

**Department of Managed Health Care
Provider Complaint Unit Statistics
January 1, 2015 – December 31, 2015**

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	875
Second Quarter	1050
Third Quarter	673
Fourth Quarter	835

²Total Funds Recovered

Calendar Quarter	Amount Recovered
First Quarter	\$568,181.46
Second Quarter	\$409,706.04
Third Quarter	\$552,570.96
Fourth Quarter	\$464,356.51

³Total Provider Complaints Received by Provider Type

Provider Type	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
Ambulance	13	6	6	61
Anesthesiology	8	52	1	1
Chiropractic	0	0	1	5
Dental	15	11	5	5
Durable Medical Equipment	20	12	4	2
ER Physician	6	13	1	4
Family/General Practice	22	19	11	0
Home Health Services	15	7	0	8
Hospital-based Physician	37	59	10	33
Hospital/Institutional	256	317	179	410

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
Internal Medicine	2	2	1	1
Laboratory Services	0	3	3	0
Mental Health	98	69	39	53
OB/GYN	4	2	7	14
ON Call Physicians (not ER)	2	3	2	1
Other Ancillary Service Provider	30	34	19	17
Other Specialist Providers	200	375	99	154
Pediatrics	129	1	4	0
Pharmacy	4	0	9	0
Physical/Speech/Occupational Therapy	0	62	264	62
Skilled Nursing Facility	13	2	8	4
Vision	1	1	0	0
Total	875	1050	673	835

⁴Total of Provider Complaints Received by Health Plan

Health Plan	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
Access Dental Plan	0	0	0	0
Access Senior HealthCare, Inc.	0	0	0	0
ACN Group of CA, Inc. (OptumHealth Physical Health of CA)	0	0	0	0
Adventist Health Plan, Inc.	1	0	0	0
Aetna Dental of CA, Inc.	0	0	0	1
Aetna Health of CA, Inc.	33	14	7	26
AIDS Healthcare Foundation (Positive Healthcare)	0	0	0	0
Alameda Alliance for Health	1	0	0	0
Alignment Health Plan	0	0	0	0
American Specialty Health Plans, Inc. (ASHP)	0	24	1	8
AmericasHealth Plan, Inc.	0	0	0	0
Arcadian Health Plan, Inc.	0	0	0	0
Aspire Health Plan	0	0	0	0
Association Health Care Management, Inc. (Family Care)	0	0	0	0
Avante Behavioral Health Plan	0	0	0	0
Bay Area Accountable Care Network, Inc. (Canopy Health)	0	0	0	0
Blue Cross of CA (Anthem Blue Cross)	154	200	72	432

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
Brown and Toland Health Service	0	0	0	0
California Dental Network, Inc.	0	0	0	0
California Health and Wellness Plan (California Health and Wellness)	1	6	11	3
California Physicians' Service (Blue Shield of CA)	78	20	19	36
Care 1 st Health Plan	119	28	17	42
CareMore Health Plan	0	0	1	0
Central Health Plan of CA, Inc.	0	0	1	1
Chinese Community Health Plan	0	0	0	0
Choice Physicians Network, Inc.	0	0	0	0
Cigna Behavioral Health of CA, Inc.	4	0	0	1
Cigna Dental Health of CA, Inc.	0	1	0	0
Cigna HealthCare of CA, Inc.	6	70	3	11
Community Health Group	1	6	1	8
CONCERN Employee Assistance Program	0	0	0	0
ConsumerHealth, Inc. (Bright Now! Dental, Newport Dental Plan)	0	0	0	0
Contra Costa County Medical Service (Contra Costa Health Plan)	0	2	0	1
County of Los Angeles-Dept. of Health Services (Community Health Plan)	0	46	3	1
County of Ventura (Ventura County Health Care Plan)	2	1	0	0
DaVita Healthcare Partners Plan	0	0	0	0
Dedicated Dental Systems, Inc.	0	0	0	0
Delta Dental of CA	5	4	2	1
Dental Benefits Provider of CA, Inc.	5	4	0	0
Dental Health Services	0	0	0	0
Dignity Health Provider Resources, Inc.	0	0	0	0
Easy Choice Health Plan, Inc.	1	4	0	2
Empathia Pacific, Inc. (LifeMatters)	0	0	0	0
Envision Insurance Company	0	0	0	0
EPIC Health Plan	2	1	0	0
Express Scripts Insurance Company	0	0	0	0
EYEXAM of CA, Inc.	0	0	0	0
First Dental Health (New Dental Choice)	0	0	1	0
FirstSight Vision Services, Inc.	0	0	0	0
For Eyes Vision Plan, Inc.	0	0	0	0
Fresno-Kings-Madera Regional Health Authority (CalViva Health)	0	0	0	3

Health Plan	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
GEMCare Health Plan, Inc. (Physicians Choice by GEMCare Health Plan)	0	0	0	0
Golden State Medicare Health Plan (Golden State Medicare Health Plan)	0	0	0	0
Golden West Health Plan, Inc. (Golden West Dental & Vision Plan)	0	0	0	0
Health and Human Resource Center (Aetna Resources for Living)	0	0	0	0
Health Net Community Solutions, Inc.	0	0	0	0
Health Net of California, Inc.	213	64	85	124
HealthSpring Life & Health Insurance Company, Inc.	0	0	0	0
Heritage Provider Network, Inc.	0	0	0	0
Holman Professional Counseling Centers	0	0	0	0
Human Affairs International of CA (HAI, HAI-CA)	1	0	3	0
Humana Health Plan of CA, Inc.	2	3	1	2
Imperial Health Plan of CA, Inc.	0	0	0	0
Inland Empire Health Plan (IEHP)	3	9	11	2
Inter Valley Health Plan	0	1	0	0
Jaimini Health Inc. (Primecare Dental)	0	0	0	0
Kaiser Foundation Health Plan, Inc. (Kaiser Permanente; Kaiser Permanente Medical Care Program)	11	152	42	43
Kern Health Systems	0	1	0	0
Landmark Healthplan of CA, Inc.	0	0	0	0
Liberty Dental Plan of CA, Inc. (Personal Dental Service)	0	0	0	0
Local Initiative Health Authority for L.A. County (L.A. Care Health Plan, L.A. Care Plan de Salud)	153	107	81	28
Magellan Health Services of CA – EmployerSvc	0	9	10	3
Managed Dental Care	0	0	0	0
Managed Health Network	2	1	0	0
March Vision Care, Inc.	0	0	0	0
Max Vision Care, Inc.	0	0	0	0
Medi-Excel, SA de CV (MediExcel Health Plan)	0	0	0	0
Medical Eye Services, Inc.	0	0	0	0
Molina Healthcare of CA	36	30	22	35
Monarch Health Plan	0	215	0	1
On Lok Senior Health Service	0	0	0	0

Health Plan	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
Orange County Health Authority (CalOptima)	2	1	0	0
Oscar Health Plan of CA	0	0	0	0
Partnership HealthPlan of California	7	1	0	0
PIH Health Care Solutions	0	0	0	0
Premier Eye Care, Inc.	0	0	0	0
Premier Health Plan Services, Inc.	0	0	0	0
PRIMECARE Medical Network, Inc.	0	0	0	0
Prospect Health Plan, Inc.	1	0	3	0
Providence Health Network	0	0	0	0
SafeGuard Health Plans, Inc. (MetLife)	0	0	0	0
San Francisco Community Health Authority	1	1	0	0
San Mateo Health Commission (Health Plan of San Mateo)	0	0	0	0
Santa Barbara San Luis Obispo Regional Health Auth. (CenCal Health)	0	0	0	0
Santa Clara County (Valley Health Plan)	0	1	0	2
Santa Clara County Health Authority (Santa Clara Family Health Plan)	0	0	0	0
Santa Cruz-Monterey-Merced Managed Med. Care Comm. (Central CA Alliance for Health)	0	0	0	0
Satellite Health Plan, Inc.	0	0	0	0
Scan Health Plan	0	0	6	0
Scripps Health Plan Services, Inc.	0	0	0	0
Seaside Health Plan	0	0	0	0
Sharp Health Plan	0	1	0	0
SilverScript Insurance Company	0	0	0	0
Sistemas Medicos Nacionales, S.A. de C.V.	0	0	0	0
Stanford Health Care Advantage	0	0	0	0
Sutter Health Plan (Sutter Health Plus)	0	2	0	0
The CDI Group, Inc.	0	0	0	0
U. S. Behavioral Health Plan, CA (OptumHealth Behavioral Solutions of CA)	1	5	0	5
UDC Dental CA, Inc. (United Dental Care of CA, Inc.)	0	0	0	0
UHC of CA (UnitedHealthcare of CA)	26	7	34	9

Health Plan	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
United Concordia Dental Plan of CA, Inc.	1	1	1	0
UnitedHealthcare Benefits Plan of CA	0	0	0	0
UnitedHealthcare Community Plan of CA, Inc.	2	2	235	0
Universal Care (Brand New Day)	0	5	0	0
ValueOptions of CA, Inc. (Value Behavioral Health of CA)	0	0	0	4
Vision First Eye Care, Inc.	0	0	0	0
Vision Plan of America	0	0	0	0
Vision Service Plan	0	0	0	0
VisionCare of CA (Sterling Visioncare)	0	0	0	0
WellCall, Inc.	0	0	0	0
WellCare Prescription Insurance, Inc.	0	0	0	0
Western Dental Services, Inc. (Western Dental Plan)	0	0	0	0
Western Health Advantage	0	0	0	0
Grand Total	875	1050	673	835

DISCLAIMER: The DMHC launched an updated provider complaint submission process on August 21, 2015 which included updates to the complaint dispute issue categories. The first chart provides data from January 1, 2015 through August 20, 2015 and the second chart provides data following the launch of the new system on August 21, 2015.

Provider Complaint Unit
Dispute Issues Selected by Providers
January 1, 2015 – August 20, 2015

Provider Complaint Dispute Issues Identified	First Quarter	Second Quarter	Third Quarter
2) The payer failed to accept a late claim submission upon the demonstration of good cause for the delay.	18	7	4
3) The payer failed to forward a misdirected claim to the appropriate capitated provider within 10 working days of receipt of the claim.	0	0	0
5) Payor rescinded or modified an authorization after services were provided	0	0	0
6) 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.	131	361	32
9) Failed to pay for emergency services.	56	45	80
10) Payor failed to pay claim for poststabilization care.	22	14	1
14) Payor rescinded or modified an authorization after services were provided.	19	24	11
15) The payer reimbursed a noncontracted provider's claim at less than "reasonable and customary value."	27	32	1
16) The payer reimbursed a contracting provider's claim at less than the "contract rate."	107	23	23
17) General claim processing issues.	73	149	30
18) 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
19) 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.	6	3	1
25) 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.	20	72	1

Provider Complaint Dispute Issues Identified	First Quarter	Second Quarter	Third Quarter
37) General dispute resolution mechanism difficulties.	132	136	264
38) Payor failed to pay a Medi-Cal claim at the amount required under the governing statute, regulation, all-plan letter, or other applicable document.	212	60	42
39) Payor denied the claim as not medically necessary, nonemergent/urgent or investigational/experimental.	52	124	48
Grand Total	875	1050	538

**Provider Complaint Unit
Dispute Issues Selected by Providers
August 21, 2015 – December 31, 2015**

Main Complaint Categories	Sub-Categories	Third Quarter	Fourth Quarter
Claims Payment Dispute	Denied- Duplicate claim	1	6
Claims Payment Dispute	Denied – Enrollee not eligible	3	2
Claims Payment Dispute	Denied – Not a covered benefit	5	16
Claims Payment Dispute	Denied - Not medically necessary or nonemergent/urgent	33	125
Claims Payment Dispute	Denied – No authorization	11	122
Claims Payment Dispute	Denied – Unable to determine responsible payer	17	138
Claims Payment Dispute	Denied – Not filed timely	4	97
Claims Payment Dispute	Paid - Incorrect contract rate	26	57
Claims Payment Dispute	Paid – Non-payment of interest and penalties	0	3
Claims Payment Dispute	Paid – Late payment	0	61
Claims Payment Dispute	Paid - Coding issue (downcoding, bundling)	9	16
Contractual Issue	Denied – Failure to provide 45 day notice	0	1
Contractual Issue	Material modification to policies or manuals	0	1
Non-Contracting Providers	Failed to pay for emergency services	3	2
Non-Contracting Providers	Emergency services paid at less than the reasonable and customary rate	1	66

Main Complaint Categories	Sub-Categories	Third Quarter	Fourth Quarter
Non-Contracting Providers	Authorized service – payment incorrect	0	4
Non-Contracting Providers	Failed to pay post-stabilization care	0	2
Overpayment/Refund Request	Reimbursement request after eligibility verified	0	17
Overpayment/Refund Request	Reimbursement request after one year	10	2
Dispute Resolution Issue	Unfair payment process (excessive information, duplicate requests from Payer)	6	34
Dispute Resolution Issue	Payer appeal determination letter unclear	0	6
Dispute Resolution Issue	Payer failed to respond to provider dispute timely	2	46
Other	Authorization process (failure to respond, plan refused to provide written authorization)	1	5
Other	Authorization rescinded or modified after services rendered	3	6
Grand Total		135	835