

Public Employees Benefits Board annual report

Customer service complaints and appeals

Substitute Senate Bill 6584, Chapter 293, Laws of 2010

RCW 41.05.630

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Executive summary

RCW 41.05.630 requires the Health Care Authority to process as a complaint an enrollee's expression of dissatisfaction about customer service or the quality or availability of a health service, as reported by the health plans. Starting in 2020, the Employees and Retirees Benefits (ERB) Division of the Health Care Authority (HCA) presented data on complaints and appeals based on a calendar year rather than a fiscal year. This change occurred because the School Employees Benefits Board (SEBB) Program was created.

This 2021 report is the first to show both PEBB and SEBB complaints and appeals data, as the SEBB health plans first became available for members in January 2020. The findings reflect the effect of the COVID-19 pandemic and the uncertainty related to how and when to access health care services.

Some of the complaints and concerns about the availability of a health care service may have fallen into the category of the *quality* of health care services, depending upon how the plans reported their data.

Report highlights

The following are highlights from the reports key findings:

PEBB Non-Medicare population:

- Complaints increased by about 10 percent compared to last year, which is most likely related to the COVID-19 pandemic, which made access to health care more difficult than normal.
- Complaints about customer service increased significantly, possibly due to long wait times due to increased call volume during the pandemic.
- Complaints about the quality of health care also increased. While the data is not granular enough to identify the cause, it is likely related to the need to reschedule non-emergent care or delays to see providers during the pandemic.
- The number of appeals, as well as the spread across categories of appeals, was relatively stable compared to 2019.

PEBB Medicare population:

- Complaints decreased from last year. The most significant decrease was in the availability of health care services category. There were 861 complaints in 2019 and only 298 in 2020.
- The most significant increase was in the customer service category. There were 262 complaints in 2019 and 675 in 2020. Again, this presumably was the result of the pandemic.
- The number of appeals related to the availability of health care almost doubled in 2020, presumably due to the need to reschedule non-emergency and elective procedures and office visits because of the pandemic.
- The other appeal categories remained stable.

SEBB population:

- The highest number of complaints is related to quality of health care services. As with PEBB, while the data is not granular enough to identify the cause, it again is likely related

to the need to reschedule non-emergent care or delays to see providers during the pandemic.

- It is worth noting that there were no appeals about the quality of health care services, which seems to support the interpretation above.
- The highest number of appeals was about customer service, which again is presumably due to long wait times or rescheduling issues related to the pandemic.

Background

Categories of complaints and appeals

This report includes statistics from two PEBB risk pools: non-Medicare and Medicare members. Insurers form risk pools to spread risk evenly across an insured population. These risk pools have been used in PEBB for most of the program's history. For the first time, we also provide complaints and appeals data from the SEBB risk pool; SEBB does not include a population for whom Medicare coverage pays first.

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

1. Availability of a health care service.
2. Customer service.
3. Quality of a health care service.

Data for this report is limited by three issues:

- The carriers do not use these three categories to track complaints in their reports to the HCA. Each carrier decides where to place their complaints and appeals in these three categories, which results in some variation in how complaints are sorted.
- This report includes only those complaints and appeals that fit into one of the three named categories. Complaints and appeals that do not fit are not included in the medical carriers' data.
- Fully insured plans, like Kaiser Permanente health maintenance organization (HMO) health plans, tend to have higher numbers of 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 both 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.

Populations

The total PEBB population for 2020 was 383,903 enrollees. Of those, 274,823 enrollees are in the non-Medicare risk pool. 109,080 enrollees make up the Medicare population.

The total SEBB population was 260,180 enrollees. Since the SEBB Program does not include retirees, all of these are non-Medicare members.

Findings

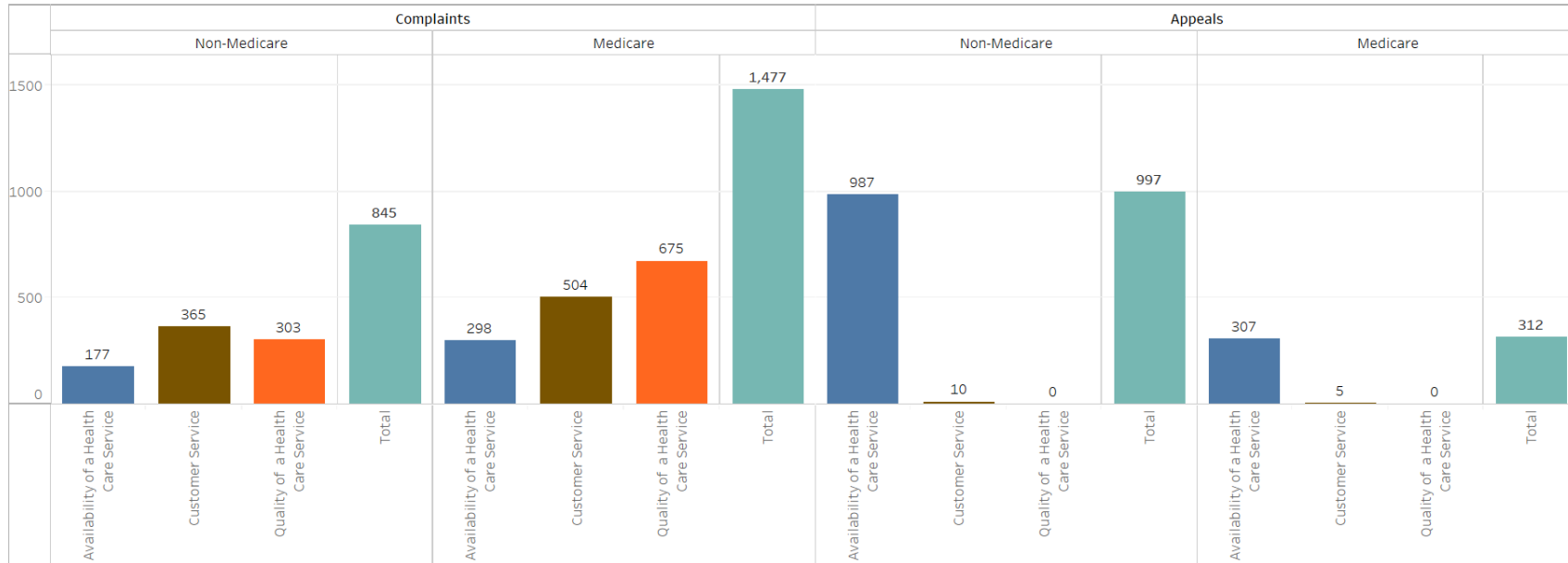
The following section contains tables of the data on complaints and appeals collected from the PEBB and SEBB health plan carriers.

List of tables:

- [Table 1: PEBB Complaints and appeals by category, CY2020](#)
- [Table 1A: PEBB Complaints and appeals by category, CY2020](#)
- [Table 2: Total of all PEBB complaints and appeals by quarter, CY2020](#)
- [Table 2A: Total of all SEBB complaints and appeals by quarter, CY2020](#)
- [Table 3: Complaints and appeals by category per 1,000 PEBB members, CY2020](#)
- [Table 3A: Complaints and appeals by category per 1,000 SEBB members, CY2020](#)

Table 1 - Total number of PEBB complaints and appeals (Calendar Year 2020)

Total Number of Complaints & Appeals
Calendar Year 2020

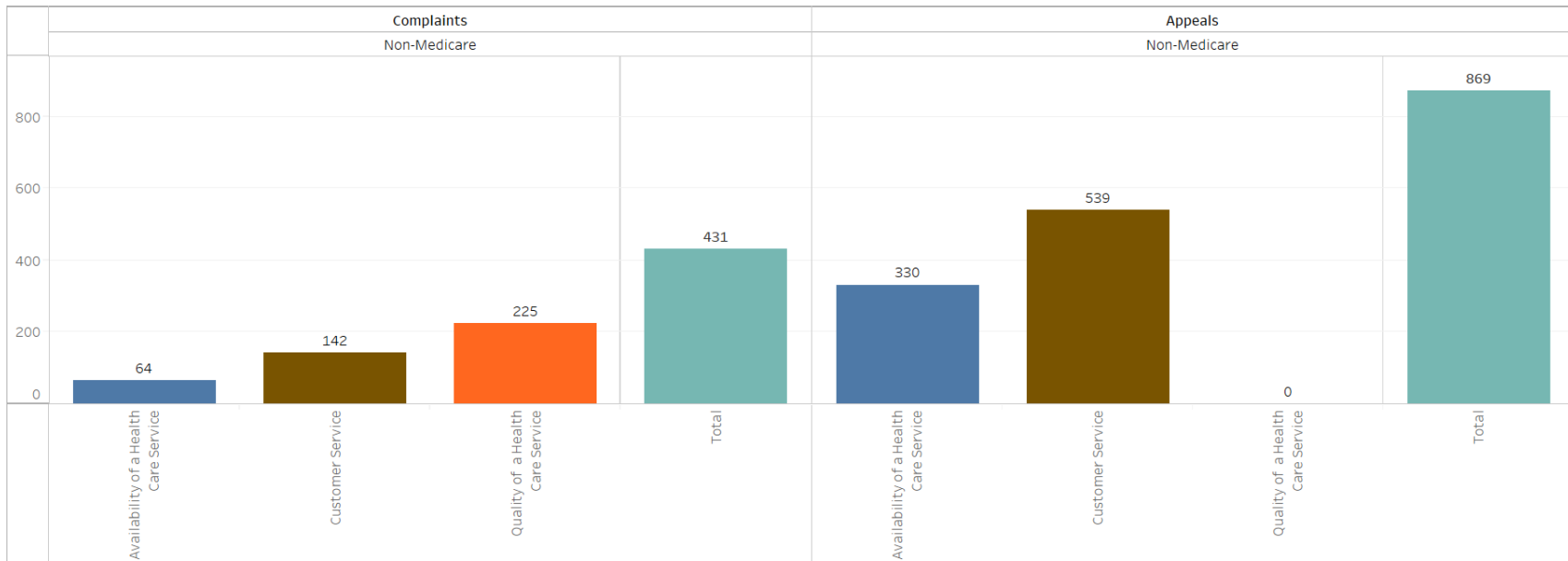


	Complaints		Appeals	
	Non-Medicare	Medicare	Non-Medicare	Medicare
Availability of a Health Care Service	177	298	987	307
Customer Service	365	504	10	5
Quality of a Health Care Service	303	675	0	0
Grand Total	845	1,477	997	312

Table 1A - Total number of SEBB complaints and appeals (Calendar Year 2020)

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Total Number of Complaints & Appeals
Calendar Year 2020



	Complaints		Appeals	
	Non-Medicare		Non-Medicare	
Availability of a Health Care Service	64		330	
Customer Service	142		539	
Quality of a Health Care Service	225		0	
Grand Total	431		869	

Table 2 - PEBB complaints and appeals by quarter (Calendar Year 2020)

Complaints and Appeals by Quarter
CY 2020

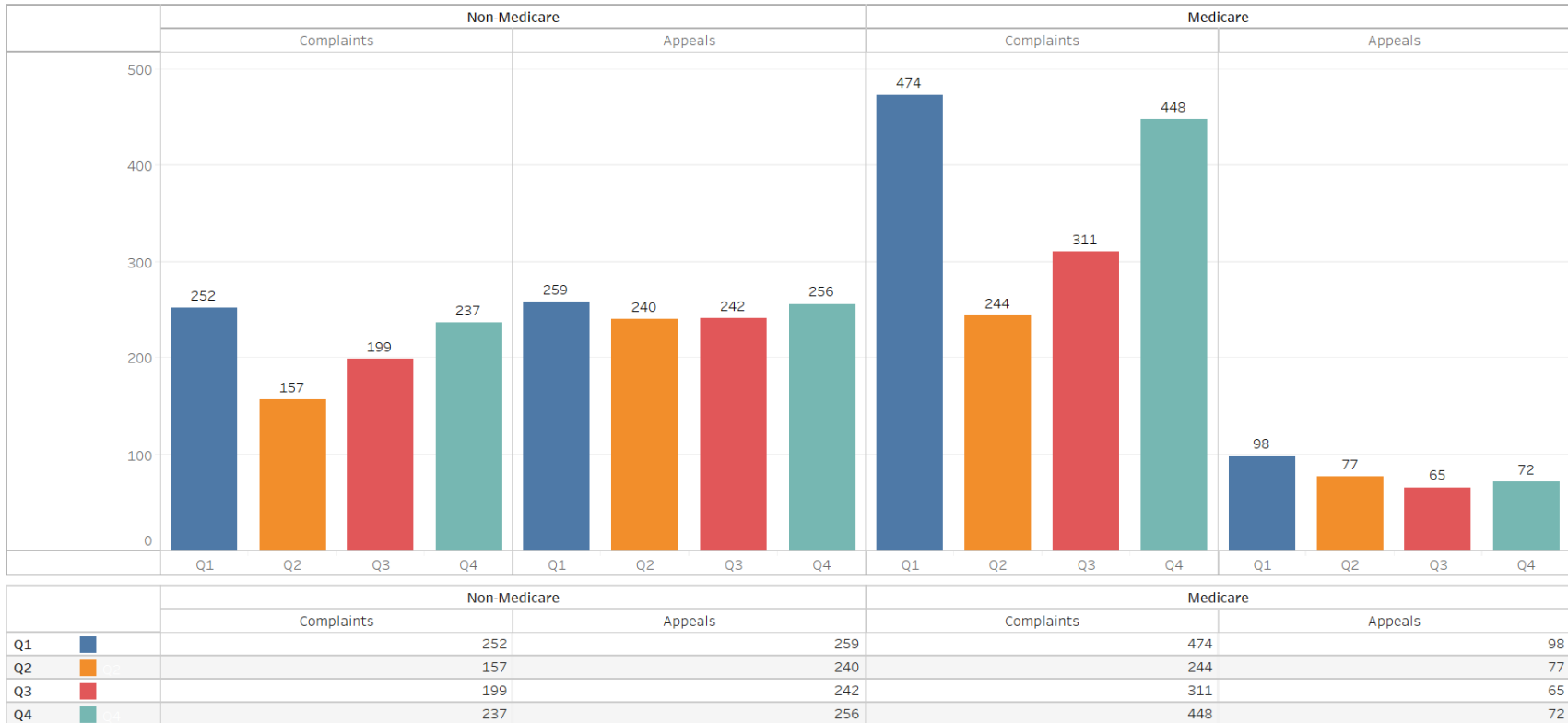
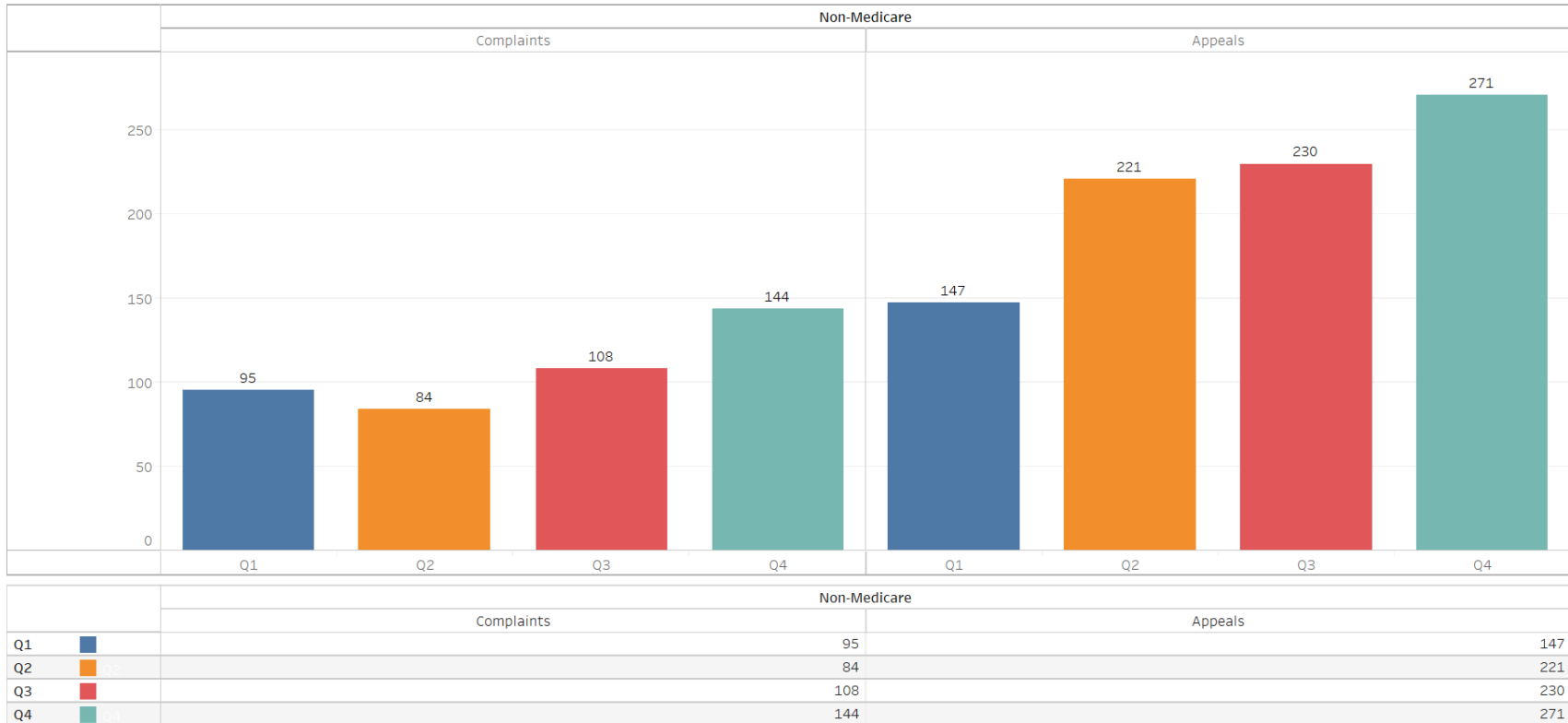


Table 2A - SEBB complaints and appeals by quarter (Calendar Year 2020)

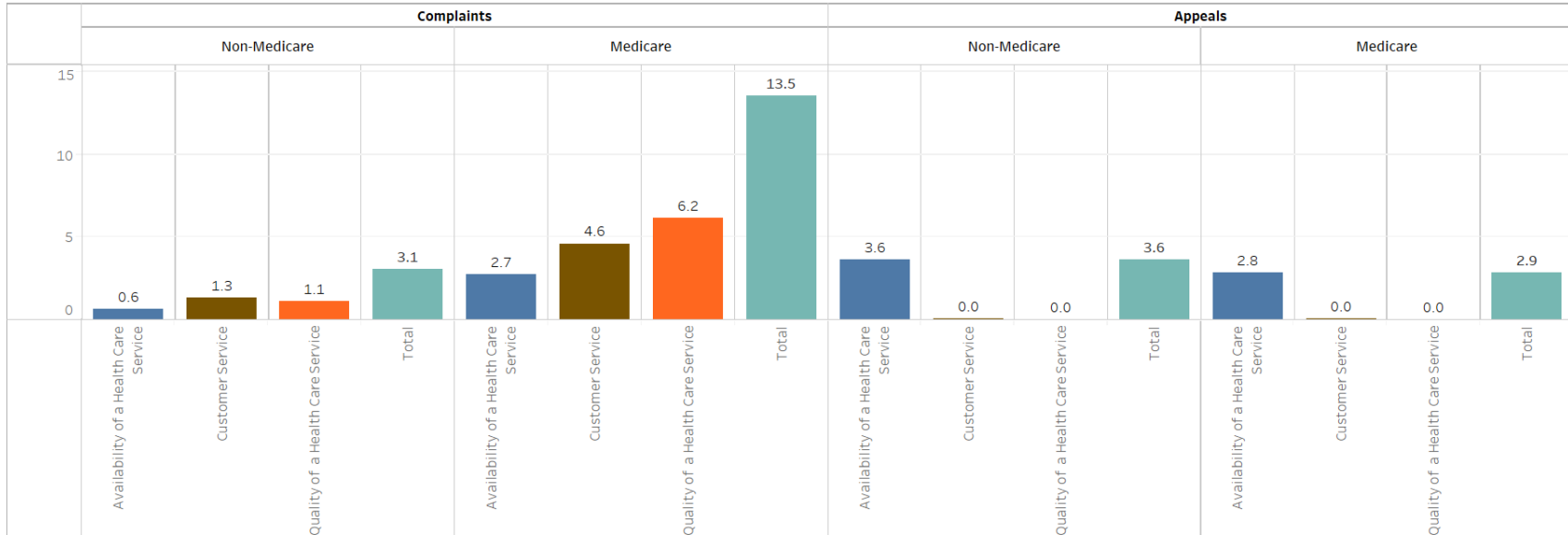
Complaints and Appeals by Quarter
CY 2020



		Non-Medicare			
		Complaints		Appeals	
	Quarter	Q1	Q2	Q3	Q4
Q1		95			147
Q2		84			221
Q3		108			230
Q4		144			271

Table 3 - Complaints and appeals by category per 1,000 PEBB members (Calendar Year 2020)

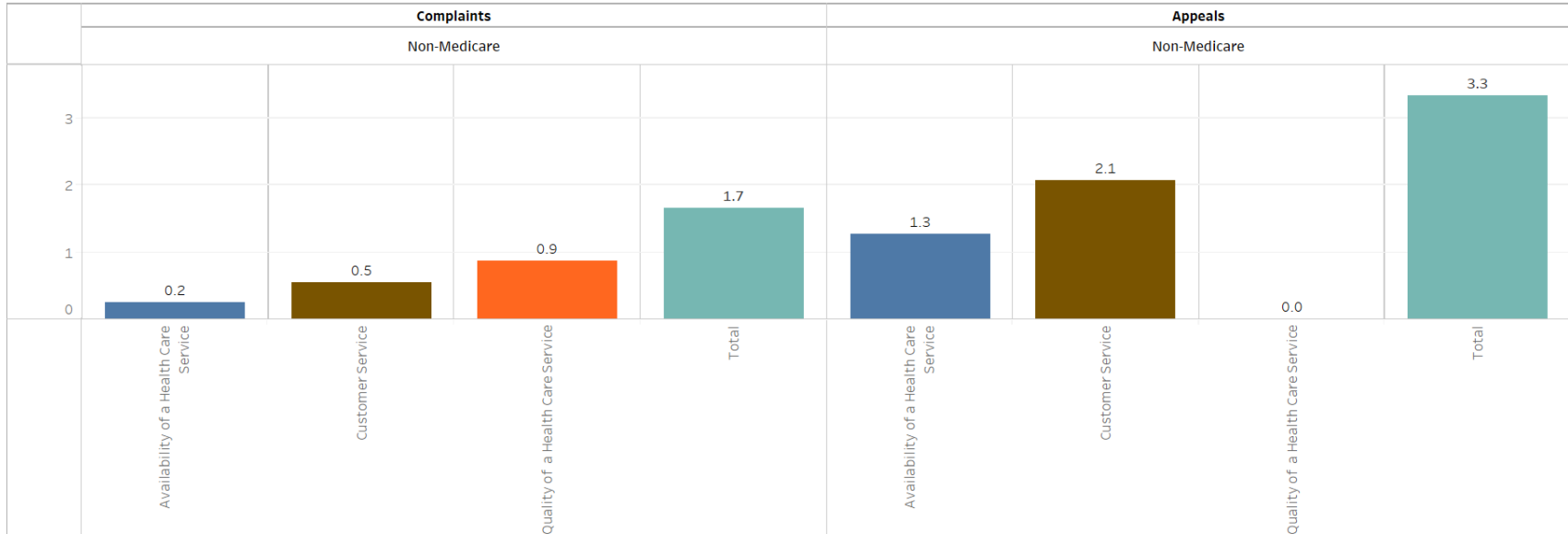
Complaints & Appeals
 Calendar Year 2020
 (Per 1000 Members)



	Complaints		Appeals	
	Non-Medicare	Medicare	Non-Medicare	Medicare
Availability of a Health Care Service	0.6	2.7	3.6	2.8
Customer Service	1.3	4.6	0.0	0.0
Quality of a Health Care Service	1.1	6.2	0.0	0.0
Grand Total	3.1	13.5	3.6	2.9

Table 3A - Complaints and appeals by category per 1,000 SEBB members (Calendar Year 2020)

Complaints & Appeals
 Calendar Year 2020
 (Per 1000 Members)



		Complaints	Appeals
		Non-Medicare	Non-Medicare
Availability of a Health Care Service	■	0.2	1.3
Customer Service	■	0.5	2.1
Quality of a Health Care Service	■	0.9	0.0
Grand Total	■	1.7	3.3

Key findings explained

Medicare population for 2020

The number of complaints in the Medicare population was almost twice that of the non-Medicare population for 2020, despite the Medicare population being much smaller. For the Medicare population, only 20 percent of complaints were for issues with “Availability of a Health Care Service” (down from about 45 percent in 2019), 35 percent for Customer Service” (comparable to last year), and 45 percent for “Quality of a Health Care Service.”

The increase of complaints is likely related to the changing circumstances of health care during the COVID-19 pandemic. Many were confused and uncertain about how and when to access health care services. This was especially true for the Medicare population, as those over 65 were quickly identified as particularly vulnerable to COVID-19. The pandemic continues to impact health care and medical facilities in profound ways; we can reasonably assume these ongoing challenges created complaints.

The data indicates that Medicare members may be facing difficulties in accessing health care services. ERB and its health plan carriers will continue to ensure that barriers to access and quality care are lowered or removed where possible, as well as working to improve the customer service experience.

As for appeals, data still show a relatively low number, with the majority related to availability of a health care service. The total number of appeals (312) is about 21 percent of the total number of complaints (1,477). Since 99 percent of the appeals are related to availability of health care, it is likely that the COVID-19 pandemic disrupted health care services in ways that heavily affected the Medicare population.

PEBB Non-Medicare Population for 2020

In the non-Medicare population, complaints were slightly higher for “Customer Service” (with 43 percent of complaints), followed by 36 percent for “Quality of a Health Care Service”, and 21 percent for “Availability of a Health Care Service.” This shows that non-Medicare members are generally receiving services but may not be as satisfied with the quality of the service. It should be noted that the same concerns cited above about the effects of the COVID-19 pandemic and the disruption of health care (as well as the lack of granularity in the data) make it risky to assume too much about quality of health care services. Again, the increase in Customer Service complaints can most likely be linked to delays and other issues related to the COVID-19 pandemic.

As was the case in 2019 for the non-Medicare population, there were more appeals than complaints. This may indicate that members did not attempt to first follow the complaint process but moved directly to the appeal process. Almost all the appeals were about availability of a health care service, which, by contrast, had the lowest number of complaints. This disconnect between complaints and appeals may indicate that members are unclear about the complaint process, so they bypassed it to file an appeal. More effort to educate members about the complaint process may prevent an increase in the number of appeals.

SEBB Population

The SEBB population does not include retirees, nor does it include any Medicare beneficiaries. The findings from the SEBB population could most likely be compared to the PEBB non-Medicare population. Since SEBB plans first became available in January 2020, there is no existing SEBB data for comparison.

In the SEBB population, the total number of complaints were about half the total number of the PEBB non-Medicare population, although the population sizes are almost equal. Of the complaints, 14 percent were related to "Availability of a Health Care Service." "Customer Service" accounted for 33 percent of the complaints and "Quality of a Health Care Service" accounted for the remaining 53 percent. Again, the aggregated nature of the data and the uncertainty surrounding health care services during the COVID-19 pandemic are major factors in the size of this category.

For the SEBB population, there were twice as many appeals than complaints. The impacts of the disruption to the health care system generally due to the COVID-19 pandemic cannot be downplayed. Additionally, there may be a disconnect showing that SEBB members are unclear about the complaint process. They may have bypassed complaints and filed an appeal as the initial step. With more experience in the SEBB Program, these numbers may be reduced, especially since there were no appeals about quality of a health care service.

Most of the appeals (62 percent) were related to "Customer Service," which are likely related to long wait times and other issues related to the COVID-19 pandemic. The rest of the appeals were related to "Availability of a Health Care Service." It remains to be seen if the number of complaints and appeals drops in future, non-pandemic years.

2020 Plan Year

Table 2 lays out the timing of all complaints and appeals during each quarter of the 2020 plan year for PEBB. Table 2A lays out the quarterly report for the SEBB population. There was a marked spike in complaints in the first quarter for both the Medicare and non-Medicare populations, with a dip in the second quarter. Medicare population complaints also had a marked spike in the fourth quarter. Given the changing nature of COVID-19 directives, it is possible that the spike in the fourth quarter was related to concerns about being able to make appointments or reschedule appointments or procedures that were canceled or delayed due to the pandemic. The data is not sufficiently granular to provide clarity on this presumption.

As in past years, appeals were distributed relatively equally across all four quarters of the year for the non-Medicare population. For the Medicare population, complaints generally increased throughout the plan year, while appeals were relatively stable throughout.

For the SEBB population, the number of both complaints and appeals increased steadily throughout the plan year. Given that this was the first year of SEBB health plans being available to SEBB members (and many members had to switch carriers or plans when the program was created), the overall numbers were not unexpected. There is also a presumption that the COVID-19 pandemic and its disruption to health care generally was also a factor in these numbers. More available care over the course of the year may have resulted in a corresponding increase in complaints and appeals.

In contrast to the relative stability of appeals the carriers receive from PEBB and SEBB members over the course of the year, eligibility appeals (which are handled by ERB) usually peak in late February and early March as members realize that they have an enrollment issue. Those cases typically drop off sharply after the end of Quarter 2, usually by as much as 70 percent. No such drop off is noted by the carriers.

2020 Complaints and Appeals per 1,000 Members

PEBB Population

Table 3 shows the rate of PEBB complaints and appeals per 1,000 members of each population, by category. Table 3A shows the rate of SEBB complaints and appeals per 1,000 members, also separated by category.

For the non-Medicare population, there were 3.1 complaints per 1,000 members, while appeals were 3.6 per 1,000. (This contrasts with 2.8 for complaints and 3.8 for appeals for 2019.)

For the Medicare population, the rate of complaints was much higher, while the rate of appeals was lower than the non-Medicare population. Complaints were higher in 2019, at the rate of 15.1 per 1,000 members. In 2019, appeals were rare at less than 1 per 1,000 members of the Medicare population. For 2020, the number of appeals was 2.9 per 1,000 members. Appeals are significantly lower than complaints. The numbers of complaints may be linked to the methods some carriers used to sort member complaints into the multiple categories, which can result in a complaint being counted more than once.

SEBB Population

As shown in Table 3 A, total complaints for the SEBB population were 1.7 per 1,000 members. Appeals were significantly higher at 3.3 per 1,000 members. As with the PEBB numbers, there is the possibility that member complaints were recorded in multiple categories. However, 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, despite the new SEBB Program and the COVID-19 pandemic.

Conclusion

The increase of complaints compared to 2019 is likely related to the changing circumstances of health care during the COVID-19 pandemic. It was much more difficult than normal to access health care services. In addition, it appears that both the PEBB and SEBB populations may be unclear about the complaint process. We will continue to work with the health plans to improve the communications around the complaint process.

As in past years, appeals were distributed relatively equally across all four quarters of the year for the non-Medicare population. For the Medicare population, complaints generally increased throughout the plan year, while appeals were relatively stable throughout.

For the SEBB population, the number of both complaints and appeals increased steadily throughout the plan year. Given that this was first year of SEBB health plans being available to the SEBB membership (and many members had to switch carriers or plan types), the overall numbers were not unexpected. Furthermore, it appears that the number of complaints and appeals within the SEBB population are proportionate to those of the PEBB population.

As a final note, the numbers related to quality of health care services should be considered in light of the COVID-19 pandemic and the lack of granularity in the data. Having no specifics, it is hard to determine whether availability of services is related to quality of health care services. 2020 was a very unusual year with the launch of the SEBB Program and the pandemic; when future data becomes available, an analysis of trends may shed more light on the dynamics at play.