



Report to the Legislature

PEBB Annual Report of Customer Service Complaints and Appeals

Substitute Senate Bill 6584 Chapter 293, Laws of 2010
RCW 41.05.630

September 28, 2012

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Executive Summary

The Washington Legislature passed legislation (SSB 6584) in 2010, which requires the Health Care Authority to capture customer service complaints and require each health plan that provides PEBB medical coverage to submit a summary of customer service complaints and appeals to the agency.

This bill was codified at RCW 41.05.630. It 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 PEBB health plans. The report is to contain a summary count of complaints and appeals for the previous twelve months and annual trends that are related to the following categories:

1. Customer service, or
2. The quality of a health service, or
3. Availability of a health service

This report, because it includes two years of complete data, is the first in which trend analysis is possible.

Scope of the 2012 Report

Each health plan provided the number of appeals and complaints related to the three categories described above. However, there are two limitations to keep in mind when interpreting this report.

1. 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 as determined within their organization. This may result in some inconsistencies in how the plans sorted complaints into these categories.
2. This report includes only those appeals and complaints that fit into one of the three named categories. 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

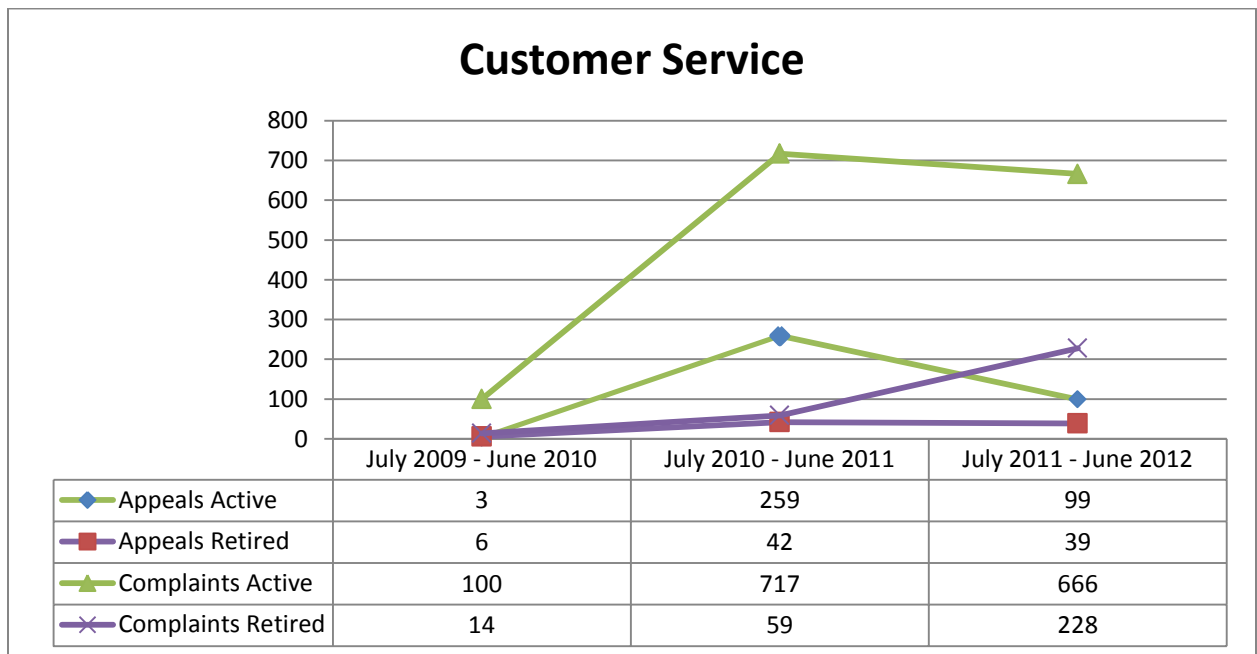
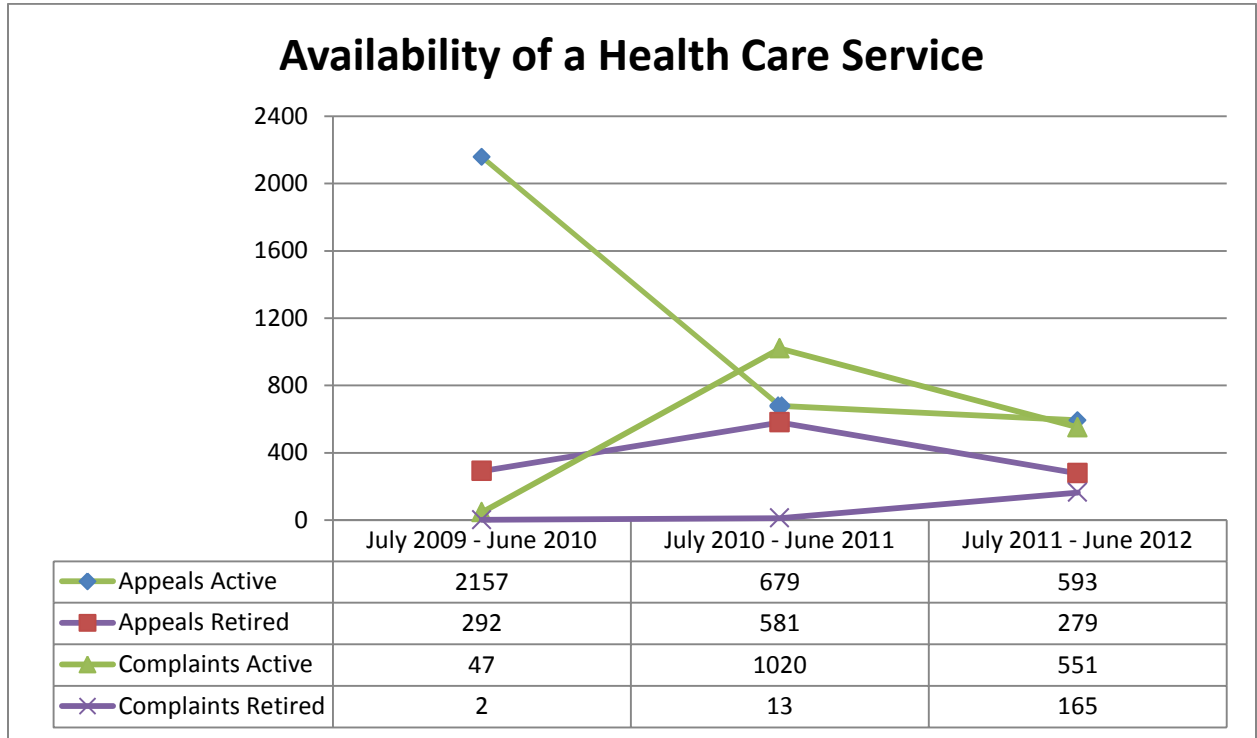
Total Number of Appeals and Complaints				
	Appeals		Complaints	
	Active	Retired	Active	Retired
Availability of a Health Care Service	593	279	551	165
Customer Service	99	39	666	228
Quality of a Health Care Service	0	0	130	74
TOTAL	692	318	1347	467

Appeals and Complaints per 1000 Members				
	Appeals		Complaints	
	Retired	Active	Retired	Active
Availability of a Health Care Service	2.34	3.36	2.17	1.99
Customer Service	0.39	0.47	2.62	2.74
Quality of a Health Care Service	0	0	0.51	0.89
TOTAL per 1000 Members	2.73	3.83	5.31	5.62

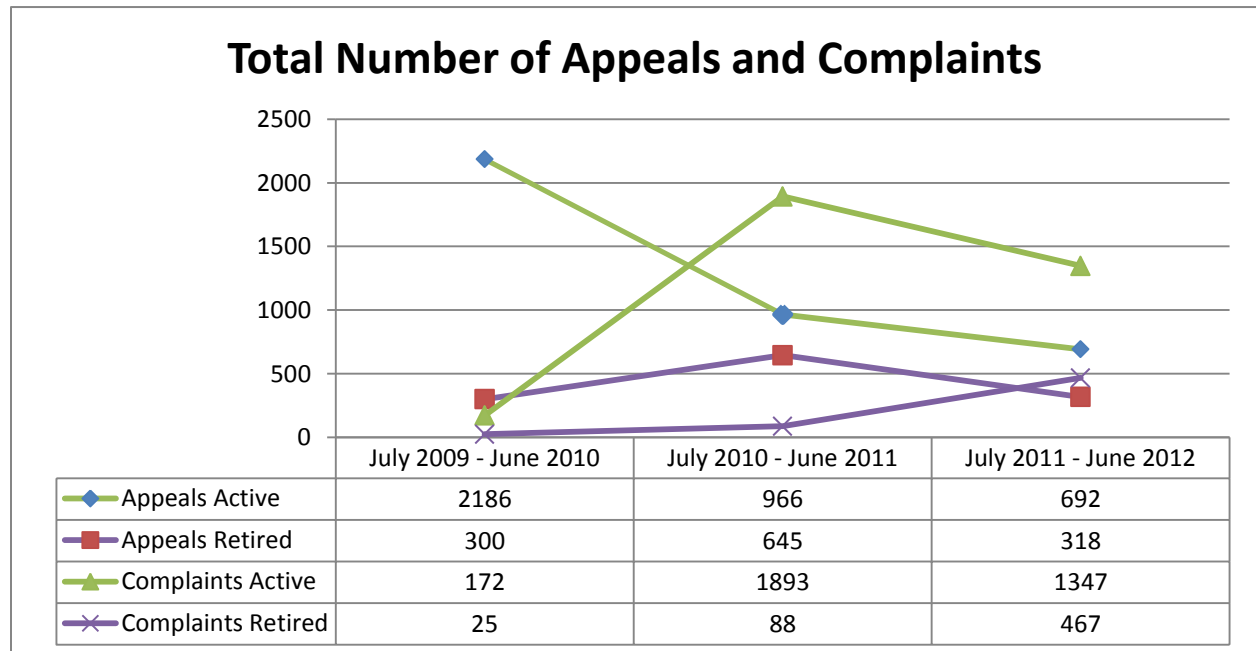
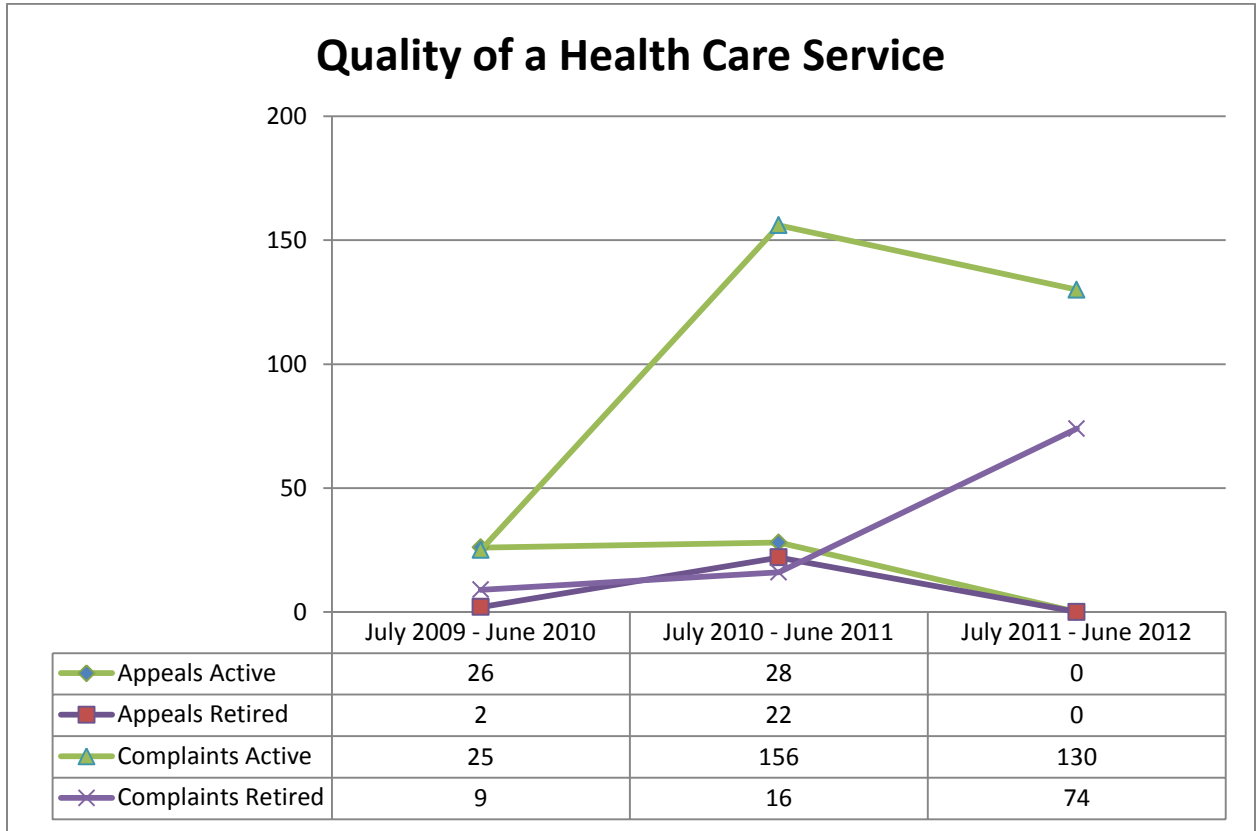
Additional Information

The scope of this report is limited to select categories of complaints only. During 2012, however, the Health Care Authority and one of the PEBB health plans received a high volume of complaints related to Medicare Coordination of Benefits. The Health Care Authority and the plan administrator are reviewing Coordination of Benefits claims and procedures to determine if any changes or corrections are needed.

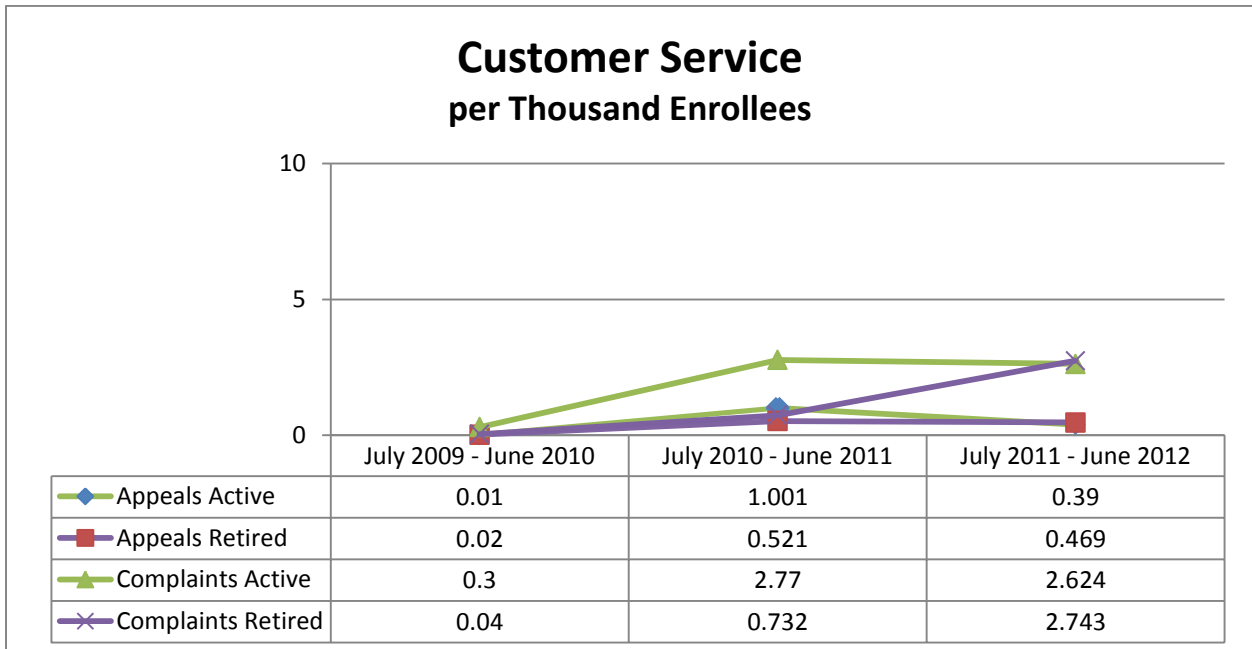
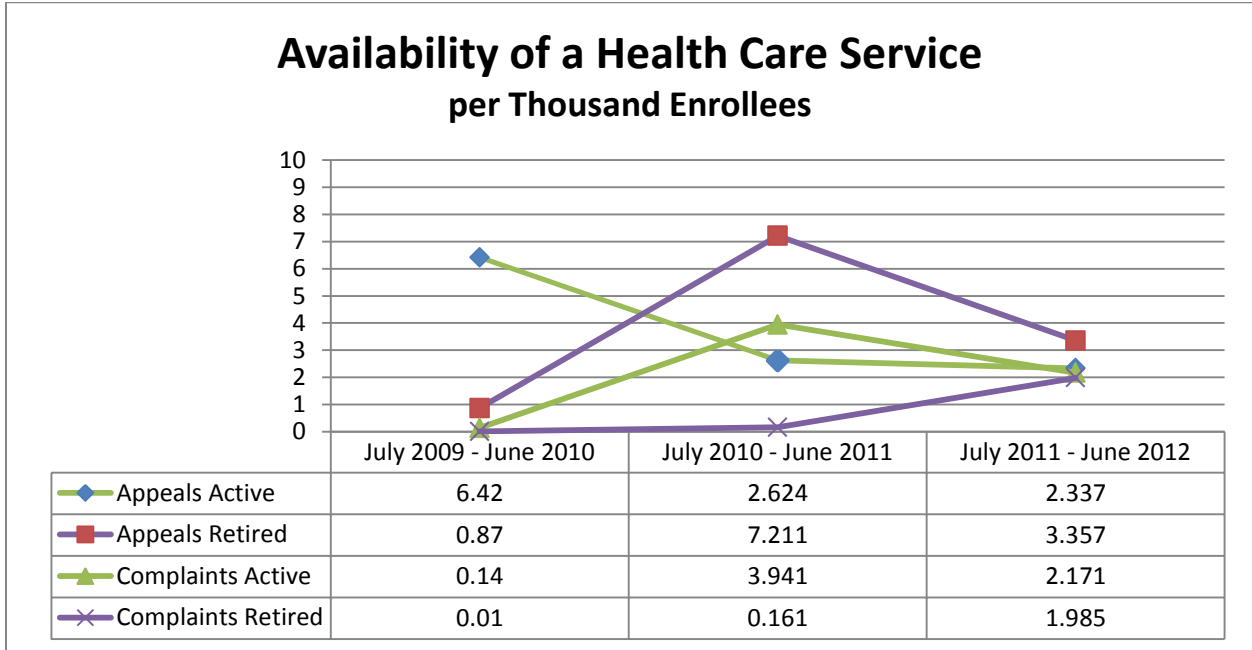
Complaint Data Trends - 2009-2012



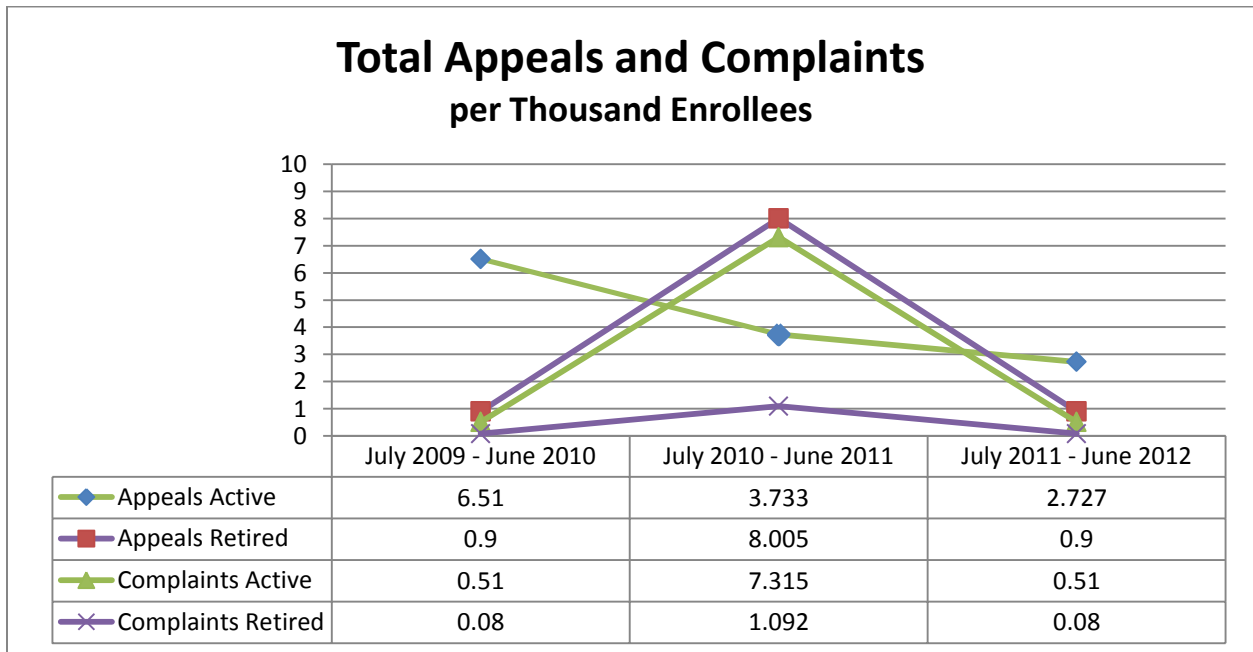
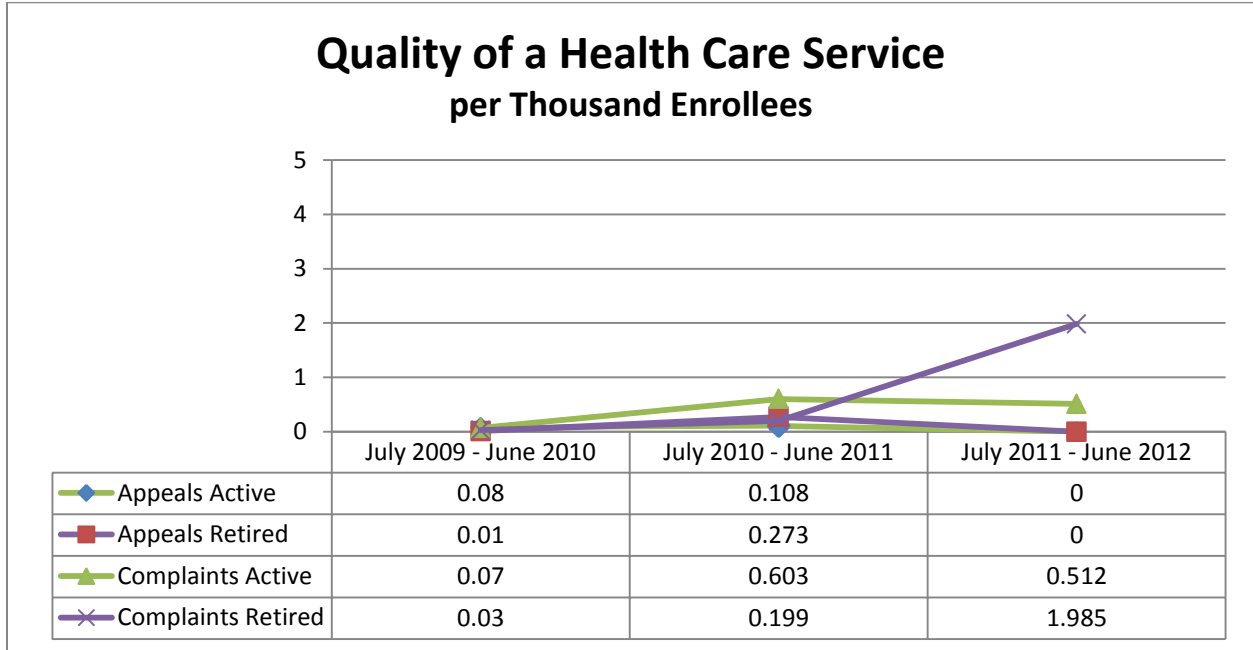
Complaint Data Trends - 2009-2012



Complaint Data Trends - 2009-2012 (per Thousand Enrollees)



Complaint Data Trends - 2009-2012 (per Thousand Enrollees)



Analysis

The small number of complaints and appeals per 1,000 members that were reported for these topics does not indicate any significant complaint or appeal trends.

The graphic displays above indicate a fairly normal increase in complaint volumes at the end and beginning of each new plan year (January 1 annually) when members are seeking final disposition of claims for a year, or are learning about new plan or benefit year changes.

The PEB Program will continue to work with the Carriers to identify and address customer concerns.