

# HHSC Initial Contact Complaints – 2023 Q3

## Top 5 Initial Contact Complaints

Complaint Category	Number of Complaints
Balance Billing	224
Access to PCP	201
Provider Treatment Inappropriate/Ineffective	128
Prescription Services – Other Insurance	127
Customer Service - Other	109

## Top 5 Initial Contact Complaints for Members

Complaint Category	Number of Complaints
Balance Billing	224
Access to PCP	201
Provider Treatment Inappropriate/Ineffective	128
Prescription Services – Other Insurance	127
Client Not Transported	89

## Top 5 Initial Contact Complaints for Providers

Complaint Category	Number of Complaints
Denial of Claim	42
Customer Service - Other	28
Authorization Issue	16
Claims/Payment - Other	9
Delays in Claims Handling	8

## Top 5 Initial Contact Complaints by Program per 10,000 Members

Program	Complaint Category	Rate
<b>MMP</b>	Customer Service - Other	8.01
<b>MMP</b>	MCO Staff Not Responding	2.67
<b>MMP</b>	Access to Care - Other	1.48
<b>MMP</b>	MCO Customer Service/Staff Behavior	1.19
<b>MMP</b>	Correspondence – Related to Written Information	1.19
<b>STAR Kids</b>	Access to PCP	1.35
<b>STAR Kids</b>	Balance Billing	1.06
<b>STAR Kids</b>	Access to Care - Other	.88
<b>STAR Kids</b>	Prescription Services - Other Insurance	.76
<b>STAR Kids</b>	Customer Service - Other	.47
<b>STAR+PLUS</b>	Client Not Transported	1.07
<b>STAR+PLUS</b>	Access to DME	.46
<b>STAR+PLUS</b>	Driver Issues	.41
<b>STAR+PLUS</b>	Authorization Issue	.40
<b>STAR+PLUS</b>	Complaint Reasons - Other	.36
<b>STAR</b>	Balance Billing	.40
<b>STAR</b>	Access to PCP	.33
<b>STAR</b>	Prescription Services - Other Insurance	.23
<b>STAR</b>	Provider Treatment Inappropriate/Ineffective	.22
<b>STAR</b>	Customer Service - Other	.12
<b>STAR Health</b>	Service Coordination/Service Management	.21
<b>STAR Health</b>	Client Not Transported	.21
<b>STAR Health</b>	Access to PCP	.21
<b>Dental</b>	Quality of Care - Other	.01
<b>Dental</b>	Provider Treatment Inappropriate/Ineffective	.01
<b>Dental</b>	Customer Service - Other	.01
<b>Dental</b>	Claims/Payment - Other	.00
<b>Dental</b>	MCO Staff Not Responding	.00

## Enrollment by Program

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

## Percentage of Initial Contact Complaints Confirmed – MCO Self-Reported Data

Program	Confirmed	Not Confirmed	Unable to Determine
MMP	93%	5%	1%
STAR Kids	85%	8%	7%
STAR+PLUS	53%	16%	30%
STAR	83%	10%	7%
STAR Health	67%	0%	33%
Dental	47%	13%	40%

## Initial Contact Complaint Volume by MCO

MCO	Total Complaints	Percentage of Total Complaints
Superior	449	27.08%
Driscoll Children's	298	17.97%
Cook Children's	170	10.25%
Amerigroup	168	10.13%
CHC	144	8.69%
BCBS	138	8.32%
Community First	128	7.72%
El Paso First	58	3.50%
Texas Children's	55	3.32%

<b>MCO</b>	<b>Total Complaints</b>	<b>Percentage of Total Complaints</b>
<b>Parkland</b>	36	2.17%
<b>Molina</b>	5	.30%
<b>United</b>	4	.24%
<b>Dell Children's</b>	4	.24%
<b>Scott &amp; White</b>	1	.06%

## Initial Contact Complaint Volume by DMO

<b>DMO</b>	<b>Total Complaints</b>	<b>Percentage of Total Complaints</b>
<b>DentaQuest</b>	8	53.33%
<b>United Dental</b>	5	33.33%
<b>MCNA</b>	2	13.33%

## Total Enrollment by MCO

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

## Total Enrollment by DMO

DMO	Percentage of Enrollment
<b>DentaQuest</b>	53.02%
<b>MCNA</b>	34.92%
<b>United Dental</b>	12.06%

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

MCO/DMO	Complaint Category	Rate
<b>Amerigroup</b>	Access to In-Network Provider (non-PCP)	.38
<b>Amerigroup</b>	Customer Service - Other	.25
<b>Amerigroup</b>	Access to Care - Other	.17
<b>Amerigroup</b>	Quality of Care - Other	.11
<b>Amerigroup</b>	Prescription Services - Other	.08
<b>BCBS</b>	Balance Billing	13.10
<b>BCBS</b>	Access to PCP	2.42
<b>BCBS</b>	Prescription Services – Clinical Prior Authorization	.57
<b>BCBS</b>	Value-Added Services Issues	.43
<b>BCBS</b>	Access to In-Network Provider (non-PCP)	.43
<b>CHC</b>	Customer Service - Other	.68
<b>CHC</b>	Denial of Claim	.39
<b>CHC</b>	Provider Treatment Inappropriate/Ineffective	.36
<b>CHC</b>	Value-added Services Issues	.34
<b>CHC</b>	Authorization Issue	.27
<b>Community First</b>	Prescription Services - Other Insurance	5.33
<b>Community First</b>	Prescription Services - Other	.43
<b>Community First</b>	Prescription Services - Refill Too Soon	.37
<b>Community First</b>	Prescription Services - Clinical Prior Authorization	.21
<b>Community First</b>	Prescription Services - PDL Prior Authorization	.11
<b>Cook Children's</b>	Access to PCP	3.84
<b>Cook Children's</b>	Provider Treatment Inappropriate/Ineffective	1.32
<b>Cook Children's</b>	Customer Service - Other	.71

<b>MCO/DMO</b>	<b>Complaint Category</b>	<b>Rate</b>
<b>Cook Children's</b>	Prescription Services - Other Insurance	.55
<b>Cook Children's</b>	Value-added Services Issues	.38
<b>Dell Children's</b>	Denial of Claim	.42
<b>Dell Children's</b>	MCO Customer Service/Staff Behavior	.21
<b>Dell Children's</b>	Customer Service - Other	.21
<b>DentaQuest</b>	Quality of Care - Other	.01
<b>DentaQuest</b>	Customer Service - Other	.01
<b>DentaQuest</b>	Claims/Payment - Other	.01
<b>DentaQuest</b>	Access to –Dental Services (adult)	.00
<b>Driscoll Children's</b>	Provider Treatment Inappropriate/Ineffective	2.57
<b>Driscoll Children's</b>	Access to PCP	2.42
<b>Driscoll Children's</b>	Appointment Availability	.81
<b>Driscoll Children's</b>	Quality of Care - Other	.77
<b>Driscoll Children's</b>	Access to Care - Other	.77
<b>El Paso First</b>	Balance Billing	5.57
<b>MCNA</b>	Provider Treatment Inappropriate/Ineffective	.02
<b>MCNA</b>	Customer Service - Other	.01
<b>MCNA</b>	Access to Care - Other	.01
<b>Molina</b>	Access to In-Network Provider (non-PCP)	.07
<b>Molina</b>	Prescription Services – Other Insurance	.03
<b>Molina</b>	Prescription Services - Other	.03
<b>Molina</b>	Balance Billing	.03
<b>Parkland</b>	Balance Billing	.57
<b>Parkland</b>	Denial of Claim	.37
<b>Parkland</b>	Prescription Services – Clinical Prior Authorization	.12
<b>Parkland</b>	Customer Service - Other	.12
<b>Parkland</b>	Value-added Services Issues	.08
<b>Scott &amp; White</b>	Denial of Claim	.14
<b>Superior</b>	Client Not Transported	.57
<b>Superior</b>	Access to PCP	.22
<b>Superior</b>	Driver Issues	.20
<b>Superior</b>	Complaint Reasons - Other	. 20
<b>Superior</b>	Access to DME	. 20

<b>MCO/DMO</b>	<b>Complaint Category</b>	<b>Rate</b>
<b>Texas Children's</b>	Balance Billing	.36
<b>Texas Children's</b>	Correspondence – Related to Written Information	.08
<b>Texas Children's</b>	Denial of Claim	.07
<b>Texas Children's</b>	Client Not Transported	.07
<b>Texas Children's</b>	Access to Dental Services (adult)	.05
<b>United</b>	Access to PCP	.04
<b>United</b>	MCO Customer Service/Staff Behavior	.02
<b>United</b>	Correspondence – Related to Written Information	.02
<b>United Dental</b>	MCO Staff Not Responding	.02
<b>United Dental</b>	Correspondence – Related to Written Information	.02

## Percentage of Initial Contact Complaints Confirmed by MCO/DMO – MCO Self-Reported Data

<b>MCO/DMO</b>	<b>Confirmed</b>	<b>Not Confirmed</b>	<b>Unable to Determine</b>
<b>Amerigroup</b>	96%	2%	2%
<b>BCBS</b>	100%	0%	0%
<b>CHC</b>	82%	12%	6%
<b>Community First</b>	99%	0%	1%
<b>Cook Children's</b>	91%	5%	4%
<b>Dell Children's</b>	100%	0%	0%
<b>DentaQuest</b>	75%	25%	0%
<b>Driscoll Children's</b>	83%	15%	3%
<b>El Paso First</b>	98%	2%	0%
<b>MCNA</b>	0%	0%	100%
<b>Molina</b>	40%	60%	0%
<b>Parkland</b>	8%	56%	36%
<b>Scott &amp; White</b>	0%	0%	100%
<b>Superior</b>	56%	16%	28%
<b>Texas Children's</b>	20%	35%	45%
<b>United</b>	0%	0%	100%

<b>MCO/DMO</b>	<b>Confirmed</b>	<b>Not Confirmed</b>	<b>Unable to Determine</b>
<b>United Dental</b>	50%	0%	50%



## 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	.00	.00	.00	.00	.00	.00
Amerigroup	1.55	1.44	1.73	1.36	1.40	1.11
BCBS	19.65	19.98	21.74	17.27	14.23	15.02
CHC	3.49	3.74	6.96	7.30	6.51	3.80
Cigna-HealthSpring	N/A	N/A	N/A	N/A	N/A	1.85
Community First	6.83	4.46	3.51	4.57	10.18	6.22
Cook Children's	9.32	8.10	5.59	5.01	12.22	19.59
Dell Children's	.85	3.71	1.86	3.52	3.40	5.56
Driscoll Children's	10.92	19.34	21.76	13.16	18.78	22.58
El Paso First	5.57	4.61	2.91	2.73	4.01	4.68
FirstCare	.00	.00	.00	.00	.00	.00
Molina	.17	.00	.00	.36	.22	.32
Parkland	1.47	.75	1.27	1.31	.99	1.68
Scott & White	.14	.00	.00	.00	.00	.17
Superior	3.22	5.60	6.71	3.99	5.95	6.33
Texas Children's	.90	1.23	1.02	1.68	1.53	1.31
United	.09	.09	.07	.34	.37	.38
Overall Rate	<b>2.90</b>	<b>3.77</b>	<b>4.30</b>	<b>3.27</b>	<b>4.33</b>	<b>4.52</b>

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

DMO	2023 Q3	2023 Q2	2023 Q1	2022 Q4	2022 Q3	2022 Q2
DentaQuest	.04	.07	.10	.11	.13	.09
MCNA	.03	.02	.01	.06	.08	.05
United Dental	.04	.10	.14	.22	.22	.54
Overall Rate	<b>.04</b>	<b>.05</b>	<b>.07</b>	<b>.10</b>	<b>.12</b>	<b>.11</b>

## 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
Customer Service	Correspondence (Incorrect, unclear, or not received) - related to written information provided to complainant that is incorrect, unclear, or not received

<b>Category</b>	<b>Subcategory</b>
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
Provider Contracting	Credentialing Verification Organization Process - related to issues resulting from delays or difficulties in the CVO's credentialing process

<b>Category</b>	<b>Subcategory</b>
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
Quality of Care	Service Coordination / Service Management - related to a complainant's inadequate standard of care received from a service coordinator or service manager

<b>Category</b>	<b>Subcategory</b>
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