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# Complaints Managed Care Improvement Initiative

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- The Complaints Project began in Summer 2018 and focused on evolving the managed care complaints process to streamline intake and tracking and more effectively leverage data to identify risk and improve quality of service.
- Major changes were in line with HB 4533 requirements.
- The majority of the Complaints Project is complete.



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## Data Related Improvements:

- The contractual definition of complaint (grievance) was changed to align with the federal code of federal regulations September 1, 2019
  - A complaint is an expression of dissatisfaction
  - Clarified that complaints resolved within one business day are considered complaints
- Revised reporting requirements
  - MCO self-reported data is now submitted monthly versus quarterly



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## Data Related Improvements (cont.):

- Revised and aligned data categories across the agency and MCOs
- Created data reports including member and provider complaints data which will be posted to the HHSC website quarterly
  - Reports include aggregated data from HHSC and MCOs to provide a more complete picture on complaint trends



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## Reports include bar charts and tables with the following data:

- Top 5 Complaints
- Top 5 Complaints for Members
- Top 5 Complaints for Providers
- Top 5 Complaints by Program per 10,000 Members
- Average Monthly Medicaid Members by Program
- Percentage of Complaints Substantiated – Ombudsman Data
- Percentage of Complaints Confirmed – MCS and MCO Self-Reported Data
- Complaint Volume by MCO/DMO
- Top 5 Complaints by MCO/DMO per 10,000 Members
- Overall Rate of Complaints per 10,000 Members by MCO/DMO



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## Ways HHSC is Using the Data:

- Staff generate detailed reports based on specific criteria
- Through the process of resolving complaints, staff identifies trends e.g., an MCO denying prior authorizations/claims for a certain type of provider, without warning
- Staff review to determine if there is a known reason for the trend e.g. recent systems changes
- Staff work with internal areas where appropriate (Policy, Legal, etc.) as well as the MCO(s) to research and address the trend



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The communications plan created infographics explaining how to submit a complaint and what to expect when submitting a complaint to HHSC.

- These apply to MCO and DMO complaints.
- [Member Complaints Infographic](#)
- [Provider Complaints Infographic](#)



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## HOW TO SUBMIT A COMPLAINT

Unhappy with your health plan or Medicaid services? Let us know. You can submit a complaint to tell us what's wrong. Here's how:

### STEP 1: Call your health plan

Your health plan's phone number is on your health plan ID card.



OR

If you don't have a health plan, call the Medicaid helpline at 800-335-8957.

### STEP 2: If you still need help...

Call the Office of the Ombudsman:

**866-566-8989**

8 a.m.-5 p.m. Central Time,  
Monday through Friday



OR

Fill out

**this form**



<http://bit.ly/ComplaintSubmission>

The Office of the Ombudsman can help fix problems with your Medicaid coverage. If it's urgent, the team will handle your complaint as soon as possible.

#### What to expect

- Call you back within **one business day**
- Start working on your complaint
- Check in with you once every **five business days** until it's resolved
- Tell you what happened and anything you might need to do

#### When you call, you'll need

- Your Medicaid ID card number
  - Your name, birthday and address
- If it's a problem with your doctor, your medication or the medical equipment you use, you might need:
- A phone number for your doctor, drugstore or medical equipment company
  - Paperwork related to your complaint like letters, bills, or prescriptions

Visit our website: [bit.ly/MedicaidCHIPContacts](http://bit.ly/MedicaidCHIPContacts)

For CHIP health plan complaints email [ConsumerProtection@tdi.texas.gov](mailto:ConsumerProtection@tdi.texas.gov).

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# Member Complaints Infographic



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## How to Submit a Complaint as a Medicaid Provider

Providers wishing to submit a complaint about a health or dental plan (managed care or dental maintenance organization) such as concerns about a claim, follow these steps.

### STEP 1: Contact the health or dental plan

Refer to the MCO or DMO complaints/appeals section of the provider manual or website.



For other complaints such as provider enrollment and re-enrollment, or traditional Medicaid claims:

- › Call **800-925-9126** 
- › or write to:  
TMHP, Complaints Resolution Department  
PO Box 204270, Austin, TX, 78720-4270

If you still need help:

### STEP 2: Contact HHSC

Send a secure email to HHSC at [hpm\\_complaints@hhsc.state.tx.us](mailto:hpm_complaints@hhsc.state.tx.us)  
or fill out this online form:

<https://texashhs.org/ManagedCareProviderComplaint>

#### What you'll need when you contact HHSC:

- › Provider's name, national provider identifier number, phone number, and contact person submitting complaint
- › Member's Medicaid ID number, name, birthday and address
- › Summary of complaint and any associated documents to be sent via secure email

#### What you can expect from HHSC:

- › Send you an acknowledgement letter within three to five business days
- › Start working on your complaint
- › Check in with you within five business days of receiving the complaint
- › Tell you what happened and anything you might need to do

For a complaint on behalf of a member, please follow step 1, and then submit a complaint to HHSC at <http://bit.ly/ComplaintSubmission> if you still need help.

For CHIP health or CHIP dental complaints, please follow step 1, and then contact TDI at [ConsumerProtection@tdi.texas.gov](mailto:ConsumerProtection@tdi.texas.gov) if you still need help.

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# Provider Complaints Infographic