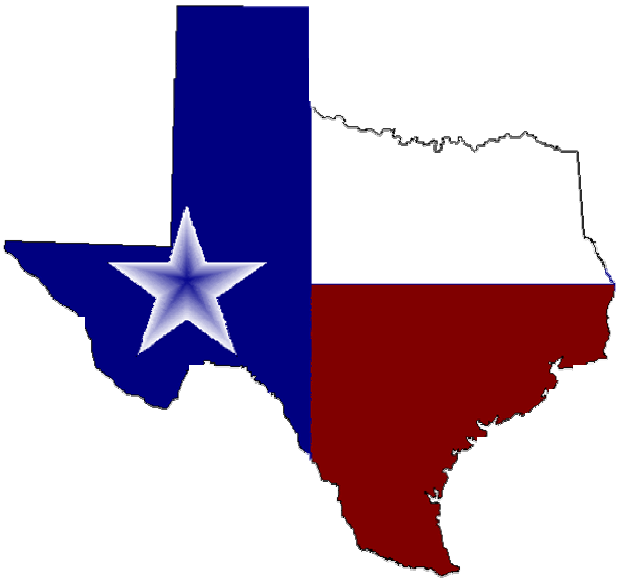
COMPARING TEXAS HMOs 2004

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
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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 2003. The first section of the report illustrates the results of the Consumer Assessment of Health Plans Study, Version 3.0H (CAHPS™ 3.0H). The responses of HMO members are broken down by service area and are compiled to reflect the experience of consumers in each of the following seven regions: Central Texas, East Texas, Gulf Coast Texas, North Texas, Panhandle/Plains Texas, South Texas, and West Texas. The sections following the survey results contain complaint data, market share, and other statewide information collected by the Texas Department of Insurance. The report concludes with additional sources for information and assistance.

The survey results published in the report reflect only answers given by enrollees in an HMO group plan. Medicaid and Medicare enrollees were not surveyed as part of the CAHPS 3.0H™. However, Medicaid information is readily available from the Texas Health and Human Services Commission (HHSC). Medicare information may be obtained from the Centers for Medicare and Medicaid Services (CMS). Refer to pages 115-116. ERISA plans are also excluded. See page 116 for more information on ERISA plans.

Who did the survey?

The CAHPS™ 3.0H survey 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 State of Texas.

Who was surveyed?

The CAHPS™ 3.0H survey was compiled from answers from more than 11,000 adults enrolled in 33 health plans across the state of Texas and who had been enrolled in their plan continuously for the 12-month period from January 1, 2003 to December 31, 2003. Those surveyed answered only questions pertaining to health care services they had actually received during the 12 months immediately preceding the survey.

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?

What was the response rate?

The average response rate for the survey was 32%. Of the 37,224 plan members selected and eligible to participate in the survey, 8,417 completed the survey by mail, 2,099 by phone and 29 online. Refer to each region for a list of response rates by plan.

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 2003.

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.

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.

For a short description of health maintenance organizations and how to get additional information, see pages 4 and 114-116.

What to consider when choosing an HMO

- *Which are available where you live or work?*
Review the HMO's membership information, or call the customer service departments (see page 113).

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

- *Which 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 that you are considering. Review the HMO's physician directories and membership information, or call the customer service departments.

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

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 including:

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

This information can be vitally important in helping you decide whether or not to enroll in an HMO.

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
- Prohibiting network providers from billing patients for covered services if the HMO fails pay
- Prohibiting financial rewards to doctors for withholding necessary care
- Allowing members to change primary care physicians at least four times per year
- Legal action against a non-ERISA HMO plan for harm caused by its treatment decisions
- 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 web site at **www.tdi.state.tx.us/consumer/cbo69.html** or call 1-800-252-3439 to request a copy.

Types of health plans…

	HMO *Health Maintenance Organization*	PPO *Preferred Provider Organization*	HMO/POS *Health Maintenance Organization with Point of Service Option*	Traditional Insurance *Fee-for-Service*
Type of Network	**Closed Network** You must use doctors, hospitals and specialists who are members of the HMO's network except in an emergency.	**Open Network** You may use doctors, hospitals, and specialists who are members of the PPO's network or go outside the network.	**Open Network** You may use doctors, hospitals, and specialists who are members of the HMO's network or go outside the network.	**No Network** You may use any doctor, hospital, or specialist you choose.
Limitations on your choice of doctors	HMO plans typically require that you choose a primary care physician (PCP) from the HMO's network. Before seeing other doctors on the network, such as specialists, you must get a referral from your PCP. However, HMOs must allow women to choose and see a network gynecologist without a referral. The law also allows direct access to specialists in other situations. *See page 4 for more information.* Some HMOs, called open access HMOs, allow you to go to any doctor on the network without a referral.	Most PPOs allow you to go to any doctor on the network without a referral. Some PPOs require you to choose a PCP and get a referral from that doctor before seeing other doctors on the PPO's network. This requirement, if applicable, does not affect your ability to go to doctors outside the network.	Generally, you are required to choose a PCP and get a referral from that doctor before seeing other doctors on the HMO's network. This requirement does not affect your ability to go to doctors outside the network.	No limitations.
Incentives to use network doctors	Generally, the HMO will not pay unless you use its doctors (except emergency care). If your employer offers only an HMO, it must include a point of service option. This provision does not apply to small employer plans. *See HMO/ POS*.	The PPO will pay a greater portion of the charge if you use its doctors who are in the network.	The HMO/POS will pay a greater portion of the charge if you use its doctors who are in the network.	Not applicable.
Payment for services	You pay designated copayments for doctor visits, prescription drugs, emergency visits and inpatient hospital stays. Generally you do not pay a deductible (an amount you must pay each year before the health plan begins to pay) or co-insurance (a percentage of the charges). A doctor in the HMO network cannot bill the patient for any balance after the copay is met.	When you use the PPO network, you usually pay copayments similar to an HMO. A PPO may also require you to pay a percentage of the doctor's charge. When you go outside the network, you pay a higher percentage of the charges and a deductible. These charges may be substantially higher than the discounted rates charged by preferred providers or network providers. The PPO bases its percentage on what it considers reasonable, leaving you to pay your percentage share and any balance.	When you use the HMO network, you pay copayments as described under HMO. When you go outside the network, you pay a percentage of the charges and a deductible. The HMO/POS bases its percentage on what is usual and customary, leaving you to pay your percentage share and any balance.	Generally, you pay a deductible and a percentage of the doctor's charge (co-insurance). The insurer bases its percentage on what is usual and customary, leaving you to pay your percentage share and any balance.

Survey (CAHPS™ 3.0H) 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

While analysis of the consumer survey was performed for all commercial health maintenance organizations (HMOs) in Texas, only the results for the plans that provide services in the Central Texas area are featured in this section of the report.

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 section 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 2003.

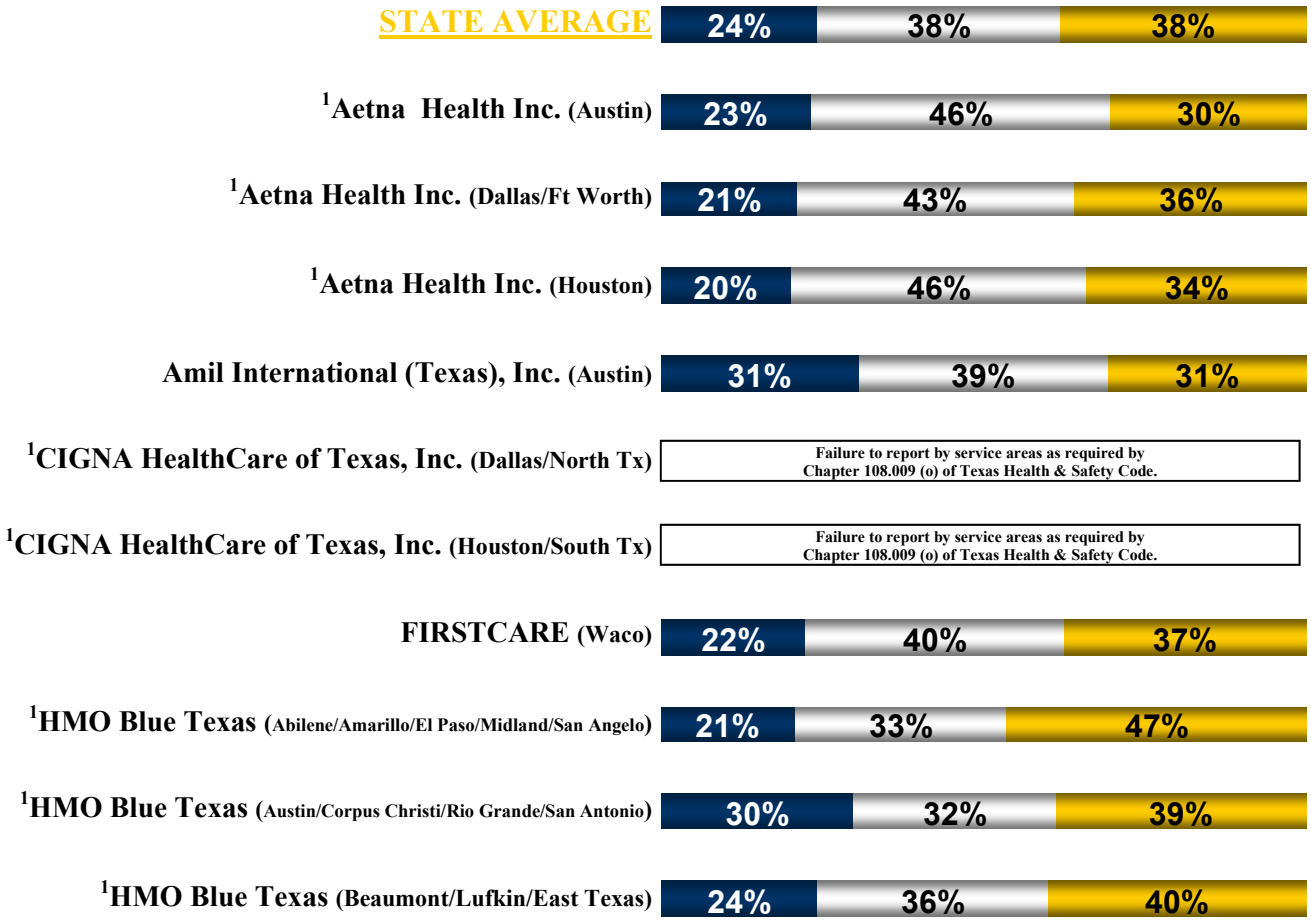
How people rated their health plan

Survey (CAHPS™3.0H) 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"



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

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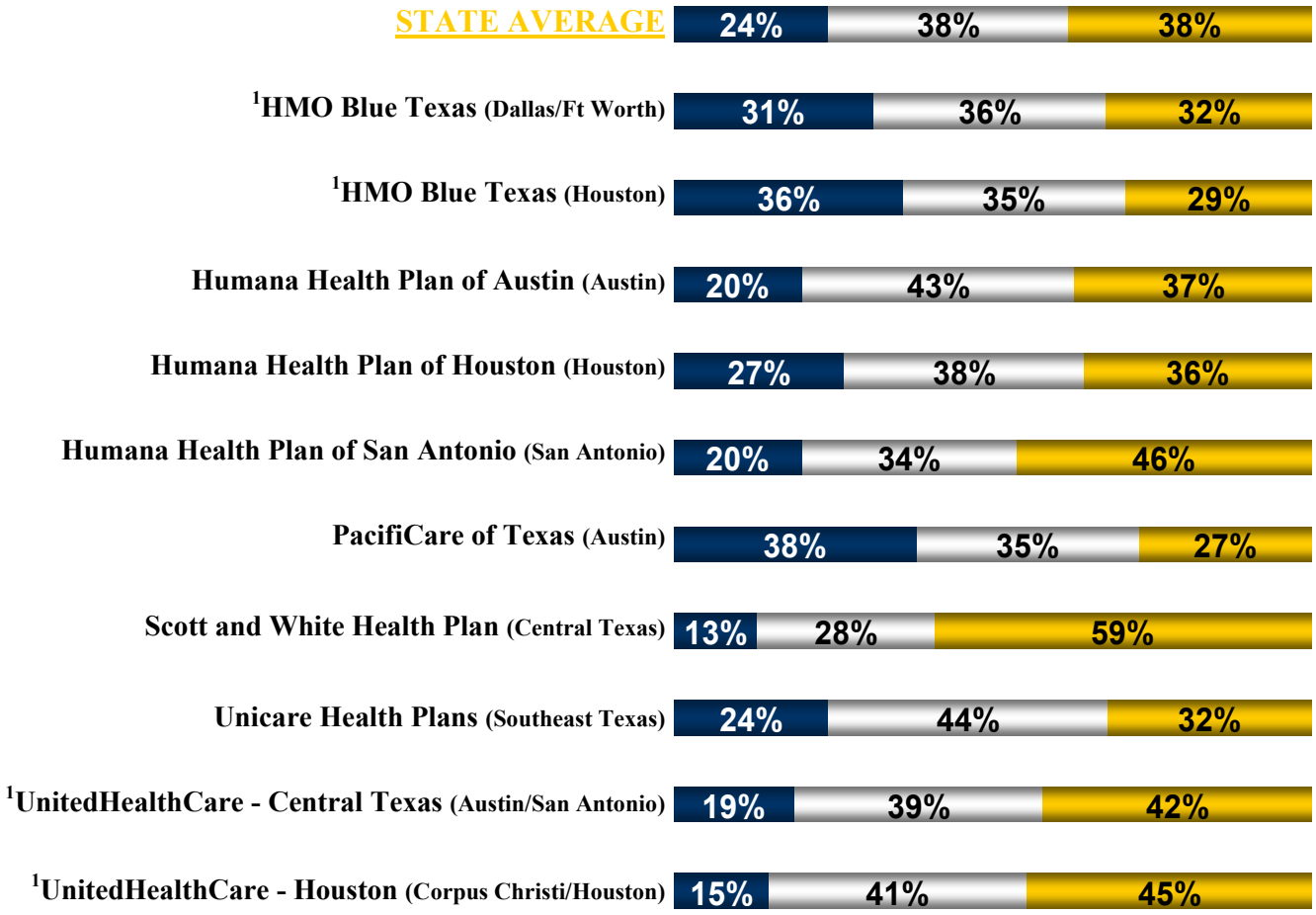

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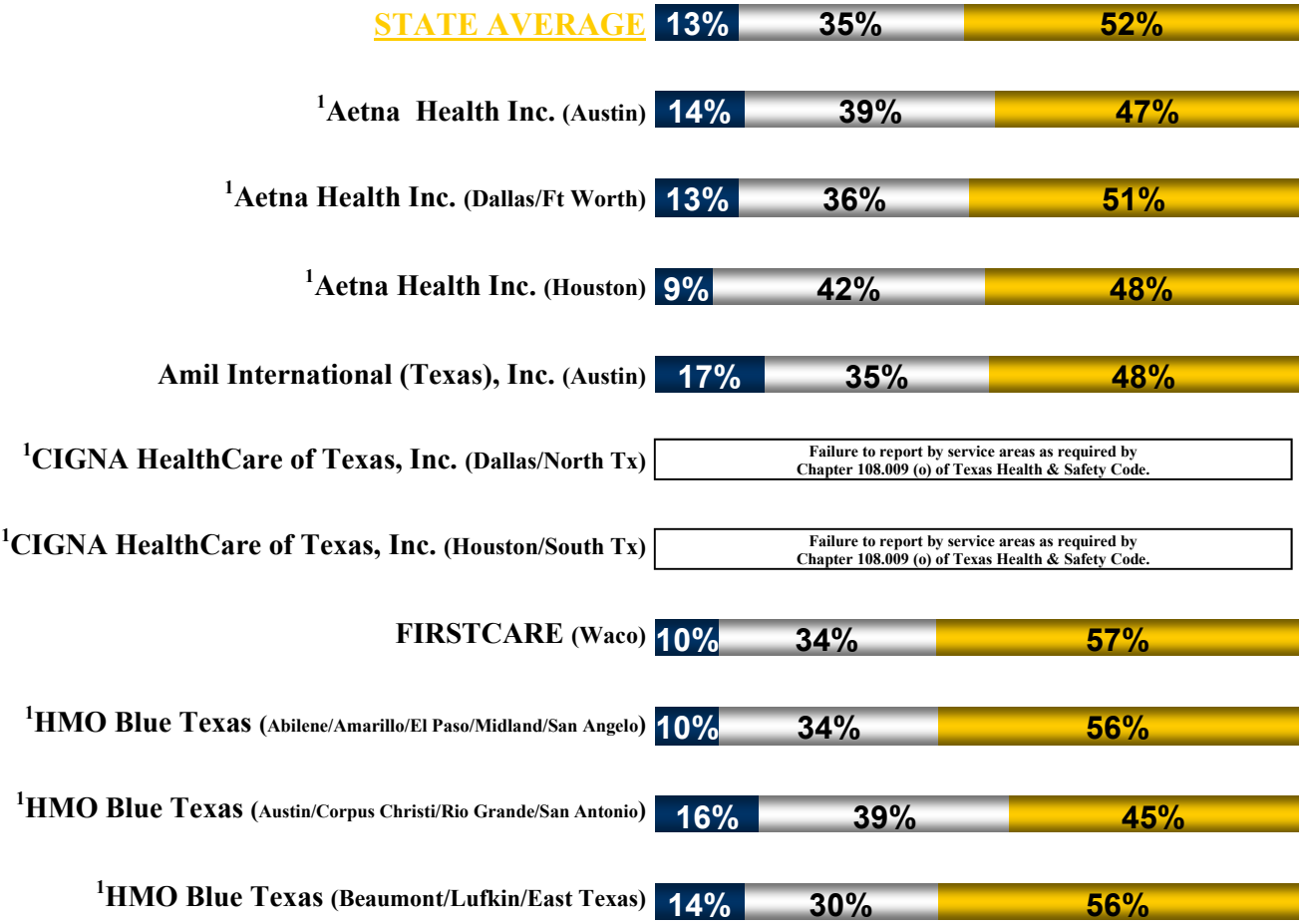
How people rated their health care

Survey (CAHPS™3.0H) 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** they received from all doctors and other health providers on a scale from:

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



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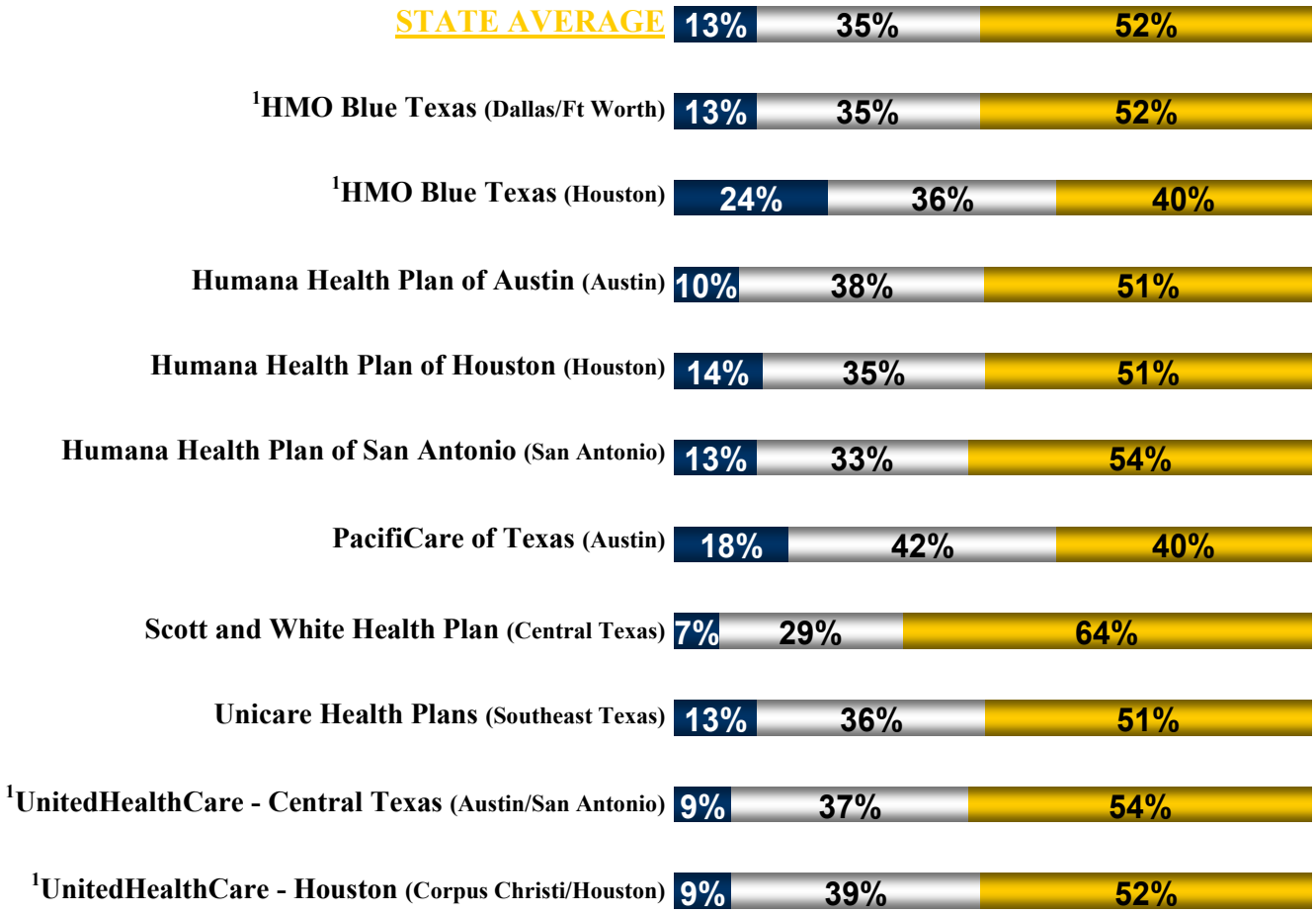

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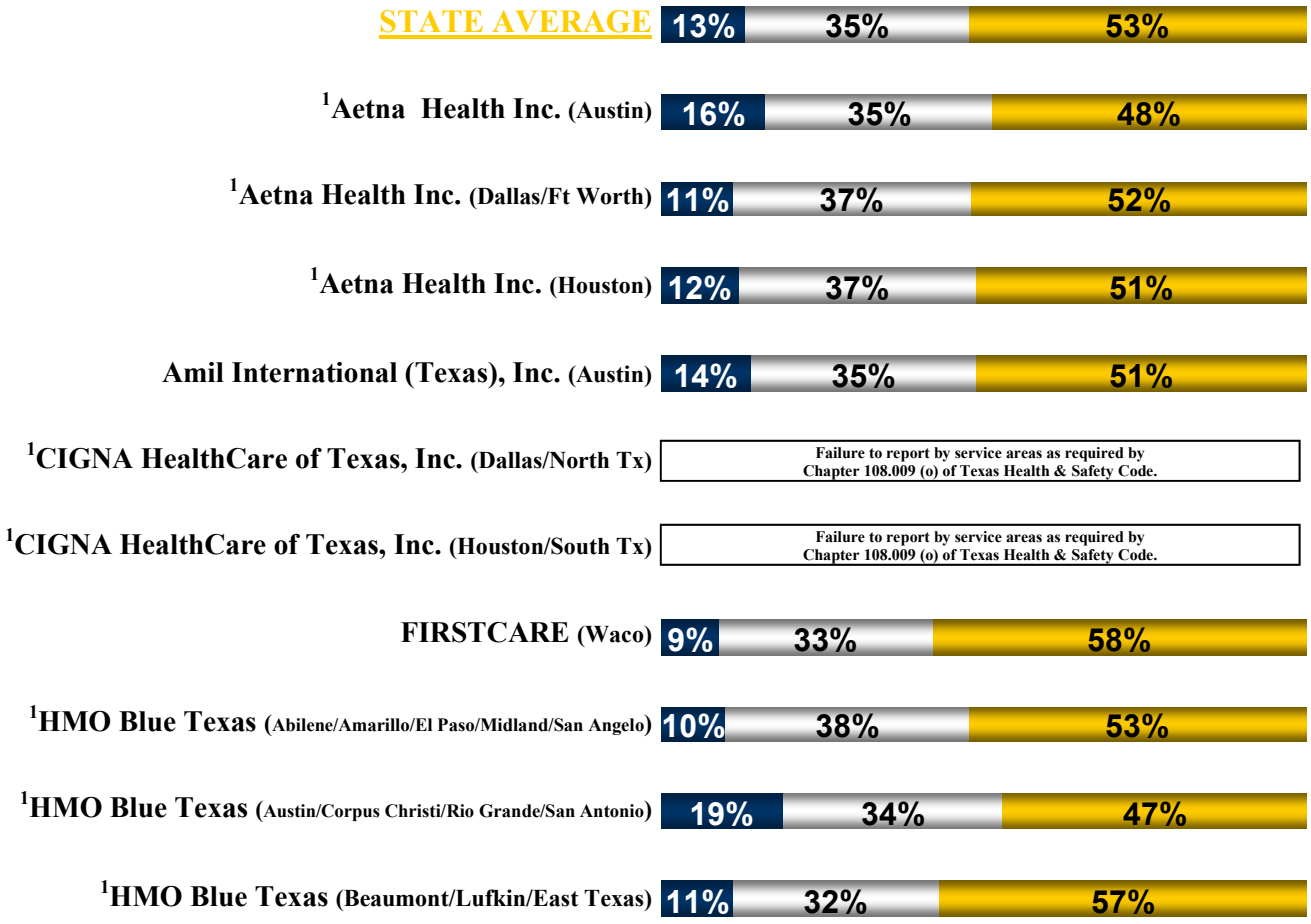
How people rated their doctor or nurse

Survey (CAHPS™3.0H) Results

Percentage who rated their doctor or nurse **6 or lower**	Percentage who rated their doctor or nurse **7 or 8**	Percentage who rated their doctor or nurse **9 or 10**

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"



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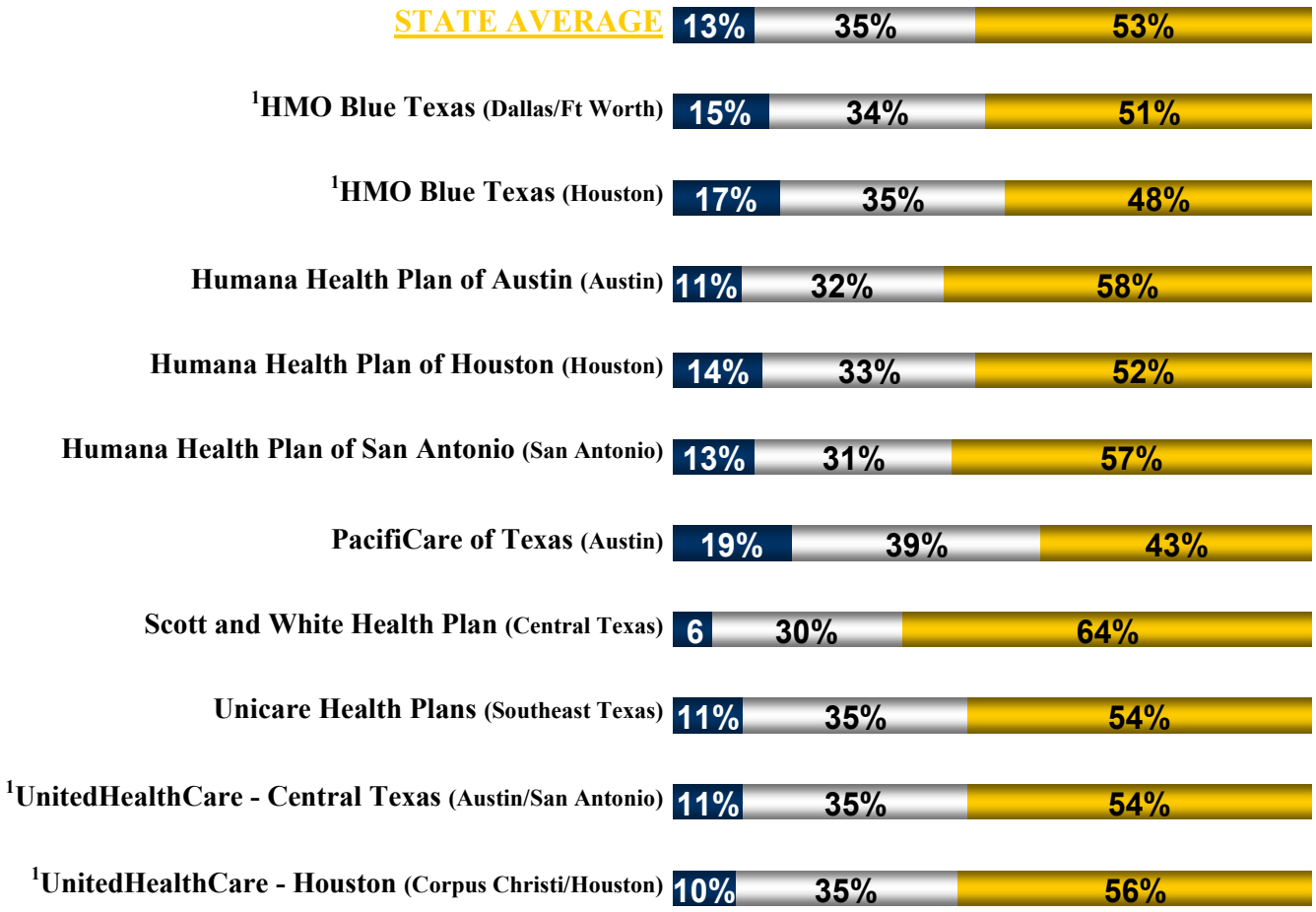

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[1] *Includes HMO & POS products. (See page 5 for explanation.)*

How people rated their specialist

Survey (CAHPS™3.0H) 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**

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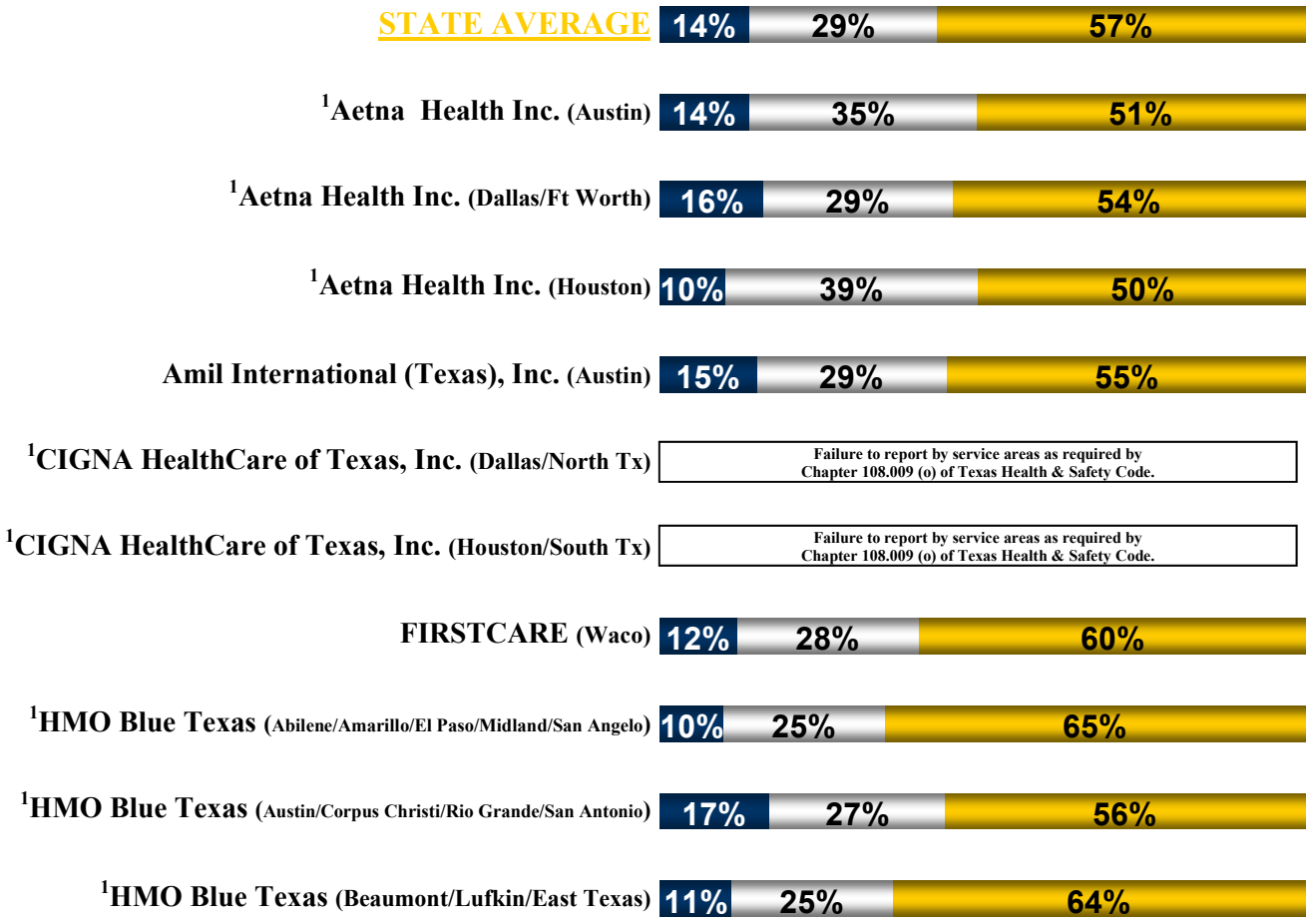
0 = "worst specialist possible" to **10** = "best specialist possible"



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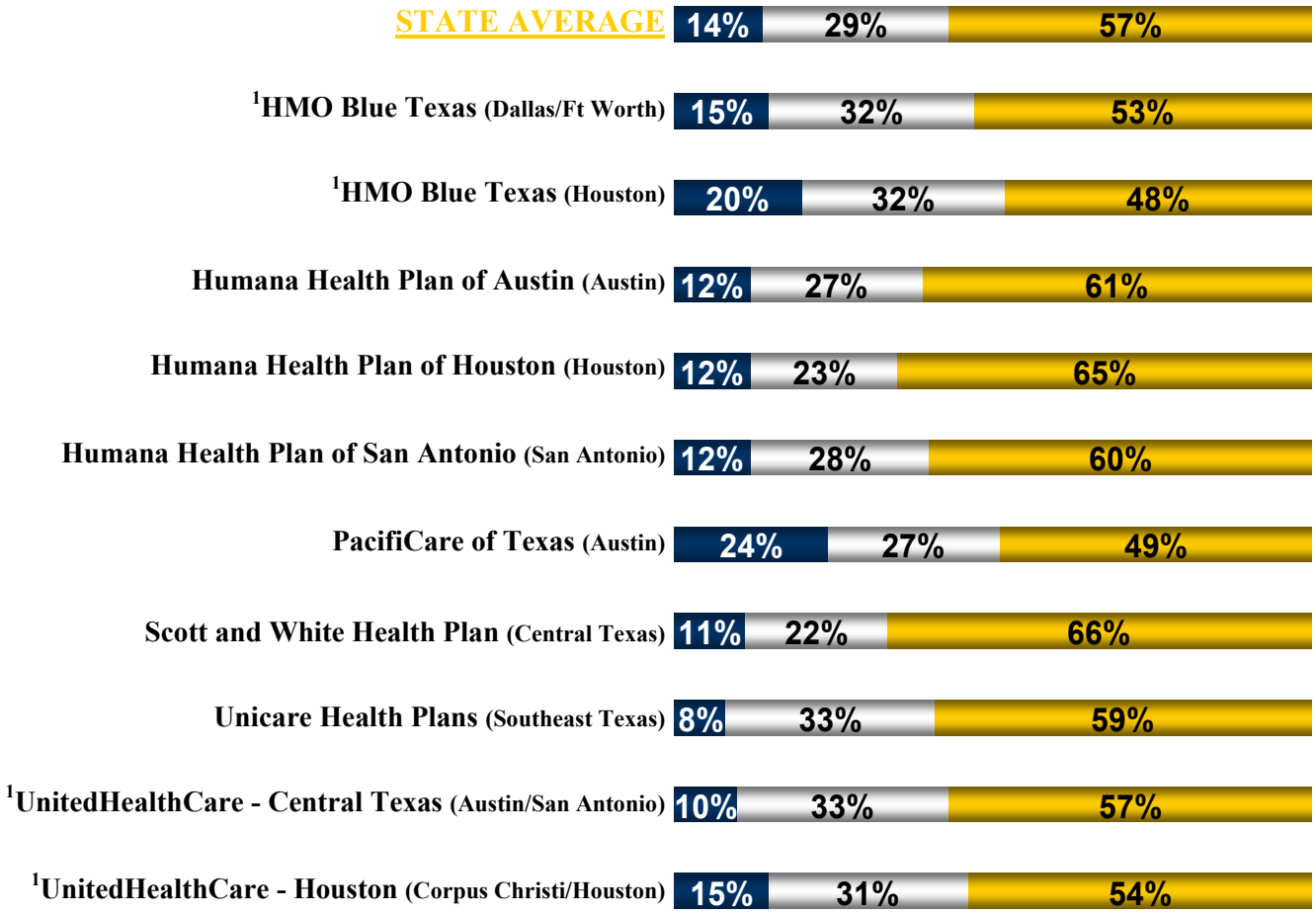

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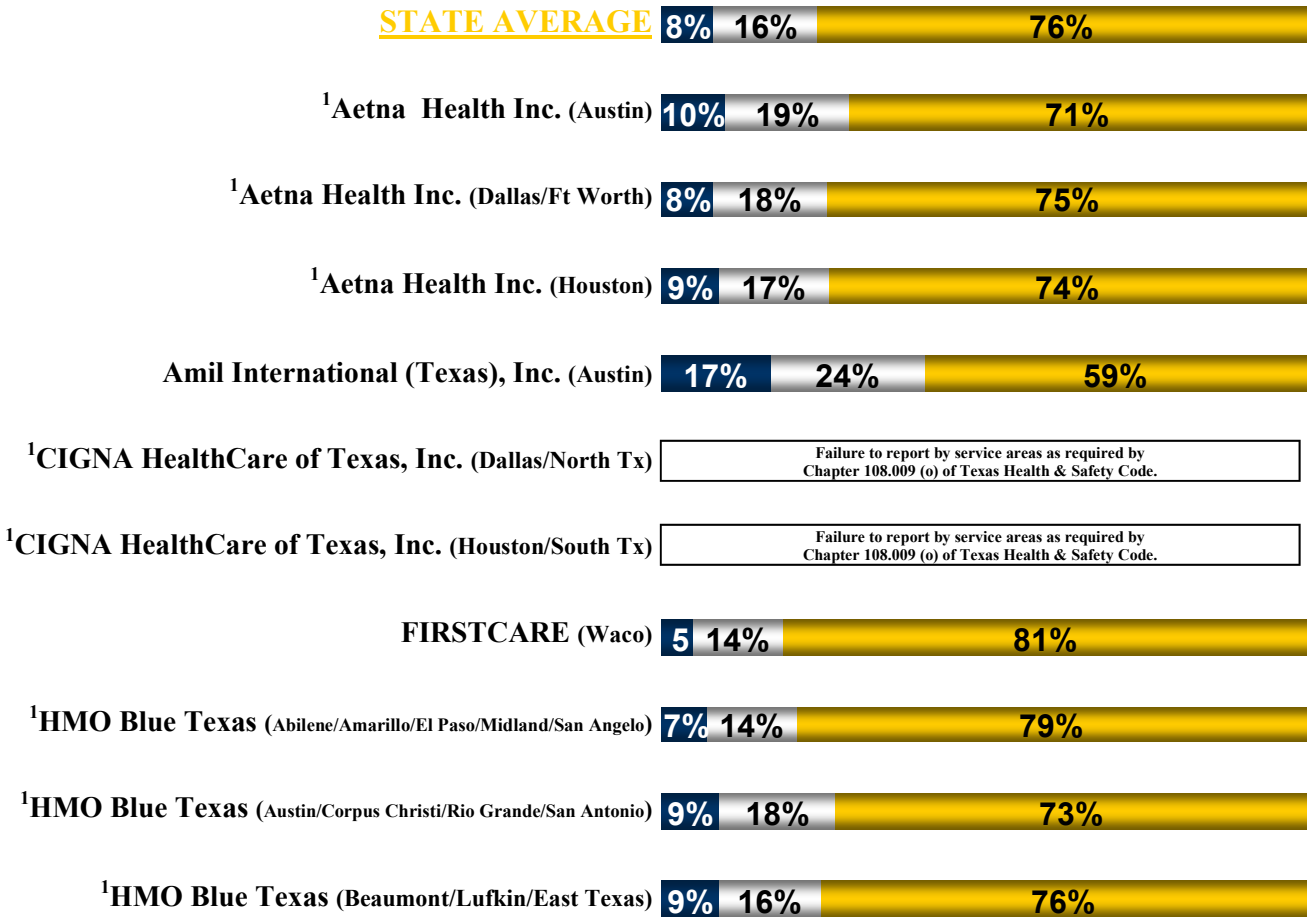
Getting care that is needed

Survey (CAHPS™3.0H) Results

Percentage who said they had **BIG problems** getting care they needed	Percentage who said they had **SMALL problems** getting care they needed	Percentage who said they had **NO problems** getting care they 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.



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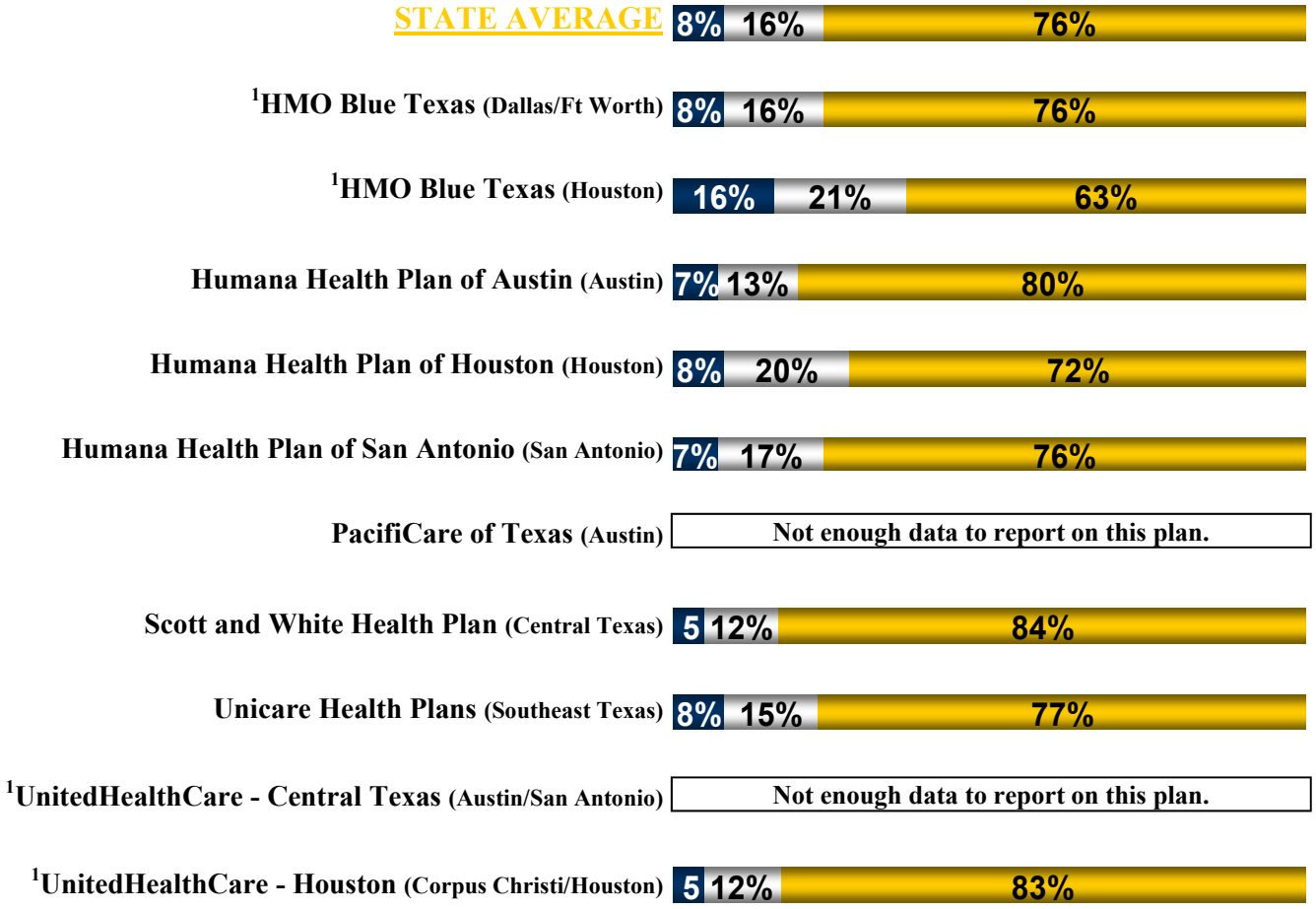

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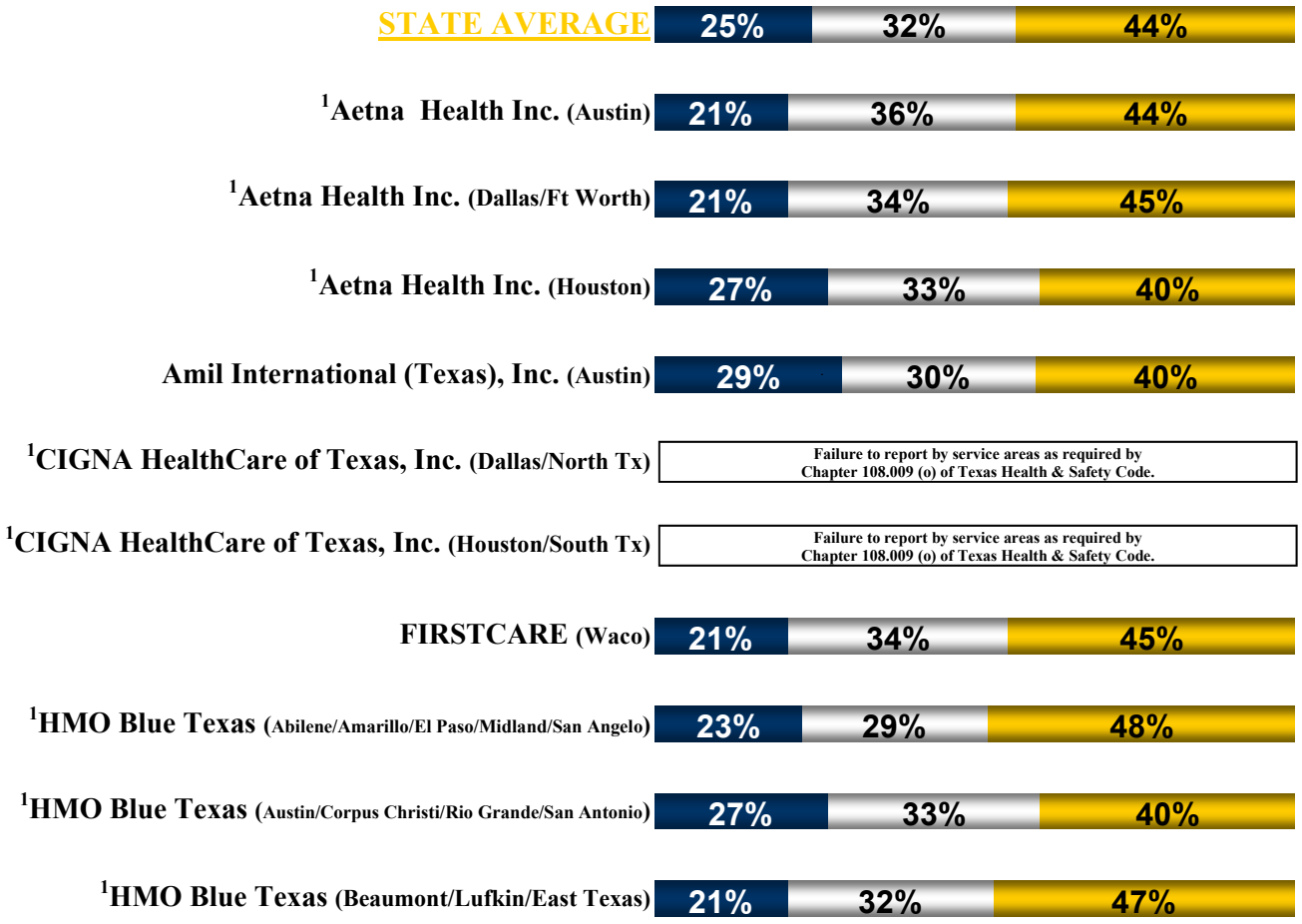
Getting care without long waits

Survey (CAHPS™3.0H) Results

Percentage who said they **sometimes or never** got care without long waits	Percentage who said they **usually** got care without long waits	Percentage who said they **always** got 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.



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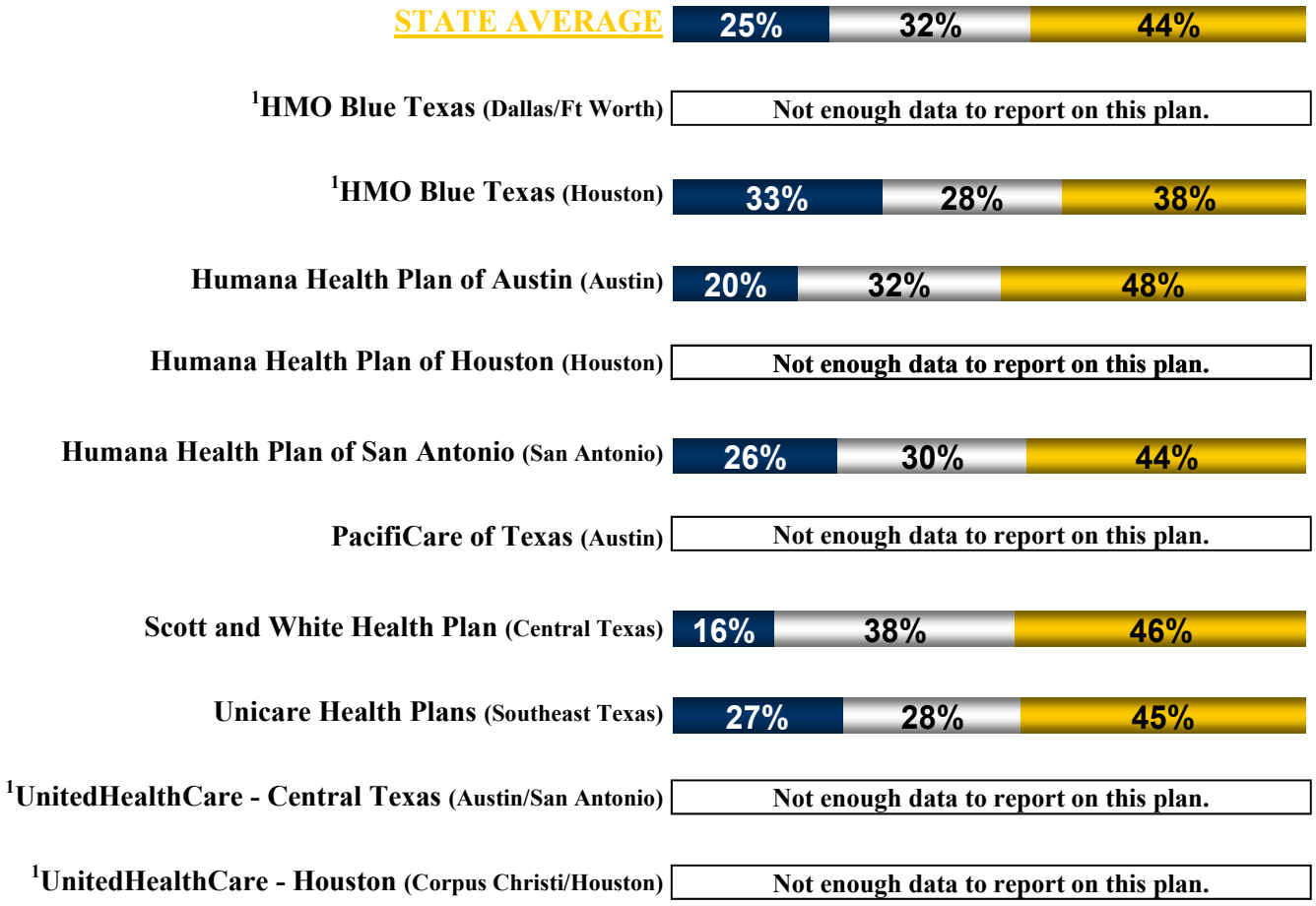

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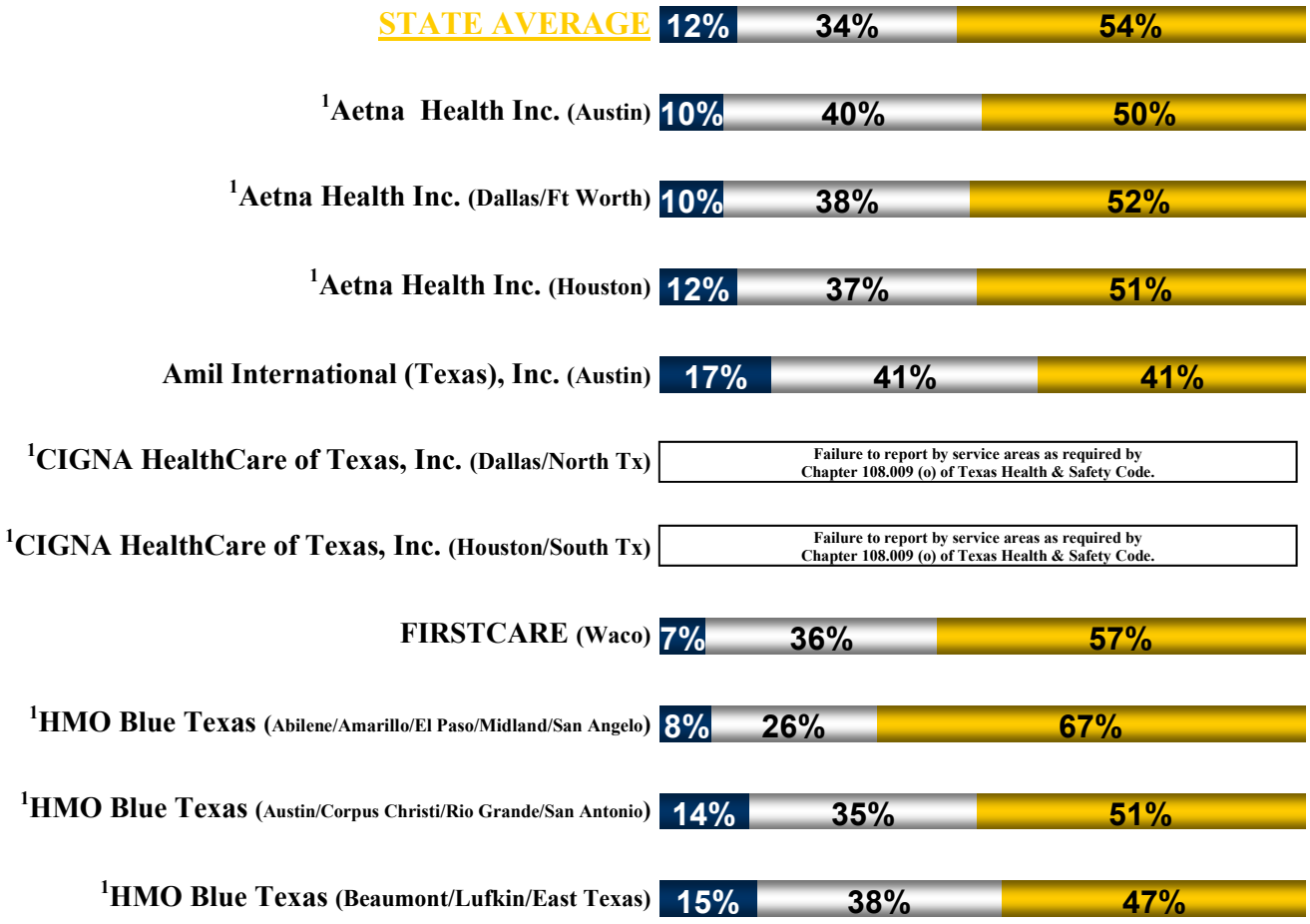
Handling of claims quickly and correctly

Survey (CAHPS™3.0H) 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 in a reasonable time.
- Handled claims correctly.



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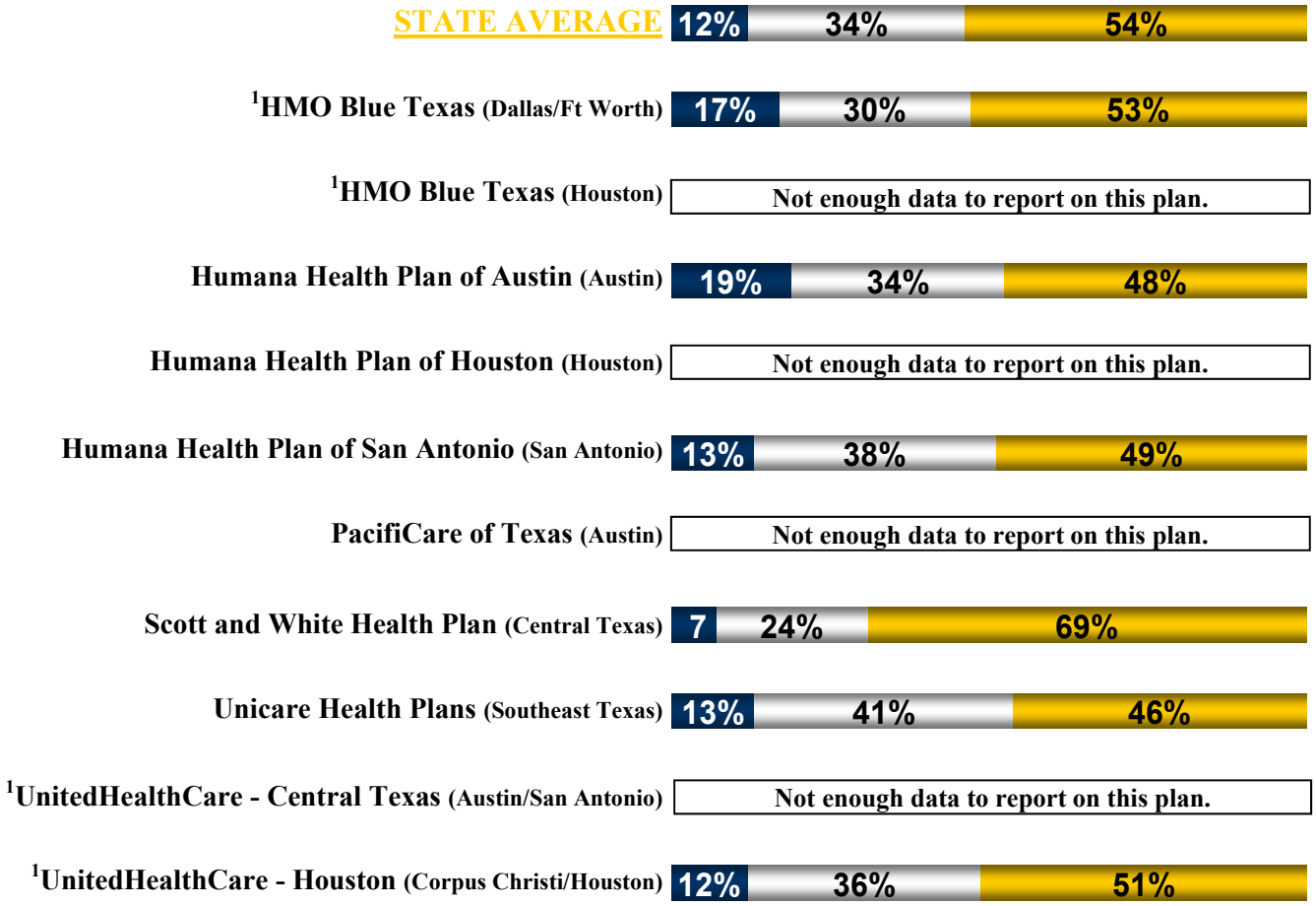

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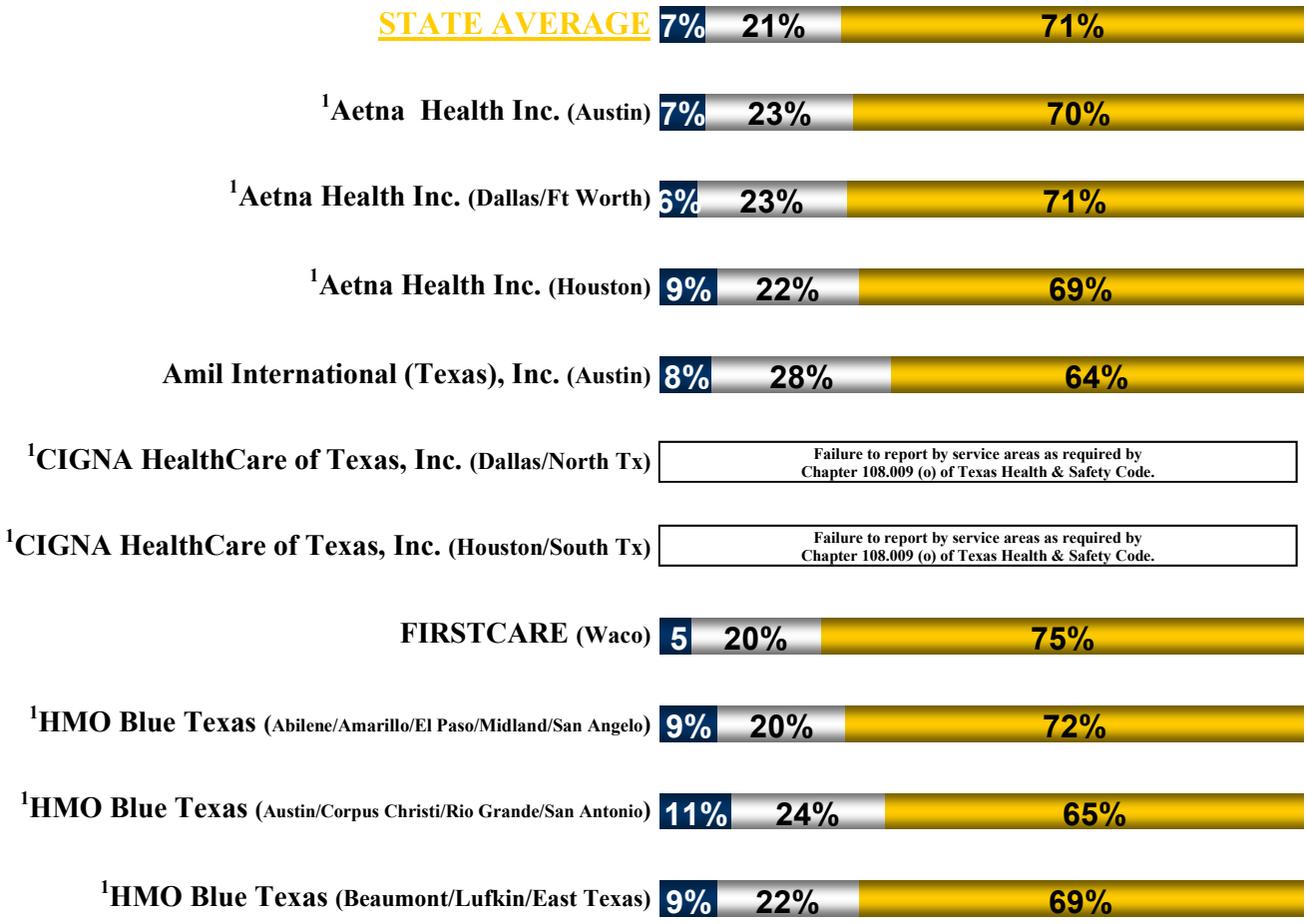
Efficiency and helpfulness of customer service

Survey (CAHPS™3.0H) Results

Percentage who said they had **BIG problems** with customer service	Percentage who said they had **SMALL problems** with customer service	Percentage who said they had **NO problems** with 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.



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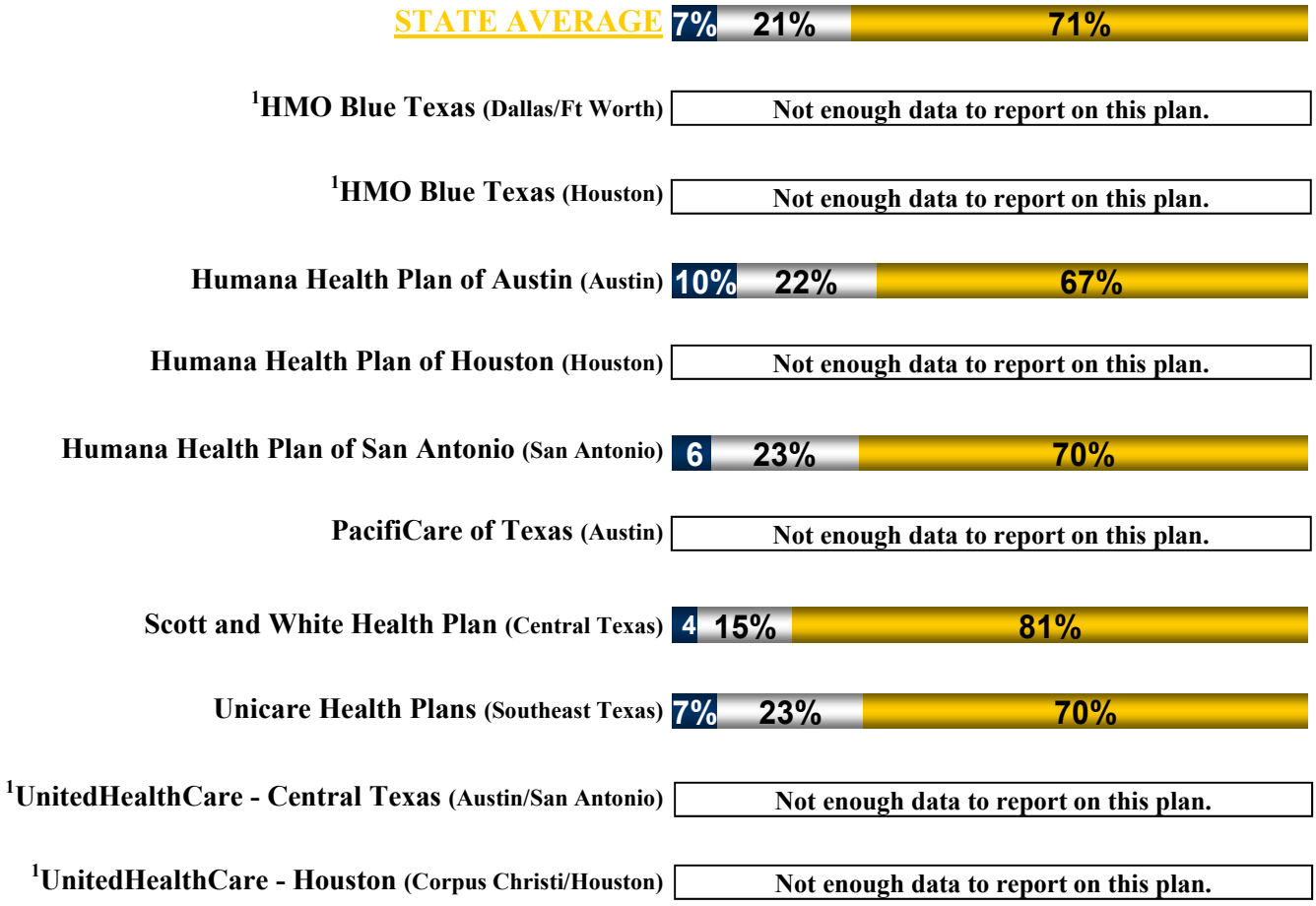

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[1] *Includes HMO & POS products. (See page 5 for explanation.)*

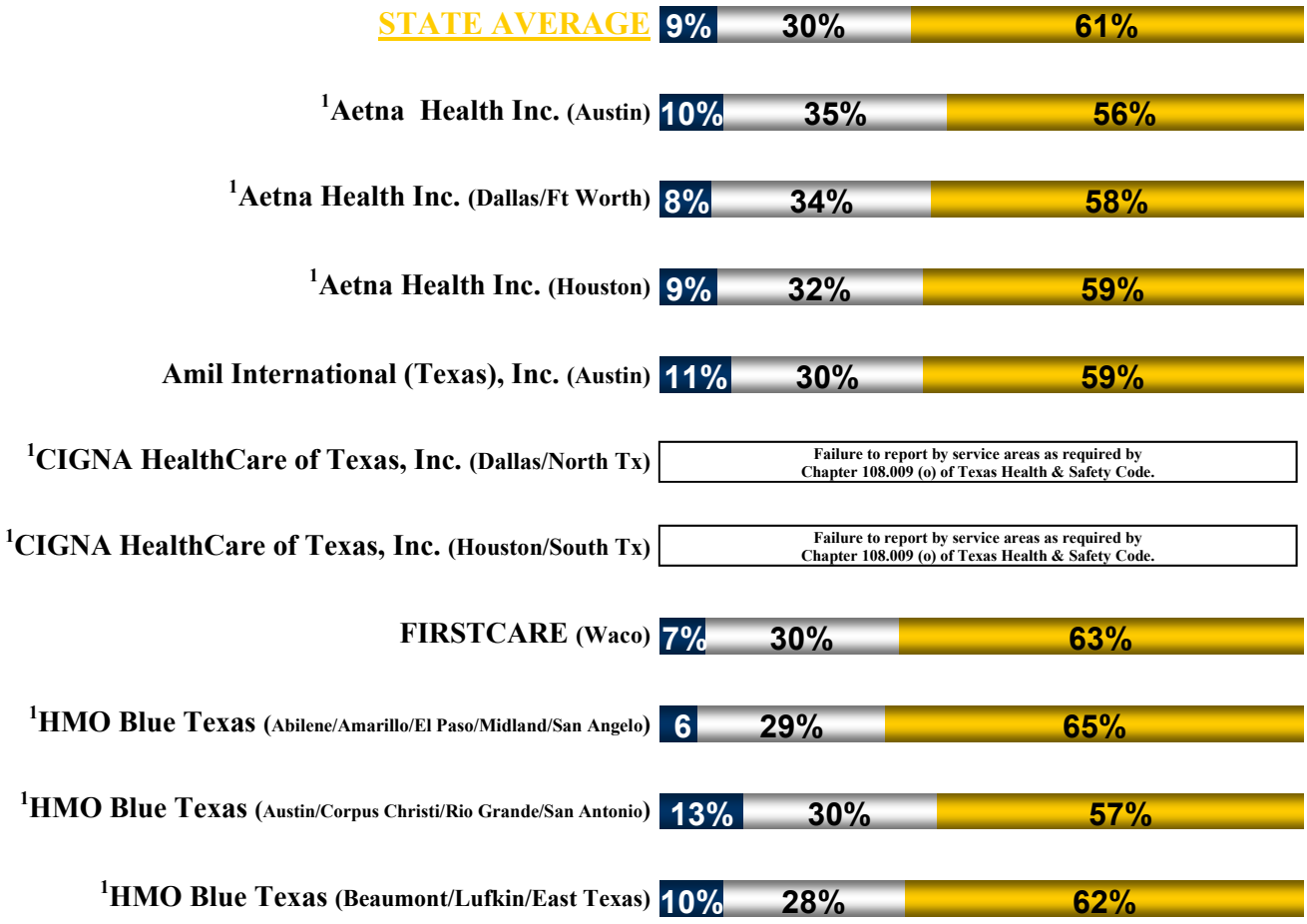
How well doctors communicate

Survey (CAHPS™3.0H) 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 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.



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

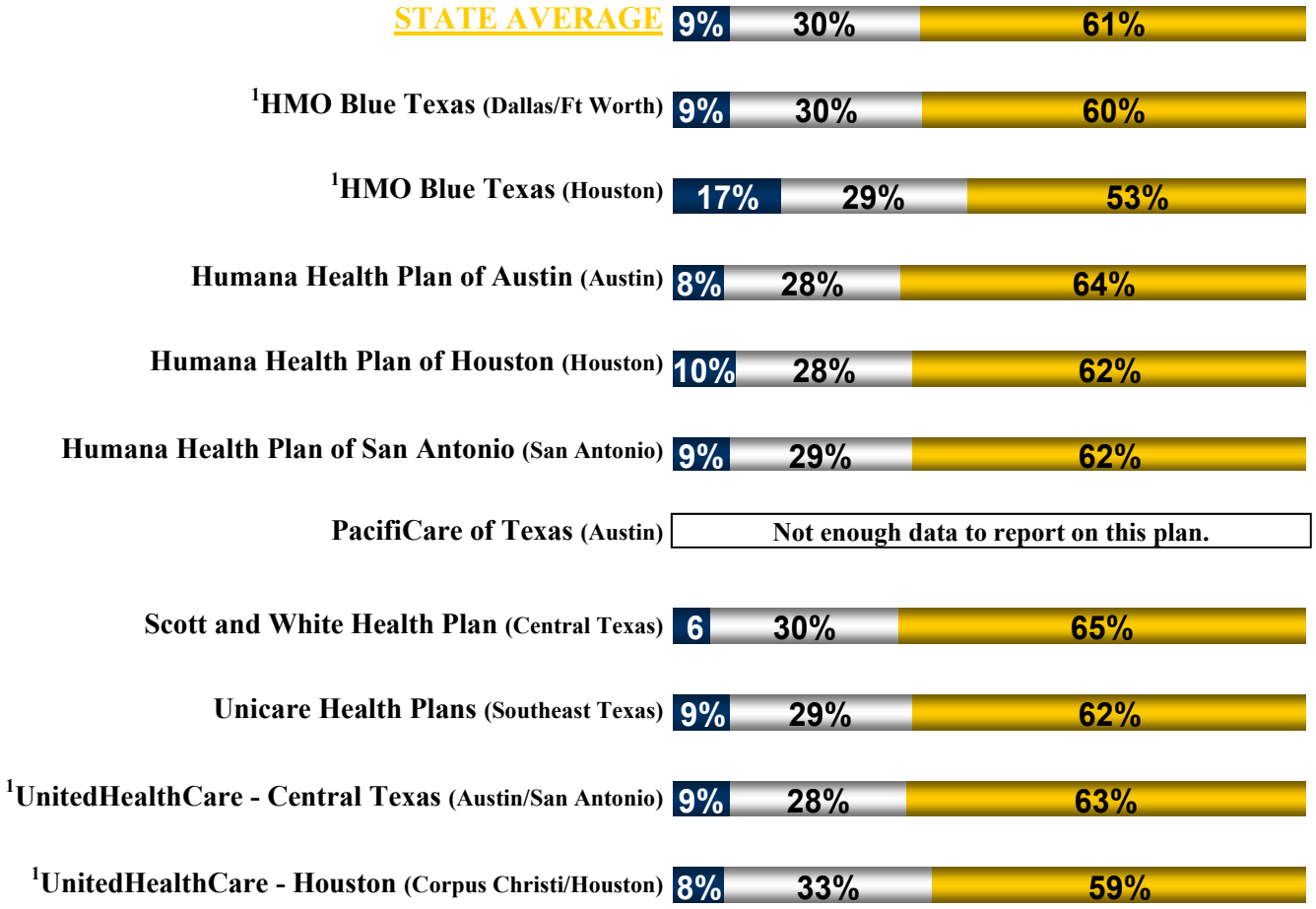
How well doctors communicate

Survey (CAHPS™3.0H) 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 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.



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

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

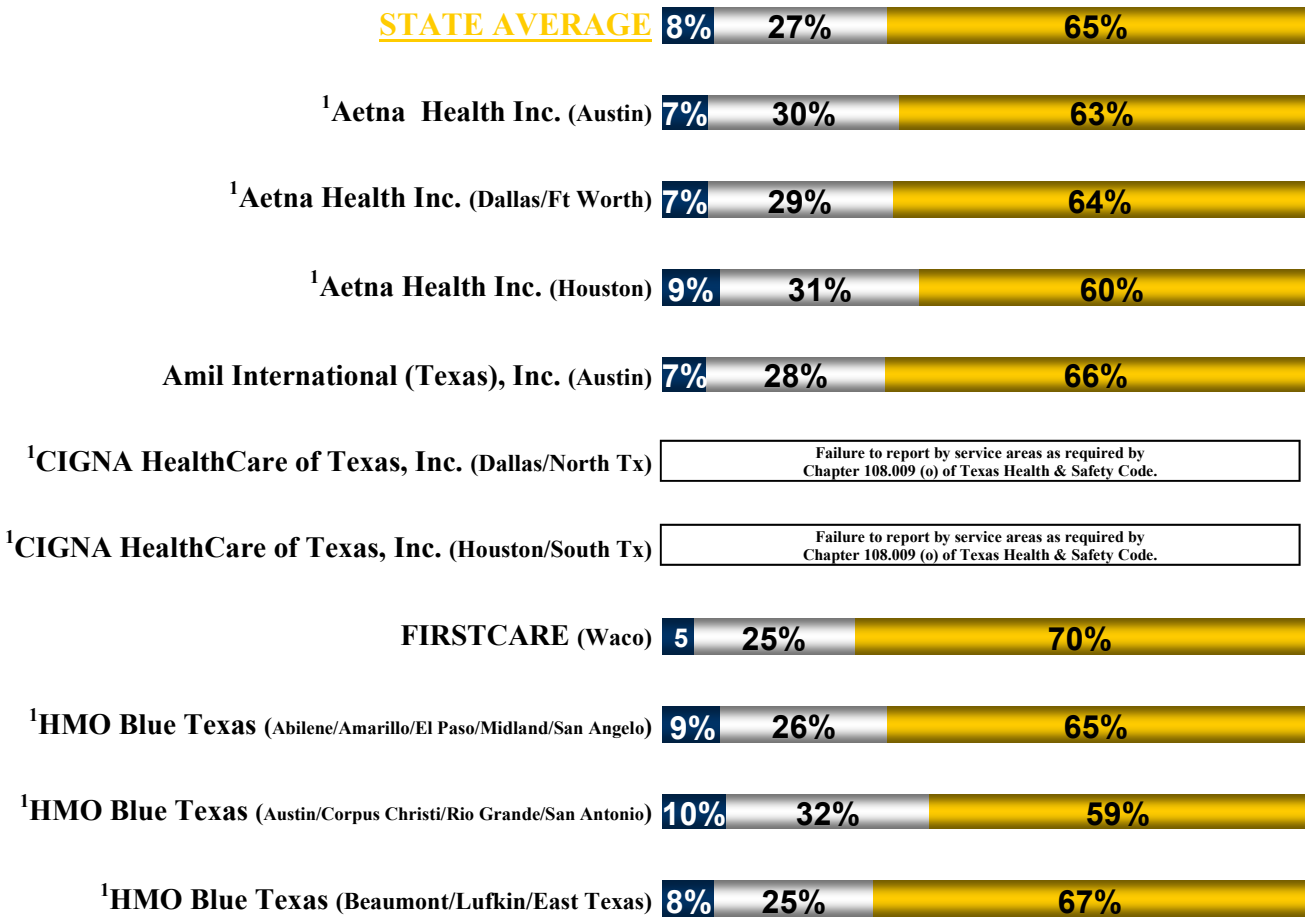
Courtesy, respect and helpfulness of office staff

Survey (CAHPS™3.0H) Results

Percentage who said office staff were **sometimes or never** courteous, respectful, and helpful	Percentage who said office staff were **usually** courteous, respectful, and helpful	Percentage who said office staff were **always** courteous, respectful, and helpful

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.



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

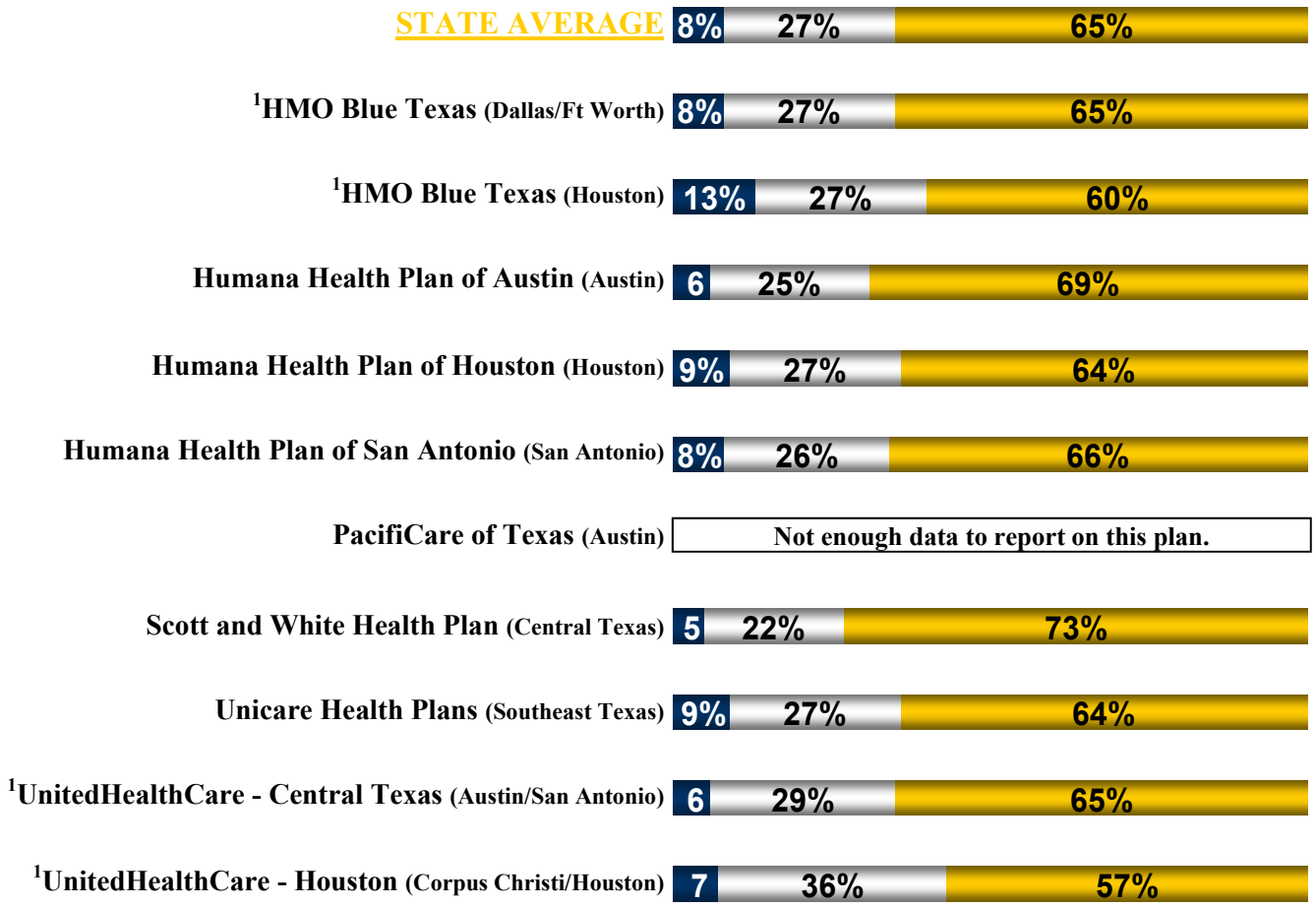
Courtesy, respect and helpfulness of office staff

Survey (CAHPS™3.0H) Results

Percentage who said office staff were **sometimes or never** courteous, respectful, and helpful	Percentage who said office staff were **usually** courteous, respectful, and helpful	Percentage who said office staff were **always** courteous, respectful, and helpful

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.



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

[1] *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 = 32%

Aetna Health Inc. (Austin)	**35%**
Aetna Health Inc. (Dallas/Ft Worth)	**30%**
Aetna Health Inc. (Houston)	**30%**
Aetna Health Inc. (San Antonio)	28%
Amil International (Texas), Inc. (Austin)	**42%**
CIGNA HealthCare of Texas, Inc. (Dallas/North Tx)	**FTR**
CIGNA HealthCare of Texas, Inc. (Houston/South Tx)	**FTR**
Community First Health Plans (San Antonio)	30%
FIRSTCARE (Abilene)	43%
FIRSTCARE (Amarillo)	50%
FIRSTCARE (Lubbock)	38%
FIRSTCARE (Waco)	**42%**
Great-West Healthcare (Dallas)	25%
Great-West Healthcare (Houston)	15%
HMO Blue Texas (Abilene/Amarillo/El Paso/Midland/San Angelo)	**39%**
HMO Blue Texas (Austin/Corpus Christi/Rio Grande/San Antonio)	**36%**
HMO Blue Texas (Beaumont/Lufkin/East Texas)	**36%**
HMO Blue Texas (Dallas/Ft Worth)	**30%**
HMO Blue Texas (Houston)	**29%**
Humana Health Plan of Austin (Austin)	**36%**
Humana Health Plan of Corpus Christi (Corpus Christi)	25%
Humana Health Plan of Houston (Houston)	**25%**
Humana Health Plan of San Antonio (San Antonio)	**39%**
Mercy Health Plans (Laredo)	36%
PacifiCare of Texas (Austin)	**10%**
PacifiCare of Texas (Dallas)	24%
PacifiCare of Texas (Houston)	14%
PacifiCare of Texas (San Antonio)	22%
Scott and White Health Plan (Central Texas)	**55%**
Unicare Health Plans (Southeast Texas)	**31%**
UnitedHealthCare of Texas- Central Texas (Austin/San Antonio)	**30%**
UnitedHealthCare of Texas - Dallas (Dallas)	28%
UnitedHealthCare of Texas - Houston (Corpus Christi/Houston)	**26%**
Valley Baptist Health Plan (Harlingen)	37%

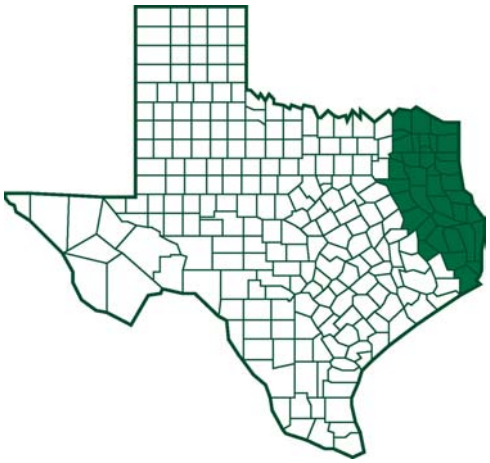
FTR = "Failure to report by service areas as required by Chapter 108.009 (o) of Texas Health and Safety Code"

Survey (CAHPS™ 3.0H) 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	



While analysis of the consumer survey was performed for all commercial health maintenance organizations (HMOs) in Texas, only the results for the plans that provide services in the East Texas area are featured in this section of the report.

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 section if their service area extends into at least one county in the East 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 2003.

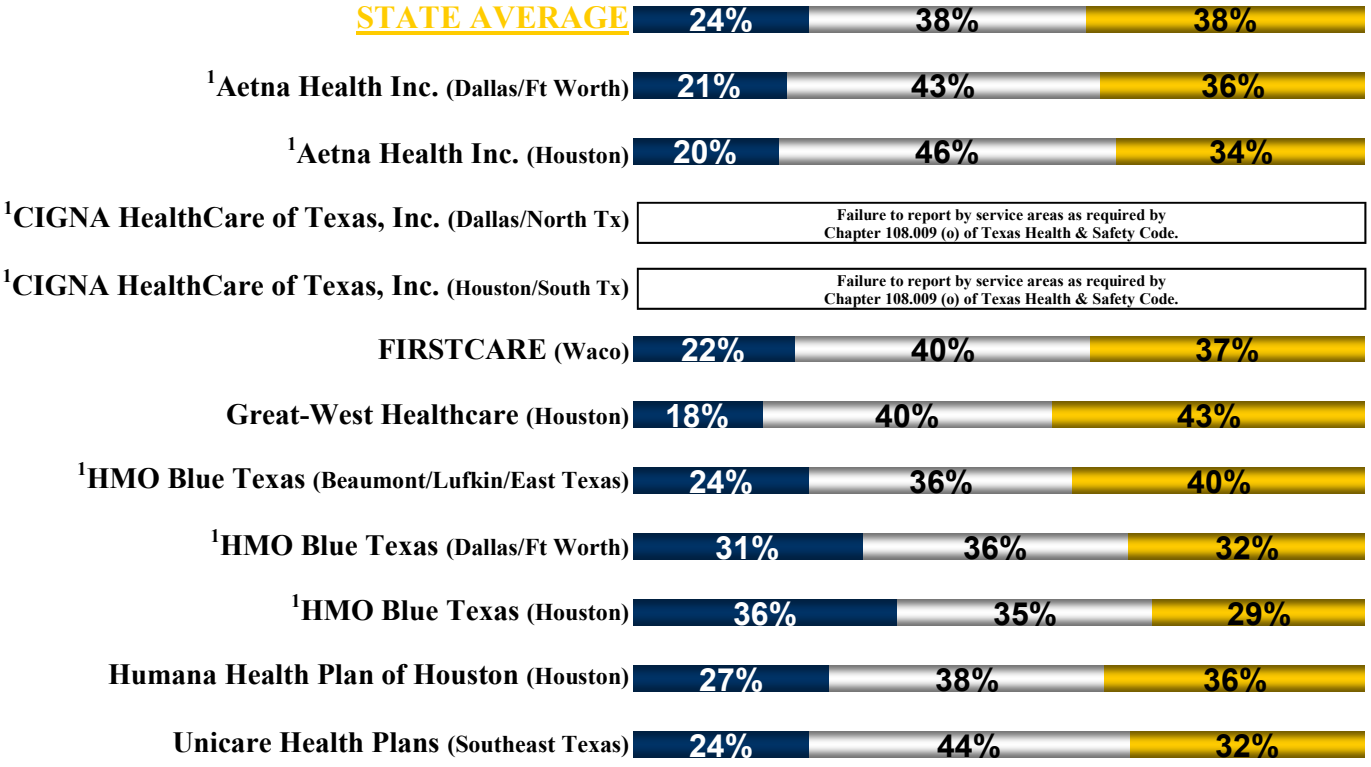
How people rated their health plan

Survey (CAHPS™3.0H) 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%.

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

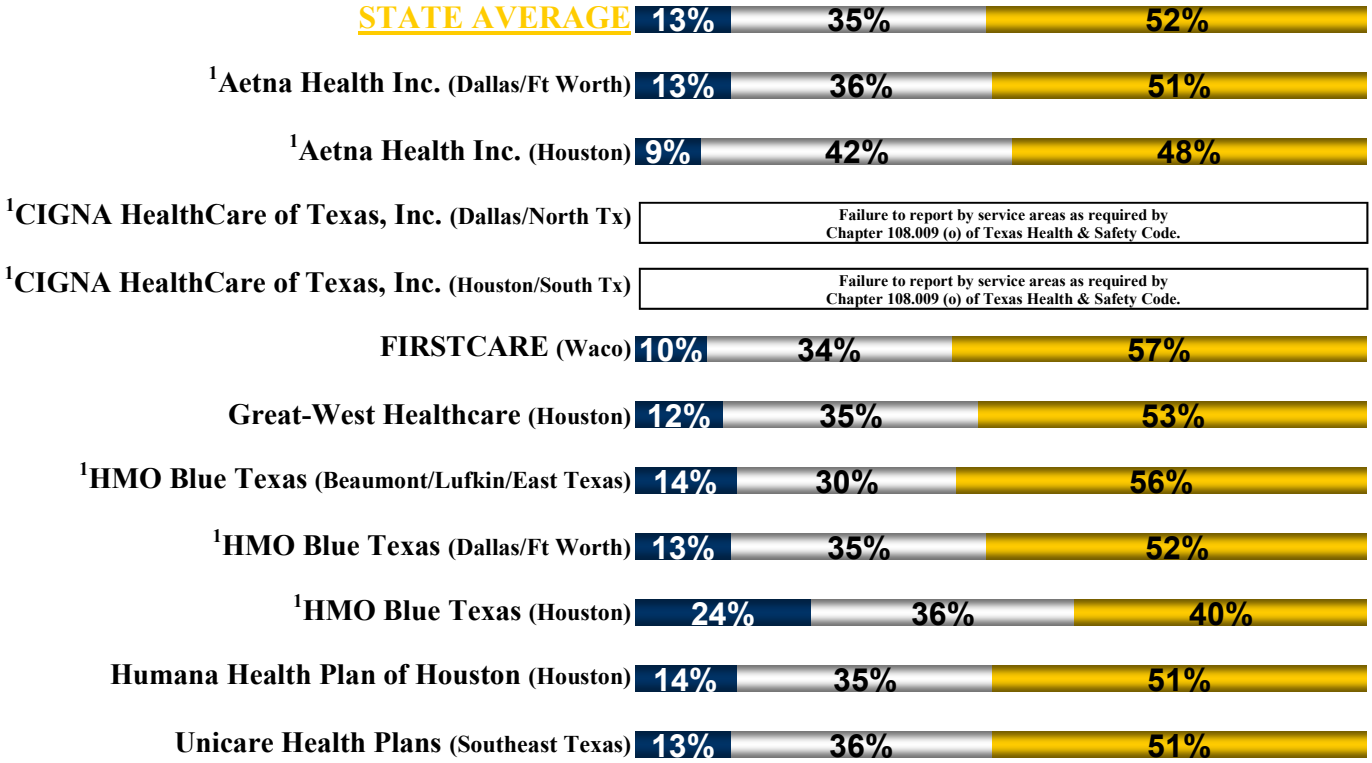
How people rated their health care

Survey (CAHPS™3.0H) 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** they received from all doctors and other health providers 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%.

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

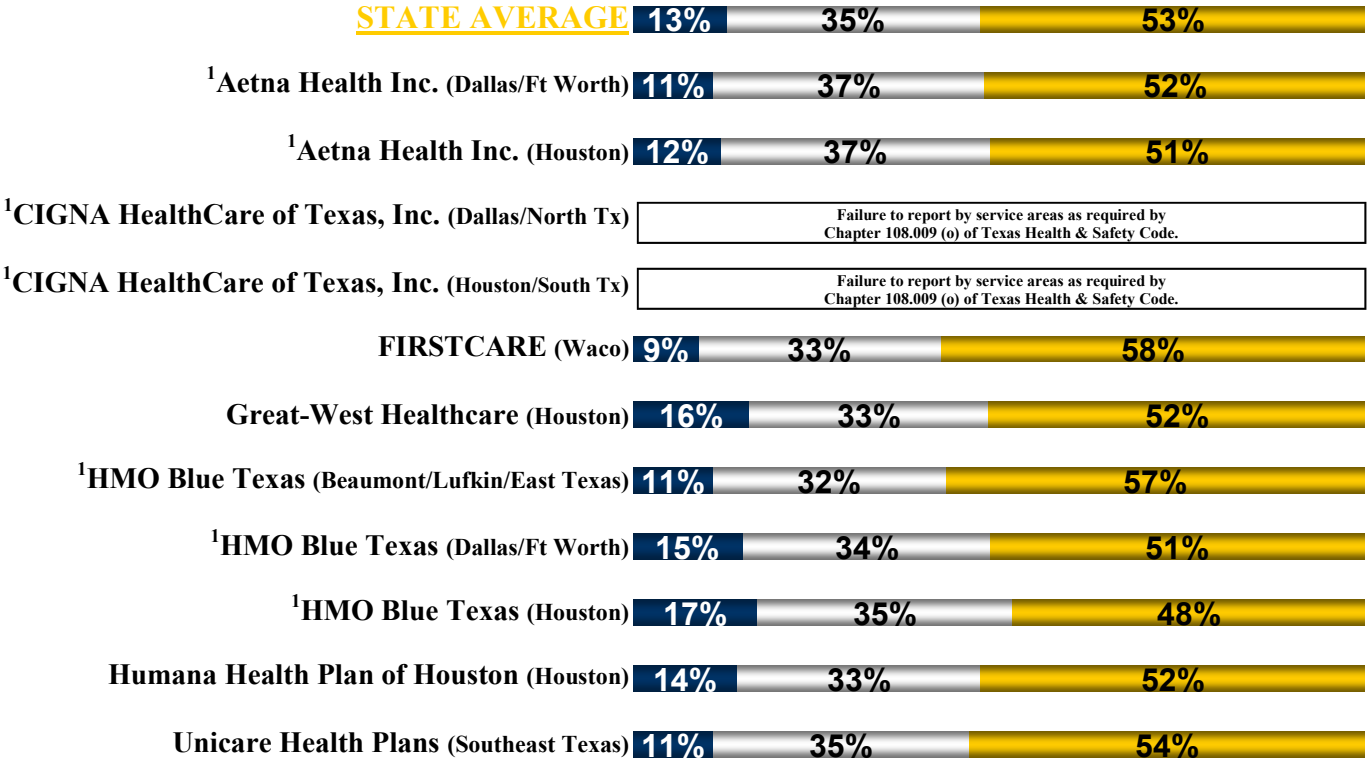
How people rated their doctor or nurse

Survey (CAHPS™3.0H) Results

Percentage who rated their doctor or nurse **6 or lower**	Percentage who rated their doctor or nurse **7 or 8**	Percentage who rated their doctor or nurse **9 or 10**

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"



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

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

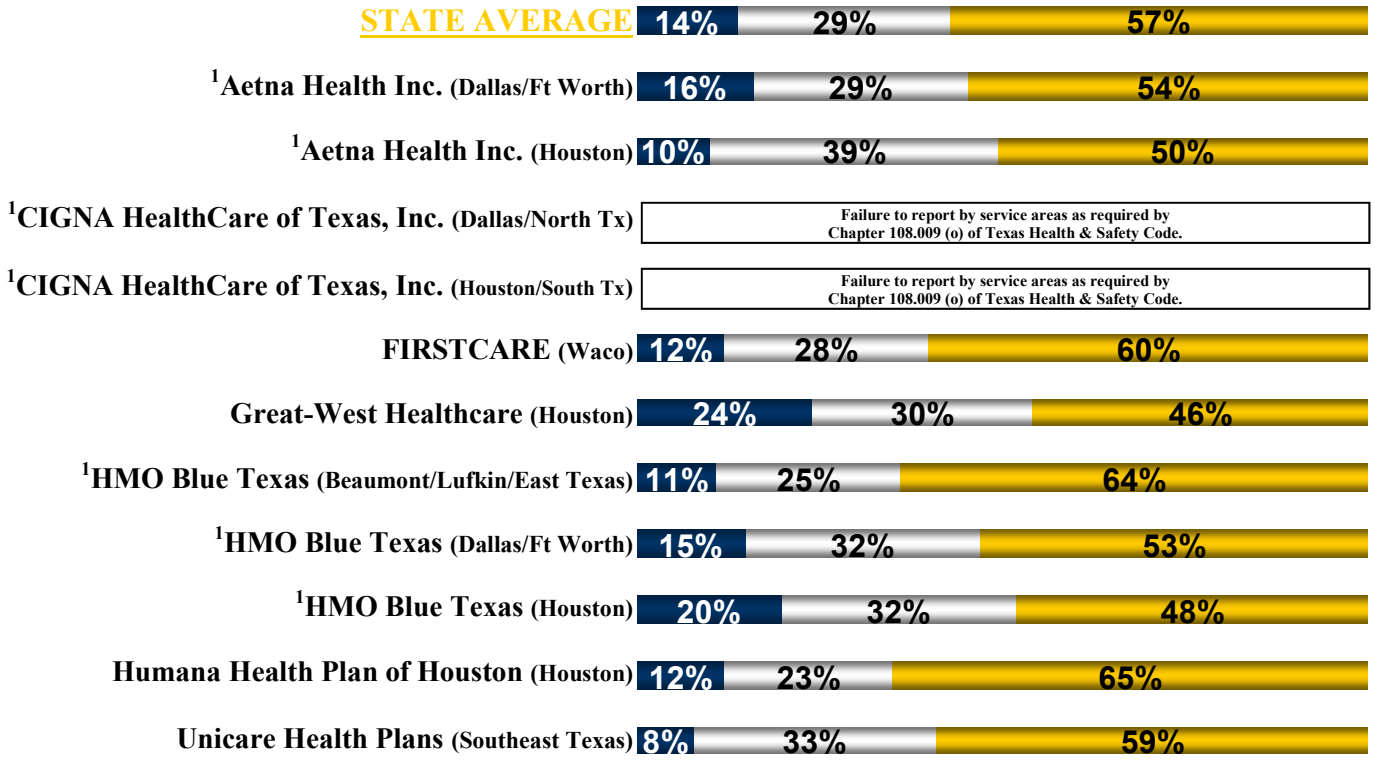
How people rated their specialist

Survey (CAHPS™3.0H) 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%.

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

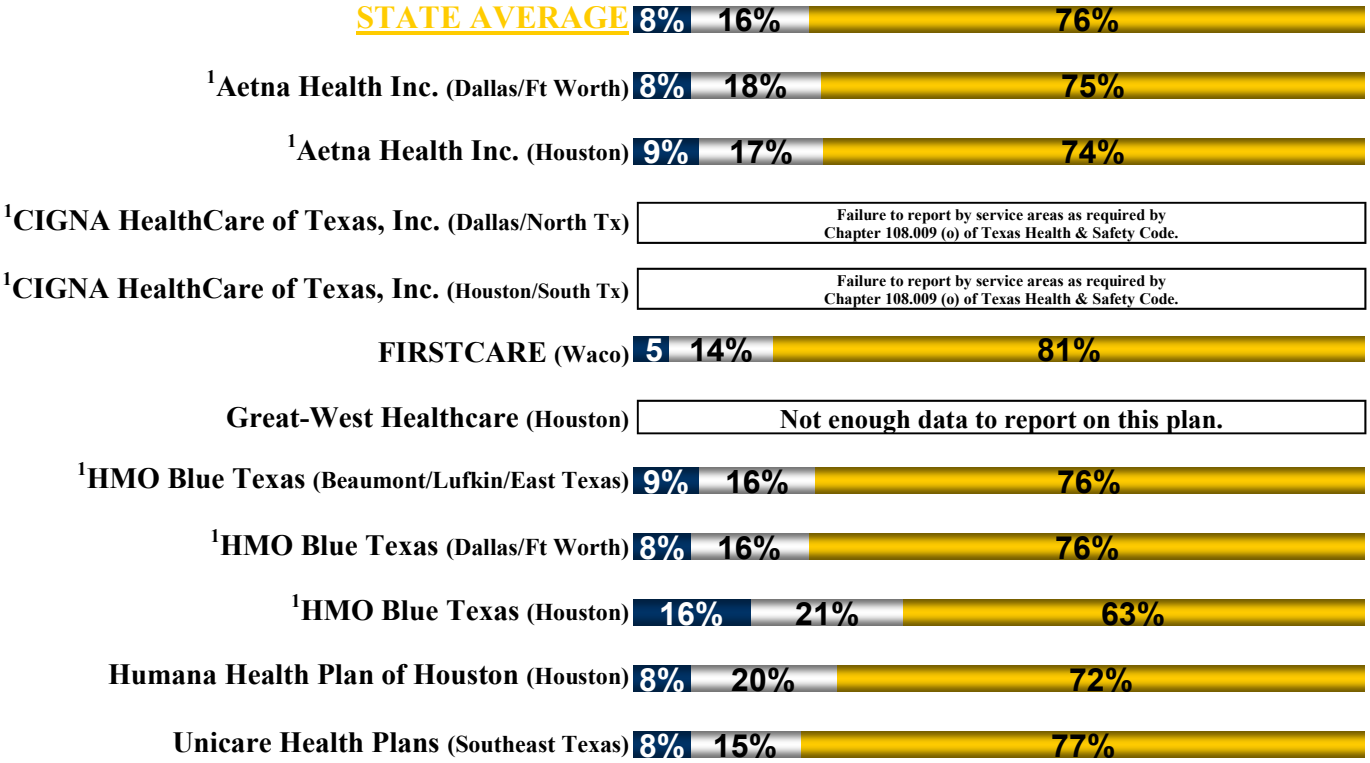
Getting care that is needed

Survey (CAHPS™3.0H) Results

Percentage who said they had **BIG problems** getting care they needed	Percentage who said they had **SMALL problems** getting care they needed	Percentage who said they had **NO problems** getting care they 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 up to 100%.

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

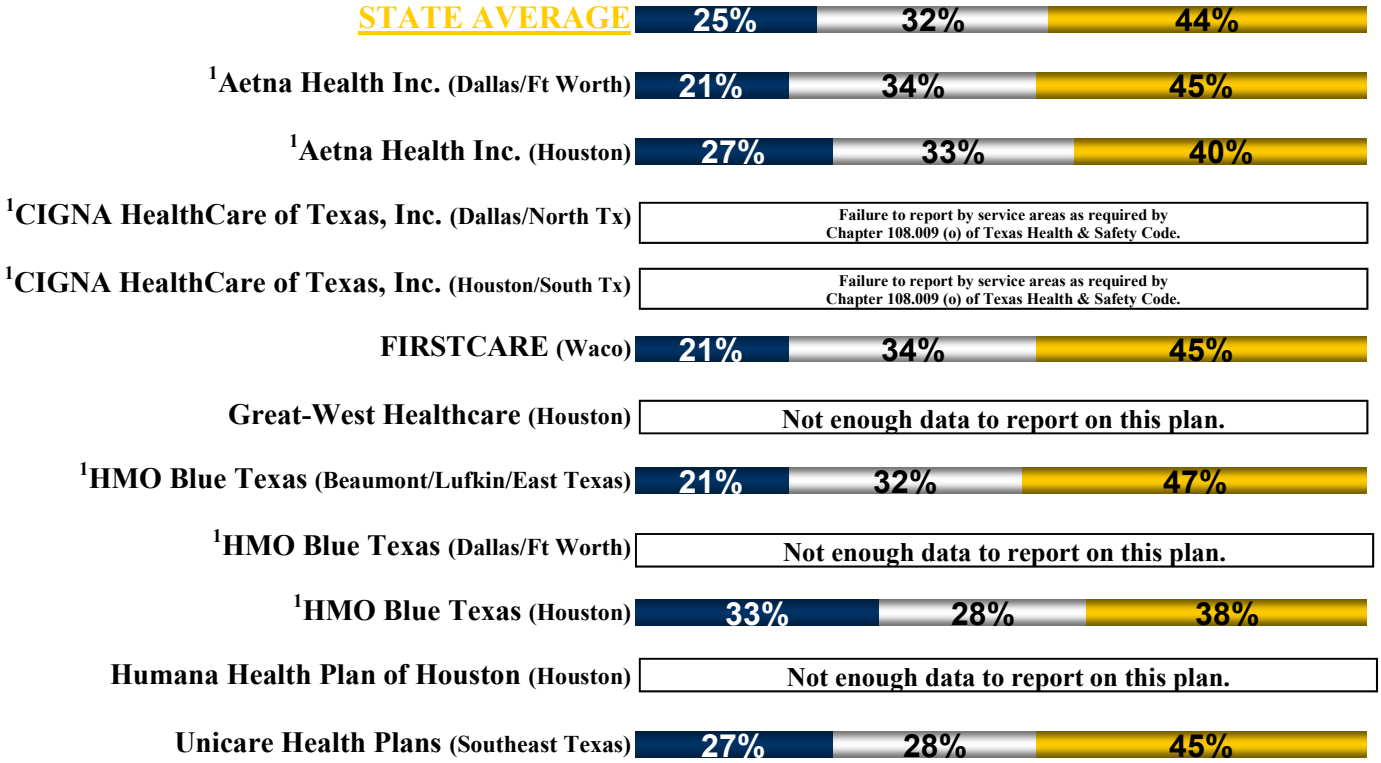
Getting care without long waits

Survey (CAHPS™3.0H) Results

Percentage who said they **sometimes or never** got care without long waits	Percentage who said they **usually** got care without long waits	Percentage who said they **always** got 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.



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

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

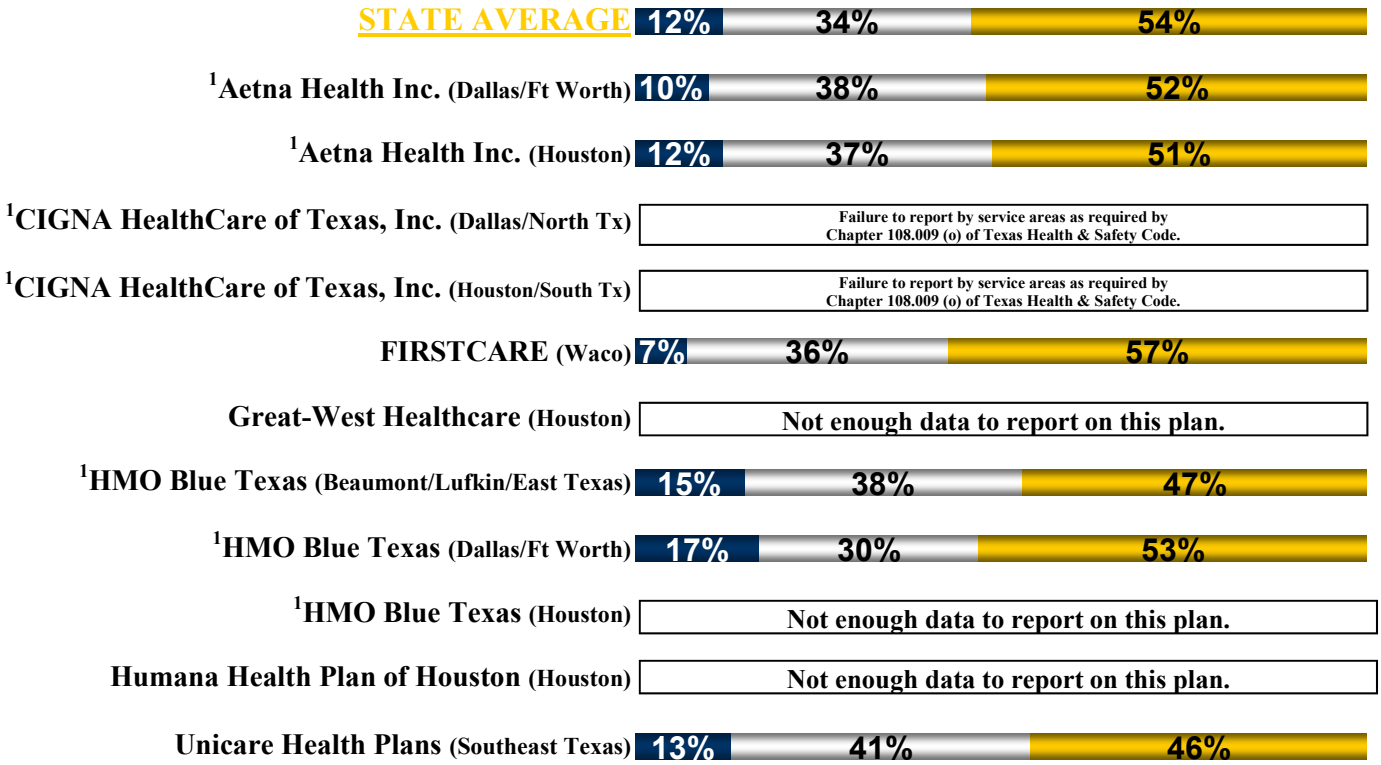
Handling of claims quickly and correctly

Survey (CAHPS™3.0H) 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 in a reasonable time.
- Handled claims correctly.



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

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

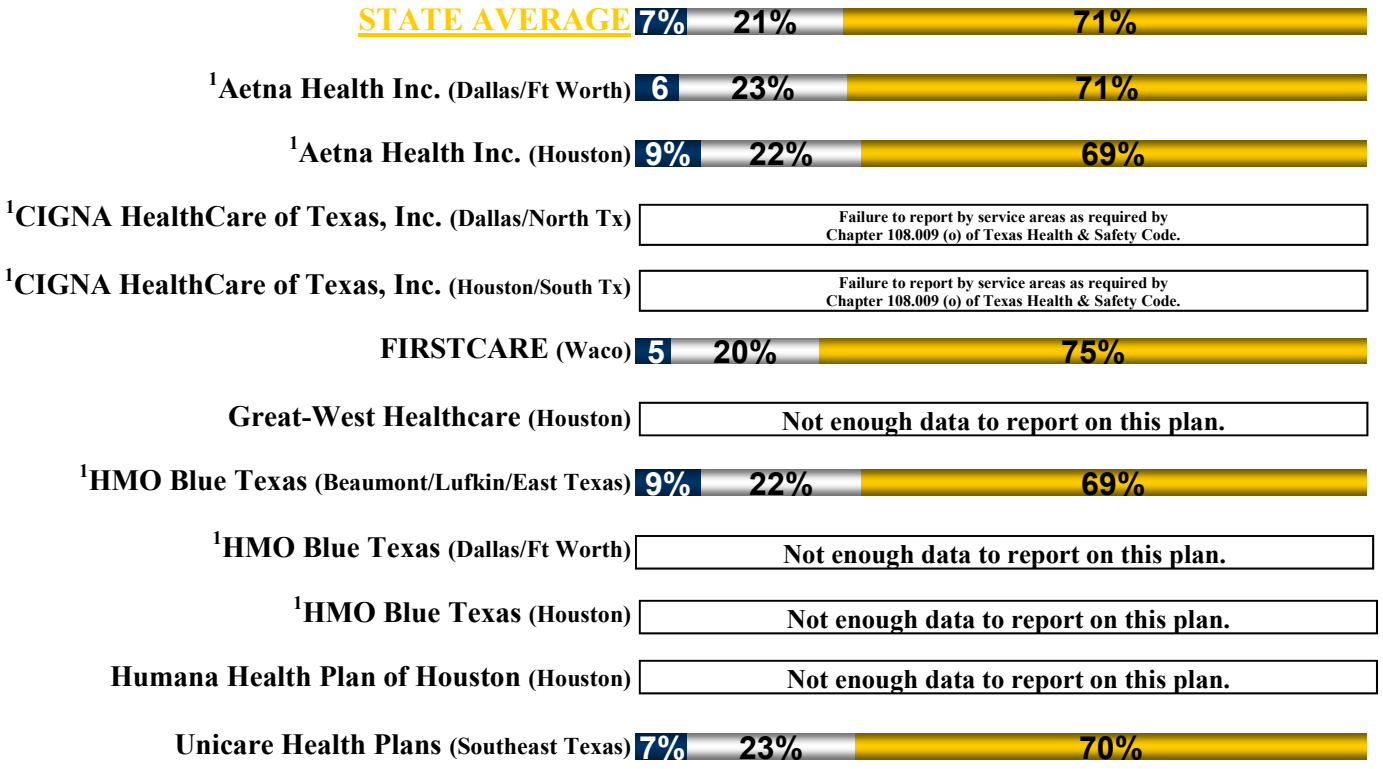
Efficiency and helpfulness of customer service

Survey (CAHPS™3.0H) Results

Percentage who said they had **BIG problems** with customer service	Percentage who said they had **SMALL problems** with customer service	Percentage who said they had **NO problems** with 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.



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

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

How well doctors communicate

Survey (CAHPS™3.0H) 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 doctor or other health provider:

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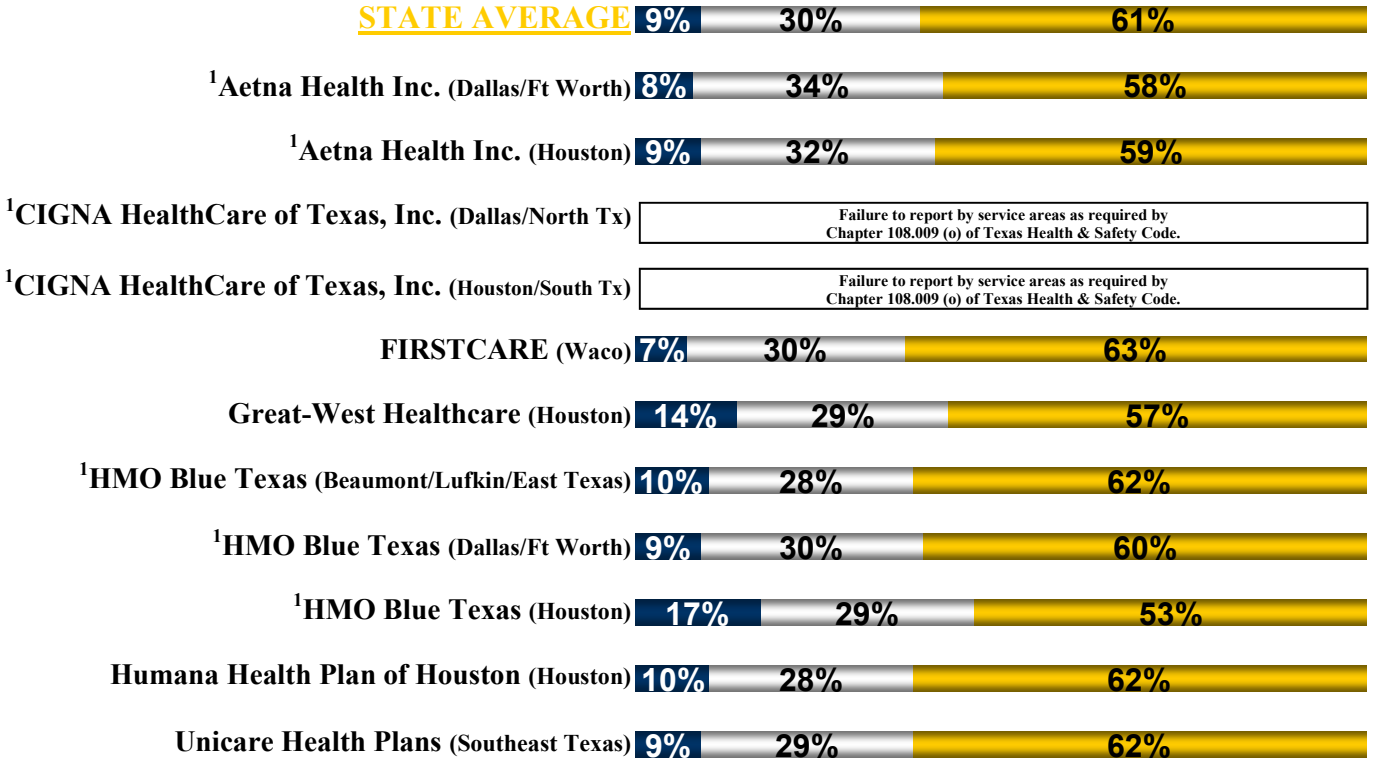

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[1]*Includes HMO & POS products.* *(See page 5 for explanation.)*

Courtesy, respect and helpfulness of office staff

Survey (CAHPS™3.0H) Results

Percentage who said office staff were **sometimes or never** courteous, respectful, and helpful	Percentage who said office staff were **usually** courteous, respectful, and helpful	Percentage who said office staff were **always** courteous, respectful, and helpful

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

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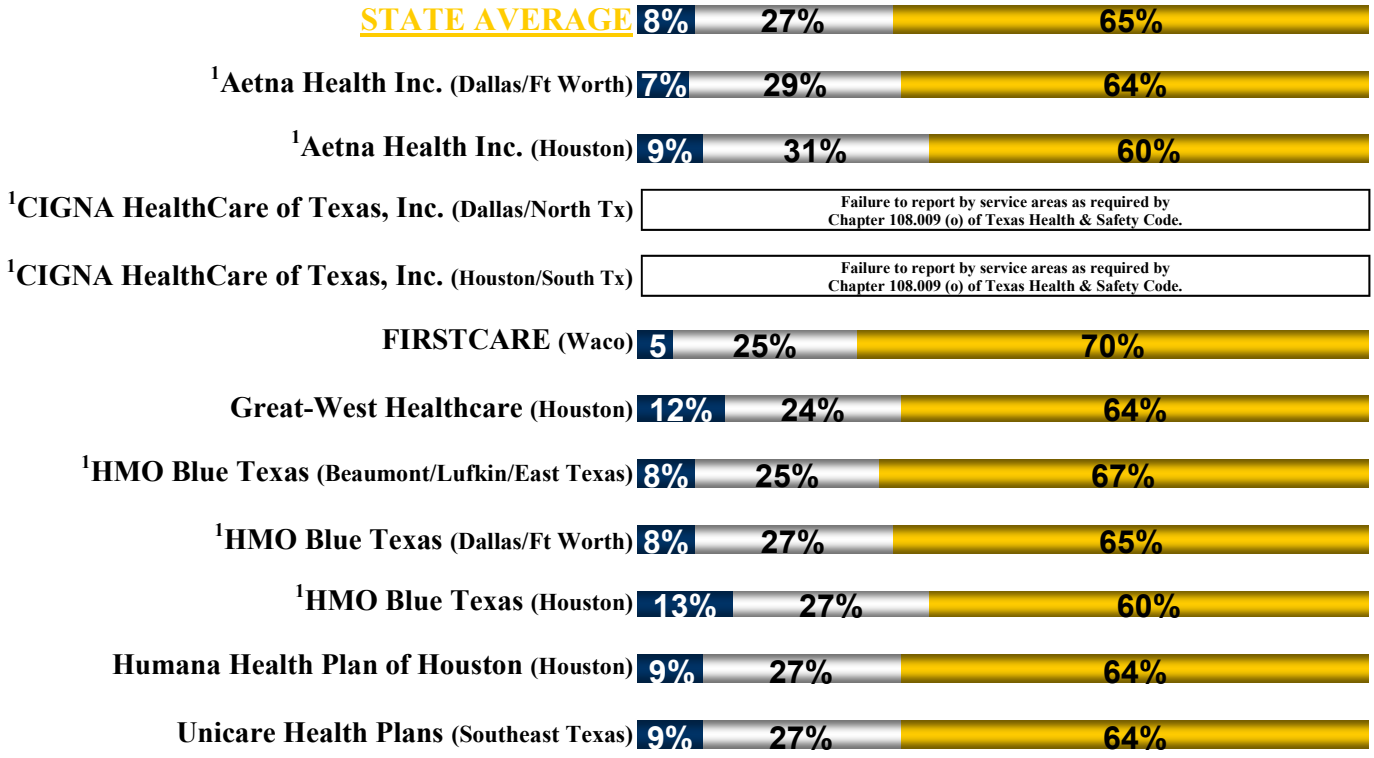

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[1]*Includes HMO & POS products. (See page 5 for explanation.)*

Response rate for all plans in the survey

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

State Average = 32%

Aetna Health Inc. (Austin)	35%
Aetna Health Inc. (Dallas/Ft Worth)	**30%**
Aetna Health Inc. (Houston)	**30%**
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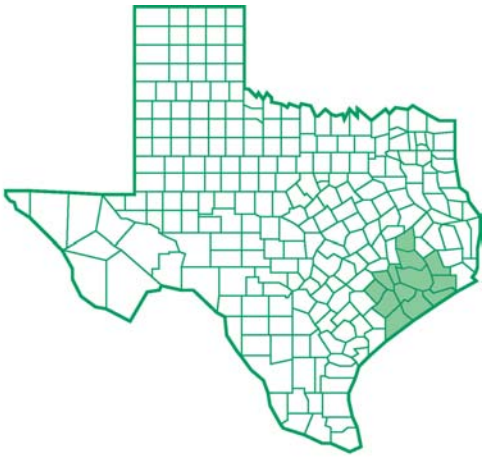
FTR = "Failure to report by service areas as required by Chapter 108.009 (o) of Texas Health and Safety Code"

Survey (CAHPS™ 3.0H) 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	



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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 2003.

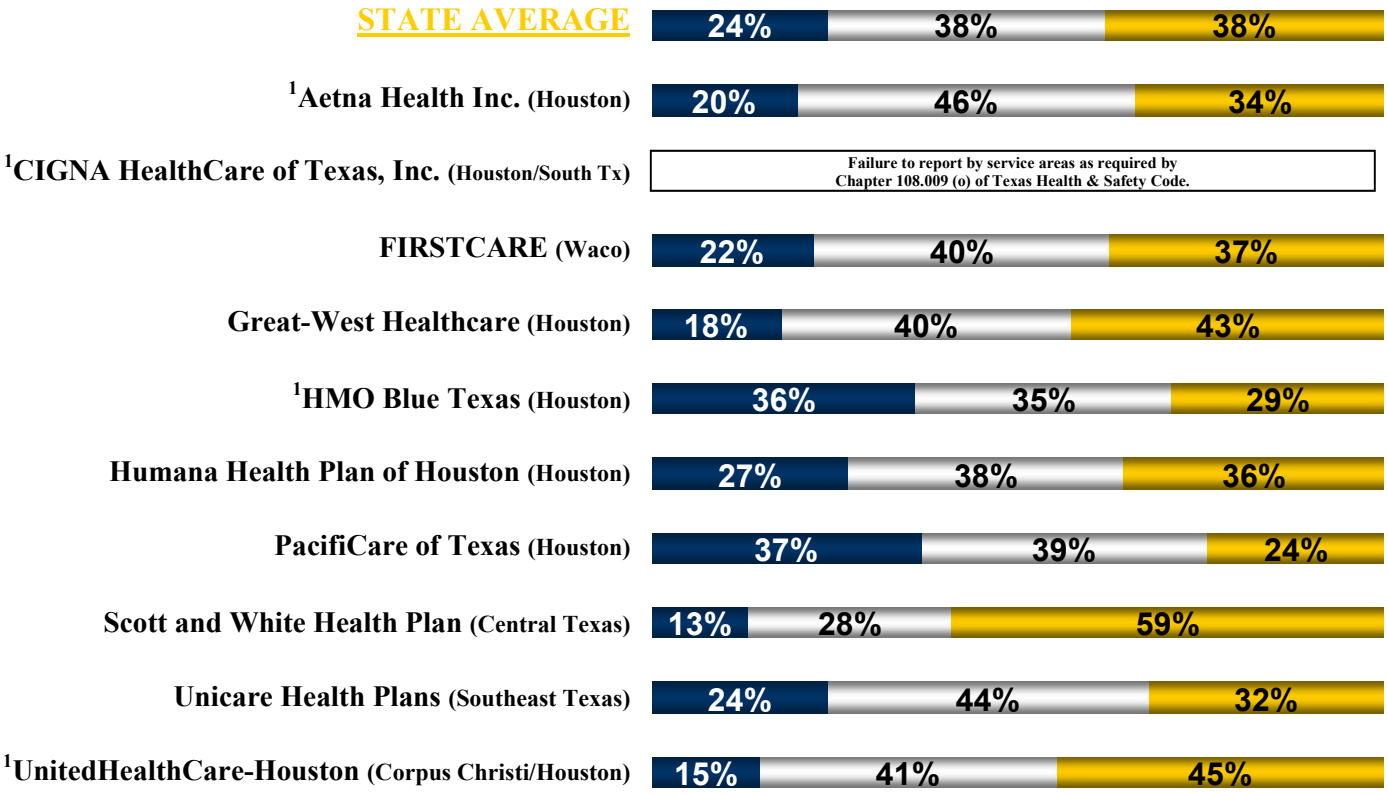
How people rated their health plan

Survey (CAHPS™3.0H) 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%.

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

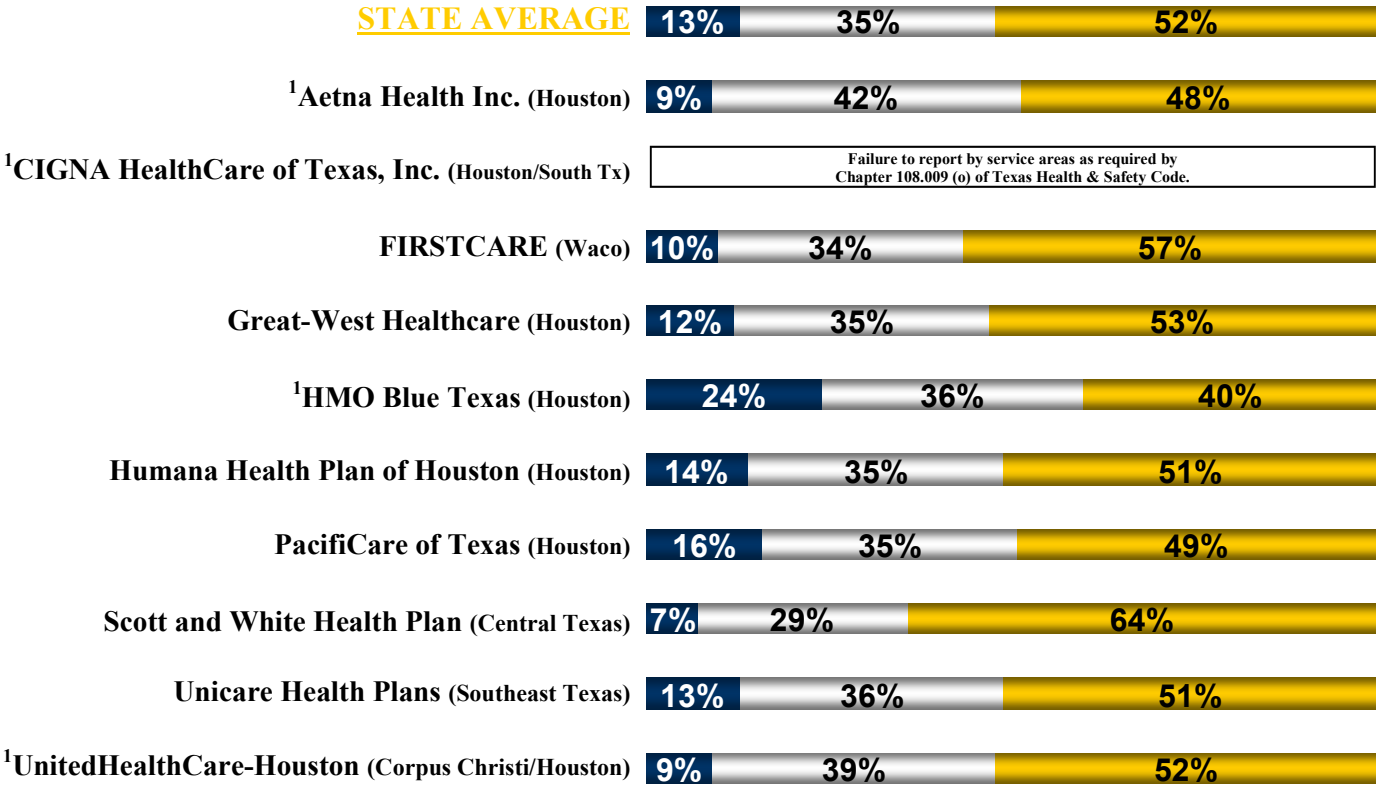
How people rated their health care

Survey (CAHPS™3.0H) 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** they received from all doctors and other health providers on a scale from:

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



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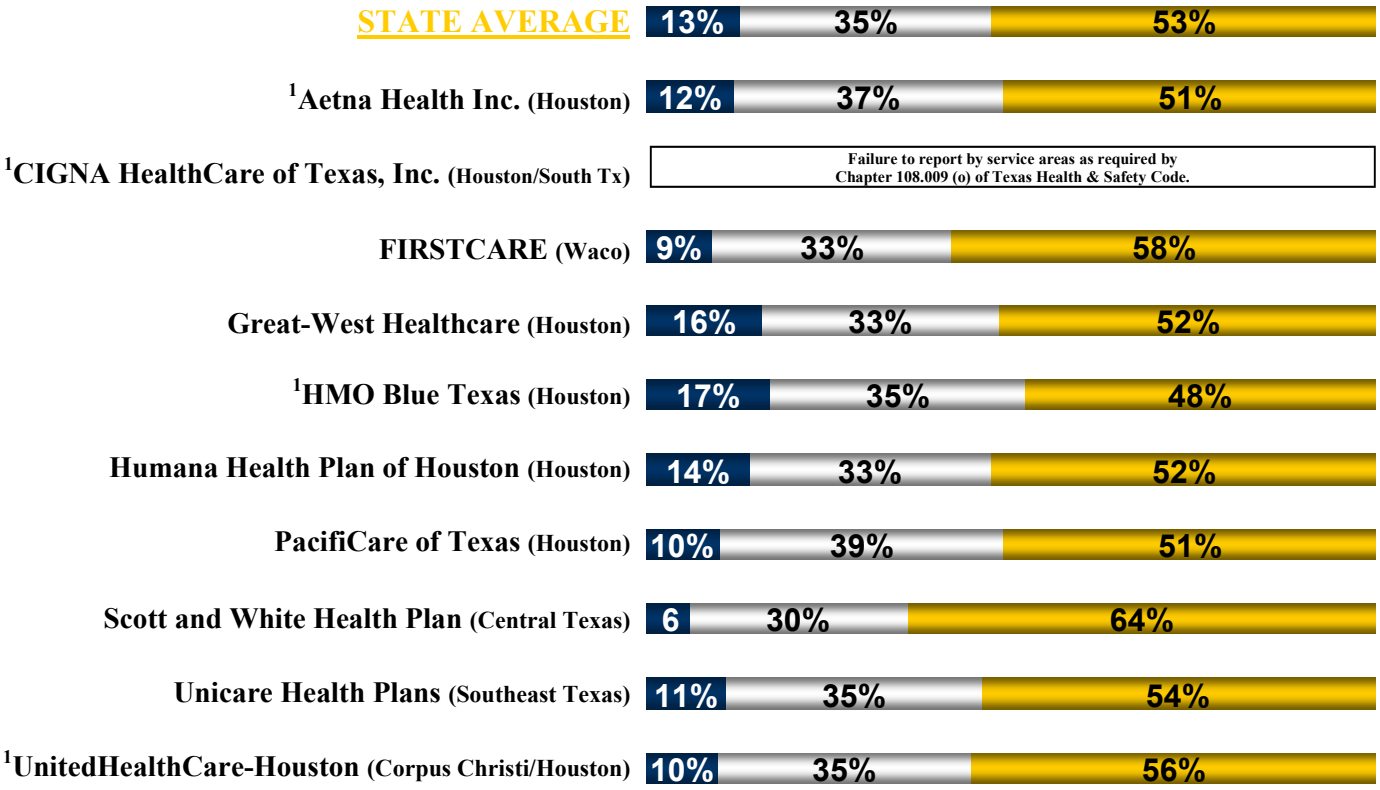
How people rated their doctor or nurse

Survey (CAHPS™3.0H) Results

Percentage who rated their doctor or nurse **6 or lower**	Percentage who rated their doctor or nurse **7 or 8**	Percentage who rated their doctor or nurse **9 or 10**

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"



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

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

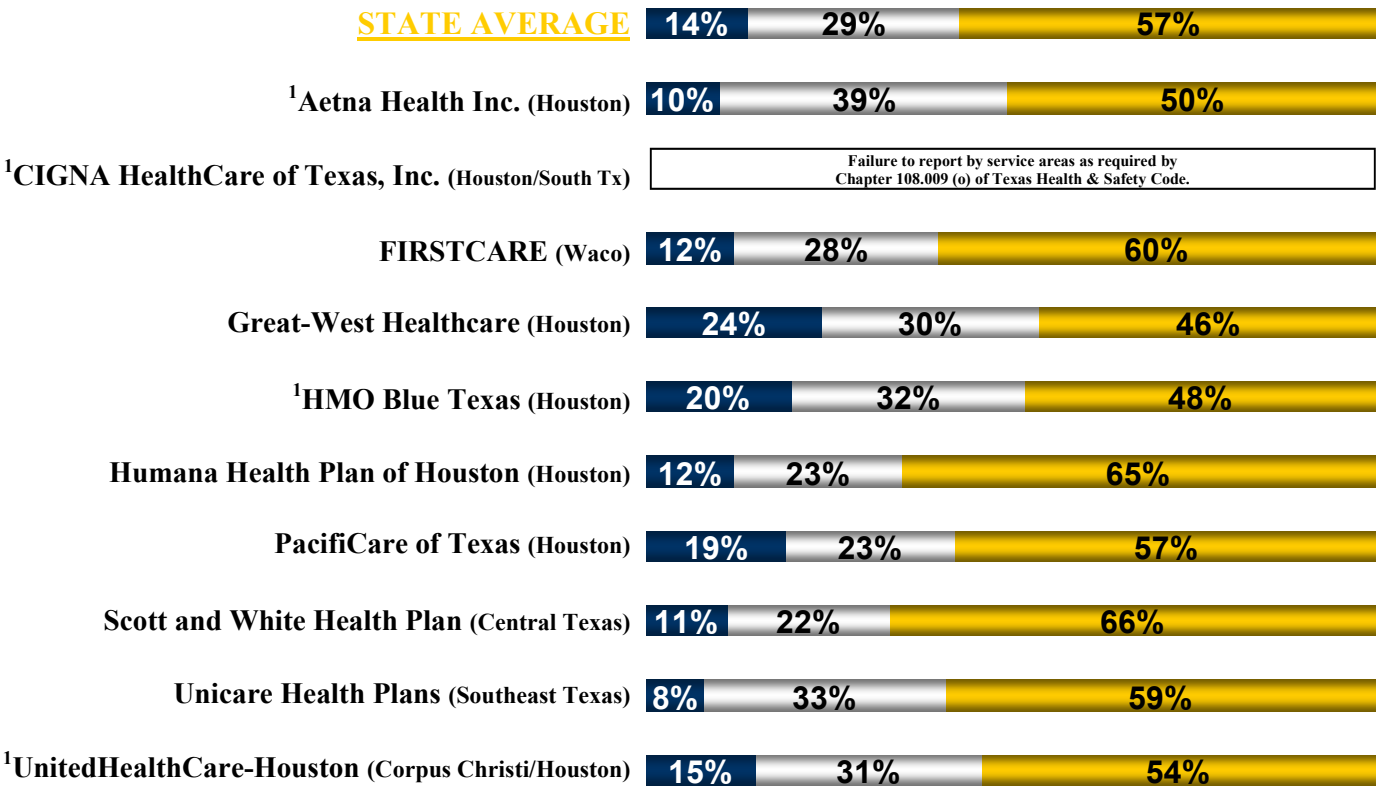
How people rated their specialist

Survey (CAHPS™3.0H) 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%.

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

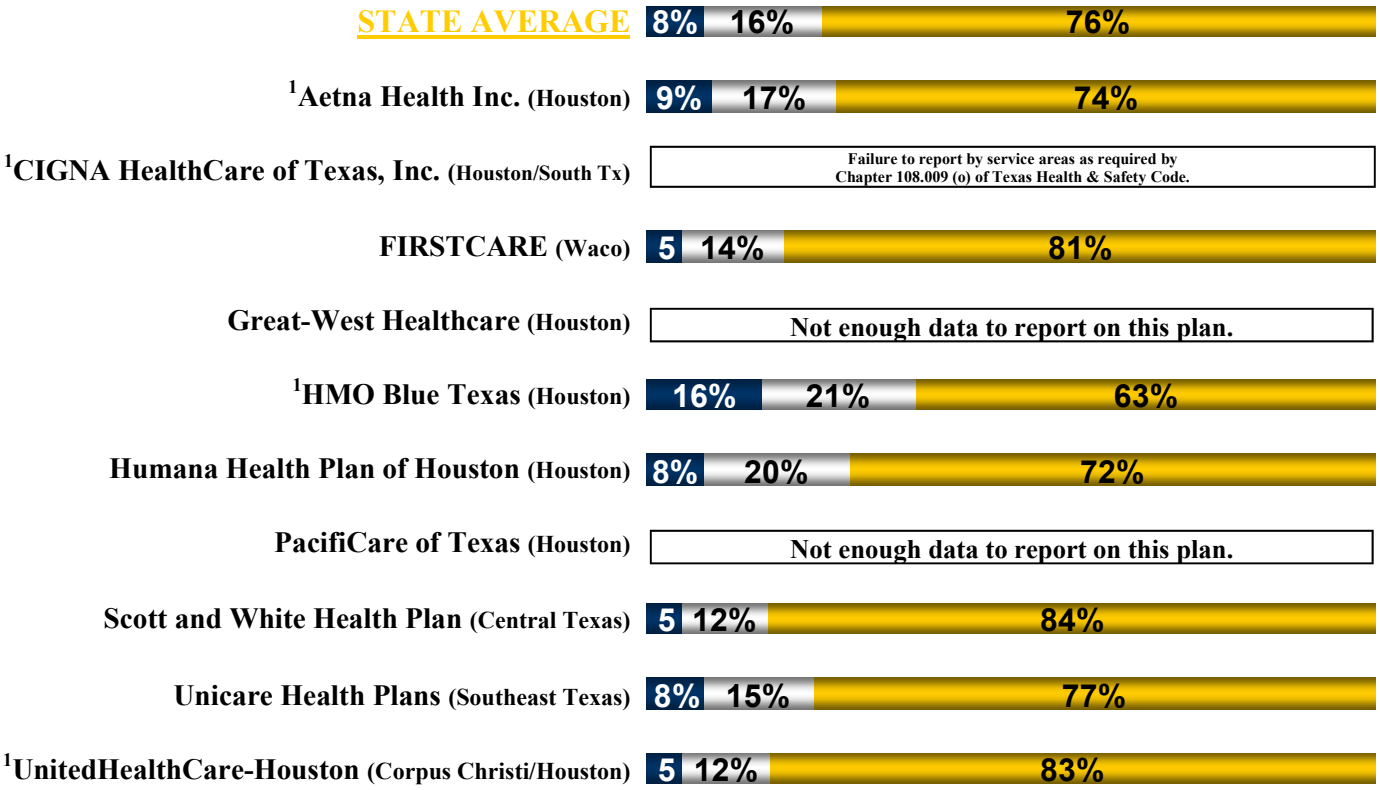
Getting care that is needed

Survey (CAHPS™3.0H) Results

Percentage who said they had **BIG problems** getting care they needed	Percentage who said they had **SMALL problems** getting care they needed	Percentage who said they had **NO problems** getting care they 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 up to 100%.

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

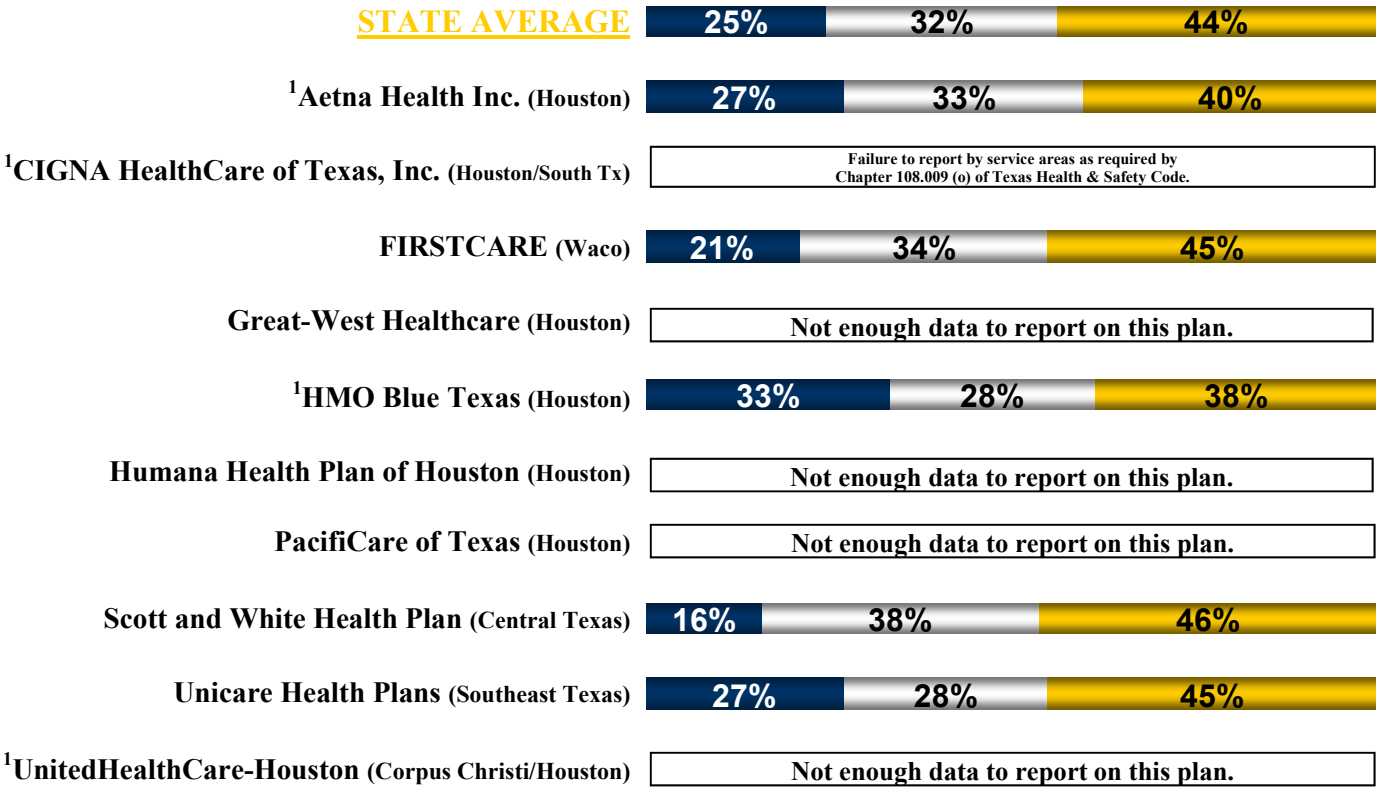
Getting care without long waits

Survey (CAHPS™3.0H) Results

Percentage who said they **sometimes or never** got care without long waits	Percentage who said they **usually** got care without long waits	Percentage who said they **always** got 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.



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

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

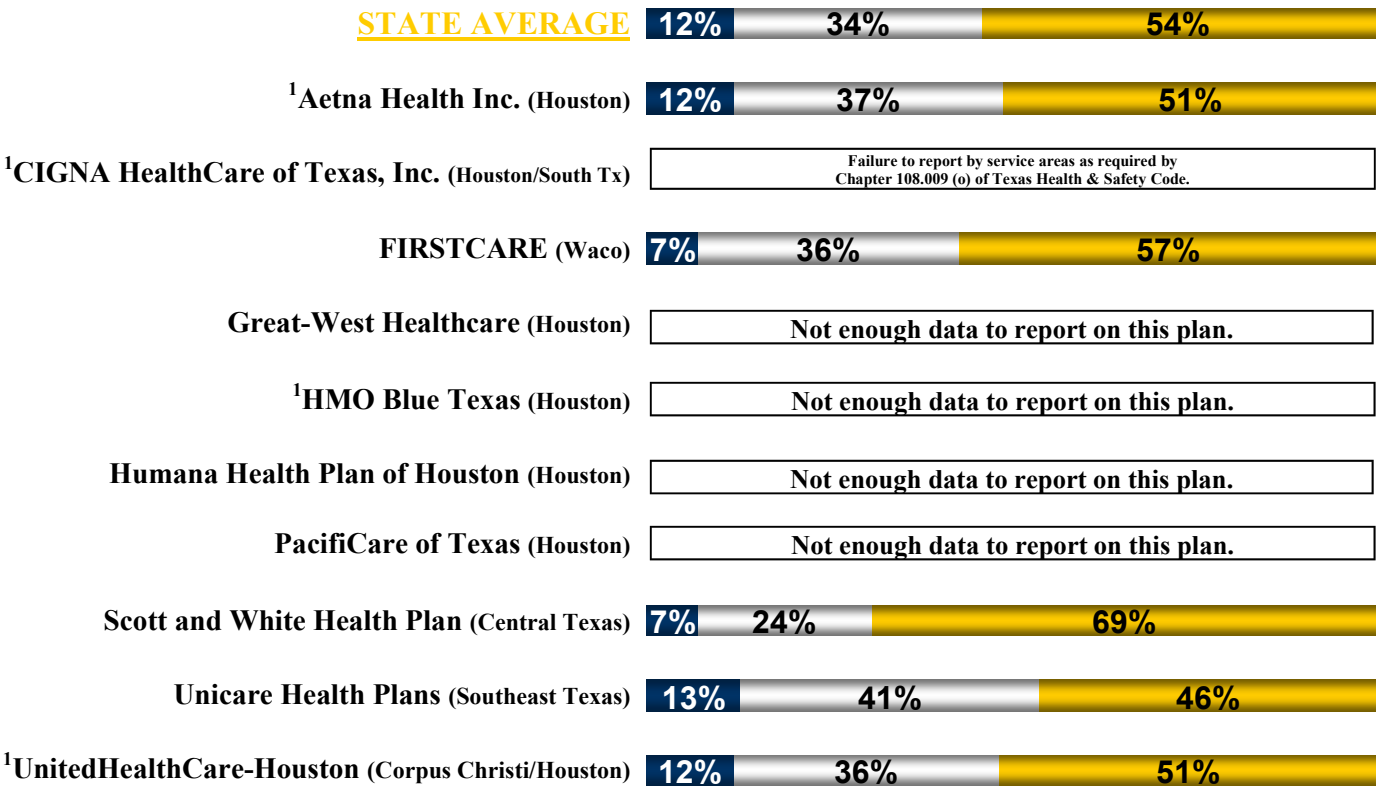
Handling of claims quickly and correctly

Survey (CAHPS™3.0H) 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 in a reasonable time.
- Handled claims correctly.



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

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

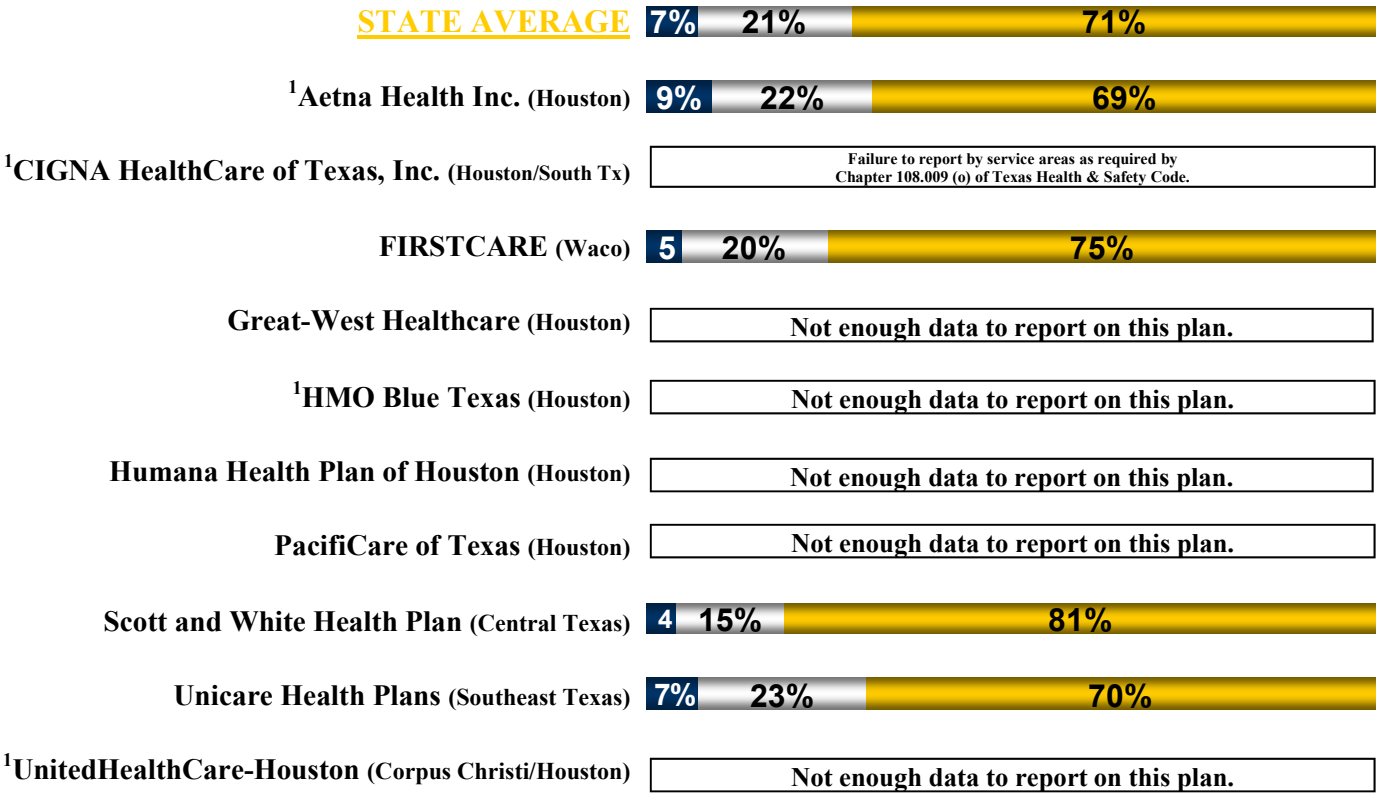
Efficiency and helpfulness of customer service

Survey (CAHPS™3.0H) Results

Percentage who said they had **BIG problems** with customer service	Percentage who said they had **SMALL problems** with customer service	Percentage who said they had **NO problems** with 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.



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

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

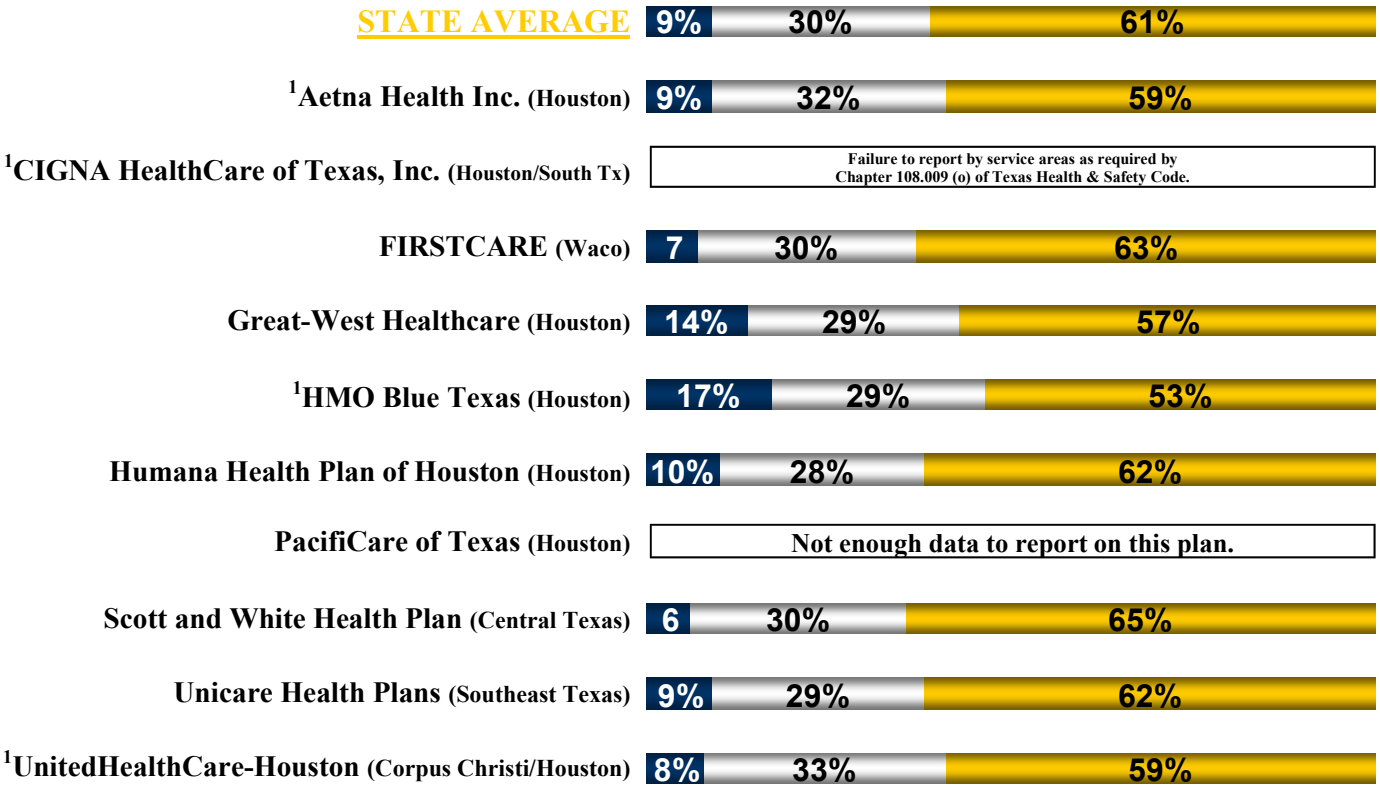
How well doctors communicate

Survey (CAHPS™3.0H) 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 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.



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

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

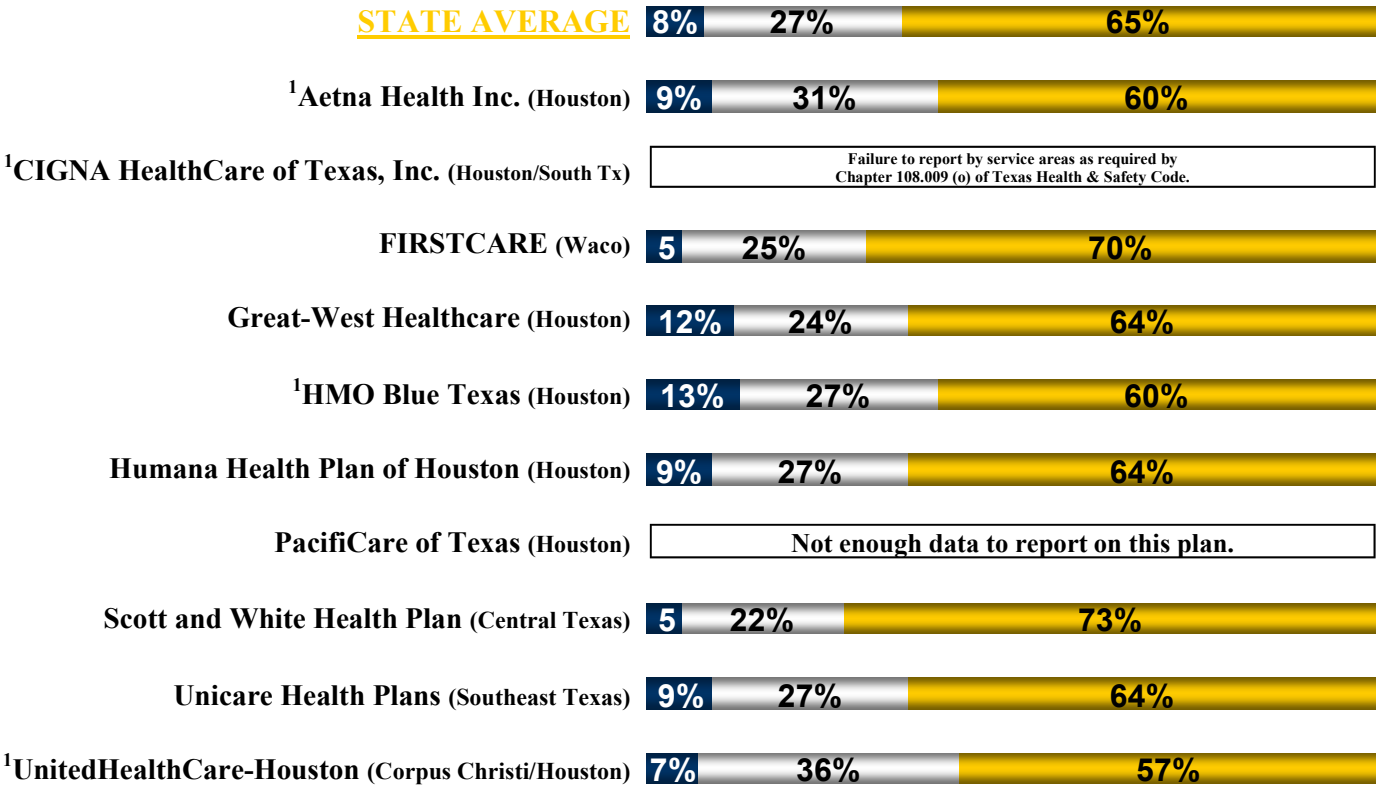
Courtesy, respect and helpfulness of office staff

Survey (CAHPS™3.0H) Results

Percentage who said office staff were **sometimes or never** courteous, respectful, and helpful	Percentage who said office staff were **usually** courteous, respectful, and helpful	Percentage who said office staff were **always** courteous, respectful, and helpful

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.



Survey (CAHPS™ 3.0H) Results - Gulf Coast Texas

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

[1]*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 = 32%

Aetna Health Inc. (Austin)	35%
Aetna Health Inc. (Dallas/Ft Worth)	30%
Aetna Health Inc. (Houston)	**30%**
Aetna Health Inc. (San Antonio)	28%
Amil International (Texas), Inc. (Austin)	42%
CIGNA HealthCare of Texas, Inc. (Dallas/North Tx)	FTR
CIGNA HealthCare of Texas, Inc. (Houston/South Tx)	**FTR**
Community First Health Plans (San Antonio)	30%
FIRSTCARE (Abilene)	43%
FIRSTCARE (Amarillo)	50%
FIRSTCARE (Lubbock)	38%
FIRSTCARE (Waco)	**42%**
Great-West Healthcare (Dallas)	25%
Great-West Healthcare (Houston)	**15%**
HMO Blue Texas (Abilene/Amarillo/El Paso/Midland/San Angelo)	39%
HMO Blue Texas (Austin/Corpus Christi/Rio Grande/San Antonio)	36%
HMO Blue Texas (Beaumont/Lufkin/East Texas)	36%
HMO Blue Texas (Dallas/Ft Worth)	30%
HMO Blue Texas (Houston)	**29%**
Humana Health Plan of Austin (Austin)	36%
Humana Health Plan of Corpus Christi (Corpus Christi)	25%
Humana Health Plan of Houston (Houston)	**25%**
Humana Health Plan of San Antonio (San Antonio)	39%
Mercy Health Plans (Laredo)	36%
PacifiCare of Texas (Austin)	10%
PacifiCare of Texas (Dallas)	24%
PacifiCare of Texas (Houston)	**14%**
PacifiCare of Texas (San Antonio)	22%
Scott and White Health Plan (Central Texas)	**55%**
Unicare Health Plans (Southeast Texas)	**31%**
UnitedHealthCare of Texas- Central Texas (Austin/San Antonio)	30%
UnitedHealthCare of Texas - Dallas (Dallas)	28%
UnitedHealthCare of Texas - Houston (Corpus Christi/Houston)	**26%**
Valley Baptist Health Plan (Harlingen)	37%

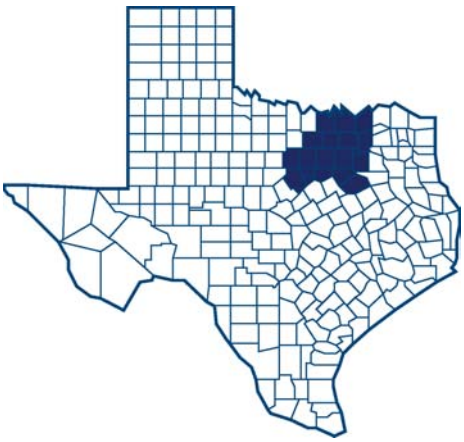
FTR = "Failure to report by service areas as required by Chapter 108.009 (o) of Texas Health and Safety Code"

Survey (CAHPS™ 3.0H) 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	



While analysis of the consumer survey was performed for all commercial health maintenance organizations (HMOs) in Texas, only the results for the plans that provide services in the North Texas area are featured in this section of the report.

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 section if their service area extends into at least one county in the North 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 2003.

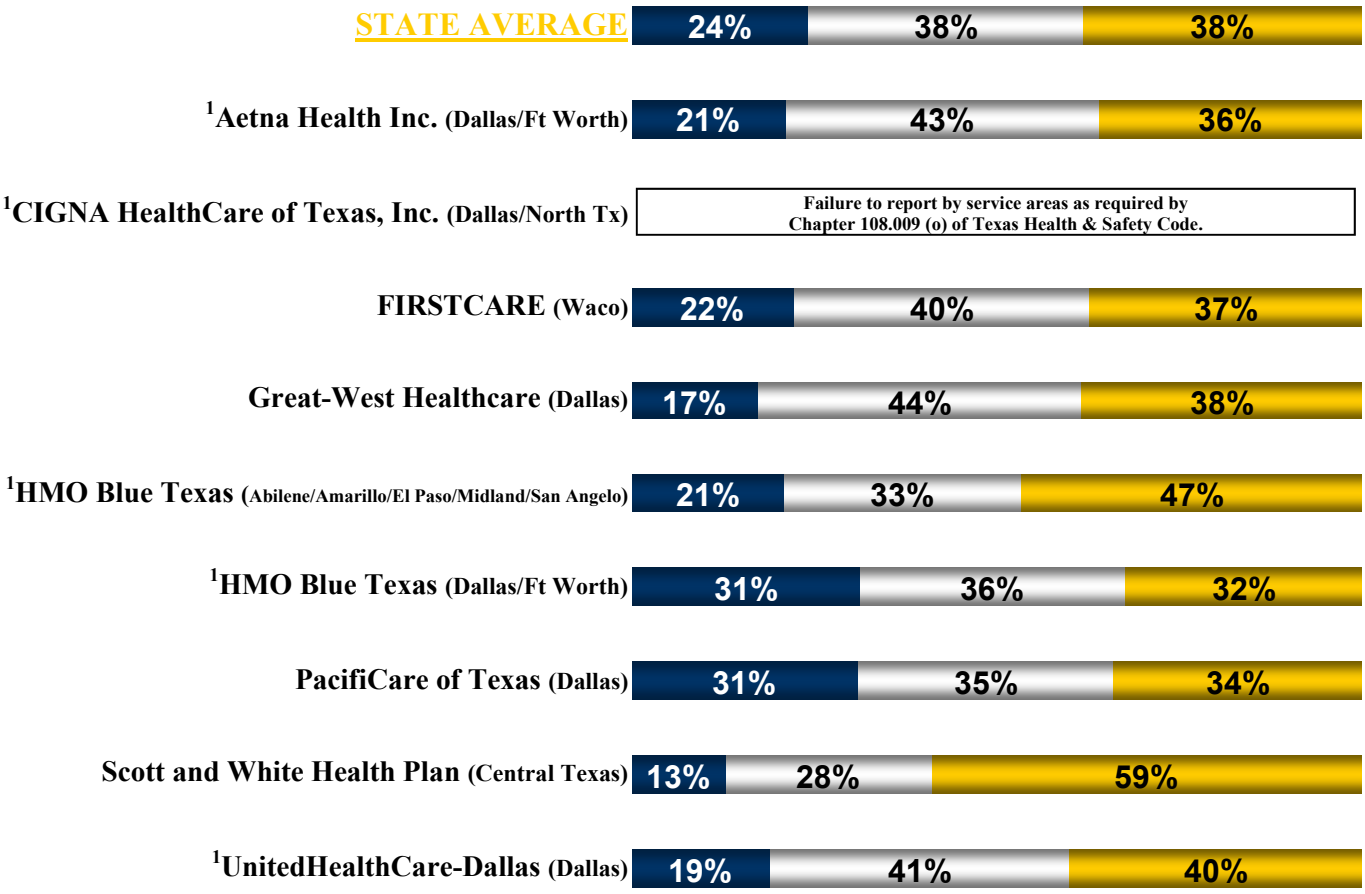
How people rated their health plan

Survey (CAHPS™3.0H) 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%.

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

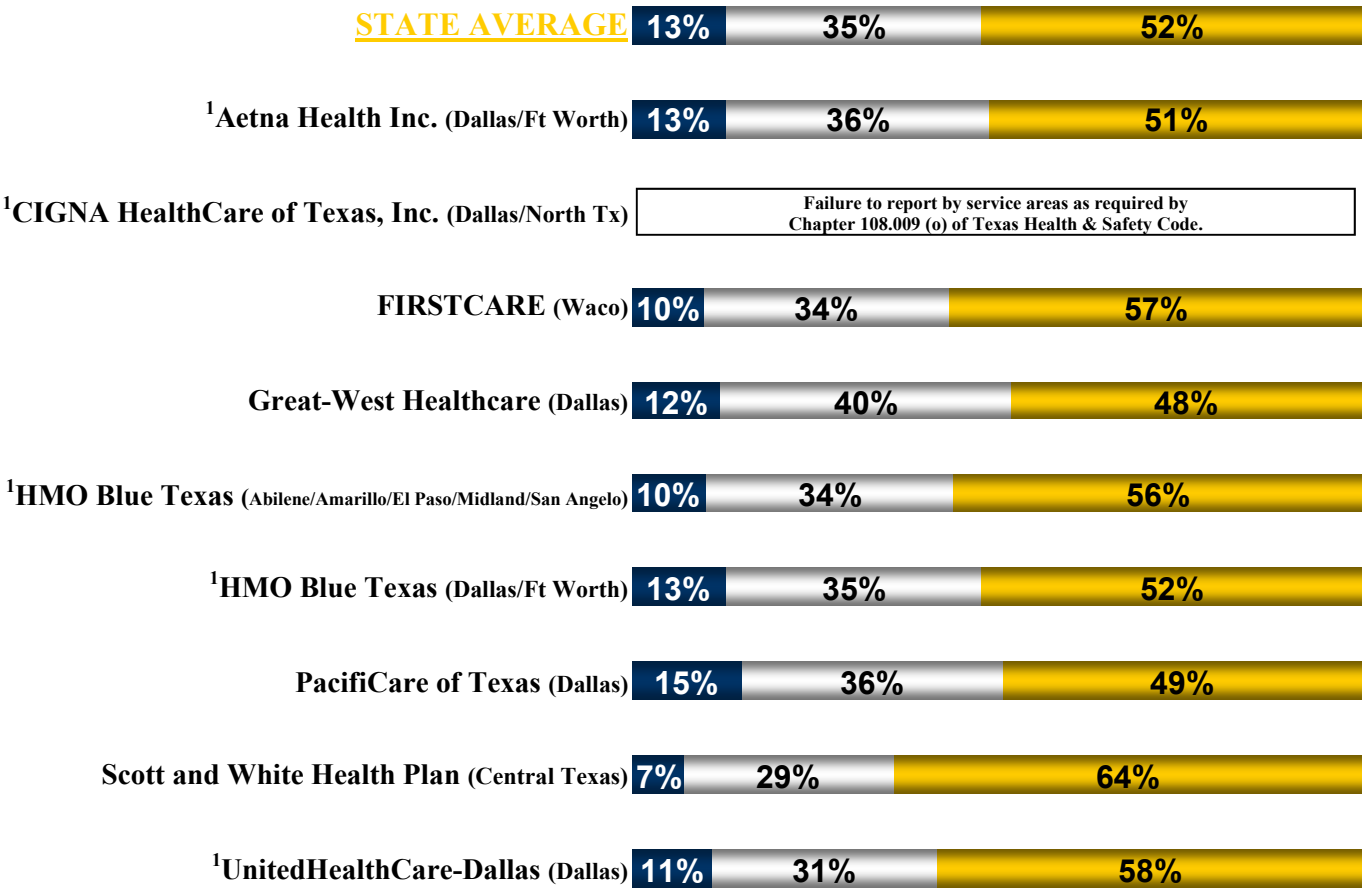
How people rated their health care

Survey (CAHPS™3.0H) 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** they received from all doctors and other health providers 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%.

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

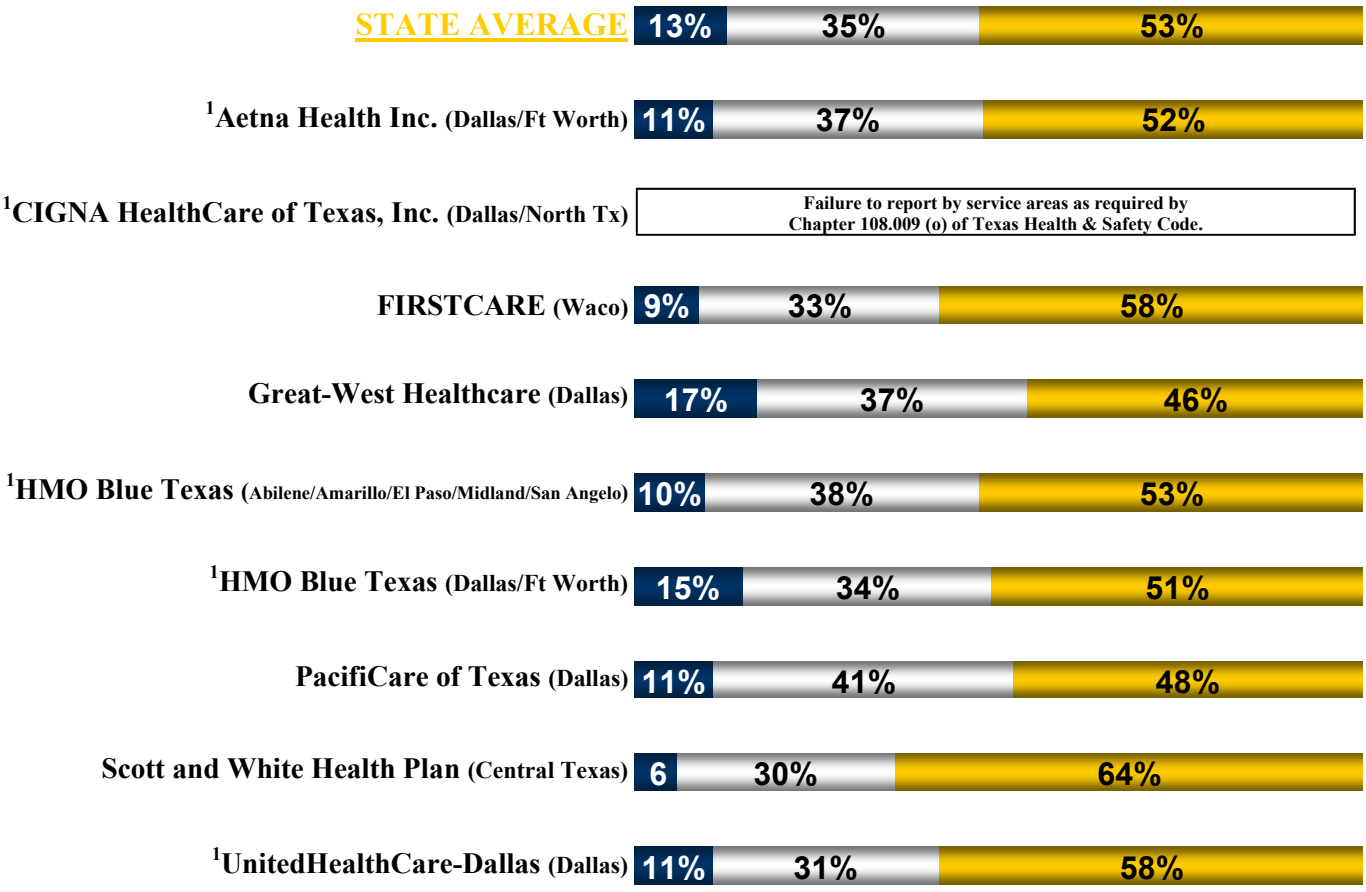
How people rated their doctor or nurse

Survey (CAHPS™3.0H) Results

Percentage who rated their doctor or nurse **6 or lower**	Percentage who rated their doctor or nurse **7 or 8**	Percentage who rated their doctor or nurse **9 or 10**

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"



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

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

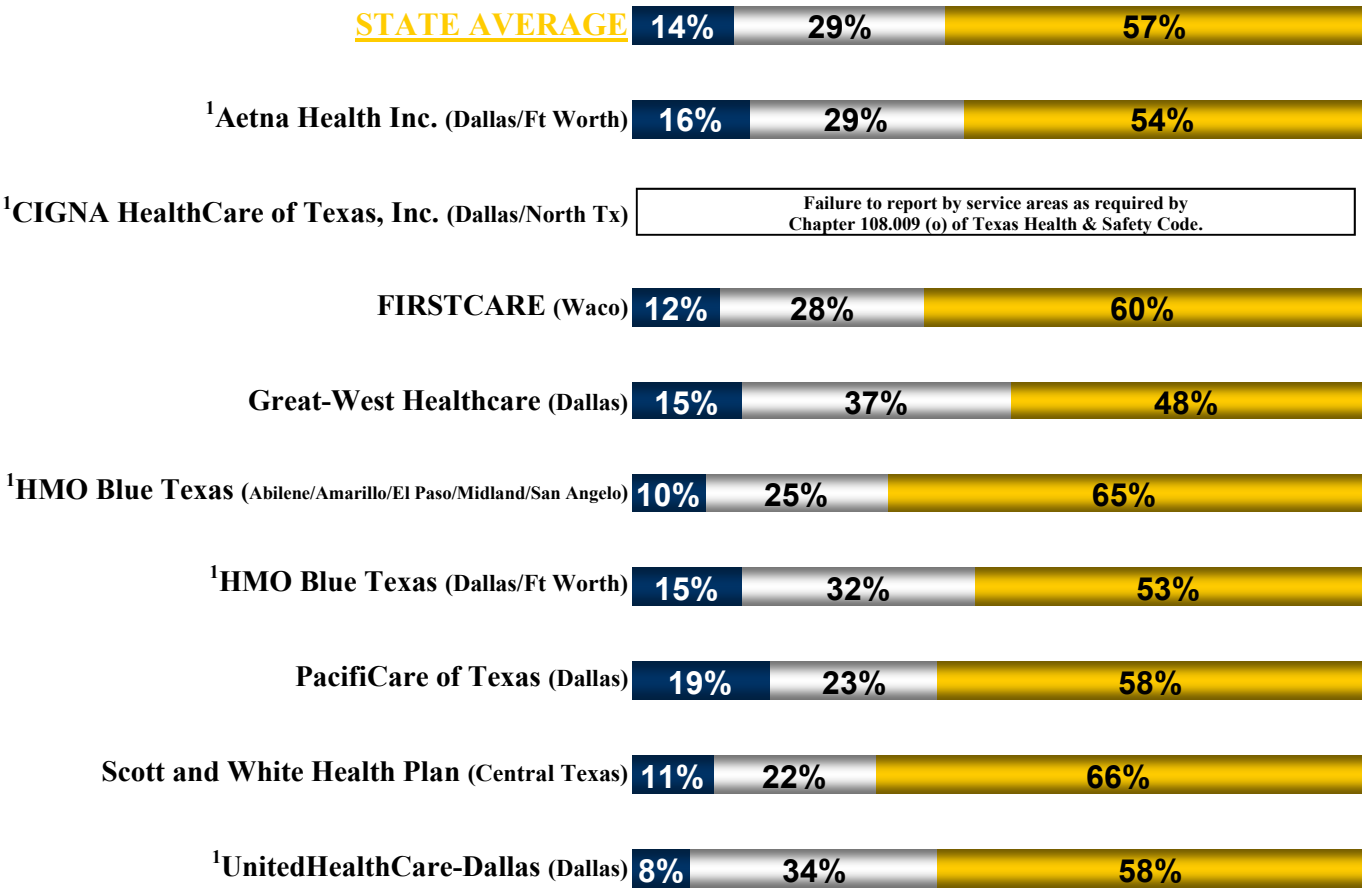
How people rated their specialist

Survey (CAHPS™3.0H) 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%.

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

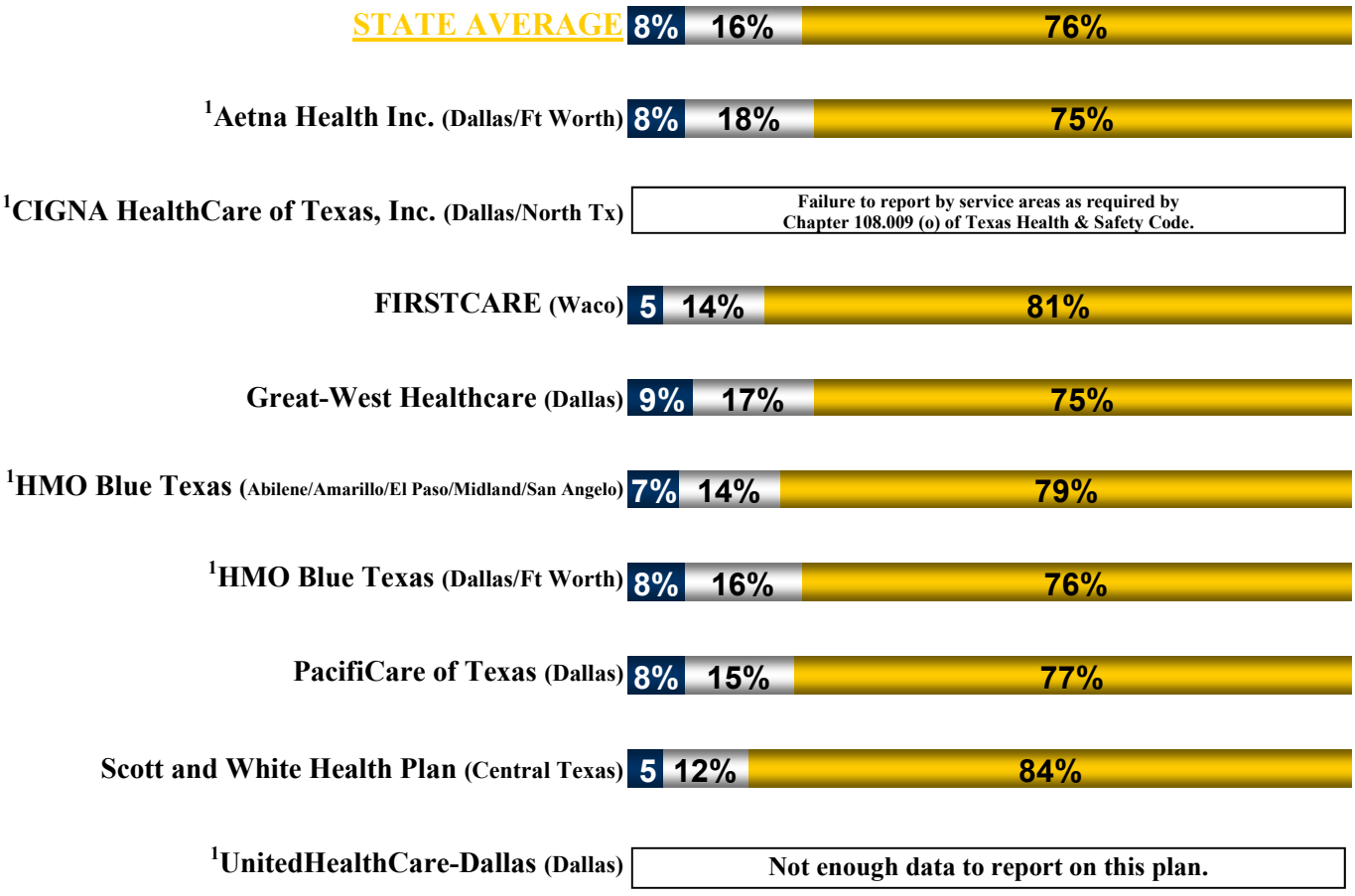
Getting care that is needed

Survey (CAHPS™3.0H) Results

Percentage who said they had **BIG problems** getting care they needed	Percentage who said they had **SMALL problems** getting care they needed	Percentage who said they had **NO problems** getting care they 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 up to 100%.

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

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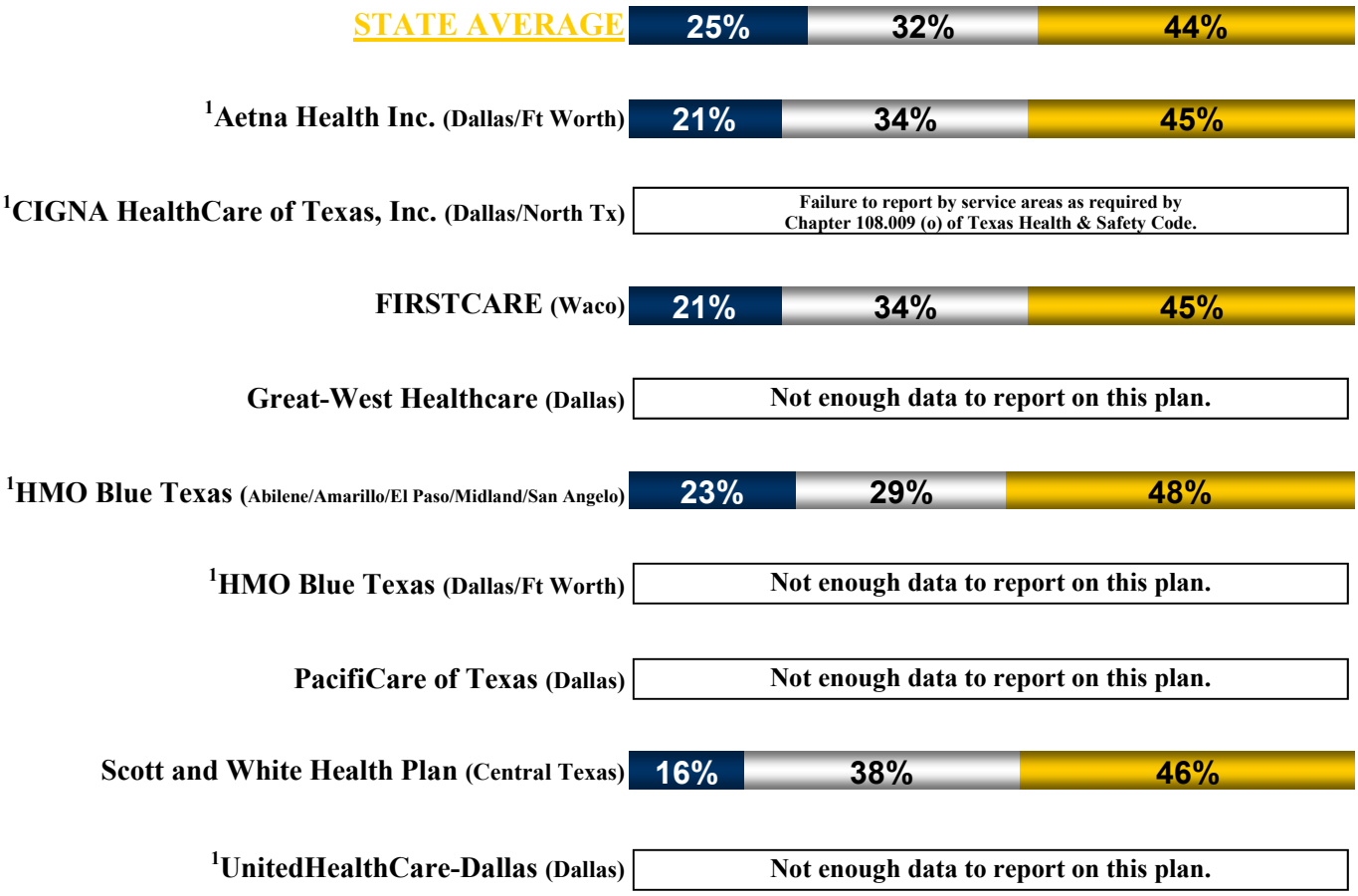
Getting care without long waits

Survey (CAHPS™3.0H) Results

Percentage who said they **sometimes or never** got care without long waits	Percentage who said they **usually** got care without long waits	Percentage who said they **always** got 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.



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

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

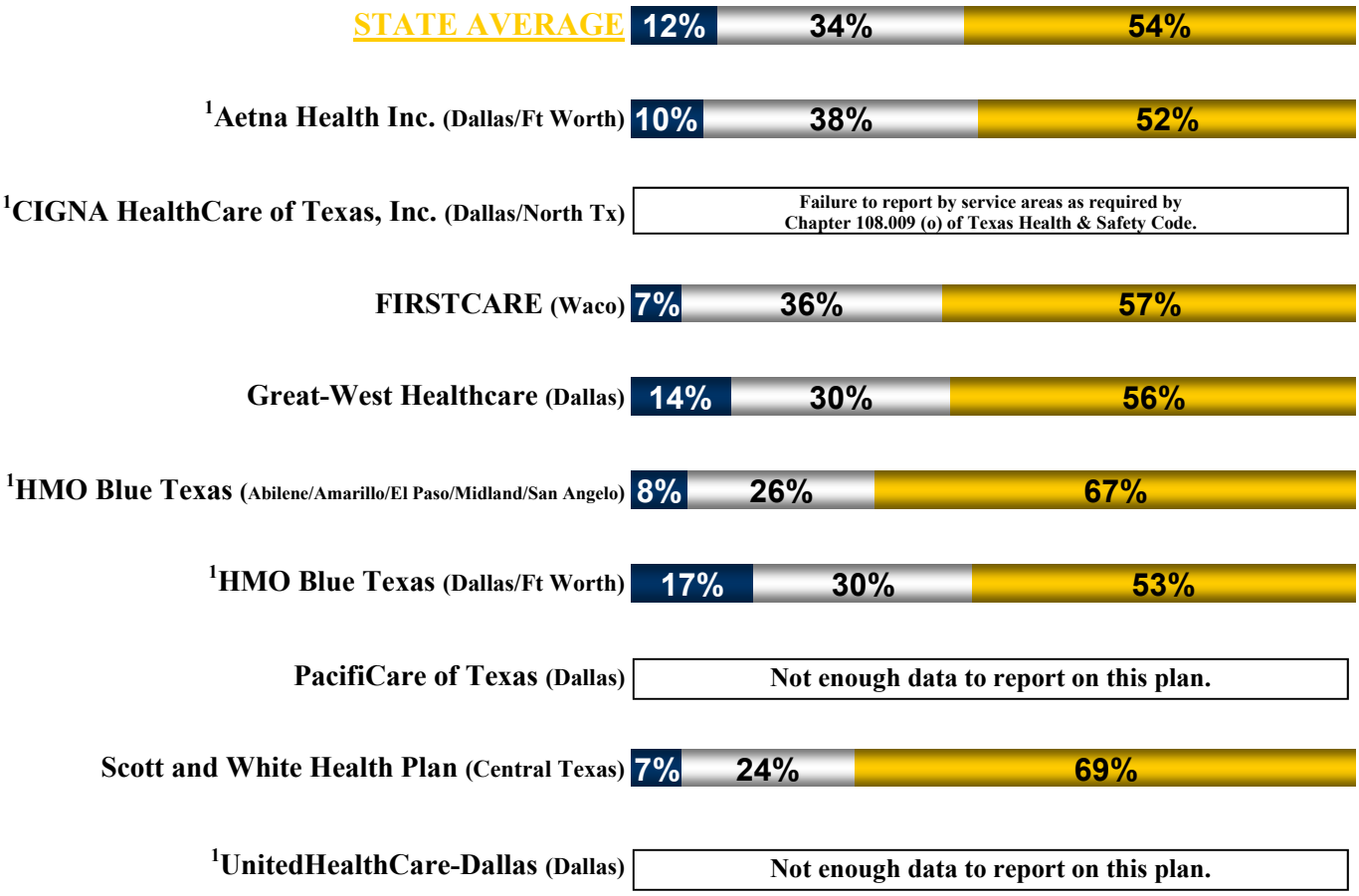
Handling of claims quickly and correctly

Survey (CAHPS™3.0H) 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 in a reasonable time.
- Handled claims correctly.



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

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

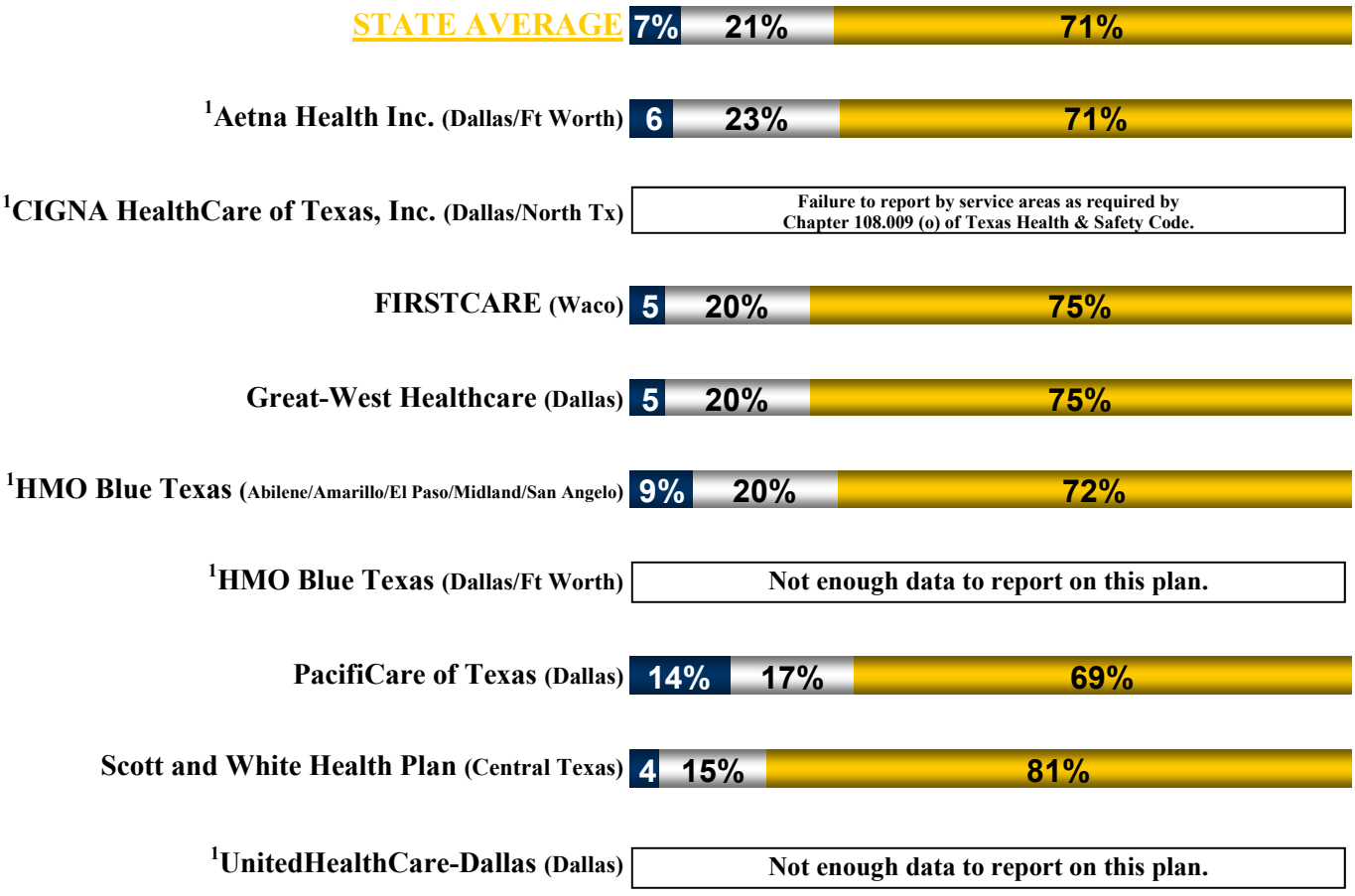
Efficiency and helpfulness of customer service

Survey (CAHPS™3.0H) Results

Percentage who said they had **BIG problems** with customer service	Percentage who said they had **SMALL problems** with customer service	Percentage who said they had **NO problems** with 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.



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

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

How well doctors communicate

Survey (CAHPS™3.0H) 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 doctor or other health provider:

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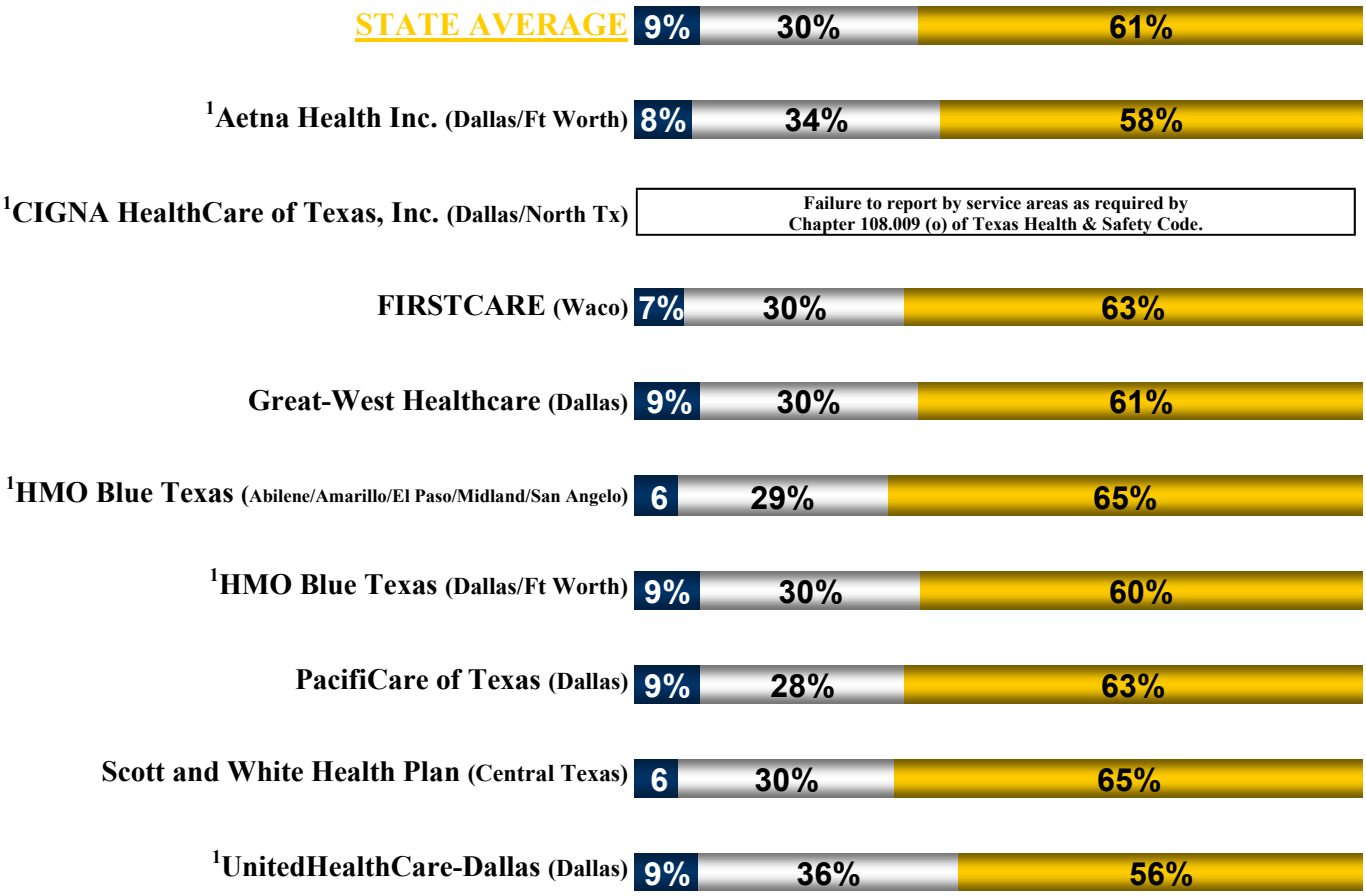
- Showed respect for what they had to say.
- Spent enough time with them.



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

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

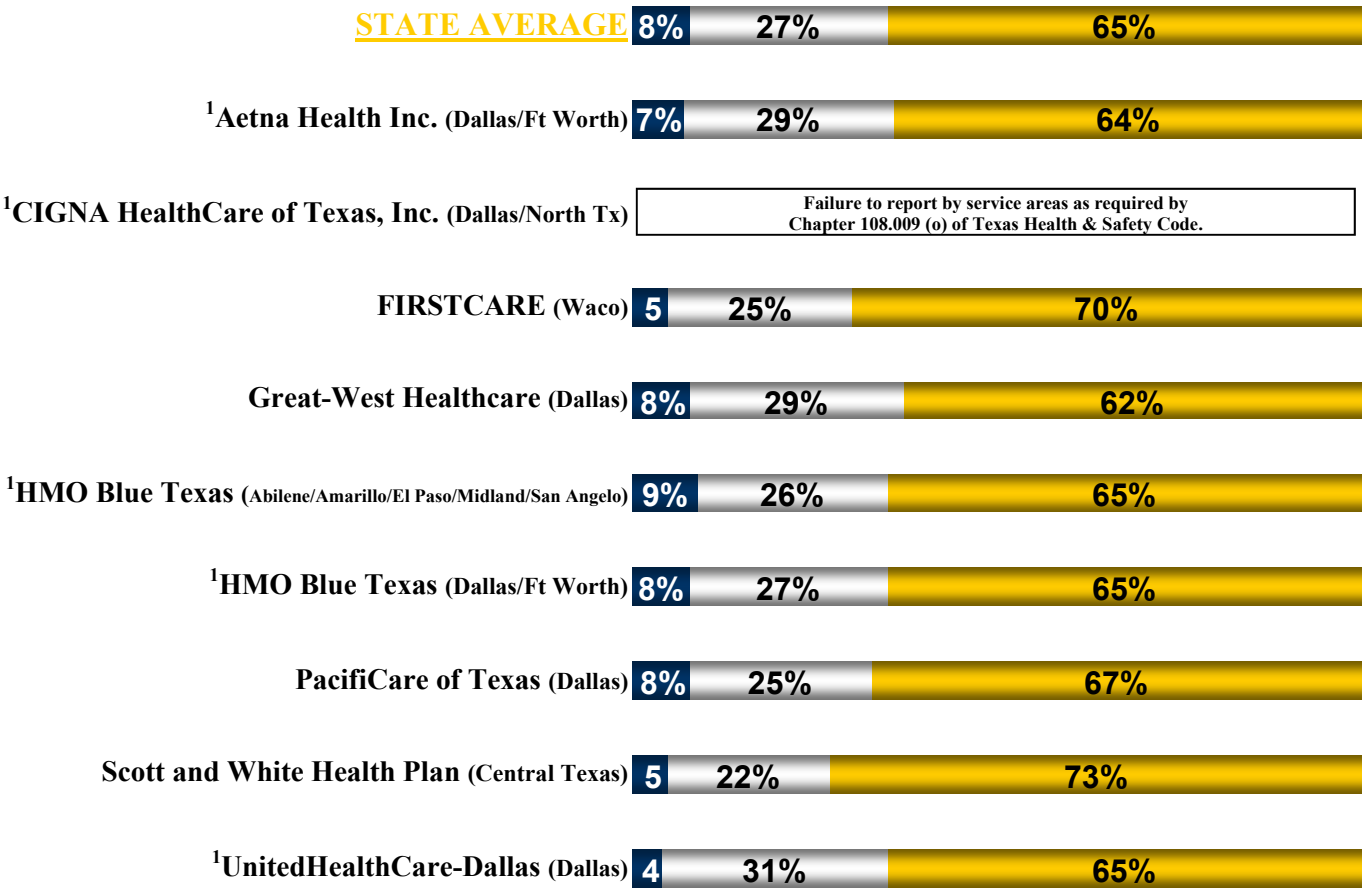
Courtesy, respect and helpfulness of office staff

Survey (CAHPS™3.0H) Results

Percentage who said office staff were **sometimes or never** courteous, respectful, and helpful	Percentage who said office staff were **usually** courteous, respectful, and helpful	Percentage who said office staff were **always** courteous, respectful, and helpful

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.



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

[1]*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 = 32%

Aetna Health Inc. (Austin)	35%
Aetna Health Inc. (Dallas/Ft Worth)	**30%**
Aetna Health Inc. (Houston)	30%
Aetna Health Inc. (San Antonio)	28%
Amil International (Texas), Inc. (Austin)	42%
CIGNA HealthCare of Texas, Inc. (Dallas/North Tx)	**FTR**
CIGNA HealthCare of Texas, Inc. (Houston/South Tx)	FTR
Community First Health Plans (San Antonio)	30%
FIRSTCARE (Abilene)	43%
FIRSTCARE (Amarillo)	50%
FIRSTCARE (Lubbock)	38%
FIRSTCARE (Waco)	**42%**
Great-West Healthcare (Dallas)	**25%**
Great-West Healthcare (Houston)	15%
HMO Blue Texas (Abilene/Amarillo/El Paso/Midland/San Angelo)	**39%**
HMO Blue Texas (Austin/Corpus Christi/Rio Grande/San Antonio)	36%
HMO Blue Texas (Beaumont/Lufkin/East Texas)	36%
HMO Blue Texas (Dallas/Ft Worth)	**30%**
HMO Blue Texas (Houston)	29%
Humana Health Plan of Austin (Austin)	36%
Humana Health Plan of Corpus Christi (Corpus Christi)	25%
Humana Health Plan of Houston (Houston)	25%
Humana Health Plan of San Antonio (San Antonio)	39%
Mercy Health Plans (Laredo)	36%
PacifiCare of Texas (Austin)	10%
PacifiCare of Texas (Dallas)	**24%**
PacifiCare of Texas (Houston)	14%
PacifiCare of Texas (San Antonio)	22%
Scott and White Health Plan (Central Texas)	**55%**
Unicare Health Plans (Southeast Texas)	31%
UnitedHealthCare of Texas- Central Texas (Austin/San Antonio)	30%
UnitedHealthCare of Texas - Dallas (Dallas)	**28%**
UnitedHealthCare of Texas - Houston (Corpus Christi/Houston)	26%
Valley Baptist Health Plan (Harlingen)	37%

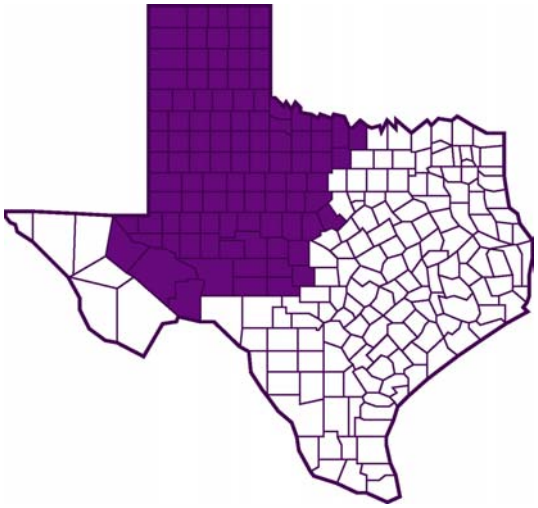
FTR = "Failure to report by service areas as required by Chapter 108.009 (o) of Texas Health and Safety Code"

Survey (CAHPS™ 3.0H) 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	



While analysis of the consumer survey was performed for all commercial health maintenance organizations (HMOs) in Texas, only the results for the plans that provide services in the Panhandle/Plains Texas area are featured in this section of the report.

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 section if their service area extends into at least one county in the Panhandle/Plains 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 2003.

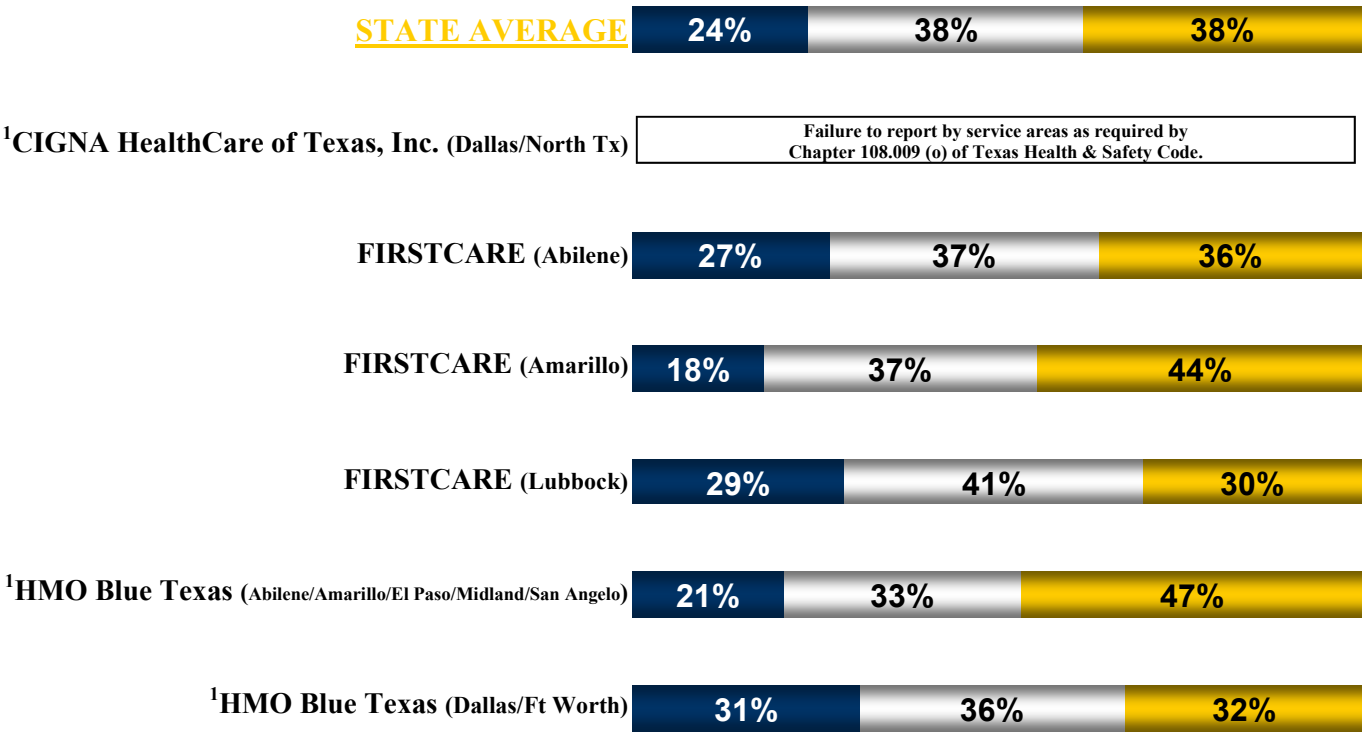
How people rated their health plan

Survey (CAHPS™3.0H) 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%.

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

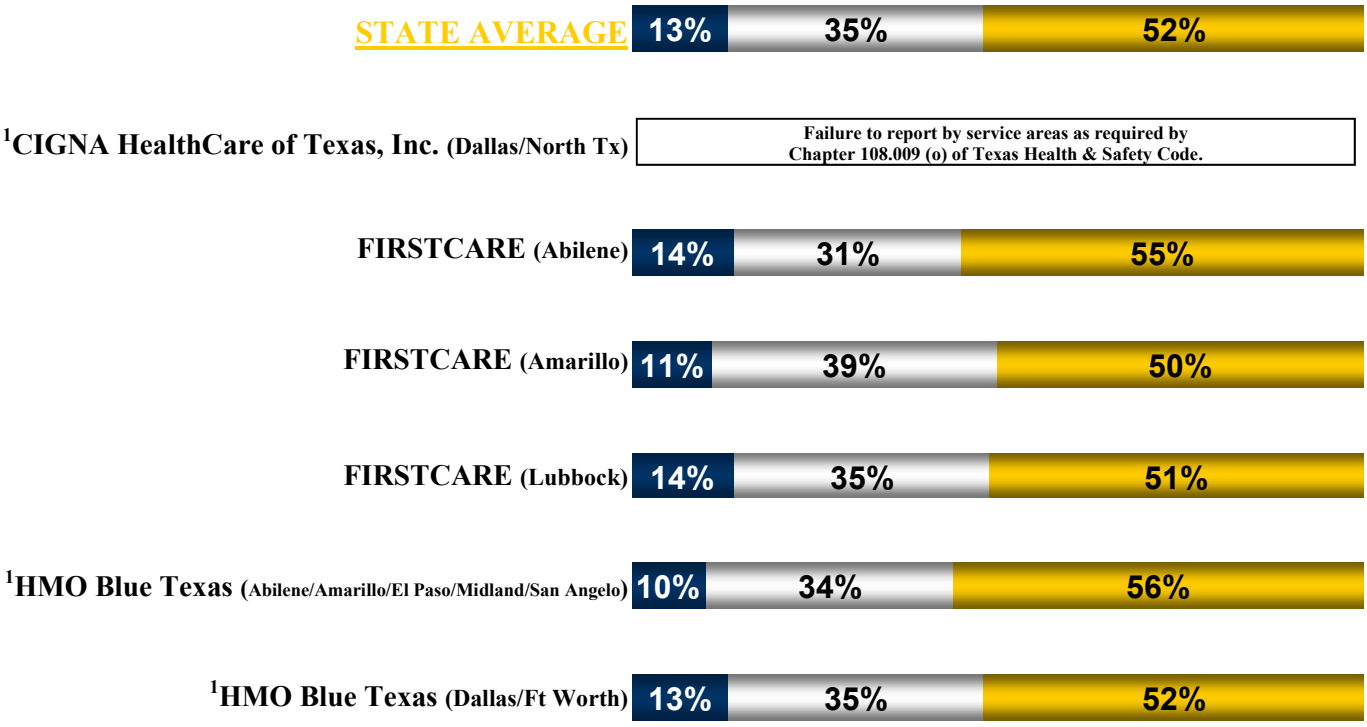
How people rated their health care

Survey (CAHPS™3.0H) 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** they received from all doctors and other health providers 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%.

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

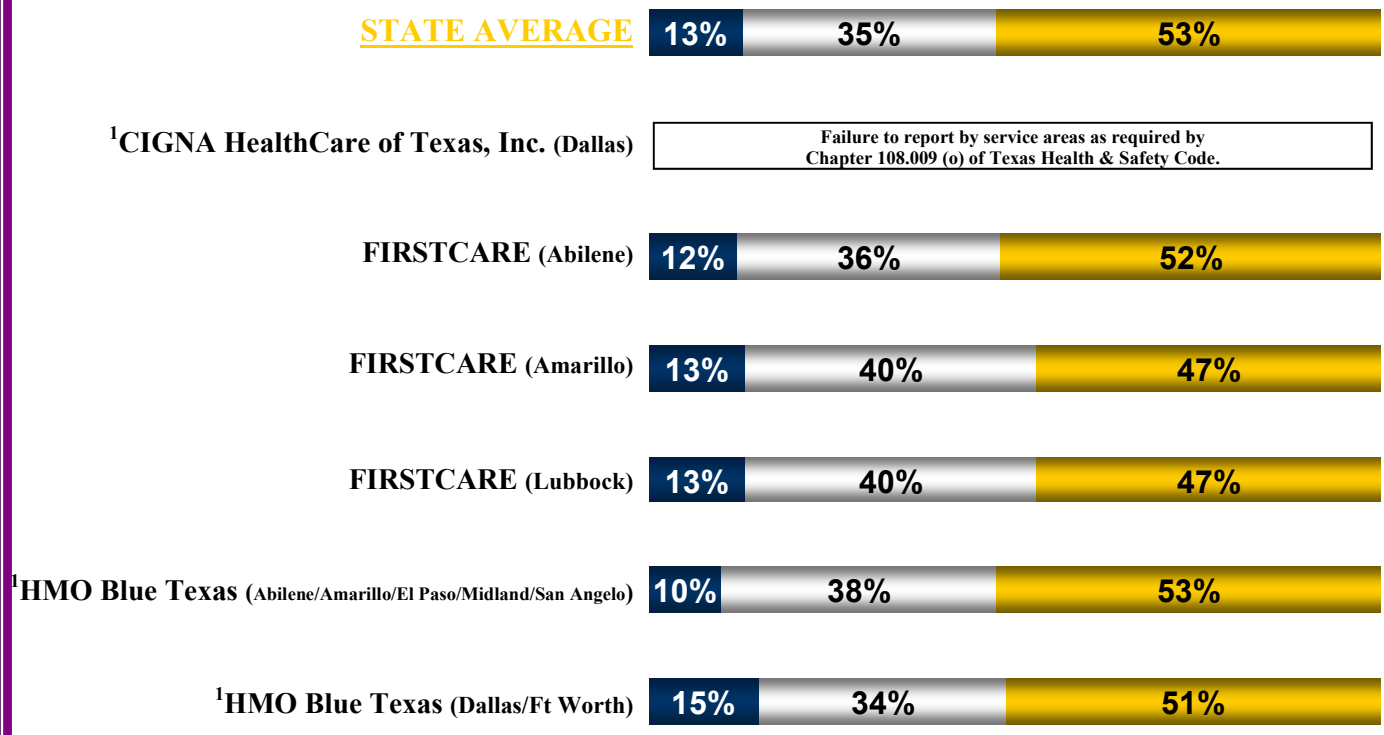
How people rated their doctor or nurse

Survey (CAHPS™3.0H) Results

Percentage who rated their doctor or nurse **6 or lower**	Percentage who rated their doctor or nurse **7 or 8**	Percentage who rated their doctor or nurse **9 or 10**

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"



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

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

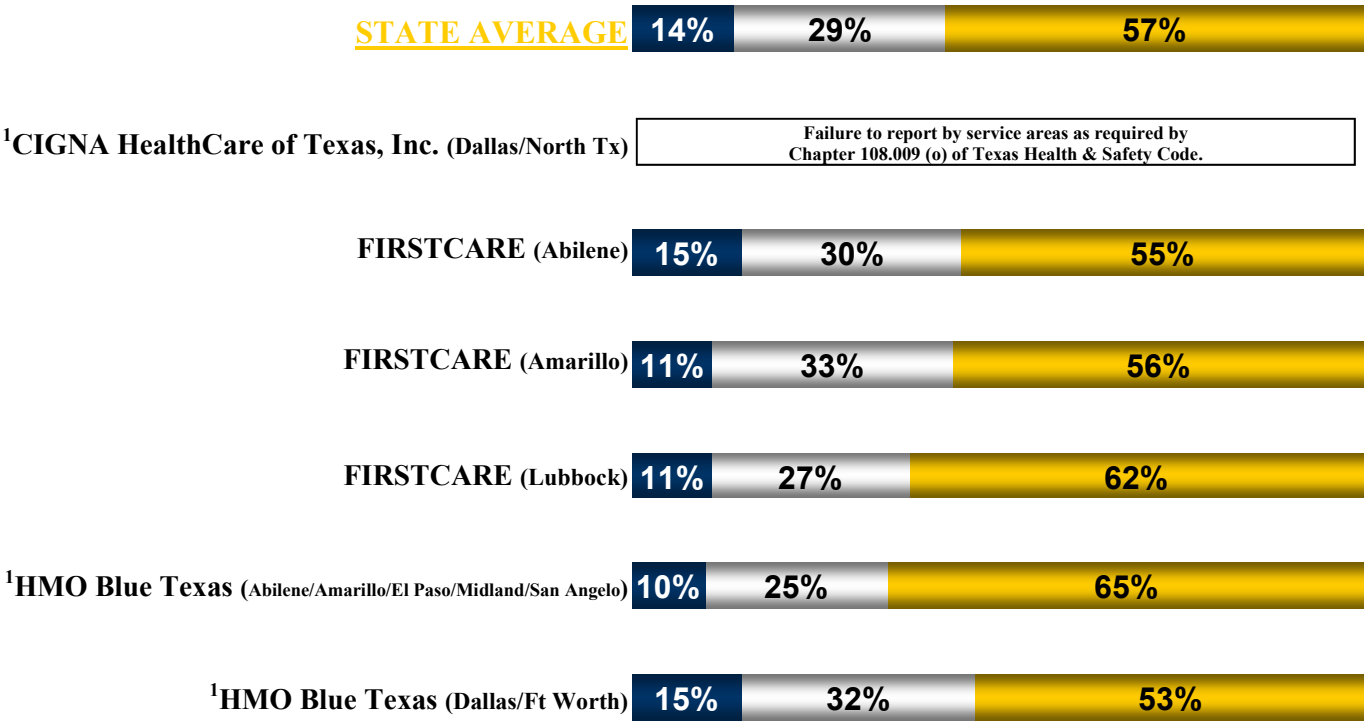
How people rated their specialist

Survey (CAHPS™3.0H) 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%.

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

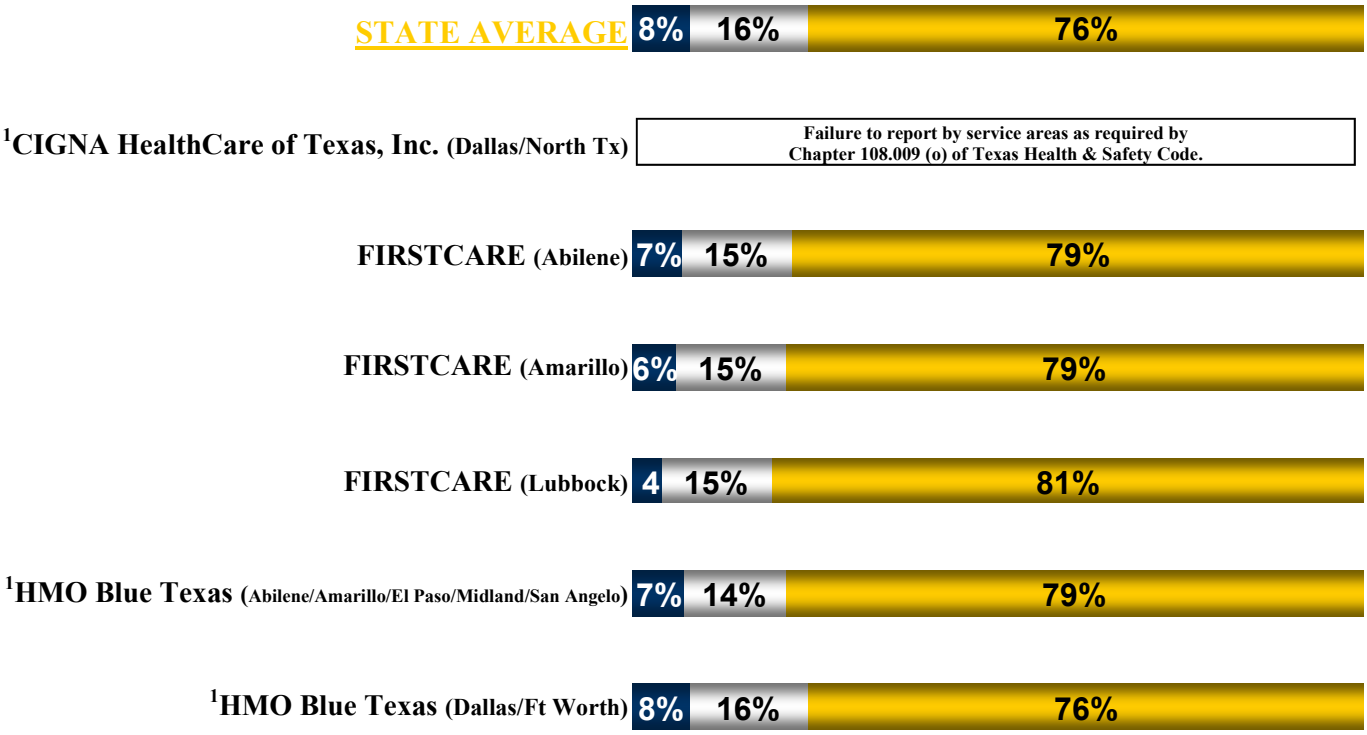
Getting care that is needed

Survey (CAHPS™3.0H) Results

Percentage who said they had **BIG problems** getting care they needed	Percentage who said they had **SMALL problems** getting care they needed	Percentage who said they had **NO problems** getting care they 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 up to 100%.

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

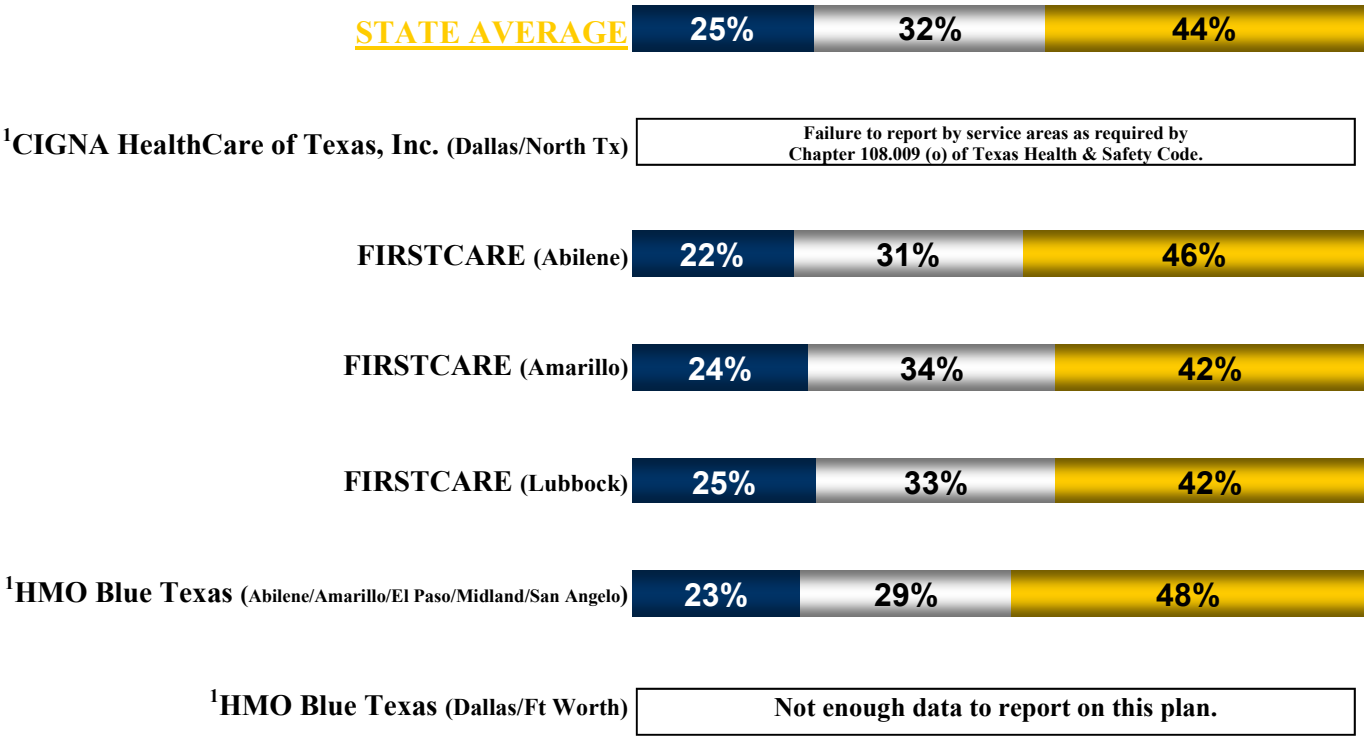
Getting care without long waits

Survey (CAHPS™3.0H) Results

Percentage who said they **sometimes or never** got care without long waits	Percentage who said they **usually** got care without long waits	Percentage who said they **always** got 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.



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

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

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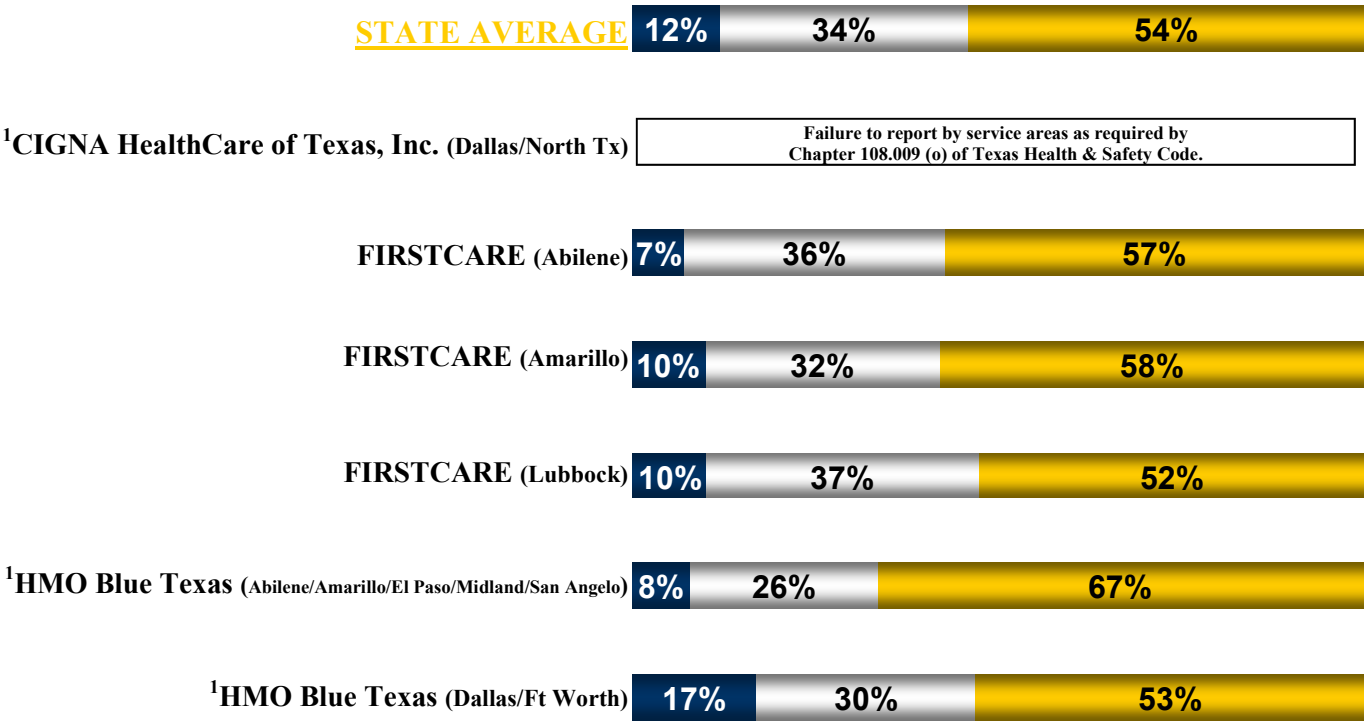
Handling of claims quickly and correctly

Survey (CAHPS™3.0H) 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 in a reasonable time.
- Handled claims correctly.



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

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

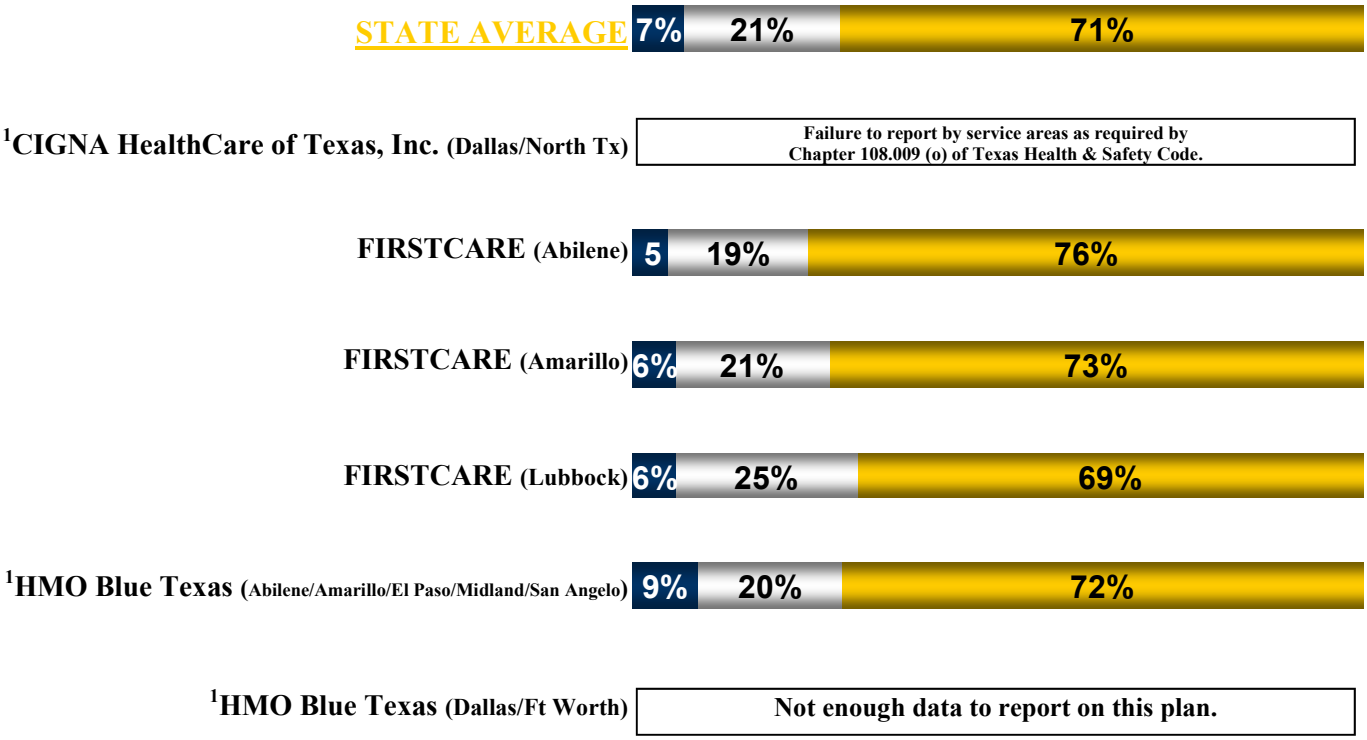
Efficiency and helpfulness of customer service

Survey (CAHPS™3.0H) Results

Percentage who said they had **BIG problems** with customer service	Percentage who said they had **SMALL problems** with customer service	Percentage who said they had **NO problems** with 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.



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

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

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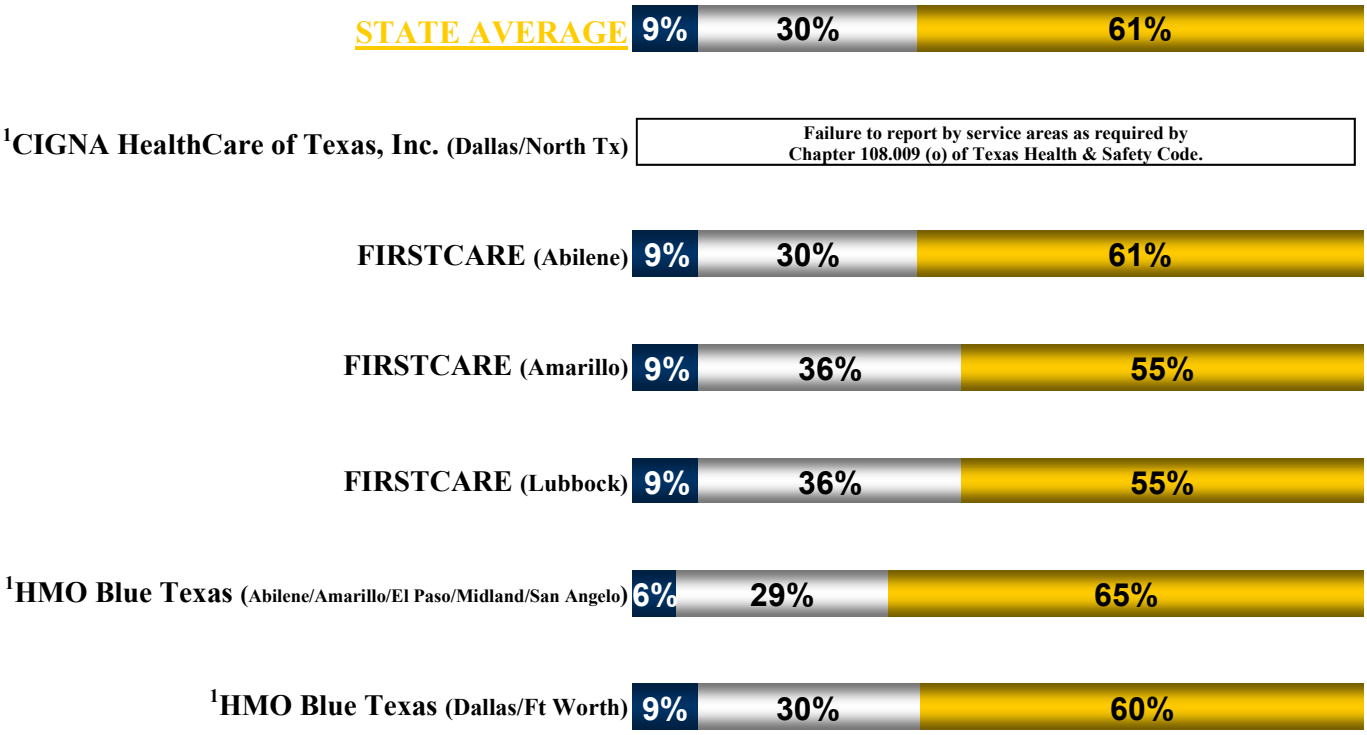
How well doctors communicate

Survey (CAHPS™3.0H) 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 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.



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

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

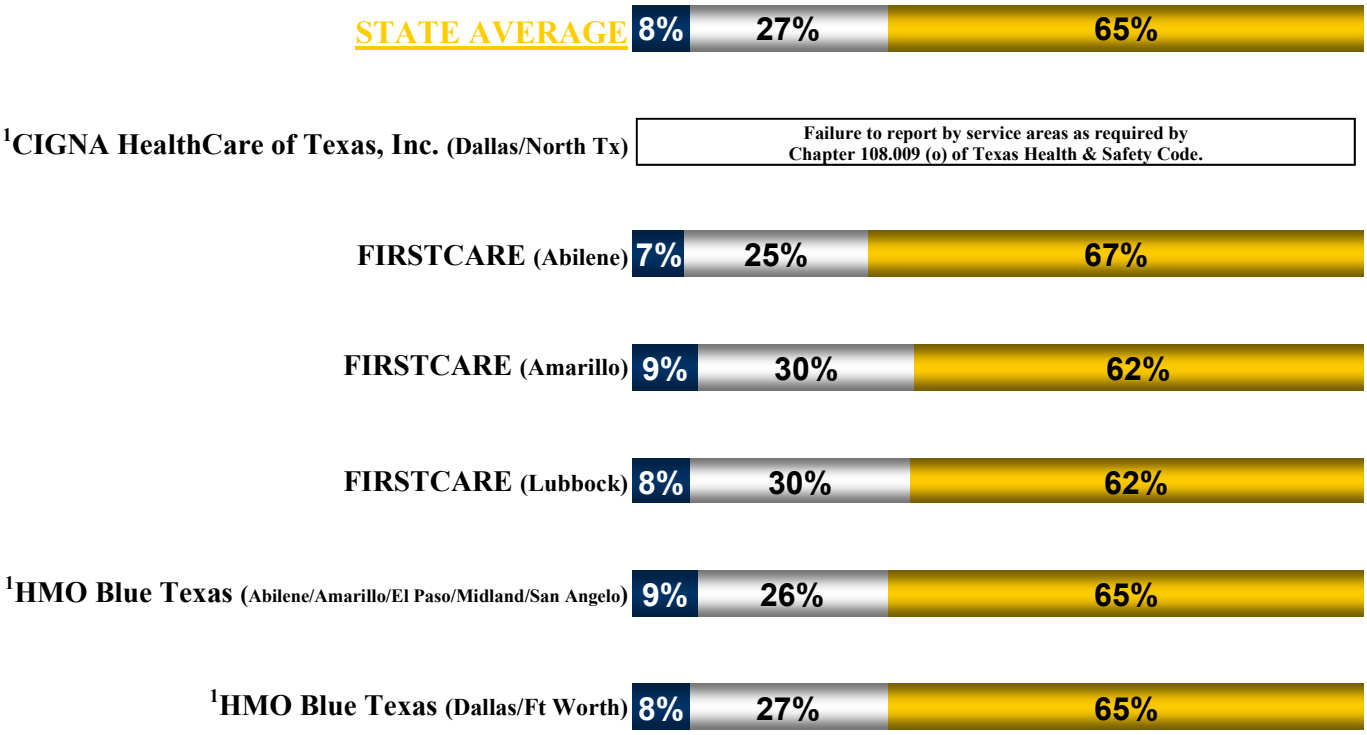
Courtesy, respect and helpfulness of office staff

Survey (CAHPS™3.0H) Results

Percentage who said office staff were **sometimes or never** courteous, respectful, and helpful	Percentage who said office staff were **usually** courteous, respectful, and helpful	Percentage who said office staff were **always** courteous, respectful, and helpful

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.



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

[1]*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 = 32%

Aetna Health Inc. (Austin)	35%
Aetna Health Inc. (Dallas/Ft Worth)	30%
Aetna Health Inc. (Houston)	30%
Aetna Health Inc. (San Antonio)	28%
Amil International (Texas), Inc. (Austin)	42%
CIGNA HealthCare of Texas, Inc. (Dallas/North Tx)	**FTR**
CIGNA HealthCare of Texas, Inc. (Houston/South Tx)	FTR
Community First Health Plans (San Antonio)	30%
FIRSTCARE (Abilene)	**43%**
FIRSTCARE (Amarillo)	**50%**
FIRSTCARE (Lubbock)	**38%**
FIRSTCARE (Waco)	42%
Great-West Healthcare (Dallas)	25%
Great-West Healthcare (Houston)	15%
HMO Blue Texas (Abilene/Amarillo/El Paso/Midland/San Angelo)	**39%**
HMO Blue Texas (Austin/Corpus Christi/Rio Grande/San Antonio)	36%
HMO Blue Texas (Beaumont/Lufkin/East Texas)	36%
HMO Blue Texas (Dallas/Ft Worth)	**30%**
HMO Blue Texas (Houston)	29%
Humana Health Plan of Austin (Austin)	36%
Humana Health Plan of Corpus Christi (Corpus Christi)	25%
Humana Health Plan of Houston (Houston)	25%
Humana Health Plan of San Antonio (San Antonio)	39%
Mercy Health Plans (Laredo)	36%
PacifiCare of Texas (Austin)	10%
PacifiCare of Texas (Dallas)	24%
PacifiCare of Texas (Houston)	14%
PacifiCare of Texas (San Antonio)	22%
Scott and White Health Plan (Central Texas)	55%
Unicare Health Plans (Southeast Texas)	31%
UnitedHealthCare of Texas- Central Texas (Austin/San Antonio)	30%
UnitedHealthCare of Texas - Dallas (Dallas)	28%
UnitedHealthCare of Texas - Houston (Corpus Christi/Houston)	26%
Valley Baptist Health Plan (Harlingen)	37%

FTR = "Failure to report by service areas as required by Chapter 108.009 (o) of Texas Health and Safety Code"

Survey (CAHPS™ 3.0H) 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	

While analysis of the consumer survey was performed for all commercial health maintenance organizations (HMOs) in Texas, only the results for the plans that provide services in the South Texas area are featured in this section of the report.

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 section if their service area extends into at least one county in the South 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 2003.

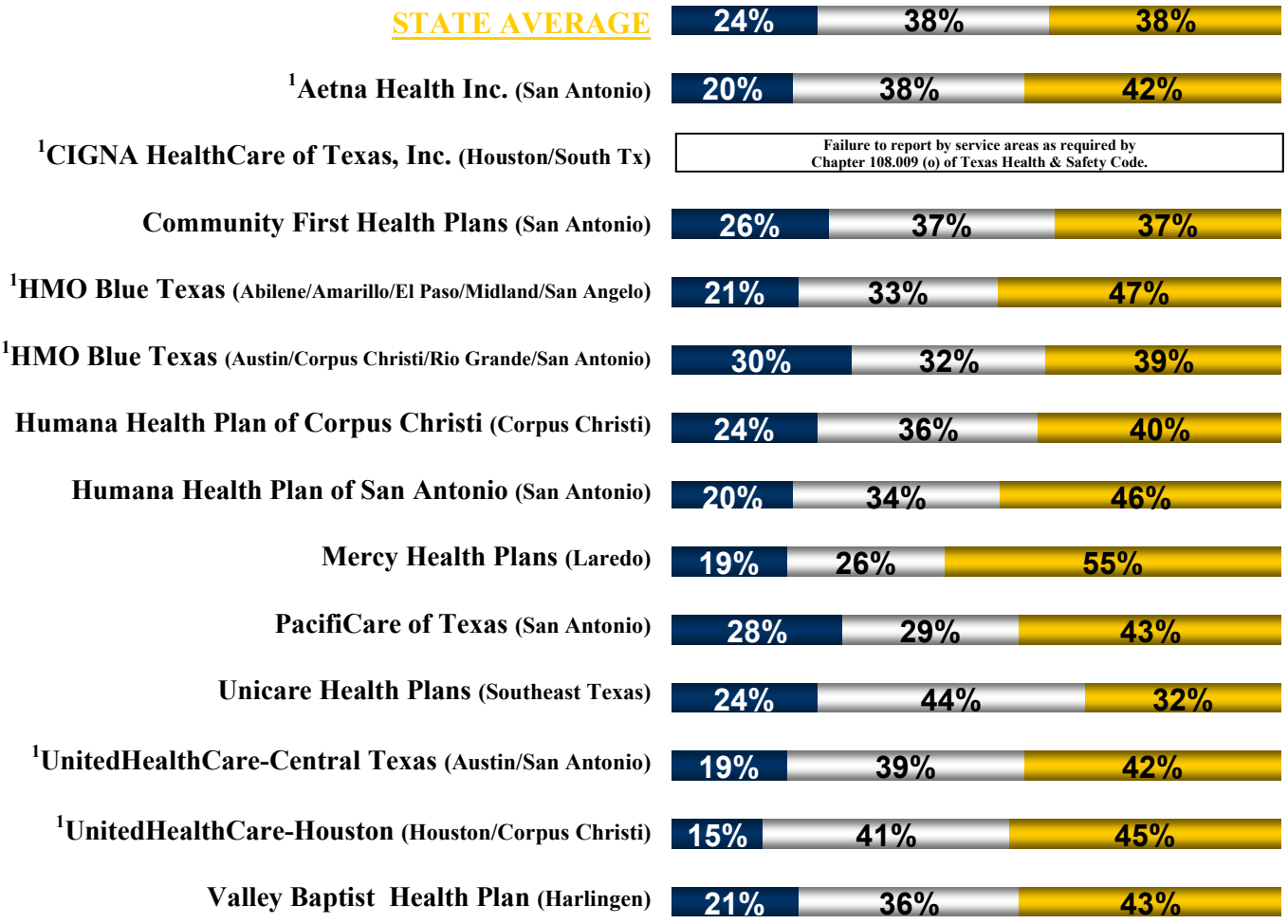
How people rated their health plan

Survey (CAHPS™3.0H) 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%.

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

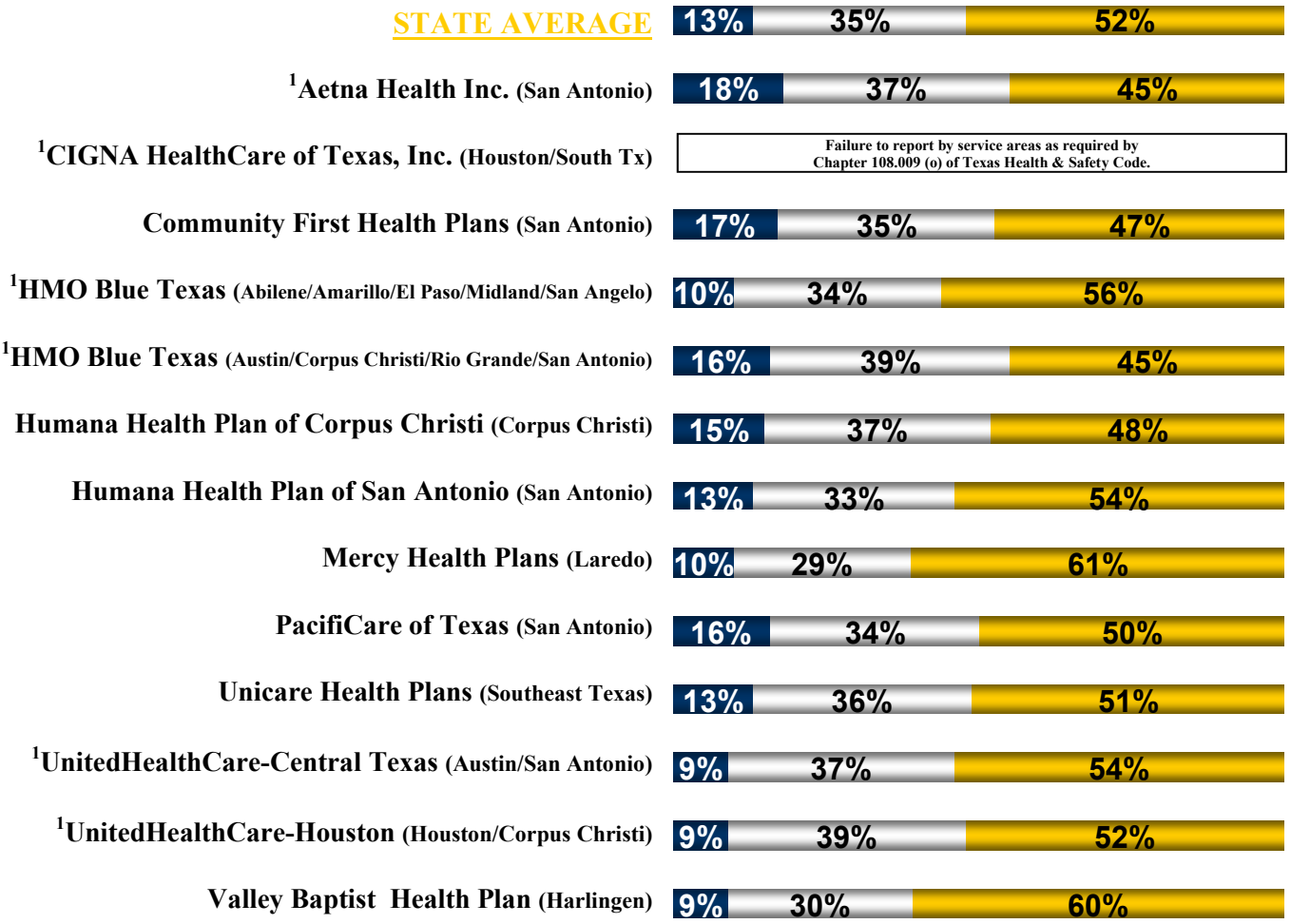
How people rated their health care

Survey (CAHPS™3.0H) 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** they received from all doctors and other health providers 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%.

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

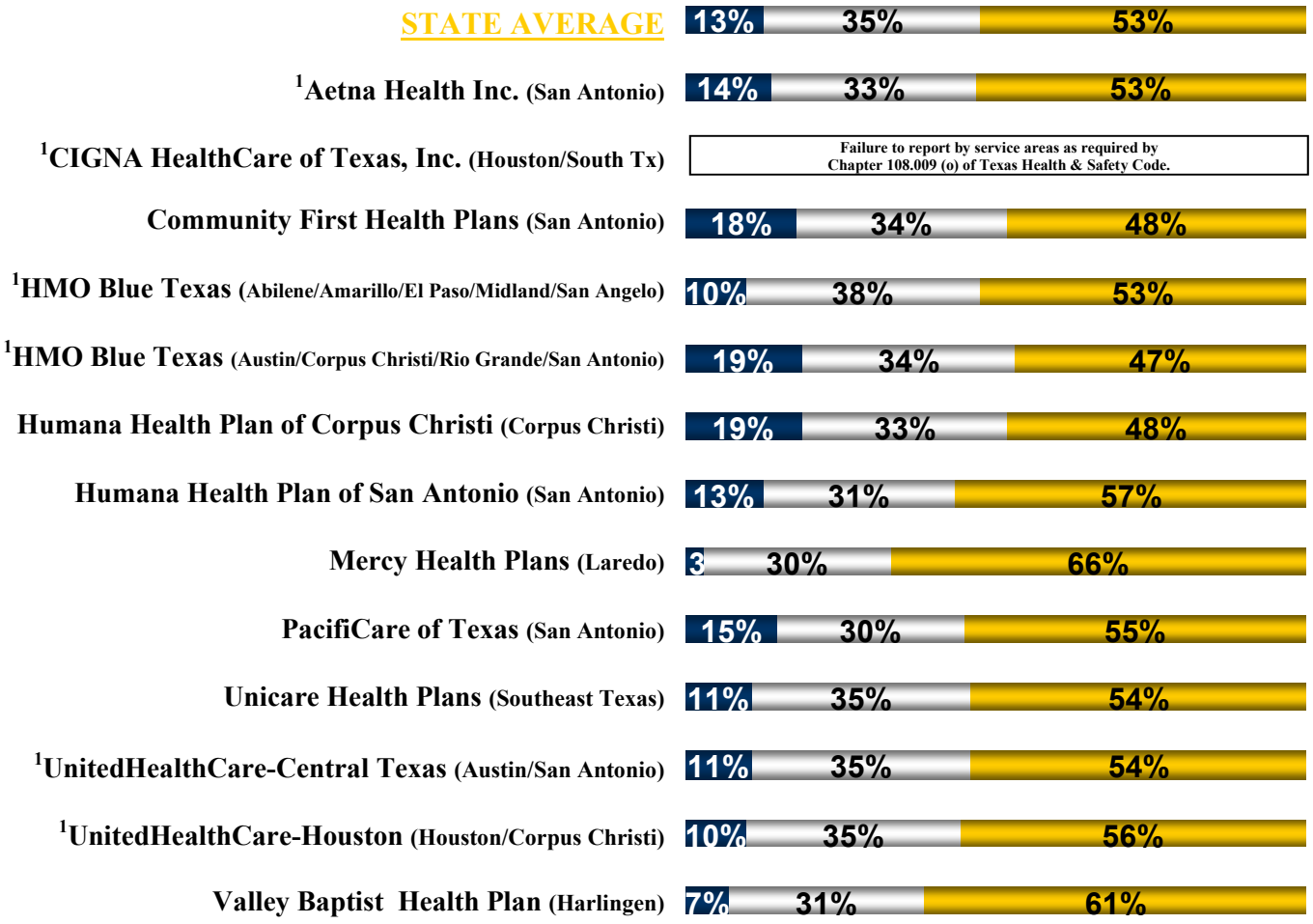
How people rated their doctor or nurse

Survey (CAHPS™3.0H) Results

Percentage who rated their doctor or nurse **6 or lower**	Percentage who rated their doctor or nurse **7 or 8**	Percentage who rated their doctor or nurse **9 or 10**

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"



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

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

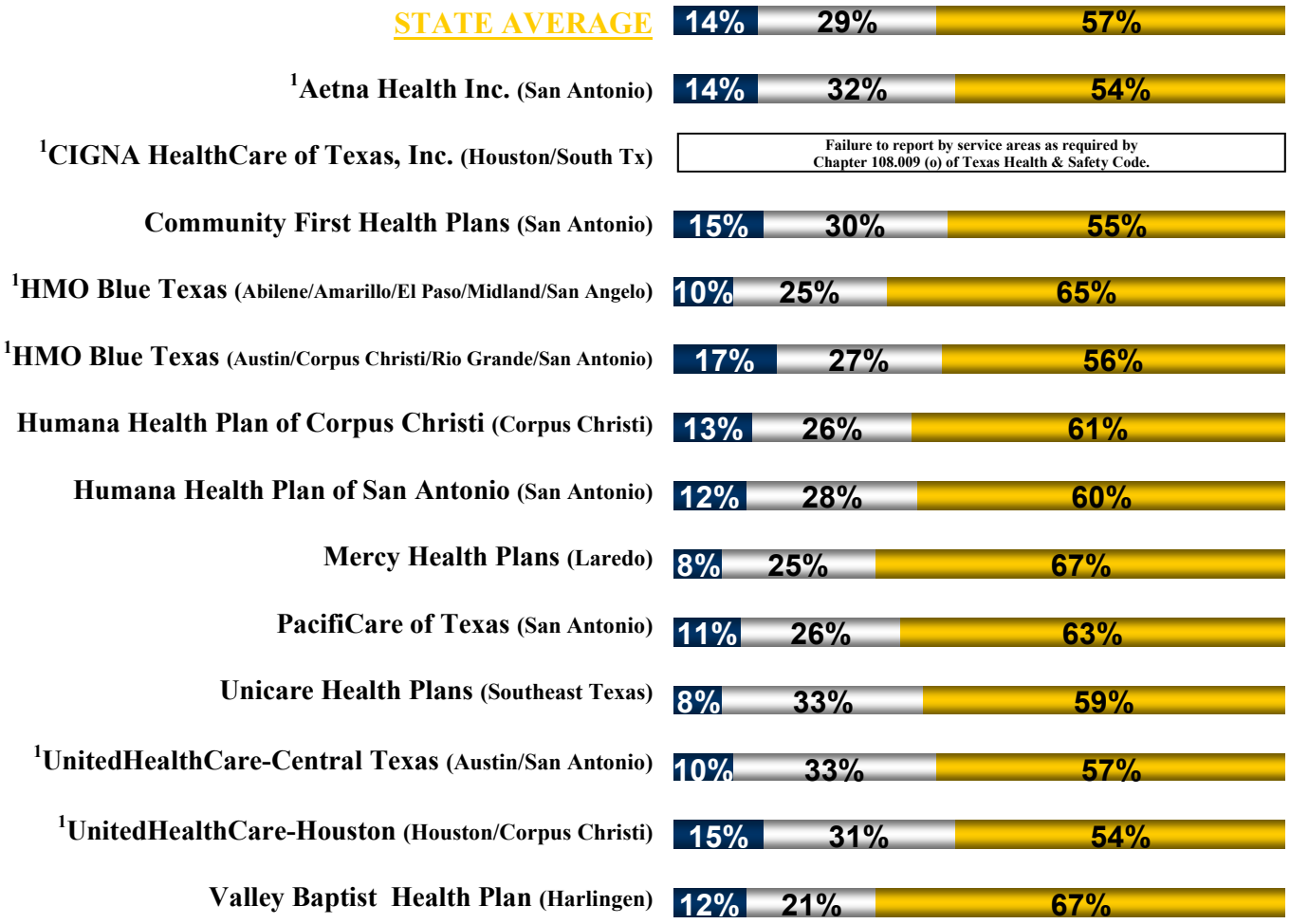
How people rated their specialist

Survey (CAHPS™3.0H) 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%.

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

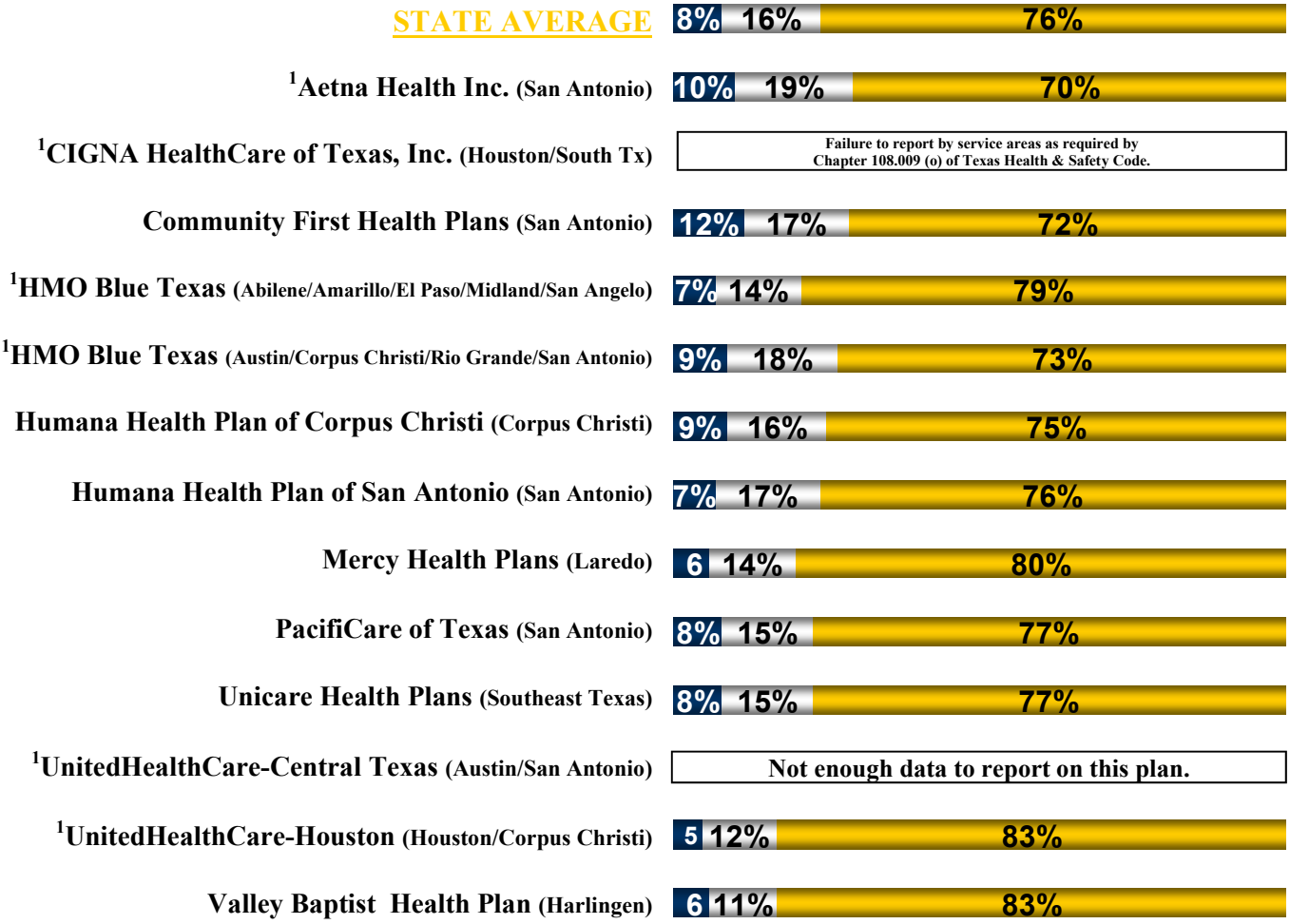
Getting care that is needed

Survey (CAHPS™3.0H) Results

Percentage who said they had **BIG problems** getting care they needed	Percentage who said they had **SMALL problems** getting care they needed	Percentage who said they had **NO problems** getting care they 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 up to 100%.

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

Getting care without long waits

Survey (CAHPS™3.0H) Results

Percentage who said they **sometimes or never** got care without long waits	Percentage who said they **usually** got care without long waits	Percentage who said they **always** got 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.

	Sometimes or never	Usually	Always
STATE AVERAGE	25%	32%	44%
[1]Aetna Health Inc. (San Antonio)	28%	31%	42%
[1]CIGNA HealthCare of Texas, Inc. (Houston/South Tx)	Failure to report by service areas as required by Chapter 108.009 (o) of Texas Health & Safety Code.		
Community First Health Plans (San Antonio)	29%	30%	41%
[1]HMO Blue Texas (Abilene/Amarillo/El Paso/Midland/San Angelo)	23%	29%	48%
[1]HMO Blue Texas (Austin/Corpus Christi/Rio Grande/San Antonio)	27%	33%	40%
Humana Health Plan of Corpus Christi (Corpus Christi)	Not enough data to report on this plan.		
Humana Health Plan of San Antonio (San Antonio)	26%	30%	44%
Mercy Health Plans (Laredo)	32%	26%	43%
PacifiCare of Texas (San Antonio)	Not enough data to report on this plan.		
Unicare Health Plans (Southeast Texas)	27%	28%	45%
[1]UnitedHealthCare-Central Texas (Austin/San Antonio)	Not enough data to report on this plan.		
[1]UnitedHealthCare-Houston (Houston/Corpus Christi)	Not enough data to report on this plan.		
Valley Baptist Health Plan (Harlingen)	27%	26%	47%

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

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

Handling of claims quickly and correctly

Survey (CAHPS™3.0H) 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 in a reasonable time.
- Handled claims correctly.

	Sometimes or never	Usually	Always
STATE AVERAGE	12%	34%	54%
[1]Aetna Health Inc. (San Antonio)	10%	33%	57%
[1]CIGNA HealthCare of Texas, Inc. (Houston/South Tx)	Failure to report by service areas as required by Chapter 108.009 (o) of Texas Health & Safety Code.		
Community First Health Plans (San Antonio)	17%	38%	46%
[1]HMO Blue Texas (Abilene/Amarillo/El Paso/Midland/San Angelo)	8%	26%	67%
[1]HMO Blue Texas (Austin/Corpus Christi/Rio Grande/San Antonio)	14%	35%	51%
Humana Health Plan of Corpus Christi (Corpus Christi)	13%	26%	62%
Humana Health Plan of San Antonio (San Antonio)	13%	38%	49%
Mercy Health Plans (Laredo)	13%	25%	62%
PacifiCare of Texas (San Antonio)	Not enough data to report on this plan.		
Unicare Health Plans (Southeast Texas)	13%	41%	46%
[1]UnitedHealthCare-Central Texas (Austin/San Antonio)	Not enough data to report on this plan.		
[1]UnitedHealthCare-Houston (Houston/Corpus Christi)	12%	36%	51%
Valley Baptist Health Plan (Harlingen)	9%	29%	62%

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

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

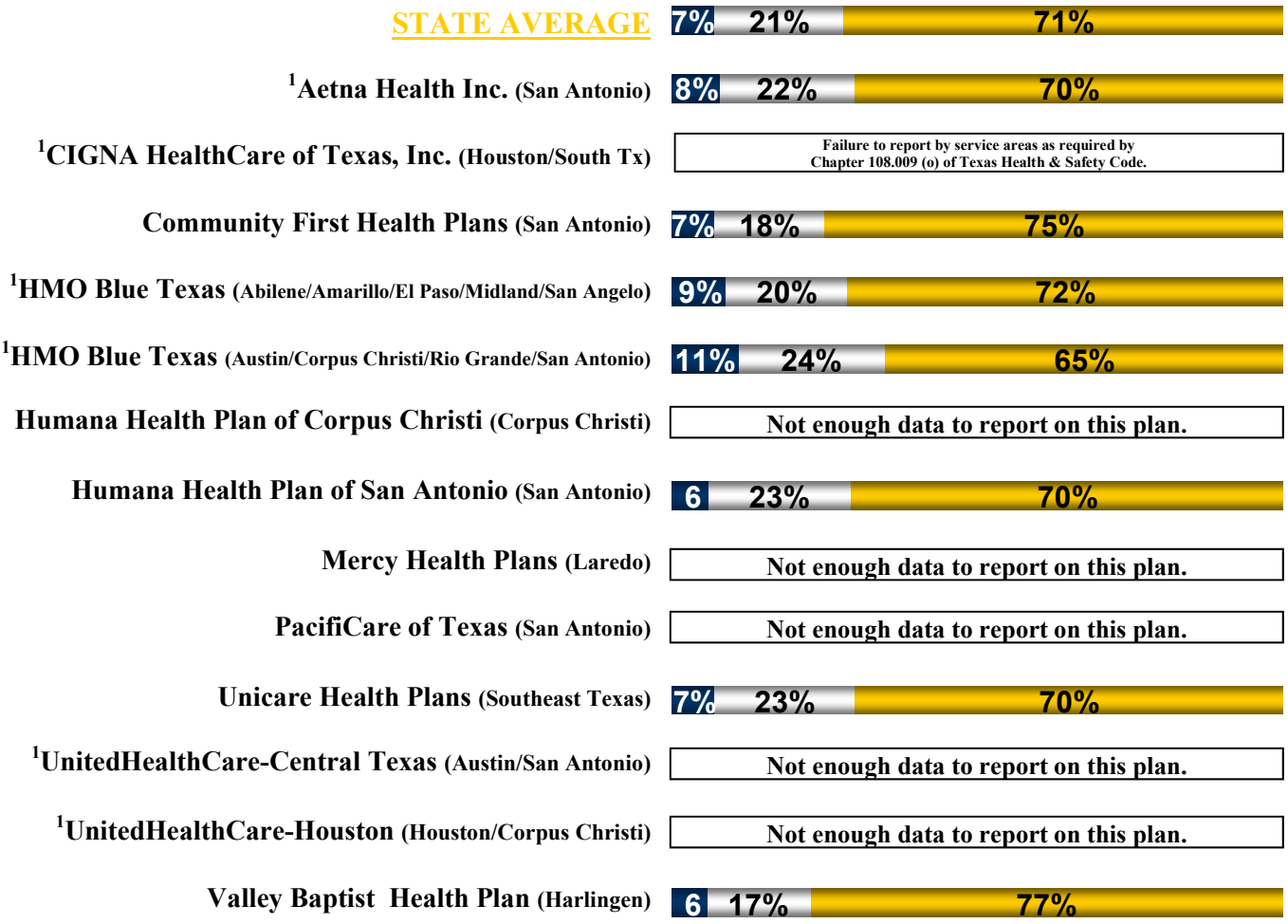
Efficiency and helpfulness of customer service

Survey (CAHPS™3.0H) Results

Percentage who said they had **BIG problems** with customer service	Percentage who said they had **SMALL problems** with customer service	Percentage who said they had **NO problems** with 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.



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

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

Survey (CAHPS™ 3.0H) Results - South Texas

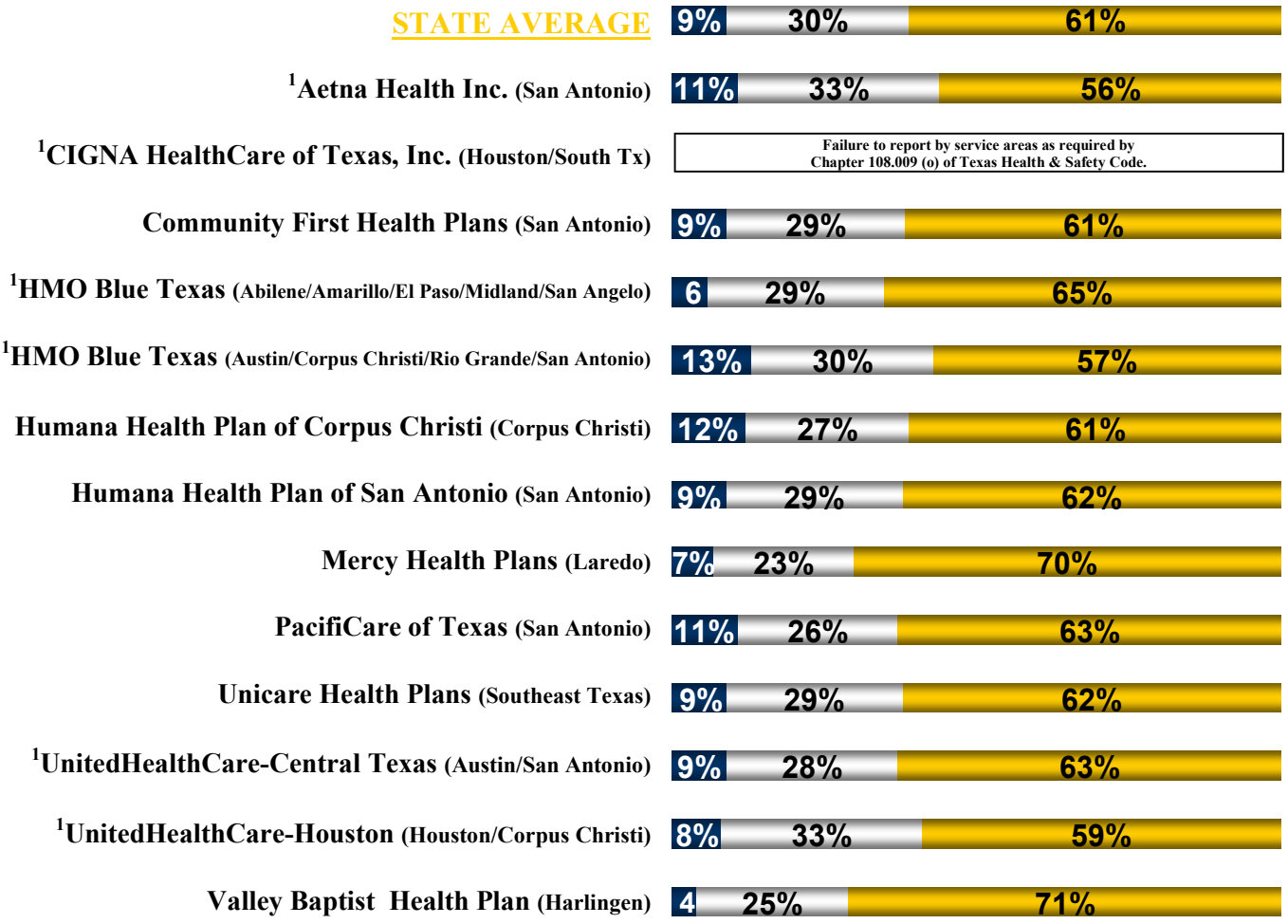
How well doctors communicate

Survey (CAHPS™3.0H) 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 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.



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

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

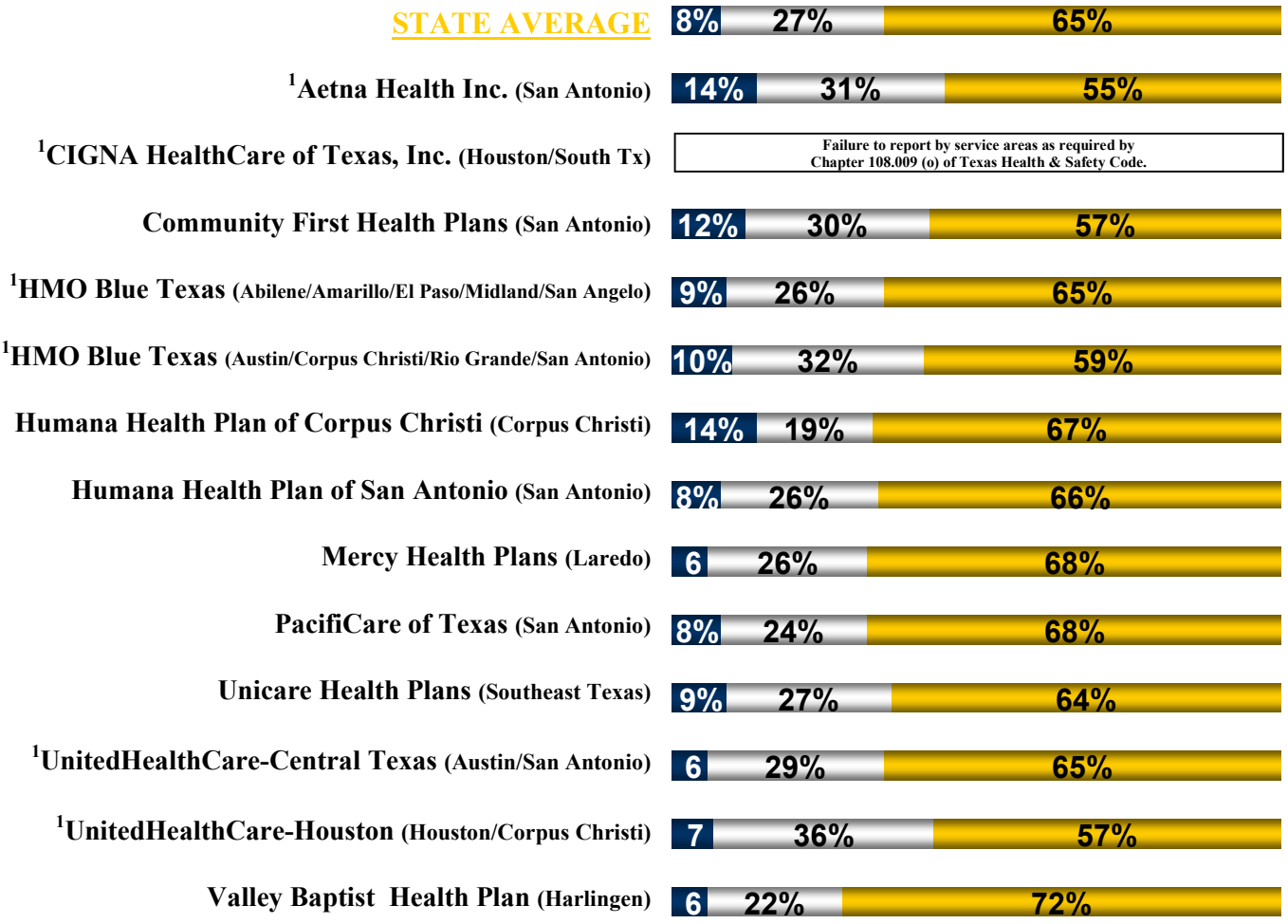
Courtesy, respect and helpfulness of office staff

Survey (CAHPS™3.0H) Results

Percentage who said office staff were **sometimes or never** courteous, respectful, and helpful	Percentage who said office staff were **usually** courteous, respectful, and helpful	Percentage who said office staff were **always** courteous, respectful, and helpful

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.



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

[1]*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 = 32%

Aetna Health Inc. (Austin)	35%
Aetna Health Inc. (Dallas/Ft Worth)	30%
Aetna Health Inc. (Houston)	30%
Aetna Health Inc. (San Antonio)	**28%**
Amil International (Texas), Inc. (Austin)	42%
CIGNA HealthCare of Texas, Inc. (Dallas/North Tx)	FTR
CIGNA HealthCare of Texas, Inc. (Houston/South Tx)	**FTR**
Community First Health Plans (San Antonio)	**30%**
FIRSTCARE (Abilene)	43%
FIRSTCARE (Amarillo)	50%
FIRSTCARE (Lubbock)	38%
FIRSTCARE (Waco)	42%
Great-West Healthcare (Dallas)	25%
Great-West Healthcare (Houston)	15%
HMO Blue Texas (Abilene/Amarillo/El Paso/Midland/San Angelo)	**39%**
HMO Blue Texas (Austin/Corpus Christi/Rio Grande/San Antonio)	**36%**
HMO Blue Texas (Beaumont/Lufkin/East Texas)	36%
HMO Blue Texas (Dallas/Ft Worth)	30%
HMO Blue Texas (Houston)	29%
Humana Health Plan of Austin (Austin)	36%
Humana Health Plan of Corpus Christi (Corpus Christi)	**25%**
Humana Health Plan of Houston (Houston)	25%
Humana Health Plan of San Antonio (San Antonio)	**39%**
Mercy Health Plans (Laredo)	**36%**
PacifiCare of Texas (Austin)	10%
PacifiCare of Texas (Dallas)	24%
PacifiCare of Texas (Houston)	14%
PacifiCare of Texas (San Antonio)	**22%**
Scott and White Health Plan (Central Texas)	55%
Unicare Health Plans (Southeast Texas)	**31%**
UnitedHealthCare of Texas- Central Texas (Austin/San Antonio)	**30%**
UnitedHealthCare of Texas - Dallas (Dallas)	28%
UnitedHealthCare of Texas - Houston (Corpus Christi/Houston)	**26%**
Valley Baptist Health Plan (Harlingen)	**37%**

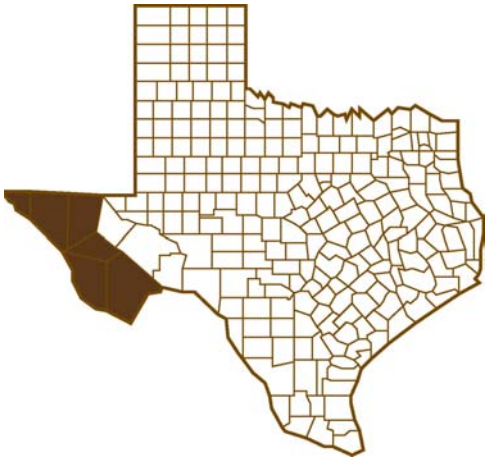
FTR = "Failure to report by service areas as required by Chapter 108.009 (o) of Texas Health and Safety Code"

Survey (CAHPS™ 3.0H) Results for

West Texas Plans

The counties included in the West Texas area are:

Brewster	Hudspeth
Culberson	Jeff Davis
El Paso	Presidio



While analysis of the consumer survey was performed for all commercial health maintenance organizations (HMOs) in Texas, only the results for the plans that provide services in the West Texas area are featured in this section of the report.

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 section if their service area extends into at least one county in the West 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 2003.

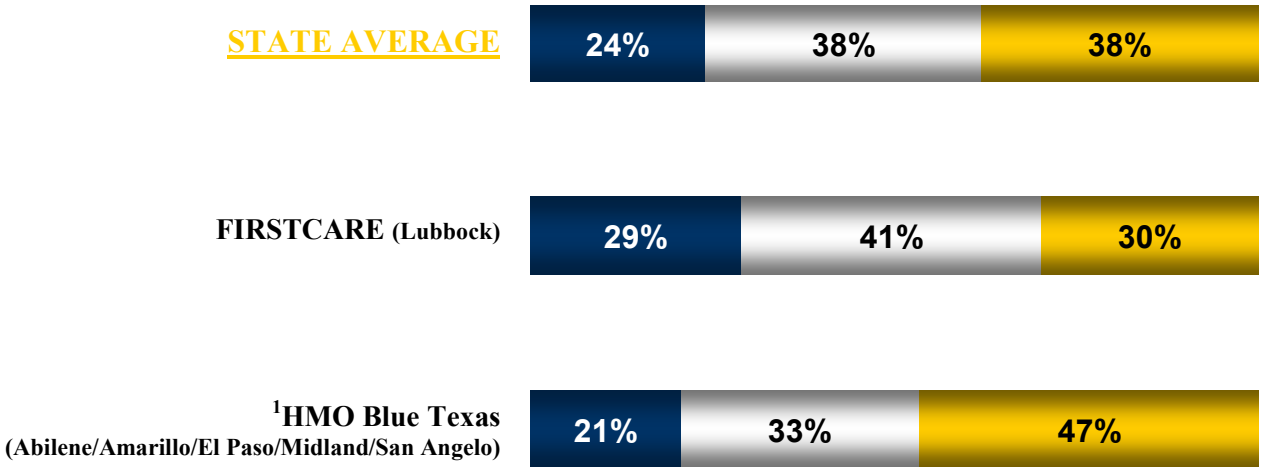
How people rated their health plan

Survey (CAHPS™3.0H) 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%.

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

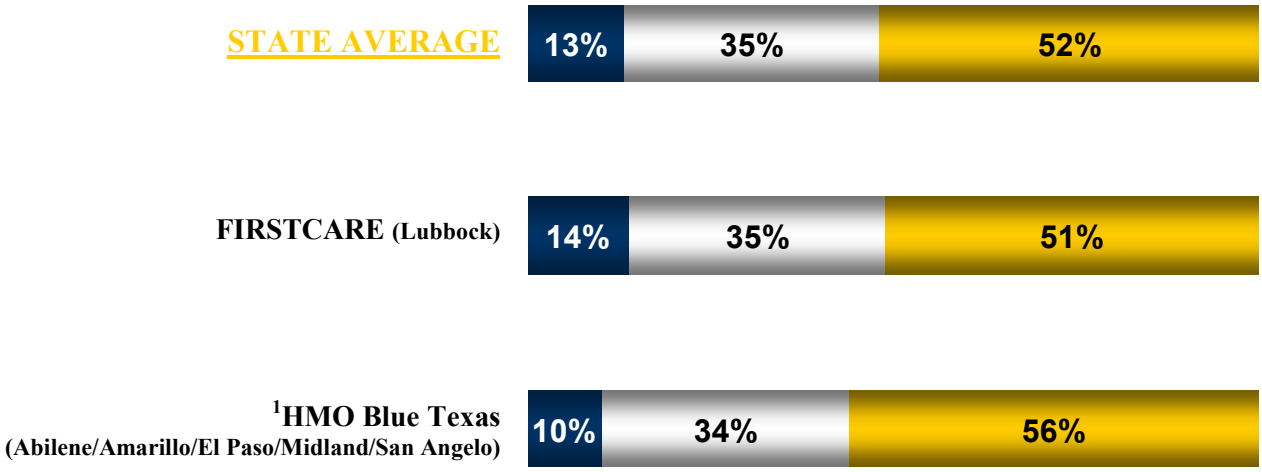
How people rated their health care

Survey (CAHPS™3.0H) 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** they received from all doctors and other health providers 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%.

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

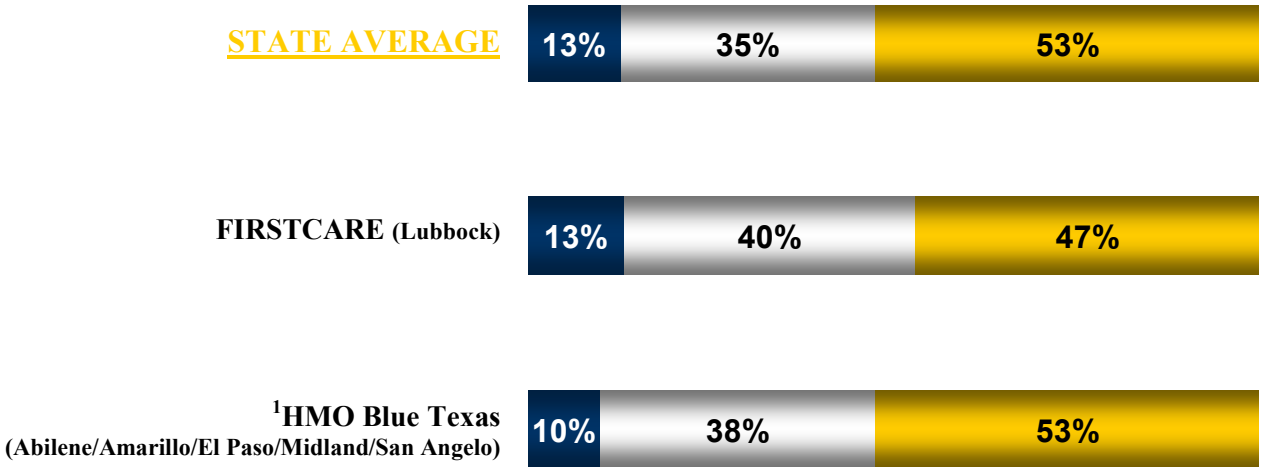
How people rated their doctor or nurse

Survey (CAHPS™3.0H) Results

Percentage who rated their doctor or nurse **6 or lower**	Percentage who rated their doctor or nurse **7 or 8**	Percentage who rated their doctor or nurse **9 or 10**

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"



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

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

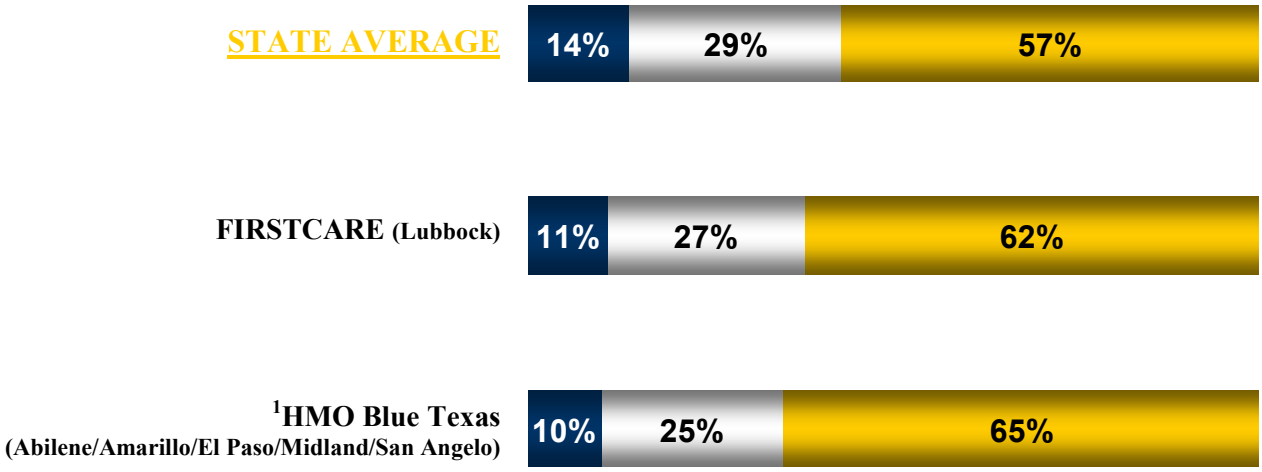
How people rated their specialist

Survey (CAHPS™3.0H) 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%.

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

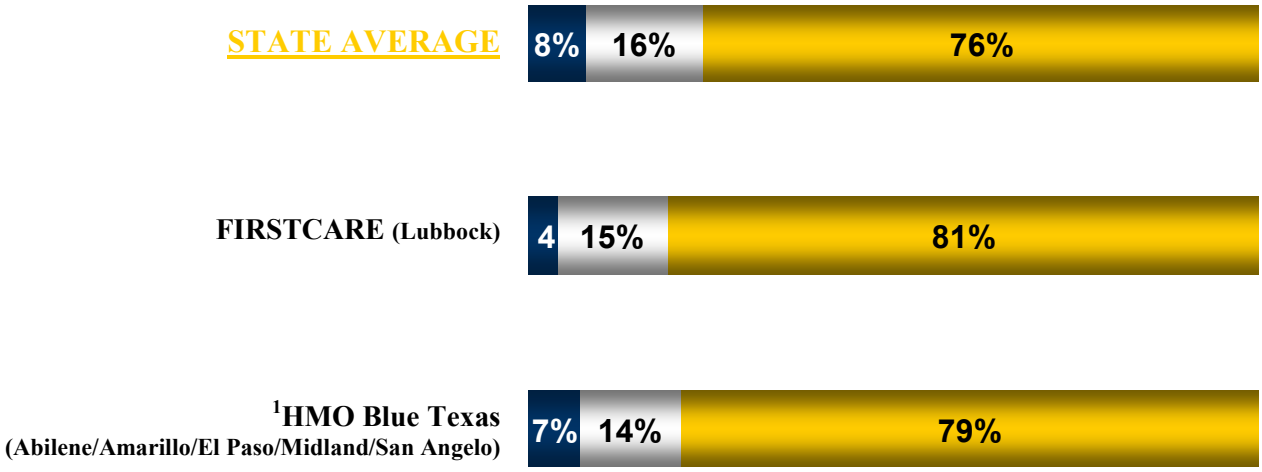
Getting care that is needed

Survey (CAHPS™3.0H) Results

Percentage who said they had **BIG problems** getting care they needed	Percentage who said they had **SMALL problems** getting care they needed	Percentage who said they had **NO problems** getting care they 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 up to 100%.

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

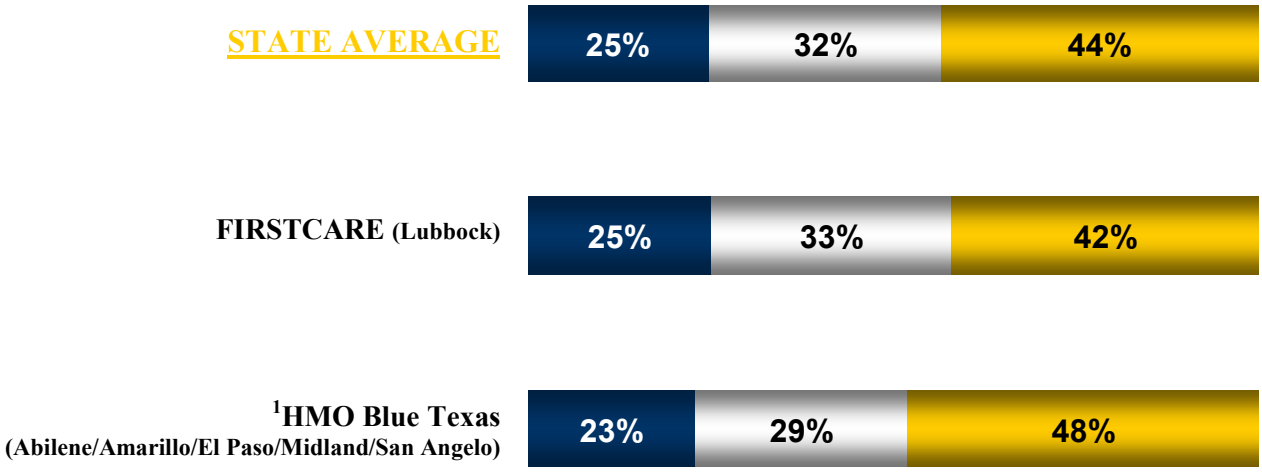
Getting care without long waits

Survey (CAHPS™3.0H) Results

Percentage who said they **sometimes or never** got care without long waits	Percentage who said they **usually** got care without long waits	Percentage who said they **always** got 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.



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

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

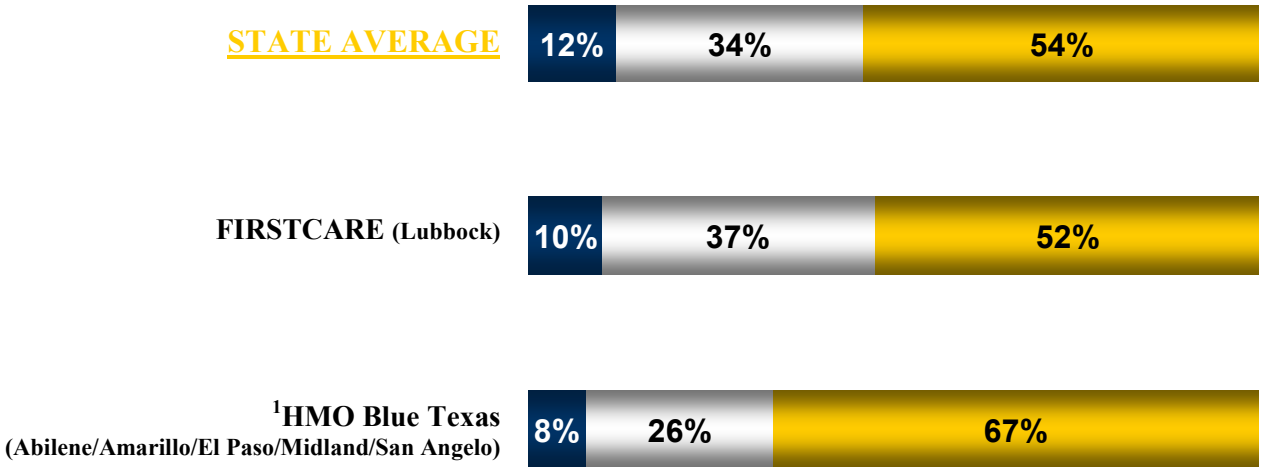
Handling of claims quickly and correctly

Survey (CAHPS™3.0H) 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 in a reasonable time.
- Handled claims correctly.



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

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

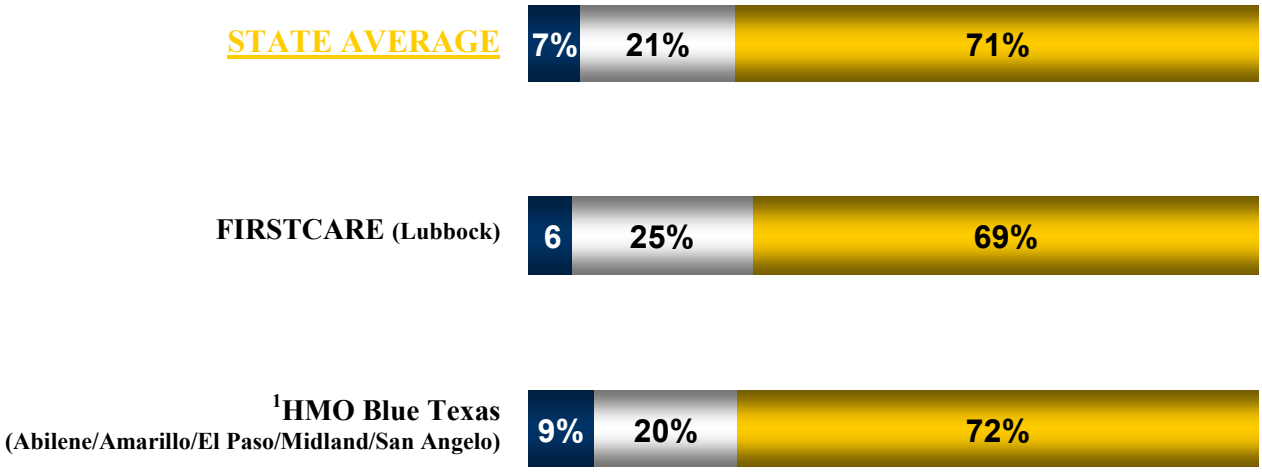
Efficiency and helpfulness of customer service

Survey (CAHPS™3.0H) Results

Percentage who said they had **BIG problems** with customer service	Percentage who said they had **SMALL problems** with customer service	Percentage who said they had **NO problems** with 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.



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

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

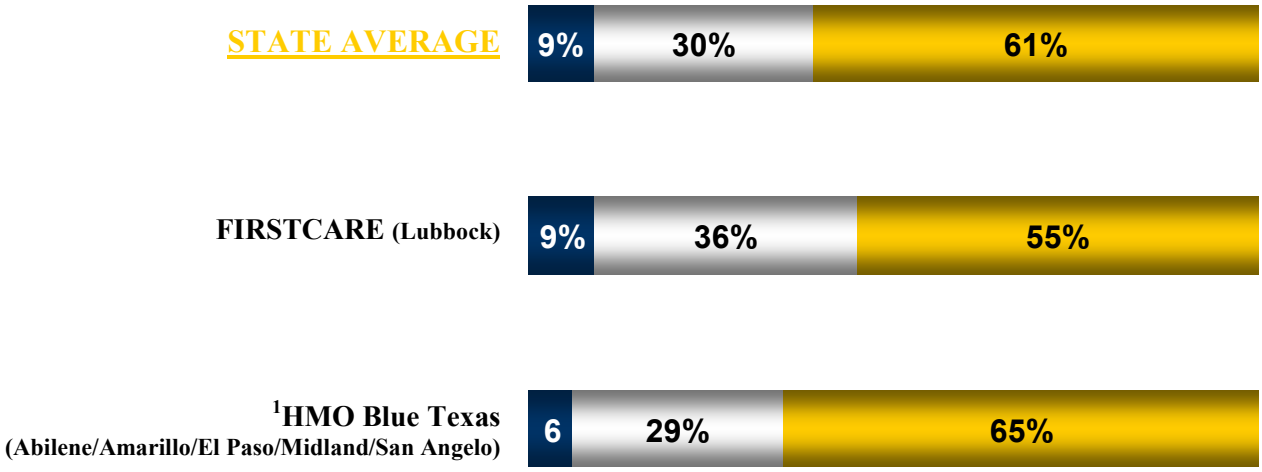
How well doctors communicate

Survey (CAHPS™3.0H) 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 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.



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

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

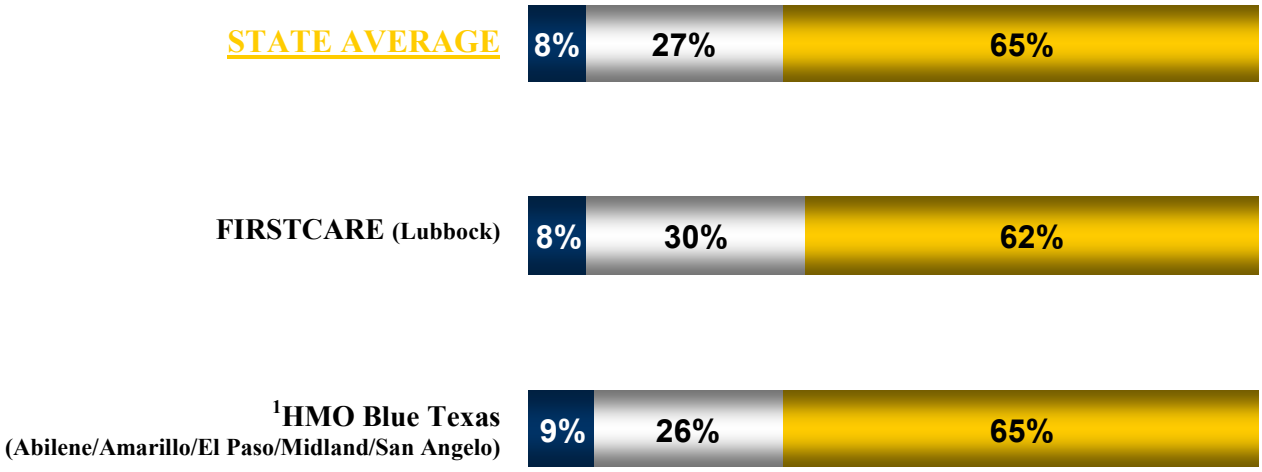
Courtesy, respect and helpfulness of office staff

Survey (CAHPS™3.0H) Results

Percentage who said office staff were **sometimes or never** courteous, respectful, and helpful	Percentage who said office staff were **usually** courteous, respectful, and helpful	Percentage who said office staff were **always** courteous, respectful, and helpful

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.



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

[1] *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 = 32%

Aetna Health Inc. (Austin)	35%
Aetna Health Inc. (Dallas/Ft Worth)	30%
Aetna Health Inc. (Houston)	30%
Aetna Health Inc. (San Antonio)	28%
Amil International (Texas), Inc. (Austin)	42%
CIGNA HealthCare of Texas, Inc. (Dallas/North Tx)	FTR
CIGNA HealthCare of Texas, Inc. (Houston/South Tx)	FTR
Community First Health Plans (San Antonio)	30%
FIRSTCARE (Abilene)	43%
FIRSTCARE (Amarillo)	50%
FIRSTCARE (Lubbock)	**38%**
FIRSTCARE (Waco)	42%
Great-West Healthcare (Dallas)	25%
Great-West Healthcare (Houston)	15%
HMO Blue Texas (Abilene/Amarillo/El Paso/Midland/San Angelo)	**39%**
HMO Blue Texas (Austin/Corpus Christi/Rio Grande/San Antonio)	36%
HMO Blue Texas (Beaumont/Lufkin/East Texas)	36%
HMO Blue Texas (Dallas/Ft Worth)	30%
HMO Blue Texas (Houston)	29%
Humana Health Plan of Austin (Austin)	36%
Humana Health Plan of Corpus Christi (Corpus Christi)	25%
Humana Health Plan of Houston (Houston)	25%
Humana Health Plan of San Antonio (San Antonio)	39%
Mercy Health Plans (Laredo)	36%
PacifiCare of Texas (Austin)	10%
PacifiCare of Texas (Dallas)	24%
PacifiCare of Texas (Houston)	14%
PacifiCare of Texas (San Antonio)	22%
Scott and White Health Plan (Central Texas)	55%
Unicare Health Plans (Southeast Texas)	31%
UnitedHealthCare of Texas- Central Texas (Austin/San Antonio)	30%
UnitedHealthCare of Texas - Dallas (Dallas)	28%
UnitedHealthCare of Texas - Houston (Corpus Christi/Houston)	26%
Valley Baptist Health Plan (Harlingen)	37%

FTR = "Failure to report by service areas as required by Chapter 108.009 (o) of Texas Health and Safety Code"

Complaint Data

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

HMO Complaint Data

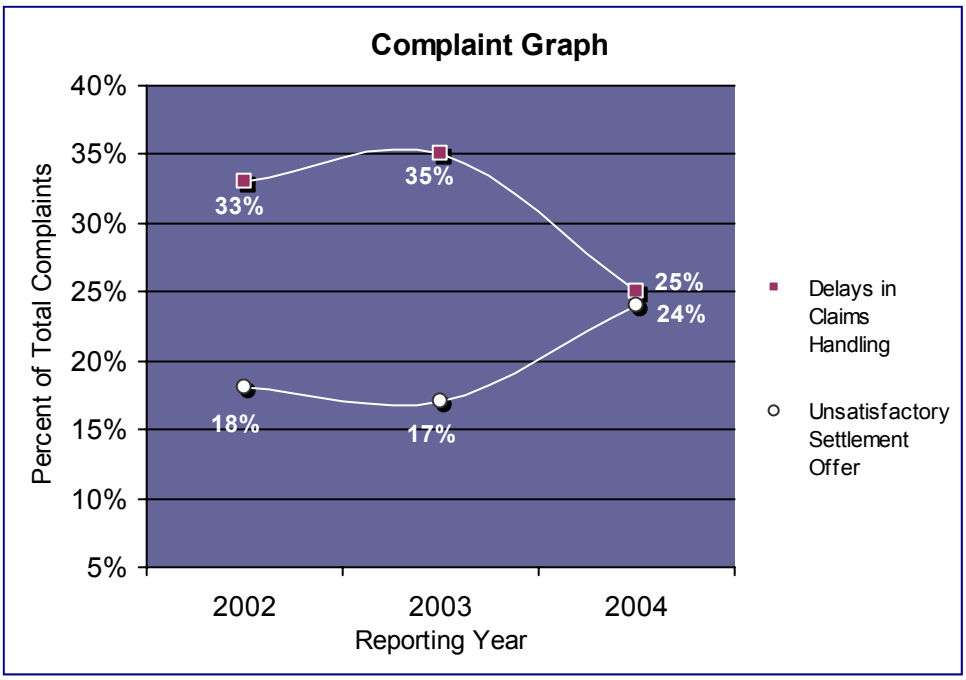
The tables and charts shown in this section provide you with important information regarding the number and type of complaints against HMOs that have been registered with the Texas Department of Insurance (TDI) by medical providers, patients and others.

Current Situation

Analysis of complaints filed against HMOs with the Texas Department of Insurance indicates a significant decrease in total complaints. Total complaints dropped 24% compared to the prior reporting year. Contributing to this drop is a drop in the total number of persons enrolled in HMOs from 2.8 million in 2003 to 2.6 million in 2004.

Most Common Reasons for Complaint

Although the total number of complaints filed has decreased, the most common reasons for complaint continue to be DELAYS IN CLAIMS HANDLING (25%) and UNSATISFACTORY SETTLEMENT OFFER (24%).

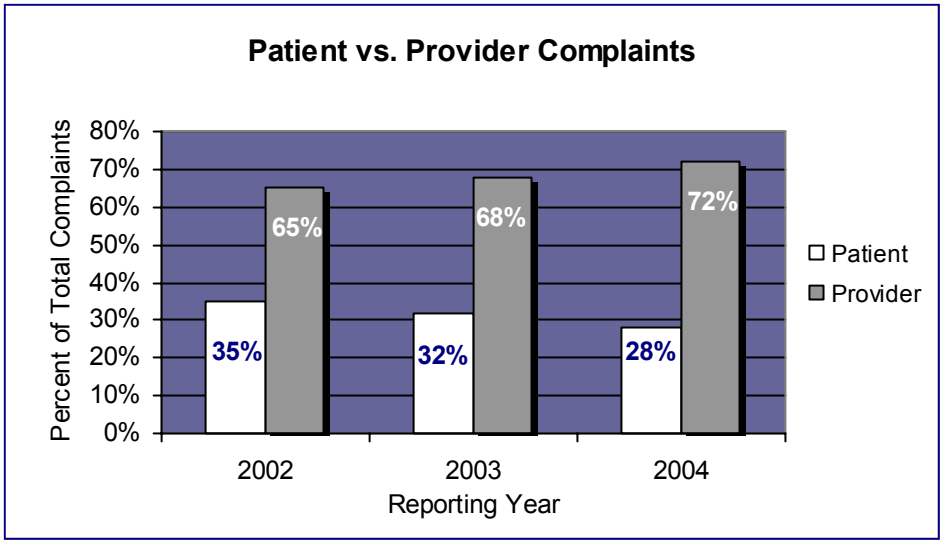


Most Common Reasons for Complaint		2002	2003	2004
Delays in Claims Handling	Provider and patient complaints about lack of timeliness in which claims are handled	33%	35%	25%
Denial of Claim	Provider and patient complaints related to denial of coverage for health care service	19%	21%	23%
Unsatisfactory Settlement Offer	Often relates to health care providers dissatisfied with HMO compensation for services	18%	17%	24%
Balance Billing	Inappropriate billing of the patient for charges the HMO is expected to pay	6%	4%	4%
Access to Care	Usually related to HMO gate keeping functions or internal bureaucracy	3%	3%	2%

Source: Texas Department of Insurance; July 1, 2001 to June 30, 2004

Patient vs. Provider Complaints

The number of complaints filed by both providers and patients has significantly decreased for the 2004 reporting year. However, an analysis of the prior three reporting years continues to indicate an increase in the percentage of complaints filed by providers (includes doctors, hospitals and other health care contracted and non-contracted providers).



Source: Texas Department of Insurance
2002 - 2004

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.

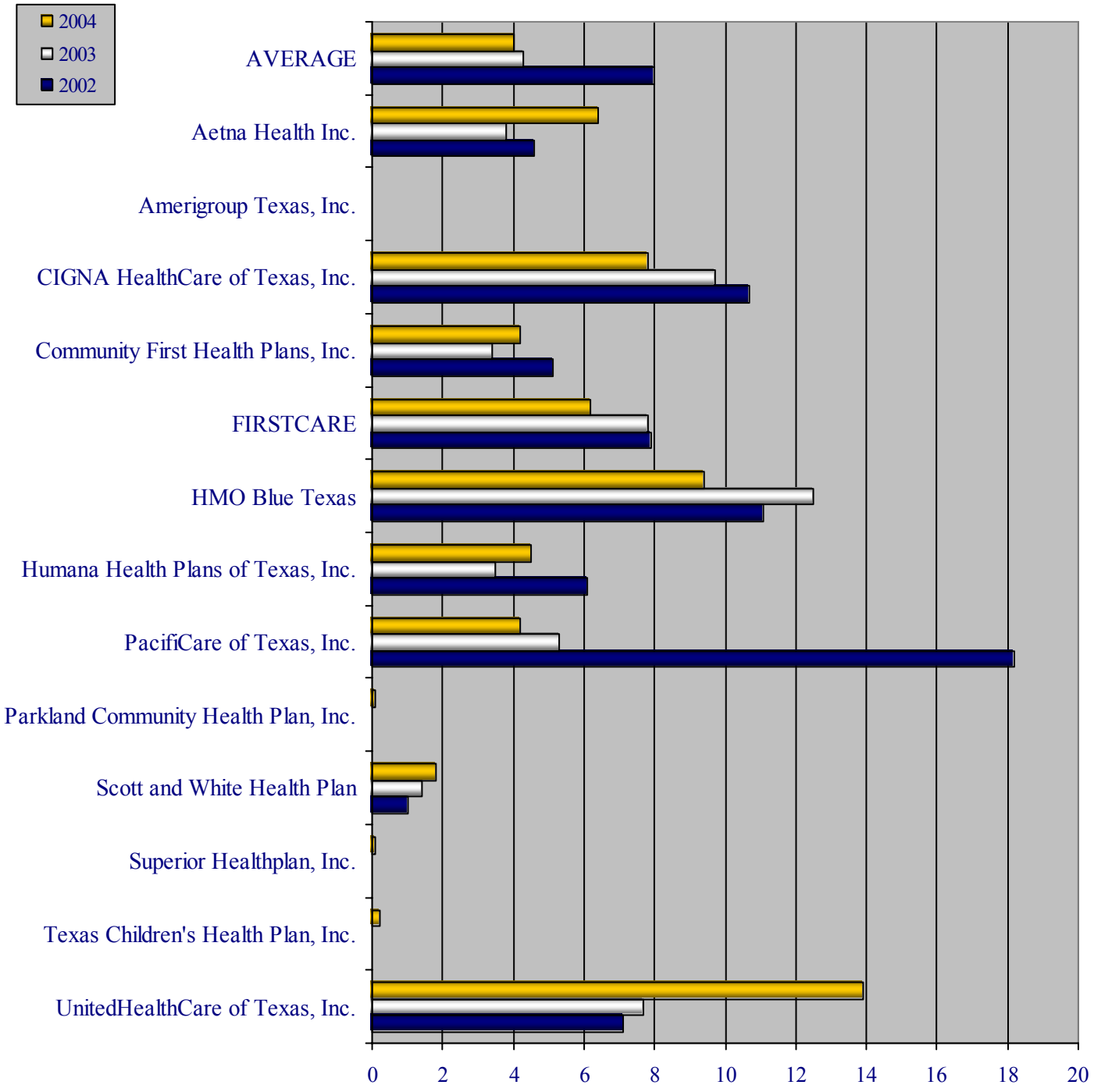
Explanatory Notes

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* Complaints Per 10,000 Enrollees

HMOs With More than 50,000 Enrollees

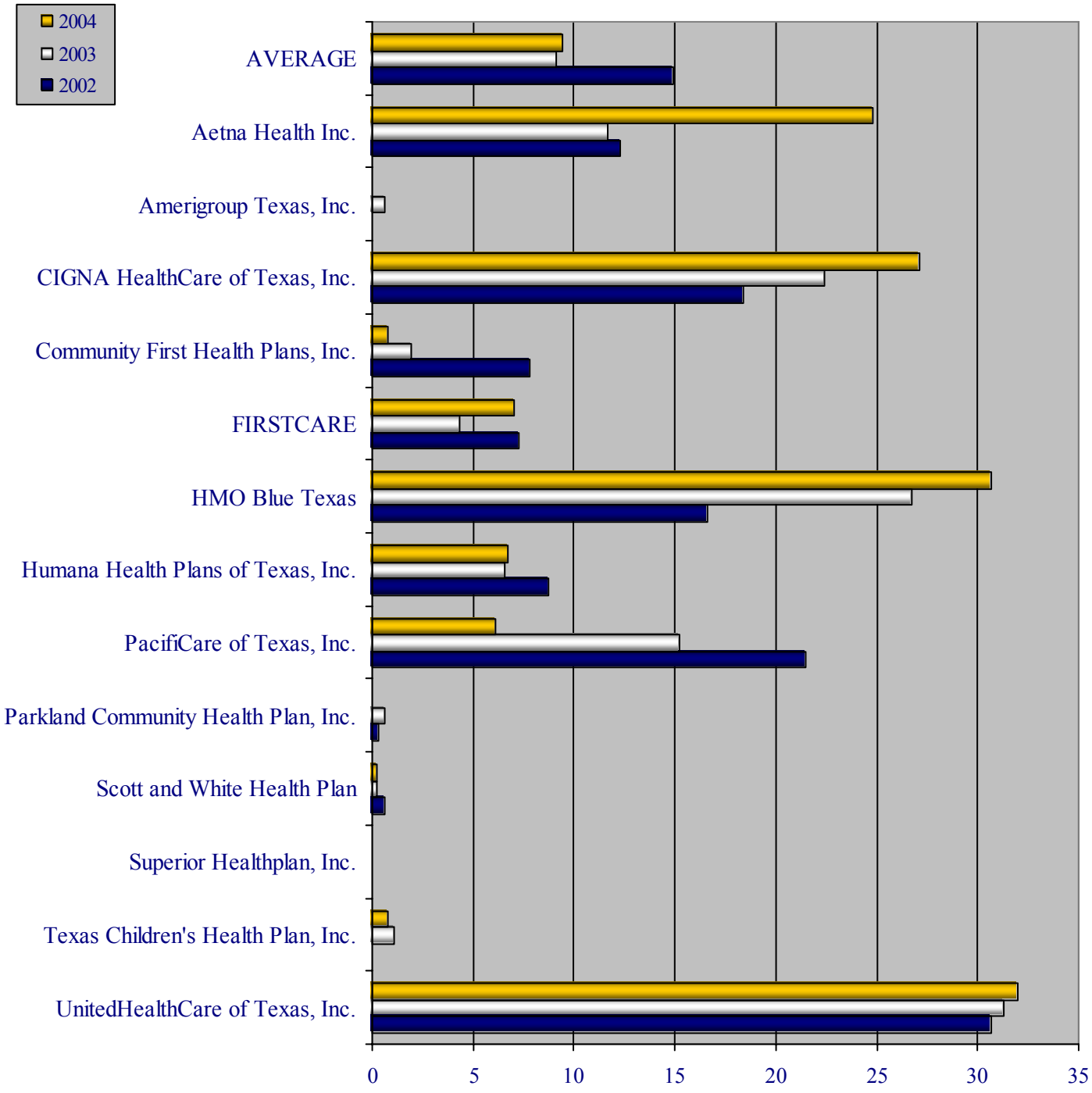


Source: Texas Department of Insurance
July 1, 2001 – June 30, 2004

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

Health Care Provider* Complaints Per 10,000 Enrollees

HMOs With More than 50,000 Enrollees

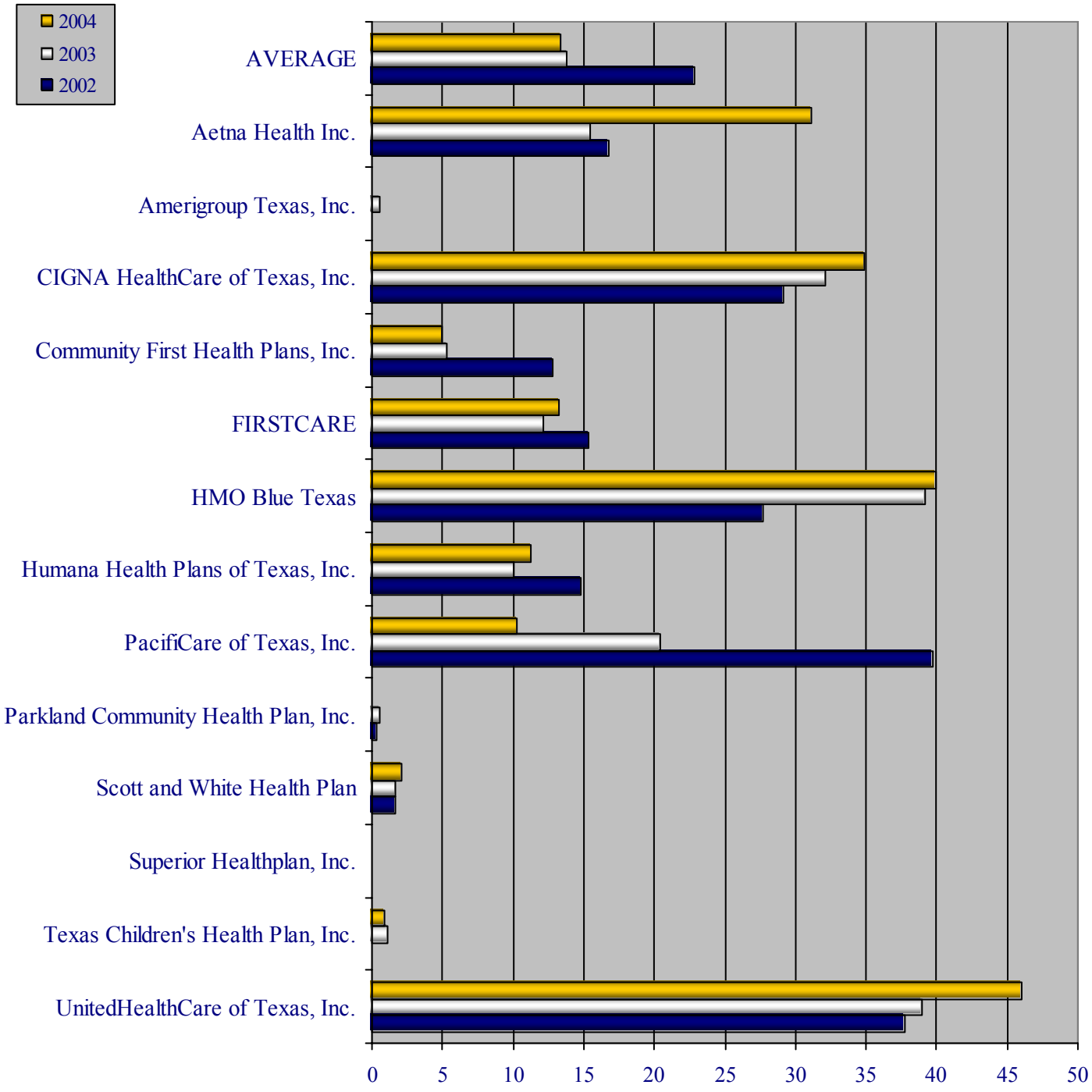


Source: Texas Department of Insurance
July 1, 2001 – June 30, 2004

** 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, 2001 – June 30, 2004

Total Complaint Data*

July 1, 2003—June 30, 2004

Basic Service HMOs With Enrollment Above 50,000

	Ending Enrollment Dec. 31,2002	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.	326,915	810	208	1,018	24.8	6.4	31.1
Amerigroup Texas, Inc.	343,327	3	0	3	0.1	0.0	0.1
CIGNA HealthCare of Texas, Inc.	141,037	382	110	492	27.1	7.8	34.9
Community First Health Plans, Inc.	85,549	7	36	43	0.8	4.2	5.0
FIRSTCARE	88,834	62	55	117	7.0	6.2	13.2
HMO Blue Texas	295,722	907	277	1,184	30.7	9.4	40.0
Humana Health Plans of Texas, Inc.	227,014	153	103	256	6.7	4.5	11.3
PacifiCare of Texas, Inc.	150,995	92	64	156	6.1	4.2	10.3
Parkland Community Health Plan, Inc.	110,448	0	1	1	0.0	0.1	0.1
Scott and White Health Plan	169,656	4	31	35	0.2	1.8	2.1
Superior Healthplan, Inc.	158,369	0	2	2	0.0	0.1	0.1
Texas Children's Health Plan, Inc.	118,644	9	2	11	0.8	0.2	0.9
UnitedHealthCare of Texas, Inc.	94,884	304	132	436	32.0	13.9	46.0
TOTAL/AVERAGE BASIC SERVICE[1] (Plans > 50,000 Enrollment)	2,311,394	2,733	1,021	3,754	9.4	4.0	13.4

*Source data: Texas Department of Insurance ICIS complaint data was downloaded from the Department's website for use in this project. 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 and reason for complaint. Additional records with the same ID and reason as those already counted are excluded.

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, 2003—June 30, 2004

Basic Service HMOs With Enrollment Below 50,000

	Ending Enrollment Dec. 31,2002	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.	22,529	52	39	91	23.1	17.3	40.4
Community Health Choice, Inc.	46,810	6	0	6	1.3	0.0	1.3
Driscoll Children's Health Plan	16,092	1	0	1	0.6	0.0	0.6
El Paso First Health Plans, Inc.	38,479	0	10	10	0.0	2.6	2.6
Great-West Healthcare	15,806	17	11	28	10.8	7.0	17.7
HealthPlan of Texas, Inc.	2,102	0	1	1	0.0	4.8	4.8
MetroWest Health Plan, Inc.	12,661	3	0	3	2.4	0.0	2.4
Seton Health Plan	21,373	16	6	22	7.5	2.8	10.3
Unicare Health Plans	26,788	43	25	68	16.1	9.3	25.4
UTMB Health Plans, Inc.	39,445	2	4	6	0.5	1.0	1.5
Valley Baptist Health Plan	9,658	1	1	2	1.0	1.0	2.1
TOTAL/MEDIAN BASIC SERVICE[1] (Plans < 50,000 Enrollment)	251,743	141	97	238	1.3	2.6	2.6

*Source data: Texas Department of Insurance ICIS complaint data was downloaded from the Department's website for use in this project. 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 and reason for complaint. Additional records with the same ID and reason as those already counted are excluded.

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 and Consumer Help Line (800) 252-3439.

IRO Appeals July 1, 2003 to June 30, 2004	Cases	Cases Decided in Favor of HMO	Cases Decided in Favor of Patient / Enrollee	Cases Decided Partially in Favor of Both	Pending Cases
Aetna Health Inc.	57	23	29	4	1
CIGNA HealthCare of Texas, Inc.	24	8	16	0	0
Community First Health Plans	2	1	1	0	0
FIRSTCARE	10	6	1	3	0
HMO Blue Texas	6	4	1	1	0
PacifiCare of Texas	7	2	4	1	0
Texas Children's Health Plan, Inc.	1	0	1	0	0
UNICARE Health Plans	5	3	2	0	0
TOTAL	112	47	55	9	1

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 Health Inc.	342,639	14.1%	327,665	24.6%
Amerigroup Texas, Inc.[1]	340,137	14.0%	38,798	2.9%
HMO Blue Texas	243,743	10.0%	223,872	16.8%
Humana Health Plan of Texas, Inc.	211,411	8.7%	168,346	12.6%
Scott and White Health Plan	167,826	6.9%	135,778	10.2%
Superior Healthplan, Inc.[1]	153,965	6.3%	17,632	1.3%
Texas Children's Health Plan, Inc.[1]	118,490	4.9%	56,888	4.3%
PacifiCare of Texas[2]	109,749	4.5%	22,007	1.7%
Parkland Community Health Plan, Inc.[1]	102,409	4.2%	0	-
FIRSTCARE	85,357	3.5%	56,568	4.2%
CIGNA HealthCare of Texas, Inc.	82,581	3.4%	82,526	6.2%
Community First Health Plan, Inc.[1]	75,912	3.1%	29,822	2.2%
UnitedHealthCare of Texas, Inc.	55,997	2.3%	55,818	4.2%
Community Health Choice, Inc.[1]	46,633	1.9%	0	-
El Paso First Health Plans, Inc.[1]	38,895	1.6%	854	0.1%
UTMB Health Plans, Inc.	34,827	1.4%	0	-
Evercare of Texas, LLC[1]	32,640	1.3%	0	-
Cook Children's Health Plan[1]	31,172	1.3%	31,172	2.3%
Amil International (Texas), Inc.	23,487	1.0%	23,487	1.8%
Unicare Health Plans	22,553	0.9%	22,553	1.7%
Seton Health Plan[1]	18,530	0.8%	0	-
Texas Healthspring, Inc.[2]	16,974	0.7%	0	-
SelectCare of Texas, LLC[2]	15,889	0.7%	0	-
Driscoll Children's Health Plan[1]	14,145	0.6%	0	-
Mercy Health Plans[1]	13,794	0.6%	13,571	1.0%
Great-West Healthcare	13,709	0.6%	13,709	1.0%
MetroWest Health Plan, Inc.[1]	12,136	0.5%	0	-
Valley Baptist Health Plan	10,038	0.4%	10,038	0.8%
TOTAL BASIC SERVICE	**2,435,638**		**1,331,104**	

[1] Enrollment is predominantly Medicaid or Children's Health Insurance Program (CHIP).

[2] Enrollment is predominantly Medicare.

Source:
TDI Texas Data HMO Report: Basic Service First Quarter 2004

Customer service phone numbers

NOTES:

Aetna Health Inc.	(800) 992-7947
Amerigroup Texas, Inc.	(800) 600-4441
Amil International (Texas), Inc.	(888) 349-2645
CIGNA HealthCare of Texas, Inc.	(800) 832-3211
Community First Health Plans	(800) 434-2347
Community Health Choice, Inc.	(888) 760-2600
Cook Children's Health Plan	(800) 964-2247
Driscoll Children's Health Plan	(877) 324-3627
El Paso First Health Plans, Inc	(877) 532-3778
Evercare of Texas, LLC	(888) 887-9003
FIRSTCARE	(800) 884-4901
Heritage Health Plan	(800) 458-4559
HMO Blue Texas	(888) 585-9393
Humana Health Plan of Texas, Inc.	(800) 448-6262
Mercy Health Plans	(800) 617-3433
Great-West Healthcare	(888) 924-8852
One Health Plan of Texas	(800) 663-8081
PacifiCare of Texas	(800) 825-9355
Parkland Community Health Plan	(888) 672-2277
Scott and White Health Plan	(800) 321-7947
SelectCare of Texas, LLC	(888) 800-0760
Seton Health Plan	(866) 272-2507
Superior Healthplan, Inc.	(800) 216-8512
Texas Children's Health Plan, Inc.	(800) 990-8247
Texas Healthspring, Inc.	(800) 280-8888
Unicare Health Plans	(877) 864-2273
United HealthCare	(800) 411-1145
UTMB Health Plans, Inc.	(877) 228-2112
Valley Baptist Health Plan	(877) 423-4400

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
(908) 439-2200

Fitch Ratings, Ltd.
www.fitchibca.com
(212) 908-0500

Moody's Investors Service
www.moodys.com
(212) 553-1658

Standard and Poor's Corp.
www.standardandpoors.com
(212) 438-2400

Weiss Ratings, Inc.
www.weissratings.com
(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 "Look Up Company" 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

STATE

Texas Department of Insurance (TDI)
P.O. Box 149104
Austin, Texas 78714-9104
(800) 252-3439
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 Health and Human Services Commission (HHSC)
Medicaid
4900 N. Lamar Blvd
Austin, Texas 78751
(800) 252-8263
www.hhsc.state.tx.us/medicaid/index.html

The 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 Care Information Council (THCIC)
Department of State Health Services (DHSH) - Center for Health Statistics
1100 West 49th Street, M-660
Austin, Texas 78756
(512) 485-7261
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 the 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
(800) 647-6558
www.texcarepartnership.com

TexCare Partnership provides health insurance for children. It offers two 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 of Aging and Disability Services (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) and the Texas Legislature. Qualified Texans 60 years of age and older may apply with their local Area Agency on Aging for services such as nutrition, transportation, Long Term Care Ombudsmen, and others.

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

HICAP provides one-on-one counseling to Texas seniors age 65 and over and Medicare Beneficiaries. HICAP volunteers provide information on critical issues including Medicare, 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
(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)
PO Box 13207
Austin, Texas 78711-3207
(877) 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. ERS also administers retirement plans for state agency employees.

Teacher Retirement System of Texas (TRS)
1000 Red River Street
Austin, Texas 78701
(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

Centers for Medicare and Medicaid Service(CMS)
Region VI
1301 Young Street, Suite 714
Dallas, Texas 75202
(214) 767-6423
www.cms.hhs.gov

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

United States Department of Labor
Employee Benefits Security Administration (EBSA)
(Dallas Regional Office)
525 Griffin Street, Room 900
Dallas, Texas 75202-5025
(214) 767-6831
www.dol.gov/ebsa

The EBSA 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 EBSA publishes numerous documents and guides to assist workers with employer based benefits in getting the information needed to protect 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
(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
R.Bordelon@opic.state.tx.us
TDD or TT Users Call 1-800-RELAY TX
then ask agent to call the number you wish to reach

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RECYCLES