

Washington State Health Care Authority

Report to the Legislature

Annual report of customer service complaints
and appeals

RCW 41.05.630

September 22, 2011

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Executive Summary

- Report of customer service complaints and appeals
- RCW 41.05.630
- Annual report for fiscal year 2011
- RCW 41.05.630 directs the Health Care Authority to report to the legislature annually, beginning in September 2011, summarizing the complaints and appeals made by PEBB members related to the Health Care Authority and the PEBB health plans. The report is to contain a summary count of complaints and appeals for the previous twelve months that are related to the following categories only:
 1. Customer service, or
 2. The quality of a health service, or
 3. Availability of a health service

This report is required to also include an analysis of any trends identified in these complaints categories. The 2012 report, which will include two years of complete data, will be the first in which trend analysis will be possible.

Scope of the 2011 Report

This first annual report contains complaints and appeals data from the PEBB health plans from July 2010 through June 2011. Last year, the Health Care Authority compiled an informal, incomplete version of this report for internal use in development of the official report to begin in 2011, and to establish a baseline to trend future complaint data. .

This 2011 report to the Legislature includes much more complete data. Each health plan provided the number of appeals and complaints about the three categories described above. However, there are two limitations to keep in mind when interpreting this report.

The plans do not use these three categories to track complaints internally or in any other reports to the Health Care Authority. Each plan placed appeals and complaints into these three categories at their discretion. This means there may be inconsistencies in how the plans sorted complaints into these categories.

This report includes only those appeals and complaints that fit into one of the three named categories. This means appeals and complaints that do not fit into one of the three named categories are not included in this report.

PEBB Health Plan Complaint and Appeals Data

Total Number of Appeals and Complaints				
	Appeals		Complaints	
	Active	Retired	Active	Retired
Availability of a Health Care Service	679	581	1020	13
Customer Services	259	42	717	59
Quality of a Health Care Services	28	22	156	16
Total Number of Appeals and Complaints	966	645	1893	88

Appeals and Complaints Per Thousand Enrollees				
	Appeals		Complaints	
	Active	Retired	Active	Retired
Availability of a Health Care Service	2.624	7.211	3.941	0.161
Customer Services	1.001	0.521	2.77	0.732
Quality of a Health Care Services	0.108	0.273	0.603	0.199
Total Appeals and Complaints Per 1,000	3.733	8.005	7.315	1.092

Additional Information

The scope of this report is limited to select categories of complaints only. During 2011, however, the Health Care Authority and one of the PEBB health plans received an unusually high volume of complaints related to claims processing delays. Complaints about claims processing are not captured in this report because they do not fall into one of the three specific categories this report captures (access to a health care service, quality of care, or customer service). However, HCA received more complaints about claims processing delays than any other topic. 74 complaints were received between January 1, 2011 and June 30, 2011. The complaints related to this issue are being actively monitored by HCA.

The Health Care Authority is aggressively managing this issue, and is working closely with the plan to achieve the timely claims processing that the Health Care Authority and plan members expect.