

# Center for Data Insights and Innovation

## Annual Health Care Complaint Data Report - Data Tables for Measurement Year 2022

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 2022* 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, 2022. Some charts also include data from prior measurement years.

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

### Section 3 – Statewide

**Figure 3.2 Statewide 2022 Jurisdictional Complaint Volumes Compared to Prior Years**

Reporting Entity	2022	2021	2020	2019	2018
DMHC	17,200	16,025	15,884	15,915	16,741
DHCS	4,217	4,825	4,959	4,978	5,634
CDI	3,704	3,608	3,217	4,619	4,370
Covered California	4,416	6,321	11,079	9,958	12,760
Statewide Total	29,537	30,779	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. CDI's non-jurisdictional volumes were excluded from trend displays. DMHC totals include non-jurisdictional complaints.

**Figure 3.3 Statewide 2022 Top Five Complaint Reasons Compared to Prior Years**

Complaint Reason	2022	2021	2020
Denial of Coverage	11.7%	13.7%	17.3%
Medical Necessity Denial	10.3%	12.0%	11.1%
Co-Pay, Deductible, and Co-Insurance Issues	10.2%	8.1%	6.9%
Delays/No Response	6.1%	5.5%	4.5%
Out-of-Network Benefits	5.3%	4.7%	4.4%

Note: The number of reasons exceeded the number of complaints because some complaints had more than one reason submitted. There were 38,687 reason entries from the 29,537 complaints in 2022.

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**Figure 3.4 Statewide 2022 Top Five Jurisdictional Complaint Results Compared to Prior Years**

<b>Complaint Result</b>	<b>2022</b>	<b>2021</b>	<b>2020</b>
Upheld/Health Plan Position Substantiated	33.3%	30.1%	36.7%
Complaint Withdrawn	16.5%	22.4%	29.1%
Compromise Settlement/Resolution	21.2%	18.3%	10.3%
Advised Complainant	11.1%	10.5%	7.6%
Health Plan Position Overturned	5.7%	6.3%	6.9%

Note: The number of results exceeded the number of complaints because some cases had more than one result reported. There were 37,433 results entries from the 29,537 complaints in 2022.

**Figure 3.6 Statewide 2022 Jurisdictional Complaints by Primary Language Compared to Prior Years**

<b>Primary Language</b>	<b>2022</b>	<b>2021</b>	<b>2020</b>
English	82.2%	83.9%	83.4%
Refused/Unknown	11.5%	8.6%	8.0%
Spanish	4.2%	5.0%	5.2%
Other Languages	2.2%	2.5%	3.4%

Note: Other Languages combines language elements with low volumes (under 1%) of reported complaints in 2022: Arabic, Armenian, Cambodian, Cantonese, Farsi, Hmong, Japanese, Korean, Mandarin, Other, Other Chinese, Russian, Tagalog, and Vietnamese. Refused/Unknown combines complaints originally reported under separate Refused and Unknown elements.

## Section 4 – Department of Managed Health Care

**Figure 4.1 DMHC Complaint Volumes by Month Closed**

Month	2022	2021	2020
January	1,217	1,139	1,282
February	1,396	1,284	1,450
March	1,578	1,414	1,483
April	1,079	1,388	1,361
May	1,693	1,269	1,207
June	1,407	1,479	1,241
July	1,586	1,366	1,393
August	1,420	1,388	1,304
September	1,569	1,395	1,292
October	1,380	1,314	1,376
November	1,448	1,254	1,093
December	1,427	1,335	1,402

**Figure 4.3 DMHC 2022 Top Ten Highest Health Plan Complaint Ratios (per 10,000 Members) Compared to Prior Years**

Health Plan	2022	2021	2020
Health Net of California	16.81	14.54	11.61
Blue Shield of California	13.87	14.32	15.13
Anthem Blue Cross	13.86	14.16	12.36
Cigna HealthCare of California, Inc.	13.80	9.17	7.98
UnitedHealthcare Benefits Plan of California	13.63	8.05	3.07
Western Health Advantage	12.77	13.04	16.01
UnitedHealthcare of California	11.68	12.13	15.32
Sutter Health Plus	10.22	14.93	10.76
Aetna Health of California	9.00	7.05	7.65
Sharp Health Plan	7.58	7.52	10.15

Note: The above display excludes health plans with enrollment under 70,000 in 2022. Due to a change in methodology to separate Blue Cross of California Partnership Plan data from Anthem Blue Cross, the 2020 and 2021 figures for Anthem Blue Cross vary from prior year reports.

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**Figure 4.4 DMHC 2022 Top Ten Complaint Reasons Compared to Prior Years**

<b>Complaint Reason</b>	<b>2022</b>	<b>2021</b>	<b>2020</b>
Co-Pay, Deductible, and Co-Insurance Issues	14.8%	13.2%	12.7%
Medical Necessity Denial	11.5%	15.4%	15.3%
Delays/No Response	9.2%	9.3%	8.8%
Denial of Coverage	8.4%	8.1%	7.1%
Access to Care	7.3%	4.6%	4.7%
Quality of Care	7.2%	7.3%	7.9%
Out-of-Network Benefits	7.1%	6.9%	6.8%
Billing/Reimbursement Issue	5.0%	4.6%	5.3%
Misrepresentation	4.8%	5.5%	6.0%
Provider Attitude and Service	3.8%	3.4%	2.9%

Note: The volume of reasons exceeded the number of complaints because some cases had more than one reason reported. There were 25,095 reason entries from the 17,200 complaints in 2022.

**Figure 4.5 DMHC 2022 Complaint Results Compared to Prior Years**

<b>Complaint Result</b>	<b>2022</b>	<b>2021</b>	<b>2020</b>
Upheld/Health Plan Position Substantiated	34.3%	34.6%	50.0%
Compromise Settlement/Resolution	28.4%	26.8%	11.5%
Advised Complainant	15.5%	16.6%	13.5%
No Jurisdiction	9.3%	8.3%	8.4%
Health Plan Position Overturned	4.2%	5.8%	7.2%
Insufficient Information	2.8%	2.4%	3.0%
Complaint Withdrawn	2.5%	2.4%	2.6%
Consumer Received Requested Service	1.6%	2.0%	1.8%

Note: Three results categories with low volumes (under 1%) were excluded from the display. Results considered to be favorable to the consumer include: Compromise Settlement/Resolution, Health Plan Position Overturned, and Consumer Received Requested Service. 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 consumer does not necessarily mean that the complaint was substantiated against the health plan but indicated that the consumer received services or a similar positive outcome.

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**Figure 4.6 DMHC 2022 Results for Co-Pay, Deductible, and Co-Insurance Issues Complaints Compared to Prior Years**

<b>Complaint Result</b>	<b>2022</b>	<b>2021</b>	<b>2020</b>
Compromise Settlement/Resolution	34.0%	36.8%	18.8%
Upheld/Health Plan Position Substantiated	28.6%	27.5%	41.9%
Advised Complainant	19.8%	18.8%	18.5%
No Jurisdiction	14.2%	14.2%	14.5%
Insufficient Information	1.6%	0.3%	0.7%
Complaint Withdrawn	34.0%	36.8%	18.8%

Note: The display above excludes results categories with low volumes in 2022.

**Figure 4.7 DMHC 2022 Results for Medical Necessity Denial Complaints Compared to Prior Years**

<b>Complaint Result</b>	<b>2022</b>	<b>2021</b>	<b>2020</b>
Health Plan Position Overturned	30.4%	32.2%	35.0%
Upheld/Health Plan Position Substantiated	16.9%	18.7%	19.3%
Consumer Received Requested Service	13.3%	11.6%	10.4%
Advised Complainant	13.2%	14.1%	11.3%
Insufficient Information	11.5%	10.1%	12.1%
No Jurisdiction	10.5%	9.2%	8.0%
Complaint Withdrawn	4.1%	4.2%	3.9%

Note: The display above excludes results categories with low volumes in 2022.

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**Figure 4.8 DMHC 2022 Results for Delays/No Response Complaints Compared to Prior Years**

<b>Complaint Result</b>	<b>2022</b>	<b>2021</b>	<b>2020</b>
Compromise Settlement/Resolution	39.5%	39.3%	6.3%
Upheld/Health Plan Position Substantiated	32.6%	38.9%	74.5%
Advised Complainant	17.1%	14.9%	11.3%
No Jurisdiction	6.5%	4.2%	4.4%
Claim Settled	1.8%	1.0%	1.4%
Complaint Withdrawn	1.4%	1.4%	1.1%

Note: The display above excludes results categories with low volumes in 2022.

**Figure 4.9 DMHC Average Complaint Resolution Time (in Days) for 2018 - 2022**

<b>Measurement Year</b>	<b>Average Number of Days</b>
2022	31
2021	26
2020	24
2019	21
2018	25

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

<b>Complaint Type</b>	<b>2022</b>	<b>2021</b>	<b>2020</b>
Complaint/Standard Complaint	34	28	24
Independent Medical Review	22	23	23
Quick Resolution	5	4	4
Urgent Nurse Case	10	11	14

Note: The timeframes for DMHC's time standards are based on the open date for when the department receives a completed complaint/IMR application, which is not necessarily the date when the consumer first contacted the department.

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**Figure 4.11 DMHC 2022 Complaint Distribution by Age Compared to Prior Years**

<b>Age Group</b>	<b>2022</b>	<b>2021</b>	<b>2020</b>
Age: <18	11.8%	12.3%	11.9%
Age: 18-34	18.5%	19.3%	19.7%
Age: 35-54	33.0%	32.0%	32.6%
Age: 55-64	23.5%	24.7%	24.7%
Age: 65-74	6.6%	6.2%	5.9%
Age: >74	2.4%	2.2%	1.8%
Unknown	4.2%	3.3%	3.5%

**Figure 4.12 DMHC 2022 Complaint Distribution by Primary Language Compared to Prior Years**

<b>Primary Language</b>	<b>2022</b>	<b>2021</b>	<b>2020</b>
English	94.8%	94.0%	93.5%
Spanish	3.5%	3.8%	3.8%
Other Languages	1.7%	2.1%	2.8%

Note: Other Languages combines the following language categories with low reported complaint volumes: Arabic, Armenian, Cambodian, Cantonese, Farsi, Hmong, Japanese, Korean, Mandarin, Other, Other Chinese, Russian, Tagalog, and Vietnamese.

**Figure 4.13 DMHC 2022 County Complaint Ratios (per 10,000 Residents)**

<b>Resident County</b>	<b>Complaints per 10,000 Residents</b>
Marin	7.79
El Dorado	6.35
Placer	6.00
Nevada	5.96
San Francisco	5.29
Yolo	5.25
Los Angeles	5.14
Napa	5.12
Sacramento	5.11
Contra Costa	5.01
San Mateo	4.72
Alameda	4.42

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<b>Resident County</b>	<b>Complaints per 10,000 Residents</b>
Santa Cruz	4.24
Santa Clara	4.22
San Diego	4.06
Ventura	4.02
San Luis Obispo	3.99
Orange	3.95
Sonoma	3.93
Solano	3.63
Sutter	3.54
San Joaquin	3.43
Riverside	3.12
Santa Barbara	3.06
San Bernardino	2.90
Stanislaus	2.62
Shasta	2.62
Kern	2.34
Butte	2.29
Mendocino	2.24
Fresno	2.23
Madera	2.09
Humboldt	2.01
Merced	1.82
Imperial	1.73
Monterey	1.72
Tulare	1.64
Kings	1.32

Note: The display excludes counties with populations under 70,000 people and/or fewer than 11 complaints in 2022.

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**Figure 4.14 DMHC 2022 Top Five Reasons for Medi-Cal Health Plan Complaints Compared to Prior Years**

<b>Complaint Reason</b>	<b>2022</b>	<b>2021</b>	<b>2020</b>
Access to Care	12.5%	8.3%	9.1%
Delays/No Response	12.4%	12.0%	10.9%
Quality of Care	10.7%	10.1%	11.4%
Denial of Coverage	9.3%	8.6%	7.3%
Medical Necessity Denial	8.9%	16.5%	17.5%

Note: The number of reasons exceeded the number of complaints because some cases had more than one reason reported. There were 4,363 reason entries from the 2,856 Medi-Cal plan complaints in 2022. Differences between measurement years may be due in part to changes in data reporting rather than changes in incidence.

**Figure 4.15 DMHC 2022 Medi-Cal Plan Complaint Ratios (per 10,000 Members)**

<b>Health Plan</b>	<b>2022</b>
Kaiser Permanente	10.64
Blue Shield of California Promise Plan	4.88
L.A. Care Health Plan	4.24
Health Net	2.95
Contra Costa Health Plan	2.82
Santa Clara Family Health Plan	2.42
Alameda Alliance for Health	2.32
Health Plan of San Mateo	2.23
San Francisco Health Plan	2.21
Anthem Blue Cross	2.16
California Health and Wellness Plan	1.96
Health Plan of San Joaquin	1.92
Inland Empire Health Plan	1.43
Kern Family Health	1.32
Molina Healthcare of California	1.28
CalViva Health	1.24
Liberty Dental Plan of California	1.07
Community Health Group	0.96
Partnership HealthPlan of California	0.60
CalOptima	0.21

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Note: The display excludes Medi-Cal managed care plans with enrollment under 70,000 members and/or 10 or fewer complaints in 2022. Some Medi-Cal managed care plans are not regulated by DMHC.

**Figure 4.16 DMHC 2022 Top Five Reasons for Covered California Health Plan Complaints Compared to Prior Years**

Complaint Reason	2022	2021	2020
Co-Pay, Deductible, and Co-Insurance Issues	17.1%	15.5%	13.1%
Medical Necessity Denial	9.1%	11.7%	13.0%
Denial of Coverage	8.7%	7.7%	6.4%
Delays/No Response	8.1%	10.3%	8.7%
Billing/Reimbursement Issue	6.5%	5.9%	6.7%

Note: The number of reasons exceeded the number of complaints because some cases had more than one reason reported. There were 2,896 reason entries from the 1,967 Covered California plan complaints in 2022. Differences between measurement years may be due in part to changes in data reporting rather than changes in incidence.

**Figure 4.17 DMHC 2022 Covered California Health Plan Complaint Ratios (per 10,000 Members) Compared to Prior Years**

Health Plan	2022	2021	2020
Blue Shield of California	18.32	19.09	25.43
L.A. Care Health Plan	15.97	18.57	13.72
Health Net of California	14.61	13.02	10.42
Kaiser Permanente	8.47	7.86	7.60
Anthem Blue Cross	6.31	9.11	8.77

Note: The display excludes Covered California health plans with enrollment under 70,000 members and/or fewer than 11 complaints in 2022.

## Section 5 – Department of Health Care Services

**Figure 5.1 DHCS Complaint Volumes by Month Closed**

Month	2022	2021	2020
January	324	297	418
February	341	350	440
March	436	449	507
April	369	424	426
May	326	401	353
June	374	512	437
July	330	536	425
August	402	436	401
September	382	317	475
October	378	409	423
November	329	387	334
December	226	307	320

**Figure 5.3 DHCS 2022 Top Ten Highest Statewide Health Plan Complaint Ratios (per 10,000 Members) Compared to Prior Years**

Health Plan	2022	2021	2020
Health Plan of San Joaquin	2.37	1.08	0.84
Partnership Health Plan of California	1.79	1.59	2.47
Contra Costa Health Plan	1.66	0.90	1.22
Blue Shield of California Promise Health Plan	1.63	1.93	2.13
CalOptima	1.55	2.35	2.83
Health Plan of San Mateo	1.49	0.64	1.09
Santa Clara Family Health Plan	1.31	1.41	0.94
Gold Coast Health Plan	1.29	1.28	2.02
California Health and Wellness Plan	1.26	0.84	1.44
L.A. Care Health Plan	1.13	1.07	1.26

Note: The display excludes Medi-Cal plans with 2022 statewide enrollment under 70,000 members and/or fewer than 11 complaints. CDII combined data each plan that serves multiple counties, including under different Medi-Cal contract models. DHCS reports may vary because the department typically monitors quality issues by county contract.

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**Figure 5.4 DHCS 2022 Top Ten Highest County Health Plan Complaint Ratios (per 10,000 Members) Compared to Prior Years**

<b>Health Plan, County</b>	<b>2022</b>	<b>2021</b>	<b>2020</b>
Health Plan of San Joaquin, San Joaquin	2.51	1.31	0.88
Health Plan of San Joaquin, Stanislaus	2.15	0.70	0.77
Central California Alliance for Health, Santa Cruz	2.10	1.65	2.02
Contra Costa Health Plan, Contra Costa	1.57	0.90	1.22
Partnership Health Plan of California, Solano	1.55	1.27	2.21
Blue Shield of California Promise Health Plan, San Diego	1.53	1.54	2.26
CalOptima, Orange	1.51	2.31	2.81
Anthem Blue Cross, Alameda	1.35	1.83	1.60
Gold Coast Health Plan, Ventura	1.29	1.24	2.02
Santa Clara Family Health Plan, Santa Clara	1.29	1.35	0.89

Note: The display excludes Medi-Cal plans with 2022 county enrollment under 70,000 members and/or fewer than 11 complaints. Multiple managed care contract models are represented. County Organized Health System (COHS): Central California Alliance for Health, Santa Cruz; Partnership Health Plan of California, Solano; CalOptima, Orange; and Gold Coast Health Plan, Ventura. Geographic Managed Care: Blue Shield of California Promise Health Plan, San Diego. Two-Plan Model Commercial: Anthem Blue Cross, Alameda. Two-Plan Model Local Initiative: Health Plan of San Joaquin, San Joaquin and Stanislaus; Contra Costa Health Plan, Contra Costa; and Santa Clara Family Health Plan, Santa Clara.

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**Figure 5.5 DHCS 2022 Top Ten Complaint Reasons (All Product Types) Compared to Prior Years**

<b>Complaint Reason</b>	<b>2022</b>	<b>2021</b>	<b>2020</b>
Scope of Benefits	34.4%	34.4%	27.4%
Medical Necessity Denial	21.1%	18.7%	22.0%
Pharmacy Benefits	9.8%	20.7%	25.1%
Dis/Enrollment	9.7%	6.9%	7.6%
Claim Denial	6.6%	5.5%	4.4%
Billing/Reimbursement Issue	4.9%	4.2%	3.8%
Denied Services	4.8%	6.0%	4.1%
Quality of Care	4.1%	2.3%	3.2%
Utilization Review	2.2%	Not Reported	Not Reported
State Specific (Other)	1.2%	0.1%	

Note: The number of complaint reasons exceeded the number of complaints because some cases had more than one reason reported. There were 4,246 reason entries from the 4,217 complaints in 2022. DHCS submitted Utilization Review for the first time for 2022 due to tracking system improvements that changed denial reason categorizations.

**Figure 5.6 DHCS 2022 Top Five Reasons for Medi-Cal Managed Care Complaints Compared to Prior Years**

<b>Complaint Reason</b>	<b>2022</b>	<b>2021</b>	<b>2020</b>
Medical Necessity Denial	27.7%	19.3%	16.7%
Dis/Enrollment	17.4%	12.5%	16.1%
Billing/Reimbursement Issue	14.0%	15.2%	12.3%
Quality of Care	11.7%	8.5%	11.2%
Denied Services	9.1%	16.4%	12.0%

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**Figure 5.7 DHCS 2022 Top Five Reasons for Medi-Cal Fee-for-Service Complaints Compared to Prior Years**

<b>Complaint Reason</b>	<b>2022</b>	<b>2021</b>	<b>2020</b>
Pharmacy Benefits	36.6%	54.6%	59.4%
Medical Necessity Denial	21.4%	25.8%	25.9%
Dis/Enrollment	17.3%	10.1%	8.1%
Claim Denial	10.8%	8.3%	3.5%
Utilization Review	9.7%	Not Reported	Not Reported

**Figure 5.8 DHCS 2022 Complaint Results Compared to Prior Years**

<b>Complaint Result</b>	<b>2022</b>	<b>2021</b>	<b>2020</b>
Upheld/Health Plan Position Substantiated	49.2%	39.5%	37.9%
Complaint Withdrawn	31.7%	41.1%	39.0%
No Action Requested/Required	9.0%	12.8%	6.2%
Health Plan Position Overturned	8.7%	5.2%	4.3%
Compromise Settlement/Resolution	1.1%	0.8%	12.3%

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 Overturned/Health Plan Position Overturned. 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.

**Figure 5.9 DHCS 2022 Results for Scope of Benefits Complaints Compared to Prior Years**

<b>Complaint Result</b>	<b>2022</b>	<b>2021</b>	<b>2020</b>
Upheld/Health Plan Position Substantiated	54.6%	37.5%	37.9%
Complaint Withdrawn	22.5%	39.8%	41.1%
Health Plan Position Overturned	15.4%	7.1%	8.0%
No Action Requested/Required	6.7%	14.8%	10.2%

Note: The above display excludes results categories with low volumes in 2022.

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**Figure 5.10 DHCS 2022 Results for Medical Necessity Denial Complaints Compared to Prior Years**

<b>Complaint Result</b>	<b>2022</b>	<b>2021</b>	<b>2020</b>
Upheld/Health Plan Position Substantiated	50.6%	42.1%	42.4%
Complaint Withdrawn	34.3%	42.7%	40.3%
Health Plan Position Overturned	7.0%	6.3%	3.0%
No Action Requested/Required	6.3%	7.9%	5.7%
Compromise Settlement/Resolution	1.5%	1.0%	8.5%

Note: The above display excludes results categories with low volumes in 2022.

**Figure 5.11 DHCS 2022 Results for Pharmacy Benefits Complaints Compared to Prior Years**

<b>Complaint Result</b>	<b>2022</b>	<b>2021</b>	<b>2020</b>
Complaint Withdrawn	40.2%	55.0%	67.8%
No Action Requested/Required	33.0%	19.8%	3.0%
Upheld/Health Plan Position Substantiated	24.6%	24.0%	21.3%

Note: The above display excludes results categories with low volumes in 2022.

**Figure 5.12 DHCS Average Complaint Resolution Times (in Days) for 2018-2022**

<b>Measurement Year</b>	<b>Average Number of Days</b>
2022	41
2021	49
2020	47
2019	51
2018	62

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**Figure 5.13 DHCS 2022 Complaints by Age Group Compared to Prior Years**

<b>Age Group</b>	<b>2022</b>	<b>2021</b>	<b>2020</b>
Age: <18	12.4%	11.6%	10.6%
Age: 18-34	16.1%	15.7%	12.6%
Age: 35-54	22.6%	20.5%	19.0%
Age: 55-64	17.7%	16.2%	16.8%
Age: 65-74	12.0%	8.3%	7.5%
Age: >74	5.1%	4.2%	4.1%
Unknown	14.1%	23.5%	29.6%

**Figure 5.14 DHCS 2022 Complaint Distribution by Race Compared to Prior Years**

<b>Race</b>	<b>2022</b>	<b>2021</b>	<b>2020</b>
Refused/Unknown	39.9%	44.8%	45.1%
White	38.7%	35.8%	34.6%
Black or African American	11.3%	10.4%	9.7%
Asian	5.1%	4.0%	3.4%
Other	4.2%	4.0%	6.0%

Note: The chart excludes race categories with low volumes in 2022.

**Figure 5.15 DHCS 2022 Complaints by Primary Language Compared to Prior Years**

<b>Primary Language</b>	<b>2022</b>	<b>2021</b>	<b>2020</b>
English	73.5%	66.4%	58.5%
Refused/Unknown	14.3%	23.7%	31.0%
Spanish	8.7%	7.1%	6.5%
Other Languages	3.5%	2.9%	4.0%

Note: Other Languages combines language categories with low volumes of complaints: Arabic, Armenian, Cambodian, Cantonese, Farsi, Hmong, Japanese, Korean, Mandarin, Other, Other Chinese, Russian, Tagalog, and Vietnamese.

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**Figure 5.16 DHCS 2022 County Complaint Ratios (per 10,000 County Medi-Cal Members)**

<b>County</b>	<b>Complaint Ratio</b>
Placer	4.35
San Diego	3.38
Shasta	3.38
San Joaquin	3.19
Orange	3.19
Butte	3.00
Riverside	2.93
Stanislaus	2.91
Contra Costa	2.89
Santa Cruz	2.83
Solano	2.45
Kern	2.43
San Francisco	2.39
Alameda	2.38
Los Angeles	2.29
Sonoma	2.29
Santa Clara	2.19
San Bernardino	2.16
Sacramento	2.15
Santa Barbara	2.05
Ventura	1.95
Merced	1.83
Imperial	1.81
Fresno	1.73
San Mateo	1.54
Madera	1.33
Tulare	1.17
Monterey	1.02

Note: The chart excludes counties with Medi-Cal enrollment under 70,000 members and/or fewer than 11 complaints in 2022.

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**Figure 5.17 DHCS 2022 Complaints by Product Type Compared to Prior Years**

<b>Product Type</b>	<b>2022</b>	<b>2021</b>	<b>2020</b>
Medi-Cal Dental	43.2%	41.9%	36.5%
Medi-Cal Managed Care	31.7%	25.6%	26.7%
Medi-Cal Fee-for-Service	22.8%	29.6%	34.2%

Note: The chart excludes product type categories with low volumes: Long-Term Care, Medi-Cal Coordinated Care, Mental Health, and Unknown.

**Figure 5.18 DHCS Office of the Ombudsman Monthly Volumes of Inquiries**

<b>Month</b>	<b>2022 Volume</b>	<b>2021 Volume</b>	<b>2020 Volume</b>
January	18,005	14,090	18,382
February	16,069	13,167	15,516
March	16,651	15,589	15,112
April	15,680	14,153	13,793
May	15,128	12,210	13,624
June	14,986	13,598	16,745
July	14,638	14,125	17,277
August	18,060	14,603	15,455
September	16,028	14,260	16,006
October	15,302	14,412	15,553
November	15,499	13,887	14,110
December	15,211	14,191	14,440

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**Figure 5.19 DHCS Medi-Cal Telephone Service Center Monthly Volumes of Inquiries**

<b>Month</b>	<b>2022 Volume</b>	<b>2021 Volume</b>	<b>2020 Volume</b>
January	59,740	67,438	62,233
February	66,085	59,331	55,290
March	65,976	61,358	61,627
April	54,569	57,766	52,327
May	49,227	48,464	54,642
June	50,880	46,881	51,120
July	46,852	45,570	42,092
August	59,058	49,654	47,113
September	53,973	46,303	46,683
October	49,776	46,020	50,531
November	41,081	46,051	49,104
December	36,917	46,878	52,268

**Figure 5.20 DHCS Medi-Cal Dental Telephone Service Center Monthly Volumes of Inquiries**

<b>Month</b>	<b>2022 Volume</b>	<b>2021 Volume</b>	<b>2020 Volume</b>
January	35,348	46,061	37,088
February	34,983	43,711	35,313
March	43,282	55,473	30,091
April	39,747	48,932	17,783
May	40,854	43,688	24,140
June	41,248	48,364	36,917
July	38,108	45,555	43,074
August	43,960	42,457	40,809
September	34,934	35,626	42,113
October	38,668	35,007	45,509
November	36,669	33,008	38,903
December	35,484	32,451	39,900

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**Figure 5.21 DHCS 2022 Medi-Cal Rx Customer Service Center Monthly Volumes of Inquiries**

<b>Month</b>	<b>2022 Volume</b>
January	134,318
February	87,855
March	71,012
April	53,888
May	56,445
June	46,857
July	42,530
August	47,125
September	45,529
October	43,896
November	49,619
December	56,621

Note: Prior year data for comparison is not available since the Medi-Cal Rx Customer Service Center did not begin full operations until January 2022.

## Section 6 – Department of Insurance

Figure 6.1 CDI Complaint Volumes by Month Closed

Month	2022	2021	2020
January	372	318	312
February	283	269	269
March	271	304	204
April	305	301	221
May	255	245	324
June	346	277	287
July	304	333	300
August	338	244	238
September	363	254	238
October	327	227	277
November	270	379	249
December	270	457	298

Figure 6.3 CDI 2022 Health Plan Complaint Ratios (per 10,000 Members) Compared to Prior Years

Health Plan	2022	2021	2020
Health Net Life Insurance Company	60.76	64.08	44.16
Anthem Blue Cross Life And Health Insurance Company	27.53	24.53	18.43
Cigna Health And Life Insurance Company	13.35	12.19	9.53
Aetna Life Insurance Company	9.87	10.36	8.59
UnitedHealthcare Insurance Company	4.97	9.01	8.95

Note: The above chart excludes health plans with enrollment under 70,000 members and/or fewer than 88 complaints in 2022.

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**Figure 6.4 CDI 2022 Top Ten Jurisdictional Complaint Reasons Compared to Prior Years**

<b>Complaint Reason</b>	<b>2022</b>	<b>2021</b>	<b>2020</b>
Claim Denial	30.5%	35.5%	34.0%
Information Requested	7.3%	5.4%	0.4%
Claim Delay	6.1%	6.9%	3.7%
Unsatisfactory Settlement/Offer	5.7%	7.6%	6.9%
Out-of-Network Benefits	5.6%	5.2%	7.7%
Medical Necessity Denial	4.6%	4.7%	6.6%
Co-Pay, Deductible, and Co-Insurance Issues	4.2%	3.3%	2.9%
Authorization Dispute	3.2%	3.1%	2.6%
Unsatisfactory Refund of Premium	2.6%	2.8%	2.5%
Emergency Services	2.5%	2.7%	4.5%

Note: The volume of reasons exceeded the number of complaints because some cases had more than one reason reported. There were 4,930 reason entries from the 3,704 complaints in 2022.

**Figure 6.5 CDI 2022 Top Ten Non-Jurisdictional Complaint Reasons**

<b>Complaint Reason</b>	<b>2022</b>
Claim Denial	27.3%
Out-of-Network Benefits	8.2%
Unsatisfactory Settlement/Offer	8.1%
Claim Delay	7.1%
Co-Pay, Deductible, and Co-Insurance Issues	6.3%
Authorization Dispute	3.7%
Emergency Services	3.6%
Pharmacy Benefits	3.4%
Medical Necessity Denial	2.8%
Participating Provider Availability/Timely Access to Care	2.7%

Note: The volume of reasons exceeded the number of complaints because some cases had more than one reason reported. There were 6,540 reason entries from the 4,625 non-jurisdictional complaints in 2022.

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**Figure 6.6 CDI 2022 Jurisdictional Complaint Results Compared to Prior Years**

<b>Complaint Result</b>	<b>2022</b>	<b>2021</b>	<b>2020</b>
Upheld/Health Plan Position Substantiated	23.4%	21.6%	34.4%
Insufficient Information	22.7%	29.3%	22.4%
Information Furnished/Expanded	21.7%	13.8%	0.0%
Health Plan Position Overturned	13.0%	15.4%	22.3%
Claim Settled	9.5%	9.9%	10.9%
Referred to Other Division for Possible Disciplinary Action	3.0%	2.2%	1.2%
No Action Requested/Required	2.1%	2.5%	3.4%
Compromise Settlement/Resolution	1.8%	2.7%	3.2%
Question of Fact/Contract/Provision/Legal Issue	1.7%	1.7%	1.4%
Complaint Withdrawn	1.1%	1.0%	1.0%

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

**Figure 6.7 CDI 2022 Jurisdictional Results for Claim Denial Complaints**

<b>Complaint Result</b>	<b>2022</b>
Insufficient Information	35.8%
Upheld/Health Plan Position Substantiated	23.7%
Health Plan Position Overturned	14.0%
Claim Settled	12.0%
Information Furnished/Expanded	6.8%
Question of Fact/Contract/Provision/Legal Issue	2.9%
Referred to Other Division for Possible Disciplinary Action	2.7%
Complaint Withdrawn	1.4%

Note: Results with low volumes were excluded from display.

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**Figure 6.8 CDI 2022 Jurisdictional Results for Information Requested Complaints**

<b>Complaint Result</b>	<b>2022</b>
Information Furnished/Expanded	94.2%
No Action Requested/Required	3.3%

Note: Results with low volumes were excluded from display.

**Figure 6.9 CDI 2022 Jurisdictional Results for Claim Delay Complaints**

<b>Complaint Result</b>	<b>2022</b>
Information Furnished/Expanded	25.4%
Health Plan Position Overturned	20.5%
Claim Settled	18.8%
Upheld/Health Plan Position Substantiated	16.2%
Insufficient Information	13.2%

Note: Results with low volumes were excluded from display.

**Figure 6.10 CDI Average Complaint Resolution Time (in Days) for 2018-2022**

<b>Measurement Year</b>	<b>Average Number of Days</b>
2022	40
2021	46
2020	64
2019	103
2018	120

Note: The average duration calculations for the above chart excluded CDI's non-jurisdictional complaints, which averaged between three and four days for the displayed measurement years. Since CDI allows for concurrent review, the duration for some complaints includes time during the health plan grievance period before the health plan concluded its review. The close date for many complaints reflects the conclusion of the department's regulatory investigation period after the complaint was already closed to the complainant. CDI indicated that this regulatory review period is 30 days on average.

**Figure 6.11 CDI 2022 Average Resolution Time (in Days) by Complaint Type Compared to Prior Years**

<b>Complaint Type</b>	<b>2022</b>	<b>2021</b>	<b>2020</b>
Independent Medical Review	60	62	63
Complaint/Standard Complaint	38	43	64

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**Figure 6.12 CDI 2022 Complaint Distribution by Age Compared to Prior Years**

<b>Age Group</b>	<b>2022</b>	<b>2021</b>	<b>2020</b>
Age: <18	4.2%	5.3%	7.7%
Age: 18-34	14.1%	17.3%	18.7%
Age: 35-54	24.4%	26.5%	28.8%
Age: 55-64	17.3%	18.9%	22.5%
Age: 65-74	7.3%	8.3%	9.6%
Age: >74	5.2%	4.4%	4.6%
Refused or Unknown	27.5%	19.3%	8.1%

**Figure 6.13 CDI County Complaint Ratios (per 10,000 Residents)**

<b>Resident County</b>	<b>Complaints per 10,000 Residents</b>
Marin	1.74
Santa Cruz	1.53
Placer	1.39
San Luis Obispo	1.15
San Mateo	1.06
Ventura	1.05
Orange	1.05
Butte	0.97
San Francisco	0.96
Santa Barbara	0.93
Santa Clara	0.93
Alameda	0.90
Los Angeles	0.90
San Diego	0.90
Napa	0.89
Sonoma	0.84
Contra Costa	0.83
Humboldt	0.82
Shasta	0.78
Kings	0.73
Riverside	0.71

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<b>Resident County</b>	<b>Complaints per 10,000 Residents</b>
El Dorado	0.69
Yolo	0.63
Monterey	0.60
Stanislaus	0.57
Sacramento	0.53
Solano	0.52
San Bernardino	0.43
Fresno	0.40
Kern	0.36
San Joaquin	0.34
Tulare	0.27

Note: The above display excludes counties with a population under 70,000 and/or fewer than 11 complaints in 2022.

**Figure 6.14 CDI 2022 Top Ten Complaint Product Types Compared to Prior Years**

<b>Product Type</b>	<b>2022</b>	<b>2021</b>	<b>2020</b>
Health Only	36.8%	37.9%	34.2%
Large Group	17.5%	18.6%	22.4%
Stand Alone Dental	16.8%	15.5%	12.6%
Small Group	7.2%	7.7%	7.8%
Medicare Supplement	3.7%	4.2%	2.1%
Grandfathered	3.5%	3.1%	4.0%
Exchange	2.6%	2.1%	3.3%
Limited Benefits	2.5%	2.0%	1.8%
Bronze	1.7%	1.5%	2.3%
Silver	1.6%	1.2%	2.3%

## Section 7 – Covered California

**Figure 7.1 Covered California Complaint Volumes by Month Closed**

Month	2022	2021	2020
January	490	793	1,037
February	556	797	978
March	499	802	1,037
April	425	792	1,437
May	353	546	1,170
June	325	486	1,045
July	266	426	983
August	312	420	844
September	278	318	772
October	277	285	635
November	313	311	499
December	322	345	642

**Figure 7.3 Covered California 2022 Complaint Reasons Compared to Prior Years**

Complaint Reason	2022	2021	2020
Denial of Coverage	54.6%	54.4%	53.2%
Eligibility Determination	28.2%	41.5%	38.7%
Cancellation	17.2%	4.0%	8.1%

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**Figure 7.4 Covered California 2022 Complaint Results Compared to Prior Years**

<b>Complaint Result</b>	<b>2022</b>	<b>2021</b>	<b>2020</b>
Complaint Withdrawn	85.5%	84.2%	81.1%
Compromise Settlement/Resolution	4.7%	5.2%	7.1%
No Action Requested/Required	4.1%	5.6%	6.1%
Upheld/Covered California Position Substantiated	3.4%	3.2%	4.0%
Covered California Position Overturned	2.3%	1.8%	1.7%

Note: Results categories considered favorable to the complainant include: Compromise Settlement/Resolution and Covered California Position Overturned. Results categories considered favorable to Covered California include: Upheld/Covered California 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 2022 Results for Denial of Coverage Complaints Compared to Prior Years**

<b>Complaint Result</b>	<b>2022</b>	<b>2021</b>	<b>2020</b>
Complaint Withdrawn	85.6%	84.5%	82.4%
Compromise Settlement/Resolution	5.0%	5.0%	6.0%
Upheld/Covered California Position Substantiated	3.9%	3.6%	4.4%
No Action Requested/Required	3.2%	4.9%	5.4%
Covered California Position Overturned	2.3%	1.9%	1.8%

**Figure 7.6 Covered California 2022 Results for Eligibility Determination Complaints Compared to Prior Years**

<b>Complaint Result</b>	<b>2022</b>	<b>2021</b>	<b>2020</b>
Complaint Withdrawn	84.5%	83.2%	79.2%
No Action Requested/Required	5.6%	6.6%	7.3%
Compromise Settlement/Resolution	5.0%	5.5%	8.1%
Upheld/Covered California Position Substantiated	2.6%	3.0%	3.8%
Covered California Position Overturned	2.2%	1.7%	1.6%

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**Figure 7.7 Covered California 2022 Results for Cancellation Complaints Compared to Prior Years**

<b>Complaint Result</b>	<b>2022</b>	<b>2021</b>	<b>2020</b>
Complaint Withdrawn	86.8%	89.8%	81.0%
No Action Requested/Required	4.5%	3.5%	5.5%
Compromise Settlement/Resolution	3.3%	3.9%	9.8%
Upheld/Covered California Position Substantiated	3.3%	1.2%	1.7%
Covered California Position Overturned	2.1%	1.6%	2.1%

**Figure 7.8 Covered California 2022 Results for the State Fair Hearings Complaint Type Compared to Prior Years**

<b>Complaint Result</b>	<b>2022</b>	<b>2021</b>	<b>2020</b>
Compromise Settlement/Resolution	32.4%	32.9%	37.7%
No Action Requested/Required	28.2%	35.2%	32.4%
Upheld/Covered California Position Substantiated	23.8%	20.4%	20.9%
Covered California Position Overturned	15.6%	11.5%	9.1%

Note: The above display is only for adjudicated State Fair Hearings and excludes complaints reported as the State Fair Hearing: Informal Resolution complaint type, which all had the Complaint Withdrawn result.

**Figure 7.9 Covered California Average Complaint Resolution Times (in Days) for 2018-2022**

<b>Measurement Year</b>	<b>Average Number of Days</b>
2022	25
2021	30
2020	36
2019	39
2018	48

**Figure 7.10 Covered California 2022 Average Resolution Times (in Days) by Complaint Type Compared to Prior Years**

<b>Complaint Type</b>	<b>2022</b>	<b>2021</b>	<b>2020</b>
State Fair Hearing	56	67	70
State Fair Hearing: Informal Resolution	19	23	28

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**Figure 7.11 Covered California 2022 Complaints by Primary Language Compared to Prior Years**

<b>Primary Language</b>	<b>2022</b>	<b>2021</b>	<b>2020</b>
English	61.5%	85.8%	85.1%
Unknown	30.2%	2.1%	2.9%
Spanish	5.2%	8.8%	7.9%
Other Languages	3.0%	3.3%	4.0%

Note: Other Languages combines language categories with low reported volumes: Arabic, Armenian, Cambodian, Cantonese, Farsi, Hmong, Korean, Mandarin, Russian, Tagalog, and Vietnamese.

**Figure 7.12 Covered California 2022 County Complaint Ratios (Fair Hearings per 10,000 Covered California Members)**

<b>County</b>	<b>Ratio</b>
Monterey	8.95
San Bernardino	6.93
San Diego	4.94
Riverside	4.79
Sacramento	4.59
Los Angeles	4.38
Alameda	4.19
San Francisco	4.01
Santa Clara	3.71
Ventura	2.68
Contra Costa	2.41
Orange	2.32

Note: The above display excludes counties with fewer than 10,000 Covered California plan members and/or fewer than 11 State Fair Hearings in 2022.

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**Figure 7.13 Covered California Inquiry Volumes**

<b>Month</b>	<b>2022</b>	<b>2021</b>	<b>2020</b>
January	488,335	555,388	861,436
February	323,506	366,311	456,680
March	353,549	396,691	783,152
April	358,066	365,217	645,730
May	232,515	368,992	463,570
June	234,471	304,904	444,170
July	214,786	280,044	456,460
August	261,345	268,772	379,592
September	230,161	258,341	344,949
October	280,782	298,596	410,136
November	347,084	357,615	455,507
December	434,672	477,068	711,971