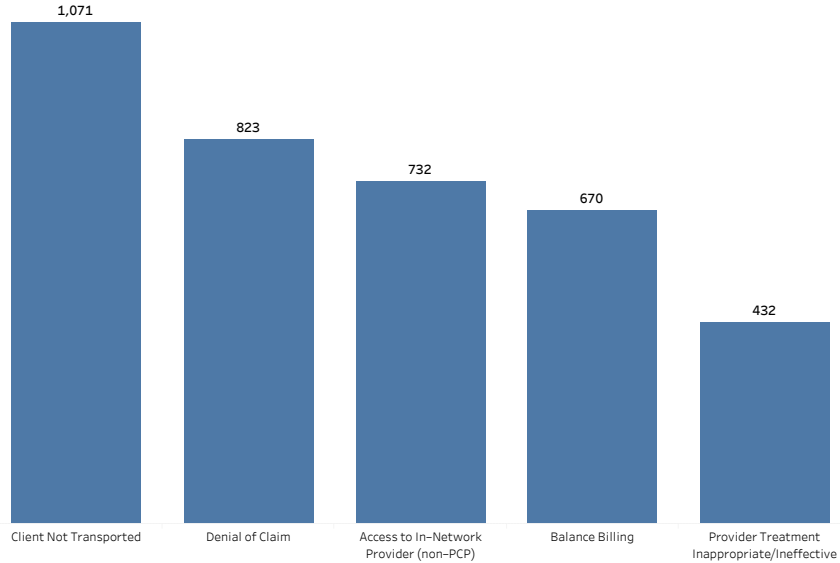


HHSC - SFY 2024 Q2

Total Resolved Complaints in SFY 2024 Q2: 7,754

Top 5 Complaints



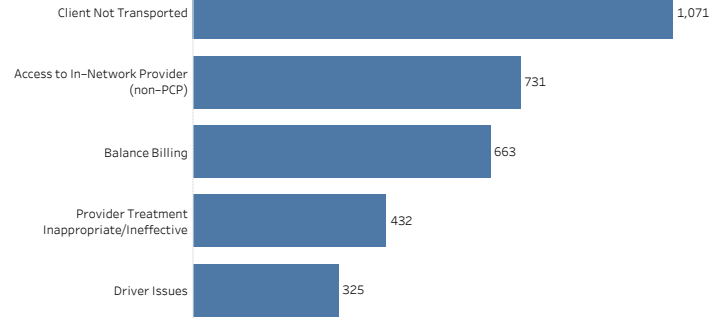
Withdrawn and pending complaints, CHIP complaints, and complaints from inactive health plans are excluded from this report.

Eighty-three (83) % of total complaints reported were client complaints.

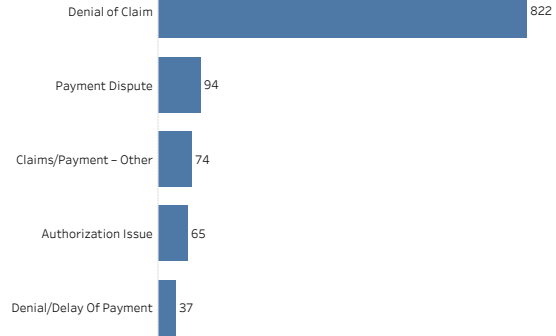
Data Sources: MCO Quarterly Complaints Report, HHS Office of the Ombudsman Quarterly Report, MCO Self-Reported Complaints from TexConnect. Medicaid Enrollment information is from Point in Time eligibility data ([[Med_ID], [dbo].[Med_ID_201909_YYYYMM]], where YYYYMM represents the latest eligibility month loaded into the table).

Count of Complaints by Source: Ombudsman - 685 Complaints, MCS - 593 Complaints, MCO Self-Reported - 6,476 Complaints

Top 5 Complaints for Members



Top 5 Complaints for Providers



HHSC - SFY 2024 Q2

Top 5 Complaints by Program per 10,000 Members

Program	Complaint Category	Rate per 10,000 Members
MMP	Balance Billing	36.65
	Correspondence (Incorrect, unclear, or not received)	14.66
	Client Not Transported	5.29
	Access to DME	5.29
	Value-Added Services Issues	4.48
STAR+PLUS	Client Not Transported	15.86
	Access to In-Network Provider (non-PCP)	5.98
	Provider Treatment Inappropriate/Ineffective	4.49
	Balance Billing	3.33
	Driver Issues	3.25
STAR Kids	Individual Transportation Participant (ITP) claims	6.01
	Client Not Transported	4.97
	Denial of Claim	4.28
	Provider Treatment Inappropriate/Ineffective	3.39
	Driver Issues	2.97
STAR	Denial of Claim	1.78
	Access to In-Network Provider (non-PCP)	1.21
	Balance Billing	1.15
	Client Not Transported	.52
	Provider Treatment Inappropriate/Ineffective	.36
STAR Health	Denial of Claim	7.05
	NEMT - Other	6.16
	Authorization Issue	1.32
	Access to DME	1.32
	Service Coordination/Service Management	.88
Medicaid Dental	Access to Dental Services (adult)	.12
	Provider Treatment Inappropriate/Ineffective	.09
	Service Coordination/Service Management	.06
	Denial of Claim	.05
	Claims/Payment - Other	.05

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 2024 Q1

MMP	24,556
STAR+PLUS	517,145
STAR Kids	144,730
STAR	3,126,269
STAR Health	22,709
Medicaid Dental	2,976,268

Total Average Monthly Medicaid Members for 2024 Q2 (excluding Dental): 3,835,408

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 24 Q2) * 10,000 = Complaints per 10,000.

Count of Complaints by Source: Ombudsman - 685 Complaints, MCS - 593 Complaints, MCO Self-Reported - 6,476 Complaints

Percentage of Complaints Substantiated - Ombudsman Data

Resolution	MMP	STAR+PLUS	STAR Kids	STAR	STAR Health	Medicaid Dental
Substantiated	9%	10%	8%	9%	0%	12%
Unsubstantiated	45%	29%	31%	31%	33%	45%
Unable to Substantiate	45%	61%	61%	60%	67%	42%

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	Medicaid Dental
Confirmed	85%	61%	56%	60%	57%	21%
Not Confirmed	12%	30%	39%	36%	38%	75%
Unable to Determine	3%	9%	5%	4%	5%	3%

Confirmed - resolved or partially resolved in Complainant's favor.

Not Confirmed - resolved or partially resolved in MCO's favor.

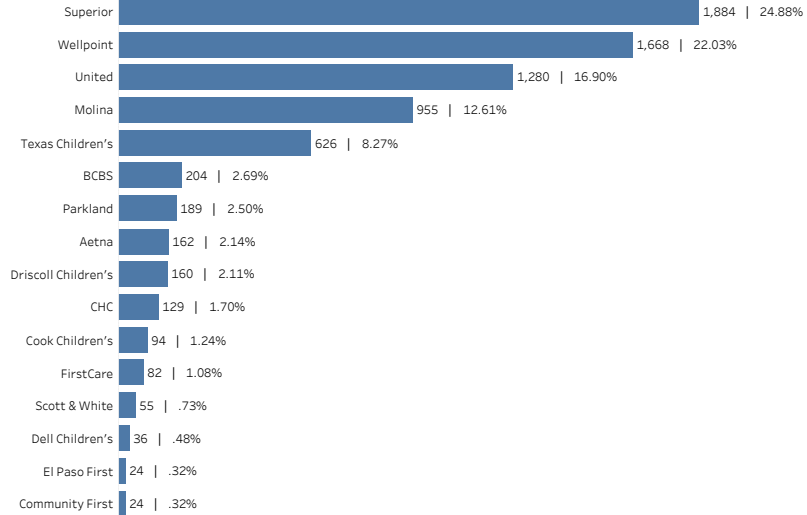
Unable to Determine - not able to confirm if a complaint is confirmed or not confirmed and complaints not related to MCO actions.

Percentages may not add up to 100% due to rounding. Complaint outcomes are discrete and do not overlap.

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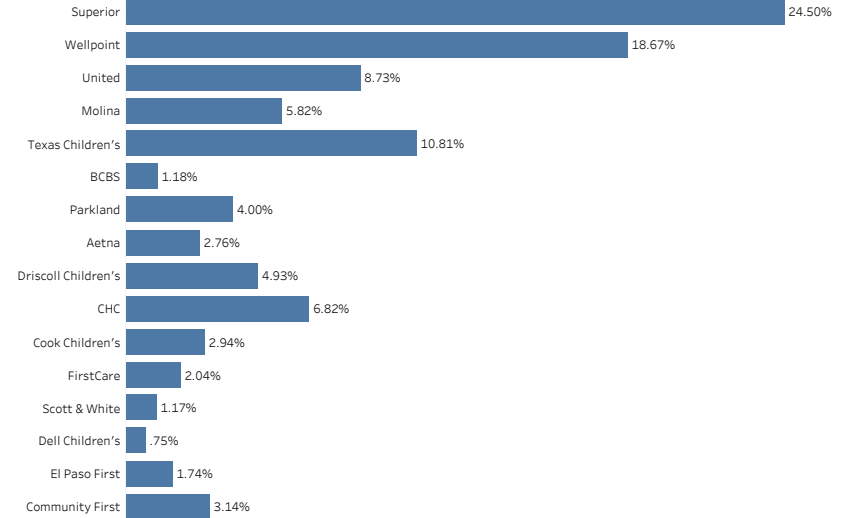
Complaint Volume by MCO

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



Total Complaints / Percent of Total Complaints

Total Enrollment by MCO



% of Total Enrollment

Complaint Volume by DMO



Total Enrollment by DMO



Count of Complaints by Source: Ombudsman - 685 Complaints, MCS - 593 Complaints, MCO Self-Reported - 6,476 Complaints

HHSC - SFY 2024 Q2

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

Aetna	Denial of Claim	7.95
	Balance Billing	2.65
	Provider Treatment Inappropriate/ineffective	.95
	Access to PCP	.57
	Claims/Payment - Other	.47
BCBS	Balance Billing	11.97
	Denial of Claim	9.97
	Access to In-Network Provider (non-PCP)	2.44
	Access to PCP	1.99
CHC	Utilization Review Referrals	1.33
	Denial of Claim	.96
	Driver Issues	.76
	Balance Billing	.31
Community First	Client Not Transported	.23
	Client arrived late to appointment	.23
	Denial of Claim	.42
	Access to DME	.25
Cook Children's	NEMT - Other	.17
	Client Not Transported	.17
	Access to Care - Other	.17
	Provider Treatment Inappropriate/ineffective	2.30
Dell Children's	EVV - Other	.89
	Access to Care - Other	.89
	Denial of Claim	.62
	Home Health	.44
DentaQuest	Denial of Claim	3.11
	Balance Billing	2.77
	Provider Treatment Inappropriate/ineffective	.69
	Continuity of Care	.69
Driscoll Children's	Claims/Payment - Other	.69
	Access to Dental Services (adult)	.24
	Provider Treatment Inappropriate/ineffective	.17
	Service Coordination/Service Management	.12
El Paso First	Denial of Claim	.10
	Balance Billing	1.06
	Access to Care - Other	1.22
	Provider Treatment Inappropriate/ineffective	1.11
FirstCare	Denial of Claim	3.96
	Access to Care - Other	1.92
	Payment Dispute	.64
	Balance Billing	.64
MCNA	Claims/Payment - Other	.08
	Access to In-Network Provider (non-PCP)	.02
	Value-Added Services Issues	.01
	Provider Treatment Inappropriate/Ineffective	.01
Moina	Medicaid Eligibility/Recertification	.01
	Client Not Transported	4.70
	Value-Added Services Issues	3.98
	Customer Service - Other	3.54
Parkland	MCO Customer Service/Staff Behavior	2.73
	Scheduling error	2.64
	Denial of Claim	2.67
	Payment Dispute	1.96
Scott & White	Balance Billing	1.89
	Driver Issues	.59
	Claims/Payment - Other	.52
	Denial of Claim	6.04
Superior	Access to Care - Other	1.79
	Claims/Payment - Other	.67
	Payment Dispute	.45
	Balance Billing	.45
Texas Children's	Client Not Transported	2.46
	Denial of Claim	2.20
	NEMT - Other	1.27
	Driver Issues	1.25
United	Balance Billing	1.21
	Individual Transportation Participant (ITP) claims	2.53
	Client Not Transported	2.05
	Denial of Claim	1.86
United Dental	Balance Billing	1.83
	Driver Issues	1.33
	Client Not Transported	17.41
	Provider Treatment Inappropriate/Ineffective	4.60
Wellpoint	Denial of Claim	3.29
	Balance Billing	2.81
	MCO Customer Service/Staff Behavior	2.54
	MCO Customer Service/Staff Behavior	.07
Wellpoint	Coordination of Care (Provider)	.02
	Case Information Error	.02
	Access to PCP	.02
	Access to In-Network Provider (non-PCP)	.02
Wellpoint	Access to In-Network Provider (non-PCP)	8.32
	Balance Billing	2.39
	Quality of Care - Other	2.30
	Access to Care - Other	1.96
Wellpoint	Denial of Claim	.92

Rate of complaints for every 10,000 enrolled members. (Complaint Volume / Total Medicaid Enrollment for SFY 24 Q2) * 10,000 = Complaints per 10,000.
 Count of Complaints by Source: Ombudsman - 685 Complaints, MCS - 593 Complaints, MCO Self-Reported - 6,476 Complaints
 MCOs/DMOs are sorted in alphabetical order. Ties are sorted in descending order alphabetically.

HHSC - SFY 2024 Q2

Percentage of Complaints Substantiated - Ombudsman Data

Resolution	Aetna	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	Wellpoint
Substantiated	0%	8%	14%	25%	7%	0%	12%	10%	20%	10%	0%	9%	12%	0%	7%	14%	7%	25%	12%
Unsubstantiated	56%	42%	36%	25%	43%	29%	44%	20%	30%	20%	50%	32%	28%	0%	31%	23%	30%	50%	29%
Unable to Substantiate	44%	50%	50%	50%	50%	71%	44%	70%	50%	70%	50%	59%	60%	100%	63%	63%	63%	25%	59%

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

Resolution	Aetna	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	Wellpoint
Confirmed	47%	94%	62%	44%	59%	90%	21%	35%	29%	74%	40%	44%	73%	50%	71%	46%	59%	0%	66%
Not Confirmed	52%	5%	36%	25%	41%	3%	79%	53%	43%	24%	40%	29%	24%	42%	23%	49%	39%	0%	34%
Unable to Determine	1%	1%	2%	31%	0%	7%	0%	12%	29%	3%	20%	27%	4%	8%	6%	5%	2%	100%	0%

Confirmed – resolved or partially resolved in Complainant's favor.

Not Confirmed – resolved or partially resolved in MCO's favor.

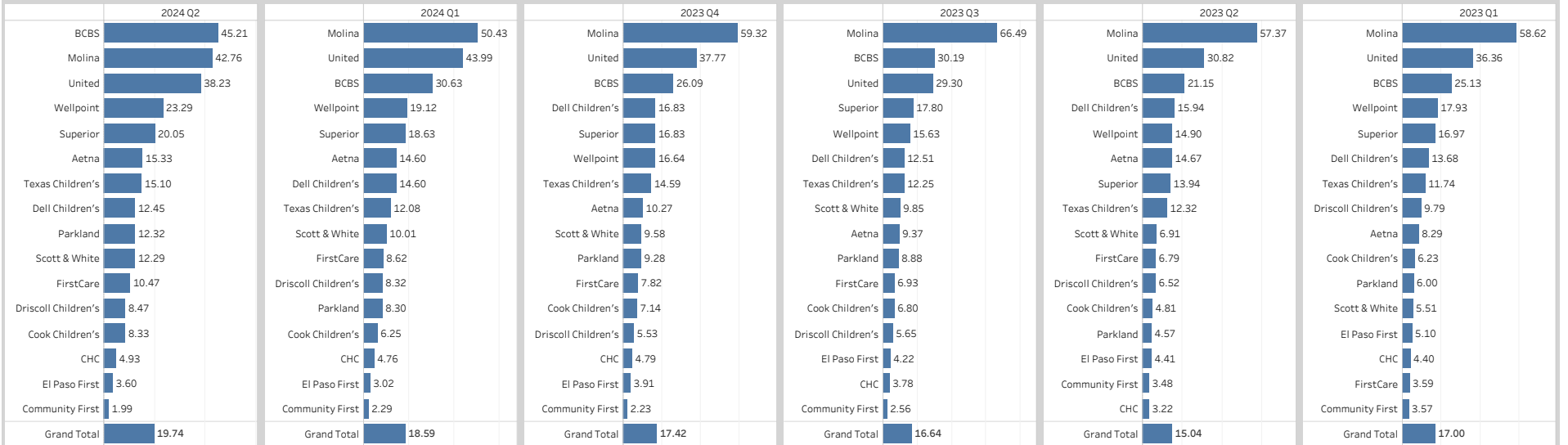
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HHSC - SFY 2024 Q2

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



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



Rate of complaints for every 10,000 enrolled members. (Complaint Volume / Total Medicaid Enrollment for SFY 24 Q2) * 10,000 = Complaints per 10,000.
 Count of Complaints by Source: Ombudsman - 685 Complaints, MCS - 593 Complaints, MCO Self-Reported - 6,476 Complaints