

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

Annual Health Care Complaint Data Report - Data Tables for Measurement Year 2023

The following tables provide underlying data for the figures that are displayed as charts in the *Annual Health Care Complaint Data Report to the Legislature for Measurement Year 2023* published by the Office of the Patient Advocate (OPA) program within the Center for Data Insights and Innovation (CDII).

The data represented was reported to OPA by the Department of Managed Health Care (DMHC), Department of Health Care Services (DHCS), California Department of Insurance (CDI), and Covered California regarding consumer health care complaints closed from January 1 – December 31, 2023. Some charts also include data from prior measurement years.

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

Section 3 – Statewide

Figure 3.2 Statewide Inquiry Volumes for 2014-2023

Measurement Year	DMHC	DHCS	CDI	Covered California	Statewide Total
2023	132,136	6,792,530	22,936	4,078,995	11,026,597
2022	120,595	2,023,966	20,235	3,813,768	5,978,564
2021	114,172	1,300,332	19,847	4,297,939	5,732,290
2020	114,349	1,242,683	24,853	6,413,353	7,795,238
2019	122,889	1,241,527	33,009	5,025,146	6,422,571
2018	130,933	1,464,691	34,124	4,923,937	6,553,685
2017	145,559	1,319,475	34,431	5,878,671	7,378,136
2016	163,598	1,346,453	40,226	6,038,580	7,588,857
2015	153,860	1,456,391	42,673	5,390,936	7,043,860
2014	95,766	1,372,468	32,907	4,424,070	5,925,211

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.

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

Figure 3.3 Statewide Complaint Volumes 2019-2023

Reporting Entity	2023	2022	2021	2020	2019
DMHC	19,098	17,200	16,025	15,884	15,915
DHCS	7,260	4,217	4,825	4,959	4,978
CDI	3,478	3,704	3,608	3,217	4,619
Covered California	5,075	4,416	6,321	11,079	9,958
Statewide Total	34,911	29,537	30,779	35,139	35,470

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

Figure 3.4 Statewide 2023 Top Five Complaint Reasons Compared to Prior Years

Complaint Reason	2023	2022	2021
Denial of Coverage	11.2%	11.7%	13.7%
Co-Pay, Deductible, and Co-Insurance Issues	11.1%	10.2%	8.1%
Medical Necessity Denial	10.3%	10.3%	12.0%
Scope of Benefits	7.9%	3.8%	4.3%
Delays/No Response	5.6%	6.1%	5.5%

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.

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

Complaint Result	2023	2022	2021
Upheld/Health Plan Position Substantiated	25.0%	31.2%	28.6%
Complaint Withdrawn	18.7%	15.4%	21.3%
Compromise Settlement/Resolution	14.6%	19.9%	17.4%
Advised Complainant	10.2%	10.4%	10.0%
Health Plan Position Overturned	5.9%	5.4%	6.0%

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.

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

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

Reporting Entity	2023	2022	2021	2020	2019
DMHC	30	31	26	24	21
DHCS	60	41	49	47	51
CDI	41	40	46	64	103
Covered California	26	25	30	36	39
Statewide Average	37	32	33	34	41

Figure 3.8 Statewide 2023 Jurisdictional Complaints by Primary Language Compared to Prior Years

Primary Language	2023	2022	2021	2020	2019
English	87.6%	82.2%	83.9%	83.4%	83.7%
Spanish	5.0%	4.2%	5.0%	5.2%	5.2%
Refused/Unknown	4.5%	11.5%	8.6%	8.0%	8.1%
Other Languages	2.9%	2.2%	2.5%	3.4%	3.0%

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

Section 4 – Department of Managed Health Care

Figure 4.1 DMHC Help Center Requests for Assistance Volumes 2014-2023

Measurement Year	Volume
2023	151,234
2022	137,795
2021	130,197
2020	130,233
2019	138,804
2018	147,674
2017	164,759
2016	189,482
2015	171,597
2014	109,760

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

Figure 4.2 DMHC Complaint Volumes by Month Closed

Month	2023	2022	2021
January	1,397	1,217	1,139
February	1,325	1,396	1,284
March	1,646	1,578	1,414
April	1,457	1,079	1,388
May	1,730	1,693	1,269
June	1,658	1,407	1,479
July	1,708	1,586	1,366
August	1,792	1,420	1,388
September	1,641	1,569	1,395
October	1,690	1,380	1,314
November	1,565	1,448	1,254
December	1,489	1,427	1,335

Figure 4.4 DMHC 2023 Top Ten Highest Health Plan Complaint Ratios (per 10,000 Members) Compared to Prior Years

Health Plan	2023	2022	2021
Health Net of California	21.58	16.81	14.54
Blue Shield of California	18.64	13.87	14.32
Anthem Blue Cross	17.13	13.86	14.16
UnitedHealthcare Benefits Plan of California	15.72	13.63	8.05
Cigna HealthCare of California, Inc.	15.18	13.80	9.17
Western Health Advantage	13.69	12.77	13.04
Sutter Health Plus	13.65	10.22	14.93
UnitedHealthcare of California	12.20	11.68	12.13
Sharp Health Plan	11.09	7.58	7.52
Aetna Health of California	10.61	9.00	7.05

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.

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

Figure 4.5 DMHC 2023 Top Ten Complaint Reasons Compared to Prior Years

Complaint Reason	2023	2022	2021
Co-Pay, Deductible, and Co-Insurance Issues	17.1%	14.8%	13.2%
Medical Necessity Denial	12.6%	11.5%	15.4%
Delays/No Response	8.9%	9.2%	9.3%
Denial of Coverage	8.4%	8.4%	8.1%
Out-of-Network Benefits	8.0%	7.1%	6.9%
Access to Care	6.8%	7.3%	4.6%
Quality of Care	5.6%	7.2%	7.3%
Misrepresentation	5.5%	4.8%	5.5%
Billing/Reimbursement Issue	3.6%	5.0%	4.6%
Provider Attitude and Service	3.1%	3.8%	3.4%

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.

Figure 4.6 DMHC 2023 Complaint Results Compared to Prior Years

Complaint Result	2023	2022	2021
Upheld/Health Plan Position Substantiated	26.2%	34.3%	34.6%
Compromise Settlement/Resolution	21.6%	28.4%	26.8%
Advised Complainant	16.0%	15.5%	16.6%
No Jurisdiction	9.3%	9.3%	8.3%
Sent to Company Quality Assurance	9.2%	Not Reported	Not Reported
Health Plan Position Overturned	5.2%	4.2%	5.8%
Information Furnished/Expanded	3.9%	Not Reported	Not Reported
Insufficient Information	3.1%	2.8%	2.4%
Consumer Received Requested Service	2.1%	1.6%	2.0%
Complaint Withdrawn	1.8%	2.5%	2.4%

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.

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

Figure 4.7 DMHC 2023 Results for Co-Pay, Deductible, and Co-Insurance Issues Complaints Compared to Prior Years

Complaint Result	2023	2022	2021
Compromise Settlement/Resolution	30.7%	34.0%	36.8%
Upheld/Health Plan Position Substantiated	29.7%	28.6%	27.5%
Advised Complainant	18.0%	19.8%	18.8%
No Jurisdiction	14.0%	14.2%	14.2%
Information Furnished/Expanded	5.5%	Not Reported	Not Reported

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.

Figure 4.8 DMHC 2023 Results for Medical Necessity Denial Complaints Compared to Prior Years

Complaint Result	2023	2022	2021
Health Plan Position Overturned	34.2%	30.4%	32.2%
Upheld/Health Plan Position Substantiated	16.3%	16.9%	18.7%
Consumer Received Requested Service	15.3%	13.3%	11.6%
Insufficient Information	12.0%	11.5%	10.1%
No Jurisdiction	9.8%	10.5%	9.2%
Advised Complainant	9.2%	13.2%	14.1%
Complaint Withdrawn	3.2%	4.1%	4.2%

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

Figure 4.9 DMHC 2023 Results for Delays/No Response Complaints Compared to Prior Years

Complaint Result	2023	2022	2021
Sent to Company Quality Assurance	25.5%	Not Reported	Not Reported
Compromise Settlement/Resolution	21.8%	39.5%	39.3%
Upheld/Health Plan Position Substantiated	19.5%	32.6%	38.9%
Advised Complainant	19.0%	17.1%	14.9%
No Jurisdiction	6.2%	6.5%	4.2%
Claim Settled	2.6%	1.8%	1.0%
Information Furnished/Expanded	2.1%	Not Reported	Not Reported

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.

Figure 4.10 DMHC Average Complaint Resolution Times (in Days) for 2019 - 2023

Measurement Year	Average Number of Days
2023	30
2022	31
2021	26
2020	24
2019	21

Figure 4.11 DMHC Average Resolution Times (in Days) by Complaint Type

Complaint Type	2023	2022	2021
Complaint/Standard Complaint	33	34	28
Independent Medical Review	25	22	23
Quick Resolution	4	5	4
Urgent Nurse Case	11	10	11

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.

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

Figure 4.12 DMHC 2023 Complaints by Age Compared to Prior Years

Age Group	2023	2022	2021
Age: <18	12.1%	11.8%	12.3%
Age: 18-34	18.9%	18.5%	19.3%
Age: 35-54	32.2%	33.0%	32.0%
Age: 55-64	23.1%	23.5%	24.7%
Age: 65-74	6.4%	6.6%	6.2%
Age: >74	2.5%	2.4%	2.2%
Unknown	4.8%	4.2%	3.3%

Figure 4.13 DMHC 2023 Complaints by Race/Ethnicity Compared to Prior Years

Race/Ethnicity	2023	2022	2021
Refused	40.3%	38.7%	35.7%
White	33.7%	33.9%	36.0%
Hispanic or Latino	10.4%	11.0%	11.9%
Asian	6.6%	6.4%	6.6%
Other Races	4.8%	5.2%	5.4%
Black or African American	4.3%	4.7%	4.3%

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

Figure 4.14 DMHC 2023 Complaints by Primary Language Compared to Prior Years

Primary Language	2023	2022	2021	2020	2019
English	95.0%	94.8%	94.0%	93.5%	94.3%
Spanish	3.1%	3.5%	3.8%	3.8%	3.4%
Other Languages	1.9%	1.7%	2.1%	2.8%	2.3%

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.

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

Figure 4.15 DMHC 2023 County Complaint Ratios (per 10,000 Residents)

Resident County	Complaints per 10,000 Residents
Marin	8.50
Nevada	7.29
Placer	6.64
San Francisco	6.36
Sacramento	6.15
El Dorado	6.10
Contra Costa	5.56
San Mateo	5.52
Los Angeles	5.42
Yolo	5.10
Alameda	5.06
San Luis Obispo	4.99
Ventura	4.78
Santa Cruz	4.72
San Diego	4.72
Orange	4.55
Humboldt	4.28
Santa Clara	4.28
Sonoma	3.97
Santa Barbara	3.97
Butte	3.74
San Joaquin	3.50
Riverside	3.36
Solano	3.36
Stanislaus	3.26
Imperial	3.23
Napa	3.18
San Bernardino	3.03
Mendocino	3.02
Kern	2.48
Fresno	2.32
Shasta	2.23

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

Resident County	Complaints per 10,000 Residents
Sutter	2.20
Madera	2.01
Tulare	1.92
Yuba	1.67
Monterey	1.53
Kings	1.51
Merced	1.22

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

Figure 4.16 DMHC 2023 Complaints by Initial Mode of Contact Compared to Prior Years

Communication Mode	2023	2022	2021
Online	62.8%	58.5%	58.2%
Mail	15.7%	19.7%	21.9%
Fax	12.6%	10.8%	10.5%
Email	5.9%	7.2%	6.6%
Telephone	2.9%	3.7%	2.8%

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

Figure 4.17 DMHC 2023 Complaints by Source of Coverage Compared to Prior Years

Coverage Source	2023	2022	2021
Group	51.1%	50.2%	50.5%
Medi-Cal	15.8%	16.6%	16.0%
Covered California/Exchange	13.1%	11.4%	12.2%
Individual/Commercial	12.3%	13.0%	12.8%
CalPERS	2.5%	3.2%	3.0%
Medicare	2.5%	2.5%	2.5%
Medi-Cal/Medicare	1.2%	1.4%	1.4%

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

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

Figure 4.18 DMHC 2023 Top Ten Highest Medi-Cal Plan Complaint Ratios (per 10,000 Members) Compared to Prior Years

Health Plan	2023	2022	2021
Kaiser Permanente	7.84	10.64	10.42
Blue Shield of California Promise Plan	4.32	4.88	3.96
California Health and Wellness Plan	3.59	1.96	2.86
L.A. Care Health Plan	3.54	4.24	3.16
Health Plan of San Mateo	3.51	2.23	3.09
Contra Costa Health Plan	3.17	2.82	1.74
Alameda Alliance for Health	3.09	2.32	2.14
Health Net	2.95	2.95	3.36
Anthem Blue Cross	2.06	2.16	3.31
Santa Clara Family Health Plan	1.96	2.42	3.52

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

Figure 4.19 DMHC 2023 Top Five Reasons for Medi-Cal Health Plan Complaints Compared to Prior Years

Complaint Reason	2023	2022	2021
Access to Care	13.5%	12.5%	8.3%
Delays/No Response	12.8%	12.4%	12.0%
Denial of Coverage	9.8%	9.3%	8.6%
Quality of Care	8.8%	10.7%	10.1%
Medical Necessity Denial	8.3%	8.9%	16.5%

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.

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

Figure 4.20 DMHC 2023 Covered California Health Plan Complaint Ratios (per 10,000 Members) Compared to Prior Years

Health Plan	2023	2022	2021
Blue Shield of California	28.82	18.32	19.09
Health Net of California	28.75	14.61	13.02
L.A. Care Health Plan	15.31	15.97	18.57
Kaiser Permanente	7.48	8.47	7.86
Anthem Blue Cross	6.78	6.31	9.11

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

Figure 4.21 DMHC 2023 Top Five Reasons for Covered California Health Plan Complaints Compared to Prior Years

Complaint Reason	2023	2022	2021
Co-Pay, Deductible, and Co-Insurance Issues	20.1%	17.1%	15.5%
Medical Necessity Denial	11.1%	9.1%	11.7%
Delays/No Response	8.4%	8.1%	10.3%
Misrepresentation	7.8%	6.4%	6.8%
Denial of Coverage	7.4%	8.7%	7.7%

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.

Figure 4.22 DMHC 2023 Complaints by Product Type Compared to Prior Years

Product Type	2023	2022	2021
HMO	57.5%	62.8%	61.3%
PPO	36.1%	30.5%	30.6%
EPO	3.4%	3.3%	3.5%
POS	1.4%	1.8%	2.8%
Unknown	0.8%	0.9%	1.1%
Other	0.8%	0.6%	0.7%

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).

Section 5 – Department of Health Care Services

Figure 5.1 DHCS Requests for Assistance Volumes 2014-2023

Measurement Year	Volume
2023	6,799,790
2022	2,028,183
2021	1,305,157
2020	1,247,642
2019	1,246,505
2018	1,470,325
2017	1,326,078
2016	1,353,223
2015	1,463,131
2014	1,377,057

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.

Figure 5.2 DHCS Complaint Volumes by Month Closed

Month	2023	2022	2021
January	419	324	297
February	537	341	350
March	585	436	449
April	524	369	424
May	703	326	401
June	803	374	512
July	619	330	536
August	779	402	436
September	489	382	317
October	657	378	409
November	656	329	387
December	489	226	307

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

Figure 5.4 DHCS 2023 Top Ten Highest Statewide Health Plan Complaint Ratios (per 10,000 Members) Compared to Prior Years

Health Plan	2023	2022	2021
Contra Costa Health Plan	2.33	1.66	0.90
Anthem Blue Cross	2.27	1.07	1.46
Health Plan of San Joaquin	1.97	2.37	1.08
Partnership Health Plan of California	1.85	1.79	1.59
Kaiser Permanente	1.74	1.11	1.24
California Health and Wellness Plan	1.68	1.26	0.84
Health Net	1.53	0.72	0.90
Alameda Alliance for Health	1.51	0.99	1.05
L.A. Care Health Plan	1.50	1.13	1.07
Blue Shield of California Promise Health Plan	1.49	1.63	1.93

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

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

Figure 5.5 DHCS 2023 Top Ten Highest County Health Plan Complaint Ratios (per 10,000 Members) Compared to Prior Years

Health Plan, County	2023	2022	2021
Anthem Blue Cross, Sacramento	3.16	1.16	2.39
Health Net Community Solutions, Sacramento	3.09	0.95	2.12
Anthem Blue Cross, Alameda	2.45	1.35	1.83
Contra Costa Health Plan, Contra Costa	2.21	1.57	0.90
Health Plan of San Joaquin, San Joaquin	2.09	2.51	1.31
Health Net Community Solutions, Stanislaus	1.77	0.62	0.64
Health Net Community Solutions, Kern	1.77	0.49	0.71
Partnership Health Plan of California, Shasta	1.65	2.50	2.02
Kaiser Permanente, Sacramento	1.63	1.08	1.20
Health Plan of San Joaquin, Stanislaus	1.60	2.15	0.70

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) plans shown are Anthem Blue Cross, Sacramento; Health Net Community Solutions, Sacramento; and Kaiser Permanente, Sacramento. Two-Plan model (including local initiative and commercial plans) plans shown are Anthem Blue Cross, Alameda; Contra Costa Health Plan, Contra Costa; Health Plan of San Joaquin, San Joaquin; Health Net Community Solutions, Stanislaus; Health Net Community Solutions, Kern; and Health Plan of San Joaquin, Stanislaus. The one County Organized Health System (COHS) plan shown is Partnership Health Plan of California, Shasta.

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

Figure 5.6 DHCS 2023 Top Ten Complaint Reasons Compared to Prior Years

Complaint Reason	2023	2022	2021
Scope of Benefits	48.0%	34.4%	34.4%
Dis/Enrollment	18.4%	9.7%	6.9%
Medical Necessity Denial	11.2%	21.1%	18.7%
Pharmacy Benefits	7.1%	9.8%	20.7%
Claim Denial	3.8%	6.6%	5.5%
Billing/Reimbursement Issue	3.0%	4.9%	4.2%
Denied Services	2.7%	4.8%	6.0%
Quality of Care	2.2%	4.1%	2.3%
Utilization Review	2.0%	2.2%	Not Reported
State Specific (Other)	0.7%	1.2%	Not Reported

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.

Figure 5.7 DHCS 2023 Top Five Reasons for Medi-Cal Managed Care Complaints Compared to Prior Years

Complaint Reason	2023	2022	2021
Dis/Enrollment	38.8%	17.4%	12.5%
Medical Necessity Denial	24.9%	27.7%	19.3%
Billing/Reimbursement Issue	10.4%	14.0%	15.2%
Quality of Care	7.9%	11.7%	8.5%
Denied Services	6.7%	9.1%	16.4%

Figure 5.8 DHCS 2023 Top Five Reasons for Medi-Cal Fee-for-Service Complaints Compared to Prior Years

Complaint Reason	2023	2022	2021
Dis/Enrollment	40.9%	17.3%	10.1%
Pharmacy Benefits	33.4%	36.6%	54.6%
Utilization Review	10.2%	9.7%	Not Reported
Claim Denial	5.6%	10.8%	8.3%
Medical Necessity Denial	4.2%	21.4%	25.8%

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

Figure 5.9 DHCS 2023 Complaint Results Compared to Prior Years

Complaint Result	2023	2022	2021
Complaint Withdrawn	45.1%	31.7%	41.1%
Upheld/Health Plan Position Substantiated	36.6%	49.2%	39.5%
No Action Requested/Required	9.4%	9.0%	12.8%
Health Plan Position Overturned	7.8%	8.7%	5.2%

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.

Figure 5.10 DHCS 2023 Results for Scope of Benefits Complaints Compared to Prior Years

Complaint Result	2023	2022	2021
Complaint Withdrawn	55.9%	22.5%	39.8%
Upheld/Health Plan Position Substantiated	23.9%	54.6%	37.5%
Health Plan Position Overturned	10.1%	15.4%	7.1%
No Action Requested/Required	9.4%	6.7%	14.8%

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

Figure 5.11 DHCS 2023 Results for Dis/Enrollment Complaints Compared to Prior Years

Complaint Result	2023	2022	2021
Upheld/Health Plan Position Substantiated	61.0%	42.8%	41.7%
Complaint Withdrawn	25.7%	49.9%	47.4%
Health Plan Position Overturned	8.3%	4.1%	6.9%
No Action Requested/Required	4.2%	2.7%	3.3%

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

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

Figure 5.12 DHCS 2023 Results for Medical Necessity Denial Complaints Compared to Prior Years

Complaint Result	2023	2022	2021
Upheld/Health Plan Position Substantiated	46.3%	50.6%	42.1%
Complaint Withdrawn	39.4%	34.3%	42.7%
No Action Requested/Required	7.7%	6.3%	7.9%
Health Plan Position Overturned	5.5%	7.0%	6.3%

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

Figure 5.13 DHCS Average Complaint Resolution Times (in Days) for 2019-2023

Measurement Year	Average Number of Days
2023	60
2022	41
2021	49
2020	47
2019	51

Figure 5.14 DHCS 2023 Complaint Distribution by Age Compared to Prior Years

Age Group	2023	2022	2021
Age: <18	10.8%	12.4%	11.6%
Age: 18-34	16.0%	16.1%	15.7%
Age: 35-54	24.4%	22.6%	20.5%
Age: 55-64	21.9%	17.7%	16.2%
Age: 65-74	12.5%	12.0%	8.3%
Age: >74	7.3%	5.1%	4.2%
Unknown	7.1%	14.1%	23.5%

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

Figure 5.15 DHCS 2023 Complaints by Race Compared to Prior Years

Race	2023	2022	2021
White	44.7%	38.7%	35.8%
Refused/Unknown	35.9%	39.9%	44.8%
Black or African American	11.7%	11.3%	10.4%
Asian	4.4%	5.1%	4.0%
Other	1.9%	4.2%	4.0%

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.

Figure 5.16 DHCS 2023 Complaints by Ethnicity Compared to Prior Years

Ethnicity	2023	2022	2021
Not Hispanic or Latino	46.6%	42.9%	39.2%
Refused/Unknown	28.4%	35.1%	42.3%
Hispanic or Latino	25.0%	22.0%	18.5%

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

Figure 5.17 DHCS 2023 Complaints by Primary Language Compared to Prior Years

Primary Language	2023	2022	2021
English	85.2%	73.5%	66.4%
Spanish	9.5%	8.7%	7.1%
Other Languages	4.5%	3.5%	2.9%
Refused/Unknown	0.7%	14.3%	23.7%

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.

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

Figure 5.18 DHCS 2023 County Complaint Ratios (per 10,000 County Medi-Cal Members)

County	Complaints per 10,000 Medi-Cal Members
Placer	12.03
San Luis Obispo	10.90
Butte	6.85
San Diego	5.61
Sacramento	5.53
Contra Costa	5.38
San Joaquin	5.06
Riverside	4.64
Kern	4.53
Stanislaus	4.38
Orange	4.31
Los Angeles	4.27
Santa Barbara	4.25
Sonoma	4.18
San Bernardino	3.83
Solano	3.75
Shasta	3.68
Alameda	3.60
San Francisco	3.57
Kings	3.06
Santa Cruz	3.00
Imperial	2.96
Fresno	2.88
Santa Clara	2.78
Ventura	2.56
Tulare	2.45
Merced	2.16
Madera	1.81
Monterey	1.18
San Mateo	1.14

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

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

Figure 5.19 DHCS 2023 Complaints by Initial Mode of Contact Compared to Prior Years

Communication Mode	2023	2022	2021
Telephone	50.1%	40.4%	32.6%
Unknown	35.0%	36.9%	30.2%
Mail	13.1%	21.5%	36.6%
Online	1.2%	1.1%	0.6%

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

Figure 5.20 DHCS 2023 Complaints by Product Type Compared to Prior Years

Product Type	2022	2021	2020
Dental	52.9%	43.2%	41.9%
Managed Care	26.4%	31.7%	25.6%
Fee-for-Service	19.4%	22.8%	29.6%

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

Figure 5.21 DHCS Office of the Ombudsman Inquiry Volumes 2014-2023

Measurement Year	Volume
2023	192,975
2022	191,257
2021	168,285
2020	186,013
2019	190,651
2018	199,709
2017	228,946
2016	290,289
2015	340,434
2014	147,352

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.

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

Figure 5.22 DHCS Medi-Cal Telephone Service Center Inquiry Volumes 2014-2023

Measurement Year	Volume
2023	665,858
2022	634,134
2021	621,714
2020	625,030
2019	588,496
2018	654,156
2017	575,819
2016	586,935
2015	541,982
2014	542,792

Figure 5.23 DHCS Medi-Cal Dental Telephone Service Center Inquiry Volumes 2014-2023

Measurement Year	Volume
2023	519,917
2022	463,285
2021	510,333
2020	431,640
2019	462,380
2018	610,826
2017	514,710
2016	461,492
2015	566,364
2014	676,837

Figure 5.24 DHCS Medi-Cal Rx Customer Service Center Inquiry Volumes 2022-2023

Measurement Year	Volume
2023	1,183,358
2022	735,695

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

Figure 5.25 DHCS Office of the Ombudsman Monthly Inquiry Volumes

Month	2023 Volume	2022 Volume	2021 Volume
January	17,950	18,005	14,090
February	17,667	16,069	13,167
March	18,346	16,651	15,589
April	14,986	15,680	14,153
May	15,782	15,128	12,210
June	14,858	14,986	13,598
July	14,563	14,638	14,125
August	16,986	18,060	14,603
September	15,816	16,028	14,260
October	16,052	15,302	14,412
November	15,435	15,499	13,887
December	14,534	15,211	14,191

Figure 5.26 DHCS Medi-Cal Telephone Service Center Monthly Inquiry Volumes

Month	2023 Volume	2022 Volume	2021 Volume
January	66,966	59,740	67,438
February	59,474	66,085	59,331
March	63,300	65,976	61,358
April	54,514	54,569	57,766
May	55,513	49,227	48,464
June	47,652	50,880	46,881
July	46,952	46,852	45,570
August	59,182	59,058	49,654
September	51,857	53,973	46,303
October	56,863	49,776	46,020
November	50,457	41,081	46,051
December	53,128	36,917	46,878

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

Figure 5.27 DHCS Medi-Cal Dental Telephone Service Center Monthly Inquiry Volumes

Month	2023 Volume	2022 Volume	2021 Volume
January	41,524	35,348	46,061
February	39,886	34,983	43,711
March	47,708	43,282	55,473
April	44,694	39,747	48,932
May	50,402	40,854	43,688
June	48,250	41,248	48,364
July	43,849	38,108	45,555
August	48,450	43,960	42,457
September	40,005	34,934	35,626
October	40,870	38,668	35,007
November	38,575	36,669	33,008
December	35,704	35,484	32,451

Figure 5.28 DHCS Medi-Cal Rx Customer Service Center Monthly Inquiry Volumes

Month	2023 Volume	2022 Volume
January	61,821	134,318
February	68,797	87,855
March	97,223	71,012
April	96,968	53,888
May	110,244	56,445
June	109,164	46,857
July	100,664	42,530
August	109,354	47,125
September	96,046	45,529
October	115,713	43,896
November	111,564	49,619
December	105,800	56,621

Note: MY 2021 data for comparison is not available since the Medi-Cal Rx Customer Service Center did not begin full operations until January 2022.

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

Figure 5.29 DHCS Health Care Options Monthly Inquiry Volumes

Month	2023 Volume
January	408,512
February	333,706
March	342,666
April	306,015
May	326,429
June	313,851
July	303,705
August	360,639
September	324,158
October	367,637
November	377,436
December	465,668

Section 6 – Department of Insurance

Figure 6.1 CDI Requests for Assistance Volumes 2014-2023

Measurement Year	Volume
2023	26,414
2022	23,939
2021	23,455
2020	28,070
2019	37,628
2018	38,494
2017	38,316
2016	43,097
2015	45,882
2014	36,986

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

Figure 6.2 CDI Jurisdictional Complaint Volumes by Month Closed

Month	2023	2022	2021
January	304	372	318
February	298	283	269
March	317	271	304
April	277	305	301
May	298	255	245
June	314	346	277
July	243	304	333
August	329	338	244
September	238	363	254
October	303	327	227
November	301	270	379
December	256	270	457

Figure 6.4 CDI 2023 Health Plan Complaint Ratios (per 10,000 Members) Compared to Prior Years

Health Plan	2023	2022	2021
Anthem Blue Cross Life and Health Insurance Company	14.85	27.53	24.53
Aetna Life Insurance Company	7.66	9.87	10.36
Cigna Health and Life Insurance Company	5.85	13.35	12.19
UnitedHealthcare Insurance Company	2.61	4.97	9.01

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

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

Figure 6.5 CDI 2023 Top Ten Complaint Reasons Compared to Prior Years

Complaint Reason	2023	2022	2021
Claim Denial	28.5%	30.5%	35.5%
Information Requested	9.1%	7.3%	5.4%
Unsatisfactory Settlement/Offer	6.1%	5.7%	7.6%
Claim Delay	5.8%	6.1%	6.9%
Medical Necessity Denial	5.7%	4.6%	4.7%
Out-of-Network Benefits	4.7%	5.6%	5.2%
Co-Pay, Deductible, and Co-Insurance Issues	4.5%	4.2%	3.3%
Pharmacy Benefits	2.9%	2.2%	1.6%
Unsatisfactory Refund of Premium	2.4%	2.6%	2.8%
Authorization Dispute	2.4%	3.2%	3.1%

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.

Figure 6.6 CDI 2023 Top Ten Non-Jurisdictional Complaint Reasons

Complaint Reason	2023
Claim Denial	24.7%
Claim Delay	8.9%
Out-of-Network Benefits	7.4%
Co-Pay, Deductible, and Co-Insurance Issues	7.1%
Unsatisfactory Settlement/Offer	6.7%
Pharmacy Benefits	4.6%
Emergency Services	4.0%
Authorization Dispute	3.3%
Participating Provider Availability/Timely Access to Care	2.9%
Medical Necessity Denial	2.7%

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.

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

Figure 6.7 CDI 2023 Complaint Results Compared to Prior Years

Complaint Result	2023	2022	2021
Upheld/Health Plan Position Substantiated	23.1%	23.4%	21.6%
Insufficient Information	22.2%	22.7%	29.3%
Information Furnished/Expanded	21.8%	21.7%	13.8%
Health Plan Position Overturned	12.9%	13.0%	15.4%
Claim Settled	9.3%	9.5%	9.9%
Question of Fact/Contract/Provision/Legal Issue	2.8%	1.7%	1.7%
No Action Requested/Required	2.6%	2.1%	2.5%
Referred to Other Division for Possible Disciplinary Action	2.2%	3.0%	2.2%
Complaint Withdrawn	1.6%	1.1%	1.0%
Compromise Settlement/Resolution	1.6%	1.8%	2.7%

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.

Figure 6.8 CDI 2023 Results for Claim Denial Complaints Compared to Prior Years

Complaint Result	2023	2022	2021
Insufficient Information	33.8%	35.8%	43.6%
Upheld/Health Plan Position Substantiated	26.7%	23.7%	22.9%
Claim Settled	13.6%	12.0%	11.7%
Health Plan Position Overturned	12.0%	14.0%	15.2%
Information Furnished/Expanded	5.3%	6.8%	2.0%
Question of Fact/Contract/Provision/Legal Issue	4.6%	2.9%	1.3%
Complaint Withdrawn	1.6%	1.4%	0.7%
Referred to Other Division for Possible Disciplinary Action	1.5%	2.7%	1.0%

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

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

Figure 6.9 CDI 2023 Results for Information Requested Complaints Compared to Prior Years

Complaint Result	2023	2022	2021
Information Furnished/Expanded	94.2%	94.2%	92.7%
No Action Requested/Required	5.1%	3.3%	5.0%

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

Figure 6.10 CDI 2023 Results for Unsatisfactory Settlement/Offer Complaints Compared to Prior Years

Complaint Result	2023	2022	2021
Upheld/Health Plan Position Substantiated	33.8%	37.4%	29.0%
Health Plan Position Overturned	19.8%	16.4%	25.8%
Insufficient Information	16.5%	14.2%	25.5%
Information Furnished/Expanded	11.5%	8.5%	1.6%
Claim Settled	11.2%	12.5%	11.8%

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

Figure 6.11 CDI Average Complaint Resolution Time (in Days) for 2019-2023

Measurement Year	Average Number of Days
2023	41
2022	40
2021	46
2020	64
2019	103
2018	120

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

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

Figure 6.12 CDI 2023 Average Resolution Time (in Days) by Complaint Type Compared to Prior Years

Complaint Type	2023	2022	2021
Independent Medical Review	62	60	62
Complaint/Standard Complaint	38	38	43

Figure 6.13 CDI 2023 Complaint Distribution by Age Compared to Prior Years

Age Group	2023	2022	2021
Age: <18	5.4%	4.2%	5.3%
Age: 18-34	15.4%	14.1%	17.3%
Age: 35-54	23.3%	24.4%	26.5%
Age: 55-64	14.6%	17.3%	18.9%
Age: 65-74	8.1%	7.3%	8.3%
Age: >74	4.0%	5.2%	4.4%
Refused or Unknown	29.2%	27.5%	19.3%

Figure 6.14 CDI 2023 Jurisdictional Complaints by Gender Compared to Prior Years

Gender	2023	2022	2021
Female	55.6%	53.9%	52.1%
Male	44.4%	46.1%	47.9%

Figure 6.15 CDI 2023 Complaints by Primary Language Compared to Prior Years

Primary Language	2023	2022	2021
English	59.5%	57.6%	58.9%
Refused	19.6%	20.4%	22.3%
Unknown	17.9%	19.2%	25.6%
Other Languages	2.3%	1.9%	2.4%
Spanish	0.7%	0.9%	0.8%

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

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

Figure 6.16 CDI 2023 Ratios of County Complaints per 10,000 County Residents

Resident County	Complaints per 10,000 Residents
Santa Cruz	14.47
Marin	13.05
San Francisco	10.68
Butte	10.20
San Mateo	9.84
San Luis Obispo	9.70
San Diego	9.60
Orange	9.46
Santa Clara	9.46
Ventura	9.35
Contra Costa	9.24
Sonoma	8.99
Los Angeles	7.95
Alameda	7.74
Santa Barbara	7.44
Placer	7.02
Monterey	6.63
Sacramento	6.59
Riverside	6.31
El Dorado	5.83
Stanislaus	5.65
San Bernardino	4.58
Fresno	3.83
San Joaquin	3.66
Solano	3.36
Tulare	2.92
Kern	2.53

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

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

Figure 6.17 CDI Complaints by Initial Mode of Contact 2019-2023

Communication Mode	2023	2022	2021	2020	2019
Online	64.5%	63.5%	50.2%	51.0%	47.0%
Mail	34.3%	34.6%	36.4%	44.7%	48.2%
Telephone	1.2%	1.9%	1.6%	4.2%	4.8%

Figure 6.18 CDI 2023 Complaints by Source of Coverage Compared to Prior Years

Coverage Source	2023	2022	2021
Group	55.8%	51.2%	50.7%
Individual/Commercial	44.2%	48.8%	49.3%

Figure 6.19 CDI 2023 Top Ten Complaints by Product Type Compared to Prior Years

Product Type	2023	2022	2021
Health Only	33.9%	36.8%	37.9%
Large Group	18.9%	17.5%	18.6%
Stand Alone Dental	18.2%	16.8%	15.5%
Small Group	8.4%	7.2%	7.7%
Medicare Supplement	4.3%	3.7%	4.2%
Limited Benefits	2.6%	2.5%	2.0%
Grandfathered	2.3%	3.5%	3.1%
Exchange	2.0%	2.6%	2.1%
Mental Health	1.6%	1.5%	1.4%
Pharmacy Benefits	1.3%	0.9%	0.7%

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.

Section 7 – Covered California

Figure 7.1 Covered California Requests for Assistance Volumes 2014-2023

Measurement Year	Volume
2023	4,084,070
2022	3,818,184
2021	4,304,260
2020	6,424,432
2019	5,035,104
2018	4,936,697
2017	5,894,358
2016	6,058,978
2015	5,397,086
2014	4,428,436

Figure 7.2 Covered California Complaint Volumes by Month Closed

Month	2023	2022	2021
January	518	490	793
February	485	556	797
March	525	499	802
April	413	425	792
May	365	353	546
June	334	325	486
July	346	266	426
August	409	312	420
September	334	278	318
October	470	277	285
November	423	313	311
December	453	322	345

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

Figure 7.4 Covered California 2023 Complaint Reasons Compared to Prior Years

Complaint Reason	2023	2022	2021
Denial of Coverage	52.8%	54.6%	54.4%
Cancellation	24.9%	17.2%	4.0%
Eligibility Determination	19.1%	28.2%	41.5%

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

Figure 7.5 Covered California 2023 Complaint Results Compared to Prior Years

Complaint Result	2023	2022	2021
Complaint Withdrawn	85.0%	85.5%	84.2%
Compromise Settlement/Resolution	5.9%	4.7%	5.2%
Upheld/Covered California Position Substantiated	3.2%	3.4%	3.2%
Unknown	2.7%	Not Reported	Not Reported
Covered California Position Overturned	2.2%	2.3%	1.8%
No Action Requested/Required	1.0%	4.1%	5.6%

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.

Figure 7.6 Covered California 2023 Results for the State Fair Hearing Complaint Type Compared to Prior Years

Complaint Result	2023	2022	2021
Compromise Settlement/Resolution	39.2%	32.4%	32.9%
Upheld/Covered California Position Substantiated	21.6%	23.8%	20.4%
Unknown	18.0%	Not Reported	Not Reported
Covered California Position Overturned	14.7%	15.6%	11.5%
No Action Requested/Required	6.4%	28.2%	35.2%

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.

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

Figure 7.7 Covered California 2023 Results for Denial of Coverage Complaints Compared to Prior Years

Complaint Result	2023	2022	2021
Complaint Withdrawn	84.3%	85.6%	84.5%
Compromise Settlement/Resolution	5.4%	5.0%	5.0%
Upheld/Covered California Position Substantiated	3.9%	3.9%	3.6%
Unknown	3.1%	Not Reported	Not Reported
Covered California Position Overturned	2.6%	2.3%	1.9%

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

Figure 7.8 Covered California 2023 Results for Cancellation Complaints Compared to Prior Years

Complaint Result	2023	2022	2021
Complaint Withdrawn	84.5%	86.8%	89.8%
Compromise Settlement/Resolution	7.0%	3.3%	3.9%
Upheld/Covered California Position Substantiated	3.2%	3.3%	1.2%
Covered California Position Overturned	2.1%	2.1%	1.6%

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

Figure 7.9 Covered California 2023 Results for Eligibility Determination Complaints Compared to Prior Years

Complaint Result	2023	2022	2021
Complaint Withdrawn	88.2%	84.5%	83.2%
Compromise Settlement/Resolution	5.4%	5.0%	5.5%
Unknown	2.7%	Not Reported	Not Reported
Upheld/Covered California Position Substantiated	1.7%	2.6%	3.0%
Covered California Position Overturned	1.2%	2.2%	1.7%

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

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

Figure 7.10 Covered California Average Complaint Resolution Times (in Days) for 2019-2023

Measurement Year	Average Number of Days
2023	26
2022	25
2021	30
2020	36
2019	39

Figure 7.11 Covered California 2023 Average Resolution Times (in Days) by Complaint Type Compared to Prior Years

Complaint Type	2023	2022	2021
State Fair Hearing	64	56	67
State Fair Hearing: Informal Resolution	20	19	23

Figure 7.12 Covered California 2023 Complaints by Gender Compared to Prior Years

Gender	2023	2022	2021
Female	52.9%	38.3%	54.0%
Male	42.9%	31.9%	44.2%
Unknown	4.2%	30.4%	1.8%

Figure 7.13 Covered California 2023 Complaints by Race Compared to Prior Years

Race	2023	2022	2021
Unknown	37.3%	47.9%	33.7%
White	33.2%	28.5%	37.9%
Asian	12.9%	9.7%	11.9%
Other	11.5%	10.7%	11.9%
Black or African American	4.7%	2.8%	4.1%

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

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

Figure 7.14 Covered California 2023 Complaints by Ethnicity Compared to Prior Years

Ethnicity	2023	2022	2021
Not Hispanic or Latino	64.7%	49.6%	66.9%
Hispanic Latino	24.1%	16.8%	23.7%
Unknown	11.2%	33.6%	9.4%

Figure 7.15 Covered California 2023 Complaints by Primary Language Compared to Prior Years

Primary Language	2023	2022	2021
English	82.3%	61.5%	85.8%
Spanish	8.7%	5.2%	8.8%
Other Languages	4.7%	3.0%	3.3%
Unknown	4.3%	30.2%	2.1%

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

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

Figure 7.16 Covered California 2023 County Complaint Ratios (State Fair Hearings per 10,000 Covered California Members)

County	Ratio
San Diego	8.81
Monterey	8.28
San Mateo	7.54
Ventura	7.11
San Bernardino	6.57
San Francisco	5.68
Alameda	5.44
Contra Costa	5.32
Sacramento	5.23
Los Angeles	5.22
Fresno	4.36
Riverside	4.29
San Joaquin	4.07
Santa Clara	3.93
Orange	3.52

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.

Figure 7.17 Covered California 2023 Complaints by Initial Mode of Contact Compared to Prior Years

Communication Mode	2023	2022	2021
Telephone	48.0%	44.9%	52.6%
Email	39.1%	36.9%	35.5%
Online	12.9%	18.2%	11.9%

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

Figure 7.18 Covered California Monthly Inquiry Volumes

Month	2023	2022	2021
January	560,425	488,335	555,388
February	342,322	323,506	366,311
March	357,635	353,549	396,691
April	319,580	358,066	365,217
May	249,158	232,515	368,992
June	225,921	234,471	304,904
July	226,185	214,786	280,044
August	256,496	261,345	268,772
September	259,765	230,161	258,341
October	351,442	280,782	298,596
November	404,612	347,084	357,615
December	525,454	434,672	477,068