

HHSC Complaints – 2023 Q3

Top 5 Complaints

Complaint Category	Number of Complaints
Client Not Transported	1,386
Denial Of Claim	936
Balance Billing	837
Access to In-Network Provider (non-PCP)	707
Provider Treatment Inappropriate/Ineffective	466

Top 5 Complaints for Members

Complaint Category	Number of Complaints
Client Not transported	1,386
Balance Billing	828
Access to In-Network Provider (non-PCP)	703
Provider Treatment Inappropriate/Ineffective	466
Driver Issues	352

Top 5 Complaints for Providers

Complaint Category	Number of Complaints
Denial Of Claim	935
Delays in Claims Handling	108
Authorization Issue	98

Complaint Category	Number of Complaints
Claims/Payment - Other	96
Payment Dispute	58

Top 5 Complaints by Program per 10,000 Members

Program	Complaint Category	Rate
MMP	Balance Billing	46.87
MMP	Correspondence (Incorrect, unclear, or not received)	18.09
MMP	MCO Customer Service/Staff Behavior	10.68
MMP	Client Not Transported	9.20
MMP	Customer Service - Other	8.60
STAR+PLUS	Client Not Transported	18.69
STAR+PLUS	Access to In-Network Provider (non-PCP)	4.85
STAR+PLUS	Driver Issues	4.01
STAR+PLUS	Complaint Reasons - Other	3.96
STAR+PLUS	Denial Of Claim	3.94
STAR Kids	Denial Of Claim	5.29
STAR Kids	Client Not Transported	3.82
STAR Kids	Access to In-Network Provider (non-PCP)	2.53
STAR Kids	Provider Treatment Inappropriate/Ineffective	2.35
STAR Kids	Balance Billing	2.12
STAR	Denial Of Claim	1.20
STAR	Balance Billing	.87
STAR	Access to In-Network Provider (non-PCP)	.74
STAR	Client Not Transported	.40
STAR	Provider Treatment Inappropriate/Ineffective	.33
STAR Health	Denial Of Claim	1.71
STAR Health	Client Not Transported	1.50
STAR Health	Authorization Issue	.64
STAR Health	Access to In-Network Provider (non-PCP)	.64
STAR Health	Therapy – Denial of Authorization	.43
Dental	Provider Treatment Inappropriate/Ineffective	.12
Dental	Balance Billing	.05
Dental	Service Coordination/Service Management	.04
Dental	Denial Of Claim	.04

Program	Complaint Category	Rate
Dental	Claims/Payment - Other	.04

Enrollment by Program

Program	Total Average Monthly Members for 2023 Q3
MMP	33,711
STAR+PLUS	580,924
STAR Kids	169,987
STAR	4,879,948
STAR Health	46,706
Dental	4,248,403

Percentage of Complaints Substantiated – Ombudsman Data

Program	Substantiated	Unsubstantiated	Unable to Substantiate
MMP	6%	24%	71%
STAR+PLUS	13%	28%	59%
STAR Kids	12%	24%	64%
STAR	11%	21%	68%
STAR Health	0%	0%	100%
Dental	13%	13%	74%

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

Program	Confirmed	Not Confirmed	Unable to Determine
MMP	89%	4%	7%
STAR+PLUS	55%	33%	12%
STAR Kids	65%	29%	6%
STAR Health	57%	27%	17%
STAR	63%	31%	6%
Dental	30%	67%	3%

Complaint Volume by MCO

MCO	Total Complaints	Percentage of Total Complaints
Superior	2,484	26.14%
Molina	1,930	20.31%
Amerigroup	1,690	17.79%
United	1,325	13.94%
Texas Children's	749	7.88%
Parkland	218	2.29%
BCBS	212	2.23%
CHC	156	1.64%
Driscoll Children's	154	1.62%
Aetna	152	1.60%
Cook Children's	124	1.30%
FirstCare	87	.92%
Scott & White	70	.74%
Dell Children's	59	.62%
Community First	48	.51%
El Paso First	44	.46%

Complaint Volume by DMO

DMO	Total Complaints	Percentage of Total Complaints
DentaQuest	158	75.07%
MCNA	33	16.10%
United Dental	14	6.83%

Total Enrollment by MCO

MCO	Percentage of Enrollment
Superior	24.43%
Amerigroup	18.93%
Texas Children's	10.70%
United	7.92%
CHC	7.22%
Molina	5.08%
Driscoll Children's	4.78%
Parkland	4.30%
Community First	3.28%
Cook Children's	3.19%
Aetna	2.84%
FirstCare	2.20%
El Paso First	1.82%
Scott & White	1.24%
BCBS	1.23%
Dell Children's	.83%

Total Enrollment by DMO

DMO	Percentage of Enrollment
DentaQuest	53.02%
MCNA	34.92%
United Dental	12.06%

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

MCO/DMO	Complaint Category	Rate
Aetna	Balance Billing	3.27
Aetna	Denial Of Claim	3.08
Aetna	Access to In-Network Provider (non-PCP)	.49
Aetna	Claims/Payment - Other	.37
Aetna	Provider Treatment Inappropriate/Ineffective	.25
Amerigroup	Access to In-Network Provider (non-PCP)	4.58
Amerigroup	Balance Billing	1.60
Amerigroup	Quality of Care - Other	1.57
Amerigroup	Access to Care - Other	1.39
Amerigroup	Prescription Services - Other	1.16
BCBS	Balance Billing	7.55
BCBS	Denial Of Claim	4.56
BCBS	Access to PCP	2.99
BCBS	Individual Transportation Participant (ITP) Claims	1.28
BCBS	Client Not Transported	1.28
CHC	Denial Of Claim	.70
CHC	Client Not Transported	.39
CHC	Driver Issues	.34
CHC	Provider Treatment Inappropriate/Ineffective	.27
CHC	Balance Billing	.27
Community First	Access to Care - Other	.43
Community First	Complaint Reasons - Other	.37
Community First	Customer Service - Other	.32
Community First	Access to Out-of-Network Provider Client Not Transported	.32
Community First	Driver Issues	.16
Cook Children's	Provider Treatment Inappropriate/Ineffective	.82
Cook Children's	Continuity of Care	.82
Cook Children's	Service Coordination/Service Management	.55
Cook Children's	Access to In-Network Provider (non-PCP)	.49

MCO/DMO	Complaint Category	Rate
Cook Children's	Coordination of Care	.44
Dell Children's	Denial Of Claim	4.03
Dell Children's	Balance Billing	1.70
Dell Children's	Delays in Claims Handling	1.48
Dell Children's	Claims/Payment - Other	.64
Dell Children's	Access to Out-Of-Network Provider	.42
DentaQuest	Provider Treatment Inappropriate/Ineffective	.18
DentaQuest	Service Coordination/Service Management	.08
DentaQuest	Balance Billing	.08
DentaQuest	Denial of Services Denial Of Claim	.07
DentaQuest	Provider Contracting - Other	.04
Driscoll Children's	Provider Treatment Inappropriate/Ineffective	1.54
Driscoll Children's	Denial Of Claim	.84
Driscoll Children's	Authorization Issue	.33
Driscoll Children's	Customer Service - Other	.29
Driscoll Children's	Complaint Reasons - Other	.26
El Paso First	Balance Billing	1.82
El Paso First	MCO Customer Service / Staff Behavior	1.06
El Paso First	Driver Issues	.29
El Paso First	Vehicle Issues	.19
El Paso First	Provider Treatment Inappropriate/Ineffective	.19
FirstCare	Denial Of Claim	3.58
FirstCare	Complaint Reasons - Other	.80
FirstCare	Balance Billing	.56
FirstCare	Claims/Payment - Other	.40
FirstCare	Customer Service - Other	.32
MCNA	Provider Treatment Inappropriate/Ineffective	.06
MCNA	Claims/Payment - Other	.04
MCNA	Customer Service - Other	.03
MCNA	Balance Billing	.02
MCNA	Access to In-Network Provider (non-PCP)	.02
Molina	Customer Service - Other	7.89
Molina	Value-added Services Issues	6.89

MCO/DMO	Complaint Category	Rate
Molina	Client Not transported	5.79
Molina	MCO Customer Service / Staff Behavior	4.69
Molina	Balance Billing	4.48
Parkland	Denial Of Claim	2.53
Parkland	Balance Billing	.98
Parkland	Delays in Claims Handling	.45
Parkland	Claims/Payment - Other	.45
Parkland	Access to In-Network Provider (non-PCP)	.37
Scott & White	Denial Of Claim	4.08
Scott & White	Access to Care - Other	1.69
Scott & White	Balance Billing	.84
Scott & White	Access to Out-of-Network Provider	.70
Scott & White	Customer Service - Other	.42
Superior	Client Not Transported	3.07
Superior	Balance Billing	1.22
Superior	Complaint Reasons - Other	1.21
Superior	Driver Issues	1.05
Superior	Denial Of Claim	1.01
Texas Children's	Denial Of Claim	2.85
Texas Children's	Client Not Transported	1.19
Texas Children's	Balance Billing	1.05
Texas Children's	Delays in Claims Handling	1.01
Texas Children's	Claims/Payment - Other	.64
United	Client Not Transported	12.85
United	Denial Of Claim	4.38
United	Provider Treatment Inappropriate/Ineffective	2.28
United	MCO Customer Service/Staff Behavior	1.95
United	Balance Billing	1.95
United Dental	Provider Treatment Inappropriate/Ineffective	.06
United Dental	Denial of Claim	.04
United Dental	Access to PCP	.02
United Dental	Appointment Availability	.02
United Dental	Access to In-Network Provider (non-PCP)	.02

Percentage of Complaints Substantiated by MCO/DMO – Ombudsman Data

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

Percentage of Complaints Confirmed by MCO/DMO – MCS and MCO Self-Reported Data

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

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

MCO	2023 Q3	2023 Q2	2023 Q1	2022 Q4	2022 Q3	2022 Q2
Aetna	3.37	14.67	8.29	8.00	8.87	7.08
Amerigroup	15.63	14.90	17.93	19.32	17.74	15.05
BCBS	30.19	21.15	25.13	24.74	26.55	20.30
CHC	3.78	3.22	4.40	4.92	5.54	4.46
Cigna-HealthSpring	N/A	N/A	N/A	N/A	N/A	162.11
Community First	2.56	3.48	3.57	4.17	5.42	4.06
Cook Children's	6.80	4.81	6.23	5.42	7.50	6.53
Dell Children's	12.51	15.94	13.68	9.14	3.89	5.31
Driscoll Children's	5.65	6.52	9.79	7.44	5.62	4.25
El Paso First	4.22	4.41	5.10	3.47	3.03	4.35
FirstCare	6.93	6.79	3.59	4.52	5.42	4.77
Molina	66.49	57.37	58.62	100.63	91.01	43.94
Parkland	8.88	4.57	6.00	6.21	5.54	3.96
Scott & White	9.85	6.91	5.51	6.98	5.75	3.31
Superior	17.80	13.94	16.97	21.81	16.65	14.38
Texas Children's	12.25	12.32	11.74	8.49	7.24	6.22
United	29.30	30.82	36.36	32.58	32.82	23.70
Overall Rate	16.64	15.04	17.00	19.86	17.78	13.41

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

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

Complaint Categories

Category	Subcategory
Access to Care	Access to Dental Services (adult) - related to accessing dental services
Access to Care	Access to DME - related to accessing Durable Medical Equipment
Access to Care	Access to In-Network Provider (non-PCP) - related to accessing a specialist within the MCO's network
Access to Care	Access to Out-of-Network Provider - related to accessing a provider outside the MCO's network
Access to Care	Access to PCP - related to accessing Primary Care Provider
Access to Care	Appointment Availability - related to ability to access an appointment in a timely manner within contractual requirements for an in network provider
Access to Care	Authorization Issue - related to the delay of services due to concerns with authorization
Access to Care	Continuity of Care - related to the disruption of authorized services
Access to Care	Discharge from Facility - related to the disagreement with a Member's release from facility
Access to Care	Home Health - related to home health services
Access to Care	Home or Auto Modifications - related to issues with the delay of installation of home or auto modifications
Access to Care	Travel Time/Availability/Distance - related to the length of time and distance required to access services
Access to Care	Other - when the issue does not relate to any other Access to Care subcategories
Claims/Payment	Balance Billing - related to a Member receiving a bill for services rendered
Claims/Payment	Clean Claims Interest Unpaid - related to non-payment of interest on untimely processed claims
Claims/Payment	Delays in Claims Handling - related to the delay of processing a claim
Claims/Payment	Denial of Claim - related to the denial of a claim
Claims/Payment	Other - when the issue does not relate to any other Claims/Payment subcategories

Category	Subcategory
Customer Service	Correspondence (Incorrect, unclear, or not received) - related to written information provided to complainant that is incorrect, unclear, or not received
Customer Service	MCO Customer Service / Staff Behavior - related to how complainant was treated by MCO staff including rude or inappropriate behavior
Customer Service	Incorrect Information or Guidance from MCO - related to verbal information provided to complainant that is incorrect
Customer Service	MCO Staff Not Responding - related to MCO staff not returning complainant's telephone call or email
Customer Service	Other - when the issue does not relate to any other Customer Service subcategories
Customer Service	Provider Information Outdated/Directory - related to issues with the MCO provider directory
EVV	Authorization Issue - related to the delay of services due to concerns with an EVV authorization.
EVV	Denial of Claim - related to the denial of an EVV relevant claim.
EVV	Recoupment of Claim - related to the recoupment of an EVV relevant claim.
EVV	MCO Visit Maintenance Unlock Request Policy - related to the complainant's disagreement with the MCO denial of the VM unlock request.
EVV	Payer - related to the payer of the claim.
EVV	Other - when the issue does not relate to any other EVV subcategories
Medical Transportation	Client Not Transported
Medical Transportation	Driver Issues
Medical Transportation	Client was not picked up within one (1) hour of request.
Medical Transportation	Client arrived late to appointment
Medical Transportation	Scheduling error
Medical Transportation	Vehicle issues
Medical Transportation	Individual Transportation Participant (ITP) claims
Medical Transportation	Other - To be used for all other complaint reasons with a text box to log the complaint reason
Provider Contracting	MCO Credentialing Process - related to issues resulting from delays in the MCO's credentialing process

Category	Subcategory
Provider Contracting	Credentialing Verification Organization Process - related to issues resulting from delays or difficulties in the CVO's credentialing process
Provider Contracting	MCO/Provider Contracting - related to issues with the contracting process
Provider Contracting	Termed Provider - related to issues with provider contracts termed by MCO
Provider Contracting	Network Denial - nonpar provider denied into MCO network
Provider Contracting	Out of Network Provider - related to single case agreement issues between out-of-network specialist and MCO
Provider Contracting	Other - when the issue does not relate to any other Provider Contracting subcategories
Policies/Procedures	Disagree with MCO Policy - related to complainant's disagreement with MCO policy or procedure
Policies/Procedures	HIPAA - related to compliance with HIPAA
Policies/Procedures	MCO Appeals Process - related to complainant's disagreement with the MCO's handling of an Appeal request
Prescription Services	PS - Member not showing active - MCO does not show Member is a part of their PBM system but Member is enrolled with plan
Prescription Services	PS - Other Insurance - The existence of other insurance on the member's file is preventing access to prescriptions
Prescription Services	PS - Refill Too Soon - Medication claim will be denied by pharmacy due to being refilled too soon
Prescription Services	PS - Other - To be used for all other complaint reasons with a text box to log the complaint reason
Prescription Services	PS - Formulary - Medication is not on the VDP Formulary
Prescription Services	PS - Clinical Prior Authorization - Based on drug safety, appropriateness indications, & potential abuse. Member is complaining that the prescription requires a clinical PA or is having problems obtaining a clinical PA.
Prescription Services	PS - PDL Prior Authorization - Medication on the VDP formulary is non-preferred, requires PDL PA. Member is complaining that the prescription requires a PDL PA or is having problems obtaining a PDL PA.
Quality of Care	Quality of DME - related to a complainant's inadequate standard of Durable Medical Equipment
Quality of Care	Quality of Facility (Nursing Facility) - related to a complainant's inadequate standard of care received at a nursing facility or Inpatient Behavioral Health Facility

Category	Subcategory
Quality of Care	Service Coordination / Service Management - related to a complainant's inadequate standard of care received from a service coordinator or service manager
Quality of Care	Coordination of Care - related to a complainant's delay of services due to lack of coordination between providers
Quality of Care	Provider Treatment Inappropriate/Ineffective - related to the quality of treatment provided
Quality of Care	Other - when the issue does not relate to any other Quality of Care subcategories
Quality of Care	Home or Auto Modifications - related to issues with the quality of home or auto modifications
Value-Added Services	Value-added Services Issues - related to complainant's inability or delay in accessing or receiving Value-added Services