

# Managed Care Program Annual Report (MCPAR) for California: Drug MediCal - Organized Delivery System

<b>Due date</b>	<b>Last edited</b>	<b>Edited by</b>	<b>Status</b>
12/27/2025	12/16/2025	Sabrina Wisdom	Submitted

Indicator	Response
<b>Exclusion of CHIP from MCPAR</b>  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
<b>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?</b>  If "No", please complete the following questions under each plan.	Submitted on 10/01/2025

# Section A: Program Information

## Point of Contact

Number	Indicator	Response
A1	<b>State name</b> Auto-populated from your account profile.	California
A2a	<b>Contact name</b> 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	<b>Contact email address</b> Enter email address. Department or program-wide email addresses ok.	Farrah.Samimi@dhcs.ca.gov
A3a	<b>Submitter name</b> CMS receives this data upon submission of this MCPAR report.	Sabrina Wisdom
A3b	<b>Submitter email address</b> CMS receives this data upon submission of this MCPAR report.	sabrina.wisdom@dhcs.ca.gov
A4	<b>Date of report submission</b> CMS receives this date upon submission of this MCPAR report.	12/23/2025

## Reporting Period

Number	Indicator	Response
A5a	<b>Reporting period start date</b> Auto-populated from report dashboard.	07/01/2024
A5b	<b>Reporting period end date</b> Auto-populated from report dashboard.	06/30/2025
A6	<b>Program name</b> Auto-populated from report dashboard.	Drug MediCal - Organized Delivery System

## 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
	Contra Costa
	El Dorado
	Fresno
	Humboldt
	Imperial
	Kern
	Lake
	Lassen
	Los Angeles
	Marin
	Mariposa
	Mendocino
	Merced
	Modoc
	Monterey
	Napa
	Nevada
	Orange
	Placer
	Riverside
	Sacramento
	San Benito
	San Bernardino
	San Diego
	San Francisco
	San Joaquin
	San Luis Obispo

San Mateo

Santa Barbara

Santa Clara

Santa Cruz

Shasta

Siskiyou

Solano

Sonoma

Stanislaus

Tulare

Ventura

Yolo

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## 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 Independent Living (CIL), Legal Assistance Organization, Community-based Organization, Subcontractor, Enrollment Broker, Consultant, or Academic/Research Organization.

Indicator	Response
BSS entity name	Alameda
	Contra Costa
	El Dorado
	Fresno
	Humboldt
	Imperial
	Kern
	Lake
	Lassen
	Los Angeles
	Marin
	Mariposa
	Mendocino
	Merced
	Modoc
	Monterey
	Napa
	Nevada
	Orange
	Placer
	Riverside
	Sacramento
	San Benito
	San Bernardino
	San Diego
	San Francisco
	San Joaquin
	San Luis Obispo

San Mateo

Santa Barbara

Santa Clara

Santa Cruz

Shasta

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Tulare

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Yolo

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

 **Beginning December 2025, this section must be completed by states that authorize ILOS. Submission of this data before December 2025 is optional.**

This section must be completed if any 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).** Guidance on In Lieu of Services on Medicaid.gov.

Indicator	Response
ILOS name	Not answered

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# Section B: State-Level Indicators

## Topic I. Program Characteristics and Enrollment

Number	Indicator	Response
BI.1	<b>Statewide Medicaid enrollment</b>  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.	14,881,339
BI.2	<b>Statewide Medicaid managed care enrollment</b>  Enter the average number of individuals enrolled in any type of Medicaid managed care per month during the reporting year (i.e., average member months). Include all managed care programs and count each person only once, even if they are enrolled in multiple managed care programs or plans.	14,013,665

## Topic III. Encounter Data Report



Number	Indicator	Response
<b>BIII.1</b>	<p><b>Data validation entity</b></p> <p>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.</p>	Proprietary system(s)
<b>BIII.2</b>	<p><b>HIPAA compliance of proprietary system(s) for encounter data validation</b></p> <p>Were the system(s) utilized fully HIPAA compliant? Select one.</p>	Yes

## Topic X: Program Integrity

Number	Indicator	Response
<b>BX.1</b>	<p><b>Payment risks between the state and plans</b></p> <p>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.</p>	<p>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. Risks identified involving prescription drugs cases are phantom claims (billing for prescriptions not dispensed), unauthorized automatic refills, and dispensing of expensive alternatives to generic drugs. Risks identified involving hospice cases are services not rendered (false claims), kickbacks, false diagnosis, and identity theft. 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.</p>
<b>BX.2</b>	<p><b>Contract standard for overpayments</b></p> <p>Does the state allow plans to retain overpayments, require the return of overpayments, or has established a hybrid system? Select one.</p>	<p>State requires the return of overpayments</p>

<b>BX.3</b>	<p><b>Location of contract provision stating overpayment standard</b></p> <p>Describe where the overpayment standard in the previous indicator is located in plan contracts, as required by 42 CFR 438.608(d)(1)(i).</p>	DMC-ODS Intergovernmental Agreement, Exhibit A - Attachment 13 Program Integrity (42 CFR §§ 430.30, 433.32, and 433.51).
<b>BX.4</b>	<p><b>Description of overpayment contract standard</b></p> <p>Briefly describe the overpayment standard selected in indicator B.X.2.</p>	Per their Contract with the State and Information Notice 19-034, Counties are required to specify the retention policies for the treatment of recoveries of overpayments due to fraud, waste, or abuse. The counties and any subcontractor or any network provider of the County shall report to the Department within 60 calendar days when it has identified an overpayment. The Counties are not permitted to retain some or all of the recoveries of overpayments. Counties must report annually to the Department on their recoveries of overpayments.
<b>BX.5</b>	<p><b>State overpayment reporting monitoring</b></p> <p>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.</p>	Per Information Notice 19-034 Counties are required to submit a report of overpayments that have been voided from Short Doyle Medical adjudication system annually by the last day of February for the prior State Fiscal Year. The Short Doyle County Support team tracks and logs submissions of the reports from the county plans.
<b>BX.6</b>	<p><b>Changes in beneficiary circumstances</b></p> <p>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).</p>	DHCS receives the change status from counties through their data entry submissions in the State's MEDS system.
<b>BX.7a</b>	<b>Changes in provider circumstances: Monitoring</b>	Yes

**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.

<b>BX.7b</b>	<b>Changes in provider circumstances: Metrics</b>  Does the state use a metric or indicator to assess plan reporting performance? Select one.	No
<b>BX.8a</b>	<b>Federal database checks: Excluded person or entities</b>  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.	No
<b>BX.9a</b>	<b>Website posting of 5 percent or more ownership control</b>  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.	No
<b>BX.10</b>	<b>Periodic audits</b>  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	No such audits were conducted during the reporting year.

your response. "N/A" is not an acceptable response.

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## 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?	Not reporting data

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## Section C: Program-Level Indicators

### Topic I: Program Characteristics

Number	Indicator	Response
<b>C11.1</b>	<b>Program contract</b> Enter the title of the contract between the state and plans participating in the managed care program.	July 1, 2025 - December 31, 2026 Drug Medi-Cal Organized Delivery System (DMC-ODS) Agreement July 1, 2022- July 1, 2027 Drug Medi-Cal Organized Delivery System (DMC-ODS) Contract (Cancelled 6/30/2025)
<b>N/A</b>	Enter the date of the contract between the state and plans participating in the managed care program.	07/01/2022
<b>C11.2</b>	<b>Contract URL</b> Provide the hyperlink to the model contract or landing page for executed contracts for the program reported in this program.	<a href="https://www.dhcs.ca.gov/provgovpart/Pages/county-implementation-plans.aspx">https://www.dhcs.ca.gov/provgovpart/Pages/county-implementation-plans.aspx</a>
<b>C11.3</b>	<b>Program type</b> What is the type of MCPs that contract with the state to provide the services covered under the program? Select one.	Prepaid Inpatient Health Plan (PIHP)
<b>C11.4a</b>	<b>Special program benefits</b> 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
<b>C11.4b</b>	<b>Variation in special benefits</b> 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.	Yes, by Service Area
<b>C11.5</b>	<b>Program enrollment</b> Enter the average number of individuals enrolled in this managed care program per	120,593

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**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.

1. Peer Support Services (PSS) program implementation and requirements. BHINs 21-041, 22-006, 22-018 2. Community-Based Mobile Crisis Intervention Services benefit is a critical component of an effective behavioral health crisis continuum of care. Mobile crisis services provide rapid response, individual assessment and community-based stabilization to Medi-Cal beneficiaries who are experiencing a behavioral health crisis. Services are designed to provide relief to members experiencing a behavioral health crisis, including through de-escalation and stabilization techniques; reduce the immediate risk of danger and subsequent harm; and avoid unnecessary emergency department care, psychiatric inpatient hospitalizations, and law enforcement involvement. Per BHIN 23-025, services are covered and reimbursable prior to determination of a mental health or SUD diagnosis, or a determination that the beneficiary meets access criteria for SMHS, DMC and/or DMC-ODS services. 3. Language from BHIN 24-001 (supersedes BHIN 23-001) added for the responsibilities of DMC-ODS plans for the DMC-ODS benefit to be included in each DMC-ODS plan's Intergovernmental Agreement (IA). 4. MCPAR Grievance and Appeal Reporting provided language from CPOMBD from BHIN 22-070. 5. Revised Beneficiary Handbook Requirements to align with MCPAR. 6. Language added for Quality Improvement and Health Equity Committee (QIHEC). 7. Aligned DMC-ODS boilerplate with MHP boilerplate regarding excluded providers. 8. California received approval to provide Contingency Management services as part of its CalAIM 1115 Demonstration Waiver. The benefit is available to 24 Drug Medi-Cal Organized Delivery System counties that have opted into the benefit. Eligible Medi-Cal members participate in a structured 24-week outpatient program, followed by six or more months of additional recovery support services. Individuals are able to earn motivational incentives in the form of low-denomination gift cards, with a retail value determined per treatment episode.

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# Topic III: Encounter Data Report



Number	Indicator	Response
C1III.1	<p><b>Uses of encounter data</b></p> <p>For what purposes does the state use encounter data collected from managed care plans (MCPs)? Select one or more.</p> <p>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)).</p>	Policy making and decision support
C1III.2	<p><b>Criteria/measures to evaluate MCP performance</b></p> <p>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.</p> <p>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).</p>	<p>Timeliness of initial data submissions</p> <p>Use of correct file formats</p>
C1III.3	<p><b>Encounter data performance criteria contract language</b></p> <p>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.</p>	DMC-ODS Exhibit A - Attachment 4

<b>C1III.4</b>	<b>Financial penalties contract language</b>  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 A - Attachment 14, Section 10. Failure to Meet Reporting Requirements
<b>C1III.5</b>	<b>Incentives for encounter data quality</b>  Describe the types of incentives that may be awarded to managed care plans for encounter data quality. Reply with "N/A" if the plan does not use incentives to award encounter data quality.	N/A
<b>C1III.6</b>	<b>Barriers to collecting/validating encounter data</b>  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	<p><b>State’s definition of “critical incident”, as used for reporting purposes in its MLTSS program</b></p> <p>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.</p>	N/A
C1IV.2	<p><b>State definition of “timely” resolution for standard appeals</b></p> <p>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.</p>	From 7/1/2024 until 12/31/2024, Plans were to resolve standard appeals within 30 calendar days of receipt. Plans may extend the resolution timeframes for appeals by up to 14 calendar days if either of the following two conditions apply: a. The beneficiary requests the extension; or, b. The Plan demonstrates, to the satisfaction of DHCS upon request, that there is a need for additional information and how the delay is in the beneficiary’s best interest. As of 1/1/2025, Plans shall resolve an appeal within 30 calendar days of receipt.
C1IV.3	<p><b>State definition of “timely” resolution for expedited appeals</b></p> <p>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.</p>	From 7/1/2024 until 12/31/2024, for expedited resolution of an appeal and notice to the beneficiary and provider, Federal regulations require the Plan to resolve the appeal within 72 hours from receipt of the appeal. Plans may extend the timeframe for expedited appeals resolution by 14 calendar days in accordance with federal regulations. As of 1/1/2025, Plans shall resolve the appeal, and provide notice, as expeditiously as the member’s health condition requires, but no longer than 72 hours after the Plan receives the request for expedited resolution.
C1IV.4	<p><b>State definition of “timely” resolution for grievances</b></p> <p>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</p>	From 7/1/2024 until 12/31/2024, Behavioral Health Plans shall comply with the established timeframe of 90 calendar days for resolution of grievances, except as noted below. -The timeframe for resolving grievances related to disputes of a Plan’s decision to extend the timeframe for making an authorization decision shall not exceed 30 calendar days. -Federal regulations allow the Plan to extend the

day the MCO, PIHP or PAHP receives the grievance.

timeframe for an additional 14 calendar days if the beneficiary requests the extension or the Plan shows (to the satisfaction of DHCS, upon request) that there is need for additional information and how the delay is in the beneficiary's interest. As of 1/1/2025, Behavioral Health Plans shall resolve grievances within the established timeframe of 30 calendar days.

## Topic V. Availability, Accessibility and Network Adequacy

### Network Adequacy

Number	Indicator	Response
C1V.1	<b>Gaps/challenges in network adequacy</b>  What are the state's biggest challenges? Describe any challenges MCPs have maintaining adequate networks and meeting access standards. If the state and MCPs did not encounter any challenges, please enter "No challenges were encountered" as your response. "N/A" is not an acceptable response.	1) DHCS BH is exploring options to automate the collection of appointment wait time standards from DMC-ODS's and their providers. 2) DHCS BH collects language line contracts or invoices in order to determine compliance with language capabilities.
C1V.2	<b>State response to gaps in network adequacy</b>  How does the state work with MCPs to address gaps in network adequacy?	1) DHCS BH is exploring options to automate the collection of timely access data from the DMC-ODS plans and providers. 2) For the upcoming State Fiscal Year 2025-2026, DHCS BH initiated a standardized data collection method to evaluate language capabilities. DHCS BH is in the process of evaluating the data to develop a quantitative methodology for determining compliance.

## Topic IX: Beneficiary Support System (BSS)

Number	Indicator	Response
C1IX.1	<b>BSS website</b>  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.	<a href="https://www.dhcs.ca.gov/individuals/Pages/SUD_County_Access_Lines.aspx">https://www.dhcs.ca.gov/individuals/Pages/SUD_County_Access_Lines.aspx</a>
C1IX.2	<b>BSS auxiliary aids and services</b>  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)? 42 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.	The Drug Medi-Cal Organized Delivery System Intergovernmental Agreement states the requirement for counties to offer services in a manner that is accessible to all beneficiaries who need their services, including beneficiaries with disabilities. This ensures services be accessible in multiple ways including phone, Internet, in-person, and via auxiliary aids and services when requested.
C1IX.3	<b>BSS LTSS program data</b>  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).	N/A
C1IX.4	<b>State evaluation of BSS entity performance</b>  What are steps taken by the state to evaluate the quality, effectiveness, and efficiency of the BSS entities' performance?	DHCS evaluates the quality, effectiveness, and efficiency through annual compliance monitoring activities, quarterly 24/7 access line test calls, grievance and appeal reporting, annual consumer perception survey and annual external quality reviews.

## Topic X: Program Integrity

Number	Indicator	Response
C1X.3	<b>Prohibited affiliation disclosure</b>  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).	No

## Topic XII. Mental Health and Substance Use Disorder Parity

Number	Indicator	Response
C1XII.4	<p><b>Does this program include MCOs?</b></p> <p>If “Yes”, please complete the following questions.</p>	Yes
C1XII.5	<p><b>Are ANY services provided to MCO enrollees by a PIHP, PAHP, or FFS delivery system?</b></p> <p>(i.e. some services are delivered via fee for service (FFS), prepaid inpatient health plan (PIHP), or prepaid ambulatory health plan (PAHP) delivery system)</p>	Yes
C1XII.6	<p><b>Did the State or MCOs complete the most recent parity analysis(es)?</b></p>	State
C1XII.7a	<p><b>Have there been any events in the reporting period that necessitated an update to the parity analysis(es)?</b></p> <p>(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)</p>	No
C1XII.8	<p><b>When was the last parity analysis(es) for this program completed?</b></p> <p>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).</p>	10/02/2017
C1XII.9	<p><b>When was the last parity analysis(es) for this program</b></p>	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).

<b>C1XII.10a</b>	<b>In the last analysis(es) conducted, were any deficiencies identified?</b>	Yes
<b>C1XII.10b</b>	<b>In the last analysis(es) conducted, describe all deficiencies identified.</b>	Deficiencies were identified and DHCS issued policy guidance through Information Notices (IN). 1. DHCS found deficiencies in the authorization processes and timeframes for specialty mental health services. The deficiencies were addressed via IN 22-016 and IN 22-017. 2. DHCS found deficiencies in the Statewide Credentialing Policy. The deficiencies were addressed via IN 22-070. 3. DHCS found deficiencies in the Statewide Continuity of Care Policy. The deficiencies were addressed via IN 18-059. 4. DHCS found deficiencies in the network adequacy standards. The standard for time and distance and timely access to care was aligned through the Statewide Network Adequacy Standards statute and addressed via IN 22-070. DHCS found deficiencies in the Standardize Notice of Action Forms and disclosure requirements. The deficiencies were addressed via IN 18-010E, IN 22-036, and IN 22-070.
<b>C1XII.11a</b>	<b>As of the end of this reporting period, have these deficiencies been resolved for all plans?</b>	Yes
<b>C1XII.12a</b>	<b>Has the state posted the current parity analysis(es) covering this program on its website?</b>	Yes



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 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.

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**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/formsandpubs/Pages/MentalHealthParity.aspx#:~:text=Parity%20compliance%20requires%20that%20the,prescription%20drugs%2C%20and%20emergency%20services.>

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## Section D: Plan-Level Indicators

### Topic I. Program Characteristics & Enrollment

Number	Indicator	Response
D1I.1	<b>Plan enrollment</b>  Enter the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member months).	<b>Alameda</b>
		2,445
		<b>Contra Costa</b>
		2,755
		<b>El Dorado</b>
		603
		<b>Fresno</b>
		6,780
		<b>Humboldt</b>
		1,082
		<b>Imperial</b>
		1,142
		<b>Kern</b>
		4,559
		<b>Lake</b>
		507
		<b>Lassen</b>
		31
		<b>Los Angeles</b>
		29,580
		<b>Marin</b>
		758
		<b>Mariposa</b>
		112
		<b>Mendocino</b>
		517
		<b>Merced</b>
		1,142
		<b>Modoc</b>
		19
		<b>Monterey</b>

1,462

**Napa**

411

**Nevada**

774

**Orange**

6,656

**Placer**

1,196

**Riverside**

8,280

**Sacramento**

5,474

**San Benito**

270

**San Bernardino**

4,847

**San Diego**

11,076

**San Francisco**

3,976

**San Joaquin**

2,321

**San Luis Obispo**

1,686

**San Mateo**

1,012

**Santa Barbara**

2,479

**Santa Clara**

3,405

**Santa Cruz**

1,351

**Shasta**

1,408

**Siskiyou**

171

**Solano**

1,234

**Sonoma**

662

**Stanislaus**

2,821

**Tulare**

2,477

**Ventura**

2,533

**Yolo**

579

**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**

0%

**Contra Costa**

0%

**El Dorado**

0%

**Fresno**

0%

**Humboldt**

0%

**Imperial**

0%

**Kern**

0%

**Lake**

0%

**Lassen**

0%

**Los Angeles**

0.2%

**Marin**

0%

**Mariposa**

0%

**Mendocino**

0%

**Merced**

0%

**Modoc**

0%

**Monterey**

0%

**Napa**

0%

**Nevada**

0%

**Orange**

0%

**Placer**

0%

**Riverside**

0.1%

**Sacramento**

0%

**San Benito**

0%

**San Bernardino**

0%

**San Diego**

0.1%

**San Francisco**

0%

**San Joaquin**

0%

**San Luis Obispo**

0%

**San Mateo**

0%

**Santa Barbara**

0%

**Santa Clara**

0%

**Santa Cruz**

0%

**Shasta**

0%

**Siskiyou**

0%

**Solano**

0%

**Sonoma**

0%

**Stanislaus**

0%

**Tulare**

0%

**Ventura**

0%

**Yolo**

0%

---

**D1I.3**

**Plan share of any Medicaid managed care**

What is the plan enrollment (regardless of program) as a percentage of total Medicaid

**Alameda**

0%

**Contra Costa**

enrollment in any type of managed care?Numerator: Plan enrollment (D1.I.1)Denominator: Statewide Medicaid managed care enrollment (B.I.2)

0%
<b>El Dorado</b>
0%
<b>Fresno</b>
0%
<b>Humboldt</b>
0%
<b>Imperial</b>
0%
<b>Kern</b>
0%
<b>Lake</b>
0%
<b>Lassen</b>
0%
<b>Los Angeles</b>
0.2%
<b>Marin</b>
0%
<b>Mariposa</b>
0%
<b>Mendocino</b>
0%
<b>Merced</b>
0%
<b>Modoc</b>
0%
<b>Monterey</b>
0%
<b>Napa</b>
0%
<b>Nevada</b>
0%

**Orange**

0%

**Placer**

0%

**Riverside**

0.1%

**Sacramento**

0%

**San Benito**

0%

**San Bernardino**

0%

**San Diego**

0.1%

**San Francisco**

0%

**San Joaquin**

0%

**San Luis Obispo**

0%

**San Mateo**

0%

**Santa Barbara**

0%

**Santa Clara**

0%

**Santa Cruz**

0%

**Shasta**

0%

**Siskiyou**

0%

**Solano**

0%



**Sonoma**

0%

**Stanislaus**

0%

**Tulare**

0%

**Ventura**

0%

**Yolo**

0%

---

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

**Alameda**

County of Alameda

**Contra Costa**

County of Contra Costa

**El Dorado**

County of El Dorado

**Fresno**

County of Fresno

**Humboldt**

County of Humboldt

**Imperial**

County of Imperial

**Kern**

County of Kern

**Lake**

County of Lake

**Lassen**

County of Lassen

**Los Angeles**

County of Los Angeles

**Marin**

County of Marin

**Mariposa**

County of Mariposa

**Mendocino**

County of Mendocino

**Merced**

County of Merced

**Modoc**

County of Modoc

**Monterey**

County of Monterey

**Napa**

County of Napa

**Nevada**

County of Nevada

**Orange**

County of Orange

**Placer**

County of Placer

**Riverside**

County of Riverside

**Sacramento**

County of Sacramento

**San Benito**

County of San Benito

**San Bernardino**

County of San Bernardino

**San Diego**

County of San Diego

**San Francisco**

County of San Francisco

**San Joaquin**

County of San Joaquin

**San Luis Obispo**

County of San Luis Obispo

**San Mateo**

County of San Mateo

**Santa Barbara**

County of Santa Barbara

**Santa Clara**

County of Santa Clara

**Santa Cruz**

County of Santa Cruz

**Shasta**

County of Shasta

**Siskiyou**

County of Siskiyou

**Solano**

County of Solano

**Sonoma**

County of Sonoma

**Stanislaus**

County of Stanislaus

**Tulare**

County of Tulare

**Ventura**

County of Ventura

**Yolo**

County of Yolo

---

## Topic II. Financial Performance

Number	Indicator	Response
D1II.1a	<b>Medical Loss Ratio (MLR)</b>  What is the MLR percentage? Per 42 CFR 438.66(e)(2)(i), the Managed Care Program Annual Report must provide information on the Financial performance of each MCO, PIHP, and PAHP, including MLR experience. If MLR data are not available for this reporting period due to data lags, enter the MLR calculated for the most recently available reporting period and indicate the reporting period in item D1.II.3 below. See Glossary in Excel Workbook for the regulatory definition of MLR. Write MLR as a percentage: for example, write 92% rather than 0.92.	<b>Alameda</b>
		0%
		<b>Contra Costa</b>
		0%
		<b>El Dorado</b>
		0%
		<b>Fresno</b>
		0%
		<b>Humboldt</b>
		0%
		<b>Imperial</b>
		0%
		<b>Kern</b>
		0%
		<b>Lake</b>
		0%
		<b>Lassen</b>
		0%
		<b>Los Angeles</b>
		0%
		<b>Marin</b>
		0%
		<b>Mariposa</b>
		0%
		<b>Mendocino</b>
		0%
		<b>Merced</b>
		0%
		<b>Modoc</b>
		0%
		<b>Monterey</b>

0%

**Napa**

0%

**Nevada**

0%

**Orange**

0%

**Placer**

0%

**Riverside**

0%

**Sacramento**

0%

**San Benito**

0%

**San Bernardino**

0%

**San Diego**

0%

**San Francisco**

0%

**San Joaquin**

0%

**San Luis Obispo**

0%

**San Mateo**

0%

**Santa Barbara**

0%

**Santa Clara**

0%

**Santa Cruz**

0%

**Shasta**

0%

**Siskiyou**

0%

**Solano**

0%

**Sonoma**

0%

**Stanislaus**

0%

**Tulare**

0%

**Ventura**

0%

**Yolo**

0%

**D1II.1b****Level of aggregation**

What is the aggregation level that best describes the MLR being reported in the previous indicator? Select one.  
As permitted under 42 CFR 438.8(i), states are allowed to aggregate data for reporting purposes across programs and populations.

**Alameda**

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

**Contra Costa**

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

**El Dorado**

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral

health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

### **Fresno**

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

### **Humboldt**

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

### **Imperial**

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

### **Kern**

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

### **Lake**

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

### **Lassen**

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

### **Los Angeles**

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

### **Marin**

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

### **Mariposa**

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.



### **Mendocino**

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

### **Merced**

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

### **Modoc**

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

### **Monterey**

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

### **Napa**

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans

and Drug Medi-Cal Organized Delivery System counties.

### **Nevada**

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

### **Orange**

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

### **Placer**

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

### **Riverside**

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

### **Sacramento**

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by

CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

### **San Benito**

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

### **San Bernardino**

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

### **San Diego**

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

### **San Francisco**

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

### **San Joaquin**

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio

Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

### **San Luis Obispo**

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

### **San Mateo**

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

### **Santa Barbara**

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

### **Santa Clara**

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

### **Santa Cruz**

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

### **Shasta**

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

### **Siskiyou**

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

### **Solano**

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

### **Sonoma**

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

**Stanislaus**

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

**Tulare**

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

**Ventura**

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

**Yolo**

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

---

**D1II.2****Population specific MLR description**

Does the state require plans to submit separate MLR calculations for specific populations served within this program, for example, MLTSS or Group VIII expansion enrollees? If so, describe the

**Alameda**

N/A

**Contra Costa**

N/A

**El Dorado**

populations here. Enter “N/A” if not applicable.  
See glossary for the regulatory definition of MLR.

N/A

**Fresno**

N/A

**Humboldt**

N/A

**Imperial**

N/A

**Kern**

N/A

**Lake**

N/A

**Lassen**

N/A

**Los Angeles**

N/A

**Marin**

N/A

**Mariposa**

N/A

**Mendocino**

N/A

**Merced**

N/A

**Modoc**

N/A

**Monterey**

N/A

**Napa**

N/A

**Nevada**

N/A

**Orange**

N/A

**Placer**

N/A

**Riverside**

N/A

**Sacramento**

N/A

**San Benito**

N/A

**San Bernardino**

N/A

**San Diego**

N/A

**San Francisco**

N/A

**San Joaquin**

N/A

**San Luis Obispo**

N/A

**San Mateo**

N/A

**Santa Barbara**

N/A

**Santa Clara**

N/A

**Santa Cruz**

N/A

**Shasta**

N/A

**Siskiyou**

N/A

**Solano**

N/A

**Sonoma**

N/A



**Stanislaus**

N/A

**Tulare**

N/A

**Ventura**

N/A

**Yolo**

N/A

**D1II.3**

**MLR reporting period  
discrepancies**

Does the data reported in item  
D1.II.1a cover a different time  
period than the MCPAR report?

**Alameda**

No

**Contra Costa**

No

**El Dorado**

No

**Fresno**

No

**Humboldt**

No

**Imperial**

No

**Kern**

No

**Lake**

No

**Lassen**

No

**Los Angeles**

No

**Marin**

No

**Mariposa**

No

**Mendocino**

No

**Merced**

No

**Modoc**

No

**Monterey**

No

**Napa**

No

**Nevada**

No

**Orange**

No

**Placer**

No

**Riverside**

No

**Sacramento**

No

**San Benito**

No

**San Bernardino**

No

**San Diego**

No

**San Francisco**

No

**San Joaquin**

No

**San Luis Obispo**

No

**San Mateo**

No

**Santa Barbara**

No

**Santa Clara**

No

**Santa Cruz**

No

**Shasta**

No

**Siskiyou**

No

**Solano**

No

**Sonoma**

No

**Stanislaus**

No

**Tulare**

No

**Ventura**

No

**Yolo**

No

---

## **Topic III. Encounter Data**

Number	Indicator	Response
D1III.1	<b>Definition of timely encounter data submissions</b>  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.	<b>Alameda</b>
		6 months
		<b>Contra Costa</b>
		6 months
		<b>El Dorado</b>
		6 months
		<b>Fresno</b>
		6 months
		<b>Humboldt</b>
		6 months
		<b>Imperial</b>
		6 months
		<b>Kern</b>
		6 months
		<b>Lake</b>
		6 months
		<b>Lassen</b>
		6 months
		<b>Los Angeles</b>
		6 months
		<b>Marin</b>
		6 months
		<b>Mariposa</b>
		6 months
		<b>Mendocino</b>
		6 months
		<b>Merced</b>
		6 months
		<b>Modoc</b>
		6 months
		<b>Monterey</b>

6 months

**Napa**

6 months

**Nevada**

6 months

**Orange**

6 months

**Placer**

6 months

**Riverside**

6 months

**Sacramento**

6 months

**San Benito**

6 months

**San Bernardino**

6 months

**San Diego**

6 months

**San Francisco**

6 months

**San Joaquin**

6 months

**San Luis Obispo**

6 months

**San Mateo**

6 months

**Santa Barbara**

6 months

**Santa Clara**

6 months

**Santa Cruz**

6 months

**Shasta**  
6 months

**Siskiyou**  
6 months

**Solano**  
6 months

**Sonoma**  
6 months

**Stanislaus**  
6 months

**Tulare**  
6 months

**Ventura**  
6 months

**Yolo**  
6 months

**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**  
95.543%

**Contra Costa**  
99.911%

**El Dorado**  
100%

**Fresno**  
99.939%

**Humboldt**  
96.106%

**Imperial**  
100%

**Kern**  
99.963%

**Lake**  
99.927%

**Lassen**

98.812%

**Los Angeles**

99.385%

**Marin**

99.852%

**Mariposa**

99.871%

**Mendocino**

99.157%

**Merced**

99.971%

**Modoc**

96.341%

**Monterey**

99.944%

**Napa**

99.681%

**Nevada**

99.998%

**Orange**

99.348%

**Placer**

99.871%

**Riverside**

99.718%

**Sacramento**

99.959%

**San Benito**

99.816%

**San Bernardino**

99.955%

**San Diego**

99.885%



**San Francisco**

99.911%

**San Joaquin**

99.521%

**San Luis Obispo**

99.939%

**San Mateo**

99.637%

**Santa Barbara**

99.77%

**Santa Clara**

99.993%

**Santa Cruz**

100%

**Shasta**

99.771%

**Siskiyou**

99.818%

**Solano**

97.816%

**Sonoma**

99.926%

**Stanislaus**

99.869%

**Tulare**

99.999%

**Ventura**

99.953%

**Yolo**

100%

**D1III.3****Share of encounter data  
submissions that were HIPAA  
compliant**What percent of the plan's  
encounter data submissions**Alameda**

82.55%

**Contra Costa**

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

77.8%

**El Dorado**

98.24%

**Fresno**

97.9%

**Humboldt**

66.54%

**Imperial**

99.99%

**Kern**

85.5%

**Lake**

93.19%

**Lassen**

85%

**Los Angeles**

53.84%

**Marin**

86.08%

**Mariposa**

99.05%

**Mendocino**

43.14%

**Merced**

92.77%

**Modoc**

82.2%

**Monterey**

98.66%

**Napa**

90.81%

**Nevada**

74.91%

**Orange**

98.69%

**Placer**

62.54%

**Riverside**

88.51%

**Sacramento**

89.48%

**San Benito**

80.67%

**San Bernardino**

70.92%

**San Diego**

99.36%

**San Francisco**

78.4%

**San Joaquin**

76.99%

**San Luis Obispo**

67.65%

**San Mateo**

92.48%

**Santa Barbara**

68.5%

**Santa Clara**

82.49%

**Santa Cruz**

98.5%

**Shasta**

79.66%

**Siskiyou**

87.77%

**Solano**

64.65%

**Sonoma**

73.32%

**Stanislaus**

98.68%

**Tulare**

89.09%

**Ventura**

99.13%

**Yolo**

95.25%

---

## Topic IV. Appeals, State Fair Hearings & Grievances

### Appeals Overview

Number	Indicator	Response
D1IV.1	<b>Appeals resolved (at the plan level)</b>  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.	<b>Alameda</b>
		0
		<b>Contra Costa</b>
		0
		<b>El Dorado</b>
		0
		<b>Fresno</b>
		1
		<b>Humboldt</b>
		0
		<b>Imperial</b>
		0
		<b>Kern</b>
		4
		<b>Lake</b>
		0
		<b>Lassen</b>
		0
		<b>Los Angeles</b>
		164
		<b>Marin</b>
		0
		<b>Mariposa</b>
		0
		<b>Mendocino</b>
		0
		<b>Merced</b>
		55
		<b>Modoc</b>
		0
		<b>Monterey</b>

1

**Napa**

1

**Nevada**

0

**Orange**

2

**Placer**

0

**Riverside**

0

**Sacramento**

14

**San Benito**

0

**San Bernardino**

5

**San Diego**

57

**San Francisco**

3

**San Joaquin**

0

**San Luis Obispo**

0

**San Mateo**

0

**Santa Barbara**

1

**Santa Clara**

0

**Santa Cruz**

5

**Shasta**

0

**Siskiyou**

0

**Solano**

0

**Sonoma**

0

**Stanislaus**

0

**Tulare**

1

**Ventura**

1

**Yolo**

1

---

**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**

0

**Contra Costa**

0

**El Dorado**

0

**Fresno**

1

**Humboldt**

0

**Imperial**

0

**Kern**

4

**Lake**

0

**Lassen**

0

**Los Angeles**

32

**Marin**

0

**Mariposa**

0

**Mendocino**

0

**Merced**

0

**Modoc**

0

**Monterey**

1

**Napa**

0

**Nevada**

0

**Orange**

2

**Placer**

0

**Riverside**

0

**Sacramento**

4

**San Benito**

0

**San Bernardino**

4

**San Diego**

24



**San Francisco**

2

**San Joaquin**

0

**San Luis Obispo**

0

**San Mateo**

0

**Santa Barbara**

0

**Santa Clara**

0

**Santa Cruz**

5

**Shasta**

0

**Siskiyou**

0

**Solano**

0

**Sonoma**

0

**Stanislaus**

0

**Tulare**

0

**Ventura**

1

**Yolo**

1

**D1IV.1b**

**Appeals resolved in partial  
favor of enrollee**

Enter the total number of  
appeals (D1.IV.1) resolved

**Alameda**

0

**Contra Costa**

during the reporting period in partial favor of the enrollee.

0

**El Dorado**

0

**Fresno**

0

**Humboldt**

0

**Imperial**

0

**Kern**

0

**Lake**

0

**Lassen**

0

**Los Angeles**

38

**Marin**

0

**Mariposa**

0

**Mendocino**

0

**Merced**

0

**Modoc**

0

**Monterey**

0

**Napa**

1

**Nevada**

0

**Orange**

0

**Placer**

0

**Riverside**

0

**Sacramento**

5

**San Benito**

0

**San Bernardino**

1

**San Diego**

11

**San Francisco**

1

**San Joaquin**

0

**San Luis Obispo**

0

**San Mateo**

0

**Santa Barbara**

1

**Santa Clara**

0

**Santa Cruz**

0

**Shasta**

0

**Siskiyou**

0

**Solano**

0

**Sonoma**

0

**Stanislaus**

0

**Tulare**

0

**Ventura**

0

**Yolo**

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**

0

**Contra Costa**

0

**El Dorado**

0

**Fresno**

0

**Humboldt**

0

**Imperial**

0

**Kern**

0

**Lake**

0

**Lassen**

0

**Los Angeles**

94

**Marin**

0

**Mariposa**

0

**Mendocino**

0

**Merced**

55

**Modoc**

0

**Monterey**

0

**Napa**

0

**Nevada**

0

**Orange**

0

**Placer**

0

**Riverside**

0

**Sacramento**

5

**San Benito**

0

**San Bernardino**

0

**San Diego**

22

**San Francisco**

0

**San Joaquin**

0

**San Luis Obispo**

0

**San Mateo**

0

**Santa Barbara**

0

**Santa Clara**

0

**Santa Cruz**

0

**Shasta**

0

**Siskiyou**

0

**Solano**

0

**Sonoma**

0

**Stanislaus**

0

**Tulare**

1

**Ventura**

0

**Yolo**

0

---

**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**

0

**Contra Costa**

0

**El Dorado**

0

**Fresno**

1

**Humboldt**

0

**Imperial**

0

**Kern**

0

**Lake**

0

**Lassen**

0

**Los Angeles**

0

**Marin**

0

**Mariposa**

0

**Mendocino**

0

**Merced**

0

**Modoc**

0

**Monterey**

0

**Napa**

0

**Nevada**

0

**Orange**

0

**Placer**

0

**Riverside**

0

**Sacramento**

0

**San Benito**

0

**San Bernardino**

0

**San Diego**

0

**San Francisco**

0

**San Joaquin**

0

**San Luis Obispo**

0

**San Mateo**

0

**Santa Barbara**

0

**Santa Clara**

0

**Santa Cruz**

0

**Shasta**

0

**Siskiyou**

0

**Solano**

0

**Sonoma**

0

**Stanislaus**

0

**Tulare**

0



**Ventura**

0

**Yolo**

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**

N/A

**Contra Costa**

N/A

**El Dorado**

N/A

**Fresno**

N/A

**Humboldt**

N/A

**Imperial**

N/A

**Kern**

N/A

**Lake**

N/A

**Lassen**

N/A

**Los Angeles**

N/A

**Marin**

N/A

**Mariposa**

N/A

**Mendocino**

N/A

**Merced**

N/A

**Modoc**

N/A

**Monterey**

N/A

**Napa**

N/A

**Nevada**

N/A

**Orange**

N/A

**Placer**

N/A

**Riverside**

N/A

**Sacramento**

N/A

**San Benito**

N/A

**San Bernardino**

N/A

**San Diego**

N/A

**San Francisco**

N/A

**San Joaquin**

N/A

**San Luis Obispo**

N/A

**San Mateo**

N/A

**Santa Barbara**

N/A

**Santa Clara**

N/A

**Santa Cruz**

N/A

**Shasta**

N/A

**Siskiyou**

N/A

**Solano**

N/A

**Sonoma**

N/A

**Stanislaus**

N/A

**Tulare**

N/A

**Ventura**

N/A

**Yolo**

N/A

**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

**Alameda**

N/A

**Contra Costa**

N/A

**El Dorado**

N/A

**Fresno**

N/A

**Humboldt**

N/A

**Imperial**

N/A

**Kern**

N/A

**Lake**

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 preceded the filing of the critical incident.

N/A

## **Lassen**

N/A

## **Los Angeles**

N/A

## **Marin**

N/A

## **Mariposa**

N/A

## **Mendocino**

N/A

## **Merced**

N/A

## **Modoc**

N/A

## **Monterey**

N/A

## **Napa**

N/A

## **Nevada**

N/A

## **Orange**

N/A

## **Placer**

N/A

## **Riverside**

N/A

## **Sacramento**

N/A

## **San Benito**

N/A

## **San Bernardino**

N/A

**San Diego**

N/A

**San Francisco**

N/A

**San Joaquin**

N/A

**San Luis Obispo**

N/A

**San Mateo**

N/A

**Santa Barbara**

N/A

**Santa Clara**

N/A

**Santa Cruz**

N/A

**Shasta**

N/A

**Siskiyou**

N/A

**Solano**

N/A

**Sonoma**

N/A

**Stanislaus**

N/A

**Tulare**

N/A

**Ventura**

N/A

**Yolo**

N/A

---

**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**

0

**Contra Costa**

0

**El Dorado**

0

**Fresno**

1

**Humboldt**

0

**Imperial**

0

**Kern**

0

**Lake**

0

**Lassen**

0

**Los Angeles**

148

**Marin**

0

**Mariposa**

0

**Mendocino**

0

**Merced**

55

**Modoc**

0

**Monterey**

1

**Napa**

1

**Nevada**

0

**Orange**

2

**Placer**

0

**Riverside**

0

**Sacramento**

14

**San Benito**

0

**San Bernardino**

5

**San Diego**

57

**San Francisco**

3

**San Joaquin**

0

**San Luis Obispo**

0

**San Mateo**

0

**Santa Barbara**

1

**Santa Clara**

0

**Santa Cruz**

5

**Shasta**

0

**Siskiyou**

0

**Solano**

0

**Sonoma**

0

**Stanislaus**

0

**Tulare**

1

**Ventura**

1

**Yolo**

1

**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**

0

**Contra Costa**

0

**El Dorado**

0

**Fresno**

0

**Humboldt**

0

**Imperial**

0

**Kern**

4

**Lake**

0

**Lassen**

0

**Los Angeles**



15

**Marin**

0

**Mariposa**

0

**Mendocino**

0

**Merced**

0

**Modoc**

0

**Monterey**

0

**Napa**

0

**Nevada**

0

**Orange**

0

**Placer**

0

**Riverside**

0

**Sacramento**

0

**San Benito**

0

**San Bernardino**

0

**San Diego**

0

**San Francisco**

0

		<b>San Joaquin</b>
		0
		<b>San Luis Obispo</b>
		0
		<b>San Mateo</b>
		0
		<b>Santa Barbara</b>
		0
		<b>Santa Clara</b>
		0
		<b>Santa Cruz</b>
		0
		<b>Shasta</b>
		0
		<b>Siskiyou</b>
		0
		<b>Solano</b>
		0
		<b>Sonoma</b>
		0
		<b>Stanislaus</b>
		0
		<b>Tulare</b>
		0
		<b>Ventura</b>
		0
		<b>Yolo</b>
		0
<b>D1IV.6a</b>	<b>Resolved appeals related to denial of authorization or limited authorization of a service</b>	<b>Alameda</b>
		0
	Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's	<b>Contra Costa</b>
		0
		<b>El Dorado</b>

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).

0

**Fresno**

1

**Humboldt**

0

**Imperial**

0

**Kern**

4

**Lake**

0

**Lassen**

0

**Los Angeles**

0

**Marin**

0

**Mariposa**

0

**Mendocino**

0

**Merced**

0

**Modoc**

0

**Monterey**

1

**Napa**

0

**Nevada**

0

**Orange**

0

**Placer**

0

**Riverside**

0

**Sacramento**

8

**San Benito**

0

**San Bernardino**

0

**San Diego**

8

**San Francisco**

0

**San Joaquin**

0

**San Luis Obispo**

0

**San Mateo**

0

**Santa Barbara**

0

**Santa Clara**

0

**Santa Cruz**

0

**Shasta**

0

**Siskiyou**

0

**Solano**

0

**Sonoma**

0

		<b>Stanislaus</b>
		0
		<b>Tulare</b>
		0
		<b>Ventura</b>
		0
		<b>Yolo</b>
		0
<b>D1IV.6b</b>	<b>Resolved appeals related to reduction, suspension, or termination of a previously authorized service</b>	<b>Alameda</b>
		0
	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.	<b>Contra Costa</b>
		0
		<b>El Dorado</b>
		0
		<b>Fresno</b>
		0
		<b>Humboldt</b>
		0
		<b>Imperial</b>
		0
		<b>Kern</b>
		0
		<b>Lake</b>
		0
		<b>Lassen</b>
		0
		<b>Los Angeles</b>
		0
		<b>Marin</b>
		0
		<b>Mariposa</b>
		0
		<b>Mendocino</b>

0

**Merced**

55

**Modoc**

0

**Monterey**

0

**Napa**

1

**Nevada**

0

**Orange**

2

**Placer**

0

**Riverside**

0

**Sacramento**

5

**San Benito**

0

**San Bernardino**

5

**San Diego**

49

**San Francisco**

3

**San Joaquin**

0

**San Luis Obispo**

0

**San Mateo**

0

		<b>Santa Barbara</b>
		1
		<b>Santa Clara</b>
		0
		<b>Santa Cruz</b>
		5
		<b>Shasta</b>
		0
		<b>Siskiyou</b>
		0
		<b>Solano</b>
		0
		<b>Sonoma</b>
		0
		<b>Stanislaus</b>
		0
		<b>Tulare</b>
		1
		<b>Ventura</b>
		1
		<b>Yolo</b>
		1

<b>D1IV.6c</b>	<b>Resolved appeals related to payment denial</b>  Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial, in whole or in part, of payment for a service that was already rendered.	<b>Alameda</b>  0  <b>Contra Costa</b>  0  <b>El Dorado</b>  0  <b>Fresno</b>  0  <b>Humboldt</b>  0  <b>Imperial</b>
----------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

0

**Kern**

0

**Lake**

0

**Lassen**

0

**Los Angeles**

164

**Marin**

0

**Mariposa**

0

**Mendocino**

0

**Merced**

0

**Modoc**

0

**Monterey**

0

**Napa**

0

**Nevada**

0

**Orange**

0

**Placer**

0

**Riverside**

0

**Sacramento**

0



**San Benito**

0

**San Bernardino**

0

**San Diego**

0

**San Francisco**

0

**San Joaquin**

0

**San Luis Obispo**

0

**San Mateo**

0

**Santa Barbara**

0

**Santa Clara**

0

**Santa Cruz**

0

**Shasta**

0

**Siskiyou**

0

**Solano**

0

**Sonoma**

0

**Stanislaus**

0

**Tulare**

0

**Ventura**

0

Yolo

0

**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**

0

**Contra Costa**

0

**El Dorado**

0

**Fresno**

0

**Humboldt**

0

**Imperial**

0

**Kern**

0

**Lake**

0

**Lassen**

0

**Los Angeles**

0

**Marin**

0

**Mariposa**

0

**Mendocino**

0

**Merced**

0

**Modoc**

0

**Monterey**

0

**Napa**

0

**Nevada**

0

**Orange**

0

**Placer**

0

**Riverside**

0

**Sacramento**

1

**San Benito**

0

**San Bernardino**

0

**San Diego**

0

**San Francisco**

0

**San Joaquin**

0

**San Luis Obispo**

0

**San Mateo**

0

**Santa Barbara**

0

**Santa Clara**

0

**Santa Cruz**

0

**Shasta**

0

**Siskiyou**

0

**Solano**

0

**Sonoma**

0

**Stanislaus**

0

**Tulare**

0

**Ventura**

0

**Yolo**

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**

0

**Contra Costa**

0

**El Dorado**

0

**Fresno**

0

**Humboldt**

0

**Imperial**

0

**Kern**

0

**Lake**

0

**Lassen**

0

**Los Angeles**

0

**Marin**

0

**Mariposa**

0

**Mendocino**

0

**Merced**

0

**Modoc**

0

**Monterey**

0

**Napa**

0

**Nevada**

0

**Orange**

0

**Placer**

0

**Riverside**

0

**Sacramento**

0

**San Benito**

0

**San Bernardino**

0

**San Diego**

0

**San Francisco**

0

**San Joaquin**

0

**San Luis Obispo**

0

**San Mateo**

0

**Santa Barbara**

0

**Santa Clara**

0

**Santa Cruz**

0

**Shasta**

0

**Siskiyou**

0

**Solano**

0

**Sonoma**

0

**Stanislaus**

0

**Tulare**

0

**Ventura**

0

**Yolo**

0

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**D1IV.6f**

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

**Alameda**

N/A

**Contra Costa**

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).

N/A

**El Dorado**

N/A

**Fresno**

N/A

**Humboldt**

0

**Imperial**

N/A

**Kern**

N/A

**Lake**

0

**Lassen**

0

**Los Angeles**

N/A

**Marin**

N/A

**Mariposa**

0

**Mendocino**

0

**Merced**

N/A

**Modoc**

0

**Monterey**

N/A

**Napa**

N/A

**Nevada**

0

**Orange**

N/A

**Placer**

N/A

**Riverside**

N/A

**Sacramento**

N/A

**San Benito**

N/A

**San Bernardino**

N/A

**San Diego**

N/A

**San Francisco**

N/A

**San Joaquin**

N/A

**San Luis Obispo**

N/A

**San Mateo**

N/A

**Santa Barbara**

N/A

**Santa Clara**

N/A

**Santa Cruz**

N/A

**Shasta**

N/A

**Siskiyou**

0

**Solano**

N/A



**Sonoma**

N/A

**Stanislaus**

N/A

**Tulare**

N/A

**Ventura**

N/A

**Yolo**

N/A

**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**

0

**Contra Costa**

0

**El Dorado**

0

**Fresno**

0

**Humboldt**

0

**Imperial**

0

**Kern**

0

**Lake**

0

**Lassen**

0

**Los Angeles**

0

**Marin**

0

**Mariposa**

0

**Mendocino**

0

**Merced**

0

**Modoc**

0

**Monterey**

0

**Napa**

0

**Nevada**

0

**Orange**

0

**Placer**

0

**Riverside**

0

**Sacramento**

0

**San Benito**

0

**San Bernardino**

0

**San Diego**

0

**San Francisco**

0

**San Joaquin**

0

**San Luis Obispo**

0

**San Mateo**

0

**Santa Barbara**

0

**Santa Clara**

0

**Santa Cruz**

0

**Shasta**

0

**Siskiyou**

0

**Solano**

0

**Sonoma**

0

**Stanislaus**

0

**Tulare**

0

**Ventura**

0

**Yolo**

0

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## 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	<b>Resolved appeals related to general inpatient services</b>  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”.	<b>Alameda</b>
		N/A
		<b>Contra Costa</b>
		N/A
		<b>El Dorado</b>
		N/A
		<b>Fresno</b>
		N/A
		<b>Humboldt</b>
		N/A
		<b>Imperial</b>
		N/A
		<b>Kern</b>
		N/A
		<b>Lake</b>
		N/A
		<b>Lassen</b>
		N/A
		<b>Los Angeles</b>
		N/A
		<b>Marin</b>
		N/A
		<b>Mariposa</b>
		N/A
		<b>Mendocino</b>
		N/A
		<b>Merced</b>
		N/A
		<b>Modoc</b>
		N/A
		<b>Monterey</b>

N/A

**Napa**

N/A

**Nevada**

N/A

**Orange**

N/A

**Placer**

N/A

**Riverside**

N/A

**Sacramento**

N/A

**San Benito**

N/A

**San Bernardino**

N/A

**San Diego**

N/A

**San Francisco**

N/A

**San Joaquin**

N/A

**San Luis Obispo**

N/A

**San Mateo**

N/A

**Santa Barbara**

N/A

**Santa Clara**

N/A

**Santa Cruz**

N/A

**Shasta**

N/A

**Siskiyou**

N/A

**Solano**

N/A

**Sonoma**

N/A

**Stanislaus**

N/A

**Tulare**

N/A

**Ventura**

N/A

**Yolo**

N/A

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**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**

N/A

**Contra Costa**

N/A

**El Dorado**

N/A

**Fresno**

N/A

**Humboldt**

N/A

**Imperial**

N/A

**Kern**

N/A

**Lake**

N/A

**Lassen**

N/A

**Los Angeles**

N/A

**Marin**

N/A

**Mariposa**

N/A

**Mendocino**

N/A

**Merced**

N/A

**Modoc**

N/A

**Monterey**

N/A

**Napa**

N/A

**Nevada**

N/A

**Orange**

N/A

**Placer**

N/A

**Riverside**

N/A

**Sacramento**

N/A

**San Benito**

N/A

**San Bernardino**

N/A

**San Diego**

N/A

**San Francisco**

N/A

**San Joaquin**

N/A

**San Luis Obispo**

N/A

**San Mateo**

N/A

**Santa Barbara**

N/A

**Santa Clara**

N/A

**Santa Cruz**

N/A

**Shasta**

N/A

**Siskiyou**

N/A

**Solano**

N/A

**Sonoma**

N/A

**Stanislaus**

N/A

**Tulare**

N/A

**Ventura**

N/A

**Yolo**

N/A

---

**D1IV.7c**

**Resolved appeals related to  
inpatient behavioral health  
services**

Enter the total number of  
appeals resolved by the plan

**Alameda**

0

**Contra Costa**



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".

0

**El Dorado**

0

**Fresno**

1

**Humboldt**

0

**Imperial**

0

**Kern**

0

**Lake**

0

**Lassen**

0

**Los Angeles**

1

**Marin**

0

**Mariposa**

0

**Mendocino**

0

**Merced**

0

**Modoc**

0

**Monterey**

0

**Napa**

0

**Nevada**

0

**Orange**

0

**Placer**

0

**Riverside**

0

**Sacramento**

0

**San Benito**

0

**San Bernardino**

0

**San Diego**

52

**San Francisco**

0

**San Joaquin**

0

**San Luis Obispo**

0

**San Mateo**

0

**Santa Barbara**

0

**Santa Clara**

0

**Santa Cruz**

0

**Shasta**

0

**Siskiyou**

0

**Solano**

0

		<b>Sonoma</b>
		0
		<b>Stanislaus</b>
		0
		<b>Tulare</b>
		0
		<b>Ventura</b>
		0
		<b>Yolo</b>
		0
<b>D1IV.7d</b>	<b>Resolved appeals related to outpatient behavioral health services</b>  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".	<b>Alameda</b>
		0
		<b>Contra Costa</b>
		0
		<b>El Dorado</b>
		0
		<b>Fresno</b>
		0
		<b>Humboldt</b>
		0
		<b>Imperial</b>
		0
		<b>Kern</b>
		4
		<b>Lake</b>
		0
		<b>Lassen</b>
		0
		<b>Los Angeles</b>
		163
		<b>Marin</b>
		0
		<b>Mariposa</b>

0

**Mendocino**

0

**Merced**

55

**Modoc**

0

**Monterey**

1

**Napa**

1

**Nevada**

0

**Orange**

2

**Placer**

0

**Riverside**

0

**Sacramento**

14

**San Benito**

0

**San Bernardino**

5

**San Diego**

5

**San Francisco**

3

**San Joaquin**

0

**San Luis Obispo**

0

**San Mateo**

0

**Santa Barbara**

1

**Santa Clara**

0

**Santa Cruz**

5

**Shasta**

0

**Siskiyou**

0

**Solano**

0

**Sonoma**

0

**Stanislaus**

0

**Tulare**

1

**Ventura**

1

**Yolo**

1

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**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**

N/A

**Contra Costa**

N/A

**El Dorado**

N/A

**Fresno**

N/A

**Humboldt**

N/A

**Imperial**

N/A

**Kern**

N/A

**Lake**

N/A

**Lassen**

N/A

**Los Angeles**

N/A

**Marin**

N/A

**Mariposa**

N/A

**Mendocino**

N/A

**Merced**

N/A

**Modoc**

N/A

**Monterey**

N/A

**Napa**

N/A

**Nevada**

N/A

**Orange**

N/A

**Placer**

N/A

**Riverside**

N/A

**Sacramento**

N/A

**San Benito**

N/A

**San Bernardino**

N/A

**San Diego**

N/A

**San Francisco**

N/A

**San Joaquin**

N/A

**San Luis Obispo**

N/A

**San Mateo**

N/A

**Santa Barbara**

N/A

**Santa Clara**

N/A

**Santa Cruz**

N/A

**Shasta**

N/A

**Siskiyou**

N/A

**Solano**

N/A

**Sonoma**

N/A

**Stanislaus**

N/A

**Tulare**

N/A

**Ventura**

N/A

**Yolo**

N/A

**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**

N/A

**Contra Costa**

N/A

**El Dorado**

N/A

**Fresno**

N/A

**Humboldt**

N/A

**Imperial**

N/A

**Kern**

N/A

**Lake**

N/A

**Lassen**

N/A

**Los Angeles**

N/A

**Marin**

N/A

**Mariposa**

N/A

**Mendocino**

N/A

**Merced**

N/A

**Modoc**



N/A

**Monterey**

N/A

**Napa**

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**Nevada**

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**Orange**

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**Placer**

N/A

**Riverside**

N/A

**Sacramento**

N/A

**San Benito**

N/A

**San Bernardino**

N/A

**San Diego**

N/A

**San Francisco**

N/A

**San Joaquin**

N/A

**San Luis Obispo**

N/A

**San Mateo**

N/A

**Santa Barbara**

N/A

**Santa Clara**

N/A

**Santa Cruz**

N/A

**Shasta**

N/A

**Siskiyou**

N/A

**Solano**

N/A

**Sonoma**

N/A

**Stanislaus**

N/A

**Tulare**

N/A

**Ventura**

N/A

**Yolo**

N/A

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**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**

N/A

**Contra Costa**

N/A

**El Dorado**

N/A

**Fresno**

N/A

**Humboldt**

N/A

**Imperial**

N/A

**Kern**

N/A

**Lake**

N/A

**Lassen**

N/A

**Los Angeles**

N/A

**Marin**

N/A

**Mariposa**

N/A

**Mendocino**

N/A

**Merced**

N/A

**Modoc**

N/A

**Monterey**

N/A

**Napa**

N/A

**Nevada**

N/A

**Orange**

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**Placer**

N/A

**Riverside**

N/A

**Sacramento**

N/A

**San Benito**

N/A

**San Bernardino**

N/A

**San Diego**

N/A

**San Francisco**

N/A

**San Joaquin**

N/A

**San Luis Obispo**

N/A

**San Mateo**

N/A

**Santa Barbara**

N/A

**Santa Clara**

N/A

**Santa Cruz**

N/A

**Shasta**

N/A

**Siskiyou**

N/A

**Solano**

N/A

**Sonoma**

N/A

**Stanislaus**

N/A

**Tulare**

N/A

**Ventura**

N/A

**Yolo**

N/A

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**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**

N/A

**Contra Costa**

N/A

**El Dorado**

N/A

**Fresno**

N/A

**Humboldt**

N/A

**Imperial**

N/A

**Kern**

N/A

**Lake**

N/A

**Lassen**

N/A

**Los Angeles**

N/A

**Marin**

N/A

**Mariposa**

N/A

**Mendocino**

N/A

**Merced**

N/A

**Modoc**

N/A

**Monterey**

N/A

**Napa**

N/A

**Nevada**

N/A

**Orange**

N/A

**Placer**

N/A

**Riverside**

N/A

**Sacramento**

N/A

**San Benito**

N/A

**San Bernardino**

N/A

**San Diego**

N/A

**San Francisco**

N/A

**San Joaquin**

N/A

**San Luis Obispo**

N/A

**San Mateo**

N/A

**Santa Barbara**

N/A

**Santa Clara**

N/A

**Santa Cruz**

N/A

**Shasta**

N/A

		<b>Siskiyou</b>
		N/A
		<b>Solano</b>
		N/A
		<b>Sonoma</b>
		N/A
		<b>Stanislaus</b>
		N/A
		<b>Tulare</b>
		N/A
		<b>Ventura</b>
		N/A
		<b>Yolo</b>
		N/A
<b>D1IV.7i</b>	<b>Resolved appeals related to non-emergency medical transportation (NEMT)</b>	<b>Alameda</b>
	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".	N/A
		<b>Contra Costa</b>
		N/A
		<b>El Dorado</b>
		N/A
		<b>Fresno</b>
		N/A
		<b>Humboldt</b>
		N/A
		<b>Imperial</b>
		N/A
		<b>Kern</b>
		N/A
		<b>Lake</b>
		N/A
		<b>Lassen</b>
		N/A
		<b>Los Angeles</b>

N/A

**Marin**

N/A

**Mariposa**

N/A

**Mendocino**

N/A

**Merced**

N/A

**Modoc**

N/A

**Monterey**

N/A

**Napa**

N/A

**Nevada**

N/A

**Orange**

N/A

**Placer**

N/A

**Riverside**

N/A

**Sacramento**

N/A

**San Benito**

N/A

**San Bernardino**

N/A

**San Diego**

N/A

**San Francisco**

N/A



**San Joaquin**

N/A

**San Luis Obispo**

N/A

**San Mateo**

N/A

**Santa Barbara**

N/A

**Santa Clara**

N/A

**Santa Cruz**

N/A

**Shasta**

N/A

**Siskiyou**

N/A

**Solano**

N/A

**Sonoma**

N/A

**Stanislaus**

N/A

**Tulare**

N/A

**Ventura**

N/A

**Yolo**

N/A

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**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**

N/A

**Contra Costa**

N/A

**El Dorado**

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

N/A

**Fresno**

N/A

**Humboldt**

N/A

**Imperial**

N/A

**Kern**

N/A

**Lake**

N/A

**Lassen**

N/A

**Los Angeles**

N/A

**Marin**

N/A

**Mariposa**

N/A

**Mendocino**

N/A

**Merced**

N/A

**Modoc**

N/A

**Monterey**

N/A

**Napa**

N/A

**Nevada**

N/A

**Orange**

N/A

**Placer**

N/A

**Riverside**

N/A

**Sacramento**

N/A

**San Benito**

N/A

**San Bernardino**

N/A

**San Diego**

N/A

**San Francisco**

N/A

**San Joaquin**

N/A

**San Luis Obispo**

N/A

**San Mateo**

N/A

**Santa Barbara**

N/A

**Santa Clara**

N/A

**Santa Cruz**

N/A

**Shasta**

N/A

**Siskiyou**

N/A

**Solano**

N/A

**Sonoma**

N/A

**Stanislaus**

N/A

**Tulare**

N/A

**Ventura**

N/A

**Yolo**

N/A

**D1IV.7I:**

**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**

N/A

**Contra Costa**

N/A

**El Dorado**

N/A

**Fresno**

N/A

**Humboldt**

N/A

**Imperial**

N/A

**Kern**

N/A

**Lake**

N/A

**Lassen**

N/A

**Los Angeles**

N/A

**Marin**

N/A

**Mariposa**

N/A

**Mendocino**

N/A

**Merced**

N/A

**Modoc**

N/A

**Monterey**

N/A

**Napa**

N/A

**Nevada**

N/A

**Orange**

N/A

**Placer**

N/A

**Riverside**

N/A

**Sacramento**

N/A

**San Benito**

N/A

**San Bernardino**

N/A

**San Diego**

N/A

**San Francisco**

N/A

**San Joaquin**

N/A

**San Luis Obispo**

N/A

**San Mateo**

N/A

**Santa Barbara**

N/A

**Santa Clara**

N/A

**Santa Cruz**

N/A

**Shasta**

N/A

**Siskiyou**

N/A

**Solano**

N/A

**Sonoma**

N/A

**Stanislaus**

N/A

**Tulare**

N/A

**Ventura**

N/A

**Yolo**

N/A

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

Enter the total number of appeals resolved by the plan 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”.

**Alameda**

N/A

**Contra Costa**

N/A

**El Dorado**

N/A

**Fresno**

N/A

**Humboldt**

N/A

**Imperial**

N/A

**Kern**

N/A

**Lake**

N/A

**Lassen**

N/A

**Los Angeles**

N/A

**Marin**

N/A

**Mariposa**

N/A

**Mendocino**

N/A

**Merced**

N/A

**Modoc**

N/A

**Monterey**

N/A

**Napa**

N/A

**Nevada**

N/A

**Orange**

N/A

**Placer**

N/A

**Riverside**

N/A

**Sacramento**

N/A

**San Benito**

N/A

**San Bernardino**

N/A

**San Diego**

N/A

**San Francisco**

N/A

**San Joaquin**

N/A

**San Luis Obispo**

N/A

**San Mateo**

N/A

**Santa Barbara**

N/A

**Santa Clara**

N/A

**Santa Cruz**

N/A

**Shasta**

N/A

**Siskiyou**

N/A

**Solano**

N/A

**Sonoma**

N/A

**Stanislaus**

N/A

**Tulare**

N/A

**Ventura**

N/A



Yolo

N/A

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**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**

N/A

**Contra Costa**

N/A

**El Dorado**

N/A

**Fresno**

N/A

**Humboldt**

N/A

**Imperial**

N/A

**Kern**

N/A

**Lake**

N/A

**Lassen**

N/A

**Los Angeles**

N/A

**Marin**

N/A

**Mariposa**

N/A

**Mendocino**

N/A

**Merced**

N/A

**Modoc**

N/A

**Monterey**

N/A

**Napa**

N/A

**Nevada**

N/A

**Orange**

N/A

**Placer**

N/A

**Riverside**

N/A

**Sacramento**

N/A

**San Benito**

N/A

**San Bernardino**

N/A

**San Diego**

N/A

**San Francisco**

N/A

**San Joaquin**

N/A

**San Luis Obispo**

N/A

**San Mateo**

N/A

**Santa Barbara**

N/A

**Santa Clara**

N/A

**Santa Cruz**

N/A

**Shasta**

N/A

**Siskiyou**

N/A

**Solano**

N/A

**Sonoma**

N/A

**Stanislaus**

N/A

**Tulare**

N/A

**Ventura**

N/A

**Yolo**

N/A

---

**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**

N/A

**Contra Costa**

N/A

**El Dorado**

N/A

**Fresno**

N/A

**Humboldt**

N/A

**Imperial**

N/A

**Kern**

N/A

**Lake**

N/A

**Lassen**

N/A

**Los Angeles**

N/A

**Marin**

N/A

**Mariposa**

N/A

**Mendocino**

N/A

**Merced**

N/A

**Modoc**

N/A

**Monterey**

N/A

**Napa**

N/A

**Nevada**

N/A

**Orange**

N/A

**Placer**

N/A

**Riverside**

N/A

**Sacramento**

N/A

**San Benito**

N/A

**San Bernardino**

N/A

**San Diego**

N/A

**San Francisco**

N/A

**San Joaquin**

N/A

**San Luis Obispo**

N/A

**San Mateo**

N/A

**Santa Barbara**

N/A

**Santa Clara**

N/A

**Santa Cruz**

N/A

**Shasta**

N/A

**Siskiyou**

N/A

**Solano**

N/A

**Sonoma**

N/A

**Stanislaus**

N/A

**Tulare**

N/A

**Ventura**

N/A

**Yolo**

N/A

---

## State Fair Hearings

Number	Indicator	Response
D1IV.8a	<b>State Fair Hearing requests</b>  Enter the total number of State Fair Hearing requests resolved during the reporting year with the plan that issued an adverse benefit determination.	<b>Alameda</b>
		0
		<b>Contra Costa</b>
		0
		<b>El Dorado</b>
		0
		<b>Fresno</b>
		0
		<b>Humboldt</b>
		0
		<b>Imperial</b>
		0
		<b>Kern</b>
		9
		<b>Lake</b>
		0
		<b>Lassen</b>
		0
		<b>Los Angeles</b>
		0
		<b>Marin</b>
		0
		<b>Mariposa</b>
		0
		<b>Mendocino</b>
		0
		<b>Merced</b>
		1
		<b>Modoc</b>
		0
		<b>Monterey</b>

0

**Napa**

0

**Nevada**

0

**Orange**

0

**Placer**

0

**Riverside**

0

**Sacramento**

0

**San Benito**

0

**San Bernardino**

0

**San Diego**

1

**San Francisco**

0

**San Joaquin**

0

**San Luis Obispo**

1

**San Mateo**

1

**Santa Barbara**

0

**Santa Clara**

0

**Santa Cruz**

1



**Shasta**

0

**Siskiyou**

0

**Solano**

0

**Sonoma**

0

**Stanislaus**

0

**Tulare**

0

**Ventura**

0

**Yolo**

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**

0

**Contra Costa**

0

**El Dorado**

0

**Fresno**

0

**Humboldt**

0

**Imperial**

0

**Kern**

3

**Lake**

0

**Lassen**

0

**Los Angeles**

0

**Marin**

0

**Mariposa**

0

**Mendocino**

0

**Merced**

0

**Modoc**

0

**Monterey**

0

**Napa**

0

**Nevada**

0

**Orange**

0

**Placer**

0

**Riverside**

0

**Sacramento**

0

**San Benito**

0

**San Bernardino**

0

**San Diego**

0

		<b>San Francisco</b>
		0
		<b>San Joaquin</b>
		0
		<b>San Luis Obispo</b>
		0
		<b>San Mateo</b>
		0
		<b>Santa Barbara</b>
		0
		<b>Santa Clara</b>
		0
		<b>Santa Cruz</b>
		0
		<b>Shasta</b>
		0
		<b>Siskiyou</b>
		0
		<b>Solano</b>
		0
		<b>Sonoma</b>
		0
		<b>Stanislaus</b>
		0
		<b>Tulare</b>
		0
		<b>Ventura</b>
		0
		<b>Yolo</b>
		0
<b>D1IV.8c</b>	<b>State Fair Hearings resulting in an adverse decision for the enrollee</b>	<b>Alameda</b>
	Enter the total number of State Fair Hearing decisions rendered	0
		<b>Contra Costa</b>

during the reporting year that  
were adverse for the enrollee.

0

**El Dorado**

0

**Fresno**

0

**Humboldt**

0

**Imperial**

0

**Kern**

0

**Lake**

0

**Lassen**

0

**Los Angeles**

0

**Marin**

0

**Mariposa**

0

**Mendocino**

0

**Merced**

0

**Modoc**

0

**Monterey**

0

**Napa**

0

**Nevada**

0

**Orange**

0

**Placer**

0

**Riverside**

0

**Sacramento**

0

**San Benito**

0

**San Bernardino**

0

**San Diego**

0

**San Francisco**

0

**San Joaquin**

0

**San Luis Obispo**

0

**San Mateo**

0

**Santa Barbara**

0

**Santa Clara**

0

**Santa Cruz**

0

**Shasta**

0

**Siskiyou**

0

**Solano**

0

**Sonoma**

0

**Stanislaus**

0

**Tulare**

0

**Ventura**

0

**Yolo**

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**

0

**Contra Costa**

1

**El Dorado**

0

**Fresno**

0

**Humboldt**

0

**Imperial**

0

**Kern**

1

**Lake**

0

**Lassen**

0

**Los Angeles**

0

**Marin**

0

**Mariposa**

0

**Mendocino**

0

**Merced**

0

**Modoc**

0

**Monterey**

0

**Napa**

0

**Nevada**

0

**Orange**

0

**Placer**

0

**Riverside**

0

**Sacramento**

0

**San Benito**

0

**San Bernardino**

0

**San Diego**

1

**San Francisco**

0

**San Joaquin**

0

**San Luis Obispo**

0

**San Mateo**

0

**Santa Barbara**

0

**Santa Clara**

0

**Santa Cruz**

0

**Shasta**

0

**Siskiyou**

0

**Solano**

0

**Sonoma**

0

**Stanislaus**

0

**Tulare**

0

**Ventura**

0

**Yolo**

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**

N/A

**Contra Costa**

N/A

**El Dorado**

N/A

**Fresno**

N/A

**Humboldt**



N/A

**Imperial**

N/A

**Kern**

N/A

**Lake**

N/A

**Lassen**

N/A

**Los Angeles**

N/A

**Marin**

N/A

**Mariposa**

N/A

**Mendocino**

N/A

**Merced**

N/A

**Modoc**

N/A

**Monterey**

N/A

**Napa**

N/A

**Nevada**

N/A

**Orange**

N/A

**Placer**

N/A

**Riverside**

N/A

**Sacramento**

N/A

**San Benito**

N/A

**San Bernardino**

N/A

**San Diego**

N/A

**San Francisco**

N/A

**San Joaquin**

N/A

**San Luis Obispo**

N/A

**San Mateo**

N/A

**Santa Barbara**

N/A

**Santa Clara**

N/A

**Santa Cruz**

N/A

**Shasta**

N/A

**Siskiyou**

N/A

**Solano**

N/A

**Sonoma**

N/A

**Stanislaus**

N/A

**Tulare**

N/A

**Ventura**

N/A

**Yolo**

N/A

**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**

N/A

**Contra Costa**

N/A

**El Dorado**

N/A

**Fresno**

N/A

**Humboldt**

N/A

**Imperial**

N/A

**Kern**

N/A

**Lake**

N/A

**Lassen**

N/A

**Los Angeles**

N/A

**Marin**

N/A

**Mariposa**

N/A

**Mendocino**

N/A

**Merced**

N/A

**Modoc**

N/A

**Monterey**

N/A

**Napa**

N/A

**Nevada**

N/A

**Orange**

N/A

**Placer**

N/A

**Riverside**

N/A

**Sacramento**

N/A

**San Benito**

N/A

**San Bernardino**

N/A

**San Diego**

N/A

**San Francisco**

N/A

**San Joaquin**

N/A

**San Luis Obispo**

N/A

**San Mateo**

N/A

**Santa Barbara**

N/A

**Santa Clara**

N/A

**Santa Cruz**

N/A

**Shasta**

N/A

**Siskiyou**

N/A

**Solano**

N/A

**Sonoma**

N/A

**Stanislaus**

N/A

**Tulare**

N/A

**Ventura**

N/A

**Yolo**

N/A

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## Grievances Overview

Number	Indicator	Response
D1IV.10	<b>Grievances resolved</b>  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.	<b>Alameda</b>
		3
		<b>Contra Costa</b>
		12
		<b>El Dorado</b>
		5
		<b>Fresno</b>
		7
		<b>Humboldt</b>
		4
		<b>Imperial</b>
		4
		<b>Kern</b>
		72
		<b>Lake</b>
		1
		<b>Lassen</b>
		0
		<b>Los Angeles</b>
		401
		<b>Marin</b>
		4
		<b>Mariposa</b>
		2
		<b>Mendocino</b>
		2
		<b>Merced</b>
		6
		<b>Modoc</b>
		0
		<b>Monterey</b>

1

**Napa**

0

**Nevada**

5

**Orange**

71

**Placer**

33

**Riverside**

30

**Sacramento**

46

**San Benito**

1

**San Bernardino**

26

**San Diego**

197

**San Francisco**

9

**San Joaquin**

11

**San Luis Obispo**

5

**San Mateo**

9

**Santa Barbara**

13

**Santa Clara**

19

**Santa Cruz**

13

**Shasta**

2

**Siskiyou**

0

**Solano**

6

**Sonoma**

13

**Stanislaus**

27

**Tulare**

1

**Ventura**

16

**Yolo**

9

---

**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**

0

**Contra Costa**

1

**El Dorado**

0

**Fresno**

0

**Humboldt**

0

**Imperial**

0

**Kern**

0

**Lake**

0

**Lassen**



0

**Los Angeles**

0

**Marin**

0

**Mariposa**

0

**Mendocino**

0

**Merced**

0

**Modoc**

0

**Monterey**

0

**Napa**

0

**Nevada**

0

**Orange**

4

**Placer**

0

**Riverside**

0

**Sacramento**

1

**San Benito**

0

**San Bernardino**

0

**San Diego**

0

**San Francisco**

0

**San Joaquin**

3

**San Luis Obispo**

0

**San Mateo**

1

**Santa Barbara**

0

**Santa Clara**

3

**Santa Cruz**

0

**Shasta**

0

**Siskiyou**

0

**Solano**

0

**Sonoma**

2

**Stanislaus**

0

**Tulare**

0

**Ventura**

0

**Yolo**

0

---

**D1IV.12**

**Grievances filed on behalf of  
LTSS users**

Enter the total number of  
grievances filed during the  
reporting year by or on behalf

**Alameda**

N/A

**Contra Costa**

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.

N/A

**El Dorado**

N/A

**Fresno**

N/A

**Humboldt**

N/A

**Imperial**

N/A

**Kern**

N/A

**Lake**

N/A

**Lassen**

N/A

**Los Angeles**

N/A

**Marin**

N/A

**Mariposa**

N/A

**Mendocino**

N/A

**Merced**

N/A

**Modoc**

N/A

**Monterey**

N/A

**Napa**

N/A

**Nevada**

N/A

**Orange**

N/A

**Placer**

N/A

**Riverside**

N/A

**Sacramento**

N/A

**San Benito**

N/A

**San Bernardino**

N/A

**San Diego**

N/A

**San Francisco**

N/A

**San Joaquin**

N/A

**San Luis Obispo**

N/A

**San Mateo**

N/A

**Santa Barbara**

N/A

**Santa Clara**

N/A

**Santa Cruz**

N/A

**Shasta**

N/A

**Siskiyou**

N/A

**Solano**

N/A

**Sonoma**

N/A

**Stanislaus**

N/A

**Tulare**

N/A

**Ventura**

N/A

**Yolo**

N/A

**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 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

**Alameda**

N/A

**Contra Costa**

N/A

**El Dorado**

N/A

**Fresno**

N/A

**Humboldt**

N/A

**Imperial**

N/A

**Kern**

N/A

**Lake**

N/A

**Lassen**

N/A

**Los Angeles**

N/A

**Marin**

N/A

**Mariposa**

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.

N/A

**Mendocino**

N/A

**Merced**

N/A

**Modoc**

N/A

**Monterey**

N/A

**Napa**

N/A

**Nevada**

N/A

**Orange**

N/A

**Placer**

N/A

**Riverside**

N/A

**Sacramento**

N/A

**San Benito**

N/A

**San Bernardino**

N/A

**San Diego**

N/A

**San Francisco**

N/A

**San Joaquin**

N/A

**San Luis Obispo**

N/A

**San Mateo**

N/A

**Santa Barbara**

N/A

**Santa Clara**

N/A

**Santa Cruz**

N/A

**Shasta**

N/A

**Siskiyou**

N/A

**Solano**

N/A

**Sonoma**

N/A

**Stanislaus**

N/A

**Tulare**

N/A

**Ventura**

N/A

**Yolo**

N/A

---

**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**

3

**Contra Costa**

12

**El Dorado**

5

**Fresno**

5

**Humboldt**

4

**Imperial**

4

**Kern**

32

**Lake**

1

**Lassen**

0

**Los Angeles**

345

**Marin**

4

**Mariposa**

0

**Mendocino**

2

**Merced**

4

**Modoc**

0

**Monterey**

1

**Napa**

0

**Nevada**

5

**Orange**

71

**Placer**

33

**Riverside**

30



**Sacramento**

46

**San Benito**

1

**San Bernardino**

26

**San Diego**

196

**San Francisco**

9

**San Joaquin**

11

**San Luis Obispo**

5

**San Mateo**

8

**Santa Barbara**

13

**Santa Clara**

19

**Santa Cruz**

13

**Shasta**

2

**Siskiyou**

0

**Solano**

6

**Sonoma**

13

**Stanislaus**

27

**Tulare**

0

**Ventura**

16

**Yolo**

9

---

## **Grievances by Service**

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

Number	Indicator	Response
D1IV.15a	<b>Resolved grievances related to general inpatient services</b>  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”.	<b>Alameda</b>
		N/A
		<b>Contra Costa</b>
		N/A
		<b>El Dorado</b>
		N/A
		<b>Fresno</b>
		N/A
		<b>Humboldt</b>
		N/A
		<b>Imperial</b>
		N/A
		<b>Kern</b>
		N/A
		<b>Lake</b>
		N/A
		<b>Lassen</b>
		N/A
		<b>Los Angeles</b>
		N/A
		<b>Marin</b>
		N/A
		<b>Mariposa</b>
		N/A
		<b>Mendocino</b>
		N/A
		<b>Merced</b>
		N/A
		<b>Modoc</b>
		N/A
		<b>Monterey</b>

N/A

**Napa**

N/A

**Nevada**

N/A

**Orange**

N/A

**Placer**

N/A

**Riverside**

N/A

**Sacramento**

N/A

**San Benito**

N/A

**San Bernardino**

N/A

**San Diego**

N/A

**San Francisco**

N/A

**San Joaquin**

N/A

**San Luis Obispo**

N/A

**San Mateo**

N/A

**Santa Barbara**

N/A

**Santa Clara**

N/A

**Santa Cruz**

N/A

**Shasta**

N/A

**Siskiyou**

N/A

**Solano**

N/A

**Sonoma**

N/A

**Stanislaus**

N/A

**Tulare**

N/A

**Ventura**

N/A

**Yolo**

N/A

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**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**

N/A

**Contra Costa**

N/A

**El Dorado**

N/A

**Fresno**

N/A

**Humboldt**

N/A

**Imperial**

N/A

**Kern**

N/A

**Lake**

N/A

**Lassen**

N/A

**Los Angeles**

N/A

**Marin**

N/A

**Mariposa**

N/A

**Mendocino**

N/A

**Merced**

N/A

**Modoc**

N/A

**Monterey**

N/A

**Napa**

N/A

**Nevada**

N/A

**Orange**

N/A

**Placer**

N/A

**Riverside**

N/A

**Sacramento**

N/A

**San Benito**

N/A

**San Bernardino**

N/A

**San Diego**

N/A

**San Francisco**

N/A

**San Joaquin**

N/A

**San Luis Obispo**

N/A

**San Mateo**

N/A

**Santa Barbara**

N/A

**Santa Clara**

N/A

**Santa Cruz**

N/A

**Shasta**

N/A

**Siskiyou**

N/A

**Solano**

N/A

**Sonoma**

N/A

**Stanislaus**

N/A

**Tulare**

N/A

**Ventura**

N/A

**Yolo**

N/A

---

**D1IV.15c**

**Resolved grievances related  
to inpatient behavioral  
health services**

Enter the total number of  
grievances resolved by the plan

**Alameda**

0

**Contra Costa**

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".

0

**El Dorado**

2

**Fresno**

4

**Humboldt**

0

**Imperial**

0

**Kern**

5

**Lake**

0

**Lassen**

0

**Los Angeles**

62

**Marin**

0

**Mariposa**

0

**Mendocino**

0

**Merced**

0

**Modoc**

0

**Monterey**

0

**Napa**

0

**Nevada**

1



**Orange**

1

**Placer**

0

**Riverside**

16

**Sacramento**

0

**San Benito**

0

**San Bernardino**

0

**San Diego**

181

**San Francisco**

0

**San Joaquin**

0

**San Luis Obispo**

0

**San Mateo**

0

**Santa Barbara**

0

**Santa Clara**

0

**Santa Cruz**

0

**Shasta**

0

**Siskiyou**

0

**Solano**

0

**Sonoma**

3

**Stanislaus**

0

**Tulare**

0

**Ventura**

0

**Yolo**

0

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**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**

3

**Contra Costa**

12

**El Dorado**

3

**Fresno**

3

**Humboldt**

4

**Imperial**

4

**Kern**

67

**Lake**

1

**Lassen**

0

**Los Angeles**

339

**Marin**

4

**Mariposa**

2

**Mendocino**

2

**Merced**

6

**Modoc**

0

**Monterey**

1

**Napa**

0

**Nevada**

4

**Orange**

70

**Placer**

33

**Riverside**

14

**Sacramento**

46

**San Benito**

1

**San Bernardino**

26

**San Diego**

16

**San Francisco**

9

**San Joaquin**

11

**San Luis Obispo**

5

**San Mateo**

9

**Santa Barbara**

13

**Santa Clara**

19

**Santa Cruz**

13

**Shasta**

2

**Siskiyou**

0

**Solano**

6

**Sonoma**

10

**Stanislaus**

27

**Tulare**

1

**Ventura**

16

**Yolo**

9

**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**

N/A

**Contra Costa**

N/A

**El Dorado**

N/A

**Fresno**

N/A

**Humboldt**

N/A

**Imperial**

N/A

**Kern**

N/A

**Lake**

N/A

**Lassen**

N/A

**Los Angeles**

N/A

**Marin**

N/A

**Mariposa**

N/A

**Mendocino**

N/A

**Merced**

N/A

**Modoc**

N/A

**Monterey**

N/A

**Napa**

N/A

**Nevada**

N/A

**Orange**

N/A

**Placer**

N/A

**Riverside**

N/A

**Sacramento**

N/A

**San Benito**

N/A

**San Bernardino**

N/A

**San Diego**

N/A

**San Francisco**

N/A

**San Joaquin**

N/A

**San Luis Obispo**

N/A

**San Mateo**

N/A

**Santa Barbara**

N/A

**Santa Clara**

N/A

**Santa Cruz**

N/A

**Shasta**

N/A

**Siskiyou**

N/A

**Solano**

N/A

**Sonoma**

N/A

**Stanislaus**

N/A

**Tulare**

N/A

**Ventura**

N/A

**Yolo**

N/A

---

**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**

N/A

**Contra Costa**

N/A

**El Dorado**

N/A

**Fresno**

N/A

**Humboldt**

N/A

**Imperial**

N/A

**Kern**

N/A

**Lake**

N/A

**Lassen**

N/A

**Los Angeles**

N/A

**Marin**

N/A

**Mariposa**

N/A

**Mendocino**

N/A

**Merced**

N/A

**Modoc**

N/A

**Monterey**

N/A

**Napa**

N/A

**Nevada**

N/A

**Orange**

N/A

**Placer**

N/A

**Riverside**

N/A

**Sacramento**

N/A

**San Benito**

N/A

**San Bernardino**

N/A

**San Diego**

N/A

**San Francisco**

N/A

**San Joaquin**

N/A

**San Luis Obispo**

N/A

**San Mateo**

N/A

**Santa Barbara**

N/A

**Santa Clara**

N/A



**Santa Cruz**

N/A

**Shasta**

N/A

**Siskiyou**

N/A

**Solano**

N/A

**Sonoma**

N/A

**Stanislaus**

N/A

**Tulare**

N/A

**Ventura**

N/A

**Yolo**

N/A

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**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**

N/A

**Contra Costa**

N/A

**El Dorado**

N/A

**Fresno**

N/A

**Humboldt**

N/A

**Imperial**

N/A

**Kern**

N/A

**Lake**

N/A

**Lassen**

N/A

**Los Angeles**

N/A

**Marin**

N/A

**Mariposa**

N/A

**Mendocino**

N/A

**Merced**

N/A

**Modoc**

N/A

**Monterey**

N/A

**Napa**

N/A

**Nevada**

N/A

**Orange**

N/A

**Placer**

N/A

**Riverside**

N/A

**Sacramento**

N/A

**San Benito**

N/A

**San Bernardino**

N/A

**San Diego**

N/A

**San Francisco**

N/A

**San Joaquin**

N/A

**San Luis Obispo**

N/A

**San Mateo**

N/A

**Santa Barbara**

N/A

**Santa Clara**

N/A

**Santa Cruz**

N/A

**Shasta**

N/A

**Siskiyou**

N/A

**Solano**

N/A

**Sonoma**

N/A

**Stanislaus**

N/A

**Tulare**

N/A

**Ventura**

N/A

**Yolo**

N/A

---

**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**

N/A

**Contra Costa**

N/A

**El Dorado**

N/A

**Fresno**

N/A

**Humboldt**

N/A

**Imperial**

N/A

**Kern**

N/A

**Lake**

N/A

**Lassen**

N/A

**Los Angeles**

N/A

**Marin**

N/A

**Mariposa**

N/A

**Mendocino**

N/A

**Merced**

N/A

**Modoc**

N/A

**Monterey**

N/A

**Napa**

N/A

**Nevada**

N/A

**Orange**

N/A

**Placer**

N/A

**Riverside**

N/A

**Sacramento**

N/A

**San Benito**

N/A

**San Bernardino**

N/A

**San Diego**

N/A

**San Francisco**

N/A

**San Joaquin**

N/A

**San Luis Obispo**

N/A

**San Mateo**

N/A

**Santa Barbara**

N/A

**Santa Clara**

N/A

**Santa Cruz**

N/A

**Shasta**

N/A

**Siskiyou**

N/A

**Solano**

N/A

**Sonoma**

N/A

**Stanislaus**

N/A

**Tulare**

N/A

**Ventura**

N/A

**Yolo**

N/A

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**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**

N/A

**Contra Costa**

N/A

**El Dorado**

N/A

**Fresno**

N/A

**Humboldt**

N/A

**Imperial**

N/A

**Kern**

N/A

**Lake**

N/A

**Lassen**

N/A

**Los Angeles**

N/A

**Marin**

N/A

**Mariposa**

N/A

**Mendocino**

N/A

**Merced**

N/A

**Modoc**

N/A

**Monterey**

N/A

**Napa**

N/A

**Nevada**

N/A

**Orange**

N/A

**Placer**

N/A

**Riverside**

N/A

**Sacramento**

N/A

**San Benito**

N/A

**San Bernardino**

N/A

**San Diego**

N/A

**San Francisco**

N/A

**San Joaquin**

N/A

**San Luis Obispo**

N/A

**San Mateo**

N/A

**Santa Barbara**

N/A

**Santa Clara**

N/A

**Santa Cruz**

N/A

**Shasta**

N/A

**Siskiyou**

N/A

**Solano**

N/A

**Sonoma**

N/A

**Stanislaus**

N/A

**Tulare**

N/A

**Ventura**

N/A

**Yolo**

N/A

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**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**

N/A

**Contra Costa**

N/A

**El Dorado**



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

N/A

**Fresno**

N/A

**Humboldt**

N/A

**Imperial**

N/A

**Kern**

N/A

**Lake**

N/A

**Lassen**

N/A

**Los Angeles**

N/A

**Marin**

N/A

**Mariposa**

N/A

**Mendocino**

N/A

**Merced**

N/A

**Modoc**

N/A

**Monterey**

N/A

**Napa**

N/A

**Nevada**

N/A

**Orange**

N/A

**Placer**

N/A

**Riverside**

N/A

**Sacramento**

N/A

**San Benito**

N/A

**San Bernardino**

N/A

**San Diego**

N/A

**San Francisco**

N/A

**San Joaquin**

N/A

**San Luis Obispo**

N/A

**San Mateo**

N/A

**Santa Barbara**

N/A

**Santa Clara**

N/A

**Santa Cruz**

N/A

**Shasta**

N/A

**Siskiyou**

N/A

**Solano**

N/A

**Sonoma**

N/A

**Stanislaus**

N/A

**Tulare**

N/A

**Ventura**

N/A

**Yolo**

N/A

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**D1IV.15I**

**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**

N/A

**Contra Costa**

N/A

**El Dorado**

N/A

**Fresno**

N/A

**Humboldt**

N/A

**Imperial**

N/A

**Kern**

N/A

**Lake**

N/A

**Lassen**

N/A

**Los Angeles**

N/A

**Marin**

N/A

**Mariposa**

N/A

**Mendocino**

N/A

**Merced**

N/A

**Modoc**

N/A

**Monterey**

N/A

**Napa**

N/A

**Nevada**

N/A

**Orange**

N/A

**Placer**

N/A

**Riverside**

N/A

**Sacramento**

N/A

**San Benito**

N/A

**San Bernardino**

N/A

**San Diego**

N/A

**San Francisco**

N/A

**San Joaquin**

N/A

**San Luis Obispo**

N/A

**San Mateo**

N/A

**Santa Barbara**

N/A

**Santa Clara**

N/A

**Santa Cruz**

N/A

**Shasta**

N/A

**Siskiyou**

N/A

**Solano**

N/A

**Sonoma**

N/A

**Stanislaus**

N/A

**Tulare**

N/A

**Ventura**

N/A

**Yolo**

N/A

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**D1IV.15m**

**Resolved grievances related to emergency services / emergency department**

Enter the total number of grievances resolved by the plan 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".

**Alameda**

N/A

**Contra Costa**

N/A

**El Dorado**

N/A

**Fresno**

N/A

**Humboldt**

N/A

**Imperial**

N/A

**Kern**

N/A

**Lake**

N/A

**Lassen**

N/A

**Los Angeles**

N/A

**Marin**

N/A

**Mariposa**

N/A

**Mendocino**

N/A

**Merced**

N/A

**Modoc**

N/A

**Monterey**

N/A

**Napa**

N/A

**Nevada**

N/A

**Orange**

N/A

**Placer**

N/A

**Riverside**

N/A

**Sacramento**

N/A

**San Benito**

N/A

**San Bernardino**

N/A

**San Diego**

N/A

**San Francisco**

N/A

**San Joaquin**

N/A

**San Luis Obispo**

N/A

**San Mateo**

N/A

**Santa Barbara**

N/A

**Santa Clara**

N/A

**Santa Cruz**

N/A

**Shasta**

N/A

**Siskiyou**

N/A

**Solano**

N/A

**Sonoma**

N/A

**Stanislaus**

N/A

**Tulare**

N/A

**Ventura**

N/A

**Yolo**

N/A

**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**

N/A

**Contra Costa**

N/A

**El Dorado**

N/A

**Fresno**

N/A

**Humboldt**

N/A

**Imperial**

N/A

**Kern**

N/A

**Lake**

N/A

**Lassen**

N/A

**Los Angeles**

N/A

**Marin**

N/A

**Mariposa**

N/A

**Mendocino**

N/A

**Merced**

N/A

**Modoc**

N/A

**Monterey**



N/A

**Napa**

N/A

**Nevada**

N/A

**Orange**

N/A

**Placer**

N/A

**Riverside**

N/A

**Sacramento**

N/A

**San Benito**

N/A

**San Bernardino**

N/A

**San Diego**

N/A

**San Francisco**

N/A

**San Joaquin**

N/A

**San Luis Obispo**

N/A

**San Mateo**

N/A

**Santa Barbara**

N/A

**Santa Clara**

N/A

**Santa Cruz**

N/A

**Shasta**

N/A

**Siskiyou**

N/A

**Solano**

N/A

**Sonoma**

N/A

**Stanislaus**

N/A

**Tulare**

N/A

**Ventura**

N/A

**Yolo**

N/A

**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**

N/A

**Contra Costa**

N/A

**El Dorado**

N/A

**Fresno**

N/A

**Humboldt**

N/A

**Imperial**

N/A

**Kern**

N/A

**Lake**

N/A

**Lassen**

N/A

**Los Angeles**

N/A

**Marin**

N/A

**Mariposa**

N/A

**Mendocino**

N/A

**Merced**

N/A

**Modoc**

N/A

**Monterey**

N/A

**Napa**

N/A

**Nevada**

N/A

**Orange**

N/A

**Placer**

N/A

**Riverside**

N/A

**Sacramento**

N/A

**San Benito**

N/A

**San Bernardino**

N/A

**San Diego**

N/A

**San Francisco**

N/A

**San Joaquin**

N/A

**San Luis Obispo**

N/A

**San Mateo**

N/A

**Santa Barbara**

N/A

**Santa Clara**

N/A

**Santa Cruz**

N/A

**Shasta**

N/A

**Siskiyou**

N/A

**Solano**

N/A

**Sonoma**

N/A

**Stanislaus**

N/A

**Tulare**

N/A

**Ventura**

N/A

**Yolo**

N/A

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## Grievances by Reason

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

Number	Indicator	Response
D1IV.16a	<b>Resolved grievances related to plan or provider customer service</b>  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.	<b>Alameda</b>
		1
		<b>Contra Costa</b>
		0
		<b>El Dorado</b>
		5
		<b>Fresno</b>
		4
		<b>Humboldt</b>
		0
		<b>Imperial</b>
		2
		<b>Kern</b>
		9
		<b>Lake</b>
		0
		<b>Lassen</b>
		0
		<b>Los Angeles</b>
		8
		<b>Marin</b>
		3
		<b>Mariposa</b>
		1
		<b>Mendocino</b>
		0
		<b>Merced</b>
		3
		<b>Modoc</b>
		0
		<b>Monterey</b>

0

**Napa**

0

**Nevada**

0

**Orange**

9

**Placer**

2

**Riverside**

8

**Sacramento**

6

**San Benito**

1

**San Bernardino**

6

**San Diego**

8

**San Francisco**

0

**San Joaquin**

1

**San Luis Obispo**

1

**San Mateo**

0

**Santa Barbara**

0

**Santa Clara**

14

**Santa Cruz**

2

**Shasta**

1

**Siskiyou**

0

**Solano**

4

**Sonoma**

4

**Stanislaus**

13

**Tulare**

0

**Ventura**

3

**Yolo**

1

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**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**

0

**Contra Costa**

0

**El Dorado**

0

**Fresno**

0

**Humboldt**

2

**Imperial**

1

**Kern**

3

**Lake**

0

**Lassen**



0

**Los Angeles**

0

**Marin**

0

**Mariposa**

0

**Mendocino**

2

**Merced**

0

**Modoc**

0

**Monterey**

0

**Napa**

0

**Nevada**

0

**Orange**

2

**Placer**

0

**Riverside**

1

**Sacramento**

12

**San Benito**

0

**San Bernardino**

0

**San Diego**

1

**San Francisco**

3

**San Joaquin**

0

**San Luis Obispo**

0

**San Mateo**

3

**Santa Barbara**

0

**Santa Clara**

0

**Santa Cruz**

0

**Shasta**

1

**Siskiyou**

0

**Solano**

0

**Sonoma**

0

**Stanislaus**

0

**Tulare**

0

**Ventura**

1

**Yolo**

0

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**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

**Alameda**

0

**Contra Costa**

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.

0
<b>El Dorado</b>
0
<b>Fresno</b>
0
<b>Humboldt</b>
2
<b>Imperial</b>
0
<b>Kern</b>
33
<b>Lake</b>
0
<b>Lassen</b>
0
<b>Los Angeles</b>
9
<b>Marin</b>
0
<b>Mariposa</b>
0
<b>Mendocino</b>
0
<b>Merced</b>
1
<b>Modoc</b>
0
<b>Monterey</b>
0
<b>Napa</b>
0
<b>Nevada</b>
1

**Orange**

13

**Placer**

0

**Riverside**

6

**Sacramento**

4

**San Benito**

0

**San Bernardino**

3

**San Diego**

4

**San Francisco**

3

**San Joaquin**

0

**San Luis Obispo**

0

**San Mateo**

6

**Santa Barbara**

1

**Santa Clara**

5

**Santa Cruz**

0

**Shasta**

0

**Siskiyou**

0

**Solano**

1

**Sonoma**

0

**Stanislaus**

1

**Tulare**

1

**Ventura**

0

**Yolo**

2

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

**Alameda**

2

**Contra Costa**

4

**El Dorado**

0

**Fresno**

3

**Humboldt**

0

**Imperial**

1

**Kern**

11

**Lake**

1

**Lassen**

0

**Los Angeles**

8

**Marin**

0

**Mariposa**

1

**Mendocino**

0

**Merced**

3

**Modoc**

0

**Monterey**

1

**Napa**

0

**Nevada**

4

**Orange**

40

**Placer**

8

**Riverside**

7

**Sacramento**

16

**San Benito**

0

**San Bernardino**

13

**San Diego**

172

**San Francisco**

0

**San Joaquin**

10

**San Luis Obispo**

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**San Mateo**

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**Santa Barbara**

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**Santa Clara**

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**Santa Cruz**

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**Shasta**

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**Siskiyou**

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**Solano**

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**Sonoma**

9

**Stanislaus**

6

**Tulare**

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**Ventura**

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**Yolo**

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**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**

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**Contra Costa**

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**El Dorado**

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**Fresno**

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**Humboldt**

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**Imperial**

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**Kern**

0

**Lake**

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**Lassen**

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**Los Angeles**

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**Marin**

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**Mariposa**

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**Mendocino**

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**Nevada**

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**Orange**

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**Placer**

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**Riverside**

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**Sacramento**

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**San Benito**

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**San Bernardino**

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**San Francisco**

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**San Joaquin**

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**San Luis Obispo**

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**Siskiyou**

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**Solano**

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**Sonoma**

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**Stanislaus**

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**Tulare**

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**Ventura**

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**Yolo**

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**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**

0

**Contra Costa**

0

**El Dorado**

0

**Fresno**

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**Humboldt**

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**Imperial**

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**Kern**

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**Lake**

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**Lassen**

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**Los Angeles**

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**Marin**

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**Mariposa**

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**Mendocino**

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**Merced**

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**Modoc**

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**Monterey**

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**Napa**

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**Nevada**

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**Orange**

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**Placer**

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**Riverside**

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**Sacramento**

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**San Benito**

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**San Bernardino**

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**San Diego**

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**San Francisco**

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**San Joaquin**

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**San Luis Obispo**

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**San Mateo**

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**Santa Barbara**

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**Santa Clara**

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**Santa Cruz**

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**Shasta**

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**Siskiyou**

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**Stanislaus**

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**Tulare**

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**Ventura**

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**Yolo**

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**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 perpetrated 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**

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**Contra Costa**

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**El Dorado**

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**Fresno**

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**Humboldt**

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**Imperial**

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**Lake**

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**San Bernardino**

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**San Francisco**

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**San Luis Obispo**

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**Santa Barbara**

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**Santa Clara**

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**Santa Cruz**

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**Stanislaus**

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**Ventura**

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**Yolo**

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**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**

0

**Contra Costa**

0

**El Dorado**

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**Fresno**

0

**Humboldt**

0

**Imperial**

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**Kern**

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**Lake**

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**Lassen**

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**Los Angeles**

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**Marin**

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**Mariposa**

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**Mendocino**

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**Merced**

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**Modoc**

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**Monterey**

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**Napa**

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**Nevada**

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**Orange**

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**Placer**

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**Riverside**

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**Sacramento**

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**San Benito**

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**San Bernardino**

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**San Diego**

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**San Francisco**

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**San Joaquin**

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**San Luis Obispo**

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**San Mateo**

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**Santa Barbara**

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**Santa Clara**

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**Santa Cruz**

1

**Shasta**

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**Siskiyou**

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**Solano**

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**Sonoma**

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**Stanislaus**

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**Tulare**

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**Ventura**

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**Yolo**

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**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**

0

**Contra Costa**

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**El Dorado**

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**Fresno**

0

**Humboldt**

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**Imperial**

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**Kern**

0

**Lake**

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**Lassen**

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**Los Angeles**

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**Marin**

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**Mariposa**

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**Mendocino**

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**Merced**

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**Monterey**

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**Napa**

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**Nevada**

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**Orange**

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**Placer**

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**Riverside**

2

**Sacramento**

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**San Benito**

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**San Bernardino**

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**San Diego**

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**San Francisco**

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**San Joaquin**

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**San Luis Obispo**

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**San Mateo**

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**Santa Barbara**

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**Santa Clara**

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**Santa Cruz**

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**Siskiyou**

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**Solano**

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**Sonoma**

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**Stanislaus**

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**Tulare**

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**Ventura**

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**Yolo**

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**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

**Alameda**

0

**Contra Costa**

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**El Dorado**

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.

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**Fresno**

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**Humboldt**

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**Imperial**

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**Lake**

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**Lassen**

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**Los Angeles**

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**Sacramento**

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**San Bernardino**

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**San Francisco**

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**San Luis Obispo**

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**Santa Barbara**

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**Santa Clara**

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**Santa Cruz**

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**Shasta**

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**Siskiyou**

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**Solano**

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**Sonoma**

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**Stanislaus**

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**Tulare**

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**Ventura**

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**Yolo**

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**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**

0

**Contra Costa**

8

**El Dorado**

0

**Fresno**

0

**Humboldt**

0

**Imperial**

0

**Kern**

12

**Lake**

0

**Lassen**

0

**Los Angeles**

16

**Marin**

1

**Mariposa**

0

**Mendocino**

0

**Merced**

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**Modoc**

0

**Monterey**

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**Napa**

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**Nevada**

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**Orange**

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**Placer**

22

**Riverside**

5

**Sacramento**

5

**San Benito**

0

**San Bernardino**

3

**San Diego**

9

**San Francisco**

3

**San Joaquin**

0

**San Luis Obispo**

2

**San Mateo**

0

**Santa Barbara**

1

**Santa Clara**

2

**Santa Cruz**

0

**Shasta**

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**Siskiyou**

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**Solano**

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**Sonoma**

1

**Stanislaus**

7

**Tulare**

0

**Ventura**

4

**Yolo**

2

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## 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.





Complete

**D2.VII.1 Measure Name: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)** 1 / 4

**D2.VII.2 Measure Domain**

Behavioral health care

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

N/A

**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**

No, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

NCQA/CMS measure spec

**Measure results**

**Alameda**

Do Not Report (DNR)

**Contra Costa**

Do Not Report (DNR)

**El Dorado**

Do Not Report (DNR)

**Fresno**

Do Not Report (DNR)

**Humboldt**

Do Not Report (DNR)

**Imperial**

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**Kern**

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**Lake**

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**San Benito**

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**San Bernardino**

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**San Diego**

Do Not Report (DNR)

**San Francisco**

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**San Joaquin**

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**San Luis Obispo**

Do Not Report (DNR)

**San Mateo**

Do Not Report (DNR)

**Santa Barbara**

Do Not Report (DNR)

**Santa Clara**

Do Not Report (DNR)

**Santa Cruz**

Do Not Report (DNR)

**Shasta**

Do Not Report (DNR)

**Siskiyou**

Do Not Report (DNR)

**Solano**

Do Not Report (DNR)

**Sonoma**

Do Not Report (DNR)

**Stanislaus**

Do Not Report (DNR)

**Tulare**

Do Not Report (DNR)

**Ventura**

Do Not Report (DNR)

**Yolo**

Do Not Report (DNR)

D2.VII.2 Measure Domain

Behavioral health care

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

N/A

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

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

NCQA/CMS measure spec

Measure results

Alameda

Do Not Report (DNR)

Contra Costa

Do Not Report (DNR)

El Dorado

Do Not Report (DNR)

Fresno

Do Not Report (DNR)

Humboldt

Do Not Report (DNR)

Imperial

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Kern

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**Lassen**

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**Los Angeles**

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**Siskiyou**

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**Solano**

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**Sonoma**

Do Not Report (DNR)

**Stanislaus**

Do Not Report (DNR)

**Tulare**

Do Not Report (DNR)

**Ventura**

Do Not Report (DNR)

**Yolo**

Do Not Report (DNR)



Complete



**D2.VII.2 Measure Domain**

Behavioral health care

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

N/A

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

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Adult Core Set

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

No, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

NCQA/CMS measure spec

**Measure results**

**Alameda**

Do Not Report (DNR)

**Contra Costa**

Do Not Report (DNR)

**El Dorado**

Do Not Report (DNR)

**Fresno**

Do Not Report (DNR)

**Humboldt**

Do Not Report (DNR)

**Imperial**

Do Not Report (DNR)

**Kern**

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**Lake**

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**Santa Cruz**

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**Sonoma**

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**Tulare**

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**Ventura**

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**Yolo**

Do Not Report (DNR)



Complete

**D2.VII.1 Measure Name: Initiation and Engagement of Substance Use Disorder Treatment (IET)**

4 / 4

**D2.VII.2 Measure Domain**

Behavioral health care

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

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**  
Program-specific rate

N/A

**D2.VII.6 Measure Set**

HEDIS

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

No, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

NCQA/CMS measure spec

**Measure results**

**Alameda**

Do Not Report (DNR)

**Contra Costa**

Do Not Report (DNR)

**El Dorado**

Do Not Report (DNR)

**Fresno**

Do Not Report (DNR)

**Humboldt**

Do Not Report (DNR)

**Imperial**

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**Ventura**

Do Not Report (DNR)

**Yolo**

Do Not Report (DNR)

## 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.



Complete

**D3.VIII.1 Intervention type: Corrective action plan**

1 / 51

**D3.VIII.2 Plan performance issue****D3.VIII.3 Plan name**

Alameda

Appointment Wait Time  
(hereinafter "Timely  
Access") Standard: Non-  
Urgent Opioid

**D3.VIII.4 Reason for intervention**

Plan was placed on a corrective action plan (CAP) for non-compliance with timely access standards for non-urgent opioid for adult (Title 28 of the California Code of Regulations [CCR] Section 1300.67.2.2 and Behavioral Health Information Notice [BHIN] 24-020).

**Sanction details****D3.VIII.5 Instances of non-compliance**

1

**D3.VIII.6 Sanction amount**

\$0

**D3.VIII.7 Date assessed**

06/25/2025

**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**

2 / 51

**D3.VIII.2 Plan performance issue****D3.VIII.3 Plan name**

Contra Costa

1) Capacity and  
Composition: Provider  
capacity must exceed  
expected utilization for  
residential treatment  
services 2) Reporting

**D3.VIII.4 Reason for intervention**

1) Plan was placed on a CAP for non-compliance with the capacity and composition for residential treatment services for children/youth (BHIN 24-

020). 2) Plan was placed on a CAP for non-compliance with language capabilities (DMC-ODS Contract Exhibit A, Attachment I, K5 and BHIN 24-020).

#### Sanction details

**D3.VIII.5 Instances of non-compliance**

2

**D3.VIII.6 Sanction amount**

\$0

**D3.VIII.7 Date assessed**

06/13/2025

**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

3 / 51

**D3.VIII.2 Plan performance issue**

1) Capacity and Composition: Provider capacity must exceed expected utilization for residential treatment services 2) Timely Access Standards: Non-Urgent Follow-Up Outpatient SUD, Non-Urgent Opioid

**D3.VIII.3 Plan name**

El Dorado

#### D3.VIII.4 Reason for intervention

1) Plan was placed on a CAP for non-compliance with the capacity and composition for residential treatment services for adult and children/youth (BHIN 24-020). 2) Plan was placed on a CAP for non-compliance with timely access standards for non-urgent follow-up outpatient SUD for adult and non-urgent opioid for adult (28 CCR Section 1300.67.2.2 and BHIN 24-020).

#### Sanction details

**D3.VIII.5 Instances of non-compliance**

4

**D3.VIII.6 Sanction amount**

\$0

**D3.VIII.7 Date assessed**

06/19/2025

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

**D3.VIII.9 Corrective action plan**

Yes



Complete

**D3.VIII.1 Intervention type: Corrective action plan**

4 / 51

**D3.VIII.2 Plan performance issue****D3.VIII.3 Plan name**

Fresno

1) Capacity and Composition: Provider capacity must exceed expected utilization for outpatient treatment services, intensive outpatient treatment services and residential treatment services 2) Reporting

**D3.VIII.4 Reason for intervention**

1) Plan was placed on a CAP for non-compliance with the capacity and composition for outpatient treatment services for adult and children/youth, intensive outpatient treatment services for adult and children/youth and residential treatment services for adult and children/youth (BHIN 24-020). 2) Plan was placed on a CAP for non-compliance with language capabilities and mandatory provider type (DMC-ODS Contract Exhibit A, Attachment I, B4, K5 and BHIN 24-020).

**Sanction details****D3.VIII.5 Instances of non-compliance**

8

**D3.VIII.6 Sanction amount**

\$0

**D3.VIII.7 Date assessed**

06/18/2025

**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

5 / 51

**D3.VIII.2 Plan performance issue**      **D3.VIII.3 Plan name**

Reporting (timeliness, completeness, accuracy)

Imperial

#### D3.VIII.4 Reason for intervention

Plan was placed on a CAP for non-compliance with language capabilities and mandatory provider type (DMC-ODS Contract Exhibit A, Attachment I, B4, K5 and BHIN 24-020).

#### Sanction details

**D3.VIII.5 Instances of non-compliance**

2

**D3.VIII.6 Sanction amount**

\$0

**D3.VIII.7 Date assessed**

06/19/2025

**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

6 / 51

**D3.VIII.2 Plan performance issue**      **D3.VIII.3 Plan name**

1) Capacity and Composition: Provider capacity must exceed expected utilization for outpatient treatment services, intensive outpatient treatment services and opioid treatment programs 2) Reporting

Kern

#### D3.VIII.4 Reason for intervention

1) Plan was placed on a CAP for non-compliance with the capacity and composition for outpatient treatment services for children/youth, intensive outpatient treatment services for children/youth and opioid treatment programs for adult (BHIN 24-020). 2) Plan was placed on a CAP for non-

compliance with language capabilities (DMC-ODS Contract Exhibit A, Attachment I, K5 and BHIN 24-020).

#### Sanction details

**D3.VIII.5 Instances of non-compliance**

4

**D3.VIII.6 Sanction amount**

\$0

**D3.VIII.7 Date assessed**

06/17/2025

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

Remediation in progress

**D3.VIII.9 Corrective action plan**

No



Complete

#### D3.VIII.1 Intervention type: Corrective action plan

7 / 51

**D3.VIII.2 Plan performance issue**

Capacity and Composition: Provider capacity must exceed expected utilization for residential treatment services

**D3.VIII.3 Plan name**

Marin

**D3.VIII.4 Reason for intervention**

Plan was placed on a CAP for non-compliance with the capacity and composition for residential treatment services for children/youth (BHIN 24-020).

#### Sanction details

**D3.VIII.5 Instances of non-compliance**

1

**D3.VIII.6 Sanction amount**

\$0

**D3.VIII.7 Date assessed**

06/25/2025

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

Remediation in progress

**D3.VIII.9 Corrective action plan**

Yes

### D3.VIII.1 Intervention type: Corrective action plan

**D3.VIII.2 Plan performance issue** **D3.VIII.3 Plan name**  
Mariposa

1) Time or Distance  
Standards: Opioid  
Treatment Programs 2)  
Capacity and  
Composition: Provider  
capacity must exceed  
expected utilization for  
opioid treatment  
programs and  
residential treatment  
services 3) Timely Access  
Standards: Non-Urgent  
Follow-Up Opioid 4)  
Reporting

#### D3.VIII.4 Reason for intervention

1) Plan was placed on a CAP for non-compliance with the time or distance standards for opioid treatment programs children/youth. (Welfare and Institution Code 14197(c)(4)(A)(B) and with BHIN 24-020). 2) Plan was placed on a CAP for non-compliance with the capacity and composition for opioid treatment programs for children/youth and residential treatment services for children/youth (BHIN 24-020). 3) Plan was placed on a CAP for non-compliance with timely access standards for non-urgent follow-up opioid treatment programs for adult (28 CCR Section 1300.67.2.2 and BHIN 24-020). 4) Plan was placed on a CAP for non-compliance with mandatory provider type (DMC-ODS Contract Exhibit A, Attachment I, B4 and BHIN 24-020).

#### Sanction details

**D3.VIII.5 Instances of non-compliance**

5

**D3.VIII.6 Sanction amount**

\$0

**D3.VIII.7 Date assessed**

06/27/2025

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

Remediation in progress

**D3.VIII.9 Corrective action plan**

No



Complete

### D3.VIII.1 Intervention type: Corrective action plan

9 / 51

#### D3.VIII.2 Plan performance issue

#### D3.VIII.3 Plan name

Merced

1) Capacity and Composition: Provider capacity must exceed expected utilization for opioid treatment programs 2) Timely Access Standards: Non-Urgent Outpatient SUD 3) Reporting

#### D3.VIII.4 Reason for intervention

1) Plan was placed on a CAP for non-compliance with the capacity and composition for opioid treatment programs for adult and youth and residential treatment services for children/youth (BHIN 24-020). 2) Plan was placed on a CAP for non-compliance with timely access standards for non-urgent outpatient SUD for adult (28 CCR Section 1300.67.2.2 and BHIN 24-020). 3) Plan was placed on a CAP for non-compliance with language capabilities (DMC-ODS Contract Exhibit A, Attachment I, K5 and BHIN 24-020).

#### Sanction details

#### D3.VIII.5 Instances of non-compliance

5

#### D3.VIII.6 Sanction amount

\$0

#### D3.VIII.7 Date assessed

06/19/2025

#### 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

10 / 51

#### D3.VIII.2 Plan performance issue

#### D3.VIII.3 Plan name

Monterey

1) Capacity and Composition: Provider capacity must exceed expected utilization for



opioid treatment programs and residential treatment services 2) Timely Access Standards: Non-Urgent Outpatient SUD and Non-Urgent Opioid

**D3.VIII.4 Reason for intervention**

1) Plan was placed on a CAP for non-compliance with the capacity and composition for opioid treatment programs for children/youth and residential treatment services for adult and children/youth (BHIN 24-020). 2) Plan was placed on a CAP for non-compliance with timely access standards for non-urgent outpatient SUD for children/youth and non-urgent opioid for adult (28 CCR Section 1300.67.2.2 and BHIN 24-020).

**Sanction details**

**D3.VIII.5 Instances of non-compliance**  
5

**D3.VIII.6 Sanction amount**  
\$0

**D3.VIII.7 Date assessed**  
06/25/2025

**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**

11 / 51

**D3.VIII.2 Plan performance issue**

**D3.VIII.3 Plan name**  
Napa

1) Capacity and Composition: Provider capacity must exceed expected utilization for outpatient treatment services, opioid treatment programs and residential treatment services 2) Timely Access Standards: Non-Urgent Opioid and Non-Urgent Follow-Up Opioid

**D3.VIII.4 Reason for intervention**

1) Plan was placed on a CAP for non-compliance with the capacity and composition for outpatient treatment services for adult and children/youth, opioid treatment programs for children/youth and residential treatment services for children/youth (BHIN 24-020). 2) Plan was placed on a CAP for non-compliance with timely access standards for non-urgent opioid for adult and non-urgent follow-up opioid treatment programs for adult (28 CCR Section 1300.67.2.2 and BHIN 24-020).

**Sanction details**

**D3.VIII.5 Instances of non-compliance**

6

**D3.VIII.6 Sanction amount**

\$0

**D3.VIII.7 Date assessed**

06/24/2025

**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**

12 / 51

**D3.VIII.2 Plan performance issue**

1) Capacity and Composition: Provider capacity must exceed expected utilization for residential treatment services 2) Timely Access Standards: Non-Urgent Outpatient SUD 3) Reporting

**D3.VIII.3 Plan name**

Nevada

**D3.VIII.4 Reason for intervention**

1) Plan was placed on a CAP for non-compliance with the capacity and composition for residential treatment services for children/youth (BHIN 24-020). 2) Plan was placed on a CAP for non-compliance with timely access standards for non-urgent outpatient SUD for children/youth (28 CCR Section 1300.67.2.2 and BHIN 24-020). 3) Plan was placed on a CAP for non-compliance with mandatory provider type (DMC-ODS Contract Exhibit A, Attachment I, B4, and BHIN 24-020).

**Sanction details**

**D3.VIII.5 Instances of non-compliance**

3

**D3.VIII.6 Sanction amount**

\$0

**D3.VIII.7 Date assessed**

06/19/2025

**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**

13 / 51

**D3.VIII.2 Plan performance issue**

1) Time or Distance  
Standards: Outpatient Services and Opioid Treatment Programs 2) Capacity and Composition: Provider capacity must exceed expected utilization for outpatient treatment services, intensive outpatient treatment services, opioid treatment programs and residential treatment services 3) Timely Access  
Standards: Non-Urgent Outpatient SUD, Non-Urgent Follow-Up Outpatient SUD, Non-Urgent Opioid and Non-Urgent Follow-Up Opioid 4) Reporting

**D3.VIII.3 Plan name**

Humboldt

**D3.VIII.4 Reason for intervention**

Regional Model 1) Plan was placed on a CAP for non-compliance with the time or distance standards for outpatient services children/youth and opioid treatment programs adult and children/youth. (Welfare and Institution Code 14197(c)(4)(A)(B) and with BHIN 24-020). 2) Plan was placed on a CAP for non-compliance with the capacity and composition for outpatient treatment services for adult and children/youth, intensive outpatient treatment services for adult and children/youth, opioid

treatment programs for adult and children/youth and residential treatment services for adult (BHIN 24-020). 3) Plan was placed on a CAP for non-compliance with timely access standards for non-urgent outpatient SUD for adult and children/youth, non-urgent follow-up outpatient SUD for adult and children/youth, non-urgent opioid for adult and children/youth, non-urgent follow-up opioid treatment programs for adult and youth (28 CCR Section 1300.67.2.2 and BHIN 24-020). 4) Plan was placed on a CAP for non-compliance with mandatory provider type (DMC-ODS Contract Exhibit A, Attachment I, B4 and BHIN 24-020).

Sanction details

<b>D3.VIII.5 Instances of non-compliance</b>	<b>D3.VIII.6 Sanction amount</b>
19	\$0
<b>D3.VIII.7 Date assessed</b>	<b>D3.VIII.8 Remediation date non-compliance was corrected</b>
06/24/2025	Remediation in progress
<b>D3.VIII.9 Corrective action plan</b>	
Yes	



Complete

D3.VIII.1 Intervention type: Corrective action plan

14 / 51

<b>D3.VIII.2 Plan performance issue</b>	<b>D3.VIII.3 Plan name</b>
1) Time or Distance Standards: Outpatient Services and Opioid Treatment Programs 2) Capacity and Composition: Provider capacity must exceed expected utilization for outpatient treatment services, intensive outpatient treatment services, opioid treatment programs and residential treatment services 3) Timely Access Standards: Non-Urgent Outpatient SUD, Non-Urgent Follow-Up Outpatient SUD, Non-	Lassen

Urgent Opioid and Non-  
Urgent Follow-Up Opioid  
4) Reporting

**D3.VIII.4 Reason for intervention**

Regional Model 1) Plan was placed on a CAP for non-compliance with the time or distance standards for outpatient services children/youth and opioid treatment programs adult and children/youth. (Welfare and Institution Code 14197(c)(4)(A)(B) and with BHIN 24-020). 2) Plan was placed on a CAP for non-compliance with the capacity and composition for outpatient treatment services for adult and children/youth, intensive outpatient treatment services for adult and children/youth, opioid treatment programs for adult and children/youth and residential treatment services for adult (BHIN 24-020). 3) Plan was placed on a CAP for non-compliance with timely access standards for non-urgent outpatient SUD for adult and children/youth, non-urgent follow-up outpatient SUD for adult and children/youth, non-urgent opioid for adult and children/youth, non-urgent follow-up opioid treatment programs for adult and youth (28 CCR Section 1300.67.2.2 and BHIN 24-020). 4) Plan was placed on a CAP for non-compliance with mandatory provider type (DMC-ODS Contract Exhibit A, Attachment I, B4 and BHIN 24-020).

**Sanction details**

<b>D3.VIII.5 Instances of non-compliance</b>	<b>D3.VIII.6 Sanction amount</b>
19	\$0
<b>D3.VIII.7 Date assessed</b>	<b>D3.VIII.8 Remediation date non-compliance was corrected</b>
06/24/2025	Remediation in progress
<b>D3.VIII.9 Corrective action plan</b>	
Yes	



Complete

**D3.VIII.1 Intervention type: Corrective action plan**

15 / 51

<b>D3.VIII.2 Plan performance issue</b>	<b>D3.VIII.3 Plan name</b>
1) Time or Distance Standards: Outpatient Services and Opioid Treatment Programs 2) Capacity and Composition: Provider capacity must exceed	Mendocino

expected utilization for  
outpatient treatment  
services, intensive  
outpatient treatment  
services, opioid  
treatment programs and  
residential treatment  
services 3) Timely Access  
Standards: Non-Urgent  
Outpatient SUD, Non-  
Urgent Follow-Up  
Outpatient SUD, Non-  
Urgent Opioid and Non-  
Urgent Follow-Up Opioid  
4) Reporting

#### **D3.VIII.4 Reason for intervention**

Regional Model 1) Plan was placed on a CAP for non-compliance with the time or distance standards for outpatient services children/youth and opioid treatment programs adult and children/youth. (Welfare and Institution Code 14197(c)(4)(A)(B) and with BHIN 24-020). 2) Plan was placed on a CAP for non-compliance with the capacity and composition for outpatient treatment services for adult and children/youth, intensive outpatient treatment services for adult and children/youth, opioid treatment programs for adult and children/youth and residential treatment services for adult (BHIN 24-020). 3) Plan was placed on a CAP for non-compliance with timely access standards for non-urgent outpatient SUD for adult and children/youth, non-urgent follow-up outpatient SUD for adult and children/youth, non-urgent opioid for adult and children/youth, non-urgent follow-up opioid treatment programs for adult and youth (28 CCR Section 1300.67.2.2 and BHIN 24-020). 4) Plan was placed on a CAP for non-compliance with mandatory provider type (DMC-ODS Contract Exhibit A, Attachment I, B4 and BHIN 24-020).

#### **Sanction details**

##### **D3.VIII.5 Instances of non-compliance**

19

##### **D3.VIII.6 Sanction amount**

\$0

##### **D3.VIII.7 Date assessed**

06/24/2025

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

Remediation in progress

##### **D3.VIII.9 Corrective action plan**

Yes

D3.VIII.2 Plan performance issue  
D3.VIII.3 Plan name  
Modoc

1) Time or Distance  
Standards: Outpatient  
Services and Opioid  
Treatment Programs 2)  
Capacity and  
Composition: Provider  
capacity must exceed  
expected utilization for  
outpatient treatment  
services, intensive  
outpatient treatment  
services, opioid  
treatment programs and  
residential treatment  
services 3) Timely Access  
Standards: Non-Urgent  
Outpatient SUD, Non-  
Urgent Follow-Up  
Outpatient SUD, Non-  
Urgent Opioid and Non-  
Urgent Follow-Up Opioid  
4) Reporting

**D3.VIII.4 Reason for intervention**

Regional Model 1) Plan was placed on a CAP for non-compliance with the time or distance standards for outpatient services children/youth and opioid treatment programs adult and children/youth. (Welfare and Institution Code 14197(c)(4)(A)(B) and with BHIN 24-020). 2) Plan was placed on a CAP for non-compliance with the capacity and composition for outpatient treatment services for adult and children/youth, intensive outpatient treatment services for adult and children/youth, opioid treatment programs for adult and children/youth and residential treatment services for adult (BHIN 24-020). 3) Plan was placed on a CAP for non-compliance with timely access standards for non-urgent outpatient SUD for adult and children/youth, non-urgent follow-up outpatient SUD for adult and children/youth, non-urgent opioid for adult and children/youth, non-urgent follow-up opioid treatment programs for adult and youth (28 CCR Section 1300.67.2.2 and BHIN 24-020). 4) Plan was placed on a CAP for non-compliance with mandatory provider type (DMC-ODS Contract Exhibit A, Attachment I, B4 and BHIN 24-020).

**Sanction details**

D3.VIII.5 Instances of non-compliance

D3.VIII.6 Sanction amount

19

\$0

**D3.VIII.7 Date assessed**

06/24/2025

**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**

17 / 51

**D3.VIII.2 Plan performance issue**

**D3.VIII.3 Plan name**

Shasta

1) Time or Distance  
Standards: Outpatient  
Services and Opioid  
Treatment Programs 2)  
Capacity and  
Composition: Provider  
capacity must exceed  
expected utilization for  
outpatient treatment  
services, intensive  
outpatient treatment  
services, opioid  
treatment programs and  
residential treatment  
services 3) Timely Access  
Standards: Non-Urgent  
Outpatient SUD, Non-  
Urgent Follow-Up  
Outpatient SUD, Non-  
Urgent Opioid and Non-  
Urgent Follow-Up Opioid  
4) Reporting

**D3.VIII.4 Reason for intervention**

Regional Model 1) Plan was placed on a CAP for non-compliance with the time or distance standards for outpatient services children/youth and opioid treatment programs adult and children/youth. (Welfare and Institution Code 14197(c)(4)(A)(B) and with BHIN 24-020). 2) Plan was placed on a CAP for non-compliance with the capacity and composition for outpatient treatment services for adult and children/youth, intensive outpatient treatment services for adult and children/youth, opioid treatment programs for adult and children/youth and residential treatment services for adult (BHIN 24-020). 3) Plan was placed on a CAP for non-



compliance with timely access standards for non-urgent outpatient SUD for adult and children/youth, non-urgent follow-up outpatient SUD for adult and children/youth, non-urgent opioid for adult and children/youth, non-urgent follow-up opioid treatment programs for adult and youth (28 CCR Section 1300.67.2.2 and BHIN 24-020). 4) Plan was placed on a CAP for non-compliance with mandatory provider type (DMC-ODS Contract Exhibit A, Attachment I, B4 and BHIN 24-020).

Sanction details

<b>D3.VIII.5 Instances of non-compliance</b>	<b>D3.VIII.6 Sanction amount</b>
19	\$0
<b>D3.VIII.7 Date assessed</b>	<b>D3.VIII.8 Remediation date non-compliance was corrected</b>
06/24/2025	Remediation in progress
<b>D3.VIII.9 Corrective action plan</b>	
Yes	



Complete

D3.VIII.1 Intervention type: Corrective action plan

18 / 51

<b>D3.VIII.2 Plan performance issue</b>	<b>D3.VIII.3 Plan name</b>
	Siskiyou

1) Time or Distance  
Standards: Outpatient  
Services and Opioid  
Treatment Programs 2)  
Capacity and  
Composition: Provider  
capacity must exceed  
expected utilization for  
outpatient treatment  
services, intensive  
outpatient treatment  
services, opioid  
treatment programs and  
residential treatment  
services 3) Timely Access  
Standards: Non-Urgent  
Outpatient SUD, Non-  
Urgent Follow-Up  
Outpatient SUD, Non-  
Urgent Opioid and Non-

Urgent Follow-Up Opioid

4) Reporting

#### D3.VIII.4 Reason for intervention

Regional Model 1) Plan was placed on a CAP for non-compliance with the time or distance standards for outpatient services children/youth and opioid treatment programs adult and children/youth. (Welfare and Institution Code 14197(c)(4)(A)(B) and with BHIN 24-020). 2) Plan was placed on a CAP for non-compliance with the capacity and composition for outpatient treatment services for adult and children/youth, intensive outpatient treatment services for adult and children/youth, opioid treatment programs for adult and children/youth and residential treatment services for adult (BHIN 24-020). 3) Plan was placed on a CAP for non-compliance with timely access standards for non-urgent outpatient SUD for adult and children/youth, non-urgent follow-up outpatient SUD for adult and children/youth, non-urgent opioid for adult and children/youth, non-urgent follow-up opioid treatment programs for adult and youth (28 CCR Section 1300.67.2.2 and BHIN 24-020). 4) Plan was placed on a CAP for non-compliance with mandatory provider type (DMC-ODS Contract Exhibit A, Attachment I, B4 and BHIN 24-020).

#### Sanction details

**D3.VIII.5 Instances of non-compliance**

19

**D3.VIII.6 Sanction amount**

\$0

**D3.VIII.7 Date assessed**

06/24/2025

**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

19 / 51

**D3.VIII.2 Plan performance issue**

**D3.VIII.3 Plan name**

Solano

1) Time or Distance  
Standards: Outpatient  
Services and Opioid  
Treatment Programs 2)  
Capacity and  
Composition: Provider  
capacity must exceed  
expected utilization for

outpatient treatment  
services, intensive  
outpatient treatment  
services, opioid  
treatment programs and  
residential treatment  
services 3) Timely Access  
Standards: Non-Urgent  
Outpatient SUD, Non-  
Urgent Follow-Up  
Outpatient SUD, Non-  
Urgent Opioid and Non-  
Urgent Follow-Up Opioid  
4) Reporting

#### **D3.VIII.4 Reason for intervention**

Regional Model 1) Plan was placed on a CAP for non-compliance with the time or distance standards for outpatient services children/youth and opioid treatment programs adult and children/youth. (Welfare and Institution Code 14197(c)(4)(A)(B) and with BHIN 24-020). 2) Plan was placed on a CAP for non-compliance with the capacity and composition for outpatient treatment services for adult and children/youth, intensive outpatient treatment services for adult and children/youth, opioid treatment programs for adult and children/youth and residential treatment services for adult (BHIN 24-020). 3) Plan was placed on a CAP for non-compliance with timely access standards for non-urgent outpatient SUD for adult and children/youth, non-urgent follow-up outpatient SUD for adult and children/youth, non-urgent opioid for adult and children/youth, non-urgent follow-up opioid treatment programs for adult and youth (28 CCR Section 1300.67.2.2 and BHIN 24-020). 4) Plan was placed on a CAP for non-compliance with mandatory provider type (DMC-ODS Contract Exhibit A, Attachment I, B4 and BHIN 24-020).

#### **Sanction details**

##### **D3.VIII.5 Instances of non-compliance**

19

##### **D3.VIII.7 Date assessed**

06/24/2025

##### **D3.VIII.9 Corrective action plan**

Yes

##### **D3.VIII.6 Sanction amount**

\$0

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

Remediation in progress



Complete

### D3.VIII.1 Intervention type: Corrective action plan

20 / 51

**D3.VIII.2 Plan performance issue**      **D3.VIII.3 Plan name**  
Placer

1) Capacity and Composition: Provider capacity must exceed expected utilization for residential treatment services 2) Timely Access Standards: Non-Urgent Opioid 3) Reporting

#### D3.VIII.4 Reason for intervention

1) Plan was placed on a CAP for non-compliance with the capacity and composition for residential treatment services for children/youth (BHIN 24-020). 2) Plan was placed on a CAP for non-compliance with timely access standards for non-urgent opioid for adult (28 CCR Section 1300.67.2.2 and BHIN 24-020). 3) Plan was placed on a CAP for non-compliance with mandatory provider type (DMC-ODS Contract Exhibit A, Attachment I, B4, and BHIN 24-020).

#### Sanction details

**D3.VIII.5 Instances of non-compliance**

3

**D3.VIII.6 Sanction amount**

\$0

**D3.VIII.7 Date assessed**

06/23/2025

**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 / 51

**D3.VIII.2 Plan performance issue**      **D3.VIII.3 Plan name**  
Riverside

Reporting (timeliness, completeness, accuracy)

#### D3.VIII.4 Reason for intervention

Plan was placed on a CAP for non-compliance with mandatory provider type (DMC-ODS Contract Exhibit A, Attachment I, B4 and BHIN 24-020).

### Sanction details

**D3.VIII.5 Instances of non-compliance**

1

**D3.VIII.6 Sanction amount**

\$0

**D3.VIII.7 Date assessed**

06/26/2025

**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**

22 / 51

**D3.VIII.2 Plan performance issue**

1) Capacity and Composition: Provider capacity must exceed expected utilization for intensive outpatient treatment services, opioid treatment programs and residential treatment services 2) Timely Access Standards: Non-Urgent Outpatient SUD, Non-Urgent Follow-Up Outpatient SUD, Non-Urgent Follow-Up Opioid

**D3.VIII.3 Plan name**

Sacramento

**D3.VIII.4 Reason for intervention**

1) Plan was placed on a CAP for non-compliance with the capacity and composition for intensive outpatient treatment services for children/youth, opioid treatment programs for children/youth and residential treatment services for children/youth (BHIN 24-020). 2) Plan was placed on a CAP for non-compliance with timely access standards for non-urgent outpatient SUD for children/youth, non-urgent follow-up outpatient SUD for adult and non-urgent follow-up opioid treatment programs for adult (28 CCR Section 1300.67.2.2 and BHIN 24-020).

**Sanction details**

**D3.VIII.5 Instances of non-compliance**

6

**D3.VIII.6 Sanction amount**

\$0

**D3.VIII.7 Date assessed**

06/26/2025

**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**

23 / 51

**D3.VIII.2 Plan performance issue**

1) Capacity and Composition: Provider capacity must exceed expected utilization for residential treatment services 2) Timely Access Standards: Non-Urgent Outpatient SUD, Non-Urgent Follow-Up Outpatient SUD and Non-Urgent Opioid

**D3.VIII.3 Plan name**

San Benito

#### **D3.VIII.4 Reason for intervention**

1) Plan was placed on a CAP for non-compliance with the capacity and composition for residential treatment services for children/youth (BHIN 24-020). 2) Plan was placed on a CAP for non-compliance with timely access standards for non-urgent outpatient SUD for adult and children/youth, non-urgent follow-up outpatient SUD for adult and children/youth and non-urgent opioid for adult (28 CCR Section 1300.67.2.2 and BHIN 24-020).

#### **Sanction details**

**D3.VIII.5 Instances of non-compliance**

6

**D3.VIII.6 Sanction amount**

\$0

**D3.VIII.7 Date assessed**

06/24/2025

**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

24 / 51

#### D3.VIII.2 Plan performance issue

Reporting (timeliness, completeness, accuracy)

#### D3.VIII.3 Plan name

San Bernardino

#### D3.VIII.4 Reason for intervention

Plan was placed on a CAP for non-compliance with mandatory provider type (DMC-ODS Contract Exhibit A, Attachment I, B4 and BHIN 24-020).

#### Sanction details

#### D3.VIII.5 Instances of non-compliance

1

#### D3.VIII.6 Sanction amount

\$0

#### D3.VIII.7 Date assessed

06/26/2025

#### 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

25 / 51

#### D3.VIII.2 Plan performance issue

1) Capacity and Composition: Provider capacity must exceed expected utilization for residential treatment services 2) Reporting

#### D3.VIII.3 Plan name

San Diego

#### D3.VIII.4 Reason for intervention

1) Plan was placed on a CAP for non-compliance with the capacity and composition for residential treatment services for children/youth (BHIN 24-020). 2) Plan was placed on a CAP for non-compliance with mandatory

provider type (DMC-ODS Contract Exhibit A, Attachment I, B4 and BHIN 24-020).

Sanction details

<b>D3.VIII.5 Instances of non-compliance</b>	<b>D3.VIII.6 Sanction amount</b>
2	\$0
<b>D3.VIII.7 Date assessed</b>	<b>D3.VIII.8 Remediation date non-compliance was corrected</b>
06/19/2025	Remediation in progress
<b>D3.VIII.9 Corrective action plan</b>	
Yes	



Complete

D3.VIII.1 Intervention type: Corrective action plan

26 / 51

<b>D3.VIII.2 Plan performance issue</b>	<b>D3.VIII.3 Plan name</b>
	San Francisco

1) Capacity and Composition: Provider capacity must exceed expected utilization for outpatient treatment services, intensive outpatient treatment services and residential treatment services 2) Timely Access Standards: Non-Urgent Outpatient SUD, Non-Urgent Follow-Up Outpatient SUD, Non-Urgent Opioid and Non-Urgent Follow-Up Opioid

D3.VIII.4 Reason for intervention

1) Plan was placed on a CAP for non-compliance with the capacity and composition for outpatient treatment services for children/youth, intensive outpatient treatment services for children/youth and residential treatment services for children/youth (BHIN 24-020). 2) Plan was placed on a CAP for non-compliance with timely access standards for non-urgent outpatient SUD for adult and children/youth, non-urgent follow-up outpatient SUD for adult and children/youth, non-urgent opioid for adult and children/youth



and non-urgent follow-up opioid treatment programs for adult and youth (28 CCR Section 1300.67.2.2 and BHIN 24-020).

#### Sanction details

**D3.VIII.5 Instances of non-compliance**

11

**D3.VIII.6 Sanction amount**

\$0

**D3.VIII.7 Date assessed**

06/25/2025

**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**

27 / 51

**D3.VIII.2 Plan performance issue**

1) Capacity and Composition: Provider capacity must exceed expected utilization for outpatient treatment services and residential treatment services 3) Timely Access Standards: Non-Urgent Follow-Up Outpatient SUD and Non-Urgent Opioid

**D3.VIII.3 Plan name**

San Joaquin

**D3.VIII.4 Reason for intervention**

1) Plan was placed on a CAP for non-compliance with the capacity and composition for outpatient treatment services for children/youth and residential treatment services for children/youth (BHIN 24-020). 2) Plan was placed on a CAP for non-compliance with timely access standards for non-urgent follow-up outpatient SUD for adult and non-urgent opioid for adult (28 CCR Section 1300.67.2.2 and BHIN 24-020).

**Sanction details****D3.VIII.5 Instances of non-compliance**

4

**D3.VIII.6 Sanction amount**

\$0

**D3.VIII.7 Date assessed**

06/24/2025

**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**

28 / 51

**D3.VIII.2 Plan performance issue**

Capacity and  
Composition: Provider  
capacity must exceed  
expected utilization for  
opioid treatment  
programs and  
residential treatment  
services

**D3.VIII.3 Plan name**

San Luis Obispo

**D3.VIII.4 Reason for intervention**

Plan was placed on a CAP for non-compliance with the capacity and composition for opioid treatment programs for children/youth and residential treatment services for children/youth (BHIN 24-020).

**Sanction details****D3.VIII.5 Instances of non-compliance**

2

**D3.VIII.6 Sanction amount**

\$0

**D3.VIII.7 Date assessed**

06/19/2025

**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**

29 / 51

**D3.VIII.2 Plan performance issue****D3.VIII.3 Plan name**

Santa Barbara

Reporting (timeliness, completeness, accuracy)

#### D3.VIII.4 Reason for intervention

Plan was placed on a CAP for non-compliance with mandatory provider type (DMC-ODS Contract Exhibit A, Attachment I, B4 and BHIN 24-020).

#### Sanction details

##### D3.VIII.5 Instances of non-compliance

1

##### D3.VIII.6 Sanction amount

\$0

##### D3.VIII.7 Date assessed

06/18/2025

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

Remediation in progress

##### D3.VIII.9 Corrective action plan

No



Complete

#### D3.VIII.1 Intervention type: Corrective action plan

30 / 51

##### D3.VIII.2 Plan performance issue

1) Capacity and Composition: Provider capacity must exceed expected utilization for residential treatment services 2) Timely Access Standards: Non-Urgent Outpatient SUD and Non-Urgent Opioid

##### D3.VIII.3 Plan name

Santa Clara

#### D3.VIII.4 Reason for intervention

1) Plan was placed on a CAP for non-compliance with the capacity and composition for residential treatment services for adult and children/youth (BHIN 24-020). 2) Plan was placed on a CAP for non-compliance with timely access standards for non-urgent outpatient SUD for adult and children/youth and non-urgent opioid for adult and children/youth (28 CCR Section 1300.67.2.2 and BHIN 24-020).

#### Sanction details

##### D3.VIII.5 Instances of non-compliance

##### D3.VIII.6 Sanction amount

\$0

**D3.VIII.7 Date assessed**

06/17/2025

**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**

31 / 51

**D3.VIII.2 Plan performance issue****D3.VIII.3 Plan name**

Santa Cruz

1) Capacity and Composition: Provider capacity must exceed expected utilization for outpatient treatment services and residential treatment services 2) Timely Access Standards: Non-Urgent Follow-Up Outpatient SUD, Non-Urgent Opioid and Non-Urgent Follow-Up Opioid

**D3.VIII.4 Reason for intervention**

1) Plan was placed on a CAP for non-compliance with the capacity and composition for outpatient treatment services for adult and residential treatment services for children/youth (BHIN 24-020). 2) Plan was placed on a CAP for non-compliance with timely access standards for non-urgent follow-up outpatient SUD for adult and children/youth, non-urgent opioid for adult and non-urgent follow-up opioid treatment programs for adult (28 CCR Section 1300.67.2.2 and BHIN 24-020).

**Sanction details****D3.VIII.5 Instances of non-compliance**

6

**D3.VIII.6 Sanction amount**

\$0

**D3.VIII.7 Date assessed**

06/25/2025

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

Remediation in progress

**D3.VIII.9 Corrective action plan**



Complete

**D3.VIII.1 Intervention type: Corrective action plan**

32 / 51

**D3.VIII.2 Plan performance issue****D3.VIII.3 Plan name**

Stanislaus

1) Capacity and Composition: Provider capacity must exceed expected utilization for intensive outpatient treatment services, opioid treatment programs and residential treatment services 2) Timely Access Standards: Non-Urgent Outpatient SUD and Non-Urgent Follow-Up Outpatient SUD 3) Reporting

**D3.VIII.4 Reason for intervention**

1) Plan was placed on a CAP for non-compliance with the capacity and composition for intensive outpatient treatment services for children/youth, opioid treatment programs for children/youth and residential treatment services for children/youth (BHIN 24-020). 2) Plan was placed on a CAP for non-compliance with timely access standards for non-urgent outpatient SUD for adult and children/youth and non-urgent follow-up outpatient SUD for adult and children/youth (28 CCR Section 1300.67.2.2 and BHIN 24-020). 3) Plan was placed on a CAP for non-compliance with language capabilities with the following: DMC-ODS Contract Exhibit A, Attachment I, K5 and BHIN 24-020.

**Sanction details****D3.VIII.5 Instances of non-compliance**

8

**D3.VIII.6 Sanction amount**

\$0

**D3.VIII.7 Date assessed**

06/24/2025

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

Remediation in progress

**D3.VIII.9 Corrective action plan**



Complete

**D3.VIII.1 Intervention type: Corrective action plan**

33 / 51

**D3.VIII.2 Plan performance issue****D3.VIII.3 Plan name**

Tulare

1) Time or Distance

Standards: Opioid

Treatment Programs 2)

Capacity and

Composition: Provider

capacity must exceed

expected utilization for

outpatient treatment

services, opioid

treatment programs and

residential treatment

services

**D3.VIII.4 Reason for intervention**

1) Plan was placed on a CAP for non-compliance with the time or distance standards for opioid treatment programs children/youth. (Welfare and Institution Code 14197(c)(4)(A)(B) and with BHIN 24-020). 2) Plan was placed on a CAP for non-compliance with the capacity and composition for outpatient treatment services for adult and children/youth, opioid treatment programs for children/youth and residential treatment services for children/youth (BHIN 24-020).

**Sanction details****D3.VIII.5 Instances of non-compliance**

5

**D3.VIII.6 Sanction amount**

\$0

**D3.VIII.7 Date assessed**

06/18/2025

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

Remediation in progress

**D3.VIII.9 Corrective action plan**

Yes

**D3.VIII.1 Intervention type: Corrective action plan**

34 / 51

**D3.VIII.2 Plan performance issue**

1) Capacity and Composition: Provider capacity must exceed expected utilization for outpatient treatment services, intensive outpatient treatment services, opioid treatment programs and residential treatment services 2) Timely Access Standards: Non-Urgent Outpatient SUD, Non-Urgent Follow-Up Outpatient SUD, Non-Urgent Opioid, Non-Urgent Follow-Up Opioid 3) Reporting

**D3.VIII.3 Plan name**

Yolo

**D3.VIII.4 Reason for intervention**

1) Plan was placed on a CAP for non-compliance with the capacity and composition for outpatient treatment services for adult and children/youth, intensive outpatient treatment services for children/youth, opioid treatment programs for children/youth and residential treatment services for adult and children/youth (BHIN 24-020). 2) Plan was placed on a CAP for non-compliance with timely access standards for non-urgent outpatient SUD for adult and children/youth, non-urgent follow-up outpatient SUD for adult and children/youth, non-urgent opioid for adult and children/youth, non-urgent follow-up opioid treatment programs for adult and children/youth (28 CCR Section 1300.67.2.2 and BHIN 24-020). 3) Plan was placed on a CAP for non-compliance with mandatory provider type (DMC-ODS Contract Exhibit A, Attachment I, B4 and BHIN 24-020).

**Sanction details****D3.VIII.5 Instances of non-compliance**

15

**D3.VIII.6 Sanction amount**

\$0

**D3.VIII.7 Date assessed**

06/17/2025

**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

35 / 51

**D3.VIII.2 Plan performance issue**      **D3.VIII.3 Plan name**

El Dorado

Access and Information  
Requirements

#### D3.VIII.4 Reason for intervention

A CAP was issued on April 8, 2025 for non-compliance with the following:  
Exhibit A Attachment I, Section II Federal Requirements, K, 6, iii, Exhibit A  
Attachment I, Section II Federal Requirements, K, 6, v and BHIN 23-018.

#### Sanction details

**D3.VIII.5 Instances of non-compliance**

2

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

04/08/2025

**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

36 / 51

**D3.VIII.2 Plan performance issue**      **D3.VIII.3 Plan name**

Fresno

Access and Information  
Requirements

#### D3.VIII.4 Reason for intervention

A CAP was issued on March 4, 2025 for non-compliance with the  
following: Exhibit A Attachment I, Section II Federal Requirements, K, 6, iii,  
Exhibit A Attachment I, Section II Federal Requirements, K, 6, v

#### Sanction details

**D3.VIII.5 Instances of non-compliance**

1

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

03/04/2025

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



**D3.VIII.9 Corrective action plan**

Yes



Complete

**D3.VIII.1 Intervention type: Corrective action plan**

37 / 51

**D3.VIII.2 Plan performance issue**

AVAILABILITY OF DRUG  
MEDI-CAL ORGANIZED  
DELIVERY SYSTEM  
SERVICES, Access, and  
Information  
Requirements

**D3.VIII.3 Plan name**

Humboldt

**D3.VIII.4 Reason for intervention**

A CAP was issued on June 12, 2025 for non-compliance with the following:  
DMC- ODS Contract, Ex. A, Att. I, Article II (C)(6)(i)(d)(6), (BHIN) 24-020 and 23-041,(W&I) Code section 14197(d)(3),DMC- ODS Contract, Ex. A, Att. I, Article II (C)(6)(i)(b),W&I Code section 14197(d)(1)(A),DMC-ODS Contract, Ex. A, Att. I, Article II (C)(6)(i)(a),DMC-ODS Contract, Ex. A, Att. I, Article II (E)(9)(ii); DMC-ODS Contract, Exhibit A, Attachment I, Article II (G)(2),Code of Federal Regulations, Title 42, section 438.400(b)(4),

**Sanction details****D3.VIII.5 Instances of non-compliance**

2

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

06/12/2025

**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**

38 / 51

**D3.VIII.2 Plan performance issue****D3.VIII.3 Plan name**

Kern

Network Adequacy and  
Availability of Services

**D3.VIII.4 Reason for intervention**

A CAP was issued on July 26, 2024 for non-compliance with the following: DMC-ODS Contract, Exhibit A Attachment I, Section III Program Specifications, J, 4-5, 1-ii and DMC-ODS Contract, Exhibit A Attachment I, Section III Program Specifications, FF, 1

**Sanction details**

**D3.VIII.5 Instances of non-compliance**

1

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

07/29/2024

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

Yes, remediated 03/07/2025

**D3.VIII.9 Corrective action plan**

Yes



Complete

**D3.VIII.1 Intervention type: Corrective action plan**

39 / 51

**D3.VIII.2 Plan performance issue**

Access and Information  
Requirements

**D3.VIII.3 Plan name**

Mariposa

**D3.VIII.4 Reason for intervention**

A CAP was issued on January 14, 2025 for non-compliance with the following: DMC Contract, Exhibit A, Attachment I, Part II General, S, 6 and (BHIN) 24-007

**Sanction details**

**D3.VIII.5 Instances of non-compliance**

1

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

01/14/2025

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

Yes, remediated 08/07/2025

**D3.VIII.9 Corrective action plan**

Yes



Complete

### D3.VIII.1 Intervention type: Corrective action plan

40 / 51

**D3.VIII.2 Plan performance issue**

Access and Information  
Requirements, Program  
Integrity

**D3.VIII.3 Plan name**

Merced

#### D3.VIII.4 Reason for intervention

A CAP was issued on January 23, 2025 for non-compliance with the following: Exhibit A Attachment I, Section II Federal Requirements, K, 6, iv, Exhibit A Attachment I, Section II Federal Requirements, K, 6, ii, Exhibit A Attachment I, Section II Federal Requirements, K, 6, iii, Exhibit A Attachment I, Section II Federal Requirements, K, 6, v; BHIN 23-018; Exhibit A Attachment I, Section II Federal Requirements, H, 5, ii, c i-ii; Professions Code Section 2290.5(a)(3)

#### Sanction details

**D3.VIII.5 Instances of non-compliance**

4

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

01/23/2025

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

Yes, remediated 08/27/2025

**D3.VIII.9 Corrective action plan**

Yes



Complete

### D3.VIII.1 Intervention type: Corrective action plan

41 / 51

**D3.VIII.2 Plan performance issue**

Access and Information  
Requirements

**D3.VIII.3 Plan name**

Napa

#### D3.VIII.4 Reason for intervention

A CAP was issued on February 20, 2025 for non-compliance with the following: Exhibit A Attachment I, Section II Federal Requirements, K, 6, iii,

#### Sanction details

**D3.VIII.5 Instances of non-compliance**

2

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

02/20/2025

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

Yes, remediated 06/09/2025

**D3.VIII.9 Corrective action plan**

Yes



Complete

#### D3.VIII.1 Intervention type: Corrective action plan

42 / 51

**D3.VIII.2 Plan performance issue**

Access and Information Requirements

**D3.VIII.3 Plan name**

Orange

#### D3.VIII.4 Reason for intervention

A CAP was issued on November 8, 2024, for non-compliance with the following: DMC-ODS Contract, Exhibit A Attachment I, Section II Federal Requirements, K, 6, iii, Exhibit A Attachment I, Section II Federal Requirements, K, 6, v and BHIN 23-018

#### Sanction details

**D3.VIII.5 Instances of non-compliance**

2

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

11/08/2024

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

Yes, remediated 03/13/2025

**D3.VIII.9 Corrective action plan**

Yes



Complete

### D3.VIII.1 Intervention type: Corrective action plan

43 / 51

**D3.VIII.2 Plan performance issue**      **D3.VIII.3 Plan name**

Sacramento

Access and Information  
Requirements

#### D3.VIII.4 Reason for intervention

A CAP was issued on May 2, 2025 for non-compliance with the following:  
Exhibit A Attachment I, Section II Federal Requirements, K, 6, iii, Exhibit A  
Attachment I, Section II Federal Requirements, K, 6, v and BHIN 23-018

#### Sanction details

**D3.VIII.5 Instances of non-compliance**

2

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

05/02/2025

**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 / 51

**D3.VIII.2 Plan performance issue**      **D3.VIII.3 Plan name**

San Benito

Access and Information  
Requirements

#### D3.VIII.4 Reason for intervention

A CAP was issued on May 2, 2025 for non-compliance with the following:  
Exhibit A Attachment I, Section II Federal Requirements, K, 6, iii, Exhibit A  
Attachment I, Section II Federal Requirements, K, 6, v,

#### Sanction details

**D3.VIII.5 Instances of non-compliance**

1

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

05/02/2025

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

**D3.VIII.9 Corrective action plan**

Yes



Complete

**D3.VIII.1 Intervention type: Corrective action plan**

45 / 51

**D3.VIII.2 Plan performance issue**

Access and Information Requirements

**D3.VIII.3 Plan name**

San Diego

**D3.VIII.4 Reason for intervention**

A CAP was issued on April 25, 2025, for non-compliance with the following: BHIN 23-018 and Professions Code Section 2290.5(a)(3)

**Sanction details****D3.VIII.5 Instances of non-compliance**

1

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

04/25/2025

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

Yes, remediated 09/08/2025

**D3.VIII.9 Corrective action plan**

Yes



Complete

**D3.VIII.1 Intervention type: Corrective action plan**

46 / 51

**D3.VIII.2 Plan performance issue**

Access and Information Requirements

**D3.VIII.3 Plan name**

San Francisco

**D3.VIII.4 Reason for intervention**

A CAP was issued on February 4, 2025 for non-compliance with the following: BHIN 23-018 and Business and Professions Code Section 2290.5(a)(3)

**Sanction details**

**D3.VIII.5 Instances of non-compliance**

1

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

02/04/2025

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

Yes, remediated 07/28/2025

**D3.VIII.9 Corrective action plan**

Yes



Complete

**D3.VIII.1 Intervention type: Corrective action plan**

47 / 51

**D3.VIII.2 Plan performance issue**

Access and Information  
Requirements, Program  
Integrity

**D3.VIII.3 Plan name**

San Joaquin

**D3.VIII.4 Reason for intervention**

A CAP was issued on January 31, 2025 for non-compliance with the following: Exhibit A Attachment I, Section II Federal Requirements, K, 6, iii, Exhibit A Attachment I, Section II Federal Requirements, K, 6, v; Exhibit A Attachment I, Section II Federal Requirements, H, 5, ii, b

**Sanction details****D3.VIII.5 Instances of non-compliance**

2

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

01/31/2025

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

Yes, remediated 08/13/2025

**D3.VIII.9 Corrective action plan**

Yes



Complete

**D3.VIII.1 Intervention type: Corrective action plan**

48 / 51

**D3.VIII.2 Plan performance issue****D3.VIII.3 Plan name**

San Luis Obispo

**D3.VIII.4 Reason for intervention**

A CAP was issued on February 10, 2025 for non-compliance with the following: Contract, Exhibit A, Attachment I, (4)(V)(A)(I), Contract, Exhibit A, Attachment I, (4)(VI)(A), Plan Policy and 4.07 Beneficiary Grievances, Appeals & Expedited Appeals (effective date 11/18/2015)

**Sanction details**

**D3.VIII.5 Instances of non-compliance**

1

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

02/10/2025

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

Yes, remediated 03/13/2025

**D3.VIII.9 Corrective action plan**

Yes



Complete

**D3.VIII.1 Intervention type: Corrective action plan**

49 / 51

**D3.VIII.2 Plan performance issue**

Access and Information  
Requirements, Coverage  
and Authorization  
Services

**D3.VIII.3 Plan name**

Stanislaus

**D3.VIII.4 Reason for intervention**

A CAP was issued on March 20, 2025 for non-compliance with the following: Exhibit A Attachment I, Section II Federal Requirements, K, 6, iii, Exhibit A Attachment I, Section II Federal Requirements, K, 6, v, Exhibit A Attachment I, Section III Program Specifications, G, 3, iv-viii, Exhibit A Attachment I, Section II Federal Requirements, H, 7, i, a-; 42 CFR 438.910(d), 438.404, 438.10, 438.402(b), 438.402(c), 438.910(d)

**Sanction details**

**D3.VIII.5 Instances of non-compliance**

4

**D3.VIII.6 Sanction amount**

N/A



**D3.VIII.7 Date assessed**

03/20/2025

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

Yes, remediated 10/14/2025

**D3.VIII.9 Corrective action plan**

Yes



Complete

**D3.VIII.1 Intervention type: Corrective action plan**

50 / 51

**D3.VIII.2 Plan performance****issue**Access and Information  
Services**D3.VIII.3 Plan name**

Tulare

**D3.VIII.4 Reason for intervention**

A CAP was issued on January 31, 2025 for non-compliance with the following: Contract, Amendment 1, Exhibit A, Attachment 1, Program Specifications, K, 6, iii, BHIN-23-018, Plan Contract, Amendment 2, Exhibit A, Attachment 1, Program Specifications, E, 9, ii) and 42 CFR 438.230)

**Sanction details****D3.VIII.5 Instances of non-compliance**

2

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

01/31/2025

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

Yes, remediated 04/24/2025

**D3.VIII.9 Corrective action plan**

Yes



Complete

**D3.VIII.1 Intervention type: Corrective action plan**

51 / 51

**D3.VIII.2 Plan performance****issue**Access and Information  
Services**D3.VIII.3 Plan name**

Ventura

**D3.VIII.4 Reason for intervention**

A CAP was issued on April 25, 2025 for non-compliance with the following:Exhibit A Attachment I, Section II Federal Requirements, K, 6, iii and Exhibit A Attachment I, Section II Federal Requirements, K, 6, v

**Sanction details**

**D3.VIII.5 Instances of non-compliance**

1

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

04/25/2025

**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	<b>Dedicated program integrity staff</b>  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).	<b>Alameda</b>
		3
		<b>Contra Costa</b>
		8
		<b>El Dorado</b>
		1
		<b>Fresno</b>
		5
		<b>Humboldt</b>
		6
		<b>Imperial</b>
		0
		<b>Kern</b>
		4
		<b>Lake</b>
		2
		<b>Lassen</b>
		6
		<b>Los Angeles</b>
		43
		<b>Marin</b>
		9
		<b>Mariposa</b>
		4
		<b>Mendocino</b>
		6
		<b>Merced</b>
		4
		<b>Modoc</b>
		6
		<b>Monterey</b>

4

**Napa**

13

**Nevada**

3

**Orange**

6

**Placer**

1

**Riverside**

5

**Sacramento**

4

**San Benito**

1

**San Bernardino**

9

**San Diego**

10

**San Francisco**

9

**San Joaquin**

7

**San Luis Obispo**

1

**San Mateo**

1

**Santa Barbara**

1

**Santa Clara**

4

**Santa Cruz**

1

**Shasta**

6

**Siskiyou**

6

**Solano**

6

**Sonoma**

5

**Stanislaus**

10

**Tulare**

1

**Ventura**

5

**Yolo**

4

---

**D1X.2**

**Count of opened program integrity investigations**

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

**Alameda**

0

**Contra Costa**

0

**El Dorado**

0

**Fresno**

2

**Humboldt**

0

**Imperial**

0

**Kern**

18

**Lake**

0

**Lassen**

0

**Los Angeles**

401

**Marin**

0

**Mariposa**

0

**Mendocino**

0

**Merced**

0

**Modoc**

0

**Monterey**

0

**Napa**

0

**Nevada**

0

**Orange**

21

**Placer**

0

**Riverside**

0

**Sacramento**

0

**San Benito**

0

**San Bernardino**

2

**San Diego**

5

**San Francisco**

0

**San Joaquin**

3

**San Luis Obispo**

0

**San Mateo**

3

**Santa Barbara**

0

**Santa Clara**

3

**Santa Cruz**

0

**Shasta**

0

**Siskiyou**

0

**Solano**

0

**Sonoma**

0

**Stanislaus**

1

**Tulare**

0

**Ventura**

5

**Yolo**

1

---

**D1X.4**

**Count of resolved program  
integrity investigations**

How many program integrity  
investigations were resolved by

**Alameda**

0

**Contra Costa**

the plan during the reporting year?

0

**El Dorado**

0

**Fresno**

2

**Humboldt**

0

**Imperial**

0

**Kern**

18

**Lake**

1

**Lassen**

0

**Los Angeles**

401

**Marin**

0

**Mariposa**

0

**Mendocino**

0

**Merced**

0

**Modoc**

0

**Monterey**

0

**Napa**

0

**Nevada**

0



**Orange**

19

**Placer**

0

**Riverside**

0

**Sacramento**

0

**San Benito**

0

**San Bernardino**

4

**San Diego**

5

**San Francisco**

0

**San Joaquin**

1

**San Luis Obispo**

0

**San Mateo**

3

**Santa Barbara**

0

**Santa Clara**

2

**Santa Cruz**

0

**Shasta**

0

**Siskiyou**

0

**Solano**

0

**Sonoma**

0

**Stanislaus**

1

**Tulare**

0

**Ventura**

4

**Yolo**

0

---

**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**

Makes referrals to the State Medicaid Agency (SMA) only

**Contra Costa**

Makes some referrals to the SMA and others directly to the MFCU

**El Dorado**

Makes referrals to the SMA and MFCU concurrently

**Fresno**

Makes some referrals to the SMA and others directly to the MFCU

**Humboldt**

Makes some referrals to the SMA and others directly to the MFCU

**Imperial**

Makes referrals to the SMA and MFCU concurrently

**Kern**

Makes referrals to the SMA and MFCU concurrently

**Lake**

Makes some referrals to the SMA and others directly to the MFCU

### **Lassen**

Makes some referrals to the SMA and others directly to the MFCU

### **Los Angeles**

Makes referrals to the State Medicaid Agency (SMA) only

### **Marin**

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

### **Mariposa**

Makes referrals to the SMA and MFCU concurrently

### **Mendocino**

Makes some referrals to the SMA and others directly to the MFCU

### **Merced**

Makes referrals to the SMA and MFCU concurrently

### **Modoc**

Makes some referrals to the SMA and others directly to the MFCU

### **Monterey**

Makes some referrals to the SMA and others directly to the MFCU

### **Napa**

Makes referrals to the SMA and MFCU concurrently

### **Nevada**

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

**Orange**

Makes some referrals to the SMA and others directly to the MFCU

**Placer**

Makes some referrals to the SMA and others directly to the MFCU

**Riverside**

Makes referrals to the SMA and MFCU concurrently

**Sacramento**

Makes some referrals to the SMA and others directly to the MFCU

**San Benito**

Makes some referrals to the SMA and others directly to the MFCU

**San Bernardino**

Makes some referrals to the SMA and others directly to the MFCU

**San Diego**

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

**San Francisco**

Makes some referrals to the SMA and others directly to the MFCU

**San Joaquin**

Makes referrals to the State Medicaid Agency (SMA) only

**San Luis Obispo**

Makes some referrals to the SMA and others directly to the MFCU

**San Mateo**

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

### **Santa Barbara**

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

### **Santa Clara**

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

### **Santa Cruz**

Makes some referrals to the SMA and others directly to the MFCU

### **Shasta**

Makes some referrals to the SMA and others directly to the MFCU

### **Siskiyou**

Makes some referrals to the SMA and others directly to the MFCU

### **Solano**

Makes some referrals to the SMA and others directly to the MFCU

### **Sonoma**

Makes referrals to the State Medicaid Agency (SMA) only

### **Stanislaus**

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

### **Tulare**

Makes referrals to the State Medicaid Agency (SMA) only

### **Ventura**

Makes referrals to the SMA and MFCU concurrently

**Yolo**

Makes some referrals to the SMA and others directly to the MFCU

---

**D1X.7****Count of program integrity referrals to the state**

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

**Alameda**

Not applicable

**Contra Costa**

Not applicable

**El Dorado**

Not applicable

**Fresno**

Not applicable

**Humboldt**

Not applicable

**Imperial**

Not applicable

**Kern**

Not applicable

**Lake**

Not applicable

**Lassen**

Not applicable

**Los Angeles**

Not applicable

**Marin**

0

**Mariposa**

Not applicable

**Mendocino**

Not applicable

**Merced**

Not applicable

**Modoc**

Not applicable

**Monterey**

Not applicable

**Napa**

Not applicable

**Nevada**

0

**Orange**

Not applicable

**Placer**

Not applicable

**Riverside**

Not applicable

**Sacramento**

Not applicable

**San Benito**

Not applicable

**San Bernardino**

Not applicable

**San Diego**

3

**San Francisco**

Not applicable

**San Joaquin**

Not applicable

**San Luis Obispo**

Not applicable

**San Mateo**

1

**Santa Barbara**

0

**Santa Clara**

2

**Santa Cruz**

Not applicable

**Shasta**

Not applicable

**Siskiyou**

Not applicable

**Solano**

Not applicable

**Sonoma**

Not applicable

**Stanislaus**

1

**Tulare**

Not applicable

**Ventura**

Not applicable

**Yolo**

Not applicable

---

**D1X.7****Count of program integrity referrals to the state**

Enter the count of program integrity referrals that the plan made to the state in the past year. Enter the count of referrals made.

**Alameda**

0

**Contra Costa**

Not applicable

**El Dorado**

Not applicable

**Fresno**

Not applicable

**Humboldt**

Not applicable

**Imperial**

Not applicable

**Kern**

Not applicable

**Lake**

Not applicable



**Lassen**

Not applicable

**Los Angeles**

0

**Marin**

Not applicable

**Mariposa**

Not applicable

**Mendocino**

Not applicable

**Merced**

Not applicable

**Modoc**

Not applicable

**Monterey**

Not applicable

**Napa**

Not applicable

**Nevada**

Not applicable

**Orange**

Not applicable

**Placer**

Not applicable

**Riverside**

Not applicable

**Sacramento**

Not applicable

**San Benito**

Not applicable

**San Bernardino**

Not applicable

**San Diego**

Not applicable

**San Francisco**

Not applicable

**San Joaquin**

0

**San Luis Obispo**

Not applicable

**San Mateo**

Not applicable

**Santa Barbara**

Not applicable

**Santa Clara**

Not applicable

**Santa Cruz**

Not applicable

**Shasta**

Not applicable

**Siskiyou**

Not applicable

**Solano**

Not applicable

**Sonoma**

0

**Stanislaus**

Not applicable

**Tulare**

0

**Ventura**

Not applicable

**Yolo**

Not applicable

---

**D1X.7**

**Count of program integrity referrals to the state**

Enter the count of program integrity referrals that the plan

**Alameda**

Not applicable

made to the state in the past year. Enter the count of unduplicated referrals.

**Contra Costa**

Not applicable

**El Dorado**

0

**Fresno**

Not applicable

**Humboldt**

Not applicable

**Imperial**

0

**Kern**

4

**Lake**

Not applicable

**Lassen**

Not applicable

**Los Angeles**

Not applicable

**Marin**

Not applicable

**Mariposa**

0

**Mendocino**

Not applicable

**Merced**

0

**Modoc**

Not applicable

**Monterey**

Not applicable

**Napa**

0

**Nevada**

Not applicable

**Orange**

Not applicable

**Placer**

Not applicable

**Riverside**

0

**Sacramento**

Not applicable

**San Benito**

Not applicable

**San Bernardino**

Not applicable

**San Diego**

Not applicable

**San Francisco**

Not applicable

**San Joaquin**

Not applicable

**San Luis Obispo**

Not applicable

**San Mateo**

Not applicable

**Santa Barbara**

Not applicable

**Santa Clara**

Not applicable

**Santa Cruz**

Not applicable

**Shasta**

Not applicable

**Siskiyou**

Not applicable

**Solano**

Not applicable

**Sonoma**

Not applicable

**Stanislaus**

Not applicable

**Tulare**

Not applicable

**Ventura**

0

**Yolo**

Not applicable

---

**D1X.7****Count of program integrity referrals to the state**

Enter the count of program integrity referrals that the plan made to the state in the past year. Enter the count of referrals made to the SMA and the MFCU in aggregate.

**Alameda**

Not applicable

**Contra Costa**

0

**El Dorado**

Not applicable

**Fresno**

0

**Humboldt**

0

**Imperial**

Not applicable

**Kern**

Not applicable

**Lake**

0

**Lassen**

0

**Los Angeles**

Not applicable

**Marin**

Not applicable

**Mariposa**

Not applicable

**Mendocino**

0

**Merced**

Not applicable

**Modoc**

0

**Monterey**

0

**Napa**

Not applicable

**Nevada**

Not applicable

**Orange**

0

**Placer**

0

**Riverside**

Not applicable

**Sacramento**

0

**San Benito**

0

**San Bernardino**

2

**San Diego**

Not applicable

**San Francisco**

0

**San Joaquin**

Not applicable

**San Luis Obispo**

0

**San Mateo**

Not applicable

**Santa Barbara**

Not applicable

**Santa Clara**

Not applicable

**Santa Cruz**

0

**Shasta**

0

**Siskiyou**

0

**Solano**

0

**Sonoma**

Not applicable

**Stanislaus**

Not applicable

**Tulare**

Not applicable

**Ventura**

Not applicable

**Yolo**

0

---

**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**

07/01/2023

**Contra Costa**

07/01/2023

**El Dorado**

07/01/2023

**Fresno**

07/01/2023

**Humboldt**

07/01/2023

**Imperial**

07/01/2023

**Kern**

07/01/2023

**Lake**

07/01/2023

**Lassen**

07/01/2023

**Los Angeles**

07/01/2023

**Marin**

07/01/2023

**Mariposa**

07/01/2023

**Mendocino**

07/01/2023

**Merced**

07/01/2023

**Modoc**

07/01/2023

**Monterey**

07/01/2023

**Napa**

07/01/2023

**Nevada**

07/01/2023

**Orange**

07/01/2023

**Placer**

07/01/2023

**Riverside**

07/01/2023



**Sacramento**

07/01/2023

**San Benito**

07/01/2023

**San Bernardino**

07/01/2023

**San Diego**

07/01/2023

**San Francisco**

07/01/2023

**San Joaquin**

07/01/2023

**San Luis Obispo**

07/01/2023

**San Mateo**

07/01/2023

**Santa Barbara**

07/01/2023

**Santa Clara**

07/01/2023

**Santa Cruz**

07/01/2023

**Shasta**

07/01/2023

**Siskiyou**

07/01/2023

**Solano**

07/01/2023

**Sonoma**

07/01/2023

**Stanislaus**

07/01/2023

**Tulare**

07/01/2023

**Ventura**

07/01/2023

**Yolo**

07/01/2023

---

**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**

06/30/2024

**Contra Costa**

06/30/2024

**El Dorado**

06/30/2024

**Fresno**

06/30/2024

**Humboldt**

06/30/2024

**Imperial**

06/30/2024

**Kern**

06/30/2024

**Lake**

06/30/2024

**Lassen**

06/30/2024

**Los Angeles**

06/30/2024

**Marin**

06/30/2024

**Mariposa**

06/30/2024

**Mendocino**

06/30/2024

**Merced**

06/30/2024

**Modoc**

06/30/2024

**Monterey**

06/30/2024

**Napa**

06/30/2024

**Nevada**

06/30/2024

**Orange**

06/30/2024

**Placer**

06/30/2024

**Riverside**

06/30/2024

**Sacramento**

06/30/2024

**San Benito**

06/30/2024

**San Bernardino**

06/30/2024

**San Diego**

06/30/2024

**San Francisco**

06/30/2024

**San Joaquin**

06/30/2024

**San Luis Obispo**

06/30/2024

**San Mateo**

06/30/2024

**Santa Barbara**

06/30/2024

**Santa Clara**

06/30/2024

**Santa Cruz**

06/30/2024

**Shasta**

06/30/2024

**Siskiyou**

06/30/2024

**Solano**

06/30/2024

**Sonoma**

06/30/2024

**Stanislaus**

06/30/2024

**Tulare**

06/30/2024

**Ventura**

06/30/2024

**Yolo**

06/30/2024

---

**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**

\$0

**Contra Costa**

\$571,007.85

**El Dorado**

\$7,597.55

**Fresno**

\$0

**Humboldt**

\$0

**Imperial**

\$23,745.61

**Kern**

\$0

**Lake**

\$0

**Lassen**

\$0

**Los Angeles**

\$0

**Marin**

\$0

**Mariposa**

\$0

**Mendocino**

\$0

**Merced**

\$0

**Modoc**

\$0

**Monterey**

\$682.91

**Napa**

\$0

**Nevada**

\$0

**Orange**

\$0

**Placer**

\$0

**Riverside**

\$0

**Sacramento**

\$0

**San Benito**

\$0

**San Bernardino**

\$0

**San Diego**

\$0

**San Francisco**

\$0

**San Joaquin**

\$0

**San Luis Obispo**

\$0

**San Mateo**

\$0

**Santa Barbara**

\$0

**Santa Clara**

\$31,015.29

**Santa Cruz**

\$0

**Shasta**

\$0

**Siskiyou**

\$0

**Solano**

\$0

**Sonoma**

\$0

**Stanislaus**

\$0

**Tulare**

\$0

**Ventura**

\$0

**Yolo**

\$0

---

**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**

N/A

**Contra Costa**

N/A

**El Dorado**

N/A

**Fresno**

N/A

**Humboldt**

N/A

**Imperial**

N/A

**Kern**

N/A

**Lake**

N/A

**Lassen**

N/A

**Los Angeles**

N/A

**Marin**

N/A

**Mariposa**

N/A

**Mendocino**

N/A

**Merced**

N/A

**Modoc**

N/A

**Monterey**

N/A

**Napa**

N/A

**Nevada**

N/A

**Orange**

N/A

**Placer**

N/A

**Riverside**

N/A

**Sacramento**

N/A

**San Benito**

N/A

**San Bernardino**

N/A

**San Diego**

N/A

**San Francisco**

N/A

**San Joaquin**

N/A

**San Luis Obispo**

N/A

**San Mateo**

N/A

**Santa Barbara**

N/A

**Santa Clara**

N/A

**Santa Cruz**

N/A

**Shasta**

N/A



**Siskiyou**

N/A

**Solano**

N/A

**Sonoma**

N/A

**Stanislaus**

N/A

**Tulare**

N/A

**Ventura**

N/A

**Yolo**

N/A

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**D1X.10**

**Changes in beneficiary  
circumstances**

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

**Alameda**

Monthly

**Contra Costa**

Daily

**El Dorado**

Weekly

**Fresno**

Weekly

**Humboldt**

Weekly

**Imperial**

Quarterly

**Kern**

Daily

**Lake**

Daily

**Lassen**

Weekly

**Los Angeles**

Weekly

**Marin**

Monthly

**Mariposa**

Daily

**Mendocino**

Weekly

**Merced**

Quarterly

**Modoc**

Weekly

**Monterey**

Quarterly

**Napa**

Monthly

**Nevada**

Monthly

**Orange**

Monthly

**Placer**

Monthly

**Riverside**

Quarterly

**Sacramento**

Monthly

**San Benito**

Daily

**San Bernardino**

Monthly

**San Diego**

Monthly

**San Francisco**

Quarterly

**San Joaquin**

Quarterly

**San Luis Obispo**

Daily

**San Mateo**

Monthly

**Santa Barbara**

Monthly

**Santa Clara**

Daily

**Santa Cruz**

Quarterly

**Shasta**

Weekly

**Siskiyou**

Weekly

**Solano**

Weekly

**Sonoma**

Monthly

**Stanislaus**

Monthly

**Tulare**

Monthly

**Ventura**

Monthly

**Yolo**

Quarterly

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## Topic XI: ILOS



**Beginning December 2025, this section must be completed by states that authorize ILOS. Submission of this data before December 2025 is optional.**

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	<b>ILOSs offered by plan</b> Indicate whether this plan offered any ILOS to their enrollees.	<b>Alameda</b>
		Not answered
		<b>Contra Costa</b>
		Not answered
		<b>El Dorado</b>
		Not answered
		<b>Fresno</b>
		Not answered
		<b>Humboldt</b>
		Not answered
		<b>Imperial</b>
		Not answered
		<b>Kern</b>
		Not answered
		<b>Lake</b>
		Not answered
		<b>Lassen</b>
		Not answered
		<b>Los Angeles</b>
		Not answered
		<b>Marin</b>
		Not answered
		<b>Mariposa</b>
		Not answered
		<b>Mendocino</b>
		Not answered
		<b>Merced</b>
		Not answered

**Modoc**

Not answered

**Monterey**

Not answered

**Napa**

Not answered

**Nevada**

Not answered

**Orange**

Not answered

**Placer**

Not answered

**Riverside**

Not answered

**Sacramento**

Not answered

**San Benito**

Not answered

**San Bernardino**

Not answered

**San Diego**

Not answered

**San Francisco**

Not answered

**San Joaquin**

Not answered

**San Luis Obispo**

Not answered

**San Mateo**

Not answered

**Santa Barbara**

Not answered

**Santa Clara**

Not answered

**Santa Cruz**

Not answered

**Shasta**

Not answered

**Siskiyou**

Not answered

**Solano**

Not answered

**Sonoma**

Not answered

**Stanislaus**

Not answered

**Tulare**

Not answered

**Ventura**

Not answered

**Yolo**

Not answered

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## 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	<b>Are you reporting data prior to June 2026?</b>  If “Yes”, please complete the following questions under each plan.	Not reporting data

## 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	<b>Are you reporting data prior to June 2026?</b>  If “Yes”, please complete the following questions under each plan.	Not reporting data

## 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	<b>BSS entity type</b> What type of entity performed each BSS activity? Check all that apply. Refer to 42 CFR 438.71(b).	<b>Alameda</b> Local Government Entity
		<b>Contra Costa</b> Local Government Entity
		<b>El Dorado</b> Local Government Entity
		<b>Fresno</b> Local Government Entity
		<b>Humboldt</b> Local Government Entity
		<b>Imperial</b> Local Government Entity
		<b>Kern</b> Local Government Entity
		<b>Lake</b> Local Government Entity
		<b>Lassen</b> Local Government Entity
		<b>Los Angeles</b> Local Government Entity
		<b>Marin</b> Local Government Entity
		<b>Mariposa</b> Local Government Entity
		<b>Mendocino</b>

Local Government Entity

**Merced**

Local Government Entity

**Modoc**

Local Government Entity

**Monterey**

Local Government Entity

**Napa**

Local Government Entity

**Nevada**

Local Government Entity

**Orange**

Local Government Entity

**Placer**

Local Government Entity

**Riverside**

Local Government Entity

**Sacramento**

Local Government Entity

**San Benito**

Local Government Entity

**San Bernardino**

Local Government Entity

**San Diego**

Local Government Entity

**San Francisco**

Local Government Entity

**San Joaquin**

Local Government Entity

**San Luis Obispo**

Local Government Entity

**San Mateo**

Local Government Entity

**Santa Barbara**

Local Government Entity

**Santa Clara**

Local Government Entity

**Santa Cruz**

Local Government Entity

**Shasta**

Local Government Entity

**Siskiyou**

Local Government Entity

**Solano**

Local Government Entity

**Sonoma**

Local Government Entity

**Stanislaus**

Local Government Entity

**Tulare**

Local Government Entity

**Ventura**

Local Government Entity

**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).

**Alameda**

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

**Contra Costa**

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

**El Dorado**

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

**Fresno**

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

**Humboldt**

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

**Imperial**

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

### **Kern**

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

### **Lake**

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

### **Lassen**

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

### **Los Angeles**

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

### **Marin**

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

**Mariposa**

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

**Mendocino**

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

**Merced**

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

**Modoc**

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

**Monterey**

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

**Napa**

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

**Nevada**

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

**Orange**

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

**Placer**

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

**Riverside**

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

**Sacramento**

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

**San Benito**

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in

person and via auxiliary aids when requested.

### **San Bernardino**

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

### **San Diego**

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

### **San Francisco**

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

### **San Joaquin**

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

### **San Luis Obispo**

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

### **San Mateo**

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access



to services including phone, internet, in person and via auxiliary aids when requested.

### **Santa Barbara**

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

### **Santa Clara**

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

### **Santa Cruz**

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

### **Shasta**

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

### **Siskiyou**

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

### **Solano**

Other, specify – The role performed by the BSS entity is to provide beneficiary

outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

### **Sonoma**

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

### **Stanislaus**

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

### **Tulare**

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

### **Ventura**

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

### **Yolo**

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

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## 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