

HHSC Initial Contact Complaints – 2024 Q2

Top 5 Initial Contact Complaints

Complaint Category	Number of Complaints
Balance Billing	168
Access to PCP	114
Prescription Services – Other Insurance	97
Client Not Transported	86
Customer Service - Other	79

Top 5 Initial Contact Complaints for Members

Complaint Category	Number of Complaints
Balance Billing	168
Access to PCP	114
Prescription Services – Other Insurance	97
Client Not Transported	86
Access to Care - Other	66

Top 5 Initial Contact Complaints for Providers

Complaint Category	Number of Complaints
Denial of Claim	29
Customer Service - Other	28
Incorrect Information of Guidance from MCO	16
Authorization Issue	14
Delays in Claims Handling	13

Top 5 Initial Contact Complaints by Program per 10,000 Members

Program	Complaint Category	Rate
MMP	Prescription Services - Other	7.33
MMP	Access to Care - Other	2.44
MMP	Customer Service - Other	1.63
MMP	Prescription Services – Clinical Prior Authorization	1.22
MMP	Driver Issues	1.22
STAR Kids	Access to PCP	1.24
STAR Kids	Prescription Services – Other	.97
STAR Kids	Balance Billing	.97
STAR Kids	Customer Service - Other	.62
STAR Kids	Access to DME	.62
STAR+PLUS	Client Not Transported	1.31
STAR+PLUS	Driver Issues	.62
STAR+PLUS	NEMT - Other	.43
STAR+PLUS	Access to DME	.41
STAR+PLUS	Provider Treatment Inappropriate/Ineffective	.39
STAR	Balance Billing	.46
STAR	Access to PCP	.28
STAR	Prescription Services - Other Insurance	.26
STAR	Customer Service - Other	.15
STAR	Access to Care - Other	.14
STAR Health	MCO Customer Service/Staff Behavior	1.76
STAR Health	Incorrect Information or Guidance from MCO	.88
STAR Health	Prescription Services – Clinical Prior Authorization	.44
STAR Health	MCO Staff Not Responding	.44
STAR Health	Driver Issues	.44
Medicaid Dental	Customer Service - Other	.02
Medicaid Dental	Value-Added Services Issues	.02
Medicaid Dental	Claims/Payment - Other	.02
Medicaid Dental	Incorrect Information or Guidance from MCO	.01
Medicaid Dental	Provider Treatment Inappropriate/Ineffective	.01

Enrollment by Program

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

Percentage of Initial Contact Complaints Confirmed – MCO Self-Reported Data

Program	Confirmed	Not Confirmed	Unable to Determine
MMP	60%	40%	0%
STAR Kids	74%	14%	13%
STAR+PLUS	64%	12%	24%
STAR	72%	24%	4%
STAR Health	62%	15%	23%
Medicaid Dental	48%	7%	44%

Initial Contact Complaint Volume by MCO

MCO	Total Complaints	Percentage of Total Complaints
Superior	475	35.45%
Driscoll Children's	267	19.93%
CHC	130	9.70%
Cook Children's	102	7.61%
BCBS	102	7.61%
Wellpoint	93	6.94%
Community First	86	6.42%
Texas Children's	46	3.43%
Parkland	29	2.16%
Dell Children's	9	0.67%
FirstCare	1	0.07%

Initial Contact Complaint Volume by DMO

DMO	Total Complaints	Percentage of Total Complaints
DentaQuest	13	48.15%
MCNA	8	29.63%
United Dental	6	22.22%

Total Enrollment by MCO

MCO	Percentage of Enrollment
Superior	24.50%
Wellpoint	18.67%
Texas Children's	10.81%
CHC	6.82%
Driscoll Children's	4.93%
Parkland	4.00%
Community First	3.14%
Cook Children's	2.94%
FirstCare	2.04%
BCBS	1.18%
Dell Children's	0.75%

Total Enrollment by DMO

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

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

MCO/DMO	Complaint Category	Rate
BCBS	Balance Billing	16.40
BCBS	Access to PCP	2.22
BCBS	Value-Added Services Issues	.89
BCBS	Denial of Claim	.44

MCO/DMO	Complaint Category	Rate
BCBS	Scheduling Error	.22
CHC	Customer Service - Other	.99
CHC	Value-Added Services Issues	.76
CHC	Incorrect Information or Guidance from MCO	.57
CHC	Denial of Claim	.38
CHC	Provider Treatment Inappropriate/Ineffective	.34
Community First	Prescription Services - Other Insurance	4.73
Community First	Prescription Services - Clinical Prior Authorization	.75
Community First	Prescription Services - Refill Too Soon	.42
Community First	Prescription Services - Other	.33
Community First	Prescription Services – Member Not Showing Active	.33
Cook Children's	Prescription Services - Other Insurance	2.75
Cook Children's	Access to PCP	1.68
Cook Children's	Provider Treatment Inappropriate/Ineffective	1.15
Cook Children's	Customer Service - Other	.35
Cook Children's	Access to In-Network Provider (non-PCP)	.35
Dell Children's	Authorization Issue	1.04
Dell Children's	Prescription Services - Other	.35
Dell Children's	Continuity of Care	.35
Dell Children's	Claims/Payment - Other	.35
Dell Children's	Balance Billing	.35
DentaQuest	Claims/Payment - Other	.03
DentaQuest	Provider Treatment Inappropriate/Ineffective	.01
DentaQuest	Denial of Claim	.01
DentaQuest	Customer Service - Other	.01
DentaQuest	Delays in Claims Handling	.01
Driscoll Children's	Access to PCP	2.81
Driscoll Children's	Access to Care - Other	2.33
Driscoll Children's	Incorrect Information or Guidance from MCO	1.38
Driscoll Children's	Customer Service - Other	1.06
Driscoll Children's	Authorization Issue	.85
FirstCare	Vehicle Issues	.13
MCNA	Value-Added Services Issues	.05
MCNA	Customer Service - Other	.02

MCO/DMO	Complaint Category	Rate
MCNA	Balance Billing	.01
Parkland	Balance Billing	1.05
Parkland	Access to PCP	.13
Parkland	Vehicle Issues	.07
Parkland	MCO/Provider Contracting	.07
Parkland	Denial of Claim	.07
Superior	Client Not Transported	.86
Superior	Driver Issues	.48
Superior	Balance Billing	.33
Superior	NEMT - Other	.32
Superior	Access to DME	.28
Texas Children's	Balance Billing	.51
Texas Children's	Individual Transportation Participant (ITP) claims	.17
Texas Children's	Delays in Claims Handling	.07
Texas Children's	Client Not Transported	.07
Texas Children's	Authorization Issue	.07
United Dental	Incorrect Information or Guidance from MCO	.07
United Dental	Customer Service - Other	.05
United Dental	Access to PCP	.02
Wellpoint	Access to In-Network Provider (non-PCP)	.36
Wellpoint	Prescription Services - Other	.25
Wellpoint	Access to Care - Other	.14
Wellpoint	Quality of Care - Other	.10
Wellpoint	Customer Service - Other	.10

Percentage of Initial Contact Complaints Confirmed by MCO/DMO – MCO Self-Reported Data

MCO/DMO	Confirmed	Not Confirmed	Unable to Determine
BCBS	100%	0%	0%
CHC	77%	23%	0%
Community First	99%	0%	1%
Cook Children's	87%	5%	8%

MCO/DMO	Confirmed	Not Confirmed	Unable to Determine
Dell Children's	89%	0%	11%
DentaQuest	85%	15%	0%
Driscoll Children's	49%	49%	1%
FirstCare	100%	0%	0%
MCNA	0%	0%	100%
Parkland	17%	66%	17%
Superior	68%	12%	20%
Texas Children's	17%	17%	65%
United Dental	33%	0%	67%
Wellpoint	80%	20%	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	.00	.00	.00	.00	.00	.00
BCBS	22.60	27.15	27.02	19.65	19.98	21.74
CHC	4.97	7.31	4.53	3.49	3.74	6.96
Community First	7.14	5.35	4.23	6.83	4.46	3.51
Cook Children's	9.04	10.33	7.62	9.32	8.10	5.59
Dell Children's	3.11	2.53	6.16	.85	3.71	1.86
Driscoll Children's	14.13	12.90	9.72	10.92	19.34	21.76
El Paso First	.00	.13	.11	5.57	4.61	2.91
FirstCare	.13	.11	.09	.00	.00	.00
Molina	.00	.08	.07	.17	.00	.00
Parkland	1.89	1.24	1.89	1.47	.75	1.27
Scott & White	.00	.00	.00	.14	.00	.00
Superior	5.05	5.87	3.46	3.22	5.60	6.71
Texas Children's	1.11	.29	1.08	.90	1.23	1.02
United	.00	.00	.00	.09	.09	.07
Wellpoint	1.30	1.03	1.22	1.55	1.44	1.73
Overall Rate	3.49	3.68	2.83	2.90	3.77	4.30

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

DMO	2024 Q2	2024 Q1	2023 Q4	2023 Q3	2023 Q2	2023 Q1
DentaQuest	.08	.07	.05	.04	.07	.10
MCNA	.08	.07	.05	.03	.02	.01
United Dental	.15	.11	.06	.04	.10	.14
Overall Rate	.09	.07	.05	.04	.05	.07

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
Customer Service	Correspondence (Incorrect, unclear, or not received) - related to written information provided to complainant that is incorrect, unclear, or not received

Category	Subcategory
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
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

Category	Subcategory
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
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

Category	Subcategory
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