2023
ANNUAL REPORT

DEPARTMENT OF
Managed
Health Care

Gavin Newsom
Governor
State of California

Mark Ghaly MD, MPH
Secretary
Health and Human Services Agency

Mary Watanabe
Director
Department of Managed Health Care

DMHC MISSION, VALUES & GOALS

MISSION

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

CORE VALUES

- Integrity
- Leadership
- Commitment to Service

GOALS

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

MESSAGE FROM THE DIRECTOR

The Department of Managed Health Care (DMHC) now protects the health care rights of nearly 30 million health plan members in California. This is an all-time high for the number of members enrolled in health plans regulated by the Department, and I take the responsibility of protecting their rights incredibly seriously.

One of my highest priorities as the Director of the DMHC is to make sure health plan members can access needed behavioral health care services. The Department took several actions in 2023 to improve the delivery of behavioral health care services across the state. This includes reaching a settlement agreement with Kaiser Permanente to undertake transformational change of the plan's behavioral health care delivery system. The historic agreement requires the plan to make significant changes and investments to improve its delivery of care and better assist members with accessing care.

The DMHC also continued to work to better understand and identify the challenges health plan members face in accessing behavioral health care. The Department is conducting focused investigations of all full-service commercial health plans regulated by the Department to further evaluate health plan compliance with California laws and to evaluate if health plan members are getting consistent access to medically necessary behavioral health services. The results from the first phase of Behavioral Health Investigations (BHIs) were released in October, which identified a number of violations and barriers to care among the first five health plans reviewed. All of the violations were referred to the Department's Office of Enforcement along with corrective action plans submitted by each health plan. Plans must take these findings seriously and make the necessary changes to provide appropriate behavioral health care to members.

The Department established the Transgender, Gender Diverse, or Intersex (TGI) Working Group tasked with developing a quality standard for patient experience to measure cultural competency related to the TGI community and recommending a training curriculum to be used by health care plan staff who are in direct contact with health plan members in the delivery of health care services. The DMHC convened several working group meetings throughout 2023 and conducted listening sessions around the state to hear directly from the TGI community about their experiences with health plan staff and health care providers while seeking services. I appreciate all of the work and input from the Working Group members, and also the productive conversations and information shared by members of the TGI community who participated in the listening sessions and shared their experiences with the health care system.

With the COVID-19 public health emergency ending in 2023, the DMHC worked to make sure health plan members impacted by COVID-19 had continued access to health care services with no cost-sharing or prior authorization requirements. The Department provided guidance to health plans and shared information with health plan members through an updated fact sheet about COVID-19 testing, vaccines and treatment requirements after the end of the public health emergency.

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

I want to express my heartfelt gratitude to the Department's committed staff for their continued work and collaboration over this last year to achieve our mission. It is a great honor to be able to share some of our recent accomplishments throughout this report.

Mary Watanabe

Director
Department of Managed Health Care

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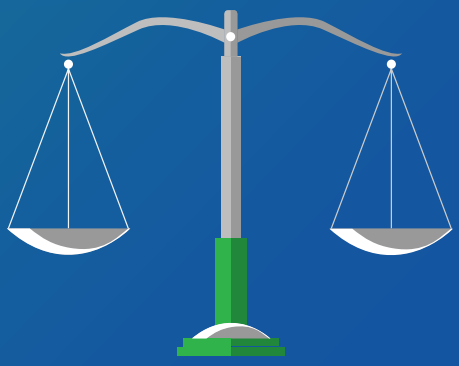
DEPARTMENT OF
Managed
Health Care

2023

2.9 MILLION
HEALTH PLAN MEMBERS ASSISTED

The DMHC Help Center protects health plan member rights, resolves member complaints, and helps members navigate and understand their coverage ensuring access to health care services.



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

$179.5 MILLION
dollars assessed against health plans that violated the law

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

140
LICENSED HEALTH PLANS

$296.1 MILLION
dollars saved on Health Plan Premiums through the Rate Review Program since 2011

98 FULL SERVICE

42 SPECIALIZED

Approximately

72%
of health plan member appeals (IMRs) to the DMHC resulted in the member receiving the requested service or treatment from their health plan

$53 MILLION
dollars recovered from health plans on behalf of health plan members

$207.7 MILLION
dollars in payments recovered to physicians and hospitals

KNOW YOUR HEALTH CARE RIGHTS

In California, health plan members have the right to:

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

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

How can you get help from the DMHC?

The DMHC protects you by making sure your health plan follows the law.

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

The DMHC Help Center assists health plan members with understanding their health care rights, coverage and benefits and resolving issues between members and health plans.

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

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

DEPARTMENT OF Managed Health Care

Introduction

Created by consumer-sponsored legislation in 1999, the DMHC regulates the majority of health coverage in California including 96% of state-regulated commercial and public health plan enrollment. In 2023, the DMHC's budget was $165,492,000 with 716 positions. The DMHC is funded by assessments on licensed health plans.

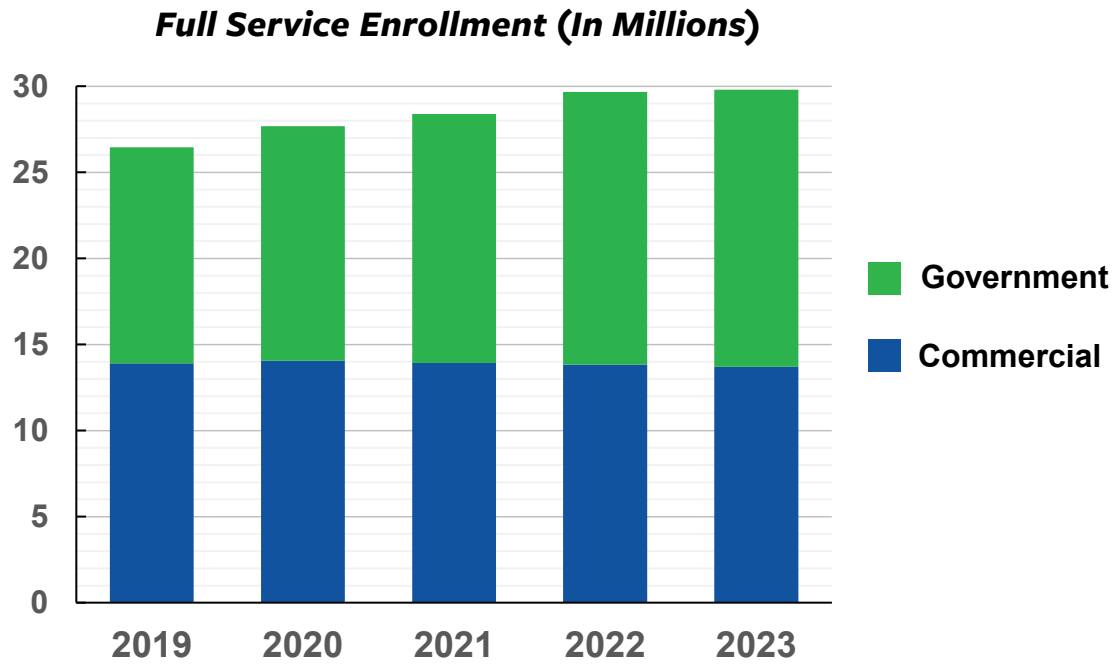
The DMHC regulates licensed managed health care plans and assists health plan members with resolving disputes with those plans. The Department does this through licensing health plans that operate in California, conducting medical surveys of licensed health plans and actively monitoring the financial stability of health plans and medical groups to ensure health plan members can get the care they need. The DMHC also reviews proposed health plan premium rates to protect members from unreasonable or unjustified increases. The Department's efforts improve transparency and accountability in health plan rate setting. As of the end of 2023, the DMHC has assisted approximately 2.9 million health plan members through the DMHC Help Center.

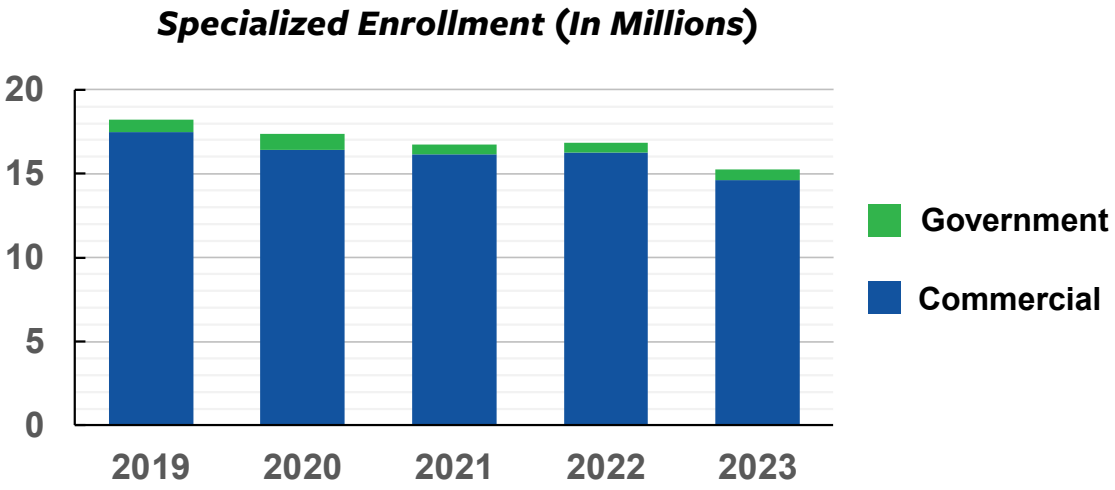
In 2023, 98 full service health plans licensed by the DMHC provided health care services to more than 29.8 million Californians. This included approximately 13.7 million health plan members in commercial products and approximately 16.1 million health plan members in government-sponsored products, like Medi-Cal and Medicare plans. In addition to full service health plans, the DMHC oversees 42 specialized health plans including chiropractic, dental, vision, psychological (behavioral health) and pharmacy.

Over the Department's history, California has launched several initiatives to improve and expand access to health care for all Californians. The Department continues to implement new laws and regulations, take action against health plans that break the law and provide direct assistance to health plan members through the DMHC Help Center.

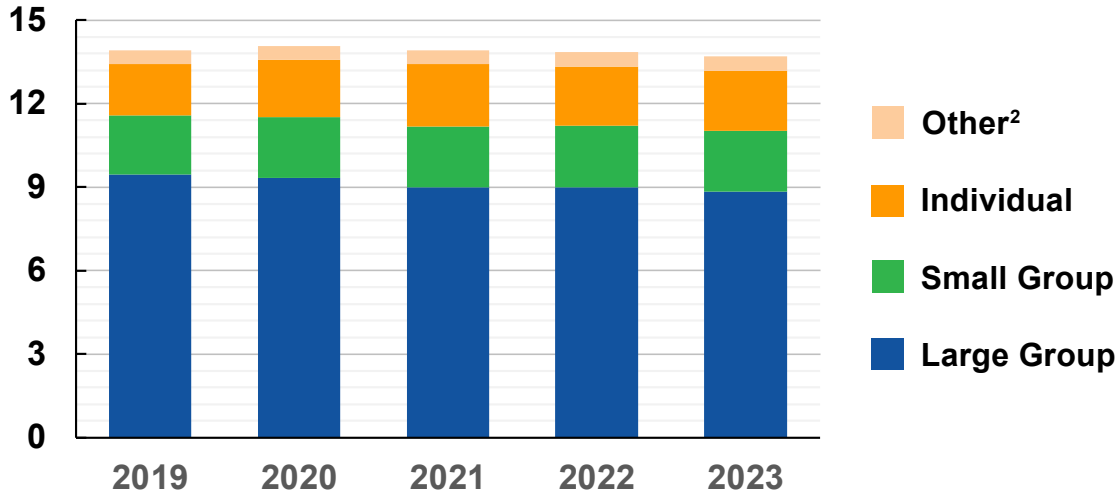
The DMHC licenses and regulates the full scope of managed care models, including Health Maintenance Organizations (HMO), as well as Preferred Provider Organizations (PPO), Exclusive Provider Organizations (EPO), Point-of-Service (POS) products and Medi-Cal managed care plans. The Department also licenses and conducts financial reviews of Medicare Advantage and Part D plans. The enrollment overview charts[1] on the next page illustrate how enrollment under DMHC oversight is distributed among the different types of managed care plans.

Enrollment Overview

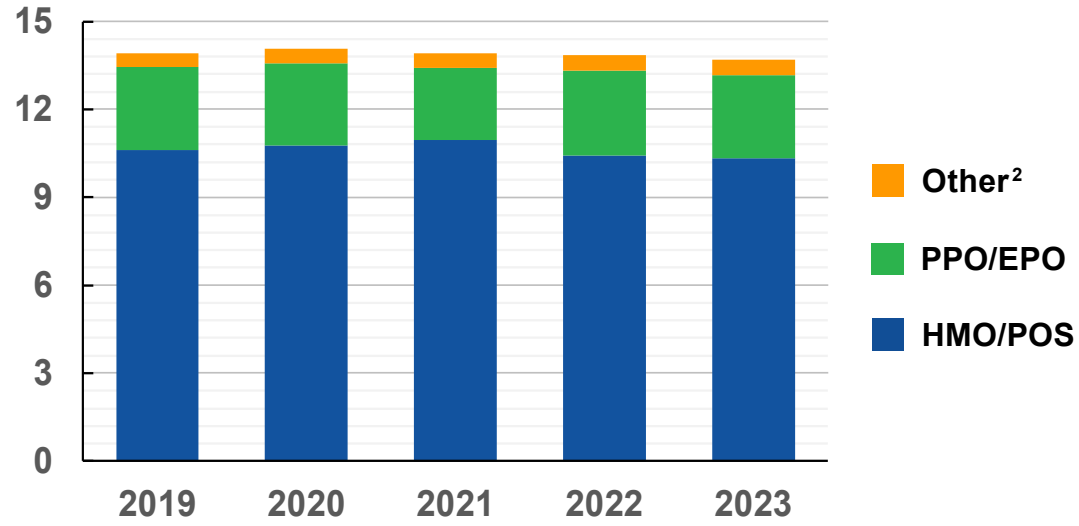




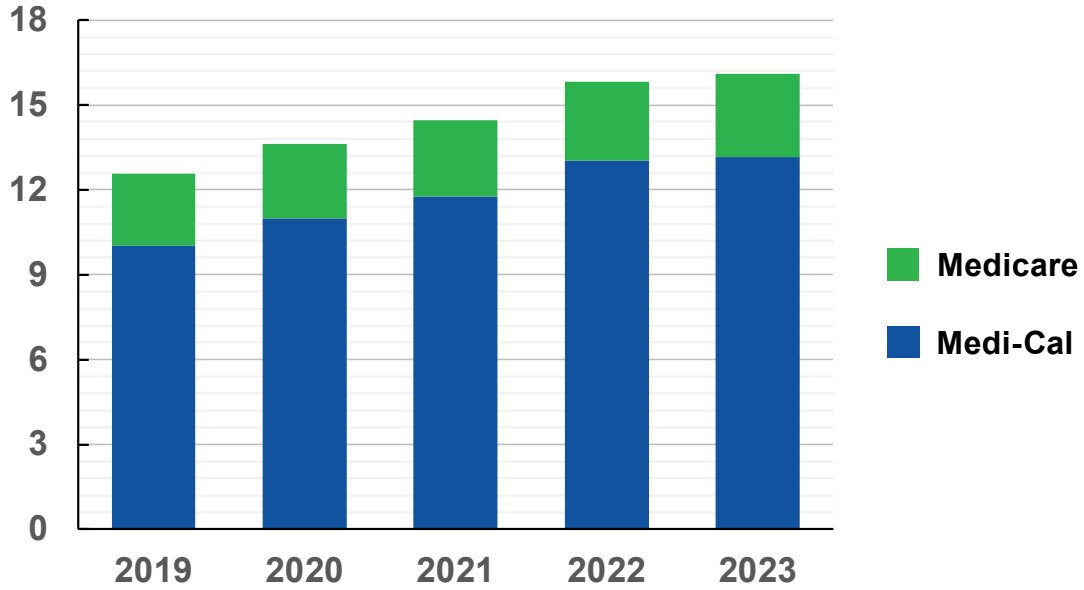
Commercial Enrollment by Market (In Millions)



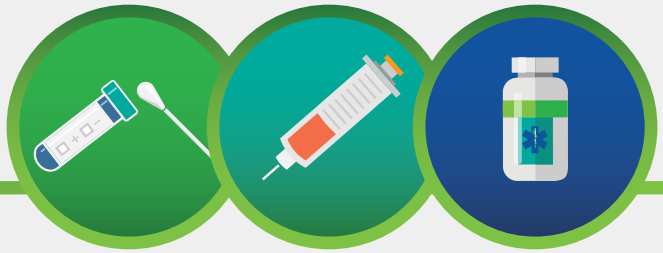
Commercial Enrollment by Product (In Millions)



Government Enrollment by Type (In Millions)



COVID-19 Health Care Coverage



Commercial and Medi-Cal managed care health plans regulated by the California Department of Managed Health Care (DMHC) must cover COVID-19 tests, vaccines and treatment without prior authorization.

If health plan members access these services from a provider **in their health plan's network**, they will not need to pay anything for these services. If they access the services from an **out-of-network provider**, they may be charged cost-sharing, such as a co-pay or co-insurance.

HEALTH PLANS:

Must cover at least eight free over-the-counter at-home COVID-19 tests per health plan member, per month.

May limit reimbursement to $12 a test if purchased out-of-network.

Should provide members with information on how to get COVID-19 tests, vaccines and treatment.

Health plan members charged for receiving a COVID-19 test, vaccine or treatment should first contact their health plan to file a grievance, or appeal, and include a copy of the bill.

The health plan will review the grievance and should ensure members are not charged or are reimbursed if they already paid a bill. If members do not agree with their plan's response or if the plan takes more than 30 days to fix the problem, members should contact the DMHC Help Center at www.DMHC.ca.gov or 1-888-466-2219.

DMHC Help Center

The DMHC Help Center protects the health care rights of health plan members. This is accomplished through resolving member complaints against health plans and helping members navigate and understand their coverage to get timely access to appropriate health care services. The DMHC Help Center provides direct assistance in all languages to health plan members through the Department's website, www.DMHC.ca.gov, and a toll-free phone number, 1-888-466-2219.

If a health plan member 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 health plan member is experiencing an imminent or serious threat to their health, they should contact the DMHC Help Center immediately.

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

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

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

Health plan members enrolled in health plans outside of the DMHC's jurisdiction who contact the Help Center are transferred or referred to the appropriate agency for assistance. In addition to providing direct member assistance, the DMHC also contracts with community-based organizations under the Consumer Assistance Program to provide members with local, in-depth assistance.

WHAT IS THE DMHC HELP CENTER?

The DMHC Help Center assists health plan members with understanding their health care rights, coverage and benefits, and helps to resolve member complaints against health plans.

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

2023 Highlights

In 2023, the DMHC Help Center assisted 140,952 Californians, and handled 13,245 complaints and 3,940 IMRs. Approximately 72% of health plan members who submitted an IMR request to the DMHC Help Center received the requested service or treatment.[3] A new California law took effect in 2023 to ensure transgender, gender diverse, or intersex (TGI) health plan members receive trans-inclusive health care. The law also requires health plans and their contracted providers to complete cultural competency training. In 2023, the DMHC Help Center identified 147 complaints alleging discrimination related to trans-inclusive health care, all of which were referred to the California Civil Rights Department for investigation.

The community-based Consumer Assistance Program served 9,983 health plan members and conducted 1,655 outreach events throughout California. Through these outreach events, the Department reached 54,658 members to educate them about their health care rights.

Health plan members are protected from surprise medical bills for non-emergency services when the non-emergency services are provided by out-of-network providers at contracted facilities. Billing disputes between health plans and out-of-network providers who provide non-emergency services are resolved through a binding Independent Dispute Resolution Process (IDRP) administered by the DMHC. In 2023, the DMHC received 43 IDRP applications and an additional 9 IDRPs were carried over from previous years. Of the total 52 IDRPs under review during 2023, 19 were closed, including 5 that completed the process with a determination letter issued and 14 that were incomplete or ineligible, and 33 were pending as of December 31, 2023.

The DMHC Help Center also assists providers with claims payment disputes with health plans. The DMHC Help Center closed 9,564 provider complaints and recovered $11,240,438 in payments for providers in 2023.

2023 BY THE NUMBERS

HELP CENTER

140,952 CALIFORNIANS ASSISTED[4]

121,854 TELEPHONE INQUIRIES

13,245 HEALTH PLAN MEMBER COMPLAINTS[5]

3,940 IMRs CLOSED[6]

$9.1 M RECOVERED FOR HEALTH PLAN MEMBERS

1,913 NON-JURISDICTIONAL REFERRALS

9,564 PROVIDER COMPLAINTS

$11.2 M RECOVERED PROVIDER PAYMENTS

19 NON-EMERGENCY SERVICES IDRP CASES COMPLETED

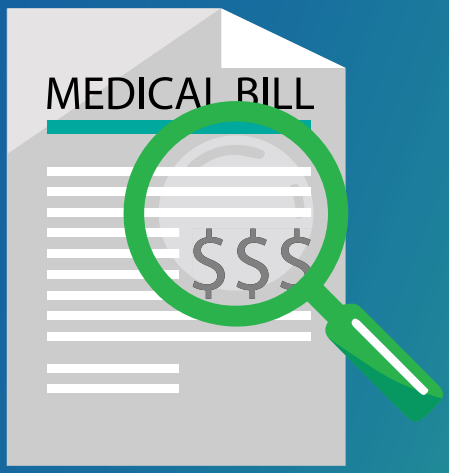
On average, approximately

72%

of health plan members that submitted IMR requests to the DMHC received the requested service or treatment.

DMHC HELP CENTER PROVIDER COMPLAINT UNIT

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



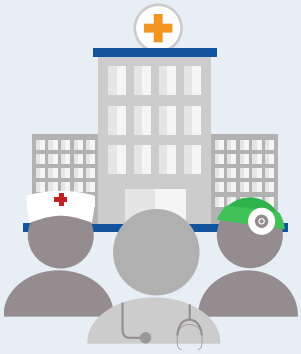
The DMHC established an Independent Dispute Resolution Process (IDRP) for emergency and non-emergency services. An IDRP allows providers and health plans to dispute whether payment of a specified rate was appropriate. An external reviewer goes over the claim and determines which rate is justified.

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

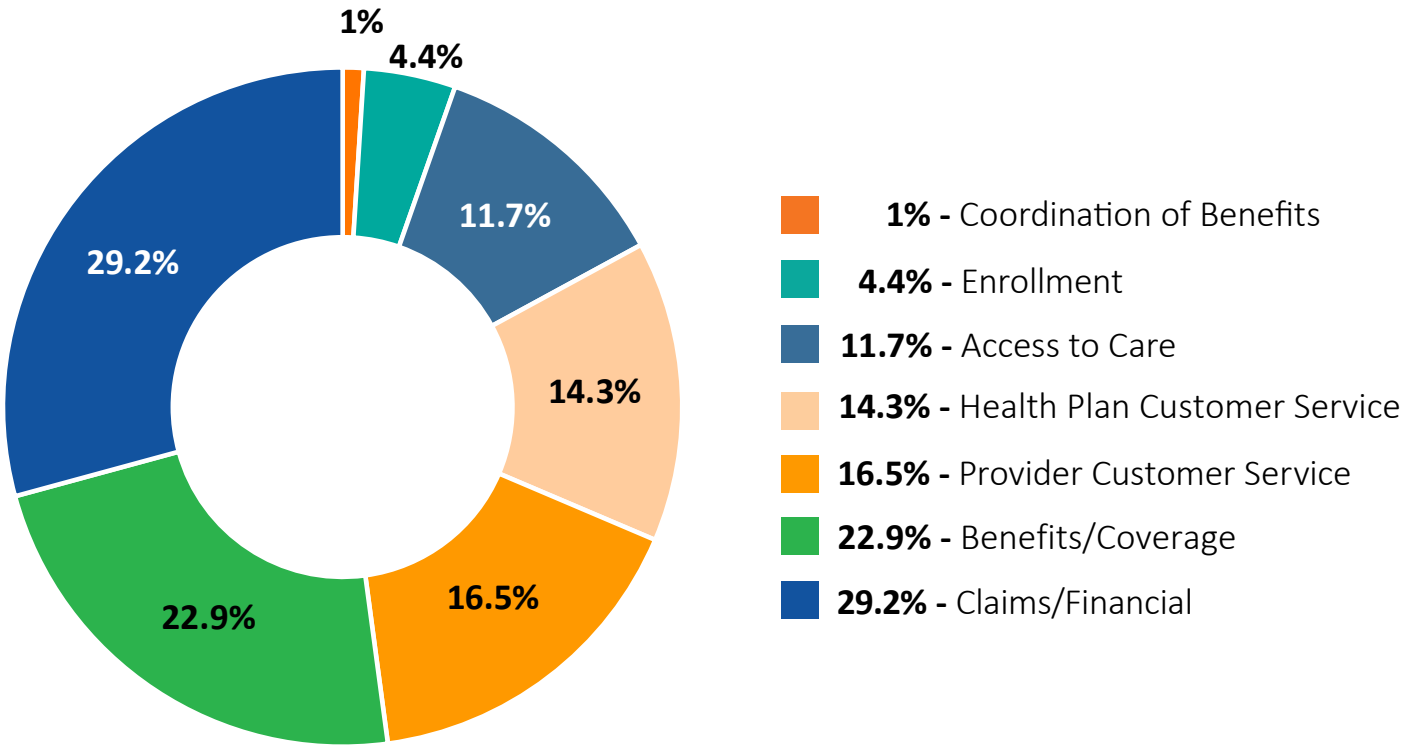
Providers looking for more information or to dispute a payment can visit the DMHC website at www.DMHC.ca.gov.

DMHC HELP CENTER ASSISTANCE: PROVIDER COMPLAINT – PAYMENT DISPUTE

A provider submitted a complaint to the DMHC Help Center disputing the health plan's denial of payment for hospital inpatient services spanning five months, for a health plan member diagnosed with COVID-19. The provider informed the Help Center that the health plan denied the claim because the diagnosis code was invalid. Through the DMHC Help Center's review, it was determined the health plan failed to review the medical records the provider submitted when appealing the denial through the health plan's Provider Dispute Resolution process. The health plan overturned its previous denial and issued the provider payment, with interest, totaling over $510,300.



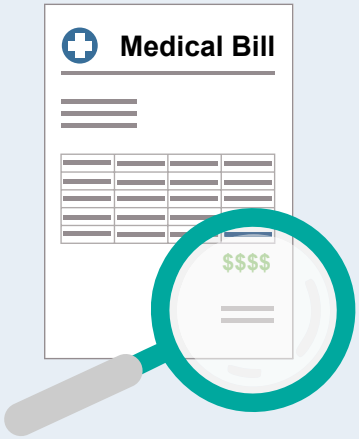
MEMBER COMPLAINTS RESOLVED IN 2023



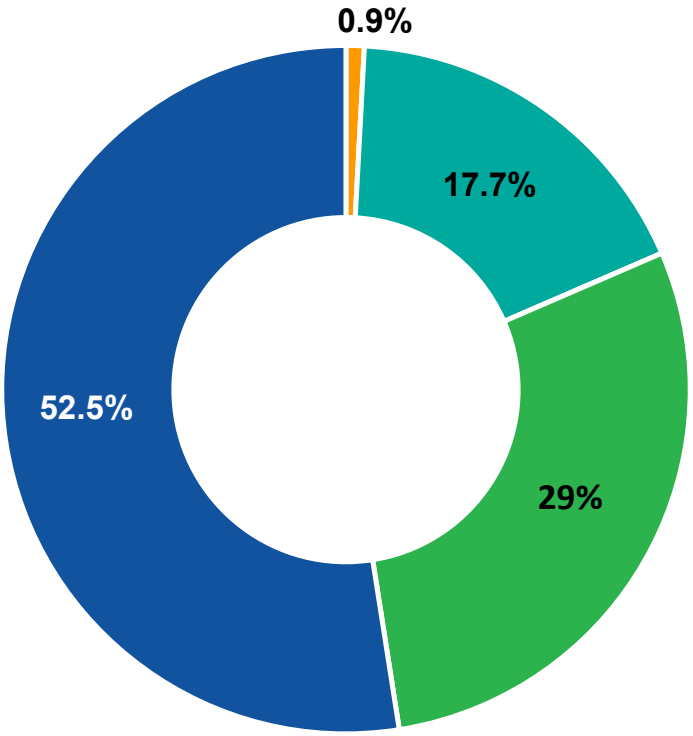
Interspersed throughout this report are health plan member stories of assistance the DMHC Help Center provided during 2023. The names of members have been changed to protect their identities, and the outcomes are specific to the circumstances and details of each individual case.

DMHC HELP CENTER ASSISTANCE: CLAIMS/FINANCIAL COMPLAINT – PAYMENT DISPUTE

Ayesha, an Individual PPO plan member on the state's exchange, Covered California, underwent a preventive colonoscopy performed by an in-network provider. However, the health plan processed the claim incorrectly leaving her with a bill of over $1,200. After unsuccessfully going through the plan's grievance process, she filed a complaint with the DMHC Help Center. The DMHC Help Center asked the plan about relevant California law, which requires no cost share for a preventive colorectal cancer screening test. The Help Center asked the plan to work with the provider, which adjusted the claim, so Ayesha didn't have to pay the $1,200 bill. She later wrote to the DMHC Help Center, "*thank you for taking time to listen to us carefully and resolve this matter with your sincere approach.*"

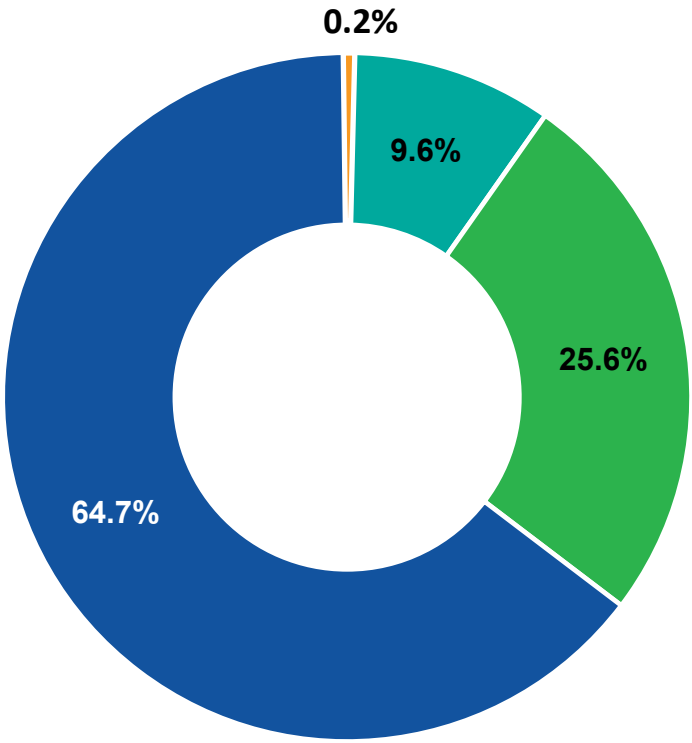


MEMBER COMPLAINTS RESOLVED IN 2023 BY COVERAGE TYPE



- **0.9% -** Medicare
- **17.7% -** Medi-Cal
- **29% -** Individual
- **52.5% -** Employment Based

IMRs RESOLVED IN 2023 BY COVERAGE TYPE



- **0.2% -** Medicare
- **9.6% -** Medi-Cal
- **25.6% -** Individual
- **64.7% -** Employment Based

KNOW YOUR HEALTH CARE RIGHTS

Behavioral Health Care

Health Plans Must Provide Coverage for Medically Necessary Treatment

- California law requires all commercial health plans to provide coverage for medically necessary treatment of mental health and substance use disorders (behavioral health) at the same cost as physical health conditions.
- Medically necessary treatment can include sessions with a therapist, medication to manage your condition, outpatient intensive treatment, and inpatient residential treatment.
- Covered conditions include but are not limited to: generalized anxiety disorders, post-traumatic stress disorder (PTSD), depression, schizophrenia, all substance use conditions, eating disorders (bulimia and anorexia nervosa), and bipolar disorder.

Health Plans Must Provide Behavioral Health Appointments in a Timely Manner

- Health plans must offer members a nonurgent behavioral health appointment within the timely access standard of **10 business days** from the time requested.
- For treatment of ongoing conditions, health plans must offer follow-up behavioral health appointments within **10 business days** of the prior appointment.
- A qualified health care provider may extend the waiting time for an appointment if they determine a longer waiting time will not be harmful to the member's health.

Timely Access to Care

Non-Urgent Care

MENTAL HEALTH APPOINTMENT CARE (NON-PHYSICIAN)

10 business days

Follow-Up Care

MENTAL HEALTH/SUBSTANCE USE DISORDER FOLLOW-UP APPOINTMENT (NON-PHYSICIAN)

10 business days from prior appointment

Health Plan Members Have Rights

Health plan members have a right to receive timely and geographically accessible behavioral health services. If an in-network provider is not available, the health plan must arrange and cover out-of-network services at no additional cost to the member.

Members having trouble accessing behavioral health treatment or services should first contact their health plan. If the member does not agree with their plan's response, they can file a complaint with the DMHC at www.DMHC.ca.gov or by calling **1-888-466-2219**. Members with an urgent issue may seek immediate assistance from the DMHC.

DEPARTMENT OF Managed Health Care

Plan Licensing

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

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

As part of the ongoing oversight of licensed health plans, the DMHC reviews health plan mergers and acquisitions, to ensure they do not adversely impact health plan members or the stability of California's health care delivery system. Health plans intending to merge or consolidate with any entity, including another health plan, must obtain prior approval from the DMHC. As required under the law, the Department obtains an independent analysis for major mergers, and holds a public meeting. The Department has the authority to approve mergers that meet the requirements in the law or disapprove mergers that may substantially lessen competition or don't meet the strong consumer protections in the law.

Additionally, pharmacy benefit managers (PBMs) that contract with DMHC-licensed health plans to administer drug benefits are required to register with the Department to add transparency to the health care delivery system.

2023 BY THE NUMBERS

PLAN LICENSING

5 NEW LICENSES ISSUED

4,987 EVIDENCES OF COVERAGE REVIEWED

1,370 ADVERTISEMENTS REVIEWED

43 COVERED CALIFORNIA FILINGS REVIEWED[7]

29 ALL PLAN LETTERS ISSUED

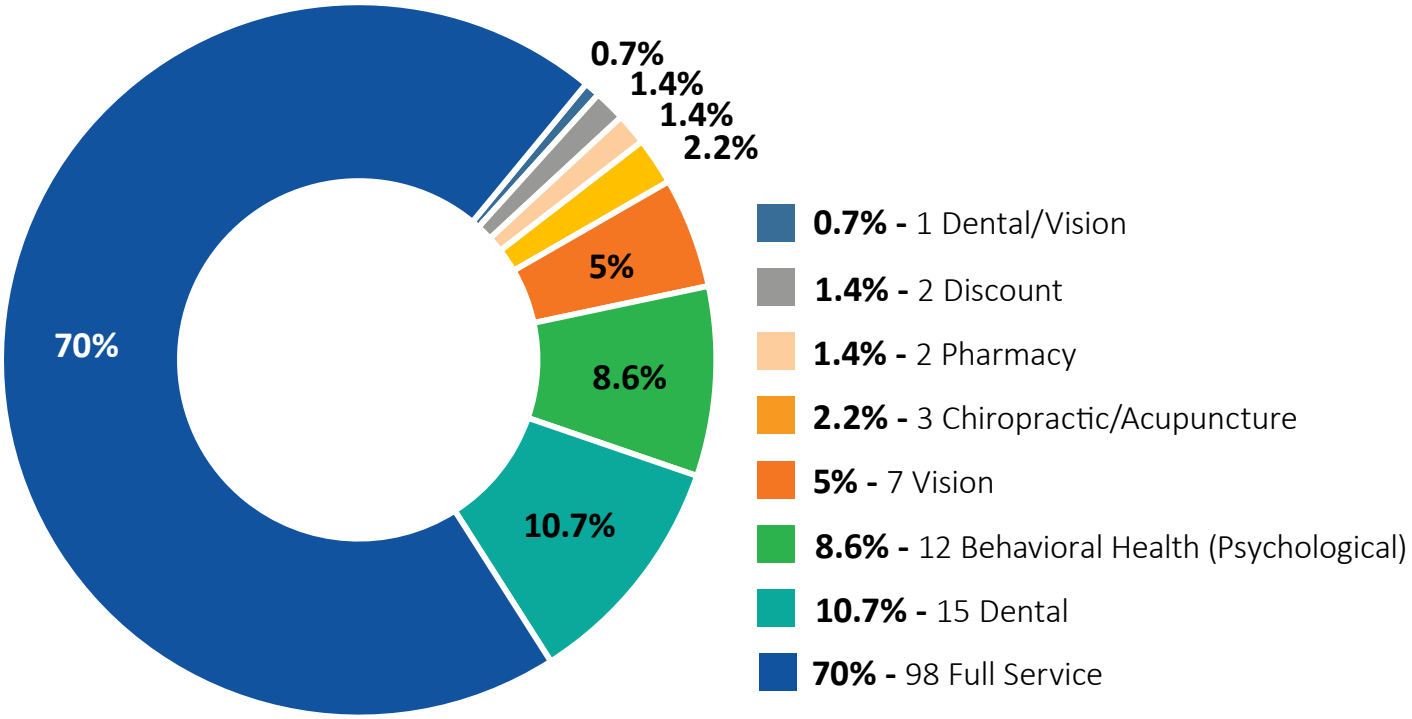
296 MATERIAL MODIFICATIONS (SIGNIFICANT CHANGES) RECEIVED

8 HEALTH PLAN MERGERS & ACQUISITIONS REVIEWED

16 PBM REGISTRATION APPLICATIONS REVIEWED

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

LICENSED PLANS IN 2023



2023 Highlights

The DMHC issues All Plan Letters (APLs) to provide guidance and information to health plans, including an annual APL providing guidance regarding newly enacted statutory requirements. The Department issued 29 APLs in 2023, including APLs regarding the impact of the end of the federal Public Health Emergency on COVID-19 coverage.

In commemorating the 50th Anniversary of the U.S. Supreme Court's decision in Roe v. Wade, the DMHC joined several other California Health and Human Services Agency (CalHHS) leaders to remind Californians about their continued reproductive health care rights. This includes when a health plan member needs emergency or urgent care while in another state that may restrict access to reproductive health care services, like abortion care. The Department issued APL 23-010 reminding health plans of California law requiring coverage for the off-label use of prescription drugs, including, but not limited to, the use of Misoprostol for medication abortion.

The DMHC also joined CalHHS leaders to issue a joint statement after a federal judge issued a ruling to strike down key provisions of the Patient Protection and Affordable Care Act (ACA) requiring health plans provide coverage of preventive health care services. The Department reminded California health plan members of their protections under state law, and issued APL 23-009 informing health plans of their obligations to cover preventive services.

On an annual basis, the DMHC reviews all Qualified Health Plans (QHP) and Qualified Dental Plans (QDP) applying to offer benefits for the upcoming plan year through Covered California, the state's Health

Benefit Exchange. This process involves the review of each plan for compliance with Covered California's Patient Centered Benefit Plan Designs, including cost sharing, actuarial value compliance, and contract amendments between full service and specialized health plans. The DMHC reviewed 43 QHP and QDP filings in 2023 to ensure compliance with the consumer protections in federal and state laws.

In 2023, the DMHC reviewed eight transactions involving a merger, consolidation, or acquisition of a health plan. None of the eight transactions met the major merger threshold. The Department has reviewed 41 mergers, including one major merger, since the DMHC's authority over the review of mergers expanded in 2019.

The DMHC has a total of 14 registered PBMs. In 2023, the DMHC received a total of 16 PBM registration applications which included 12 amended PBM applications and four new PBM applications. One of the four new applications qualified to register with the DMHC. Three did not qualify to register because they either did not contract with a DMHC-licensed health plan, or they were contracted with a plan only offering Medicare Advantage products.

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

DMHC HELP CENTER ASSISTANCE: QUICK RESOLUTION – ACCESS TO CARE

Camila, a Medi-Cal Managed Care Plan member, was diagnosed with cancer. Camila's daughter called the DMHC Help Center on behalf of her mother and explained her mother's doctor submitted a prior authorization request to the health plan for chemotherapy and the placement of a chemotherapy port, but authorization for Camila's treatment was delayed by her health plan. Through the DMHC Help Center's Quick Resolution process, which uses a three-way call between the DMHC, the health plan and the health plan member, the Help Center was able to get the plan to authorize both the chemotherapy and placement of the chemotherapy port on the same day.

KNOW YOUR HEALTH CARE RIGHTS

Timely Access to Care

Health plans must ensure their network of providers, including doctors, can provide health plan members an appointment within specific timeframes.

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

Urgent Care

prior authorization **not required** by health plan
48 hours

prior authorization **required** by health plan
96 hours

Non-Urgent Care

Doctor Appointment

PRIMARY CARE PHYSICIAN
10 business days

SPECIALTY CARE PHYSICIAN
15 business days

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

Appointment
(ancillary provider[2])
15 business days

Follow-Up Care

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

Timely Access to Care Requirements

DISTANCE

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

AVAILABILITY 24/7

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

INTERPRETER

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

Unable to get an Appointment Within the Timely Access Standard?

If you are not able to get an appointment within the timely access standard, you should first contact your health plan for assistance. The DMHC Help Center is available at 1-888-466-2219 (TDD: 1-877-688-9891) or www.DMHC.ca.gov to assist you if your health plan does not resolve the issue. The DMHC Help Center will work with you and your health plan to ensure you receive timely access to care. If you believe you are experiencing a medical emergency, dial 9-1-1 or go to the nearest hospital.

DEPARTMENT OF Managed Health Care

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

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

Plan Monitoring

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

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

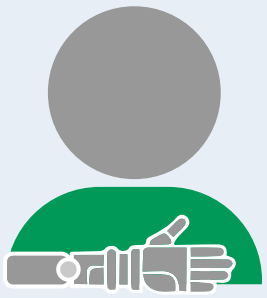
The DMHC monitors health plan provider networks and the accessibility of services to health plan members by reviewing the geographic proximity of in-network providers to member residences or work locations, provider-to-patient ratios and timely access to care. For some provider types, health plans must meet specific time and distance standards. Health plans networks are required to have an adequate number of providers to deliver care to members in a timely manner. This includes a requirement that health plans ensure their network of providers can offer members an appointment within a specific number of days or hours.

The DMHC is currently conducting Behavioral Health Investigations (BHIs) of all licensed full service commercial health plans regulated by the Department. The goal of the BHIs is to understand the challenges health plan members experience with accessing behavioral health services, despite the many protections in the law. In order to assess all licensed full service commercial health plans, the Department is taking a phased approach with an average of five health plans per phase. The investigations are a separate focused review of the health plans and not a part of the Department's routine medical surveys.

When a contract terminates between a health plan and a hospital or provider group, the DMHC assesses

DMHC HELP CENTER ASSISTANCE: ACCESS TO CARE COMPLAINT – AUTHORIZATION CARE DELAY

Deborah, an Individual HMO plan member on the state's exchange, Covered California, was diagnosed with a rare cancer in her arm. After an amputation above the elbow, her health plan agreed to cover a prosthetic hand and arm. Her specialist recommended a myoelectric prosthetic hand, but the plan denied coverage of the recommended prosthetic and instead authorized a different one. After Deborah submitted an urgent complaint with the DMHC Help Center, the plan agreed to authorize coverage of the recommended prosthetic hand.



how the members affected by the termination will continue to receive care. Health plans must submit a "Block Transfer Filing" to the DMHC when a contract termination with a hospital or provider group affects 2,000 or more members. The DMHC ensures the health plan's remaining network adequately supports the affected member population and requires the health plan to provide timely written notification to affected members of the contract termination. The DMHC also requires health plans to notify affected members that they may qualify for "continuity of care," where they can continue to see their doctor or hospital, under certain circumstances, for a limited time after the termination.

2023 Highlights

The DMHC released the results for the Phase One Behavioral Health Investigations (BHIs). The Department issued reports including findings for each of the five plans reviewed, and a Phase One Summary Report. The Department identified 21 Knox-Keene Act violations and six barriers to care across the five health plans investigated. The Knox-Keene Act violations, along with corrective action plans, were referred to the Department's Office of Enforcement. For the barriers not related to Knox-Keene Act violations, the Department provided recommendations to assist health plans in considering ways to improve access to timely and appropriate behavioral health care for all members.

One of the DMHC's top priorities is to ensure health plan members can access health care services when they need it. The Department reviewed health plan timely access compliance reports including provider appointment availability surveys for Measurement Year 2022. Health plans must meet the timely access standards, which include specific timeframes under which members must be able to obtain care. These standards include wait times to access urgent and non-urgent care appointments, as well as the availability of telephone or screening services during and after regular business hours. The DMHC will continue to monitor health plan compliance with the timely access standards through the annual timely access data reports.

2023 BY THE NUMBERS

PLAN MONITORING

15 ROUTINE SURVEYS

17 FOLLOW-UP SURVEYS

127 UNIQUE HEALTH PLAN NETWORKS REVIEWED[8]

45 TIMELY ACCESS COMPLIANCE REPORTS REVIEWED[9]

333 BLOCK TRANSFERS RECEIVED[10]

187 MATERIAL MODIFICATIONS RECEIVED

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

In addition to monitoring health plan networks for compliance with timely access standards, the DMHC reviews most health plan networks for compliance with network adequacy requirements. The DMHC issued APL 23-023 establishing new standards and methodologies for measuring the adequacy of mental health networks. Starting in 2024, the DMHC will evaluate the ability of plan networks to demonstrate sufficient capacity and geographic access to counseling non-physician mental health professionals and mental health facilities.

The DMHC continued working toward the goal of ensuring the equitable delivery of high-quality health care services and outcomes for all health plan members. The Department reconvened the Health Equity and Quality Committee in 2023 to discuss setting a benchmark for health equity and quality measures adopted in 2022. Based on the Committee's recommendations, the DMHC established a benchmark communicated to health plans in APL 23-029. All licensed full service and behavioral health plans, including Medi-Cal managed care plans, will be required to start collecting data on the measures in 2023 and report this data to the DMHC starting in 2024. The DMHC will begin publishing a Health Equity and Quality Compliance Report on the data and information reported by health plans starting in 2025.

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

Chen, an Individual PPO plan member on the state's exchange, Covered California, was diagnosed with a rare and aggressive type of lymphoma that spread to other organs and was life threatening. Chen's oncologist requested approval for a type of chemotherapy medication. His health plan denied his doctor's request as experimental/investigational. Chen requested an IMR through DMHC Help Center. The IMR determined the requested treatment was likely to be more beneficial for Chen's medical condition and the health plan's denial was overturned. Chen was able to receive the chemotherapy his doctor requested.

Financial Oversight

The DMHC works to ensure stability in California's health care delivery system by actively monitoring the financial status of health plans and provider groups, known as Risk Bearing Organizations (RBOs), to make sure they can meet their financial obligations to health plan members 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 verify 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 does not license provider organizations but monitors the financial solvency of RBOs. An RBO is a physician-owned provider group that, in its contracts with health plans, pays claims and assumes financial risk for the cost of all health care services (inpatient and outpatient) for each health plan member assigned to the RBO by accepting a fixed monthly payment from health plans. This arrangement is typically referred to as "capitation."

RBOs are subject to financial solvency requirements and regular financial reporting. The DMHC monitors the financial stability of RBOs by analyzing financial filings, conducting financial and/or claims examinations, reviewing claims payment practices and monitoring corrective action plans. At the end of 2023, the DMHC had 210 registered RBOs.

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

The DMHC also licenses Medicare Advantage health plans in California, and the Department's jurisdiction over these plans is limited to administrative and financial solvency issues.

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

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

Miranda, a Small Group PPO plan member, was diagnosed with metastatic breast cancer. Miranda's oncologist submitted a prior authorization for brachytherapy to treat her cancer, but her health plan denied the request as not medically necessary. Miranda applied for an IMR through the DMHC Help Center. The IMR determined the treatment was medically necessary to treat her condition and overturned the plan's denial. The plan was required to cover the treatment.

2023 Highlights

The DMHC completed 39 health plan financial examinations in 2023. The DMHC imposed corrective action plans (CAP) on 14 health plans for claims processing deficiencies. The CAPs required the health plans to remediate provider claims and implement processes that would ensure providers are paid accurately for services provided to health plan members. The health plans reprocessed the impacted claims and paid providers $1,832,992, including interest and penalties.

In 2023, six health plans were required to issue MLR rebates totaling $80.4 million for failing to meet the minimum MLR requirement during 2022:

- Blue Cross of California (Anthem Blue Cross) reported an MLR of 78% and paid $62.9 million in rebates in the small group market.
- UnitedHealthcare Benefits Plan of California reported an MLR of 78.2% and paid $15 million in rebates in the small group market.
- U.S. Behavioral Health Plan, California (OptumHealth Behavioral Solutions of California) reported an MLR of 71.7% and paid $1.8 million in rebates in the large group market.
- ACN Group of California, Inc. (OptumHealth Physical Health of California) reported an MLR of 69.9% and paid $361,474 in rebates in the large group market.
- County of Ventura (Ventura County Health Care Plan) reported an MLR of 84.7% and paid $242,609 in rebates in the large group market.
- Managed Health Network reported an MLR of 82% and paid $59,621 in rebates in the large group market.

The DMHC conducted 27 claims and provider dispute examinations of RBOs. As a result of the examinations, 21 RBOs were required to file a corrective action plan to address claims processing deficiencies. Collectively, the RBOs remediated claims in the amount of $333,238, including additional payments, interest and penalties.

The DMHC also issued three new licenses for Medicare Advantage plans: Alignment Health Advantage Plan, Inc., Champion Health Plan of California, Inc. and Guidant Health Plan.

2023 BY THE NUMBERS

FINANCIAL OVERSIGHT

68 FINANCIAL EXAMINATIONS COMPLETED[11]

2,737 FINANCIAL STATEMENTS REVIEWED[12]

$80.4 M MLR REBATES[13]

$1.5 M CLAIM AND DISPUTED PAYMENTS REMEDIATED

$0.7 M INTEREST AND PENALTIES PAID

201 MATERIAL MODIFICATIONS RECEIVED (FINANCIAL IMPACT)

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

Rate Review

The DMHC has saved Californians nearly $300 million in health care premiums through the premium rate review program for individual and small group health plans since the beginning of the rate review program in 2011. Proposed premium rate changes for individual or small group health plans must be filed with the DMHC. Additionally, health plans that offer large group products must provide information regarding the methodology, factors and assumptions used to determine rates to the DMHC. Upon receiving notice of a rate change, a large group contract holder (employer)[14] can also request the DMHC review a rate change within 60 days of receipt of their renewal.

Actuaries perform an in-depth review of the health plan's proposed premium rate changes and require health plans to demonstrate the changes are supported by data, including underlying medical costs and trends. The DMHC does not have the authority to approve or deny rate increases; however, the Department's rate review efforts hold health plans accountable through transparency, and ultimately has saved health plan members hundreds of millions of dollars.

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

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

Health plans in the commercial market must also file certain prescription drug cost information with the DMHC. The DMHC summarizes the data and the impact of prescription drug costs on health care premiums into an annual report and shares this information at the biennial public meeting.

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

2023 Highlights

The DMHC reviewed 52 individual and small group rate filings in 2023. The DMHC reviewed proposed premium rate changes to ensure that the rate changes were supported by data, including underlying medical costs and trends. Additionally, the DMHC reviewed 37 large group filings for the methodology, factors or assumptions that would affect the rate paid by a large group employer or contract holder. The Department did not find any unreasonable or unjustified rate changes.

Health plans that offer commercial products in the individual and small group markets must

REVIEW & COMMENT ON HEALTH PLAN PROPOSED RATE CHANGES

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

annually report information to the DMHC, including premiums, cost sharing, benefits, enrollment, and trend factors. The DMHC reviewed aggregate rate filings for 13 individual and 13 small group health plans and published the Individual and Small Group Aggregate Premium Rate Report for Measurement Year 2023. In 2023, approximately 2.35 million health plan members purchased individual health care coverage. The overall average monthly premium was $590 and individual market rate changes ranged from 0.9% to 10.6% with an average increase of 5.6%. Approximately 2.24 million health plan members had small group health care coverage. The average monthly premium was $605 and small group market rate changes ranged from 0% to 10.7% with an average increase of 7.1%.

Also in 2023, the Department received the large group aggregate rate and prescription drug cost information filings from 23 health plans. The DMHC aggregated the information across all reporting plans and published the Large Group Aggregate Rates and Prescription Drug Costs Report for Measurement Year 2023. The report summarizes the large group aggregate rate information and analyzes the impact of the cost of prescription drugs on health plan premiums in the large group market. In 2023, approximately 7.8 million health plan members renewed their coverage in the large group market. The average monthly premium was $589 and large group market rate changes ranged from -0.3% to 10.6% with an average increase of 6.5%.

The DMHC published the Prescription Drug Cost Transparency Report for Measurement Year 2022, which looks at the impact of the cost of prescription drugs on commercial health plan premiums. Among other findings, the report revealed that health plan spending on prescription drugs increased by $3.4 billion since 2017, including an increase of $1.3 billion in 2022.

2023 BY THE NUMBERS

RATE REVIEW

89 RATE FILING REVIEWS COMPLETED[15]

25 PRESCRIPTION DRUG COST FILINGS REVIEWED

49 ANNUAL AGGREGATE RATE FILINGS REVIEWED

$296.1 M HEALTH PLAN MEMBER SAVINGS THROUGH NEGOTIATED MODIFIED RATES SINCE 2011

"Since January 2011, the DMHC has saved Californians $296.1 million in health care premiums."

Enforcement

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

In 2023, the first $1 million in fines collected by the DMHC was transferred to the Steven M. Thompson Physician Corps Loan Repayment Program to be used to encourage physicians to practice in medically underserved areas. The remaining funds were transferred to the Health Care Services Plan Fines and Penalties Fund to support the Medi-Cal program.

2023 Highlights

In 2023, the DMHC assessed $53,377,900 in fines as part of enforcement actions taken against health plans. The Department's enforcement actions involved diverse legal issues, including health plan failures in complying with important health plan member protections, such as the insufficient delivery and oversight of behavioral health care, deceptive enrollment tactics, failure to pay provider claims, and violations of health plan members confidentiality. Some of the significant enforcement actions taken by the DMHC in 2023 are highlighted below.

The DMHC entered a historic settlement agreement with Kaiser Foundation Health Plan, Inc. (Kaiser Permanente) in October to make significant changes to the plan's delivery of behavioral health care services. The settlement agreement included a $50 million fine, the largest in the DMHC's history. It also requires Kaiser Permanente to take corrective actions to address deficiencies in the plan's delivery and oversight of behavioral health care to members. Additionally, the plan pledged to make investments totaling $150 million over five years into programs to improve the delivery of behavioral health services for all Californians.

The DMHC took enforcement action against Kaiser Permanente for violating the confidentiality of thousands of members resulting in a $450,000 fine and corrective action. Kaiser Permanente sent

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

Parker, a child enrolled in a Medi-Cal Managed Care Plan, was diagnosed with autism. His father requested a speech generating device to assist Parker with communicating. Parker's health plan denied the request as not medically necessary. Parker's father filed an IMR with the DMHC Help Center. The IMR overturned the health plan's denial and determined the requested speech generating device was medically necessary for Parker.

337,755 mailings containing confidential Protected Health Information (PHI) to 167,095 potentially outdated member addresses. The plan's error in updating its electronic health records system caused the unauthorized mailings and PHI data breach. The plan implemented several corrective actions to reduce the risk of future breaches of members' confidential information.

The DMHC took enforcement action against Local Initiative Health Authority for Los Angeles County (L.A. Care Health Plan) for deceptive enrollment tactics which resulted in a $300,000 fine. The DMHC found the plan misled 21 of the plan's members during the enrollment process, including making untrue or misleading statements that left members without coverage or paying for treatment they were told they would not have to pay for. The plan agreed to pay the fine and implement several corrective actions, including monthly monitoring of sales staff, revising policies and procedures for call scripts, conducting staff trainings and coaching with sales and marketing staff, increased call monitoring, and establishing an internal auditing process to comply with the law.

The DMHC took enforcement action against Health Net of California, Inc. (Health Net) for failing to properly reimburse thousands of claims to providers which resulted in a $225,000 fine. California law requires health plans to timely reimburse provider claims and failing to do so can impact the financial stability of providers and the overall stability of the health care delivery system. The plan agreed to pay the fine and take corrective actions including remediating $1.2 million in payments to providers.

The DMHC took enforcement action against Aetna Health of California, Inc. (Aetna) for uncorrected operational deficiencies resulting in a $150,000 fine and corrective action plan. The DMHC's survey of the plan's operations found Aetna failed to correct identified deficiencies involving its grievance system, failed to provide adequate oversight of its delegated

2023 BY THE NUMBERS

ENFORCEMENT

797 CASES OPENED

90 CASES CLOSED WITH A PENALTY

$53.4 M PENALTIES ASSESSED

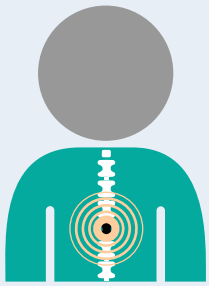
"To protect consumers, the DMHC takes timely action against health plans that violate the law."

entities' application of utilization management, and other failures resulting in improper denials. The plan implemented a corrective action plan to ensure the identified deficiencies were resolved.

The DMHC took enforcement action against UHC of California (UnitedHealthcare of California) for the plan's failure to properly resolve emergency claims resulting in a $127,500 fine and corrective action plan. The DMHC's investigation revealed that UnitedHealthcare of California had denied several emergency claims based on the misapplication of the correct standard. UnitedHealthcare of California implemented a corrective action plan ensuring processing of emergency claims based on California law, redetermined denied emergency claims over a four-year period and conducted quarterly reviews of its policies and procedures in accordance with California law and Department policy.

DMHC HELP CENTER ASSISTANCE: BENEFITS/COVERAGE COMPLAINT – NO PRIOR AUTHORIZATION

River, a Large Group CalPERS HMO plan member, was in the hospital after spinal surgery. Before his surgery, River was told by his plan services would be covered. After his surgery, his plan denied coverage of the hospital stay because the hospital was out-of-network. River filed grievances with his plan, which were denied, so he filed a complaint with the DMHC Help Center. The Help Center reviewed River's complaint and requested audio recordings from the health plan of its calls with River. Through the Help Center's investigation, it was determined a plan representative did tell River the services would be covered. The health plan overturned its previous denial and reprocessed the hospital claims totaling almost $66,000.



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, IHSS, Medi-Cal Risk, Medicare Risk (Medicare Advantage), Medicare Cost (Fee For Service) and Medicare Supplement. Healthy Families and AIM enrollment were also reported in previous years when those programs were active.

2 "Other" enrollment consists of Medicare Supplement enrollment.

3 Health plan members received the requested services in 71.7% of the cases qualified by the Department for the IMR program in 2023.

4 Individuals may have received more than one form of assistance throughout the year.

5 Health plan member complaints are comprised of standard complaints (12,713), quick resolutions (514), and urgent cases (18) in 2023. 10,174 of the standard complaints were resolved by the DMHC and are included in the complaint report in the Appendix. Of the remaining cases, most were sent back to the health plan to address through the grievance process.

6 IMRs are comprised of cases that were resolved by the DMHC or closed for any reason other than non-jurisdictional in 2023. 2,838 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 health plan member had not yet gone through the health plan grievance process, the member did not respond to requests for information, the case was withdrawn by the member or the case was ineligible for IMR.

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

8 Networks reviewed in 2023 were for Reporting Year 2023 Annual Network Reporting.

9 Timely Access compliance reports reviewed in 2023 were for Measurement Year 2022.

10 333 Block Transfer filings received in 2023; 235 hospital and 98 provider group filings.

11 39 health plan financial examinations, two MLR examinations, and 27 RBO financial examinations.

12 1,369 health plan financial statements reviewed and 1,368 RBO financial statements reviewed.

13 Rebates for calendar year 2022 were paid in 2023.

14 The large group coverage must be experience rated in whole or blended.

15 This includes 15 individual market health plan premium rate filings, 37 small group rate filings, and 37 large group rate filings.

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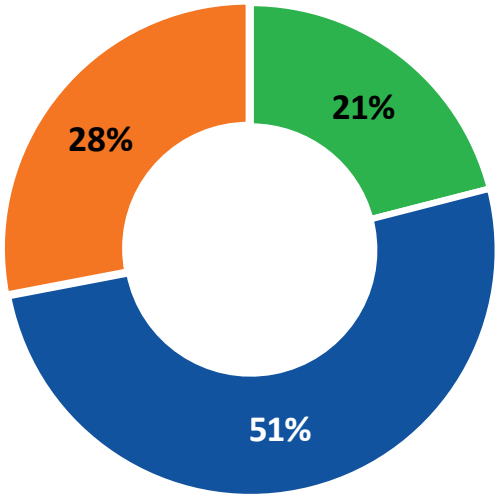
2023 Independent Medical Review Summary Report

Report Overview

72%

of health plan member cases that qualified for the Department's IMR program received the requested services they needed.*



21% - IMR cases reversed by health plan

28% - IMR cases upheld by IMRO

51% - IMR cases overturned by IMRO

The Annual Independent Medical Review (IMR) Summary Report displays the number and types of IMRs resolved during the 2023 calendar year, by health plan. The Department resolved 2,838 IMRs.

The Report identifies each health plan's enrollment during the year, the number of IMRs resolved for each health plan, the number of IMRs per 10,000 members, the number of IMRs upheld or overturned by the Independent Medical Review Organization (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 reflects the enrollment figures provided for the fourth quarter of 2023 for the population of members within the DMHC Help Center's jurisdiction. Plans with zero enrollment as of December 31, 2023 may have had enrollment earlier in the year, received a license in 2023 or did not have enrollment within the DMHC Help Center's jurisdiction.

Data represents resolved IMRs which were determined to be within the Department's jurisdiction, eligible for review by the Department, and resolved (closed) within calendar year 2023. Cases pending at the end of 2023 and resolved (closed) in the following year are reported in the subsequent year's Annual Report.

Health plans are listed according to their business names during 2023. In instances where a health plan is known by more than one name, the legal name is shown first with the additional name(s) in parentheses. For health plans that are involved in plan-to-plan arrangements, the data is reported by the primary plan only.

The number of IMRs per 10,000 members 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 members indicates fewer IMRs per capita. As a result, a plan with high enrollment and a higher overall number of resolved IMRs may still show fewer IMRs per 10,000 members than another plan with fewer overall resolved IMRs.

* Members received the requested services in 71.7% of the cases qualified by the Department for the IMR program in 2023. This is comprised of IMRs that were overturned by the IMRO and reversed by health plans.

California Department of Managed Health Care

2023 Independent Medical Reviews by Health Plan

Plan Type and Name	Enrollees*	Total IMRs Resolved	IMRs per 10,000	EXPERIMENTAL / INVESTIGATIONAL IMR							MEDICAL NECESSITY IMR							ER REIMBURSEMENT IMR						
				Total IMRs	Upheld by IMR	%	Over-turned by IMR	%	Rev. by Plan	%	Total IMRs	Upheld by IMR	%	Over-turned by IMR	%	Rev. by Plan	%	Total IMRs	Upheld by IMR	%	Over-turned by IMR	%	Rev. by Plan	%
FULL SERVICE – ENROLLMENT OVER 400,000																								
Blue Cross of California (Anthem Blue Cross)	2,184,063	863	3.95	173	77	44.5%	85	49.1%	11	6.4%	688	138	20.1%	472	68.6%	78	11.3%	2	0	0.0%	2	100.0%	0	0.0%
Blue Cross of California Partnership Plan, Inc.	1,029,008	25	0.24	2	1	50.0%	1	50.0%	0	0.0%	23	7	30.4%	8	34.8%	8	34.8%	0	0	0.0%	0	0.0%	0	0.0%
California Physicians' Service (Blue Shield of California)	2,348,430	862	3.67	214	94	43.9%	90	42.1%	30	14.0%	645	124	19.2%	357	55.3%	164	25.4%	3	1	33.3%	1	33.3%	1	33.3%
Fresno-Kings-Madera Regional Health Authority (CalViva Health)	430,517	8	0.19	0	0	0.0%	0	0.0%	0	0.0%	8	2	25.0%	1	12.5%	5	62.5%	0	0	0.0%	0	0.0%	0	0.0%
Health Net Community Solutions, Inc.	1,666,955	29	0.17	1	1	100.0%	0	0.0%	0	0.0%	28	9	32.1%	8	28.6%	11	39.3%	0	0	0.0%	0	0.0%	0	0.0%
Health Net of California, Inc.	491,747	210	4.27	23	8	34.8%	12	52.2%	3	13.0%	186	28	15.1%	89	47.8%	69	37.1%	1	0	0.0%	0	0.0%	1	100.0%
Inland Empire Health Plan (IEHP)	1,627,176	32	0.20	3	2	66.7%	0	0.0%	1	33.3%	29	12	41.4%	5	17.2%	12	41.4%	0	0	0.0%	0	0.0%	0	0.0%
Kaiser Foundation Health Plan, Inc. (Kaiser Permanente)	6,995,799	233	0.33	3	2	66.7%	0	0.0%	1	33.3%	230	115	50.0%	72	31.3%	43	18.7%	0	0	0.0%	0	0.0%	0	0.0%
Local Initiative Health Authority for Los Angeles County (L.A. Care Health Plan)	2,682,058	67	0.25	4	2	50.0%	1	25.0%	1	25.0%	63	19	30.2%	20	31.7%	24	38.1%	0	0	0.0%	0	0.0%	0	0.0%
Molina Healthcare of California	607,755	11	0.18	0	0	0.0%	0	0.0%	0	0.0%	11	4	36.4%	5	45.5%	2	18.2%	0	0	0.0%	0	0.0%	0	0.0%
San Joaquin County Health Commission (Health Plan of San Joaquin)	438,399	8	0.18	0	0	0.0%	0	0.0%	0	0.0%	8	2	25.0%	3	37.5%	3	37.5%	0	0	0.0%	0	0.0%	0	0.0%
Total Full Service - Enrollment Over 400,000:	**20,501,907**	**2,348**	**1.15**	**423**	**187**	**44.2%**	**189**	**44.7%**	**47**	**11.1%**	**1919**	**460**	**24.0%**	**1040**	**54.2%**	**419**	**21.8%**	**6**	**1**	**16.7%**	**3**	**50.0%**	**2**	**33.3%**
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.	58,113	1	0.17	0	0	0.0%	0	0.0%	0	0.0%	1	0	0.0%	0	0.0%	1	100.0%	0	0	0.0%	0	0.0%	0	0.0%
Aetna Health of California Inc.	215,860	28	1.30	5	1	20.0%	3	60.0%	1	20.0%	23	6	26.1%	9	39.1%	8	34.8%	0	0	0.0%	0	0.0%	0	0.0%
AIDS Healthcare Foundation (Positive Healthcare)	657	0	0.00	0	0	0.0%	0	0.0%	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	352,694	12	0.34	0	0	0.0%	0	0.0%	0	0.0%	12	6	50.0%	3	25.0%	3	25.0%	0	0	0.0%	0	0.0%	0	0.0%
Align Senior Care California, Inc.**	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Alignment Health Advantage 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%
Alignment Health Plan	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
AltaMed Health Network, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
AmericasHealth Plan, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Arcadian Health Plan, Inc.**	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Aspire Health Plan**	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Astiva Health, Inc.**	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Bay Area Accountable Care Network, Inc. (Canopy Health)	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Blue Shield of California Promise Health Plan	151,995	7	0.46	1	0	0.0%	1	100.0%	0	0.0%	6	4	66.7%	1	16.7%	1	16.7%	0	0	0.0%	0	0.0%	0	0.0%
Brandman Health Plan**	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Brown & Toland Health Services, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
California Health and Wellness Plan (CA Health and Wellness)	256,083	10	0.39	0	0	0.0%	0	0.0%	0	0.0%	10	0	0.0%	5	50.0%	5	50.0%	0	0	0.0%	0	0.0%	0	0.0%
CareMore Health Plan	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
CCA Health Plans of California, Inc. (CCA Health California)**	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Central Health Plan of California, Inc.**	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Central Valley Health Plan, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Champion 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%
CHG Foundation (Community Health Group Partnership Plan)	355,340	5	0.14	1	1	100.0%	0	0.0%	0	0.0%	4	3	75.0%	0	0.0%	1	25.0%	0	0	0.0%	0	0.0%	0	0.0%
Children's Health Plan of California	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Chinese Community Health Plan (Balance by CCHP)	5,985	1	1.67	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%
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.	105,435	11	1.04	3	0	0.0%	1	33.3%	2	66.7%	8	2	25.0%	2	25.0%	4	50.0%	0	0	0.0%	0	0.0%	0	0.0%
Clever Care of Golden State Inc. (Clever Care of California)**	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Community Care Health Plan, Inc.	11,747	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Community Family Care 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%
Community Health Group	6,738	2	2.97	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%
Contra Costa County Medical Services (Contra Costa Health Plan)	273,905	8	0.29	0	0	0.0%	0	0.0%	0	0.0%	8	3	37.5%	3	37.5%	2	25.0%	0	0	0.0%	0	0.0%	0	0.0%
County of Ventura (Ventura County Health Care Plan)	10,471	1	0.96	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%
Dignity Health Provider Resources, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
EPIC Health Plan	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Essence Healthcare of California, Inc. (Essence Healthcare)**	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Evergreen HMO 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%
Family Choice Health Services, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
For Your Benefit, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Golden Bay Health, Inc. (Golden Bay 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%
Guidant 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%

California Department of Managed Health Care

2023 Independent Medical Reviews by Health Plan

Plan Type and Name	Enrollees*	Total IMRs Resolved	IMRs per 10,000	EXPERIMENTAL / INVESTIGATIONAL IMR							MEDICAL NECESSITY IMR							ER REIMBURSEMENT IMR						
				Total IMRs	Upheld by IMR	%	Over-turned by IMR	%	Rev. by Plan	%	Total IMRs	Upheld by IMR	%	Over-turned by IMR	%	Rev. by Plan	%	Total IMRs	Upheld by IMR	%	Over-turned by IMR	%	Rev. by Plan	%
Healthy Valley Provider Network, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Heritage Provider Network, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Hill Physicians Care Solutions, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Humana Health Plan of California, Inc.**	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Humana Health Plan of Texas, Inc.**	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Imperial County Local Health Authority (Community Health Plan of Imperial Valley)	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Imperial Health Plan of California, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Innovative Integrated Health Community Plans, Inc.**	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Inter Valley Health Plan, Inc.**	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Kern Health Systems	348,721	23	0.66	1	0	0.0%	1	100.0%	0	0.0%	22	6	27.3%	9	40.9%	7	31.8%	0	0	0.0%	0	0.0%	0	0.0%
L.A. Care Health Plan Joint Powers Authority	48,300	3	0.62	0	0	0.0%	0	0.0%	0	0.0%	3	2	66.7%	0	0.0%	1	33.3%	0	0	0.0%	0	0.0%	0	0.0%
MedCare Partners, Inc. (MedCare Partners Health Plan)	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Medcore HP	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Medi-Excel, S.A. de C.V. (MediExcel Health Plan)	15,242	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
MemorialCare Select Health Plan	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%
Meritage Health Plan	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Monarch Health Plan, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
On Lok Senior Health Services	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%
Optum Health Plan of California	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Orange County Health Authority (CalOptima)***	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Oscar Health Plan of California	37,257	27	7.25	5	3	60.0%	2	40.0%	0	0.0%	21	5	23.8%	4	19.0%	12	57.1%	1	0	0.0%	0	0.0%	1	100.0%
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%
PromiseCare 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%
Prospect Health Plan, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Providence Health Assurance**	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Providence Health Network	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
San Francisco Health Authority (San Francisco Health Plan)	196,061	4	0.20	0	0	0.0%	0	0.0%	0	0.0%	4	3	75.0%	0	0.0%	1	25.0%	0	0	0.0%	0	0.0%	0	0.0%
San Mateo Health Commission (Health Plan of San Mateo)	144,329	8	0.55	0	0	0.0%	0	0.0%	0	0.0%	7	5	71.4%	0	0.0%	2	28.6%	1	1	100.0%	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)	47,085	6	1.27	1	0	0.0%	1	100.0%	0	0.0%	5	2	40.0%	0	0.0%	3	60.0%	0	0	0.0%	0	0.0%	0	0.0%
Santa Clara County Health Authority (Santa Clara Family Health Plan)	318,365	11	0.35	1	1	100.0%	0	0.0%	0	0.0%	10	4	40.0%	4	40.0%	2	20.0%	0	0	0.0%	0	0.0%	0	0.0%
Santa Cruz-Monterey-Merced Managed Medical Care Commission (Central California Alliance for Health)***	697	0	0.00	0	0	0.0%	0	0.0%	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	20,108	0	0.00	0	0	0.0%	0	0.0%	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.	17,325	4	2.31	0	0	0.0%	0	0.0%	0	0.0%	4	1	25.0%	2	50.0%	1	25.0%	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	133,421	51	3.82	7	1	14.3%	6	85.7%	0	0.0%	44	9	20.5%	23	52.3%	12	27.3%	0	0	0.0%	0	0.0%	0	0.0%
Sistemas Medicos Nacionales, S.A.de C.V. (SIMNSA Health Plan)	56,476	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Starlife Holdings Inc. (Starlife 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%
Sutter Health Plan (Sutter Health Plus)	107,673	23	2.14	3	2	66.7%	1	33.3%	0	0.0%	20	4	20.0%	10	50.0%	6	30.0%	0	0	0.0%	0	0.0%	0	0.0%
UHC of California (UnitedHealthcare of California)	366,404	58	1.58	8	4	50.0%	3	37.5%	1	12.5%	50	16	32.0%	13	26.0%	21	42.0%	0	0	0.0%	0	0.0%	0	0.0%
UnitedHealthcare Benefits Plan of California	377,291	150	3.98	66	30	45.5%	33	50.0%	3	4.5%	84	20	23.8%	47	56.0%	17	20.2%	0	0	0.0%	0	0.0%	0	0.0%
UnitedHealthcare Community Plan of California, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Universal Care, Inc (Bright HealthCare)**	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
WellCare of California, Inc.**	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Western Health Advantage	105,199	36	3.42	6	2	33.3%	3	50.0%	1	16.7%	30	6	20.0%	19	63.3%	5	16.7%	0	0	0.0%	0	0.0%	0	0.0%
Total Full Service - Enrollment Under 400,000:	**4,145,614**	**490**	**1.18**	**108**	**45**	**41.7%**	**55**	**50.9%**	**8**	**7.4%**	**380**	**110**	**28.9%**	**155**	**40.8%**	**115**	**30.3%**	**2**	**1**	**50.0%**	**0**	**0.0%**	**1**	**50.0%**
Total All Full Service Plans:	**24,647,521**	**2,838**	**1.15**	**531**	**232**	**43.7%**	**244**	**46.0%**	**55**	**10.4%**	**2,299**	**570**	**24.8%**	**1,195**	**52.0%**	**534**	**23.2%**	**8**	**2**	**25.0%**	**3**	**37.5%**	**3**	**37.5%**
Chiropractic																								
ACN Group of California, Inc. (OptumHealth Physical Health of California)	79,121	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
American Specialty Health Plans of California, Inc. (ASHP)	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Landmark Healthplan of California, Inc.	68,341	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Total Chiropractic:	**147,462**	**0**	**0.00**	**0**	**0**	**0.0%**	**0**	**0.0%**	**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

2023 Independent Medical Reviews by Health Plan

Plan Type and Name	Enrollees*	Total IMRs Resolved	IMRs per 10,000	EXPERIMENTAL / INVESTIGATIONAL IMR							MEDICAL NECESSITY IMR							ER REIMBURSEMENT IMR						
				Total IMRs	Upheld by IMR	%	Over-turned by IMR	%	Rev. by Plan	%	Total IMRs	Upheld by IMR	%	Over-turned by IMR	%	Rev. by Plan	%	Total IMRs	Upheld by IMR	%	Over-turned by IMR	%	Rev. by Plan	%
Dental																								
Access Dental Plan	302,931	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Aetna Dental of California Inc.	102,244	0	0.00	0	0	0.0%	0	0.0%	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.	76,476	0	0.00	0	0	0.0%	0	0.0%	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.	189,912	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Consumer Health, Inc. (Newport Dental Plan)	6,717	0	0.00	0	0	0.0%	0	0.0%	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.	150,179	0	0.00	0	0	0.0%	0	0.0%	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	59,828	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%
Golden West Health Plan, Inc. (Golden West Dental & Vision 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%
Liberty Dental Plan of California, Inc. (Personal Dental Services)	427,758	0	0.00	0	0	0.0%	0	0.0%	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	75,937	0	0.00	0	0	0.0%	0	0.0%	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)	178,177	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Starmount Managed Dental of California, Inc. (Unum Dental HMO Plan)	1,734	0	0.00	0	0	0.0%	0	0.0%	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.)	19,452	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
United Concordia Dental Plans of California, Inc.	59,115	0	0.00	0	0	0.0%	0	0.0%	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)	355,077	0	0.00	0	0	0.0%	0	0.0%	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:	**2,005,537**	**0**	**0.00**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**
DENTAL/VISION																								
Delta Dental of California	4,245,820	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Total Dental/Vision:	**4,245,820**	**0**	**0.00**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**
DISCOUNT																								
First Dental Health	23,202	0	0.00	0	0	0.0%	0	0.0%	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.	26,856	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Total Discount:	**50,058**	**0**	**0.00**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**
PHARMACY																								
SilverScript Insurance Company	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
WellCare Prescription Insurance, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Total Pharmacy:	**0**	**0**	**0.00**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**
BEHAVIORAL HEALTH (PSYCHOLOGICAL)																								
Carelon Behavioral Health of California, Inc.	269,226	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Claremont Behavioral Services, Inc. (Claremont EAP)	123,488	0	0.00	0	0	0.0%	0	0.0%	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	152,124	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Empathia Pacific, Inc. (LifeMatters)	116,021	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%
Evernorth Behavioral Health of California, Inc.	88,454	0	0.00	0	0	0.0%	0	0.0%	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.	130,894	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Health and Human Resource Center, Inc. (Aetna Resources for Living)	1,812,670	0	0.00	0	0	0.0%	0	0.0%	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	69,912	0	0.00	0	0	0.0%	0	0.0%	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.	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, Inc. - Employer Services	797,371	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Managed Health Network	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%
TELUS Health (California) Ltd. (LifeWorks)	105,424	0	0.00	0	0	0.0%	0	0.0%	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)	977,348	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Total Behavioral Health (Psychological):	**4,642,932**	**0**	**0.00**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**
VISION																								
Envolve Vision, 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%
EyeMax Vision Plan, Inc.	406	0	0.00	0	0	0.0%	0	0.0%	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.	425,371	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
FirstSight Vision Services, Inc. (America’s Best Vision Plan)	215,355	0	0.00	0	0	0.0%	0	0.0%	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.	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 Eye Care, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Vision Plan of America	8,297	0	0.00	0	0	0.0%	0	0.0%	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

2023 Independent Medical Reviews by Health Plan

Plan Type and Name	Enrollees*	Total IMRs Resolved	IMRs per 10,000	EXPERIMENTAL / INVESTIGATIONAL IMR							MEDICAL NECESSITY IMR							ER REIMBURSEMENT IMR						
				Total IMRs	Upheld by IMR	%	Over-turned by IMR	%	Rev. by Plan	%	Total IMRs	Upheld by IMR	%	Over-turned by IMR	%	Rev. by Plan	%	Total IMRs	Upheld by IMR	%	Over-turned by IMR	%	Rev. by Plan	%
Vision Service Plan	3,568,730	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Visique Vision Solutions of California, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Total Vision:	**4,218,159**	**0**	**0.00**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**
Total Specialty Plans:	**15,309,968**	**0**	**0.00**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**
Grand Totals:	**39,957,489**	**2,838**	**0.71**	**531**	**232**	**43.7%**	**244**	**46.0%**	**55**	**10.4%**	**2,299**	**570**	**24.8%**	**1,195**	**52.0%**	**534**	**23.2%**	**8**	**2**	**25.0%**	**3**	**37.5%**	**3**	**37.5%**

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

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

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

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

Grey shading indicates that the plan surrendered its license in 2023.

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

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

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

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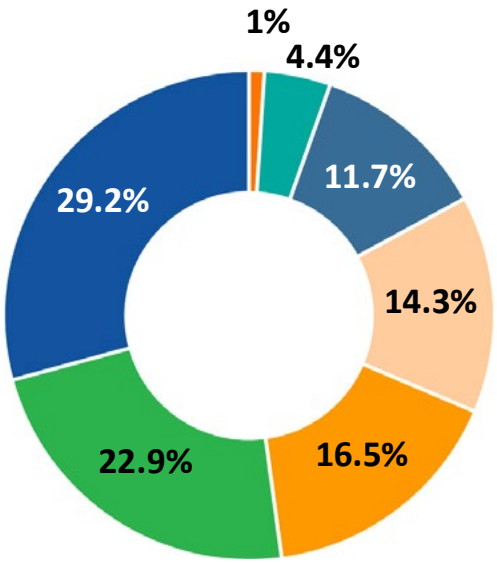
2023 Member Complaint Summary Report

Report Overview



1% - Coordination of Benefits

4.4% - Enrollment

11.7% - Access to Care

14.3% - Provider Customer Service

16.5% - Health Plan Customer Service

22.9% - Benefits/Coverage

29.2% - Claims/Financial

The Annual Complaint Summary Report displays the number and types of complaints resolved during the 2023 calendar year by health plan. A member's complaint may include more than one issue. A complaint consisting of multiple distinct issues is counted as one resolved complaint. Specific complaint issues are categorized in seven categories: Access to Care, Benefits/Coverage, Claims/Financial, Enrollment, Coordination of Benefits, Health Plan Customer Service, and Provider Customer Service.

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

The health plan enrollment figures were provided to the Department by the health plans in their quarterly financial filings. Enrollment reflects the enrollment figures provided for the fourth quarter of 2023 for the population of members within the DMHC Help Center's jurisdiction. Plans with zero enrollment as of December 31, 2023 may have had enrollment earlier in the year, received a license in 2023 or did not have enrollment within the DMHC Help Center's jurisdiction.

Data represents resolved complaints which were determined to be within the Department's jurisdiction, eligible for review by the Department, and resolved (closed) within calendar year 2023. Cases pending at the end of 2023 and resolved (closed) in the following year are reported in the subsequent year's Annual Report.

Health plans are listed according to their business names during 2023. In instances where a health plan is known by more than one name, the legal name is shown first with the additional name(s) in parentheses. For health plans that are involved in plan-to-plan arrangements, the data is reported by the primary plan only.

The number of complaints per 10,000 members 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 members indicates fewer complaints were resolved per capita. As a result, a plan with high enrollment and a higher overall number of resolved complaints may still show fewer complaints per 10,000 members than another plan with fewer overall resolved complaints.

California Department of Managed Health Care

2023 Member Complaints by Health Plan and Category

Plan Type and Name	Complaints Resolved	% of Complaints Resolved	Enrollees*	Complaints per 10,000	ACCESS TO CARE		BENEFITS/ COVERAGE		CLAIMS/ FINANCIAL		ENROLLMENT		COORDINATION OF BENEFITS		HEALTH PLAN CUSTOMER SERVICE		PROVIDER CUSTOMER SERVICE	
					Count	Per 10,000	Count	Per 10,000	Count	Per 10,000	Count	Per 10,000	Count	Per 10,000	Count	Per 10,000	Count	Per 10,000
FULL SERVICE – ENROLLMENT OVER 400,000																		
Blue Cross of California (Anthem Blue Cross)	1,559	19.1%	2,184,063	7.14	147	0.67	543	2.49	976	4.47	133	0.61	16	0.07	379	1.74	153	0.70
Blue Cross of California Partnership Plan, Inc.	111	1.4%	1,029,008	1.08	55	0.53	32	0.31	17	0.17	1	0.01	8	0.08	22	0.21	36	0.35
California Physicians' Service (Blue Shield of California)	2,470	30.2%	2,348,430	10.52	233	0.99	877	3.73	1549	6.60	208	0.89	38	0.16	714	3.04	174	0.74
Fresno-Kings-Madera Regional Health Authority (CalViva Health)	22	0.3%	430,517	0.51	11	0.26	7	0.16	6	0.14	0	0.00	0	0.00	6	0.14	8	0.19
Health Net Community Solutions, Inc.	285	3.5%	1,666,955	1.71	163	0.98	87	0.52	29	0.17	1	0.01	11	0.07	60	0.36	116	0.70
Health Net of California, Inc.	529	6.5%	491,747	10.76	94	1.91	223	4.53	239	4.86	38	0.77	5	0.10	143	2.91	88	1.79
Inland Empire Health Plan (IEHP)	136	1.7%	1,627,176	0.84	45	0.28	55	0.34	12	0.07	2	0.01	3	0.02	35	0.22	63	0.39
Kaiser Foundation Health Plan, Inc. (Kaiser Permanente)	2,124	26.0%	6,995,799	3.04	502	0.72	716	1.02	647	0.92	181	0.26	17	0.02	557	0.80	917	1.31
Local Initiative Health Authority for Los Angeles County (L.A. Care Health Plan)	841	10.3%	2,682,058	3.14	269	1.00	221	0.82	279	1.04	34	0.13	29	0.11	195	0.73	261	0.97
Molina Healthcare of California	67	0.8%	607,755	1.10	21	0.35	26	0.43	16	0.26	9	0.15	0	0.00	17	0.28	18	0.30
San Joaquin County Health Commission (Health Plan of San Joaquin)	33	0.4%	438,399	0.75	10	0.23	21	0.48	7	0.16	1	0.02	1	0.02	5	0.11	10	0.23
Total Full Service – Enrollment Over 400,000:	**8,177**	**100.0%**	**20,501,907**	**3.99**	**1,550**	**0.76**	**2,808**	**1.37**	**3,777**	**1.84**	**608**	**0.30**	**128**	**0.06**	**2,133**	**1.04**	**1,844**	**0.90**
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.	9	0.6%	58,113	1.55	6	1.03	4	0.69	2	0.34	0	0.00	0	0.00	3	0.52	3	0.52
Aetna Health of California Inc.	74	5.1%	215,860	3.43	10	0.46	25	1.16	36	1.67	5	0.23	0	0.00	25	1.16	8	0.37
AIDS Healthcare Foundation (Positive Healthcare)	1	0.1%	657	15.22	0	0.00	0	0.00	0	0.00	1	15.22	0	0.00	1	15.22	1	15.22
Alameda Alliance For Health	65	4.5%	352,694	1.84	33	0.94	30	0.85	8	0.23	1	0.03	3	0.09	14	0.40	25	0.71
Align Senior Care California, Inc.**	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Alignment Health Advantage 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
Alignment Health Plan	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
AltaMed Health Network, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
AmericasHealth Plan, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Arcadian Health Plan, Inc.**	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Aspire Health Plan**	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Astiva Health, Inc.**	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Bay Area Accountable Care Network, Inc. (Canopy Health)	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Blue Shield of California Promise Health Plan	34	2.4%	151,995	2.24	14	0.92	13	0.86	4	0.26	0	0.00	3	0.20	8	0.53	11	0.72
Brandman Health Plan**	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Brown & Toland Health Services, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
California Health and Wellness Plan (CA Health and Wellness)	35	2.4%	256,083	1.37	14	0.55	13	0.51	8	0.31	0	0.00	1	0.04	10	0.39	9	0.35
CareMore Health Plan	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
CCA Health Plans of California, Inc. (CCA Health California)**	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Central Health Plan of California, Inc.**	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Central Valley Health Plan, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Champion 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
CHG Foundation (Community Health Group Partnership Plan)	9	0.6%	355,340	0.25	7	0.20	4	0.11	2	0.06	0	0.00	0	0.00	1	0.03	2	0.06
Children's Health Plan of California	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Chinese Community Health Plan (Balance by CCHP)	5	0.3%	5,985	8.35	0	0.00	1	1.67	3	5.01	0	0.00	0	0.00	3	5.01	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.	40	2.8%	105,435	3.79	5	0.47	25	2.37	19	1.80	0	0.00	1	0.09	4	0.38	7	0.66
Clever Care of Golden State Inc. (Clever Care of California)**	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Community Care Health Plan, Inc.	0	0.0%	11,747	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Community Family Care 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
Community Health Group	2	0.1%	6,738	2.97	0	0.00	1	1.48	1	1.48	0	0.00	0	0.00	1	1.48	0	0.00
Contra Costa County Medical Services (Contra Costa Health Plan)	63	4.4%	273,905	2.30	24	0.88	19	0.69	6	0.22	2	0.07	2	0.07	13	0.47	31	1.13
County of Ventura (Ventura County Health Care Plan)	1	0.1%	10,471	0.96	0	0.00	0	0.00	1	0.96	0	0.00	0	0.00	0	0.00	1	0.96
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

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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
EPIC Health Plan	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Essence Healthcare of California, Inc. (Essence Healthcare)**	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Evergreen HMO 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
Family Choice Health Services, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
For Your Benefit, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Golden Bay Health, Inc. (Golden Bay 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
Guidant Health Plan	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Healthy Valley Provider Network, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Heritage Provider Network, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Hill Physicians Care Solutions, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Humana Health Plan of California, Inc.**	13	0.9%	0	0.00	3	0.00	6	0.00	2	0.00	0	0.00	0	0.00	4	0.00	3	0.00
Humana Health Plan of Texas, Inc.**	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Imperial County Local Health Authority (Community Health Plan of Imperial Valley)	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Imperial Health Plan of California, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Innovative Integrated Health Community Plans, Inc.**	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Inter Valley Health Plan, Inc.**	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Kern Health Systems	14	1.0%	348,721	0.40	5	0.14	8	0.23	1	0.03	1	0.03	1	0.03	3	0.09	5	0.14
L.A. Care Health Plan Joint Powers Authority	34	2.4%	48,300	7.04	11	2.28	15	3.11	11	2.28	0	0.00	1	0.21	5	1.04	10	2.07
MedCare Partners, Inc. (MedCare Partners Health Plan)	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Medcore HP	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Medi-Excel, S.A. de C.V. (MediExcel Health Plan)	1	0.1%	15,242	0.66	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	1	0.66	2	1.31
MemorialCare Select Health Plan	0	0.0%	339	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Meritage Health Plan	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Monarch Health Plan, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
On Lok Senior Health Services	1	0.1%	298	33.56	1	33.56	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	1	33.56
Optum Health Plan of California	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Orange County Health Authority (CalOptima)***	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Oscar Health Plan of California	105	7.3%	37,257	28.18	5	1.34	29	7.78	74	19.86	14	3.76	1	0.27	28	7.52	9	2.42
Partnership HealthPlan of California***	2	0.1%	0	0.00	1	0.00	0	0.00	0	0.00	1	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
PromiseCare 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
Prospect Health Plan, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Providence Health Assurance**	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Providence Health Network	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
San Francisco Health Authority (San Francisco Health Plan)	19	1.3%	196,061	0.97	5	0.26	7	0.36	1	0.05	2	0.10	1	0.05	4	0.20	7	0.36
San Mateo Health Commission (Health Plan of San Mateo)	33	2.3%	144,329	2.29	25	1.73	7	0.49	2	0.14	0	0.00	1	0.07	7	0.49	5	0.35
Santa Barbara San Luis Obispo Regional Health Authority (CenCal Health)***	1	0.1%	0	0.00	1	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)	29	2.0%	47,085	6.16	7	1.49	16	3.40	8	1.70	3	0.64	2	0.42	4	0.85	1	0.21
Santa Clara County Health Authority (Santa Clara Family Health Plan)	48	3.3%	318,365	1.51	15	0.47	21	0.66	7	0.22	1	0.03	1	0.03	16	0.50	19	0.60
Santa Cruz-Monterey-Merced Managed Medical Care Commission (Central California Alliance for Health)***	1	0.1%	697	14.35	0	0.00	0	0.00	0	0.00	1	14.35	0	0.00	1	14.35	0	0.00
Scan Health Plan	0	0.0%	20,108	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.	11	0.8%	17,325	6.35	0	0.00	6	3.46	4	2.31	0	0.00	0	0.00	0	0.00	3	1.73
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	79	5.5%	133,421	5.92	15	1.12	55	4.12	19	1.42	5	0.37	1	0.07	19	1.42	10	0.75
Sistemas Medicos Nacionales, S.A.de C.V. (SIMNSA Health Plan)	7	0.5%	56,476	1.24	0	0.00	4	0.71	3	0.53	0	0.00	0	0.00	3	0.53	2	0.35
Starlife Holdings Inc. (Starlife 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
Sutter Health Plan (Sutter Health Plus)	94	6.5%	107,673	8.73	18	1.67	45	4.18	44	4.09	5	0.46	3	0.28	18	1.67	23	2.14
UHC of California (UnitedHealthcare of California)	273	18.9%	366,404	7.45	28	0.76	142	3.88	118	3.22	5	0.14	6	0.16	65	1.77	48	1.31

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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
UnitedHealthcare Benefits Plan of California	256	17.7%	377,291	6.79	17	0.45	66	1.75	198	5.25	8	0.21	1	0.03	47	1.25	11	0.29
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, Inc (Bright HealthCare)**	1	0.1%	0	0.00	0	0.00	0	0.00	1	0.00	0	0.00	0	0.00	0	0.00	0	0.00
WellCare of California, Inc.**	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Western Health Advantage	84	5.8%	105,199	7.98	24	2.28	41	3.90	24	2.28	7	0.67	3	0.29	18	1.71	12	1.14
Total Full Service - Enrollment Under 400,000:	**1,444**	**100.0%**	**4,145,614**	**3.48**	**294**	**0.71**	**603**	**1.45**	**607**	**1.46**	**62**	**0.15**	**32**	**0.08**	**326**	**0.79**	**269**	**0.65**
Total All Full Service Plans:	**9,621**	**100.0%**	**24,647,521**	**3.90**	**1,844**	**0.75**	**3,411**	**1.38**	**4,384**	**1.78**	**670**	**0.27**	**160**	**0.06**	**2,459**	**1.00**	**2,113**	**0.86**
Chiropractic																		
ACN Group of California, Inc. (OptumHealth Physical Health of California)	1	100.0%	79,121	0.13	0	0.00	1	0.13	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
American Specialty Health Plans of California, Inc. (ASHP)	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Landmark Healthplan of California, Inc.	0	0.0%	68,341	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%**	**147,462**	**0.07**	**0**	**0.00**	**1**	**0.07**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**
DENTAL																		
Access Dental Plan	13	18.1%	302,931	0.43	6	0.20	3	0.10	2	0.07	0	0.00	0	0.00	5	0.17	3	0.10
Aetna Dental of California Inc.	2	2.8%	102,244	0.20	0	0.00	1	0.10	0	0.00	0	0.00	0	0.00	1	0.10	2	0.20
California Dental Network, Inc.	7	9.7%	76,476	0.92	0	0.00	2	0.26	4	0.52	1	0.13	0	0.00	8	1.05	0	0.00
Cigna Dental Health of California, Inc.	4	5.6%	189,912	0.21	0	0.00	2	0.11	2	0.11	0	0.00	0	0.00	1	0.05	2	0.11
Consumer Health, Inc. (Newport Dental Plan)	0	0.0%	6,717	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.	2	2.8%	150,179	0.13	0	0.00	1	0.07	1	0.07	0	0.00	0	0.00	1	0.07	0	0.00
Dental Health Services	1	1.4%	59,828	0.17	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	1	0.17	0	0.00
Golden West Health Plan, Inc. (Golden West Dental & Vision Plan)	2	2.8%	0	0.00	0	0.00	0	0.00	0	0.00	1	0.00	0	0.00	0	0.00	1	0.00
Liberty Dental Plan of California, Inc. (Personal Dental Services)	25	34.7%	427,758	0.58	0	0.00	22	0.51	4	0.09	0	0.00	0	0.00	2	0.05	5	0.12
Managed Dental Care	1	1.4%	75,937	0.13	0	0.00	0	0.00	1	0.13	0	0.00	0	0.00	1	0.13	0	0.00
SafeGuard Health Plans, Inc. (MetLife)	9	1.9%	178,177	0.51	0	0.00	2	0.11	7	0.39	1	0.06	0	0.00	1	0.06	4	0.22
Starmount Managed Dental of California, Inc. (Unum Dental HMO Plan)	0	0.0%	1,734	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%	19,452	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
United Concordia Dental Plans of California, Inc.	0	0.0%	59,115	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Western Dental Services, Inc. (Western Dental Plan)	6	8.3%	355,077	0.17	0	0.00	2	0.06	4	0.11	0	0.00	0	0.00	1	0.03	5	0.14
Total Dental:	**72**	**89.4%**	**2,005,537**	**0.36**	**6**	**0.03**	**35**	**0.17**	**25**	**0.12**	**3**	**0.01**	**0**	**0.00**	**22**	**0.11**	**22**	**0.11**
DENTAL/VISION																		
Delta Dental of California	462	100.0%	4,245,820	1.09	14	0.03	204	0.48	250	0.59	20	0.05	0	0.00	141	0.33	149	0.35
Total Dental/Vision:	**462**	**100.0%**	**4,245,820**	**1.09**	**14**	**0.03**	**204**	**0.48**	**250**	**0.59**	**20**	**0.05**	**0**	**0.00**	**141**	**0.33**	**149**	**0.35**
DISCOUNT																		
First Dental Health	0	0.0%	23,202	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%	26,856	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%**	**50,058**	**0.00**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**
PHARMACY																		
SilverScript Insurance Company	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
WellCare Prescription Insurance, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Total Pharmacy:	**0**	**0.0%**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**
BEHAVIORAL HEALTH (PSYCHOLOGICAL)																		
Carelon Behavioral Health of California, Inc.	0	0.0%	269,226	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Claremont Behavioral Services, Inc. (Claremont EAP)	0	0.0%	123,488	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%	152,124	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

2023 Member Complaints by Health Plan and Category

Plan Type and Name	Complaints Resolved	% of Complaints Resolved	Enrollees*	Complaints per 10,000	ACCESS TO CARE		BENEFITS/ COVERAGE		CLAIMS/ FINANCIAL		ENROLLMENT		COORDINATION OF BENEFITS		HEALTH PLAN CUSTOMER SERVICE		PROVIDER CUSTOMER SERVICE	
					Count	Per 10,000	Count	Per 10,000	Count	Per 10,000	Count	Per 10,000	Count	Per 10,000	Count	Per 10,000	Count	Per 10,000
Empathia Pacific, Inc. (LifeMatters)	0	0.0%	116,021	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Evernorth Behavioral Health of California, Inc.	1	25.0%	88,454	0.11	1	0.11	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%	130,894	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Health and Human Resource Center, Inc. (Aetna Resources for Living)	0	0.0%	1,812,670	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%	69,912	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%	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, Inc. - Employer Services	0	0.0%	797,371	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Managed Health Network	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
TELUS Health (California) Ltd. (LifeWorks)	0	0.0%	105,424	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
U. S. Behavioral Health Plan, California (OptumHealth Behavioral Solutions of California)	3	75.0%	977,348	0.03	1	0.01	1	0.01	1	0.01	0	0.00	0	0.00	0	0.00	1	0.01
Total Behavioral Health (Psychological):	**4**	**100.0%**	**4,642,932**	**0.01**	**2**	**0.00**	**1**	**0.00**	**1**	**0.00**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**	**1**	**0.00**
VISION																		
Envolve Vision, 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
EyeMax Vision Plan, Inc.	0	0.0%	406	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%	425,371	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
FirstSight Vision Services, Inc. (America's Best Vision Plan)	0	0.0%	215,355	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%	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 Eye Care, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Vision Plan of America	0	0.0%	8,297	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	14	100.0%	3,568,730	0.04	1	0.00	2	0.01	5	0.01	5	0.01	0	0.00	7	0.02	1	0.00
Visique Vision Solutions of California, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Total Vision:	**14**	**100.0%**	**4,218,159**	**0.03**	**1**	**0.00**	**2**	**0.00**	**5**	**0.01**	**5**	**0.01**	**0**	**0.00**	**7**	**0.02**	**1**	**0.00**
Total Specialty Plans:	**553**	**100.0%**	**15,309,968**	**0.36**	**23**	**0.02**	**243**	**0.16**	**281**	**0.18**	**28**	**0.02**	**0**	**0.00**	**170**	**0.11**	**173**	**0.11**
Grand Totals:	**10,174**	**100%**	**39,957,489**	**2.55**	**1,867**	**0.47**	**3,654**	**0.91**	**4,665**	**1.17**	**698**	**0.17**	**160**	**0.04**	**2,629**	**0.66**	**2,286**	**0.57**

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

Grey shading indicates that the plan surrendered its license in 2023.

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

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

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

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DEPARTMENT OF
Managed
Health Care

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