COVERED CALIFORNIA

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# Ombuds Office Annual Report

FY 2025-2026

Issued November 9, 2026

## A Note from the Ombuds Office Director



It is my pleasure to submit the Covered California Ombuds Office Annual Report for this reporting period. Fiscal year 2025–26 brought practical improvements to how the Covered California Ombuds Office connects with consumers, prepares its staff, and manages its work. Below highlights the initiatives and partnerships that helped make Ombuds services more accessible, responsive, and coordinated.

The Ombuds Office updated its mission and adopted a vision statement to guide its work. Together, these statements reaffirm our commitment to supporting and educating consumers with integrity and transparency while using research and collaboration to develop actionable solutions and advance long-lasting policy improvements.

The launch of the Ombuds Office chat feature was a major accomplishment this year. It provides consumers with another way to contact the Ombuds Office and receive real-time assistance using the tool on the Ombuds section of Covered California's .com page. We also expanded our education and outreach tools for internal partners. The Ombuds Office refreshed educational materials for all staff to provide information about Ombuds responsibilities, services, and available resources. In addition, we produced a recorded presentation for New Employee Training. The video provides a consistent introduction to the Ombuds units and extends our reach to internal partners who previously did not receive Ombuds presentations as part of their onboarding.

Workforce readiness and cross-program coordination remained important priorities as well. The Ombuds Affairs Unit (OAU) staff completed training on implementing administrative law judge decisions within the Appeals Fulfillment Unit (AFU), adding flexibility to our response plan in case volumes rise unexpectedly. The Service Center Appeals and Ombuds AFU teams established

monthly data exchange meetings to share information, address questions, and identify recurring issues for further analysis.

Staff worked to improve communication efforts with state and county partners to support timely completion of dual appeal implementation cases that require county intervention. Following its implementation, past-due appeal implementation cases fell to single digits and have remained at that level. Efforts with the California Department of Social Services State Hearing Management Division also led to addressing aging appeal decisions and a reduced risk of exceeding regulatory time frames and incurring penalties.

Our continuous improvement work included completing the initial pilot phase of the Informal Root Cause Analysis (IRCA) process. IRCA provides a focused review of the primary issue in an individual case without requiring a full formal Root Cause Analysis. After reviewing lessons learned, management refined the project guides and templates and assessed staff performance across the cases reviewed. With the initial pilot phase complete, the Ombuds Office will focus additional resources on identifying potential issue trends and providing resolution recommendations when appropriate.

The progress described in this report reflects the professionalism, flexibility, and commitment of Ombuds staff and our partners. Their daily efforts help ensure that consumers and stakeholders receive thoughtful, impartial, and timely support.

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

We objectively support and educate consumers facing barriers to healthcare with integrity and transparency.

## Vision

Through research and collaboration, we address consumer inquiries, organizational concerns, and systemic issues by creating actionable solutions that drive long-lasting policy improvements.

## 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 or Live Chat 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?

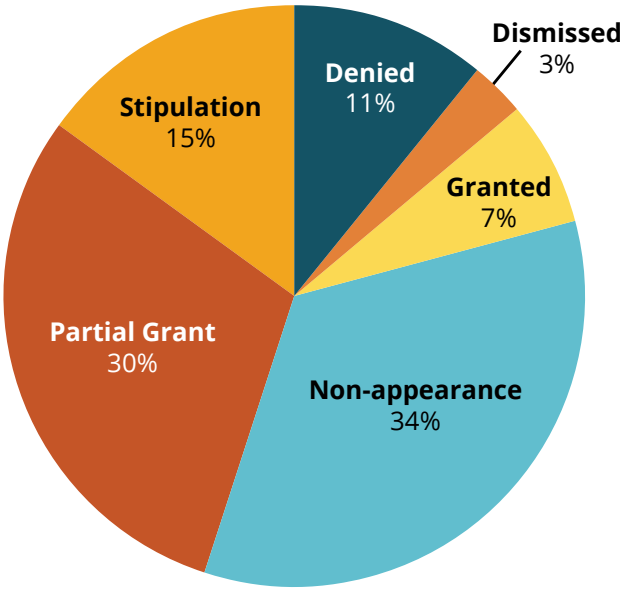
- Providing legal advice.
- Insurance companies products or services.
- Assisting with preparing appeal requests or complaint submissions.

# Appeals Fulfillment Unit

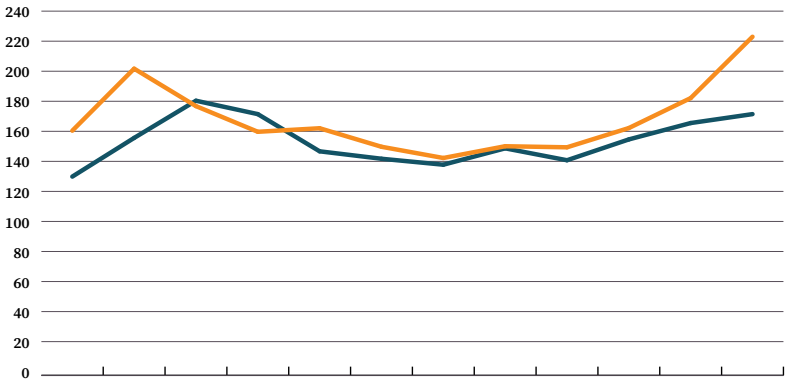
## The Process

| Day 1 | 1-3 Days | 1-20 Days | 1-30 Days | By Day 30 |
|---|---|---|---|---|
| Appeal decision released by Administrative Law Judge is assigned. | Ombuds Analyst contacts the consumer with welcome email/phone call and disclaimers | Ombuds Analyst works with appellant to implement appeal decision. | Ombuds Analyst works with plan providers for enrollment updates. | Decision is implemented. |

## Decision Implementation




## Comparative Analysis of Appeal Decisions Received



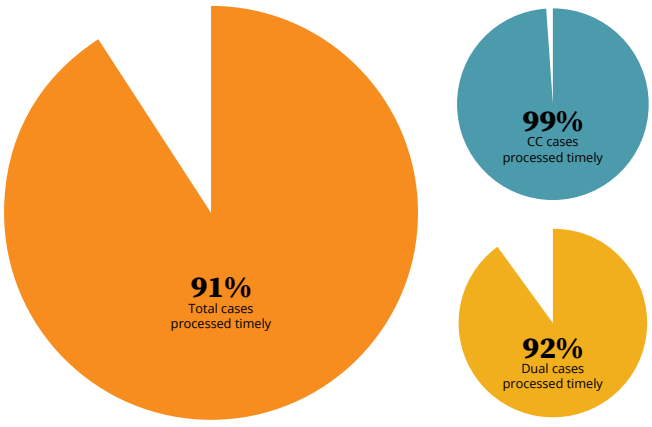

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| FY 24-25 | 130 | 156 | 181 | 172 | 147 | 142 | 138 | 149 | 141 | 155 | 166 | 172 |
| FY 25-26 | 162 | 210 | 175 | 160 | 168 | 151 | 143 | 154 | 149 | 164 | 181 | 226 |

## Timeliness

In 2025, the Appeals Fulfillment Unit introduced a county collaboration process that outlines timeline expectations for county follow-up and identifies escalation contacts. This process has contributed to improved county response times and compliance.

**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...



# Ombuds Affairs Unit

## The Process

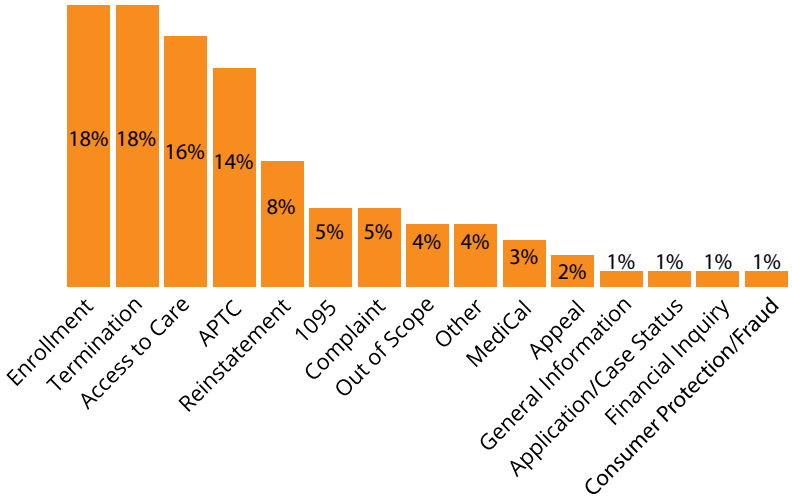
**Step 1**
Inquiry is received.

**Step 2**
Contact is made with consumer within 3 days.

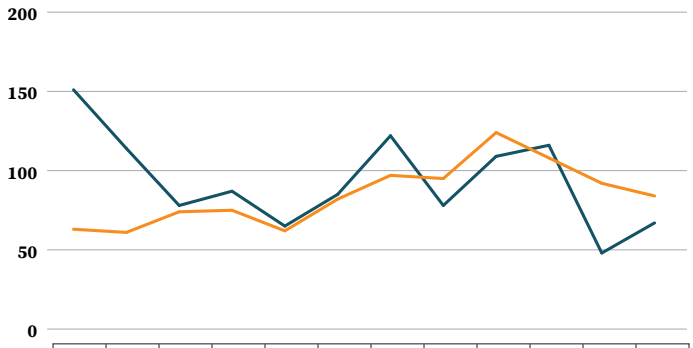
**Step 3**
Case is researched and/or monitored.

**Step 4**
Most issues are resolved within 30 days.

## Top Subject Lines

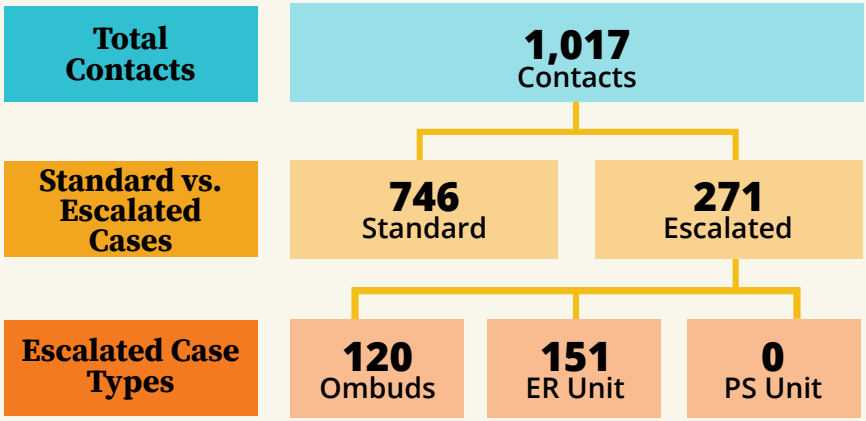



## Comparative Analysis of Inquiries Received




| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 24/25 | 151 | 114 | 78 | 87 | 65 | 85 | 122 | 78 | 109 | 116 | 48 | 67 |
| 25/26 | 63 | 61 | 74 | 75 | 62 | 82 | 97 | 95 | 124 | 108 | 92 | 84 |

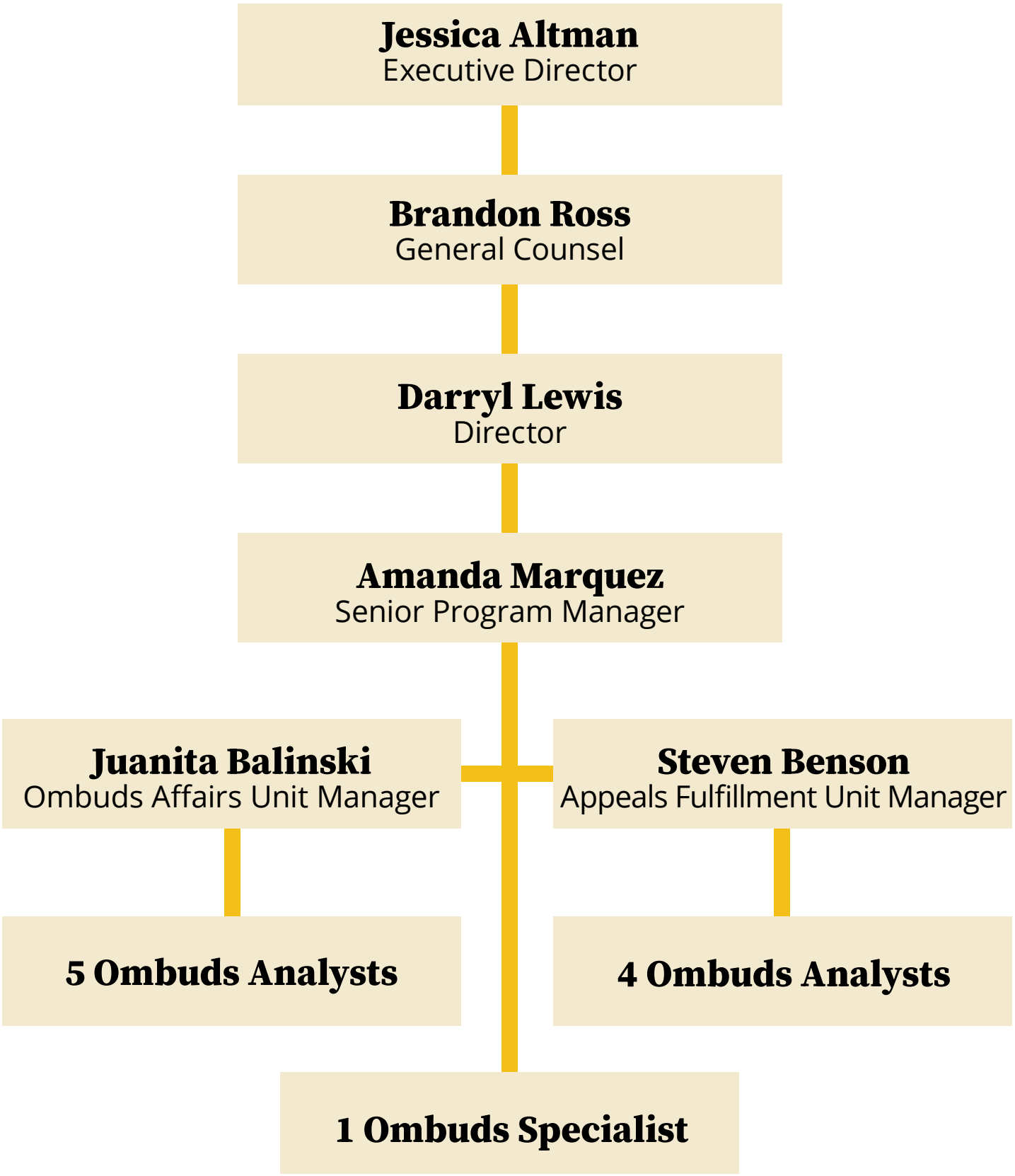
## Comprehensive Breakdown




Of the 1,017 contacts received by the Ombuds Affairs Unit, 746 were standard inquiries for which Ombuds staff provided information or direction. The remaining 271 were escalated cases that either required referral to a specialty unit within the Service Center Division—Escalation Resolution (ER) or Priority Support Unit (PSU) or were resolved by Ombuds staff.

# 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.