

# Public and school employees health plan annual report

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## Health plan customer service complaints and appeals

Substitute Senate Bill 6584; Chapter 293; Laws of 2010

RCW 41.05.630

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## Executive summary

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The Washington State Legislature has instructed the Health Care Authority (HCA) to require plans that provide medical insurance under Chapter 41.05 RCW to submit to HCA a summary of customer service complaints and appeals received by the plans. HCA must then submit an annual report to the Legislature summarizing the complaints and appeals received during the preceding 12 months and include an analysis of any trends.

This 2024 report is the fourth to show Public Employees Benefits Board (PEBB) and School Employees Benefits Board (SEBB) complaints and appeals data. The findings reflect the COVID-19 pandemic's effect on staff recruitment and training, provider burnout, and what appear to be permanent shifts in health care service delivery locations.

Some complaints and concerns around the availability of a health care service may have been categorized under the quality of health care services, depending upon how plans reported their data.

# Background

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## Categories of complaints and appeals

This report includes statistics from the two PEBB Program risk pools (non-Medicare and Medicare) and the single SEBB Program risk pool. Insurers form risk pools to spread risk evenly across an insured population. Two risk pools have been used in the PEBB Program for most of the program's history (since the mid-1990s). The PEBB non-Medicare risk pool includes non-Medicare retirees, employees of PEBB employers (state agencies, higher educational institutions, political subdivisions, etc.), and their dependents. The PEBB Medicare risk pool includes Medicare retirees whose former employers were state agencies, higher educational institutions, political subdivisions, and K-12 school districts. The SEBB Program's risk pool includes only current school employees and their dependents; it does not include retirees because K-12 retirees (both Medicare and non-Medicare) have been included in the PEBB Program's risk pools since the early 1990s.

Each health carrier provided the number of complaints and appeals related to these three categories, as required by legislation:

- Availability of a health care service
- Health carrier customer service
- Quality of a health care service

Four issues limit data for this report:

1. This report includes only those complaints and appeals that fit into one of the three categories. Complaints and appeals that do not match are not included in the medical carriers' data.
2. Each carrier decides where to place their complaints and appeals in these three categories. This results in some variation in how complaints are sorted.
3. Fully insured plans, like Kaiser Permanente health maintenance organization (HMO) health plans, tend to have higher complaints and appeals because they function as both the insurer and the provider. When members complain about scheduling appointments or a provider, those complaints are counted in the carrier's overall numbers. By contrast, Uniform Medical Plan (UMP) and the fully insured Premera preferred provider organization (PPO) plans, as insurers only, are more likely to receive complaints about health care services and less likely to receive complaints about appointment scheduling or providers.
4. Medicare complaints and appeals data and analysis include only UMP, Kaiser Permanente of Washington, and Kaiser Permanente of the Northwest plan offerings. Data is not available for Medicare enrollees of Medigap plans F and G offered by Premera Blue Cross and Medicare Advantage-Prescription Drug plans offered by UnitedHealthcare.

## Populations

The total PEBB population enrolled in plans in July 2023 was 396,030 members. Of those, 288,325 members are in the non-Medicare risk pool. In PEBB, 107,705 members make up the total Medicare population. For purposes of this report, analysis is based on the 69,868 members enrolled in UMP and Kaiser Permanente plans and excludes the 37,837 members enrolled in Medigap and UnitedHealthcare plans for which data is unavailable.

The total SEBB population for 2023 was 272,130 members. Since the SEBB Program does not include retirees, all are school employee members.

# Report highlights

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## PEBB Medicare population

- The total number of complaints decreased by 9.7 percent compared to 2022. This is in contrast to previously reported increases of 3.5 percent in 2022, 66.5 percent in 2021, and 158 percent in 2020.
- The number of complaints per 1,000 Medicare members is still higher than pre-pandemic levels, at 25.8 compared to 8.8 in 2017, but is stable compared to last year.
- Complaints attributed to customer service increased and are now similar in number to complaints about quality of health care services.
- The increase in customer service complaints may be related to changes that began during the COVID-19 pandemic. Staff shortages created longer wait times and increased dependencies on technology for delivery of certain information and services. Dissatisfaction with billing statements and clarity of information available on websites were noted by one carrier as the main driver for customer service complaints.
- Access to providers has become a larger issue as more providers decide to opt out of Medicare networks.
- Overall complaints are approximately 6.5 times higher for Medicare members compared to the non-Medicare population (i.e., non-Medicare retirees and employees), with 25.8 complaints per 1,000 members for Medicare and 3.9 complaints per 1,000 members for non-Medicare.
- Overall, the rate of appeals per 1,000 members was 3.1 times higher for Medicare compared to the non-Medicare population.
- The total number of appeals increased by 87 percent, from 420 in 2022 to 784 in 2023. This increase is significantly larger than the 0.5 percent increase between 2021 and 2022 or the 34 percent increase between 2020 and 2021.
- Approximately 90 percent of total appeals related to customer service. This is an increase from 81 percent in 2022.

## PEBB non-Medicare population

- Complaints overall were up by approximately 18.7 percent from 2022. This is slightly greater than the 17 percent increase in total complaints reported last year.
- The number of complaints filed per 1,000 non-Medicare members increased by 14.7 percent, rising from 3.4 in 2022 to 3.9 in 2023.
- As in the past two years, complaints were mainly related to customer service and quality of health care services, with the availability of a health care service coming in at less than half of those two categories.
- The data is not granular enough to identify the exact cause of complaints. Still, issues associated with health care provider retention and staff burnout concerns may be drivers. In late 2022 and early 2023, a trend toward increases in network contracting disputes and proposed network terminations began. The network terminations were later resolved without any terminations taking place, but may have contributed to this increase in complaints.
- Shifts in location of care delivery during the pandemic appear to be permanent and may also be a contributing factor.
- The total number of appeals increased by almost 29 percent, from 807 in 2022 to 1,040 in 2023.

- Overall, the rate of appeals per 1,000 members increased by 24 percent, rising from 2.9 in 2022 to 3.6 in 2023.
- For the third consecutive year, there were no appeals about the quality of health care services.

## SEBB population

- The number of complaints within the SEBB population is proportionate to those of the non-Medicare PEBB population.
- The total number of complaints increased 30.5 percent from 2022 to 2023. The category “Customer Service” replaced “Quality of a Health Care Service” as the chief complaint category in 2023.
- Overall complaints per 1,000 members increased from 3.0 in 2022 to 3.8 in 2023. This was driven by increases in customer service complaints, which almost doubled, increasing from 1.1 in 2022 to 2.1 per 1,000 SEBB members in 2023.
- As with the PEBB population, the increase in complaints seems to stem from the trend toward increases in network contracting disputes, proposals for network terminations that were later resolved without any terminations, as well as the changing landscape of health care as a result of the pandemic. These changes include health carrier staffing shortages, increased staff burnout rates, and changes in locations used for health care delivery.
- Driven by concerns with customer service, the total number of appeals within the SEBB population was 13.6 percent greater than the non-Medicare PEBB population.
- Overall appeals per 1,000 SEBB members was 4.3, roughly 19.5 percent larger than the rate of 3.6 per 1,000 for non-Medicare PEBB members.
- Overall appeals per 1,000 SEBB members increased by 16.2 percent, rising from 3.7 in 2022 to 4.3 in 2023.
- The total number of appeals increased by 17.6 percent. This increase is solely attributable to changes reported for customer service. Appeals related to availability of care were stable and accounted for 38 percent of appeals. No appeals have been recorded for the “Quality of Health Care Services” category in the past two years.

# Findings

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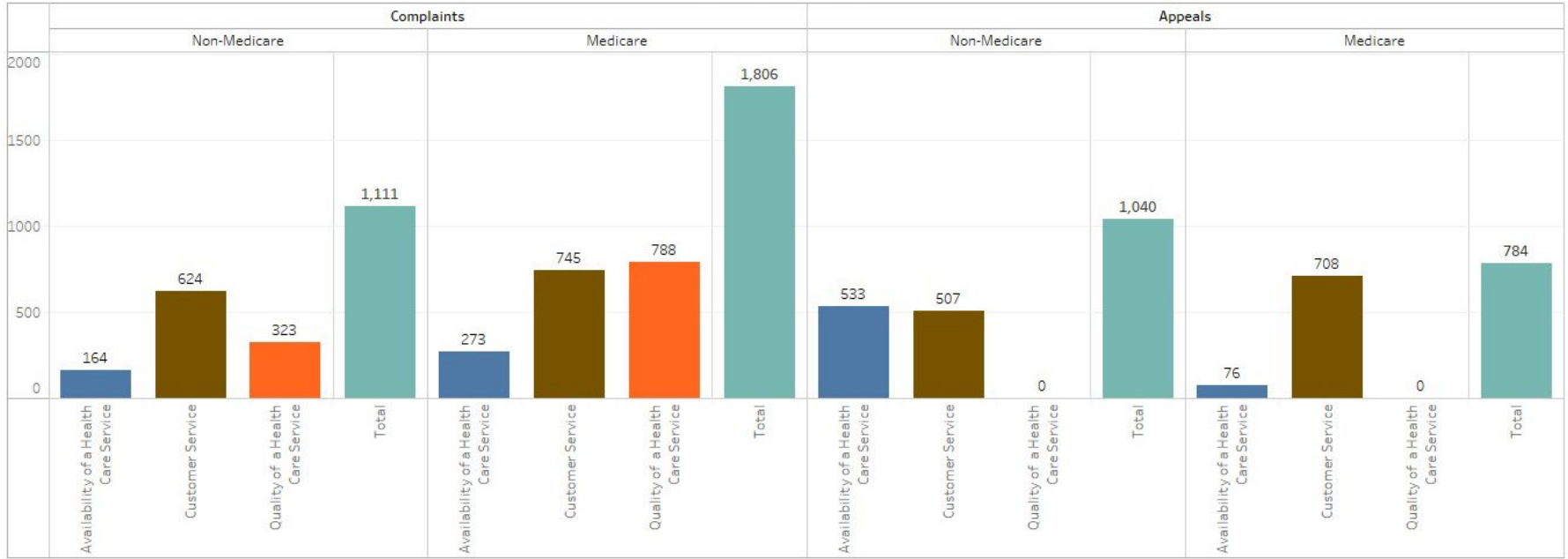
The following section contains illustrations of the numerical data about complaints and appeals in all categories that PEBB and SEBB health plan carriers collected.

List of tables:

- [Table 1: Total number of PEBB complaints and appeals by category, calendar year \(CY\) 2023](#)
- [Table 1A: Total number of SEBB complaints and appeals by category, CY 2023](#)
- [Table 2: Total of all PEBB complaints and appeals by quarter, CY 2023](#)
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- [Table 4: Total number of complaints and appeals per 1,000 PEBB members by year, 2019–2023](#)
- [Table 4A: Total number of complaints and appeals per 1,000 SEBB members by year, 2019–2023](#)

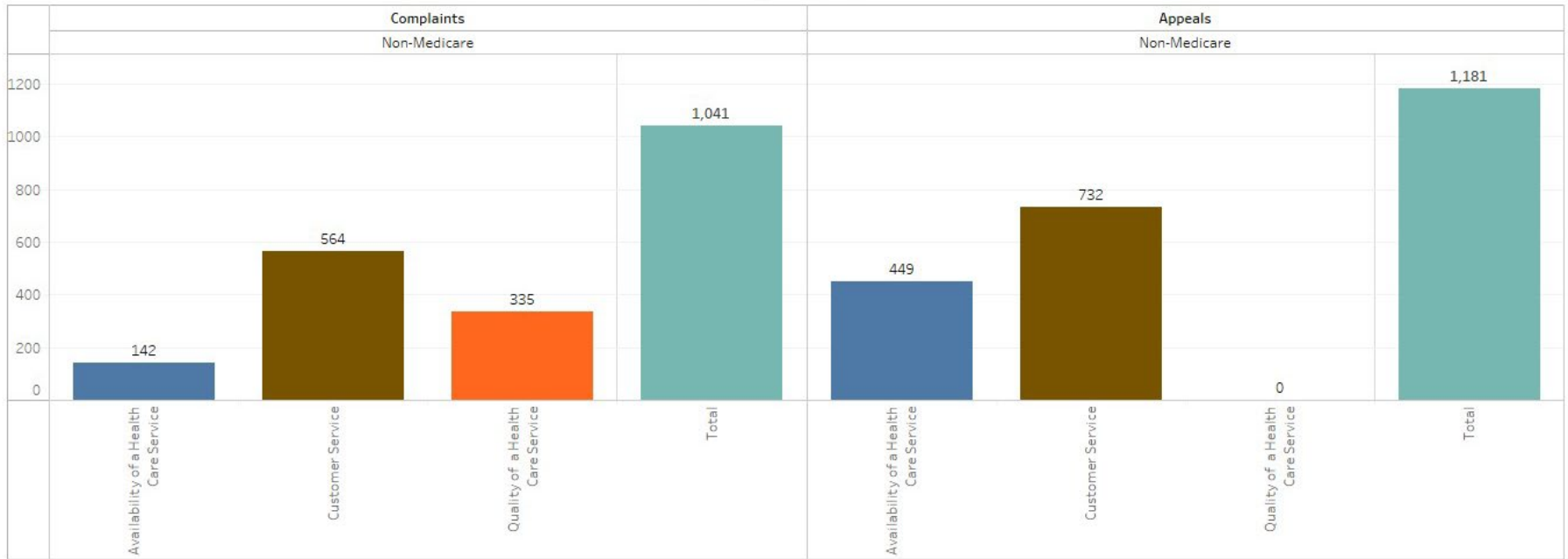


**Table 1: Total number of PEBB complaints and appeals by category, calendar year (CY) 2023**



	Complaints		Appeals	
	Non-Medicare	Medicare	Non-Medicare	Medicare
Availability of a Health Care Service	164	273	533	76
Customer Service	624	745	507	708
Quality of a Health Care Service	323	788	0	0
<b>Grand Total</b>	<b>1,111</b>	<b>1,806</b>	<b>1,040</b>	<b>784</b>

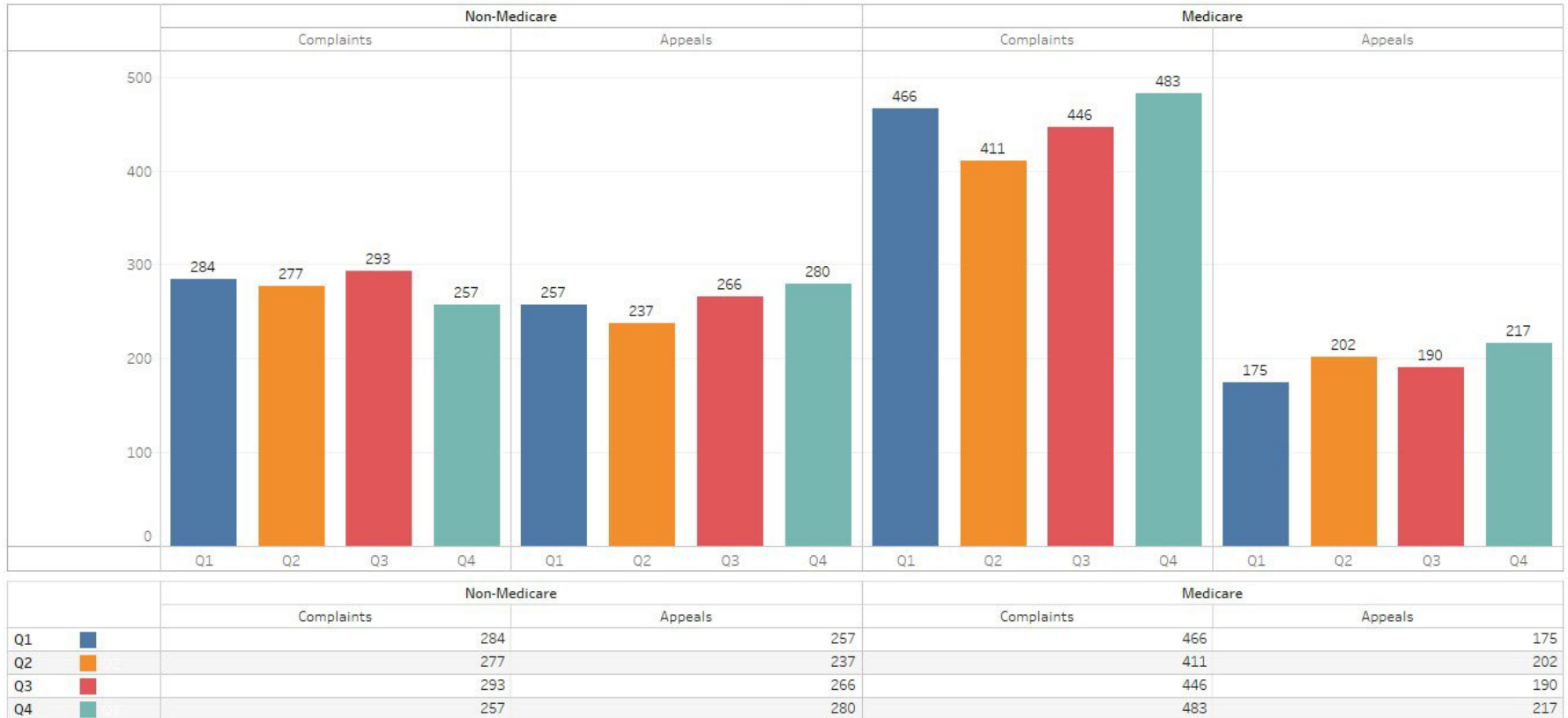
**Table 1A: Total number of SEBB complaints and appeals by category, CY 2023**



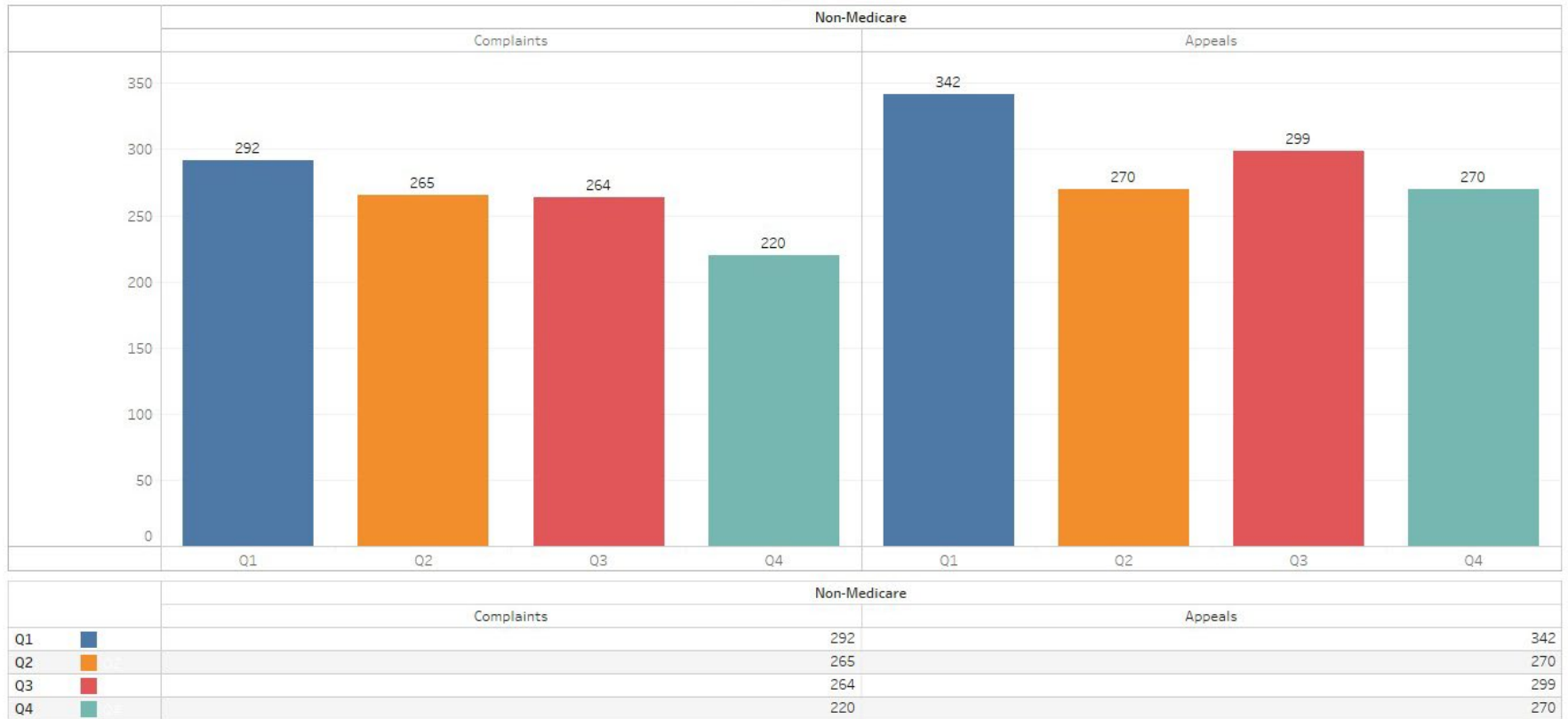
	Complaints		Appeals	
	Non-Medicare		Non-Medicare	
Availability of a Health Care Service	142	449		
Customer Service	564	732		
Quality of a Health Care Service	335	0		
<b>Grand Total</b>	<b>1,041</b>	<b>1,181</b>		

**Table 2: Total of all PEBB complaints and appeals by quarter, CY 2023**

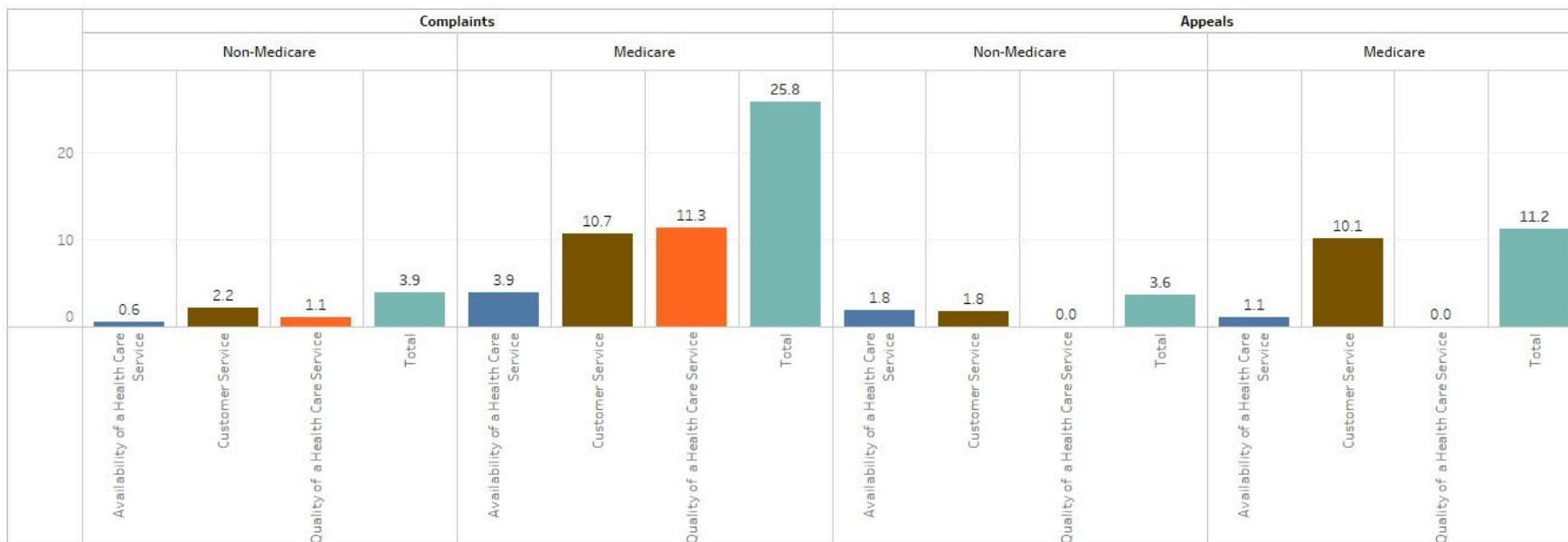
**Complaints and Appeals by Quarter**  
CY 2023



**Table 2A: Total of all SEBB complaints and appeals by quarter, CY 2023**

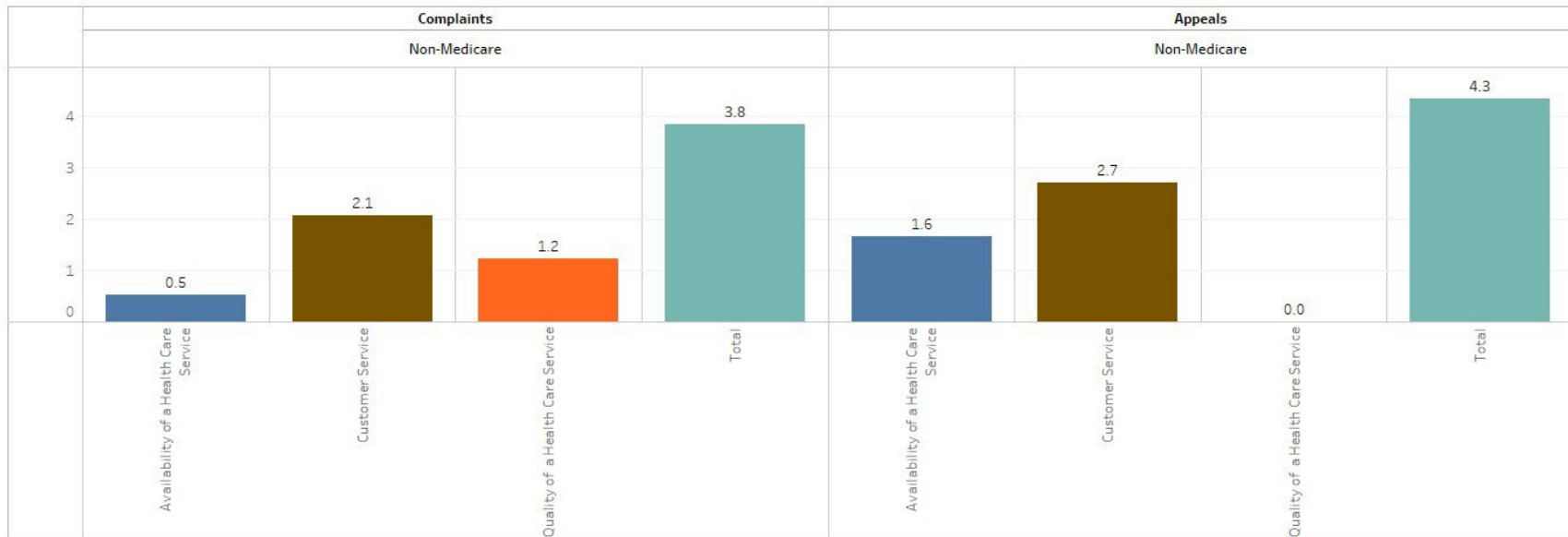


**Table 3: Complaints and appeals by category per 1,000 PEBB members, CY 2023**



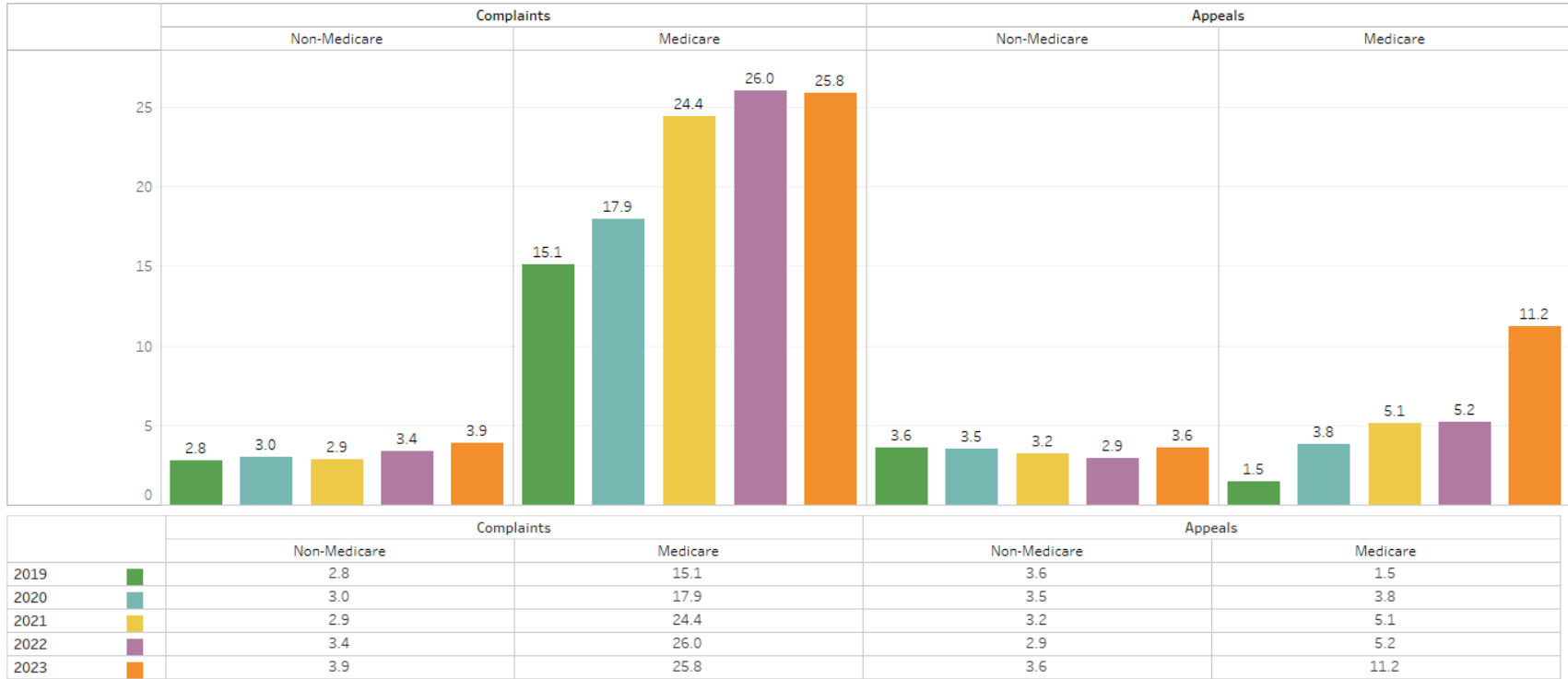
	Complaints		Appeals	
	Non-Medicare	Medicare	Non-Medicare	Medicare
Availability of a Health Care Service	0.6	3.9	1.8	1.1
Customer Service	2.2	10.7	1.8	10.1
Quality of a Health Care Service	1.1	11.3	0.0	0.0
<b>Grand Total</b>	<b>3.9</b>	<b>25.8</b>	<b>3.6</b>	<b>11.2</b>

**Table 3A: Complaints and appeals by category per 1,000 SEBB members, CY 2023**

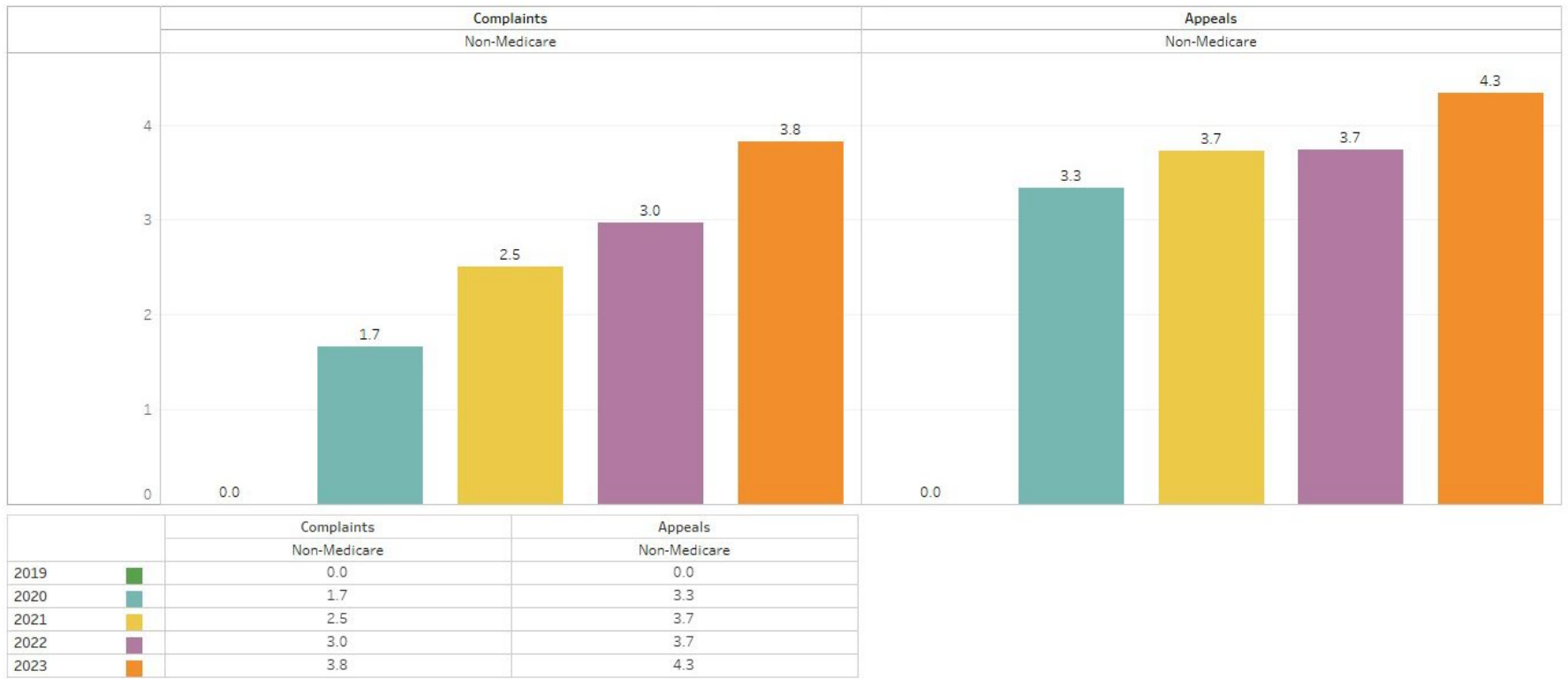


		Complaints	Appeals
		Non-Medicare	Non-Medicare
Availability of a Health Care Service	■	0.5	1.6
Customer Service	■	2.1	2.7
Quality of a Health Care Service	■	1.2	0.0
Grand Total	■	3.8	4.3

**Table 4: Total number of complaints and appeals per 1,000 PEBB members by year, 2019–2023**



**Table 4A: Total number of complaints and appeals per 1,000 SEBB members by year, 2019–2023**





# Key findings explained

## Medicare population for 2023

In 2023, the number of complaints in the PEBB Medicare population was 63 percent greater than that of the PEBB non-Medicare population, despite the Medicare population being only 24 percent the size of non-Medicare. The total PEBB population for 2023, combining both Medicare and non-Medicare members and including Medicare members enrolled in plans for which there are no appeals and complaint data, was 396,103 members.

**Table 5: Comparison of PEBB Medicare and non-Medicare populations size and complaints filed**

	Medicare members	Non-Medicare members
<b>Total population</b>	69,868	288,382
<b>Total complaints</b>	1,806	1,111
<b>Percent of total PEBB complaints</b>	62%	38%

The number of complaints for Medicare per 1,000 members is about the same as in 2022. This is in contrast to the increases experienced during each of the prior three years. In 2023, there was a shift in the focus of complaints from quality of health care services to concerns about customer service. The percentage of complaints due to the quality of health care decreased from 56.3 percent in 2022 to 43.6 percent in 2023. The percentage of complaints due to customer service increased from 27.1 percent in 2022 to 41.3 percent in 2023.

The customer service category is undefined, and we lack clear insight into what aspects of quality members are concerned about or how the health plans decide which complaints to place under that category. Customer service issues are likely related to the continued disruption of health care services triggered by the COVID-19 pandemic. Many members need help navigating the new landscape of virtual visits. One health plan carrier noted a significant increase in complaints related to billing statements and clarity of information available on websites. Changes in location for care delivery during the pandemic, including a shift toward more home-based hospice care and use of outpatient surgical locations appear to be permanent. Hospitals are still running at higher than pre-pandemic capacity levels, and health care delivery systems are struggling with staff burnout and retention issues.

With the easing of the pandemic, concerns around availability of care and quality of care are decreasing, but still pose significant challenges to health care delivery systems. Further, the continued vulnerability of the Medicare population to infection with COVID-19—especially those with comorbidities—continues to engender concerns. Access to providers has become a larger issue as more providers decide to opt out of Medicare networks.

In the post COVID-19 pandemic-driven world of health care:

- Visits don't go as expected or as they once did.
- New staff and providers may not know the member or the member's medical history.
- Increased wait times may feel like lower-quality care to members.

- A shift toward home-based care has increased dependencies on home care providers.

HCA and its health plan carriers have worked to prioritize lowering or removing barriers to access to care where possible. Work continued in 2023 to ensure that our Medicare populations received quality care and to educate our members that changes and restrictions caused by the pandemic do not lower the quality of care they receive. New care-navigation systems are being developed to assist members who continue to need clarification about how, when, and where to access health care services, which can affect their perception of the quality of customer service. Post-pandemic changes in health care delivery systems should be monitored for their possible impact on this complaint category.

Total number of appeals in this population increased 86.7 percent, from 420 total appeals in 2022 to 784 in 2023. The number of appeals per 1,000 members in 2023 was approximately 3.1 times higher in the PEBB Medicare population compared to the PEBB non-Medicare population. This is an increase compared to 2022 where the number of appeals per 1,000 PEBB Medicare members was 1.79 times higher than in the PEBB non-Medicare population. This increase is attributable to customer service as opposed to quality or availability of care and reflects a steeper increase in appeals than experienced over the prior two years. The total number of appeals (784) represents 43 percent of the total number of complaints (1,806) This is an increase compared to 2022 where the total number of appeals (420) was 21 percent of the total number of complaints (2,090).

Approximately 90 percent of total appeals relate to health care customer service. One contributing factor behind this is likely the high employee turnover and health care staffing shortages. High staff turnover may lead to less experienced customer service staff and more mistakes or misunderstandings in information shared at the customer-service level. Appeals may reflect members seeking relief from misquotes or misstatements of allowed services caused by inexperienced staff. Appeals can also result from members misunderstanding their plans as the industry continues to increasingly utilize technology for delivery of this information. In addition, a greater number of appeals for health care service may reflect the increased number of complaints in this category related to statements and billing accuracy. One of our carriers noted that concerns about accuracy of coordination of payments between plans represented a larger proportion of calls that were recorded as customer service complaints that may also be driving customer service related appeals.

HCA will continue working with plans to encourage improved education for health carrier customer service staff and more communication with members to educate them about their plan coverage.

## **PEBB non-Medicare population for 2023**

In the non-Medicare population, total complaints increased for customer service but declined for availability and quality of care services categories. This contrasts with the increases across all categories reported for 2022. Overall complaints increased 18.7 percent from 936 in 2022 to 1,111 in 2023. Complaints about the availability of health care services decreased by 14.6 percent (192 in 2022 to 164 in 2023). Health carrier customer service complaints increased 66 percent (376 in 2022 to 624 in 2023). Complaints about the quality of health care services changed the least, decreasing 12.2 percent (368 in 2022 to 323 in 2023).

Complaints per 1,000 members are still significantly lower in the non-Medicare population (3.9 per 1,000 members) compared to the Medicare population (25.8 per 1,000 members). In contrast to the Medicare population where the rate of complaints was stable, the rate of complaints increased slightly for the non-Medicare population from 3.4 per 1,000 members in 2022 to 3.9 per 1,000 members in 2023.

The same fears around the COVID-19 pandemic and the disruption of health care cited previously when discussing the Medicare population may affect this non-Medicare population. This and the need for granularity in the data make it challenging to assume too much about the quality of health care services offered. Education about how disruptions affect staffing and services may be the most efficient means for correcting the perceived quality problem. Kaiser Foundation Health Plan of Washington did note that a new mail order pharmacy program for non-Medicare members triggered a spike in complaints for customer service. This program became effective on January 1, 2023, and was changed by mid-year based on member concerns. HCA will continue to monitor the impact of the benefit change on the volume of customer complaints.

Unlike the declines reported during the past three years, total appeals increased 28.9 percent from 807 in 2022 to 1,040 in 2023. For the availability of services category, although declines were noted for complaints, appeals increased 30.6 percent, (408 in 2022 to 533 in 2023). Customer service appeals increased 27.1 percent, (399 in 2022 to 507 in 2023). For the third consecutive year, there were no appeals regarding the quality of health care services.

Overall rates of appeals in the non-Medicare population were 3.6 per 1,000 members compared to 11.6 per 1,000 members in the Medicare population. Appeal rates for customer service are smaller in the PEBB non-Medicare population than the PEBB Medicare population (1.8 compared to 10.1 per 1,000 members). Appeal rates for availability of health care are larger in the non-Medicare population than in the Medicare population (1.8 compared to 1.1 per 1,000 members).

Increasing appeals may indicate that the nature of members' concerns are changing, becoming less likely to be resolved through the complaint process. Higher rates of appeals in the Medicare compared to the non-Medicare population indicate that the processes used by carriers to resolve complaints and mitigate appeals may not equally impact these two populations or the different categories of health care services. This suggests there may be internal issues within the health plans or within certain segments of the health care delivery system causing disparate impacts on customer experience. Additional data on resolution rates for different types of complaints may assist with understanding this apparent disconnect between trends for complaints and appeals.

HCA will continue to monitor staff recruitment and retention efforts by our health plans that may also impact complaints and appeals for customer service. Without trained and experienced staff, members may be unable to address needs or resolve complaints at the first point of contact, triggering increased appeals.

## **SEBB population for 2023**

The total SEBB population for 2023 was 272,130 members. The SEBB population does not include retirees, nor does it include any Medicare beneficiaries. The findings from the SEBB population are most comparable to the PEBB non-Medicare population.

The total number of SEBB complaints increased 30.6 percent, from 797 in 2022 to 1,041 in 2023. Of the total complaints, availability of health care decreased from approximately 19 percent of the total complaints in 2022 to 13.6 percent in 2023. Health carrier customer service complaints increased from 36.5 percent in 2022 to 54.2 percent of total complaints in 2023. Quality of a health care service accounted for the remaining 32.2 percent of complaints in 2023, down from 44.5 percent in 2022. These trends towards increases in the customer services category and declines in the other two categories correspond to trends noted in the PEBB non-Medicare population for complaints.

The same fears around the COVID-19 pandemic and the disruption of health care cited previously when discussing the PEBB population may affect this SEBB population. The Kaiser Foundation Health Plan of Washington mail-order pharmacy program contributed to a spike in complaints during the first part of 2023, similar to impacts noted in the PEBB non-Medicare population. This, along with HCA's concerns about disruptions in health carrier customer service representative staffing levels and education, are the same as those expressed for the PEBB population.

Unlike the PEBB non-Medicare population, appeals outnumbered complaints for availability of services and customer service categories. Overall, there were 13.4 percent more appeals than complaints in 2023. Total customer service appeals outnumbered complaints in the same category by 29.8 percent, with 732 total appeals and 564 complaints. Appeals for availability of services outnumbered complaints more than threefold, with 449 appeals compared to 142 complaints. Some of this disparity may come from members who bypassed complaints and filed an appeal as their initial step toward resolving an issue. These numbers may be reduced by continued education of members on the complaint process. However, appeals rose by 17.6 percent between 2022 and 2023 compared to the 3 percent increase in total appeals between 2022 and 2021, so we must also address other possible factors contributing to increases in appeals.

As noted for PEBB non-Medicare and Medicare populations, there were no appeals for the quality of health care services category. Customer service appeals increased 31.3 percent, (560 in 2022 to 732 in 2023). Availability of services appeals were almost the same, (444 in 2022 compared to 449 in 2023).

As in 2023, most appeals (62 percent) were related to health carrier customer service. The rest of the appeals were related to the availability of a health care service. The lack of granularity in the data and the broad definition of customer service make it challenging to drill down to the portion of customer service members who faced problems. Still, it indicates that there are internal issues at the health plans that are causing disruptions to their customer service. Again, we propose that the driver behind these appeals is likely the high employee-turnover and provider-burnout rates generated by the COVID-19 pandemic and the current worker shortage. As suggested for responding to the PEBB non-Medicare population, HCA will continue to partner with our carriers to ensure that their customer service representatives and other staff are given more robust training to avoid disruptions that may be causing these appeals. We will also recommend that the carriers focus on provider training and retention.

## 2023 plan year

Table 2 shows the timing of all complaints and appeals during each quarter of the 2023 plan year for PEBB. Table 2A shows the quarterly report for the SEBB population. As reported for the past three years, the timing of complaints appears to be steady across all four quarters of the year in both programs; no quarter stands out as particularly low or high compared to other quarters. Appeals are also steady across the quarters.

In comparison, eligibility appeals (which are handled by HCA) usually peak in late February and early March as members realize that they have an enrollment issue when seeking care for the first time in the plan year. In past years, those cases have typically dropped off sharply after the end of the second quarter, often by as much as 70 percent.

## 2023 complaints and appeals per 1,000 members

### PEBB population

Table 3 shows the PEBB complaints and appeals rate per 1,000 members of each population in total and per category.

For the non-Medicare population, the rate of complaints increased slightly from 3.4 per 1,000 members in 2022 to 3.9 complaints per 1,000 members in 2023. This is similar to the prior year when the rate of complaints increased from 2.9 per 1,000 members in 2021 to 3.4 per 1,000 members in 2022.

For the Medicare population, the total rate of complaints in 2023 was stable at 25.8 per 1,000 members compared to 26.0 in 2022. In addition to other factors previously cited, the number of complaints may be related, in part, to the methods some carriers used to sort member complaints into categories, which can result in a complaint being counted more than once.

Table 4 shows complaints and appeals per 1,000 members of the Medicare and non-Medicare populations for the past five years. The rate of appeals increased for the non-Medicare population for the first time since 2019. In addition, the rate of change for the Medicare population was much larger in 2023 compared to any of the prior four years, and much larger than in the non-Medicare population. Appeals in 2023 per 1,000 members increased by 24 percent for non-Medicare population compared to the 115 percent increase in the Medicare population. This volatility needs to be monitored by HCA as we work with carriers to better understand contributory factors.

### SEBB population

Table 3A shows the SEBB complaints and appeals rate per 1,000 members in the same format. Total complaints for the SEBB population were 3.8 per 1,000 members, up from 3.0 per 1,000 in 2022. Appeals were 4.3 per 1,000 members, up from 3.7 per 1,000 members 2022. These numbers are consistent with the numbers of the non-Medicare PEBB population, which may imply that the numbers of complaints and appeals are relatively stable year over year. As with the PEBB numbers, there is the possibility that member complaints were recorded in multiple categories.

## Conclusion

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The increase in complaints compared to 2022 is likely related to the ever-changing circumstances of health care initiated by the COVID-19 pandemic, the effect of staff shortages throughout the health care industry, and the pandemic's impact on location for care delivery and consumer expectations.

It remains difficult to access health care services due to hospitals and practices losing providers and experiencing gaps in administrative staff. Additionally, the PEBB and SEBB populations need clarification about the complaint process. We will continue to work with health plans to improve communications around the complaint process.

For the second consecutive year, complaints and appeals were distributed relatively equally across all four quarters of the year for all populations. Instead of the usual steady increase in complaints throughout the plan year, with appeals remaining relatively stable, we see that all populations register complaints and request appeals during all quarters. No clear trends appear.

The number of complaints and appeals within the SEBB population is proportionate to those of the PEBB non-Medicare population and is likely to continue. However, both complaints and appeals are rising in our PEBB Medicare population at a faster rate than the PEBB non-Medicare population. Quality of customer services appears to be driving increases in complaints and appeals across all populations.

Finally, the numbers related to the quality of health care services should be considered in light of the volatility of the health care environment, the current workplace economy, and the lack of granularity in the data. Having no specifics on how quality is defined, it is hard to determine whether the quality of services is genuinely declining or whether disruptions are causing a lack of confidence in health care services.

As we come to understand the new normal of a post-COVID-19 world, we must work to analyze the effects it will have on our members and their relationships with our health plans.