

HHSC Complaints – 2023 Q2

Top 5 Complaints

Complaint Category	Number of Complaints
Client was not transported.	1103
Denial Of Claim	967
Balance Billing	761
Access to In-Network Provider (non-PCP)	624
Provider Treatment Inappropriate/Ineffective	464

Top 5 Complaints for Members

Complaint Category	Number of Complaints
Client was not transported.	1103
Balance Billing	748
Access to In-Network Provider (non-PCP)	620
Provider Treatment Inappropriate/Ineffective	464
Quality of Care - Other	267

Top 5 Complaints for Providers

Complaint Category	Number of Complaints
Denial Of Claim	967
Claims/Payment - Other	96
Authorization Issue	90
Delays in Claims Handling	89
Payment Dispute	39

Top 5 Complaints by Program per 10,000 Members

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

Program	Complaint Category	Rate
Dental	Denial of Services	.02

Enrollment by Program

Program	Total Average Monthly Members for 2023 Q2
MMP	34,760
STAR+PLUS	574,778
STAR Kids	169,841
STAR	4,770,961
STAR Health	46,345
Dental	4,191,431

Percentage of Complaints Substantiated – Ombudsman Data

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

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

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

Complaint Volume by MCO

MCO	Total Complaints	Percentage of Total Complaints
Superior	1,908	22.66%
Molina	1,641	19.49%
Amerigroup	1,580	18.77%
United	1,364	16.20%
Texas Children's	738	8.77%
Aetna	230	2.73%
Driscoll Children's	174	2.07%
BCBS	145	1.72%
CHC	130	1.54%
Parkland	110	1.31%
Cook Children's	86	1.02%
FirstCare	83	.99%
Dell Children's	73	.87%
Community First	64	.76%
Scott & White	48	.57%
El Paso First	45	.53%

Complaint Volume by DMO

DMO	Total Complaints	Percentage of Total Complaints
DentaQuest	113	75.33%
MCNA	25	16.67%
United Dental	12	8.00%

Total Enrollment by MCO

MCO	Percentage of Enrollment
Superior	24.46%
Amerigroup	18.94%
Texas Children's	10.71%
United	7.91%
CHC	7.22%
Molina	5.11%
Driscoll Children's	4.77%
Parkland	4.30%
Community First	3.29%
Cook Children's	3.20%
Aetna	2.80%
FirstCare	2.18%
El Paso First	1.82%
Scott & White	1.24%
BCBS	1.22%
Dell Children's	.82%

Total Enrollment by DMO

DMO	Percentage of Enrollment
DentaQuest	53.75%
MCNA	35.50%
United Dental	10.75%

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

MCO/DMO	Complaint Category	Rate
Aetna	Denial Of Claim	7.01
Aetna	Balance Billing	3.63
Aetna	Provider Treatment Inappropriate/Ineffective	.77
Aetna	Claims/Payment - Other	.77
Aetna	Access to In-Network Provider (non-PCP)	.57
Amerigroup	Access to In-Network Provider (non-PCP)	4.13
Amerigroup	Quality of Care - Other	1.74
Amerigroup	Balance Billing	1.55
Amerigroup	Access to Care - Other	1.28
Amerigroup	Prescription Services - Other	1.07
BCBS	Balance Billing	5.40
BCBS	Access to PCP	1.90
BCBS	Access to In-Network Provider (non-PCP)	1.31
BCBS	Denial Of Claim	1.02
BCBS	Access to Out-of-Network Provider	1.02
CHC	Denial Of Claim	.45
CHC	Provider Treatment Inappropriate/Ineffective	.32
CHC	Client was not transported.	.27
CHC	Driver Issues	.25
CHC	Balance Billing	.25
Community First	Customer Service - Other	.76
Community First	Access to Care - Other	.43
Community First	Client was not transported.	.22
Community First	Access to Out-of-Network Provider	.22
Community First	Access to In-Network Provider (non-PCP)	.22
Cook Children's	Provider Treatment Inappropriate/Ineffective	1.01
Cook Children's	Access to PCP	.45
Cook Children's	EVV - Other	.34
Cook Children's	Driver Issues	.28

MCO/DMO	Complaint Category	Rate
Cook Children's	Coordination of Care	.28
Dell Children's	Denial Of Claim	7.64
Dell Children's	Correspondence (Incorrect, unclear, or not received)	1.09
Dell Children's	Claims/Payment - Other	.87
Dell Children's	Appointment Availability	.66
Dell Children's	Access to In-Network Provider (non-PCP)	.66
DentaQuest	Provider Treatment Inappropriate/Ineffective	.18
DentaQuest	Denial Of Claim	.04
DentaQuest	Claims/Payment - Other	.04
DentaQuest	Denial of Services	.03
DentaQuest	Balance Billing	.03
Driscoll Children's	Provider Treatment Inappropriate/Ineffective	1.42
Driscoll Children's	Denial Of Claim	.60
Driscoll Children's	Medical Transportation - Other	.37
Driscoll Children's	Individual Transportation Participant (ITP) claims	.30
Driscoll Children's	Coordination of Care	.30
El Paso First	Balance Billing	2.16
El Paso First	Access to Out-of-Network Provider	.49
El Paso First	Provider Treatment Inappropriate/Ineffective	.39
El Paso First	Quality of Care - Other	.29
El Paso First	Customer Service - Other	.20
FirstCare	Denial Of Claim	2.94
FirstCare	Balance Billing	.82
FirstCare	Access to In-Network Provider (non-PCP)	.65
FirstCare	Access to PCP	.41
FirstCare	Access to Out-of-Network Provider	.33
MCNA	Claims/Payment - Other	.06
MCNA	Balance Billing	.03
MCNA	Provider Treatment Inappropriate/Ineffective	.03
MCNA	Access to In-Network Provider (non-PCP)	.01
MCNA	Access to Care - Other	.01
Molina	Customer Service - Other	5.98
Molina	Client was not transported.	5.77

MCO/DMO	Complaint Category	Rate
Molina	Value-added Services Issues	5.07
Molina	Prescription Services - Clinical Prior Authorization	3.92
Molina	Balance Billing	3.64
Parkland	Denial Of Claim	1.16
Parkland	Balance Billing	.58
Parkland	Provider Treatment Inappropriate/Ineffective	.33
Parkland	Driver Issues	.29
Parkland	Access to In-Network Provider (non-PCP)	.25
Scott & White	Denial Of Claim	2.59
Scott & White	Access to Out-of-Network Provider	.86
Scott & White	Balance Billing	.58
Scott & White	Individual Transportation Participant (ITP) claims	.43
Scott & White	Access to In-Network Provider (non-PCP)	.43
Superior	Client was not transported.	1.36
Superior	Balance Billing	1.26
Superior	Denial Of Claim	.95
Superior	Provider Treatment Inappropriate/Ineffective	.94
Superior	Medical Transportation - Other	.80
Texas Children's	Denial Of Claim	2.59
Texas Children's	Client was not transported.	1.65
Texas Children's	Delays in Claims Handling	1.17
Texas Children's	Authorization Issue	.90
Texas Children's	Driver Issues	.87
United	Client was not transported.	12.18
United	Denial Of Claim	5.90
United	Balance Billing	2.37
United	Provider Treatment Inappropriate/Ineffective	2.30
United	MCO Customer Service/Staff Behavior	1.47
United Dental	Provider Treatment Inappropriate/Ineffective	.06
United Dental	MCO Customer Service/Staff Behavior	.04
United Dental	Balance Billing	.02
United Dental	Access to In-Network Provider (non-PCP)	.02
United Dental	Access to Dental Services (adult)	.02

Percentage of Complaints Substantiated by MCO/DMO – Ombudsman Data

MCO/DMO	Substantiated	Unsubstantiated	Unable to Substantiate
Aetna	16%	20%	64%
Amerigroup	16%	19%	65%
BCBS	6%	6%	88%
CHC	25%	13%	63%
Community First	5%	23%	73%
Cook Children's	6%	29%	65%
Dell Children's	13%	13%	75%
DentaQuest	13%	9%	78%
Driscoll Children's	20%	27%	53%
El Paso First	0%	17%	83%
FirstCare	38%	13%	50%
MCNA	25%	0%	75%
Molina	20%	21%	59%
Parkland	27%	18%	55%
Scott & White	22%	22%	56%
Superior	13%	19%	68%
Texas Children's	16%	23%	61%
United	14%	24%	62%
United Dental	0%	40%	60%

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

MCO/DMO	Confirmed	Not Confirmed	Unable to Determine
Aetna	93%	7%	0%
Amerigroup	73%	27%	0%
BCBS	99%	1%	0%
CHC	74%	25%	1%
Community First	93%	5%	2%
Cook Children's	74%	26%	0%
Dell Children's	97%	3%	0%
DentaQuest	26%	74%	0%
Driscoll Children's	19%	65%	16%
El Paso First	62%	36%	3%
FirstCare	60%	39%	1%
MCNA	67%	19%	14%
Molina	44%	46%	10%
Parkland	74%	15%	11%
Scott & White	79%	15%	5%
Superior	63%	25%	12%
Texas Children's	61%	33%	6%
United	61%	37%	2%
United Dental	29%	0%	71%

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

MCO	2023 Q2	2023 Q1	2022 Q4	2022 Q3	2022 Q2	2022 Q1
Aetna	14.67	8.29	8.00	8.87	7.08	9.09
Amerigroup	14.90	17.93	19.32	17.74	15.05	16.25
BCBS	21.15	25.13	24.74	26.55	20.30	19.47
CHC	3.22	4.40	4.92	5.54	4.46	5.35
Cigna-HealthSpring	N/A	N/A	N/A	N/A	162.00	116.81
Community First	3.48	3.57	4.17	5.42	4.06	4.41
Cook Children's	4.81	6.23	5.42	7.50	6.53	7.96
Dell Children's	15.94	13.68	9.14	3.89	5.31	4.48
Driscoll Children's	6.52	9.79	7.44	5.62	4.25	5.29
El Paso First	4.41	5.10	3.47	3.03	4.35	4.38
FirstCare	6.79	3.59	4.52	5.42	4.77	5.57
Molina	57.37	58.62	100.63	91.01	45.89	56.26
Parkland	4.57	6.00	6.21	5.54	3.96	3.80
Scott & White	6.91	5.51	6.98	5.75	3.31	5.51
Superior	13.94	16.97	21.81	16.65	14.38	17.55
Texas Children's	12.32	11.74	8.49	7.24	6.22	7.00
United	30.82	36.36	32.58	32.82	23.70	28.31
Overall Rate	15.04	17.00	19.86	17.78	13.44	16.07

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

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

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 was 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