DEPARTMENT OF MANAGED HEALTH CARE

2015 ANNUAL REPORT

DEPARTMENT OF
Managed
HealthCare

Edmund G. Brown, Jr., Governor
State of California

CHHS
California Health & Human Services Agency

Diana S. Dooley, Secretary
Health and Human Services Agency

DEPARTMENT OF
Managed
Health Care

Shelley Rouillard, Director
Department of Managed Health Care

DMHC MISSION, VALUES AND GOALS

MISSION

The DMHC 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

California, like the rest of the nation, has seen significant transformations in the health care industry as a result of the Affordable Care Act. We, at the Department of Managed Health Care (DMHC), are working harder than ever to understand and address the rapid changes and innovations taking place in the health care marketplace.

We are seeing new competitors entering the marketplace. We are seeing billion dollar health plan mergers and consolidations among health care systems and providers. And, we are seeing millions of previously uninsured Californians now accessing health care services, many for the first time.

These newly insured individuals and families need to learn about their coverage and how to navigate the health care system. They also need to know there is a place they can go for help when they have problems with their health plans. Consumers have the right to file a complaint with their health plan, and also with the DMHC Help Center.

If you experience a problem with your health plan, I encourage you to file a complaint with your plan. If you are not satisfied with your plan's response to your complaint, contact the DMHC Help Center at 1-888-466-2219 or online at www.HealthHelp.ca.gov.

The DMHC Help Center provided consumer assistance to more than 170,000 health care consumers in 2015, and more than 1.7 million since the Department was created. We expect this number will continue to grow as more Californians learn to navigate the health system and understand how to use their coverage. This is one of the reasons why we embarked on a strategic planning process in 2015.

Our five-year Strategic Plan will help guide the Department in its new mission to protect consumers' health care rights and ensure a stable health care delivery system.

As we move through 2016 and beyond, the Department will continue to fulfill our mission through our consumer assistance and regulatory functions. We remain focused on ensuring consumers have timely and adequate access to care when they need it through monitoring provider networks and provider directories. Ensuring consumers have access to appropriate mental health services is a high priority for the DMHC, and we will continue to monitor health plan compliance in this area. We are also continuing to review proposed health plan mergers to safeguard the strong consumer protections and financial solvency requirements of the Knox-Keene Act. I am also focused on the role of the regulator to help keep health care affordable by thoroughly reviewing health plan premium rates and making this information transparent and accessible to consumers shopping for health plans.

I want to express my sincerest appreciation to all of the DMHC's hardworking employees who work every day to fulfill the Department's mission and embody our core values of integrity, leadership and commitment to service. I am honored to serve at the helm of the DMHC during this historical time in health care.

Shelley Rouillard

Director

Department of Managed Health Care

TABLE OF CONTENTS

DEPARTMENT OF
Managed Health Care

1-888-466-2219

HAVE QUESTIONS ABOUT YOUR HEALTH PLAN? CONTACT THE HELP CENTER

HealthHelp.ca.gov

The DMHC protects the health care rights of more than

25 million CALIFORNIANS

1.7 million CONSUMERS ASSISTED

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

2015 Consumer Assistance Data:

- **154,635** Telephone Inquiries
- **11,306** Consumer Complaints
- **2,572** Independent Medical Review Cases
- **2,102** Non-jurisdictional Referrals

$1.9 million Saved in health care premiums through our rate review program in 2015

$101 million Saved in health care premiums through our rate review program since January 2011

More than **$22 million** recovered from Health Plans on behalf of Californians

$56 million

Assessed in fines and penalties against health plans that violated the law

$51 million RECOVERED

In payments owed to physicians and hospitals

REVISED 11/2016

DEPARTMENT OF
Managed
Health Care

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

Created by consumer-sponsored legislation in 1999, the DMHC regulates the majority of health coverage in California including 95 percent of the commercial and government markets.

The DMHC is funded by health plan assessments on the 121 licensed plans it regulates, with no taxpayer contributions. This includes 71 full-service health plans that provide health coverage to more than 25 million enrollees and 50 specialized plans such as dental and vision.

KNOW YOUR HEALTH CARE RIGHTS

In California, health plan members have many rights.

- **The right to choose your primary doctor**
- **The right to an appointment when you need one**
- **The right to see a specialist when medically necessary**
- **The right to receive treatment for certain mental health conditions**
- **The right to get a second doctor's opinion**
- **The right to know why your plan denies a service or treatment**
- **The right to understand your health problems and treatments**
- **The right to translation and interpreter services**
- **The right to see a written diagnosis (description of your health problem)**
- **The right to give informed consent when you have a treatment**
- **The right to file a complaint and ask for an Independent Medical Review**
- **The right to a copy of your medical records (you may be charged for the copying)**
- **The right to continue to see your doctor if they are no longer covered in your plan under certain circumstances (continuity of care)**

Visit www.HealthHelp.ca.gov for more information on your rights. If you feel your health care rights have been violated contact the DMHC Help Center at www.HealthHelp.ca.gov or by calling 1-888-466-2219.

The DMHC Protects Consumers' Health Care Rights

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

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

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

The DMHC Ensures a Stable Health Care Delivery System

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

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

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

DMHC Help Center 1-888-466-2219
www.HealthHelp.ca.gov

CaliforniaDMHC
@CADMHC
CaliforniaDMHC

INTRODUCTION

Created by consumer-sponsored legislation in 1999, the DMHC regulates the majority of health coverage in California including 95 percent of the commercial market and most of the state's Medicaid market, known as Medi-Cal.

The DMHC began operations as the first state department in the country solely dedicated to regulating managed health care plans and assisting consumers to resolve disputes with these health plans. The DMHC is funded by health plan assessments on regulated health plans. In 2015, our budget was $74,091,000 and the DMHC employed 442 people.

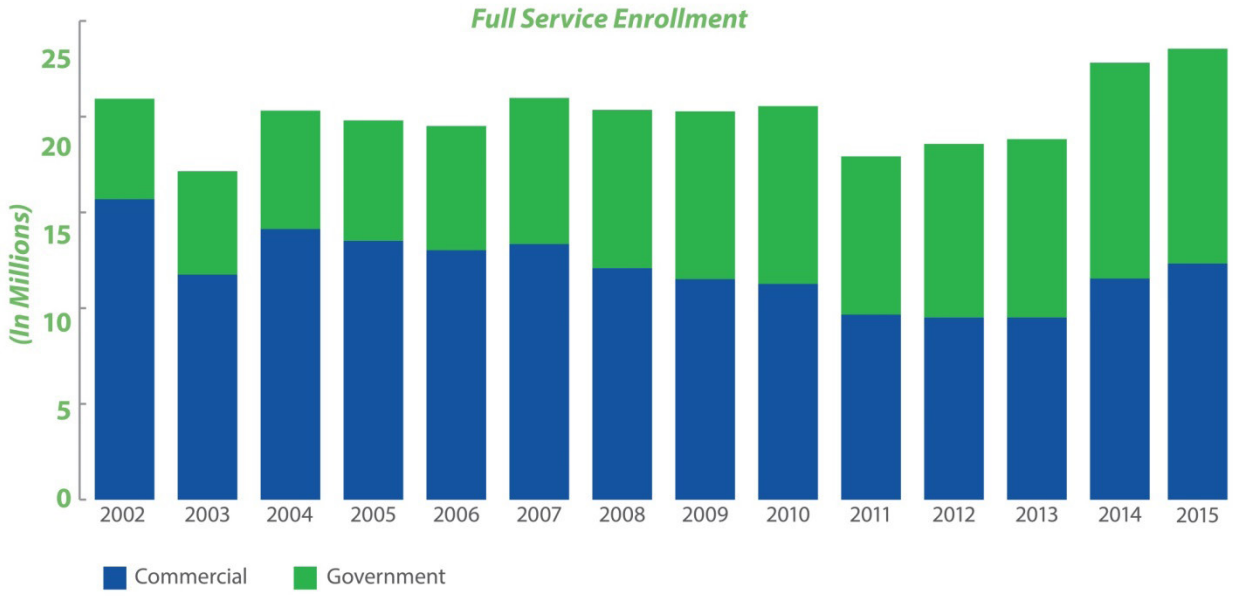
The DMHC has assisted more than 1.7 million consumers. This includes educating consumers about their health care rights and helping them resolve complaints with their health plans, assisting consumers to navigate their health coverage and ensuring consumers can access necessary health care services.

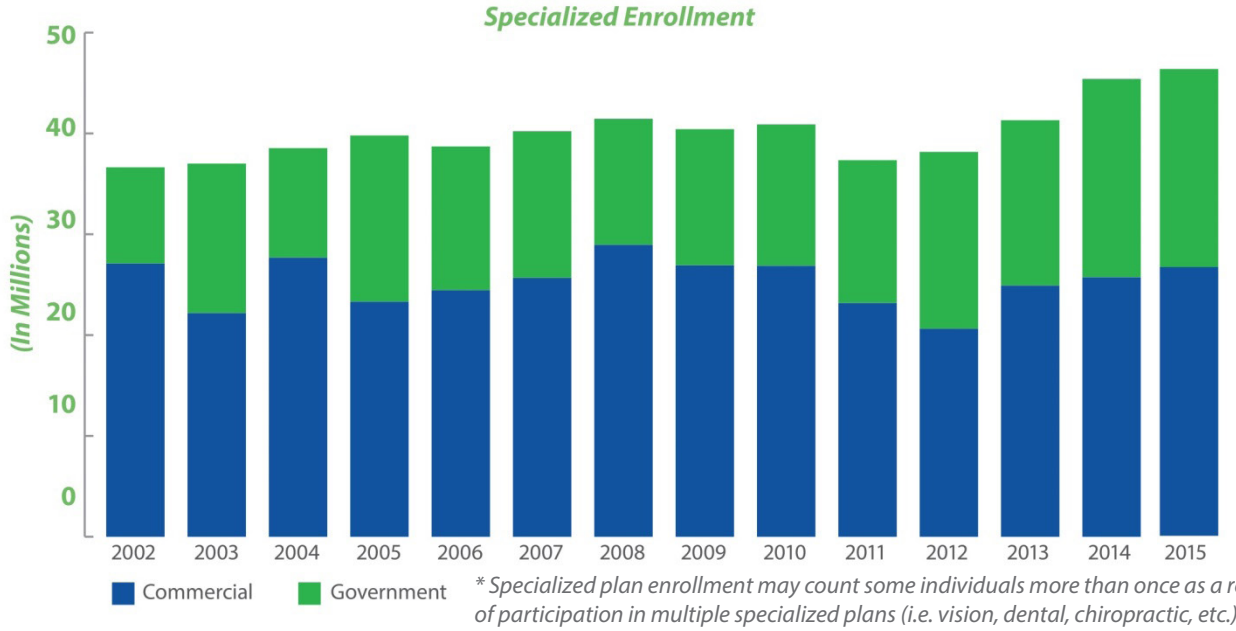
At the end of 2015, there were 71 full service health plans licensed by the DMHC to provide health care services to more than 25 million Californians. The DMHC licenses the full scope of managed care models, including all Health Maintenance Organizations (HMO) in the state, as well as some Preferred Provider Organizations (PPO), Exclusive Provider Organizations (EPO), and Point-of-Service (POS) products.

In addition to full service health plans, the DMHC licensed 50 specialized health plans at the end of 2015 (e.g., chiropractic, dental, vision, psychological (behavioral health) and pharmacy).

The enrollment overview charts on the next page illustrate how enrollment under DMHC oversight has continued to grow and shift from predominantly commercial enrollment to a more even distribution of commercial and government enrollment.

ENROLLMENT OVERVIEW





** Specialized plan enrollment may count some individuals more than once as a result of participation in multiple specialized plans (i.e. vision, dental, chiropractic, etc.).*

Note: Enrollment as of December 31st of each year.

2015 ANNUAL REPORT

To accomplish its mission, the DMHC is organized around six key functions: Consumer Help Center, Plan Licensing, Plan Surveys, Financial Oversight, Rate Review and Enforcement. This report describes each of these functions in more detail and highlights 2015 activities and accomplishments.

CONSUMER HELP CENTER

The Help Center is at the heart of the DMHC's mission to protect consumers. The Help Center provides assistance to health care consumers directly through a call center and online. Help Center staff assist health care consumers with understanding their health care rights, coverage and benefits, and resolving complaints and issues with their health plans.

The Help Center is designated as California's Consumer Assistance Program to provide consumers with direct help with problems or questions about health coverage and to connect them to the appropriate entity to resolve any complaints that fall outside DMHC jurisdiction.

Each year, the DMHC Help Center reviews thousands of health plan enrollee complaints. A team of health care analysts, nurses and attorneys review these complaints to resolve these issues for consumers and determine whether the health plan has complied with the law.

The DMHC Help Center also assists consumers with obtaining medically necessary services through the Independent Medical Review (IMR) Program.

2015 BY THE NUMBERS:

Help Center

171,256[2]
Consumer assisted

154,635
Telephone inquiries

11,306[3]
Consumer complaints

2,572
IMRs closed

2,102
Non-jurisdictional referrals

The IMR is available to a health plan enrollee when a health plan denies, modifies or delays a health care service or treatment.

The IMR offers an independent review of medical requests by doctors outside of the health plan. Overall, enrollees who request an IMR receive the requested health care services in approximately 60 percent of cases[1].

The Help Center is dedicated to ensuring that consumers understand their rights and receive prompt and effective responses to their health care concerns. The Help Center provides help in many languages and formats. Help is available by calling 1-888-466-2219 or at www.HealthHelp.ca.gov. All services are free.

The DMHC also contracts with community-based organizations to provide consumers with local hands-on assistance.

2015 Highlights

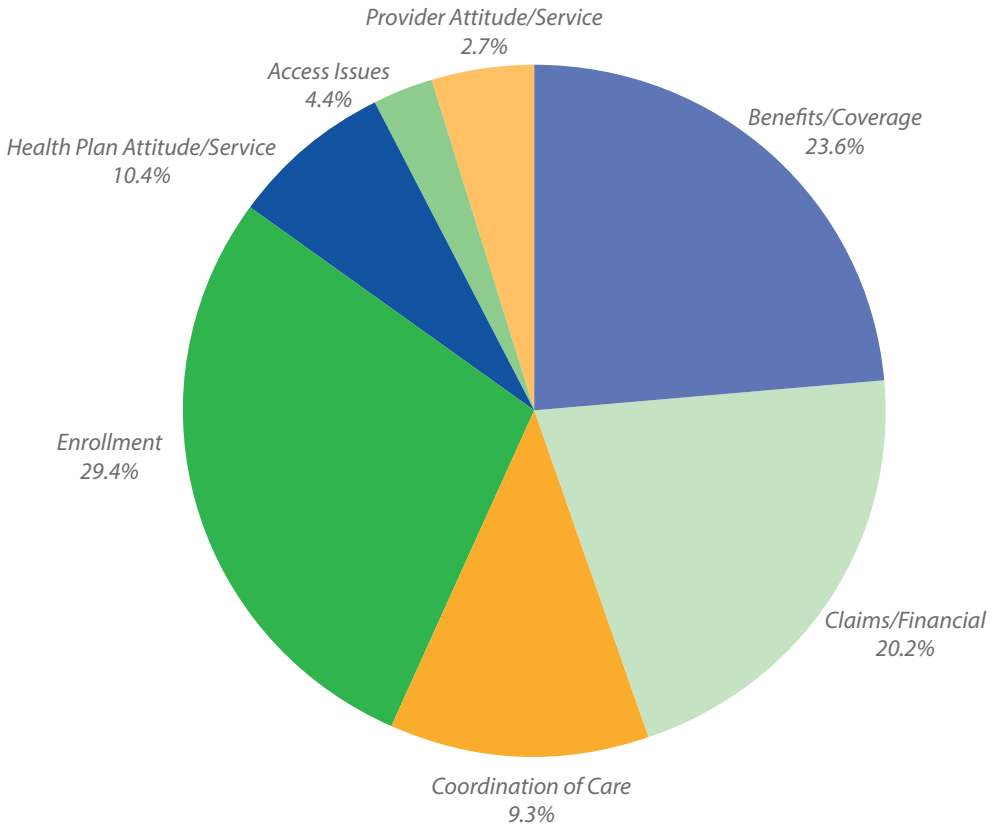
With full implementation of federal health reform, the Help Center has continued to see dramatic increases in the number of consumers seeking assistance. In 2015, the DMHC Help Center provided consumer assistance to more than 170,000 health care consumers.

Interspersed throughout this report are examples of consumer assistance provided by the Help Center during 2015. The names of the enrollees have been changed to protect their identity.

Consumer Help Center Assistance: Access

Casey has Type II diabetes and was having difficulty making an appointment to see his primary care physician so he could obtain his medications. Casey contacted the Help Center for assistance. Help Center staff contacted the health plan on his behalf and secured an appointment and the enrollee was able to get his medications.

Consumer Complaints Resolved in 2015



Note: The 2015 complaint summary report is located in the appendix.

PLAN LICENSING

Health care service plans in California must obtain a license from the DMHC. As part of the licensing process, the DMHC reviews all aspects of a health plan's operations. The initial licensing review includes benefits and coverage documents (Evidence of Coverage), contracts with doctors and hospitals, provider networks, and complaint and grievance systems. Post-licensure the Department evaluates changes that health plans make in their operations, service areas, contracts or benefits. Health plans are required to file these changes as amendments or material modifications, depending on the scope of the change. The DMHC periodically identifies specific licensing issues for focused examination or investigation.

The DMHC also monitors provider networks and accessibility of services, including standards for geographic proximity to enrollees, physician-patient ratios and timely access to care. The DMHC also receives and reviews annual health plan timely access compliance reports.

As part of its analysis to determine accessibility of services, the Department reviews Block Transfer Filings. Health plans submit these filings when a hospital or provider group contract termination impacts 2,000 or more enrollees who must be reassigned to another provider or facility. The Department ensures the health plan's remaining network adequately supports its enrollee population, and that the health plan timely notifies its impacted enrollees.

2015 Highlights

In 2015, the Department saw a wave of mergers and acquisitions involving health plan licensees. The DMHC examines proposed mergers and acquisitions involving Knox-Keene Act licensees to ensure enrollees of all plans involved in the transaction have continued access to appropriate health care services and enrollee health care rights are protected. In 2015, the DMHC received merger filings for California Physicians' Service's (Blue Shield of California) acquisition of Care1st Health Plan, Centene's acquisition of Health Net of California, Inc., and its subsidiaries, Aetna, Inc.'s acquisition of Humana and Anthem, Inc.'s acquisition of Cigna HealthCare of California, Inc. and its subsidiaries.

In October 2015, the DMHC approved Blue Shield of California's acquisition of Care1st Health Plan. The DMHC's approval included a series of commitments by Blue Shield of California to improve access and health care quality. The DMHC's review of the other proposed mergers has continued into 2016.

The DMHC took steps to improve the quality of future timely access and network reporting by creating a standardized methodology for assessing timely access compliance. Health plans were required to report their timely access data using this methodology pursuant to SB 964 (Hernandez, 2014). The Department also made process improvements to the collection of timely access network data and initiated its first annual network review of all full service and behavioral health plans.

2015 BY THE NUMBERS:

Plan Licensing

4
New licenses issued

234
Evidence of coverage documents

640
Advertisements

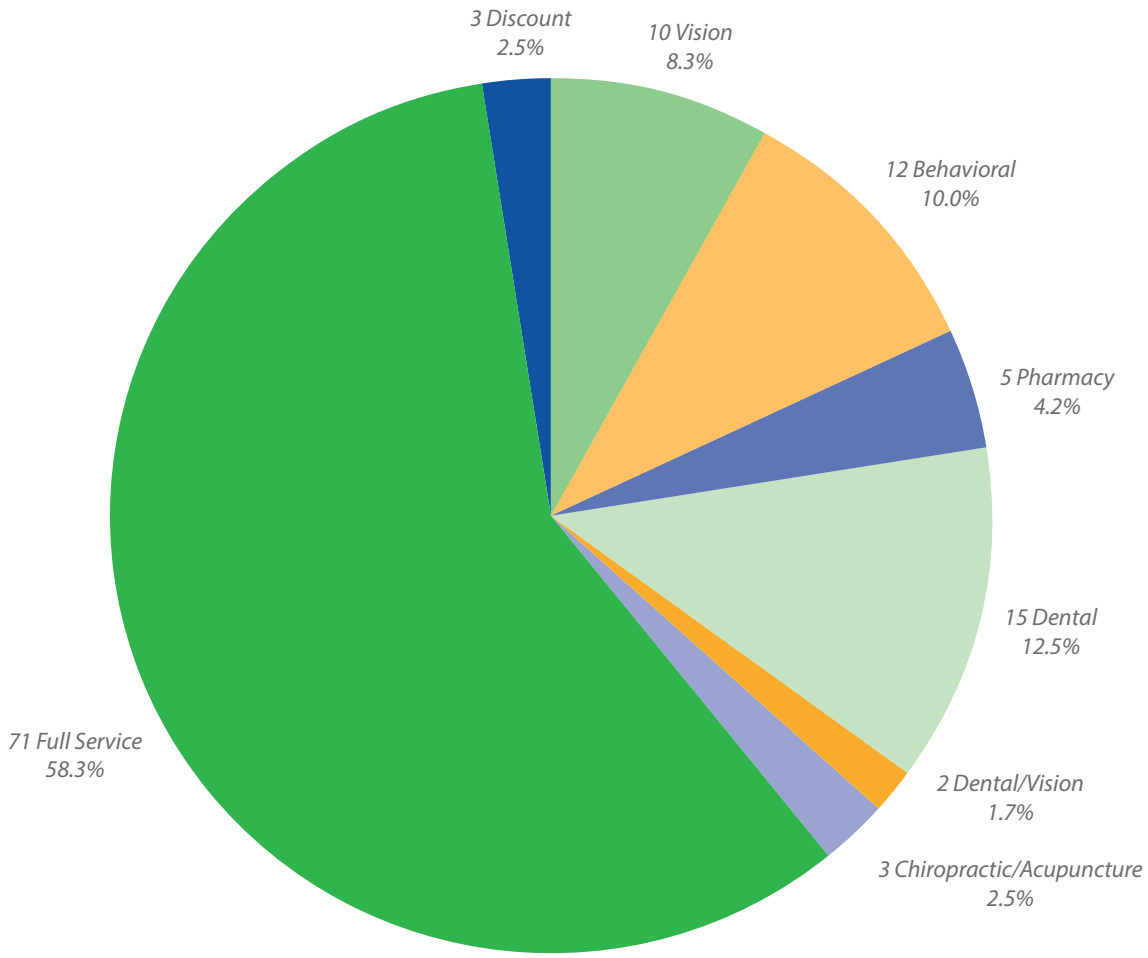
287
Block transfer filings

189
Material modifications (significant changes)

The Department continued its in-depth review of health plan compliance with the requirements of the federal Mental Health Parity and Addiction Equity Act (MHPAEA), which the federal government has delegated to the states. Through Interagency Agreements with the Department of Health Care Services, the DMHC performed quarterly Medi-Cal Network Adequacy Reviews for health plans participating in the transition of Seniors and Persons with Disabilities and Rural Expansion into Medi-Cal Managed Care. In addition, the DMHC conducted quarterly network adequacy reviews for plans participating in the Cal MediConnect demonstration project, which aims to improve care coordination for individuals dually eligible for Medi-Cal and Medicare.

The Department licensed two new full service health care service plans in 2015: Oscar Health Plan of California and UnitedHealthcare Benefits Plan of California, Inc; one new restricted full service health care services plan, Dignity Health Provider Resources, Inc; and one new restricted specialized health care service plan, Premier Eye Care, Inc.

Licensed Plans in 2015



Note: This graph provides a breakdown of licensed plans as of December 31, 2015.

PLAN SURVEYS

The DMHC conducts surveys of health plans' operations to evaluate their compliance with the Knox-Keene Act. The DMHC surveys team conducts onsite examinations of all licensed health plans every three years and conducts non-routine surveys when warranted. The surveys examine health plan practices related to health care service accessibility, utilization management, quality improvement, continuity and coordination of care, language accessibility and member grievances and appeals.

The DMHC imposes corrective actions and refers deficiencies to its Office of Enforcement for further investigation. Survey findings, including corrective actions, are issued in public reports.

2015 BY THE NUMBERS:

Plan Surveys

36
Routine surveys

22
Follow-up surveys

2
Non-routine follow-up surveys

19[4]
Interagency surveys

2015 Highlights

In 2015 the DMHC coordinated extensively with the Department of Health Care Services to protect the health care rights of Californians enrolled in the Medi-Cal managed care program and commenced 19 medical surveys of health plans providing coverage to seniors and persons with disabilities, dual eligible beneficiaries enrolled in the Cal MediConnect demonstration project and Medi-Cal managed care beneficiaries in rural areas of the state.

In October 2015, the Department began its non-routine follow-up surveys on the accuracy of provider directories for Anthem Blue Cross and Blue Shield of California.

Consumer Help Center Assistance: Access

Madison broke her jaw and had the injury stabilized in an emergency room. She was instructed to follow-up with a surgeon to have her jaw repaired. Madison couldn't find an in-network surgeon who was available to see her. Madison contacted the Help Center. Help Center clinical staff contacted her health plan and secured an appointment for her with an in-network surgeon and the enrollee immediately had surgery.

FINANCIAL OVERSIGHT

The DMHC works to ensure stability in California's health care delivery system by actively monitoring the financial stability of health plans and medical groups to make sure plans, and the provider groups they contract with, can meet 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 follow-up on reported information, the DMHC conducts routine financial examinations of each health plan every three[5] years and initiates non-routine financial examinations as needed. Routine examinations focus on health plan compliance with financial and administrative requirements that include the review of claims payment and provider dispute resolution processes.

The DMHC annually reviews health plan compliance with the federal Affordable Care Act (ACA) Medical Loss Ratio (MLR) requirements of 85 percent in the large group market and 80 percent 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 the quality of care. If a plan does not meet the minimum MLR threshold, it must provide rebates to consumers.

Risk-Bearing Organizations (RBO) are provider groups that, in their contracts with health plans, assume some financial risk for the cost of health care services by accepting fixed monthly payments for each enrolled person assigned to the RBO. This arrangement is typically referred to as "capitation." RBOs are subject to financial reserve requirements and regular financial reporting. The DMHC monitors the financial stability of RBOs through analysis of financial filings, financial examinations and corrective action plans. The Department reviews how plans address claims payment disputes between providers and health plans and investigates provider complaints to identify unfair payment practices and unfair billing patterns for possible enforcement action.

2015 Highlights

Through focused review and monitoring of financial information, in 2014 the DMHC uncovered serious financial viability issues and other challenges at Alameda Alliance for Health, a Medi-Cal managed care plan. As a result, the DMHC seized the plan and appointed a conservator in May 2014. The DMHC developed and implemented a corrective action plan with milestones the plan had to meet before being returned to local control. In October of 2015, the plan met the required milestones and was returned to local control. The DMHC continues to closely monitor the plan and meets and receives regular financial and operational updates.

In 2015, the DMHC created a dental MLR reporting form and provided plans with guidance and training on completion of the form. Pursuant to AB 1962 (Skinner, 2014), the Legislature may consider the dental MLR information when adopting an MLR standard for dental plans.

2015 BY THE NUMBERS:

Financial Oversight

57
Financial examinations

1,291
Financial statements reviewed

$88.86 M
MLR rebates (CY 2014)

$373,807
Additional claim and dispute payments remediated

$409,745
Additional interest and penalties paid

RATE REVIEW

In 2011, the DMHC implemented premium rate review consistent with the ACA to assess whether health plan proposed rate increases are unreasonable or unjustified. Under state law, proposed rate increases for individual or small group health plans must be filed with the DMHC. Department actuaries perform an in-depth review of all proposed rate changes to ensure they are supported by underlying medical costs and trends. The DMHC does not have the authority to approve or deny health plan premium rate changes.

Even though the Department does not have the authority to reject unjustified or unreasonable rate changes, its in-depth actuarial review improves accountability in rate setting and often results in the health plans reducing rates that are found unreasonable. As a result of this work, the DMHC has saved Californians more than $100 million in health care premiums.

2015 Highlights

The DMHC rate review program saved Californians $1.9 million in health care premiums in 2015. Health Net of California, Inc., for its grandfathered small group business, initially requested 12-month rate increases averaging 9.5 percent to take effect on February 1, 2015. After review by, and discussions with the DMHC, Health Net of California, Inc. agreed to lower this average rate increase, saving consumers approximately $1.9 million.

Additionally, in 2015, the DMHC found three Aetna Health of California, Inc. small group premium rate increases to be unreasonable.

Rate Review Since 2011

57 Average number of rate filing reviews per year

6 Number found unreasonable

15 Number of reduced rates

$101 M[6] Consumer savings through negotiated rate reductions

2015 BY THE NUMBERS:

Rate Review

66
Number of rate filing reviews completed

3[7]
Number found unreasonable

1
Number of reduced rates

$1.9 M
Consumer savings through negotiated rate reductions

Consumer Help Center Assistance: Independent Medical Review

Kendall requested residential treatment for an eating disorder. His health plan denied the request on the basis that it was not medically necessary. Kendall applied for an Independent Medical Review through the Help Center. The health plan's denial was overturned and Kendall received the requested treatment.

ENFORCEMENT

The DMHC aggressively monitors and takes timely action against health plans that violate the law. The purpose of enforcement action is to change plan behavior to comply with the law. If a health plan has violated the law, the DMHC will take appropriate action which could include enforcement action. Enforcement actions include issuing cease and desist orders, imposing administrative penalties (fines), and requiring corrective actions to bring health plans into compliance with the law. When necessary, the DMHC may also pursue litigation to ensure health plans follow the law.

The first one million dollars in fines collected by the DMHC annually is transferred to the Medically Underserved Account for Physicians to be used for a loan repayment program. The remaining funds are transferred to the Major Risk Medical Insurance Fund to be used for the Major Risk Medical Insurance Program.

2015 Highlights

In 2015, the DMHC assessed nearly $5 million in fines and penalties against health plans. The enforcement actions taken in 2015 involved diverse legal issues such as security breaches, grievance system violations and utilization management violations, access to prescription drugs, coverage for certain genetic testing, and provider directory innacuracies. The following describes some of the enforcement actions taken in 2015:

2015 BY THE NUMBERS:

Enforcement

426
Cases opened

260
Cases closed with a penalty

$5.8 M
Penalties collected

The DMHC imposed a penalty of $1.5 million and corrective action against Anthem Blue Cross for failing to properly pay claims for genetic testing under California's Expanded Alpha Feto Protein (AFP) program (now called the California Prenatal Screening Program), which resulted in enrollees being improperly billed for these services. The corrective action included increased training and systemic changes to the plan's policies and procedures regarding its processing of claims

The DMHC imposed a combined $600,000 penalty against Blue Shield of California and Anthem Blue Cross for inaccurate provider directories, which limited enrollee access to care and resulted in an unacceptable consumer experience. Both plans were required under the agreement to improve the accuracy of their provider directories to and reimburse enrollees who may have been negatively impacted by inaccuracies in the published provider directories.

The DMHC imposed a penalty of $250,000 (with another $250,000 contingent on a subsequent survey) against Molina Healthcare of California for failing to ensure that enrollee appeals of clinical decisions were conducted by a licensed professional competent to evaluate the issues.

The DMHC imposed a penalty of $250,000 against Kaiser Foundation Health Plan, Inc. (Kaiser Permanente) for violations related to a security breach where the plan failed to properly secure patient records.

The DMHC imposed a penalty of $50,000 against Blue Shield of California for failing to adequately consider its enrollees' grievances regarding access to brand-name drugs when generic drugs are not medically appropriate. The DMHC required the plan to establish a process for enrollees or their physicians to request brand-name drugs when generic drugs are not medically appropriate for the specific enrollee and required reimbursement to enrollees who paid for such drugs out-of-pocket.

Consumer Help Center Assistance: Authorization

Jaime contacted the Help Center after her medical group failed to authorize surgery at a facility recommended by her surgeon. Help Center staff worked with the surgeon and health plan to obtain authorization for surgery at the requested facility.

Consumer Help Center Assistance: Access

Beth was diagnosed with a high-risk pregnancy and needed prenatal care. Her primary care physician was approximately 40 miles from her residence which created access issues for her. Beth contacted the Help Center for assistance. Help Center clinical staff contacted the health plan and was able to find Beth a new primary care physician and OB/GYN within her geographic area.

Consumer Help Center Assistance: Independent Medical Review

Jose requested medication for the treatment of hepatitis C. His health plan denied the request on the basis that it was not medically necessary. Jose applied for an Independent Medical Review through the Help Center. The health plan's denial was overturned and Jose received the requested medication.

Consumer Help Center Assistance: Access

Corey needed a rare procedure performed immediately at a requested facility. The number of facilities offering the procedure was low. Corey's health plan denied the procedure as experimental. Help Center staff contacted the health plan and obtained authorization of the procedure at the requested facility.

NOTES

1 *The percentage fluctuates from year to year. In 2015 the overall percentage was 60.81 percent.*

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

3 *Consumer complaints are comprised of standard complaints (10,337), quick resolutions (859) and urgent matters (110).*

4 *Interagency surveys are conducted pursuant to Interagency Agreements with the Department of Health Care Services.*

5 *The DMHC is statutorily required to conduct routine financial examinations every five years, however the majority of exams are conducted every three years.*

6 *The information reported in 2014 included savings from 2015.*

7 *Includes all unreasonable findings for rate filings effective in 2015.*

CALIFORNIA DEPARTMENT OF MANAGED HEALTH CARE

2015 Independent Medical Review (IMR) Summary Report

Report Overview

The Annual Independent Medical Review (IMR) Summary Report displays the number and types of IMRs resolved during the 2015 calendar year, by health plan. In 2015, the Department resolved 2,572 IMRs.

- **Overall, enrollees received the requested services in nearly 61% of the cases qualified by the Department for the IMR program.**
- **In nearly one fifth of the cases (19%), the health plan reversed its denial after the Department received the IMR application, but prior to review by the Independent Medical Review Organization (IMRO).**
- **In 42% of the cases the IMRO overturned the health plan's prior denial.**
- **In 39% of the cases the IMRO upheld the health plan's prior denial.**

The IMR Report identifies each health plan's enrollment during the year, the number of IMRs resolved for each health plan, the numbers of IMRS per 10,000 enrollees, the number of IMRs upheld or overturned by the IMRO, and the number of IMRs that the health plan reversed or withdrew.

The health plan enrollment figures were provided to the Department by the health plans in their quarterly financial filings. Enrollment reflects the quarterly enrollment figures provided for the quarter ending December 31, 2015 for the population of enrollees within the Department's jurisdiction. Plans with 0 enrollment as of December 31, 2015 may have had enrollment earlier in the year or received a license during 2015.

Data represents resolved IMRs which were determined to be within the Department's jurisdiction, eligible for review, and resolved (closed) within calendar year 2015. Cases pending at the end of 2015 and resolved (closed) in the following year are reported in the subsequent year's Annual Report.

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

California Department of Managed Health Care
2015 Independent Medical Review Results by Health Plan

Plan Type and Name	Enrollment	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)	3,144,396	1,046	3.33	551	231	41.9%	244	44.3%	76	13.8%	477	135	28.3%	228	47.8%	114	23.9%	18	7	38.9%	7	38.9%	4	22.2%
California Physicians' Services (Blue Shield of California)	2,533,966	615	2.43	88	62	70.5%	23	26.1%	3	3.4%	516	212	41.1%	218	42.2%	86	16.7%	11	4	36.4%	2	18.2%	5	45.5%
Health Net Community Solutions, Inc.	1,502,129	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Health Net of California, Inc.	1,094,742	133	1.21	12	9	75.0%	2	16.7%	1	8.3%	115	38	33.0%	50	43.5%	27	23.5%	6	4	66.7%	1	16.7%	1	16.7%
Inland Empire Health Plan (IEHP)	1,104,658	34	0.31	2	2	100.0%	0	0.0%	0	0.0%	32	11	34.4%	13	40.6%	8	25.0%	0	0	0.0%	0	0.0%	0	0.0%
Kaiser Foundation Health Plan, Inc. (Kaiser Permanente)	6,299,848	280	0.44	3	2	66.7%	1	33.3%	0	0.0%	266	146	54.9%	67	25.2%	53	19.9%	11	5	45.5%	3	27.3%	3	27.3%
Local Initiative Health Authority for L.A. County (L.A. Care Health Plan)	1,894,463	31	0.16	0	0	0.0%	0	0.0%	0	0.0%	31	4	12.9%	4	12.9%	23	74.2%	0	0	0.0%	0	0.0%	0	0.0%
Molina Healthcare of California	483,108	43	0.89	1	1	100.0%	0	0.0%	0	0.0%	42	17	40.5%	10	23.8%	15	35.7%	0	0	0.0%	0	0.0%	0	0.0%
Orange County Health Authority (CalOptima)	780,003	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%
Partnership HealthPlan of California	557,869	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%
UHC of California (UnitedHealthcare of California)	463,349	69	1.49	4	2	50.0%	1	25.0%	1	25.0%	59	22	37.3%	28	47.5%	9	15.3%	6	1	16.7%	4	66.7%	1	16.7%
Total Full Service Enrollment over 400,000:	**19,858,531**	**2,251**	**1.13**	**661**	**309**	**46.7%**	**271**	**41.0%**	**81**	**12.3%**	**1538**	**585**	**38.0%**	**618**	**40.2%**	**335**	**21.8%**	**52**	**21**	**40.4%**	**17**	**32.7%**	**14**	**26.9%**
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 Health of California, Inc.	352,122	40	1.14	7	3	42.9%	2	28.6%	2	28.6%	15	5	33.3%	6	40.0%	4	26.7%	18	10	55.6%	7	38.9%	1	5.6%
AIDS Healthcare Foundation (Positive Healthcare)	824	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	266,603	27	1.01	1	1	100.0%	0	0.0%	0	0.0%	26	1	3.8%	21	80.8%	4	15.4%	0	0	0.0%	0	0.0%	0	0.0%
Alignment Health Plan	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
AmericasHealth Plan, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Arcadian Health Plan, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Aspire Health Plan	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Brown and Toland Health Services	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
California Health and Wellness Plan (California Health and Wellness)	185,272	10	0.54	0	0	0.0%	0	0.0%	0	0.0%	10	5	50.0%	3	30.0%	2	20.0%	0	0	0.0%	0	0.0%	0	0.0%
Care 1st Health Plan	80,052	30	3.75	0	0	0.0%	0	0.0%	0	0.0%	30	11	36.7%	8	26.7%	11	36.7%	0	0	0.0%	0	0.0%	0	0.0%
CareMore Health Plan	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Central Health Plan of California, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Chinese Community Health Plan	18,051	1	0.55	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.	182,479	21	1.15	5	2	40.0%	1	20.0%	2	40.0%	16	7	43.8%	3	18.8%	6	37.5%	0	0	0.0%	0	0.0%	0	0.0%
Community Care Health Plan, Inc.	4,940	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Community Health Group	271,232	5	0.18	0	0	0.0%	0	0.0%	0	0.0%	5	0	0.0%	2	40.0%	3	60.0%	0	0	0.0%	0	0.0%	0	0.0%
Contra Costa County Medical Services (Contra Costa Health Plan)	187,460	1	0.05	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%
County of Los Angeles- Dept of Health Srvcs. (Community Health Plan)	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
County of Ventura (Ventura County Health Care Plan)	15,949	1	0.63	0	0	0.0%	0	0.0%	0	0.0%	1	1	100.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
DaVita Healthcare Partners 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%
Dignity Health Provider Resources, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
EASY CHOICE HEALTH PLAN, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
EPIC Health Plan	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Fresno-Kings-Madera Regional Health Authority (CalViva Health)	340,104	11	0.32	0	0	0.0%	0	0.0%	0	0.0%	11	1	9.1%	6	54.5%	4	36.4%	0	0	0.0%	0	0.0%	0	0.0%
GEMCare Health Plan, Inc. (Physicians Choice by GEMCare Health Plan)	0	1	0.00	0	0	0.0%	0	0.0%	0	0.0%	1	1	100.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Golden State Medicare Health Plan (Golden State Medicare 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%
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%
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%
Inter Valley Health Plan	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Kern Health Systems	216,581	11	0.51	0	0	0.0%	0	0.0%	0	0.0%	11	5	45.5%	3	27.3%	3	27.3%	0	0	0.0%	0	0.0%	0	0.0%
Medi-Excel, SA de CV (MediExcel Health Plan)	4,102	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
2015 Independent Medical Review Results by Health Plan

Plan Type and Name	Enrollment	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	%
Monarch Health Plan	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
On Lok Senior Health Services	1,420	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	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 Network	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
San Francisco Community Health Authority	146,784	10	0.68	0	0	0.0%	0	0.0%	0	0.0%	10	2	20.0%	4	40.0%	4	40.0%	0	0	0.0%	0	0.0%	0	0.0%
San Joaquin County Health Commission (The Health Plan of San Joaquin)	322,812	15	0.46	0	0	0.0%	0	0.0%	0	0.0%	15	3	20.0%	8	53.3%	4	26.7%	0	0	0.0%	0	0.0%	0	0.0%
San Mateo Health Commission (Health Plan of San Mateo)	127,337	6	0.47	0	0	0.0%	0	0.0%	0	0.0%	6	2	33.3%	4	66.7%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Santa Barbara San Luis Obispo Regional Health Authority (CenCal Health)	172,812	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)	20,461	9	4.40	0	0	0.0%	0	0.0%	0	0.0%	9	2	22.2%	4	44.4%	3	33.3%	0	0	0.0%	0	0.0%	0	0.0%
Santa Clara County Health Authority (Santa Clara Family Health Plan)	262,975	3	0.11	1	0	0.0%	1	100.0%	0	0.0%	2	0	0.0%	0	0.0%	2	100.0%	0	0	0.0%	0	0.0%	0	0.0%
Santa Cruz-Monterey-Merced Managed Medical Care Commission (Central California Alliance for Health)	340,028	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%
Satellite 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%
Scan Health Plan	12,098	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.	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%
Seaside Health Plan	126	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Sharp Health Plan	115,314	18	1.56	2	1	50.0%	1	50.0%	0	0.0%	14	3	21.4%	7	50.0%	4	28.6%	2	1	50.0%	0	0.0%	1	50.0%
Sistemas Medicos Nacionales, S.A.de C.V.	38,544	4	1.04	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%
Stanford Health Care Advantage	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Sutter Health Plan (Sutter Health Plus)	26,361	1	0.38	0	0	0.0%	0	0.0%	0	0.0%	1	1	100.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
UnitedHealthcare Benefits Plan of CA, 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%
UnitedHealthcare Community 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%
Universal Care (Brand New Day)	1,612	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	120,493	34	2.82	1	1	100.0%	0	0.0%	0	0.0%	33	6	18.2%	26	78.8%	1	3.0%	0	0	0.0%	0	0.0%	0	0.0%
Sub-Total:	**3,834,948**	**259**	**0.68**	**17**	**8**	**47.1%**	**5**	**29.4%**	**4**	**23.5%**	**222**	**57**	**25.7%**	**109**	**49.1%**	**56**	**25.2%**	**20**	**11**	**55.0%**	**7**	**35.0%**	**2**	**10.0%**
Total Full Service Plans:	**23,693,479**	**2,510**	**1.06**	**678**	**317**	**46.8%**	**276**	**40.7%**	**85**	**12.5%**	**1,760**	**642**	**36.5%**	**727**	**41.3%**	**391**	**22.2%**	**72**	**32**	**44.4%**	**24**	**33.3%**	**16**	**22.2%**
Chiropractic																								
ACN Group of California, Inc. (OptumHealth Physical Health of California)	334,659	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
American Specialty Health Plans, Inc. (ASHP)	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Landmark Healthplan of California, Inc.	81,169	1	0.12	0	0	0.0%	0	0.0%	0	0.0%	1	1	100.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Dental																								
Access Dental Plan	411,317	1	0.02	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%
AETNA Dental of California, Inc.	177,749	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 Healthguard Corporation (Centguard Dental 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%
California Dental Network, Inc.	61,134	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.	201,602	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
ConsumerHealth, Inc. (Bright Now! Dental)	40,220	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Dedicated Dental Systems, Inc.	5,634	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Dental Benefit Providers of California Inc.	404,592	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Dental Health Services	95,766	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Jaimini Health, Inc. (Primecare Dental)	4,007	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)	433,341	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 Dental Care	134,257	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.)	57,864	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
United Concordia Dental Plans of CA, Inc.	124,889	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
2015 Independent Medical Review Results by Health Plan

Plan Type and Name	Enrollment	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	%
Western Dental Services, Inc. (Western Dental Plan)	144,156	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/Vision																								
Delta Dental of California	16,750,000	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Golden West Health Plan, Inc. (Golden West Dental & Vision Plan)	21,515	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)	411,857	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Discount																								
Association Health Care Management, Inc. (Family Care)	6,491	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
First Dental Health (New Dental Choice)	30,175	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.	76,495	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																								
Envision 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%
Express Scripts 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%
HealthSpring Life & Health Insurance Company, 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%
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%
Psychological																								
Avante Behavioral Health Plan	25,009	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 Behavioral Health of California, Inc.	165,546	1	0.06	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%
CONCERN: Employee Assistance Program	186,887	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)	89,558	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 Resources Center (Aetna Resources for Living)	898,455	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	134,831	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)	6,065	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-EmployerSvc	1,151,082	9	0.08	0	0	0.0%	0	0.0%	0	0.0%	9	2	22.2%	7	77.8%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Managed Health Network	1,003,076	1	0.01	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%
U.S. Behavioral Health Plan, California (OptumHealth Behavioral Solutions of California)	1,239,974	49	0.40	0	0	0.0%	0	0.0%	0	0.0%	49	14	28.6%	32	65.3%	3	6.1%	0	0	0.0%	0	0.0%	0	0.0%
ValueOptions of California, Inc. (Value Behaviroal Health of CA)	780,842	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
WellCall, Inc.	38,908	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																								
EYEXAM of California, Inc.	439,145	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.	237,085	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 Eyes Vision Plan, Inc.	12,954	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%
March Vision Care, Inc.	368	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%
Max Vision 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%
Medical Eye Services, Inc.	59,152	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Premier Eye Care, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Vision First Eye Care, Inc.	813	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	10,894	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Vision Service Plan	5,687,233	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
VisionCare of California (Sterling Visioncare)	61,714	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:	**32,238,480**	**62**	**0.02**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**	**62**	**17**	**27.4%**	**41**	**66.1%**	**4**	**6.5%**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**
Grand Total:	**55,931,959**	**2,572**	**0.46**	**678**	**317**	**46.8%**	**276**	**40.7%**	**85**	**12.5%**	**1,822**	**659**	**36.2%**	**768**	**42.2%**	**395**	**21.7%**	**72**	**32**	**44.4%**	**24**	**33.3%**	**16**	**22.2%**

*The DMHC displays the number of complaints per 10,000 enrollees in each plan to illustrate the volume of complaints for that plan in a manner that considers the wide variations in plan enrollment numbers. When comparing plans, a lower number of complaints per 10,000 enrollees in a plan indicates that fewer complaints were submitted per capita. As a result, a plan with a higher overall number of complaints submitted may still receive fewere complaints per 10,000 enrollees than

"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.

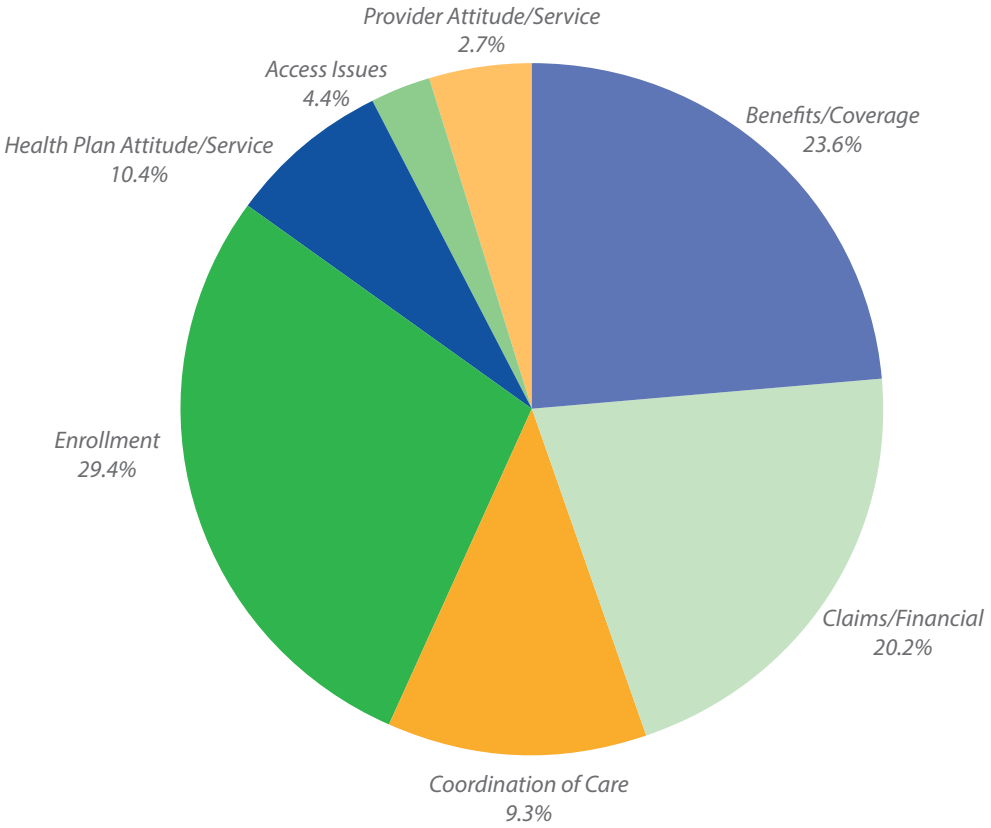
Grey shading indicates that the plan surrendered its license in 2015.

CALIFORNIA DEPARTMENT OF MANAGED HEALTH CARE

2015 Complaint Summary Report

Report Overview

The Annual Complaint Summary Report displays the numbers and types of complaints, by health plan, resolved by the Department during the 2015 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, Benefits/Coverage, Claims/Financial, Enrollment, Coordination of Care, Attitude/Service of the Health Plan, and Attitude/Service of the Provider.



The Report identifies the number of complaints resolved for each health plan, the health plan's enrollment during 2015, 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 quarterly enrollment figures provided for the quarter ending December 31, 2015 for the population of enrollees within the Department's jurisdiction. Plans with 0 enrollment as of December 31, 2015 may have had enrollment earlier in the year or received a license during 2015.

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 2015. 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.

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

California Department of Managed Health Care
2015 Complaints by Health Plan and Category

Plan Type and Name	Complaints Resolved	% of Complaints Resolved	Enrollees	Complaints per 10,000*	Access Issues		Benefits / Coverage Issues		Claims / Financial Issues		Enrollment Issues		Coordination of Care Issues		Attitude / Service of Health Plan		Attitude / Service of Provider	
					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)	1,662	21.6%	3,144,396	5.29	100	0.32	414	1.32	422	1.34	492	1.56	67	0.21	286	0.91	12	0.04
California Physicians' Service (Blue Shield of California)	1,969	25.6%	2,533,966	7.77	38	0.15	558	2.20	446	1.76	750	2.96	72	0.28	176	0.69	10	0.04
Health Net Community Solutions, Inc.	0	0.0%	1,502,129	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Health Net of California, Inc.	623	8.1%	1,094,742	5.69	48	0.44	127	1.16	74	0.68	305	2.79	40	0.37	44	0.40	9	0.08
Inland Empire Health Plan (IEHP)	29	0.4%	1,104,658	0.26	2	0.02	14	0.13	1	0.01	2	0.02	4	0.04	6	0.05	2	0.02
Kaiser Foundation Health Plan, Inc. (Kaiser Permanente)	3,036	39.4%	6,299,848	4.82	97	0.15	541	0.86	579	0.92	922	1.46	524	0.83	237	0.38	184	0.29
Local Initiative Health Authority for L.A. County (L.A. Care Health Plan)	178	2.3%	1,894,463	0.94	29	0.15	32	0.17	43	0.23	28	0.15	24	0.13	25	0.13	6	0.03
Molina Healthcare of California	36	0.5%	483,108	0.75	7	0.14	11	0.23	0	0.00	9	0.19	5	0.10	6	0.12	0	0.00
Orange County Health Authority (CalOptima)	3	0.0%	780,003	0.04	0	0.00	0	0.00	0	0.00	3	0.04	0	0.00	0	0.00	0	0.00
Partnership HealthPlan of California	0	0.0%	557,869	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
UHC of California (UnitedHealthcare of California)	170	2.2%	463,349	3.67	9	0.19	88	1.90	38	0.82	12	0.26	11	0.24	14	0.30	1	0.02
Total Full Service Enrollment Over 400,000:	**7,706**	**100.0%**	**19,858,531**	**3.88**	**330**	**0.17**	**1,785**	**0.90**	**1,603**	**0.81**	**2,523**	**1.27**	**747**	**0.38**	**794**	**0.40**	**224**	**0.11**
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 Health of California, Inc.	174	36.7%	352,122	4.94	5	0.14	87	2.47	58	1.65	6	0.17	7	0.20	27	0.77	2	0.06
AIDS Healthcare Foundation (Positive Healthcare)	0	0.0%	824	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Alameda Alliance for Health	18	3.8%	266,603	0.68	2	0.08	8	0.30	0	0.00	0	0.00	5	0.19	7	0.26	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
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
Brown and Toland Health Services	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
California Health and Wellness Plan (California Health and Wellness)	12	2.5%	185,272	0.65	4	0.22	4	0.22	1	0.05	0	0.00	0	0.00	4	0.22	0	0.00
Care 1st Health Plan	25	5.3%	80,052	3.12	6	0.75	8	1.00	1	0.12	0	0.00	3	0.37	9	1.12	0	0.00
CareMore Health Plan	1	0.2%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	1	0.00	0	0.00
Central Health Plan of California, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Chinese Community Health Plan	7	1.5%	18,051	3.88	0	0.00	3	1.66	2	1.11	1	0.55	0	0.00	0	0.00	1	0.55
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.	59	12.4%	182,479	3.23	2	0.11	40	2.19	9	0.49	0	0.00	4	0.22	6	0.33	0	0.00
Community Care Health Plan, Inc.	0	0.0%	4,940	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	7	1.5%	271,232	0.26	1	0.04	5	0.18	0	0.00	0	0.00	0	0.00	1	0.04	1	0.04
Contra Costa County Medical Services (Contra Costa Health Plan)	9	1.9%	187,460	0.48	2	0.11	3	0.16	2	0.11	1	0.05	0	0.00	2	0.11	0	0.00
County of Los Angeles-Dept of Health Srvcs. (Community Health Plan)	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
County of Ventura (Ventura County Health Care Plan)	6	1.3%	15,949	3.76	0	0.00	1	0.63	3	1.88	0	0.00	1	0.63	1	0.63	0	0.00
DaVita Healthcare Partners 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

California Department of Managed Health Care
2015 Complaints by Health Plan and Category

Plan Type and Name	Complaints Resolved	% of Complaints Resolved	Enrollees	Complaints per 10,000*	Access Issues		Benefits / Coverage Issues		Claims / Financial Issues		Enrollment Issues		Coordination of Care Issues		Attitude / Service of Health Plan		Attitude / Service of Provider	
					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
Dignity Health Provider Resources, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
EASY CHOICE HEALTH PLAN, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
EPIC Health Plan	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Fresno-Kings-Madera Regional Health Authority (CalViva Health)	8	1.7%	340,104	0.24	1	0.03	5	0.15	0	0.00	0	0.00	1	0.03	3	0.09	0	0.00
GEMCare Health Plan, Inc. (Physicians Choice by GEMCare 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
Golden State Medicare Health Plan (Golden State Medicare 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
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
Humana Health Plan of California, Inc.	8	1.7%	0	0.00	1	0.00	4	0.00	2	0.00	0	0.00	0	0.00	1	0.00	0	0.00
Inter Valley Health Plan	1	0.2%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	1	0.00	0	0.00	0	0.00
Kern Health Systems	8	1.7%	216,581	0.37	1	0.05	3	0.14	1	0.05	0	0.00	2	0.09	1	0.05	0	0.00
Medi-Excel, SA de CV (MediExcel Health Plan)	0	0.0%	4,102	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Monarch Health Plan	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
On Lok Senior Health Services	0	0.0%	1,420	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	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 Network	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
San Francisco Community Health Authority	8	1.7%	146,784	0.55	0	0.00	4	0.27	1	0.07	2	0.14	0	0.00	2	0.14	0	0.00
San Joaquin County Health Commission (The Health Plan of San Joaquin)	10	2.1%	322,812	0.31	4	0.12	3	0.09	1	0.03	0	0.00	2	0.06	1	0.03	0	0.00
San Mateo Health Commission (Health Plan of San Mateo)	8	1.7%	127,337	0.63	0	0.00	3	0.24	1	0.08	1	0.08	1	0.08	2	0.16	0	0.00
Santa Barbara San Luis Obispo Regional Health Authority (CenCal Health)	2	0.4%	172,812	0.12	0	0.00	1	0.06	1	0.06	0	0.00	0	0.00	0	0.00	0	0.00
Santa Clara County (Valley Health Plan)	5	1.1%	20,461	2.44	1	0.49	1	0.49	0	0.00	3	1.47	0	0.00	1	0.49	0	0.00
Santa Clara County Health Authority (Santa Clara Family Health Plan)	10	2.1%	262,975	0.38	1	0.04	5	0.19	0	0.00	1	0.04	1	0.04	2	0.08	0	0.00
Santa Cruz-Monterey-Merced Managed Medical Care Commission (Central California Alliance for Health)	0	0.0%	340,028	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Satellite 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
Scan Health Plan	0	0.0%	12,098	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.	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
Seaside Health Plan	0	0.0%	126	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	18	3.8%	115,314	1.56	0	0.00	7	0.61	3	0.26	2	0.17	2	0.17	5	0.43	0	0.00
Sistemas Medicos Nacionales, S.A.de C.V.	23	4.9%	38,544	5.97	0	0.00	0	0.00	22	5.71	0	0.00	0	0.00	2	0.52	0	0.00
Stanford Health Care Advantage	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Sutter Health Plan (Sutter Health Plus)	2	0.4%	26,361	0.76	0	0.00	0	0.00	1	0.38	1	0.38	0	0.00	0	0.00	0	0.00
UnitedHealthcare Benefits Plan of California	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
UnitedHealthcare Community Plan of California, Inc.	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
Universal Care (Brand New Day)	0	0.0%	1,612	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
2015 Complaints by Health Plan and Category

Plan Type and Name	Complaints Resolved	% of Complaints Resolved	Enrollees	Complaints per 10,000*	Access Issues		Benefits / Coverage Issues		Claims / Financial Issues		Enrollment Issues		Coordination of Care Issues		Attitude / Service of Health Plan		Attitude / Service of Provider	
					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
Western Health Advantage	45	9.5%	120,493	3.73	6	0.50	17	1.41	10	0.83	2	0.17	4	0.33	6	0.50	0	0.00
Total Full Service Enrollment Under 400,000:	**474**	**100.0%**	**3,834,948**	**1.24**	**37**	**0.10**	**212**	**0.55**	**119**	**0.31**	**20**	**0.05**	**34**	**0.09**	**84**	**0.22**	**4**	**0.01**
Total All Full Service Plans:	**8,180**		**23,693,479**	**3.45**	**367**	**0.15**	**1,997**	**0.84**	**1,722**	**0.73**	**2,543**	**1.07**	**781**	**0.33**	**878**	**0.37**	**228**	**0.10**
Chiropractic																		
ACN Group of California, Inc. (OptumHealth Physical Health of California)	0	0.0%	334,659	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
American Specialty Health Plans, 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.	1	100.0%	81,169	0.12	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	1	0.12	0	0.00
Total Chiropractic:	**1**	**100.0%**	**415,828**	**0.02**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**	**1**	**0.02**	**0**	**0.00**
Dental																		
Access Dental Plan	12	26.1%	411,317	0.29	3	0.07	4	0.10	1	0.02	2	0.05	1	0.02	1	0.02	0	0.00
Aetna Dental of California Inc.	4	8.7%	177,749	0.23	0	0.00	0	0.00	2	0.11	1	0.06	1	0.06	0	0.00	0	0.00
American Healthguard Corporation (Centaguard Dental 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
California Dental Network, Inc.	9	19.6%	61,134	1.47	4	0.65	2	0.33	1	0.16	0	0.00	1	0.16	1	0.16	0	0.00
Cigna Dental Health of California, Inc.	3	6.5%	201,602	0.15	0	0.00	1	0.05	1	0.05	0	0.00	0	0.00	2	0.10	0	0.00
ConsumerHealth, Inc. (Bright Now!)	0	0.0%	40,220	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Dedicated Dental Systems, Inc.	0	0.0%	5,634	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Dental Benefit Providers of California, Inc.	3	6.5%	404,592	0.07	0	0.00	1	0.02	0	0.00	0	0.00	0	0.00	1	0.02	2	0.05
Dental Health Services	0	0.0%	95,766	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Jaimini Health, Inc. (Primecare Dental)	0	0.0%	4,007	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)	6	13.0%	433,341	0.14	1	0.02	4	0.09	1	0.02	0	0.00	0	0.00	1	0.02	0	0.00
Managed Dental Care	2	4.3%	134,257	0.15	0	0.00	2	0.15	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%	57,864	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
United Concordia Dental Plans of CA, Inc.	3	6.5%	124,889	0.24	0	0.00	0	0.00	0	0.00	0	0.00	2	0.16	0	0.00	1	0.08
Western Dental Services, Inc. (Western Dental Plan)	4	8.7%	144,156	0.28	0	0.00	1	0.07	0	0.00	0	0.00	3	0.21	0	0.00	0	0.00
Total Dental:	**46**	**100.0%**	**2,296,528**	**0.20**	**8**	**0.03**	**15**	**0.07**	**6**	**0.03**	**3**	**0.01**	**8**	**0.03**	**6**	**0.03**	**3**	**0.01**
Dental/Vision																		
Delta Dental of California	94	93.1%	16,750,000	0.06	5	0.00	28	0.02	22	0.01	13	0.01	16	0.01	11	0.01	4	0.00
Golden West Health Plan, Inc. (Golden West Dental & Vision Plan)	1	1.0%	21,515	0.46	0	0.00	0	0.00	1	0.46	0	0.00	0	0.00	0	0.00	0	0.00
Safeguard Health Plans, Inc. (MetLife)	6	5.9%	411,857	0.15	1	0.02	2	0.05	2	0.05	0	0.00	1	0.02	0	0.00	0	0.00
Total Dental/Vision:	**101**	**100.0%**	**17,183,372**	**0.06**	**6**	**0.00**	**30**	**0.02**	**25**	**0.01**	**13**	**0.01**	**17**	**0.01**	**11**	**0.01**	**4**	**0.00**
Discount																		
Association Health Care Management, Inc. (Family Care)	0	0.0%	6,491	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
First Dental Health (New Dental Choice)	0	0.0%	30,175	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
The CDI Group, Inc.	0	0.0%	76,495	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Total Discount Plan:	**0**	**0.0%**	**113,161**	**0.00**	**21**	**1.86**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**
Pharmacy																		
Envision 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
Express Scripts 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

California Department of Managed Health Care
2015 Complaints by Health Plan and Category

Plan Type and Name	Complaints Resolved	% of Complaints Resolved	Enrollees	Complaints per 10,000*	Access Issues		Benefits / Coverage Issues		Claims / Financial Issues		Enrollment Issues		Coordination of Care Issues		Attitude / Service of Health Plan		Attitude / Service of Provider	
					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
HealthSpring Life & Health Insurance Company, 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
SilverScript Insurance Company	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
WellCare Prescription Insurance, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Total Pharmacy:	**0**	0.0%	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**
Psychological																		
Avante Behavioral Health Plan	0	0.0%	25,009	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Cigna Behavioral Health of California, Inc.	0	0.0%	165,546	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%	186,887	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%	89,558	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Health and Human Resource Center (Aetna Resources for Living)	0	0.0%	898,455	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%	134,831	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)	0	0.0%	6,065	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-EmployerSvc	4	25.0%	1,151,082	0.03	0	0.00	4	0.03	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Managed Health Network	0	0.0%	1,003,076	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)	12	75.0%	1,239,974	0.10	1	0.01	6	0.05	2	0.02	0	0.00	1	0.01	4	0.03	0	0.00
ValueOptions of California, Inc. (Value Behavioral Health of CA)	0	0.0%	780,842	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
WellCall, Inc.	0	0.0%	38,908	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Total Psychological:	**16**	**100.0%**	**5,720,233**	**0.03**	**1**	**0.00**	**10**	**0.02**	**2**	**0.00**	**0**	**0.00**	**1**	**0.00**	**4**	**0.01**	**0**	**0.00**
Vision																		
EYEXAM of California, Inc.	0	0.0%	439,145	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
FirstSight Vision Services, Inc.	0	0.0%	237,085	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
For Eyes Vision Plan, Inc.	0	0.0%	12,954	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
March Vision Care, Inc.	0	0.0%	368	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Max Vision 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
Medical Eye Services, Inc.	0	0.0%	59,152	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 First Eye Care, Inc.	0	0.0%	813	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%	10,894	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	8	100.0%	5,687,233	0.01	0	0.00	5	0.01	2	0.00	0	0.00	0	0.00	1	0.00	0	0.00
VisionCare of California (Sterling Visioncare)	0	0.0%	61,714	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:	**8**	**100.0%**	**6,509,358**	**0.01**	**0**	**0.00**	**5**	**0.01**	**2**	**0.00**	**0**	**0.00**	**0**	**0.00**	**1**	**0.00**	**0**	**0.00**
Grand Totals:	**8,352**		**55,931,959**	**1.49**	**382**	**0.07**	**2,057**	**0.36**	**1,757**	**0.31**	**2,559**	**0.45**	**807**	**0.14**	**901**	**0.16**	**235**	**0.04**

*The DMHC displaces the number of complaints per 10,000 enrollees in each plan to illustrate the volume of complaints for that plan in a manner that considers the wide variations in plan enrollment numbers. When comparing plans, a lower number of complaints per 10,000 enrollees in a plan indicates that fewer complaints were submitted per capita. As a result, a plan with a higher overall number of complaints submitted may still receive fewere complaints per 10,000 enrollees than another plan with fewer overall complaints.

Grey shading indicates that the plan surrendered its license in 2015.

DEPARTMENT OF MANAGED HEALTH CARE

2015 ANNUAL REPORT

Published October 2016

DEPARTMENT OF
Managed
Health Care