

HHSC Complaints – 2024 Q2

Top 5 Complaints

Complaint Category	Number of Complaints
Client Not Transported	1,071
Denial Of Claim	823
Access to In-Network Provider (non-PCP)	732
Balance Billing	670
Provider Treatment Inappropriate/Ineffective	432

Top 5 Complaints for Members

Complaint Category	Number of Complaints
Client Not transported	1,071
Access to In-Network Provider (non-PCP)	731
Balance Billing	663
Provider Treatment Inappropriate/Ineffective	432
Driver Issues	325

Top 5 Complaints for Providers

Complaint Category	Number of Complaints
Denial Of Claim	822
Payment Dispute	94
Claims/Payment – Other	74
Authorization Issue	65
Denial/Delay Of Payment	37

Top 5 Complaints by Program per 10,000 Members

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

Enrollment by Program

Program	Total Average Monthly Members for 2024 Q2
MMP	24,556
STAR+PLUS	517,145
STAR Kids	144,730
STAR	3,126,269
STAR Health	22,709
Medicaid Dental	2,976,268

Percentage of Complaints Substantiated – Ombudsman Data

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

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

Program	Confirmed	Not Confirmed	Unable to Determine
MMP	85%	12%	3%
STAR+PLUS	61%	30%	9%
STAR Kids	56%	39%	5%
STAR	60%	36%	4%
STAR Health	57%	38%	5%
Medicaid Dental	21%	75%	3%

Complaint Volume by MCO

MCO	Total Complaints	Percentage of Total Complaints
Superior	1,884	24.88%
Wellpoint	1,668	22.03%
United	1,280	16.90%
Molina	955	12.61%
Texas Children's	626	8.27%
BCBS	204	2.69%
Parkland	189	2.50%
Aetna	162	2.14%
Driscoll Children's	160	2.11%
CHC	129	1.70%
Cook Children's	94	1.24%
FirstCare	82	1.08%
Scott & White	55	.73%
Dell Children's	36	.48%
El Paso First	24	.32%
Community First	24	.32%

Complaint Volume by DMO

DMO	Total Complaints	Percentage of Total Complaints
DentaQuest	161	88.46%
MCNA	14	7.69%
United Dental	7	3.85%

Total Enrollment by MCO

MCO	Percentage of Enrollment
Superior	24.50%
Wellpoint	18.67%
Texas Children's	10.81%
United	8.73%
CHC	6.82%
Molina	5.82%
Driscoll Children's	4.93%
Parkland	4.00%
Community First	3.14%
Cook Children's	2.94%
Aetna	2.76%
FirstCare	2.04%
El Paso First	1.74%
Scott & White	1.17%
BCBS	1.18%
Dell Children's	.75%

Total Enrollment by DMO

DMO	Percentage of Enrollment
DentaQuest	52.14%
MCNA	34.03%
United Dental	13.83%

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

MCO/DMO	Complaint Category	Rate
Aetna	Denial Of Claim	7.95
Aetna	Balance Billing	2.65
Aetna	Provider Treatment Inappropriate/Ineffective	.95
Aetna	Access to PCP	.57
Aetna	Claims/Payment - Other	.47
BCBS	Balance Billing	11.97
BCBS	Denial Of Claim	9.97
BCBS	Access to In-Network Provider (non-PCP)	2.44
BCBS	Access to PCP	1.99
BCBS	Utilization Review Referrals	1.33
CHC	Denial Of Claim	.96
CHC	Driver Issues	.76
CHC	Balance Billing	.31
CHC	Client Not Transported	.23
CHC	Client arrived late to appointment	.23
Community First	Denial of Claim	.42
Community First	Access to DME	.25
Community First	NEMT - Other	.17
Community First	Client Not Transported	.17
Community First	Access to Care - Other	.17
Cook Children's	Provider Treatment Inappropriate/Ineffective	2.30
Cook Children's	EVV - Other	.89
Cook Children's	Access to Care - Other	.89
Cook Children's	Denial Of Claim	.62
Cook Children's	Home Health	.44
Dell Children's	Denial Of Claim	3.11
Dell Children's	Balance Billing	2.77
Dell Children's	Provider Treatment Inappropriate/Ineffective	.69
Dell Children's	Continuity of Care	.69
Dell Children's	Claims/Payment - Other	.69

MCO/DMO	Complaint Category	Rate
DentaQuest	Access to Dental Services (adult)	.24
DentaQuest	Provider Treatment Inappropriate/Ineffective	.17
DentaQuest	Service Coordination/Service Management	.12
DentaQuest	Denial Of Claim	.10
DentaQuest	Balance Billing	.06
Driscoll Children's	Access to Care - Other	1.22
Driscoll Children's	Provider Treatment Inappropriate/Ineffective	1.11
Driscoll Children's	Denial Of Claim	.69
Driscoll Children's	Client Not Transported	.64
Driscoll Children's	Driver Issues	.48
El Paso First	Balance Billing	.90
El Paso First	Provider Treatment Inappropriate/Ineffective	.75
El Paso First	MCO Customer Service / Staff Behavior	.45
El Paso First	Case Information Error	.30
El Paso First	Access to Out-of-Network Provider	.30
FirstCare	Denial Of Claim	3.96
FirstCare	Access to Care - Other	1.92
FirstCare	Payment Dispute	.64
FirstCare	Balance Billing	.64
FirstCare	Claims/Payment - Other	.51
MCNA	Claims/Payment - Other	.08
MCNA	Access to In-Network Provider (non-PCP)	.02
MCNA	Value-Added Services Issues	.01
MCNA	Provider Treatment Inappropriate/Ineffective	.01
MCNA	Medicaid Eligibility/Recertification	.01
Molina	Client Not transported	4.70
Molina	Value-Added Services Issues	3.98
Molina	Customer Service - Other	3.54
Molina	MCO Customer Service / Staff Behavior	2.73
Molina	Scheduling Error	2.64
Parkland	Denial Of Claim	2.67
Parkland	Payment Dispute	1.96
Parkland	Balance Billing	1.89

MCO/DMO	Complaint Category	Rate
Parkland	Driver Issues	.59
Parkland	Claims/Payment - Other	.52
Scott & White	Denial Of Claim	6.04
Scott & White	Access to Care - Other	1.79
Scott & White	Claims/Payment - Other	.67
Scott & White	Payment Dispute	.45
Scott & White	Balance Billing	.45
Superior	Client Not Transported	2.46
Superior	Denial Of Claim	2.20
Superior	NEMT - Other	1.27
Superior	Driver Issues	1.25
Superior	Balance Billing	1.21
Texas Children's	Individual Transportation Participant (ITP) claims	2.53
Texas Children's	Client Not Transported	2.05
Texas Children's	Denial Of Claim	1.86
Texas Children's	Balance Billing	1.83
Texas Children's	Driver Issues	1.33
United	Client Not Transported	17.41
United	Provider Treatment Inappropriate/Ineffective	4.60
United	Denial Of Claim	3.29
United	Balance Billing	2.81
United	MCO Customer Service/Staff Behavior	2.54
United Dental	MCO Customer Service/Staff Behavior	.07
United Dental	Coordination of Care (Provider)	.02
United Dental	Case Information Error	.02
United Dental	Access to PCP	.02
United Dental	Access to In-Network Provider (non-PCP)	.02
Wellpoint	Access to In-Network Provider (non-PCP)	8.32
Wellpoint	Balance Billing	2.39
Wellpoint	Quality of Care - Other	2.30
Wellpoint	Access to Care - Other	1.96
Wellpoint	Denial of Claim	.92

Percentage of Complaints Substantiated by MCO/DMO – Ombudsman Data

MCO/DMO	Substantiated	Unsubstantiated	Unable to Substantiate
Aetna	0%	56%	44%
BCBS	8%	42%	50%
CHC	14%	36%	50%
Community First	25%	25%	50%
Cook Children's	7%	43%	50%
Dell Children's	0%	29%	71%
DentaQuest	12%	44%	44%
Driscoll Children's	10%	20%	70%
El Paso First	20%	30%	50%
FirstCare	10%	20%	70%
MCNA	0%	50%	50%
Molina	9%	32%	59%
Parkland	12%	28%	60%
Scott & White	0%	0%	100%
Superior	7%	31%	63%
Texas Children's	14%	23%	63%
United	7%	30%	63%
United Dental	25%	50%	25%
Wellpoint	12%	29%	59%

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

MCO/DMO	Confirmed	Not Confirmed	Unable to Determine
Aetna	47%	52%	1%
BCBS	94%	5%	1%
CHC	62%	36%	2%
Community First	44%	25%	31%
Cook Children's	59%	41%	0%
Dell Children's	90%	3%	7%
DentaQuest	21%	79%	0%
Driscoll Children's	35%	53%	12%
El Paso First	29%	43%	29%
FirstCare	74%	24%	3%
MCNA	40%	40%	20%
Molina	44%	29%	27%
Parkland	73%	24%	4%
Scott & White	50%	42%	8%
Superior	71%	23%	6%
Texas Children's	46%	49%	5%
United	59%	39%	2%
United Dental	0%	0%	100%
Wellpoint	66%	34%	0%

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

MCO	2024 Q2	2024 Q1	2023 Q4	2023 Q3	2023 Q2	2023 Q1
Aetna	15.33	14.60	10.27	9.37	14.67	8.29
BCBS	45.21	30.63	26.09	30.19	21.15	25.13
CHC	4.93	4.76	4.79	3.78	3.22	4.40
Community First	1.99	2.29	2.23	2.56	3.48	3.57
Cook Children's	8.33	6.25	7.14	6.80	4.81	6.23
Dell Children's	12.45	14.60	16.83	12.51	15.94	13.68
Driscoll Children's	8.47	8.32	5.53	5.65	6.52	9.79
El Paso First	3.60	3.02	3.91	4.22	4.41	5.10
FirstCare	10.47	8.62	7.82	6.93	6.79	3.59
Molina	42.76	50.43	59.32	66.49	57.37	58.62
Parkland	12.32	8.30	9.28	8.88	4.57	6.00
Scott & White	12.29	10.01	9.58	9.85	6.91	5.51
Superior	20.05	18.63	16.83	17.80	13.94	16.97
Texas Children's	15.10	12.08	14.59	12.25	12.32	11.74
United	38.23	43.99	37.77	29.30	30.82	36.36
Wellpoint	23.29	19.12	16.64	15.63	14.90	17.93
Overall Rate	19.74	18.59	17.42	16.64	15.04	17.00

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

MCO	2024 Q2	2024 Q1	2023 Q4	2023 Q3	2023 Q2	2023 Q1
DentaQuest	1.04	1.02	.85	.70	.51	.74
MCNA	.14	.26	.29	.22	.17	.15
United Dental	.17	.20	.36	.27	.25	.30
Overall Rate	.61	.65	.59	.48	.36	.48

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 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

Category	Subcategory
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
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 - non par 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.

Category	Subcategory
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
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