Managed Care Program Annual Report (MCPAR) for California: Medi-Cal Managed Care program (MCMC)

Due date	Last edited	Edited by	Status
06/29/2026	06/24/2026	Sabrina Wisdom	Submitted

	Indicator	Response
	Exclusion of CHIP from MCPAR Enrollees in separate CHIP programs funded under Title XXI should not be reported in the MCPAR. Please check this box if the state is unable to remove information about Separate CHIP enrollees from its reporting on this program.	Not Selected
	Did you submit or do you plan on submitting a Network Adequacy and Access Assurances (NAAAR) Report for this program for this reporting period through the MDCT online tool? If “No”, please complete the following questions under each plan.	Yes, I plan on submitting it in MDCT

Section A: Program Information

Point of Contact

Number	Indicator	Response
A1	**State name** Auto-populated from your account profile.	California
A2a	**Contact name** First and last name of the contact person. States that do not wish to list a specific individual on the report are encouraged to use a department or program-wide email address that will allow anyone with questions to quickly reach someone who can provide answers.	Farrah Samimi
A2b	**Contact email address** Enter email address. Department or program-wide email addresses ok.	Farrah.Samimi@dhcs.ca.gov
A3a	**Submitter name** CMS receives this data upon submission of this MCPAR report.	Sabrina Wisdom
A3b	**Submitter email address** CMS receives this data upon submission of this MCPAR report.	sabrina.wisdom@dhcs.ca.gov
A4	**Date of report submission** CMS receives this date upon submission of this MCPAR report.	06/25/2026

Reporting Period

Number	Indicator	Response
A5a	**Reporting period start date** Auto-populated from report dashboard.	01/01/2025
A5b	**Reporting period end date** Auto-populated from report dashboard.	12/31/2025
A6	**Program name** Auto-populated from report dashboard.	Medi-Cal Managed Care program (MCMC)

Add plans (A.7)

Enter the name of each plan that participates in the program for which the state is reporting data.

Indicator	Response
Plan name	Alameda Alliance for Health
	Anthem Blue Cross Partnership Health Plan
	Blue Shield of California Promise Health Plan
	CalOptima Health
	CalViva Health
	CenCal Health
	Central California Alliance for Health
	Community Health Group Partnership Plan
	Community Health Plan of Imperial Valley
	Contra Costa Health Plan
	Gold Coast Health Plan
	Health Net Community Solutions, Inc.
	Health Plan of San Joaquin
	Health Plan of San Mateo
	Inland Empire Health Plan
	Kaiser Foundation Health Plan, Inc.
	Kern Health Systems
	L.A. Care Health Plan
	Molina Healthcare of California
	Partnership HealthPlan of California
	Positive Health Care
	San Francisco Health Plan
	Santa Clara Family Health Plan
	SCAN Health Plan

Add BSS entities (A.8)

Enter the names of Beneficiary Support System (BSS) entities that support enrollees in the program for which the state is reporting data. Learn more about BSS entities at 42 CFR 438.71. See Glossary in Excel Workbook for the definition of BSS entities.

Examples of BSS entity types include a: State or Local Government Entity, Ombudsman Program, State Health Insurance Program (SHIP), Aging and Disability Resource Network (ADRN), Center for Indepedent Living (CIL), Legal Assistance Organization, Community-based Organization, Subcontractor, Enrollment Broker, Consultant, or Academic/Research Organization.

Indicator	Response
BSS entity name	Maximus, Enrollment Broker

Add In Lieu of Services and Settings (A.9)

This section must be completed if any in lieu of services or settings (ILOSs) *other than short term stays in an Institution for Mental Diseases (IMD)* are authorized for this managed care program. **Enter the name of each ILOS offered as it is identified in the managed care plan contract(s).** (See 42 CFR 438.3(e)(2) and 438.16).

Indicator	Response
ILOS name	Housing Transition Navigation Services Housing Deposits Housing Tenancy & Sustaining Services Respite Services Day Habilitation Programs Assisted Living Facility Transitions Community or Home Transition Services Personal Care & Homemaker Services Environmental Accessibility Adaptations Medically-Supportive Food/Medically Tailored Meals Sobering Centers Asthma Remediation

Section B: State-Level Indicators

Topic I. Program Characteristics and Enrollment

Number	Indicator	Response
BI.1	**Statewide Medicaid enrollment** Enter the average number of individuals enrolled in Medicaid per month during the reporting year (i.e., average member months). Include all FFS and managed care enrollees and count each person only once, regardless of the delivery system(s) in which they are enrolled.	14,718,299
BI.2	**Statewide Medicaid risk-based managed care enrollment** Enter the average number of individuals enrolled in risk-based Medicaid managed care per month during the reporting year (i.e., average member months). Include all MCOs and at-risk PIHPs and PAHPs only, and count each person only once, even if they are enrolled in multiple managed care programs or plans.	13,964,080

Topic III. Encounter Data Report

Number	Indicator	Response
BIII.1	**Data validation entity** Select the state agency/division or contractor tasked with evaluating the validity of encounter data submitted by MCPs. Encounter data validation includes verifying the accuracy, completeness, timeliness, and/or consistency of encounter data records submitted to the state by Medicaid managed care plans. Validation steps may include pre-acceptance edits and post-acceptance analyses. See Glossary in Excel Workbook for more information.	State Medicaid agency staff

Topic X: Program Integrity

Number	Indicator	Response
BX.1	**Payment risks between the state and plans** Describe service-specific or other focused PI activities that the state conducted during the past year in this managed care program. Examples include analyses focused on use of long-term services and supports (LTSS) or prescription drugs or activities that focused on specific payment issues to identify, address, and prevent fraud, waste or abuse. Consider data analytics, reviews of under/overutilization, and other activities. If no PI activities were performed, enter "No PI activities were performed during the reporting period" as your response. "N/A" is not an acceptable response.	The State's program integrity activities involve reviewing encounter data and claims for anomalies and questionable billing patterns under both the managed care plan (MCP) model and fee-for-service (FFS) model. The State performs data analytics to detect fraudulent activities, suspicious providers, and emerging fraud trends within the Medi-Cal program. Actionable leads generated from data analytics and case development efforts are then prioritized and investigated for suspected fraud, waste and abuse. The conclusion of these investigations may result in criminal referrals to the State's Medicaid Fraud Control Unit (MFCU) and/or administrative actions (e.g., educational letter, sanctions, penalties, overpayment recovery) taken against the provider. Recent cases involve prescription drugs and hospice services. In addition to requiring each MCP to maintain a comprehensive program integrity plan to combat fraud, waste and abuse; the State conducts annual managed care contract compliance audits. The results of these audits are used in part by the State to achieve its managed care contract oversight and monitoring objectives. Audit results are used to pursue Corrective Action Plans (CAP) from MCPs, and support sanctions and penalties imposed on non-compliant plans when warranted.
BX.2	**Contract standard for overpayments** Does the state allow plans to retain overpayments, require the return of overpayments, or has established a hybrid system? Select one.	State has established a hybrid system
BX.3	**Location of contract provision stating overpayment standard** Describe where the overpayment standard in the previous indicator is located in plan contracts, as required by 42 CFR 438.608(d)(1)(i).	Exhibit A, Attachment III, 1.3.6 Treatment of Overpayment Recoveries

BX.4	**Description of overpayment contract standard** Briefly describe the overpayment standard selected in indicator B.X.2.	The MCP shall retain all overpayment recoveries less than $25 million. For overpayments of $25 million or more, the State and the MCP will share the recovery amount equally.
BX.5	**State overpayment reporting monitoring** Describe how the state monitors plan performance in reporting overpayments to the state, e.g. does the state track compliance with this requirement and/or timeliness of reporting? The regulations at 438.604(a)(7), 608(a)(2) and 608(a)(3) require plan reporting to the state on various overpayment topics (whether annually or promptly). This indicator is asking the state how it monitors that reporting.	Per APL 23-011, overpayments of any amount that are related to fraud, waste, or abuse are reported by plans to DHCS through their Managed Care Operations Contract Manager and DHCS Audits and Investigations Unit. Additionally, all overpayments, including but not limited to overpayments due to fraud, waste, or abuse, to a single provider that are equal to or more than $25 million are reported by plans to their Contract Manager. The value of all overpayments and any recouped overpayments are reported to the Capitated Rates Development Division in the Rate Development Template (RDT) as part of the rate development process.
BX.6	**Changes in beneficiary circumstances** Describe how the state ensures timely and accurate reconciliation of enrollment files between the state and plans to ensure appropriate payments for enrollees experiencing a change in status (e.g., incarcerated, deceased, switching plans).	BSS sends a daily enrollment file to the State. The State provides a file back to the BSS daily for reconciliation between the State and BSS. The BSS provides plans with State accepted enrollments weekly. The State also provides plans with a daily and monthly 834 file that can be used to reconcile enrollments between the State and Plans.
BX.7a	**Changes in provider circumstances: Monitoring plans** Does the state monitor whether plans report provider “for cause” terminations in a timely manner under 42 CFR 438.608(a)(4)? Select one.	Yes
BX.7b	**Changes in provider circumstances: Metrics** Does the state use a metric or indicator to assess plan reporting performance? Select one.	Yes
BX.7c	**Changes in provider circumstances: Describe metric**	Managed Care Plans are contractually obligated to notify DHCS within ten working days of removing a suspended, excluded, or

	Describe the metric or indicator that the state uses.	terminated provider from its Provider Network and confirm that the provider is no longer receiving payments in connection with the Medicaid program. This information is collected from MCPs by DHCS' Medi-Cal Managed Care Program/Program Integrity Unit. The state has a field in the case management system that tracks the date plans removed a provider from their network. This new field allows the state to monitor if plans are notifying the state within 10 days of removing a provider from their network.
BX.8a	**Federal database checks: Excluded person or entities** During the state's federal database checks, did the state find any person or entity excluded? Select one. Consistent with the requirements at 42 CFR 455.436 and 438.602, the State must confirm the identity and determine the exclusion status of the MCO, PIHP, PAHP, PCCM or PCCM entity, any subcontractor, as well as any person with an ownership or control interest, or who is an agent or managing employee of the MCO, PIHP, PAHP, PCCM or PCCM entity through routine checks of Federal databases.	Yes
BX.8b	**Federal database checks: Summarize instances of exclusion** Summarize the instances and whether the entity was notified as required in 438.602(d). Report actions taken, such as plan-level sanctions and corrective actions.	As part of the State-level Medi-Cal enrollment process, DHCS reviews providers against the exclusionary databases (i.e. Social Security Administration's Death Master File, National Plan and Provider Enumeration System, List of Excluded Individuals/Entities, CMS' Medicare Exclusion Database, DHCS' Suspended and Ineligible Provider List, and Restricted Provider Database) upon initial enrollment and again at re-enrollment within five years. DHCS also requires MCPs to check exclusionary databases regularly and no less than monthly as per All Plan Letter (APL) 21-003 and APL 22-013 with triggering actions upon discovery. DHCS' audit program contains scope that allows DHCS to review MCPs' credentialing files to confirm that providers are appropriately licensed/certified/registered, have good standing in the Medicare and Medicaid/Medi-Cal programs, and possess a valid NPI number. Additionally, during the state's federal database

		checks, DHCS informs Managed Care Plans of provider NPIs that were invalid in the National Plan and Provider Enumeration System.
BX.9a	**Website posting of 5 percent or more ownership control** Does the state post on its website the names of individuals and entities with 5% or more ownership or control interest in MCOs, PIHPs, PAHPs, PCCMs and PCCM entities and subcontractors? Refer to 42 CFR 438.602(g)(3) and 455.104.	Yes
BX.9b	**Website posting of 5 percent or more ownership control: Link** What is the link to the website? Refer to 42 CFR 602(g)(3).	https://www.healthcareoptions.dhcs.ca.gov/content/dam/digital/united-states/california/ca-hco/quality_reporting/2025-Program-Integrity-Report.pdf
BX.10	**Periodic audits** If the state conducted any audits during the contract year to determine the accuracy, truthfulness, and completeness of the encounter and financial data submitted by the plans, provide the link(s) to the audit results. Refer to 42 CFR 438.602(e). If no audits were conducted, please enter "No such audits were conducted during the reporting year" as your response. "N/A" is not an acceptable response.	Mercer (contractor) performs periodic audits of financial data submitted by each MCP, pursuant to 42 CFR 438.602(e) on DHCS' behalf. DHCS is fully compliant with both 42 CFR 438.602(e) and 438.602.(g)(4). DHCS has continued to perform Rate Develpment Template (RDT) audits on a rolling basis to ensure that the requirements set forth in 42 CFR 438.602(e) are met. Location of Periodic Audits: https://www.dhcs.ca.gov/dataandstats/reports/Pages/MMCDFinancialReports.aspx Location of Encounter Data Validation Study Reports: https://www.dhcs.ca.gov/dataandstats/reports/Pages/MgdCareQualPerfEDV.aspx

Topic XIII. Prior Authorization

Beginning June 2026, Indicators B.XIII.1a-b–2a-b must be completed. Submission of this data before June 2026 is optional.

Number	Indicator	Response
N/A	**Are you reporting data prior to June 2026?**	Yes
BXIII.1a	**Timeframes for standard prior authorization decisions** Plans must provide notice of their decisions on prior authorization requests as expeditiously as the enrollee's condition requires and within state-established timeframes. For rating periods that start before January 1, 2026, a state's time frame may not exceed 14 calendar days after receiving the request. For rating periods that start on or after January 1, 2026, a state's time frame may not exceed 7 calendar days after receiving the request. Does the state set timeframes shorter than these maximum timeframes for standard prior authorization requests?	Yes
BXIII.1b	**State's timeframe for standard prior authorization decisions** Indicate the state's maximum timeframe, as number of days, for plans to provide notice of their decisions on standard prior authorization requests.	14
BXIII.2a	**Timeframes for expedited prior authorization decisions** Plans must provide notice of their decisions on prior authorization requests as expeditiously as the enrollee's condition requires and no later than 72 hours after receipt of the request for service. Does the state set timeframes shorter than the maximum timeframe for expedited prior authorization requests?	No

Section C: Program-Level Indicators

Topic I: Program Characteristics

Number	Indicator	Response
C1I.1	**Program contract** Enter the title of the contract between the state and plans participating in the managed care program.	Medi-Cal Managed Care Plan (MCP) Contract January 1, 2024; Senior Care Action Network (SCAN) Plan FIDE SNP Contract January 1, 2008
N/A	Enter the date of the contract between the state and plans participating in the managed care program.	01/01/2024
C1I.2	**Contract URL** Provide the hyperlink to the model contract or landing page for executed contracts for the program reported in this program.	https://www.dhcs.ca.gov/provgovpart/Pages/MMCDBoilerplateContracts.aspx
C1I.3	**Program type** What is the type of MCPs that contract with the state to provide the services covered under the program? Select one.	Managed Care Organization (MCO)
C1I.4a	**Special program benefits** Are any of the four special benefit types covered by the managed care program: (1) behavioral health, (2) long-term services and supports, (3) dental, and (4) transportation, or (5) none of the above? Select one or more. Only list the benefit type if it is a covered service as specified in a contract between the state and managed care plans participating in the program. Benefits available to eligible program enrollees via fee-for-service should not be listed here.	Behavioral health Long-term services and supports (LTSS) Dental Transportation
C1I.4b	**Variation in special benefits** What are any variations in the availability of special benefits within the program (e.g. by service area or population)? Enter “N/A” if not applicable.	Dental is a benefit covered under Health Plan of San Mateo through a pilot program.
C1I.5	**Program enrollment** Enter the average number of individuals enrolled in this managed care program per	13,960,642

	month during the reporting year (i.e., average member months).	
C1I.6	**Changes to enrollment or benefits** Briefly explain any major changes to the population enrolled in or benefits provided by the managed care program during the reporting year. If there were no major changes, please enter “There were no major changes to the population or benefits during the reporting year” as your response. “N/A” is not an acceptable response.	Benefit Changes: Effective January 1, 2025, the Whole Child Model (WCM) program that incorporates California Children’s Services (CCS) program covered services for Medi-Cal eligible CCS children and youth was expanded and implemented under the following managed care plans and counties: Central California Alliance for Health: Mariposa, San Benito; Partnership Health Plan of California: Butte, Colusa, Glenn, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Yuba; Kaiser Foundation Health Plan: Mariposa, Placer, Sutter, Yuba. Enrollment Changes: Assembly Bill (AB) 118 (Committee on Budget, Chapter 42, Statutes of 2023 -SEC.157) amended Welfare and Institutions Code (W&I) section 14184.200 mandating Foster Youth and Former Foster Youth Medi-Cal members living specifically in Single Plan counties (i.e., Alameda, Contra Costa and Imperial) to transition from Medi-Cal Fee-For-Service to enroll as Members in an MCP on or after January 1, 2025.

Topic II: Medical Loss Ratio (MLR) Reporting

Number	Indicator	Response
C1II.1	**Submission Date of Most Recent MLR Report** When is the last date the state submitted the MLR Summary Report in the Medicaid Data Collection Tool (MDCT) MLR Portal for this program?	12/31/2025
C1II.2	**Most Recent MLR Reporting Period** Please report the beginning date of that MLR reporting period.	01/01/2023
N/A	Please report the end date of that MLR reporting period.	12/31/2023
C1II.3	**MLR Validation Completion** Has the state completed the validation of plan MLR data for the current MCPAR reporting period by the submission date of this report for all plans? (See detailed reporting in Section D1.II by plan.)	No
C1II.3a	**Anticipated Validation Date** When does the state anticipate doing so?	10/2027

Topic III: Encounter Data Report

Number	Indicator	Response
C1III.1	**Uses of encounter data** For what purposes does the state use encounter data collected from managed care plans (MCPs)? Select one or more. Federal regulations require that states, through their contracts with MCPs, collect and maintain sufficient enrollee encounter data to identify the provider who delivers any item(s) or service(s) to enrollees (42 CFR 438.242(c)(1)).	Rate setting Quality/performance measurement Monitoring and reporting Contract oversight Program integrity Policy making and decision support
C1III.2	**Criteria/measures to evaluate MCP performance** What types of measures are used by the state to evaluate managed care plan performance in encounter data submission and correction? Select one or more. Federal regulations also require that states validate that submitted enrollee encounter data they receive is a complete and accurate representation of the services provided to enrollees under the contract between the state and the MCO, PIHP, or PAHP. 42 CFR 438.242(d).	Timeliness of initial data submissions Use of correct file formats Provider ID field complete Overall data accuracy (as determined through data validation) Other, specify – Contractor (Mercer) staff leverage Encounter Data Stoplight reports to evaluate completeness by comparing the amount of utilization reported through each MCP's rate development template and the amount of encounter data reported to DHCS.
C1III.3	**Encounter data performance criteria contract language** Provide reference(s) to the contract section(s) that describe the criteria by which managed care plan performance on encounter data submission and correction will be measured. Use contract section references, not page numbers.	Exhibit A, Attachment III, Subsection 2.1.2 (Encounter Data Reporting)

C1III.4	**Financial penalties contract language** Provide reference(s) to the contract section(s) that describes any financial penalties the state may impose on plans for the types of failures to meet encounter data submission and quality standards. Use contract section references, not page numbers.	Exhibit E, Section 1.19 (Sanctions)
C1III.5	**Incentives for encounter data quality** Describe the types of incentives that may be awarded to managed care plans for encounter data quality. Reply with N/A if the program does not use incentives to reward encounter data quality.	Managed Care Plans (MCPs) are incentivized to provide accurate and complete encounter data as part of the Auto Assignment Incentive Program (AAIP). The AAIP is designed to reward MCPs with higher performance on select quality measures with additional Medi-Cal membership by assigning more members to better-performing MCPs. Historically, Safety Net Primary Care Provider (PCP) Assignment as detailed in Assembly Bill (AB) 85 (Chapter 24, Statues of 2013) and Encounter Data Quality were part of AAIP. Going forward, they are independently assessed and monitored by the program and are not factored into the methodology unless a plan is out of compliance with AB 85, in which case the AAIP program will be adjusted per AB 85 requirements.
C1III.6	**Barriers to collecting/validating encounter data** Describe any barriers to collecting and/or validating managed care plan encounter data that the state has experienced during the reporting year. If there were no barriers, please enter “The state did not experience any barriers to collecting or validating encounter data during the reporting year” as your response. “N/A” is not an acceptable response.	The state did not experience any barriers to collecting or validating encounter data during the reporting year.

Topic IV. Appeals, State Fair Hearings & Grievances

Number	Indicator	Response
C1IV.1	**State's definition of "critical incident", as used for reporting purposes in its MLTSS program** If this report is being completed for a managed care program that covers LTSS, what is the definition that the state uses for "critical incidents" within the managed care program? Respond with "N/A" if the managed care program does not cover LTSS.	DHCS defines critical incidents as the following: Occurrences such as epidemic outbreaks, poisonings, fires, major accidents, death from unnatural causes or other catastrophes and unusual occurrences which threaten the welfare, safety or health of patients, and any instances of suspected or alleged abuse, neglect, exploitation, and/or mistreatment.
C1IV.2	**State definition of "timely" resolution for standard appeals** Provide the state's definition of timely resolution for standard appeals in the managed care program. Per 42 CFR §438.408(b)(2), states must establish a timeframe for timely resolution of standard appeals that is no longer than 30 calendar days from the day the MCO, PIHP or PAHP receives the appeal.	30 calendar days
C1IV.3	**State definition of "timely" resolution for expedited appeals** Provide the state's definition of timely resolution for expedited appeals in the managed care program. Per 42 CFR §438.408(b)(3), states must establish a timeframe for timely resolution of expedited appeals that is no longer than 72 hours after the MCO, PIHP or PAHP receives the appeal.	72 hours

C1IV.4	**State definition of "timely" resolution for grievances** Provide the state's definition of timely resolution for grievances in the managed care program. Per 42 CFR §438.408(b)(1), states must establish a timeframe for timely resolution of grievances that is no longer than 90 calendar days from the day the MCO, PIHP or PAHP receives the grievance.	For standard grievances: 30 calendar days For expedited grievances: 72 hours

Topic IX: Beneficiary Support System (BSS)

Number	Indicator	Response
C1IX.1	**BSS website** List the website(s) and/or email address(es) that beneficiaries use to seek assistance from the BSS through electronic means. Separate entries with commas.	HCO Website: https://www.healthcareoptions.dhcs.ca.gov/
C1IX.2	**BSS auxiliary aids and services** How do BSS entities offer services in a manner that is accessible to all beneficiaries who need their services, including beneficiaries with disabilities, as required by 42 CFR 438.71(b)(2))? CFR 438.71 requires that the beneficiary support system be accessible in multiple ways including phone, Internet, in-person, and via auxiliary aids and services when requested.	Beneficiary support systems is accessible by phone, internet, and in person through DHCS Health Care Options (HCO) enrollment broker, Maximus. Beneficiary support systems includes a Telephone Call Center (TCC), HCO website (https://www.healthcareoptions.dhcs.ca.gov), and In-Person support services. The TCC assists applicants or beneficiaries in understanding, selecting, and enrolling in a Medi-Cal managed care plan. The TCC is accessible through a statewide toll-free helpline and staffed to provide information and assistance in all threshold languages. TCC provides a Telecommunications Device for the Deaf (TDD)/Teletypewriter (TTY) telephone line with a messaging system for the hearing impaired that is available during normal business hours and has a call back option available after normal business hours. The HCO website provides health care options program information and answers to frequently asked questions. HCO website also provides access to informing materials, choice forms, in-person presentation schedules, lists of health plans and links to health plan websites, Provider Information Network, eligibility status and Beneficiary enrollment information. The website also provides help page and a link to request assistance, email questions and comments online. HCO CSP website is in compliance with the California Web Accessibility Standards and applicable provisions the Americans with Disability Act (ADA). In Person support is provided by Enrollment Service Representatives (ESRs) who provide education and outreach through face-to-face presentations, including in-person choice counseling, and outreach events. ESRs assist applicants and beneficiaries in understanding, selecting, and using managed care health plans. Presentation Site locations and schedules can be found on the HCO website or by calling the Telephone Call Center

		(TCC). ESR/Presentation Site locations ensure disabled, hearing and/or visually impaired applicants or beneficiaries understand their health care options by providing presentations and informing materials in alternate formats that comply with the Americans with Disability Act (ADA). Presentation Site facilities are physically accessible to individuals with disabilities pursuant to section 1557 of the Patient Protection and Affordable Care Act (45 CFR 92.203). Beneficiary support systems assist disabled, hearing and/or visually impaired applicants or beneficiaries to understand their health care options by providing presentations and informing materials in alternate formats that comply with ADA. Mailings are mailed to beneficiaries in all threshold languages, as well as in Alternative Formats for persons with disabilities i.e. Braille, Large Print, and Audio CD. Additionally, in-person support can be scheduled with sign language interpreters for beneficiaries who need it. TCC provides auxiliary aids such as TTY/TDD.
C1IX.3	**BSS LTSS program data** How do BSS entities assist the state with identifying, remediating, and resolving systemic issues based on a review of LTSS program data such as grievances and appeals or critical incident data? Refer to 42 CFR 438.71(d)(4). If the program does not offer LTSS, enter “N/A”.	BSS has a State-approved and contractually required complaint and grievance process. Beneficiary complaints on systemic issues, including issues related to LTSS program data, are documented, investigated, and delivered to the DHCS for research and resolution.
C1IX.4	**State evaluation of BSS entity performance** What are steps taken by the state to evaluate the quality, effectiveness, and efficiency of the BSS entities’ performance?	DHCS monitors activities objectively and systematically, measuring and reporting on operation performance, as well as reviewing operations policies and procedures for the purpose of providing recommendations for improvements in the performance of BSS. DHCS ensures BSS performance standards are regularly monitored, evaluated, and revised to ensure compliance of the Telephone Call Center, Educations and Outreach, Informing Materials, Enrollment/Disenrollment Processing, Complaints and Grievance Resolution, Quality Management Program, Reports Reporting, Records Retention and Retrieval, Security and Confidentiality. In addition to the BSS being required to maintain an ISO 9001 certified Quality Management

System, the BSS is required to meet stringent SLAs, which is monitored by DHCS. Additionally, BSS performance is monitored and evaluated by beneficiary feedback on the quality of service provided by the BSS. Data is collected and reviewed through a Caller Satisfaction Evaluation Tool. DHCS monitors activities objectively and systematically, measuring and reporting on operation performance, as well as reviewing operations policies and procedures for the purpose of providing recommendations for improvements in the performance of BSS. DHCS ensures BSS performance standards are regularly monitored, evaluated, and revised to ensure compliance of the Telephone Call Center, Educations and Outreach, Informing Materials, Enrollment/Disenrollment Processing, Complaints and Grievance Resolution, Quality Management Program, Reports Reporting, Records Retention and Retrieval, Security and Confidentiality. In addition to the BSS being required to maintain an ISO 9001 certified Quality Management System, the BSS is required to meet stringent service level agreements, which is monitored by DHCS. Additionally, BSS performance is monitored and evaluated by beneficiary feedback on the quality of service provided by the BSS. Data is collected and reviewed through a Caller Satisfaction Evaluation Tool.

Topic X: Program Integrity

Number	Indicator	Response
C1X.3	**Prohibited affiliation disclosure** Did any plans disclose prohibited affiliations? If the state took action, enter those actions under D: Plan-level Indicators, Section VIII - Sanctions (Corresponds with Tab D3 in the Excel Workbook). Refer to 42 CFR 438.610(d).	Yes

Topic XII. Mental Health and Substance Use Disorder Parity

Number	Indicator	Response
C1XII.4	**Does this program include MCOs?** If "Yes", please complete the following questions.	Yes
C1XII.5	**Are ANY services provided to MCO enrollees by a PIHP, PAHP, or FFS delivery system?** (i.e. some services are delivered via fee for service (FFS), prepaid inpatient health plan (PIHP), or prepaid ambulatory health plan (PAHP) delivery system)	Yes
C1XII.6	**Did the State or MCOs complete the most recent parity analysis(es)?**	State
C1XII.7a	**Have there been any events in the reporting period that necessitated an update to the parity analysis(es)?** (e.g. changes in benefits, quantitative treatment limits (QTLs), non-quantitative treatment limits (NQTLs), or financial requirements; the addition of a new managed care plan (MCP) providing services to MCO enrollees; and/or deficiencies corrected)	No
C1XII.8	**When was the last parity analysis(es) for this program completed?** States with ANY services provided to MCO enrollees by an entity other than an MCO should report the date the state completed its most recent summary parity analysis report. States with NO services provided to MCO enrollees by an entity other than an MCO should report the most recent date any MCO sent the state its parity analysis (the state may have multiple reports, one for each MCO).	10/02/2017
C1XII.9	**When was the last parity analysis(es) for this program**	10/02/2017

	submitted to CMS? States with ANY services provided to MCO enrollees by an entity other than an MCO should report the date the state's most recent summary parity analysis report was submitted to CMS. States with NO services provided to MCO enrollees by an entity other than an MCO should report the most recent date the state submitted any MCO's parity report to CMS (the state may have multiple parity reports, one for each MCO).	
C1XII.10a	**In the last analysis(es) conducted, were any deficiencies identified?**	Yes
C1XII.10b	**In the last analysis(es) conducted, describe all deficiencies identified.**	DHCS identified the following deficiencies under the Managed Care Plan delivery system: 1. DHCS identified deficiencies regarding AMSC quantitative limits on screenings and brief interventions and were addressed in APL 17-016. 2. DHCS identified deficiencies regarding AMSC provider training requirements and were addressed in APL 17-016. 3. DHCS identified deficiencies regarding Prior authorization processes for non-specialty mental health services and were addressed in APL 17-018. 4. DHCS identified deficiencies regarding Statewide Network Adequacy standards and were addressed in APL 20-003. 5. DHCS identified deficiencies regarding Transportation policy for non-MCP covered services and were addressed in APL 17-010.
C1XII.11a	**As of the end of this reporting period, have these deficiencies been resolved for all plans?**	Yes
C1XII.12a	**Has the state posted the current parity analysis(es) covering this program on its website?** The current parity analysis/analyses must be posted on the state Medicaid program website. States with ANY services provided to MCO enrollees by an entity other	Yes

	than MCO should have a single state summary parity analysis report.States with NO services provided to MCO enrollees by an entity other than the MCO may have multiple parity reports (by MCO), in which case all MCOs' separate analyses must be posted. A "Yes" response means that the parity analysis for either the state or for ALL MCOs has been posted.	
C1XII.12b	**Provide the URL link(s).** Response must be a valid hyperlink/URL beginning with "http://" or "https://". Separate links with commas.	https://www.dhcs.ca.gov/forms-laws-publications/mental-health-parity/#:~:text=Parity%20compliance%20requires%20that%20the,prescription%20drugs%2C%20and%20emergency%20services.

Section D: Plan-Level Indicators

Topic I. Program Characteristics & Enrollment

Number	Indicator	Response
D1I.1	**Plan enrollment** Enter the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member months).	**Alameda Alliance for Health** 405,068 **Anthem Blue Cross Partnership Health Plan** 829,301 **Blue Shield of California Promise Health Plan** 189,595 **CalOptima Health** 878,217 **CalViva Health** 433,049 **CenCal Health** 241,996 **Central California Alliance for Health** 441,939 **Community Health Group Partnership Plan** 377,429 **Community Health Plan of Imperial Valley** 97,915 **Contra Costa Health Plan** 264,903 **Gold Coast Health Plan** 242,106 **Health Net Community Solutions, Inc.** 1,588,859 **Health Plan of San Joaquin** 410,284 **Health Plan of San Mateo** 148,273

Inland Empire Health Plan

1,488,153

Kaiser Foundation Health Plan, Inc.

1,211,927

Kern Health Systems

404,625

L.A. Care Health Plan

2,355,401

Molina Healthcare of California

548,619

Partnership HealthPlan of California

904,743

Positive Health Care

922

San Francisco Health Plan

179,122

Santa Clara Family Health Plan

297,872

SCAN Health Plan

20,324

D1I.2

Plan share of Medicaid

What is the plan enrollment (within the specific program) as a percentage of the state's total Medicaid enrollment? Numerator: Plan enrollment (D1.I.1)Denominator: Statewide Medicaid enrollment (B.I.1)

Alameda Alliance for Health

2.8%

Anthem Blue Cross Partnership Health Plan

5.6%

Blue Shield of California Promise Health Plan

1.3%

CalOptima Health

6%

CalViva Health

2.9%

CenCal Health

1.6%

Central California Alliance for Health

3%

Community Health Group Partnership Plan

2.6%

Community Health Plan of Imperial Valley

0.7%

Contra Costa Health Plan

1.8%

Gold Coast Health Plan

1.6%

Health Net Community Solutions, Inc.

10.8%

Health Plan of San Joaquin

2.8%

Health Plan of San Mateo

1%

Inland Empire Health Plan

10.1%

Kaiser Foundation Health Plan, Inc.

8.2%

Kern Health Systems

2.7%

L.A. Care Health Plan

16%

Molina Healthcare of California

3.7%

Partnership HealthPlan of California

6.1%

Positive Health Care

0%

San Francisco Health Plan

1.2%

Santa Clara Family Health Plan

2%

SCAN Health Plan

0.1%

D1I.3

Plan share of risk-based Medicaid managed care

What is the plan enrollment (regardless of program) as a percentage of total Medicaid enrollment in risk-based managed care?Numerator: Plan enrollment (D1.I.1)Denominator: Statewide Medicaid risk-based managed care enrollment (B.I.2)

Alameda Alliance for Health

2.9%

Anthem Blue Cross Partnership Health Plan

5.9%

Blue Shield of California Promise Health Plan

1.4%

CalOptima Health

6.3%

CalViva Health

3.1%

CenCal Health

1.7%

Central California Alliance for Health

3.2%

Community Health Group Partnership Plan

2.7%

Community Health Plan of Imperial Valley

0.7%

Contra Costa Health Plan

1.9%

Gold Coast Health Plan

1.7%

Health Net Community Solutions, Inc.

11.4%

Health Plan of San Joaquin

2.9%

Health Plan of San Mateo

1.1%

Inland Empire Health Plan

10.7%

Kaiser Foundation Health Plan, Inc.

8.7%

Kern Health Systems

2.9%

L.A. Care Health Plan

16.9%

Molina Healthcare of California

3.9%

Partnership HealthPlan of California

6.5%

Positive Health Care

0%

San Francisco Health Plan

1.3%

Santa Clara Family Health Plan

2.1%

SCAN Health Plan

0.1%

D1I.4: Parent

Organization: The name of the parent entity that controls the Medicaid Managed Care Plan.

If the managed care plan is owned or controlled by a separate entity (parent), report the name of that entity. If the managed care plan is not

Alameda Alliance for Health

Alameda Alliance for Health

Anthem Blue Cross Partnership Health Plan

Blue Cross of California Partnership Plan

controlled by a separate entity, please report the managed care plan name in this field.

Blue Shield of California Promise Health Plan

Blue Shield of California Promise Health Plan

CalOptima Health

Orange County Health Authority, A Public Agency

CalViva Health

Fresno-Kings-Madera Regional Health Authority

CenCal Health

Santa Barbara San Luis Obispo Regional Health Authority

Central California Alliance for Health

Santa Cruz-Monterey-Merced-San Benito-Mariposa Managed Medical Care Commission

Community Health Group Partnership Plan

CHG Foundation

Community Health Plan of Imperial Valley

Imperial County Local Health Authority

Contra Costa Health Plan

County of Contra Costa

Gold Coast Health Plan

Ventura County Medi-Cal Managed Care Commission

Health Net Community Solutions, Inc.

Health Net Community Solutions, Inc.

Health Plan of San Joaquin

Health Plan of San Joaquin

Health Plan of San Mateo

San Mateo Health Commission

Inland Empire Health Plan

Inland Empire Health Plan

Kaiser Foundation Health Plan, Inc.

Kaiser Foundation Health Plan, Inc.

Kern Health Systems

Kern Health Systems

L.A. Care Health Plan

L.A. Care Health Plan

Molina Healthcare of California

Molina Healthcare of California

Partnership HealthPlan of California

Partnership HealthPlan of California

Positive Health Care

AIDS Healthcare Foundation

San Francisco Health Plan

San Francisco Health Authority

Santa Clara Family Health Plan

Santa Clara Family Health Plan

SCAN Health Plan

SCAN Health Plan

Topic II: Medical Loss Ratio (MLR) Reporting

Number	Indicator	Response
D1II.1	**MLR Data Received** Has the state received the MLR data specified at 42 CFR 438.8(k) from this plan for the current MCPAR reporting period as of the submission date of this MCPAR report?	**Alameda Alliance for Health** No **Anthem Blue Cross Partnership Health Plan** No **Blue Shield of California Promise Health Plan** No **CalOptima Health** No **CalViva Health** No **CenCal Health** No **Central California Alliance for Health** No **Community Health Group Partnership Plan** No **Community Health Plan of Imperial Valley** No **Contra Costa Health Plan** No **Gold Coast Health Plan** No **Health Net Community Solutions, Inc.**

No

Health Plan of San Joaquin

No

Health Plan of San Mateo

No

Inland Empire Health Plan

No

Kaiser Foundation Health Plan, Inc.

No

Kern Health Systems

No

L.A. Care Health Plan

No

Molina Healthcare of California

No

Partnership HealthPlan of California

No

Positive Health Care

No

San Francisco Health Plan

No

Santa Clara Family Health Plan

No

SCAN Health Plan

No

D1II.1c	**Projected Date for Receipt of MLR Data for This Reporting**	**Alameda Alliance for Health**

Period

When does the state anticipate receiving MLR data for this reporting period from this plan?

12/2026

Anthem Blue Cross Partnership Health Plan

12/2026

Blue Shield of California Promise Health Plan

12/2026

CalOptima Health

12/2026

CalViva Health

12/2026

CenCal Health

12/2026

Central California Alliance for Health

12/2026

Community Health Group Partnership Plan

12/2026

Community Health Plan of Imperial Valley

12/2026

Contra Costa Health Plan

12/2026

Gold Coast Health Plan

12/2026

Health Net Community Solutions, Inc.

12/2026

Health Plan of San Joaquin

12/2026

Health Plan of San Mateo

12/2026

Inland Empire Health Plan

12/2026

Kaiser Foundation Health Plan, Inc.

12/2026

Kern Health Systems

12/2026

L.A. Care Health Plan

12/2026

Molina Healthcare of California

12/2026

Partnership HealthPlan of California

12/2026

Positive Health Care

12/2026

San Francisco Health Plan

12/2026

Santa Clara Family Health Plan

12/2026

SCAN Health Plan

12/2026

Topic III. Encounter Data

Number	Indicator	Response
D1III.1	**Definition of timely encounter data submissions** Describe the state's standard for timely encounter data submissions used in this program. If reporting frequencies and standards differ by type of encounter within this program, please explain.	**Alameda Alliance for Health** This measure reports the lagtime for submitting encounter data. Lagtime is the time, in days, between the Date of Service (DOS) and the Submission Date to DHCS. It analyzes the percentage of encounters by lag category. While it is reasonable for some encounters to have longer lagtimes, the expectation is that most encounters have shorter lagtimes of less than 120 days). To pass at least 95% of encounters must meet the timeliness threshold of 365 days. **Anthem Blue Cross Partnership Health Plan** This measure reports the lagtime for submitting encounter data. Lagtime is the time, in days, between the Date of Service (DOS) and the Submission Date to DHCS. It analyzes the percentage of encounters by lag category. While it is reasonable for some encounters to have longer lagtimes, the expectation is that most encounters have shorter lagtimes of less than 120 days). To pass at least 95% of encounters must meet the timeliness threshold of 365 days. **Blue Shield of California Promise Health Plan** This measure reports the lagtime for submitting encounter data. Lagtime is the time, in days, between the Date of Service (DOS) and the Submission Date to DHCS. It analyzes the percentage of encounters by lag category. While it is reasonable for some encounters to have longer lagtimes, the expectation is that most encounters have shorter lagtimes of less than 120 days). To pass at least 95% of encounters must meet the timeliness threshold of 365 days. **CalOptima Health** This measure reports the lagtime for submitting encounter data. Lagtime is the time, in days, between the Date of Service

(DOS) and the Submission Date to DHCS. It analyzes the percentage of encounters by lag category. While it is reasonable for some encounters to have longer lagtimes, the expectation is that most encounters have shorter lagtimes less than 120 days). To pass at least 95% of encounters must meet the timeliness threshold of 365 days.

CalViva Health

This measure reports the lagtime for submitting encounter data. Lagtime is the time, in days, between the Date of Service (DOS) and the Submission Date to DHCS. It analyzes the percentage of encounters by lag category. While it is reasonable for some encounters to have longer lagtimes, the expectation is that most encounters have shorter lagtimes less than 120 days). To pass at least 95% of encounters must meet the timeliness threshold of 365 days.

CenCal Health

This measure reports the lagtime for submitting encounter data. Lagtime is the time, in days, between the Date of Service (DOS) and the Submission Date to DHCS. It analyzes the percentage of encounters by lag category. While it is reasonable for some encounters to have longer lagtimes, the expectation is that most encounters have shorter lagtimes less than 120 days). To pass at least 95% of encounters must meet the timeliness threshold of 365 days.

Central California Alliance for Health

This measure reports the lagtime for submitting encounter data. Lagtime is the time, in days, between the Date of Service (DOS) and the Submission Date to DHCS. It analyzes the percentage of encounters by lag category. While it is reasonable for some encounters to have longer lagtimes, the expectation is that most encounters have shorter lagtimes less than 120 days). To pass at least 95% of encounters must meet the timeliness threshold of 365 days.

Community Health Group Partnership Plan

This measure reports the lagtime for submitting encounter data. Lagtime is the

time, in days, between the Date of Service (DOS) and the Submission Date to DHCS. It analyzes the percentage of encounters by lag category. While it is reasonable for some encounters to have longer lagtimes, the expectation is that most encounters have shorter lagtimes less than 120 days). To pass at least 95% of encounters must meet the timeliness threshold of 365 days.

Community Health Plan of Imperial Valley

This measure reports the lagtime for submitting encounter data. Lagtime is the time, in days, between the Date of Service (DOS) and the Submission Date to DHCS. It analyzes the percentage of encounters by lag category. While it is reasonable for some encounters to have longer lagtimes, the expectation is that most encounters have shorter lagtimes less than 120 days). To pass at least 95% of encounters must meet the timeliness threshold of 365 days.

Contra Costa Health Plan

This measure reports the lagtime for submitting encounter data. Lagtime is the time, in days, between the Date of Service (DOS) and the Submission Date to DHCS. It analyzes the percentage of encounters by lag category. While it is reasonable for some encounters to have longer lagtimes, the expectation is that most encounters have shorter lagtimes < 120 days). To pass at least 95% of encounters must meet the timeliness threshold of 365 days.

Gold Coast Health Plan

This measure reports the lagtime for submitting encounter data. Lagtime is the time, in days, between the Date of Service (DOS) and the Submission Date to DHCS. It analyses the percentage of encounters by lag category. While it is reasonable for some encounters to have longer lagtimes, the expectation is that most encounters have shorter lagtimes less than 120 days). To pass at least 95% of encounters must meet the timeliness threshold of 365 days.

Health Net Community Solutions, Inc.

This measure reports the lagtime for submitting encounter data. Lagtime is the time, in days, between the Date of Service (DOS) and the Submission Date to DHCS. It analyzes the percentage of encounters by lag category. While it is reasonable for some encounters to have longer lagtimes, the expectation is that most encounters have shorter lagtimes less than 120 days). To pass at least 95% of encounters must meet the timeliness threshold of 365 days.

Health Plan of San Joaquin

This measure reports the lagtime for submitting encounter data. Lagtime is the time, in days, between the Date of Service (DOS) and the Submission Date to DHCS. It analyses the percentage of encounters by lag category. While it is reasonable for some encounters to have longer lagtimes, the expectation is that most encounters have shorter lagtimes less than 120 days). To pass at least 95% of encounters must meet the timeliness threshold of 365 days.

Health Plan of San Mateo

This measure reports the lagtime for submitting encounter data. Lagtime is the time, in days, between the Date of Service (DOS) and the Submission Date to DHCS. It analyses the percentage of encounters by lag category. While it is reasonable for some encounters to have longer lagtimes, the expectation is that most encounters have shorter lagtimes less than 120 days). To pass at least 95% of encounters must meet the timeliness threshold of 365 days.

Inland Empire Health Plan

This measure reports the lagtime for submitting encounter data. Lagtime is the time, in days, between the Date of Service (DOS) and the Submission Date to DHCS. It analyzes the percentage of encounters by lag category. While it is reasonable for some encounters to have longer lagtimes, the expectation is that most encounters have shorter lagtimes less than 120 days). To pass at least 95% of encounters must meet the timeliness threshold of 365 days.

Kaiser Foundation Health Plan, Inc.

This measure reports the lagtime for submitting encounter data. Lagtime is the time, in days, between the Date of Service (DOS) and the Submission Date to DHCS. It analyzes the percentage of encounters by lag category. While it is reasonable for some encounters to have longer lagtimes, the expectation is that most encounters have shorter lagtimes less than 120 days). To pass at least 95% of encounters must meet the timeliness threshold of 365 days.

Kern Health Systems

This measure reports the lagtime for submitting encounter data. Lagtime is the time, in days, between the Date of Service (DOS) and the Submission Date to DHCS. It analyzes the percentage of encounters by lag category. While it is reasonable for some encounters to have longer lagtimes, the expectation is that most encounters have shorter lagtimes less than 120 days). To pass at least 95% of encounters must meet the timeliness threshold of 365 days.

L.A. Care Health Plan

This measure reports the lagtime for submitting encounter data. Lagtime is the time, in days, between the Date of Service (DOS) and the Submission Date to DHCS. It analyzes the percentage of encounters by lag category. While it is reasonable for some encounters to have longer lagtimes, the expectation is that most encounters have shorter lagtimes less than 120 days). To pass at least 95% of encounters must meet the timeliness threshold of 365 days.

Molina Healthcare of California

This measure reports the lagtime for submitting encounter data. Lagtime is the time, in days, between the Date of Service (DOS) and the Submission Date to DHCS. It analyzes the percentage of encounters by lag category. While it is reasonable for some encounters to have longer lagtimes, the expectation is that most encounters have shorter lagtimes less than 120 days). To pass at least 95% of encounters must meet the timeliness threshold of 365 days.

Partnership HealthPlan of California

This measure reports the lagtime for submitting encounter data. Lagtime is the time, in days, between the Date of Service (DOS) and the Submission Date to DHCS. It analyzes the percentage of encounters by lag category. While it is reasonable for some encounters to have longer lagtimes, the expectation is that most encounters have shorter lagtimes less than 120 days). To pass at least 95% of encounters must meet the timeliness threshold of 365 days.

Positive Health Care

This measure reports the lagtime for submitting encounter data. Lagtime is the time, in days, between the Date of Service (DOS) and the Submission Date to DHCS. It analyzes the percentage of encounters by lag category. While it is reasonable for some encounters to have longer lagtimes, the expectation is that most encounters have shorter lagtimes less than 120 days). To pass at least 95% of encounters must meet the timeliness threshold of 365 days.

San Francisco Health Plan

This measure reports the lagtime for submitting encounter data. Lagtime is the time, in days, between the Date of Service (DOS) and the Submission Date to DHCS. It analyzes the percentage of encounters by lag category. While it is reasonable for some encounters to have longer lagtimes, the expectation is that most encounters have shorter lagtimes less than 120 days). To pass at least 95% of encounters must meet the timeliness threshold of 365 days.

Santa Clara Family Health Plan

This measure reports the lagtime for submitting encounter data. Lagtime is the time, in days, between the Date of Service (DOS) and the Submission Date to DHCS. It analyzes the percentage of encounters by lag category. While it is reasonable for some encounters to have longer lagtimes, the expectation is that most encounters have shorter lagtimes less than 120 days). To pass at least 95% of encounters must meet the timeliness threshold of 365 days.

SCAN Health Plan

This measure reports the lagtime for submitting encounter data. Lagtime is the time, in days, between the Date of Service (DOS) and the Submission Date to DHCS. It analyzes the percentage of encounters by lag category. While it is reasonable for some encounters to have longer lagtimes, the expectation is that most encounters have shorter lagtimes less than 120 days). To pass at least 95% of encounters must meet the timeliness threshold of 365 days.

D1III.2	**Share of encounter data submissions that met state's timely submission requirements** What percent of the plan's encounter data file submissions (submitted during the reporting year) met state requirements for timely submission? If the state has not yet received any encounter data file submissions for the entire contract year when it submits this report, the state should enter here the percentage of encounter data submissions that were compliant out of the file submissions it has received from the managed care plan for the reporting year.	**Alameda Alliance for Health** 99.4% **Anthem Blue Cross Partnership Health Plan** 90.8% **Blue Shield of California Promise Health Plan** 94.9% **CalOptima Health** 97.3% **CalViva Health** 96.8% **CenCal Health** 92% **Central California Alliance for Health** 97.8% **Community Health Group Partnership Plan** 97.4% **Community Health Plan of Imperial Valley** 98.8% **Contra Costa Health Plan** 98.2% **Gold Coast Health Plan** 97% **Health Net Community Solutions, Inc.**

96.4%

Health Plan of San Joaquin

96.5%

Health Plan of San Mateo

98.3%

Inland Empire Health Plan

99.2%

Kaiser Foundation Health Plan, Inc.

99.5%

Kern Health Systems

98.7%

L.A. Care Health Plan

96.6%

Molina Healthcare of California

91.1%

Partnership HealthPlan of California

95.6%

Positive Health Care

86.4%

San Francisco Health Plan

90.1%

Santa Clara Family Health Plan

95.8%

SCAN Health Plan

94.7%

D1III.3

Share of encounter data submissions that were HIPAA compliant

What percent of the plan's encounter data submissions (submitted during the reporting year) met state requirements for HIPAA compliance?
If the state has not yet received encounter data submissions for the entire contract period when it submits this report, enter here percentage of encounter data submissions that were

Alameda Alliance for Health

100%

Anthem Blue Cross Partnership Health Plan

100%

Blue Shield of California Promise Health Plan

100%

compliant out of the proportion received from the managed care plan for the reporting year.

CalOptima Health

100%

CalViva Health

100%

CenCal Health

100%

Central California Alliance for Health

100%

Community Health Group Partnership Plan

100%

Community Health Plan of Imperial Valley

100%

Contra Costa Health Plan

100%

Gold Coast Health Plan

100%

Health Net Community Solutions, Inc.

100%

Health Plan of San Joaquin

100%

Health Plan of San Mateo

100%

Inland Empire Health Plan

100%

Kaiser Foundation Health Plan, Inc.

100%

Kern Health Systems

100%

L.A. Care Health Plan

100%

Molina Healthcare of California

100%

Partnership HealthPlan of California

100%

Positive Health Care

100%

San Francisco Health Plan

100%

Santa Clara Family Health Plan

100%

SCAN Health Plan

100%

Topic IV. Appeals, State Fair Hearings & Grievances

Appeals Overview

Number	Indicator	Response
D1IV.1	**Appeals resolved (at the plan level)** Enter the total number of appeals resolved during the reporting year.An appeal is “resolved” at the plan level when the plan has issued a decision, regardless of whether the decision was wholly or partially favorable or adverse to the beneficiary, and regardless of whether the beneficiary (or the beneficiary’s representative) chooses to file a request for a State Fair Hearing or External Medical Review.	**Alameda Alliance for Health** 854 **Anthem Blue Cross Partnership Health Plan** 412 **Blue Shield of California Promise Health Plan** 222 **CalOptima Health** 1,239 **CalViva Health** 573 **CenCal Health** 38 **Central California Alliance for Health** 497 **Community Health Group Partnership Plan** 185 **Community Health Plan of Imperial Valley** 92 **Contra Costa Health Plan** 302 **Gold Coast Health Plan** 6 **Health Net Community Solutions, Inc.** 1,980 **Health Plan of San Joaquin** 74 **Health Plan of San Mateo** 104 **Inland Empire Health Plan**

2,850

Kaiser Foundation Health Plan, Inc.

766

Kern Health Systems

1,293

L.A. Care Health Plan

2,013

Molina Healthcare of California

1,199

Partnership HealthPlan of California

2,388

Positive Health Care

0

San Francisco Health Plan

140

Santa Clara Family Health Plan

289

SCAN Health Plan

8

D1IV.1a

Appeals denied

Enter the total number of appeals resolved during the reporting period (D1.IV.1) that were denied (adverse) to the enrollee.

Alameda Alliance for Health

647

Anthem Blue Cross Partnership Health Plan

322

Blue Shield of California Promise Health Plan

180

CalOptima Health

687

CalViva Health

268

CenCal Health

20

Central California Alliance for Health

344

Community Health Group Partnership Plan

119

Community Health Plan of Imperial Valley

49

Contra Costa Health Plan

152

Gold Coast Health Plan

1

Health Net Community Solutions, Inc.

1,272

Health Plan of San Joaquin

31

Health Plan of San Mateo

54

Inland Empire Health Plan

2,124

Kaiser Foundation Health Plan, Inc.

569

Kern Health Systems

985

L.A. Care Health Plan

1,510

Molina Healthcare of California

1,014

Partnership HealthPlan of California

1,942

Positive Health Care

0

San Francisco Health Plan

73

Santa Clara Family Health Plan

201

SCAN Health Plan

1

D1IV.1b

Appeals resolved in partial favor of enrollee

Enter the total number of appeals (D1.IV.1) resolved during the reporting period in partial favor of the enrollee.

Alameda Alliance for Health

23

Anthem Blue Cross Partnership Health Plan

9

Blue Shield of California Promise Health Plan

4

CalOptima Health

344

CalViva Health

42

CenCal Health

1

Central California Alliance for Health

17

Community Health Group Partnership Plan

1

Community Health Plan of Imperial Valley

3

Contra Costa Health Plan

0

Gold Coast Health Plan

0

Health Net Community Solutions, Inc.

103

Health Plan of San Joaquin

1

Health Plan of San Mateo

6

Inland Empire Health Plan

41

Kaiser Foundation Health Plan, Inc.

3

Kern Health Systems

22

L.A. Care Health Plan

376

Molina Healthcare of California

8

Partnership HealthPlan of California

161

Positive Health Care

0

San Francisco Health Plan

65

Santa Clara Family Health Plan

1

SCAN Health Plan

0

D1IV.1c

Appeals resolved in favor of enrollee

Enter the total number of appeals (D1.IV.1) resolved during the reporting period in favor of the enrollee.

Alameda Alliance for Health

184

Anthem Blue Cross Partnership Health Plan

81

Blue Shield of California Promise Health Plan

38

CalOptima Health

208

CalViva Health

263

CenCal Health

17

Central California Alliance for Health

136

Community Health Group Partnership Plan

65

Community Health Plan of Imperial Valley

40

Contra Costa Health Plan

150

Gold Coast Health Plan

5

Health Net Community Solutions, Inc.

605

Health Plan of San Joaquin

42

Health Plan of San Mateo

44

Inland Empire Health Plan

685

Kaiser Foundation Health Plan, Inc.

194

Kern Health Systems

286

L.A. Care Health Plan

127

Molina Healthcare of California

177

Partnership HealthPlan of California

285

Positive Health Care

0

San Francisco Health Plan

2

Santa Clara Family Health Plan

87

SCAN Health Plan

7

D1IV.2

Active appeals

Enter the total number of appeals still pending or in process (not yet resolved) as of the end of the reporting year.

Alameda Alliance for Health

134

Anthem Blue Cross Partnership Health Plan

83

Blue Shield of California Promise Health Plan

31

CalOptima Health

61

CalViva Health

63

CenCal Health

51

Central California Alliance for Health

42

Community Health Group Partnership Plan

23

Community Health Plan of Imperial Valley

9

Contra Costa Health Plan

15

Gold Coast Health Plan

6

Health Net Community Solutions, Inc.

159

Health Plan of San Joaquin

11

Health Plan of San Mateo

46

Inland Empire Health Plan

227

Kaiser Foundation Health Plan, Inc.

107

Kern Health Systems

105

L.A. Care Health Plan

276

Molina Healthcare of California

64

Partnership HealthPlan of California

431

Positive Health Care

0

San Francisco Health Plan

7

Santa Clara Family Health Plan

32

SCAN Health Plan

0

D1IV.3

Appeals filed on behalf of LTSS users

Enter the total number of appeals filed during the reporting year by or on behalf of LTSS users. Enter “N/A” if not applicable.An LTSS user is an enrollee who received at least one LTSS service at any point during the reporting year (regardless of whether the enrollee was actively receiving LTSS at the time that the appeal was filed).

Alameda Alliance for Health

96

Anthem Blue Cross Partnership Health Plan

0

Blue Shield of California Promise Health Plan

12

CalOptima Health

57

CalViva Health

3

CenCal Health

2

Central California Alliance for Health

6

Community Health Group Partnership Plan

2

Community Health Plan of Imperial Valley

1

Contra Costa Health Plan

15

Gold Coast Health Plan

2

Health Net Community Solutions, Inc.

52

Health Plan of San Joaquin

0

Health Plan of San Mateo

1

Inland Empire Health Plan

2

Kaiser Foundation Health Plan, Inc.

4

Kern Health Systems

26

L.A. Care Health Plan

60

Molina Healthcare of California

57

Partnership HealthPlan of California

82

Positive Health Care

0

San Francisco Health Plan

0

Santa Clara Family Health Plan

14

SCAN Health Plan

0

D1IV.4

Number of critical incidents filed during the reporting year by (or on behalf of) an LTSS user who previously filed an appeal

For managed care plans that cover LTSS, enter the number of critical incidents filed within the reporting year by (or on behalf of) LTSS users who previously filed appeals in the reporting year. If the managed care plan does not cover LTSS, enter “N/A”.Also, if the state already submitted this data for the reporting year via the CMS readiness review appeal and grievance report (because the managed care program or plan were new or serving new populations during the reporting year), and the readiness review tool was submitted for at least 6 months of the reporting year, enter “N/A”.The appeal and critical incident do not have to have been “related” to the same issue - they only need to have been filed by (or on behalf of) the same enrollee. Neither the critical incident nor the appeal need to have been filed in relation to delivery of LTSS — they may have been filed for any reason, related to any service received (or desired) by an LTSS user.To calculate this number, states or managed care plans should first identify the LTSS users for whom critical incidents were filed during the reporting year, then determine whether those enrollees had filed an appeal during the reporting year, and whether the filing of the appeal

Alameda Alliance for Health

0

Anthem Blue Cross Partnership Health Plan

0

Blue Shield of California Promise Health Plan

1

CalOptima Health

0

CalViva Health

0

CenCal Health

0

Central California Alliance for Health

0

Community Health Group Partnership Plan

0

Community Health Plan of Imperial Valley

0

Contra Costa Health Plan

0

Gold Coast Health Plan

0

preceded the filing of the critical incident.

Health Net Community Solutions, Inc.

2

Health Plan of San Joaquin

0

Health Plan of San Mateo

0

Inland Empire Health Plan

0

Kaiser Foundation Health Plan, Inc.

0

Kern Health Systems

0

L.A. Care Health Plan

0

Molina Healthcare of California

0

Partnership HealthPlan of California

1

Positive Health Care

0

San Francisco Health Plan

0

Santa Clara Family Health Plan

0

SCAN Health Plan

1

D1IV.5a

Standard appeals for which timely resolution was provided

Enter the total number of standard appeals for which timely resolution was provided by plan within the reporting year.See 42 CFR §438.408(b)(2) for requirements related to timely resolution of standard appeals.

Alameda Alliance for Health

785

Anthem Blue Cross Partnership Health Plan

386

Blue Shield of California Promise Health Plan

181

CalOptima Health

1,096

CalViva Health

524

CenCal Health

34

Central California Alliance for Health

483

Community Health Group Partnership Plan

174

Community Health Plan of Imperial Valley

81

Contra Costa Health Plan

260

Gold Coast Health Plan

4

Health Net Community Solutions, Inc.

1,834

Health Plan of San Joaquin

58

Health Plan of San Mateo

87

Inland Empire Health Plan

2,421

Kaiser Foundation Health Plan, Inc.

579

Kern Health Systems

1,200

L.A. Care Health Plan

1,703

Molina Healthcare of California

1,168

Partnership HealthPlan of California

2,251

Positive Health Care

0

San Francisco Health Plan

109

Santa Clara Family Health Plan

225

SCAN Health Plan

6

D1IV.5b

Expedited appeals for which timely resolution was provided

Enter the total number of expedited appeals for which timely resolution was provided by plan within the reporting year.See 42 CFR §438.408(b)(3) for requirements related to timely resolution of standard appeals.

Alameda Alliance for Health

24

Anthem Blue Cross Partnership Health Plan

19

Blue Shield of California Promise Health Plan

38

CalOptima Health

129

CalViva Health

49

CenCal Health

4

Central California Alliance for Health

1

Community Health Group Partnership Plan

11

Community Health Plan of Imperial Valley

11

Contra Costa Health Plan

38

Gold Coast Health Plan

1

Health Net Community Solutions, Inc.

141

Health Plan of San Joaquin

16

Health Plan of San Mateo

12

Inland Empire Health Plan

215

Kaiser Foundation Health Plan, Inc.

112

Kern Health Systems

87

L.A. Care Health Plan

110

Molina Healthcare of California

30

Partnership HealthPlan of California

21

Positive Health Care

0

San Francisco Health Plan

28

Santa Clara Family Health Plan

44

SCAN Health Plan

1

D1IV.6a

Resolved appeals related to denial of authorization or limited authorization of a service

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's

Alameda Alliance for Health

675

Anthem Blue Cross Partnership Health Plan

412

denial of authorization for a service not yet rendered or limited authorization of a service.(Appeals related to denial of payment for a service already rendered should be counted in indicator D1.IV.6c).

Blue Shield of California Promise Health Plan

35

CalOptima Health

1,239

CalViva Health

568

CenCal Health

37

Central California Alliance for Health

466

Community Health Group Partnership Plan

185

Community Health Plan of Imperial Valley

85

Contra Costa Health Plan

297

Gold Coast Health Plan

6

Health Net Community Solutions, Inc.

1,647

Health Plan of San Joaquin

70

Health Plan of San Mateo

95

Inland Empire Health Plan

2,850

Kaiser Foundation Health Plan, Inc.

718

Kern Health Systems

1,162

L.A. Care Health Plan

1,720

Molina Healthcare of California

737

Partnership HealthPlan of California

2,115

Positive Health Care

0

San Francisco Health Plan

140

Santa Clara Family Health Plan

269

SCAN Health Plan

7

D1IV.6b

Resolved appeals related to reduction, suspension, or termination of a previously authorized service

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's reduction, suspension, or termination of a previously authorized service.

Alameda Alliance for Health

3

Anthem Blue Cross Partnership Health Plan

0

Blue Shield of California Promise Health Plan

1

CalOptima Health

0

CalViva Health

0

CenCal Health

1

Central California Alliance for Health

7

Community Health Group Partnership Plan

0

Community Health Plan of Imperial Valley

0

Contra Costa Health Plan

1

Gold Coast Health Plan

0

Health Net Community Solutions, Inc.

4

Health Plan of San Joaquin

0

Health Plan of San Mateo

0

Inland Empire Health Plan

0

Kaiser Foundation Health Plan, Inc.

11

Kern Health Systems

130

L.A. Care Health Plan

9

Molina Healthcare of California

2

Partnership HealthPlan of California

1

Positive Health Care

0

San Francisco Health Plan

0

Santa Clara Family Health Plan

4

SCAN Health Plan

0

D1IV.6c

Resolved appeals related to payment denial

Enter the total number of appeals resolved by the plan during the reporting year that

Alameda Alliance for Health

0

were related to the plan's denial, in whole or in part, of payment for a service that was already rendered.

Anthem Blue Cross Partnership Health Plan

0

Blue Shield of California Promise Health Plan

11

CalOptima Health

0

CalViva Health

5

CenCal Health

0

Central California Alliance for Health

24

Community Health Group Partnership Plan

0

Community Health Plan of Imperial Valley

7

Contra Costa Health Plan

4

Gold Coast Health Plan

0

Health Net Community Solutions, Inc.

272

Health Plan of San Joaquin

0

Health Plan of San Mateo

9

Inland Empire Health Plan

0

Kaiser Foundation Health Plan, Inc.

0

Kern Health Systems

0

L.A. Care Health Plan

27

Molina Healthcare of California

362

Partnership HealthPlan of California

204

Positive Health Care

0

San Francisco Health Plan

0

Santa Clara Family Health Plan

4

SCAN Health Plan

1

D1IV.6d

Resolved appeals related to service timeliness

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's failure to provide services in a timely manner (as defined by the state).

Alameda Alliance for Health

0

Anthem Blue Cross Partnership Health Plan

0

Blue Shield of California Promise Health Plan

0

CalOptima Health

0

CalViva Health

0

CenCal Health

0

Central California Alliance for Health

0

Community Health Group Partnership Plan

0

Community Health Plan of Imperial Valley

0

Contra Costa Health Plan

0

Gold Coast Health Plan

0

Health Net Community Solutions, Inc.

7

Health Plan of San Joaquin

0

Health Plan of San Mateo

0

Inland Empire Health Plan

0

Kaiser Foundation Health Plan, Inc.

0

Kern Health Systems

0

L.A. Care Health Plan

8

Molina Healthcare of California

4

Partnership HealthPlan of California

0

Positive Health Care

0

San Francisco Health Plan

0

Santa Clara Family Health Plan

0

SCAN Health Plan

0

D1IV.6e

Resolved appeals related to lack of timely plan response to an appeal or grievance

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's failure to act within the timeframes provided at 42 CFR §438.408(b)(1) and (2) regarding the standard resolution of grievances and appeals.

Alameda Alliance for Health

12

Anthem Blue Cross Partnership Health Plan

0

Blue Shield of California Promise Health Plan

175

CalOptima Health

0

CalViva Health

0

CenCal Health

0

Central California Alliance for Health

0

Community Health Group Partnership Plan

0

Community Health Plan of Imperial Valley

0

Contra Costa Health Plan

0

Gold Coast Health Plan

0

Health Net Community Solutions, Inc.

20

Health Plan of San Joaquin

4

Health Plan of San Mateo

0

Inland Empire Health Plan

0

Kaiser Foundation Health Plan, Inc.

7

Kern Health Systems

0

L.A. Care Health Plan

243

Molina Healthcare of California

24

Partnership HealthPlan of California

0

Positive Health Care

0

San Francisco Health Plan

0

Santa Clara Family Health Plan

0

SCAN Health Plan

0

D1IV.6f

Resolved appeals related to plan denial of an enrollee's right to request out-of-network care

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request to exercise their right, under 42 CFR §438.52(b)(2)(ii), to obtain services outside the network (only applicable to residents of rural areas with only one MCO). If not applicable, enter "N/A."

Alameda Alliance for Health

164

Anthem Blue Cross Partnership Health Plan

0

Blue Shield of California Promise Health Plan

0

CalOptima Health

0

CalViva Health

0

CenCal Health

0

Central California Alliance for Health

0

Community Health Group Partnership Plan

0

Community Health Plan of Imperial Valley

0

Contra Costa Health Plan

0

Gold Coast Health Plan

0

Health Net Community Solutions, Inc.

0

Health Plan of San Joaquin

0

Health Plan of San Mateo

0

Inland Empire Health Plan

0

Kaiser Foundation Health Plan, Inc.

0

Kern Health Systems

1

L.A. Care Health Plan

0

Molina Healthcare of California

0

Partnership HealthPlan of California

61

Positive Health Care

0

San Francisco Health Plan

0

Santa Clara Family Health Plan

1

SCAN Health Plan

0

D1IV.6g

Resolved appeals related to denial of an enrollee's request to dispute financial liability

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request to dispute a financial liability.

Alameda Alliance for Health

0

Anthem Blue Cross Partnership Health Plan

0

Blue Shield of California Promise Health Plan

0

CalOptima Health

0

CalViva Health

0

CenCal Health

0

Central California Alliance for Health

0

Community Health Group Partnership Plan

0

Community Health Plan of Imperial Valley

0

Contra Costa Health Plan

0

Gold Coast Health Plan

0

Health Net Community Solutions, Inc.

30

Health Plan of San Joaquin

0

Health Plan of San Mateo

0

Inland Empire Health Plan

0

Kaiser Foundation Health Plan, Inc.

30

Kern Health Systems

0

L.A. Care Health Plan

6

Molina Healthcare of California

70

Partnership HealthPlan of California

7

Positive Health Care

0

San Francisco Health Plan

0

Santa Clara Family Health Plan

11

SCAN Health Plan

0

Appeals by Service

Number of appeals resolved during the reporting period related to various services. Note: A single appeal may be related to multiple service types and may therefore be counted in multiple categories.

Number	Indicator	Response
D1IV.7a	**Resolved appeals related to general inpatient services** Enter the total number of appeals resolved by the plan during the reporting year that were related to general inpatient care, including diagnostic and laboratory services.Do not include appeals related to inpatient behavioral health services – those should be included in indicator D1.IV.7c. If the managed care plan does not cover general inpatient services, enter “N/A”.	**Alameda Alliance for Health** 54 **Anthem Blue Cross Partnership Health Plan** 27 **Blue Shield of California Promise Health Plan** 5 **CalOptima Health** 22 **CalViva Health** 45 **CenCal Health** 0 **Central California Alliance for Health** 36 **Community Health Group Partnership Plan** 6 **Community Health Plan of Imperial Valley** 11 **Contra Costa Health Plan** 8 **Gold Coast Health Plan** 0 **Health Net Community Solutions, Inc.** 124 **Health Plan of San Joaquin** 2 **Health Plan of San Mateo** 0 **Inland Empire Health Plan**

		1 **Kaiser Foundation Health Plan, Inc.** 13 **Kern Health Systems** 30 **L.A. Care Health Plan** 132 **Molina Healthcare of California** 62 **Partnership HealthPlan of California** 1,029 **Positive Health Care** 0 **San Francisco Health Plan** 5 **Santa Clara Family Health Plan** 21 **SCAN Health Plan** 0
D1IV.7b	**Resolved appeals related to general outpatient services** Enter the total number of appeals resolved by the plan during the reporting year that were related to general outpatient care not specifically listed in this section (e.g., primary and preventive services, specialist care, diagnostic and lab testing). Please do not include appeals related to outpatient behavioral health services – those should be included in indicator D1.IV.7d. If the managed care plan does not cover general outpatient services, enter “N/A”.	**Alameda Alliance for Health** 408 **Anthem Blue Cross Partnership Health Plan** 292 **Blue Shield of California Promise Health Plan** 146 **CalOptima Health** 547 **CalViva Health** 329 **CenCal Health** 20

Central California Alliance for Health

78

Community Health Group Partnership Plan

66

Community Health Plan of Imperial Valley

49

Contra Costa Health Plan

171

Gold Coast Health Plan

3

Health Net Community Solutions, Inc.

994

Health Plan of San Joaquin

40

Health Plan of San Mateo

68

Inland Empire Health Plan

846

Kaiser Foundation Health Plan, Inc.

8

Kern Health Systems

683

L.A. Care Health Plan

548

Molina Healthcare of California

454

Partnership HealthPlan of California

707

Positive Health Care

0

San Francisco Health Plan

78

Santa Clara Family Health Plan

182

SCAN Health Plan

0

D1IV.7c

Resolved appeals related to inpatient behavioral health services

Enter the total number of appeals resolved by the plan during the reporting year that were related to inpatient mental health and/or substance use services. If the managed care plan does not cover inpatient behavioral health services, enter “N/A”.

Alameda Alliance for Health

n/a

Anthem Blue Cross Partnership Health Plan

n/a

Blue Shield of California Promise Health Plan

n/a

CalOptima Health

n/a

CalViva Health

n/a

CenCal Health

n/a

Central California Alliance for Health

n/a

Community Health Group Partnership Plan

n/a

Community Health Plan of Imperial Valley

n/a

Contra Costa Health Plan

n/a

Gold Coast Health Plan

n/a

Health Net Community Solutions, Inc.

n/a

Health Plan of San Joaquin

n/a

Health Plan of San Mateo

n/a

Inland Empire Health Plan

n/a

Kaiser Foundation Health Plan, Inc.

n/a

Kern Health Systems

n/a

L.A. Care Health Plan

n/a

Molina Healthcare of California

n/a

Partnership HealthPlan of California

n/a

Positive Health Care

n/a

San Francisco Health Plan

n/a

Santa Clara Family Health Plan

n/a

SCAN Health Plan

n/a

D1IV.7d

Resolved appeals related to outpatient behavioral health services

Enter the total number of appeals resolved by the plan during the reporting year that were related to outpatient mental health and/or substance use services. If the managed care plan does not cover outpatient behavioral health services, enter “N/A”.

Alameda Alliance for Health

8

Anthem Blue Cross Partnership Health Plan

9

Blue Shield of California Promise Health Plan

7

CalOptima Health

25

CalViva Health

5

CenCal Health

9

Central California Alliance for Health

1

Community Health Group Partnership Plan

5

Community Health Plan of Imperial Valley

0

Contra Costa Health Plan

13

Gold Coast Health Plan

1

Health Net Community Solutions, Inc.

16

Health Plan of San Joaquin

0

Health Plan of San Mateo

3

Inland Empire Health Plan

159

Kaiser Foundation Health Plan, Inc.

68

Kern Health Systems

92

L.A. Care Health Plan

28

Molina Healthcare of California

8

Partnership HealthPlan of California

4

Positive Health Care

0

San Francisco Health Plan

5

Santa Clara Family Health Plan

15

SCAN Health Plan

0

D1IV.7e

Resolved appeals related to covered outpatient prescription drugs

Enter the total number of appeals resolved by the plan during the reporting year that were related to outpatient prescription drugs covered by the managed care plan. If the managed care plan does not cover outpatient prescription drugs, enter “N/A”.

Alameda Alliance for Health

30

Anthem Blue Cross Partnership Health Plan

11

Blue Shield of California Promise Health Plan

0

CalOptima Health

57

CalViva Health

5

CenCal Health

0

Central California Alliance for Health

6

Community Health Group Partnership Plan

1

Community Health Plan of Imperial Valley

4

Contra Costa Health Plan

8

Gold Coast Health Plan

0

Health Net Community Solutions, Inc.

12

Health Plan of San Joaquin

0

Health Plan of San Mateo

0

Inland Empire Health Plan

50

Kaiser Foundation Health Plan, Inc.

10

Kern Health Systems

24

L.A. Care Health Plan

10

Molina Healthcare of California

15

Partnership HealthPlan of California

16

Positive Health Care

0

San Francisco Health Plan

28

Santa Clara Family Health Plan

1

SCAN Health Plan

0

D1IV.7f

Resolved appeals related to skilled nursing facility (SNF) services

Enter the total number of appeals resolved by the plan during the reporting year that were related to SNF services. If the managed care plan does not cover skilled nursing services, enter “N/A”.

Alameda Alliance for Health

78

Anthem Blue Cross Partnership Health Plan

0

Blue Shield of California Promise Health Plan

11

CalOptima Health

46

CalViva Health

3

CenCal Health

2

Central California Alliance for Health

5

Community Health Group Partnership Plan

1

Community Health Plan of Imperial Valley

1

Contra Costa Health Plan

14

Gold Coast Health Plan

1

Health Net Community Solutions, Inc.

13

Health Plan of San Joaquin

0

Health Plan of San Mateo

0

Inland Empire Health Plan

2

Kaiser Foundation Health Plan, Inc.

3

Kern Health Systems

20

L.A. Care Health Plan

28

Molina Healthcare of California

11

Partnership HealthPlan of California

72

Positive Health Care

0

San Francisco Health Plan

0

Santa Clara Family Health Plan

7

SCAN Health Plan

0

D1IV.7g

Resolved appeals related to long-term services and supports (LTSS)

Enter the total number of appeals resolved by the plan during the reporting year that were related to institutional LTSS or LTSS provided through home and community-based (HCBS) services, including personal care and self-directed services. If the managed care plan does not cover LTSS services, enter “N/A”.(Appeals related to denial of payment for a service already rendered should be counted in indicator D1.IV.6c).

Alameda Alliance for Health

0

Anthem Blue Cross Partnership Health Plan

0

Blue Shield of California Promise Health Plan

0

CalOptima Health

5

CalViva Health

0

CenCal Health

0

Central California Alliance for Health

0

Community Health Group Partnership Plan

0

Community Health Plan of Imperial Valley

0

Contra Costa Health Plan

0

Gold Coast Health Plan

1

Health Net Community Solutions, Inc.

37

Health Plan of San Joaquin

0

Health Plan of San Mateo

0

Inland Empire Health Plan

0

Kaiser Foundation Health Plan, Inc.

0

Kern Health Systems

6

L.A. Care Health Plan

33

Molina Healthcare of California

43

Partnership HealthPlan of California

2

Positive Health Care

0

San Francisco Health Plan

3

Santa Clara Family Health Plan

6

SCAN Health Plan

0

D1IV.7h

Resolved appeals related to dental services

Enter the total number of appeals resolved by the plan during the reporting year that were related to dental services. If the managed care plan does not cover dental services, enter "N/A".

Alameda Alliance for Health

n/a

Anthem Blue Cross Partnership Health Plan

n/a

Blue Shield of California Promise Health Plan

n/a

CalOptima Health

n/a

CalViva Health

n/a

CenCal Health

n/a

Central California Alliance for Health

n/a

Community Health Group Partnership Plan

n/a

Community Health Plan of Imperial Valley

n/a

Contra Costa Health Plan

n/a

Gold Coast Health Plan

n/a

Health Net Community Solutions, Inc.

n/a

Health Plan of San Joaquin

n/a

Health Plan of San Mateo

2

Inland Empire Health Plan

0

Kaiser Foundation Health Plan, Inc.

n/a

Kern Health Systems

n/a

L.A. Care Health Plan

n/a

Molina Healthcare of California

n/a

Partnership HealthPlan of California

n/a

Positive Health Care

n/a

San Francisco Health Plan

n/a

Santa Clara Family Health Plan

n/a

SCAN Health Plan

n/a

D1IV.7i

Resolved appeals related to non-emergency medical transportation (NEMT)

Enter the total number of appeals resolved by the plan during the reporting year that were related to NEMT. If the managed care plan does not cover NEMT, enter “N/A”.

Alameda Alliance for Health

0

Anthem Blue Cross Partnership Health Plan

0

Blue Shield of California Promise Health Plan

1

CalOptima Health

6

CalViva Health

1

CenCal Health

0

Central California Alliance for Health

0

Community Health Group Partnership Plan

0

Community Health Plan of Imperial Valley

0

Contra Costa Health Plan

7

Gold Coast Health Plan

0

Health Net Community Solutions, Inc.

0

Health Plan of San Joaquin

0

Health Plan of San Mateo

0

Inland Empire Health Plan

0

Kaiser Foundation Health Plan, Inc.

9

Kern Health Systems

1

L.A. Care Health Plan

0

Molina Healthcare of California

1

Partnership HealthPlan of California

16

Positive Health Care

0

San Francisco Health Plan

0

Santa Clara Family Health Plan

1

SCAN Health Plan

0

D1IV.7k:

Resolved appeals related to durable medical equipment (DME) & supplies

Enter the total number of appeals resolved by the plan during the reporting year that were related to DME and/or supplies. If the managed care

Alameda Alliance for Health

23

Anthem Blue Cross Partnership Health Plan

69

plan does not cover this type of service, enter “N/A”.

Blue Shield of California Promise Health Plan

31

CalOptima Health

144

CalViva Health

109

CenCal Health

4

Central California Alliance for Health

44

Community Health Group Partnership Plan

96

Community Health Plan of Imperial Valley

20

Contra Costa Health Plan

22

Gold Coast Health Plan

0

Health Net Community Solutions, Inc.

199

Health Plan of San Joaquin

26

Health Plan of San Mateo

25

Inland Empire Health Plan

707

Kaiser Foundation Health Plan, Inc.

234

Kern Health Systems

101

L.A. Care Health Plan

132

Molina Healthcare of California

74

Partnership HealthPlan of California

222

Positive Health Care

0

San Francisco Health Plan

9

Santa Clara Family Health Plan

22

SCAN Health Plan

2

D1IV.7l:

Resolved appeals related to home health / hospice

Enter the total number of appeals resolved by the plan during the reporting year that were related to home health and/or hospice. If the managed care plan does not cover this type of service, enter “N/A”.

Alameda Alliance for Health

81

Anthem Blue Cross Partnership Health Plan

0

Blue Shield of California Promise Health Plan

0

CalOptima Health

244

CalViva Health

43

CenCal Health

3

Central California Alliance for Health

223

Community Health Group Partnership Plan

4

Community Health Plan of Imperial Valley

3

Contra Costa Health Plan

26

Gold Coast Health Plan

0

Health Net Community Solutions, Inc.

141

Health Plan of San Joaquin

2

Health Plan of San Mateo

1

Inland Empire Health Plan

256

Kaiser Foundation Health Plan, Inc.

9

Kern Health Systems

320

L.A. Care Health Plan

95

Molina Healthcare of California

35

Partnership HealthPlan of California

84

Positive Health Care

0

San Francisco Health Plan

1

Santa Clara Family Health Plan

0

SCAN Health Plan

0

D1IV.7m: **Resolved appeals related to emergency services / emergency department**

Enter the total number of appeals resolved by the plan

Alameda Alliance for Health

0

during the reporting year that were related to emergency services and/or provided in the emergency department. Do not include appeals related to emergency outpatient behavioral health – those should be included in indicator D1.IV.7d. If the managed care plan does not cover this type of service, enter “N/A”.

Anthem Blue Cross Partnership Health Plan

0

Blue Shield of California Promise Health Plan

3

CalOptima Health

0

CalViva Health

0

CenCal Health

0

Central California Alliance for Health

1

Community Health Group Partnership Plan

0

Community Health Plan of Imperial Valley

0

Contra Costa Health Plan

1

Gold Coast Health Plan

0

Health Net Community Solutions, Inc.

34

Health Plan of San Joaquin

0

Health Plan of San Mateo

1

Inland Empire Health Plan

0

Kaiser Foundation Health Plan, Inc.

32

Kern Health Systems

0

L.A. Care Health Plan

3

Molina Healthcare of California

54

Partnership HealthPlan of California

0

Positive Health Care

0

San Francisco Health Plan

8

Santa Clara Family Health Plan

0

SCAN Health Plan

0

D1IV.7n:

Resolved appeals related to therapies

Enter the total number of appeals resolved by the plan during the reporting year that were related to speech language pathology services or occupational, physical, or respiratory therapy services. If the managed care plan does not cover this type of service, enter “N/A”.

Alameda Alliance for Health

0

Anthem Blue Cross Partnership Health Plan

0

Blue Shield of California Promise Health Plan

0

CalOptima Health

0

CalViva Health

0

CenCal Health

0

Central California Alliance for Health

0

Community Health Group Partnership Plan

0

Community Health Plan of Imperial Valley

0

Contra Costa Health Plan

0

Gold Coast Health Plan

0

Health Net Community Solutions, Inc.

0

Health Plan of San Joaquin

0

Health Plan of San Mateo

0

Inland Empire Health Plan

0

Kaiser Foundation Health Plan, Inc.

0

Kern Health Systems

0

L.A. Care Health Plan

0

Molina Healthcare of California

0

Partnership HealthPlan of California

0

Positive Health Care

0

San Francisco Health Plan

0

Santa Clara Family Health Plan

0

SCAN Health Plan

0

D1IV.7o	**Resolved appeals related to other service types** Enter the total number of appeals resolved by the plan during the reporting year that were related to services that do not fit into one of the categories listed above. If the managed care plan does not cover services other than those in items D1.IV.7a-n paid primarily by Medicaid, enter “N/A”.	**Alameda Alliance for Health** 172 **Anthem Blue Cross Partnership Health Plan** 4 **Blue Shield of California Promise Health Plan** 18 **CalOptima Health** 143 **CalViva Health** 33 **CenCal Health** 0 **Central California Alliance for Health** 103 **Community Health Group Partnership Plan** 6 **Community Health Plan of Imperial Valley** 4 **Contra Costa Health Plan** 32 **Gold Coast Health Plan** 0 **Health Net Community Solutions, Inc.** 410 **Health Plan of San Joaquin** 4 **Health Plan of San Mateo** 4 **Inland Empire Health Plan** 829

Kaiser Foundation Health Plan, Inc.

380

Kern Health Systems

16

L.A. Care Health Plan

1,004

Molina Healthcare of California

442

Partnership HealthPlan of California

236

Positive Health Care

0

San Francisco Health Plan

3

Santa Clara Family Health Plan

34

SCAN Health Plan

6

State Fair Hearings

Number	Indicator	Response
D1IV.8a	**State Fair Hearing requests** Enter the total number of State Fair Hearing requests resolved during the reporting year with the plan that issued an adverse benefit determination.	**Alameda Alliance for Health** 54 **Anthem Blue Cross Partnership Health Plan** 207 **Blue Shield of California Promise Health Plan** 33 **CalOptima Health** 215 **CalViva Health** 44 **CenCal Health** 15 **Central California Alliance for Health** 37 **Community Health Group Partnership Plan** 40 **Community Health Plan of Imperial Valley** 18 **Contra Costa Health Plan** 45 **Gold Coast Health Plan** 20 **Health Net Community Solutions, Inc.** 368 **Health Plan of San Joaquin** 82 **Health Plan of San Mateo** 25 **Inland Empire Health Plan**

144

Kaiser Foundation Health Plan, Inc.

212

Kern Health Systems

86

L.A. Care Health Plan

503

Molina Healthcare of California

75

Partnership HealthPlan of California

227

Positive Health Care

0

San Francisco Health Plan

14

Santa Clara Family Health Plan

85

SCAN Health Plan

0

D1IV.8b

State Fair Hearings resulting in a favorable decision for the enrollee

Enter the total number of State Fair Hearing decisions rendered during the reporting year that were partially or fully favorable to the enrollee.

Alameda Alliance for Health

2

Anthem Blue Cross Partnership Health Plan

12

Blue Shield of California Promise Health Plan

1

CalOptima Health

2

CalViva Health

3

CenCal Health

1

Central California Alliance for Health

2

Community Health Group Partnership Plan

1

Community Health Plan of Imperial Valley

2

Contra Costa Health Plan

0

Gold Coast Health Plan

2

Health Net Community Solutions, Inc.

11

Health Plan of San Joaquin

1

Health Plan of San Mateo

0

Inland Empire Health Plan

6

Kaiser Foundation Health Plan, Inc.

5

Kern Health Systems

5

L.A. Care Health Plan

26

Molina Healthcare of California

4

Partnership HealthPlan of California

6

Positive Health Care

0

San Francisco Health Plan

1

Santa Clara Family Health Plan

6

SCAN Health Plan

0

D1IV.8c

State Fair Hearings resulting in an adverse decision for the enrollee

Enter the total number of State Fair Hearing decisions rendered during the reporting year that were adverse for the enrollee.

Alameda Alliance for Health

25

Anthem Blue Cross Partnership Health Plan

76

Blue Shield of California Promise Health Plan

11

CalOptima Health

65

CalViva Health

8

CenCal Health

2

Central California Alliance for Health

14

Community Health Group Partnership Plan

11

Community Health Plan of Imperial Valley

8

Contra Costa Health Plan

16

Gold Coast Health Plan

5

Health Net Community Solutions, Inc.

172

Health Plan of San Joaquin

13

Health Plan of San Mateo

8

Inland Empire Health Plan

63

Kaiser Foundation Health Plan, Inc.

104

Kern Health Systems

20

L.A. Care Health Plan

194

Molina Healthcare of California

33

Partnership HealthPlan of California

60

Positive Health Care

0

San Francisco Health Plan

6

Santa Clara Family Health Plan

26

SCAN Health Plan

0

D1IV.8d

State Fair Hearings retracted prior to reaching a decision

Enter the total number of State Fair Hearing decisions retracted (by the enrollee or the representative who filed a State Fair Hearing request on behalf of the enrollee) during the reporting year prior to reaching a decision.

Alameda Alliance for Health

14

Anthem Blue Cross Partnership Health Plan

64

Blue Shield of California Promise Health Plan

10

CalOptima Health

90

CalViva Health

22

CenCal Health

7

Central California Alliance for Health

8

Community Health Group Partnership Plan

14

Community Health Plan of Imperial Valley

2

Contra Costa Health Plan

13

Gold Coast Health Plan

9

Health Net Community Solutions, Inc.

105

Health Plan of San Joaquin

55

Health Plan of San Mateo

10

Inland Empire Health Plan

47

Kaiser Foundation Health Plan, Inc.

50

Kern Health Systems

38

L.A. Care Health Plan

159

Molina Healthcare of California

22

Partnership HealthPlan of California

106

Positive Health Care

0

San Francisco Health Plan

4

Santa Clara Family Health Plan

36

SCAN Health Plan

0

D1IV.9a

External Medical Reviews resulting in a favorable decision for the enrollee

If your state does offer an external medical review process, enter the total number of external medical review decisions rendered during the reporting year that were partially or fully favorable to the enrollee. If your state does not offer an external medical review process, enter "N/A".External medical review is defined and described at 42 CFR §438.402(c)(i)(B).

Alameda Alliance for Health

0

Anthem Blue Cross Partnership Health Plan

6

Blue Shield of California Promise Health Plan

1

CalOptima Health

0

CalViva Health

1

CenCal Health

0

Central California Alliance for Health

0

Community Health Group Partnership Plan

0

Community Health Plan of Imperial Valley

0

Contra Costa Health Plan

2

Gold Coast Health Plan

0

Health Net Community Solutions, Inc.

14

Health Plan of San Joaquin

0

Health Plan of San Mateo

1

Inland Empire Health Plan

25

Kaiser Foundation Health Plan, Inc.

24

Kern Health Systems

9

L.A. Care Health Plan

16

Molina Healthcare of California

4

Partnership HealthPlan of California

0

Positive Health Care

0

San Francisco Health Plan

1

Santa Clara Family Health Plan

0

SCAN Health Plan

0

D1IV.9b

External Medical Reviews resulting in an adverse decision for the enrollee

If your state does offer an external medical review process, enter the total number of external medical review decisions rendered during the reporting year that were adverse to the enrollee. If your state does not offer an external medical review process, enter "N/A".External medical review is defined and described at 42 CFR §438.402(c)(i)(B).

Alameda Alliance for Health

2

Anthem Blue Cross Partnership Health Plan

7

Blue Shield of California Promise Health Plan

2

CalOptima Health

0

CalViva Health

0

CenCal Health

0

Central California Alliance for Health

0

Community Health Group Partnership Plan

4

Community Health Plan of Imperial Valley

0

Contra Costa Health Plan

2

Gold Coast Health Plan

0

Health Net Community Solutions, Inc.

8

Health Plan of San Joaquin

3

Health Plan of San Mateo

2

Inland Empire Health Plan

37

Kaiser Foundation Health Plan, Inc.

34

Kern Health Systems

6

L.A. Care Health Plan

7

Molina Healthcare of California

7

Partnership HealthPlan of California

0

Positive Health Care

0

San Francisco Health Plan

0

Santa Clara Family Health Plan

2

SCAN Health Plan

0

Grievances Overview

Number	Indicator	Response
D1IV.10	**Grievances resolved** Enter the total number of grievances resolved by the plan during the reporting year that were related to access to care.A grievance is “resolved” when it has reached completion and been closed by the plan.	**Alameda Alliance for Health** 41,858 **Anthem Blue Cross Partnership Health Plan** 14,074 **Blue Shield of California Promise Health Plan** 4,040 **CalOptima Health** 20,395 **CalViva Health** 4,184 **CenCal Health** 636 **Central California Alliance for Health** 5,157 **Community Health Group Partnership Plan** 1,599 **Community Health Plan of Imperial Valley** 561 **Contra Costa Health Plan** 2,844 **Gold Coast Health Plan** 347 **Health Net Community Solutions, Inc.** 19,809 **Health Plan of San Joaquin** 2,565 **Health Plan of San Mateo** 920 **Inland Empire Health Plan**

44,431

Kaiser Foundation Health Plan, Inc.

57,406

Kern Health Systems

12,366

L.A. Care Health Plan

57,102

Molina Healthcare of California

11,238

Partnership HealthPlan of California

7,760

Positive Health Care

276

San Francisco Health Plan

1,165

Santa Clara Family Health Plan

4,236

SCAN Health Plan

173

D1IV.11

Active grievances

Enter the total number of grievances still pending or in process (not yet resolved) as of the end of the reporting year.

Alameda Alliance for Health

1,665

Anthem Blue Cross Partnership Health Plan

938

Blue Shield of California Promise Health Plan

451

CalOptima Health

904

CalViva Health

131

CenCal Health

135

Central California Alliance for Health

813

Community Health Group Partnership Plan

101

Community Health Plan of Imperial Valley

30

Contra Costa Health Plan

69

Gold Coast Health Plan

506

Health Net Community Solutions, Inc.

1,001

Health Plan of San Joaquin

509

Health Plan of San Mateo

95

Inland Empire Health Plan

1,523

Kaiser Foundation Health Plan, Inc.

3,824

Kern Health Systems

608

L.A. Care Health Plan

12,051

Molina Healthcare of California

566

Partnership HealthPlan of California

356

Positive Health Care

11

San Francisco Health Plan

49

Santa Clara Family Health Plan

336

SCAN Health Plan

265

D1IV.12

Grievances filed on behalf of LTSS users

Enter the total number of grievances filed during the reporting year by or on behalf of LTSS users.An LTSS user is an enrollee who received at least one LTSS service at any point during the reporting year (regardless of whether the enrollee was actively receiving LTSS at the time that the grievance was filed). If this does not apply, enter N/A.

Alameda Alliance for Health

157

Anthem Blue Cross Partnership Health Plan

0

Blue Shield of California Promise Health Plan

53

CalOptima Health

56

CalViva Health

0

CenCal Health

9

Central California Alliance for Health

56

Community Health Group Partnership Plan

87

Community Health Plan of Imperial Valley

0

Contra Costa Health Plan

13

Gold Coast Health Plan

15

Health Net Community Solutions, Inc.

20

Health Plan of San Joaquin

17

Health Plan of San Mateo

8

Inland Empire Health Plan

236

Kaiser Foundation Health Plan, Inc.

47

Kern Health Systems

41

L.A. Care Health Plan

380

Molina Healthcare of California

31

Partnership HealthPlan of California

35

Positive Health Care

13

San Francisco Health Plan

7

Santa Clara Family Health Plan

54

SCAN Health Plan

6

D1IV.13

Number of critical incidents filed during the reporting period by (or on behalf of) an LTSS user who previously filed a grievance

For managed care plans that cover LTSS, enter the number of critical incidents filed within the reporting year by (or on behalf of) LTSS users who previously filed grievances in the reporting year. The grievance and critical incident do not have to have been "related" to the same issue - they only need to have been filed by (or on behalf of) the same enrollee. Neither the critical incident nor the grievance need to have been

Alameda Alliance for Health

0

Anthem Blue Cross Partnership Health Plan

0

Blue Shield of California Promise Health Plan

3

CalOptima Health

0

CalViva Health

2

filed in relation to delivery of LTSS - they may have been filed for any reason, related to any service received (or desired) by an LTSS user.If the managed care plan does not cover LTSS, the state should enter “N/A” in this field. Additionally, if the state already submitted this data for the reporting year via the CMS readiness review appeal and grievance report (because the managed care program or plan were new or serving new populations during the reporting year), and the readiness review tool was submitted for at least 6 months of the reporting year, the state can enter “N/A” in this field.To calculate this number, states or managed care plans should first identify the LTSS users for whom critical incidents were filed during the reporting year, then determine whether those enrollees had filed a grievance during the reporting year, and whether the filing of the grievance preceded the filing of the critical incident.

CenCal Health

0

Central California Alliance for Health

3

Community Health Group Partnership Plan

2

Community Health Plan of Imperial Valley

0

Contra Costa Health Plan

0

Gold Coast Health Plan

1

Health Net Community Solutions, Inc.

0

Health Plan of San Joaquin

3

Health Plan of San Mateo

0

Inland Empire Health Plan

0

Kaiser Foundation Health Plan, Inc.

27

Kern Health Systems

0

L.A. Care Health Plan

15

Molina Healthcare of California

0

Partnership HealthPlan of California

1

Positive Health Care

0

San Francisco Health Plan

1

Santa Clara Family Health Plan

2

SCAN Health Plan

15

D1IV.14

Number of grievances for which timely resolution was provided

Enter the number of grievances for which timely resolution was provided by plan during the reporting year.See 42 CFR §438.408(b)(1) for requirements related to the timely resolution of grievances.

Alameda Alliance for Health

40,499

Anthem Blue Cross Partnership Health Plan

12,400

Blue Shield of California Promise Health Plan

4,035

CalOptima Health

20,386

CalViva Health

4,182

CenCal Health

635

Central California Alliance for Health

5,123

Community Health Group Partnership Plan

1,599

Community Health Plan of Imperial Valley

560

Contra Costa Health Plan

2,820

Gold Coast Health Plan

331

Health Net Community Solutions, Inc.

19,803

Health Plan of San Joaquin

2,563

Health Plan of San Mateo

917

Inland Empire Health Plan

43,937

Kaiser Foundation Health Plan, Inc.

55,440

Kern Health Systems

11,436

L.A. Care Health Plan

52,423

Molina Healthcare of California

11,232

Partnership HealthPlan of California

7,697

Positive Health Care

276

San Francisco Health Plan

1,082

Santa Clara Family Health Plan

4,037

SCAN Health Plan

172

Grievances by Service

Report the number of grievances resolved by plan during the reporting period by service.

Number	Indicator	Response
D1IV.15a	**Resolved grievances related to general inpatient services** Enter the total number of grievances resolved by the plan during the reporting year that were related to general inpatient care, including diagnostic and laboratory services. Do not include grievances related to inpatient behavioral health services — those should be included in indicator D1.IV.15c. If the managed care plan does not cover this type of service, enter "N/A".	**Alameda Alliance for Health** 57 **Anthem Blue Cross Partnership Health Plan** 1,508 **Blue Shield of California Promise Health Plan** 48 **CalOptima Health** 172 **CalViva Health** 21 **CenCal Health** 2 **Central California Alliance for Health** 79 **Community Health Group Partnership Plan** 29 **Community Health Plan of Imperial Valley** 2 **Contra Costa Health Plan** 18 **Gold Coast Health Plan** 10 **Health Net Community Solutions, Inc.** 143 **Health Plan of San Joaquin** 22 **Health Plan of San Mateo** 4 **Inland Empire Health Plan**

418

Kaiser Foundation Health Plan, Inc.

675

Kern Health Systems

96

L.A. Care Health Plan

3,406

Molina Healthcare of California

68

Partnership HealthPlan of California

37

Positive Health Care

3

San Francisco Health Plan

7

Santa Clara Family Health Plan

236

SCAN Health Plan

0

D1IV.15b

Resolved grievances related to general outpatient services

Enter the total number of grievances resolved by the plan during the reporting year that were related to general outpatient care not specifically listed in this section (e.g., primary and preventive services, specialist care, diagnostic and lab testing). Do not include grievances related to outpatient behavioral health services - those should be included in indicator D1.IV.15d. If the managed care plan does not cover this type of service, enter “N/A”.

Alameda Alliance for Health

24,362

Anthem Blue Cross Partnership Health Plan

1

Blue Shield of California Promise Health Plan

1,836

CalOptima Health

11,475

CalViva Health

2,067

CenCal Health

412

Central California Alliance for Health

2,217

Community Health Group Partnership Plan

895

Community Health Plan of Imperial Valley

204

Contra Costa Health Plan

1,745

Gold Coast Health Plan

171

Health Net Community Solutions, Inc.

5,174

Health Plan of San Joaquin

1,395

Health Plan of San Mateo

330

Inland Empire Health Plan

12,915

Kaiser Foundation Health Plan, Inc.

580

Kern Health Systems

8,504

L.A. Care Health Plan

19,565

Molina Healthcare of California

1,007

Partnership HealthPlan of California

2,246

Positive Health Care

132

San Francisco Health Plan

316

Santa Clara Family Health Plan

2,534

SCAN Health Plan

0

D1IV.15c

Resolved grievances related to inpatient behavioral health services

Enter the total number of grievances resolved by the plan during the reporting year that were related to inpatient mental health and/or substance use services. If the managed care plan does not cover this type of service, enter "N/A".

Alameda Alliance for Health

n/a

Anthem Blue Cross Partnership Health Plan

n/a

Blue Shield of California Promise Health Plan

n/a

CalOptima Health

n/a

CalViva Health

n/a

CenCal Health

n/a

Central California Alliance for Health

n/a

Community Health Group Partnership Plan

n/a

Community Health Plan of Imperial Valley

n/a

Contra Costa Health Plan

n/a

Gold Coast Health Plan

n/a

Health Net Community Solutions, Inc.

n/a

Health Plan of San Joaquin

n/a

Health Plan of San Mateo

n/a

Inland Empire Health Plan

n/a

Kaiser Foundation Health Plan, Inc.

n/a

Kern Health Systems

n/a

L.A. Care Health Plan

n/a

Molina Healthcare of California

n/a

Partnership HealthPlan of California

n/a

Positive Health Care

n/a

San Francisco Health Plan

n/a

Santa Clara Family Health Plan

n/a

SCAN Health Plan

n/a

D1IV.15d

Resolved grievances related to outpatient behavioral health services

Enter the total number of grievances resolved by the plan during the reporting year that were related to outpatient mental health and/or substance use services. If the managed care plan does not cover this type of service, enter "N/A".

Alameda Alliance for Health

2,069

Anthem Blue Cross Partnership Health Plan

1

Blue Shield of California Promise Health Plan

54

CalOptima Health

258

CalViva Health

23

CenCal Health

40

Central California Alliance for Health

162

Community Health Group Partnership Plan

35

Community Health Plan of Imperial Valley

1

Contra Costa Health Plan

42

Gold Coast Health Plan

64

Health Net Community Solutions, Inc.

191

Health Plan of San Joaquin

23

Health Plan of San Mateo

49

Inland Empire Health Plan

476

Kaiser Foundation Health Plan, Inc.

3,081

Kern Health Systems

101

L.A. Care Health Plan

460

Molina Healthcare of California

47

Partnership HealthPlan of California

265

Positive Health Care

4

San Francisco Health Plan

51

Santa Clara Family Health Plan

38

SCAN Health Plan

0

D1IV.15e

Resolved grievances related to coverage of outpatient prescription drugs

Enter the total number of grievances resolved by the plan during the reporting year that were related to outpatient prescription drugs covered by the managed care plan. If the managed care plan does not cover this type of service, enter "N/A".

Alameda Alliance for Health

326

Anthem Blue Cross Partnership Health Plan

0

Blue Shield of California Promise Health Plan

76

CalOptima Health

94

CalViva Health

43

CenCal Health

1

Central California Alliance for Health

64

Community Health Group Partnership Plan

2

Community Health Plan of Imperial Valley

8

Contra Costa Health Plan

7

Gold Coast Health Plan

2

Health Net Community Solutions, Inc.

274

Health Plan of San Joaquin

11

Health Plan of San Mateo

6

Inland Empire Health Plan

18

Kaiser Foundation Health Plan, Inc.

4,664

Kern Health Systems

64

L.A. Care Health Plan

215

Molina Healthcare of California

171

Partnership HealthPlan of California

9

Positive Health Care

7

San Francisco Health Plan

6

Santa Clara Family Health Plan

5

SCAN Health Plan

0

D1IV.15f

Resolved grievances related to skilled nursing facility (SNF) services

Enter the total number of grievances resolved by the plan during the reporting year that were related to SNF services. If the managed care plan does not cover this type of service, enter “N/A”.

Alameda Alliance for Health

150

Anthem Blue Cross Partnership Health Plan

0

Blue Shield of California Promise Health Plan

50

CalOptima Health

40

CalViva Health

0

CenCal Health

6

Central California Alliance for Health

49

Community Health Group Partnership Plan

83

Community Health Plan of Imperial Valley

0

Contra Costa Health Plan

11

Gold Coast Health Plan

8

Health Net Community Solutions, Inc.

14

Health Plan of San Joaquin

11

Health Plan of San Mateo

5

Inland Empire Health Plan

234

Kaiser Foundation Health Plan, Inc.

37

Kern Health Systems

47

L.A. Care Health Plan

311

Molina Healthcare of California

12

Partnership HealthPlan of California

30

Positive Health Care

13

San Francisco Health Plan

5

Santa Clara Family Health Plan

15

SCAN Health Plan

1

D1IV.15g

Resolved grievances related to long-term services and supports (LTSS)

Enter the total number of grievances resolved by the plan during the reporting year that were related to institutional LTSS or LTSS provided through home and community-based (HCBS) services, including personal care and self-directed services. If the managed care plan does not cover this type of service, enter “N/A”.

Alameda Alliance for Health

1

Anthem Blue Cross Partnership Health Plan

0

Blue Shield of California Promise Health Plan

0

CalOptima Health

12

CalViva Health

0

CenCal Health

4

Central California Alliance for Health

4

Community Health Group Partnership Plan

4

Community Health Plan of Imperial Valley

0

Contra Costa Health Plan

0

Gold Coast Health Plan

1

Health Net Community Solutions, Inc.

5

Health Plan of San Joaquin

3

Health Plan of San Mateo

1

Inland Empire Health Plan

2

Kaiser Foundation Health Plan, Inc.

8

Kern Health Systems

2

L.A. Care Health Plan

47

Molina Healthcare of California

18

Partnership HealthPlan of California

6

Positive Health Care

0

San Francisco Health Plan

2

Santa Clara Family Health Plan

45

SCAN Health Plan

3

D1IV.15h

Resolved grievances related to dental services

Enter the total number of grievances resolved by the plan during the reporting year that were related to dental services. If the managed care plan does not cover this type of service, enter “N/A”.

Alameda Alliance for Health

n/a

Anthem Blue Cross Partnership Health Plan

n/a

Blue Shield of California Promise Health Plan

n/a

CalOptima Health

n/a

CalViva Health

n/a

CenCal Health

n/a

Central California Alliance for Health

n/a

Community Health Group Partnership Plan

n/a

Community Health Plan of Imperial Valley

n/a

Contra Costa Health Plan

n/a

Gold Coast Health Plan

n/a

Health Net Community Solutions, Inc.

n/a

Health Plan of San Joaquin

n/a

Health Plan of San Mateo

136

Inland Empire Health Plan

n/a

Kaiser Foundation Health Plan, Inc.

n/a

Kern Health Systems

n/a

L.A. Care Health Plan

n/a

Molina Healthcare of California

n/a

Partnership HealthPlan of California

n/a

Positive Health Care

n/a

San Francisco Health Plan

n/a

Santa Clara Family Health Plan

n/a

SCAN Health Plan

n/a

D1IV.15i

Resolved grievances related to non-emergency medical transportation (NEMT)

Enter the total number of grievances resolved by the plan during the reporting year that were related to NEMT. If the managed care plan does not cover this type of service, enter "N/A".

Alameda Alliance for Health

432

Anthem Blue Cross Partnership Health Plan

31

Blue Shield of California Promise Health Plan

51

CalOptima Health

339

CalViva Health

494

CenCal Health

18

Central California Alliance for Health

81

Community Health Group Partnership Plan

44

Community Health Plan of Imperial Valley

119

Contra Costa Health Plan

32

Gold Coast Health Plan

26

Health Net Community Solutions, Inc.

1,999

Health Plan of San Joaquin

39

Health Plan of San Mateo

22

Inland Empire Health Plan

1,740

Kaiser Foundation Health Plan, Inc.

419

Kern Health Systems

514

L.A. Care Health Plan

1,675

Molina Healthcare of California

813

Partnership HealthPlan of California

636

Positive Health Care

5

San Francisco Health Plan

362

Santa Clara Family Health Plan

132

SCAN Health Plan

0

D1IV.15k

Resolved grievances related to durable medical equipment (DME) & supplies

Enter the total number of grievances resolved by the plan during the reporting year that were related to DME and/or supplies. If the managed care

Alameda Alliance for Health

587

Anthem Blue Cross Partnership Health Plan

57

plan does not cover this type of service, enter “N/A”.

Blue Shield of California Promise Health Plan

219

CalOptima Health

423

CalViva Health

45

CenCal Health

8

Central California Alliance for Health

96

Community Health Group Partnership Plan

7

Community Health Plan of Imperial Valley

3

Contra Costa Health Plan

63

Gold Coast Health Plan

5

Health Net Community Solutions, Inc.

202

Health Plan of San Joaquin

79

Health Plan of San Mateo

31

Inland Empire Health Plan

479

Kaiser Foundation Health Plan, Inc.

1,201

Kern Health Systems

149

L.A. Care Health Plan

837

Molina Healthcare of California

168

Partnership HealthPlan of California

134

Positive Health Care

13

San Francisco Health Plan

22

Santa Clara Family Health Plan

92

SCAN Health Plan

6

D1IV.15l

Resolved grievances related to home health / hospice

Enter the total number of grievances resolved by the plan during the reporting year that were related to home health and/or hospice. If the managed care plan does not cover this type of service, enter “N/A”.

Alameda Alliance for Health

85

Anthem Blue Cross Partnership Health Plan

0

Blue Shield of California Promise Health Plan

29

CalOptima Health

732

CalViva Health

23

CenCal Health

31

Central California Alliance for Health

284

Community Health Group Partnership Plan

12

Community Health Plan of Imperial Valley

1

Contra Costa Health Plan

36

Gold Coast Health Plan

5

Health Net Community Solutions, Inc.

96

Health Plan of San Joaquin

36

Health Plan of San Mateo

5

Inland Empire Health Plan

58

Kaiser Foundation Health Plan, Inc.

54

Kern Health Systems

247

L.A. Care Health Plan

446

Molina Healthcare of California

215

Partnership HealthPlan of California

89

Positive Health Care

1

San Francisco Health Plan

0

Santa Clara Family Health Plan

0

SCAN Health Plan

0

D1IV.15m

Resolved grievances related to emergency services / emergency department

Enter the total number of grievances resolved by the plan

Alameda Alliance for Health

318

during the reporting year that were related to emergency services and/or provided in the emergency department. Do not include grievances related to emergency outpatient behavioral health - those should be included in indicator D1.IV.15d. If the managed care plan does not cover this type of service, enter “N/A”.

Anthem Blue Cross Partnership Health Plan

62

Blue Shield of California Promise Health Plan

163

CalOptima Health

96

CalViva Health

0

CenCal Health

6

Central California Alliance for Health

132

Community Health Group Partnership Plan

2

Community Health Plan of Imperial Valley

1

Contra Costa Health Plan

130

Gold Coast Health Plan

0

Health Net Community Solutions, Inc.

49

Health Plan of San Joaquin

9

Health Plan of San Mateo

40

Inland Empire Health Plan

421

Kaiser Foundation Health Plan, Inc.

2,213

Kern Health Systems

38

L.A. Care Health Plan

1,324

Molina Healthcare of California

62

Partnership HealthPlan of California

56

Positive Health Care

0

San Francisco Health Plan

11

Santa Clara Family Health Plan

25

SCAN Health Plan

0

D1IV.15n

Resolved grievances related to therapies

Enter the total number of grievances resolved by the plan during the reporting year that were related to speech language pathology services or occupational, physical, or respiratory therapy services. If the managed care plan does not cover this type of service, enter “N/A”.

Alameda Alliance for Health

0

Anthem Blue Cross Partnership Health Plan

0

Blue Shield of California Promise Health Plan

0

CalOptima Health

0

CalViva Health

0

CenCal Health

0

Central California Alliance for Health

0

Community Health Group Partnership Plan

0

Community Health Plan of Imperial Valley

0

Contra Costa Health Plan

0

Gold Coast Health Plan

0

Health Net Community Solutions, Inc.

0

Health Plan of San Joaquin

0

Health Plan of San Mateo

0

Inland Empire Health Plan

0

Kaiser Foundation Health Plan, Inc.

0

Kern Health Systems

0

L.A. Care Health Plan

0

Molina Healthcare of California

0

Partnership HealthPlan of California

0

Positive Health Care

0

San Francisco Health Plan

0

Santa Clara Family Health Plan

0

SCAN Health Plan

0

D1IV.15o

Resolved grievances related to other service types

Enter the total number of grievances resolved by the plan during the reporting year that were related to services that do not fit into one of the categories listed above. If the managed care plan does not cover services other than those in items D1.IV.15a-n paid primarily by Medicaid, enter “N/A”.

Alameda Alliance for Health

13,471

Anthem Blue Cross Partnership Health Plan

12,414

Blue Shield of California Promise Health Plan

1,514

CalOptima Health

6,754

CalViva Health

1,468

CenCal Health

112

Central California Alliance for Health

1,989

Community Health Group Partnership Plan

486

Community Health Plan of Imperial Valley

222

Contra Costa Health Plan

760

Gold Coast Health Plan

55

Health Net Community Solutions, Inc.

11,662

Health Plan of San Joaquin

937

Health Plan of San Mateo

427

Inland Empire Health Plan

27,670

Kaiser Foundation Health Plan, Inc.

44,474

Kern Health Systems

2,604

L.A. Care Health Plan

28,816

Molina Healthcare of California

8,657

Partnership HealthPlan of California

4,252

Positive Health Care

98

San Francisco Health Plan

383

Santa Clara Family Health Plan

1,114

SCAN Health Plan

163

Grievances by Reason

Report the number of grievances resolved by plan during the reporting period by reason.

Number	Indicator	Response
D1IV.16a	**Resolved grievances related to plan or provider customer service** Enter the total number of grievances resolved by the plan during the reporting year that were related to plan or provider customer service.Customer service grievances include complaints about interactions with the plan's Member Services department, provider offices or facilities, plan marketing agents, or any other plan or provider representatives.	**Alameda Alliance for Health** 8,558 **Anthem Blue Cross Partnership Health Plan** 3,183 **Blue Shield of California Promise Health Plan** 1,003 **CalOptima Health** 5,023 **CalViva Health** 744 **CenCal Health** 175 **Central California Alliance for Health** 1,699 **Community Health Group Partnership Plan** 819 **Community Health Plan of Imperial Valley** 147 **Contra Costa Health Plan** 880 **Gold Coast Health Plan** 57 **Health Net Community Solutions, Inc.** 4,194 **Health Plan of San Joaquin** 713 **Health Plan of San Mateo** 338

Inland Empire Health Plan

18,316

Kaiser Foundation Health Plan, Inc.

10,061

Kern Health Systems

4,424

L.A. Care Health Plan

13,916

Molina Healthcare of California

2,097

Partnership HealthPlan of California

2,242

Positive Health Care

87

San Francisco Health Plan

187

Santa Clara Family Health Plan

1,161

SCAN Health Plan

32

D1IV.16b

Resolved grievances related to plan or provider care management/case management

Enter the total number of grievances resolved by the plan during the reporting year that were related to plan or provider care management/case management.Care management/case management grievances include complaints about the timeliness of an assessment or complaints about the plan or provider care or case management process.

Alameda Alliance for Health

511

Anthem Blue Cross Partnership Health Plan

177

Blue Shield of California Promise Health Plan

94

CalOptima Health

57

CalViva Health

6

CenCal Health

0

Central California Alliance for Health

120

Community Health Group Partnership Plan

43

Community Health Plan of Imperial Valley

0

Contra Costa Health Plan

13

Gold Coast Health Plan

4

Health Net Community Solutions, Inc.

86

Health Plan of San Joaquin

21

Health Plan of San Mateo

1

Inland Empire Health Plan

320

Kaiser Foundation Health Plan, Inc.

16,907

Kern Health Systems

50

L.A. Care Health Plan

664

Molina Healthcare of California

0

Partnership HealthPlan of California

1,064

Positive Health Care

11

San Francisco Health Plan

5

Santa Clara Family Health Plan

144

SCAN Health Plan

0

D1IV.16c

Resolved grievances related to network adequacy or access to care/services from plan or provider

Enter the total number of grievances resolved by the plan during the reporting year that were related to access to care.Access to care grievances include complaints about difficulties finding qualified in-network providers, excessive travel or wait times, or other access issues.

Alameda Alliance for Health

9,892

Anthem Blue Cross Partnership Health Plan

3,081

Blue Shield of California Promise Health Plan

1,698

CalOptima Health

4,465

CalViva Health

1,098

CenCal Health

213

Central California Alliance for Health

995

Community Health Group Partnership Plan

38

Community Health Plan of Imperial Valley

90

Contra Costa Health Plan

713

Gold Coast Health Plan

48

Health Net Community Solutions, Inc.

5,358

Health Plan of San Joaquin

1,345

Health Plan of San Mateo

117

Inland Empire Health Plan

10,078

Kaiser Foundation Health Plan, Inc.

6,190

Kern Health Systems

2,246

L.A. Care Health Plan

24,095

Molina Healthcare of California

3,353

Partnership HealthPlan of California

1,285

Positive Health Care

48

San Francisco Health Plan

154

Santa Clara Family Health Plan

1,197

SCAN Health Plan

18

D1IV.16d

Resolved grievances related to quality of care

Enter the total number of grievances resolved by the plan during the reporting year that were related to quality of care.Quality of care grievances include complaints about

Alameda Alliance for Health

684

Anthem Blue Cross Partnership Health Plan

the effectiveness, efficiency, equity, patient-centeredness, safety, and/or acceptability of care provided by a provider or the plan.

221

Blue Shield of California Promise Health Plan

37

CalOptima Health

1,264

CalViva Health

115

CenCal Health

131

Central California Alliance for Health

966

Community Health Group Partnership Plan

286

Community Health Plan of Imperial Valley

17

Contra Costa Health Plan

426

Gold Coast Health Plan

100

Health Net Community Solutions, Inc.

641

Health Plan of San Joaquin

775

Health Plan of San Mateo

30

Inland Empire Health Plan

5,603

Kaiser Foundation Health Plan, Inc.

6,185

Kern Health Systems

2,045

L.A. Care Health Plan

189

Molina Healthcare of California

223

Partnership HealthPlan of California

207

Positive Health Care

27

San Francisco Health Plan

19

Santa Clara Family Health Plan

0

SCAN Health Plan

0

D1IV.16e

Resolved grievances related to plan communications

Enter the total number of grievances resolved by the plan during the reporting year that were related to plan communications.Plan communication grievances include grievances related to the clarity or accuracy of enrollee materials or other plan communications or to an enrollee's access to or the accessibility of enrollee materials or plan communications.

Alameda Alliance for Health

14,964

Anthem Blue Cross Partnership Health Plan

469

Blue Shield of California Promise Health Plan

52

CalOptima Health

1,382

CalViva Health

331

CenCal Health

78

Central California Alliance for Health

348

Community Health Group Partnership Plan

10

Community Health Plan of Imperial Valley

28

Contra Costa Health Plan

254

Gold Coast Health Plan

2

Health Net Community Solutions, Inc.

1,786

Health Plan of San Joaquin

392

Health Plan of San Mateo

4

Inland Empire Health Plan

2,721

Kaiser Foundation Health Plan, Inc.

8,639

Kern Health Systems

1,042

L.A. Care Health Plan

5,110

Molina Healthcare of California

1,117

Partnership HealthPlan of California

289

Positive Health Care

35

San Francisco Health Plan

40

Santa Clara Family Health Plan

430

SCAN Health Plan

2

D1IV.16f

Resolved grievances related to payment or billing issues

Enter the total number of grievances resolved by the plan during the reporting year that were filed for a reason related to payment or billing issues.

Alameda Alliance for Health

4,681

Anthem Blue Cross Partnership Health Plan

5,445

Blue Shield of California Promise Health Plan

79

CalOptima Health

896

CalViva Health

691

CenCal Health

2

Central California Alliance for Health

388

Community Health Group Partnership Plan

250

Community Health Plan of Imperial Valley

83

Contra Costa Health Plan

949

Gold Coast Health Plan

22

Health Net Community Solutions, Inc.

1,809

Health Plan of San Joaquin

36

Health Plan of San Mateo

103

Inland Empire Health Plan

92

Kaiser Foundation Health Plan, Inc.

42

Kern Health Systems

98

L.A. Care Health Plan

9,330

Molina Healthcare of California

971

Partnership HealthPlan of California

38

Positive Health Care

8

San Francisco Health Plan

31

Santa Clara Family Health Plan

49

SCAN Health Plan

1

D1IV.16g

Resolved grievances related to suspected fraud

Enter the total number of grievances resolved by the plan during the reporting year that were related to suspected fraud.Suspected fraud grievances include suspected cases of financial/payment fraud perpetuated by a provider, payer, or other entity. Note: grievances reported in this row should only include grievances submitted to the managed care plan, not grievances submitted to another entity, such as a state Ombudsman or Office of the Inspector General.

Alameda Alliance for Health

97

Anthem Blue Cross Partnership Health Plan

80

Blue Shield of California Promise Health Plan

12

CalOptima Health

25

CalViva Health

6

CenCal Health

0

Central California Alliance for Health

29

Community Health Group Partnership Plan

0

Community Health Plan of Imperial Valley

0

Contra Costa Health Plan

4

Gold Coast Health Plan

0

Health Net Community Solutions, Inc.

68

Health Plan of San Joaquin

2

Health Plan of San Mateo

5

Inland Empire Health Plan

0

Kaiser Foundation Health Plan, Inc.

505

Kern Health Systems

211

L.A. Care Health Plan

284

Molina Healthcare of California

83

Partnership HealthPlan of California

23

Positive Health Care

1

San Francisco Health Plan

3

Santa Clara Family Health Plan

20

SCAN Health Plan

0

D1IV.16h

Resolved grievances related to abuse, neglect or exploitation

Enter the total number of grievances resolved by the plan during the reporting year that were related to abuse, neglect or exploitation.Abuse/neglect/exploitation grievances include cases involving potential or actual patient harm.

Alameda Alliance for Health

34

Anthem Blue Cross Partnership Health Plan

61

Blue Shield of California Promise Health Plan

18

CalOptima Health

8

CalViva Health

25

CenCal Health

1

Central California Alliance for Health

8

Community Health Group Partnership Plan

0

Community Health Plan of Imperial Valley

2

Contra Costa Health Plan

19

Gold Coast Health Plan

0

Health Net Community Solutions, Inc.

55

Health Plan of San Joaquin

2

Health Plan of San Mateo

3

Inland Empire Health Plan

48

Kaiser Foundation Health Plan, Inc.

86

Kern Health Systems

137

L.A. Care Health Plan

637

Molina Healthcare of California

1

Partnership HealthPlan of California

22

Positive Health Care

1

San Francisco Health Plan

9

Santa Clara Family Health Plan

8

SCAN Health Plan

1

D1IV.16i

Resolved grievances related to lack of timely plan response to a prior authorization/service authorization or appeal (including requests to expedite or extend appeals)

Enter the total number of grievances resolved by the plan during the reporting year that were filed due to a lack of timely plan response to a service authorization or appeal request (including requests to expedite or extend appeals).

Alameda Alliance for Health

99

Anthem Blue Cross Partnership Health Plan

4

Blue Shield of California Promise Health Plan

42

CalOptima Health

8

CalViva Health

243

CenCal Health

0

Central California Alliance for Health

2

Community Health Group Partnership Plan

0

Community Health Plan of Imperial Valley

50

Contra Costa Health Plan

3

Gold Coast Health Plan

1

Health Net Community Solutions, Inc.

739

Health Plan of San Joaquin

11

Health Plan of San Mateo

0

Inland Empire Health Plan

1

Kaiser Foundation Health Plan, Inc.

202

Kern Health Systems

2

L.A. Care Health Plan

1,440

Molina Healthcare of California

7

Partnership HealthPlan of California

5

Positive Health Care

0

San Francisco Health Plan

0

Santa Clara Family Health Plan

8

SCAN Health Plan

1

D1IV.16j

Resolved grievances related to plan denial of expedited appeal

Enter the total number of grievances resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request for an expedited appeal.Per 42 CFR §438.408(b)(3), states must establish a timeframe for timely resolution of expedited appeals that is no longer than 72 hours after the MCO, PIHP or PAHP receives the appeal. If a plan denies a request for an expedited appeal, the enrollee or their representative have the right to file a grievance.

Alameda Alliance for Health

1

Anthem Blue Cross Partnership Health Plan

2

Blue Shield of California Promise Health Plan

1

CalOptima Health

7

CalViva Health

0

CenCal Health

0

Central California Alliance for Health

0

Community Health Group Partnership Plan

0

Community Health Plan of Imperial Valley

0

Contra Costa Health Plan

2

Gold Coast Health Plan

0

Health Net Community Solutions, Inc.

0

Health Plan of San Joaquin

1

Health Plan of San Mateo

0

Inland Empire Health Plan

0

Kaiser Foundation Health Plan, Inc.

0

Kern Health Systems

1

L.A. Care Health Plan

8

Molina Healthcare of California

1

Partnership HealthPlan of California

0

Positive Health Care

0

San Francisco Health Plan

0

Santa Clara Family Health Plan

0

SCAN Health Plan

0

D1IV.16k

Resolved grievances filed for other reasons

Enter the total number of grievances resolved by the plan during the reporting year that were filed for a reason other than the reasons listed above.

Alameda Alliance for Health

6,551

Anthem Blue Cross Partnership Health Plan

2,337

Blue Shield of California Promise Health Plan

1,004

CalOptima Health

7,260

CalViva Health

925

CenCal Health

36

Central California Alliance for Health

602

Community Health Group Partnership Plan

153

Community Health Plan of Imperial Valley

144

Contra Costa Health Plan

489

Gold Coast Health Plan

113

Health Net Community Solutions, Inc.

5,073

Health Plan of San Joaquin

428

Health Plan of San Mateo

319

Inland Empire Health Plan

7,252

Kaiser Foundation Health Plan, Inc.

10,838

Kern Health Systems

2,110

L.A. Care Health Plan

13,503

Molina Healthcare of California

3,385

Partnership HealthPlan of California

2,585

Positive Health Care

58

San Francisco Health Plan

717

Santa Clara Family Health Plan

1,219

SCAN Health Plan

118

Topic VII: Quality & Performance Measures

Report on individual measures in each of the following eight domains: (1) Primary care access and preventive care, (2) Maternal and perinatal health, (3) Care of acute and chronic conditions, (4) Behavioral health care, (5) Dental and oral health services, (6) Health plan enrollee experience of care, (7) Long-term services and supports, and (8) Other. For composite measures, be sure to include each individual sub-measure component.

Quality & performance measure total count: 18

Complete

D2.VII.1 Measure Name: Follow-Up After ED Visit for Mental Illness—30 days (FUM)

1 / 18

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

3489

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).

Measure results

Alameda Alliance for Health

66.38

Anthem Blue Cross Partnership Health Plan

56.21

Blue Shield of California Promise Health Plan

37.76

CalOptima Health

52.33

CalViva Health

45.71

CenCal Health

59.09

Central California Alliance for Health

63.95

Community Health Group Partnership Plan

49.29

Community Health Plan of Imperial Valley

61.70

Contra Costa Health Plan

61.71

Gold Coast Health Plan

60.98

Health Net Community Solutions, Inc.

45.34

Health Plan of San Joaquin

46.09

Health Plan of San Mateo

61.21

Inland Empire Health Plan

64.10

Kaiser Foundation Health Plan, Inc.

71.74

Kern Health Systems

31.93

L.A. Care Health Plan

46.55

Molina Healthcare of California

50.47

Partnership HealthPlan of California

29.01

Positive Health Care

n/a

San Francisco Health Plan

63.54

Santa Clara Family Health Plan

61.56

SCAN Health Plan

n/a

Complete

D2.VII.1 Measure Name: Follow-Up After ED Visit for Substance Use—30 days (FUA)

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

2605

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of emergency department (ED) visits among members age 13 years and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).

Measure results

Alameda Alliance for Health

44.48

Anthem Blue Cross Partnership Health Plan

37.26

Blue Shield of California Promise Health Plan

41.46

CalOptima Health

28.63

CalViva Health

30.17

CenCal Health

49.98

Central California Alliance for Health

44.84

Community Health Group Partnership Plan

37.12

Community Health Plan of Imperial Valley

47.62

Contra Costa Health Plan

45.80

Gold Coast Health Plan

45.81

Health Net Community Solutions, Inc.

33.44

Health Plan of San Joaquin

30.72

Health Plan of San Mateo

47.30

Inland Empire Health Plan

39.55

Kaiser Foundation Health Plan, Inc.

49.83

Kern Health Systems

33.81

L.A. Care Health Plan

34.65

Molina Healthcare of California

41.91

Partnership HealthPlan of California

33.27

Positive Health Care

n/a

San Francisco Health Plan

34.59

Santa Clara Family Health Plan

36.36

SCAN Health Plan

n/a

Complete

D2.VII.1 Measure Name: Child and Adolescent Well-Care Visits (WCV)

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

CMIT#24

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

Measure results

Alameda Alliance for Health

55.88

Anthem Blue Cross Partnership Health Plan

47.22

Blue Shield of California Promise Health Plan

54.17

CalOptima Health

55.46

CalViva Health

54.8

CenCal Health

60.69

Central California Alliance for Health

63.32

Community Health Group Partnership Plan

56.88

Community Health Plan of Imperial Valley

51.34

Contra Costa Health Plan

59.11

Gold Coast Health Plan

55.44

Health Net Community Solutions, Inc.

49.58

Health Plan of San Joaquin

48.65

Health Plan of San Mateo

54.75

Inland Empire Health Plan

55.84

Kaiser Foundation Health Plan, Inc.

55.10

Kern Health Systems

51.08

L.A. Care Health Plan

52.87

Molina Healthcare of California

50.44

Partnership HealthPlan of California

48.83

Positive Health Care

n/a

San Francisco Health Plan

60.60

Santa Clara Family Health Plan

56.96

SCAN Health Plan

n.a

Complete

D2.VII.1 Measure Name: Childhood Immunization Status—Combination 10 (CIS-10)

4 / 18

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0038

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and three combination rates.

Measure results

Alameda Alliance for Health

43.8

Anthem Blue Cross Partnership Health Plan

25.79

Blue Shield of California Promise Health Plan

36.5

CalOptima Health

38.69

CalViva Health

28.71

CenCal Health

37.47

Central California Alliance for Health

35.84

Community Health Group Partnership Plan

36.25

Community Health Plan of Imperial Valley

37.71

Contra Costa Health Plan

42.34

Gold Coast Health Plan

29.93

Health Net Community Solutions, Inc.

27.49

Health Plan of San Joaquin

22.63

Health Plan of San Mateo

45.23

Inland Empire Health Plan

28.47

Kaiser Foundation Health Plan, Inc.

42.28

Kern Health Systems

25.06

L.A. Care Health Plan

27.25

Molina Healthcare of California

27.98

Partnership HealthPlan of California

28.22

Positive Health Care

n/a

San Francisco Health Plan

49.14

Santa Clara Family Health Plan

40.88

SCAN Health Plan

n/a

Complete

D2.VII.1 Measure Name: Developmental Screening in the First Three Years of Life (DEV)

5 / 18

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

1448

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday.

Measure results

Alameda Alliance for Health

64.63

Anthem Blue Cross Partnership Health Plan

35.4

Blue Shield of California Promise Health Plan

56.66

CalOptima Health

44.42

CalViva Health

41.17

CenCal Health

46.65

Central California Alliance for Health

52.66

Community Health Group Partnership Plan

58.05

Community Health Plan of Imperial Valley

54.01

Contra Costa Health Plan

69.44

Gold Coast Health Plan

55.93

Health Net Community Solutions, Inc.

38.23

Health Plan of San Joaquin

28.68

Health Plan of San Mateo

66

Inland Empire Health Plan

61.54

Kaiser Foundation Health Plan, Inc.

78.73

Kern Health Systems

31.42

L.A. Care Health Plan

45.17

Molina Healthcare of California

32.26

Partnership HealthPlan of California

29.65

Positive Health Care

n/a

San Francisco Health Plan

61.87

Santa Clara Family Health Plan

68.75

SCAN Health Plan

n/a

Complete

D2.VII.1 Measure Name: Immunizations for Adolescents—Combination 2 (IMA-2)

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

1407

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday. The measure calculates a rate for each vaccine and two combination rates.

Measure results

Alameda Alliance for Health

47.92

Anthem Blue Cross Partnership Health Plan

36.01

Blue Shield of California Promise Health Plan

41.36

CalOptima Health

45.5

CalViva Health

40.75

CenCal Health

42.58

Central California Alliance for Health

53.35

Community Health Group Partnership Plan

44.84

Community Health Plan of Imperial Valley

45.74

Contra Costa Health Plan

52.89

Gold Coast Health Plan

45.11

Health Net Community Solutions, Inc.

39.9

Health Plan of San Joaquin

34.58

Health Plan of San Mateo

48.91

Inland Empire Health Plan

38.88

Kaiser Foundation Health Plan, Inc.

62.89

Kern Health Systems

36.98

L.A. Care Health Plan

39.9

Molina Healthcare of California

34.31

Partnership HealthPlan of California

40.39

Positive Health Care

n/a

San Francisco Health Plan

53.53

Santa Clara Family Health Plan

52.8

SCAN Health Plan

n/a

Complete

D2.VII.1 Measure Name: Lead Screening in Children (LSC)

7 / 18

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

CMIT#1775

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.

Measure results

Alameda Alliance for Health

67.88

Anthem Blue Cross Partnership Health Plan

66.42

Blue Shield of California Promise Health Plan

74.94

CalOptima Health

70.80

CalViva Health

71.29

CenCal Health

75.43

Central California Alliance for Health

77.13

Community Health Group Partnership Plan

72.36

Community Health Plan of Imperial Valley

83.21

Contra Costa Health Plan

66.1

Gold Coast Health Plan

78.14

Health Net Community Solutions, Inc.

66.18

Health Plan of San Joaquin

58.39

Health Plan of San Mateo

78.97

Inland Empire Health Plan

58.95

Kaiser Foundation Health Plan, Inc.

58.19

Kern Health Systems

66.67

L.A. Care Health Plan

63.99

Molina Healthcare of California

64.96

Partnership HealthPlan of California

71.78

Positive Health Care

n/a

San Francisco Health Plan

78.08

Santa Clara Family Health Plan

69.83

SCAN Health Plan

n/a

Complete

D2.VII.1 Measure Name: Topical Fluoride for Children (TFL-CH)

D2.VII.2 Measure Domain

Dental and oral health services

D2.VII.3 National Quality Forum (NQF) number

3700

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Percentage of children aged 1–21 years who received at least 2 topical fluoride applications as (a) dental OR oral health services, (b) dental services, and (c) oral health services within the reporting year

Measure results

Alameda Alliance for Health

17.74

Anthem Blue Cross Partnership Health Plan

17.95

Blue Shield of California Promise Health Plan

17.70

CalOptima Health

26.64

CalViva Health

24.58

CenCal Health

30.56

Central California Alliance for Health

24.13

Community Health Group Partnership Plan

23.49

Community Health Plan of Imperial Valley

13.58

Contra Costa Health Plan

22.31

Gold Coast Health Plan

32.99

Health Net Community Solutions, Inc.

26.61

Health Plan of San Joaquin

28.17

Health Plan of San Mateo

28.05

Inland Empire Health Plan

23.38

Kaiser Foundation Health Plan, Inc.

18.78

Kern Health Systems

25.08

L.A. Care Health Plan

25.86

Molina Healthcare of California

19.61

Partnership HealthPlan of California

12.40

Positive Health Care

n/a

San Francisco Health Plan

28.8

Santa Clara Family Health Plan

20.6

SCAN Health Plan

n/a

Complete

D2.VII.1 Measure Name: Well-Child Visits in the First 30 Months of Life—0 to 15 Months—Six or More Well-Child Visits (W30-6+)

9 / 18

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

1392

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of members who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported: Well-Child Visits in the First 15 Months. Children who turned 15 months old during the measurement year: Six or more well-child visits.

Measure results

Alameda Alliance for Health

66.69

Anthem Blue Cross Partnership Health Plan

43.6

Blue Shield of California Promise Health Plan

61.4

CalOptima Health

70.28

CalViva Health

60.69

CenCal Health

68.42

Central California Alliance for Health

70.04

Community Health Group Partnership Plan

70.86

Community Health Plan of Imperial Valley

56.91

Contra Costa Health Plan

79.03

Gold Coast Health Plan

68.35

Health Net Community Solutions, Inc.

53.75

Health Plan of San Joaquin

57.02

Health Plan of San Mateo

63.95

Inland Empire Health Plan

60.77

Kaiser Foundation Health Plan, Inc.

80.92

Kern Health Systems

52.18

L.A. Care Health Plan

44.76

Molina Healthcare of California

40.95

Partnership HealthPlan of California

67.05

Positive Health Care

n/a

San Francisco Health Plan

68.95

Santa Clara Family Health Plan

65.3

SCAN Health Plan

n/a

Complete

D2.VII.1 Measure Name: Well-Child Visits in the First 30 Months of Life — 15 to 30 Months—Two or More Well-Child Visits (W30-2+)

10 / 18

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

CMIT#761

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of members who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported: Well-Child Visits for Age 15 Months–30 Months. Children who turned 30 months old during the measurement year: Two or more well-child visits.

Measure results

Alameda Alliance for Health

77.73

Anthem Blue Cross Partnership Health Plan

66.05

Blue Shield of California Promise Health Plan

71.58

CalOptima Health

74.4

CalViva Health

68.27

CenCal Health

81.06

Central California Alliance for Health

80.58

Community Health Group Partnership Plan

75.13

Community Health Plan of Imperial Valley

76.6

Contra Costa Health Plan

80.09

Gold Coast Health Plan

77.72

Health Net Community Solutions, Inc.

65.05

Health Plan of San Joaquin

64.41

Health Plan of San Mateo

75.32

Inland Empire Health Plan

70.83

Kaiser Foundation Health Plan, Inc.

79.81

Kern Health Systems

69.43

L.A. Care Health Plan

66.27

Molina Healthcare of California

62.47

Partnership HealthPlan of California

72.22

Positive Health Care

n/a

San Francisco Health Plan

77.5

Santa Clara Family Health Plan

78.04

SCAN Health Plan

n/a

Complete

D2.VII.1 Measure Name: Asthma Medication Ratio (AMR)

11 / 18

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

1800

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of members 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.

Measure results

Alameda Alliance for Health

63.18

Anthem Blue Cross Partnership Health Plan

64.76

Blue Shield of California Promise Health Plan

62

CalOptima Health

66.08

CalViva Health

68.89

CenCal Health

75.08

Central California Alliance for Health

69.69

Community Health Group Partnership Plan

74.89

Community Health Plan of Imperial Valley

92.09

Contra Costa Health Plan

79.48

Gold Coast Health Plan

57.93

Health Net Community Solutions, Inc.

59.82

Health Plan of San Joaquin

66.21

Health Plan of San Mateo

69.48

Inland Empire Health Plan

62.57

Kaiser Foundation Health Plan, Inc.

82.48

Kern Health Systems

73.87

L.A. Care Health Plan

60.47

Molina Healthcare of California

67.13

Partnership HealthPlan of California

64.71

Positive Health Care

n/a

San Francisco Health Plan

74.58

Santa Clara Family Health Plan

69.71

SCAN Health Plan

n/a

Complete

D2.VII.1 Measure Name: Controlling High Blood Pressure (CBP)

12 / 18

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

0018

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (less than 140/90 mm Hg) during the measurement year.

Measure results

Alameda Alliance for Health

60.1

Anthem Blue Cross Partnership Health Plan

65.45

Blue Shield of California Promise Health Plan

66.95

CalOptima Health

67.54

CalViva Health

69.34

CenCal Health

66.91

Central California Alliance for Health

74.45

Community Health Group Partnership Plan

66.18

Community Health Plan of Imperial Valley

73.48

Contra Costa Health Plan

72.75

Gold Coast Health Plan

66.67

Health Net Community Solutions, Inc.

68.86

Health Plan of San Joaquin

71.78

Health Plan of San Mateo

67.25

Inland Empire Health Plan

71.86

Kaiser Foundation Health Plan, Inc.

82.13

Kern Health Systems

65.21

L.A. Care Health Plan

66.58

Molina Healthcare of California

65.21

Partnership HealthPlan of California

69.59

Positive Health Care

70.07

San Francisco Health Plan

76.32

Santa Clara Family Health Plan

62.29

SCAN Health Plan

87.16

Complete

D2.VII.1 Measure Name: Glycemic Status Assessment for Patients With Diabetes (less than 9%) (GSD)

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

CMIT#196

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels during the measurement year: • Glycemic Status less than 8.0%. • Glycemic Status greater than 9.0%.

Measure results

Alameda Alliance for Health

28.95%

Anthem Blue Cross Partnership Health Plan

30.17%

Blue Shield of California Promise Health Plan

30.56%

CalOptima Health

30.92%

CalViva Health

23.84%

CenCal Health

28.71%

Central California Alliance for Health

29.20%

Community Health Group Partnership Plan

26.03%

Community Health Plan of Imperial Valley

23.84%

Contra Costa Health Plan

24.44%

Gold Coast Health Plan

25.79%

Health Net Community Solutions, Inc.

27.01%

Health Plan of San Joaquin

35.52%

Health Plan of San Mateo

26.80%

Inland Empire Health Plan

32.36%

Kaiser Foundation Health Plan, Inc.

19.61%

Kern Health Systems

32.36%

L.A. Care Health Plan

31.54%

Molina Healthcare of California

34.31%

Partnership HealthPlan of California

32.60%

Positive Health Care

39.56%

San Francisco Health Plan

27.09%

Santa Clara Family Health Plan

26.76%

SCAN Health Plan

14.63%

Complete

D2.VII.1 Measure Name: Chlamydia Screening in Women (CHL)

14 / 18

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

0033

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

Measure results

Alameda Alliance for Health

70.04%

Anthem Blue Cross Partnership Health Plan

65.47%

Blue Shield of California Promise Health Plan

68.81%

CalOptima Health

76.66%

CalViva Health

65.18%

CenCal Health

65.74%

Central California Alliance for Health

61.38%

Community Health Group Partnership Plan

67.67%

Community Health Plan of Imperial Valley

55.28%

Contra Costa Health Plan

69.22%

Gold Coast Health Plan

64.59%

Health Net Community Solutions, Inc.

71.10%

Health Plan of San Joaquin

62.01%

Health Plan of San Mateo

72.93%

Inland Empire Health Plan

70.49%

Kaiser Foundation Health Plan, Inc.

69.54%

Kern Health Systems

57.17%

L.A. Care Health Plan

71.31%

Molina Healthcare of California

66.90%

Partnership HealthPlan of California

55.58%

Positive Health Care

n/a

San Francisco Health Plan

71.49%

Santa Clara Family Health Plan

65.61%

SCAN Health Plan

n/a

Complete

D2.VII.1 Measure Name: Prenatal and Postpartum Care: Postpartum Care (PPC-Pst)

15 / 18

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

1517

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these members, the measure assesses the following facets of prenatal and postpartum care. Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.

Measure results

Alameda Alliance for Health

92.44%

Anthem Blue Cross Partnership Health Plan

82.48%

Blue Shield of California Promise Health Plan

84.17%

CalOptima Health

81.11%

CalViva Health

83.70%

CenCal Health

94.16%

Central California Alliance for Health

88.56%

Community Health Group Partnership Plan

82.48%

Community Health Plan of Imperial Valley

87.83%

Contra Costa Health Plan

93.02%

Gold Coast Health Plan

92.70%

Health Net Community Solutions, Inc.

82.24%

Health Plan of San Joaquin

87.10%

Health Plan of San Mateo

93.72%

Inland Empire Health Plan

81.92%

Kaiser Foundation Health Plan, Inc.

88.29%

Kern Health Systems

83.21%

L.A. Care Health Plan

84.40%

Molina Healthcare of California

85.64%

Partnership HealthPlan of California

89.54%

Positive Health Care

n/a

San Francisco Health Plan

93.45%

Santa Clara Family Health Plan

86.13%

SCAN Health Plan

n/a

Complete

D2.VII.1 Measure Name: Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-Pre)

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

1517

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these members, the measure assesses the following facets of prenatal and postpartum care. Timeliness of Prenatal Care. The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization.

Measure results

Alameda Alliance for Health

91.28%

Anthem Blue Cross Partnership Health Plan

87.10%

Blue Shield of California Promise Health Plan

86.25%

CalOptima Health

88.15%

CalViva Health

90.27%

CenCal Health

90.02%

Central California Alliance for Health

92.46%

Community Health Group Partnership Plan

85.67%

Community Health Plan of Imperial Valley

88.56%

Contra Costa Health Plan

93.60%

Gold Coast Health Plan

90.27%

Health Net Community Solutions, Inc.

86.37%

Health Plan of San Joaquin

88.08%

Health Plan of San Mateo

90.82%

Inland Empire Health Plan

88.85%

Kaiser Foundation Health Plan, Inc.

95.72%

Kern Health Systems

87.59%

L.A. Care Health Plan

92.80%

Molina Healthcare of California

85.64%

Partnership HealthPlan of California

85.40%

Positive Health Care

n/a

San Francisco Health Plan

89.96%

Santa Clara Family Health Plan

91.00%

SCAN Health Plan

n/a

Complete

D2.VII.1 Measure Name: Breast Cancer Screening (BCS-E)

17 / 18

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

2372

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of members 50–74 years of age who were recommended for routine breast cancer screening and had a mammogram to screen for breast cancer.

Measure results

Alameda Alliance for Health

59.62%

Anthem Blue Cross Partnership Health Plan

51.26%

Blue Shield of California Promise Health Plan

58.93%

CalOptima Health

59.13%

CalViva Health

60.21%

CenCal Health

61.89%

Central California Alliance for Health

62.45%

Community Health Group Partnership Plan

64.93%

Community Health Plan of Imperial Valley

58.20%

Contra Costa Health Plan

61.72%

Gold Coast Health Plan

66.50%

Health Net Community Solutions, Inc.

59.09%

Health Plan of San Joaquin

53.25%

Health Plan of San Mateo

65.02%

Inland Empire Health Plan

63.83%

Kaiser Foundation Health Plan, Inc.

81.47%

Kern Health Systems

58.78%

L.A. Care Health Plan

59.93%

Molina Healthcare of California

53.40%

Partnership HealthPlan of California

56.29%

Positive Health Care

n/a

San Francisco Health Plan

62.12%

Santa Clara Family Health Plan

59.60%

SCAN Health Plan

n/a

Complete

D2.VII.1 Measure Name: Cervical Cancer Screening (CCS)

18 / 18

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0032

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of members 21–64 years of age who were recommended for routine cervical cancer screening who were screened for cervical cancer using any of the following criteria: • Members 21–64 years of age who were recommended for routine cervical cancer screening and had cervical cytology performed within the last 3 years. • Members 30–64 years of age who were recommended for routine cervical cancer screening and had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years. • Members 30–64 years of age who were recommended for routine cervical cancer screening and had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years.

Measure results

Alameda Alliance for Health

59.37%

Anthem Blue Cross Partnership Health Plan

51.34%

Blue Shield of California Promise Health Plan

58.77%

CalOptima Health

57.86%

CalViva Health

67.40%

CenCal Health

62.04%

Central California Alliance for Health

67.64%

Community Health Group Partnership Plan

59.85%

Community Health Plan of Imperial Valley

61.80%

Contra Costa Health Plan

67.64%

Gold Coast Health Plan

65.45%

Health Net Community Solutions, Inc.

54.50%

Health Plan of San Joaquin

54.26%

Health Plan of San Mateo

63.01%

Inland Empire Health Plan

57.45%

Kaiser Foundation Health Plan, Inc.

74.97%

Kern Health Systems

58.88%

L.A. Care Health Plan

58.23%

Molina Healthcare of California

48.42%

Partnership HealthPlan of California

59.12%

Positive Health Care

n/a

San Francisco Health Plan

60.76%

Santa Clara Family Health Plan

57.18%

SCAN Health Plan

n/a

Topic VIII. Sanctions

Describe sanctions that the state has issued for each plan. Report all known actions across the following domains: sanctions, administrative penalties, corrective action plans, other. The state should include all sanctions the state issued regardless of what entity identified the non-compliance (e.g. the state, an auditing body, the plan, a contracted entity like an external quality review organization).

42 CFR 438.66(e)(2)(viii) specifies that the MCPAR include the results of any sanctions or corrective action plans imposed by the State or other formal or informal intervention with a contracted MCO, PIHP, PAHP, or PCCM entity to improve performance.

Sanction total count: 46

Complete

D3.VIII.1 Intervention type: Civil monetary penalty

1 / 46

D3.VIII.2 Plan performance issue

Quality measure performance (e.g., failure to meet benchmarks or make progress on performance improvement projects)

D3.VIII.3 Plan name

Alameda Alliance for Health

D3.VIII.4 Reason for intervention

Poor quality performance measurement year 2024

Sanction details

D3.VIII.5 Instances of non-compliance

3

D3.VIII.6 Sanction amount

$46,000

D3.VIII.7 Date assessed

11/24/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Civil monetary penalty

2 / 46

D3.VIII.2 Plan performance issue

Quality measure performance (e.g., failure to meet benchmarks or make progress on performance improvement projects)

D3.VIII.3 Plan name

Anthem Blue Cross Partnership Health Plan

D3.VIII.4 Reason for intervention

Poor quality performance measurement year 2024

Sanction details

D3.VIII.5 Instances of non-compliance

139

D3.VIII.6 Sanction amount

$334,000

D3.VIII.7 Date assessed

11/24/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Civil monetary penalty

3 / 46

D3.VIII.2 Plan performance issue

Quality measure performance (e.g., failure to meet benchmarks or make progress on performance improvement projects)

D3.VIII.3 Plan name

CalOptima Health

D3.VIII.4 Reason for intervention

Poor quality performance measurement year 2024

Sanction details

D3.VIII.5 Instances of non-compliance

3

D3.VIII.6 Sanction amount

$25,000

D3.VIII.7 Date assessed

11/24/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes

D3.VIII.1 Intervention type: Civil monetary penalty

4 / 46

Complete

D3.VIII.2 Plan performance issue

Quality measure performance (e.g., failure to meet benchmarks or make progress on performance improvement projects)

D3.VIII.3 Plan name

CalViva Health

D3.VIII.4 Reason for intervention

Poor quality performance measurement year 2024

Sanction details

D3.VIII.5 Instances of non-compliance

11

D3.VIII.6 Sanction amount

$25,000

D3.VIII.7 Date assessed

11/24/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Civil monetary penalty

D3.VIII.2 Plan performance issue

Quality measure performance (e.g., failure to meet benchmarks or make progress on performance improvement projects)

D3.VIII.3 Plan name

CenCal Health

D3.VIII.4 Reason for intervention

Poor quality performance measurement year 2024

Sanction details

D3.VIII.5 Instances of non-compliance

D3.VIII.6 Sanction amount

$25,000

2

D3.VIII.7 Date assessed

11/24/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Civil monetary penalty

6 / 46

D3.VIII.2 Plan performance issue

Quality measure performance (e.g., failure to meet benchmarks or make progress on performance improvement projects)

D3.VIII.3 Plan name

Central California Alliance for Health

D3.VIII.4 Reason for intervention

Poor quality performance measurement year 2024

Sanction details

D3.VIII.5 Instances of non-compliance

3

D3.VIII.6 Sanction amount

$25,000

D3.VIII.7 Date assessed

11/24/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Civil monetary penalty

7 / 46

D3.VIII.2 Plan performance issue

Quality measure performance (e.g.,

D3.VIII.3 Plan name

Health Net Community Solutions, Inc.

failure to meet benchmarks or make progress on performance improvement projects)

D3.VIII.4 Reason for intervention

Poor quality performance measurement year 2024

Sanction details

D3.VIII.5 Instances of non-compliance

49

D3.VIII.6 Sanction amount

$327,000

D3.VIII.7 Date assessed

11/24/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Civil monetary penalty

8 / 46

D3.VIII.2 Plan performance issue

Quality measure performance (e.g., failure to meet benchmarks or make progress on performance improvement projects)

D3.VIII.3 Plan name

Health Plan of San Joaquin

D3.VIII.4 Reason for intervention

Poor quality performance measurement year 2024

Sanction details

D3.VIII.5 Instances of non-compliance

22

D3.VIII.6 Sanction amount

$121,000

D3.VIII.7 Date assessed

11/24/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Civil monetary penalty

9 / 46

D3.VIII.2 Plan performance issue

Quality measure performance (e.g., failure to meet benchmarks or make progress on performance improvement projects)

D3.VIII.3 Plan name

Inland Empire Health Plan

D3.VIII.4 Reason for intervention

Poor quality performance measurement year 2024

Sanction details

D3.VIII.5 Instances of non-compliance

5

D3.VIII.6 Sanction amount

$89,000

D3.VIII.7 Date assessed

11/24/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Civil monetary penalty

10 / 46

D3.VIII.2 Plan performance issue

Quality measure performance (e.g., failure to meet benchmarks or make progress on performance improvement projects)

D3.VIII.3 Plan name

Kaiser Foundation Health Plan, Inc.

D3.VIII.4 Reason for intervention

Poor quality performance measurement year 2024

Sanction details

D3.VIII.5 Instances of non-compliance

4

D3.VIII.6 Sanction amount

$72,000

D3.VIII.7 Date assessed

11/24/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Civil monetary penalty

11 / 46

D3.VIII.2 Plan performance issue

Quality measure performance (e.g., failure to meet benchmarks or make progress on performance improvement projects)

D3.VIII.3 Plan name

Kern Health Systems

D3.VIII.4 Reason for intervention

Poor quality performance measurement year 2024

Sanction details

D3.VIII.5 Instances of non-compliance

7

D3.VIII.6 Sanction amount

$26,000

D3.VIII.7 Date assessed

11/24/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Civil monetary penalty

D3.VIII.2 Plan performance issue

Quality measure performance (e.g., failure to meet benchmarks or make progress on performance improvement projects)

D3.VIII.3 Plan name

L.A. Care Health Plan

D3.VIII.4 Reason for intervention

Poor quality performance measurement year 2024

Sanction details

D3.VIII.5 Instances of non-compliance

6

D3.VIII.6 Sanction amount

$42,000

D3.VIII.7 Date assessed

11/24/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Civil monetary penalty

D3.VIII.2 Plan performance issue

Quality measure performance (e.g., failure to meet benchmarks or make progress on performance improvement projects)

D3.VIII.3 Plan name

Molina Healthcare of California

D3.VIII.4 Reason for intervention

Poor quality performance measurement year 2024

Sanction details

D3.VIII.5 Instances of non-compliance

37

D3.VIII.6 Sanction amount

$104,000

D3.VIII.7 Date assessed

11/24/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Civil monetary penalty

14 / 46

D3.VIII.2 Plan performance issue

Quality measure performance (e.g., failure to meet benchmarks or make progress on performance improvement projects)

D3.VIII.3 Plan name

Partnership HealthPlan of California

D3.VIII.4 Reason for intervention

Poor quality performance measurement year 2024

Sanction details

D3.VIII.5 Instances of non-compliance

158

D3.VIII.6 Sanction amount

$199,000

D3.VIII.7 Date assessed

11/24/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Corrective action plan

15 / 46

D3.VIII.2 Plan performance issue

Timely payments to providers

D3.VIII.3 Plan name

Anthem Blue Cross Partnership Health Plan

D3.VIII.4 Reason for intervention

Anthem Blue Cross failed to comply with timely claims payment requirements for Community-Based Adult Services (CBAS), Enhanced Care Management (ECM), and Community Supports.

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

n/a

D3.VIII.7 Date assessed

03/26/2025

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 10/29/2025

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Corrective action plan

16 / 46

D3.VIII.2 Plan performance issue

D-SNP Readiness

D3.VIII.3 Plan name

Kaiser Foundation Health Plan, Inc.

D3.VIII.4 Reason for intervention

Kaiser Foundation Health Plan does not have D-SNP in Imperial and Sutter counties in 2026.

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

n/a

D3.VIII.7 Date assessed

07/17/2025

D3.VIII.8 Remediation date non-compliance was corrected

No, no remediation

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Corrective action plan

17 / 46

D3.VIII.2 Plan performance issue

D-SNP Readiness

D3.VIII.3 Plan name

Partnership HealthPlan of California

D3.VIII.4 Reason for intervention

Partnership Health Plan does not have D-SNP in 24 of 24 counties in 2026.

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

n/a

D3.VIII.7 Date assessed

07/02/2025

D3.VIII.8 Remediation date non-compliance was corrected

No, no remediation

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Corrective action plan

18 / 46

D3.VIII.2 Plan performance issue

Behavioral Health Services

D3.VIII.3 Plan name

SCAN Health Plan

D3.VIII.4 Reason for intervention

SCAN Health Plan is non-compliant with contract requirement to cover Medi-Cal Behavioral Health services not covered by Medicare.

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

n/a

D3.VIII.7 Date assessed

D3.VIII.8 Remediation date non-compliance was corrected

07/01/2025

No, no remediation

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Corrective action plan

D3.VIII.2 Plan performance issue

Timely access to care

D3.VIII.3 Plan name

CalOptima Health

D3.VIII.4 Reason for intervention

CalOptima confirmed, through self-attestation, that it failed to demonstrate compliance with the 11/14/2023, Administrative Law Judge (ALJ) ruling that required authorization of an out-of-network provider for medically necessary services.

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

n/a

D3.VIII.7 Date assessed

07/01/2025

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 02/05/2026

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Corrective action plan

D3.VIII.2 Plan performance issue

Timely payments to providers

D3.VIII.3 Plan name

L.A. Care Health Plan

D3.VIII.4 Reason for intervention

L.A. Care Health Plan did not meet its legal and contractual obligations to promptly pay claims submitted by providers for Non-Emergency Medical Transportation (NEMT) services.

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

n/a

D3.VIII.7 Date assessed

07/17/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Corrective action plan

21 / 46

D3.VIII.2 Plan performance issue

Time or Distance

D3.VIII.3 Plan name

Kaiser Foundation Health Plan, Inc.

D3.VIII.4 Reason for intervention

DHCS identified missing items and denials of Alternative Access Standard requests (AAS). MCQMD has placed the plan under CAP for administrative non-compliance in regards to time or distance.

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

n/a

D3.VIII.7 Date assessed

10/24/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Corrective action plan

22 / 46

D3.VIII.2 Plan performance issue

Provider to Member Ratios

D3.VIII.3 Plan name

Anthem Blue Cross Partnership Health Plan

D3.VIII.4 Reason for intervention

DHCS identified that the plan did not meet the provider-to-member ratio requirements for Non-Specialty Mental Health Services and has placed the plan under a CAP for non-compliance.

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

n/a

D3.VIII.7 Date assessed

11/20/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Corrective action plan

D3.VIII.2 Plan performance issue

Provider to member ratios

D3.VIII.3 Plan name

Health Net Community Solutions, Inc.

D3.VIII.4 Reason for intervention

DHCS identified that the plan did not meet the provider-to-member ratio requirements for Non-Specialty Mental Health Services and has placed the plan under a CAP for non-compliance.

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

n/a

D3.VIII.7 Date assessed

11/20/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Corrective action plan

D3.VIII.2 Plan performance issue

Provider to Member ratios

D3.VIII.3 Plan name

Santa Clara Family Health Plan

D3.VIII.4 Reason for intervention

DHCS identified that the plan did not meet the provider-to-member ratio requirements for Non-Specialty Mental Health Services and has placed the plan under a CAP for non-compliance.

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

n/a

D3.VIII.7 Date assessed

11/20/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Corrective action plan

D3.VIII.2 Plan performance issue

Utilization Management
Case Management and Coordination of Care
Access and Availability of Care
Member's Rights
Quality Management
Administrative and Organizational Capacity

D3.VIII.3 Plan name

L.A. Care Health Plan

D3.VIII.4 Reason for intervention

Annual Medical Audit

Sanction details

D3.VIII.5 Instances of non-compliance

D3.VIII.6 Sanction amount

n/a

15

D3.VIII.7 Date assessed

01/22/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Corrective action plan

26 / 46

D3.VIII.2 Plan performance issue

Case Management and Coordination of Care
Access and Availability of Care
Member's Rights

D3.VIII.3 Plan name

Health Net Community Solutions, Inc.

D3.VIII.4 Reason for intervention

Annual Medical Audit

Sanction details

D3.VIII.5 Instances of non-compliance

6

D3.VIII.6 Sanction amount

n/a

D3.VIII.7 Date assessed

02/19/2025

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 09/04/2025

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Corrective action plan

27 / 46

D3.VIII.2 Plan performance issue

Utilization Management
Case Management and Coordination of Care
Member's Rights
Quality Management

D3.VIII.3 Plan name

Contra Costa Health Plan

Administrative and Organizational Capacity

D3.VIII.4 Reason for intervention

Annual Medical Audit

Sanction details

D3.VIII.5 Instances of non-compliance

19

D3.VIII.6 Sanction amount

n/a

D3.VIII.7 Date assessed

02/26/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Corrective action plan

28 / 46

D3.VIII.2 Plan performance issue

Utilization Management
Case Management and Coordination of Care
Member's Rights
Quality Management

D3.VIII.3 Plan name

Gold Coast Health Plan

D3.VIII.4 Reason for intervention

Annual Medical Audit

Sanction details

D3.VIII.5 Instances of non-compliance

14

D3.VIII.6 Sanction amount

n/a

D3.VIII.7 Date assessed

03/17/2025

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 12/17/2025

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Corrective action plan

D3.VIII.2 Plan performance issue

Utilization Management Administrative and Organizational Capacity

D3.VIII.3 Plan name

Positive Health Care

D3.VIII.4 Reason for intervention

Annual Medical Audit

Sanction details

D3.VIII.5 Instances of non-compliance

3

D3.VIII.6 Sanction amount

n/a

D3.VIII.7 Date assessed

03/19/2025

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 10/19/2025

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Corrective action plan

D3.VIII.2 Plan performance issue

Population Health Management and Coordination of Care

D3.VIII.3 Plan name

CenCal Health

D3.VIII.4 Reason for intervention

Annual Medical Audit

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

n/a

D3.VIII.7 Date assessed

03/28/2025

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 05/07/2025

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Corrective action plan

31 / 46

D3.VIII.2 Plan performance issue

Utilization Management

D3.VIII.3 Plan name

Inland Empire Health Plan

D3.VIII.4 Reason for intervention

Annual Medical Audit

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

n/a

D3.VIII.7 Date assessed

04/02/2025

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 09/17/2025

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Corrective action plan

32 / 46

D3.VIII.2 Plan performance issue

Utilization Management
Access and Availability of Care

D3.VIII.3 Plan name

Health Plan of San Joaquin

D3.VIII.4 Reason for intervention

Annual Medical Audit

Sanction details

D3.VIII.5 Instances of non-compliance

5

D3.VIII.6 Sanction amount

n/a

D3.VIII.7 Date assessed

D3.VIII.8 Remediation date non-compliance was corrected

04/11/2025

Yes, remediated 12/29/2025

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Corrective action plan

D3.VIII.2 Plan performance issue

Member's Rights Quality Improvement and Health Equity Transformation

D3.VIII.3 Plan name

Partnership HealthPlan of California

D3.VIII.4 Reason for intervention

Annual Medical Audit

Sanction details

D3.VIII.5 Instances of non-compliance

2

D3.VIII.6 Sanction amount

n/a

D3.VIII.7 Date assessed

04/11/2025

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 01/07/2026

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Corrective action plan

D3.VIII.2 Plan performance issue

Utilization Management
Population Health Management and Coordination of Care
Member's Rights
Administrative and Organizational Capacity
State Supported Services

D3.VIII.3 Plan name

Health Plan of San Mateo

D3.VIII.4 Reason for intervention

Annual Medical Audit

Sanction details

D3.VIII.5 Instances of non-compliance

13

D3.VIII.6 Sanction amount

n/a

D3.VIII.7 Date assessed

04/23/2025

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 01/23/2026

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Corrective action plan

35 / 46

D3.VIII.2 Plan performance issue

Population Health Management and Coordination of Care

D3.VIII.3 Plan name

Kaiser Foundation Health Plan, Inc.

D3.VIII.4 Reason for intervention

Annual Medical Audit

Sanction details

D3.VIII.5 Instances of non-compliance

5

D3.VIII.6 Sanction amount

n/a

D3.VIII.7 Date assessed

04/29/2025

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 01/14/2026

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Corrective action plan

36 / 46

D3.VIII.2 Plan performance issue

Utilization Management
Population Health Management and Coordination of Care
Administrative and Organizational Capacity

D3.VIII.3 Plan name

CalOptima Health

D3.VIII.4 Reason for intervention

Annual Medical Audit

Sanction details

D3.VIII.5 Instances of non-compliance

4

D3.VIII.6 Sanction amount

n/a

D3.VIII.7 Date assessed

05/27/2025

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 11/19/2025

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Corrective action plan

37 / 46

D3.VIII.2 Plan performance issue

Utilization Management
Case Management and Coordination of Care
Member's Rights

D3.VIII.3 Plan name

Anthem Blue Cross Partnership Health Plan

D3.VIII.4 Reason for intervention

Annual Medical Audit

Sanction details

D3.VIII.5 Instances of non-compliance

9

D3.VIII.6 Sanction amount

n/a

D3.VIII.7 Date assessed

06/18/2025

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 01/14/2026

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Corrective action plan

D3.VIII.2 Plan performance issue

Member's Rights

D3.VIII.3 Plan name

Central California Alliance for Health

D3.VIII.4 Reason for intervention

Annual Medical Audit

Sanction details

D3.VIII.5 Instances of non-compliance

2

D3.VIII.6 Sanction amount

n/a

D3.VIII.7 Date assessed

06/18/2025

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 11/19/2025

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Corrective action plan

D3.VIII.2 Plan performance issue

Population Health Management and Coordination of Care
Administrative and Organizational Capacity

D3.VIII.3 Plan name

Santa Clara Family Health Plan

D3.VIII.4 Reason for intervention

Annual Medical Audit

Sanction details

D3.VIII.5 Instances of non-compliance

D3.VIII.6 Sanction amount

n/a

5

D3.VIII.7 Date assessed

07/07/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Corrective action plan

40 / 46

D3.VIII.2 Plan performance issue

Population Health Management and Coordination of Care

D3.VIII.3 Plan name

Molina Healthcare of California

D3.VIII.4 Reason for intervention

Annual Medical Audit

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

n/a

D3.VIII.7 Date assessed

08/28/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Corrective action plan

41 / 46

D3.VIII.2 Plan performance issue

Population Health Management and Coordination of Care
Member's Rights
Administrative and Organizational Capacity

D3.VIII.3 Plan name

San Francisco Health Plan

D3.VIII.4 Reason for intervention

Annual Medical Audit

Sanction details

D3.VIII.5 Instances of non-compliance

7

D3.VIII.6 Sanction amount

n/a

D3.VIII.7 Date assessed

09/03/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Corrective action plan

42 / 46

D3.VIII.2 Plan performance issue

Utilization Management Access and Availability of Care Member's Rights

D3.VIII.3 Plan name

SCAN Health Plan

D3.VIII.4 Reason for intervention

Annual Medical Audit

Sanction details

D3.VIII.5 Instances of non-compliance

12

D3.VIII.6 Sanction amount

n/a

D3.VIII.7 Date assessed

10/01/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Corrective action plan

43 / 46

D3.VIII.2 Plan performance issue

Utilization Management
Case Management and
Coordination of Care

D3.VIII.3 Plan name

CalViva Health

D3.VIII.4 Reason for intervention

Annual Medical Audit

Sanction details

D3.VIII.5 Instances of non-compliance

4

D3.VIII.6 Sanction amount

n/a

D3.VIII.7 Date assessed

11/05/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Corrective action plan

44 / 46

D3.VIII.2 Plan performance issue

Utilization Management
Program Population
Health Management and
Coordination of Care
Network and Access to
Care Grievances,
Appeals, and Member
Rights Quality
Improvement & Health
Equity Transformation
Program State
Supported Services

D3.VIII.3 Plan name

Health Net Community Solutions, Inc.

D3.VIII.4 Reason for intervention

Annual Medical Audit

Sanction details

D3.VIII.5 Instances of non-compliance

16

D3.VIII.6 Sanction amount

n/a

D3.VIII.7 Date assessed

12/01/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Corrective action plan

45 / 46

D3.VIII.2 Plan performance issue

Population Health Management and Coordination of Care Member's Rights Quality Improvement and Health Equity

D3.VIII.3 Plan name

Blue Shield of California Promise Health Plan

D3.VIII.4 Reason for intervention

Annual Medical Audit

Sanction details

D3.VIII.5 Instances of non-compliance

10

D3.VIII.6 Sanction amount

n/a

D3.VIII.7 Date assessed

12/01/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Corrective action plan

46 / 46

D3.VIII.2 Plan performance issue

D3.VIII.3 Plan name

Community Health Group Partnership Plan

Utilization Management
Population Health Management and Coordination of Care

D3.VIII.4 Reason for intervention

Annual Medical Audit

Sanction details

D3.VIII.5 Instances of non-compliance

4

D3.VIII.6 Sanction amount

n/a

D3.VIII.7 Date assessed

12/02/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes

Topic X. Program Integrity

Number	Indicator	Response
D1X.1	**Dedicated program integrity staff** Report or enter the number of dedicated program integrity staff for routine internal monitoring and compliance risks. Refer to 42 CFR 438.608(a)(1)(vii).	**Alameda Alliance for Health** 15 **Anthem Blue Cross Partnership Health Plan** 26 **Blue Shield of California Promise Health Plan** 8 **CalOptima Health** 8 **CalViva Health** 7 **CenCal Health** 4 **Central California Alliance for Health** 4 **Community Health Group Partnership Plan** 9 **Community Health Plan of Imperial Valley** 2 **Contra Costa Health Plan** 10 **Gold Coast Health Plan** 24 **Health Net Community Solutions, Inc.** 6 **Health Plan of San Joaquin** 8 **Health Plan of San Mateo** 5 **Inland Empire Health Plan**

11

Kaiser Foundation Health Plan, Inc.

5

Kern Health Systems

6

L.A. Care Health Plan

16

Molina Healthcare of California

130

Partnership HealthPlan of California

5

Positive Health Care

1

San Francisco Health Plan

5

Santa Clara Family Health Plan

12

SCAN Health Plan

3

D1X.2

Count of opened program integrity investigations

How many program integrity investigations were opened by the plan during the reporting year?

Alameda Alliance for Health

91

Anthem Blue Cross Partnership Health Plan

47

Blue Shield of California Promise Health Plan

444

CalOptima Health

88

CalViva Health

22

CenCal Health

112

Central California Alliance for Health

240

Community Health Group Partnership Plan

2

Community Health Plan of Imperial Valley

17

Contra Costa Health Plan

34

Gold Coast Health Plan

21

Health Net Community Solutions, Inc.

218

Health Plan of San Joaquin

55

Health Plan of San Mateo

107

Inland Empire Health Plan

327

Kaiser Foundation Health Plan, Inc.

119

Kern Health Systems

393

L.A. Care Health Plan

677

Molina Healthcare of California

526

Partnership HealthPlan of California

131

Positive Health Care

0

San Francisco Health Plan

59

Santa Clara Family Health Plan

16

SCAN Health Plan

19

D1X.4

Count of resolved program integrity investigations

How many program integrity investigations were resolved by the plan during the reporting year?

Alameda Alliance for Health

3

Anthem Blue Cross Partnership Health Plan

20

Blue Shield of California Promise Health Plan

33

CalOptima Health

37

CalViva Health

7

CenCal Health

85

Central California Alliance for Health

157

Community Health Group Partnership Plan

2

Community Health Plan of Imperial Valley

2

Contra Costa Health Plan

10

Gold Coast Health Plan

6

Health Net Community Solutions, Inc.

87

Health Plan of San Joaquin

37

Health Plan of San Mateo

75

Inland Empire Health Plan

191

Kaiser Foundation Health Plan, Inc.

96

Kern Health Systems

327

L.A. Care Health Plan

263

Molina Healthcare of California

302

Partnership HealthPlan of California

96

Positive Health Care

0

San Francisco Health Plan

34

Santa Clara Family Health Plan

8

SCAN Health Plan

7

D1X.6

Referral path for program integrity referrals to the state

What is the referral path that the plan uses to make program integrity referrals to the state? Select one.

Alameda Alliance for Health

Makes referrals to the Medicaid Fraud Control Unit (MFCU) only

Anthem Blue Cross Partnership Health Plan

Makes referrals to the Medicaid Fraud Control Unit (MFCU) only

Blue Shield of California Promise Health Plan

Makes referrals to the Medicaid Fraud Control Unit (MFCU) only

CalOptima Health

Makes referrals to the Medicaid Fraud Control Unit (MFCU) only

CalViva Health

Makes referrals to the Medicaid Fraud Control Unit (MFCU) only

CenCal Health

Makes referrals to the Medicaid Fraud Control Unit (MFCU) only

Central California Alliance for Health

Makes referrals to the Medicaid Fraud Control Unit (MFCU) only

Community Health Group Partnership Plan

Makes referrals to the Medicaid Fraud Control Unit (MFCU) only

Community Health Plan of Imperial Valley

Makes referrals to the Medicaid Fraud Control Unit (MFCU) only

Contra Costa Health Plan

Makes referrals to the Medicaid Fraud Control Unit (MFCU) only

Gold Coast Health Plan

Makes referrals to the Medicaid Fraud Control Unit (MFCU) only

Health Net Community Solutions, Inc.

Makes referrals to the Medicaid Fraud Control Unit (MFCU) only

Health Plan of San Joaquin

Makes referrals to the Medicaid Fraud Control Unit (MFCU) only

Health Plan of San Mateo

Makes referrals to the Medicaid Fraud Control Unit (MFCU) only

Inland Empire Health Plan

Makes referrals to the Medicaid Fraud Control Unit (MFCU) only

Kaiser Foundation Health Plan, Inc.

Makes referrals to the Medicaid Fraud Control Unit (MFCU) only

Kern Health Systems

Makes referrals to the Medicaid Fraud Control Unit (MFCU) only

L.A. Care Health Plan

Makes referrals to the Medicaid Fraud Control Unit (MFCU) only

Molina Healthcare of California

Makes referrals to the Medicaid Fraud Control Unit (MFCU) only

Partnership HealthPlan of California

Makes referrals to the Medicaid Fraud Control Unit (MFCU) only

Positive Health Care

Makes referrals to the Medicaid Fraud Control Unit (MFCU) only

San Francisco Health Plan

Makes referrals to the Medicaid Fraud Control Unit (MFCU) only

Santa Clara Family Health Plan

Makes referrals to the Medicaid Fraud Control Unit (MFCU) only

SCAN Health Plan

Makes referrals to the Medicaid Fraud Control Unit (MFCU) only

D1X.7

Count of program integrity referrals to the state

Enter the total number of program integrity referrals made during the reporting year.

Alameda Alliance for Health

91

Anthem Blue Cross Partnership Health Plan

47

Blue Shield of California Promise Health Plan

444

CalOptima Health

88

CalViva Health

22

CenCal Health

112

Central California Alliance for Health

240

Community Health Group Partnership Plan

2

Community Health Plan of Imperial Valley

17

Contra Costa Health Plan

34

Gold Coast Health Plan

21

Health Net Community Solutions, Inc.

218

Health Plan of San Joaquin

55

Health Plan of San Mateo

107

Inland Empire Health Plan

327

Kaiser Foundation Health Plan, Inc.

119

Kern Health Systems

393

L.A. Care Health Plan

677

Molina Healthcare of California

526

Partnership HealthPlan of California

131

Positive Health Care

0

San Francisco Health Plan

59

Santa Clara Family Health Plan

16

SCAN Health Plan

19

D1X.9a:

Plan overpayment reporting to the state: Start Date

What is the start date of the reporting period covered by the plan's latest overpayment recovery report submitted to the state?

Alameda Alliance for Health

07/01/2024

Anthem Blue Cross Partnership Health Plan

07/01/2024

Blue Shield of California Promise Health Plan

07/01/2024

CalOptima Health

07/01/2024

CalViva Health

07/01/2024

CenCal Health

07/01/2024

Central California Alliance for Health

07/01/2024

Community Health Group Partnership Plan

07/01/2024

Community Health Plan of Imperial Valley

07/01/2024

Contra Costa Health Plan

07/01/2024

Gold Coast Health Plan

07/01/2024

Health Net Community Solutions, Inc.

07/01/2024

Health Plan of San Joaquin

07/01/2024

Health Plan of San Mateo

07/01/2024

Inland Empire Health Plan

07/01/2024

Kaiser Foundation Health Plan, Inc.

07/01/2024

Kern Health Systems

07/01/2024

L.A. Care Health Plan

07/01/2024

Molina Healthcare of California

07/01/2024

Partnership HealthPlan of California

07/01/2024

Positive Health Care

01/01/2024

San Francisco Health Plan

07/01/2024

Santa Clara Family Health Plan

07/01/2024

SCAN Health Plan

01/01/2024

D1X.9b: **Plan overpayment reporting to the state: End Date**

What is the end date of the reporting period covered by the plan's latest overpayment recovery report submitted to the state?

Alameda Alliance for Health

06/30/2025

Anthem Blue Cross Partnership Health Plan

06/30/2025

Blue Shield of California Promise Health Plan

06/30/2025

CalOptima Health

06/30/2025

CalViva Health

06/30/2025

CenCal Health

06/30/2025

Central California Alliance for Health

06/30/2025

Community Health Group Partnership Plan

06/30/2025

Community Health Plan of Imperial Valley

06/30/2025

Contra Costa Health Plan

06/30/2025

Gold Coast Health Plan

06/30/2025

Health Net Community Solutions, Inc.

06/30/2025

Health Plan of San Joaquin

06/30/2025

Health Plan of San Mateo

06/30/2025

Inland Empire Health Plan

06/30/2025

Kaiser Foundation Health Plan, Inc.

06/30/2025

Kern Health Systems

06/30/2025

L.A. Care Health Plan

06/30/2025

Molina Healthcare of California

06/30/2025

Partnership HealthPlan of California

06/30/2025

Positive Health Care

12/31/2024

San Francisco Health Plan

06/30/2025

Santa Clara Family Health Plan

06/30/2025

SCAN Health Plan

12/31/2024

D1X.9c:

Plan overpayment reporting to the state: Dollar amount

From the plan's latest annual overpayment recovery report, what is the total amount of overpayments recovered?

Alameda Alliance for Health

$11,614,693.52

Anthem Blue Cross Partnership Health Plan

$16,816,275.66

Blue Shield of California Promise Health Plan

$16,212,004.77

CalOptima Health

$6,760,270.48

CalViva Health

n/a

CenCal Health

$4,952,880.52

Central California Alliance for Health

$6,769,747.06

Community Health Group Partnership Plan

$7,998,299.07

Community Health Plan of Imperial Valley

n/a

Contra Costa Health Plan

$927,519.21

Gold Coast Health Plan

$729,709.97

Health Net Community Solutions, Inc.

$23,423,268.98

Health Plan of San Joaquin

$6,380,578.81

Health Plan of San Mateo

$6,163,161.18

Inland Empire Health Plan

$13,241,131.31

Kaiser Foundation Health Plan, Inc.

$5,461,563.12

Kern Health Systems

$6,273,183.53

L.A. Care Health Plan

$32,433,050.35

Molina Healthcare of California

$24,513,969.15

Partnership HealthPlan of California

$14,193,083.90

Positive Health Care

$26,055

San Francisco Health Plan

$426,685.29

Santa Clara Family Health Plan

$2,239,080.29

SCAN Health Plan

$32,308

D1X.9d:

Plan overpayment reporting to the state: Corresponding premium revenue

What is the total amount of premium revenue for the corresponding reporting period (D1.X.9a-b)? (Premium revenue as defined in MLR reporting under 438.8(f)(2))

Alameda Alliance for Health

$2,211,266,515.54

Anthem Blue Cross Partnership Health Plan

$3,146,672,818.10

Blue Shield of California Promise Health Plan

$991,272,827.99

CalOptima Health

$4,251,906,884.36

CalViva Health

$1,529,721,528.43

CenCal Health

$1,176,252,643.19

Central California Alliance for Health

$2,181,496,012.13

Community Health Group Partnership Plan

$1,823,114,224.08

Community Health Plan of Imperial Valley

$315,403,502.09

Contra Costa Health Plan

$1,365,619,964.78

Gold Coast Health Plan

$1,147,911,520.49

Health Net Community Solutions, Inc.

$6,992,767,816.43

Health Plan of San Joaquin

$1,682,368,639.24

Health Plan of San Mateo

$849,309,885.86

Inland Empire Health Plan

$6,969,973,944.55

Kaiser Foundation Health Plan, Inc.

$4,662,470,184.43

Kern Health Systems

$1,649,940,028.62

L.A. Care Health Plan

$10,654,785,523.79

Molina Healthcare of California

$2,222,038,686.15

Partnership HealthPlan of California

$4,955,820,390.29

Positive Health Care

$13,133,643.29

San Francisco Health Plan

$1,086,227,925.44

Santa Clara Family Health Plan

$1,532,342,332.22

SCAN Health Plan

$86,702,788.17

D1X.10

Changes in beneficiary circumstances

Select the frequency the plan reports changes in beneficiary circumstances to the state.

Alameda Alliance for Health

Promptly when plan receives information about the change

Anthem Blue Cross Partnership Health Plan

Promptly when plan receives information about the change

Blue Shield of California Promise Health Plan

Promptly when plan receives information about the change

CalOptima Health

Promptly when plan receives information about the change

CalViva Health

Promptly when plan receives information about the change

CenCal Health

Promptly when plan receives information about the change

Central California Alliance for Health

Promptly when plan receives information about the change

Community Health Group Partnership Plan

Promptly when plan receives information about the change

Community Health Plan of Imperial Valley

Promptly when plan receives information about the change

Contra Costa Health Plan

Promptly when plan receives information about the change

Gold Coast Health Plan

Promptly when plan receives information about the change

Health Net Community Solutions, Inc.

Promptly when plan receives information about the change

Health Plan of San Joaquin

Promptly when plan receives information about the change

Health Plan of San Mateo

Promptly when plan receives information about the change

Inland Empire Health Plan

Promptly when plan receives information about the change

Kaiser Foundation Health Plan, Inc.

Promptly when plan receives information about the change

Kern Health Systems

Promptly when plan receives information about the change

L.A. Care Health Plan

Promptly when plan receives information about the change

Molina Healthcare of California

Promptly when plan receives information about the change

Partnership HealthPlan of California

Promptly when plan receives information about the change

Positive Health Care

Promptly when plan receives information about the change

San Francisco Health Plan

Promptly when plan receives information about the change

Santa Clara Family Health Plan

Promptly when plan receives information about the change

	SCAN Health Plan Promptly when plan receives information about the change

Topic XI: ILOS

If ILOSs are authorized for this program, report for each plan: if the plan offered any ILOS; if “Yes”, which ILOS the plan offered; and utilization data for each ILOS offered. If the plan offered an ILOS during the reporting period but there was no utilization, check that the ILOS was offered but enter “0” for utilization.

Number	Indicator	Response
D4XI.1	**ILOSs offered by plan** Indicate whether this plan offered any ILOS to their enrollees.	**Alameda Alliance for Health** Yes, at least 1 ILOS is offered by this plan **Anthem Blue Cross Partnership Health Plan** Yes, at least 1 ILOS is offered by this plan **Blue Shield of California Promise Health Plan** Yes, at least 1 ILOS is offered by this plan **CalOptima Health** Yes, at least 1 ILOS is offered by this plan **CalViva Health** Yes, at least 1 ILOS is offered by this plan **CenCal Health** Yes, at least 1 ILOS is offered by this plan **Central California Alliance for Health** Yes, at least 1 ILOS is offered by this plan **Community Health Group Partnership Plan** Yes, at least 1 ILOS is offered by this plan **Community Health Plan of Imperial Valley** Yes, at least 1 ILOS is offered by this plan **Contra Costa Health Plan** Yes, at least 1 ILOS is offered by this plan **Gold Coast Health Plan** Yes, at least 1 ILOS is offered by this plan **Health Net Community Solutions, Inc.**

Yes, at least 1 ILOS is offered by this plan

Health Plan of San Joaquin

Yes, at least 1 ILOS is offered by this plan

Health Plan of San Mateo

Yes, at least 1 ILOS is offered by this plan

Inland Empire Health Plan

Yes, at least 1 ILOS is offered by this plan

Kaiser Foundation Health Plan, Inc.

Yes, at least 1 ILOS is offered by this plan

Kern Health Systems

Yes, at least 1 ILOS is offered by this plan

L.A. Care Health Plan

Yes, at least 1 ILOS is offered by this plan

Molina Healthcare of California

Yes, at least 1 ILOS is offered by this plan

Partnership HealthPlan of California

Yes, at least 1 ILOS is offered by this plan

Positive Health Care

Yes, at least 1 ILOS is offered by this plan

San Francisco Health Plan

Yes, at least 1 ILOS is offered by this plan

Santa Clara Family Health Plan

Yes, at least 1 ILOS is offered by this plan

SCAN Health Plan

Yes, at least 1 ILOS is offered by this plan

D4XI.2a	**ILOSs utilization by plan**	**Alameda Alliance for Health**

Select all ILOSs offered by this plan during the contract rating period. For each ILOS offered by the plan, enter the deduplicated number of enrollees that utilized this ILOS during the contract rating period. If the plan offered this ILOS during the contract rating period but there was no utilization, enter “0”.

Housing Transition Navigation Services:

Housing Deposits:

Housing Tenancy & Sustaining Services:

Respite Services:

Assisted Living Facility Transitions:

Community or Home Transition Services:

Personal Care & Homemaker Services:

Environmental Accessibility Adaptations:

Medically-Supportive Food/Medically Tailored Meals:

Asthma Remediation:

Anthem Blue Cross Partnership Health Plan

Housing Transition Navigation Services:

Housing Deposits:

Housing Tenancy & Sustaining Services:

Respite Services:

Day Habilitation Programs:

Assisted Living Facility Transitions:

Community or Home Transition Services:

Personal Care & Homemaker Services:

Environmental Accessibility Adaptations:

Medically-Supportive Food/Medically Tailored Meals:

Sobering Centers:

Asthma Remediation:

Blue Shield of California Promise Health Plan

Housing Transition Navigation Services:

Housing Deposits:

Housing Tenancy & Sustaining Services:

Respite Services:

Day Habilitation Programs:

Assisted Living Facility Transitions:

Community or Home Transition Services:

Personal Care & Homemaker Services:

Environmental Accessibility Adaptations:

Medically-Supportive Food/Medically Tailored Meals:

Sobering Centers:

Asthma Remediation:

CalOptima Health

Housing Transition Navigation Services:

Housing Deposits:

Housing Tenancy & Sustaining Services:

Respite Services:

Day Habilitation Programs:

Assisted Living Facility Transitions:

Community or Home Transition Services:

Personal Care & Homemaker Services:

Environmental Accessibility Adaptations:

Medically-Supportive Food/Medically Tailored Meals:

Sobering Centers:

Asthma Remediation:

CalViva Health

Housing Transition Navigation Services:

Housing Deposits:

Housing Tenancy & Sustaining Services:

Respite Services:

Day Habilitation Programs:

Assisted Living Facility Transitions:

Community or Home Transition Services:

Personal Care & Homemaker Services:

Environmental Accessibility Adaptations:

Medically-Supportive Food/Medically Tailored Meals:

Sobering Centers:

Asthma Remediation:

CenCal Health

Housing Transition Navigation Services:

Housing Deposits:

Housing Tenancy & Sustaining Services:

Respite Services:

Day Habilitation Programs:

Assisted Living Facility Transitions:

Community or Home Transition Services:

Personal Care & Homemaker Services:

Environmental Accessibility Adaptations:

Medically-Supportive Food/Medically Tailored Meals:

Sobering Centers:

Asthma Remediation:

Central California Alliance for Health

Housing Transition Navigation Services:

Housing Deposits:

Housing Tenancy & Sustaining Services:

Respite Services:

Assisted Living Facility Transitions:

Community or Home Transition Services:

Personal Care & Homemaker Services:

Environmental Accessibility Adaptations:

Medically-Supportive Food/Medically Tailored Meals:

Sobering Centers:

Asthma Remediation:

Community Health Group Partnership Plan

Housing Transition Navigation Services:

Housing Deposits:

Housing Tenancy & Sustaining Services:

Respite Services:

Day Habilitation Programs:

Assisted Living Facility Transitions:

Community or Home Transition Services:

Personal Care & Homemaker Services:

Environmental Accessibility Adaptations:

Medically-Supportive Food/Medically Tailored Meals:

Sobering Centers:

Asthma Remediation:

Community Health Plan of Imperial Valley

Housing Transition Navigation Services:

Housing Deposits:

Housing Tenancy & Sustaining Services:

Respite Services:

Day Habilitation Programs:

Assisted Living Facility Transitions:

Community or Home Transition Services:

Personal Care & Homemaker Services:

Environmental Accessibility Adaptations:

Medically-Supportive Food/Medically Tailored Meals:

Sobering Centers:

Asthma Remediation:

Contra Costa Health Plan

Housing Transition Navigation Services:

Housing Deposits:

Housing Tenancy & Sustaining Services:

Respite Services:

Day Habilitation Programs:

Assisted Living Facility Transitions:

Community or Home Transition Services:

Personal Care & Homemaker Services:

Environmental Accessibility Adaptations:

Medically-Supportive Food/Medically Tailored Meals:

Asthma Remediation:

Gold Coast Health Plan

Housing Transition Navigation Services:

Housing Deposits:

Housing Tenancy & Sustaining Services:

Respite Services:

Assisted Living Facility Transitions:

Community or Home Transition Services:

Personal Care & Homemaker Services:

Environmental Accessibility Adaptations:

Medically-Supportive Food/Medically Tailored Meals:

Asthma Remediation:

Health Net Community Solutions, Inc.

Housing Transition Navigation Services:

Housing Deposits:

Housing Tenancy & Sustaining Services:

Respite Services:

Day Habilitation Programs:

Assisted Living Facility Transitions:

Community or Home Transition Services:

Personal Care & Homemaker Services:

Environmental Accessibility Adaptations:

Medically-Supportive Food/Medically Tailored Meals:

Sobering Centers:

Asthma Remediation:

Health Plan of San Joaquin

Housing Transition Navigation Services:

Housing Deposits:

Housing Tenancy & Sustaining Services:

Respite Services:

Day Habilitation Programs:

Assisted Living Facility Transitions:

Community or Home Transition Services:

Personal Care & Homemaker Services:

Environmental Accessibility Adaptations:

Medically-Supportive Food/Medically Tailored Meals:

Sobering Centers:

Asthma Remediation:

Health Plan of San Mateo

Housing Transition Navigation Services:

Housing Deposits:

Housing Tenancy & Sustaining Services:

Respite Services:

Assisted Living Facility Transitions:

Community or Home Transition Services:

Personal Care & Homemaker Services:

Environmental Accessibility Adaptations:

Medically-Supportive Food/Medically Tailored Meals:

Asthma Remediation:

Inland Empire Health Plan

Housing Transition Navigation Services:

Housing Deposits:

Housing Tenancy & Sustaining Services:

Respite Services:

Day Habilitation Programs:

Assisted Living Facility Transitions:

Community or Home Transition Services:

Personal Care & Homemaker Services:

Environmental Accessibility Adaptations:

Medically-Supportive Food/Medically Tailored Meals:

Sobering Centers:

Asthma Remediation:

Kaiser Foundation Health Plan, Inc.

Housing Transition Navigation Services:

Housing Deposits:

Housing Tenancy & Sustaining Services:

Respite Services:

Day Habilitation Programs:

Assisted Living Facility Transitions:

Community or Home Transition Services:

Personal Care & Homemaker Services:

Environmental Accessibility Adaptations:

Medically-Supportive Food/Medically Tailored Meals:

Sobering Centers:

Asthma Remediation:

Kern Health Systems

Housing Transition Navigation Services:

Housing Deposits:

Housing Tenancy & Sustaining Services:

Respite Services:

Day Habilitation Programs:

Assisted Living Facility Transitions:

Community or Home Transition Services:

Personal Care & Homemaker Services:

Environmental Accessibility Adaptations:

Medically-Supportive Food/Medically Tailored Meals:

Sobering Centers:

Asthma Remediation:

L.A. Care Health Plan

Housing Transition Navigation Services:

Housing Deposits:

Housing Tenancy & Sustaining Services:

Respite Services:

Day Habilitation Programs:

Assisted Living Facility Transitions:

Community or Home Transition Services:

Personal Care & Homemaker Services:

Environmental Accessibility Adaptations:

Medically-Supportive Food/Medically Tailored Meals:

Sobering Centers:

Asthma Remediation:

Molina Healthcare of California

Housing Transition Navigation Services:

Housing Deposits:

Housing Tenancy & Sustaining Services:

Respite Services:

Day Habilitation Programs:

Assisted Living Facility Transitions:

Community or Home Transition Services:

Personal Care & Homemaker Services:

Environmental Accessibility Adaptations:

Medically-Supportive Food/Medically Tailored Meals:

Sobering Centers:

Asthma Remediation:

Partnership HealthPlan of California

Housing Transition Navigation Services:

Housing Deposits:

Housing Tenancy & Sustaining Services:

Respite Services:

Day Habilitation Programs:

Assisted Living Facility Transitions:

Personal Care & Homemaker Services:

Medically-Supportive Food/Medically Tailored Meals:

Sobering Centers:

Positive Health Care

Housing Transition Navigation Services:

Housing Deposits:

Housing Tenancy & Sustaining Services:

Community or Home Transition Services:

Personal Care & Homemaker Services:

Environmental Accessibility Adaptations:

Medically-Supportive Food/Medically Tailored Meals:

San Francisco Health Plan

Housing Transition Navigation Services:

Housing Deposits:

Housing Tenancy & Sustaining Services:

Respite Services:

Assisted Living Facility Transitions:

Community or Home Transition Services:

Environmental Accessibility Adaptations:

Medically-Supportive Food/Medically Tailored Meals:

Sobering Centers:

Santa Clara Family Health Plan

Housing Transition Navigation Services:

Housing Deposits:

Housing Tenancy & Sustaining Services:

Respite Services:

Day Habilitation Programs:

Assisted Living Facility Transitions:

Community or Home Transition Services:

Personal Care & Homemaker Services:

Environmental Accessibility Adaptations:

Medically-Supportive Food/Medically Tailored Meals:

Sobering Centers:

Asthma Remediation:

SCAN Health Plan

		Housing Transition Navigation Services: Housing Deposits: Housing Tenancy & Sustaining Services:

Topic XIII. Prior Authorization

⚠ **Beginning June 2026, Indicators D1.XIII.1-15 must be completed. Submission of this data including partial reporting on some but not all plans, before June 2026 is optional; if you choose not to respond prior to June 2026, select "Not reporting data".**

Number	Indicator	Response
N/A	**Are you reporting data prior to June 2026?** If "Yes", please complete the following questions under each plan.	Yes

Topic XIV. Patient Access API Usage

⚠ **Beginning June 2026, Indicators D1.XIV.1-2 must be completed. Submission of this data before June 2026 is optional; if you choose not to respond prior to June 2026, select "Not reporting data".**

Number	Indicator	Response
N/A	**Are you reporting data prior to June 2026?** If “Yes”, please complete the following questions under each plan.	Yes

Section E: BSS Entity Indicators

Topic IX. Beneficiary Support System (BSS) Entities

Per 42 CFR 438.66(e)(2)(ix), the Managed Care Program Annual Report must provide information on and an assessment of the operation of the managed care program including activities and performance of the beneficiary support system. Information on how BSS entities support program-level functions is on the Program-Level BSS page.

Number	Indicator	Response
EIX.1	**BSS entity type** What type of entity performed each BSS activity? Check all that apply. Refer to 42 CFR 438.71(b).	**Maximus, Enrollment Broker** Enrollment Broker
EIX.2	**BSS entity role** What are the roles performed by the BSS entity? Check all that apply. Refer to 42 CFR 438.71(b).	**Maximus, Enrollment Broker** Enrollment Broker/Choice Counseling Beneficiary Outreach LTSS Complaint Access Point LTSS Grievance/Appeals Education LTSS Grievance/Appeals Assistance Review/Oversight of LTSS Data

Section F: Notes

Notes

Use this section to optionally add more context about your submission. If you choose not to respond, proceed to “Review & submit.”

Number	Indicator	Response
F1	**Notes (optional)**	Not answered, optional