

Data Tables for the Office of the Patient Advocate's Complaint Data Report for Measurement Year 2018

The following tables provide underlying data for the charts and graphs that appear in Sections 3-7 of the Measurement Year 2018 Complaint Data Report published by the California Office of the Patient Advocate (OPA). The data represented was reported to OPA by the Department of Managed Health Care (DMHC), Department of Health Care Services (DHCS), California Department of Insurance (CDI), and Covered California regarding consumer health care complaints closed in 2018. Report figures that were originally displayed in the table format are not included below and can be referenced in the complete report posted on the [OPA website](#).

Section 3 – Statewide Data Tables

Figure 3.2 Statewide Jurisdictional Complaint Volumes

Measurement Year	DMHC	DHCS	CDI	Covered California	Statewide Total
2018	16,741	5,634	4,370	12,760	39,505
2017	19,200	6,603	3,885	15,687	45,375
2016	25,884	6,770	2,871	20,398	55,923

Note: Due to methodology differences, the complaint figures shown may vary from complaint volumes published by the reporting entities in other reports. In addition, due to changes in reporting methodologies, year-over-year comparisons should be interpreted with caution. CDI's reported non-jurisdictional complaint data was excluded from the statewide three-year trend analysis, along with three cases referred by DMHC to outside agencies or departments in 2017.

Figure 3.3 Statewide 2018 Top Five Jurisdictional Complaint Reasons Compared to Prior Years

Complaint Reason	2018 Percentage	2017 Percentage	2016 Percentage
Denial of Coverage	21.2%	20.9%	23.4%
Medical Necessity Denial	10.0%	9.4%	9.9%
Cancellation	7.9%	11.6%	13.6%
Co-Pay, Deductible, and Co-Insurance Issues	6.8%	5.7%	5.3%
Claim Denial	5.3%	4.3%	4.1%

Note: The number of reasons exceeded the number of complaints because some cases had more than one reason (42,545 reasons from 39,505 complaints in 2018). Some differences between measurement years may be due in part to changes in data collection and reporting rather than changes in incidence.

Figure 3.4 Statewide 2018 Top Five Jurisdictional Complaint Results Compared to Prior Years

Complaint Result	2018 Percentage	2017 Percentage	2016 Percentage
Upheld/Health Plan Position Substantiated	32.2%	30.3%	23.6%
Withdrawn/Complaint Withdrawn	23.6%	19.6%	18.4%
Compromise Settlement/Resolution	11.7%	11.4%	13.1%
Insufficient Information	11.0%	10.2%	7.9%
Overtured/Health Plan Position Overtured	9.1%	12.0%	11.0%

Note: The number of results exceeded the number of complaints because some cases had more than one result reported (43,321 results from 39,505 complaints in 2018). Differences between measurement years may be due in part to changes in data collection and reporting rather than incidence.

Section 4 – Department of Managed Health Care Data Tables

Figure 4.1 DMHC Volume of Complaints by Month Closed

Month	Volume Closed in 2018	Volume Closed in 2017	Volume Closed in 2016
January	1,522	2,019	1,804
February	1,346	1,729	1,803
March	1,648	1,867	2,112
April	1,266	1,545	2,239
May	1,464	1,593	2,151
June	1,685	1,629	2,309
July	1,329	1,471	2,228
August	1,616	1,659	2,780
September	1,184	1,476	2,389
October	1,149	1,538	1,915
November	1,420	1,369	1,791
December	1,112	1,305	2,363

Figure 4.2 DMHC Volume of Complaints by Month Opened in 2017

Month in 2017	Volume of Complaints Opened
January	2,445
February	1,444
March	1,633
April	1,564
May	1,564
June	1,639
July	1,563
August	1,596
September	1,455
October	1,461
November	1,346
December	1,283

Note: A two-year analysis was necessary to capture complaint volumes for cases opened in the winter months of 2017 and closed in the following year (reported in the Measurement Year 2018 dataset).

Figure 4.4 DMHC 2018 Top Ten Highest Health Plan Complaint Ratios (per 10,000 members) Compared to Prior Years

Health Plan	2018 Ratio	2017 Ratio	2016 Ratio
Western Health Advantage	16.68	11.28	13.16
Blue Shield of California	14.21	16.87	22.37
Anthem Blue Cross	12.47	18.71	24.69
UnitedHealthcare of California	12.06	12.49	16.54
Aetna Health of California, Inc.	10.76	14.15	12.90
Care 1 st Health Plan	10.64	10.79	15.24
Sutter Health Plus	10.13	7.25	12.01
Sharp Health Plan	9.44	5.75	7.05
Cigna HealthCare of California, Inc.	9.26	11.04	17.29
Health Net of California, Inc.	6.74	21.39	7.38

Note: Health Net of California, Inc.'s complaint ratios include complaints regarding Health Net Community Solutions. The chart analysis excludes plans with 2018 enrollment under 70,000 members.

Figure 4.5 DMHC 2018 Top Ten Complaint Reasons Compared to Prior Years

Complaint Reason	2018 Percentage	2017 Percentage	2016 Percentage
Medical Necessity Denial	16.3%	15.7%	14.3%
Co-Pay, Deductible, and Co-Insurance Issues	15.7%	13.3%	11.1%
Coverage Question	10.2%	9.7%	7.3%
Cancellation	9.2%	13.8%	18.2%
Provider Attitude and Service	9.0%	6.8%	4.8%
Out-of-Network Benefits	6.9%	5.2%	4.7%
Experimental/Investigational Denial	6.1%	13.1%	17.3%
Access to Care	3.9%	3.3%	2.6%
Pharmacy Benefits	3.9%	3.8%	2.9%
Dis/Enrollment	3.0%	3.7%	3.8%

Figure 4.7 DMHC 2018 Complaint Results Compared to Prior Years

Complaint Result	2018 Percentage	2017 Percentage	2016 Percentage
Upheld/Health Plan Position Substantiated	46.5%	44.0%	33.5%
Compromise Settlement/Resolution	18.7%	18.1%	12.4%
Insufficient Information	17.8%	17.2%	15.5%
Overtured/Health Plan Position Overtured	8.2%	7.2%	17.3%
Consumer Received Requested Service	5.8%	11.7%	17.3%
Referred to Other Division for Possible Disciplinary Action	2.9%	1.5%	9.9%

Note: Two results categories with low volumes were excluded from the display. Results categories considered to be favorable to the consumer complainant include: Overtured/Health Plan Position Overtured; Consumer Received Requested Service; Compromise Settlement/Resolution; and Referred to Other Division for Possible Disciplinary Action. Results considered to be favorable to the health plan include: Upheld/Health Plan Position Substantiated. The favorability of the other categories shown is neutral or cannot be determined.

Figure 4.8 DMHC 2018 Results for Medical Necessity Denial Complaints

Complaint Result	Percentage of Medical Necessity Denial Complaints
Overtured/Health Plan Position Overtured	32.9%
Upheld/Health Plan Position Substantiated	30.3%
Insufficient Information	3.5%
Consumer Received Requested Service	33.4%

Figure 4.9 DMHC 2018 Results for Co-Pay, Deductible, and Co-Insurances Issues Complaints

Complaint Result	Percentage of Co-Pay, Deductible, and Co-Insurance Issues Complaints
Upheld/Health Plan Position Substantiated	49.7%
Compromise Settlement/Resolution	24.0%
Insufficient Information	23.3%
Referred to Other Division for Possible Disciplinary Action	1.8%
Overtured/Health Plan Position Overtured	1.1%

Figure 4.10 DMHC 2018 Results for Coverage Question Complaints

Complaint Result	Percentage of Coverage Question Complaints
Upheld/Health Plan Position Substantiated	41.3%
Insufficient Information	38.6%
Compromise Settlement/Resolution	16.3%
Referred to Other Division for Possible Disciplinary Action	2.2%
Overtured/Health Plan Position Overtured	1.5%

Figure 4.11 DMHC Average Resolution Times (in Days) by Complaint Type

Complaint Type	2018 Average	2017 Average	2016 Average
Independent Medical Review	32	27	24
Complaint/Standard Complaint	23	21	30
Urgent Nurse Case	9	6	14
Quick Resolution	4	5	7

Note: Resolution times were counted from the date DMHC received any initial information from a consumer to the date that DMHC closed the complaint. The timeframes for DMHC's time standards are based on the date that the department receives a completed complaint/IMR application. Figures detailing average resolution times include case durations with time prior to the completion of the complaint/IMR application.

Figure 4.12 DMHC 2018 Complaint Distribution by Age

Age Group	2018 Percentage
Under 18	10.7%
18-34	17.5%
35-54	31.1%
55-64	25.6%
65-74	4.9%
75 and Older	1.8%
Unknown	8.4%

Figure 4.13 DMHC Top Five Reasons for Medi-Cal Health Plan Complaints

Complaint Reason	Percentage of Medi-Cal Plan Complaints
Medical Necessity Denial	24.4%
Provider Attitude and Service	14.4%
Coverage Question	12.0%
Access to Care	9.6%
Denied Services	6.2%

Note: The number of reasons exceeded the number of complaints because some Med-Cal plan complaints had more than one reason (2,639 reason entries from the 2,513 complaints in 2018).

Figure 4.14 DMHC Top Five Reasons for Covered California Plan Complaints

Complaint Reason	Percentage of Covered California Plan Complaints
Cancellation	26.2%
Co-Pay, Deductible, and Co-Insurance Issues	14.9%
Medical Necessity Denial	10.5%
Dis/Enrollment	7.4%
Coverage Question	5.9%

Note: The number of reasons exceeded the number of complaints because some Covered California plan complaints had more than one reason (2,150 reason entries from the 2,076 complaints in 2018).

Figure 4.15 DMHC Covered California Plan Complaint Ratios for Cancellation and Dis/Enrollment Issues (Complaints per 10,000 Members)

Health Plan	2018 Ratio	2017 Ratio	2016 Ratio
Kaiser Permanente	6.48	13.17	53.00
Blue Shield of California	5.83	10.87	16.27
Health Net of California, Inc.	4.00	10.90	20.59
L.A. Care Health Plan	1.80	2.04	11.01

Note: The display excludes health plans with Covered California enrollment under 70,000 members. The ratio was calculated based on the volume of Cancellation and Dis/Enrollment complaints, and excludes complaints for other reported reasons.

Figure 4.16 DMHC Covered California Plan Complaint Ratios for Health Care Delivery Issues (Complaints per 10,000 Members)

Health Plan	2018 Ratio	2017 Ratio	2016 Ratio
Blue Shield of California	12.16	12.83	12.52
Health Net of California, Inc.	10.69	8.04	10.09
L.A. Care Health Plan	8.47	7.76	16.09
Kaiser Permanente	6.68	7.08	14.66

Note: The display excludes health plans with Covered California enrollment under 70,000 members. Cancellation and Dis/Enrollment complaint reason volumes were excluded from the complaint ratio calculations.

Section 5 – Department of Health Care Services Data Tables

Figure 5.1 DHCS Volume of Complaints by Month Closed

Month	Volume Closed in 2018	Volume Closed in 2017	Volume Closed in 2016
January	367	444	509
February	378	604	635
March	466	662	740
April	412	622	580
May	546	665	729
June	551	482	854
July	593	474	214
August	590	802	346
September	428	716	528
October	487	446	634
November	420	381	510
December	396	305	491

Figure 5.2 DHCS Complaint Volume by Month Opened in 2017

Month in 2017	Volume of Complaints Opened
January	600
February	519
March	578
April	502
May	544
June	593
July	455
August	516
September	445
October	434
November	383
December	275

Note: A two-year analysis was necessary to capture complaint volumes for cases opened in the winter months of 2017 and closed in the following year (reported in the Measurement Year 2018 dataset).

Figure 5.4 DHCS 2018 Health Plan Complaint Ratios (per 10,000 Members)

Health Plan	Ratio
Anthem Blue Cross Partnership Plan	4.12
L.A. Care Health Plan	2.27
Care 1st Partner Plan	1.89
CalOptima	1.89
Health Plan of San Mateo	1.82
Molina Healthcare	1.79
Health Net	1.73
Partnership Health Plan of California	1.62
California Health and Wellness Plan	1.58
Gold Coast Health Plan	1.43
Kaiser Permanente	1.43
Santa Clara Family Health Plan	1.33
Community Health Group Partnership Plan	1.20
Alameda Alliance for Health	1.17
CenCal Health	1.17
San Francisco Health Plan	1.06
Health Plan of San Joaquin	0.80
Inland Empire Health Plan	0.72
Central California Alliance for Health	0.57

Note: Plans with Medi-Cal enrollment under 70,000 members statewide were excluded from the display. Many of the health plans shown on the chart serve multiple counties, including under different Medi-Cal contracting models. DHCS typically monitors quality issues by county contract. Because OPA has used different methodologies and combined data for analysis, the figures in this chart will not directly correlate with reports produced by DHCS.

Figure 5.5 DHCS 2018 Top Ten Health Plan Complaint Ratios (per 10,000 Members) Compared to Prior Years

Health Plan, County	Contracting Model	2018 Ratio	2017 Ratio	2016 Ratio
Anthem Blue Cross, Sacramento County	GMC	7.36	7.24	6.69
Health Net, Sacramento County	GMC	2.61	5.98	6.60
Molina Healthcare, Riverside County	Two-Plan	2.42	1.44	2.67
Health Net, Stanislaus County	Two-Plan	2.34	1.06	1.33
L.A. Care Health Plan, Los Angeles County	Two-Plan	2.28	4.11	3.66
Anthem Blue Cross, Santa Clara County	Two-Plan	2.19	2.75	2.74
Care 1st, San Diego County	GMC	2.01	4.67	4.76
CalOptima, Orange County	COHS	1.82	2.43	2.19
Molina Healthcare, San Bernardino County	Two-Plan	1.74	2.94	2.16
Health Net, Los Angeles County	Two-Plan	1.66	3.73	2.33

Note: This chart shows the health plans with the highest complaint ratios among plans with county enrollment over 70,000 members in 2018, as well as the ratios for the same plans in 2016 and 2017. The health plans displayed were not necessarily the plans with the highest complaint ratios in the prior years.

Figure 5.6 DHCS 2018 Top Ten Complaint Reasons

Complaint Reason	2018 Percentage
Scope of Benefits	28.3%
Dis/Enrollment	18.4%
Medical Necessity Denial	17.4%
Pharmacy Benefits	14.0%
Denied Services	10.9%
Billing/Reimbursement Issue	3.3%
Claim Denial	3.2%
Quality of Care	1.5%
Primary Care Physician Referral	0.9%
State Specific (Other)	0.6%

Figure 5.7 DHCS 2018 Top Ten Medi-Cal Complaint Reasons Compared to Prior Year Distributions

Complaint Reason	2018 Percentage	2017 Percentage	2016 Percentage
Dis/Enrollment	28.5%	16.8%	23.5%
Pharmacy Benefits	21.8%	27.8%	11.9%
Denied Services	15.5%	7.0%	0.0%
Medical Necessity Denial	11.0%	8.4%	20.3%
Scope of Benefits	9.2%	2.6%	6.5%
Billing/Reimbursement Issue	5.1%	4.4%	3.5%
Claim Denial	2.6%	1.2%	18.0%
Quality of Care	2.3%	29.2%	11.7%
Primary Care Physician Referral	1.3%	0.0%	0.0%
Rehabilitative/Habilitative Care	0.8%	0.9%	3.1%

Figure 5.9 DHCS 2018 Complaint Results Compared to Prior Years

Complaint Result	2018 Percentage	2017 Percentage	2016 Percentage
Upheld/Health Plan Position Substantiated	38.3%	36.1%	27.6%
Withdrawn/Complaint Withdrawn	32.8%	38.5%	44.1%
No Action Requested/Required	20.4%	16.8%	19.1%
Overtured/Health Plan Position Overtured	5.8%	5.5%	5.1%
Consumer Received Requested Service	0.9%	0.3%	0.6%
Compromise Settlement/Resolution	0.8%	1.7%	0.5%
Insufficient Information	0.5%	0.1%	1.2%
Claim Reopened	0.3%	0.4%	0.1%
No Jurisdiction	0.3%	0.1%	0.8%

Note: Results categories considered favorable to the complainant include: Overtured/Health Plan Position Overtured, Consumer Received Requested Service, and Compromise Settlement/Resolution. Results categories considered favorable to the health plan include: Upheld/Health Plan Position Substantiated. The favorability of the other categories is neutral or cannot be determined. For some categories, favorable to the complainant does not necessarily mean that the complaint was substantiated against the health plan, but indicates that the consumer received services or a similar positive outcome. For DHCS, the category No Action Requested/Required indicates that the case either was dismissed because the complainant did not appear for the hearing or was dismissed administratively.

Figure 5.10 DHCS 2018 Results for Scope of Benefits Complaints

Complaint Result	Percentage of Scope of Benefits Complaints
Withdrawn/Complaint Withdrawn	38.7%
Upheld/Health Plan Position Substantiated	35.3%
No Action Requested/Required	20.5%
Overtured/Health Plan Position Overtured	2.8%
Dual Result: Consumer Received Requested Service and Overtured/Health Plan Position Overtured	1.6%
Compromise Settlement/Resolution	1.1%
Dual Result: No Action Requested/Required and Insufficient Information	0.1%

Figure 5.11 DHCS 2018 Results for Dis/Enrollment Complaints

Complaint Result	Percentage of Dis/Enrollment Complaints
Upheld/Health Plan Position Substantiated	49.6%
Withdrawn/Complaint Withdrawn	21.1%
Overtured/Health Plan Position Overtured	15.8%
No Action Requested/Required	12.8%
Compromise Settlement/Resolution	0.7%

Figure 5.12 DHCS 2018 Results for Medical Necessity Denial Complaints

Complaint Result	Percentage of Medical Necessity Denial Complaints
Upheld/Health Plan Position Substantiated	41.4%
Withdrawn/Complaint Withdrawn	31.2%
No Action Requested/Required	20.6%
Dual Result: No Action Requested/Required and Insufficient Information	2.3%
Overtured/Health Plan Position Overtured	2.3%
Dual Result: Consumer Received Requested Service and Overtured/Health Plan Position Overtured	1.3%
Compromise Settlement/Resolution	0.4%
No Jurisdiction	0.4%

Figure 5.13 DHCS 2018 Distribution of Complaints by Age

Age Group	2018 Percentage
Under 18	13.4%
18-34	14.4%
35-54	20.3%
55-64	18.9%
65-74	6.3%
75 and Older	4.1%
Unknown	22.7%

Figure 5.14 DHCS 2018 Complaints by County of Residence per 10,000 County Medi-Cal Beneficiaries

County	2018 Ratio of Complaints per 10,000 County Medi-Cal Beneficiaries
Placer	9.48
El Dorado	8.07
Butte	7.06
Sacramento	6.58
Nevada	6.50
Yuba	5.78
Medi-Cal Average	4.24
Sutter	4.09
Shasta	3.96
Riverside	3.75
Santa Cruz	3.72
Los Angeles	3.68
Orange	3.33
San Diego	3.31
Humboldt	3.22
Marin	3.19
Ventura	3.15
San Mateo	3.10
Stanislaus	2.97
Alameda	2.87
Kern	2.86
San Francisco	2.84
Contra Costa	2.77
Santa Barbara	2.75
Yolo	2.72
San Luis Obispo	2.69
Solano	2.59
Sonoma	2.33
San Bernardino	2.32
Santa Clara	2.24
San Joaquin	2.20
Fresno	2.17
Merced	1.67
Tulare	1.64
Monterey	1.18

Note: Twenty-four counties with complaint volumes under 11 and/or Medi-Cal enrollment under 10,000 were excluded from the display.

Figure 5.15 DHCS Complaint Distribution by Product Type

Product Type	2018 Percentage	2017 Percentage	2016 Percentage
Medi-Cal Dental	33.5%	16.3%	17.9%
Medi-Cal Managed Care	32.9%	47.1%	41.5%
Medi-Cal Fee-for-Service	31.2%	34.7%	39.2%
Mental Health	0.9%	0.8%	0.9%
Medi-Cal Coordinated Care (CCI)	0.6%	0.5%	-
Long Term Care	0.5%	0.5%	0.4%

Note: The chart excludes the following categories with low reported volumes in 2018 (under 0.5%): Breast and Cervical Cancer Treatment Program and State Specific (Other).

Figure 5.16 DHCS Office of the Ombudsman Inquiries

Month	2018 Volume	2017 Volume	2016 Volume
January	20,439	24,301	23,650
February	17,277	21,918	24,336
March	18,144	21,401	25,648
April	17,096	18,835	26,074
May	17,464	19,699	24,954
June	16,204	18,111	22,698
July	16,321	18,332	24,718
August	17,707	19,402	31,005
September	14,894	17,605	26,548
October	17,056	17,770	23,271
November	14,040	16,066	21,073
December	13,067	15,506	24,051

Figure 5.17 DHCS Medi-Cal Telephone Service Center Inquiries

Month	2018 Volume	2017 Volume	2016 Volume
January	68,367	54,651	51,689
February	72,147	46,076	50,744
March	67,279	56,092	49,636
April	58,567	47,802	46,536
May	53,411	47,442	47,485
June	47,420	46,809	46,806
July	48,792	44,015	44,353
August	52,871	51,154	57,182
September	44,976	45,153	50,351
October	53,318	48,063	46,490
November	43,891	43,853	46,956
December	43,117	44,709	48,707

Figure 5.18 DHCS Medi-Cal Dental Telephone Service Center Inquiries

Month	2018 Volume	2017 Volume	2016 Volume
January	64,279	39,633	36,089
February	50,772	36,398	42,865
March	59,327	41,045	46,198
April	57,125	34,819	40,498
May	56,793	35,932	39,997
June	49,413	36,140	40,955
July	49,810	65,053	39,451
August	54,242	59,894	44,422
September	43,880	43,123	35,607
October	49,615	41,642	34,016
November	40,453	41,766	31,934
December	35,117	39,265	29,460

Section 6 – California Department of Insurance Data Tables

Figure 6.1 CDI Jurisdictional Complaints by Month Closed

Month	Volume Closed in 2018	Volume Closed in 2017	Volume Closed in 2016
January	346	419	272
February	341	345	248
March	331	345	285
April	582	421	220
May	321	302	248
June	340	259	213
July	366	250	237
August	359	345	194
September	294	375	169
October	447	237	209
November	271	268	272
December	372	319	304

Figure 6.2 CDI Volume of Jurisdictional Complaints by Month Opened in 2017

Month in 2017	Volume Opened
January	331
February	295
March	386
April	332
May	388
June	293
July	283
August	364
September	287
October	336
November	333
December	320

Note: A two-year analysis was necessary to capture complaint volumes for cases opened in the winter months of 2017 and closed in the following year (reported in the Measurement Year 2018 dataset).

Figure 6.4 CDI Health Plan Complaint Ratios (per 10,000 Members) Compared to Prior Years

Health Plan	2018 Ratio	2017 Ratio	2016 Ratio
Health Net Life Insurance Company	84.60	55.79	28.86
Anthem Blue Cross Life and Health Insurance Company	24.41	26.13	34.43
Cigna Health and Life Insurance Company	9.79	14.87	13.65
United Healthcare Insurance Company	9.38	7.70	12.11
Aetna Life Insurance Company	6.25	7.74	8.83

Note: Health Net's 2018 ratio increase is due in part to a significant volume of behavioral health complaints initiated in 2016 that CDI held open in its system during discussions prior to a settlement agreement reached in January 2019.

Figure 6.5 CDI 2018 Top Ten Jurisdictional Complaint Reasons Compared to Prior Years

Complaint Reason	2018 Percentage	2017 Percentage	2016 Percentage
Claim Denial	31.0%	34.1%	29.3%
Rehabilitative/Habilitative Care	7.7%	2.7%	1.2%
Unsatisfactory Settlement/Offer	7.3%	6.7%	8.4%
Medical Necessity Denial	6.7%	7.8%	7.5%
Out-of-Network Benefits	6.0%	5.6%	6.5%
Claim Delay	5.6%	4.3%	3.4%
Experimental	3.2%	7.7%	8.7%
Inadequate Reimbursement/Rates	3.0%	0.8%	0.7%
Authorization Dispute	2.7%	2.1%	1.7%
Emergency Services	2.4%	2.8%	3.3%

Figure 6.6 CDI 2018 Top Ten Reasons for Non-Jurisdictional Complaints

Complaint Reason	2018 Percentage of Non-Jurisdictional
Claim Denial	32.6%
Claim Delay	8.0%
Unsatisfactory Settlement/Offer	8.0%
Out-of-Network Benefits	4.6%
Authorization Dispute	4.6%
Pharmacy Benefits	3.4%
Cancellation	3.1%
Emergency Services	2.9%
Medical Necessity Denial	2.9%
Co-Pay, Deductible, and Co-Insurance Issues	2.7%

Figure 6.8 CDI 2018 Jurisdictional Complaint Results Compared to Prior Years

Complaint Result	2018 Percentage	2017 Percentage	2016 Percentage
Upheld/Health Plan Position Substantiated	36.0%	36.5%	40.1%
Insufficient Information	25.7%	26.9%	1.4%
Overtured/Health Plan Position Overtured	14.2%	10.5%	0.0%
Compromise Settlement/Resolution	10.6%	6.2%	1.0%
Claim Settled	10.5%	10.0%	1.4%
Question of Fact/Contract/Provision/Legal Issue	2.3%	4.7%	16.1%
Withdrawn/Complaint Withdrawn	0.5%	0.5%	0.0%
Referred to Other Division for Possible Disciplinary Action	0.3%	0.3%	0.1%

Note: Results categories considered favorable to the complainant include: Overtured/Health Plan Position Overtured, Claim Settled, Compromise Settlement/Resolution, and Referred to Other Division for Possible Disciplinary Action. Results categories considered favorable to the health plan include: Upheld/Health Plan Position Substantiated. The favorability of other categories shown is neutral or cannot be determined.

Section 7 – Covered California Data Tables

Figure 7.1 Covered California Complaint Volumes by Month Closed

Month	Volume Closed in 2018	Volume Closed in 2017	Volume Closed in 2017
January	996	1,185	1,073
February	991	1,193	1,442
March	1259	1,476	2,349
April	1438	1,543	2,432
May	1375	1,563	2,179
June	1498	1,513	2,358
July	1188	1,344	1,442
August	986	1,431	1,493
September	742	1,350	1,895
October	869	1,294	1,653
November	705	1,007	1,030
December	713	788	1,052

Figure 7.2 Covered California Complaint Volumes by Month Opened in 2017

Month in 2017	Volume Opened
January	1,750
February	1,725
March	1,860
April	1,459
May	1,335
June	1,066
July	1,024
August	1,018
September	856
October	898
November	746
December	819

Note: A two-year analysis was necessary to capture complaint volumes for cases opened in the winter months of 2017 and closed in the following year (reported in the Measurement Year 2018 dataset).

Figure 7.4 Covered California 2018 Complaint Reasons Compared to Prior Years

Complaint Reason	2018 Percentage	2017 Percentage	2016 Percentage
Denial of Coverage	70.6%	62.8%	65.8%
Eligibility Determination	16.6%	20.0%	19.5%
Cancellation	12.8%	17.2%	14.6%

Figure 7.5 Covered California 2018 Complaint Results Compared to Prior Years

Complaint Result	2018 Percentage	2017 Percentage	2016 Percentage
Withdrawn/Complaint Withdrawn	65.4%	45.1%	40.8%
No Action Requested/Required	13.6%	19.6%	18.7%
Covered CA Position Overturned	10.3%	22.1%	15.4%
Compromise Settlement/Resolution	5.7%	7.0%	20.7%
Upheld/Covered CA Position Substantiated	5.0%	6.2%	4.5%

Note: Results categories considered favorable to the complainant include: Compromise Settlement/Resolution and Covered CA Position Overturned. Results categories considered favorable to Covered California include: Upheld/Covered CA Position Substantiated. The favorability of the other categories is neutral or cannot be determined. For some categories, favorable to the complainant does not necessarily mean that the complaint was substantiated against Covered California, but indicates that the consumer received services or a similar positive outcome.

Figure 7.6 Covered California 2018 Results for Denial of Coverage Complaints

Complaint Result	Percentage of Denial of Coverage Complaints
Withdrawn/Complaint Withdrawn	66.4%
No Action Requested/Required	13.4%
Covered CA Position Overturned	9.7%
Compromise Settlement/Resolution	5.5%
Upheld/Covered CA Position Substantiated	5.9%

Figure 7.7 Covered California 2018 Results for Eligibility Complaints

Complaint Result	Percentage of Eligibility Complaints
Withdrawn/Complaint Withdrawn	65.2%
No Action Requested/Required	12.9%
Covered CA Position Overturned	11.7%
Upheld/Covered CA Position Substantiated	5.2%
Compromise Settlement/Resolution	4.9%

Figure 7.8 Covered California 2018 Results for Cancellation Complaints

Complaint Result	Percentage of Eligibility Complaints
Withdrawn/Complaint Withdrawn	60.6%
No Action Requested/Required	15.2%
Covered CA Position Overturned	12.2%
Compromise Settlement/Resolution	7.5%
Upheld/Covered CA Position Substantiated	4.5%

Figure 7.9 Covered California 2018 County Complaint Ratios (Fair Hearings per 10,000 Members)

County	2018 Ratio
San Diego	57.27
San Bernardino	46.90
San Francisco	44.35
Sacramento	42.98
Solano	39.78
Riverside	38.82
Alameda	33.94
Kern	32.66
Monterey	32.25
County Average	31.87
San Mateo	31.80
Los Angeles	31.41
Ventura	28.33
Santa Cruz	28.10
Fresno	27.38
Tulare	27.09
Merced	26.89
Contra Costa	25.78
San Joaquin	25.01
San Luis Obispo	24.36
Sonoma	23.98
Marin	22.73
Placer	22.67
Santa Clara	20.48
Orange	18.80
Santa Barbara	18.50
Imperial	17.42
Stanislaus	14.55

Note: Counties with ten or fewer complaints or Covered California enrollment under 10,000 are not shown.

Figure 7.10 Covered California Volume of Inquiries

Month	2018 Volume	2017 Volume	2016 Volume
January	715,978	874,080	812,430
February	452,993	568,550	642,637
March	448,783	548,321	639,586
April	398,265	442,564	479,181
May	322,579	350,429	314,083
June	299,343	281,249	292,400
July	279,591	250,893	259,484
August	263,046	255,505	283,615
September	254,860	268,129	275,268
October	418,291	379,041	425,371
November	411,715	651,630	546,304
December	658,493	1,008,280	1,068,221