

**Center for Data Insights and Innovation
Annual Complaint Data Report**

Data Tables for Measurement Year 2020

The following tables provide underlying data for the figures that are displayed as charts and graphs in the *Annual Health Care Complaint Data Report to the Legislature for Measurement Year 2020* published by the Center for Data Insights and Innovation (CDII).

The data represented was reported to the Office of the Patient Advocate (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 2020. OPA programs transitioned to CDII in October 2021.

Report figures that were already displayed in the table format are not included below and can be referenced within the full report.

Section 3 – Statewide

Figure 3.2 Statewide Jurisdictional Complaint Volumes

Reporting Entity	2020	2019	2018
DMHC	15,884	15,915	16,741
DHCS	4,959	4,978	5,634
CDI	3,217	4,619	4,370
Covered California	11,079	9,958	12,760
Statewide Total	35,139	35,470	39,505

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. The DMHC totals include non-jurisdictional complaints, including 1,567 non-jurisdictional complaints reported for 2020.

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Figure 3.3 Statewide 2020 Top Five Jurisdictional Complaint Reasons Compared to Prior Years

Complaint Reason	2020	2019	2018
Denial of Coverage	17.3%	17.2%	21.2%
Medical Necessity Denial	11.1%	10.6%	10.0%
Eligibility Determination	9.9%	7.0%	5.0%
Co-Pay, Deductible, and Co-Insurance Issues	6.9%	9.6%	6.8%
Pharmacy Benefits	5.1%	4.8%	3.8%

Note: The number of reasons exceeded the number of complaints because some cases had more than one reason submitted (43,185 reason entries from the 35,139 complaints in 2020). 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 2020 Top Five Jurisdictional Complaint Results Compared to Prior Years

Complaint Result	2020	2019	2018
Upheld/Health Plan Position Substantiated	35.0%	33.6%	32.9%
Withdrawn/Complaint Withdrawn	27.8%	24.2%	23.2%
Compromise Settlement/Resolution	9.8%	11.8%	11.6%
Advised Complainant	7.2%	6.3%	Not Reported
Overtured/Health Plan Position Overtured	6.6%	7.4%	9.0%

Note: The number of results exceeded the number of complaints because some cases had more than one result reported (45,444 results entries from the 35,139 complaints in 2020). Differences between measurement years may be due in part to changes in data collection and reporting rather than changes in incidence.

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Section 4 – Department of Managed Health Care

Figure 4.1 DMHC Volume of Complaints by Month Closed

Month	2020	2019	2018
January	1,282	1,380	1,522
February	1,450	1,183	1,346
March	1,483	1,271	1,648
April	1,361	1,416	1,266
May	1,207	1,422	1,464
June	1,241	1,227	1,685
July	1,393	1,445	1,329
August	1,304	1,333	1,616
September	1,292	1,216	1,184
October	1,376	1,431	1,149
November	1,093	1,260	1,420
December	1,402	1,331	1,112

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Figure 4.3 DMHC 2020 Top Ten Highest Health Plan Complaint Ratios (per 10,000 Members) Compared to Prior Years

Health Plan	2020	2019	2018
Oscar Health Plan of California	21.38	23.08	25.75
Western Health Advantage	16.01	13.37	16.68
UnitedHealthcare of California	15.32	14.87	12.06
Blue Shield of California	15.13	14.34	14.21
Health Net of California, Inc.	11.61	11.43	24.22
Sutter Health Plan	10.76	10.21	10.13
Sharp Health Plan	10.15	8.11	9.44
Anthem Blue Cross	10.03	10.48	12.47
Cigna HealthCare of California, Inc.	7.98	8.28	9.26
Aetna Health of California, Inc.	7.52	7.73	10.76

Note: The display excludes health plans with enrollment under 70,000 members in 2020. The 2020 ratio for Anthem Blue Cross consists of data reported for Blue Cross of California and Blue Cross of California Partnership Plan. The 2019 and 2020 ratios for Aetna Health of California, Inc. also include data reported for Aetna Better Health of California Inc. For the trend comparisons, the data was not separated.

Figure 4.4 DMHC 2020 Top Ten Complaint Reasons Compared to Prior Years

Complaint Reason	2020	2019	2018
Medical Necessity Denial	15.3%	13.8%	16.3%
Co-Pay, Deductible, and Co-Insurance Issues	12.7%	18.5%	15.7%
Delays/No Response	8.8%	6.9%	2.8%
Quality of Care	7.9%	8.2%	Not Reported
Denial of Coverage	7.1%	6.5%	Not Reported
Out-of-Network Benefits	6.8%	7.3%	6.9%
Misrepresentation	6.0%	6.2%	2.6%
Billing/Reimbursement Issue	5.3%	Not Reported	Not Reported
Access to Care	4.7%	5.2%	3.9%
Pharmacy Benefits	3.6%	4.0%	3.9%

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Figure 4.6 DMHC 2020 Complaint Results Compared to Prior Years

Complaint Result	2020	2019	2018
Upheld/Health Plan Position Substantiated	50.0%	45.0%	47.5%
Advised Complainant	13.5%	11.9%	0.0%
Compromise Settlement/Resolution	11.5%	15.7%	18.3%
No Jurisdiction	8.4%	9.5%	0.0%
Overtured/Health Plan Position Overtured	7.2%	6.8%	7.9%
Insufficient Information	3.0%	4.7%	17.8%
Withdrawn/Complaint Withdrawn	2.6%	2.5%	0.0%
Consumer Received Requested Service	1.8%	1.6%	5.6%
Referred to Other Division for Possible Disciplinary Action	1.3%	1.7%	2.8%
Claim Settled	0.5%	0.6%	0.0%
Policy Not in Force	0.1%	0.2%	0

Note: 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. 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.

Figure 4.7 DMHC 2020 Results for Medical Necessity Denial Complaints

Complaint Result	% of Medical Necessity Denial
Overtured/Health Plan Position Overtured	35.0%
Upheld/Health Plan Position Substantiated	19.3%
Insufficient Information	12.1%
Advised Complainant	11.3%
Consumer Received Requested Service	10.4%
No Jurisdiction	8.0%
Withdrawn/Complaint Withdrawn	3.9%

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Figure 4.8 DMHC 2020 Results for Co-Pay, Deductible, and Co-Insurance Issues Complaints

Complaint Result	% of Co-Pay, Deductible, and Co-Insurance Issues
Upheld/Health Plan Position Substantiated	41.9%
Compromise Settlement/Resolution	18.8%
Advised Complainant	18.5%
No Jurisdiction	14.5%
Overtured/Health Plan Position Overtured	2.1%
Referred to Other Division for Possible Disciplinary Action	1.9%
Withdrawn/Complaint Withdrawn	1.6%
Insufficient Information	0.7%
Policy Not in Force	0.1%

Figure 4.9 DMHC 2020 Results for Delays/No Response Complaints

Complaint Result	% of Delays/ No Response
Upheld/Health Plan Position Substantiated	74.5%
Advised Complainant	11.3%
Compromise Settlement/Resolution	6.3%
No Jurisdiction	4.4%
Claim Settled	1.4%
Withdrawn/Complaint Withdrawn	1.1%
Overtured/Health Plan Position Overtured	0.5%
Referred to Other Division for Possible Disciplinary Action	0.3%
Insufficient Information	0.2%
Policy Not in Force	0.1%

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

Complaint Type	2020	2019	2018
Complaint/Standard Complaint	24	21	23
Independent Medical Review	23	25	32
Urgent Nurse Case	14	12	9
Quick Resolution	4	3	4

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 2020 Complaint Distribution by Age

Age Group	2020
Age: <18	11.9%
Age: 18-34	19.7%
Age: 35-54	32.6%
Age: 55-64	24.7%
Age: 65-74	5.9%
Age: >74	1.8%
Unknown	3.5%

Figure 4.12 DMHC 2020 Top Five Reasons for Medi-Cal Plan Complaints Compared to Prior Years

Complaint Reason	2020	2019	2018
Medical Necessity Denial	17.5%	16.9%	24.4%
Quality of Care	11.4%	10.0%	Not Reported
Delays/No Response	10.9%	9.8%	3.2%
Access to Care	9.1%	11.3%	9.6%
Denial of Coverage	7.3%	6.8%	Not Reported

Note: The number of Medi-Cal plan reasons exceeded the number of complaints because some complaints had more than one reason reported (3,832 reasons from 2,699 complaints in 2020). Differences between measurement years may be due in part to changes in data reporting rather than changes in incidence. Measurement Year 2019 was the first time DMHC reported complaints under the categories of Denial of Coverage and Quality of Care.

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Figure 4.13 DMHC 2020 Top Five Reasons for Covered California Plan Complaints Compared to Prior Years

Complaint Reason	2020	2019	2018
Co-Pay, Deductible, and Co-Insurance Issues	13.1%	22.1%	14.9%
Medical Necessity Denial	13.0%	10.9%	10.5%
Delays/No Response	8.7%	6.4%	2.3%
Misrepresentation	7.4%	7.6%	3.6%
Cancellation	7.1%	10.6%	26.2%

Note: The number of reasons exceeded the number of complaints because some complaints had more than one reason reported (2,944 reasons from 2,052 complaints in 2020). Differences between measurement years may be due in part to changes in reporting rather than changes in incidence.

Figure 4.14 DMHC 2020 Covered California Plan Complaint Ratios (per 10,000 Members) Compared to Prior Years

Health Plan	2020	2019	2018
Blue Shield of California	25.43	24.29	17.99
L.A. Care Health Plan	13.72	16.26	10.27
Health Net of California, Inc.	10.42	9.86	14.70
Anthem Blue Cross	8.77	4.92	14.18
Kaiser Permanente	7.60	11.93	13.16
Oscar Health Plan of California	5.92	14.37	4.01

Note: The display excludes plans with Covered California enrollment under 70,000 members in 2020.

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Section 5 – Department of Health Care Services

Figure 5.1 DHCS Complaint Volumes by Month Closed

Month	2020	2019	2018
January	418	413	367
February	440	413	378
March	507	367	466
April	426	413	412
May	353	377	546
June	437	457	551
July	425	418	593
August	401	467	590
September	475	404	428
October	423	555	487
November	334	346	420
December	320	348	396

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Figure 5.3 DHCS 2020 Top Ten Highest Medi-Cal Plan Complaint Ratios (per 10,000 Members) Compared to Prior Years

Health Plan	2020	2019	2018
CalOptima	2.83	2.37	1.89
Partnership Health Plan of California	2.47	1.74	1.62
Blue Shield of California Promise Health Plan	2.13	1.49	1.89
Gold Coast Health Plan	2.02	1.92	1.43
Anthem Blue Cross Partnership Plan	1.91	2.15	4.12
California Health and Wellness Plan	1.44	1.01	1.58
L.A. Care Health Plan	1.26	1.44	2.27
Kaiser Permanente	1.24	0.88	1.43
Contra Costa Health Plan	1.22	0.73	1.15
Health Plan of San Mateo	1.09	1.07	1.82

Note: The above display excludes Medi-Cal plans with 2020 statewide enrollment under 70,000 members. OPA has combined data for health plans that serve multiple counties, including under different Medi-Cal contracting models. DHCS reports likely vary because the department typically monitors quality issues by county contract.

Figure 5.4 DHCS 2020 Top Ten Highest County Medi-Cal Plan Complaint Ratios (per 10,000 Members) Compared to Prior Years

Health Plan, County	2020	2019	2018
CalOptima, Orange County	2.81	2.40	1.82
Anthem Blue Cross, Sacramento County	2.45	3.18	7.36
Blue Shield of California Promise Health Plan, San Diego County	2.26	1.58	2.01
Partnership Health Plan of California, Solano County	2.21	1.67	1.09
Gold Coast Health Plan, Ventura County	2.02	1.82	1.33
Partnership Health Plan of California, Sonoma County	1.48	1.60	1.36
L.A. Care Health Plan, Los Angeles County	1.25	1.43	2.28
Contra Costa Health Plan, Contra Costa County	1.22	0.73	1.15
Anthem Blue Cross, Fresno County	1.16	1.59	1.46
Health Net, Sacramento County	1.15	1.50	2.61

Note: The above display excludes plans with 2020 county Medi-Cal enrollment under 70,000 members.

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Figure 5.5 DHCS 2020 Top Ten Complaint Reasons (All Product Types)

Complaint Reason	Distribution
Scope of Benefits	27.4%
Pharmacy Benefits	25.1%
Medical Necessity Denial	22.0%
Dis/Enrollment	7.6%
Claim Denial	4.4%
Denied Services	4.1%
Billing/Reimbursement Issue	3.8%
Quality of Care	3.2%
Rehabilitative/Habilitative Care	0.6%
State Specific (Other)	0.6%

Figure 5.6 DHCS 2020 Top Ten Medi-Cal Complaint Reasons Compared to Prior Years

Complaint Reason	2020	2019	2018
Pharmacy Benefits	41.2%	38.0%	21.8%
Medical Necessity Denial	21.8%	20.4%	11.0%
Dis/Enrollment	11.7%	13.6%	28.5%
Billing/Reimbursement Issue	5.9%	6.7%	5.1%
Denied Services	5.3%	6.4%	15.5%
Quality of Care	5.0%	5.9%	2.3%
Claim Denial	3.3%	2.4%	2.6%
Scope of Benefits	2.6%	3.7%	9.2%
Rehabilitative/Habilitative Care	1.0%	1.4%	0.8%
Hospitalization	0.9%	0.1%	0.2%

Note: This display excludes complaints for Medi-Cal Dental, Medi-Cal Behavioral Health, Medi-Cal Coordinated Care, and Long Term Care. Differences between measurement years may be due in part to reporting changes rather than changes in incidence.

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Figure 5.10 DHCS 2020 Top Complaint Results Compared to Prior Years

Complaint Result	2020	2019	2018
Withdrawn/Complaint Withdrawn	39.0%	44.5%	32.8%
Upheld/Health Plan Position Substantiated	37.9%	37.6%	38.3%
Compromise Settlement/Resolution	12.3%	1.5%	0.8%
No Action Requested/Required	6.2%	9.7%	20.4%
Overtured/Health Plan Position Overtured	4.3%	6.2%	5.8%

Note: Five results categories with low volumes in 2020 (each accounting for less than 0.2% of the results) were excluded from the display. Results categories considered favorable to the complainant include: Compromise Settlement/Resolution and Overtured/Health Plan Position Overtured. The result category considered favorable to the health plan is 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, 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 2020 Results for Scope of Benefits Complaints

Complaint Result	% of Scope of Benefits
Withdrawn/Complaint Withdrawn	41.1%
Upheld/Health Plan Position Substantiated	37.9%
No Action Requested/Required	10.2%
Overtured/Health Plan Position Overtured	8.0%
Compromise Settlement/Resolution	2.7%

Figure 5.12 DHCS 2020 Results for Pharmacy Benefits Complaints

Complaint Result	% of Pharmacy Benefits
Withdrawn/Complaint Withdrawn	67.8%
Upheld/Health Plan Position Substantiated	21.3%
Compromise Settlement/Resolution	7.4%
No Action Requested/Required	3.0%
Overtured/Health Plan Position Overtured	0.5%

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Figure 5.13 DHCS 2020 Results for Medical Necessity Denial Complaints

Complaint Result	% of Medical Necessity Denial
Upheld/Health Plan Position Substantiated	42.4%
Withdrawn/Complaint Withdrawn	40.3%
Compromise Settlement/Resolution	8.5%
No Action Requested/Required	5.7%
Overtured/Health Plan Position Overtured	3.0%
Unknown	0.2%

Figure 5.14 DHCS 2020 Complaint Distribution by Age

Age Group	2020
Age: <18	10.6%
Age: 18-34	12.6%
Age: 35-54	19.0%
Age: 55-64	16.7%
Age: 65-74	7.5%
Age: >74	4.1%
Unknown	29.6%

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Figure 5.15 DHCS 2020 Ratios of County Complaints per 10,000 Medi-Cal Members

County	Complaint Ratio
Placer	8.11
Shasta	6.21
Sutter	5.99
San Luis Obispo	5.38
El Dorado	4.69
Orange	4.60
Humboldt	4.36
Butte	4.13
Yuba	4.08
Marin	4.05
Santa Cruz	3.73
Solano	3.70
San Diego	3.63
Yolo	3.36
Ventura	3.26
Santa Barbara	3.10
Sacramento	3.09
Los Angeles	2.66
Riverside	2.63
Contra Costa	2.46
San Francisco	2.43
Stanislaus	2.41
Sonoma	2.36
San Joaquin	2.35
Merced	2.30
Kern	2.26
San Bernardino	2.21
San Mateo	2.14
Santa Clara	2.11
Fresno	1.96
Alameda	1.94
Imperial	1.87
Tulare	1.41
Monterey	0.90

Note: The above display excludes counties with fewer than 10,000 Medi-Cal beneficiaries and/or 10 or fewer complaints in 2020.

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Figure 5.16 DHCS 2020 Complaints by Product Type Compared to Prior Years

Product Type	2020	2019	2018
Medi-Cal Dental	36.5%	40.5%	33.5%
Medi-Cal Fee-for-Service	34.2%	29.8%	31.2%
Medi-Cal Managed Care	26.7%	27.1%	32.9%

Note: The chart excludes product types with low reported volumes (under 1% distribution) in 2020: Long Term Care, Mental Health, Medi-Cal Coordinated Care, and Unknown.

Figure 5.17 DHCS Office of the Ombudsman Inquiries

Month	2020 Volume	2019 Volume	2018 Volume
January	18,382	17,508	20,439
February	15,516	15,420	17,277
March	15,112	16,654	18,144
April	13,793	16,059	17,096
May	13,624	15,839	17,464
June	16,745	14,554	16,204
July	17,277	16,480	16,321
August	15,455	16,668	17,707
September	16,006	16,409	14,894
October	15,553	17,072	17,056
November	14,110	13,504	14,040
December	14,440	14,484	13,067

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Figure 5.18 DHCS Medi-Cal Telephone Service Center Inquiries

Month	2020 Volume	2019 Volume	2018 Volume
January	62,233	56,653	68,367
February	55,290	47,634	72,147
March	61,627	38,705	67,279
April	52,327	50,119	58,567
May	54,642	52,398	53,411
June	51,120	46,566	47,420
July	42,092	51,810	48,792
August	47,113	52,284	52,871
September	46,683	48,462	44,976
October	50,531	53,479	53,318
November	49,104	42,623	43,891
December	52,268	47,763	43,117

Figure 5.19 DHCS Medi-Cal Dental Telephone Service Center Inquiries

Month	2020 Volume	2019 Volume	2018 Volume
January	37,088	47,915	64,279
February	35,313	40,328	50,772
March	30,091	38,624	59,327
April	17,783	39,792	57,125
May	24,140	35,990	56,793
June	36,917	32,102	49,413
July	43,074	40,014	49,810
August	40,809	44,731	54,242
September	42,113	40,841	43,880
October	45,509	39,870	49,615
November	38,903	30,861	40,453
December	39,900	31,312	35,117

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Section 6 – Department of Insurance

Figure 6.1 CDI Jurisdictional Complaint Volume by Month Closed

Month	2020	2019	2018
January	312	434	346
February	269	444	341
March	204	426	331
April	221	386	582
May	324	445	321
June	287	455	340
July	300	400	366
August	238	363	359
September	238	318	294
October	277	379	447
November	249	263	271
December	298	306	372

Figure 6.3 CDI 2020 Health Plan Complaint Ratios (per 10,000 Members) Compared to Prior Years

Health Plan	2020	2019	2018
Health Net Life Insurance Company	44.16	83.89	84.60
Anthem Blue Cross Life And Health Insurance Company	18.43	28.11	24.41
Cigna Health And Life Insurance Company	9.53	7.95	9.79
United Healthcare Insurance Company	8.95	8.03	9.38
Aetna Life Insurance Company	8.59	10.28	6.25

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 longer than usual for regulatory purposes and closed those years. This may affect comparisons with the current year.

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Figure 6.4 CDI 2020 Top Ten Jurisdictional Complaint Reasons Compared to Prior Years

Complaint Reason	2020	2019	2018
Claim Denial	34.0%	30.6%	31.0%
Out-of-Network Benefits	7.7%	7.3%	6.0%
Unsatisfactory Settlement/Offer	6.9%	7.7%	7.3%
Medical Necessity Denial	6.6%	6.7%	6.7%
Emergency Services	4.5%	3.3%	2.4%
Claim Delay	3.7%	4.8%	5.6%
Co-Pay, Deductible, and Co-Insurance Issues	2.9%	2.4%	1.9%
Authorization Dispute	2.6%	3.5%	2.7%
Pharmacy Benefits	2.5%	1.7%	1.9%
Unsatisfactory Refund of Premium	2.5%	1.4%	1.6%

Figure 6.5 CDI 2020 Top Ten Non-Jurisdictional Complaint Reasons

Complaint Reason	% of Non-Jurisdictional
Claim Denial	33.8%
Unsatisfactory Settlement/Offer	8.8%
Claim Delay	6.5%
Out-of-Network Benefits	6.0%
State Specific Other - Underwriting	3.9%
Pharmacy Benefits	3.8%
Medical Necessity Denial	3.7%
Emergency Services	3.6%
Authorization Dispute	3.1%
Co-Pay, Deductible, and Co-Insurance Issues	3.0%

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Figure 6.7 CDI 2020 Jurisdictional Complaint Results Compared to Prior Years

Complaint Result	2020	2019	2018
Upheld/Health Plan Position Substantiated	34.4%	35.4%	36.0%
Insufficient Information	22.4%	20.0%	25.7%
Overtured/Health Plan Position Overtured	22.3%	20.5%	14.2%
Claim Settled	10.9%	11.2%	10.5%
No Action Requested/Required	3.4%	3.0%	0.0%
Compromise Settlement/Resolution	3.2%	7.2%	10.6%
Question of Fact/Contract/Provision/Legal Issue	1.4%	1.9%	2.3%
Referred to Other Division for Possible Disciplinary Action	1.2%	0.2%	0.3%
Withdrawn/Complaint Withdrawn	1.0%	0.6%	0.5%

Note: Results categories considered to be 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.

Figure 6.8 CDI 2020 Jurisdictional Complaints by Age

Age Group	Distribution
Age: <18	7.7%
Age: 18-34	18.7%
Age: 35-54	28.8%
Age: 55-64	22.5%
Age: 65-74	9.6%
Age: >74	4.6%
Refused or Unknown	8.1%

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Section 7 – Covered California

Figure 7.1 Covered California Complaint Volume by Month Closed

Month	2020	2019	2018
January	1,037	1,019	996
February	978	928	991
March	1,037	1,020	1,259
April	1,437	1,028	1,438
May	1,170	962	1,375
June	1,045	900	1,498
July	983	869	1,188
August	844	734	986
September	772	633	742
October	635	687	869
November	499	491	705
December	642	687	713

Figure 7.3 Covered California 2020 Complaint Reasons Compared to Prior Years

Complaint Reason	2020	2019	2018
Denial of Coverage	53.2%	62.5%	70.6%
Eligibility Determination	38.7%	31.2%	16.6%
Cancellation	8.1%	6.3%	12.8%

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Figure 7.4 Covered California 2020 Complaint Results Compared to Prior Years

Complaint Result	2020	2019	2018
Withdrawn/Complaint Withdrawn	81.1%	73.3%	65.4%
Compromise Settlement/Resolution	7.1%	10.5%	5.7%
No Action Requested/Required	6.1%	7.8%	13.6%
Upheld/Covered CA Position Substantiated	4.0%	5.3%	5.0%
Covered CA Position Overturned	1.7%	3.1%	10.3%

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 the consumer received services or a similar positive outcome.

Figure 7.5 Covered California Results for Denial of Coverage Complaints

Complaint Result	2020	2019	2018
Withdrawn/Complaint Withdrawn	82.4%	74.3%	66.4%
Compromise Settlement/Resolution	6.0%	9.0%	5.5%
No Action Requested/Required	5.4%	7.4%	13.4%
Upheld/Covered CA Position Substantiated	4.4%	5.9%	5.0%
Covered CA Position Overturned	1.8%	3.4%	9.7%

Figure 7.6 Covered California Results for Eligibility Determination Complaints

Complaint Result	2020	2019	2018
Withdrawn/Complaint Withdrawn	79.2%	71.8%	65.2%
Compromise Settlement/Resolution	8.1%	12.8%	4.9%
No Action Requested/Required	7.3%	8.2%	12.9%
Upheld/Covered CA Position Substantiated	3.8%	4.4%	5.2%
Covered CA Position Overturned	1.6%	2.7%	11.7%

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Figure 7.7 Covered California Results for Cancellation Complaints

Complaint Result	2020	2019	2018
Withdrawn/Complaint Withdrawn	81.0%	71.4%	60.6%
Compromise Settlement/Resolution	9.8%	13.8%	7.5%
No Action Requested/Required	5.5%	2.9%	15.2%
Covered CA Position Overturned	2.1%	2.7%	12.2%
Upheld/Covered CA Position Substantiated	1.7%	9.2%	4.5%

Figure 7.8 Covered California Average Resolution Time (in Days) by Complaint Type

Complaint Type	2020	2019	2018
State Fair Hearing	70	68	67
State Fair Hearing: Informal Resolution	28	29	38

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Figure 7.9 Covered California 2020 County Complaint Ratios (Fair Hearings per 10,000 Covered California Members)

County	Ratio
San Diego	21.15
San Mateo	19.15
Santa Barbara	17.75
Tulare	17.11
Fresno	16.76
Solano	16.50
Alameda	16.17
Sonoma	16.12
San Bernardino	16.03
Placer	14.70
San Joaquin	14.63
San Luis Obispo	14.21
Sacramento	13.84
Los Angeles	13.81
San Francisco	13.61
Monterey	13.57
Contra Costa	13.13
Kern	12.40
Orange	10.95
Riverside	10.91
Merced	10.86
Marin	9.94
Ventura	9.44
Santa Clara	9.18
Santa Cruz	8.91
Imperial	8.31
Stanislaus	7.72

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Figure 7.10 Covered California Service Center Inquiries

Month	2020	2019	2018
January	861,436	579,722	715,978
February	456,680	370,258	452,993
March	783,152	386,484	448,783
April	645,730	371,107	398,265
May	463,570	276,584	322,579
June	444,170	234,718	299,343
July	456,460	259,738	279,591
August	379,592	269,366	263,046
September	344,949	279,015	254,860
October	410,136	430,688	418,291
November	455,507	544,126	411,715
December	711,971	1,023,340	658,493