

Section 5 – Statewide Complaint Data

A. Overview

The Department of Managed Health Care (DMHC), Department of Health Care Services (DHCS), California Department of Insurance (CDI), and Covered California are the primary components of California’s state system for health care consumer assistance and serve millions of Californians each year. Their service centers are the help centers, call centers, ombudspersons, or other assistance centers that are operated or contracted by these four state reporting entities.

The service centers assist consumers with a wide range of issues, from enrollment in health care coverage to the delivery of health care services. Each state service center has the authority to resolve consumer requests for assistance that fall under its parent organization’s jurisdiction as a health care licensing entity, purchaser, or program administrator.

- DMHC and CDI are state regulators that license and provide oversight of health plans and health insurance products, respectively. Their service centers concentrate on health care delivery issues for consumers who are insured but have difficulties using their health plan or insurance to obtain or pay for services.
- DHCS is the state’s Medi-Cal program administrator and a direct health care purchaser. DHCS operates or contracts with multiple service centers that provide consumer assistance to people eligible for Medi-Cal or other DHCS-administered programs. However, county offices are consumers’ primary points of contact for most program eligibility and enrollment issues.
- Covered California’s service center addresses issues related to applications for health care coverage and subsequent eligibility determinations for low-cost health care programs and tax subsidies, as well as enrollment into health plans sold through Covered California’s marketplace. Covered California did not submit health plan complaint data.

The following table displays the number of plans that had at least one complaint, total enrollment numbers, and corresponding number of complaints by reporting entity.

Fig. 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 CA	N/A	1,395,929	4,366

B. Statewide Consumer Assistance Centers

Roles and Responsibilities by Reporting Entity

The following table illustrates the differences in the types of consumer assistance provided and shows which functions are primary or have a limited role for each reporting entity.

Figure 5.2

Consumer Assistance Roles by Reporting Entity				
 Primary function  Limited role  No authority or role so refers consumers	Department of Managed Health Care	Department of Health Care Services	Department of Insurance	Covered California
Eligibility and Enrollment				
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
Health Care Delivery				
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.

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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.

The following table provides contact and other information about each of the reporting entity service centers that reported 2014 consumer complaints or inquiries to OPA.

Figure 5.3

Consumer Assistance Service Centers Listed by Reporting Entity	
Department of Managed Health Care	
Help Center	
Main Phone Number	1-888-466-2219
TTY / TDD Line	1-877-688-9891
Days/Hours Open	Monday - Friday, 8:00 a.m. - 6:00 p.m. After-hours service for urgent issues
Service Center Website	www.healthhelp.ca.gov
Department of Health Care Services	
Medi-Cal Managed Care Office of the Ombudsman	
Main Phone Number	1-888-452-8609
TTY / TDD Line	Not available
Days/Hours Open	Monday - Friday, 8:00 a.m. - 5:00 p.m. (except state holidays)
Service Center Website	http://www.dhcs.ca.gov/services/medi-cal/Pages/MMCDOfficeoftheOmbudsman.aspx
Mental Health Ombudsman	
Main Phone Number	1-800-896-4042
TTY / TDD Line	1-800-896-2512
Days/Hours Open	Monday - Friday, 8:00 a.m. - 5:00 p.m. (except state holidays)
Service Center Website	www.dhcs.ca.gov/services/MH/Pages/MH-Ombudsman.aspx
Medi-Cal Telephone Service Center (Contractor: Xerox)	
Main Phone Number	1-800-541-5555
TTY / TDD Line	916-635-6491
Days/Hours Open	Monday - Friday, 8:00 a.m. to 5:00 p.m. (beneficiary and provider assistance) Extended hours for provider technical assistance (365 days a year, 6:00 a.m. to Midnight)
Service Center Website	N/A
Denti-Cal Telephone Service Center (Contractor: Delta Dental)	
Main Phone Number	1-800-322-6384
TTY / TDD Line	1-800-735-2922
Days/Hours Open	Monday - Friday, 8:00 a.m. - 5:00 p.m. Some automated services available through the Interactive Voice Response system 7 days a week, 24 hours a day; Voicemail checked daily
Service Center Website	www.denti-cal.ca.gov
California Department of Insurance	
Consumer Services Division	
Main Phone Number	1-800-927-HELP (4357) or 213-897-8921 (Consumer Hotline)
TTY / TDD Line	1-800-482-4833
Other Phone Lines	1-800-967-9331 (Licensing Hotline)
Days/Hours Open	Monday - Friday, 8:00 a.m. - 5:00 p.m. After-hours message center
Service Center Website	www.insurance.ca.gov

Figure 5.3 Continued

Covered California	
Covered California Service Center (Rancho Cordova, Fresno, Contra Costa, and Faneuil Service Centers)	
Main Phone Number	1-800-300-1506
TTY / TDD Line	1-888-889-4500
Other Phone Lines	Arabic 1-800-826-6317; Armenian 1-800-996-1009; Chinese 1-800-300-1533; Farsi 1-800-921-8879; Hmong 1-800-771-2156; Khmer 1-800-906-8528; Korean 1-800-738-9116; Lao 1-800-357-7976; Spanish 1-800-300-0213; Russian 1-800-778-7695; Tagalog (Filipino) 1-800-983-8816; Vietnamese 1-800-652-9528
Days/Hours Open	Monday - Friday, 8:00 a.m. to 6:00 p.m. Saturday, 8:00 a.m. to 5:00 p.m.
Service Center Website	www.coveredca.com/contact/ http://hbex.coveredca.com/service-center/

2014 Consumer Assistance Volumes

The reporting entity service centers that reported data to OPA received over five million requests for assistance from consumers in 2014. Requests for assistance encompass the total volume of consumer contacts, including inquiries and contacts to initiate complaints. Most consumers contacted the service centers by telephone.

The vast majority of the requests for assistance received by state service centers were not to initiate a formal complaint, but were inquiries from consumers who sought:

- Assistance with a regular business activity or transaction within the service center’s authority and role that is unrelated to a complaint (e.g., a consumer calling to start an application for coverage);
- Guidance or a status update on a topic within the service center’s purview (including follow-up contacts regarding the status of a filed complaint); or
- Education and a referral to another entity to address a non-jurisdictional issue.

Figure 5.4

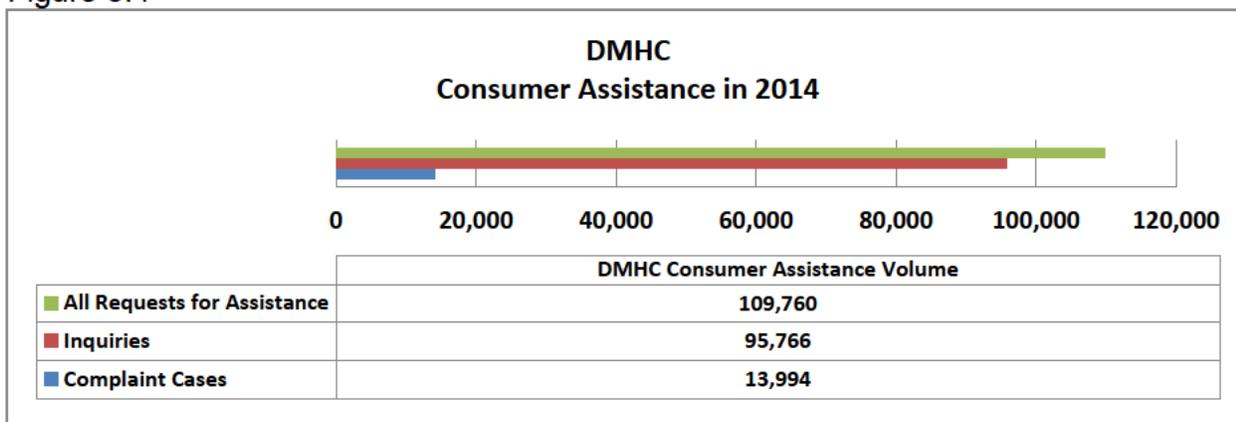


Figure 5.5

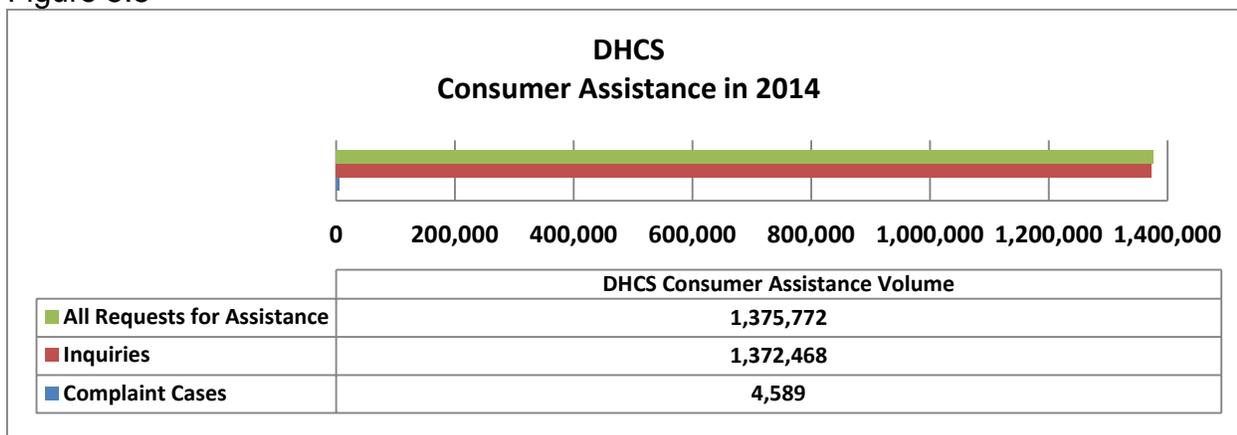


Figure 5.6

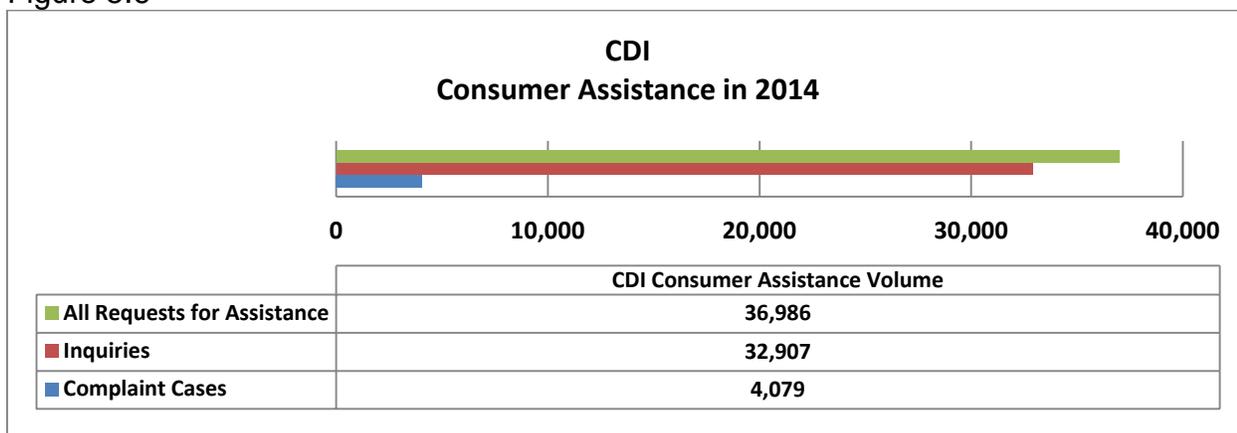
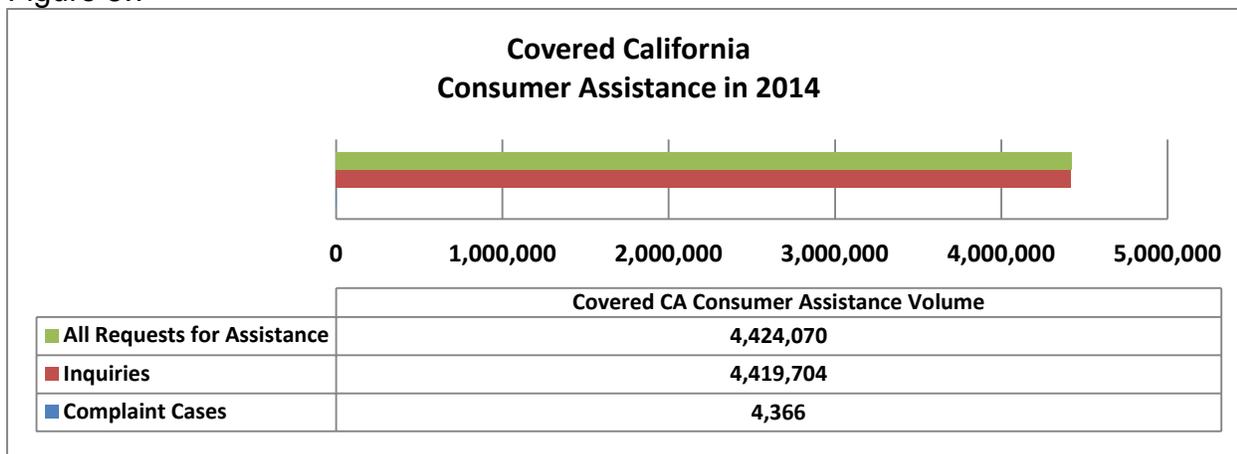


Figure 5.7



Service Center Protocols

The reporting entities' service centers provided information about their protocols for handling consumer requests for assistance. There is wide variance in protocols and how

they are incorporated into each individual service center's system. Designed to help fulfill distinct organizational missions, these protocols also are affected by statutory or contractual requirements, budgets, staffing resources, and similar factors. The service centers reported implementing their consumer assistance protocols using a variety of tools, including customer relationship management systems, web-based knowledge management systems, policies and procedures manuals, referral guides, phone scripts, and other training materials and customer service representative tools.

The following table reflects survey responses and documentation provided by the reporting entities about their protocols. In some cases, the reporting entity indicated that it could not provide documentation because its protocols are implemented within a complex information technology (IT) system that cannot be easily shared, such as a Customer Relationship Management system or similar call center applications or software. Service center systems are outlined further in Sections 6-9 and Appendix B.

Figure 5.8

Consumer Assistance Protocols Submitted by Reporting Entities to OPA							
	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						
N/A Not applicable because the reporting entity indicated that the service center does not resolve complaints							
	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
Policies and Procedures							
Jurisdictional Complaints		N/A	N/A	N/A	N/A		
Urgent Clinical Complaints		N/A	N/A	N/A	N/A		
After-Hours Assistance							
Language Assistance							
Non-Jurisdictional Issue Referrals							
Performance Standards							
Jurisdictional Complaint Resolution		N/A	N/A	N/A	N/A		
Non-Jurisdictional Issue Referrals							

Figure 5.8 Continued

Customer Service Representative (CSR) Training and Tools							
Training on Jurisdictional Complaints	✓	N/A	N/A	N/A	N/A	✓	✓
Training on Non-Jurisdictional Issues	✓	—	✓	✓	—	✓	✓
CSR Tools for Addressing Jurisdictional Complaints	✓	N/A	N/A	N/A	N/A	✓	✓
CSR Tools for Addressing Referrals	✓	✓	✓	✓	—	✓	✓

C. Statewide Health Care Complaint Data

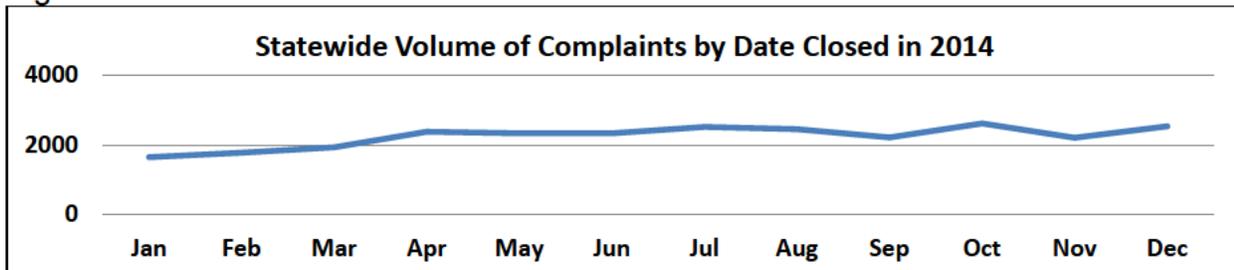
The four reporting entities submitted in total 27,028 consumer complaints to OPA for Measurement Year 2014: 52 percent of complaints were processed by DMHC, 17 percent DHCS, 15 percent CDI, and 16 percent Covered California. The data represents complaints across 45 distinct product types from both commercial and public insurers. A large majority, 45 percent, of consumer complaints were Standard Complaints, while 33 percent were CDSS State Fair Hearing, 16 percent were Independent Medical Reviews, five percent were Quick Resolution Nurse, and one percent was Urgent Nurse Case complaints.

Volume of Closed Complaints

The statewide volume of complaints represents the total number of health care consumer complaints based on service center and CDSS State Fair Hearing submissions to OPA from DMHC, DHCS, CDI, and Covered California.

The chart below shows the monthly volume for closed complaints. It reflects only those cases closed in 2014 and does not include cases opened in previous years if they were closed before 2014 or cases opened in late 2014 but closed in 2015.

Figure 5.9



Resolution Time

The average time to resolve or close a complaint is derived by calculating the number of days between the time a complaint was opened to the time it was closed and then computing the overall average for the total number of complaints processed by each reporting entity. The individual reporting entities resolution times are shown in their individual sections.

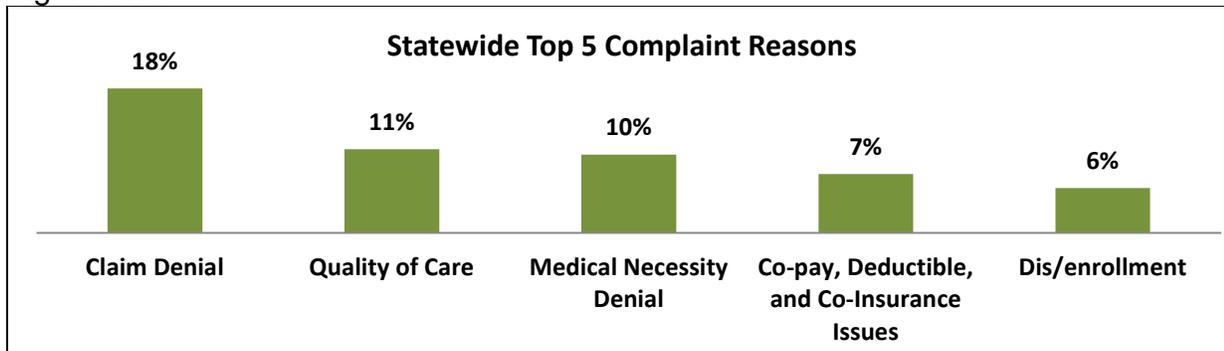
Complaint Reasons

The following chart presents the percentage of the Top 5 reasons statewide for consumer complaints about their coverage. OPA used complaint reasons initially drawn from established codes used nationally by the National Association of Insurance Commissioners (NAIC) Standard Complaint Data Form. OPA then modified these codes and added other codes in collaboration with the four reporting entities. This enabled OPA to add or change the definition of codes that were more reflective of California's marketplace, delivery systems, the prevalence of managed care, and other statewide differences.

The Top 5 complaint reasons represent 14,723 or 52 percent of all submitted complaint reasons. Claim denials reflected in the complaint data submitted by the majority of reporting entities include claim denials for PPO's, mental health, and dental services.

It should be noted that the analyses conducted by the individual entities revealed variations in the top complaints reasons. See Sections 6 through 9 for the individual entity rankings for top complaint reasons.

Figure 5.10



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.

Language

Figures 5.11 - 5.14 displays all complaints for the top ten Complaint Reasons by Primary Language for the four state entities. English-language speakers represent the majority of consumers (61%) who submitted complaints to DMHC, DHCS, CDI and Covered California.

The top complaint reason was Claim Denial for English, Spanish, and Other-language consumers. Quality of Care was the top complaint reason for consumers which language data was not gathered or who refused to provide this information.

Medical Necessity Denial ranked among the top three complaint reasons for English, Spanish, and Other language speakers. Further investigation is required to understand if

and why specific complaint reasons may or may not be associated with consumers' primary language.

Figure 5.11

Statewide Top 10 Complaint Reasons for Primary Language: English	
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	
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	
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	
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

Product Type

The state reporting entities regulate and have contract oversight for different types of insurance products. The following table displays the jurisdictional and non-jurisdictional complaint Product Types submitted by each of the reporting entities in descending order of total volume of complaints per Product Type.

Figure 5.15

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

CDI	Covered California	DMHC	DHCS
Health Only	Silver	HMO	Medi-Cal Managed Care: Two Plan Model
Dental Combined w/Major Medical	Unknown	PPO	Dental
Small Group	Bronze	EPO	Medi-Cal Managed Care: COHS Model
Large Group	Platinum	POS	Unknown
Grandfathered	Gold	Unknown	Medi-Cal Managed Care: GMC Model
Mental Health	Catastrophic		Medi-Cal Managed Care: Other Models (Rural Model, Imperial Model, San Benito Model, Long Term: PACE, Long Term: SCAN)
Medicare Supplement			Medi-Cal Coordinated Care (CCI)
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			

D. Complaint Data Results

The table below show the Statewide Top 10 Complaint Results, which reflect 26,805 out of 28,992 complaints. Some complaint cases submitted had more than one complaint result. There were 26 complaints with an Unknown complaint result.

Figure 5.16

Statewide Top 10 Complaint Results	
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%)