

# Complaint Data



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

# HMO Complaint Data

The tables and charts shown in this section provide you with important information regarding the number and type of complaints against HMOs that have been registered with the Texas Department of Insurance (TDI) by medical providers, patients and others.

## Most Common Reasons for Complaint

Analysis of complaints filed against HMOs with the Texas Department of Insurance indicates that total complaints dropped 35% compared to the prior reporting year. While complaints were down in every category, the decrease was least pronounced in complaints relating to **DENIAL OF CLAIM** (23%). A greater decrease was seen in complaints relating to **UNSATISFACTORY SETTLEMENT OFFER** (55%). An increase (15%) in the number of complaints filed by patients and a decrease in the number of complaints filed by providers (45%) was also observed. After several years of decline, patient complaints increased both in number and as a percentage of total complaints.

Most Common Reasons for Complaint		2007	2006	2005	2004
Delays in Claims Handling	Provider and patient complaints about lack of timeliness in which claims are handled	19.15%	18.95%	25.86%	25.28%
Denial of Claim	Provider and patient complaints related to denial of coverage for health care service	32.20%	27.09%	25.84%	22.95%
Unsatisfactory Settlement Offer	Often relates to health care providers dissatisfied with HMO compensation for services	19.86%	28.43%	26.61%	24.21%
Balance Billing	Inappropriate billing of the patient for charges the HMO is expected to pay	0.96%	1.83%	2.03%	3.52%
Access to Care	Usually related to HMO gatekeeping functions or internal bureaucracy	0.39%	1.58%	1.74%	2.16%
Recoupment of Claims Payment	Relates to overpayment by HMO and subsequent dispute when HMO requires refund from provider	3.79%	4.25%	2.19%	-
Timely Filing Deficiency	A dispute between an insurance company and a provider regarding the timely	1.93%	5.17%	1.5%	-

Source: Texas Department of Insurance; July 1, 2003 to June 30, 2007

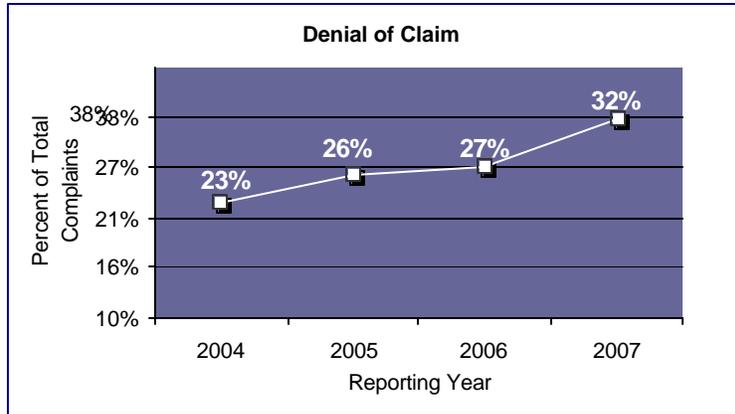
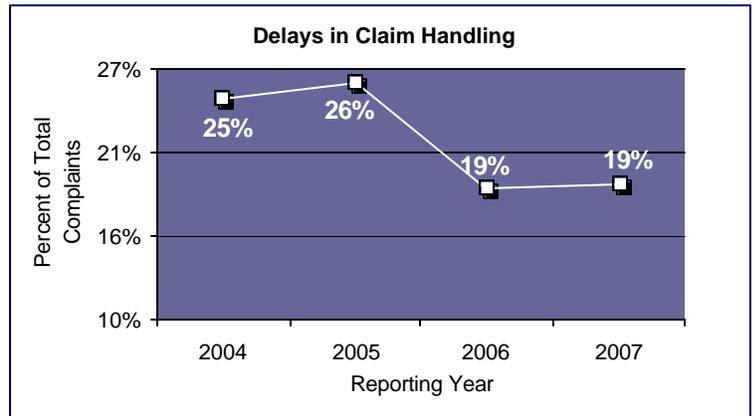
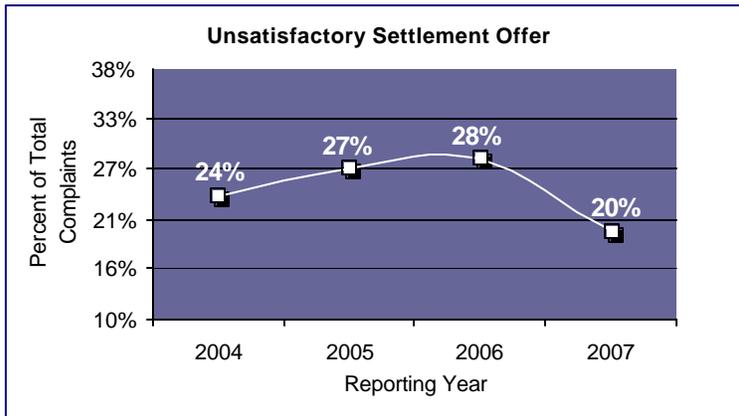
### Explanatory Notes

#### Disposition

Closed complaints against HMOs are reported regardless of whether TDI determines the complaint justified or unjustified.

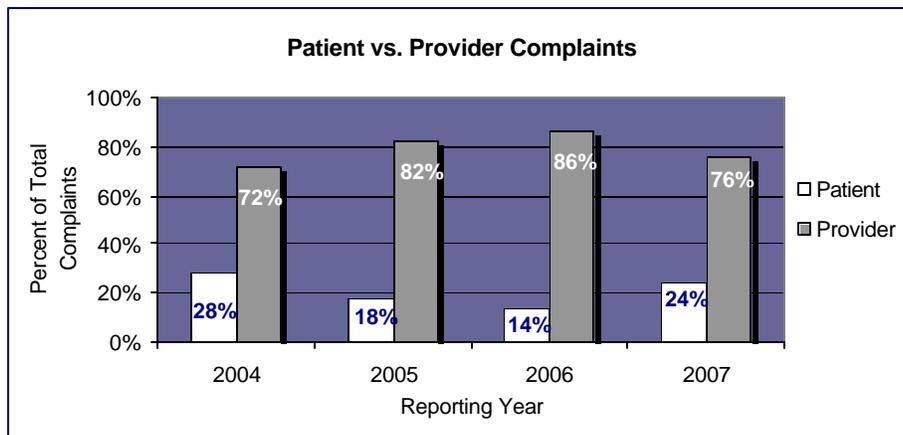
#### Verification

The Office of Public Insurance Counsel does not audit or otherwise attempt to verify the accuracy of the complaint or enrollment data used in this section of the report.



### Patient vs. Provider Complaints

The overall number of complaints filed by providers and patients declined for the 2007 reporting year. An analysis of prior year trends indicates an increase in the percentage of complaints filed by patients after two reporting periods of decline. For the current reporting period, the percentage of complaints filed by providers (includes doctors, hospitals and other health care contracted and non-contracted providers) decreased.



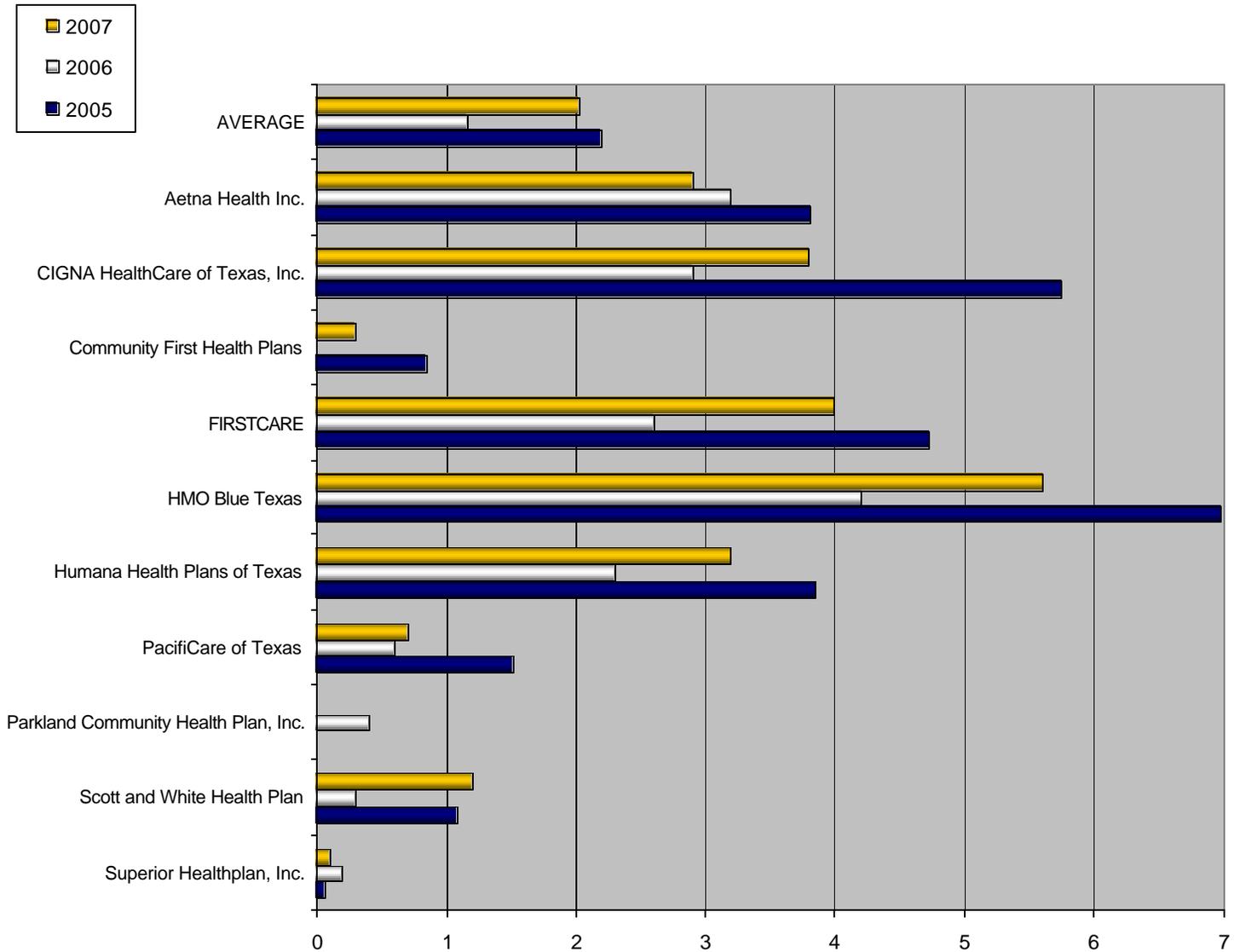
Source: Texas Department of Insurance; July 1, 2003 to June 30, 2007

### How does your plan compare to the others?

The charts and tables that follow will help you determine how your HMO plan compares to others in Texas in terms of the number of complaints (patient, provider and combined) filed with the TDI per 10,000 members enrolled in the plan. Unlike the customer survey portion of this report, the complaint data is reported at the state-wide level. HMOs are grouped together depending on whether their enrollment was above or below 50,000 members.

# Patient\* Complaints Per 10,000 Enrollees

## HMOs With More than 50,000 Enrollees

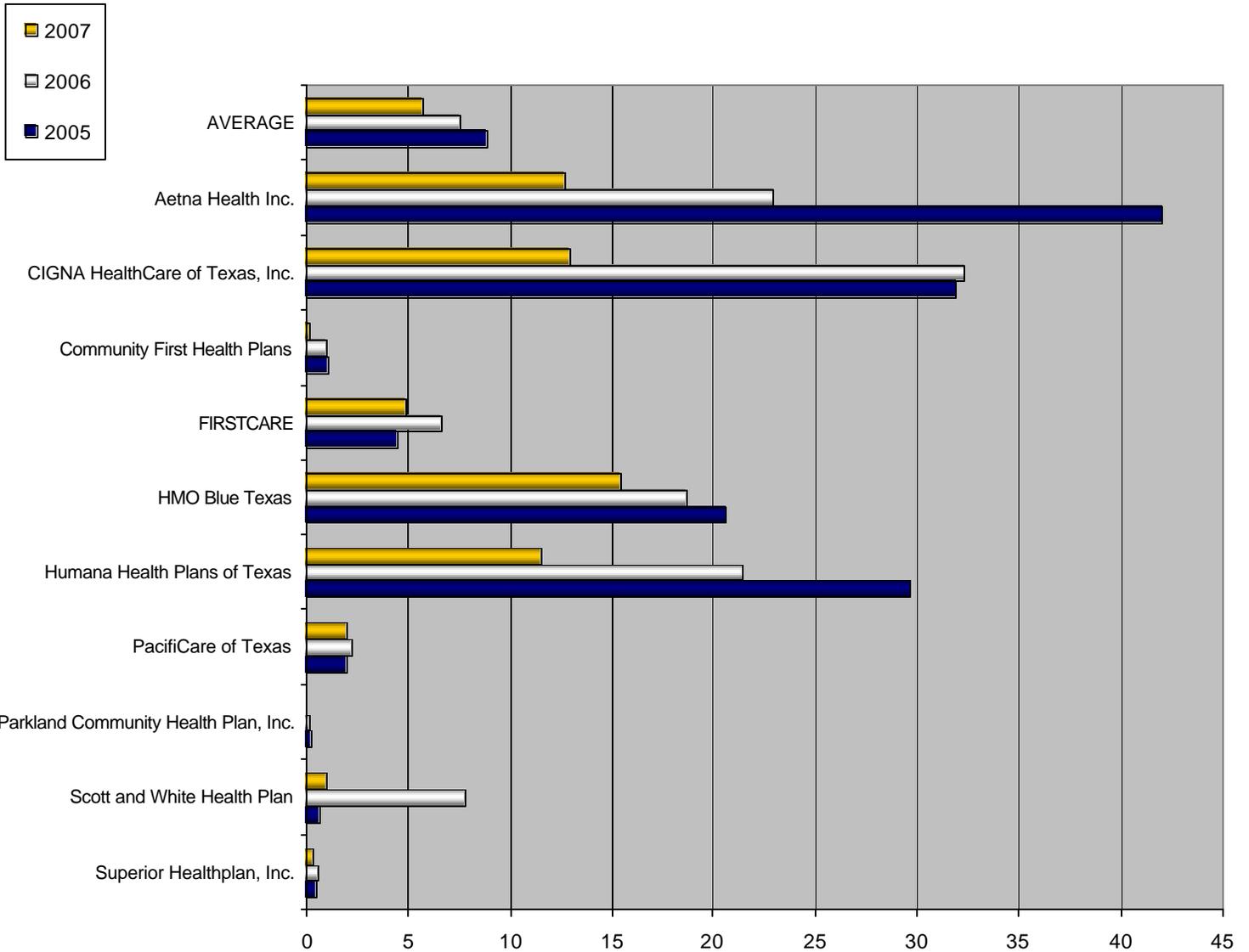


Source: Texas Department of Insurance  
July 1, 2004 – June 30, 2007

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

# Health Care Provider\* Complaints Per 10,000 Enrollees

## HMOs With More than 50,000 Enrollees

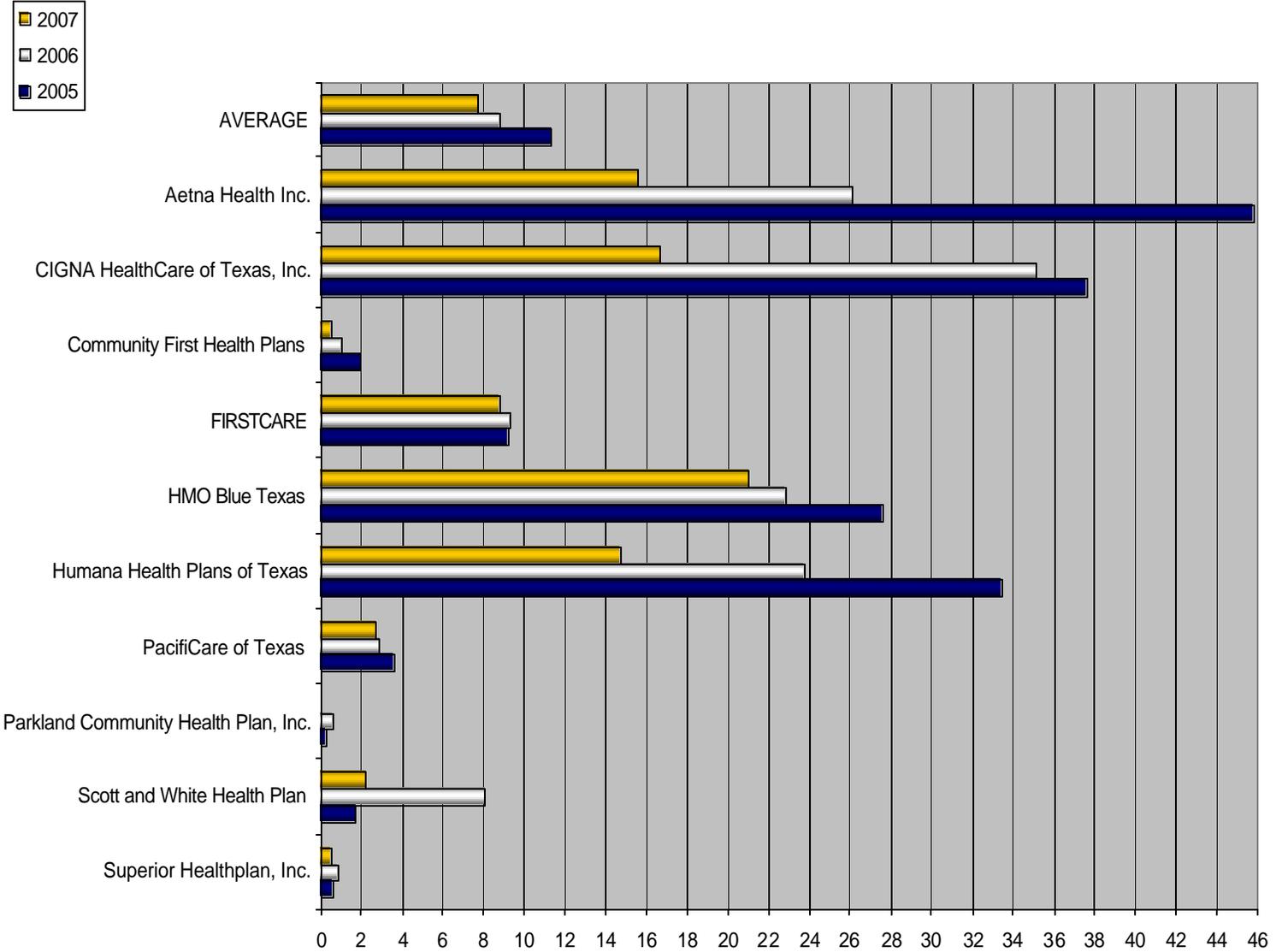


Source: Texas Department of Insurance  
July 1, 2004 – June 30, 2007

\* Includes doctors, hospitals, contracted and non-contracted providers.

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

## HMOs With More than 50,000 Enrollees



Source: Texas Department of Insurance  
July 1, 2004 – June 30, 2007

## Total Complaint Data

July 1, 2006—June 30, 2007  
Basic Service HMOs With Enrollment Above 50,000

	Ending Enrollment Dec. 31,2006	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 Health Inc.	291,786	372	84	456	12.7	2.9	15.6
CIGNA HealthCare of Texas, Inc.	62,698	81	24	105	12.9	3.8	16.7
Community First Health Plans	96,146	2	3	5	0.2	0.3	0.5
FIRSTCARE	98,633	48	39	87	4.9	4.0	8.8
HMO Blue Texas	209,047	322	117	439	15.4	5.6	21.0
Humana Health Plans of Texas	88,048	101	28	129	11.5	3.2	14.7
PacifiCare of Texas	139,333	28	10	38	2.0	0.7	2.7
Parkland Community Health Plan, Inc.	122,159	1	0	1	0.1	-	0.1
Scott and White Health Plan	174,171	18	21	39	1.0	1.2	2.2
Superior Healthplan, Inc.	217,198	7	3	10	0.3	0.1	0.5
<b>TOTAL/AVERAGE BASIC SERVICE*</b> (Plans > 50,000 Enrollment)	<b>1,499,219</b>	<b>980</b>	<b>329</b>	<b>1,309</b>	<b>5.70</b>	<b>2.03</b>	<b>7.72</b>

Source data: Texas Department of Insurance ICIS complaint data was downloaded from the Department's website for use in this report. Complaints were counted as follows: a) Owner = HMO, b) Subject of Complaints does not = ERISA, c) Line of Coverage = Group A&H and using a combination of unique complaint ID, reason for complaint and correspondent. Additional records with the same ID and reason for complaint as those already counted are excluded.

\*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, 2006—June 30, 2007  
Basic Service HMOs With Enrollment Below 50,000

	Ending Enrollment Dec. 31,2006	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
Great-West Healthcare of Texas, Inc.	6,722	17	0	17	25.3	-	25.3
Selectcare of Texas, L.L.C.	33,666	0	2	2	-	0.6	0.6
Seton Health Plan	14,466	1	0	1	0.7	-	0.7
UNICARE Health Plans	31,923	15	1	16	4.7	0.3	5.0
United Healthcare of Texas, Inc.	11,846	105	12	117	88.6	10.13	98.8
Valley Baptist Health Plan	0	15	7	22	-	-	-
<b>TOTAL/MEDIAN BASIC SERVICE*</b> (Plans < 50,000 Enrollment)	<b>98,623</b>	<b>153</b>	<b>22</b>	<b>175</b>	<b>2.70</b>	<b>0.16</b>	<b>2.85</b>

Source data: Texas Department of Insurance ICIS complaint data was downloaded from the Department's website for use in this report. Complaints were counted as follows: a) Owner = HMO, b) Subject of Complaints does not = ERISA, c) Line of Coverage = Group A&H and using a combination of unique complaint ID, reason for complaint and correspondent. Additional records with the same ID and reason for complaints as those already counted are excluded.

\*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 patients' rights), contact the TDI's IRO Information Line (888) 834-2476 and Consumer Help Line (800) 252-3439.

<b>IRO Appeals</b> July 1, 2006 to June 30, 2007	<b>Cases</b>	<b>Cases Decided in Favor of HMO</b>	<b>Cases Decided in Favor of Patient / Enrollee</b>	<b>Cases Decided Partially in Favor of Both</b>
Aetna Health Inc.	9	5	4	0
CIGNA HealthCare of Texas, Inc.	1	1	0	0
Great West Healthcare of Texas, Inc.	1	0	1	0
HMO Blue Texas	1	1	0	0
Superior Health Plan	9	2	7	0
Texas Children's Health Plan, Inc.	3	2	1	0
Valley Baptist Health	1	1	0	0
<b>TOTAL</b>	<b>25</b>	<b>12</b>	<b>13</b>	<b>0</b>

Source: Texas Department of Insurance  
IRO Database  
July 1, 2006 to June 30, 2007

