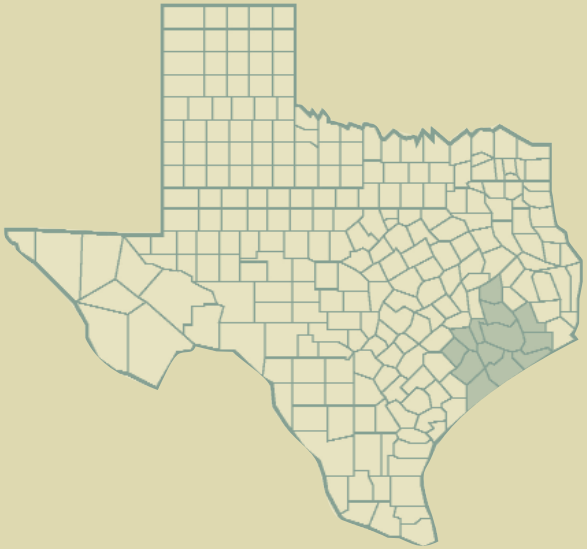
Texas

Gulf Coast

Comparing Texas HMOs 2001

Health Plan Quality from the Consumer's Point of View



prepared by the
OFFICE OF PUBLIC INSURANCE COUNSEL
www.opic.state.tx.us

Table of Contents

About the information in this booklet

About the report 2
What to consider when choosing an HMO 3
Why does health plan quality matter? 3
How this booklet can help you 3
What are your legal rights? 4
Types of health plans 5

Survey (CAHPS™ 2.0H) Results for Gulf Coast Texas plans

How people rated their health plan 8
How people rated their health care 9
How people rated their doctor or nurse 10
How people rated their specialist 11
Getting care that is needed 12
Getting care without long waits 13
Handling of claims quickly and correctly 14
Efficiency and helpfulness of customer service 15
How well doctors communicate 16
Courtesy, respect, and helpfulness of office staff 17
Response rates for all plans in the survey 18

State-wide information

Complaint data 20
CHART: Total Complaints 20
CHART: Delays in Claims Handling 21
CHART: Access to Care 21
CHART: Denial of Claim 22
CHART: Unsatisfactory Settlement Offer 22
CHART: Patient Complaints 23
CHART: Health Care Provider Complaints 24
CHART: Combined (Patient/Provider) Complaints 25
TABLE: Total Complaint Data (HMOs with enrollment Above 50,000) 26
TABLE: Total Complaint Data (HMOs with enrollment Below 50,000) 27
Appeals and complaints 28
TABLE: Independent Review Organization Appeals 28
HMO market share 30
Customer service phone numbers 31
Sources of financial information 32
Other sources of information 33

About the report . . .

The Office of Public Insurance Counsel (OPIC)
is a state agency which represents consumers as a class in insurance matters.
The 75th Texas Legislature directed OPIC to issue annual reports comparing HMOs in the state of Texas.

This report reflects the experience of Texans in Health Maintenance Organizations (HMOs) during 2000. The first section of the report contains results of a survey of HMO members, the CAHPS™ 2.0H survey. The results are reported by service area for each plan in seven different regional booklets (Central Texas, East Texas, Gulf Coast Texas, North Texas, Panhandle/Plains Texas, South Texas, and West Texas). The sections following the survey contain statewide information such as complaint data, market share, and other helpful information as collected by the Texas Department of Insurance and other sources.

Only commercial populations were surveyed. Not included in this survey were Medicaid and Medicare populations. However, Medicaid information is readily available from the Texas Department of Health (TDH). Medicare information may be obtained from the Heath Care Financing Administration (HCFA). To contact these agencies, refer to the information on pages 33-34. In addition, the report does not include ERISA plans. See pages 28 and 34 for more information on ERISA plans.

Who did the survey?

The survey – the Consumer Assessment of Health Plans Study, Version 2.0H (CAHPS™ 2.0H) – was performed by independent survey vendors certified by the National Committee for Quality Assurance (NCQA), a not-for-profit organization dedicated to assessing and reporting on the quality of managed care plans.

The survey comprises the consumer satisfaction measure for the Health Plan Employer Data and Information Set (HEDIS®) that Texas HMOs are required to submit annually to the Texas Health Care Information Council (THCIC). OPIC relied on the THCIC for the HEDIS®/CAHPS™ 2.0H survey data.

Who was surveyed?

Adults who had been enrolled in their plan continuously for the 12 month period from January 1, 2000 to December 31, 2000 were surveyed. People only answered questions about the health care services they had actually used during the 12 months immediately preceding the survey.

The regional booklets of *Comparing Texas HMOs 2001* show results of an analysis made on more than 25,000 members in 53 health plans across Texas.

How was the survey done?

The survey was administered primarily by mail, with a telephone follow-up to those not responding 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 claims handled quickly and correctly?
- Did they get the care they needed?
- Could they get appointments quickly when they needed them?
- Could they get information they needed from the health plan?

If you are interested in performance measures such as the rates at which the plans perform:

- Child immunizations
- Breast cancer screenings
- Comprehensive Diabetes Care,

the Texas Health Care Information Council has published reports which include this type of information. For other sources of information about HMOs, see pages 32-34.

What was the response rate?

The average response rate for the survey was 36%. Of the 80,107 plan members selected and eligible to participate in the survey, 19,652 completed the survey by mail, 5,093 by phone and 966 online. Refer to page 18 for a list of response rates for all plans in the survey.

What to consider when choosing an HMO

Which HMOs are available where you live or work?
Review the HMO's membership information, or call the customer service departments (see page 31).

Which HMOs offer the benefits you want or need?
Review benefit information from your employer or the HMOs. If you use specific medication, check to see if it is covered. You may need to call the plans to get all your questions answered.

Which HMOs can you afford?
Review cost information from your employer or the HMOs, including out-of-pocket costs.

Which HMOs include your preferred doctor, provider and hospital?
If it is important to you or someone in your family to use a specific doctor or hospital, find out if they are in the networks of the health plans you are considering. Review the HMO's physician directories and membership information, or call the customer service departments.

Which HMOs performed well on the consumer ratings of health plan quality in this booklet?
Review information from the consumer satisfaction survey section of this booklet.

Why does health plan quality matter?

When you pick an HMO, you are also picking the doctors, hospitals, and other providers you can use. You are also choosing plan administrators, who review and approve or disapprove doctor-recommended care, and provide financial incentives to doctors based on the amount or type of care provided. That is why it is important to consider consumer ratings of health plan quality along with costs and covered services.

How this booklet can help you

This booklet gives you information about health plan quality from the point of view of people who were enrolled in the plans during 2000.

This booklet can help you choose a health plan by showing you how the plans in Texas compare on some important quality topics. Although this report compares plans, it does not tell you which one to choose. You should pick a plan based on what is most important to you and your family.

For a short description of health maintenance organizations and how to get additional information, see pages 5 and 32-34.

Health Plan (write in name)	Available near work or home	Offers benefits you want	Can afford	Preferred doctor in network	Performed well in consumer ratings	Other important considerations

What are your legal rights?

Texas has some of the most comprehensive patient protection laws in the nation.

HMOs are required to provide you information you request about the *terms and conditions* of the health plan when you are deciding whether to enroll. This information includes:

- ***covered services,***
- ***exclusions and limitations***,
- ***prior authorization requirements***,
- ***continuity of treatment***,
- ***complaint resolution***, and
- ***the HMO's toll-free telephone number***.

Upon request the HMO also must tell you whether a specific drug is on the HMO's list of approved prescription drugs (formulary) within 3 business days of your request.

Some other rights covered by Texas law are:

- Access to specialist care—in and out of the network
- Access to prescription drugs—formulary, non-formulary, and off-label uses
- Access to regular physical examinations
- Payment for emergency care, including care at out-of-network hospitals
- Continuity of care when your doctor leaves the network
- Complaints, appeals, and independent review of adverse determinations
- Legal action against an HMO for harm caused by its treatment decisions
- Prohibiting retaliation against a patient or doctor for filing complaints
- Prohibiting financial rewards to doctors for withholding necessary care
- Prohibiting contractual limitations on treatment options doctors can discuss with patients

The Texas Department of Insurance publishes a brochure describing your rights entitled *Health Maintenance Organizations.* Access this document on TDI's website at www.tdi.state.tx.us/consumer/cbo69.html or call 1-800-252-3439 to request a copy.

Types of health plans . . .

Network Plans

HMO*

You must use the network. There are advantages in cost and coverage. As long as you use the doctors and other providers in the HMO network, the HMO pays for covered services. You may have to pay a small co-payment when you receive care, for example, $15 per office visit. You may also have a deductible or higher co-payment for hospital or other services.

Most HMOs ask you to choose a doctor or clinic to be your primary care provider, or PCP. Your PCP takes care of most of your medical needs.

Generally, before you see a specialist or other providers in the network, HMOs require that you talk to your PCP to get a referral. However, HMOs must allow women to choose a gynecologist in addition to a PCP. In addition, the law allows direct access to specialists in other situations. For more information see page 4.

Points to consider

- You must use the doctors and other providers in the network.
- If the HMO has limited provider networks, you may have to use only the doctors and other providers in your personal doctor's network.
- You will usually pay less when you get care.
- Preventive care is usually covered.

Non-network Plans

Fee-for-service or Traditional Indemnity

There is no network. It allows you to use any doctor or hospital without a referral. These plans are called "fee-for-service" because doctors and other providers receive a fee for each service such as an office visit, test, procedure, or other health care service.

There is usually a deductible, which is the dollar amount you must pay each year before the insurance company begins to pay their share of the costs.

And when your insurance does pay, you usually must pay a portion of the costs yourself (for example, 20% of the charge).

Points to consider

- You will pay more when you receive health care (office visits, hospital stays, etc.).
- There may be more paperwork, such as filing claim forms to get payment for services covered by the insurance, and keeping track of payments toward the deductible.
- You will have no limitations on choice of providers.

Blended Network / Non-network Plans

POS* and PPO

You are not limited to using the network, but there are advantages if you do.

In a Point Of Service (POS) option, you may use the plan as an HMO or as a fee-for-service plan. There may be limitations on your use of the POS.

Preferred Provider Organizations (PPO) have a network, but allow you to use out-of-network doctors on a fee-for-service basis. You may or may not be required to get a referral to receive specialty or out-of-network care.

Points to consider

If you use a provider who is in the network:
- You will pay less when you receive care.
- More services may be covered.

Network :
The group of doctors, hospitals, and other health care providers who serve people in a specific health plan.

* *These types of plans are included in this report.*

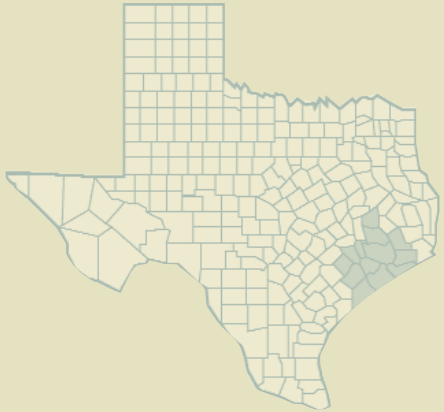
While analysis of the consumer survey was performed for **all** commercial health maintenance organizations (HMOs) in Texas, only the results for plans which provide services in the Gulf Coast Texas area are featured in the survey (CAHPS™ 2.0H) results portion of this booklet.

The counties included in the Gulf Coast Texas area are:
Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton

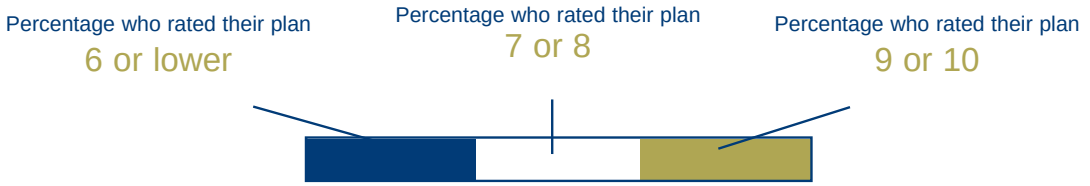
Not all HMOs provide services in each county listed here.
HMOs whose service area is mainly in another region of the state are included in this report if their service area extends into at least one county in the Central Texas region. The city/area shown after the name of each HMO indicates its main area of service. Contact plans directly for details on the areas they serve.

If your HMO is not included in the following section, it may be exempt from participating in the survey due to its low enrollment or its short time of participation in the Texas commercial HMO market during 2000. In addition, your plan may have failed to comply with reporting requirements (see page 18).

Survey (CAHPS™ 2.0H) Results for Gulf Coast Texas Plans



How people rated their health plan



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"

	6 or lower	7 or 8	9 or 10
*Aetna US Healthcare, Inc. (Houston)	29%	39%	32%
*AmCare (Austin/Dallas/El Paso/Houston/San Antonio)	43%	29%	28%
*CIGNA HealthCare of Texas, Inc. (Houston)	25%	45%	29%
FIRSTCARE (Waco)	30%	37%	33%
*HMO Blue Texas (Houston)	33%	36%	31%
HMO Blue, Southeast Texas (Houston)	30%	39%	31%
Humana Health Plan of Texas, Inc. (Houston)	39%	31%	31%
MethodistCare (Southeast Texas)	31%	36%	33%
ONE Health Plan of Texas, Inc. (Houston)	31%	37%	32%
PacifiCare of Texas, Inc. (Houston)	42%	30%	28%
*Prudential HealthCare, Inc. (Houston)	26%	45%	29%
Seton Health Plan, Inc. (Austin)	Failed to comply with reporting requirements		
*UnitedHealthcare of Texas, Inc. (Corpus Christi/Houston)	22%	42%	36%
UTMB (Galveston)	26%	44%	31%

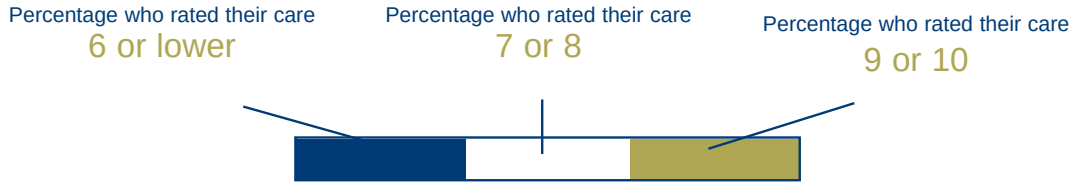
State Average

6 or lower	7 or 8	9 or 10
29%	36%	35%

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

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

How people rated their health care



The bar graphs show answers to a survey question that asked people to rate the care they received from all doctors and other health providers on a scale from:

0 = "worst health care possible" to
10 = "best health care possible"

*Aetna US Healthcare, Inc. (Houston)	17%	40%	43%
*AmCare (Austin/Dallas/El Paso/Houston/San Antonio)	17%	40%	43%
*CIGNA HealthCare of Texas, Inc. (Houston)	20%	41%	38%
FIRSTCARE (Waco)	12%	34%	54%
*HMO Blue Texas (Houston)	21%	39%	40%
HMO Blue, Southeast Texas (Houston)	18%	37%	45%
Humana Health Plan of Texas, Inc. (Houston)	27%	39%	34%
MethodistCare (Southeast Texas)	24%	39%	36%
ONE Health Plan of Texas, Inc. (Houston)	21%	42%	37%
PacifiCare of Texas, Inc. (Houston)	23%	37%	40%
*Prudential HealthCare, Inc. (Houston)	19%	44%	37%
Seton Health Plan, Inc. (Austin)	Failed to comply with reporting requirements		
*UnitedHealthcare of Texas, Inc. (Corpus Christi/Houston)	14%	42%	44%
UTMB (Galveston)	19%	42%	39%

State Average

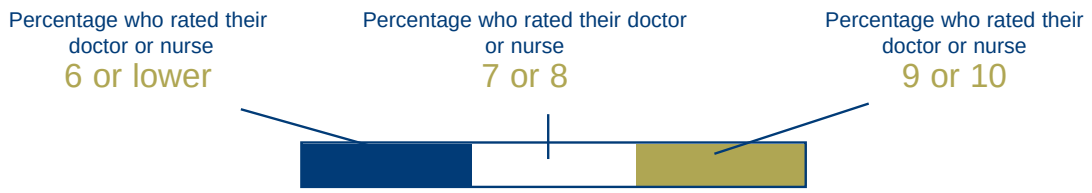
18%	37%	45%

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

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

Survey (CAHPS™ 2.0H) Results

How people rated their doctor or nurse



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

0 = "worst personal doctor or nurse possible" to
10 = "best personal doctor or nurse possible"

	6 or lower	7 or 8	9 or 10
*Aetna US Healthcare, Inc. (Houston)	14%	36%	50%
*AmCare (Austin/Dallas/El Paso/Houston/San Antonio)	15%	38%	47%
*CIGNA HealthCare of Texas, Inc. (Houston)	17%	40%	43%
FIRSTCARE (Waco)	10%	30%	60%
*HMO Blue Texas (Houston)	17%	37%	47%
HMO Blue, Southeast Texas (Houston)	17%	37%	47%
Humana Health Plan of Texas, Inc. (Houston)	22%	35%	42%
MethodistCare (Southeast Texas)	16%	35%	49%
ONE Health Plan of Texas, Inc. (Houston)	14%	38%	49%
PacifiCare of Texas, Inc. (Houston)	23%	31%	46%
*Prudential HealthCare, Inc. (Houston)	15%	37%	48%
Seton Health Plan, Inc. (Austin)	Failed to comply with reporting requirements		
*UnitedHealthcare of Texas, Inc. (Corpus Christi/Houston)	13%	38%	49%
UTMB (Galveston)	12%	40%	48%

State Average

6 or lower	7 or 8	9 or 10
15%	34%	50%

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

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

How people rated their specialist

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"

*Aetna US Healthcare, Inc. (Houston)	11%	33%	56%
*AmCare (Austin/Dallas/El Paso/Houston/San Antonio)	Not enough data to report on this Plan		
*CIGNA HealthCare of Texas, Inc. (Houston)	20%	31%	49%
FIRSTCARE (Waco)	12%	22%	66%
*HMO Blue Texas (Houston)	20%	30%	50%
HMO Blue, Southeast Texas (Houston)	19%	27%	54%
Humana Health Plan of Texas, Inc. (Houston)	24%	27%	49%
MethodistCare (Southeast Texas)	17%	31%	52%
ONE Health Plan of Texas, Inc. (Houston)	18%	39%	43%
PacifiCare of Texas, Inc. (Houston)	19%	33%	49%
*Prudential HealthCare, Inc. (Houston)	13%	34%	53%
Seton Health Plan, Inc. (Austin)	Failed to comply with reporting requirements		
*UnitedHealthcare of Texas, Inc. (Corpus Christi/Houston)	16%	34%	50%
UTMB (Galveston)	18%	35%	48%

State Average

15%	29%	56%

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

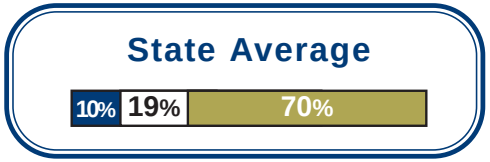
** Includes HMO & POS products.*
(see page 5 for explanation)

Survey (CAHPS™ 2.0H) Results

Getting care that is needed

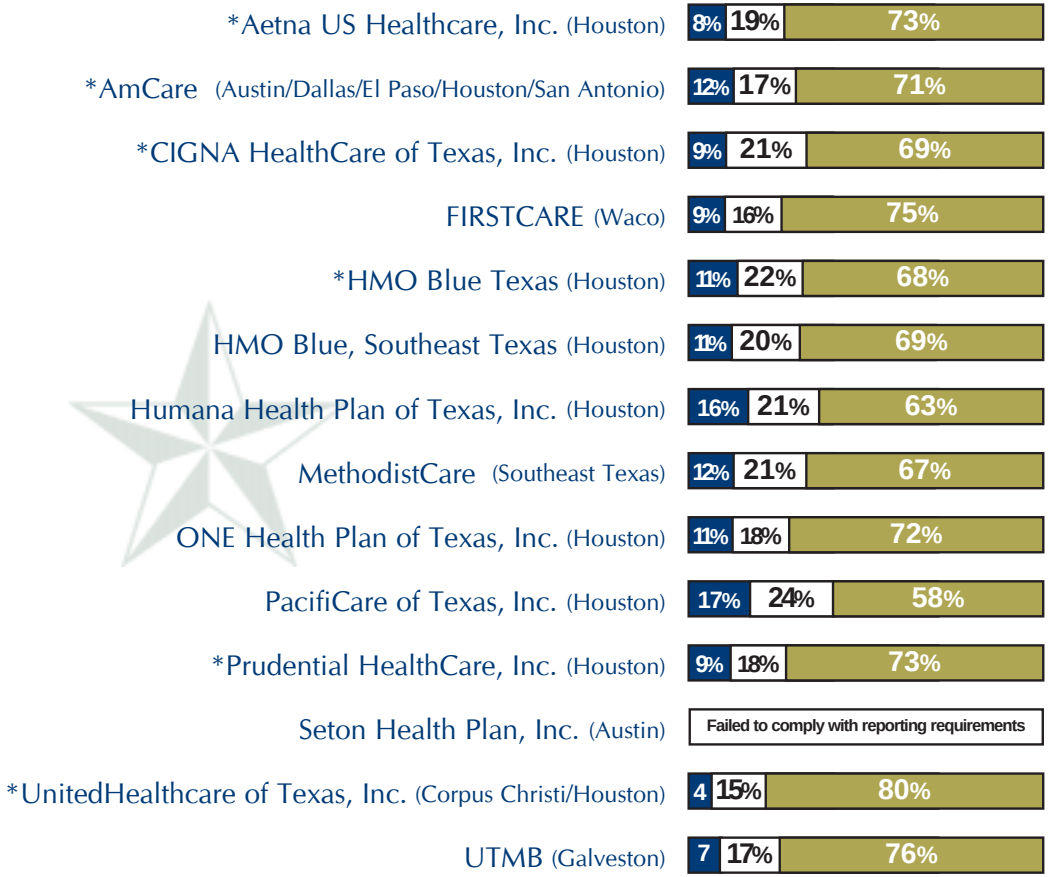
The bar graphs show answers to survey questions that asked people how much of a problem it was to:

- Find a personal doctor or nurse.
- Get a referral to a specialist that they wanted to see.
- Get the care they and their doctor believed necessary.
- Get care approved by the health plan without delays.

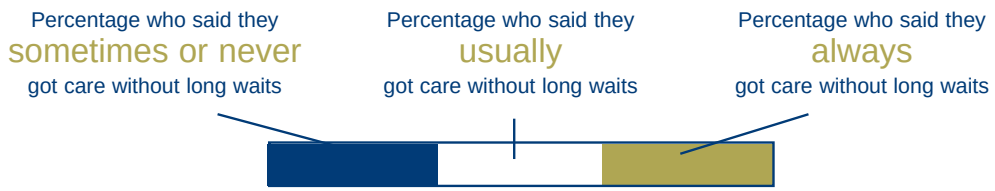


Due to rounding, percentages may not add to 100%.

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



Getting care without long waits



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

- Got the help or advice they needed when they called the doctor's office during regular office hours.
- Got treatment as soon as they wanted when they were sick or injured.
- Got an appointment as soon as they wanted for regular or routine health care.
- Waited only 15 minutes or less past their appointment time to see the person they went to see.

State Average

26%	32%	42%

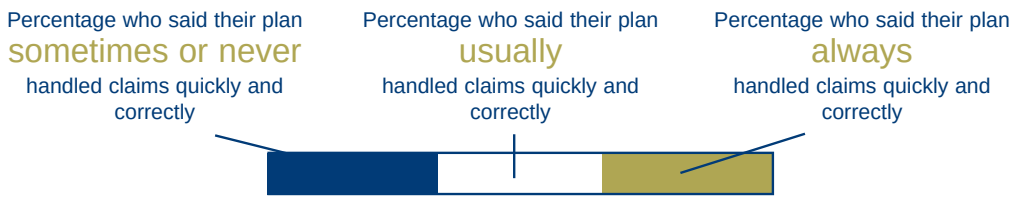
Due to rounding, percentages may not add to 100%.

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

*Aetna US Healthcare, Inc. (Houston)	27%	31%	42%
*AmCare (Austin/Dallas/El Paso/Houston/San Antonio)	Not enough data to report on this Plan		
*CIGNA HealthCare of Texas, Inc. (Houston)	28%	36%	36%
FIRSTCARE (Waco)	21%	33%	46%
*HMO Blue Texas (Houston)	29%	34%	37%
HMO Blue, Southeast Texas (Houston)	28%	32%	39%
Humana Health Plan of Texas, Inc. (Houston)	30%	30%	39%
MethodistCare (Southeast Texas)	32%	31%	36%
ONE Health Plan of Texas, Inc. (Houston)	Not enough data to report on this Plan		
PacifiCare of Texas, Inc. (Houston)	33%	32%	35%
*Prudential HealthCare, Inc. (Houston)	Not enough data to report on this Plan		
Seton Health Plan, Inc. (Austin)	Failed to comply with reporting requirements		
*UnitedHealthcare of Texas, Inc. (Corpus Christi/Houston)	25%	36%	39%
UTMB (Galveston)	34%	31%	34%

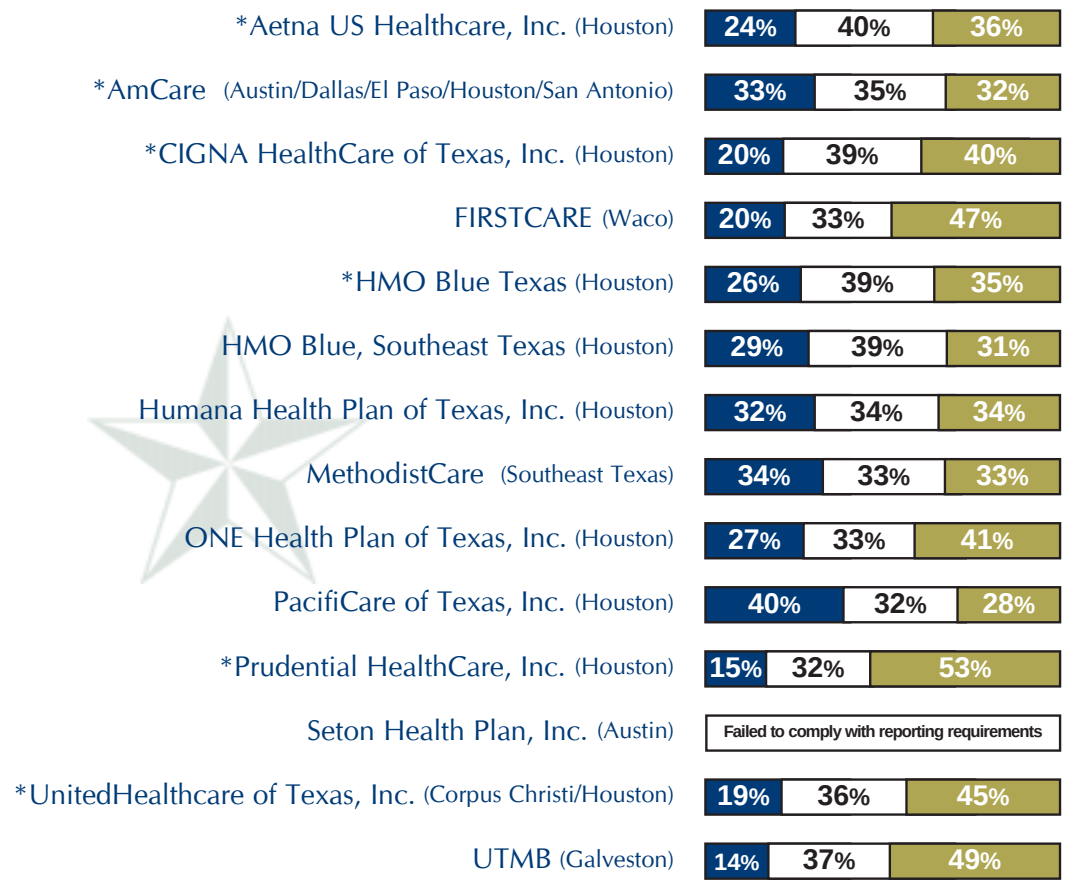
Survey (CAHPS™ 2.0H) Results

Handling of claims quickly and correctly



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

- Handled claims in a reasonable time.
- Handled claims correctly.



State Average

22% 34% 44%

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

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

Efficiency and helpfulness of customer service

The bar graphs show answers to survey questions that asked people how much of a problem it was to:

- Get the help they needed when they called the health plan's customer service.
- Find or understand information in the written materials from their health plan.
- Deal with paperwork.

	BIG problems	SMALL problems	NO problems
*Aetna US Healthcare, Inc. (Houston)	10%	27%	63%
*AmCare (Austin/Dallas/El Paso/Houston/San Antonio)	17%	25%	58%
*CIGNA HealthCare of Texas, Inc. (Houston)	10%	27%	63%
FIRSTCARE (Waco)	10%	23%	67%
*HMO Blue Texas (Houston)	15%	21%	64%
HMO Blue, Southeast Texas (Houston)	14%	26%	59%
Humana Health Plan of Texas, Inc. (Houston)	16%	25%	59%
MethodistCare (Southeast Texas)	12%	26%	62%
ONE Health Plan of Texas, Inc. (Houston)	15%	24%	61%
PacifiCare of Texas, Inc. (Houston)	16%	25%	60%
*Prudential HealthCare, Inc. (Houston)	9%	23%	68%
Seton Health Plan, Inc. (Austin)	Failed to comply with reporting requirements		
*UnitedHealthcare of Texas, Inc. (Corpus Christi/Houston)	10%	28%	63%
UTMB (Galveston)	11%	25%	64%

State Average

BIG problems	SMALL problems	NO problems
12%	25%	64%

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

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

Survey (CAHPS™ 2.0H) Results

How well doctors communicate

The bar graphs show answers to survey questions that asked people how often their doctor or other health provider:

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

*Aetna US Healthcare, Inc. (Houston)	12%	33%	55%
*AmCare (Austin/Dallas/El Paso/Houston/San Antonio)	10%	30%	60%
*CIGNA HealthCare of Texas, Inc. (Houston)	12%	39%	49%
FIRSTCARE (Waco)	7%	27%	66%
*HMO Blue Texas (Houston)	12%	31%	57%
HMO Blue, Southeast Texas (Houston)	14%	30%	56%
Humana Health Plan of Texas, Inc. (Houston)	17%	32%	51%
MethodistCare (Southeast Texas)	13%	30%	57%
ONE Health Plan of Texas, Inc. (Houston)	14%	31%	54%
PacifiCare of Texas, Inc. (Houston)	15%	32%	53%
*Prudential HealthCare, Inc. (Houston)	11%	34%	55%
Seton Health Plan, Inc. (Austin)	Failed to comply with reporting requirements		
*UnitedHealthcare of Texas, Inc. (Corpus Christi/Houston)	11%	37%	52%
UTMB (Galveston)	11%	29%	60%

State Average

11%	30%	59%

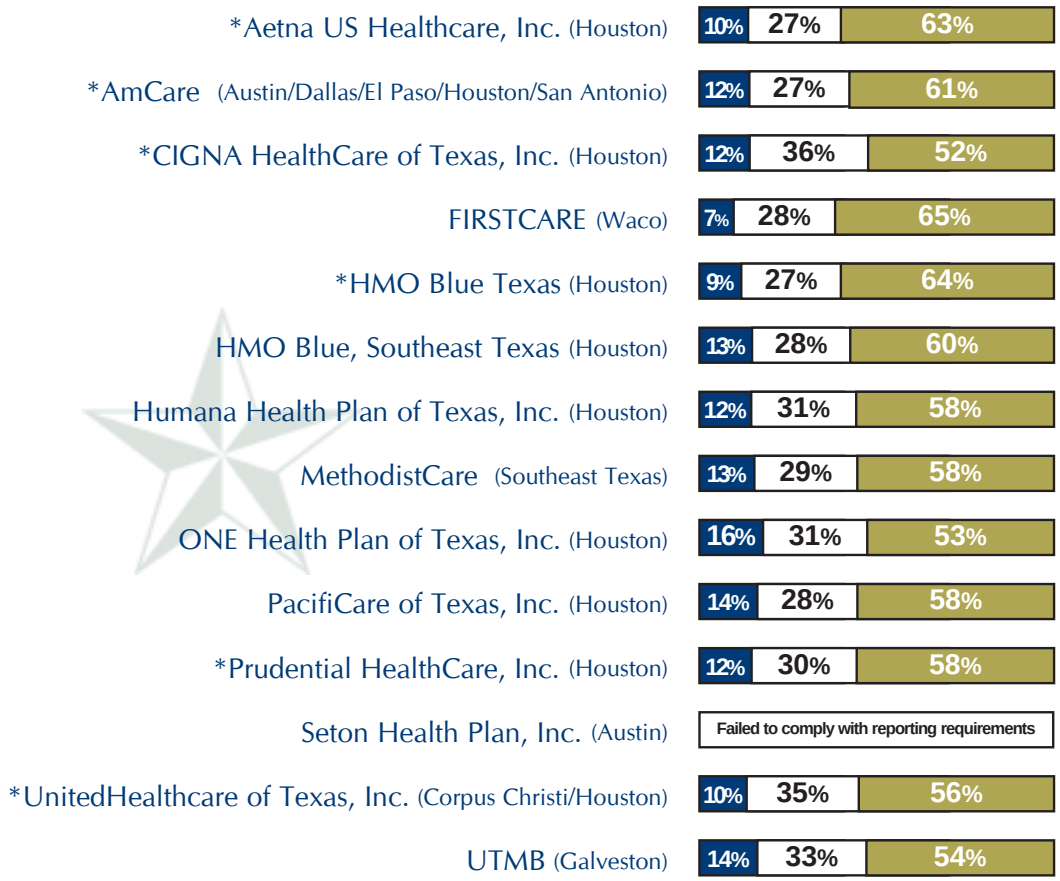
Due to rounding, percentages may not add to 100%.

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

Courtesy, respect and helpfulness of office staff

The bar graphs show answers to survey questions that asked people how often the office staff at their doctor's office:

- Treated them with courtesy and respect.
- Were as helpful as they should be.



State Average

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

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

Survey (CAHPS™ 2.0H) Results

Response rate for **all** plans in the survey

response rate = (completed surveys / [total sample - ineligible])

State Average = 36%

Aetna US Healthcare (Houston)	31%
Aetna US Healthcare (San Antonio)	31%
Aetna US Healthcare of North Texas (Dallas/Ft Worth)	30%
AmCare (Houston/El Paso/Austin/San Antonio/Dallas)	27%
Amil (Austin)	44%
CIGNA HealthCare of Texas, Inc. (Dallas)	46%
CIGNA HealthCare of Texas, Inc. (Houston)	42%
Community First Health Plans, Inc. (San Antonio)	43%
FIRSTCARE (Abilene/Midland/San Angelo)	53%
FIRSTCARE (Amarillo)	61%
FIRSTCARE (Lubbock)	54%
FIRSTCARE (Waco)	50%
Heritage Health Plan (Tyler)	56%
HMO Blue Texas (Austin)	37%
HMO Blue Texas (Beaumont/Lufkin)	36%
HMO Blue Texas (Corpus Christi)	38%
HMO Blue Texas (Dallas)	33%
HMO Blue Texas (Houston)	32%
HMO Blue Texas (San Antonio)	34%
HMO Blue, Central/South TX (Austin/Corpus Christi/Rio Grande/San Antonio)	34%
HMO Blue, El Paso (El Paso)	36%
HMO Blue, Northeast Texas (Dallas/Ft Worth/Tyler)	26%
HMO Blue, Southeast Texas (Houston)	27%
HMO Blue, Southwest Texas (Abilene/San Angelo)	39%
HMO Blue, Southwest Texas (Midland)	29%
HMO Blue, West Texas (Panhandle)	36%
Humana Health Plan of Texas (Austin)	40%
Humana Health Plan of Texas (Corpus Christi)	37%
Humana Health Plan of Texas (Dallas)	34%
Humana Health Plan of Texas (Houston)	33%
Humana Health Plan of Texas (San Antonio)	45%
Mercy Health Plans of Missouri, Inc. (Laredo)	35%
MethodistCare (Southeast TX)	51%
ONE Health Plan of Texas, Inc. (Austin)	28%
ONE Health Plan of Texas, Inc. (Dallas)	25%
ONE Health Plan of Texas, Inc. (Houston)	20%
PacifiCare of Texas (Dallas)	38%
PacifiCare of Texas (Houston)	34%
PacifiCare of Texas (San Antonio)	53%
Parkland Community Health Plan (Northeast TX)	45%
Prudential HealthCare Plan, Inc. (Austin)	22%
Prudential HealthCare Plan, Inc. (Corpus Christi)	19%
Prudential HealthCare Plan, Inc. (El Paso)	25%
Prudential HealthCare Plan, Inc. (Houston)	16%
Prudential HealthCare Plan, Inc. (North TX)	16%
Prudential HealthCare Plan, Inc. (San Antonio)	15%
Scott and White Health Plan (Central TX)	57%
Seton Health Plan, Inc. (Austin)	FTC
Texas Health Choice (Dallas)	30%
UnitedHealthcare of Texas, Inc. (Austin/San Antonio)	37%
UnitedHealthcare of Texas, Inc. (Corpus Christi/Houston)	37%
UnitedHealthcare of Texas, Inc. (Dallas)	35%
UTMB Healthcare System (Galveston)	42%
Valley Baptist Health Plans (Harlingen)	40%

FTC = Failed to comply with reporting requirements

Complaint Data

The following section contains an analysis of state-wide information collected by the Texas Department of Insurance.

Complaint data

The following tables and charts provide information about the number of complaints against HMOs registered by medical providers, patients and others with the Texas Department of Insurance (TDI). Closed complaints against HMOs are reported regardless of their disposition by TDI. The Office of Public Insurance Counsel (OPIC) does not audit or otherwise attempt to verify the accuracy of the complaint or enrollment data used in this section of the report. The TDI complaint databases available on their web site are a snapshot that change over time. As additional complaints are closed, they are added back to the database corresponding to the calendar quarter in which they were received. This can create difficulties for outside parties attempting to replicate the statistics reported here.

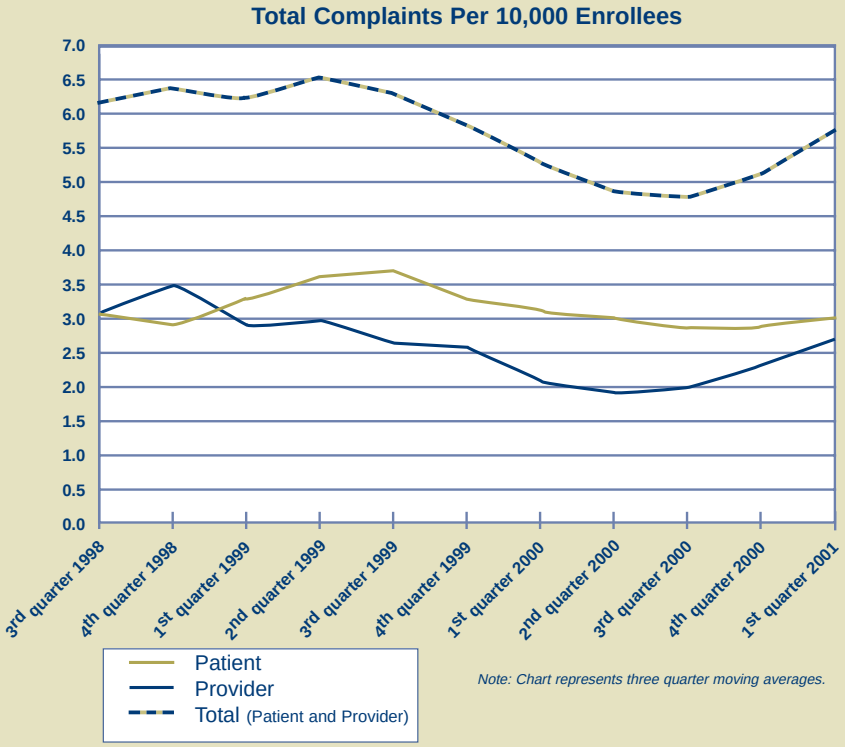
Changes to Complaint Counts

Changes to the method for counting complaints have been implemented this year. Over the past two years we have observed a trend in TDI's complaint database to include more detail about individual complaints. The unintended effect of this has been an increase in complaint records that are duplicative rather than additional aspects of a patient or provider's problem with a health plan.

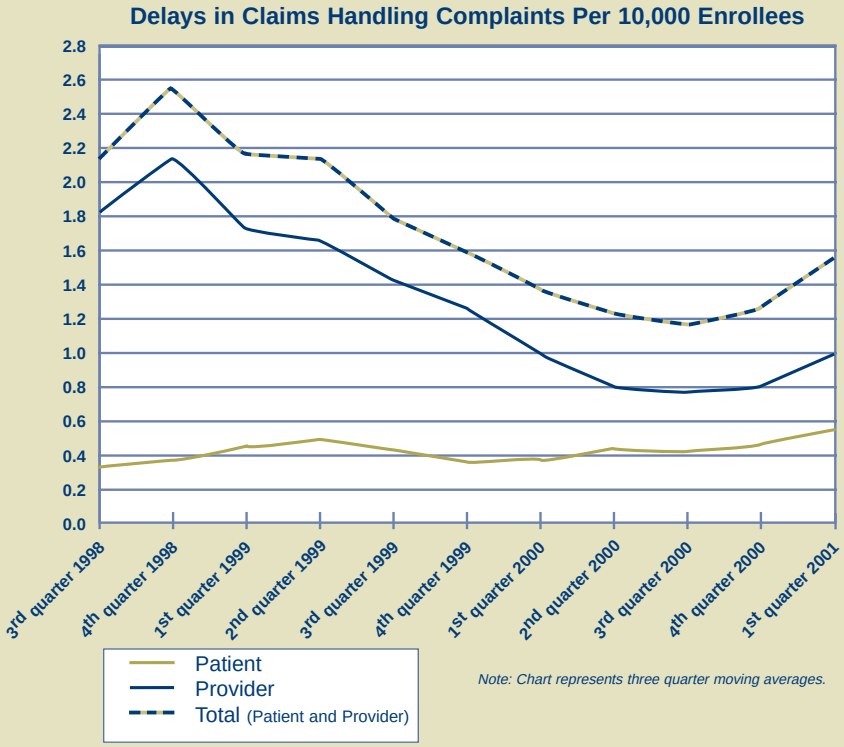
While this is not a concern when counting complaints for comparative purposes, it causes problems when looking at longer term trends. It creates the appearance that complaints are increasing quite rapidly when they may not be. Rather than using one method of counting for the comparisons and another for trending, we felt it would be less confusing to use a single method for both.

Previously, all health plan complaint records were counted excluding only those coded as ERISA in the database. Beginning this year, complaint records are counted using a combination of unique complaint ID and reason for complaint. Additional records with the same ID and reason as those already counted are excluded. As a result, complaint counts produced in this report are not comparable to prior years.

The general trend over the past three years shows a slight decline in the number of complaints per enrollee followed by a more recent upward trend during the last several quarters. In the early part of 2001, both patient and provider complaint ratios are slightly below what they were in mid 1998.



Note: Chart represents three quarter moving averages.



As in past years, the most common reason for complaint against an HMO was for **delays in claims handling (28%)**. Typically these complaints are filed by medical providers, however it was also the most common reason for complaint among patients.

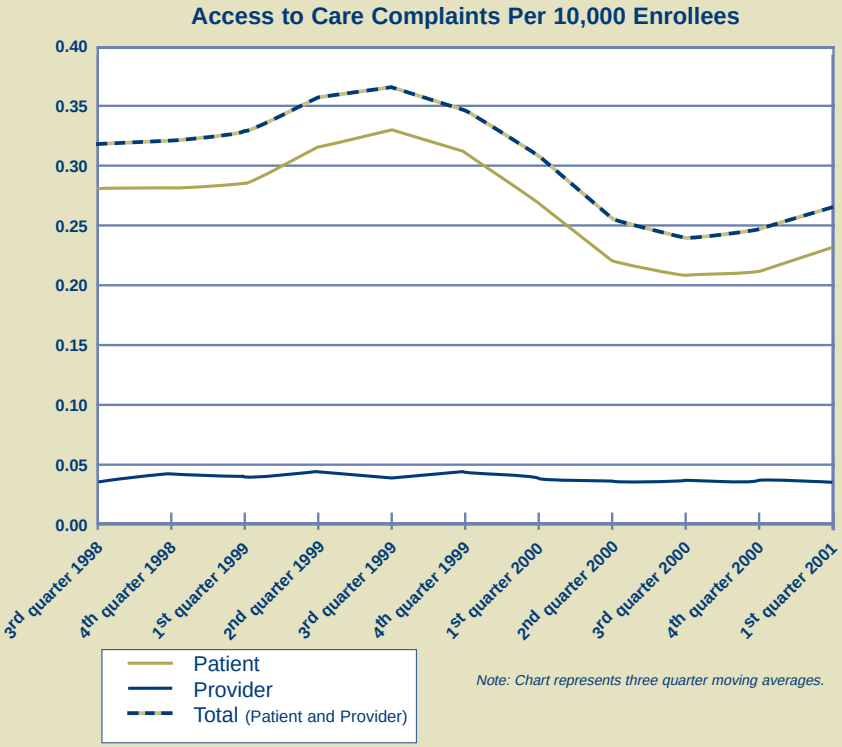
Other common reasons for complaint were for **denial of claims (20%)**, **unsatisfactory settlement offers (11%)** related to medical claims, and **balance billing (10%)**.

Denial of claim is a complaint made by both providers and patients. Usually this involves a dispute with an HMO over whether procedures or services are covered. Unsatisfactory settlement offers are currently a common complaint made by medical providers often related to compensation or contract conficts. Balance billing is primarily a patient complaint that results when medical providers, laboratories or hospitals bill patients for services the HMO is expected to cover.

Complaints for delays in claims handling on a per member basis show a significant decline of over 20% from 1999 levels. Possible explanations include the takeover by other health plans of certain financially troubled HMOs during this period as well as the improvement of billing issues related to earlier health plan mergers.

While the longer term trend is down, complaints for delays in claims handling have begun increasing significantly again in recent months as the top left chart indicates.

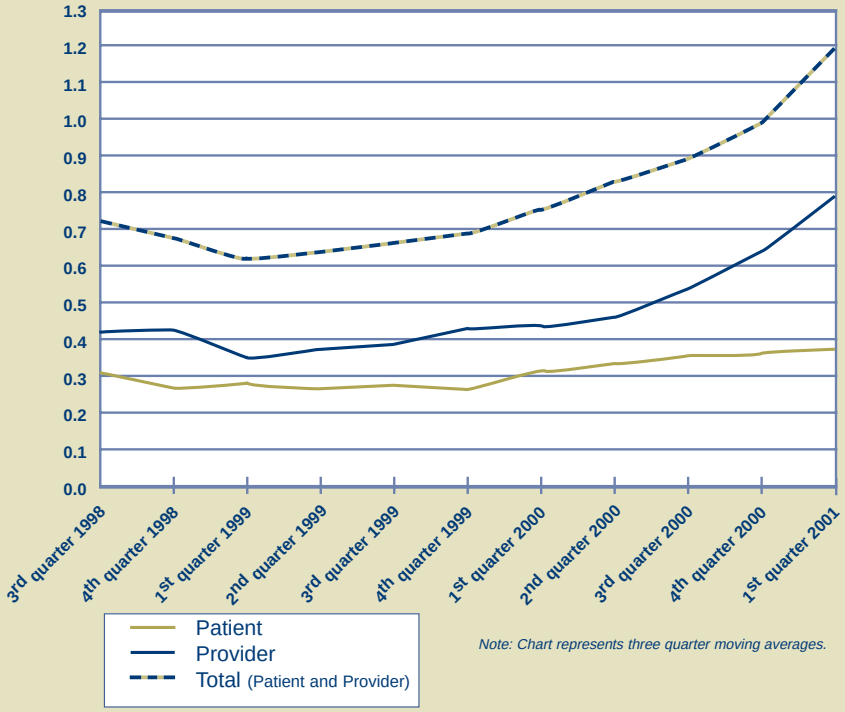
Access to care complaints have also declined by over 20% from mid 1999 to early 2001. This may be reflective of improved system efficiencies related to referrals.



(continued from page 21)

On the more negative side, a recent sharp increase has been observed in complaints for denial of claims. This complaint measure is up over 75% between mid 1999 and early 2001.

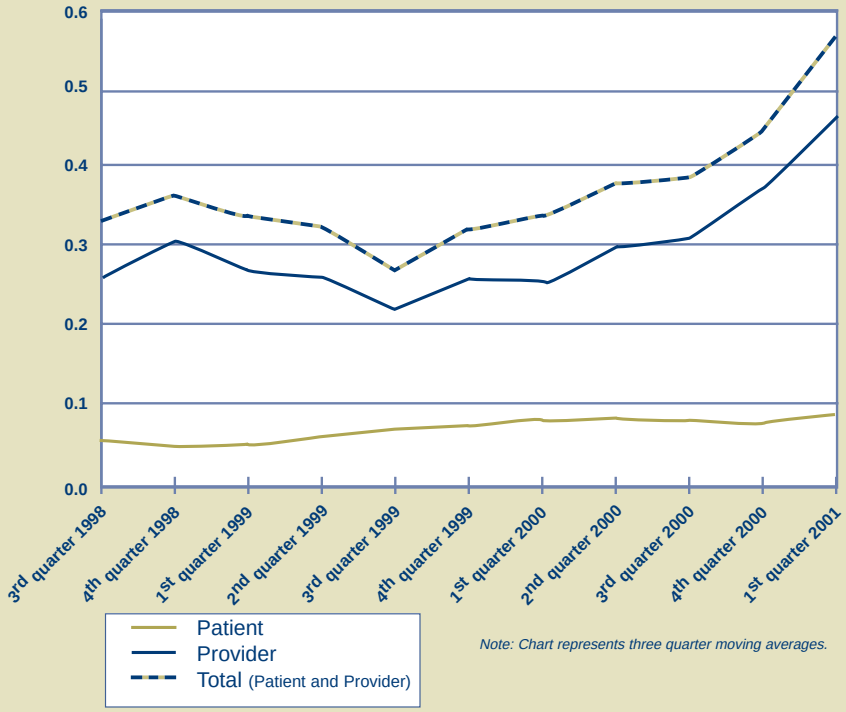
Denial of Claim Complaints Per 10,000 Enrollees



Note: Chart represents three quarter moving averages.

There has been a similar sharp increase in complaints related to unsatisfactory settlement offer related to medical claims.

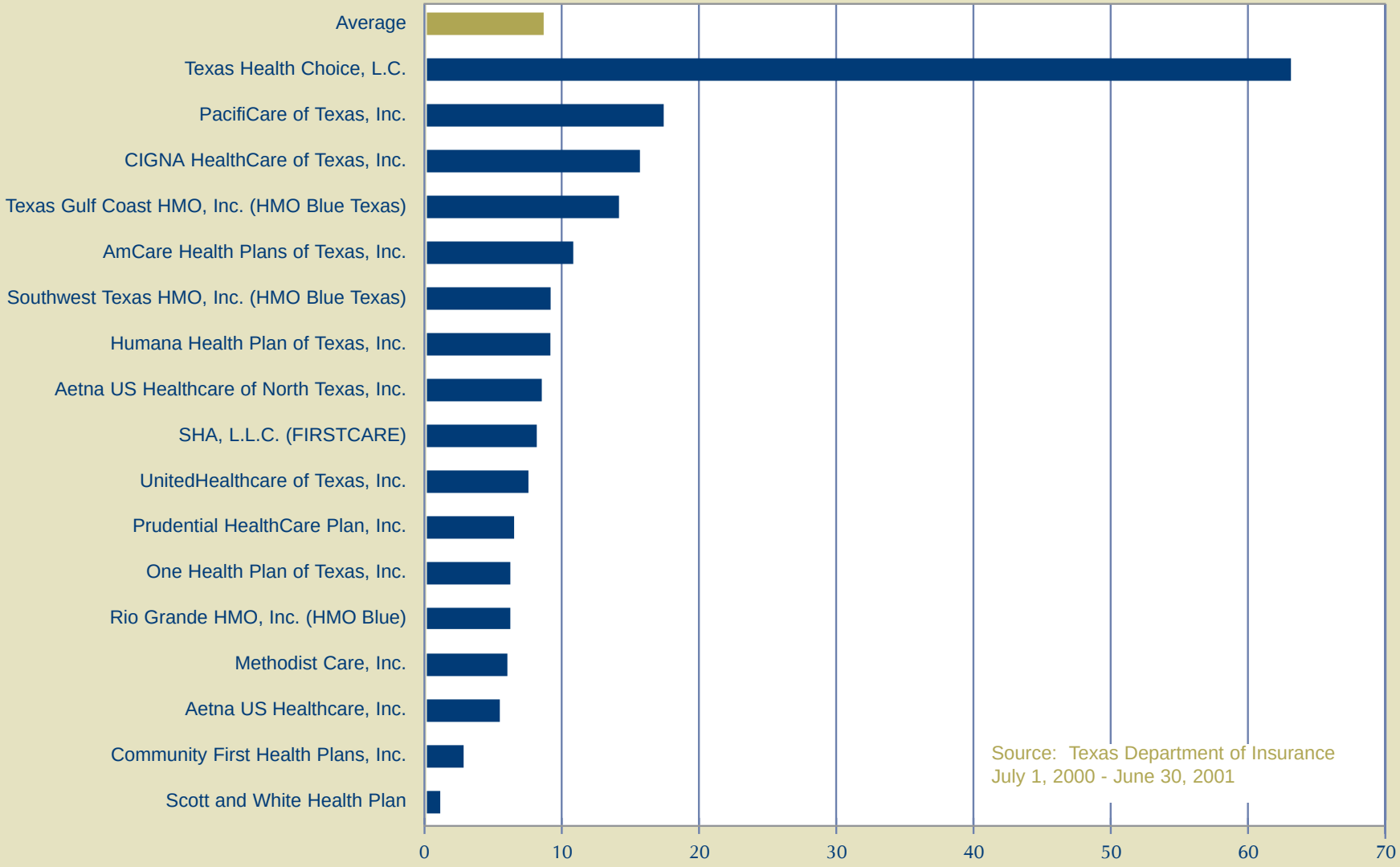
Unsatisfactory Settlement Offer Complaints Per 10,000 Enrollees



Note: Chart represents three quarter moving averages.

Patient* Complaints Per 10,000 Enrollees

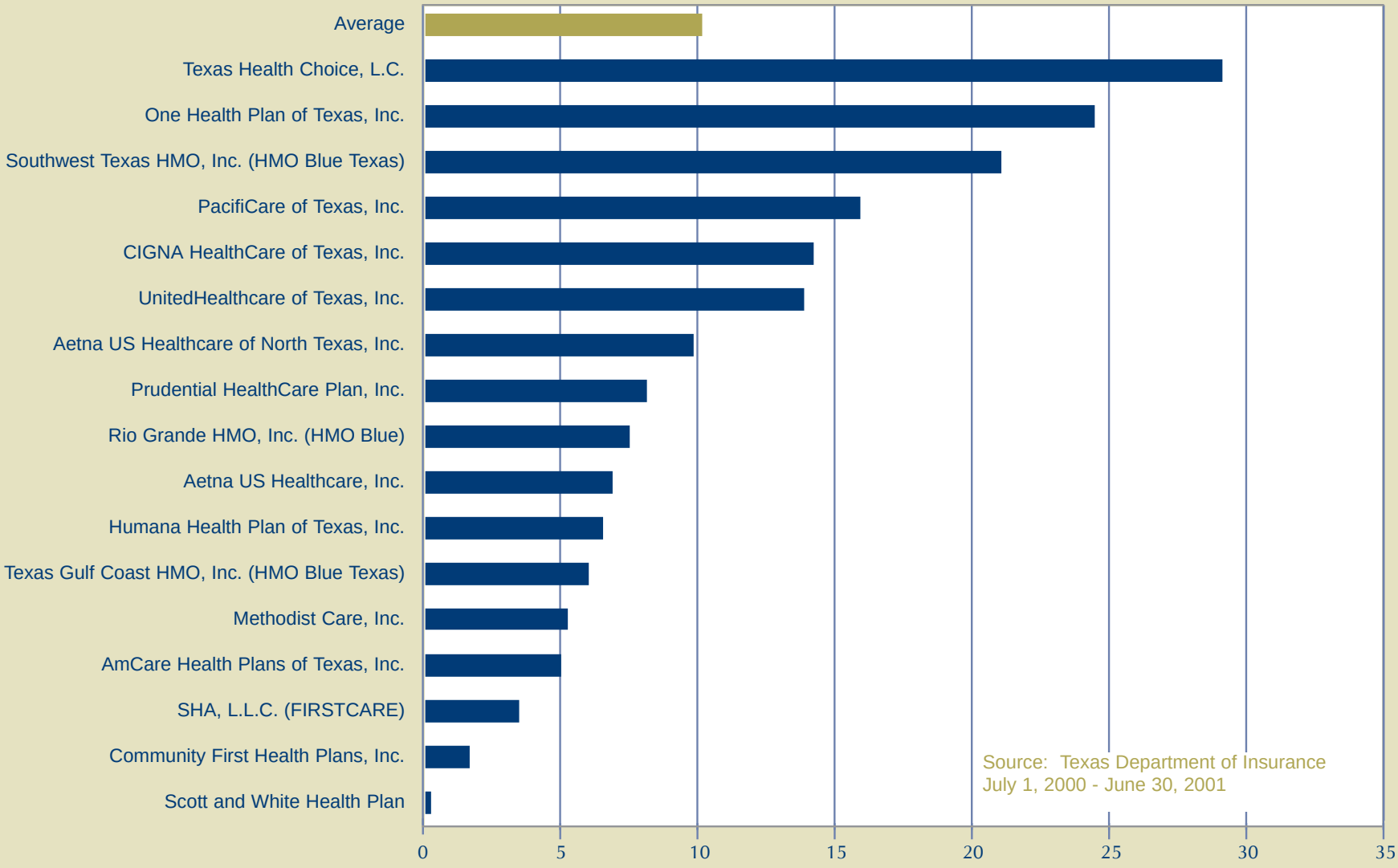
Plans With **More** than 50,000 Enrollees



* *Includes complaints filed on behalf of patient by others.*

Health Care Provider* Complaints Per 10,000 Enrollees

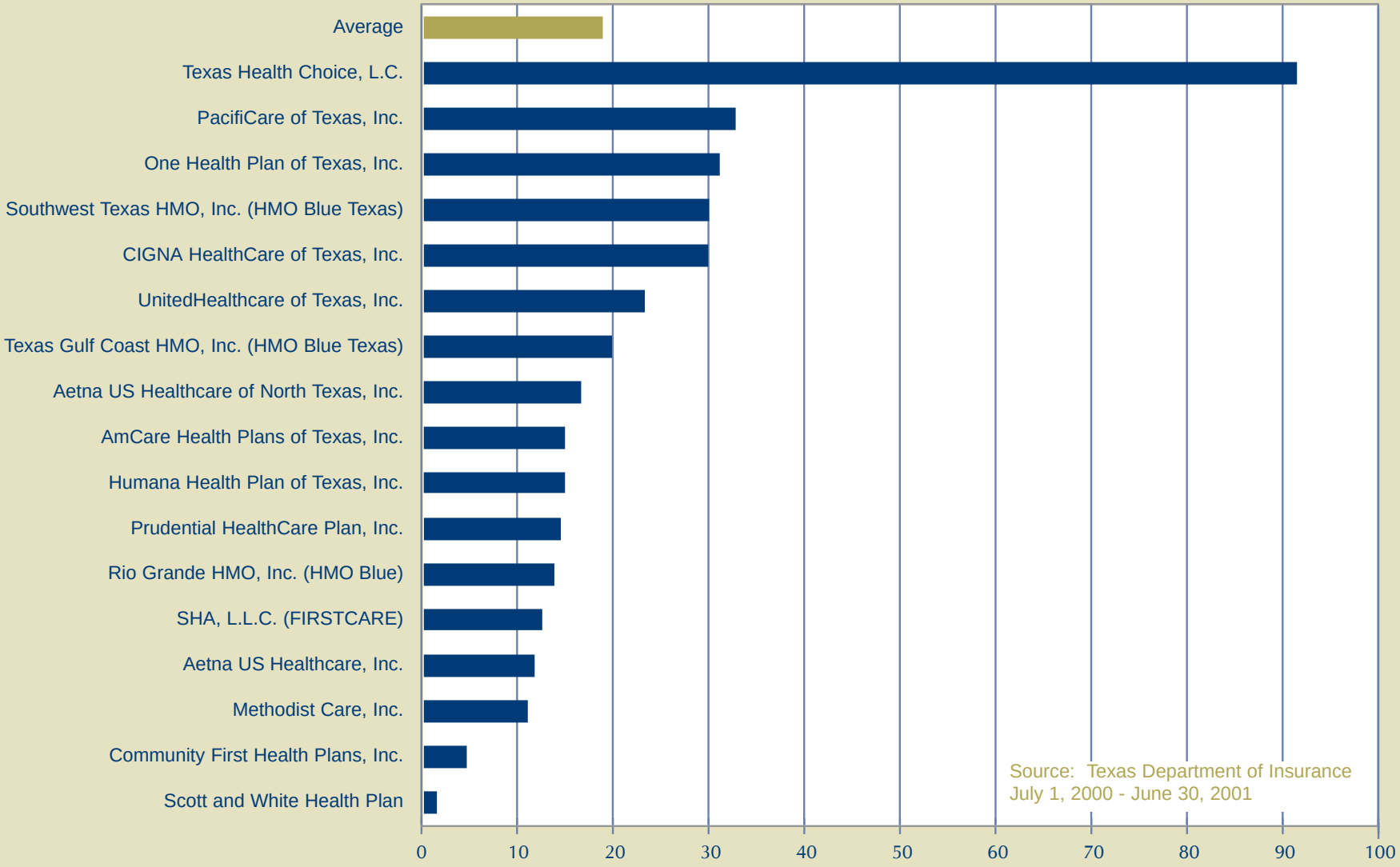
HMOs With **More** than 50,000 Enrollees



* *Includes doctors, hospitals and other health care providers.*

Combined (Patient/Provider) Complaints Per 10,000 Enrollees

Plans With **More** than 50,000 Enrollees



Total Complaint Data*

July 1, 2000 - June 30, 2001

Basic Service HMOs With Enrollment **Above** 50,000

	Ending Enrollment Dec 31, 2000	Health Care Provider Complaints	Patient Complaints	Combined (Patient / Provider) Complaints	Health Care Provider Complaints Per 10,000 Enrollment	Patient Complaints Per 10,000 Enrollment	Combined (Patient / Provider) Complaints Per 10,000 Enrollment
Aetna US Healthcare, Inc.	290,418	195	152	347	6.7	5.2	12.0
Aetna US Healthcare of North Texas, Inc.	263,247	259	220	479	9.8	8.4	18.2
AmCare Health Plans of Texas, Inc.	53,491	27	59	86	5.0	11.0	16.0
CIGNA HealthCare of Texas, Inc.	126,586	181	195	376	14.3	15.4	29.7
Community First Health Plans, Inc.	52,435	8	15	23	1.5	2.9	4.4
Humana Health Plans of Texas, Inc.	314.195	204	290	494	6.5	9.2	15.7
Methodist Care, Inc.	93,003	49	57	106	5.3	6.1	11.4
One Heatlh Plan of Texas, Inc.	54,060	133	35	168	24.6	6.5	31.1
PacifiCare of Texas, Inc.	470,517	751	813	1,564	16.0	17.3	33.2
Prudential Health Care Plan, Inc.	327,443	269	222	491	8.2	6.8	15.0
Rio Grande HMO, Inc. (HMO Blue, Central, El Paso, NE, SE, SW, West TX)	170,371	127	110	237	7.5	6.5	13.9
Scott and White Health Plan	154,575	1	15	16	0.1	1.0	1.0
SHA, L.L.C. (FIRSTCARE)	79,396	37	65	102	4.7	8.2	12.9
Southwest Texas HMO, Inc. (HMO Blue Texas)	172,961	360	160	520	20.8	9.3	30.0
Texas Gulf Coast HMO, Inc. (HMO Blue Texas)	398,501	242	542	784	6.1	13.6	19.7
Texas Health Choice, L.C.	86,810	254	537	791	29.3	61.9	91.1
UnitedHealthcare of Texas, Inc.	340,935	477	259	736	14.0	7.6	21.6
TOTAL /AVERAGE BASIC SERVICE[1] (Plans > 50,000 Enrollment)	**3,448,944**	**3,574**	**3,746**	**7,320**	**10.1**	**8.9**	**19.0**

* Previously, all health plan complaint records were counted exluding only those coded as ERISA in the database. Beginning this year, complaint records are counted using a combination of unique complaint ID and reason for complaint. Additional records with the same ID and reason as those already counted are excluded. As a result, complaint counts produced in this report are not comparable to prior years. For more explanation about changes to the complaint data refer to page 20.

Footnotes

[1] Average complaint ratios for plans with enrollment greater than 50,000 are calculated excluding the high and low value in each column.

Total Complaint Data*

July 1, 2000 - June 30, 2001

Basic Service HMOs With Enrollment **Below** 50,000

	Ending Enrollment Dec 31,2000	Health Care Provider Complaints	Patient Complaints	Combined (Patient / Provider) Complaints	Health Care Provider Complaints Per 10,000 Enrollment	Patient Complaints Per 10,000 Enrollment	Combined (Patient / Provider) Complaints Per 10,000 Enrollment
Amil International (Texas), Inc.	16,256	13	19	32	8.0	11.7	20.0
Community Health Choice, Inc.	7,876	37	12	49	47.0	15.2	62.2
HealthFirst HMO, Inc.	1,319	2	2	4	15.2	15.2	30.3
HealthPlan of Texas, Inc.	12,105	4	1	5	3.3	0.8	4.1
MetroWest Health Plan, Inc	3,698	3	1	4	8.1	2.7	10.8
Parkland Community Health Plan, Inc.	48,399	0	3	3	0	0.6	0.6
Physicians Care HMO, Inc.	83	2	2	4	241.0	241.0	481.9
Presbyterian Health Plan, Inc.	10,783	3	6	9	2.8	5.6	8.4
Seton Health Plan, Inc.	27,424	7	10	17	2.6	3.7	6.2
Texas Children's Health Plan, Inc.	36,211	0	2	2	0	0.6	0.6
Texas Universities Health Plans, Inc. (TUHP)	11,256	5	26	31	4.4	23.1	27.5
Universal Healthplan, Inc.	145	0	1	1	0	69.0	69.0
UTMB Health Plans, Inc.	44,871	2	3	5	0.5	0.7	1.1
Valley Baptist Health Plan, Inc.	11,018	1	0	1	0.9	0	0.9
Wellcare Health Plans of Texas, L.L.C.	1,031	18	76	94	174.6	737.2	911.7
West Texas Health Plans, L.C. (HMO Blue, West Texas)	15,913	2	1	3	1.3	0.6	1.9
TOTAL / MEDIAN BASIC SERVICE[1]	**248,388**	**99**	**165**	**264**	**3.0**	**4.6**	**9.6**

* Previously, all health plan complaint records were counted exluding only those coded as ERISA in the database. Beginning this year, complaint records are counted using a combination of unique complaint ID and reason for complaint. Additional records with the same ID and reason as those already counted are excluded. As a result, complaint counts produced in this report are not comparable to prior years. For more explanation about changes to the complaint data refer to page 20.

Footnotes

[1] Overall complaint ratios for plans are based on the median due to the high level of variability among plans.

Appeals and Complaints

If your health plan refuses to pay for health care that you or your physician thinks is necessary or appropriate, you have the right to appeal its decision. When your health plan makes such a refusal, it must also tell you how to use its internal appeals process.

If your appeal is denied, you have the right to request a review by a neutral third party called an Independent Review Organization (IRO). The IRO has 20 days to issue its decision.

If your condition is life-threatening, you may go directly to the IRO without using your plan's internal appeals process. The IRO then has 8 days to issue its decision. HMOs are required to pay for the IRO appeal process and comply with the IRO's decision.

You may be able to take legal action against an HMO if you have been harmed by its health care treatment decisions.

Complaints against HMOs may be filed with the Texas Department of Insurance (TDI). Complaints against health care providers should also be directed to the appropriate licensing or enforcement agency.

For more information on independent review or filing complaints (and other patient's rights), contact the TDI's
IRO Information Line (888)834-2476 in Austin 322-3400
Consumer Help Line (800)252-3439 in Austin 463-6500.

Independent Review Organization (IRO) Appeals
July 1, 2000 to June 30, 2001

	Cases	Cases Decided in Favor of HMO	Cases Decided in Favor of Patient/ Enrollee	Cases Decided Partially in Favor of Both	Pending Cases
Aetna US Healthcare	53	24	22	6	1
Amil	2	1	1	0	0
CIGNA HealthCare of Texas, Inc.	12	4	6	2	0
Community First Health Plans, Inc.	3	2	1	0	0
Cook Children's Health Plan	1	1	0	0	0
FIRSTCARE	4	2	2	0	0
HMO Blue	40	15	24	1	0
Humana Health Plan of Texas	7	2	4	1	0
Magellan Behavioral Health	1	0	0	1	0
MethodistCare	1	1	0	0	0
ONE Health Plan of Texas, Inc.	4	1	1	2	0
PacifiCare of Texas	23	3	19	1	0
Prudential HealthCare	62	24	30	8	0
Scott and White Health Plan	2	0	2	0	0
Texas Children's Health Plan	1	1	0	0	0
Texas Health Choice	5	2	2	1	0
UnitedHealthcare of Texas, Inc.	11	2	8	1	0
TOTAL	**232**	**85**	**122**	**24**	**1**

Source: TDI IRO Database

Exception:
Some employer-sponsored health benefit plans are not subject to most state insurance laws because of a federal law called the Employee Retirement Income Security Act of 1974 (ERISA). However, Texas law now includes a *voluntary* independent review mechanism for ERISA plans. ERISA plans that agree to participate in the IRO process must comply with decisions made by the IRO. Staff at the Texas Department of Insurance can help determine if you are in an ERISA plan when they review your complaint. You can also request information from and file complaints with the United States Department of Labor (see page 34).

HMO Market Share

Customer Service Phone Numbers

Sources of Financial Information

Other Sources of Information

The following section contains state-wide information as compiled by the Texas Department of Insurance and other sources.

HMO Market share

HMO	Total Ending Enrollment	Total Market Share	Group Ending Enrollment	Group Market Share
Aetna US Healthcare (Incl. Aetna N. TX and Prudential)	921,184	24.0%	920,678	30.3%
Blue Cross Blue Shield of Texas (Incl. all HMO Blue plans)	636,332	16.6%	565,291	18.6%
PacifiCare of Texas, Inc.	407,035	10.6%	234,676	7.7%
UnitedHealthcare of Texas, Inc.	275,901	7.2%	275,622	9.1%
FIRSTCARE (SHA, L.L.C.)	231,941	6.0%	191,753	6.3%
Humana Health Plan of Texas, Inc.	214,789	5.6%	155,638	5.1%
Scott and White Health Plan	159,325	4.2%	127,415	4.2%
CIGNA HealthCare of Texas, Inc.	156,477	4.1%	156,361	5.1%
Americaid Texas, Inc.	149,642	3.9%	22,797	0.7%
MethodistCare, Inc.	71,496	1.9%	55,469	1.8%
Texas Health Choice	67,426	1.8%	50,057	1.6%
Community First Health Plans, Inc.	62,133	1.6%	22,171	0.7%
Parkland Community Health Plan, Inc.	54,745	1.4%	9,670	0.3%
ONE Health Plan of Texas, Inc.	54,509	1.4%	54,509	1.8%
Superior Healthplan, Inc.	53,315	1.4%	0	
UTMB Healthcare Systems	52,592	1.4%	27,979	0.9%
Texas Children's Health Plan, Inc.	41,235	1.1%	29,893	1.0%
AmCare Health Plans of Texas, Inc.	39,611	1.0%	20,077	0.7%
Vista Health Plan, Inc.	30,578	0.8%	30,578	1.0%
Cook Children's Health Plan	27,452	0.7%	27,452	0.9%
Seton Health Plan, Inc.	24,824	0.6%	10,610	0.3%
Amil International (Texas), Inc.	20,331	0.5%	20,331	0.7%
TUHP(Texas Universities Health Plan, Inc.)	15,679	0.4%	1,893	0.1%
Mercy Health Plans of Missouri, Inc.	15,179	0.4%	8,062	0.3%
Driscoll Children's Health Plan	13,384	0.3%	0	
Heritage Health Plans(HealthPlan of Texas, Inc.)	12,840	0.3%	12,840	0.4%
Valley Baptist Health Plan, Inc.	10,961	0.3%	10,961	0.4%
Community Health Choice, Inc.	8,183	0.2%	0	
MetroWest Health Plan, Inc.	3,821	0.1%	0	
Wellcare Health Plans of Texas	796	0.0%	374	0.0%
Universal Healthplan, Inc.	88	0.0%	0	
HealthFirst HMO, Inc.	5	0.0%	5	0.0%
TOTAL BASIC SERVICE	3,833,809		3,043,162	

Figures are based on March 2001 ending enrollment.

Total enrollment includes Medicare and Medicaid enrollees. Group enrollment includes only commercial.

Source:
TDI Texas Data HMO Report: Basic Service First Quarter 2001

Customer service phone numbers

Aetna US Healthcare	1-800-992-7947
Amcare	1-800-782-8373
Americaid Community Care (Americaid Texas, Inc.)	1-800-600-4441
Amil	1-888-349-2645
CIGNA HealthCare of Texas, Inc.	1-800-238-8801
Community First Health Plans, Inc.	1-800-434-2347
Community Health Choice, Inc.	1-888-760-2600
Cook Children's Health Plan	1-800-964-2247
Driscoll Children's Health Plan	1-877-324-3627
FIRSTCARE (SHA, LLC)	1-800-365-1051
Harris Methodist Texas Health Plan	Now PacifiCare of Texas
Heritage Health Plan (HealthPlan of Texas, Inc.)	1-800-458-4559
HMO Blue Texas (Southwest Texas HMO, Inc.)	1-877-299-2377
HMO Blue Texas (Texas Gulf Coast HMO, Inc.)	1-800-833-5318
HMO Blue, C/DFW/NE/S/SE/SW (Rio Grande HMO, Inc.)	1-888-585-6799
HMO Blue, West Texas (West Texas Health Plans, LC)	1-800-468-2602
Humana Health Plan of Texas	1-800-448-6262
Mercy Health Plans of Missouri, Inc.	1-800-617-3433
MethodistCare	1-800-313-0555
MetroWest Health Plan, Inc.	1-888-924-8852
MSCH HMO (Memorial Sisters of Charity)	Now Humana Health Plan of Texas
ONE Health Plan of Texas	1-800-663-8081
PacifiCare of Texas	1-800-825-9355
Parkland Community Health Plan	1-888-672-2277
PCA Health Plans of Texas, Inc.	Now Humana Health Plan of Texas
Prudential HealthCare Plan	1-800-261-2645
Scott and White Health Plan	1-800-321-7947
Seton Health Plan, Inc.	1-800-749-7404
Superior Healthplan, Inc.	1-800-216-8512
Texas Children's Health Plan, Inc.	1-800-990-8247
Texas Health Choice	1-800-466-8397
TUHP (Texas Universities Health Plan, Inc.)	1-888-333-4078
UnitedHealthcare of Texas, Inc.	1-800-411-1145
UTMB Healthcare Systems (Family Health Centers, Inc.)	1-800-310-7500
Valley Baptist Health Plans	1-877-423-4400
Vista Health Plan, Inc.	1-800-852-1040
Wellcare Health Plans of Texas	1-888-223-7887

Sources of financial information

Several organizations publish information about the financial strength of HMOs and other insurance companies in Texas. The financial condition of a health plan can impact its ability to timely pay claims and, in extreme cases, may affect quality of care. Unusually high complaint levels against a health plan, especially by medical providers, are sometimes an indication of poor financial condition.

For financial strength ratings of Texas health plans, you may contact the following organizations:

A.M. Best
www.ambest.com
1-908-439-2200

Standard and Poor's Corp.
www.standardandpoor.com
1-212-438-7307

Weiss Ratings, Inc.
www.weissratings.com
1-800-289-9222

Further financial and other information about many Texas health plans can be obtained by calling the Texas Department of Insurance customer service line at 1-800-252-3439. TDI also makes financial information available online via its "Company Profiles" link at www.tdi.state.tx.us.

OPIC encourages consumers to review all available information about their HMO's financial strength.

Other sources of information

Texas Department of Insurance (TDI)
P.O. Box 149091
Austin, Texas 78714-9091
(800) 252-3439;
In Austin, 463-6515
www.tdi.state.tx.us

The TDI has regulatory authority over the state's HMOs, 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 their website.

Texas Department of Health (TDH)
Bureau of Managed Care
1100 West 49th Street
Austin Texas 78756-3168
(512) 794-6862
www.tdh.state.tx.us/hcf/mc/default.htm

The TDH has primary regulatory responsibility over Medicaid managed care in Texas. Its Bureau of Managed Care has conducted and published both provider and consumer satisfaction surveys of Medicaid managed care plans, including HMOs.

Texas Health Care Information Council (THCIC)
206 East 9th Street, Suite 19.140
Two Commodore Plaza
Austin, Texas 78701
(512) 482-3312
www.thcic.state.tx.us

The THCIC collects data from hospitals and HMOs about quality of care and makes it available to the public. The Council annually collects and publishes Health Plan Employer Data and Information Set (HEDIS®) information from Texas HMOs. HEDIS® is a set of standardized measures designed to allow for comparisons of HMO performance.

TexCare Partnership
P.O. Box 149276
Austin, Texas 78714-9276
1-800-647-6558
www.texcarepartnership.com

TexCare Partnership provides health insurance for children at a price that fits the budgets of Texas families. It offers two children's health insurance programs: Children's Health Insurance Program (CHIP), and Medicaid for Texas Children. TexCare Partnership also determines eligibility for the State Kid's Insurance Program (SKIP) for children of state employees.

Texas Department on Aging (TDoA)
P.O. Box 12786
Austin, Texas 78711
(800) 252-9240
www.tdoa.state.tx.us

The TDoA was formed to administer programs funded by the federal Older Americans Act of 1965 (OAA) aand the Texas Legislature. These programs have been aimed at helping people 60 years of age and older maintain their health, personal independence, dignity and ability to contribute to society.

Health Information, Counseling and Advocacy Program (HICAP)
1-800-252-9240 (TDoA)

HICAP provides one-on-one counseling to Texas seniors and Medicare Beneficiaries. Benefits counselors help sort through confusing paperwork and get answers to important questions. HICAP volunteers provide information on critical issues including Medicare,

(continued from page 33)

Medicaid, supplemental insurance, Medicare HMOs, long term care insurance and retirement benefits. HICAP is sponsored by the TDoA, the TDI and the Texas Legal Services Center.

Texas Health Insurance Risk Pool (THIRP)

P.O. Box 6089
Abilene, Texas 79608-6089
1-888-398-3927
www.txhealthpool.org

The THIRP was created by the Texas Legislature to provide health insurance to Texas residents who either cannot obtain adequate health insurance coverage as a result of their medical conditions, or are considered "Federally Eligible Individuals," as defined by the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

Employees Retirement System of Texas (ERS)

18th and Brazos Streets
P.O. Box 13207
Austin, Texas 78711-3207
(888) 275-4377
www.ers.state.tx.us

The ERS administers health benefit plans for state agency and higher education employees whose employers participate in the Texas Uniform Group Insurance Program (UGIP). ERS also administers retirement plans for state agency employees. Their website contains useful information and guides to health benefits.

Teacher Retirement System of Texas (TRS)

1000 Red River Street
Austin, Texas 78701-2698
(800) 223-8778
www.trs.state.tx.us

The 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.

FEDERAL

Health Care Financing Administration

7500 Security Boulevard
Baltimore, Maryland 21244-1850
(800) 633-4227
www.hcfa.gov

The HCFA is the agency of federal government responsible for oversight of the nation's Medicare, Medicaid and the State Children's Insurance Program. HCFA makes information available to Medicare beneficiaries via its website, including comparative information about Medicare HMOs.

United States Department of Labor

Pension and Welfare Benefits Administration
(Dallas Regional Office)
525 Griffin Street, Rm. 707
Dallas, Texas 75202-5025
(214) 767-6831
www.dol.gov/dol/pwba

The Pension and Welfare Benefits Administration (PWBA) of the Department of Labor is the federal agency responsible for administering and enforcing provisions of Title I of the Employee Retirement Income Security Act of 1974 (ERISA). The PWBA publishes numerous documents and guides to assist workers with employer-based benefits in getting the information needed to protect their benefit rights.

Office of Personnel Management
Federal Employees Health Benefit Program

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

The Office of Personnel Management publishes an annual guide on health benefit plans for federal civilian employees called the FEHB Guide. The guide compares and rates HMOs, fee-for-service and managed care health plans that are available to federal workers.

Please send questions or comments to:

Office of Public Insurance Counsel

William P. Hobby State Office Building
333 Guadalupe, Suite 3-120
Austin, Texas 78701
512-322-4143
fax 512-322-4148
http://www.opic.state.tx.us
Rod.Bordelon@mail.capnet.state.tx.us
TDD or TT Users Call 1-800-RELAY TX
then ask agent to call the number you wish to reach

OPIC RECYCLES