

# HHSC Complaints – 2024 Q3

## Top 5 Complaints

Complaint Category	Number of Complaints
Client Not Transported	1,141
Denial Of Claim	899
Balance Billing	727
Access to In-Network Provider (non-PCP)	623
Provider Treatment Inappropriate/Ineffective	566

## Top 5 Complaints for Members

Complaint Category	Number of Complaints
Client Not transported	1,141
Balance Billing	719
Access to In-Network Provider (non-PCP)	620
Provider Treatment Inappropriate/Ineffective	566
Driver Issues	362

## Top 5 Complaints for Providers

Complaint Category	Number of Complaints
Denial Of Claim	898
Claims/Payment – Other	119
Payment Dispute	106
Authorization Issue	94
Delays in Claims Handling	55

## Top 5 Complaints by Program per 10,000 Members

Program	Complaint Category	Rate
MMP	Balance Billing	35.87
MMP	Correspondence (Incorrect, unclear, or not received)	12.69
MMP	Client Not Transported	7.44
MMP	Claims/Payment - Other	6.12
MMP	Customer Service - Other	4.37
STAR+PLUS	Client Not Transported	17.98
STAR+PLUS	Provider Treatment Inappropriate/Ineffective	6.87
STAR+PLUS	Access to In-Network Provider (non-PCP)	5.76
STAR+PLUS	Driver Issues	4.69
STAR+PLUS	MCO Customer Service/Staff Behavior	3.93
STAR Kids	Individual Transportation Participant (ITP) claims	6.56
STAR Kids	Client Not Transported	5.85
STAR Kids	Denial Of Claim	5.22
STAR Kids	Balance Billing	3.39
STAR Kids	Provider Treatment Inappropriate/Ineffective	2.96
STAR	Denial Of Claim	1.88
STAR	Balance Billing	1.24
STAR	Access to In-Network Provider (non-PCP)	.94
STAR	Provider Treatment Inappropriate/Ineffective	.43
STAR	Client Not Transported	.35
STAR Health	Denial Of Claim	9.56
STAR Health	Client Not Transported	3.19
STAR Health	Provider Treatment Inappropriate/Ineffective	2.73
STAR Health	Access to Care - Other	2.28
STAR Health	Quality of Care - Other	1.37
Medicaid Dental	Denial Of Claim	.11
Medicaid Dental	Access to Dental Services (adult)	.09
Medicaid Dental	Provider Treatment Inappropriate/Ineffective	.09
Medicaid Dental	Claims/Payment - Other	.05
Medicaid Dental	Authorization Issue	.04

## Enrollment by Program

Program	Total Average Monthly Members for 2024 Q3
<b>MMP</b>	22,860
<b>STAR Kids</b>	144,775
<b>STAR+PLUS</b>	513,850
<b>STAR</b>	3,122,725
<b>STAR Health</b>	21,963
<b>Medicaid Dental</b>	2,949,790

## Percentage of Complaints Substantiated – Ombudsman Data

Program	Substantiated	Unsubstantiated	Unable to Substantiate
<b>MMP</b>	0%	43%	57%
<b>STAR+PLUS</b>	11%	31%	58%
<b>STAR Kids</b>	8%	40%	52%
<b>STAR</b>	5%	31%	64%
<b>STAR Health</b>	20%	0%	80%
<b>Medicaid Dental</b>	7%	28%	66%

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

Program	Confirmed	Not Confirmed	Unable to Determine
<b>MMP</b>	82%	14%	4%
<b>STAR+PLUS</b>	62%	31%	8%
<b>STAR Kids</b>	67%	31%	2%
<b>STAR</b>	62%	35%	3%
<b>STAR Health</b>	73%	26%	1%
<b>Medicaid Dental</b>	22%	69%	9%

## Complaint Volume by MCO

MCO	Total Complaints	Percentage of Total Complaints
<b>Superior</b>	2,032	25.09%
<b>Wellpoint</b>	1,728	21.33%
<b>United</b>	1,542	19.04%
<b>Molina</b>	1,097	13.54%
<b>Texas Children's</b>	640	7.90%
<b>Parkland</b>	188	2.32%
<b>CHC</b>	174	2.15%
<b>Aetna</b>	164	2.02%
<b>Driscoll Children's</b>	129	1.59%
<b>BCBS</b>	110	1.36%
<b>Cook Children's</b>	79	0.98%
<b>FirstCare</b>	65	0.80%
<b>Scott &amp; White</b>	62	.77%
<b>Dell Children's</b>	37	.46%
<b>Community First</b>	37	.46%
<b>El Paso Health</b>	16	.20%

## Complaint Volume by DMO

DMO	Total Complaints	Percentage of Total Complaints
DentaQuest	146	80.66%
MCNA	25	13.81%
United Dental	10	5.52%

## Total Enrollment by MCO

MCO	Percentage of Enrollment
Superior	24.63%
Wellpoint	18.30%
Texas Children's	10.82%
United	8.74%
CHC	6.83%
Molina	5.89%
Driscoll Children's	4.98%
Parkland	4.01%
Community First	3.15%
Cook Children's	2.94%
Aetna	2.83%
FirstCare	2.05%
El Paso Health	1.74%
BCBS	1.18%
Scott & White	1.16%
Dell Children's	.74%

## Total Enrollment by DMO

DMO	Percentage of Enrollment
DentaQuest	51.57%
MCNA	33.80%
United Dental	14.63%

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

MCO/DMO	Complaint Category	Rate
Aetna	Denial Of Claim	7.12
Aetna	Balance Billing	3.88
Aetna	Claims/Payment - Other	.55
Aetna	Access to Out-of-Network Provider	.28
Aetna	Access to In-Network Provider (non-PCP)	.28
BCBS	Denial Of Claim	3.13
BCBS	Balance Billing	3.13
BCBS	Access to In-Network Provider (non-PCP)	2.88
BCBS	Driver Issues	1.99
BCBS	Access to PCP	1.99
CHC	Denial Of Claim	1.46
CHC	Driver Issues	.73
CHC	Authorization Issue	.54
CHC	Balance Billing	.42
CHC	Customer Service - Other	.31
Community First	Client Not Transported	.50
Community First	Access to Care - Other	.50
Community First	Service Coordination/Service Management	.17
Community First	Scheduling Error	.17
Community First	NEMT - Other	.17
Cook Children's	Provider Treatment Inappropriate/Ineffective	1.96
Cook Children's	Denial Of Claim	.45
Cook Children's	Client Not Transported	.45
Cook Children's	Scheduling Error	.36
Cook Children's	Quality of Care - Other	.36
Dell Children's	Claims/Payment - Other	1.77
Dell Children's	Balance Billing	1.42
Dell Children's	Denial Of Claim	1.06
Dell Children's	Access to Out-of-Network Provider	1.06
Dell Children's	Access to In-Network Provider (non-PCP)	.71
DentaQuest	Denial Of Claim	.20

<b>MCO/DMO</b>	<b>Complaint Category</b>	<b>Rate</b>
<b>DentaQuest</b>	Access to Dental Services (adult)	.17
<b>DentaQuest</b>	Provider Treatment Inappropriate/Ineffective	.12
<b>DentaQuest</b>	Authorization Issue	.08
<b>DentaQuest</b>	Service Coordination/Service Management	.06
<b>Driscoll Children's</b>	NEMT - Other	1.68
<b>Driscoll Children's</b>	Provider Treatment Inappropriate/Ineffective	.74
<b>Driscoll Children's</b>	Denial Of Claim	.58
<b>Driscoll Children's</b>	Utilization Review Referrals	.47
<b>Driscoll Children's</b>	Client Not Transported	.37
<b>El Paso Health</b>	Balance Billing	1.35
<b>El Paso Health</b>	Provider Treatment Inappropriate/Ineffective	.45
<b>El Paso Health</b>	MCO Customer Service/Staff Behavior	.15
<b>El Paso Health</b>	Driver Issues	.15
<b>El Paso Health</b>	Access to PCP	.15
<b>FirstCare</b>	Denial Of Claim	3.83
<b>FirstCare</b>	Access to Care - Other	1.02
<b>FirstCare</b>	Claims/Payment - Other	.77
<b>FirstCare</b>	Access to Out-of-Network Provider	.64
<b>FirstCare</b>	Claim Recoupment	.38
<b>MCNA</b>	Claims/Payment - Other	.07
<b>MCNA</b>	Provider Treatment Inappropriate/Ineffective	.06
<b>MCNA</b>	Customer Service - Other	.04
<b>MCNA</b>	Denial of Services	.03
<b>MCNA</b>	Access to Dental Services (adult)	.02
<b>Molina</b>	Client Not transported	5.24
<b>Molina</b>	Denial of Claim	4.53
<b>Molina</b>	Scheduling Error	3.64
<b>Molina</b>	Customer Service - Other	3.38
<b>Molina</b>	Driver Issues	3.33
<b>Parkland</b>	Denial Of Claim	4.17
<b>Parkland</b>	Balance Billing	2.80
<b>Parkland</b>	Customer Service - Other	.59
<b>Parkland</b>	Payment Dispute	.46
<b>Parkland</b>	Provider Treatment Inappropriate/Ineffective	.39

<b>MCO/DMO</b>	<b>Complaint Category</b>	<b>Rate</b>
<b>Scott &amp; White</b>	Denial Of Claim	6.07
<b>Scott &amp; White</b>	Claims/Payment - Other	2.02
<b>Scott &amp; White</b>	Access to Care - Other	1.12
<b>Scott &amp; White</b>	Delays in Claims Handling	.67
<b>Scott &amp; White</b>	Balance Billing	.67
<b>Superior</b>	Client Not Transported	2.46
<b>Superior</b>	Denial Of Claim	2.25
<b>Superior</b>	Driver Issues	1.85
<b>Superior</b>	NEMT - Other	1.57
<b>Superior</b>	Provider Treatment Inappropriate/Ineffective	1.49
<b>Texas Children's</b>	Individual Transportation Participant (ITP) claims	2.85
<b>Texas Children's</b>	Balance Billing	2.34
<b>Texas Children's</b>	Denial Of Claim	2.03
<b>Texas Children's</b>	Client Not Transported	1.47
<b>Texas Children's</b>	Claims/Payment - Other	.80
<b>United</b>	Client Not Transported	19.18
<b>United</b>	Provider Treatment Inappropriate/Ineffective	8.17
<b>United</b>	Balance Billing	4.46
<b>United</b>	MCO Customer Service/Staff Behavior	3.14
<b>United</b>	Denial Of Claim	2.07
<b>United Dental</b>	Correspondence (Incorrect, unclear, or not received)	.07
<b>United Dental</b>	Provider Treatment Inappropriate/Ineffective	.05
<b>United Dental</b>	MCO Customer Service/Staff Behavior	.05
<b>United Dental</b>	Access to PCP	.05
<b>United Dental</b>	Access to In-Network Provider (non-PCP)	.02
<b>Wellpoint</b>	Access to In-Network Provider (non-PCP)	6.92
<b>Wellpoint</b>	Balance Billing	2.71
<b>Wellpoint</b>	Quality of Care - Other	2.69
<b>Wellpoint</b>	Access to Care - Other	2.36
<b>Wellpoint</b>	Denial of Claim	1.86



## Percentage of Complaints Substantiated by MCO/DMO – Ombudsman Data

<b>MCO/DMO</b>	<b>Substantiated</b>	<b>Unsubstantiated</b>	<b>Unable to Substantiate</b>
<b>Aetna</b>	9%	27%	64%
<b>BCBS</b>	12%	29%	59%
<b>CHC</b>	11%	32%	57%
<b>Community First</b>	18%	55%	27%
<b>Cook Children's</b>	0%	11%	89%
<b>Dell Children's</b>	0%	20%	80%
<b>DentaQuest</b>	0%	35%	65%
<b>Driscoll Children's</b>	0%	36%	64%
<b>El Paso Health</b>	0%	33%	67%
<b>FirstCare</b>	13%	25%	63%
<b>MCNA</b>	0%	25%	75%
<b>Molina</b>	12%	30%	58%
<b>Parkland</b>	0%	33%	67%
<b>Scott &amp; White</b>	25%	25%	50%
<b>Superior</b>	9%	27%	64%
<b>Texas Children's</b>	0%	34%	66%
<b>United</b>	10%	33%	57%
<b>United Dental</b>	50%	0%	50%
<b>Wellpoint</b>	8%	38%	54%

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

<b>MCO/DMO</b>	<b>Confirmed</b>	<b>Not Confirmed</b>	<b>Unable to Determine</b>
<b>Aetna</b>	42%	58%	0%
<b>BCBS</b>	99%	1%	0%
<b>CHC</b>	62%	37%	1%
<b>Community First</b>	46%	8%	46%
<b>Cook Children's</b>	66%	33%	1%
<b>Dell Children's</b>	91%	9%	0%
<b>DentaQuest</b>	21%	79%	0%
<b>Driscoll Children's</b>	41%	51%	8%
<b>El Paso Health</b>	69%	23%	8%
<b>FirstCare</b>	63%	35%	2%
<b>MCNA</b>	35%	18%	47%
<b>Molina</b>	40%	39%	21%
<b>Parkland</b>	72%	19%	10%
<b>Scott &amp; White</b>	64%	29%	7%
<b>Superior</b>	69%	25%	6%
<b>Texas Children's</b>	58%	39%	3%
<b>United</b>	68%	30%	2%
<b>United Dental</b>	0%	0%	100%
<b>Wellpoint</b>	68%	32%	0%

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

MCO	2024 Q3	2024 Q2	2024 Q1	2023 Q4	2023 Q3	2023 Q2
Aetna	15.16	15.33	14.60	10.27	9.37	14.67
BCBS	24.38	45.21	30.63	26.09	30.19	21.15
CHC	6.66	4.93	4.76	4.79	3.78	3.22
Community First	3.08	1.99	2.29	2.23	2.56	3.48
Cook Children's	7.03	8.33	6.25	7.14	6.80	4.81
Dell Children's	13.09	12.45	14.60	16.83	12.51	15.94
Driscoll Children's	6.78	8.47	8.32	5.53	5.65	6.52
El Paso First	2.40	3.60	3.02	3.91	4.22	4.41
FirstCare	8.29	10.47	8.62	7.82	6.93	6.79
Molina	48.75	42.76	50.43	59.32	66.49	57.37
Parkland	12.25	12.32	8.30	9.28	8.88	4.57
Scott & White	13.93	12.29	10.01	9.58	9.85	6.91
Superior	21.58	20.05	18.63	16.83	17.80	13.94
Texas Children's	15.47	15.10	12.08	14.59	12.25	12.32
United	46.15	38.23	43.99	37.77	29.30	30.82
Wellpoint	24.69	23.29	19.12	16.64	15.63	14.90
<b>Overall Rate</b>	<b>21.19</b>	<b>19.74</b>	<b>18.59</b>	<b>17.42</b>	<b>16.64</b>	<b>15.04</b>

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

MCO	2024 Q3	2024 Q2	2024 Q1	2023 Q4	2023 Q3	2023 Q2
DentaQuest	.96	1.04	1.02	.85	.70	.51
MCNA	.25	.14	.26	.29	.22	.17
United Dental	.23	.17	.20	.36	.27	.25
<b>Overall Rate</b>	<b>.61</b>	<b>.61</b>	<b>.65</b>	<b>.59</b>	<b>.48</b>	<b>.36</b>

# Complaint Categories

Category	Subcategory
<b>Access to Care</b>	Access to Dental Services (adult) - related to accessing dental services
<b>Access to Care</b>	Access to DME - related to accessing Durable Medical Equipment
<b>Access to Care</b>	Access to In-Network Provider (non-PCP) - related to accessing a specialist within the MCO's network
<b>Access to Care</b>	Access to Out-of-Network Provider - related to accessing a provider outside the MCO's network
<b>Access to Care</b>	Access to PCP - related to accessing Primary Care Provider
<b>Access to Care</b>	Appointment Availability - related to ability to access an appointment in a timely manner within contractual requirements for an in-network provider
<b>Access to Care</b>	Authorization Issue - related to the delay of services due to concerns with authorization
<b>Access to Care</b>	Continuity of Care - related to the disruption of authorized services
<b>Access to Care</b>	Discharge from Facility - related to the disagreement with a member's release from facility
<b>Access to Care</b>	Home Health - related to home health services
<b>Access to Care</b>	Home or Auto Modifications - related to issues with the delay of installation of home or auto modifications
<b>Access to Care</b>	Travel Time/Availability/Distance - related to the length of time and distance required to access services
<b>Access to Care</b>	Other - when the issue does not relate to any other Access to Care subcategories
<b>Claims/Payment</b>	Balance Billing - related to a member receiving a bill for services rendered
<b>Claims/Payment</b>	Clean Claims Interest Unpaid - related to non-payment of interest on untimely processed claims
<b>Claims/Payment</b>	Delays in Claims Handling - related to the delay of processing a claim
<b>Claims/Payment</b>	Denial of Claim - related to the denial of a claim
<b>Claims/Payment</b>	Other - when the issue does not relate to any other Claims/Payment subcategories

<b>Category</b>	<b>Subcategory</b>
<b>Customer Service</b>	Correspondence (Incorrect, unclear, or not received) - related to written information provided to complainant that is incorrect, unclear, or not received
<b>Customer Service</b>	MCO Customer Service / Staff Behavior - related to how complainant was treated by MCO staff including rude or inappropriate behavior
<b>Customer Service</b>	Incorrect Information or Guidance from MCO - related to verbal information provided to complainant that is incorrect
<b>Customer Service</b>	MCO Staff Not Responding - related to MCO staff not returning complainant's telephone call or email
<b>Customer Service</b>	Other - when the issue does not relate to any other Customer Service subcategories
<b>Customer Service</b>	Provider Information Outdated/Directory - related to issues with the MCO provider directory
<b>EVV</b>	Authorization Issue - related to the delay of services due to concerns with an EVV authorization.
<b>EVV</b>	Denial of Claim - related to the denial of an EVV relevant claim.
<b>EVV</b>	Recoupment of Claim - related to the recoupment of an EVV relevant claim.
<b>EVV</b>	MCO Visit Maintenance Unlock Request Policy - related to the complainant's disagreement with the MCO denial of the VM unlock request.
<b>EVV</b>	Payer - related to the payer of the claim.
<b>EVV</b>	Other - when the issue does not relate to any other EVV subcategories
<b>Medical Transportation</b>	Client Not Transported
<b>Medical Transportation</b>	Driver Issues
<b>Medical Transportation</b>	Client was not picked up within one (1) hour of request.
<b>Medical Transportation</b>	Client arrived late to appointment
<b>Medical Transportation</b>	Scheduling error
<b>Medical Transportation</b>	Vehicle issues
<b>Medical Transportation</b>	Individual Transportation Participant (ITP) claims

<b>Category</b>	<b>Subcategory</b>
<b>Medical Transportation</b>	Other - To be used for all other complaint reasons with a text box to log the complaint reason
<b>Provider Contracting</b>	MCO Credentialing Process - related to issues resulting from delays in the MCO's credentialing process
<b>Provider Contracting</b>	Credentialing Verification Organization Process - related to issues resulting from delays or difficulties in the CVO's credentialing process
<b>Provider Contracting</b>	MCO/Provider Contracting - related to issues with the contracting process
<b>Provider Contracting</b>	Termed Provider - related to issues with provider contracts termed by MCO
<b>Provider Contracting</b>	Network Denial - non par provider denied into MCO network
<b>Provider Contracting</b>	Out of Network Provider - related to single case agreement issues between out-of-network specialist and MCO
<b>Provider Contracting</b>	Other - when the issue does not relate to any other Provider Contracting subcategories
<b>Policies/Procedures</b>	Disagree with MCO Policy - related to complainant's disagreement with MCO policy or procedure
<b>Policies/Procedures</b>	HIPAA - related to compliance with HIPAA
<b>Policies/Procedures</b>	MCO Appeals Process - related to complainant's disagreement with the MCO's handling of an Appeal request
<b>Prescription Services</b>	PS - Member not showing active - MCO does not show Member is a part of their PBM system, but Member is enrolled with plan
<b>Prescription Services</b>	PS - Other Insurance - The existence of other insurance on the member's file is preventing access to prescriptions
<b>Prescription Services</b>	PS - Refill Too Soon - Medication claim will be denied by pharmacy due to being refilled too soon
<b>Prescription Services</b>	PS - Other - To be used for all other complaint reasons with a text box to log the complaint reason
<b>Prescription Services</b>	PS - Formulary - Medication is not on the VDP Formulary
<b>Prescription Services</b>	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.
<b>Prescription Services</b>	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.

<b>Category</b>	<b>Subcategory</b>
<b>Quality of Care</b>	Quality of DME - related to a complainant's inadequate standard of Durable Medical Equipment
<b>Quality of Care</b>	Quality of Facility (Nursing Facility) - related to a complainant's inadequate standard of care received at a nursing facility or Inpatient Behavioral Health Facility
<b>Quality of Care</b>	Service Coordination / Service Management - related to a complainant's inadequate standard of care received from a service coordinator or service manager
<b>Quality of Care</b>	Coordination of Care - related to a complainant's delay of services due to lack of coordination between providers
<b>Quality of Care</b>	Provider Treatment Inappropriate/Ineffective - related to the quality of treatment provided
<b>Quality of Care</b>	Other - when the issue does not relate to any other Quality of Care subcategories
<b>Quality of Care</b>	Home or Auto Modifications - related to issues with the quality of home or auto modifications
<b>Value-Added Services</b>	Value-added Services Issues - related to complainant's inability or delay in accessing or receiving Value-added Services