

**Department of Managed Health Care
Provider Complaint Unit Statistics
January 1, 2014 – December 31, 2014**

The information below represents statistics related to provider complaints received by the Department's Provider Complaint Unit pursuant to Health and Safety Code Section 1371.39(a). The submission of a provider complaint itself does not mean that the health care service plan has violated applicable provisions of California law.

¹Total Provider Complaints Received

Calendar Quarter	Number of Complaints
First Quarter	839
Second Quarter	696
Third Quarter	1,072
Fourth Quarter	888

²Total Funds Recovered

Calendar Quarter	Amount Recovered
First Quarter	\$794,450.67
Second Quarter	\$782,026.44
Third Quarter	\$2,094,268.59
Fourth Quarter	\$955,711.24

³Total Provider Complaints Received by Provider Type

Provider Type	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
Ambulance	2	25	275	13
Anesthesiology	1	15	1	0
Chiropractic	0	0	1	12
Dental	4	50	23	3
Durable Medical Equipment	15	26	4	14

¹ Total Provider Complaints Received

Data represents provider complaint cases received during the reporting period.

² Total Funds Recovered

Recovered amounts are based on provider complaint cases closed during the reporting period.

³ Total Provider Complaints Received by Provider Type

Data represents provider complaint cases received during the reporting period.

Provider Type	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
ER Physician	16	7	6	10
Family/General Practice	32	9	15	49
Home Health Services	52	11	6	9
Hospital/Institutional	222	162	288	144
Laboratory Services	56	21	21	1
Mental Health	91	79	56	21
On Call Physicians (Not ER)	0	14	0	3
Other Specialist Providers	128	118	108	198
Pediatrics	88	74	167	317
Pharmacy	13	1	1	0
Physical/Speech/Occupational Therapy	1	5	5	0
Skilled Nursing Facility	42	21	16	31
Vision	0	0	0	0
Total	839	696	1,072	888

⁴Total of Provider Complaints Received by Health Plan

Health Plan	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
Access Dental	2	5	4	1
Aetna Dental	0	0	4	0
Aetna Healthcare of CA	27	60	22	47
American Specialty Health Plans	0	0	2	0
Adventist Health	0	0	0	0
Alameda Alliance for Health	0	0	0	0
Americas Health Plan	0	0	0	0
Arcadian Health Plan	1	0	0	0
Arta Medicare Health Plan	0	0	0	0
Blue Cross	185	176	405	245
Blue Shield	82	66	112	40
Bravo Health Insurance	0	0	0	0
California Health and Wellness	0	1	7	5
Care 1 st Health Plan	32	38	52	117
Central Health Plan	1	0	1	0
Chinese Community Health Plan	0	1	0	0
Cigna Behavioral Health	1	0	1	1
Cigna HealthCare of California	8	9	11	13
Community Care Health Plan	3	0	0	0

⁴ Total Provider Complaints Received by Health Plan

Data represents provider complaint cases received during the reporting period broken out by health plan.

Health Plan	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
Community Health Group	16	8	0	1
Contra Costa County Medical Service	0	1	3	0
County of Los Angeles- CHP	32	6	42	1
County of Ventura	0	0	2	1
Delta Dental of California	0	2	5	0
Easy Choice Health Plan	6	0	0	0
Health Net of California	149	69	202	211
Human Affairs International of CA	0	0	1	0
Inland Empire Health Plan	1	40	1	7
Inter Valley Health Plan	1	0	0	0
Kaiser Foundation Health Plan, Inc.	13	65	101	7
Kern Health Systems	0	0	1	0
Local Initiative Health Authority for L.A. County	7	23	3	21
L A Care Health Plan Joint Power Authority	93	8	40	73
Liberty Dental Plan	0	0	1	0
Magellan Health Services	2	1	1	15
Managed Health Network	1	6	7	0
Medi-Excel SA	0	5	0	0
Molina Healthcare of CA	43	22	19	27
Monarch Health Plan	0	1	0	0
Orange County Health Authority (Cal Optima)	2	2	0	3
Partnership Health Plan of California	0	4	0	2
Prospect Health Plan	0	3	0	0
Safeguard Health Plan	1	0	0	0
San Francisco Community Health Authority	0	0	0	1
San Joaquin County Health Commission	10	0	1	7
Scan Health Plan	0	0	5	3
Sistemas Medicos	0	0	0	2
Sutter Health Plan	0	0	0	5
United Concordia Dental Plan	1	1	1	0
United Health Care Community of CA	0	0	0	5
United HealthCare Plan	54	66	4	0
Value Options of California	0	0	0	1
Vision Service Plan	1	0	2	0
Western Health Advantage	0	1	0	0
Totals	839	696	1,072	888

**Provider Complaint Unit
Dispute Issues Selected by Providers
2014 Calendar Year**

Provider Complaint Dispute Issues Identified	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
The payer failed to accept a late claim submission upon the demonstration of good cause for the delay.	2	13	17	14
The payer failed to forward a misdirected claim to the appropriate capitated provider within 10 working days of receipt of the claim.	0	2	0	0
Payor rescinded or modified an authorization after services were provided.	0	5		
The payer failed to reimburse the complete claim, or portion thereof, within 30 working days for non-HMO services or 45 working days for HMO services.	120	134	62	84
The payer failed to include required interest and/or penalty amount(s) owed on claim(s) reimbursed beyond 30 working days for non-HMO services or 45 working days for HMO services.	0	5	0	0
The payer reimbursed a non-contracted provider's claim at less than "reasonable and customary value."	34	9	273	29
The payer reimbursed a contracting provider's claim at less than the "contract rate."	145	128	79	59
General claim processing issues.	106	93	62	153
The provider's contract requires the provider to submit medical records that are not reasonably relevant for the adjudication of the claim.	0	0	0	11
The payer has requested medical records or other documentation that are not reasonably relevant or are in excess of the minimum amount of information necessary to adjudicate the claim.	12	53	2	0

Provider Complaint Dispute Issues Identified	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
The payer requested reimbursement of an overpaid claim more than 365 days from the date of payment of the overpaid claim, when the overpayment was not caused in whole or part by fraud or misrepresentation on the part of the provider.	9	3	4	1
Payor failed to pay a Medi-Cal claim at the amount required under the governing statute, regulation, all-plan letter, or other applicable document.	131	70	214	308
Payor denied the claim as not medically necessary, non-emergent/urgent or investigational/experimental.	52	53	75	63
Totals	839	696	1,072	888