

Complaint Data



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

HMO Complaint Data

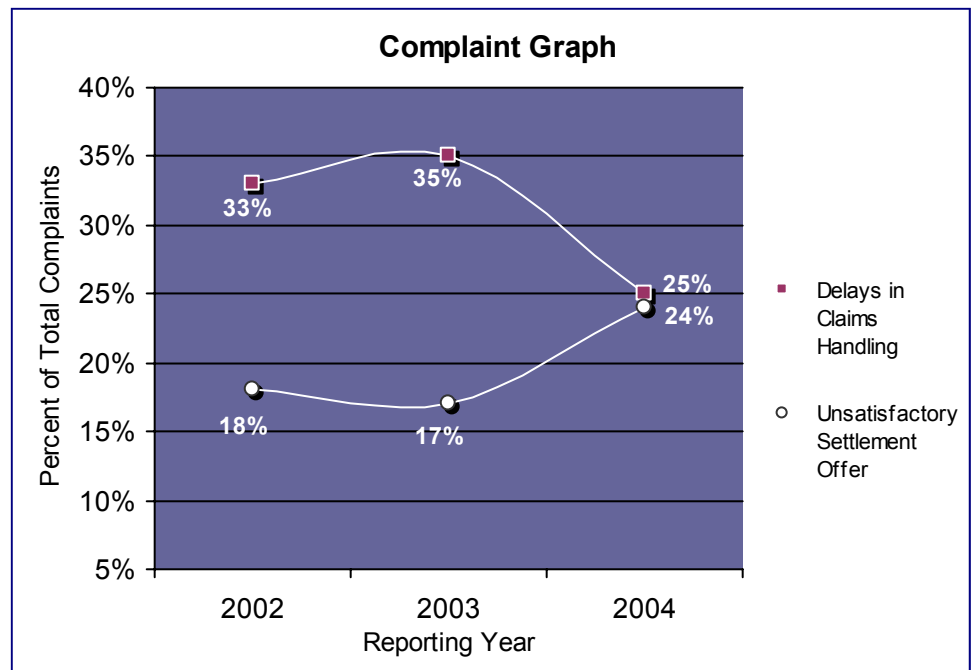
The tables and charts shown in this section provide you with important information regarding the number and type of complaints against HMOs that have been registered with the Texas Department of Insurance (TDI) by medical providers, patients and others.

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%).

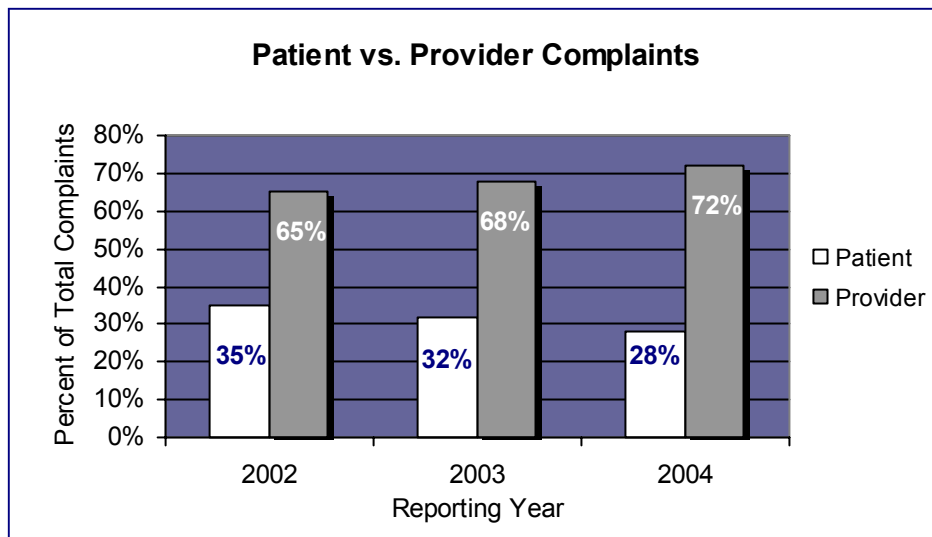


Most Common Reasons for Complaint		2002	2003	2004
Delays in Claims Handling	Provider and patient complaints about lack of timeliness in which claims are handled	33%	35%	25%
Denial of Claim	Provider and patient complaints related to denial of coverage for health care service	19%	21%	23%
Unsatisfactory 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

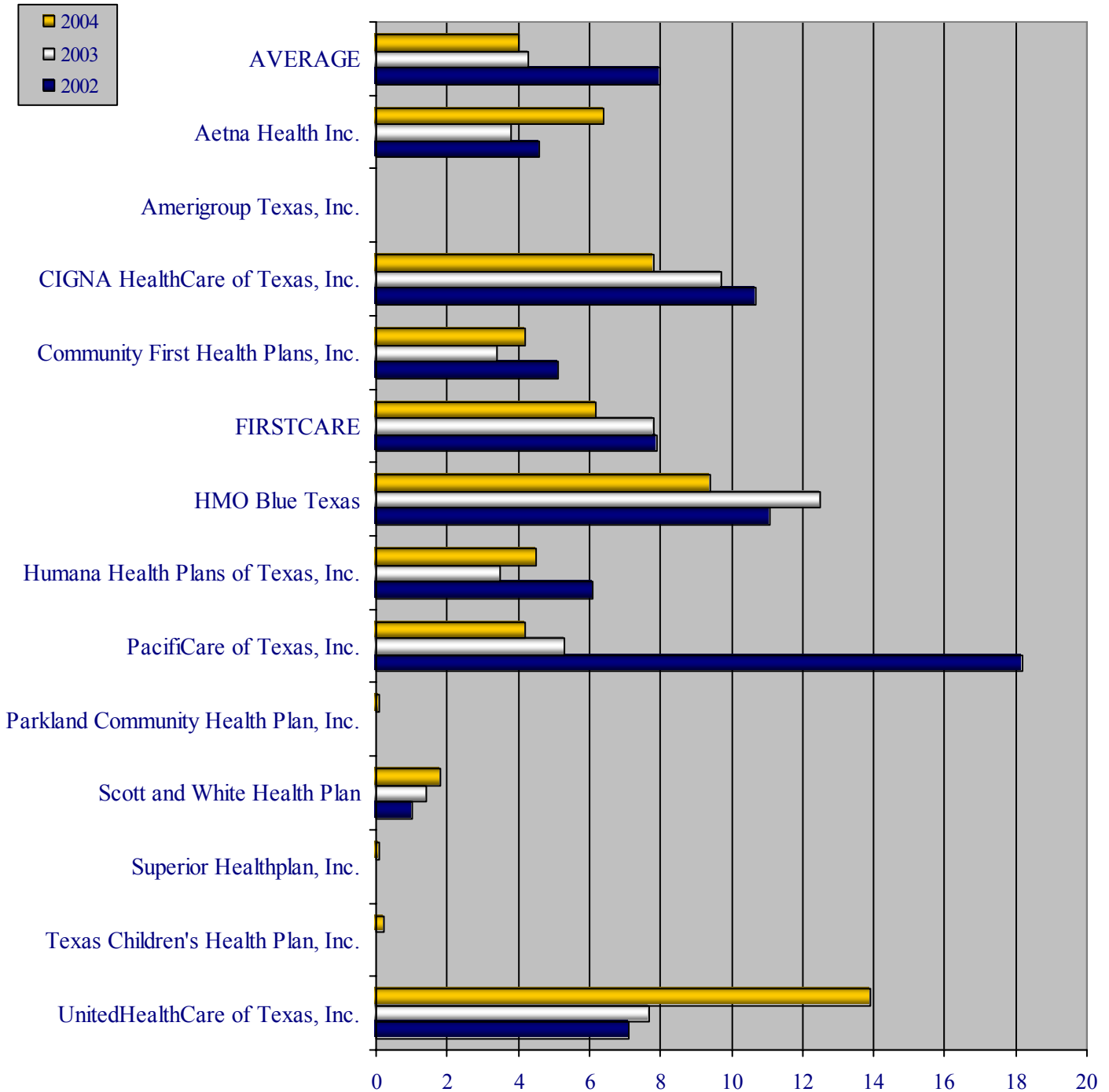
Closed complaints against HMOs are reported regardless of whether TDI determines the complaint justified or unjustified.

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

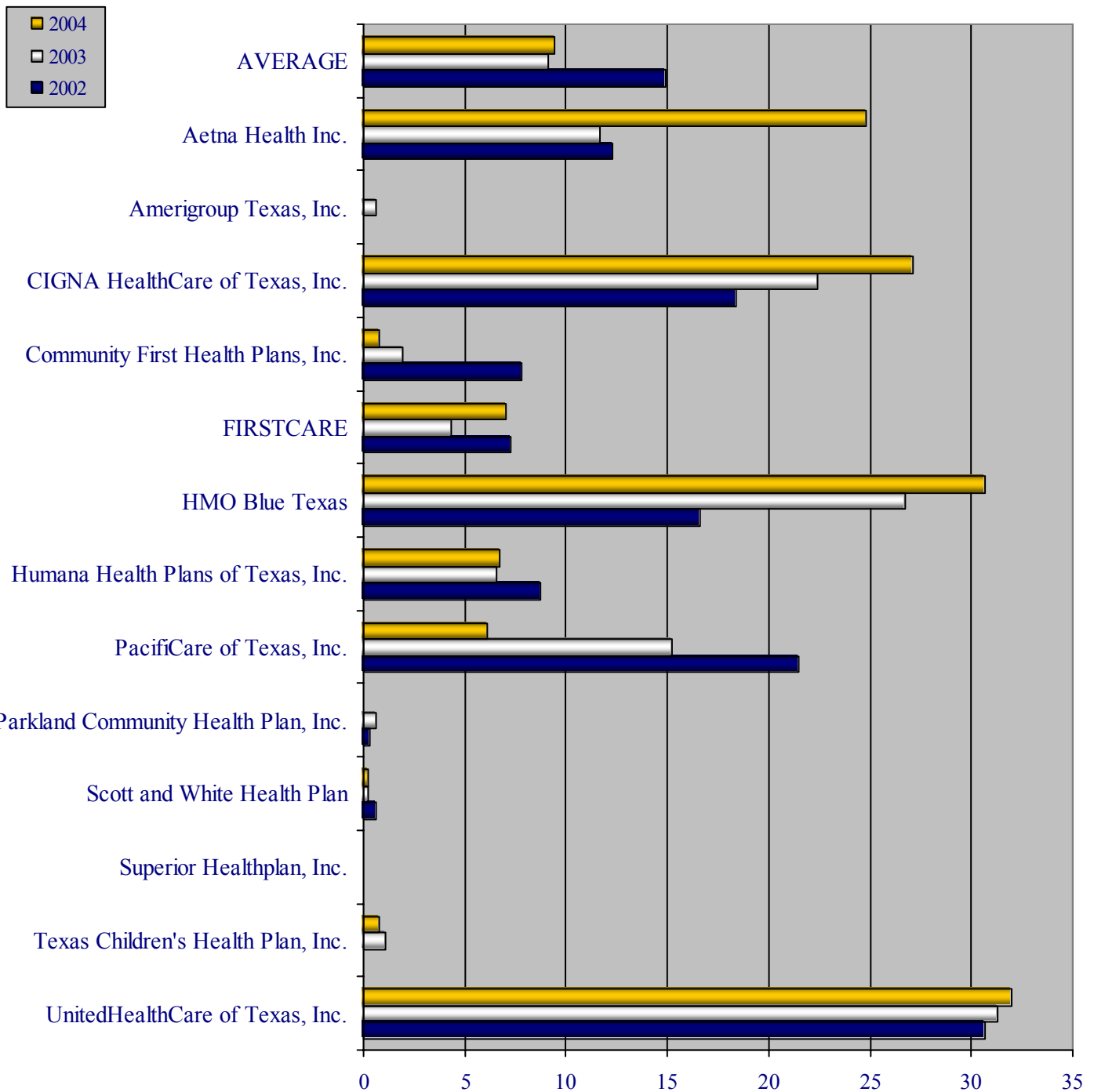


Source: Texas Department of Insurance
July 1, 2001 – June 30, 2004

* Includes complaints filed on behalf of patient by others.

Health Care Provider* Complaints Per 10,000 Enrollees

HMOs With More than 50,000 Enrollees

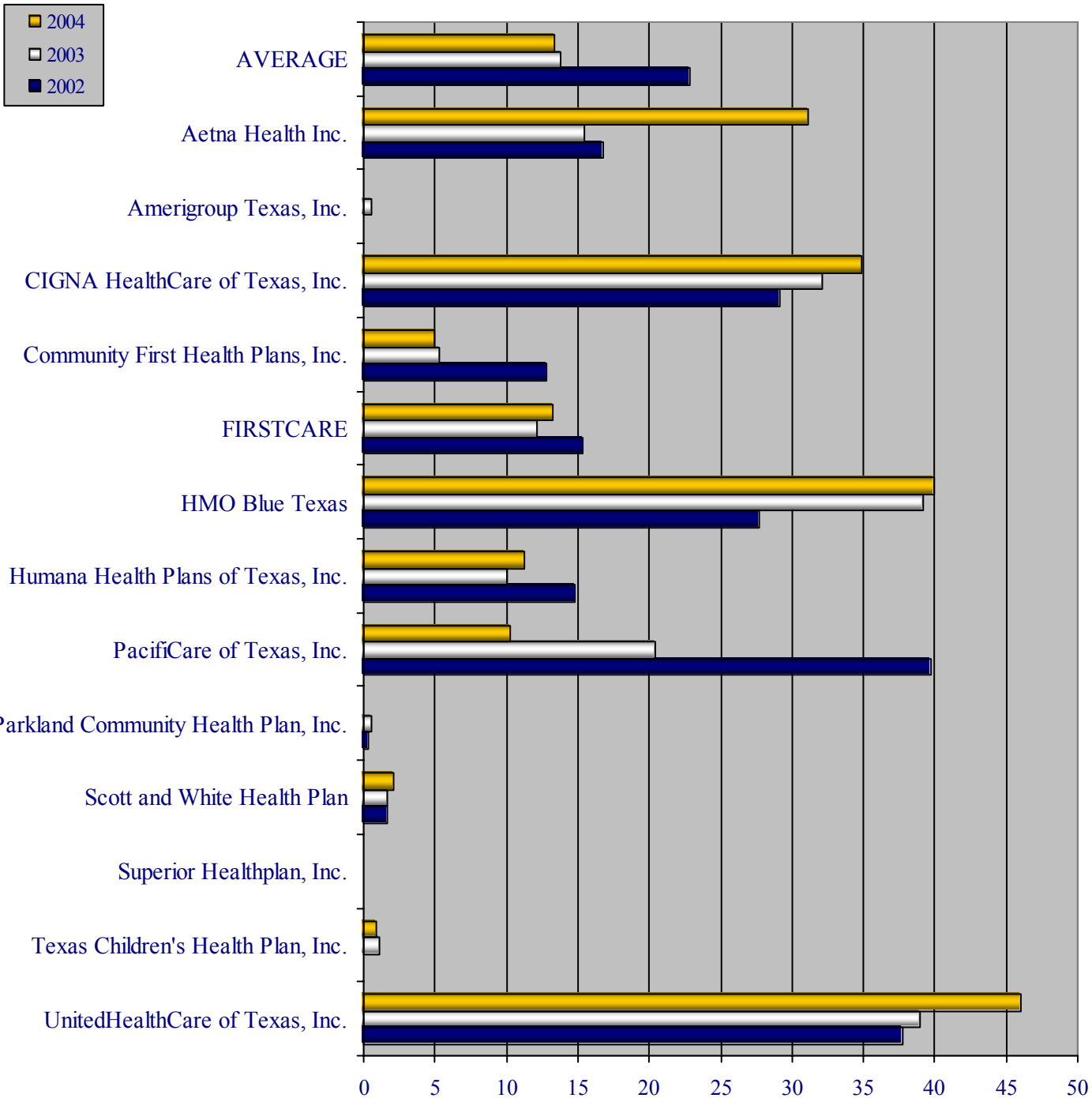


Source: Texas Department of Insurance
July 1, 2001 – June 30, 2004

* 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. 31,2003	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 SERVICE¹ (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

¹Average 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. 31,2003	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 SERVICE¹ (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

¹Overall 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