



2012
Grievance Report

May 2013

California Managed Risk Medical Insurance Board

Benefits and Quality Monitoring Division





California Managed Risk Medical Insurance Board

Healthy Families Program

MRMIB provides and promotes access to affordable coverage for comprehensive, high quality, cost effective health care services to improve the health of Californians.

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Introduction and Background

California statute¹ requires the health, dental and vision plans participating in the Healthy Families Program (HFP) to annually report the number of grievances HFP subscribers filed in the previous calendar year. The Managed Risk Medical Insurance Board (MRMIB) also monitors subscriber plan grievances and complaints received by program staff for quality assurance purposes, to identify systemic problems and to assist in improving services. This report covers grievances reported for the 2012 calendar year and is the last Grievance Report MRMIB will publish, as HFP subscribers transition to the Medi-Cal program in 2013.

MRMIB defines grievances using the Department of Managed Health Care (DMHC) definition of a “written or oral expression of dissatisfaction regarding the plan and/or provider, including quality of care concerns”². A grievance includes a complaint, dispute, request for reconsideration or an appeal for services that are modified, delayed or denied.

MRMIB requires all HFP health, dental and vision plans to report subscriber grievances annually. MRMIB calculates a rate of grievances per 10,000 HFP subscribers for each health, dental and vision plan. Using this calculation provides a fair comparison of grievance rates across plans with large differences in enrollment. Health plans reported 84 percent of overall grievances, dental plans reported 16 percent and vision plans reported less than one percent (0.30 percent).

Altogether, 30 health, dental and vision plans reported 3,324 grievances from nearly 900,000 subscribers in 2012. This report compares plans, type of grievance and demographics, as well as provides four-year trends. Plans have demonstrated improvement efforts in addressing the needs and concerns of subscribers, a result being that overall grievance rates continue to decline.

For the first time, this report also includes the total number of direct subscriber complaints received by MRMIB in 2012. This data was compared with grievance data collected from all plans to identify commonalities between the two data sources. In addition, analyses were conducted to identify differences in demographics and types of grievances in both data sources.

¹ Insurance Code Section 12693.49

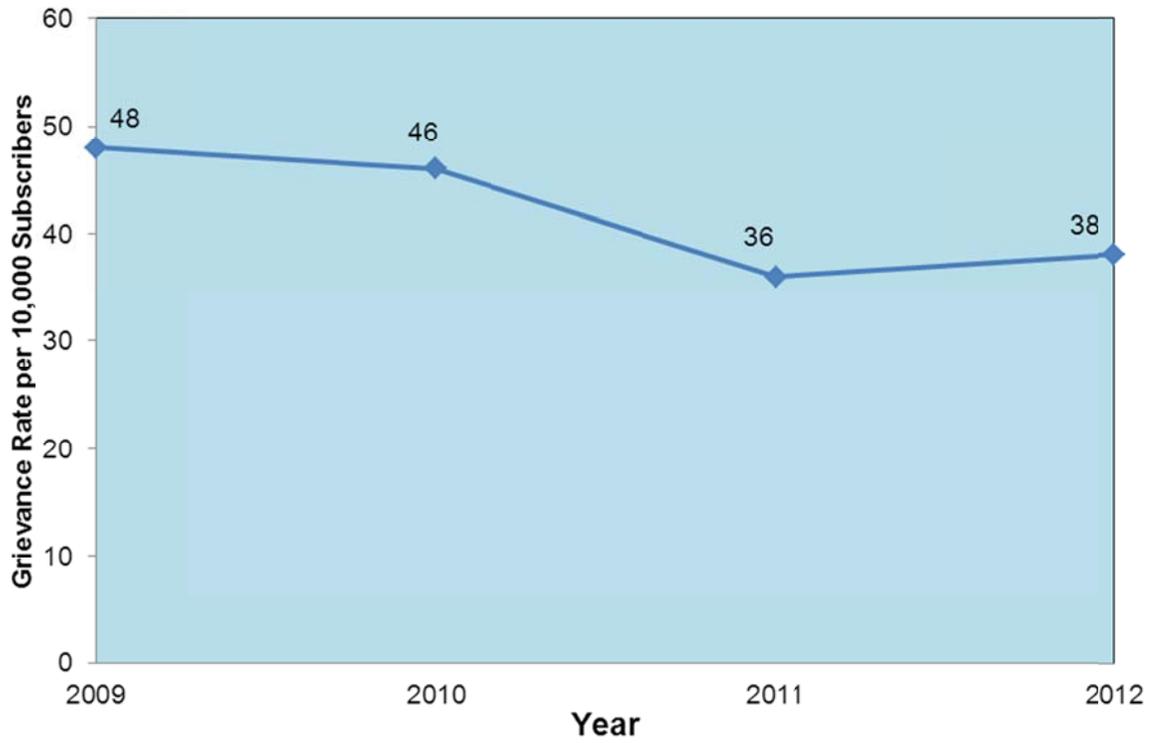
² California Code of Regulations Title 28 Section 1300.68

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Overall Grievance Trends: 2009 – 2012

The four-year trend for overall grievances filed by HFP subscribers is illustrated in Figure 1. The chart represents the grievance rate per 10,000 subscribers of all health, dental and vision plans. The overall rate in grievances reported by all plan types combined declined in the past four years, from a rate of 48 per 10,000 subscribers in 2009 to 38 per 10,000 subscribers in 2012.

Figure 1 – HFP Overall Grievance Rates: 2009-2012

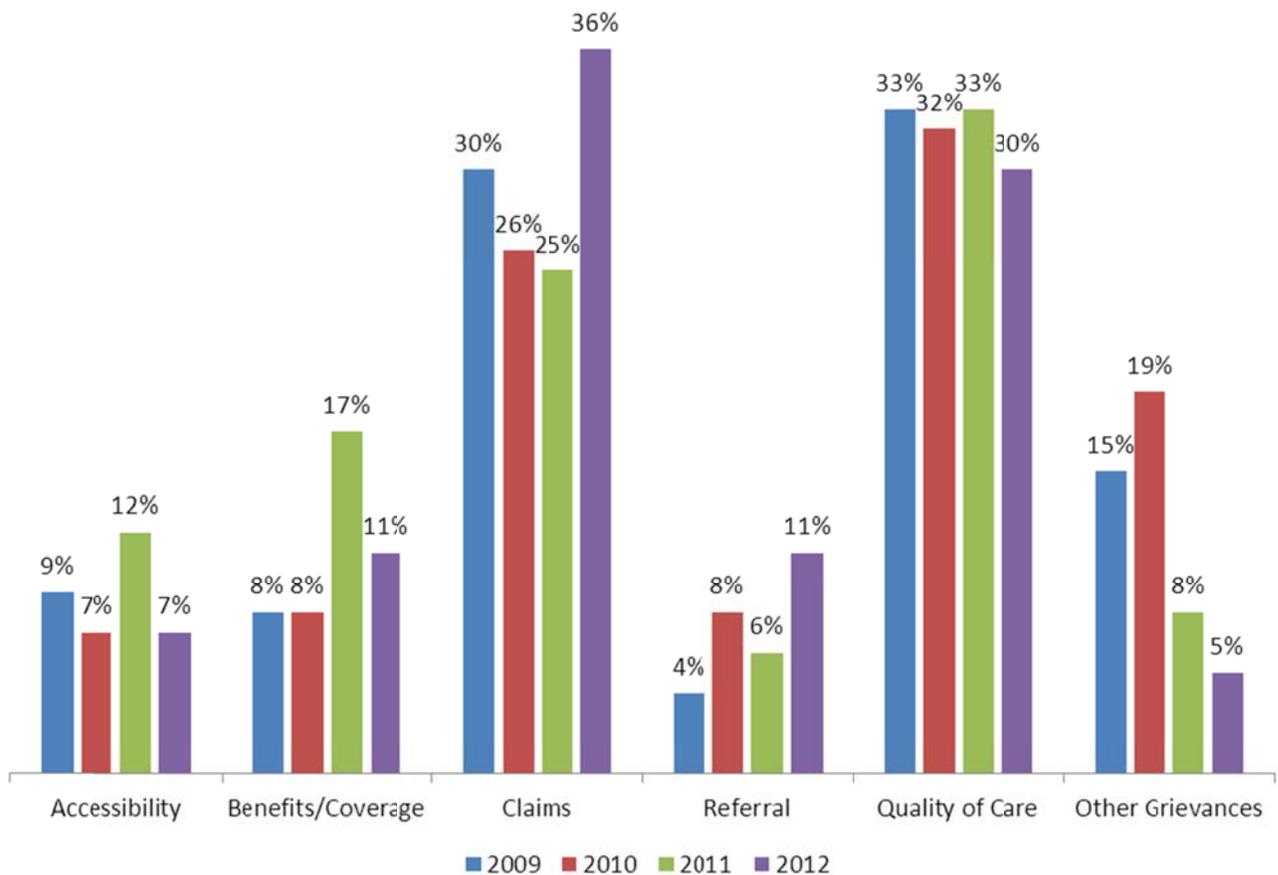


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Plans Grievances by Type: 2009 – 2012

Figure 2 provides the breakdown of grievances filed each year by major category. For all plans combined, Claims and Quality of Care continued to be the leading categories of grievances reported. There was a slight decrease in grievances filed in categories for Accessibility, Benefits, Quality of Care and Other Grievances. This year, Claims-related grievances increased, a turn-around from the decreasing trend of previous years. Other Grievances include administrative, staffing, billing and service issues.

Figure 2. HFP Overall Grievances by Type: 2009-2012



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Grievances by Category

Table 1 represents grievances by category for plan type. The Claims and Quality of Care categories represented the highest percentage of health plan grievances. The majority of grievances filed for dental plans were in the category of Other Grievances, and for vision plans, the category was Benefits/Coverage.

Table 1. Percentage of Grievances by Category for 2012 HFP Plans

Grievance Categories	Health	Dental	Vision
Accessibility	8%	4%	0%
Benefits/Coverage	10%	17%	70%
Claims	40%	7%	0%
Referral	6%	0%	0%
Quality of Care	33%	18%	20%
Other Grievances*	3%	54%	10%
Total Percentage	100%	100%	100%
*The term "Other" is defined as - administrative, staffing, billing and service issues.			

Health Plans

Table 2 on page 6 summarizes and compares 2012 data with 2011 grievance data reported by each health plan. The health plan data is presented in descending order for the 2012 grievance rate per 10,000 subscribers.

The grievances rate per 10,000 subscribers reported by health plans overall has increased slightly from 30 in 2011 to 32 in 2012. The increase is due largely to Community Health Plan's increased grievance rate of 79 for last year compared to 121 this year. Care1st also showed an increase of 20 grievances per 10,000 this year compared to 0 last year. Other plans that have also shown a slight increase in grievance rates this year are Anthem Blue Cross EPO, Kaiser Foundation Health Plan, Alameda Alliance, Health Net HMO, Health Plan of San Mateo and CalOptima. Overall, 12 plans reported a higher grievance rate, while eight reported a lower rate and three were unchanged.

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Table 2. Number of Grievances Reported by Health Plans

Health Plan	Average Monthly Enrollment in 2012	Grievances Reported in 2012	Grievances Reported in 2011	Grievance Rate per 10,000 Subscribers	
				2012	2011
Community Health Plan	11,416	138	108	121	79
Anthem Blue Cross EPO	72,457	421	409	58	55
Kaiser Foundation Health Plan	192,839	949	829	49	45
L.A. Care Health Plan	11,305	52	51	46	46
Anthem Blue Cross HMO	124,347	498	484	40	40
Blue Shield EPO and HMO (combined)	31,700	117	161	37	45
Ventura County Health Care Plan	11,227	28	32	25	29
Alameda Alliance for Health	10,355	22	15	21	14
Care1st Health Plan	12,704	26	0	20	0
Health Net HMO	137,531	259	216	19	16
Health Plan of San Mateo	6,132	11	6	18	10
Kern Family Health Care	10,820	19	18	18	16
Health Plan of San Joaquin	24,111	41	67	17	27
CalOptima Health Plan	36,633	57	46	16	12
Inland Empire Health Plan	57,679	78	120	14	21
San Francisco Health Plan	7,265	7	5	10	7
Community Health Group	24,566	22	24	9	10
Santa Clara Family Health Plan	17,134	15	11	9	6
Molina Healthcare	32,875	21	23	6	7
Central Coast Alliance for Health	23,773	15	14	6	6
Partnership	2,190	1	0	5	0
CenCal Health	9,109	4	4	4	5
Contra Costa Health Plan	4,798	2	7	4	13
Totals	872,966	2,803	2,650	32	30

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Dental and Vision Plans

Table 3 below summarizes and compares each dental and vision plans' grievance data for 2012 with 2011 grievance data. HFP subscribers enrolled in participating dental plans filed a total of 511 grievances in 2012, which was the same as last year's rate of six per 10,000 subscribers. Safeguard Dental represented 46 percent of the grievances reported in 2012, an increased rate of 26 per 10,000 compared to 10 last year. DeltaCare USA has also shown an increase, while Premier Access, Access Dental and Western Dental showed a decrease in reported grievances for 2012.

HFP subscribers enrolled in participating vision plans filed only 10 grievances in 2012, decreasing the grievance rate to nearly zero (0.30) per 10,000 subscribers. The data is presented in descending order for the 2012 grievance rate per 10,000 subscribers.

Table 3. Grievances Reported by Dental and Vision Plans

Dental Plan	Average Monthly Enrollment in 2012	Grievances Reported in 2012	Grievances Reported in 2011	Grievance Rate per 10,000 Subscribers	
				2012	2011
Safeguard Dental	131,799	349	140	26	10
DeltaCare USA	34,027	41	0	12	0
Premier Access	21,734	21	40	10	15
Access Dental	171,936	47	140	3	8
HealthNet Dental	153,973	40	63	3	4
Western Dental	120,836	13	79	1	7
Delta Dental	238,662	0	48	0	2
Totals	872,967	511	510	6	6
Vision Plan	Average Monthly Enrollment in 2012	Grievances Reported in 2012	Grievances Reported in 2011	Grievance Rate per 10,000 Subscribers	
				2012	2011
Safeguard Vision	134,421	10	140	1	11
Vision Service Plan	638,397	0	236	0	4
Eye Med Vision Care	100,149	0	0	0	0
Totals	872,967	10	376	0	4

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Demographic Analysis

Table 4 shows the demographic analysis of grievances filed by HFP subscribers by ethnicity and spoken language. The highest rate of grievances was filed by Whites at a rate of 82 51 per 10,000 subscribers, followed by ~~Black/African Americans~~ American Indian/Alaskan with a rate of ~~63 44~~ and ~~Others~~ Black/African American with a rate of ~~58 42~~. English speaking subscribers filed grievances at a higher rate than non-English speakers.³

The two demographic values have exhibited consistent trends throughout the four years (2009 to 2012). MRMIB has also examined the individual plans data and found the same trend in demographic analyses.

Table 4. Grievances Filed by HFP Subscribers by Demographic

Ethnicity	Enrollment	Grievances	Grievances per 10,000 Subscribers
American Indian/Alaskan	3,188	14	44
Asian/Pacific Islander	95,785	184	19
Black/African American	21,490	90	42
Hispanic/Latino	500,762	1,127	23
Other	360,642	1,398	39
White	101,104	511	51
Spoken Language	Enrollment	Grievances	Grievances per 10,000 Subscribers
Chinese	28,583	52	18
English	600,614	2,350	39
Korean	11,288	28	25
Other Language*	17,845	54	30
Spanish	404,618	809	20
Vietnamese	20,023	31	15
*The term "Other Language" includes Arabic, Armenian, Cambodian, Farsi, French, Hebrew, Hmong, Ilocano, Italian, Japanese, Lao, Mien, Polish, Portuguese, Russian, Samoan, Tagalog, Thai and Turkish.			

³ Chi square goodness of fit test showed significant differences (P<.01) among Ethnicity and Spoken Language groups.

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Subscribers' Complaints to MRMIB in 2012

MRMIB also receives complaints directly from subscribers regarding plan grievances. This is the first year MRMIB research staff has compared the complaint data received by MRMIB with grievance data obtained from plans.

Health plans require subscribers to file complaints directly with their health plan as stated in the Evidence of Coverage (EOC). However, MRMIB staff assists the subscriber by forwarding the complaint to the appropriate health plan for resolution and following up to ensure the subscriber's complaint was resolved.

Table 5 on page 10 shows the total number of complaints received by MRMIB in 2012 by plan. The table also shows the number of common complaints submitted to MRMIB and reported from plans. The data is presented in descending order for the unique complaints rate per 10,000 subscribers.

A total of 393 complaints were submitted from HFP subscribers, 87 of which were grievances that were also received by plans. The overall unique complaints rate per 10,000 subscribers was 4, with a range from 0-10.

In comparison, the Department of Managed Health Care (DMHC) also publishes an annual Complaint Results by Category and Health Plan Report⁴. The report is a summary of formal member complaints resolved by the Department for each calendar year. The report lists health plans licensed during the calendar year, the number of complaints resolved for each health plan, the health plan's average enrollment during the year, the number of complaints per 10,000 members and the number of issues for each category. Complaints are classified in seven categories: Access, Benefits/Coverage, Claims/Financial, Enrollment, Coordination of Care, Attitude/Service of Health Plan and Attitude/Service of Provider. The 2012 report has not been released, however the 2011 report shows a maximum of less than five complaints per 10,000 members for all plans.

The fact that MRMIB received complaints at a higher rate than DMHC may be reflective of the relationship subscribers have with MRMIB as the program administrator. Subscribers are in regular contact with MRMIB for HFP eligibility and benefit issues and as a result, may be more likely to contact MRMIB if they are experiencing problems in accessing benefits or services.

⁴ California Department of Managed Health Care 2011 Independent Medical Review and Complaint Results <http://www.dmhc.ca.gov/library/reports/complaint/2011.pdf>

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Table 5. Total Number of Complaints Received by MRMIB in 2012

Plan Name	Number of Complaints	Number of Common Complaints with Grievances	Unique Complaints	Average Monthly Enrollment in 2012	Unique Complaints Rate Per 10,000 Subscribers
Health Plans					
Blue Shield EPO	9	4	5	5,153	10
Anthem Blue Cross HMO	97	14	83	124,347	7
LA Care	7	2	5	11,305	4
Community Health Plan	11	6	5	11,416	4
Molina Healthcare	15	1	14	32,875	4
Contra Costa Health Plan	2	0	2	4,798	4
Health Plan of San Joaquin	10	1	9	24,111	4
Health Plan of San Mateo	3	1	2	6,132	3
Care1st Health Plan	4	0	4	12,704	3
Health Net	47	5	42	137,531	3
Kern Family Health Care	5	2	3	10,820	3
Ventura County Health Care Plan	6	3	3	11,227	3
Blue Shield HMO	8	3	5	26,547	2
CenCal Health	1	0	1	9,109	1
Anthem Blue Cross EPO	7	0	7	72,457	1
Alameda Alliance for Health	3	2	1	10,355	1
Inland Empire Health Plan	7	2	5	57,679	1
Community Health Group	5	3	2	24,566	1
Kaiser Foundation Health Plan	26	11	15	192,839	1
CalOptima	6	4	2	36,633	1
Central Coast Alliance for Health	4	4	0	23,773	0
Santa Clara Family Health Plan	1	1	0	17,134	0
San Francisco Health Plan	0	0	0	7,265	0
Partnership	0	0	0	2,190	0
Health Totals	284	69	215	872,966	2
Dental Plans					
Western Dental	37	6	31	120,836	3
Delta Care USA	9	2	7	34,027	2
Access Dental	19	0	19	171,936	1
Premier Access	3	1	2	21,734	1
Health Net Dental	17	3	14	153,973	1
SafeGuard Dental	11	4	7	131,799	1
Delta Dental	9	1	8	238,662	0
Dental Totals	105	17	88	872,967	1
Vision Plans					
Vision Service Plan (VSP)	3	1	2	638,397	0
SafeGuard Vision	1	0	1	134,421	0
Eye Med Vision Care	0	0	0	100,149	0
Vision Totals	4	1	3	872,967	0
All Plans Totals	393	87	306	872,967	4

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Table 6 provides further analysis of demographics of HFP subscribers who filed complaints with MRMIB. The analysis compares the proportions of complaints filed with enrollment. Hispanic/Latinos and Others filed the majority (41 percent each) of the complaints. Both ethnicities also occupy a high enrollment percentage, Hispanic/Latino 43 percent and Other 36 percent. Comparison with grievances filed with their health plans shows that Hispanic/Latinos had one of the lower rates for filing (see Table 4 on page 8).

Table 6. Proportion of Complaints Compared with Enrollment Proportion

Ethnicity	Enrollment (%)	Complaints (%)
African American	2%	1%
American Indian/Alaskan Natives	0%	1%
Asian/Pacific Islander	9%	6%
Hispanic/Latinos	43%	41%
Other	36%	41%
White	9%	10%

Spoken Language	Enrollment (%)	Complaints (%)
Chinese Languages	3%	1%
English	56%	58%
Korean	1%	1%
Other Language Category	2%	4%
Spanish	37%	37%
Vietnamese	2%	1%

Table 7 on page 12 shows Accessibility as the leading category of complaints submitted to MRMIB. By comparison, Figure 2 on page 4 shows the Accessibility category with a low percentage of grievances filed by subscribers with their plan. The Claims category shows a high percentage and rate in both complaints submitted to MRMIB and grievances filed with plans.

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Table 7. Number of Complaints Submitted to MRMIB by Category

Grievance Categories	Number of Complaints	Percentage of Complaints
Accessibility	129	32%
Benefits/Coverage	89	22%
Claims	94	24%
Other	74	19%
Quality of Care	12	3%
Totals	398	100%

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Conclusion

Overall, HFP contracting plans continue to make progress in addressing the concerns of subscribers. As a result, the number of grievances per 10,000 subscribers declined significantly over the last four years. Analysis of the four-year trend continues to show Claims and Quality of Care as the major categories of grievances, accounting for approximately 60 percent of total grievances. Whites or English speaking subscribers reported grievances at a significantly higher rate than subscribers of other ethnicities and spoken languages.

This is the first year MRMIB has included complaints submitted directly to MRMIB in this report. The data shows that the Hispanic/Latinos, Others and English Speaking subscribers submitted the highest number of complaints and that Accessibility is the major category of complaints.