DEPARTMENT OF MANAGED HEALTH CARE

2016 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**

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MESSAGE FROM THE DIRECTOR

The California Department of Managed Health Care (DMHC) is committed to fulfilling our mission of protecting consumers' health care rights and ensuring a stable heath care delivery system. One of the foundational components of fulfilling our mission is stakeholder engagement. In 2016, the DMHC held numerous formal and informal meetings with stakeholders on important subjects the DMHC was grappling with during the year. These topics included health plan mergers, provider directories and timely access to care.

Engaging our stakeholders is important because it helps us understand complex issues from a variety of viewpoints – consumers, health plans, providers, our sister state agencies and the broader health care community. By keeping stakeholders engaged, we create transparency around our work and are able to address many issues and concerns as we work through the decision-making process.

In 2017, the DMHC will continue to engage our stakeholders on many of the same issues we addressed in 2016. In addition, we will monitor federal actions that impact California's health care delivery system. California has always been a leader in consumer protection and the DMHC will continue to be a resource for California's health care consumers. To that end, we plan to expand our outreach, particularly to underserved communities, to let them know we are here to help.

The DMHC Help Center remains available to Californians who are experiencing issues with their health plans. If a consumer is having a problem with their health plan, we strongly encourage them to first contact their health plan for assistance (at the toll-free number listed on the consumer's health plan ID card). If they are dissatisfied with the health plan's response, or if the health plan does not resolve the issue in 30 days, they can contact the DMHC Help Center for assistance at 1-888-466-2219 or www.HealthHelp.ca.gov. If they are experiencing an imminent or serious threat to their health, they can immediately contact the DMHC Help Center. Help on urgent matters is available 24 hours a day, 7 days a week.

I want to thank the DMHC's dedicated and caring employees for the important work they do for the people of California. Their unwavering commitment to the Department's mission and our core values makes a difference in the lives of those we help every day.

I also want to thank our many stakeholders for your important contributions to the DMHC's work. You help us do our job better.

Shelley Rouillard

Director

Department of Managed Health Care

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Managed Health Care

1-888-466-2219

HAVE QUESTIONS ABOUT YOUR HEALTH PLAN? CONTACT THE HELP CENTER

HealthHelp.ca.gov

2 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.

2016 Consumer Assistance Data:

- 164,573 Telephone Inquiries
- 14,012 Consumer Complaints
- 5,369 Independent Medical Review Cases
- 4,819 Non-jurisdictional Referrals

The DMHC protects the health care rights of approximately 26 Million Californians

$71 Million recovered

in payments to physicians and hospitals

$24 Million recovered

from health plans on behalf of Californians

95%

Of commercial and public health plan enrollment is regulated by the DMHC

$62 Million assessed

against health plans that violated the law

Health care premiums saved through the DMHC's rate review program

$102.4 Million saved since 2011

$1.3 Million saved in 2016

www.HealthHelp.ca.gov

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 124 licensed plans it regulates, with no taxpayer contributions. This includes 74 full service health plans that provide health coverage to approximately 26 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 (an external appeal of your health plan's denial of services or treatment)**
- **The right to a copy of your medical records (you may be charged for the copying)**
- **The right to continue to see your doctor if they no longer participate in your plan under certain circumstances (continuity of care)**
- **The right to be notified of an unreasonable rate increase**
- **The right to not be illegally billed by a health care provider**

The DMHC Protects Consumers' Health Care Rights

The DMHC provides assistance to all California health care 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 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.

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CaliforniaDMHC
@CADMHC
CaliforniaDMHC

REVISED 5/17

INTRODUCTION

Created by consumer sponsored legislation in 1999, the DMHC regulates the majority of health coverage in California including 95 percent of commercial and public health plan enrollment in 2016, the DMHC employed 446 people and the budget was $76,328,000. The DMHC is funded by assessments on its regulated health plans.

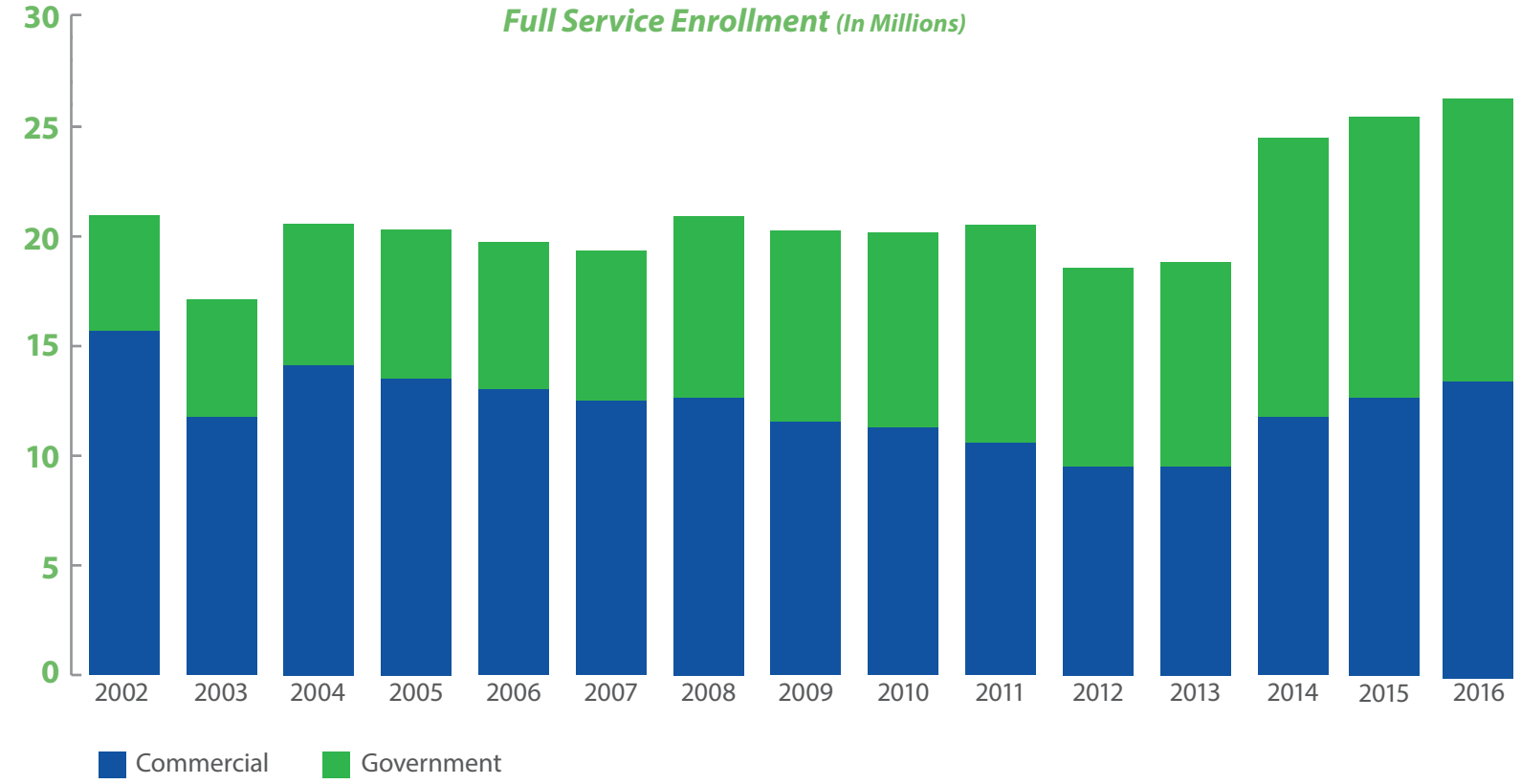
The DMHC began operations in 2000 as the first state department in the country dedicated solely to regulating managed health care plans and assisting consumers to resolve disputes with those plans. The department educates consumers about their health care rights, helps them resolve complaints with their health plans, assists consumers in navigating their health coverage and ensures consumers can access necessary health care services timely. As of the end of 2016, the DMHC has assisted nearly 2 million consumers.

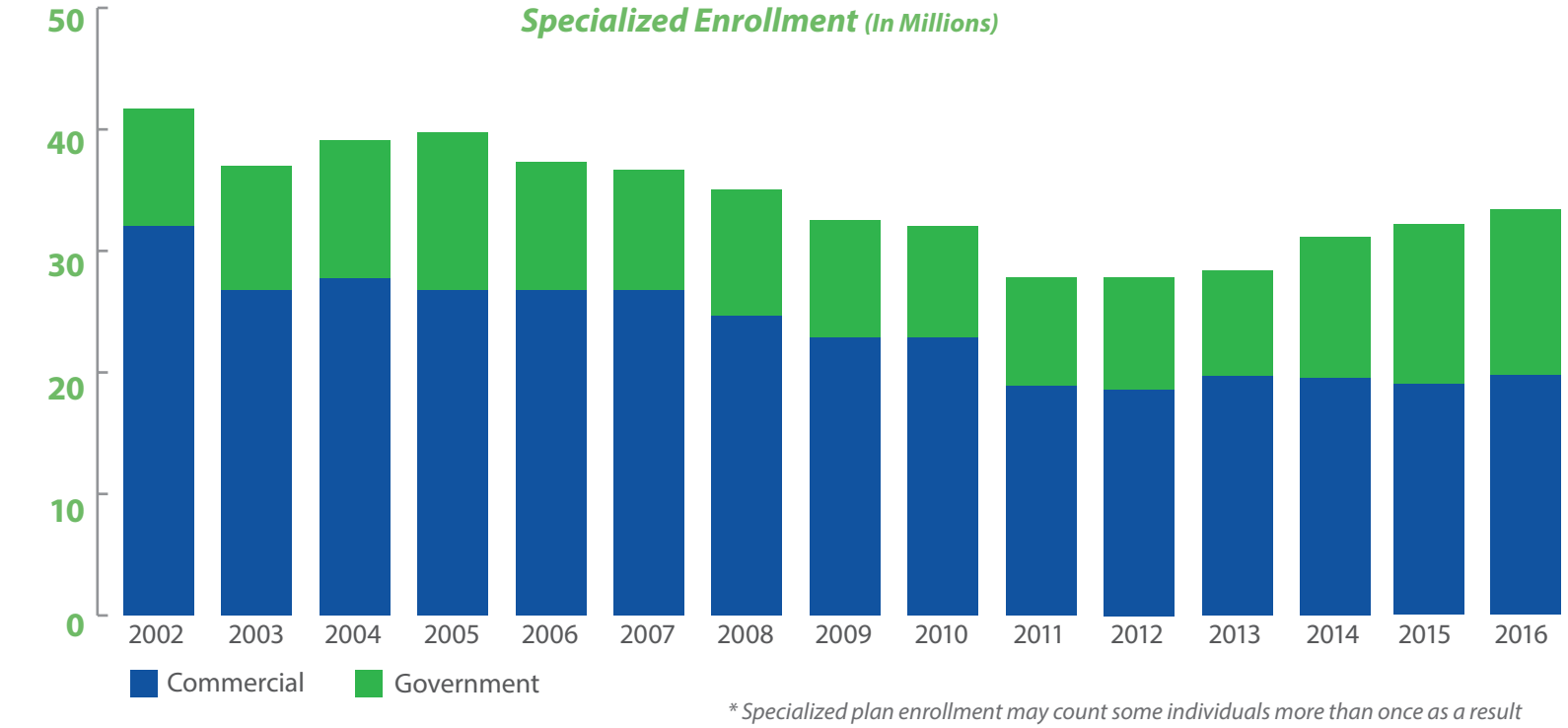
Seventy four (74) full service health plans licensed by the DMHC provide health care services to approximately 26 million Californians. This includes approximately 13.1 million commercial enrollees and approximately 12.9 million government enrollees. The DMHC licenses and regulates the full scope of managed care models, including all Health Maintenance Organizations (HMO) in the state, as well as Preferred Provider Organizations (PPO), Exclusive Provider Organizations (EPO), Point-of-Service (POS) products and Medi-Cal managed care plans.

In addition to full service health plans, the DMHC oversees 50 specialized health plans including chiropractic, dental, vision, psychological (behavioral health) and pharmacy.

The enrollment overview charts[1] on the next page illustrate how enrollment under the DMHC has continued to grow and shift from predominantly commercial enrollment to a more even distribution between commercial and government enrollment.

ENROLLMENT OVERVIEW





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

** 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.).*

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DMHC HEALTH PLAN DASHBOARD

As part of its commitment to transparency, the DMHC launched the Health Plan Dashboard in 2016, an online tool that aggregates more than a dozen public data sets reported by health plans and the DMHC. The goal of the Health Plan Dashboard is to make it easier for the public to access health plan data in one centralized location. It also helps the Department make better use of this data internally.

The Health Plan Dashboard displays data on health plans licensed by the DMHC. Data sets include enrollment, financial reports, premium rates, consumer complaints, audit reports and enforcement actions taken by the Department.

In addition to displaying data on a specific health plan, the Dashboard includes an overall look at the health plan industry regulated by the DMHC. This section of the Health Plan Dashboard aggregates industry-level data using the same data sets, such as enrollment, premium rates, consumer complaints and enforcement actions. Users have the ability to compare health plans directly, or to sort the aggregate data by plan to make comparisons.

To view the DMHC Health Plan Dashboard visit www.HealthHelp.ca.gov.

The DMHC Health Plan Dashboard uses data visualization and creates easy-to-understand charts and graphs:

DMHC HELP CENTER

The DMHC Help Center educates consumers about their health care rights, resolves consumer complaints, helps consumers navigate and understand their coverage and ensures access to appropriate health care services. The DMHC Help Center provides direct assistance to health care consumers through a call center and online access.

If a consumer is experiencing an issue with their health plan or is having difficulty accessing care, they can file a grievance with their plan. If they are not satisfied with their health plan's resolution of the grievance or have been in their plan's grievance system for 30 days, they should contact the DMHC Help Center for assistance. If they are experiencing an imminent or serious threat to their health, they should contact the DMHC Help Center immediately.

What is the DMHC Help Center?

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

The Help Center provides help in 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 Help Center employs a variety of mechanisms to assist consumers using a team of health care analysts, nurses and attorneys.

Most consumer problems are resolved through the Standard Complaint process. Common issues include cancellation of coverage, billing issues, quality of service, coordination of care and other coverage disputes.

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

The Independent Medical Review (IMR) program is available if a health plan denies, modifies or delays a request for a service as not medically necessary or as experimental or investigational. Doctors outside of the plan review these matters and make an independent determination whether the service should be covered. If an IMR is decided in the consumer's favor, the plan must provide the requested service or treatment.

Consumers with issues outside of the DMHC's jurisdiction are 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.

Who is a health care consumer?

A health care consumer is a health plan enrollee, also referred to as a health plan member.

2016 Highlights

2016 BY THE NUMBERS:

Help Center

188,773[2]
Consumers assisted

164,573
Telephone inquiries

14,012[3]
Consumer complaints

5,369[4]
IMRs closed

4,819
Non-jurisdictional referrals

The DMHC Help Center continues to experience increasing contact from consumers needing assistance. In 2016, the DMHC Help Center assisted 188,773 health care consumers, handled 14,012 complaints and closed 5,369 IMRs. The DMHC Help Center also received a significant increase of IMRs and complaints. This increase is due in part to targeted outreach the DMHC conducted to stakeholders in the health care community.

Many consumers contacted the DMHC Help Center after receiving a notice that their coverage had been canceled for purported nonpayment of premiums. In many instances, the health plans had improperly canceled coverage. These cases were sent to the DMHC's Office of Enforcement for further investigation and possible penalties against the health plans.

The Consumer Assistance Program served 13,909 consumers and conducted 2,253 outreach events throughout the state reaching 116,748 consumers.

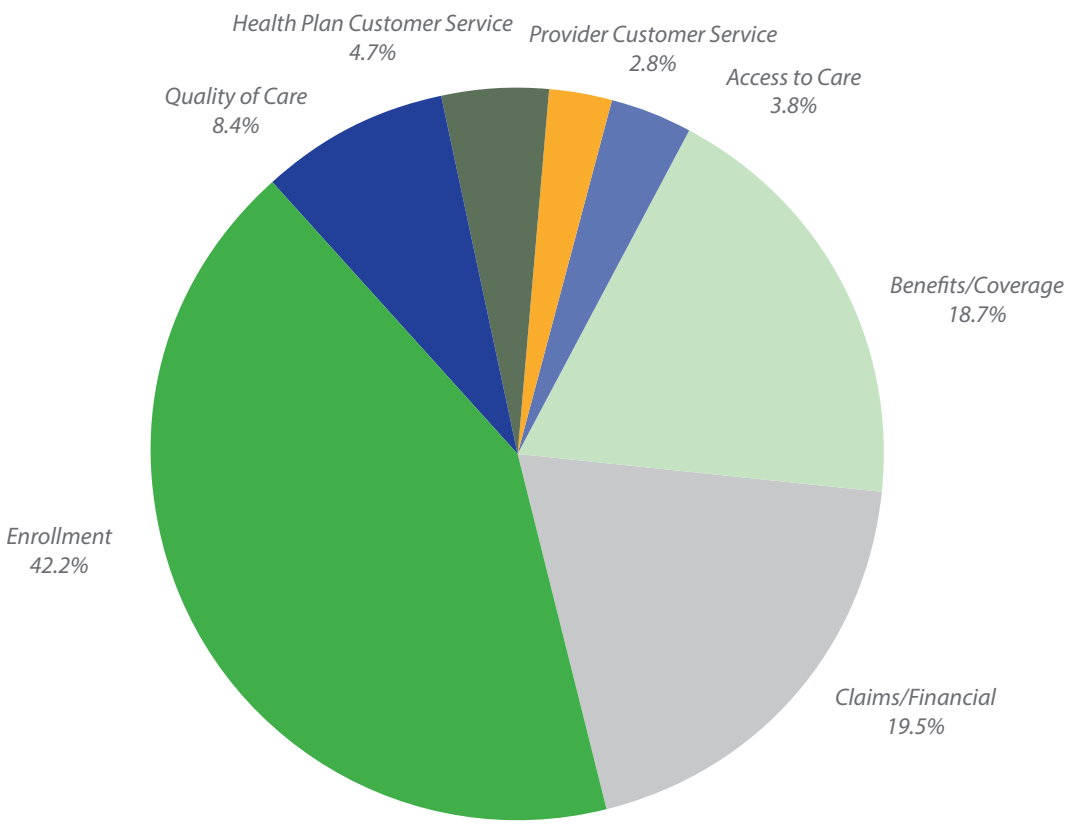
In addition to providing consumer assistance, the DMHC Help Center assists providers with claims payment disputes they have with health plans. In 2016, the DMHC Help Center received 3,779 provider complaints and recovered nearly $7.5 million in payments to providers.

69%

Independent Medical Review (IMR) Program

In 2016, consumers who requested an IMR received the requested health care service in nearly 69 percent of cases.

Consumer Complaints Resolved in 2016



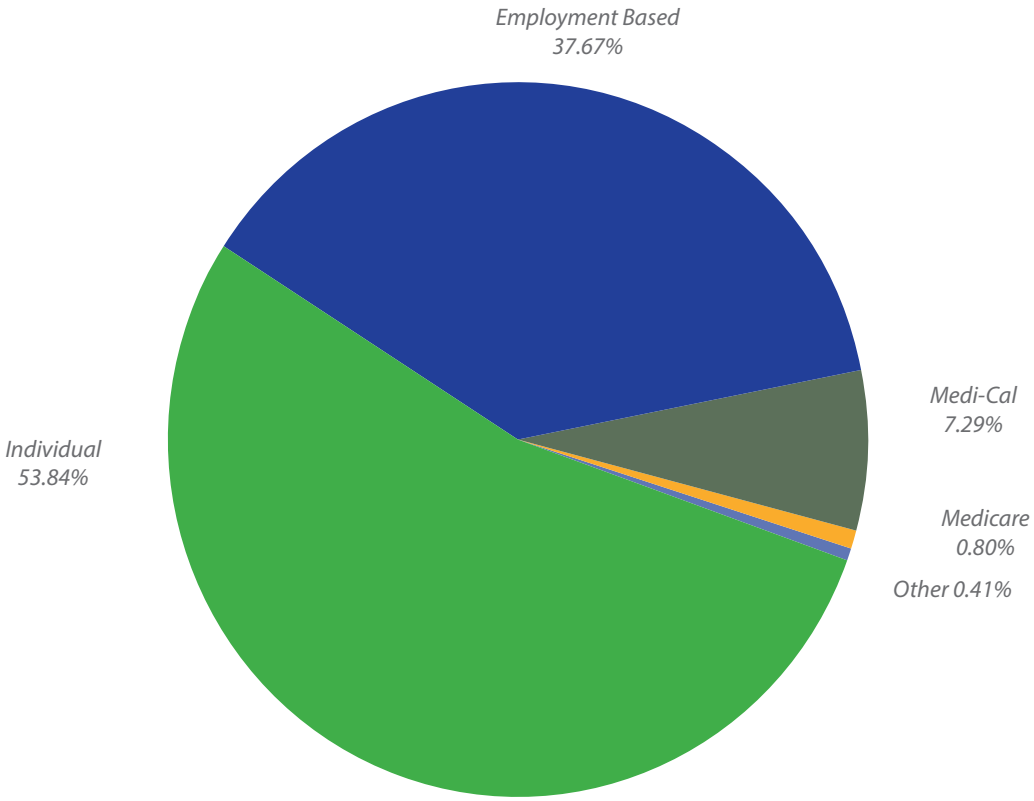
Note: The 2016 complaint summary report is located in the appendix.

Interspersed throughout this report are examples of consumer assistance provided by the DMHC Help Center during 2016. The names of the enrollees have been changed to protect their identity.

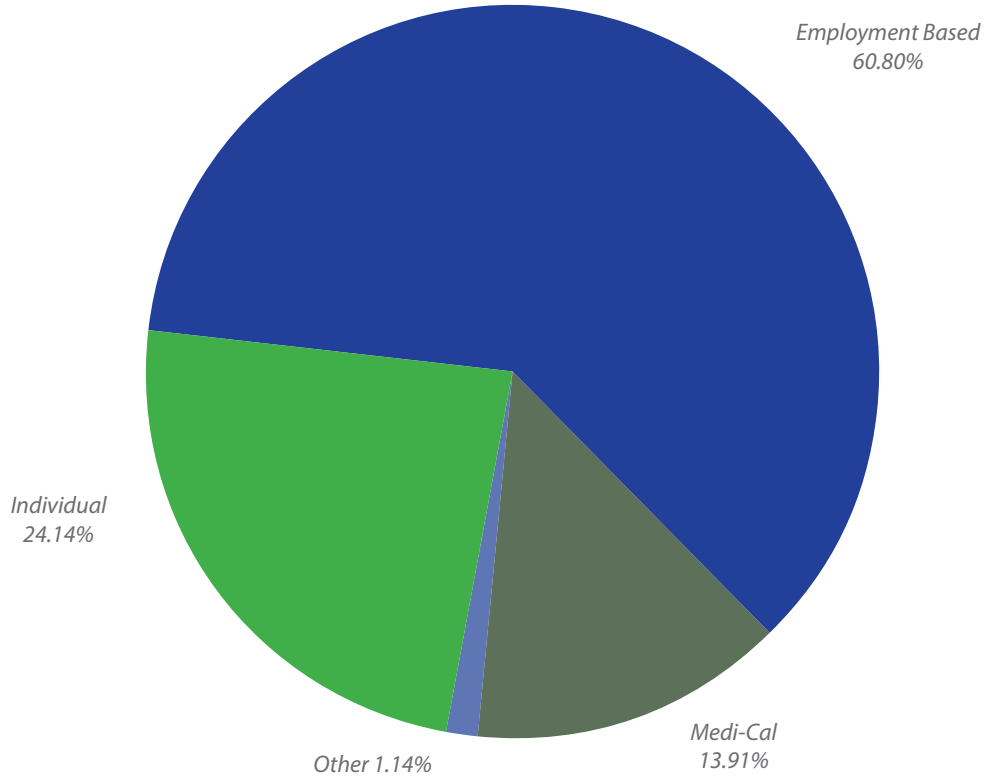
DMHC Help Center Assistance: Independent Medical Review

Xochitl requested a referral to a specialty university center and her health plan denied the request as not medically necessary because they had in-network specialists that could perform the requested service. The DMHC Help Center obtained an expedited Independent Medical Review which concluded that the procedure was medically necessary in the requested clinical setting. Based on this decision, the plan authorized the requested services.

Consumer Complaints Resolved in 2016 by Coverage Type



IMRs Resolved in 2016 by Coverage Type



DEPARTMENT OF Managed Health Care

Timely Access To Care

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

Appointment Type	Timeframe
Urgent Care (prior authorization **not** required by health plan)	**48 hours**
Urgent Care (prior authorization required by health plan)	**96 hours**
Non-Urgent Doctor Appointment (primary care physician)	**10 business days**
Non-Urgent Doctor Appointment (specialty physician)	**15 business days**
Non-Urgent Mental Health Appointment (non-physician^)	**10 business days**
Non-Urgent Appointment (ancillary provider^^)	**15 business days**

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

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

Health plans must also meet the following requirements to ensure consumers have timely access to care:

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

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

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

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

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PLAN LICENSING

Health plans in California must obtain a license from the DMHC. As part of the licensing process, the DMHC reviews all aspects of the health plan's operations, including benefits and coverage (Evidence of Coverage), contracts with doctors and hospitals, provider networks, and complaint and grievance systems. After licensure, the DMHC continues to monitor the health plans and any changes they make to 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 also periodically identifies specific licensing issues for focused examination or investigation.

The DMHC reviews health plan mergers as a significant change in operations through material modification filings. The DMHC reviews mergers with a focus to ensure compliance with the strong consumer protections and financial solvency requirements of the Knox-Keene Act. Among the many consumer protections that are reviewed, the Department seeks to ensure the merged company would be financially viable, and patients have continued access to appropriate health care services.

2016 Highlights

In 2016, the DMHC continued its review of several health plan mergers. The DMHC approved Centene's acquisition of Health Net in March 2016 with several conditions (called undertakings) to improve plan performance and access to care for plan members.

Although the DMHC approved Aetna's acquisition of Humana in June, the U.S. Department of Justice (DOJ) sued to stop the acquisition nationally due to concerns about market consolidation and reduced competition. A federal judge ruled against the proposed acquisition in 2017. The DMHC's review of mergers is based on the requirements in the Knox-Keene Act, which do not include these anti-trust issues. The DMHC also reviewed the merger of Anthem and Cigna, but the DOJ sued to stop and a federal judge ruled to block the merger in 2017.

To further assist consumers with accessing the care they need, the DMHC worked closely with stakeholders to improve the accuracy of health plan provider directories. SB 137 (Hernandez, Chapter 649, Statutes of 2015) established comprehensive requirements to ensure that health plans publish and maintain accurate, complete and up-to-date provider directories. Certain provisions in the bill took effect on July 1, 2016, including online and printed directories being available to the public without restrictions or limitations.

All health plans must now have publicly available provider directories on their websites, make weekly updates to those directories, and provide consumers with easy ways to report directory errors. The DMHC also released Uniform Provider Directory Standards to ensure health plans format and display provider information consistently in their directories to make it easier for consumers to compare provider networks.

2016 BY THE NUMBERS:

Plan Licensing

3
New licenses issued

5,296[5]
Evidences of Coverage

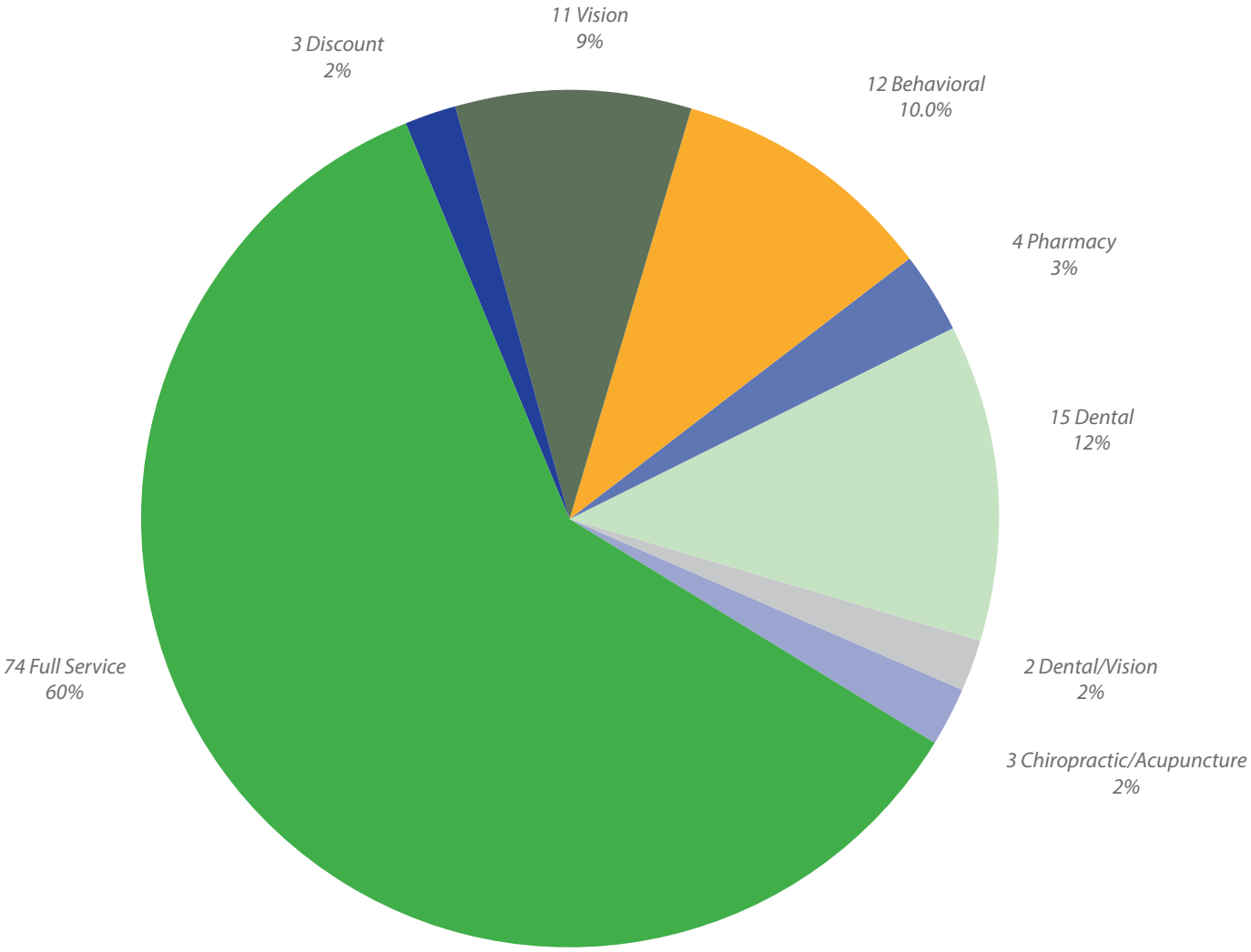
1,704[6]
Advertisements

21
Covered California reviews

234
Material modifications (significant changes) received

To help ensure choice and competition for California's health care consumers the DMHC continues to coordinate with Covered California, California's health benefit exchange. The DMHC reviewed the proposals of 12 full service health plans and nine dental plans that sought to participate in Covered California in 2017. The DMHC reviewed health plan documents and disclosures to confirm compliance with federal and state laws and to ensure those documents provide California consumers with clear, concise, full and fair disclosures of their health care rights.

Licensed Plans in 2016



Note: This graph shows the breakdown of licensed plans as of December 31, 2016

PLAN MONITORING

The DMHC created the Office of Plan Monitoring (OPM) in 2016 to streamline the Department's oversight of non-financial functions of health plans. The OPM assesses and monitors health plan care and delivery systems for compliance with the Knox-Keene Act.

The DMHC evaluates health plan compliance with the Knox Keene-Act through onsite surveys of health plan operations. Routine surveys of each licensed health plan are performed every three years. The DMHC also conducts non-routine surveys when a specific issue or problem requires a focused look at an aspect of the health plan's operations. The surveys examine health plan practices related to access to health care services, utilization management, quality improvement, continuity and coordination of care, language access and enrollee grievances and appeals.

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

The DMHC monitors provider networks and the accessibility of services to enrollees by reviewing standards for geographic proximity to enrollees, physician-patient ratios and timely access to care. The law requires health plans to make providers available within specific geographic and time-elapsed standards. This includes requirements on health plans to ensure their network of providers, including doctors, can provide enrollees with an appointment within a specific number of days or hours. For more information on health plan timely access requirements see the fact sheet on page 10.

When health plans terminate contracts with hospitals or provider groups, the DMHC assesses how enrollees affected by the termination will continue to receive care. Health plans must submit a "Block Transfer Filing" when such a termination impacts 2,000 or more enrollees. The DMHC ensures the health plan's remaining network adequately supports its enrollee population, and requires the health plan to timely notify its impacted enrollees of the provider contract termination.

DMHC Help Center Assistance: Billing Dispute

When Michelle was 30 weeks pregnant she called her health plan to change doctors and was told she did not need a referral to choose an OB/GYN, as long as the OB/GYN was in the health plan's network. Michelle changed doctors, received care from that doctor and gave birth. Michelle's health plan then denied payment for services obtained from the new doctor. After filing a complaint with the DMHC Help Center the health plan agreed to pay for the services.

2016 BY THE NUMBERS:

Plan Monitoring

43
Routine surveys

11
Follow-up surveys

2[7]
Non-routine follow-up surveys

108
Unique health plan networks reviewed (MY 2015)

40
Timely access compliance reports reviewed (MY 2015)

299
Block transfers received

88
Material modifications (significant changes) received

2016 Highlights

Ensuring access to mental health services, including compliance with state and federal law continues to be a high priority for the DMHC. In 2015, the DMHC completed the first phase of a two phase approach to ensure compliance with the federal Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act (MHPAEA). In 2016, the Department launched phase two of its MHPAEA compliance review which consists of conducting 25 focused surveys of commercial full service health plans. The DMHC began 10 MHPAEA surveys in 2016.

The purpose of the focused MHPAEA survey is to ensure that plans have implemented any changes the Department required under the first phase. The focused survey includes review of plan benefit classification documents and operational information, certain policies and procedures, utilization management files, financial requirement calculations and interviews with key staff.

In 2016, the DMHC concluded its Non-Routine Follow-Up Surveys on the accuracy of Blue Cross of California's (Anthem Blue Cross) and California Physicians' Service's (Blue Shield of California) provider directories. The results of both surveys showed the corrective actions implemented by the plans did not result in more accurate provider directories.

SB 137 was enacted after the DMHC's initial Non-Routine Surveys of the plans conducted in 2014. As noted earlier, SB 137 provides a new comprehensive framework for the regulation of provider directories including strict timeframes for verification of provider information, investigation of inaccuracies, frequent updating and consistency of the information displayed for all health plans. The DMHC will continue to monitor progress under this new and comprehensive framework. See the Plan Licensing section of this report for more information on SB 137.

In 2016, the DMHC reviewed the timely access compliance reports from 40 health plan and analyzed 108 unique networks from Measurement Year (MY) 2015 data filings plans submitted on March 31, 2016. The DMHC found that the timely access compliance reports contained significant data inaccuracies, making it virtually impossible to measure individual health plan compliance and compare plans across the industry.

The DMHC has taken steps to correct the deficiencies in future compliance reports and remains committed to ensuring California's health plan industry fully complies with the timely access laws and regulations.

DMHC Help Center Assistance: Cancellation of Coverage

Maria, a woman in her 80s with multiple chronic conditions, had her health plan coverage canceled without notice due to asserted nonpayment of premiums. She filed a complaint with the DMHC Help Center as she was unable to access medically necessary medications and treatment. DMHC Help Center staff had the health plan reinstate Maria's coverage because the plan failed to provide the appropriate notices required under the law.

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 corroborate on 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 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 quality of care. If a plan does not meet the minimum MLR threshold, it must provide rebates to consumers and purchasers.

The DMHC does not license providers, but monitors the financial solvency of Risk-Bearing Organizations (RBO). RBOs are provider groups that, in their contracts with health plans, pay claims and assume some financial risk for the cost of health care services by accepting a fixed monthly payment for each enrolled person assigned to the RBO. This arrangement is typically referred to as "capitation." RBOs are subject to financial reserve requirements and regular financial reporting. The DMHC monitors the financial stability of RBOs by analyzing financial filings, conducting financial examinations, reviewing claims payment practices and developing corrective action plans.

2016 Highlights

The County of Los Angeles, Department of Health Services is a delegated provider for the Local Initiative Health Authority for L.A. County (L.A. Care Health Plan). During a routine financial examination of the Department of Health Services, the DMHC discovered 230,000 unprocessed claims for services provided to L.A. Care Health Plan enrollees.

The DMHC worked closely with L.A. Care Health Plan to ensure the backlogged claims were processed promptly and the safety net providers received payment for services provided. The claims backlog was cleared in July 2016, and providers received claims payment of $10.1 million plus interest of nearly $900,000. This is the largest claims payment remediation resulting from a DMHC financial examination in the Department's history.

Additionally, in 2016, the DMHC started attending the public Board of Directors meetings of licensed governmental health plans. Attending these meetings helps the DMHC better assess the financial viability and operational issues faced by these health plans.

2016 BY THE NUMBERS:

Financial Oversight

60
Financial examinations

2,821
Financial statements reviewed

$25.87 M
MLR rebates (CY 2015)

$10.3 M
Claim and dispute payments remediated

$2.54 M
Interest and penalties paid

RATE REVIEW

Since January 2011, the DMHC has saved Californians more than $102 million in health care premiums through its premium rate review program. Under state law, proposed premium rate changes for individual or small group health plans must be filed with the DMHC. Department actuaries perform an in-depth review of these proposed changes and ask health plans questions to ensure that the proposed rate changes are supported by data including underlying medical costs and trends. The DMHC does not have the authority to approve or deny rate increases; however, its rate review efforts hold health plans accountable through transparency, ensure consumers get value for their premium dollar and save Californians money.

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

Beginning in 2016, health plans must annually file large group aggregate rate information with the DMHC as required by SB 546 (Leno, Chapter 801, Statutes of 2015). The DMHC does not review large group rates, but holds an annual public meeting in accordance with statute to increase transparency.

2016 Highlights

The DMHC reviewed 47 individual and small group rate filings. Through the Department's review and negotiations with the plan, Aetna Health of California, Inc. agreed to reduce its proposed small group rate increase, saving consumers approximately $1.3 million.

The DMHC worked to enhance its premium rate review program in 2016 with the assistance of a federal grant that afforded the Department the ability to make technical infrastructure improvements. These improvements will help make the program more efficient and effective, and will make rate review information more readily accessible on the Department's website.

Rate Review Since 2011

55 Average number of rate filing reviews per year

6 Number found unreasonable

16 Number of reduced rates

$102.4 M Consumer savings through negotiated rate reductions

2016 BY THE NUMBERS:
Rate Review

47
Rate filing reviews completed

81[8]
Rate filings received

0
Rates found unreasonable

1
Reduced (modified) rates

$1.3 M
Consumer savings through negotioated reduced rates

DMHC Help Center Assistance: Access

Susan was diagnosed with breast cancer and was having difficulty getting her surgery approved. The medical group mistakenly thought she was seeking cosmetic surgery and denied the procedure. Susan came to the DMHC Help Center for assistance. The DMHC Help Center contacted the health plan on her behalf and was able to get the surgery approved and scheduled.

ENFORCEMENT

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

In 2016, the first $1 million in fines collected by the DMHC was transferred to the Medically Underserved Account for Physicians to be used for a loan repayment program. The remaining funds were transferred to the Major Risk Medical Insurance Fund to be used for the Major Risk Medical Insurance Program.

2016 Highlights

The enforcement actions taken against health plans in 2016 involved diverse legal issues, including improper cancellation of member health care coverage, and grievance system and utilization management violations. In addition to enforcement actions against health plans, the DMHC took action against solicitors for fraudulent or dishonest conduct in the sale and marketing of health care policies. The following describes some of the enforcement actions taken in 2016:

2016 BY THE NUMBERS:

Enforcement

2,155
Cases opened

342
Cases closed with a penalty

$4.3 M
Penalties collected

The DMHC imposed a penalty of $700,000 and corrective action against Anthem Blue Cross for improperly cancelling health coverage for 69 individuals between May 2013 and December 2014. The improper termination was due either to the plan's failure to notify the enrollee of the 30-day grace period, or due to the plan terminating coverage before the expiration of the 30-day grace period. After DMHC involvement, the plan offered to reinstate each enrollee, and a corrective action plan was developed that included training plan staff to ensure proper notification to an enrollee before cancellation.

The DMHC imposed a penalty of $225,000 against Kaiser Foundation Health Plan, Inc. (Kaiser Permanente) for the plan's refusal to approve the enrollee's request for a second opinion from an out-of-network specialist. The enrollee suffered from a rare, complex and life-threatening disease which put the enrollee at greater risk for dizziness, seizures and cardiac arrest. Kaiser Permanente denied the request indicating second opinions can be rendered only by providers within the plan's network. The Department found the plan's behavior violated the consumer's health care rights because it failed to provide a written response to the enrollee's request for an out-of-network second opinion, and it continued to direct the enrollee back-and-forth between the plan and the medical group without providing meaningful care. As part of the plan's corrective action, Kaiser Permanente changed its policies and procedures with regard to requests for a second opinion. Enrollees may now request a second opinion from the health plan through its member services department without having to go through the medical group.

The law requires a health plan to establish and maintain a grievance system approved by the Department under which enrollees may submit their grievances to the plan. The DMHC fined Anthem Blue Cross more than $1 million in 2016 for nearly 200 grievance system violations and Kaiser Permanente $195,000 for 35 grievance system violations. The violations for each plan included failures to properly identify and timely process member grievances.

The DMHC imposed a penalty of $125,000 against Blue Shield of California for misconduct during the processing of 18 IMRs. The plan failed to timely and/or appropriately respond to the Department's request for additional information and failed to expedite its response when the Department identified a case that qualified for an expedited review. These violations caused an unnecessary delay in the IMR process.

The DMHC took enforcement action in three cases involving solicitors, or insurance agents who solicit business for health care services plans by enrolling consumers in health plan products. The solicitors in each case were found to have engaged in conduct that constituted fraud or dishonest dealings with the public. The DMHC issued cease-and-desist orders and permanently barred each individual from acting as a solicitor.

DMHC Help Center Assistance: Coordination of Care

A representative contacted the Help Center regarding Jamie, who was disabled and was encountering difficulty obtaining medically necessary prescription drug authorizations after a recent transition from Medi-Cal fee-for-service to a Medi-Cal managed care plan. The DMHC Help Center contacted the health plan to ensure prompt availability of the medications and assignment to a Nurse Case Manager during the transition period.

DMHC Help Center Assistance: Access

Angel was severely injured in a vehicle accident. While hospitalized, Angel underwent multiple reconstructive surgeries. Following discharge, Angel required ongoing reconstructive surgeries, and requested the plan authorize coverage of those surgeries with the out-of-network surgeon who performed the initial surgeries. The plan denied the request due to in-network surgeons being available to perform the surgeries. After Angel filied a complaint with the DMHC Help Center, the plan authorized coverage for the ongoing reconstructive surgeries with the requested out-of-network surgeon.

DMHC Help Center Assistance: Provider Complaint

A patient was transferred to a rehabilitation center for a fractured skull with delayed healing. The provider provided authorized inpatient hospitalization services for three months. The provider contacted the DMHC Help Center's Provider Complaint Unit alleging the health plan failed to meet its claims payment obligation. Subsequently, the plan paid the claim with interest totalling more than $220,000.

NOTES

1 *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, IHHS, Medi-Cal Risk, AIM, Healthy Families, Medicare Risk and Medicare Cost.*

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 (13,249), quick resolutions (699) and urgent cases (64). 11,047 of the standard complaints were resolved by the DMHC and are included in the complaint report in the Appendix. Of the remaining cases, the largest group were sent back to the health plan for the grievance process.*

4 *IMRs closed are comprised of cases that were resolved by the DMHC or closed for any reason other than non-jurisdictional. 4,291 of the IMRs were resolved by the DMHC and are included in the IMR report in the Appendix. The remaining cases were closed because the consumer had not yet gone through the health plan grievance process, the consumer did not respond to requests for information or because the case was ineligible for IMR.*

5 *The number reported in 2015 was the number of filings received that contained at least one EOC or combined EOC/Disclosure form, rather than the actual number of EOCs or combined EOC/Disclosure forms received. In 2016, 317 filings contained at least one of the 5,296 EOCs.*

6 *The number reported in 2015 was the number of filings received that contained at least one Advertisement, rather than the actual number of Advertisements received. In 2016, 533 filings contained at least one of the 1,704 Advertisements received.*

7 *The non-routine follow-up surveys dealing with provider directories reported in 2016 are the same surveys reported in 2015. The surveys started in 2015, and the final reports were issued in 2016.*

8 *The DMHC does not review annual aggregate rate filings.*

CALIFORNIA DEPARTMENT OF MANAGED HEALTH CARE

2016 Independent Medical Review (IMR) Summary Report

Report Overview

The Annual IMR Summary Report displays the number and types of IMRs resolved during the 2016 calendar year, by health plan. The Department resolved 4,291 IMRs.

- **Overall, enrollees received the requested services in nearly 69% of the cases qualified by the Department for the IMR program.**
- **In 29% of the cases, the health plan reversed its denial after the Department received the IMR application, but prior to review by the Independent Medical Review Organization (IMRO). These types of reversals are listed under the "Rev. by Plan" column.**
- **In 40% of the cases, the IMRO overturned the health plan's prior denial.**
- **In 31% of the cases, the IMRO upheld the health plan's prior denial.**

The IMR Summary Report identifies each health plan's enrollment in 2016, 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 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 is based on the enrollment figures for the quarter ending December 31, 2016 for the population of enrollees within the Department's jurisdiction. Plans with 0 enrollment as of December 31, 2016 may have had enrollment earlier in the year or received a license during 2016.

Data represents resolved IMRs which were determined to be within the Department's jurisdiction, eligible for review, and resolved within calendar year 2016. Cases pending at the end of 2016 and resolved in the following year are reported in the subsequent year's Annual Report.

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 numbers. When comparing plans, a lower number of IMRs per 10,000 enrollees indicates that fewer IMRs were resolved per capita. As a result, a plan with a higher overall number of resolved IMRs may still show fewer IMRs per 10,000 enrollees than another plan with fewer overall resolved IMRs.

This information is provided for statistical purposes only. The DMHC Director has neither investigated nor determined whether the IMRs within this summary are reasonable or valid.

California Department of Managed Health Care
2016 Independent Medical Review 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)	3,259,076	1,652	5.07	1092	322	29.5%	732	67.0%	38	3.5%	545	190	34.9%	244	44.8%	111	20.4%	15	5	33.3%	3	20.0%	7	46.7%
California Physicians' Service (Blue Shield of California)	2,536,041	1,590	6.27	874	56	6.4%	55	6.3%	763	87.3%	706	306	43.3%	292	41.4%	108	15.3%	10	3	30.0%	2	20.0%	5	50.0%
Health Net of California, Inc.*	2,119,323	148	0.70	20	14	70.0%	5	25.0%	1	5.0%	123	37	30.1%	43	35.0%	43	35.0%	5	4	80.0%	0	0.0%	1	20.0%
Inland Empire Health Plan (IEHP)	1,235,336	25	0.20	3	2	66.7%	0	0.0%	1	33.3%	22	9	40.9%	6	27.3%	7	31.8%	0	0	0.0%	0	0.0%	0	0.0%
Kaiser Foundation Health Plan, Inc. (Kaiser Permanente)	6,506,908	304	0.47	9	7	77.8%	2	22.2%	0	0.0%	282	180	63.8%	69	24.5%	33	11.7%	13	9	69.2%	3	23.1%	1	7.7%
Local Initiative Health Authority for L.A. County (L.A. Care Health Plan)	2,056,926	75	0.36	1	0	0.0%	0	0.0%	1	100.0%	74	20	27.0%	20	27.0%	34	45.9%	0	0	0.0%	0	0.0%	0	0.0%
Molina Healthcare of California	553,570	27	0.49	0	0	0.0%	0	0.0%	0	0.0%	27	7	25.9%	15	55.6%	5	18.5%	0	0	0.0%	0	0.0%	0	0.0%
UHC of California (UnitedHealthcare of California)	502,405	84	1.67	4	2	50.0%	2	50.0%	0	0.0%	59	26	44.1%	21	35.6%	12	20.3%	21	12	57.1%	7	33.3%	2	9.5%
Total Full Service - Enrollment Over 400,000:	**18,769,585**	**3,905**	**2.08**	**2003**	**403**	**20.1%**	**796**	**39.7%**	**804**	**40.1%**	**1838**	**775**	**42.2%**	**710**	**38.6%**	**353**	**19.2%**	**64**	**33**	**51.6%**	**15**	**23.4%**	**16**	**25.0%**
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.	334,073	53	1.59	12	5	41.7%	6	50.0%	1	8.3%	31	13	41.9%	13	41.9%	5	16.1%	10	3	30.0%	4	40.0%	3	30.0%
AIDS Healthcare Foundation (Positive Healthcare)	718	0	0.00	0	0	0.0%	0	0.0%	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	267,040	37	1.39	0	0	0.0%	0	0.0%	0	0.0%	37	4	10.8%	29	78.4%	4	10.8%	0	0	0.0%	0	0.0%	0	0.0%
Alignment Health Plan	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
AmericasHealth Plan, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Arcadian Health Plan, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Aspire Health Plan	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Bay Area Accountable Care Network, Inc. (Canopy Health)	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Brown and Toland Health Services	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
California Health and Wellness Plan (CA Health & Wellness)	188,366	24	1.27	1	1	100.0%	0	0.0%	0	0.0%	23	5	21.7%	10	43.5%	8	34.8%	0	0	0.0%	0	0.0%	0	0.0%
Care 1st Health Plan	82,668	35	4.23	0	0	0.0%	0	0.0%	0	0.0%	35	9	25.7%	15	42.9%	11	31.4%	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	17,797	2	1.12	0	0	0.0%	0	0.0%	0	0.0%	2	1	50.0%	1	50.0%	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.	173,542	22	1.27	5	4	80.0%	1	20.0%	0	0.0%	17	4	23.5%	3	17.6%	10	58.8%	0	0	0.0%	0	0.0%	0	0.0%
Community Care Health Plan, Inc.	4,844	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Community Health Group	291,313	4	0.14	0	0	0.0%	0	0.0%	0	0.0%	4	1	25.0%	1	25.0%	2	50.0%	0	0	0.0%	0	0.0%	0	0.0%
Contra Costa County Medical Services (Contra Costa Health Plan)	195,276	4	0.20	0	0	0.0%	0	0.0%	0	0.0%	4	2	50.0%	2	50.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
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)	16,303	7	4.29	2	2	100.0%	0	0.0%	0	0.0%	4	1	25.0%	1	25.0%	2	50.0%	1	1	100.0%	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%

California Department of Managed Health Care
2016 Independent Medical Review 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	%
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)	359,697	23	0.64	2	0	0.0%	0	0.0%	2	100.0%	21	7	33.3%	11	52.4%	3	14.3%	0	0	0.0%	0	0.0%	0	0.0%
GEMCare Health Plan, Inc. (Physicians Choice by GEMCare 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%
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. (Heritage Medical Systems)	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Humana Health Plan of California, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Imperial Health Plan of California, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Inter Valley Health Plan	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Kern Health Systems	234,491	5	0.21	0	0	0.0%	0	0.0%	0	0.0%	5	1	20.0%	2	40.0%	2	40.0%	0	0	0.0%	0	0.0%	0	0.0%
Medi-Excel, SA de CV (MediExcel Health Plan)	6,676	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Monarch Health Plan	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
On Lok Senior Health Services	1,428	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%
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	4,101	0	0.00	0	0	0.0%	0	0.0%	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	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	148,160	2	0.13	0	0	0.0%	0	0.0%	0	0.0%	2	0	0.0%	2	100.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
San Joaquin County Health Commission (The Health Plan of San Joaquin)	343,837	34	0.99	0	0	0.0%	0	0.0%	0	0.0%	34	11	32.4%	22	64.7%	1	2.9%	0	0	0.0%	0	0.0%	0	0.0%
San Mateo Health Commission (Health Plan of San Mateo)	126,440	11	0.87	0	0	0.0%	0	0.0%	0	0.0%	11	3	27.3%	5	45.5%	3	27.3%	0	0	0.0%	0	0.0%	0	0.0%
Santa Barbara San Luis Obispo Regional Health Authority (CenCal Health)	33	0	0.00	0	0	0.0%	0	0.0%	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)	22,091	2	0.91	0	0	0.0%	0	0.0%	0	0.0%	2	1	50.0%	1	50.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Santa Clara County Health Authority (Santa Clara Family Health Plan)	272,581	3	0.11	0	0	0.0%	0	0.0%	0	0.0%	3	1	33.3%	1	33.3%	1	33.3%	0	0	0.0%	0	0.0%	0	0.0%
Santa Cruz-Monterey-Merced Managed Medical Care Commission (Central California Alliance for Health)	646	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Satelite 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	12,628	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Scripps Health Plan Services, Inc. (Scripps Health Plan)	2,813	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%
Seaside Health Plan	137	0	0.00	0	0	0.0%	0	0.0%	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	130,457	17	1.30	1	0	0.0%	1	100.0%	0	0.0%	16	8	50.0%	7	43.8%	1	6.3%	0	0	0.0%	0	0.0%	0	0.0%
Sistemas Medicos Nacionales, S.A. de C.V.	42,857	4	0.93	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	4	1	25.0%	3	75.0%	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)	48,284	1	0.21	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%
UnitedHealthcare Benefits Plan of California	1,140	0	0.00	0	0	0.0%	0	0.0%	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	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	%
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)	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	128,401	57	4.44	4	3	75.0%	1	25.0%	0	0.0%	53	20	37.7%	31	58.5%	2	3.8%	0	0	0.0%	0	0.0%	0	0.0%
Total Full Service - Enrollment Under 400,000:	**3,458,838**	**347**	**1.00**	**27**	**15**	**55.6%**	**9**	**33.3%**	**3**	**11.1%**	**305**	**92**	**30.2%**	**157**	**51.5%**	**56**	**18.4%**	**15**	**5**	**33.3%**	**7**	**46.7%**	**3**	**20.0%**
Total All Full Service Plans:	**22,228,423**	**4,252**	**0.77**	**2,030**	**418**	**20.6%**	**805**	**39.7%**	**807**	**39.8%**	**2,143**	**867**	**40.5%**	**867**	**40.5%**	**409**	**19.1%**	**79**	**38**	**48.1%**	**22**	**27.8%**	**19**	**24.1%**
Chiropractic																								
ACN Group of California, Inc. (OptumHealth Physical Health of California)	465,162	0	0.00	0	0	0.0%	0	0.0%	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.	71,617	0	0.00	0	0	0.0%	0	0.0%	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:	**536,779**	**0**	**0.00**	**0**	**0**	**0.0%**	**0**	**0.0%**	**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	471,339	0	0.00	0	0	0.0%	0	0.0%	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.	165,125	0	0.00	0	0	0.0%	0	0.0%	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.	63,861	0	0.00	0	0	0.0%	0	0.0%	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.	206,628	0	0.00	0	0	0.0%	0	0.0%	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)	41,928	0	0.00	0	0	0.0%	0	0.0%	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.	9,248	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%
Dental Health Services	103,254	0	0.00	0	0	0.0%	0	0.0%	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)	18,429	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Jaimini Health Inc. (Primecare Dental Plan)	3,528	0	0.00	0	0	0.0%	0	0.0%	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)	445,777	1	0.02	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%
Managed Dental Care	132,352	0	0.00	0	0	0.0%	0	0.0%	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.)	53,547	0	0.00	0	0	0.0%	0	0.0%	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.	107,991	0	0.00	0	0	0.0%	0	0.0%	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)	166,568	0	0.00	0	0	0.0%	0	0.0%	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:	**1,989,575**	**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%**
Dental/Vision																								
Delta Dental of California	17,363,000	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
SafeGuard Health Plans, Inc. (MetLife)	369,308	0	0.00	0	0	0.0%	0	0.0%	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:	**17,732,308**	**0**	**0.00**	**0**	**0**	**0.0%**	**0**	**0.0%**	**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)	7,132	0	0.00	0	0	0.0%	0	0.0%	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.	399,990	0	0.00	0	0	0.0%	0	0.0%	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)	34,517	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%
The CDI Group, Inc.	96,141	0	0.00	0	0	0.0%	0	0.0%	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:	**537,780**	**0**	**0.00**	**0**	**0**	**0.0%**	**0**	**0.0%**	**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%

California Department of Managed Health Care
2016 Independent Medical Review 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	%
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%
Total Pharmacy:	**0**	**0**	**0.00**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**
Psychological																								
Avante Behavioral Health Plan	19,942	0	0.00	0	0	0.0%	0	0.0%	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.	160,566	0	0.00	0	0	0.0%	0	0.0%	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	210,648	0	0.00	0	0	0.0%	0	0.0%	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)	104,882	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Health and Human Resource Center (Aetna Resources for Living)	1,419,055	0	0.00	0	0	0.0%	0	0.0%	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	129,495	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%
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%
Magellan Health Services of California-EmployerSv	889,598	6	0.07	0	0	0.0%	0	0.0%	0	0.0%	6	4	66.7%	2	33.3%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Managed Health Network	998,408	0	0.00	0	0	0.0%	0	0.0%	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)	1,348,213	32	0.24	0	0	0.0%	0	0.0%	0	0.0%	32	13	40.6%	16	50.0%	3	9.4%	0	0	0.0%	0	0.0%	0	0.0%
ValueOptions of California, Inc. (Value Behavioral Health of CA)	698,043	0	0.00	0	0	0.0%	0	0.0%	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.	41,359	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Total Psychological:	**6,020,209**	**38**	**0.06**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**	**38**	**17**	**44.7%**	**18**	**47.4%**	**3**	**7.9%**	**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%
EYEXAM of California, Inc.	456,306	0	0.00	0	0	0.0%	0	0.0%	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.	214,256	0	0.00	0	0	0.0%	0	0.0%	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.	37,504	0	0.00	0	0	0.0%	0	0.0%	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.	358	0	0.00	0	0	0.0%	0	0.0%	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.	55,992	0	0.00	0	0	0.0%	0	0.0%	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.	778	0	0.00	0	0	0.0%	0	0.0%	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	13,909	0	0.00	0	0	0.0%	0	0.0%	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	6,189,021	0	0.00	0	0	0.0%	0	0.0%	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)	48,837	0	0.00	0	0	0.0%	0	0.0%	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:	**7,016,961**	**0**	**0.00**	**0**	**0**	**0.0%**	**0**	**0.0%**	**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:	**36,315,438**	**39**	**0.01**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**	**39**	**17**	**43.6%**	**19**	**48.7%**	**3**	**7.7%**	**0**	**0**	**0**	**0**	**0.0%**	**0**	**0.0%**
Grand Totals:	**56,062,035**	**4,291**	**0.77**	**2,030**	**418**	**20.6%**	**805**	**39.7%**	**807**	**39.8%**	**2,182**	**884**	**40.5%**	**886**	**40.6%**	**412**	**18.9%**	**79**	**38**	**48.1%**	**22**	**27.8%**	**19**	**24.1%**

*Health Net of California enrollment and IMRs include both KKA licenses: Health Net of California, Inc. and Health Net Community Solutions, Inc.

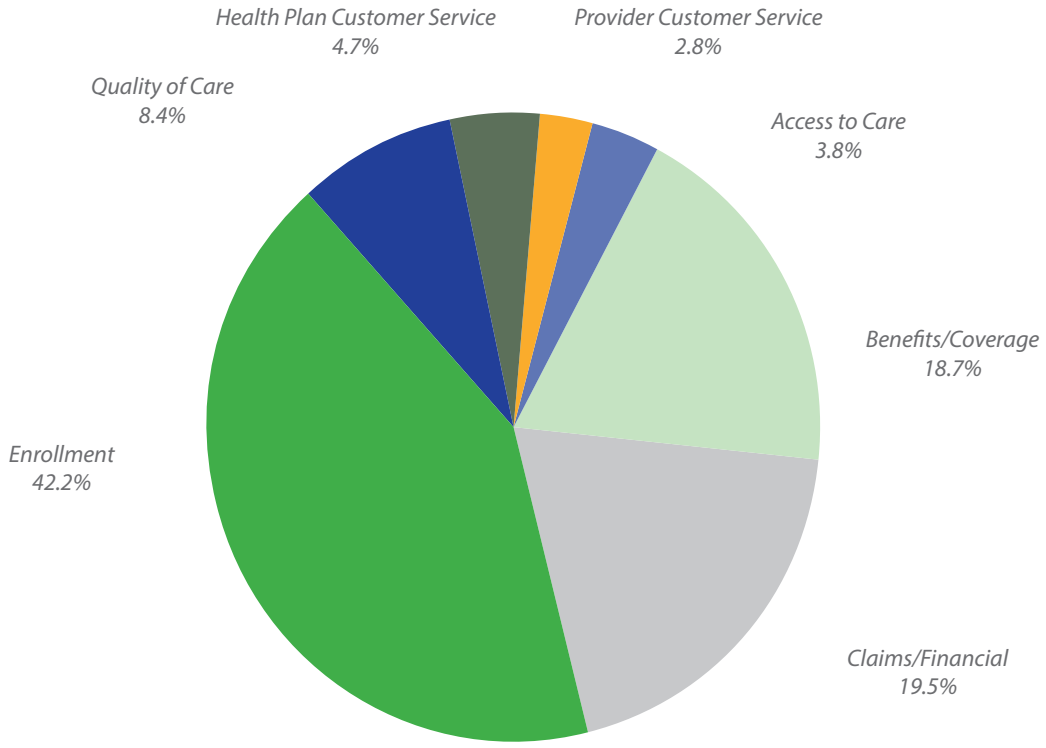
Grey shading indicates that the plan surrendered its license in 2016.

CALIFORNIA DEPARTMENT OF MANAGED HEALTH CARE

2016 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 2016 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 areas: Access to Care, Benefits/ Coverage, Claims/Financial, Enrollment, Quality of Care, Health Plan Customer Service, and Provider Customer Service.



The Report identifies the number of complaints resolved for each health plan, the health plan's enrollment during 2016, 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 is based on the enrollment figures for the quarter ending December 31, 2016 for the population of enrollees within the Department's jurisdiction. Plans with 0 enrollment as of December 31, 2016 may have had enrollment earlier in the year or received a license during 2016.

Data represents resolved complaints which were determined to be within the Department's jurisdiction, eligible for review by the Department, and resolved within calendar year 2016. Cases pending at the end of the calendar year and resolved in the following year are reported in the subsequent year's Annual Report.

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 that fewer complaints were resolved per capita. As a result, a plan with a higher overall number of resolved complaints may still show fewer complaints per 10,000 enrollees than another plan with fewer overall resolved complaints.

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

California Department of Managed Health Care
2016 Complaints by Health Plan and Category

Plan Type and Name	Complaints Resolved	% of Complaints Resolved	Enrollment	Complaints per 10,000	Access to Care		Benefits/ Coverage		Claims/ Financial		Enrollment		Quality of Care		Health Plan Customer Service		Provider Customer Service	
					Count	Per 10,000	Count	Per 10,000	Count	Per 10,000	Count	Per 10,000	Count	Per 10,000	Count	Per 10,000	Count	Per 10,000
Full Service - Enrollment Over 400,000																		
Blue Cross of California (Anthem Blue Cross)	2,252	21.8%	3,259,076	6.91	69	0.21	449	1.38	477	1.46	1079	3.31	71	0.22	94	0.29	14	0.04
California Physicians' Service (Blue Shield of California)	2,211	21.4%	2,536,041	8.72	29	0.11	474	1.87	492	1.94	1062	4.19	59	0.23	89	0.35	10	0.04
Health Net of California, Inc.*	715	6.9%	2,119,323	3.37	74	0.35	126	0.59	114	0.54	330	1.56	36	0.17	15	0.07	20	0.09
Inland Empire Health Plan (IEHP)	32	0.3%	1,235,336	0.26	11	0.09	8	0.06	2	0.02	1	0.01	5	0.04	1	0.01	4	0.03
Kaiser Foundation Health Plan, Inc. (Kaiser Permanente)	4,645	45.0%	6,506,908	7.14	139	0.21	549	0.84	779	1.20	2047	3.15	649	1.00	262	0.40	223	0.34
Local Initiative Health Authority for L.A. County (L.A. Care Health Plan)	160	1.6%	2,056,926	0.78	24	0.12	35	0.17	34	0.17	24	0.12	19	0.09	12	0.06	12	0.06
Molina Healthcare of California	59	0.6%	553,570	1.07	3	0.05	22	0.40	7	0.13	20	0.36	6	0.11	0	0.00	1	0.02
UHC of California (UnitedHealthcare of California)	240	2.3%	502,405	4.78	9	0.18	125	2.49	62	1.23	23	0.46	10	0.20	8	0.16	3	0.06
Total Full Service - Enrollment Over 400,000:	**10,314**	**100.0%**	**18,769,585**	**5.50**	**358**	**0.19**	**1,788**	**0.95**	**1,967**	**1.05**	**4,586**	**2.44**	**855**	**0.46**	**481**	**0.26**	**287**	**0.15**
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.	135	24.6%	334,073	4.04	9	0.27	57	1.71	50	1.50	3	0.09	8	0.24	6	0.18	2	0.06
AIDS Healthcare Foundation (Positive Healthcare)	0	0.0%	718	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	11	2.0%	267,040	0.41	1	0.04	6	0.22	0	0.00	2	0.07	0	0.00	0	0.00	2	0.07
Alignment Health Plan	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
AmericasHealth Plan, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Arcadian Health Plan, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Aspire Health Plan	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Bay Area Accountable Care Network, Inc. (Canopy Health)	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Brown and Toland Health Services	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
California Health and Wellness Plan (CA Health & Wellness)	11	2.0%	188,366	0.58	2	0.11	8	0.42	0	0.00	0	0.00	1	0.05	0	0.00	0	0.00
Care 1st Health Plan	36	6.6%	82,668	4.35	3	0.36	18	2.18	5	0.60	0	0.00	4	0.48	4	0.48	2	0.24
CareMore Health Plan	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Central Health Plan of California, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Chinese Community Health Plan	9	1.6%	17,797	5.06	1	0.56	0	0.00	7	3.93	1	0.56	0	0.00	0	0.00	0	0.00
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.	62	11.3%	173,542	3.57	4	0.23	32	1.84	20	1.15	1	0.06	1	0.06	3	0.17	1	0.06
Community Care Health Plan, Inc.	0	0.0%	4,844	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	5	0.9%	291,313	0.17	0	0.00	1	0.03	2	0.07	1	0.03	0	0.00	0	0.00	1	0.03
Contra Costa County Medical Services (Contra Costa Health Plan)	12	2.2%	195,276	0.61	2	0.10	2	0.10	2	0.10	0	0.00	5	0.26	1	0.05	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)	12	2.2%	16,303	7.36	1	0.61	2	1.23	6	3.68	0	0.00	1	0.61	1	0.61	1	0.61

California Department of Managed Health Care
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					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
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
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)	9	1.6%	359,697	0.25	1	0.03	4	0.11	0	0.00	0	0.00	4	0.11	0	0.00	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	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Heritage Provider Network, Inc. (Heritage Medical Systems)	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Humana Health Plan of California, Inc.	6	1.1%	0	0.00	0	0.00	2	0.00	2	0.00	2	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
Inter Valley Health Plan	1	0.2%	0	0.00	0	0.00	0	0.00	1	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Kern Health Systems	12	2.2%	234,491	0.51	2	0.09	7	0.30	1	0.04	1	0.04	0	0.00	0	0.00	1	0.04
Medi-Excel, SA de CV (MediExcel Health Plan)	0	0.0%	6,676	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%	1,428	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	6	1.1%	4,101	14.63	3	7.32	1	2.44	2	4.88	0	0.00	0	0.00	0	0.00	0	0.00
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 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	10	1.8%	148,160	0.67	1	0.07	3	0.20	0	0.00	1	0.07	3	0.20	1	0.07	1	0.07
San Joaquin County Health Commission (The Health Plan of San Joaquin)	22	4.0%	343,837	0.64	5	0.15	7	0.20	0	0.00	0	0.00	10	0.29	0	0.00	0	0.00
San Mateo Health Commission (Health Plan of San Mateo)	19	3.5%	126,440	1.50	9	0.71	8	0.63	0	0.00	0	0.00	0	0.00	1	0.08	1	0.08
Santa Barbara San Luis Obispo Regional Health Authority (CenCal Health)	0	0.0%	33	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)	17	3.1%	22,091	7.70	0	0.00	7	3.17	6	2.72	1	0.45	1	0.45	2	0.91	0	0.00
Santa Clara County Health Authority (Santa Clara Family Health Plan)	15	2.7%	272,581	0.55	3	0.11	10	0.37	0	0.00	0	0.00	1	0.04	1	0.04	0	0.00
Santa Cruz-Monterey-Merced Managed Medical Care Commission (Central California Alliance for Health)	0	0.0%	646	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Satelite 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%	12,628	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Scripps Health Plan Services, Inc. (Scripps Health Plan)	0	0.0%	2,813	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%	137	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00

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					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
Sharp Health Plan	41	7.5%	130,457	3.14	0	0.00	21	1.61	5	0.38	9	0.69	0	0.00	5	0.38	1	0.08
Sistemas Medicos Nacionales, S.A. de C.V.	18	3.3%	42,857	4.20	0	0.00	4	0.93	14	3.27	0	0.00	0	0.00	0	0.00	0	0.00
Stanford Health Care Advantage	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Sutter Health Plan (Sutter Health Plus)	29	5.3%	48,284	6.01	0	0.00	9	1.86	2	0.41	12	2.49	4	0.83	1	0.21	1	0.21
UnitedHealthcare Benefits Plan of California	0	0.0%	1,140	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%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Western Health Advantage	50	9.1%	128,401	3.89	1	0.08	15	1.17	12	0.93	10	0.78	8	0.62	2	0.16	2	0.16
Total Full Service - Enrollment Under 400,000:	**548**	**100.0%**	**3,458,838**	**1.58**	**48**	**0.14**	**224**	**0.65**	**137**	**0.40**	**44**	**0.13**	**51**	**0.15**	**28**	**0.08**	**16**	**0.05**
Total All Full Service Plans:	**10,862**		**22,228,423**	**4.89**	**406**	**0.18**	**2,012**	**0.91**	**2,104**	**0.95**	**4,630**	**2.08**	**906**	**0.41**	**509**	**0.23**	**303**	**0.14**
Chiropractic																		
ACN Group of California, Inc. (OptumHealth Physical Health of California)	1	100.0%	465,162	0.02	0	0.00	0	0.00	1	0.02	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.	0	0.0%	71,617	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%**	**536,779**	**0.02**	**0**	**0.00**	**0**	**0.00**	**1**	**0.02**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**
Dental																		
Access Dental Plan	7	17.9%	471,339	0.15	1	0.02	3	0.06	3	0.06	0	0.00	0	0.00	0	0.00	0	0.00
Aetna Dental of California Inc.	1	2.6%	165,125	0.06	0	0.00	1	0.06	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
California Dental Network, Inc.	4	10.3%	63,861	0.63	0	0.00	2	0.31	2	0.31	0	0.00	0	0.00	0	0.00	0	0.00
Cigna Dental Health of California, Inc.	0	0.0%	206,628	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
ConsumerHealth, Inc. (Bright Now! Dental)	0	0.0%	41,928	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.	1	2.6%	9,248	1.08	0	0.00	0	0.00	0	0.00	1	1.08	0	0.00	0	0.00	0	0.00
Dental Health Services	4	10.3%	103,254	0.39	1	0.10	0	0.00	1	0.10	1	0.10	1	0.10	0	0.00	0	0.00
Golden West Health Plan, Inc. (Golden West Dental & Vision Plan)	0	0.0%	18,429	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 Plan)	0	0.0%	3,528	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)	12	30.8%	445,777	0.27	2	0.04	6	0.13	4	0.09	0	0.00	0	0.00	0	0.00	0	0.00
Managed Dental Care	3	7.7%	132,352	0.23	0	0.00	2	0.15	1	0.08	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%	53,547	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.	4	10.3%	107,991	0.37	0	0.00	3	0.28	1	0.09	0	0.00	0	0.00	0	0.00	0	0.00
Western Dental Services, Inc. (Western Dental Plan)	3	7.7%	166,568	0.18	0	0.00	0	0.00	1	0.06	0	0.00	2	0.12	0	0.00	0	0.00
Total Dental:	**39**	**100.0%**	**1,989,575**	**0.20**	**4**	**0.02**	**17**	**0.09**	**13**	**0.07**	**2**	**0.01**	**3**	**0.02**	**0**	**0.00**	**0**	**0.00**
Dental/Vision																		
Delta Dental of California	113	94.2%	17,363,000	0.07	2	0.00	28	0.02	30	0.02	28	0.02	16	0.01	7	0.00	2	0.00
SafeGuard Health Plans, Inc. (MetLife)	7	5.8%	369,308	0.19	0	0.00	1	0.03	1	0.03	1	0.03	3	0.08	1	0.03	0	0.00

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					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
Total Dental/Vision:	**120**	**100.0%**	**17,732,308**	**0.07**	**2**	**0.00**	**29**	**0.02**	**31**	**0.02**	**29**	**0.02**	**19**	**0.01**	**8**	**0.00**	**2**	**0.00**
Discount																		
Association Health Care Management, Inc. (Family Care)	0	0.0%	7,132	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.	4	100.0%	399,990	0.10	0	0.00	1	0.03	1	0.03	1	0.03	1	0.03	0	0.00	0	0.00
First Dental Health (New Dental Choice)	0	0.0%	34,517	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%	96,141	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:	**4**	**100.0%**	**537,780**	**0.07**	**0**	**0.00**	**1**	**0.02**	**1**	**0.02**	**1**	**0.02**	**1**	**0.02**	**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
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%	19,942	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%	160,566	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%	210,648	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%	104,882	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Health and Human Resource Center (Aetna Resources for Living)	0	0.0%	1,419,055	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%	129,495	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
Magellan Health Services of California-EmployerSv	0	0.0%	889,598	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	1	6.3%	998,408	0.01	1	0.01	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)	15	93.8%	1,348,213	0.11	2	0.01	5	0.04	5	0.04	0	0.00	2	0.01	1	0.01	0	0.00
ValueOptions of California, Inc. (Value Behavioral Health of CA)	0	0.0%	698,043	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%	41,359	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%**	**6,020,209**	**0.03**	**3**	**0.00**	**5**	**0.01**	**5**	**0.01**	**0**	**0.00**	**2**	**0.00**	**1**	**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
EYEXAM of California, Inc.	0	0.0%	456,306	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.	1	20.0%	214,256	0.05	0	0.00	0	0.00	1	0.05	0	0.00	0	0.00	0	0.00	0	0.00
For Eyes Vision Plan, Inc.	0	0.0%	37,504	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%	358	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
2016 Complaints by Health Plan and Category

Plan Type and Name	Complaints Resolved	% of Complaints Resolved	Enrollment	Complaints per 10,000	Access to Care		Benefits/ Coverage		Claims/ Financial		Enrollment		Quality of Care		Health Plan Customer Service		Provider Customer Service	
					Count	Per 10,000	Count	Per 10,000	Count	Per 10,000	Count	Per 10,000	Count	Per 10,000	Count	Per 10,000	Count	Per 10,000
Medical Eye Services, Inc.	0	0.0%	55,992	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%	778	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%	13,909	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	4	80.0%	6,189,021	0.01	0	0.00	1	0.00	3	0.00	0	0.00	0	0.00	0	0.00	0	0.00
VisionCare of California (Sterling Visioncare)	0	0.0%	48,837	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:	**5**	**100.0%**	**7,016,961**	**0.01**	**0**	**0.00**	**1**	**0.00**	**4**	**0.01**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**
Grand Totals:	**11,047**		**56,062,035**	**1.97**	**415**	**0.07**	**2,065**	**0.37**	**2,159**	**0.39**	**4,662**	**0.83**	**931**	**0.17**	**518**	**0.09**	**305**	**0.05**

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

Grey shading indicates that the plan surrendered its license in 2016.

DEPARTMENT OF
Managed
Health Care