



For the
love of
Californians



Ombuds Office Annual Report

FY 2024-2025

Issued May 15, 2026

A Note from the Ombuds Office Director

I am delighted to submit the Covered California Ombuds Office Annual Report for the fiscal year of 2024–25.

During the 2024–25 fiscal year, the Ombuds Office strengthened its operations and service to consumers. Policy changes led to a substantial increase in Ombuds Affairs Unit (OAU) cases, creating a significant backlog and pushing internal service levels to their limits, with some cases taking more than 30 days to resolve. By strategically reallocating internal Ombuds resources, the backlog was cleared within a few months. All cases were then, and continue to be, worked in date-received order with an expected resolution timeframe of 30 days or less. This progress was directly attributable to the support of the Appeals Fulfillment Unit (AFU) and the addition of two new analysts, which together enhanced our capacity and responsiveness.



We also made significant strides in improving consumer access and language equity. The Spanish version of the Ombuds website went live, allowing consumers to review web content and complete the Ombuds contact form in their preferred language. The Ombuds interactive voice response (IVR) was updated with new call flows, Spanish language menus, and a Spanish-only voicemail box, further improving the experience for Spanish-speaking callers. In addition, an Ombuds Spanish contact form was implemented on the Spanish Ombuds website, and both past and future Ombuds annual reports were made available on the Covered California Health Benefit Exchange website, increasing transparency and ease of access for the public.

I would like to thank the Ombuds Office staff and our partners for their dedication, collaboration, and hard work. Their commitment to impartial, objective service, and continuous improvement was essential to our ability to support consumers and stakeholders effectively.

Respectfully submitted,

Darryl Lewis
Director, Ombuds Office

Introduction

Background

The Ombuds Office consists of the Ombuds Affairs Unit and the Appeals Fulfillment Unit.

Although both units share the mission and core values of the Ombuds Office, each offers distinct resources to the consumer.

The Ombuds Affairs Unit assists consumers who reach out to the Ombuds Office with issues that have not been able to be resolved through regular channels. Assistance is provided by educating consumers, escalating cases to proper units (if necessary), coordinating between consumers and plans or county workers, and when appropriate, updating the system to reflect correct information provided by the consumer.

The Appeals Fulfillment Unit works with appellants who have submitted an appeal and have received an Administrative Law Judge's decision. They implement the decision, working with the appellant to ensure that the appellant is aware of their options and responsibilities.

Mission

The mission of the Covered California Ombuds Office is to serve as an objective, unbiased, and accessible resource tasked with assisting Covered California consumers in resolving an issue when other resolution or consumer service channel options have been exhausted, while also identifying systemic challenges affecting consumers and promoting solutions to prevent issues from recurring.

Core Values

Independence:

The Ombuds Office is free from outside control and influence. Independence is the core defining principle of an effective and credible Ombuds Office. It works independently of other Covered California departments but shares findings with Covered California executives.

Impartiality:

The Ombuds Office is committed to reviewing consumer issues without bias or preconception and always treat individuals in a fair and objective manner. Impartiality is at the heart of the Ombuds. It instills confidence in both the public and its partners.

Empowerment:

The Ombuds Office is committed to providing a range of responsible options to the consumer to make an educated decision. It strives to listen to consumers to understand their views and be sensitive to their concerns.

Excellence:

The Ombuds Office is accessible to all potential complainants and operates with honesty and fairness. It performs its responsibilities in a manner that engenders respect and confidence. The Ombuds Office strives to achieve the highest standards in the work that it does and add value to the organization.

How the Ombuds Office Works

Who should contact the Covered California Ombuds Office?

Covered California consumers who:

- Have contacted the Covered California Service Center, have had their issue escalated and a satisfactory resolution has not been provided.
- Have filed an appeal and a decision from the Administrative Law Judge has been issued.
- Have filed a Covered California complaint and it has been more than 30 days without an update.

How to contact the Ombuds Office?

Submit a Contact Form found at:

<https://www.coveredca.com/support/ombuds-office/>

Email: ombuds@covered.ca.gov

Call toll free: (888) 726-0840

What does the Ombuds Office do?

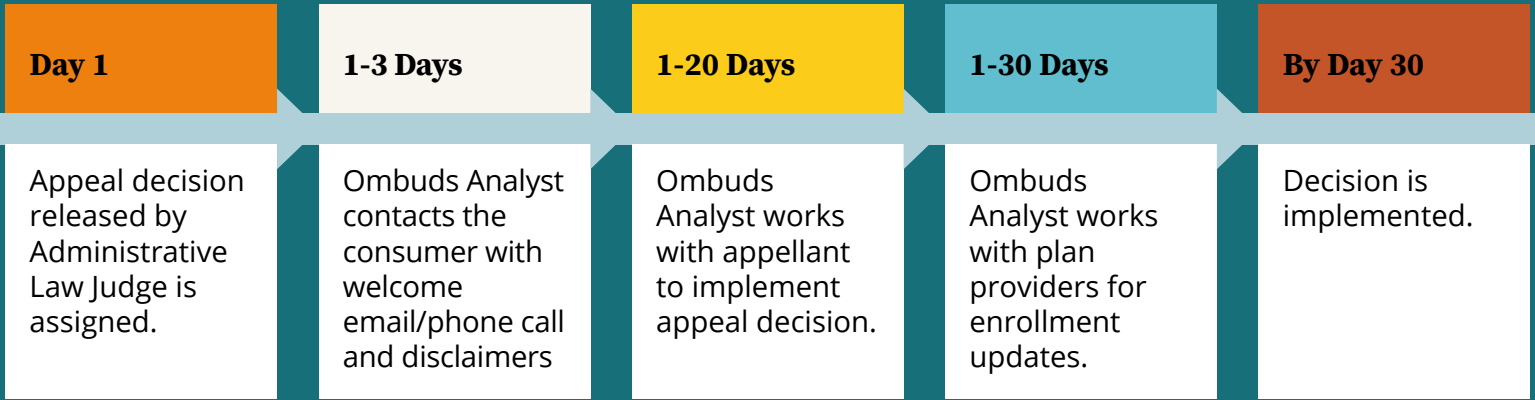
- Follow up on escalated issues.
- Recommend solutions or resources.
- Assist consumers with appeal decision implementations.
- Research and report on complaint statuses.
- Analysis of trending system issues for improvement and/or solution recommendations.

What is out of scope for the Ombuds Office?

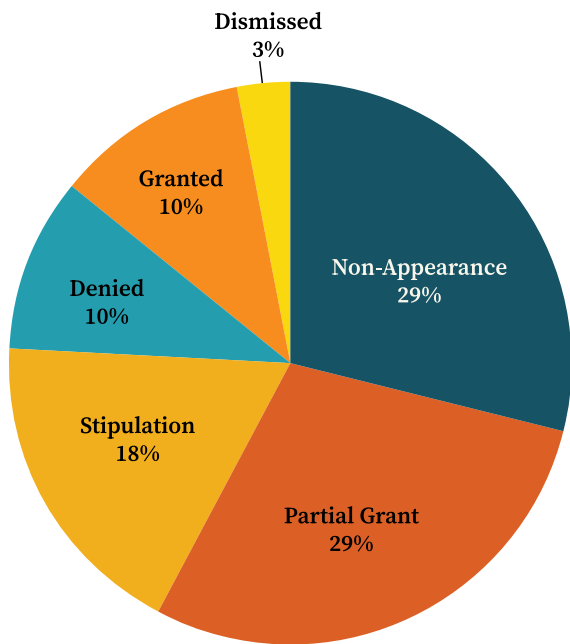
- Providing legal advice.
- Insurance companies products or services.
- Assisting with preparing appeal requests or complaint submissions.

Appeals Fulfillment Unit

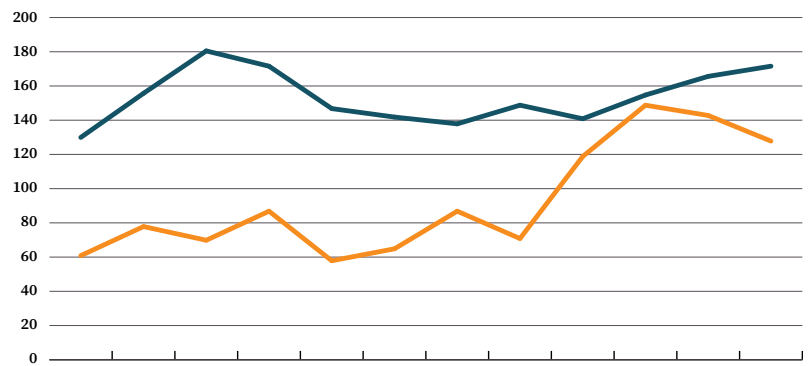
The Process



Decision Implementation



Comparative Analysis of Appeal Decisions Received



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
23/24	60	77	69	86	57	64	86	70	118	148	142	127
24/25	130	156	181	172	147	142	138	149	141	155	166	172

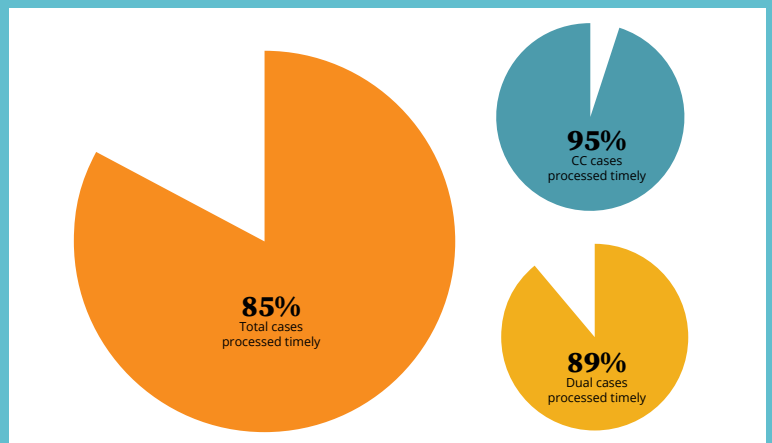
Timeliness

California Code of Regulations, Title 10, Section 6618(c)(1)

Upon receiving the appeal decision described in subdivision (b) of this section, the Exchange shall promptly, but no later than 30 days from the date of the appeal decision:

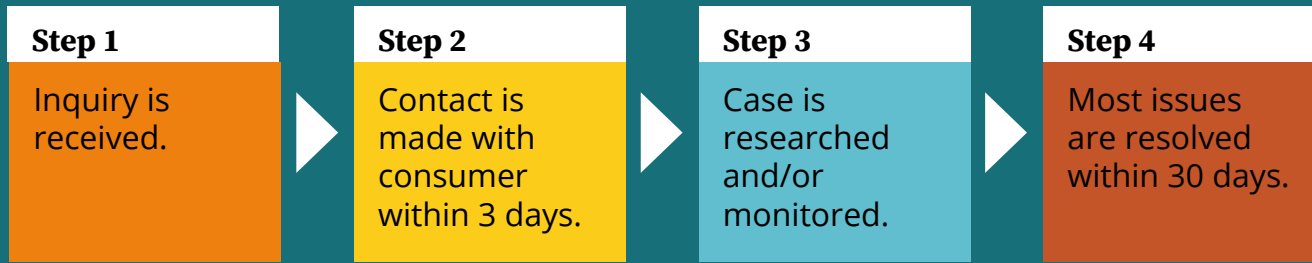
- (1) Implement the appeal decision...

CC = Cases involving only Covered California
 Dual = Cases involving the County and Covered California

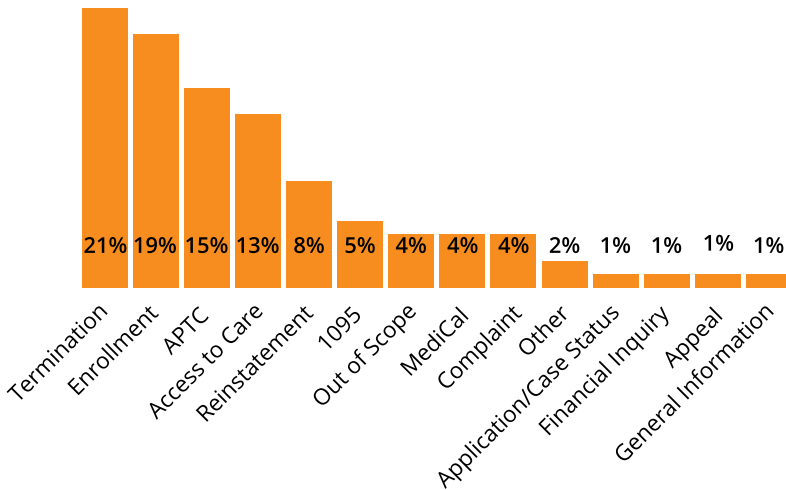


Ombuds Affairs Unit

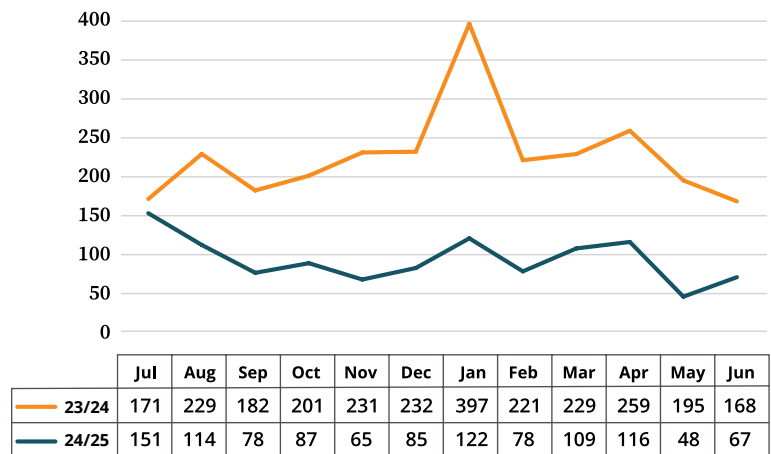
The Process



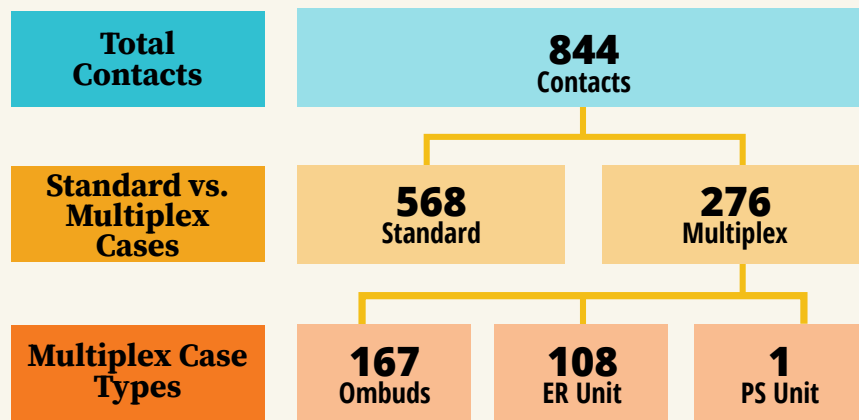
Top Subject Lines



Comparative Analysis of Inquiries Received



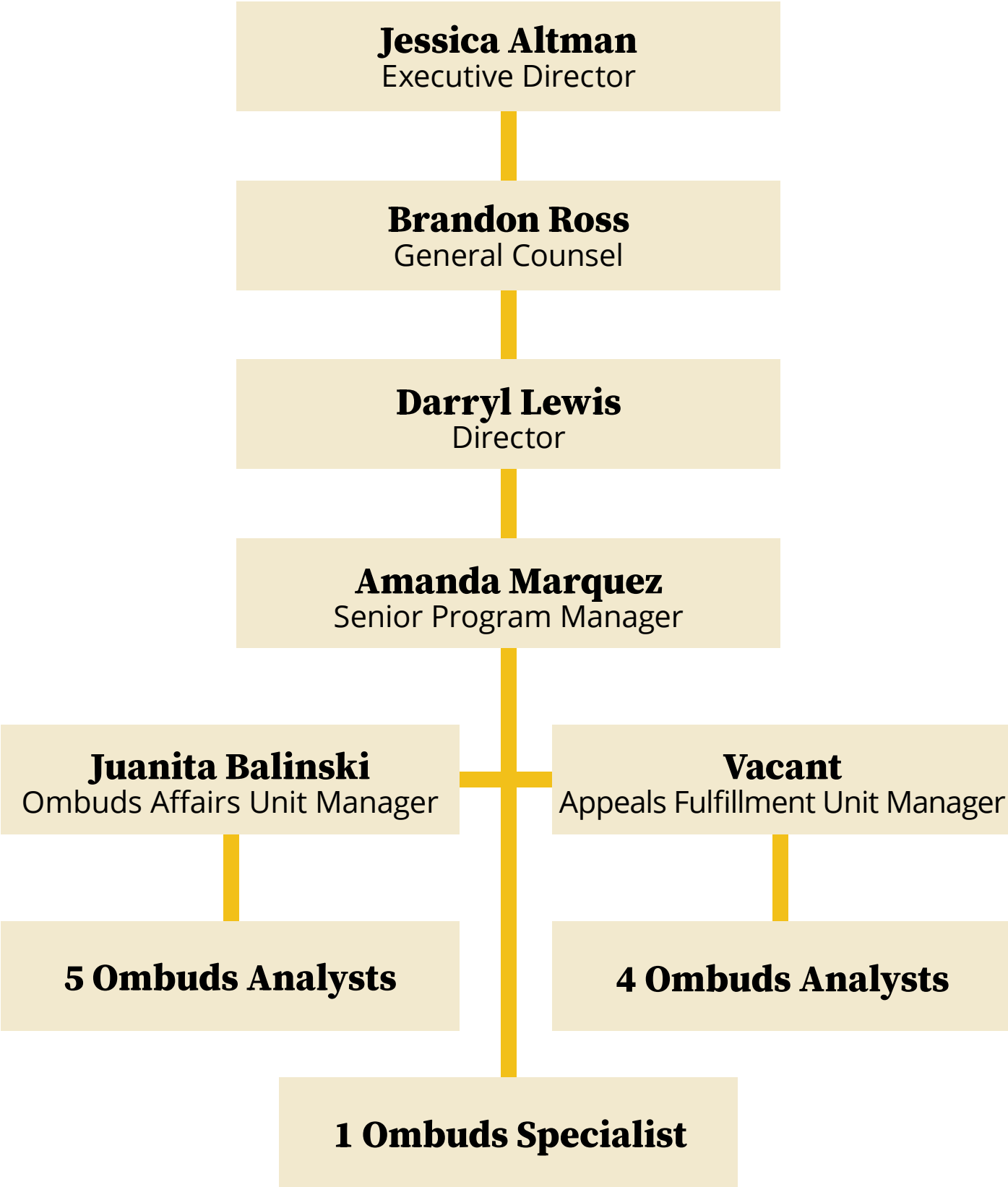
Comprehensive Breakdown



Of the 844 contacts received by the Ombuds Affairs Unit, 568 were standard inquiries where information or direction was provided. 276 were multiplex cases that either required elevation to a specialty unit (Escalation Resolution (ER) or Priority Support Unit (PSU)) or resolution in-house.

Appendix

Ombuds Organizational Chart



Appeals Fulfillment Unit

The Appeals Fulfillment Unit was created to independently implement consumer appeal decisions. Prior to the Appeals Fulfillment Unit, the Covered California Service Center Appeals Unit reviewed consumer appeals, participated in the appeal hearing and implemented the appeals decision. In order to eliminate a conflict of interest for Covered California, the Office of Legal Affairs and the Ombuds Office created separate units to take these actions after the hearing: review the appeals decision for validity and implement the decision.

What is the role of the Appeals Fulfillment Unit?

The Appeals Fulfillment Unit serves as an objective resource in implementing appeal decisions. Covered California is required to implement the final appeal decision no later than thirty (30) calendar days from the date the appeal decision is released. The Appeals Fulfillment Unit works directly with the consumer, and the county and carrier if applicable, to make the required change to a consumer's case when an appeal decision is received.

What does it mean to be objective?

The Appeals Fulfillment Unit is considered an objective entity because they are not a party to the hearing, the filing, or informal resolution process of an appeal.

What does the Appeals Fulfillment Unit do?

- Implement 1st and 2nd level final appeal decisions ordered by an Administrative Law Judge in a manner that ensures compliance with Covered California's 30-day mandated implementation timeline.
- Work with local county offices in implementing dual (requires Covered California and Medi-Cal involvement) appeal cases as specified in the final decision.
- Track the county process in implementing Medi-Cal actions prior to completing Covered California's actions for dual appeals.
- Work with Qualified Health Plans in coordinating system updates to reflect changes to a consumer's account as a result of a final decision.
- Review appeal cases to identify systemic challenges affecting consumers in order to promote solutions and prevent issues from recurring.

What does the Appeals Fulfillment Unit NOT do?

- Work on appeals prior to a final decision being released.
- Take actions outside of those specified in the final decision.
- Implement Small Business appeals.
- Provide legal advice to consumers.
- Provide tax advice to consumers.

Ombuds Affairs Unit

What is the role of the Ombuds Affairs Unit?

The Ombuds Affairs Unit assists California consumers who need help resolving highly complex issues and who have been unable to do so through other customer service channels.

What does it mean to be neutral?

Neutral, by definition, means to not help or support either side in a conflict or disagreement. For reference, objective means to not be unduly influenced by personal feelings or opinions in considering and representing facts. For the Ombuds Affairs Unit, this means to facilitate a fair and unbiased review of the consumer's concern, reduce the chances of miscommunication between the consumer and service channel, and assure that management and/or involved parties appropriately respond to consumer inquiries as required by procedures, policies, and regulations.

What does the Ombuds Affairs Unit do?

- Investigate consumers' unresolved issues after all channels have been exhausted.
- Respond to and research inquiries about Covered California and escalate to the proper department and/or management.
- Refer consumers to external partners as needed (e.g. Department of Managed Health Care, Health Consumer Alliance, Department of Health Care Service).
- Explain available options for consumers' unresolved issues or concerns.
- Explain Covered California policies and procedures.
- Identify systemic issues and areas of improvement for Covered California.

What does the Ombuds Affairs Unit NOT do?

- Serve in any role that compromises our neutrality.
- Serve as an advocate for management, employees, consumers or third parties.
- Act on a consumer issue until the Service Center or responsible unit/entity has an opportunity to resolve the issue first.
- Order the county to make changes or have system permissions to make changes on behalf of the county.
- Overturn decisions of existing dispute resolution.
- Make binding decisions or mandate policies.
- Provide legal advice or make recommendations to consumers.
- File or assist with filing appeals for consumers or represent consumers in their appeal.
- File or assist with filing a grievance or complaint with external partners for the consumers.