Office of the Patient Advocate

Data Tables for MY15 Complaint Report

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Section 3 – Statewide Data Tables

Figure 3.1 Reporting Entity Plans, Enrollment, and Complaints

Reporting Entity	Number of Plans with at Least One Complaint	Total Number of Enrollees	Number of Complaints
DMHC	68	55,925,968	17,737
DHCS	89	13,439,444	6,740
CDI	112	2,158,334	3,209
Covered California	Not Applicable	1,318,193	6,150

Note: DHCS has 22 health plan contracts. The health plans have 89 health plan service areas which had at least one complaint from the total of 13,439,444 enrollment in 2015. The data in this table may not reflect outcomes published by the DHCS. The 2015 DHCS enrollment total does not include dental enrollment.

Figure 3.2 Consumer Assistance Service Centers Listed by Reporting Entity
See complete report for service center hours and contact information.

Figure 3.3 Statewide Consumer Requests for Assistance 2014 and 2015 Volumes

Reporting Entity	2014 Requests for Assistance	2015 Requests for Assistance
DMHC	109,760	171,597
DHCS	1,377,057	1,463,029
CDI	36,986	45,882
Covered California	4,424,070	5,397,086

Note: The DMHC utilizes criteria to determine request for assistance that does not closely match OPA. Therefore, the data in this table may not reflect outcomes published by the DMHC.

Figure 3.4 Statewide Inquiry Volumes in 2014 and 2015

Reporting Entity	2014 Inquiries	2015 Inquiries
DMHC	95,766	153,860
DHCS	1,372,468	1,456,289
CDI	32,907	42,673
Covered California	4,419,704	5,390,936

Figure 3.5 Statewide Complaint Volumes in 2014 and 2015

Reporting Entity	2014 Complaints	2015 Complaints
DMHC	13,994	17,737
DHCS	4,589	6,740
CDI	4,079	3,209
Covered California	4,366	6,150

Note: The DMHC utilizes criteria to determine complaints that does not closely match OPA. Therefore, the data in this table may not reflect outcomes published by the DMHC.

Figure 3.6 Statewide Volume of Complaints by Date Closed in 2014 and 2015

Month	2014 Volume	2015 Volume
January	1,652	2,056
February	1,784	2,480
March	1,940	3,446
April	2,388	3,026
May	2,340	2,173
June	2,337	2,347
July	2,526	2,474
August	2,458	2,740
September	2,224	3,134
October	2,624	3,474
November	2,212	3,109
December	2,543	3,377

Figure 3.7 Statewide Top 5 Complaint Reasons for 2014 and 2015

Complaint Reasons	2014 Percentage	2015 Percentage
Medical Necessity Denial	10%	12%
Denial of Coverage	13%	12%
Cancellation	6%	10%
Pharmacy Benefits	2%	8%
Co-pay, Deductible, and Co-Insurance Issues	7%	7%

Note: The complaint reasons represented here are the top five complaint reasons for 2015 and the distribution of those same complaint reasons in the 2014 data; they are not necessarily the top five complaint reasons in 2014.

Figure 3.8 Statewide Complaints by Language Percentage

Language	Percent of Complaints
English	77%
Spanish	3%
Other	2%
Refused/Unknown	18%

Note: Other include: Arabic, Armenian, Cambodian, Cantonese, Farsi, Hmong, Japanese, Korean, Mandarin, Other, Other Chinese, Russian, Tagalog, and Vietnamese.

Figure 3.9 Statewide Top 10 Complaint Reasons for Primary Language: English

Complaint Reason	Volume
Denial of Coverage	3,616
Medical Necessity Denial	3,593
Cancellation	3,037
Co-pay, Deductible, and Co-Insurance Issues	2,411
Dis/Enrollment	1,707
Pharmacy Benefits	1,340
Coverage Question	1,309
Out of Network Benefits	1,291
Provider Attitude and Service	979
Experimental/Investigational Denial	902
Total	20,185

Figure 3.10 Statewide Top 10 Complaint Reasons for Primary Language: Spanish

Complaint Reason	Volume
Cancellation	193
Denial of Coverage	187
Dis/Enrollment	111
Quality of Care	102
Eligibility Determination	99
Pharmacy Benefits	49
Medical Necessity Denial	49
Out of Network Benefits	39
Co-pay, Deductible, and Co-Insurance Issues	39
Provider Attitude and Service	24
Claim Denial	22
Billing/Reimbursement Issue	22
Access to Care	15
Total	951

Figure 3.11 Statewide Top 10 Complaint Reasons for Primary Language: Other Languages

Complaint Reason	Volume
Denial of Coverage	167
Dis/Enrollment	103
Quality of Care	96
Cancellation	53
Pharmacy Benefits	43
Claim Denial	39
Eligibility Determination	37
Medical Necessity Denial	30
Co-pay, Deductible, and Co-Insurance Issues	22
Out of Network Benefits	16
Total	606

Figure 3.12 Statewide Top 10 Complaint Reasons for Language: Unknown or Refused

Complaint Reasons	Volume
Pharmacy Benefits	1,493
Scope of Benefits	1,194
Claim Denial	962
Medical Necessity Denial	632
Denial of Coverage	322
Unsatisfactory Settlement/Offer	271
Quality of Care	261
Dis/Enrollment	236
Out of Network Benefits	176
Experimental	162
Total	5,709

Figure 3.13 Statewide Descending Volume of Jurisdictional and Non-Jurisdictional Product Types

Reporting Entity	Product Types Reported, by Descending Volume
DMHC	HMO, PPO, Medi-Cal Managed Care, EPO, Unknown, POS, Medi-Cal Fee for Service
DHCS	Medi-Cal Managed Care, Medi-Cal Fee for Service, Dental, Medi-Cal Coordinated Care (CCI), Mental Health, Long Term Care: SCAN, Unknown
CDI	Health Only, Large Group, Small Group, Stand Alone Dental, Grandfathered, Mental Health, Medicare Supplement, Pharmacy Benefits, Exchange, Bronze, Limited Benefits, Dental, Autism/PDD, Silver, Platinum, Student Health, Gold, Cancer/Dread Disease, Vision, Hospital Indemnity, Short Term Limited Duration Policy, Catastrophic, Child Only, Home Health Care, Chiropractic, Other
Covered California	Silver, Unknown, Bronze, Gold, Platinum, Catastrophic

Figure 3.14 Statewide Top 10 Complaint Results

Complaint Results	Volume
Upheld/Health Plan Position Substantiated	11,149
Withdrawn/Complaint Withdrawn	5,994
Compromise Settlement/Resolution	4,929
Insufficient Information	3,802
Overturned/Health Plan Position Overturned	3,149
Consumer Received Requested Service	2,475
No Action Requested/Required	2,227
Referred To Other Division For Possible Disciplinary Action	1,411
Health Plan in Compliance	1,094
Recovery	1,050

Figure 3.15 Statewide Top 10 Complaint Results 2014 and 2015

Complaint Result	2014 Percentage	2015 Percentage
Upheld/Health Plan Position Substantiated	14%	28%
Withdrawn/Complaint Withdrawn	19%	15%
Compromise Settlement/Resolution	24%	12%
Insufficient Information	9%	10%
Overturned/Health Plan Position Overturned	7%	8%
Consumer Received Requested Service	0%	6%
No Action Requested/Required	6%	6%
Referred To Other Division For Possible Disciplinary Action	1%	4%
Health Plan in Compliance	2%	3%
Recovery	3%	3%

Note: New complaint results in 2015 is due to addition and standardization of complaint results in 2015. The complaint reasons represented here are the top ten complaint results for 2015 and the distribution of those same complaint results in the 2014 data; they are not necessarily the top ten complaint results in 2014.

Section 4 – Department of Managed Health Care Data Tables

Figure 4.1 DMHC Requests for Assistance

Month	2014 Volume	2015 Volume
January	9,429	15,805
February	8,524	17,068
March	9,055	17,497
April	11,500	16,065
May	10,280	13,087
June	9,310	14,457
July	10,457	14,149
August	8,931	13,181
September	8,938	12,433
October	8,788	12,841
November	6,251	12,333
December	8,297	12,681

Figure 4.2 DMHC Help Center – 2015 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) Abandoned Calls are the ones that abandon after being Queued. These do not include calls contained in the IVR.	16,946	Data
Number of calls resolved by the IVR/phone system (caller provided and/or received information without involving a CSR)	70,822	Data
Number of jurisdictional inquiry calls	53,372	Data
Number of non-jurisdictional calls	14,183	Data
Average number of calls received per jurisdictional complaint case	0.27 status check calls per complaint case	Data
Average wait time to reach a CSR	10:53	Data
Average length of talk time (time between a CSR answering and completing a call)	5:59	Data
Average number of CSRs available to answer calls (during Service Center hours)	on average 15.5 agents (full-time equivalent)	Estimate

Figure 4.3 DMHC Top 10 Complaint Reasons by Percentage for 2014 and 2015

Top Ten Complaint Reasons	2014 Percentage	2015 Percentage
Medical Necessity Denial	17%	20%
Cancellation	8%	14%
Co-Pay, Deductible, and Co-Insurance Issues	13%	13%
Coverage Question	9%	7%
Out of Network Benefits	7%	7%
Provider Attitude and Service	5%	6%
Dis/Enrollment	11%	6%
Experimental/Investigational Denial	4%	5%
Pharmacy Benefits	3%	4%
Access to Care	6%	3%

Note: The complaint reasons represented here are the top ten complaint reasons for 2015 and the distribution of those same complaint reasons in the 2014 data; they are not necessarily the top ten complaint reasons in 2014.

Figure 4.4 DMHC Help Center Non-Jurisdictional Inquiries

Ranking	Inquiry Topic	Referred to
1 (most common)	General Inquiry/Info	Department of Health Care Services (DHCS) Centers for Medicare and Medicaid Services (CMS) Covered California California Department of Insurance (CDI)
2	Covered California	Covered California
3	Enrollment Disputes	DHCS Covered California CMS U.S. Department of Labor (DOL)
4	Claims/Financial	CDI CMS DHCS DOL Out of State Department of Insurance (DOI)
5	Coverage/Benefits Disputes	DHCS CMS Covered California CDI
6	Access Complaints	DHCS CMS
7	Coordination of Care	CMS DHCS
8	Provider Service/Attitude	Department of Consumer Affairs California Department of Public Health (CDPH) CMS DHCS
9	Plan Service/Attitude	CMS DHCS
10	Appeal of Denial - IMR	CDI DOL

Note: Ranking by DMHC based on data.

Figure 4.5 DMHC Help Center Complaint Standards

Complaint Process	Primary Unit(s) Responsible and Role	Time Standard (if applicable)	Average Resolution Time in 2015
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	39 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	26 days Calculation includes time prior to the completion of the IMR application
Urgent Clinical	*Call Center:* 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:* Intake and routing *DMHC clinical staff:* Casework	Standard Complaint or IMR process used if the quick resolution is not possible	6 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 4.6 DMHC Top 10 Health Plan Complaint Ratios 2014 and 2015 Complaints per 10,000 Enrollment

Health Plan	2014 Ratio	2015 Ratio
Health Net of California Inc.	8.87	20.15
Blue Shield of California	11.33	15.38
Anthem Blue Cross	12.28	14.69
AETNA Health of California Inc.	4.64	11.89
Cigna HealthCare of California Inc.	9.24	11.78
Care 1st Health Plan	1.4	11.62
UnitedHealthcare of California	4.58	10.88
Western Health Advantage	6.99	9.3
Kaiser Foundation Health Plan, Inc.	4.5	7.39
Sharp Health Plan	3.97	4.16

Note: Health Net of California, Inc. includes complaints regarding Health Net Community Solutions and cannot be separated for reporting. The complaint ratios represented here are the top ten complaint ratios for 2015 and the distribution of those same complaint ratios in the 2014 data; they are not necessarily the top ten complaint ratios in 2014.

Figure 4.7 DMHC Volume of Complaints by Date Closed in 2014 and 2015

Month	2014 Volume	2015 Volume
January	947	1,327
February	1,014	1,309
March	1,086	1,331
April	1,294	1,549
May	1,112	1,410
June	1,149	1,323
July	1,295	1,409
August	1,350	1,523
September	1,080	1,483
October	1,275	1,457
November	1,165	1,812
December	1,227	1,804

Figure 4.8 DMHC Average Resolution Time by Complaint Type

Complaint Type	Average Resolution Time
Complaint/Standard Complaint	39 days
Independent Medical Review	26 days
Urgent Nurse Case	9 days
Quick Resolution	6 days

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

Figure 4.9 DMHC Average Resolution Time by Product Type

Product Type	Average Resolution Time
EPO	41 days
PPO	37 days
Medi-Cal Managed Care	33 days
HMO	32 days
POS	28 days
Medi-Cal Fee For Service	24 days
Unknown	7 days

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

Figure 4.10 DMHC Average Resolution Time by Source of Coverage

Source of Coverage	Average Resolution Time
Covered California/Exchange	42 days
COBRA	42 days
Medi-Cal/Medicare	38 days
Individual/Commercial	37 days
Medi-Cal	32 days
Group	31 days
Unknown	24 days
Medicare	21 days

Note: These figures detailing average resolution times are counted from the date that any initial information is received from a consumer. The DMHC utilizes criteria to determine the above numbers that does not closely match OPA. Therefore, the data in this table may not reflect outcomes published by the DMHC.

Figure 4.11 DMHC Mode of Contact by Volume

Mode of Contact	Percent of Complaints
Mail	40.28%
Online	34.96%
Fax	16.36%
Telephone	7.47%
Email	0.92%

Figure 4.12 DMHC Volume of Complaints by Source of Coverage 2014 and 2015

Source of Coverage	2014 Volume	2015 Volume
Group	8,119	7,883
Individual/Commercial	3,035	3,191
Covered California/Exchange	1,076	3,179
Medi-Cal	847	1,949
Unknown	641	868
Medicare	193	497
Medi-Cal/Medicare	5	103
COBRA	78	67

Figure 4.13 DMHC Percentage of Top 10 Complaint Reasons and Corresponding Average Resolution Time

Complaint Reason	Percent of Complaints	Average Resolution Time
Medical Necessity Denial	20%	24 days
Cancellation	14%	56 days
Co-Pay, Deductible, and Co-Insurance Issues	13%	25 days
Coverage Question	7%	33 days
Out of Network Benefits	7%	45 days
Provider Attitude and Service	6%	23 days
Dis/Enrollment	6%	29 days
Experimental/Investigational Denial	5%	31 days
Pharmacy Benefits	4%	34 days
Access to Care	3%	35 days

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

Figure 4.14 DMHC Volume of Complaints by Product Type 2014 and 2015

Product Type	2014 Volume	2015 Volume
HMO	9,442	11,686
PPO	3,585	4,969
Medi-Cal Managed Care	0	1,855
EPO	458	634
Unknown	419	241
POS	90	207
Medi-Cal Fee for Service	0	75

Note: The product types represented here are the product types for 2015 and the distribution of those same product types in the 2014 data.

Figure 4.15 DMHC Top 10 Complaint Results

Complaint Results	Volume
Upheld/Health Plan Position Substantiated	8,195
Insufficient Information	3,759
Compromise Settlement/Resolution	3,668
Consumer Received Requested Service	2,475
Overturned/Health Plan Position Overturned	1,917
Referred to other Division for Possible Disciplinary Action	1,410
No Jurisdiction	67
Unknown	54
No Action Requested/Required	27
Claim Settled	11

Note: 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.

Figure 4.16 DMHC Top 10 Complaint Results 2014 and 2015

Complaint Result	2014 Percentage	2015 Percentage
Upheld/Health Plan Substantiated	6.28%	38.0%
Insufficient Information	18.87%	17.4%
Compromise Settlement/Resolution	44.64%	17.0%
Consumer Received Requested Service	0	11.5%
Overturned/Health Plan Position Overturned	4.04%	8.9%
Referred to other Division for Possible Disciplinary Action	1.99%	6.5%
No Jurisdiction	0.49%	0.3%
Unknown	0	0.3%
No Action Requested/Required	0.29%	0.1%
Claim Settled	10.90%	0.1%

Note: The complaint results represented here are the top ten complaint results for 2015 and the distribution of those same complaint results in the 2014 data; they are not necessarily the top ten complaint results in 2014.

Section 5 – California Department of Health Care Services Data Tables

Figure 5.1 DHCS Managed Care Ombudsman Requests for Assistance

Month	2014 Volume	2015 Volume
January	9,072	32,389
February	8,709	30,210
March	8,700	34,664
April	11,678	33,423
May	13,052	28,817
June	13,031	31,382
July	12,564	30,577
August	13,946	28,162
September	14,118	28,955
October	15,385	19,991
November	12,191	20,934
December	14,906	20,930

Figure 5.2 DHCS Managed Care Ombudsman – 2015 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)	Unable to provide this information at this time	Not Available
Number of calls resolved by the IVR/phone system (caller provided and/or received information without involving a CSR)	9,243 (during 11/2015-12/2015) Data regarding calls resolved by IVR from 1/2015-10/2015 is not available.	Data
Number of jurisdictional inquiry calls	269,117	Data
Number of non-jurisdictional calls	15,010	Data
Average number of calls received per jurisdictional complaint case	Not Available	Not Available
Average wait time to reach a CSR	12 minutes (during 10/2015-12/2015) Data regarding average wait time from 1/2015-9/2015 is not available.	Data
Average length of talk time (time between a CSR answering and completing a call)	20-25 minutes (from 1/2015-9/2015); 8.6 minutes (from 10/2015-12/2015)	Estimate; Data
Average number of CSRs available to answer calls (during Service Center hours)	6 permanent staff; 9 limited-term staff; 5 temporary staff	Data

Figure 5.3 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	Fee-For-Service	DHCS Fee-For-Service Help Line
3	Health Care Options	Health Care Options
4	Other Health Coverage	DHCS Other Health Coverage website
5	State Fair Hearings	California Department of Social Services
6	Social Security/Medicare	Social Security Administration/1-800-Medicare
7	Denti-Cal	Denti-Cal
8	Mental Health	County Mental Health Office
9	Covered CA	Covered CA
10	Audits, Investigations, and Fraud	DHCS Audits & Investigations

Note: Ranking estimated by DHCS.

Figure 5.4 DHCS Mental Health Ombudsman Requests for Assistance

Month	2014 Volume	2015 Volume
January	785	624
February	354	500
March	398	572
April	430	691
May	343	562
June	382	622
July	385	749
August	488	615
September	625	641
October	443	698
November	396	677
December	458	660

Figure 5.5 DHCS Mental Health Ombudsman – 2015 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)	307	Data
Number of calls resolved by the IVR/phone system (caller provided and/or received information without involving a CSR)	0	0
Number of jurisdictional inquiry calls	1,157	Data
Number of non-jurisdictional calls	6,454	Data
Average number of calls received per jurisdictional complaint case	Not Applicable	Not Applicable
Average wait time to reach a CSR	None	None
Average length of talk time (time between a CSR answering and completing a call) Jurisdictional Inquiry Non-Jurisdictional Inquiry	 1.5 minutes 3.0 minutes	 Estimate Estimate
Average number of CSRs available to answer calls (during Service Center hours)	3	Data

Figure 5.6 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 Public Guardian Office
8	Prescriptions	Provider
9	Housing	County Social Services
10	Treatment Authorization Request (TAR)	Xerox

Note: Ranking by DHCS based on data.

Figure 5.7 DHCS Mental Health Ombudsman Consumer Assistance Protocols

Type of Protocol	Process
Referrals	Ombudsman staff use established protocols and scripted responses for making referrals based on the inquiry topic and assessed level of need. Crisis Call Protocol: Ombudsman staff attempt to complete a warm transfer of the caller to the appropriate county mental health crisis line or suicide hotline and remain on the telephone line to relay information to crisis line staff.
After-Hours Assistance	Callers reach a voicemail system after hours. Voicemails are returned by Ombudsman staff by the end of the next business day.

Figure 5.8 DHCS Medi-Cal Telephone Service Center (FI) Requests for Assistance

Month	2014 Volume	2015 Volume
January	41,234	45,099
February	43,583	48,836
March	53,808	50,342
April	49,231	49,264
May	43,703	43,027
June	43,761	45,345
July	46,476	45,589
August	44,393	44,948
September	44,143	43,226
October	46,202	44,205
November	39,197	39,746
December	47,061	42,355

Figure 5.9 DHCS Medi-Cal Telephone Service Center – 2015 Telephone Metrics (FI Contractor: Xerox)

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)	61,647*	Data
Number of calls resolved by the IVR/phone system (caller provided and/or received information without involving a CSR)	2,939,565*	Data
Number of jurisdictional inquiry calls	541,982	Data
Number of non-jurisdictional calls	Not Applicable	Not Applicable
Average number of calls received per jurisdictional complaint case	Not Applicable	Not Applicable
Average wait time to reach a CSR	1:58	Data
Average length of talk time (time between a CSR answering and completing a call)	4:46	Data
Average number of CSRs available to answer calls (during Service Center hours)	72	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 5.10 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	Technical	Vendor
10	Beneficiary Inquiry/Coverage	Low-Income Subsidy

Note: Ranking by DHCS based on data.

Figure 5.11 DHCS Denti-Cal Beneficiary Telephone Service Center (FI) Requests for Assistance

Month	2014 Volume	2015 Volume
January	37,532	55,543
February	30,771	57,136
March	39,154	57,484
April	53,449	50,224
May	59,163	43,859
June	71,592	47,275
July	85,621	49,866
August	67,138	46,964
September	65,111	42,844
October	64,535	42,695
November	52,936	36,237
December	49,835	36,237

Figure 5.12 DHCS Denti-Cal Beneficiary Telephone Service Center - 2015 Telephone Metrics (Dental FI Contractor: Delta Dental)

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)	21,987	Data
Number of calls resolved by the IVR/phone system (caller provided and/or received information without involving a CSR)	290,614	Data
Number of jurisdictional inquiry calls	542,081	Data
Number of non-jurisdictional calls	Not Applicable	Data
Average number of calls received per jurisdictional complaint case	Not Applicable	Data
Average wait time to reach a CSR	0:00:43	Data
Average length of talk time (time between a CSR answering and completing a call)	0:06:53	Data
Average number of CSRs available to answer calls (during Service Center hours)	77	Data

Figure 5.13 DHCS Denti-Cal Beneficiary Telephone Service Center Top Ten Topics for Non-Jurisdictional Inquiries

Ranking	Inquiry Topic	Referred to
1 (most common)	Referrals	Provider or Dental Managed Care (DMC) Plan
2	Covered Services	Provider or DMC Plan
3	Eligibility	County Office or Medi-Cal Eligibility Division
4	Benefits Identification Card (BIC)	County Office or Medi-Cal Eligibility Division
5	Inquiring on request status	Provider or DMC Plan or Medical Plan
6	Complaints on provided services	Oversight board of the dental professional (i.e., Dental Board or Hygienist Committee)
7	Share of Cost Inquiry	County Office or Medi-Cal Eligibility Division
8	Complaint about provider refusing to perform services covered by plan	Provider or DMC Plan or Medical Plan
9	Open Conlan Case	Department of Social Services for Non-Jurisdictional Inquiries
10	Title 22 Billing Issues (improper direct billing by provider)	County Medi-Cal Office or State Dental Board

Note: Rankings estimated by DHCS.

Figure 5.14 Medi-Cal Fair Hearing Standards

Complaint Process	Primary Unit(s) Responsible and Role	Time Standard (if applicable)	Average Resolution Time in 2015
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	153 days (Fee-for-Service) 87 days (Mental Health) 82 days (Dental) 79 days (Managed Care)
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 5.15 DHCS Managed Care Top 10 Health Plan Complaint Ratios 2014 and 2015 Complaints per 10,000 Enrollment

Plan Type	Health Plan and County	2014 Ratio	2015 Ratio
GMC	Health Net, Sacramento County	6.17	9.82
GMC	Molina Healthcare, San Diego County	10.03	8.82
GMC	Anthem Blue Cross, Sacramento County	6.76	6.19
Two-Plan	Molina Healthcare, San Bernardino County	3.98	4.3
Two-Plan	LA Care, Los Angeles County	4.91	4.04
COHS	Partnership Health Plan of California, Solano County	3.27	3.95
Two-Plan	San Francisco Health Plan, San Francisco County	4.95	3.84
Two-Plan	Kern Family Health, Kern County	3.05	3.7
Two-Plan	Health Net, Los Angeles County	4.59	3.69
Two-Plan	Molina Healthcare, Riverside County	4.62	3.38

Note: Displayed health plans have over 70,000 enrollees. The complaint ratios represented here are the top ten complaint ratios for 2015 and the distribution of those same complaint ratios in the 2014 data; they are not necessarily the top ten complaint ratios in 2014.

Figure 5.16 DHCS Medi-Cal Volume of Complaints by Date Closed in 2014 and 2015

Month	2014 Volume	2015 Volume
January	218	357
February	286	553
March	294	583
April	406	620
May	329	519
June	340	686
July	433	579
August	409	549
September	514	497
October	503	531
November	357	499
December	500	767

Figure 5.17 DHCS Volume of Complaints by Consumer's County of Residence

County	Complaint Volume
Los Angeles	2,075
San Diego	631
Sacramento	559
San Bernardino	457
Riverside	433
Orange	370
Alameda	197
Santa Clara	183
Kern	173
San Francisco	148
Fresno	127
Contra Costa	114
Butte	92
San Joaquin	91
Stanislaus	86
Placer	80
Tulare	73
Shasta	59
Solano	58
Sonoma	49
Imperial	44
San Mateo	44
Ventura	42
El Dorado	41
Marin	39
Monterey	39
Sutter	32
Humboldt	31
Yolo	29
Madera	28
Santa Barbara	25
Yuba	25
Merced	24
Santa Cruz	24
Tehama	23
Lake	21
Nevada	16
Calaveras	16
Siskiyou	16
San Luis Obispo	15
Mendocino	13
Kings	12
Tuolumne	11

Note: Counties not shown are those that received fewer than ten complaints: Amador, Colusa, Del Norte, Glenn, Lassen, Mariposa, Modoc, Mono, Napa, Plumas, San Benito, Sierra, and Trinity.

Figure 5.18 DHCS Volume of Complaints by Product Type

Product Type	Volume
Medi-Cal Managed Care	3,246
Medi-Cal Fee for Service	2,017
Dental Fee for Service	1,384
Dental Managed Care	80
Medi-Cal Coordinated Care (CCI)	50
Mental Health	13
Long Term Care: SCAN	3
Unknown	1

Figure 5.19 DHCS Complaint Reasons by Percentage 2014 and 2015

Complaint Reasons	2014 Percentage	2015 Percentage
Pharmacy Benefits	0%	39.89%
Quality of Care	90.64%	24.92%
Dis/Enrollment	2.30%	22.00%
Billing/Reimbursement Issue	5.24%	4.35%
Medical Necessity Denial	0%	3.51%
Rehabilitative/Habilitative Care	0%	2.18%
Claim Denial	0%	1.12%
Access to Care	0.58%	0.68%
Inadequate Reimbursement/Rates	0%	0.34%
Other	0.97%	0.25%
Coordination of Benefits	0%	0.25%

Note: The complaint reasons represented here are the top ten complaint reasons for 2015 and the distribution of those same complaint reasons in the 2014 data.

Figure 5.20 DHCS Medi-Cal Percentage of Complaint Reasons and Corresponding Average Resolution Time

Top Ten Complaint Reasons	Percent of Complaints	Average Resolution Time
Pharmacy Benefits	39.9%	132 days
Quality of Care	24.9%	82 days
Dis/Enrollment	22.0%	85 days
Billing/Reimbursement Issue	4.4%	80 days
Medical Necessity Denial	3.5%	200 days
Rehabilitative/Habilitative Care	2.2%	124 days
Claim Denial	1.1%	73 days
Access to Care	0.7%	91 days
Inadequate Reimbursement/Rates	0.3%	67 days
Coordination of Benefits	0.2%	93 days
Other	0.2%	95 days

Note: The total number of complaints submitted by DHCS Medi-Cal is 5,262. The number of complaint reasons, 5,654, exceeds the total number of complaints because some consumer complaints involved more than one issue.

Figure 5.21 DHCS Dental Percentage of Complaint Reasons and Corresponding Average Resolution Time

Top Ten Complaint Reasons	Percent of Complaints	Average Resolution Time
Scope of Benefits	81.5%	80 days
Medical Necessity Denial	12.1%	76 days
Claim Denial	6.1%	115 days
Essential Health Benefit	0.2%	66 days
Preventive Care	0.1%	33 days
Pharmacy Benefits	0.1%	93 days

Note: The total number of complaints submitted by DHCS Dental is 1,465.

Figure 5.22 DHCS Mental Health Percentage of Complaint Reasons and Average Resolution Time

Top Ten Complaint Reasons	Percent of Complaints	Average Resolution Time
Denied Services	46.2%	105 days
Unknown	23.1%	49 days
Quality of Care	7.7%	0 days
Claim Denial	7.7%	111 days
Appeal Non-compliance	7.7%	159 days
Involuntary Termination by Plan	7.7%	90 days

Note: The total number of complaints submitted by DHCS Mental Health is 13.

Figure 5.23 DHCS Average Resolution Time by Product Type

Product Type	Average Resolution Time
Medi-Cal Fee for Service	153 days
Unknown	121 days
Dental Managed Care	103 days
Mental Health	87 days
Dental Fee for Service	80 days
Medi-Cal Managed Care	79 days
Medi-Cal Coordinated Care	67 days
Long Term Care: SCAN	51 days

Figure 5.24 DHCS Complaint Results

Complaint Results	Volume
Withdrawn/Complaint Withdrawn	3,238
Upheld/Health Plan Position Substantiated	1,550
No Action Requested/Required	1,224
Health Plan in Compliance	329
Overturned/Health Plan Position Overturned	207
Referred to Outside Agency/Department	105
Compromise Settlement/Resolution	61
Unknown	26

Figure 5.25 DHCS Percentage of Complaint Results 2014 and 2015

Complaint Result	2014 Percentage	2015 Percentage
Withdrawn/Complaint Withdrawn	34.0%	48.0%
Upheld/Health Plan Position Substantiated	22.0%	23.0%
No Action Requested/Required	24.9%	18.2%
Health Plan in Compliance	0%	4.9%
Overturned/Health Plan Position Overturned	18.0%	3.1%
Referred to Outside Agency/Dept.	0%	1.6%
Compromise Settlement/Resolution	0.3%	0.9%
Unknown	0.8%	0.4%

Note: The complaint results represented here are the complaint results for 2015 and the distribution of those same complaint results in the 2014 data.

Section 6 – California Department of Insurance Data Tables

Figure 6.1 CDI Requests for Assistance

Month	2014 Volume	2015 Volume
January	4,357	4,252
February	3,238	4,004
March	3,488	4,486
April	3,467	4,237
May	2,992	3,587
June	2,977	3,922
July	3,001	3,790
August	2,724	3,504
September	2,576	3,699
October	2,921	3,669
November	2,350	3,066
December	2,895	3,666

Figure 6.2 CDI Consumer Services Division – 2015 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)	626	Data
Number of calls resolved by the IVR/phone system (caller provided and/or received information without involving a CSR)	1,376	Data
Number of jurisdictional inquiry calls	27,144	Data
Number of non-jurisdictional calls	7,577	Data
Average number of calls received per jurisdictional complaint case	Not Available	
Average wait time to reach a CSR	0.29	Data
Average length of talk time (time between a CSR answering and completing a call)	5.28*	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 6.3 CDI Top 10 Complaint Reasons by Percentage 2014 and 2015

Top Ten Complaint Reasons	**2014 Percentage**	**2015 Percentage**
Claim Denial	24%	29%
Unsatisfactory Settlement Offer	11%	10%
Medical Necessity Denial	7%	9%
Out of Network Benefits	6%	7%
Co-pay, Deductible, and Co-Insurance Issues	5%	5%
Experimental	4%	4%
Pharmacy Benefits	1%	4%
Claim Delay	4%	4%
Emergency Services	2%	3%
Preventive Care	3%	2%

Note: The complaint reasons represented here are the top ten complaint reasons for 2015 and the distribution of those same complaint reasons in the 2014 data; they are not necessarily the top ten complaint reasons in 2014.

Figure 6.4 CDI Top Ten 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) Various Departments of Insurance (DOIs)
2	Copay/Out-of-Pocket Charges	DMHC DOL Centers for Medicare and Medicaid Services (CMS)
3	Out-of-Network Benefits	DMHC
4	Enrollment/Subsidy	Covered California Medi-Cal CMS
5	Medical Necessity	DMHC
6	Premium/Billing	DMHC Various DOIs
7	Claim Handling Delays	DMHC DOL Various DOIs
8	Preventive Care	DMHC DOL Various DOIs
9	Pharmacy Benefits	DMHC
10	Emergency Services	DMHC

Note: Ranking estimated by CDI.

Figure 6.5 CDI Complaint Standards

Complaint Process	Primary Unit(s) Responsible and Roles	Time Standard (if applicable)	Average Resolution Time in 2015
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)	74 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)	78 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 6.6 CDI Health Plan Complaint Ratios 2014 and 2015 Complaints per 10,000 Enrollment

Plan Name	2014 Ratio	2015 Ratio
Anthem Blue Cross Life And Health Insurance Company, Group	21.03	36.10
Anthem Blue Cross Life And Health Insurance Company, Individual/Commercial	47.64	24.13
Health Net Life Insurance Company, Group	15.04	12.62
Unitedhealthcare Insurance Company, Group	8.44	9.57
Aetna Life Insurance Company, Group	7.07	9.19
Cigna Health And Life Insurance Company, Group	2.68	4.80
Aetna Life Insurance Company, Individual/Commercial	170.38	2.29

Note: Many consumer complaints involve more than one issue, possibly resulting in higher complaint ratios. The complaint ratios represented here are the complaint ratios for 2015 and the distribution of those same complaint ratios in the 2014 data.

Figure 6.7 CDI Volume of Complaints by Date Closed in 2014 and 2015

Month	2014 Volume	2015 Volume
January	425	256
February	356	250
March	368	242
April	463	287
May	427	233
June	333	329
July	303	308
August	238	256
September	304	263
October	325	273
November	255	202
December	282	310

Figure 6.8 CDI Average Resolution Time by Complaint Type

Complaint Type	Average Resolution Time
Independent Medical Review	78 days
Complaint/Standard Complaint	74 days

Figure 6.9 CDI Average Resolution Time by Source of Coverage

Source of Coverage	Average Resolution Time
Group	76 days
Individual/Commercial	74 days

Figure 6.10 CDI Mode of Contact by Volume

Mode of Contact	Complaint Percent
Mail	74%
Online	18%
Telephone	8%

Figure 6.11 CDI Percentage of Top 10 Complaint Reasons and Corresponding Average Resolution Time

Complaint Reason	Complaint Percent	Average Resolution Time
Claim Denial	29%	77 days
Unsatisfactory Settlement/Offer	10%	83 days
Medical Necessity Denial	9%	70 days
Out of Network Benefits	7%	80 days
Co-pay, Deductible, and Co-Insurance Issues	5%	80 days
Experimental	4%	80 days
Pharmacy Benefits	4%	68 days
Claim Delay	4%	95 days
Emergency Services	3%	77 days
Preventive Care	2%	73 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 6.12 CDI Top 10 Complaints by Product Type 2014 and 2015

Product Type	2014 Percentage	2015 Percentage
Health Only	60.76%	38.97%
Large Group	5.48%	14.90%
Small Group	6.20%	14.06%
Stand Alone Dental	0.60%	9.25%
Grandfathered	3.16%	5.67%
Mental Health	3.04%	3.06%
Medicare Supplement	2.26%	2.39%
Pharmacy Benefits	0.66%	2.20%
Exchange	1.21%	1.20%
Bronze	1.01%	1.17%

Note: Consumer complaints submitted to CDI in 2015 are categorized into 26 distinct product types and an unclassified category, identified as other. The product types represented here are the top ten product types for 2015 and the distribution of those same product types in the 2014 data; they are not necessarily the top ten product types in 2014.

Figure 6.13 CDI Top 10 Complaint Results

Complaint Results	Volume
Upheld/Health Plan Position Substantiated	1,104
Recovery	1,050
Health Plan in Compliance	765
Question of Fact/Contract/Provision/Legal Issue	604
Question Of Fact	467
Advised Complainant	414
Additional Payment	184
Claim Settled	148
Compromise Settlement/Resolution	104
Policy Issued/Restored	89

Note: The table displays the top ten complaint results, which represent 95% of all results. Many consumer complaints involve more than one complaint result, which is why the total number of results (5,200) exceeds the total number of complaints (3,209).

Figure 6.14 CDI Top 10 Complaint Results 2014 and 2015

Complaint Result	2014 Percentage	2015 Percentage
Upheld/Health Plan Position Substantiated	27.32%	21.2%
Recovery	16.61%	20.2%
Health Plan in Compliance	7.31%	14.7%
Question of Fact/Contract/Provision/Legal Issue	7.02%	11.6%
Question Of Fact	12.78%	9.0%
Advised Complainant	6.65%	8.0%
Additional Payment	3.09%	3.5%
Claim Settled	3.29%	2.8%
Compromise Settlement/Resolution	2.05%	2.0%
Policy Issued/Restored	1.47%	1.7%

Note: The table displays the top ten complaint results, which represent 95% of all complaint results. The complaint results represented here are the top ten complaint results for 2015 and the distribution of those same complaint results in the 2014 data; they are not necessarily the top ten complaint results in 2014.

Section 7 – Covered California Data Tables

Figure 7.1 Covered California Requests for Assistance

Month	2014 Volume	2015 Volume
January	438,175	620,060
February	387,192	936,924
March	590,138	517,711
April	453,552	455,796
May	260,660	265,224
June	238,010	239,435
July	256,813	231,415
August	275,635	264,498
September	297,510	257,341
October	314,026	335,727
November	404,780	506,039
December	507,579	760,766

Figure 7.2 Covered California Service Center – 2015 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)	287,782	Data
Number of calls resolved by the IVR/phone system (caller provided and/or received information without involving a CSR)	1,851,433	Data
Number of jurisdictional inquiry calls	Not Available	
Number of non-jurisdictional calls	Not Available	
Average number of calls received per jurisdictional complaint case	Not Available	
Average wait time to reach a CSR	0:02:38	Data
Average length of talk time (time between a CSR answering and completing a call)	0:16:06	Data
Average number of CSRs available to answer calls (during Service Center hours)	1,019	Estimated

Figure 7.3 Covered California Complaint Reasons by Percentage 2014 and 2015

Top Ten Complaint Reasons	2014 Percentage	2015 Percentage
Denial of Coverage	85%	70%
Eligibility Determination	13%	18%
Cancellation	2%	13%

Note: The complaint reasons represented here are the complaint reasons for 2015 and the distribution of those same complaint reasons in the 2014 data.

Figure 7.4 Top Ten Covered California Jurisdictional and Non-Jurisdictional Inquiries

Ranking	Inquiry Topic	Referred to
1 (most common)	Current Customer- Application/Case Status-Inquiry/Assistance	Not Available
2	New Enrollment-Inquiry/Assistance	Not Available
3	Current Customer- Renewal- Complete Enrollment	Not Available
4	Current Customer- Renewal- Inquiry/Assistance	Not Available
5	Medi-Cal- Provided County Contact/Number Info	Referred to Medi-Cal
6	Medi-Cal-Medi-Cal/Enrollment Inquiries	Referred to Medi-Cal
7	Current Customer- Disenrollment/Termination	Not Available
8	Requesting to be Terminated	Not Available
9	Current Customer- Consumers Online Account	Not Available
10	Password Reset/Unlock	Not Available

Note: Covered California ranked based on data.

Figure 7.5 Covered California Complaint Standards

Complaint Process	**Primary Unit(s) Responsible and Role**	**Time Standard** (if applicable)	**Average Resolution Time in 2015**
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	69 days
State Fair Hearing Informal Resolution	*CDSS State Hearings Division:* Reviews requests for State Fair Hearings and refers some complaints to Covered California for resolution instead of conducting a hearing with an Administrative Law Judge. *Covered California staff*: Reviews complaint outlined in the State Fair Hearing request and conducts casework to resolve the complaint.	Up to 45 days from the date the appeal was filed	49 days
Service Center Complaint	*Covered California 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
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 7.6 Covered California Percentage of Complaints by Complaint Type

Complaint Type	**Percent of Complaints**
DSS State Fair Hearing	31%
DSS State Fair Hearing: Informal Resolution	69%

Figure 7.7 Covered California Volume of Complaints by Date Closed in 2014 and 2015

Month	2014 Volume	2015 Volume
January	62	116
February	128	368
March	192	1,290
April	225	570
May	472	11
June	515	9
July	495	178
August	461	412
September	326	891
October	521	1,213
November	435	596
December	534	496

Figure 7.8 Covered California Average Resolution Time by Product Type

Product Type	Percent of Complaints	Average Resolution Time
Silver	45%	55 days
Unknown	27%	55 days
Bronze	16%	56 days
Gold	6%	59 days
Platinum	5%	57 days
Catastrophic	1%	60 days

Figure 7.9 Covered California Volume of Complaints by Consumer's County of Residence

County	Complaint Volume
Los Angeles	1,505
San Diego	632
Unknown	482
Orange	429
Alameda	321
Riverside	260
San Bernardino	249
Sacramento	247
Contra Costa	224
Santa Clara	224
San Francisco	180
Ventura	127
San Mateo	124
Fresno	106
Sonoma	99
San Joaquin	87
Placer	69
Santa Barbara	68
Kern	62
Solano	58
Stanislaus	56
Santa Cruz	55
Monterey	52
Marin	50
San Luis Obispo	43
Tulare	35
El Dorado	34
Humboldt	26
Nevada	25
Yolo	23
Merced	21
Shasta	21
Butte	20
Napa	20
Imperial	17
Madera	14
Mendocino	14

Note: Counties not listed had less than ten complaints: Amador, Calaveras, Colusa, Glenn, Inyo, Kings, Lake, Lassen, Mariposa, Modoc, Mono, Plumas, San Benito, Sierra, Siskiyou, Sutter, Tuolumne, and Yuba.

Figure 7.10 Covered California Distribution of Complaints by Primary Language

Language	Percent of Complaints
English	81%
Unknown	8%
Spanish	7%
Other	4%

Figure 7.11 Covered California Percentage of Complaint Reasons and Corresponding Average Resolution Time 2014 and 2015

Top Ten Complaint Reasons	2015 Percent of Complaint Reasons	2014 Average Resolution Time	2015 Average Resolution Time
Denial of Covered California Coverage	70%	47 days	55 days
Eligibility Determination	18%	39 days	55 days
Cancellation	13%	48 days	57 days

Note: The complaint reasons represented here are the complaint reasons for 2015 and the distribution of those same complaint reasons in the 2014 data.

Figure 7.12 Covered California Volume of Complaints by Product Type 2014 and 2015

Product Type	2014 Volume	2015 Volume
Silver	2,022	2,793
Unknown	1,116	1,681
Bronze	615	992
Gold	268	333
Platinum	302	310
Catastrophic	43	41

Figure 7.13 Covered California Complaint Results

Complaint Results	Volume
Withdrawn/Complaint Withdrawn	2,756
Compromise Settlement/Resolution	1,096
Covered California Position Overturned	1,025
No Action Requested/Required	972
Upheld/Covered California Position Substantiated	300
Unknown	1

Figure 7.14 Covered California Complaint Results by Percentage 2014 and 2015

Complaint Result	2014 Percentage	2015 Percentage
Withdrawn/Complaint Withdrawn	49%	44.81%
Compromise Settlement/Resolution	14%	17.82%
Covered California Position Overturned	17%	16.67%
No Action Requested/Required	14%	15.80%
Upheld/Covered California Position Substantiated	6%	4.88%
Unknown	0%	0.02%

Note: The complaint results represented here are the complaint results for 2015 and the distribution of those same complaint reasons in the 2014 data. The complaint result Unknown was not included in 2014.