

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. Unlike the customer survey portion of this report, the complaint data is reported at the state-wide level.

Most Common Reasons for Complaint

Analysis of complaints filed against HMOs with the Texas Department of Insurance indicates that total number of complaints increased by 13% compared to the prior reporting year. The most common reasons for complaint continue to be UNSATISFACTORY SETTLEMENT OFFER (40.6%), DENIAL OF CLAIM (22.3%) and DELAYS IN CLAIMS HANDLING (8.0%).

Most Common Reasons for Complaint		2010	2009	2008	2007	2006
Unsatisfactory Settlement Offer	Often relates to health care providers dissatisfied with HMO compensation for services	40.6%	37.1%	40.4%	19.9%	28.4%
Denial of Claim	Provider and patient complaints related to denial of coverage for health care service	22.3%	21.3%	20.0%	32.2%	27.1%
Delays in Claims Handling	Provider and patient complaints about lack of timeliness in which claims are handled	8.0%	15.6%	12.9%	19.2%	19.0%
Recoupment of Claims Payment	Relates to overpayment by HMO and subsequent dispute when HMO requires refund from provider	2.8%	2.2%	2.3%	3.8%	4.3%
Access to Care	Usually related to HMO gatekeeping functions or internal bureaucracy	1.0%	0.5%	0.2%	0.4%	1.6%
Balance Billing	Inappropriate billing of the patient for charges the HMO is expected to pay	0.7%	1.7%	1.1%	1.0%	1.8%
Timely Filing Deficiency	A dispute between an insurance company and a provider regarding the timely filing of a claim	0.6%	0.4%	0.4%	1.9%	5.2%

Source: Texas Department of Insurance; July 1, 2005 to June 30, 2010

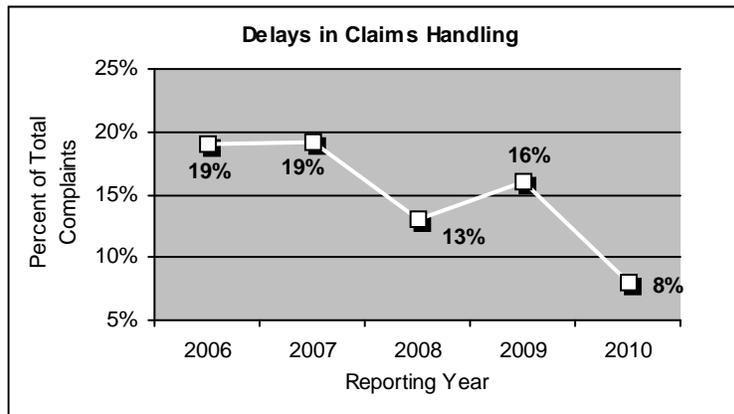
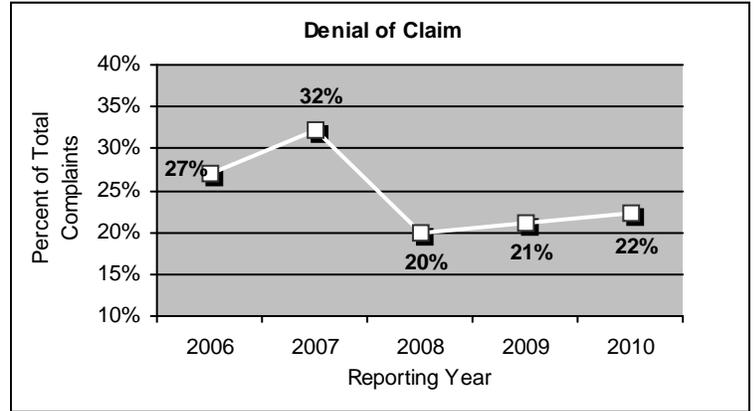
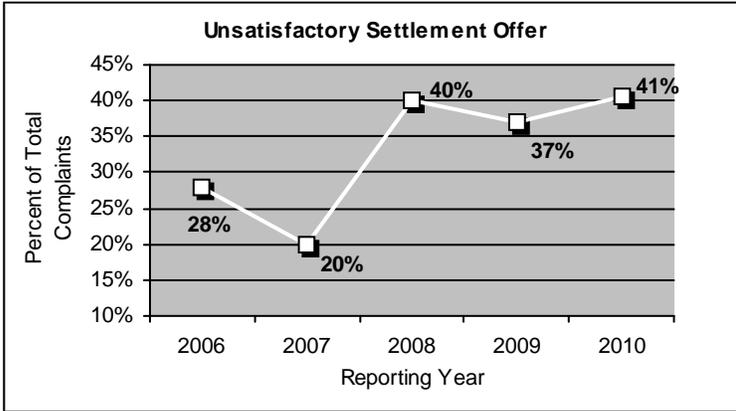
Explanatory Notes

Disposition

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

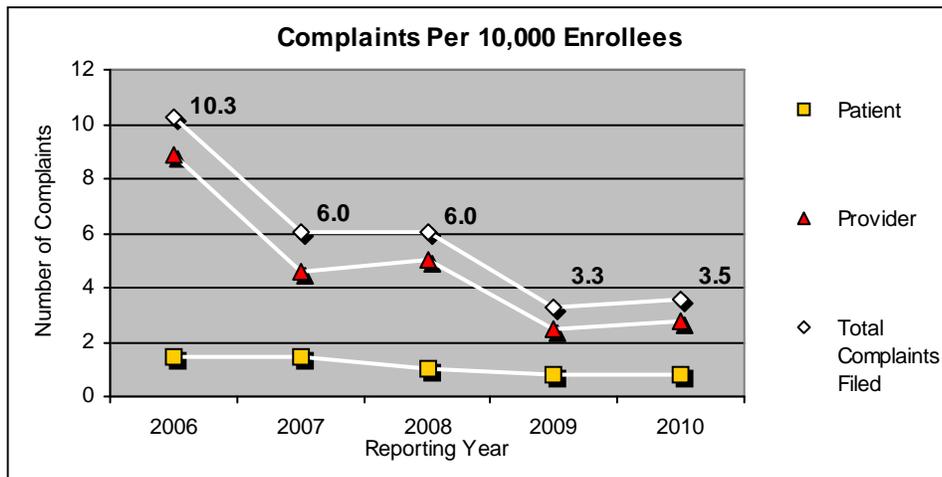
Verification

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 increased for the 2010 reporting year. An analysis of prior year trends indicates that after a few years of decrease in the number of complaints filed, these complaints are increasing once again. The chart below illustrates complaints normalized by enrollment.



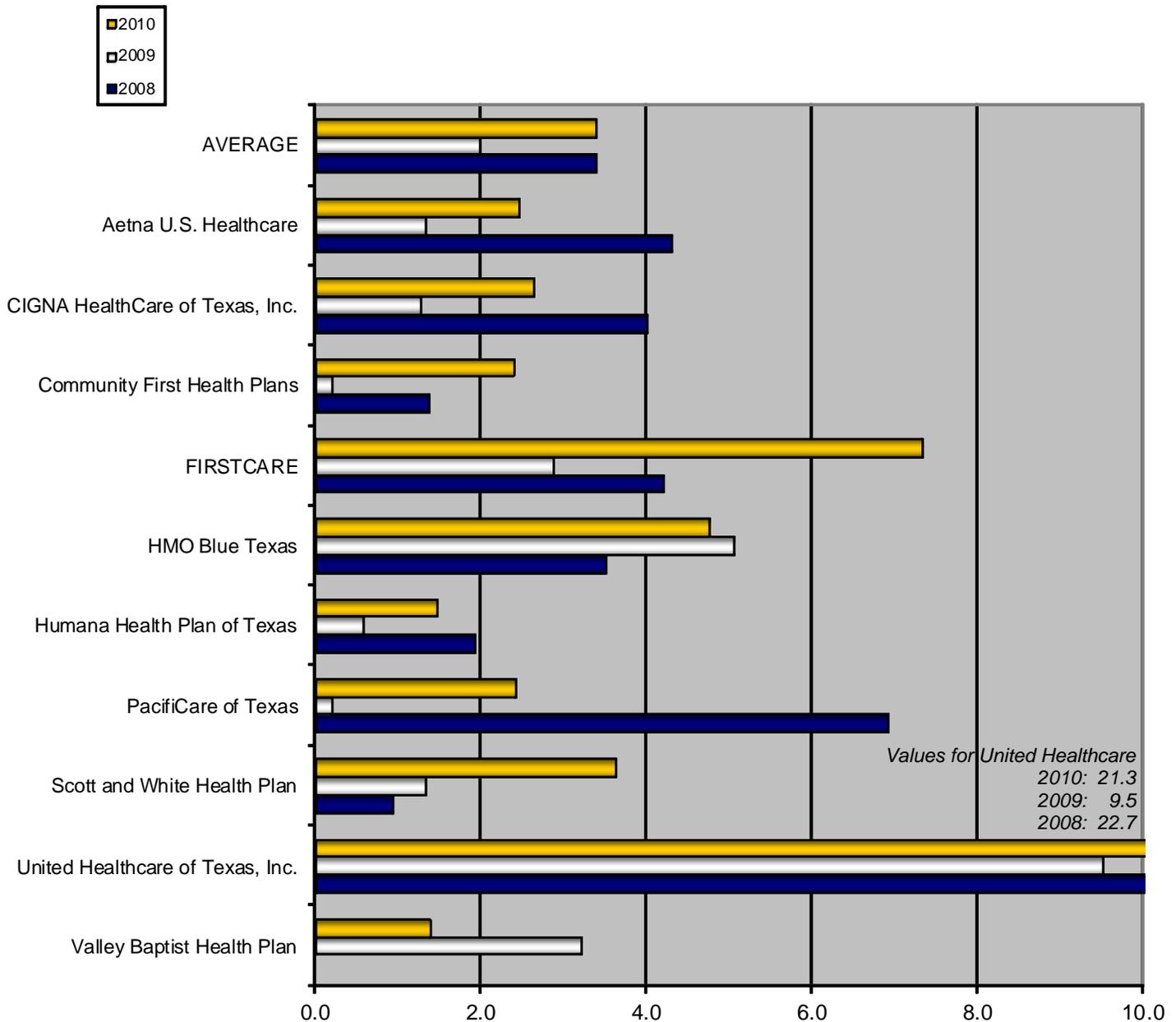
Source: Texas Department of Insurance; July 1, 2005 to June 30, 2010

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. Only HMOs with commercial enrollment greater than 1,000 are included.

Patient Complaints Per 10,000 Enrollees

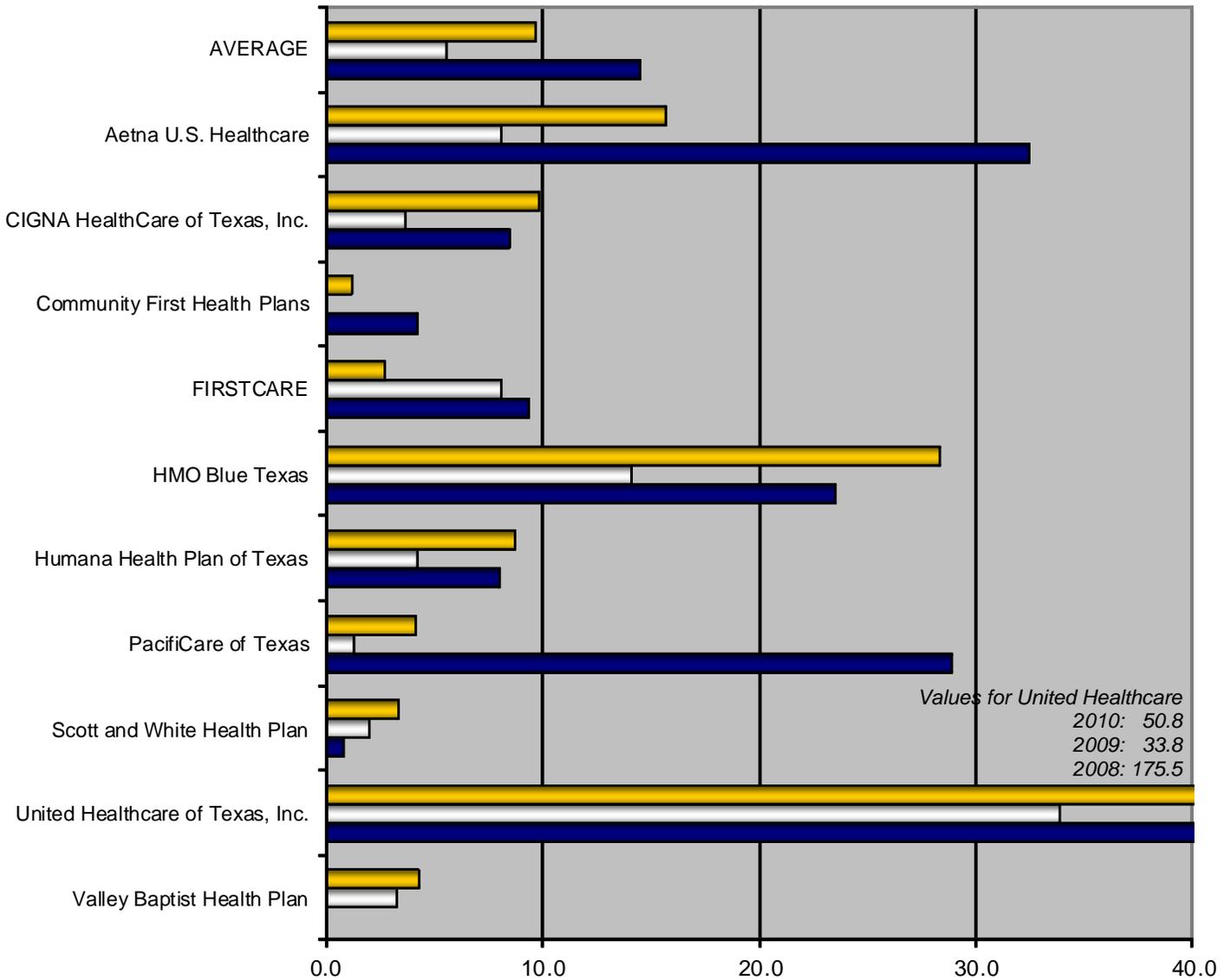
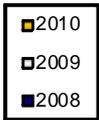
Includes complaints filed on behalf of patient by others.



Source: Texas Department of Insurance
July 1, 2007 – June 30, 2010

Health Care Provider Complaints Per 10,000 Enrollees

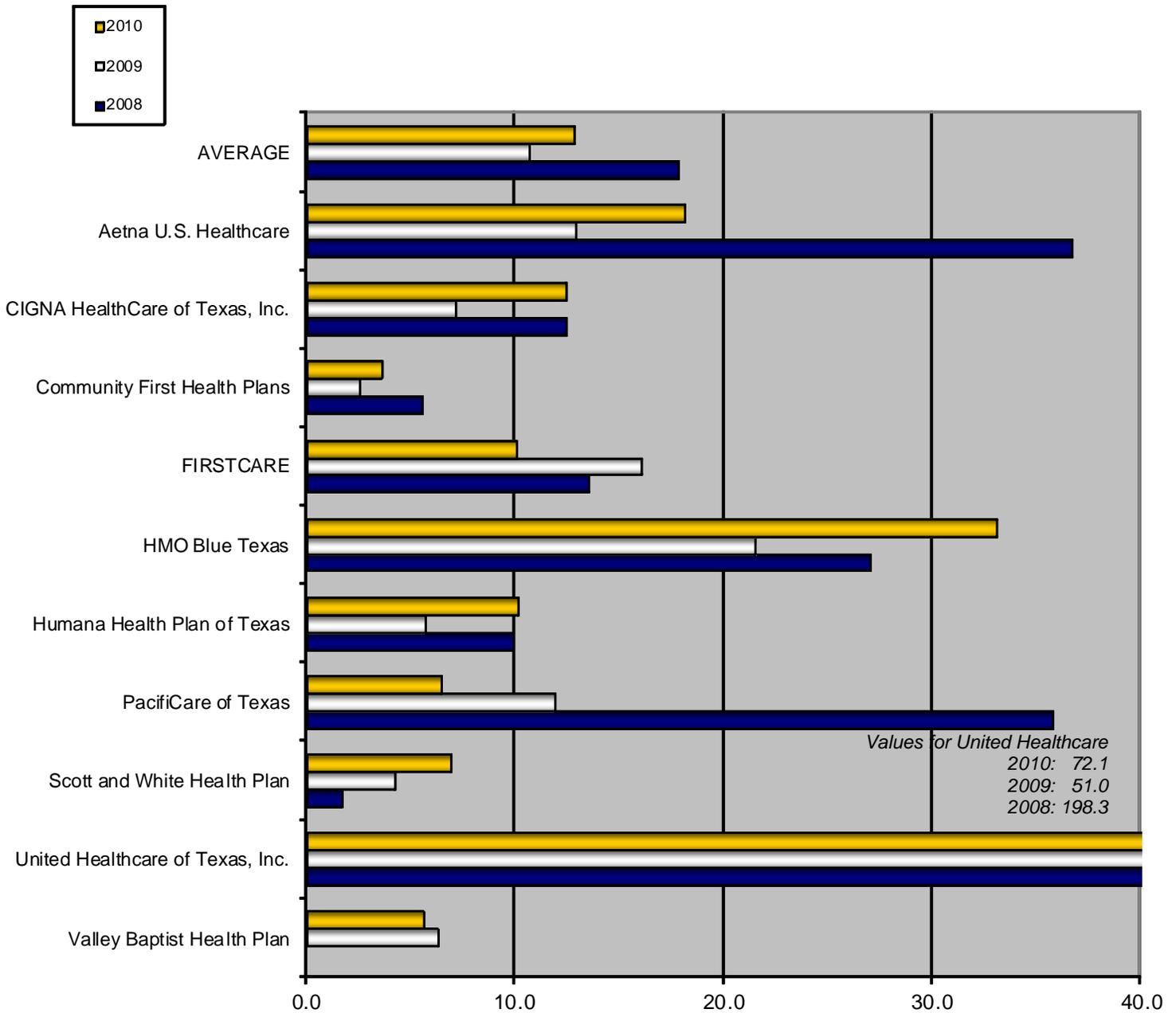
Includes doctors, hospitals, contracted and non-contracted providers.



*Values for United Healthcare
2010: 50.8
2009: 33.8
2008: 175.5*

Source: Texas Department of Insurance
July 1, 2007 – June 30, 2010

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



Source: Texas Department of Insurance
 July 1, 2007 – June 30, 2010

Total Complaint Data

July 1, 2009—June 30, 2010
Basic Service HMOs

	Commercial Enrollment March 2010	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	129,506	203	32	235	15.7	2.5	18.1
CIGNA HealthCare of Texas, Inc.	26,556	26	7	33	9.8	2.6	12.4
Community First Health Plans	8,332	1	2	3	1.2	2.4	3.6
FIRSTCARE	40,827	11	30	41	2.7	7.3	10.0
HMO Blue Texas	92,493	262	44	306	28.3	4.8	33.1
Humana Health Plan of Texas, Inc.	155,392	135	23	158	8.7	1.5	10.2
PacifiCare of Texas, Inc.	12,334	5	3	8	4.1	2.4	6.5
Scott and White Health Plan	120,774	40	44	84	3.3	3.6	7.0
United Healthcare of Texas, Inc.	6,102	31	13	44	50.8	21.3	72.1
Valley Baptist Health Plan	7,123	3	1	4	4.2	1.4	5.6
TOTAL/AVERAGE* BASIC SERVICE	599,439	717	199	916	9.6	3.4	12.9

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

Source data: Texas Department of Insurance Internet Complaints Information Systems (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.

Only HMOs with commercial enrollment greater than 1,000 are included.

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 no later than 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 has no later than 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.

IRO Appeals July 1, 2009 to June 30, 2010	Cases	Cases Decided in Favor of HMO	Cases Decided in Favor of Patient / Enrollee	Cases Decided Partially in Favor of Both
CIGNA HealthCare of Texas, Inc.	5	3	2	0
Community First Health Plan	4	2	2	0
Humana Health Plan of Texas, Inc.	8	3	5	0
Scott and White Health Plan	2	1	1	0
Valley Baptist Health	4	1	3	0
TOTAL	23	10	13	0

Source: Texas Department of Insurance
IRO Database
July 1, 2009 to June 30, 2010