

# HHSC Initial Contact Complaints – 2024 Q3

## Top 5 Initial Contact Complaints

Complaint Category	Number of Complaints
Prescription Services – Other Insurance	88
Customer Service - Other	88
Access to PCP	84
Access to Care - Other	73
Balance Billing	68

## Top 5 Initial Contact Complaints for Members

Complaint Category	Number of Complaints
Prescription Services – Other Insurance	88
Access to PCP	84
Access to Care - Other	73
Balance Billing	68
Provider Treatment Inappropriate/Ineffective	63

## Top 5 Initial Contact Complaints for Providers

Complaint Category	Number of Complaints
Customer Service - Other	27
Delays in Claims Handling	24
Authorization Issue	23
Claims/Payment - Other	19
Denial of Claim	15

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

Program	Complaint Category	Rate
<b>MMP</b>	Prescription Services - Other	3.50
<b>MMP</b>	Prescription Services – Clinical Prior Authorization	2.19
<b>MMP</b>	Access to Care - Other	2.19
<b>MMP</b>	Customer Service - Other	1.75
<b>MMP</b>	Correspondence (Incorrect, unclear, or not received)	1.75
<b>STAR Kids</b>	Access to Care - Other	1.06
<b>STAR Kids</b>	Customer Service - Other	.92
<b>STAR Kids</b>	Prescription Services – Other Insurance	.71
<b>STAR Kids</b>	Access to PCP	.56
<b>STAR Kids</b>	Access to DME	.49
<b>STAR+PLUS</b>	Provider Treatment Inappropriate/Ineffective	.39
<b>STAR+PLUS</b>	Authorization Issue	.23
<b>STAR+PLUS</b>	MCO Customer Service/Staff Behavior	.16
<b>STAR+PLUS</b>	Customer Service - Other	.16
<b>STAR+PLUS</b>	NEMT - Other	.14
<b>STAR</b>	Prescription Services - Other Insurance	.25
<b>STAR</b>	Access to PCP	.21
<b>STAR</b>	Balance Billing	.19
<b>STAR</b>	Customer Service - Other	.16
<b>STAR</b>	Claims/Payment - Other	.14
<b>STAR Health</b>	Access to Care - Other	2.28
<b>STAR Health</b>	Incorrect Information or Guidance from MCO	1.37
<b>STAR Health</b>	MCO Customer Service/Staff Behavior	.91
<b>STAR Health</b>	Disagree with MCO Policy	.91
<b>STAR Health</b>	Provider Information Outdated/Directory	.46
<b>Medicaid Dental</b>	Customer Service - Other	.04
<b>Medicaid Dental</b>	Incorrect Information or Guidance from MCO	.02
<b>Medicaid Dental</b>	Claims/Payment - Other	.02
<b>Medicaid Dental</b>	Value-Added Services Issues	.01
<b>Medicaid Dental</b>	Provider Treatment Inappropriate/Ineffective	.01

## Enrollment by Program

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

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

Program	Confirmed	Not Confirmed	Unable to Determine
MMP	83%	11%	6%
STAR Kids	85%	13%	2%
STAR+PLUS	52%	10%	39%
STAR	70%	22%	8%
STAR Health	26%	16%	58%
Medicaid Dental	50%	5%	45%

## Initial Contact Complaint Volume by MCO

MCO	Total Complaints	Percentage of Total Complaints
Superior	301	31.85%
Driscoll Children's	224	23.70%
CHC	145	15.34%
Cook Children's	76	8.04%
Community First	73	7.72%
Wellpoint	60	6.35%
Parkland	40	4.23%
Texas Children's	15	1.59%
Dell Children's	7	0.74%
BCBS	4	0.42%

## Initial Contact Complaint Volume by DMO

DMO	Total Complaints	Percentage of Total Complaints
DentaQuest	16	40.00%
United Dental	16	40.00%
MCNA	8	20.00%

## Total Enrollment by MCO

MCO	Percentage of Enrollment
Superior	24.63%
Wellpoint	18.30%
Texas Children's	10.82%
CHC	6.83%
Driscoll Children's	4.98%
Parkland	4.01%
Community First	3.15%
Cook Children's	2.94%
BCBS	1.18%
Dell Children's	0.74%

## Total Enrollment by DMO

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

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

MCO/DMO	Complaint Category	Rate
BCBS	Prescription Services – Clinical Prior Authorization	.22
BCBS	Incorrect Information or Guidance from MCO	.22
BCBS	Balance Billing	.22
BCBS	Access to Out-of-Network Provider	.22
CHC	Customer Service - Other	.96

<b>MCO/DMO</b>	<b>Complaint Category</b>	<b>Rate</b>
<b>CHC</b>	Authorization Issue	.73
<b>CHC</b>	Access to PCP	.54
<b>CHC</b>	Denial of Claim	.38
<b>CHC</b>	Delays in Claims Handling	.38
<b>Community First</b>	Prescription Services - Other Insurance	4.74
<b>Community First</b>	Prescription Services - Clinical Prior Authorization	.42
<b>Community First</b>	Prescription Services - Formulary	.33
<b>Community First</b>	Prescription Services – Refill Too Soon	.25
<b>Community First</b>	Prescription Services – Other	.08
<b>Cook Children's</b>	Prescription Services - Other Insurance	2.14
<b>Cook Children's</b>	Provider Treatment Inappropriate/Ineffective	1.34
<b>Cook Children's</b>	Access to PCP	1.16
<b>Cook Children's</b>	Customer Service - Other	.36
<b>Cook Children's</b>	Access to In-Network Provider (non-PCP)	.27
<b>Dell Children's</b>	Access to PCP	.71
<b>Dell Children's</b>	Prescription Services – Formulary	.35
<b>Dell Children's</b>	Delays in Claims Handling	.35
<b>Dell Children's</b>	Authorization Issue	.35
<b>DentaQuest</b>	Claims/Payment - Other	.04
<b>DentaQuest</b>	Provider Treatment Inappropriate/Ineffective	.02
<b>DentaQuest</b>	Customer Service - Other	.02
<b>DentaQuest</b>	MCO Staff Not Responding	.01
<b>DentaQuest</b>	MCO Customer Service/Staff Behavior	.01
<b>Driscoll Children's</b>	Access to Care - Other	1.89
<b>Driscoll Children's</b>	Access to PCP	1.68
<b>Driscoll Children's</b>	Customer Service - Other	1.00
<b>Driscoll Children's</b>	Provider Treatment Inappropriate/Ineffective	.74
<b>Driscoll Children's</b>	Incorrect Information or Guidance from MCO	.68
<b>MCNA</b>	Customer Service - Other	.05
<b>MCNA</b>	Value-Added Services Issues	.03
<b>Parkland</b>	Balance Billing	1.63
<b>Parkland</b>	Customer Service - Other	.20
<b>Parkland</b>	Disagree with MCO Policy	.13
<b>Parkland</b>	Delays in Claims Handling	.13

<b>MCO/DMO</b>	<b>Complaint Category</b>	<b>Rate</b>
<b>Parkland</b>	Claims/Payment - Other	.13
<b>Superior</b>	Claims/Payment - Other	.33
<b>Superior</b>	Balance Billing	.32
<b>Superior</b>	Access to Care - Other	.29
<b>Superior</b>	Provider Treatment Inappropriate/Ineffective	.25
<b>Superior</b>	Access to PCP	.22
<b>Texas Children's</b>	Balance Billing	.12
<b>Texas Children's</b>	Delays in Claims Handling	.07
<b>Texas Children's</b>	Claims/Payment - Other	.05
<b>Texas Children's</b>	Prescription Services - Other	.02
<b>Texas Children's</b>	NEMT - Other	.02
<b>United Dental</b>	Incorrect Information or Guidance from MCO	.14
<b>United Dental</b>	Customer Service - Other	.12
<b>United Dental</b>	Authorization Issue	.05
<b>United Dental</b>	Claims/Payment - Other	.02
<b>United Dental</b>	Access to PCP	.02
<b>Wellpoint</b>	Prescription Services - Other	.13
<b>Wellpoint</b>	Access to Care - Other	.11
<b>Wellpoint</b>	Prescription Services – Clinical Prior Authorization	.07
<b>Wellpoint</b>	Customer Service - Other	.06
<b>Wellpoint</b>	Correspondence (Incorrect, unclear, or not received)	.06

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

<b>MCO/DMO</b>	<b>Confirmed</b>	<b>Not Confirmed</b>	<b>Unable to Determine</b>
<b>BCBS</b>	100%	0%	0%
<b>CHC</b>	83%	15%	2%
<b>Community First</b>	97%	0%	3%
<b>Cook Children's</b>	86%	5%	9%
<b>Dell Children's</b>	100%	0%	0%
<b>DentaQuest</b>	88%	13%	0%
<b>Driscoll Children's</b>	53%	44%	3%

<b>MCO/DMO</b>	<b>Confirmed</b>	<b>Not Confirmed</b>	<b>Unable to Determine</b>
<b>MCNA</b>	0%	0%	100%
<b>Parkland</b>	13%	15%	73%
<b>Superior</b>	64%	10%	26%
<b>Texas Children's</b>	53%	33%	13%
<b>United Dental</b>	38%	0%	63%
<b>Wellpoint</b>	85%	13%	2%

## 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	.00	.00	.00	.00	.00	.00
BCBS	.89	22.60	27.15	27.02	19.65	19.98
CHC	5.55	4.97	7.31	4.53	3.49	3.74
Community First	6.07	7.14	5.35	4.23	6.83	4.46
Cook Children's	6.77	9.04	10.33	7.62	9.32	8.10
Dell Children's	2.48	3.11	2.53	6.16	.85	3.71
Driscoll Children's	11.77	14.13	12.90	9.72	10.92	19.34
El Paso First	.00	.00	.13	.11	5.57	4.61
FirstCare	.00	.13	.11	.09	.00	.00
Molina	.00	.00	.08	.07	.17	.00
Parkland	2.61	1.89	1.24	1.89	1.47	.75
Scott & White	.00	.00	.00	.00	.14	.00
Superior	3.20	5.05	5.87	3.46	3.22	5.60
Texas Children's	.36	1.11	.29	1.08	.90	1.23
United	.00	.00	.00	.00	.09	.09
Wellpoint	.86	1.30	1.03	1.22	1.55	1.44
<b>Overall Rate</b>	<b>2.47</b>	<b>3.49</b>	<b>3.68</b>	<b>2.83</b>	<b>2.90</b>	<b>3.77</b>

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

DMO	2024 Q3	2024 Q2	2024 Q1	2023 Q4	2023 Q3	2023 Q2
DentaQuest	.11	.08	.07	.05	.04	.07
MCNA	.08	.08	.07	.05	.03	.02
United Dental	.37	.15	.11	.06	.04	.10
<b>Overall Rate</b>	<b>.14</b>	<b>.09</b>	<b>.07</b>	<b>.05</b>	<b>.04</b>	<b>.05</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>Customer Service</b>	Correspondence (Incorrect, unclear, or not received) - related to written information provided to complainant that is incorrect, unclear, or not received

<b>Category</b>	<b>Subcategory</b>
<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>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>Category</b>	<b>Subcategory</b>
<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>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>Category</b>	<b>Subcategory</b>
<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