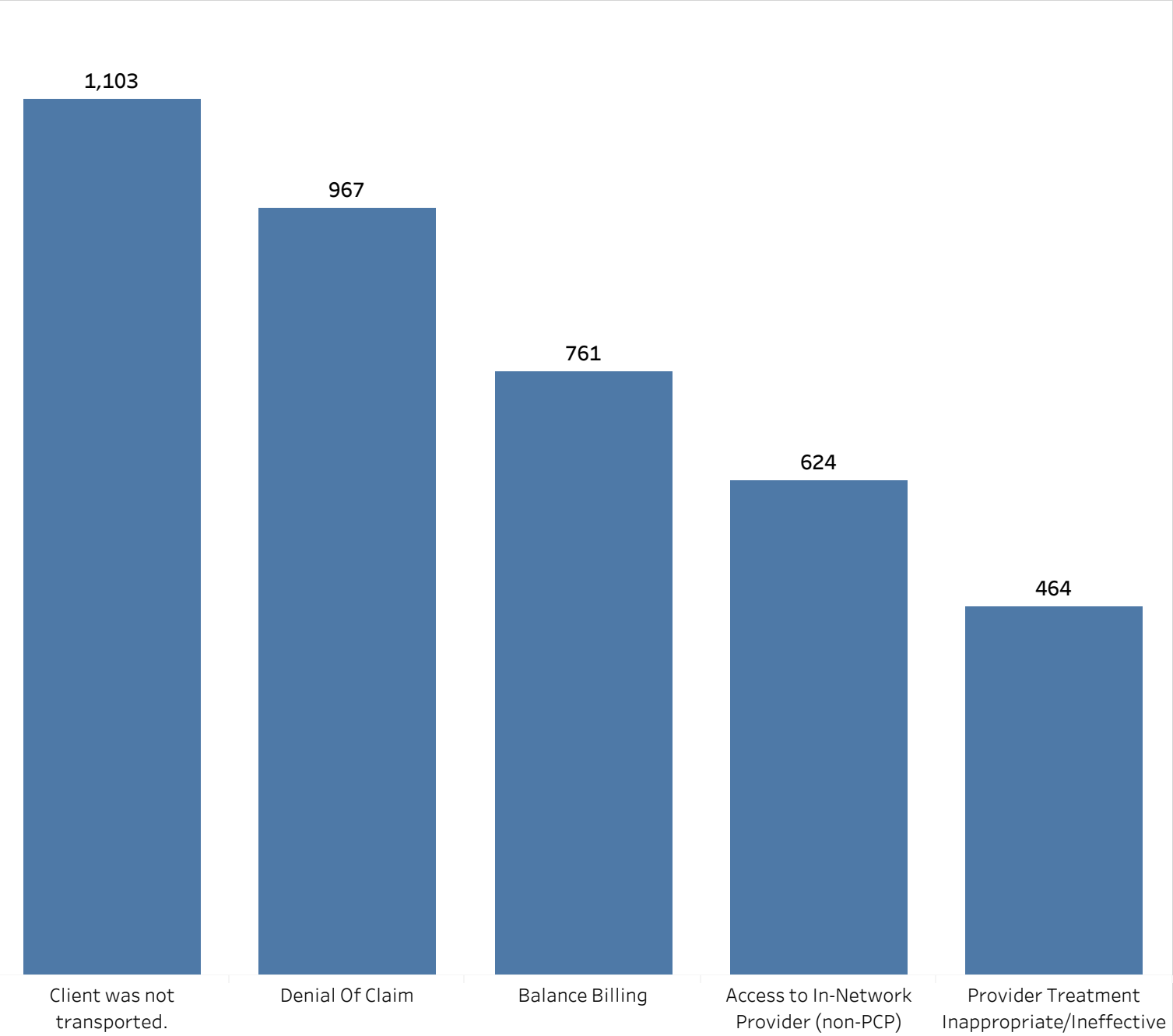


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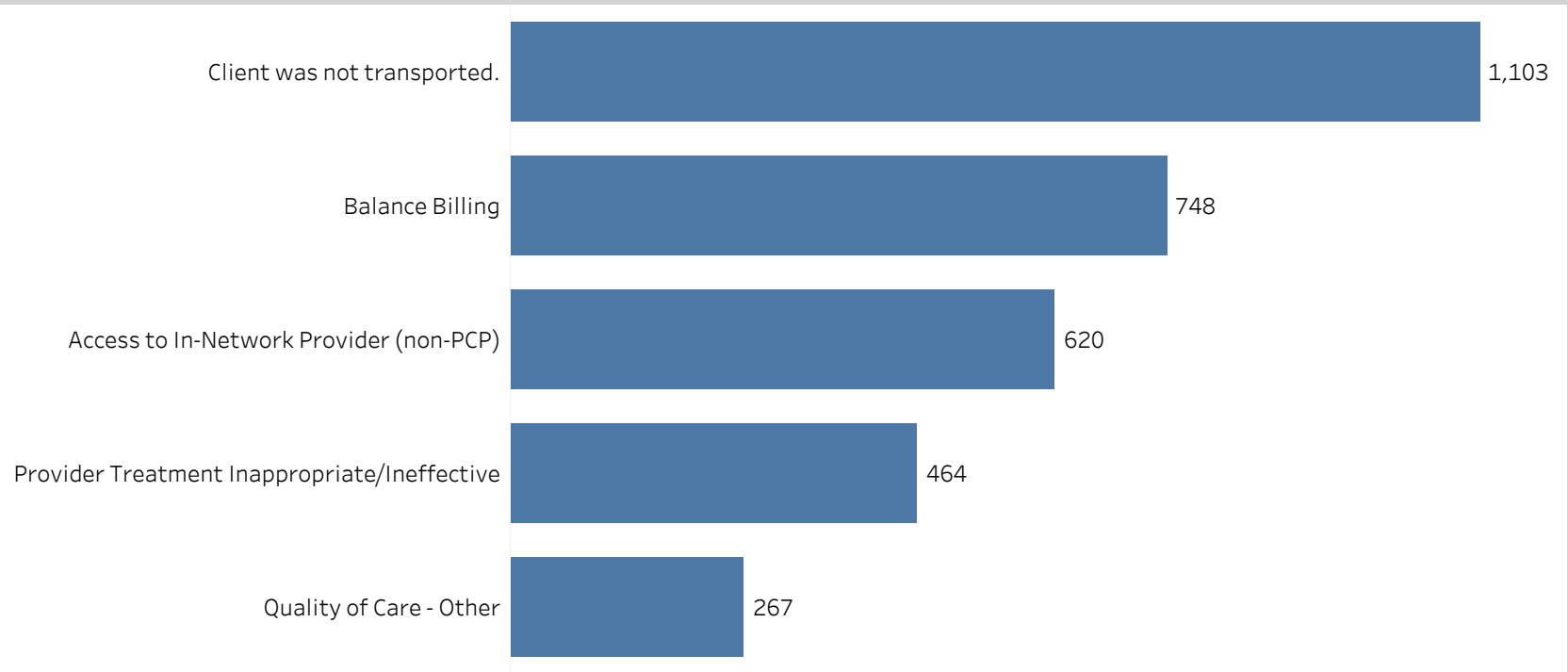
Total Resolved Complaints in SFY 2023 Q2: 8,569

Top 5 Complaints

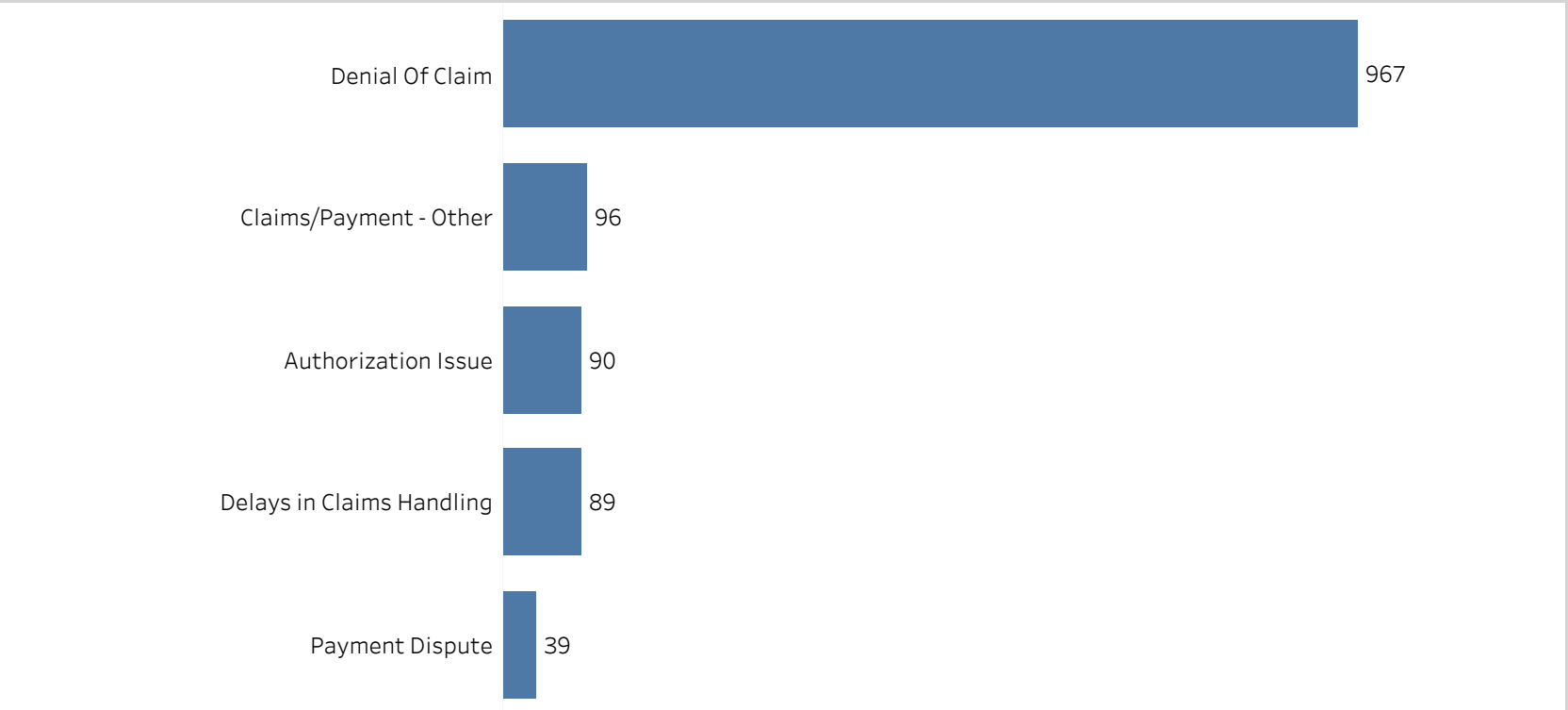


Withdrawn and pending complaints, CHIP complaints, and complaints from inactive health plans are excluded from this report.
Eighty-three (83) % of total complaints reported were client complaints.
Data Sources: MCCO Quarterly Complaints Report, HHS Office of the Ombudsman Quarterly Report, MCO Self-Reported 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 - 912 Complaints, MCS - 428 Complaints, MCO Self-Reported - 7,229 Complaints

Top 5 Complaints for Members



Top 5 Complaints for Providers



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Top 5 Complaints by Program per 10,000 Members

MMP	Balance Billing						45.17
	Correspondence (Incorrect,unclear,or not receiv..		16.40				
	MCO Customer Service/Staff Behavior		7.48				
	Client was not transported.		5.18				
	Provider Treatment Inappropriate/Ineffective		4.03				
STAR+PLUS	Client was not transported.		14.84				
	Denial Of Claim		5.03				
	Provider Treatment Inappropriate/Ineffective		3.67				
	Access to In-Network Provider (non-PCP)		3.58				
	Customer Service - Other		3.34				
STAR Kids	Denial Of Claim		5.48				
	Client was not transported.		3.94				
	Balance Billing		2.47				
	Provider Treatment Inappropriate/Ineffective		2.24				
	Authorization Issue		1.94				
STAR	Denial Of Claim		1.19				
	Access to In-Network Provider (non-PCP)		.78				
	Balance Billing		.75				
	Client was not transported.		.34				
	Provider Treatment Inappropriate/Ineffective		.32				
STAR Health	Provider Treatment Inappropriate/Ineffective		.65				
	Denial Of Claim		.65				
	Access to Care - Other		.65				
	Access to In-Network Provider (non-PCP)		.43				
	Quality of Care - Other		.22				
Dental	Provider Treatment Inappropriate/Ineffective		.11				
	Claims/Payment - Other		.04				
	Balance Billing		.03				
	Denial Of Claim		.03				
	Denial of Services		.02				

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 Q2



Total Average Monthly Medicaid Members for 2023 Q2(excluding Dental): 5,596,685
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 Q2) * 10,000 = Complaints per 10,000.
Count of Complaints by Source: Ombudsman - 912 Complaints, MCS - 428 Complaints, MCO Self-Reported - 7,229 Complaints

Percentage of Complaints Substantiated - Ombudsman Data

Resolution	MMP	STAR+PLUS	STAR Kids	STAR	STAR Health	Dental
Substantiated	7%	14%	18%	18%	25%	13%
Unsubstantiated	27%	24%	17%	17%	0%	13%
Unable to Substantiate	67%	62%	65%	65%	75%	75%

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

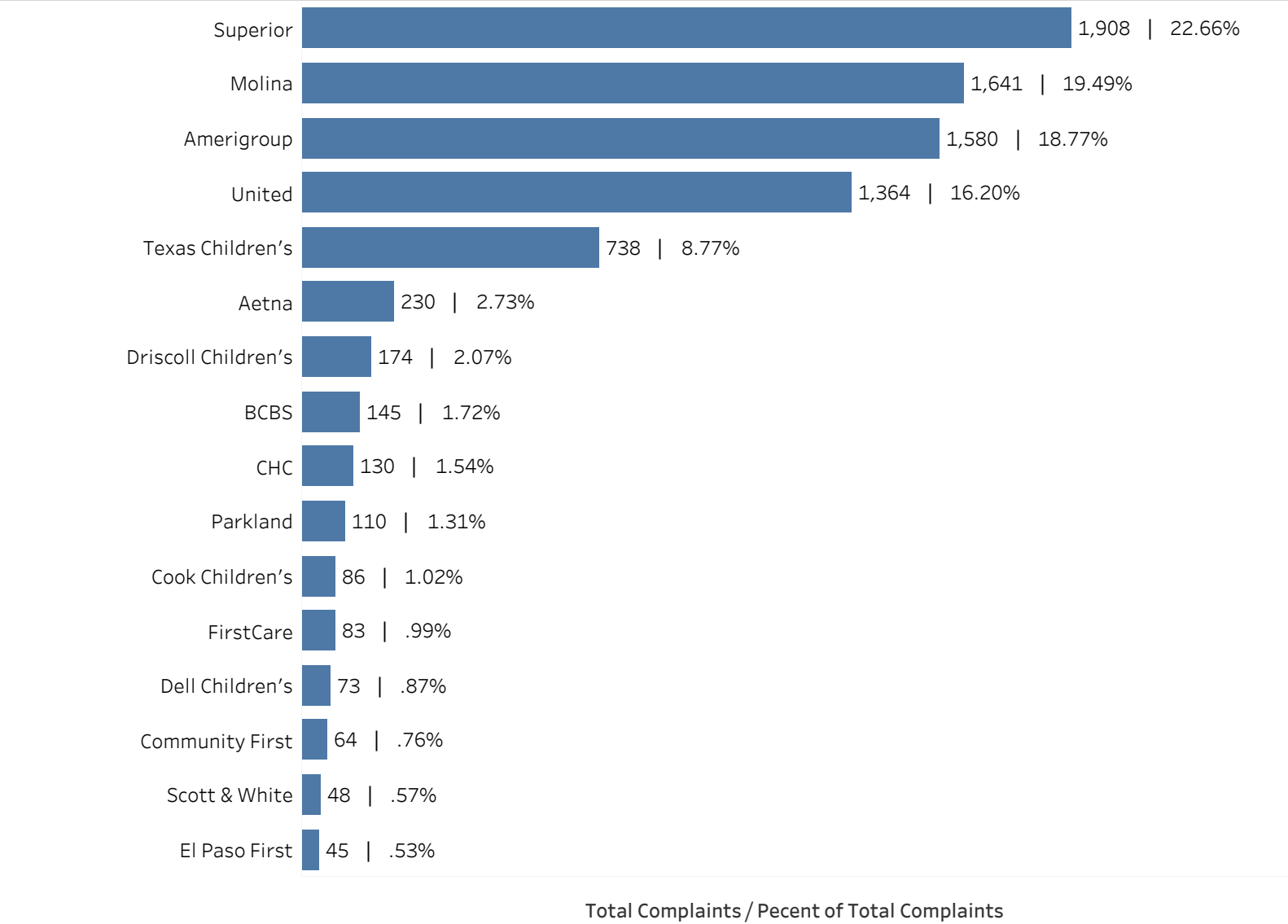
Resolution	MMP	STAR+PLUS	STAR Kids	STAR	STAR Health	Dental
Confirmed	91%	56%	64%	66%	58%	33%
Not Confirmed	6%	36%	31%	29%	38%	60%
Unable to Determine	3%	8%	5%	5%	4%	7%

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.

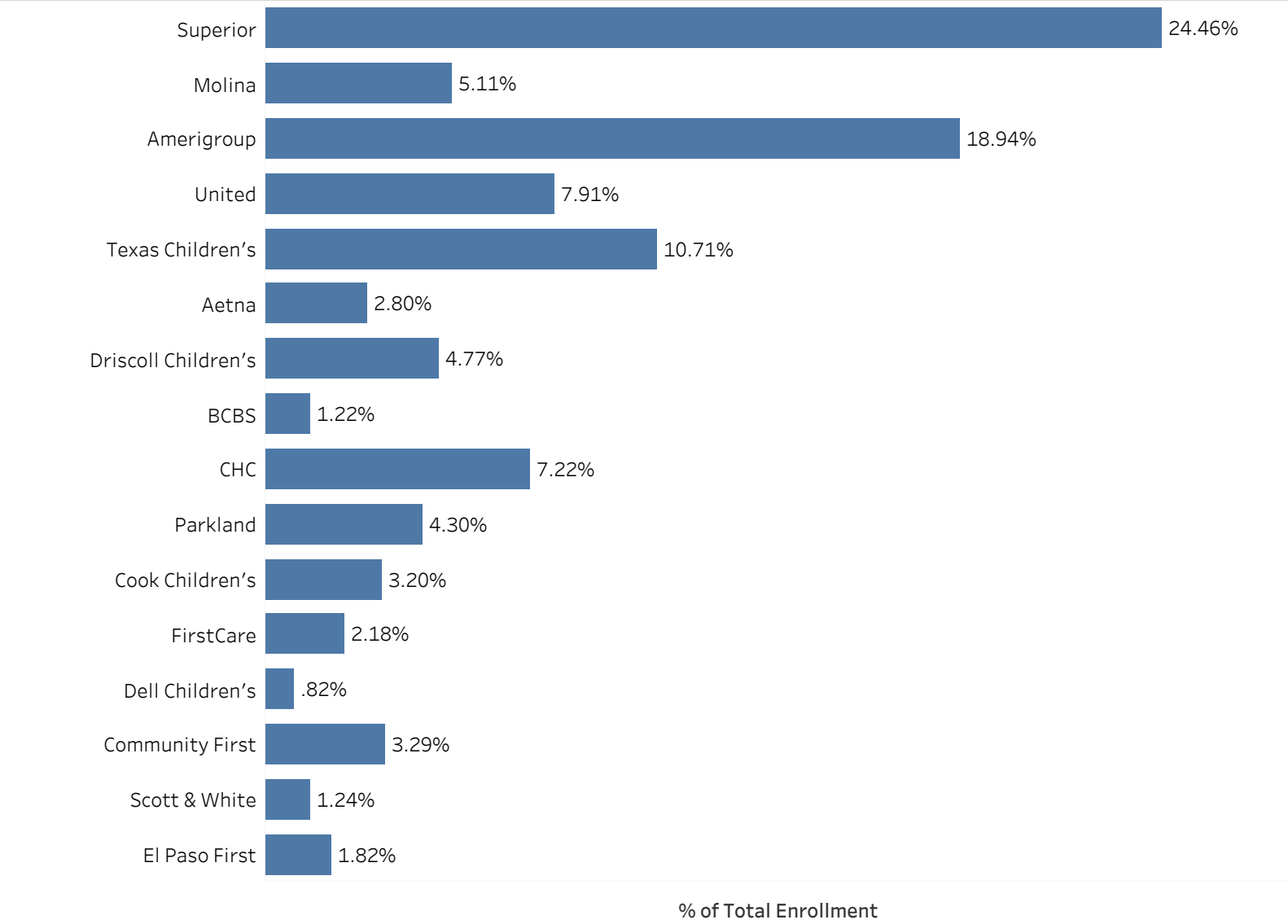
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Complaint Volume by MCO

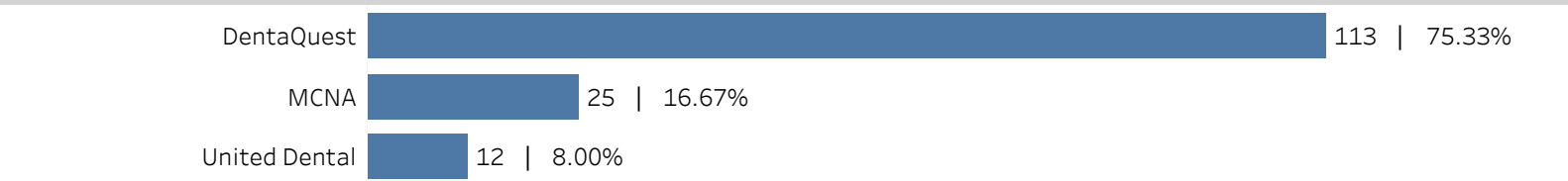
Percentages may not add up to 100% due to rounding.



Total Enrollment by MCO



Complaint Volume by DMO



Total Enrollment by DMO



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

Aetna	Denial Of Claim	7.01							
	Balance Billing	3.63							
	Provider Treatment Inappropriate/Ineffective	.77							
	Claims/Payment - Other	.77							
	Access to In-Network Provider (non-PCP)	.57							
Amerigroup	Access to In-Network Provider (non-PCP)	4.13							
	Quality of Care - Other	1.74							
	Balance Billing	1.55							
	Access to Care - Other	1.28							
	Prescription Services - Other	1.07							
BCBS	Balance Billing	5.40							
	Access to PCP	1.90							
	Access to In-Network Provider (non-PCP)	1.31							
	Prescription Services - Clinical Prior Authorization	1.02							
	Denial Of Claim	1.02							
CHC	Denial Of Claim	.45							
	Provider Treatment Inappropriate/Ineffective	.32							
	Client was not transported.	.27							
	Driver Issues	.25							
	Balance Billing	.25							
Community First	Customer Service - Other	.76							
	Access to Care - Other	.43							
	Client was not transported.	.22							
	Access to Out-of-Network Provider	.22							
	Access to In-Network Provider (non-PCP)	.22							
Cook Children's	Provider Treatment Inappropriate/Ineffective	1.01							
	Access to PCP	.45							
	EVV - Other	.34							
	Driver Issues	.28							
	Coordination of Care	.28							
Dell Children's	Denial Of Claim	7.64							
	Correspondence (Incorrect,unclear,or not received)	1.09							
	Claims/Payment - Other	.87							
	Scheduling error	.66							
	Balance Billing	.66							
DentaQuest	Provider Treatment Inappropriate/Ineffective	.18							
	Denial Of Claim	.04							
	Claims/Payment - Other	.04							
	Denial of Services	.03							
	Balance Billing	.03							
Driscoll Children's	Provider Treatment Inappropriate/Ineffective	1.42							
	Denial Of Claim	.60							
	Medical Transportation - Other	.37							
	Individual Transportation Participant (ITP) claims	.30							
	Coordination of Care	.30							
El Paso First	Balance Billing	2.16							
	Access to Out-of-Network Provider	.49							
	Provider Treatment Inappropriate/Ineffective	.39							
	Quality of Care - Other	.29							
	Incorrect Information or Guidance from MCO	.20							
FirstCare	Denial Of Claim	2.94							
	Balance Billing	.82							
	Access to In-Network Provider (non-PCP)	.65							
	Access to PCP	.41							
	Claims/Payment - Other	.33							
MCNA	Claims/Payment - Other	.06							
	Balance Billing	.03							
	Provider Treatment Inappropriate/Ineffective	.03							
	Access to In-Network Provider (non-PCP)	.01							
	Value-added Services Issues	.01							
Molina	Customer Service - Other	5.98							
	Client was not transported.	5.77							
	Value-added Services Issues	5.07							
	Prescription Services - Clinical Prior Authorization	3.92							
	Balance Billing	3.64							
Parkland	Denial Of Claim	1.16							
	Balance Billing	.58							
	Provider Treatment Inappropriate/Ineffective	.33							
	Driver Issues	.29							
	Client arrived late to appointment	.25							
Scott & White	Denial Of Claim	2.59							
	Access to Out-of-Network Provider	.86							
	Balance Billing	.58							
	Individual Transportation Participant (ITP) claims	.43							
	Access to In-Network Provider (non-PCP)	.43							
Superior	Client was not transported.	1.36							
	Balance Billing	1.26							
	Denial Of Claim	.95							
	Provider Treatment Inappropriate/Ineffective	.94							
	Medical Transportation - Other	.80							
Texas Children's	Denial Of Claim	2.59							
	Client was not transported.	1.65							
	Delays in Claims Handling	1.17							
	Authorization Issue	.90							
	Driver Issues	.87							
United	Client was not transported.	12.18							
	Denial Of Claim	5.90							
	Balance Billing	2.37							
	Provider Treatment Inappropriate/Ineffective	2.30							
	MCO Customer Service/Staff Behavior	1.47							
United Dental	Provider Treatment Inappropriate/Ineffective	.06							
	MCO Customer Service/Staff Behavior	.04							
	Incorrect Information or Guidance from MCO	.02							
	Denial of Services	.02							
	Denial Of Claim	.02							

Rate of complaints for every 10,000 enrolled members. (Complaint Volume / Total Medicaid Enrollment for SFY 23 Q2) * 10,000 = Complaints per 10,000.

Count of Complaints by Source: Ombudsman - 912 Complaints, MCS - 428 Complaints, MCO Self-Reported - 7,229 Complaints

MCOs/DMOs are sorted in alphabetical order. Ties are sorted in descending order alphabetically.

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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	16%	16%	6%	25%	5%	6%	13%	13%	20%	0%	38%	25%	20%	27%	22%	13%	16%	14%	0%
Unsubstantiated	20%	19%	6%	13%	23%	29%	13%	9%	27%	17%	13%	0%	21%	18%	22%	19%	23%	24%	40%
Unable to Substantiate	64%	65%	88%	63%	73%	65%	75%	78%	53%	83%	50%	75%	59%	55%	56%	68%	61%	62%	60%

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	93%	73%	99%	74%	93%	74%	97%	26%	19%	62%	60%	67%	44%	74%	79%	63%	61%	61%	29%
Not Confirmed	7%	27%	1%	25%	5%	26%	3%	74%	65%	36%	39%	19%	46%	15%	15%	25%	33%	37%	0%
Unable to Determine	0%	0%	0%	1%	2%	0%	0%	0%	16%	3%	1%	14%	10%	11%	5%	12%	6%	2%	71%

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.

Count of Complaints by Source: Ombudsman - 912 Complaints, MCS - 428 Complaints, MCO Self-Reported - 7,229 Complaints

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

	2023 Q2					2023 Q1					2022 Q4					2022 Q3					2022 Q2					2022 Q1			
Molina				57.37	Molina				58.62	Molina				100.63	Molina				91.01	Cigna-HealthSpring				162.00	Cigna-HealthSpring				116.81
United				30.82	United				36.36	United				32.58	United				32.82	Molina				45.89	Molina				56.26
BCBS				21.15	BCBS				25.13	BCBS				24.74	BCBS				26.55	United				23.70	United				28.31
Dell Children’s				15.94	Amerigroup				17.93	Superior				21.81	Amerigroup				17.74	BCBS				20.30	BCBS				19.47
Amerigroup				14.90	Superior				16.97	Amerigroup				19.32	Superior				16.65	Amerigroup				15.05	Superior				17.55
Aetna				14.67	Dell Children’s				13.68	Dell Children’s				9.14	Aetna				8.87	Superior				14.38	Amerigroup				16.25
Superior				13.94	Texas Children’s				11.74	Texas Children’s				8.49	Cook Children’s				7.50	Aetna				7.08	Aetna				9.09
Texas Children’s				12.32	Driscoll Children’s				9.79	Aetna				8.00	Texas Children’s				7.24	Cook Children’s				6.53	Cook Children’s				7.96
Scott & White				6.91	Aetna				8.29	Driscoll Children’s				7.44	Scott & White				5.75	Texas Children’s				6.22	Texas Children’s				7.00
FirstCare				6.79	Cook Children’s				6.23	Scott & White				6.98	Driscoll Children’s				5.62	Dell Children’s				5.31	FirstCare				5.57
Driscoll Children’s				6.52	Parkland				6.00	Parkland				6.21	Parkland				5.54	FirstCare				4.77	Scott & White				5.51
Cook Children’s				4.81	Scott & White				5.51	Cook Children’s				5.42	CHC				5.54	CHC				4.46	CHC				5.35
Parkland				4.57	El Paso First				5.10	El Paso First				4.92	FirstCare				5.42	El Paso First				4.35	Driscoll Children’s				5.29
El Paso First				4.41	CHC				4.40	FirstCare				4.52	Community First				5.42	Driscoll Children’s				4.25	Community First				4.48
Community First				3.48	FirstCare				3.59	Community First				4.17	Dell Children’s				3.89	Community First				4.06	Parkland				4.41
CHC				3.22	Community First				3.57	El Paso First				3.47	El Paso First				3.03	Parkland				3.96	El Paso First				4.38
Grand Total				15.04	Grand Total				17.00	Grand Total				19.86	Grand Total				17.78	Grand Total				13.44	Grand Total				16.07

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

	2023 Q2					2023 Q1					2022 Q4					2022 Q3					2022 Q2					2022 Q1			
DentaQuest				.51	DentaQuest				.72	DentaQuest				.78	DentaQuest				.92	DentaQuest				.62	DentaQuest				.76
United Dental				.25	United Dental				.29	United Dental				.37	United Dental				.77	United Dental				.41	United Dental				.45
MCNA				.17	MCNA				.14	MCNA				.30	MCNA				.25	MCNA				.22	MCNA				.26
Grand Total				.36	Grand Total				.47	Grand Total				.57	Grand Total				.67	Grand Total				.45	Grand Total				.55

Rate of complaints for every 10,000 enrolled members. (Complaint Volume / Total Medicaid Enrollment for SFY 23 Q2) * 10,000 = Complaints per 10,000.
Count of Complaints by Source: Ombudsman - 912 Complaints, MCS - 428 Complaints, MCO Self-Reported - 7,229 Complaints
The Cigna-HealthSpring Health Plan is inactive as of 12/31/2021.