



The Medi-Cal Managed Care Office of the Ombudsman

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Authority

The Medi-Cal Managed Care Ombudsman is derived from Title 22 California Code of Regulations Section 53893

The duties of the Ombudsman include:

- (1) Assisting beneficiaries in obtaining health care through Medi-Cal managed care plans (MCPs)
- (2) Removing inappropriate barriers to accessing care
- (3) Educating and informing managed care plans
- (4) Educating beneficiaries on how to use the managed care system effectively

Authority

Welfare and Institutions Code, Section 14043.1(a)(1) states:

The Medi-Cal Managed Care Ombudsman helps resolve issues between Medi-Cal managed care members and health plans, assists members with managed care related questions and problems, and answers questions from members.



Medi-Cal Managed Care Ombudsman Overview

- Serves as an objective resource to resolve issues between Medi-Cal managed care members and MCPs
- Assists members in understanding and exercising their rights to a grievance, appeal, or State Hearing
- Assists and educates members on how to effectively navigate the Medi-Cal managed care system



Medi-Cal Managed Care Ombudsman Overview Continued

- Helps members with urgent enrollment and disenrollment problems that may create inappropriate barriers to accessing care
- Offers information and referrals to other programs
- Identifies ways to improve the effectiveness of the Medi-Cal managed care program



Ombudsman Phone System Overview

On September 30, 2015, the Office of the Ombudsman (OMB) implemented a new Cisco Voice Over Internet Protocol (VoIP) system as a way to better handle the volume of beneficiary contacts to our office. Prior to the implementation of the VoIP system, the OMB utilized an AT&T system which had limited capabilities.



OMB Phone System

The VoIP system has expanded capabilities:

- A full call-center type application/system
- Allows for 80 lines to be in use
- Self-service availability
- Queued callback feature
- Desktop phone controls / capabilities
- Real-time monitoring of calls available at the management desktops



Self-Service

The VoIP system allows for eight self-service menu options for beneficiaries:

- County Offices or to speak to an Eligibility Worker
- Covered California
- Denti-Cal
- Medi-Cal Fee-For-Service
- State Fair Hearing
- Health Care Options (HCO) - Enrollment, Disenrollment, or Materials
- Medicare
- Mental Health



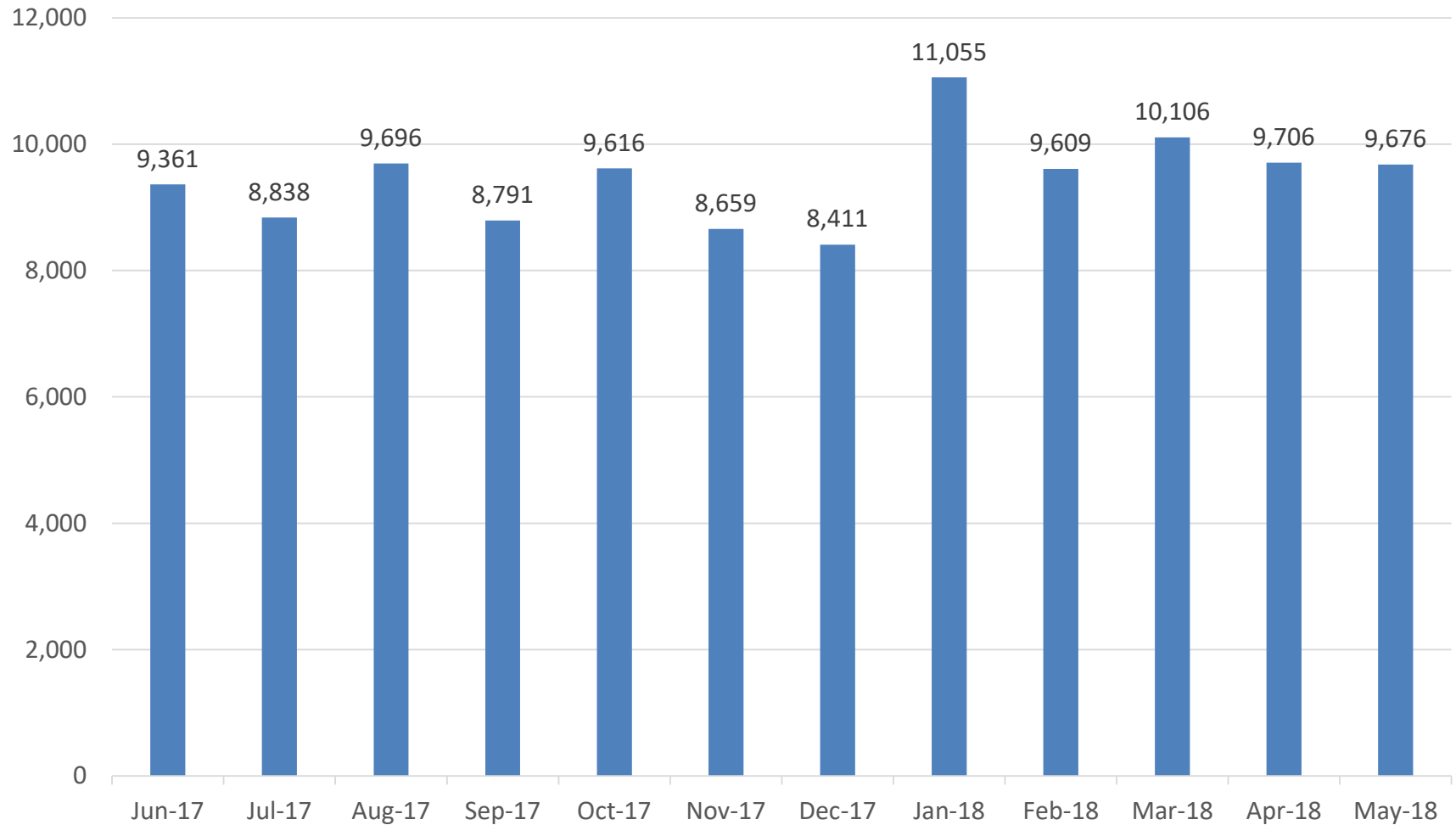
Total Phone Calls to the OMB

June 2017 through May 2018

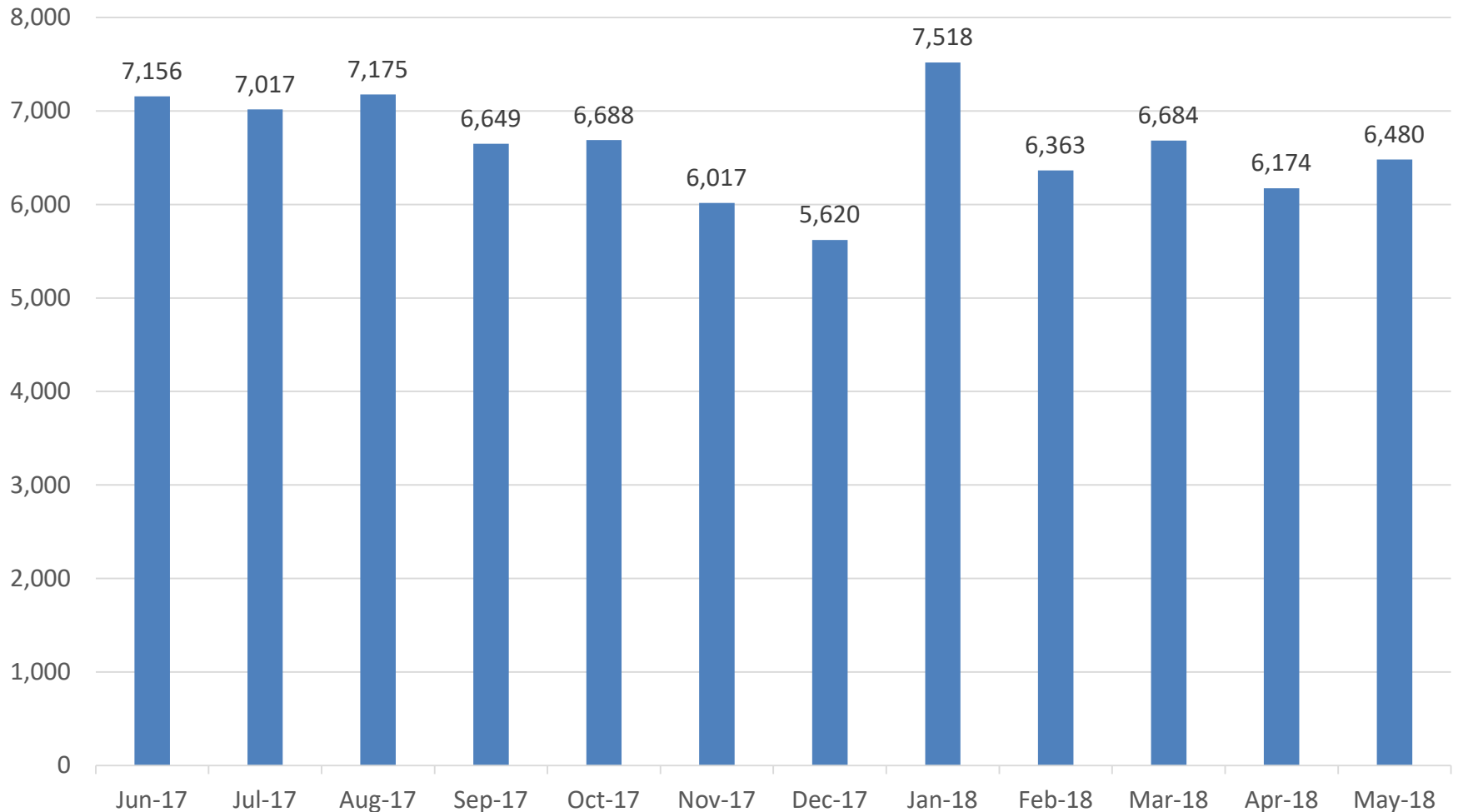
- Total phone calls: 207,631
 - ❖ Incoming calls handled by OMB: 113,524 (54%)
 - ❖ Queued callbacks: 1,817(1%)
 - ❖ Self-service IVR calls: 79,541 (38%)
 - ❖ Abandoned calls: 14,566 (7%)
 - ❖ Average queue time to speak to a representative (hold time) 6 minutes
 - ❖ Average length of call (Talk time) 8 minutes

Total Calls Handled by the OMB

(includes incoming and queued callbacks)

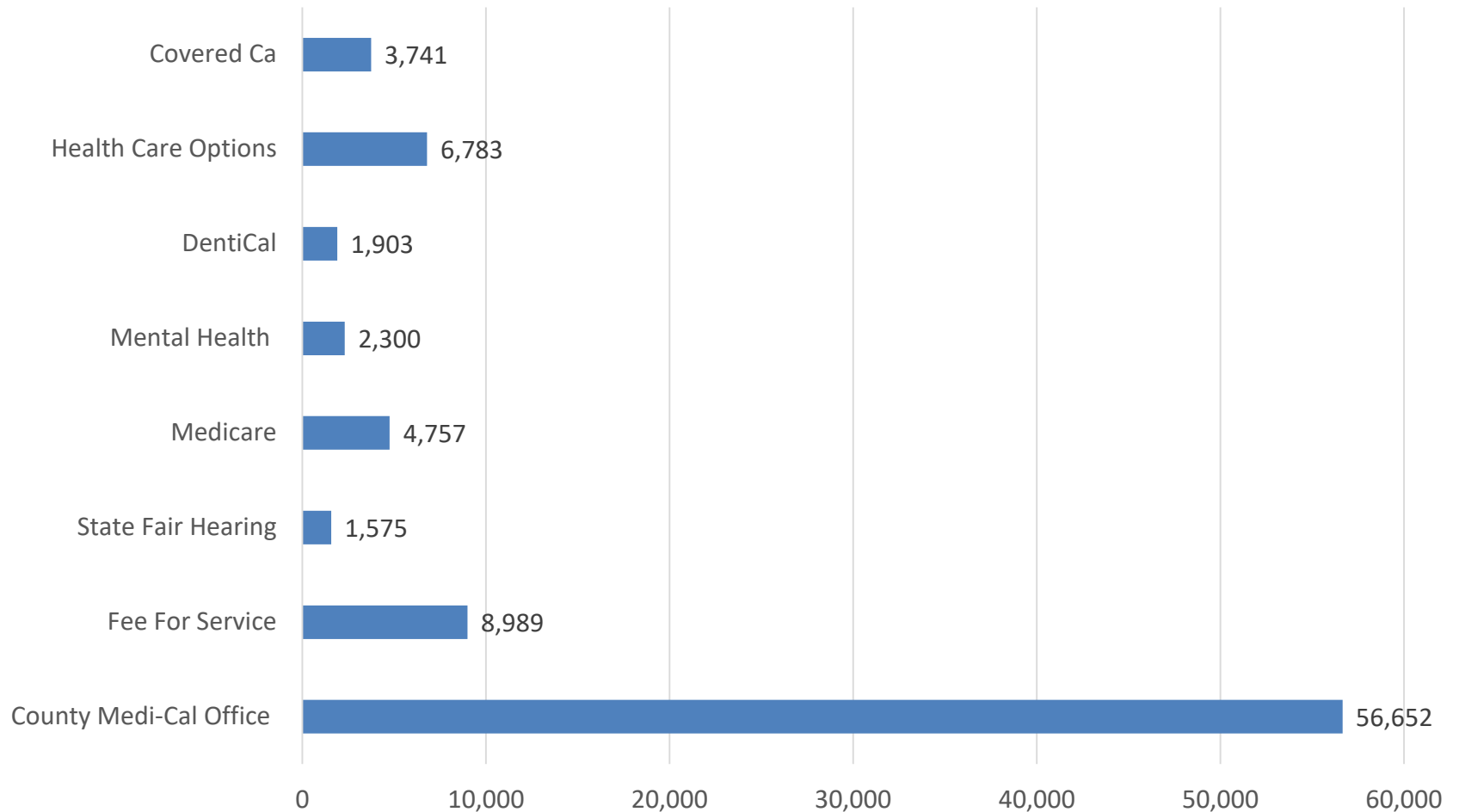


Self Service through the Interactive Voice Response (IVR) System



Self-Service Options Selected by Beneficiaries

June 2017 - May 2018





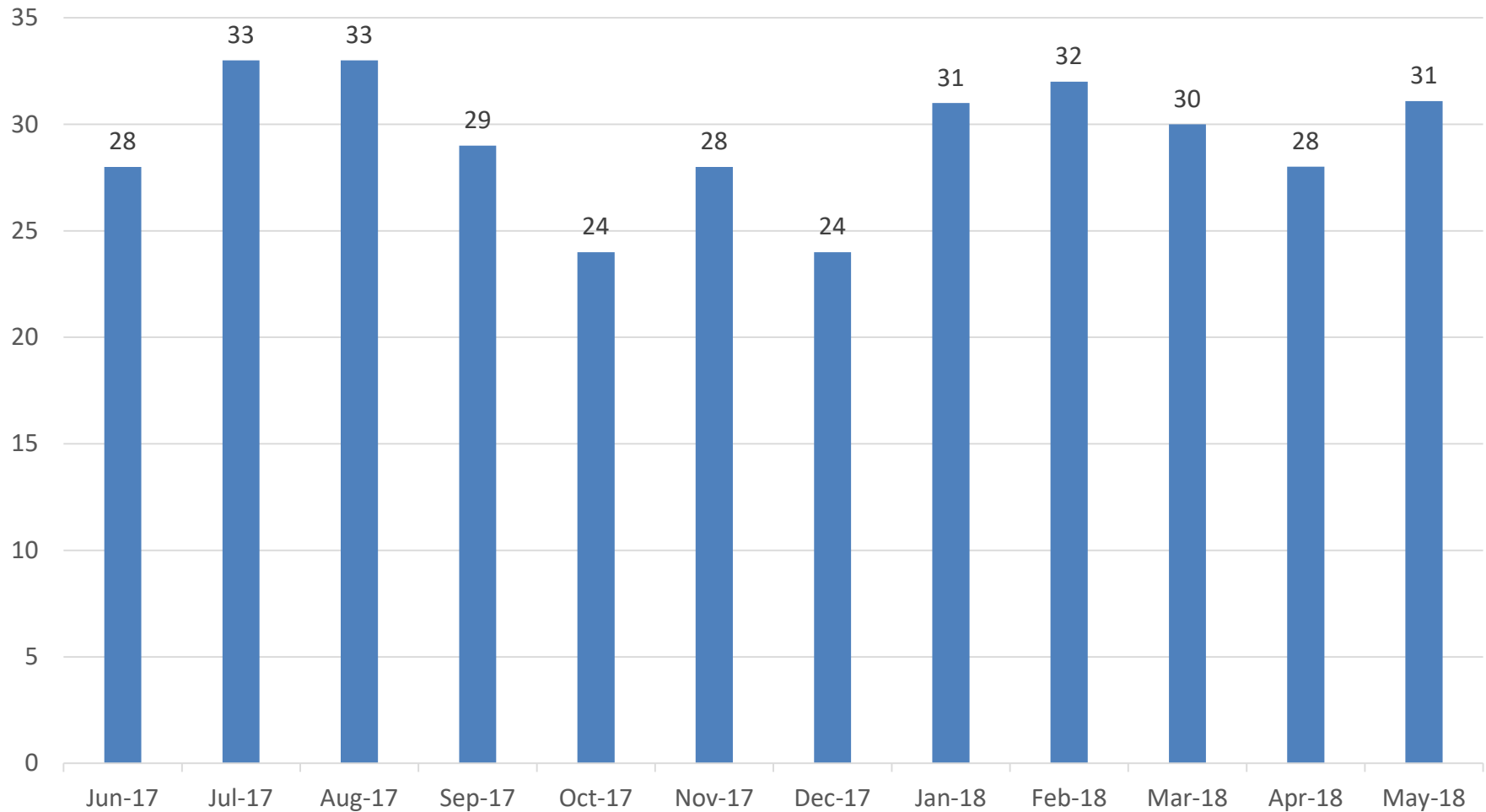
Total Cases Processed by the OMB

June 2017 through May 2018

- Total calls handled: 113,524
- Total e-mails: 5,561

In addition to phone contacts and e-mails, the OMB processed 25,174 requests from county offices (online fillable forms)

Average Daily Phone/E-Mail Cases Processed, Per OMB Analyst





Ways to Contact OMB

- Telephone (888) 452-8609
- Web Online Fillable Form - County Only
- Hours of operation: Monday – Friday, 8 a.m. – 5 p.m. excluding State holidays
- Website - <http://www.dhcs.ca.gov/services/medical/Pages/MMCDOfficeoftheOmbudsman.aspx>