

## Section 7 – California Department of Health Care Services

### A. Overview

The California Department of Health Care Services (DHCS) provides low income and disabled Californians with access to medical, dental, mental health, and substance use disorder services, as well as long-term services and supports. DHCS administers the federal Medicaid program, known in California as Medi-Cal, and other programs, some of which are mandated by the federal government and others required by state law. About one-third of Californians receive health care services financed or organized by DHCS, making it the largest health care purchaser in California. Within the Medi-Cal program, most beneficiaries receive medical care from a managed care plan.

### Medi-Cal Service Centers

DHCS operates or contracts with multiple service centers that provide consumer assistance to beneficiaries in Medi-Cal and other DHCS programs. The California Department of Social Services (CDSS) administers State Fair Hearings for Medi-Cal.

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
<b>Medi-Cal Managed Care Office of the Ombudsman</b>	Medi-Cal managed care plan enrollees	Refers most to: County, Health Care Options, 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
<b>Medi-Cal Telephone Service Center</b> (Fiscal Intermediary Contractor-Xerox)	Medi-Cal fee-for-service providers and beneficiaries	Refers to: County, Medicare, Health Plan	Resolves some complaints regarding claims, billing, and certain other related issues
<b>Medi-Cal Mental Health Ombudsman</b>	Medi-Cal beneficiaries using mental health services	Refers to: County, Health Care Options	Refers to: Provider, DHCS Managed Care Division, DHCS Fiscal Intermediary, CDSS for Fair Hearing, County
<b>Denti-Cal Telephone Service Center</b> (Dental Fiscal Intermediary Contractor-Delta Dental)	Medi-Cal beneficiaries with fee-for-service dental benefits	Refers to: County	Resolves some dental services complaints

## **Medi-Cal Fair Hearings through the CDSS State Hearings Division**

The CDSS State Hearings Division administers State Fair Hearings, a dispute resolution process required by federal and state law for applicants and recipients of public social services, including Medi-Cal.

- The Public Inquiry and Response Bureau (PIAR), within the Human Rights and Community Services Division, records oral requests for State Fair Hearings.
  - PIAR maintains a 24-hour toll-free automated telephone message system to respond to inquiries and complaints from public assistance applicants and/or recipients or their representatives.
  - Medi-Cal beneficiaries are provided notices and communications that include the PIAR phone number to request a State Fair Hearing.
  - PIAR does not provide consumer assistance about Medi-Cal complaints and inquiries, and instead refers people to county offices or the Fiscal Intermediary contractor.
- The State Hearings Division staff arranges hearings and communicates with counties, claimants, and others involved in the hearing process.
- An Administrative Law Judge presides over the hearings and issues a decision.
- For Medi-Cal cases, DHCS may review the judge's decision and issue and implement an alternate decision.

## **Medi-Cal Managed Care Office of the Ombudsman**

The DHCS Medi-Cal Managed Care Office of the Ombudsman's goal is to ensure that Medi-Cal managed care plan members receive all medically necessary covered services for which plans are contractually responsible. The Managed Care Ombudsman provides assistance and guidance to Medi-Cal members to help address complaints regarding health care delivery issues. In addition, after they are contacted by county staff, the Ombudsman staff has the authority to expedite a health plan change, enrollment, or disenrollment for urgent cases that meet certain criteria.

The Ombudsman staff often refers consumers to county offices that administer Medi-Cal for help resolving eligibility and enrollment issues. Consumers also are referred to other organizations for formal complaints, including for the State Fair Hearing process through CDSS or the Independent Medical Review process through DMHC.

The Managed Care Ombudsman is staffed by state employees. Within the Managed Care Operations Division's Internal Operations Branch, the Managed Care Ombudsman consists of two units of analyst staff. The Managed Care Ombudsman analysts:

- Help to resolve issues between Medi-Cal managed care members and managed care health plans;
- Help members with urgent enrollment and disenrollment problems;
- Educate members on how to effectively navigate through the Medi-Cal managed care system;
- Offer information and referrals; and

- Investigate issues with Medi-Cal managed care plans and identify ways to improve the effectiveness of the Medi-Cal managed care program.

## **Mental Health Ombudsman**

The DHCS Mental Health Ombudsman helps Medi-Cal members in need of mental health services navigate through the mental health plan system by providing information and referrals.

The Mental Health Ombudsman is staffed by state employees. Mental Health Ombudsman services are provided by the Beneficiary Support Unit within the DHCS Mental Health Services Division's Program Policy and Quality Assurance Branch. The Beneficiary Support Unit:

- Provides information and assistance to Medi-Cal members seeking mental health services to:
  - Address member concerns or complaints about services;
  - Help members find information in order to access appropriate mental health services; and
  - Connect members with the right person/department to help resolve a problem, local resources in their county, and consumers' rights services.
- Has a role in monitoring access and quality in the Medi-Cal mental health plan system.

The Beneficiary Support Unit was previously known as the Ombudsman Services Unit at the former Department of Mental Health, prior to its transfer to DHCS in July 2012.

## **Medi-Cal Telephone Service Center**

DHCS uses a contractor, Xerox State Healthcare, LLC, to serve as the Fiscal Intermediary (FI) to administer the California Medicaid Management Information System (CA-MMIS). The FI's main role is to process claims submitted by medical providers for services rendered to Medi-Cal Fee-for-Service beneficiaries. To support this role, the FI also operates the Medi-Cal Telephone Service Center, which is sometimes referred to as the Medi-Cal Member and Provider Helpline.

The DHCS CA-MMIS Division is responsible for all activities associated with usage of the CA-MMIS, including the overall administration, management, oversight and monitoring of the FI contract and all services provided under the contract. The FI contractor operates and maintains Medi-Cal Telephone Service Center to:

- Provide education and assistance to Medi-Cal beneficiaries regarding program billing, share-of-cost obligations, and related issues.
- Provide support to medical and pharmacy providers who use automated systems for billing, treatment and other information for Medi-Cal.
- Help providers understand Medi-Cal billing policies and procedures, provider manual information, and claims forms.

## **Denti-Cal Beneficiary Telephone Service Center (Contractor – Delta Dental)**

The Denti-Cal Beneficiary Telephone Service Center is operated by the dental Fiscal Intermediary (FI) contractor, Delta Dental of California. The DHCS Medi-Cal Dental Services Division contracts with the dental FI to manage Fee-for-Service dental benefits for members of Medi-Cal and other DHCS programs. In support of its main functions for processing authorizations and claims, the dental FI contractor operates the Denti-Cal Telephone Service Center, which has separate telephone lines to serve beneficiaries and dental providers.

The Denti-Cal Telephone Service Center provides information to beneficiaries on:

- Dental providers who accept Medi-Cal;
- Clinical screening appointments;
- Dental share-of-cost and co-payments;
- A Treatment Authorization Request (TAR) or related denial notice;
- General information about covered services; and
- How to file a grievance/complaint.

Telephone Service Center staff may refer the beneficiary to individual dental providers, route complaints to supervisors or designated complaints analysts for additional research and response, or mail the beneficiary a complaint form to complete if more information is needed.

- Beneficiaries are usually directed to make their initial complaint to their dental provider as the first step for resolution of issues regarding scope of benefits, quality of care, modification or denial of a TAR, or other aspect of service.
- If a beneficiary is unable to resolve the complaint working with their dental provider, he or she can then register a complaint with the Denti-Cal program through the Telephone Service Center by phone or by submitting a Beneficiary Medi-Cal Dental Program Complaint Form.

## **Other Consumer Assistance Resources for Medi-Cal Beneficiaries**

Some DHCS service centers reported that they also refer Medi-Cal beneficiaries to the organizations described below.

### *County Offices*

The county offices that administer Medi-Cal eligibility related services are often the first point of contact when a consumer is having problems with Medi-Cal. These offices are typically a part of a county social service or health services department. Beneficiaries report to county eligibility workers for a number of reasons including to report if they: have moved; income has changed; lost their Beneficiary Identification Card; want to appeal a Medi-Cal decision or request a State Fair Hearing; and other issues. The county eligibility worker has the authority to make changes to records that affect a beneficiary's program eligibility and ability to use Medi-Cal health benefits.

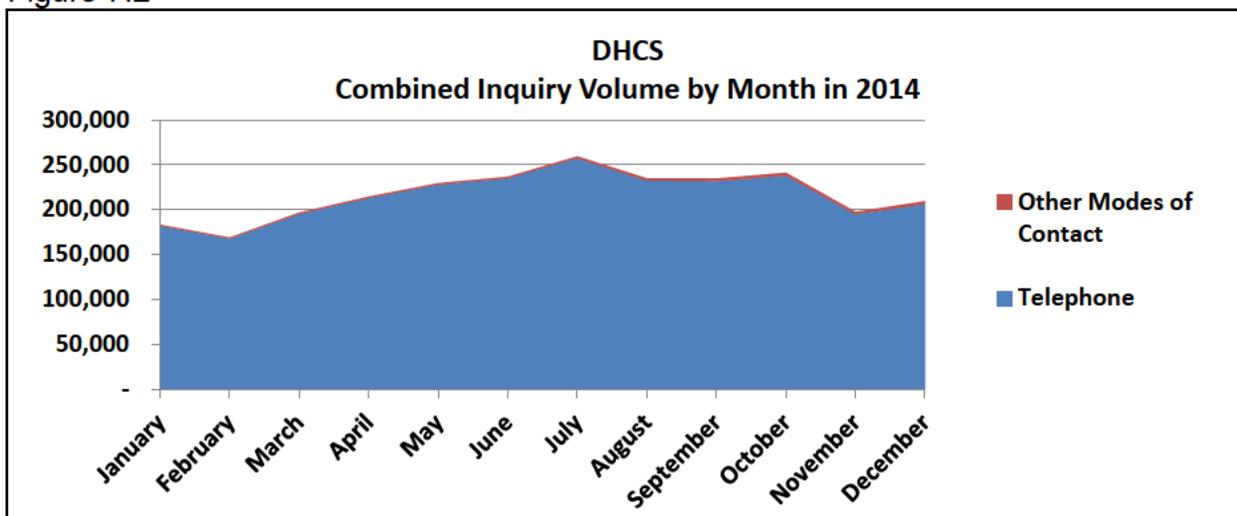
*Health Care Options (DHCS staff and contracted call center)*

DHCS’s Health Care Options (HCO) enrollment broker contractor, MAXIMUS, is responsible for processing Medi-Cal medical and dental managed care plan enrollments after beneficiaries have been determined eligible for Medi-Cal by the county. The HCO contractor also is responsible for handling Medical Exemption Requests from Medi-Cal beneficiaries. This contractor provides consumer assistance to Medi-Cal and Cal MediConnect beneficiaries through a call center, by mailing informational materials, and by offering additional education and outreach services to help beneficiaries make plan choices.

**B. Department of Health Care Services Consumer Assistance Service Centers**

The following chart includes consumer assistance volumes of four DHCS service centers: the Managed Care Ombudsman, Mental Health Ombudsman, Denti-Cal Telephone Service Center, and Medi-Cal Telephone Service Center. This chart reflects inquiries made by consumers, primarily by telephone, and does not include complaints.

Figure 7.2



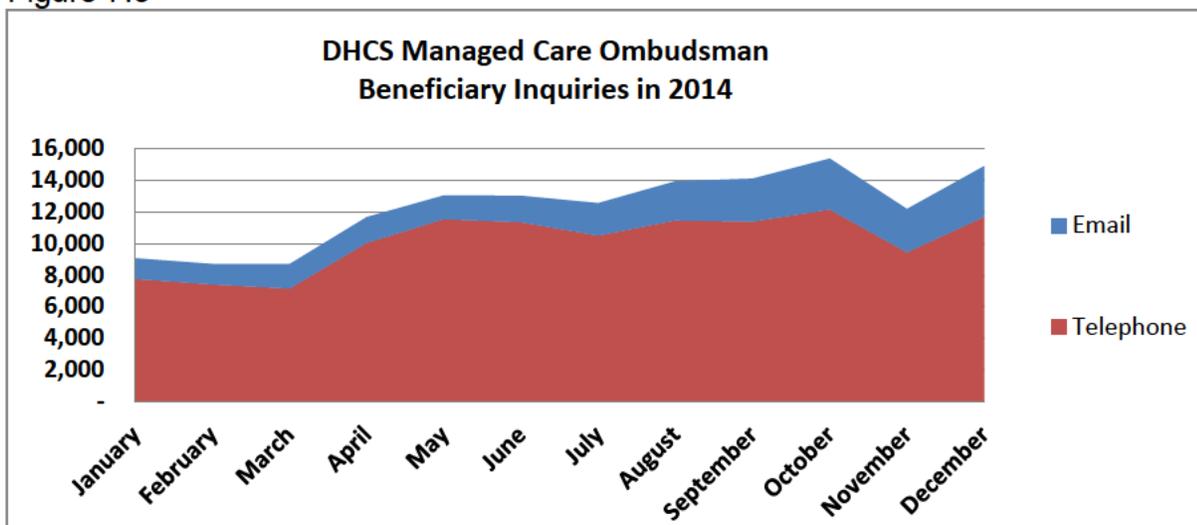
*Note: This chart combines consumer inquiry volumes reported by the DHCS Medi-Cal Managed Care Ombudsman, Mental Health Ombudsman, Denti-Cal Telephone Service Center, and Medi-Cal Telephone Service Center. The Managed Care Ombudsman volume reflects consumer assistance provided to Medi-Cal beneficiaries, and does not include general consumer contacts.*

**B. I. Department of Health Care Services Managed Care Ombudsman Consumer Assistance**

**Requests for Assistance by Month and Mode of Contact**

DHCS reported all consumer requests for assistance made to the Managed Care Ombudsman as inquiries. The following chart displays the 147,352 inquiries received by the Managed Care Ombudsman from Medi-Cal beneficiaries via telephone and email in 2014.

Figure 7.3



### Service Center Telephone Call Metrics

The Managed Care Ombudsman received 121,937 telephone calls from Medi-Cal beneficiaries in 2014. The following table shows the response from DHCS regarding some of the Managed Care Ombudsman’s telephone call metrics. DHCS indicated that data was unavailable for a number of call metrics due to phone system limitations.

Figure 7.4

DHCS Medi-Cal Managed Care Office of the Ombudsman – 2014 Telephone Metrics		Reporting Entity Estimated Metric or Based on Data
<b>Number of abandoned calls</b> (incoming calls terminated by callers prior to reaching a Customer Service Representative - CSR)	N/A	N/A
<b>Number of calls resolved by the IVR/phone system</b> (caller provided and/or received information without involving a CSR)	N/A	N/A
<b>Number of non-jurisdictional inquiry calls answered by a CSR</b>	N/A	N/A
<b>Average wait time to reach a CSR</b>	Not tracked- max allowable is 13 minutes on hold then call is routed to voicemail	
<b>Average length of talk time</b> (time between a CSR answering and completing a call)	X	
<b>Jurisdictional complaint:</b>	Not applicable	
<b>Non-jurisdictional inquiry:</b>	5-10 min	Estimated
<b>Average number of CSRs available to answer calls</b> (during Service Center hours)	10 permanent, 1 Limited-Term, 9 re-directed resources, 5 temporary staff	Data

*Note: N/A is not available.*

## Top Ten Topics for Non-Jurisdictional Inquiries

The following table lists the most common consumer inquiries received by the Managed Care Ombudsman that were referred to other organizations or DHCS entities to address or resolve.

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.*

## Consumer Assistance Protocols

The Managed Care Ombudsman protocols are outlined in staff training materials that address its Customer Relationship Management System; processes for health plan changes, enrollments, disenrollments, and hold removals; and referral resources.

Figure 7.6

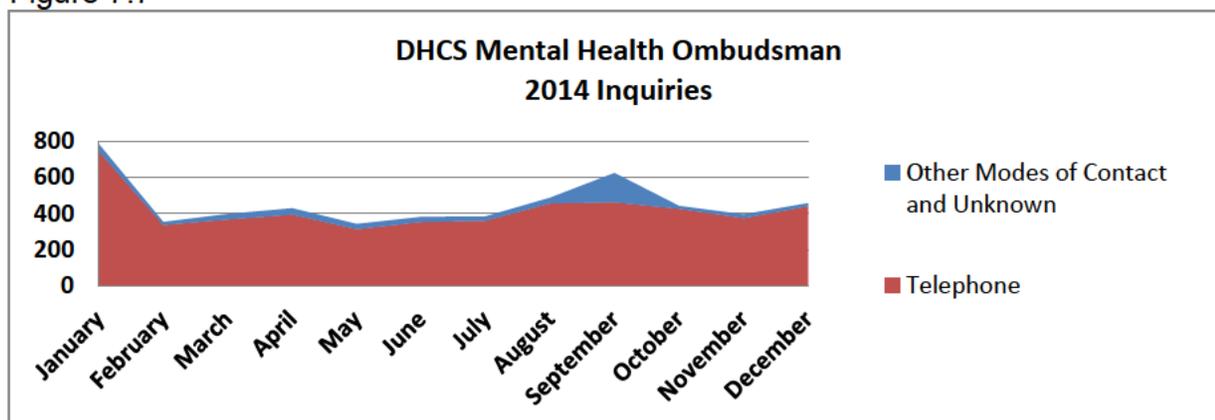
DHCS Managed Care Ombudsman Protocols		
	Process	Timing (if applicable)
<b>Non-Jurisdictional Referrals</b>	Ombudsman analysts answer calls and emails and determine appropriate referral.	Referred as soon as the issue is determined to be non-jurisdictional
<b>After-Hours Assistance</b>	After-hours calls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

## B. II. Department of Health Care Services Mental Health Ombudsman Consumer Assistance

### Requests for Assistance by Month and Mode of Contact

DHCS reported all consumer requests for assistance made to the Mental Health Ombudsman as inquiries, because this service center's primary role is to educate consumers and refer them to other complaint resolution resources. The Mental Health Ombudsman received 5,487 inquiries in 2014.

Figure 7.7



### Service Center Telephone Call Metrics

The Mental Health Ombudsman received 5,036 total telephone calls in 2014. The following table shows the DHCS response regarding some of the Mental Health Ombudsman's telephone metrics.

Figure 7.8

DHCS Mental Health Ombudsman – 2014 Telephone Metrics		Reporting Entity Estimated Metric or Based on Data
<b>Number of abandoned calls</b> (incoming calls terminated by callers prior to reaching a Customer Service Representative - CSR)	283	Data
<b>Number of calls resolved by the IVR/phone system</b> (caller provided and/or received information without involving a CSR)	0	
<b>Number of non-jurisdictional inquiry calls answered by a CSR</b>	3,525	Estimated
<b>Average wait time to reach a CSR</b>	0	Data
<b>Average length of talk time</b> (time between a CSR answering and completing a call)		
Jurisdictional complaint:	N/A	N/A
Non-jurisdictional inquiry:	3 minutes	Estimated
<b>Average number of CSRs available to answer calls</b> (during Service Center hours)	3	Data

Note: N/A is not applicable.

## Top Ten Topics for Non-Jurisdictional Inquiries

The following table lists the most common consumer inquiries received by the Mental Health Ombudsman that were referred to other organizations or DHCS entities to address or resolve.

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.*

### Consumer Assistance Protocols

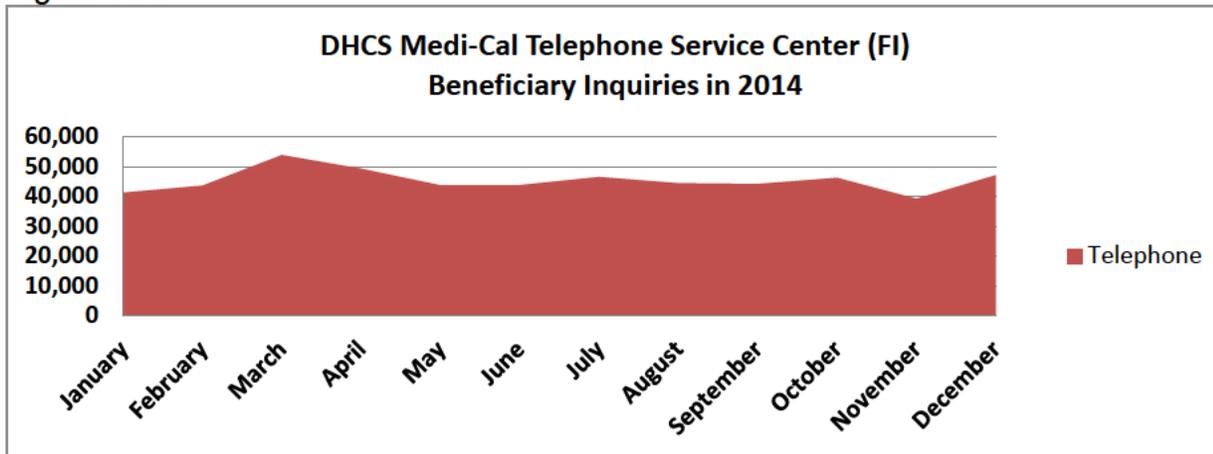
DHCS indicated that its Mental Health Ombudsman has a Policy & Procedure Manual, which DHCS was unable to provide in time for this report and which includes consumer assistance protocols, performance standards, language assistance procedures, and referral tools.

### B. III. Medi-Cal Telephone Service Center Consumer Assistance

#### Requests for Assistance by Month and Mode of Contact

DHCS reported all consumer requests for assistance made to the Fiscal Intermediary's Medi-Cal Telephone Service Center as inquiries. This service center answered 542,792 telephone inquiries from beneficiaries in 2014. This volume does not include abandoned calls or calls resolved by the service center's Interactive Voice Response system without reaching a customer service representative.

Figure 7.10



### Service Center Telephone Call Metrics

The Medi-Cal Telephone Service Center answered 542,792 total telephone calls from beneficiaries in 2014. The following table shows the response from DHCS regarding some of the Medi-Cal Telephone Service Center's telephone metrics.

Figure 7.11

DHCS Medi-Cal Telephone Service Center - 2014 Telephone Metrics (FI Contractor: Xerox)		Reporting Entity Estimated Metric or Based on Data
<b>Number of abandoned calls</b> (incoming calls terminated by callers prior to reaching a Customer Service Representative - CSR)	61,837*	Data
<b>Number of calls resolved by the IVR/phone system</b> (caller provided and/or received information without involving a CSR)	1,798,398*	Data
<b>Number of non-jurisdictional inquiry calls answered by a CSR</b>	542,792	Data
<b>Average wait time to reach a CSR</b>	1:57	Data
<b>Average length of talk time</b> (time between a CSR answering and completing a call)		
Jurisdictional complaint:	N/A	N/A
Non-jurisdictional inquiry:	3:59	Data
<b>Average number of CSRs available to answer calls</b> (during Service Center hours)	65	Data

Note: N/A is not applicable.

\*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.

### Top Ten Topics for Non-Jurisdictional Inquiries

The following table lists the most common consumer inquiries received by the Medi-Cal Telephone Service Center that are outside its authority and referred to other organizations or DHCS entities.

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.*

### Consumer Assistance Protocols

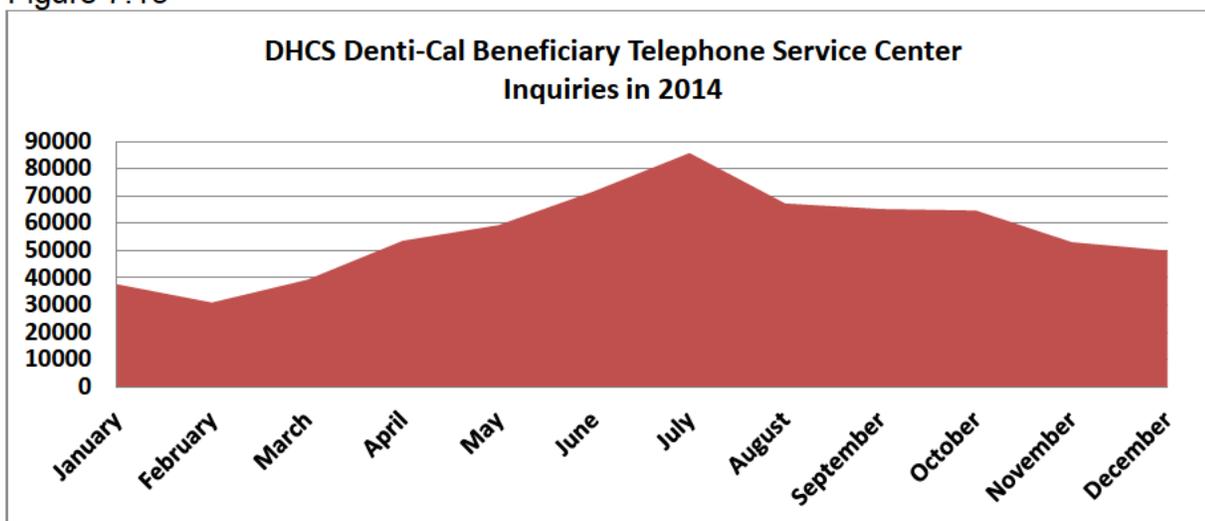
The Medi-Cal Telephone Service Center did not report information on its protocols or performance standards.

### B. IV. Denti-Cal Beneficiary Telephone Service Center Consumer Assistance

#### Requests for Assistance by Month and Mode of Contact

DHCS reported all consumer requests for assistance made to the Denti-Cal Beneficiary Telephone Service Center as inquiries. This service center received 676,837 inquiries from consumers in 2014. Nearly all inquiries (99.9%) were received by telephone.

Figure 7.13



## Service Center Telephone Call Metrics

The Denti-Cal Beneficiary Telephone Service Center received 676,394 total telephone calls in 2014 from consumers. The following table shows the response from DHCS regarding some of this service center's telephone metrics.

Figure 7.14

DHCS Denti-Cal Beneficiary Telephone Service Center - 2014 Telephone Metrics <i>(Dental FI Contractor: Delta Dental)</i>		Reporting Entity Estimated Metric or Based on Data
<b>Number of abandoned calls</b> (incoming calls terminated by callers prior to reaching a Customer Service Representative - CSR)	100,670	Data
<b>Number of calls resolved by the IVR/phone system</b> (caller provided and/or received information without involving a CSR)	358,315	Data
<b>Number of non-jurisdictional inquiry calls answered by a CSR</b>	217,409	Data
<b>Average wait time to reach a CSR</b>	0:03:54	Data
<b>Average length of talk time</b> (time between a CSR answering and completing a call)		
Jurisdictional complaint:	N/A	N/A
Non-jurisdictional inquiry:	0:06:18	Data
<b>Average number of CSRs available to answer calls</b> (during Service Center hours)	74	Data

*Note: N/A is not applicable.*

## Top Topics for Non-Jurisdictional Inquiries

The following table lists the most common consumer inquiries received by the Denti-Cal Beneficiary Telephone Service Center.

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	N/A
3	Eligibility Question	N/A
4	Status of Service Request	N/A
5	Share of Cost	N/A
6	Beneficiary Reimbursement	N/A

*Note: Rankings estimated by DHCS.*

## Consumer Assistance Protocols

The contractor for the Denti-Cal Beneficiary Telephone Service Center has documented written protocols and standards for providing consumer assistance on inquiries, and for maintaining related records.

Figure 7.16

DHCS Denti-Cal Beneficiary Telephone Service Center Protocols		
	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	

## B. V. Medi-Cal Fair Hearing through CDSS

### Complaint Protocols

Throughout this report, OPA summarizes complaint protocols based on documentation submitted by the reporting entities. Each reporting entity has different time standards established for completing their complaint review processes, which are determined by applicable statutory and regulatory requirements, as well as internal department policies and procedures. Time standards and resolution times noted in this report are not comparable because of differences in how the reporting entities review consumer complaints and track the initiation and closing of cases.

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	<i>CDSS State Hearings Division</i> : 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.*

## C. DHCS Complaint Data

### Complaint Ratios

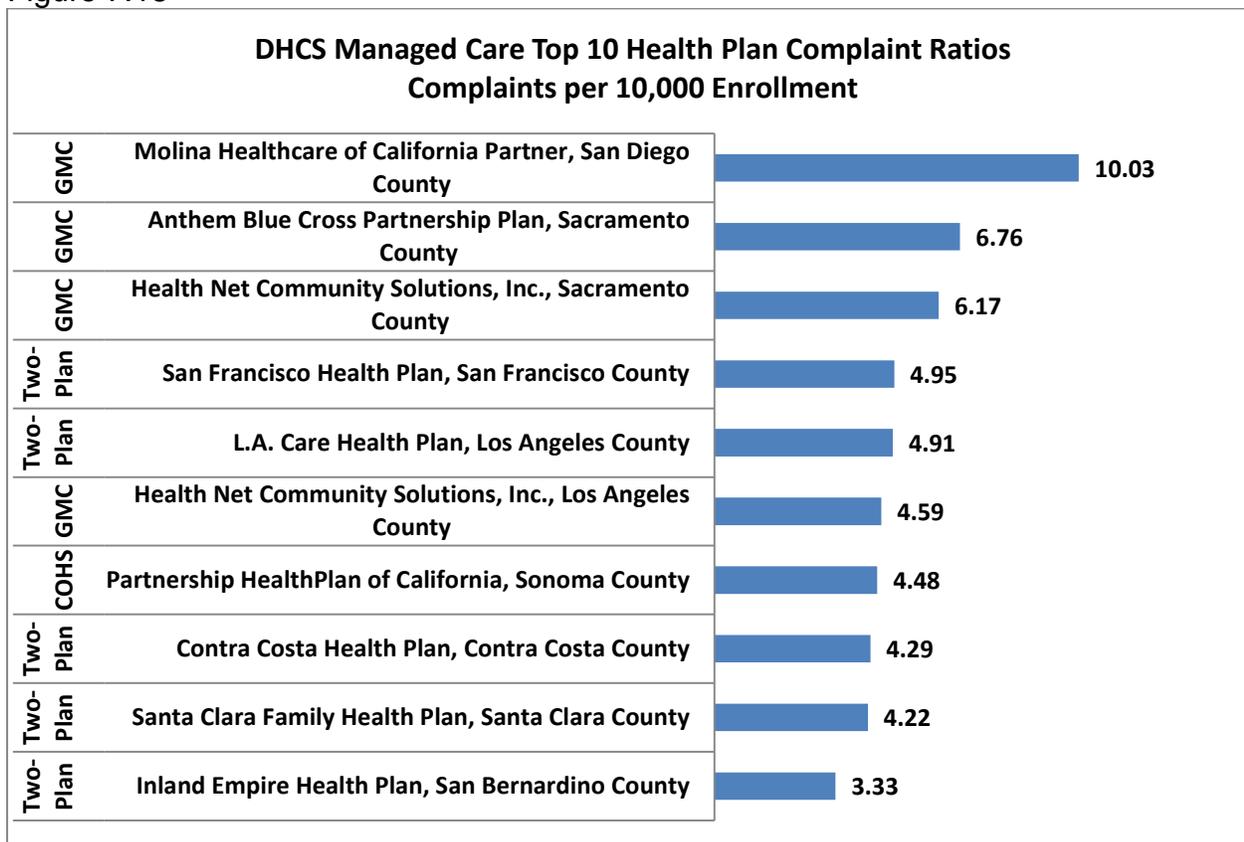
The complaint data ratio is used as a performance indicator to compare health plans. Due to variance in the enrollment size among health plans and health programs in California, a complaint ratio allows for a more equitable comparison between small and large health plans and across programs.

The complaint ratio is calculated by taking the number of closed complaints and dividing it by the number of covered lives the insurer had in place by the end of a specific month in the Spring of 2014. This number is standardized by dividing the ratio by 10,000.

When comparing plans, a lower number of complaints per 10,000 enrollees in a plan indicates that fewer complaints were submitted per capita. A plan with a higher overall number of complaints submitted may still receive fewer complaints per 10,000 enrollees than another plan with fewer overall complaints.

In the chart below, the Managed Care complaint ratios are displayed by the Top 10 Health Plans exceeding 70,000 covered lives. There were 88 plans with at least one complaint from the total of 21,376,642 enrollment.

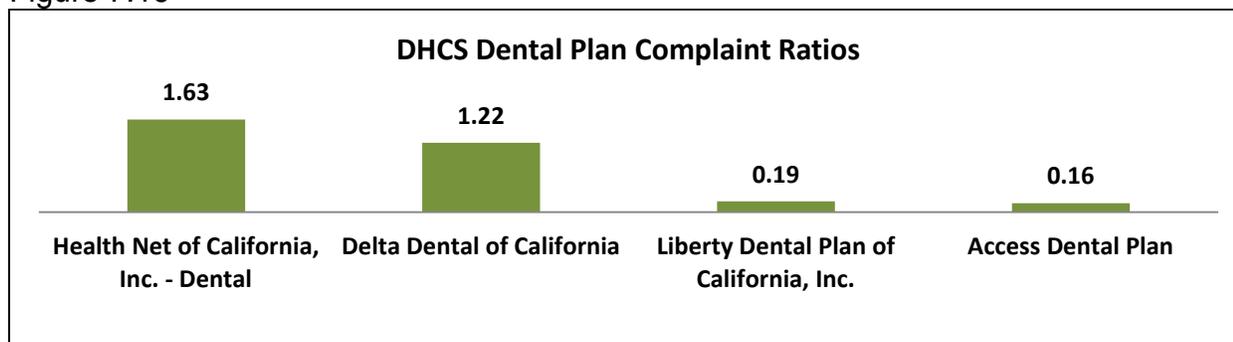
Figure 7.18



*Note: Displayed health plans have over 70,000 enrollees*

In the chart below, the Dental complaint ratios are displayed by the DHCS Dental Plans. The complaint ratio is calculated by taking the number of closed complaints and dividing it by the number of covered lives the insurer had in place by the end of a specific month in the Spring of 2014. This number is standardized by dividing the ratio by 10,000.

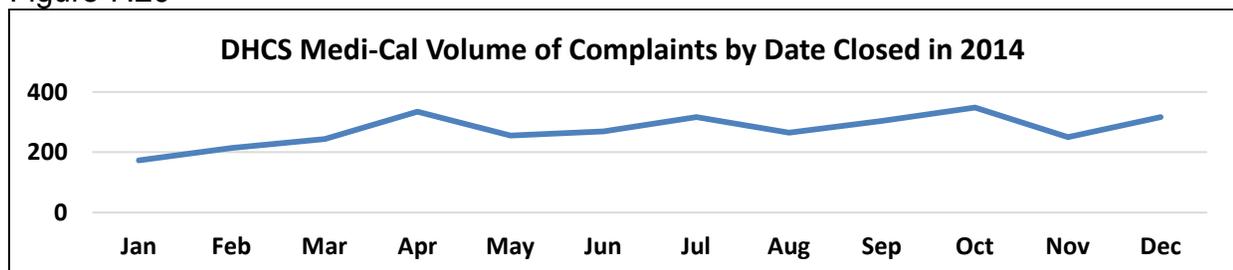
Figure 7.19



### Volume of Closed Complaints

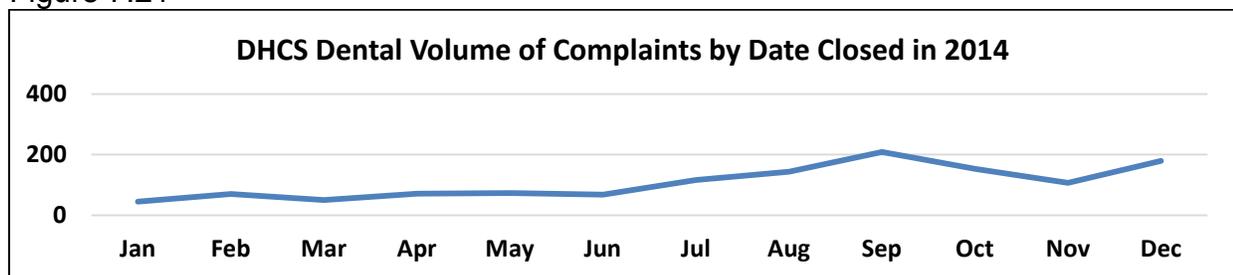
The volume of complaints is the total count of complaints closed in 2014 and does not include cases opened in previous years if they were closed before 2014 or cases opened in late 2014 but closed in 2015. The volume of complaints is the total count of complaints submitted for the year. The chart below displays the total of 3,291 complaints distributed by month for 2014.

Figure 7.20



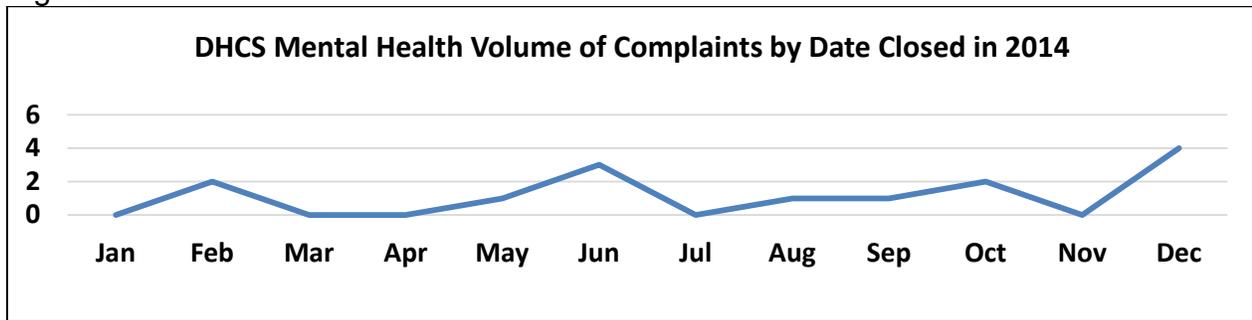
The chart below displays the total of 1,284 DHCS Dental complaints distributed by month for 2014.

Figure 7.21



The chart below displays the total of 14 DHCS Mental Health complaints distributed by month for 2014.

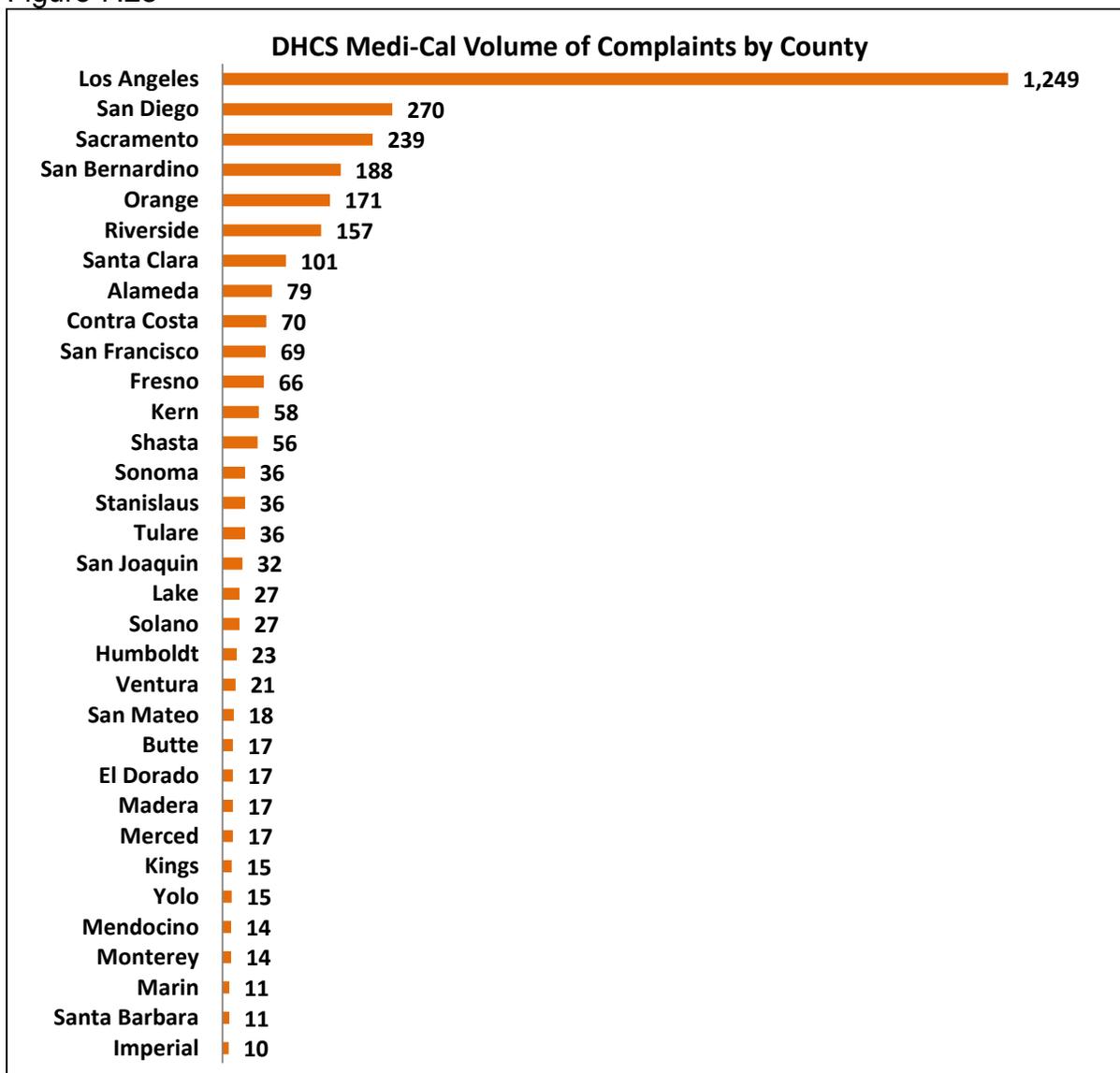
Figure 7.22



### Volume of Complaints by County

The following chart displays the volume of complaints by county. The counties not shown each have fewer than ten complaints. There are three complaints with an Unknown county.

Figure 7.23



*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.*

### Complaint Type

All of the DHCS complaints submitted had the Complaint Type of CDSS State Fair Hearing. The average length of time for DHCS complaints to be resolved based on Type of Complaint is 77 days.

### Age

DHCS submitted 3,289 Medi-Cal complaints with an age identified. The majority of complaints are from consumers aged 35 – 54. There were two Unknown age complaints. The complaint reasons for age groups under age 18 through 54 were identical in order of frequency as follows:

1. Quality of Care
2. Plan Subcontractor/Provider Billing/Reimbursement Issue
3. Dis/enrollment
4. Other
5. Access to Care

The complaint reasons were similar in order for the age group 55 – 74 except with Access to Care and Other reversed. For the age group over 74, complaint reasons were Quality of Care, Other, Dis/enrollment, and Plan Subcontractor/Provider Billing/Reimbursement Issue.

### **Gender, Race, Ethnicity, Language**

DHCS did not submit complaint data that identified these categories.

### **Mode of Contact**

Of the 3,291 DHCS Medi-Cal complaints submitted only one identified a Mode of Contact. The known Mode of Contact was by email with the remainder Unknown.

The Dental and Mental Health complaints submitted did not identify the Mode of Contact.

### **Regulator**

DHCS Medi-Cal submitted 3,289 complaints with an identified health plan regulator. DMHC was identified as regulator of 2,294 complaints and 995 were identified as Other. There were two complaints where the regulator was Unknown.

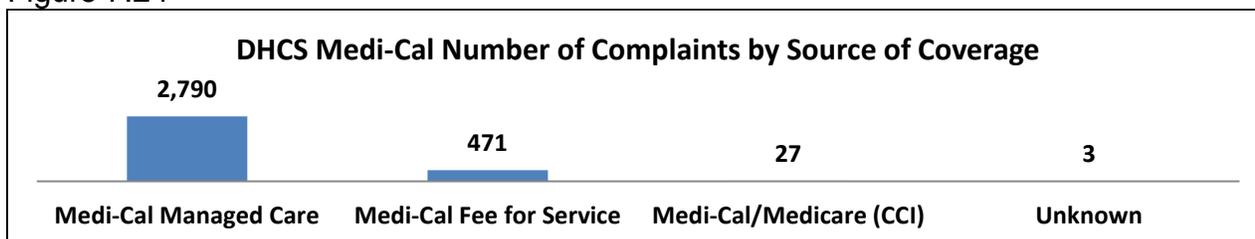
The Dental complaints submitted identified DMHC as the regulator with an average resolution time of 31 days.

The Mental Health complaints submitted did not identify a regulator.

### **Source of Coverage**

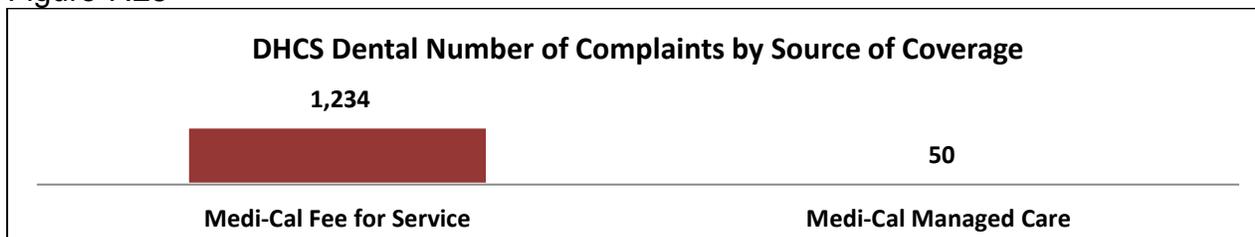
DHCS submitted 3,291 complaints where only three (less than 1%) were Unknown as to Source of Coverage. The following chart shows the Source of Coverage for complaints closed during 2014. Medi-Cal Managed Care accounted for 85 percent, Medi-Cal Fee-for-Service accounted for 14 percent, and Medi-Cal/Medicare (CCI) accounted for one percent.

Figure 7.24



DHCS submitted 1,284 Dental complaints. All of the Dental complaints identified a Source of Coverage shown in the chart below. Dental Managed Care Source of Coverage includes two counties Sacramento (Geographic Managed Care) and Los Angeles (Prepaid Health Plan).

Figure 7.25



### Volume of Complaints by Product Type

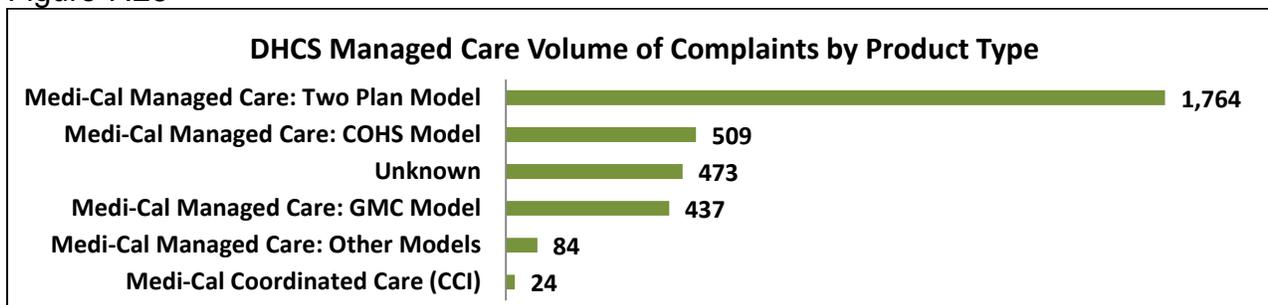
Of the 3,291 complaints submitted by DHCS in 2014, 2,818 included information about Product Type. The Medi-Cal Managed Care: Other Models Product Type includes:

- Medi-Cal Managed Care: Rural Model
- Medi-Cal Managed Care: Imperial Model
- Medi-Cal Managed Care: San Benito Model
- Long Term Care: Program of All-Inclusive Care for the Elderly (PACE)
- Long Term Care: Senior Care Action Network (SCAN)

Complaints about Product Type: Model of Medi-Cal Managed Care: Two Plan Model accounted for 53.60 percent of all of the complaints submitted.

The following chart displays all of the Product Types submitted by Managed Care.

Figure 7.26



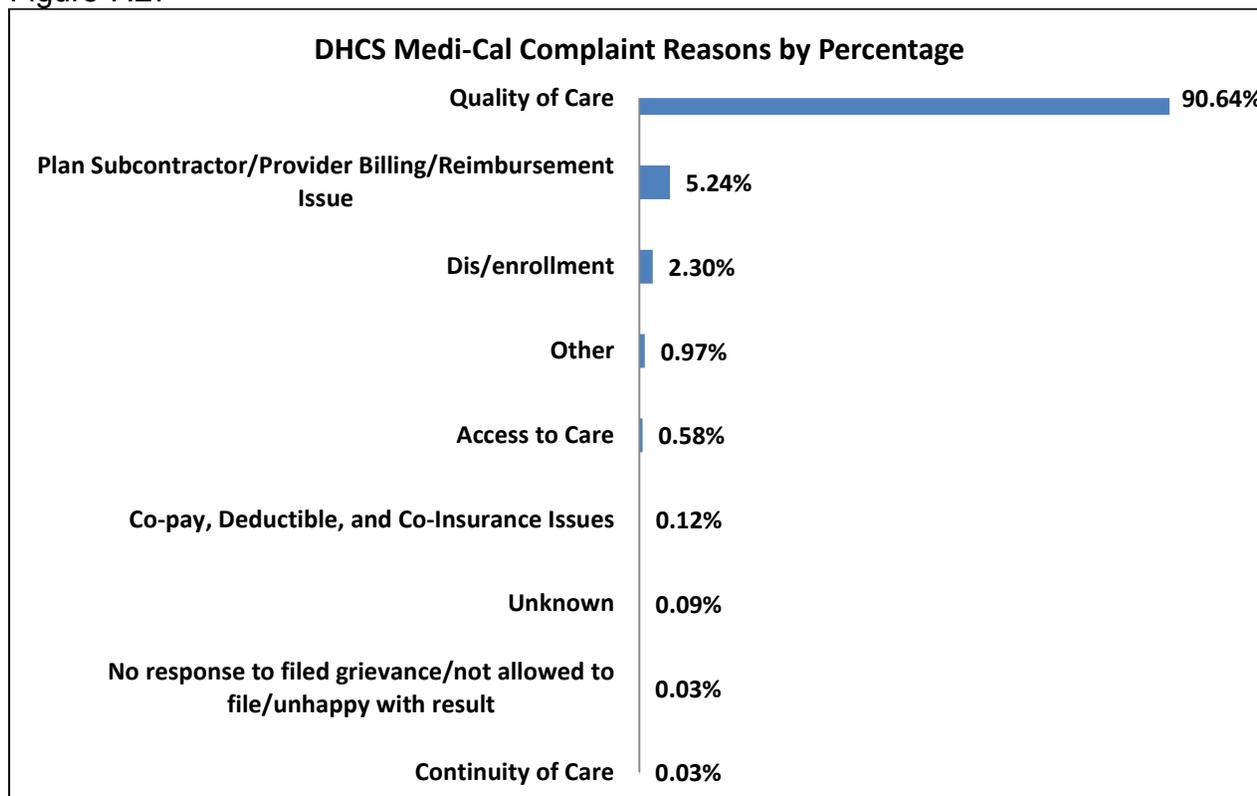
All of the 1,284 Dental complaints submitted by DHCS are identified by the same Product Type of Dental.

All of the 14 Mental Health complaints submitted by DHCS identified a Product Type of Mental Health.

### Complaint Reasons

As shown in the chart below, DHCS submitted 3,291 Medi-Cal complaints that identified a complaint reason with some complaints having more than one complaint reason. The most frequent complaint reason was Quality of Care at 2,994, Plan Subcontractor/Provider Billing/Reimbursement Issue at 173, Dis/Enrollment at 76, Other at 32, Access to Care at 19, Co-Pay, Deductible, and Co-Insurance Issues at 4, Unknown at 3, No response to filed grievance/not allowed to file/unhappy with result at 1, and Continuity of Care at 1.

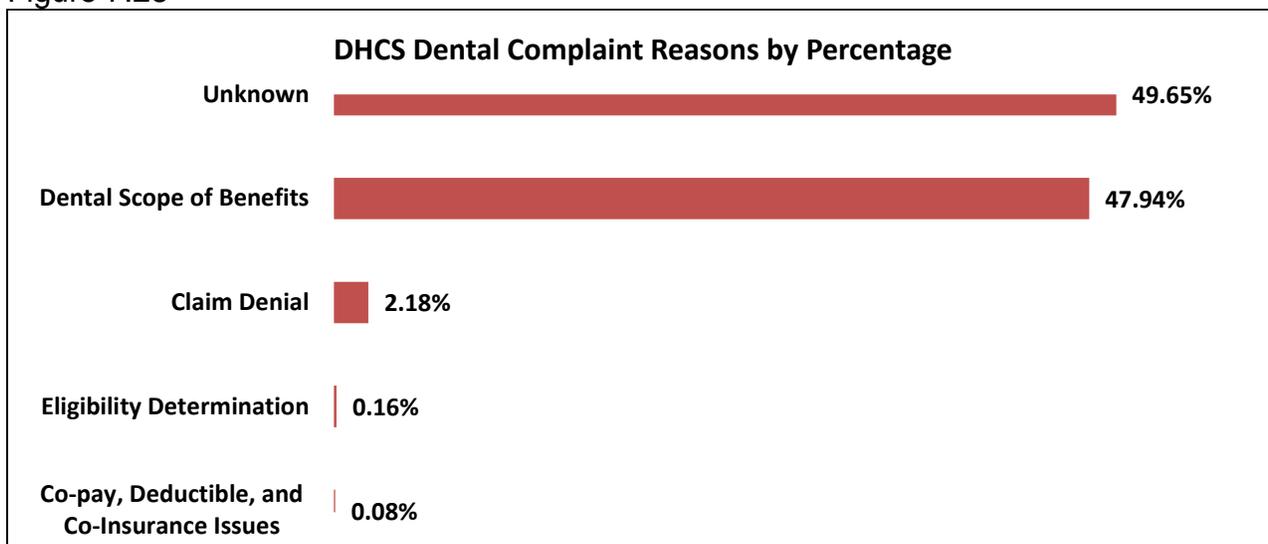
Figure 7.27



*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.*

As shown in the following chart, Dental Scope of Benefits accounted for 47.94 percent of all Complaint Reasons submitted by DHCS Dental in 2014.

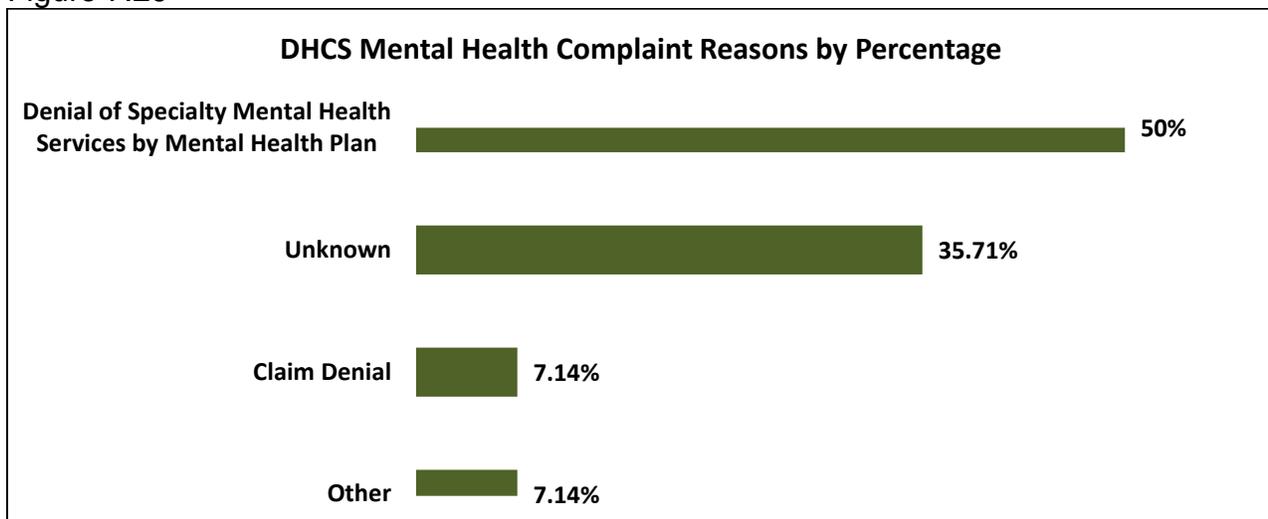
Figure 7.28



*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.*

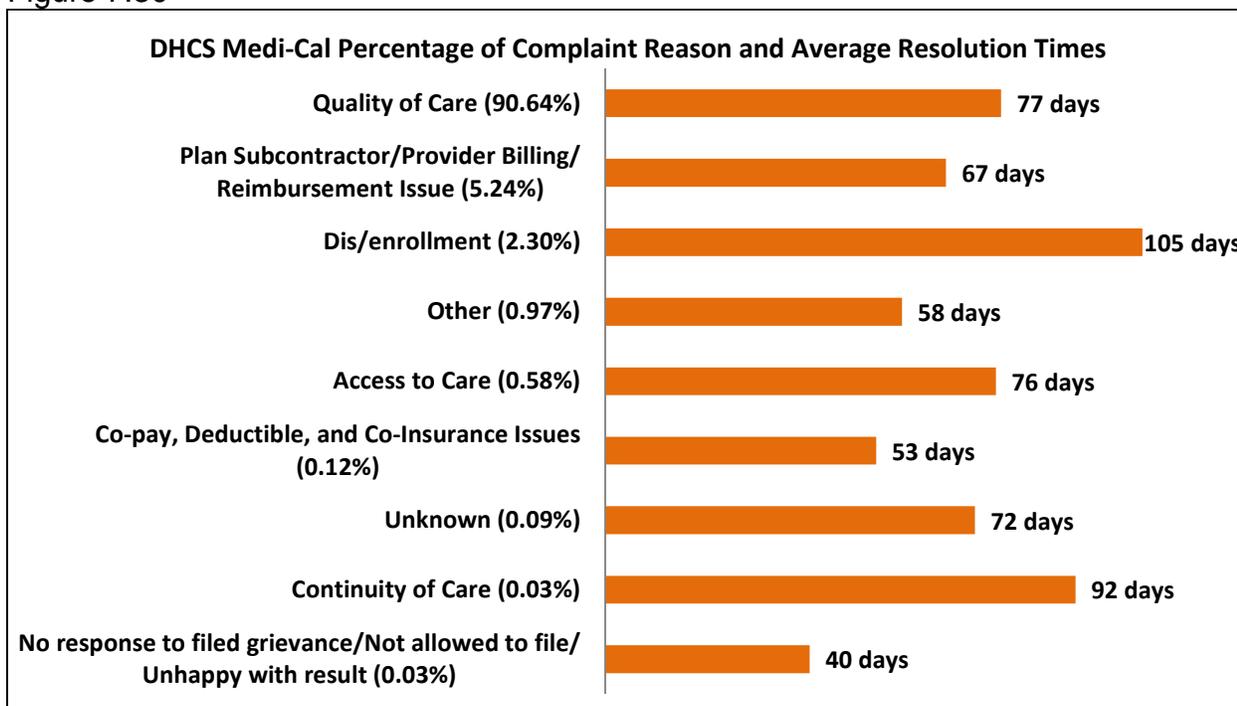
As shown in the chart below, Denial of Specialty Mental Health Services by Mental health Plan accounted 50 percent of Complaint Reasons submitted by DHCS Mental Health in 2014.

Figure 7.29



The following chart displays the percentage of complaint reasons with corresponding average resolution times.

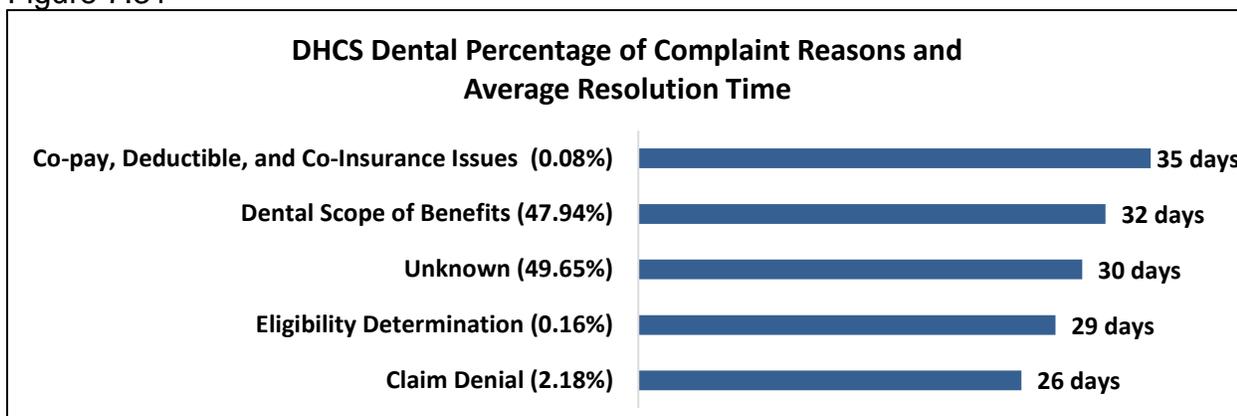
Figure 7.30



*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.*

The chart below displays the 1,285 Dental complaint reasons with corresponding resolution times submitted by DHCS.

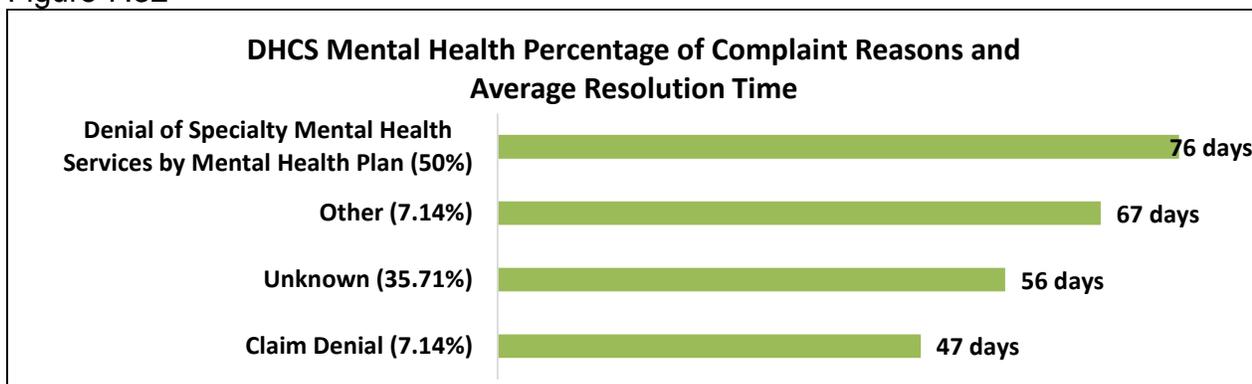
Figure 7.31



*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.*

The chart below displays the 14 Mental Health complaint reasons with corresponding resolution times submitted by DHCS.

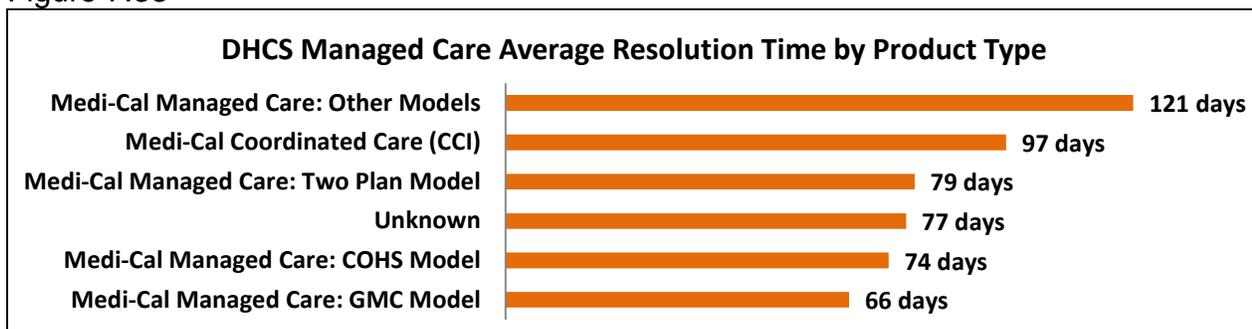
Figure 7.32



### Resolution Time

The chart below shows the average length of time to resolve Managed Care complaints in 2014 by Product Type. The resolution time of complaints is calculated by subtracting the date that the complaint was opened from the date the complaint was closed. The average resolution time of complaints under Medi-Cal Managed Care: Other Models is 12 to 150 days.

Figure 7.33



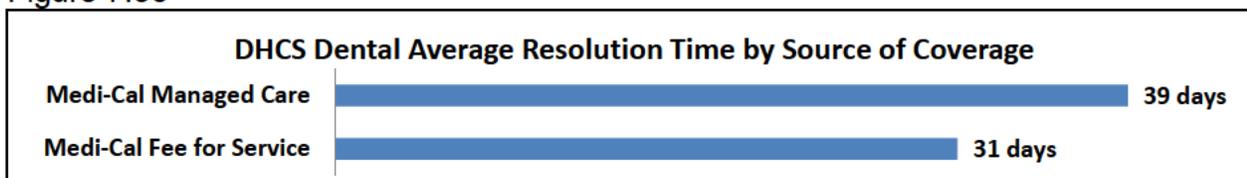
The following chart shows the average length of time for DHCS complaints to be resolved based on Source of Coverage.

Figure 7.34



The chart below shows the average length of time for Dental complaints to be resolved based on Source of Coverage.

Figure 7.35



## D. Complaint Results

The following table shows all of the 3,291 complaints submitted by DHCS Medi-Cal with a complaint result.

Figure 7.36

DHCS Medi-Cal Complaint Results	
Compromise Settlement/Resolution	9 (0.3%)
Overtured/Health Plan Position Overtured	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*

The following table shows all of the 1,284 complaints submitted by DHCS Dental with a complaint result.

Figure 7.37

DHCS Dental Complaint Results	
Overtured/Health Plan Position Overtured	54 (4.2%)
Upheld/Health Plan Position Substantiated	407 (31.7%)
No Action Requested/Required	195 (15.2%)
Withdrawn/Complaint Withdrawn	628 (48.9%)

The following table shows all of the 14 complaints submitted by DHCS Mental Health with a complaint result.

Figure 7.38

DHCS Mental Health Complaint Results	
Overtured/Health Plan Position Overtured	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*