

HHSC Initial Contact Complaints – 2023 Q4

Top 5 Initial Contact Complaints

Complaint Category	Number of Complaints
Balance Billing	199
Access to PCP	124
Client Not Transported	117
Access to Care - Other	105
Authorization Issue	90

Top 5 Initial Contact Complaints for Members

Complaint Category	Number of Complaints
Balance Billing	199
Access to PCP	124
Client Not Transported	117
Access to Care - Other	102
Prescription Services – Other Insurance	75

Top 5 Initial Contact Complaints for Providers

Complaint Category	Number of Complaints
Authorization Issue	58
Denial of Claim	40
Customer Service - Other	14
Delays in Claims Handling	12
Incorrect Information of Guidance from MCO	10

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

Program	Complaint Category	Rate
MMP	Access to Out-of-Network Provider	2.86
MMP	MCO Staff Not Responding	2.54
MMP	Prescription Services - Other	1.59
MMP	Customer Service - Other	1.59
MMP	MCO Customer Service/Staff Behavior	.95
STAR Kids	Access to Care - Other	1.35
STAR Kids	Balance Billing	1.06
STAR Kids	Access to PCP	.71
STAR Kids	Customer Service - Other	.65
STAR Kids	Access to In-Network Provider (non-PCP)	.53
STAR+PLUS	Client Not Transported	1.37
STAR+PLUS	Driver Issues	.65
STAR+PLUS	Provider Treatment Inappropriate/Ineffective	.43
STAR+PLUS	Access to DME	.34
STAR+PLUS	Access to Care - Other	.34
STAR	Balance Billing	.39
STAR	Access to PCP	.23
STAR	Prescription Services - Other Insurance	.16
STAR	Authorization Issue	.16
STAR	Access to In-Network Provider (non-PCP)	.13
STAR Health	Access to Care - Other	.85
STAR Health	NEMT - Other	.42
STAR Health	Driver Issues	.42
STAR Health	Scheduling error	.21
Medicaid Dental	Customer Service - Other	.02
Medicaid Dental	Provider Treatment Inappropriate/Ineffective	.01
Medicaid Dental	Claims/Payment - Other	.01
Medicaid Dental	MCO Appeals Process	.01
Medicaid Dental	Access to In-Network Provider (non-PCP)	.01

Enrollment by Program

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

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

Program	Confirmed	Not Confirmed	Unable to Determine
MMP	81%	17%	2%
STAR Kids	80%	11%	9%
STAR+PLUS	54%	16%	30%
STAR	80%	12%	8%
STAR Health	78%	22%	0%
Medicaid Dental	45%	5%	50%

Initial Contact Complaint Volume by MCO

MCO	Total Complaints	Percentage of Total Complaints
Superior	448	30.07%
Driscoll Children's	246	16.51%
BCBS	175	11.74%
CHC	171	11.48%
Cook Children's	125	8.39%
Amerigroup	121	8.12%
Community First	72	4.83%
Texas Children's	60	4.03%
Parkland	42	2.82%

MCO	Total Complaints	Percentage of Total Complaints
Dell Children's	26	1.74%
Molina	2	.13%
FirstCare	1	.07%
El Paso First	1	.07%

Initial Contact Complaint Volume by DMO

DMO	Total Complaints	Percentage of Total Complaints
DentaQuest	10	50.00%
United Dental	7	35.00%
MCNA	3	15.00%

Total Enrollment by MCO

MCO	Percentage of Enrollment
Superior	24.57%
Amerigroup	18.80%
Texas Children's	10.56%
CHC	7.17%
Molina	5.25%
Driscoll Children's	4.80%
Parkland	4.21%
Community First	3.23%
Cook Children's	3.11%
FirstCare	2.18%
El Paso First	1.80%
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 Initial Contact Complaints by MCO/DMO per 10,000 Members

MCO/DMO	Complaint Category	Rate
Amerigroup	Access to In-Network Provider (non-PCP)	.29
Amerigroup	Access to Care - Other	.17
Amerigroup	MCO Staff Not Responding	.10
Amerigroup	Access to Out-of-Network Provider	.09
Amerigroup	Prescription Services - Other	.07
BCBS	Balance Billing	15.59
BCBS	Access to PCP	3.70
BCBS	Denial of Claim	.93
BCBS	Access to In-Network Provider (non-PCP)	.77
BCBS	Prescription Services – Other Insurance	.62
CHC	Authorization Issue	1.40
CHC	Denial of Claim	.45
CHC	Customer Service - Other	.45
CHC	Value-added Services Issues	.26
CHC	Correspondence (Incorrect, unclear, or not received)	.26
Community First	Prescription Services - Other Insurance	2.88
Community First	Prescription Services - Clinical Prior Authorization	.53
Community First	Prescription Services - Other	.35
Community First	Prescription Services - Refill Too Soon	.12
Community First	Provider Treatment Inappropriate/Ineffective	.06
Cook Children's	Access to PCP	2.13
Cook Children's	Provider Treatment Inappropriate/Ineffective	1.89
Cook Children's	Prescription Services - Other Insurance	.67
Cook Children's	Access to In-Network Provider (non-PCP)	.61
Cook Children's	Customer Service - Other	.37
Dell Children's	Balance Billing	3.32
Dell Children's	Value-Added Services Issues	.47
Dell Children's	Incorrect Information or Guidance from MCO	.47
Dell Children's	Prescription Services – Other Insurance	.24

MCO/DMO	Complaint Category	Rate
Dell Children's	Prescription Services - Formulary	.24
DentaQuest	Provider Treatment Inappropriate/Ineffective	.01
DentaQuest	MCO Appeals Process	.01
DentaQuest	Customer Service - Other	.01
DentaQuest	Claims/Payment - Other	.01
DentaQuest	Access to In-Network Provider (non-PCP)	.01
Driscoll Children's	Access to Care - Other	1.78
Driscoll Children's	Access to PCP	1.54
Driscoll Children's	Access to In-Network Provider (non-PCP)	.83
Driscoll Children's	Quality of Care - Other	.67
Driscoll Children's	Authorization Issue	.59
El Paso First	Balance Billing	.11
FirstCare	Denial of Claim	.09
MCNA	Provider Treatment Inappropriate/Ineffective	.02
MCNA	Customer Service - Other	.02
MCNA	Claims/Payment - Other	.01
MCNA	Appointment Availability	.01
Molina	Claims/Payment - Other	.04
Molina	Access to In-Network Provider (non-PCP)	.04
Parkland	Balance Billing	.81
Parkland	Denial of Claim	.23
Parkland	Vehicle Issues	.18
Parkland	Delays in Claims Handling	.18
Parkland	Incorrect Information Guidance from MCO	.09
Superior	Client Not Transported	.79
Superior	Driver Issues	.39
Superior	Access to Care - Other	.29
Superior	Provider Treatment Inappropriate/Ineffective	.20
Superior	NEMT - Other	.19
Texas Children's	Balance Billing	.45
Texas Children's	Correspondence (Incorrect, unclear, or not received)	.13
Texas Children's	Client Not Transported	.11
Texas Children's	Driver Issues	.09

MCO/DMO	Complaint Category	Rate
Texas Children's	Value-Added Services Issues	.07
United Dental	Customer Service - Other	.04
United Dental	Provider Information Outdated/Directory	.02

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

MCO/DMO	Confirmed	Not Confirmed	Unable to Determine
Amerigroup	92%	8%	0%
BCBS	100%	0%	0%
CHC	89%	11%	0%
Community First	100%	0%	0%
Cook Children's	90%	9%	2%
Dell Children's	100%	0%	0%
DentaQuest	90%	10%	0%
Driscoll Children's	67%	29%	4%
El Paso First	100%	0%	0%
FirstCare	0%	0%	100%
MCNA	0%	0%	100%
Molina	50%	50%	0%
Parkland	36%	17%	48%
Superior	58%	14%	28%
Texas Children's	12%	27%	62%
United Dental	0%	0%	100%

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	.00	.00	.00	.00	.00	.00
Amerigroup	1.22	1.55	1.44	1.73	1.36	1.40
BCBS	27.02	19.65	19.98	21.74	17.27	14.23
CHC	4.53	3.49	3.74	6.96	7.30	6.51
Community First	4.23	6.83	4.46	3.51	4.57	10.18
Cook Children's	7.62	9.32	8.10	5.59	5.01	12.22
Dell Children's	6.16	.85	3.71	1.86	3.52	3.40
Driscoll Children's	9.72	10.92	19.34	21.76	13.16	18.78
El Paso First	.11	5.57	4.61	2.91	2.73	4.01
FirstCare	.09	.00	.00	.00	.00	.00
Molina	.07	.17	.00	.00	.36	.22
Parkland	1.89	1.47	.75	1.27	1.31	.99
Scott & White	.00	.14	.00	.00	.00	.00
Superior	3.46	3.22	5.60	6.71	3.99	5.95
Texas Children's	1.08	.90	1.23	1.02	1.68	1.53
United	.00	.09	.09	.07	.34	.37
Overall Rate	2.83	2.90	3.77	4.30	3.27	4.33

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

DMO	2023 Q4	2023 Q3	2023 Q2	2023 Q1	2022 Q4	2022 Q3
DentaQuest	.05	.04	.07	.10	.12	.13
MCNA	.05	.03	.02	.01	.06	.08
United Dental	.06	.04	.10	.14	.22	.22
Overall Rate	.05	.04	.05	.07	.10	.12

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

Category	Subcategory
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

Category	Subcategory
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

Category	Subcategory
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