



Medi-Cal Managed Care and Mental Health
Office of the Ombudsman
Assembly Bill 113 (Senate Bill 97)-
Fourth Quarter Executive Summary

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) 2023-24 in the Medi-Cal Managed Care and Mental Health 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.

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



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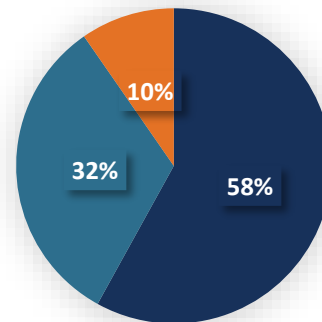
2) Assessment of contacts, trends, and actions taken by the State Department of Health Care Services as a result of contacts received.

The OMB received 204,054 phone calls and 10,654 emails during FY 2023-24.

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

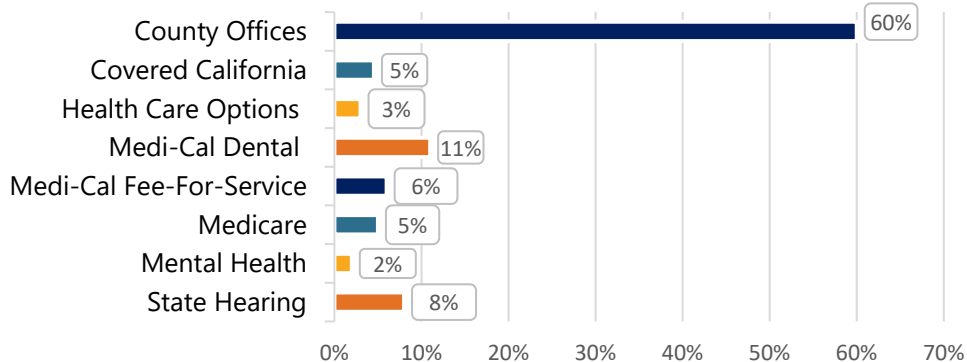
Total Number of Calls Received in OMB 2023-24

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



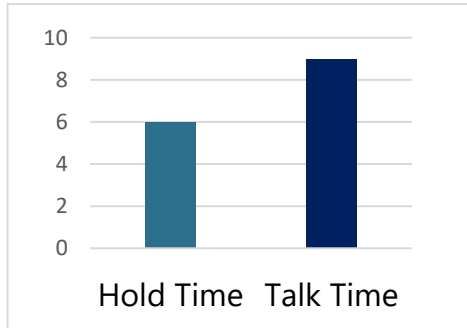
When a member contacts the OMB call center, they are greeted with a robust IVR. The IVR identifies OMB as well as eight other options with which to self-refer. The IVR is set up to assist members who know which agency they want to speak with but may not have the phone number available. Approximately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

Self Service Referrals





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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 2023-24, members who remained on the line to speak directly with an OMB representative waited on hold for an average of six (6) minutes and spoke to that representative for an average of nine (9) minutes.

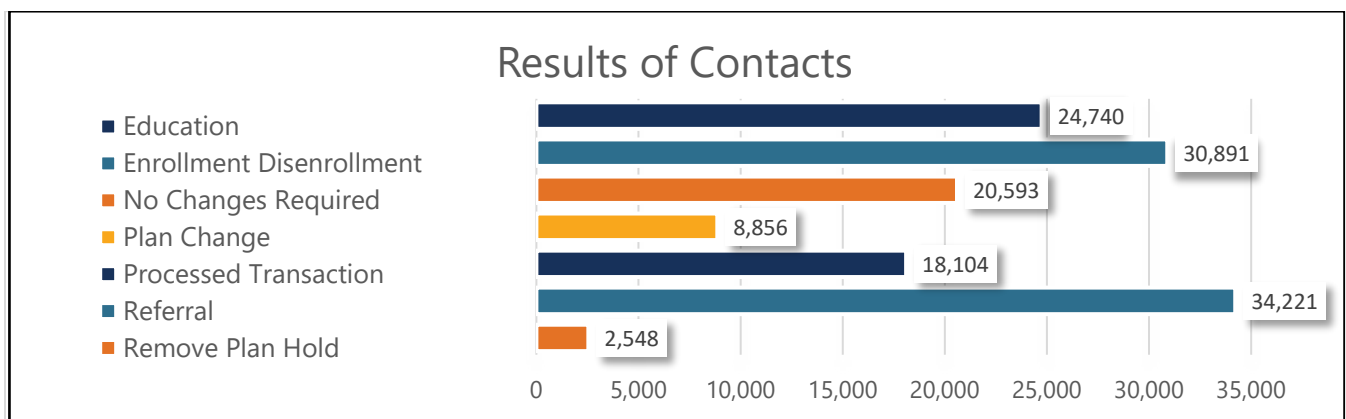
Though call volume to the OMB call center increased by over 20 percent with the January 1, 2024, Managed Care Transition, hold times increased by only three minutes and talk time increased by only one minute per call.

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

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

OMB Analysts are required to complete a case in Salesforce to document each contact. Cases include member 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 members to the OMB contact center resulted in an OMB Analyst providing a referral to the appropriate organization for assistance. This was followed by enrollment or disenrollment requests and education.

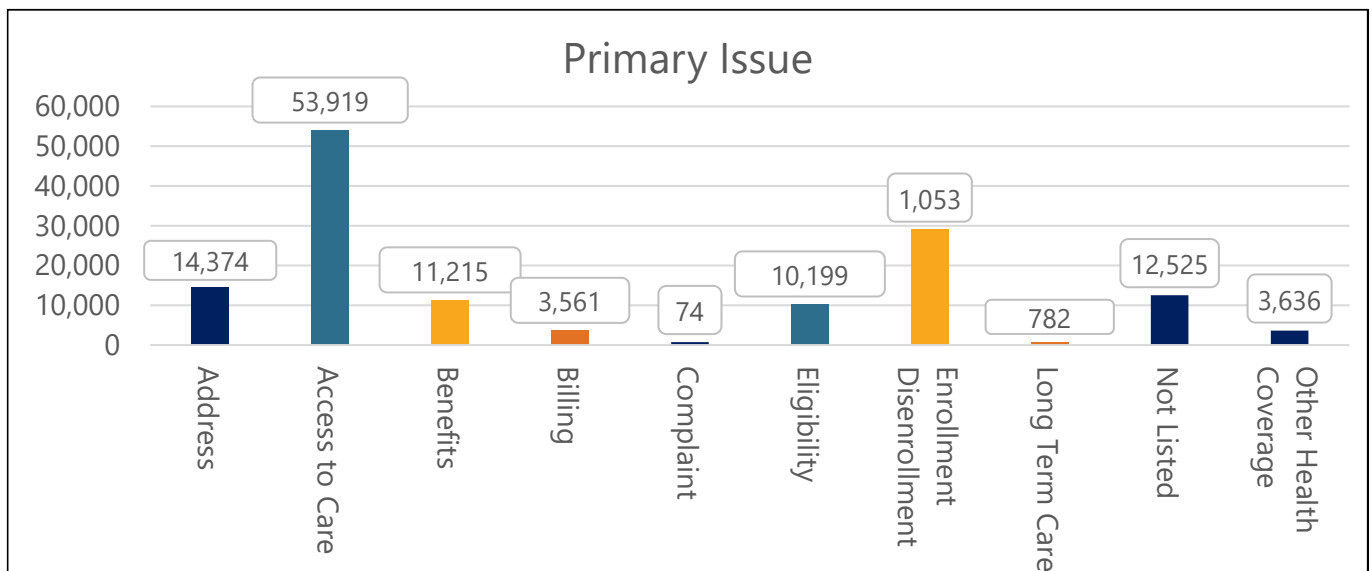




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Result of contact	
Education	Represents the number of calls involving educating a member on various subjects, including access to care, benefits, eligibility, and Medi-Cal policies.
Enrollment / Disenrollment	Represents the number of calls received from members in need of assistance with current month MCP enrollment or disenrollment.
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 members 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 members who were referred to a more appropriate organization for assistance.
Remove Plan Hold	Represents the number of members who had a hold on their Medi-Cal record which OMB assisted in removing

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.

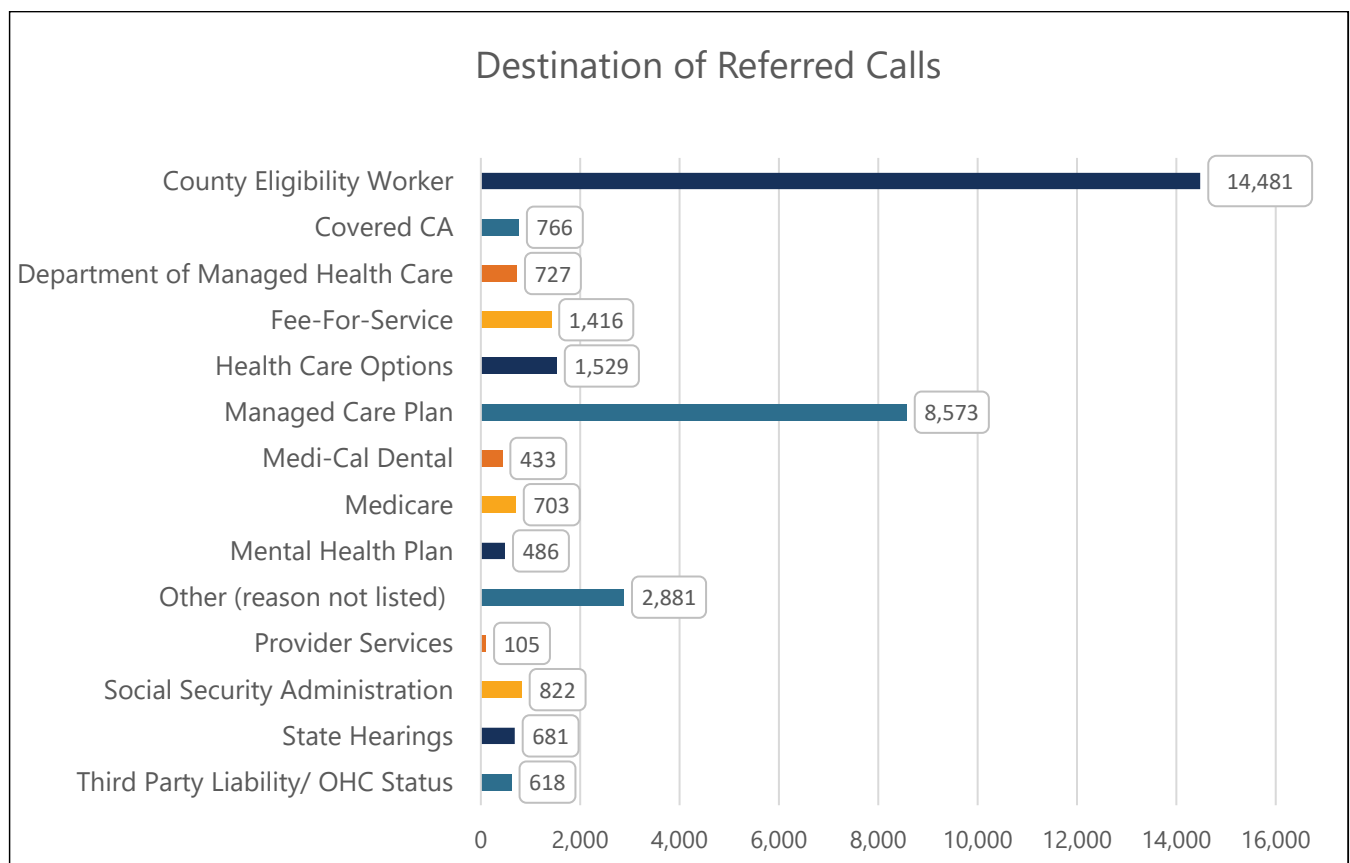




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OMB will attempt to resolve any call that is received in the call center. If the OMB is unable to fully assist a member, the OMB will provide a referral, and whenever possible a warm transfer to the organization that is more suited to assist in resolving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

Calls made to OMB that resulted in an direct referral to an outside organization for further assistance are illustrated in the graph below.



4) Demographic Information.

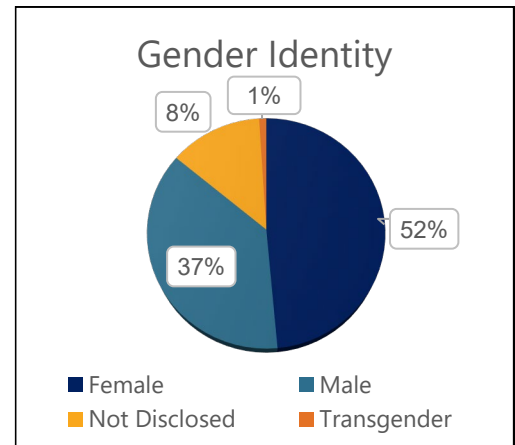
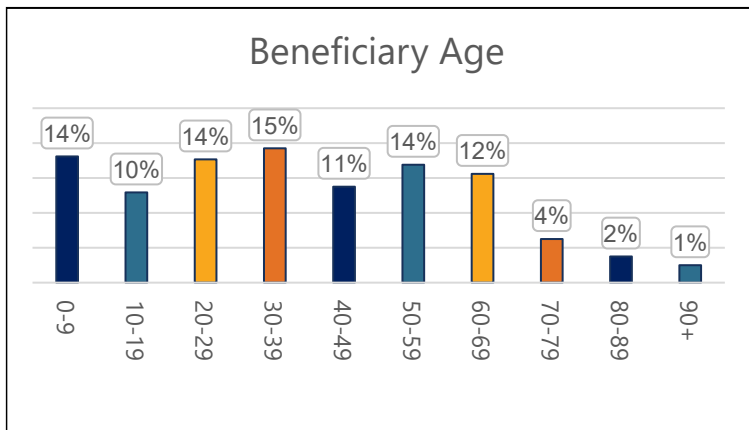
Demographic information is entered into the Medi-Cal Eligibility Data System (MEDS) at the time of Medi-Cal application. If the member declines to state their gender identity or ethnicity, OMB is not able to update that information.



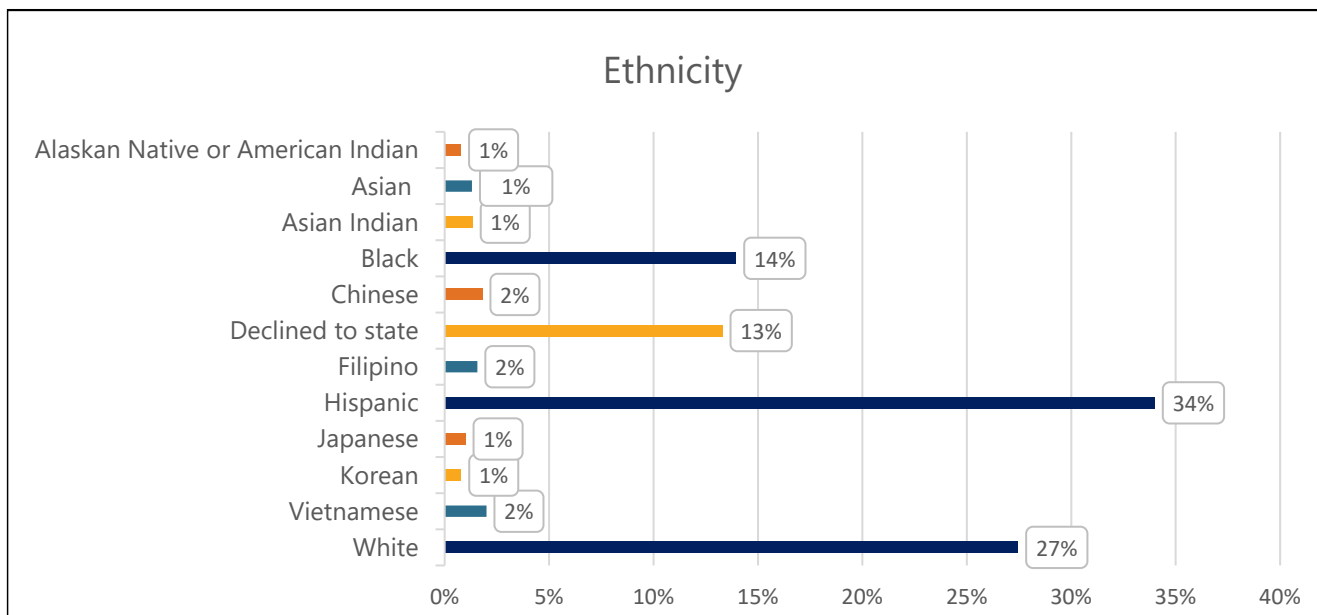
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Age is verified in MEDS through the Social Security Administration.

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



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



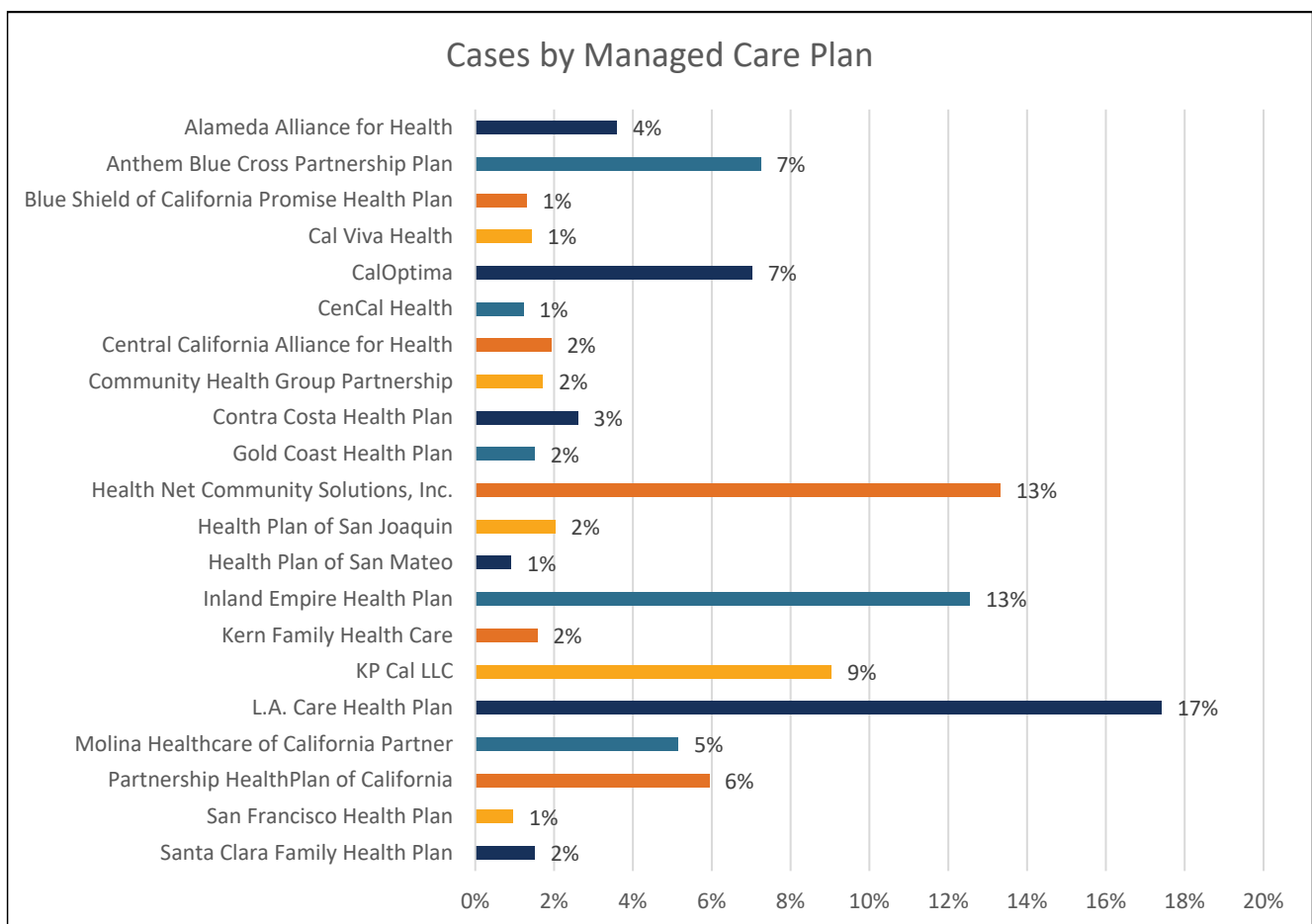
*Due to the low call volume, member calls where the recorded ethnicity data is less than 1 percent is suppressed in accordance with the DHCS DDG v2.2



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5) 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.



*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