

Data Tables for the Center for Data Insight and Innovation’s Complaint Data Report for Measurement Year 2019

The following tables provide underlying data for the figures that are displayed as charts and graphs in the Measurement Year 2019 Complaint Data Report published by the California Office of the Patient Advocate (OPA), which is now under the Center for Data Insights and Innovation. 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 2019. Report figures that were already displayed in the table format are not included below and can be referenced in the full report.

Section 3 – Statewide

Figure 3.2 Statewide Jurisdictional Complaint Volumes

Reporting Entity	2019	2018	2017
DMHC	15,915	16,741	19,200
DHCS	4,978	5,634	6,603
CDI	4,619	4,370	3,885
Covered California	9,958	12,760	15,687
Statewide Total	35,470	39,505	45,375

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.

Figure 3.3 Statewide 2019 Top Five Complaint Reasons Compared to Prior Years

Complaint Reason	2019	2018	2017
Denial of Coverage	17.2%	21.2%	20.9%
Medical Necessity Denial	10.6%	10.0%	9.4%
Co-Pay, Deductible, and Co-Insurance Issues	9.6%	6.8%	5.7%
Eligibility Determination	7.0%	5.0%	6.7%
Claim Denial	5.4%	5.3%	4.3%

Note: The number of reasons exceeded the number of complaints because some cases had more than one reason submitted (44,473 reason entries for the 35,470 complaints in 2019). 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 2019 Top Five Complaint Results Compared to Prior Years

Complaint Result	2019	2018	2017
Upheld/Health Plan Position Substantiated	33.6%	32.9%	30.3%
Withdrawn/Complaint Withdrawn	24.2%	23.2%	19.6%
Compromise Settlement/Resolution	11.8%	11.6%	11.4%
Overtured/Health Plan Position Overtured	7.4%	9.0%	12.0%
Advised Complainant	6.3%	0.0%	0.0%

Note: The number of results exceeded the number of complaints because some cases had more than one result reported (41,698 results entries from 35,470 complaints in 2019). Differences between measurement years may be due in part to changes in data collection and reporting rather than changes in incidence.

Section 4 – Department of Managed Health Care

Figure 4.1 DMHC Volume of Complaints by Month Closed

Month	2019	2018	2017
January	1,380	1,522	2,019
February	1,183	1,346	1,729
March	1,271	1,648	1,867
April	1,416	1,266	1,545
May	1,422	1,464	1,593
June	1,227	1,685	1,629
July	1,445	1,329	1,471
August	1,333	1,616	1,659
September	1,216	1,184	1,476
October	1,431	1,149	1,538
November	1,260	1,420	1,369
December	1,331	1,112	1,305

Figure 4.3 DMHC 2019 Top Ten Highest Health Plan Complaint Ratios (per 10,000 Members) Compared to Prior Years

Health Plan	2019	2018	2017
UnitedHealthcare of California	14.87	12.06	12.49
Blue Shield of California	14.34	14.21	16.87
Western Health Advantage	13.37	16.68	11.28
Health Net of California, Inc.	11.43	24.22	21.32
Anthem Blue Cross	10.48	12.47	18.71
Sutter Health Plan	10.21	10.13	7.25
Cigna HealthCare of California, Inc.	8.28	9.26	11.04
Sharp Health Plan	8.11	9.44	5.75
Aetna Health of California, Inc.	7.73	10.76	14.15
Health Plan of San Mateo	6.60	3.83	3.50

Note: The display excludes health plans with enrollment under 70,000 members in 2019. Health Net figures vary from prior reports due to a methodology change to separate data for the Health Net licenses.

Figure 4.4 DMHC 2019 Top Ten Complaint Reasons Compared to Prior Years

Complaint Reason	2019	2018	2017
Co-Pay, Deductible, and Co-Insurance Issues	18.5%	15.7%	13.3%
Medical Necessity Denial	13.8%	16.3%	15.7%
Quality of Care	8.2%	N/A	N/A
Out-of-Network Benefits	7.3%	6.9%	5.2%
Delays/No Response	6.9%	2.8%	1.6%
Denial of Coverage	6.5%	N/A	N/A
Misrepresentation	6.2%	2.6%	1.5%
Access to Care	5.2%	3.9%	3.3%
Cancellation	4.2%	9.2%	13.8%
Experimental	4.0%	6.1%	13.1%

Note: Some differences between measurement years may be due in part to reporting changes rather than changes in incidence. The 2017 and 2018 data for Experimental were displayed in prior reports as Experimental/Investigational Denial.

Figure 4.6 DMHC 2019 Complaint Results Compared to Prior Years

Complaint Result	2019	2018	2017
Upheld/Health Plan Position Substantiated	45.0%	47.5%	44.0%
Compromise Settlement/Resolution	15.7%	18.3%	18.1%
Advised Complainant	11.9%	N/A	N/A
No Jurisdiction	9.5%	0.0%	0.1%
Overtured/Health Plan Position Overtured	6.8%	7.9%	7.2%
Insufficient Information	4.7%	17.1%	17.2%
Withdrawn/Complaint Withdrawn	2.5%	0.0%	0.0%
Referred to Other Division for Possible Disciplinary Action	1.7%	2.8%	1.5%
Consumer Received Requested Service	1.6%	5.6%	11.7%

Note: Some differences between measurement years may be due to changes in data collection and reporting rather than changes in incidence. Two results categories with low volumes were excluded from the display: Claim Settled and Policy Not in Force. 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 4.7 DMHC 2019 Results for Co-Pay, Deductible, and Co-Insurance Issues Complaints

Complaint Result	% of Co-Pay, Deductible, Co-Insurance Issues
Upheld/Health Plan Position Substantiated	37.5%
Compromise Settlement/Resolution	28.6%
Advised Complainant	15.3%
No Jurisdiction	11.3%
Insufficient Information	2.4%
Overtured/Health Position Overtured	1.8%
Referred to Other Division for Possible Disciplinary Action	1.3%
Withdrawn/Complaint Withdrawn	1.2%
Policy Not in Force	0.2%
Claim Settled	0.0%

Figure 4.8 DMHC 2019 Results for Medical Necessity Denial Complaints

Complaint Result	% of Medical Necessity Denial
Overtured/Health Plan Position Overtured	31.7%
Upheld/Health Plan Position Substantiated	26.5%
Consumer Received Requested Service	10.0%
Advised Complainant	9.8%
Insufficient Information	9.5%
No Jurisdiction	9.3%
Withdrawn/Complaint Withdrawn	3.2%

Figure 4.9 DMHC 2019 Results for Quality of Care Complaints

Complaint Result	% of Quality of Care
Upheld/Health Plan Position Substantiated	76.2%
Advised Complainant	10.1%
No Jurisdiction	7.1%
Insufficient Information	3.8%
Withdrawn/Complaint Withdrawn	1.3%
Compromise Settlement/Resolution	1.0%
Referred to Other Division for Possible Disciplinary Action	0.4%
Policy Not in Force	0.1%
Overtured/Company Position Overtured	0.1%

Figure 4.10 DMHC Average Resolution Times (in Days) by Complaint Type

Complaint Type	2019	2018	2017
Independent Medical Review	25	32	27
Complaint/Standard Complaint	21	23	21
Urgent Nurse Case	12	9	6
Quick Resolution	3	4	5

Note: 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 4.11 DMHC 2019 Complaint Distribution by Age

Age	2019
Age: <18	11.4%
Age: 18-34	18.3%
Age: 35-54	30.9%
Age: 55-64	26.3%
Age: 65-74	5.4%
Age: >74	2.1%
Unknown	5.6%

Figure 4.12 DMHC 2019 Top Five Reasons for Medi-Cal Health Plan Complaints

Complaint Reason	2019
Medical Necessity Denial	16.9%
Access to Care	11.3%
Quality of Care	10.0%
Delays/No Response	9.8%
Co-Pay, Deductible, and Co-Insurance Issues	6.9%

Note: Some differences between measurement years may be due in part to changes in reporting rather than changes in incidence. The number of Medi-Cal plan complaint reasons (3,436) exceeded the number of complaints (2,460) because some cases had more than one reason reported.

Figure 4.13 DMHC 2019 Top Five Reasons for Covered California Plan Complaints

Complaint Reason	2019
Co-Pay, Deductible, and Co-Insurance Issues	22.1%
Medical Necessity Denial	10.9%
Cancellation	10.6%
Misrepresentation	7.6%
Delays/No Response	6.4%

Note: Some differences between measurement years may be due in part to changes in reporting rather than changes in incidence. The number of reasons (2,994) exceeded the number of complaints (2,116) because some cases had more than one reason reported.

Figure 4.14 DMHC 2019 Covered California Plan Complaint Ratios (per 10,000 Members) Compared to Prior Years

Health Plan	2019	2018	2017
Western Health Advantage	25.60	25.36	6.98
Blue Shield of California	24.29	17.99	23.71
L.A. Care Health Plan	16.26	10.27	9.80
Chinese Community Health Plan	14.89	9.04	6.05
Oscar Health Plan of California	14.37	4.01	16.37
Sharp Health Plan	13.00	14.09	6.19
Kaiser Permanente	11.93	13.16	20.25
Molina Healthcare of California	11.63	13.48	7.30
Health Net of California, Inc.	9.86	14.70	18.94
Valley Health Plan	7.97	7.24	5.87
Anthem Blue Cross	4.92	14.18	24.58

Note: The display excludes plans with Covered California enrollment under 70,000 members in 2019.

Section 5 – Department of Health Care Services

Figure 5.1 DHCS Volume of Complaints by Month Closed

Month	2019	2018	2017
January	413	367	444
February	413	378	604
March	367	466	662
April	413	412	622
May	377	546	665
June	457	551	482
July	418	593	474
August	467	590	802
September	404	428	716
October	555	487	446
November	346	420	381
December	348	396	305

Figure 5.3 DHCS 2019 Health Plan Complaint Ratios (per 10,000 Members)

Health Plan	Ratio
CenCal Health	2.54
CalOptima	2.37
Anthem Blue Cross Partnership Plan	2.15
Gold Coast Health Plan	1.92
Partnership Health Plan of California	1.74
Blue Shield of California Promise Health Plan	1.49
L.A. Care Health Plan	1.44
Santa Clara Family Health Plan	1.39
Alameda Alliance for Health	1.25
Health Plan of San Joaquin	1.20
Health Plan of San Mateo	1.07
California Health and Wellness Plan	1.01
Health Net	1.00
Kern Family Health Care	0.90
Kaiser Permanente	0.88
Contra Costa Health Plan	0.73
San Francisco Health Plan	0.70
Central California Alliance for Health	0.70
Molina Healthcare of California Partner Plan, Inc.	0.65
CalViva Health	0.64
Community Health Group Partnership	0.60
Inland Empire Health Plan	0.53

Note: The above display excludes Medi-Cal plans with 2019 statewide enrollment under 70,000 members. Many of the health plans shown serve multiple counties, including under different Medi-Cal contracting models. DHCS typically monitors quality issues by county contract. Because OPA has combined data, the analysis will not directly correlate with DHCS-produced reports. Blue Shield of California Promise Health Plan was previously reported under the name Care 1st Partner Plan.

Figure 5.4 DHCS 2019 Top Ten Medi-Cal Plan Complaint Ratios (per 10,000 Members) Compared to Prior Years

Health Plan, County	2019	2018	2017
Anthem Blue Cross, Sacramento County	3.18	7.36	7.24
CalOptima, Orange County	2.40	1.82	2.43
Gold Coast Health Plan, Ventura County	1.82	1.33	0.92
Partnership Health Plan of California, Solano County	1.67	1.09	2.13
Partnership Health Plan of California, Sonoma County	1.60	1.36	2.57
Anthem Blue Cross, Fresno County	1.59	1.46	2.30
Blue Shield of California Promise Health Plan, San Diego County	1.58	2.01	4.67
Health Net, Sacramento County	1.50	2.61	5.98
Health Plan of San Joaquin, Stanislaus County	1.48	0.54	0.87
Santa Clara Family Health Plan, Santa Clara County	1.44	1.17	3.41

Note: The above display excludes plans with 2019 county Medi-Cal enrollment under 70,000 members. Blue Shield of California Promise Health Plan was previously reported under the name Care 1st Partner Plan.

Figure 5.5 DHCS 2019 Top Ten Complaint Reasons (All Product Types)

Complaint Reason	2019
Scope of Benefits	29.0%
Medical Necessity Denial	23.1%
Pharmacy Benefits	21.8%
Dis/Enrollment	8.1%
Denied Services	4.8%
Billing/Reimbursement Issue	4.0%
Quality of Care	3.5%
Claim Denial	3.2%
Rehabilitative/Habilitative Care	0.8%
State Specific (Other)	0.7%

Figure 5.6 DHCS 2019 Top Ten Medi-Cal Complaint Reasons Compared to Prior Years

Complaint Reason	2019	2018	2017
Pharmacy Benefits	38.0%	21.8%	27.8%
Medical Necessity Denial	20.4%	11.0%	8.4%
Dis/Enrollment	13.6%	28.5%	16.8%
Billing/Reimbursement Issue	6.7%	5.1%	4.4%
Denied Services	6.4%	15.5%	7.0%
Quality of Care	5.9%	2.3%	29.2%
Scope of Benefits	3.7%	9.2%	2.6%
Claim Denial	2.4%	2.6%	1.2%
Rehabilitative/Habilitative Care	1.4%	0.8%	0.9%
State Specific (Other)	1.0%	0.6%	0.6%

Note: Differences between measurement years may be due in part to reporting changes rather than changes in incidence.

Figure 5.10 DHCS 2019 Top Complaint Results Compared to Prior Years

Complaint Result	2019	2018	2017
Withdrawn/Complaint Withdrawn	44.5%	32.8%	38.5%
Upheld/Health Plan Position Substantiated	37.6%	38.3%	36.1%
No Action Requested/Required	9.7%	20.4%	16.8%
Overtured/Health Plan Position Overtured	6.2%	5.8%	5.5%
Compromise Settlement/Resolution	1.5%	0.8%	1.7%

Note: Nine results categories with low volumes were excluded from display. Results categories considered favorable to the complainant include: Overtured/Health Plan Position Overtured 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 5.11 DHCS 2019 Results for Scope of Benefits Complaints

Complaint Result	% of Scope of Benefits
Withdrawn/Complaint Withdrawn	39.4%
Upheld/Health Plan Position Substantiated	36.9%
No Action Requested/Required	15.0%
Overtured/Health Plan Position Overtured	8.0%
Compromise Settlement/Resolution	0.6%

Figure 5.12 DHCS 2019 Results for Medical Necessity Denial Complaints

Complaint Result	% of Medical Necessity Denial
Withdrawn/Complaint Withdrawn	44.1%
Upheld/Health Plan Position Substantiated	42.8%
No Action Requested/Required	8.5%
Overtured/Health Plan Position Overtured	3.4%
Compromise Settlement/Resolution	1.0%
Referred to Outside Agency/Dept.	0.1%
State Specific (Other)	0.1%
Dual Result: Upheld/Health Plan Position Substantiated and Insufficient Information	0.1%

Figure 5.13 DHCS 2019 Results for Pharmacy Benefits Complaints

Complaint Result	% of Pharmacy Benefits
Withdrawn/Complaint Withdrawn	72.2%
Upheld/Health Plan Position Substantiated	22.7%
No Action Requested/Required	2.7%
Compromise Settlement/Resolution	1.2%
Overtured/ Health Plan Position Overtured	1.1%

Figure 5.14 DHCS 2019 Ratios of County Complaints per 10,000 County Medi-Cal Members

County	Ratio
San Luis Obispo	6.82
Shasta	6.09
Yuba	5.95
El Dorado	5.62
Tehama	5.26
Butte	4.82
Orange	4.16
Medi-Cal Average	3.86
Santa Cruz	3.74
Sacramento	3.66
Ventura	3.48
Solano	3.32
San Diego	3.23
Placer	3.17
Santa Barbara	3.17
Stanislaus	3.07
Riverside	2.96
Humboldt	2.90
Los Angeles	2.84
Yolo	2.83
Santa Clara	2.80
San Francisco	2.69
Contra Costa	2.61
Alameda	2.52
Kern	2.49
San Mateo	2.45
Sonoma	2.42
San Joaquin	2.25
Fresno	2.05
Tulare	1.94
Merced	1.82
San Bernardino	1.81
Madera	1.54
Monterey	1.42

Note: The above display excludes counties with fewer than 10,000 Medi-Cal beneficiaries and/or 10 or fewer complaints in 2019.

Figure 5.15 DHCS Complaint Distribution by Product Type

Product Type	2019
Medi-Cal Dental	40.5%
Medi-Cal Fee-for-Service	29.8%
Medi-Cal Managed Care	27.1%

Note: The chart excludes product types with low reported volumes (under 1% distribution) in 2019: Mental Health, Long Term Care, Medi-Cal Coordinated Care, and Unknown.

Figure 5.16 DHCS Office of the Ombudsman Inquiries

Month	2019	2018	2017
January	17,508	20,439	24,301
February	15,420	17,277	21,918
March	16,654	18,144	21,401
April	16,059	17,096	18,835
May	15,839	17,464	19,699
June	14,554	16,204	18,111
July	16,480	16,321	18,332
August	16,668	17,707	19,402
September	16,409	14,894	17,605
October	17,072	17,056	17,770
November	13,504	14,040	16,066
December	14,484	13,067	15,506

Figure 5.17 DHCS Medi-Cal Telephone Service Center Inquiries

Month	2019	2018	2017
January	56,653	68,367	54,651
February	47,634	72,147	46,076
March	38,705	67,279	56,092
April	50,119	58,567	47,802
May	52,398	53,411	47,442
June	46,566	47,420	46,809
July	51,810	48,792	44,015
August	52,284	52,871	51,154
September	48,462	44,976	45,153
October	53,479	53,318	48,063
November	42,623	43,891	43,853
December	47,763	43,117	44,709

Figure 5.18 DHCS Medi-Cal Dental Telephone Service Center Inquiries

Month	2019	2018	2017
January	47,915	64,279	39,633
February	40,328	50,772	36,398
March	38,624	59,327	41,045
April	39,792	57,125	34,819
May	35,990	56,793	35,932
June	32,102	49,413	36,140
July	40,014	49,810	65,053
August	44,731	54,242	59,894
September	40,841	43,880	43,123
October	39,870	49,615	41,642
November	30,861	40,453	41,766
December	31,312	35,117	39,265

Section 6 – California Department of Insurance

Figure 6.1 CDI Jurisdictional Complaints by Month Closed

Month	2019	2018	2017
January	434	346	419
February	444	341	345
March	426	331	345
April	386	582	421
May	445	321	302
June	455	340	259
July	400	366	250
August	363	359	345
September	318	294	375
October	379	447	237
November	263	271	268
December	306	372	319

Figure 6.3 CDI 2019 Health Plan Complaint Ratios (per 10,000 Members) Compared to Prior Years

Health Plan	2019	2018	2017
Health Net Life Insurance Company	83.89	84.60	55.79
Anthem Blue Cross Life And Health Insurance Company	28.11	24.41	26.13
Aetna Life Insurance Company	10.28	6.25	7.74
United Healthcare Insurance Company	8.03	9.38	7.70
Cigna Health And Life Insurance Company	7.95	9.79	14.87

Note: Health Net Life Insurance Company's 2018 and 2019 complaint ratio calculations included a significant number of cases initiated in 2016 and 2017 that were held open for regulatory purposes. This may affect comparisons with prior years.

Figure 6.4 CDI 2019 Top Ten Jurisdictional Complaint Reasons Compared to Prior Years

Complaint Reason	2019	2018	2017
Claim Denial	30.6%	31.0%	34.1%
Unsatisfactory Settlement/Offer	7.7%	7.3%	6.7%
Out-of-Network Benefits	7.3%	6.0%	5.6%
Medical Necessity Denial	6.7%	6.7%	7.8%
Rehabilitative/Habilitative Care	5.2%	7.7%	2.7%
Claim Delay	4.8%	5.6%	4.3%
Authorization Dispute	3.5%	2.7%	2.1%
Emergency Services	3.3%	2.4%	2.8%
Inadequate Reimbursement/Rates	2.5%	3.0%	0.8%
Co-Pay, Deductible, and Co-Insurance Issues	2.4%	1.9%	1.8%

Figure 6.5 CDI 2019 Top Ten Non-Jurisdictional Complaint Reasons Compared to Prior Years

Complaint Reason	2019	2018	2017
Claim Denial	30.3%	32.6%	32.6%
Unsatisfactory Settlement/Offer	9.3%	8.0%	7.7%
Claim Delay	9.2%	8.0%	10.8%
Out-of-Network Benefits	7.9%	4.6%	4.8%
Authorization Dispute	4.4%	4.6%	3.1%
Medical Necessity Denial	3.3%	2.9%	3.8%
Emergency Services	3.1%	2.9%	3.1%
Pharmacy Benefits	2.6%	3.4%	3.9%
Inadequate Reimbursement/Rates	2.5%	0.6%	1.3%
Co-Pay, Deductible, and Co-Insurance Issues	2.3%	2.7%	2.8%

Figure 6.7 CDI 2019 Jurisdictional Complaint Results Compared to Prior Years

Complaint Result	2019	2018	2017
Upheld/Health Plan Position Substantiated	35.4%	36.0%	36.5%
Overtured/Health Plan Position Overtured	20.5%	14.2%	10.5%
Insufficient Information	20.0%	25.7%	26.9%
Claim Settled	11.2%	10.5%	10.0%
Compromise Settlement/Resolution	7.2%	10.6%	6.2%
No Action Requested/Required	3.0%	0.0%	4.5%
Question of Fact/Contract/Provision/Legal Issue	1.9%	2.3%	4.7%
Withdrawn/Complaint Withdrawn	0.6%	0.5%	0.5%
Referred to Other Division for Possible Disciplinary Action	0.2%	0.3%	0.3%

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

Figure 7.1 Covered California Complaint Volumes by Month Closed

Month	2019	2018	2017
January	1,019	996	1,185
February	928	991	1,193
March	1,020	1,259	1,476
April	1,028	1,438	1,543
May	962	1,375	1,563
June	900	1,498	1,513
July	869	1,188	1,344
August	734	986	1,431
September	633	742	1,350
October	687	869	1,294
November	491	705	1,007
December	687	713	788

Figure 7.3 Covered California 2019 Complaint Reasons Compared to Prior Years

Complaint Reason	2019	2018	2017
Denial of Coverage	62.5%	70.6%	62.8%
Eligibility Determination	31.2%	16.6%	20.0%
Cancellation	6.3%	12.8%	17.2%

Figure 7.4 Covered California 2019 Complaint Results Compared to Prior Years

Complaint Result	2019	2018	2017
Withdrawn/Complaint Withdrawn	73.3%	65.4%	45.1%
Compromise Settlement/Resolution	10.5%	5.7%	7.0%
No Action Requested/Required	7.8%	13.6%	19.6%
Upheld/Covered CA Position Substantiated	5.3%	5.0%	6.2%
Covered CA Position Overturned	3.1%	10.3%	22.1%

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 7.5 Covered California 2019 Results for Denial of Coverage Complaints

Complaint Result	% of Denial of Coverage
Withdrawn/Complaint Withdrawn	74.3%
Compromise Settlement/Resolution	9.0%
No Action Requested/Required	7.4%
Upheld/Covered CA Position Substantiated	5.9%
Covered CA Position Overturned	3.4%

Figure 7.6 Covered California 2019 Results for Eligibility Determination Complaints

Complaint Result	% of Eligibility Determination
Withdrawn/Complaint Withdrawn	71.8%
Compromise Settlement/Resolution	12.8%
No Action Requested/Required	8.2%
Upheld/Covered CA Position Substantiated	4.4%
Covered CA Position Overturned	2.7%

Figure 7.7 Covered California 2019 Results for Cancellation Complaints

Complaint Result	% of Cancellation
Withdrawn/Complaint Withdrawn	71.4%
Compromise Settlement/Resolution	13.8%
Upheld/Covered CA Position Substantiated	9.2%
No Action Requested/Required	2.9%
Covered CA Position Overturned	2.7%

Figure 7.8 Covered California 2019 Ratios of County Fair Hearings per 10,000 County Covered California Members

County	Ratio
San Diego	30.85
San Bernardino	26.47
Sacramento	25.07
Santa Barbara	24.29
Tulare	23.17
Kern	23.10
San Mateo	23.05
Sonoma	22.97
Solano	22.94
Riverside	22.77
San Francisco	22.16
Alameda	20.70
Los Angeles	20.64
Average	19.82
Monterey	19.75
Fresno	18.63
Contra Costa	16.73
San Joaquin	16.49
Marin	15.04
Imperial	14.37
Ventura	14.25
Orange	13.07
Santa Clara	12.56
San Luis Obispo	10.72
Stanislaus	9.84
Placer	7.18

Note: Counties with ten or fewer complaints or Covered California enrollment under 10,000 are excluded from display.

Figure 7.9 Covered California Service Center Inquiries

Month	2019	2018	2017
January	579,722	715,978	874,080
February	370,258	452,993	568,550
March	386,484	448,783	548,321
April	371,107	398,265	442,564
May	276,584	322,579	350,429
June	234,718	299,343	281,249
July	259,738	279,591	250,893
August	269,366	263,046	255,505
September	279,015	254,860	268,129
October	430,688	418,291	379,041
November	544,126	411,715	651,630
December	1,023,340	658,493	1,008,280