DEPARTMENT OF
Managed
Health Care

2018 ANNUAL REPORT

Gavin Newsom, Governor
State of California

Mark Ghaly MD, MPH, Secretary
Health and Human Services Agency

Shelley Rouillard, Director
Department of Managed Health Care

DMHC MISSION, VALUES & GOALS

MISSION

The Department of Managed Health Care protects consumers' health care rights and ensures a stable health care delivery system.

CORE VALUES

- Integrity
- Leadership
- Commitment to Service

GOALS

- Educate and assist California's diverse health care consumers
- Cultivate a coordinated and sustainable health care marketplace
- Regulate fairly, efficiently and effectively
- Foster a culture of excellence throughout the organization

Message From the Director

In 2018, the DMHC took multiple actions to protect consumers' rights. We continued to offer direct assistance to California's health care consumers through the DMHC Help Center, and we implemented new laws and took action against health plans that violated consumers' health care rights.

Significant consolidation in the health care industry occurred in 2018. In previous years, we reviewed mergers between health plans regulated by the DMHC. However in 2018, mergers occurred between DMHC-licensed health plans and other types of entities, most notably Pharmacy Benefit Managers. The DMHC approved the acquisition of Aetna by CVS and Cigna's purchase of Express Scripts. We also approved Optum's purchase of DaVita Health Plan. Each of these approvals included conditions, or undertakings, to benefit the broader community. The plans agreed to support health care workforce development, opioid treatment and prevention programs, consumer assistance programs, and other activities. The DMHC reviewed these transactions with the primary focus of ensuring compliance with the strong consumer protections and financial solvency requirements in the Knox-Keene Act. Our goal is to ensure enrollees have continued access to appropriate health care services.

The DMHC also continued to ensure health plans fulfill the conditions we imposed in prior mergers. This includes improving the accuracy of provider directories as well as the accuracy and timely reporting of encounter data.

The DMHC took action to ensure a stable health care delivery system. We continued to monitor the financial stability of health plans and medical groups to ensure they can meet their financial obligations to consumers and other purchasers. And if the plans and groups fall short, we take action. Our significant work, including areas of concern, is publicly discussed at the quarterly meetings of the Financial Solvency Standards Board.

Additionally, the Department wrapped up our focused review of health plan compliance with federal and state mental health parity laws, which resulted in several plans reimbursing consumers for erroneously applying cost-sharing for mental health and substance use disorder services at higher rates than were applied to medical services.

The DMHC Help Center continues to be a valuable resource for Californians. If a consumer is having a problem with their health plan, they can file a

grievance with their plan. If they are not satisfied with their health plan's resolution of the grievance or if the grievance has not been resolved after 30 days, they should contact the DMHC Help Center at 1-888-466-2219 or www.HealthHelp.ca.gov

If a consumer is experiencing an imminent or serious threat to their health, they should contact the DMHC Help Center immediately. There is no cost to a consumer for filing a complaint, and the DMHC Help Center can assist consumers in all languages. Help on urgent matters is available 24 hours a day, 7 days a week.

The DMHC accomplished a lot in 2018, and some of those accomplishments are described in this report. Our success in protecting consumers' rights and ensuring a stable health care delivery system would not be possible without our employees' strong commitment to our mission. They work hard and I am proud of all that they do.

Shelley Rouillard

Director

Department of Managed Health Care

TABLE OF CONTENTS

Introduction 1

Enrollment Overview 2

DMHC Help Center 4

Plan Licensing 10

Plan Monitoring 12

Financial Oversight 14

Rate Review 16

Enforcement 17

Appendix: 2018 Independent Medical Review Summary Report 20

Appendix: 2018 Consumer Complaint Summary Report 24

DEPARTMENT OF
Managed Health Care

1-888-466-2219

HAVE A PROBLEM WITH YOUR HEALTH PLAN? CONTACT THE DMHC

HealthHelp.ca.gov

2.3 MILLION
CONSUMERS ASSISTED

The DMHC Help Center educates consumers about their rights, resolves consumer complaints, helps consumers navigate and understand their coverage, and ensures access to health care services.

125
LICENSED HEALTH PLANS

78
FULL SERVICE

47
SPECIALIZED

$29.6 MILLION
dollars recovered from health plans on behalf of consumers

96%
of commercial and public health plan enrollment is regulated by the DMHC

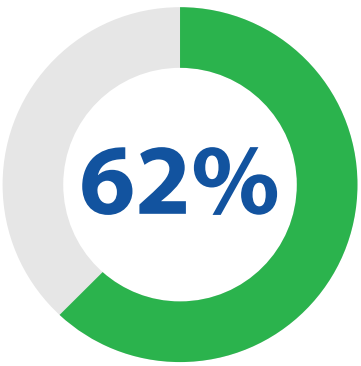
$226 MILLION
dollars saved on Health Plan Premiums through the Rate Review Program

$96.2 MILLION dollars in payments recovered to physicians and hospitals

more than
26 MILLION
Californians' health care rights are protected by the DMHC

$73 MILLION dollars assessed against health plans that violated the law

INDEPENDENT MEDICAL REVIEW (IMR)



Approximately 62% of consumer appeals (IMRs) to the DMHC resulted in the consumer receiving the requested service or treatment from their health plan

DEPARTMENT OF
Managed
Health Care

The California Department of Managed Health Care protects consumers' health care rights and ensures a stable health care delivery system.

KNOW YOUR HEALTH CARE RIGHTS

In California, health plan members have many rights.

- The right to choose your primary doctor
- The right to an appointment when you need one
- The right to see a specialist when medically necessary
- The right to receive treatment for certain mental health conditions
- The right to get a second doctor's opinion
- The right to know why your plan denies a service or treatment
- The right to understand your health problems and treatments
- The right to translation and interpreter services
- The right to see a written diagnosis (description of your health problem)
- The right to give informed consent when you have a treatment
- The right to file a complaint and ask for an Independent Medical Review (an external appeal of your health plan's denial of services or treatment)
- The right to a copy of your medical records (you may be charged for the copy)
- The right to continue to see your doctor, even if they no longer participate in your plan (under certain circumstances)
- The right to be notified of an unreasonable rate increase
- The right to not be illegally billed by a health care provider

Created by consumer-sponsored legislation in 1999, the DMHC regulates the majority of health coverage in California including 96% of enrollment in the commercial and government markets.

The DMHC is funded by health plan assessments on the 125 licensed plans it regulates, with no taxpayer contributions. This includes 78 full-service health plans that provide health coverage to more than 26 million enrollees and 47 specialized plans such as dental and vision.

The DMHC Protects Consumers' Health Care Rights

The DMHC provides assistance to all California health consumers through the Help Center. The Help Center assists consumers with understanding their health care rights, benefits and to resolve health plan issues.

The Help Center provides help in all languages. Help is available by calling 1-888-466-2219 or at www.HealthHelp.ca.gov. **All services are free.**

The DMHC protects consumers' health care rights through enforcing the Knox-Keene Act, a body of law first established in 1975 that laid the foundation for robust health plan regulation and consumer protections. The Department works to aggressively monitor and take timely action against plans that violate the law.

The DMHC Ensures a Stable Health Care Delivery System

The Department's focus is to protect the consumers' rights while advancing coverage models that maximize access, quality and affordability. The DMHC does this through licensing health plans that operate in California, conducting medical surveys of licensed health plans and actively monitoring the financial stability of health plans and medical groups to ensure consumers get the care they need.

The DMHC also reviews proposed health plan premium rates to protect consumers from unreasonable or unjustified increases. The Department's efforts improve transparency and accountability in health plan rate setting; however, the DMHC does not have the authority to deny rate increases.

980 9th Street, Suite 500
Sacramento, CA 95814-2725

1-888-466-2219
www.HealthHelp.ca.gov
HAVE A PROBLEM WITH YOUR HEALTH PLAN?
CONTACT THE DMHC HELP CENTER

CaliforniaDMHC
@CADMHC
CaliforniaDMHC

Introduction

Created by consumer sponsored legislation in 1999, the DMHC regulates the majority of health coverage in California including 96% of commercial and public health plan enrollment. In 2018, the DMHC's budget was $83,953,000 with 451 positions. The DMHC is funded by assessments on its regulated health plans.

The DMHC began operations in 2000 as the first state department in the country dedicated solely to regulating managed health care plans and assisting consumers to resolve disputes with those plans. The Department educates consumers about their health care rights, helps them resolve complaints with their health plans, assists consumers in navigating their health coverage and ensures consumers can access necessary health care services. As of the end of 2018, the DMHC has assisted approximately 2.3 million consumers.

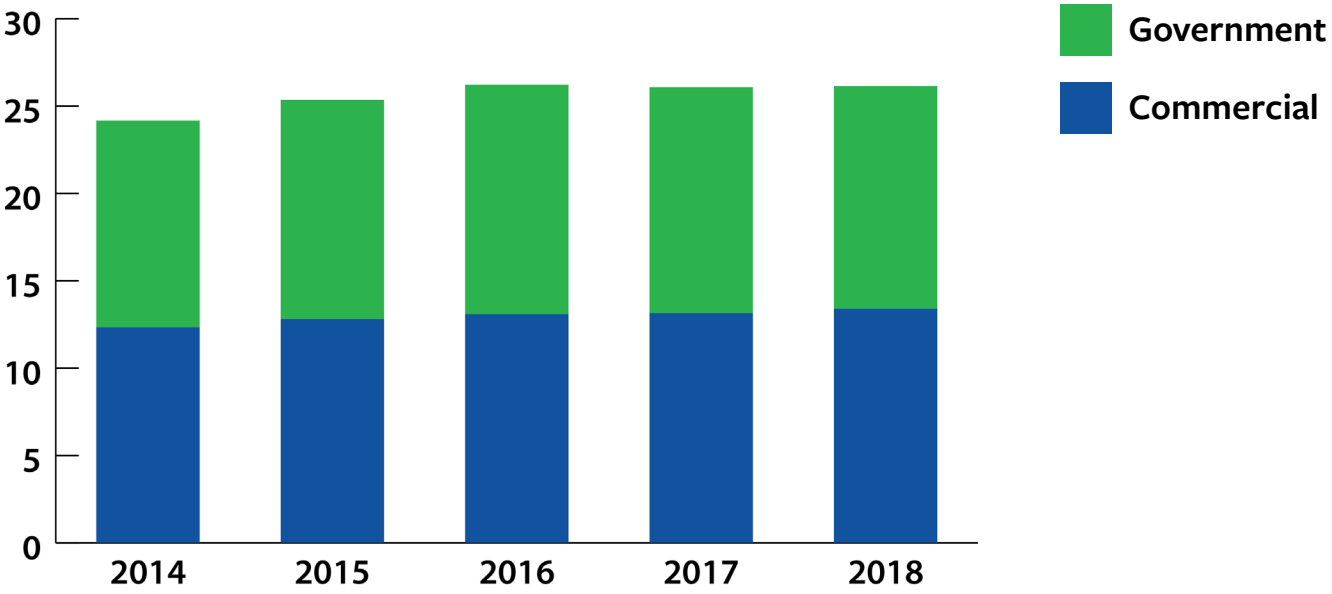
In 2018, 78 full service health plans licensed by the DMHC provided health care services to more than 26 million Californians. This included approximately 13.4 million commercial enrollees and approximately 12.8 million government enrollees.

In addition to full service health plans, the DMHC oversees 47 specialized health plans including chiropractic, dental, vision, psychological (behavioral health) and pharmacy.

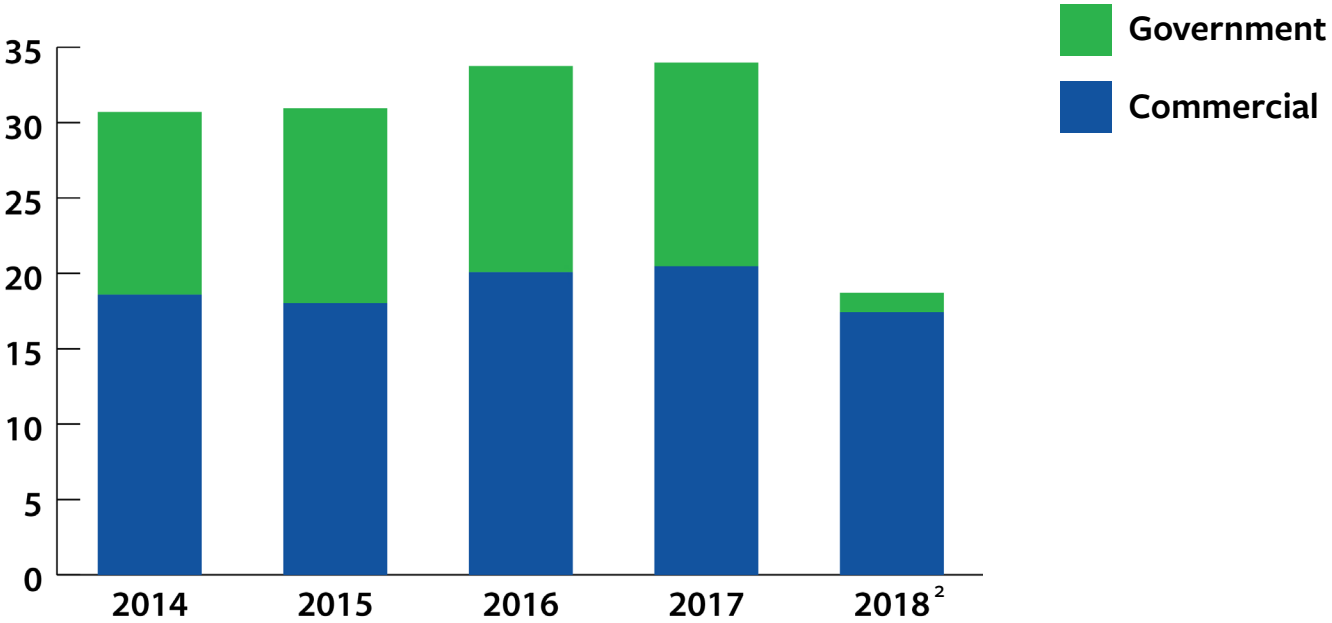
The DMHC licenses and regulates the full scope of managed care models, including all Health Maintenance Organizations (HMO) in the state, as well as Preferred Provider Organizations (PPO), Exclusive Provider Organizations (EPO), Point-of-Service (POS) products and Medi-Cal managed care plans. We also license and conduct financial reviews of Medicare Advantage and Part D plans. The enrollment overview charts[1] on the next page illustrate how enrollment under the DMHC is now more evenly distributed between commercial and government enrollment.

Enrollment Overview

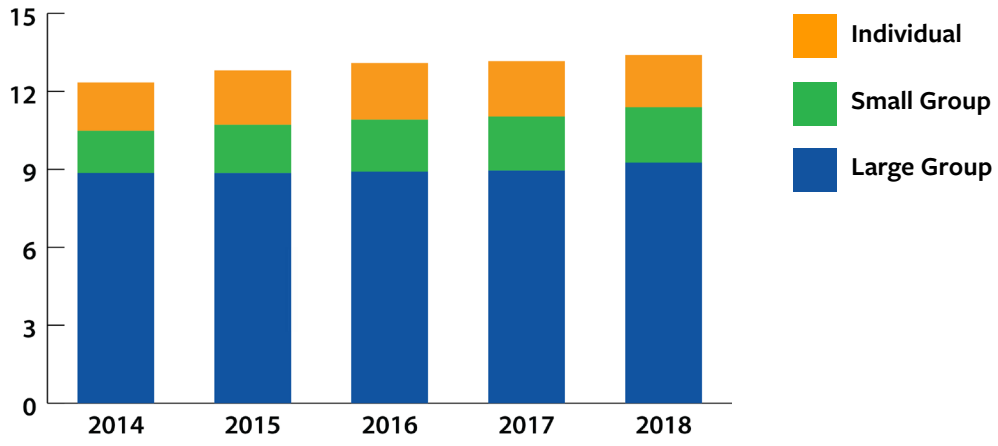
Full Service Enrollment (*In Millions*)



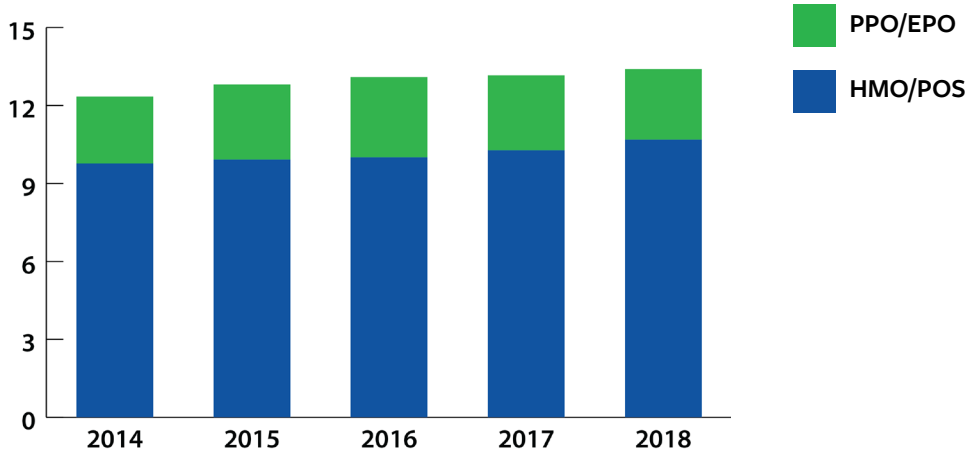
Specialized Enrollment (*In Millions*)



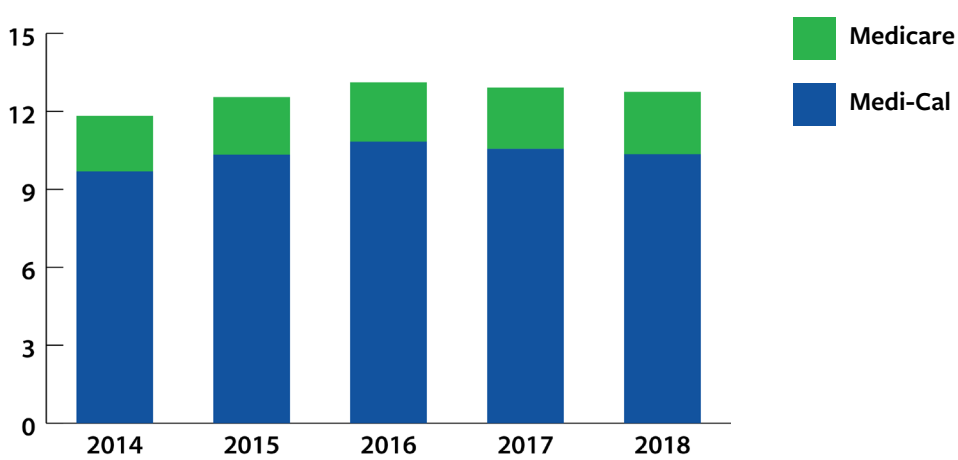
Commercial Enrollment by Market (*In Millions*)



Commercial Enrollment by Product (*In Millions*)



Government Enrollment by Type (*In Millions*)



DMHC Help Center

The DMHC Help Center educates consumers about their health care rights, resolves consumer complaints, helps consumers navigate and understand their coverage and ensures consumers receive timely access to appropriate health care services. The DMHC Help Center provides direct assistance to health care consumers through a contact center and online through the Department's website.

If a consumer is experiencing an issue with their health plan, they can file a grievance with their plan. If they are not satisfied with their health plan's resolution of the grievance or if the grievance has not been resolved after 30 days, they should contact the DMHC Help Center for assistance. If a consumer is experiencing an imminent or serious threat to their health, they should contact the DMHC Help Center immediately.

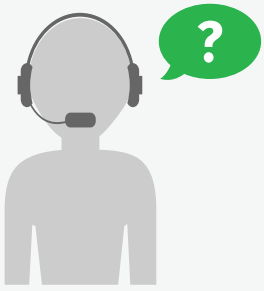
Using a team of health care analysts, nurses and attorneys, the DMHC Help Center employs a variety of mechanisms to assist consumers. Most consumer problems are resolved through the standard complaint process. Common complaints include cancellation of coverage, billing issues, quality of service, coordination of care and coverage disputes.

Quick Resolutions address a consumer's issue through a three-way call between the DMHC, the consumer and the health plan. Complaints involving serious or urgent medical issues are routed to nurses who can provide immediate assistance 24 hours a day, seven days a week.

The Independent Medical Review (IMR) program is available to consumers if a health plan denies, modifies or delays a request for a service as not medically necessary or as experimental or investigational. Doctors outside of the plan review these matters and make an independent determination whether the service should be covered. If an IMR is decided in the consumer's favor, the plan must provide the requested service or treatment promptly. All IMR decisions are reported on the DMHC's website with a summary of the issue and outcome for each case.

Consumers with plans and issues outside of the DMHC's jurisdiction are transferred or referred to the appropriate agency for assistance. In addition to providing direct consumer assistance, the DMHC also contracts with community-based organizations under the Consumer Assistance Program to provide consumers with local, in-depth assistance.

All cases handled by the DMHC Help Center are captured in an internal Customer Relations Management database allowing the DMHC to identify and analyze potential trends.



WHAT IS THE DMHC HELP CENTER?

The Department of Managed Health Care provides assistance to all California health care consumers through the Help Center. The Help Center assists consumers with understanding their health care rights and benefits and resolves health plan issues.

The Help Center provides help in all languages. Help is available by calling 1-888-466-2219 or at www.HealthHelp.ca.gov. All services are free.

2018 Highlights

In 2018, the DMHC Help Center assisted 142,294 health care consumers, and handled 11,464 complaints and 3,693 IMRs. Approximately 62%[3] of consumers who submitted an IMR request to the DMHC Help Center received the service or treatment they requested.

The DMHC Help Center continued to address complaints from consumers who received notice that their coverage had been cancelled for purported nonpayment of premiums. When health plans had improperly canceled coverage, these cases were referred to the DMHC's Office of Enforcement for further investigation, as were other instances in which the Help Center believed a health plan did not comply with the law. Additionally, the DMHC Help Center continued to identify grievance system violations (GSV) by interacting with consumers. These violations were referred to the DMHC Office of Enforcement for investigation and potential prosecution.

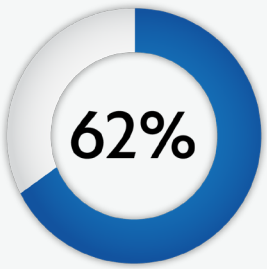
The community-based Consumer Assistance Program served 14,006 consumers and conducted 2,084 outreach events throughout California to educate consumers about their health care rights. Through these outreach events, the Department reached approximately 200,000 consumers.

In addition to providing consumer assistance, the DMHC Help Center assists providers who have claims payment disputes with health plans. In 2018, the DMHC Help Center received 7,199 provider complaints and recovered $11,906,330 in payments for providers.

Historically, out-of-network or non-contracted providers could bill consumers for non-emergency services when a health plan did not pay full billed charges. This practice is called "surprise balance billing" when it happens at an in-network facility because most consumers cannot distinguish when an out-of-network provider is providing services at an in-network facility. To stop this practice and remove consumers from the middle of these billing disputes, Assembly Bill (AB) 72 (Bonta, Chapter 492, Statutes of 2016) created a default reimbursement rate for out-of-network or non-contracted providers to resolve payment disputes with health plans and not consumers. In compliance with the new law, the DMHC Help Center launched an Independent Dispute

2018 BY THE NUMBERS
HELP CENTER

142,294	CONSUMERS ASSISTED[4]
125,462	TELEPHONE INQUIRIES
11,464	CONSUMER COMPLAINTS[5]
3,693	IMRs CLOSED[6]
$3.6 M	RECOVERED FOR CONSUMERS
1,675	NON-JURISDICTIONAL REFERRALS
7,199	PROVIDER COMPLAINTS
$11.9 M	RECOVERED PROVIDER PAYMENTS
0	AB 72 IDRP CASES COMPLETED



On average, 62% of enrollees that submitted IMR requests to the DMHC received the requested service or treatment.

SURPRISE BALANCE BILLING

Health care consumers in DMHC-regulated plans are protected from surprise balance billing. Under a law passed in 2016, consumers are protected from being put in the middle of billing disputes between health plans and out-of-network providers. Consumers can be billed only for their in-network cost-sharing when they use an in-network facility such as a hospital.

File a grievance/complaint with your health plan if you have received a surprise bill. Your health plan will review your grievance and should tell the provider to stop billing you. If you do not agree with your health plan's response or the plan takes more than 30 days to fix the problem, you can file a complaint with the DMHC Help Center by calling 1-888-466-2219 or at www.HealthHelp.ca.gov.

Resolution Process (IDRP) in 2017 as a mechanism for non-contracted providers or health plans to dispute the default reimbursement amount. In 2018, the DMHC received 39 IDRP applications. Of those, 37 were ineligible or withdrawn, and the remaining two were still pending as of December 31, 2018.

Also in 2018, the DMHC Help Center launched a new Customer Relations Management (CRM) database called "Spotlight." The Help Center staff uses this modernized interface to work on consumer cases with improved convenience and efficiency for both the DMHC and health plans.

With the new system, the DMHC Help Center is able to track more than one complaint category per case to more accurately capture consumer concerns. For example, if a consumer files a complaint that they could not get their prescription filled because their coverage was terminated due to alleged failure to pay their premiums, the issues can be coded as both an enrollment issue and a prescription access issue.

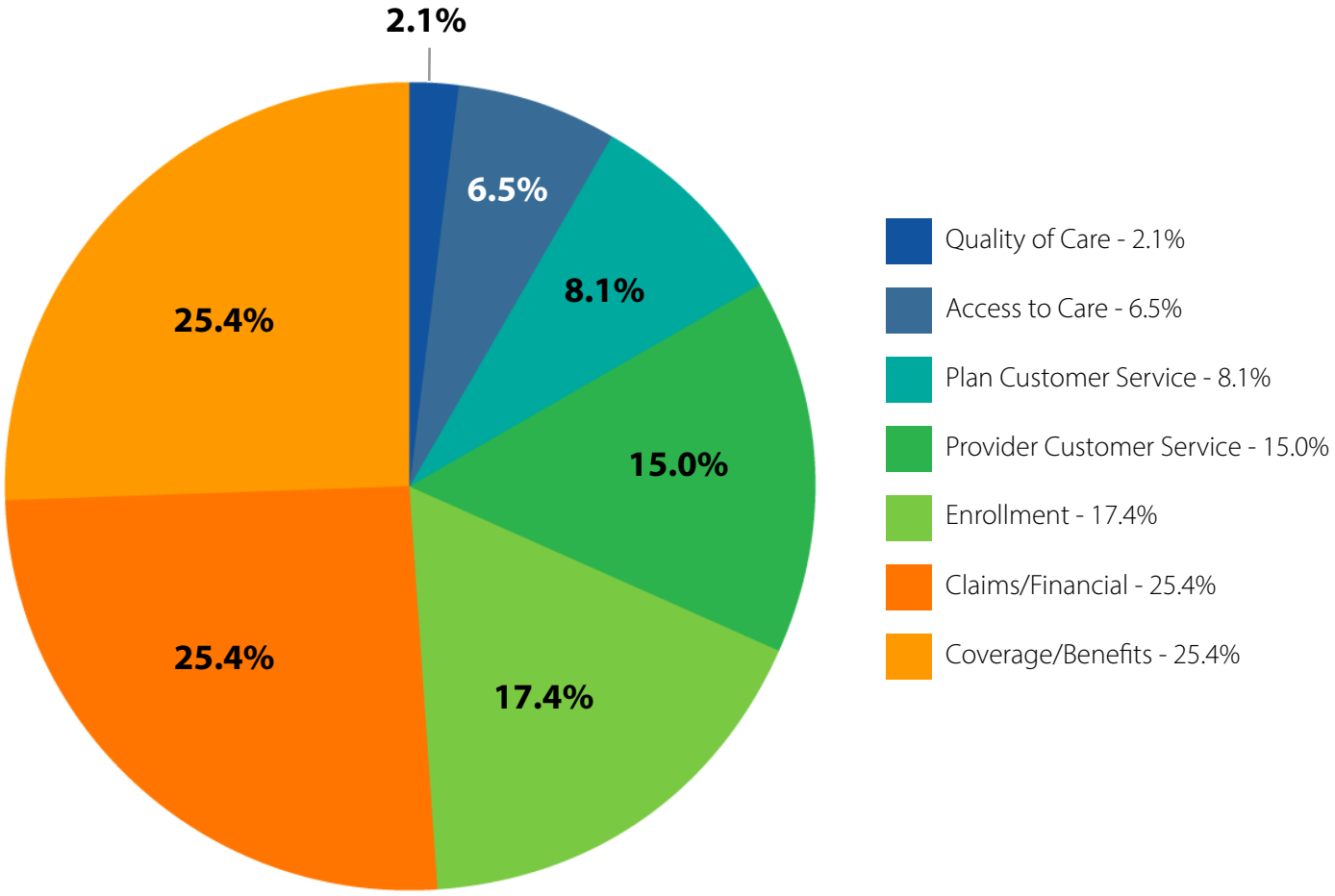
Further, Spotlight's built-in email function has allowed the DMHC Help Center to go paperless, and move away from relying on fax machines to communicate with plans.

WHAT IS A GRIEVANCE SYSTEM VIOLATION?

Health plans are required to have grievance and appeals systems to assist consumers in resolving issues with their health plans. A health plan's grievance program informs enrollees of their grievance and appeal rights and protections afforded to them under the law, such as the right to pursue an IMR or file a complaint with the DMHC. Under California law, plans are required to recognize expressions of dissatisfaction as grievances to resolve issues within specific timeframes, typically 30 days for a non-urgent matter.

The failure to identify, timely process, and resolve enrollee grievances are called grievance system violations (GSVs). When a plan fails to identify a grievance, enrollees are not informed of their rights.

CONSUMER COMPLAINTS RESOLVED IN 2018

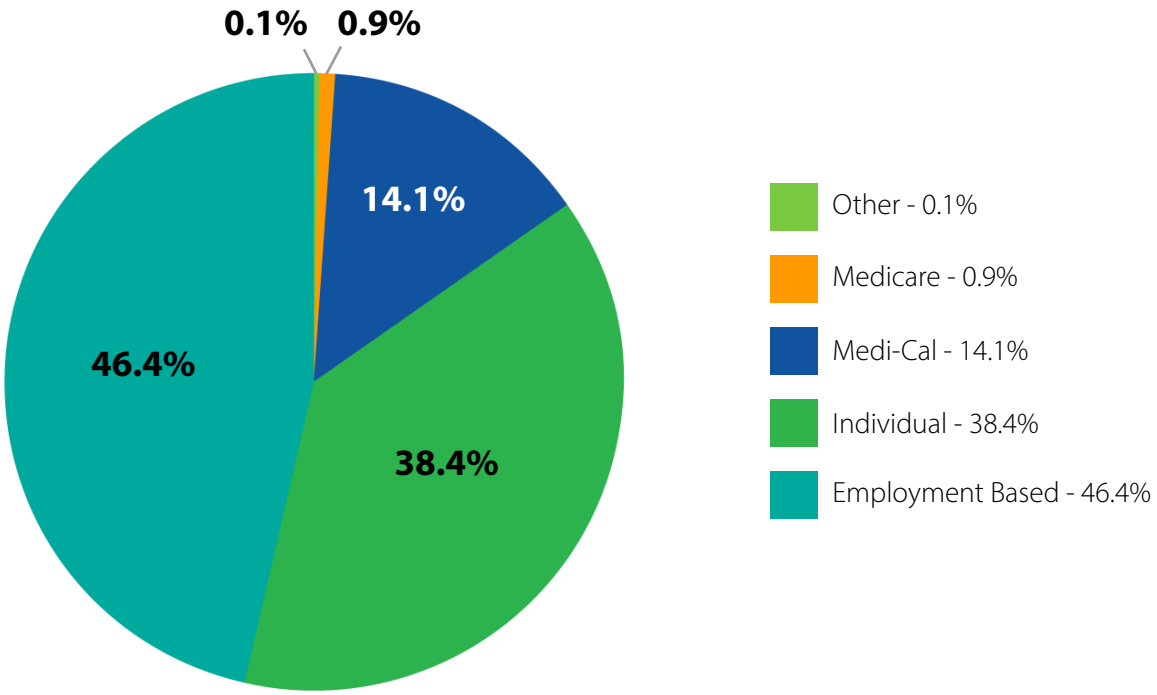


Interspersed throughout this report are consumer stories of assistance provided by the DMHC Help Center during 2018. The names of the enrollees have been changed to protect their identities.

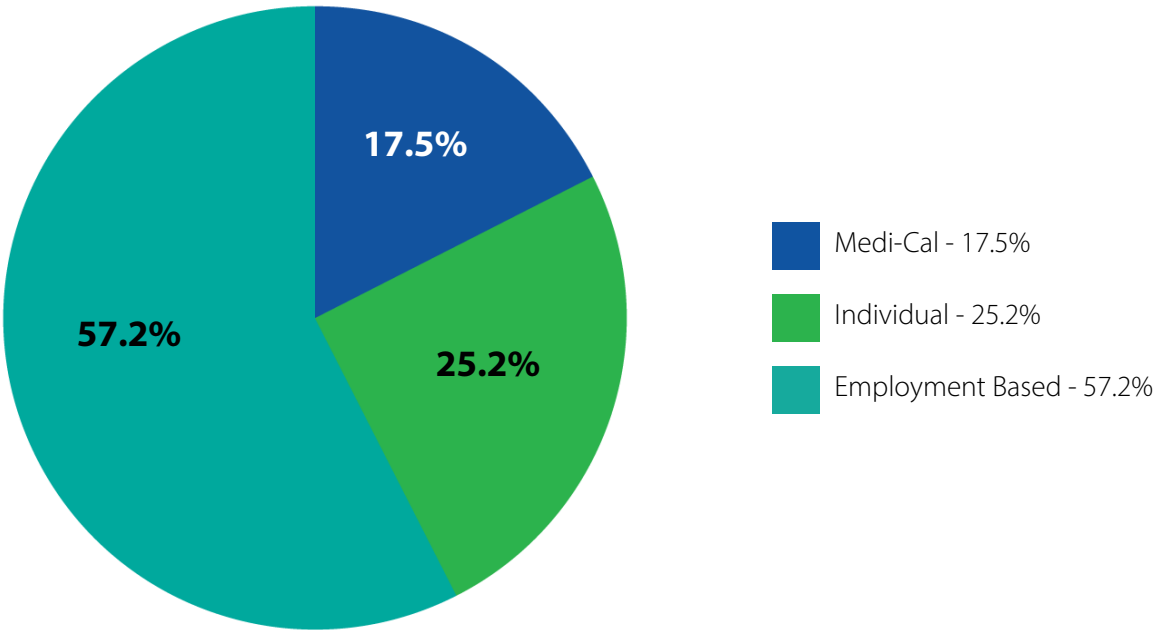
DMHC HELP CENTER ASSISTANCE: IN NETWORK COST-SHARING

William, an Individual PPO plan member, paid $20,000 out-of-pocket for hip replacement surgery because the provider failed to verify his coverage and benefit information before agreeing to perform the surgery. After reviewing his benefits, he discovered that he was responsible only for a co-insurance payment just over $550. He requested the health plan or provider refund the amount he overpaid, and contacted the DMHC Help Center for assistance. The DMHC Help Center verified the provider was in his health plan's network, and William was issued a full refund for the overpayment amount.

CONSUMER COMPLAINTS RESOLVED IN 2018 BY COVERAGE TYPE



IMRs RESOLVED IN 2018 BY COVERAGE TYPE



DEPARTMENT OF Managed Health Care

Timely Access to Care

In California, health care consumers have the right to an appointment when needed.

The law requires health plans licensed by the DMHC to make providers available within specific geographic and time-elapsed standards. Health plans must ensure their network of providers, including doctors, can provide enrollees with an appointment within a specific number of days or hours.

Appointment Type	Time Frame
Urgent Care (prior authorization not required by health plan)	48 hours
Urgent Care (prior authorization required by health plan)	96 hours
Non-Urgent Doctor Appointment (primary care physician)	10 business days
Non-Urgent Doctor Appointment (specialty physician)	15 business days
Non-Urgent Mental Health Appointment (non-physician[1])	10 business days
Non-Urgent Appointment (ancillary provider[2])	15 business days

1 Examples of non-physician mental health providers include counseling professionals, substance abuse professionals and qualified autism service providers.

2 Examples of non-urgent appointment for ancillary services include lab work or diagnostic testing, such as mammogram or MRI, and treatment of an illness or injury such as physical therapy.

Timely Access to Care Requirements

DISTANCE

Provide access to a primary care provider or a hospital within 15 miles or 30 minutes from where enrollees live or work. (Alternate geographic access standards are evaluated when a health plan is unable to meet these standards).

WAIT TIME

During normal business hours, the waiting time for an enrollee to speak by telephone with a knowledgeable and competent health plan customer service representative shall not exceed 10 minutes.

AVAILABILITY

Provide (or arrange for) telephone triage or screening services on a 24/7 basis with wait times not to exceed 30 minutes. Patients can get help to determine how urgent their condition is, including a return call within a reasonable timeframe, not to exceed 30 minutes.

INTERPRETER

Interpreter services must be coordinated with scheduled appointments for health care services to ensure interpreter services are provided at the time of the appointment.

Unable to Get an Appointment Within the Timely Access Standard?

If you are not able to get an appointment within the timely access standard, you should first contact your health plan for assistance at the toll-free number listed on your health plan card.

The DMHC Help Center is available at 1-888-466-2219 or www.HealthHelp.ca.gov to assist you if your health plan does not resolve the issue. The DMHC Help Center will work with you and your health plan to ensure you receive timely access to care.

Plan Licensing

Health plans in California must be licensed by the DMHC. As part of the licensing process, the DMHC reviews all aspects of the health plan's operations, including benefits and coverage (e.g., Evidences of Coverage), template contracts with doctors and hospitals, provider networks, and complaint and grievance systems.

After licensure, the DMHC continues to monitor the health plans and any changes they make to their operations, including changes in service areas, contracts, benefits or systems. Health plans are required to file changes as amendments or material modifications, depending on the scope of the change. The DMHC also periodically identifies specific licensing issues for focused examination or investigation.

2018 Highlights

In 2018, the DMHC reviewed several health plan mergers. The Department reviews proposed health plan mergers and acquisitions to ensure enrollees have continued access to appropriate health care services, and to ensure compliance with the strong consumer protections and financial solvency requirements in the law.

The DMHC approved CVS's acquisition of Aetna, Inc., Optum, Inc.'s acquisition of DaVita Health Plan of California, and Cigna Corporation's acquisition of Express Scripts. The Department's approval of these mergers included important conditions that will improve plan performance and access to care for enrollees. As a part of the conditions imposed by the DMHC, a combined total of $358 million will be invested to support California's health care delivery system.

The DMHC issues All Plan Letters to provide guidance and information to health plans. The Department issued 20 All Plan Letters in 2018 on various topics including compliance with newly enacted laws, health plan annual filing requirements regarding prescription drug cost information, and health plan obligations to provide enrollees who are displaced by a declared state of emergency with continued access to medically necessary health care services.

The DMHC continued to participate in a collaborative industry-led effort to support the creation of a statewide, centralized

2018 BY THE NUMBERS
PLAN LICENSING

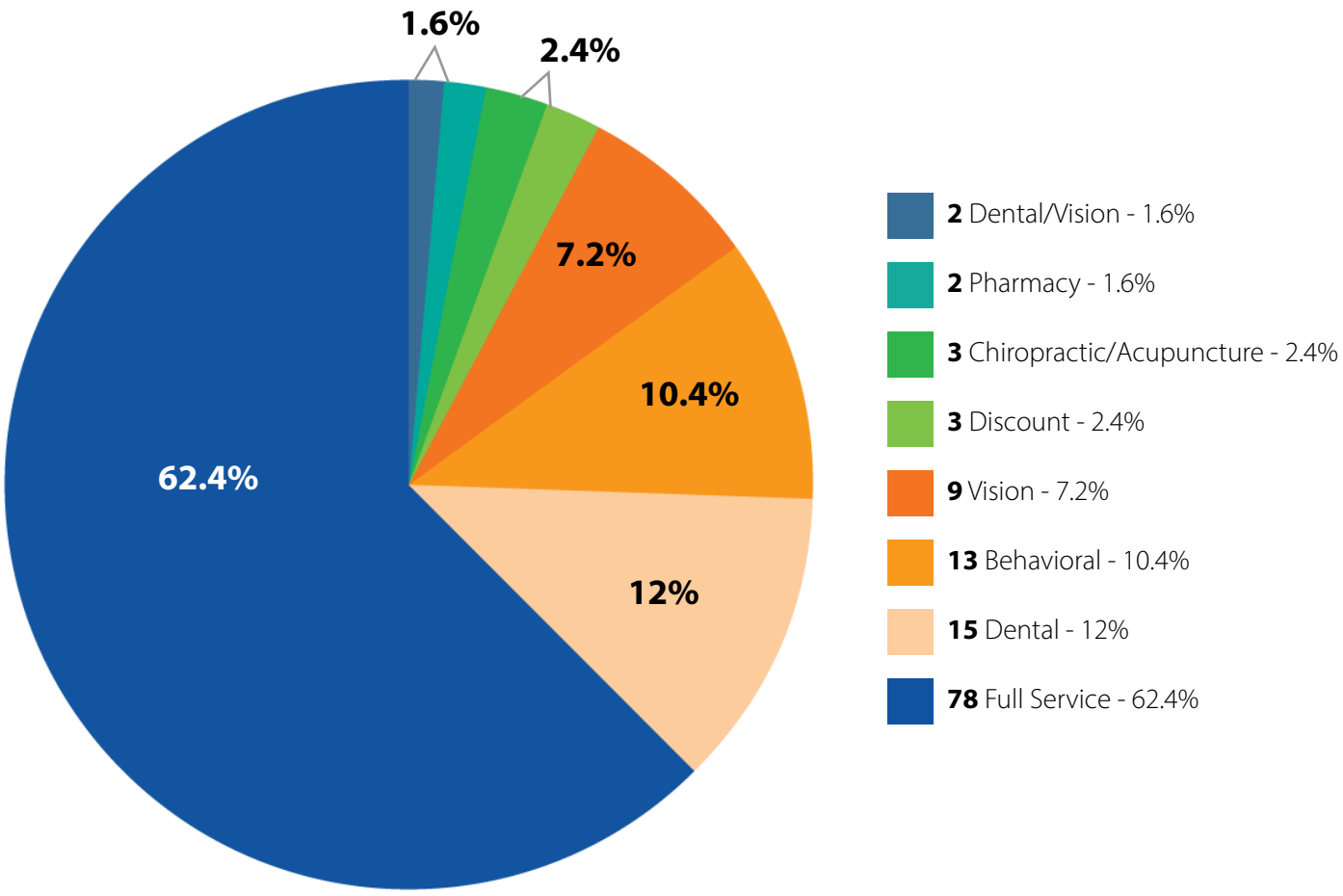
4	NEW LICENSES ISSUED
4,329	EVIDENCES OF COVERAGE REVIEWED
1,342	ADVERTISEMENTS REVIEWED
45	COVERED CALIFORNIA FILINGS REVIEWS[7]
20	ALL PLAN LETTERS
214	MATERIAL MODIFICATIONS (SIGNIFICANT CHANGES) RECEIVED

"Health plans in California must be licensed by the DMHC."

provider directory utility. This effort started with undertakings associated with the DMHC's approval of the acquisition of Care 1st Health Plan by California Physicians' Service (Blue Shield of California) in 2015. The centralized online service, now known as the Symphony Provider Directory, allows providers to update their information and health plans to receive accurate provider information in one place. Blue Shield of California contracted with the Integrated Healthcare Association (IHA) which conducted a soft launch with three health plans, two provider organizations and 10 independent practices and clinics in 2018. The DMHC provided technical assistance to health plans as they prepared to contract with IHA during the soft launch.

The DMHC also continued to monitor health plan compliance with Senate Bill (SB) 137 (Hernandez, Chapter 649, Statutes of 2015), including implementation of the Uniform Provider Directory Standards, which became effective January 1, 2018. Additionally, SB 137 established comprehensive requirements to ensure health plans publish and maintain accurate, complete and up-to-date provider directories. All health plans must have publicly available provider directories on their websites, make weekly updates to those directories, and provide consumers with simple ways to report directory errors.

LICENSED PLANS IN 2018



Plan Monitoring

The DMHC assesses and monitors health plan networks and delivery systems for compliance with the Knox-Keene Act. The Department evaluates compliance through onsite surveys (audits) of health plan operations. A routine survey of each licensed health plan is performed every three years. The DMHC also conducts non-routine surveys when a specific issue or problem requires a focused review of a health plan's operations. The surveys examine health plan practices related to access, utilization management, quality improvement, continuity and coordination of care, language access, and enrollee grievances and appeals.

When a survey identifies deficiencies, the DMHC requires corrective actions and may refer deficiencies to the Office of Enforcement for further investigation. Enforcement referrals typically occur when there are repeat deficiencies or when the health plan's corrective actions do not adequately correct the deficiencies. Survey findings, including corrective actions, are issued in public reports posted to the DMHC's website.

The DMHC monitors health plan provider networks and the accessibility of services to enrollees by reviewing the geographic proximity of in-network providers to enrollee residences or work locations, provider-to-patient ratios and timely access to care. For some provider types, health plans must meet specific time and distance standards. Health plans are required to develop networks that have an adequate number of providers to deliver access to care in a timely manner. This includes a requirement that plans ensure their network of providers can provide enrollees with an appointment within a specific number of days or hours. For more information on health plan timely access requirements, see the fact sheet on page 9.

When a contract terminates between a health plan and a hospital or provider group, the DMHC assesses how the enrollees affected by the termination will continue to receive care. Health plans must submit a "Block Transfer Filing" when a contract termination with a hospital or provider group affects 2,000 or more enrollees. The DMHC ensures the health plan's remaining network adequately supports the affected enrollee population and requires the health plan to timely notify its affected enrollees, in writing, of the contract termination. The DMHC also requires health plans to notify affected enrollees that they may qualify to keep their doctor or hospital for a limited time, under certain circumstances. This is called "continuity of care."

2018 Highlights

Ensuring access to mental health services, including compliance with state and federal law continues to be a high priority for the DMHC. Following the release of the final federal rules for the Paul Wellstone

DMHC HELP CENTER ASSISTANCE: EMERGENCY CARE COVERAGE

Maria, a Small Group HMO plan member, went to the emergency room because she was vomiting severely and coughing up phlegm and blood. Her plan refused to cover the emergency visit, and the facility billed her almost $1,500. Maria's health plan claimed that a reasonable person would not have gone to the emergency room in her case. Maria's mother filed a complaint with the DMHC Help Center resulting in the plan covering the cost of the visit.

and Pete Domenici Mental Health Parity and Addiction Equity Act (MHPAEA), the DMHC required health plans to conform to the new requirements. In 2018, the Department completed a comprehensive review of 25 full-service commercial health plans' benefit designs and methodologies for providing mental health services. The DMHC also conducted focused medical surveys to assess whether plans put into practice MHPAEA compliant benefit designs.

The surveys found 11 plans were MHPAEA compliant, while 14 plans were non-compliant in either the area of non-quantative treatment limitations (seven plans) or quantative treatment limitations (two plans), or both (five plans). The final reports for all 25 surveys are available on the DMHC's website.

As a result of the DMHC's focused compliance review, many health plans were required to update their policies and procedures and/or revise cost-sharing for services and treatment. Seven health plans were required to recalculate cost-sharing for enrollees after the DMHC found the plans had applied cost-sharing for mental health and substance use disorder services that differed from cost-sharing for medical services. This resulted in enrollees being reimbursed a total of $517,375.

Also in 2018, the DMHC continued to work with health plans to improve the accuracy of their timely access data. The DMHC held workgroups with consumer advocates and health plan representatives to discuss data challenges and how to improve the mandatory timely access methodology. The DMHC required health plans to utilize external vendors to validate the Timely Access data and conduct a quality assurance review of their Measurement Year (MY) 2017 Timely Access Compliance Reports. These efforts proved effective as the DMHC was able to display data by product type (Commercial, Individual/Family and Medi-Cal) for the first time in the MY 2017 Timely Access Report. The DMHC will continue to work with stakeholders, including health plans, providers and consumer advocates, to further increase the usability of the timely access data and develop an acceptable rate of compliance.

2018 BY THE NUMBERS

PLAN MONITORING

20 ROUTINE SURVEYS

35 FOLLOW-UP SURVEYS

23 MHPAEA FOCUSED SURVEYS[8]

116 UNIQUE HEALTH PLAN NETWORKS REVIEWED[9]

41 TIMELY ACCESS COMPLIANCE REPORTS REVIEWED[10]

303 BLOCK TRANSFERS RECEIVED

49 MATERIAL MODIFICATIONS (SIGNIFICANT CHANGES) RECEIVED

"The DMHC assesses and monitors health plan networks and delivery systems for compliance with the Knox-Keene Act."

Financial Oversight

The DMHC works to ensure stability in California's health care delivery system by actively monitoring the financial status of health plans and provider groups to make sure they can meet their financial obligations to consumers and other purchasers.

The DMHC reviews health plan financial statements and filings, and analyzes health plan reserves, financial management systems, and administrative arrangements. To monitor and corroborate reported information, the DMHC conducts routine financial examinations of each health plan every three to five years, and initiates non-routine financial examinations as needed. Routine examinations focus on health plan compliance with financial and administrative requirements that include reviewing the plan's claims payment practices and provider dispute resolution processes.

The DMHC annually reviews health plan compliance with the federal Affordable Care Act (ACA) Medical Loss Ratio (MLR) requirements of 85% in the large group market and 80% in the individual and small group markets. MLR is the percentage of health plan premiums that a health plan spends on medical services and activities that improve quality of care. If a plan does not meet the minimum MLR threshold, it must provide rebates to consumers and other purchasers, such as employers.

The DMHC monitors the financial solvency of Risk-Bearing Organizations (RBO) but does not license them. RBOs are provider groups that, in their contracts with health plans, pay claims and assume financial risk for the cost of professional health care services (physician, ancillary or pharmacy services) by accepting a fixed monthly payment for each enrolled person assigned to the RBO. This arrangement is typically referred to as "capitation."

RBOs are subject to financial reserve requirements and regular financial reporting. The DMHC monitors the financial stability of RBOs by analyzing financial filings, conducting financial examinations, reviewing claims payment practices and developing and monitoring corrective action plans.

The DMHC reviews the financial status of all licensed health plans and registered RBOs at the Financial

2018 BY THE NUMBERS **FINANCIAL OVERSIGHT**

67	FINANCIAL EXAMINATIONS COMPLETED[11]
2,497	FINANCIAL STATEMENTS REVIEWED[12]
$72 M	MLR REBATES[13]
$1.9 M	CLAIM AND DISPUTED PAYMENTS REMEDIATED
$314,162	INTEREST AND PENALTIES PAID

"The DMHC works to ensure stability in California's health care delivery system."

Solvency Standards Board (FSSB) public meetings. The FSSB meets quarterly and advises the Director on matters of financial solvency that affect the delivery of health care services. FSSB members offer a broad range of experience and expertise including perspectives from actuaries, hospital and provider executives, health plan executives and consumer advocates.

2018 Highlights

In 2018, two full service health plans were required to issue rebate checks to small employers for failing to meet the minimum MLR requirement of 80% in the small group market for 2017. Plans filed MLR information for calendar year 2017 in 2018.

Blue Cross of California (Anthem Blue Cross) reported an MLR of 77.5% in the small group market for 2017 and paid rebates of $53 million. California Physicians' Service (Blue Shield of California) reported an MLR of 79.3% in the small group market for 2017 and paid $19 million in rebates. Additionally, one specialized health plan was required to issue rebate checks for failing to meet the minimum MLR requirement of 85% in the large group market. U.S. Behavioral Health Plan, California (OptumHealth Behavioral Solutions of California) reported an MLR of 29.7% for 2017 and paid rebates of $88,142.

Following a routine financial examination, the DMHC imposed a corrective action plan (CAP) on Local Initiative Health Authority for Los Angeles County (L.A. Care Health Plan) for deficiencies in its claims payment practices. As part of the plan's CAP, approximately 30,000 claims were re-processed and an additional $463,000 in payments were issued to providers, including interest and penalties, as of December 31, 2018.

Also in 2018, the DMHC conducted financial examinations on 24 RBOs. As a result, 19 RBOs were required to remediate underpaid claims to providers. In total, those RBOs paid an additional $1.7 million in payment, interest and penalties to providers.

To improve efficiencies in reviewing health plan and RBO financial statements and filings, the DMHC developed an internal Dashboard to allow staff to easily access financial data in one centralized application. This new tool launched in April 2018.

DMHC HELP CENTER ASSISTANCE: PRESCRIPTION MEDICATION

Julie, an Individual PPO plan member, was diagnosed with sickle cell anemia and was unable to obtain a prescription for her medication. Her health plan repeatedly denied coverage, asserting that the medication could be purchased over-the-counter. She reached out to the DMHC Help Center for assistance, and the Help Center's clinical staff determined that the medication could not be obtained over-the-counter. The health plan was required to cover past and future prescriptions.

Rate Review

Since January 2011, the DMHC has saved Californians more than $226 million in health care premiums through the premium rate review program for individual and small group health plans. Under state law, proposed premium rate changes for individual or small group health plans must be filed with the DMHC. Actuaries perform an in-depth review of these proposed changes and ask health plans to demonstrate that proposed rate changes are supported by data, including underlying medical costs and trends. The DMHC does not have the authority to approve or deny rate increases; however, its rate review efforts hold health plans accountable through transparency, ensuring consumers get value for their premium dollar and saving Californians money.

If the DMHC finds a health plan rate change is not supported, the DMHC negotiates with the plan to reduce the rate, called a modified rate. If the health plan refuses to modify its rate, the Department can find the rate to be unreasonable. If the DMHC finds a proposed rate change to be unreasonable, the health plan must notify impacted members of the unreasonable finding.

Health plans that offer large group coverage must file annual aggregated rate information with the DMHC. The DMHC does not review large group rates, but holds a public meeting annually to increase transparency.

2018 Highlights

In 2018, the DMHC reviewed 51 individual and small group rate filings. This included 21 rate filings for Covered California, the state's Exchange. The Department did not find any rates to be unreasonable in 2018.

On February 7, 2018, the DMHC held its annual public meeting to discuss the large group aggregate rate data filed by health plans in 2017. Health plans also submitted their large group annual aggregate rate data for 2018 to the DMHC by October 1, 2018. The large group rate data submitted for 2018 will be discussed at the Department's annual public meeting on large group rates in 2019.

Senate Bill (SB) 17 (Hernandez, Chapter 603, Statutes of 2017) required health plans in the commercial market to file certain prescription drug cost information with the DMHC by October 1, 2018. The DMHC released the first annual report summarizing this data and the impact of prescription drug costs on health care premiums in December 2018. The information in the report will be presented at the Department's annual public meeting on large group rates in 2019.

2018 BY THE NUMBERS
RATE REVIEW

51	RATE FILING REVIEWS COMPLETED
127	RATE FILINGS RECEIVED[14]
0	RATES FOUND UNREASONABLE
0	REDUCED (MODIFIED) RATES
$226 M	CONSUMER SAVINGS THROUGH NEGOTIATED REDUCED RATES SINCE 2011

"Since January 2011, the DMHC has saved Californians more than $226 million in health care premiums."

Enforcement

To protect consumers, the DMHC takes timely action against health plans that violate the law. The primary purpose of enforcement action is to change plan behavior to comply with the law. Enforcement actions include issuing cease and desist orders, imposing administrative penalties (fines), freezing enrollment and requiring corrective actions. When necessary, the DMHC may pursue litigation to ensure health plans follow the law.

In 2018, the first $1 million in fines collected by the DMHC was transferred to the Steven M. Thompson Physician Corps Loan Repayment Program to be used to encourage physicians to practice in medically underserved areas. The remaining funds were transferred to the Health Care Services Plan Fines and Penalties Fund to support the Medi-Cal program.

2018 Highlights

In 2018, the DMHC assessed $2,975,500 in fines and penalties against health plans. The enforcement actions taken in 2018 involved diverse legal issues, including failure to cover medications, improper operation under an unapproved administrative services agreement, failure to protect an enrollee against balance billing, failure to cover emergency services and engaging in untrue or misleading advertisement. The following describes some of the enforcement actions taken in 2018:

- The DMHC imposed a $45,000 penalty against Aetna Health of California, Inc. for numerous violations related to two different medication requests for the same enrollee. In the first instance, the plan denied coverage for an enrollee's medication, because the plan believed it was not medically necessary. The plan failed to send the enrollee a denial letter outlining the basis for its determination and informing the enrollee of his right to appeal the denial. In the second instance, the plan failed to timely recognize and process a clearly marked urgent treatment authorization request for an eye medication. The enrollee urgently needed the medication to prevent permanent damage to his eyesight, but the plan did not process the expedited request until 50 days after receipt.
- The DMHC imposed a $100,000 penalty against Molina Healthcare of California, Inc. for numerous violations related to its failure to pay for covered emergency services, and repeated failures to adequately consider an enrollee's grievance and appropriately rectify the issues. Rather than pay for the emergency services, the plan suggested that the enrollee set up a payment plan with the hospital. Due to the plan's failures, the DMHC and the plan agreed to corrective action whereby the plan revised its policies and procedures and

DMHC HELP CENTER ASSISTANCE: SECOND OPINION

Bob, a Large Group HMO plan member, was diagnosed with a neurological and neuromuscular condition. He wanted a second opinion from a doctor who specialized in both of his conditions, however there was no such doctor available in his plan's network. Bob reached out to the DMHC Help Center for assistance getting a second opinion consultation with an appropriately qualified neurosurgeon. The plan agreed to cover a second opinion with an out-of-network neurosurgeon who specialized in both of his conditions.

retrained staff to ensure future actions by the plan are consistent with the law.

- The DMHC imposed a $70,000 penalty against Anthem Blue Cross for untrue or misleading advertising and conduct that constituted fraud or dishonest dealing. Anthem Blue Cross issued an Open Enrollment Packet in which it represented pediatric dental benefits were not subject to the plan deductible, when in fact pediatric dental benefits were subject to the plan deductible under the terms of the Evidence of Coverage (EOC). The plan communicated these untrue statements to 69,929 enrollees. The printed statement did not conform to the terms of the EOC, and was significant to the enrollees who relied on this representation when deciding to re-enroll in this product. Anthem Blue Cross remedied the error by processing claims in accordance with its marketing materials rather than the EOC, thereby saving money for the affected enrollees.
- The Superior Court upheld the DMHC's imposition of a $50,000 administrative penalty against Anthem Blue Cross for delaying the IMR process. The Department imposed the penalty against Anthem Blue Cross in 2017 for causing an unnecessary delay to the IMR process by failing to provide timely information to the DMHC's neutral third party IMR review organization. The Department found the plan improperly prolonged the IMR process, which requires plans to timely provide additional medical records or information requested by an IMR organization. The plan appealed the Department's decision to impose a $50,000 penalty by filing a lawsuit challenging the timeliness requirement[15] and raising several other related claims. In July of 2018, the Superior Court upheld the Department's decision and dismissed the plan's lawsuit in its entirety. Anthem Blue Cross then paid the $50,000 penalty.

2018 BY THE NUMBERS
ENFORCEMENT

1,185 CASES OPENED

215 CASES CLOSED WITH A PENALTY

$3 M PENALTIES ASSESSED

"To protect consumers, the DMHC takes timely action against health plans that violate the law."

Notes

1 The enrollment charts include the following enrollment types reported by plans:

- Point of Service - Large Group
- PPO - Large Group
- Group (Commercial)
- Point of Service - Small Group
- PPO - Small Group
- Small Group
- PPO - Individual
- Point of Service - Individual
- Individual
- In-Home Supportive Services (IHSS)
- Medi-Cal Risk
- Medicare Risk (Medicare Advantage)
- Medicare Cost (Fee For Service)

2 Delta Dental of California and the Department of Health Care Services made a change in their contractual arrangement in January 2018, whereby Delta Dental of California is no longer the fiscal intermediary of the Medi-Cal dental program. As a result, Delta Dental of California's Medi-Cal enrollment declined by approximately 13 million lives.

3 62% is an average over three years: 2016, 2017 & 2018. In 2018, enrollees received the requested services in nearly 55% of the cases qualified by the Department for the IMR program.

4 This includes consumers who may have received more than one form of assistance throughout the year.

5 Consumer complaints are comprised of standard complaints (10,798), quick resolutions (569) and urgent cases (97) in 2018. 8,789 of the standard complaints were resolved by the DMHC and are included in the complaint report in the Appendix. Of the remaining cases, most were sent back to the health plan to address through the grievance process.

6 IMRs closed are comprised of cases that were resolved by the DMHC or closed for any reason other than non-jurisdictional in 2018. 3,058 of the IMRs were resolved by the DMHC and are included in the IMR report in the Appendix. The remaining cases were closed because the consumer had not yet gone through the health plan grievance process, the consumer did not respond to requests for information, or the case was ineligible for IMR.

7 Includes review of Qualified Health Plan filings and Qualified Dental Plan filings

8 Two additional MHPAEA focused survey final reports were issued in 2017

9 Networks reviewed in 2018 for Measurement Year 2017

10 Timely access compliance reports reviewed in 2018 for Measurement Year 2017

11 43 Health Plan Financial Examinations and 24 RBO Financial Examinations

12 1,341 Health Plan Financial Statements Reviewed and 1,156 RBO Financial Statements Reviewed

13 Rebates for calendar year 2017, paid in 2018

14 The DMHC does not review annual aggregate rate filings.

15 Title 28 of the California Code of Regulations § 1300.74.30 (k)(2)

2018 Independent Medical Review Summary Report

Report Overview

62% of enrollee cases qualified for the Department's IMR program received the requested services they needed.*

12% of cases the health plan reversed its denial after the Department received the IMR application, but prior to review by the IMRO. These types of reversals are listed under the "Rev. by Plan" Column.

42% of cases previously denied by health plans were overturned by the IMRO.

45% of cases were upheld by the IMRO.

The Annual Independent Medical Review (IMR) Summary Report displays the number and types of IMRs resolved during the 2018 calendar year, by health plan. The Department resolved 3,058 IMRs.

The Report identifies each health plan's enrollment during the year, the number of IMRs resolved for each health plan, the number of IMRs per 10,000 enrollees, the number of IMRs upheld or overturned by the Independent Medical Review Organization (IMRO), and the number of IMRs that the health plan reversed.

The health plan enrollment figures were provided to the Department by the health plans in their quarterly financial filings. Enrollment reflects the enrollment figures provided for the fourth quarter of 2018 for the population of enrollees within the DMHC Help Center's jurisdiction. Plans with zero enrollment as of December 31, 2018, may have had enrollment earlier in the year or received a license during 2018.

Data represents resolved IMRs which were determined to be within the Department's jurisdiction, eligible for review, and resolved (closed) within calendar year 2018. Cases pending at the end of 2018 and resolved (closed) in the following year are reported in the subsequent year's Annual Report.

Health plans are listed according to their business names during 2018. In instances where a health plan is known by more than one name, the legal name is shown first with the additional name(s) in parentheses.

The number of IMRs per 10,000 enrollees is displayed to illustrate the volume of IMRs for a plan in a manner that considers the wide variations in plan enrollment. When comparing plans, a lower number of IMRs per 10,000 enrollees indicates fewer IMRs were resolved per capita. As a result, a plan with a higher overall number of resolved IMRs may still show fewer IMRs per 10,000 enrollees than another plan with fewer overall resolved IMRs.

This information is provided for statistical purposes only. The Director of the Department of Managed Health Care has neither investigated nor determined whether the complaints within this summary are reasonable or valid.

* 62% is an average over three years: 2016, 2017 & 2018. In 2018, enrollees received the requested services in nearly 55% of the cases qualified by the Department for the IMR program.

California Department of Managed Health Care

2018 Independent Medical Review by Health Plan

Grey shading indicates that the plan surrendered its license in 2018.

Plan Type and Name	Enrollment	Total IMRs Resolved	IMRs per 10,000*	Experimental / Investigational IMR							Medical Necessity IMR							ER Reimbursement IMR						
				Total IMRs	Upheld	%	Over-turned	%	Rev. by Plan	%	Total IMRs	Upheld	%	Over-turned	%	Rev. by Plan	%	Total IMRs	Upheld	%	Over-turned	%	Rev. by Plan	%
Full Service - Enrollment Over 400,000																								
Blue Cross of California (Anthem Blue Cross)	3,038,421	1,045	3.44	468	256	54.7%	198	42.3%	14	3.0%	556	218	39.2%	273	49.1%	65	11.7%	21	16	76.2%	4	19.0%	1	4.8%
California Physicians' Service (Blue Shield of California)	2,699,735	1,024	3.79	306	176	57.5%	106	34.6%	24	7.8%	700	308	44.0%	299	42.7%	93	13.3%	18	10	55.6%	6	33.3%	2	11.1%
Health Net of California, Inc.	1,948,874	166	0.85	23	10	43.5%	11	47.8%	2	8.7%	141	43	30.5%	64	45.4%	34	24.1%	2	1	50.0%	1	50.0%	0	0.0%
Inland Empire Health Plan (IEHP)	1,219,009	25	0.21	2	2	100.0%	0	0.0%	0	0.0%	23	10	43.5%	7	30.4%	6	26.1%	0	0	0.0%	0	0.0%	0	0.0%
Kaiser Foundation Health Plan, Inc. (Kaiser Permanente)	6,937,572	288	0.42	10	5	50.0%	5	50.0%	0	0.0%	258	145	56.2%	82	31.8%	31	12.0%	20	16	80.0%	4	20.0%	0	0.0%
Local Initiative Health Authority for L.A. County (L.A. Care Health Plan; L.A. Care Plan de Salud)	2,170,343	53	0.24	1	0	0.0%	1	100.0%	0	0.0%	51	10	19.6%	21	41.2%	20	39.2%	1	1	100.0%	0	0.0%	0	0.0%
Molina Healthcare of California	503,995	29	0.58	0	0	0.0%	0	0.0%	0	0.0%	29	6	20.7%	20	69.0%	3	10.3%	0	0	0.0%	0	0.0%	0	0.0%
UHC of California (UnitedHealthcare of California)	480,938	56	1.16	4	0	0.0%	4	100.0%	0	0.0%	39	17	43.6%	6	15.4%	16	41.0%	13	8	61.5%	3	23.1%	2	15.4%
Total Full Service - Enrollment Over 400,000:	**18,998,887**	**2,686**	**1.41**	**814**	**449**	**55.2%**	**325**	**39.9%**	**40**	**4.9%**	**1797**	**757**	**42.1%**	**772**	**43.0%**	**268**	**14.9%**	**75**	**52**	**69.3%**	**18**	**24.0%**	**5**	**6.7%**
Full Service - Enrollment Under 400,000																								
Access Senior HealthCare, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Adventist Health Plan, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Aetna Better Health of California Inc.	11,029	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Aetna Health of California, Inc.	210,062	22	1.05	4	3	75.0%	1	25.0%	0	0.0%	15	5	33.3%	6	40.0%	4	26.7%	3	0	0.0%	2	66.7%	1	33.3%
Aids Healthcare Foundation (Positive Healthcare)	634	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Alameda Alliance for Health	265,228	24	0.90	1	0	0.0%	0	0.0%	1	100.0%	23	7	30.4%	13	56.5%	3	13.0%	0	0	0.0%	0	0.0%	0	0.0%
Alignment Health Plan	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
AmericasHealth Plan, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Arcadian Health Plan, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Aspire Health Plan	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Bay Area Accountable Care Network, Inc. (Canopy Health)	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Brown and Toland Health Services	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
California Health and Wellness Plan (California Health & Wellness)	195,230	11	0.56	0	0	0.0%	0	0.0%	0	0.0%	11	5	45.5%	5	45.5%	1	9.1%	0	0	0.0%	0	0.0%	0	0.0%
Care 1st Health Plan	88,378	16	1.81	1	1	100.0%	0	0.0%	0	0.0%	15	9	60.0%	4	26.7%	2	13.3%	0	0	0.0%	0	0.0%	0	0.0%
CareMore Health Plan	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Central Health Plan of California, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Chinese Community Health Plan	15,489	1	0.65	0	0	0.0%	0	0.0%	0	0.0%	1	0	0.0%	1	100.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Choice Physicians network, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Cigna HealthCare of California, Inc.	151,196	19	1.26	4	3	75.0%	0	0.0%	1	25.0%	15	1	6.7%	2	13.3%	12	80.0%	0	0	0.0%	0	0.0%	0	0.0%
Community Care Health Plan, Inc.	9,842	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Community Health Group	271,680	2	0.07	0	0	0.0%	0	0.0%	0	0.0%	2	0	0.0%	2	100.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Contra Costa County Medical Services (Contra Costa Health Plan)	188,352	8	0.42	0	0	0.0%	0	0.0%	0	0.0%	8	2	25.0%	6	75.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
County of Los Angeles-Dept of Health Srvcs. (Community Health Plan)	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
County of Ventura (Ventura County Health Care Plan)	14,947	5	3.35	0	0	0.0%	0	0.0%	0	0.0%	3	0	0.0%	1	33.3%	2	66.7%	2	2	100.0%	0	0.0%	0	0.0%
DaVita Health Plan of California, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Dignity Health Provider Resources, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
EASY CHOICE HEALTH PLAN, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
EPIC Health Plan	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Fresno-Kings-Madera Regional Health Authority (CalViva Health)	355,728	24	0.67	0	0	0.0%	0	0.0%	0	0.0%	24	12	50.0%	11	45.8%	1	4.2%	0	0	0.0%	0	0.0%	0	0.0%
Golden State Medicare Health Plan (Golden State Health Plan)	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Health Net Health Plan of Oregon, Inc. (Health Net Medicare of California)	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Heritage Provider Network, Inc. (Heritage Medical Systems)	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Humana Health Plan of California, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Imperial Health Plan of California, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Inter Valley Health Plan	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Kern Health Systems	244,683	25	1.02	1	1	100.0%	0	0.0%	0	0.0%	24	8	33.3%	8	33.3%	8	33.3%	0	0	0.0%	0	0.0%	0	0.0%
Medcore HP (Medcore)	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Medi-Excel, SA de CV (MediExcel Health Plan)	11,608	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Monarch Health Plan	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
On Lok Senior Health Services	323	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Orange County Health Authority (CalOptima)	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Oscar Health Plan of California	39,609	20	5.05	1	0	0.0%	1	100.0%	0	0.0%	18	6	33.3%	5	27.8%	7	38.9%	1	0	0.0%	1	100.0%	0	0.0%
Partnership HealthPlan of California	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
PIH Health Care Solutions	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Premier Health Plan Services, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
PRIMECARE Medical Network, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Prospect Health Plan, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Providence Health Assurance	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Providence Health Network	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
San Francisco Community Health Authority	140,960	3	0.21	0	0	0.0%	0	0.0%	0	0.0%	3	2	66.7%	0	0.0%	1	33.3%	0	0	0.0%	0	0.0%	0	0.0%
San Joaquin County Health Commission (The Health Plan of San Joaquin)	342,521	25	0.73	1	0	0.0%	1	100.0%	0	0.0%	24	4	16.7%	17	70.8%	3	12.5%	0	0	0.0%	0	0.0%	0	0.0%

California Department of Managed Health Care

2018 Independent Medical Review by Health Plan

Grey shading indicates that the plan surrendered its license in 2018.

Plan Type and Name	Enrollment	Total IMRs Resolved	IMRs per 10,000*	Experimental / Investigational IMR							Medical Necessity IMR							ER Reimbursement IMR						
				Total IMRs	Upheld	%	Over-turned	%	Rev. by Plan	%	Total IMRs	Upheld	%	Over-turned	%	Rev. by Plan	%	Total IMRs	Upheld	%	Over-turned	%	Rev. by Plan	%
San Mateo Health Commission (Health Plan of San Mateo)	114,797	18	1.57	0	0	0.0%	0	0.0%	0	0.0%	18	7	38.9%	9	50.0%	2	11.1%	0	0	0.0%	0	0.0%	0	0.0%
Santa Barbara San Luis Obispo Regional Health Authority (CenCal Health)	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Santa Clara County (Valley Health Plan)	33,465	3	0.90	0	0	0.0%	0	0.0%	0	0.0%	3	0	0.0%	1	33.3%	2	66.7%	0	0	0.0%	0	0.0%	0	0.0%
Santa Clara County Health Authority (Santa Clara Family Health Plan)	246,040	18	0.73	1	1	100.0%	0	0.0%	0	0.0%	17	7	41.2%	8	47.1%	2	11.8%	0	0	0.0%	0	0.0%	0	0.0%
Santa Cruz-Monterey-Merced Managed Medical Care Commission (Central California Alliance for Health)	635	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
SCAN Health Plan	13,618	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Scripps Health Plan Services, Inc. (Scripps Health Plan)	13,277	3	2.26	0	0	0.0%	0	0.0%	0	0.0%	3	0	0.0%	2	66.7%	1	33.3%	0	0	0.0%	0	0.0%	0	0.0%
Seaside Health Plan	230	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Sequoia Health Plan, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Sharp Health Plan	139,783	34	2.43	4	2	50.0%	1	25.0%	1	25.0%	28	8	28.6%	18	64.3%	2	7.1%	2	1	50.0%	1	50.0%	0	0.0%
Sistemas Medicos Nacionales, S.A. de C.V. (SIMNSA)	49,800	4	0.80	0	0	0.0%	0	0.0%	0	0.0%	1	0	0.0%	0	0.0%	1	100.0%	3	0	0.0%	3	100.0%	0	0.0%
Stanford Health Care Advantage	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Sutter Health Plan (Sutter Health Plus)	83,874	18	2.15	0	0	0.0%	0	0.0%	0	0.0%	18	5	27.8%	11	61.1%	2	11.1%	0	0	0.0%	0	0.0%	0	0.0%
UnitedHealthcare Benefits Plan of California	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
UnitedHealthcare Community Plan of California, Inc.	7,944	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Universal Care, Inc. (Brand New Day)	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Vitality Health Plan of California, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Western Health Advantage	125,882	40	3.18	7	6	85.7%	1	14.3%	0	0.0%	32	11	34.4%	20	62.5%	1	3.1%	1	1	100.0%	0	0.0%	0	0.0%
Total Full Service - Enrollment Under 400,000:	**3,386,844**	**343**	**1.01**	**25**	**17**	**68.0%**	**5**	**20.0%**	**3**	**12.0%**	**306**	**99**	**32.4%**	**150**	**49.0%**	**57**	**18.6%**	**12**	**4**	**33.3%**	**7**	**58.3%**	**1**	**8.3%**
Total All Full Service Plans:	**22,385,731**	**3,029**	**0.76**	**839**	**466**	**55.5%**	**330**	**39.3%**	**43**	**5.1%**	**2,103**	**856**	**40.7%**	**922**	**43.8%**	**325**	**15.5%**	**87**	**56**	**64.4%**	**25**	**28.7%**	**6**	**6.9%**
Chiropractic																								
ACN Group of California, Inc. (OptumHealth Physical Health of California)	77,005	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
American Specialty Health Plans, Inc. (ASHP)	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Landmark Healthplan of California, Inc.	70,121	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Total Chiropractic:	**147,126**	**0**	**0.00**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**
Dental																								
Access Dental Plan	517,378	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Aetna Dental of California Inc.	146,335	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
California Dental Network, Inc.	78,232	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Cigna Dental Health of California, Inc.	204,359	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
ConsumerHealth, Inc. (Bright Now! Dental)	20,703	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Dedicated Dental Systems, Inc.	5,876	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Dental Benefit Providers of California, Inc.	148,651	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Dental Health Services	95,618	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Golden West Health Plan, Inc. (Golden West Dental & Vision Plan)	13,966	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Jaimini Health Inc. (Primecare Dental Plan)	5,159	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Liberty Dental Plan of California, Inc. (Personal Dental Services)	388,729	2	0.05	0	0	0.0%	0	0.0%	0	0.0%	2	0	0.0%	0	0.0%	2	100.0%	0	0	0.0%	0	0.0%	0	0.0%
Managed Dental Care	122,195	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
UDC Dental California, Inc. (United Dental Care of California, Inc.)	42,129	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
United Concordia Dental Plans of CA, Inc.	89,367	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Western Dental Services, Inc. (Western Dental Plan)	143,860	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Total Dental:	**2,022,557**	**2**	**0.01**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**	**2**	**0**	**0.0%**	**0**	**0.0%**	**2**	**100.0%**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**
Dental/Vision																								
Delta Dental of California	4,900,000	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
SafeGuard Health Plans, Inc. (MetLife)	292,822	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Total Dental/Vision:	**5,192,822**	**0**	**0.00**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**
Discount																								
Association Health Care Management, Inc. (Family Care)	359	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
First Dental Health (New Dental Choice)	32,417	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
The CDI Group, Inc.	22,282	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Total Discount:	**55,058**	**0**	**0.00**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**
Pharmacy																								
SilverScript Insurance Company	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
WellCare Prescription Insurance, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Total Pharmacy:	**0**	**0**	**0.00**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**
Psychological																								
Cigna Behavioral Health of California, Inc.	146,894	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Claremont Behavioral Services, Inc. (Claremont EAP)	32,995	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
CONCERN: Employee Assistance Program	193,161	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Empathia Pacific, Inc. (LifeMatters)	109,958	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Health Advocate West, Inc.	63,054	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Health and Human Resource Center (Aetna Resources for Living)	1,493,925	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Holman Professional Counseling Centers	120,731	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%

California Department of Managed Health Care

2018 Independent Medical Review by Health Plan

Grey shading indicates that the plan surrendered its license in 2018.

Plan Type and Name	Enrollment	Total IMRs Resolved	IMRs per 10,000*	Experimental / Investigational IMR							Medical Necessity IMR							ER Reimbursement IMR						
				Total IMRs	Upheld	%	Over-turned	%	Rev. by Plan	%	Total IMRs	Upheld	%	Over-turned	%	Rev. by Plan	%	Total IMRs	Upheld	%	Over-turned	%	Rev. by Plan	%
Human Affairs International of California (HAI-CA; HAI)	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Humana EAP and Work-Life Services of California Inc.	5,845	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Magellan Health Services of California-EmployerSv	873,332	4	0.05	0	0	0.0%	0	0.0%	0	0.0%	4	2	50.0%	2	50.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Managed Health Network	1,018,844	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
U.S. Behavioral Health Plan, California (OptumHealth Behavioral Solutions of California)	809,301	23	0.28	0	0	0.0%	0	0.0%	0	0.0%	21	7	33.3%	14	66.7%	0	0.0%	2	2	100.0%	0	0.0%	0	0.0%
ValueOptions of California, Inc. (Value Behavioral Health of CA)	697,923	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Total Psychological:	**5,565,963**	**27**	**0.05**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**	**25**	**9**	**36.0%**	**16**	**64.0%**	**0**	**0.0%**	**2**	**2**	**100.0%**	**0**	**0.0%**	**0**	**0.0%**
Vision																								
Envolve Vision, Inc. (Envolve Benefit Options)	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
EyeMax Vision Plan, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
EYEXAM of California, Inc.	439,229	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
FirstSight Vision Services, Inc.	156,695	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Medical Eye Services, Inc.	51,325	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Premier Eye Care, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Vision First Eye Care, Inc.	579	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Vision Plan of America	14,605	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Vision Service Plan (VSP)	4,399,113	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
VisionCare of California (Sterling Visioncare)	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Total Vision:	**5,061,546**	**0**	**0.00**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**
Total Specialty Plans:	**30,283,491**	**29**	**0.01**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**	**27**	**9**	**33.3%**	**16**	**59.3%**	**2**	**7.4%**	**2**	**2**	**1**	**0**	**0.0%**	**0**	**0.0%**
Grand Totals:	40,430,803	3,058	0.76	839	466	55.5%	330	39.3%	43	5.1%	2,130	865	40.6%	938	44.0%	327	15.4%	89	58	65.2%	25	28.1%	6	6.7%

*The DMHC displays the number of complaints per 10,000 enrollees in each plan to illustrate the volume of complaints for that plan in a manner that considers the wide variations in plan enrollment numbers. When comparing plans, a

"Upheld" means that the review organization upheld the health plan's denial.

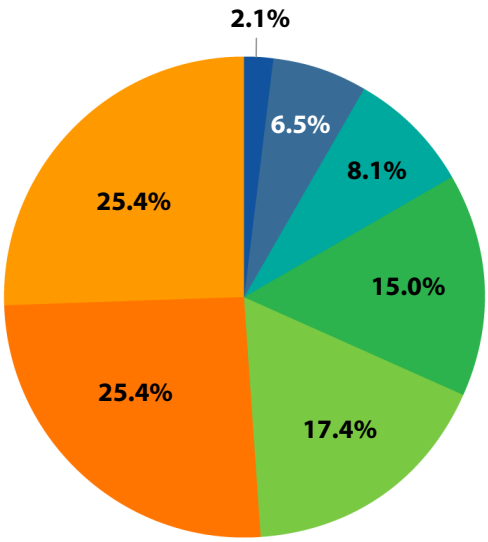
"Overturned" means that the review organization overturned the health plan's denial and the plan is required to authorize the requested service.

"Rev. by Plan" means that the health plan reversed its denial prior to the review organization making a determination and the plan decided to authorize the requested service.

[1] Health Net of California enrollment and complaints include both KKA licenses: Health Net of California, Inc. and Health Net Community Solutions

2018 Consumer Complaint Summary Report

Report Overview



Quality of Care - 2.1%

Access to Care Complaints - 6.5%

Health Plan Customer Service - 8.1%

Provider Customer Service - 15.0%

Enrollment - 17.4%

Claims/Financial - 25.4%

Benefits/Coverage - 25.4%

The Annual Complaint Summary Report displays the numbers and types of complaints, by health plan, resolved by the Department during the 2018 calendar year. An enrollee's complaint may include more than one issue. A complaint consisting of multiple distinct issues is counted as one resolved complaint. Specific complaint issues are categorized in seven categories: Access to Care, Benefits/Coverage, Claims/Financial, Enrollment, Quality of Care, Health Plan Customer Service, and Provider Customer Service.

The Report identifies the number of complaints resolved for each health plan, the health plan's enrollment during 2018, the number of complaints per 10,000 members, and the number of issues for each complaint category.

The health plan enrollment figures were provided to the Department by the health plans in their quarterly financial filings. Enrollment reflects the enrollment figures provided for the fourth quarter of 2018 for the population of enrollees within the DMHC Help Center's jurisdiction. Plans with zero enrollment as of December 31, 2018, may have had enrollment earlier in the year or received a license during 2018.

Data represents resolved complaints which were determined to be within the Department's jurisdiction, eligible for review by the Department, and resolved (closed) within calendar year 2018. Cases pending at the end of the calendar year and resolved (closed) in the following year are reported in the subsequent year's Annual Report.

Health plans are listed according to their business names during 2018. In instances where a health plan is known by more than one name, the legal name is shown first with the additional name(s) in parentheses.

The number of complaints per 10,000 enrollees is displayed to illustrate the volume of complaints for a plan in a manner that considers the wide variations in plan enrollment numbers. When comparing plans, a lower number of complaints per 10,000 enrollees indicates fewer complaints were resolved per capita. As a result, a plan with a higher overall number of resolved complaints may still show fewer complaints per 10,000 enrollees than another plan with fewer overall resolved complaints.

This information is provided for statistical purposes only. The Director of the Department of Managed Health Care has neither investigated nor determined whether the complaints within this summary are reasonable or valid.

California Department of Managed Health Care

2018 Complaints by Health Plan and Category

Grey shading indicates that the plan surrendered its license in 2018.

Plan Type and Name	Complaints Resolved	% of Complaints Resolved	Enrollees	Complaints per 10,000*	Access to Care		Benefits/ Coverage		Claims/ Financial		Enrollment		Quality of Care		Health Plan Customer Service		Provider Customer Service	
					Count	Per 10,000	Count	Per 10,000	Count	Per 10,000	Count	Per 10,000	Count	Per 10,000	Count	Per 10,000	Count	Per 10,000
Full Service - Enrollment Over 400,000																		
Blue Cross of California (Anthem Blue Cross)	1,384	17.6%	3,038,421	4.55	71	0.23	455	1.50	546	1.80	195	0.64	34	0.11	84	0.28	68	0.22
California Physicians' Service (Blue Shield of California)	2,031	25.8%	2,699,735	7.52	59	0.22	571	2.12	542	2.01	707	2.62	40	0.15	181	0.67	37	0.14
Health Net of California, Inc.	698	8.9%	1,948,874	3.58	123	0.63	187	0.96	134	0.69	106	0.54	20	0.10	81	0.42	105	0.54
Inland Empire Health Plan (IEHP)	77	1.0%	1,219,009	0.63	17	0.14	23	0.19	3	0.02	2	0.02	2	0.02	8	0.07	34	0.28
Kaiser Foundation Health Plan, Inc. (Kaiser Permanente)	2,816	35.8%	6,937,572	4.06	114	0.16	486	0.70	687	0.99	502	0.72	22	0.03	279	0.40	947	1.37
Local Initiative Health Authority for L.A. County (L.A. Care Health Plan; L.A. Care Plan de Salud)	460	5.8%	2,170,343	2.12	147	0.68	102	0.47	87	0.40	25	0.12	16	0.07	32	0.15	89	0.41
Molina Healthcare of California	95	1.2%	503,995	1.88	14	0.28	19	0.38	35	0.69	10	0.20	5	0.10	6	0.12	10	0.20
UHC of California (UnitedHealthcare of California)	313	4.0%	480,938	6.51	8	0.17	158	3.29	117	2.43	9	0.19	11	0.23	22	0.46	19	0.40
Total Full Service - Enrollment Over 400,000:	**7,874**	**100.0%**	**18,998,887**	**4.14**	**553**	**0.29**	**2,001**	**1.05**	**2,151**	**1.13**	**1,556**	**0.82**	**150**	**0.08**	**693**	**0.36**	**1,309**	**0.69**
Full Service - Enrollment Under 400,000																		
Access Senior HealthCare, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Adventist Health Plan, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Aetna Better Health of California Inc.	0	0.0%	11,029	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Aetna Health of California, Inc.	103	15.3%	210,062	4.90	7	0.33	40	1.90	43	2.05	4	0.19	5	0.24	5	0.24	4	0.19
Aids Healthcare Foundation (Positive Healthcare)	0	0.0%	634	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Alameda Alliance for Health	15	2.2%	265,228	0.57	1	0.04	10	0.38	2	0.08	0	0.00	0	0.00	0	0.00	4	0.15
Alignment Health Plan	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
AmericasHealth Plan, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Arcadian Health Plan, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Aspire Health Plan	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Bay Area Accountable Care Network, Inc. (Canopy Health)	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Brown and Toland Health Services	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
California Health and Wellness Plan (California Health & Wellness)	13	1.9%	195,230	0.67	0	0.00	5	0.26	9	0.46	0	0.00	0	0.00	0	0.00	0	0.00
Care 1st Health Plan	42	6.2%	88,378	4.75	12	1.36	13	1.47	4	0.45	2	0.23	1	0.11	4	0.45	7	0.79
CareMore Health Plan	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Central Health Plan of California, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Chinese Community Health Plan	6	0.9%	15,489	3.87	0	0.00	2	1.29	2	1.29	1	0.65	0	0.00	0	0.00	1	0.65
Choice Physicians network, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Cigna HealthCare of California, Inc.	40	5.9%	151,196	2.65	0	0.00	20	1.32	17	1.12	0	0.00	0	0.00	3	0.20	0	0.00
Community Care Health Plan, Inc.	0	0.0%	9,842	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Community Health Group	10	1.5%	271,680	0.37	3	0.11	4	0.15	1	0.04	1	0.04	0	0.00	1	0.04	0	0.00
Contra Costa County Medical Services (Contra Costa Health Plan)	7	1.0%	188,352	0.37	0	0.00	3	0.16	0	0.00	1	0.05	1	0.05	0	0.00	2	0.11
County of Los Angeles-Dept of Health Srvcs. (Community Health Plan)	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
County of Ventura (Ventura County Health Care Plan)	6	0.9%	14,947	4.01	0	0.00	3	2.01	3	2.01	0	0.00	0	0.00	0	0.00	0	0.00
DaVita Health Plan of California, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Dignity Health Provider Resources, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
EASY CHOICE HEALTH PLAN, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
EPIC Health Plan	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Fresno-Kings-Madera Regional Health Authority (CalViva Health)	26	3.9%	355,728	0.73	7	0.20	5	0.14	1	0.03	0	0.00	4	0.11	4	0.11	11	0.31
Golden State Medicare Health Plan (Golden State Health Plan)	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Health Net Health Plan of Oregon, Inc. (Health Net Medicare of	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Heritage Provider Network, Inc. (Heritage Medical Systems)	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Humana Health Plan of California, Inc.	2	0.3%	0	0.00	0	0.00	0	0.00	1	0.00	1	0.00	0	0.00	0	0.00	0	0.00
Imperial Health Plan of California, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00

California Department of Managed Health Care

2018 Complaints by Health Plan and Category

Grey shading indicates that the plan surrendered its license in 2018.

Plan Type and Name	Complaints Resolved	% of Complaints Resolved	Enrollees	Complaints per 10,000*	Access to Care		Benefits/ Coverage		Claims/ Financial		Enrollment		Quality of Care		Health Plan Customer Service		Provider Customer Service	
					Count	Per 10,000	Count	Per 10,000	Count	Per 10,000	Count	Per 10,000	Count	Per 10,000	Count	Per 10,000	Count	Per 10,000
Inter Valley Health Plan	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Kern Health Systems	7	1.0%	244,683	0.29	1	0.04	3	0.12	1	0.04	0	0.00	1	0.04	1	0.04	0	0.00
Medcore HP (Medcore)	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Medi-Excel, SA de CV (MediExcel Health Plan)	0	0.0%	11,608	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Monarch Health Plan	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
On Lok Senior Health Services	1	0.1%	323	30.96	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	1	30.96
Orange County Health Authority (CalOptima)	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Oscar Health Plan of California	65	9.6%	39,609	16.41	1	0.25	20	5.05	25	6.31	12	3.03	2	0.50	5	1.26	7	1.77
Partnership HealthPlan of California	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
PIH Health Care Solutions	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Premier Health Plan Services, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
PRIMECARE Medical Network, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Prospect Health Plan, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Providence Health Assurance	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Providence Health Network	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
San Francisco Community Health Authority	5	0.7%	140,960	0.35	0	0.00	1	0.07	2	0.14	0	0.00	0	0.00	1	0.07	1	0.07
San Joaquin County Health Commission (The Health Plan of San	13	1.9%	342,521	0.38	0	0.00	5	0.15	1	0.03	1	0.03	2	0.06	2	0.06	3	0.09
San Mateo Health Commission (Health Plan of San Mateo)	15	2.2%	114,797	1.31	2	0.17	10	0.87	0	0.00	0	0.00	1	0.09	0	0.00	2	0.17
Santa Barbara San Luis Obispo Regional Health Authority	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Santa Clara County (Valley Health Plan)	20	3.0%	33,465	5.98	1	0.30	9	2.69	3	0.90	1	0.30	5	1.49	1	0.30	1	0.30
Santa Clara County Health Authority (Santa Clara Family Health Plan)	36	5.3%	246,040	1.46	5	0.20	17	0.69	2	0.08	0	0.00	3	0.12	5	0.20	7	0.28
Santa Cruz-Monterey-Merced Managed Medical Care	0	0.0%	635	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
SCAN Health Plan	0	0.0%	13,618	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Scripps Health Plan Services, Inc. (Scripps Health Plan)	4	0.6%	13,277	3.01	0	0.00	0	0.00	2	1.51	0	0.00	0	0.00	0	0.00	2	1.51
Seaside Health Plan	0	0.0%	230	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Sequoia Health Plan, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Sharp Health Plan	61	9.1%	139,783	4.36	2	0.14	31	2.22	11	0.79	11	0.79	2	0.14	3	0.21	5	0.36
Sistemas Medicos Nacionales, S.A. de C.V. (SIMNSA)	14	2.1%	49,800	2.81	0	0.00	2	0.40	12	2.41	0	0.00	0	0.00	0	0.00	0	0.00
Stanford Health Care Advantage	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Sutter Health Plan (Sutter Health Plus)	39	5.8%	83,874	4.65	3	0.36	22	2.62	7	0.83	2	0.24	2	0.24	1	0.12	2	0.24
UnitedHealthcare Benefits Plan of California	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
UnitedHealthcare Community Plan of California, Inc.	1	0.1%	7,944	1.26	0	0.00	1	1.26	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Universal Care, Inc. (Brand New Day)	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Vitality Health Plan of California, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Western Health Advantage	123	18.2%	125,882	9.77	7	0.56	44	3.50	34	2.70	8	0.64	18	1.43	12	0.95	10	0.79
Total Full Service - Enrollment Under 400,000:	**674**	**100.0%**	**3,386,844**	**1.99**	**52**	**0.15**	**270**	**0.80**	**183**	**0.54**	**45**	**0.13**	**47**	**0.14**	**48**	**0.14**	**70**	**0.21**
Total All Full Service Plans:	**8,548**		**22,385,731**	**3.82**	**605**	**0.27**	**2,271**	**1.01**	**2,334**	**1.04**	**1,601**	**0.72**	**197**	**0.09**	**741**	**0.33**	**1,379**	**0.62**
Chiropractic																		
ACN Group of California, Inc. (OptumHealth Physical Health of California)	1	50.0%	77,005	0.13	0	0.00	1	0.13	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
American Specialty Health Plans, Inc. (ASHP)	1	50.0%	0	0.00	0	0.00	0	0.00	1	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Landmark Healthplan of California, Inc.	0	0.0%	70,121	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Total Chiropractic:	**2**	**100.0%**	**147,126**	**0.14**	**0**	**0.00**	**1**	**0.07**	**1**	**0.07**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**
Dental																		
Access Dental Plan	14	21.5%	517,378	0.27	2	0.04	9	0.17	1	0.02	0	0.00	0	0.00	4	0.08	1	0.02
Aetna Dental of California Inc.	2	3.1%	146,335	0.14	0	0.00	0	0.00	1	0.07	0	0.00	0	0.00	0	0.00	1	0.07
California Dental Network, Inc.	2	3.1%	78,232	0.26	0	0.00	0	0.00	0	0.00	1	0.13	0	0.00	0	0.00	1	0.13
Cigna Dental Health of California, Inc.	2	3.1%	204,359	0.10	0	0.00	1	0.05	1	0.05	0	0.00	0	0.00	0	0.00	0	0.00

California Department of Managed Health Care

2018 Complaints by Health Plan and Category

Grey shading indicates that the plan surrendered its license in 2018.

Plan Type and Name	Complaints Resolved	% of Complaints Resolved	Enrollees	Complaints per 10,000*	Access to Care		Benefits/ Coverage		Claims/ Financial		Enrollment		Quality of Care		Health Plan Customer Service		Provider Customer Service	
					Count	Per 10,000	Count	Per 10,000	Count	Per 10,000	Count	Per 10,000	Count	Per 10,000	Count	Per 10,000	Count	Per 10,000
ConsumerHealth, Inc. (Bright Now! Dental)	0	0.0%	20,703	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Dedicated Dental Systems, Inc.	0	0.0%	5,876	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Dental Benefit Providers of California, Inc.	3	4.6%	148,651	0.20	0	0.00	1	0.07	1	0.07	0	0.00	0	0.00	0	0.00	1	0.07
Dental Health Services	3	4.6%	95,618	0.31	0	0.00	1	0.10	0	0.00	0	0.00	0	0.00	1	0.10	1	0.10
Golden West Health Plan, Inc. (Golden West Dental & Vision Plan)	1	1.5%	13,966	0.72	0	0.00	0	0.00	0	0.00	1	0.72	0	0.00	0	0.00	0	0.00
Jaimini Health Inc. (Primecare Dental Plan)	0	0.0%	5,159	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Liberty Dental Plan of California, Inc. (Personal Dental Services)	26	40.0%	388,729	0.67	2	0.05	14	0.36	4	0.10	4	0.10	0	0.00	1	0.03	3	0.08
Managed Dental Care	3	4.6%	122,195	0.25	0	0.00	1	0.08	0	0.00	0	0.00	0	0.00	1	0.08	2	0.16
UDC Dental California, Inc. (United Dental Care of California, Inc.)	0	0.0%	42,129	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
United Concordia Dental Plans of CA, Inc.	2	3.1%	89,367	0.22	0	0.00	2	0.22	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Western Dental Services, Inc. (Western Dental Plan)	7	10.8%	143,860	0.49	0	0.00	0	0.00	3	0.21	0	0.00	0	0.00	1	0.07	3	0.21
Total Dental:	**65**	**100.0%**	**2,022,557**	**0.32**	**4**	**0.02**	**29**	**0.14**	**11**	**0.05**	**6**	**0.03**	**0**	**0.00**	**8**	**0.04**	**13**	**0.06**
Dental/Vision																		
Delta Dental of California	134	96.4%	4,900,000	0.27	1	0.00	68	0.14	32	0.07	16	0.03	0	0.00	5	0.01	18	0.04
SafeGuard Health Plans, Inc. (MetLife)	5	3.6%	292,822	0.17	0	0.00	1	0.03	3	0.10	0	0.00	0	0.00	1	0.03	1	0.03
Total Dental/Vision:	**139**	**100.0%**	**5,192,822**	**0.27**	**1**	**0.00**	**69**	**0.13**	**35**	**0.07**	**16**	**0.03**	**0**	**0.00**	**6**	**0.01**	**19**	**0.04**
Discount																		
Association Health Care Management, Inc. (Family Care)	0	0.0%	359	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
First Dental Health (New Dental Choice)	0	0.0%	32,417	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
The CDI Group, Inc.	0	0.0%	22,282	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Total Discount:	**0**	**0.0%**	**55,058**	**0.00**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**
Pharmacy																		
SilverScript Insurance Company	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
WellCare Prescription Insurance, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Total Pharmacy:	**0**	**0.0%**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**
Psychological																		
Cigna Behavioral Health of California, Inc.	0	0.0%	146,894	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Claremont Behavioral Services, Inc. (Clarement EAP)	0	0.0%	32,995	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
CONCERN: Employee Assistance Program	0	0.0%	193,161	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Empathia Pacific, Inc. (LifeMatters)	0	0.0%	109,958	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Health Advocate West, Inc.	0	0.0%	63,054	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Health and Human Resource Center (Aetna Resources for Living)	0	0.0%	1,493,925	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Holman Professional Counseling Centers	0	0.0%	120,731	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Human Affairs International of California (HAI-CA; HAI)	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Humana EAP and Work-Life Services of California Inc.	0	0.0%	5,845	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Magellan Health Services of California-EmployerSv	3	11.5%	873,332	0.03	0	0.00	2	0.02	0	0.00	0	0.00	1	0.01	0	0.00	0	0.00
Managed Health Network	2	7.7%	1,018,844	0.02	2	0.02	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
U.S. Behavioral Health Plan, California (OptumHealth Behavioral Solutions of California)	21	80.8%	809,301	0.26	2	0.02	14	0.17	2	0.02	0	0.00	0	0.00	2	0.02	1	0.01
ValueOptions of California, Inc. (Value Behavioral Health of CA)	0	0.0%	697,923	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Total Psychological:	**26**	**100.0%**	**5,565,963**	**0.05**	**4**	**0.01**	**16**	**0.03**	**2**	**0.00**	**0**	**0.00**	**1**	**0.00**	**2**	**0.00**	**1**	**0.00**
Vision																		
Envolve Vision, Inc. (Envolve Benefit Options)	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
EyeMax Vision Plan, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
EYEXAM of California, Inc.	0	0.0%	439,229	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
FirstSight Vision Services, Inc.	0	0.0%	156,695	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Medical Eye Services, Inc.	0	0.0%	51,325	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Premier Eye Care, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00

California Department of Managed Health Care

2018 Complaints by Health Plan and Category

Grey shading indicates that the plan surrendered its license in 2018.

Plan Type and Name	Complaints Resolved	% of Complaints Resolved	Enrollees	Complaints per 10,000*	Access to Care		Benefits/ Coverage		Claims/ Financial		Enrollment		Quality of Care		Health Plan Customer Service		Provider Customer Service	
					Count	Per 10,000	Count	Per 10,000	Count	Per 10,000	Count	Per 10,000	Count	Per 10,000	Count	Per 10,000	Count	Per 10,000
Vision First Eye Care, Inc.	0	0.0%	579	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Vision Plan of America	0	0.0%	14,605	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Vision Service Plan (VSP)	9	100.0%	4,399,113	0.02	0	0.00	0	0.00	1	0.00	7	0.02	0	0.00	2	0.00	0	0.00
VisionCare of California (Sterling Visioncare)	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Total Vision:	**9**	**100.0%**	**5,061,546**	**0.02**	**0**	**0.00**	**0**	**0.00**	**1**	**0.00**	**7**	**0.01**	**0**	**0.00**	**2**	**0.00**	**0**	**0.00**
Grand Totals:	**8,789**		**40,430,803**	**2.17**	**614**	**0.15**	**2,386**	**0.59**	**2,384**	**0.59**	**1,630**	**0.40**	**198**	**0.05**	**759**	**0.19**	**1,412**	**0.35**

*The DMHC displays the number of complaints per 10,000 enrollees in each plan to illustrate the volume of complaints for that plan in a manner that considers the wide variations in plan enrollment numbers. When comparing

[1] Health Net of California enrollment and complaints include both KKA licenses: Health Net of California, Inc. and Health Net Community Solutions, Inc.

DEPARTMENT OF
Managed
Health Care

Published May 2019