MEDI-CAL MANAGED CARE
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 snap shot of what occurred during the Fiscal Year (FY) 2019-20 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.

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 six 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.

As illustrated in the graph below the highest contacts made by beneficiaries to the OMB contact center resulted in managed care plan (MCP) enrollment / disenrollment. This is followed by Education and Referrals to the appropriate organization.

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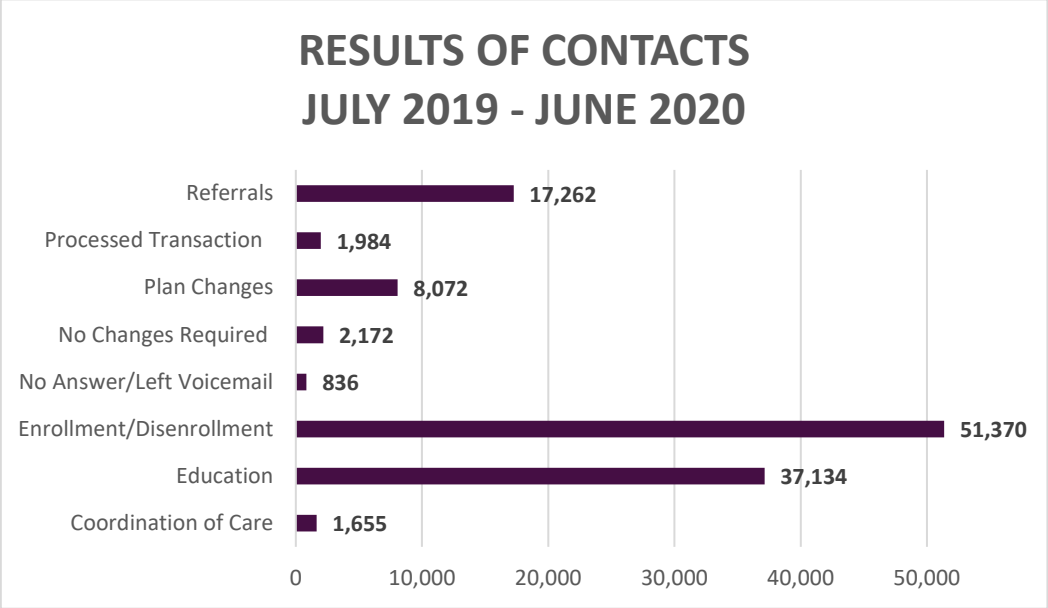
Beneficiaries are able to request a queued callback during busy times. They may also request a call back from management at any time. If the beneficiary is not available at the time of callback, the call is logged as No Answer/Left Voicemail. This is our least represented contact.

With the exception of No Answer/Left Voicemail, the fewest contacts with a beneficiary came in the area of Coordination of Care. This represents the number of beneficiaries that were in need of assistance with navigating MCP benefits and services.

A complete list of the various categories and definitions is below.



Initial Reason For Call	
Coordination of Care	Represents the number of beneficiaries in need of assistance with navigating Managed Care Plan (MCP) benefits or services.
Education	Represents the number of calls involving the need for assistance or education on the beneficiary's next steps on various subjects, including access care.
Enrollment / Disenrollment	Represents the number of calls received from beneficiaries in need of assistance with current month MCP enrollments 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 or answering machine available identifying that the call was returned and the phone number for OMB if assistance is still required.
No Changes Required	Represents the number of callers who requested confirmation of enrollment or disenrollment that resulted in to action taking place on their account.
Plan Changes	Represents the number of calls received from beneficiaries in need of assistance changing from one MCP to another.
Processed Transactions	Represents the number of calls where a transaction or update was processed that did not result in an enrollment or disenrollment including ordering BIC Cards.
Referrals	Represents the number of beneficiaries who were referred to a more appropriate organization.

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

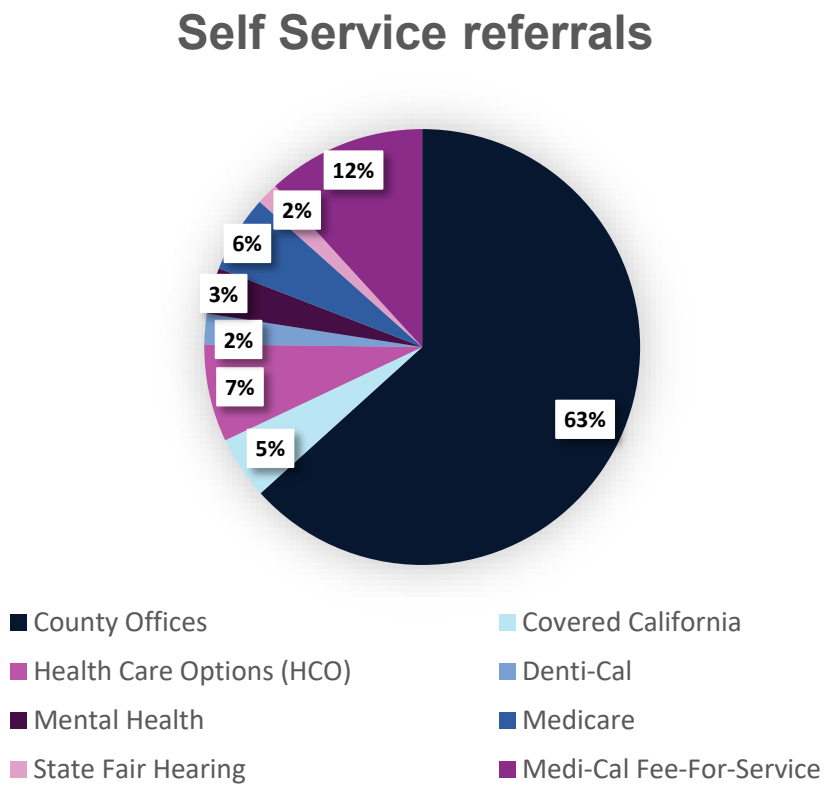
The OMB helps solve problems from a neutral standpoint to ensure that our beneficiaries receive all medically necessary covered services for which Medi-Cal managed plans are contractually responsible. We serve as an objective resource to resolve issues between beneficiaries and their managed care health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

Currently we have 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 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.

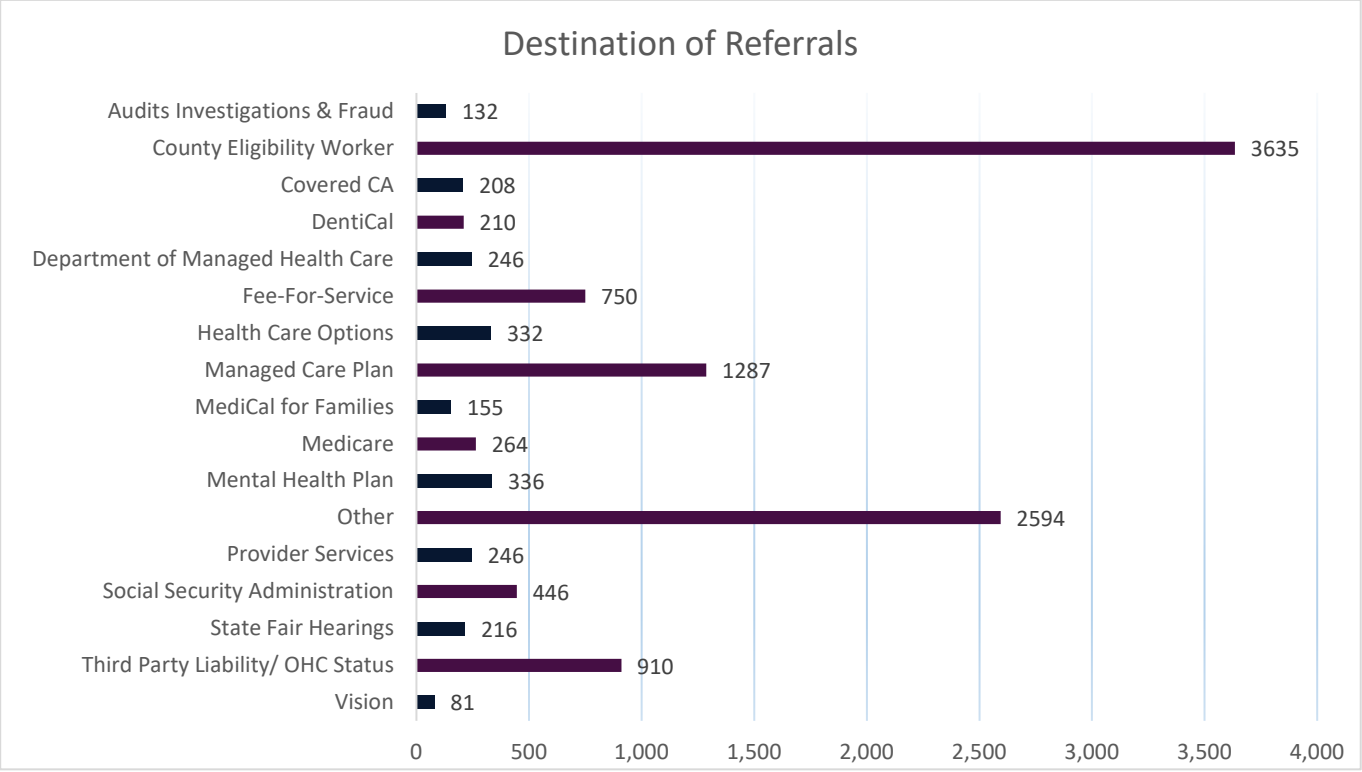
The breakdown of callers using the IVR in lieu of speaking to OMB show sixty five percent transfer to their local county Medi-Cal Eligibility worker for assistance. The remaining thirty five percent of beneficiaries transfer to one of the seven other IVR options.

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



The 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.

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 referrals only tracked as of 5/1/20. Total referrals were 17,262 for the quarter however only 11, 438 were tracked due to system changes.

On March 1, 2020 Ombudsman upgraded from a Customer Relations Management (CRM) Platform to Salesforce. This change in our system of record will allow us to broaden our reporting abilities and also assist in complying with enhanced reporting requirements found in Senate Bill 97.

With the new system we will begin reporting more demographic information beginning with FY 2020-21. The existing reported information will remain the same as previous SB97 reports but will also include the following demographic information: Age, Gender and Ethnicity (Gender data will not be available until quarter (Q) 2 of FY 2020-21). The format of the reports will be updated to include the new demographic categories for FY 2020-21 when the Q1 (July - September 2020) report is posted.

In addition to the new categories, we have been able to expand our data collection and will begin to report more detailed information including additional resolution statuses, new primary issue types (expanded from 9 to 14), as well as the beneficiaries Managed Care Plan, and county of residence for each call.

We will also begin tracking basic complaint data. Since OMB does not intake complaints, rather we refer them to the appropriate outside source, this information will be limited to the type of issue the beneficiary is seeking to resolve through their complaint (for example: access to care, transportation, etc.).