

# 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 number of complaints dropped 44% compared to the prior reporting year. While the frequency of complaints decreased in all but one category, the most common reason for complaints continues to be UNSATISFACTORY SETTLEMENT OFFER (37.1%). DENIAL OF CLAIM (21.3%) and DELAYS IN CLAIMS HANDLING (15.6%) increased in percentage of total complaints filed from the previous year.

Most Common Reasons for Complaint		2009	2008	2007	2006	2005
Unsatisfactory Settlement Offer	Often relates to health care providers dissatisfied with HMO compensation for services	37.1%	40.4%	19.9%	28.4%	26.6%
Denial of Claim	Provider and patient complaints related to denial of coverage for health care service	21.3%	20.0%	32.2%	27.1%	25.8%
Delays in Claims Handling	Provider and patient complaints about lack of timeliness in which claims are handled	15.6%	12.9%	19.2%	19.0%	25.9%
Recoupment of Claims Payment	Relates to overpayment by HMO and subsequent dispute when HMO requires refund from provider	2.2%	2.3%	3.8%	4.3%	2.2%
Balance Billing	Inappropriate billing of the patient for charges the HMO is expected to pay	1.7%	1.1%	1.0%	1.8%	2.0%
Access to Care	Usually related to HMO gatekeeping functions or internal bureaucracy	0.5%	0.2%	0.4%	1.6%	1.7%
Timely Filing Deficiency	A dispute between an insurance company and a provider regarding the timely filing of a claim.	0.4%	0.4%	1.9%	5.2%	1.5%

Source: Texas Department of Insurance; July 1, 2004 to June 30, 2009

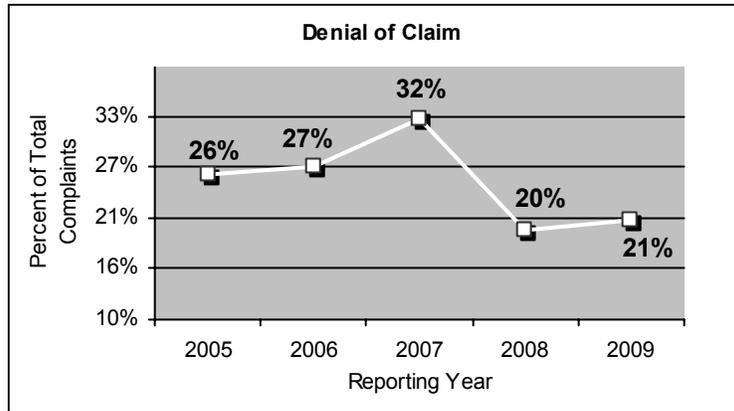
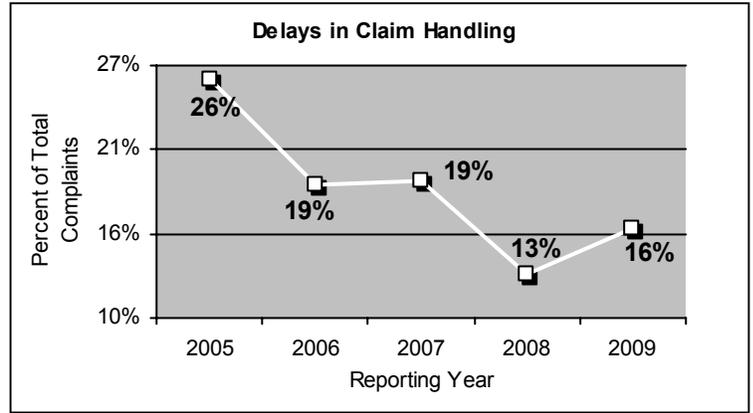
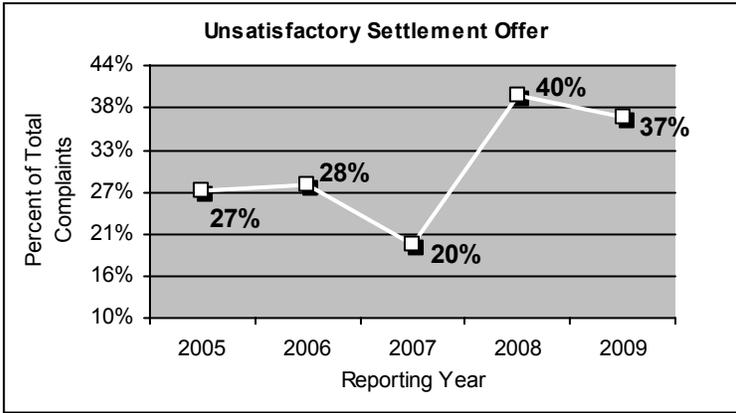
### Explanatory Notes

#### Disposition

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

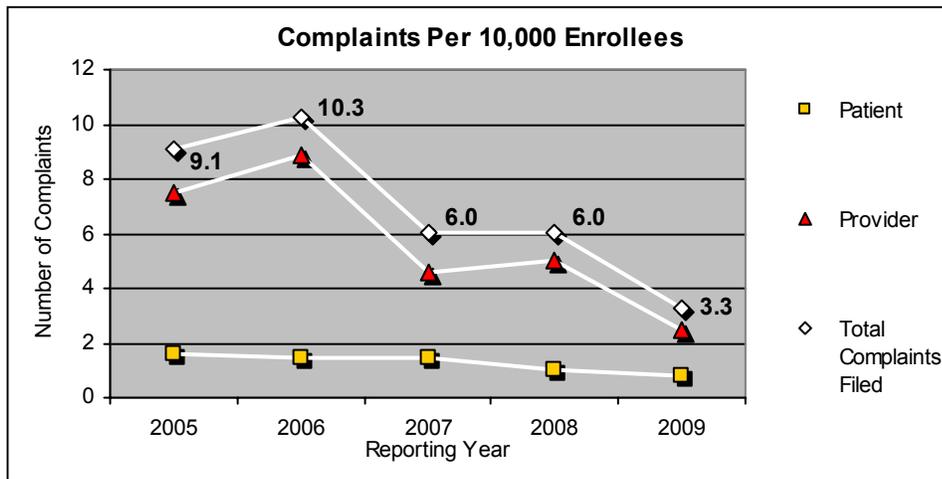
#### Verification

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.



### Complaint Frequency

The overall number of complaints filed by providers and patients decreased for the 2009 reporting year. An analysis of prior year trends indicates that after a brief increase in the number of complaints filed last year, these complaints are decreasing once again.



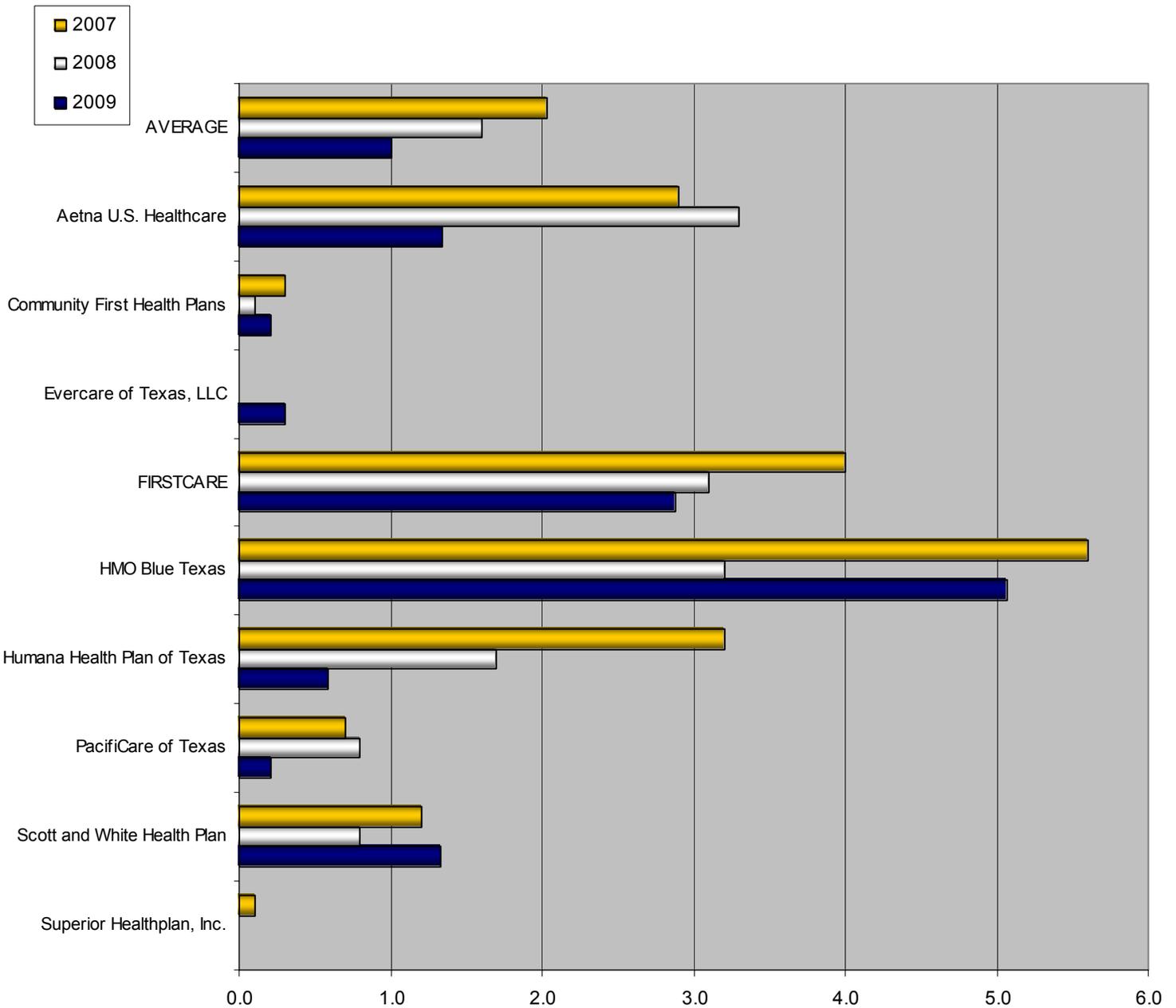
Source: Texas Department of Insurance; July 1, 2004 to June 30, 2009

### 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

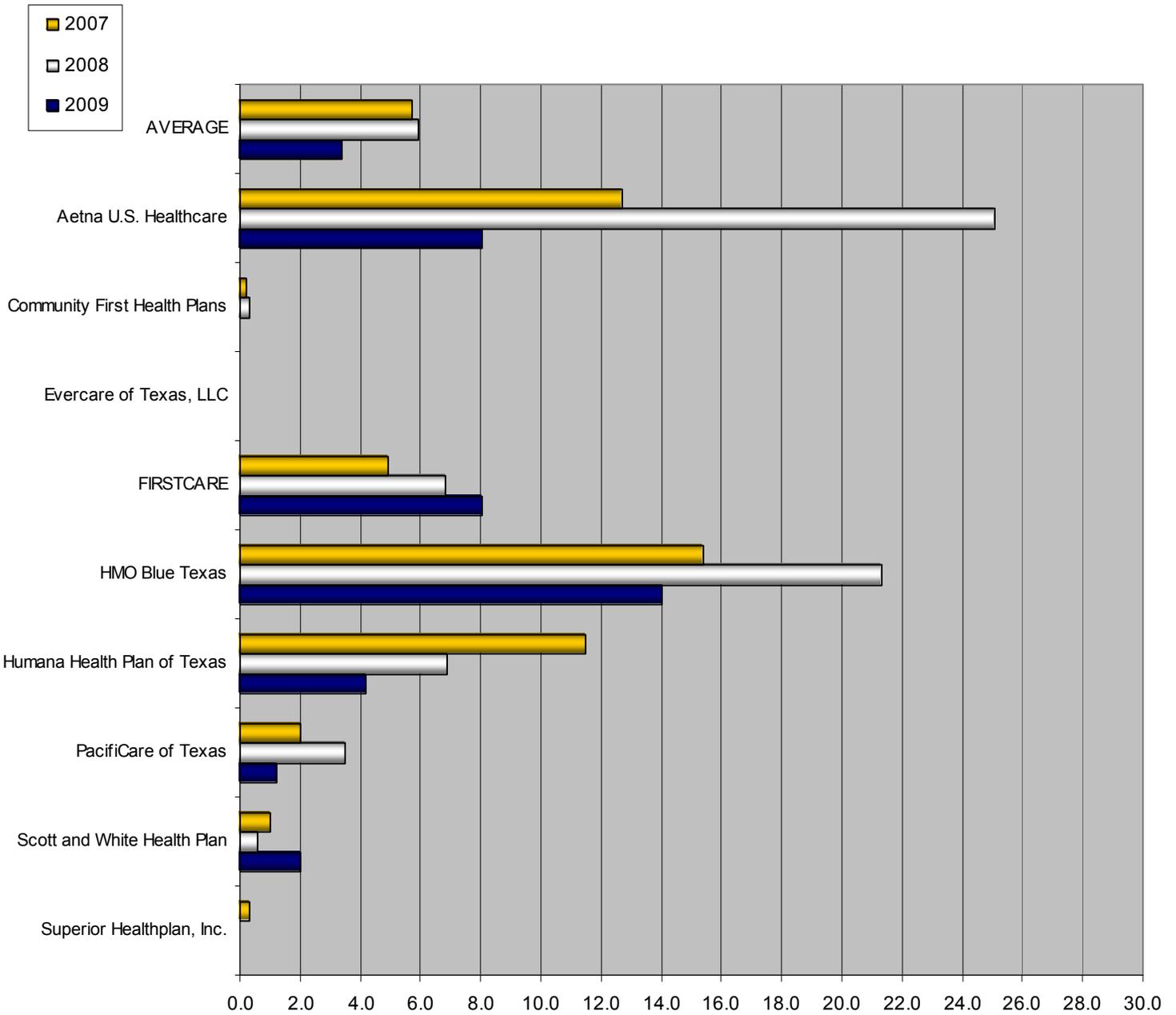


Source: Texas Department of Insurance  
July 1, 2006 – June 30, 2009

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

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

## HMOs With More than 50,000 Enrollees

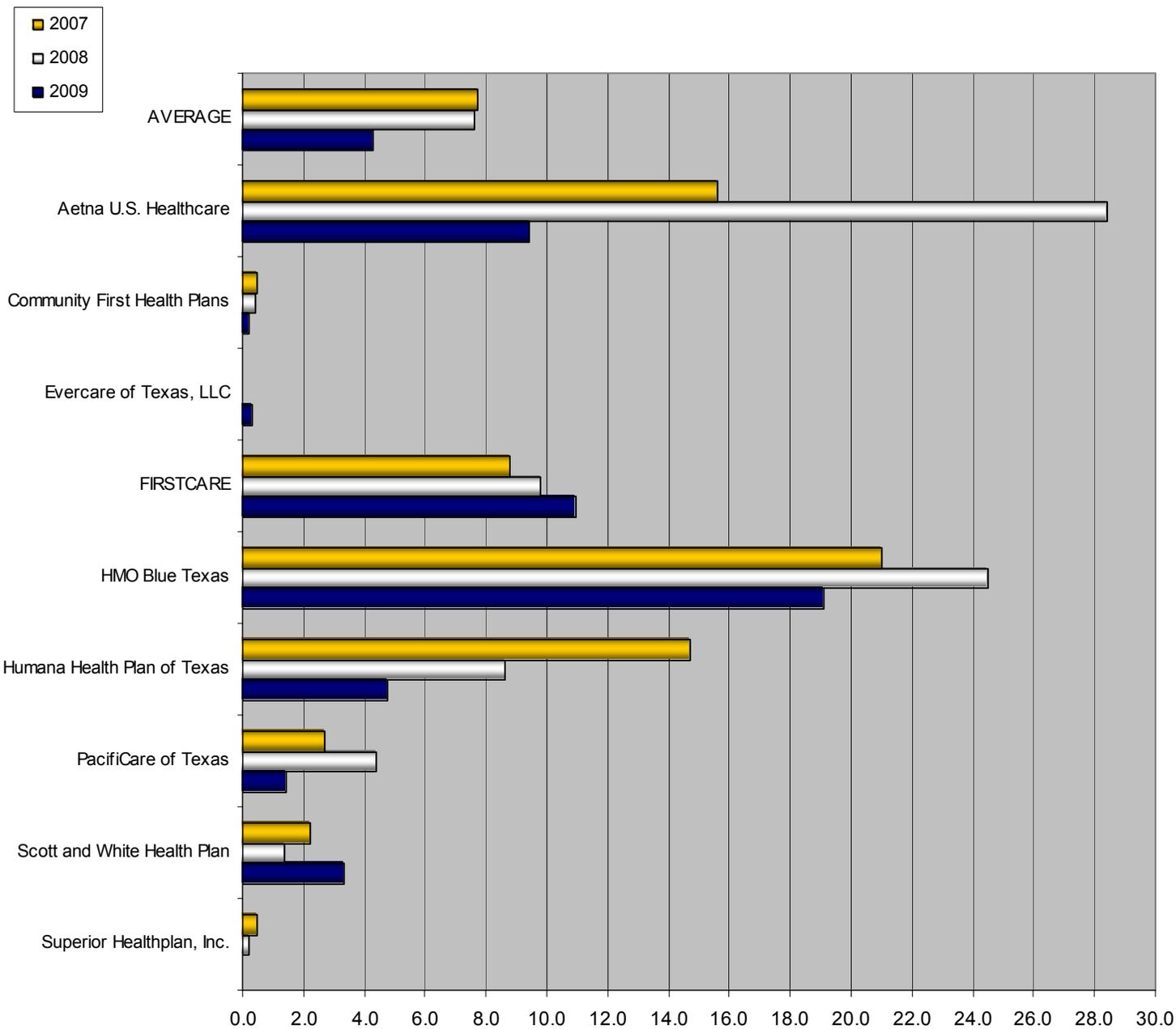


Source: Texas Department of Insurance  
July 1, 2006 – June 30, 2009

\* 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, 2006 – June 30, 2009

## Total Complaint Data

July 1, 2008—June 30, 2009  
Basic Service HMOs With Enrollment Above 50,000

	Ending Enrollment Dec. 31, 2008	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 U.S. Healthcare	223,470	180	30	210	8.1	1.3	9.4
Community First Health Plans	96,727	0	2	2	0.0	0.2	0.2
Evercare of Texas, LLC	98,992	0	3	3	0.0	0.3	0.3
FIRSTCARE	104,321	84	30	114	8.1	2.9	10.9
HMO Blue Texas	146,078	205	74	279	14.0	5.1	19.1
Humana Health Plan of Texas, Inc.	171,842	72	10	82	4.2	0.6	4.8
PacifiCare of Texas, Inc.	146,140	18	3	21	1.2	0.2	1.4
Scott and White Health Plan	180,738	36	24	60	2.0	1.3	3.3
Superior Healthplan, Inc.	277,582	1	0	1	0.0	0.0	0.0
<b>TOTAL/AVERAGE BASIC SERVICE*</b> (Plans > 50,000 Enrollment)	<b>1,445,890</b>	<b>596</b>	<b>176</b>	<b>772</b>	<b>3.4</b>	<b>1.0</b>	<b>4.3</b>

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

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.

**Total Complaint Data**  
**July 1, 2008—June 30, 2009**  
**Basic Service HMOs With Enrollment Below 50,000**

	Ending Enrollment Dec. 31, 2008	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
Arcadian Healthplan, Inc.	11,534	0	3	3	0.0	2.6	2.6
Bravo Health Texas, Inc.	11,184	2	0	2	1.8	0.0	1.8
CIGNA HealthCare of Texas, Inc.	47,222	17	6	23	3.6	1.3	4.9
Mercy Health Plans of Missouri, Inc.	10,508	2	0	2	1.9	0.0	1.9
Selectcare of Texas, L.L.C.	42,120	1	0	1	0.2	0.0	0.2
UNICARE Health Plans of Texas, Inc.	37,690	13	1	14	3.4	0.3	3.7
United Healthcare of Texas, Inc.	9,459	32	9	41	33.8	9.5	43.3
Valley Baptist Health Plan	12,470	4	4	8	3.2	3.2	6.4
<b>TOTAL/MEDIAN BASIC SERVICE* (Plans &lt; 50,000 Enrollment)</b>	<b>182,187</b>	<b>71</b>	<b>23</b>	<b>94</b>	<b>2.6</b>	<b>0.8</b>	<b>3.2</b>

\*Overall complaint ratios for plans are based on the median due to the high level of variability among plans.

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## 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> <b>July 1, 2008 to June 30, 2009</b>	<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 U.S. Healthcare	8	4	4	1
CIGNA HealthCare of Texas, Inc.	4	3	1	0
Community First Health Plan	3	2	1	0
FIRSTCARE	2	0	1	1
Humana Health Plan of Texas, Inc.	1	0	1	0
PacifiCare of Texas, Inc.	1	0	1	0
Parkland Community Health Plan, Inc.	1	0	0	1
Superior Healthplan, Inc.	13	6	7	0
Texas Children's Health Plan, Inc.	1	1	0	0
UNICARE Health Plans of Texas, Inc.	1	1	0	0
Valley Baptist Health Plan	1	0	1	0
<b>TOTAL</b>	<b>36</b>	<b>17</b>	<b>17</b>	<b>3</b>

Source: Texas Department of Insurance  
IRO Database  
July 1, 2008 to June 30, 2009

