Pursuant to Senate Bill (SB) 97, the following Executive Summary Report is designed to provide a snapshot of what occurred during the Fiscal Year (FY) 2022-23 in the Office of the Ombudsman (OMB). The areas covered are as follows:

1. Training protocols for staff, including cultural and linguistic competency.

2. Assessment of contacts, trends, and actions taken by the State Department of Health Care Services as a result of contacts received.

3. Consumer assistance protocols, procedures, and referral tools.

4. Demographic Information

5. Managed Care plan (MCP) information: Cases by MCP

The following provides detail on each of the areas defined above.
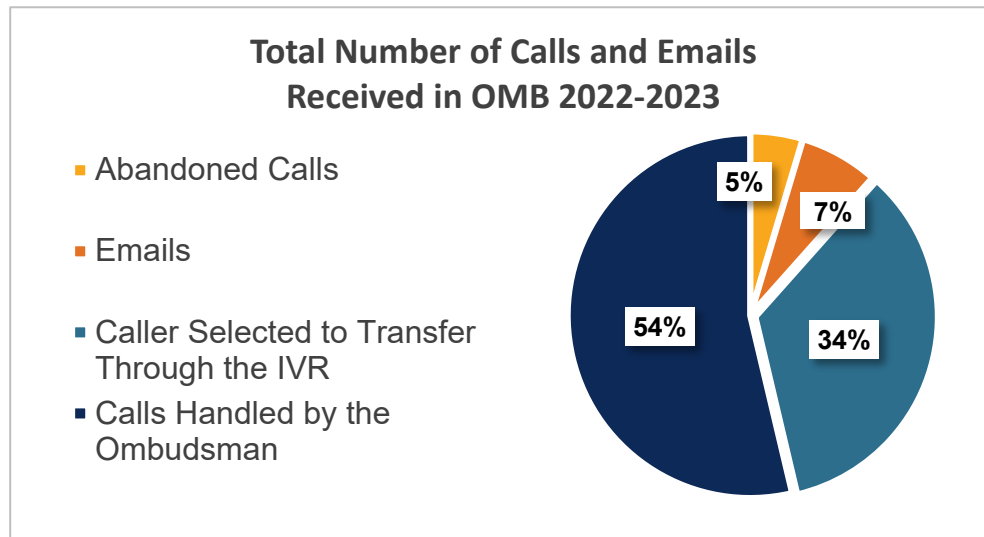
1) Training protocols for staff, including cultural and linguistic competency.

1) The OMB hires bilingual staff fluent and certified in Spanish. Current staffing levels have seven of twenty OMB staff Spanish bilingual.

2) To assist beneficiaries speaking languages other than English and Spanish, OMB staff are fully trained in the use of the Language Line.

3) OMB staff are required to complete the following training classes:
- Medi-Cal processes and procedures, transactions, 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.
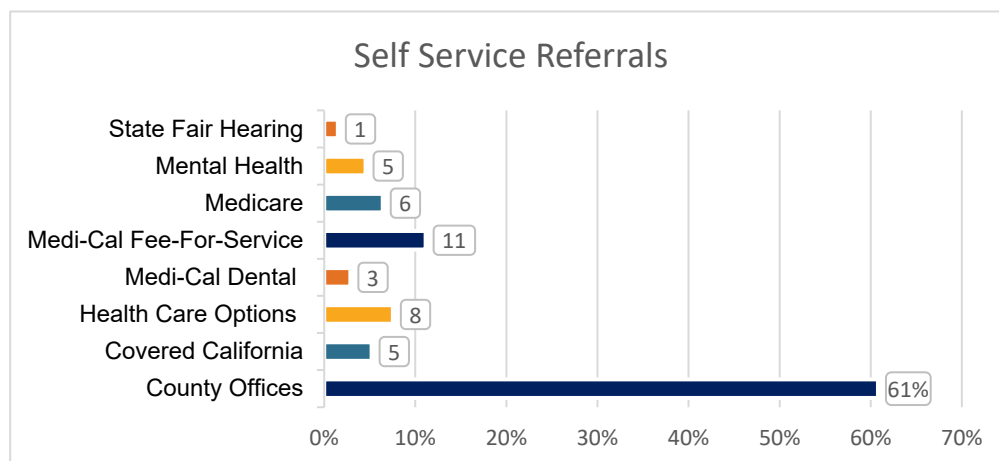
2) Assessment of contacts trends and actions taken by the State Department of Health Care Services as a result of contacts received.

The OMB received 175,284 phone calls and 12,283 emails during fiscal year (FY) 2022-2023.

**Total Number of Calls and Emails
Received in OMB 2022-2023**

- Abandoned Calls
- Emails
- Caller Selected to Transfer Through the IVR
- Calls Handled by the Ombudsman

5%
7%
54%
34%
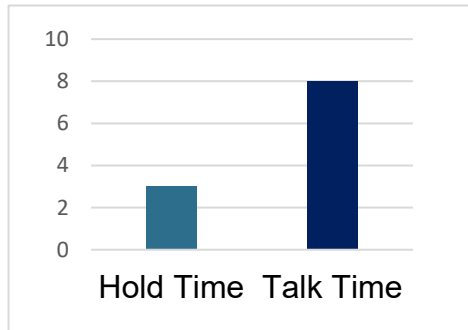
Currently   OMB has two systems in place to assist beneficiaries with referrals: Self Service through our Interactive Voice Response (IVR) phone system and referrals due to a contact with OMB.

When a beneficiary contacts the OMB call center, they are greeted with a robust IVR. The IVR identifies OMB as well as eight other programs with which to self-refer. The IVR is set up to assist beneficiaries who know which agency they want to speak with but may not have the phone number available. Approximately four out of ten people who contact the OMB toll free number utilize the self-service option.

Self Service Referrals

Category	Value
State Fair Hearing	1
Mental Health	5
Medicare	6
Medi-Cal Fee-For-Service	11
Medi-Cal Dental	3
Health Care Options	8
Covered California	5
County Offices	61%

Callers who do not use the self-service option are placed in the phone queue and will speak directly with an OMB representative.

For FY 2022-2023, beneficiaries who remained on the line to speak directly with an OMB representative waited on hold for an average of three (3) minutes and spoke to that representative for an average of eight (8) minutes.
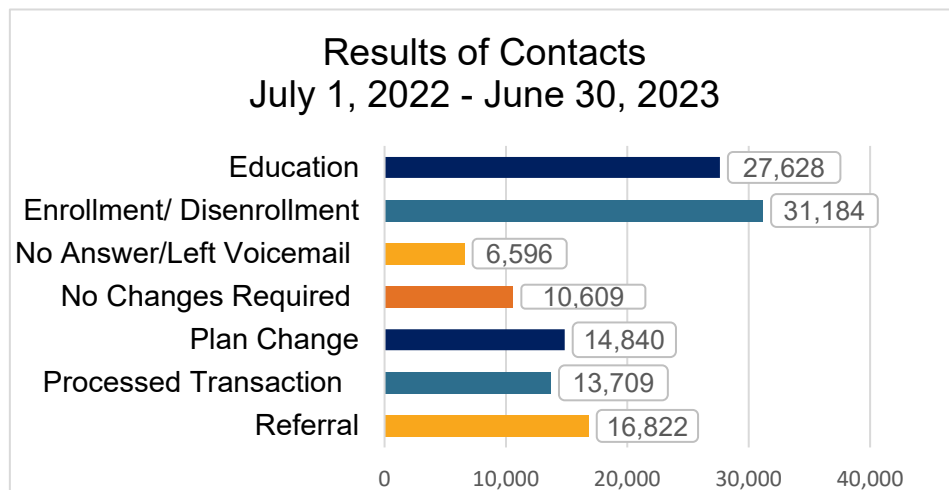
2) Consumer assistance protocols, procedures, and referral tools.

The OMB helps solve problems from a neutral standpoint to ensure that our beneficiaries receive all medically necessary covered services for which Medi-Cal MCPs are contractually responsible. OMB serves as an objective resource to resolve issues between beneficiaries and their MCPs.

OMB Analysts are required to complete a case in Salesforce to document each contact. Cases include beneficiary information, reason for contact, result of contact, and notes.

Analysts have a selection of seven options to document case resolution.

As illustrated in the graph below, the highest contacts made by beneficiaries to the OMB contact center resulted in MCP enrollment / disenrollment. This is followed by education and referrals to the appropriate organization.

Results of Contacts
July 1, 2022 - June 30, 2023

Category	Value
Education	27,628
Enrollment/ Disenrollment	31,184
No Answer/Left Voicemail	6,596
No Changes Required	10,609
Plan Change	14,840
Processed Transaction	13,709
Referral	16,822

Result of contact	
Education	Represents the number of calls involving educating a beneficiary on various subjects, including access care, benefits, eligibility, and Medi-Cal policies.
Enrollment / Disenrollment	Represents the number of calls received from beneficiaries in need of assistance with current month MCP enrollment or disenrollment.
No Answer/ Left Voicemail	Represents the number of callers who requested a call back but were unable to answer the phone at the callback time. OMB agents leave a message whenever there is a voicemail box available.
No Changes Required	Represents the number of callers who requested confirmation of enrollment or disenrollment that resulted in no action taking place on their account.
Plan Change	Represents the number of calls received from beneficiaries in need of assistance changing from one MCP to another.
Processed Transaction	Represents the number of calls where a transaction or update was processed that did not result in an enrollment or disenrollment including ordering a Benefits Identification Card (BIC).
Referral	Represents the number of beneficiaries who were referred to a more appropriate organization for assistance.

In order to be considered complete, each case is required to contain both a Primary Issue (call reason) and a Resolution. Cases cannot be closed without this information.
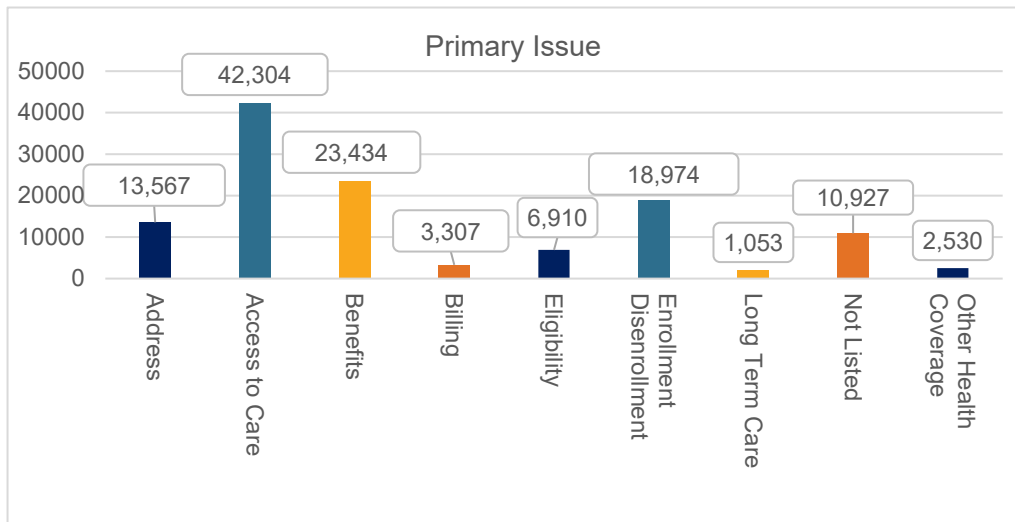
Primary Issue

Address	Access to Care	Benefits	Billing	Eligibility	Enrollment Disenrollment	Long Term Care	Not Listed	Other Health Coverage
13,567	42,304	23,434	3,307	6,910	18,974	1,053	10,927	2,530

OMB will attempt to resolve any call that is received in the call center. If the OMB is unable to fully assist a beneficiary, the OMB will provide a referral, and whenever possible a warm transfer to the organization that is more suited to assist in resolving the issue.

Resolution

Category	Value
Education	27,628
Enrollment/ Disenrollment	31,184
No Answer/Left Voicemail	6,596
No Changes Required	10,609
Plan Change	14,840
Processed Transaction	13,709
Referral	16,822
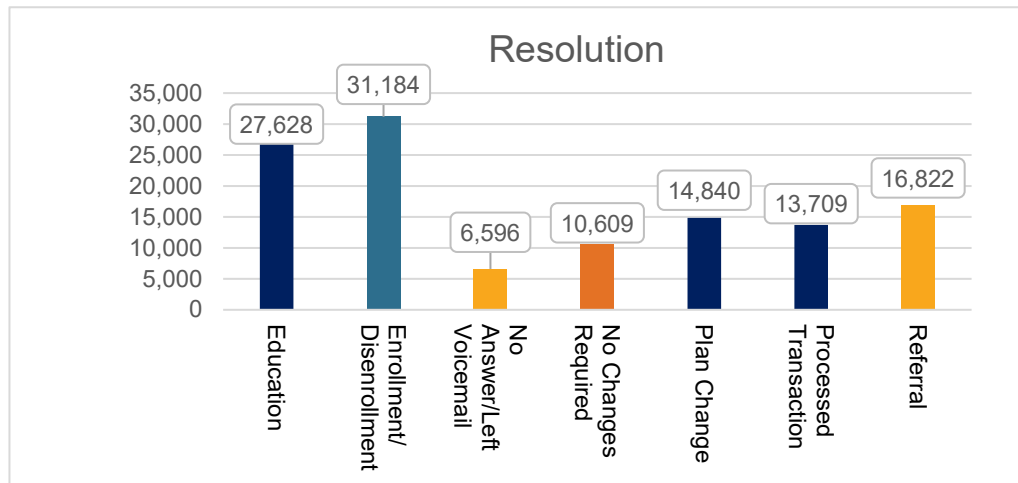
Calls made to OMB that resulted in an direct referral to an outside organization for further assistance are illistrated in the graph below.

Destination of Referred Calls

Destination	Value
County Eligibility Worker	8,782
Covered CA	250
Department of Managed Health Care	567
Fee-For-Service	1,368
Health Care Options	629
Managed Care Plan	6,466
Medi-Cal Dental	271
Medicare	541
Mental Health Plan	432
Provider Services	530
Social Security Administration	787
State Fair Hearings	315
Third Party Liability/ OHC Status	760
Other	2,696

3) Demographic Information.

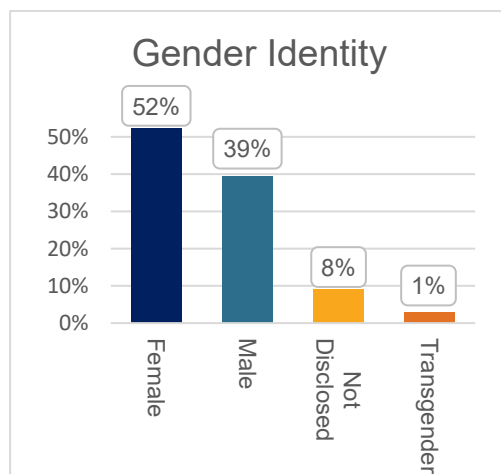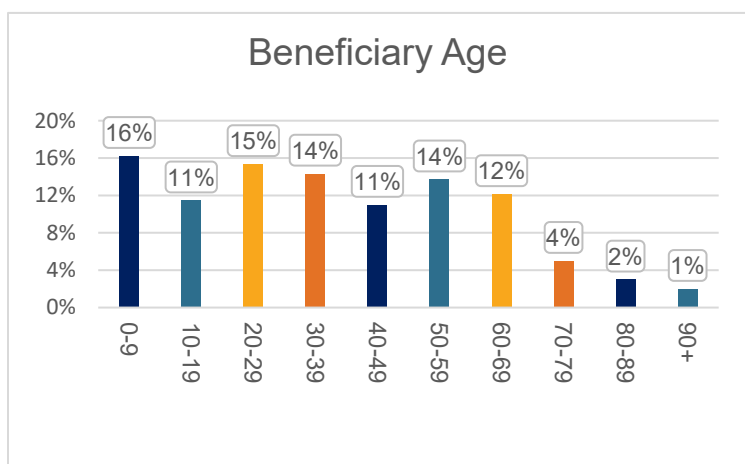Demographic information is entered into the Medi-Cal Eligibility Data System (MEDS) at the time of Medi-Cal application. If the beneficiary declines to state their Gender Identity or Ethnicity, OMB is not able to update that information.

Age is verified in MEDS through the Social Security Administration.

Gender Identity is captured in MEDS when provided at the time of application.

Beneficiary Age

Age Range	Percentage
0-9	16%
10-19	11%
20-29	15%
30-39	14%
40-49	11%
50-59	14%
60-69	12%
70-79	4%
80-89	2%
90+	1%

Gender Identity

Gender	Percentage
Female	52%
Male	39%
Not Disclosed	8%
Transgender	1%

Ethnicity is captured in MEDS when provided at the time of application.

Ethnicity

Ethnicity	Percentage
Alaskan Native or American Indian	1%
Asian Indian	1%
Asian or Pacific Islander	1%
Black	8%
Cambodian	1%
Chinese	2%
Declined to state	10%
Filipino	1%
Hispanic	30%
Japanese	1%
Korean	1%
Laotian	1%
None Found	6%
Other	11%
Vietnamese	1%
White	23%
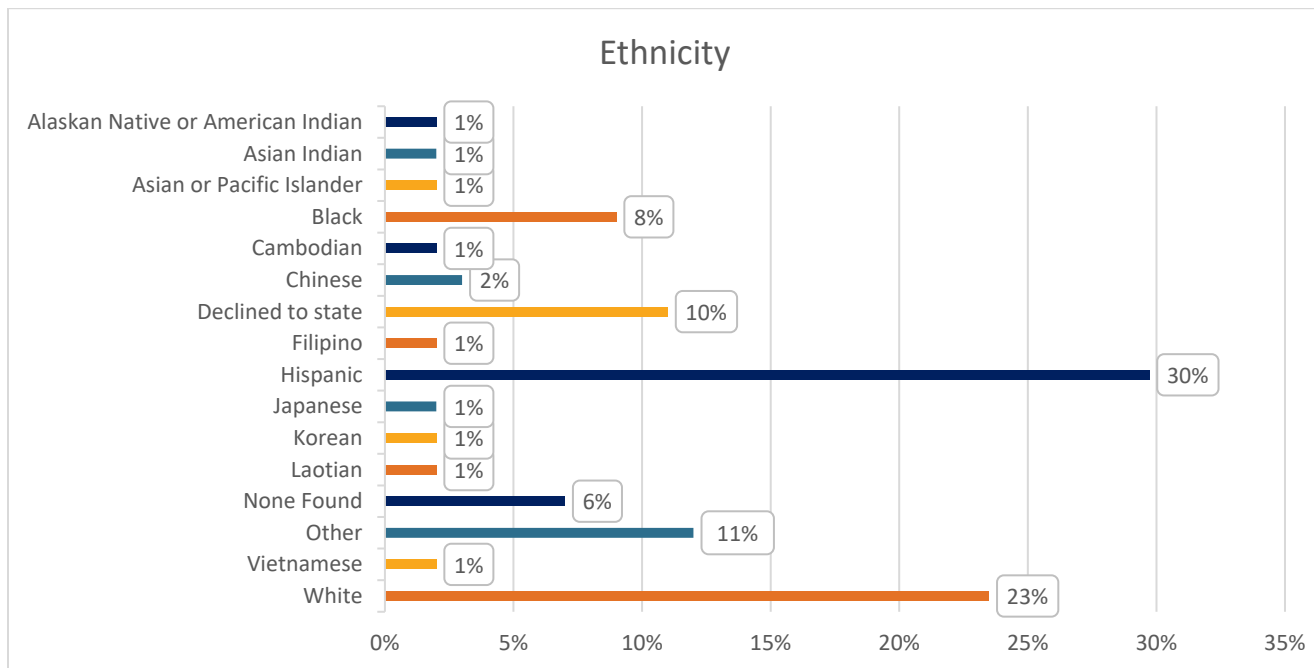
4) Managed Care Plan Information.

Additionally, OMB is now able to capture and report cases at the MCP level. This case detail is MCP specific not county specific. If an MCP operates in multiple counties, the count below is the total across all counties the MCP operates in.

Cases by Managed Care Plan

Managed Care Plan	Cases
Aetna Better Health of California	938
Alameda Alliance for Health	2,708
Anthem Blue Cross Partnership Plan	8,466
Blue Shield of California Promise Health Plan	1,039
Cal Viva Health	1,307
California Health and Wellness Plan	1,882
CalOptima	5,416
CenCal Health	872
Central California Alliance for Health	1,637
Community Health Group Partnership	1,574
Contra Costa Health Plan	2,290
Gold Coast Health Plan	1,627
Health Net Community Solutions, Inc.	12,961
Health Plan of San Joaquin	1,925
Health Plan of San Mateo	697
Inland Empire Health Plan	10,965
Kern Family Health Care	1,323
KP Cal LLC	1,939
L.A. Care Health Plan	14,494
Molina Healthcare of California Partner	5,396
No eligibility	3,501
Partnership HealthPlan of California	4,004
San Francisco Health Plan	931
Santa Clara Family Health Plan	1,526

*Due to the low call volume, Dental Plans are not illustrated in the graph above.