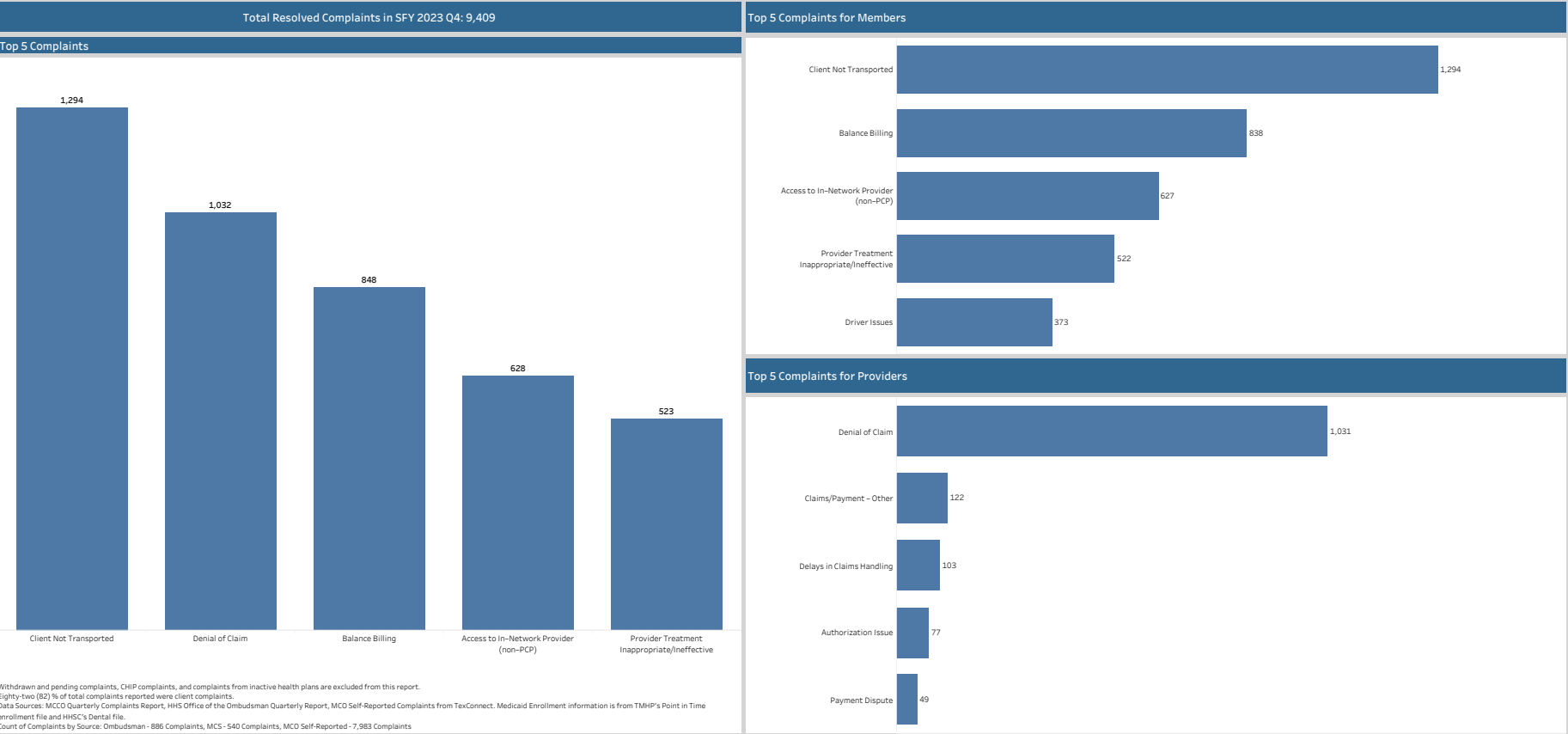


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Withdrawn and pending complaints, CHIP complaints, and complaints from inactive health plans are excluded from this report.

Eighty-two (82) % 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 - 886 Complaints, MCS - 540 Complaints, MCO Self-Reported - 7,983 Complaints

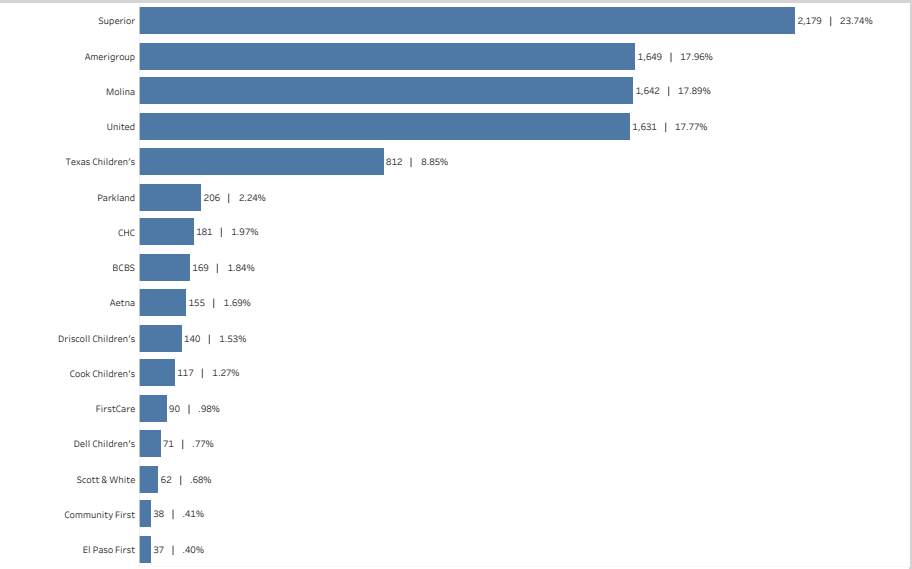
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Top 5 Complaints by Program per 10,000 Members													
MMP	Balance Billing	54.93											
	Correspondence (Incorrect, unclear, or not received)	12.38											
	MCO Customer Service/Staff Behavior	9.21											
	Customer Service - Other	7.30											
	Provider Treatment Inappropriate/Ineffective	5.72											
STAR+PLUS	Client Not Transported	17.90											
	Provider Treatment Inappropriate/Ineffective	4.95											
	Driver Issues	4.23											
	Access to In-Network Provider (non-PCP)	4.23											
	Quality of Care - Other	3.95											
STAR Kids	Denial of Claim	10.78											
	Client Not Transported	4.12											
	Provider Treatment Inappropriate/Ineffective	3.12											
	Balance Billing	2.59											
	Access to In-Network Provider (non-PCP)	2.06											
STAR	Denial of Claim	1.31											
	Balance Billing	.96											
	Access to In-Network Provider (non-PCP)	.75											
	Client Not Transported	.36											
	Provider Treatment Inappropriate/Ineffective	.30											
STAR Health	Denial of Claim	3.82											
	MCO Customer Service/Staff Behavior	.85											
	NEMT - Other	.64											
	Disagree with MCO Policy	.64											
	Client Not Transported	.64											
Medicaid Dental	Denial of Claim	.10											
	Provider Treatment Inappropriate/Ineffective	.08											
	Service Coordination/Service Management	.06											
	Claims/Payment - Other	.06											
	Coordination of Care	.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 Q4													
MMP	31,496												
STAR+PLUS	582,034												
STAR Kids	169,749												
STAR Health	47,131												
STAR	4,439,684												
Medicaid Dental	3,849,508												
Total Average Monthly Medicaid Members for 2023 Q4 (excluding Dental): 5,270,093													
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 Q4) * 10,000 = Complaints per 10,000.													
Count of Complaints by Source: Ombudsman - 886 Complaints, MCS - 540 Complaints, MCO Self-Reported - 7,983 Complaints													

Percentage of Complaints Substantiated - Ombudsman Data						
Resolution	MMP	STAR+PLUS	STAR Kids	STAR	STAR Health	Medicaid Dental
Substantiated	23%	12%	6%	11%	0%	10%
Unsubstantiated	0%	32%	37%	29%	50%	16%
Unable to Substantiate	77%	56%	57%	60%	50%	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	Medicaid Dental
Confirmed	87%	56%	61%	62%	58%	36%
Not Confirmed	6%	32%	35%	32%	38%	56%
Unable to Determine	7%	12%	4%	6%	4%	8%
<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.						

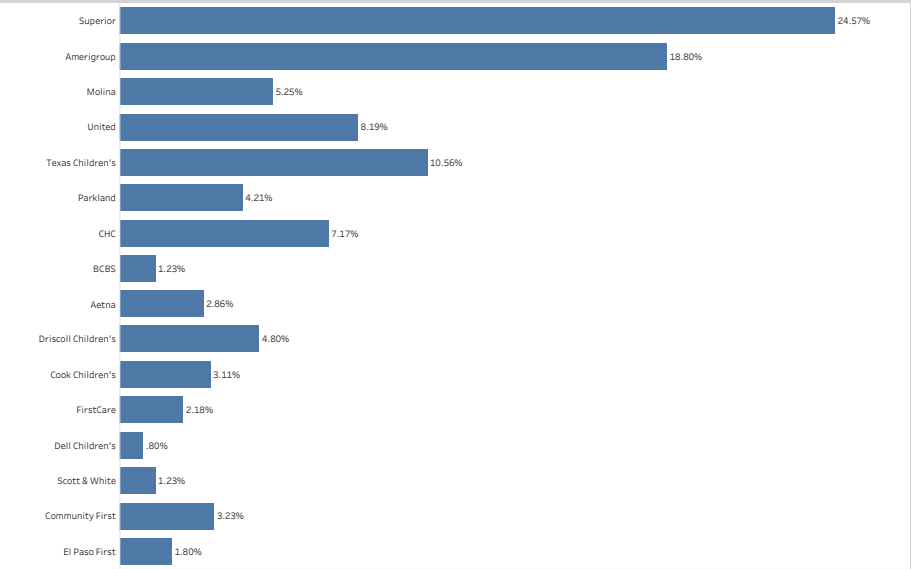
Complaint Volume by MCO

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



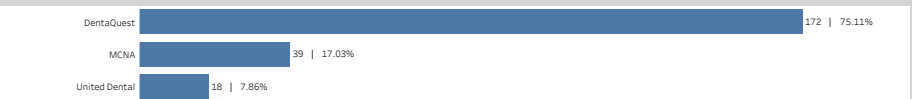
Total Complaints / Percent of Total Complaints

Total Enrollment by MCO



% of Total Enrollment

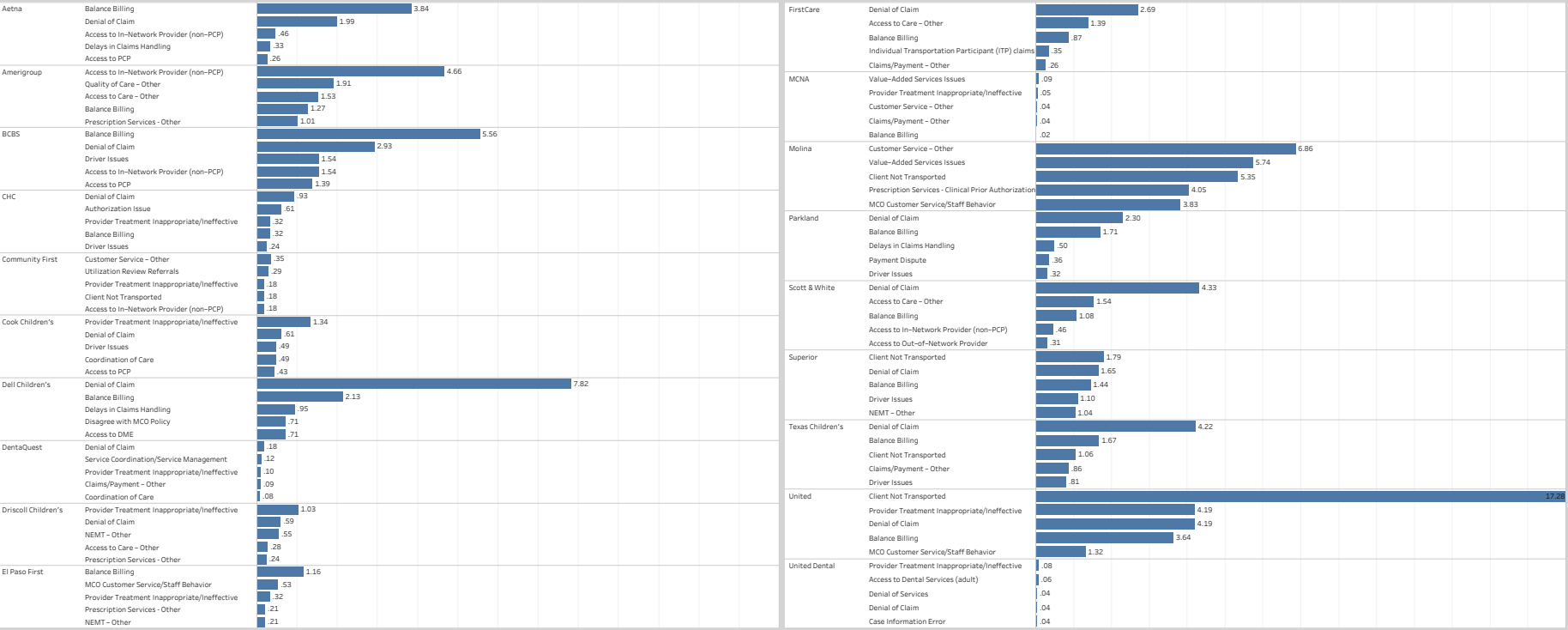
Complaint Volume by DMO



Total Enrollment by DMO



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



Rate of complaints for every 10,000 enrolled members. (Complaint Volume / Total Medicaid Enrollment for SFY 23 Q4) \* 10,000 = Complaints per 10,000.  
Count of Complaints by Source: Ombudsman - 886 Complaints, MCS - 540 Complaints, MCO Self-Reported - 7,983 Complaints  
MCOs/DMOs are sorted in alphabetical order. Ties are sorted in descending order alphabetically.

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	7%	13%	13%	14%	9%	11%	29%	19%	0%	17%	0%	0%	14%	9%	25%	8%	15%	10%	0%
Unsubstantiated	30%	26%	50%	19%	36%	47%	14%	13%	22%	33%	9%	0%	34%	28%	25%	29%	28%	37%	27%
Unable to Substantiate	63%	61%	38%	67%	55%	42%	57%	69%	78%	50%	91%	100%	52%	63%	50%	62%	57%	53%	73%

**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.

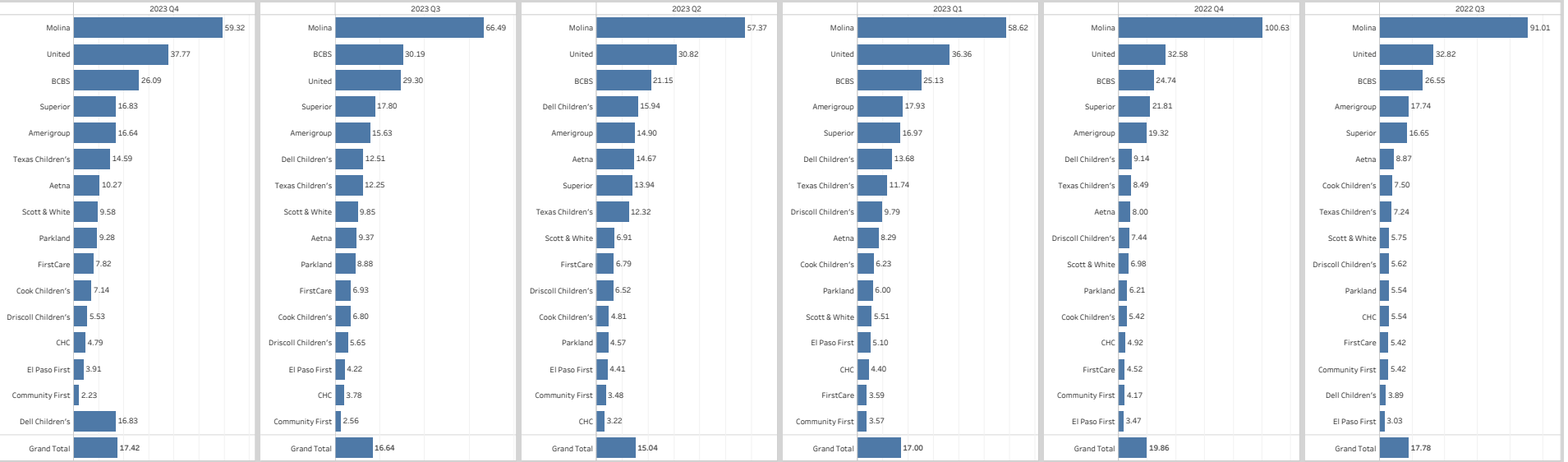
Percentage of Complaints Confirmed - MCS and MCO Self-Reported Data

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	70%	63%	92%	76%	81%	64%	97%	34%	25%	58%	57%	43%	37%	78%	69%	69%	57%	63%	57%
Not Confirmed	28%	37%	6%	24%	11%	36%	3%	65%	50%	29%	37%	29%	40%	19%	30%	18%	38%	34%	0%
Unable to Determine	2%	0%	2%	0%	7%	0%	0%	1%	25%	13%	6%	29%	23%	3%	2%	13%	6%	3%	43%

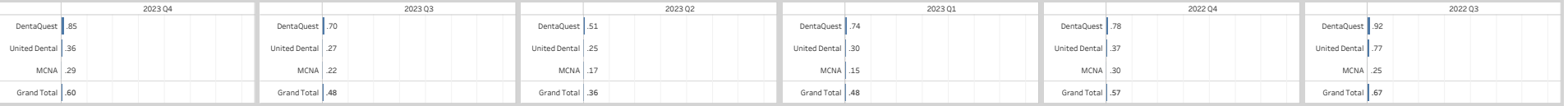
**Confirmed** – resolved or partially resolved in Complainant's favor.  
**Not Confirmed** – resolved or partially resolved in MCO's favor.  
**Unable to Determine** – not able to confirm if a complaint is confirmed or not confirmed and complaints not related to MCO actions.  
Percentages may not add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

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



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



Rate of complaints for every 10,000 enrolled members. (Complaint Volume / Total Medicaid Enrollment for SFY 23 Q4) \* 10,000 = Complaints per 10,000.  
Count of Complaints by Source: Ombudsman - 886 Complaints, MCS - 540 Complaints, MCO Self-Reported - 7,983 Complaints