Office of the Patient Advocate

Data Tables for MY14 Complaint Report

Section 5 – Statewide Data Tables

Figure 5.1 Reporting Entity Plans, Enrollment, and Complaints

Reporting Entity	Number of Plans with at Least One Complaint	Total Number of Enrollees	Number of Complaints
DMHC	63	61,813,050	13,994
DHCS	88	21,376,642	4,589
CDI	103	2,574,181	4,079
Covered California	Not Applicable	1,395,929	4,366

Figure 5.2 Consumer Assistance Roles by Reporting Entity

Chart key: ✓ **Primary function** ✓ **Limited role** – **No authority or role so refers consumers**

Role	Department of Managed Health Care	Department of Health Care Services	Department of Insurance	Covered California
Processes applications and renewals	–	✓ 1	–	✓
Makes eligibility determinations and enrolls	–	✓ 1	–	✓
Resolves complaints on program eligibility determinations	–	✓ 3	–	✓ 4
Resolves complaints on enrollment and disenrollment issues	✓ 2	✓ 3	✓ 2	✓ 4
Administers authorizations for and/or purchases services	–	✓ 5	–	–
Resolves complaints on health care delivery and/or payment for care	✓	✓ 5	✓	–
Regulates health plans or insurers/Enforces related laws	✓	– 6	✓	–

Note:

1- DHCS establishes and oversees systems for Medi-Cal eligibility and enrollment. County offices process applications and make eligibility determinations. A Health Care Options contractor processes plan enrollments.

2- Addresses requirements pertaining to health plans or insurers for underwriting, cancellations, and enrollment/dis-enrollment issues.

3- Complaints are typically initially addressed through county Medi-Cal offices. Formal appeals are through the State Fair Hearing process with the California Department of Social Services.

4- Formal appeals are through the State Fair Hearing process with the California Department of Social Services.

5- Addresses Fee-for-Service claim/authorization issues. Formal appeals are through the State Fair Hearing process with the California Department of Social Services. Complaints about most Medi-Cal Managed Care plans also may be filed with DMHC.

6- DMHC regulates most Medi-Cal Managed Care plans. Although not a state regulator, DHCS provides oversight of its contracts with Medi-Cal Managed Care plans, including with County Operated Health System plans not regulated by DMHC.

Figure 5.3 Consumer Assistance Service Centers Listed by Reporting Entity
See complete report for service center hours and contact information.

Figure 5.4 DMHC Consumer Assistance in 2014

Category	Volume
All Requests for Assistance	109,760
Inquiries	95,766
Complaint Cases	13,994

Figure 5.5 DHCS Consumer Assistance in 2014

Category	Volume
All Requests for Assistance	1,375,772
Inquiries	1,372,468
Complaint Cases	4,589

Figure 5.6 CDI Consumer Assistance in 2014

Category	Volume
All Requests for Assistance	36,986
Inquiries	32,907
Complaint Cases	4,079

Figure 5.7 Covered California Consumer Assistance in 2014

Category	Volume
All Requests for Assistance	4,424,070
Inquiries	4,419,704
Complaint Cases	4,366

Figure 5.8 Consumer Assistance Protocols Submitted by Reporting Entities to OPA

Chart Key

- ✓ Service center has a documented protocol
- ✓ Reporting entity indicated that a protocol exists, but is implemented within an IT platform that cannot be easily shared
- ✓ Reporting entity indicated that a protocol exists, but did not submit documentation to OPA
- – Reporting entity did not report an existing protocol or provide documentation to OPA
- Not applicable because the reporting entity indicated that the service center does not resolve complaints

Policies and Procedures	**DMHC Help Center**	**DHCS Medi-Cal Managed Care Office of the Ombudsman**	**DHCS Mental Health Ombudsman**	**DHCS Denti-Cal Telephone Service Center** (Contractor - Delta Dental)	**DHCS Medi-Cal Telephone Service Center** (Contractor - Xerox)	**CDI Consumer Services Division**	**Covered California Service Center**
Jurisdictional Complaints	✓	Not Applicable	Not Applicable	Not Applicable	Not Applicable	✓	✓
Urgent Clinical Complaints	✓	Not Applicable	Not Applicable	Not Applicable	Not Applicable	✓	✓
After-Hours Assistance	✓	–	–	✓	–	✓	–
Language Assistance	✓	–	✓	✓	–	✓	✓
Non-Jurisdictional Issue Referrals	✓	–	✓	✓	–	✓	✓
Performance Standards							
Jurisdictional Complaint Resolution	✓	Not Applicable	Not Applicable	Not Applicable	Not Applicable	✓	–
Non-Jurisdictional Issue Referrals	✓	–	✓	✓	–	✓	–
Customer Service Representative (CSR) Training and Tools							
Training on Jurisdictional Complaints	✓	Not Applicable	Not Applicable	Not Applicable	Not Applicable	✓	✓
Training on Non-Jurisdictional Issues	✓	–	✓	✓	–	✓	✓
CSR Tools for Addressing Jurisdictional Complaints	✓	Not Applicable	Not Applicable	Not Applicable	Not Applicable	✓	✓
CSR Tools for Addressing Referrals	✓	✓	✓	✓	–	✓	✓

Figure 5.9 Statewide Volume of Complaints by Date Closed in 2014

Month	Volume
January	1,652
February	1,784
March	1,940
April	2,388
May	2,340
June	2,337
July	2,526
August	2,458
September	2,224
October	2,624
November	2,212
December	2,543

Figure 5.10 Statewide Top 5 Complaint Reasons

Complaint Reasons	2014 Percentage
Claim Denial	18%
Quality of Care	11%
Medical Necessity Denial	10%
Co-pay, Deductible, and Co-Insurance Issues	7%
Dis/Enrollment	6%

Note: The total number of 28,569 complaint reasons, exceeds the total number of 27,028 complaints. Many consumer complaints involve more than one complaint reason.

Figure 5.11 Statewide Top 10 Complaint Reasons for Primary Language: English

Complaint Reasons	Volume
Claim Denial	3,046
Medical Necessity Denial	2,356
Co-pay, Deductible, and Co-Insurance Issues	1,791
Dis/enrollment	1,501
Coverage Question	1,277
Cancellation	1,214
Out of Network Benefits	906
Access to Care	771
Provider Attitude and Service	742
Experimental/Investigational Denial	616
Total	14,220

Figure 5.12 Statewide Top 10 Complaint Reasons for Primary Language: Spanish

Complaint Reasons	Volume
Claim Denial	181
Eligibility Determination	38
Medical Necessity Denial	33
Out of Network Benefits	26
Access to Care	21
Dis/enrollment	18
Co-pay, Deductible, and Co-Insurance Issues	17
Cancellation	14
Coverage Question	14
Provider Attitude and Service	12
Total	374

Figure 5.13 Statewide Top 10 Complaint Reasons for Primary Language: Other Languages

Complaint Reasons	Volume
Claim Denial	110
Medical Necessity Denial	16
Co-pay, Deductible, and Co-Insurance Issues	16
Dis/enrollment	14
Cancellation	13
Eligibility Determination	12
Coverage Question	9
Out of Network Benefits	7
Emergency Services	5
Access to Care	4
Total	206

Figure 5.14 Statewide Top 10 Complaint Reasons for Primary Language: Unknown or Refused

Complaint Reason	Volume
Quality of Care	3,003
Claim Denial	1,849
Unknown	646
Dental Scope of Benefits	616
Unsatisfactory Settlement Offer	612
Medical Necessity Denial	403
Cancellation	344
Out of Network Benefits	342
Premium Notice/Billing	293
Co-pay, Deductible, and Co-Insurance Issues	292
Total	8,400

Figure 5.15 Statewide Descending Volume of Jurisdictional and Non-jurisdictional Complaint Product Types

Reporting Entity	Product Types Reported, by Descending Volume
DMHC	HMO, PPO, EPO, POS, Unknown
DHCS	Medi-Cal Managed Care: Two Plan Model, Dental, Medi-Cal Managed Care: COHS Model, Unknown, Medi-Cal Managed Care: GMC Model, Medi-Cal Managed Care: Other Models (Rural Model, Imperial Model, San Benito Model, Long Term: PACE, Long Term: SCAN), Medi-Cal Coordinated Care (CCI)
CDI	Health Only, Dental Combined w/Major Medical, Small Group, Large Group, Grandfathered, Mental Health, Medicare Supplement, Limited Benefits, Exchange, Cancer/Dread Disease, Bronze, Pharmacy Benefits, Dental Stand Alone, Hospital Indemnity, Silver, Autism/PDD, Student Health, Vision, Platinum, Short Term Limited Duration Policy, Other, Accident Only, Gold, Chiropractic, Self-Funded/ERISA, Home Health Care, HIPAA, Medicare Advantage, Disability Income, Catastrophic, Medicare Prescription Drug/Part D, Multi State
Covered California	Silver, Unknown, Bronze, Platinum, Gold, Catastrophic

Figure 5.16 Statewide Top 10 Complaint Results

Complaint Result	Volume and Percent
Health Plan Position Overturned	1,971 (7%)
Claim Settled	1,725 (6%)
Consumer's Money Returned	1,004 (3%)
Compromise Settlement/Resolution	6,988 (24%)
Health Plan Position Substantiated	3,945 (14%)
Health Plan in Compliance	442 (2%)
Complaint Withdrawn	5,616 (19%)
Insufficient Information for Further Investigation	2,673 (9%)
No Action Requested/Required	1,669 (6%)
Question of Fact/Contract/Law Falls Outside Regulator	772 (3%)

Section 6 – Department of Managed Health Care Data Tables

Figure 6.1 DMHC Help Center Requests for Assistance in 2014

Month	Telephone Volume	Mail, Email, Online, and Fax Volume	Other Volume
January	8,224	1,134	71
February	7,292	1,092	140
March	7,788	1,113	154
April	9,980	1,347	173
May	8,875	1,119	286
June	7,753	1,369	188
July	8,734	1,433	290
August	7,468	1,159	304
September	7,379	1,265	294
October	7,038	1,357	393
November	4,957	1,023	271
December	6,769	1,222	306

Figure 6.2 DMHC Help Center – 2014 Metrics

Metric	Measurement	Reporting Entity Estimated Metric or Based on Data
Number of abandoned calls (incoming calls terminated by callers prior to reaching a Customer Service Representative - CSR)	34,470 This includes "positive" abandons where a caller received needed information through the IVR system. DMHC's system cannot presently differentiate positive abandons from those callers that terminate the call prior to reaching a CSR.	Data
Number of calls resolved by the IVR/phone system (caller provided and/or received information without involving a CSR)	See above DMHC's system cannot presently differentiate positive abandons from those callers that terminate the call prior to reaching a CSR.	
Number of non-jurisdictional inquiry calls answered by a CSR	7,630 The Call Center utilizes information provided by the consumer to determine if the issue is non-jurisdictional.	Data
Average wait time to reach a CSR	Approximately 18 minutes During the first half of 2014, due to significant increases in call volume, average wait times were significantly higher. By the end of 2014, average call wait times was less than five minutes.	Estimated
Average length of talk time (time between a CSR answering and completing a call)	12:35 minutes This includes jurisdictional and non-jurisdictional complaints. The DMHC system does not allow separate reporting for jurisdictional and non-jurisdictional calls.	Data
Average number of CSRs available to answer calls (during Service Center hours)	From Jan. to May 2014: 9.5 Personnel Years (PYs); From May to Dec. 2014: 14.5 PYs	

Figure 6.3 DMHC Top 10 Complaint Reasons by Percentage

Top Ten Complaint Reasons	Percentage
Medical Necessity Denial	17%
Co-Pay, Deductible, and Co-Insurance Issues	13%
Dis/Enrollment	11%
Coverage Question	9%
Cancellation	8%
Out of Network Benefits	7%
Access to Care	6%
Provider Attitude and Service	5%
Experimental/Investigational Denial	4%
Pharmacy and Benefits	3%

Note: Percentage equals 83% due to rounding.

Figure 6.4 DMHC Help Center Non-Jurisdictional Inquiries

Ranking	Inquiry Topic	Referred to
1 (most common)	General Inquiry/Info	Department of Health Care Services (DHCS)
2	Covered California	Covered California
3	Enrollment Disputes	DHCS Covered California
4	Claims/Financial	California Department of Insurance (CDI) Centers for Medicare and Medicaid Services (CMS) Health Insurance Counseling & Advocacy Program (HICAP) Health Consumer Alliance (HCA) partners
5	Coverage/ Benefits Dispute	CDI DHCS U.S. Department of Labor (DOL) HICAP
6	Access Complaints	DHCS CMS HCA partners
7	Coordination of Care	CMS DHCS HICAP
8	Appeal of Denial - IMR	CDI DOL, ERISA (Employee Retirement Income Security Act) Out-of-State Department of Insurance (DOI)
9	Provider Service/Attitude	California Department of Consumer Affairs DHCS HICAP
10	Plan Service/Attitude	CDI CMS DHCS

Note: Ranking by DMHC based on data.

Figure 6.5 DMHC Help Center Complaint Standards

Complaint Process	Primary Unit(s) Responsible and Role	Time Standard (if applicable)	Average Resolution Time in 2014
Standard Complaint	*Call Center and Initial Review Branches:* Intake and routing *Complaint Resolution Branch:* Casework *Legal Review and Liaison Branch:* Legal review if needed	30 days from receipt of a completed complaint application	30 days Calculation includes time prior to the completion of the complaint application
Independent Medical Review (IMR)	*Call Center and Initial Review Branches:* Intake and routing *Independent Medical and Clinical Review Branch:* Casework *IMR contractor (MAXIMUS):* External Review decision *Legal Review and Liaison Branch:* Legal review if needed	30 days from receipt of a completed IMR application	27 days Calculation includes time prior to the completion of the IMR application
Urgent Clinical	*Call Center and Initial Review Branches:* Intake and routing *DMHC clinical staff:* Casework	7 days from receipt of a completed complaint/IMR application	9 days* Calculation includes time prior to the completion of the complaint/ IMR application
Quick Resolution	*Call Center and Initial Review Branches:* Intake and routing *DMHC clinical staff:* Casework	Standard Complaint or IMR process used if the quick resolution is not possible	7 days

Note: The timeframes for DMHC's time standards are based on the date that the department receives a completed complaint/IMR application. Resolution times were counted from the date that any initial information was received from a consumer. Figures detailing average resolution times are counted from the date that any initial information is received from a consumer.

** DMHC's average resolution time for Urgent Clinical is for reported Urgent Nurse complaints.*

Figure 6.6 DMHC Help Center – Other Protocols

Type of Protocol	Process	Timing (if applicable)
Non-Jurisdictional Referrals	Most referrals are made by the Call Center and Initial Review Branches. Some non-jurisdictional issues are resolved by the Help Center while jurisdiction is being determined.	Referred as soon as the issue is determined to be non-jurisdictional
After-Hours Assistance	After-hours calls are handled by a contracted answering service. • Potentially urgent clinical issues are referred to DMHC clinical staff (a standby nurse) for response. The standby nurse attempts a Quick Resolution, working with established after-hours plan contacts. • Callers with non-urgent issues are encouraged to contact the Help Center during normal business hours. Complaints can be filed online anytime to initiate a Standard Complaint or IMR process.	30 minutes for DMHC to provide a call-back for urgent calls Next business day service for non-urgent calls
Language Assistance	Callers to the Help Center have the option to select their language through the Interactive Voice Response system. Help Center staff use a contracted Language Line to provide interpreter services if needed.	As needed

Figure 6.7 DMHC Top 10 Health Plan Complaint Ratios Complaint per 10,000 Enrollment

Health Plan	Ratio
Anthem Blue Cross	12.28
Blue Shield of California	11.33
Cigna HealthCare of California, Inc.	9.24
Health Net of California, Inc.	8.87
Western Health Advantage	6.99
AETNA Health of California, Inc.	4.64
UnitedHealthcare of California	4.58
Kaiser Permanente	4.50
Sharp Health Plan	3.97
San Francisco Community Health Authority	2.54

Note: In 2014, the DMHC database's default choice for coverage type was "Small Group". This resulted in an over-reporting of commercial product complaints and an under-reporting of Medi-Cal complaints.

Figure 6.8 DMHC Volume of Complaints by Date Closed in 2014

Month	2014 Volume
January	947
February	1,014
March	1,086
April	1,294
May	1,112
June	1,149
July	1,295
August	1,350
September	1,080
October	1,275
November	1,165
December	1,227

Figure 6.9 DMHC Average Resolution Time by Complaint Type

Complaint Type	Average Resolution Time
Complaint/Standard Complaint	30 days
Independent Medical Review	27 days
Urgent Nurse Case	9 days
Quick Resolution	7 days

Note: These figures detailing average resolution times are counted from the date that any initial information is received from a consumer.

Figure 6.10 DMHC Average Resolution Time by Product Type

Product Type	Average Resolution Time
POS	37 days
EPO	35 days
PPO	32 days
HMO	25 days
Unknown	6 day

Note: These figures detailing average resolution times are counted from the date that any initial information is received from a consumer.

Figure 6.11 DMHC Average Resolution Time by Source of Coverage

Source of Coverage	Average Resolution Time
Covered California/Exchange	32 days
Individual/Commercial	30 days
Medicare	28 days
Medi-Cal Managed Care	27 days
Medi-Cal Fee for Service	27 days
Medi-Cal/Medicare (CCI)	26 days
Group	26 days
COBRA	16 days
Unknown	13 days

Note: These figures detailing average resolution times are counted from the date that any initial information is received from a consumer.

Figure 6.12 DMHC Mode of Contact by Volume

Mode of Contact	Percent of Complaints
Mail	42.65%
Online	28.38%
Fax	15.51%
Telephone	12.87%
Email	0.58%
Counter/In-Person	0.01%

Figure 6.13 DMHC Number of Complaints by Source of Coverage

Source of Coverage	2014 Volume
Group	8,119
Individual/Commercial	3,035
Covered California/Exchange	1,076
Medi-Cal Managed Care	814
Unknown	641
Medicare	193
COBRA	78
Medi-Cal Fee for Service	33
Medi-Cal/Medicare	5

Figure 6.14 DMHC Percentages for Top 10 Complaint Reasons and Average Resolution Time

Complaint Reason	Percent of Complaints	Average Resolution Time
Medical Necessity Denial	17%	26 days
Co-Pay, Deductible, and Co-Insurance Issues	13%	26 days`
Dis/Enrollment	11%	20 days
Coverage Question	9%	27 days
Cancellation	8%	35 days
Out of Network Benefits	7%	30 days
Access to Care	6%	15 days
Provider Attitude and Service	5%	25 days
Experimental/Investigational Denial	4%	30 days
Pharmacy Benefits	3%	26 days

Note: These figures detailing average resolution times are counted from the date that any initial information is received from a consumer.

Figure 6.15 DMHC Volume of Complaints by Product Type

Product Type	2014 Percentage
HMO	67%
PPO	26%
EPO	3%
POS	1%
Unknown	3%

Figure 6.16 DMHC Complaint Results

Complaint Result	Volume	Percentage
Compromise Settlement/Resolution	6,247	45%
Claim Settled	1,526	11%
Overturned/Health Plan Position Overturned	566	4%
Upheld/Health Plan Position Substantiated	879	6%
Insufficient Information for Further Investigation	2,641	19%
Withdrawn/Complaint Withdrawn	1,747	12%
Referred to Other Division for Possible Disciplinary Action	279	2%
No Jurisdiction	68	0.49%
No Action Requested/Required	41	0.29%

Note: The total percentage does not equal 100% due to rounding.
The DMHC utilizes criteria to determine complaint outcomes that does not closely match the NAIC choices. Therefore, the data in this table may not accurately reflect complaint outcomes published by the DMHC.

Section 7 – California Department of Health Care Services Data Tables

Figure 7.1 DHCS Service Centers that Reported Inquiry Data to OPA

Service Center	Primary Audience	Consumer Assistance Role for Eligibility and Enrollment Complaints	Consumer Assistance Role for Health Care Delivery Complaints
Medi-Cal Managed Care Office of the Ombudsman	Medi-Cal managed care plan enrollees	Refers most to County, Health Care Options, and CDSS for Fair Hearing. Resolves limited requests made by county offices on behalf of beneficiaries (e.g., for those needing an urgent plan enrollment or disenrollment)	Refers to: Health Plan, CDSS for Fair Hearing, DMHC for IMR
Medi-Cal Telephone Service Center (Fiscal Intermediary Contractor-Xerox)	Medi-Cal fee-for-service providers and beneficiaries	Refers to County, Medicare, and Health Plan	Resolves some complaints regarding claims, billing, and certain other related issues
Medi-Cal Mental Health Ombudsman	Medi-Cal beneficiaries using mental health services	Refers to County and Health Care Options	Refers to: Provider, DHCS Managed Care Division, DHCS Fiscal Intermediary, CDSS for Fair Hearing, County
Denti-Cal Telephone Service Center (Dental Fiscal Intermediary Contractor-Delta Dental)	Medi-Cal beneficiaries with fee-for-service dental benefits	Refers to County	Resolves some dental services complaints

Figure 7.2 DHCS Combined Inquiry Volume by Month in 2014

Month	Telephone	Other Modes of Contact
January	87,258	1,365
February	82,100	1,317
March	100,477	1,583
April	113,113	1,675
May	114,725	1,536
June	127,055	1,711
July	142,943	2,103
August	123,432	2,533
September	121,058	2,939
October	123,237	3,328
November	101,865	2,855
December	108,896	3,364

Figure 7.3 DHCS Managed Care Ombudsman Beneficiary Inquiries in 2014

Month	Telephone	Email
January	7,756	1,316
February	7,412	1,297
March	7,155	1,545
April	10,044	1,634
May	11,549	1,503
June	11,353	1,678
July	10,505	2,059
August	11,468	2,478
September	11,391	2,727
October	12,161	3,224
November	9,447	2,744
December	11,696	3,210

Figure 7.4 DHCS Medi-Cal Managed Care Office of the Ombudsman – 2014 Telephone Metrics

Metric	Measurement	Reporting Entity Estimated Metric or Based on Data
Number of abandoned calls (incoming calls terminated by callers prior to reaching a Customer Service Representative - CSR)	Not available	Not available
Number of calls resolved by the IVR/phone system (caller provided and/or received information without involving a CSR)	Not available	Not available
Number of non-jurisdictional inquiry calls answered by a CSR	Not available	Not available
Average wait time to reach a CSR	Not tracked. Max allowable is 13 minutes on hold then call is routed to voicemail	Not available
Average length of talk time for jurisdictional complaints (time between a CSR answering and completing a call)	Not applicable	Not applicable
Average length of talk time for non-jurisdictional inquiries (time between a CSR answering and completing a call)	5-10 min	Estimated
Average number of CSRs available to answer calls (during Service Center hours)	10 permanent, 1 Limited-Term, 9 re-directed resources, 5 temporary staff	Data

Figure 7.5 DHCS Managed Care Ombudsman Top Ten Topics for Non-Jurisdictional Inquiries

Ranking	Inquiry Topic	Referred to
1 (most common)	Medi-Cal Eligibility	County Medi-Cal Office
2	Fair Hearings	California Department of Social Services
3	Social Security/ Medicare	Social Security Administration/ 1-800-Medicare
4	Medi-Cal Fee-For-Service	DHCS Fee-For-Service Help line
5	Estate Recovery	DHCS Estate Recovery
6	Other Health Coverage addition/ removal from record	DHCS Other Health Coverage Website
7	Covered California	Covered California
8	Independent Medical Review/ Commercial health plan (not Medi-Cal)	Department of Managed Health Care
9	Denti-Cal	Denti-Cal
10	Mental Health	County Mental Health office

Note: Ranking estimated by DHCS.

Figure 7.6 DHCS Managed Care Ombudsman Protocols

Protocol	Process	Timing (if applicable)
Non-Jurisdictional Referrals	Ombudsman analysts answer calls and emails and determine appropriate referral.	Referred as soon as the issue is determined to be non-jurisdictional
After-Hours Assistance	After-hours calls go to a voicemail system. Ombudsman analysts respond to emails and voicemails during regular business hours.	Response during regular business hours
Language Assistance	Not reported	

Figure 7.7 DHCS Mental Health Ombudsman 2014 Inquiries

Month	Telephone	Other Modes of Contact and Unknown
January	744	41
February	337	17
March	368	30
April	395	35
May	314	29
June	354	28
July	361	24
August	457	31
September	463	162
October	427	16
November	375	21
December	441	17

Figure 7.8 DHCS Mental Health Ombudsman – 2014 Telephone Metrics

Metric	Measurement	Reporting Entity Estimated Metric or Based on Data
Number of abandoned calls (incoming calls terminated by callers prior to reaching a Customer Service Representative - CSR)	283	Data
Number of calls resolved by the IVR/phone system (caller provided and/or received information without involving a CSR)	0	
Number of non-jurisdictional inquiry calls answered by a CSR	3,525	Estimated
Average wait time to reach a CSR	0	Data
Average length of talk time for jurisdictional complaints (time between a CSR answering and completing a call)	Not applicable	Not applicable
Average length of talk time for non-jurisdictional inquiries (time between a CSR answering and completing a call)	3 minutes	Estimated
Average number of CSRs available to answer calls (during Service Center hours)	3	Data

Figure 7.9 DHCS Mental Health Ombudsman Top Ten Topics for Non-Jurisdictional Inquiries

Ranking	Inquiry Topic	Referred to
1 (most common)	Status of Medi-Cal application	County Medi-Cal Office
2	Disenrollment	County Medi-Cal Office
3	Remove Hold	Managed Care Division
4	Enrollment	Health Care Options
5	Replace Beneficiary Identification Card	County Medi-Cal Office
6	Substance Use Disorders	County Social Services
7	Conservatorship	County Guardian Office
8	Prescriptions	Provider
9	Housing	County Social Services
10	Treatment Authorization Request (TAR)	Xerox (DHCS Fiscal Intermediary)

Note: Ranking estimated by DHCS.

Figure 7.10 DHCS Medi-Cal Telephone Service Center Beneficiary Inquiries in 2014

Month	Telephone
January	41,234
February	43,583
March	53,808
April	49,231
May	43,703
June	43,761
July	46,476
August	44,393
September	44,143
October	46,202
November	39,197
December	47,061

Figure 7.11 DHCS Medi-Cal Telephone Service Center – 2014 Telephone Metrics

Metric	Measurement	Reporting Entity Estimated Metric or Based on Data
Number of abandoned calls (incoming calls terminated by callers prior to reaching a Customer Service Representative - CSR)	61,837*	Data
Number of calls resolved by the IVR/phone system (caller provided and/or received information without involving a CSR)	1,798,398*	Data
Number of non-jurisdictional inquiry calls answered by a CSR	542,792	Data
Average wait time to reach a CSR	1:57	Data
Average length of talk time for jurisdictional complaints (time between a CSR answering and completing a call)	Not applicable	Not applicable
Average length of talk time for non-jurisdictional inquiries (time between a CSR answering and completing a call)	3:59	Data
Average number of CSRs available to answer calls (during Service Center hours)	65	Data

**The number of abandoned calls and the number of calls resolved by the IVR/phone system include calls from both Medi-Cal beneficiaries and Medi-Cal providers. The beneficiary data cannot be separated.*

Figure 7.12 DHCS Medi-Cal Telephone Service Center Top Ten Topics for Non-Jurisdictional Inquiries

Ranking	Inquiry Topic	Referred to
1 (most common)	Beneficiary Inquiry/Eligibility	County Office
2	Beneficiary Inquiry/Eligibility	Managed Care Plan
3	Beneficiary Inquiry/Eligibility	Denti-Cal
4	Beneficiary Inquiry/Eligibility	Medicare
5	Beneficiary Inquiry/Coverage	Pharmacy
6	Beneficiary Inquiry/Coverage	Medicare Part D
7	Beneficiary Inquiry/Coverage	Other Coverage
8	Provider Application Status	Provider Enrollment
9	Beneficiary Inquiry/Coverage	Low-Income Subsidy
10	Technical	Vendor

Note: Ranking by DHCS based on data.

Figure 7.13 DHCS Denti-Cal Beneficiary Telephone Service Center Inquiries in 2014

Month	Telephone
January	37,524
February	30,768
March	39,146
April	53,443
May	59,159
June	71,587
July	85,601
August	67,114
September	65,061
October	64,447
November	52,846
December	49,698

Figure 7.14 DHCS Denti-Cal Beneficiary Telephone Service Center - 2014 Telephone Metrics

Metric	Measurement	Reporting Entity Estimated Metric or Based on Data
Number of abandoned calls (incoming calls terminated by callers prior to reaching a Customer Service Representative - CSR)	100,670	Data
Number of calls resolved by the IVR/phone system (caller provided and/or received information without involving a CSR)	358,315	Data
Number of non-jurisdictional inquiry calls answered by a CSR	217,409	Data
Average wait time to reach a CSR	0:03:54	Data
Average length of talk time for jurisdictional complaints (time between a CSR answering and completing a call)	Not applicable	Not applicable
Average length of talk time for non-jurisdictional inquiries (time between a CSR answering and completing a call)	0:06:18	Data
Average number of CSRs available to answer calls (during Service Center hours)	74	Data

Figure 7.15 DHCS Denti-Cal Beneficiary Telephone Service Center Top Topics for Non-Jurisdictional Inquiries

Ranking	Inquiry Topic	Referred to
1 (most common)	Referrals	County Medi-Cal Office, etc.
2	General Program Information	Not available
3	Eligibility Question	Not available
4	Status of Service Request	Not available
5	Share of Cost	Not available
6	Beneficiary Reimbursement	Not available

Note: Rankings estimated by DHCS.

Figure 7.16 DHCS Denti-Cal Beneficiary Telephone Service Center Protocols

Protocol	Process	Timing (if applicable)
Non-Jurisdictional Referrals	Contractor telephone service representatives determine appropriate referral if possible during the initial call. If additional research is needed, the inquiry may be routed to an inquiry specialist, supervisor, or correspondence specialist for response.	Referred as soon as the issue is determined to be non-jurisdictional
After-Hours Assistance	Voicemail system for the Denti-Cal Beneficiary Telephone Service Center is checked daily by contractor staff	
Language Assistance	Delta Dental uses a contracted Language Line to assist in serving Denti-Cal beneficiaries with limited English proficiency	

Figure 7.17 Medi-Cal Fair Hearing Standards

Complaint Process	Primary Unit(s) Responsible and Role	Time Standard (if applicable)	Average Resolution Time in 2014
State Fair Hearing	*CDSS State Hearings Division:* Conducts hearings on Medi-Cal appeals. Administrative Law Judges make decisions.	90 days from the hearing request date	77 days (Managed Care) 31 days (Dental) 66 days (Mental Health)
Urgent Clinical	Cases involving urgent clinical issues may qualify for an expedited Fair Hearing process.	Not reported	Not reported

Note: State Fair Hearing time standard from All County Letter 14-14 issued by CDSS on 2/7/14.

Figure 7.18 DHCS Managed Care Top 10 Health Plan Complaint Ratios Complaints per 10,000 Enrollment

Plan Type	Health Plan and County	Complaint Ratio
GMC	Molina Healthcare of California Partner, San Diego County	10.03
GMC	Anthem Blue Cross Partnership Plan, Sacramento County	6.76
GMC	Health Net Community Solutions, Inc., Sacramento County	6.17
Two-Plan	San Francisco Health Plan, San Francisco County	4.95
Two-Plan	L.A. Care Health Plan, Los Angeles County	4.91
GMC	Health Net Community Solutions, Inc., Los Angeles County	4.59
COHS	Partnership HealthPlan of California, Sonoma County	4.48
Two-Plan	Contra Costa Health Plan, Contra Costa County	4.29
Two-Plan	Santa Clara Family Health Plan, Santa Clara County	4.22
Two-Plan	Inland Empire Health Plan, San Bernardino County	3.33

Note: Displayed health plans have over 70,000 enrollees

7.19 DHCS Dental Plan Complaint Ratios

Dental Plan	Complaint Ratio
Health Net of California, Inc. – Dental	1.63
Delta Dental of California	1.22
Liberty Dental Plan of California, Inc.	0.19
Access Dental Plan	0.16

7.20 DHCS Medi-Cal Volume of Complaints by Date Closed in 2014

Month	Volume
January	173
February	214
March	244
April	335
May	255
June	269
July	317
August	265
September	304
October	348
November	250
December	317

7.21 DHCS Dental Volume of Complaints by Date Closed in 2014

Month	Volume
January	45
February	70
March	50
April	71
May	73
June	68
July	116
August	143
September	209
October	153
November	107
December	179

7.22 DHCS Mental Health Volume of Complaints by Date Closed in 2014

Month	Volume
January	0
February	2
March	0
April	0
May	1
June	3
July	0
August	1
September	1
October	2
November	0
December	4

Figure 7.23 DHCS Medi-Cal Volume of Complaints by County

County	Complaint Volume
Los Angeles	1,249
San Diego	270
Sacramento	239
San Bernardino	188
Orange	171
Riverside	157
Santa Clara	101
Alameda	79
Contra Costa	70
San Francisco	69
Fresno	66
Kern	58
Shasta	56
Sonoma	36
Stanislaus	36
Tulare	36
San Joaquin	32
Lake	27
Solano	27
Humboldt	23
Ventura	21
San Mateo	18
Butte	17
El Dorado	17
Madera	17
Merced	17
Kings	15
Yolo	15
Mendocino	14
Monterey	14
Marin	11
Santa Barbara	11
Imperial	10

Note: Counties not shown, which each received fewer than ten complaints, are: Amador, Calaveras, Colusa, Del Norte, Glenn, Inyo, Lassen, Mariposa, Modoc, Napa, Nevada, Placer, San Benito, San Luis Obispo, Santa Cruz, Siskiyou, Sutter, Tehama, Trinity, Tuolumne, and Yuba.

Figure 7.24 DHCS Medi-Cal Number of Complaints by Source of Coverage

Source of Coverage	Volume
Medi-Cal Managed Care	2,790
Medi-Cal Fee for Service	471
Medi-Cal/Medicare (CCI)	27
Unknown	3

Figure 7.25 DHCS Dental Number of Complaints by Source of Coverage

Source of Coverage	Volume
Medi-Cal Fee for Service	1,234
Medi-Cal Managed Care	50

Figure 7.26 DHCS Managed Care Volume of Complaints by Product Types

Product Type	Volume
Medi-Cal Managed Care: Two Plan Model	1,764
Medi-Cal Managed Care: COHS Model	509
Unknown	473
Medi-Cal Managed Care: GMC Model	437
Medi-Cal Managed Care: Other Models	84
Medi-Cal Coordinated Care (CCI)	24

Figure 7.27 DHCS Medi-Cal Complaint Reasons by Percentage

Complaint Reasons	Percentage
Quality of Care	90.64%
Plan Subcontractor/Provider Billing/Reimbursement Issue	5.24%
Dis/Enrollment	2.30%
Other	0.97%
Access to Care	0.58%
Co-Pay, Deductible, and Co-Insurance Issues	0.12%
Unknown	0.09%
No response to filed grievance/not allowed to file/unhappy with result	0.03%
Continuity of Care	0.03%

Note: The total number of complaints submitted by DHCS Medi-Cal is 3,291. The number of complaint reasons exceeds the total number of complaints because some consumer complaints involved more than one issue.

Figure 7.28 DHCS Dental Complaint Reasons by Percentage

Complaint Reasons	Percentage
Unknown	49.65%
Dental Scope of Benefits	47.94%
Claim Denial	2.18%
Eligibility Determination	0.16%
Co-Pay, Deductible, and Co-Insurance Issues	0.08%

Note: The total number of complaints submitted by DHCS Dental is 1,284. The number of complaint reasons exceeds the total number of complaints because some consumer complaints involved more than one issue.

Figure 7.29 DHCS Mental Health Complaint Reasons by Percentage

Complaint Reasons	Percentage
Denial of Specialty Mental Health Services by Mental Health Plan	50%
Unknown	35.71%
Claim Denial	7.14%
Other	7.14%

Figure 7.30 DHCS Medi-Cal Percentage of Complaint Reason and Average Resolution Times

Complaint Reasons	Percent of Complaints	Average Resolution Time
Quality of Care	90.64%	77 days
Plan Subcontractor/Provider Billing/Reimbursement Issue	5.24%	67 days
Dis/Enrollment	2.30%	105 days
Other	0.97%	58 days
Access to Care	0.58%	76 days
Co-Pay, Deductible, and Co-Insurance Issues	0.12%	53 days
Unknown	0.09%	72 days
Continuity of Care	0.03%	92 days
No response to filed grievance/not allowed to file/unhappy with result	0.03%	40 days

Note: The total number of complaints displayed in the chart above represents 3,303 total complaint reasons. The total number of complaints submitted by DHCS Medi-Cal is 3,291. The number of complaint reasons exceeds the total number of complaints because some consumer complaints involved more than one issue.

Figure 7.31 DHCS Dental Percentage of Complaint Reasons and Average Resolution Time

Complaint Reasons	Percent of Complaints	Average Resolution Time
Co-Pay, Deductible, and Co-Insurance Issues	0.08%	35 days
Dental Scope of Benefits	47.94%	32 days
Unknown	49.65%	30 days
Eligibility Determination	0.16%	29 days
Claim Denial	2.18%	26 days

Note: The total number of complaints displayed in the chart above represents 1,285 total complaint reasons. The total number of complaints submitted by DHCS Dental is 1,284. The number of complaint reasons exceeds the total number of complaints because some consumer complaints involved more than one issue.

Figure 7.32 DHCS Mental Health Percentage of Complaint Reasons and Average Resolution Time

Complaint Reasons	Percent of Complaints	Average Resolution Time
Denial of Specialty Mental Health Services by Mental Health Plan	50%	76 days
Other	7.14%	67 days
Unknown	35.71%	56 days
Claim Denial	7.14%	47 days

Figure 7.33 DHCS Managed Care Average Resolution Time by Product Type

Product Type	Average Resolution Time
Medi-Cal Managed Care: Other Models	121 days
Medi-Cal Coordinated Care (CCI)	97 days
Medi-Cal Managed Care: Two Plan Model	79 days
Unknown	77 days
Medi-Cal Managed Care: COHS Model	74 days
Medi-Cal Managed Care: GMC Model	66 days

Figure 7.34 DHCS Medi-Cal Average Resolution Time by Source of Coverage

Source of Coverage	Average Resolution Time
Medi-Cal/Medicare	97 days
Medi-Cal Fee-for-Service	77 days
Medi-Cal Managed Care	77 days
Unknown	64 days

Figure 7.35 DHCS Dental Average Resolution Time by Source of Coverage

Source of Coverage	Average Resolution Time
Medi-Cal Managed Care	39 days
Medi-Cal Fee-for-Service	31 days

Figure 7.36 DHCS Medi-Cal Complaint Results

Complaint Result	Volume	Percentage
Compromise Settlement/Resolution	9	0.3%
Overturned/Health Plan Position Overturned	593	18%
Upheld/Health Plan Position Substantiated	723	22%
Unknown	26	0.8%
No Action Requested/Required	821	25%
Withdrawn/Complaint Withdrawn	1,119	34%

Note: The total percentage does not equal 100% due to rounding

Figure 7.37 DHCS Dental Complaint Results

Complaint Results	Volume	Percentage
Overturned/Health Plan Position Overturned	54	4.2%
Upheld/Health Plan Position Substantiated	407	31.7%
No Action Requested/Required	195	15.2%
Withdrawn/Complaint Withdrawn	628	48.9%

Figure 7.38 DHCS Mental Health Complaint Results

Complaint Results	Volume	Percentage
Overturned/Health Plan Position Overturned	3	21.43%
Upheld/Health Plan Position Substantiated	6	42.86%
No Action Requested/Required	3	21.43%
Withdrawn/Complaint Withdrawn	2	14.29%

Note: The total percentage does not equal 100% due to rounding

Section 8 – California Department of Insurance Data Tables

Figure 8.1 CDI 2014 Consumer Assistance Volume

Month	Telephone	Mail and Online (Written)
January	3,220	1,137
February	2,219	1,019
March	2,480	1,008
April	2,315	1,152
May	1,966	1,026
June	2,050	927
July	2,039	962
August	1,917	807
September	1,848	728
October	2,142	779
November	1,737	613
December	2,140	755

Figure 8.2 CDI Consumer Services Division – 2014 Telephone Metrics

Metric	Measurement	Reporting Entity Estimated Metric or Based on Data
Number of abandoned calls (incoming calls terminated by callers prior to reaching a Customer Service Representative - CSR)	1,177 Introductory message recording filters out calls intended for insurers and provides information to callers that often makes talking to a CSR unnecessary. These are considered abandoned calls.	Data
Number of calls resolved by the IVR/phone system (caller provided and/or received information without involving a CSR)	1,403	Data
Number of non-jurisdictional inquiry calls answered by a CSR	7,872	Data
Average wait time to reach a CSR	0:15	Data
Average length of talk time for jurisdictional complaints (time between a CSR answering and completing a call)	5:06 (*)	Data
Average length of talk time for non-jurisdictional inquiries (time between a CSR answering and completing a call)	5:06 (*)	Data
Average number of CSRs available to answer calls (during Service Center hours)	Varies based on need	

Note: (*) The CDI system does not differentiate the average talk time between jurisdictional and non-jurisdictional calls. In addition, in order to provide best practice customer service, secondary health officers are added to the health queue depending upon volume of calls received. The data also does not reflect time spent by officer to verify jurisdiction and return call to consumer. Stats reflect time of consumer initial contact only.

Figure 8.3 CDI top Ten Complaint Reasons by Percentage

Top Ten Complaint Reasons	Percentage
Claim Denial	24%
Unsatisfactory Settlement Offer	11%
Medical Necessity Denial	7%
Out of Network Benefits	6%
Cancellation	6%
Premium Notice/Billing	5%
Co-pay, Deductible, and Co-Insurance Issues	5%
Experimental	4%
Claim Delay	4%
Unsatisfactory Refund of Premium	3%

Note: Many consumer complaints involve more than one issue, possibly resulting in higher percentages.

Figure 8.4 CDI Non-Jurisdictional Inquiries

Ranking	Inquiry Topic	Referred to
1 (most common)	Claim Denial	Department of Managed Health Care (DMHC) U.S. Department of Labor (DOL) Centers for Medicare and Medicaid Services (CMS) California Public Employees' Retirement System (CalPERS) Medi-Cal Various Departments of Insurance (DOIs)
2	Copay/Out-of-Pocket Charges	DMHC DOL CMS
3	Out-of-Network Benefits/ Usual, Customary, and Reasonable Charges	DMHC
4	Cancellation	Covered California DMHC
5	Enrollment	Covered California CMS DMHC
6	Premium/Billing	DMHC Various DOIs
7	Claim Handling Delays	DMHC DOL CMS Various DOIs
8	Policyholder Service	Covered California DMHC

Ranking	Inquiry Topic	Referred to
9	Preventive Care	DMHC DOL Various DOIs
10	Provider Directory	Covered California DMHC

Note: Ranking estimated by CDI.

Figure 8.5 CDI Complaint Standards

Complaint Process	Primary Unit(s) Responsible and Roles	Time Standard (if applicable)	Average Resolution Time in 2014
Standard Complaint	*Consumer Communications Bureau:* Assistance to callers *Health Claims Bureau and Rating and Underwriting Services Bureau:* Compliance officers respond to written complaints *Consumer Law Unit:* Legal review (if needed)	30 working days, or 60 days (if reviewed concurrently with health plan level review)	73 days Calculation includes time for regulatory review (average 30 days) after the case is closed to the consumer complainant
Independent Medical Review (IMR)	*Consumer Communications Bureau:* Assistance to callers *Health Claims Bureau*: Intake and casework *IMR Organization (contractor-MAXIMUS):* Case review and decision *Consumer Law Unit:* Legal review (if needed)	30 working days, or 60 days (if reviewed concurrently with health plan level review)	68 days Calculation includes time for regulatory review (average 30 days) after the case is closed to the consumer complainant. Calculation also includes cases that met urgent clinical criteria.
Urgent Clinical	CDI compliance officers handle case intake and initiate expedited IMRs *IMR Organization (contractor–MAXIMUS):* Case review and decision	IMR: 3 days	Not available

Figure 8.6
CDI Other Protocols

Protocol	Process	Timing (if applicable)
Non-Jurisdictional Referrals	Consumer Communications Bureau compliance officers try to establish jurisdiction during the initial phone contact and make an immediate referral if needed. For calls referred to DMHC (CDI's most common referral), CDI uses a warm transfer to connect the caller to the DMHC Help Center. If jurisdiction cannot be easily determined, compliance officers contact the insurance company to obtain information needed to review a complaint or make an appropriate referral.	As soon as possible after jurisdiction determined and appropriate referral identified
After-Hours Assistance	Interactive Voice Response system allows callers to leave a phone message. Complaints filed online anytime to initiate a Standard Complaint or IMR process.	Voicemails left by consumers returned next business day
Language Assistance	CDI utilizes bilingual staff and a contracted Language Line to provide interpreter services when needed.	CDI connects to the Language Line as needed

Figure 8.7 CDI Health Plan Complaint Ratios Complaints per 10,000 Enrollment

Plan Name	Ratio
Anthem Blue Cross Life And Health Insurance Company, Individual/Commercial	47.64
Anthem Blue Cross Life And Health Insurance Company, Group	21.04
Blue Shield of California Life & Health Insurance Company, Group	15.42
Health Net Life Insurance Company, Group	15.05
UnitedHealthCare Insurance Company, Group	8.45
Aetna Life Insurance Company, Group	7.07
Cigna Health And Life Insurance Company, Group	2.69
BCS Insurance Company, Group	0.04

Note: Many consumer complaints involve more than one issue, possibly resulting in higher complaint ratios.

Figure 8.8 CDI Volume of Complaints by Date Closed in 2014

Month	Volume
January	425
February	356
March	368
April	463
May	427
June	333
July	303
August	238
September	304
October	325
November	255
December	282

Figure 8.9 CDI Average Resolution Time by Complaint Type

Complaint Type	Average Resolution Time
Complaint/Standard Complaint	73 days
Independent Medical Review	68 days

Figure 8.10 CDI Average Resolution Time by Source of Coverage

Source of Coverage	Average Resolution Time
Individual/Commercial	73 days
Group	70 days

Figure 8.11 CDI Mode of Contact by Volume

Mode of Contact	Complaint Percent
Mail	72%
Online	20%
Telephone	8%

Figure 8.12 CDI Percentage of Top 10 Complaint Reasons and Corresponding Average Resolution Time

Complaint Reason	Complaint Percent	Average Resolution Time
Claim Denial	24%	75 days
Unsatisfactory Settlement/Offer	11%	76 days
Medical Necessity Denial	7%	76 days
Out of Network Benefits	6%	66 days
Cancellation	6%	92 days
Premium Notice/Billing	5%	53 days
Co-pay, Deductible, and Co-Insurance Issues	5%	66 day
Experimental	4%	60 days
Claim Delay	4%	50 days
Unsatisfactory Refund of Premium	3%	49 days

Note: Many consumer complaints involve more than one issue, possibly resulting in higher percentages. CDI complaint duration period reflects the date from initial receipt of complaint to final regulatory review period, which is 30 days on average. Generally, other reporting entities complete regulatory review after the case is closed to the complainant.

Figure 8.13 CDI Top 10 Complaints by Product Type 2014

Product Type	Volume
Health Only	3,117
Dental with Major Medical	482
Small Group	318
Large Group	281
Grandfathered	162
Mental Health	156
Medicare Supplement	116
Limited Benefits	78
Exchange	62
Cancer/Dread Disease	53

Figure 8.14 CDI Top 10 Complaint Results

Complaint Results	Volume	Percentage
Consumer's Money Returned	1,004	16.61%
Advised Complainant	402	6.65%
Claim Settled	199	3.29%
Additional Payment	187	3.09%
Compromise Settlement/Resolution	124	2.05%
Health Plan in Compliance	442	7.31%
Health Plan Position Substantiated	1,651	27.32%
Other	271	4.48%
Question of Fact/Contract/Law Falls Outside Regulator	1,196	19.80%

Note: The Top 10 Complaint Results are displayed above. The remainder of complaint results (2%) and under is not shown.

Section 9 – Covered California Data Tables

Figure 9.1 Covered California 2014 Consumer Assistance Volume

Month	Telephone	Online Chat	Other: SHOP
January	327,721	110,454	0
February	308,007	71,970	7,215
March	439,122	134,003	17,013
April	357,687	74,869	20,996
May	221,232	19,366	20,062
June	200,749	17,538	19,723
July	217,174	19,259	20,380
August	222,754	29,152	23,729
September	238,789	32,278	26,443
October	259,472	25,978	28,576
November	337,911	44,887	21,982
December	408,979	54,022	44,578

Figure 9.2 Covered California Service Center – 2014 Telephone Metrics

Metric	Measurement	Reporting Entity Estimated Metric or Based on Data
Number of abandoned calls (incoming calls terminated by callers prior to reaching a Customer Service Representative - CSR)	Not reported*	Based on Customer Relationship Management system data
Number of calls resolved by the IVR/phone system (caller provided and/or received information without involving a CSR)	Not available	Data is not available for Calendar Year 2014, significant IVR improvements were made in Nov./Dec. 2014 to provide this information
Number of non-jurisdictional inquiry calls answered by a CSR	Not available	Data is not available
Average wait time to reach a CSR	23:02:00	Average Speed of Answer
Average length of talk time for jurisdictional complaints (time between a CSR answering and completing a call)	Not available	This data is not available
Average length of talk time for non-jurisdictional inquiries (time between a CSR answering and completing a call)	Not available	This data is not available
Average number of CSRs available to answer calls (during Service Center hours)	1,488	By the end of 2014: 1,488 Full Time Service Center staff; 229 other staff related to Service Centers

Note: **Covered California indicated that service center information is reported at Monthly Board Meetings.*

Figure 9.3 Covered California Complaint Reasons by Percentage

Complaint Reasons	Percentage
Denial of Covered California Coverage	85%
Eligibility Determination	13%
Cancellation	2%

Figure 9.4 Covered California Non-Jurisdictional Inquiries

Ranking	Inquiry Topic	Referred to
1 (most common)	Status of enrollment	Covered California DHCS/Counties (if Medi-Cal related) Health Plan Providers
2	Application assistance	Covered California DHCS/Counties (if Medi-Cal related) Health Plan Providers
3	Eligibility or disenrollment	Covered California DHCS/Counties (if Medi-Cal related) Health Plan Providers

Note: Ranking estimated by Covered California.

Figure 9.5
Covered California Complaint Standards

Complaint Process	Primary Unit(s) Responsible and Role	Time Standard (if applicable)	Average Resolution Time in 2014
Service Center Complaint	*Service Center staff*: Phone representatives provide assistance to callers and escalate issues they cannot resolve to a supervisor. Service center staff or supervisors route calls as needed. *Covered California subject matter experts, customer resolution teams, or Back Office staff:* Casework and resolution of escalated issues that are not appeals.	Not reported	Not reported
Covered California Appeals Informal Resolution	*Covered California Appeals staff*: Review new appeals and provide assistance to consumers and resolve the appeal informally when possible.	Up to 45 days from the date the appeal was filed	Not reported
State Fair Hearing	*CDSS State Hearings Division:* Conducts hearings on Covered California eligibility appeals. Administrative Law Judges make decisions.	No later than 90 days from the date the hearing request was filed	40 days

Complaint Process	Primary Unit(s) Responsible and Role	Time Standard (if applicable)	Average Resolution Time in 2014
Urgent Clinical	*Covered California staff:* The Service Center escalates certain non-appeal cases involving consumers with urgent access to care issues to the External Coordination Unit to address. *CDSS State Hearings Division:* For State Fair Hearing appeals, grants expedited appeal status on certain cases involving consumers with urgent clinical issues.	Not reported	Not reported

Note: State Fair Hearing time standard from All County Letter 14-14 issued by CDSS on 2/7/14.

Figure 9.6 Covered California Other Protocols

Protocol	Process	Timing (if applicable)
Non-Jurisdictional Referrals	Service Center representatives use a "Quick Sort" calculator and other records to identify consumers who are likely Medi-Cal eligible or have an existing Medi-Cal case and transfer these callers to county offices using established procedures. Consumers with health care delivery problems are referred to health plans and/or regulatory agencies to resolve their issues.	Not reported
After-Hours Assistance	Not reported	Not reported
Language Assistance	Callers to the main public line have the option to select their language through an Interactive Voice Response system. Covered California has dedicated public phone lines for Arabic, Armenian, Chinese, Farsi, Hmong, Khmer, Korean, Lao, Russian, Spanish, Tagalog, and Vietnamese. Service Center representatives use a contracted language line to provide interpreter services if internal bilingual staff are not available. For calls transferred to the counties, the language line interpreter remains on the call or the county engages its own language line if needed.	As needed

Figure 9.7 Covered California Volume of Complaints by Date Closed in 2014

Month	2014 Volume
January	62
February	128
March	192
April	225
May	472
June	515
July	495
August	461
September	326
October	521
November	435
December	534

Figure 9.8 Covered California Average Resolution Time by Product Type

Product Type	Average Resolution Time
Catastrophic	50 days
Gold	49 days
Bronze	47 days
Silver	46 days
Unknown	46 days
Platinum	43 days

Figure 9.9 Covered California Volume of Complaints by County

County	Complaint Volume
Los Angeles	1,027
Unknown	564
San Diego	406
Orange	322
Riverside	200
Santa Clara	196
Alameda	183
San Bernardino	145
Sacramento	134
San Francisco	123
Contra Costa	95
Ventura	85
San Mateo	76
Sonoma	70
San Joaquin	67
Fresno	57
Santa Barbara	53
Santa Cruz	47
Stanislaus	45
Kern	41
Marin	40
Monterey	35
Placer	35
El Dorado	32
Tulare	29
Merced	26
San Luis Obispo	25
Solano	25
Butte	23
Nevada	19
Madera	17
Humboldt	16
Mendocino	11
Tehama	10
Yolo	10

Note: Counties not shown, which each received fewer than ten complaints, are: Alpine, Amador, Calaveras, Colusa, Del Norte, Glenn, Imperial, Inyo, Kings, Lake, Lassen, Mariposa, Modoc, Mono, Plumas, San Benito, Shasta, Sierra, Siskiyou, Sutter, Trinity, Tuolumne, and Yuba.

Figure 9.10 Covered California Volume of Complaints by Primary Language

Language	Complaint Volume
English	3,384
Spanish	220
Other	120

Figure 9.11 Covered California Percentage of Complaint Reasons and Average Resolution Time

Top Ten Complaint Reasons	Percent of Complaint Reasons	Average Resolution Time
Denial of Covered California Coverage	85%	47 days
Eligibility Determination	13%	39 days
Cancellation	2%	48 days

Figure 9.12 Covered California Volume of Complaints by Product Type

Product Type	Percentage
Silver	46%
Unknown	26%
Bronze	14%
Gold	6%
Platinum	7%
Catastrophic	1%

Figure 9.13 Covered California Complaint Results

Complaint Results	Volume	Percentage
Covered CA Position Overturned	755	17%
Compromise Settlement/Resolution	608	14%
Upheld/Covered CA Position Substantiated	279	6%
No Action Requested/Required	604	14%
Withdrawn/Complaint Withdrawn	2,120	49%