Department of Managed Health Care

2017 ANNUAL REPORT

DEPARTMENT OF
Managed
HealthCare

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

Diana S. Dooley, Secretary
Health and Human Services Agency

Shelley Rouillard, Director
Department of Managed Health Care

DMHC Mission, Values & 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

2017 was a challenging year for the DMHC and the industry we regulate. There was a fair amount of uncertainty regarding the future of the Affordable Care Act (ACA) coming out of Washington. Despite this uncertainty, the DMHC was able to achieve notable accomplishments in service of our mission to protect consumers' health care rights and ensure a stable health care delivery system.

The DMHC worked with Covered California, the health benefits exchange, to craft solutions that would best protect consumers from significant rate increases and market changes. The DMHC will continue to monitor federal activities and be as flexible as possible to protect the gains California has made in reducing the number of uninsured in our state and keeping premium rates as low as possible. The DMHC saved California's health care consumers approximately $123 million in 2018 premium costs through our rate review program.

In 2017, the DMHC reached a landmark 3-year agreement with Kaiser Foundation Health Plan (Kaiser Permanente) to ensure the plan's enrollees receive timely access to behavioral health services. The agreement confirms Kaiser Permanente's commitment to resolve deficiencies regarding access to behavioral health treatment identified in surveys (audits) the DMHC conducted in 2015 and 2017. We are monitoring Kaiser Permanente's progress in meeting the benchmarks described in the agreement, including improving its monitoring of appointment availability and developing policies and procedures to address real time access issues.

Also in 2017, the DMHC continued our work of implementing new consumer protections and strengthening existing ones. AB 72 (Bonta, Chapter 492, Statutes of 2016) put an end to "surprise billing." Out-of-network providers can no longer bill consumers who did everything right and went to an in-network facility such as a hospital or lab.

We also continued our efforts to implement and enforce SB 137 (Hernandez, Chapter 649, Statues of 2015) which set standards for provider directories. Ensuring consumers can easily access accurate and complete provider directories remains a high priority for the DMHC. I participated on the California Provider Directory Collaborative Advisory Committee to create a statewide, centralized provider directory utility that will allow providers to update their information in one place, and from which plans can extract the data to populate their directories. Not only will the provider directory utility improve the consumer experience and make it easier for consumers to find providers in their networks, it will also reduce the burden on both providers and plans as they work to maintain accurate directories. The Integrated Healthcare Association was chosen to host the utility and will launch Phase I in 2018.

As we move through 2018 and beyond, I want to remind all Californians that the DMHC Help Center remains available to individuals and families who are experiencing issues with their health plans. If a consumer is having a problem with their health plan, I 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 within 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, consumers can immediately contact the DMHC Help Center. Help on urgent matters is available 24 hours a day, 7 days a week.

I am proud of the DMHC's accomplishments, many of which are described in this report. We could not achieve all that we do without the dedication and hard work of the DMHC's 450 employees. They demonstrate their commitment to our mission every day, and I appreciate all they do.

Shelley Rouillard

Director

Department of Managed Health Care

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Managed Health Care

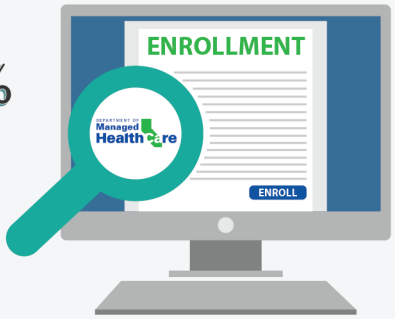
1-888-466-2219

HAVE A PROBLEM WITH YOUR HEALTH PLAN? CONTACT THE DMHC

HealthHelp.ca.gov

96%

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



2.1+ 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.

Health Care Premiums Saved Through the Rate Review Program

Since 2011

$226 Million Dollars

$26

million dollars recovered from health plans on behalf of Californians.

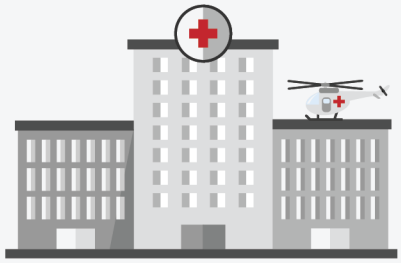
more than

26

million Californians' health care rights are protected by the DMHC.

$82

million dollars in payments recovered to physicians and hospitals.



$70

million dollars assessed against health plans that violated the law.

123

Licensed Health Plans

75 Full Service

48 Specialized

2017 Consumer Assistance Data

144,963 Telephone Inquiries

4,719 Independent Medical Review Cases

11,964 Consumer Complaints

2,505 Non-Jurisdictional Referrals

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

KNOW YOUR HEALTH CARE RIGHTS

In California, health plan members have many rights.

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

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

The DMHC is funded by health plan assessments on the 123 licensed plans it regulates, with no taxpayer contributions. This includes 75 full-service health plans that provide health coverage to more than 26 million enrollees and 48 specialized plans such as dental and vision.

The DMHC Protects Consumers' Health Care Rights

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

The Help Center provides help in 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 stabilit y 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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HAVE A PROBLEM WITH YOUR HEALTH PLAN?
CONTACT THE DMHC HELP CENTER

CaliforniaDMHC
@CADMHC
CaliforniaDMHC

Introduction

Created by consumer sponsored legislation in 1999, the DMHC regulates the majority of health coverage in California including 96 percent of commercial and public health plan enrollment. In 2017, the DMHC employed 450 people and the budget was $80,167,000. 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 2017, the DMHC has assisted more than 2 million consumers.

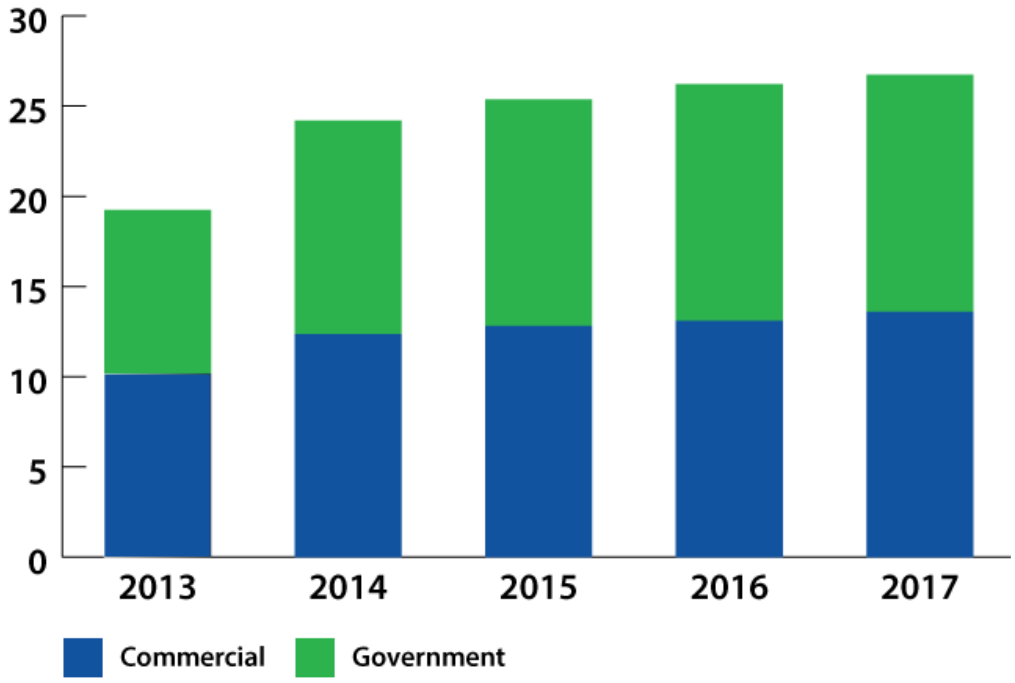
Seventy five (75) full service health plans licensed by the DMHC provide health care services to more than 26 million Californians. This includes approximately 13.2 million commercial enrollees and approximately 13.1 million government enrollees. The DMHC licenses and regulates the full scope of managed 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. The DMHC also licenses and conducts financial reviews of Medicare Advantage and Part D plans.

In addition to full service health plans, the DMHC oversees 48 specialized health plans including chiropractic, dental, vision, psychological (behavioral health) and pharmacy.

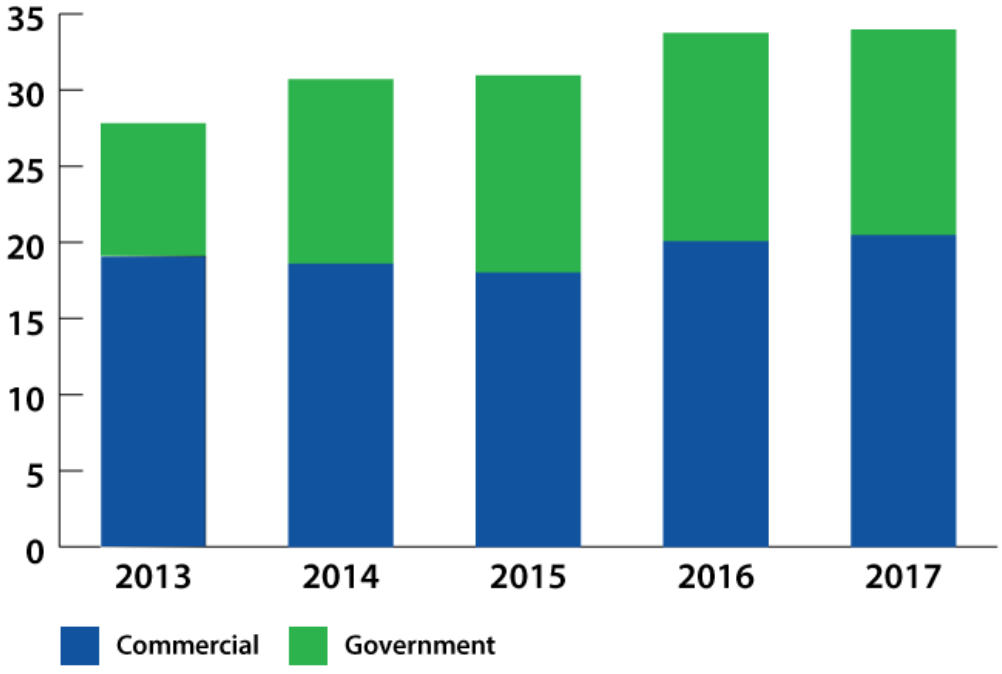
The enrollment overview charts[1] on the next page illustrate how full service enrollment under the DMHC is now evenly distributed between commercial and government enrollment.

Enrollment Overview

Full Service Enrollment *(In Millions)*



Specialized Enrollment *(In Millions)*



DMHC HELP CENTER

The DMHC Help Center educates consumers about their health care rights, resolves consumer complaints, helps consumers navigate and understand their coverage and ensures consumers have timely 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, they can file a grievance with their plan. If they are not satisfied with their health plan's resolution of the grievance or if the grievance has not been resolved after 30 days, they should contact the DMHC Help Center for assistance. If a consumer is experiencing an imminent or serious threat to their health, they should contact the DMHC Help Center immediately.

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

What is the DMHC Help Center?

The Department of Managed Health Care (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 HealthHelp.ca.gov.
All services are free.

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

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

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

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

2017 Highlights

2017 BY THE NUMBERS:

Help Center

164,151[2]
Consumers assisted

144,963
Telephone inquiries

11,964[3]
Consumer complaints

4,719[4]
IMRs closed

2,505
Non-jurisdictional referrals

4,833
Provider complaints

$8.8 Million
Recovered provider payments

0
AB 72 IDRP

In 2017, the DMHC Help Center assisted 164,151 health care consumers, and handled 11,964 complaints and 4,719 IMRs.

In 2017, approximately 61% of consumers who submitted an IMR request to the DMHC Help Center received the service or treatment they requested.

The DMHC Help Center continued to address complaints from consumers who received notice that their coverage had been cancelled for purported nonpayment of premiums. In many instances, the health plans had improperly canceled coverage. These cases were referred to the DMHC's Office of Enforcement for further investigation. The DMHC Help Center also identified more than 1,000 grievance system violations which were referred to the Office of Enforcement.

The community based Consumer Assistance Program served 12,809 consumers and conducted 2,271 outreach events throughout the State to reach an additional 102,671 consumers.

In addition to providing consumer assistance, the DMHC Help Center assists providers with claims payment disputes they have with health plans. In 2017, the DMHC Help Center received 4,833 provider complaints and recovered $8,790,517 in payments for providers.

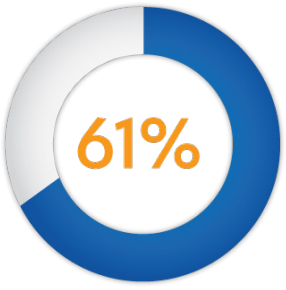
In 2017, the DMHC implemented Assembly Bill (AB) 72 (Bonta, Chapter 492, Statutes of 2016) which put an end to out-of-network providers billing consumers when the consumer did everything right and went to an in-network facility. This practice is commonly known as "surprise billing." The new law took effect on July 1, 2017, and protects consumers from surprise medical bills when they go to in-network facilities, such as hospitals, labs or imaging centers, and receive services from an out-of-network provider, such as an anesthesiologist or radiologist.

To remove consumers from the middle of billing disputes, AB 72 created a default reimbursement rate for these out-of-network or non-contracted providers. On September 1, 2017, the DMHC Help Center launched an Independent Dispute Resolution Process (IDRP) as a mechanism for non-contracted providers or health plans to dispute the default reimbursement amount. In the last four months of 2017, the DMHC received no requests for IDRP.

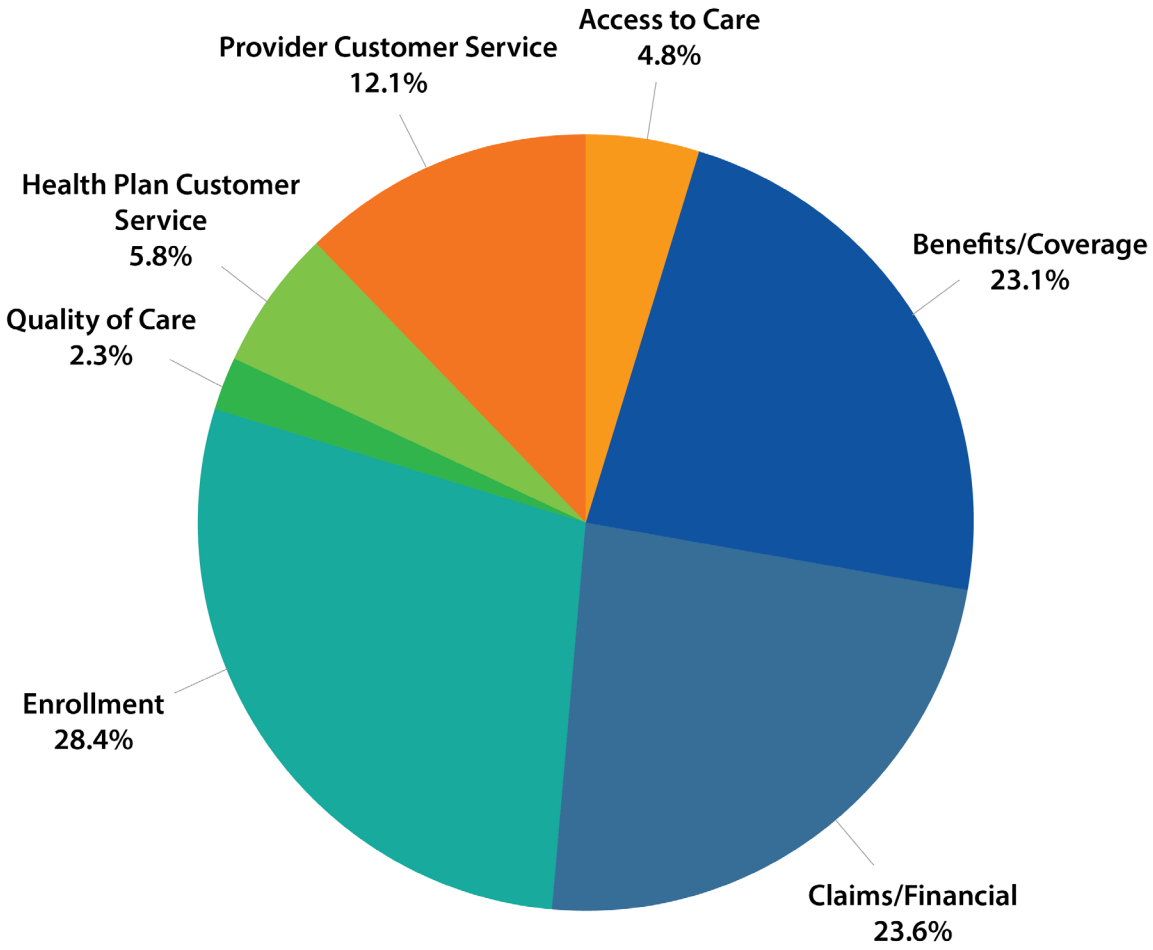
Who can apply for an IMR?

Consumers can apply for an IMR if their health plan denies, modifies or delays a request for medical services, denies payment for emergency treatment or refuses to cover experimental or investigational treatment.

In 2017, more than **61% of enrollees** that submitted IMR requests to the DMHC received the service or treatment they requested.



Consumer Complaints Resolved in 2017

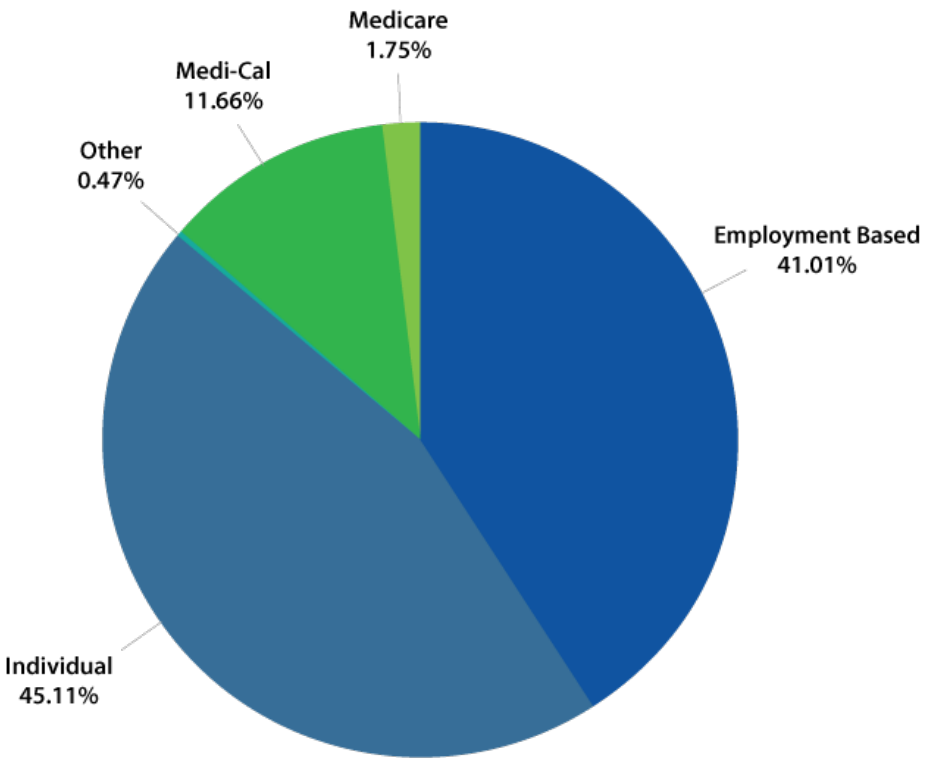


Interspersed throughout this report are examples of consumer assistance provided by the DMHC Help Center during 2017. The names of the enrollees have been changed to protect their identity.

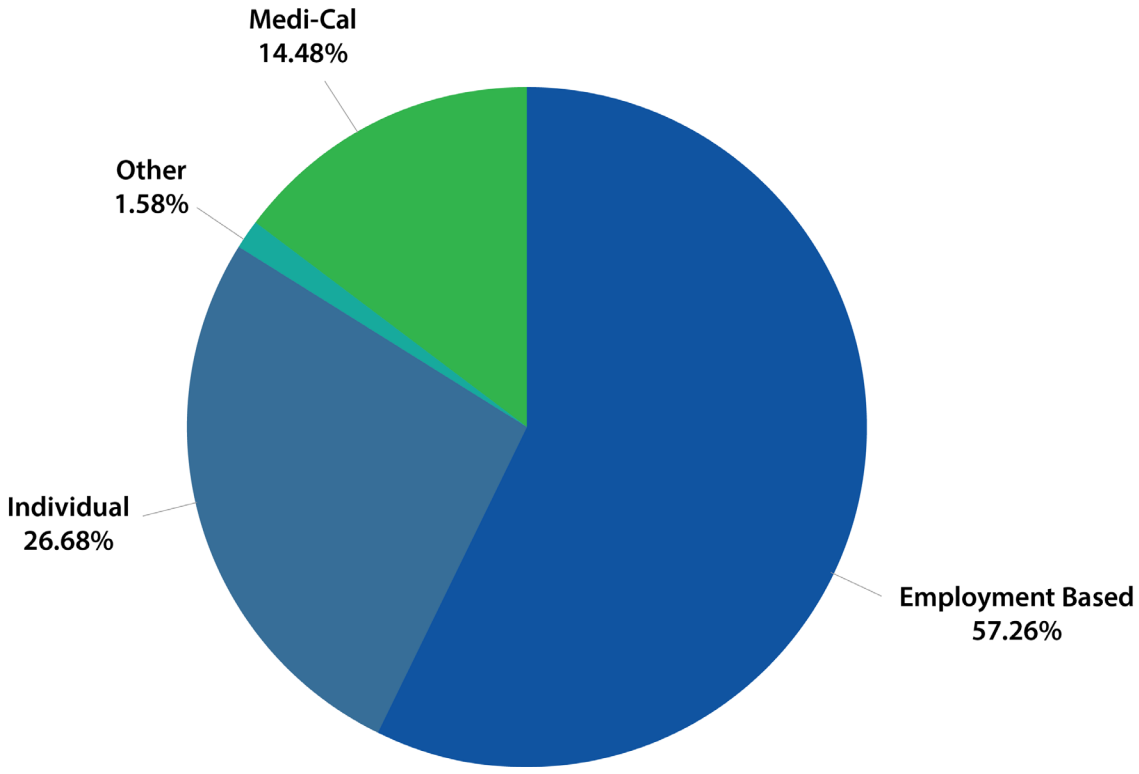
DMHC Help Center Assistance: Denied Services

Audrey, a woman in a same-sex relationship, requested that her plan cover infertility treatment. Her plan denied the request. Audrey contacted the DMHC Help Center for assistance. The DMHC required the plan to cover the infertility treatment because its denial discriminated against Audrey's sexual orientation by applying a different standard for infertility to her than to those in mixed-gender relationships.

Consumer Complaints Resolved in 2017 by Coverage Type



IMRs Resolved in 2017 by Coverage Type



DEPARTMENT OF
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Timely Access to Care

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

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

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

[1] Examples of non-physician mental health providers include counseling professionals, substance abuse professionals and qualified autism service providers.
[2] Examples of non-urgent appointment for ancillary services include lab work or diagnostic testing, such as 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 customers 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 be licensed by the DMHC. As part of the licensing process, the DMHC reviews all aspects of the health plan's operations, including benefits and coverage (e.g., Evidences of Coverage), template contracts with doctors and hospitals, provider networks, and complaint and grievance systems. After licensure, the DMHC continues to monitor the health plan and any changes they make to their operations, including changes in service areas, contracts, benefits or systems. A health plan is 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 a focused examination or investigation.

2017 Highlights

2017 BY THE NUMBERS:

Plan Licensing

5
New licenses issued

3,334
Evidences of Coverage reviewed

1,217
Advertisements reviewed

49[5]
Covered California reviews

218
Material modifications (significant changes) received

The DMHC thoroughly reviews health plan operations and product offerings to ensure compliance with the law, while striving to conduct reviews as efficiently as possible. In 2017, the DMHC began streamlining efforts to make its review of health plan filings more efficient and effective. The DMHC also continued to work closely with other state agencies, including the Department of Health Care Services (DHCS) and Covered California, when reviewing plan products also subject to regulation or oversight by those agencies to eliminate inconsistencies and unnecessary duplication of effort.

In 2017, these streamlining and coordination efforts included:

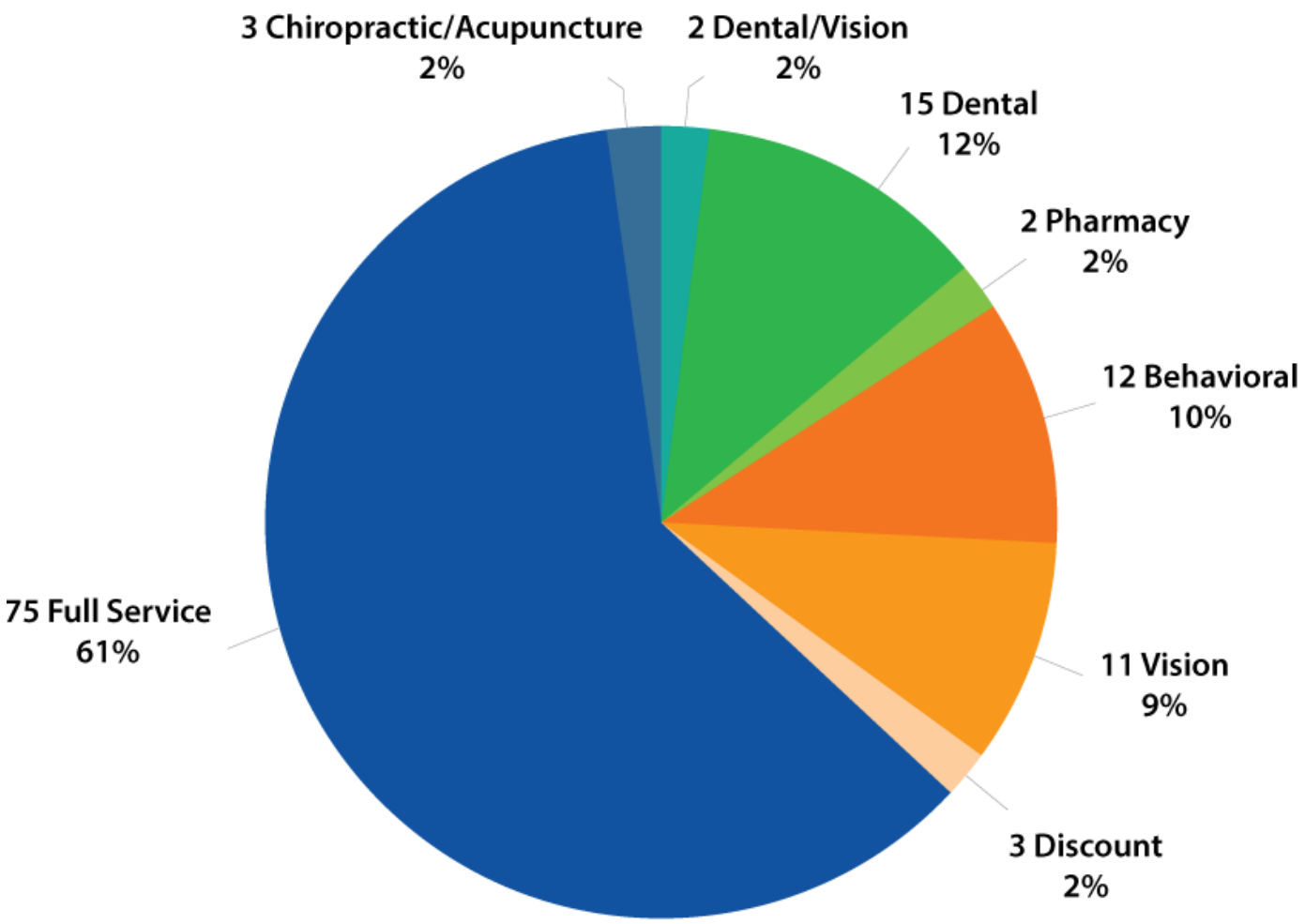
- Working closely with Covered California to navigate the uncertainties associated with whether the federal government would continue to fund various portions of the cost-saving programs of the Affordable Care Act; and,
- Providing input and assistance to DHCS on its model Evidence of Coverage for Medi-Cal managed care plans, and its implementation of federal rules regarding grievances and appeals.

The DMHC continued to work closely with stakeholders (consumer groups, health plans, providers, and other state departments) to improve the accuracy of health plan provider directories. Senate Bill (SB) 137 (Hernandez, Chapter 649, Statutes of 2015) established comprehensive requirements to ensure health plans publish and maintain accurate, complete and up-to-date provider directories. All health plans must now have publicly available provider directories on their websites, make weekly updates to those directories, and provide consumers with simple ways to report directory errors.

Also in 2017, the DMHC participated in the California Provider Directory Collaborative Advisory Committee in support of the creation of a statewide, centralized provider directory utility. The Advisory Committee was established pursuant to the undertakings associated with the DMHC's approval of the acquisition of Care1st Health Plan by California Physicians' Service (Blue Shield of California). The utility will allow providers to update their information in one place, and health plans will be able to submit and receive updated provider information. The Advisory Committee recommended Blue Shield of California contract with the Integrated Healthcare Association to be the host organization for the provider directory utility.

In 2017, the DMHC licensed two restricted Medicare Advantage health plans - Medcore HP and Sequoia Health Plan, Inc.; two specialized health plans - EyeMax Vision Plan, a vision services plan, and Humana EAP and Work-Life Services of California Inc., which offers employee assistance program services; and one Medi-Cal plan - Aetna Better Health of California Inc.

Licensed Plans in 2017



DMHC Help Center Assistance: Out-of-Pocket Maximum

Bea underwent chemotherapy to treat breast cancer. She paid more than her Out-of-Pocket Maximum and sought a refund from the provider. The provider delayed issuing a refund while his office conducted an audit of her account. Bea contacted the DMHC Help Center and received the refund the following day.

PLAN MONITORING

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

When a survey identifies deficiencies, the DMHC requires corrective actions and may refer deficiencies to the Office of Enforcement for further investigation. Enforcement referrals typically occur when there are repeat deficiencies or when the corrective actions do not adequately cure the deficiencies. 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 the geographic proximity of in-network providers to enrollee residences or work locations, provider-to-patient ratios and timely access to care. For some provider types, health plans must meet specific time and distance standards. Health plans are required to develop networks that have an adequate number of providers to provide reasonable access to care in a timely manner. This includes a requirement that plans ensure their network of providers can provide enrollees with an appointment within a specific number of days or hours. For more information on health plan timely access requirements, see the fact sheet on page 9.

2017 BY THE NUMBERS:

Plan Monitoring

24
Routine surveys

25
Follow-up surveys

115[6]
Unique health plan networks reviewed

42[7]
Timely access compliance reports reviewed

321
Block transfers received

62
Material modifications (significant changes) received

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

DMHC Help Center Assistance: Emergency Services

Henry visited an emergency room with severe pain and an infection from a recent tooth extraction. Henry was billed more than $5,000 for this visit. His plan refused to cover the cost of the emergency visit, alleging his condition did not qualify as an emergency. Henry filed a complaint with the DMHC Help Center, resulting in the plan covering the entire cost of his visit.

2017 Highlights

In 2017, the DMHC continued its efforts to improve the accuracy of the timely access data submitted by health plans. The DMHC held biweekly workgroups with health plans and the California Association of Health Plans to discuss data challenges and how to improve the mandatory methodology. Health plans were required to utilize a vendor to validate health plan data for measurement years 2016 and 2017 prior to submission to the DMHC. These efforts proved effective as the DMHC was able, for the first time, to report some comparable timely access data across health plans for Measurement Year 2016. The Timely Access report is available on the DMHC website.

To improve efficiencies in the survey process, the DMHC piloted programs with several health plans to receive information and data electronically prior to the health plan's onsite survey. This effort is resulting in a more comprehensive assessment of health plan operations, and saves time when DMHC staff are on-site at a health plan.

DMHC Help Center Assistance: Hospital Services

Ethel contacted the DMHC Help Center because her mother was hospitalized and needed to be transferred to another facility to receive higher-level specialty care. Ethel had been working with the treating providers to facilitate the transfer for several days to no avail. The DMHC Help Center contacted the health plan and Ethel's mother was transferred promptly.

FINANCIAL OVERSIGHT

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

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

The DMHC annually reviews health plan compliance with the federal Affordable Care Act (ACA) Medical Loss Ratio (MLR) requirements of 85 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 other purchasers, such as employers.

2017 BY THE NUMBERS:

Financial Oversight

70
Financial examinations

2,357
Financial statements reviewed

$1.99 M[8]
MLR rebates

$581 K
Claim and disputed payments remediated

$1.52 M
Interest and penalties paid

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

2017 Highlights

In January 2017, the DMHC required Blue Cross of California (Anthem Blue Cross) to reprocess claims that it had improperly denied. The issue was identified during a routine financial examination of the plan. In addition to reprocessing the claims, the DMHC required the plan to pay interest and penalties for late payment. The DMHC recovered approximately $800,000 for providers through this action.

As noted earlier in this report, the DMHC implemented new legislation (AB 72) to protect consumers from surprise billing. To remove consumers from the middle of billing disputes, the bill created a default reimbursement rate for out-of-network or non-contracted providers. The default reimbursement rate is the greater of the average contracted rate (ACR) for a service or 125 percent of the applicable Medicare rate. Health plans and delegated entities were required to submit their ACR and methodology for determining the ACR for services subject to the bill's requirements. The DMHC will use the data collected to develop a standardized ACR methodology by January 1, 2019.

RATE REVIEW

2017 BY THE NUMBERS:

Rate Review

60
Rate filing reviews completed

103[9]
Rate filings received

0
Rates found unreasonable

3
Reduced (modified) rate

$123 M
Consumer savings through negotiated reduced rates

Since January 2011, the DMHC has saved Californians more than $226 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. DMHC actuaries perform an in-depth review of these proposed changes and ask health plans to demonstrate that proposed rate changes are supported by data, including underlying medical costs and trends. The DMHC does not have the authority to approve or deny rate increases; however, its rate review efforts hold health plans accountable through transparency, 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 DMHC negotiates with the plan to reduce the rate, called a modified rate. If the health plan refuses to modify its rate, the Department can find the rate to be unreasonable.

As of 2016, health plans also must annually file large group aggregate rate information with the DMHC. The DMHC does not review large group rates; it holds an annual public meeting to present the data and increase transparency.

2017 Highlights

The DMHC reviewed 60 individual and small group rate filings. Through the DMHC's review and negotiation process, Anthem Blue Cross agreed to reduce both its proposed individual and small group rate increases, saving consumers approximately $114 million. Local Initiative Health Authority For L.A. County (L.A. Care Health Plan) also reduced its individual rate increase, saving consumers approximately $9 million.

In 2017, the DMHC launched an enhancement to the premium rate review section of the public website. The updated website provides consumers with the capability to easily find and view premium rate filings and submit comments. Additionally, consumers now have the option to stay informed about the DMHC's review of proposed premium rate increases by signing up for email updates through the DMHC website.

Health plans submitted their large group annual aggregate rate data to the DMHC on October 1, 2016. The DMHC held a public meeting on February 1, 2017, to discuss the summary of the filings, including reasons for changes in rates, benefits and cost sharing in the large group rate market.

DMHC Help Center Assistance: Provider Complaint

A provider treated two children who were diagnosed with hemophilia. The provider contacted the DMHC Help Center's Provider Complaint Unit (PCU) alleging the health plan failed to pay for the treatments. The PCU recovered more than $800,000 for the provider.

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. When necessary, the DMHC may pursue litigation to ensure health plans follow the law.

In 2017, the first $1 million in fines collected by the DMHC was transferred to the Steven M. Thompson Physician Corps Loan Repayment Program to be used to encourage physicians to practice in medically underserved areas. The remaining funds were transferred to the Health Care Services Plans Fines and Penalties Fund, to support the Medi-Cal program.

2017 Highlights

In 2017, the DMHC assessed $8,907,000 in fines and penalties against health plans. The enforcement actions taken in 2017 involved diverse legal issues, including improper interference with enrollees' rights to an IMR; grievance system violations (GSV); intervention in a contractual relationship to ensure access to care was protected; revocation of a financially troubled plan's license; protection of enrollees against discrimination based on gender identity and gender expression; and improved behavioral health access. The following describes some of the enforcement actions taken in 2017:

- The DMHC imposed a penalty of $50,000 against Anthem Blue Cross for failing to timely provide documents for IMRs. The plan's action caused an unnecessary delay in the IMR process.
- The DMHC took action to protect consumers' grievance and appeals rights. The DMHC assessed 21 health plans a combined total of nearly $6.5 million in fines for consumer grievance system violations. This includes more than $5 million against Anthem Blue Cross and $342,500 against Blue Shield of California.
- The DMHC intervened in a dispute between Human Affairs International of California (HAI-CA) and Orange County Health Authority (CalOptima), a Medi-Cal managed care plan. HAI-CA is a DMHC licensee that provides behavioral health services. CalOptima is a County Organized Health System (COHS) and is exempt from licensure. On January 1, 2017, HAI-CA entered into a contract to provide behavioral health services to members of CalOptima. On June 28, 2017, HAI-CA notified CalOptima that it was "rescinding" the Medi-Cal contract with CalOptima effective July 1, 2017.

  HAI-CA began redirecting members seeking behavioral services back to CalOptima. The DMHC's ability to intervene in this dispute was somewhat limited due to CalOptima's status as a COHS. On July 7, 2017, the Department informed HAI-CA it would issue a Cease and Desist Order if the plan did not reassume its obligations under its contract with CalOptima. HAI-CA immediately agreed to reassume all the obligations under the contract, ensuring CalOptima members would continue to have access to behavioral health services for the rest of the year.
- The DMHC revoked the license of Avante Behavioral Health Plan to protect the public from a financially troubled plan. This is only the second time in its history the DMHC has revoked a plan's license. Avante Behavioral Health Plan's serious financial solvency issues included failure to pay the second half of its annual assessment to the DMHC and failure to fully fund its restricted deposit. Avante Behavioral Health Plan also failed to maintain a positive cash flow for nine out of 12 months.

2017 BY THE NUMBERS:

Enforcement

1,885
Cases opened

2,203[10]
Cases closed with a penalty

$8.9 M
Penalties assessed

- The DMHC imposed a penalty of $200,000 and corrective action against Health Net of California, Inc. for its unlawful denial of coverage for medical services related to gender reassignment surgery. In its denial, Health Net of California, Inc. relied on a categorical exclusion in its Evidence of Coverage (EOC) that excluded coverage for cosmetic and other services beyond the actual gender reassignment surgery. California law prohibits health plans from discriminating against enrollees based on gender, including gender identity and gender expression. Health Net of California, Inc.'s reliance on its EOC exclusion violated the law.
- The DMHC reinstated a penalty of $150,000 against Molina Healthcare of California for its repeated failure to resolve deficiencies found during two plan surveys. The Department found that Molina Healthcare of California was using inappropriate personnel to make utilization management decisions. Specifically, the second survey revealed the plan was using pharmacy technicians to make utilization management modifications. Because Molina Healthcare of California repeatedly failed to ensure appropriately licensed personnel were making utilization management modifications and denials, the Department reinstated $150,000 of a previously suspended penalty.
- In July 2017, the DMHC reached a settlement agreement with Kaiser Foundation Health Plan, Inc. (Kaiser Permanente) to correct issues the DMHC identified with the plan's monitoring of timely access to behavioral health services. Under the settlement, Kaiser Permanente agreed to improve its Behavioral Health Quality Assurance Program to ensure that timely access problems are quickly identified and addressed, building upon Kaiser Permanente's recent investments to improve behavioral health access. Kaiser Permanente contracted with an expert consultant to advise the plan on making the improvements. The DMHC continues to monitor the plan to ensure it meets all obligations under the settlement agreement. This settlement represents an unprecedented collaboration between the Department, Kaiser Permanente, and an independent expert consultant, working together in a way that allowed Kaiser Permanente to achieve a new level of oversight of its behavioral health program, and to ensure that any future problems are quickly identified, investigated, and effectively addressed, for the benefit of all Kaiser Permanente enrollees.

What is a Grievance System Violation or GSV?

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

Health plans' failures to identify, timely process, and resolve enrollees' grievances are grievance system violations or GSVs. When a plan fails to identify a grievance, enrollees are not informed of their rights.

DMHC Help Center Assistance: Access to Mental Health Services

Jody was diagnosed with a severe mental health condition. She requested her plan cover treatment with an out-of-network provider at her in-network level of benefits because she was unable to access an in-network provider. After Jody contacted the DMHC Help Center, her plan agreed to the request.

NOTES

1 Includes the following enrollment types reported by plans and searchable in the Health Plan Financial Summary Report:

- Point of Service - Large Group
- PPO - Large Group
- Group (Commercial)

- Point of Service - Small Group
- PPO - Small Group
- Small Group

- PPO - Individual
- Point of Service - Individual
- Individual
- IHSS

- Medi-Cal Risk
- AIM
- Healthy Families

- Medicare Risk
- Medicare Cost

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

3 Consumer complaints are comprised of standard complaints (11,142), quick resolutions (716) and urgent cases (106). 8,849 of the standard complaints were resolved by the DMHC and are included in the complaint report in the Appendix. Of the remaining cases, most were sent back to the health plan to address through the grievance process.

4 IMRs closed are comprised of cases that were resolved by the DMHC or closed for any reason other than non-jurisdictional. 4,048 of the IMRs were resolved by the DMHC and are included in the IMR report in the Appendix. The remaining cases were closed because the consumer had not yet gone through the health plan grievance process, the consumer did not respond to requests for information, or the case was ineligible for IMR.

5 This figure includes reviews of Qualified Health Plan filings and Qualified Dental Plan filings only.

6 Networks reviewed for Measurement Year 2016.

7 Timely access compliance reports reviewed for Measurement Year 2016.

8 Rebates for Calendar Year 2016.

9 The DMHC does not review annual aggregate rate filings.

10 2017 saw several group case prosecutions comprised of hundreds of individual cases, making up one prosecution.

California Department of Managed Health Care

2017 Independent Medical Review (IMR) Summary Report

Report Overview

The Annual IMR Summary Report displays the number and type of IMRs resolved during the 2017 calendar year, by health plan. The Department resolved 4,048 IMRs.

- **Overall, enrollees received the requested services in over 61 percent of the cases qualified by the Department for the IMR program.**
- **In 27 percent 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 34 percent of the cases, the IMRO overturned the health plan's prior denial.**
- **In 39 percent of the cases, the IMRO upheld the health plan's prior denial.**

The IMR Summary Report identifies each health plan's enrollment in 2017, 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 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, 2017, for the population of enrollees within the Department's jurisdiction. Plans with zero enrollment as of December 31, 2017, may have had enrollment earlier in the year or received a license during 2017.

Data represents resolved IMRs which were determined to be within the Department's jurisdiction, eligible for review, and resolved within calendar year 2017. Cases pending at the end of 2017 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 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 complaints within this summary are reasonable or valid.

California Department of Managed Health Care

2017 Independant Medical Review by Health Plan

Grey shading indicates that the plan surrendered its license in 2017.

Plan Type and Name	Enrollment	Total IMRs Resolved	IMRs per 10,000*	Experimental / Investigational IMR							Medical Necessity IMR							ER Reimbursement IMR						
				Total IMRs	Upheld	%	Over-turned	%	Rev. by Plan	%	Total IMRs	Upheld	%	Over-turned	%	Rev. by Plan	%	Total IMRs	Upheld	%	Over-turned	%	Rev. by Plan	%
Full Service - Enrollment Over 400,000																								
Blue Cross of California (Anthem Blue Cross)	3,097,236	1,684	5.44	1011	357	35.3%	318	31.5%	336	33.2%	652	255	39.1%	300	46.0%	97	14.9%	21	9	42.9%	5	23.8%	7	33.3%
California Physicians' Service (Blue Shield of California)	2,463,680	1,335	5.42	570	113	19.8%	62	10.9%	395	69.3%	753	361	47.9%	315	41.8%	77	10.2%	12	6	50.0%	4	33.3%	2	16.7%
Health Net of California, Inc.[1]	2,057,331	133	0.65	20	11	55.0%	9	45.0%	0	0.0%	107	32	29.9%	46	43.0%	29	27.1%	6	4	66.7%	0	0.0%	2	33.3%
Inland Empire Health Plan (IEHP)	1,391,793	19	0.14	0	0	0.0%	0	0.0%	0	0.0%	19	11	57.9%	6	31.6%	2	10.5%	0	0	0.0%	0	0.0%	0	0.0%
Kaiser Foundation Health Plan, Inc. (Kaiser Permanente)	6,768,577	306	0.45	8	5	62.5%	1	12.5%	2	25.0%	290	180	62.1%	67	23.1%	43	14.8%	8	5	62.5%	3	37.5%	0	0.0%
Local Initiative Health Authority for L.A. County (L.A. Care Health Plan)	2,135,218	46	0.22	1	1	100.0%	0	0.0%	0	0.0%	43	16	37.2%	16	37.2%	11	25.6%	2	2	100.0%	0	0.0%	0	0.0%
Molina Healthcare of California	623,584	44	0.71	0	0	0.0%	0	0.0%	0	0.0%	43	10	23.3%	25	58.1%	8	18.6%	1	0	0.0%	0	0.0%	1	100.0%
UHC of California (UnitedHealthcare of California)	529,130	80	1.51	6	2	33.3%	3	50.0%	1	16.7%	60	34	56.7%	17	28.3%	9	15.0%	14	9	64.3%	1	7.1%	4	28.6%
Total Full Service - Enrollment Over 400,000:	**19,066,549**	**3,647**	**1.91**	**1616**	**489**	**30.3%**	**393**	**24.3%**	**734**	**45.4%**	**1967**	**899**	**45.7%**	**792**	**40.3%**	**276**	**14.0%**	**64**	**35**	**54.7%**	**13**	**20.3%**	**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 Better Health 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%
Aetna Health of California, Inc.	252,288	36	1.43	8	0	0.0%	8	100.0%	0	0.0%	24	13	54.2%	8	33.3%	3	12.5%	4	0	0.0%	3	75.0%	1	25.0%
Aids Healthcare Foundation (Positive Healthcare)	673	0	0.00	0	0	0.0%	0	0.0%	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	270,414	27	1.00	0	0	0.0%	0	0.0%	0	0.0%	27	6	22.2%	11	40.7%	10	37.0%	0	0	0.0%	0	0.0%	0	0.0%
Alignment Health Plan	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
AmericasHealth Plan, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Arcadian Health Plan, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Aspire Health Plan	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Bay Area Accountable Care Network, Inc. (Canopy Health)	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Brown and Toland Health Services	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
California Health and Wellness Plan (California Health & Wellness)	192,101	28	1.46	1	1	100.0%	0	0.0%	0	0.0%	27	7	25.9%	14	51.9%	6	22.2%	0	0	0.0%	0	0.0%	0	0.0%
Care 1st Health Plan	90,833	26	2.86	1	1	100.0%	0	0.0%	0	0.0%	25	12	48.0%	8	32.0%	5	20.0%	0	0	0.0%	0	0.0%	0	0.0%
CareMore Health Plan	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
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	16,603	1	0.60	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.	175,804	18	1.02	6	5	83.3%	0	0.0%	1	16.7%	12	5	41.7%	2	16.7%	5	41.7%	0	0	0.0%	0	0.0%	0	0.0%
Community Care Health Plan, Inc.	7,814	0	0.00	0	0	0.0%	0	0.0%	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	288,151	10	0.35	0	0	0.0%	0	0.0%	0	0.0%	10	2	20.0%	6	60.0%	2	20.0%	0	0	0.0%	0	0.0%	0	0.0%
Contra Costa County Medical Services (Contra Costa Health Plan)	193,230	7	0.36	1	1	100.0%	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%
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)	15,576	10	6.42	0	0	0.0%	0	0.0%	0	0.0%	8	0	0.0%	4	50.0%	4	50.0%	2	1	50.0%	1	50.0%	0	0.0%
DaVita Health Plan of California, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Dignity Health Provider Resources, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
EASY CHOICE HELTH 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)	360,546	22	0.61	0	0	0.0%	0	0.0%	0	0.0%	22	8	36.4%	13	59.1%	1	4.5%	0	0	0.0%	0	0.0%	0	0.0%
GEMCare Health Plan, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Golden State Medicare Health Plan (Golden State Health Plan)	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
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	241,567	7	0.29	0	0	0.0%	0	0.0%	0	0.0%	7	1	14.3%	3	42.9%	3	42.9%	0	0	0.0%	0	0.0%	0	0.0%
Medcore HP (Medcore)	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Medi-Excel, SA de CV (MediExcel Health Plan)	9,103	0	0.00	0	0	0.0%	0	0.0%	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	1,451	0	0.00	0	0	0.0%	0	0.0%	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	10,715	1	0.93	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%
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%

California Department of Managed Health Care

2017 Independant Medical Review by Health Plan

Grey shading indicates that the plan surrendered its license in 2017.

Plan Type and Name	Enrollment	Total IMRs Resolved	IMRs per 10,000*	Experimental / Investigational IMR						Medical Necessity IMR						ER Reimbursement IMR					
				Total IMRs	Upheld	%	Over-turned	%	Rev. by Plan	%	Total IMRs	Upheld	%	Over-turned	%	Rev. by Plan	%	Total IMRs	Upheld	%	Over-turned	%	Rev. by Plan	%
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	145,866	3	0.21	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%
San Joaquin County Health Commission (The Health Plan of San Joaquin)	349,823	29	0.83	0	0	0.0%	0	0.0%	0	0.0%	29	9	31.0%	18	62.1%	2	6.9%	0	0	0.0%	0	0.0%	0	0.0%
San Mateo Health Commission (Health Plan of San Mateo)	122,852	14	1.14	0	0	0.0%	0	0.0%	0	0.0%	14	6	42.9%	6	42.9%	2	14.3%	0	0	0.0%	0	0.0%	0	0.0%
Santa Barbara San Luis Obispo Regional Health Authority (CenCal Health)	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Santa Clara County (Valley Health Plan)	27,114	3	1.11	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 Clara County Health Authority (Santa Clara Family Health Plan)	260,553	7	0.27	1	1	100.0%	0	0.0%	0	0.0%	6	0	0.0%	3	50.0%	3	50.0%	0	0	0.0%	0	0.0%	0	0.0%
Santa Cruz-Monterey-Merced Managed Medical Care Commission (Central California Alliance for Health)	549	0	0.00	0	0	0.0%	0	0.0%	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	13,394	0	0.00	0	0	0.0%	0	0.0%	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)	11,598	4	3.45	1	1	100.0%	0	0.0%	0	0.0%	3	0	0.0%	1	33.3%	2	66.7%	0	0	0.0%	0	0.0%	0	0.0%
Seaside Health Plan	211	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Sequoia Health Plan, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Sharp Health Plan	135,728	23	1.69	2	0	0.0%	2	100.0%	0	0.0%	21	10	47.6%	8	38.1%	3	14.3%	0	0	0.0%	0	0.0%	0	0.0%
Sistemas Medicos Nacionales, S.A. de C.V. (SIMNSA)	44,345	28	6.31	0	0	0.0%	0	0.0%	0	0.0%	1	0	0.0%	0	0.0%	1	100.0%	27	2	7.4%	24	88.9%	1	3.7%
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)	68,970	9	1.30	0	0	0.0%	0	0.0%	0	0.0%	8	2	25.0%	4	50.0%	2	25.0%	1	1	100.0%	0	0.0%	0	0.0%
UnitedHealthcare Benefits Plan of California	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
UnitedHealthcare Community Plan of California, Inc.	1,579	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Universal Care, Inc. (Brand New Day)	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Western Health Advantage	131,209	51	3.89	11	5	45.5%	4	36.4%	2	18.2%	36	10	27.8%	21	58.3%	5	13.9%	4	4	100.0%	0	0.0%	0	0.0%
Total Full Service - Enrollment Under 400,000:	**3,440,660**	**364**	**1.06**	**32**	**15**	**46.9%**	**14**	**43.8%**	**3**	**9.4%**	**294**	**98**	**33.3%**	**135**	**45.9%**	**61**	**20.7%**	**38**	**8**	**21.1%**	**28**	**73.7%**	**2**	**5.3%**
Total All Full Service Plans:	**22,507,209**	**4,011**	**0.72**	**1,648**	**504**	**30.6%**	**407**	**24.7%**	**737**	**44.7%**	**2,261**	**997**	**44.1%**	**927**	**41.0%**	**337**	**14.9%**	**102**	**43**	**42.2%**	**41**	**40.2%**	**18**	**17.6%**
Chiropractic																								
ACN Group of California, Inc. (OptumHealth Physical Health of California)	557,767	1	0.02	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%
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.	76,247	0	0.00	0	0	0.0%	0	0.0%	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:	**634,014**	**1**	**0.02**	**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	478,828	0	0.00	0	0	0.0%	0	0.0%	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.	159,768	0	0.00	0	0	0.0%	0	0.0%	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.	77,809	0	0.00	0	0	0.0%	0	0.0%	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.	200,362	0	0.00	0	0	0.0%	0	0.0%	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)	41,140	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%
Dedicated Dental Systems, Inc.	7,542	0	0.00	0	0	0.0%	0	0.0%	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.	377,034	1	0.03	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%
Dental Health Services	98,254	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)	15,824	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%
Jaimini Health Inc. (Primecare Dental Plan)	5,112	0	0.00	0	0	0.0%	0	0.0%	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)	452,608	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Managed Dental Care	124,345	0	0.00	0	0	0.0%	0	0.0%	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.)	49,474	0	0.00	0	0	0.0%	0	0.0%	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.	96,344	0	0.00	0	0	0.0%	0	0.0%	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)	146,772	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Total Dental:	**2,331,216**	**1**	**0.00**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**	**1**	**0**	**0.0%**	**0**	**0.0%**	**1**	**100.0%**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**
Dental/Vision																								
Delta Dental of California	17,483,000	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)	287,991	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%
Total Dental/Vision:	**17,770,991**	**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%**
Discount																								
Association Health Care Management, Inc. (Family Care)	4,875	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
First Dental Health (New Dental Choice)	32,308	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%
The CDI Group, Inc.	21,050	0	0.00	0	0	0.0%	0	0.0%	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

2017 Independant Medical Review by Health Plan

Grey shading indicates that the plan surrendered its license in 2017.

Plan Type and Name	Enrollment	Total IMRs Resolved	IMRs per 10,000*	Experimental / Investigational IMR							Medical Necessity IMR							ER Reimbursement IMR						
				Total IMRs	Upheld	%	Over-turned	%	Rev. by Plan	%	Total IMRs	Upheld	%	Over-turned	%	Rev. by Plan	%	Total IMRs	Upheld	%	Over-turned	%	Rev. by Plan	%
Total Discount:	**58,233**	**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%**
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%
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	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 Behavioral Health of California, Inc.	170,577	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	227,584	0	0.00	0	0	0.0%	0	0.0%	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)	122,429	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%
Health Advocate West, Inc.	52,572	0	0.00	0	0	0.0%	0	0.0%	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)	1,412,638	0	0.00	0	0	0.0%	0	0.0%	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	141,068	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Human Affairs International of California (HAI-CA)	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Humana EAP and Work-Life Services of California Inc.	1	0	0.00	0	0	0.0%	0	0.0%	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	824,552	10	0.12	0	0	0.0%	0	0.0%	0	0.0%	10	5	50.0%	5	50.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Managed Health Network	1,004,029	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
U.S. Behavioral Health Plan, California (OptumHealth Behavioral Solutions of California)	1,477,249	24	0.16	0	0	0.0%	0	0.0%	0	0.0%	23	11	47.8%	10	43.5%	2	8.7%	1	1	100.0%	0	0.0%	0	0.0%
ValueOptions of California, Inc. (Value Behavioral Health of CA)	779,298	0	0.00	0	0	0.0%	0	0.0%	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:	**6,211,997**	**35**	**0.06**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**	**34**	**16**	**47.1%**	**16**	**47.1%**	**2**	**5.9%**	**1**	**1**	**100.0%**	**0**	**0.0%**	**0**	**0.0%**
Vision																								
Envolve Vision, Inc. (Envolve Benefit Options)	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
EYEXAM of California, Inc.	451,098	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%
EyeMax Vision Plan, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
FirstSight Vision Services, Inc.	208,421	0	0.00	0	0	0.0%	0	0.0%	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.	2,444	0	0.00	0	0	0.0%	0	0.0%	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.	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.	52,789	0	0.00	0	0	0.0%	0	0.0%	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.	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%
Vision Plan of America	13,624	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Vision Service Plan (VSP)	6,295,078	0	0.00	0	0	0.0%	0	0.0%	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)	1	0	0.00	0	0	0.0%	0	0.0%	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:	**7,023,983**	**0**	**0.00**	**0**	**0**	**0.0%**	**0**	**0.0%**	**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:	**40,544,724**	**37**	**0.01**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**	**36**	**17**	**47.2%**	**16**	**44.4%**	**3**	**8.3%**	**1**	**1**	**1**	**0**	**0.0%**	**0**	**0.0%**
Grand Totals:	56,537,643	4,048	0.72	1,648	504	30.6%	407	24.7%	737	44.7%	2,297	1,014	44.1%	943	41.1%	340	14.8%	103	44	42.7%	41	39.8%	18	17.5%

*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 fewer complaints per 10,000 enrollees than another plan with fewer overall complaints.

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

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

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

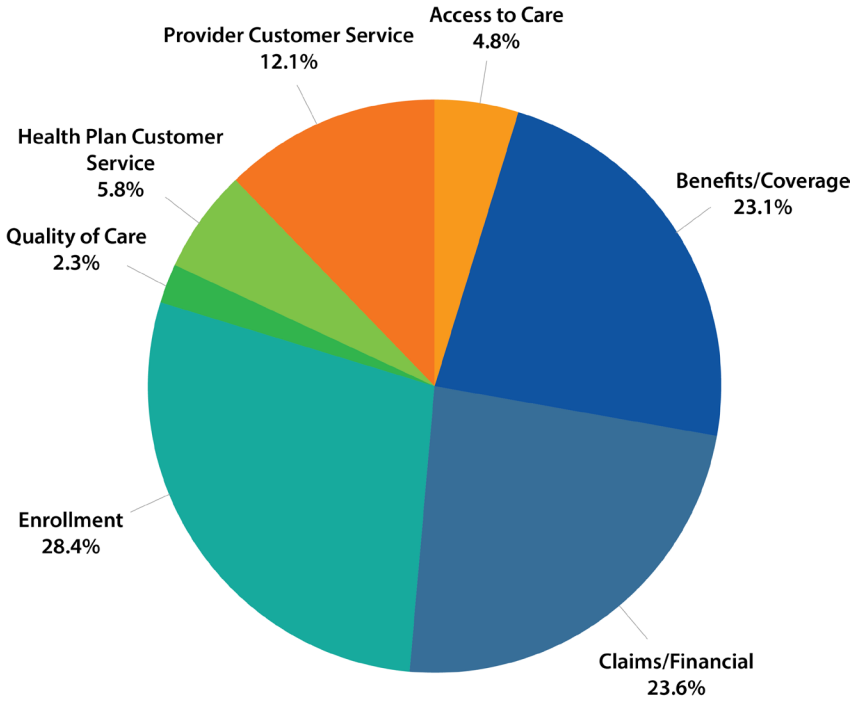
[1] Health Net of California enrollment and complaints include both KKA licenses: Health Net of California, Inc. and Health Net Community Solutions

California Department of Managed Health Care

2017 Complaint Summary Report

Report Overview

The Annual Complaint Summary Report displays the number and type of complaints, by health plan, resolved by the Department during the 2017 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 2017, 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, 2017, for the population of enrollees within the Department's jurisdiction. Plans with zero enrollment as of December 31, 2017, may have had enrollment earlier in the year or received a license during 2017.

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 2017. 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 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

2017 Complaints by Health Plan and Category

Grey shading indicates that the plan surrendered its license in 2017.

Plan Type and Name	Complaints Resolved	% of Complaints Resolved	Enrollees	Complaints per 10,000*	Access to Care		Benefits/ Coverage		Claims/ Financial		Enrollment		Quality of Care		Health Plan Customer Service		Provider Customer Service	
					Count	Per 10,000	Count	Per 10,000	Count	Per 10,000	Count	Per 10,000	Count	Per 10,000	Count	Per 10,000	Count	Per 10,000
Full Service - Enrollment Over 400,000																		
Blue Cross of California (Anthem Blue Cross)	1,805	22.5%	3,097,236	5.83	62	0.20	420	1.36	478	1.54	697	2.25	38	0.12	77	0.25	34	0.11
California Physicians' Service (Blue Shield of California)	1,831	22.8%	2,463,680	7.43	24	0.10	421	1.71	442	1.79	803	3.26	27	0.11	101	0.41	16	0.06
Health Net of California, Inc.[1]	662	8.3%	2,057,331	3.22	78	0.38	176	0.86	96	0.47	174	0.85	25	0.12	28	0.14	86	0.42
Inland Empire Health Plan (IEHP)	38	0.5%	1,391,793	0.27	8	0.06	14	0.10	1	0.01	1	0.01	5	0.04	3	0.02	6	0.04
Kaiser Foundation Health Plan, Inc. (Kaiser Permanente)	3,116	38.9%	6,768,577	4.60	103	0.15	469	0.69	727	1.07	709	1.05	57	0.08	235	0.35	816	1.21
Local Initiative Health Authority for L.A. County (L.A. Care Health Plan)	205	2.6%	2,135,218	0.96	59	0.28	61	0.29	28	0.13	9	0.04	14	0.07	10	0.05	24	0.11
Molina Healthcare of California	107	1.3%	623,584	1.72	13	0.21	18	0.29	24	0.38	39	0.63	2	0.03	9	0.14	2	0.03
UHC of California (UnitedHealthcare of California)	250	3.1%	529,130	4.72	13	0.25	129	2.44	74	1.40	6	0.11	8	0.15	12	0.23	9	0.17
Total Full Service - Enrollment Over 400,000:	**8,014**	**100.0%**	**19,066,549**	**4.20**	**360**	**0.19**	**1,708**	**0.90**	**1,870**	**0.98**	**2,438**	**1.28**	**176**	**0.09**	**475**	**0.25**	**993**	**0.52**
Full Service - Enrollment Under 400,000																		
Access Senior HealthCare, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Adventist Health Plan, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Aetna Better Health of California Inc.	0	0.0%	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.	123	21.0%	252,288	4.88	7	0.28	45	1.78	48	1.90	7	0.28	3	0.12	7	0.28	6	0.24
Aids Healthcare Foundation (Positive Healthcare)	0	0.0%	673	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	14	2.4%	270,414	0.52	4	0.15	7	0.26	0	0.00	0	0.00	0	0.00	1	0.04	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 (California Health & Wellness)	16	2.7%	192,101	0.83	1	0.05	5	0.26	4	0.21	0	0.00	1	0.05	0	0.00	5	0.26
Care 1st Health Plan	42	7.2%	90,833	4.62	6	0.66	21	2.31	3	0.33	3	0.33	1	0.11	2	0.22	6	0.66
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	1.5%	16,603	5.42	0	0.00	1	0.60	6	3.61	0	0.00	0	0.00	1	0.60	1	0.60
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.	52	8.9%	175,804	2.96	4	0.23	25	1.42	16	0.91	1	0.06	1	0.06	3	0.17	2	0.11
Community Care Health Plan, Inc.	0	0.0%	7,814	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	11	1.9%	288,151	0.38	6	0.21	3	0.10	0	0.00	0	0.00	0	0.00	1	0.03	1	0.03
Contra Costa County Medical Services (Contra Costa Health Plan)	5	0.9%	193,230	0.26	0	0.00	3	0.16	0	0.00	0	0.00	0	0.00	0	0.00	2	0.10
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	1.0%	15,576	3.85	1	0.64	2	1.28	3	1.93	0	0.00	0	0.00	0	0.00	0	0.00
DaVita Health Plan of California, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Dignity Health Provider Resources, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
EASY CHOICE HELTH 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)	27	4.6%	360,546	0.75	8	0.22	4	0.11	0	0.00	1	0.03	5	0.14	1	0.03	8	0.22
GEMCare Health Plan, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Golden State Medicare Health Plan (Golden State Health Plan)	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
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.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Imperial Health Plan of California, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00

California Department of Managed Health Care

2017 Complaints by Health Plan and Category

Grey shading indicates that the plan surrendered its license in 2017.

Plan Type and Name	Complaints Resolved	% of Complaints Resolved	Enrollees	Complaints per 10,000*	Access to Care		Benefits/ Coverage		Claims/ Financial		Enrollment		Quality of Care		Health Plan Customer Service		Provider Customer Service	
					Count	Per 10,000	Count	Per 10,000	Count	Per 10,000	Count	Per 10,000	Count	Per 10,000	Count	Per 10,000	Count	Per 10,000
Inter Valley Health Plan	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Kern Health Systems	13	2.2%	241,567	0.54	0	0.00	8	0.33	0	0.00	0	0.00	2	0.08	1	0.04	2	0.08
Medcore HP (Medcore)	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Medi-Excel, SA de CV (MediExcel Health Plan)	1	0.2%	9,103	1.10	0	0.00	0	0.00	1	1.10	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%	1,451	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	22	3.8%	10,715	20.53	0	0.00	8	7.47	10	9.33	2	1.87	0	0.00	1	0.93	1	0.93
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	1.7%	145,866	0.69	2	0.14	4	0.27	0	0.00	1	0.07	0	0.00	0	0.00	3	0.21
San Joaquin County Health Commission (The Health Plan of San Joaquin)	23	3.9%	349,823	0.66	4	0.11	11	0.31	2	0.06	0	0.00	3	0.09	1	0.03	2	0.06
San Mateo Health Commission (Health Plan of San Mateo)	20	3.4%	122,852	1.63	3	0.24	10	0.81	3	0.24	1	0.08	2	0.16	0	0.00	1	0.08
Santa Barbara San Luis Obispo Regional Health Authority (CenCal Health)	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Santa Clara County (Valley Health Plan)	9	1.5%	27,114	3.32	0	0.00	5	1.84	2	0.74	1	0.37	0	0.00	1	0.37	0	0.00
Santa Clara County Health Authority (Santa Clara Family Health Plan)	15	2.6%	260,553	0.58	4	0.15	7	0.27	3	0.12	0	0.00	1	0.04	0	0.00	0	0.00
Santa Cruz-Monterey-Merced Managed Medical Care Commission (Central California Alliance for Health)	0	0.0%	549	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%	13,394	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)	3	0.5%	11,598	2.59	0	0.00	2	1.72	1	0.86	0	0.00	0	0.00	0	0.00	0	0.00
Seaside Health Plan	0	0.0%	211	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Sequoia Health Plan, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Sharp Health Plan	40	6.8%	135,728	2.95	1	0.07	18	1.33	13	0.96	2	0.15	1	0.07	3	0.22	2	0.15
Sistemas Medicos Nacionales, S.A. de C.V. (SIMNSA)	34	5.8%	44,345	7.67	0	0.00	0	0.00	33	7.44	0	0.00	0	0.00	0	0.00	1	0.23
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)	25	4.3%	68,970	3.62	2	0.29	10	1.45	8	1.16	4	0.58	0	0.00	0	0.00	1	0.14
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%	1,579	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, Inc. (Brand New Day)	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Western Health Advantage	65	11.1%	131,209	4.95	3	0.23	28	2.13	19	1.45	4	0.30	2	0.15	5	0.38	4	0.30
Total Full Service - Enrollment Under 400,000:	**585**	**100.0%**	**3,440,660**	**1.70**	**56**	**0.16**	**227**	**0.66**	**175**	**0.51**	**27**	**0.08**	**22**	**0.06**	**28**	**0.08**	**50**	**0.15**
Total All Full Service Plans:	**8,599**		**22,507,209**	**3.82**	**416**	**0.18**	**1,935**	**0.86**	**2,045**	**0.91**	**2,465**	**1.10**	**198**	**0.09**	**503**	**0.22**	**1,043**	**0.46**
Chiropractic																		
ACN Group of California, Inc. (OptumHealth Physical Health of California)	3	100.0%	557,767	0.05	0	0.00	2	0.04	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%	76,247	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:	**3**	**100.0%**	**634,014**	**0.05**	**0**	**0.00**	**2**	**0.03**	**1**	**0.02**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**
Dental																		
Access Dental Plan	31	45.6%	478,828	0.65	1	0.02	4	0.08	2	0.04	23	0.48	0	0.00	1	0.02	0	0.00
Aetna Dental of California Inc.	2	2.9%	159,768	0.13	0	0.00	1	0.06	0	0.00	0	0.00	0	0.00	0	0.00	1	0.06
California Dental Network, Inc.	2	2.9%	77,809	0.26	0	0.00	0	0.00	0	0.00	1	0.13	0	0.00	1	0.13	0	0.00

California Department of Managed Health Care

2017 Complaints by Health Plan and Category

Grey shading indicates that the plan surrendered its license in 2017.

Plan Type and Name	Complaints Resolved	% of Complaints Resolved	Enrollees	Complaints per 10,000*	Access to Care		Benefits/ Coverage		Claims/ Financial		Enrollment		Quality of Care		Health Plan Customer Service		Provider Customer Service	
					Count	Per 10,000	Count	Per 10,000	Count	Per 10,000	Count	Per 10,000	Count	Per 10,000	Count	Per 10,000	Count	Per 10,000
Cigna Dental Health of California, Inc.	5	7.4%	200,362	0.25	0	0.00	2	0.10	2	0.10	1	0.05	0	0.00	0	0.00	0	0.00
ConsumerHealth, Inc. (Bright Now! Dental)	0	0.0%	41,140	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%	7,542	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.	1	0.0%	377,034	0.03	0	0.00	0	0.00	1	0.03	0	0.00	0	0.00	0	0.00	0	0.00
Dental Health Services	1	1.5%	98,254	0.10	0	0.00	1	0.10	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Golden West Health Plan, Inc. (Golden West Dental & Vision Plan)	0	0.0%	15,824	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%	5,112	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)	23	33.8%	452,608	0.51	0	0.00	16	0.35	4	0.09	0	0.00	0	0.00	0	0.00	3	0.07
Managed Dental Care	0	0.0%	124,345	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
UDC Dental California, Inc. (United Dental Care of California, Inc.)	0	0.0%	49,474	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.	1	1.5%	96,344	0.10	0	0.00	1	0.10	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Western Dental Services, Inc. (Western Dental Plan)	2	2.9%	146,772	0.14	0	0.00	0	0.00	1	0.07	1	0.07	0	0.00	0	0.00	0	0.00
Total Dental:	**68**	**100.0%**	**2,331,216**	**0.29**	**1**	**0.00**	**25**	**0.11**	**10**	**0.04**	**26**	**0.11**	**0**	**0.00**	**2**	**0.01**	**4**	**0.02**
Dental/Vision																		
Delta Dental of California	121	87.1%	17,483,000	0.07	3	0.00	50	0.03	30	0.02	15	0.01	2	0.00	4	0.00	17	0.01
SafeGuard Health Plans, Inc. (MetLife)	18	12.9%	287,991	0.63	0	0.00	10	0.35	2	0.07	0	0.00	0	0.00	1	0.03	5	0.17
Total Dental/Vision:	**139**	**100.0%**	**17,770,991**	**0.08**	**3**	**0.00**	**60**	**0.03**	**32**	**0.02**	**15**	**0.01**	**2**	**0.00**	**5**	**0.00**	**22**	**0.01**
Discount																		
Association Health Care Management, Inc. (Family Care)	0	0.0%	4,875	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
First Dental Health (New Dental Choice)	0	0.0%	32,308	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%	21,050	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Total Discount:	**0**	**0.0%**	**58,233**	**0.00**	**0**	**0.00**	**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
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%	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 Behavioral Health of California, Inc.	3	10.7%	170,577	0.18	0	0.00	2	0.12	0	0.00	0	0.00	1	0.06	0	0.00	0	0.00
CONCERN: Employee Assistance Program	0	0.0%	227,584	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%	122,429	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Health Advocate West, Inc.	0	0.0%	52,572	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%	1,412,638	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%	141,068	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Human Affairs International of California (HAI-CA)	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Humana EAP and Work-Life Services of California Inc.	0	0.0%	1	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	3	10.7%	824,552	0.04	0	0.00	3	0.04	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Managed Health Network	1	3.6%	1,004,029	0.01	0	0.00	1	0.01	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
U.S. Behavioral Health Plan, California (OptumHealth Behavioral Solutions of California)	21	75.0%	1,477,249	0.14	1	0.01	12	0.08	5	0.03	0	0.00	1	0.01	0	0.00	2	0.01
ValueOptions of California, Inc. (Value Behavioral Health of CA)	0	0.0%	779,298	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:	**28**	**100.0%**	**6,211,997**	**0.05**	**1**	**0.00**	**18**	**0.03**	**5**	**0.01**	**0**	**0.00**	**2**	**0.00**	**0**	**0.00**	**2**	**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%	451,098	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
EyeMax Vision Plan, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00

California Department of Managed Health Care

2017 Complaints by Health Plan and Category

Grey shading indicates that the plan surrendered its license in 2017.

Plan Type and Name	Complaints Resolved	% of Complaints Resolved	Enrollees	Complaints per 10,000*	Access to Care		Benefits/ Coverage		Claims/ Financial		Enrollment		Quality of Care		Health Plan Customer Service		Provider Customer Service	
					Count	Per 10,000	Count	Per 10,000	Count	Per 10,000	Count	Per 10,000	Count	Per 10,000	Count	Per 10,000	Count	Per 10,000
FirstSight Vision Services, Inc.	0	0.0%	208,421	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%	2,444	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%	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%	52,789	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%	528	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%	13,624	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Vision Service Plan (VSP)	6	100.0%	6,295,078	0.01	0	0.00	0	0.00	0	0.00	5	0.01	0	0.00	1	0.00	0	0.00
VisionCare of California (Sterling Visioncare)	0	0.0%	1	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:	**6**	**100.0%**	**7,023,983**	**0.01**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**	**5**	**0.01**	**0**	**0.00**	**1**	**0.00**	**0**	**0.00**
Grand Totals:	**8,843**		**56,537,643**	**1.56**	**421**	**0.07**	**2,040**	**0.36**	**2,093**	**0.37**	**2,511**	**0.44**	**202**	**0.04**	**511**	**0.09**	**1,071**	**0.19**

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

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

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