2021 ANNUAL REPORT

DEPARTMENT OF
Managed
Health Care

Gavin Newsom
Governor
State of California

Mark Ghaly MD, MPH
Secretary
Health and Human Services Agency

Mary Watanabe
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

The Department of Managed Health Care (DMHC) now protects the health care rights of more than 28 million Californians. This is a job I take very seriously, and I am honored to be directing the work of the Department during this historic time.

The DMHC continued to respond to the COVID-19 pandemic in 2021, while achieving our mission to protect consumers' health care rights and ensure a stable health care delivery system. The Department worked closely with the California Health and Human Services Agency (CalHHS), California Department of Public Health (CDPH) and with state and local leaders, health plans, providers, consumer advocates and others to support the state's ongoing response to the COVID-19 pandemic, including expanding access to vaccinations and testing, and supporting the state's hospitals and other parts of the health care delivery system. You can visit the COVID-19 page[1] on the Department's website to find information about the DMHC's actions, consumer fact sheets and guidance to health plans.

The COVID-19 pandemic has caused significant stress on individuals and families and the growing need for behavioral health services has never been greater. The DMHC remains committed to ensuring health plan enrollees have access to appropriate behavioral health care services, and this will continue to be a focus for the Department in the years ahead. The DMHC began conducting focused behavioral health investigations of commercial health plans in 2021. The goal of the behavioral health investigations is to identify and understand the challenges and barriers enrollees may face in obtaining behavioral health care treatment and services, and to identify systemic changes that can be made to improve the delivery of care. These investigations will be critical to better understand the barriers consumers face with accessing behavioral health care.

The DMHC also worked to establish a Health Equity and Quality Committee with the goal of improving health outcomes and reducing health care disparities for Californians. The Committee will make recommendations for standard health equity and quality measures, including annual benchmark standards for assessing equity and quality in health care delivery. While I look forward to the Committee's work and receiving their recommendations in the fall of 2022, the DMHC will continue to focus on ensuring access to quality health care for all Californians.

The Department also implemented several new laws in 2021 and took enforcement actions against health plans that violated consumers' health care rights. Significant enforcement actions included penalizing health plans that failed to address enrollee grievances, timely implement Independent Medical Review (IMR) decisions, maintain financial solvency and deliver basic health care services in compliance with the law.

The DMHC Help Center continues to be a valuable resource to assist health care consumers. If you are having a problem with your health plan, such as getting access to care or are being denied treatment, I encourage you to contact the DMHC Help Center for assistance at 1-888- 466-2219 or www.HealthHelp.ca.gov.

I also want to express my gratitude to the Department's dedicated staff for their commitment to our mission as we continue to navigate through these uncertain times. I am very proud of the work the DMHC has accomplished over this last year.

Mary Watanabe

Director
Department of Managed Health Care

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DEPARTMENT OF
Managed
Health Care

2021

2.6 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.

28.4 MILLION
CALIFORNIANS' HEALTH CARE RIGHTS ARE PROTECTED BY THE DMHC

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

$86.3 MILLION

dollars assessed against health plans that violated the law

140
LICENSED HEALTH PLANS

- **94** FULL SERVICE
- **46** SPECIALIZED

$296.1 MILLION

dollars saved on Health Plan Premiums through the Rate Review Program since 2011

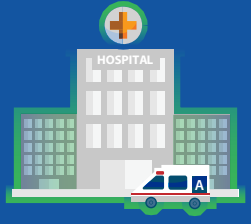
Approximately

68%

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

$38.5 MILLION

dollars recovered from health plans on behalf of consumers



$177.8 MILLION

dollars in payments recovered to physicians and hospitals

KNOW YOUR HEALTH CARE RIGHTS

In California, health plan members have the right to:

- basic health care services
- choose your primary doctor
- an appointment when you need one (timely access to care)
- see a specialist when medically necessary
- receive treatment for all mental health and substance use conditions
- get a second doctor's opinion
- know why your plan denies a service or treatment
- understand your health problems and treatments
- know your out-of-pocket costs & if you met your deductible or out-of-pocket max
- see a written diagnosis (description of your health problem)
- give informed consent when you have a treatment
- file a complaint and ask for an Independent Medical Review (an external appeal of your plan's denial of services or treatment)
- a copy of your medical records (you may be charged)
- translation and interpreter services
- continue to see your doctor, even if they no longer participate in your plan (under certain circumstances)
- be notified of an unreasonable rate increase
- not be illegally balance billed by a health care provider
- not be excluded from health plan coverage because of a pre-existing condition
- guaranteed availability to renew or purchase commercial health plan coverage

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

How can you get help from the DMHC?

The DMHC protects you by making sure your health plan follows the law and ensures health plans are spending money in a way that helps you.

Most people who live in California are enrolled in a health plan regulated by the DMHC. Because of this, the DMHC Help Center is a good place to start if you have a problem with your health plan.

The DMHC Help Center assists consumers with understanding their health care rights, benefits and to resolve health plan issues.

If you are having issues with your health plan, you should file a grievance with your plan. If you are not satisfied with your health plan's resolution of the grievance or have been in your plan's grievance system for 30 days for non-urgent issues, you should contact the DMHC Help Center for assistance. If your issue is urgent, you should contact the DMHC Help Center immediately.

The DMHC Help Center provides help in all languages.
Help is available by calling 1-888-466-2219 (TDD: 1-877-688-9891)
or at www.HealthHelp.ca.gov. ALL SERVICES ARE FREE.

DEPARTMENT OF Managed Health Care

Introduction

Created by consumer-sponsored legislation in 1999, the DMHC regulates the majority of health care coverage in California including 96% of commercial and public enrollment in state-regulated health plans. In 2021, the DMHC's budget was $103,396,000 with 516 positions. The DMHC is funded by assessments on the Department's 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. The Department 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 are able to 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. As of the end of 2021, the DMHC has assisted approximately 2.6 million consumers.

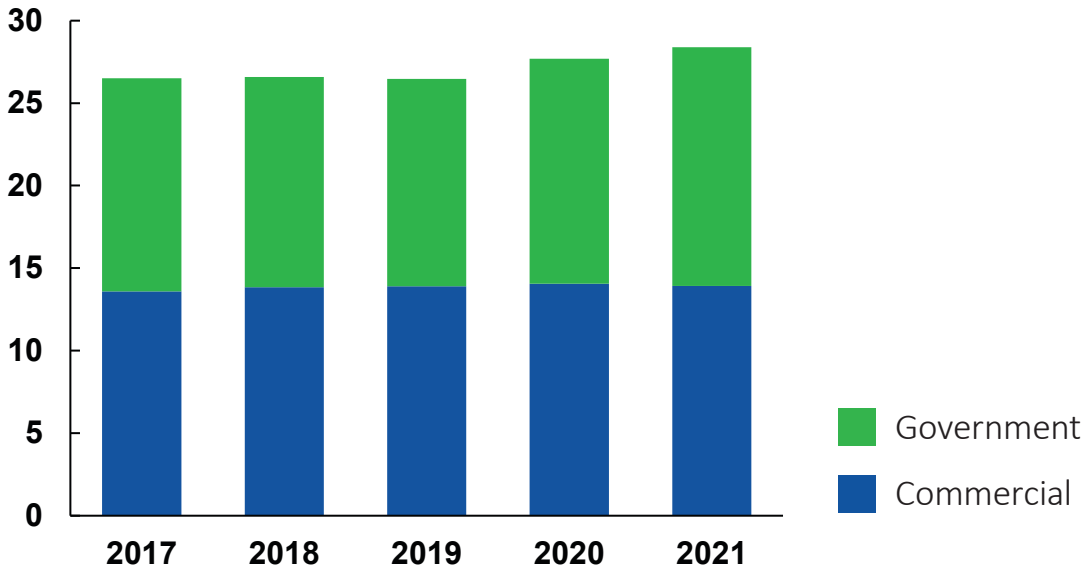
In 2021, 94 full service health plans licensed by the DMHC provided health care services to 28.4 million Californians. This included approximately 13.9 million commercial enrollees and approximately 14.5 million government enrollees. In addition to full-service health plans, the DMHC oversees 46 specialized health plans including chiropractic, dental, vision, behavioral health (psychological), and pharmacy.

Over the Department's 21-year history, California has launched several initiatives to improve and expand access to health care for all Californians. The Department continues to implement new laws and regulations, hold health plans accountable and offer direct assistance to consumers through the DMHC Help Center.

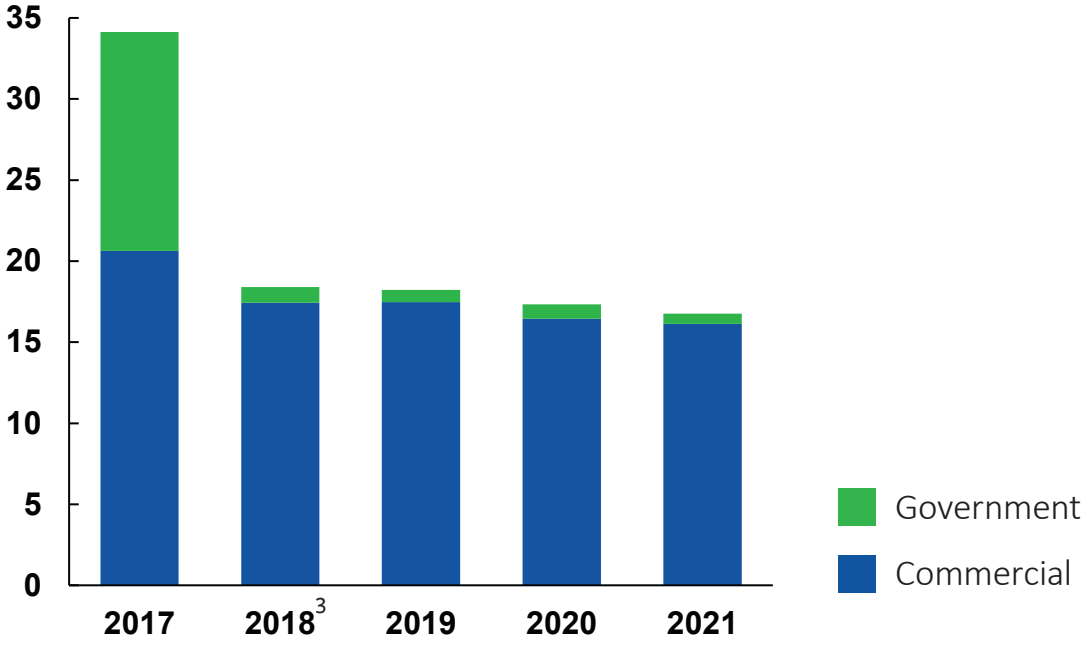
The DMHC licenses and regulates the full scope of managed care models, including all Health Maintenance Organizations (HMO) in California, as well as Preferred Provider Organizations (PPO), Exclusive Provider Organizations (EPO), Point-of-Service (POS) products and Medi-Cal managed care plans. The Department also licenses and conducts financial reviews of Medicare Advantage and Part D plans. The enrollment overview charts[2] on the next two pages illustrate how enrollment under the DMHC is distributed between commercial and government enrollment.

Enrollment Overview

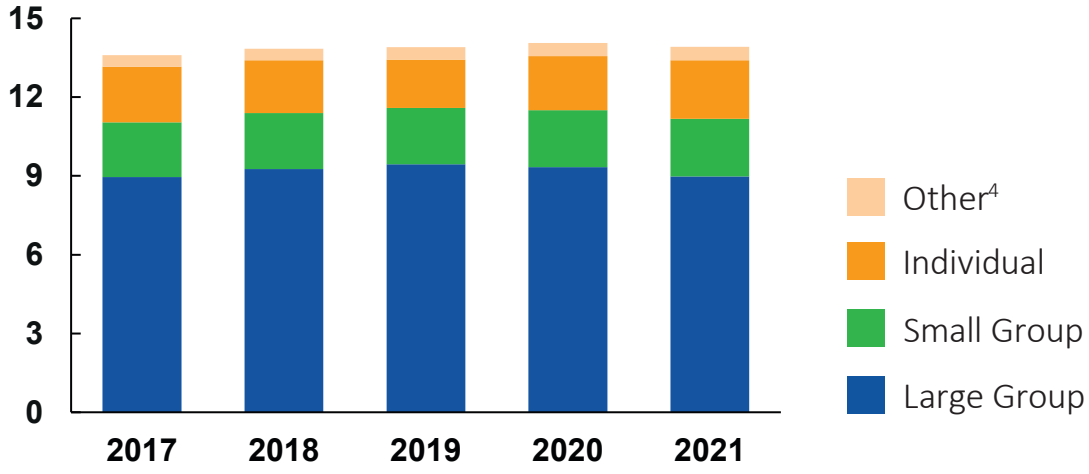
Full Service Enrollment (In Millions)



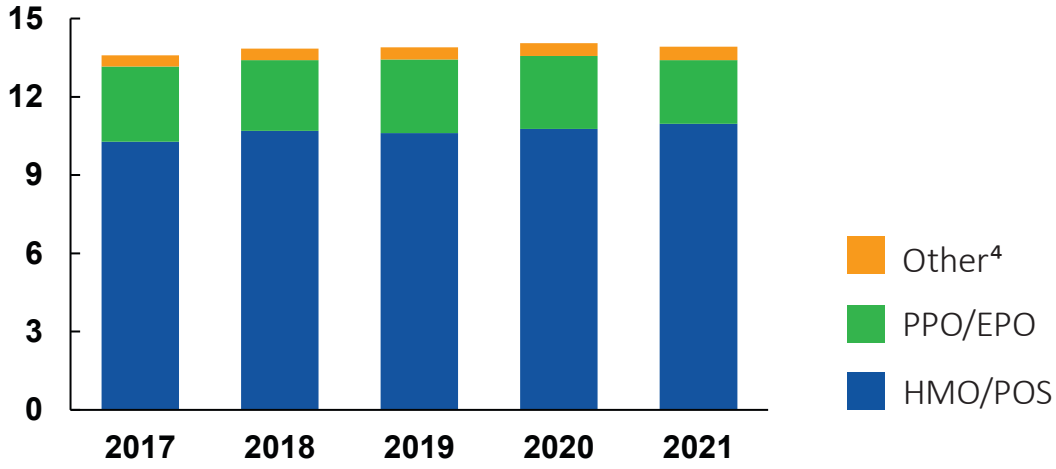
Specialized Enrollment (In Millions)



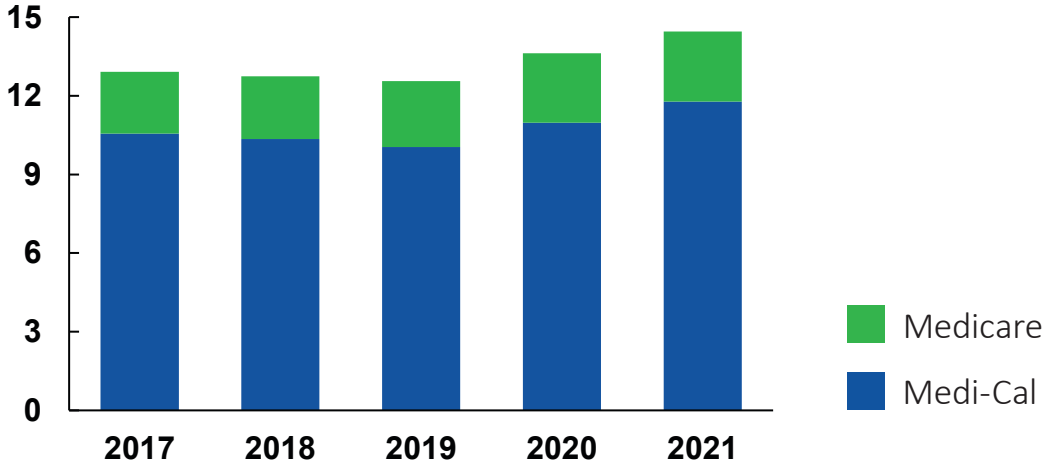
Commercial Enrollment by Market (In Millions)



Commercial Enrollment by Product (In Millions)



Government Enrollment by Type (In Millions)



Response to COVID-19

The Department worked closely with federal, state and local partners, health plans, providers, consumer advocates and others to support the state's ongoing response to the COVID-19 pandemic.

The DMHC took several actions in 2021 to support the state's response efforts, including providing guidance to health plans through All Plan Letters (APLs). This included issuing guidance to health plans regarding COVID-19 testing with no cost-sharing for health plan enrollees, the administration of vaccinations, and ensuring continued stability in the health care delivery system.

In late 2020 and early 2021, the state was experiencing a surge in COVID-19 positive cases and hospitalizations. This surge caused many hospitals in the state to meet or exceed their usual capacity to serve patients. Accordingly, to provide care to all patients in need, the state worked with these facilities to maximize their capacity by allowing for the expeditious transfer of patients from the most highly impacted hospitals to hospitals with more available capacity.

On December 28, 2020, CDPH issued "All Facilities Letter 20-91" to California hospitals, and, on January 5, 2021, CDPH issued a State Public Health Officer Order (Order) to help ensure California hospitals and other health care facilities could prioritize services and resources. Following the CDPH Order, the DMHC issued guidance to health plans to not prevent or delay the transfer of a plan enrollee and to cover the medically necessary costs associated with the transfer of their enrollees. Because health plan prior authorization requirements for transfers between hospitals can cause unnecessary delays in effectuating such transfers, health plans were not allowed to require prior authorization or impose any other requirements on a hospital's transfer of plan enrollees under the Order.

On February 26, 2021, the federal Centers for Medicare & Medicaid Services (CMS), in conjunction with the U.S. Department of Labor and the Department of the Treasury, issued new guidance making it easier for enrollees to obtain diagnostic COVID-19 testing. The new federal guidance clarified health plans must cover COVID-19 diagnostic testing for all health plan enrollees by any provider with no cost-sharing. The DMHC issued an APL providing an overview of the new federal guidance, and explaining how the federal guidance and the DMHC's emergency regulation regarding COVID-19 testing work together to ensure enrollees could access COVID-19 testing.

As COVID-19 vaccines became more widely available throughout 2021, the DMHC worked closely with health plans to ensure enrollee access to vaccines. The DMHC issued guidance to ensure health plans take all appropriate steps to help enrollees at the very highest risk receive COVID-19 vaccinations in a timely and efficient manner. The DMHC required health plans to engage in outreach to high-risk enrollees to ensure those enrollees were aware they were eligible to receive COVID-19 vaccines. The DMHC also directed health plans to arrange for vaccines for homebound enrollees including transportation services. In anticipation of the Centers for Disease Control and Prevention (CDC) Emergency Use Authorization for the COVID-19 vaccine for children ages 5 to 11, the DMHC instructed health plans to take immediate steps to ensure eligible pediatric enrollees could access COVID-19 vaccines.

Additionally, the Department expanded the opportunity for coverage by requiring plans to offer a special enrollment period to individuals negatively impacted by COVID-19. The Department also continued to monitor health

plan support of providers and expanded plans' reporting requirements to include dentists, given the impact of the pandemic upon dental providers and networks.

The DMHC created a COVID-19 webpage located on the Department's website to make it easy for the public and stakeholders to find information, resources and guidance. The Department also created several consumer-friendly fact sheets, including on the topics of vaccines, testing and health care coverage.

The COVID-19 pandemic caused many changes in the health care industry and within the DMHC. The Department continued to telework, and follow public safety and state guidance through 2021. The Department remains focused on ensuring enrollees continue to receive appropriate health care services and will continue to quickly address new issues and changes that arise from the pandemic.

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 assists consumers in getting timely access to appropriate health care services. The DMHC Help Center provides direct assistance in all languages to health care consumers through the Department's website, www.HealthHelp.ca.gov, and toll-free phone number, 1-888-466-2219.

If a health plan enrollee 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 for non-urgent issues, they should contact the DMHC Help Center for assistance. If an enrollee is experiencing an urgent threat to their health, they should contact the DMHC Help Center immediately.

Through a team of health care analysts, nurses and attorneys, the DMHC Help Center uses a variety of mechanisms to assist health plan enrollees. Most problems are resolved through the standard complaint process. Common complaints include cancellation of coverage, billing issues, quality of service, coverage disputes and access complaints.

The Department's Quick Resolution process addresses issues through a three-way call between the DMHC, the enrollee and the health plan. Complaints involving serious or urgent medical issues are routed to nurses who provide immediate assistance 24 hours a day, seven days a week.

The Independent Medical Review (IMR) program is available to enrollees if a health plan denies, modifies or delays a request for a service as not medically necessary or as experimental or investigational. Doctors independent of the health plan review these matters and make an independent determination about whether the requested service should be provided. If an IMR is decided in the enrollee's favor, the health 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 who contact the Help Center 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.

WHAT IS THE DMHC HELP CENTER?

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

The DMHC Help Center provides these services for free and help is available in all languages. To contact the DMHC Help Center for assistance call 1-888-466-2219 (TDD: 1-877-688-9891) or visit www.HealthHelp.ca.gov.

2021 Highlights

In 2021, the DMHC Help Center assisted 122,666 health care consumers, and handled 10,771 complaints and 3,747 IMRs. Approximately 68% of consumers who submitted an IMR request to the DMHC Help Center received the service or treatment they requested[5].

As the COVID-19 pandemic went into a second year in 2021, the DMHC Help Center continued to protect consumers' health care rights and ensured enrollees received needed health care services. The DMHC Help Center assisted health plan enrollees with COVID-19 related issues, including ensuring that enrollees were not liable for unlawful balance billing or administrative cost-sharing for COVID-19 vaccinations and telehealth services. Additionally, enrollees were provided information about where to get tested and vaccinated for COVID-19.

The community-based Consumer Assistance Program served 8,333 consumers and conducted 1,452 outreach events throughout California despite the many challenges caused by the COVID-19 pandemic. Through these outreach events, the Department reached 46,240 consumers to educate consumers about their health care rights.

Health plan enrollees are protected from surprise medical bills for non-emergency services rendered by out-of-network providers at contracted facilities. Billing disputes between health plans and out-of-network providers in these cases are resolved through a binding Independent Dispute Resolution Process (IDRP) administered by the DMHC. In 2021, the DMHC received 45 IDRP applications, and an additional 12 IDRP applications were carried over from 2020. Of the total 57 IDRPs handled in 2021, 13 were incomplete, ineligible, non-jurisdictional or non-responsive; 22 completed the process with a determination letter issued; and 22 were pending as of December 31, 2021.

The DMHC Help Center also assists providers with claims payment disputes with health plans. The DMHC Help Center closed 6,350 provider complaints and recovered $10,218,208 in payments for providers in 2021.

2021 BY THE NUMBERS

HELP CENTER

122,666 CONSUMERS ASSISTED[6]

106,641 TELEPHONE INQUIRIES

10,771 CONSUMER COMPLAINTS[7]

3,747 IMRs CLOSED[8]

$2.4 M RECOVERED FOR CONSUMERS

1,507 NON-JURISDICTIONAL REFERRALS

6,350 PROVIDER COMPLAINTS

$10.2 M RECOVERED PROVIDER PAYMENTS

22 NON-EMERGENCY SERVICES IDRP CASES COMPLETED

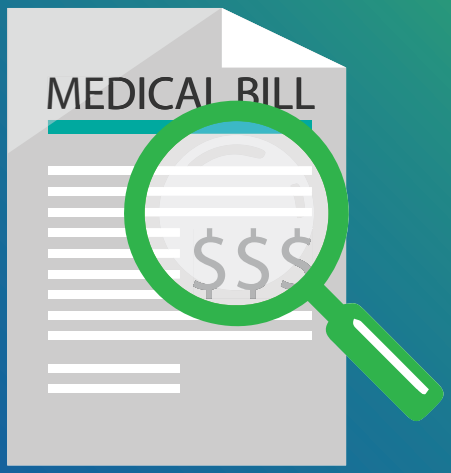
On average, approximately

68%

of enrollees that submitted IMR requests to the DMHC received the requested service or treatment.

DMHC HELP CENTER PROVIDER COMPLAINT UNIT

To ensure the health care delivery system can continue to provide services to consumers, it is important for hospitals, doctors and other providers to receive accurate payments from health plans in a timely manner. The DMHC Help Center's Provider Complaint Unit is responsible for processing complaints from providers to ensure prompt and accurate payment according to the law. The Provider Complaint Unit handles individual complaints, complaints with multiple claims, emergency service complaints and non-emergency service complaints.

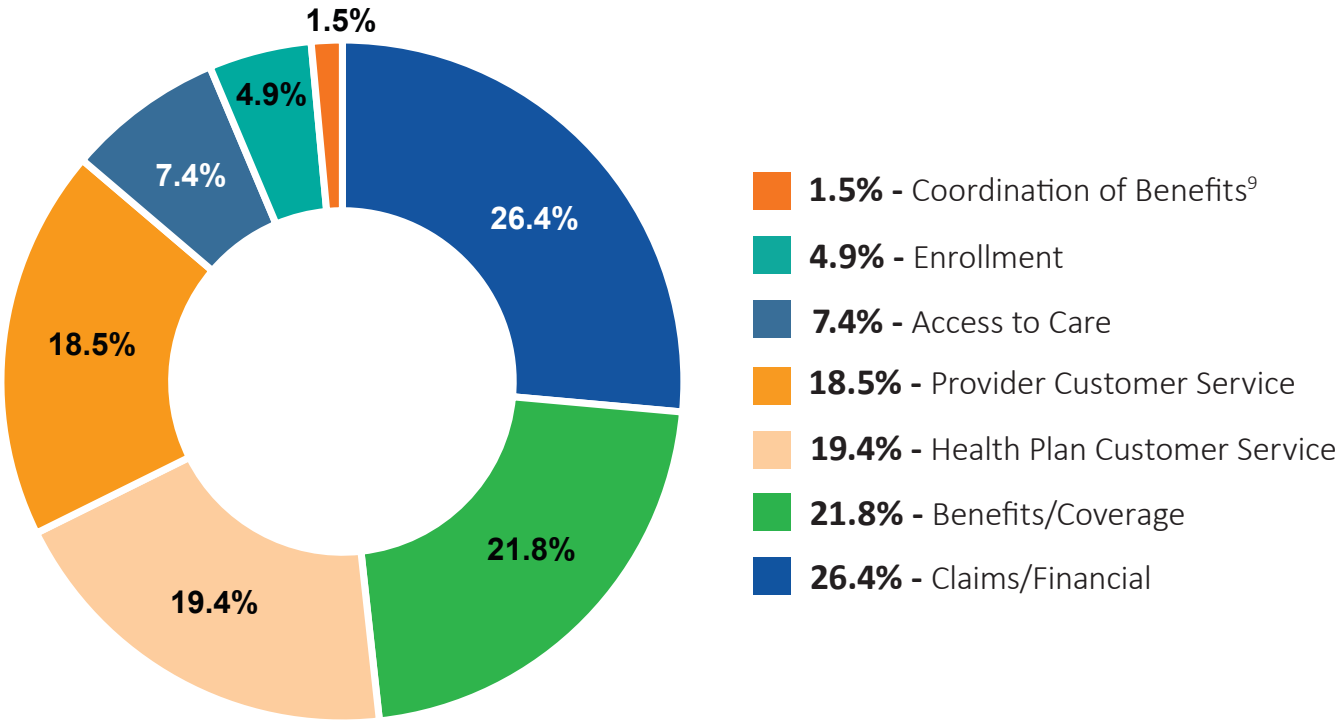


The DMHC established an Independent Dispute Resolution Process (IDRP) for emergency and non-emergency services. An IDRP allows providers and health plans to dispute whether payment of a specified rate was appropriate. An external reviewer goes over the claim and determines which rate is justified.

DMHC Help Center staff perform analyses on unfair payment patterns and emerging trends on all provider complaints. The Department uses this information to help identify criteria for audits of health plans and their delegated entities.

Providers looking for more information or to dispute a payment can visit the DMHC website at www.HealthHelp.ca.gov.

CONSUMER COMPLAINTS RESOLVED IN 2021

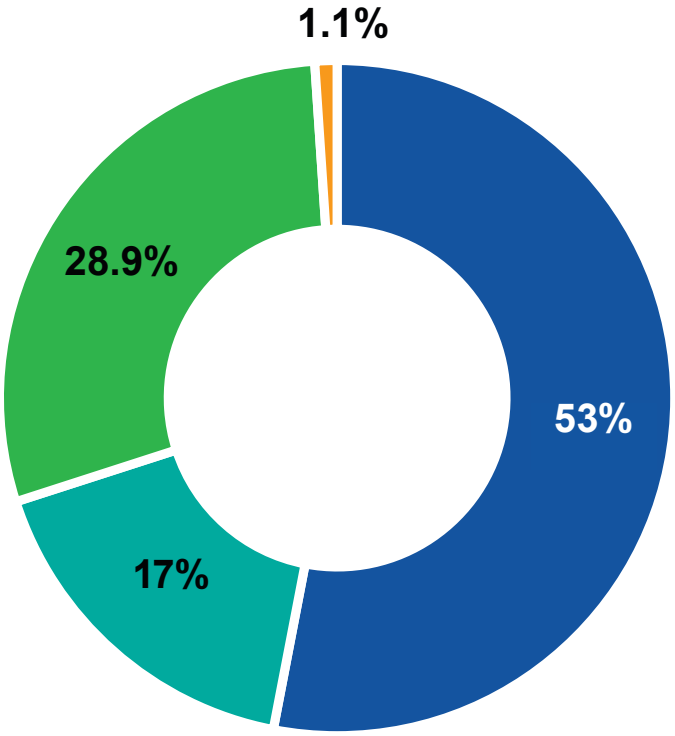


Interspersed throughout this report are consumer stories of assistance the DMHC Help Center provided during 2021. The names of enrollees have been changed to protect their identities, and the outcomes are specific to the circumstances and details of each individual case.

DMHC HELP CENTER ASSISTANCE: INDEPENDENT MEDICAL REVIEW (IMR) – EXPERIMENTAL/INVESTIGATIONAL

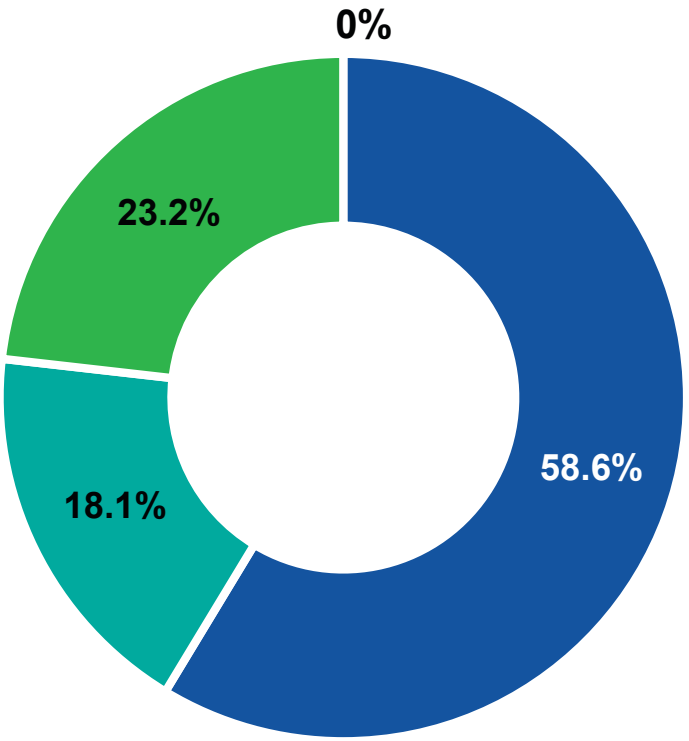
Yesenia, a Large Group HMO plan member, was diagnosed with Lymphedema in her arm due to complications after she had a mastectomy. Yesenia requested Lymphedema surgery to reduce the severity of her condition, but her health plan denied the services as Experimental/Investigational. She then applied for an IMR at the DMHC Help Center asking for help to get her health plan to authorize and cover surgical treatment. After completing the IMR process, Yesenia's surgery was deemed more beneficial than any available standard therapy, and her health plan was required to cover her Lymphedema surgery.

CONSUMER COMPLAINTS RESOLVED IN 2021 BY COVERAGE TYPE



- **1.1% -** Medicare
- **17% -** Medi-Cal
- **28.9% -** Individual
- **53% -** Employment Based

IMRs RESOLVED IN 2021 BY COVERAGE TYPE



- **0% -** Medicare
- **18.1% -** Medi-Cal
- **23.2% -** Individual
- **58.6% -** Employment Based

Behavioral Health Care Coverage

California health plan enrollees have the right to treatment for all medically necessary mental health conditions and substance use disorders. A new law that took effect in 2021 strengthened California's mental health parity laws by requiring commercial health plans to provide full coverage for the treatment of all mental health conditions and substance use disorders, under the same terms and conditions applied to other medical conditions.

Health plans must cover the full spectrum of all medically necessary treatment in all settings for enrollees. This includes the following settings, when medically necessary:

- Sessions with a therapist
- Medication to manage enrollees' condition
- Outpatient Intensive Treatment
- Inpatient Residential treatment

The law also mandates that if an enrollee cannot find an appropriate mental health provider in their health plan network, the health plan must arrange and pay for out-of-network services at no additional cost to the enrollee.

Additionally, the law includes financial protections. Health plans cannot charge more for mental health and substance use disorder services than for physical health conditions. This includes enrollee cost-sharing obligations, such as co-pays, deductibles, maximum annual and lifetime benefits and other out-of-pocket expenses.

Health plan enrollees having trouble accessing behavioral health care treatment or services, should first contact their health plan at the member services phone number on their health plan member card. Their health plan will review the grievance and should ensure the enrollee is able to timely access medically necessary care.

If the enrollee does not agree with their health plan's response, they should contact the DMHC Help Center at www.HealthHelp.ca.gov or by calling 1-888-466-2219. Contact the DMHC Help Center immediately for urgent issues.

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, mental health parity, and complaint and grievance systems.

After licensure, the DMHC monitors health plans and any changes made to plan 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.

2021 Highlights

The DMHC issues APLs to provide guidance and information to health plans. The Department issued 25 APLs in 2021. Of these, 15 APLs provided guidance and information regarding the state's response to the COVID-19 pandemic.

Following the passage of Senate Bill (SB) 855 (2020), the Department worked to ensure health plans complied with this new law which made amendments to California's mental health parity law and requires commercial health plans to provide full coverage for the treatment of all mental health conditions and substance use disorders. It also establishes specific standards for what constitutes medically necessary treatment and criteria for the use of clinical guidelines. The DMHC issued an APL directing health plans to demonstrate compliance with the new law. Health plans were required to submit updated contracts, policies and procedures, and clinical guidelines showing how the plans would provide full coverage for the treatment of all mental health conditions and substance use

2021 BY THE NUMBERS

PLAN LICENSING

7 NEW LICENSES ISSUED

4,813 EVIDENCES OF COVERAGE REVIEWED

1,005 ADVERTISEMENTS REVIEWED

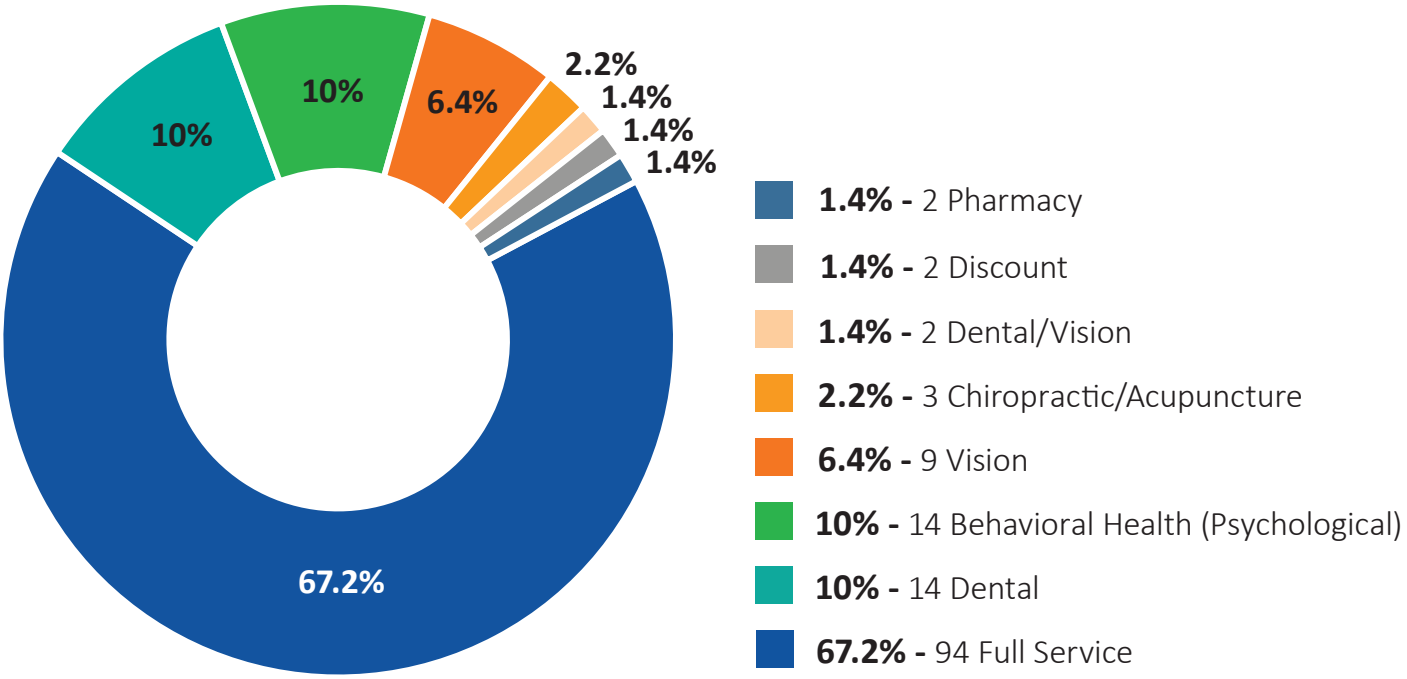
45 COVERED CALIFORNIA FILINGS REVIEWED[10]

25 ALL PLAN LETTERS

289 MATERIAL MODIFICATIONS (SIGNIFICANT CHANGES) RECEIVED

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

LICENSED PLANS IN 2021



disorders as well as adopt specific criteria and guidelines for determining when services and treatments are medically necessary.

On an annual basis, the DMHC reviews all Qualified Health Plans (QHP) and Qualified Dental Plans (QDP) applying to offer benefits for the upcoming plan year through Covered California, the state's Health Benefits Exchange. This process involves the review of each plan for compliance with Covered California's Patient Centered Benefit Plan Designs, including cost sharing, actuarial value compliance, and contract amendments between full service and specialized health care service plans. The DMHC reviewed 45 QHP and QDP filings in 2021 to ensure compliance with the consumer protections in federal and state law.

Health plans intending to merge or consolidate with any entity, including another health plan, must obtain prior approval from the DMHC. Under a law passed in 2018 (Assembly Bill (AB) 595), the Department's authority over the review of health plan mergers was expanded to include the ability to disapprove a merger, or change of control transaction, that may substantially lessen competition or doesn't meet the strong consumer protections in the law. Additionally, the Department must review change of control transactions and determine if it is a "major transaction" which requires the Department obtain an independent analysis and hold a public meeting. Since this law took effect on January 1, 2019, the DMHC has reviewed 24 different change of control transactions, including 11 in 2021.

The most significant transaction in 2021 was Centene Corporation's (Centene) acquisition of Magellan Health, Inc. (Magellan). For the first time since AB 595 took effect, the Department determined this change of control transaction met the requirements of a major transaction in the law. This required the Department to hold a public meeting and obtain an independent impact analysis on the merger. The DMHC held a public meeting on October 27, 2021 and approved the merger on December 30, 2021, including conditions

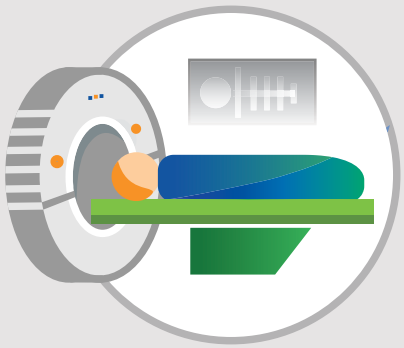
to ensure the merger would not adversely impact enrollees or the stability of California's health care delivery system.

Pharmacy Benefit Managers (PBMs) that contract with DMHC-licensed health plans to administer drug benefits are required to register with the Department. In 2021, the DMHC received eight amended applications, and nine new applications from PBMs. Only one of the nine new applications qualified to register with the DMHC. Many PBMs that applied for registration did not qualify because they did not contract with a DMHC-licensed health plan. Additionally, one registered PBM surrendered its registration with the Department in 2021.

The DMHC also continued to monitor and review plan compliance with the Uniform Provider Directory Standards. Health plans must publish and maintain accurate, complete and up-to-date provider directories. All health plans must have publicly available provider directories on their website, make weekly updates to those directories and provide consumers with simple ways to report directory errors.

DMHC HELP CENTER ASSISTANCE: CLAIMS/FINANCIAL – EMERGENCY SERVICES

Booker, a Small Group PPO plan member, went to see his primary care doctor, who referred him to get a computerized tomography (CT) scan at the hospital next door. Booker then went to the hospital next to his doctor's office and explained he was only there to get a CT scan. Though he told the hospital staff to check his doctor's order, he was given more services in the emergency department than he needed or that his doctor ordered. He later received a bill from the hospital's emergency department for more than $1,000. He filed an appeal and asked his health plan to waive the cost of the extra services because he said he told the emergency department staff many times he was only there for a CT scan per his doctor's orders. After unsuccessfully going through the health plan's appeal process, Booker filed a complaint with the DMHC Help Center. Following the DMHC Help Center's investigation, the plan approved Booker's request to waive the emergency department fees.



KNOW YOUR HEALTH CARE RIGHTS

Timely Access to Care

Health plans must ensure their network of providers, including doctors, can provide enrollees with an appointment within a specific number of days or hours.

A qualified health care provider may extend the waiting time for an appointment if they determine a longer waiting time will not be harmful to the enrollee's health.

Urgent Care

prior authorization **not required** by health plan
2 days

prior authorization **required** by health plan
4 days

Non-Urgent Care

Doctor Appointment

PRIMARY CARE PHYSICIAN
10 business days

SPECIALTY CARE PHYSICIAN
15 business days

Mental Health Appointment
(non-physician[1])
10 business days

Appointment
(ancillary provider[2])
15 business days

Follow-Up Care

Mental Health / Substance Use Disorder Follow-Up Appointment
(non-physician)
10 business days from prior appointment
(effective July 1, 2022)

Timely Access to Care Requirements

DISTANCE

A primary care provider / hospital within 15 miles or 30 minutes from where enrollees live or work

AVAILABILITY 24/7

Telephone services to talk to your health plan should be available 24/7

INTERPRETER

Interpreter services must be coordinated and provided with scheduled appointments for health care services

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 (TDD: 1-877-688-9891) 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. If you believe you are experiencing a medical emergency, dial 9-1-1 or go to the nearest hospital.

DEPARTMENT OF Managed Health Care

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

[2] Examples of ancillary services include lab work or diagnostic testing, such as mammogram or MRI, or treatment such as physical therapy.

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 surveys 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 are like audits, and examine health plan practices related to access and availability of services, 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 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 plan networks are required to have an adequate number of providers to deliver care to enrollees in a timely manner. This includes a requirement that plans ensure their networks of providers can offer enrollees an appointment within a specific number of days or hours.

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" to the DMHC 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 for "continuity of care," where they can continue to see their doctor or hospital, under certain circumstances, for a limited time after the termination.

DMHC HELP CENTER ASSISTANCE: INDEPENDENT MEDICAL REVIEW (IMR) – EXPERIMENTAL/INVESTIGATIONAL

Ivan, an Individual PPO plan member on the state's exchange, Covered California, requested to join a clinical trial for a new vaccine to treat neuroblastoma. His health plan denied the treatment as Experimental and Investigational. Ivan then applied for an IMR with the DMHC Help Center. The IMR determined the clinical trial for the new vaccine to treat neuroblastoma qualified to be covered under the law on "approved clinical trials" (California Health and Safety Code §1370.6). Following the DMHC Help Center's decision, the health plan authorized coverage.

2021 Highlights

Ensuring access to timely and appropriate behavioral health care treatment and services, including compliance with state and federal mental health parity laws continues to be a high priority for the DMHC. The DMHC received approval in the 2020-21 state budget to conduct focused investigations of all full-service commercial health plans regulated by the Department to further evaluate health plan compliance with parity and assess whether enrollees have consistent access to medically necessary behavioral health care services.

In 2021, the DMHC began the focused behavioral health investigations of the first five plans. The Department anticipates an average of five investigations will be conducted per year over approximately five years.

The DMHC amended the timely access regulation and submitted the final regulation package to the Office of Administrative Law (OAL) on August 2, 2021. The purpose of the amendments to this regulation is to set a standardized methodology for how health plans report timely access to care requirements and annual network requirements to the DMHC. This regulation will help the DMHC ensure health plans are meeting timely access to care requirements, allow for meaningful comparisons of timely access to care information across health plans, and allow the DMHC to better hold health plans accountable.

In 2021, the DMHC received approval to form a Health Equity and Quality Committee to help reduce health care disparities for Californians. The Committee will make recommendations by September 30, 2022, for standard health equity and quality measures, including annual benchmark standards for health plans to assess equity and quality in health care delivery.

Additionally, to streamline the process of evaluating health plan networks following provider group and hospital terminations, the DMHC made enhancements to health plan reporting of Block Transfers.

2021 BY THE NUMBERS

PLAN MONITORING

16 ROUTINE SURVEYS

22 FOLLOW-UP SURVEYS

1 NON-ROUTINE SURVEY[11]

127 UNIQUE HEALTH PLAN NETWORKS REVIEWED[12]

46 TIMELY ACCESS COMPLIANCE REPORTS REVIEWED[13]

338 BLOCK TRANSFERS RECEIVED

130 MATERIAL MODIFICATIONS 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, known as Risk Bearing Organizations (RBOs), 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 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 health plan does not meet the minimum MLR threshold, it must provide rebates to consumers and other purchasers, such as employers.

The DMHC does not license provider organizations but monitors the financial solvency of RBOs. An RBO is a physician-owned provider group that, in its contracts with health plans, pays claims and assumes financial risk for the cost of all health care services (inpatient and outpatient) for each enrolled person assigned to the RBO by accepting a fixed monthly payment. This arrangement is typically referred to as "capitation." RBOs are subject to financial solvency requirements and regular financial reporting. The DMHC monitors the financial stability of RBOs by analyzing financial filings, conducting financial and/or claims examination, reviewing claims payment practices, and monitoring corrective action plans. As of December 31, 2021, the DMHC had 209 registered RBOs.

The DMHC reviews the financial status of all licensed health plans and registered RBOs at the Financial Solvency Standards Board (FSSB) public

DMHC HELP CENTER ASSISTANCE: ACCESS TO CARE

Ebony, a Medi-Cal Managed Care plan member, was diagnosed with breast cancer. Her treating health care provider recommended she obtain genetic testing to determine the most effective treatment plan for her condition. The health plan denied the services as not a covered benefit, stating genetic testing is only approved under Medi-Cal for newborns and pregnant women. The DMHC Help Center investigated Ebony's complaint and her health plan's policies. With the DMHC Help Center's assistance, the health plan agreed to overturn their previous denial. Ebony was able to have a consultation with a genetic counselor and genetic testing to determine the most effective plan to treat her breast cancer.

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

2021 Highlights

In January 2021, the DMHC completed the routine financial examination of Health Net of California, Inc. (Health Net). The DMHC imposed a Corrective Action Plan (CAP) requiring Health Net to remediate provider claims due to inaccurate claims payments, untimely payment of Provider Dispute Resolutions (PDR), and incorrect PDR determinations. Health Net reprocessed almost 35,000 claims and paid nearly $1.3 million to providers, including interest and penalties.

Blue Cross of California (Anthem Blue Cross) notified the DMHC in 2020 the plan had overcharged premiums paid by Medicare Supplement enrollees. The plan was required to complete a CAP including remediating all impacted premiums, including refunding enrollees. As part of the CAP that was completed in 2021, Anthem Blue Cross reimbursed $3.7 million in premiums going back to 2011, including $1.3 million in interest.

In 2021, six health plans were required to issue rebate checks totaling $89.9 million for failing to meet the minimum MLR requirement for 2020:

- Local Initiative Health Authority for Los Angeles County (L.A. Care Health Plan) reported an MLR of 77.8% for 2020 and paid rebates of $9.6 million in the individual market.
- Molina Healthcare of California reported an MLR of 78.6% for 2020 and paid rebates of $3.4 million in the individual market.
- Anthem Blue Cross reported an MLR of 77.3% for 2020 and paid rebates of $66.6 million in the small group market.

2021 BY THE NUMBERS

FINANCIAL OVERSIGHT

67 FINANCIAL EXAMINATIONS COMPLETED[14]

2,751 FINANCIAL STATEMENTS REVIEWED[15]

$89.9 M MLR REBATES[16]

$1.45 M CLAIM AND DISPUTED PAYMENTS REMEDIATED

$1.04 M INTEREST AND PENALTIES PAID

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

- Health Net reported an MLR of 78.3% for 2020 and paid $7.6 million in rebates in the small group market.
- Holman Professional Counseling Centers reported an MLR of 84.6% for 2020 and paid rebates of $19,794 in the large group market.
- U.S. Behavioral Health Plan, California (OptumHealth Behavioral Solutions of California) reported an MLR of 65.8% for 2020 and paid rebates of $2.3 million in the large group market.

DMHC HELP CENTER ASSISTANCE: CLAIMS/FINANCIAL—DENTAL

Fatima, a Large Group HMO dental plan member, was incorrectly billed for several dental procedures that should have been covered with no cost-share by her dental plan. Fatima received an evaluation, dental cleaning, x-rays, dental crown, and a cavity filling from a dental provider contracted with her plan and was charged $1,092 by the provider. After paying for the charges, she filed a grievance with her dental plan because the evaluation, dental cleaning and x-rays should have been covered with no cost-share according to her Evidence of Coverage. Unfortunately, the plan could not resolve her grievance within 30 days. Fatima filed a complaint with the DMHC Help Center, which contacted her plan about the complaint. Following the DMHC Help Center's intervention, the plan reprocessed Fatima's claims and she was reimbursed $900.

Rate Review

Since January 2011, the DMHC has saved Californians nearly $300 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. Additionally, health plans that offer large group products must provide information regarding the methodology, factors, and assumptions used to determine rates to the DMHC. Actuaries perform an in-depth review of the health plan's proposed changes and requires health plans demonstrate how the proposed 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, the Department's rate review efforts hold health plans accountable through transparency, and ultimately has saved consumers hundreds of millions of dollars.

If the DMHC finds a health plan rate change is not supported, the DMHC negotiates with the health 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. When the DMHC finds a proposed rate change to be unreasonable, the health plan must notify impacted enrollees of the unreasonable finding.

Additionally, health plans that offer individual, small group, and large group coverage must file annual aggregate rate information with the DMHC. The DMHC holds a public meeting every other year to increase transparency of health plan premium rate changes.

Health plans in the commercial market must file certain prescription drug cost information with the DMHC on an annual basis. The DMHC analyzes the data and the impact of prescription drug costs on health care premiums and produces an annual report that is presented at the public meeting on large group rates.

The Department has an informative and user-friendly premium rate review section on its public website that makes it easy for the public to view and comment on health plan proposed rate changes.

REVIEW & COMMENT ON HEALTH PLAN PROPOSED RATE CHANGES

The DMHC makes it easy for the public to view and comment on health plan proposed rates. Visit www.RateReview.DMHC.ca.gov for more information and to review and submit comments.

2021 Highlights

The DMHC reviewed 51 individual and small group rate filings in 2021. The DMHC reviewed health plans' proposed rate changes to ensure that the rate changes were supported by data, including underlying medical costs and trends. The Department did not find any unreasonable or unjustified rate changes.

The DMHC implemented Assembly Bill (AB) 2118 (2020), which requires health plans that offer commercial products in the individual and small group markets to annually report information to the DMHC, including premiums, cost sharing, benefits, enrollment, and trend factors. The DMHC reviewed aggregate rate filings for 12 individual and 15 small group health plans and published the Individual and Small Group Aggregate Premium Rate Report for Measurement Year 2021.

Also in 2021, the Department reviewed 37 filings from 23 health plans related to large group aggregate rate and prescription drug cost information. The DMHC aggregated the information across all reporting plans and published the Large Group Aggregate Rates and Prescription Drug Costs Report for Measurement Year 2021. The report summarizes the large group aggregate rate information and analyzes the impact of the cost of prescription drugs on health plan premiums in the large group market. Additionally, effective July 1, 2021, a large group contract holder with coverage that is experience rated can request the DMHC to review a rate change. The DMHC released an online form for large group contract holders to request the Department's review of a rate change.

The DMHC published the Prescription Drug Cost Transparency Report for Measurement Year 2020, which looks at the impact of the cost of prescription drugs on commercial health plan premiums. Among other findings, the report reveals that health plans paid an increase of $1.5 billion on prescription drugs since 2017, including an increase of almost $500 million in the last reporting year.

2021 BY THE NUMBERS

RATE REVIEW

88 RATE FILING REVIEWS COMPLETED[17]

25 PRESCRIPTION DRUG COST FILINGS REVIEWED

50 ANNUAL AGGREGATE RATE FILINGS REVIEWED

$296.1 M CONSUMER SAVINGS THROUGH NEGOTIATED MODIFIED RATES SINCE 2011

"Since January 2011, the DMHC has saved Californians $296.1 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 actions are 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 2021, 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.

2021 Highlights

In 2021, the DMHC assessed $2,688,750 in fines for enforcement actions taken against health plans. The Department's enforcement actions involved many diverse legal issues, including failures to address enrollee grievances, timely implement IMR decisions, maintain financial solvency, and deliver basic health care services in compliance with the law.

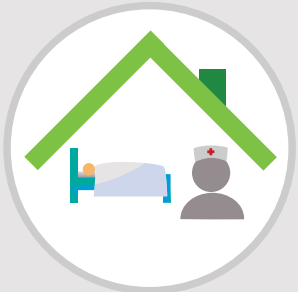
Some of the significant enforcement actions taken by the DMHC in 2021 are described below.

The DMHC imposed penalties totaling $173,500 against L.A. Care Health Plan for multiple enrollee grievance enforcement actions. In the first action, the plan failed to timely and accurately respond to the Department's requests for necessary information to resolve complaints for eight enrollees, and the Department determined the plan had a lack of administrative capacity to provide services to its enrollees. In the second action, the plan failed to timely resolve 20 enrollee grievances within 30 days of receipt as required by law. The plan took corrective actions and paid the penalties.

The DMHC imposed a $150,000 penalty against California Physicians' Service (Blue Shield of California) for the plan's failure to timely implement an IMR decision adopted by the DMHC. California law requires health plans to authorize the services within five working days of receiving an IMR determination accepted by the Department. After the DMHC Help Center intervened, the enrollee was able to get the residential treatment center services adopted through the IMR. However, the service was not authorized until 22 days after the plan was legally required to authorize the service. The plan acknowledged its

DMHC HELP CENTER ASSISTANCE: INDEPENDENT MEDICAL REVIEW (IMR) – MEDICAL NECESSITY

Kaoru, a minor with Large Group HMO plan coverage, was diagnosed with acute lymphoblastic leukemia, and needed home skilled nursing services from a registered nurse. Her father submitted an appeal to the health plan but the services were denied as not medically necessary. Kaoru's father applied for an IMR with the DMHC Help Center. The IMR determined Kaoru's request for skilled nursing services from a registered nurse were medically necessary and the health plan was required to cover the services.



failure to comply with the law, paid the penalty, and agreed to corrective actions to settle the issue.

The DMHC imposed a total of $130,000 in penalties against Premier Health Plan Services, Inc., for its failure to maintain the minimum required tangible net equity (TNE) and for various claims payment and provider dispute resolution violations identified in a financial audit of the plan. The plan failed to reimburse claims accurately, including automatic payment of interest and penalty, issued incorrect claim denials and failed to timely resolve provider complaints. The Plan completed remediation on claims totaling $45,147.99, including interest and fees.

The DMHC filed a Cease-and-Desist Order to freeze enrollment and then filed an Accusation to revoke the license of Vitality Health Plan of California, Inc. (CCA Health Plans of California, Inc.) due to the plan's chronic TNE deficiencies impacting Medicare enrollees. Under the law, health plans are required to have a minimum TNE to ensure financial solvency in order to pay health care claims for enrollees. The plan filed for Chapter 11 bankruptcy to reorganize its debts and continue operating. The Department withdrew its Accusation based on the stipulation between the parties agreeing that the Accusation was put on hold by the bankruptcy filing and that the Cease-and-Desist Order would continue in effect until approval of a change in control request. The Department granted approval of a change in control to a new buyer, Commonwealth Care Alliance. The plan then resolved the TNE deficiency.

The DMHC filed an Accusation to revoke the license of Golden State Health Plan, and issued a Cease-and-Desist Order to freeze enrollment due to the plan's chronic TNE deficiencies impacting Medicare enrollees. The DMHC and the plan later entered into a settlement agreement, which requires the plan to voluntarily surrender its license if it fails to secure funding to cure its TNE deficiency.

2021 BY THE NUMBERS

ENFORCEMENT

884 CASES OPENED

233 CASES CLOSED WITH A PENALTY

$2.7 M PENALTIES ASSESSED

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

The DMHC imposed an $85,000 penalty against Aetna Dental of California, Inc., for its failure to cure nine deficiencies identified in a routine survey. The uncorrected deficiencies included the plan's quality assurance program, including failing to document all statutorily required quality-of-care criteria; multiple failures with the plan's grievance system, including failure to adequately consider enrollee grievances; failure to maintain grievance-related records; improperly processing coverage disputes as exempt grievances; failure to track and monitor grievances submitted online; failure to consistently and timely make utilization management decisions and convey those decisions in writing; and failure to meet the statutory requirements for language assistance programs. The plan paid the penalty and agreed to corrective actions.

The DMHC imposed a $35,000 penalty against Health Net for its failure to pay claims for medically necessary and authorized services, failure to timely pay claims, and failure to adequately consider the enrollee's grievance. The plan acknowledged its failure to timely and accurately pay the claim, paid the penalty, and agreed to corrective actions.

The DMHC also imposed a $25,000 penalty against Health Net Community Solutions, Inc. for imposing an impermissible referral requirement for OB/GYN care and for its repeated failure to initiate a grievance on three occasions over a three-month period. The misinformation provided and the failures to initiate a grievance contributed to the enrollee's failure to find timely prenatal services. The plan acknowledged its failure to timely and accurately pay the claim, paid the penalty, and agreed to a CAP.

Notes

1 www.dmhc.ca.gov/COVID-19

2 The enrollment charts include the following enrollment types reported by plans and searchable in the Health Plan Financial Summary Report: 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, IHSS, Medi-Cal Risk, Medicare Risk (Medicare Advantage), Medicare Cost (Fee For Service) and Medicare Supplement. Healthy Families and AIM enrollment were also reported in previous years when those programs were active.

3 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 was 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.

4 "Other" enrollment consists of Medicare Supplement enrollment.

5 Enrollees received the requested services in 67.5% of the cases qualified by the Department for the IMR program in 2021.

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

7 Consumer complaints are comprised of standard complaints (10,352), quick resolutions (371), and urgent cases (48) in 2021. 8,282 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.

8 IMRs closed are comprised of cases that were resolved by the DMHC or closed for any reason other than non-jurisdictional in 2021. 2,570 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, the case was withdrawn by the consumer or the case was ineligible for IMR.

9 The category "Coordination of Benefits" has also been previously referred to as "Quality of Care."

10 Includes review of Qualified Health Plan filings and Qualified Dental Plan filings.

11 The non-routine survey released in 2021 was for Human Affairs International of California (HAI-CA).

12 Networks reviewed in 2021 were for Measurement Year 2020 Annual Network Reporting.

13 Timely Access compliance reports reviewed in 2021 were for Measurement Year 2020.

14 45 Health Plan Financial Examinations and 22 RBO Financial Examinations.

15 1,473 Health Plan Financial Statements Reviewed and 1,278 RBO Financial Statements Reviewed.

16 Rebates for calendar year 2020 were paid in 2021.

17 This includes 14 individual market health plan premium rate filings, 37 small group rate filings, and 37 large group rate filings.

2021 Independent Medical Review Summary Report

Report Overview

68%
of enrollee cases that qualified for the Department's IMR program received the requested services they needed.*

17%
of IMR cases were reversed by the health plan after the DMHC received the IMR application.

51%
of cases previously denied by health plans were overturned by the IMRO.

32%
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 2021 calendar year, by health plan. The Department resolved 2,570 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 2021 for the population of enrollees within the DMHC Help Center's jurisdiction. Plans with zero enrollment as of December 31, 2021 may have had enrollment earlier in the year, received a license in 2021 or did not have enrollment within the DMHC Help Center's jurisdiction.

Data represents resolved IMRs which were determined to be within the Department's jurisdiction, eligible for review, and resolved (closed) within calendar year 2021. Cases pending at the end of 2021 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 2021. 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. For health plans that are involved in plan-to-plan arrangements, the data is reported by the primary plan only.

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.

* Enrollees received the requested services in 67.5% of the cases qualified by the Department for the IMR program in 2021.

California Department of Managed Health Care

2021 Independent Medical Review by Health Plan

Plan Type and Name	Enrollees*	Total IMRs Resolved	IMRs per 10,000	EXPERIMENTAL / INVESTIGATIONAL IMR							MEDICAL NECESSITY IMR							ER REIMBURSEMENT IMR						
				Total IMRs	Upheld by IMR	%	Over-turned by IMR	%	Rev. by Plan	%	Total IMRs	Upheld by IMR	%	Over-turned by IMR	%	Rev. by Plan	%	Total IMRs	Upheld by IMR	%	Over-turned by IMR	%	Rev. by Plan	%
FULL SERVICE – ENROLLMENT OVER 400,000																								
Blue Cross of California (Anthem Blue Cross)	2,096,787	614	2.93	156	68	43.6%	83	53.2%	5	3.2%	457	116	25.4%	297	65.0%	44	9.6%	1	0	0.0%	1	100.0%	0	0.0%
Blue Cross of California Partnership Plan, Inc.	876,321	60	0.68	1	0	0.0%	0	0.0%	1	100.0%	59	20	33.9%	23	39.0%	16	27.1%	0	0	0.0%	0	0.0%	0	0.0%
California Physicians' Service (Blue Shield of California)	2,421,076	807	3.33	164	78	47.6%	64	39.0%	22	13.4%	636	164	25.8%	378	59.4%	94	14.8%	7	3	42.9%	3	42.9%	1	14.3%
Health Net Community Solutions, Inc.	1,495,990	69	0.46	7	4	57.1%	2	28.6%	1	14.3%	61	16	26.2%	28	45.9%	17	27.9%	1	1	100.0%	0	0.0%	0	0.0%
Health Net of California, Inc.	503,507	111	2.20	15	4	26.7%	10	66.7%	1	6.7%	96	27	28.1%	39	40.6%	30	31.3%	0	0	0.0%	0	0.0%	0	0.0%
Inland Empire Health Plan (IEHP)	1,418,544	55	0.39	2	2	100.0%	0	0.0%	0	0.0%	53	37	69.8%	12	22.6%	4	7.5%	0	0	0.0%	0	0.0%	0	0.0%
Kaiser Foundation Health Plan, Inc. (Kaiser Permanente)	7,144,640	274	0.38	1	1	100.0%	0	0.0%	0	0.0%	270	132	48.9%	108	40.0%	30	11.1%	3	2	66.7%	0	0.0%	1	33.3%
Local Initiative Health Authority for Los Angeles County (L.A. Care Health Plan)	2,446,634	107	0.44	1	1	100.0%	0	0.0%	0	0.0%	106	39	36.8%	41	38.7%	26	24.5%	0	0	0.0%	0	0.0%	0	0.0%
Molina Healthcare of California	544,318	12	0.22	0	0	0.0%	0	0.0%	0	0.0%	12	5	41.7%	1	8.3%	6	50.0%	0	0	0.0%	0	0.0%	0	0.0%
Total Full Service - Enrollment Over 400,000:	**18,947,817**	**2,109**	**1.11**	**347**	**158**	**45.5%**	**159**	**45.8%**	**30**	**8.6%**	**1750**	**556**	**31.8%**	**927**	**53.0%**	**267**	**15.3%**	**12**	**6**	**50.0%**	**4**	**33.3%**	**2**	**16.7%**
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.	41,666	1	0.24	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%
Aetna Health of California Inc.	195,661	14	0.72	1	0	0.0%	1	100.0%	0	0.0%	13	1	7.7%	7	53.8%	5	38.5%	0	0	0.0%	0	0.0%	0	0.0%
AIDS Healthcare Foundation (Positive Healthcare)	747	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	296,873	9	0.30	0	0	0.0%	0	0.0%	0	0.0%	9	3	33.3%	3	33.3%	3	33.3%	0	0	0.0%	0	0.0%	0	0.0%
Align Senior Care 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%
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%
AltaMed Health 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%
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%
Astiva Health, 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%
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%
Blue Shield of California Promise Health Plan	119,190	6	0.50	1	1	100.0%	0	0.0%	0	0.0%	5	1	20.0%	4	80.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Brandman 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%
Brown & Toland Health 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%
California Health and Wellness Plan (CA Health and Wellness)	222,630	14	0.63	2	0	0.0%	2	100.0%	0	0.0%	12	2	16.7%	7	58.3%	3	25.0%	0	0	0.0%	0	0.0%	0	0.0%
Care Improvement Plus South Central 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%
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%
CCA Health Plans of California, Inc. (CCA Health 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%
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%
Central Valley 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%
CHG Foundation (Community Health Group Partnership Plan)	303,710	5	0.16	1	0	0.0%	1	100.0%	0	0.0%	4	2	50.0%	1	25.0%	1	25.0%	0	0	0.0%	0	0.0%	0	0.0%
Children's Health 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%
Chinese Community Health Plan	7,515	1	1.33	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.	139,517	14	1.00	7	3	42.9%	2	28.6%	2	28.6%	7	2	28.6%	3	42.9%	2	28.6%	0	0	0.0%	0	0.0%	0	0.0%
Clever Care of Golden State Inc. (Clever Care 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%
Community Care Health Plan, Inc.	11,653	1	0.86	0	0	0.0%	0	0.0%	0	0.0%	1	0	0.0%	0	0.0%	1	100.0%	0	0	0.0%	0	0.0%	0	0.0%
Community Health Group	7,048	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%
Contra Costa County Medical Services (Contra Costa Health Plan)	221,277	2	0.09	0	0	0.0%	0	0.0%	0	0.0%	2	1	50.0%	0	0.0%	1	50.0%	0	0	0.0%	0	0.0%	0	0.0%
County of Ventura (Ventura County Health Care Plan)	12,012	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%
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%

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Plan Type and Name	Enrollees*	Total IMRs Resolved	IMRs per 10,000	EXPERIMENTAL / INVESTIGATIONAL IMR							MEDICAL NECESSITY IMR							ER REIMBURSEMENT IMR						
				Total IMRs	Upheld by IMR	%	Over-turned by IMR	%	Rev. by Plan	%	Total IMRs	Upheld by IMR	%	Over-turned by IMR	%	Rev. by Plan	%	Total IMRs	Upheld by IMR	%	Over-turned by IMR	%	Rev. by Plan	%
Essence Healthcare of California, Inc. (Essence Healthcare)**	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%
For Your Benefit, 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%
Fresno-Kings-Madera Regional Health Authority (CalViva Health)	393,125	17	0.43	1	1	100.0%	0	0.0%	0	0.0%	16	4	25.0%	8	50.0%	4	25.0%	0	0	0.0%	0	0.0%	0	0.0%
Global 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%
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%
Healthy Valley Provider 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%
Heritage Provider 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%
Hill Physicians Care Solutions, 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%
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%
Humana Health Plan of Texas, 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%
Innovative Integrated Health Community Plans, 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, 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%
Kern Health Systems	298,205	34	1.14	1	0	0.0%	1	100.0%	0	0.0%	33	9	27.3%	13	39.4%	11	33.3%	0	0	0.0%	0	0.0%	0	0.0%
L.A. Care Health Plan Joint Powers Authority	50,614	5	0.99	0	0	0.0%	0	0.0%	0	0.0%	5	1	20.0%	3	60.0%	1	20.0%	0	0	0.0%	0	0.0%	0	0.0%
MedCare Partners, Inc. (MedCare Partners 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%
Medcore HP	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, S.A. de C.V. (MediExcel Health Plan)	13,529	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%
MemorialCare Select Health Plan	248	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%
Meritage 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%
Monarch 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%
On Lok Senior Health Services	1,671	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%
Optum Health 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%
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	96,831	61	6.30	6	0	0.0%	3	50.0%	3	50.0%	55	8	14.5%	20	36.4%	27	49.1%	0	0	0.0%	0	0.0%	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 Health Authority (San Francisco Health Plan)	165,138	4	0.24	0	0	0.0%	0	0.0%	0	0.0%	4	1	25.0%	3	75.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
San Joaquin County Health Commission (Health Plan of San Joaquin)	388,170	16	0.41	0	0	0.0%	0	0.0%	0	0.0%	16	8	50.0%	6	37.5%	2	12.5%	0	0	0.0%	0	0.0%	0	0.0%
San Mateo Health Commission (Health Plan of San Mateo)	1,205	22	182.57	1	1	100.0%	0	0.0%	0	0.0%	21	0	0.0%	11	52.4%	10	47.6%	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)	44,962	6	1.33	1	0	0.0%	1	100.0%	0	0.0%	5	2	40.0%	1	20.0%	2	40.0%	0	0	0.0%	0	0.0%	0	0.0%
Santa Clara County Health Authority (Santa Clara Family Health Plan)	291,097	27	0.93	0	0	0.0%	0	0.0%	0	0.0%	27	7	25.9%	14	51.9%	6	22.2%	0	0	0.0%	0	0.0%	0	0.0%
Santa Cruz-Monterey-Merced Managed Medical Care Commission (Central California Alliance for Health)***	517	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	14,475	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.	15,908	1	0.63	0	0	0.0%	0	0.0%	0	0.0%	1	0	0.0%	0	0.0%	1	100.0%	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	134,308	28	2.08	2	1	50.0%	1	50.0%	0	0.0%	26	6	23.1%	12	46.2%	8	30.8%	0	0	0.0%	0	0.0%	0	0.0%
Sistemas Medicos Nacionales, S.A.de C.V. (SIMNSA Health Plan)	49,272	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)	100,466	9	0.90	3	2	66.7%	1	33.3%	0	0.0%	6	2	33.3%	1	16.7%	3	50.0%	0	0	0.0%	0	0.0%	0	0.0%
UHC of California (UnitedHealthcare of California)	389,230	52	1.34	9	7	77.8%	2	22.2%	0	0.0%	42	9	21.4%	13	31.0%	20	47.6%	1	0	0.0%	1	100.0%	0	0.0%
UnitedHealthcare Benefits Plan of California	370,381	69	1.86	20	9	45.0%	11	55.0%	0	0.0%	49	8	16.3%	26	53.1%	15	30.6%	0	0	0.0%	0	0.0%	0	0.0%

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				Total IMRs	Upheld by IMR	%	Over-turned by IMR	%	Rev. by Plan	%	Total IMRs	Upheld by IMR	%	Over-turned by IMR	%	Rev. by Plan	%	Total IMRs	Upheld by IMR	%	Over-turned by IMR	%	Rev. by Plan	%
UnitedHealthcare Community Plan of California, Inc.	26,406	2	0.76	0	0	0.0%	0	0.0%	0	0.0%	2	0	0.0%	1	50.0%	1	50.0%	0	0	0.0%	0	0.0%	0	0.0%
Universal Care, Inc. (Bright HealthCare)	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 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	101,258	38	3.75	3	2	66.7%	1	33.3%	0	0.0%	35	10	28.6%	21	60.0%	4	11.4%	0	0	0.0%	0	0.0%	0	0.0%
Total Full Service - Enrollment Under 400,000:	**4,526,515**	**458**	**1.01**	**59**	**27**	**45.8%**	**27**	**45.8%**	**5**	**8.5%**	**398**	**87**	**21.9%**	**180**	**45.2%**	**131**	**32.9%**	**1**	**0**	**0.0%**	**1**	**100.0%**	**0**	**0.0%**
Total All Full Service Plans:	**23,474,332**	**2,567**	**1.09**	**406**	**185**	**45.6%**	**186**	**45.8%**	**35**	**8.6%**	**2,148**	**643**	**29.9%**	**1,107**	**51.5%**	**398**	**18.5%**	**13**	**6**	**46.2%**	**5**	**38.5%**	**2**	**15.4%**
Chiropractic																								
ACN Group of California, Inc. (OptumHealth Physical Health of California)	76,174	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 of California, 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.	67,996	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:	**144,170**	**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	305,124	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.	113,738	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.	71,788	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.	199,095	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%
Consumer Health, Inc. (Newport Dental Plan)	6,193	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.	157,156	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	62,931	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)	7,856	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)	402,905	2	0.05	0	0	0.0%	0	0.0%	0	0.0%	2	1	50.0%	0	0.0%	1	50.0%	0	0	0.0%	0	0.0%	0	0.0%
Managed Dental Care	92,698	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%
Starmount Managed Dental of California, Inc. (Unum Dental HMO Plan)	550	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.)	22,872	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 California, Inc.	73,629	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)	158,970	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:	**1,675,505**	**2**	**0.01**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**	**2**	**1**	**50.0%**	**0**	**0.0%**	**1**	**50.0%**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**
DENTAL/VISION																								
Delta Dental of California	4,190,502	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)	209,160	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:	**4,399,662**	**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																								
First Dental Health	27,694	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.	24,389	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:	**52,083**	**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%**
BEHAVIORAL HEALTH (PSYCHOLOGICAL)																								
Beacon Health Options of California, Inc. (Beacon of California)	615,947	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)	93,436	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	87,975	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)	130,591	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

2021 Independent Medical Review by Health Plan

Plan Type and Name	Enrollees*	Total IMRs Resolved	IMRs per 10,000	EXPERIMENTAL / INVESTIGATIONAL IMR							MEDICAL NECESSITY IMR							ER REIMBURSEMENT IMR						
				Total IMRs	Upheld by IMR	%	Over-turned by IMR	%	Rev. by Plan	%	Total IMRs	Upheld by IMR	%	Over-turned by IMR	%	Rev. by Plan	%	Total IMRs	Upheld by IMR	%	Over-turned by IMR	%	Rev. by Plan	%
Evernorth Behavioral Health of California, Inc.	115,818	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.	86,712	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, Inc. (Aetna Resources for Living)	1,906,860	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%
Holman Professional Counseling Centers	88,836	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%
Human Affairs International of California (HAI-CA)	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.	32,066	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, Inc. - Employer Services	831,576	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%
Managed Health Network	591,221	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%
Morneau Shepell (California) Limited (LifeWorks by Morneau Shepell)	21,986	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)	786,374	1	0.01	0	0	0.0%	0	0.0%	0	0.0%	1	0	0.0%	0	0.0%	1	100.0%	0	0	0.0%	0	0.0%	0	0.0%
Total Behavioral Health (Psychological):	**5,389,398**	**1**	**0.00**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**	**1**	**0**	**0.0%**	**0**	**0.0%**	**1**	**100.0%**	**0**	**0**	**0.0%**	**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.	428	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.	435,236	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. (America's Best Vision Plan)	226,579	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%
Medical Eye Services, Inc.	47,726	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 Plan of America	14,196	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	4,367,397	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%
Visique Vision Solutions 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%
Total Vision:	**5,091,562**	**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:	**16,752,380**	**3**	**0.00**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**	**3**	**1**	**33.3%**	**0**	**0.0%**	**2**	**66.7%**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**
Grand Totals:		**2,570**	**0.64**	**406**	**185**	**45.6%**	**186**	**45.8%**	**35**	**8.6%**	**2,151**	**644**	**29.9%**	**1,107**	**51.5%**	**400**	**18.6%**	**13**	**6**	**46.2%**	**5**	**38.5%**	**2**	**15.4%**

THIS INFORMATION IS PROVIDED FOR STATISTICAL PURPOSES ONLY. THE DIRECTOR OF THE DEPARTMENT OF MANAGED CARE HAS NEITHER INVESTIGATED NOR DETERMINED WHETHER THE GRIEVANCES COMPILED WITHIN THIS SUMMARY ARE REASONABLE OR VALID.

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

"Overturned by IMR" 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.

Grey shading indicates that the plan surrendered its license in 2021.

*Enrollees reflect only the number of enrollees under DMHC Help Center jurisdiction.

**The DMHC Help Center does not have jurisdiction over Medicare Advantage health plan consumer complaints. Refer to: www.medicareappeal.com, www.Medicare.gov and www.CMS.gov.

***County Organized Health Systems (COHS) Medi-Cal lines of business are exempt from DMHC licensure under Welfare and Institutions code section 14087.95, and the DMHC Help Center does not have jurisdiction over these consumer complaints. Although not required by the law, San Mateo Health Commission (Health Plan of San Mateo) has a DMHC license over its Medi-Cal line of business and these enrollees can file a complaint or IMR with the DMHC Help Center. COHS may have other lines of business subject to DMHC jurisdiction, such as In-Home Supportive Services (IHSS). Enrollees in these lines of business can file a complaint or IMR with the DMHC Help Center.

^This plan was previously known as Vitality Health Plan of California, Inc.

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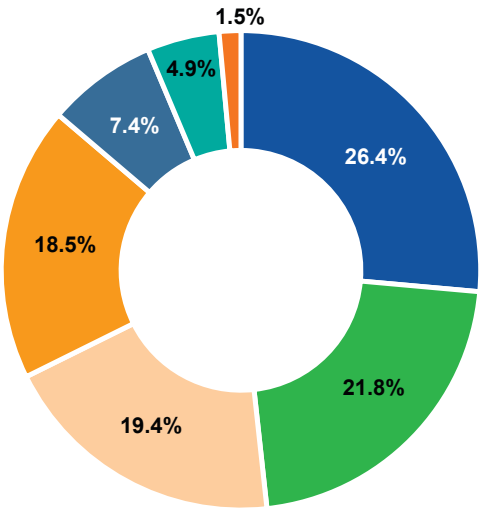
2021 Consumer Complaint Summary Report

Report Overview



1.5% - Coordination of Benefits

4.9% - Enrollment

7.4% - Access to Care

18.5% - Provider Customer Service

19.4% - Health Plan Customer Service

21.8% - Benefits/Coverage

26.4% - Claims/Financial

The Annual Complaint Summary Report displays the numbers and types of complaints, by health plan, resolved by the Department during the 2021 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, Coordination of Benefits, 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 2021, 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 2021 for the population of enrollees within the DMHC Help Center's jurisdiction. Plans with zero enrollment as of December 31, 2021 may have had enrollment earlier in the year, received a license in 2021 or did not have enrollment within the DMHC Help Center's jurisdiction.

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 2021. 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 2021. 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. For health plans that are involved in plan-to-plan arrangements, the data is reported by the primary plan only.

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.

California Department of Managed Health Care

2021 Complaints by Health Plan and Category

Plan Type and Name	Complaints Resolved	% of Complaints Resolved	Enrollees*	Complaints per 10,000	ACCESS TO CARE		BENEFITS/ COVERAGE		CLAIMS/ FINANCIAL		ENROLLMENT		COORDINATION OF BENEFITS		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)	1,199	17.8%	2,096,787	5.72	63	0.30	349	1.66	673	3.21	138	0.66	16	0.08	396	1.89	122	0.58
Blue Cross of California Partnership Plan, Inc.	96	1.4%	876,321	1.10	31	0.35	43	0.49	17	0.19	3	0.03	4	0.05	23	0.26	17	0.19
California Physicians' Service (Blue Shield of California)	1,736	25.7%	2,421,076	7.17	63	0.26	672	2.78	915	3.78	164	0.68	32	0.13	519	2.14	124	0.51
Health Net Community Solutions, Inc.	297	4.4%	1,495,990	1.99	119	0.80	119	0.80	35	0.23	5	0.03	7	0.05	88	0.59	151	1.01
Health Net of California, Inc.	369	5.5%	503,507	7.33	37	0.73	128	2.54	153	3.04	30	0.60	13	0.26	134	2.66	69	1.37
Inland Empire Health Plan (IEHP)	115	1.7%	1,418,544	0.81	33	0.23	44	0.31	6	0.04	1	0.01	1	0.01	29	0.20	63	0.44
Kaiser Foundation Health Plan, Inc. (Kaiser Permanente)	2,203	32.6%	7,144,640	3.08	312	0.44	587	0.82	646	0.90	163	0.23	45	0.06	585	0.82	1255	1.76
Local Initiative Health Authority for Los Angeles County (L.A. Care Health Plan)	645	9.6%	2,446,634	2.64	131	0.54	160	0.65	274	1.12	24	0.10	18	0.07	212	0.87	180	0.74
Molina Healthcare of California	89	1.3%	544,318	1.64	17	0.31	22	0.40	23	0.42	22	0.40	1	0.02	57	1.05	17	0.31
Total Full Service – Enrollment Over 400,000:	**6,749**	**100.0%**	**18,947,817**	**3.56**	**806**	**0.43**	**2,124**	**1.12**	**2,742**	**1.45**	**550**	**0.29**	**137**	**0.07**	**2,043**	**1.08**	**1,998**	**1.05**
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.	12	1.0%	41,666	2.88	7	1.68	4	0.96	2	0.48	0	0.00	0	0.00	7	1.68	6	1.44
Aetna Health of California Inc.	35	2.9%	195,661	1.79	6	0.31	17	0.87	9	0.46	1	0.05	0	0.00	10	0.51	5	0.26
AIDS Healthcare Foundation (Positive Healthcare)	2	0.2%	747	26.77	0	0.00	1	13.39	0	0.00	0	0.00	0	0.00	1	13.39	2	26.77
Alameda Alliance For Health	28	2.3%	296,873	0.94	7	0.24	9	0.30	3	0.10	1	0.03	0	0.00	13	0.44	11	0.37
Align Senior Care 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
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
AltaMed Health 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
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
Astiva Health, 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
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
Blue Shield of California Promise Health Plan	25	2.1%	119,190	2.10	4	0.34	11	0.92	4	0.34	1	0.08	0	0.00	6	0.50	8	0.67
Brandman 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
Brown & Toland Health 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
California Health and Wellness Plan (CA Health and Wellness)	31	2.6%	222,630	1.39	9	0.40	9	0.40	6	0.27	0	0.00	0	0.00	10	0.45	9	0.40
Care Improvement Plus South Central 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
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
CCA Health Plans of California, Inc. (CCA Health 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
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
Central Valley 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
CHG Foundation (Community Health Group Partnership Plan)	16	1.3%	303,710	0.53	2	0.07	5	0.16	1	0.03	0	0.00	4	0.13	4	0.13	10	0.33
Children's Health 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
Chinese Community Health Plan	7	0.6%	7,515	9.31	0	0.00	2	2.66	5	6.65	0	0.00	0	0.00	3	3.99	2	2.66
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.	34	2.8%	139,517	2.44	3	0.22	20	1.43	10	0.72	1	0.07	0	0.00	8	0.57	6	0.43
Clever Care of Golden State Inc. (Clever Care 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
Community Care Health Plan, Inc.	0	0.0%	11,653	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	2	0.2%	7,048	2.84	0	0.00	2	2.84	0	0.00	0	0.00	0	0.00	1	1.42	0	0.00
Contra Costa County Medical Services (Contra Costa Health Plan)	23	1.9%	221,277	1.04	6	0.27	11	0.50	1	0.05	0	0.00	0	0.00	9	0.41	13	0.59
County of Ventura (Ventura County Health Care Plan)	5	0.4%	12,012	4.16	2	1.67	3	2.50	1	0.83	0	0.00	0	0.00	1	0.83	1	0.83
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
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
Essence Healthcare of California, Inc. (Essence Healthcare)**	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
For Your Benefit, 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
Fresno-Kings-Madera Regional Health Authority (CalViva Health)	31	2.6%	393,125	0.79	15	0.38	17	0.43	0	0.00	0	0.00	0	0.00	9	0.23	10	0.25

California Department of Managed Health Care

2021 Complaints by Health Plan and Category

Plan Type and Name	Complaints Resolved	% of Complaints Resolved	Enrollees*	Complaints per 10,000	ACCESS TO CARE		BENEFITS/ COVERAGE		CLAIMS/ FINANCIAL		ENROLLMENT		COORDINATION OF BENEFITS		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
Global 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
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
Healthy Valley Provider 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
Heritage Provider 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
Hill Physicians Care Solutions, 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
Humana Health Plan of California, Inc.**	2	0.2%	0	0.00	1	0.00	1	0.00	1	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Humana Health Plan of Texas, 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
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
Innovative Integrated Health Community Plans, 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
Inter Valley 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
Kern Health Systems	9	0.7%	298,205	0.30	1	0.03	5	0.17	0	0.00	1	0.03	0	0.00	3	0.10	2	0.07
L.A. Care Health Plan Joint Powers Authority	47	3.9%	50,614	9.29	2	0.40	6	1.19	37	7.31	0	0.00	0	0.00	10	1.98	11	2.17
MedCare Partners, Inc. (MedCare Partners 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
Medcore HP	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, S.A. de C.V. (MediExcel Health Plan)	4	0.3%	13,529	2.96	1	0.74	0	0.00	3	2.22	0	0.00	0	0.00	1	0.74	1	0.74
MemorialCare Select Health Plan	0	0.0%	248	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Meritage 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
Monarch Health Plan, Inc.	1	0.1%	0	0.00	1	0.00	0	0.00	0	0.00	0	0.00	0	0.00	1	0.00	0	0.00
On Lok Senior Health Services	1	0.1%	1,671	5.98	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	3	17.95
Optum Health 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
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	145	12.0%	96,831	14.97	3	0.31	48	4.96	85	8.78	10	1.03	1	0.10	44	4.54	19	1.96
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 Health Authority (San Francisco Health Plan)	19	1.6%	165,138	1.15	4	0.24	11	0.67	1	0.06	0	0.00	0	0.00	4	0.24	13	0.79
San Joaquin County Health Commission (Health Plan of San Joaquin)	20	1.7%	388,170	0.52	3	0.08	10	0.26	0	0.00	2	0.05	4	0.10	1	0.03	10	0.26
San Mateo Health Commission (Health Plan of San Mateo)	8	0.7%	1,205	66.39	2	16.60	3	24.90	0	0.00	1	8.30	1	8.30	2	16.60	1	8.30
Santa Barbara San Luis Obispo Regional Health Authority (CenCal 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
Santa Clara County (Valley Health Plan)	24	2.0%	44,962	5.34	2	0.44	14	3.11	6	1.33	2	0.44	2	0.44	6	1.33	2	0.44
Santa Clara County Health Authority (Santa Clara Family Health Plan)	49	4.0%	291,097	1.68	6	0.21	27	0.93	1	0.03	2	0.07	4	0.14	20	0.69	13	0.45
Santa Cruz-Monterey-Merced Managed Medical Care Commission (Central	0	0.0%	517	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%	14,475	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.	7	0.6%	15,908	4.40	0	0.00	4	2.51	3	1.89	0	0.00	0	0.00	1	0.63	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	56	4.6%	134,308	4.17	1	0.07	26	1.94	25	1.86	2	0.15	1	0.07	11	0.82	11	0.82
Sistemas Medicos Nacionales, S.A.de C.V. (SIMNSA Health Plan)	14	1.2%	49,272	2.84	0	0.00	7	1.42	7	1.42	0	0.00	0	0.00	2	0.41	1	0.20
Sutter Health Plan (Sutter Health Plus)	103	8.5%	100,466	10.25	6	0.60	42	4.18	31	3.09	3	0.30	25	2.49	22	2.19	16	1.59
UHC of California (UnitedHealthcare of California)	287	23.7%	389,230	7.37	23	0.59	139	3.57	125	3.21	7	0.18	3	0.08	74	1.90	40	1.03
UnitedHealthcare Benefits Plan of California	88	7.3%	370,381	2.38	1	0.03	27	0.73	58	1.57	5	0.13	1	0.03	21	0.57	4	0.11
UnitedHealthcare Community Plan of California, Inc.	7	0.6%	26,406	2.65	5	1.89	2	0.76	1	0.38	0	0.00	0	0.00	1	0.38	0	0.00
Universal Care, Inc. (Bright HealthCare)	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 of California, Inc.**	1	0.1%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	1	0.00	0	0.00
Western Health Advantage	67	5.5%	101,258	6.62	6	0.59	29	2.86	27	2.67	5	0.49	1	0.10	10	0.99	14	1.38
Total Full Service - Enrollment Under 400,000:	**1,210**	**100.0%**	**4,526,515**	**2.67**	**129**	**0.28**	**512**	**1.13**	**453**	**1.00**	**44**	**0.10**	**47**	**0.10**	**317**	**0.70**	**244**	**0.54**
Total All Full Service Plans:	**7,959**	**100.0%**	**23,474,332**	**3.39**	**935**	**0.40**	**2,636**	**1.12**	**3,195**	**1.36**	**594**	**0.25**	**184**	**0.08**	**2,360**	**1.01**	**2,242**	**0.96**

California Department of Managed Health Care

2021 Complaints by Health Plan and Category

Plan Type and Name	Complaints Resolved	% of Complaints Resolved	Enrollees*	Complaints per 10,000	ACCESS TO CARE		BENEFITS/ COVERAGE		CLAIMS/ FINANCIAL		ENROLLMENT		COORDINATION OF BENEFITS		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
Chiropractic																		
ACN Group of California, Inc. (OptumHealth Physical Health of California)	1	100.0%	76,174	0.13	1	0.13	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	2	0.26
American Specialty Health Plans of California, Inc. (ASHP)	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
Landmark Healthplan of California, Inc.	0	0.0%	67,996	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:	**1**	**100.0%**	**144,170**	**0.07**	**1**	**0.07**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**	**2**	**0.14**
DENTAL																		
Access Dental Plan	6	12.8%	305,124	0.20	2	0.07	2	0.07	3	0.10	0	0.00	0	0.00	2	0.07	0	0.00
Aetna Dental of California Inc.	3	6.4%	113,738	0.26	0	0.00	1	0.09	2	0.18	0	0.00	0	0.00	1	0.09	3	0.26
California Dental Network, Inc.	4	8.5%	71,788	0.56	1	0.14	0	0.00	2	0.28	0	0.00	0	0.00	3	0.42	1	0.14
Cigna Dental Health of California, Inc.	3	6.4%	199,095	0.15	0	0.00	1	0.05	1	0.05	0	0.00	0	0.00	1	0.05	0	0.00
Consumer Health, Inc. (Newport Dental Plan)	0	0.0%	6,193	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.	0	0.0%	157,156	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Dental Health Services	2	4.3%	62,931	0.32	0	0.00	0	0.00	1	0.16	2	0.32	0	0.00	0	0.00	1	0.16
Golden West Health Plan, Inc. (Golden West Dental & Vision Plan)	0	0.0%	7,856	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)	20	42.6%	402,905	0.50	0	0.00	12	0.30	7	0.17	0	0.00	1	0.02	4	0.10	7	0.17
Managed Dental Care	1	2.1%	92,698	0.11	0	0.00	1	0.11	0	0.00	0	0.00	0	0.00	0	0.00	1	0.11
Starmount Managed Dental of California, Inc. (Unum Dental HMO Plan)	0	0.0%	550	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
UDC Dental California, Inc. (United Dental Care of California, Inc.)	0	0.0%	22,872	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 California, Inc.	2	4.3%	73,629	0.27	0	0.00	0	0.00	1	0.14	0	0.00	0	0.00	0	0.00	5	0.68
Western Dental Services, Inc. (Western Dental Plan)	6	12.8%	158,970	0.38	1	0.06	1	0.06	4	0.25	0	0.00	0	0.00	4	0.25	6	0.38
Total Dental:	**47**	**100.0%**	**1,675,505**	**0.28**	**4**	**0.02**	**18**	**0.11**	**21**	**0.13**	**2**	**0.01**	**1**	**0.01**	**15**	**0.09**	**24**	**0.14**
DENTAL/VISION																		
Delta Dental of California	255	99.2%	4,190,502	0.61	2	0.00	114	0.27	123	0.29	19	0.05	0	0.00	83	0.20	83	0.20
SafeGuard Health Plans, Inc. (MetLife)	2	0.8%	209,160	0.10	0	0.00	1	0.05	1	0.05	0	0.00	0	0.00	1	0.05	0	0.00
Total Dental/Vision:	**257**	**100.0%**	**4,399,662**	**0.58**	**2**	**0.00**	**115**	**0.26**	**124**	**0.28**	**19**	**0.04**	**0**	**0.00**	**84**	**0.19**	**83**	**0.19**
DISCOUNT																		
First Dental Health	0	0.0%	27,694	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.	3	100.0%	24,389	1.23	0	0.00	0	0.00	2	0.82	1	0.41	0	0.00	0	0.00	0	0.00
Total Discount:	**3**	**100.0%**	**52,083**	**0.58**	**0**	**0.00**	**0**	**0.00**	**2**	**0.38**	**1**	**0.19**	**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**
BEHAVIORAL HEALTH (PSYCHOLOGICAL)																		
Beacon Health Options of California, Inc. (Beacon of California)	0	0.0%	615,947	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. (Claremont EAP)	0	0.0%	93,436	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%	87,975	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%	130,591	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Evernorth Behavioral Health of California, Inc.	0	0.0%	115,818	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%	86,712	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, Inc. (Aetna Resources for Living)	0	0.0%	1,906,860	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%	88,836	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)	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%	32,066	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, Inc. - Employer Services	0	0.0%	831,576	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Managed Health Network	0	0.0%	591,221	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

2021 Complaints by Health Plan and Category

Plan Type and Name	Complaints Resolved	% of Complaints Resolved	Enrollees*	Complaints per 10,000	ACCESS TO CARE		BENEFITS/ COVERAGE		CLAIMS/ FINANCIAL		ENROLLMENT		COORDINATION OF BENEFITS		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
Morneau Shepell (California) Limited (LifeWorks by Morneau Shepell)	0	0.0%	21,986	0.00	0	0.00	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)	2	100.0%	786,374	0.03	0	0.00	0	0.00	2	0.03	0	0.00	1	0.01	0	0.00	0	0.00
Total Behavioral Health (Psychological):	**2**	**100.0%**	**5,389,398**	**0.00**	**0**	**0.00**	**0**	**0.00**	**2**	**0.00**	**0**	**0.00**	**1**	**0.00**	**0**	**0.00**	**0**	**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%	428	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%	435,236	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. (America's Best Vision Plan)	0	0.0%	226,579	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%	47,726	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
Vision Plan of America	0	0.0%	14,196	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	13	100.0%	4,367,397	0.03	0	0.00	2	0.00	8	0.02	3	0.01	0	0.00	3	0.01	2	0.00
Visique Vision Solutions 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
Total Vision:	**13**	**100.0%**	**5,091,562**	**0.03**	**0**	**0.00**	**2**	**0.00**	**8**	**0.02**	**3**	**0.01**	**0**	**0.00**	**3**	**0.01**	**2**	**0.00**
Total Specialty Plans:	**323**	**100.0%**	**16,752,380**	**0.19**	**7**	**0.00**	**135**	**0.08**	**157**	**0.09**	**25**	**0.01**	**2**	**0.00**	**102**	**0.06**	**111**	**0.07**
Grand Totals:	**8,282**	**100%**		**2.06**	**942**	**0.23**	**2,771**	**0.69**	**3,352**	**0.83**	**619**	**0.15**	**186**	**0.05**	**2,462**	**0.61**	**2,353**	**0.58**

THIS INFORMATION IS PROVIDED FOR STATISTICAL PURPOSES ONLY. THE DIRECTOR OF THE DEPARTMENT OF MANAGED CARE HAS NEITHER INVESTIGATED NOR DETERMINED WHETHER THE GRIEVANCES COMPILED WITHIN THIS SUMMARY ARE REASONABLE OR VALID.

Grey shading indicates that the plan surrendered its license in 2021.

*Enrollees reflect only the number of enrollees under DMHC Help Center jurisdiction.

**The DMHC Help Center does not have jurisdiction over Medicare Advantage health plan consumer complaints. Refer to: www.medicareappeal.com, www.Medicare.gov and www.CMS.gov.

***County Organized Health Systems (COHS) Medi-Cal lines of business are exempt from DMHC licensure under Welfare and Institutions Code section 14087.95, and the DMHC Help Center does not have jurisdiction over these consumer complaints. Although not required by the law, San Mateo Health Commission (Health Plan of San Mateo) has a DMHC license over its Medi-Cal line of business and these enrollees can file a complaint or IMR with the DMHC Help Center. COHS may have other lines of business subject to DMHC jurisdiction, such as In-Home Supportive Services (IHSS). Enrollees in these lines of business can file a complaint or IMR with the DMHC Help Center.

^This plan was previously known as Vitality Health Plan of California, Inc.

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