



# Grievance Report

## 2010

California Managed Risk Medical Insurance Board

Benefits and Quality Monitoring Division



July 2011



California Managed Risk Medical Insurance Board

## Healthy Families Program (HFP)

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

Janette Casillas  
Executive Director  
Managed Risk Medical Insurance Board

Shelley Rouillard  
Deputy Director  
Benefits and Quality Monitoring Division

Muhammad Nawaz  
Research Manager  
Benefits and Quality Monitoring Division

Prepared by:  
Aiming Zhai  
Research Analyst II  
Benefits and Quality Monitoring Division

# Healthy Families Program Grievance Report 2010

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# Healthy Families Program 2010 Grievance Report

## ***Introduction and Background***

California Insurance Code Section 12693.49 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. This report covers grievances reported for the 2010 calendar year.

The Managed Risk Medical Insurance Board (MRMIB) adopted the Department of Managed Health Care (DMHC) definition of grievance as a “written or oral expression of dissatisfaction regarding the plan and/or provider, including quality of care concerns” (Section 1300.68 of the California Code of Regulations). A grievance includes a complaint, dispute, request for reconsideration, or an appeal.

## ***Methodology and Data Source***

For calendar year 2010, MRMIB requested all HFP health, dental and vision plans to report grievances by HFP subscribers. Altogether, the 31 health, dental and vision plans reported 3,998 grievances in 2010. This report compares plans, type of grievance and demographics, as well as 3-year trends.

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.

## ***Major Findings***

- In 2010, health plans reported few grievances (37 per 10,000 HFP members). Grievances reported by dental plans and vision plans were even lower (7 and 2 per 10,000 subscribers, respectively).
- Quality of care concerns represent the highest percentage of health plan grievances (32%).
- Comparisons based on ethnicity show that whites report a disproportionate share of grievances, while HFP members of Asian descent report grievances at about half the overall rate.

## ***Health Plans***

- HFP subscribers enrolled in participating health plans filed 3,237 grievances in calendar year 2010. Plans report that all but 17 grievances have been resolved as of July 1, 2011. The 2010 overall rate of grievances at 0.37% is the lowest rate of the past three years (Figure 1).

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- Quality of care concerns represented the highest percentage of all health plan grievances, as shown in Figure 2. Poor attitude of the physician or staff, inappropriate physician care and plan denial of care are the leading reasons for quality of care grievances in HFP health plans.
- Claims-related grievances represent 26% of all grievances. Refusal to pay for treatment (435 grievances) and insufficient payment (248 grievances) are major sub-categories for claims-related grievances.
- Health plans with the highest grievance rates in 2010 were L.A. Care Health Plan, Community Health Plan, Anthem Blue Cross and Care1st Health Plan and (Table 1).
- For other plans, poor physician attitude and inappropriate physician care are the predominant complaints (Table 4).

### ***Dental***

- HFP subscribers enrolled in participating dental plans filed 591 grievances in calendar year 2010 based on data reported by dental plans. This represents an overall grievance rate of 0.07%, or seven grievances per 10,000 members compared to five grievances per 10,000 members reported in 2009 (Table 2).
- Safeguard Dental has the highest grievance rate (11 grievances per 10,000 members) and Delta Dental has the lowest rate (4 grievances per 10,000 members) in 2010.
- Grievances by type are similar across the last three years. About one-third (31%) of grievances filed with dental plans involved benefit/coverage issues. Quality of care concerns came second at 25%. Of these, inappropriate provider care and poor staff attitude were the top complaints (Table 3 and Table 5).

### ***Vision***

- HFP subscribers enrolled in participating vision plans filed 172 grievances in calendar year 2010, representing a grievance rate of 0.02% or two per 10,000 subscribers.
- Quality of care is the leading type of grievance in vision plans (40%) with most of these complaints involving inadequate facilities (Table 3 and Table 5).

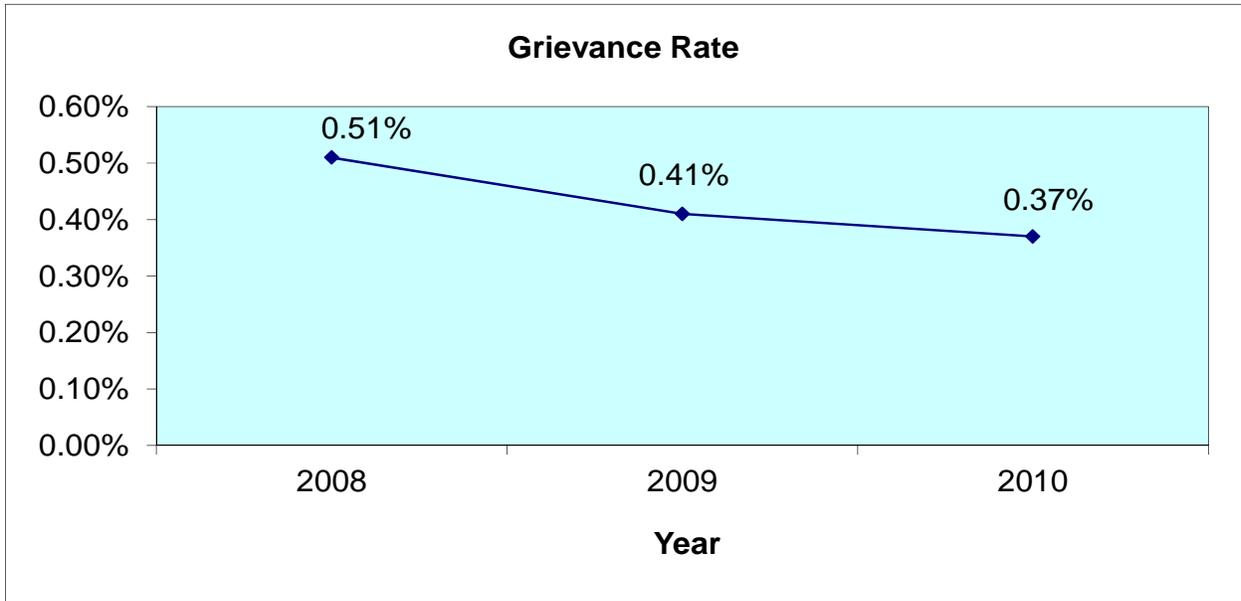
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### *Ethnicity and Language*

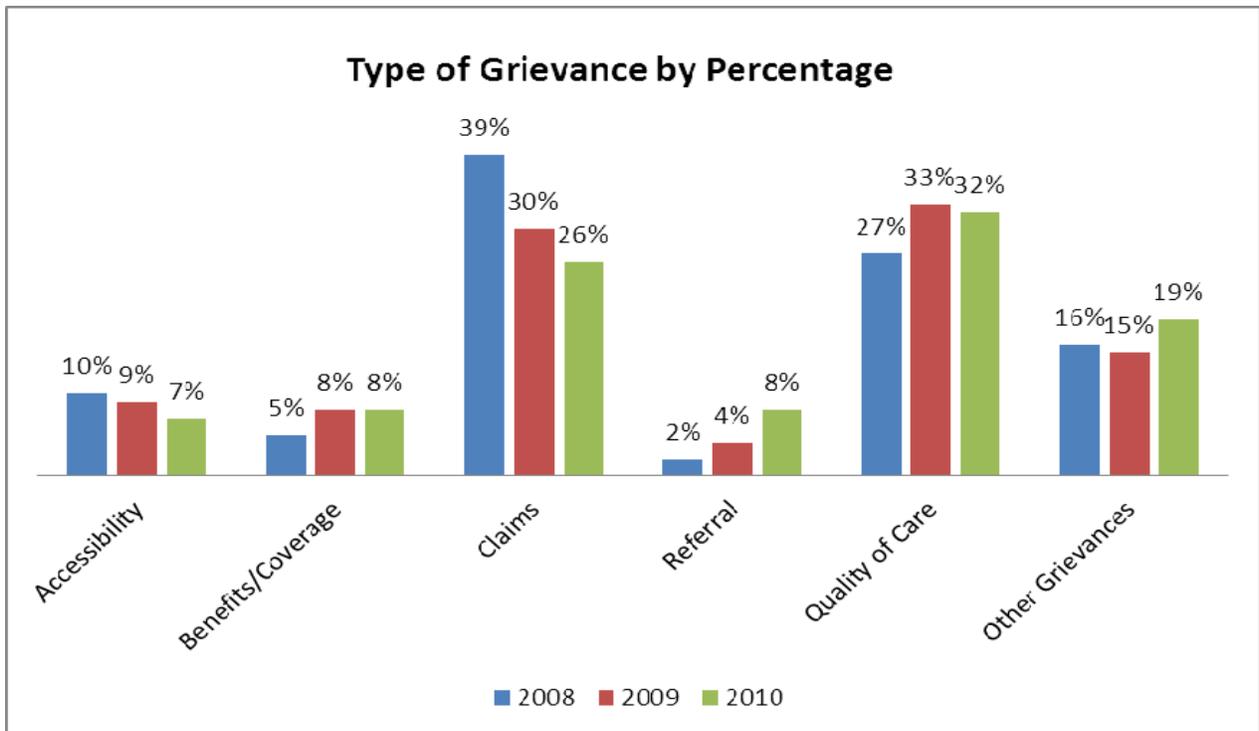
- Analysis of grievances by ethnicity and spoken language is based on a total of 3,237 grievances filed with HFP health plans. In 2010, Hispanics/Latinos represented about half (49%) of the HFP population, but 38% of grievances. Whites, representing almost 10% of those enrolled in the program, reported over 17% of all grievances.
- English speakers file grievances at higher rates than those who speak other languages (Table 6).

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**Figure 1 - HFP Health Plan Grievance Rates 2008-2010**



**Figure 2 – HFP Health Plan Grievances by Type 2008-2010**



## Healthy Families Program 2010 Grievance Report

**Table 1 – Summary of Grievances by Health Plan**

Health Plan	Average Monthly Enrollment	Grievances Reported in 2010	Grievance Rate per 10,000 Members	
			2010	2009
L.A. Care Health Plan	9,760	73	75	128
Anthem Blue Cross EPO	79,643	582	73	88
Community Health Plan	14,758	108	73	112
Care1st Health Plan	11,998	86	72	80
Anthem Blue Cross HMO	120,863	840	70	68
Kaiser Foundation Health Plan	174,221	814	47	51
Blue Shield EPO and HMO (combined)	39,498	111	28	46
Inland Empire Health Plan	58,580	127	22	15
Health Net	136,097	279	21	142
Health Plan of San Joaquin	25,521	41	16	45
Alameda Alliance for Health	11,168	15	13	10
Santa Clara Family Health Plan	17,800	23	13	16
Caloptima Health Plan	38,699	43	11	15
Kern Family Health Systems	11,340	13	11	16
Ventura County Health Care Plan	12,029	13	11	3
San Francisco Health Plan	7,810	6	8	15
Community Health Group	25,336	19	7	6
Molina Healthcare	37,689	26	7	13
Contra Costa Health Plan	5,388	3	6	1
Central Coast Alliance for Health	19,898	9	5	7
Health Plan of San Mateo	6,150	3	5	20
Cen Cal Health	8,484	3	3	8
<b>Totals/Rates per 10,000 Members</b>	<b>875,707</b>	<b>3,237</b>	<b>37</b>	<b>41</b>

## Healthy Families Program 2010 Grievance Report

**Table 2 – Summary of Grievances by Dental and Vision Plan**

	Average Monthly Enrollment	Grievances Reported in 2010	Grievance Rate per 10,000 Members	
			2010	2009
<b><u>DENTAL PLAN</u></b>				
Safeguard Dental	141,729	153	11	8
Premier Access	29,108	29	10	5
Access Dental	152,940	129	8	6
Western Dental	114,751	84	7	5
HealthNet Dental	125,257	72	6	4
Delta Dental	311,924	124	4	5
Totals/Rates per 10,000 Members	<b>875,709</b>	<b>591</b>	<b>7</b>	<b>5</b>
<b><u>VISION PLAN</u></b>				
Vision Service Plan (VSP)	670,428	161	2	2
Safeguard Vision	114,950	8	1	0
Eye Med Vision Care	90,331	3	0	1
Totals/Rates per 10,000 Members	<b>875,709</b>	<b>172</b>	<b>2</b>	<b>2</b>

**Table 3 – Summary of 2010 Health, Dental and Vision Plan Grievances by Category**

<b><i>Percentage of Total Grievance by Categories</i></b>	<b>Health</b>	<b>Dental</b>	<b>Vision</b>
<b><i>Accessibility</i></b>	<b>7%</b>	<b>13%</b>	<b>1%</b>
<b><i>Benefits/Coverage</i></b>	<b>8%</b>	<b>31%</b>	<b>35%</b>
<b><i>Claims</i></b>	<b>26%</b>	<b>7%</b>	<b>0%</b>
<b><i>Referral</i></b>	<b>8%</b>	<b>1%</b>	<b>0%</b>
<b><i>Quality of Care</i></b>	<b>32%</b>	<b>25%</b>	<b>40%</b>
<b><i>Other Grievances</i></b>	<b>19%</b>	<b>23%</b>	<b>24%</b>
<b><i>Totoal Percentage</i></b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

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### Table 4 – 2010 Health Plan Grievances by Type

Grievance Categories	Alameda Alliance	Anthem Blue Cross EPO	Anthem Blue Cross HMO	Blue Shield EPO & HMO	CalOPTIMA	Care 1 <sup>st</sup> Health Plan	Cen Cal Health	Central Coast Alliance	Community Health Group	Community Health Plan	Contra Costa Health Plan	Health Net & Health Net Life
<b>Accessibility</b>												
Excessive Long Wait Time/ Appointment Scheduled Time	0	1	14	0	2	1	0	0	0	1	0	4
Lack of Primary Care Physician Availability	0	1	3	0	0	0	1	0	0	3	0	10
Lack of Specialist Availability	0	23	38	0	2	0	0	0	0	0	0	4
Lack of Telephone Accessibility	0	1	0	0	0	1	1	0	0	1	0	2
Lack of Language Availability	0	0	1	0	0	0	0	0	0	0	0	0
<i>Category Total</i>	0	26	56	0	4	2	2	0	0	5	0	20
<b>Benefits/Coverage</b>												
Cancellation of Coverage	0	1	2	0	0	0	0	0	0	0	0	0
Disenrollment Problems	0	2	0	0	2	0	0	0	0	0	0	1
Dispute Over Covered Services	1	0	0	0	22	10	0	0	16	5	0	13
Subscriber Does Not Like Benefit	0	19	17	0	0	0	0	0	0	0	0	0
Non-Acceptance for Coverage	0	2	0	0	0	0	0	0	0	1	0	1
<i>Category Total</i>	1	24	19	0	24	10	0	0	16	6	0	15
<b>Claims</b>												
Insufficient Payment	0	72	41	0	0	33	0	0	0	61	0	2
Premium Increased	0	0	0	0	0	0	0	0	0	0	0	0
Premium Refund Request	0	1	0	0	0	0	0	0	0	0	0	0
Refusal to Pay for Equipment	0	6	6	0	0	0	0	0	0	0	0	1
Refusal to Pay for Treatment	9	189	166	0	0	2	0	0	2	6	2	42
Slow Payments	0	8	9	0	0	0	0	0	0	1	0	16
Co-Payments	0	1	12	0	0	1	0	0	0	1	0	2
<i>Category Total</i>	9	277	234	0	0	36	0	0	2	69	2	63
<b>Referral</b>												
Plan Refusal to Refer	0	0	0	39	0	1	0	0	0	1	0	0
Provider Entity Refusal to Refer	0	0	11	0	0	0	0	0	0	1	0	0
<i>Category Total</i>	0	0	11	39	0	1	0	0	0	2	0	0
<b>Quality of Care</b>												
Experimental Investigative Procedure Denied	0	5	4	0	0	0	0	0	0	0	0	0
In-Area Emergency/Urgent Service Denied	0	1	1	15	0	0	0	0	0	0	0	8
Inadequate Facilities	0	0	2	0	0	0	0	0	0	0	0	0
Inappropriate Ancillary Care	0	0	0	0	0	0	0	0	0	4	0	2
Inappropriate Hospital Care	0	0	0	0	0	0	0	0	0	0	0	2
Inappropriate Physician Care	3	5	23	0	6	10	0	0	0	5	0	46
Out-of-Area Emergency/Urgent Service Denied	0	0	0	0	0	0	0	0	0	0	0	0
Plan Denial of Treatment	0	56	50	0	0	0	0	7	0	0	0	25
Plan Inappropriate Care	0	4	18	0	0	0	0	0	0	1	0	0
Poor Physician/Staff Attitude	0	5	37	51	2	6	0	0	0	7	0	18
Provider Entity Denial of Treatment	0	0	0	1	0	1	0	0	0	4	0	80
Provider Entity Inappropriate Care	0	1	29	0	0	0	0	0	0	1	0	0
<i>Category Total</i>	3	77	164	67	8	17	0	7	0	22	0	181
<b>Other Grievances</b>												
<i>Category Total</i>	2	178	356	5	7	20	1	2	1	4	1	0
<b>Total All Categories</b>	<b>15</b>	<b>582</b>	<b>840</b>	<b>111</b>	<b>43</b>	<b>86</b>	<b>3</b>	<b>9</b>	<b>19</b>	<b>108</b>	<b>3</b>	<b>279</b>

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### Table 4 (continue) – 2010 Health Plan Grievances by Type

Grievance Categories	Health Plan of San Joaquin	Health Plan of San Mateo	Inland Empire Health Plan	Kaiser Foundation Health Plan	Kern Family Health	L.A Care Health Plan	Molina	San Francisco Health Plan	Santa Clara Family Health Plan	Ventura County Health Care	'10 Health Plans Totals	Grievance Rate per 10K Members
<b>Accessibility</b>												
Excessive Long Wait Time/ Appointment Scheduled Time	1	0	20	56	0	2	0	0	0	0	102	1
Lack of Primary Care Physician Availability	0	0	2	5	0	0	4	0	4	0	33	0
Lack of Specialist Availability	0	0	2	5	0	0	0	0	0	1	75	0
Lack of Telephone Accessibility	0	0	0	10	0	1	0	0	0	0	17	0
Lack of Language Availability	1	0	0	1	0	0	0	0	0	0	3	0
<i>Category Total</i>	2	0	24	77	0	3	4	0	4	1	230	2
<b>Benefits/Coverage</b>												
Cancellation of Coverage	0	0	0	0	0	0	1	0	0	0	4	0
Disenrollment Problems	0	0	0	3	0	0	0	0	0	0	8	0
Dispute Over Covered Services	15	0	1	58	3	14	0	0	18	2	178	2
Subscriber Does Not Like Benefit	7	0	0	0	0	0	0	0	0	0	43	0
Non-Acceptance for Coverage	0	0	0	13	0	0	0	0	0	2	19	0
<i>Category Total</i>	22	0	1	74	3	14	1	0	18	4	252	3
<b>Claims</b>												
Insufficient Payment	1	0	0	0	0	38	0	0	0	0	248	3
Premium Increased	0	0	0	0	0	0	0	0	0	0	0	0
Premium Refund Request	0	0	0	0	0	0	0	0	0	0	1	0
Refusal to Pay for Equipment	0	0	0	0	0	0	0	0	0	0	13	0
Refusal to Pay for Treatment	6	3	4	0	1	0	0	3	0	0	435	5
Slow Payments	0	0	0	0	0	0	0	0	0	0	34	0
Co-Payments	0	0	0	109	0	0	0	1	0	0	127	1
<i>Category Total</i>	7	3	4	109	1	38	0	4	0	0	858	10
<b>Referral</b>												
Plan Refusal to Refer	0	0	0	39	1	0	0	0	0	0	81	1
Provider Entity Refusal to Refer	2	0	11	148	0	0	0	0	0	0	173	2
<i>Category Total</i>	2	0	11	187	1	0	0	0	0	0	254	3
<b>Quality of Care</b>												
Experimental Investigative Procedure Denied	0	0	0	0	0	0	0	0	0	0	9	0
In-Area Emergency/Urgent Service Denied	0	0	0	0	0	0	0	0	0	0	25	0
Inadequate Facilities	0	0	0	7	0	0	0	0	0	0	9	0
Inappropriate Ancillary Care	0	0	2	0	0	6	0	0	0	0	14	0
Inappropriate Hospital Care	0	0	2	2	1	0	0	0	0	0	7	0
Inappropriate Physician Care	4	0	8	66	2	6	0	0	0	2	186	2
Out-of-Area Emergency/Urgent Service Denied	0	0	0	0	0	0	0	0	0	0	0	0
Plan Denial of Treatment	0	0	21	16	0	0	0	0	0	5	180	2
Plan Inappropriate Care	0	0	0	26	0	0	0	0	0	0	49	0
Poor Physician/Staff Attitude	0	0	3	223	5	4	9	0	1	0	371	4
Provider Entity Denial of Treatment	0	0	51	0	0	2	0	0	0	0	139	1
Provider Entity Inappropriate Care	0	0	0	0	0	0	0	0	0	0	31	0
<i>Category Total</i>	4	0	87	340	8	18	9	0	1	7	1020	12
<b>Other Grievances</b>												
<i>Category Total</i>	4	0	0	27	0	0	12	2	0	1	622	7
<b>Total All Categories</b>	<b>41</b>	<b>3</b>	<b>127</b>	<b>814</b>	<b>13</b>	<b>73</b>	<b>26</b>	<b>6</b>	<b>23</b>	<b>13</b>	<b>3,237</b>	<b>37</b>

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### Table 5 – 2010 Dental/Vision Plan Grievances by Type

Grievance Categories	Access Dental	Delta Dental	Health Net Dental	Premier Access	Safeguard Dental	Western Dental	TOTAL (Dental)	Grievance Rate per 10K Members	Eye Med Vision Care	Safeguard Vision	Vision Service Plan (VSP)	TOTAL (Vision)	Grievance Rate per 10K Members
<b>Accessibility</b>													
Excessive Long Wait Time/ Appointment Scheduled Time	26	1	2	3	5	33	70	1	0	0	0	0	0
Lack of Provider Availability	0	0	0	0	0	0	0	0	0	0	2	2	0
Lack of Specialist Availability	0	1	0	0	0	2	3	0	0	0	0	0	0
Lack of Telephone Accessibility	0	0	1	0	0	0	1	0	0	0	0	0	0
Lack of Language Availability	0	0	0	0	0	0	0	0	0	0	0	0	0
<i>Category Total</i>	26	2	3	3	5	35	74	1	0	0	2	2	0
<b>Benefits/Coverage</b>													
Cancellation of Coverage	0	3	0	0	0	0	3	0	0	0	0	0	0
Disenrollment Problems	0	1	0	0	0	0	1	0	0	0	0	0	0
Dispute Over Covered Services	30	9	16	17	79	18	169	2	0	5	44	44	1
Subscriber Does Not Like Benefit	0	4	0	0	0	3	7	0	0	0	0	10	0
Non-Acceptance for Coverage	0	6	0	0	0	0	6	0	1	0	0	0	0
<i>Category Total</i>	30	23	16	17	79	21	186	2	1	5	54	54	1
<b>Claims</b>													
Insufficient Payment	0	10	0	0	0	0	10	0	1	0	0	1	0
Premium Increased	0	0	0	0	0	0	0	0	0	0	0	0	0
Premium Refund Request	0	0	0	0	0	0	0	0	0	0	0	0	0
Refusal to Pay for Equipment	0	0	0	0	0	0	0	0	0	0	0	0	0
Refusal to Pay for Treatment	0	1	8	0	0	0	9	0	0	0	0	0	0
Slow Payments	0	2	9	0	0	0	11	0	0	0	0	0	0
Co-Payments	0	8	5	0	0	0	13	0	0	0	0	0	0
<i>Category Total</i>	0	21	22	0	0	0	43	1	1	0	0	1	0
<b>Referral</b>													
Plan Refusal to Refer	2	0	0	0	0	1	3	0	0	0	0	0	0
Provider Entity Refusal to Refer	0	0	0	0	0	1	1	0	0	0	0	0	0
<i>Category Total</i>	2	0	0	0	0	2	4	0	0	0	0	0	0
<b>Quality of Care</b>													
Experimental Investigative Procedure Denied	0	0	0	0	0	0	0	0	0	0	0	0	0
In-Area Emergency/Urgent Service Denied	0	0	0	0	0	1	1	0	0	0	0	0	0
Inadequate Facilities	0	0	1	0	0	3	4	0	0	0	55	55	1
Inappropriate Ancillary Care	0	2	0	0	0	0	2	0	0	0	0	0	0
Inappropriate Hospital Care	0	0	0	0	0	0	0	0	0	0	0	0	0
Inappropriate Provider Care	1	14	23	0	25	10	73	1	0	0	1	1	0
Out-of-Area Emergency/Urgent Service Denied	0	0	0	0	0	0	0	0	0	0	0	0	0
Plan Denial of Treatment	3	1	2	0	0	0	6	0	0	0	0	0	0
Plan Inappropriate Care	0	1	0	0	0	0	1	0	0	0	0	0	0
Poor Staff Attitude	32	1	6	5	0	12	56	1	0	0	11	11	0
Provider Entity Denial of Treatment	0	0	0	0	0	0	0	0	0	0	0	0	0
Provider Entity Inappropriate Care	0	5	0	0	0	0	5	0	1	0	0	1	0
<i>Category Total</i>	36	24	32	5	25	26	148	2	1	0	67	68	1
<b>Other Grievances</b>													
<i>Category Total</i>	35	54	0	4	44	0	137	2	0	3	38	41	0
<b>Total All Categories</b>	<b>129</b>	<b>124</b>	<b>72</b>	<b>29</b>	<b>153</b>	<b>84</b>	<b>591</b>	<b>7</b>	<b>3</b>	<b>8</b>	<b>161</b>	<b>172</b>	<b>2</b>

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**Table 6 – HFP Grievances Based on Ethnicity and Language**  
(n=3,237)

<b>BY ETHNICITY</b>		
Ethnicity	Percentage of HFP Population – 2010	Percentage of Total Grievances - 2010
Hispanic / Latino	48.8%	37.8%
Other	30.4%	37.8%
Asian / Pacific	8.5%	4.6%
White	9.3%	17.1%
Did Not Identify	0.7%	0.3%
African American	2.0%	2.1%
American Indian	0.3%	0.3%
Overall	100%	100%
<b>BY SPOKEN LANGUAGE</b>		
Spoken Language	Percentage of HFP Population – 2010	Percentage of Total Grievances - 2010
Spanish	42.2%	30.2%
English	50.0%	63.9%
Chinese	2.8%	1.7%
Other Language*	2.0%	2.4%
Vietnamese	1.9%	1.1%
Korean	1.1%	0.7%
Overall	100%	100%
<p>* The term "Other Language" is defined as including - Arabic, Armenian, Cambodian, Farsi, French, Hebrew, Hmong, Italian, Japanese, Lao, Liacano, Mien, Polish, Portuguese, Russian, Samoan, Tagalog, Thai and Turkish.</p>		