

**Department of Managed Health Care  
Provider Complaint Unit Statistics  
January 1, 2016 – December 31, 2016**

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.

<sup>1</sup>Total Provider Complaints Received

<b>Calendar Quarter</b>	<b>Number of Complaints</b>
First Quarter	837
Second Quarter	805
Third Quarter	1,192
Fourth Quarter	940
<b>2016 Total</b>	<b>3,774</b>

<sup>2</sup>Total Funds Recovered

<b>Calendar Quarter</b>	<b>Amount Recovered</b>
First Quarter	\$776,819.05
Second Quarter	\$1,572,043.40
Third Quarter	\$4,268,085.78
Fourth Quarter	\$999,744.69
<b>2016 Total</b>	<b>\$7,616,692.92</b>

<sup>3</sup>Total Provider Complaints Received by Provider Type

<b>Provider Type</b>	<b>Yearly Total</b>	<b>%of Total</b>
Hospital/Institutional	2,056	54.48%
Other Specialist Providers	677	17.94%
Mental Health	193	5.11%
Ambulance	127	3.37%
Hospital-based Physician	112	2.97%

<sup>1</sup> Total Provider Complaints Received

Data represents provider complaint cases received during yearly reporting period.

<sup>2</sup> Total Funds Recovered

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

<sup>3</sup> Total Provider Complaints Received by Provider Type

Data represents provider complaint cases received during a yearly reporting period.

<b>Provider Type</b>	<b>Yearly Total</b>	<b>%of Total</b>
Home Health Services	88	2.33%
OB/GYN	88	2.33%
Other Ancillary Service Provider	76	2.01%
Durable Medical Equipment	69	1.83%
Dental	62	1.64%
Skilled Nursing Facility	52	1.38%
Physical/Speech/Occupational Therapy	36	0.95%
Pharmacy	29	0.77%
ON Call Physicians (not ER)	26	0.69%
Internal Medicine	25	0.66%
Anesthesiology	20	0.53%
Family/General Practice	12	0.32%
ER Physician	10	0.27%
Pediatrics	7	0.19%
Laboratory Services	4	0.11%
Chiropractic	3	0.08%
Vision	2	0.05%
<b>2016 Total</b>	<b>3,774</b>	<b>100.00%</b>

<sup>4</sup>Total Provider Complaints Received by Full Service Plans/Specialty Plans

<b>Full Service Plans/Specialty Plans</b>	<b>Yearly Total</b>	<b>%of Total</b>
Blue Cross of CA (Anthem Blue Cross)	1,036	27.45%
*Health Net of California, Inc.	742	19.66%
**Local Initiative Health Authority for L.A. County (L.A. Care Health Plan, L.A. Care Plan de Salud)	391	10.36%
California Physicians' Service (Blue Shield of CA)	352	9.33%
Care 1 <sup>st</sup> Health Plan	260	6.89%
Molina Healthcare of CA	233	6.17%
Kaiser Foundation Health Plan, Inc. (Kaiser Permanente; Kaiser Permanente Medical Care Program)	145	3.84%
Aetna Health of CA, Inc.	134	3.55%
Cigna HealthCare of CA, Inc.	91	2.41%

<sup>4</sup> Total Provider Complaints Received by Full Service Plans/Specialty Plans  
Data represents provider complaint cases received during a yearly reporting period broken out by Full Service Plans/Specialty Plans.

<b>Full Service Plans/Specialty Plans</b>	<b>Yearly Total</b>	<b>%of Total</b>
UHC of CA (UnitedHealthcare of CA)	76	2.01%
Inland Empire Health Plan (IEHP)	55	1.46%
Alameda Alliance for Health	39	1.03%
California Health and Wellness Plan (California Health and Wellness)	30	0.80%
Community Health Group	25	0.66%
Partnership HealthPlan of California	20	0.53%
U. S. Behavioral Health Plan, CA (OptumHealth Behavioral Solutions of CA)	16	0.42%
Delta Dental of CA	15	0.40%
Orange County Health Authority (CalOptima)	13	0.34%
Humana Health Plan of CA, Inc.	9	0.24%
Magellan Health Services of CA –EmployerSvc	9	0.24%
UnitedHealthcare Benefits Plan of CA	9	0.24%
Heritage Provider Network, Inc.	8	0.21%
Golden State Medicare Health Plan (Golden State Medicare Health Plan)	7	0.19%
Dental Benefits Provider of CA, Inc.	6	0.16%
Managed Health Network	5	0.13%
County of Ventura (Ventura County Health Care Plan)	4	0.11%
Human Affairs International of CA (HAI, HAI-CA)	4	0.11%
Easy Choice Health Plan, Inc.	3	0.08%
Golden Bay Health Plan (Prime Health Plan, Inc.)	3	0.08%
Lifeguard Health Network, Inc.	3	0.08%
Plan For Health, Inc.	3	0.08%
Scan Health Plan	3	0.08%
American Specialty Health Plans, Inc. (ASHP)	2	0.05%
Contra Costa County Medical Service (Contra Costa Health Plan)	2	0.05%
Kern Health Systems	2	0.05%
San Francisco Community Health Authority	2	0.05%
Santa Cruz-Monterey-Merced Managed Med. Care Comm. (Central CA Alliance for Health)	2	0.05%
United Concordia Dental Plan of CA, Inc.	2	0.05%
Universal Care (Brand New Day)	2	0.05%
Access Dental Plan	1	0.03%
AIDS Healthcare Foundation (Positive Healthcare)	1	0.03%
Alignment Health Plan	1	0.03%
Central Health Plan of CA, Inc.	1	0.03%
Cigna Behavioral Health of CA, Inc.	1	0.03%
EPIC Health Plan	1	0.03%
Fresno-Kings-Madera Regional Health Authority (CalViva Health)	1	0.03%

<b>Full Service Plans/Specialty Plans</b>	<b>Yearly Total</b>	<b>%of Total</b>
Santa Clara County Health Authority (Santa Clara Family Health Plan)	1	0.03%
Western Dental Services, Inc. (Western Dental Plan)	1	0.03%
Western Health Advantage	1	0.03%
San Joaquin County Health Commission	1	0.03%
<b>Grand Total</b>	<b>3,774</b>	<b>100%</b>

*Full Service Plans/Specialty Plans with no numbers to report are not included.*

<sup>5</sup>Total Provider Complaint Nature of Complaint “Main Category” Identified

<b>Nature of Complaint “Main Category”</b>	<b>Yearly Totals</b>	<b>%of Totals</b>
Claims Payment Dispute	2555	67.7%
Dispute Resolution Issue	693	18.3%
Non-Contracting Providers	289	7.6%
Contractual Issue	106	2.8%
Overpayment/ Refund Request	67	1.7%
Other	64	1.7%
<b>Grand Total</b>	<b>3774</b>	<b>100%</b>

*\*Health Net of California and Health Net of Community Solutions are both licensed under Health Net of California*

*\*\*Local Initiative Health Authority for L.A. County and L.A. Care Health Plan Joint Power Authority are both licensed under Local Initiative Health Authority for L.A. County*

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<sup>5</sup> Provider Complaint Nature of Complaint “Main Category” Identified

Data represents provider complaint cases received during a yearly reporting period except cases with a close reason of consumer, invalid, duplicate, multiple claims and non-jurisdictional.