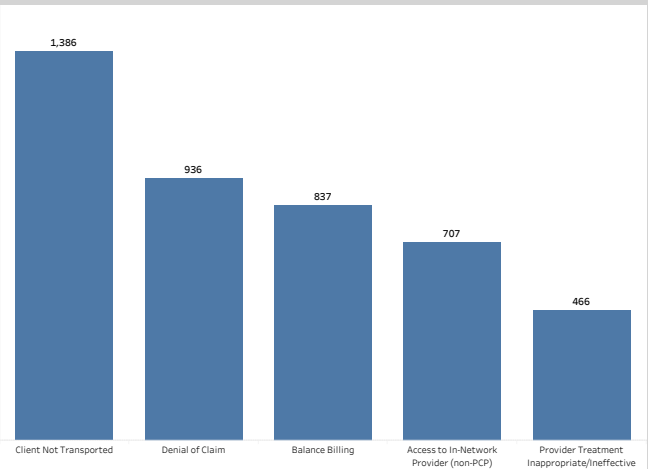


HHSC - SFY 2023 Q3

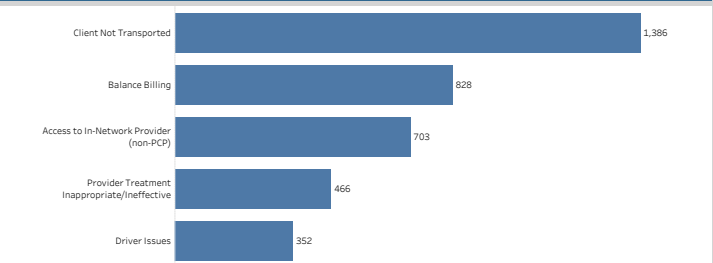
Total Resolved Complaints in SFY 2023 Q3: 9,707

Top 5 Complaints

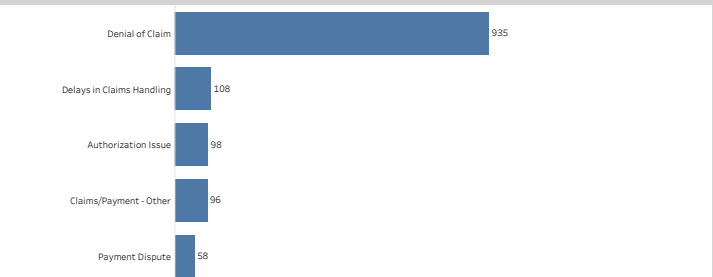


Withdrawn and pending complaints, CHIP complaints, and complaints from inactive health plans are excluded from this report.  
Eighty-five (84) % of total complaints reported were client complaints.  
Data Sources: MCO Quarterly Complaints Report, HHS Office of the Ombudsman Quarterly Report, MCO Self-Reported Complaints from TexConnect. Medicaid Enrollment information is from TMHP's Point in Time enrollment file and HHSC's Dental file.  
Count of Complaints by Source: Ombudsman - 818 Complaints, MCS - 491 Complaints, MCO Self-Reported - 8,398 Complaints

Top 5 Complaints for Members



Top 5 Complaints for Providers



## HHSC - SFY 2023 Q3

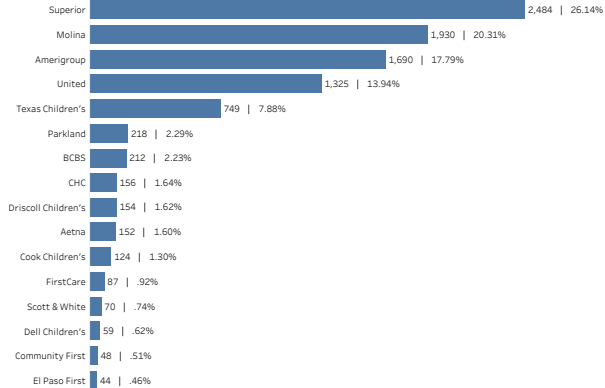
Top 5 Complaints by Program per 10,000 Members												
MMP	Balance Billing	46.87										
	Correspondence	18.09										
	MCO Customer Service / Staff Behavior	10.68										
	Client Not Transported	9.20										
	Customer Service - Other	8.60										
STAR+PLUS	Client Not Transported	18.69										
	Access to In-Network Provider (non-PCP)	4.85										
	Driver Issues	4.01										
	Other	3.96										
	Denial of Claim	3.94										
STAR Kids	Denial of Claim	5.29										
	Client Not Transported	3.82										
	Access to In-Network Provider (non-PCP)	2.53										
	Provider Treatment Inappropriate/Ineffective	2.35										
	Balance Billing	2.12										
STAR	Denial of Claim	1.20										
	Balance Billing	.87										
	Access to In-Network Provider (non-PCP)	.74										
	Client Not Transported	.40										
	Provider Treatment Inappropriate/Ineffective	.33										
STAR Health	Denial of Claim	1.71										
	Client Not Transported	1.50										
	Authorization Issue	.64										
	Access to In-Network Provider (non-PCP)	.64										
	Therapy - Denial of Authorization	.43										
Dental	Provider Treatment Inappropriate/Ineffective	.12										
	Balance Billing	.05										
	Service Coordination/Service Management	.04										
	Denial of Claim	.04										
	Claims/Payment - Other	.04										
Programs are sorted in descending order from highest rate of complaints to lowest. Ties are sorted in descending order alphabetically.												
Average Monthly Medicaid Members by Program for SFY 2023 Q3												
MMP	33,711											
STAR+PLUS	580,924											
STAR Kids	169,987											
STAR Health	46,706											
STAR	4,879,948											
Dental	4,248,403											
Total Average Monthly Medicaid Members for 2023 Q3(excluding Dental): 5,711,276												
Enrollment numbers do not equal a distinct count of members as members in Dental can also be enrolled in other programs.												
Rate of complaints for every 10,000 enrolled members. (Complaint Volume / Total Medicaid Enrollment for SFY 23 Q3) * 10,000 = Complaints per 10,000.												
Count of Complaints by Source: Ombudsman - 818 Complaints, MCS - 491 Complaints, MCO Self-Reported - 10,071 Complaints												

Percentage of Complaints Substantiated - Ombudsman Data						
Resolution	MMP	STAR+PLUS	STAR Kids	STAR	STAR Health	Dental
Substantiated	6%	13%	12%	11%	0%	13%
Unsubstantiated	24%	28%	24%	21%	0%	13%
Unable to Substantiate	71%	59%	64%	68%	100%	74%
<b>Substantiated</b> – a complaint where research clearly indicates agency policy was violated or agency expectations were not met. <b>Unsubstantiated</b> – a complaint where research clearly indicates agency policy was not violated or agency expectations were met. <b>Unable to Substantiate</b> – a complaint where research does not clearly indicate if agency policy was violated or agency expectations were met. Percentages may not add up to 100% due to rounding. Complaint outcomes are discrete and do not overlap.						
Percentage of Complaints Confirmed - MCS and MCO Self-Reported Data						
Resolution	MMP	STAR+PLUS	STAR Kids	STAR	STAR Health	Dental
Confirmed	89%	55%	65%	63%	57%	30%
Not Confirmed	4%	33%	29%	31%	27%	67%
Unable to Determine	7%	12%	6%	6%	17%	3%
<b>Confirmed</b> – resolved or partially resolved in Complainant's favor. <b>Not Confirmed</b> – resolved or partially resolved in MCO's favor. <b>Unable to Determine</b> – not able to confirm if a complaint is confirmed or not confirmed and complaints not related to MCO actions. Percentages may not add up to 100% due to rounding. Complaint outcomes are discrete and do not overlap.						

## HHSC - SFY 2023 Q3

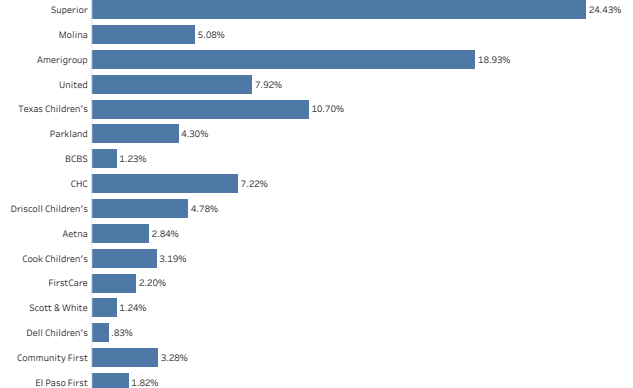
### Complaint Volume by MCO

Percentages may not add up to 100% due to rounding.



Total Complaints / Percent of Total Complaints

### Total Enrollment by MCO



% of Total Enrollment

### Complaint Volume by DMO



### Total Enrollment by DMO



Count of Complaints by Source: Ombudsman - 818 Complaints, MCS - 491 Complaints, MCO Self-Reported - 9,707 Complaints

## HHSC - SFY 2023 Q3

### Top 5 Complaints by MCO/DMO per 10,000 Members

Aetna	Balance Billing	3.27			El Paso First	Balance Billing	1.82			FirstCare	Denial of Claim	3.58			MCNA	Provider Treatment Inappropriate/Ineffective	.06			Molina	Customer Service - Other	7.89			Parkland	Denial of Claim	2.53			Scott & White	Denial of Claim	4.08			Superior	Client Not Transported	3.07			Texas Children's	Denial of Claim	2.85			United	Denial of Claim	12.85			United Dental	Provider Treatment Inappropriate/Ineffective	.04																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
	Denial of Claim	3.08				MCO Customer Service / Staff Behavior	1.06				Access to Care - Other	.80				Claims/Payment - Other	.56				Value-added Services Issues	6.89				Denial of Claim	1.19				Claims/Payment - Other	.45				Access to Care - Other	1.69				Balance Billing	2.28				Denial of Claim	.04																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
	Access to In-Network Provider (non-PCP)	.49				Driver Issues	.29				Balance Billing	.56				Client Not Transported	4.69				Access to Out-of-Network Provider	.70				Other	1.22				Delays in Claims Handling	.45				Balance Billing	.84				MCO Customer Service / Staff Behavior	1.95				Other	1.21				Denial of Claim	.04																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
	Claims/Payment - Other	.37				Vehicle Issues	.19				Claims/Payment - Other	.40				Balance Billing	4.48				Value-added Services Issues	.42				Driver Issues	1.05				Other	.37				Delays in Claims Handling	1.01				Access to In-Network Provider (non-PCP)	.02				Other	.32				Denial of Claim	1.01																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
	Provider Treatment Inappropriate/Ineffective	.25				Provider Treatment Inappropriate/Ineffective	.19				Customer Service - Other	.32				Balance Billing	2.53				Delays in Claims Handling	.45				Denial of Claim	1.21				Other	.43				Payment Dispute	.37				Access to Out-of-Network Provider	.70				Denial of Claim	1.01																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
	Amerigroup	Access to In-Network Provider (non-PCP)	4.58					Access to Care - Other	.80					Access to Care - Other		.80					Access to In-Network Provider (non-PCP)	.02					Access to Care - Other	.43					Access to Care - Other	.43					Access to Care - Other		.43					Access to Care - Other	.43					Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43				Access to Care - Other	.43

Rate of complaints for every 10,000 enrolled members. (Complaint Volume / Total Medicaid Enrollment for SFY 23 Q3) \* 10,000 = Complaints per 10,000.

Count of Complaints by Source: Ombudsman - 818 Complaints, MCS - 491 Complaints, MCO Self-Reported - 9,707 Complaints

MCOs/DMDs are sorted in alphabetical order. Ties are sorted in descending order alphabetically.

HHSC - SFY 2023 Q3

Percentage of Complaints Substantiated - Ombudsman Data

Resolution	Aetna	Amerigroup	BCBS	CHC	Community First	Cook Children's	Dell Children's	DentaQuest	Driscoll Children's	El Paso First	FirstCare	MCNA	Molina	Parkland	Scott & White	Superior	Texas Children's	United	United Dental
Substantiated	11%	19%	0%	7%	0%	13%	0%	18%	50%	0%	0%	13%	12%	11%	14%	10%	7%	14%	0%
Unsubstantiated	29%	16%	24%	27%	38%	17%	20%	18%	0%	60%	43%	13%	32%	8%	43%	22%	30%	28%	0%
Unable to Substantiate	61%	65%	76%	67%	63%	71%	80%	65%	50%	40%	57%	75%	56%	81%	43%	68%	63%	58%	100%

**Substantiated** – a complaint where research clearly indicates agency policy was violated or agency expectations were not met.  
**Unsubstantiated** – a complaint where research clearly indicates agency policy was not violated or agency expectations were met.  
**Unable to Substantiate** – a complaint where research does not clearly indicate if agency policy was violated or agency expectations were met.  
Percentages may not add up to 100% due to rounding. Complaint outcomes are discrete and do not overlap.

Percentage of Complaints Confirmed - MCS and MCO Self-Reported Data

Resolution	Aetna	Amerigroup	BCBS	CHC	Community First	Cook Children's	Dell Children's	DentaQuest	Driscoll Children's	El Paso First	FirstCare	MCNA	Molina	Parkland	Scott & White	Superior	Texas Children's	United	United Dental
Confirmed	69%	64%	94%	70%	95%	82%	93%	24%	23%	67%	66%	52%	39%	68%	68%	69%	63%	62%	63%
Not Confirmed	31%	36%	6%	27%	5%	17%	7%	74%	56%	33%	29%	40%	43%	25%	27%	18%	31%	34%	25%
Unable to Determine	0%	0%	0%	3%	0%	1%	0%	2%	21%	0%	5%	8%	19%	7%	5%	13%	6%	3%	13%

**Confirmed** – resolved or partially resolved in Complainant's favor.  
**Not Confirmed** – resolved or partially resolved in MCO's favor.  
**Unable to Determine** – not able to confirm if a complaint is confirmed or not confirmed and complaints not related to MCO actions.  
Percentages may not add up to 100% due to rounding. Complaint outcomes are discrete and do not overlap.

## HHSC - SFY 2023 Q3

### Overall Rate of Complaints per 10,000 Members by MCO and Quarter

2023 Q3				2023 Q2				2023 Q1				2022 Q4				2022 Q3				2022 Q2			
Molina	66.49			Molina	57.37			Molina	58.62			Molina	100.63			Molina	91.01			Cigna-HealthSpring	162.11		
BCBS	30.19			United	30.82			United	36.36			United	32.58			United	32.82			Molina	43.94		
United	29.30			BCBS	21.15			BCBS	25.13			BCBS	24.74			BCBS	26.55			United	23.70		
Superior	17.80			Dell Children's	15.94			Amerigroup	17.93			Superior	21.81			Amerigroup	17.74			BCBS	20.30		
Amerigroup	15.63			Amerigroup	14.90			Superior	16.97			Amerigroup	19.32			Superior	16.65			Amerigroup	15.05		
Dell Children's	12.51			Aetna	14.67			Dell Children's	13.68			Dell Children's	9.14			Aetna	8.87			Superior	14.38		
Texas Children's	12.25			Superior	13.94			Texas Children's	11.74			Texas Children's	8.49			Cook Children's	7.50			Aetna	7.08		
Scott & White	9.85			Texas Children's	12.32			Driscoll Children's	9.79			Aetna	8.00			Texas Children's	7.24			Cook Children's	6.53		
Aetna	9.37			Scott & White	6.91			Aetna	8.29			Driscoll Children's	7.44			Scott & White	5.75			Texas Children's	6.22		
Parkland	8.88			FirstCare	6.79			Cook Children's	6.23			Scott & White	6.98			Driscoll Children's	5.62			Dell Children's	5.31		
FirstCare	6.93			Driscoll Children's	6.52			Parkland	6.00			Parkland	6.21			Parkland	5.54			FirstCare	4.77		
Cook Children's	6.80			Cook Children's	4.81			Scott & White	5.51			Cook Children's	5.42			CHC	5.54			CHC	4.46		
Driscoll Children's	5.65			Parkland	4.57			El Paso First	5.10			CHC	4.92			FirstCare	5.42			El Paso First	4.35		
El Paso First	4.22			El Paso First	4.41			CHC	4.40			FirstCare	4.52			Community First	5.42			Driscoll Children's	4.25		
CHC	3.78			Community First	3.48			FirstCare	3.59			Community First	4.17			Dell Children's	3.89			Community First	4.06		
Community First	2.56			CHC	3.22			Community First	3.57			El Paso First	3.47			El Paso First	3.03			Parkland	3.96		
Grand Total	16.64			Grand Total	15.04			Grand Total	17.00			Grand Total	19.86			Grand Total	17.78			Scott & White	3.31		
																				Grand Total	13.41		

### Overall Rate of Complaints per 10,000 Members by DMO and Quarter

2023 Q3				2023 Q2				2023 Q1				2022 Q4				2022 Q3				2022 Q2			
DentaQuest	.70			DentaQuest	.51			DentaQuest	.74			DentaQuest	.78			DentaQuest	.92			DentaQuest	.62		
United Dental	.27			United Dental	.25			United Dental	.30			United Dental	.37			United Dental	.77			United Dental	.41		
MCNA	.22			MCNA	.17			MCNA	.15			MCNA	.30			MCNA	.25			MCNA	.22		
Grand Total	.48			Grand Total	.36			Grand Total	.48			Grand Total	.57			Grand Total	.67			Grand Total	.46		

Rate of complaints for every 10,000 enrolled members. (Complaint Volume / Total Medicaid Enrollment for SFY 23 Q3) \* 10,000 = Complaints per 10,000.

Count of Complaints by Source: Ombudsman - 912 Complaints, MCS - 428 Complaints, MCO Self-Reported - 7,229 Complaints

The Cigna-HealthSpring Health Plan is inactive as of 12/31/2021.