

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

Data Tables for Measurement Year 2021

The following tables provide underlying data for the figures that are displayed as charts in the *Annual Health Care Complaint Data Report to the Legislature for Measurement Year 2021* published by the Center for Data Insights and Innovation (CDII).

The data represented was reported to CDII 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 from January 1 – December 31, 2021. Some charts also include data from prior measurement years.

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 Compared to Prior Years

Reporting Entity	2021	2020	2019
DMHC	16,025	15,884	15,915
DHCS	4,825	4,959	4,978
CDI	3,608	3,217	4,619
Covered California	6,321	11,079	9,958
Statewide Total	30,779	35,139	35,470

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 non-jurisdictional volumes were excluded from trend displays. DMHC totals include non-jurisdictional complaints.

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

Figure 3.3 Statewide 2021 Top Five Jurisdictional Complaint Reasons Compared to Prior Years

Complaint Reason	2021	2020	2019
Denial of Coverage	13.7%	17.3%	17.2%
Medical Necessity Denial	12.0%	11.1%	10.6%
Co-Pay, Deductible, and Co-Insurance Issues	8.1%	6.9%	9.6%
Eligibility Determination	6.9%	9.9%	7.0%
Delays/No Response	5.5%	4.5%	3.4%

Note: The number of reasons exceeded the number of complaints because some cases had more than one reason submitted (38,299 reason entries from the 30,779 complaints in 2021). 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 2021 Top Five Jurisdictional Complaint Results Compared to Prior Years

Complaint Result	2021	2020	2019
Upheld/Health Plan Position Substantiated	28.6%	35.0%	33.6%
Withdrawn/Complaint Withdrawn	21.3%	27.8%	24.2%
Compromise Settlement/Resolution	17.4%	9.8%	11.8%
Advised Complainant	10.0%	7.2%	6.3%
Overtured/Health Plan Position Overtured	6.0%	6.6%	7.4%

Note: The number of results exceeded the number of complaints because some cases had more than one result reported (41,698 results from the 30,779 complaints in 2021). Differences between measurement years may be due in part to changes in data collection and reporting rather than changes in incidence.

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

Section 4 – Department of Managed Health Care

Figure 4.1 DMHC Complaint Volumes by Month Closed

Month	2021	2020	2019
January	1,139	1,282	1,380
February	1,284	1,450	1,183
March	1,414	1,483	1,271
April	1,388	1,361	1,416
May	1,269	1,207	1,422
June	1,479	1,241	1,227
July	1,366	1,393	1,445
August	1,388	1,304	1,333
September	1,395	1,292	1,216
October	1,314	1,376	1,431
November	1,254	1,093	1,260
December	1,335	1,402	1,331

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

Figure 4.3 DMHC 2021 Top Ten Highest Health Plan Complaint Ratios (per 10,000 Members) Compared to Prior Years

Health Plan	2021	2020	2019
Oscar Health Plan of California	29.64	21.38	23.08
Sutter Health Plus	14.93	10.76	10.21
Health Net of California, Inc.	14.54	11.61	11.43
Blue Shield of California	14.32	15.13	14.34
Western Health Advantage	13.04	16.01	13.37
UnitedHealthcare of California	12.13	15.32	14.87
Anthem Blue Cross	10.81	10.03	10.48
Cigna HealthCare of California, Inc.	9.17	7.98	8.28
UnitedHealthcare Benefits Plan of California	8.05	3.07	Not Reported
Sharp Health Plan	7.52	10.15	8.11

Note: The display excludes health plans with enrollment under 70,000 members in 2021. The 2020 and 2021 figures for Anthem Blue Cross consist of data reported for Blue Cross of California and Blue Cross of California Partnership Plan. For the trend comparisons, the data was not separated. UnitedHealthcare Benefits Plan of California did not have any active products or enrollees for MY 2019.

Figure 4.4 DMHC 2021 Top Ten Complaint Reasons Compared to Prior Years

Complaint Reason	2021	2020	2019
Medical Necessity Denial	15.4%	15.3%	13.8%
Co-Pay, Deductible, and Co-Insurance Issues	13.2%	12.7%	18.5%
Delays/No Response	9.3%	8.8%	6.9%
Denial of Coverage	8.1%	7.1%	6.5%
Quality of Care	7.3%	7.9%	8.2%
Out-of-Network Benefits	6.9%	6.8%	7.3%
Misrepresentation	5.5%	6.0%	6.2%
Billing/Reimbursement Issue	4.6%	5.3%	Not Reported
Access to Care	4.6%	4.7%	5.2%
Provider Attitude and Service	3.4%	2.9%	2.7%

Note: Differences between measurement years may be due in part to reporting changes rather than changes in incidence. The volume of reasons exceeded the number of complaints because

Center for Data Insights and Innovation Annual Complaint Data Report

some cases had more than one reason reported (22,319 reason entries from 16,025 complaints in 2021).

Figure 4.6 DMHC 2021 Complaint Results Compared to Prior Years

Complaint Result	2021	2020	2019
Upheld/Health Plan Position Substantiated	34.6%	50.0%	45.0%
Compromise Settlement/Resolution	26.8%	11.5%	15.7%
Advised Complainant	16.6%	13.5%	11.9%
No Jurisdiction	8.3%	8.4%	9.5%
Overtured/Health Plan Position Overtured	5.8%	7.2%	6.8%
Withdrawn/Complaint Withdrawn	2.4%	2.6%	2.5%
Insufficient Information	2.4%	3.0%	4.7%
Consumer Received Requested Service	2.0%	1.8%	1.6%

Note: Three results categories with low volumes (under 1%) were excluded from the display: Referred to Other Division for Possible Disciplinary Action, 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 2021 Results for Medical Necessity Denial Complaints

Complaint Result	% of Medical Necessity Denial
Overtured/Health Plan Position Overtured	32.2%
Upheld/Health Plan Position Substantiated	18.7%
Advised Complainant	14.1%
Consumer Received Requested Service	11.6%
Insufficient Information	10.1%
No Jurisdiction	9.2%
Withdrawn/Complaint Withdrawn	4.2%

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

Figure 4.8 DMHC 2021 Results for Co-Pay, Deductible, and Co-Insurance Issues Complaints

Complaint Result	% of Co-Pay, Deductible, and Co-Insurance Issues
Compromise Settlement/Resolution	36.8%
Upheld/Health Plan Position Substantiated	27.5%
Advised Complainant	18.8%
No Jurisdiction	14.2%
Withdrawn/Complaint Withdrawn	1.4%
Referred to Other Division for Possible Disciplinary Action	0.8%
Insufficient Information	0.3%
Policy Not in Force	0.2%

Figure 4.9 DMHC 2021 Results for Delays/No Response Complaints

Complaint Result	% of Delays/ No Response
Compromise Settlement/Resolution	39.3%
Upheld/Health Plan Position Substantiated	38.9%
Advised Complainant	14.9%
No Jurisdiction	4.2%
Withdrawn/Complaint Withdrawn	1.4%
Claim Settled	1.0%
Referred to Other Division for Possible Disciplinary Action	0.2%
Policy Not in Force	0.05%
Insufficient Information	0.05%

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

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

Complaint Type	2021	2020	2019
Complaint/Standard Complaint	28	24	21
Independent Medical Review	23	23	25
Urgent Nurse Case	11	14	12
Quick Resolution	4	4	3

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 2021 Complaint Distribution by Age

Age Group	2021
Age: <18	12.3%
Age: 18-34	19.3%
Age: 35-54	32.0%
Age: 55-64	24.7%
Age: 65-74	6.2%
Age: >74	2.2%
Unknown	3.3%

Figure 4.12 DMHC 2021 Top Five Reasons for Medi-Cal Plan Complaints Compared to Prior Years

Complaint Reason	2021	2020	2019
Medical Necessity Denial	16.5%	17.5%	16.9%
Delays/No Response	12.0%	10.9%	9.8%
Quality of Care	10.1%	11.4%	10.0%
Denial of Coverage	8.6%	7.3%	6.8%
Access to Care	8.3%	9.1%	11.3%

Note: The number of Medi-Cal plan reasons exceeded the number of complaints because some cases had more than one reason reported (3,746 reasons from 2,571 complaints in 2021). Difference between measurement years may be due in part to changes in data reporting rather than changes in incidence.

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

Figure 4.13 DMHC 2021 Medi-Cal Plan Complaint Ratios (per 10,000 Members)

Health Plan	2021
Kaiser Permanente	10.42
Blue Shield of California Promise Plan	3.96
Santa Clara Family Health Plan	3.52
Health Net	3.36
Anthem Blue Cross	3.31
L.A. Care Health Plan	3.16
Health Plan of San Mateo	3.09
California Health and Wellness Plan	2.86
Alameda Alliance for Health	2.14
CalViva Health	2.00
San Francisco Health Plan	1.95
Contra Costa Health Plan	1.74
Kern Health Systems	1.63
Molina Healthcare of California	1.49
Health Plan of San Joaquin	1.40
Inland Empire Health Plan	1.37
Community Health Group	1.19
Liberty Dental Plan of California	0.56
Partnership HealthPlan of California	0.38
Access Dental Plan	0.22
Central California Alliance for Health	0.22
CalOptima	0.15
CenCal Health	0.10

Note: The display excludes Medi-Cal managed care plans with enrollment under 70,000 members and/or 10 or fewer complaints in 2021.

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

Figure 4.14 DMHC 2021 Top Five Reasons for Covered California Plan Complaints Compared to Prior Years

Complaint Reason	2021	2020	2019
Co-Pay, Deductible, and Co-Insurance Issues	15.5%	13.1%	22.1%
Medical Necessity Denial	11.7%	13.0%	10.9%
Delays/No Response	10.3%	8.7%	6.4%
Denial of Coverage	7.7%	6.4%	5.4%
Misrepresentation	6.8%	7.4%	7.6%

Note: The number of reasons exceeded the number of complaints because some cases had more than one reason reported (2,794 reasons from 1,954 complaints in 2021). Differences between measurement years may be due in part to changes in reporting rather than changes in incidence.

Figure 4.15 DMHC 2021 Covered California Plan Complaint Ratios (per 10,000 Members) Compared to Prior Years

Health Plan	2021	2020	2019
Blue Shield of California	19.09	25.43	24.29
L.A. Care Health Plan	18.57	13.72	16.26
Health Net of California, Inc.	13.02	10.42	9.86
Anthem Blue Cross	9.11	8.77	4.92
Kaiser Permanente	7.86	7.60	11.93

Note: The display excludes Covered California plans with enrollment under 70,000 members and/or 10 or fewer complaints in 2021.

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

Section 5 – Department of Health Care Services

Figure 5.1 DHCS Complaint Volumes by Month Closed

Month	2021	2020	2019
January	297	418	413
February	350	440	413
March	449	507	367
April	424	426	413
May	401	353	377
June	512	437	457
July	536	425	418
August	436	401	467
September	317	475	404
October	409	423	555
November	387	334	346
December	307	320	348

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

Figure 5.3 DHCS 2021 Top Ten Highest Statewide Health Plan Complaint Ratios (per 10,000 Members) Compared to Prior Years

Health Plan	2021	2020	2019
CalOptima	2.35	2.83	2.37
Blue Shield of California Promise Health Plan	1.93	2.13	1.49
Partnership Health Plan of California	1.59	2.47	1.74
Anthem Blue Cross	1.46	1.91	2.15
Santa Clara Family Health Plan	1.41	0.94	1.39
Gold Coast Health Plan	1.28	2.02	1.92
Kaiser Permanente	1.24	1.24	0.88
Health Plan of San Joaquin	1.08	0.84	1.20
L.A. Care Health Plan	1.07	1.26	1.44
Kern Family Health Care	1.05	0.96	0.90

Note: The display excludes Medi-Cal plans with 2021 statewide enrollment under 70,000 members. CDII combined data for plans that serve multiple counties, including under different Medi-Cal contract models. DHCS reports may vary because the department typically monitors quality issues by county contract.

Figure 5.4 DHCS 2021 Top Ten Highest County Health Plan Complaint Ratios (per 10,000 Members) Compared to Prior Years

Health Plan, County	2021	2020	2019
Anthem Blue Cross, Sacramento	2.39	2.45	3.18
CalOptima, Orange	2.31	2.81	2.40
Health Net Community Solutions, Sacramento	2.12	1.15	1.50
Central California Alliance for Health, Santa Cruz	1.65	2.02	1.66
Blue Shield of California Promise Health Plan, San Diego	1.54	2.26	1.58
Santa Clara Family Health Plan, Santa Clara	1.35	0.89	1.44
Health Plan of San Joaquin, San Joaquin	1.31	0.88	1.03
Partnership Health Plan of California, Solano	1.27	2.21	1.67
Gold Coast Health Plan, Ventura	1.24	2.02	1.82
Kaiser Permanente, Sacramento	1.20	0.80	0.69

Note: The display excludes plans with 2021 county Medi-Cal enrollment under 70,000 members. Three Medi-Cal managed care contract models are represented. County Organized

Center for Data Insights and Innovation Annual Complaint Data Report

Health System (COHS) model: CalOptima in Orange County, Central California Alliance for Health in Santa Cruz County, Partnership Health Plan of California in Solano County, and Gold Coast Health Plan in Ventura County. Geographic Managed Care model: Anthem Blue Cross in Sacramento County, Health Net Community Solutions in Sacramento County, Blue Shield of California Promise Health Plan in San Diego County, and Kaiser Permanente in Sacramento County. Two-Plan model: Santa Clara Family Health Plan in Santa Clara County and Health Plan of San Joaquin in San Joaquin County. None of the plans under the Imperial, Regional, or San Benito models met the enrollment threshold for display consideration.

Figure 5.5 DHCS 2021 Top Ten Complaint Reasons (All Product Types)

Complaint Reason	Distribution
Scope of Benefits	34.4%
Pharmacy Benefits	20.7%
Medical Necessity Denial	18.7%
Dis/Enrollment	6.9%
Denied Services	6.0%
Claim Denial	5.5%
Billing/Reimbursement Issue	4.2%
Quality of Care	2.3%
Rehabilitative/Habilitative Care	0.8%
Plan/Staff Attitude and Service	0.2%

Note: The number of complaint reasons exceeded the number of complaints because some cases had more than one reason reported (4,835 reasons from 4,825 complaints in 2021).

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

Figure 5.6 DHCS 2021 Top Ten Reasons for Medi-Cal Complaints Compared to Prior Years

Complaint Reason	2021	2020	2019
Pharmacy Benefits	37.3%	41.2%	38.0%
Medical Necessity Denial	22.8%	21.8%	20.4%
Dis/Enrollment	11.2%	11.7%	13.6%
Denied Services	7.6%	5.3%	6.4%
Billing/Reimbursement Issue	7.5%	5.9%	6.7%
Claim Denial	5.4%	3.3%	2.4%
Quality of Care	4.1%	5.0%	5.9%
Scope of Benefits	2.1%	2.6%	3.7%
Rehabilitative/Habilitative Care	1.5%	1.0%	1.4%
Plan/Staff Attitude and Service	0.2%	0.1%	0.1%

Note: This display shows Medi-Cal Managed Care and Fee-for-Service delivery systems only, and excludes volumes submitted with product types of Medi-Cal Dental, Medi-Cal Behavioral Health, Medi-Cal Coordinated Care, Long Term Care, and California Children’s Services. Difference between measurement years may be due in part to reporting changes rather than changes in incidence.

Figure 5.10 DHCS 2021 Top Complaint Results Compared to Prior Years

Complaint Result	2021	2020	2019
Withdrawn/Complaint Withdrawn	41.1%	39.0%	44.5%
Upheld/Health Plan Position Substantiated	39.5%	37.9%	37.6%
No Action Requested/Required	12.8%	6.2%	9.7%
Overtured/Health Plan Position Overtured	5.2%	4.3%	6.2%

Note: The number of results exceeded the number of complaints because some cases had more than one result reported (4,830 results from the 4,825 complaints in 2021). The display excludes seven results categories with low volumes (under 1%) in 2021. Some differences between measurement years may be due in part to reporting changes rather than changes in incidence. The result category considered as favorable to the complainant is 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 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.

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

Figure 5.11 DHCS 2021 Results for Scope of Benefits Complaints

Complaint Result	% of Scope of Benefits
Withdrawn/Complaint Withdrawn	39.8%
Upheld/Health Plan Position Substantiated	37.5%
No Action Requested/Required	14.8%
Overtured/Health Plan Position Overtured	7.1%
State Specific (Other)	0.4%
Compromise Settlement/Resolution	0.4%
Unknown	0.1%

Figure 5.12 DHCS 2021 Results for Pharmacy Benefits Complaints

Complaint Result	% of Pharmacy Benefits
Withdrawn/Complaint Withdrawn	55.0%
Upheld/Health Plan Position Substantiated	24.0%
No Action Requested/Required	19.8%
Overtured/Health Plan Position Overtured	0.9%
Compromise Settlement/Resolution	0.3%

Figure 5.13 DHCS 2021 Results for Medical Necessity Denial Complaints

Complaint Result	% of Medical Necessity Denial
Withdrawn/Complaint Withdrawn	42.7%
Upheld/Health Plan Position Substantiated	42.1%
No Action Requested/Required	7.9%
Overtured/Health Plan Position Overtured	6.3%
Compromise Settlement/Resolution	1.0%
Consumer Received Requested Service	0.1%
Dual Result: Upheld/Health Plan Position Upheld AND Advised Complainant	0.1%
Dual Result: Upheld/Health Plan Position Upheld AND Withdrawn/Complaint Withdrawn	0.1%

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

Figure 5.14 DHCS 2021 Complaints by Age Group Compared to Prior Years

Age Group	2021	2020	2019
Age: <18	11.6%	10.6%	13.2%
Age: 18-34	15.7%	12.6%	12.6%
Age: 35-54	20.5%	19.0%	19.0%
Age: 55-64	16.2%	16.8%	17.0%
Age: 65-74	8.3%	7.5%	7.8%
Age: >74	4.2%	4.1%	4.7%
Unknown	23.5%	29.6%	25.6%

Figure 5.15 DHCS 2021 Complaints by Race Compared to Prior Years

Race	2021	2020	2019
Refused/Unknown	44.8%	45.1%	41.8%
White	35.8%	34.6%	37.3%
Black or African American	10.4%	9.7%	9.7%
Asian	4.0%	3.4%	4.0%
Other	4.0%	6.0%	6.0%

Note: The display excludes the following reported race categories with low volumes (each under 1% for all three years shown): American Indian or Alaska Native, Other Pacific Islander, and Native Hawaiian or Other Pacific Islander.

Figure 5.16 DHCS 2021 County Complaints per 10,000 County Medi-Cal Members

County	Complaint Ratio
Placer	6.08
San Luis Obispo	5.37
Yolo	4.24
Orange	4.17
Sutter	4.16
Lake	3.83
Tehama	3.76
El Dorado	3.70
Santa Cruz	3.47
Humboldt	3.38

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

County	Complaint Ratio
Shasta	3.28
San Diego	3.25
Yuba	3.19
Contra Costa	3.04
Riverside	2.89
Sacramento	2.82
Los Angeles	2.71
Ventura	2.65
Alameda	2.62
Solano	2.57
Butte	2.50
San Joaquin	2.43
Kern	2.37
Marin	2.37
San Francisco	2.31
Stanislaus	2.29
Sonoma	2.29
San Mateo	2.24
San Bernardino	2.22
Santa Barbara	2.12
Santa Clara	2.01
Kings	1.89
Merced	1.74
Fresno	1.55
Imperial	1.34
Monterey	0.91
Tulare	0.87

Note: The above display excludes counties with fewer than 10,000 Medi-Cal beneficiaries and/or 10 or fewer complaints in 2021.

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

Figure 5.17 DHCS 2021 Complaints by Product Type Compared to Prior Years

Product Type	2021	2020	2019
Medi-Cal Dental	41.9%	36.5%	40.5%
Medi-Cal Fee-for-Service	29.6%	34.2%	29.8%
Medi-Cal Managed Care	25.6%	26.7%	27.1%
Long Term Care	1.0%	0.9%	0.6%

Note: The chart excludes product types with low reported volumes (under 1%) in 2021: Mental Health, Medi-Cal Coordinated Care, and California Children’s Services.

Figure 5.18 DHCS Office of the Ombudsman Inquiries

Month	2021 Volume	2020 Volume	2019 Volume
January	14,090	18,382	17,508
February	13,167	15,516	15,420
March	15,589	15,112	16,654
April	14,153	13,793	16,059
May	12,210	13,624	15,839
June	13,598	16,745	14,554
July	14,125	17,277	16,480
August	14,603	15,455	16,668
September	14,260	16,006	16,409
October	14,412	15,553	17,072
November	13,887	14,110	13,504
December	14,191	14,440	14,484

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

Figure 5.19 DHCS Medi-Cal Telephone Service Center Inquiries

Month	2021 Volume	2020 Volume	2019 Volume
January	67,438	62,233	56,653
February	59,331	55,290	47,634
March	61,358	61,627	38,705
April	57,766	52,327	50,119
May	48,464	54,642	52,398
June	46,881	51,120	46,566
July	45,570	42,092	51,810
August	49,654	47,113	52,284
September	46,303	46,683	48,462
October	46,020	50,531	53,479
November	46,051	49,104	42,623
December	46,878	52,268	47,763

Figure 5.20 DHCS Medi-Cal Dental Telephone Service Center Inquiries

Month	2021 Volume	2020 Volume	2019 Volume
January	46,061	37,088	47,915
February	43,711	35,313	40,328
March	55,473	30,091	38,624
April	48,932	17,783	39,792
May	43,688	24,140	35,990
June	48,364	36,917	32,102
July	45,555	43,074	40,014
August	42,457	40,809	44,731
September	35,626	42,113	40,841
October	35,007	45,509	39,870
November	33,008	38,903	30,861
December	32,451	39,900	31,312

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

Section 6 – Department of Insurance

Figure 6.1 CDI Jurisdictional Complaint Volumes by Month Closed

Month	2021	2020	2019
January	318	312	434
February	269	269	444
March	304	204	426
April	301	221	386
May	245	324	445
June	277	287	455
July	333	300	400
August	244	238	363
September	254	238	318
October	227	277	379
November	379	249	263
December	457	298	306

Figure 6.3 CDI 2021 Health Plan Complaint Ratios (per 10,000 Members) Compared to Prior Years

Health Plan	2021	2020	2019
Health Net Life Insurance Company	64.08	44.16	83.89
Anthem Blue Cross Life and Health Insurance Company	24.53	18.43	28.11
Cigna Health and Life Insurance Company	12.19	9.53	7.95
Aetna Life Insurance Company	10.36	8.59	10.28
United Healthcare Insurance Company	9.01	8.95	8.03

Note: Health Net Life Insurance’s 2019 complaint ratio calculation included a significant number of cases initiated in 2016 and 2017 that were held open until 2019 for regulatory purposes. This may affect comparisons between measurement years.

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

Figure 6.4 CDI 2021 Top Ten Jurisdictional Complaint Reasons Compared to Prior Years

Complaint Reason	2021	2020	2019
Claim Denial	35.5%	34.0%	30.6%
Unsatisfactory Settlement/Offer	7.6%	6.9%	7.7%
Claim Delay	6.9%	3.7%	4.8%
Information Requested	5.4%	0.4%	0.2%
Out-of-Network Benefits	5.2%	7.7%	7.3%
Medical Necessity Denial	4.7%	6.6%	6.7%
Co-Pay, Deductible, and Co-Insurance Issues	3.3%	2.9%	2.4%
Authorization Dispute	3.1%	2.6%	3.5%
Unsatisfactory Refund of Premium	2.8%	2.5%	1.4%
Emergency Services	2.7%	4.5%	3.3%

Figure 6.5 CDI 2021 Top Ten Non-Jurisdictional Complaint Reasons

Complaint Reason	% of Non-Jurisdictional
Claim Denial	28.3%
Claim Delay	10.3%
Unsatisfactory Settlement/Offer	8.9%
Out-of-Network Benefits	6.5%
Co-Pay, Deductible, and Co-Insurance Issues	4.7%
Authorization Dispute	3.7%
Emergency Services	3.5%
Rehabilitative/Habilitative Care	3.4%
Medical Necessity Denial	3.2%
Pharmacy Benefits	3.0%

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

Figure 6.7 CDI 2021 Jurisdictional Complaint Results Compared to Prior Years

Complaint Result	2021	2020	2019
Insufficient Information	29.3%	22.4%	20.0%
Upheld/Health Plan Position Substantiated	21.6%	34.4%	35.4%
Overtured/Health Plan Position Overtured	15.4%	22.3%	20.5%
Information Furnished/Expanded	13.8%	0.0%	0.0%
Claim Settled	9.9%	10.9%	11.2%
Compromise Settlement/Resolution	2.7%	3.2%	7.2%
No Action Requested/Required	2.5%	3.4%	3.0%
Referred to Other Division for Possible Disciplinary Action	2.2%	1.2%	0.2%
Question of Fact/Contract/Provision/Legal Issue	1.7%	1.4%	1.9%
Withdrawn/Complaint Withdrawn	1.0%	1.0%	0.6%

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 2021 Average Resolution Time (in Days) for Jurisdictional Complaints by Complaint Type Compared to Prior Years

Complaint Type	2021	2020	2019
Independent Medical Review	62	63	68
Complaint/Standard Complaint	43	64	110

Figure 6.9 CDI 2021 Complaint Distribution by Age

Age Group	Distribution
Age: <18	5.3%
Age: 18-34	17.3%
Age: 35-54	26.5%
Age: 55-64	18.9%
Age: 65-74	8.3%
Age: >74	4.4%
Refused or Unknown	19.3%

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

Figure 6.10 CDI 2021 Top Ten Complaint Product Types Compared to Prior Years

Product Type	2021	2020	2019
Health Only	37.9%	34.2%	33.2%
Large Group	18.6%	22.4%	20.0%
Stand Alone Dental	15.5%	12.6%	12.8%
Small Group	7.7%	7.8%	9.0%
Medicare Supplement	4.2%	2.1%	1.9%
Grandfathered	3.1%	4.0%	4.9%
Exchange	2.1%	3.3%	2.4%
Limited Benefits	2.0%	1.8%	1.2%
Bronze	1.5%	2.3%	2.3%
Mental Health	1.4%	2.0%	4.6%

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

Section 7 – Covered California

Figure 7.1 Covered California Complaint Volumes by Month Closed

Month	2021	2020	2019
January	793	1,037	1,019
February	797	978	928
March	802	1,037	1,020
April	792	1,437	1,028
May	546	1,170	962
June	486	1,045	900
July	426	983	869
August	420	844	734
September	318	772	633
October	285	635	687
November	311	499	491
December	345	642	687

Figure 7.3 Covered California 2021 Complaint Reasons Compared to Prior Years

Complaint Reason	2021	2020	2019
Denial of Coverage	54.4%	53.2%	62.5%
Eligibility Determination	41.5%	38.7%	31.2%
Cancellation	4.0%	8.1%	6.3%

Figure 7.4 Covered California 2021 Complaint Results Compared to Prior Years

Complaint Result	2021	2020	2019
Withdrawn/Complaint Withdrawn	84.2%	81.1%	73.3%
No Action Requested/Required	5.6%	6.1%	7.8%
Compromise Settlement/Resolution	5.2%	7.1%	10.5%
Upheld/Covered CA Position Substantiated	3.2%	4.0%	5.3%
Covered CA Position Overturned	1.8%	1.7%	3.1%

Note: Results categories considered favorable to the complainant include: Compromise Settlement/Resolution and Covered CA Position Overturned. Results categories considered

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

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 2021 Results for Denial of Coverage Complaints Compared to Prior Years

Complaint Result	2021	2020	2019
Withdrawn/Complaint Withdrawn	84.5%	82.4%	74.3%
Compromise Settlement/Resolution	5.0%	6.0%	9.0%
No Action Requested/Required	4.9%	5.4%	7.4%
Upheld/Covered CA Position Substantiated	3.6%	4.4%	5.9%
Covered CA Position Overturned	1.9%	1.8%	3.4%

Figure 7.6 Covered California 2021 Results for Eligibility Determination Complaints Compared to Prior Years

Complaint Result	2021	2020	2019
Withdrawn/Complaint Withdrawn	83.2%	79.2%	71.8%
No Action Requested/Required	6.6%	7.3%	8.2%
Compromise Settlement/Resolution	5.5%	8.1%	12.8%
Upheld/Covered CA Position Substantiated	3.0%	3.8%	4.4%
Covered CA Position Overturned	1.7%	1.6%	2.7%

Figure 7.7 Covered California 2021 Results for Cancellation Complaints Compared to Prior Years

Complaint Result	2021	2020	2019
Withdrawn/Complaint Withdrawn	89.8%	81.0%	71.4%
Compromise Settlement/Resolution	3.9%	9.8%	13.8%
No Action Requested/Required	3.5%	5.5%	2.9%
Covered CA Position Overturned	1.6%	2.1%	2.7%
Upheld/Covered CA Position Substantiated	1.2%	1.7%	9.2%

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

Figure 7.8 Covered California 2021 Average Resolution Times (in Days) by Complaint Type Compared to Prior Years

Complaint Type	2021	2020	2019
State Fair Hearing	67	70	68
State Fair Hearing: Informal Resolution	23	28	29

Figure 7.9 Covered California 2021 Complaint Distribution by Age

Age Group	Distribution
Age: <18	0.1%
Age: 18-34	29.0%
Age: 35-54	36.6%
Age: 55-64	27.0%
Age: 65-74	6.8%
Age: >74	0.4%
Unknown	0.1%

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

Figure 7.10 Covered California 2021 County Complaint Ratios (Fair Hearings per 10,000 Covered California Members)

County	Ratio
Solano	9.60
San Bernardino	9.27
Sacramento	8.30
Alameda	8.02
Riverside	7.98
Sonoma	7.76
San Francisco	7.71
Placer	7.51
Ventura	6.74
San Mateo	6.43
San Diego	6.40
Los Angeles	6.26
San Joaquin	5.88
Fresno	5.43
Contra Costa	5.27
Orange	4.88
Santa Clara	4.20

Note: The above display excludes counties with fewer than 10,000 Covered California plan members and/or 10 or fewer State Fair Hearings in 2021.

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

Figure 7.11 Covered California Service Center Inquiry Volumes by Month

Month	2021	2020	2019
January	555,388	861,436	579,722
February	366,311	456,680	370,258
March	396,691	783,152	386,484
April	365,217	645,730	371,107
May	368,992	463,570	276,584
June	304,904	444,170	234,718
July	280,044	456,460	259,738
August	268,772	379,592	269,366
September	258,341	344,949	279,015
October	298,596	410,136	430,688
November	357,615	455,507	544,126
December	477,068	711,971	1,023,340