

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

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

Indicator	Response
Exclusion of CHIP from MCPAR Enrollees in separate CHIP programs funded under Title XXI should not be reported in the MCPAR. Please check this box if the state is unable to remove information about Separate CHIP enrollees from its reporting on this program.	Not Selected
Did you submit or do you plan on submitting a Network Adequacy and Access Assurances (NAAAR) Report for this program for this reporting period through the MDCT online tool? If "No", please complete the following questions under each plan.	Submitted on 10/01/2025

Section A: Program Information

Point of Contact

Number	Indicator	Response
A1	State name	California Auto-populated from your account profile.
A2a	Contact name	Farrah Samimi 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.
A2b	Contact email address	Farrah.Samimi@dhcs.ca.gov Enter email address. Department or program-wide email addresses ok.
A3a	Submitter name	Sabrina Wisdom CMS receives this data upon submission of this MCPAR report.
A3b	Submitter email address	sabrina.wisdom@dhcs.ca.gov CMS receives this data upon submission of this MCPAR report.
A4	Date of report submission	12/23/2025 CMS receives this date upon submission of this MCPAR report.

Reporting Period

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

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

Add BSS entities (A.8)

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

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

Indicator	Response
BSS entity name	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

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

Section B: State-Level Indicators

Topic I. Program Characteristics and Enrollment

Number	Indicator	Response
BI.1	Statewide Medicaid enrollment Enter the average number of individuals enrolled in Medicaid per month during the reporting year (i.e., average member months). Include all FFS and managed care enrollees and count each person only once, regardless of the delivery system(s) in which they are enrolled.	14,881,339
BI.2	Statewide Medicaid managed care enrollment 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
BIII.1	Data validation entity	Proprietary system(s)
	<p>Select the state agency/division or contractor tasked with evaluating the validity of encounter data submitted by MCPs.</p> <p>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>	
BIII.2	HIPAA compliance of proprietary system(s) for encounter data validation	Yes
	<p>Were the system(s) utilized fully HIPAA compliant? Select one.</p>	

Topic X: Program Integrity

Number	Indicator	Response
BX.1	Payment risks between the state and plans	<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>
BX.2	Contract standard for overpayments	State requires the return of overpayments
	Does the state allow plans to retain overpayments, require the return of overpayments, or has established a hybrid system? Select one.	

BX.3	Location of contract provision stating overpayment standard	DMC-ODS Intergovernmental Agreement, Exhibit A - Attachment 13 Program Integrity (42 CFR §§ 430.30, 433.32, and 433.51).
	Describe where the overpayment standard in the previous indicator is located in plan contracts, as required by 42 CFR 438.608(d)(1)(i).	
BX.4	Description of overpayment contract standard	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.
BX.5	State overpayment reporting monitoring	Per Information Notice 19-034 Counties are required to submit a report of overpayments that have been voided from Short Doyle Medi-Cal 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.
BX.6	Changes in beneficiary circumstances	DHCS receives the change status from counties through their data entry submissions in the State's MEDS system.
	Changes in provider circumstances: Monitoring	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.

BX.7b	Changes in provider circumstances: Metrics	No
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Does the state use a metric or indicator to assess plan reporting performance? Select one.

BX.8a	Federal database checks: Excluded person or entities	No
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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.

BX.9a	Website posting of 5 percent or more ownership control	No
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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.

BX.10	Periodic audits	No such audits were conducted during the reporting year.
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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

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

Section C: Program-Level Indicators

Topic I: Program Characteristics

Number	Indicator	Response
C1I.1	Program contract Enter the title of the contract between the state and plans participating in the managed care program.	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)
N/A	Enter the date of the contract between the state and plans participating in the managed care program.	07/01/2022
C1I.2	Contract URL Provide the hyperlink to the model contract or landing page for executed contracts for the program reported in this program.	https://www.dhcs.ca.gov/provgovpart/Pages/county-implementation-plans.aspx
C1I.3	Program type What is the type of MCPs that contract with the state to provide the services covered under the program? Select one.	Prepaid Inpatient Health Plan (PIHP)
C1I.4a	Special program benefits Are any of the four special benefit types covered by the managed care program: (1) behavioral health, (2) long-term services and supports, (3) dental, and (4) transportation, or (5) none of the above? Select one or more. Only list the benefit type if it is a covered service as specified in a contract between the state and managed care plans participating in the program. Benefits available to eligible program enrollees via fee-for-service should not be listed here.	Behavioral health
C1I.4b	Variation in special benefits What are any variations in the availability of special benefits within the program (e.g. by service area or population)? Enter "N/A" if not applicable.	Yes, by Service Area
C1I.5	Program enrollment Enter the average number of individuals enrolled in this managed care program per	120,593

month during the reporting year (i.e., average member months).

C1I.6

Changes to enrollment or benefits

Briefly explain any major changes to the population enrolled in or benefits provided by the managed care program during the reporting year. If there were no major changes, please enter "There were no major changes to the population or benefits during the reporting year" as your response. "N/A" is not an acceptable response.

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.

Topic III: Encounter Data Report

Number	Indicator	Response
C1III.1	Uses of encounter data	Policy making and decision support
	<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>	
C1III.2	Criteria/measures to evaluate MCP performance	<p>Timeliness of initial data submissions</p> <p>Use of correct file formats</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>	
C1III.3	Encounter data performance criteria contract language	DMC-ODS Exhibit A - Attachment 4
	<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>	

C1III.4	Financial penalties contract language	Exhibit A - Attachment 14, Section 10. Failure to Meet Reporting Requirements
	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.	
C1III.5	Incentives for encounter data quality	N/A
	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.	
C1III.6	Barriers to collecting/validating encounter data	The state did not experience any barriers to collecting or validating encounter data during the reporting year
	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.	

Topic IV. Appeals, State Fair Hearings & Grievances

Number	Indicator	Response
C1IV.1	<p>State's definition of "critical incident", as used for reporting purposes in its MLTSS program</p>	N/A
	<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>	
C1IV.2	<p>State definition of "timely resolution for standard appeals</p>	<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.</p>
C1IV.3	<p>State definition of "timely resolution for expedited appeals</p>	<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.</p>
C1IV.4	<p>State definition of "timely resolution for grievances</p>	<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</p>

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	Gaps/challenges in network adequacy 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	State response to gaps in network adequacy 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	BSS website	<p>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.</p> <p>https://www.dhcs.ca.gov/individuals/Pages/SUD-County_Access_Lines.aspx</p>
C1IX.2	BSS auxiliary aids and services	<p>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)?</p> <p>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.</p> <p>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.</p>
C1IX.3	BSS LTSS program data	N/A
C1IX.4	State evaluation of BSS entity performance	<p>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).</p> <p>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.</p>

Topic X: Program Integrity

Number	Indicator	Response
C1X.3	Prohibited affiliation disclosure Did any plans disclose prohibited affiliations? If the state took action, enter those actions under D: Plan-level Indicators, Section VIII - Sanctions (Corresponds with Tab D3 in the Excel Workbook). Refer to 42 CFR 438.610(d).	No

Topic XII. Mental Health and Substance Use Disorder Parity

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

submitted to CMS?

States with ANY services provided to MCO enrollees by an entity other than an MCO should report the date the state's most recent summary parity analysis report was submitted to CMS. States with NO services provided to MCO enrollees by an entity other than an MCO should report the most recent date the state submitted any MCO's parity report to CMS (the state may have multiple parity reports, one for each MCO).

C1XII.10a	In the last analysis(es) conducted, were any deficiencies identified?	Yes
C1XII.10b	In the last analysis(es) conducted, describe all deficiencies identified.	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.
C1XII.11a	As of the end of this reporting period, have these deficiencies been resolved for all plans?	Yes
C1XII.12a	Has the state posted the current parity analysis(es) covering this program on its website?	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.

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

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%

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%

D11.4: 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
D1.II.1a	Medical Loss Ratio (MLR) 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.	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%

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	Definition of timely encounter data submissions	Alameda
	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.	6 months
		Contra Costa
		6 months
		El Dorado
		6 months
		Fresno
		6 months
		Humboldt
		6 months
		Imperial
		6 months
		Kern
		6 months
		Lake
		6 months
		Lassen
		6 months
		Los Angeles
		6 months
		Marin
		6 months
		Mariposa
		6 months
		Mendocino
		6 months
		Merced
		6 months
		Modoc
		6 months
		Monterey

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

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	Alameda
	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	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	Alameda
	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.	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

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

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.6a **Resolved appeals related to denial of authorization or limited authorization of a service**

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

Alameda

0

Contra Costa

0

El Dorado

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

Stanislaus

0

Tulare

0

Ventura

0

Yolo

0

D1IV.6b Resolved appeals related to reduction, suspension, or termination of a previously authorized service

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

Alameda

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

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

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.6c**Resolved appeals related to payment denial**

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.

Alameda

0

Contra Costa

0

El Dorado

0

Fresno

0

Humboldt

0

Imperial

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

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

Appeals by Service

Number of appeals resolved during the reporting period related to various services.

Note: A single appeal may be related to multiple service types and may therefore be counted in multiple categories.

Number	Indicator	Response
D1IV.7a	Resolved appeals related to general inpatient services Enter the total number of appeals resolved by the plan during the reporting year that were related to general inpatient care, including diagnostic and laboratory services. Do not include appeals related to inpatient behavioral health services – those should be included in indicator D1.IV.7c. If the managed care plan does not cover general inpatient services, enter "N/A".	Alameda 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.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

0	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".
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

Sonoma

0

Stanislaus

0

Tulare

0

Ventura

0

Yolo

0

D1IV.7d Resolved appeals related to outpatient behavioral health services

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

Alameda

0

Contra Costa

0

El Dorado

0

Fresno

0

Humboldt

0

Imperial

0

Kern

4

Lake

0

Lassen

0

Los Angeles

163

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

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

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

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.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

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.7h	Resolved appeals related to dental services	Alameda
	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".	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.7i**Resolved appeals related to non-emergency medical transportation (NEMT)**

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

Alameda

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.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

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	State Fair Hearing requests Enter the total number of State Fair Hearing requests resolved during the reporting year with the plan that issued an adverse benefit determination.	
		Alameda
		0
		Contra Costa
		0
		El Dorado
		0
		Fresno
		0
		Humboldt
		0
		Imperial
		0
		Kern
		9
		Lake
		0
		Lassen
		0
		Los Angeles
		0
		Marin
		0
		Mariposa
		0
		Mendocino
		0
		Merced
		1
		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

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

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.8c**State Fair Hearings resulting in an adverse decision for the enrollee**

Enter the total number of State Fair Hearing decisions rendered

Alameda

0

Contra Costa

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

Grievances Overview

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

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	Alameda
	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	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

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	Resolved grievances related to general inpatient services	Alameda
	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".	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.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

0	
2	El Dorado
4	Fresno
0	Humboldt
0	Imperial
5	Kern
0	Lake
0	Lassen
62	Los Angeles
0	Marin
0	Mariposa
0	Mendocino
0	Merced
0	Modoc
0	Monterey
0	Napa
1	Nevada

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

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	

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

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

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

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

D1IV.151 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

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

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

Grievances by Reason

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

Number	Indicator	Response
D1IV.16a	Resolved grievances related to plan or provider customer service Enter the total number of grievances resolved by the plan during the reporting year that were related to plan or provider customer service. Customer service grievances include complaints about interactions with the plan's Member Services department, provider offices or facilities, plan marketing agents, or any other plan or provider representatives.	Alameda 1 Contra Costa 0 El Dorado 5 Fresno 4 Humboldt 0 Imperial 2 Kern 9 Lake 0 Lassen 0 Los Angeles 8 Marin 3 Mariposa 1 Mendocino 0 Merced 3 Modoc 0 Monterey

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

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

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
El Dorado	0
Fresno	0
Humboldt	2
Imperial	0
Kern	33
Lake	0
Lassen	0
Los Angeles	9
Marin	0
Mariposa	0
Mendocino	0
Merced	1
Modoc	0
Monterey	0
Napa	0
Nevada	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	Alameda
	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.	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

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

2

San Mateo

8

Santa Barbara

11

Santa Clara

0

Santa Cruz

10

Shasta

0

Siskiyou

0

Solano

1

Sonoma

9

Stanislaus

6

Tulare

0

Ventura

6

Yolo

4

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

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

D1IV.16f	Resolved grievances related to payment or billing issues	Ventura
	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.	0
		Yolo
		0
		Alameda
		0
		Contra Costa
		0
		El Dorado
		0
		Fresno
		0
		Humboldt
		0
		Imperial
		0
		Kern
		1
		Lake
		0
		Lassen
		0
		Los Angeles
		349
		Marin
		0
		Mariposa
		0
		Mendocino
		0
		Merced
		0
		Modoc

0

Monterey

0

Napa

0

Nevada

0

Orange

0

Placer

0

Riverside

0

Sacramento

2

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	1
Yolo	0

D1IV.16g	Resolved grievances related to suspected fraud	Alameda
	Enter the total number of grievances resolved by the plan during the reporting year that were related to suspected fraud. Suspected fraud grievances include suspected cases of financial/payment fraud perpetuated by a provider, payer, or other entity. Note: grievances reported in this row should only include grievances submitted to the managed care plan, not grievances submitted to another entity, such as a state Ombudsman or Office of the Inspector General.	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

1

Placer

0

Riverside

1

Sacramento

0

San Benito

0

San Bernardino

1

San Diego

2

San Francisco

0

San Joaquin

0

San Luis Obispo

0

San Mateo

1

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.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

0

Fresno

0

Humboldt

0

Imperial

0

Kern

3

Lake

0

Lassen

0

Los Angeles

11

Marin

0

Mariposa

0

Mendocino

0

Merced

0

Modoc

0

Monterey

0

Napa

0

Nevada

0

Orange

4

Placer

1

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

4

Santa Barbara

0

Santa Clara

1

Santa Cruz

1

Shasta

0

Siskiyou

0

Solano

0

Sonoma

0

Stanislaus

0

Tulare

0

Ventura

1

Yolo

0

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

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

1

Placer

0

Riverside

2

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.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

0

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.	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

D1IV.16k	Resolved grievances filed for other reasons	Stanislaus
		0
		Tulare
		0
		Ventura
		0
		Yolo
		0
		Alameda
	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.	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

0

Modoc

0

Monterey

0

Napa

0

Nevada

0

Orange

11

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

0

Siskiyou

0

Solano

0

Sonoma

1

Stanislaus

7

Tulare

0

Ventura

4

Yolo

2

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

Do Not Report (DNR)

Kern

Do Not Report (DNR)

Lake

Do Not Report (DNR)

Lassen

Do Not Report (DNR)

Los Angeles

Do Not Report (DNR)

Marin

Do Not Report (DNR)

Mariposa

Do Not Report (DNR)

Mendocino

Do Not Report (DNR)

Merced

Do Not Report (DNR)

Modoc

Do Not Report (DNR)

Monterey

Do Not Report (DNR)

Napa

Do Not Report (DNR)

Nevada

Do Not Report (DNR)

Orange

Do Not Report (DNR)

Placer

Do Not Report (DNR)

Riverside

Do Not Report (DNR)

Sacramento

Do Not Report (DNR)

San Benito

Do Not Report (DNR)

San Bernardino

Do Not Report (DNR)

San Diego

Do Not Report (DNR)

San Francisco

Do Not Report (DNR)

San Joaquin

Do Not Report (DNR)

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

Program-specific rate

N/A

D2.VII.6 Measure Set

HEDIS

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

Program-specific rate

N/A

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

Do Not Report (DNR)

Lake

Do Not Report (DNR)

Lassen

Do Not Report (DNR)

Los Angeles

Do Not Report (DNR)

Marin

Do Not Report (DNR)

Mariposa

Do Not Report (DNR)

Mendocino

Do Not Report (DNR)

Merced

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Modoc

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Monterey

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Nevada

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Orange

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Riverside

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Sacramento

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San Bernardino

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San Diego

Do Not Report (DNR)

San Francisco

Do Not Report (DNR)

San Joaquin

Do Not Report (DNR)

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

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

Do Not Report (DNR)

Lake

Do Not Report (DNR)

Lassen

Do Not Report (DNR)

Los Angeles

Do Not Report (DNR)

Marin

Do Not Report (DNR)

Mariposa

Do Not Report (DNR)

Mendocino

Do Not Report (DNR)

Merced

Do Not Report (DNR)

Modoc

Do Not Report (DNR)

Monterey

Do Not Report (DNR)

Napa

Do Not Report (DNR)

Nevada

Do Not Report (DNR)

Orange

Do Not Report (DNR)

Placer

Do Not Report (DNR)

Riverside

Do Not Report (DNR)

Sacramento

Do Not Report (DNR)

San Benito

Do Not Report (DNR)

San Bernardino

Do Not Report (DNR)

San Diego

Do Not Report (DNR)

San Francisco

Do Not Report (DNR)

San Joaquin

Do Not Report (DNR)

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.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

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

Do Not Report (DNR)

Kern

Do Not Report (DNR)

Lake

Do Not Report (DNR)

Lassen

Do Not Report (DNR)

Los Angeles

Do Not Report (DNR)

Marin

Do Not Report (DNR)

Mariposa

Do Not Report (DNR)

Mendocino

Do Not Report (DNR)

Merced

Do Not Report (DNR)

Modoc

Do Not Report (DNR)

Monterey

Do Not Report (DNR)

Napa

Do Not Report (DNR)

Nevada

Do Not Report (DNR)

Orange

Do Not Report (DNR)

Placer

Do Not Report (DNR)

Riverside

Do Not Report (DNR)

Sacramento

Do Not Report (DNR)

San Benito

Do Not Report (DNR)

San Bernardino

Do Not Report (DNR)

San Diego

Do Not Report (DNR)

San Francisco

Do Not Report (DNR)

San Joaquin

Do Not Report (DNR)

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)

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	D3.VIII.6 Sanction amount
2	\$0
D3.VIII.7 Date assessed	D3.VIII.8 Remediation date non-compliance was corrected
06/13/2025	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	D3.VIII.3 Plan name
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	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	D3.VIII.6 Sanction amount
4	\$0
D3.VIII.7 Date assessed	D3.VIII.8 Remediation date non-compliance was corrected
06/19/2025	Remediation in progress

D3.VIII.9 Corrective action plan

Yes


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

4 / 51

D3.VIII.2 Plan performance issue

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**
Imperial
Reporting (timeliness,
completeness, accuracy)

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	D3.VIII.6 Sanction amount
2	\$0
D3.VIII.7 Date assessed	D3.VIII.8 Remediation date non-compliance was corrected
06/19/2025	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**
Kern
1) Capacity and
Composition: Provider
capacity must exceed
expected utilization for
outpatient treatment
services, intensive
outpatient treatment
services and opioid
treatment programs 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 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	D3.VIII.6 Sanction amount
4	\$0
D3.VIII.7 Date assessed	D3.VIII.8 Remediation date non-compliance was corrected
06/17/2025	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 D3.VIII.3 Plan name

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

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	D3.VIII.6 Sanction amount
1	\$0
D3.VIII.7 Date assessed	D3.VIII.8 Remediation date non-compliance was corrected
06/25/2025	Remediation in progress
D3.VIII.9 Corrective action plan	

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

8 / 51

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

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	D3.VIII.6 Sanction amount
5	\$0
D3.VIII.7 Date assessed	D3.VIII.8 Remediation date non-compliance was corrected
06/27/2025	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	D3.VIII.6 Sanction amount
5	\$0
D3.VIII.7 Date assessed	D3.VIII.8 Remediation date non-compliance was corrected
06/25/2025	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**

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	D3.VIII.6 Sanction amount
6	\$0
D3.VIII.7 Date assessed	D3.VIII.8 Remediation date non-compliance was corrected
06/24/2025	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	D3.VIII.3 Plan name
	Nevada

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.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	D3.VIII.6 Sanction amount
3	\$0
D3.VIII.7 Date assessed	D3.VIII.8 Remediation date non-compliance was corrected
06/19/2025	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	D3.VIII.3 Plan name
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	D3.VIII.8 Remediation date non-compliance was corrected
06/24/2025	Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

14 / 51

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

D3.VIII.5 Instances of non-compliance	D3.VIII.6 Sanction amount
19	\$0
D3.VIII.7 Date assessed	D3.VIII.8 Remediation date non-compliance was corrected
06/24/2025	Remediation in progress

D3.VIII.9 Corrective action plan

Yes

✓
Complete

D3.VIII.1 Intervention type: Corrective action plan

15 / 51

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

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	D3.VIII.6 Sanction amount
19	\$0
D3.VIII.7 Date assessed	D3.VIII.8 Remediation date non-compliance was corrected
06/24/2025	Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

16 / 51

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

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

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

D3.VIII.5 Instances of non-compliance	D3.VIII.6 Sanction amount
19	\$0
D3.VIII.7 Date assessed	D3.VIII.8 Remediation date non-compliance was corrected
06/24/2025	Remediation in progress

D3.VIII.9 Corrective action plan

Yes

 Complete

D3.VIII.1 Intervention type: Corrective action plan

18 / 51

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

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	D3.VIII.8 Remediation date non-compliance was corrected
06/24/2025	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	D3.VIII.6 Sanction amount
19	\$0
D3.VIII.7 Date assessed	D3.VIII.8 Remediation date non-compliance was corrected
06/24/2025	Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

20 / 51

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

issue 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

issue 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	D3.VIII.6 Sanction amount
1	\$0
D3.VIII.7 Date assessed	D3.VIII.8 Remediation date non-compliance was corrected
06/26/2025	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**D3.VIII.3 Plan name**

Sacramento

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.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	D3.VIII.6 Sanction amount
6	\$0
D3.VIII.7 Date assessed	D3.VIII.8 Remediation date non-compliance was corrected
06/26/2025	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	D3.VIII.3 Plan name
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	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	D3.VIII.6 Sanction amount
6	\$0
D3.VIII.7 Date assessed	D3.VIII.8 Remediation date non-compliance was corrected
06/24/2025	Remediation in progress
D3.VIII.9 Corrective action plan	

✓
Complete

D3.VIII.1 Intervention type: Corrective action plan

24 / 51

D3.VIII.2 Plan performance issue **D3.VIII.3 Plan name**
 Reporting (timeliness, completeness, accuracy)
 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	D3.VIII.6 Sanction amount
1	\$0
D3.VIII.7 Date assessed	D3.VIII.8 Remediation date non-compliance was corrected
06/26/2025	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 **D3.VIII.3 Plan name**
 San Diego
 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 mandatory

Sanction details

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

 Complete

D3.VIII.1 Intervention type: Corrective action plan

26 / 51

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

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	D3.VIII.6 Sanction amount
11	\$0
D3.VIII.7 Date assessed	D3.VIII.8 Remediation date non-compliance was corrected
06/25/2025	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 **D3.VIII.3 Plan name**

San Joaquin

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

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

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	D3.VIII.6 Sanction amount
	\$0
1	
D3.VIII.7 Date assessed	D3.VIII.8 Remediation date non-compliance was corrected

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Corrective action plan

30 / 51

D3.VIII.2 Plan performance

issue

D3.VIII.3 Plan name

Santa Clara

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.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 D3.VIII.3 Plan name

issue 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 D3.VIII.3 Plan name

issue 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	D3.VIII.6 Sanction amount
5	\$0
D3.VIII.7 Date assessed	D3.VIII.8 Remediation date non-compliance was corrected
06/18/2025	Remediation in progress

D3.VIII.9 Corrective action plan

Yes



D3.VIII.1 Intervention type: Corrective action plan

34 / 51

Complete

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, 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	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	D3.VIII.6 Sanction amount
15	\$0
D3.VIII.7 Date assessed	D3.VIII.8 Remediation date non-compliance was corrected
06/17/2025	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
Access and Information Requirements	El Dorado

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	D3.VIII.6 Sanction amount
2	N/A
D3.VIII.7 Date assessed	D3.VIII.8 Remediation date non-compliance was corrected
04/08/2025	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
Access and Information Requirements	Fresno

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	D3.VIII.6 Sanction amount
1	N/A
D3.VIII.7 Date assessed	D3.VIII.8 Remediation date non-compliance was corrected
03/04/2025	

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

37 / 51

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

AVAILABILITY OF DRUG

MEDI-CAL ORGANIZED

DELIVERY SYSTEM

SERVICES, Access, and

Information

Requirements

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 D3.VIII.3 Plan name**issue** Kern

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	D3.VIII.6 Sanction amount
1	N/A
D3.VIII.7 Date assessed	D3.VIII.8 Remediation date non-compliance was corrected
07/29/2024	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	D3.VIII.3 Plan name
Access and Information Requirements	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	D3.VIII.6 Sanction amount
1	N/A
D3.VIII.7 Date assessed	D3.VIII.8 Remediation date non-compliance was corrected
01/14/2025	Yes, remediated 08/07/2025

D3.VIII.9 Corrective action plan


 Complete

D3.VIII.1 Intervention type: Corrective action plan

40 / 51

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

Access and Information Requirements, Program Integrity
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 D3.VIII.3 Plan name

Access and Information Requirements
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	D3.VIII.6 Sanction amount
2	N/A
D3.VIII.7 Date assessed	D3.VIII.8 Remediation date non-compliance was corrected
02/20/2025	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	D3.VIII.3 Plan name
Access and Information Requirements	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	D3.VIII.6 Sanction amount
2	N/A
D3.VIII.7 Date assessed	D3.VIII.8 Remediation date non-compliance was corrected
11/08/2024	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**
Access and Information Requirements
Sacramento

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	D3.VIII.6 Sanction amount
2	N/A
D3.VIII.7 Date assessed	D3.VIII.8 Remediation date non-compliance was corrected
05/02/2025	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**
Access and Information Requirements
San Benito

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	D3.VIII.6 Sanction amount
1	N/A
D3.VIII.7 Date assessed	D3.VIII.8 Remediation date non-compliance was corrected
05/02/2025	

D3.VIII.9 Corrective action plan

Yes

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

45 / 51

D3.VIII.2 Plan performance issue	D3.VIII.3 Plan name
Access and Information Requirements	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	D3.VIII.6 Sanction amount
1	N/A
D3.VIII.7 Date assessed	D3.VIII.8 Remediation date non-compliance was corrected
04/25/2025	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	D3.VIII.3 Plan name
Access and Information Requirements	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

D3.VIII.1 Intervention type: Corrective action plan

47 / 51

Complete

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

D3.VIII.1 Intervention type: Corrective action plan

48 / 51

Complete

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	D3.VIII.6 Sanction amount
1	N/A
D3.VIII.7 Date assessed	D3.VIII.8 Remediation date non-compliance was corrected
02/10/2025	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	D3.VIII.3 Plan name
Access and Information Requirements, Coverage and Authorization Services	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	D3.VIII.6 Sanction amount
4	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	D3.VIII.6 Sanction amount
1	N/A
D3.VIII.7 Date assessed	D3.VIII.8 Remediation date non-compliance was corrected
04/25/2025	Remediation in progress
D3.VIII.9 Corrective action plan	
Yes	

Topic X. Program Integrity

Number	Indicator	Response
D1X.1	Dedicated program integrity staff	Alameda
	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).	3
		Contra Costa
		8
		El Dorado
		1
		Fresno
		5
		Humboldt
		6
		Imperial
		0
		Kern
		4
		Lake
		2
		Lassen
		6
		Los Angeles
		43
		Marin
		9
		Mariposa
		4
		Mendocino
		6
		Merced
		4
		Modoc
		6
		Monterey

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	Alameda
	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))	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

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

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

Topic XIII. Prior Authorization



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

Number	Indicator	Response
N/A	Are you reporting data prior to June 2026? If "Yes", please complete the following questions under each plan.	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	Are you reporting data prior to June 2026? 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	BSS entity type What type of entity performed each BSS activity? Check all that apply. Refer to 42 CFR 438.71(b).	Alameda Local Government Entity
		Contra Costa Local Government Entity
		El Dorado Local Government Entity
		Fresno Local Government Entity
		Humboldt Local Government Entity
		Imperial Local Government Entity
		Kern Local Government Entity
		Lake Local Government Entity
		Lassen Local Government Entity
		Los Angeles Local Government Entity
		Marin Local Government Entity
		Mariposa Local Government Entity
		Mendocino

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.

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