

ANNUAL HEALTH CARE COMPLAINT DATA REPORT

Report to the Legislature for
Measurement Year 2023

Prepared by the:

California Health & Human Service Agency



Center for Data Insights and
Innovation – Office of the
Patient Advocate



Annual Health Care Complaint Data Report

Statutory Requirement

Assembly Bill 172 (Chapter 696, Statutes of 2021) transitioned annual reporting requirements to the Center for Data Insights and Innovation (CDII) under Health and Safety Code section 130204:

(b) The center shall produce an annual report to be made publicly available on the center's internet website by December 31, 2022, and annually thereafter, of health care consumer or patient assistance help centers, call centers, ombudsperson, or other assistance centers operated by the Department of Managed Health Care, the State Department of Health Care Services, the Department of Insurance, and the Exchange, that includes, at a minimum, all of the following:

- (1) The types of calls received and the number of calls.
- (2) The call center's role with regard to each type of call, question, complaint, or grievance.
- (3) The call center's protocol for responding to requests for assistance from health care consumers, including any performance standards.
- (4) The protocol for referring or transferring calls outside the jurisdiction of the call center.
- (5) The call center's methodology of tracking calls, complaints, grievances, or inquiries.

(c) (1) The center may collect and analyze data on problems and complaints by, and questions from, consumers about health care coverage for the purpose of providing public information about problems faced and information needed by consumers in obtaining coverage and care. The data collected shall include demographic data, insurer or plan data, appeals, source of coverage, regulator, type of problem or issue or comparable types of problems or issues, and resolution of complaints, including timeliness of resolution. Notwithstanding Section 10231.5 of the Government Code, the center shall submit a report by December 31, 2022, and annually thereafter to the Legislature. The report shall be submitted in compliance with Section 9795 of the Government Code. The format may be modified annually as needed based upon comments from the Legislature and stakeholders.

(2) The Department of Managed Health Care, the State Department of Health Care Services, the Department of Insurance, the Exchange, and any other public health coverage programs shall provide to the center data concerning call centers to meet the reporting requirements in this section in the time, data elements, manner, and format requested by the center.

(3) For the purpose of publicly reporting information as required in paragraph (1) and this paragraph about the problems faced by consumers in obtaining care and coverage, the center shall analyze data on consumer complaints, appeals, and grievances resolved by the agencies listed in subdivision (b), including demographic data, source of coverage, insurer or plan, resolution of complaints, and other information intended to improve health care and coverage for consumers.

The Annual Complaint Data Reports and associated documents are available through the CDII website: www.cdii.ca.gov/consumer-reports/complaint-data-reports/

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Section 1 – Executive Summary

The statutory requirement to produce an annual Health Care Complaint Data Report was established in 2011 and transferred with the Office of the Patient Advocate (OPA) program to the Center for Data Insights and Innovation (CDII) under AB 172 (Chapter 696, Statutes of 2021). Complaints addressed through this report include written or oral complaints, grievances, appeals, independent medical reviews, hearings, and similar processes to resolve a consumer’s problem or dispute. Four state entities are required to provide data: the Department of Managed Health Care (DMHC), Department of Health Care Services (DHCS), California Department of Insurance (CDI), and the California Health Benefit Exchange (Covered California).

This tenth annual Complaint Data Report catalogs 34,911 jurisdictional complaints for Measurement Year 2023 (complaints closed January 1 – December 31, 2023). A reporting entity’s jurisdictional complaints are those that fall under its authority to address or resolve. DMHC and CDI reported complaint data from their respective consumer assistance divisions. DHCS and Covered California reported complaint data from the California Department of Social Services (CDSS) State Fair Hearings Division. The 2023 jurisdictional complaint volumes:

- DMHC – 19,098
- DHCS – 7,260
- CDI – 3,478
- Covered California – 5,075

The 2023 top five statewide complaint reasons:

1. Denial of Coverage (11.2% of complaint reasons)
2. Co-Pay, Deductible, and Co-Insurance Issues (11.1%)
3. Medical Necessity Denial (10.3%)
4. Scope of Benefits (7.9%)
5. Delays/No Response (5.6%)

The 2023 top five statewide complaint results:

1. Upheld/Health Plan Position Substantiated (25.0% of complaint results)
2. Complaint Withdrawn (18.7%)
3. Compromise Settlement/Resolution (14.6%)
4. Advised Complainant (10.2%)
5. Health Plan Position Overturned (5.9%)

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The 2023 complaint resolution times:

- Statewide – 37 days on average, ranging from 0 (same day) to 645 days
- DMHC – 30 days on average, ranging from 0 to 445 days
- DHCS – 60 days on average, ranging from 0 to 645 days
- CDI – 41 days on average, ranging from 0 to 301 days
- Covered California – 26 days on average, ranging from 0 to 373 days

Differences in complaint systems make direct comparisons between the reporting entities inexact for many of the complaint categories. Because of this, much of the data analyses are shown separately in the respective sections about each reporting entity rather than within an aggregated statewide analysis. In addition, some differences between measurement years may be due in part to changes in data collection and reporting rather than changes in incidence or performance.

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Section 2 – Background and Methodology

The Center for Data Insights and Innovation (CDII) is charged under California Health and Safety Code section 130204 with the implementation of a multi-departmental complaint data reporting initiative. CDII took over this requirement from the Office of the Patient Advocate (OPA) in October 2021 after the enactment of AB 172 (Chapter 696, Statutes of 2021). OPA produced the baseline Complaint Data Report based on 2014 data. CDII is now required to annually report health care complaint data and related consumer assistance information from four state entities – the Department of Managed Health Care (DMHC), Department of Health Care Services (DHCS), California Department of Insurance (CDI), and California Health Benefit Exchange (Covered California) (collectively referred to as “reporting entities” within this report).

This tenth annual Complaint Data Report addresses health care complaints closed during Measurement Year 2023, the period January 1 through December 31, 2023, as well as other information about the reporting entities consumer assistance activities. Some measurement year comparisons rely on data previously collected by OPA.

The reporting entities report non-aggregated complaint data to CDII through an annual submission process using standardized data categories and elements. The reporting entities also submit overall consumer assistance volumes, protocols details, and other service center information. The 2023 complaint types submitted were:

- DMHC – Standard Complaints, Independent Medical Reviews, Quick Resolutions, and Urgent Nurse Complaints
- DHCS – State Fair Hearings [conducted by the California Department of Social Services (CDSS)]
- CDI – Standard Complaints and Independent Medical Reviews
- Covered California – State Fair Hearings (conducted by CDSS) and State Fair Hearings with Informal Resolutions (referred by CDSS for resolution by Covered California without a hearing)

CDII and the reporting entities remain dedicated to collaborating to standardize and enhance reporting. Ongoing data collection changes and reporting improvements can make measurement year comparisons inexact. In addition, due to differences in complaint systems, the data presented in this report may still provide an imperfect comparison between reporting entities, coverage types, and other categories. As such, many data categories are shown separately within the reporting entity sections rather than an aggregated statewide display. Additional details about the report methodology and the glossary of terms are available through the CDII website:

www.cdii.ca.gov/consumer-reports/complaint-data-reports/

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Section 3 – Statewide Complaint Data

A. Overview

The Department of Managed Health Care (DMHC), Department of Health Care Services (DHCS), California Department of Insurance (CDI), and California Health Benefit Exchange (Covered California) serve millions of Californians each year through health care coverage and regulatory oversight programs. The Center for Data Insights and Innovation (CDII) received data from these four reporting entities about consumer complaints and other information about their consumer assistance service centers.

Sections 4-7 have additional information about individual reporting entities. CDII urges caution about drawing conclusions when comparing information across entities and coverage sources due to differences in functions, complaint protocols and systems, and data availability.

Figure 3.1 shows the volume of complaints submitted by each reporting entity as well as the number of people with health care coverage overseen by each reporting entity.

Figure 3.1 Reporting Entities' 2023 Complaint and Enrollment Volumes

Reporting Entity	Complaint Volume	Total Number of Enrollees / Members
DMHC	19,098	29,808,230
DHCS	7,260	15,897,525
CDI	8,859	1,946,142
Covered California	5,075	1,501,805

Note: Direct comparisons across reporting entities are inexact due to variances in entity tracking systems and methodologies. The table enrollment volumes include individuals who are counted more than once from being enrolled in multiple plans or because oversight over their coverage is handled by more than one reporting entity. The DMHC and CDI enrollment figures represent the covered lives with health care coverage licensed by each department in December 2023. The DHCS enrollment figure is the number of Medi-Cal certified eligibles in March 2023 (as of May 20, 2024). The Covered California enrollment figure represents plan members who have paid their health plan premiums to effectuate coverage in July 2023. The DMHC and CDI complaint totals include non-jurisdictional complaints.

- DMHC reported 19,098 complaints about health plans regulated by the department, including for commercial plans, most plans sold through the Covered California marketplace, and certain Medi-Cal managed care plans.
- DHCS reported 7,260 formal State Fair Hearings about Medi-Cal and other DHCS health care delivery programs, including eligibility, enrollment, and delivery system issues.

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- CDI reported 3,478 complaints about the health insurance companies and producers it regulates. CDI also submitted data about 5,381 non-jurisdictional health care complaints, which were referred to other entities and/or resolved by providing education to the consumer.
- Covered California reported 5,075 State Fair Hearings requested about eligibility determinations and enrollment issues, including dual agency appeals involving Covered California and Modified Adjusted Gross Income (MAGI) Medi-Cal.

B. Statewide Consumer Assistance Centers

Overview

The reporting entities submitted information about the following state health care consumer assistance centers:

- [DMHC Help Center](#)
- [DHCS Office of the Ombudsman](#)
- DHCS Medi-Cal Telephone Service Center (no website reported)
- [DHCS Medi-Cal Dental Telephone Service Center](#)
- [DHCS Medi-Cal Rx Customer Service Center](#)
- [DHCS Health Care Options](#)
- [CDI Consumer Services Division](#)
- [Covered California Service Center](#)

The four reporting entities' complaint systems and state consumer assistance centers collectively received 11,061,508 requests for assistance from consumers in 2023, including 34,911 jurisdictional complaints and 11,026,597 other inquiries. The requests for assistance volume includes inquiries made to a newly reported service center – DHCS Health Care Options – that were not included in totals before 2023. Details about the DHCS Health Care Options service center can be found later in Section 5.D.

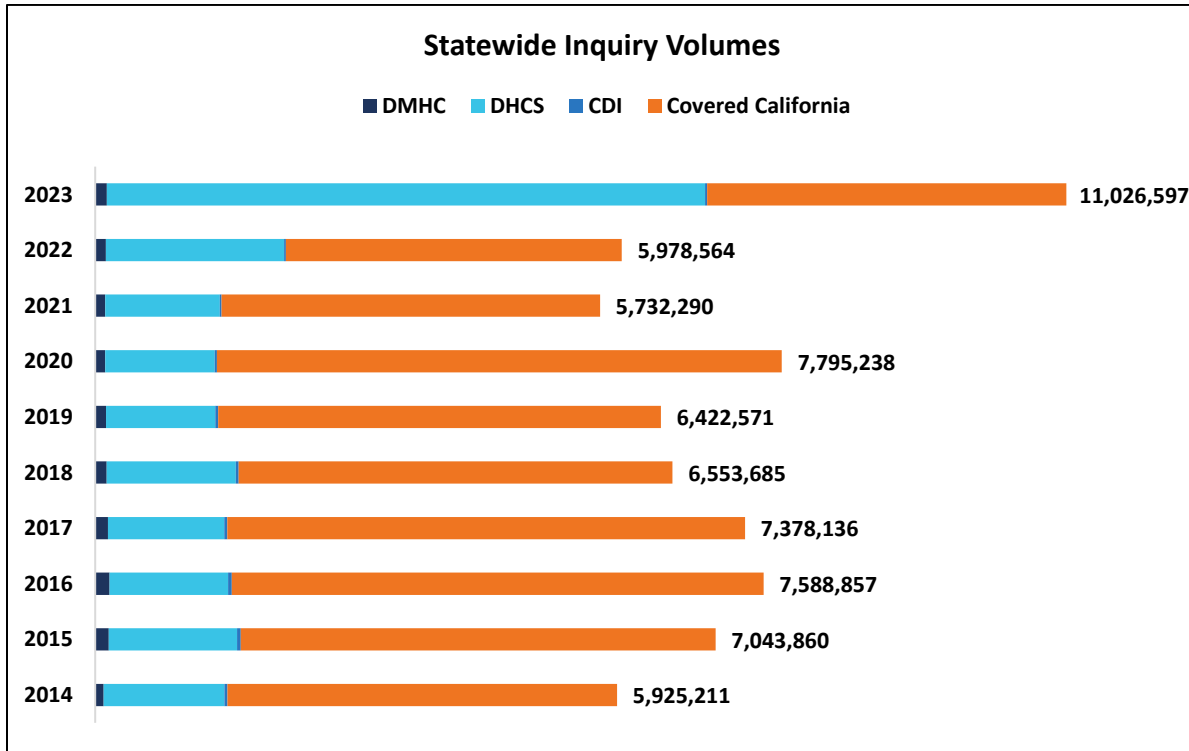
- Requests for assistance include all consumer encounters for both complaints and inquiries.
- Inquiries are consumer questions or requests for information, as well as consumer contacts for normal course of operations related to health care coverage and services.
- Non-jurisdictional complaints are considered as inquiries because the consumer typically must be provided education and a referral to another entity to have their complaint addressed.

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Service Center Inquiries

The following chart shows the submitted inquiry volumes reported by DMHC, DHCS, CDI, and Covered California from 2014 through 2023.

Figure 3.2 Statewide Inquiry Volumes for 2014-2023



Note: The 2023 volume represents eight state consumer assistance service centers, but there were fewer service centers reporting data in previous years. The increased volumes in 2022 and 2023 are primarily due to DHCS reporting changes. Inquiries from the Medi-Cal Rx Customer Service Center were first reported for 2022. Inquiries from Health Care Options were first submitted for 2023. The DHCS Mental Health Ombudsman and the Managed Care Ombudsman reported data separately until 2017, when the units merged into a single Office of the Ombudsman. Some service centers included provider contact volumes that could not be separated from the consumer inquiries.

Inquiry volumes increased from 2022 to 2023 for each of the seven service centers included in the prior year report:

- DMHC Help Center - 9.6% increase
- DHCS Office of the Ombudsman - under 1% increase
- DHCS Medi-Cal Telephone Service Center - 5.0% increase
- DHCS Dental Telephone Service Center - 12.2% increase
- DHCS Medi-Cal Rx Customer Service Center - 60.8% increase
- CDI Consumer Services Division - 13.3% increase
- Covered California Service Center - 7.0% increase

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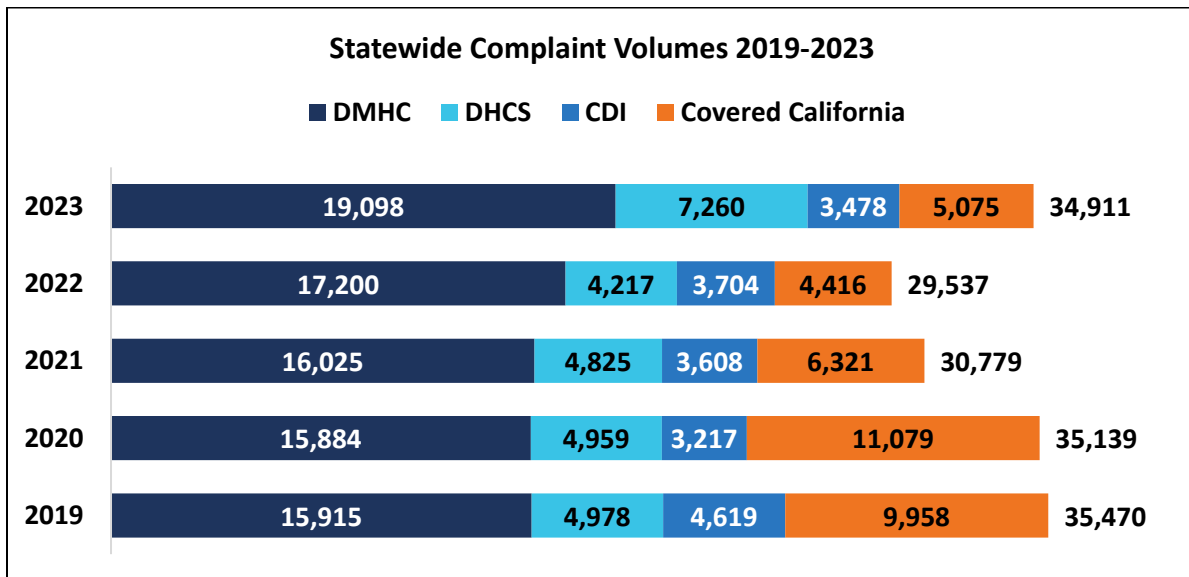
C. Statewide Health Care Complaint Data

DMHC, DHCS, CDI, and Covered California reported 34,911 complaints that were closed in 2023.

For trend displays in this report, differences between measurement years may be due in part to changes in data collection and reporting rather than changes in incidence. Annual comparisons should be interpreted with caution. Unless otherwise indicated, the charts in this section address jurisdictional complaints, excluding non-jurisdictional complaints reported by CDI.

The following chart shows 2023 statewide complaint volumes compared to prior years, including breakdowns by reporting entity.

Figure 3.3



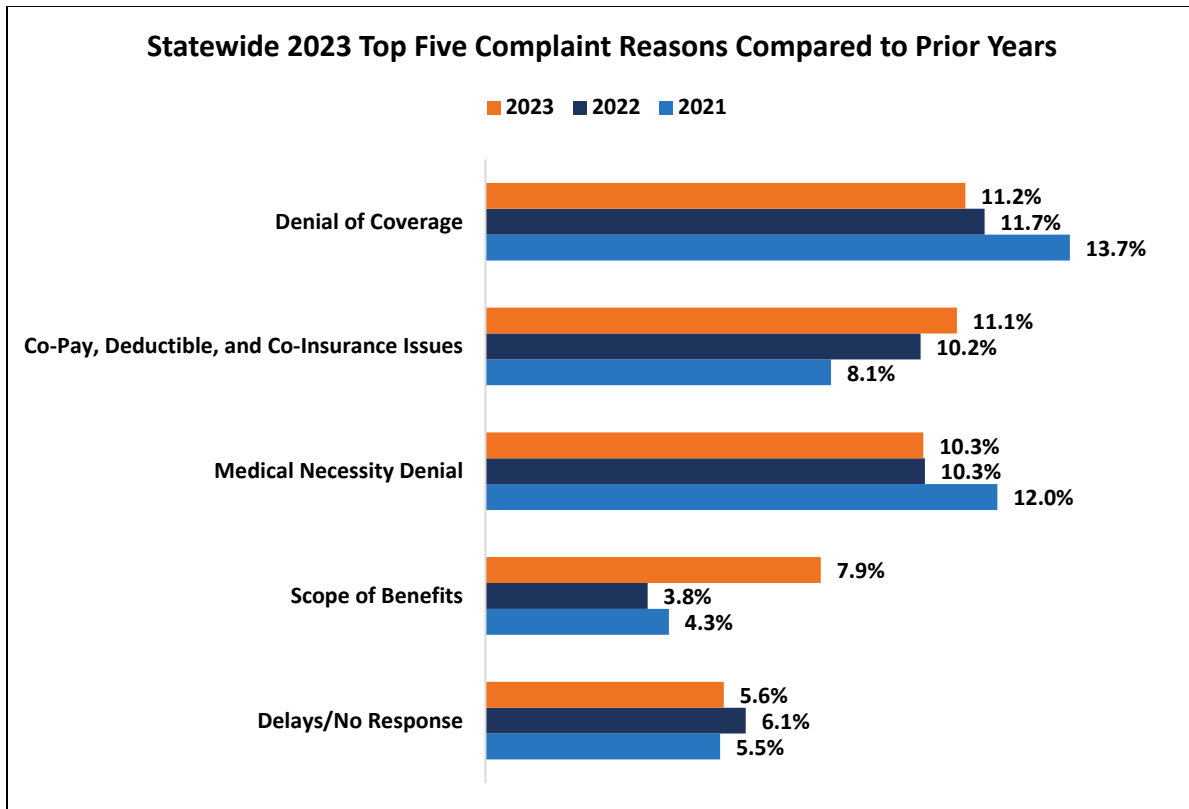
Note: Due to methodology differences, the complaint figures shown may vary from complaint volumes published by the reporting entities in other reports.

Complaint Reasons

The following chart shows the most common reasons for the jurisdictional complaints closed in 2023, along with the 2021 and 2022 distributions for the same reasons.

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Figure 3.4



Note: The number of reasons exceeded the number of complaints because some complaints had more than one reason submitted. There were 44,561 reasons reported for the 34,911 complaints in 2023.

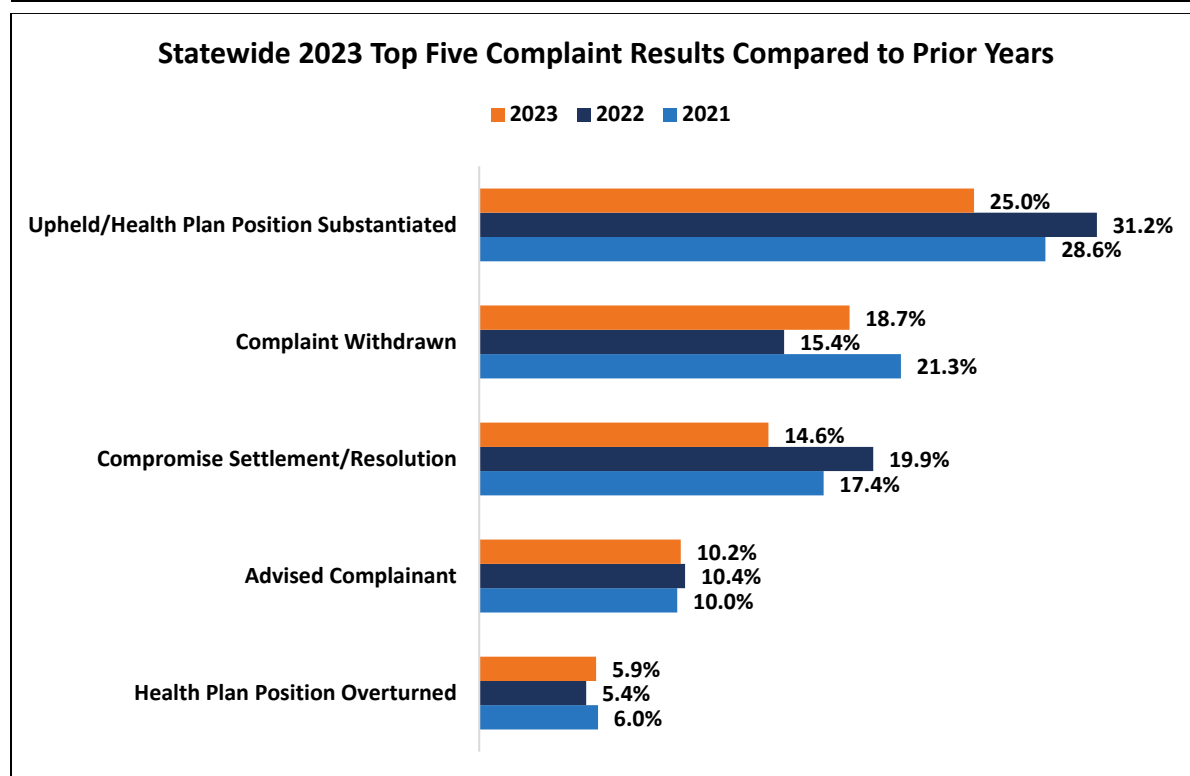
Complaint Results

The following chart displays the most common results for the complaints closed in 2023, along with the 2021 and 2022 data for the same results.

- Compromise Settlement/Resolution and Health Plan Position Overturned are considered as favorable to the complainant. This does not necessarily mean that the complaint was substantiated against the health plan or medical providers but indicates that the consumer received services or a similar positive outcome.
- Upheld/Health Plan Position Substantiated is considered as favorable to the health plan.
- The favorability of the other results categories is neutral or cannot be determined.
 - Complaint Withdrawn is a category where favorability cannot necessarily be determined. However, some Complaint Withdrawn results for the State Fair Hearing complaint type likely include cases that were withdrawn because the consumer’s issue was already resolved by their medical provider or health plan administrator before the hearing date.

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Figure 3.5 Statewide 2023 Top Five Complaint Results Compared to Prior Years



Note: The number of results exceeded the number of complaints because some complaints had more than one result reported. There were 43,466 results reported for the 34,911 complaints in 2023.

Resolution Time

The 2023 statewide average complaint resolution time was 37 days, 5 days longer than the prior year average (32 days).

Figure 3.6 2023 Complaint Resolution Times (in Days) by Reporting Entity

Reporting Entity	Minimum Duration	Maximum Duration	Average Resolution Time
DMHC	0 (same day)	445	30 days
DHCS	0	645	60 days
CDI	0	301	41 days
Covered California	0	373	26 days

Note: The analysis excluded CDI’s non-jurisdictional complaints, which took 4 days on average to resolve in 2023.

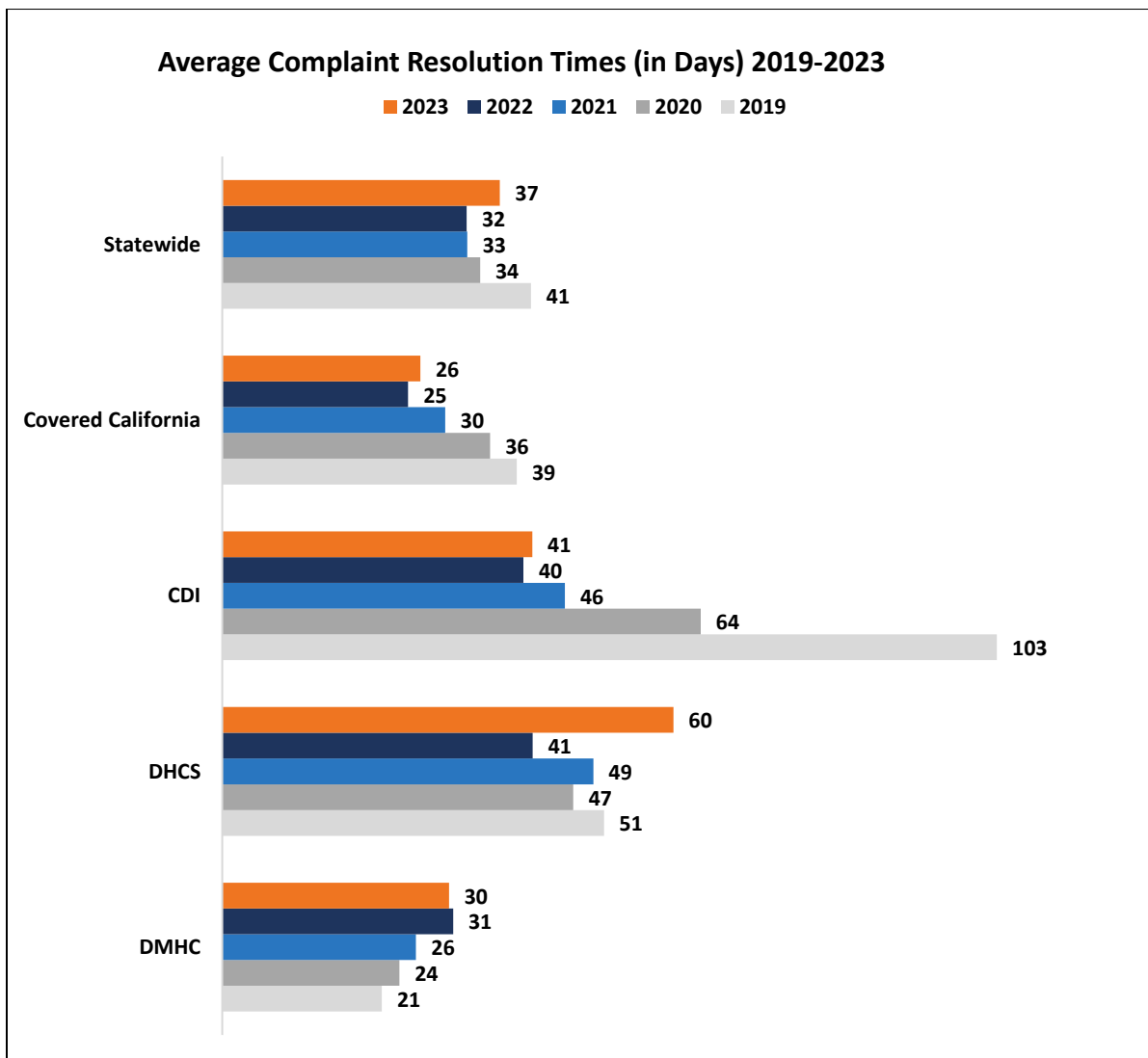
CDII urges caution in comparing reporting entities’ resolution times and drawing conclusions about performance. Complaint durations can be affected by differences in review protocols and tracking systems that have an impact on how open and close dates are defined and recorded. For example, longer durations may be due to:

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- Open dates representing the date when the consumer first contacted the reporting entity rather than when their complaint request satisfied conditions for a complaint review (e.g., all forms completed, health plan grievance decision received, etc.)
- Open dates representing an initial filing date rather than a re-open date.
- Close dates representing when oversight or enforcement activities were completed rather than when the case was closed to the consumer.

The following chart displays the 2019 through 2023 average complaint resolution times for the four reporting entities and the statewide averages.

Figure 3.7 Average Complaint Resolution Times (in Days) 2019-2023



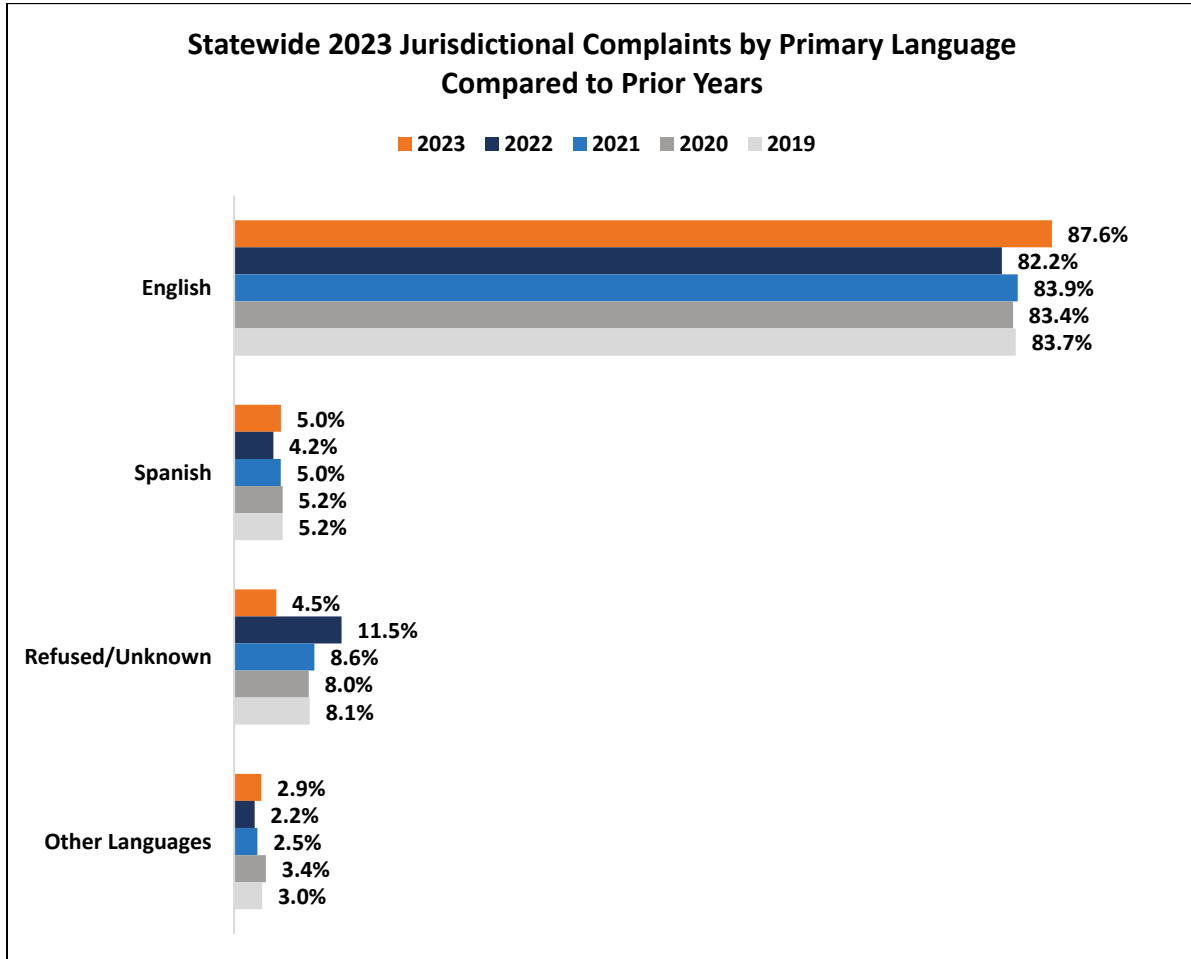
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Demographics and Other Categories

Sections 4-7 provide more details about complainant demographics and other complaint characteristics for the complaints closed by the reporting entities in 2023.

The following chart displays the 2023 statewide complaint distribution by the primary language of the complainant, along with the 2019 through 2022 distributions.

Figure 3.8



Note: Other Languages combines language elements with low volumes (under 1%) in 2023. Refused/Unknown combines complaints originally reported as separate elements.

The following table shows the most common complaint reasons by primary language, along with each reason’s percentage distribution among the specified language category.

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Figure 3.9 Statewide 2023 Top Five Complaint Reasons by Primary Language

Rank	English (% of English)	Spanish (% of Spanish)	Other Languages (% of Other Languages)	Refused/ Unknown (% of Refused/ Unknown)
1	Co-Pay, Deductible, and Co-Insurance Issues (11.8%)	Denial of Coverage (16.0%)	Denial of Coverage (14.3%)	Claim Denial (30.9%)
2	Denial of Coverage (11.0%)	Scope of Benefits (12.6%)	Dis/Enrollment (Tied 2nd - 9.9%)	Information Requested (15.8%)
3	Medical Necessity Denial (10.7%)	Medical Necessity Denial (10.6%)	Scope of Benefits (Tied 2nd - 9.9%)	Denial of Coverage (8.1%)
4	Scope of Benefits (7.9%)	Cancellation (7.3%)	Co-Pay, Deductible, and Co-Insurance Issues (9.0%)	Unsatisfactory Settlement/Offer (5.0%)
5	Delays/No Response (6.0%)	Dis/Enrollment (7.0%)	Cancellation (6.7%)	Claim Delay (3.8%)

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Section 4 – Department of Managed Health Care

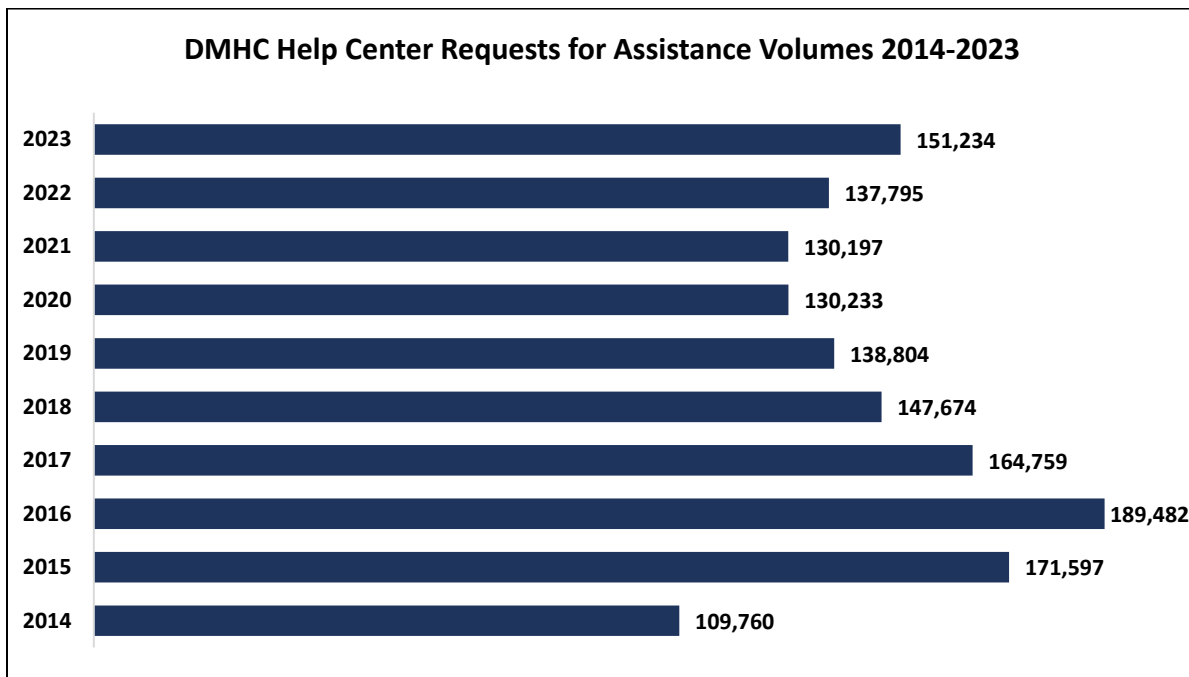
A. Overview

The Department of Managed Health Care (DMHC) regulates 96 percent of enrollment in state-regulated commercial and public health plans. DMHC’s Help Center educates consumers about their health care rights, resolves consumer complaints, helps consumers navigate and understand their coverage, and assists consumers in getting timely access to appropriate health care services.

In 2023, DMHC’s Help Center received 151,234 requests for assistance from consumers, including 19,098 complaints and 132,136 inquiries.

The following chart displays DMHC’s requests for assistance volumes from 2014 to 2023.

Figure 4.1

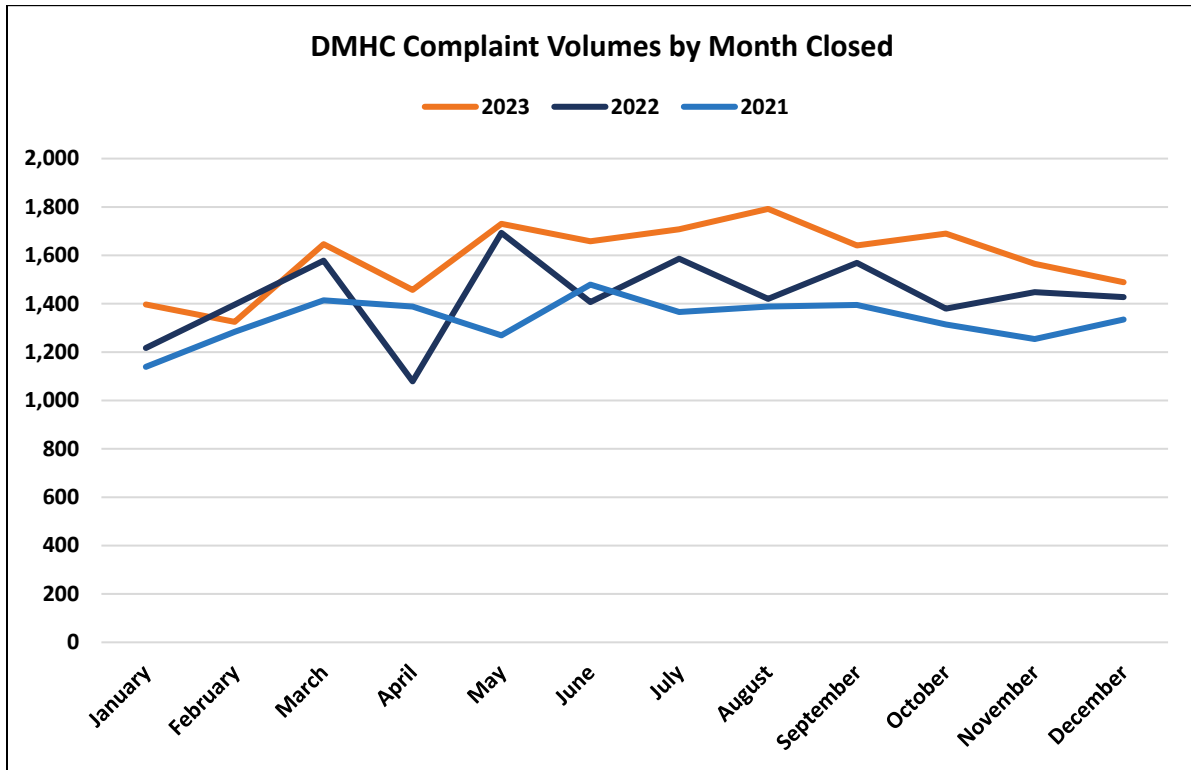


DMHC’s complaint volume increased for the third straight year, from a low of 15,884 complaints in 2020 up to 19,098 complaints in 2023. The complaint volume increased by approximately 11 percent from 2022 to 2023, outpacing the enrollment increase in DMHC-licensed health plans over the same period (under a 1% increase from 29,672,050 enrollees in 2022 to 29,808,230 enrollees in 2023).

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The following chart shows DMHC’s monthly complaint volumes for 2023 compared to the monthly volumes in 2021 and 2022.

Figure 4.2



The following table outlines information about DMHC’s four reported complaint types. The complaint type category typically indicates the process used to review the complaint.

- Most of DMHC’s 2023 complaints were a Standard Complaint (74.4% of the 19,098 complaints), followed by Independent Medical Review (22.7%), Quick Resolution (2.8%), and Urgent Nurse Case (Under 1%).

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Figure 4.3 DMHC Help Center Complaint Types Overview

Complaint Type	Primary Unit(s) Responsible	Time Standard	Average Resolution Time in 2023
Standard Complaint	Contact Center: Intake and routing Independent Medical Review/Complaint Branch: Casework to resolution Legal Affairs Branch: Legal review if needed	30 days, from receipt of a completed complaint application	33 days
Independent Medical Review (IMR)	Contact Center: Intake and routing Independent Medical Review/Complaint Branch: Casework IMR Contractor (MAXIMUS): External review decision Legal Affairs Branch: Legal review if needed	45 days, from receipt of a completed IMR application 7 days for cases that qualify for an expedited IMR	25 days
Quick Resolution	Contact Center: Intake and casework to resolution	N/A	4 days
Urgent Nurse Case	Contact Center: Intake, initial casework, and routing Independent Medical Review/Complaint Branch: Casework to resolution if possible, may open an IMR if an external review is needed	N/A	11 days

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. DMHC may review complaints involving consumers with urgent clinical issues as an Urgent Nurse case or through expedited IMR or Standard Complaint processes.

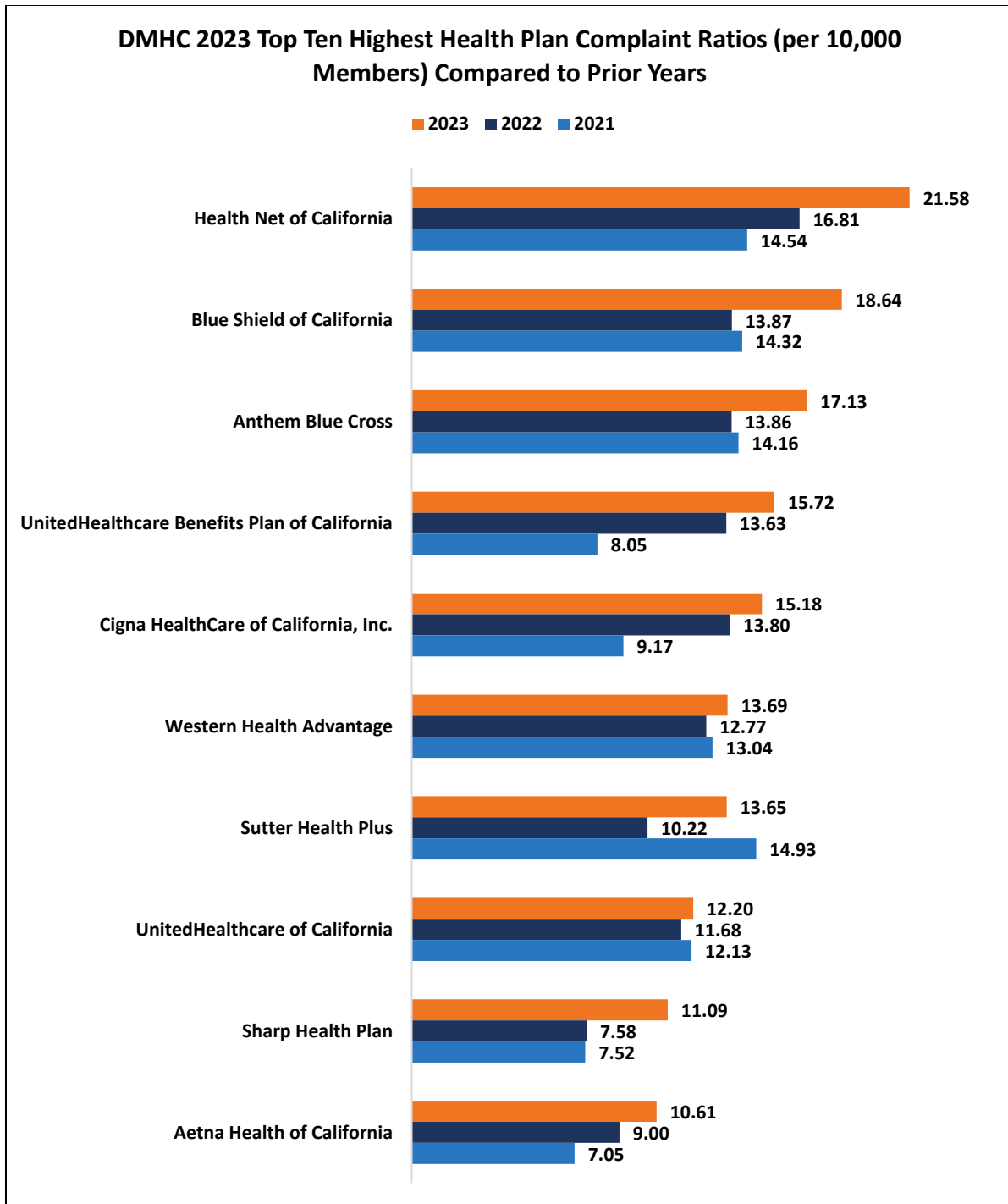
B. Complaint Ratios, Reasons, and Results

Health Plan Complaint Ratios

The following chart displays the DMHC-regulated full-service health plans with the highest complaint ratios in 2023, along with the 2021 and 2022 ratios for the same plans.

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Figure 4.4



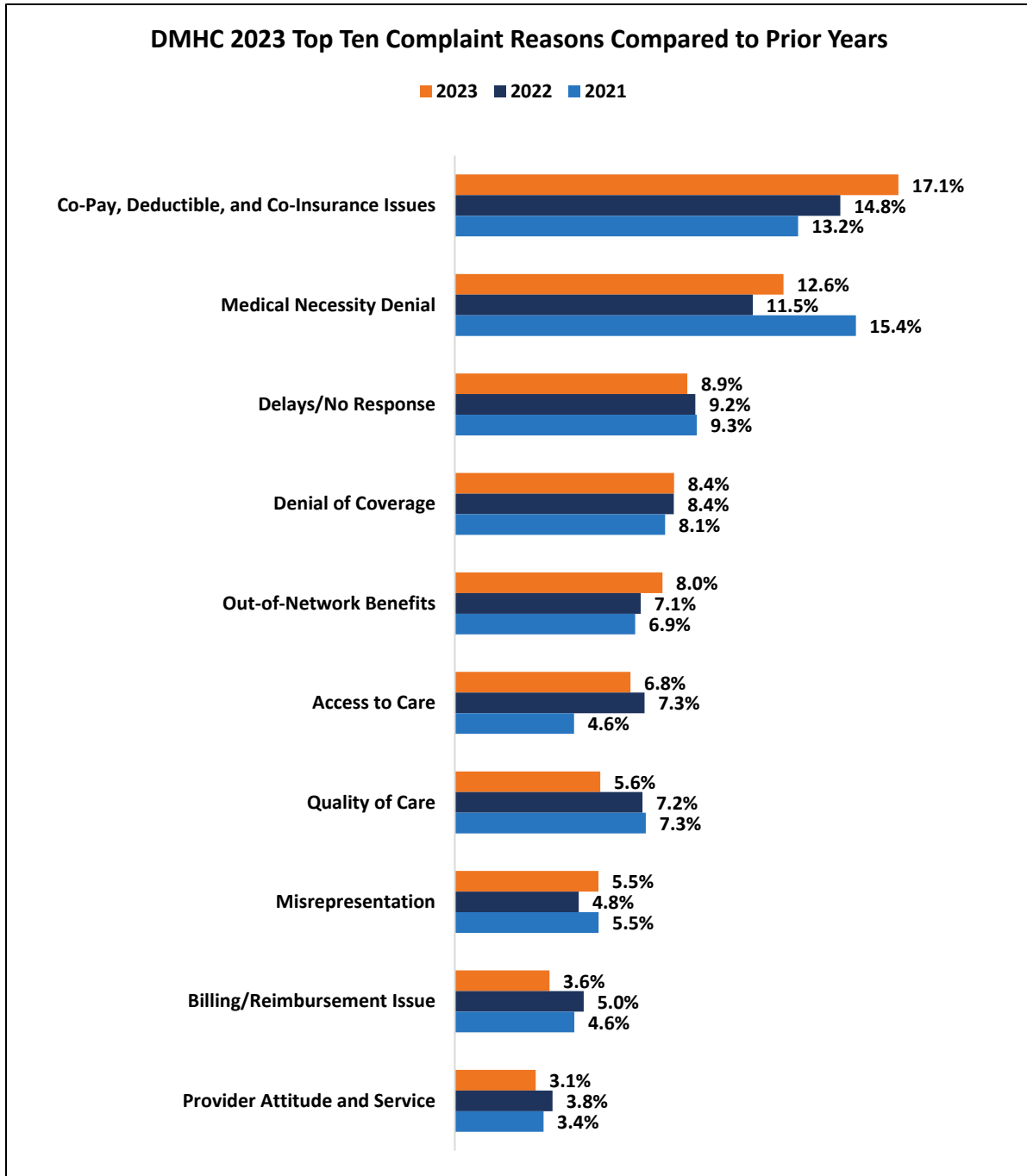
Note: The above display excludes health plans with enrollment under 70,000 in 2023. Due to a change in methodology to separate Blue Cross Partnership Plan data from Anthem Blue Cross, the 2021 figure for Anthem Blue Cross varies from what appeared in the Measurement Year 2021 report.

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Complaint Reasons

The following chart shows the most common reasons DMHC reported for complaints in 2023, along with the 2021 and 2022 data for the same reason categories.

Figure 4.5



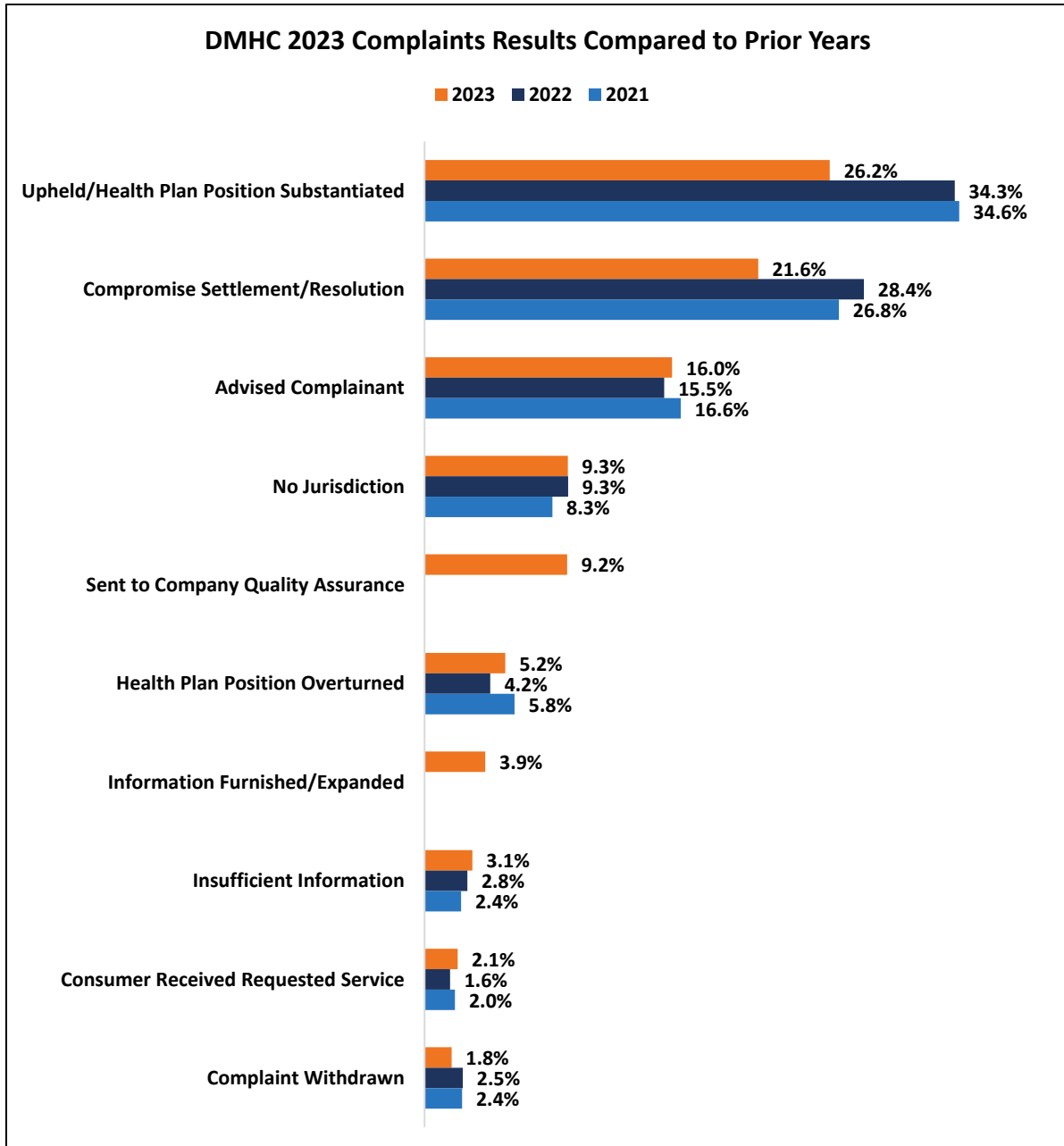
Note: The volume of reasons exceeded the number of complaints because some cases had more than one reason reported. There were 27,653 reasons reported for the 19,098 complaints in 2023.

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Complaint Results

The following chart displays DMHC’s results for complaints closed in 2023, along with the 2021 and 2022 data for the same results categories.

Figure 4.6



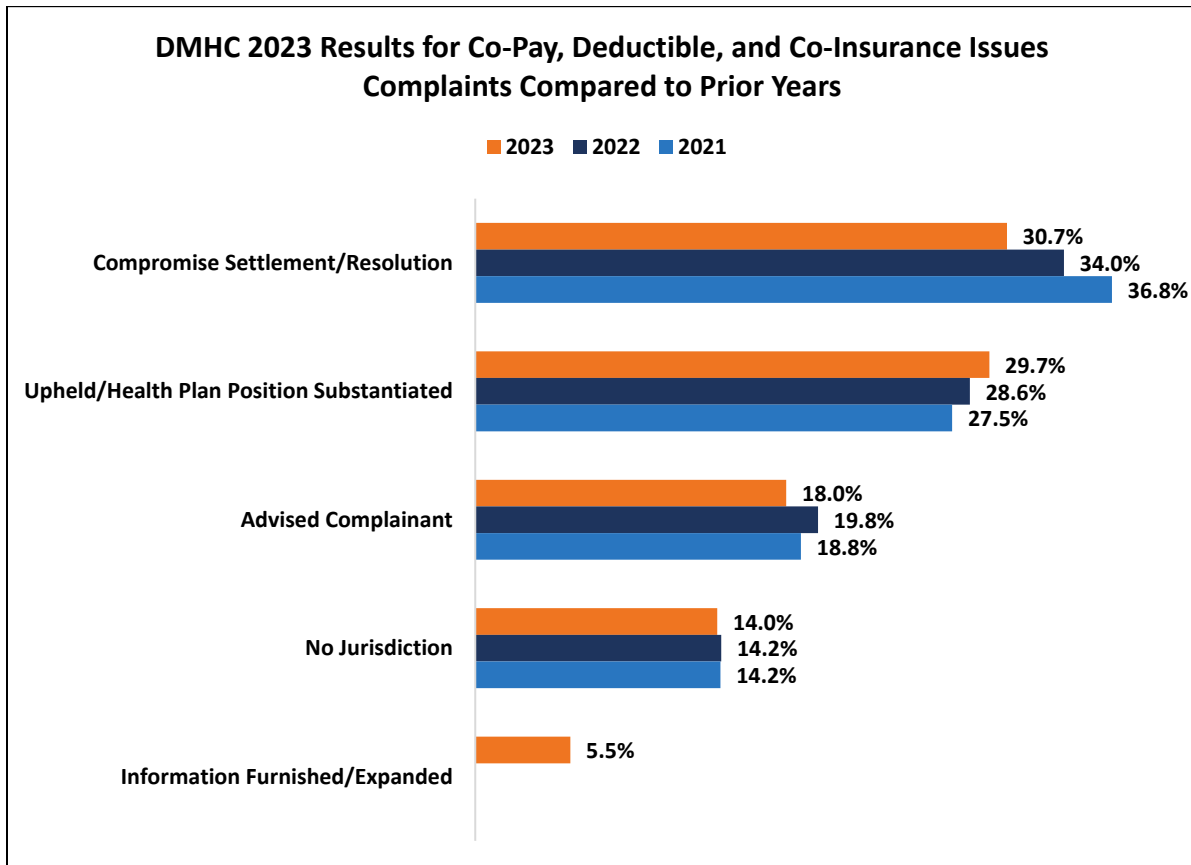
Note: The display excludes results categories with low volumes in 2023. The number of results exceeded the number of complaints because some cases had multiple results reported. There were 27,653 results for the 19,098 complaints in 2023. DMHC reported Sent to Company Quality Assurance and Information Furnished/Expanded for the first time for 2023, representing new data collection categorizations captured by the department.

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Some differences between measurement years may be due in part to changes in data collection and reporting. DMHC noted that it improved data collection in Measurement Year 2023 to capture additional case results details, including when a complainant was provided additional information or when a complaint was sent to a health plan for a quality assurance review. This reporting change shifted some results previously submitted as Upheld/Health Plan Position Substantiated and Compromise Settlement/Resolution to two results submitted for the first time in 2023: Sent to Company Quality Assurance and Information Furnished/Expanded.

The next three charts display the 2023 results for DMHC’s most commonly reported complaint reasons in 2023, as well as the 2021 and 2022 data for the same reasons.

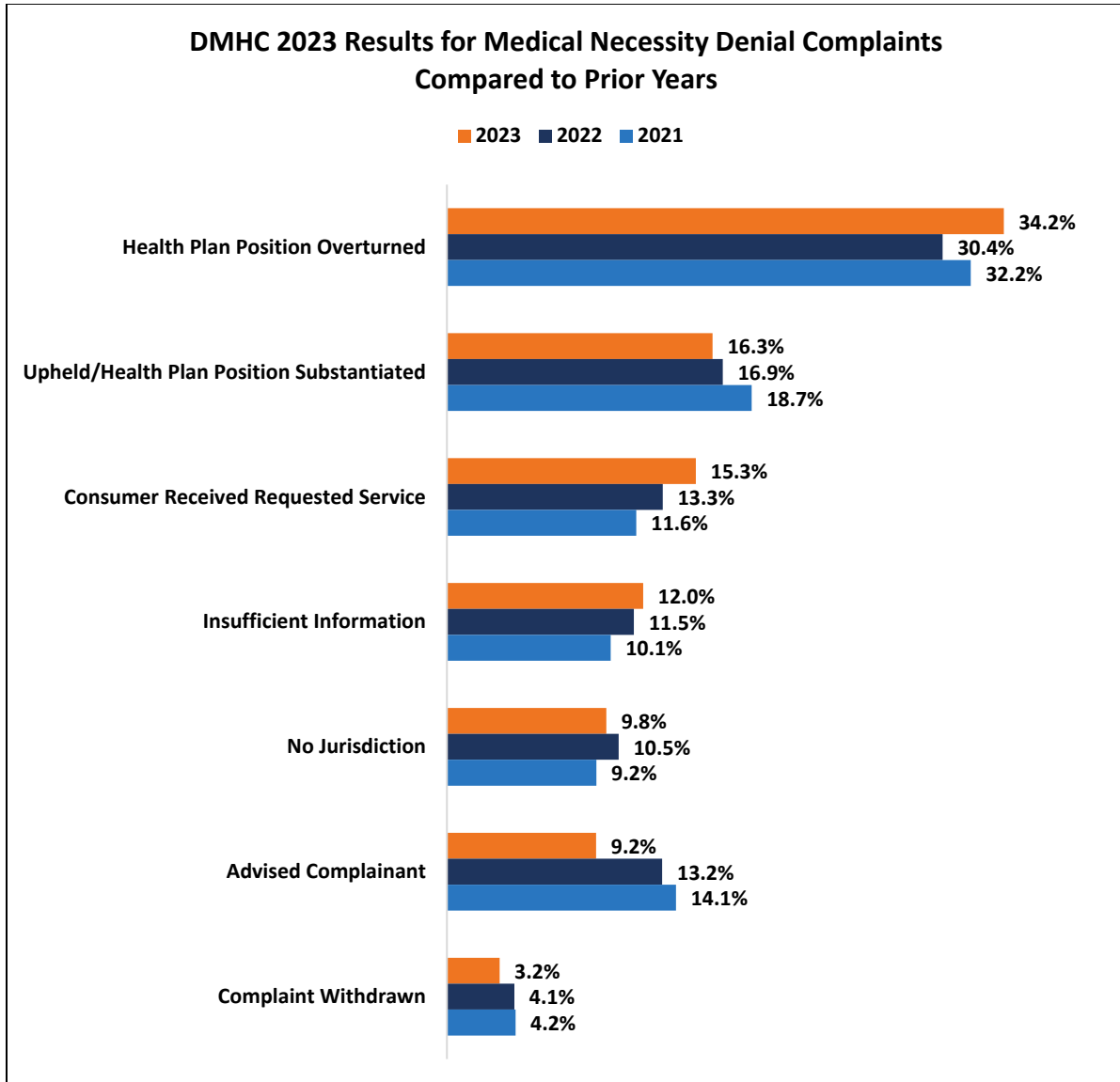
Figure 4.7



Note: The display excludes results with low volumes in 2023. Information Furnished/Expanded was reported for the first time for 2023 due to a change in DMHC data collection.

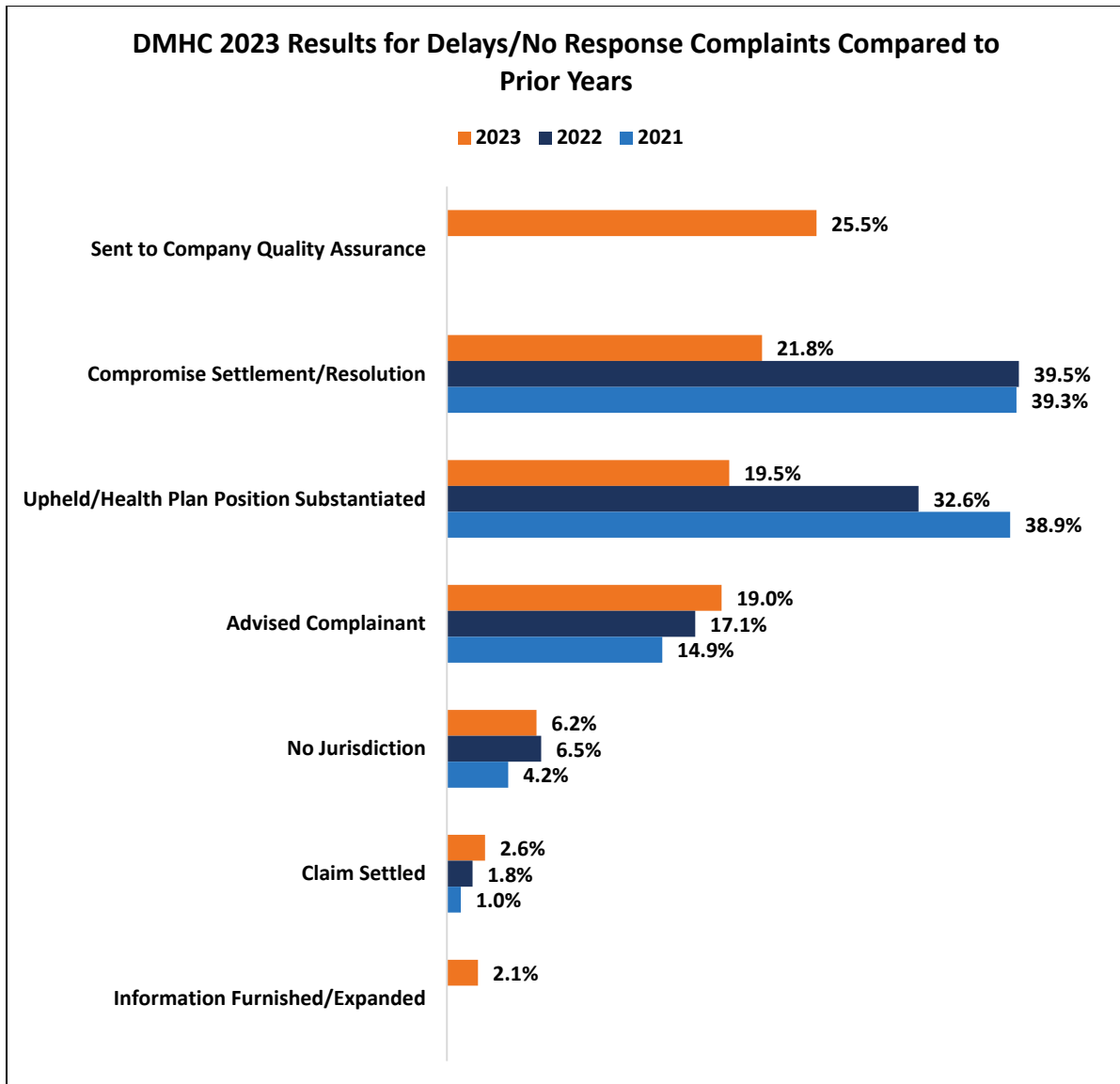
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Figure 4.8



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Figure 4.9



Note: The display excludes results with low volumes in 2023. Sent to Company Quality Assurance and Information Furnished/Expanded were reported for the first time for 2023 due to a change in DMHC data collection.

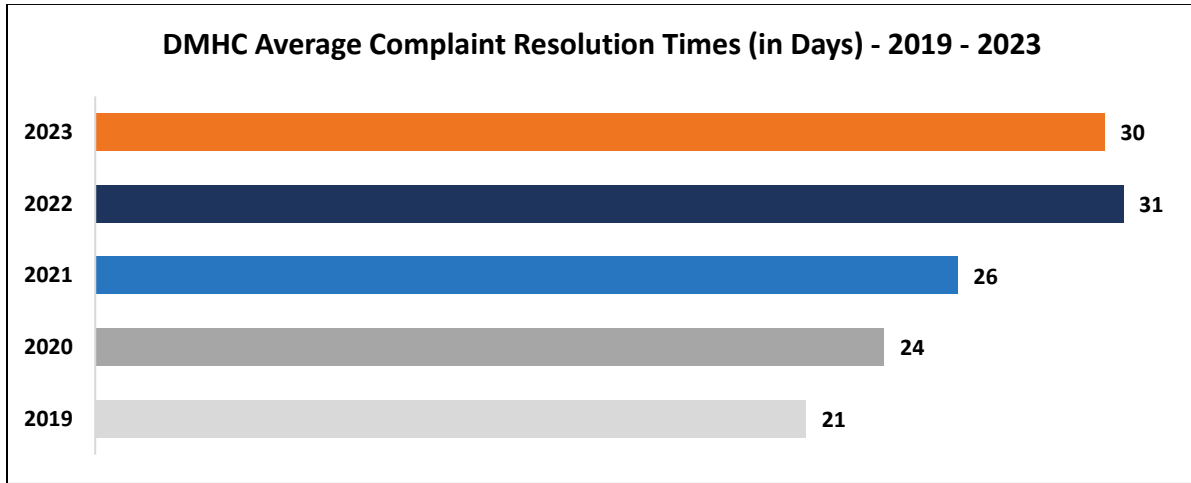
Resolution Time

The average resolution time for DMHC to close a complaint in 2023 was 30 days, a one-day decrease from the prior year.

The following chart displays the average number of days for DMHC to complete a complaint review each year from 2019 to 2023.

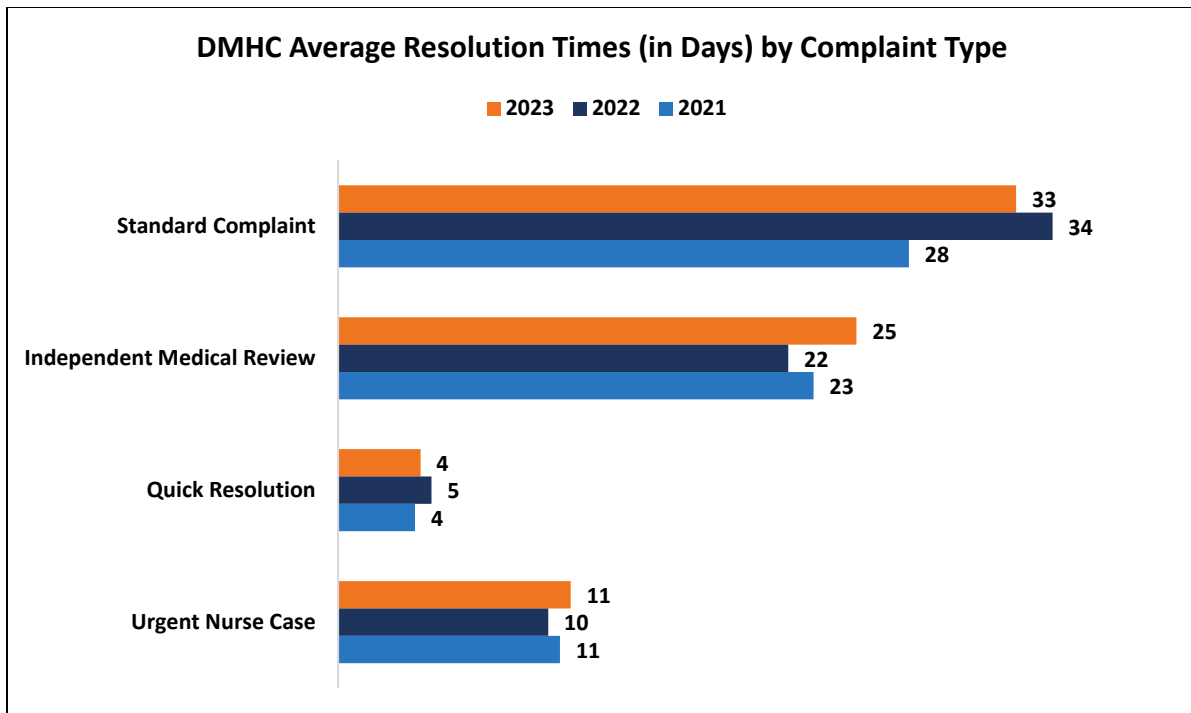
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Figure 4.10



The following chart displays the 2023 average complaint durations by complaint type, along with the 2021 and 2022 averages for the same types.

Figure 4.11



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

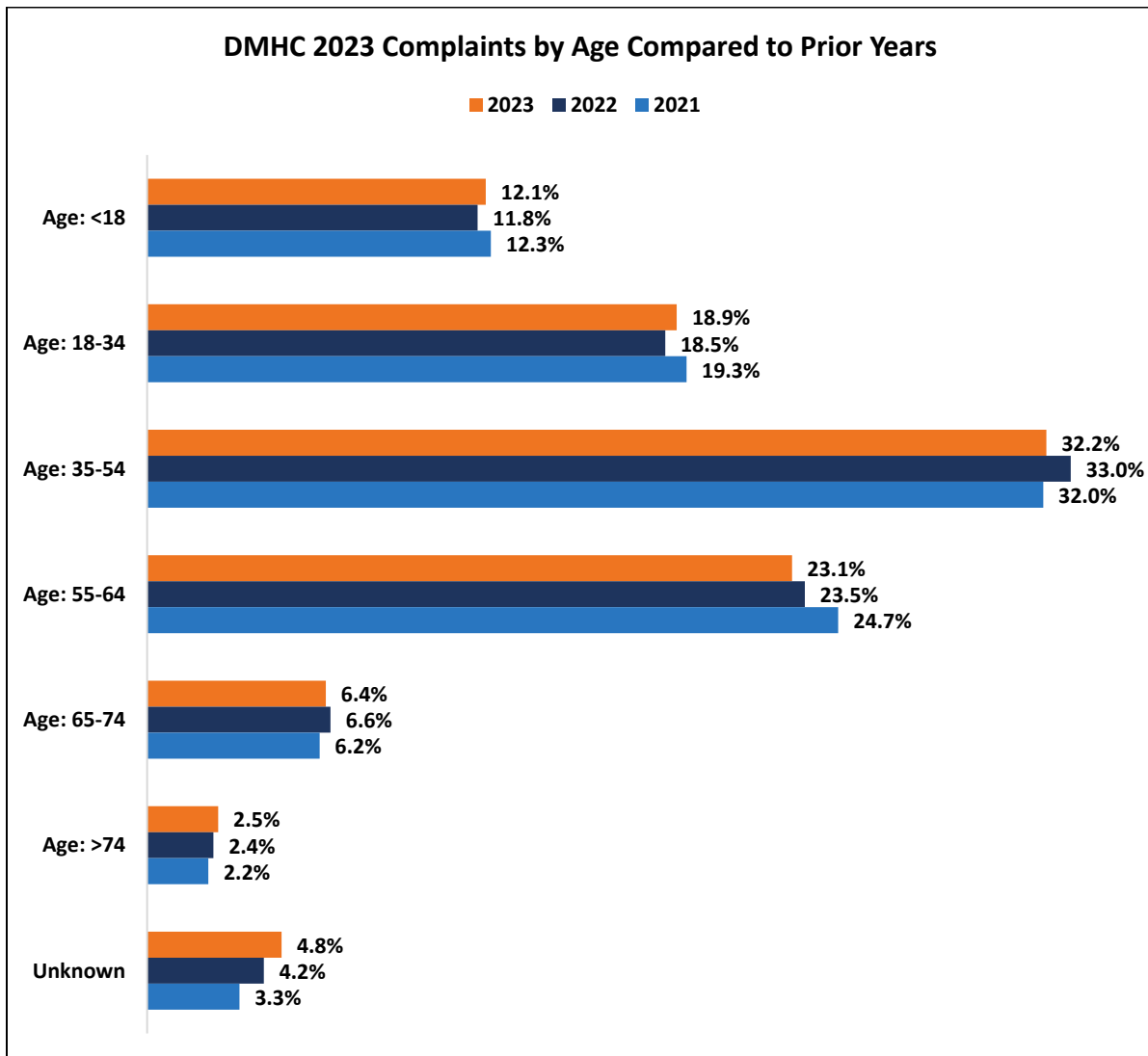
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C. Demographics and Other Complaint Characteristics

Age

The following chart shows the distribution of DMHC’s 2023 complaints by age group, along with the 2021 and 2022 data for the same age groups. Complaint volumes increased for all age groups in 2023 compared to 2022.

Figure 4.12



Gender

DMHC’s 2023 complaint distribution by gender was similar to the prior year. Half of the complaints reported the complainant’s gender as Female (50.0% of the 19,098

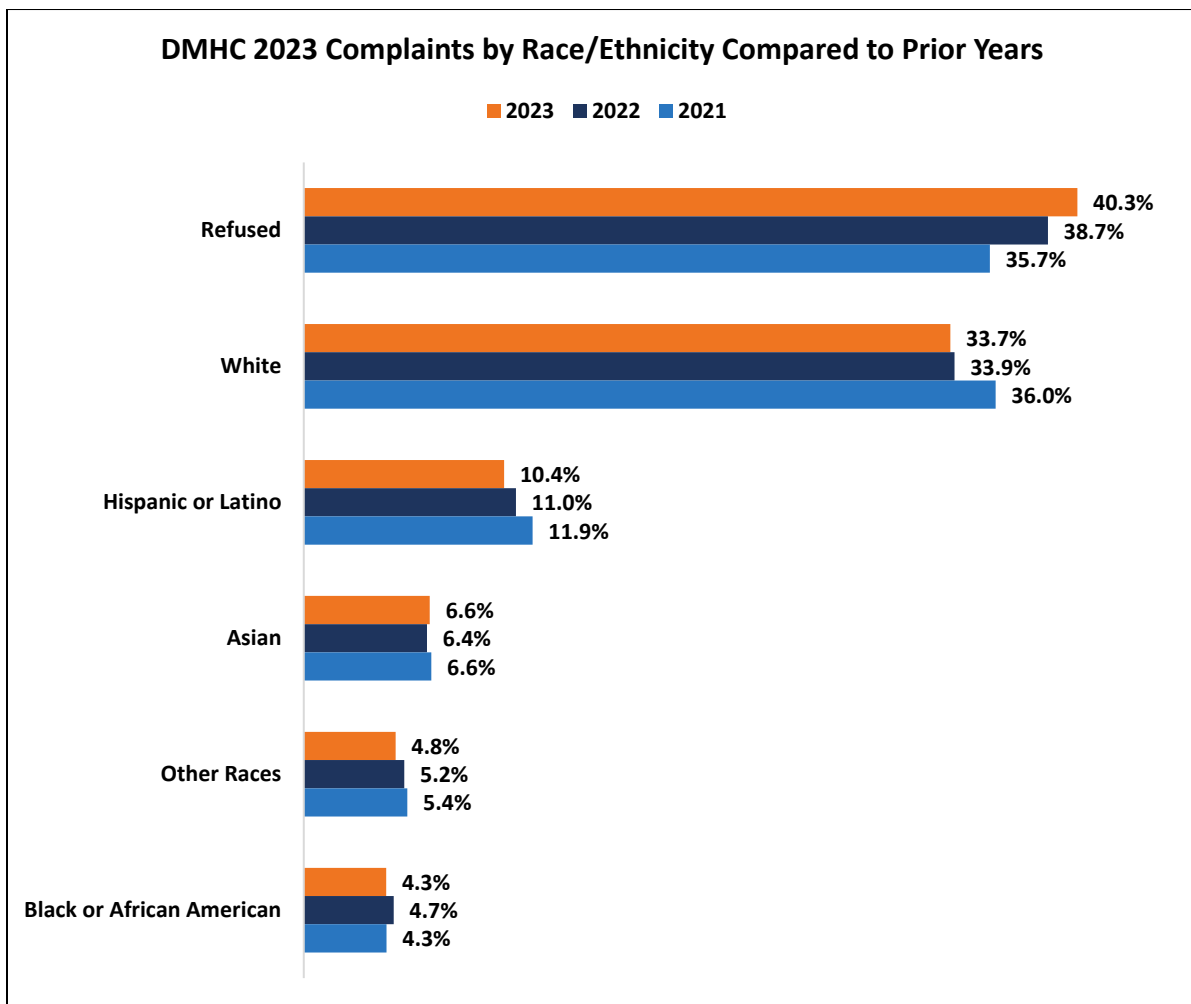
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complaints), followed by Male (35.3%), Unknown (13.8%), and another gender (Under 1%). Compared to 2022, complaint volumes increased in 2023 for all gender categories.

Race and Ethnicity

The following chart displays the 2023 complaint distribution by Race and Ethnicity, along with the 2021 and 2022 data for the same categories. Approximately 40 percent of the complaints did not have either Race or Ethnicity identified (40.3% Refused). Nearly half of the complaints were submitted with the complainant's ethnicity as Not Hispanic or Latino (49.3% of complaints where the complainant's Race was identified).

Figure 4.13



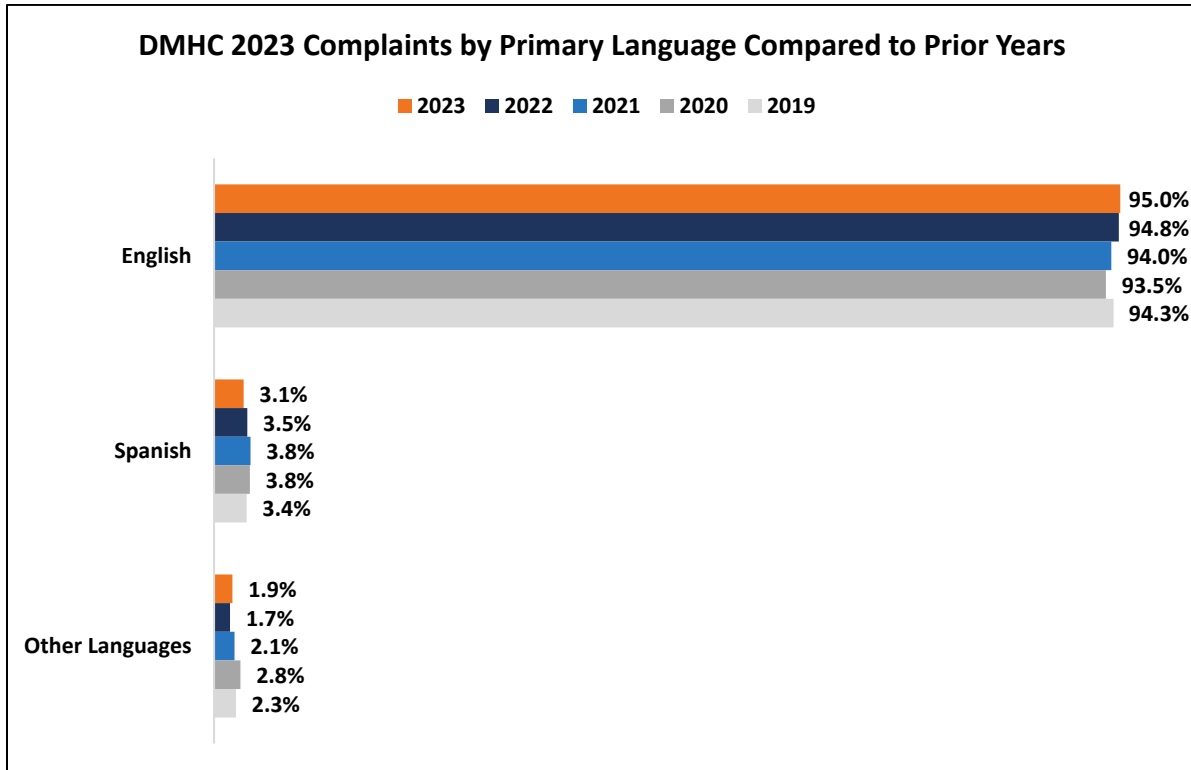
Note: Other Races combines four race categories with low volumes in 2023.

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Primary Language

The following chart displays the 2023 complaint distribution by the primary language of the complainants, along with the 2021 and 2022 data for the same language categories.

Figure 4.14



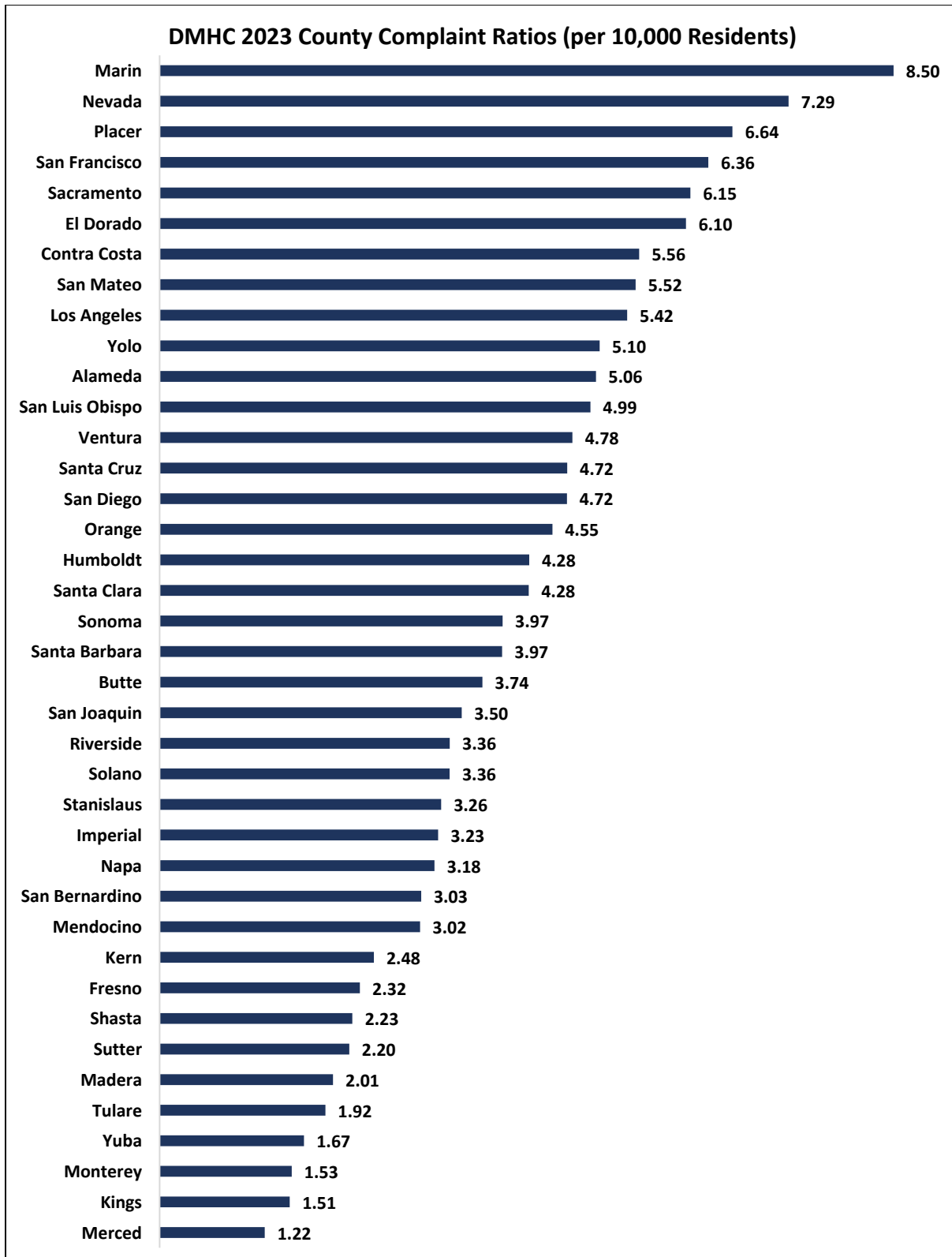
Note: Other Languages combines multiple reported primary languages with low volumes: Arabic, Armenian, Cambodian, Cantonese, Farsi, Hmong, Japanese, Korean, Mandarin, Other, Other Chinese, Russian, Tagalog, and Vietnamese.

Resident County

The following chart displays ratios of complaint volumes by county of residence divided by the county population in 2023.

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Figure 4.15



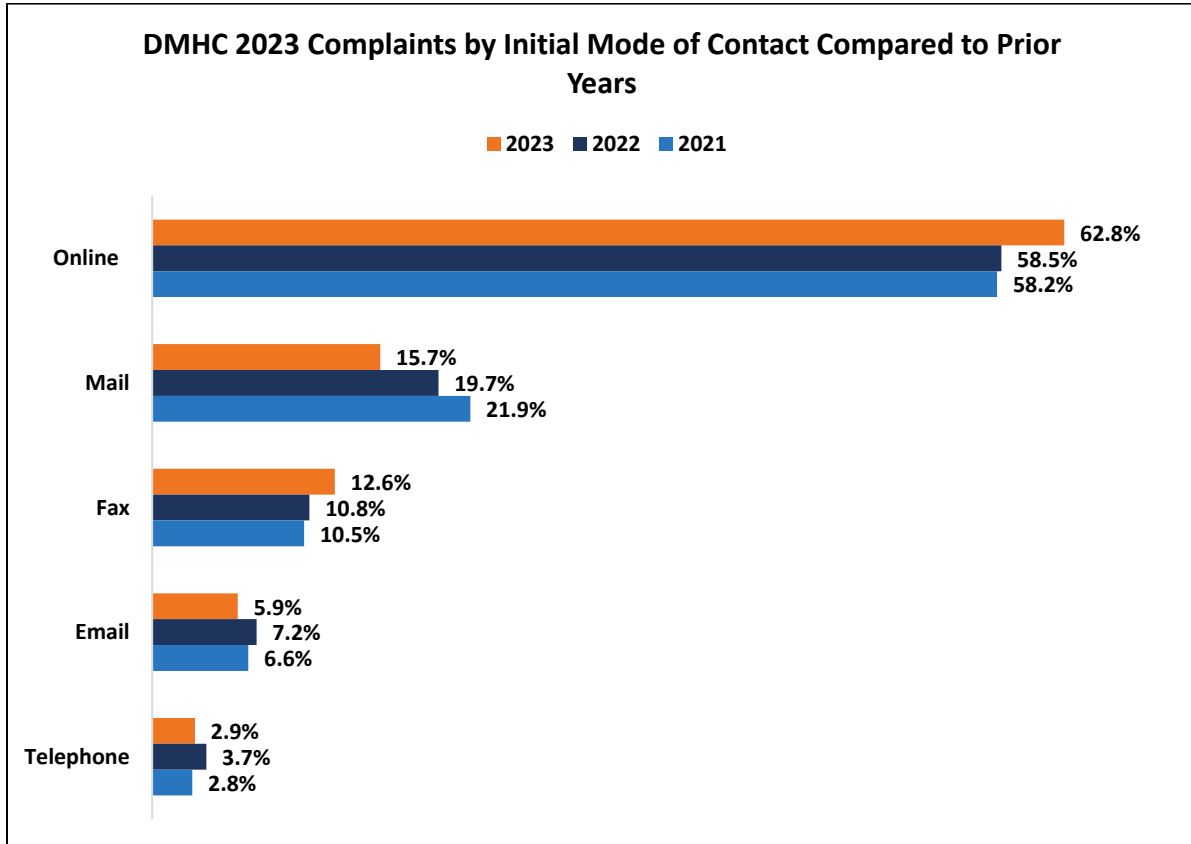
Note: The display excludes counties with populations under 70,000 and/or fewer than 11 complaints in 2023.

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Initial Mode of Contact

The following chart shows the DMHC’s 2023 complaint distributions by the mode of contact used to initiate a complaint with the department, along with the 2021 and 2022 data for the same modes.

Figure 4.16



Note: The display excludes categories with low volumes in 2023.

Regulator

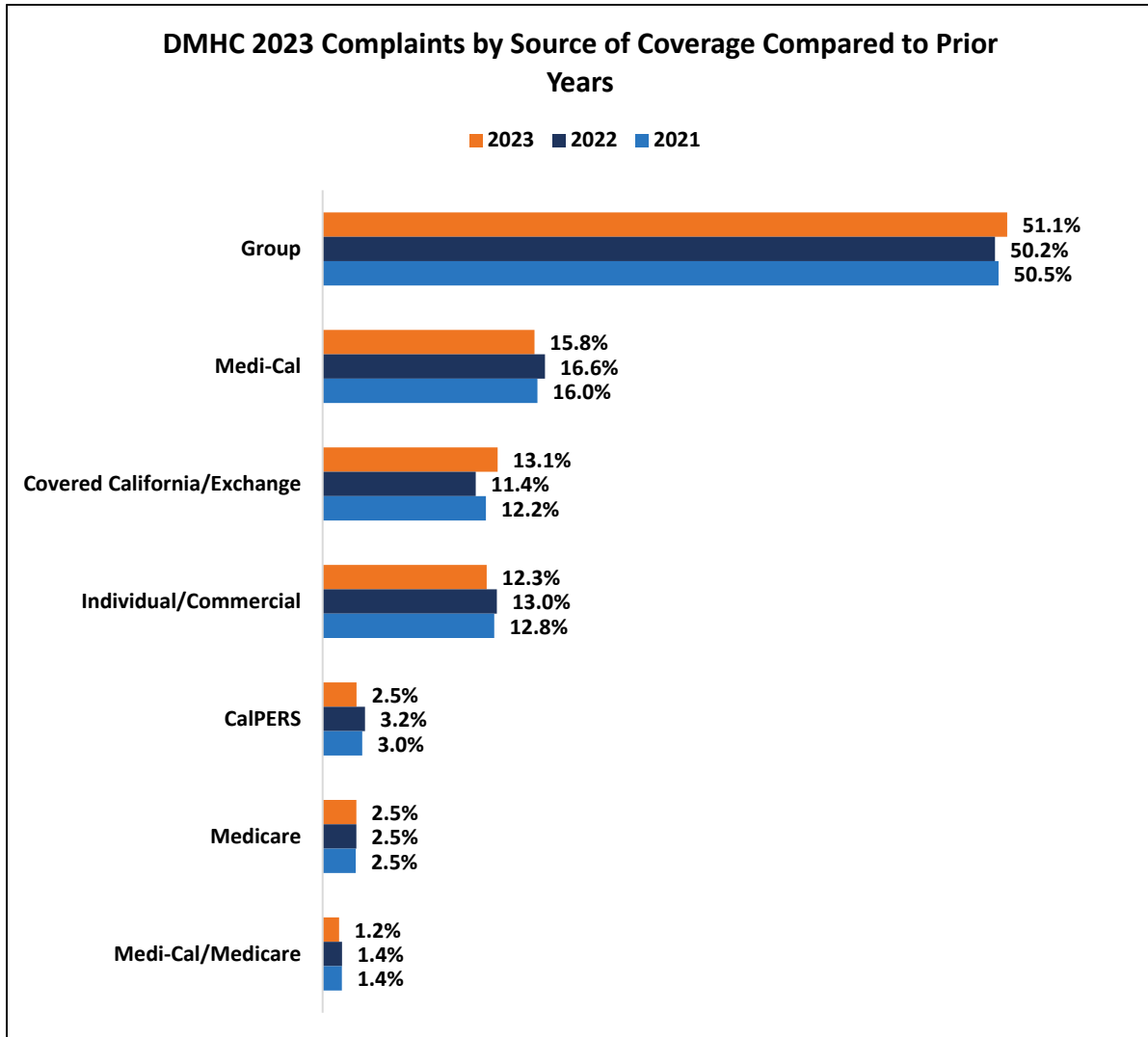
DMHC’s 2023 complaint distribution by the health coverage regulator was similar to prior years’ distributions. DMHC was the regulator for ninety percent of its complaints (89.6% of the 19,098 complaints), followed by the United States Department of Labor (3.0%), Centers for Medicare and Medicaid Services (2.1%), Other (2.0%), and California Department of Insurance (1.2%). Several regulator categories had low volumes under one percent.

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Source of Coverage

The following chart displays the DMHC 2023 complaint distribution by the reported source of coverage, along with the 2021 and 2022 data for the same categories.

Figure 4.17



Note: Source of Coverage categories with low volumes in 2023 were excluded from display.

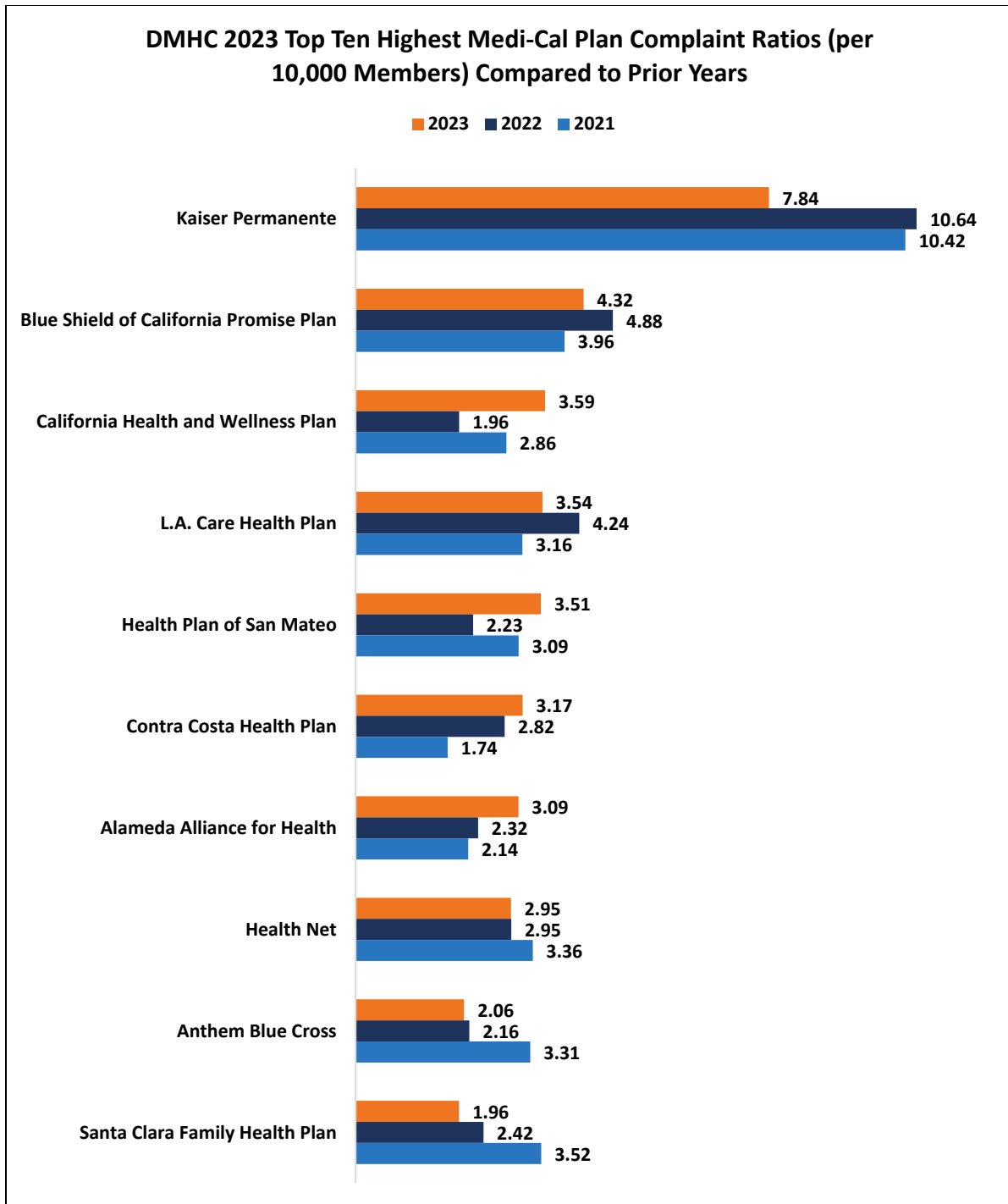
Medi-Cal Health Plan Complaints

Medi-Cal was identified as the source of coverage for 3,023 complaints closed by DMHC in 2023.

The following chart displays the Medi-Cal health plans with the top ten highest ratios in 2023 of complaints closed by DMHC per 10,000 Medi-Cal plan members, along with the 2021 and 2022 data for the same Medi-Cal plans.

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Figure 4.18

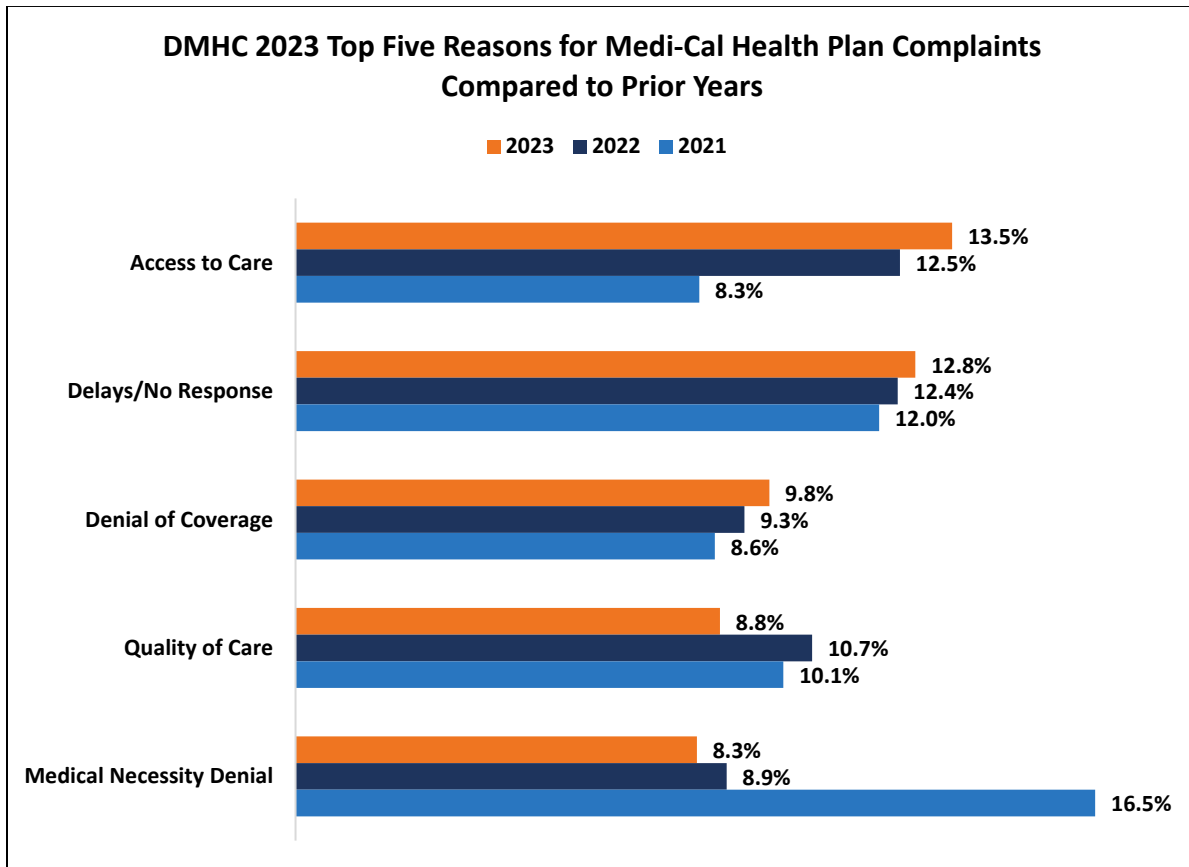


Note: The display excludes Medi-Cal plans with enrollment under 70,000 and/or fewer than 11 complaints in 2023.

The following chart shows the top five reasons for Medi-Cal health plan complaints closed by DMHC in 2023, along with the 2021 and 2022 data for the same reasons.

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Figure 4.19



Note: The number of reasons exceeded the number of complaints because some cases had more than one reason reported. There were 4,614 reasons submitted for the 3,023 Medi-Cal plan complaints in 2023.

DMHC noted that the 2021 to 2022 decrease in Medical Necessity Denial complaints was primarily due to a Medi-Cal delivery system change that transitioned pharmacy benefits and services from managed care to the fee-for-service Medi-Cal Rx system effective January 1, 2022. Under the new model, medical necessity appeals related to Medi-Cal pharmacy benefits are no longer eligible for DMHC’s Independent Medical Review (IMR) process.

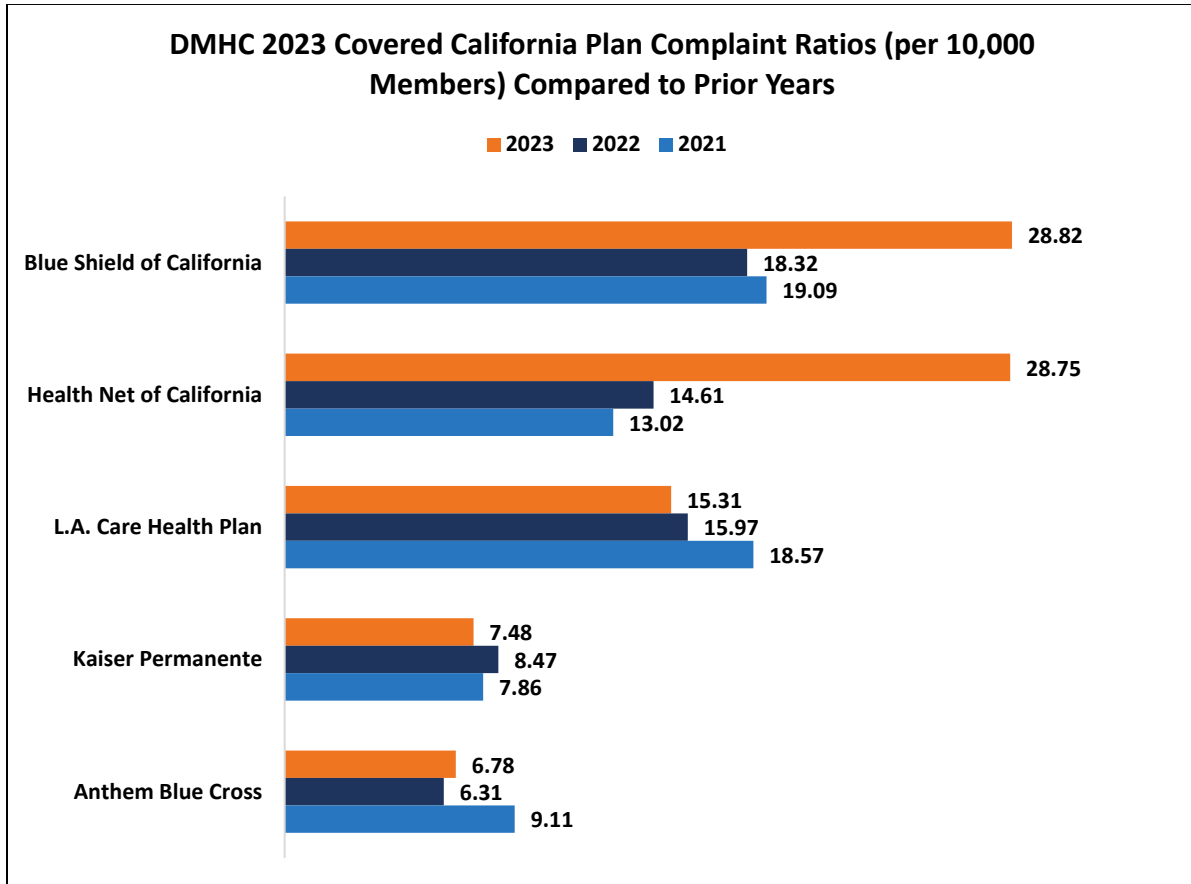
Covered California Health Plan Complaints

Covered California/Exchange was identified as the source of coverage for 2,497 complaints closed by DMHC in 2023.

The following chart shows the 2023 ratios of Covered California health plan complaints closed by DMHC per 10,000 Covered California plan members, along with the 2021 and 2022 ratios for the same plans.

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Figure 4.20



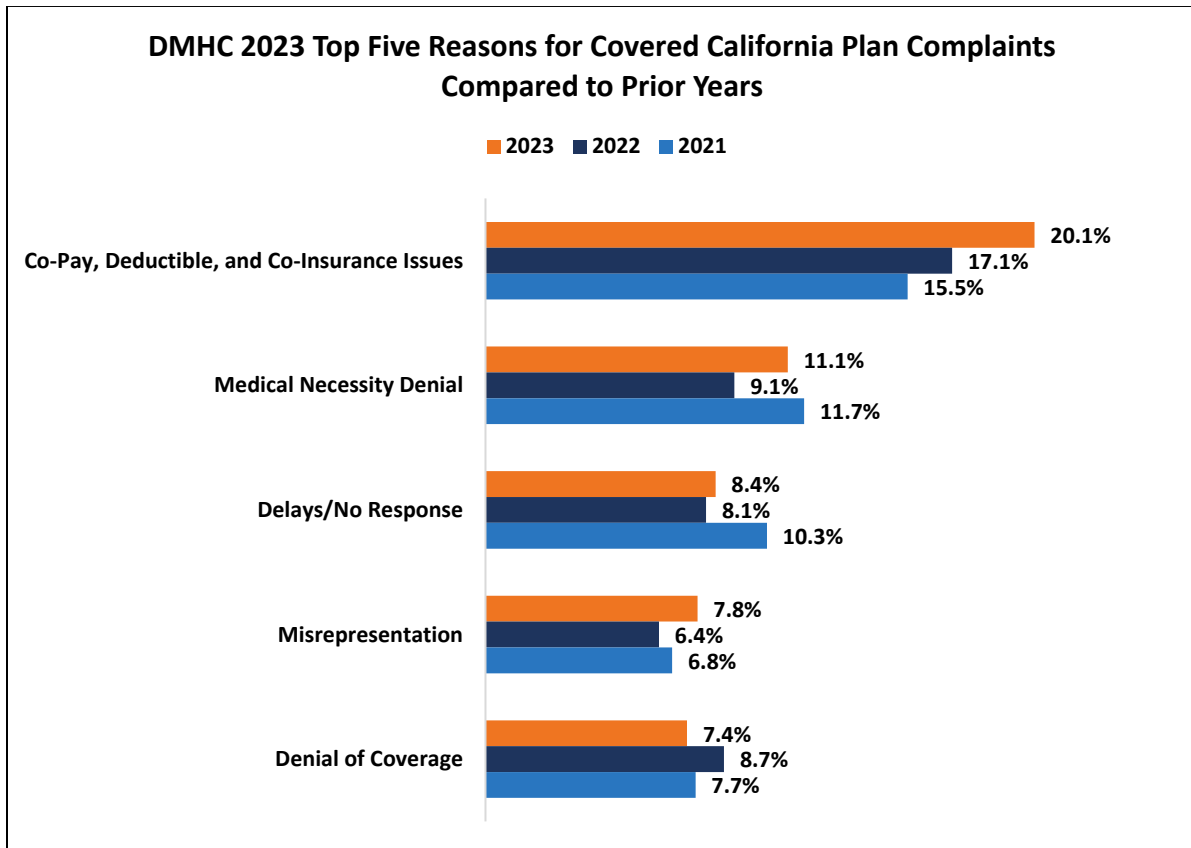
Note: The display excludes Covered California plans with enrollment under 70,000 and/or fewer than 11 complaints in 2023.

DMHC noted that the Blue Shield of California and Health Net of California ratio increases from 2022 to 2023 were due in part to increases in pharmacy benefits complaints, which include but are not limited to complaints related to weight-loss drugs.

The following chart shows the most common reasons for Covered California health plan complaints closed by DMHC in 2023, along with the 2021 and 2022 for those same reasons.

Annual Health Care Complaint Data Report

Figure 4.21



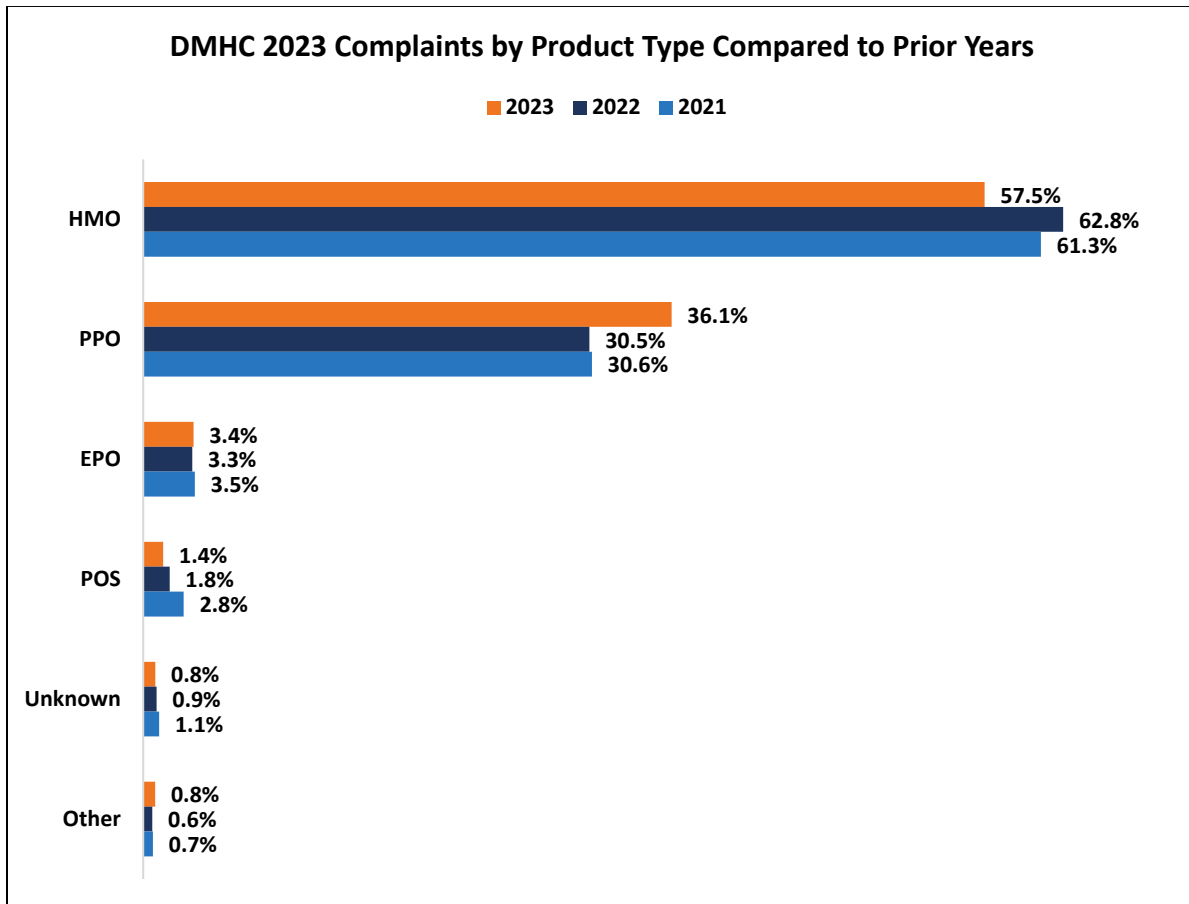
Note: The number of reasons exceeded the number of complaints because some cases had more than one reason reported. There were 3,630 reasons submitted for the 2,497 Covered California plan complaints in 2023.

Product Type

DMHC reported health plan models under product type. The following chart shows the 2023 complaint distribution by product type, compared to the 2021 and 2022 data for the same product type categories.

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Figure 4.22



Note: Other combines five reported product types with low volumes. Plan model acronyms: health maintenance organization (HMO), preferred provider organization (PPO), exclusive provider organization (EPO), and point of service (POS).

D. Consumer Assistance Center Details

The DMHC Help Center received 151,234 requests for assistance from consumers, through 121,854 telephone calls, 9,949 online requests, 8,583 contacts by mail, 7,209 e-mails, and 3,639 faxes.

Call Metrics

The following table outlines information about the 121,854 requests for assistance made by telephone to the DMHC Help Center in 2023.

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Figure 4.23 DMHC Help Center – 2023 Telephone Metrics

Yearly Metrics	Measurement
Number of abandoned calls (ended by callers prior to reaching a Customer Service Representative - CSR)	3,976
Number of calls resolved by the Interactive Voice Response/Phone system (caller’s needs addressed without involving a CSR)	81,478
Number of jurisdictional inquiry calls*	17,927
Number of non-jurisdictional calls*	6,007
Average number of calls received per jurisdictional complaint case (including follow-up calls after a complaint is filed)	2.52
Average wait time to reach a CSR	5:38
Average length of talk time (time between a CSR answering and completing a call)	8:59
Average number of CSRs available to answer calls (during Service Center hours)	9

*The Help Center agents handled 36,400 calls in 2023, of which 23,934 were inquiries recorded as jurisdictional (17,927) and non-jurisdictional (6,007).

Inquiry Topics and Referrals

The following table displays the most common topics of consumer inquiries in 2023, including complaints that were outside of DMHC’s jurisdiction to address. For each inquiry topic, referral organizations are listed in order of most common to least common referral. The volumes shown are only those inquiries addressed by the DMHC Help Center staff and exclude certain common calls addressed within the department’s Interactive Voice Response system, such as for automated referrals to Covered California, DHCS Health Care Options, and some health plans.

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Figure 4.24 DMHC Help Center 2023 Top Non-Jurisdictional Inquiries

Ranking	Inquiry Topic	Volume	Organization(s) Referred To
1 (most common)	General Inquiry/ Information	3,382	Department of Health Care Services (DHCS), Covered California, California Department of Insurance (CDI)
2	Provider Service/ Attitude	782	Department of Consumer Affairs (DCA), Department of Public Health (CDPH), Health Insurance Counseling and Advocacy Program (HICAP)
3	Claims/Financial	569	CDI, HICAP, DCA
4	Access Complaints	409	DHCS, HICAP Centers for Medicare and Medicaid Services (CMS)
5	Coverage/Benefits Dispute	377	DHCS, HICAP, DCA
6	Enrollment Disputes	221	Covered California, DHCS, CDI
7	Plan Service/ Attitude	178	HICAP, DCA, CMS
8	Coordination of Care	150	HICAP, CMS, DHCS
9	Appeal of Denial – IMR	27	CDI, DCA, DHCS

Note: The volumes shown represent a count of issues within a call case. In the Help Center’s customer relationship management system, a case can record up to three issues. As a result, the total number of inquiry issues is greater than the total number of non-jurisdictional call cases reported in Figure 4.23.

Consumer Assistance Protocols and Systems

DMHC reported the following updates made in 2023 by the Help Center to its consumer assistance protocols and systems:

- New training for Help Center staff for recording complaint case resolution and close details.

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Section 5 – Department of Health Care Services

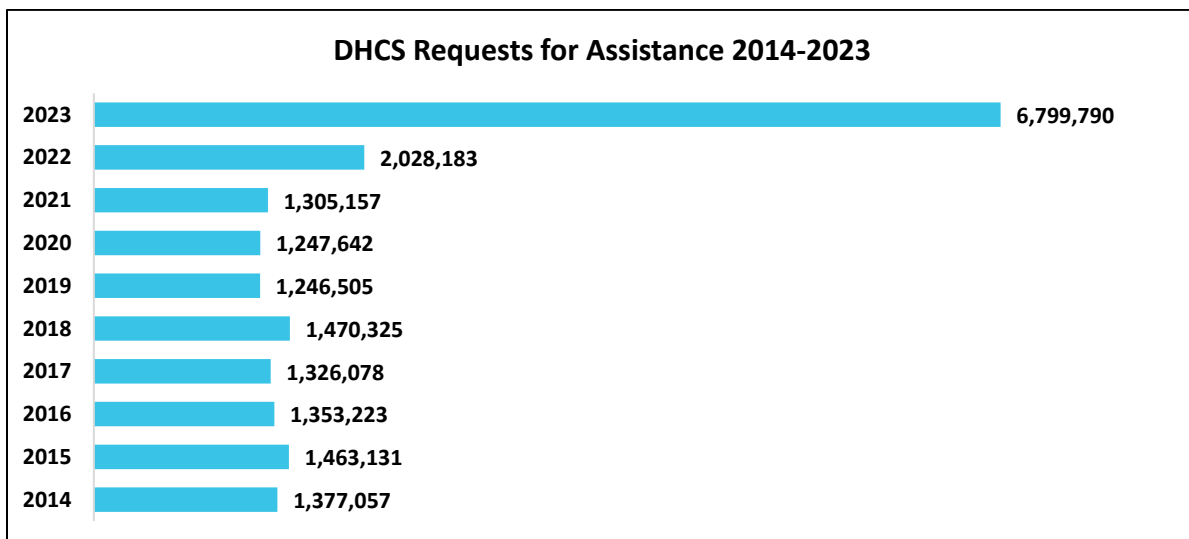
A. Overview

The Department of Health Care Services (DHCS) operates the Medi-Cal program, which is a public health care program that provides comprehensive health care services at no or low-cost to low-income Californians. In 2023, more than 15 million people were members of the Medi-Cal program. As of January 2026, the Medi-Cal enrollment for the most recent month available, October 2025, had decreased to approximately 14.5 million.

For this report, DHCS provided complaint data for Medi-Cal issues addressed through the State Fair Hearing process, a dispute resolution process conducted by the California Department of Social Services (CDSS) State Hearings Division. DHCS also reported data on inquiries and other consumer assistance information from five consumer assistance service centers: the Office of the Ombudsman, Medi-Cal Telephone Service Center, Medi-Cal Dental Telephone Service Center, Medi-Cal Rx Customer Service Center, and Health Care Options.

The following chart shows the DHCS requests for assistance volumes from 2014 to 2023. DHCS reported 6,799,790 requests for assistance from consumers in 2023, including 7,260 complaints and 6,792,530 inquiries.

Figure 5.1



Note: The increased volumes in 2022 and 2023 are primarily due to DHCS reporting changes. Inquiries from the Medi-Cal Rx service center were first reported in 2022. Inquiries from the Health Care Options service center were first reported in 2023. Some DHCS service centers included contacts from providers because data for consumer contacts could not be distinguished within overall volumes.

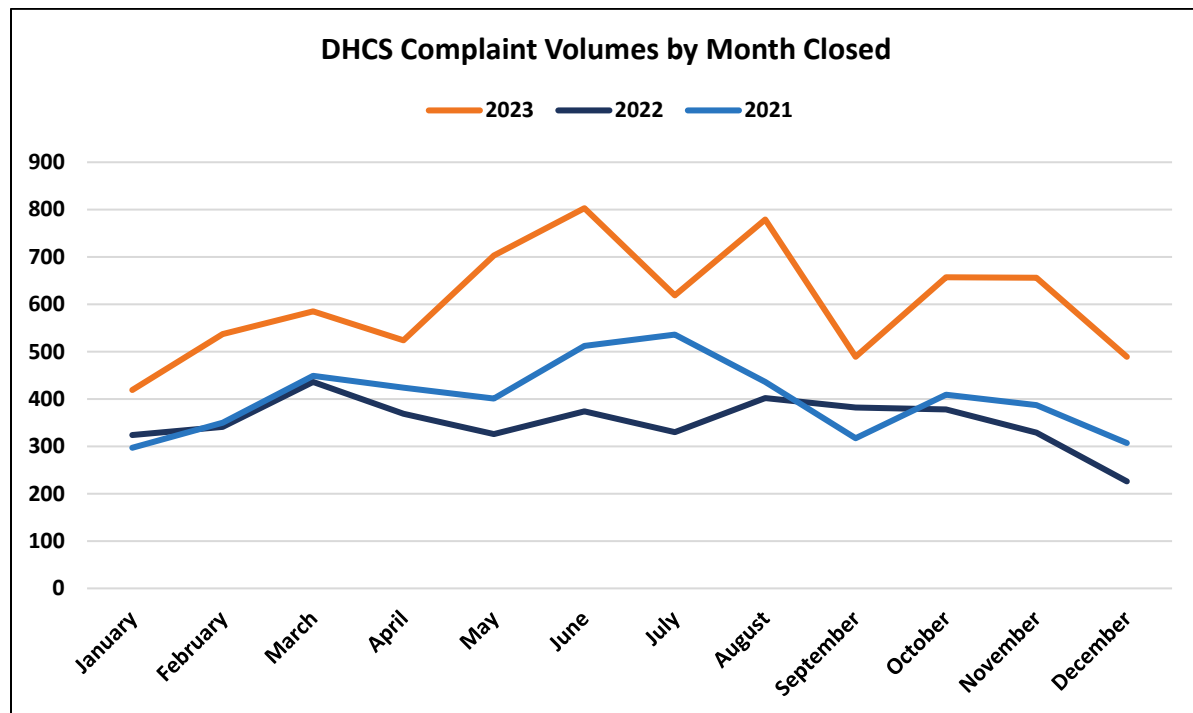
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- Data was submitted for the first time for Health Care Options in 2023, accounting for over four million inquiries (4,230,422).
- The four other service centers reported increases in inquiries from 2022 to 2023:
 - Medi-Cal Rx Customer Service Center – 60.8% increase to 1,183,358
 - Medi-Cal Dental Telephone Service Center – 12.2% increase to 519,917
 - Medi-Cal Telephone Service Center – 5.0% increase to 665,858
 - Office of the Ombudsman – Under 1% increase to 192,975 inquiries

The following chart shows monthly volumes by close date for the 7,260 complaints closed in 2023, as well as the 4,825 complaints closed in 2021 and the 4,217 complaints closed in 2022. After six successive years of decreases, the DHCS complaint volume increased by 72 percent from 2022 to 2023. The 7,260 complaints closed in 2023 is the highest annual volume submitted for this report (since 2014).

DHCS noted that the complaint increase in 2023 was associated with a combination of factors, including increased Medi-Cal enrollment, the expansion of services under California Advancing and Innovating Medi-Cal (CalAIM), and the restarting of eligibility redeterminations with the end of COVID-19 Public Health Emergency, which is also referred to as the Medi-Cal Continuous Coverage Unwinding.

Figure 5.2



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The following table displays information about the complaint type submitted by DHCS for all of its complaints: State Fair Hearing. The complaint type typically indicates the process used to review the complaint.

Figure 5.3 DHCS Complaint Type Overview: Medi-Cal State Fair Hearings

Complaint Type	Primary Unit(s) Responsible	Time Standard	Average Resolution Time in 2023
State Fair Hearing	CDSS State Hearings Division: Conducts hearings on Medi-Cal appeals. Administrative Law Judges make decisions. Urgent clinical issues may qualify for an expedited hearing.	90 days, from the hearing request date	60 days

Note: The State Fair Hearing time standard is from All County Letter 14-14 issued by CDSS on 2/17/2014.

B. Complaint Ratios, Reasons, and Results

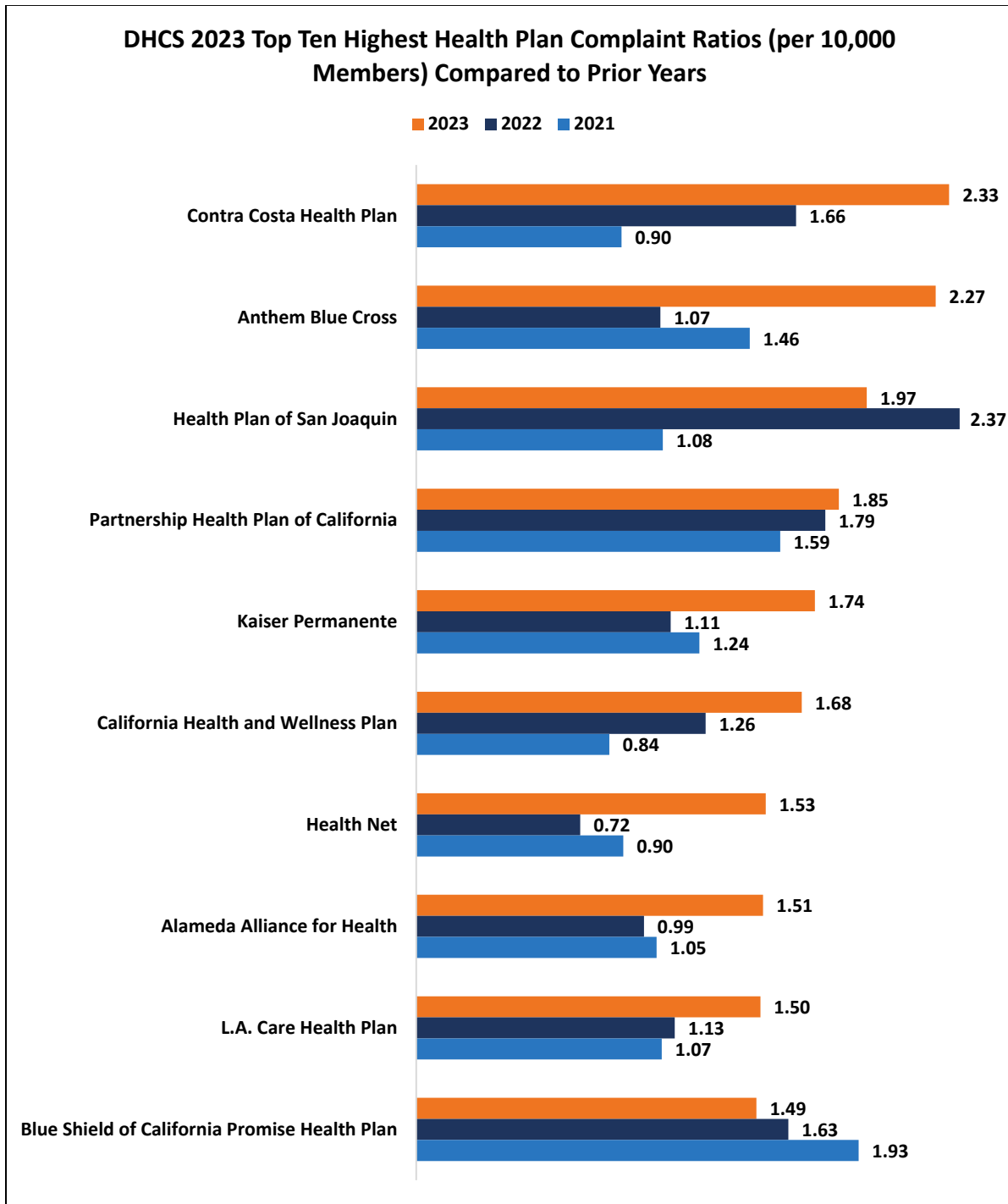
Health Plan Complaint Ratios

The following chart displays the Medi-Cal managed care plans with the highest ratios in 2023 of State Fair Hearings per 10,000 plan members, as well as the 2021 and 2022 data for the same plans.

DHCS reported that most Medi-Cal plan complaint ratios rose in 2023 due to the issues previously noted related to CalAIM transition phases and the resumption of Medi-Cal eligibility redeterminations. The department also noted that a few Medi-Cal plans may have experienced decreases in complaint ratios with more effective member support, including through proactive redetermination outreach, member navigation assistance, and fast-tracking of corrections for eligibility and enrollment issues.

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Figure 5.4

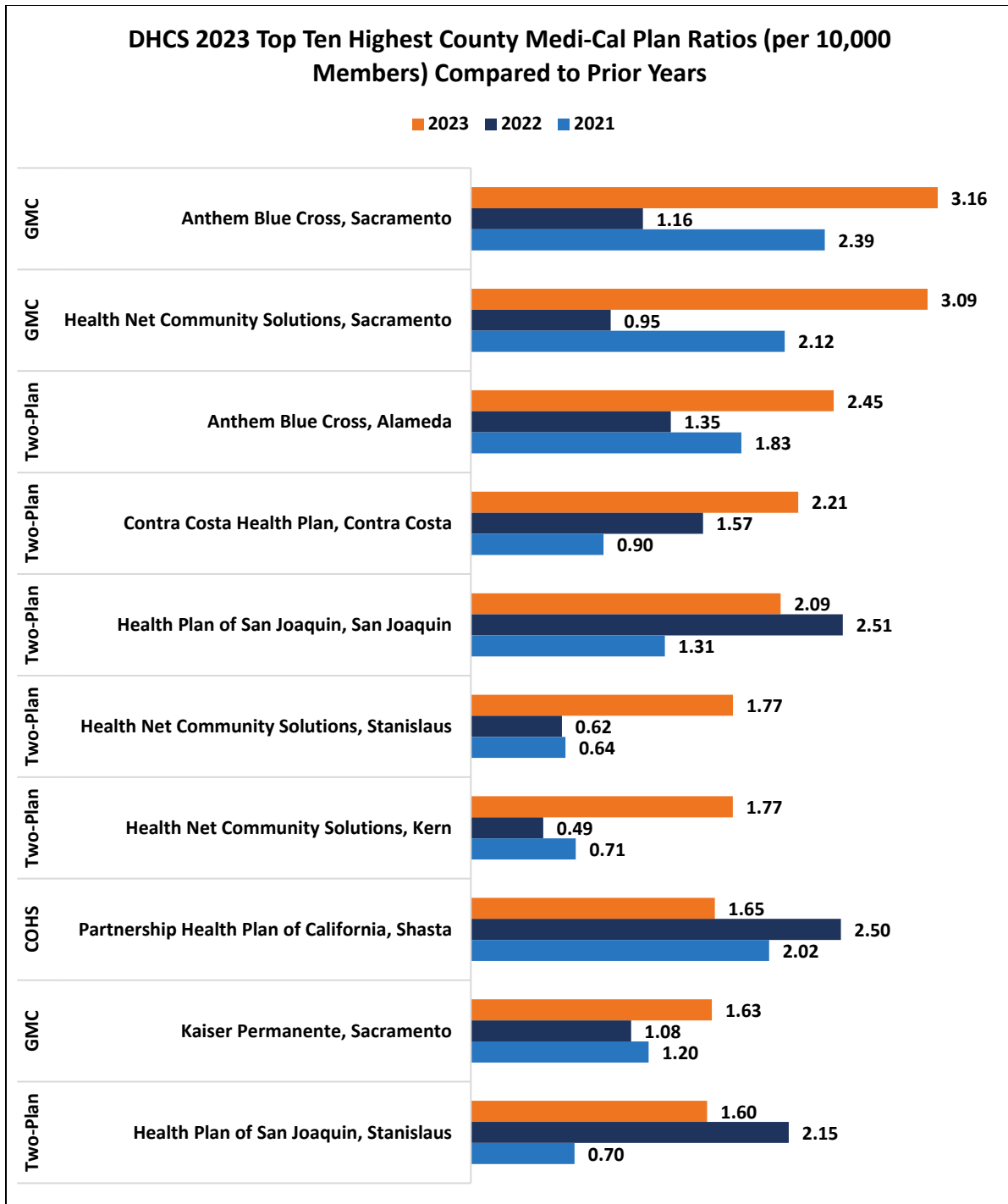


Note: The display excludes health plans with statewide enrollment under 70,000 Medi-Cal members and/or fewer than 11 complaints in 2023.

The following chart displays the county Medi-Cal managed care plans with the highest ratios in 2023 of State Fair Hearings per 10,000 plan members, as well as the 2021 and 2022 data for the same plans.

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Figure 5.5



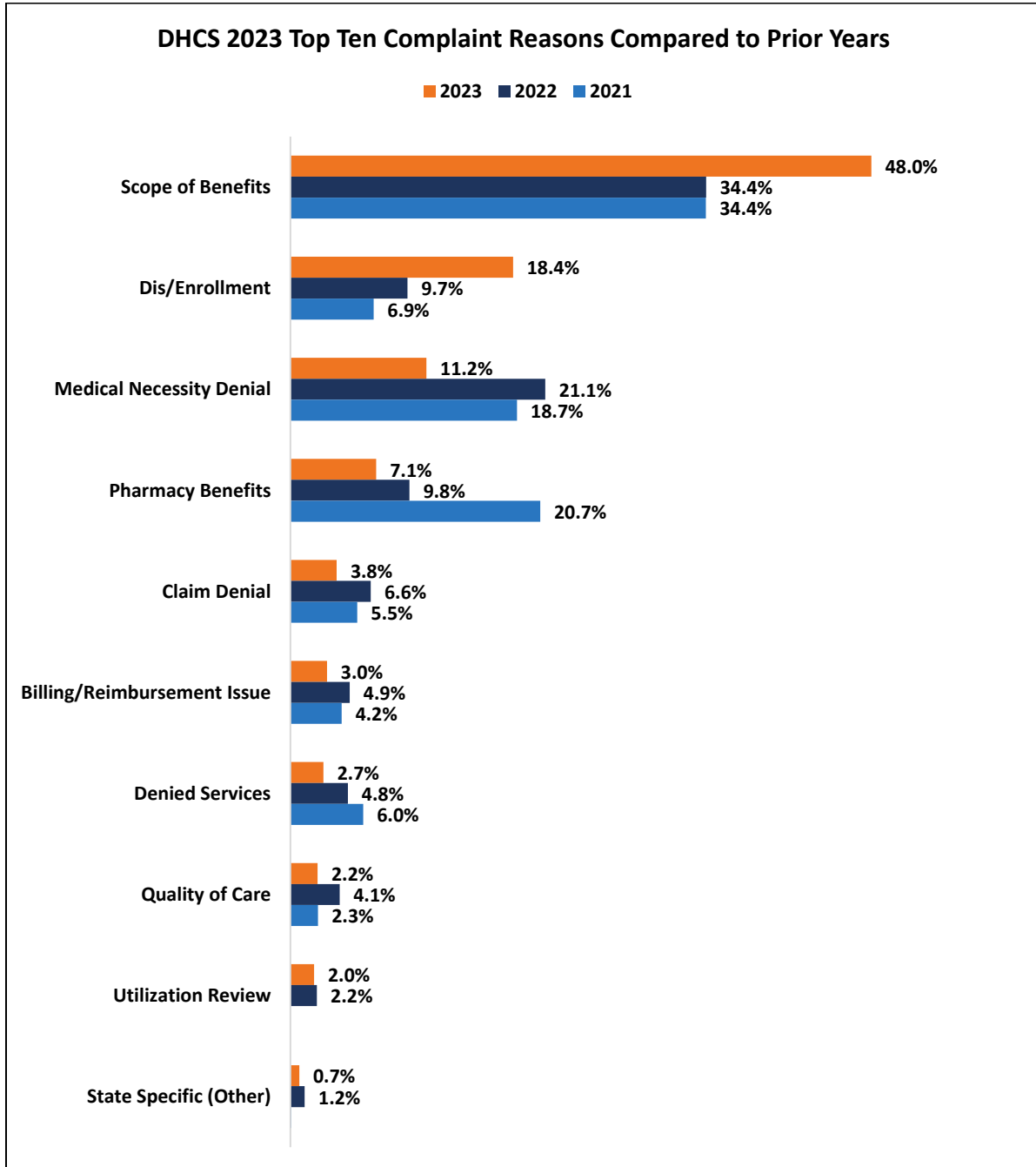
Note: The display excludes health plans with county enrollment under 70,000 Medi-Cal members and/or fewer than 11 complaints in 2023. Medi-Cal Managed Care contract models represented in the chart: Geographic Managed Care (GMC), Two-Plan model (including local initiative and commercial plans), and County Organized Health System (COHS).

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Complaint Reasons

The following chart displays the most common reasons for all submitted DHCS complaints in 2023, as well as the 2021 and 2022 data for the same reasons. All submitted delivery systems (reported to CDII as product types) are represented.

Figure 5.6



Note: The number of reasons exceeded the number of complaints because some cases had more than one reason reported. There were 7,289 reasons reported for the 7,260 complaints in 2023.

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DHCS noted that the 2023 increase in Scope of Benefits complaints was due to an increase in eligible Medi-Cal Fee-for-Service members as well as members resuming dental services after a lag in using the benefit during the COVID-19 Public Health Emergency.

DHCS also noted that the 2023 increase in Dis/Enrollment complaints was associated with several factors, including:

- Transitions of Medi-Cal members from Fee-For-service to Managed Care with a:
 - CalAIM rollout in July 2022 (cases still being closed into 2023)
 - Move of remaining dual-eligible members in January 2023 and new enrollment requirements for those receiving long-term care services in skilled nursing and intermediate care facilities.
- Coverage losses starting in July 2023, after the April 2023 resumption of eligibility redeterminations by counties.

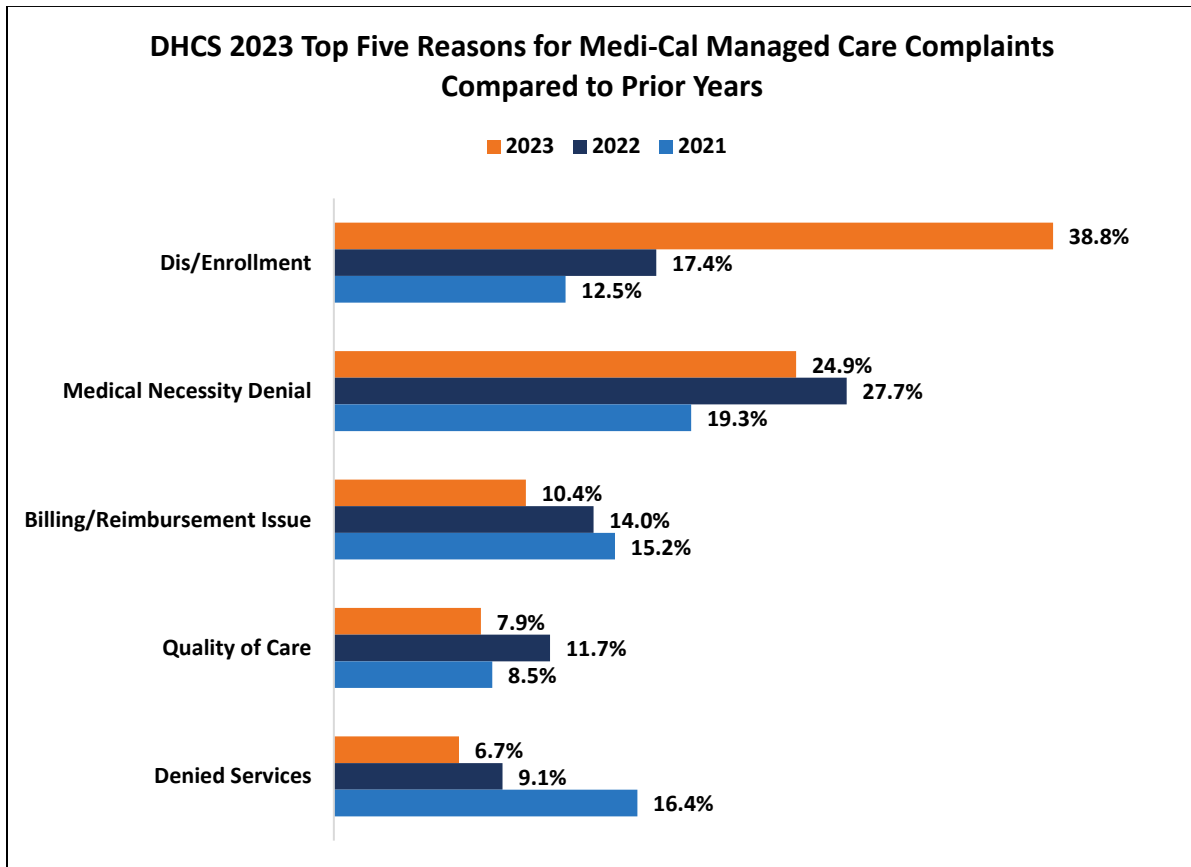
The top complaint reason for each delivery system reported by DHCS, along with the top reason's percentage distribution for the specified delivery system, are noted below. The order also reflects delivery system volumes, with Dental having the most complaints out of the total number of complaints reported.

- Medi-Cal Dental – Scope of Benefits (88.4% of Dental complaints)
- Managed Care – Dis/Enrollment (38.4%)
- Fee-for-Service – Dis/Enrollment (40.3%)
- Medi-Cal Rx – Pharmacy Benefits (100%)
- Medi-Cal Coordinated Care – Dis/Enrollment (47.2%)
- Long-Term Care (Home and Community Based Alternatives and Program of All-Inclusive Care for the Elderly) – Denied Services (100%)
- Mental Health (Specialty Mental Health Services) – Denied Services (84.2%)

The following chart displays the most common complaint reasons for the Medi-Cal Managed Care delivery system in 2023, as well as the 2021 and 2022 data for the same reason categories.

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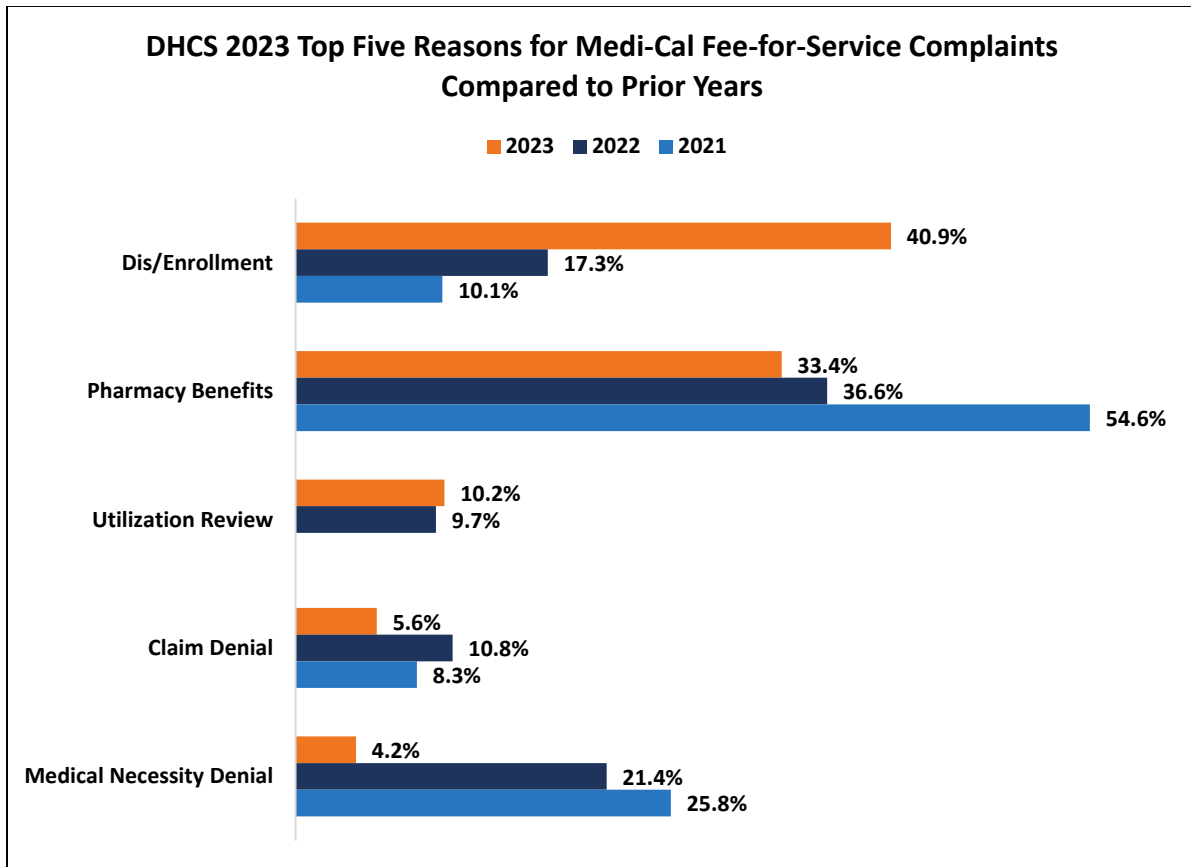
Figure 5.7



The following chart displays the most common complaint reasons for the Medi-Cal Fee-for-Service delivery system in 2023, as well as the 2021 and 2022 data for the same reasons.

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Figure 5.8



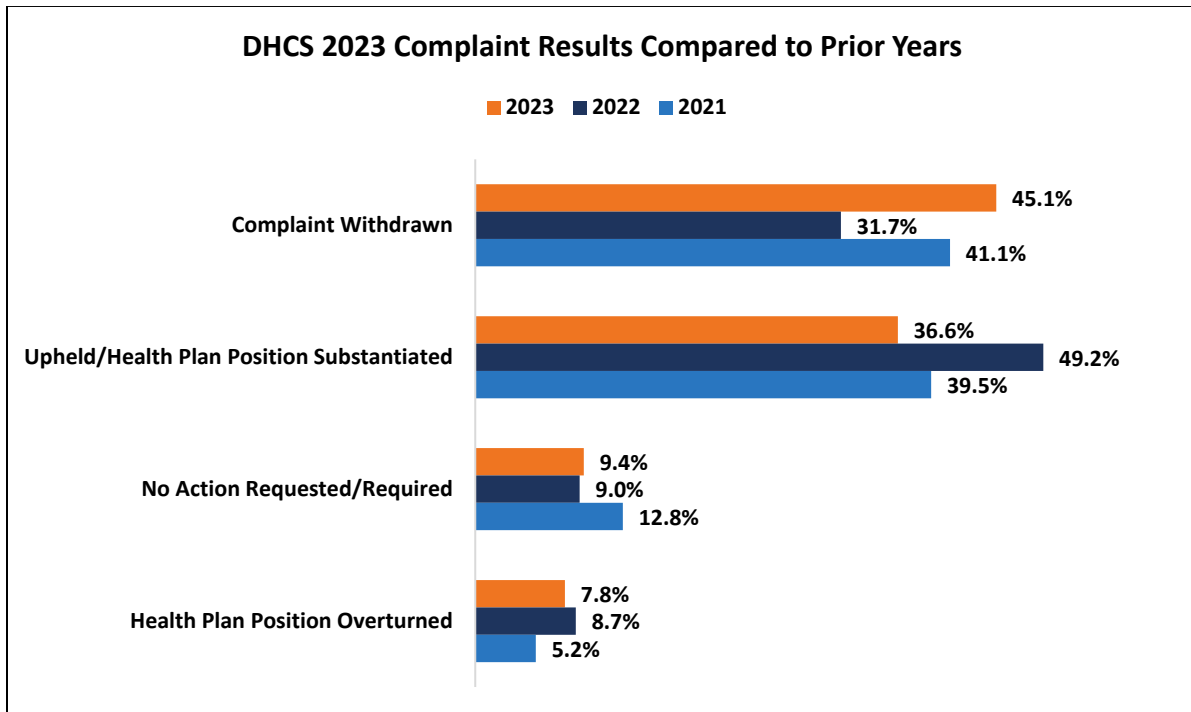
DHCS indicated that the 2023 decrease in Medical Necessity Denial complaints for the Medi-Cal Fee-for-Service delivery system can be attributed to the transition of members to managed care as well as internal policy restructuring that shifted cases to a more centralized, standardized process for State Fair Hearings and utilization reviews.

Complaint Results

The following chart shows the most common results of the DHCS complaints closed in 2023, as well as the 2021 and 2022 data for the same results categories.

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Figure 5.9



Note: The display excludes results categories with low volumes in 2023. The results category considered as favorable to the complainant: Health Plan Position Overturned. The results category considered as favorable to the health plan: 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 was either dismissed administratively or because the complainant did not appear for the hearing.

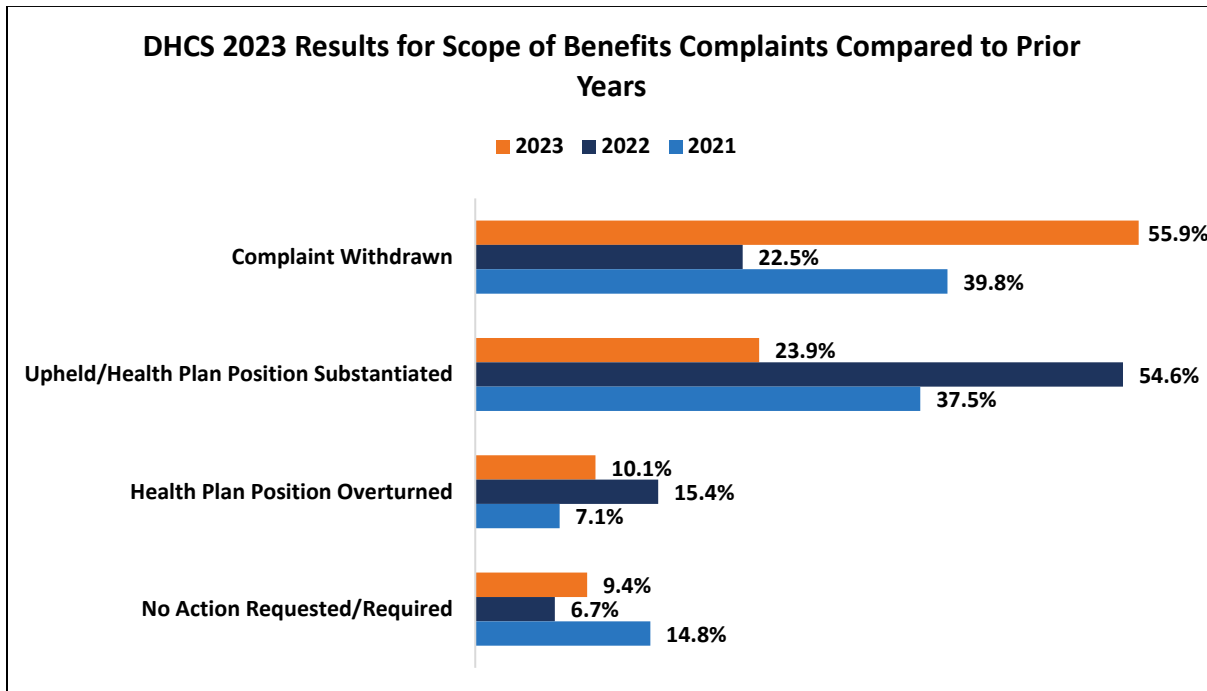
DHCS indicated that many of the Complaint Withdrawn results involve a deferred services issue resolved by the complainant’s medical provider before the hearing date and with a favorable outcome for the complainant. Complaints may also be withdrawn if the complainant has a change in treatment that makes the complaint obsolete. DHCS believes the 2023 increase in Complaint Withdrawn results stems from factors such as the reinstatement of some adult dental benefits, resulting in cases withdrawn once services were available, and increased outreach to complainants and providers to resolve issues during State Fair Hearing reviews prior to the complainant meeting with the Administrative Law Judge.

DHCS also noted that the 2022 increase in Upheld/Health Plan Position Substantiated results was primarily associated with complaints involving the transition of Fee-for-Service members to Medi-Cal managed care plans.

Figures 5.10-5.12 display the results for the most common complaint reasons reported by DHCS in 2023, as well as the 2021 and 2022 data for the same reason-to-results categorizations.

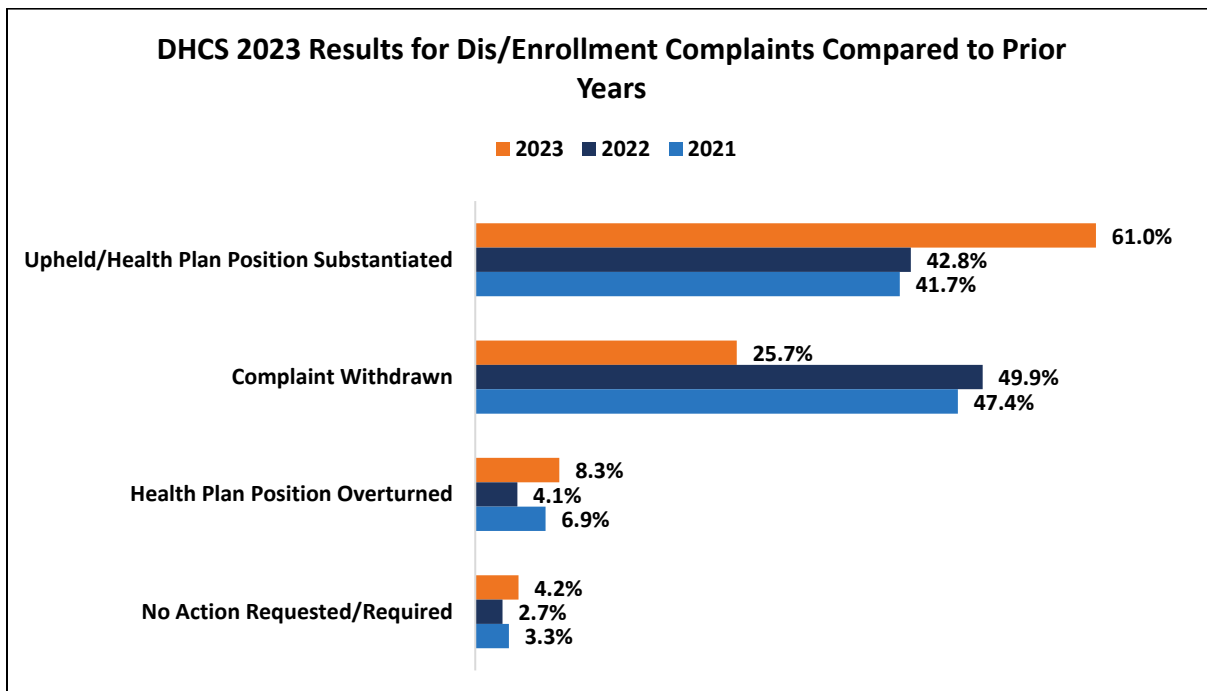
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Figure 5.10



Note: The display excludes results with low volumes in 2023.

Figure 5.11



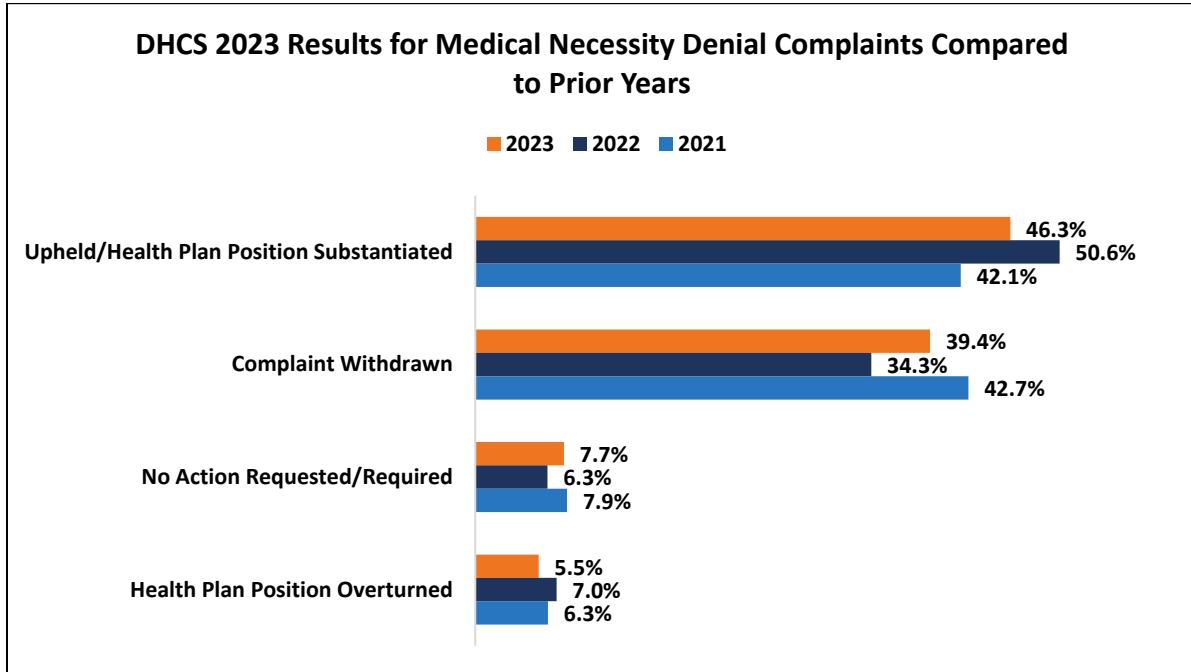
Note: The display excludes results with low volumes in 2023.

DHCS noted that the higher percentage of Upheld/Health Plan Position Substantiated results and lower percentage of Complaint Withdrawn results in 2023 for Dis/Enrollment

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complaints were associated with the CalAIM transition of Medi-Cal members from Fee-for-Service to Managed Care.

Figure 5.12

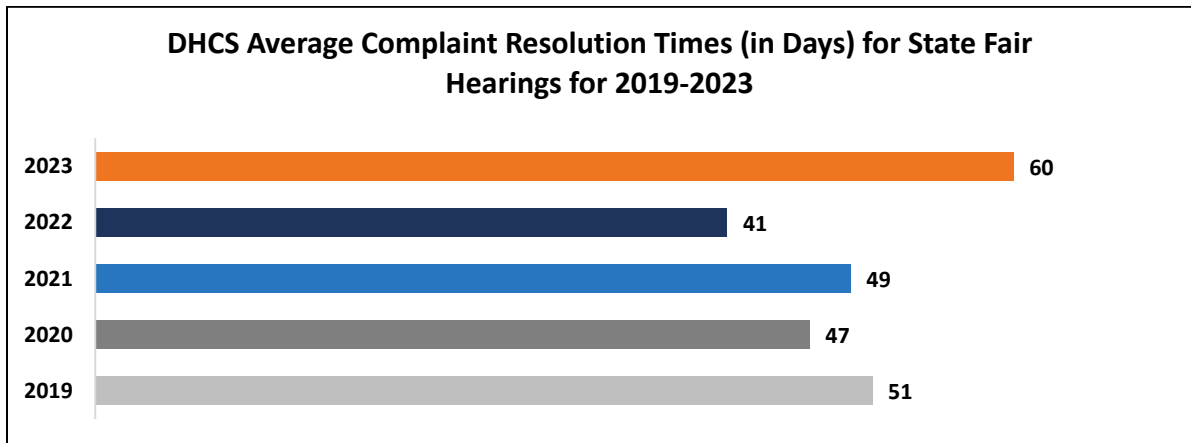


Note: The display excludes results with low volumes in 2023.

Resolution Time

The following chart displays the average number of days for State Fair Hearings to be completed for cases closed each year from 2019 to 2023.

Figure 5.13



DHCS indicated that the higher average resolution time in 2023 was associated with:

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- The increased volume of State Fair Hearings due to CalAIM transitions and the resumption of Medi-Cal eligibility redeterminations.
- New reporting of dental cases involving *Conlan* reimbursement issues.
 - Under a 2006 court order in the case of *Conlan v. Shewry*, Medi-Cal may be able to reimburse members for covered medical or dental expenses paid during specific times before their application for Medi-Cal.
 - DHCS noted that these State Fair Hearings typically require more time with more steps for members to complete reimbursement requests and for providers to reimburse the member or file for their own State Fair Hearing.

The 2023 average resolution times by DHCS delivery system:

- Long-Term Care – 72 days
- Medi-Cal Coordinated Care – 72 days
- Managed Care – 72 days
- Specialty Mental Health Services – 69 days
- Fee-for-Service – 64 days
- Dental – 52 days

C. Demographics and Other Complaint Characteristics

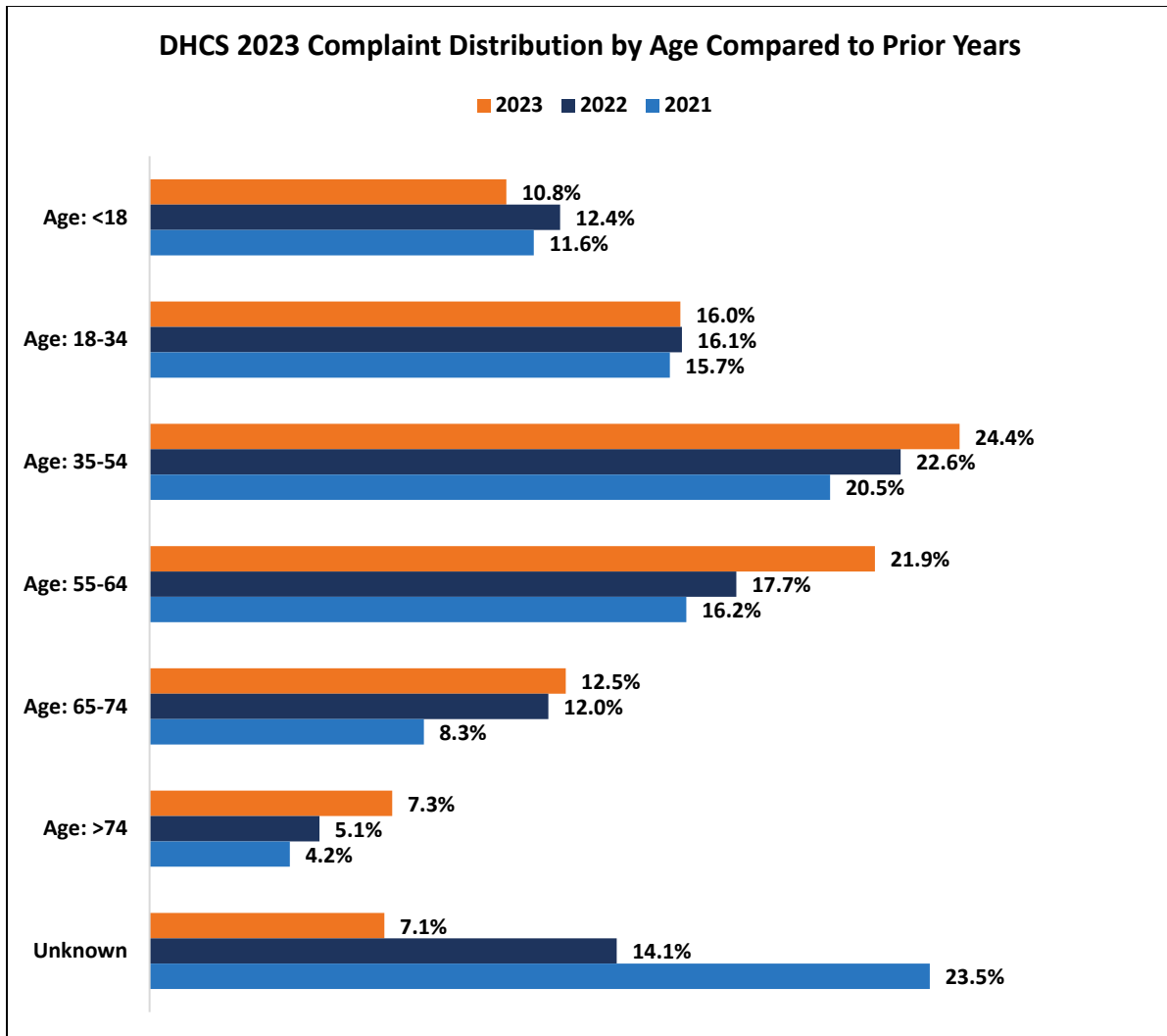
DHCS noted that increases in known demographic elements and decreases in Unknown from 2021 through 2023 were associated with higher complaint volumes for delivery systems with more robust data reporting for hearings, including from changes due to the transition of Medi-Cal Fee-for-Service members to Medi-Cal Managed Care and with increases in the number of Medi-Cal Dental complaints.

Age

The following chart displays the DHCS 2023 complaint distribution by age, as well as the 2021 and 2022 data for the same age groups.

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Figure 5.14



In addition to better data capture contributing to increased distributions for known ages, DHCS noted that the 2023 increases for adult age groups were due in part to an added adult dental benefit for posterior crowns. The department shared that State Fair Hearing requests involving adult crowns increased in volume by 788 cases from 2022 to 2023.

Gender

DHCS collects limited gender data as part of the online Medi-Cal enrollment process, while CDSS does not collect gender data for State Fair Hearing filings. The data submitted to CDII under gender represents data collected about sex. This data does not reflect sexual orientation or gender identity.

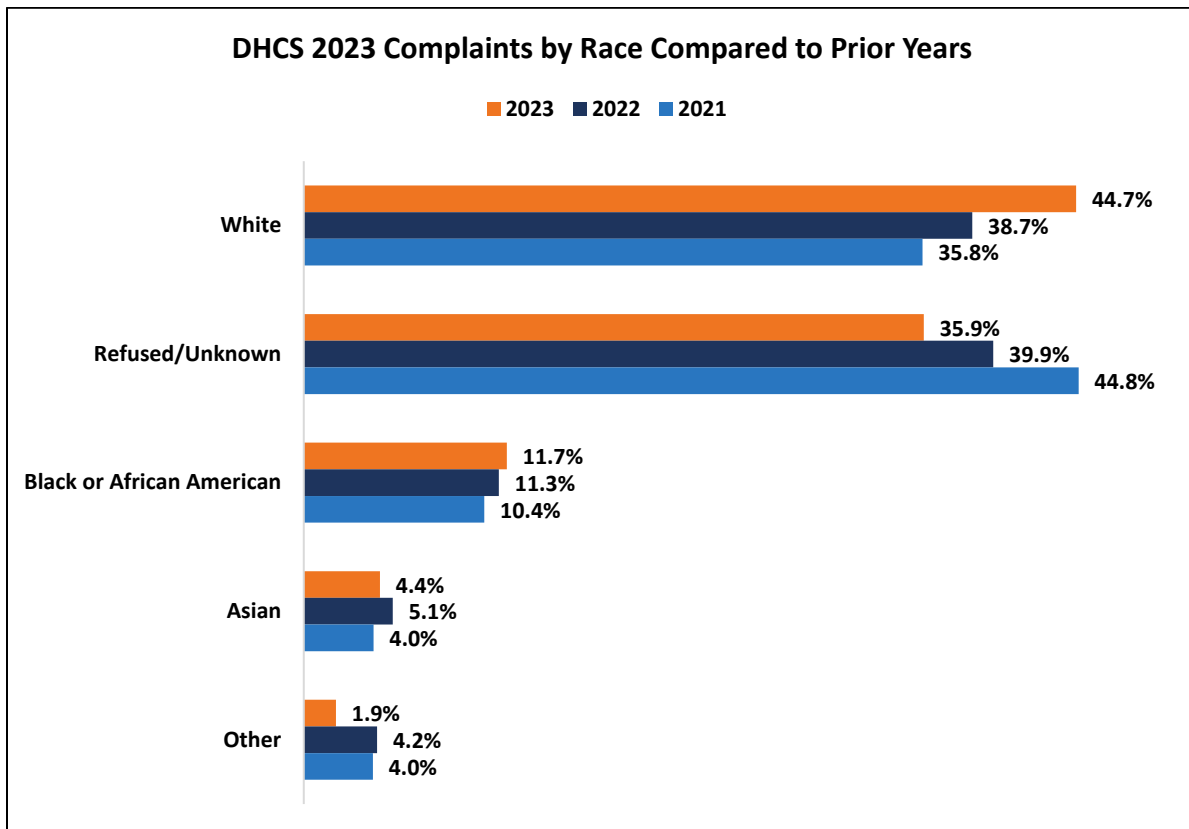
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Fifty-five percent of the DHCS 2023 complaints reported the complainant as Female (55.0% of the 7,260 complaints) and nearly 38 percent as Male (37.8%). Over seven percent did not have gender or sex identified (7.4% Unknown).

Race

The following chart displays the 2023 complaints by the submitted race of the complainant, along with the 2021 and 2022 data for the same categories.

Figure 5.15



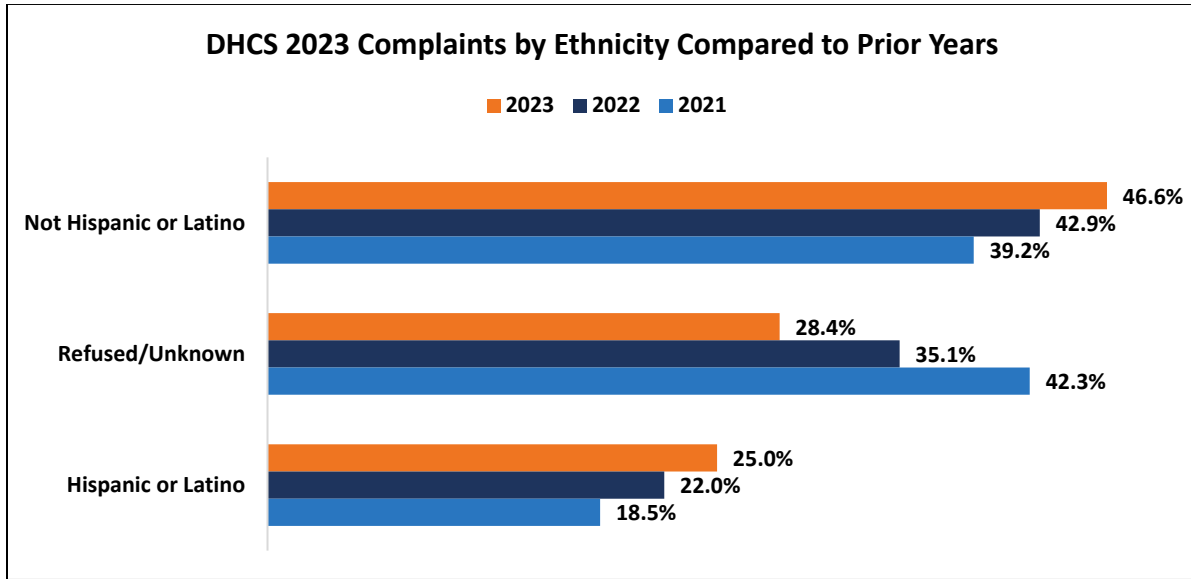
Note: The display excludes categories with low volumes in 2023. DHCS indicated that the department will be correcting for future reporting a data analytic uniformity issue that contributed in part to the 2023 increase in complaints with the complainant's race reported as White.

Ethnicity

The following chart shows the DHCS 2023 complaints by the reported ethnicity of the complainants, along with the 2021 and 2022 data.

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Figure 5.16



Note: DHCS indicated that it will be correcting for future reporting a data analytic uniformity issue that impacted the 2023 ethnicity distributions.

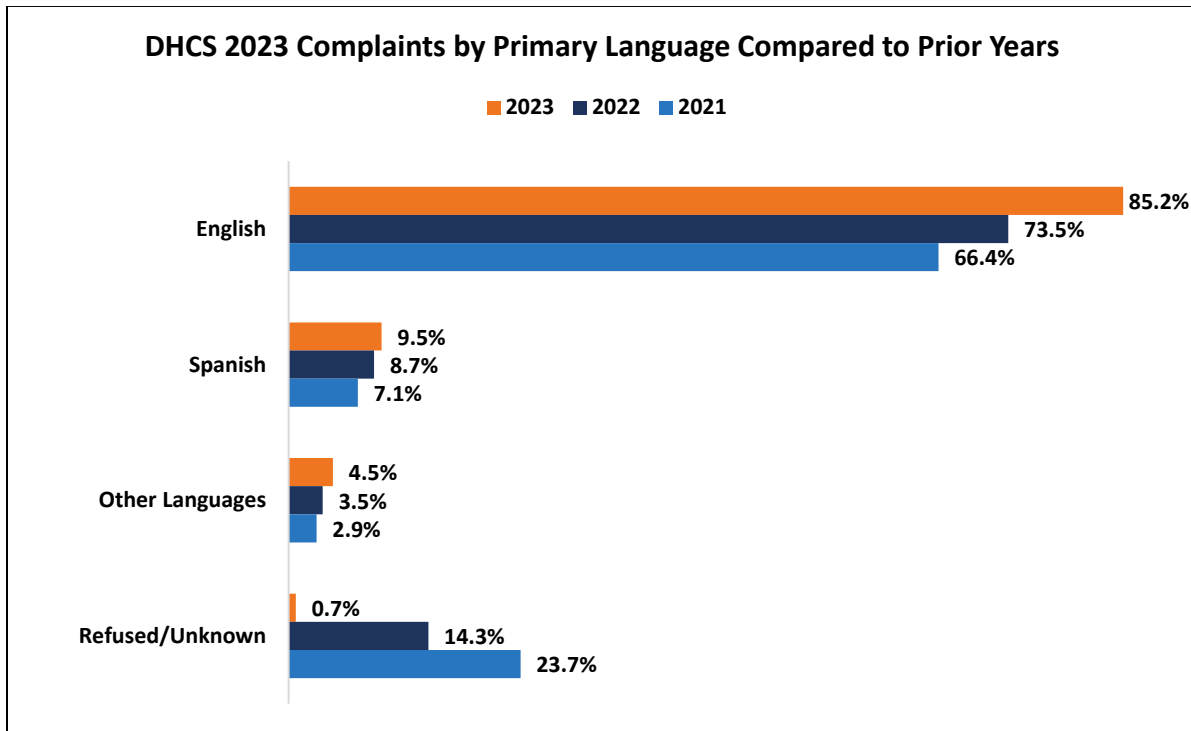
Primary Language

The following chart displays the DHCS 2023 complaints by the complainant's submitted primary language, along with the 2021 and 2022 data for the same categories.

DHCS indicated that the 2023 increases in known languages were associated with transitions to Medi-Cal Managed Care and Medi-Cal Rx as well as increases in Medi-Cal Dental cases, all delivery systems with more robust demographic data capture.

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Figure 5.17



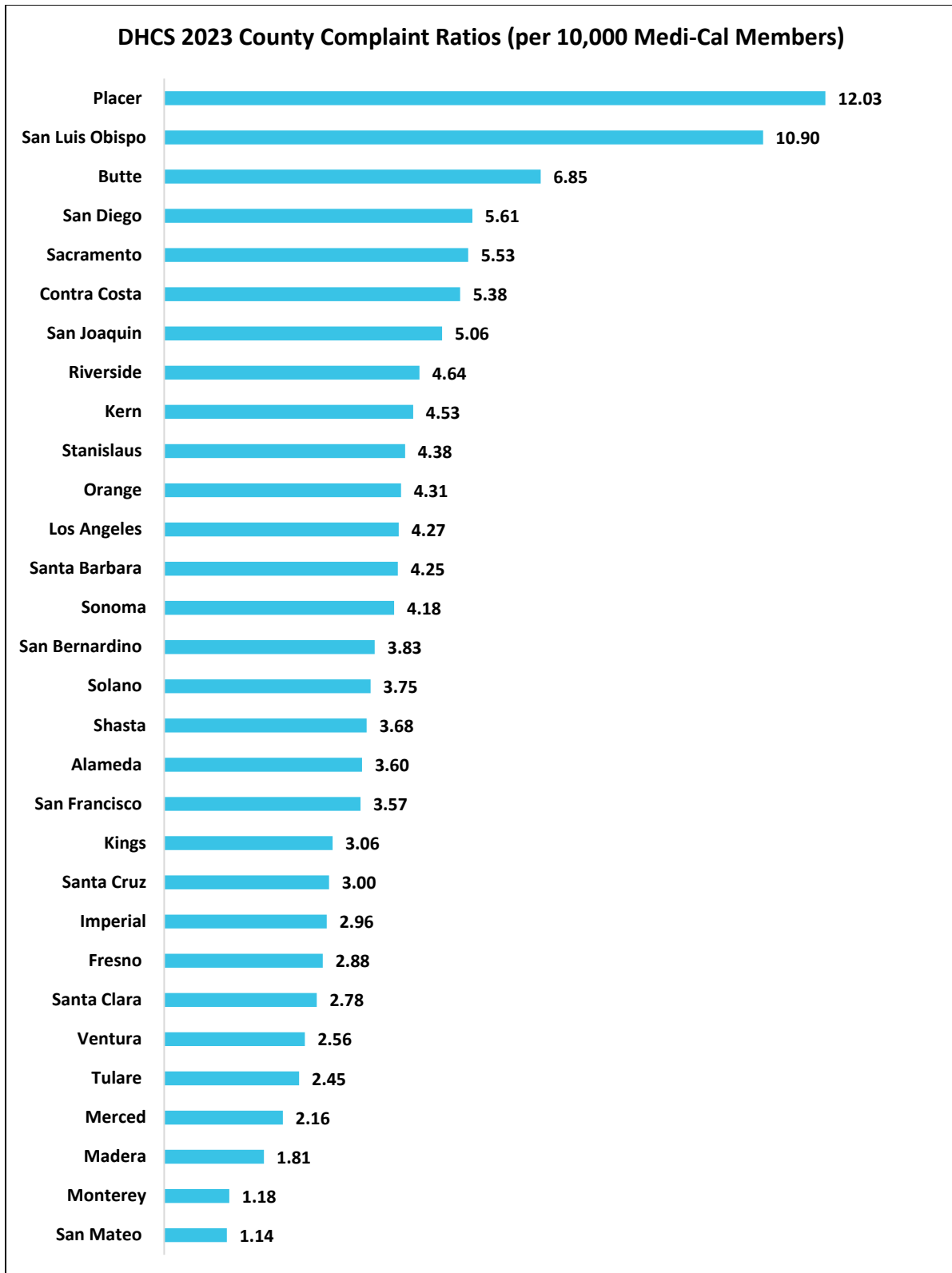
Note: Other Languages combines language categories with low volumes: Arabic, Armenian, Cambodian, Cantonese, Farsi, Hmong, Japanese, Korean, Mandarin, Other, Other Chinese, Russian, Tagalog, and Vietnamese.

Resident County

The following chart displays county ratios based on each county's volume of 2023 complaints by its residents divided by the 2023 Medi-Cal enrollment in the county.

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Figure 5.18



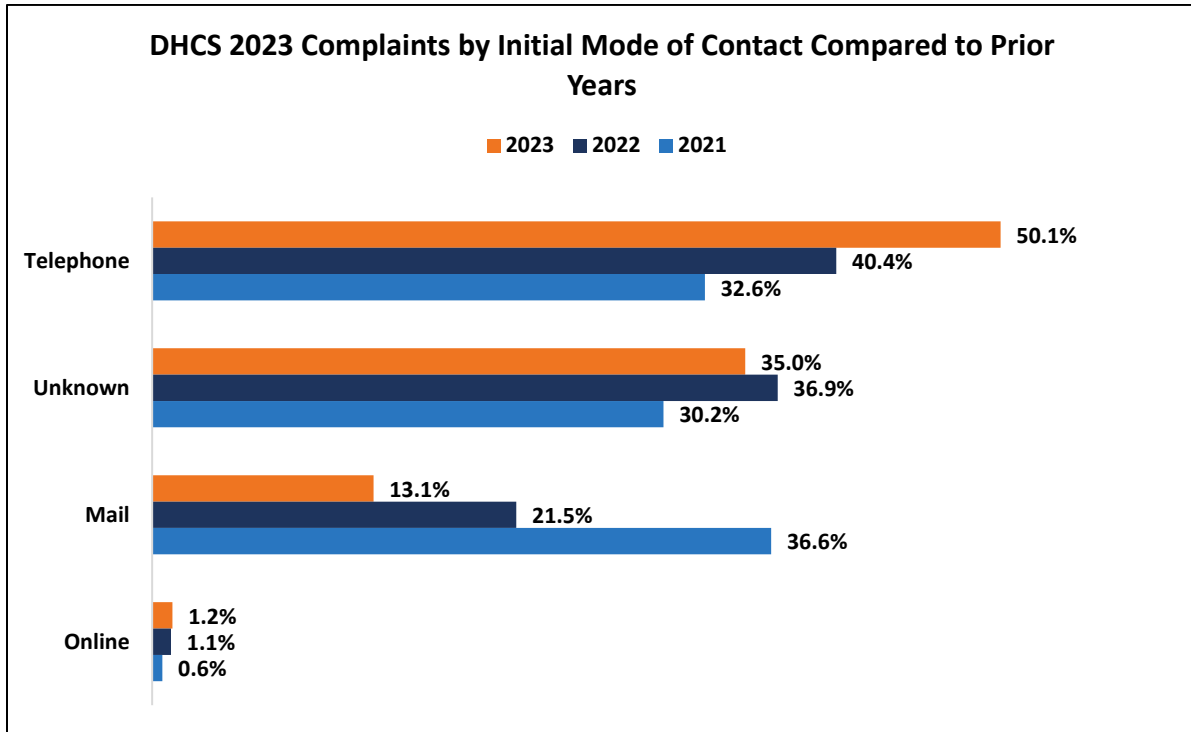
Note: The chart excludes counties with Medi-Cal enrollment under 70,000 members and/or fewer than 11 complaints in 2023.

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Initial Mode of Contact

The following chart displays the 2023 complaints by the mode of contact used to initiate the complaint, as well as the 2021 and 2022 data for the same modes.

Figure 5.19



Note: The above display excludes modes of contact categories with low volumes in 2023.

DHCS noted that the increase in complaints initiated by telephone is associated with higher volumes of Medi-Cal Dental cases and a process change that allows a Medi-Cal Dental Telephone Service Center representative to complete the complaint form for the member during the phone call instead of requiring the member to mail the form.

Regulator

The coverage regulator reported for most of the DHCS 2023 complaints was Other (72.7%), while DMHC was identified for over 27 percent (27.3%). The Other category includes DHCS and the Centers for Medicare and Medicaid Services.

Source of Coverage

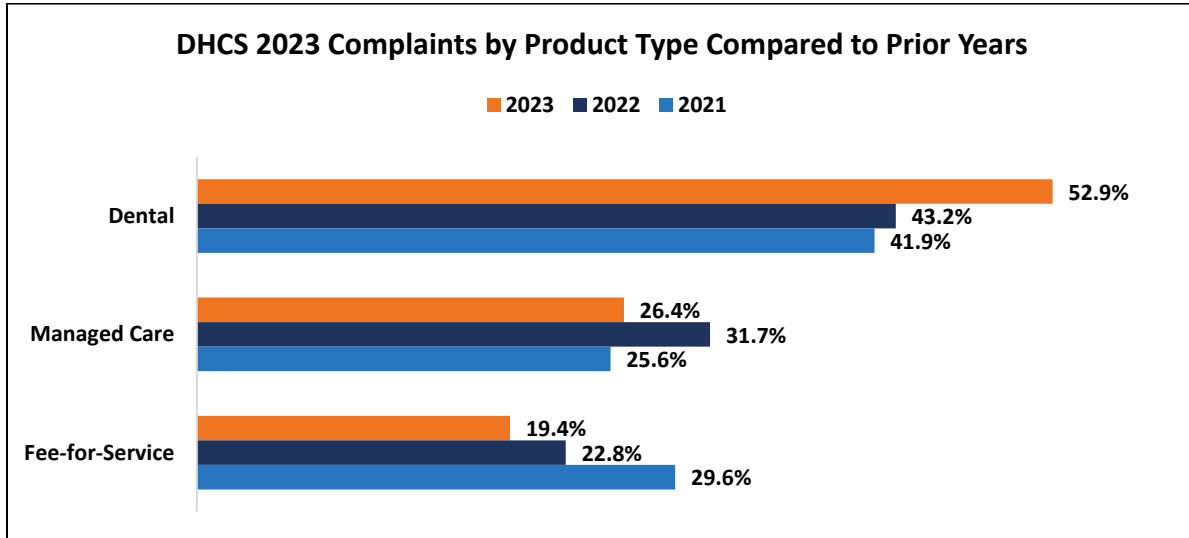
Like other measurement years, nearly all the DHCS 2023 complaints were submitted with the Medi-Cal source of coverage (99.1% of the 7,260 complaints). Under one percent identified Medi-Cal/Medicare as the source of coverage.

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Product Type

DHCS reports on its health care delivery systems under product type. The following chart displays the 2023 complaints by submitted product type, along with the 2021 and 2022 data for the same categories.

Figure 5.20



Note: The display excludes categories with low volumes in 2023.

D. Consumer Assistance Center Details

In addition to its complaint data about its State Fair Hearings, DHCS reported 2023 information about five consumer assistance service centers.

- Office of the Ombudsman, which provides Medi-Cal members education and referrals for help with managed care and mental health services issues
- Medi-Cal Telephone Service Center, which serves both consumers and Medi-Cal providers to answer questions about Medi-Cal eligibility, benefits, claims, provider enrollment, and certain fee-for-service system issues
- Medi-Cal Dental Telephone Service Center, which assists Medi-Cal members with general dental program questions, screening appointments and provider information, and how to address problems with the dental delivery system
- Medi-Cal Rx Customer Service Center, which assists Medi-Cal members with their pharmacy benefits and accessing their prescription drugs and medical supplies and related services
- Health Care Options (newly reported for 2023), which provides Medi-Cal members with information about available managed care plans in their county and helps with plan enrollment, disenrollment, and plan changes.

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Service Center Inquiries

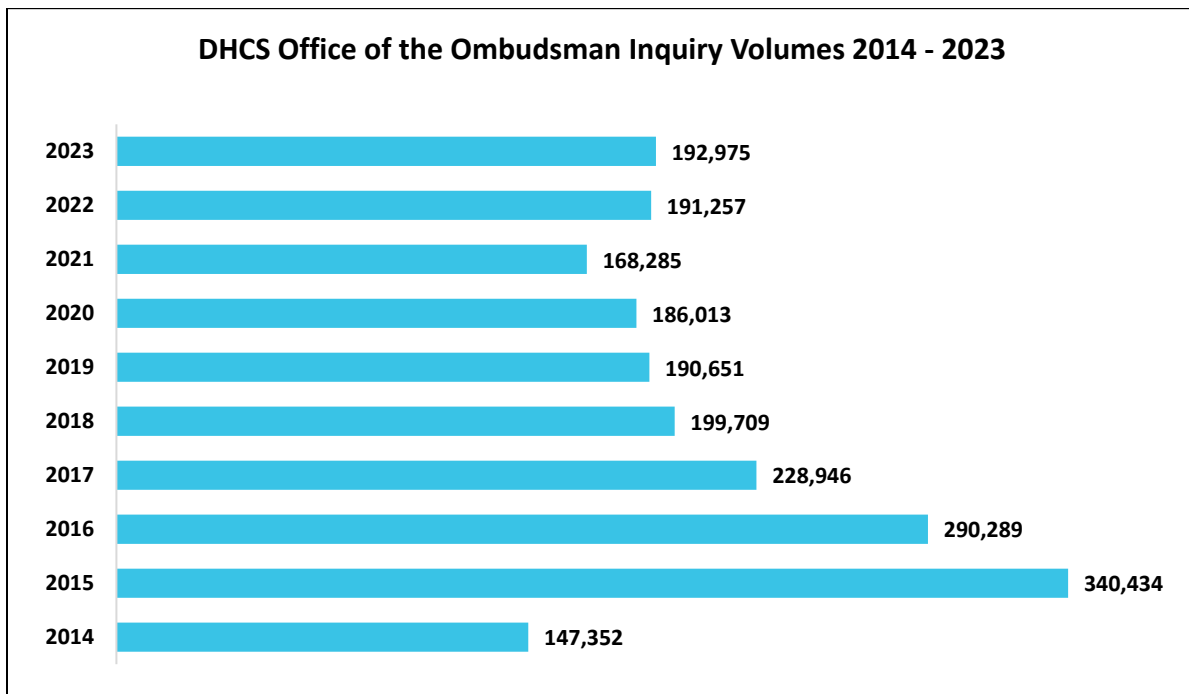
Figures 5.21 - 5.24 display DHCS consumer assistance service centers' annual inquiry volumes from the first report submission through 2023. The five DHCS service centers received 6,792,530 inquiries in 2023. A chart is not shown for the newly reported Health Care Options service center, which received 4,230,422 inquiries in 2023.

- All of the requests for assistance to the DHCS service centers are categorized as inquiries because the services centers do not make determinations for the complaints submitted by DHCS for this report.

Health Care Options and the Medi-Cal Telephone Service Center reported higher than usual call volumes due to various transitions tied to CalAIM initiatives in 2023. In addition, notices sent in 2023 for transitions that occurred on January 1, 2024, also likely contributed to increased volumes for consumer inquiries about County Model Change, Health 4 All, and 2024 Managed Care Plan transitions.

DHCS indicated that the Medi-Cal Rx Customer Service Center increase in inquiry volume from 2022 to 2023 was associated with the transition of Medi-Cal Managed Care patients to Medi-Cal Rx for their prescription coverage.

Figure 5.21



Note: The Office of the Ombudsman and Mental Health Ombudsman merged in 2017 and began reporting combined volumes. The Mental Health Ombudsman separately reported 5,487 inquiries in 2014, 7,611 inquiries in 2015, and 7,737 inquiries in 2016 that are not included in the above display.

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Figure 5.22

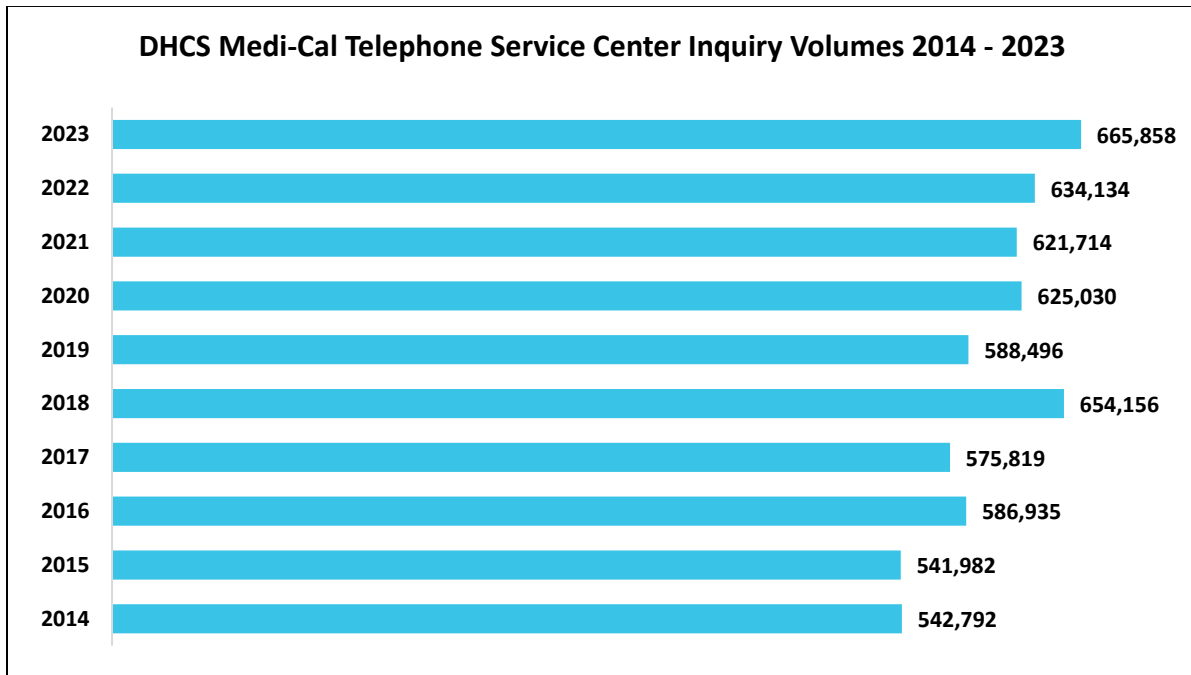


Figure 5.23

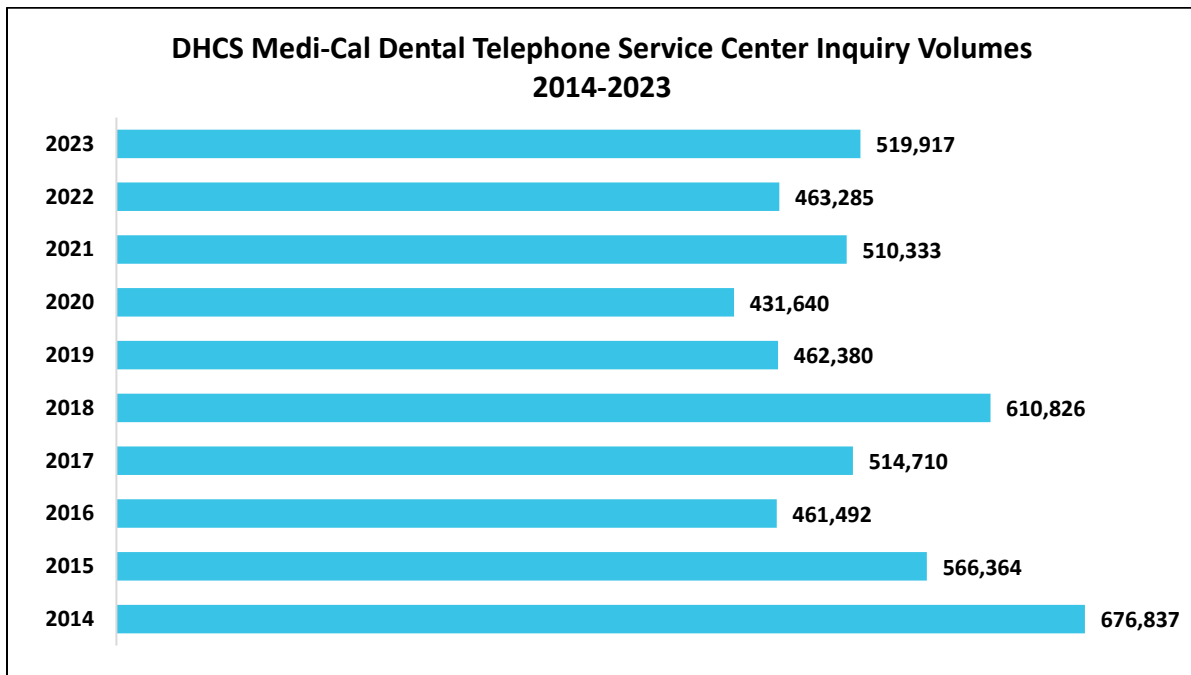
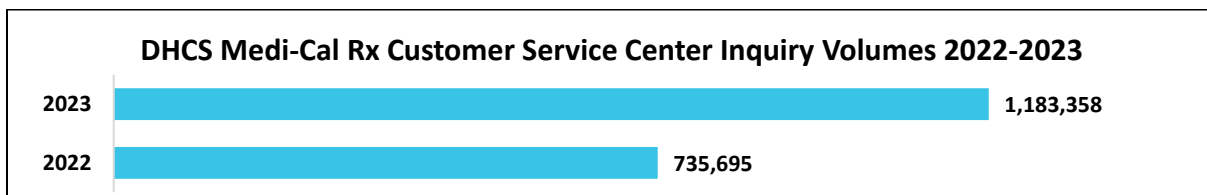


Figure 5.24



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Figures 5.25-5.29 show the 2021-2023 monthly inquiry volumes for four DHCS service centers and the 2023 monthly inquiry volumes for Health Care Options.

Figure 5.25

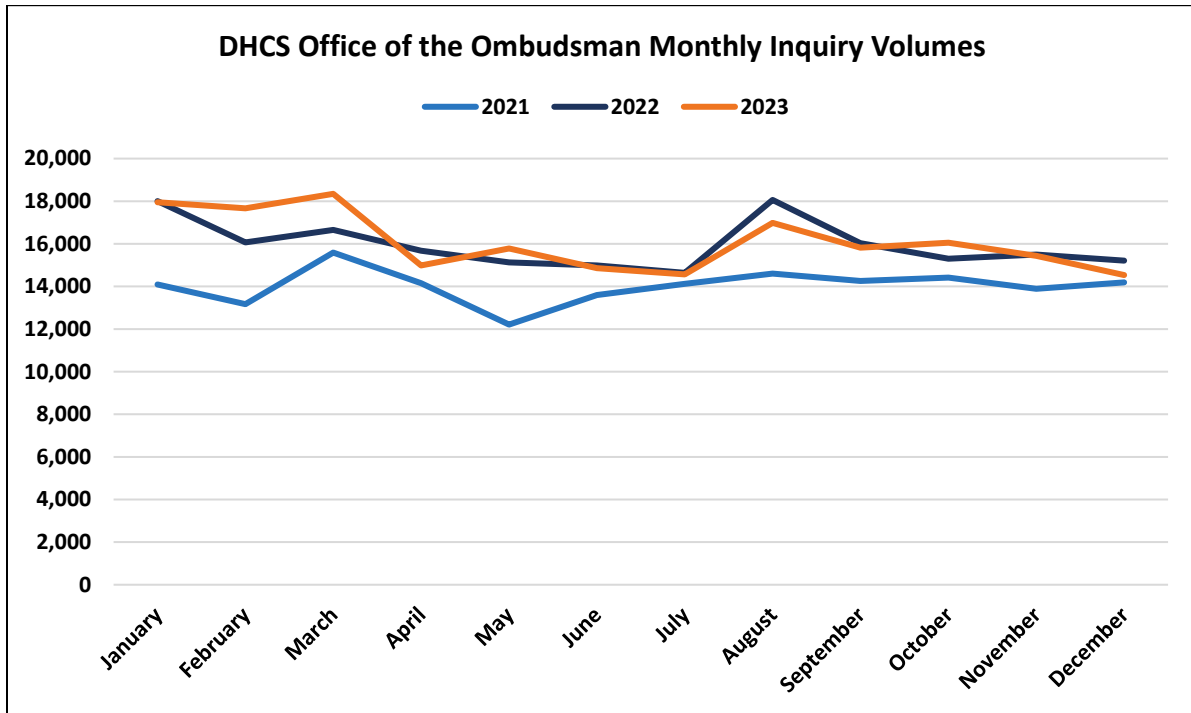
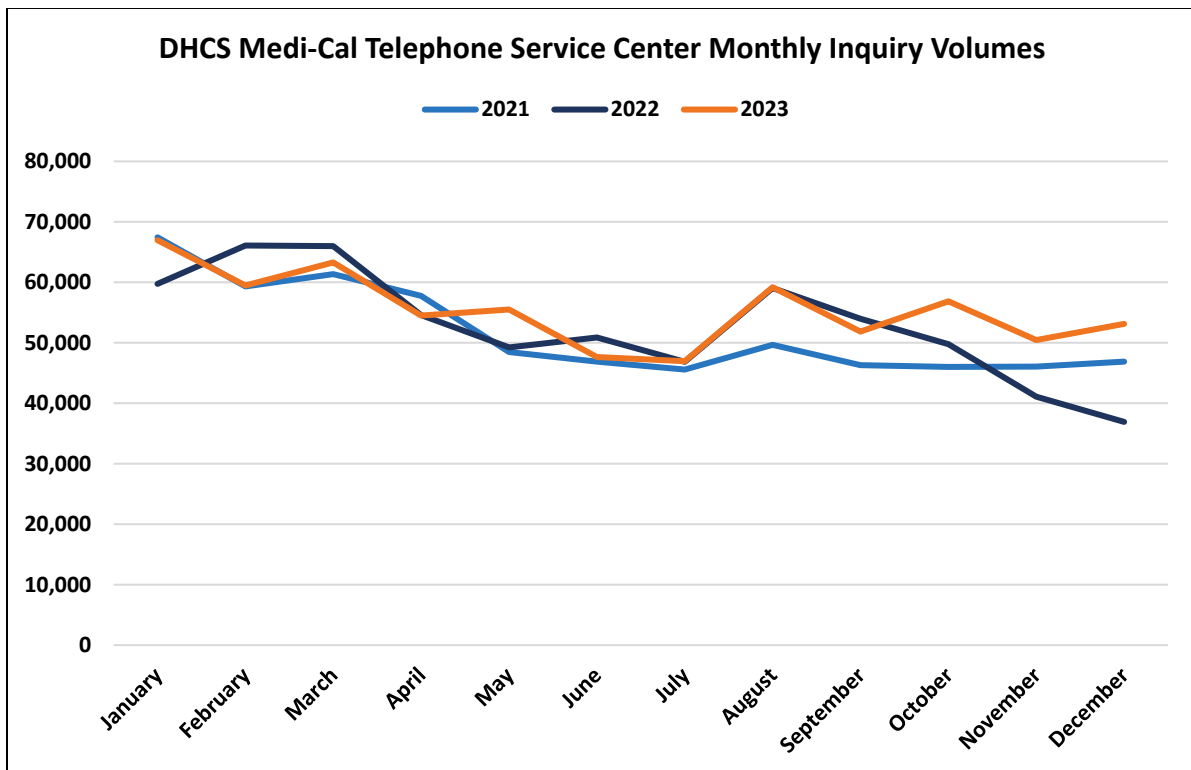


Figure 5.26



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Figure 5.27

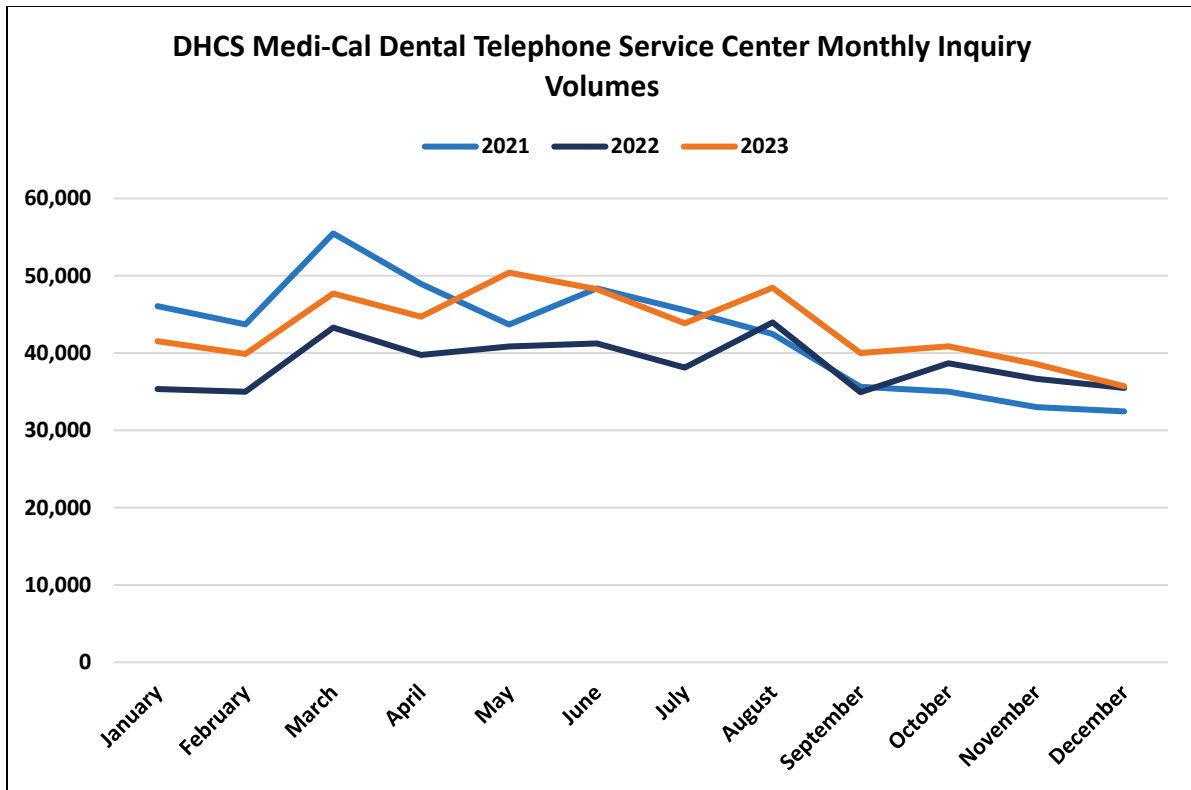
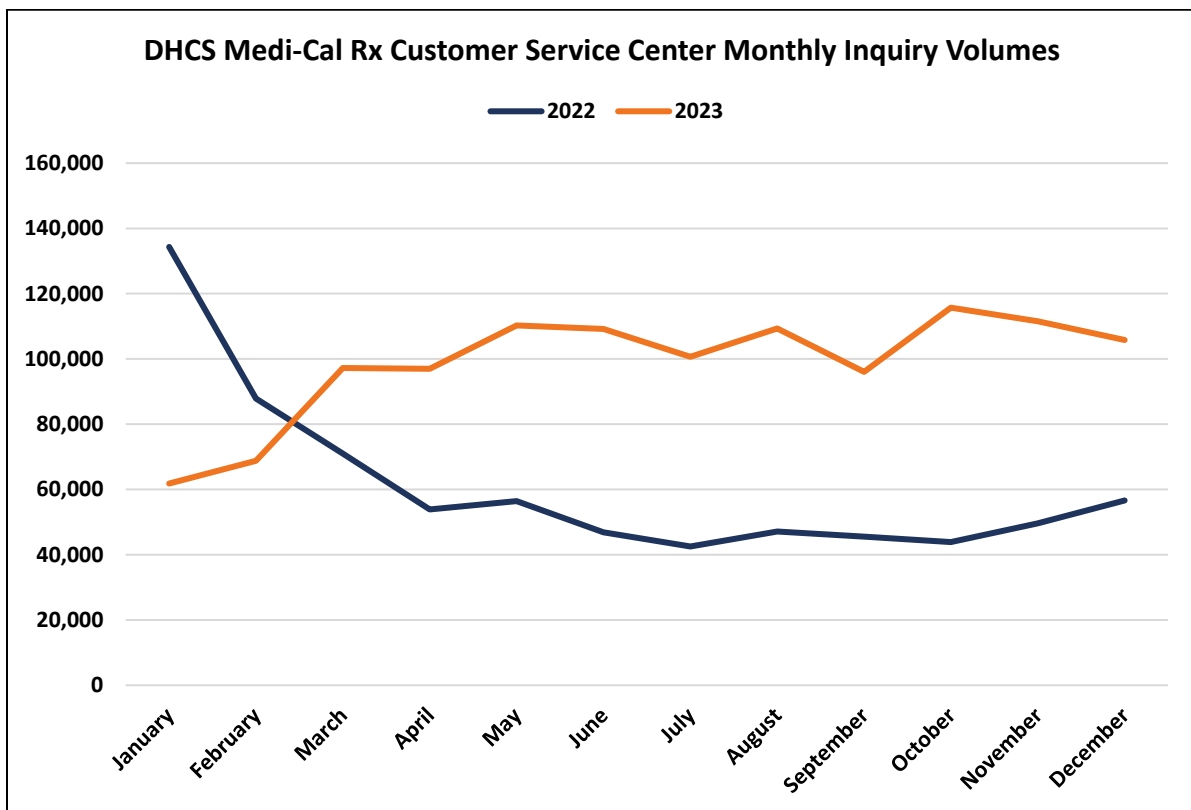
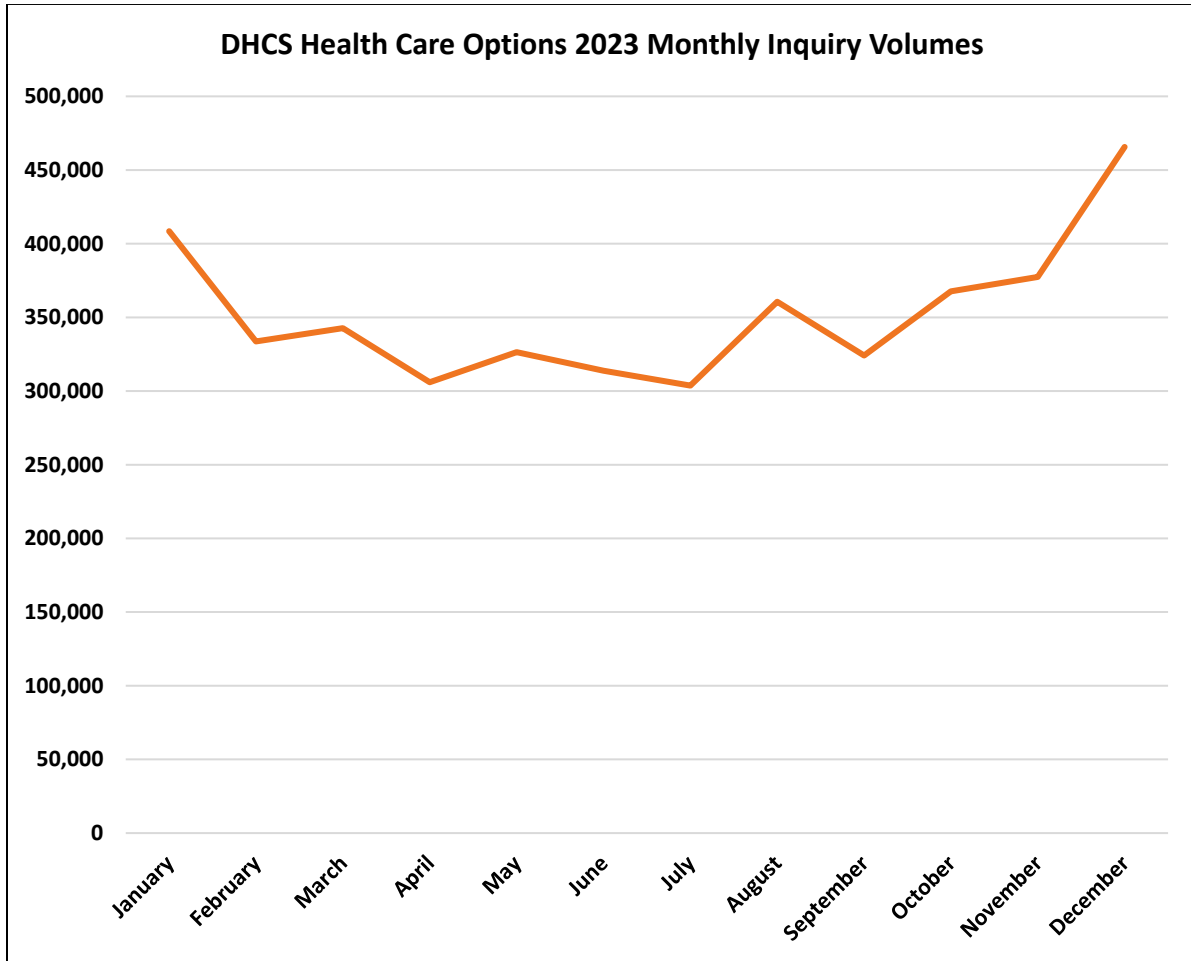


Figure 5.28



Annual Health Care Complaint Data Report

Figure 5.29



Call Metrics

DHCS reported that the five consumer assistance service centers received 4,417,521 telephone calls in 2023.

The table below provides metrics about the telephone calls received by the five DHCS service centers in 2023.

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Figure 5.30 DHCS Service Centers' 2023 Telephone Metrics

Metric	Office of the Ombudsman	Medi-Cal Telephone Service Center	Medi-Cal Dental Telephone Service Center	Medi-Cal Rx Customer Service Center	Health Care Options
Telephone Call Volume	184,005	665,858*	512,295	583,936	2,471,427
Number of abandoned calls (ended by callers prior to reaching a Customer Service Representative - CSR)	14,177	42,278	12,746	2,218	51,847
Number of calls resolved by the Interactive Voice Response (IVR)/Phone system (caller's needs addressed without involving a CSR)	65,384	2,415,175	687,751	132,230	1,351,057
Number of jurisdictional inquiry calls	104,444	665,858*	494,549	432,662	1,729,999 (estimated)
Number of non-jurisdictional calls	Same as calls resolved by IVR	N/A	17,746	151,274	741,428 (estimated)
Average number of calls received per jurisdictional complaint case (including follow-up calls after a complaint is filed)	N/A	N/A	N/A	1 (estimated)	1.5 (estimated)
Average wait time to reach a CSR	5 min	1:50 (1 min, 50 sec)	0:42 (42 sec)	0:06 (6 sec)	1:59 (1 min, 59 sec)
Average length of talk time (time between a CSR answering and completing a call)	9 min	6:38 (6 min, 38 sec)	9:15 (9 min, 15 sec)	7:32 (7 min, 32 sec)	8:21 (8 min, 21 sec)
Average number of CSRs available to answer calls (during Service Center hours)	21	51	169	197	224

*The Medi-Cal Telephone Service Center call volume only includes jurisdictional inquiries from Medi-Cal members, but other metrics may include calls from Medi-Cal providers when the member data could not be separated for reporting.

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Inquiry Topics and Referrals

Figures 5.31 – 5.35 display the most common inquiry topics consumers contacted the DHCS service centers about in 2023 as well as the organizations to which the consumers were referred.

Figure 5.31 Office of the Ombudsman 2023 Top Topics for Non-Jurisdictional Inquiries

Ranking	Inquiry Topic	Volume	Organization(s) Referred To
1 (most common)	Medi-Cal Eligibility	38,152	County Medi-Cal Office
2	Fee-for-Service	7,488	DHCS Fee-for-Service Help Line (Medi-Cal Telephone Service Center)
3	Health Care Options	5,147	Health Care Options
4	Medicare	4,437	Medicare
5	Covered California	4,121	Covered California
6	Behavioral Health	2,832	County Behavioral Health Plan
7	Medi-Cal Dental	2,046	Medi-Cal Dental Program
8	State Fair Hearings	1,161	California Department of Social Services

Figure 5.32 Medi-Cal Telephone Service Center 2023 Top Topics for Non-Jurisdictional Inquiries

Ranking	Inquiry Topic	Organization(s) Referred To
1 (most common)	Beneficiary Inquiry/Eligibility	Referred to County Office
2	Beneficiary Inquiry/Eligibility	Referred to Managed Care Plan
3	Beneficiary Inquiry/Eligibility	Referred to Medi-Cal Dental
4	Beneficiary Inquiry/Eligibility	Referred to Medicare
5	Beneficiary Inquiry/Coverage	Referred to Pharmacy
6	Beneficiary Inquiry/Coverage	Referred to Medicare Part D
7	Beneficiary Inquiry/Coverage	Referred to Other Coverage
8	Beneficiary Inquiry/Coverage	Referred to Low Income Subsidy
9	Beneficiary Inquiry/Eligibility	Referred to Managed Care Plan CalAIM Initiative
10	Beneficiary Inquiry/Coverage	Referred to County Office; 1095-B

Note: DHCS provided estimated rankings for the Medi-Cal Telephone Service Center.

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Figure 5.33 Medi-Cal Dental Telephone Service Center 2023 Top Topics for Non-Jurisdictional Inquiries

Ranking	Inquiry Topic	Volume	Organization(s) Referred To
1 (most common)	Conlan	8,324	Correspondence and Surveillance and Utilization Review (Internal)
2	Complaint about Care or Treatment Performed	5,575	Correspondence and Surveillance and Utilization Review (Internal)
3	Complaint about Provider Office Conduct	1,707	California Dental Board and Surveillance and Utilization Review (Internal)
4	Provider Billed Beneficiary	849	Correspondence and Surveillance and Utilization Review (Internal)
5	Complaint about Office or Office Staff	550	California Dental Board and Surveillance and Utilization Review (Internal)
6	Complaint about a Clinical Screening Dentist	301	California Dental Board
7	Received Records	207	Correspondence
8	Mail not Received	139	Correspondence
9	Excessive long wait time/appt schedule time Lack of Specialist availability	52	Telephone Service Center
10	Lack of Specialist Availability	42	Care Coordination

Figure 5.34 Medi-Cal Rx Customer Service Center 2023 Top Topics for Non-Jurisdictional Inquiries

Ranking	Inquiry Topic	Volume	Organization(s) Referred To
1 (most common)	Other Health Provider – Managed Care Plan	49,758	Appropriate Managed Care Plan
2	Eligibility - To Change Information	21,651	Appropriate County Office
3	Other Health Provider – Primary Coverage	18,457	Other Health Coverage
4	Other Health Provider – Medi-Cal Fee-for-Service	13,373	DHCS Fee-for-Service Help Line (Medi-Cal Telephone Service Center)
5	Other Health Provider – Medicare	11,365	Medicare
6	Other Health Provider – Coverage	11,339	County, Covered California, DHCS Website, etc.
7	ID# / ID Card Request	9,892	Appropriate County Office
8	Health Care Options	5,115	Health Care Options

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Ranking	Inquiry Topic	Volume	Organization(s) Referred To
9	Other Health Provider - Dental	4,027	Medi-Cal Dental
10	Eligibility - To Confirm Status	732	Medi-Cal Automated Eligibility Verification

Figure 5.35 Health Care Options 2023 Top Topics for Non-Jurisdictional Inquiries

Ranking	Inquiry Topic	Volume	Organization(s) Referred To
1 (most common)	Request copy of Managed Care Plan Card	148,286	Managed Care Plan Member Services
2	Request copy of Medi-Cal Card	133,457	Local County Office
3	Change providers within plan	111,214	Managed Care Plan Member Services
4	Questions about eligibility	88,971	Local County Office
5	Expedited Enrollment request	74,143	Ombudsman Office
6	Health Plan Complaint	59,314	Ombudsman Office
7	Member disagrees with Medical Exemption Request denial	51,900	CDSS State Hearings Division
8	Eligibility questions from Supplemental Security Income members	37,071	Social Security Administration
9	Member needs Other Health Coverage code removed	22,243	DHCS Third Party Liability and Recovery Division
10	Member disagrees with being transferred from Covered California to Medi-Cal	14,829	CDSS State Hearings Division

Note: DHCS provided estimates for Health Care Options.

Consumer Assistance Protocols and Systems

New Consumer Assistance Service Center Information

Health Care Options Overview

DHCS reported information about consumer assistance activities through its California Health Care Options (HCO) for the first time. HCO's role is to assure access to health care through an enrollment broker contractor. In addition to providing education to Medi-

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Cal members about available managed care plans, HCO assists Medi-Cal members with their enrollment into managed care health plans, changing plans, and disenrollments. The plans may include medical and dental care services.

- The HCO service center is open Monday – Friday, 8:00 am – 6:00 pm, excluding holidays.
- The current contractor, Maximus, operates 18 dedicated phone lines for different languages and a TTY/TDD.
- HCO also supports in-person education and assistance, with more than one million consumer contacts in 2023.

DHCS noted that the HCO experienced higher than normal call volume in 2023 due to various transitions tied to CalAIM initiatives, as well as 2023 noticing processes for transitions that occurred on January 1, 2024. These included County Model Change, Health 4 All, and 2024 Managed Care Plan transitions.

HCO Service Center Quality Assurance Activities

Customer service calls between members and the HCO service center are recorded for monitoring purposes. Randomly selected recorded calls are evaluated by the Quality Assurance (QA) department within HCO for adherence to established criteria, ensuring that complete and accurate information is given to beneficiaries. HCO service center staff receive a monthly quality performance report that identifies the quality score and any errors made. The goal for staff is to maintain a monthly quality score of 95% or better for all quality defined criteria.

Along with periodic and timely feedback from QA, HCO leadership will also routinely monitor calls and in-person assistance. This quality control process is necessary to ensure any feedback/necessary adjustments are made to individual performance in order to meet and exceed expectations.

HCO Service Center Complaint and Referral Processes

Most of the HCO service center's consumer assistance volumes involve normal business activities to support health plan enrollment rather than to provide help with complaints. HCO follows established processes to meet DHCS contract requirements for addressing and referring complaints for resolution, including steps to acknowledge the complaint receipt, resolve customer service issues within the HCO scope, and escalate issues to the appropriate point of contact at DHCS when required. All received complaints are documented as part of the contractor's incident reporting requirements to ensure accountability and timely resolution.

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When appropriate, HCO informs callers about their right to request a State Fair Hearing through the Department of Social Services. HCO referrals include:

- Health plan issues referred to the plan member services, DHCS Office of the Ombudsman, Medi-Cal Dental Services, or Department of Managed Health Care.
- Medi-Cal Fee-for-Service issues referred to the Medi-Cal Telephone Service Center.
- Eligibility issues or eligibility worker complaints referred to the applicable county office, county supervisor, or DHCS office.

Other DHCS Consumer Assistance Service Center Changes in 2023

DHCS reported that the Medi-Cal Telephone Service Center's call center platform was updated in October 2023, including updated features for:

- Integration of customer service channels (voice, email, chat, and social media, etc.) into a single unified platform for agents to interact with consumers.
- AI-powered chatbots, workflows, and predictive analytics to help improve workflows and response times.
- Enhanced collaborative knowledge-sharing tools and customer profiles for better customer service.
- New agent performance dashboards and reporting tools.
- Technical changes to improve scalability, support security and compliance with data standards.

DHCS reported that the Medi-Cal Dental Telephone Service Center updated the contractor's (Delta Dental):

- Process and telephone script for handling escalations to management when a caller is unsatisfied with the initial call center agent's service.
- Provider Suspense and Error Manual.
- Provider Handbook to reflect changes made to the Medi-Cal Dental program in April 2023.
- Customer Relationship Management Procedure Manual.

DHCS reported that the Medi-Cal Rx Customer Service Center updated:

- Call center scripts for Pharmacy Recoupment and Transition Policy Retirement issues.
- Its IVR routing of Medical Master Files.

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DHCS did not report any changes to protocols or systems in 2023 for the Office of the Ombudsman.

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Section 6 – California Department of Insurance

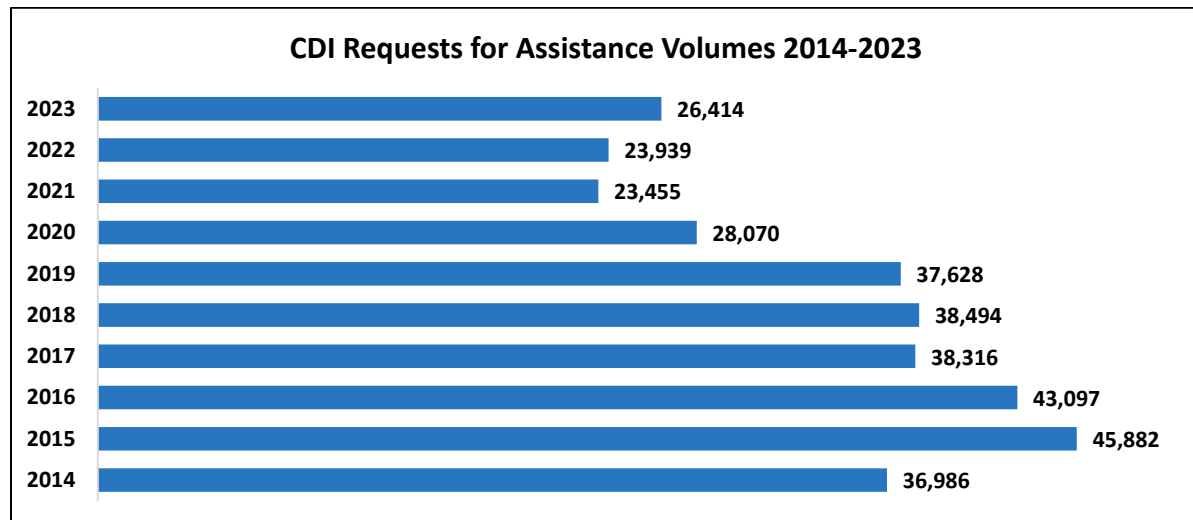
A. Overview

The California Department of Insurance (CDI) licenses and regulates more than 1,400 insurance companies and more than 495,000 insurance agents, brokers, adjusters, bail agents, and business entities. The Consumer Services Division (CSD), within CDI’s Consumer Services and Market Conduct Branch, is responsible for responding to consumer inquiries and complaints regarding insurance companies or producers.

This report addresses CDI’s health care coverage complaints, and not those related to life insurance, long-term care, or other lines of business. For standardization purposes, this report refers to the health insurance companies licensed by CDI as health plans.

The following chart displays CDI’s requests for assistance volumes from 2014 to 2023. CDI reported 26,414 requests for assistance from consumers in 2023, including 3,478 jurisdictional complaints and 22,936 inquiries.

Figure 6.1 CDI Requests for Assistance Volumes 2014-2023

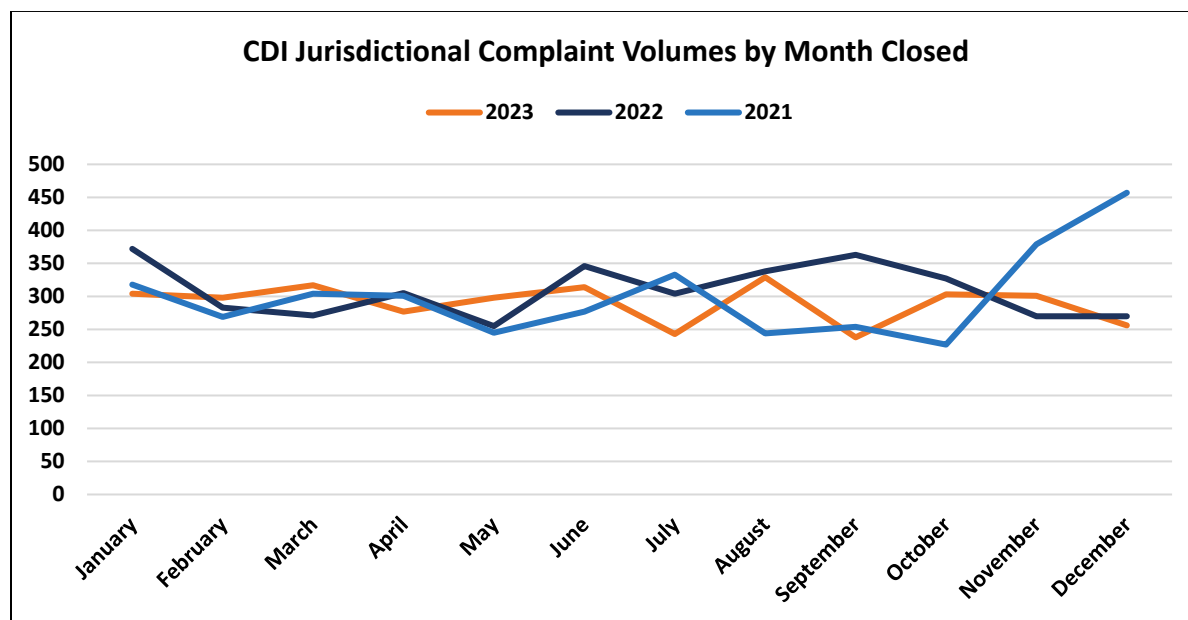


CDI reported 8,859 complaints in 2023, including non-jurisdictional complaints referred to other organizations for resolution. The department’s non-jurisdictional complaint volume increased for the fourth straight year, from 3,803 in 2020 to 5,381 in 2023. CDI’s jurisdictional complaint volume fell compared to the prior year, dropping from 3,704 complaints in 2022 to 3,478 in 2023.

The following chart shows CDI’s monthly jurisdictional complaint volumes closed in 2023 compared to the monthly volumes in 2021 and 2022.

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Figure 6.2 CDI Jurisdictional Complaint Volumes by Month Closed



The following table addresses the two complaint types reported by CDI: Standard Complaint and Independent Medical Review.

Figure 6.3 CDI Complaint Types Overview

Complaint Type	Primary Unit(s) Responsible	Time Standard	Average Resolution Time in 2023
Standard Complaint	Consumer Communications Bureau: Assistance to callers Health Claims Bureau and Underwriting Services Bureau: Compliance Officers respond to written complaints Consumer Law Unit: Legal review if needed	30 business days, or 60 days if reviewed concurrently with the health plan review	38 days
Independent Medical Review (IMR)	Consumer Communications Bureau: Assistance to callers Health Claims Bureau: Intake and casework IMR Organization (contractor – Maximus): Case review and decision Consumer Law Unit: Legal review if needed Urgent clinical issues that qualify are addressed through an expedited IMR process	30 business days, or 60 days if reviewed concurrently with the health plan review	62 days

Note: CDI’s average resolution time calculation reflects case durations from the date of initial receipt of the complaint to the date the complaint was closed after completion of the final regulatory review (not necessarily the date the complaint was closed to the consumer). CDI will open a complaint even if the complaint has not yet undergone the health insurer grievance review, the typical first level of review.

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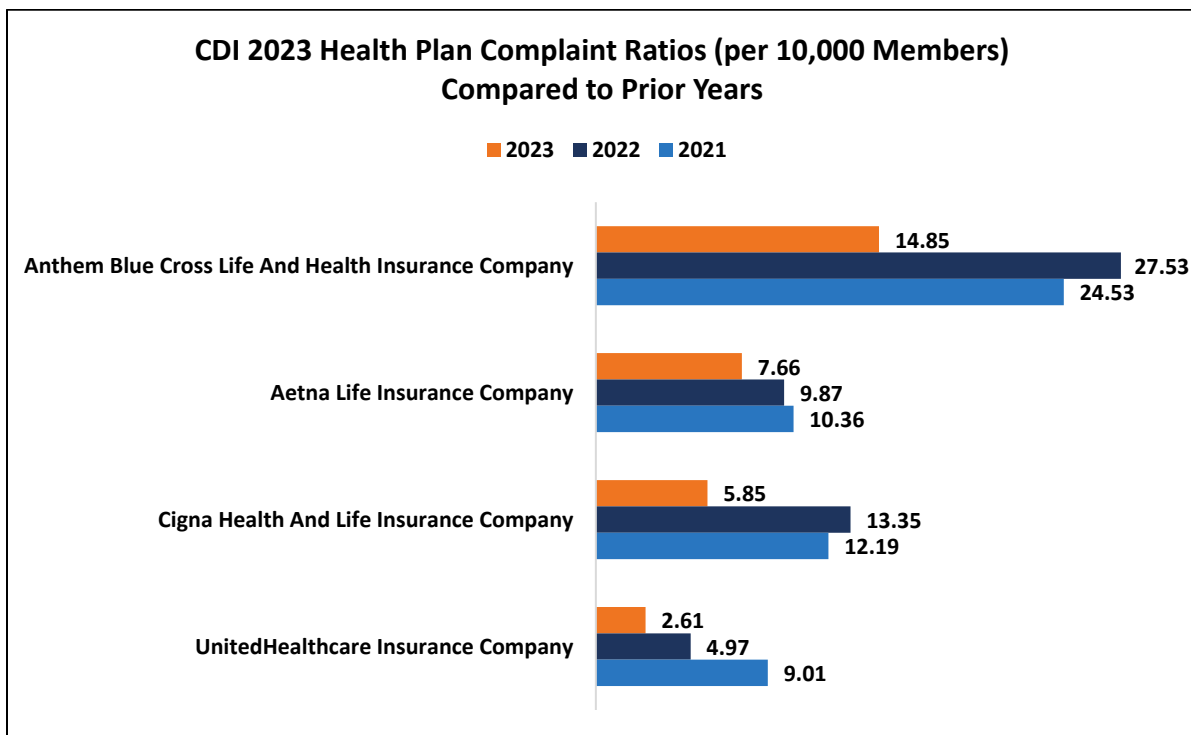
B. Complaint Ratios, Reasons, and Results

The complaint information in this section addresses jurisdictional complaints closed by CDI, unless specified otherwise.

Health Plan Complaint Ratios

The following chart displays health plan complaint ratios of complaints closed by CDI in 2023 per 10,000 plan members, along with the 2021 and 2022 ratios for the same health plans.

Figure 6.4



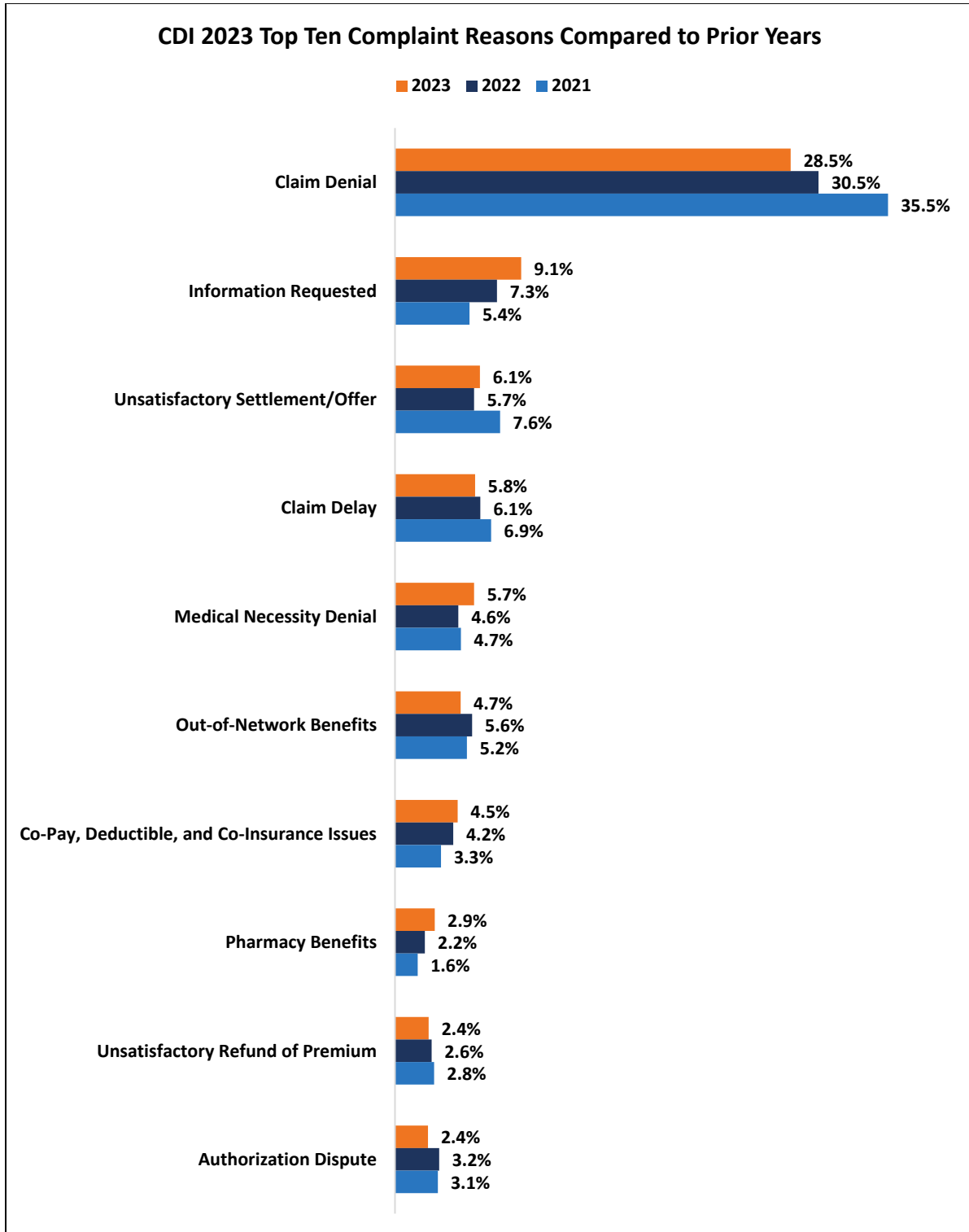
Note: The display excludes health plans with enrollment under 70,000 members and/or low complaint volumes in 2023.

Complaint Reasons

The following chart shows the most common reasons for complaints closed by CDI in 2023, along with the 2021 and 2022 data for the same reasons.

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Figure 6.5

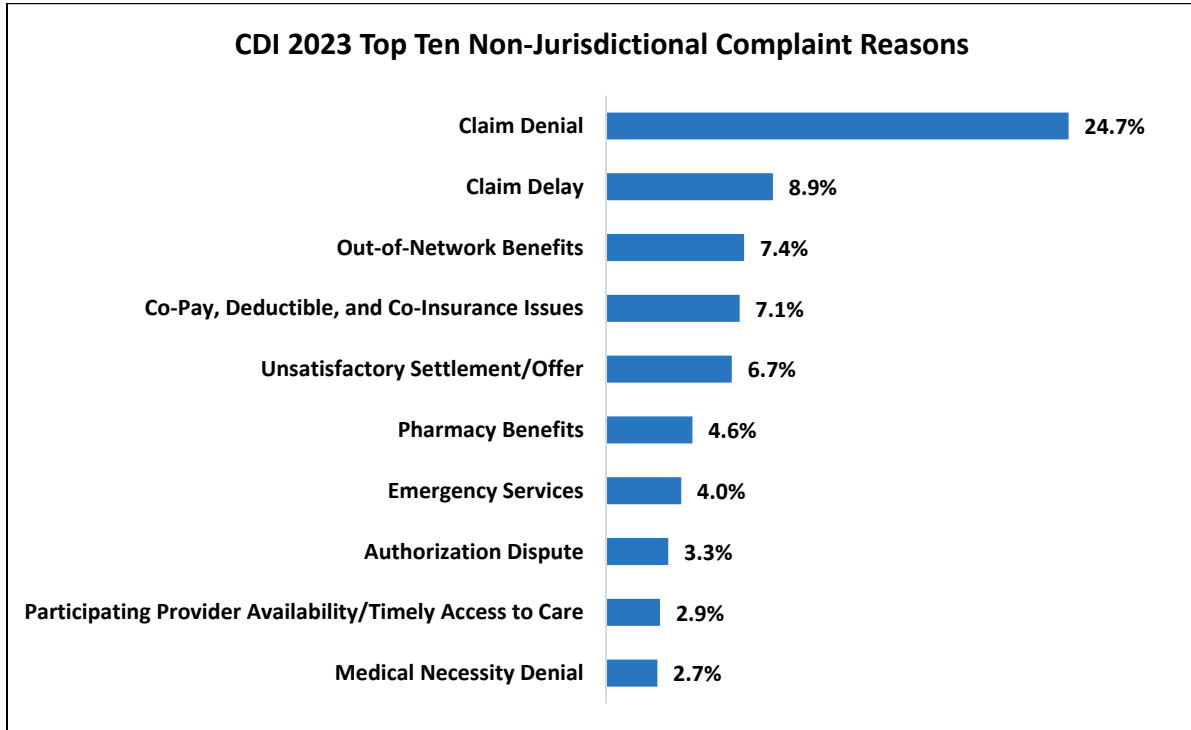


Note: The volume of reasons exceeded the number of complaints because some cases had more than one reason reported. There were 4,544 reasons from the 3,478 complaints in 2023.

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The following chart displays CDI's most common reasons for non-jurisdictional complaints in 2023.

Figure 6.6



Note: The volume of reasons exceeded the number of complaints because some cases had more than one reason reported. There were 7,670 reasons from the 5,381 non-jurisdictional complaints in 2023.

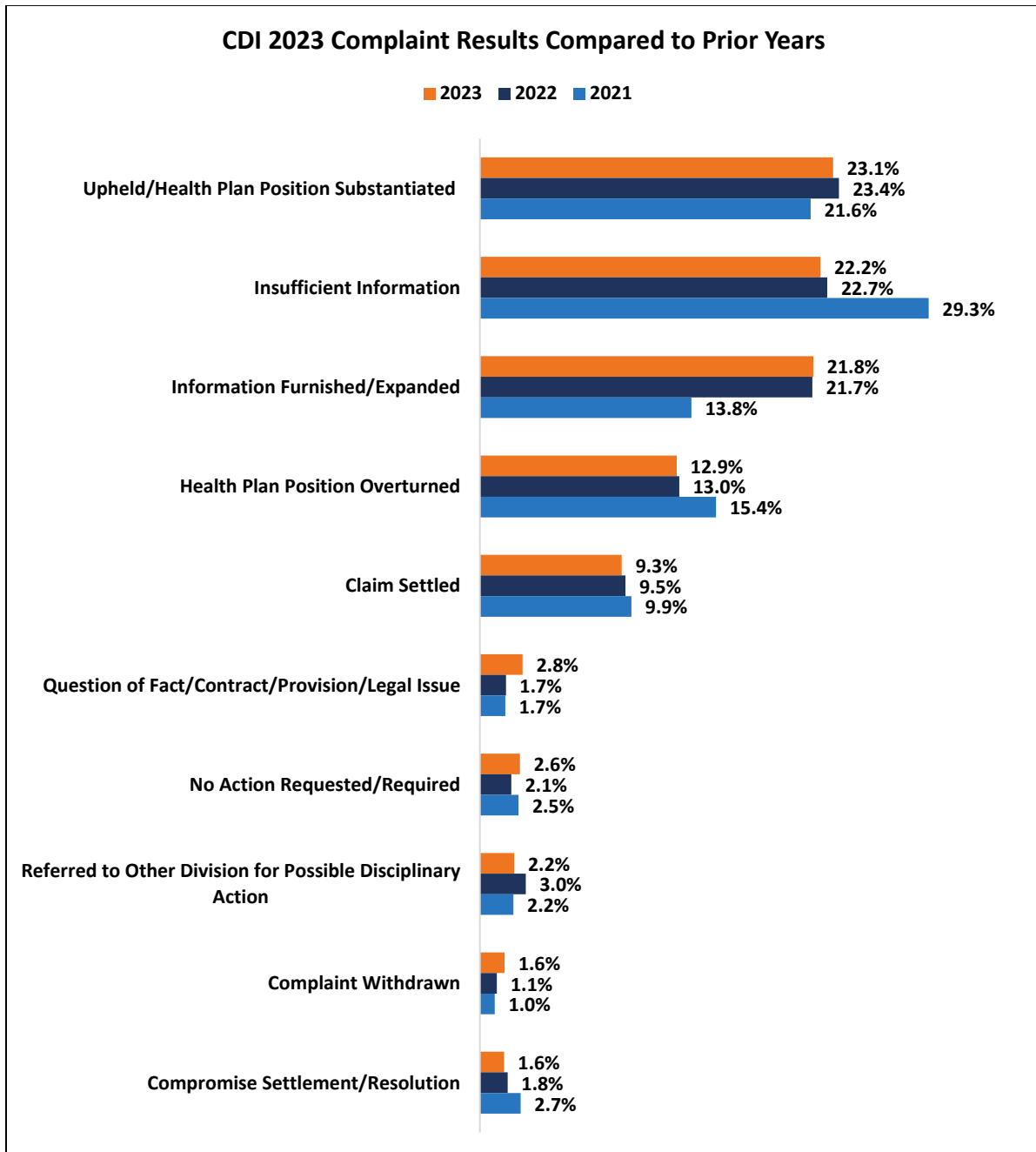
Complaint Results

The following chart displays the 2023 results for jurisdictional complaints closed by CDI, as well as the 2021 and 2022 data for the same results categories.

- The display excludes non-jurisdictional complaints reported by CDI. In 2023, most of the non-jurisdictional complaints (93.1% of the 5,381 cases) were closed with a referral to another Agency or Department. The rest were submitted with a result of No Jurisdiction.

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Figure 6.7

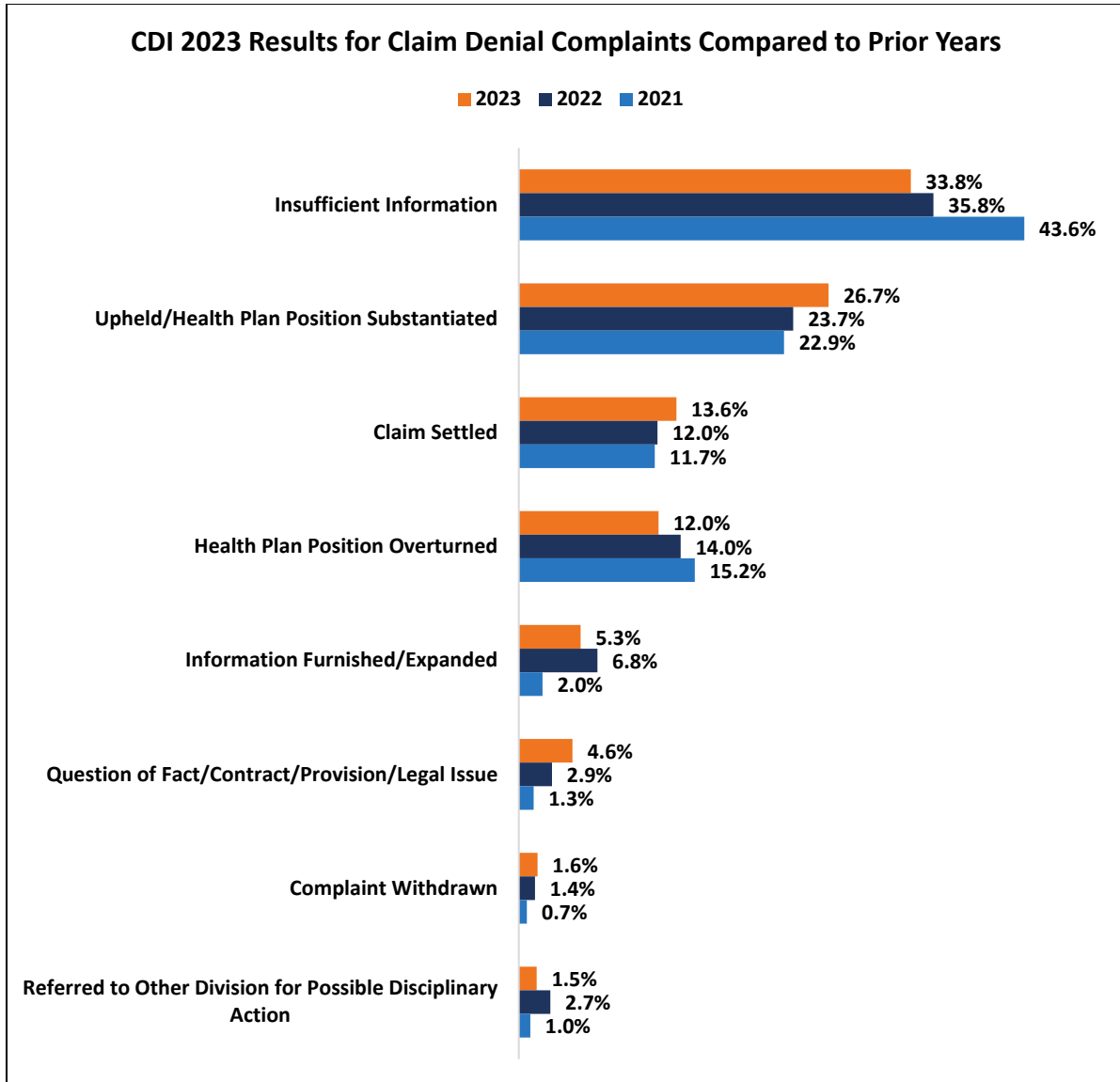


Note: Results categories considered to be favorable to the complainant include: Health Plan Position Overturned, Claim Settled, Referred to Other Division for Possible Disciplinary Action, and Compromise Settlement/Resolution. Results categories considered as favorable to the health plan include: Upheld/Health Plan Position Substantiated. The favorability of the other categories is neutral or cannot be determined. Favorable to the consumer does not necessarily mean that the complaint was substantiated against the health plan.

Figures 6.8 – 6.10 display the 2023 results for CDI’s most commonly reported reasons in 2023, along with the associated 2021 and 2022 reason-to-result data.

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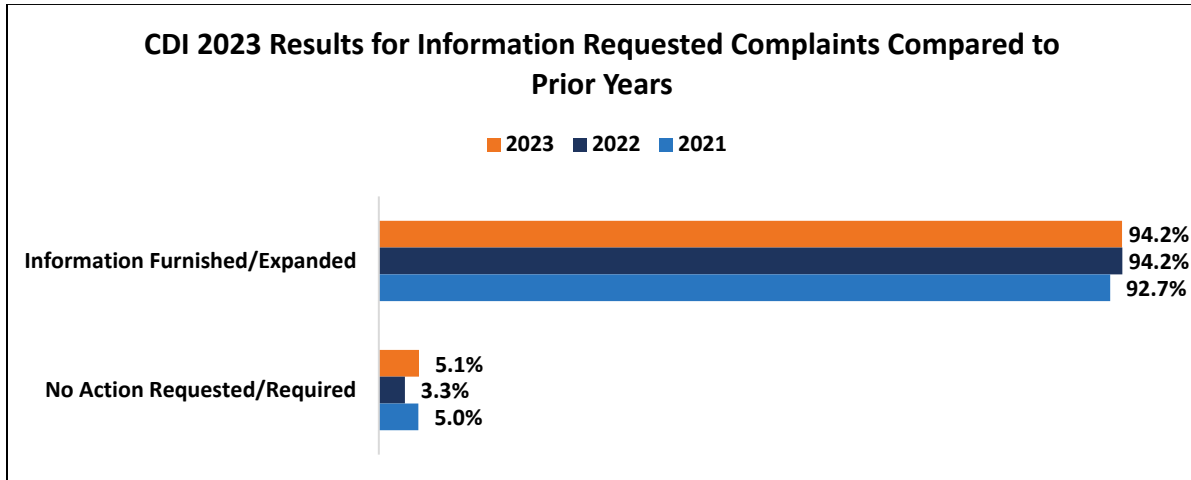
Figure 6.8



Note: The display excludes results with low volumes in 2023.

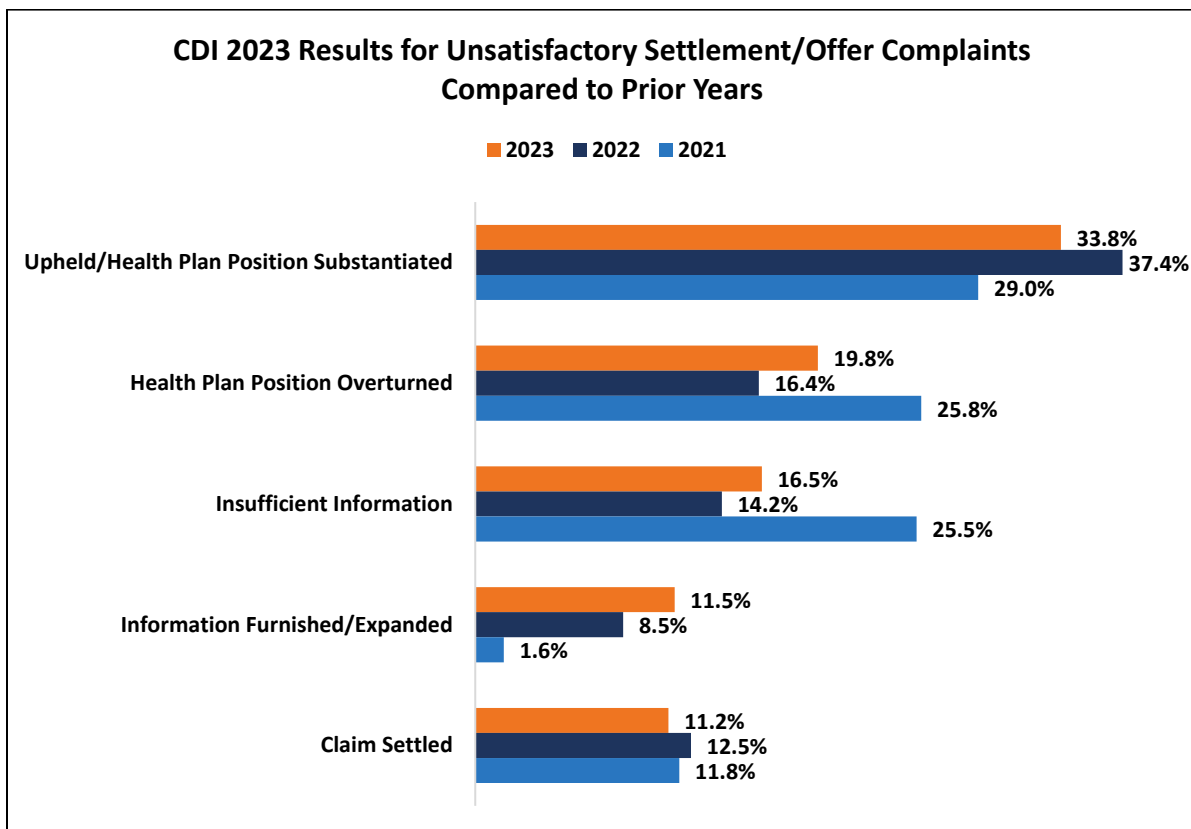
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Figure 6.9



Note: The display excludes results with low volumes in 2023.

Figure 6.10



Note: The display excludes results with low volumes in 2023.

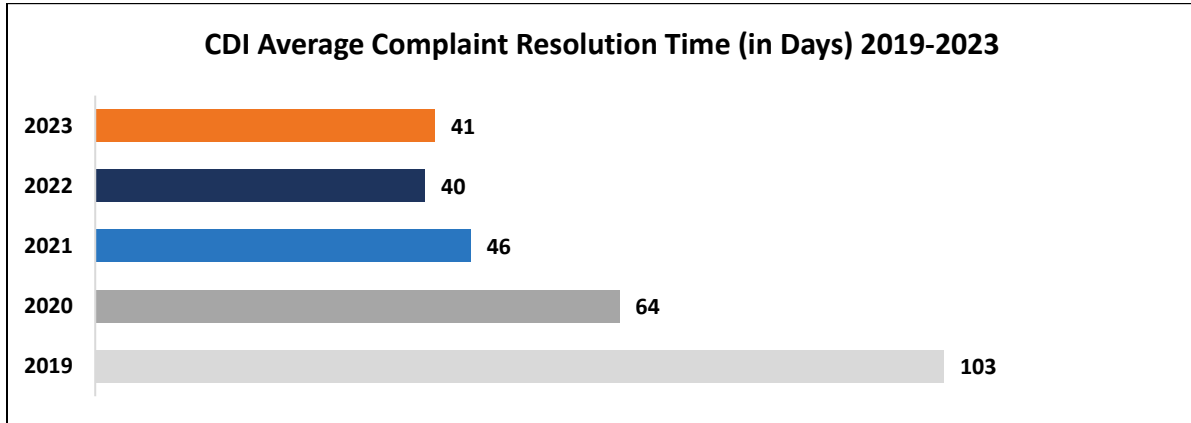
Resolution Time

CDI's average resolution time was 41 days for jurisdictional complaints and four days for non-jurisdictional complaints closed in 2023.

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The following chart shows the average annual complaint review durations for complaints resolved by CDI in 2019 through 2023.

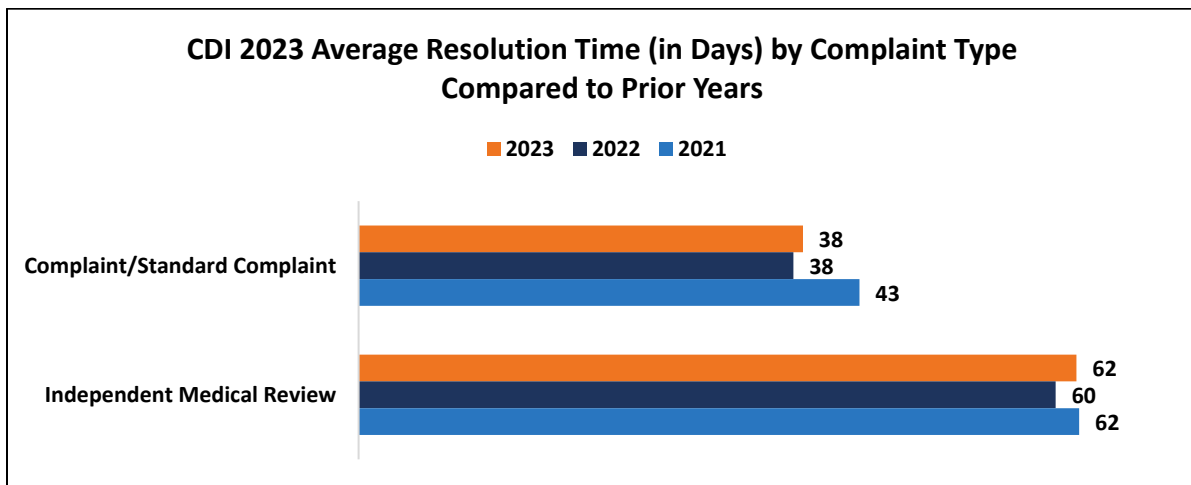
Figure 6.11



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.

The following chart shows the 2023 average durations for CDI's two reported complaint types, along with the 2021 and 2022 averages.

Figure 6.12



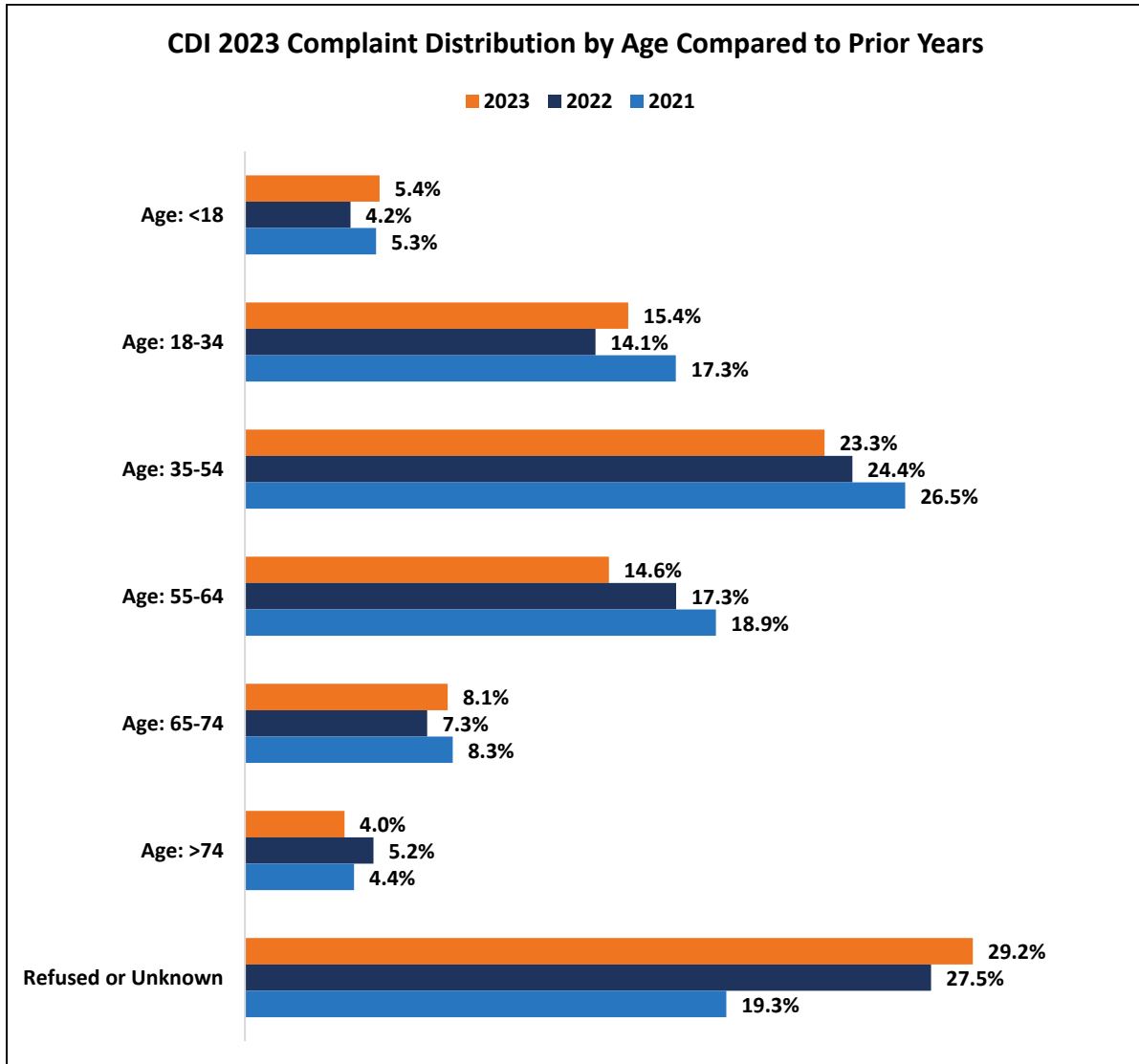
Annual Health Care Complaint Data Report

C. Demographics and Other Complaint Characteristics

Age

The following chart displays CDI's 2023 complaints by age, along with the 2021 and 2022 data for the same age groups.

Figure 6.13

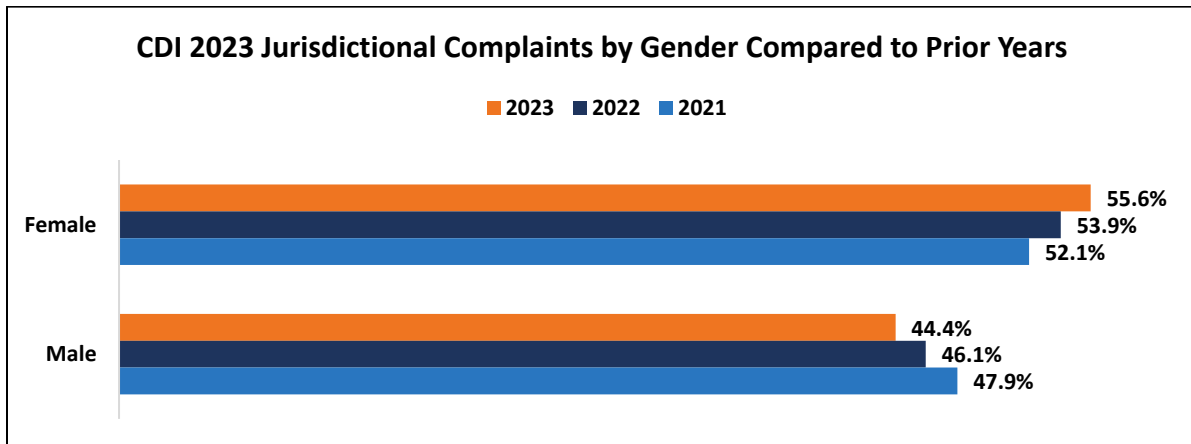


Gender

The following chart shows CDI's 2023 complaint distribution by submitted gender of the complainant, along with the 2021 and 2022 data for both submitted gender categories.

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Figure 6.14



Race

Nearly 55 percent of the CDI 2023 complaints did not have the complainant's race identified (29.4% Refused and 25.4% Unknown). White was submitted as the complainant's race for 29 percent of the 2023 complaints (29.0% of the 3,478 complaints). Asian was submitted for nearly seven percent (6.8%), followed by Other (6.2%) and Black or African American (2.3%). The rest of the reported categories had low volumes under one percent.

Ethnicity

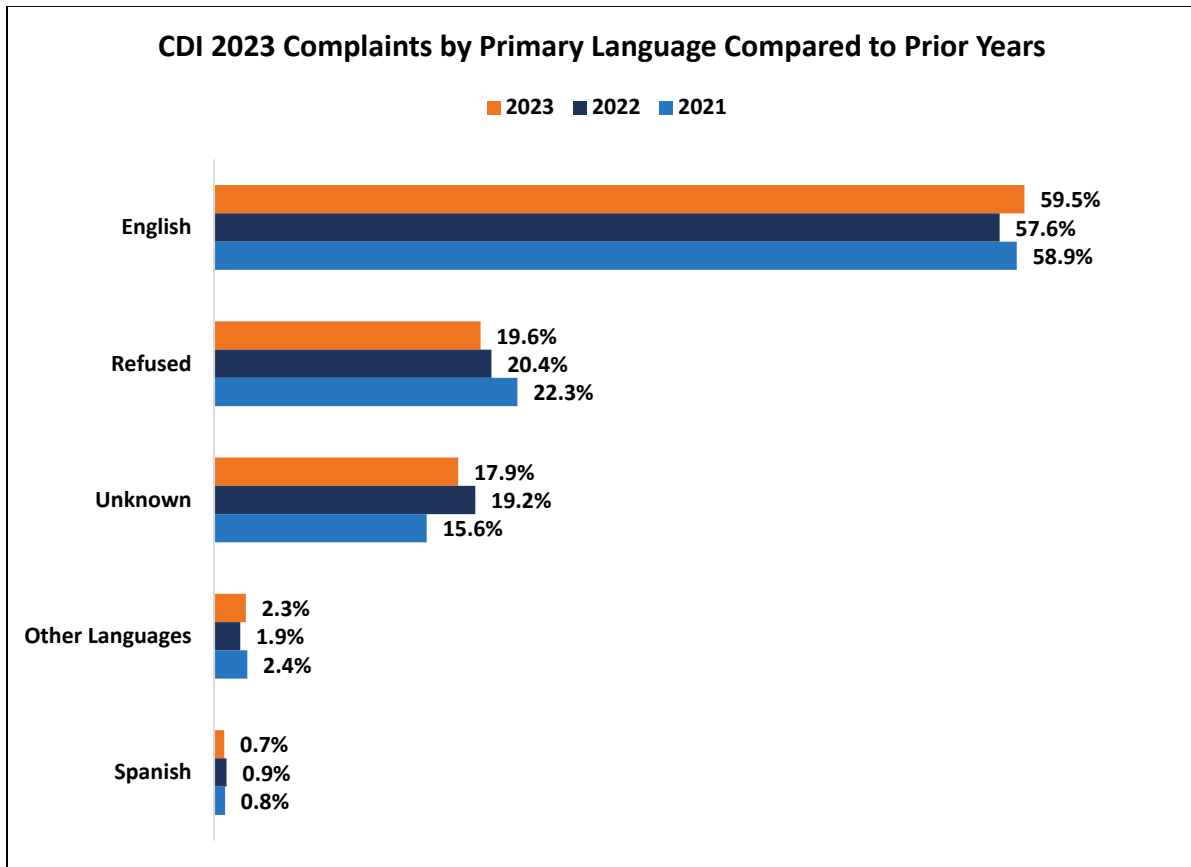
Approximately 55 percent of CDI's 2023 complaints did not have the complainant's ethnicity identified (30.0% Refused and 25.4% Unknown). Not Hispanic or Latino was submitted for 38 percent of the complaints (38.2% of the 3,478 complaints). Approximately six percent (6.3%) of the complainants were identified as Hispanic or Latino.

Primary Language

The following chart displays CDI's 2023 complaints by the primary language of the complainant, as well as the 2021 and 2022 data for the same language categories.

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Figure 6.15



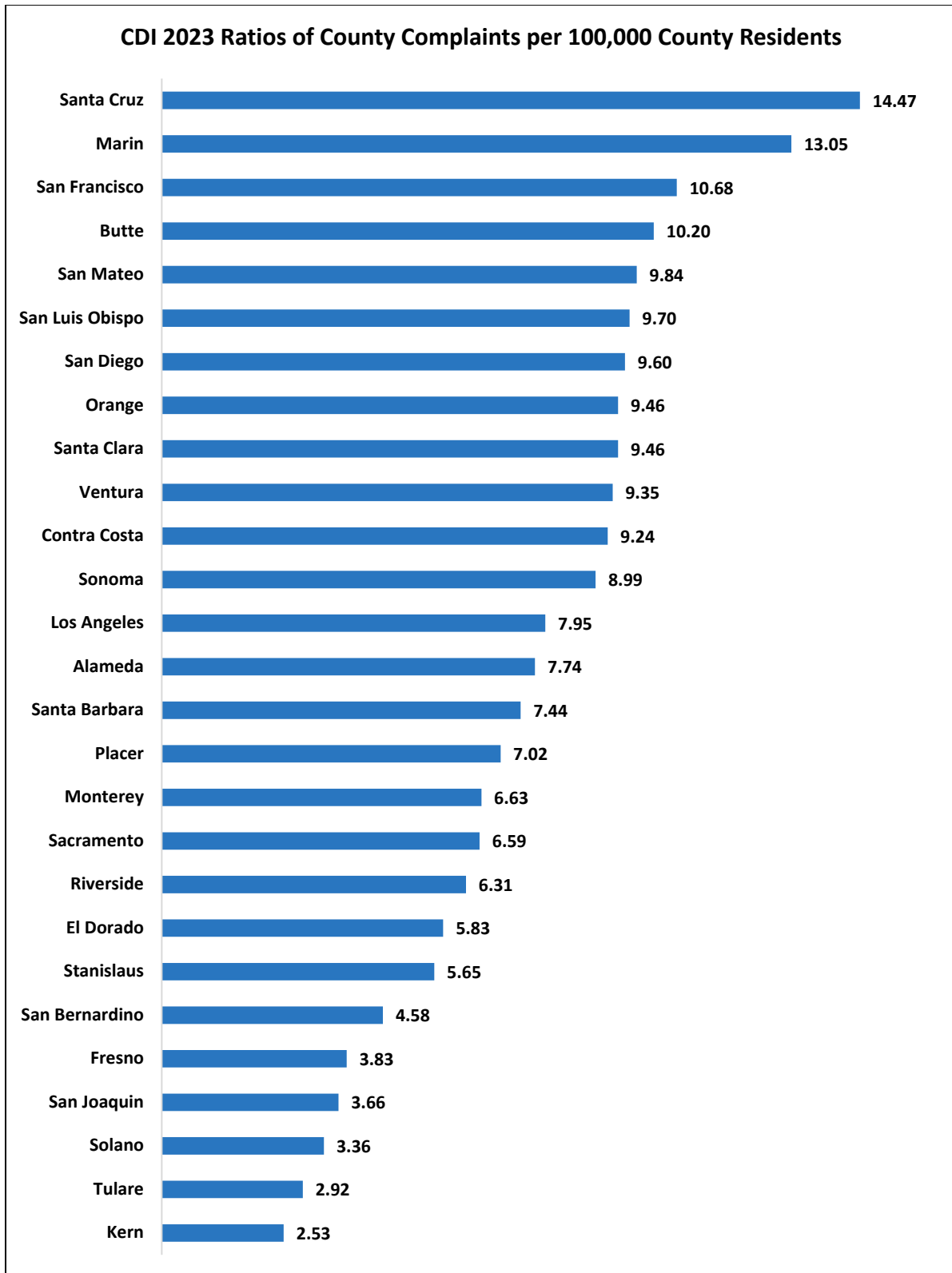
Note: Other Languages combines categories with low volumes: Arabic, Armenian, Cambodian, Cantonese, Farsi, Hmong, Japanese, Korean, Mandarin, Other, Russian, Tagalog, and Vietnamese.

Resident County

The following chart displays CDI's 2023 county complaint ratios, based on the volume of complaints by the identified county of residence of the complainant per 100,000 county residents.

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Figure 6.16



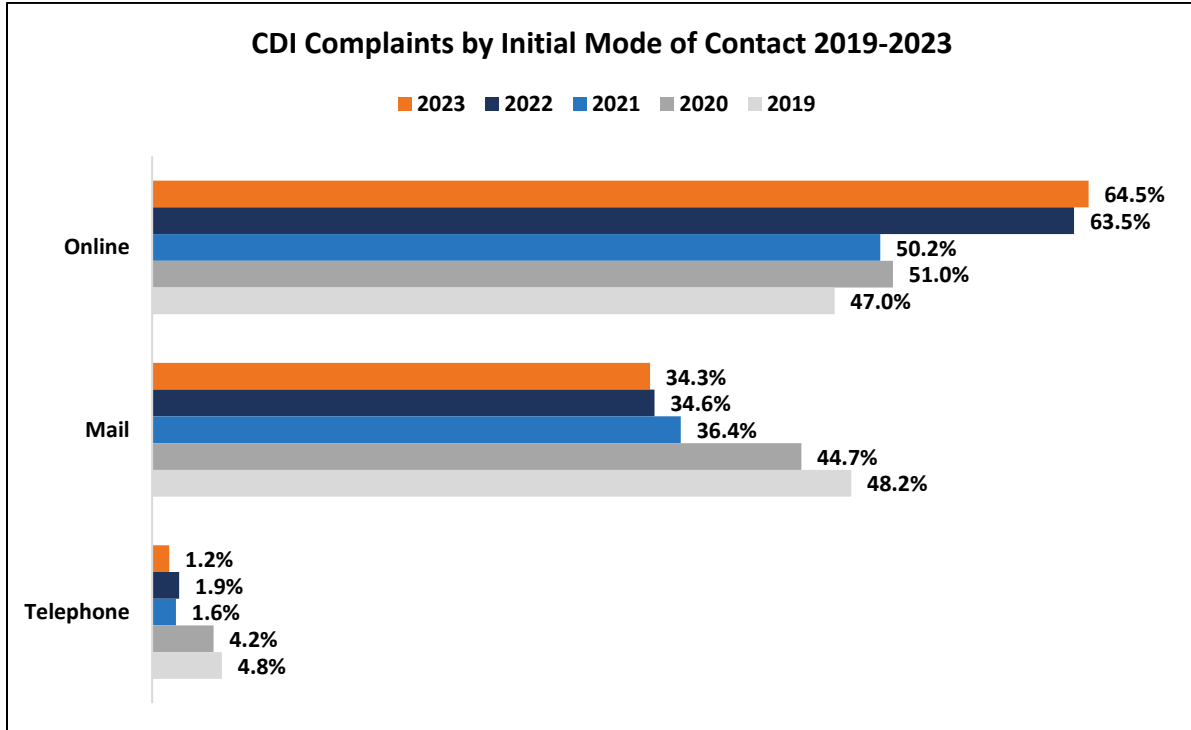
Note: The chart excludes counties with a population under 70,000 and/or fewer than 11 complaints in 2023.

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Initial Mode of Contact

The following chart displays CDI's annual complaint distributions by the initial mode of contact used by the consumer to file a complaint for 2019 through 2023.

Figure 6.17



Regulator

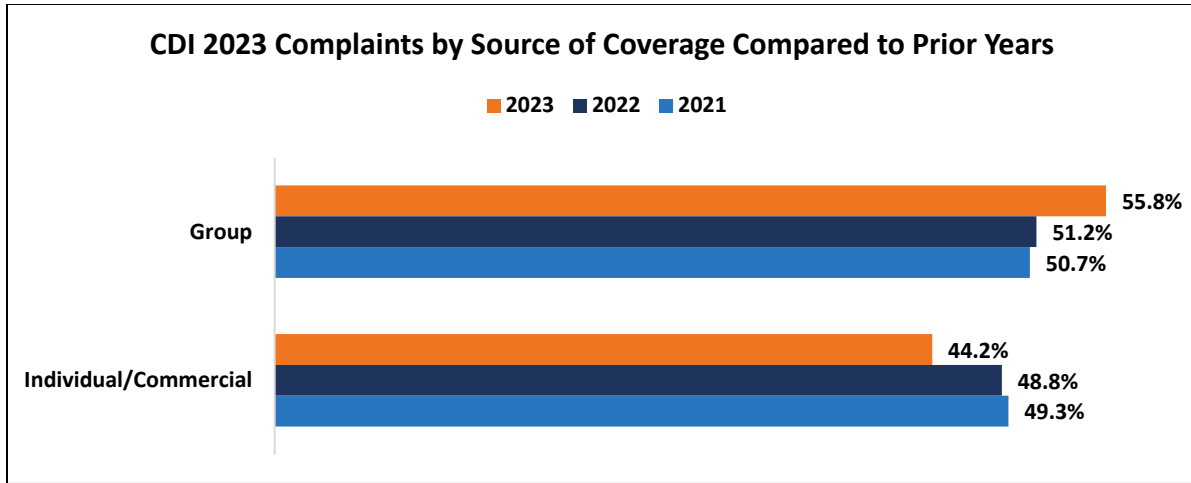
Like prior measurement years, CDI identified itself as the regulator for all submitted complaints for 2023.

Source of Coverage

The following chart shows CDI's 2023 complaints by Source of Coverage, along with the 2021 and 2022 data for the two reported categories (Group and Individual/Commercial).

Annual Health Care Complaint Data Report

Figure 6.18

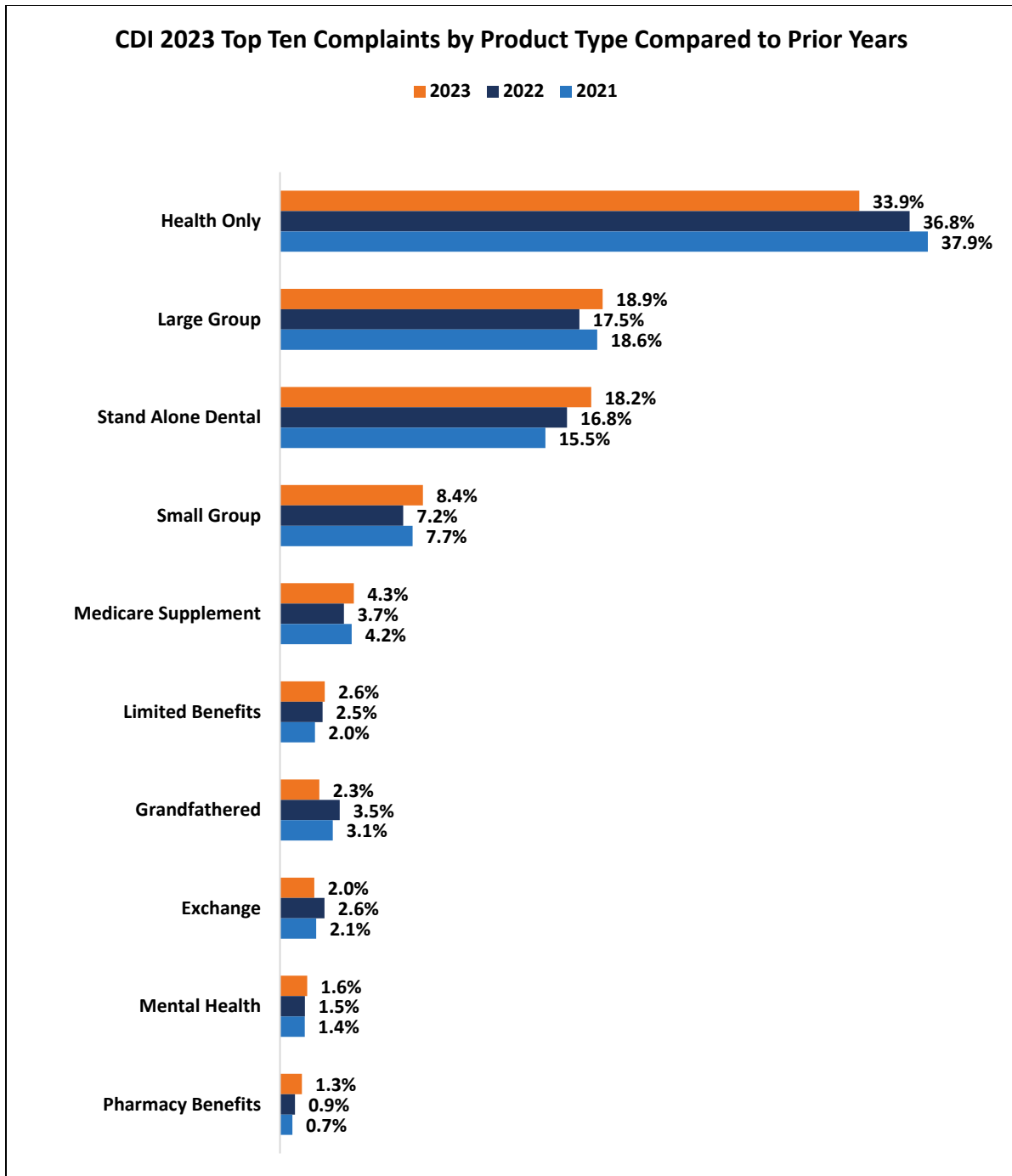


Product Type

The following chart displays the most common product types submitted for CDI's 2023 complaints, along with the 2021 and 2022 data for the same product type categories.

Annual Health Care Complaint Data Report

Figure 6.19



Note: The number of product types exceeded the number of complaints because some complaints had more than one product type identified. There were 5,396 product types submitted for the 3,478 complaints in 2023.

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D. Consumer Assistance Center Details

CDI's Consumer Services Division reported 26,414 requests for assistance in 2023, including 17,617 telephone calls as well as 6,709 online, 2,064 mail, and under 100 counter/in-person contacts.

Call Metrics

The table below outlines metrics for telephone calls received by CDI's Consumer Services Division in 2023.

Figure 6.20 CDI Consumer Services Division – 2023 Telephone Metrics

Yearly Metrics	Measurement
Number of abandoned calls (ended by callers prior to reaching a Customer Service Representative - CSR)	472
Number of calls resolved by the Interactive Voice Response/Phone system (caller's needs addressed without involving a CSR)	262
Number of jurisdictional inquiry calls	12,182
Number of non-jurisdictional calls	5,349
Average wait time to reach a CSR	0:32 (32 sec)
Average length of talk time (time between a CSR answering and completing a call)	5:09 (5 min 9 sec)*
Average number of CSRs available to answer calls (during Service Center hours)	Varies based on need**

*The data reflects only the initial contact and not time spent by CDI compliance officers to return phone calls to consumers after verifying jurisdiction.

**Secondary health officers may be added to the health queue depending on the volume of calls received.

Inquiry Topics and Referrals

The following table outlines CDI's most common topics for consumer inquiry referrals, as well as the organizations to which those inquiries were referred. These estimated rankings exclude the non-jurisdictional complaints represented in Figure 6.6.

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Figure 6.21 CDI Top Ten Topics for Non-Jurisdictional Inquiries

Ranking	Inquiry Topic	Organization(s) Referred To
1 (most common)	Claim Denial	Department of Managed Health Care (DMHC), U.S. Department of Labor (DOL), Centers for Medicare and Medicaid Services (CMS), Various out-of-state Departments of Insurance (DOIs)
2	Claim Delay	DMHC, DOL, CMS, Various DOIs
3	Unsatisfactory Settlement/Offer	DOL, CMS, Various DOIs
4	Co-Pay, Deductible, and Co-Insurance Issues	DMHC, DOL, Various DOIs
5	Out-of-Network Benefits	DMHC, DOL, CMS, Various DOIs
6	Medical Necessity Denial	DMHC, DOL, Various DOIs
7	Participating Provider Availability/Timely Access to Care	DMHC, DOL, Various DOIs
8	Cancellation	DOL, CMS, Various DOIs
9	Pharmacy Benefits	DOL, CMS, Various DOIs
10	Unsatisfactory Refund of Premium	DMHC and Various DOIs

Consumer Assistance Protocols and Systems

CDI did not report any changes to its consumer assistance service center protocols or systems for 2023.

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Section 7 – Covered California

A. Overview

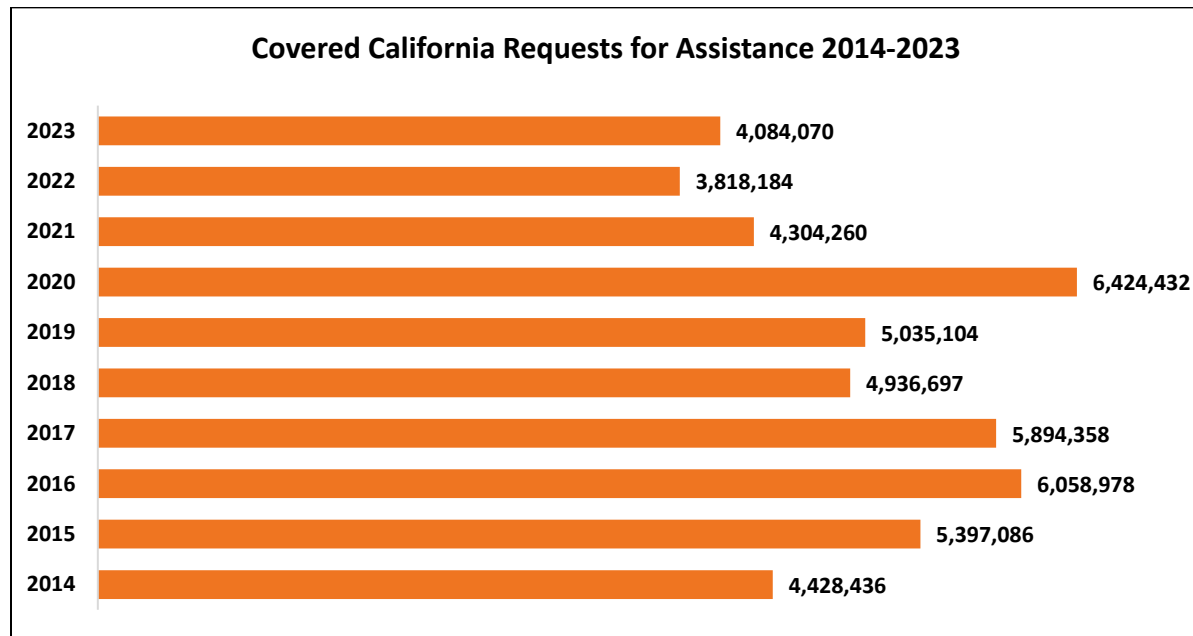
The California Health Benefit Exchange (Covered California) provides a state-based marketplace for consumers to buy health insurance and qualify for financial assistance to help pay their insurance costs. This report addresses information submitted by Covered California regarding:

- Covered California complaints that were adjudicated by the California Department of Social Services (CDSS) through the State Fair Hearing process with a decision from an Administrative Law Judge.
- Complaints filed as State Fair Hearings requests that were resolved informally by Covered California without completing the hearing process.
- Consumer assistance provided by the Covered California Service Center to help Californians understand their health care coverage options and apply for coverage and associated financial assistance.

Covered California reported 4,084,070 requests for assistance from consumers in 2023, including 5,075 complaints and 4,078,995 inquiries.

The following figure displays Covered California’s annual requests for assistance volumes from 2014 through 2023.

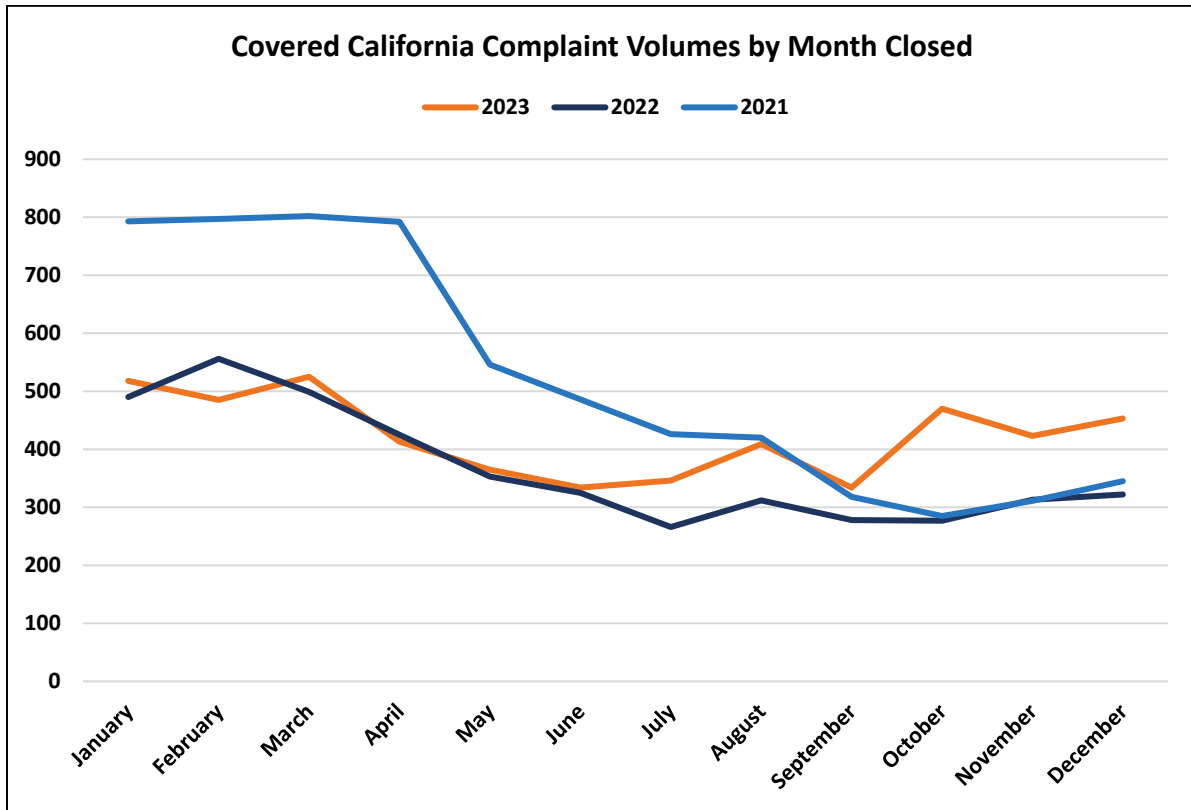
Figure 7.1



Annual Health Care Complaint Data Report

The following chart shows Covered California’s complaint volumes by month closed for the 5,075 complaints in 2023, as well as the 6,321 complaints in 2021 and the 4,416 complaints in 2022.

Figure 7.2



The table below outlines the complaint types reported by Covered California. The complaint type typically indicates the process used to review the complaint.

- Most of Covered California’s 2023 complaints were resolved using the informal resolution process (85.0% of the 5,075 complaints).

Annual Health Care Complaint Data Report

Figure 7.3 Covered California Complaint Types Overview

Complaint Type	Primary Unit(s) Responsible	Time Standard	Average Resolution Time in 2023
State Fair Hearing	<p>CDSS State Hearings Division: Conducts hearings on eligibility appeals. Administrative Law Judges make decisions.</p> <p>Covered California: Participates in the hearing with the Administrative Law Judge.</p> <p>Expedited status may be granted for certain appeals involving urgent health issues.</p>	90 days from the date the hearing request was filed	64 days
State Fair Hearing: Informal Resolution	<p>CDSS State Hearings Division: Reviews hearing requests and refers some complaints to Covered California instead of conducting a hearing with an Administrative Law Judge.</p> <p>Covered California: Reviews and resolves referred cases. Appeals that Covered California cannot informally resolve in accordance with regulations are heard before an Administrative Law Judge as a formal State Fair Hearing.</p>	45 days from the date the appeal was filed	20 days

Note: The State Fair Hearing time standard is from All County Letter 14-14 issued by CDSS in February 2014. The Covered California staff address Service Center complaints that are not State Fair Hearing appeals, and escalate issues to internal supervisors, subject matter experts, and customer resolution teams as needed. Covered California’s External Coordination Unit addresses certain cases escalated by the Service Center that involve consumers with urgent access to care issues.

B. Complaint Ratios, Reasons, and Results

Covered California reported 5,075 complaints closed in 2023, including 760 adjudicated State Fair Hearings and 4,315 State Fair Hearings requests resolved informally.

Health Plan Complaint Ratios

See Section 4.C. for information about the Covered California health plan complaints resolved by the Department of Managed Health Care (DMHC).

- Covered California health plan complaints are addressed through health plan grievance and insurance regulator complaint review processes rather than through a State Fair Hearing.
- DMHC regulates most of the health plans sold on the Covered California marketplace.

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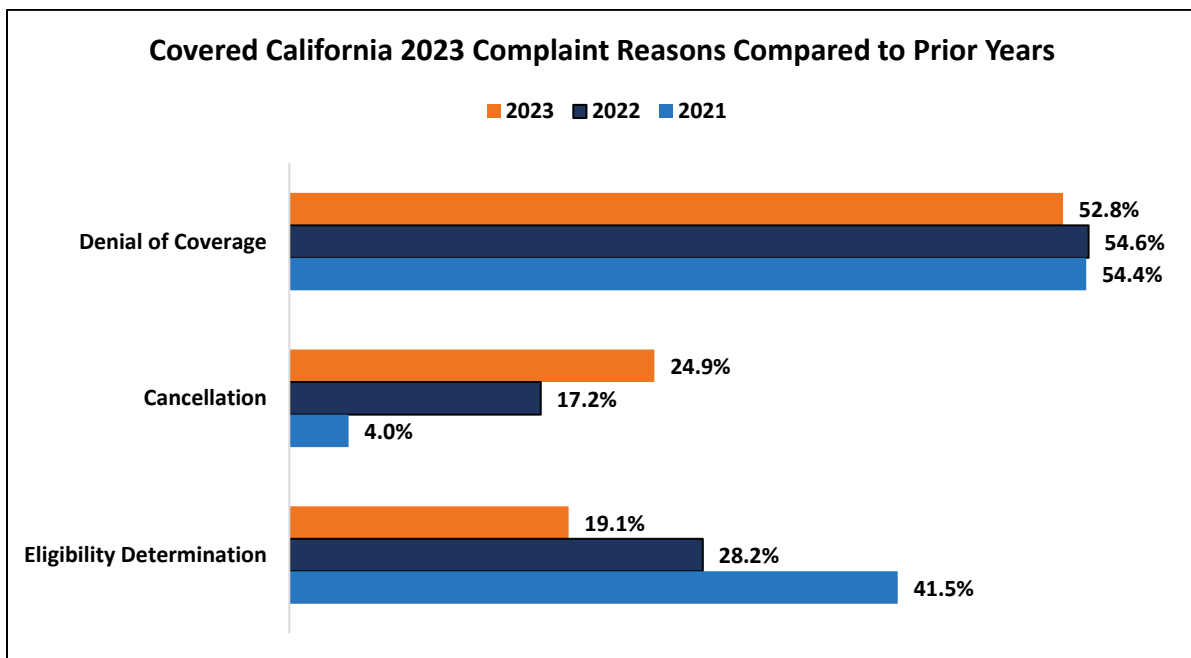
Complaint Reasons

The following chart shows Covered California’s 2023 complaint reasons distribution, as well as the 2021 and 2022 data for the same reason categories.

From 2022 to 2023, volumes of:

- Denial of Coverage complaints increased by 11 percent.
- Cancellation complaints increased by 67 percent.
- Eligibility Determination complaints decreased by 22 percent.

Figure 7.4



Note: The display excludes a reason category with low volumes.

Covered California noted that increased outreach from a new Special Projects Unit about duplicate enrollment issues contributed in part to the ongoing increase in Cancellation complaints since 2021.

Covered California also indicated that the decrease in Eligibility Determination complaints was associated with fewer dual agency appeals about county eligibility redeterminations prior to the end of the Medi-Cal COVID-19 Public Health Emergency requirement for continuous coverage. Related appeals filings increased in late 2023 and are likely to be more fully reflected in the future report about Eligibility Determination complaints closed in 2024.

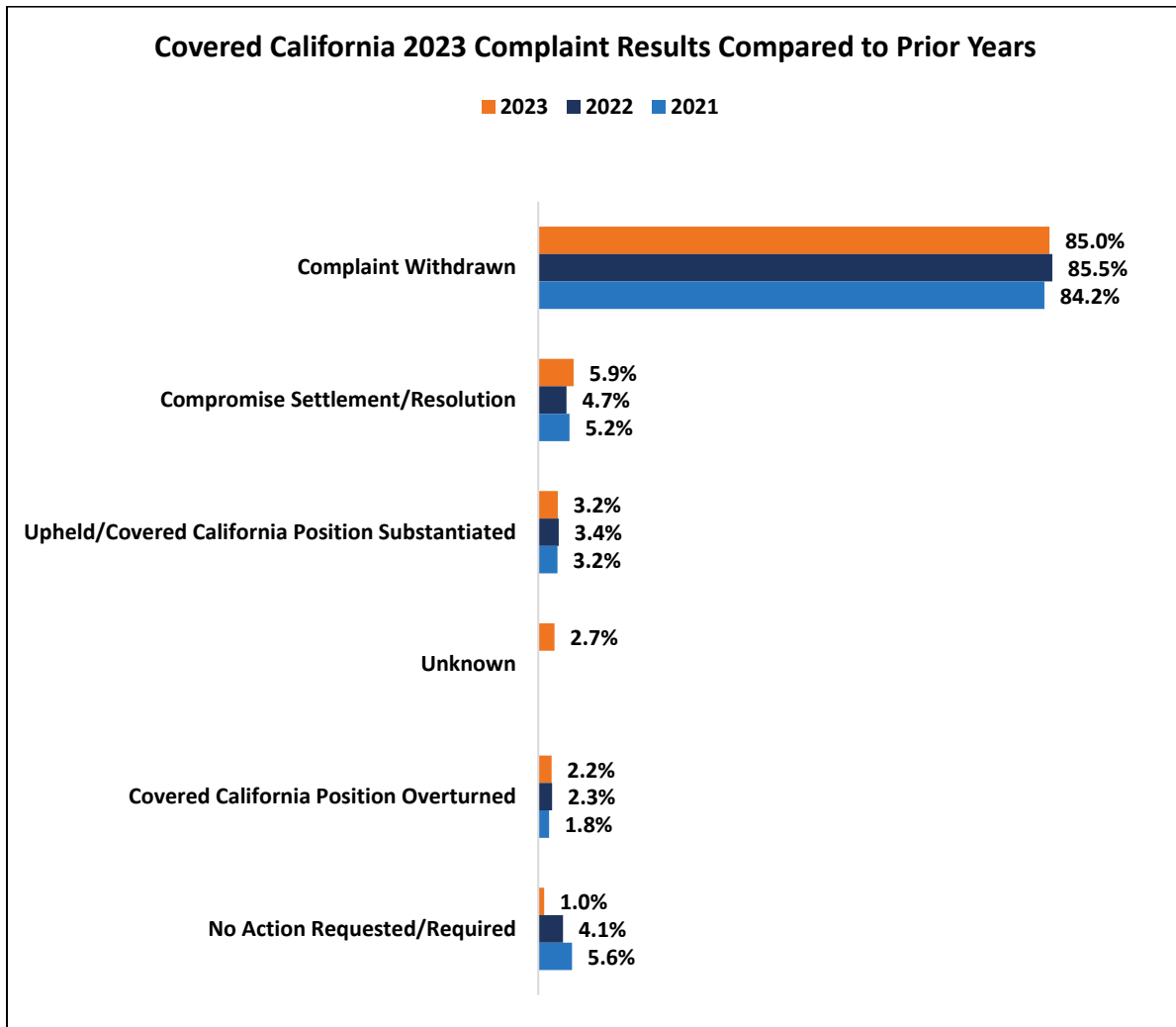
Annual Health Care Complaint Data Report

Complaint Results

The following chart displays the results for all 5,075 complaints closed in 2023, as well as the 2021 and 2022 data for the same results categories.

- Covered California noted that the Complaint Withdrawn result represents cases closed where the complainant's issue was resolved informally prior to completion of a State Fair Hearing (all complaints submitted as the State Fair Hearing: Informal Resolution complaint type).

Figure 7.5

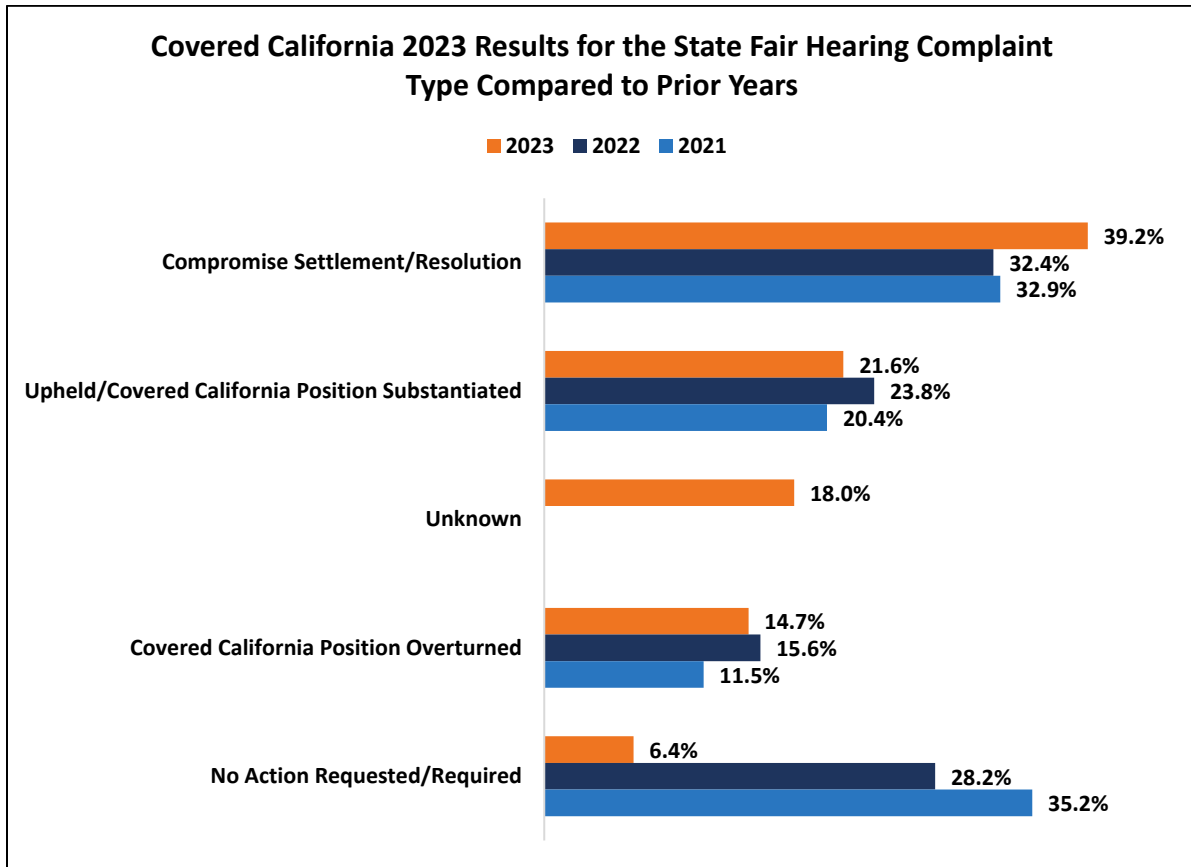


Note: Results categories considered as favorable to the complainant include: Compromise Settlement/Resolution and Covered California Position Overturned. Results considered as favorable to Covered California include: Upheld/Covered California Position Substantiated. The favorability of the other categories 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.

Annual Health Care Complaint Data Report

The following chart displays the 2023 results distribution for the formal State Fair Hearing complaint type (which had a decision by an Administrative Law Judge), as well as the 2021 and 2022 data for the same results categories.

Figure 7.6

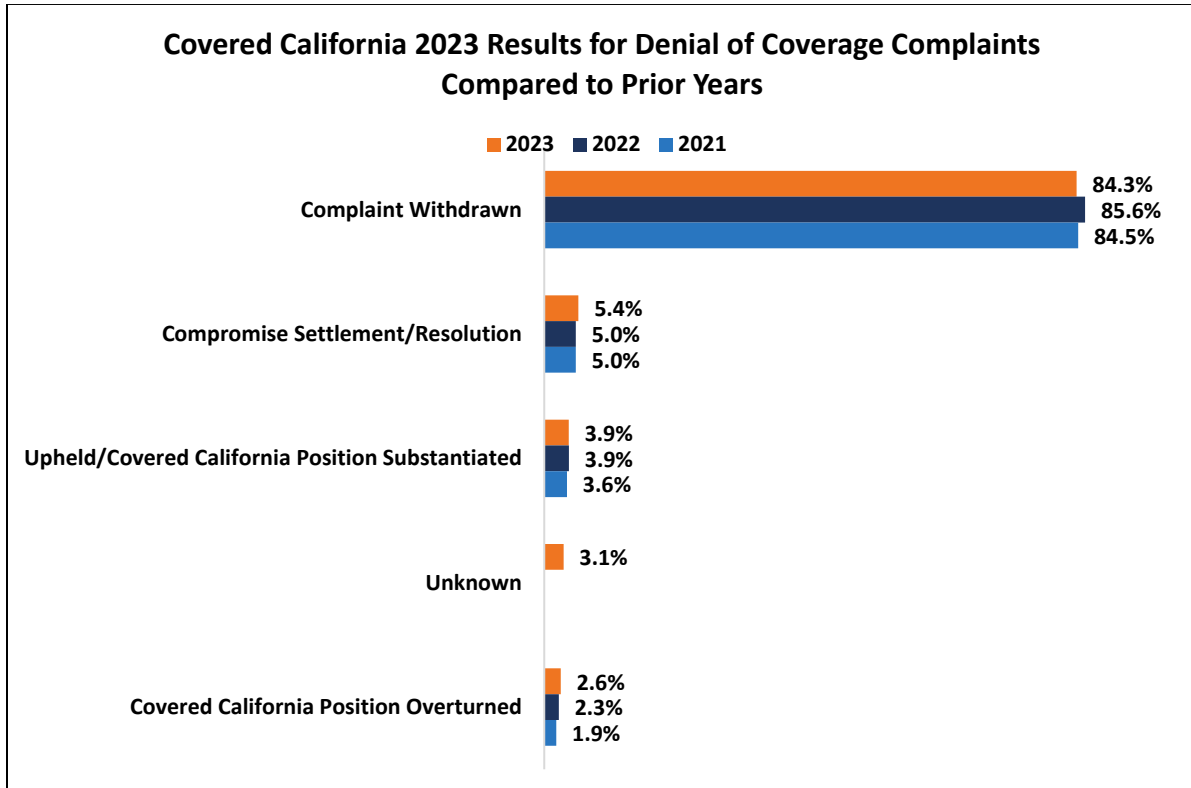


Note: The above display is only for adjudicated State Fair Hearings and excludes complaints submitted as the State Fair Hearing: Informal Resolution complaint type, which all had the Complaint Withdrawn result.

Figures 7.7-7.9 display the 2023 results for the most common complaint reasons reported by Covered California, as well as the 2021 and 2022 data for those same reason-to-result categories.

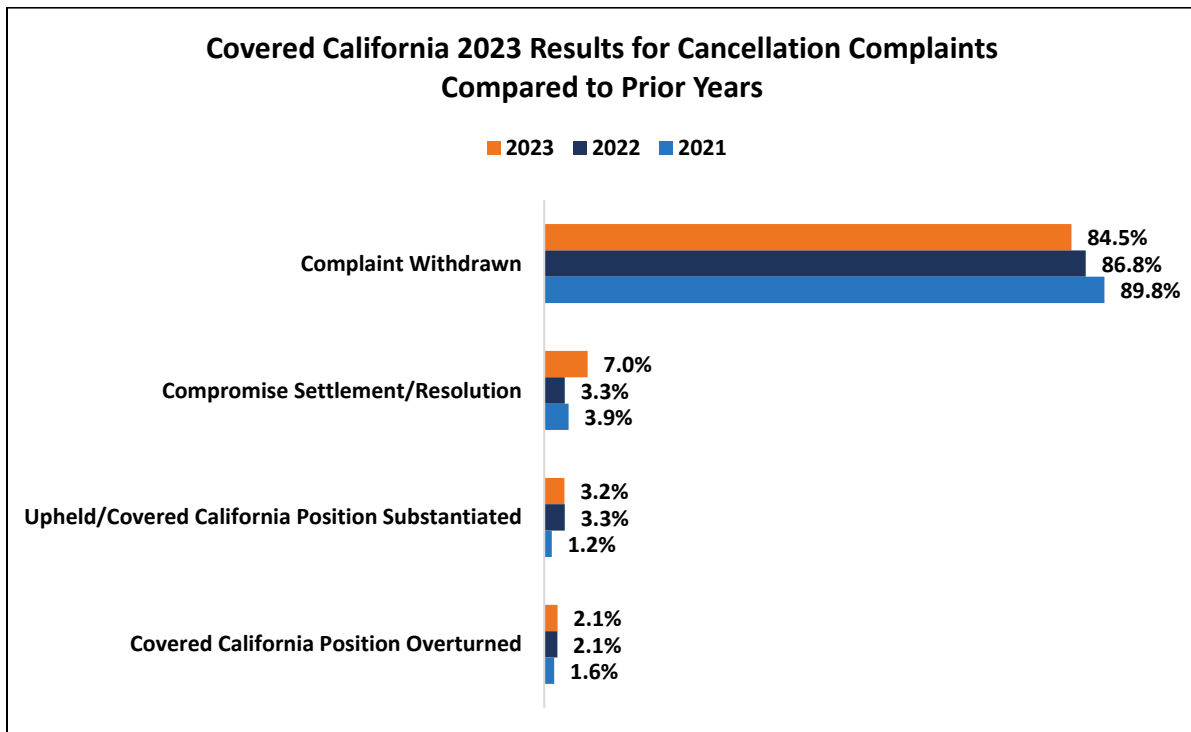
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Figure 7.7



Note: The display excludes results with low volumes in 2023.

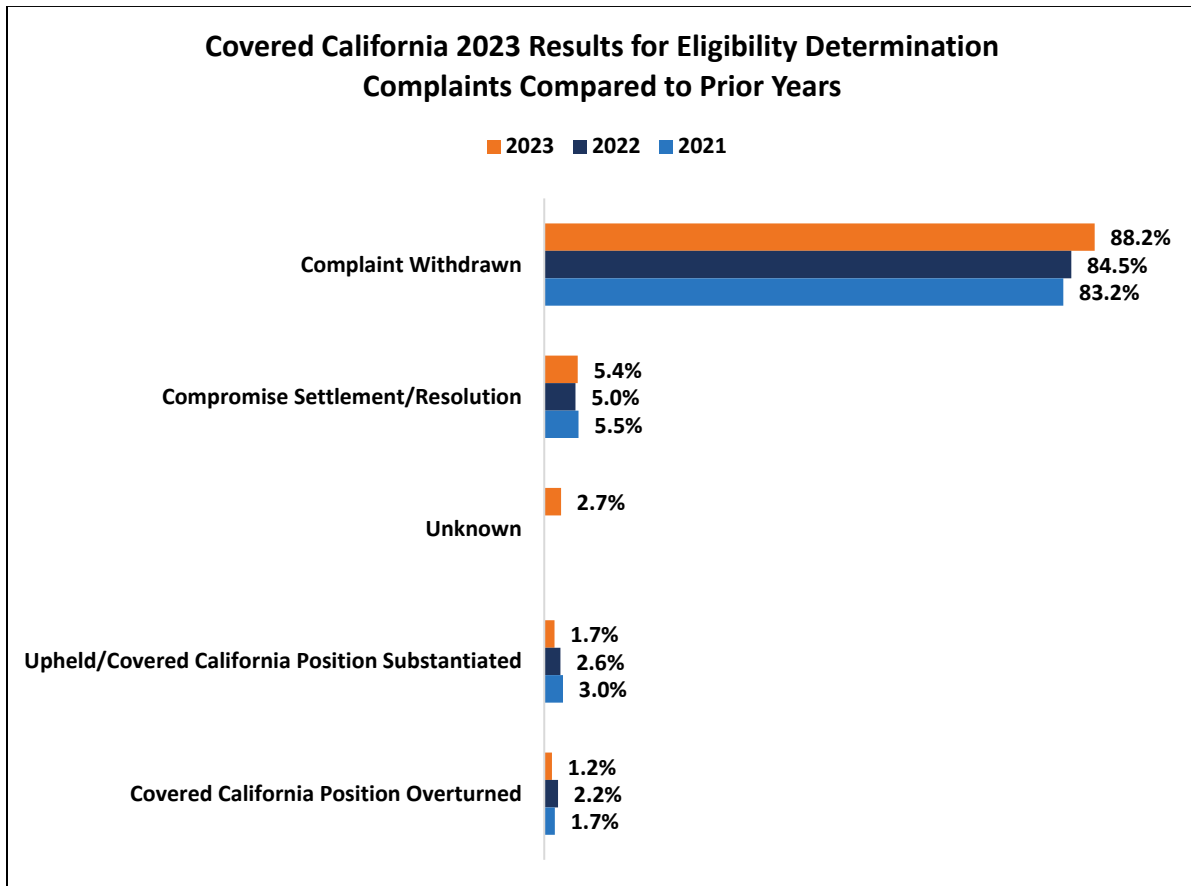
Figure 7.8



Note: The display excludes results with low volumes in 2023.

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Figure 7.9

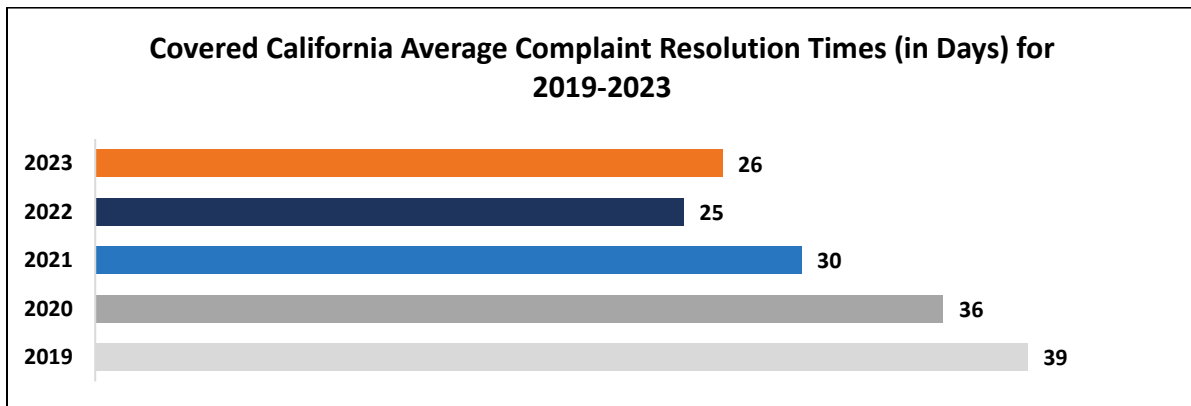


Note: The display excludes results with low volumes in 2023.

Resolution Time

The following chart displays the average number of days it took for Covered California's complaints to be resolved each year from 2019 through 2023.

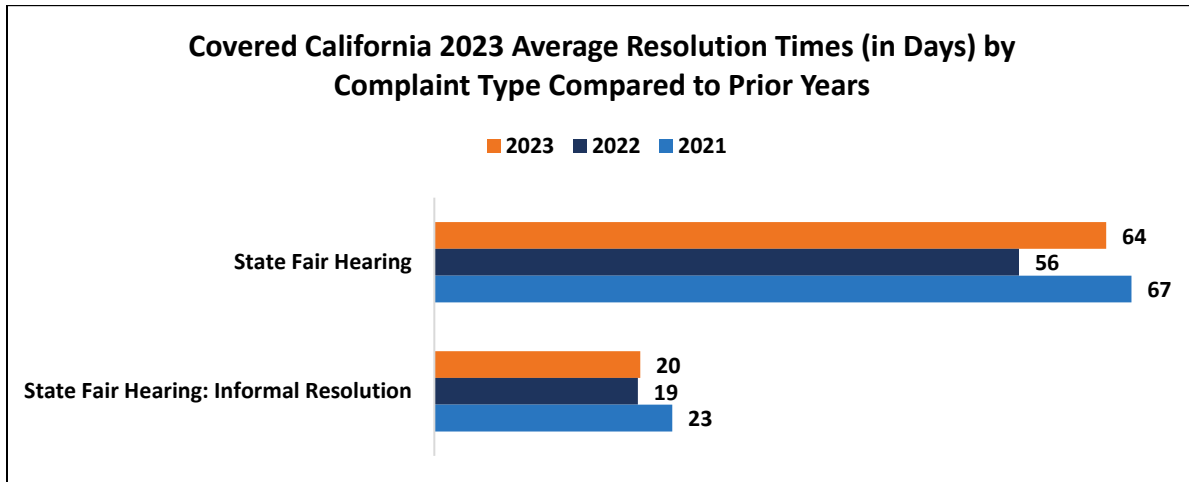
Figure 7.10



Annual Health Care Complaint Data Report

The following chart shows the 2023 average resolution times for Covered California’s two complaint types, along with the 2021 and 2022 data for those same types.

Figure 7.11



Covered California noted that the longer average resolution times in 2023 were associated with an increase in dual agency appeals that were filed in the last half of 2023. After the Medi-Cal continuous coverage requirement ended, beneficiaries who did not successfully complete eligibility redeterminations began losing Medi-Cal coverage in July 2023. Dual agency appeals that involve counties facing higher caseloads typically take longer to close.

C. Demographics and Other Complaint Characteristics

In 2023, Covered California reported fewer Unknowns for most demographic categories compared to the previous year. Covered California noted that improvements in data matching methodology have helped to provide more complete demographic information. Differences between measurement years showing increases in known demographic elements may be due in part to this reporting change rather than changes in complaint incidence.

Age

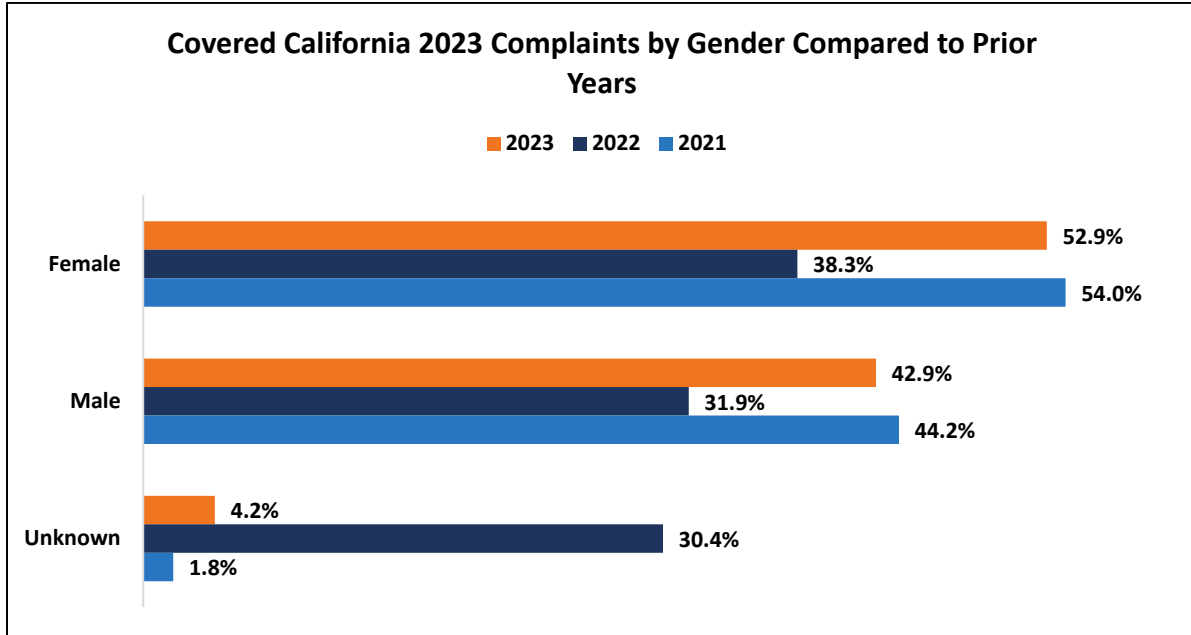
The 35-54 age group continued to have the highest volume of Covered California’s complaints (36.6% of the 5,075 complaints in 2023). Ages 18-34 accounted for nearly 27 percent (26.7%), followed next by Ages 55-64 (24.9%) and Ages 65-74 (8.8%). Under 18 and Ages 75 and Older accounted for less than one percent. Over two percent of the complaints did not have age identified.

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Gender

The following chart shows Covered California’s 2023 complaint distribution by gender, along with the 2021 and 2022 data.

Figure 7.12

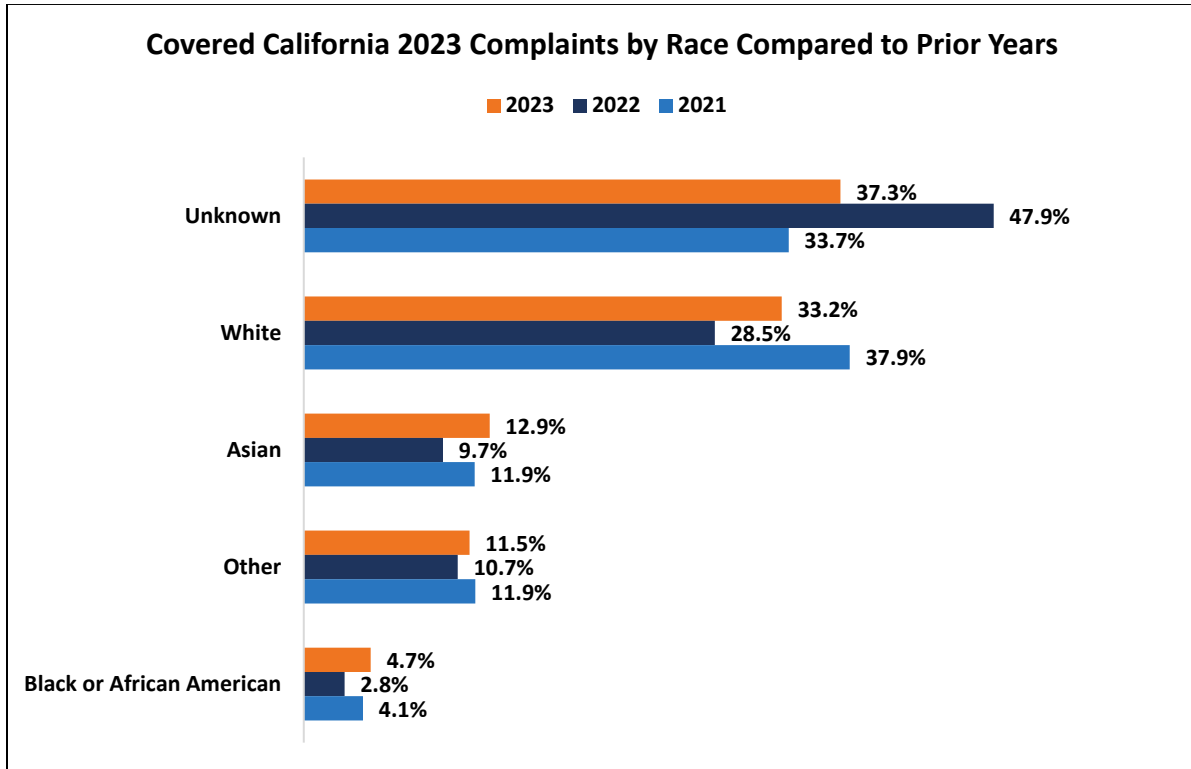


Race

The following chart shows Covered California’s 2023 complaints by the reported race of the complainant, as well as the 2021 and 2022 data.

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Figure 7.13

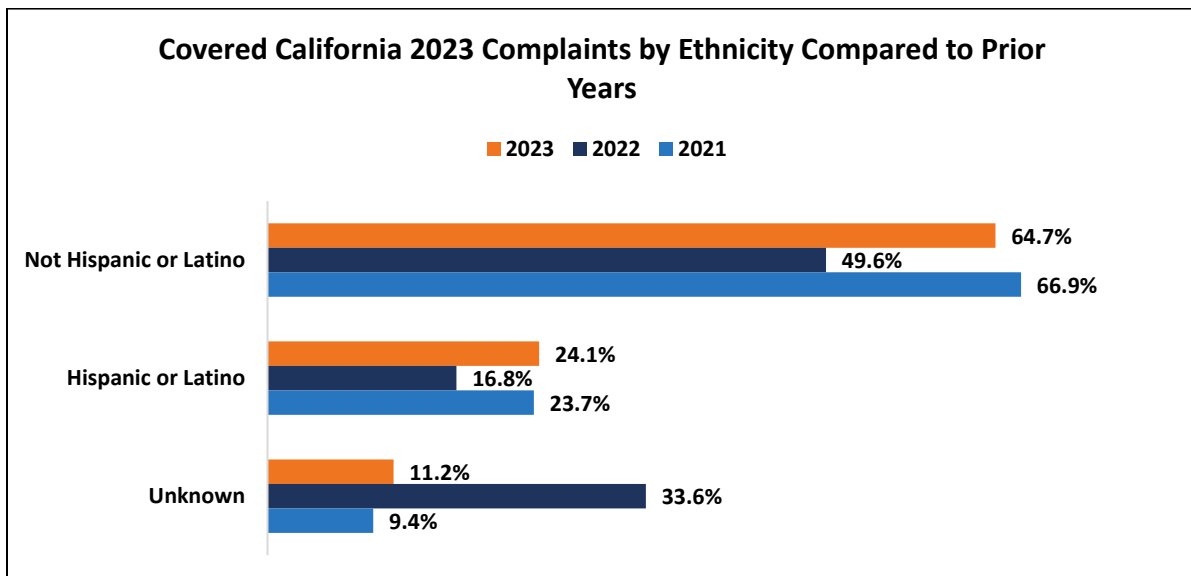


Note: The display excludes categories with low volumes in 2023.

Ethnicity

The following chart displays Covered California’s 2023 complaints by the submitted ethnicity of the complainant, as well as the 2021 and 2022 data.

Figure 7.14

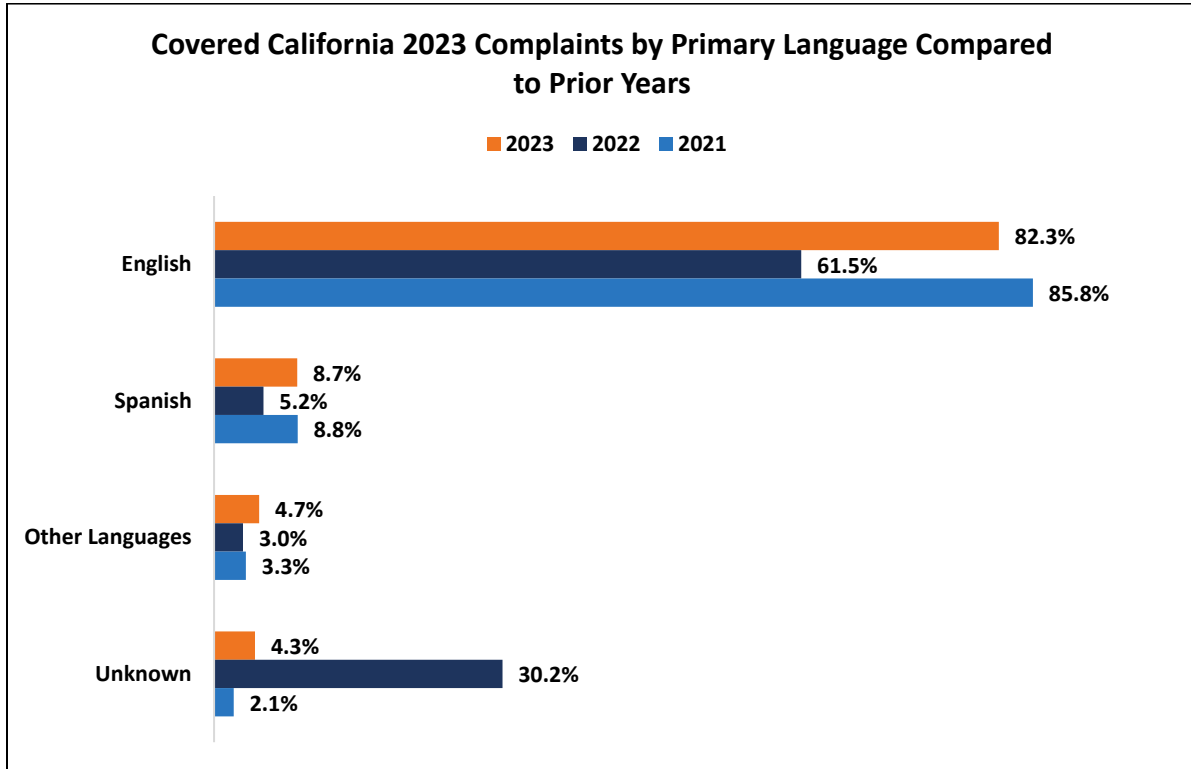


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Primary Language

The following chart shows Covered California’s 2023 complaints by the primary language of the complainant, as well as the 2021 and 2022 data for the same language categories.

Figure 7.15



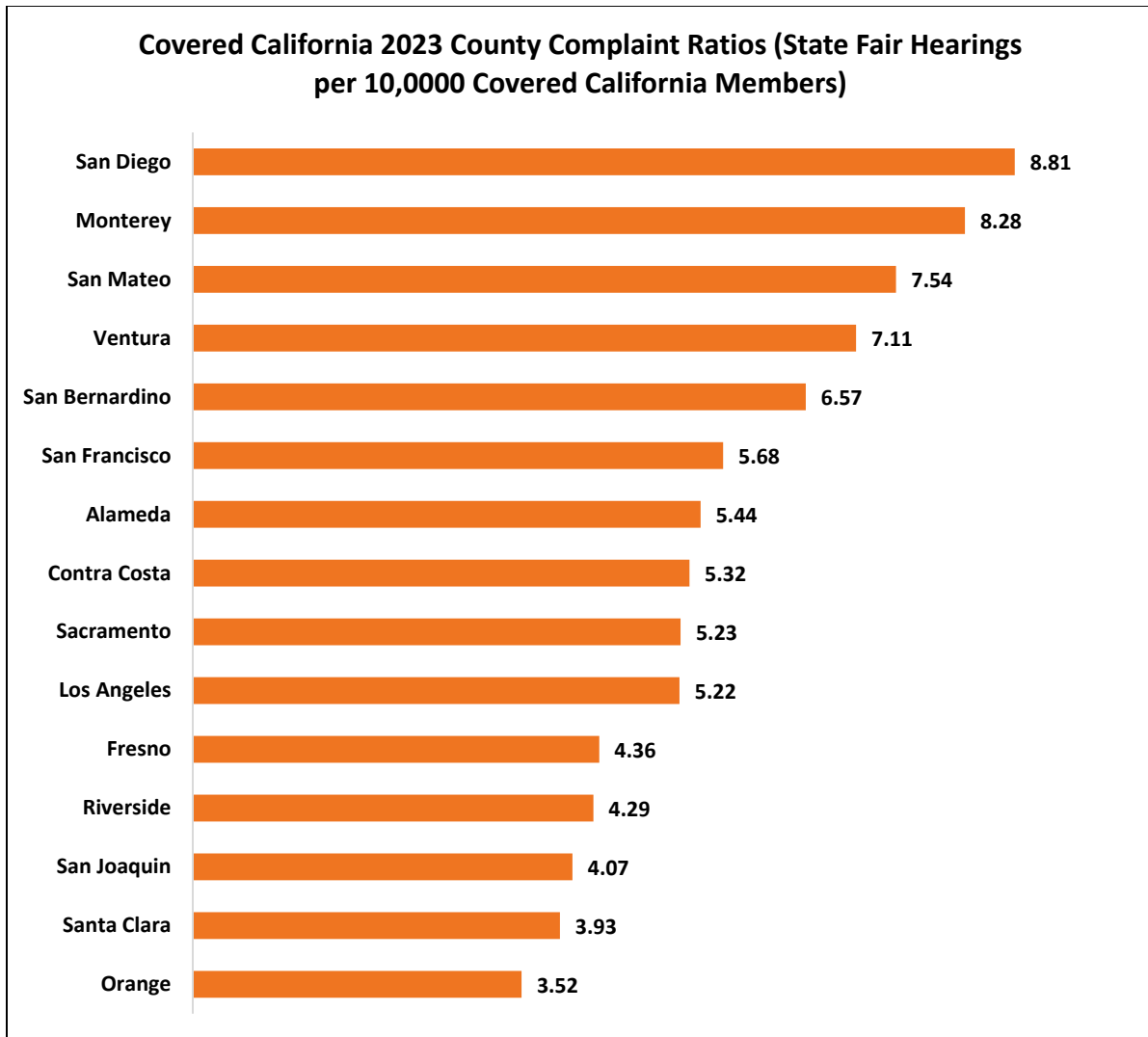
Note: Other Languages combines language categories with low reported volumes: Arabic, Armenian, Cambodian, Cantonese, Farsi, Hmong, Korean, Mandarin, Other, Russian, Tagalog, and Vietnamese.

County of Residence

The following chart displays ratios of Covered California’s formal State Fair Hearings per 10,000 county residents enrolled in a Covered California plan. The complaint volumes used for this calculation were based on the identified county of residence of the complainant and exclude volumes for the State Fair Hearing: Informal Resolution complaint type.

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Figure 7.16



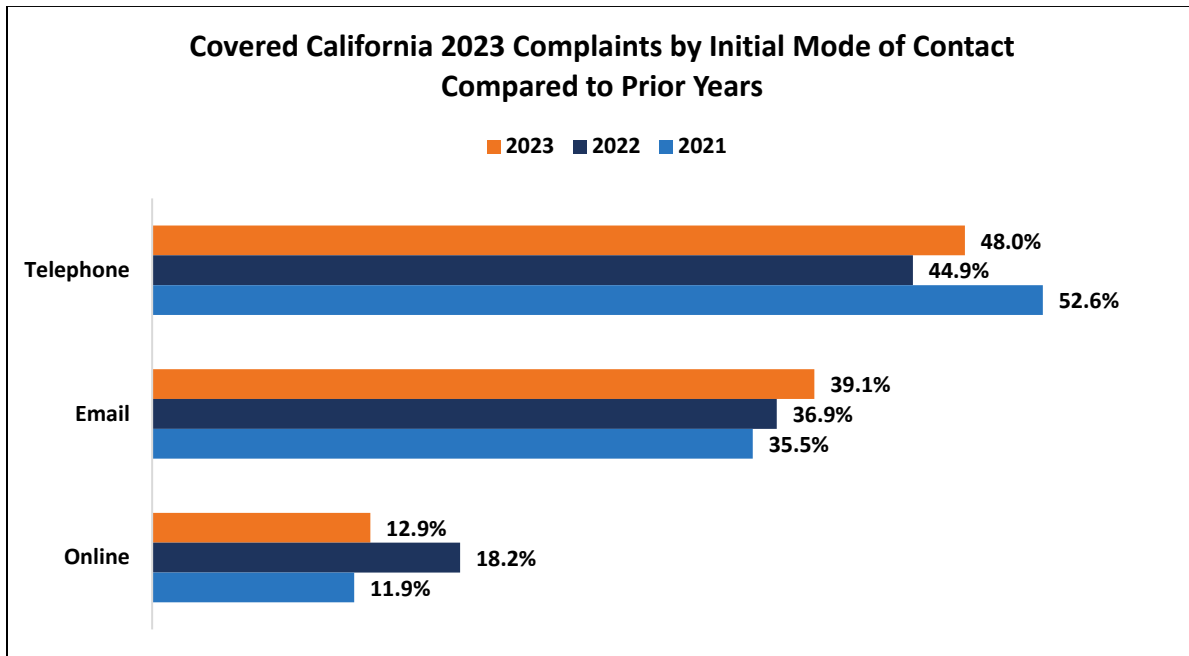
Note: The display excludes counties with fewer than 10,000 Covered California members and/or fewer than 11 State Fair Hearings in 2023. The ratios exclude complaint volumes for the State Fair Hearing: Informal Resolution complaint type.

Initial Mode of Contact

The following chart shows Covered California’s 2023 complaints by the mode of contact the consumer used to initiate the complaint, along with the 2021 and 2022 data for the same modes.

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Figure 7.17



Regulator

Covered California’s complaints do not address health plan issues and so do not have attributable plan regulator information. For 2023, Covered California noted that all of its members were enrolled in health plans regulated by DMHC.

Source of Coverage

Approximately 78 percent of the Covered California 2023 complaints were submitted with the source of coverage identified as Covered California/Exchange. Nearly 22 percent were Unknown.

Covered California noted that 59 percent of its 2023 complaints were dual agency appeals to address eligibility determinations involving both Medi-Cal and Covered California sources of coverage.

- Covered California’s application system is an entry point for consumers seeking low-cost health care coverage.
- Applicants are screened for eligibility for Modified Adjusted Gross Income (MAGI) Medi-Cal and Covered California’s financial assistance. Those who qualify for Medi-Cal cannot qualify for Covered California’s subsidized coverage.
- Covered California refers those determined to be eligible for Medi-Cal to local counties for the final eligibility determination and enrollment into Medi-Cal.

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Product Type

Covered California submits product types indicating the level of coverage selected by the Covered California member, ranging from the lowest level of Catastrophic to the highest metal tier of Platinum. As the metal tier increases, so does the percentage of medical expenses that is covered compared to what the plan member is expected to pay in co-pays and deductibles.

Most of Covered California's 2023 complaints had Silver identified as the product type (51.9% of the 5,075 complaints), followed by Bronze (14.7%), Gold (4.3%), Platinum (2.9%), and Catastrophic (under 1%). One quarter of the complaints did not have a product type identified (25.6% Unknown).

- The order corresponds to the popularity of the product types, with the highest number of Covered California members choosing Silver-level plans and the fewest members qualifying for and choosing Catastrophic (minimum coverage) plans.
- Covered California noted that, when comparing complaints and membership tier distribution, members who have selected higher actuarial value plans (higher metal tier) are slightly more likely to file complaints.

D. Consumer Assistance Center Details

Service Center Inquiry Volumes

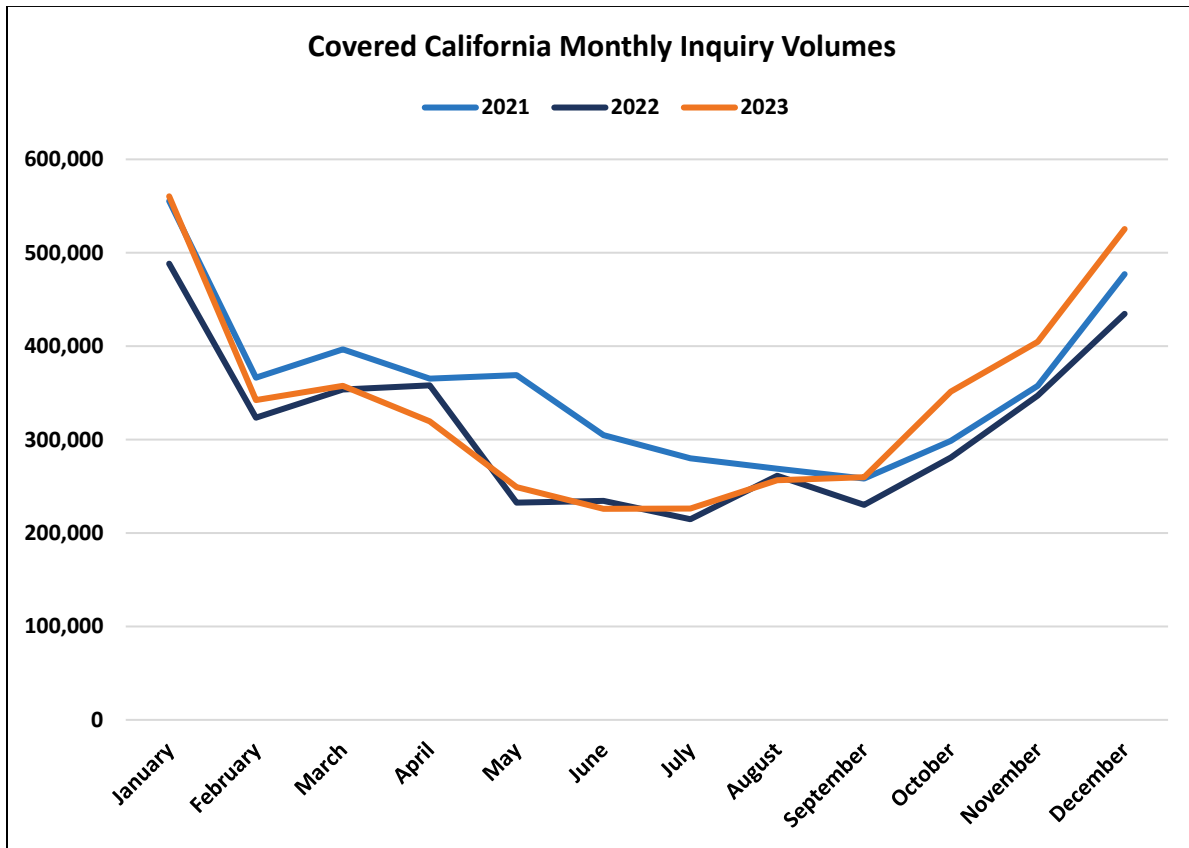
The Covered California Service Center received 4,078,995 consumer inquiries in 2023, including 3,534,157 telephone calls, 266,013 online chat contacts, and 278,825 chatbot sessions.

The following chart displays the Covered California Service Center's 2023 inquiry volumes by month, along with the 2021 and 2022 monthly volumes.

Covered California's inquiry volumes typically increase starting in late Fall during its annual open enrollment period, when its Service Center assists new applicants signing up for coverage and current members renewing coverage for the upcoming year.

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Figure 7.18



Call Metrics

The table below displays telephone metrics associated with the 3,534,157 inquiry calls made to the Covered California Service Center in 2023.

Figure 7.19 Covered California Service Center – 2023 Telephone Metrics

Yearly Metrics	Measurement
Number of abandoned calls (ended by callers prior to reaching a Customer Service Representative - CSR)	89,485
Number of calls resolved by the Interactive Voice Response/Phone system (caller's needs addressed without involving a CSR)	1,376,182
Number of jurisdictional inquiry calls	N/A
Number of non-jurisdictional calls	N/A
Average wait time to reach a CSR	02:12 (2 min 12 sec)
Average length of talk time (time between a CSR answering and completing a call)	20:22 (20 min 22 sec)
Average number of CSRs available to answer calls (during Service Center hours)	647

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Inquiry Topics and Referrals

The table below outlines Covered California’s most common inquiries to its Service Center in 2023 for both jurisdictional and non-jurisdictional topics. Most consumer contacts with the Service Center were jurisdictional inquiries that did not have to be referred to another organization.

Figure 7.20 Covered California Service Center Top Ten Topics for Inquiries

Ranking	Inquiry Topic	Volume
1 (most common)	Case Status Inquiry	211,649
2	Provided County Contact Information*	178,267
3	Enrollment	129,767
4	Inquiry about Covered California	104,082
5	Online Account Assistance Inquiry	86,302
6	Report a Change - Income Change	81,533
7	Renewal Assistance	75,427
8	Payment Inquiry	72,963
9	Enrollment Status	53,059
10	Reset Password	51,111

*Provided County Contact Information inquiries were referred to the Medi-Cal program. This was the only topic in the top ten that was referred externally.

Consumer Assistance Protocols and Systems

Covered California did not report any changes to its consumer assistance protocols or systems for 2023.

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Section 8 – Conclusion

This section highlights issues that were noteworthy for the tenth year of the Annual Health Care Complaint Data Report, which addressed complaints closed in 2023 and other consumer assistance data from the Department of Managed Health Care (DMHC), Department of Health Care Services (DHCS), California Department of Insurance (CDI), and California Health Benefit Exchange (Covered California).

Consumer inquiries increased from 2022 to 2023 at all seven state consumer assistance centers included in the prior report. These increases ranged from under 1% for the DHCS Office of the Ombudsman to 60.8% for the Medi-Cal Rx Customer Service Center. Three of the four reporting entities also reported increased volumes of complaints over the same period.

Volume of Complaints

DMHC, DHCS, CDI, and Covered California collectively reported 34,911 complaints closed in 2023.

- DMHC’s complaint volume increased for the third straight year, and increasing by approximately 11 percent from 17,200 complaints in 2022 to 19,098 in 2023.
- After six successive years of decreases, the DHCS complaint volume increased by 72 percent from 2022 to 2023. The 7,260 complaints represent the highest volume DHCS has submitted for this report (since 2014).
 - DHCS noted that the complaint increase in 2023 was associated with a combination of factors, including increased Medi-Cal enrollment, the expansion of services under California Advancing and Innovating Medi-Cal (CalAIM), and the restart of eligibility redeterminations with the end of COVID-19 Public Health Emergency.
- CDI’s jurisdictional complaint volume decreased by six percent from 3,704 complaints in 2022 to 3,478 in 2023. CDI addressed more non-jurisdictional complaints in 2023 compared to the prior year (41 percent increase to 5,381 non-jurisdictional complaints in 2023).
- Covered California’s complaint volume increased by 15 percent from 4,416 complaints in 2022 to 5,075 in 2023.

Complaint Reasons

The most common complaint reason in 2023 was Denial of Coverage (11.2% of statewide complaints).

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- Denial of Coverage was the most common complaint for Covered California (52.8% of Covered California complaints) and fourth most common for DMHC (8.4% of DMHC complaints).
- DMHC's top complaint was Co-Pay, Deductible, and Co-Insurance Issues (17.1%).
- DHCS's top complaint was Scope of Benefits (48.0%), which is a reason primarily associated with its dental delivery system.
 - DHCS noted that the Scope of Benefits complaints volume increased in 2023 due to an increase in eligible Medi-Cal Fee-for-Service members as well as members resuming dental services after a lag in using the benefit during the COVID-19 Public Health Emergency.
- CDI's top complaint continued to be Claim Denial (28.5%).

Complaint Results and Resolution Times

The most common complaint result in 2023 was Upheld/Health Plan Position Substantiated (25.0% of the statewide). This result was DMHC's top result (26.2%), CDI's top result (23.1%), DHCS's second most common (36.6% of the DHCS), and Covered California's third most common (3.2%). Complaint Withdrawn was the DHCS top result (45.1%) and the Covered California top result (85.0%).

The 2023 complaint resolution times:

- Statewide – 37 days on average (5 day increase from 2022)
- DHCS – 60 days on average (19 day increase from 2022)
 - DHCS indicated that the higher average resolution time in 2023 was associated with:
 - The increased volume of State Fair Hearings due to CalAIM transitions and the resumption of Medi-Cal eligibility redeterminations.
 - New reporting of dental cases involving reimbursement issues associated with the Conlan v. Shewry court order, under which Medi-Cal may be able to reimburse members for covered medical or dental expenses paid during specific times before their application for Medi-Cal. (DHCS also noted that these State Fair Hearings often take more time and steps to resolve.)
- CDI – 41 days on average (1 day increase from 2022)
- DMHC – 30 days on average (1 day decrease from 2022)
- Covered California – 26 days on average (1 day increase from 2022)

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- The average duration for Covered California’s hearings with informal resolutions increased by one day from 2022 to 2023, but the average duration for formal State Fair Hearings increased by eight days over the same period (from 56 days in 2022 to 64 days in 2023).
- Covered California noted that the longer average resolution times in 2023 were associated with an increase in dual agency appeals that were filed in the last half of 2023. After the Medi-Cal continuous coverage requirement ended, beneficiaries who did not successfully complete eligibility redeterminations began losing Medi-Cal coverage in July 2023. Dual agency appeals that involve counties facing higher caseloads typically take longer to close.

Data Limitations

CDII continues to urge caution in making comparisons between reporting entities and measurement years due to differences in coverage products, complaint systems, and reporting. The data from the four state entities only partially represent the various and differing levels of complaint outlets available to consumers. For example, Covered California reported a type of informal complaint resolved at the initial service center level not represented for the other coverage sources. Medicare, self-insured plans, and certain other coverage types are not fully represented in this report as they are not overseen by the state entities that submit data for this report. In addition, each reporting entity may use different methodologies and criteria for similar subjects addressed in their departmental reports.

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Prepared by the:

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