

**MEDI-CAL MANAGED CARE
AND MENTAL HEALTH
OFFICE OF THE OMBUDSMAN
SENATE BILL 97
FOURTH QUARTER EXECUTIVE
SUMMARY**

7/1/2024-6/30/2025

INTRODUCTION

This Executive Summary Report is submitted in accordance with Senate Bill (SB) 97 and provides a high-level overview of the activities and outcomes of the Medi-Cal Managed Care and Mental Health Office of the Ombudsman (OMB) during Fiscal Year (FY) 2024-2025. The report highlights key operational areas, including staff training, consumer engagement, and data trends.

1. Staff Training Protocols

- » Includes training in cultural and linguistic competency to ensure equitable and effective service delivery

2. Contact Assessment and Trend Analysis

- » A review of consumer contacts, identification of emerging trends, and actions taken by the Department of Health Care Services (DHCS) in response to those contacts.

3. Consumer Assistance Procedures

- » An outline of protocols, procedures, and referral tools used to support and guide consumers.

4. Demographic Information

- » A summary of demographic information collected through consumer interactions.

5. Managed Care Plan (MCP) Case Data

- » A breakdown of cases by Managed Care Plan to assess volume and distribution.

The following provides details on each of the areas defined above.

1. Staff Training Protocols

OMB staff receive ongoing training to ensure high-quality service delivery, with a strong emphasis on:

- » Cultural Competency
- » Customer Service
- » Policy and Program Updates

The OMB hires bilingual staff fluent and certified in Spanish. Current staffing levels have ten of twenty one OMB staff certified as Spanish Bilingual Analysts.

To assist members speaking languages other than English and Spanish, OMB staff are fully training in the use of a Language Assistance Line.

New Employees are required to complete a series of mandatory training courses upon hire and at specified intervals thereafter.

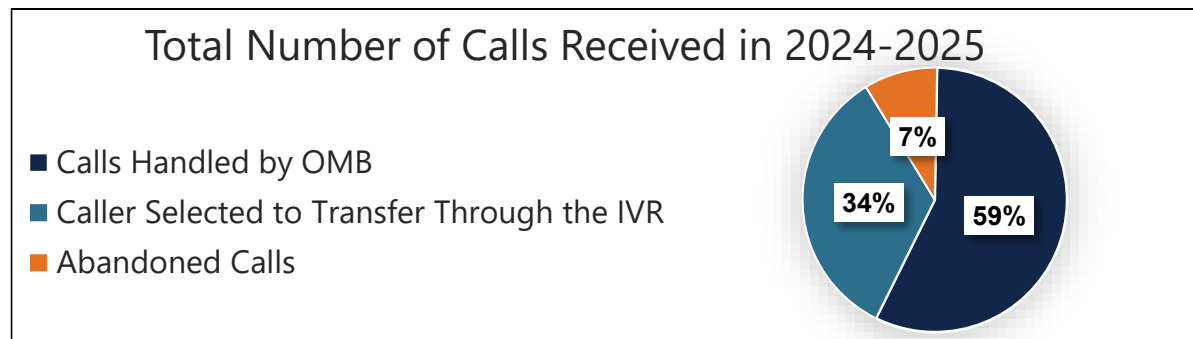
- » Medi-Cal processes and procedures, transactions, Customer Service, unit specific training etc. upon hire.
- » Privacy Training - Within 30 days of hire and annually thereafter.
- » Sexual Harassment Prevention Training - Within the first six months of hire and every two years thereafter.
- » Ethics Training - Within the first six months of hire and every two years thereafter.
- » Preventing Workplace Violence - Within six months of hire and every two years thereafter.
- » Defensive Driving Training - Within six months of hire and every 4 years thereafter.
- » Accessibility Compliance - Within twelve months of hire.
- » Cultural and Linguistic Competency - Within twelve months of hire and annually thereafter.

2. Contact Assessment and Trend Analysis

During Fiscal Year (FY) 2024-25, the Office of the Ombudsman (OMB) received a total of **213,172 phone calls** and **12,566 emails** from Medi-Cal members seeking assistance.

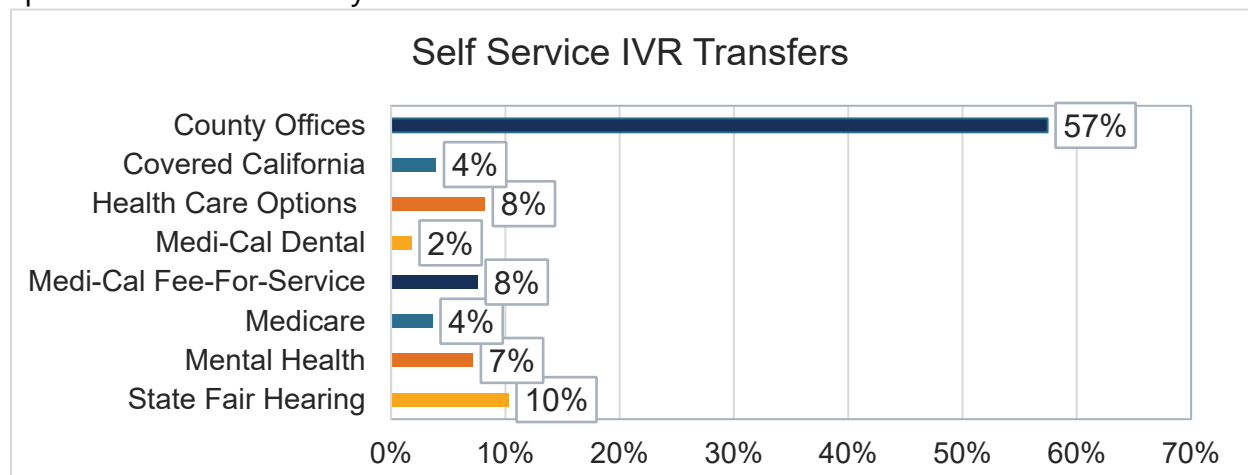
To support members effectively, OMB currently utilizes two primary referral systems:

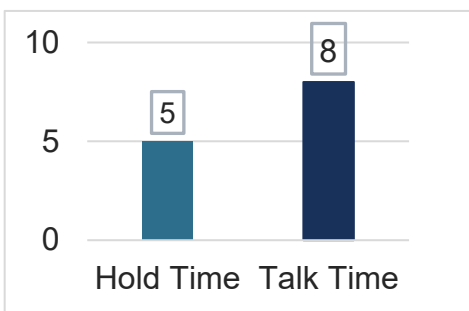
1. Self-Service via Interactive Voice Response (IVR):
This automated phone system allows members to access information and referrals independently.
2. Direct Referrals through OMB Staff Interactive:
Referrals are also provided as a result of direct contact with OMB analysts, ensuring personalized support based on the member's specific needs.



When a member contacts the OMB Call Center, they are first greeted by a comprehensive Interactive Voice Response (IVR) system. The IVR clearly identifies the Office of the Ombudsman and presents eight additional self-service options, allowing callers to be directly connected to the appropriate agency.

This system is designed to assist members who know which agency they need to reach but may not have the contact information readily available. Thirty Four percent of callers utilize the self-service feature, enabling faster access to assistance without the need to speak with an OMB analyst.





Callers who do not utilize the self-service options within the IVR system are placed into the phone queue to speak directly with an OMB analyst.

During Fiscal Year (FY) 2024–25, members who remained on the line experienced an average hold time of five (5) minutes, followed by an average Talk Time of eight (8) minutes with OMB staff.

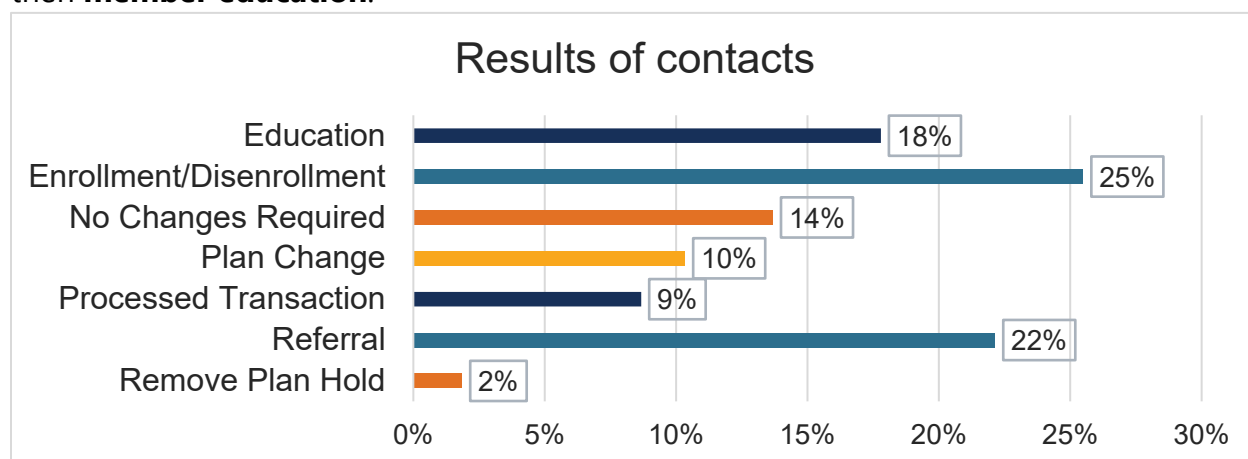
3. Consumer Assistance Procedures

The Office of the Ombudsman (OMB) provides impartial support to help resolve issues between Medi-Cal members and their Managed Care Plans (MCPs). Operating from a neutral standpoint, OMB ensures that members receive all medically necessary, covered services for which MCPs are contractually responsible.

To maintain accountability and consistency, OMB Analysts are required to document each member interaction in Salesforce. Each case record includes:

- » Member information
- » Reason for contact
- » Outcome of the interaction
- » Detailed case notes

Analysts select from seven standardized resolution categories to accurately reflect the outcome of each case. As illustrated in the graph below, the most common outcome of member contacts with the OMB Call Center was an **enrollment or disenrollment request**, followed by a **referral** to the appropriate organization for further assistance, then **member education**.



RESULT OF CONTACT – DEFINITIONS

Each case documented by the Office of the Ombudsman (OMB) includes a resolution category selected by the analyst to reflect the outcome of the interaction. The following definitions describe the seven available resolution types:

» **Education**

Indicates calls where the member was provided with information or guidance on topics such as access to care, covered benefits, eligibility requirements, or Medi-Cal policies and procedures.

» **Enrollment / Disenrollment**

Reflects calls from members seeking assistance with enrolling in or disenrolling from a Managed Care Plan (MCP) for the current month.

» **No Changes Required**

Represents calls where the member requested confirmation of their enrollment or disenrollment status, but no updates or changes were necessary.

» **Plan Change**

Captures calls from members requesting assistance with switching from one MCP to another.

» **Processed Transaction**

Refers to calls where a transaction was completed that did not involve enrollment or disenrollment, such as ordering a Benefits Identification Card (BIC) or updating member information.

» **Referral**

Denotes cases where the member was directed to a more appropriate organization or agency for assistance beyond the scope of OMB.

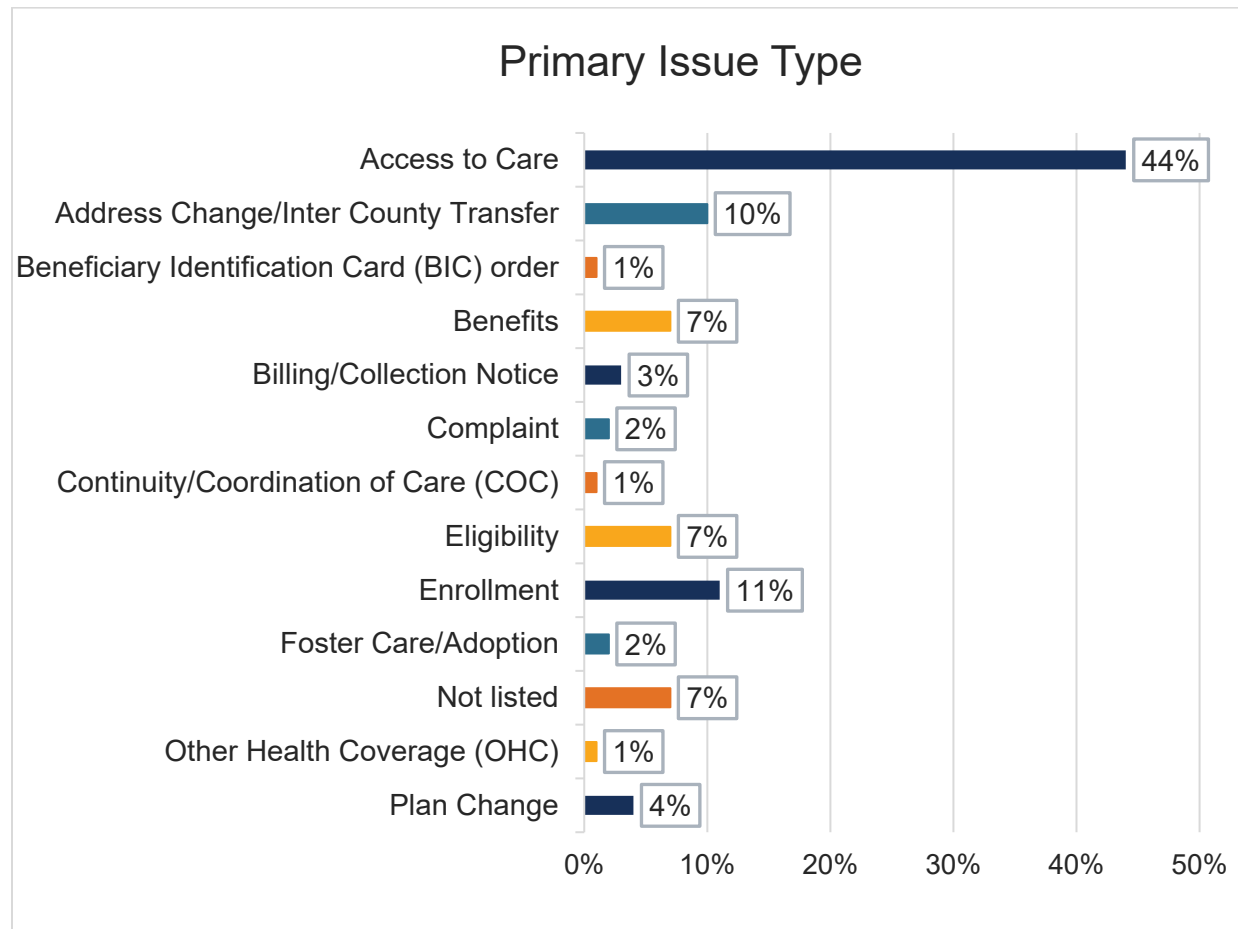
» **Remove Plan Hold**

Applies to cases where OMB assisted a member in removing a hold on their Medi-Cal record that was preventing enrollment or access to services.

Primary Issue

OMB is dedicated to resolving all inquiries received through the Call Center. When an issue cannot be fully addressed by OMB, members are referred to the organization best equipped to assist.

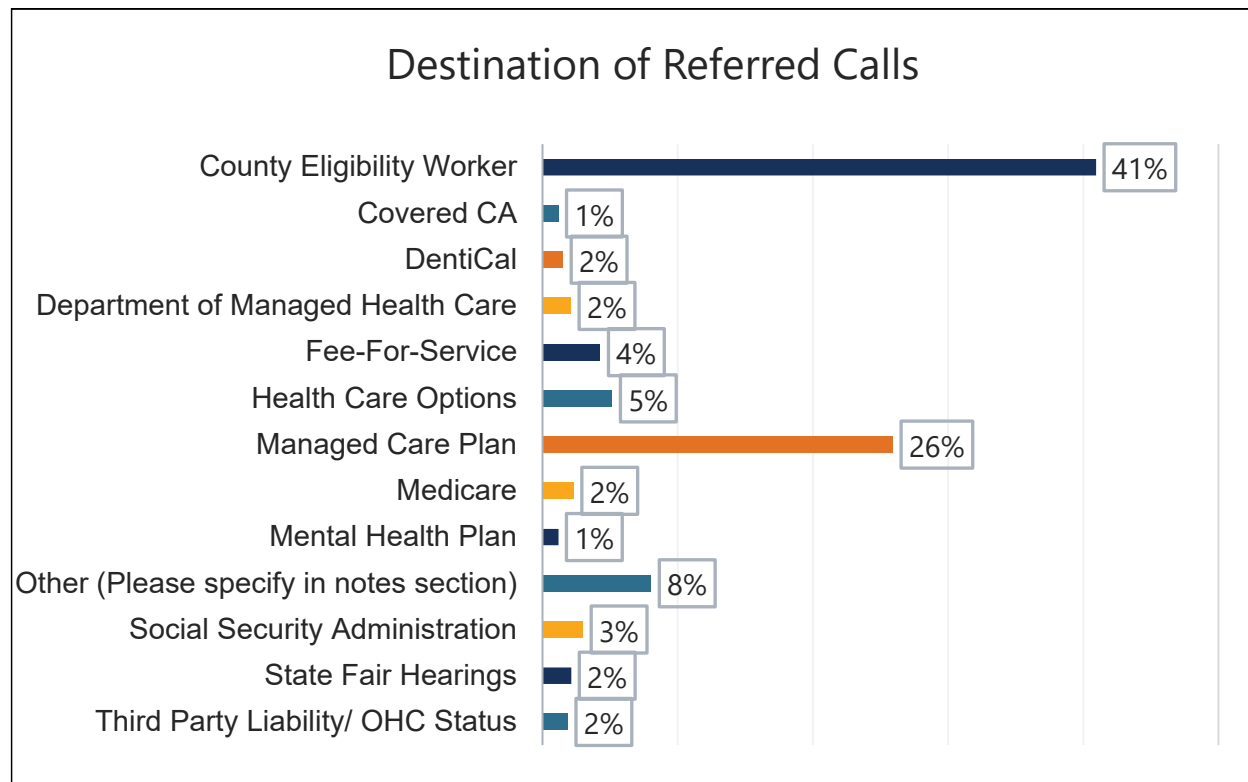
As illustrated in the graph below, the most common reason members contacted the OMB Call Center was to address access-to-care-related inquiries.



Destination of Referred Calls

When the Office of the Ombudsman is not the appropriate entity to address a member's question or concern, staff will provide a direct referral to the relevant agency or resource best suited to assist.

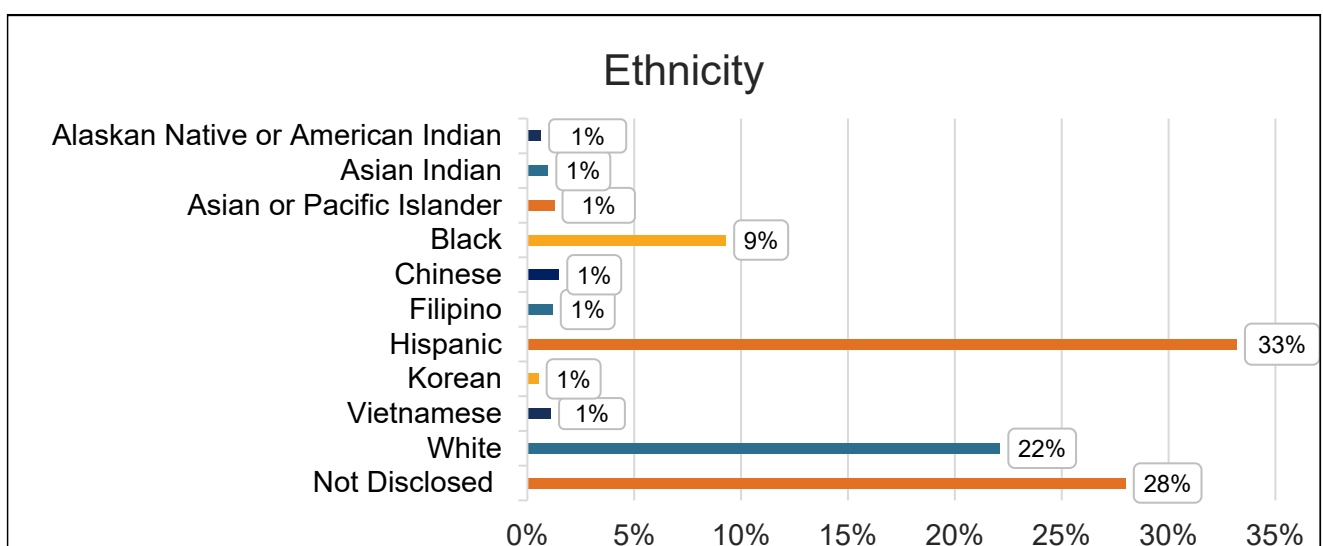
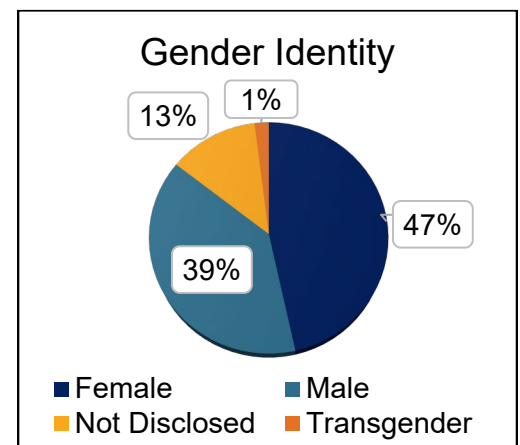
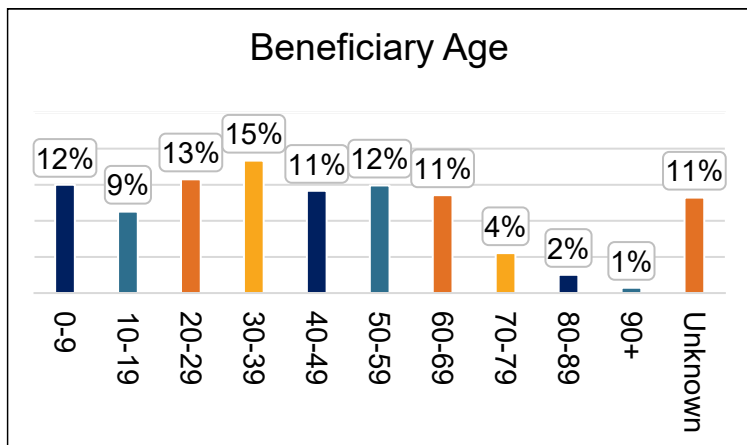
The graph below displays the volume and destination of calls to the Office of the Ombudsman that resulted in direct referrals to external organizations for additional support.



4. Demographic Information

Demographic information is initially entered into the Medi-Cal Eligibility Data System(MEDS) at the time a member applies for Medi-Cal. If a member chooses not to disclose their gender identity or ethnicity during the application process, the Office of the Ombudsman (OMB) is unable to update or modify that information.

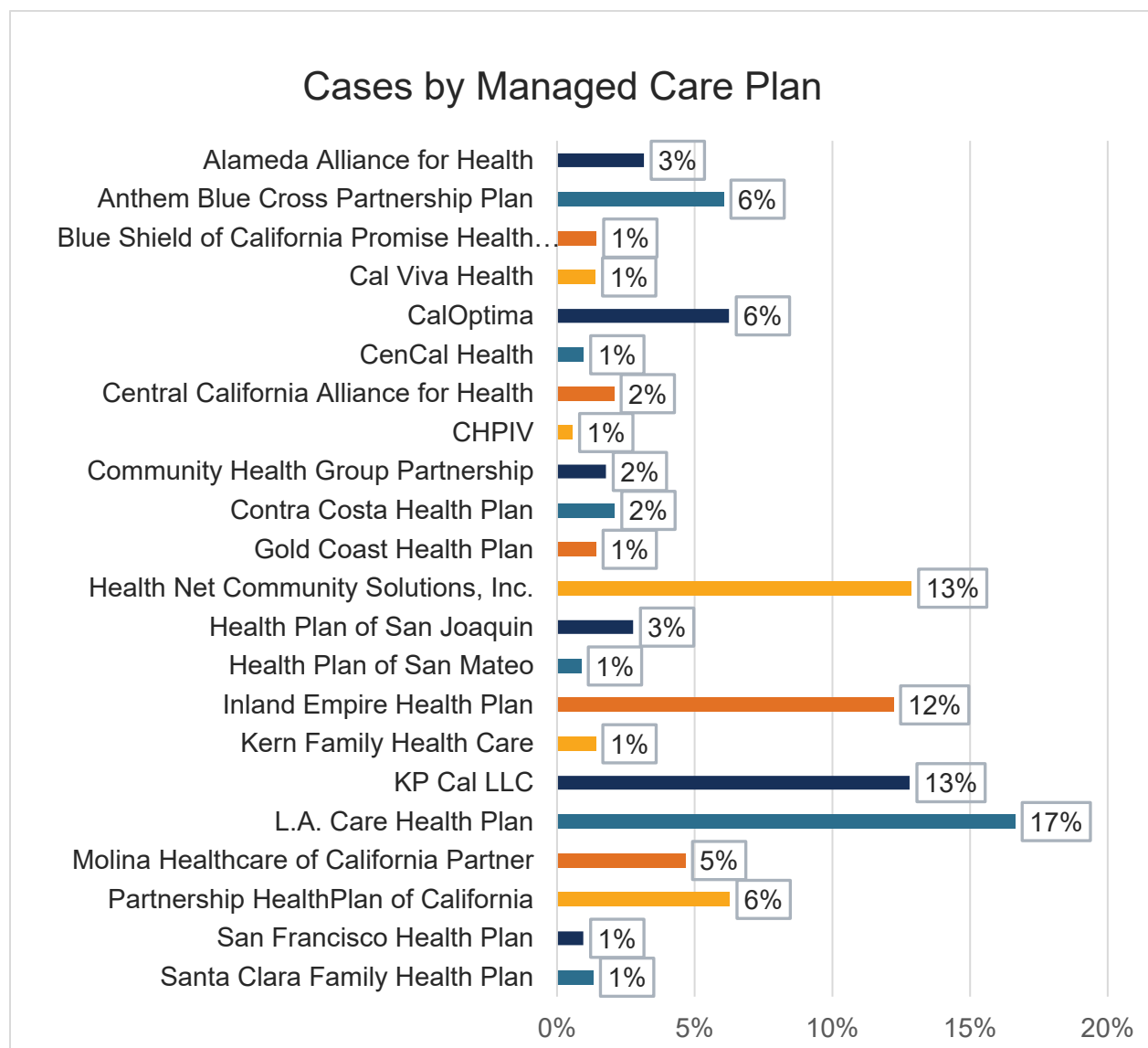
- » **Age** is verified in MEDS through data provided by the Social Security Administration.
- » **Gender identity** is recorded in MEDS only if the member voluntarily provides it at the time of application.
- » **Ethnicity** is recorded in MEDS only if the member voluntarily provides it at the time of application.



*Due to the low call volume, member calls where the recorded ethnicity data is less than 1 percent is suppressed in accordance with the DHCS DDG v2.2

5. Managed Care Plan (MCP) Case Data

The Office of the Ombudsman (OMB) is also responsible for collecting and reporting case data at the Managed Care Plan (MCP) level. This data is specific to each MCP rather than to individual counties. For MCPs operating in multiple counties, the case totals presented below reflect the aggregate number of cases across all counties in which the MCP provides services.



*Due to the low call volume, Managed Care Plan Call Volume less than 1 percent and Dental Plan data is suppressed in accordance with the DHCS DDG v2.2

This report reflects OMB's commitment to transparency, accountability, and continuous improvement in serving Medi-Cal members. OMB will continue to refine its processes, enhance staff training, and collaborate with stakeholders to address systemic issues.