

HHSC Complaints – 2023 Q4

Top 5 Complaints

Complaint Category	Number of Complaints
Client Not Transported	1,294
Denial Of Claim	1,032
Balance Billing	848
Access to In-Network Provider (non-PCP)	628
Provider Treatment Inappropriate/Ineffective	523

Top 5 Complaints for Members

Complaint Category	Number of Complaints
Client Not transported	1,294
Balance Billing	838
Access to In-Network Provider (non-PCP)	627
Provider Treatment Inappropriate/Ineffective	522
Driver Issues	373

Top 5 Complaints for Providers

Complaint Category	Number of Complaints
Denial Of Claim	1,031
Claims/Payment – Other	122
Delays in Claims Handling	103
Authorization Issue	77
Payment Dispute	49

Top 5 Complaints by Program per 10,000 Members

Program	Complaint Category	Rate
MMP	Balance Billing	54.93
MMP	Correspondence (Incorrect, unclear, or not received)	12.38
MMP	MCO Customer Service/Staff Behavior	9.21
MMP	Customer Service - Other	7.30
MMP	Provider Treatment Inappropriate/Ineffective	5.72
STAR+PLUS	Client Not Transported	17.90
STAR+PLUS	Provider Treatment Inappropriate/Ineffective	4.95
STAR+PLUS	Driver Issues	4.23
STAR+PLUS	Access to In-Network Provider (non-PCP)	4.23
STAR+PLUS	Quality of Care - Other	3.95
STAR Kids	Denial Of Claim	10.78
STAR Kids	Client Not Transported	4.12
STAR Kids	Provider Treatment Inappropriate/Ineffective	3.12
STAR Kids	Balance Billing	2.59
STAR Kids	Access to In-Network Provider (non-PCP)	2.06
STAR	Denial Of Claim	1.31
STAR	Balance Billing	.96
STAR	Access to In-Network Provider (non-PCP)	.75
STAR	Client Not Transported	.36
STAR	Provider Treatment Inappropriate/Ineffective	.30
STAR Health	Denial Of Claim	3.82
STAR Health	MCO Customer Service/Staff Behavior	.85
STAR Health	NEMT - Other	.64
STAR Health	Disagree with MCO Policy	.64
STAR Health	Client Not Transported	.64
Medicaid Dental	Denial Of Claim	.10
Medicaid Dental	Provider Treatment Inappropriate/Ineffective	.08
Medicaid Dental	Service Coordination/Service Management	.06
Medicaid Dental	Claims/Payment - Other	.06
Medicaid Dental	Coordination of Care	.04

Enrollment by Program

Program	Total Average Monthly Members for 2023 Q4
MMP	31,496
STAR+PLUS	582,034
STAR Kids	169,749
STAR	4,439,684
STAR Health	47,131
Medicaid Dental	3,849,508

Percentage of Complaints Substantiated – Ombudsman Data

Program	Substantiated	Unsubstantiated	Unable to Substantiate
MMP	23%	0%	77%
STAR+PLUS	12%	32%	56%
STAR Kids	6%	37%	57%
STAR	11%	29%	60%
STAR Health	0%	50%	50%
Medicaid Dental	10%	16%	74%

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

Program	Confirmed	Not Confirmed	Unable to Determine
MMP	87%	6%	7%
STAR+PLUS	56%	32%	12%
STAR Kids	61%	35%	4%
STAR	62%	32%	6%
STAR Health	58%	38%	4%
Medicaid Dental	36%	56%	8%

Complaint Volume by MCO

MCO	Total Complaints	Percentage of Total Complaints
Superior	2,179	23.74%
Amerigroup	1,649	17.96%
Molina	1,642	17.89%
United	1,631	17.77%
Texas Children's	812	8.85%
Parkland	206	2.24%
CHC	181	1.79%
BCBS	169	1.84%
Aetna	155	1.69%
Driscoll Children's	140	1.53%
Cook Children's	117	1.27%
FirstCare	90	.98%
Dell Children's	71	.77%
Scott & White	62	.68%
Community First	38	.41%
El Paso First	37	.40%

Complaint Volume by DMO

DMO	Total Complaints	Percentage of Total Complaints
DentaQuest	172	75.11%
MCNA	39	17.03%
United Dental	18	7.86%

Total Enrollment by MCO

MCO	Percentage of Enrollment
Superior	24.57%
Amerigroup	18.80%
Texas Children's	10.56%
United	8.19%
CHC	7.17%
Molina	5.25%
Driscoll Children's	4.80%
Parkland	4.21%
Community First	3.23%
Cook Children's	3.11%
Aetna	2.86%
FirstCare	2.18%
El Paso First	1.80%
Scott & White	1.23%
BCBS	1.23%
Dell Children's	.80%

Total Enrollment by DMO

DMO	Percentage of Enrollment
DentaQuest	52.62%
MCNA	34.56%
United Dental	12.82%

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

MCO/DMO	Complaint Category	Rate
Aetna	Balance Billing	3.84
Aetna	Denial Of Claim	1.99
Aetna	Access to In-Network Provider (non-PCP)	.46
Aetna	Delays in Claims Handling	.33
Aetna	Access to PCP	.26
Amerigroup	Access to In-Network Provider (non-PCP)	4.66
Amerigroup	Quality of Care - Other	1.91
Amerigroup	Access to Care - Other	1.53
Amerigroup	Balance Billing	1.27
Amerigroup	Prescription Services - Other	1.01
BCBS	Balance Billing	5.56
BCBS	Denial Of Claim	2.93
BCBS	Driver Issues	1.54
BCBS	Access to In-Network Provider (non-PCP)	1.54
BCBS	Access to PCP	1.39
CHC	Denial Of Claim	.93
CHC	Authorization Issue	.61
CHC	Provider Treatment Inappropriate/Ineffective	.32
CHC	Client Not Transported	.32
CHC	Driver Issues	.24
Community First	Customer Service - Other	.35
Community First	Utilization Review Referrals	.29
Community First	Provider Treatment Inappropriate/Ineffective	.18
Community First	Client Not Transported	.18
Community First	Access to In-Network Provider (non-PCP)	.18
Cook Children's	Provider Treatment Inappropriate/Ineffective	1.34
Cook Children's	Denial Of Claim	.61
Cook Children's	Driver Issues	.49
Cook Children's	Coordination of Care	.49

MCO/DMO	Complaint Category	Rate
Cook Children's	Access to PCP	.43
Dell Children's	Denial Of Claim	7.82
Dell Children's	Balance Billing	2.13
Dell Children's	Delays in Claims Handling	.95
Dell Children's	Disagree with MCO Policy	.71
Dell Children's	Access to DME	.71
DentaQuest	Denial Of Claim	.18
DentaQuest	Service Coordination/Service Management	.12
DentaQuest	Provider Treatment Inappropriate/Ineffective	.10
DentaQuest	Claims Payment - Other	.09
DentaQuest	Coordination of Care	.08
Driscoll Children's	Provider Treatment Inappropriate/Ineffective	1.03
Driscoll Children's	Denial Of Claim	.59
Driscoll Children's	NEMT - Other	.55
Driscoll Children's	Access to Care - Other	.28
Driscoll Children's	Prescription Services - Other	.24
El Paso First	Balance Billing	1.16
El Paso First	MCO Customer Service / Staff Behavior	.53
El Paso First	Provider Treatment Inappropriate/Ineffective	.32
El Paso First	Prescription Services - Other	.21
El Paso First	NEMT - Other	.21
FirstCare	Denial Of Claim	2.69
FirstCare	Access to Care - Other	1.39
FirstCare	Balance Billing	.87
FirstCare	Individual Transportation Participant (ITP) Claims	.35
FirstCare	Claims/Payment - Other	.26
MCNA	Value-Added Services Issues	.09
MCNA	Provider Treatment Inappropriate/Ineffective	.05
MCNA	Customer Service - Other	.04
MCNA	Claims/Payment - Other	.04
MCNA	Balance Billing	.02
Molina	Customer Service - Other	6.86
Molina	Value-added Services Issues	5.74

MCO/DMO	Complaint Category	Rate
Molina	Client Not transported	5.35
Molina	Prescription Services – Clinical Prior Authorization	4.05
Molina	MCO Customer Service / Staff Behavior	3.83
Parkland	Denial Of Claim	2.30
Parkland	Balance Billing	1.71
Parkland	Delays in Claims Handling	.50
Parkland	Payment Dispute	.36
Parkland	Driver Issues	.32
Scott & White	Denial Of Claim	4.33
Scott & White	Access to Care - Other	1.54
Scott & White	Balance Billing	1.08
Scott & White	Access to In-Network Provider (non-PCP)	.46
Scott & White	Access to Out-of-Network Provider	.31
Superior	Client Not Transported	1.79
Superior	Denial Of Claim	1.65
Superior	Balance Billing	1.44
Superior	Driver Issues	1.10
Superior	NEMT - Other	1.04
Texas Children's	Denial Of Claim	4.22
Texas Children's	Balance Billing	1.67
Texas Children's	Client Not Transported	1.06
Texas Children's	Claims/Payment - Other	.86
Texas Children's	Driver Issues	.81
United	Client Not Transported	17.28
United	Provider Treatment Inappropriate/Ineffective	4.19
United	Denial Of Claim	4.19
United	Balance Billing	3.68
United	MCO Customer Service/Staff Behavior	1.32
United Dental	Provider Treatment Inappropriate/Ineffective	.08
United Dental	Access to Dental Services (adult)	.06
United Dental	Denial of Services	.04
United Dental	Denial of Claim	.04
United Dental	Case Information Error	.04

Percentage of Complaints Substantiated by MCO/DMO – Ombudsman Data

MCO/DMO	Substantiated	Unsubstantiated	Unable to Substantiate
Aetna	7%	30%	63%
Amerigroup	13%	26%	61%
BCBS	13%	50%	38%
CHC	14%	19%	67%
Community First	9%	36%	55%
Cook Children's	11%	47%	42%
Dell Children's	29%	14%	57%
DentaQuest	19%	13%	69%
Driscoll Children's	0%	22%	78%
El Paso First	17%	33%	50%
FirstCare	0%	9%	91%
MCNA	0%	0%	100%
Molina	14%	34%	52%
Parkland	9%	28%	63%
Scott & White	25%	25%	50%
Superior	8%	29%	62%
Texas Children's	15%	28%	57%
United	10%	37%	53%
United Dental	0%	27%	73%

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

MCO/DMO	Confirmed	Not Confirmed	Unable to Determine
Aetna	70%	28%	2%
Amerigroup	63%	37%	0%
BCBS	92%	6%	2%
CHC	76%	24%	0%
Community First	81%	11%	7%
Cook Children's	64%	36%	0%
Dell Children's	97%	3%	0%
DentaQuest	34%	65%	1%
Driscoll Children's	25%	50%	25%
El Paso First	58%	29%	13%
FirstCare	57%	37%	6%
MCNA	43%	29%	29%
Molina	37%	40%	23%
Parkland	78%	19%	3%
Scott & White	69%	30%	2%
Superior	69%	18%	13%
Texas Children's	57%	38%	6%
United	63%	34%	3%
United Dental	57%	0%	43%

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

MCO	2023 Q4	2023 Q3	2023 Q2	2023 Q1	2022 Q4	2022 Q3
Aetna	10.27	9.37	14.67	8.29	8.00	8.87
Amerigroup	16.64	15.63	14.90	17.93	19.32	17.74
BCBS	26.09	30.19	21.15	25.13	24.74	26.55
CHC	4.79	3.78	3.22	4.40	4.92	5.54
Community First	2.23	2.56	3.48	3.57	4.17	5.42
Cook Children's	7.14	6.80	4.81	6.23	5.42	7.50
Dell Children's	16.83	12.51	15.94	13.68	9.14	3.89
Driscoll Children's	5.53	5.65	6.52	9.79	7.44	5.62
El Paso First	3.91	4.22	4.41	5.10	3.47	3.03
FirstCare	7.82	6.93	6.79	3.59	4.52	5.42
Molina	59.32	66.49	57.37	58.62	100.63	91.01
Parkland	9.28	8.88	4.57	6.00	6.21	5.54
Scott & White	9.58	9.85	6.91	5.51	6.98	5.75
Superior	16.83	17.80	13.94	16.97	21.81	16.65
Texas Children's	14.59	12.25	12.32	11.74	8.49	7.24
United	37.77	29.30	30.82	36.36	32.58	32.82
Overall Rate	17.42	16.64	15.04	17.00	19.86	17.78

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

MCO	2023 Q4	2023 Q3	2023 Q2	2023 Q1	2022 Q4	2022 Q3
DentaQuest	.85	.70	.51	.74	.78	.92
MCNA	.29	.22	.17	.15	.30	.25
United Dental	.36	.27	.25	.30	.37	.77
Overall Rate	.60	.48	.36	.48	.57	.67

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