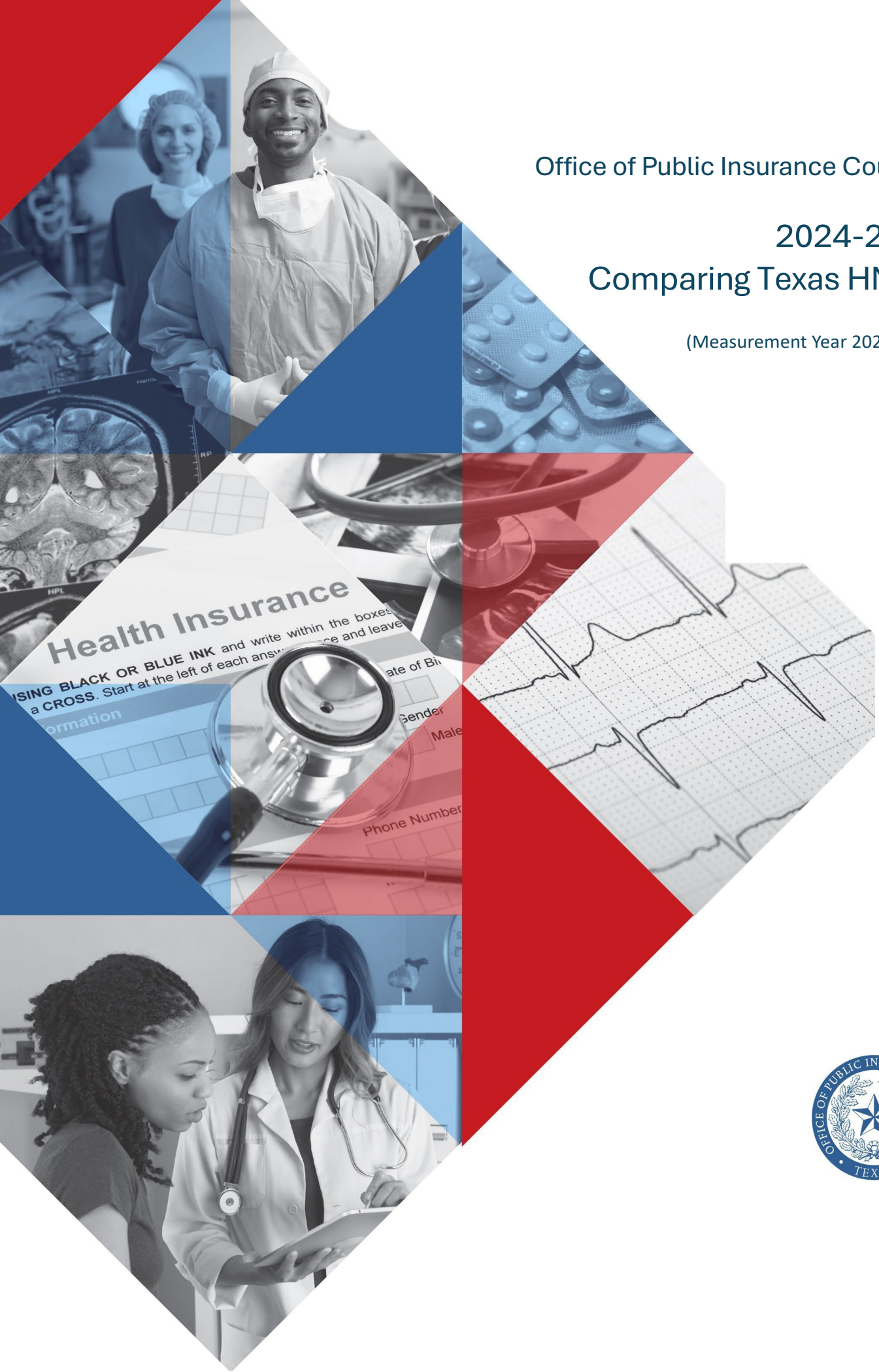

Office of Public Insurance Counsel

2024-2025
Comparing Texas HMOs

(Measurement Year 2023 Data)

This report is brought to you through the combined efforts of the State of Texas, the Office of Public Insurance Counsel, and the Texas Department of State Health Services Center for Health Statistics.

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Center for Health Statistics, MC 1898
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Austin, Texas 78756
P. O. Box 149347
Austin, Texas 78714-9347
(512) 776-7261
thcichelp@dshs.texas.gov | https://www.dshs.texas.gov/texas-health-care-information-collection

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You may view this report online at: https://www.opic.texas.gov/hmo-report-card

Contents

Section 1: Introduction and Summary

Introduction

About the Report

The Office of Public Insurance Counsel (OPIC) is an independent state agency established by the Texas Legislature to represent the interests of consumers, as a class, in insurance matters. In 1997, the 75th Texas Legislature directed OPIC to issue annual reports comparing Health Maintenance Organizations (HMOs) in Texas. *Comparing Texas HMOs 2024-2025* reflects the experience of Texans enrolled in HMOs during 2023 by presenting the results of the Consumer Assessment of Healthcare Providers and Systems, Version 5.1/5.1H (CAHPS®).[1]

In this report, an HMO may be exempt from participation in the survey due to low enrollment or limited participation in the Texas commercial HMO market during the survey period. The National Committee for Quality Assurance (NCQA) requires 100 responses to report survey results. OPIC has opted to report data based on 30 or more responses to provide consumers with greater access to data to compare HMOs.

About the Survey

Who performed the survey?

The CAHPS® 5.1 survey is administered by independent survey vendors certified by the National Committee for Quality Assurance (NCQA), a not-for-profit organization committed to assessing, reporting on, and improving the quality of health care. The survey comprises the consumer satisfaction measure for the Healthcare Effectiveness Data and Information Set (HEDIS®[2]). Texas law requires HMOs to submit HEDIS® measures, including consumer satisfaction data, to the Department of State Health Services[3].

Who was surveyed?

The survey was sent to 32,349 adult plan members across the State of Texas. Overall, approximately 2,431 enrollees responded. Only members who were enrolled continuously in an HMO from January 1, 2023, to December 31, 2023, were eligible to complete the survey. Each survey result section contains the consumer response rate by plan.

How was the survey carried out?

The survey vendors administered the survey primarily by mail with telephone follow-up of those who did not respond to the mailed questionnaire. Participants answered questions about their satisfaction with the health care services they received in the previous 12 months. The survey was voluntary and confidential.

HMO members were asked questions about their experiences with their health plans and medical care such as:

- Were your claims handled quickly and correctly?

- Were you able to get the care you needed?
- Could you get appointments quickly?
- Could you get the information you needed from your health plan?

About HMOs

HMOs are managed care plans that provide health care services to members through networks of doctors, hospitals, and other health care providers. HMO members must select a primary care physician who oversees their medical care and refers them to any specialists. HMOs require members to pay a set copayment for covered services within the network.

Using the Report

When consumers select an HMO, they are not only choosing health plan benefits, but also the network of doctors, hospitals, and other providers who deliver their care, as well as the administrators who review and approve any recommended care. While information on service area, benefits, cost, and available providers can be obtained from the HMOs, it can be difficult for consumers to find out how other Texans reviewed their HMOs. The *2024-2025 Comparing Texas HMOs* report provides member satisfaction data to help consumers objectively compare different HMOs in Texas.

This guide is only one tool for comparing HMOs. A consumer should consider other factors such as the service area, benefits, cost, and availability of providers.

A companion report, the *2024-2025 Texas Guide to HMO Quality*, is also available at https://www.opic.texas.gov/hmo-report-card.

Understanding Survey Results

The survey results discussed in this report cover nine measures on which HMO members (consumers) have been asked to rate their HMO. For each of the nine measures, consumers could select one of three satisfaction levels.

For measures 1-4 (below), these satisfaction levels are

- 6 or lower (the lowest satisfaction level), or
- 7 or 8, or
- 9 or 10 (the highest satisfaction level).

For measures 5-9 (below), these satisfaction levels are

- Sometime or never (the lowest satisfaction level), or
- Usually, or
- Always (the highest satisfaction level).

Measures:

1. How people rated their HMO

   Respondents were asked to rate their HMO on a scale from 0 to 10, with 0 being the worst health plan possible and 10 being the best health plan possible.

2. How people rated their health care

   Respondents were asked to rate their health care on a scale from 0 to 10, with 0 being the worst health care possible and 10 being the best health care possible.

3. How people rated their personal doctors

   Respondents were asked to rate their personal doctors on a scale from 0 to 10, with 0 being the worst personal doctor possible and 10 being the best personal doctor possible.

4. How people rated their specialists

   Respondents were asked to rate their medical specialists on a scale from 0 to 10, with 0 being the worst specialist possible and 10 being the best specialist possible.

5. Getting needed care

   Respondents were asked how often it was easy for them to get appointments with specialists or to get the care, tests, or treatment they needed through their health plan.

6. Getting care quickly

   Respondents were asked how often they received care quickly when they needed care right away, or how often they had an appointment scheduled quickly when they did not need care right away.

7. How well doctors communicate

Respondents were asked how often their personal doctors explained things in a way that was easy for them to understand, listened to them carefully, showed respect for what they had to say, or spent enough time with them.

8. Handling of claims quickly and correctly

Respondents were asked how often their health plans handled claims quickly and correctly.

9. HMO customer service

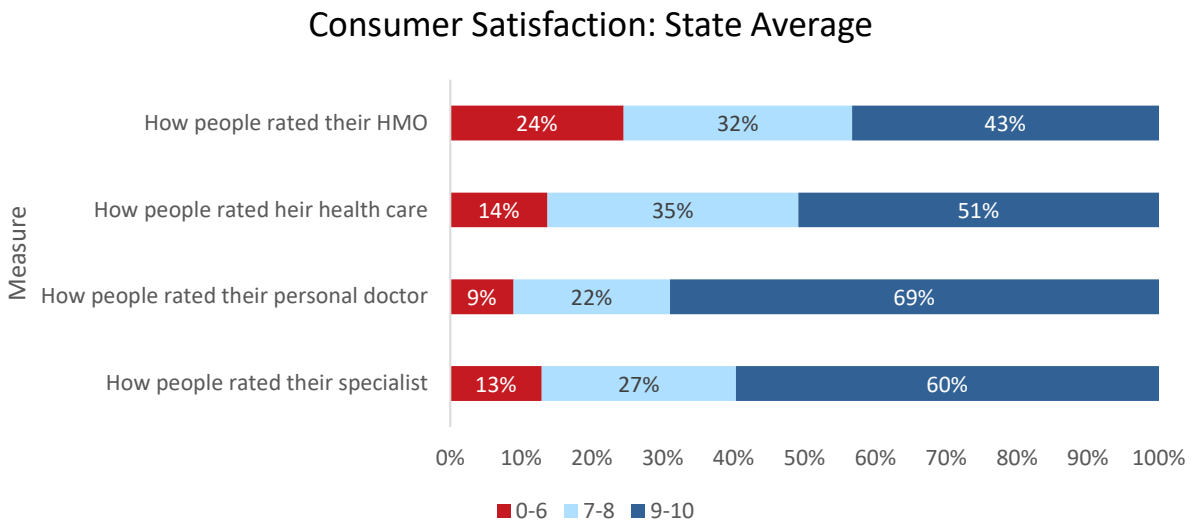
Respondents were asked how often they received the information or help they needed from their health plan's customer service, and how often their health plan's customer service staff treated them with courtesy and respect.

Summary Data

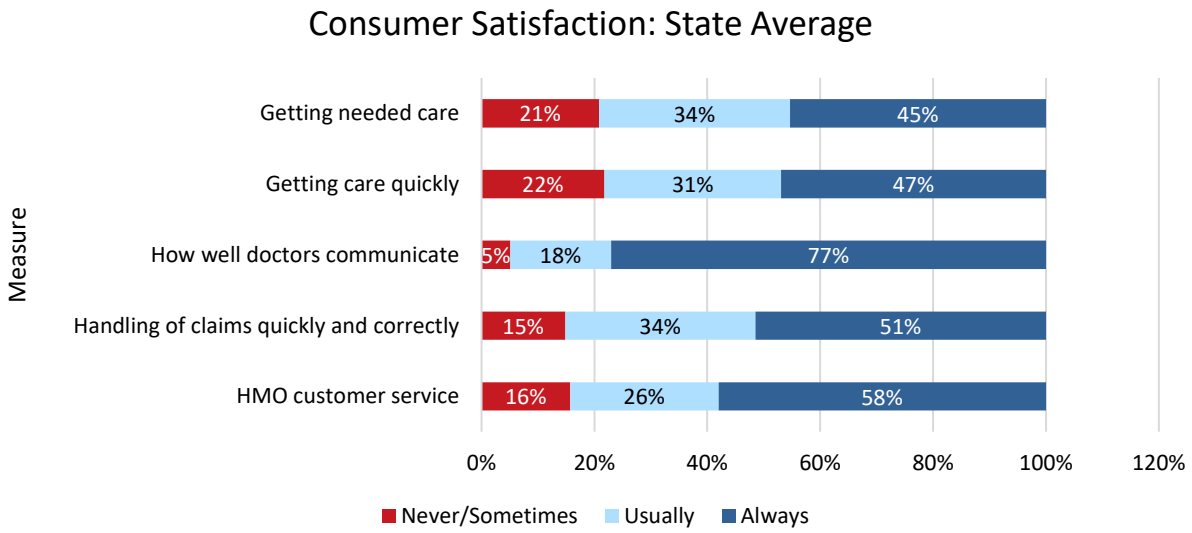
Summary Table 1: HMO Enrollment, 2023

Summary Chart 1: Average Consumer Satisfaction

The chart below presents the percentage of consumers who rate their HMO as 0-6 (lowest satisfaction), 7-8, or 9-10 (highest satisfaction) on a given measure.

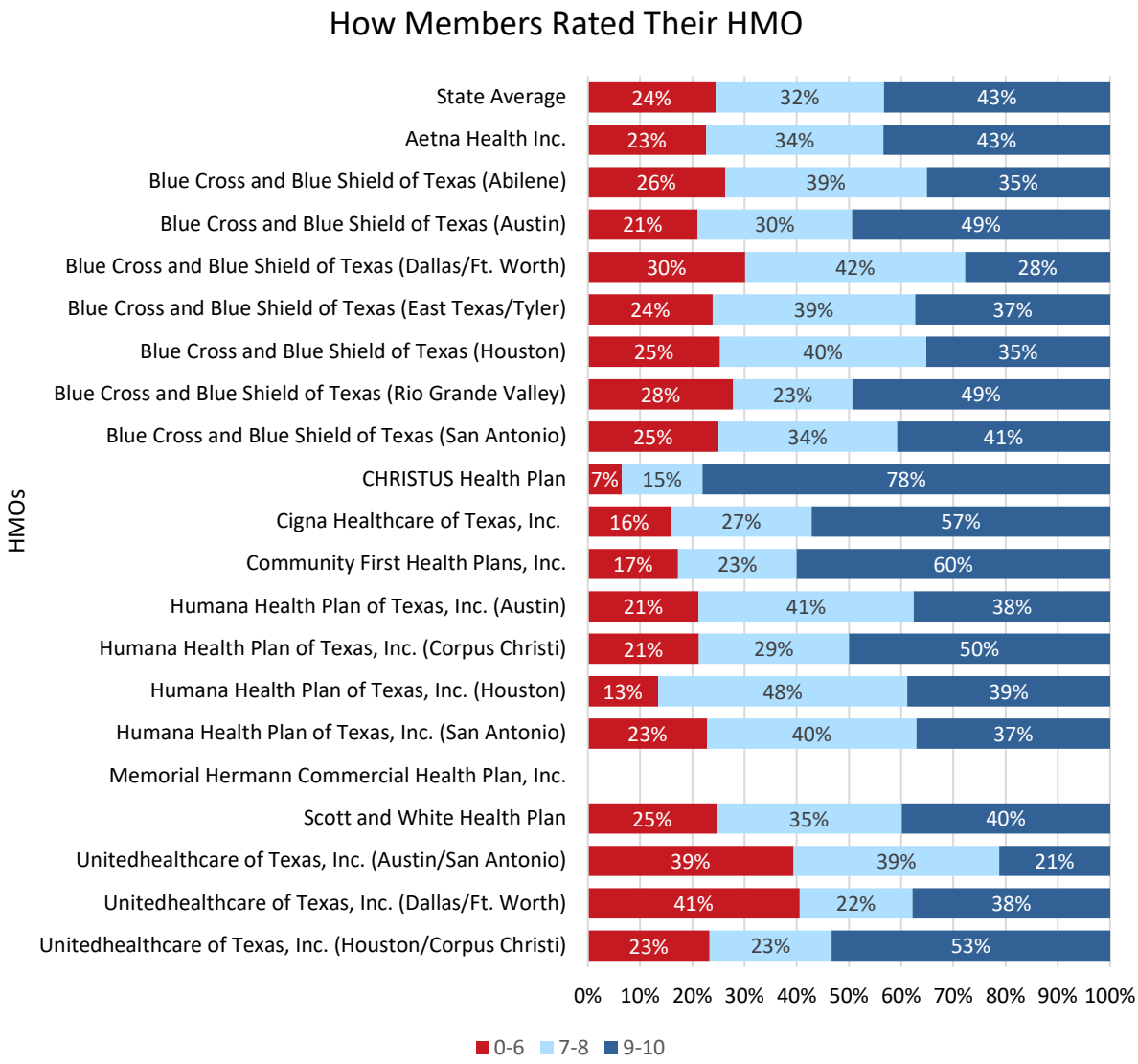


The chart below presents the percentage of consumers who rate their HMO as never/sometimes (lowest satisfaction), usually, or always (highest satisfaction) on a given measure.



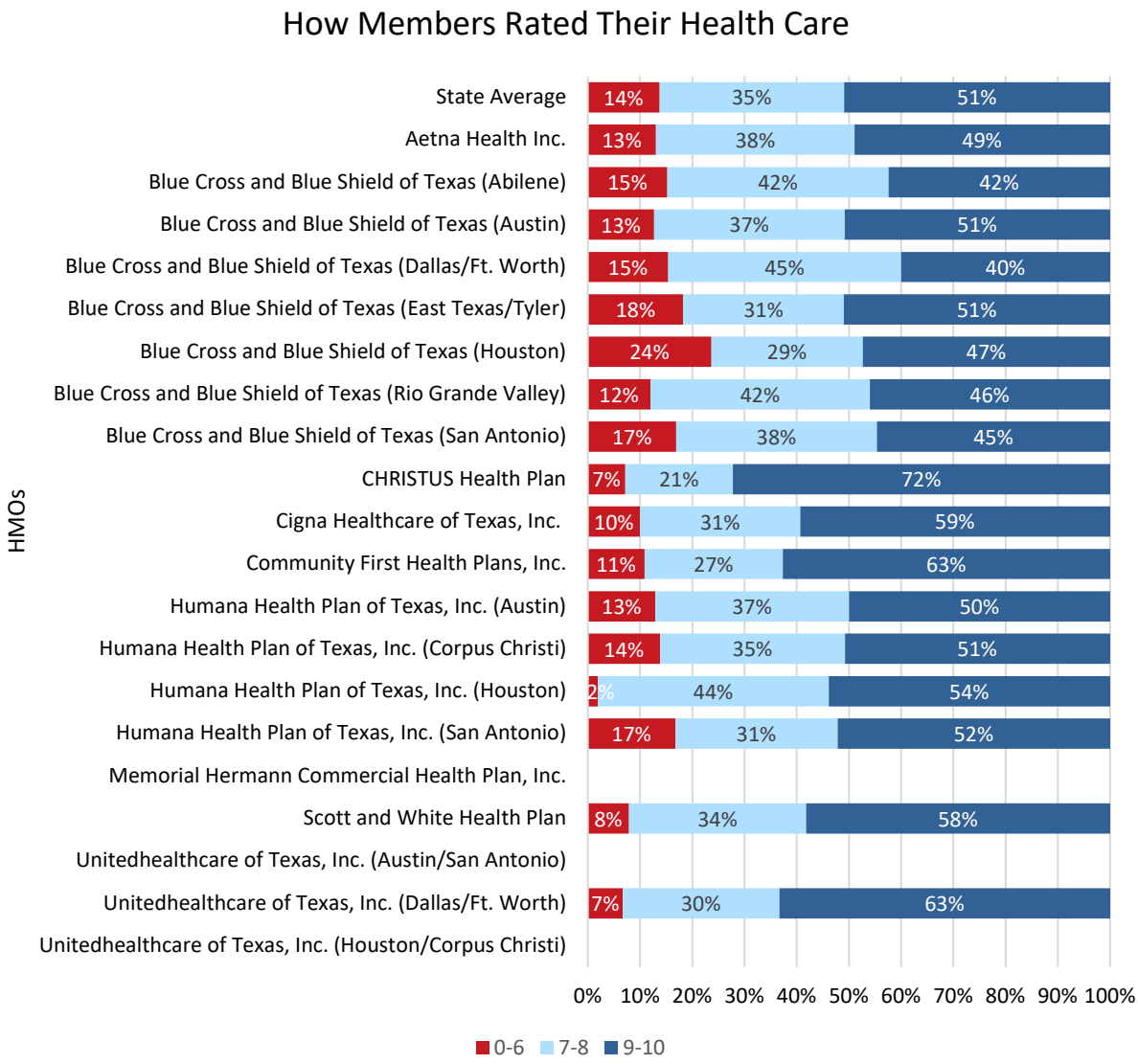
Section 2: Survey Results by Category

Chart 1: How Members Rated Their HMO



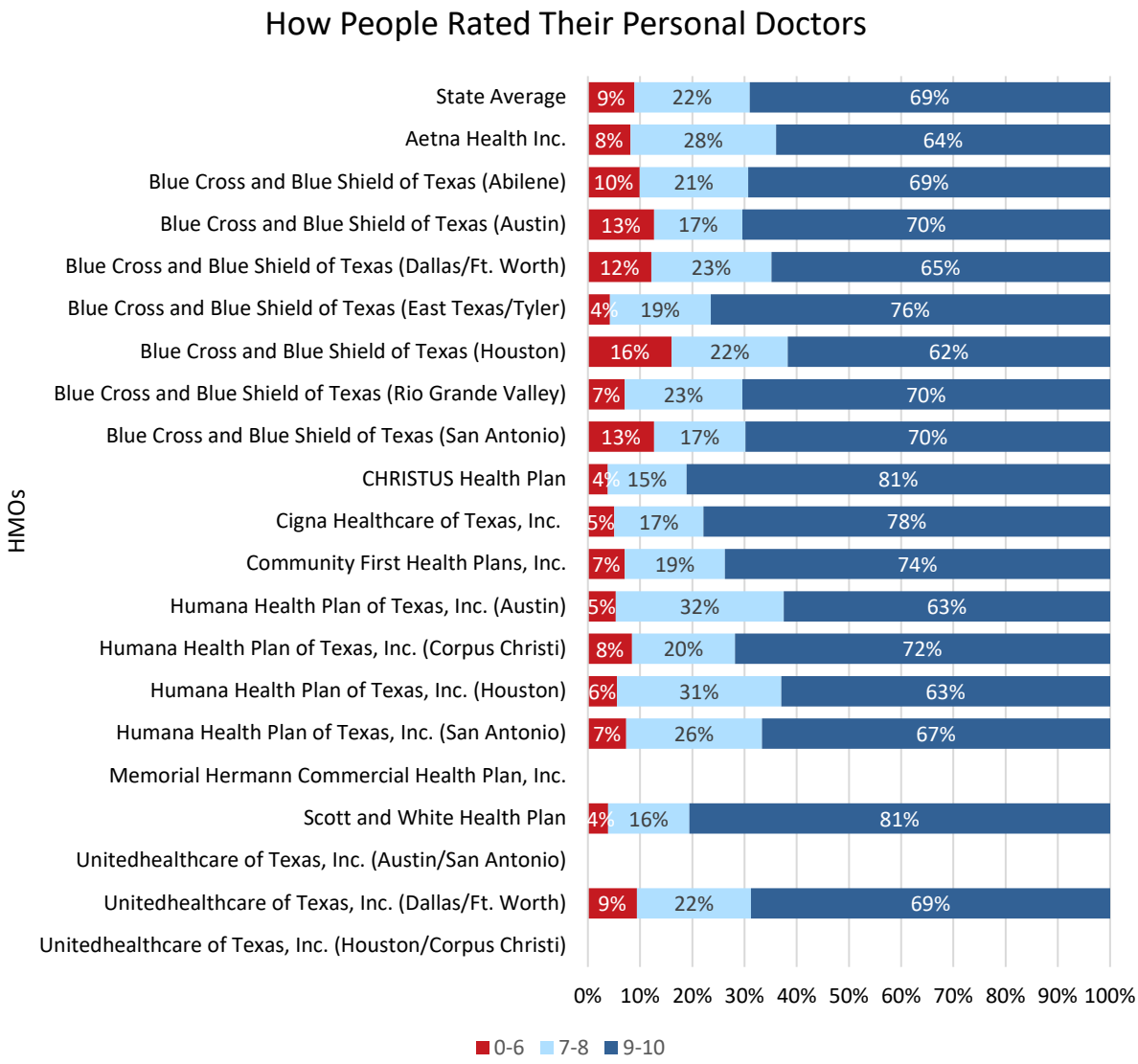
Note: If no data is present for a plan listed on the chart, it is because the minimum number of survey responses necessary to obtain a reportable response was not received for that plan.

Chart 2: How Members Rated Their Health Care



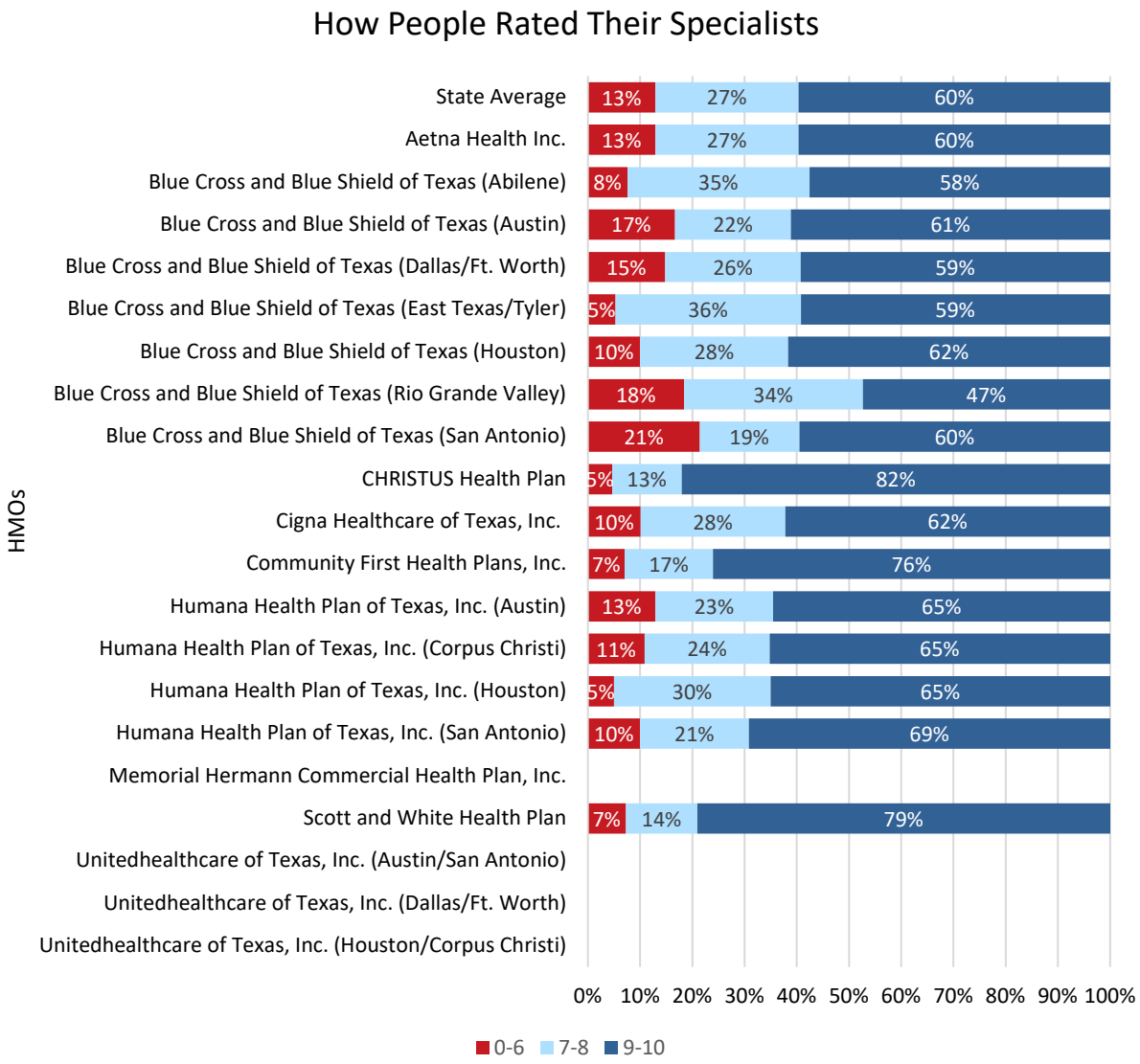
Note: If no data is present for a plan listed on the chart, it is because the minimum number of survey responses necessary to obtain a reportable response was not received for that plan.

Chart 3: How Members Rated Their Physician



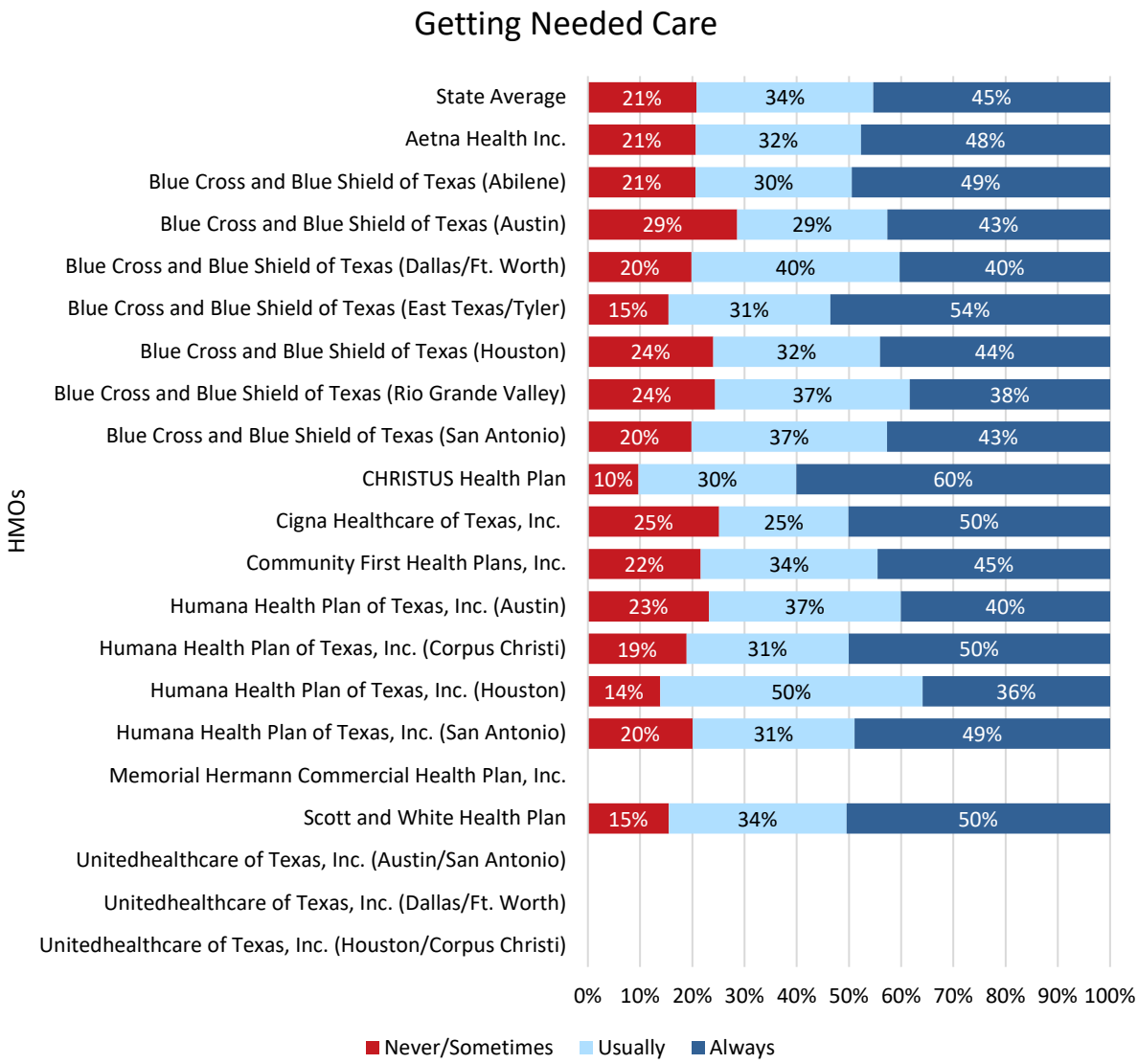
Note: If no data is present for a plan listed on the chart, it is because the minimum number of survey responses necessary to obtain a reportable response was not received for that plan.

Chart 4: How Members Rated Their Specialists



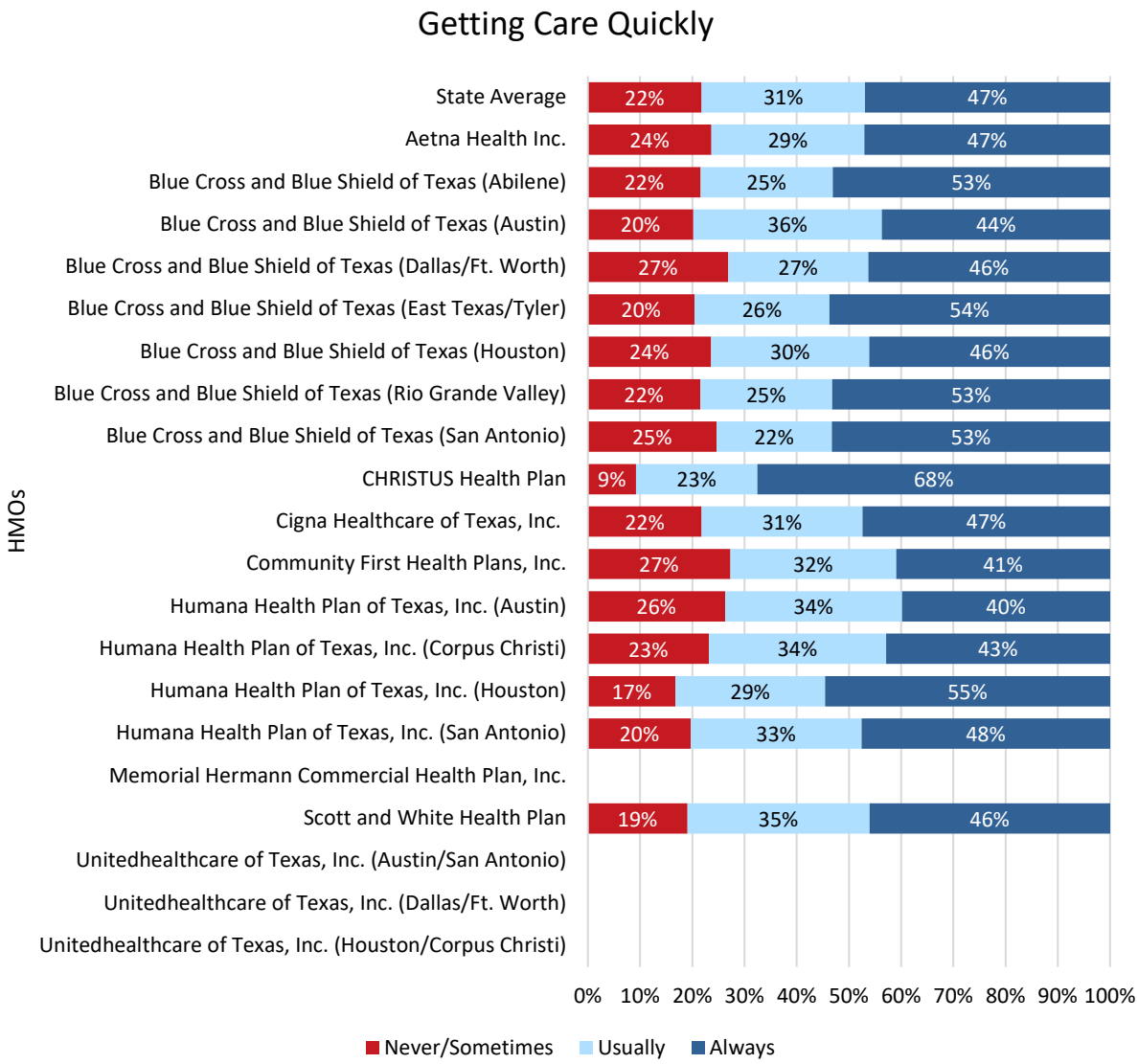
Note: If no data is present for a plan listed on the chart, it is because the minimum number of survey responses necessary to obtain a reportable response was not received for that plan.

Chart 5: Getting Needed Care



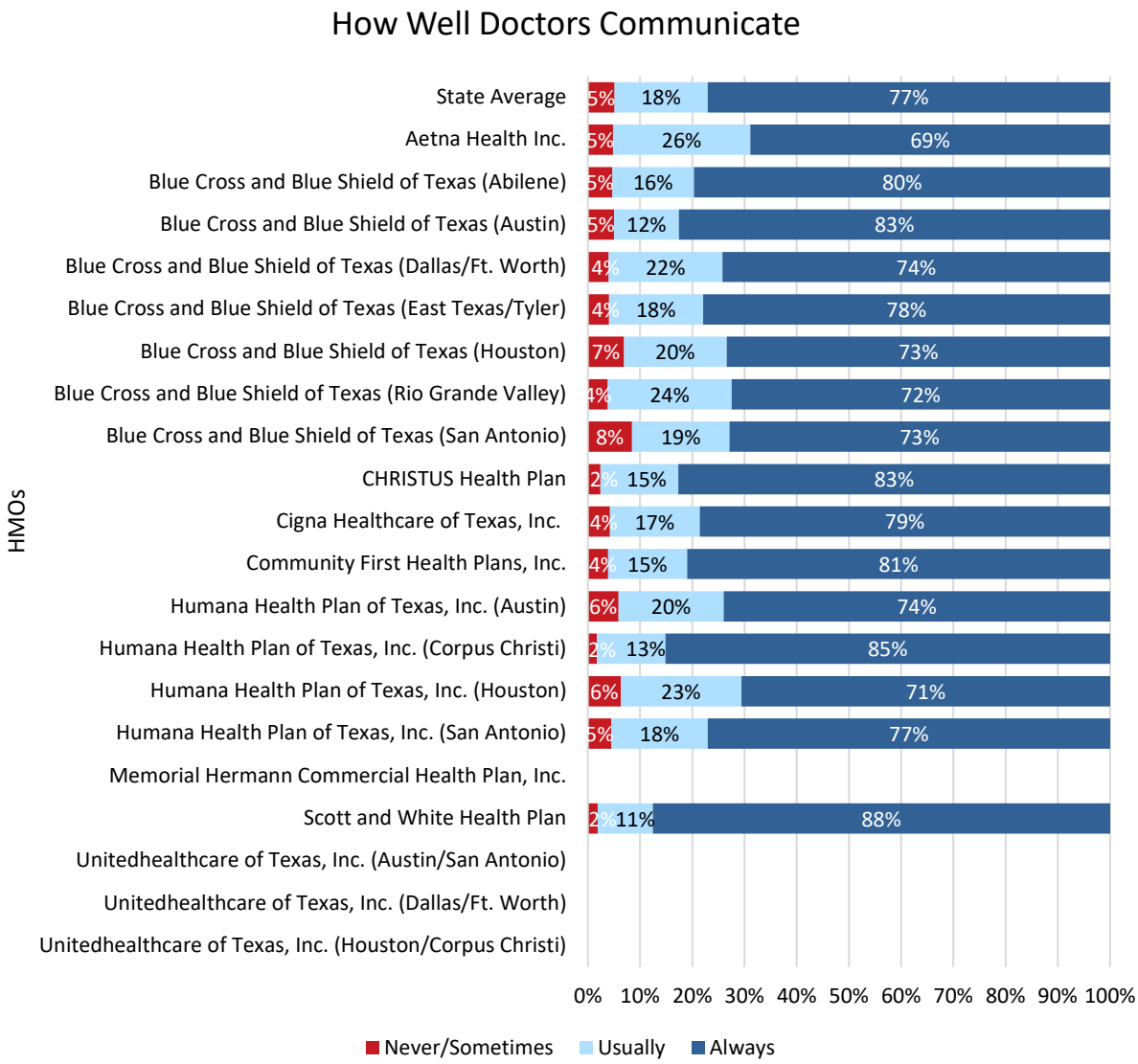
Note: If no data is present for a plan listed on the chart, it is because the minimum number of survey responses necessary to obtain a reportable response was not received for that plan.

Chart 6: Getting Care Quickly



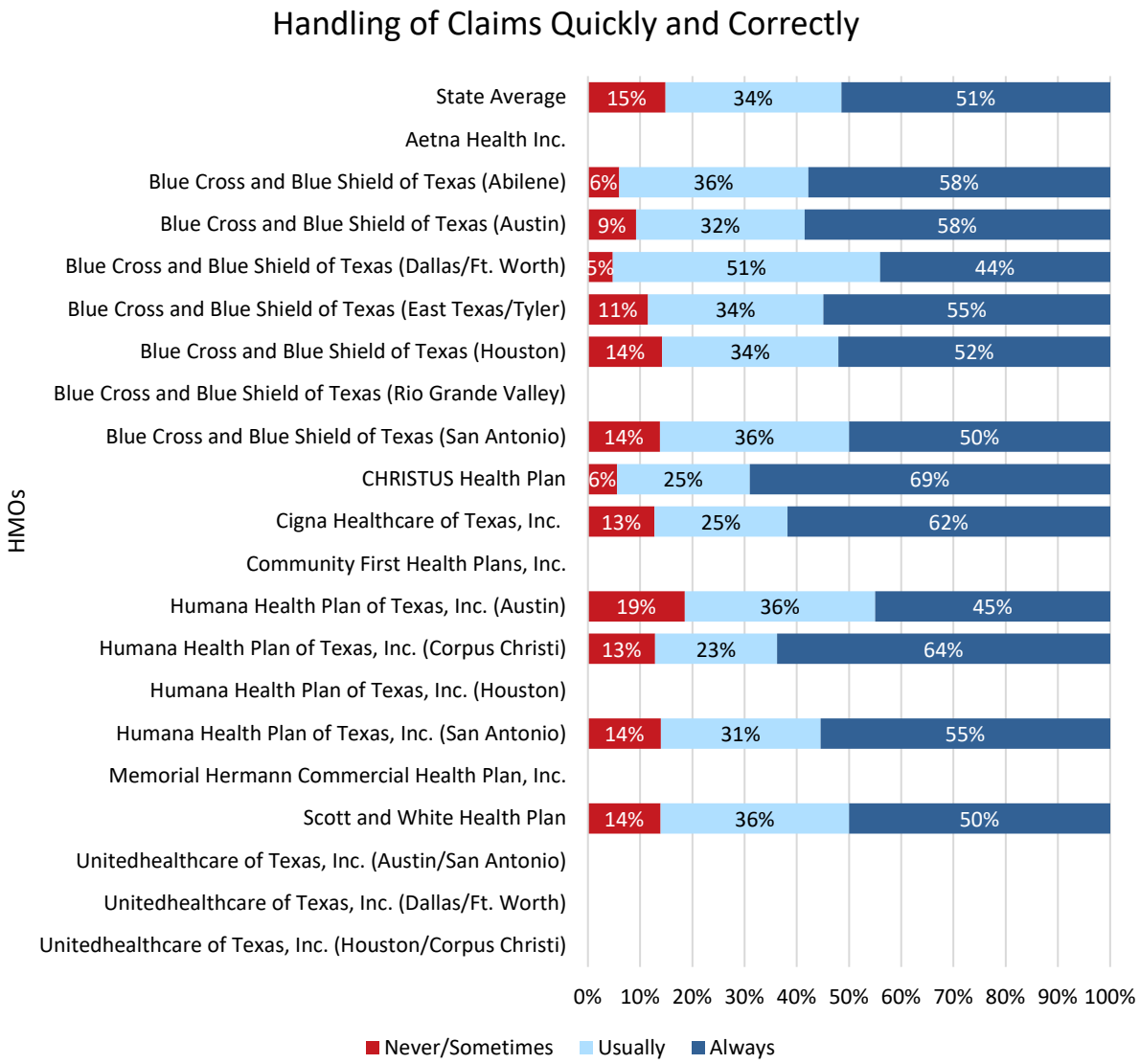
Note: If no data is present for a plan listed on the chart, it is because the minimum number of survey responses necessary to obtain a reportable response was not received for that plan.

Chart 7: How Well Doctors Communicate



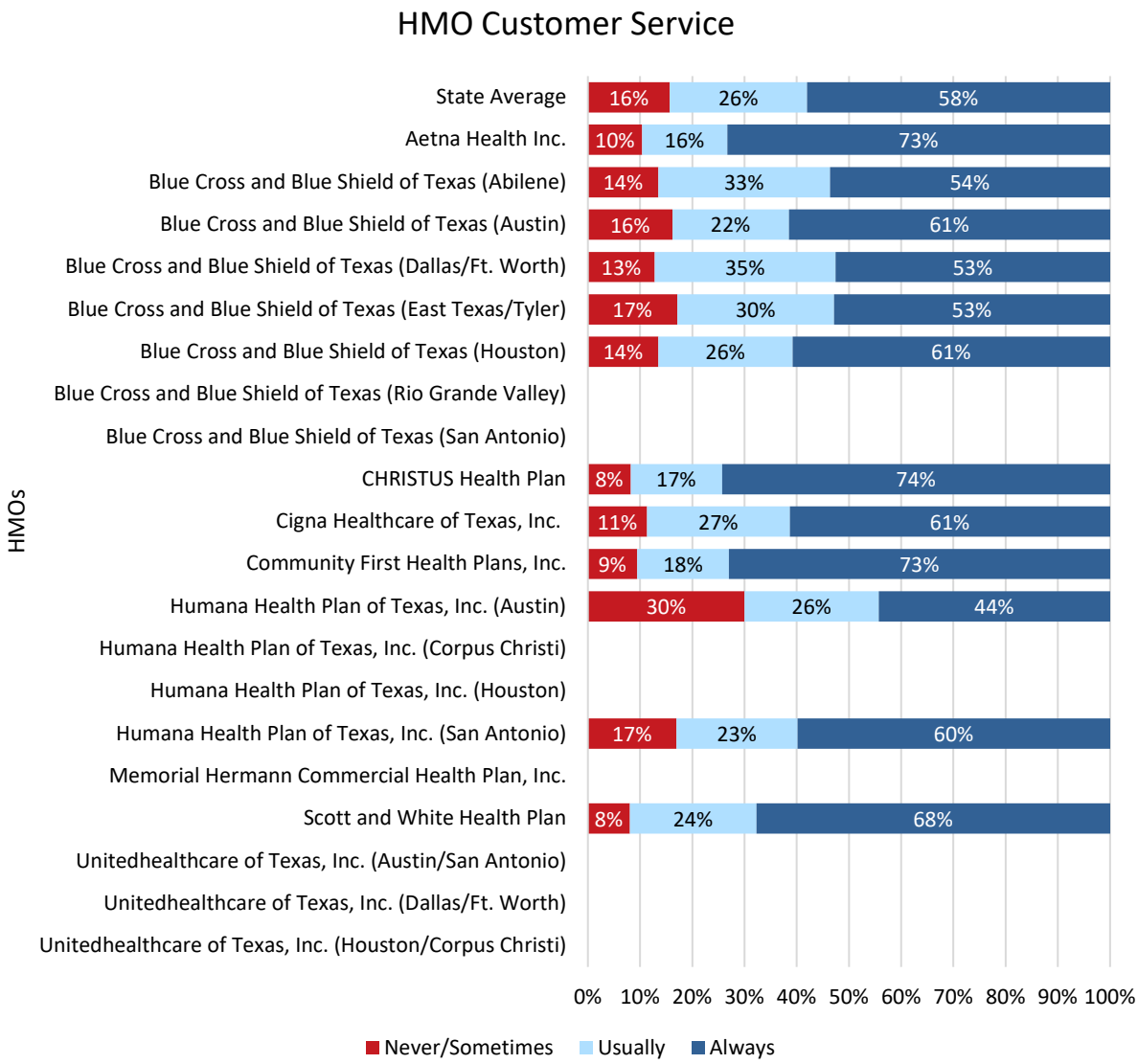
Note: If no data is present for a plan listed on the chart, it is because the minimum number of survey responses necessary to obtain a reportable response was not received for that plan.

Chart 8: Handling Claims Quickly and Correctly



Note: If no data is present for a plan listed on the chart, it is because the minimum number of survey responses necessary to obtain a reportable response was not received for that plan.

Chart 9: Customer Service

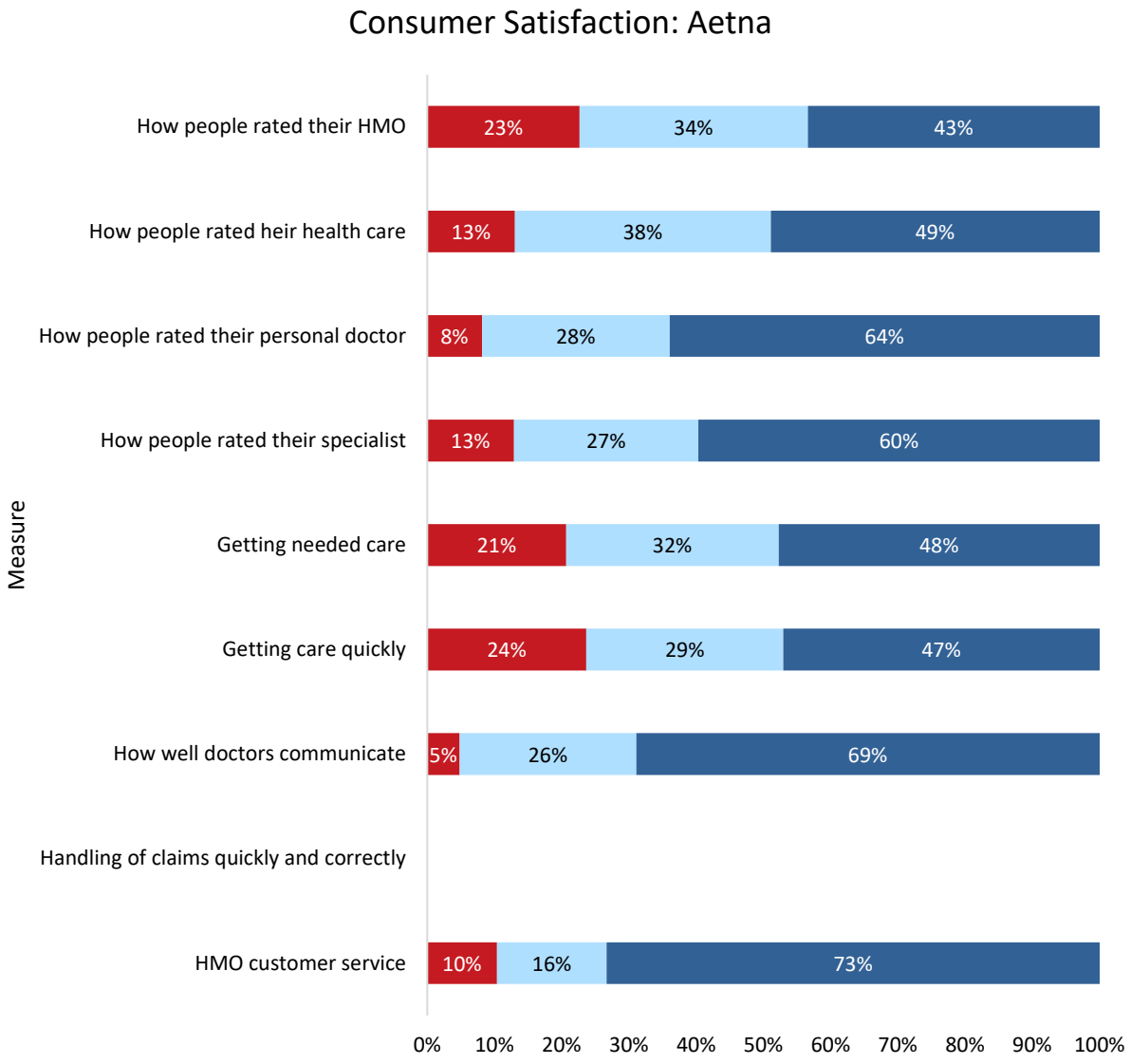


Note: If no data is present for a plan listed on the chart, it is because the minimum number of survey responses necessary to obtain a reportable response was not received for that plan.

Section 3: Survey Results by Company

Aetna Health Inc.

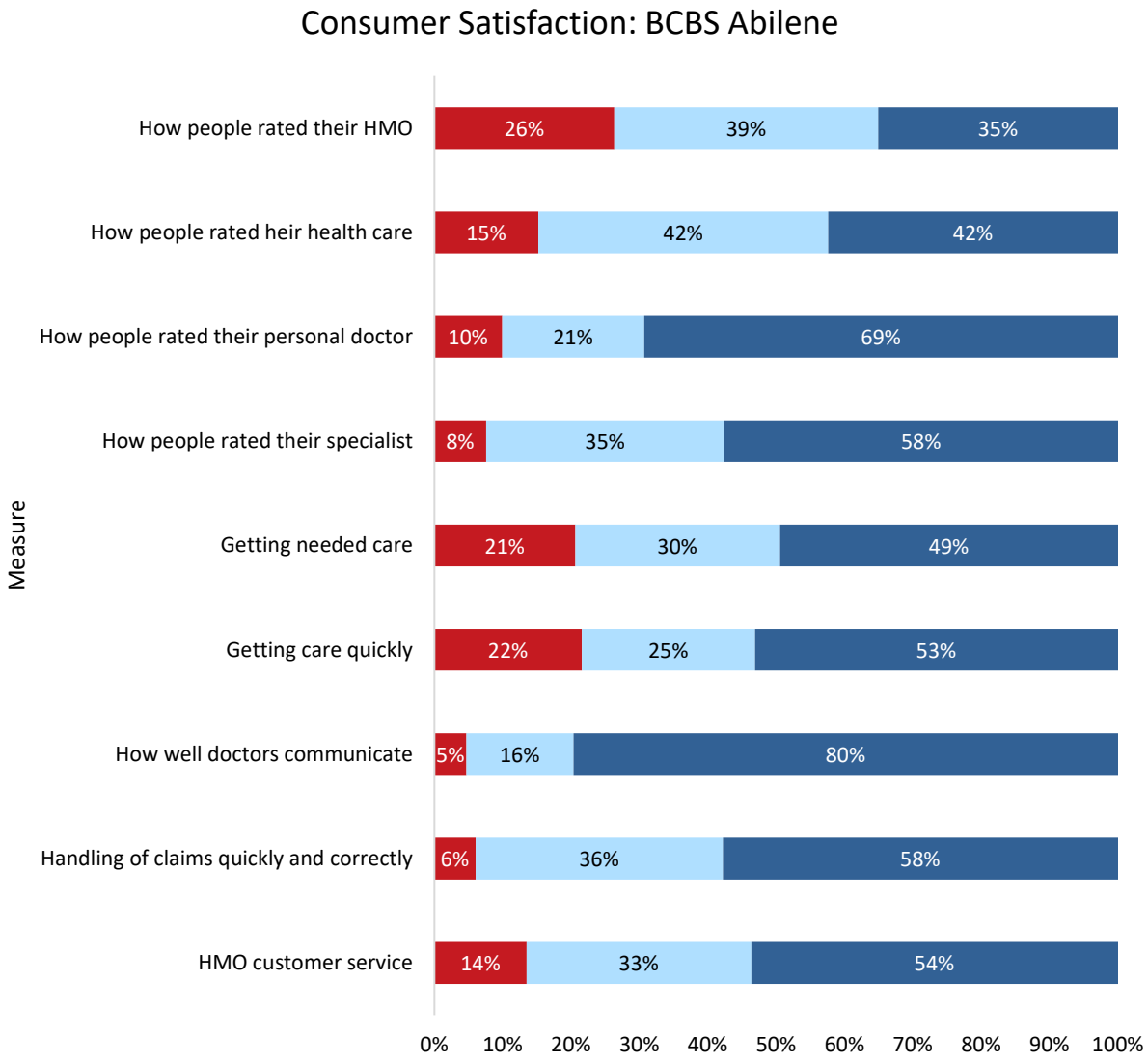
Customer Service Contact: (800)-872-3862 | https://www.aetna.com/
Enrollment: 381,216
Consumer Response Rate: 6.58%



Note: If no data is present for a measure, it is because the minimum number of survey responses necessary to obtain a reportable response was not received for that measure.

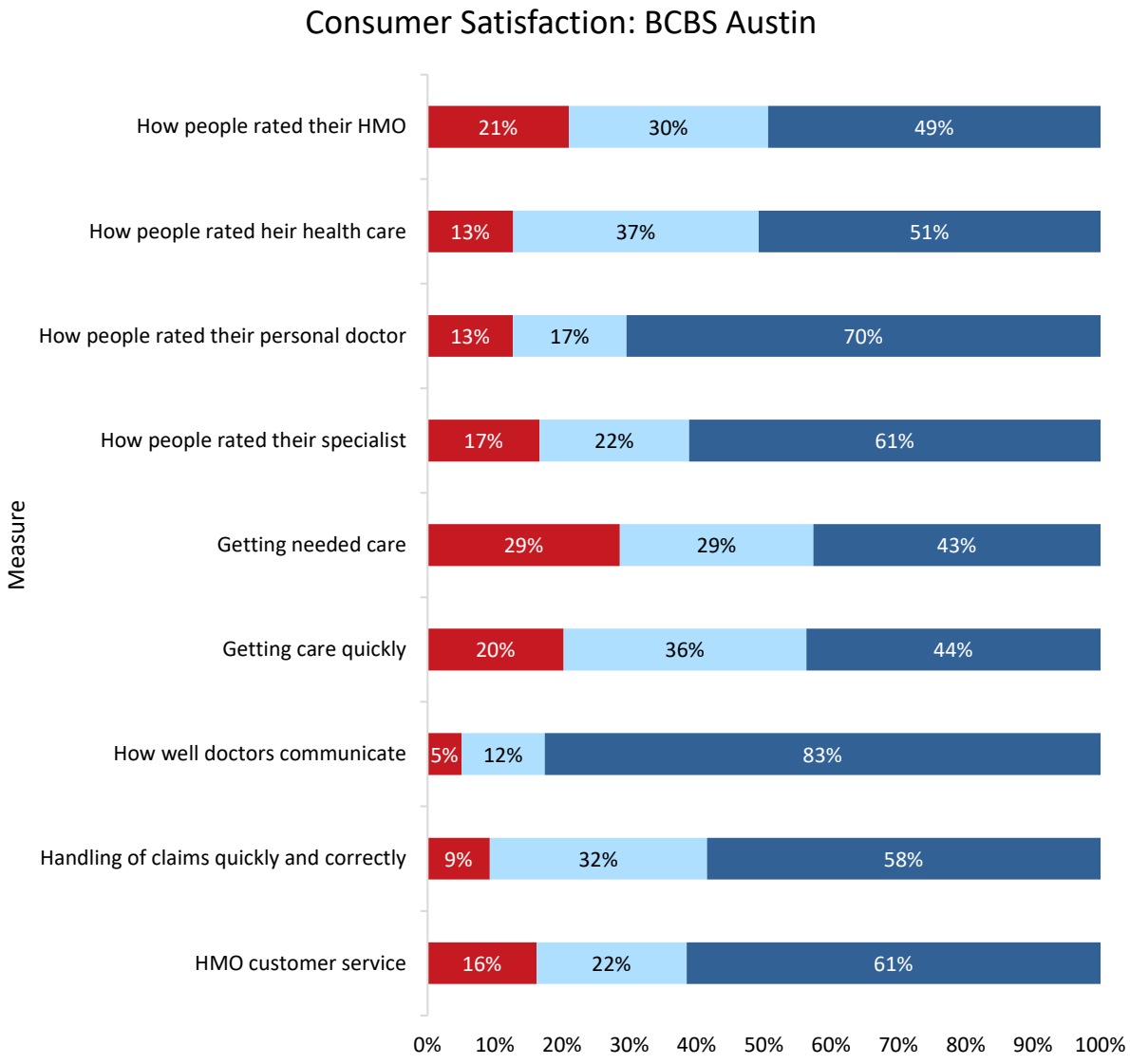
Blue Cross and Blue Shield of Texas (Abilene)

Customer Service Contact: (972)-766-6900 | https://www.bcbstx.com/
Enrollment (statewide): 1,092,147
Consumer Response Rate (Abilene): 8.26%



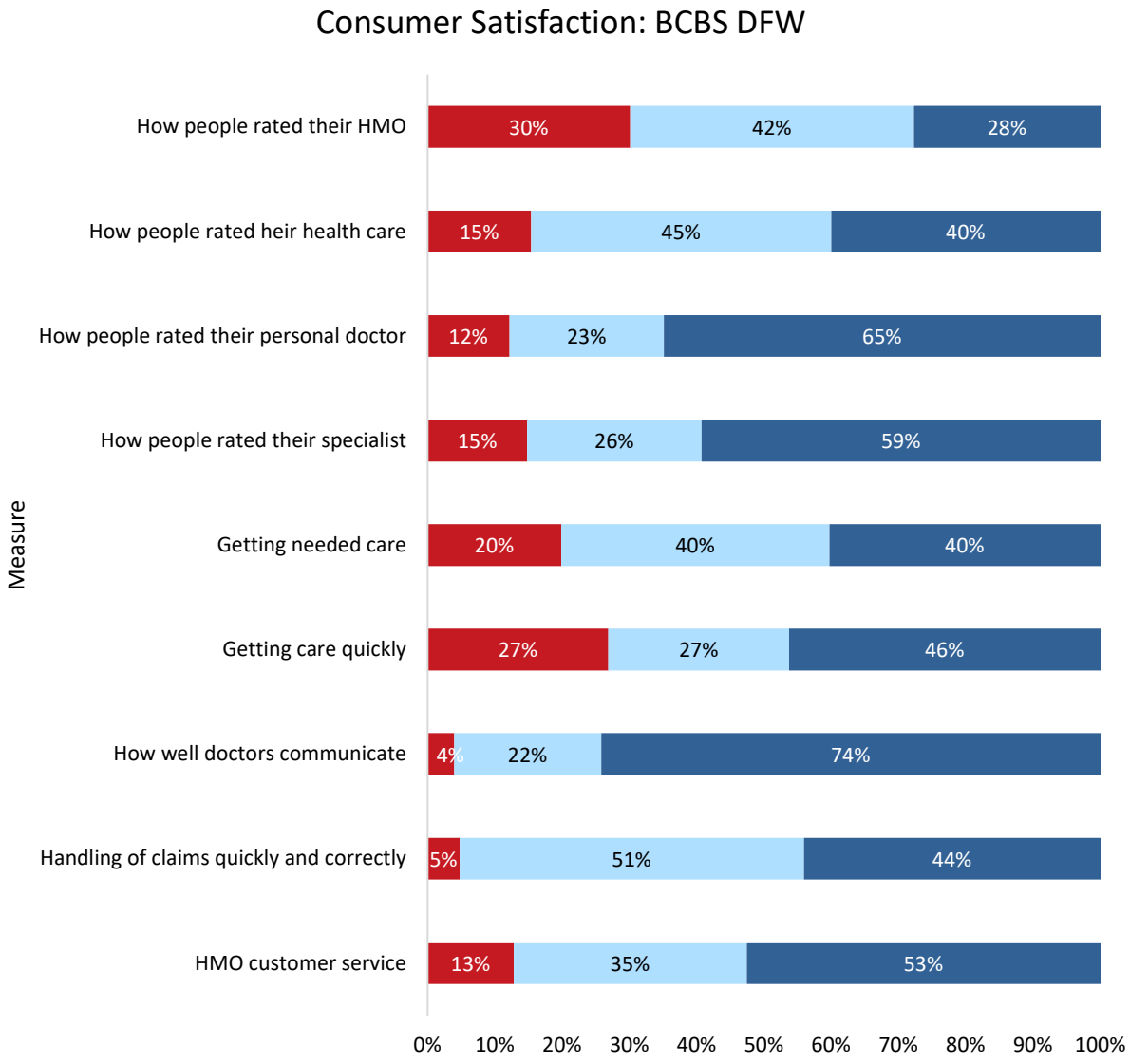
Blue Cross and Blue Shield of Texas (Austin)

Customer Service Contact: (972)-766-6900 | https://www.bcbstx.com/
Enrollment (statewide): 1,092,147
Consumer Response Rate (Austin): 5.89%



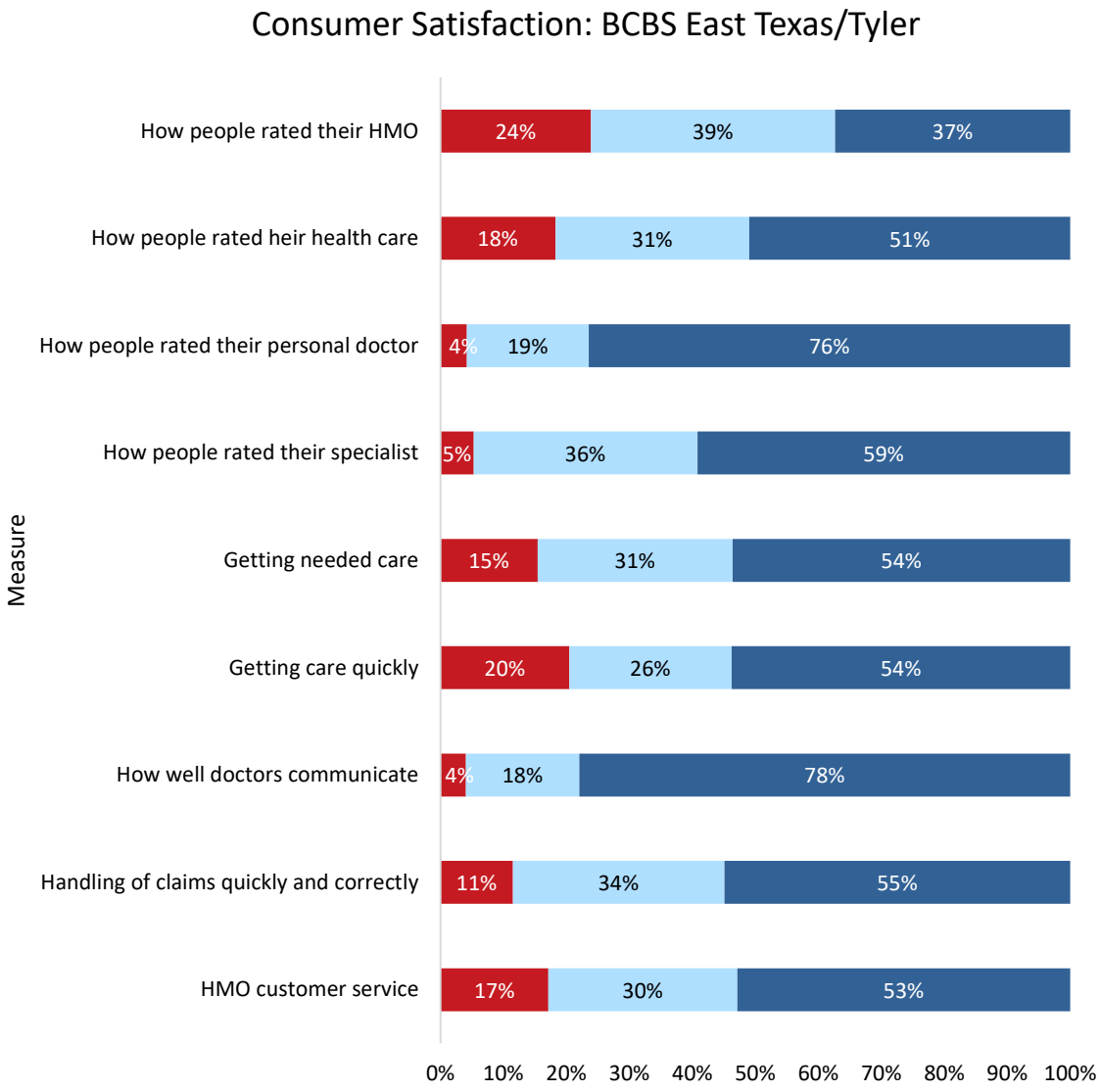
Blue Cross and Blue Shield of Texas (Dallas/Ft. Worth)

Customer Service Contact: (972)-766-6900 | https://www.bcbstx.com/
Enrollment (statewide): 1,092,147
Consumer Response Rate (Dallas/Ft. Worth): 5.96%



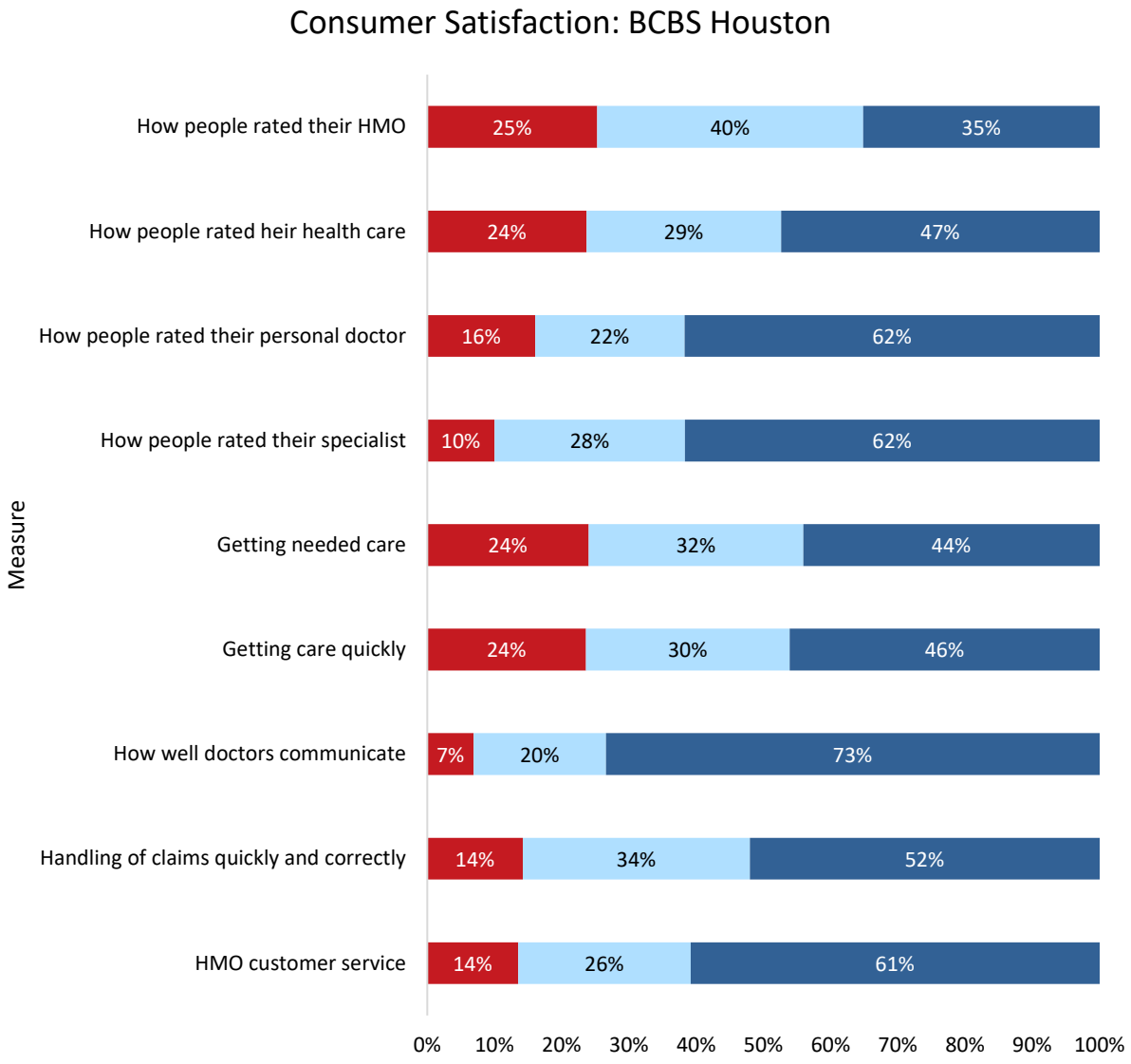
Blue Cross and Blue Shield of Texas (East Texas/Tyler)

Customer Service Contact: (972)-766-6900 | https://www.bcbstx.com/
Enrollment (statewide): 1,092,147
Consumer Response Rate (East Texas/Tyler): 9.66%



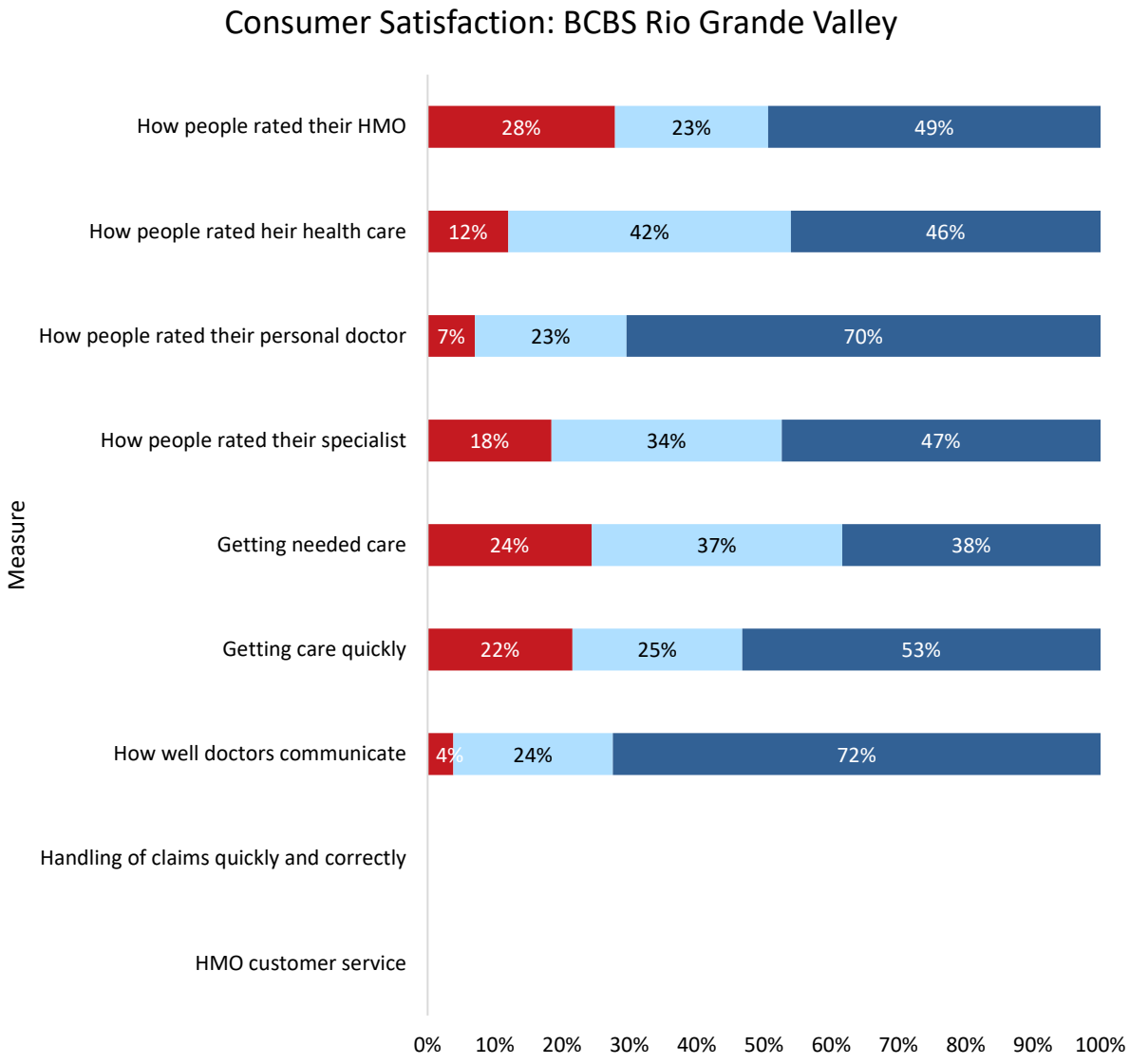
Blue Cross and Blue Shield of Texas (Houston)

Customer Service Contact: (972)-766-6900 | https://www.bcbstx.com/
Enrollment (statewide): 1,092,147
Consumer Response Rate (Houston): 6.65%



Blue Cross and Blue Shield of Texas (Rio Grande Valley)

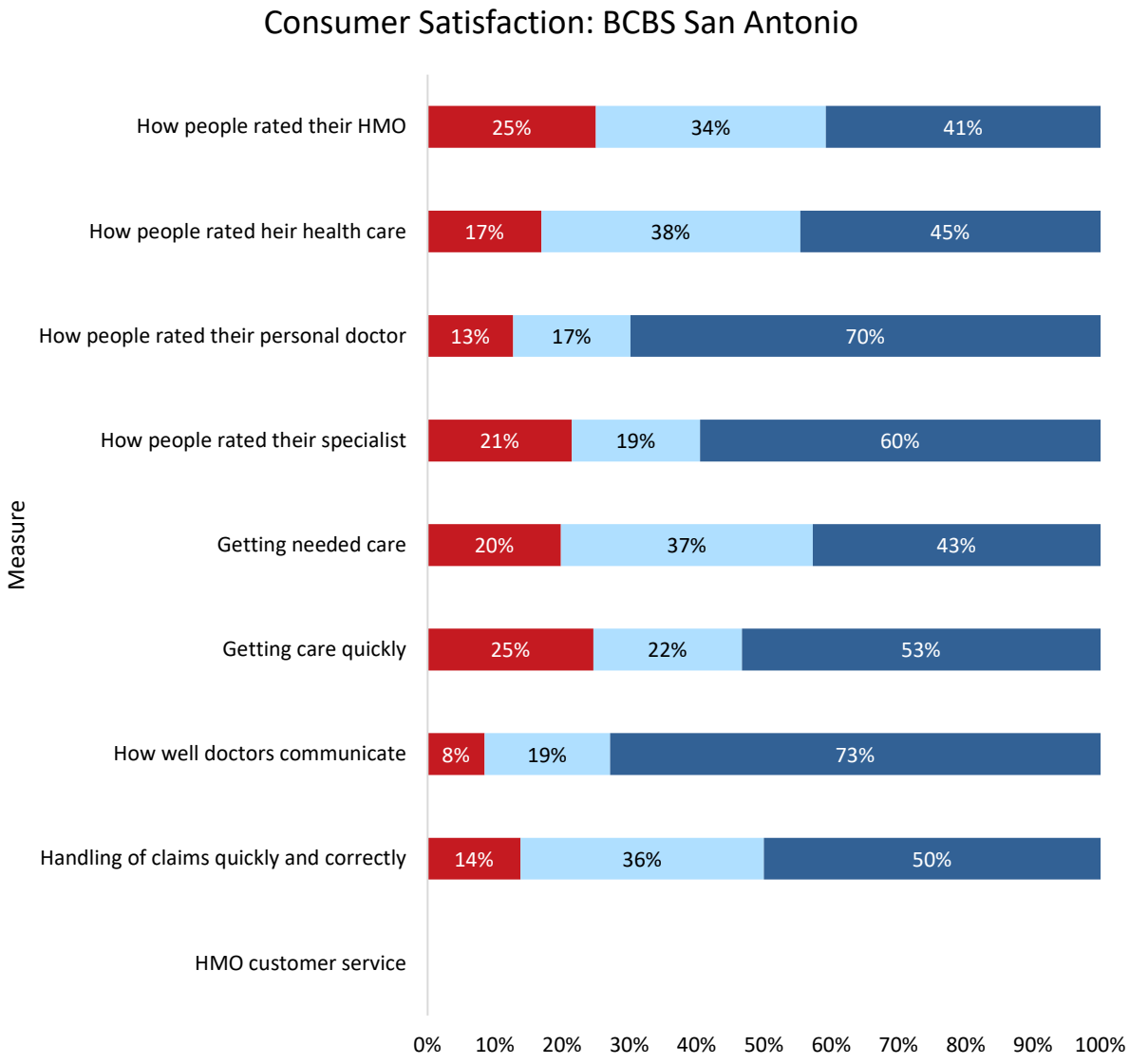
Customer Service Contact: (972)-766-6900 | https://www.bcbstx.com/
Enrollment (statewide): 1,092,147
Consumer Response Rate (Rio Grande Valley): 5.75%



Note: If no data is present for a measure, it is because the minimum number of survey responses necessary to obtain a reportable response was not received for that measure.

Blue Cross and Blue Shield of Texas (San Antonio)

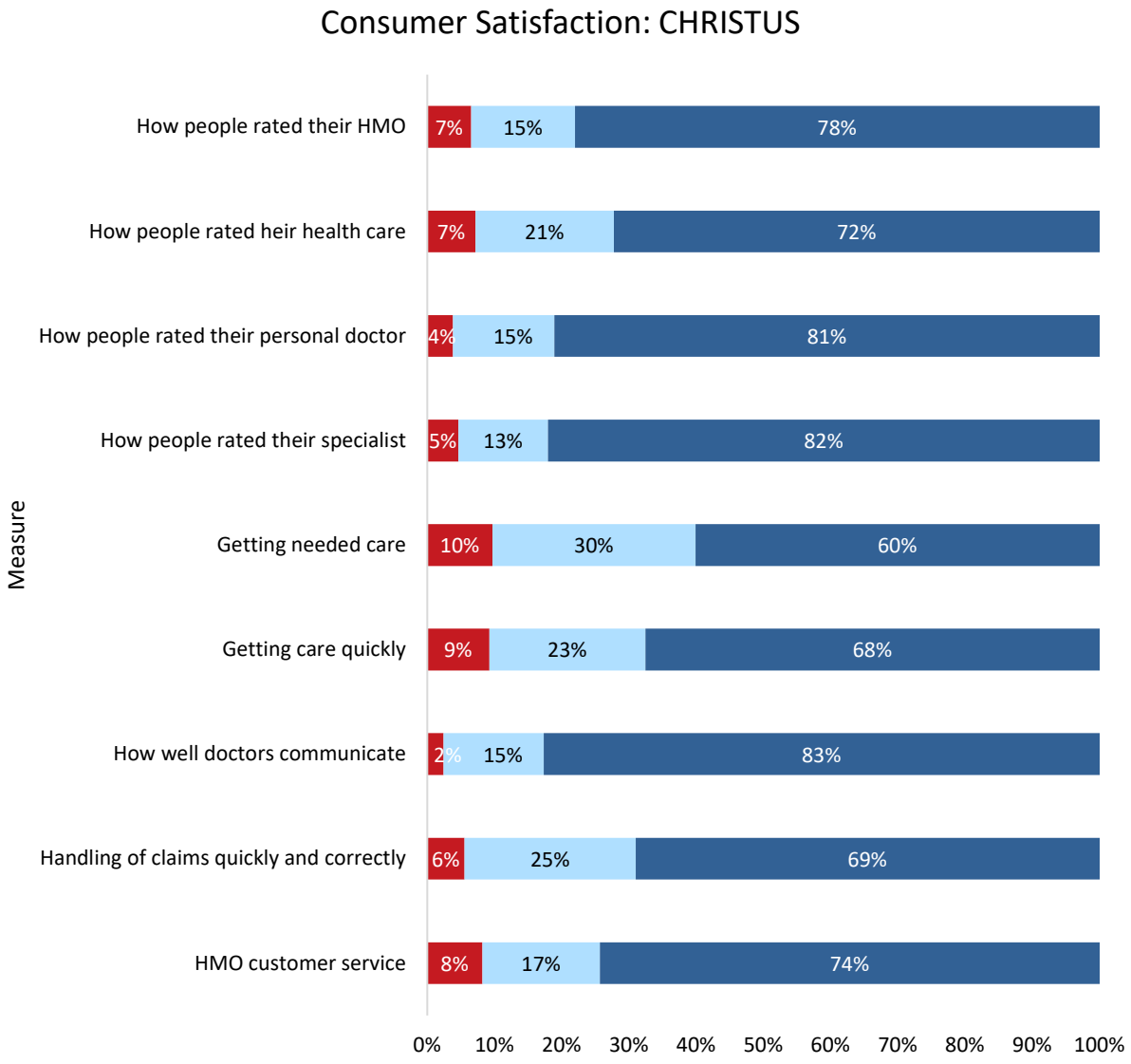
Customer Service Contact: (972)-766-6900 | https://www.bcbstx.com/
Enrollment (statewide): 1,092,147
Consumer Response Rate (San Antonio): 5.61%



Note: If no data is present for a measure, it is because the minimum number of survey responses necessary to obtain a reportable response was not received for that measure.

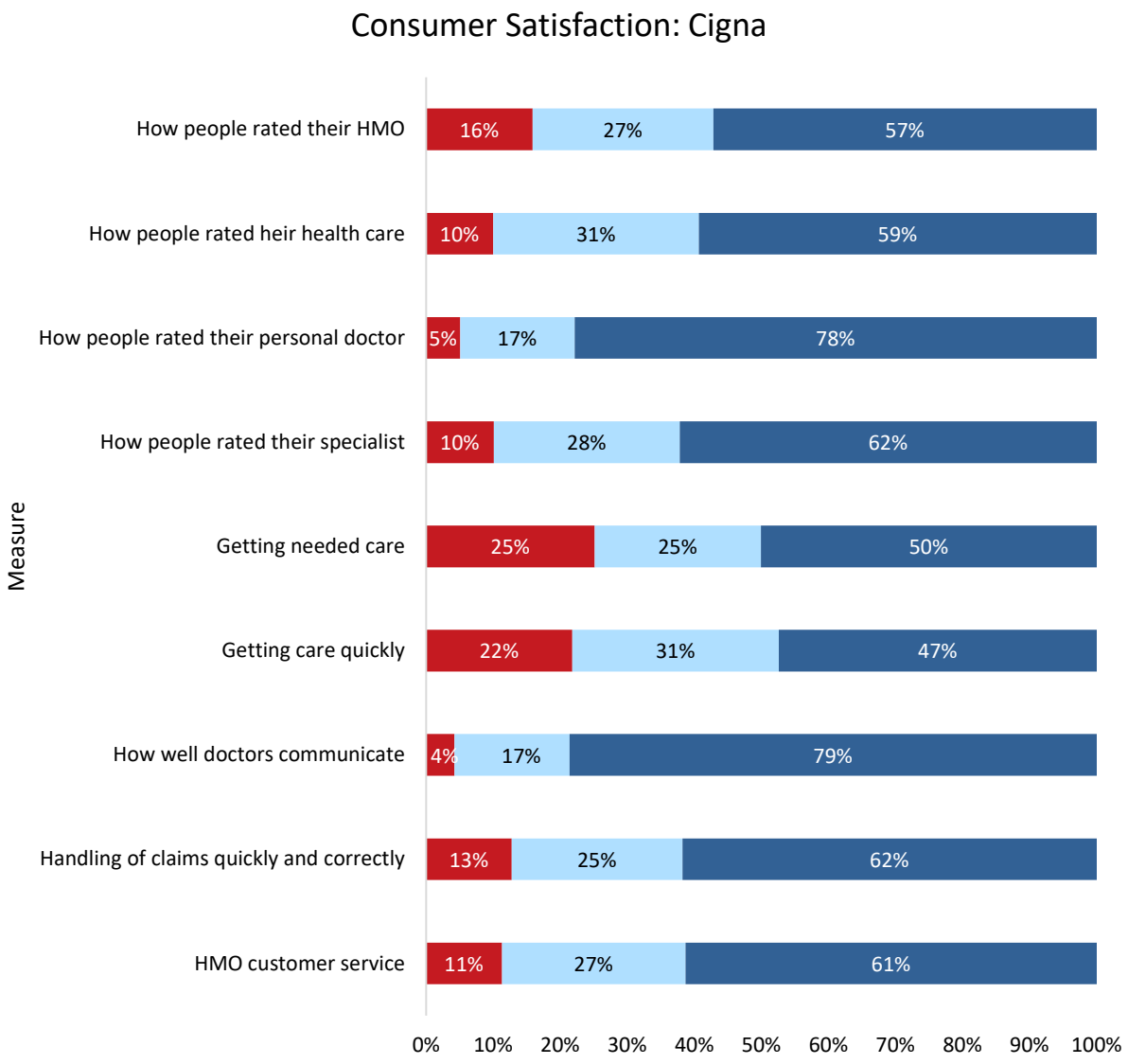
CHRISTUS Health Plan (Corpus Christi)

Customer Service Contact: (888)-344-0602 | https://www.christushealthplan.org/
Enrollment: 32,109
Consumer Response Rate: 38.42%



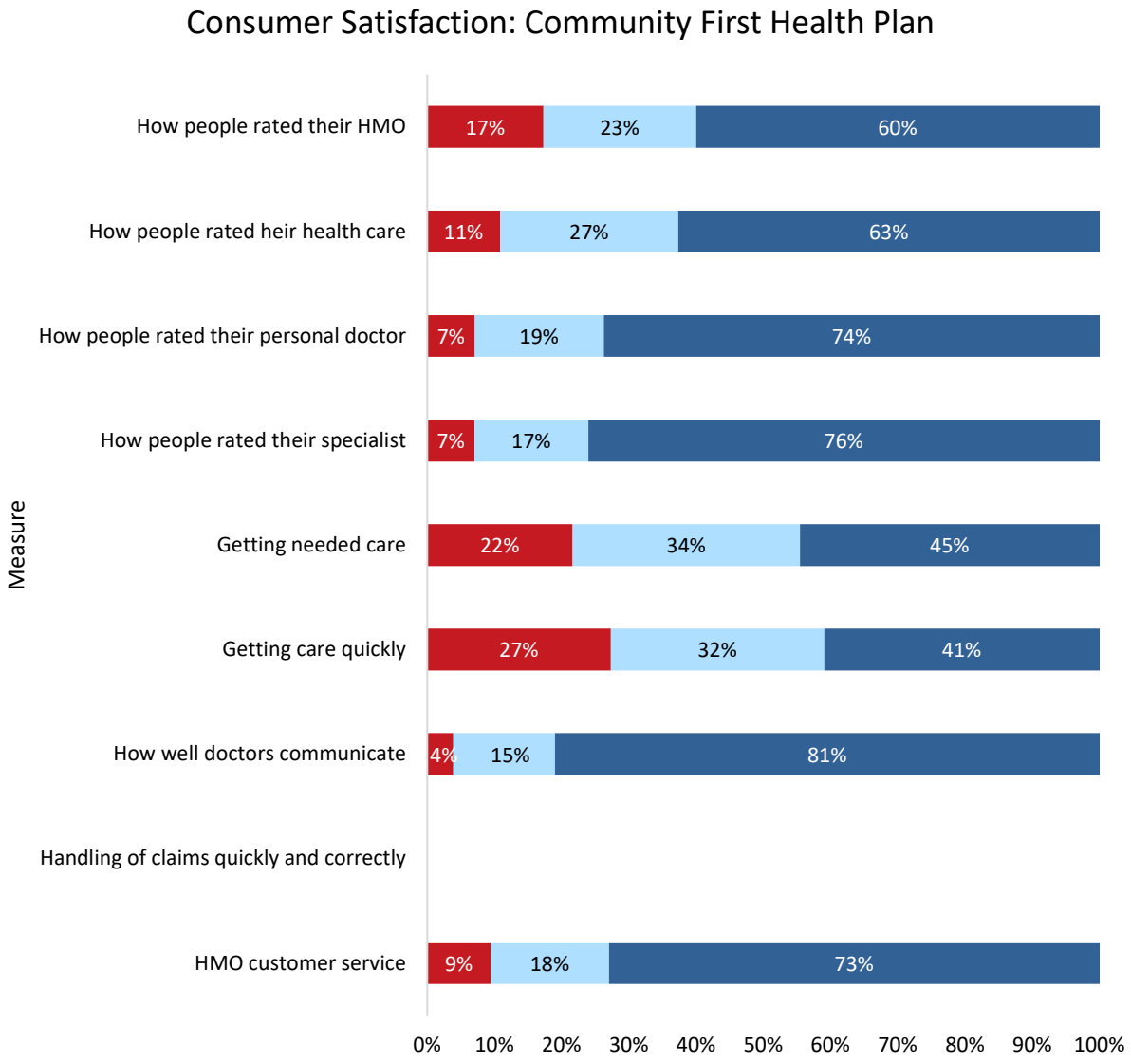
Cigna Healthcare of Texas, Inc.

Customer Service Contact: (800)-244-6224 | https://www.cigna.com/
Enrollment: 238,780
Consumer Response Rate: 12.43%



Community First Health Plans, Inc.

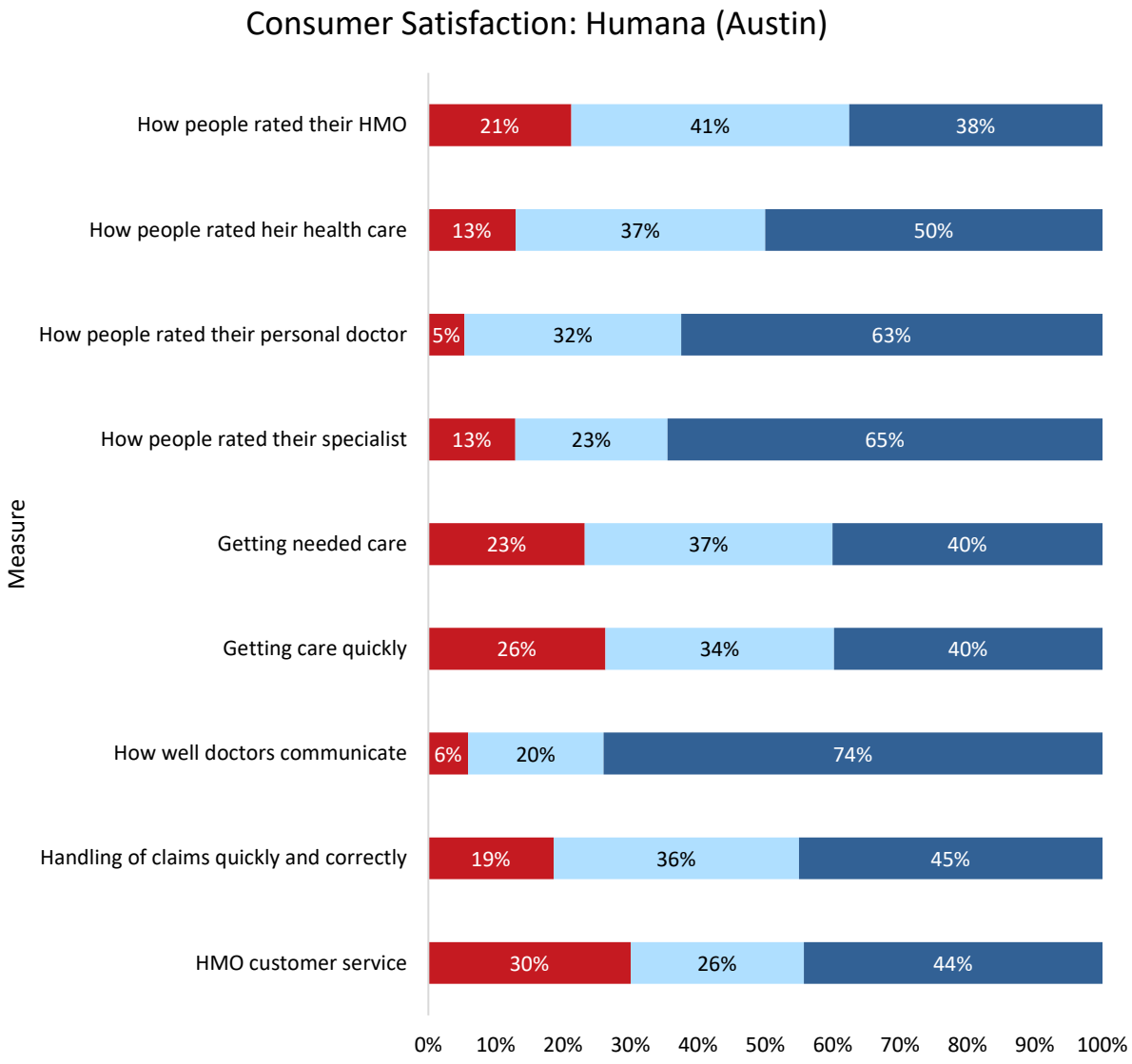
Customer Service Contact: (800) 434-2347 | https://www.communityfirsthealthplans.com/
Enrollment: 137,719
Consumer Response Rate: 10.12%



Note: If no data is present for a measure, it is because the minimum number of survey responses necessary to obtain a reportable response was not received for that measure.

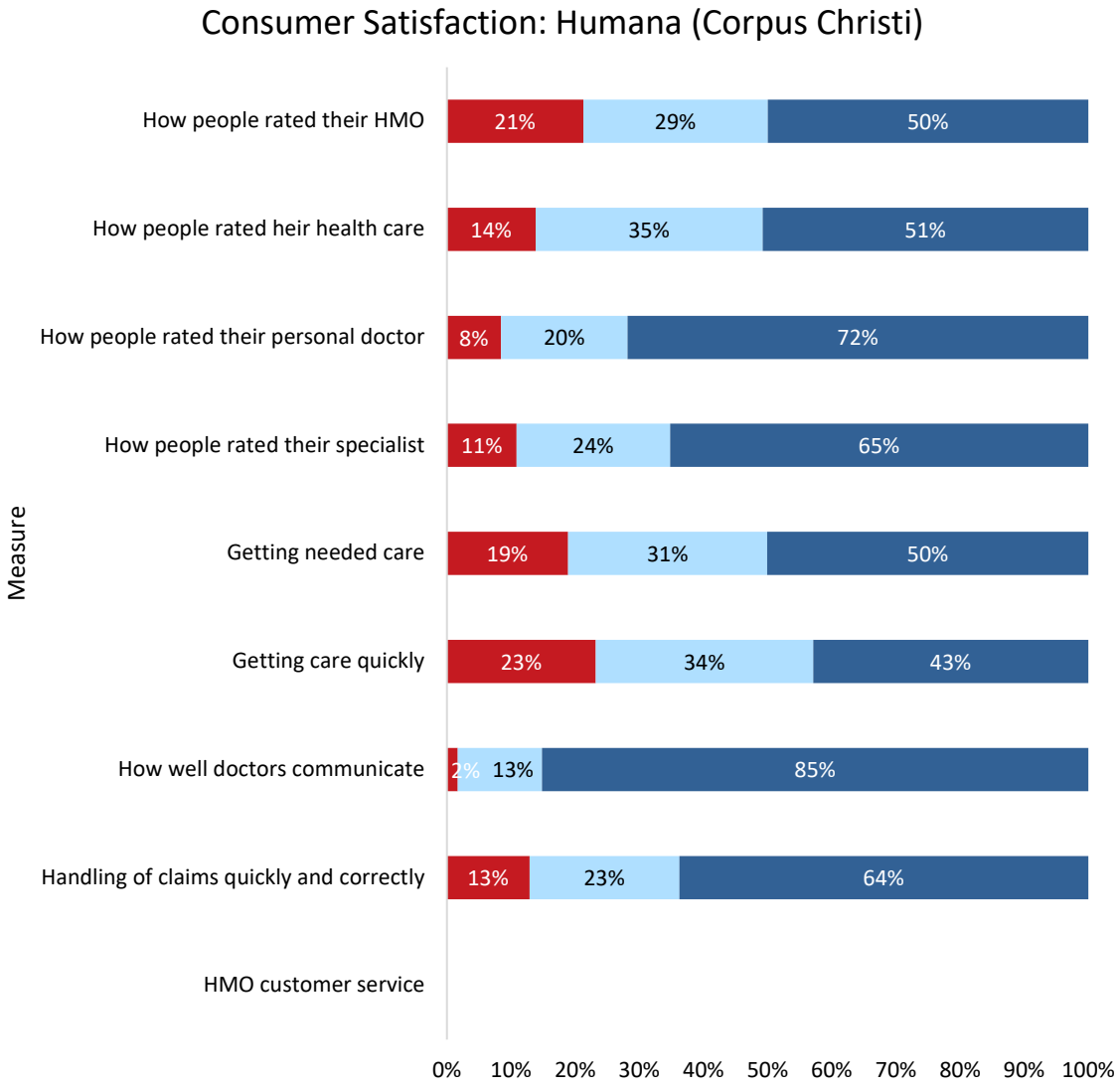
Humana Health Plan of Texas, Inc. (Austin)

Customer Service Contact: (800)-457-4708 | https://www.humana.com/
Enrollment (statewide): 42,359
Consumer Response Rate (Austin): 4.90%



Humana Health Plan of Texas, Inc. (Corpus Christi)

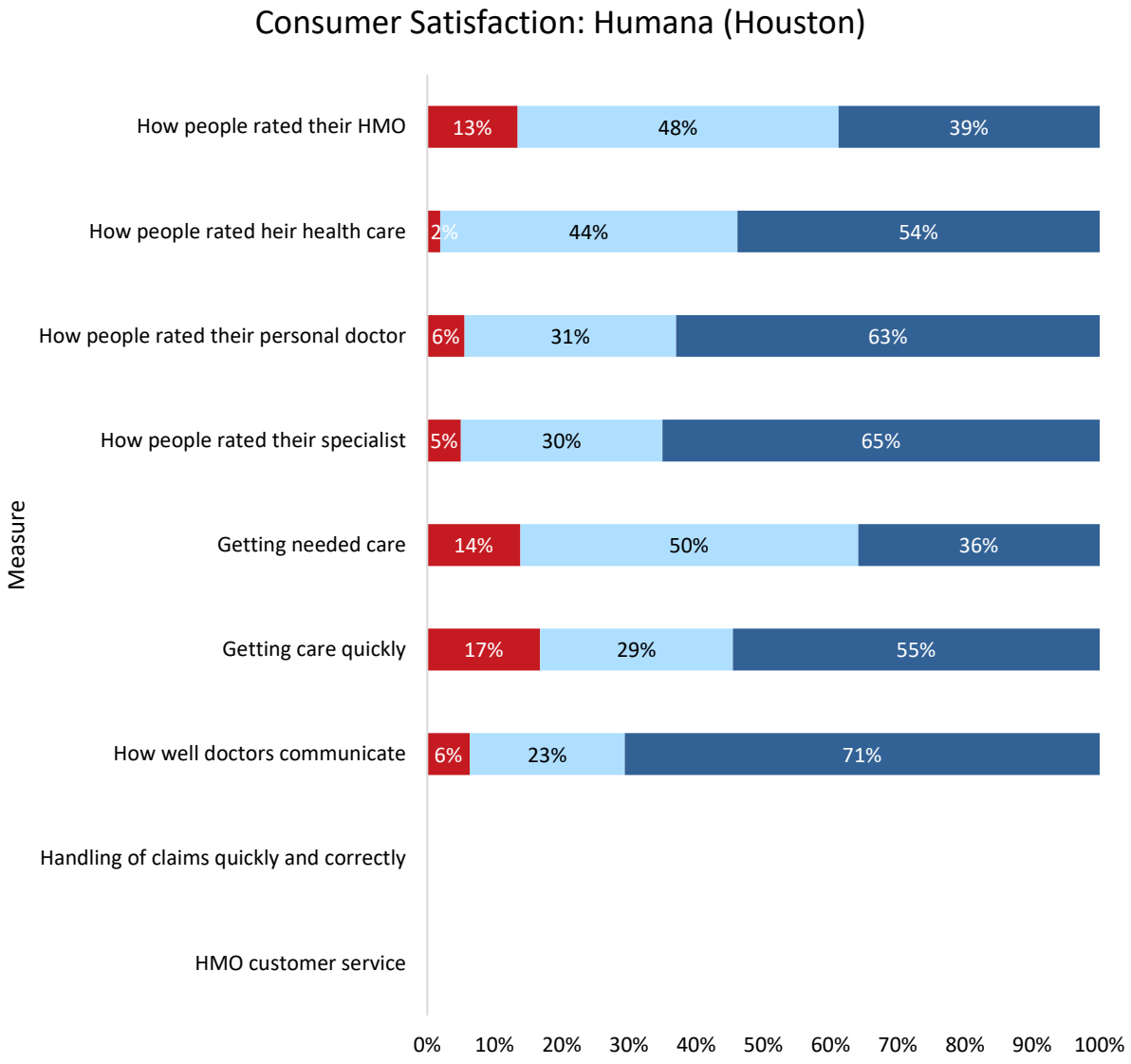
Customer Service Contact: (800)-457-4708 | https://www.humana.com/
Enrollment (statewide): 42,359
Consumer Response Rate (Corpus Christi): 6.15%



Note: If no data is present for a measure, it is because the minimum number of survey responses necessary to obtain a reportable response was not received for that measure.

Humana Health Plan of Texas, Inc. (Houston)

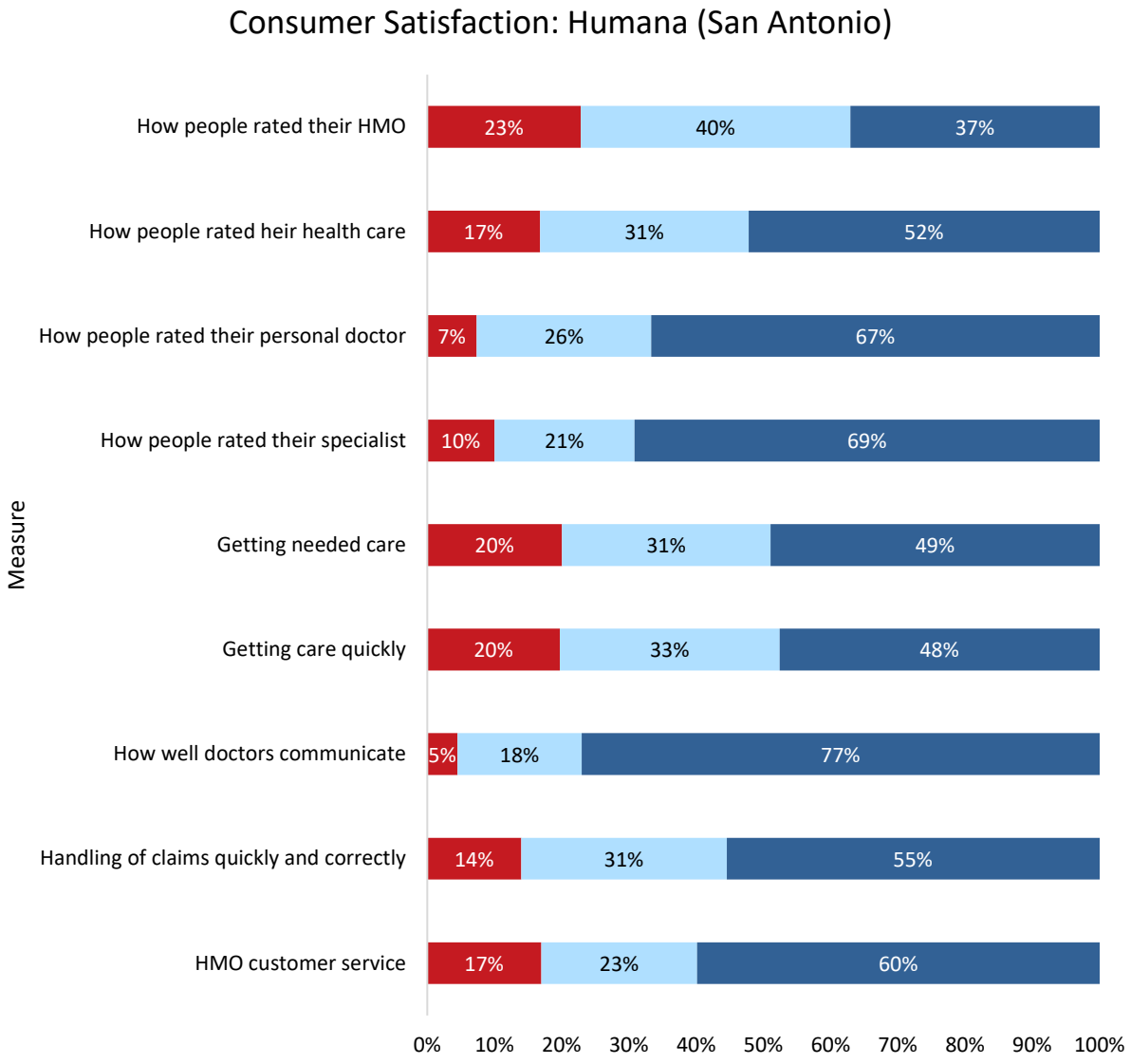
Customer Service Contact: (800)-457-4708 | https://www.humana.com/
Enrollment (statewide): 42,359
Consumer Response Rate (Houston): 3.99%



Note: If no data is present for a measure, it is because the minimum number of survey responses necessary to obtain a reportable response was not received for that measure.

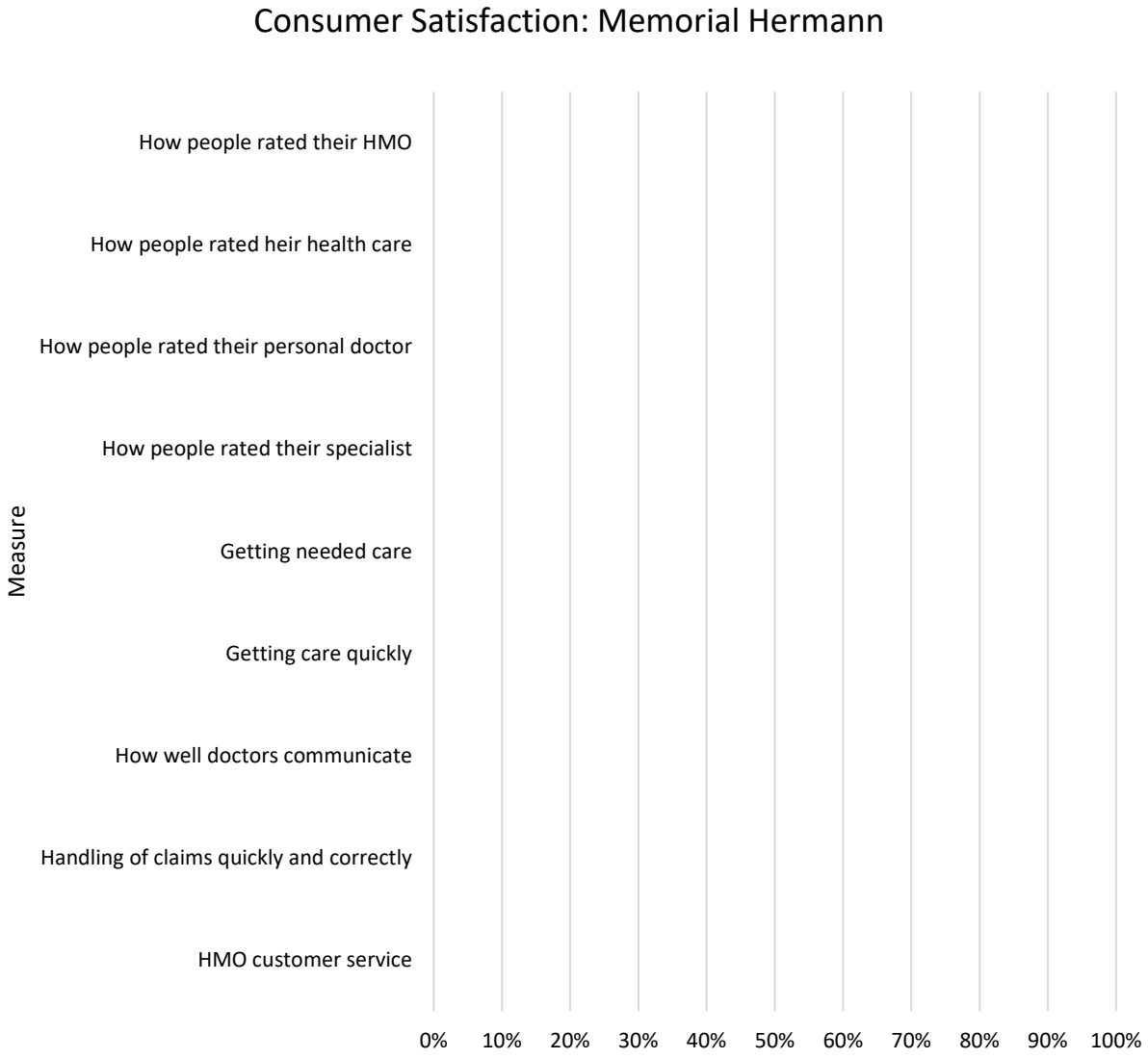
Humana Health Plan of Texas, Inc. (San Antonio)

Customer Service Contact: (800)-457-4708 | https://www.humana.com/
Enrollment (statewide): 42,359
Consumer Response Rate (San Antonio): 6.84%



Memorial Hermann Commercial Health Plan, Inc.

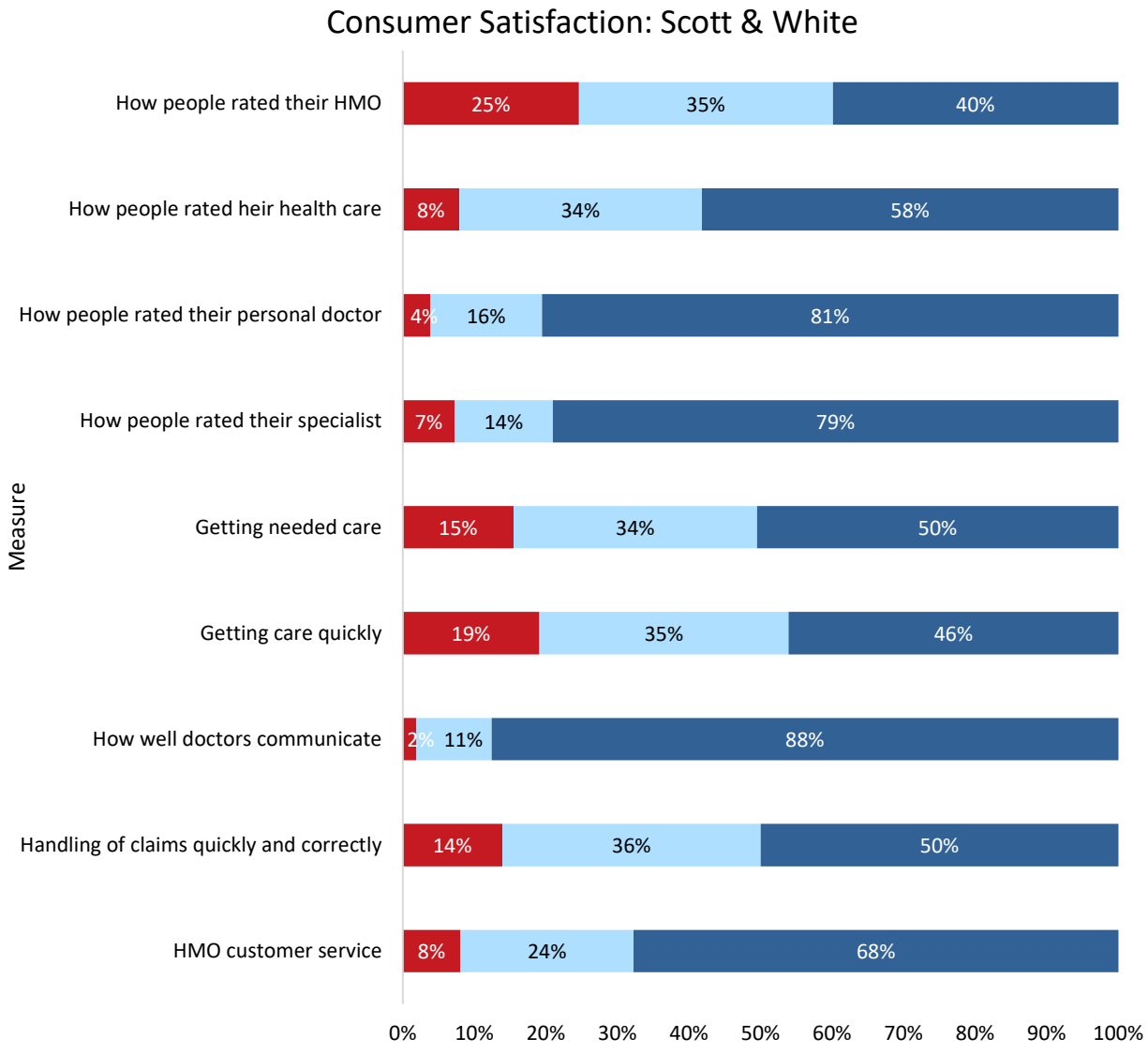
Customer Service Contact: (713)-222-2273 | https://www.memorialhermann.org/
Enrollment: 9,000
Consumer Response Rate: 2.57%



Note: If no data is present for a measure, it is because the minimum number of survey responses necessary to obtain a reportable response was not received for that measure.

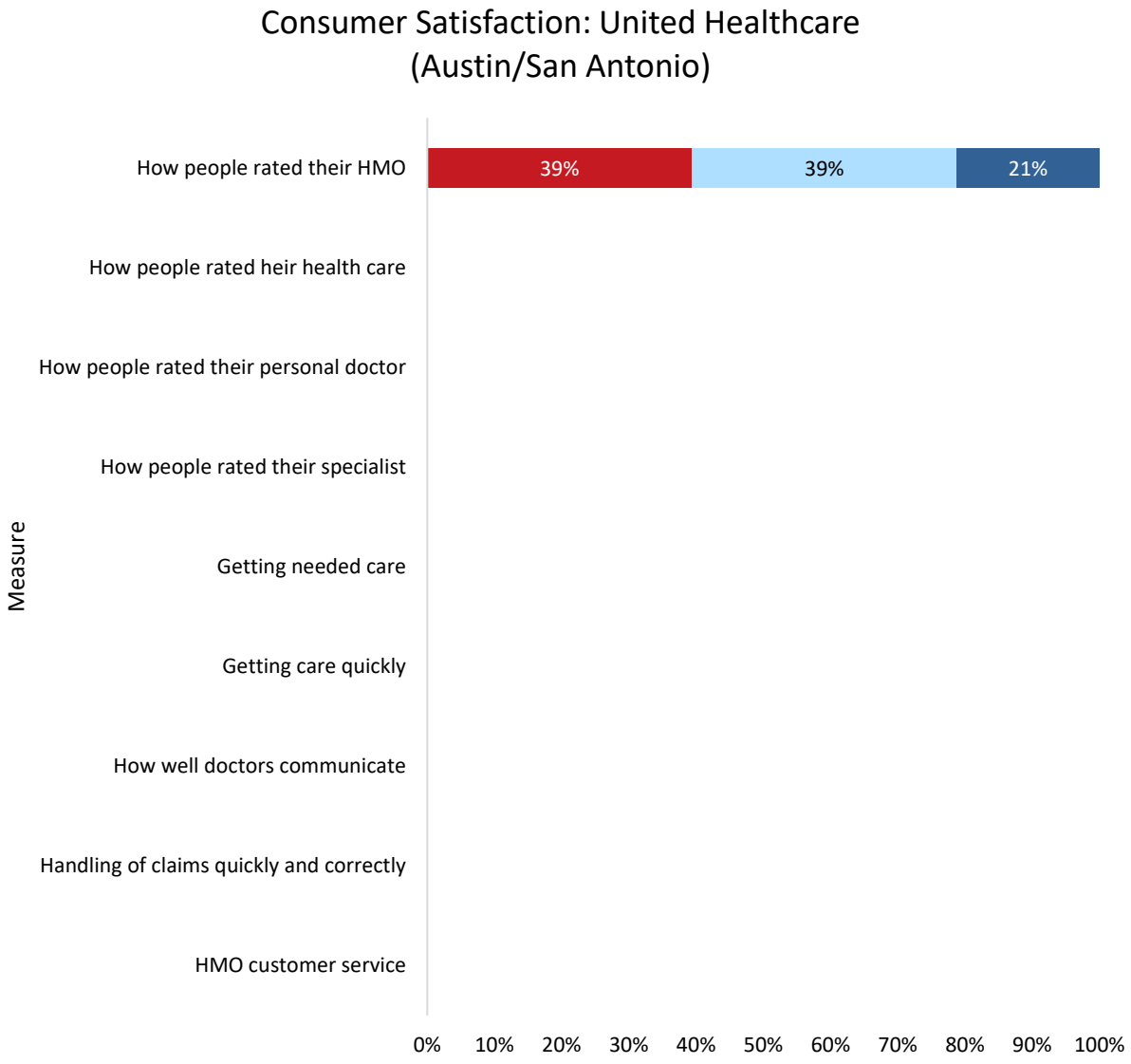
Scott and White Health Plan

Customer Service Contact: (844)-633-5325 | https://www.bswhealthplan.com/
Enrollment: 246,039
Consumer Response Rate: 9.18%



United Healthcare of Texas, Inc. (Austin/San Antonio)

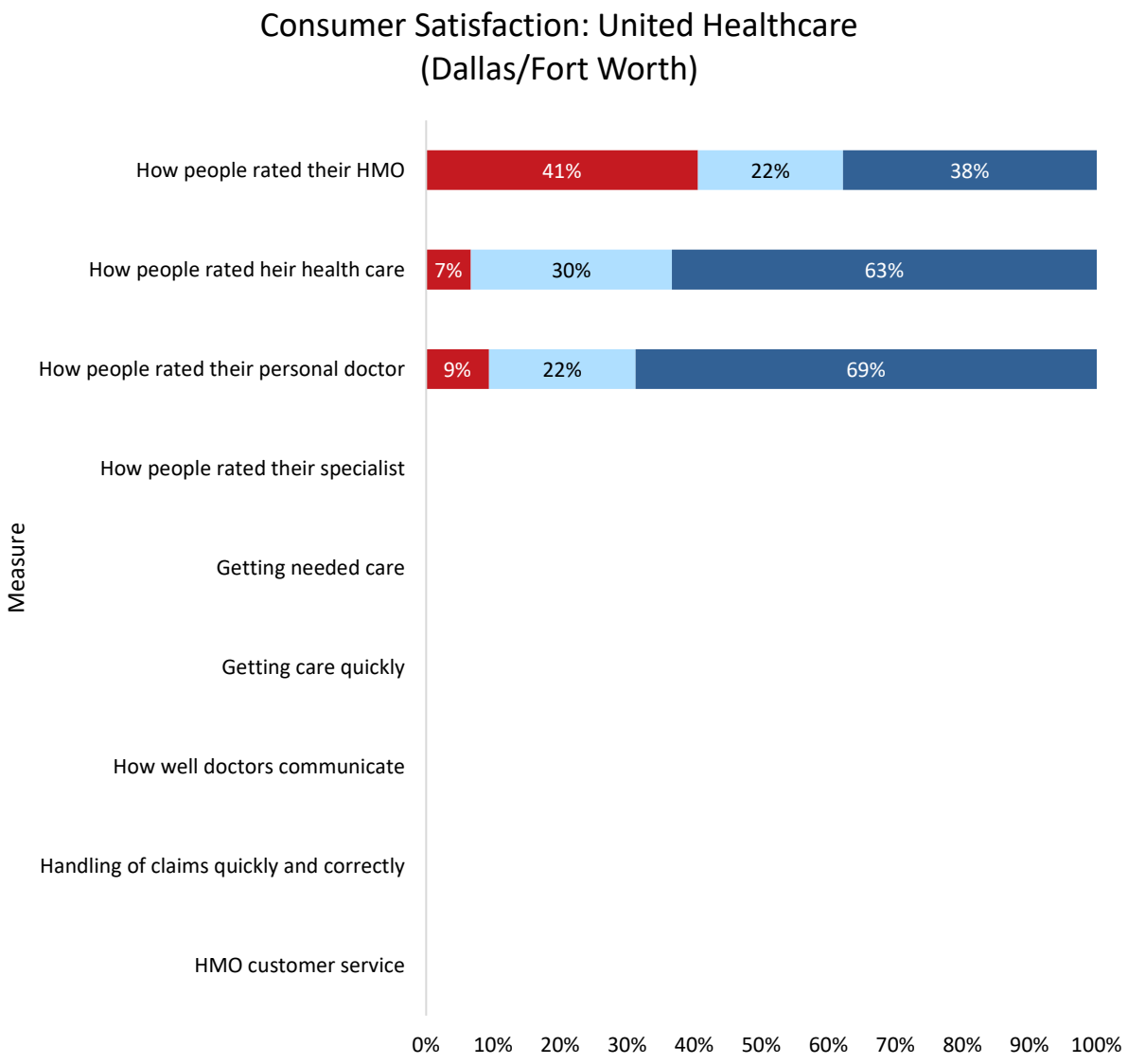
Customer Service Contact: (866)-414-1959 | https://www.uhc.com/
Enrollment (statewide): 253,104
Consumer Response Rate (Austin/San Antonio): 4.41%



Note: If no data is present for a measure, it is because the minimum number of survey responses necessary to obtain a reportable response was not received for that measure.

United Healthcare of Texas, Inc. (Dallas/Ft. Worth)

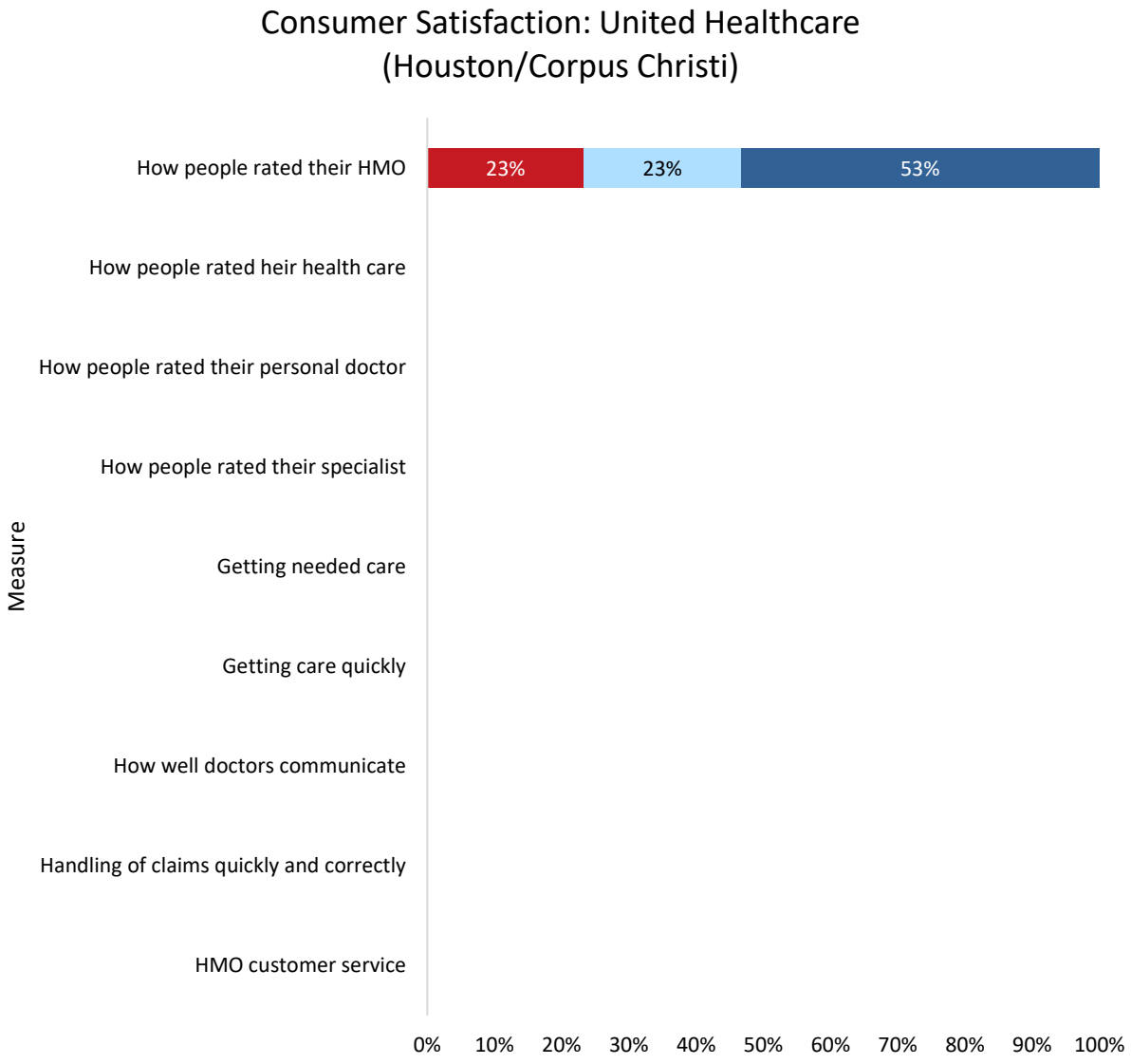
Customer Service Contact: (866)-414-1959 | https://www.uhc.com/
Enrollment (statewide): 253,104
Consumer Response Rate (Dallas/Ft. Worth): 3.69%



Note: If no data is present for a measure, it is because the minimum number of survey responses necessary to obtain a reportable response was not received for that measure.

United Healthcare of Texas, Inc. (Houston/Corpus Christi)

Customer Service Contact: (866)-414-1959 | https://www.uhc.com/
Enrollment (statewide): 253,104
Consumer Response Rate (Houston/Corpus Christi): 2.84%



Note: If no data is present for a measure, it is because the minimum number of survey responses necessary to obtain a reportable response was not received for that measure.

Section 4: Consumer Resources

Choosing an HMO

When you choose an HMO, you will want to compare similar plans with similar coverages. This section lists a few points of comparison to consider.

Service-Area Availability

HMOs cover specific service areas. Review an HMO's membership information to find one with a service area close to where you live or work.

Benefits

Individuals use different services based on medical conditions, age, and family needs. Review HMO benefit information for coverage of medications or services that you use. You may need to contact the HMO to get your questions answered.

Provider Availability

Some consumers find it important to receive care from specific doctors or hospitals. Review provider directories for information on network providers.

Affordability

Your total healthcare costs will include your premiums, as well as other out-of-pocket costs such as deductibles, coinsurance, and copayments. To compare affordability, estimate your annual health care needs and calculate the total out-of-pocket cost you would pay with each HMO.

Consumer Satisfaction

The survey data in this report provides an aggregate look at consumer satisfaction for members currently enrolled in HMOs. Review the information in this report to find out how people rated the quality of the HMO(s) that you are considering.

Understanding HMOs and Other Health Plan Types

	Network Is the network open or closed?	**Limits** Are there limits on the choice of doctors, hospitals, or specialists?	**Payments** How do the plans and consumers share costs?	**Balances** Is the consumer responsible for remaining balances?	**Incentives** Is there an incentive to use network providers?
Health Maintenance Organization (HMO)	**Closed** Consumers must use network doctors, hospitals, and specialists except in limited circumstances such as emergencies.	Typically require consumers to choose a primary care physician (PCP) from the HMO's network. With some exceptions, consumers must obtain a referral from the PCP before seeing other doctors in the network.	Consumers pay designated copays for covered services when using the HMO network. Some HMOs require consumers to meet a deductible before paying for services. Consumers don't usually pay coinsurance.	A network provider cannot bill a consumer for any remaining balance after the consumer meets their copay.	Out-of-network services are not covered in a closed network.
HMO with Point-of-Service (HMO/POS)	**Open** Consumers may use in-network providers or out-of-network doctors, hospitals, and specialists.	Typically require consumers to choose a PCP and obtain a referral from the PCP before seeing other doctors in the network.	Consumers pay designated copays for covered services when using the HMO network. Some HMOs require consumers to meet a deductible before paying for services.	Consumers are responsible for any remaining balance when using out-of-network providers.	The plan typically reimburses a higher percentage of the cost when the member uses in-network providers.

	Network Is the network open or closed?	**Limits** Are there limits on the choice of doctors, hospitals, or specialists?	**Payments** How do the plans and consumers share costs?	**Balances** Is the consumer responsible for remaining balances?	**Incentives** Is there an incentive to use network providers?
Preferred Provider Organization (PPO)	**Open** Consumers may use in-network providers or out-of-network doctors, hospitals, and specialists.	Many PPOs permit consumers to see any network doctor without a referral. Some PPOs require consumers to choose a PCP and obtain a referral from the PCP before seeing other doctors in the network.	Consumers typically pay a copay for covered services when using the PPO network. Consumers must also pay a percentage of the total cost of the service.	Consumers are responsible for any remaining balance when using out-of-network providers.	The plan typically reimburses a higher percentage of the cost when the member uses in-network providers.
Exclusive Provider Organization (EPO)	**Closed** Consumers must use network doctors, hospitals, and specialists except in limited circumstances, such as emergencies.	Some EPOs permit consumers to see any network doctor without a referral.	Consumers must pay copays or coinsurance for covered services when using the EPO network. Many EPO plans require consumers to meet a deductible before paying for services.	Consumers pay the entire cost of out-of-network services.	Out-of-network services are not covered in a closed network.

Your Rights as a Consumer

An HMO must provide you with certain information. This includes:

- Covered services
- Exclusions and limitations
- Prior authorization requirements
- Continuity of treatment
- Approved prescription drugs
- Complaint resolution
- The HMO's toll-free telephone number

You have the right to certain consumer protections under federal and state law. Visit our website, https://www.opic.texas.gov for more information.

State Resources

Office of Public Insurance Counsel (OPIC)

Barbara Jordan Building
1601 Congress Ave., Suite 3.500
Austin, TX 78701
(877)-611-6742
https://www.opic.texas.gov

OPIC is an independent state agency established by the Texas Legislature to represent the interests of Texas consumers, as a class, in insurance matters. OPIC represents Texas consumers in regulatory matters related to rates, rules, and policy forms. OPIC also engages in consumer outreach and education.

Texas Department of Insurance (TDI)

P.O. Box 12030
Austin, TX 78711
(800)-252-3439
https://www.tdi.texas.gov

TDI regulates HMOs in the state, 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 the website.

Texas Health Options

https://www.texashealthoptions.com

Texas Health Options is a website administered by TDI that serves as a resource for understanding how to find and use health insurance in Texas.

CHIP & Children's Medicaid

P.O. Box 149024
Austin, TX 78714-9024
(877)-543-7669
https://www.hhs.texas.gov/services/health/medicaid-chip

Texas Health and Human Services offers two health insurance programs for children: Children's Health Insurance Program (CHIP) and Children's Medicaid. Applications, eligibility information, and other related information can be obtained in printed form and on the website.

Texas Health and Human Services

4601 W. Guadalupe St.
Austin, TX 78751-3146
(877)-541-7905
https://www.hhs.texas.gov

HHS has oversight responsibilities for designated HHS agencies and administers certain health and human services programs including the Texas Medicaid Program and CHIP.

Texas Health and Human Services, Commission Office of the Ombudsman

P. O. Box 13247
Austin, TX 78711-3247
(877)-787-8999
https://www.hhs.texas.gov/services/your-rights/hhs-office-ombudsman

The Office of the Ombudsman assists consumers when the agency's normal complaint process cannot, or does not, satisfactorily resolve the individual's concerns. The Ombudsman supports inquiries and complaints about programs and services related to HHS, Department of Family and Protective Services (DFPS), and Department of State Health Services (DSHS).

Texas Health and Human Services, Medicaid Managed Care Helpline (MMCH)

P. O. Box 13247
Austin, TX 78711-3247
(866)-566-8989
https://www.hhs.texas.gov/services/your-rights/hhs-office-ombudsman/ombudsman-managed-care-help

MMCH assists Medicaid clients who are experiencing barriers to health and long-term care services through their Texas Medicaid managed care programs: STAR, STAR+PLUS, or PCCM.

Texas Health Care Information Collection (THCIC), Department of State Health Services (DSHS) Center for Health Statistics

Mail Code 1898
P.O. Box 149347
Austin, TX 78714-9347
(512)-776-7261
https://www.dshs.texas.gov/texas-health-care-information-collection

THCIC collects data from hospitals and HMOs about quality of care and makes the information available to the public.

Health Information, Counseling, and Advocacy Program (HICAP)

(800)-252-9240
https://www.hhs.texas.gov/services/health/medicare

HICAP is a partnership of the Texas Health and Human Services system, Texas Legal Services Center, and the Area Agencies on Aging. The program provides information on health insurance and public benefits to individuals aged 65 and older

Employees Retirement System of Texas (ERS)

P.O. Box 13207
Austin, TX 78711-3207

(877)-275-4377
https://www.ers.texas.gov

ERS administers health, retirement, and other benefits for state agency and higher education employees whose employers participate in the Texas Uniform Group Insurance Program.

Teachers Retirement System of Texas (TRS)

1000 Red River Street
Austin, TX 78701-2698
(800)-223-8778
https://www.trs.texas.gov

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 Resources

Centers for Medicare and Medicaid Services (CMS), Region VI

1301 Young Street, Room 714
Dallas, TX 75202
(214)-767-6441
https://www.cms.gov

CMS oversees Medicare, Medicaid, the Children's Insurance Program (CHIP), HIPAA, and the Clinical Laboratory Improvement Amendments Program.

US Department of Labor Employee Benefits Security Administration (EBSA), Dallas Regional Office
525 South Griffin Street, Room 900
Dallas, TX 75202
(972)-850-4500
https://www.dol.gov/agencies/ebsa

EBSA administers and enforces provisions of Title I of the Employee Retirement Income Security Act of 1974 (ERISA). EBSA publishes numerous documents and guides to provide workers with information regarding their benefit rights.

United States Office of Personnel Management Federal Employees Health Benefit Program, San Antonio Service Center

8610 Broadway, Room 305
San Antonio, TX 787217
(210)-805-2423
https://www.opm.gov

The Office of Personnel Management publishes the Federal Employees Health Benefits Program Handbook, an annual guide on health benefit plans for federal civilian employees. The handbook compares and rates HMOs, fee-for-service, and managed care health plans available for federal workers.

HealthCare.gov

(800)-318-2596
https://www.healthcare.gov

Healthcare.gov is the health insurance marketplace portal available in Texas. The site allows consumers to compare and purchase health coverage. Consumers can also find information on their rights.

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Questions or Comments

For inquiries:

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Barbara Jordan Building
1601 Congress Ave., Suite 3.500
Austin, Texas 78701
(512) 322-4143 | toll-free at (877) 611-6742
help@opic.texas.gov | https://www.opic.texas.gov

Endnotes

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[2] HEDIS® - The Healthcare Effectiveness Data and Information Set (HEDIS®) is a registered trademark of NCQA.
[3] 25 Tex. Admin. Code § 421.22 (2004) (https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=25&pt=1&ch=421&sch=B&rl=Y)