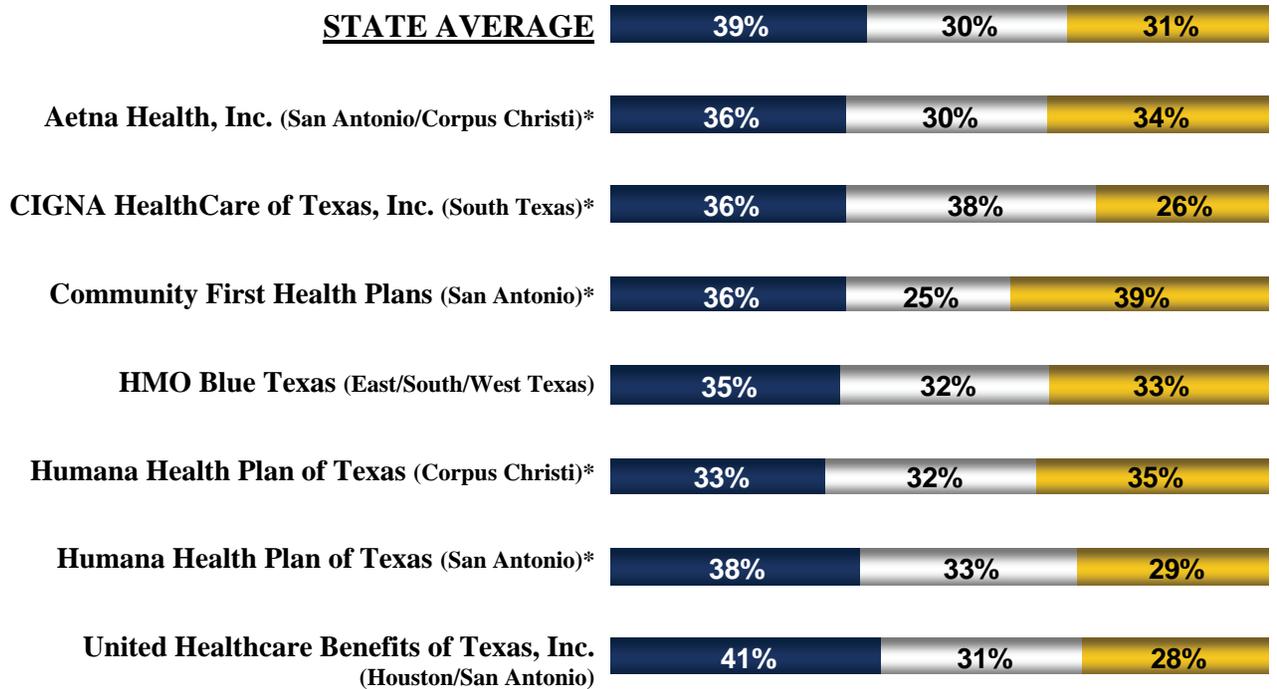
Plan information on costs

Survey (CAHPS® 5.0H) Results

Percentage who said they sometimes or never were able to find out cost info	Percentage who said they Usually were able to find out cost info	Percentage who said they Always were able to find out cost info
--	---	--

The bar graphs show answers to survey questions that asked people **how often** they were able to find out from their plan:

- How much would have to be paid for a health care service or equipment.
- How much would have to be paid for specific prescription medicines.



Due to rounding, percentages may not add up to 100%.

Survey (CAHPS® 5.0H) Results - South Texas

* Includes HMO & POS products. (See page 5 for explanation.)

Response rate for all plans in the survey

Response rate = (completed surveys / [total sample – ineligible])

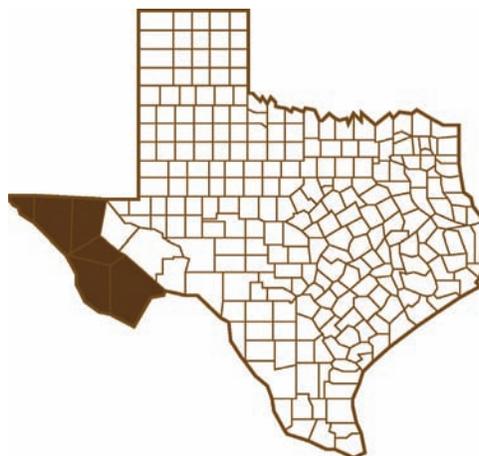
State Average = 25%

Aetna Health, Inc. (Austin)	22%
Aetna Health, Inc. (Dallas/Fort Worth)	26%
Aetna Health, Inc. (El Paso)	20%
Aetna Health, Inc. (Houston)	21%
Aetna Health, Inc. (San Antonio/Corpus Christi)	22%
CIGNA HealthCare of Texas, Inc. (South Texas)	19%
Community First Health Plans (San Antonio)	33%
FIRSTCARE (Abilene)	30%
FIRSTCARE (Amarillo)	35%
FIRSTCARE (Lubbock)	28%
FIRSTCARE (Waco)	24%
HMO Blue Texas (Dallas/Fort Worth)	22%
HMO Blue Texas (East/South/West Texas)	25%
HMO Blue Texas (Houston)	20%
Humana Health Plan of Texas (Austin)	23%
Humana Health Plan of Texas (Corpus Christi)	23%
Humana Health Plan of Texas (Houston)	21%
Humana Health Plan of Texas (San Antonio)	26%
Scott and White Health Plan (Central Texas)	36%
United Healthcare Benefits of Texas, Inc. (Austin/Dallas)	15%
United Healthcare Benefits of Texas, Inc. (Houston/San Antonio)	25%

Survey (CAHPS[®] 5.0H) Results for West Texas Plans

The counties included in the West Texas area are:

Brewster	Hudspeth
Culberson	Jeff Davis
El Paso	Presidio



This section features survey results for plans that serve the West Texas area. It includes HMOs with a service area that extends into at least one county in the region. The city/area shown after the name indicates the primary area of service. Contact plans directly for details on specific service areas.

An HMO may be exempt from participation in the survey due to low enrollment or limited participation in the Texas commercial HMO market during 2012.

NCQA requires 100 responses to report survey results. OPIC has opted to report data based on 30 or more responses to provide consumers greater access to data to compare HMOs.

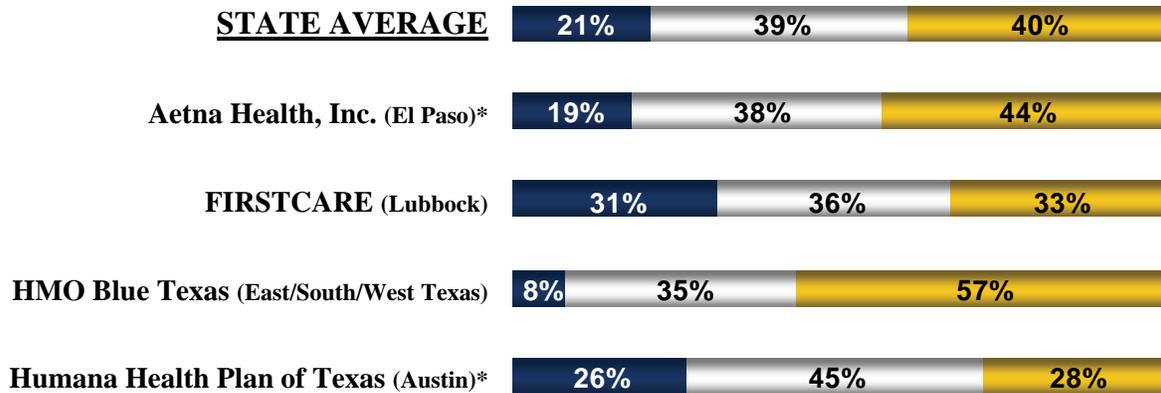
How people rated their health plan

Survey (CAHPS® 5.0H) Results

Percentage who rated their plan 6 or lower	Percentage who rated their plan 7 or 8	Percentage who rated their plan 9 or 10
---	---	--

The bar graphs show answers to a survey question that asked people to **rate their health plan** on a scale from:

0 = “worst health plan possible” to **10** = “best health plan possible”



Due to rounding, percentages may not add up to 100%.

* Includes HMO & POS products. (See page 5 for explanation.)

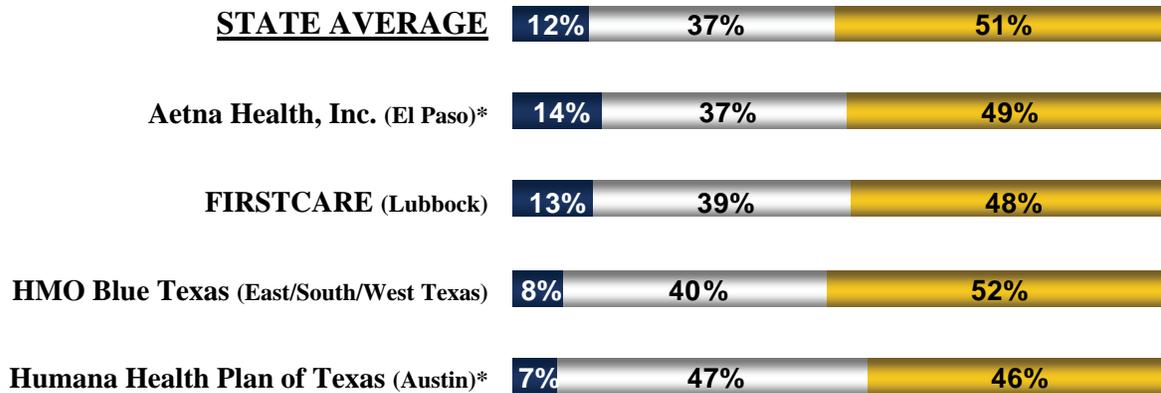
How people rated their health care

Survey (CAHPS® 5.0H) Results

Percentage who rated their care 6 or lower	Percentage who rated their care 7 or 8	Percentage who rated their care 9 or 10
---	---	--

The bar graphs show answers to a survey question that asked people to **rate their health care** on a scale from:

0 = “worst health care possible” to **10** = “best health care possible”



Due to rounding, percentages may not add up to 100%.

Survey (CAHPS® 5.0H) Results - West Texas

* Includes HMO & POS products. (See page 5 for explanation.)

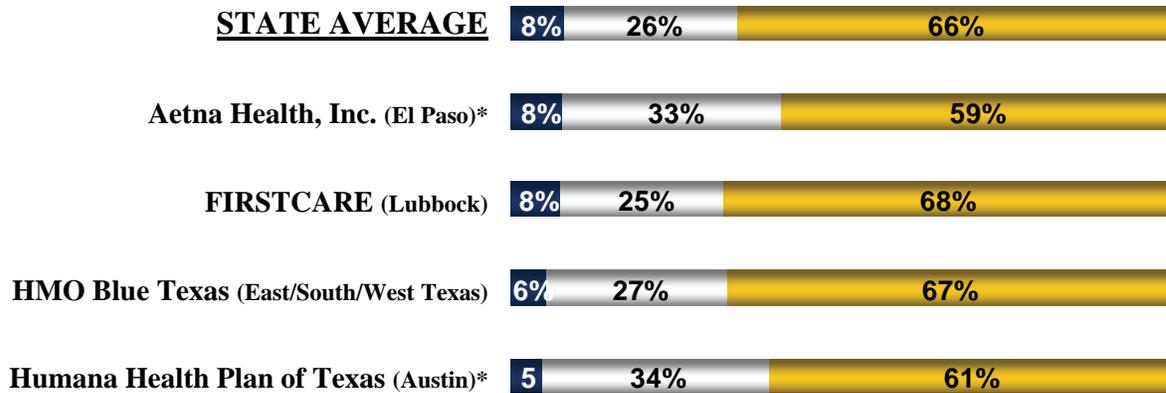
How people rated their personal doctor

Survey (CAHPS® 5.0H) Results

Percentage who rated their personal doctor 6 or lower	Percentage who rated their personal doctor 7 or 8	Percentage who rated their personal doctor 9 or 10
--	--	---

The bar graphs show answers to a survey question that asked people to **rate their personal doctor** on a scale from:

0 = “worst personal doctor possible” to **10** = “best personal doctor possible”



Due to rounding, percentages may not add up to 100%.

* Includes HMO & POS products. (See page 5 for explanation.)

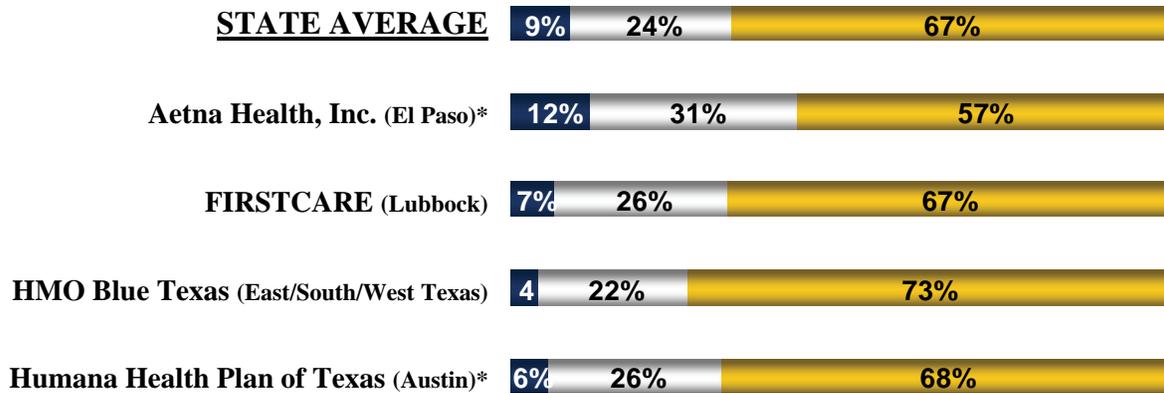
How people rated their specialist

Survey (CAHPS® 5.0H) Results

Percentage who rated their specialist 6 or lower	Percentage who rated their specialist 7 or 8	Percentage who rated their specialist 9 or 10
---	---	--

The bar graphs show answers to a survey question that asked people to **rate their specialist** on a scale from:

0 = “worst specialist possible” to **10** = “best specialist possible”



Due to rounding, percentages may not add up to 100%.

Survey (CAHPS® 5.0H) Results - West Texas

* Includes HMO & POS products. (See page 5 for explanation.)

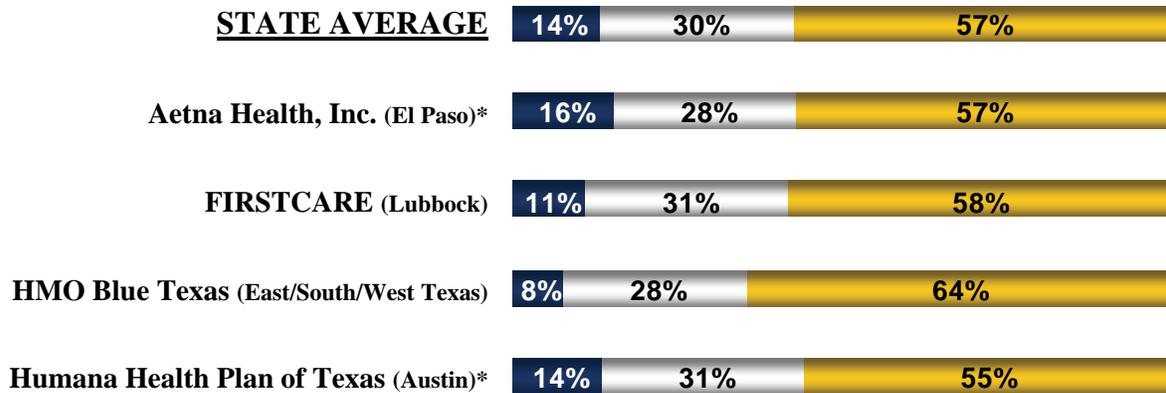
Getting needed care

Survey (CAHPS® 5.0H) Results

Percentage who said they sometimes or never received care that was needed	Percentage who said they usually received care that was needed	Percentage who said they always received care that was needed
--	---	--

The bar graphs show answers to survey questions that asked people **how often** it was easy for them to:

- Get appointments with specialists.
- Get care, tests or treatment they needed through their health plan.



Due to rounding, percentages may not add up to 100%.

* Includes HMO & POS products. (See page 5 for explanation.)

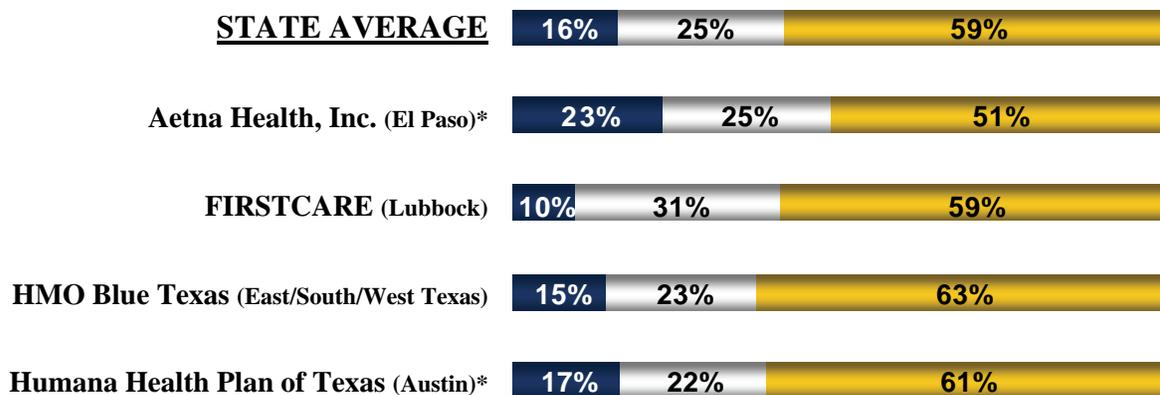
Getting care quickly

Survey (CAHPS® 5.0H) Results

Percentage who said they sometimes or never got care quickly	Percentage who said they usually got care quickly	Percentage who said they always got care quickly
---	--	---

The bar graphs show answers to survey questions that asked people **how often** they:

- Got care as soon as they thought they needed, when they needed care right away.
- Got an appointment as soon as they thought they needed when they did not need care right away.



Due to rounding, percentages may not add up to 100%.

Survey (CAHPS® 5.0H) Results - West Texas

* Includes HMO & POS products. (See page 5 for explanation.)

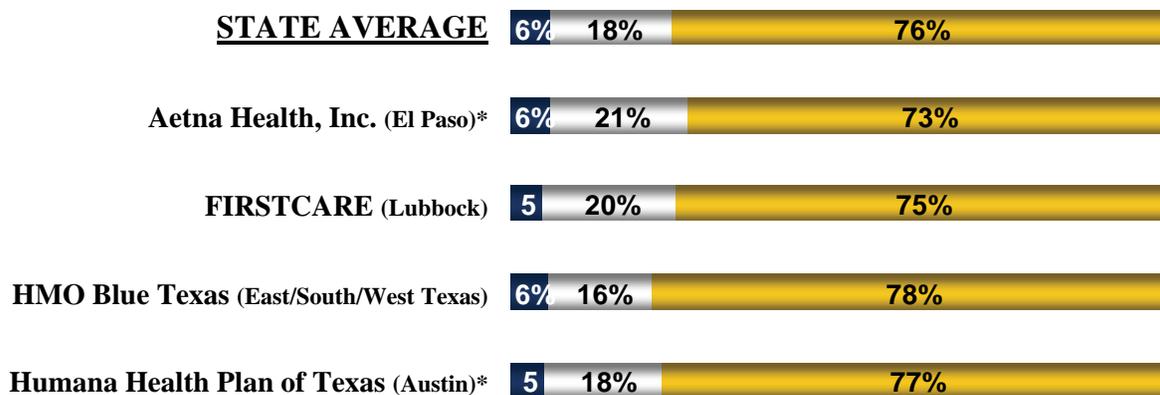
How well doctors communicate

Survey (CAHPS® 5.0H) Results

Percentage who said their doctors sometimes or never communicated well	Percentage who said their doctors usually communicated well	Percentage who said their doctors always communicated well
---	--	---

The bar graphs show answers to survey questions that asked people **how often** their personal doctor:

- Explained things in a way that was easy for them to understand.
- Listened carefully to them.
- Showed respect for what they had to say.
- Spent enough time with them.



Due to rounding, percentages may not add up to 100%.

* Includes HMO & POS products. (See page 5 for explanation.)

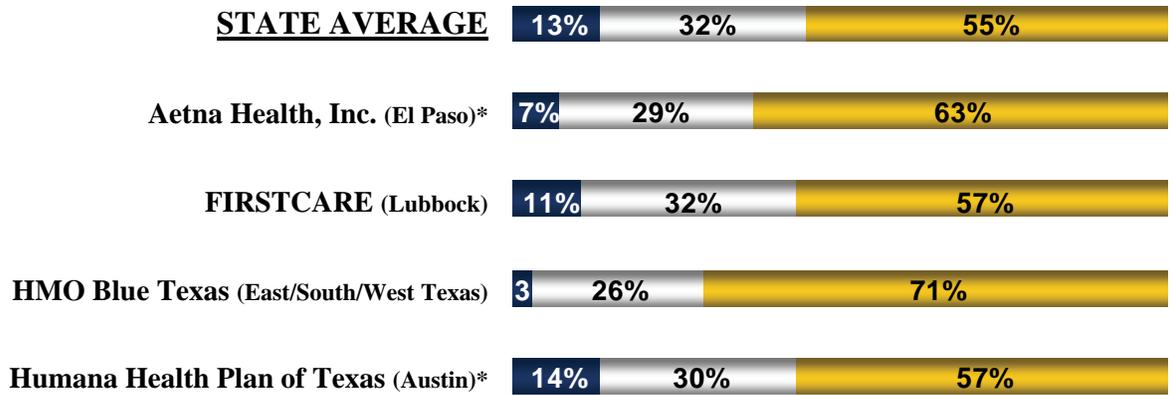
Handling of claims quickly and correctly

Survey (CAHPS® 5.0H) Results

Percentage who said their plan sometimes or never handled claims quickly and correctly	Percentage who said their plan Usually handled claims quickly and correctly	Percentage who said their plan Always handled claims quickly and correctly
---	--	---

The bar graphs show answers to survey questions that asked people **how often** their health plan:

- Handled claims quickly.
- Handled claims correctly.



Due to rounding, percentages may not add up to 100%.

Survey (CAHPS® 5.0H) Results - West Texas

* Includes HMO & POS products. (See page 5 for explanation.)

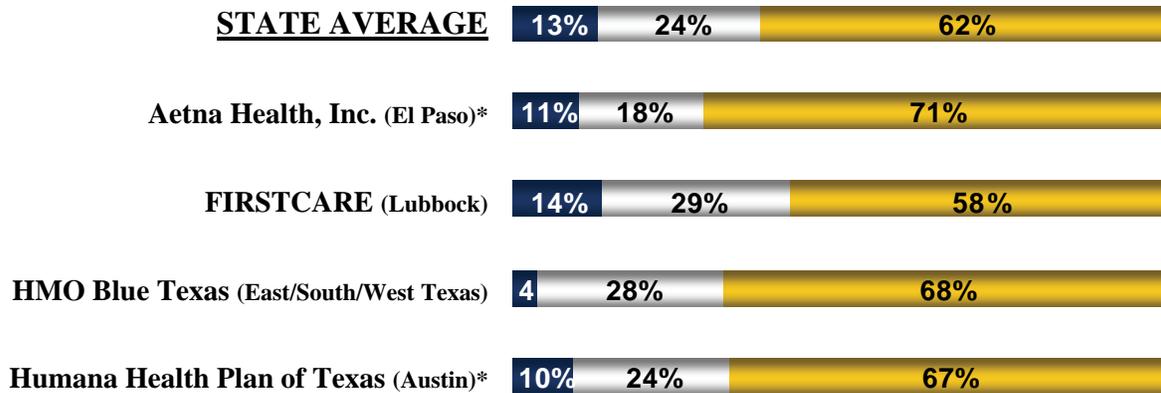
Health plan customer service

Survey (CAHPS® 5.0H) Results

Percentage who said customer service was sometimes or never efficient and helpful	Percentage who said customer service was usually efficient and helpful	Percentage who said customer service was always efficient and helpful
--	---	--

The bar graphs show answers to survey questions that asked people **how often**:

- They got the information or help they needed from their health plan's customer service.
- Their health plan's customer service staff treated them with courtesy and respect.



Due to rounding, percentages may not add up to 100%.

* Includes HMO & POS products. (See page 5 for explanation.)

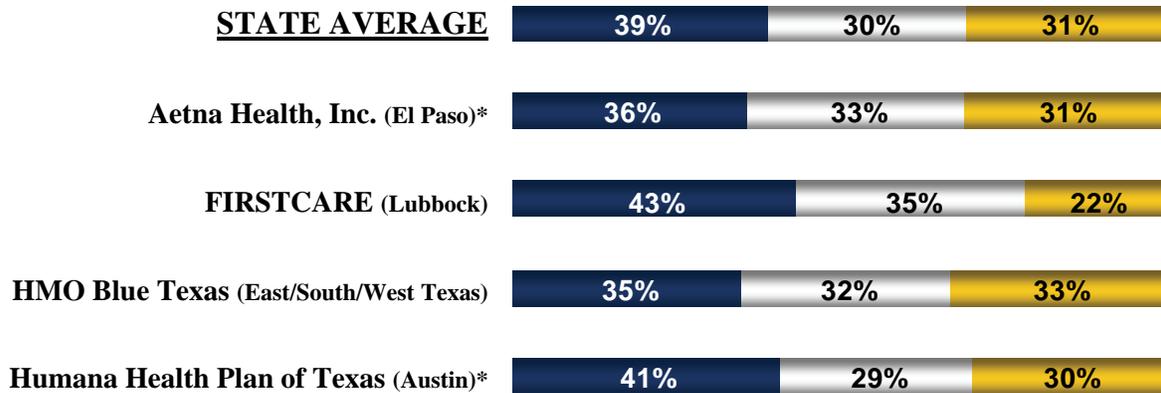
Plan information on costs

Survey (CAHPS® 5.0H) Results

Percentage who said they sometimes or never were able to find out cost info	Percentage who said they Usually were able to find out cost info	Percentage who said they Always were able to find out cost info
--	---	--

The bar graphs show answers to survey questions that asked people **how often** they were able to find out from their plan:

- How much would have to be paid for a health care service or equipment.
- How much would have to be paid for specific prescription medicines.



Due to rounding, percentages may not add up to 100%.

Survey (CAHPS® 5.0H) Results - West Texas

* Includes HMO & POS products. (See page 5 for explanation.)

Response rate for all plans in the survey

Response rate = (completed surveys / [total sample – ineligible])

State Average = 25%

Aetna Health, Inc. (Austin)	22%
Aetna Health, Inc. (Dallas/Fort Worth)	26%
Aetna Health, Inc. (El Paso)	20%
Aetna Health, Inc. (Houston)	21%
Aetna Health, Inc. (San Antonio/Corpus Christi)	22%
CIGNA HealthCare of Texas, Inc. (South Texas)	19%
Community First Health Plans (San Antonio)	33%
FIRSTCARE (Abilene)	30%
FIRSTCARE (Amarillo)	35%
FIRSTCARE (Lubbock)	28%
FIRSTCARE (Waco)	24%
HMO Blue Texas (Dallas/Fort Worth)	22%
HMO Blue Texas (East/South/West Texas)	25%
HMO Blue Texas (Houston)	20%
Humana Health Plan of Texas (Austin)	23%
Humana Health Plan of Texas (Corpus Christi)	23%
Humana Health Plan of Texas (Houston)	21%
Humana Health Plan of Texas (San Antonio)	26%
Scott and White Health Plan (Central Texas)	36%
United Healthcare Benefits of Texas, Inc. (Austin/Dallas)	15%
United Healthcare Benefits of Texas, Inc. (Houston/San Antonio)	25%

Section 3: Complaints Against HMOs and Appeals



HMO Complaint Data

The Texas Department of Insurance (TDI) handles complaints against HMOs regarding the quality and availability of medical care as well as the HMO's administrative procedures (claims, billing, enrollment, appeals, etc.). A high frequency of justified complaints against an HMO can indicate high consumer or provider dissatisfaction with the company.

This section reports data as maintained by TDI. In 2012, TDI changed the complaint data it publishes to only include complaints TDI deems justified. In the past, other types of complaints were included in the reported data. TDI defines a complaint as justified "if there is an apparent violation of a policy provision, contract provision, rule, or statute, or there is a valid concern that a prudent layperson would regard as a practice or service that is below customary business or medical practice." OPIC does not audit or independently verify the validity of complaints, TDI's determination of justified complaints, or the enrollment data reported in this section.

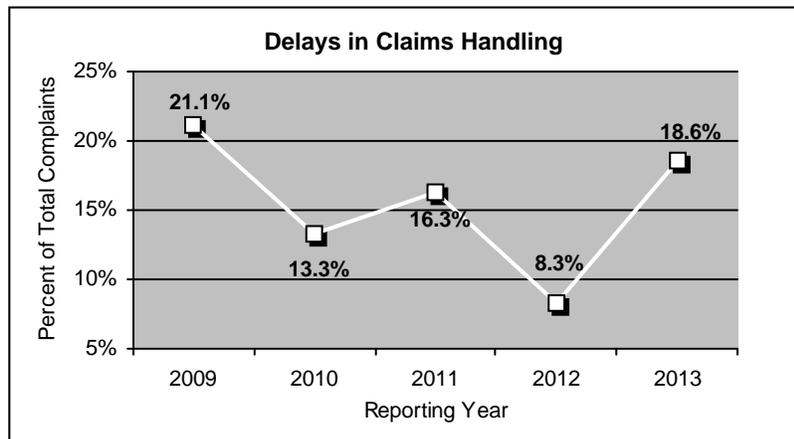
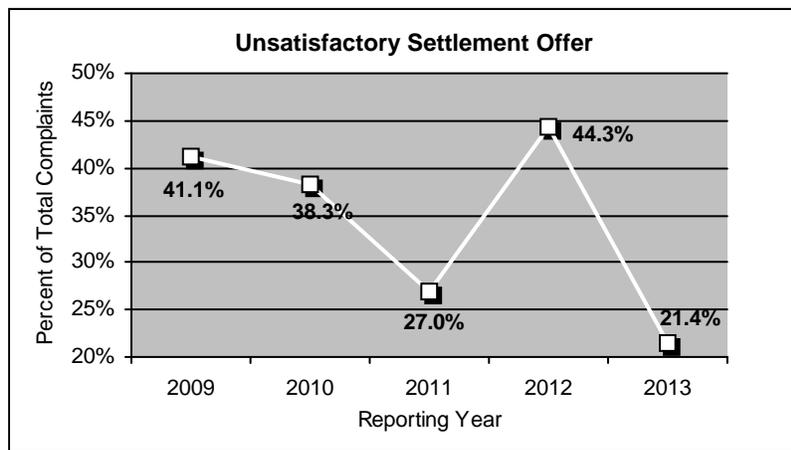
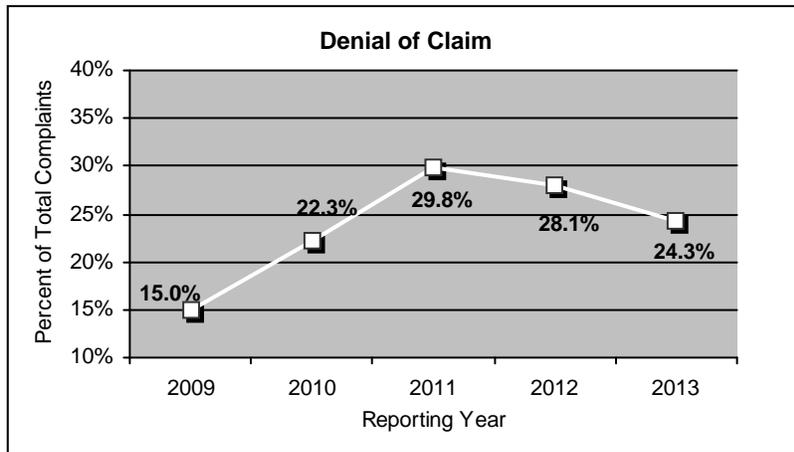
For more information on TDI's complaint process, contact the Consumer Help Line at (800) 252-3439 or visit www.tdi.texas.gov/consumer/complfrm.html. You may direct complaints against health care providers to the appropriate licensing agency.

Common Reasons for Complaint

Reason for Complaint		2013	2012	2011	2010	2009
Denial of Claim	Provider or consumer complaint related to denial of coverage for health care service	24.3%	28.1%	29.8%	22.3%	15.0%
Unsatisfactory Settlement Offer	Provider complaint regarding HMO compensation for services	21.4%	44.3%	27.0%	38.3%	41.1%
Delays in Claims Handling	Provider or consumer complaint regarding the timeliness of claims handling	18.6%	8.3%	16.3%	13.3%	21.1%
Recoupment of Claims Payment	Provider complaint regarding over-payment dispute resolution	4.3%	2.1%	3.6%	4.3%	3.9%
Timely Filing Deficiency	Dispute between an HMO and a provider regarding the timely filing of a claim	2.9%	0.0%	0.0%	0.0%	0.5%
Access to Care	Consumer complaint that HMO denied reimbursement for necessary care	0.7%	0.0%	2.4%	0.3%	0.3%
Balance Billing	Consumer complaint that provider billed in excess of HMO contracted rate	-	2.1%	1.6%	0.9%	2.4%

Source: Texas Department of Insurance
July 1, 2008–June 30, 2013

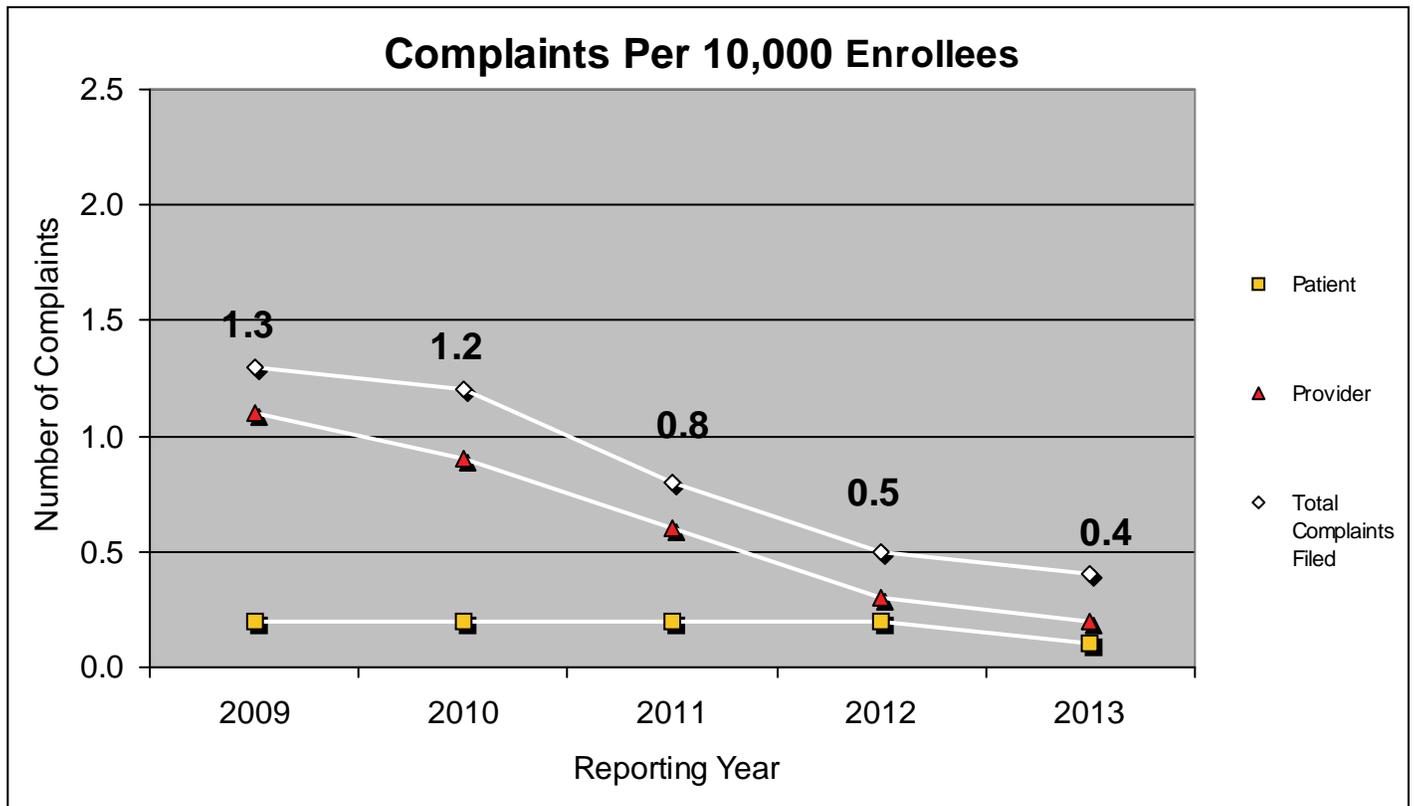
Most Common Reasons for Complaint



Complaint Trends: Basic Service HMOs

The chart below illustrates the rate of justified complaints (number of justified complaints per 10,000 enrollees) for all basic service HMOs. The justified complaint rate for consumers/patients decreased slightly in 2013. The rate of justified complaints filed by providers has decreased steadily since 2009. The overall rate of justified complaints (consumers/patients and providers combined) has decreased steadily since 2009.

Complaint Frequency: 2009-2013 Reporting Years Basic Service HMOs



Source: Texas Department of Insurance
July 1, 2008–June 30, 2013

Complaint Trends: Basic Service HMOs with Commercial Enrollment Over 1,000

The chart below reports complaint data for basic service HMOs with commercial enrollment over 1,000. The chart provides justified complaint data for the 2013 reporting year.

Complaint Data: 2013 Reporting Year Basic Service HMOs with Commercial Enrollment over 1,000

HMO	Commercial Enrollment March 2013	Consumer Complaints	Health Care Provider Complaints	Consumer and Provider Complaints (Combined)	Consumer Complaints Per 10,000 Enrollment	Health Care Provider Complaints Per 10,000 Enrollment	Consumer and Provider Complaints (Combined) Per 10,000 Enrollment
Aetna Health, Inc.	80,082	7	10	17	0.9	1.2	2.1
CIGNA HealthCare of Texas, Inc.	17,180	3	0	3	1.7	0.0	1.7
FIRSTCARE	35,531	2	4	6	0.6	1.1	1.7
HMO Blue Texas	13,444	7	4	11	5.2	3.0	8.2
Humana Health Plan of Texas, Inc.	222,987	18	34	52	0.8	1.5	2.3
Scott and White Health Plan	77,493	5	8	13	0.6	1.0	1.7
United HealthCare Benefits of Texas, Inc.	18,089	3	0	3	1.7	0.0	1.7
TOTAL/AVERAGE* BASIC SERVICE	464,806	45	60	105	1.1	1.0	1.9

*Average complaint ratios are calculated excluding the high and low value in each column.

Source: Texas Department of Insurance
July 1, 2012–June 30, 2013

Source Data: Texas Department of Insurance (TDI) Internet Complaints Information Systems (ICIS) complaint data was downloaded from the TDI's website for use in this report. Complaints were counted as follows: (a) Subject of Complaint = Home Maintenance Organization, (b) Line of Coverage = Group A&H and using a combination of unique complaint ID, reason for complaint and correspondent. The chart excludes additional records with the same ID and reason for complaint as those already counted.

Denials, Appeals, and Independent Review Organizations

Your HMO will review your coverage for a treatment, service, or prescription either before or after your claim is filed. If your health plan refuses to pay for medically necessary services, treatments, or medications, you have the right to appeal the decision through the HMO's internal appeals process. Contact your HMO or your employer for details on the appeals process.

If you have exhausted your internal appeal rights, you may have the right to have the decision reviewed by an independent review organization (IRO). Your health plan must provide an independent review form if it denies payment based on a decision that the treatment is unnecessary, inappropriate, experimental, or investigational. Your health plan must pay for the review and must comply with the IRO's decision.

The IRO must issue a decision within twenty days for non-emergency treatment and within five days for emergency treatment.

The law does not require an HMO to provide an IRO for services it does not cover. It also does not require certain types of plans—Medicare, Medicaid, and ERISA plans, for example—to participate in the IRO process.

For more information on IROs, contact TDI's Health and Workers' Compensation Network Certification and Quality Assurance Office at 1-866-554-4926.

IRO Appeals

HMO	Cases	Cases Decided in Favor of the HMO	Cases Decided in Favor of the Patient / Enrollee	Cases Decided Partially in Favor of Both
Aetna Health, Inc.	1	0	1	0
CIGNA HealthCare of Texas, Inc.	9	7	2	0
FIRSTCARE	1	1	0	0
HMO Blue Texas	1	1	0	0
Humana Health Plan of Texas, Inc.	22	12	8	2
Scott and White Health Plan	5	4	1	0
TOTAL	39	25	12	2

Source: Texas Department of Insurance
IRO Database
July 1, 2012–June 30, 2013

Section 4: Additional Information



About the Survey

Who performed the survey?

Independent survey vendors certified by the National Committee for Quality Assurance (NCQA) performed the CAHPS[®] 5.0H survey. NCQA is a not-for-profit organization committed to assessing, reporting on, and improving the quality of health care.

State law requires Texas HMOs to submit consumer satisfaction data to the Department of State Health Services.

Who was surveyed?

The CAHPS[®] 5.0H survey was sent to approximately 26,000 adult plan members across the state of Texas. Overall, 5,942 enrollees (25% of those who received the survey) responded: 4,221 completed the survey by mail, 1,591 by phone, and 130 online. Only members who were enrolled continuously in an HMO from January 1, 2012 to December 31, 2012 were eligible to complete the survey. Members surveyed answered only questions pertaining to health care services they received during the survey period. Each survey result section contains the consumer response rate by plan.

How was the survey performed?

The survey vendors administered the survey primarily by mail with a telephone follow-up of those who did not respond to the mailed questionnaire. The survey was voluntary and confidential.

The survey asked HMO members questions about their experiences with their health plans and medical care such as:

- Were your claims handled quickly and correctly?
- Were you able to get the care you needed?
- Could you get appointments quickly?
- Could you get the information you needed from your health plan?

HMO Market Share Data

This table reports HMO enrollment and market share information for the first quarter of 2013. The data on the left side of the chart indicate total enrollment for basic service HMOs. The data on the right side provide enrollment information for basic service HMOs with commercial enrollment.

HMO	Total Ending Enrollment	Total Market Share	Commercial Ending Enrollment	Commercial Market Share
Aetna Health Inc.	164,585	4.2%	80,082	16.8%
Cigna Healthcare of Texas, Inc.	17,180	0.4%	17,180	3.6%
Community First Health Plans, Inc.	116,001	3.0%	5,840	1.2%
Health Care Service Corp. (HMO Blue Texas)	30,825	0.8%	13,444	2.8%
Humana Health Plan of Texas, Inc.	279,203	7.1%	222,987	46.9%
Scott & White Health Plan	132,152	3.4%	77,493	16.3%
SHA, L.L.C. (FIRSTCARE)	135,206	3.4%	35,531	7.5%
UnitedHealthcare Benefits of Texas, Inc.	188,056	4.8%	18,089	3.8%
Unitedhealthcare of Texas, Inc.	174	0.0%	174	0.0%
UTMB Health Plans, Inc.	384	0.0%	384	0.1%
Valley Baptist Insurance Co.	4,312	0.1%	4,312	0.9%
All other HMOs (including Medicare & Medicaid plans)	2,862,410	72.8%	0	0.0%
TOTAL BASIC SERVICE	3,930,488	100.0%	475,516	100.0%

Source: Texas Department of Insurance
HMO Financial Report
First Quarter 2013

HMO Financial Information

The financial condition of a health plan can impact its ability to timely pay claims and, in extreme cases, may affect quality of care. OPIC encourages consumers to review all available information about an HMO's financial strength before contracting with the HMO. For financial strength ratings of Texas health plans, you may contact the following organizations:

A.M. Best Company	(908) 439-2200	www.ambest.com
Fitch Ratings, Ltd.	(212) 908-0500	www.fitchratings.com
Moody's Investors Service	(212) 553-0377	www.moody's.com
Standard and Poor's Financial Services	(212) 438-2400	www.standardandpoors.com
TheStreet.com Ratings, Inc.	(800) 289-9222	www.thestreetratings.com

You can obtain additional information by calling the Texas Department of Insurance customer service line at 1-800-252-3439. TDI also makes financial information available online via its "Check Companies" link at www.tdi.texas.gov.

Additional Sources of Information

STATE RESOURCES

Office of Public Insurance Counsel (OPIC)

William P. Hobby State Office Building
333 Guadalupe, Suite 3-120
Austin, Texas 78701
(877) 611-6742
www.opic.state.tx.us

OPIC is an independent state agency representing the interests of insurance consumers in Texas as a class on matters involving rates, rules, and policy forms affecting personal lines of insurance such as auto, homeowners, title, and credit insurance, and in rulemaking for life, accident, and health insurance.

Texas Department of Insurance (TDI)

P.O. Box 149104
Austin, Texas 78714-9104
(800) 252-3439
www.tdi.texas.gov

TDI regulates HMOs in the state, including complaints, appeals, quality of care and financial stability. TDI has information about HMOs and health insurance in general, both in printed form and on the website.

CHIP & Children's Medicaid

P.O. Box 14200
Midland, Texas 79711-4200
(877) 543-7669
www.chipmedicaid.org

The Texas Health and Human Services Commission offers two health insurance programs for children: Children's Health Insurance Program (CHIP) and Children's Medicaid. Applications, eligibility information and other related information can be obtained in printed form and from the website.

Texas Health and Human Services Commission (HHSC)

4900 N. Lamar Blvd.
Austin, Texas 78751-2316
(800) 252-8263 or 2-1-1
www.hhsc.state.tx.us

HHSC has oversight responsibilities for designated HHSC agencies, and administers certain health and human services programs including the Texas Medicaid Program and CHIP.

Texas Health and Human Services Commission Office of the Ombudsman

P. O. Box 13247
Austin, Texas 78711-3247
(877) 787-8999
www.hhs.state.tx.us/omb

The Office of the Ombudsman assists consumers when the agency's normal complaint process cannot, or does not, satisfactorily resolve the individual's concerns. The Ombudsman supports inquiries and complaints about programs and services related to HHSC, Department of Aging and Disability Services (DADS), Department of Assistive and Rehabilitative Services (DARS), Department of Family and Protective Services (DFPS), and Department of State Health Services (DSHS).

Texas Health and Human Services Commission Medicaid Managed Care Helpline (MMCH)

P. O. Box 13247
Austin, Texas 78711-3247
(866) 566-8989
www.hhs.state.tx.us/omb

MMCH assists Medicaid clients who are experiencing barriers to health and long term care services through their Texas Medicaid managed care programs: STAR, STAR+PLUS, or PCCM.

Texas Department of Aging and Disability Services (DADS)

P.O. Box 149030
Austin, Texas 78714-9030
(800) 252-9240
www.dads.state.tx.us

DADS coordinates a system of services and support for individuals over the age of 60 and individuals with disabilities.

Employees Retirement System of Texas (ERS)

P.O. Box 13207
Austin, Texas 78711-3207
(877) 275-4377
(512) 867-7711 (Austin)
www.ers.state.tx.us

ERS administers health, retirement, and other benefits for state agency and higher education employees whose employers participate in the Texas Uniform Group Insurance Program.

Teacher Retirement System of Texas (TRS)

1000 Red River Street
Austin, Texas 78701
(800) 223-8778
(512) 542-6400 (Austin)
www.trs.state.tx.us

TRS administers health insurance and provides retirement and related benefits for active and retired employees of public schools, colleges, and universities supported by the state. TRS is the state's largest public retirement system.

Texas Health Insurance Pool (THIP)

1701 Directors Blvd, Suite 120
Austin, TX 78744
(888) 398-3927
www.txhealthpool.org

THIP was created by the Texas Legislature to provide health insurance to Texas residents who cannot obtain adequate health insurance coverage as a result of a medical condition. THIP also serves as the state's alternative mechanism for individual health insurance coverage under the federal Health Insurance Portability and Accountability Act (HIPAA) of 1996.

Texas Health Care Information Collection (THCIC)

Department of State Health Services (DSHS)
Center for Health Statistics, Mail Code 1898
P.O. Box 149347
Austin, Texas 78714-9347
(512) 458-7261
www.dshs.state.tx.us/thcic

THCIC collects data from hospitals and HMOs about quality of care and makes the information available to the public.

Health Information, Counseling and Advocacy Program (HICAP)

(800) 458-9858
www.tdi.texas.gov/consumer/hicap

HICAP is a partnership of the Texas Department of Insurance, Texas Legal Services Center, the Texas Department of Aging and Disabilities, and the Texas Area Agencies on Aging. The program provides information on health insurance and public benefits to individuals age 65 and older and individuals with disabilities.

FEDERAL RESOURCES

Centers for Medicare and Medicaid Services (CMS)

Region VI

1301 Young Street, Suite 714
Dallas, Texas 75202
(214) 767-6427
www.cms.hhs.gov

CMS oversees Medicare, Medicaid, the Children's Insurance Program (CHIP), HIPPA, and the Clinical Laboratory Improvement Amendments Program.

United States Department of Labor Employee Benefits Security Administration (EBSA)

(Dallas Regional Office)
525 South Griffin Street, Room 900
Dallas, Texas 75202-5025
(972) 850-4500
www.dol.gov/ebsa

EBSA administers and enforces provisions of Title I of the Employee Retirement Income Security Act of 1974 (ERISA). EBSA publishes numerous documents and guides to provide workers with information regarding their benefit rights.

United States Office of Personnel Management Federal Employees Health Benefit Program

San Antonio Service Center
8610 Broadway, Room 305
San Antonio, Texas 78217-0001
(210) 805-2423
www.opm.gov

The Office of Personnel Management publishes the *Federal Employees Health Benefits Program Handbook*, an annual guide on health benefit plans for federal civilian employees. The handbook compares and rates HMOs, fee-for-service and managed care health plans available to federal workers.

Healthcare.gov

Healthcare.gov is the health insurance marketplace portal for Texas. The site allows consumers to compare and purchase health coverage. Consumers can also find information on their rights.

NON-PROFIT RESOURCE

Kaiser Family Foundation

2400 Sand Hill Road
Menlo Park, California 94025
(650) 854-9400
www.kff.org

The Kaiser Family Foundation is a non-profit, private foundation focusing on major health issues in the United States. It provides information and analysis for the public.

HMO Customer Service Contact Information

Aetna Health, Inc.	(800) 872-3862	www.aetna.com
CIGNA Healthcare of Texas, Inc.	(800) 244-6224	www.cigna.com
Community First Health Plans, Inc.	(800) 434-2347	www.cfhp.com
Health Care Service Corp. (HMO Blue Texas)	(877) 299-2377	www.bcbstx.com
Humana Health Plan of Texas, Inc.	(800) 486-2620	www.humana.com
Scott and White Health Plan	(800) 321-7947	www.sw.org
SHA, L.L.C. (FIRST CARE)	(800) 884-4901	www.firstcare.com
United HealthCare Benefits (formerly PacifiCare of Texas)	(800) 458-5653	www.uhcwest.com
UTMB Health Plans, Inc.	(866) 735-3281	www.utmbhcs.org
Valley Baptist Insurance Co.	(877) 423-4400	www.valleybaptist.net

Please send questions or comments to:

Office of Public Insurance Counsel

Deeia Beck, Public Counsel

info@opic.state.tx.us

William P. Hobby State Office Building

333 Guadalupe, Suite 3-120

Austin, Texas 78701

512-322-4143

1-877-611-6742

fax 512-322-4148

<http://www.opic.state.tx.us>

TTY Users Call 1-800-RELAY TX or 7-1-1



**OPIC
RECYCLES**