

HMO Complaint Information

The following information is Michigan HMO Complaint Data for 2015. Complaints range from a consumer disagreeing with a denial of service to dissatisfaction with the service received. An HMO is responsible for reviewing and responding to all complaints.

Please note that Medicaid members also have an external complaint process with the Michigan Department of Health and Human Services (MDHHS). The chart below does not contain information for MDHHS.

DEFINITIONS

Internal	The first formal review process conducted by the HMO
External	The review process conducted by Department of Insurance and Financial Services (DIFS) after a consumer has completed the HMO's internal review process. This process is called the patients right to independent review act (PRIRA).
Upheld	The decision of the HMO was upheld by the process.
Overtured	The decision of the HMO was overturned by the process.
Compromise	A mutually agreeable decision was reached.
Resolved	The final adverse determination was reversed prior to a formal decision by DIFS.
Withdrawn	Case removed from consideration before decision issued.

If you have questions, please contact the Department of Insurance and Financial Services toll free at 877-999-6442

2015 HMO Complaint Information

Total Level One Determinations**

Name of HMO	Upheld	Overtured	Compromise	Total	Annualized level one complaints per 1,000 members
Aetna Better Health of MI, Inc.	28	14	0	42	.9
Aetna Health, Inc. ****	NA	NA	NA	NA	
Amerihealth of MI *	44	82	27	153	86
Blue Cross Complete of MI	28	18	765	802	9.3
Blue Care Network of MI	668	848	35	1551	2.3
Fidelis SecureCare of MI, Inc. *****	NA	NA	NA	NA	NA
Grand Valley Health Plan, Inc.	3	4	2	9	1.7
Harbor Health Plan, Inc.	0	0	0	0	0.0
Health Alliance Plan of MI	840	2174	7	3021	11.6
HAP Midwest Health Plan, Inc.	14	1	71	86	.9
HealthPlus of MI, Inc.	22	12	14	48	.7
Humana Medical Plan of MI	108	7	70	185	9.1
McLaren Health Plan Community	0	0	0	0	0.0
McLaren Health Plan, Inc.	687	25	19	731	3.7
Meridian Health Plan of MI	688	204	NA	892	2.1
Molina Healthcare of MI	130	132	4301	4563	16.3

Name of HMO	Upheld	Overtured	Compromise	Total	Annualized level one complaints per 1,000 members
Paramount Care of MI	0	0	0	0	0.0
Physicians Health Plan	106	41	3	150	4.6
Physicians Health Plan Family Care	0	5	0	5	.2
Priority Health Choice	44	2	1	47	.4
Priority Health	235	20	5	260	.7
Total Health Care, Inc.	10	4	488	502	8
Total Health Care USA, Inc.	5	4	12	21	.5
UnitedHealthcare Community Plan	156	332	3	491	2
Upper Peninsula Health Plan	11	0	0	11	.2
Year 2013 Total	3827	3929	5823	13570	161.2
Percent of Decisions	28%	29%	43%	NA	NA

External PRIRA Determinations***

Name of HMO	Upheld	Overtured	Resolved	Withdrawn	Total
Aetna Better Health of MI, Inc.	0	0	0	0	0
Aetna Health, Inc. ****	NA	NA	NA	NA	NA

Name of HMO	Upheld	Overtured	Resolved	Withdrawn	Total
Amerihealth of MI *	NA	NA	NA	NA	NA
Blue Cross Complete of MI	0	0	0	0	0
Blue Care Network of MI	20	7	0	4	31
Fidelis SecureCare of MI, Inc. *****	NA	NA	NA	NA	NA
Grand Valley Health Plan, Inc.	0	0	0	0	0
Harbor Health Plan, Inc.	0	0	0	0	0
Health Alliance Plan of MI	11	2	0	0	13
HAP Midwest Health Plan, Inc.	0	0	0	0	0
HealthPlus of MI, Inc.	0	0	0	0	0
Humana Medical Plan of MI	5	0	0	0	5
McLaren Health Plan Community	0	0	0	0	0
McLaren Health Plan, Inc.	14	0	8	4	26
Meridian Health Plan of MI	0	0	0	1	1
Molina Healthcare of MI	0	0	0	0	0
Paramount Care of MI	0	0	0	0	0
Physicians Health Plan	0	0	0	0	0

Name of HMO	Upheld	Overtured	Resolved	Withdrawn	Total
Physicians Health Plan Family Care	0	0	0	0	0
Priority Health Choice	0	0	0	0	0
Priority Health	3	1	0	0	4
Total Health Care, Inc.	0	0	0	0	0
Total Health Care USA, Inc.	0	0	0	0	0
UnitedHealthcare Community Plan	3	0	0	0	3
Upper Peninsula Health Plan	0	0	0	0	0
Year 2015 Total	56	10	8	9	83
Percent of Decisions	67.5%	12.1%	9.6%	10.8%	NA

* Please note that Medicaid members also have an external complaint process with the Michigan Department of Health and Human Services (MDHHS). The chart does not contain information for MDHHS.

** The source of Level One Determinations is data submitted by the HMOs to the Department of Insurance and Financial Services.

*** The source of External PRIRA Determinations is the Department of Insurance and Financial Services.

**** MMP-MI Health Link Demonstration Plan only. Complaint information is not reported.

***** No members for reporting period.