

Seniors and Persons with Disabilities Program Evaluation

Prepared for:

California Department of Health Care Services

December 2019

Seniors and Persons with Disabilities Program Evaluation

David S. Zingmond, MD, PhD

Susan Ettner, PhD

Punam Parikh, MPH

Haiyong Xu, PhD

Alexander Pakalniškis Jr., MS

Debra Saliba, MD, MPH

December 2019

This interim evaluation was supported by funds received from the California Department of Health Care Services (contract number 18-95298). The analyses, interpretations, and conclusions contained within this evaluation are the sole responsibility of the authors.

Acknowledgments

The authors would like to thank the staff at the California Department of Health Care Services, Managed Care Quality & Monitoring Division, members of the Technical Advisory Panel, and representatives of the Medicaid managed care plans for their hard work and support of program evaluation activities.

TABLE OF CONTENTS

EXECUTIVE SUMMARY	1-2
INTRODUCTION	1
APPROACH	1
PRINCIPAL RESULTS	1
CONCLUSIONS	1-2
RECOMMENDATIONS	2
GENERAL BACKGROUND INFORMATION.....	2-5
EVALUATION QUESTIONS AND HYPOTHESES.....	5-9
DEMONSTRATION GOALS.....	5
TARGETS FOR IMPROVEMENT	6-7
EVALUATION QUESTIONS, HYPOTHESES, & ALIGNMENT WITH GOALS AND TARGETS OF THE WAIVER	7-9
<i>Access to Care</i>	7-8
<i>Quality of Care</i>	8
<i>Costs of Care</i>	8-9
EVALUATION RELEVANCE TO TITLE XIX AND TITLE XXI.....	9
FIGURE 1: DRIVER DIAGRAM OF MANAGED CARE IMPACT	10
METHODOLOGY.....	11-21
OVERVIEW.....	11
STUDY POPULATION.....	11
TARGET POPULATION.....	11
COMPARISON GROUPS.....	11
EVALUATION MEASURES AND TARGETS	11-12
EXISTING EXPERT CONSENSUS QUALITY MEASURES FOR USE WITH ADMINISTRATIVE DATA.....	12-14
<i>Access to Care</i>	13
<i>Quality of Care</i>	14
<i>Costs of Care</i>	14
MEASUREMENT DEVELOPMENT	15
DATA SOURCES	15
MEASURE AND DATA VALIDATION	15-16
EFFORTS TO VALIDATE.....	16
TABLE 1: PATIENT-LEVEL SOURCE DATA SETS.....	17-18
TABLE 2: OTHER DATA SOURCES USED FOR THE REPORT	19
PLAN SURVEY.....	19
DATA CLEANING AND COMPLETENESS ASSESSMENT	20
<i>Enrollment File</i>	20
<i>Claims/Encounters</i>	20
<i>Non-DHCS Patient-Level Data</i>	20
<i>Other Data</i>	20
<i>Summary of Completeness</i>	20
ANALYTIC METHODS	20
TECHNICAL ADVISORY PANEL	21
METHODOLOGICAL LIMITATIONS	21
RESULTS.....	22-28
MEASUREMENT DEVELOPMENT	22-27
<i>Identification of Candidate Quality Metrics for the Final Report</i>	22
<i>Table F1.1.1 Measures Potentially Identifiable with Claims / Registry Data:</i> <i>Measure Description in the Contract by Quality Measure Set</i>	22
<i>Table F.1.1.2. Measures Requiring EMR / Chart Data: Measure Description</i> <i>in the Contract by Quality Measure Set</i>	23

MEASURES BY EVALUATION DOMAINS AND BY QUALITY CATEGORY	23-24
<i>Table F.1.2.1. Claims-based Measures by Evaluation Domain and Quality Measurement Set</i>	23
<i>Table F.1.2.2. Claims-based Measures by Measure Type and Quality Measurement Set</i>	24
MEASURES BY MEDICAL SPECIALTY	24
<i>Table F.1.3. Claims-based Measures by Medical Specialty and Quality Measurement Set</i> ..	24
MEASURES BY DATA SOURCE.....	24-25
<i>Table F.1.4. Claims-based Measures—Count of Quality Indicators by Data Source or the Measure</i>	25
MEASURES BY CARE CATEGORY	25
MEASURES BY CLINICAL CATEGORY	25
TECHNICAL ADVISORY PANEL (TAP) RANKING OF QUALITY DOMAINS AND CONDITIONS	26
HEALTH PLAN SURVEY RESULTS	26-27
ENROLLMENT.....	27
ACCESS TO CARE	27
QUALITY OF CARE.....	27-28
<i>Ambulatory Care</i>	28
COSTS OF CARE	28
DATA VALIDATION	28
CONCLUSIONS.....	29-30
INTERPRETATIONS, POLICY IMPLICATIONS AND INTERACTIONS WITH OTHER STATE INITIATIVES	30-32
LESSONS LEARNED AND RECOMMENDATIONS.....	32-33
EVALUATION DESIGN	ATTACHMENT
REFERENCES.....	34

Table of Appendices

- A.** Links to Section 1115 Waiver Reports
- B.** Managed Care Plan Capitation Rates (by year)
- C.** Ombudsman Reports
- D.** DHCS EAS Measures
- E.** Managed Care Plan Representative Survey
- F.** Technical Advisory Panel (TAP) Roster
- G.** TAP Ranking Materials
- H.** Responses to Managed Care Plan Representative Survey
- I.** CMS Approved Evaluation Design

Table of Exhibits

1. Table D.1 - Contract Measures by Contract Section (Domain)
2. Table F.1.5 - Claims-based Measures: Measurement Category by Quality Measurement Set
3. Table F.1.6 - Claims-based Measures: Clinical Condition Categories by Quality Measurement Set
4. Table F.1.7.1: Technical Advisory Panel Ranking of Quality Domains
5. Table F.1.7.2: Technical Advisory Panel Ranking of Clinical Domains
6. Table F.2: Health Plan Survey Results
7. Table F.3.1.1 Annual SPD Enrollment - Managed Care and Fee-For-Service Enrollment by County (Managed Care)
8. Table F.3.1.2 Annual SPD Enrollment - Managed Care and Fee-For-Service Enrollment by County (Fee For Service)
9. Table F.3.1.3 Annual SPD Enrollment - Managed Care and Fee-For-Service Enrollment by County (Overall)
10. Table F.3.1.4 Annual SPD Enrollment - Percent Managed Care Enrollment by County
11. Table F.3.2 Annual SPD Enrollment by Managed Care Plan
12. Table F.3.3: Annual SPD Enrollment – Demographics
13. Table F.4.1 - Access to Ambulatory Care by Self-Reported Health, CAHPS 2013, 2016 for SPDs in California Medicaid Plans
14. Table F.4.2 - Access to Ambulatory Care by Age, CAHPS 2013, 2016 for SPDs in California Medicaid Plans (%)
15. Table F.5.1.1 - Annual Mortality Rates by County - Managed Care Enrollees Only
16. Table F.5.1.2 - Annual Mortality Rates by County - Fee-For-Service Enrollees Only
17. Table F.5.1.3 - Annual Mortality Rates by County – Overall
18. Table F.5.1.4 - Annual Mortality Rates by Demographics
19. Table 5.2.1 - Acute Care Hospitalizations by County
20. Table F.5.2.2 - Acute Care Hospitalizations by Managed Care Plan
21. Table F.5.2.3 - Acute Care Hospitalizations by Age Category

22. Table F.5.3.1 - 30-day Hospital Readmission Rates by County
23. Table F.5.3.2 - 30-day Hospital Readmission Rates by Managed Care Plan
24. Table F.5.3.3 - 30-day Hospital Readmission Rates by Age Category
25. Table F.5.4.1 - 30-day Hospital Mortality Rates by County
26. Table F.5.4.2 - 30-day Hospital Mortality Rates by Managed Care Plan
27. Table F.5.4.3 - 30-day Hospital Mortality Rates by Age Category
28. Table F.5.5.1 - Ambulatory Care Visits by Year
29. Table F.5.5.2 Total Non-ED HEDIS-defined Ambulatory Care Visits, Subsetted by NUCC Specialty Categories
30. Table F.5.5.3 - ED Visits Per Enrollee Per Year
31. Table F.6.1 - Summary and Average Costs of Care by Year - Managed Care and Fee For Service Enrollees

A. Executive Summary

Introduction

This is an evaluation of the 1115 Medicaid waiver for mandatory Medicaid managed care plan enrollment of beneficiaries with eligibility as Seniors and People with Disabilities (SPDs) in California. This evaluation covers the current years of the waiver (2016 to 2020) and extends to a description of the movement of individuals into managed care covering the prior five year period (2011 to 2015). During the initial Section 1115 “Bridge to Reform” waiver, the transition of the SPD population occurred in two waves with urban counties transitioning in 2011/2012 and rural counties following in 2013. Data collection and standardization were incorporated at the end of 2014 with the introduction of the PACES system. Mandatory enrollment of SPDs in managed care was continued under the State's Section 1115 Medicaid Waiver renewal, “Medi-Cal 2020”, which was authorized in December 2015 for the demonstration period January 2016 through December 2020.

Under the 2020 Special Terms and Conditions, the state of California is required to provide ongoing assessment of the impact of mandatory managed care on the SPD population compared to an established baseline prior to mandatory enrollment through quarterly, annual, and overall summary reports. This evaluation examines the impact of the transition on beneficiary experience and the impact of the State's administration of the program overall using measures describing three specific content areas: (1) access to care; (2) quality of care; and (3) costs of coverage (care).

Approach

The evaluation plan leverages existing patient-level and supplemental data collected by the state to assess care delivery (access, quality, and cost) for the SPD population in the period surrounding the transition and the maintenance of performance in the post-transition period. In addition to preexisting data, the evaluation team has surveyed managed care plan representatives to better understand challenges around the transition that might be reflected in the analysis.

Principal Results

Interim findings can be summarized:

1. A review of metrics in the approved protocol and candidate claims-based quality metrics that can be implemented with available data shows that the explicitly approved measures for the evaluation require greater granularity and scope in order to measure access, quality, and cost.
2. Heterogeneity of data across the evaluation period requires the inclusion of external data sources for validation and construction of alternative measures. Interim results must focus on the period with the greatest data consistency (post-PACES: 2015-2018), while external data sources are compiled.
3. The vast majority of SPDs across the entire state were in managed care by 2016.
4. Overall mortality rates were stable across the evaluation period.
5. Hospitalizations are stable across the post-PACES period.

Conclusions

For the purposes of this interim report, we can conclude that:

1. Medi-Cal has successfully moved most non-dual SPDs into managed care.
2. Even in difficult to reach rural areas, Medi-Cal has implemented two different models of managed care delivery.
3. Overall mortality appears to be stable in the population. Mortality appears to have increased in the managed care population reflecting adverse selection for FFS with healthier patients opting for optional managed care enrollment prior to the transition period.
4. Data quality and consistency appears to be substantially improved since the introduction of PACES. This makes evaluation since the waiver extension more robust. Even if the evaluation cannot reliably

measure earlier years, these data can be used to robustly assess plans managing care during the “Medi-Cal 2020” 1115 Waiver period.

Recommendations

The expansion of managed care to special populations with multiple complex conditions, such as the SPD population, is feasible, but requires additional monitoring, data standards, and arrangements to ensure adequate access and provision of services. Although states now have significant experience with using Medicaid managed care plan arrangements, the particular vulnerabilities of the SPD population require greater oversight and transparency. The following recommendations are aimed at ensuring continuous high quality oversight and data quality for monitoring and for ensuring that plans do not avoid necessary, but high cost care.

- (1) Put a fully formed reporting system and data standards into place before implementation
- (2) Expand ability to assess patient experience
- (3) Conduct baseline assessment of patient health and health history to improve longitudinal care
- (4) Routinely link in gold standard information for audits and enriching available measures
- (5) Implement network adequacy standards and monitoring
- (6) Expand measures beyond typical core primary care measures to include specialty measures that may be significantly impacted in a vulnerable population
- (7) Expand qualified data for monitoring quality to include lab and imaging results with the possibility of expanding to other clinical data
- (8) Routinely collect patient preferences on intensity of care
- (9) Build in adequate lead in time for contingency planning
- (10) Ensure that public quality reporting focuses on populations of interest, including stratification / standardization to ensure interpretability
- (11) Consider carve-out benefits from managed care for special populations – long term care, substance abuse, mental health, and other at-risk populations (HIV/AIDS, hepatitis C, and certain cancer treatments) to ensure plan participation and patient access to certain high-cost but necessary life-sustaining treatments.

These suggestions should not be considered all inclusive, but reflect the experience of efforts and improvement within California DHCS and other state health agencies.

B. General Background Information

In November 2010, the Centers for Medicare and Medicaid Services (CMS) approved California’s five-year section 1115 “Bridge to Reform” waiver, through which the state received authority and federal funds to invest in its health delivery system to prepare for national health care reform that took effect in January 2014. One of the four primary initiatives from the waiver was to improve care coordination for vulnerable populations and implement programs that promote healthcare access and quality, while driving down costs. Under this authority, California transitioned its Seniors and People with Disabilities (SPD) population from the Medi-Cal fee-for-service (FFS) delivery system into the managed care delivery system. The goals of DHCS for the transition of SPDs to an organized system of care were to: broaden access, increase care coordination, ensure that beneficiaries receive appropriate and medically necessary care in the most suitable setting, achieve better health outcomes for beneficiaries, and realize cost efficiencies. Managed care allows DHCS to provide beneficiaries with supports necessary to enable SPDs to live in their community instead of in institutional care settings, reduces costly and avoidable emergency department visits, as well as prevents duplication of services. DHCS anticipated savings of approximately \$2.1 billion over five years from the SPD transition. [1]

Medicaid eligible SPDs are aged, blind, and/or disabled and have incomes below the federal poverty level. Beneficiaries enrolled in both Medicare and Medi-Cal (i.e. dual eligibles) were exempt from this mandate, as were foster children, individuals in long-term care, and those required to pay a monthly share of cost. Currently, SPDs comprise 16% (roughly two million) of total Medi-Cal enrollment, but half of total Medi-Cal expenditures. Seniors and people with disabilities account for the highest spending per beneficiary at \$14,108 and \$19,597, respectively. [4]

California has a unique county-by-county model for managed care implementation. At the time of the initial transition, counties were assigned to four basic models for managed care implementation:

1. County Organized Health Systems (COHS) – mandatory enrollment of all Medicaid enrollees into county-operated health plans.
2. Two Plan Model (TPM) – two non-profit commercial healthcare plans with one plan with local governance. SPD enrollees had voluntary enrollment into plans.
3. Geographic Managed Care (GMC) – Six or more commercial healthcare plans in each of two counties, including for-profit plans. SPD enrollees had voluntary enrollment into plans.
4. Fee-for-service (FFS) – rural counties with no managed care plans.

TPM and GMC counties have over three quarters of all Medi-Cal beneficiaries.

In the months leading up to the transition, DHCS reached out to beneficiaries to inform them of the forthcoming transition. SPDs and their caregivers in the 16 counties were invited to attend DHCS-sponsored in-person presentations and/or informational webinars held in March and April 2011 to educate beneficiaries about the transition and facilitate enrollment into a managed care plan. SPDs received an informational packet on the transition 90 days prior to the transition and an enrollment packet 60 days in advance. Starting June 2011, 16 counties began a 12-month period in which approximately 380,000 SPDs falling under specific aid codes were transitioned from fee-for-service into managed care plans in the TPM and GMC counties according to their birth month. Approximately 141,000 of these SPDs voluntarily enrolled in managed care prior to the transition, and about 240,000 SPDs were mandatorily enrolled into managed care between June 2011 and May 2012. [1] Before transitioning SPDs to managed care, DHCS ensured that the managed care plans in a geographic area met certain readiness and network adequacy requirements and required plans to ensure sufficient access, quality of care, and care coordination for beneficiaries.

The rural transition was authorized in 2012 and in late 2013, Medicaid managed care was expanded to 28 rural counties in California to better serve residents, including SPDs. The goals of the rural expansion were to deliver: (1) quality care while managing costs, (2) care that is medically necessary and appropriate, and (3) care by the most appropriate provider in the least restrictive setting. For the rural expansion, the state adopted an approach that relied upon both a COHS model and a Regional Model, offering two commercial plan options. Four health plans were selected to serve Medi-Cal beneficiaries in the 28 rural expansion counties. Nineteen counties have adopted the Regional Model, eight are served by a COHS, and in one county beneficiaries have the option of a private health plan or fee-for-service Medi-Cal.

With these changes, the current county-by-county implementation of managed care in California, consists of six models:

1. County Organized Health Systems (COHS) – mandatory enrollment of all Medicaid enrollees into county-operated health plans. Expansion of COHS to include rural counties in Northern California.
2. Two Plan Model (TPM) – two non-profit commercial healthcare plans with one plan with local governance. SPD enrollees had voluntary enrollment into plans.
3. Geographic Managed Care (GMC) – Six or more commercial healthcare plans in each of two counties, including for-profit plans. SPD enrollees had voluntary enrollment into plans.
4. Regional Model – two commercial plan serving 18 rural counties.
5. San Benito—One commercial plan serving one county.
6. Imperial— Two commercial plans serving one county.

Managed Care Models, by County, December 2018



With the expansion of managed care in Medi-Cal, new regulations were adopted to improve the completeness and quality of data submitted to the state. A new uniform data collection system – the Post Adjudicated Claims & Encounters System (PACES) was instituted in October 2014. From the DHCS website (<https://www.dhcs.ca.gov/formsandpubs/laws/hipaa/Pages/1.16-PACES.aspx>):

PACES plays a vital role in the collection of encounter and provider network data from Medi-Cal's numerous managed care plans. PACES accepts encounter transactions from both medical and dental managed care plans and also accepts encounter-related pharmacy transactions. The information PACES gathers is stored in the DHCS data warehouse (MIS/DSS), where it can be used by many downstream applications within the State.

PACES extracts, transforms, and reformats encounter data that has been submitted in ASC X12 837 and NCPDP formats. The system currently supports the ASC X12 837I, 837P, and 837D claim/encounter transactions as well as the NCPDP 2.2 & 4.2 pharmacy transactions.

PACES replaces the long-standing DHCS Paid Claims and Encounters (PCES) system. The new system is designed to ensure that all available claim and encounter data is retained and available for downstream analysis. The PACES system stores and distributes a richer, more complete data set than was possible using PCES. The goal of PACES is to enforce DHCS's data quality requirements while also abiding by federal HIPAA transaction standards.

Other relevant programmatic changes that have occurred during this time period include the California Coordinated Care Initiative (CCI), which wrapped coordination of Long Term Services and Supports (LTSS) into managed care for SPDs beginning in April 2014 in seven counties: Los Angeles, Orange, Riverside, San Diego, San Bernardino, San Mateo, and Santa Clara counties. Other changes were directed at dual enrollees.

In December 2015, the “Bridge to Reform” 1115 Medical Waiver was extended to 2020 (demonstration period January 2016 through December 2020).

As stated in the waiver:

To ensure the successful implementation of the Section 1115 Medicaid Waiver, the Special Terms and Conditions (STCs) require:

1. Information and communication strategies addressing the unique needs of SPDs are used
2. Approaches to assignment and opportunities for changes in managed care plans (MCPs)
3. Participant rights, safeguards and contractual provisions regarding care coordination and linkages to other service delivery systems
4. Person-centered approaches to service planning and delivery, and physical and geographic accessibility of service providers.

In order to evaluate the success of the Bridge to Reform, the 2020 STCs require the State to provide:

- (1) Ongoing assessment of the impact of mandatory managed care on the SPD population compared to an established baseline prior to mandatory enrollment through quarterly, annual, and overall summary reports. (Appendix A)
- (2) Evaluation of the impact of the initiative on beneficiary experience and the impact of the State's administration of the program overall using measures describing three specific content areas: access to care; quality of care; and costs of coverage (care).
- (3) Focused evaluation on specific health care needs of SPDs and their specific care needs due to diagnosis and the existence of, at times, multiple complex conditions.

In early 2018, DHCS conducted a competitive bidding process for a qualified external evaluator to conduct a comprehensive statewide evaluation of the mandatory transition of Seniors and People with Disabilities to Medicaid managed care plans. DHCS selected David Zingmond, MD, PhD, an internist and health services researcher, and his team in the Division of General Internal Medicine at the David Geffen School of Medicine at UCLA. DHCS engaged in negotiations and then entered into a contract with UCLA in October 2018 to conduct the evaluation of the transition and the impact of the initiative on member experience and the impact of DHCS' administration of the program. The evaluation addresses the impact of the initiative on the beneficiary experience and the impact of the program overall, with a focus on three specific content areas: access to care, quality of care, and cost of care.

The final evaluation plan leverages existing patient-level and supplemental data collected primarily by the state and federal government to assess care delivery (access, quality, and cost) for the SPD population in the period surrounding the transition and the maintenance of performance in the post-transition period. In addition to utilizing preexisting data, the evaluation team will administer surveys and interview managed care plan representatives to better understand challenges surrounding data quality.

C. Evaluation Questions and Hypotheses

Demonstration Goals

Per the "Bridge to Reform" 1115 Waiver:

The waiver's goals for SPDs include:

1. Improving access and coordination of the most appropriate, cost effective care for SPDs in order to improve health outcomes and contain costs;
2. Providing SPDs with a choice of organized systems of care through which to receive these services;
3. Supporting and strengthening the local safety net and its integration into organized systems of care through payment reform and outpatient managed care models; and
4. Aligning financial incentives to support providers in delivering the most appropriate care and containing costs.

Targets for Improvement

In order to translate these goals into quantifiable targets for improvement, the state worked within the existing managed care plan structure with additional elements included to ensure programmatic success. The main overarching mechanism was mandatory managed care enrollment for SPDs (operationalized by a tiered approach with mandatory enrollment into existing managed care plans for urban beneficiaries followed by enrollment into new managed care options in rural counties) with reliance upon existing state managed care requirements supplemented by additional elements to ensure quality of care for the SPD population. As stated in the original 1115 Waiver:

Participating managed health care plans and County Alternative organizations must comply with standards related to key elements as set forth in ABx4 6. Compliance with all existing regulations under Knox-Keene contracting provisions will be required for existing managed care plans. County Alternative Options, depending on their structure, may be required to obtain and maintain Knox-Keene licensure as well. To the extent applicable, all models will require compliance with all DHCS Medi-Cal contracting provisions. Additionally, both models must fully address the following key elements that will provide additional consumer protections for their enrollees beyond the array of consumer protections currently applicable to Medi-Cal managed care plans. These elements will apply to both existing managed care plans and alternative options.

Additionally, the “Bridge to Reform” 1115 waiver identified a number of supplemental modifications to address access, transition, care management, and alternative delivery systems for public health systems. These included:

(1) Access

- ***Network Adequacy*** – defining network adequacy and feeding back to health plans. More specific definitions were defined in 2017 (referenced in the previous section).
- ***Access to Information*** – requirements for information accessibility for disabled individuals.
- ***Physical Accessibility*** – enhanced facility site review (FSR) tool (survey) for larger contracted healthcare facilities.

(2) Transition from FFS to Managed Care

- ***Outreach and Education*** – mailed education materials prior to the transition.
- ***Phased-In Transition***
- ***Access to Existing Providers*** – limited accessibility to minimize care disruption plus opt-out for ill patients.
- ***Assignment*** – plan assignment to optimize continuity with previously seen providers.

(3) Care Management and Coordination

- ***Enhanced Definitions of Care Management and Coordination***
- ***Early Identification of a Member’s Health Care Needs*** – sharing of FFS utilization data at the time of enrollment
- ***Care Management Assessment*** – use of mandated care assessment and utilization data to identify high risk patients.
- ***Cultural Competency Training*** – statewide education initiative from DHCS.
- ***Behavioral Health Coordination***

- **Coordination of Other Services** – All delivery models will be required to provide specific protocols and strategies to demonstrate that care provided by the plan is coordinated with other services that a beneficiary receives from other delivery systems.

(4) Performance Monitoring and Improvement

- **Expand Required Performance Measures**
- **Augmented Audit Effort**
- **New HEDIS measures**
- **SPD Representation**
- **Enhanced Member Satisfaction Survey** – DHCS will enhance the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey
- **Quality Improvement Projects (QIPs)**
- **Complaint and Grievance Procedures**

(5) Development of County Alternative Option

(6) Outpatient Managed Care Model—Transitioning the Public Hospital System to Managed Care

In order to assess the impact of the “Bridge to Reform” 1115 Waiver, language was included in the current, “California 2020” 1115 Waiver:

SPD Managed Care: State shall include an assessment, using pre-mandatory enrollment as a baseline, of the impact on mandatory managed care on the SPD population, including all significant and notable findings based on all of the data accumulated through the quarterly progress report.

- a. Access to care
- b. Quality of care
- c. Cost of coverage

Evaluation Questions, Hypotheses, and Alignment with Goals and Targets of the Waiver

In order to relate the stated goals of the original waiver, the implied benefits of managed care assignment (through existing networks), and the supplemental changes initiated to ensure success, the current evaluation follows the structure of the “California 2020” waiver proscription and focuses on the measurable impact of these changes on enrollee care – access, quality, and cost – using the most expansive data available. This patient-centered approach makes the most sense as it focuses primarily on measurable agreed upon patient-level metrics of care and outcomes across the entire enrollee population longitudinally across the two waiver periods. The following questions and hypotheses relate directly back to the goals and targets of the “Bridge to Reform” and “California 2020” waivers:

Access to Care

1. **Question:** Do SPDs have access to primary and specialty providers and/or other service providers in the network after the transition to a managed care plan (MCP)?

Hypothesis: SPDs will be less likely to see high volume providers in the period directly after the transition; however, they will have timely access to care and access to physically accessible providers, supported by continuity of care, which allows SPDs to continue their course of treatment when they move into an MCP in the post-transition period.

Relation to Waiver Goals and Programmatic Changes: *Improve access and coordination of care --- measure of access to specialty care and operational definitions of network adequacy, consistent with recent DCHS final rule.*

2. **Question:** Do SPDs have awareness of the plan's services to assist with care coordination and member services?

Hypothesis: The ability of SPDs to navigate the plan will increase over time, due to communication and materials provided by the plan.

Relation to Waiver Goals and Programmatic Changes: *Improve access and coordination of care --- indirect measure of ease of communication and making appointments using cross-sectional CAHPS data across time periods.*

Quality of Care

1. **Question:** Do SPDs receive appropriate care for routine ambulatory medical conditions (diabetes, hypertension, hyperlipidemia, thyroid disease) as measured by expert consensus processes of care?

Hypothesis: SPDs are more likely to receive appropriate care for routine medical conditions after the transition.

Relation to Waiver Goals and Programmatic Changes: *Improvement of cost effective appropriate care assessed with expert consensus quality measures.*

2. **Question:** Do SPDs have improved rates of preventable hospitalizations / ambulatory care sensitive conditions after the transition?

Hypothesis: Risk-adjusted rates of preventable hospitalizations will decrease after the SPD transition.

Relation to Waiver Goals and Programmatic Changes: *Improvement of cost effective appropriate care assessed with expert consensus quality measures.*

3. **Question:** Do SPDs have lower readmission rates after the transition?

Hypothesis: Rates of readmission after acute hospitalization will decrease after the SPD transition.

Relation to Waiver Goals and Programmatic Changes: *Improvement of cost effective appropriate care assessed with expert consensus quality measures.*

4. **Question:** Do SPDs have lower all-cause and cause-specific mortality rates after the transition?

Hypothesis: Risk-adjusted all-cause and cause-specific mortality will be lower after the SPD transition.

Relation to Waiver Goals and Programmatic Changes: *Improvement of cost effective appropriate care assessed with expert consensus quality measures.*

5. **Question:** Do SPDs have better compliance rates with medication adherence after the transition?

Hypothesis: SPDs are more likely to have higher compliance rates with medication adherence after the transition.

Relation to Waiver Goals and Programmatic Changes: *Improvement of cost effective appropriate care assessed with expert consensus quality measures.*

Costs of Care

1. **Question:** After accounting for inflation, do overall costs of care to Medi-Cal (as measured by paid claims versus negotiated capitation rates for covered care) decrease after the transition?

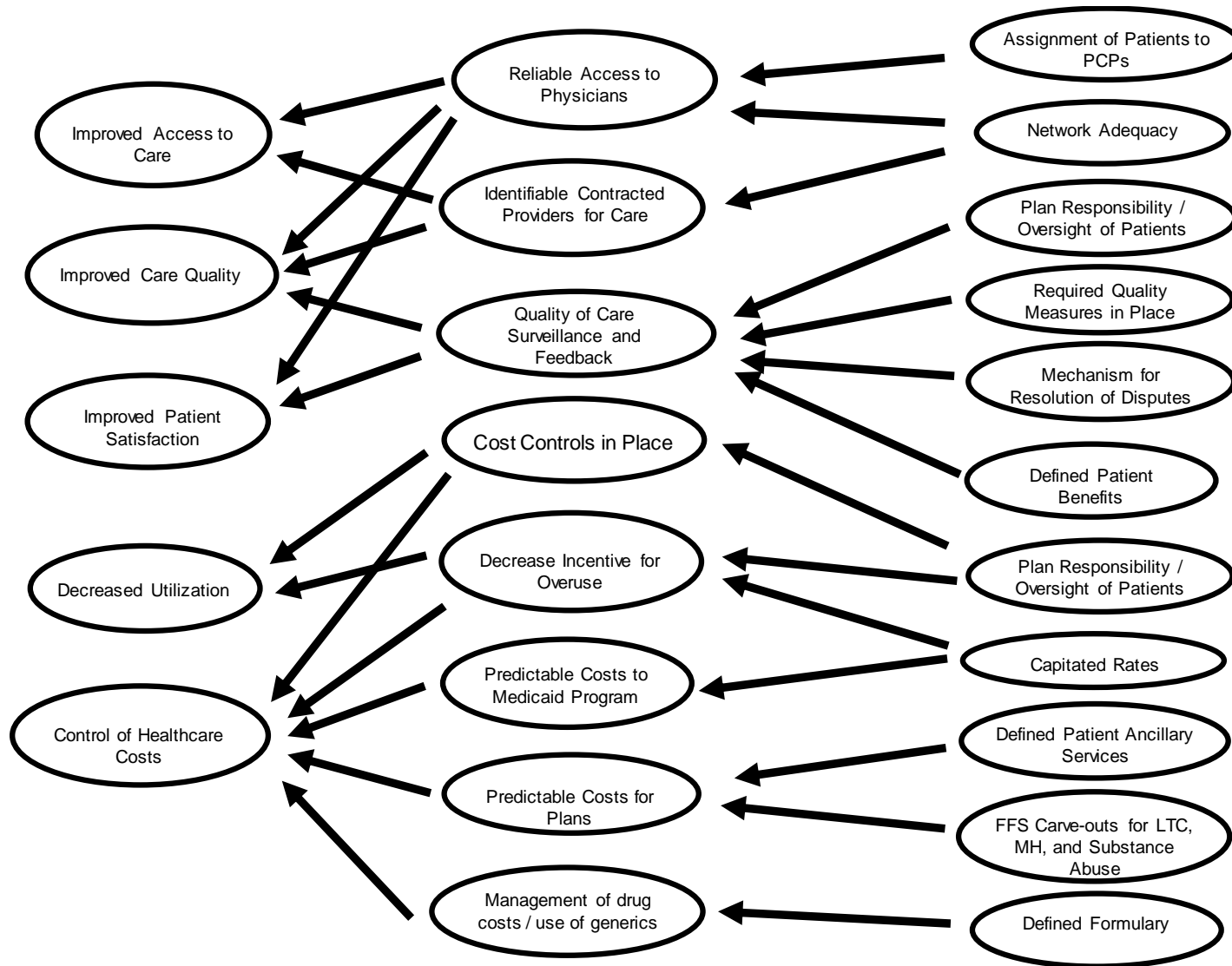
Hypothesis: Inflation-adjusted overall costs of care will be lower after the SPD transition.

Relation to Waiver Goals and Programmatic Changes: *Improvement of cost effective appropriate care assessed with expert consensus quality measures.*

Evaluation Relevance to Title XIX and Title XXI

In particular, the evaluation goals address the objectives of Title XIX, which mandates the Medicaid program and defines the benefits for the program. The evaluation questions go directly to the provision and maintenance of services that are mandated by the program. Furthermore, the Waiver has specific language regarding budget neutrality (accounting for permissible annual increases) for allowed services under Title XIX. Evaluation of costs are a major part of the evaluation. Finally, the SPD population is not covered by Title XXI.

Figure: Driver Diagram of Managed Care Impact



D. Methodology

Overview

The evaluation employs comprehensive routinely collected state data sources to assess care access, quality, utilization, and costs before and after the transition of SPDs from FFS to managed care in 2011-2012 to 2018, the most recent year with complete Medicaid data. The evaluation centers on Medicaid enrollment, Medicaid fee-for-service claims, and managed care submitted encounter data, supplemented by data from multiple state data silos. These data include all-payer hospitalization and emergency department discharge data, Minimum Data Set for Long Term Care (nursing homes), In-Home Supportive Services Data, and the state Cancer Registry. Taken together, these data are granular in nature, available across multiple years, and have sufficient numbers of observations to answer relevant questions with sufficient statistical power. Certain events are measurable consistently with a single non-Medicaid data source across the entire evaluation period (e.g. hospitalization), allowing the team to validate and improve measures constructed longitudinally from a mixture of FFS and managed care data from different healthcare plans across the evaluation period. Measure development is focused primarily on the inclusion of measures explicitly proposed in the evaluation protocol supplemented by existing expert consensus quality measures that can be implemented using routinely collected data. Supplemental qualitative information has been solicited from each plan to provide additional depth to interpretation of results and for the evaluation to be better informed regarding known data issues and plan-specific challenges.

Study Population

The overall study population consists of SPD-eligible, non-dually enrolled Medicaid beneficiaries.

Target Population

The target population is Medicaid managed care enrollees living in non-COHS counties between 2009 and 2018. This period covers the two years prior to when mandatory managed care enrollment was expanded (2011 to 2014) to non-COHS counties through the most complete year of Medicaid data available (2018).

Comparison Groups

The three comparison groups are: (1) Medicaid FFS enrollees in non-COHS counties before mandatory managed care was imposed; (2) Medicaid FFS enrollees in non-COHS counties after mandatory managed care was imposed; and (3) Medicaid managed care enrollees in COHS counties, where no changes were imposed due to existing managed care enrollment in county health plans. Other comparison groups within Medicaid are unsuitable as there are issues with comparability to the SPD population or because Medicaid is not the primary payer of services (duals).

Identification of the overall baseline populations for comparison have been drawn from the Medi-Cal enrollment files for the two years before the transition and the subsequent period after the transition, and from the 16 urban counties and 28 rural counties where the transition occurred and from the counties where the transition did not occur (counties with existing stable mandatory managed care through the COHS model).

Planned subset analyses for the final report will be performed on targeted populations of interest (e.g. hospitalized patients), at-risk patients with conditions of interest (e.g. patients with significant chronic neurologic disease), or so-called complex patients (e.g. those with multiple complicated illnesses, such as complicated diabetes, rheumatologic illnesses, cancer, and end-organ failure). Prior research suggests that it can take up to two years for beneficiaries to adjust to a change in delivery system. [5] Therefore, the final evaluation will assess the experience of SPDs in FFS at least 24 months prior to the transition and throughout the post transition period for at least two years. Assessment of care delivery after the transition period focuses on all elements of care with greater concentration on cross county and plan comparisons.

Evaluation Measures and Targets

The goal of the evaluation is to use the most granular data whenever possible to assess care access, quality, utilization, and cost for the SPD population before and after implementation of mandatory managed care enrollment in the non-COHS counties. Within the approved protocol, the evaluation team identified 63

measures covering access, quality, utilization, and cost proposed for the report (Table D.1). Derived measures cover structural measures (e.g. travel distance, derived supply of physicians seeing patients), process of care measures (e.g. recommended care based upon expert recommendations on clinical practice), and outcomes of care measures (e.g. risk-adjusted mortality, complications, and readmission).

Utilization measures are being created from the Medicaid claims and encounters as well. The evaluation team is using the CDPS+Rx model developed at UCSD to assist in creating comparable metrics for overall resource utilization across the full time period being studied. Costs can be calculated either directly (through FFS claims) or indirectly (using relative value metrics – such as via the CDPS+Rx model). Direct FFS costs for non-managed care patients and for carve out services are directly summarized. DHCS has provided monthly capitation rates by plan by year allowing for calculation of estimated managed care costs to Medi-Cal by plan, county, and year (Appendix B).

Post-transition, supplemental data are used to assess: (1) beneficiary satisfaction through Ombudsman (Appendix C), call center, grievances and appeals, and beneficiary surveys; (2) MCP administrative functions via beneficiary surveys; and (3) plan-level measures of care using HEDIS data. These measures are provided by DHCS, but DHCS does not independently create these particular measures. These measures are available only for the post-transition period. The grievance data are not yet available for the interim report.

Measure targets are based upon identifiable standards by measure. Mean standards for performance are available for HEDIS and for the AHRQ hospital quality measures and we will apply these measures for the final report. All other measures and existing performance targets for the final report will be reviewed. Where no targets exist, a bootstrapping approach – identifying baseline upper terciles as targets for follow-up years will be used.

Existing Expert Consensus Quality Measures for Use with Administrative Data

The original explicit set of measures detailed in the approved protocol lack granularity for exploring care within disease-specific vulnerable populations in the SPD population. These populations are more challenging to care for and including more targeted expert consensus measures is useful and appropriate. The investigating team explored existing measure sets in the public domain from DHCS, NCQA (HEDIS), CMS, AHRQ, and NQF:

- **DHCS External Assessment Set (EAS) Measures** – a limited set of 22 HEDIS process of care quality measures
- **CMS Adult Core Measures for Medicaid** – consensus set of measures for adult enrollees that include HEDIS measures and outcome measures
- **CMS Child Core Measures for Medicaid** – consensus set of measures for child enrollees that include HEDIS measures and outcome measures
- **HEDIS Measures**
- **AHRQ Quality Measure Sets** – hospital-based outcome measures
- **CMS Consensus Quality Improvement measures** – expert consensus measures identified for inclusion in CMS programmatic initiatives (ongoing QI efforts)

In addition, the team searched for all measures identified as using claims in the following quality measure databases:

- **CMS Quality Measure Clearinghouse** (for CMS-related efforts)
- **NQF Quality Measure Database**

For completeness, the evaluation team included measures that were enumerated in the evaluation protocol, but which may not necessarily correspond to preexisting expert consensus metrics.

Once the measure set was compiled, each quality measure was classified according to:

- Contract Domain (Access, Quality, Cost/Utilization),
- Measure Type (Structure, Process, Outcome, Cost/Resource),
- Measure Category (General Categories of Care, Outcome, or Resource Measurement),
- Specific Measure Category (General Categories of Care, Outcome, or Resource Measurement),

- Medical Specialty
- Clinical Conditions
- Care Setting
- Targeted Ages for the Measure
- Quality Measure Sets (listed above)
- Measure Steward
- ID – (HEDIS ID, Contract Measure, or Other Organizational ID)
- NQF Number (if the measure was in the NQF database)
- Need for Chart or EMR data to complete the measure
- Data source needed to complete measure

Measures that require chart or EMR data, which are not available, were excluded from further consideration. Given the large number of potential measures, summaries of the remaining measures (by measure type and specific measure category) were distributed to the Technical Advisory Panel (TAP) to prioritize by importance. Tabulation of this prioritization is nearly complete.

Priority for inclusion of metrics within the final report will include: (1) explicit mention in the evaluation protocol approved by CMS, (2) topic or measure type prioritized by the TAP, (3) availability of up-to-date measure specifications that can be applied across the study period, (4) availability of historic measure specifications that can be updated to be used across the study period, and (5) sufficient time to implement additional measures. Up-to-date measure specifications with annual revisions are available for DHCS EAS, CMS Core measures, HEDIS, and AHRQ.

Access to Care

The original **Access measures** were divided between (1) access to providers (as measured by plan composition and use) and (2) enrollee knowledge / use of member services. No extant list of network providers exists across the entire evaluation period. Thus, the available measures will focus on patterns of use and estimated travel distance, based upon (1) distance to closest ambulatory care provider seen by a patient and (2) distance to closest ambulatory care provider among patients in the same healthcare plan (or county among FFS enrollees). Distances will be estimated using calculated distance between patient and provider zip code centroids. Provider data are obtained from the current Medi-Cal provider file, the historical managed care provider file, the historical fee-for-service provider file, and current and historical CMS NPI files. The most recent version of the provider file, covering providers since 2017 is most likely adequate for these purposes. Earlier Medi-Cal provider files are less detailed and definitions will need to be modified.

Measures (stratified by age, gender, and illness severity):

1. Mean travel distance to primary care provider (PCP)
2. Mean travel distance to closest specialist (by specialty condition and overall)
3. Number of patients per PCP and specialist – calculated by county, county/plan, plan, and year

The Final Rule for network adequacy standards was published in March 2018

<https://www.dhcs.ca.gov/formsandpubs/Documents/FinalRuleNAStandards3-26-18.pdf>

Assessment of enrollee knowledge and use of member services is only available from the CAHPS assessment of managed care enrollees in 2010, 2013, and 2016. These cross sectional assessments include markers for SPD enrollees. Questions of interest include – use of ambulatory care services (office-based and emergency medical services) and ability to make appointments when needed. The comparison population available are other managed care enrollees who completed the survey within the same plan.

Quality of Care:

As described above, the evaluation team has identified claims-based expert-consensus quality measures (structure, process, and outcomes measures) covering a number of domains. The evaluation team is prioritizing the DHCS EAS measures for initial implementation (Appendix D) as they are explicitly described in the approved CMS protocol. These will be supplemented by further measures, prioritized by availability of updated specifications and by the TAP. These additional measures, which will appear in the final report, will cover conditions and gaps left unidentified in the DHCS EAS measures – such as appear in the full CMS Medicare Core Measures, the HEDIS measures, AHRQ hospital quality measures, and other measures.

Explicit measures from the approved protocol include hospitalizations (cause-specific rates of hospitalization, cause-specific readmissions), mortality rates, ambulatory care visits (overall and specific), emergency department visits (overall and specific), cancer care (time from diagnosis to treatment by cancer type; type of treatment; rate of routine screening for common cancers); maintenance of function, and medication usage (adherence to common medications and changes in medication management).

For the interim report, the evaluation team is providing the following measures – all-cause hospitalization rates, 30-day readmission rates, annualized mortality rates, ambulatory care visits (general versus specialty), and emergency department visits (overall) – all calculated by plan (and by county) by year.

As specified in the Final Evaluation Design, existing data on SPD Specific Complaints (/10,000 beneficiaries) will be compiled from Quarterly MCP grievances and appeals data; State Fair Hearings; Independent Medical Reviews; and quarterly progress report data and will be included in the interim and final reports.

Costs of Care:

Costs of Care are calculated based upon patient assignment (FFS versus managed care) and upon whether services fall within managed care or are carve-out benefits. From the original approved protocol, the final report will have the follow measures:

1. Average annual cost for Medi-Cal covered health services per beneficiary
2. Avoidable institutionalization costs
 - a. Ratio per 10,000 beneficiaries of and average cost per beneficiary for length of stays greater than ten days in an acute care hospital
 - b. Ratio per 10,000 beneficiaries of and average cost per beneficiary stay for length of stays less than 60 days in a Skilled Nursing Facility (SNF)
 - c. Ratio per 10,000 beneficiaries of and average cost per beneficiary stay for length of stays less than 90 days in an acute hospital stay plus SNF
3. Average annual pharmacy costs per beneficiary
4. Ratio per 10,000 beneficiaries of and average emergency room costs for non-emergency visits
5. Ratio per 10,000 beneficiaries of and average durable medical equipment (DME) costs broken down by type and setting (emergency and non-emergency; ambulatory and institutional)

For the interim report we present costs as estimated managed care costs (monthly capitation rates), FFS costs (for managed care patients), and FFS costs (for non-managed care patients). Net costs will be calculated by plan, by county, and by demographic by year.

For the interim report, we are not accounting for inflation or case-mix adjustment. However, for the final report, costs in each study year will be inflated/deflated to a base year using the appropriate sub-categories from the Consumer Price Index. For cost estimates, utilization measures (ambulatory care, inpatient care, skilled nursing facility, DME, and pharmaceuticals) will be used in cost estimate calculations for the final report. UCLA will estimate avoidable institutionalization costs, average annual pharmacy costs per beneficiary, and average ED costs for non-emergency visits as defined in the Final Evaluation Design. Risk adjustment / severity groupings for cost estimates will be drawn from the CDPS+Rx model for estimating Medicaid capitation rates.

Measurement Development

As described above, the UCLA team has prioritized the use of expert consensus measures with updated measure specifications. In addition to the explicit measures from the approved protocol, the evaluation team will prioritize additional measures based upon recommendations from the TAP. Finally, additional candidate measures will be defined according to important conditions identified by the investigators or recommended by members of the TAP. In fact, many of the conditions mentioned in the original protocol description – “Additional candidate evidence-based measures will be constructed based upon specific population concerns (e.g. mental health, seizure disorder, congenital cardiac disease care, sickle cell disease).” – have candidate expert consensus measures identified. Within the context of the approved protocol, proposed generic measures for timely cancer care have been suggested and there are more specific measures within the expert consensus measure sets.

Data Sources

This evaluation leverages existing patient-level DHCS core data (enrollment and claims/encounters) for the study period (2009-2018) supplemented by other patient-level data within DHCS and with other state agencies. Much of these data are either already within DHCS or are already shared with DHCS by other state agencies. In addition, the evaluation team is using other non-patient level data: existing data from the managed care quality dashboard, plan capitation rates from DHCS, and provider data from DHCS and from the public domain (CMS and the Bureau of Economic Research).

Measure and Data Validation

UCLA is employing convergent validation and face validity and agreement to ensure that evaluation results based upon the routinely collected data are valid. Findings from the data validation will assist in identifying populations where there may be data issues that affect the accuracy and conclusions of the SPD transition evaluation.

The following approaches are being taken to verify measures and will be presented in the final report.

1. Acute and non-acute institutional stays – comparison of algorithm identified acute care stays with (1) all-payer hospital data from the OSHPD patient discharge database (coded as acute, subacute, psychiatric, rehab) and from the MDS long term care records (nursing home stays) and (2) inpatient physician visits.
2. Emergency Department (ED) Care – comparison of institutional outpatient visits (ED) with (1) all-payer ED visits from OSHPD and (2) physician visits in the ED.
3. Quality measures – comparison of the enrollee level performance measures that appear in the HEDIS set with the patient-level HEDIS data available for 2017 and 2018.
4. Dates of death from the eligibility and enrollment file can be compared to the state Death Statistical Master File.

Certain types of care have no easily obtained gold standard external comparisons – such as ambulatory care and medication prescriptions. For the most recent data, ambulatory care visit counts (adjusted for enrollment) can be compared to the corresponding patient-level HEDIS measures. Hypothetically, home healthcare visits can be compared to records from OASIS, but OASIS data will not be available in time for this evaluation.

DHCS introduced PACES at the end of 2014, which created two periods of data reporting in addition to inherent differences in data reporting between direct FFS claims to Medi-Cal and data submitted by MCPs to Medi-Cal. PACES did create more consistent reporting requirements across MCPs. For the interim report, we have focused description of events (claims and encounters) that occur in 2015 to 2018. This excludes the urban transition (2011-2012) and the rural transition (2013) to mandatory managed care.

In particular, because of the broad array of programmatic changes and data submission and management changes that have occurred since the initial changes to the SPD enrollment in 2011/2012, we anticipate that certain measures (such as hospitalization) may require other data sources (e.g. use of non-DHCS data) in order to provide consistent measures across the entire assessment period, including the transition periods. As such, we will be performing validation and expanding analyses to include the period from 2009 to 2014 in the

final report. In order to evaluate the transition period, we will focus on identifying valid and reliable measures across California for this period.

Efforts to Validate

Initial efforts to validate presented data focus on internal consistency of reporting, a core element of the data cleaning process for creating consistent measures. The evaluation team focused on hospitalizations and on ambulatory care visits reported out across the observation periods.

Table 1 - Patient Level Source Data Sets

Originally Proposed Data Set	Description	Population Subset	Years Available	Source Agency	Comments
Medi-Cal Eligibility and Enrollment File	monthly eligibility and plan enrollment data	all individuals in Medi-Cal	2009-2018	DCHS	received
Medi-Cal Fee-for-Service Claims	fee-for service claims for all services, including managed care carve-out services	patients not enrolled in MCPs or receiving carve-out FFS services	2009-2018	DCHS	received
Medi-Cal Managed Care Encounters	managed care services submitted by plans	patients enrolled in MCPs	2009-2018	DHCS	received
Patient Discharge Database	all-payer database of discharges from all non-federal, non-correctional hospitals in the state	all individuals hospitalized in non-federal, non-prison hospitals	2009-2018	OSHPD	pending
Emergency Department Database	all-payer database of emergency department visits not-resulting in hospitalizations at that hospital	all individuals seen in EDs	2009-2018	OSHPD	pending
Death Statistical Master File	state death registry	all deaths in CA or of CA residents dying out of state	2009-2018	DPH, Office of Vital Stats	No need - date of death in enrollment file
Short-Doyle Mental Health Claims	state fee-for service mental health claims	Medi-Cal enrollees	2009-2018	DMH	received
IHSS Monthly Hours and Annual Functional Evaluations	monthly IHSS data	IHSS recipients	2009-2018	DSS	pending
HEDIS data	person-level data used to create plan-specific summary HEDIS measures	managed care recipients by plan	2017, 2018	DHCS	received
CAHPS data	subset of CAHPS responses by plan with flag for SPD recipients	subset of plan members that receive the CAHPS survey	2010, 2013, 2016	DHCS	received
Minimum Data Set of Long Term Care (including the California Section S)	required evaluation of all nursing home residents	nursing home residents (short-stay and long-stay)	2009-2018	DPH, Office of Quality	pending
Beneficiary Satisfaction Surveys	panel surveys of small subset of Medi-Cal beneficiaries	survey respondents	-	-	Not available - proprietary research data.
California Cancer Registry (CCR)	state cancer registry	individuals diagnosed with reportable cancers in California	2009-2018	DPH	pending
OASIS Data (home healthcare)	required evaluation of all home healthcare patients	home healthcare recipients	2009-2018	CMS	Not available
HIV/AIDS Surveillance database	state HIV and AIDS surveillance database	patients diagnosed or treated for HIV in California	2009-2018	DPH, Office of AIDS	Special approval required. Not available.

Table 2: Other Data Sources Used for the Report

Originally Proposed Data Set	Description	Years Available	Source Agency	Comments
Ombudsman Reports	Summary of complaints to state ombudsman	2015 to 2019	DHCS	
State Fair Hearing Reports	Results from appeal processes for providers and individuals dissatisfied with DHCS' actions	2015 to 2019	DHCS	
Independent Medical Review	Results from patient complaints regarding receipt of healthcare services to managed care plans	2015 to 2019	DHCS	
Grievance Reports	Patient medical grievances to plans	2015 to 2019	DHCS	
Plan Capitation Rates	Estimated annual capitation rates (high, mid, low estimates) by plan	2013 to 2019	DHCS	Archived capitation rates pending
Medi-Cal Provider File	Hierarchical provider file, nesting individual providers by site	2017 to 2019	DHCS	
Historical Medi-Cal Managed Care Provider File	Provider file of managed care Medi-cal providers	2011 to 2016	DHCS	
Historical Medi-Cal FFS Provider File	Provider file of FFS Medi-Cal providers	2011 to 2016	DHCS	Incomplete NPI. No specialty codes
Current CMS NPI Provider File	Current national NPI file for individual and institutional providers in the U.S.	2019	CMS	
Historical CMS NPI Provider File	Historical (2011) national NPI file for individual and institutional providers in the U.S.	2011	BER	
Survey of Managed Care Plans on SPD Transition	Small questionnaire to plan representatives regarding data quality and enrollment issues	2019	UCLA	prospective data collection for the current evaluation
MCP Network Data	Provider lists by MCP	-	-	

Plan Survey

Due to the retrospective nature of the evaluation and potential challenges in interpreting some findings, the evaluation team is in the process of administering a short online survey of managed care plan representatives (Appendix E). DHCS shared a list of MCP representatives (primarily regulatory affairs and compliance personnel as well as senior leadership) and sent an introductory letter. Plan representatives confirmed receipt and the appropriate personnel to respond to the short survey. The online survey specifically asks about challenges encountered during the transition pertaining to contacting enrollees, assigning primary care providers, disenrollment, known strengths and weaknesses of data collected by their plans, and details on remediation. Plan representatives are also allowed to answer the survey questions by phone. Finally, follow-up phone conversations with select MCP representatives were scheduled to further discuss how plans worked through the challenges arising from the transition and managing SPD patients (as compared to other types of Medi-Cal populations). The survey was still in the field at the time of this writing. Results will appear in the final report.

Data Cleaning and Completeness Assessment

Enrollment File

For each enrollee, we have completed an initial assessment of the enrollment data (including reported date of death) and associated claims and encounters. For the enrollment data, we have performed a number of steps, including:

- Removal of duplicate records
- Adjudication of multiple non-duplicate records per month per enrollee, where plan code assignments differ
- Adjudication of date of death with identification and removal of dates of death that appear to be wrong (due to ongoing enrollment with claims/encounters) and flagging enrollment data that appear to be incorrect (due to ongoing enrollment without claims/encounters after a reported death)

Claims / Encounters

In addition to tabulating claims by program type and claim type by patient, we have begun our data assessment by our ability to reliably identify and tabulate acute care hospitalizations algorithmically. Across the claim types before (FFS, COHS, and managed care) and after (FFS and managed care) the PACES implementation and the use of different identifying information within the claims (place of service, revenue codes, institution classification merging with the NPI databases), it is clear that consistent identification of acute hospitalizations before PACES implementation will require additional cross validation (as described in the data validation section). Given questions regarding reliable identification of acute care hospitalizations in the data preceding PACES implementation, the evaluation team has focused its initial production efforts on data from 2015 to 2018.

Non-DHCS Patient-Level Data

At present, the evaluation team has patient-level HEDIS data (2017, 2018). A summary of HEDIS record per enrollee is included. CAHPS data (2010, 2013, 2016) for patient care and satisfaction are de-identified and thus cannot be linked to DHCS data.

Other Data

DHCS provider level data are of varying completeness. The evaluation team has supplemented these data with two versions of the national NPI database (2011 and 2019). Linkage to physician claims is nearly complete. Inconsistencies appear to arise when Californians are treated out of state or physicians who once practiced in California move out of state.

Summary of Completeness

We summarize patient enrollment statistics, number of months enrolled, number of gaps between SPD eligibility, number of records/encounters by service type, number of prescriptions, number of inpatient claims, number of acute care hospitalizations, emergency department visits, deaths, and HEDIS record identified. Completeness is presented by unique patient.

Analytic Methods

For the interim report, the evaluation team will be providing descriptive data only without trending or statistical comparisons as data validation and adequacy are still being explored. In the final evaluation, UCLA proposes an interrupted time series design and will determine the adequacy of the comparison group (COHS managed care enrollees) in multivariate analyses. This approach is essentially comparable to a difference-in-differences design but will exploit the longer time series.

Technical Advisory Panel

A Technical Advisory Panel (TAP) comprised of Medicaid policy experts, DHCS representatives, safety net clinicians, and researchers was formed to identify critical issues and discuss the evaluation design (proposed measures, data, and analytic methods). Because of delays in data receipt and the extended period to survey, compile, and classify existing measures, the first TAP meeting was delayed to early November. The TAP was tasked with reviewing criteria for existing measures in order to prioritize the large set of candidate measures. The TAP was also asked to identify important gaps and potential candidate measures that were not identified but which can be derived from the available data. UCLA will prioritize the evaluation measure set based upon expert consensus measures, evidence-based measures, available data, and feedback from the plans and the TAP. (Appendix F and Appendix G)

E. Methodological Limitations

The current evaluation leverages the large amount of routinely collected data within DHCS (enrollment and claims/encounters) supplemented by other existing data sets available through state health agencies. There are a number of known and potential limitations:

1. Data comparability, uniformity, consistency, and quality vary across the evaluation period and across the state – prior to PACES implementation, there was less consistency in data submission between MCPs. Certain plans may have different internal data standards, leading to greater heterogeneity in the final pooled data from DHCS, especially in the pre-PACES period.
2. Certain types of care or providers may have less consistent data due to a lack of financial incentives (e.g. capitated providers), providers that receive Medicaid block grants (e.g. LA County), or providers that are recipients of foundation support (e.g. free clinics) that may have incomplete billing.
3. Deaths reported in the Medi-Cal eligibility file appear to suffer from ascertainment bias, requiring cross-validation and independent use of the state Death Statistical Master File.
4. Absence of comprehensive managed care network profiles – instead of knowledge of available providers, the evaluation can only identify providers who actually saw Medi-Cal patients. This limits the power of the evaluating team to understand the degree to which patient access is impacted by plan network composition. The current DHCS provider file is adequate for such determinations. A different approach must be used to create measures comparable across the entire evaluation period.
5. Absence of comprehensive clinical data for all patients – many types of care and outcomes are not ascertainable using administrative data.
6. The CAHPS data touch upon patient satisfaction, knowledge, and access to care, but cover a minute fraction of enrolled patients at three-year intervals and are not linkable to the full patient-level data. Data from 2010, prior to mandatory managed care enrollment represent a different sample of SPD patients than those in 2013 and 2016. SPD respondents in 2010 are enrollees who more likely chose to be in managed care, introducing significant selection bias to the pre- and post-comparisons.
7. Lack of a fully comparable contiguous control group – all potential comparison groups differ substantially from the SPD population either due to case-mix differences or due to policy specific issues (duals). The best available comparisons are by county-based populations from the stable mandatory managed care SPD populations in the COHS counties.

Despite these limitations, the full evaluation design leverages existing data from across the healthcare agencies within the state, which provide additional information regarding care and outcomes as well as consistent independent data collection across this period of change within the state Medi-Cal program.

F. Results

In this section, we present the preliminary results regarding measure development and selection, qualitative results from health plans, and initial review of plan enrollment, utilization, and high level outcomes.

F1. Measurement Development

F1.1. Identification of Candidate Quality Metrics for the Final Report

As described, the evaluation team reviewed all explicitly identified measures from the approved evaluation protocol and then reviewed existing expert consensus quality metrics that were either part of complete quality metric sets (i.e. HEDIS) or indexed as claims based metrics from quality measure database warehouses (i.e. NQF and CMS). After consolidating measures that repeated across measure sets, the team identified 729 total measures, including 50 measures explicitly described in the contract, 22 measures from the DHCS EAS set, and remaining candidate measures identified from the review of quality metrics. Among the 729 measures identified, we flagged 273 measures that required more information than is present in the claims data and thus cannot be implemented across all years of the evaluation. Among the remaining 456 measures, 46 measures are explicitly mentioned in the contract and nine measure are implied (as existing in the DHCS EAS measure set) (**Table F.1.1.1** below). Among the remaining 401 identified measures for consideration, 29 come from the CMS Medicaid Core Measure Sets, 77 from AHRQ HCUP quality measures, 39 from HEDIS, and 256 from CMS and NQF consensus measures or quality measure databases.

Table F.1.1.1. Measures Potentially Identifiable with Claims / Registry Data: Measure Description in the Contract by Quality Measure Set

	DHCS EAS	CMS CORE ADULT	CMS CORE CHILD	AHRQ	HEDIS	OTHER	Total
Explicit contract measure	6	4	2	0	7	27	46
Implicit contract measure (EAS)	9	0	0	0	0	0	9
Neither	0	20	9	77	39	256	401
Total	15	24	11	77	46	283	456

Among the 273 measures excluded from consideration because they require additional EMR / Chart information, only 8 measures were identified explicitly or implicitly in the contract (**Table F.1.1.2**). 240 out of the 265 remaining measures were identified from CMS and NQF consensus measures or quality measure databases or are among the contract-designated measures that do not appear in an evidence-based expert consensus measure set.

Table F.1.1.2. Measures Requiring EMR / Chart Data: Measure Description in the Contract by Quality Measure Set

	DHCS EAS	CMS CORE ADULT	CMS CORE CHILD	AHRQ	HEDIS	OTHER	Total
Explicit contract measure	3	0	0	0	1	0	4
Implicit contract measure (EAS)	4	0	0	0	0	0	4
Neither	0	6	4	0	15	240	265
Total	7	6	4	0	16	240	273

F1.2. Measures by Evaluation Domains and by Quality Category

Furthermore, based upon the areas targeted in the evaluation domains (Access, Quality of Care, and Cost / Utilization), the existing quality sets specifically derived for monitoring Medicaid care (DHCS EAS and the CMS Core Measures for Adults and for Children) do not capture Access or Cost / Utilization. In general, the identified claims-based measures primarily capture quality of care metrics (**Table F.1.2.1**).

Table F.1.2.1. Claims-based Measures by Evaluation Domain and Quality Measurement Set

	DHCS EAS	CMS CORE ADULT	CMS CORE CHILD	AHRQ	HEDIS	OTHER	Total
Access	0	0	0	0	0	11	11
Quality	14	24	11	77	30	255	411
Cost/Utilization	1	0	0	0	16	17	34
Total	15	24	11	77	46	283	456

Classifying measures explicitly according to quality measure type (structure, process, outcome) as defined by Donnebedian and by cost/resource, demonstrates that most claims-based measures are outcome measures, followed by process of care measures (**Table F.1.2.2**). Only 23 measures were classified as Cost / Resource measures. Note, these results differ from the contract domain breakdown due primarily to some reclassification of Access and Cost/Resource measures.

Table F.1.2.2. Claims-based Measures by Measure Type and Quality Measurement Set

	DHCS EAS	CMS CORE ADULT	CMS CORE CHILD	AHRQ	HEDIS	OTHER	Total
Cost/Resource	0	0	0	0	13	10	23
Outcome	2	7	3	76	9	213	310
Process	13	17	8	0	23	53	114
Structure	0	0	0	1	1	7	9
Total	15	24	11	77	46	283	456

F1.3. Measures by Medical Specialty

Within general medical specialty designation, out of the 456 measures, 206 measures can be classified as Internal Medicine (**MED**) and 117 measures are Pediatric (**PEDS**) (Table F.1.3 below). The 133 remaining measures are evenly distributed among the other specialties. Medical / Surgical (**MED/SURG**) cases reflect general measures for adult care. Measures for maternity and women’s health are designated with **OB/GYN**. Mental health and all substance abuse measures are classified within **PSYCH**. Finally, all surgical care measures are classified with **SURG**. These classifications are not mutually exclusive and do not reflect the site of care delivery. For example, most mental health measures reflect patient assessment and care delivery occurring in the primacy care setting.

Table F.1.3. Claims-based Measures by Medical Specialty and Quality Measurement Set

	DHCS EAS	CMS CORE ADULT	CMS CORE CHILD	AHRQ	HEDIS	OTHER	Total
MED	6	8	0	23	23	146	206
MED/SURG	0	0	0	11	1	21	33
OB/GYN	3	5	2	7	3	14	34
PEDS	6	2	7	19	14	69	117
PSYCH	0	9	2	0	5	20	36
SURG	0	0	0	17	0	13	30
Total	15	24	11	77	46	283	456

F.1.4. Measures by Data Source

A review of the identified data sources for candidate measures indicates that a vast majority of the measures (433 out of 456) will be utilized Medi-Cal claims / encounters. Furthermore, all-payer hospital encounter data from OSHPD will contribute to 230 out of 456 measures. This highlights in part the

central contribution of hospital-based measures in the candidate measure set. The HEDIS database with individual patient records can be used to report on the 83 HEDIS measures, but is only available for the two most recent years of the evaluation. Other data sets (California Cancer Registry, Minimum Data Set of Long Term Care, In-Home Supportive Services) contribute to many fewer pre-defined measures. However, their value lies as unique sources of information for stratified analyses and multivariate analyses plus their value as independent data sets for validation purposes.

Table F.1.4. Claims-based Measures – Count of Quality Indicators by Data Source for the Measure

Data Source		n
CLAIMS	No	23
	Yes	433
OSHPD	No	226
	Yes	230
HEDIS	No	373
	Yes	83
CCR	No	434
	Yes	22
CAHPS	No	442
	Yes	14
MDS	No	444
	Yes	12
IHSS	No	455
	Yes	1
PROVIDER	No	452
	Yes	4

F.1.5. Measures by Care Category

Broken out by more granular measure categories, there are 40 measures specifically assessing mortality outcomes, 25 measures assessing readmission, 88 measures for medication (management), 63 measures assessing testing, and 42 measures assessing care complications, and 24 measures for rates of hospitalization. 26 measures are identified as cost/utilization. Overall, there are 30 measures related to ambulatory care visits – either as direct measures or for follow-up for other types of care. The remaining categories are varied (**Table F.1.5**).

F.1.6. Measures by Clinical Category

Finally, quality metrics were classified by clinical condition category. These categories include medical conditions (e.g. atrial fibrillation), device management (e.g. Cardiovascular Implantable Electronic Device - CIED), and specific medication management (e.g. ACE-inhibitor and anticoagulation). Certain measures do not refer to a specific condition or are applicable across conditions (e.g. all-cause hospitalization rates or ambulatory care visits). Rows with totals equal to zero reflect non-zero rows in the table for measures that require chart / EMR information (**Table F.1.6**)

F.1.7. Technical Advisory Panel (TAP) Ranking of Quality Domains and Conditions

In order to prioritize measure selection and production for the final report, each TAP member was asked to rank order the domains and conditions. We attached these rankings to the underlying measures. We also applied priority scores for measures with routine updated specifications – EAS measures, CMS Core measures, HEDIS, and AHRQ. Taken together, the prioritized measure categories are presented below (**Tables F.1.7.1 and F.1.7.2**). Summary scores were linked back to the claims-based measure set. Composite scores that combine the Domain and Clinical Condition scores were created. Applying a cutoff on Composite scores corresponding to an average of 2.0 on individual scores identified 146 candidate measures. Of these, 44 are existing HEDIS or AHRQ hospital-based outcome measures, which are routinely updated yearly. The remaining 102 measures are drawn from the other reviewed expert consensus quality measures. The remaining measures are being prioritized by the TAP, as the evaluation team potentially will need to update the specifications for high priority measures.

Of note, the TAP reached general agreement on the scope and scale of the SPD assessment needs, principally that vulnerable sub-populations require explicit evaluation in the context of their unique needs. The TAP recommended focused metrics and identification of specific populations. Furthermore, concerns were expressed that technical (objective) quality success by the retrospective secondary data approach would not capture all aspects of care success.

TAP members pointed to concerns regarding access to specialty and tertiary care. Managed care networks may exclude tertiary care providers and avoid out-of-network referrals due to cost. Other related issues included increased travel time and greater difficulty coordinating care to multiple providers. Where a patient may have seen multiple centrally located specialty providers on a single day, the managed care arrangement could lead to multiple appointments at different locations and on different days. For disabled and elderly individuals, this represents a significant barrier.

As follow-up, the TAP will provide the evaluation team with suggested sentinel populations and will review quality metrics by population. The TAP will review and prioritize the remaining measures by importance, representativeness, and completeness in order to address the overall goals of the evaluation.

F2. Health Plan Survey Results

The evaluation team contacted all current participating plans regarding their experiences and conclusions regarding the mandatory managed care implementation. 15 out of 29 invited plans participated in the survey. Of the respondents, one chose to schedule a phone call to verbally transmit their answers. The remainder did the online survey (**Table F.2 and Appendix H**). The responses from the plans were illustrative.

- When patient contact information was incorrect, plans attempted to acquire the correct information from the patient directly or from other sources such as DHCS or the patient's physician, a hospital or emergency department (if the patient recently received care), a pharmacy, or service provider (e.g. transportation provider). Contact information was corrected in the plan's system.
- Of the managed care plans that tracked the percentage of patients who could not be contacted, plans reported that between 7% and 35% of patients lacked sufficient contact information.
- Plans employed various strategies to ensure orderly transition of patients to new care, and adhered to continuity of care guidelines from DHCS. Plans strived to keep members with their existing care providers, if possible. Plans worked with DHCS to share member data, communicate, and resolve disputes and grievances.

- Most all plans allowed patients to receive care from previous providers up to 12 months after the transition, per DHCS' mandate. Extensions beyond 12 months were made depending on a member's condition, treatment, and services needed.
- Plans allowed patients to renew existing medications between 30 days and one year after the transition. Extensions were made depending on the patient's condition and continuity of care needs. One plan reported no time limit, although prior authorization was needed.
- Plans reported that continuity of care requirements were honored to ensure patients received appropriate specialty care. Some plans enforced time limits on these visits, while others did not.
- Special consideration (e.g. care coordination and case management) was made for patients with multiple chronic conditions by most all plans, who cited continuity of care policies that apply to these patients. One plan placed patients with multiple chronic conditions into a high-risk category.
- Most plans did not report any noteworthy changes in care patterns. One plan stated that their urgent care network was expanded to support the SPD population and provide alternates to the ED.
- Most plans did not report any data quality issues surrounding the transition. One plan reported that data from previous care including FFS Medi-Cal can be delayed or be missing and another plan noted that data from DHCS is not always complete.
- Plans did not report any difficulties with data completeness and accuracy with contracted providers. In general, plans were confident that claims data accurately and completely reflected all types of care, services, medications, and equipment provided.
- Plans noted in closing that many SPDs had incorrect contact information at enrollment, making completion of health risk assessments and timely outreach more challenging.

The plans generally relied upon guidance from standing guidelines for the transition and for ensuring patient care and care coordination. The existing infrastructure and regulatory environment for Medi-Cal managed care plans created the framework to ensure adequacy of care for the SPDs.

F3. Enrollment

We review overall enrollment patterns by managed care enrollment by county, by year, by plan enrollment by year, and by demographics by year (**Tables F.3.1 to F.3.3**). By 2018, 90% of SPDs in the state were enrolled in managed care.

F4. Access to Care

We present preliminary findings from cross sectional assessments of CAHPS responses by self-reported health and by year (**Table F.4.1 and F.4.2**). These represent the SPD responses for the CAHPS survey from 2013 and 2016. In general, need for emergency services decreased somewhat between 2013 and 2016, while access to generalist and specialist services increased, both in terms of timely receipt and numbers of visits reported. There was a general increase as expected by self-reported health, with those with worse health reporting greater use (**F.4.1**), while the relationship by age was more complicated (**F.4.2**) with those in the mid-range of ages with the greatest need and use.

Baseline results from 2010 were not comparable due to (1) lack of SPD identifier and (2) difference in the SPDs who were actually enrolled in plans at that time, except in the COHS plans. Results from the 2019 CAHPS (fielded at the beginning of 2019) will be included in the final report.

F5. Quality of Care

High level quality of care metrics include annual mortality rates, hospitalization rates, 30-day readmission, and 30-day hospital mortality by population (fee-for-service versus managed care). Overall mortality has remained constant between 2009 and 2018, with managed care rates starting quite low

and rising to nearly equal to the overall rate, while fee-for-service rates started close to the mean rate and rising much higher than the overall rate by 2018 (**Tables F.5.1.1 to F.5.1.4**)

Acute care hospitalization rates and outcomes (based on 2015 to 2018 for the interim report) appear to be constant (**Tables F.5.2.1 to F.5.4.3**). Average length of stay decreased through 2017, but was slightly longer in 2018.

F5.5 Ambulatory Care

We present overall ambulatory care visits by enrollment type (managed care / fee-for-service). Total visits appear to differ dramatically over the evaluation period (**Table F.5.5.1**). Granular analyses (primary care versus specialty care – **Table F.5.5.2**) shows relatively constant proportions of visits since 2016. In the most recent years, roughly 15% of visits are to generalists, 15% are to core specialists, 9% are to other specialists, and 50% are to other non-physician providers. Prior to 2016, claims for managed care patients had large numbers of missing NPI, making classification of these visits by provider specialty impossible. This classification issue worsened between 2012 and 2014, when the urban and rural transitions occurred.

All-cause emergency department visits not resulting in hospitalization increased over the transition period (2011 to 2012) from 0.86 to 0.97 visits per patient-year, but have remained remarkably stable since 2012 (**Table F.5.5.3**). Cause-specific visits will be included in the final report.

F6. Costs of Care

We present total and average costs (excluding durable medical equipment) per enrollee per year by enrollment type (managed care versus fee-for-service) and cost source (managed care capitation; fee-for-service claims) (**Table F.6.1**). Estimated mean total monthly rates for managed care patients (capitated payments and fee-for-service payments) decreased from 2014 to 2015 (mid-point estimate \$1,113 decrease to \$1,051) driven in equal parts by a decrease in capitated payments and FFS payments. There was no change between 2015 and 2016. Overall costs per patient increased in 2017 (from \$1,049 to \$1,093) driven mostly by an increase in capitation payments. From 2017 to 2018, there was a larger year-over-year increase (\$1,092 increase to \$1,172) driven by an increase in capitation rate, a substantial increase in FFS drug costs, and a smaller increase in ambulatory care costs.

Costs for patients not in managed care are harder to characterize. In general, estimated average costs have always been higher than that for managed care patients. There have been periods of substantial higher average costs (2012 to 2014; 2017 and 2018) which must be investigated fully. Years with higher average costs are driven by higher hospitalization and medication costs. These average costs obscure the impact of costs on specific individual patients nor take into account the more transitory nature of the FFS population after the SPD managed care transition. Overall enrollees, estimated total per enrollee costs per month increased substantially in 2017 and 2018.

F7.1 Data Validation

For hospitalizations, the evaluation team selected all inpatient claims/encounters and attempted to subset the claims by acute inpatient revenue codes and place of service. Managed care claims prior to 2015 had significant missing values, making subsetting acute hospitalizations directly from the data difficult. An alternative approach was attempted, constructing flags for acute inpatient care from the physician claims, which could be used as an alternative approach to reconstruct acute inpatient stays. The evaluation team has not completed this internal validation approach due to the complicated reconstruction. A second approach compares acute hospitalizations to those reported in the state all-payer inpatient discharge database. The all-payer database is extremely well-vetted and is the gold-standard for comparison.

For ambulatory care, the evaluation team examined the vetted HEDIS definition for outpatient visits across from 2009 to 2018 linked by provider NPI and DHCS classification by NPI NUCC specialty code.

This approach provides face validity for the overall visit trends and breaks out core primary care visits and specialty visits. Results of these comparisons are subsumed in the results section on ambulatory care (F5.5). Further, ambulatory care in the form of ED visits not resulting in hospitalization can be compared to the state all-payer ED database. This comparison and the inpatient comparison are pending approval from the parent agency controlling these data and will appear in the final report.

G. Conclusions

The state of California has successfully transferred most of the SPD population into mandatory Medicaid managed care. This transition greatly expanded care delivery among SPDs among plans. In the process of this transition, the state has leveraged existing county-by-county MCPs in place to enroll patients. In rural counties originally without MCPs, the state has expanded one model (COHS) to northern counties and have an agreement in place for a commercial plan for the remaining Sierra counties.

When the initial transition to mandatory managed care was implemented, Medi-Cal lacked a uniform reporting system to monitor utilization performance among plans. Subsequent to the start of the initial “Bridge to Reform” 1115 waiver and before the approval of the “Medi-Cal 2020” 1115 waiver, DHCS implemented and enforced uniform reporting standards and audit procedures through PACES. Data quality and consistency improved significantly.

A formalized collection and reporting of grievances was implemented. The online quality dashboard provides some data and public accountability.

Analyses performed to date for this interim report illustrate the increased enrollment of individuals in managed care. The state has negotiated capitation rates with all of the participating plans. Initial cost analyses show that nominal mean per capita costs for SPDs (total calculated costs / total patient-months) have risen.

Initial quality of care metrics implemented in time for this report show that data standardization and completeness issues pre-PACES prevent a consistent reporting out of performance changes using only DHCS data since mandatory managed care enrollment of the SPD population occurred. Analysis of data suggest greater internal consistency since the introduction of PACES, making certain aspects of evaluation more reliable, valid, and comparable over time – e.g. evaluation of care delivery and managed care delivery in the post-PACES period for patients in managed care. Retrospectively, the addition of measures designed using external data sources, such as state all-payer hospitalization and emergency department data, will provide consistency for analyses during a period in which multiple systematic changes occurred in data collection and reporting.

Certain measures proposed in the approved protocol have proven to be difficult to achieve in practice. Specifically, access to care – challenges to finding and receiving care and measures of network adequacy – is difficult. No prospective routinely asked questions are linkable to actual patients either currently or in the past. Network adequacy standards have been adopted and the current provider file (less than two years old) has the potential for performing the types of assessments necessary. Earlier provider files are not adequate to the task. The evaluation team has supplemented DHCS provider data with national (CMS) provider data and is incorporating DHCS network adequacy rules (established in the 2018 Final Rule) to create approximate network adequacy assessments for the final report that cover the entire evaluation time period.

Definitive conclusions for the evaluation are still pending. Challenges with consistency of definitions of hospitalization pre-PACES and other data consistency issues, have forced the evaluation team to focus on the post-PACES period (2015 to 2018). Delays in release of data from health agencies outside of DHCS has made it impossible to independently verify measures, making conclusions regarding improvements and changes in Medicaid-funded healthcare inconclusive for this interim report. The highest level metric – mortality rate among SPDs – appears stable across the entire evaluation period (2009 to 2018). As expected, there is evidence of selection effects during the period of voluntary managed care enrollment with significantly lower mortality among individuals voluntarily enrolling in managed care (reflecting healthier patients choosing managed care). With mandatory managed care, mortality rates have increased in the managed care group and significantly increased in the FFS group, which now represents a more transient and sicker population that includes individuals receiving

emergency Medi-Cal coverage for significant illness. Production of a large number of quality metrics is in progress, but is not ready for the interim report. Confidence in presenting certain of these measures will depend strongly upon the reliability and validity of the underlying data across the full evaluation period.

For the purposes of the interim report, we can conclude that:

- (1) Medi-Cal has successfully moved most non-dual SPDs into managed care.
- (2) Even in difficult to reach rural areas, Medi-Cal has implemented two different models of managed care delivery.
- (3) Overall mortality appears to be stable in the population. MCP mortality appears to have increased in the managed care population reflecting adverse selection for FFS with healthier patients opting for optional managed care enrollment prior to the transition period.
- (4) Data quality and consistency appears to be substantially improved since the introduction of PACES. This makes evaluation since the waiver extension more robust. Even if the evaluation cannot reliably measure earlier years, these data can be used to robustly assess plans managing care during the “Medi-Cal 2020” 1115 Waiver period.

Although definitive conclusions and recommendations regarding this evaluation will appear in the final report, there are a number of known recommendations and improvements that can be developed for ongoing and future assessment.

- (1) Expand patient-focused surveys (e.g. CAHPS) of plan members so that they are fielded at closer, regular intervals than previous surveys; Increase the number of survey recipients with oversampling of SPD recipients; Ensure that the survey data are linkable to other patient data.
- (2) Routinely link DHCS data with external data sources for purposes of validation and enrichment of analyses.
- (3) Expand quality metrics to routinely cover more granular, special populations and outcomes.
- (4) Creation of a repository of patient-specific clinical information to improve routine quality assessment and auditing of patient care, starting with basic lab values and other test results.

H. Interpretations, Policy Implications and Interactions with Other State Initiatives

The mandatory transition of the SPD population into managed care follows the long term goals of the state Medi-Cal program to transform itself from a traditional fee-for-service payment system with few guarantees regarding patient access to care services, oversight of quality of care, and management of growing healthcare costs. Historically, California delivered managed care through different implementation models throughout its 58 counties. However, implementation efforts prior to the “Bridge to Reform” 1115 Waiver did not substantially enroll the state’s disabled and older populations into managed care. The ability to deliver care to complex patients requires greater oversight with the ability of the state to audit care delivery by managed care plans in a way that was not possible previously.

The primary mechanism of the “Bridge to Reform” 1115 Waiver was to start with the existing managed care infrastructure, expand enrollment to the SPD population, make programmatic changes to existing plans, and to expand managed care to rural counties, where it had not existed previously. The use of the managed care environment created the structure for care coordination, ensuring network adequacy and care access for enrollees, containing costs, and aligning financial incentives to providers to ensure appropriate care at reasonable cost. The demonstration successfully moved the vast majority of the SPD population into existing managed care plans. In rural areas, two separate approaches to managed care were negotiated. In the northern part of the state the COHS model was expanded to cover 8 counties (COHS Expansion), while in the 21 Central Sierra counties, a single commercial managed care

model was adopted (Regional Model). Estimated core per patient costs of care were kept within the projected bounds during this time period. Data needs were assessed and data standardization and improved audits were adopted before the end of the audit period. The CAHPS survey was expanded to include the SPD population in a triennial assessment of managed care satisfaction. A core quality of care set was defined using a subset of the CMS Medicaid Core Measures, many drawn from HEDIS. Quarterly reporting on care quality, including grievances was initiated in 2014.

As the state has moved to the “Medi-Cal 2020” 1115 Waiver, we have built on the changes established in the “Bridge to Reform” 1115 Waiver. Having completed the transition of patients to mandatory managed care, we established an improved data capture system for managed care encounters that allows DHCS to more easily audit care delivery in the MCPs. Within the overall system, we improved the ability to capture patient grievances and other quality issues. Starting in 2017, patient level HEDIS records are now reported to DHCS from plans, allowing DHCS to both calculate and validate data delivery and quality assessment from plans by patient. Finally, the 2018 Final Rule for assessing Network Adequacy creates standards and an improved provider file, while setting up a quarterly assessment with the plans and their providers. Thus, DHCS has implemented systems that can now overcome some of the limitations towards oversight and improvement at the beginning of the “Bridge to the Future” 1115 Waiver.

These early results from the evaluation point to general programmatic successes for the mandatory SPD transition to managed care in terms of moving enrollees to managed care across the entire state and towards managing costs. High level mortality outcomes were stable across the observation period. Assessing access and quality are more challenging and conclusions more nuanced. The demonstration did not prospectively assess baseline quality. Fee-for-service patients were not subject to the types of quality assessments that are typical for managed care plan enrollees. The evaluation team has adopted the most consistent approach for assessment between baseline and after the transition – to retrospectively incorporate metrics in common to all patients. Pending results will have important implications for state and national efforts to rein in costs and provide improved care for Medicaid enrollees.

Most relevant, the Coordinated Care Initiative (CCI) is an eight county demonstration program that moved SPD dual enrollees into managed care (also from the “Bridge to Reform” 1115 Waiver) CCI aims to coordinate Medi-Cal and Medicare benefits across health care settings and improve continuity of care across acute care, long-term care, behavioral health, and home- and community-based services settings using a person-centered approach. CCI has two components: (1) Cal MediConnect—a program where medical, behavioral health, long-term institutional, and home and community-based services are provided through a single delivery system and (2) Managed Medi-Cal Long-Term Supports and Services (LTSS) through which dual beneficiaries receive their Medi-Cal benefits, including LTSS and Medicare wrap-around services.

“Medi-Cal 2020” aims to transform and improve the quality of care, access, and efficiency of health care services for Medi-Cal members. The waiver funds four programs that shift focus away from hospital-based and inpatient care, and towards outpatient, primary and preventive care – from volume to value. Other related pilots fit into this overall long-term strategy of expanding Medi-Cal managed care to complex patients and to provide innovative care models that may cross traditional delivery system approaches. These include elements from the “Bridge to Reform” 1115 Waiver and “Medi-Cal 2020”.

- (1) The Public Hospital Redesign and Incentives in Medi-Cal (PRIME) is a pay-for-performance healthcare delivery system transformation and alignment program where California’s public health care systems and hospitals are using evidence-based quality improvement methods to achieve performance targets and improve health outcomes for patients. Projects focus on improvements in ambulatory care, behavioral health integration, high-risk populations, and efficiency. PRIME is intended to complement other delivery system transformation efforts that

are also focused on strengthening patient-centered primary and specialty outpatient care, improving care coordination, and providing care in the most appropriate settings.

- (2) The Global Payment Program is a payment reform initiative that aims to redesign the public safety net by reorganizing existing funding streams to create financial incentives for the state's public health care systems to provide uninsured and underinsured individuals with more appropriate care in outpatient settings. The program complements other delivery system transformation efforts focused on strengthening primary and specialty outpatient care.
- (3) Whole Person Care (WPC) is a county-based pilot program that provides integrated, tailored care to the highest-risk and most vulnerable patients in local communities. The overarching goal of WPC is the coordination of health, behavioral health, and social services, as applicable, in a patient-centered manner with the goals of improved beneficiary health and wellbeing through more efficient and effective use of resources. The program addresses the medical, behavioral, and social determinants of health and improves care coordination among Medi-Cal beneficiaries who are high users of healthcare and who continue to have poor health outcomes.
- (4) The Dental Transformation Initiative is an incentive program to increase the frequency and quality of dental care provided to children under Medi-Cal. Dental providers are awarded financial incentives for achieving state-defined targets to improve use of dental care and dental-related outcomes.

I. Lessons Learned and Recommendations

The expansion of managed care to special populations with multiple complex conditions, such as the SPD population, is feasible, but requires additional monitoring, data standards, and arrangements to ensure adequate access and provision of services. Although states now have significant experience with using Medicaid – managed care plan arrangements, the particular vulnerabilities of the SPD population require greater oversight and transparency. The following recommendations are aimed at ensuring continuous high quality oversight and data quality for monitoring and for ensuring that plans do not avoid necessary, but high cost care.

- (1) Fully formed reporting system in place before implementation
- (2) Data standards in place before implementation
- (3) Expansion of ability to assess patient experience
- (4) Baseline assessment of patient health and health history to improve longitudinal care
- (5) Routinely link in gold standard information for audits and enriching available measures
- (6) Network adequacy standards and monitoring
- (7) Expansion of measures beyond typical core primary care measures to include specialty measures that may be significantly impacted in a vulnerable population
- (8) Expansion of qualified data for monitoring quality to include lab and imaging results with the possibility of expanding to other clinical data
- (9) Routine collection of patient preferences on intensity of care
- (10) Adequate lead in time for contingency planning

- (11) Public quality reporting must focus on populations of interest, including stratification / standardization to ensure interpretability
- (12) Consider carve out benefits from managed care for special populations – long term care, substance abuse, mental health, and other at-risk populations (HIV/AIDS, hepatitis C, and certain cancer treatments) to ensure plan participation and patient access to certain high cost necessary life sustaining treatments.

These suggestions should not be considered all inclusive, but reflect the experience of efforts and improvement within California DHCS and other state health agencies.

J. Attachment 1) Evaluation Design: Provide the CMS-approved Evaluation Design (Appendix I)

REFERENCES

1. California HealthCare Foundation. A First Look: Mandatory Enrollment of Medi-Cal's Seniors and People with Disabilities into Managed Care. August 2012. <https://www.chcf.org/wp-content/uploads/2017/12/PDF-FirstLookMandatoryEnrollmentSPD.pdf>
2. The Kaiser Family Foundation. Medi-Cal Managed Care: An Overview and Key Issues. March 2016. <http://files.kff.org/attachment/issue-brief-medi-cal-managed-care-an-overview-and-key-issues>
3. California HealthCare Foundation. On the Frontier: Medi-Cal Brings Managed Care to California's Rural Counties. March 2015. <https://www.chcf.org/wp-content/uploads/2017/12/PDF-FrontierMediCalMgdCareRural.pdf>
4. California Healthcare Foundation. Medi-Cal Facts and Figures: Crucial Coverage for Low-Income Californians. February 2019. <https://www.chcf.org/publication/2019-medi-cal-facts-figures-crucial-coverage/#>
5. Ray, L, Zingmond, D., Vangala, S, Chu, L., Tu, M., Sayles, J., Pollack, B., Burns, M., Parikh, P., Saliba, D. Changes in Utilization and Care for Seniors and Persons with Disabilities Transitioning to Mandatory Medicaid Managed Care (in preparation).

Table D.1 - Contract Measures by Contract Section (Domain)

Domain	Measure_Name	Measure_Description	ID
Access	Plan Switching	Rate of switching from one Medi-Cal MCO to another among individuals with continuous enrollment	CM8
Access	Plan Disenrollment / Re-enrollment	Rate of individuals having non-continuous enrollment	CM9
Access	Type of other service providers	MCO panel of HHC providers	CM5
Access	Type of other service providers (Skilled nursing facilities and licensed)	Average travel distance to closest PAC	CM6
Access	Average ranking of PAC in panel	Average CMS 5-star rating (compared to SNFs prior to transition and in year over year comparisons)	CM7
Access	Type of other service providers		CM4
Access	Type of available specialists	MCO physician panel composition	CM1
Access	Average travel distance to providers	Average travel distance to closest physician of a given	CM2
Access	Type of other service providers (durable medical equipment)	MCO service provider panel	CM3
Access	Out-of-network Referrals	Frequency of out-of-network referrals per 10,000 beneficiaries compared to non-SPD MCO beneficiaries	CM10
Quality	Controlling High Blood Pressure	The percentage of patients 18 to 85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90)	CBP; CBP-AD
Quality	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	Percentage of patients 3-17 years of age who had an outpatient visit with a primary care physician (PCP) or an OB/GYN and who had evidence of the following during the measurement year: - Body mass index (BMI) percentile documentation - Counseling for nutrition	WCC; WCC-CH; WCC-N; WCC-PA
Quality	Maintenance of Function	Change in measured functional status (year-over-year) among individuals with routinely collected functional	CM18
Quality	Time to treatment	Cancer Care: Time from diagnosis to treatment, stratified by cancer type and stage of disease.	CM16

Table D.1 - Contract Measures by Contract Section (Domain)

Domain	Measure_Name	Measure_Description	ID
Quality	Ambulatory Care - Emergency department visits (Hospitalization)	7-day and 30-day hospitalization rates per 1000 patients seen in the ED.	CM14
Quality	Breast Cancer Screening	Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer	BCS, BCS-AD
Quality	Use of Multiple Concurrent Antipsychotics in Children and Adolescents	The percentage of children and adolescents who were on two or more concurrent antipsychotic medications for an extended period during the measurement year.	APC; APC-CH
Quality	Use of High-Risk Medications in the Elderly	<p>There are two rates for this measure:</p> <ul style="list-style-type: none"> - The percentage of patients 65 years of age and older who received at least one high-risk medication. - The percentage of patients 65 years of age and older who received at least two prescriptions for the same high-risk medication. <p>For both rates, a lower rate represents better performance.</p>	DAE
Quality	Persistence of Beta-Blocker Treatment After a Heart Attack	The percentage of patients 18 years of age and older during the measurement year who were hospitalized and discharged from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of acute myocardial infarction (AMI) and who received persistent beta-blocker treatment for six months after discharge.	PBH

Table D.1 - Contract Measures by Contract Section (Domain)

Domain	Measure_Name	Measure_Description	ID
Quality	Antidepressant Medication Management	<p>The percentage of members 18 years of age and older who were treated antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment. Two rates are reported.</p> <p>a) Effective Acute Phase Treatment. The percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks).</p> <p>b) Effective Continuation Phase Treatment. The percentage of patients who remained on an antidepressant medication for at least 180 days (6 months).</p> <p>a) Effective Acute Phase Treatment. The percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks).</p> <p>b) Effective Continuation Phase Treatment. The percentage of patients who remained on an antidepressant medication for at least 180 days (6 months).</p>	AMM; AMM-AD

Table D.1 - Contract Measures by Contract Section (Domain)

Domain	Measure_Name	Measure_Description	ID
Quality	Follow-Up Care for Children Prescribed ADHD Medication	<p>Percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which is within 30 days of when the first ADHD medication was dispensed.</p> <p>An Initiation Phase Rate and Continuation and Maintenance Phase Rate are reported.</p>	ADD; ADD-CH
Quality	Statin Therapy for Patients With Cardiovascular Disease	<p>The percentage of individuals with cardiovascular disease (CVD), including coronary artery disease, cerebrovascular disease, and peripheral artery disease presumed to be of atherosclerotic origin, who are prescribed statin therapy that had a Proportion of Days Covered (PDC) for statin medications of at least 0.8 during the measurement period (12 consecutive months).</p>	SPC
Quality	Adherence to Statins for Individuals with Diabetes Mellitus	<p>The measure addresses adherence to statins. The measure is reported as the percentage of eligible individuals with diabetes mellitus who had at least two prescriptions for statins and who have a Proportion of Days Covered (PDC) of at least 0.8 during the measurement period (12 consecutive months).</p>	SPD

Table D.1 - Contract Measures by Contract Section (Domain)

Domain	Measure_Name	Measure_Description	ID
Quality	Medication Management for People With Asthma	<p>The percentage of patients 5-64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period. Two rates are reported.</p> <ol style="list-style-type: none"> 1. The percentage of patients who remained on an asthma controller medication for at least 50% of their treatment period. 2. The percentage of patients who remained on an asthma controller medication for at least 75% of their treatment period. 	MMA
Quality	Asthma Medication Ratio (Children, Adults)	<p>The percentage of patients 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.</p>	AMR; AMR-AD; AMR-CH
Quality	Adherence to Antipsychotic Medications for Individuals With Schizophrenia	<p>Percentage of individuals at least 18 years of age as of the beginning of the measurement period with schizophrenia or schizoaffective disorder who had at least two prescription drug claims for antipsychotic medications and had a Proportion of Days Covered (PDC) of at least 0.8 for antipsychotic medications during the measurement period (12 consecutive months).</p>	SAA; SSA-AD

Table D.1 - Contract Measures by Contract Section (Domain)

Domain	Measure_Name	Measure_Description	ID
Quality	Potentially Harmful Drug-Disease Interactions in the Elderly	<p>The percentage of patients 65 years of age and older who have evidence of an underlying disease, condition or health concern and who are dispensed an ambulatory prescription for a potentially harmful medication, concurrent with or after the diagnosis. Four rates are reported for this measure:</p> <ul style="list-style-type: none"> ☒Rate 1: The percentage of those with a history of falls that received a potentially harmful medication ☒Rate 2: The percentage of those with dementia that received a potentially harmful medication ☒Rate 3: The percentage of those with chronic kidney disease that received a potentially harmful medication ☒Rate 4: Total rate <p>A lower rate represents better performance for all rates.</p>	DDE
Quality	Medication Use: Adherence	Adherence to Antipsychotic Medications for Individuals With Schizophrenia; Adherence to Statin Therapy for Individuals with Coronary Artery Disease; Adherence to Statins for Individuals with Diabetes Mellitus; Adherence to Mood Stabilizers for Individuals	CM19
Quality	Medication Use: Changes in medication management	Change in medication regimen for selected conditions.	CM20
Quality	Ambulatory Care - Emergency department visits (Mortality)	30 - day mortality after discharge from the ED (without admission to the hospital).	CM15

Table D.1 - Contract Measures by Contract Section (Domain)

Domain	Measure_Name	Measure_Description	ID
Quality	Cervical Cancer Screening	Percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria: - Women age 21–64 who had cervical cytology performed every 3 years. - Women age 30–64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.	CCS; CCS-AD
Quality	Colorectal Cancer Screening	The percentage of patients 50–75 years of age who had appropriate screening for colorectal cancer.	COL
Quality	Comprehensive Diabetes Care	The percentage of patients 18–75 years of age with diabetes (type 1 and type 2) who had each of the following: - Hemoglobin A1c (HbA1c) testing (NQF#0057) - HbA1c poor control (>9.0%) (NQF#0059) - HbA1c control (<8.0%) (NQF#0575) - HbA1c control (<7.0%) for a selected population* - Eye exam (retinal) performed (NQF#0055) - LDL-C screening (NQF#0063) - LDL-C control (<100 mg/dL) (NQF#0064) - Medical attention for nephropathy (NQF#0062) - BP control (<140/90 mm Hg) (NQF#0061) - Smoking status and cessation advice or treatment	CDC; CDC-E; CDC-HT; CDC-H9; CDC-H8; CDC-N; CDC-BP

Table D.1 - Contract Measures by Contract Section (Domain)

Domain	Measure_Name	Measure_Description	ID
Quality	Annual Monitoring for Patients on Persistent Medications (Ace inhibitors, ARBs; Diuretics)	<p>This measure assesses the percentage of patients 18 years of age and older who received a least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the measurement year and at least one therapeutic monitoring event for the therapeutic agent in the measurement year. Report the following three rates and a total rate:</p> <ul style="list-style-type: none"> - Rate 1: Annual Monitoring for patients on angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB): At least one serum potassium and a serum creatinine therapeutic monitoring test in the measurement year. - Rate 2: Annual monitoring for patients on diuretics: At least one serum potassium and a serum creatinine therapeutic monitoring test in the measurement year. - Total rate (the sum of the two numerators divided by the sum of the two denominators) 	MPM; MPM -AD; MPM-ACE; MPM-DIU
Quality	Cancer Care: Type of treatment, stratified by cancer type and stage of disease	Rate of definitive treatment by cancer stage.	CM17
Quality	SPD-specific complaints per 10,000 beneficiaries		CM11

Table D.1 - Contract Measures by Contract Section (Domain)

Domain	Measure_Name	Measure_Description	ID
Quality	Childhood Immunization Status	Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DtaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine.	CIS; CIS-CH; CIS-3
Quality	Immunizations for Adolescents	The percentage of adolescents 13 years of age who had the recommended immunizations (meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td)) by their 13th birthday.	IMA; IMA-CH; IMA-2
Quality	Ambulatory Care - Outpatient Visits (Visit rates prior to hospitalizations)	Rate of outpatient visits within 7 days and 30 days before unscheduled hospital admissions.	CM12
Quality	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence	Of beneficiaries above age 18 years who had an emergency department visit, the percentage who had a principal diagnosis of drug abuse/dependence (including alcohol), and who had a follow-up visit corresponding with that diagnosis. This measure includes four rates: mental illness diagnoses for which the beneficiary received a follow-up within 8 days and within 31 days; alcohol and drug abuse/dependence diagnoses for which the beneficiary received a follow-up within 8 days and within 31 days.	FUA; FUA-AD

Table D.1 - Contract Measures by Contract Section (Domain)

Domain	Measure_Name	Measure_Description	ID
Quality	Ambulatory Care - Emergency department visits (cause-specific rates of ED visits)	Rate per 1000 enrollees for cause-specific ED visits not resulting in hospitalization for specific diagnoses (e.g. asthma). This can be alternatively defined as Rate per 1000 enrollees with the chronic condition leading to the ED visit.	CM13

Table D.1 - Contract Measures by Contract Section (Domain)

Domain	Measure_Name	Measure_Description	ID
Quality	Follow-Up After Emergency Department Visit for Mental Illness	<p>The percentage of discharges for patients 18 years of age and older who had a visit to the emergency department with a primary diagnosis of mental health or alcohol or other drug dependence during the measurement year AND who had a follow-up visit with any provider with a corresponding primary diagnosis of mental health or alcohol or other drug dependence within 7- and 30-days of discharge.</p> <p>Four rates are reported:</p> <ul style="list-style-type: none"> -The percentage of emergency department visits for mental health for which the patient received follow-up within 7 days of discharge. -The percentage of emergency department visits for mental health for which the patient received follow-up within 30 days of discharge. -The percentage of emergency department visits for alcohol or other drug dependence for which the patient received follow-up within 7 days of discharge. -The percentage of emergency department visits for alcohol or other drug dependence for which the patient received follow-up within 30 days of discharge. 	FUM; FUM-AD

Table D.1 - Contract Measures by Contract Section (Domain)

Domain	Measure_Name	Measure_Description	ID
Quality	Depression Screening and Follow-Up for Adolescents and Adults - Added 2018	The percentage of members 12 years of age and older who were screening for clinical depression using a standardized tool and, if screened positive, who received follow-up care. Depression Screening. The percentage of members who were screened for clinical depression using a standardized tool. Follow-Up on Positive Screen. The percentage of members who screened positive for depression and received follow-up care within 30 days.	DSF
Quality	Comprehensive Diabetes Care: Eye Exam	The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) who had an eye exam (retinal) performed.	CDC-E
Quality	Use of Imaging Studies for Low Back Pain	The percentage of patients with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of diagnosis.	LBP
Quality	Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	The percentage of adults 18–64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.	AAB

Table D.1 - Contract Measures by Contract Section (Domain)

Domain	Measure_Name	Measure_Description	ID
Quality	Plan All-Cause Readmissions	<p>For patients 18 years of age and older, the number of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. Data are reported in the following categories:</p> <ol style="list-style-type: none"> 1. Count of Index Hospital Stays* (denominator) 2. Count of 30-Day Readmissions (numerator) 3. Average Adjusted Probability of Readmission <p>*An acute inpatient stay with a discharge during the first 11 months of the measurement year (e.g., on or between January 1 and December 1).</p>	PCR; PCR-AD
Quality	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing	The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) who received an HbA1c test during the measurement year.	CDC-HT; HA1C-AD
Quality	Comprehensive Diabetes Care: Medical Attention for Nephropathy	The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) who received a nephropathy screening test or monitoring test or had evidence of nephropathy during the measurement year.	CDC-N
Quality	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c level during the measurement year was greater than 9.0% (poor control) or was missing a result, or if an HbA1c test was not done during the measurement year.	CDC-H9

Table D.1 - Contract Measures by Contract Section (Domain)

Domain	Measure_Name	Measure_Description	ID
Quality	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)	The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c level is <8.0% during the measurement year.	CDC-H8
Quality	Children and Adolescents' Access to Primary Care Practitioners	Four rates of children and young adults who had a primary care visit (12-24 months, 25 months-6 years, 7-11 years, 12-19 years).	CAP; CAP_CH; CAP-1224; CAP-256; CAP-711; CAP-1219
Quality	Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	The percentage of children 3-6 years of age who had one or more well-child visits with a PCP during the measurement year.	W34; W34-CH
Quality	Prenatal and Postpartum Care	The percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care: Rate 1: Timeliness of Prenatal Care. The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester or within 42 days of enrollment in the organization. Rate 2: Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.	PPC; PPC-AD; PPC-CH; PPC-Pre; PPC-Pst
Cost/Util	Average annual cost of for Medi-Cal covered health services per beneficiary	FFS - total costs (paid) per enrollee. Managed care - total costs (paid, FFS) plus capitation payments per enrollee.	CM21

Table D.1 - Contract Measures by Contract Section (Domain)

Domain	Measure_Name	Measure_Description	ID
Cost/Util	Ratio per 10,000 beneficiaries of and average cost per beneficiary for length of stays greater than ten days in an acute care hospital	Hospital costs for hospitalizations longer than ten days per 10,000 enrollees	CM22
Cost/Util	Ratio per 10,000 beneficiaries of and average cost per beneficiary stay for length of stays less than 60 days in a Skilled Nursing Facility (SNF)	Costs for nursing home stays less than 60 days per 10,000 enrollees	CM23
Cost/Util	Ratio per 10,000 beneficiaries of and average cost per beneficiary stay for length of stays less than 90 days in an acute hospital stay plus SNF	Costs for patients with acute care hospitalizations and nursing home stays less than 90 days per 10,000 enrollees	CM24
Cost/Util	Average annual pharmacy costs per beneficiary	Total costs (paid) for outpatient medications.	CM25
Cost/Util	Average annual emergency department visits per beneficiary for non-emergency visits	Ratio per 10,000 beneficiaries of and average emergency room costs for non-emergency visits (as defined by NCQA)	CM26
Cost/Util	Average DME costs per beneficiary	Ratio per 10,000 beneficiaries of and average DME costs broken down by type and setting (emergency and non-emergency; ambulatory and institutional)	CM27
Cost/Util	Emergency Department Utilization	Measure reports ED utilization among members above age 18 years using a ratio of observed-to-expected.	EDU
Cost/Util	Ambulatory Care (Outpatient Visits; Emergency Department visits for Children, Adults, Total)	Per 1,000 beneficiary months, the rate of outpatient visits, ED visit for children and adults, and the total rate.	AMB; AMB-OP; AMB-ED; AMB-CH

Table F.1.5 - Claims-based Measures: Measurement Category by Quality Measurement Set

Domain Name	Domain - Description	MEASURE SETS						
		DHCS EAS	CMS CORE ADULT	CMS CORE CHILD	AHRQ	HEDIS	Other	Total
Assessment	Assessment using a standardized instrument - pain, depression, substance use, weight	0	0	0	0	0	1	1
Assessment - Result	Assessment using a standardized instrument - pain, depression, substance use, weight - with result required as part of the measure	0	0	1	0	0	3	4
Chars - Enrollee	Plan - Enrollee Characteristics	0	0	0	0	5	3	8
Chars - Plan	Plan - Provider Characteristics	0	0	0	0	1	8	9
Communication	Patient or physician communication; documentation of care plans	0	0	0	0	0	0	0
Complication	Post-procedure complication rates; iatrogenic hospital complications not associated with procedures	0	0	1	32	1	8	42
Complication - Year	Complication rates - annual	0	0	0	0	0	1	1
Cost / Utilization	Cost and utilization measures - overall and stratified by types of care and by patient cohorts	0	0	0	0	10	16	26
Counseling	Counseling for risk reduction or health habit modification; psychosocial intervention	0	0	0	0	0	0	0
Days in Hospital	Length of stay (index hospitalizations); days in the hospital after discharge	0	0	0	0	0	10	10
Dialysis	Management of end-stage renal disease requiring dialysis	0	0	0	0	0	5	5

Table F.1.5 - Claims-based Measures: Measurement Category by Quality Measurement Set

Domain Name	Domain - Description	MEASURE SETS						
		DHCS EAS	CMS CORE ADULT	CMS CORE CHILD	AHRQ	HEDIS	Other	Total
Examination	Formal screening exam for chronic related to chronic conditions (e.g. diabetes, glaucoma) or evaluation of acute condition (low back	2	0	0	0	0	4	6
Hospice Use	Hospice use at the end-of-life	0	0	0	0	0	2	2
Hospitalization	"Preventable" hospitalization rates and hospitalization rates by at-risk population	0	4	0	18	1	10	33
Imaging	Appropriate use of imaging studies for screening and acute conditions	2	0	0	0	3	9	14
Medication	Medication use for chronic and acute conditions, including adherence and recommended follow-up	2	5	3	0	10	68	88
Mortality	Standardized mortality rates for special populations (dialysis patients; cancer patients dying in the hospital)	0	0	0	0	0	2	2
Mortality - 30 day	30-day mortality after hospitalization (overall and by disease); 30-day mortality after ED visit	0	0	0	0	0	10	10
Mortality - hospital	In-hospital mortality (overall and by disease)	0	0	0	17	0	11	28
Perinatal Care	Perinatal Care (delivery and nursing)	0	2	0	4	1	0	7
Procedure	Appropriate use of procedures	0	0	0	0	0	3	3
Procedure - Diagnostic	Procedures for diagnosis of acute conditions or screening for underlying conditions	0	0	0	0	2	6	8

Table F.1.5 - Claims-based Measures: Measurement Category by Quality Measurement Set

Domain Name	Domain - Description	MEASURE SETS						
		DHCS EAS	CMS CORE ADULT	CMS CORE CHILD	AHRQ	HEDIS	Other	Total
Readmission - 30 day	30-day readmission after acute care hospitalization - overall, disease-specific, and by post-discharge location (SNF, rehab, HHC)	1	0	0	0	0	22	23
Survey Result	CAHPS and MHOS results measuring patient experience	0	1	1	0	2	1	5
Test	Appropriate testing for diagnosis, screening, or management	3	2	0	0	6	51	62
Test Result	Test results (interim outcomes) for management of chronic and acute conditions	0	1	0	0	0	1	2
Time	Median time for delivery and completion of care in the ED	0	0	0	0	0	0	0
Treatment	Appropriate treatment of chronic and acute conditions (excluding medications) - including hemodialysis, contraception	0	3	2	0	0	2	7
Vaccination	Vaccination rates by type and target population	1	3	0	0	1	4	9
Visit	Overall outpatient visits and visits prior to acute care hospitalizations	1	0	0	0	0	2	3
Visit - Ambulatory	Ambulatory care visits for primary care - all age groups	3	1	2	0	2	2	10
Visit - Dental	Visits and/or receipt of dental services	0	0	1	0	0	2	3
Visit - ED	ED visits - overall, by condition, and within 30 days of hospitalization	0	0	0	0	1	8	9

Table F.1.5 - Claims-based Measures: Measurement Category by Quality Measurement Set

Domain Name	Domain - Description	MEASURE SETS						
		DHCS EAS	CMS CORE ADULT	CMS CORE CHILD	AHRQ	HEDIS	Other	Total
Visit - FU	Follow-up visits after hospitalization, ED visit (without hospitalization), or prescription of specific medications (antipsychotics)	0	2	0	0	0	7	9
Volume	Hospital-based procedure/surgery volume	0	0	0	6	0	1	7
Total	Total	15	24	11	77	46	283	456

DHCS EAS - Department of Healthcare Services External Assessment Set

CMS CORE ADULT - Adult Medicaid core quality measures

CMS CORE CHILD - Child Medicare core quality measures

AHRQ - Agency for Health Research and Quality hospital-based quality indicators

HEDIS - Healthcare Effectiveness Data and Information Set

OTHER - other claims-based quality measures from the NQF and CMS quality indicator databases

Table F.1.6 - Claims-based Measures: Clinical Condition Categories by Quality Measurement Set

Clinical Condition Name	Clinical Condition - Description	MEASURE SETS						
		DHCS EAS	CMS CORE ADULT	CMS CORE CHILD	AHRQ	HEDIS	Other	Total
AAA	Abdominal Aortic Aneurism Outcomes	0	0	0	2	0	1	3
ACE	ACE or ARB (medication) Monitoring	1	0	0	0	0	1	2
AF	Atrial Fibrillation Management (including anticoagulation)	0	0	0	0	0	5	5
ALL	All-cause Measure	1	0	0	1	11	50	63
ALL - HOSPITALIZED	All-cause hospitalizations, including severe hospitalizations	0	0	0	7	0	3	10
ANTICOAGULATION	Anticoagulation Management	0	0	0	0	0	4	4
ASTHMA	Asthma	1	1	0	2	2	4	10
CAD	Coronary Artery Disease	0	0	0	0	2	7	9
CAD - AMI	Acute Myocardial Infarction (AMI) management and outcomes	0	0	0	2	1	15	18
CAD - CABG	CABG management and outcomes	0	0	0	2	0	4	6
CAD - PCI	PCI management and outcomes	0	0	0	2	0	7	9
CEA	Carotid Endarterectomy	0	0	0	2	0	0	2
CKD	Chronic Kidney Disease, including dialysis	0	0	0	0	0	16	16
COMPLICATION	Complication	0	0	0	8	2	7	17
COPD	COPD	0	1	0	0	3	6	10
CVA	Acute Stroke	0	0	0	1	0	3	4
CVC	Central Venous Catheter	0	0	1	2	0	0	3

Table F.1.6 - Claims-based Measures: Clinical Condition Categories by Quality Measurement Set

Clinical Condition Name	Clinical Condition - Description	MEASURE SETS						
		DHCS EAS	CMS CORE ADULT	CMS CORE CHILD	AHRQ	HEDIS	Other	Total
DENTAL	Dental Care	0	0	2	0	0	5	7
DM	Diabetes Meliitis	2	1	0	6	2	11	22
ENT - ACUTE	Acute Ear, Nose, and Throat Conditions	1	0	0	0	2	4	7
EOL	End-of-Life Care	0	0	0	0	0	7	7
EYE	Vision Care	0	0	0	0	0	0	0
GERIATRIC CARE	Geriatric Conditions (Falls, Osteoarthritis, Osteoporosis, Polypharmacy)	0	0	0	0	5	4	9
GI	GI Conditions	0	0	0	2	0	4	6
GU	Functional urologic conditions	0	0	0	0	0	0	0
GYN	Women's Health / Gynecologic Care	2	0	0	0	1	4	7
HA	Headache	0	0	0	0	0	1	1
HCV	Hepatitis C	0	0	0	0	0	1	1
HF	Heart Failure	0	1	0	1	0	10	12
HIV	HIV/AIDS	0	2	0	0	0	5	7
HTN	Hypertension management	0	0	0	1	1	1	3
INTENSIVE CARE	Intensive Care (All-cause)	0	0	0	1	0	0	1
LBP	Low Back Pain	1	0	0	0	0	2	3
MH	Mental Health Conditions	0	5	2	0	4	14	25
NEONATAL	Neonatal Care	0	0	1	3	0	1	5
OB	Obstetric Care	1	5	2	7	2	10	27
ONC	Cancer Care	0	0	0	4	0	17	21
ORTHO	Orthopedic Care	0	0	0	2	0	3	5
PAIN	Pain	0	0	0	0	0	0	0

Table F.1.6 - Claims-based Measures: Clinical Condition Categories by Quality Measurement Set

Clinical Condition Name	Clinical Condition - Description	MEASURE SETS						
		DHCS EAS	CMS CORE ADULT	CMS CORE CHILD	AHRQ	HEDIS	Other	Total
PNA	Pneumonia	0	0	0	2	0	8	10
PRIM CARE	Primary Care (excluding women's health)	5	4	3	0	6	10	28
RA	Rheumatoid Arthritis	0	0	0	0	1	9	10
SS	Sickle Cell Anemia	0	0	0	0	0	2	2
SUBSTANCE USE	Substance Use, including Alcohol	0	4	0	0	1	6	11
SURG	Surgical Care	0	0	0	13	0	5	18
SURG - CARDIAC	Surgical Care - Cardiac	0	0	0	0	0	2	2
SURG - TRAUMA	Surgical Care - Trauma	0	0	0	0	0	0	0
SYNCOPE	Syncope	0	0	0	0	0	2	2
TOBACCO	Tobacco Use	0	0	0	0	0	0	0
UTI	Acute Infection - Urinary Tract Infections	0	0	0	3	0	0	3
VTE	Venous Thromboembolic Disease	0	0	0	1	0	2	3
Total	Total	15	24	11	77	46	283	456

DHCS EAS - Department of Healthcare Services External Assessment Set

CMS CORE ADULT - Adult Medicaid core quality measures

CMS CORE CHILD - Child Medicare core quality measures

AHRQ - Agency for Health Research and Quality hospital-based quality indicators

HEDIS - Healthcare Effectiveness Data and Information Set

OTHER - other claims-based quality measures from the NQF and CMS quality indicator databases

Table F.1.7.1: Technical Advisory Panel Ranking of Quality Domains

Domain Name	Domain - Description	Sum Scores	Average
Readmission - 30 day	30-day readmission after acute care hospitalization - overall, disease-specific, and by post-discharge location (SNF, rehab, HHC)	22	2.44
Visit - FU	Follow-up visits after hospitalization, ED visit (without hospitalization), or prescription of specific medications (antipsychotics)	22	2.44
Hospitalization	"Preventable" hospitalization rates and hospitalization rates by at-risk population	21	2.33
Treatment	Appropriate treatment of chronic and acute conditions (excluding medications) - including hemodialysis, contraception	21	2.33
Medication	Medication use for chronic and acute conditions, including adherence and recommended follow-up	20	2.22
Vaccination	Vaccination rates by type and target population	20	2.22
Mortality - 30 day	30-day mortality after hospitalization (overall and by disease); 30-day mortality after ED visit	19	2.11
Visit - ED	ED visits - overall, by condition, and within 30 days of hospitalization	19	2.11
Assessment - Result	Assessment using a standardized instrument - pain, depression, substance use, weight - with result required as part of the measure	18	2.00
Complication	Post-procedure complication rates; iatrogenic hospital complications not associated with procedures	17	1.89
Cost / Utilization	Cost and utilization measures - overall and stratified by types of care and by patient cohorts	17	1.89
Examination	Formal screening exam for chronic related to chronic conditions (e.g. diabetes, glaucoma) or evaluation of acute condition (low back pain)	17	1.89
Mortality - hospital	In-hospital mortality (overall and by disease)	16	1.78
Perinatal Care	Perinatal Care (delivery and nursing)	16	1.78
Survey Result	CAHPS and MHOS results measuring patient experience	16	1.78
Counseling	Counseling for risk reduction or health habit modification; psychosocial intervention	15	1.67
Mortality	Standardized mortality rates for special populations (dialysis patients; cancer patients dying in the hospital)	15	1.67
Communication	Patient or physician communication; documentation of care plans	14	1.56

Table F.1.7.1: Technical Advisory Panel Ranking of Quality Domains

Domain Name	Domain - Description	Sum Scores	Average
Complication - Year	Complication rates - annual	14	1.56
Procedure	Appropriate use of procedures	14	1.56
Test	Appropriate testing for diagnosis, screening, or management	14	1.56
Visit - Ambulatory	Ambulatory care visits for primary care - all age groups	14	1.56
Chars - Enrollee	Plan - Enrollee Characteristics	13	1.44
Days in Hospital	Length of stay (index hospitalizations); days in the hospital after discharge	13	1.44
Procedure - Diagnostic	Procedures for diagnosis of acute conditions or screening for underlying conditions	13	1.44
Visit	Overall outpatient visits and visits prior to acute care hospitalizations	11	1.22
Test Result	Test results (interim outcomes) for management of chronic and acute conditions	10	1.11
Visit - Dental	Visits and/or receipt of dental services	10	1.11
Dialysis	Management of end-stage renal disease requiring dialysis	9	1.00
Hospice Use	Hospice use at the end-of-life	9	1.00
Assessment	Assessment using a standardized instrument - pain, depression, substance use, weight	8	0.89
Time	Median time for delivery and completion of care in the ED	8	0.89
Chars - Plan	Plan - Provider Characteristics	7	0.78
Imaging	Appropriate use of imaging studies for screening and acute conditions	7	0.78
Volume	Hospital-based procedure/surgery volume	4	0.44

Table F.1.7.2: Technical Advisory Panel Ranking of Clinical Domains

Clinical Condition Name	Clinical Condition - Description	Sum Scores	Average
PRIM CARE	Primary Care (excluding women's health)	26	2.89
MH	Mental Health Conditions	25	2.78
DM	Diabetes Meliitis	24	2.67
ALL - HOSPITALIZED	All-cause hospitalizations, including severe hospitalizations	22	2.44
CAD - AMI	Acute Myocardial Infarction (AMI) management and outcomes	22	2.44
GERIATRIC CARE	Geriatric Conditions (Falls, Osteoarthritis, Osteoporosis, Polypharmacy)	22	2.44
CKD	Chronic Kidney Disease, including dialysis	20	2.22
HTN	Hypertension management	20	2.22
HF	Heart Failure	19	2.11
ONC	Cancer Care	19	2.11
SUBSTANCE USE	Substance Use, including Alcohol	19	2.11
COPD	COPD	18	2.00
EOL	End-of-Life Care	18	2.00
CAD	Coronary Artery Disease	16	1.78
GYN	Women's Health / Gynecologic Care	15	1.67
PAIN	Pain	15	1.67
ALL	All-cause Measure	14	1.56
COMPLICATION	Complication	14	1.56
HIV	HIV/AIDS	14	1.56
SURG	Surgical Care	14	1.56
ASTHMA	Asthma	13	1.44
TOBACCO	Tobacco Use	13	1.44
CVA	Acute Stroke	11	1.22
UTI	Acute Infection - Urinary Tract Infections	11	1.22
CVC	Central Venous Catheter	10	1.11
DENTAL	Dental Care	10	1.11
PNA	Pneumonia	10	1.11
EYE	Vision Care	9	1.00
OB	Obstetric Care	9	1.00
LBP	Low Back Pain	8	0.89
HCV	Hepatitis C	7	0.78
INTENSIVE CARE	Intensive Care (All-cause)	7	0.78
ORTHO	Orthopedic Care	7	0.78
AF	Atrial Fibrillation Management (including anticoagulation)	6	0.67
GI	GI Conditions	5	0.56
SS	Sickle Cell Anemia	5	0.56
ANTICOAGULATION	Anticoagulation Management	4	0.44

Table F.1.7.2: Technical Advisory Panel Ranking of Clinical Domains

Clinical Condition Name	Clinical Condition - Description	Sum Scores	Average
CAD - CABG	CABG management and outcomes	4	0.44
ENT - ACUTE	Acute Ear, Nose, and Throat Conditions	4	0.44
NEONATAL	Neonatal Care	4	0.44
RA	Rheumatoid Arthritis	4	0.44
ACE	ACE or ARB (medication) Monitoring	3	0.33
GU	Functional urologic conditions	3	0.33
HA	Headache	3	0.33
VTE	Venous Thromboembolic Disease	3	0.33
CAD - PCI	PCI management and outcomes	2	0.22
CEA	Carotid Endarterectomy	2	0.22
SURG - CARDIAC	Surgical Care - Cardiac	2	0.22
SURG - TRAUMA	Surgical Care - Trauma	2	0.22
AAA	Abdominal Aortic Aneurism Outcomes	1	0.11
SYNCOPE	Syncope	0	0.00

Table F.2: Health Plan Survey Results

See APPENDIX H - Health Plan Survey Results

Table F.3.1.1 Annual SPD Enrollment - Managed Care and Fee-For-Service Enrollment by County (Managed Care)

County	Calendar Year									
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Alameda	9,757	10,785	16,689	29,876	30,771	31,490	31,633	31,239	30,370	29,300
Alpine	S	S	S	S	S	S	S	S	S	S
Amador	S	S	S	16	21	136	408	410	402	385
Butte	16	14	27	64	144	1,850	7,016	6,840	6,729	6,552
Calaveras	S	S	14	26	32	183	648	641	631	607
Colusa	S	S	S	S	11	76	259	276	289	296
Contra Costa	4,878	5,335	8,305	15,523	16,406	17,317	17,974	18,408	18,210	17,872
Del Norte	S	S	S	13	458	1,321	1,297	1,275	1,234	1,219
El Dorado	S	12	23	45	62	530	1,832	1,837	1,818	1,786
Fresno	8,778	9,242	13,136	22,424	23,517	24,103	24,390	24,577	24,730	24,583
Glenn	S	S	S	S	17	172	591	583	585	575
Humboldt	S	14	18	47	1,452	4,110	3,952	3,794	3,598	3,424
Imperial	29	44	74	145	172	1,067	3,551	3,497	3,539	3,548
Inyo	S	S	S	S	13	78	215	206	183	179
Kern	7,014	7,248	10,355	18,166	18,978	19,550	19,660	19,554	19,599	19,651
Kings	23	26	943	2,437	2,596	2,691	2,696	2,689	2,749	2,723
Lake	S	13	25	47	875	2,484	2,482	2,372	2,317	2,263
Lassen	S	S	S	12	209	614	S	629	S	S
Los Angeles	48,380	51,360	92,517	191,715	200,833	204,031	194,871	201,120	204,784	199,331
Madera	31	38	908	2,366	2,532	2,614	2,629	2,557	2,518	2,465
Marin	179	210	1,194	2,178	2,158	2,107	2,057	2,032	1,998	1,892
Mariposa	S	S	11	12	17	83	241	238	239	225
Mendocino	S	19	1,218	2,390	2,343	2,264	2,170	2,071	2,007	1,994
Merced	1,655	6,584	6,730	6,706	6,731	6,864	6,870	6,744	6,600	6,416
Modoc	S	S	S	S	96	S	S	S	S	S
Mono	S	S	S	S	S	23	73	S	S	S
Monterey	5,191	5,353	5,493	5,471	5,542	5,795	5,881	5,782	5,633	5,491
Napa	1,555	1,623	1,679	1,696	1,693	1,703	1,651	1,618	1,595	1,579
Nevada	S	S	S	19	34	308	1,144	1,171	1,174	1,148
Orange	32,475	33,558	34,766	35,170	35,658	37,579	39,090	39,659	38,728	37,849
Placer	34	39	87	171	204	1,014	3,076	3,237	3,294	3,328
Plumas	S	S	S	S	S	107	383	379	362	358
Riverside	8,484	9,645	15,669	29,870	32,278	32,950	32,304	33,948	36,196	36,153
Sacramento	14,161	13,691	19,942	36,718	38,573	39,886	39,855	38,980	37,884	36,861
San Benito	S	12	19	27	33	69	76	91	111	122
San Bernardino	10,084	11,656	18,628	35,417	38,108	39,063	37,461	38,110	40,113	39,655
San Diego	8,906	9,364	17,574	37,934	40,436	41,297	39,476	39,727	41,714	41,084
San Francisco	2,942	3,056	7,281	17,423	17,840	18,087	17,584	16,480	15,610	14,710
San Joaquin	5,993	6,415	9,651	16,802	17,274	17,710	17,792	17,632	17,309	16,890
San Luis Obispo	3,104	3,140	3,251	3,149	3,105	3,113	2,953	2,847	2,715	2,602
San Mateo	7,412	7,529	7,640	7,403	7,216	7,573	7,555	7,137	6,542	6,245
Santa Barbara	5,449	5,487	5,532	5,457	5,418	5,465	5,321	5,153	5,057	4,961
Santa Clara	6,608	7,134	11,523	21,863	22,860	23,718	22,163	22,123	22,892	22,446
Santa Cruz	3,679	3,744	3,764	3,690	3,630	3,646	3,658	3,587	3,516	3,459
Shasta	13	17	25	54	2,126	6,276	6,206	6,004	5,794	5,580
Sierra	0	S	S	11	S	17	S	S	S	S
Siskiyou	S	S	S	14	536	1,526	1,484	1,461	1,458	1,411
Solano	7,762	7,969	8,213	8,384	8,515	8,740	8,678	8,513	8,218	8,031
Sonoma	1,742	6,033	6,172	6,240	6,314	6,339	6,222	6,043	5,909	5,731
Stanislaus	3,478	3,688	5,620	10,325	10,775	12,819	13,023	12,847	12,555	12,259
Sutter	S	S	12	25	56	531	2,086	2,080	2,093	2,076
Tehama	S	S	S	16	45	513	1,890	1,850	1,814	1,742
Trinity	0	S	S	S	151	S	S	S	S	S

Tulare	3,649	3,883	5,731	10,280	11,001	11,467	11,415	11,138	11,021	10,754
Tuolumne	S	S	S	25	38	287	968	943	935	923
Ventura	37	29	4,571	8,968	9,025	9,489	9,630	9,556	9,430	9,352
Yolo	3,108	3,226	3,303	3,387	3,432	3,510	3,495	3,424	3,329	3,164
Yuba	S	S	S	33	64	630	2,359	2,416	2,342	2,231
All CA Counties	216,700	237,304	348,418	600,286	632,447	667,701	673,791	678,308	681,883	666,825

Table F.3.1.2 Annual SPD Enrollment - Managed Care and Fee-For-Service Enrollment by County (Fee For Service)

County	Calendar Year									
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Alameda	23,335	23,570	18,197	5,128	4,110	3,141	2,637	2,459	2,258	2,186
Alpine	S	S	S	S	S	S	S	S	S	S
Amador	S	S	S	471	476	375	74	68	58	51
Butte	7,526	7,685	7,872	7,840	7,706	5,912	436	330	325	322
Calaveras	S	S	799	799	773	586	78	63	59	53
Colusa	S	S	S	S	288	212	26	24	22	24
Contra Costa	12,043	12,337	9,802	2,979	2,417	1,884	1,651	1,436	1,417	1,365
Del Norte	S	S	S	1,373	911	16	13	12	12	14
El Dorado	S	2,154	2,229	2,234	2,241	1,785	410	309	280	258
Fresno	15,505	15,139	11,688	2,969	2,143	1,553	1,255	1,154	1,117	1,135
Glenn	S	S	S	S	735	545	70	53	49	49
Humboldt	S	4,698	4,599	4,458	2,910	46	29	32	30	25
Imperial	4,336	4,384	4,450	4,422	4,351	3,277	552	453	373	349
Inyo	S	S	S	S	286	194	32	37	41	39
Kern	13,273	13,356	10,766	3,302	2,637	2,207	1,892	1,751	1,678	1,662
Kings	2,628	2,688	1,848	428	277	180	131	125	145	137
Lake	S	2,513	2,544	2,523	1,676	29	18	19	13	15
Lassen	S	S	S	656	445	23	S	11	S	S
Los Angeles	171,168	171,849	133,726	38,106	30,641	30,983	40,944	30,707	17,496	15,735
Madera	2,717	2,721	1,847	428	311	238	172	160	151	161
Marin	2,045	2,058	1,070	83	56	45	32	41	39	34
Mariposa	S	S	308	298	280	195	30	18	18	19
Mendocino	S	2,528	1,314	92	47	35	19	19	21	22
Merced	4,894	110	102	204	257	133	69	74	68	64
Modoc	S	S	S	S	189	S	S	S	S	S
Mono	S	S	S	S	S	61	13	S	S	S
Monterey	68	69	73	209	283	139	83	87	75	73
Napa	68	74	75	81	76	48	33	37	39	39
Nevada	S	S	S	1,319	1,286	980	155	130	127	136
Orange	538	582	552	1,229	1,665	1,095	790	733	662	606
Placer	3,505	3,690	3,824	3,835	3,797	3,099	1,002	824	756	753
Plumas	S	S	S	S	S	311	24	25	20	22
Riverside	23,724	23,914	19,500	6,404	4,959	5,288	6,715	5,189	3,114	3,088
Sacramento	26,723	27,630	21,676	5,970	4,665	3,672	3,108	2,608	2,399	2,428
San Benito	S	605	636	643	624	588	568	544	510	491
San Bernardino	32,079	31,491	25,818	10,501	8,699	8,891	10,200	8,023	5,508	5,176
San Diego	35,115	35,490	28,498	9,295	7,506	7,458	9,026	7,162	4,337	4,078
San Francisco	17,108	17,151	13,097	2,811	2,078	1,434	1,037	865	801	769
San Joaquin	12,693	12,418	9,526	2,386	1,829	1,416	1,068	983	952	954
San Luis Obispo	34	43	37	157	189	62	47	53	52	45
San Mateo	149	134	140	391	527	268	189	204	187	158
Santa Barbara	59	61	64	250	298	173	89	82	97	94
Santa Clara	18,418	18,506	14,470	4,359	3,298	2,786	3,915	3,240	1,793	1,738
Santa Cruz	65	59	59	170	183	83	58	51	51	46
Shasta	6,476	6,588	6,640	6,625	4,447	194	63	56	51	51
Sierra	61	S	S	60	S	41	S	S	S	S
Siskiyou	S	S	S	1,627	1,092	21	16	15	14	14
Solano	328	350	324	316	247	167	128	121	133	116
Sonoma	4,461	337	285	265	185	129	100	97	92	92
Stanislaus	9,358	9,327	7,788	3,350	3,045	985	751	643	616	586
Sutter	S	S	2,291	2,304	2,313	1,853	290	223	208	197
Tehama	S	S	S	2,093	2,060	1,586	152	126	114	97
Trinity	487	S	S	S	308	S	S	S	S	S

Tulare	7,175	7,248	5,651	1,419	1,033	755	608	503	486	481
Tuolumne	S	S	S	1,129	1,117	846	105	76	73	66
Ventura	8,829	9,118	4,650	385	509	278	236	197	180	161
Yolo	95	103	107	133	132	104	52	60	67	64
Yuba	S	S	S	2,693	2,612	2,025	233	184	161	144
All CA Counties	496,068	490,101	393,080	153,792	127,782	100,453	91,441	72,514	49,371	46,511

Table F.3.1.3 Annual SPD Enrollment - Managed Care and Fee-For-Service Enrollment by County (Overall)

County	Calendar Year									
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Alameda	33,092	34,355	34,886	35,005	34,881	34,631	34,270	33,699	32,628	31,486
Alpine	24	32	30	27	25	22	22	23	27	24
Amador	424	447	466	487	496	511	482	478	460	436
Butte	7,542	7,699	7,899	7,903	7,850	7,762	7,452	7,169	7,054	6,874
Calaveras	750	804	813	825	805	769	726	705	690	660
Colusa	284	291	291	302	298	288	286	300	311	319
Contra Costa	16,921	17,672	18,107	18,502	18,822	19,201	19,624	19,844	19,628	19,237
Del Norte	1,453	1,434	1,432	1,386	1,369	1,337	1,309	1,288	1,246	1,233
El Dorado	2,113	2,166	2,252	2,279	2,304	2,315	2,241	2,146	2,098	2,044
Fresno	24,283	24,382	24,824	25,393	25,660	25,657	25,645	25,730	25,847	25,718
Glenn	747	718	722	748	752	717	661	636	634	625
Humboldt	4,670	4,712	4,617	4,505	4,362	4,156	3,981	3,826	3,628	3,449
Imperial	4,365	4,428	4,524	4,567	4,522	4,344	4,103	3,951	3,912	3,897
Inyo	284	296	324	298	298	272	247	242	225	218
Kern	20,287	20,604	21,121	21,468	21,616	21,757	21,553	21,305	21,277	21,313
Kings	2,651	2,714	2,791	2,865	2,874	2,871	2,826	2,814	2,894	2,860
Lake	2,476	2,526	2,569	2,570	2,551	2,513	2,500	2,391	2,330	2,278
Lassen	698	684	676	667	654	636	650	640	658	625
Los Angeles	219,548	223,209	226,242	229,821	231,475	235,014	235,815	231,827	222,279	215,065
Madera	2,749	2,758	2,756	2,794	2,842	2,852	2,801	2,717	2,669	2,625
Marin	2,224	2,269	2,265	2,261	2,213	2,152	2,088	2,073	2,037	1,926
Mariposa	334	316	319	310	296	278	272	256	258	244
Mendocino	2,532	2,546	2,532	2,481	2,390	2,299	2,189	2,090	2,027	2,016
Merced	6,549	6,694	6,832	6,909	6,988	6,998	6,938	6,818	6,667	6,480
Modoc	285	274	277	278	285	280	271	253	258	258
Mono	72	69	81	84	85	84	86	85	80	73
Monterey	5,259	5,422	5,566	5,680	5,825	5,934	5,964	5,868	5,708	5,564
Napa	1,623	1,697	1,754	1,777	1,769	1,751	1,683	1,655	1,633	1,618
Nevada	1,315	1,324	1,338	1,338	1,319	1,288	1,299	1,301	1,301	1,284

Table F.3.1.3 Annual SPD Enrollment - Managed Care and Fee-For-Service Enrollment by County (Overall)

County	Calendar Year									
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Orange	33,014	34,140	35,318	36,398	37,323	38,674	39,880	40,392	39,389	38,455
Placer	3,538	3,728	3,911	4,006	4,001	4,113	4,078	4,061	4,050	4,081
Plumas	431	428	420	415	405	418	408	404	382	380
Riverside	32,208	33,559	35,169	36,274	37,237	38,237	39,019	39,137	39,310	39,241
Sacramento	40,884	41,321	41,618	42,688	43,238	43,557	42,963	41,588	40,283	39,289
San Benito	596	617	654	670	657	657	644	634	621	613
San Bernardino	42,163	43,146	44,446	45,918	46,807	47,954	47,661	46,133	45,621	44,831
San Diego	44,021	44,855	46,072	47,229	47,942	48,756	48,502	46,888	46,051	45,162
San Francisco	20,050	20,206	20,379	20,234	19,918	19,520	18,621	17,345	16,411	15,479
San Joaquin	18,685	18,833	19,177	19,188	19,104	19,127	18,860	18,615	18,261	17,845
San Luis Obispo	3,138	3,183	3,288	3,306	3,294	3,176	3,000	2,900	2,768	2,647
San Mateo	7,561	7,663	7,780	7,794	7,744	7,842	7,744	7,342	6,729	6,404
Santa Barbara	5,508	5,548	5,596	5,706	5,717	5,638	5,409	5,235	5,154	5,055
Santa Clara	25,026	25,640	25,992	26,222	26,158	26,504	26,078	25,362	24,684	24,184
Santa Cruz	3,744	3,804	3,823	3,860	3,814	3,729	3,715	3,638	3,567	3,505
Shasta	6,488	6,605	6,666	6,679	6,574	6,470	6,269	6,061	5,845	5,631
Sierra	61	66	76	71	72	58	56	54	50	47
Siskiyou	1,615	1,625	1,638	1,641	1,628	1,547	1,500	1,476	1,473	1,425
Solano	8,090	8,318	8,537	8,700	8,762	8,907	8,806	8,634	8,351	8,147
Sonoma	6,202	6,370	6,457	6,505	6,499	6,468	6,321	6,140	6,000	5,823
Stanislaus	12,836	13,015	13,408	13,675	13,820	13,804	13,775	13,490	13,171	12,845
Sutter	2,162	2,218	2,303	2,330	2,369	2,384	2,376	2,303	2,301	2,274
Tehama	2,090	2,089	2,115	2,109	2,105	2,099	2,042	1,975	1,928	1,839
Trinity	487	470	465	479	459	439	424	387	369	345
Tulare	10,823	11,131	11,383	11,698	12,034	12,222	12,023	11,641	11,506	11,235
Tuolumne	1,103	1,113	1,151	1,154	1,155	1,133	1,073	1,020	1,008	989
Ventura	8,866	9,147	9,221	9,353	9,534	9,767	9,865	9,754	9,610	9,513
Yolo	3,202	3,329	3,409	3,520	3,563	3,614	3,547	3,484	3,396	3,228
Yuba	2,624	2,698	2,720	2,726	2,676	2,655	2,592	2,601	2,503	2,376

Table F.3.1.3 Annual SPD Enrollment - Managed Care and Fee-For-Service Enrollment by County (Overall)

	Calendar Year									
County	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
All CA Counties	712,768	727,405	741,497	754,078	760,228	768,155	765,232	750,822	731,254	713,336

Table F.3.1.4 Annual SPD Enrollment - Percent Managed Care Enrollment by County

County	Calendar Year									
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Alameda	29.5	31	48	85	88	91	92	93	93	93
Alpine	*	*	*	*	*	*	*	*	*	*
Amador	*	*	*	3	4	27	85	86	87	88
Butte	0	0	0	1	2	24	94	95	95	95
Calaveras	*	*	2	3	4	24	89	91	91	92
Colusa	*	*	*	*	4	27	91	92	93	93
Contra Costa	29	30	46	84	87	90	92	93	93	93
Del Norte	*	*	*	1	33	99	99	99	99	99
El Dorado	*	1	1	2	3	23	82	86	87	87
Fresno	36	38	53	88	92	94	95	96	96	96
Glenn	*	*	*	*	2	24	89	92	92	92
Humboldt	*	0	0	1	33	99	99	99	99	99
Imperial	1	1	2	3	4	25	87	89	90	91
Inyo	*	*	*	*	4	29	87	85	82	82
Kern	35	35	49	85	88	90	91	92	92	92
Kings	1	1	34	85	90	94	95	96	95	95
Lake	*	1	1	2	34	99	99	99	99	99
Lassen	*	*	*	2	32	96	*	98	*	*
Los Angeles	22	23	41	83	87	87	83	87	92	93
Madera	1	1	33	85	89	92	94	94	94	94
Marin	8	9	53	96	97	98	98	98	98	98
Mariposa	*	*	3	4	6	30	89	93	93	92
Mendocino	*	1	48	96	98	98	99	99	99	99
Merced	25	98	99	97	96	98	99	99	99	99
Modoc	*	*	*	*	34	*	*	*	*	*
Mono	*	*	*	*	*	28	85	*	*	*
Monterey	99	99	99	96	95	98	99	99	99	99
Napa	96	96	96	95	96	97	98	98	98	98
Nevada	*	*	*	1	3	24	88	90	90	89
Orange	98	98	98	97	96	97	98	98	98	98
Placer	1	1	2	4	5	25	75	80	81	82
Plumas	*	*	*	*	*	26	94	94	95	94
Riverside	26	29	45	82	87	86	83	87	92	92
Sacramento	35	33	48	86	89	92	93	94	94	94
San Benito	*	2	3	4	5	10	12	14	18	20
San Bernardino	24	27	42	77	81	81	79	83	88	88
San Diego	20	21	38	80	84	85	81	85	91	91
San Francisco	15	15	36	86	90	93	94	95	95	95
San Joaquin	32	34	50	88	90	93	94	95	95	95
San Luis Obispo	99	99	99	95	94	98	98	98	98	98
San Mateo	98	98	98	95	93	97	98	97	97	98
Santa Barbara	99	99	99	96	95	97	98	98	98	98
Santa Clara	26	28	44	83	87	89	85	87	93	93
Santa Cruz	98	98	98	96	95	98	98	99	99	99
Shasta	0	0	0	1	32	97	99	99	99	99
Sierra	0	*	*	15	*	29	*	*	*	*
Siskiyou	*	*	*	1	33	99	99	99	99	99
Solano	96	96	96	96	97	98	99	99	98	99
Sonoma	28	95	96	96	97	98	98	98	98	98
Stanislaus	27	28	42	76	78	93	95	95	95	95
Sutter	*	*	1	1	2	22	88	90	91	91
Tehama	*	*	*	1	2	24	93	94	94	95
Trinity	0	*	*	*	33	*	*	*	*	*

Tulare	34	35	50	88	91	94	95	96	96	96
Tuolumne	*	*	*	2	3	25	90	93	93	93
Ventura	0	0	50	96	95	97	98	98	98	98
Yolo	97	97	97	96	96	97	99	98	98	98
Yuba	*	*	*	1	2	24	91	93	94	94
All CA Counties	30	33	47	80	83	87	88	90	93	93

Table F.3.2 Annual SPD Enrollment by Managed Care Plan

Plan Name	Calendar Year									
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Fee-For-Service (000)	496,068	490,101	393,080	153,792	127,782	100,453	91,441	72,514	49,371	46,511
Aetna Better Health of California/Sacto (015)	0	0	0	0	0	0	0	0	0	162
Aetna Better Health of California/San Diego (016)	0	0	0	0	0	0	0	0	0	143
UnitedHealthcare Community Plan of California/Sacto (017)	0	0	0	0	0	0	0	0	21	296
Universal Care/LA (018)	0	0	0	0	0	0	0	0	S	244
Comm Hlth Grp/San Diego (029)	3,894	4,022	6,870	14,327	15,873	17,093	16,528	16,482	17,005	16,455
Sutter SeniorCare/Sac (050)	S	S	S	14	25	24	19	18	17	26
Cntr Elders Indep/Alameda (051)	51	53	56	62	67	55	52	55	63	60
AltaMed Hlth Sr. Buena Care/LA (052)	137	138	145	265	352	375	381	425	465	492
Center for Elders Independence (054)	S	S	S	S	S	S	S	S	12	S
OnLok Senior Hlth dba OnLok Lifeways/San Fran (055)	30	24	30	29	33	46	61	68	72	73
OnLok Senior Hlth dba OnLok Lifeways/Alameda (056)	S	S	S	S	15	17	26	32	37	49
St. Paul's PACE (057)	13	17	20	34	48	54	70	74	84	88
OnLok Lifeways (058)	S	S	S	14	21	27	31	38	30	43
CalOPTIMA PACE (059)	0	0	0	0	0	S	27	53	72	92
Brandman Ctrs for Senior Care (060)	0	0	0	0	S	S	18	21	20	24
InnovAge PACE/Riverside (061)	0	0	0	0	0	S	11	15	20	19
InnovAge PACE/San Bernardino (062)	0	0	0	0	0	S	29	44	60	79
Humboldt Senior Resources Center, Inc. (063)	0	0	0	0	0	0	S	S	S	S
Central Valley Medical Services Corp. (064)	0	0	0	0	0	S	33	59	96	144
San Diego PACE (065)	0	0	0	0	0	0	S	33	45	62
Health Net/San Diego (068)	1,066	989	2,544	6,247	5,603	4,826	3,880	3,594	3,564	3,248
Kaiser/San Diego (079)	1,286	1,328	1,405	1,515	1,750	1,827	1,896	1,894	1,955	1,978
Kaiser/Marin (081)	169	190	102	0	0	0	0	0	0	0
Kaiser/Sonoma (087)	237	0	0	0	0	0	0	0	0	0
Anthem Blue Cross Partnership Plan/Alpine (100)	0	0	0	0	0	S	11	11	12	11
Anthem Blue Cross Partnership Plan/Amador (101)	0	0	0	0	S	84	317	314	320	300
Anthem Blue Cross Partnership Plan/Butte (102)	0	0	0	0	22	799	3,183	3,132	2,946	2,462

Anthem Blue Cross Partnership Plan/Calaveras (103)	0	0	0	0	S		57	223	225	222	221
Anthem Blue Cross Partnership Plan/Colusa (104)	0	0	0	0	S		43	155	168	174	169
Anthem Blue Cross Partnership Plan/El Dorado (105)	0	0	0	0	S		160	567	549	514	483
Anthem Blue Cross Partnership Plan/Glenn (106)	0	0	0	0	S		67	247	243	220	153
Anthem Blue Cross Partnership Plan/Inyo (107)	0	0	0	0	S		28	106	96	83	88
Anthem Blue Cross Partnership Plan/Mariposa (108)	0	0	0	0	S		52	158	170	172	169
Anthem Blue Cross Partnership Plan/Mono (109)	0	0	0	0	S	0		36	39	40	39
Anthem Blue Cross Partnership Plan/Nevada (110)	0	0	0	0	S		159	633	667	650	594
Anthem Blue Cross Partnership Plan/Placer (111)	0	0	0	0		26	524	1,938	2,127	2,227	2,196
Anthem Blue Cross Partnership Plan/Plumas (112)	0	0	0	0	S		43	185	188	188	177
Anthem Blue Cross Partnership Plan/Sierra (113)	0	0	0	0	S			24	25	21	20
Anthem Blue Cross Partnership Plan/Sutter (114)	0	0	0	0		12	290	1,256	1,322	1,353	1,355
Anthem Blue Cross Partnership Plan/Tehama (115)	0	0	0	0	S		230	901	862	834	751
Anthem Blue Cross Partnership Plan/Tuolumne (116)	0	0	0	0	S		104	404	410	424	423
Anthem Blue Cross Partnership Plan/Yuba (117)	0	0	0	0		16	339	1,396	1,456	1,446	1,357
California Health & Wellness/Alpine (118)	0	0	0	0	S			S	S	S	S
California Health & Wellness/Amador (119)	0	0	0	0	S		34	88	80	74	75
California Health & Wellness/Butte (120)	0	0	0	0		48	968	3,772	3,656	3,741	4,033
California Health & Wellness/Calaveras (121)	0	0	0	0	S		97	412	406	394	371
California Health & Wellness/Colusa (122)	0	0	0	0	S		25	93	98	109	121
California Health & Wellness/El Dorado (123)	0	0	0	0		11	308	1,217	1,252	1,252	1,230
California Health & Wellness/Glenn (124)	0	0	0	0	S		90	344	353	377	418
California Health & Wellness/Inyo (128)	0	0	0	0	S		47	112	109	100	92

California Health & Wellness/Mariposa (129)	0	0	0	0	S	22	82	73	67	61
Molina Med Cntrs/Sacto (130)	1,478	1,591	3,394	6,866	7,384	7,617	7,514	7,238	6,886	6,419
Molina Hlth. Care/San Diego (131)	2,349	2,599	4,388	9,431	10,595	11,518	11,925	12,486	13,577	13,491
California Health & Wellness/Mono (133)	0	0	0	0	S	12	35	36	29	26
California Health & Wellness/Nevada (134)	0	0	0	0	S	131	526	504	489	493
California Health & Wellness/Placer (135)	0	0	0	0	17	324	961	868	802	825
California Health & Wellness/Plumas (136)	0	0	0	0	S	57	205	195	186	192
California Health & Wellness/Sierra (137)	0	0	0	0	0	S	24	22	22	21
California Health & Wellness/Sutter (138)	0	0	0	0	11	198	826	771	727	711
California Health & Wellness/Tehama (139)	0	0	0	0	11	256	1,084	1,056	1,046	1,075
Western Hlth Adv/Sac (140)	1,896	86	0	0	0	0	0	0	0	0
California Health & Wellness/Tuolumne (141)	0	0	0	0	S	159	554	521	501	487
California Health & Wellness/Yuba (142)	0	0	0	0	13	254	960	923	870	854
California Health & Wellness/Imperial (143)	0	0	0	0	43	726	2,559	2,590	2,670	2,691
Anthem Blue Cross Partnership Plan/San Benito (144)	0	0	0	0	S	34	50	64	84	98
Molina Hlth. Care/Imperial (145)	0	0	0	0	S	286	1,053	973	927	909
Health Net/Sac (150)	1,847	2,966	5,465	12,337	12,811	12,798	12,227	11,341	10,580	9,907
Care 1st Healthplan (SD) (167)	283	376	2,309	6,384	6,584	5,950	5,086	5,100	5,417	5,276
Kaiser Foundation/Sac (170)	3,089	3,126	3,242	3,651	3,772	4,566	4,694	4,741	4,806	4,907
Kaiser/Amador (177)	0	0	0	0	0	S	S	S	S	S
Kaiser/El Dorado (178)	0	0	0	0	0	15	24	28	40	60
Kaiser/Placer (179)	0	0	0	0	S	41	122	199	261	330
Anthem Blue Cross Partnership Plan/Sac (190)	5,842	5,913	7,907	14,076	14,723	14,918	15,326	15,567	15,480	15,074
SCAN Hlth Plan / LA (200)	0	0	0	0	0	0	0	0	0	0
SCAN (Nurs hm cert) / LA (201)	0	0	0	0	0	0	0	0	0	0
Alameda Alliance for Hlth (300)	7,580	8,595	12,959	21,970	23,224	24,365	24,832	24,723	24,181	23,590
Contra Costa Hlth Plan (301)	4,215	4,579	7,253	13,447	14,066	15,070	15,686	16,063	15,938	15,673
Kern Hlth Systems (303)	5,323	5,564	7,373	11,786	12,293	12,858	13,232	13,345	13,571	13,894
LA CARE (304)	30,776	33,184	62,105	130,453	137,304	140,019	134,177	139,119	142,175	138,944
Inland Emp Hlth Plan/Rvrsd (305)	7,395	8,515	13,356	24,843	27,219	28,287	28,091	29,739	31,732	31,999
Inland Emp Hlth Plan/S Ber (306)	8,225	9,607	15,193	28,715	31,356	32,777	32,010	33,294	35,556	35,397
San Francisco Hlth Plan (307)	1,998	2,097	5,283	12,537	12,938	13,505	13,482	12,973	12,442	11,804
Hlth Plan of San Joaquin (308)	4,542	4,932	7,353	12,855	16,285	16,512	16,399	16,210	15,962	15,574

Santa Clara Family Hlth (309)	4,726	5,202	8,626	16,094	16,928	17,943	17,085	17,234	17,994	17,798
Anthem Blue Cross Partnership Plan/Stanislaus (310)	2,822	2,921	4,063	6,709	79	0	0	0	0	0
Anthem Blue Cross Partnership Plan/Tulare (311)	2,967	3,016	3,565	5,128	5,297	5,227	5,008	4,850	4,757	4,649
Health Plan of San Joaquin (312)	0	0	0	S	3,619	5,886	6,578	6,886	6,975	7,183
CalViva Health Fresno (315)	0	0	7,330	15,114	15,835	16,545	17,099	17,391	17,500	17,472
CalViva Health Kings (316)	0	0	498	1,313	1,412	1,504	1,553	1,556	1,594	1,628
CalViva Health Madera (317)	0	0	543	1,371	1,511	1,603	1,640	1,597	1,589	1,547
Anthem Blue Cross Partnership Plan/Alameda (340)	2,087	2,085	3,657	7,870	7,490	7,090	6,734	6,468	6,035	5,525
Anthem Blue Cross Partnership Plan/Fresno (341)	5,807	4,769	744	0	0	0	0	0	0	0
Anthem Blue Cross Partnership Plan/SF (343)	810	807	1,856	4,731	4,734	4,386	3,888	3,331	2,984	2,737
Anthem Blue Cross Partnership Plan/CC (344)	604	664	964	1,975	2,204	2,139	2,254	2,243	2,205	2,131
Anthem Blue Cross Partnership Plan/SC (345)	1,835	1,856	2,866	5,792	5,910	5,754	4,978	4,770	4,830	4,561
Health Net /Fresno (351)	3,003	4,483	847	0	0	0	0	0	0	0
Health Net / LA (352)	16,444	16,815	29,000	60,324	62,341	62,684	59,279	60,616	61,535	59,317
Health Net/Tulare (353)	690	868	2,173	5,154	5,717	6,254	6,464	6,358	6,309	6,155
Health Net/San Joaquin (354)	0	0	0	S	866	1,130	1,314	1,348	1,285	1,247
Molina Med Cntrs/Rvrsd (355)	1,035	1,092	2,362	5,151	5,149	4,591	3,984	4,056	4,418	4,159
Molina Med Cntrs / S Ber (356)	1,744	1,935	3,365	6,593	6,574	6,025	5,095	4,550	4,358	4,055
Anthem Blue Cross Partnership Plan/San Joaquin (358)	1,443	1,466	2,288	3,948	48	0	0	0	0	0
Health Net/Kern (360)	1,661	1,655	2,933	6,298	6,597	6,621	6,392	6,171	5,881	5,631
Health Net/Stanislaus (361)	646	734	1,532	3,615	7,064	6,910	6,411	5,897	5,493	5,021
Anthem Blue Cross Partnership Plan/Fresno (362)	0	0	4,218	7,333	7,675	7,533	7,227	7,085	7,094	6,908
Anthem Blue Cross Partnership Plan/Kings (363)	0	0	427	1,104	1,173	1,173	1,127	1,099	1,143	1,081
Anthem Blue Cross Partnership Plan/Madera (364)	0	0	335	959	989	971	948	914	859	852
Health Net of California (405)	519	701	678	165	239	316	344	297	205	176
Santa Barbara Hlth Authrty, San Luis Obispo (501)	3,136	3,163	3,255	3,152	3,123	3,141	2,982	2,863	2,735	2,625
Santa Barbara Hlth Authrty (502)	5,488	5,523	5,567	5,494	5,474	5,525	5,376	5,182	5,073	4,988
Hlth Plan of San Mateo (503)	7,505	7,630	7,705	7,453	6,922	7,141	7,151	6,755	6,199	6,104

Partnership HP of CA/Solano (504)	7,877	8,134	8,360	8,519	8,746	8,958	8,861	8,721	8,388	8,194
Central California Alliance for Health/Santa Cruz (505)	3,677	3,736	3,742	3,658	3,605	3,599	3,630	3,555	3,492	3,442
CalOPTIMA / Orange (506)	32,805	33,875	35,011	35,321	35,903	37,930	39,478	39,916	38,881	37,958
Partnership HP of CA/Napa (507)	1,590	1,664	1,715	1,719	1,726	1,728	1,671	1,637	1,629	1,613
Central California Alliance for Health/Monterey (508)	5,265	5,454	5,596	5,581	5,668	5,931	6,015	5,904	5,763	5,612
Partnership HealthPlan of CA/Yolo (509)	3,155	3,281	3,348	3,430	3,495	3,576	3,549	3,488	3,400	3,206
Partnership HealthPlan of CA/Marin (510)	0	0	1,097	2,208	2,195	2,133	2,077	2,049	2,011	1,923
Partnership HealthPlan of CA/Lake (511)	0	0	0	0	840	2,505	2,490	2,382	2,334	2,279
Partnership HealthPlan of CA/Mendocino (512)	0	0	1,212	2,398	2,361	2,272	2,178	2,081	2,010	1,993
Partnership HealthPlan of CA/Sonoma (513)	1,508	6,094	6,235	6,316	6,399	6,400	6,289	6,126	5,949	5,776
Central California Alliance for Health Merced (514)	1,660	6,708	6,842	6,818	6,886	7,018	7,014	6,899	6,742	6,542
Gold Coast Health Plan Ventura (515)	0	0	4,605	9,064	9,138	9,632	9,781	9,674	9,500	9,430
Partnership HealthPlan of CA/Humboldt (517)	0	0	0	0	1,424	4,141	3,969	3,822	3,619	3,435
Partnership HealthPlan of CA/Lassen (518)	0	0	0	0	212	631	639	635	648	613
Partnership HealthPlan of CA/Modoc (519)	0	0	0	0	100	296	294	278	283	279
Partnership HealthPlan of CA/Shasta (520)	0	0	0	0	2,108	6,328	6,147	5,962	5,752	5,539
Partnership HealthPlan of CA/Siskiyou (521)	0	0	0	0	520	1,513	1,471	1,446	1,442	1,391
Partnership HealthPlan of CA/Trinity (522)	0	0	0	0	150	432	415	380	364	345
Partnership HealthPlan of CA/Del Norte (523)	0	0	0	0	447	1,328	1,307	1,282	1,233	1,230
Family Mosaic Prj / SF (601)	53	40	34	35	28	22	17	S	S	S
San Mateo HCP CCS (703)	0	0	0	0	392	517	505	477	440	205
Rady Childrens Hosp - San Diego CCS Demo Proj (705)	0	0	0	0	0	0	0	0	0	21
LA CARE CCI (800)	0	0	0	0	0	S	S	S	S	S
Health Net Los Angeles CCI (801)	0	0	0	0	0	S	S	S	S	S
CalOPTIMA CCI (802)	0	0	0	0	0	0	0	S	S	S
Care 1st Partership CCI (803)	0	0	0	0	0	S	S	0	S	0
Community Health Group CCI (804)	0	0	0	0	0	S	S	S	0	S
Health Net San Diego CCI (805)	0	0	0	0	0	S	S	0	0	0
Molina Healthcare San Diego CCI (806)	0	0	0	0	0	S	S	S	S	S
Hlth Plan of San Mateo CCI (807)	0	0	0	0	0	0	S	S	S	S

Inland Emp Hlth Plan/Rvrsd CCI (810)	0	0	0	0	0	S	S	S	S	S
Molina Healthcare Riverside CCI (811)	0	0	0	0	0	0	S	S	S	0
Inland Emp Hlth Plan/San Bernardino CCI (812)	0	0	0	0	0	S	S	S	S	S
Molina Healthcare San Bernardino CCI (813)	0	0	0	0	0	S	S	S	S	S
Anthem Blue Cross Partnership Plan/Santa Clara CCI (814)	0	0	0	0	0	0	S	S	S	S
Santa Clara Family Hlth CCI (815)	0	0	0	0	0	0	S	S	S	S
Molina Healthcare CCI (816)	0	0	0	0	0	S	S	S	S	S
Care 1st Health Plan CCI (817)	0	0	0	0	0	S	S	S	S	S
Anthem Blue Cross (Care More) CCI (818)	0	0	0	0	0	S	S	S	0	0
AIDS HlthCare Found/ LA (915)	401	426	456	491	475	485	432	380	334	324
All Managed Care Plans (Excludes 000)	216,700	237,304	348,418	600,286	632,447	667,701	673,791	678,308	681,883	666,825
All Plans	712,768	727,405	741,497	754,078	760,228	768,155	765,232	750,822	731,254	713,336

Table F.3.3: Annual SPD Enrollment - Demographics

	Calendar Year									
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
N	712,768	727,405	741,497	754,078	760,228	768,155	765,232	750,822	731,254	713,336
AGE (YEARS)										
< 18	129,874	133,900	138,204	142,682	145,053	147,720	148,842	145,051	140,932	137,242
18 to 44	197,566	201,488	205,079	208,356	210,443	210,474	208,449	205,053	201,113	197,283
45 to 64	296,794	304,998	312,486	315,824	315,894	309,318	296,344	282,415	270,270	257,751
65 to 84	84,074	82,045	80,346	81,488	82,841	93,591	103,022	108,685	109,198	110,701
85 +	4,459	4,973	5,382	5,727	5,997	7,051	8,576	9,619	9,740	10,359
GENDER										
Females	361,305	364,696	367,839	369,807	369,521	371,665	368,379	359,841	348,132	337,777
Males	351,463	362,709	373,658	384,270	390,707	396,490	396,853	390,981	383,122	375,559
RACE										
White Non-Hispanic	219,031	217,899	215,618	211,557	204,565	195,274	186,374	176,524	168,466	160,480
Black Non-Hispanic	118,798	119,934	119,185	118,411	116,193	112,742	109,574	105,038	101,096	98,779
Hispanic	167,806	172,592	174,021	176,959	177,932	182,393	185,727	183,812	181,831	185,826
Native American	4,878	4,898	4,921	4,876	4,730	4,470	4,286	4,106	3,921	3,752
Asian	96,754	95,076	92,025	90,021	87,726	89,365	90,834	88,484	84,148	82,688
Pacific Islander	574	597	552	575	602	603	618	551	535	603
Other	104,927	116,408	135,176	151,678	168,482	183,309	187,820	192,308	191,256	181,208
SPOKEN LANGUAGE										
English	417,209	438,809	458,631	474,548	486,391	495,726	497,426	492,389	486,055	481,988
Spanish	100,724	105,866	110,420	115,395	118,933	124,999	128,532	127,019	122,503	119,795
Chinese										
Cantonese	7,806	7,679	7,489	7,488	7,449	7,486	7,399	7,144	6,768	6,503
Mandarin	7,158	7,443	7,496	7,692	7,733	8,217	8,513	8,658	8,164	7,884
Other Chinese Languages	1,221	1,182	1,123	1,068	1,009	1,046	1,091	989	847	770

Table F.3.3: Annual SPD Enrollment - Demographics

	Calendar Year									
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
American Sign Language (ASL)	645	712	777	815	895	944	1,021	1,070	1,066	1,048
Other Sign Language	194	205	204	205	208	218	231	226	200	182
<i>Other</i>										
Other Non-English	8,118	8,649	9,264	10,072	10,220	10,388	10,286	9,896	9,604	9,347
Unknown	70	65	64	57	58	62	61	63	63	54
No response, client declined to state	1,219	1,199	1,215	887	293	271	268	280	269	248
No Valid Data Reported (MEDS generated)	103,572	90,356	80,319	72,325	64,756	57,365	50,248	44,396	38,970	31,418

Table F.4.1 - Access to Ambulatory Care by Self-Reported Health, CAHPS 2013, 2016 for SPDs in California Medicaid Plans

	2013 (n=5503)					2016 (n=2573)				
	Self-Reported Health					Self-Reported Health				
	Excellent /Very Good	Good	Fair/Poor	Missing	Total	Excellent /Very Good	Good	Fair/Poor	Missing	Total
Need ED										
Yes	29	33	51	27	40	27	32	50	43	40
No	69	66	46	42	56	71	67	48	50	58
Missing	2	1	2	31	3	1	1	1	8	2
Need ED - How Often Got Care Right Away										
Never	3	1	3	3	3	3	3	3	10	3
Sometimes	14	13	14	7	13	8	14	14	20	13
Usually	12	19	21	7	18	18	19	22	15	20
Always	56	53	48	24	48	57	46	46	35	48
Missing	16	14	14	60	18	14	18	16	20	16
General Medical Visit in Last Six Months										
Yes	70	75	83	50	77	72	77	82	73	79
No	28	24	15	18	20	26	22	16	18	20
Missing	2	1	2	32	3	2	1	2	10	2
General Medical Visit - Got Visit Right Away										
Never	3	2	3	2	3	2	2	3	3	3
Sometimes	17	19	17	13	17	17	20	14	12	16
Usually	20	24	25	8	23	23	22	25	15	24
Always	46	44	45	29	44	47	42	43	36	43
Missing	13	12	10	49	13	11	13	15	33	14

Table F.4.1 - Access to Ambulatory Care by Self-Reported Health, CAHPS 2013, 2016 for SPDs in California Medicaid Plans

	2013 (n=5503)					2016 (n=2573)				
	Self-Reported Health					Self-Reported Health				
	Excellent /Very Good	Good	Fair/Poor	Missing	Total	Excellent /Very Good	Good	Fair/Poor	Missing	Total
Have a Personal Doctor										
Yes	80	84	85	38	81	82	87	86	70	85
No	17	14	12	8	14	17	12	12	15	13
Missing	3	2	2	54	5	1	1	1	15	1
How Many Trips to Personal Doctor in Last Year										
None	17	13	7	2	10	16	13	8	3	11
1	22	21	15	9	18	24	23	15	24	20
2	23	24	21	7	21	24	24	23	21	23
3	11	16	17	7	15	13	13	16	6	14
4	6	8	11	3	9	6	7	10	6	8
5 to 9	8	10	16	3	12	6	10	16	12	12
>= 10	2	1	5	1	3	2	2	4	3	3
Missing	11	8	8	67	12	8	8	9	26	9
Need to See Specialist										
Yes	38	45	55	12	47	39	47	58	50	51
No	59	54	42	20	48	60	52	40	48	48
Missing	3	2	2	68	6	1	1	2	3	1
How Often Easy to See Specialist										
Never	3	3	5	1	4	5	3	4	10	4
Sometimes	16	19	18	3	16	16	20	15	10	17
Usually	23	30	27	3	25	24	23	29	19	26
Always	46	41	43	7	40	48	47	43	48	45
Missing	11	6	7	86	14	7	7	9	14	8

Table F.4.1 - Access to Ambulatory Care by Self-Reported Health, CAHPS 2013, 2016 for SPDs in California Medicaid Plans

	2013 (n=5503)					2016 (n=2573)				
	Self-Reported Health					Self-Reported Health				
	Excellent /Very Good	Good	Fair/Poor	Missing	Total	Excellent /Very Good	Good	Fair/Poor	Missing	Total
How many times saw a specialist in last year										
None	3	2	4	0	3	2	4	4	10	4
1	52	46	40	9	40	45	42	33	29	37
2	21	26	26	1	23	27	30	31	19	30
3	7	12	12	3	10	12	10	15	14	13
4	3	4	6	0	5	2	4	5	5	4
>= 5	2	2	5	1	4	4	2	5	5	4
Missing	13	7	7	86	14	8	7	9	19	8

Table F.4.2 - Access to Ambulatory Care by Age, CAHPS 2013, 2016 for SPDs in California Medicaid Plans (%)

	2013 (n=5503)									2016 (n=2573)									
	Age (years)									Age (years)									
	18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75+	M i s s i n g	T o t a l	18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75+	M i s s i n g	T o t a l	
Need ED																			
Yes	29	38	44	48	49	34	34	29	40	32	30	40	48	47	36	38	35	40	
No	70	61	55	51	49	63	64	40	56	67	68	59	50	51	63	61	60	58	
Missing	1	1	1	1	2	3	2	31	3	1	2	1	1	2	1	1	5	2	
Need ED - How Often Got Care																			
Never	0	3	6	3	3	3	1	2	3	0	4	5	5	2	2	2	10	3	
Sometimes	18	22	11	15	14	12	12	8	13	17	13	21	12	13	14	12	6	13	
Usually	18	18	21	21	20	19	15	7	18	28	27	10	18	21	23	19	16	20	
Always	55	44	52	47	48	50	57	25	48	41	33	52	52	47	47	48	52	48	
Missing	9	14	9	13	16	16	16	58	18	14	22	11	13	17	14	20	16	16	
General Medical Visit in Last																			
Yes	58	68	78	79	83	80	77	49	77	69	65	76	83	80	79	81	74	79	
No	40	30	20	20	15	19	21	18	20	30	33	24	15	18	19	17	22	20	
Missing	2	1	2	2	2	2	2	32	3	1	3	0	1	2	2	2	4	2	
General Medical Visit - Got																			
Never	5	4	4	3	3	2	2	3	3	5	2	4	3	2	2	2	5	3	
Sometimes	25	18	16	17	15	20	17	12	17	16	19	21	11	16	18	15	20	16	
Usually	26	27	23	21	25	23	25	7	23	34	29	21	23	23	20	28	20	24	
Always	35	40	47	48	47	43	44	27	44	36	35	41	51	46	44	39	36	43	
Missing	8	11	9	11	10	12	12	51	13	8	15	13	11	12	16	16	20	14	

Table F.4.2 - Access to Ambulatory Care by Age, CAHPS 2013, 2016 for SPDs in California Medicaid Plans (%)

	2013 (n=5503)									2016 (n=2573)									
	Age (years)									Age (years)									
	18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75+	Missing	Total	18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75+	Missing	Total	
Have a Personal Doctor																			
Yes	78	81	81	84	84	85	85	38	81	75	79	82	87	86	85	90	72	85	
No	20	18	16	14	14	12	13	7	14	25	19	17	12	13	14	8	26	13	
Missing	2	1	2	3	2	2	3	55	5	0	1	1	2	2	1	2	3	1	
How Many Trips to Personal																			
None	25	25	12	10	6	9	11	3	10	31	17	15	10	10	10	9	10	11	
1	24	20	24	13	14	19	23	7	18	18	25	26	18	19	19	20	9	20	
2	16	18	18	20	21	27	23	9	21	22	25	19	19	19	24	28	28	23	
3	15	12	15	16	17	15	15	4	15	9	11	18	12	15	15	14	17	14	
4	3	6	8	10	11	10	8	3	9	5	4	4	10	10	8	7	7	8	
5 to 9	7	8	11	16	17	10	9	5	12	11	5	9	18	16	13	8	9	12	
>= 10	1	5	5	4	4	2	1	2	3	2	4	5	6	3	2	2	2	3	
Missing	7	6	8	10	9	8	10	67	12	3	7	5	7	8	8	12	19	9	
Need to See Specialist																			
Yes	34	41	43	49	54	48	48	16	47	45	43	45	52	54	52	51	44	51	
No	65	59	54	48	43	49	49	21	48	54	55	53	47	45	47	46	53	48	
Missing	2	1	3	3	3	3	3	64	6	1	1	1	1	1	1	3	4	1	
How Often Easy to See																			
Never	3	6	7	7	5	2	2	0	4	3	5	6	5	4	3	4	3	4	
Sometimes	20	16	15	17	16	19	18	5	16	25	29	20	13	19	14	15	8	17	
Usually	18	32	23	27	25	29	31	4	25	30	30	25	24	24	26	27	35	26	

Table F.4.2 - Access to Ambulatory Care by Age, CAHPS 2013, 2016 for SPDs in California Medicaid Plans (%)

	2013 (n=5503)									2016 (n=2573)								
	Age (years)									Age (years)								
	18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75+	M i s s i n g	T o t a l	18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75+	M i s s i n g	T o t a l
Always	49	43	46	44	46	40	39	9	40	33	29	46	53	46	49	41	32	45
Missing	9	3	9	6	8	9	10	82	14	10	8	3	5	7	7	12	22	8
How may times saw a																		
None	5	4	3	3	4	3	2	0	3	0	2	7	6	3	3	3	5	4
1	57	55	41	45	41	44	40	6	40	48	51	43	32	39	39	33	22	37
2	14	25	24	23	25	26	28	2	23	30	29	28	35	26	31	33	14	30
3	3	7	14	11	11	11	13	4	10	10	8	13	11	17	11	12	27	13
4	5	2	6	6	6	4	4	2	5	0	2	1	3	4	5	5	5	4
>= 5	8	3	4	4	5	3	2	2	4	3	3	4	6	4	4	3	5	4
Missing	9	3	9	8	8	9	11	83	14	10	6	3	7	7	7	11	22	8

Table F.5.1.4 - Annual Mortality Rates by Demographics

	Mean Death Rate (Deaths Per 1000-Patient Years)										Deaths (per Year)										Enrollment (per Year)									
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Age																														
< 18	4.2	3.6	3.5	3.2	3.0	2.6	2.7	3.1	2.7	2.5	541	478	478	458	432	391	406	449	384	349	129,874	133,900	138,204	142,682	145,053	147,720	148,842	145,051	140,932	137,242
18 to 44	12.7	10.7	10.5	10.8	10.3	7.9	7.6	7.4	7.2	7.1	2,510	2,158	2,159	2,243	2,177	1,665	1,578	1,512	1,450	1,404	197,566	201,488	205,079	208,356	210,443	210,474	208,449	205,053	201,113	197,283
45 to 64	33.0	30.2	31.2	31.8	32.8	27.9	26.7	27.0	26.6	27.4	9,807	9,214	9,747	10,046	10,375	8,617	7,920	7,633	7,181	7,069	296,794	304,998	312,486	315,824	315,894	309,318	296,344	282,415	270,270	257,751
65 to 84	17.7	14.3	11.8	12.5	13.0	12.0	14.5	15.5	16.8	17.7	1,491	1,177	951	1,016	1,074	1,127	1,494	1,681	1,837	1,954	84,074	82,045	80,346	81,488	82,841	93,591	103,022	108,685	109,198	110,701
85 +	62.3	53.7	46.1	53.6	54.2	52.3	58.3	66.4	74.2	68.8	278	267	248	307	325	369	500	639	723	713	4,459	4,973	5,382	5,727	5,997	7,051	8,576	9,619	9,740	10,359
Gender																														
Female	17.8	15.7	15.8	15.8	16.3	14.5	14.4	14.8	14.9	15.1	6,437	5,742	5,826	5,857	6,008	5,387	5,288	5,343	5,194	5,115	361,305	364,696	367,839	369,807	369,521	371,665	368,379	359,841	348,132	337,777
Male	23.3	20.8	20.8	21.4	21.4	17.1	16.7	16.8	16.7	17.0	8,190	7,552	7,757	8,213	8,375	6,782	6,610	6,571	6,381	6,374	351,463	362,709	373,658	384,270	390,707	396,490	396,853	390,981	383,122	375,559
Race/Ethnicity																														
White Non-Hispanic	27.0	24.7	24.6	26.2	26.9	22.0	21.4	21.5	21.0	21.2	5,911	5,384	5,311	5,534	5,511	4,289	3,988	3,793	3,531	3,402	219,031	217,899	215,618	211,557	204,565	195,274	186,374	176,524	168,466	160,480
Black Non-Hispanic	17.6	17.1	16.4	16.3	17.0	16.7	16.3	16.6	16.4	17.1	2,086	2,052	1,957	1,933	1,972	1,880	1,781	1,740	1,658	1,686	118,798	119,934	119,185	118,411	116,193	112,742	109,574	105,038	101,096	98,779
Hispanic	20.3	17.2	18.2	18.2	18.5	14.3	14.0	14.9	15.5	14.8	3,411	2,960	3,171	3,226	3,283	2,606	2,603	2,737	2,821	2,743	167,806	172,592	174,021	176,959	177,932	182,393	185,727	183,812	181,831	185,826
Native American	25.4	22.5	28.4	23.4	26.2	22.1	20.8	20.1	24.5	124	110	140	114	124	99	89	79	92	4,878	4,898	4,921	4,876	4,730	4,470	4,286	4,106	3,921	3,752		
Asian	14.1	11.6	12.3	13.2	13.9	12.1	12.1	13.4	14.1	14.4	1,365	1,105	1,135	1,185	1,222	1,078	1,101	1,190	1,189	1,194	96,754	95,076	92,025	90,021	87,726	89,365	90,834	88,484	84,148	82,688
Pacific Islander	31.3	31.8	27.2	40.0	48.2	24.9	22.7	26.1	24.9	18	19	15	23	29	15	14	14	15	574	597	552	575	602	603	618	551	535	603		
Other/Unknown	16.3	14.3	13.7	13.5	13.3	12.0	12.4	12.2	11.9	13.0	1,712	1,664	1,854	2,055	2,242	2,202	2,322	2,351	2,283	2,357	104,927	116,408	135,176	151,678	168,482	183,309	187,820	192,308	191,256	181,208
CA (All)	20.5	18.3	18.3	18.7	18.9	15.8	15.5	15.9	15.8	16.1	14,627	13,294	13,583	14,070	14,383	12,169	11,898	11,914	11,575	11,489	712,768	727,405	741,497	754,078	760,228	768,155	765,232	750,822	731,254	713,336

Table F.5.2.1 - Acute Care Hospitalizations by County

	Discharges Per Year				Discharges Per 1,000 Patient-Months				Total Hospitals Days by Year				Hospital Days Per 1,000 Patient-Months				Average Length of Stay			
	2015	2016	2017	2018	2015	2016	2017	2018	2015	2016	2017	2018	2015	2016	2017	2018	2015	2016	2017	2018
CA County																				
Alameda	5,277	7,145	7,117	7,011	154	212	218	223	21,413	19,701	20,749	22,515	625	585	636	715	4.1	2.8	2.9	3.2
Alpine	S	S	S	S	*	*	*	*	23	S	S	42	1049	*	*	1744	*	*	*	*
Amador	99	122	107	91	205	255	233	209	469	624	628	609	973	1305	1365	1396	4.7	5.1	5.9	6.7
Butte	2,506	2,586	2,536	2,551	336	361	360	371	11,637	12,141	13,086	12,433	1562	1694	1855	1809	4.6	4.7	5.2	4.9
Calaveras	146	139	116	136	201	197	168	206	792	860	716	756	1091	1220	1038	1146	5.4	6.2	6.2	5.6
Colusa	48	55	43	68	168	183	138	213	269	293	156	325	942	977	501	1019	5.6	5.3	3.6	4.8
Contra Costa	4,210	3,206	3,775	4,047	215	162	192	210	25,731	21,458	24,588	29,511	1311	1081	1253	1534	6.1	6.7	6.5	7.3
Del Norte	197	166	210	199	150	129	169	161	779	1,061	1,314	1,417	595	824	1055	1149	4.0	6.4	6.3	7.1
El Dorado	544	481	447	473	243	224	213	231	2,780	2,583	2,841	2,647	1240	1204	1354	1295	5.1	5.4	6.4	5.6
Fresno	6,446	6,501	6,300	6,395	251	253	244	249	47,393	43,906	39,327	42,665	1848	1706	1522	1659	7.4	6.8	6.2	6.7
Glenn	166	140	123	123	251	220	194	197	1,023	940	670	784	1548	1479	1056	1255	6.2	6.7	5.4	6.4
Humboldt	667	647	774	693	168	169	213	201	4,164	3,863	5,408	5,484	1046	1010	1491	1590	6.2	6.0	7.0	7.9
Imperial	872	829	821	797	213	210	210	204	6,126	5,980	6,643	5,800	1493	1514	1698	1488	7.0	7.2	8.1	7.3
Inyo	60	45	37	32	243	186	165	147	474	326	424	470	1922	1345	1889	2158	7.9	7.2	11.5	14.7
Kern	4,128	5,008	5,489	4,894	192	235	258	230	15,333	14,179	15,788	24,338	711	666	742	1142	3.7	2.8	2.9	5.0
Kings	549	562	532	518	194	200	184	181	3,947	3,995	3,584	3,091	1397	1420	1239	1081	7.2	7.1	6.7	6.0
Lake	525	448	497	554	210	187	213	243	3,115	2,407	3,457	3,736	1246	1007	1483	1640	5.9	5.4	7.0	6.7
Lassen	114	86	95	83	176	134	144	133	922	756	626	499	1420	1181	951	799	8.1	8.8	6.6	6.0
Los Angeles	47,131	47,943	48,225	46,335	200	207	217	215	285,025	268,723	214,440	208,240	1209	1159	965	968	6.0	5.6	4.4	4.5
Madera	751	653	641	670	268	240	240	255	7,396	5,763	4,820	5,730	2641	2121	1806	2183	9.8	8.8	7.5	8.6
Marin	318	311	389	337	152	150	191	175	2,376	1,867	2,966	4,484	1138	901	1456	2328	7.5	6.0	7.6	13.3
Mariposa	35	28	35	38	129	109	136	156	297	218	305	308	1094	852	1184	1261	8.5	7.8	8.7	8.1
Mendocino	373	333	438	461	170	159	216	229	2,080	1,916	2,573	2,665	950	917	1269	1322	5.6	5.8	5.9	5.8
Merced	1,531	1,543	1,592	1,727	221	226	239	267	8,912	12,466	10,178	26,307	1284	1828	1527	4060	5.8	8.1	6.4	15.2
Modoc	40	35	45	40	148	138	174	155	158	260	287	314	584	1028	1112	1219	4.0	7.4	6.4	7.9
Mono	12	20	29	15	140	236	365	204	61	109	263	44	713	1284	3308	599	5.1	5.5	9.1	2.9
Monterey	1,320	1,264	1,133	1,173	221	215	198	211	8,971	7,900	7,492	7,239	1504	1346	1312	1301	6.8	6.3	6.6	6.2
Napa	277	214	329	337	165	129	201	208	2,099	1,076	1,766	1,976	1247	650	1081	1221	7.6	5.0	5.4	5.9
Nevada	307	284	280	334	236	218	215	260	1,587	1,966	1,763	1,782	1222	1511	1355	1388	5.2	6.9	6.3	5.3
Orange	5,740	5,742	8,265	7,839	144	142	210	204	35,244	34,679	49,428	44,687	884	859	1255	1162	6.1	6.0	6.0	5.7
Placer	764	698	695	641	187	172	172	157	3,838	4,283	4,383	3,863	941	1055	1082	947	5.0	6.1	6.3	6.0
Plumas	68	73	82	70	167	181	214	184	432	563	397	431	1060	1395	1038	1134	6.4	7.7	4.8	6.2
Riverside	7,352	7,557	7,338	8,753	188	193	187	223	43,106	47,139	42,999	52,361	1105	1204	1094	1334	5.9	6.2	5.9	6.0
Sacramento	9,183	8,855	9,299	8,646	214	213	231	220	49,149	54,798	58,553	56,906	1144	1318	1454	1448	5.4	6.2	6.3	6.6
San Benito	128	115	114	139	199	181	184	227	753	583	650	756	1169	919	1046	1234	5.9	5.1	5.7	5.4
San Bernardino	10,743	10,879	10,725	10,976	225	236	235	245	67,557	66,040	64,218	64,153	1417	1432	1408	1431	6.3	6.1	6.0	5.8
San Diego	11,974	10,991	11,551	11,492	247	234	251	254	52,736	47,154	49,569	47,330	1087	1006	1076	1048	4.4	4.3	4.3	4.1
San Francisco	5,515	5,189	4,846	4,322	296	299	295	279	15,986	14,101	15,080	12,434	859	813	919	803	2.9	2.7	3.1	2.9
San Joaquin	4,035	4,066	3,971	3,715	214	218	217	208	25,586	25,024	22,754	22,944	1357	1344	1246	1286	6.3	6.2	5.7	6.2
San Luis Obispo	750	639	619	594	250	220	224	224	4,807	3,203	3,526	3,242	1602	1105	1274	1225	6.4	5.0	5.7	5.5
San Mateo	1,413	1,229	1,192	1,218	182	167	177	190	8,895	7,968	6,868	8,554	1149	1085	1021	1336	6.3	6.5	5.8	7.0
Santa Barbara	1,699	1,316	1,413	1,506	314	251	274	298	17,372	10,707	13,556	15,812	3212	2045	2630	3128	10.2	8.1	9.6	10.5
Santa Clara	4,736	4,348	4,844	4,834	182	171	196	200	19,914	21,191	20,515	22,636	764	836	831	936	4.2	4.9	4.2	4.7
Santa Cruz	802	676	677	677	216	186	190	193	5,287	4,713	4,180	4,605	1423	1296	1172	1314	6.6	7.0	6.2	6.8
Shasta	1,264	1,102	1,278	1,285	202	182	219	228	7,581	6,247	8,472	9,084	1209	1031	1450	1613	6.0	5.7	6.6	7.1
Sierra	S	S	S	S	*	*	*	*	85	S	S	53	1513	*	*	1126	*	*	*	*
Siskiyou	247	235	263	304	165	159	179	213	1,387	1,567	1,737	1,867	925	1062	1180	1310	5.6	6.7	6.6	6.1
Solano	1,533	1,449	1,782	1,715	174	168	213	211	9,680	8,789	11,665	12,286	1099	1018	1397	1508	6.3	6.1	6.5	7.2
Sonoma	1,224	1,059	1,280	1,212	194	172	213	208	8,622	6,447	8,999	8,805	1364	1050	1500	1512	7.0	6.1	7.0	7.3
Stanislaus	2,877	3,108	3,130	2,996	209	230	238	233	20,244	22,588	22,764	21,949	1470	1674	1728	1709	7.0	7.3	7.3	7.3
Sutter	490	506	518	471	206	220	225	207	2,639	3,214	3,893	3,184	1111	1396	1692	1400	5.4	6.4	7.5	6.8
Tehama	375	360	310	361	184	182	161	196	2,323	2,054	1,737	2,125	1138	1040	901	1156	6.2	5.7	5.6	5.9
Trinity	80	45	62	55	189	116	168	159	543	417	417	523	1280	1077	1129	1516	6.8	9.3	6.7	9.5
Tulare	2,491	2,402	2,635	2,468	207	206	229	220	18,173	16,542	16,738	17,164	1512	1421	1455	1528	7.3	6.9	6.4	7.0
Tuolumne	227	232	206	194	212	228	204	196	1,416	1,477	1,411	1,334	1320	1448	1400	1350	6.2	6.4	6.8	6.9
Ventura	1,953	2,060	2,008	1,878	198	211	209	197	2,306	2,805	2,838	2,567	234	288	295	270	1.2	1.4	1.4	1.4
Yolo	585	528	688	663	165	152	203	205	2,749	2,614	3,776	3,451	775	750	1112	1069	4.7	5.0	5.5	5.2
Yuba	575	665	638	619	222	256	255	261	3,056	3,803	3,863	3,749	1179	1462	1543	1578	5.3	5.7	6.1	6.1
Total	157,487	156,935	162,601	159,784	206	209	222	224	896,818	858,163	831,936	865,066	1172	1143	1138	1213	5.7	5.5	5.1	5.4

**Table F.5.2.3 - Acute Care
Hospitalizations by Age
Category**

Age (yrs)	Discharges Per Year				Discharges Per 1,000 Patient-Months				Total Hospitals Days by Year			
	2015	2016	2017	2018	2015	2016	2017	2018	2015	2016	2017	2018
< 18	19,179	18,057	18,196	16,688	129	124	129	122	133,482	122,348	127,356	123,675
18 to 44	31,206	30,211	30,585	29,863	150	147	152	151	181,613	172,246	158,029	180,099
45 to 64	88,566	88,440	90,904	89,459	299	313	336	347	474,164	453,343	429,512	439,894
65 to 84	16,246	17,468	19,718	20,518	158	161	181	185	94,965	96,465	102,032	106,612
85 +	2,290	2,759	3,198	3,256	267	287	328	314	12,594	13,761	15,007	14,786
All Ages	157,487	156,935	162,601	159,784	206	209	222	224	896,818	858,163	831,936	865,066

**Table F.5.2.3 - Acute Care
Hospitalizations by Age
Category**

Age (yrs)	Hospital Days Per 1,000 Patient-Months				Average Length of Stay			
	2015	2016	2017	2018	2015	2016	2017	2018
< 18	897	843	904	901	7.0	6.8	7.0	7.4
18 to 44	871	840	786	913	5.8	5.7	5.2	6.0
45 to 64	1600	1605	1589	1707	5.4	5.1	4.7	4.9
65 to 84	922	888	934	963	5.8	5.5	5.2	5.2
85 +	1469	1431	1541	1427	5.5	5.0	4.7	4.5
All Ages	1172	1143	1138	1213	5.7	5.5	5.1	5.4

Table F.5.3.1 - 30-day Hospital
Readmission Rates by County

	Rate				Readmissions				Index Admissions			
	2015	2016	2017	2018	2015	2016	2017	2018	2015	2016	2017	2018
Alameda	0.071	0.215	0.174	0.197	126	385	317	339	1,780	1,790	1,818	1,724
Alpine	*	*	*	*	S	S	S	S	S	S	S	S
Amador	*	0.180	0.135	*	S	18	12	S	62	100	89	69
Butte	0.068	0.260	0.240	0.235	101	468	425	446	1,481	1,798	1,769	1,899
Calaveras	*	0.130	*	0.247	S	14	S	23	90	108	73	93
Colusa	*	*	*	*	S	S	S	S	S	34	34	47
Contra Costa	0.048	0.148	0.163	0.172	122	298	420	490	2,517	2,018	2,570	2,852
Del Norte	*	*	0.110	0.151	S	S	18	23	126	106	164	152
El Dorado	0.099	0.134	0.161	0.134	32	38	54	48	324	284	336	359
Fresno	0.146	0.229	0.192	0.195	584	1,046	891	908	3,998	4,570	4,641	4,659
Glenn	*	0.173	0.190	0.124	S	18	15	11	102	104	79	89
Humboldt	*	0.100	0.121	0.118	S	43	67	57	419	428	554	483
Imperial	0.043	0.203	0.141	0.137	21	103	71	68	494	507	505	496
Inyo	0.000	*	*	*	0	S	S	S	40	S	S	20
Kern	0.079	0.160	0.158	0.168	109	202	239	253	1,380	1,265	1,513	1,505
Kings	0.069	0.164	0.127	0.116	24	66	45	42	348	403	355	361
Lake	0.030	0.128	0.087	0.130	11	41	33	53	361	320	379	408
Lassen	*	*	*	*	S	S	S	S	70	63	67	57
Los Angeles	0.103	0.215	0.220	0.220	3,301	7,280	6,310	5,918	31,933	33,854	28,678	26,936
Madera	0.133	0.214	0.154	0.202	60	83	63	89	450	388	408	441
Marin	0.057	0.140	0.199	0.171	14	32	63	46	244	229	317	269
Mariposa	*	*	*	*	S	S	S	S	S	S	34	24
Mendocino	0.064	0.139	0.130	0.152	15	30	41	50	233	216	316	330
Merced	0.096	0.185	0.158	0.179	91	191	167	205	948	1,034	1,054	1,144
Modoc	*	*	*	*	S	S	S	S	S	S	38	28
Mono	*	*	*	*	S	S	S	S	S	S	S	S
Monterey	0.097	0.178	0.139	0.160	81	150	105	130	839	842	756	814
Napa	*	0.135	0.116	0.150	S	20	29	32	162	148	251	213
Nevada	*	0.210	0.133	0.111	S	41	24	25	173	195	180	226
Orange	0.087	0.153	0.176	0.169	332	627	1,009	950	3,804	4,104	5,720	5,630
Placer	0.063	0.129	0.129	0.117	29	56	60	47	463	435	466	403
Plumas	*	*	*	*	S	S	S	S	42	44	49	61
Riverside	0.060	0.160	0.152	0.174	258	796	743	1,036	4,300	4,981	4,898	5,940
Sacramento	0.070	0.198	0.185	0.185	368	1,125	1,168	1,130	5,235	5,696	6,315	6,096
San Benito	*	*	*	0.171	S	S	S	14	63	57	62	82
San Bernardino	0.064	0.169	0.171	0.176	435	1,266	1,282	1,408	6,745	7,476	7,512	7,981
San Diego	0.070	0.170	0.161	0.176	406	977	909	1,008	5,759	5,762	5,649	5,738
San Francisco	0.071	0.236	0.243	0.182	98	325	313	201	1,388	1,376	1,288	1,104
San Joaquin	0.057	0.185	0.169	0.182	135	477	438	464	2,362	2,572	2,591	2,546
San Luis Obispo	0.222	0.100	0.120	0.180	91	33	39	63	409	330	325	350
San Mateo	0.055	0.147	0.129	0.172	48	117	102	145	878	798	791	843
Santa Barbara	0.342	0.207	0.295	0.311	324	142	242	263	947	687	820	846
Santa Clara	0.096	0.184	0.175	0.197	159	291	231	200	1,660	1,585	1,322	1,014
Santa Cruz	0.058	0.137	0.175	0.182	31	72	91	98	530	526	520	539
Shasta	0.025	0.156	0.136	0.155	20	114	118	137	795	731	867	884
Sierra	*	*	*	*	S	S	S	S	S	S	S	S
Siskiyou	0.094	0.099	0.114	0.136	14	14	21	32	149	141	184	235
Solano	0.045	0.143	0.164	0.178	41	139	194	204	917	972	1,186	1,145
Sonoma	0.017	0.137	0.136	0.129	13	101	124	117	771	737	912	906
Stanislaus	0.090	0.192	0.204	0.189	172	426	469	425	1,907	2,222	2,300	2,252
Sutter	0.039	0.235	0.150	0.140	11	73	50	45	280	311	334	321
Tehama	0.063	0.102	0.125	0.110	15	24	25	28	240	236	200	254
Trinity	*	*	*	*	S	S	S	S	52	S	40	40
Tulare	0.088	0.190	0.158	0.134	143	316	275	229	1,620	1,659	1,739	1,712
Tuolumne	0.070	0.118	0.127	0.126	12	19	21	22	172	161	165	175
Ventura	0.053	0.159	0.167	0.151	12	39	45	39	226	246	270	259

Yolo	0.033	0.128	0.163	0.131	14	51	80	65	422	397	490	498
Yuba	0.076	0.203	0.205	0.164	26	88	85	75	344	434	415	458
OVERALL	0.087	0.192	0.186	0.189	7,939	18,319	17,586	17,740	91,150	95,601	94,463	94,026

SCAN (Nurs hm cert) / LA (201)	-	-	-	-								
Alameda Alliance for Hlth (300)	0.074	0.171	0.184	0.160	37	71	89	61	498	414	484	382
Contra Costa Hlth Plan (301)	0.045	0.125	0.149	0.170	95	199	318	409	2,088	1,590	2,139	2,405
Kern Hlth Systems (303)	0.040	0.194	0.168	0.149	14	43	60	55	346	222	358	370
LA CARE (304)	0.070	0.204	0.221	0.219	1,193	3,960	3,369	3,006	17,088	19,378	15,247	13,704
Inland Emp Hlth Plan/Rvrsd (305)	0.046	0.140	0.146	0.169	141	525	589	865	3,085	3,757	4,042	5,129
Inland Emp Hlth Plan/S Ber (306)	0.059	0.164	0.165	0.173	272	900	1,000	1,149	4,627	5,476	6,055	6,640
San Francisco Hlth Plan (307)	0.066	0.185	0.202	0.156	28	87	94	60	425	471	465	385
Hlth Plan of San Joaquin (308)	0.054	0.166	0.168	0.175	110	373	374	387	2,053	2,241	2,221	2,216
Santa Clara Family Hlth (309)	0.107	0.197	0.188	0.200	86	156	110	44	802	792	586	220
Anthem Blue Cross Partnership Plan/Stanslaus (310)	-	-	-	-								
Anthem Blue Cross Partnership Plan/Tulare (311)	0.077	0.197	0.142	0.129	49	131	84	78	634	666	590	605
Health Plan of San Joaquin (312)	0.068	0.196	0.172	0.182	68	240	197	232	1,005	1,222	1,146	1,273
CalViva Health Fresno (315)	0.164	0.232	0.181	0.194	444	742	599	645	2,710	3,193	3,302	3,318
CalViva Health Kings (316)	0.082	0.187	0.133	0.147	15	45	26	31	183	241	195	211
CalViva Health Madera (317)	0.174	0.220	0.193	0.185	50	51	46	51	288	232	238	275
Anthem Blue Cross Partnership Plan/Alameda (340)	0.056	0.225	0.160	0.203	54	239	161	205	964	1,060	1,004	1,009
Anthem Blue Cross Partnership Plan/Fresno (341)	-	-	-	-								
Anthem Blue Cross Partnership Plan/SF (343)	0.069	0.232	0.242	0.197	51	151	142	114	741	652	587	579
Anthem Blue Cross Partnership Plan/CC (344)	0.062	0.201	0.228	0.126	20	60	80	35	325	298	351	277
Anthem Blue Cross Partnership Plan/SC (345)	0.093	0.164	0.172	0.169	55	89	104	103	593	542	605	610
Health Net /Fresno (351)	-	-	-	-								
Health Net / LA (352)	0.136	0.194	0.212	0.219	1,058	1,590	2,121	2,229	7,770	8,199	9,987	10,168
Health Net/Tulare (353)	0.087	0.179	0.166	0.133	79	169	185	138	907	945	1,113	1,039
Health Net/San Joaquin (354)	*	0.274	0.181	0.246	S	60	44	56	186	219	243	228
Molina Med Cntrs/Rvrsd (355)	0.100	0.211	0.173	0.190	44	121	103	107	439	574	596	564
Molina Med Cntrs / S Ber (356)	0.062	0.166	0.184	0.199	43	115	117	127	694	693	636	637
Anthem Blue Cross Partnership Plan/San Joaquin (358)	-	-	-	-								
Health Net/Kern (360)	0.087	0.147	0.153	0.169	68	120	142	155	786	815	926	919
Health Net/Stanslaus (361)	0.118	0.184	0.232	0.207	94	174	242	183	797	946	1,042	882
Anthem Blue Cross Partnership Plan/Fresno (362)	0.109	0.217	0.204	0.201	127	260	235	237	1,164	1,196	1,151	1,179
Anthem Blue Cross Partnership Plan/Kings (363)	*	0.129	0.114	*	S	19	16	S	137	147	140	131
Anthem Blue Cross Partnership Plan/Madera (364)	*	0.195	0.137	0.215	S	25	18	29	133	128	131	135
Health Net of California (405)	0.131	0.275	*	*	13	19	S	S	99	69	34	38
Santa Barbara Hlth Authrty, San Luis Obispo (501)	0.211	0.096	0.136	0.178	86	32	46	64	408	333	337	359
Santa Barbara Hlth Authrty (502)	0.340	0.209	0.296	0.310	326	147	244	266	959	704	825	857
Hlth Plan of San Mateo (503)	0.039	0.142	0.143	0.171	31	107	107	141	794	752	747	824
Partnership HP of CA/Solano (504)	0.048	0.146	0.163	0.180	46	145	199	212	956	992	1,219	1,179
Central California Alliance for Health/Santa Cruz (505)	-	-	-	-								
CalOPTIMA / Orange (506)	0.089	0.152	0.177	0.169	344	627	1,016	953	3,847	4,127	5,754	5,627
Partnership HP of CA/Napa (507)	*	0.153	0.116	0.142	S	23	30	30	163	150	258	212
Central California Alliance for Health/Monterey (508)	-	-	-	-								
Partnership HealthPlan of CA/Yolo (509)	0.030	0.125	0.159	0.132	13	50	80	66	430	400	502	500
Partnership HealthPlan of CA/Marin (510)	0.056	0.147	0.201	0.190	14	34	62	54	249	231	309	284
Partnership HealthPlan of CA/Lake (511)	0.029	0.129	0.091	0.131	11	41	35	54	373	317	385	411
Partnership HealthPlan of CA/Mendocino (512)	0.061	0.140	0.130	0.151	14	30	41	49	231	215	316	325
Partnership HealthPlan of CA/Sonoma (513)	0.023	0.138	0.134	0.129	18	105	123	117	788	759	915	908
Central California Alliance for Health Merced (514)	0.095	0.187	0.164	0.180	92	197	178	209	964	1,052	1,088	1,162
Gold Coast Health Plan Ventura (515)	0.059	0.164	0.174	0.151	14	41	49	41	236	250	281	272
Partnership HealthPlan of CA/Humboldt (517)	*	0.103	0.114	0.121	S	45	63	60	423	438	552	495
Partnership HealthPlan of CA/Lassen (518)	*	*	*	*	S	S	S	S	69	62	64	59
Partnership HealthPlan of CA/Modoc (519)	*	*	*	*	S	S	S	S	30	33	39	39
Partnership HealthPlan of CA/Shasta (520)	0.026	0.158	0.142	0.152	21	114	123	134	794	723	869	881
Partnership HealthPlan of CA/Siskiyou (521)	0.103	0.112	0.147	0.131	16	16	28	29	156	143	190	221
Partnership HealthPlan of CA/Trinity (522)	*	*	*	*	S	S	S	S	54	30	42	40
Partnership HealthPlan of CA/Del Norte (523)	*	*	0.131	0.149	S	S	22	23	128	108	168	154
Family Mosaic Prj / SF (601)	*	-	-	-	S				S			
San Mateo HCP CCS (703)	0.192	0.157	*	*	19	11	S	S	99	70	64	44
Rady Childrens Hosp - San Diego CCS Demo Proj (705)	-	-	-	*				S				S
LA CARE CCI (800)	-	-	-	-								
Health Net Los Angeles CCI (801)	-	-	-	-								
CalOPTIMA CCI (802)	-	-	-	-								
Care 1st Partership CCI (803)	-	-	-	-								
Community Health Group CCI (804)	-	-	-	-								
Health Net San Diego CCI (805)	-	-	-	-								
Molina Healthcare San Diego CCI (806)	-	-	-	-								
Hlth Plan of San Mateo CCI (807)	-	-	-	-								
Inland Emp Hlth Plan/Rvrsd CCI (810)	-	-	-	-								
Molina Healthcare Riverside CCI (811)	-	-	-	-								
Inland Emp Hlth Plan/San Beranrdino CCI (812)	-	*	*	*		S	S	S		S	S	S
Molina Healthcare San Bernardino CCI (813)	-	-	-	-								
Anthem Blue Cross Partnership Plan/Santa Clara CCI (814)	-	-	-	-								
Santa Clara Family Hlth CCI (815)	-	-	-	-								
Molina Healthcare CCI (816)	-	-	-	-								
Care 1st Health Plan CCI (817)	-	-	-	-								
Anthem Blue Cross (Care More) CCI (818)	-	-	-	-								
AIDS HlthCare Found/ LA (915)	*	0.256	0.183	0.271	S	23	17	26	93	90	93	96
All Plans	0.087	0.192	0.186	0.189	7,939	18,319	17,586	17,740	91,150	95,601	94,463	94,026

Table F.5.3.3 - 30-day Hospital Readmission Rates by Age Category

Age (years)	2015	2016	2017	2018
< 18	0.078	0.151	0.142	0.136
18 to 44	0.103	0.202	0.193	0.196
45 to 64	0.086	0.203	0.203	0.206
65 to 84	0.064	0.143	0.121	0.134
85 +	0.065	0.144	0.143	0.131
All Ages	0.087	0.192	0.186	0.189

Table F.5.4.1 - 30-day Hospital Mortality Rates by County

County	30 Day Mortality by Year (From Day of Admi**ion)				Inpatient Mortality Rate* by Year				30 Day Deaths by Year (From Day of Admission)				Inpatient Deaths by Year				Hospitalizations			
	2015	2016	2017	2018	2015	2016	2017	2018	2015	2016	2017	2018	2015	2016	2017	2018	2015	2016	2017	2018
OVERALL	0.035	0.038	0.038	0.038	0.017	0.018	0.017	0.017	5,536	5,929	6,147	6,050	2,724	2,871	2,762	2,753	157,487	156,935	162,601	159,784
Alameda	0.033	0.034	0.039	0.038	0.011	0.007	0.009	0.007	176	242	277	269	56	53	64	47	5,277	7,145	7,117	7,011
Alpine	*	*	*	*	*	*	*	*	S	S	S	S	S	S	S	S	S	S	S	S
Amador	*	*	*	*	*	*	*	*	S	S	S	S	S	S	S	S	99	122	107	91
Butte	0.028	0.024	0.025	0.027	0.014	0.010	0.011	0.013	69	62	63	70	36	27	27	32	2,506	2,586	2,536	2,551
Calaveras	*	*	*	*	*	*	*	*	S	S	S	S	S	S	S	S	146	139	116	136
Colusa	*	*	*	*	*	*	*	*	S	S	S	S	S	S	S	S	48	55	43	68
Contra Costa	0.037	0.036	0.038	0.031	0.020	0.021	0.021	0.018	154	115	142	125	85	66	80	72	4,210	3,206	3,775	4,047
Del Norte	*	*	*	*	*	*	*	*	S	S	S	S	S	S	S	S	197	166	210	199
El Dorado	0.044	0.042	0.022	0.027	0.026	0.027	*	*	24	20	S	13	14	13	S	S	544	481	447	473
Fresno	0.039	0.041	0.041	0.044	0.022	0.021	0.023	0.027	251	267	258	284	144	134	145	171	6,446	6,501	6,300	6,395
Glenn	*	*	*	*	*	*	*	*	S	S	S	S	S	S	S	S	166	140	123	123
Humboldt	0.046	0.054	0.050	0.053	0.024	0.042	0.028	0.033	31	35	39	37	16	27	22	23	667	647	774	693
Imperial	0.056	0.052	0.041	0.053	0.032	0.033	0.027	0.039	49	43	34	42	28	27	22	31	872	829	821	797
Inyo	*	*	*	*	*	*	*	*	S	S	S	S	S	S	S	S	60	45	37	32
Kern	0.043	0.039	0.047	0.047	0.013	0.011	0.012	0.012	179	193	259	231	54	57	65	57	4,128	5,008	5,489	4,894
Kings	0.031	0.052	0.034	0.035	*	0.036	0.023	0.021	17	29	18	18	S	20	12	11	549	562	532	518
Lake	0.051	0.040	0.034	0.047	0.032	*	*	0.020	27	18	17	26	17	S	S	11	525	448	497	554
Lassen	*	*	*	*	*	*	*	*	S	S	S	S	S	S	S	S	114	86	95	83
Los Angeles	0.029	0.034	0.035	0.034	0.016	0.018	0.015	0.014	1,389	1,625	1,700	1,577	772	842	712	657	47,131	47,943	48,225	46,335
Madera	0.037	0.061	0.047	0.042	*	0.031	0.023	0.022	28	40	30	28	S	20	15	15	751	653	641	670
Marin	*	0.035	0.039	0.053	*	*	0.033	*	S	11	15	18	S	S	13	S	318	311	389	337
Mariposa	*	*	*	*	*	*	*	*	S	S	S	S	S	S	S	S	35	28	35	38
Mendocino	0.051	0.057	0.025	0.030	*	*	*	*	19	19	11	14	S	S	S	S	373	333	438	461
Merced	0.042	0.034	0.027	0.037	0.021	0.021	0.011	0.019	65	53	43	64	32	33	18	32	1,531	1,543	1,592	1,727
Modoc	*	*	*	*	*	*	*	*	S	S	S	S	S	S	S	S	40	35	45	40
Mono	*	*	*	*	*	*	*	*	S	S	S	S	S	S	S	S	S	S	S	S
Monterey	0.043	0.040	0.039	0.036	0.020	0.021	0.022	0.019	57	51	44	42	26	27	25	22	1,320	1,264	1,133	1,173
Napa	*	*	0.036	0.033	*	*	*	*	S	S	12	11	S	S	S	S	277	214	329	337
Nevada	*	*	*	0.045	*	*	*	*	S	S	S	15	S	S	S	S	307	284	280	334
Orange	0.032	0.031	0.040	0.038	0.016	0.017	0.020	0.020	182	179	332	294	94	100	164	153	5,740	5,742	8,265	7,839
Placer	0.045	0.054	0.033	0.055	0.022	0.029	0.022	0.030	34	38	23	35	17	20	15	19	764	698	695	641
Plumas	*	*	*	*	*	*	*	*	S	S	S	S	S	S	S	S	68	73	82	70
Riverside	0.034	0.037	0.039	0.040	0.019	0.020	0.021	0.020	253	283	286	350	139	152	151	171	7,352	7,557	7,338	8,753
Sacramento	0.036	0.042	0.035	0.036	0.016	0.023	0.020	0.020	331	370	330	307	150	204	189	171	9,183	8,855	9,299	8,646
San Benito	*	*	*	0.079	*	*	*	*	S	S	S	11	S	S	S	S	128	115	114	139
San Bernardino	0.034	0.036	0.035	0.035	0.018	0.020	0.018	0.016	361	395	380	380	198	213	198	181	10,743	10,879	10,725	10,976
San Diego	0.038	0.042	0.035	0.037	0.015	0.016	0.013	0.014	459	461	407	421	178	172	155	164	11,974	10,991	11,551	11,492
San Francisco	0.037	0.042	0.037	0.036	0.008	0.012	0.010	0.013	204	218	177	156	46	61	49	57	5,515	5,189	4,846	4,322
San Joaquin	0.040	0.051	0.052	0.053	0.024	0.024	0.030	0.027	161	208	205	198	98	99	118	102	4,035	4,066	3,971	3,715
San Luis Obispo	0.033	0.020	0.031	0.044	0.016	*	0.019	0.030	25	13	19	26	12	S	12	18	750	639	619	594
San Mateo	0.035	0.041	0.033	0.040	0.018	0.020	0.021	0.020	49	50	39	49	26	24	25	24	1,413	1,229	1,192	1,218
Santa Barbara	0.041	0.036	0.028	0.031	0.024	0.023	0.017	0.025	69	47	39	47	41	30	24	37	1,699	1,316	1,413	1,506
Santa Clara	0.035	0.045	0.041	0.041	0.014	0.018	0.011	0.011	166	196	198	197	68	79	55	51	4,736	4,348	4,844	4,834
Santa Cruz	0.047	0.033	0.038	0.040	0.017	0.024	0.022	0.021	38	22	26	27	14	16	15	14	802	676	677	677
Shasta	0.048	0.042	0.043	0.049	0.025	0.025	0.027	0.039	61	46	55	63	31	28	34	50	1,264	1,102	1,278	1,285
Sierra	*	*	*	*	*	*	*	*	S	S	S	S	S	S	S	S	S	S	S	S
Siskiyou	0.053	*	*	0.039	*	*	*	*	13	S	S	12	S	S	S	S	247	235	263	304
Solano	0.050	0.039	0.044	0.046	0.024	0.023	0.024	0.028	77	57	79	79	37	33	42	48	1,533	1,449	1,782	1,715
Sonoma	0.039	0.028	0.038	0.048	0.024	0.016	0.020	0.028	48	30	48	58	29	17	25	34	1,224	1,059	1,280	1,212
Stanislaus	0.042	0.039	0.042	0.041	0.023	0.020	0.020	0.023	122	122	130	123	67	61	63	68	2,877	3,108	3,130	2,996
Sutter	0.047	0.053	0.052	0.040	0.029	0.038	0.035	0.032	23	27	27	19	14	19	18	15	490	506	518	471
Tehama	0.040	0.036	0.061	0.053	*	*	0.042	*	15	13	19	19	S	S	13	S	375	360	310	361
Trinity	*	*	*	*	*	*	*	*	S	S	S	S	S	S	S	S	80	45	62	55
Tulare	0.042	0.046	0.043	0.053	0.023	0.030	0.025	0.031	104	110	114	131	58	72	65	76	2,491	2,402	2,635	2,468
Tuolumne	*	0.052	*	*	*	*	*	*	S	12	S	S	S	S	S	S	227	232	206	194
Ventura	0.039	0.040	0.049	0.038	*	*	*	*	77	83	99	71	S	S	S	S	1,953	2,060	2,008	1,878
Yolo	0.048	0.032	0.048	0.044	0.029	0.023	0.033	0.026	28	17	33	29	17	12	23	17	585	528	688	663
Yuba	0.050	0.051	0.069	0.032	0.031	0.029	0.036	0.023	29	34	44	20	18	19	23	14	575	665	638	619

Partnership HealthPlan of CA/Humboldt (517)	0.045	0.056	0.050	0.050	0.021	0.043	0.027	0.031	30	37	38	35	14	28	21	22	665	658	766	700
Partnership HealthPlan of CA/Lassen (518)	*	*	*	*	*	*	*	*	S	S	S	S	S	S	S	S	111	85	92	86
Partnership HealthPlan of CA/Modoc (519)	*	*	*	*	*	*	*	*	S	S	S	S	S	S	S	S	49	40	51	51
Partnership HealthPlan of CA/Shasta (520)	0.047	0.041	0.042	0.054	0.024	0.023	0.028	0.043	59	44	53	70	30	25	36	55	1,258	1,078	1,266	1,288
Partnership HealthPlan of CA/Siskiyou (521)	0.045	*	*	0.041	*	*	*	*	11	S	S	12	S	S	S	S	246	231	259	290
Partnership HealthPlan of CA/Trinity (522)	*	*	*	*	*	*	*	*	S	S	S	S	S	S	S	S	85	43	69	57
Partnership HealthPlan of CA/Del Norte (523)	*	*	*	*	*	*	*	*	S	S	S	S	S	S	S	S	197	169	218	198
Family Mosaic Prj / SF (601)	*	-	-	-	*	-	-	-	S				S			S				
San Mateo HCP CCS (703)	*	*	*	*	*	*	*	*	S	S	S	S	S	S	S	S	163	127	116	58
Rady Childrens Hosp - San Diego CCS Demo Proj (705)	-	-	-	*	-	-	-	*				S				S				S
LA CARE CCI (800)	-	*	-	-	-	*	-	-		S				S				S		
Health Net Los Angeles CCI (801)	*	-	-	-	*	-	-	-	S				S					S		
CalOPTIMA CCI (802)	-	-	*	-	-	-	*	-			S				S				S	
Care 1st Partership CCI (803)	-	-	-	-	-	-	-	-												
Community Health Group CCI (804)	-	-	-	-	-	-	-	-												
Health Net San Diego CCI (805)	-	-	-	-	-	-	-	-												
Molina Healthcare San Diego CCI (806)	-	-	-	-	-	-	-	-												
Hlth Plan of San Mateo CCI (807)	*	-	-	-	*	-	-	-	S				S					S		
Inland Emp Hlth Plan/Rvrsd CCI (810)	-	-	-	*	-	-	-	*				S				S				S
Molina Healthcare Riverside CCI (811)	*	-	-	-	*	-	-	-	S				S					S		
Inland Emp Hlth Plan/San Beranrdino CCI (812)	*	*	*	-	*	*	*	-	S	S	S		S	S	S		S	S	S	
Molina Healthcare San Bernardino CCI (813)	-	-	-	-	-	-	-	-												
Anthem Blue Cross Partnership Plan/Santa Clara CCI (814)	-	-	-	-	-	-	-	-												
Santa Clara Family Hlth CCI (815)	-	-	-	-	-	-	-	-												
Molina Healthcare CCI (816)	-	-	-	-	-	-	-	-												
Care 1st Health Plan CCI (817)	-	-	-	-	-	-	-	-												
Anthem Blue Cross (Care More) CCI (818)	-	-	-	-	-	-	-	-												
AIDS HlthCare Found/ LA (915)	*	*	*	*	*	*	*	*	S	S	S	S	S	S	S	S	119	96	106	109
All Plans	0.035	0.038	0.038	0.038	0.017	0.018	0.017	0.017	5,536	5,929	6,147	6,050	2,724	2,871	2,762	2,753	157,487	156,935	162,601	159,784

Table F.5.4.3 - 30-day Hospital Mortality Rates by Age Category

Age Category (years)	30 Day Mortality by Year (From Day of Admission)				Inpatient Mortality Rates by Year			
	2015	2016	2017	2018	2015	2016	2017	2018
< 18	0.008	0.010	0.009	0.008	0.007	0.008	0.008	0.008
18 to 44	0.019	0.021	0.022	0.022	0.012	0.011	0.012	0.011
45 to 64	0.044	0.044	0.042	0.043	0.021	0.021	0.018	0.019
65 to 84	0.044	0.052	0.056	0.054	0.021	0.024	0.024	0.024
85 +	0.081	0.103	0.111	0.102	0.030	0.032	0.038	0.037
All Ages	0.035	0.038	0.038	0.038	0.017	0.018	0.017	0.017

Table F.5.5.1 - Ambulatory Care Visits by Year

Enrollment Type	Number of Office Visits / 1000-patient-years)									
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Managed Care	2.1	2.4	3.7	4.3	4.6	4.9	4.8	4.8	5.1	5.1
COHS	5.3	5.3	5.5	5.5	5.4	2.2	0.0	0.0	0.0	0.0
Managed Care + COHS	2.7	3.0	4.0	4.5	4.7	4.7	4.6	4.7	5.0	5.1
FFS Medi-Cal	5.6	5.0	4.3	3.1	3.7	4.0	4.0	3.7	3.9	4.2
Overall	4.1	4.0	4.1	4.2	4.5	4.6	4.6	4.6	4.9	5.0

Enrollment Type	Total number of physician office visits by Year									
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Managed Care	640,299	701,983	1,330,105	2,144,022	2,416,010	3,016,036	3,085,713	3,151,132	3,336,863	3,306,736
COHS	361,514	402,346	461,704	486,958	529,538	102,299	0	0	0	0
Managed Care + COHS	1,001,813	1,104,329	1,791,809	2,630,980	2,945,548	3,118,335	3,085,713	3,151,132	3,336,863	3,306,736
FFS Medi-Cal	1,946,348	1,836,542	1,254,049	514,152	492,486	440,936	398,671	299,444	265,562	250,350
Overall	2,948,161	2,940,871	3,045,858	3,145,132	3,438,034	3,559,271	3,484,384	3,450,576	3,602,425	3,557,086

Table F.5.5.1 - Ambulatory Care Visits by Year

Enrollment Type	Number of Patient Months									
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Managed Care	3,587,216	3,441,905	4,370,411	5,982,332	6,344,596	7,326,312	7,767,311	7,878,623	7,858,286	7,755,771
COHS	823,746	912,619	1,013,053	1,059,741	1,178,627	563,253	228,832	152,209	105,187	81,339
Managed Care + COHS	4,410,962	4,354,524	5,383,464	7,042,073	7,523,223	7,889,565	7,996,143	8,030,832	7,963,473	7,837,110
FFS Medi-Cal	4,142,258	4,374,335	3,514,504	2,006,859	1,599,517	1,328,290	1,186,643	979,029	811,578	722,922
Overall	8,553,220	8,728,859	8,897,968	9,048,932	9,122,740	9,217,855	9,182,786	9,009,861	8,775,051	8,560,032

Enrollment Type	Total Reported Amounts by Year (\$100,000)									
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Managed Care	178	237	557	809	975	1,355	1,055	1,134	1,292	1,682
COHS	232	448	227	263	313	59	0	0	0	0
Managed Care + COHS	410	685	784	1,071	1,288	1,414	1,055	1,134	1,292	1,682
FFS Medi-Cal	1,163	1,157	819	376	595	472	240	184	182	252
Overall	1,573	1,842	1,603	1,448	1,883	1,886	1,295	1,317	1,475	1,934

Table F.5.5.2 Total Number of Non-ED HEDIS-defined Ambulatory Care Visits, Subsetted by NUCC Specialty Categories

NUCC Grouping for NPI	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
MANAGED CARE PLANS (n)										
{no NUCC Grouping}	690,170	708,628	839,560	1,177,085	1,162,251	557,579	4,864	1,227	2,798	1,530
Adult Core Specialist	38,502	56,755	99,656	184,407	235,742	366,330	461,508	475,929	491,606	524,532
Adult Primary Care	53,401	64,635	121,484	269,515	364,459	470,478	481,835	498,821	553,327	482,475
Ancillary Provider	150	179	381	846	1,682	2,298	1,661	5,033	2,119	2,399
Facilities	8,512	5,061	15,035	27,820	39,774	77,850	99,544	92,118	88,286	109,662
Mental Health Outpatient Services	398	785	758	1,217	3,018	14,528	29,001	26,163	24,704	20,584
Non-Physician Medical Practitioner	2,674	11,456	4,547	5,568	17,563	15,448	6,105	4,660	5,524	7,119
OB/GYN Primary and Specialty Care	1,605	2,949	5,822	11,510	20,604	36,296	36,023	33,178	29,989	30,456
Other	165,406	208,147	328,373	700,591	837,868	1,209,435	1,590,347	1,612,284	1,747,988	1,722,342
Other Specialist	22,048	31,883	59,546	126,965	169,002	247,279	259,969	269,045	290,220	301,937
Pediatric Core Specialist	1,607	2,769	4,993	6,415	8,481	14,922	16,412	14,621	13,749	14,150
Pediatric Primary Care	10,946	17,641	28,415	45,119	60,072	86,132	93,514	85,621	81,055	86,780
FEE-FOR-SERVICE (n)										
{no NUCC Grouping}	2,587	695	273	375	392	199	44	12	1	0
Adult Core Specialist	454,688	437,783	370,970	151,447	136,596	111,042	92,795	76,201	60,654	56,249
Adult Primary Care	542,886	497,820	386,743	105,226	85,410	72,239	63,435	47,012	32,738	30,826
Ancillary Provider	1,948	1,951	1,688	583	436	351	276	216	141	94
Facilities	8,028	9,738	10,940	5,777	4,876	4,906	4,098	3,460	2,893	2,534
Mental Health Outpatient Services	9,522	7,750	4,909	1,976	1,809	1,209	910	728	675	663
Non-Physician Medical Practitioner	5,769	6,429	4,570	1,385	966	909	992	587	676	592
OB/GYN Primary and Specialty Care	27,638	25,227	21,599	5,308	3,701	2,970	2,620	1,854	1,059	866
Other	447,213	402,438	365,820	142,903	121,218	102,766	84,178	66,580	50,548	47,914
Other Specialist	331,782	315,296	246,156	76,265	65,159	61,692	53,971	41,040	29,584	25,515
Pediatric Core Specialist	38,311	38,411	41,640	38,648	40,019	44,842	44,485	41,020	36,511	34,767
Pediatric Primary Care	82,370	86,441	81,958	58,180	56,170	57,470	55,773	53,149	55,550	53,085

Table F.5.5.2 Total Number of Non-ED HEDIS-defined Ambulatory Care Visits, Subsetted by NUCC Specialty Categories

NUCC Grouping for NPI	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
TOTAL (n)	2,948,161	2,940,867	3,045,836	3,145,131	3,437,268	3,559,170	3,484,360	3,450,559	3,602,395	3,557,071
{no NUCC Grouping}	692,757	709,323	839,833	1,177,460	1,162,643	557,778	4,908	1,239	2,799	1,530
Adult Core Specialist	493,190	494,538	470,626	335,854	372,338	477,372	554,303	552,130	552,260	580,781
Adult Primary Care	596,287	562,455	508,227	374,741	449,869	542,717	545,270	545,833	586,065	513,301
Ancillary Provider	2,098	2,130	2,069	1,429	2,118	2,649	1,937	5,249	2,260	2,493
Facilities	16,540	14,799	25,975	33,597	44,650	82,756	103,642	95,578	91,179	112,196
Mental Health Outpatient Services	9,920	8,535	5,667	3,193	4,827	15,737	29,911	26,891	25,379	21,247
Non-Physician Medical Practitioner	8,443	17,885	9,117	6,953	18,529	16,357	7,097	5,247	6,200	7,711
OB/GYN Primary and Specialty Care	29,243	28,176	27,421	16,818	24,305	39,266	38,643	35,032	31,048	31,322
Other	612,619	610,585	694,193	843,494	959,086	1,312,201	1,674,525	1,678,864	1,798,536	1,770,256
Other Specialist	353,830	347,179	305,702	203,230	234,161	308,971	313,940	310,085	319,804	327,452
Pediatric Core Specialist	39,918	41,180	46,633	45,063	48,500	59,764	60,897	55,641	50,260	48,917
Pediatric Primary Care	93,316	104,082	110,373	103,299	116,242	143,602	149,287	138,770	136,605	139,865
TOTAL VISITS (%)										
{no NUCC Grouping}	23.5%	24.1%	27.6%	37.4%	33.8%	15.7%	0.1%	0.0%	0.1%	0.0%
Adult Core Specialist	16.7%	16.8%	15.5%	10.7%	10.8%	13.4%	15.9%	16.0%	15.3%	16.3%
Adult Primary Care	20.2%	19.1%	16.7%	11.9%	13.1%	15.2%	15.6%	15.8%	16.3%	14.4%
Ancillary Provider	0.1%	0.1%	0.1%	0.0%	0.1%	0.1%	0.1%	0.2%	0.1%	0.1%
Facilities	0.6%	0.5%	0.9%	1.1%	1.3%	2.3%	3.0%	2.8%	2.5%	3.2%
Mental Health Outpatient Services	0.3%	0.3%	0.2%	0.1%	0.1%	0.4%	0.9%	0.8%	0.7%	0.6%
Non-Physician Medical Practitioner	0.3%	0.6%	0.3%	0.2%	0.5%	0.5%	0.2%	0.2%	0.2%	0.2%
OB/GYN Primary and Specialty Care	1.0%	1.0%	0.9%	0.5%	0.7%	1.1%	1.1%	1.0%	0.9%	0.9%
Other	20.8%	20.8%	22.8%	26.8%	27.9%	36.9%	48.1%	48.7%	49.9%	49.8%
Other Specialist	12.0%	11.8%	10.0%	6.5%	6.8%	8.7%	9.0%	9.0%	8.9%	9.2%
Pediatric Core Specialist	1.4%	1.4%	1.5%	1.4%	1.4%	1.7%	1.7%	1.6%	1.4%	1.4%
Pediatric Primary Care	3.2%	3.5%	3.6%	3.3%	3.4%	4.0%	4.3%	4.0%	3.8%	3.9%

Table F.5.5.3 - ED Visits Per Enrollee Per Year

CA Program Name	Mean ED Visit Rate									
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
COHS*	1.25	1.19	1.27	1.24	1.28	0.68	0.00	0.00	0.00	0.00
Managed Care	0.31	0.35	0.68	1.09	1.09	1.13	1.10	1.12	1.12	1.06
Managed Care + COHS	0.42	0.47	0.76	1.11	1.11	1.08	1.02	1.06	1.07	1.02
FFS Medi-Cal	1.50	1.32	1.03	0.61	0.61	0.58	0.57	0.47	0.42	0.42
Overall	0.80	0.80	0.86	0.97	0.99	0.98	0.94	0.96	0.98	0.94

Table F.5.5.3 - ED Visits Per Enrollee Per Year

CA Program Name	Number of ED Visit Rate									
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
COHS*	68,601	73,601	85,762	88,845	98,250	45,496	0	0	0	0
Managed Care	124,687	132,015	269,711	516,927	549,114	613,291	641,008	666,107	669,108	628,972
Managed Care + COHS	193,288	205,616	355,473	605,772	647,364	658,787	641,008	666,107	669,108	628,972
FFS Medi-Cal	374,998	377,124	282,009	126,791	108,902	91,370	79,157	57,804	44,910	41,159
Overall	568,286	582,740	637,482	732,563	756,266	750,157	720,165	723,911	714,018	670,131

CA Program Name	Eligible Patient Months									
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
COHS*	656,854	739,946	813,068	859,220	920,190	801,198	508,505	379,117	293,562	241,478
Managed Care	4,901,602	4,564,254	4,791,352	5,692,228	6,068,883	6,541,704	7,007,233	7,164,051	7,195,529	7,142,297
Managed Care + COHS	5,558,456	5,304,200	5,604,420	6,551,448	6,989,073	7,342,902	7,515,738	7,543,168	7,489,091	7,383,775
FFS Medi-Cal	2,994,764	3,424,659	3,293,548	2,497,484	2,133,667	1,874,953	1,667,048	1,466,693	1,285,960	1,176,257
Overall	8,553,220	8,728,859	8,897,968	9,048,932	9,122,740	9,217,855	9,182,786	9,009,861	8,775,051	8,560,032

* After 2014, COHS data were reported with all managed care data.

Table F.6.1 - Summary and Average Costs of Care by Year - Managed Care and Fee For Service Enrollees

	Estimated Costs Per Patient Per Month (\$)									
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
FEE-FOR-SERVICE ENROLLEES										
Inpatient	676	745	833	1,610	1,307	940	592	677	879	1,212
Outpatient	182	192	209	281	295	312	264	270	307	397
Drug	371	368	423	487	465	542	440	422	527	675
Mental Health Inpatient	10	10	9	9	7	7	8	8	7	5
Mental Health Outpatient	76	70	70	66	69	69	61	63	69	61
Total	1,315	1,385	1,544	2,455	2,144	1,869	1,364	1,440	1,789	2,349
MANAGED CARE ENROLLEES										
Estimated Capitated Costs										
Lower Mean Rate	-	-	-	-	-	718	685	692	727	746
Middle Mean Rate	-	-	-	-	-	737	705	712	748	767
Upper Mean Rate	-	-	-	-	-	757	725	733	770	789
Fee-For-Service Costs										
Inpatient	105	102	106	89	65	32	25	27	29	32
Outpatient	68	74	85	72	71	73	64	65	68	81
Drug	90	94	138	164	158	175	163	146	142	190
Mental Health Inpatient	7	6	7	7	7	7	7	6	6	6
Mental Health Outpatient	85	77	78	86	91	89	88	93	100	95
Total Fee-For-Service	355	354	414	418	392	376	346	337	345	405
Estimated Total MC Costs										
Lower Mean Rate	-	-	-	-	-	1,094	1,032	1,029	1,072	1,150
Middle Mean Rate	-	-	-	-	-	1,113	1,051	1,049	1,093	1,172
Upper Mean Rate	-	-	-	-	-	1,133	1,071	1,071	1,115	1,194
ALL ENROLLEES										
Lower Mean Rate	-	-	-	-	-	1,169	1,101	1,097	1,140	1,231
Middle Mean Rate	-	-	-	-	-	1,188	1,120	1,117	1,162	1,253
Upper Mean Rate	-	-	-	-	-	1,208	1,141	1,138	1,184	1,275

Table F.6.1 - Summary and Average Costs of Care by Year - Managed Care and Fee For Service Enrollees

	Estimated Total Costs by Year (\$100,000)									
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
FEE-FOR-SERVICE ENROLLEES										
Inpatient	40,262	43,828	39,302	29,719	20,038	11,330	6,492	5,892	5,208	6,764
Outpatient	10,829	11,304	9,870	5,194	4,530	3,759	2,894	2,351	1,820	2,213
Drug	22,056	21,636	19,930	8,995	7,129	6,529	4,828	3,676	3,123	3,769
Mental Health Inpatient	617	570	441	174	113	87	88	70	42	27
Mental Health Outpatient	4,508	4,132	3,291	1,219	1,062	828	667	545	407	339
Total	78,272	81,469	72,835	45,301	32,871	22,533	14,968	12,534	10,600	13,112
MANAGED CARE ENROLLEES										
Estimated Capitated Costs										
Lower Mean Rate	-	-	-	-	-	47,916	46,174	46,929	49,558	49,715
Middle Mean Rate	-	-	-	-	-	49,213	47,475	48,302	51,015	51,144
Upper Mean Rate	-	-	-	-	-	50,555	48,846	49,746	52,524	52,620
Fee-For-Service Costs										
Inpatient	2,722	2,895	4,450	6,433	4,957	2,544	1,988	2,219	2,375	2,584
Outpatient	1,780	2,111	3,554	5,203	5,414	5,855	5,153	5,306	5,537	6,498
Drug	2,332	2,690	5,772	11,782	11,985	14,036	13,163	11,880	11,597	15,209
Mental Health Inpatient	193	175	284	525	502	584	568	493	492	460
Mental Health Outpatient	2,201	2,199	3,253	6,178	6,893	7,112	7,137	7,562	8,207	7,641
Total - FFS	9,228	10,069	17,314	30,121	29,753	30,130	28,009	27,460	28,209	32,391
Estimated Total MC Costs										
Lower Mean Rate	-	-	-	-	-	78,046	74,183	74,388	77,767	82,105
Middle Mean Rate	-	-	-	-	-	79,344	75,485	75,761	79,224	83,534
Upper Mean Rate	-	-	-	-	-	80,685	76,855	77,206	80,733	85,010
ALL ENROLLEES										
Lower Mean Rate	-	-	-	-	-	100,580	89,152	86,922	88,367	95,218
Middle Mean Rate	-	-	-	-	-	101,877	90,453	88,296	89,823	96,647
Upper Mean Rate	-	-	-	-	-	103,218	91,824	89,740	91,333	98,123

Table F.6.1 - Summary and Average Costs of Care by Year - Managed Care and Fee For Service Enrollees

	Denominator Member Months (10,000) for Calculations									
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
FEE-FOR-SERVICE ENROLLEES										
Inpatient	595	588	472	185	153	121	110	87	59	56
Outpatient	595	588	472	185	153	121	110	87	59	56
Drug	595	588	472	185	153	121	110	87	59	56
Mental Health Inpatient	595	588	472	185	153	121	110	87	59	56
Mental Health Outpatient	595	588	472	185	153	121	110	87	59	56
Total	595	588	472	185	153	121	110	87	59	56
MANAGED CARE ENROLLEES										
Est. Capitated Costs										
Lower Mean Rate	-	-	-	-	-	801	809	814	818	800
Middle Mean Rate	-	-	-	-	-	801	809	814	818	800
Upper Mean Rate	-	-	-	-	-	801	809	814	818	800
Fee-For-Service Costs										
Inpatient	260	285	418	720	759	801	809	814	818	800
Outpatient	260	285	418	720	759	801	809	814	818	800
Drug	260	285	418	720	759	801	809	814	818	800
Mental Health Inpatient	260	285	418	720	759	801	809	814	818	800
Mental Health Outpatient	260	285	418	720	759	801	809	814	818	800
Total - FFS	260	285	418	720	759	801	809	814	818	800
Estimated Total MC Costs										
Lower Mean Rate	-	-	-	-	-	801	809	814	818	800
Middle Mean Rate	-	-	-	-	-	801	809	814	818	800
Upper Mean Rate	-	-	-	-	-	801	809	814	818	800
ALL ENROLLEES										
Lower Mean Rate	-	-	-	-	-	922	918	901	878	856
Middle Mean Rate	-	-	-	-	-	922	918	901	878	856
Upper Mean Rate	-	-	-	-	-	922	918	901	878	856

Average capitation Rates for 2014 and 2018 are for 2nd half and 1st half of the calendar years, respectively

Appendix A

Links to Section 1115 Waiver Reports

ANNUAL REPORTS:

1. Section 1115 Waiver Annual Report, Demonstration Year 11 (01/01/2016 – 06/30/2016) and 1115 Waiver Renewal Extension Period of 11/01/2015 – 12/31/2015
<https://www.dhcs.ca.gov/services/Documents/1115WaiverDY11AnnualReport.pdf>
2. Section 1115 Waiver Annual Report, Demonstration Year 12 (July 1, 2016 – June 30, 2017)
<https://www.dhcs.ca.gov/provgovpart/Documents/Medi-Cal2020DY12AnnualReport.pdf>
3. Section 1115 Waiver Annual Report, Demonstration Year 13 (July 1, 2017 – June 30, 2018)
<https://www.dhcs.ca.gov/provgovpart/Documents/Medi-Cal2020DY13AnnualReport.pdf>

QUARTERLY REPORTS

1. Demonstration Year 11 Quarter 1 (1/1/2016 - 3/31/2016)
<https://www.dhcs.ca.gov/services/Documents/1115WaiverDY11Q1ProgressReport.pdf>
2. Demonstration Year 11 Quarter 2 (4/1/2016 - 6/30/2016)
<https://www.dhcs.ca.gov/services/Documents/1115WaiverDY11Q2ProgressReport.pdf>
3. Demonstration Year 12 Quarter 1 (7/1/2016 - 9/30/2016)
<https://www.dhcs.ca.gov/services/Documents/1115WaiverDY12Q1ProgressReport.pdf>
4. Demonstration Year 12 Quarter 2 (10/1/2016 - 12/31/2016)
<https://www.dhcs.ca.gov/services/Documents/Medi-Cal2020DY12Q2Report.pdf>
5. Demonstration Year 12 Quarter 3 (1/1/2017 - 3/31/2017)
<https://www.dhcs.ca.gov/provgovpart/Documents/Medi-Cal2020DY12Q3ProgressReport.pdf>
6. Demonstration Year 12 Quarter 4 (4/1/2017 - 6/30/2017)
<https://www.dhcs.ca.gov/provgovpart/Documents/Medi-Cal2020DY12-Q4ProgressReport.pdf>
7. Demonstration Year 13 Quarter 1 (7/1/2017 - 9/30/2017)
<https://www.dhcs.ca.gov/provgovpart/Documents/Medi-Cal2020DY13-Q1ProgressReport.pdf>
8. Demonstration Year 13 Quarter 2 (10/1/2017 - 12/31/2017)
<https://www.dhcs.ca.gov/provgovpart/Documents/Medi-Cal2020DY13-Q2ProgressReport.pdf>
9. Demonstration Year 13 Quarter 3 (1/1/2018 - 3/31/2018)
<https://www.dhcs.ca.gov/provgovpart/Documents/Medi-Cal2020DY13-Q3ProgressReport.pdf>
10. Demonstration Year 14 Quarter 1 (7/1/2018 - 9/30/2018)
<https://www.dhcs.ca.gov/provgovpart/Documents/Medi-Cal2020DY14-Q1ProgressReport.pdf>

11. Demonstration Year 14 Quarter 2 (10/1/2018 - 12/31/2018)
<https://www.dhcs.ca.gov/provgovpart/Documents/Medi-Cal2020DY14-Q2ProgressReport.pdf>
12. Demonstration Year 14 Quarter 3 (1/1/2019 - 3/31/2019)
<https://www.dhcs.ca.gov/provgovpart/Documents/Medi-Cal-DY14-Q3-Progress-Report-7.1.19.pdf>

Appendix B: COHS Counties

County	Plan Name	Plan Code	Plan Code	Plan Code	Range	14/15 Capitation Rate (July-December 2014)	14/15 Capitation Rate (January-June 2015)	15/16 Capitation Rate	16/17 Capitation Rate	17/18 Capitation Rate
Orange	Cal Optima	506	802	59	Lower	\$977.26	\$947.84	\$699.27	\$747.70	\$755.63
					Mid	\$1,000.24	\$970.82	\$715.96	\$768.70	\$776.89
					Upper	\$1,023.22	\$993.80	\$734.61	\$790.49	\$798.14
Marin	Partnership Health Plan	510			Lower	\$1,018.01	\$994.66	\$1,013.64	\$1,111.35	\$1,125.64
					Mid	\$1,041.02	\$1,017.67	\$1,036.32	\$1,140.88	\$1,156.34
					Upper	\$1,064.03	\$1,040.68	\$1,061.55	\$1,171.47	\$1,187.04
Mendocino	Partnership Health Plan	512			Lower	\$839.83	\$825.40	\$887.00	\$986.61	\$924.35
					Mid	\$860.02	\$845.59	\$908.08	\$1,013.81	\$950.39
					Upper	\$880.21	\$865.78	\$931.92	\$1,041.99	\$976.44
Merced	Central Coast Alliance	514			Lower	\$760.23	\$741.81	\$753.81	\$798.17	\$839.86
					Mid	\$778.53	\$760.11	\$771.27	\$820.23	\$863.44
					Upper	\$796.84	\$778.42	\$791.74	\$843.11	\$887.02
Monterey	Central Coast Alliance	508			Lower	\$1,001.59	\$976.52	\$947.55	\$943.37	\$990.20
					Mid	\$1,019.11	\$994.04	\$969.66	\$969.28	\$1,018.07
					Upper	\$1,036.63	\$1,011.56	\$995.35	\$996.15	\$1,045.95
Napa	Partnership Health Plan	507			Lower	\$820.92	\$797.35	\$910.07	\$918.33	\$913.44
					Mid	\$840.01	\$816.44	\$931.22	\$943.30	\$938.75
					Upper	\$859.10	\$835.53	\$954.89	\$969.17	\$964.07
San Luis Obispo	CenCal Health				Lower	\$875.83	\$853.08	\$823.05	\$891.70	\$833.44
					Mid	\$896.18	\$873.43	\$841.66	\$915.62	\$855.97
					Upper	\$916.54	\$893.79	\$862.80	\$940.40	\$878.51
San Mateo	Health Plan of San Mateo	503	807		Lower	\$942.79	\$914.62	\$839.43	\$880.70	\$819.17
					Mid	\$966.15	\$936.98	\$857.62	\$905.66	\$842.90
					Upper	\$989.51	\$961.34	\$879.37	\$931.52	\$866.63
Santa Barbara	CenCal Health				Lower	\$982.05	\$958.86	\$1,031.83	\$1,086.06	\$979.15
					Mid	\$1,004.93	\$981.74	\$1,055.33	\$1,114.99	\$1,005.82
					Upper	\$1,027.81	\$1,004.62	\$1,081.88	\$1,144.98	\$1,032.49
Santa Cruz	Central Coast Alliance	505			Lower	\$1,000.47	\$977.44	\$892.45	\$995.38	\$1,094.14
					Mid	\$1,023.95	\$1,000.92	\$912.50	\$1,022.31	\$1,124.28
					Upper	\$1,047.44	\$1,024.41	\$935.68	\$1,050.25	\$1,154.42
Solano	Partnership Health Plan	504			Lower	\$904.08	\$882.96	\$841.39	\$946.03	\$1,018.78
					Mid	\$925.26	\$904.14	\$860.78	\$971.60	\$1,046.88
					Upper	\$946.44	\$935.32	\$882.54	\$998.10	\$1,074.98
Sonoma	Partnership Health Plan	513			Lower	\$963.71	\$950.77	\$992.07	\$1,050.07	\$1,090.41
					Mid	\$986.59	\$973.65	\$1,015.45	\$1,078.74	\$1,120.67
					Upper	\$1,009.47	\$996.53	\$1,041.68	\$1,108.45	\$1,150.94
Yolo	Partnership Health Plan	509			Lower	\$1,077.95	\$1,060.02	\$991.61	\$1,071.46	\$1,051.85
					Mid	\$1,102.76	\$1,084.83	\$1,013.63	\$1,099.69	\$1,080.25
					Upper	\$1,127.57	\$1,109.64	\$1,038.37	\$1,128.94	\$1,108.66
Ventura	Gold Coast	515			Lower	\$920.60	\$898.20	\$811.63	\$859.44	\$939.52
					Mid	\$941.04	\$918.64	\$829.10	\$882.23	\$964.58
					Upper	\$961.48	\$939.08	\$850.25	\$905.87	\$989.64

County	Plan Name	Plan Code		Range	14/15 Capitation Rate (July-December 2014)	14/15 Capitation Rate (January-June 2015)	15/16 Capitation Rate	16/17 Capitation Rate	17/18 Capitation Rate
Sacramento	Anthem Blue Cross	190		Lower	\$758.18	\$731.99	\$707.86	\$718.74	\$765.04
				Mid	\$779.70	\$753.51	\$728.44	\$739.67	\$787.32
				Upper	\$802.12	\$775.93	\$749.86	\$761.46	\$810.51
	Health Net of California	150		Lower	\$742.57	\$717.23	\$679.97	\$696.55	\$700.81
				Mid	\$763.69	\$738.35	\$699.69	\$716.79	\$721.19
				Upper	\$785.69	\$760.35	\$720.22	\$737.87	\$742.40
	Kaiser Foundation	84	170	Lower	\$706.28	\$681.20	\$636.48	\$684.51	\$686.10
				Mid	\$726.48	\$701.40	\$655.17	\$704.68	\$706.10
				Upper	\$747.52	\$722.44	\$674.65	\$725.70	\$726.93
	Molina Healthcare	130	844	Lower	\$697.61	\$670.21	\$669.31	\$723.59	\$779.91
				Mid	\$717.45	\$690.05	\$688.81	\$744.79	\$802.68
				Upper	\$738.13	\$710.73	\$709.11	\$766.87	\$826.40
	Aetna Better Health (1/1/2018 - 6/30/2018)	15		Lower					\$739.21
				Mid					\$761.63
				Upper					\$784.98
UnitedHealthcare (10/1/2017 - 6/30/2018)	17		Lower					\$735.47	
			Mid					\$757.34	
			Upper					\$780.10	
San Diego	Care 1st Health Plan	167		Lower	\$762.86	\$732.84	\$750.20	\$729.86	\$801.87
				Mid	\$784.74	\$754.72	\$772.13	\$751.20	\$824.96
				Upper	\$807.54	\$777.52	\$794.96	\$773.43	\$848.98
	Community Health Group	29		Lower	\$761.58	\$731.86	\$776.46	\$809.47	\$852.32
				Mid	\$783.22	\$753.50	\$799.00	\$832.99	\$876.67
				Upper	\$805.77	\$776.05	\$822.46	\$857.48	\$902.02
	Health Net of California	68	805	Lower	\$829.32	\$800.51	\$772.15	\$753.82	\$672.30
				Mid	\$853.05	\$824.24	\$794.60	\$775.72	\$691.63
				Upper	\$877.78	\$848.97	\$817.97	\$798.51	\$711.76
	Kaiser Foundation	79		Lower	\$627.07	\$598.28	\$644.67	\$631.58	\$654.75
				Mid	\$644.67	\$615.88	\$614.64	\$649.94	\$673.54
				Upper	\$663.01	\$634.22	\$632.67	\$669.05	\$693.10
	Molina Healthcare	131	806	Lower	\$734.12	\$704.86	\$766.39	\$779.31	\$853.94
				Mid	\$755.05	\$725.79	\$788.69	\$801.98	\$878.34
				Upper	\$776.85	\$747.59	\$811.90	\$825.57	\$903.73
Aetna Better Health (1/1/2018 - 6/30/2018)	16		Lower					\$829.11	
			Mid					\$853.80	
			Upper					\$879.52	
UnitedHealthcare (10/1/2017 - 6/30/2018)	35		Lower					\$824.99	
			Mid					\$849.08	
			Upper					\$874.16	

Appendix B: Regional Model (Rural Counties)

County	Plan Name	Plan Code	Range	14/15 Capitation Rate (July-November 2014)	14/15 Capitation Rate (December 2014)	14/15 Capitation Rate (January-June 2015)	15/16 Capitation Rate	16/17 Capitation Rate	17/18 Capitation Rate
Alpine	Anthem Blue Cross of CA	100	Lower	\$891.11	\$891.70	\$871.96	\$887.43	\$846.22	\$894.46
			Mid	\$914.59	\$915.20	\$894.23	\$921.03	\$894.97	\$920.43
			Upper	\$939.08	\$939.70	\$917.45	\$956.27	\$945.85	\$947.46
	California Health & Wellness	118	Lower	\$891.11	\$891.70	\$824.53	\$887.43	\$861.94	\$910.56
			Mid	\$914.59	\$915.20	\$845.60	\$921.03	\$911.40	\$937.06
			Upper	\$939.08	\$939.70	\$867.57	\$956.27	\$963.03	\$964.65
Amador	Anthem Blue Cross of CA	101	Lower	\$891.11	\$891.70	\$871.96	\$887.43	\$846.22	\$894.46
			Mid	\$914.59	\$915.20	\$894.23	\$921.03	\$894.97	\$920.43
			Upper	\$939.08	\$939.70	\$917.45	\$956.27	\$945.85	\$947.46
	California Health & Wellness	119	Lower	\$891.11	\$891.70	\$824.53	\$887.43	\$861.94	\$910.56
			Mid	\$914.59	\$915.20	\$845.60	\$921.03	\$911.40	\$937.06
			Upper	\$939.08	\$939.70	\$867.57	\$956.27	\$963.03	\$964.65
	Kaiser	177	Lower	\$821.60	\$822.63	\$800.70	\$797.35	\$787.47	\$806.33
			Mid	\$843.37	\$844.43	\$821.15	\$827.46	\$836.50	\$829.27
			Upper	\$866.09	\$867.17	\$842.47	\$859.04	\$887.66	\$853.12
Butte	Anthem Blue Cross of CA	102	Lower	\$891.11	\$891.70	\$871.96	\$887.43	\$846.22	\$894.46
			Mid	\$914.59	\$915.20	\$894.23	\$921.03	\$894.97	\$920.43
			Upper	\$939.08	\$939.70	\$917.45	\$956.27	\$945.85	\$947.46
	California Health & Wellness	120	Lower	\$891.11	\$891.70	\$824.53	\$887.43	\$861.94	\$910.56
			Mid	\$914.59	\$915.20	\$845.60	\$921.03	\$911.40	\$937.06
			Upper	\$939.08	\$939.70	\$867.57	\$956.27	\$963.03	\$964.65
Calaveras	Anthem Blue Cross of CA	103	Lower	\$891.11	\$891.70	\$871.96	\$887.43	\$846.22	\$894.46
			Mid	\$914.59	\$915.20	\$894.23	\$921.03	\$894.97	\$920.43
			Upper	\$939.08	\$939.70	\$917.45	\$956.27	\$945.85	\$947.46
	California Health & Wellness	121	Lower	\$891.11	\$891.70	\$824.53	\$887.43	\$861.94	\$910.56
			Mid	\$914.59	\$915.20	\$845.60	\$921.03	\$911.40	\$937.06
			Upper	\$939.08	\$939.70	\$867.57	\$956.27	\$963.03	\$964.65
Colusa	Anthem Blue Cross of CA	104	Lower	\$891.11	\$891.70	\$871.96	\$887.43	\$846.22	\$894.46
			Mid	\$914.59	\$915.20	\$894.23	\$921.03	\$894.97	\$920.43
			Upper	\$939.08	\$939.70	\$917.45	\$956.27	\$945.85	\$947.46
	California Health & Wellness	122	Lower	\$891.11	\$891.70	\$824.53	\$887.43	\$861.94	\$910.56
			Mid	\$914.59	\$915.20	\$845.60	\$921.03	\$911.40	\$937.06
			Upper	\$939.08	\$939.70	\$867.57	\$956.27	\$963.03	\$964.65
El Dorado	Anthem Blue Cross of CA	105	Lower	\$891.11	\$891.70	\$871.96	\$887.43	\$846.22	\$894.46
			Mid	\$914.59	\$915.20	\$894.23	\$921.03	\$894.97	\$920.43
			Upper	\$939.08	\$939.70	\$917.45	\$956.27	\$945.85	\$947.46
	California Health & Wellness	123	Lower	\$891.11	\$891.70	\$824.53	\$887.43	\$861.94	\$910.56
			Mid	\$914.59	\$915.20	\$845.60	\$921.03	\$911.40	\$937.06
			Upper	\$939.08	\$939.70	\$867.57	\$956.27	\$963.03	\$964.65
	Kaiser	178	Lower	\$821.60	\$822.63	\$800.70	\$797.35	\$787.47	\$806.33
			Mid	\$843.37	\$844.43	\$821.15	\$827.46	\$836.50	\$829.27
			Upper	\$866.09	\$867.17	\$842.47	\$859.04	\$887.66	\$853.12
Glenn	Anthem Blue Cross of CA	106	Lower	\$891.11	\$891.70	\$871.96	\$887.43	\$846.22	\$894.46
			Mid	\$914.59	\$915.20	\$894.23	\$921.03	\$894.97	\$920.43
			Upper	\$939.08	\$939.70	\$917.45	\$956.27	\$945.85	\$947.46
	California Health & Wellness	124	Lower	\$891.11	\$891.70	\$824.53	\$887.43	\$861.94	\$910.56
			Mid	\$914.59	\$915.20	\$845.60	\$921.03	\$911.40	\$937.06
			Upper	\$939.08	\$939.70	\$867.57	\$956.27	\$963.03	\$964.65
Imperial	California Health & Wellness	143	Lower	\$824.66	\$843.91	\$824.53	\$839.78	\$873.63	\$883.20
			Mid	\$846.43	\$866.17	\$845.60	\$871.56	\$922.18	\$908.22
			Upper	\$869.14	\$889.40	\$867.57	\$904.91	\$972.85	\$934.25
	Molina	145	Lower	\$824.66	\$843.91	\$824.53	\$839.78	\$885.83	\$962.90
			Mid	\$846.43	\$866.17	\$845.60	\$871.56	\$935.54	\$990.31
			Upper	\$869.14	\$889.40	\$867.57	\$904.91	\$987.42	\$1,018.82
Inyo	Anthem Blue Cross of CA	107	Lower	\$891.11	\$891.70	\$871.96	\$887.43	\$846.22	\$894.46
			Mid	\$914.59	\$915.20	\$894.23	\$921.03	\$894.97	\$920.43
			Upper	\$939.08	\$939.70	\$917.45	\$956.27	\$945.85	\$947.46
	California Health & Wellness	128	Lower	\$891.11	\$891.70	\$824.53	\$887.43	\$861.94	\$910.56
			Mid	\$914.59	\$915.20	\$845.60	\$921.03	\$911.40	\$937.06
			Upper	\$939.08	\$939.70	\$867.57	\$956.27	\$963.03	\$964.65
Mariposa	Anthem Blue Cross of CA	108	Lower	\$891.11	\$891.70	\$871.96	\$887.43	\$846.22	\$894.46
			Mid	\$914.59	\$915.20	\$894.23	\$921.03	\$894.97	\$920.43
			Upper	\$939.08	\$939.70	\$917.45	\$956.27	\$945.85	\$947.46
	California Health & Wellness	129	Lower	\$891.11	\$891.70	\$824.53	\$887.43	\$861.94	\$910.56
			Mid	\$914.59	\$915.20	\$845.60	\$921.03	\$911.40	\$937.06

			Upper	\$939.08	\$939.70	\$867.57	\$956.27	\$963.03	\$964.65
Mono	Anthem Blue Cross of CA	109	Lower	\$891.11	\$891.70	\$871.96	\$887.43	\$846.22	\$894.46
			Mid	\$914.59	\$915.20	\$894.23	\$921.03	\$894.97	\$920.43
			Upper	\$939.08	\$939.70	\$917.45	\$956.27	\$945.85	\$947.46
	California Health & Wellness	133	Lower	\$891.11	\$891.70	\$824.53	\$887.43	\$861.94	\$910.56
			Mid	\$914.59	\$915.20	\$845.60	\$921.03	\$911.40	\$937.06
			Upper	\$939.08	\$939.70	\$867.57	\$956.27	\$963.03	\$964.65
Nevada	Anthem Blue Cross of CA	110	Lower	\$891.11	\$891.70	\$871.96	\$887.43	\$846.22	\$894.46
			Mid	\$914.59	\$915.20	\$894.23	\$921.03	\$894.97	\$920.43
			Upper	\$939.08	\$939.70	\$917.45	\$956.27	\$945.85	\$947.46
	California Health & Wellness	134	Lower	\$891.11	\$891.70	\$824.53	\$887.43	\$861.94	\$910.56
			Mid	\$914.59	\$915.20	\$845.60	\$921.03	\$911.40	\$937.06
			Upper	\$939.08	\$939.70	\$867.57	\$956.27	\$963.03	\$964.65
Placer	Anthem Blue Cross of CA	111	Lower	\$891.11	\$891.70	\$871.96	\$887.43	\$846.22	\$894.46
			Mid	\$914.59	\$915.20	\$894.23	\$921.03	\$894.97	\$920.43
			Upper	\$939.08	\$939.70	\$917.45	\$956.27	\$945.85	\$947.46
	California Health & Wellness	135	Lower	\$891.11	\$891.70	\$824.53	\$887.43	\$861.94	\$910.56
			Mid	\$914.59	\$915.20	\$845.60	\$921.03	\$911.40	\$937.06
			Upper	\$939.08	\$939.70	\$867.57	\$956.27	\$963.03	\$964.65
	Kaiser	179	Lower	\$821.60	\$822.63	\$800.70	\$797.35	\$787.47	\$806.33
			Mid	\$843.37	\$844.43	\$821.15	\$827.46	\$836.50	\$829.27
			Upper	\$866.09	\$867.17	\$842.47	\$859.04	\$887.66	\$853.12
Plumas	Anthem Blue Cross of CA	112	Lower	\$891.11	\$891.70	\$871.96	\$887.43	\$846.22	\$894.46
			Mid	\$914.59	\$915.20	\$894.23	\$921.03	\$894.97	\$920.43
			Upper	\$939.08	\$939.70	\$917.45	\$956.27	\$945.85	\$947.46
	California Health & Wellness	136	Lower	\$891.11	\$891.70	\$824.53	\$887.43	\$861.94	\$910.56
			Mid	\$914.59	\$915.20	\$845.60	\$921.03	\$911.40	\$937.06
			Upper	\$939.08	\$939.70	\$867.57	\$956.27	\$963.03	\$964.65
San Benito	Anthem Blue Cross of CA	144	Lower	\$900.95	\$900.95	\$882.44	\$886.49	\$845.35	\$825.29
			Mid	\$924.63	\$924.63	\$904.98	\$920.01	\$899.85	\$848.65
			Upper	\$949.32	\$949.32	\$928.47	\$955.17	\$956.75	\$872.93
Sierra	Anthem Blue Cross of CA	113	Lower	\$891.11	\$891.70	\$871.96	\$887.43	\$846.22	\$894.46
			Mid	\$914.59	\$915.20	\$894.23	\$921.03	\$894.97	\$920.43
			Upper	\$939.08	\$939.70	\$917.45	\$956.27	\$945.85	\$947.46
	California Health & Wellness	137	Lower	\$891.11	\$891.70	\$824.53	\$887.43	\$861.94	\$910.56
			Mid	\$914.59	\$915.20	\$845.60	\$921.03	\$911.40	\$937.06
			Upper	\$939.08	\$939.70	\$867.57	\$956.27	\$963.03	\$964.65
Sutter	Anthem Blue Cross of CA	114	Lower	\$891.11	\$891.70	\$871.96	\$887.43	\$846.22	\$894.46
			Mid	\$914.59	\$915.20	\$894.23	\$921.03	\$894.97	\$920.43
			Upper	\$939.08	\$939.70	\$917.45	\$956.27	\$945.85	\$947.46
	California Health & Wellness	138	Lower	\$891.11	\$891.70	\$824.53	\$887.43	\$861.94	\$910.56
			Mid	\$914.59	\$915.20	\$845.60	\$921.03	\$911.40	\$937.06
			Upper	\$939.08	\$939.70	\$867.57	\$956.27	\$963.03	\$964.65
Tehama	Anthem Blue Cross of CA	115	Lower	\$891.11	\$891.70	\$871.96	\$887.43	\$846.22	\$894.46
			Mid	\$914.59	\$915.20	\$894.23	\$921.03	\$894.97	\$920.43
			Upper	\$939.08	\$939.70	\$917.45	\$956.27	\$945.85	\$947.46
	California Health & Wellness	139	Lower	\$891.11	\$891.70	\$824.53	\$887.43	\$861.94	\$910.56
			Mid	\$914.59	\$915.20	\$845.60	\$921.03	\$911.40	\$937.06
			Upper	\$939.08	\$939.70	\$867.57	\$956.27	\$963.03	\$964.65
Tuolumne	Anthem Blue Cross of CA	116	Lower	\$891.11	\$891.70	\$871.96	\$887.43	\$846.22	\$894.46
			Mid	\$914.59	\$915.20	\$894.23	\$921.03	\$894.97	\$920.43
			Upper	\$939.08	\$939.70	\$917.45	\$956.27	\$945.85	\$947.46
	California Health & Wellness	141	Lower	\$891.11	\$891.70	\$824.53	\$887.43	\$861.94	\$910.56
			Mid	\$914.59	\$915.20	\$845.60	\$921.03	\$911.40	\$937.06
			Upper	\$939.08	\$939.70	\$867.57	\$956.27	\$963.03	\$964.65
Yuba	Anthem Blue Cross of CA	117	Lower	\$891.11	\$891.70	\$871.96	\$887.43	\$846.22	\$894.46
			Mid	\$914.59	\$915.20	\$894.23	\$921.03	\$894.97	\$920.43
			Upper	\$939.08	\$939.70	\$917.45	\$956.27	\$945.85	\$947.46
	California Health & Wellness	142	Lower	\$891.11	\$891.70	\$824.53	\$887.43	\$861.94	\$910.56
			Mid	\$914.59	\$915.20	\$845.60	\$921.03	\$911.40	\$937.06
			Upper	\$939.08	\$939.70	\$867.57	\$956.27	\$963.03	\$964.65

Appendix B: COHS Rural Expansion Counties

County	Plan Name	Plan Code	Range	14/15 Capitation Rate (July-November 2014)	14/15 Capitation Rate (December 2014)	14/15 Capitation Rate (January-June 2015)	15/16 Capitation Rate	16/17 Capitation Rate	17/18 Capitation Rate
Del Norte	Partnership Health Plan	523	Lower	\$971.80	\$975.31	\$958.95	\$928.92	\$943.77	\$962.48
			Mid	\$996.56	\$1,000.16	\$982.88	\$963.15	\$969.72	\$989.20
			Upper	\$1,022.37	\$1,026.07	\$1,007.83	\$999.06	\$996.62	\$1,015.91
Humboldt	Partnership Health Plan	517	Lower	\$971.80	\$975.31	\$958.95	\$928.92	\$943.77	\$962.48
			Mid	\$996.56	\$1,000.16	\$982.88	\$963.15	\$969.72	\$989.20
			Upper	\$1,022.37	\$1,026.07	\$1,007.83	\$999.06	\$996.62	\$1,015.91
Lake	Partnership Health Plan	511	Lower	\$971.80	\$975.31	\$958.95	\$928.92	\$943.77	\$962.48
			Mid	\$996.56	\$1,000.16	\$982.88	\$963.15	\$969.72	\$989.20
			Upper	\$1,022.37	\$1,026.07	\$1,007.83	\$999.06	\$996.62	\$1,015.91
Lassen	Partnership Health Plan	518	Lower	\$971.80	\$975.31	\$958.95	\$928.92	\$943.77	\$962.48
			Mid	\$996.56	\$1,000.16	\$982.88	\$963.15	\$969.72	\$989.20
			Upper	\$1,022.37	\$1,026.07	\$1,007.83	\$999.06	\$996.62	\$1,015.91
Modoc	Partnership Health Plan	519	Lower	\$971.80	\$975.31	\$958.95	\$928.92	\$943.77	\$962.48
			Mid	\$996.56	\$1,000.16	\$982.88	\$963.15	\$969.72	\$989.20
			Upper	\$1,022.37	\$1,026.07	\$1,007.83	\$999.06	\$996.62	\$1,015.91
Shasta	Partnership Health Plan	520	Lower	\$971.80	\$975.31	\$958.95	\$928.92	\$943.77	\$962.48
			Mid	\$996.56	\$1,000.16	\$982.88	\$963.15	\$969.72	\$989.20
			Upper	\$1,022.37	\$1,026.07	\$1,007.83	\$999.06	\$996.62	\$1,015.91
Siskiyou	Partnership Health Plan	521	Lower	\$971.80	\$975.31	\$958.95	\$928.92	\$943.77	\$962.48
			Mid	\$996.56	\$1,000.16	\$982.88	\$963.15	\$969.72	\$989.20
			Upper	\$1,022.37	\$1,026.07	\$1,007.83	\$999.06	\$996.62	\$1,015.91
Trinity	Partnership Health Plan	522	Lower	\$971.80	\$975.31	\$958.95	\$928.92	\$943.77	\$962.48
			Mid	\$996.56	\$1,000.16	\$982.88	\$963.15	\$969.72	\$989.20
			Upper	\$1,022.37	\$1,026.07	\$1,007.83	\$999.06	\$996.62	\$1,015.91

Appendix B: Two-Plan Counties

County	Plan Name					Range	14/15 Capitation Rate (July-December 2014)	14/15 Capitation Rate (January-June 2015)	15/16 Capitation Rate	16/17 Capitation Rate	17/18 Capitation Rate
Alameda	Alameda Alliance for Health	300	808			Lower	\$743.13	\$718.27	\$712.24	\$770.40	\$798.11
						Mid	\$764.53	\$739.67	\$733.06	\$793.00	\$821.47
						Upper	\$786.83	\$761.97	\$754.75	\$816.52	\$845.80
	Anthem Blue Cross	340	809			Lower	\$788.04	\$759.57	\$755.79	\$761.69	\$789.86
						Mid	\$810.77	\$782.30	\$777.98	\$784.07	\$812.97
						Upper	\$834.47	\$806.00	\$801.09	\$807.38	\$837.04
Contra Costa	Anthem Blue Cross	344				Lower	\$677.56	\$654.48	\$650.32	\$653.79	\$664.74
						Mid	\$697.00	\$673.92	\$669.26	\$672.89	\$684.23
						Upper	\$717.25	\$694.17	\$688.99	\$692.77	\$704.51
	Contra Costa Health Plan	301				Lower	\$754.85	\$734.79	\$699.05	\$775.84	\$837.69
						Mid	\$776.79	\$756.73	\$719.43	\$798.53	\$862.25
						Upper	\$799.64	\$779.58	\$740.67	\$822.16	\$887.83
Fresno	Anthem Blue Cross	341	362			Lower	\$711.07	\$685.60	\$731.72	\$770.32	\$752.75
						Mid	\$731.15	\$705.68	\$752.85	\$792.62	\$774.59
						Upper	\$752.05	\$726.58	\$774.85	\$815.84	\$797.32
	CalViva Health	315				Lower	\$769.50	\$738.90	\$771.43	\$830.56	\$862.37
						Mid	\$791.15	\$760.55	\$793.65	\$854.51	\$887.34
						Upper	\$813.69	\$783.09	\$816.78	\$879.42	\$913.32
Kern	Health Net of California	360				Lower	\$642.41	\$617.59	\$631.00	\$660.10	\$663.42
						Mid	\$660.67	\$635.85	\$649.27	\$679.26	\$682.60
						Upper	\$679.69	\$654.87	\$668.28	\$699.20	\$702.56
	Kern Health Systems	303				Lower	\$671.54	\$643.64	\$679.14	\$712.21	\$731.30
						Mid	\$690.48	\$662.58	\$698.74	\$732.83	\$752.36
						Upper	\$710.22	\$682.32	\$719.15	\$754.30	\$774.28
Kings	Anthem Blue Cross	363				Lower	\$686.85	\$671.21	\$612.30	\$628.40	\$666.59
						Mid	\$706.65	\$691.01	\$629.94	\$646.51	\$685.90
						Upper	\$727.27	\$711.63	\$648.30	\$665.36	\$705.98
	CalViva Health	316				Lower	\$729.48	\$711.73	\$642.51	\$675.63	\$764.13
						Mid	\$750.50	\$732.75	\$661.04	\$695.12	\$786.25
						Upper	\$772.40	\$754.65	\$680.32	\$715.39	\$809.27
Los Angeles	Health Net of California	352	801			Lower	\$539.59	\$510.07	\$471.08	\$509.34	\$542.77
						Mid	\$554.65	\$525.13	\$484.74	\$524.14	\$558.56
						Upper	\$570.34	\$540.82	\$498.97	\$539.55	\$574.99
	LA Care	304	800			Lower	\$596.22	\$564.61	\$553.76	\$606.03	\$638.79
						Mid	\$612.88	\$581.27	\$569.79	\$623.66	\$657.40
						Upper	\$630.22	\$598.61	\$586.48	\$642.01	\$676.77
Madera	Anthem Blue Cross	364				Lower	\$696.41	\$668.02	\$691.41	\$746.69	\$812.49
						Mid	\$715.91	\$687.52	\$711.21	\$768.11	\$835.65
						Upper	\$736.21	\$707.82	\$731.81	\$790.38	\$859.72
	CalViva Health	317				Lower	\$796.73	\$775.77	\$789.30	\$870.61	\$902.69
						Mid	\$819.39	\$798.43	\$812.01	\$895.59	\$928.49
						Upper	\$842.97	\$822.01	\$835.63	\$921.57	\$955.31
Riverside	Inland Empire Health Plan	305	810			Lower	\$721.53	\$692.58	\$662.96	\$696.80	\$759.34
						Mid	\$741.84	\$712.89	\$681.99	\$716.85	\$781.13
						Upper	\$762.99	\$734.04	\$701.79	\$737.72	\$803.80
	Molina Healthcare	355	811	842		Lower	\$543.21	\$511.19	\$494.91	\$518.41	\$593.04
						Mid	\$558.33	\$526.31	\$509.16	\$533.40	\$610.04
						Upper	\$574.08	\$542.06	\$523.99	\$549.01	\$627.72
San Bernardino	Inland Empire Health Plan	306	812			Lower	\$655.16	\$624.77	\$623.44	\$659.79	\$746.14
						Mid	\$673.49	\$643.10	\$641.44	\$678.86	\$767.54
						Upper	\$692.58	\$662.19	\$660.18	\$698.70	\$789.81
	Molina Healthcare	356	813	843	127	Lower	\$525.28	\$495.15	\$471.41	\$522.34	\$624.94
						Mid	\$539.89	\$509.76	\$485.07	\$537.54	\$642.86
						Upper	\$555.11	\$524.98	\$499.30	\$553.35	\$661.51
San Francisco	Anthem Blue Cross	343				Lower	\$880.77	\$845.84	\$833.19	\$815.86	\$844.69
						Mid	\$906.43	\$871.50	\$857.99	\$840.11	\$869.74
						Upper	\$933.18	\$898.25	\$883.84	\$865.38	\$895.85
	San Francisco Health Plan	307				Lower	\$698.59	\$678.64	\$691.49	\$726.53	\$755.62
						Mid	\$719.13	\$699.18	\$712.05	\$748.06	\$777.94
						Upper	\$740.55	\$720.60	\$733.47	\$770.49	\$801.20
					Lower	\$758.24	\$731.03	\$709.86	\$737.77	\$765.32	

San Joaquin	Health Net of California	354				Mid	\$779.79	\$752.58	\$730.21	\$759.18	\$787.49
						Upper	\$802.23	\$775.02	\$751.39	\$781.47	\$810.56
	Health Plan of San Joaquin	308	312			Lower	\$627.88	\$602.73	\$625.56	\$677.54	\$745.97
						Mid	\$645.69	\$620.54	\$643.68	\$697.18	\$767.57
						Upper	\$664.24	\$639.09	\$662.54	\$717.62	\$790.05
Santa Clara	Anthem Blue Cross	345				Lower	\$538.80	\$515.76	\$522.04	\$525.63	\$547.42
						Mid	\$554.17	\$531.13	\$537.41	\$541.01	\$563.45
						Upper	\$570.19	\$547.15	\$553.42	\$557.03	\$580.13
	Santa Clara Family Health	309	815			Lower	\$542.76	\$526.24	\$531.18	\$589.14	\$640.31
						Mid	\$558.48	\$541.96	\$546.80	\$606.35	\$659.01
						Upper	\$574.86	\$558.34	\$563.07	\$624.26	\$678.48
Stanislaus	Health Net of California	361				Lower	\$928.53	\$892.83	\$824.87	\$744.20	\$784.89
						Mid	\$954.92	\$919.22	\$848.84	\$765.76	\$807.56
						Upper	\$982.40	\$946.70	\$873.79	\$788.21	\$831.15
	Health Plan of San Joaquin	308	312			Lower	\$1,019.95	\$982.90	\$989.21	\$913.03	\$1,009.54
						Mid	\$1,048.78	\$1,011.73	\$1,017.79	\$939.25	\$1,038.49
						Upper	\$1,078.80	\$1,041.75	\$1,047.54	\$966.55	\$1,068.60
Tulare	Anthem Blue Cross	311				Lower	\$644.03	\$630.43	\$620.52	\$665.25	\$660.39
						Mid	\$662.48	\$648.88	\$638.42	\$684.46	\$679.46
						Upper	\$681.68	\$668.08	\$657.05	\$704.44	\$699.30
	Health Net of California	353				Lower	\$693.04	\$668.77	\$663.95	\$714.10	\$707.18
						Mid	\$712.74	\$688.47	\$683.14	\$734.72	\$727.60
						Upper	\$733.26	\$708.99	\$703.11	\$756.18	\$748.84

Appendix C: Ombudsman Reports

July 2016 through December 2018

Plan Name	Plan Enrollment	HCO	QOC	HCP	EDU	COC	ELG	OHC	PRV	MISC	Total Issues	Total Cases	Percent of Total Issues
No Plan - FFS		1,287	1	17	416	0	261	68	4	674	2,728	2,586	26.43%
Unknown/Unspecified Plan		28	1	0	69	0	10	3	2	173	286	282	2.77%
Alameda Alliance for Health	258,077	94	0	3	15	0	21	5	0	6	144	153	1.40%
AltaMed Health Services Corporation	63,306	23	0	1	2	0	0	0	0	5	31	34	0.30%
Anthem Blue Cross Partnership Plan	783,633	424	1	17	39	1	32	8	7	22	551	538	5.34%
Anthem Blue Cross Cal MediConnect	3,256	0	0	0	0	0	0	0	0	0	0	0	0.00%
Brandman Centers for Senior Care	179	0	0	0	0	0	0	0	0	0	0	0	0.00%
Cal Viva Health	356,816	80	0	3	17	0	6	1	1	7	115	118	1.11%
California Health and Wellness Plan	190,335	95	0	7	8	0	11	4	2	0	127	127	1.23%
CalOptima	777,587	277	3	7	41	4	52	13	2	14	413	415	4.00%
Care 1st Partner Plan, LLC	78,263	58	1	1	3	2	4	0	1	1	71	70	0.69%
Care 1st Cal MediConnect	6,734	0	0	0	1	0	0	0	0	0	1	1	0.01%
CareMore Cal MediConnect	3,810	0	0	0	0	0	0	0	0	0	0	0	0.00%
CenCal Health	178,518	38	0	0	5	0	2	0	1	2	48	48	0.47%
Center for Elders Independence	675	3	0	0	0	0	0	0	0	0	3	3	0.03%
Central California Alliance for Health	351,164	104	0	0	5	0	13	1	0	1	124	118	1.20%
Central Valley Medical Services Corp	255	0	0	0	0	0	0	0	0	0	0	0	0.00%
Communicare Advantage Cal MediConnect	4,729	2	0	0	0	0	0	0	0	0	2	2	0.02%
Community Health Group Partnership	278,626	74	0	0	7	0	9	2	0	2	94	89	0.91%
Contra Costa Health Plan	182,204	62	0	0	15	0	5	1	2	2	87	88	0.84%
Family Mosaic Project	25	1	0	0	0	0	0	0	0	0	1	1	0.01%
Gold Coast Health Plan	209,048	102	0	2	10	1	17	7	2	4	145	137	1.40%
Health Net Cal MediConnect	17,345	8	0	0	0	0	2	0	0	0	10	12	0.10%
Health Net Community Solutions, Inc.	1,528,160	1,034	1	28	83	2	110	24	9	28	1,319	1,341	12.78%
Health Plan of San Joaquin	336,480	81	0	1	10	1	9	3	1	3	109	110	1.06%
Health Plan of San Mateo	114,798	32	0	0	3	0	2	0	0	1	38	37	0.37%
Health Plan of San Mateo Cal MediConnect	9,319	16	0	0	0	0	2	0	0	0	18	14	0.17%
Humboldt Senior Resource Center, Inc	87	0	0	0	0	0	0	0	0	0	0	0	0.00%
Inland Empire Health Plan	1,179,398	1,060	1	12	97	2	99	10	8	33	1,322	1,280	12.81%
Inland Empire Health Plan Dual Choice Cal MediConnect	21,161	6	0	0	2	0	2	0	0	0	10	10	0.10%
InnovAge PACE	269	3	0	0	0	0	0	0	0	0	3	3	0.03%
Kern Family Health Care	235,279	71	1	2	8	1	5	8	2	3	101	95	0.98%
KP Cal LLC	140,371	132	0	1	13	0	13	2	0	3	164	161	1.59%
L.A. Care Health Plan	1,961,396	1,179	5	23	132	0	262	35	13	47	1,696	1,738	16.43%
L.A. Care Health Plan Cal MediConnect	12,351	4	0	0	1	0	2	0	0	1	8	8	0.08%
Molina Dual Options Cal MediConnect	9,630	1	0	0	0	0	2	0	0	0	3	3	0.03%
Molina Healthcare Of California Partner	465,775	228	2	13	28	1	17	11	6	9	315	304	3.05%
On Lok Lifeways	1,435	0	0	0	0	0	0	0	0	0	0	0	0.00%
OneCare Connect Cal MediConnect	18,610	3	0	0	1	0	0	0	0	1	5	3	0.05%
Partnership HealthPlan of California	570,971	167	0	6	12	2	26	4	1	8	226	235	2.19%
Positive Healthcare (a.k.a. AIDS Healthcare Foundation)	775	6	0	0	0	0	1	0	0	0	7	4	0.07%
Rady Children's Hospital CCS Demonstration	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
San Francisco Health Plan	132,626	45	0	1	4	0	10	2	0	3	65	72	0.63%
Santa Clara Family Health Plan	265,291	52	0	1	8	0	5	3	0	6	75	73	0.73%
Santa Clara Family Health Cal MediConnect	7,777	2	0	0	2	0	0	0	0	0	4	4	0.04%
Senior Care Action Network (SCAN)	12,500	4	0	0	0	0	3	0	0	0	7	5	0.07%
Sutter Senior Care	256	0	0	0	0	0	0	0	0	0	0	0	0.00%

HCO - Enrollment/Disenrollment	EDU - Education & Outreach	OHC - Other Health Coverage
QOC - Quality of Care	COC - Continuity of Care	PRV - Plan Subcontractor/Provider Issues
HCP - Health Care Plan Issues	ELG - Eligibility	MISC - Miscellaneous Issues

Plan Name	Plan Enrollment	HCO	QOC	HCP	EDU	COC	ELG	OHC	PRV	MISC	Total Issues	Total Cases	Percent of Total Issues
No Plan - FFS		1,466	0	8	361	1	385	78	9	904	3,212	2,973	27.26%
Unknown/Unspecified Plan		28	0	1	109	0	10	2	0	262	412	393	3.50%
Alameda Alliance for Health	258,076	134	0	0	16	0	23	2	2	6	183	181	1.55%
AltaMed Health Services Corporation	63,356	25	0	1	2	0	6	0	0	0	34	34	0.29%
Anthem Blue Cross Partnership Plan	785,026	386	2	16	46	3	54	11	9	31	558	536	4.74%
Anthem Blue Cross Cal MediConnect	3,183	2	0	0	0	0	0	0	0	0	2	2	0.02%
Brandman Centers for Senior Care	174	0	0	0	0	0	0	0	0	0	0	0	0.00%
Cal Viva Health	357,812	86	1	7	20	2	13	2	2	0	133	138	1.13%
California Health and Wellness Plan	190,219	84	0	3	8	0	9	3	1	3	111	115	0.94%
CalOptima	778,415	283	1	10	32	0	36	24	2	15	403	415	3.42%
Care 1st Partner Plan, LLC	81,423	76	0	2	2	0	7	0	0	0	87	87	0.74%
Care 1st Cal MediConnect	6,581	1	0	0	1	0	1	0	0	0	3	1	0.03%
CareMore Cal MediConnect	3,748	0	0	0	0	0	0	0	0	0	0	0	0.00%
CenCal Health	178,906	53	0	3	3	0	8	0	0	1	68	64	0.58%
Center for Elders Independence	673	0	0	0	0	0	0	0	0	0	0	0	0.00%
Central California Alliance for Health	350,987	107	0	2	5	0	13	1	0	1	129	141	1.09%
Central Valley Medical Services Corp	260	0	0	0	0	0	0	0	0	0	0	0	0.00%
Communicare Advantage Cal MediConnect	4,703	1	0	0	0	0	0	0	0	0	1	1	0.01%
Community Health Group Partnership	283,293	92	0	6	1	0	7	6	0	5	117	104	0.99%
Contra Costa Health Plan	181,825	91	0	2	16	0	8	3	2	5	127	119	1.08%
Family Mosaic Project	28	1	0	0	0	0	0	0	0	0	1	0	0.01%
Gold Coast Health Plan	208,778	108	0	2	15	0	19	10	1	12	167	162	1.42%
Health Net Cal MediConnect	16,921	5	0	0	0	0	3	0	0	0	8	6	0.07%
Health Net Community Solutions, Inc.	1,522,168	1,091	3	24	91	2	138	44	11	45	1,449	1,489	12.30%
Health Plan of San Joaquin	338,039	117	2	2	8	0	14	3	0	10	156	148	1.32%
Health Plan of San Mateo	115,366	46	0	0	4	0	5	2	1	2	60	61	0.51%
Health Plan of San Mateo Cal MediConnect	9,284	9	0	0	0	0	0	0	0	0	9	9	0.08%
Humboldt Senior Resource Center, Inc	89	0	0	0	0	0	0	0	0	0	0	0	0.00%
Inland Empire Health Plan	1,206,787	1,192	0	22	94	3	136	15	4	32	1,498	1,415	12.71%
Inland Empire Health Plan Dual Choice Cal MediConnect	21,118	13	0	0	2	0	4	0	0	2	21	23	0.18%
InnovAge PACE	290	1	0	0	0	0	0	0	0	0	1	1	0.01%
Kern Family Health Care	236,314	93	0	7	6	0	13	12	0	4	135	125	1.15%
KP Cal LLC	140,702	108	0	4	20	0	20	2	0	6	160	154	1.36%
L.A. Care Health Plan	1,971,980	1,409	4	39	170	5	281	31	11	52	2,002	2,061	16.99%
L.A. Care Health Plan Cal MediConnect	12,285	7	0	0	2	0	3	0	0	0	12	10	0.10%
Molina Dual Options Cal MediConnect	9,563	2	0	1	0	0	0	0	0	0	3	3	0.03%
Molina Healthcare Of California Partner	471,739	304	0	9	27	0	35	5	6	21	407	406	3.45%
On Lok Lifeways	1,439	0	0	0	0	0	0	0	0	0	0	0	0.00%
OneCare Connect Cal MediConnect	17,913	3	0	1	0	0	0	0	0	0	4	4	0.03%
Partnership HealthPlan of California	568,738	166	0	3	21	1	19	3	3	8	224	235	1.90%
Positive Healthcare (a.k.a. AIDS Healthcare Foundation)	764	1	0	0	0	0	1	0	0	0	2	2	0.02%
Rady Children's Hospital CCS Demonstration	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
San Francisco Health Plan	133,841	38	0	1	6	0	8	4	0	0	57	57	0.48%
Santa Clara Family Health Plan	269,694	66	0	1	11	0	7	1	3	4	93	96	0.79%
Santa Clara Family Health Cal MediConnect	7,643	1	0	0	1	0	0	0	0	0	2	2	0.02%
Senior Care Action Network (SCAN)	12,493	9	0	0	0	0	2	0	0	1	12	9	0.10%
Sutter Senior Care	259	0	0	0	0	0	0	0	0	0	0	0	0.00%

HCO - Enrollment/Disenrollment	EDU - Education & Outreach	OHC - Other Health Coverage
QOC - Quality of Care	COC - Continuity of Care	PRV - Plan Subcontractor/Provider Issues
HCP - Health Care Plan Issues	ELG - Eligibility	MISC - Miscellaneous Issues

Plan Name	Plan Enrollment	HCO	QOC	HCP	EDU	COC	ELG	OHC	PRV	MISC	Total Issues	Total Cases	Percent of Total Issues
No Plan - FFS		1,476	2	16	283	0	385	66	9	886	3,123	2,920	27.70%
Unknown/Unspecified Plan		28	1	0	68	0	9	2	0	136	244	224	2.16%
Alameda Alliance for Health	259,186	138	0	3	13	0	27	4	0	8	193	176	1.71%
AltaMed Health Services Corporation	63,262	24	0	1	0	0	4	0	0	0	29	30	0.26%
Anthem Blue Cross Partnership Plan	787,157	371	0	21	44	1	49	4	12	17	519	518	4.60%
Anthem Blue Cross Cal MediConnect	3,106	1	0	0	0	0	0	0	0	0	1	1	0.01%
Brandman Centers for Senior Care	173	0	0	0	0	0	0	0	0	0	0	0	0.00%
Cal Viva Health	359,524	93	0	5	12	0	6	4	1	2	123	123	1.09%
California Health and Wellness Plan	190,056	80	0	4	12	0	20	1	1	5	123	125	1.09%
CalOptima	776,133	293	0	8	35	0	82	14	1	17	450	454	3.99%
Care 1st Partner Plan, LLC	81,905	49	0	1	5	0	7	1	0	3	66	64	0.59%
Care 1st Cal MediConnect	6,405	1	0	2	0	0	0	0	0	0	3	3	0.03%
CareMore Cal MediConnect	3,666	1	0	0	0	0	0	0	0	0	1	1	0.01%
CenCal Health	179,005	53	0	2	6	0	7	1	0	2	71	81	0.63%
Center for Elders Independence	671	0	0	0	0	0	0	0	0	0	0	0	0.00%
Central California Alliance for Health	351,675	100	0	5	9	0	22	1	0	3	140	143	1.24%
Central Valley Medical Services Corp	267	0	0	0	0	0	0	0	0	0	0	0	0.00%
Communicare Advantage Cal MediConnect	4,717	0	0	0	0	0	0	0	0	0	0	0	0.00%
Community Health Group Partnership	284,954	55	0	6	6	1	9	5	0	2	84	78	0.75%
Contra Costa Health Plan	183,595	82	0	2	10	0	13	0	1	2	110	112	0.98%
Family Mosaic Project	28	0	0	0	0	0	0	0	0	0	0	0	0.00%
Gold Coast Health Plan	208,563	116	1	4	16	0	32	15	4	2	190	202	1.69%
Health Net Cal MediConnect	16,409	12	0	0	2	0	0	0	0	0	14	14	0.12%
Health Net Community Solutions, Inc.	1,497,840	1,120	4	28	99	3	169	27	14	49	1,513	1,499	13.42%
Health Plan of San Joaquin	340,455	118	0	3	16	1	10	6	0	3	157	160	1.39%
Health Plan of San Mateo	115,665	44	0	2	2	0	2	2	0	0	52	51	0.46%
Health Plan of San Mateo Cal MediConnect	9,239	21	0	0	0	0	1	0	0	0	22	22	0.20%
Humboldt Senior Resource Center, Inc	85	0	0	0	0	0	0	0	0	0	0	0	0.00%
Inland Empire Health Plan	1,220,207	1,046	0	14	71	0	101	23	4	30	1,289	1,228	11.43%
Inland Empire Health Plan Dual Choice Cal MediConnect	21,217	7	0	0	4	0	0	1	0	0	12	15	0.11%
InnovAge PACE	290	1	0	0	0	0	0	0	0	0	1	1	0.01%
Kern Family Health Care	238,960	112	1	4	6	0	9	7	0	5	144	133	1.28%
KP Cal LLC	142,004	141	0	4	14	0	22	0	1	4	186	169	1.65%
L.A. Care Health Plan	1,940,725	1,394	2	41	132	0	288	30	17	84	1,988	1,932	17.63%
L.A. Care Health Plan Cal MediConnect	12,208	5	0	0	0	0	0	0	0	0	5	6	0.04%
Molina Dual Options Cal MediConnect	9,459	5	0	0	2	0	0	0	0	0	7	7	0.06%
Molina Healthcare Of California Partner	474,032	267	1	11	27	0	26	9	3	13	357	349	3.17%
On Lok Lifeways	1,431	0	0	0	0	0	0	0	0	0	0	0	0.00%
OneCare Connect Cal MediConnect	17,511	5	0	0	0	0	0	0	0	0	5	5	0.04%
Partnership HealthPlan of California	568,610	172	2	4	22	1	20	5	3	14	243	246	2.16%
Positive Healthcare (a.k.a. AIDS Healthcare Foundation)	750	1	0	0	0	0	0	0	0	0	1	1	0.01%
Rady Children's Hospital CCS Demonstration	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
San Francisco Health Plan	135,242	57	0	0	5	0	5	5	1	3	76	77	0.67%
Santa Clara Family Health Plan	271,251	64	0	4	15	0	10	1	2	9	105	100	0.93%
Santa Clara Family Health Cal MediConnect	7,496	1	0	0	0	0	0	0	0	1	2	2	0.02%
Senior Care Action Network (SCAN)	12,574	2	0	0	0	0	1	0	0	0	3	3	0.03%
Sutter Senior Care	262	0	0	0	0	0	0	0	0	0	0	0	0.00%

HCO - Enrollment/Disenrollment	EDU - Education & Outreach	OHC - Other Health Coverage
QOC - Quality of Care	COC - Continuity of Care	PRV - Plan Subcontractor/Provider Issues
HCP - Health Care Plan Issues	ELG - Eligibility	MISC - Miscellaneous Issues

Plan Name	Plan Enrollment	HCO	QOC	HCP	EDU	COC	ELG	OHC	PRV	MISC	Total Issues	Total Cases	Percent of Total Issues
No Plan - FFS		1,625	0	11	282	1	423	70	3	581	2,996	2,839	26.19%
Unknown/Unspecified Plan		14	1	2	40	0	8	0	1	68	134	127	1.17%
Alameda Alliance for Health	261,195	127	0	2	9	0	30	9	0	4	181	187	1.58%
AltaMed Health Services Corporation	63,634	31	0	1	3	0	6	1	0	0	42	39	0.37%
Anthem Blue Cross Partnership Plan	791,382	388	3	30	37	3	60	23	6	38	588	604	5.14%
Anthem Blue Cross Cal MediConnect	3,056	2	0	0	0	0	0	0	0	0	2	2	0.02%
Brandman Centers for Senior Care	183	0	0	0	0	0	0	0	0	0	0	0	0.00%
Cal Viva Health	361,437	92	0	8	10	0	23	4	0	4	141	139	1.23%
California Health and Wellness Plan	190,419	109	0	4	9	1	10	2	0	8	143	138	1.25%
CalOptima	780,643	288	2	13	31	0	69	18	1	14	436	444	3.81%
Care 1st Partner Plan, LLC	83,081	67	0	6	7	0	8	1	0	5	94	86	0.82%
Care 1st Cal MediConnect	6,274	3	0	0	2	0	1	0	0	0	6	7	0.05%
CareMore Cal MediConnect	3,620	0	0	0	0	0	0	0	0	0	0	0	0.00%
CenCal Health	179,691	45	0	1	2	0	5	2	0	1	56	58	0.49%
Center for Elders Independence	686	0	0	0	0	0	0	0	0	0	0	0	0.00%
Central California Alliance for Health	352,367	96	0	1	5	1	15	0	0	0	118	112	1.03%
Central Valley Medical Services Corp	268	0	0	0	0	0	0	0	0	0	0	0	0.00%
Communicare Advantage Cal MediConnect	4,729	0	0	0	1	0	1	0	0	0	2	2	0.02%
Community Health Group Partnership	287,837	70	0	2	11	0	20	4	0	5	112	109	0.98%
Contra Costa Health Plan	185,146	71	0	4	10	0	10	3	1	6	105	98	0.92%
Family Mosaic Project	27	4	0	0	0	0	0	0	0	0	4	2	0.03%
Gold Coast Health Plan	209,301	89	0	4	8	0	35	5	0	6	147	147	1.28%
Health Net Cal MediConnect	16,068	7	0	0	0	0	1	1	0	1	10	9	0.09%
Health Net Community Solutions, Inc.	1,511,320	980	1	37	100	3	164	37	12	42	1,376	1,340	12.03%
Health Plan of San Joaquin	341,955	151	0	5	8	0	21	8	3	6	202	195	1.77%
Health Plan of San Mateo	116,161	42	0	1	2	1	11	1	0	1	59	56	0.52%
Health Plan of San Mateo Cal MediConnect	9,289	12	0	0	0	0	1	0	1	0	14	13	0.12%
Humboldt Senior Resource Center, Inc	97	0	0	0	0	0	0	0	0	0	0	0	0.00%
Inland Empire Health Plan	1,231,239	1,135	0	36	81	0	180	30	4	32	1,498	1,423	13.09%
Inland Empire Health Plan Dual Choice Cal MediConnect	21,207	5	0	0	0	0	0	0	0	1	6	5	0.05%
InnovAge PACE	301	3	0	0	0	0	0	0	0	0	3	2	0.03%
Kern Family Health Care	240,493	102	0	2	8	0	8	10	1	3	134	128	1.17%
KP Cal LLC	143,237	111	0	5	7	0	17	1	0	11	152	142	1.33%
L.A. Care Health Plan	1,977,816	1,255	3	48	127	5	310	21	15	59	1,843	1,849	16.11%
L.A. Care Health Plan Cal MediConnect	12,289	5	0	1	1	0	3	0	0	0	10	14	0.09%
Molina Dual Options Cal MediConnect	9,424	2	0	0	2	0	2	0	0	0	6	7	0.05%
Molina Healthcare Of California Partner	476,350	297	2	13	23	0	36	15	2	13	401	399	3.51%
On Lok Lifeways	1,445	0	0	0	0	0	0	0	0	0	0	0	0.00%
OneCare Connect Cal MediConnect	17,106	1	0	0	0	0	0	0	0	0	1	1	0.01%
Partnership HealthPlan of California	571,104	156	0	7	22	0	37	2	5	11	240	229	2.10%
Positive Healthcare (a.k.a. AIDS Healthcare Foundation)	738	1	0	0	0	0	0	0	0	0	1	1	0.01%
Rady Children's Hospital CCS Demonstration	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
San Francisco Health Plan	136,639	42	1	0	3	0	4	2	0	3	55	55	0.48%
Santa Clara Family Health Plan	273,677	75	1	7	13	0	6	3	0	7	112	108	0.98%
Santa Clara Family Health Cal MediConnect	7,336	0	0	0	0	0	1	0	0	1	2	2	0.02%
Senior Care Action Network (SCAN)	12,451	5	0	0	1	0	2	0	0	0	8	7	0.07%
Sutter Senior Care	261	2	0	0	0	0	0	0	0	0	2	2	0.02%
Totals	10,892,718	7,508	14	251	865	15	1,528	273	55	931	11,440	11,125	100.00%

HCO - Enrollment/Disenrollment	EDU - Education & Outreach	OHC - Other Health Coverage
QOC - Quality of Care	COC - Continuity of Care	PRV - Plan Subcontractor/Provider Issues
HCP - Health Care Plan Issues	ELG - Eligibility	MISC - Miscellaneous Issues

Plan Name	Plan Enrollment	HCO	QOC	HCP	EDU	COC	ELG	OHC	PRV	MISC	Total Issues	Total Cases	Percent of Total Issues
No Plan - FFS		1,567	0	6	204	0	413	73	9	604	2,876	2,667	29.21%
Unknown/Unspecified Plan		18	2	1	6	0	4	1	0	66	98	91	1.00%
Alameda Alliance for Health	261,183	102	0	1	8	1	34	6	1	4	157	151	1.59%
AltaMed Health Services Corporation	63,737	29	0	1	3	0	11	0	0	1	45	44	0.46%
Anthem Blue Cross Partnership Plan	789,684	365	0	22	19	4	54	9	10	25	508	500	5.16%
Anthem Blue Cross Cal MediConnect	3,058	0	0	0	1	0	1	0	0	0	2	2	0.02%
Brandman Centers for Senior Care	186	0	0	0	0	0	0	0	0	0	0	0	0.00%
Cal Viva Health	361,874	80	0	6	7	0	15	1	0	2	111	113	1.13%
California Health and Wellness Plan	189,713	104	1	4	1	2	15	2	0	6	135	141	1.37%
CalOptima	779,466	256	0	6	35	1	62	17	2	18	397	392	4.03%
Care 1st Partner Plan, LLC	82,678	40	0	0	1	0	6	0	0	2	49	49	0.50%
Care 1st Cal MediConnect	6,150	0	0	0	0	0	0	0	0	0	0	0	0.00%
CareMore Cal MediConnect	3,539	1	0	0	0	0	0	0	0	0	1	1	0.01%
CenCal Health	179,108	45	0	3	2	0	11	1	0	3	65	65	0.66%
Center for Elders Independence	689	0	0	0	0	0	0	0	0	0	0	0	0.00%
Central California Alliance for Health	351,849	74	0	0	5	0	7	0	0	2	88	102	0.89%
Central Valley Medical Services Corp	286	0	0	0	0	0	0	0	0	0	0	0	0.00%
Communicare Advantage Cal MediConnect	4,812	0	0	0	0	0	0	0	0	0	0	0	0.00%
Community Health Group Partnership	286,947	46	0	2	4	0	16	1	2	4	75	68	0.76%
Contra Costa Health Plan	185,019	54	0	1	3	0	15	2	0	4	79	80	0.80%
Family Mosaic Project	26	0	0	0	0	0	0	0	0	0	0	0	0.00%
Gold Coast Health Plan	208,738	100	0	3	4	0	42	11	1	3	164	168	1.67%
Health Net Cal MediConnect	15,726	13	0	0	0	0	1	1	0	1	16	14	0.16%
Health Net Community Solutions, Inc.	1,510,787	776	4	30	51	1	122	27	9	36	1,056	1,096	10.73%
Health Plan of San Joaquin	342,714	93	0	2	10	0	10	5	0	7	127	128	1.29%
Health Plan of San Mateo	115,614	39	0	1	2	1	9	0	0	2	54	53	0.55%
Health Plan of San Mateo Cal MediConnect	9,313	15	0	0	0	0	1	0	0	1	17	4	0.17%
Humboldt Senior Resource Center, Inc	92	0	0	0	0	0	0	0	0	0	0	0	0.00%
Inland Empire Health Plan	1,235,658	948	1	22	59	1	172	25	11	36	1,275	1,237	12.95%
Inland Empire Health Plan Dual Choice Cal MediConnect	21,299	2	0	0	1	0	2	0	0	1	6	8	0.06%
InnovAge PACE	307	1	0	0	0	0	0	0	0	0	1	1	0.01%
Kern Family Health Care	241,521	91	0	2	2	0	14	6	1	4	120	112	1.22%
KP Cal LLC	143,403	115	1	5	15	0	14	1	0	1	152	144	1.54%
L.A. Care Health Plan	1,991,730	1,027	2	50	71	2	200	28	15	47	1,442	1,462	14.65%
L.A. Care Health Plan Cal MediConnect	12,183	8	0	0	0	0	0	0	0	0	8	8	0.08%
Molina Dual Options Cal MediConnect	9,283	1	0	0	0	0	0	0	0	2	3	3	0.03%
Molina Healthcare Of California Partner	475,373	241	1	6	21	0	43	10	3	17	342	319	3.47%
On Lok Lifeways	1,434	0	0	0	0	0	0	0	0	0	0	0	0.00%
OneCare Connect Cal MediConnect	16,790	3	0	0	0	0	0	0	0	1	4	3	0.04%
Partnership HealthPlan of California	570,981	124	1	7	14	1	42	3	3	6	201	199	2.04%
Positive Healthcare (a.k.a. AIDS Healthcare Foundation)	735	3	0	0	0	0	2	0	0	0	5	5	0.05%
Rady Children's Hospital CCS Demonstration	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
San Francisco Health Plan	136,447	36	0	3	5	0	10	3	0	4	61	61	0.62%
Santa Clara Family Health Plan	272,906	65	0	8	1	0	12	1	2	7	96	89	0.98%
Santa Clara Family Health Cal MediConnect	7,275	2	0	0	1	0	1	0	0	0	4	3	0.04%
Senior Care Action Network (SCAN)	12,461	4	0	0	1	0	1	0	0	0	6	7	0.06%
Sutter Senior Care	266	0	0	0	0	0	0	0	0	0	0	0	0.00%
Totals	10,903,040	6,488	13	192	557	14	1,362	234	69	917	9,846	9,590	100.00%

HCO - Enrollment/Disenrollment	EDU - Education & Outreach	OHC - Other Health Coverage
QOC - Quality of Care	COC - Continuity of Care	PRV - Plan Subcontractor/Provider Issues
HCP - Health Care Plan Issues	ELG - Eligibility	MISC - Miscellaneous Issues

Plan Name	Plan Enrollment	HCO	QOC	HCP	EDU	COC	ELG	OHC	PRV	MISC	Total Issues	Total Cases	Percent of Total Issues
No Plan - FFS		1,667	0	15	187	0	430	68	7	606	2,980	2,680	29.65%
Unknown/Unspecified Plan		43	1	0	16	0	23	0	2	204	289	285	2.88%
Alameda Alliance for Health	261,910	96	0	5	12	0	32	3	0	3	151	138	1.50%
AltaMed Health Services Corporation	64,119	37	0	1	2	0	2	2	0	2	46	45	0.46%
Anthem Blue Cross Partnership Plan	790,101	373	0	16	28	1	45	8	5	22	498	489	4.95%
Anthem Blue Cross Cal MediConnect	3,040	2	0	0	0	0	0	0	0	0	2	2	0.02%
Brandman Centers for Senior Care	185	0	0	0	0	0	0	0	0	0	0	0	0.00%
Cal Viva Health	363,360	100	1	3	9	0	10	3	0	8	134	131	1.33%
California Health and Wellness Plan	189,821	79	0	0	3	0	10	2	1	3	98	95	0.97%
CalOptima	781,166	233	0	6	16	0	58	6	4	13	336	349	3.34%
Care 1st Partner Plan, LLC	83,110	54	1	0	4	0	6	0	0	1	66	61	0.66%
Care 1st Cal MediConnect	6,138	3	0	0	2	0	0	0	0	0	5	6	0.05%
CareMore Cal MediConnect	3,571	0	0	0	0	0	0	0	0	0	0	0	0.00%
CenCal Health	178,777	29	0	1	0	0	5	0	0	1	36	41	0.36%
Center for Elders Independence	683	0	0	0	0	0	0	0	0	0	0	0	0.00%
Central California Alliance for Health	352,321	90	0	3	6	0	15	7	1	2	124	116	1.23%
Central Valley Medical Services Corp	294	0	0	0	0	0	0	0	0	0	0	0	0.00%
Communicare Advantage Cal MediConnect	4,866	0	0	0	0	0	0	0	0	0	0	0	0.00%
Community Health Group Partnership	286,978	63	0	3	4	0	13	2	1	0	86	87	0.86%
Contra Costa Health Plan	184,948	71	0	1	9	0	11	0	0	1	93	87	0.93%
Family Mosaic Project	27	0	0	0	0	0	0	0	0	0	0	0	0.00%
Gold Coast Health Plan	208,135	84	0	1	5	0	18	7	0	4	119	128	1.18%
Health Net Cal MediConnect	15,651	8	0	0	1	0	3	1	0	1	14	16	0.14%
Health Net Community Solutions, Inc.	1,510,814	790	3	20	42	5	106	27	9	36	1,038	1,059	10.33%
Health Plan of San Joaquin	344,051	113	2	3	6	1	18	5	1	3	152	148	1.51%
Health Plan of San Mateo	115,376	38	0	0	2	0	8	1	4	5	58	53	0.58%
Health Plan of San Mateo Cal MediConnect	9,278	7	0	0	0	0	0	0	0	0	7	7	0.07%
Humboldt Senior Resource Center, Inc	93	0	0	0	0	0	0	0	0	0	0	0	0.00%
Inland Empire Health Plan	1,236,610	1,006	0	22	52	0	173	17	5	24	1,299	1,235	12.92%
Inland Empire Health Plan Dual Choice Cal MediConnect	21,573	10	0	0	1	0	0	0	0	1	12	12	0.12%
InnovAge PACE	305	1	0	0	0	0	0	0	0	0	1	1	0.01%
Kern Family Health Care	241,646	85	0	1	3	1	10	3	0	3	106	101	1.05%
KP Cal LLC	143,869	116	0	1	12	0	37	1	0	0	167	153	1.66%
L.A. Care Health Plan	2,001,100	928	2	27	72	7	193	18	14	46	1,307	1,310	13.00%
L.A. Care Health Plan Cal MediConnect	12,345	11	0	0	1	0	1	0	0	0	13	13	0.13%
Molina Dual Options Cal MediConnect	9,299	8	0	0	2	0	0	0	0	0	10	8	0.10%
Molina Healthcare Of California Partner	474,468	285	0	14	15	1	26	7	2	14	364	336	3.62%
On Lok Lifeways	1,419	0	0	0	0	0	0	0	0	0	0	0	0.00%
OneCare Connect Cal MediConnect	16,566	2	0	0	2	0	0	0	0	0	4	4	0.04%
Partnership HealthPlan of California	571,221	188	0	5	4	0	27	3	7	11	245	238	2.44%
Positive Healthcare (a.k.a. AIDS Healthcare Foundation)	718	0	0	0	0	0	0	0	0	0	0	0	0.00%
Rady Children's Hospital CCS Demonstration	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
San Francisco Health Plan	137,027	47	0	2	3	0	3	2	1	2	60	63	0.60%
Santa Clara Family Health Plan	271,853	87	0	4	9	0	13	2	2	5	122	109	1.21%
Santa Clara Family Health Cal MediConnect	7,295	0	0	0	0	0	0	0	0	0	0	0	0.00%
Senior Care Action Network (SCAN)	12,516	6	0	0	1	0	1	0	0	1	9	9	0.09%
Sutter Senior Care	245	1	0	0	0	0	0	0	0	0	1	1	0.01%
Totals	10,918,888	6,761	10	154	531	16	1,297	195	66	1,022	10,052	9,616	100.00%

HCO - Enrollment/Disenrollment	EDU - Education & Outreach	OHC - Other Health Coverage
QOC - Quality of Care	COC - Continuity of Care	PRV - Plan Subcontractor/Provider Issues
HCP - Health Care Plan Issues	ELG - Eligibility	MISC - Miscellaneous Issues

Plan Name	Plan Enrollment	HCO	QOC	HCP	EDU	COC	ELG	OHC	PRV	MISC	Total Issues	Total Cases	Percent of Total Issues
No Plan - FFS		1,715	0	16	134	1	414	82	1	708	3,071	2,713	28.64%
Unknown/Unspecified Plan		47	0	1	11	0	21	0	3	311	394	375	3.67%
Alameda Alliance for Health	259,585	130	0	6	5	0	26	8	1	3	179	179	1.67%
AltaMed Health Services Corporation	64,452	30	0	0	2	0	4	1	1	1	39	41	0.36%
Anthem Blue Cross Partnership Plan	787,933	404	0	11	16	1	45	13	4	16	510	469	4.76%
Anthem Blue Cross Cal MediConnect	3,036	0	0	0	0	0	0	0	0	0	0	0	0.00%
Brandman Centers for Senior Care	195	0	0	0	0	0	0	0	0	0	0	0	0.00%
Cal Viva Health	362,210	91	0	3	6	0	11	3	2	2	118	114	1.10%
California Health and Wellness Plan	189,820	106	0	2	6	1	9	1	2	0	127	118	1.18%
CalOptima	777,255	239	0	12	12	0	56	6	4	5	334	335	3.12%
Care 1st Partner Plan, LLC	83,304	51	0	0	4	0	5	0	0	1	61	58	0.57%
Care 1st Cal MediConnect	6,262	3	0	1	1	0	0	0	0	0	5	4	0.05%
CareMore Cal MediConnect	3,647	1	0	0	0	0	0	0	0	0	1	2	0.01%
CenCal Health	178,396	44	1	2	4	0	5	2	0	0	58	56	0.54%
Center for Elders Independence	690	0	0	0	0	0	0	0	0	0	0	0	0.00%
Central California Alliance for Health	353,440	88	0	6	7	1	14	5	0	2	123	119	1.15%
Central Valley Medical Services Corp	313	0	0	0	0	0	0	0	0	0	0	0	0.00%
Communicare Advantage Cal MediConnect	4,893	0	0	0	1	0	0	0	0	0	1	1	0.01%
Community Health Group Partnership	285,942	68	0	2	5	0	11	1	0	2	89	86	0.83%
Contra Costa Health Plan	183,026	82	0	0	5	1	12	0	3	4	107	87	1.00%
Family Mosaic Project	24	3	0	0	0	0	0	0	0	0	3	0	0.03%
Gold Coast Health Plan	207,294	70	0	5	5	1	14	8	1	4	108	108	1.01%
Health Net Cal MediConnect	15,791	12	0	1	0	0	0	0	0	0	13	9	0.12%
Health Net Community Solutions, Inc.	1,492,295	992	0	34	43	0	102	21	8	24	1,224	1,214	11.42%
Health Plan of San Joaquin	344,079	128	0	4	5	0	9	2	0	1	149	144	1.39%
Health Plan of San Mateo	114,297	22	0	0	0	0	2	0	0	2	26	25	0.24%
Health Plan of San Mateo Cal MediConnect	9,415	4	0	0	0	0	0	0	0	0	4	3	0.04%
Humboldt Senior Resource Center, Inc	98	0	0	0	0	0	0	0	0	0	0	0	0.00%
Inland Empire Health Plan	1,237,789	1,184	1	34	30	0	143	17	1	20	1,430	1,348	13.34%
Inland Empire Health Plan Dual Choice Cal MediConnect	22,092	19	0	1	0	0	3	0	0	0	23	21	0.21%
InnovAge PACE	323	2	0	0	0	0	0	0	0	0	2	2	0.02%
Kern Family Health Care	242,492	94	0	2	4	1	7	2	0	2	112	94	1.04%
KP Cal LLC	143,413	154	0	4	12	0	27	2	0	4	203	178	1.89%
L.A. Care Health Plan	1,986,960	1,131	2	49	39	2	204	24	13	32	1,496	1,476	13.95%
L.A. Care Health Plan Cal MediConnect	12,777	9	0	0	0	0	0	0	0	0	9	10	0.08%
Molina Dual Options Cal MediConnect	9,357	4	0	0	0	0	0	0	0	1	5	7	0.05%
Molina Healthcare Of California Partner	472,184	282	2	11	12	1	31	10	5	9	363	321	3.39%
On Lok Lifeways	1,423	0	0	0	0	0	0	0	0	0	0	0	0.00%
OneCare Connect Cal MediConnect	16,166	6	0	0	0	0	0	0	0	1	7	5	0.07%
Partnership HealthPlan of California	572,292	143	0	6	2	1	14	6	3	2	177	171	1.65%
Positive Healthcare (a.k.a. AIDS Healthcare Foundation)	711	1	0	0	0	0	0	0	0	0	1	2	0.01%
Rady Children's Hospital CCS Demonstration	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
San Francisco Health Plan	136,380	44	0	1	1	0	2	0	0	0	48	48	0.45%
Santa Clara Family Health Plan	271,034	73	0	2	0	0	14	4	1	2	96	83	0.90%
Santa Clara Family Health Cal MediConnect	7,320	1	0	0	0	0	0	0	0	0	1	1	0.01%
Senior Care Action Network (SCAN)	12,809	5	0	0	0	0	0	0	0	0	5	4	0.05%
Sutter Senior Care	264	0	0	0	0	0	0	0	0	0	0	0	0.00%
Total	10,873,478	7,482	6	216	372	11	1,205	218	53	1,159	10,722	10,031	100.00%

HCO - Enrollment/Disenrollment	EDU - Education & Outreach	OHC - Other Health Coverage
QOC - Quality of Care	COC - Continuity of Care	PRV - Plan Subcontractor/Provider Issues
HCP - Health Care Plan Issues	ELG - Eligibility	MISC - Miscellaneous Issues

Plan Name	Plan Enrollment	HCO	QOC	HCP	EDU	COC	ELG	OHC	PRV	MISC	Total Issues	Total Cases	Percent of Total Issues
No Plan - FFS		1,584	2	18	145	8	360	96	5	344	2,562	2,432	25.78%
Unknown/Unspecified Plan		47	1	4	16	1	21	3	4	198	295	268	2.97%
Alameda Alliance for Health	259,884	116	0	5	4	1	19	6	0	6	157	152	1.58%
AltaMed Health Services Corporation	64,969	27	0	1	1	0	1	1	2	1	34	41	0.34%
Anthem Blue Cross Partnership Plan	790,430	472	5	13	19	1	41	17	11	21	600	602	6.04%
Anthem Blue Cross Cal MediConnect	3,055	3	0	0	1	0	0	0	0	0	4	4	0.04%
Brandman Centers for Senior Care	193	0	0	0	0	0	0	0	0	0	0	0	0.00%
Cal Viva Health	362,833	93	0	4	8	0	12	10	3	2	132	131	1.33%
California Health and Wellness Plan	190,328	95	0	3	3	1	11	0	2	6	121	125	1.22%
CalOptima	772,750	217	0	9	21	0	44	9	1	14	315	322	3.17%
Care 1st Partner Plan, LLC	83,579	56	0	0	3	0	7	1	1	2	70	68	0.70%
Care 1st Cal MediConnect	6,346	1	0	0	0	0	0	1	0	0	2	2	0.02%
CareMore Cal MediConnect	3,695	2	1	0	0	0	0	0	0	0	3	3	0.03%
CenCal Health	178,902	47	0	1	3	0	7	0	0	2	60	57	0.60%
Center for Elders Independence	687	0	0	0	0	0	0	0	0	0	0	0	0.00%
Central California Alliance for Health	354,879	93	1	1	6	0	12	2	1	7	123	132	1.24%
Central Valley Medical Services Corp	313	0	0	0	0	0	0	0	0	0	0	0	0.00%
Communicare Advantage Cal MediConnect	4,987	0	0	0	0	0	0	0	0	0	0	0	0.00%
Community Health Group Partnership	285,827	62	0	5	1	0	8	2	3	4	85	82	0.86%
Contra Costa Health Plan	183,651	66	0	0	3	0	18	4	1	5	97	98	0.98%
Family Mosaic Project	24	0	0	0	0	0	0	0	0	0	0	0	0.00%
Gold Coast Health Plan	206,845	107	0	2	9	1	24	10	0	6	159	170	1.60%
Health Net Cal MediConnect	15,826	10	1	1	2	0	1	0	0	3	18	21	0.18%
Health Net Community Solutions, Inc.	1,503,691	948	1	23	32	2	77	29	8	33	1,153	1,174	11.60%
Health Plan of San Joaquin	345,696	116	0	0	5	0	17	5	3	3	149	136	1.50%
Health Plan of San Mateo	114,154	44	0	5	3	2	4	0	1	5	64	54	0.64%
Health Plan of San Mateo Cal MediConnect	9,374	46	0	0	0	0	0	0	0	0	46	33	0.46%
Humboldt Senior Resource Center, Inc	96	0	0	0	0	0	0	0	0	0	0	0	0.00%
Inland Empire Health Plan	1,245,530	1,026	1	22	42	3	129	25	4	24	1,276	1,234	12.84%
Inland Empire Health Plan Dual Choice Cal MediConnect	22,431	18	0	0	1	0	1	0	0	0	20	21	0.20%
InnovAge PACE	341	0	0	0	0	0	0	0	0	0	0	0	0.00%
Kern Family Health Care	245,905	62	0	2	1	0	6	10	0	12	93	90	0.94%
KP Cal LLC	144,241	123	0	2	3	0	22	1	1	1	153	146	1.54%
L.A. Care Health Plan	2,003,345	1,019	3	47	65	8	134	21	13	46	1,356	1,350	13.64%
L.A. Care Health Plan Cal MediConnect	13,119	13	0	0	1	0	1	0	0	0	15	14	0.15%
Molina Dual Options Cal MediConnect	9,423	2	0	0	0	0	0	0	0	0	2	4	0.02%
Molina Healthcare Of California Partner	473,081	295	0	11	21	1	21	14	4	16	383	367	3.85%
On Lok Lifeways	1,417	0	0	0	0	0	0	0	0	0	0	0	0.00%
OneCare Connect Cal MediConnect	16,031	5	0	0	0	0	1	0	0	1	7	6	0.07%
Partnership HealthPlan of California	572,528	163	1	7	6	0	21	2	4	3	207	213	2.08%
Positive Healthcare (a.k.a. AIDS Healthcare Foundation)	702	1	0	0	0	0	0	0	0	0	1	1	0.01%
Rady Children's Hospital CCS Demonstration	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
San Francisco Health Plan	136,611	49	0	0	3	0	7	0	0	1	60	57	0.60%
Santa Clara Family Health Plan	270,945	75	0	6	7	1	11	3	2	6	111	113	1.12%
Santa Clara Family Health Cal MediConnect	7,345	0	0	0	0	0	0	0	0	0	0	0	0.00%
Senior Care Action Network (SCAN)	12,866	5	0	0	0	0	0	0	0	0	5	5	0.05%
Sutter Senior Care	262	0	0	0	0	0	0	0	0	0	0	0	0.00%
Total	10,919,137	7,108	17	192	435	30	1,038	272	74	772	9,938	9,728	100.00%

HCO - Enrollment/Disenrollment	EDU - Education & Outreach	OHC - Other Health Coverage
QOC - Quality of Care	COC - Continuity of Care	PRV - Plan Subcontractor/Provider Issues
HCP - Health Care Plan Issues	ELG - Eligibility	MISC - Miscellaneous Issues

Plan Name	Plan Enrollment	HCO	QOC	HCP	EDU	COC	ELG	OHC	PRV	MISC	Total Issues	Total Cases	Percent of Total Issues
No Plan - FFS		1,839	4	30	173	12	316	117	3	209	2,703	2,566	24.06%
Unknown/Unspecified Plan		30	1	4	8	1	13	1	8	57	123	118	1.09%
Alameda Alliance for Health	263,191	109	0	1	10	0	22	1	2	5	150	151	1.33%
AltaMed Health Services Corporation	65,483	43	0	1	4	0	5	1	0	0	54	49	0.48%
Anthem Blue Cross Partnership Plan	793,390	483	0	15	29	2	58	26	22	35	670	687	5.96%
Anthem Blue Cross Cal MediConnect	3,046	2	0	0	0	0	0	0	0	0	2	2	0.02%
Brandman Centers for Senior Care	195	0	0	0	0	0	0	0	0	0	0	0	0.00%
Cal Viva Health	363,948	134	0	4	18	1	17	6	1	4	185	179	1.65%
California Health and Wellness Plan	190,886	127	0	3	10	0	10	0	1	6	157	141	1.40%
CalOptima	774,370	300	1	6	21	1	56	19	6	15	425	416	3.78%
Care 1st Partner Plan, LLC	83,685	62	1	2	3	0	3	5	0	1	77	72	0.69%
Care 1st Cal MediConnect	6,292	5	0	0	0	0	1	0	0	1	7	7	0.06%
CareMore Cal MediConnect	3,685	1	0	0	0	0	0	0	0	0	1	1	0.01%
CenCal Health	179,310	67	0	0	3	0	5	0	0	2	77	85	0.69%
Center for Elders Independence	695	0	0	0	0	0	0	0	0	0	0	0	0.00%
Central California Alliance for Health	355,295	141	0	5	13	1	23	3	1	3	190	188	1.69%
Central Valley Medical Services Corp	328	0	0	0	0	0	0	0	0	0	0	0	0.00%
Communicare Advantage Cal MediConnect	5,034	0	0	0	0	0	0	0	0	0	0	0	0.00%
Community Health Group Partnership	284,676	73	0	3	5	0	15	5	3	7	111	100	0.99%
Contra Costa Health Plan	183,187	73	0	1	4	1	8	3	0	2	92	92	0.82%
Family Mosaic Project	21	2	0	0	0	0	0	0	0	0	2	0	0.02%
Gold Coast Health Plan	206,022	117	0	3	9	0	14	9	6	3	161	146	1.43%
Health Net Cal MediConnect	15,771	7	0	0	1	0	1	1	0	3	13	13	0.12%
Health Net Community Solutions, Inc.	1,508,094	1,084	3	26	51	4	119	27	11	47	1,372	1,351	12.21%
Health Plan of San Joaquin	346,459	124	0	1	7	0	8	2	2	2	146	149	1.30%
Health Plan of San Mateo	114,333	25	0	1	0	0	6	1	0	2	35	35	0.31%
Health Plan of San Mateo Cal MediConnect	9,357	24	0	4	0	0	2	0	0	0	30	21	0.27%
Humboldt Senior Resource Center, Inc	107	0	0	0	0	0	0	0	0	0	0	0	0.00%
Inland Empire Health Plan	1,243,307	1,448	0	20	58	7	177	18	9	30	1,767	1,611	15.73%
Inland Empire Health Plan Dual Choice Cal MediConnect	22,657	14	0	1	0	0	3	0	0	0	18	17	0.16%
InnovAge PACE	353	1	0	0	0	0	0	0	0	0	1	1	0.01%
Kern Family Health Care	247,199	117	0	1	2	0	10	9	1	5	145	133	1.29%
KP Cal LLC	145,304	135	0	3	8	1	17	2	0	1	167	164	1.49%
L.A. Care Health Plan	2,016,455	1,130	1	41	75	3	148	33	14	65	1,510	1,484	13.44%
L.A. Care Health Plan Cal MediConnect	13,392	10	0	0	1	0	1	0	0	2	14	11	0.12%
Molina Dual Options Cal MediConnect	9,419	5	0	1	0	0	0	0	0	0	6	8	0.05%
Molina Healthcare Of California Partner	472,787	287	1	11	25	2	29	9	5	11	380	361	3.38%
On Lok Lifeways	1,417	0	0	0	0	0	0	0	0	0	0	0	0.00%
OneCare Connect Cal MediConnect	15,896	3	0	0	0	0	2	0	0	0	5	5	0.04%
Partnership HealthPlan of California	573,647	170	0	4	16	0	20	6	7	11	234	240	2.08%
Positive Healthcare (a.k.a. AIDS Healthcare Foundation)	706	2	0	0	1	0	2	0	0	0	5	5	0.04%
Rady Children's Hospital CCS Demonstration	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
San Francisco Health Plan	136,539	46	0	1	6	0	3	5	0	4	65	62	0.58%
Santa Clara Family Health Plan	270,375	89	0	6	7	1	8	5	1	6	123	118	1.09%
Santa Clara Family Health Cal MediConnect	7,311	1	0	0	0	0	0	0	0	0	1	1	0.01%
Senior Care Action Network (SCAN)	12,995	10	0	0	1	0	0	0	0	0	11	8	0.10%
Sutter Senior Care	261	0	0	0	1	0	0	0	0	0	1	1	0.01%
Total	10,946,880	8,340	12	199	570	37	1,122	314	103	539	11,236	10,799	100.00%

HCO - Enrollment/Disenrollment	EDU - Education & Outreach	OHC - Other Health Coverage
QOC - Quality of Care	COC - Continuity of Care	PRV - Plan Subcontractor/Provider Issues
HCP - Health Care Plan Issues	ELG - Eligibility	MISC - Miscellaneous Issues

Plan Name	Plan Enrollment	HCO	QOC	HCP	EDU	COC	ELG	OHC	PRV	MISC	Total Issues	Total Cases	Percent of Total Issues
No Plan - FFS		1,763	2	40	133	6	280	69	8	235	2,536	2,432	26.31%
Unknown/Unspecified Plan		20	0	3	2	0	15	4	4	46	94	93	0.98%
Alameda Alliance for Health	262,190	88	0	3	1	0	23	2	0	4	121	124	1.26%
AltaMed Health Services Corporation	65,433	37	0	1	1	0	2	0	0	1	42	40	0.44%
Anthem Blue Cross Partnership Plan	792,348	525	0	18	23	5	44	17	13	21	666	624	6.91%
Anthem Blue Cross Cal MediConnect	3,038	1	0	0	0	0	0	0	0	1	2	2	0.02%
Brandman Centers for Senior Care	206	0	0	0	0	0	0	0	0	0	0	0	0.00%
Cal Viva Health	363,560	107	0	6	2	0	8	0	2	1	126	120	1.31%
California Health and Wellness Plan	190,972	123	0	2	9	0	15	3	2	2	156	150	1.62%
CalOptima	771,822	286	0	9	15	5	39	10	4	8	376	374	3.90%
Care 1st Partner Plan, LLC	83,783	67	0	1	4	0	8	1	0	2	83	76	0.86%
Care 1st Cal MediConnect	6,259	5	0	0	2	0	0	0	0	0	7	7	0.07%
CareMore Cal MediConnect	3,714	0	0	1	1	0	0	0	0	0	2	2	0.02%
CenCal Health	179,099	29	0	1	0	0	7	0	0	1	38	40	0.39%
Center for Elders Independence	690	0	0	0	0	0	0	0	0	0	0	0	0.00%
Central California Alliance for Health	354,988	103	0	1	11	1	10	2	1	3	132	131	1.37%
Central Valley Medical Services Corp	335	0	0	0	0	0	0	0	0	0	0	0	0.00%
Communicare Advantage Cal MediConnect	5,088	1	0	0	0	0	0	0	0	0	1	1	0.01%
Community Health Group Partnership	283,795	56	1	1	5	0	8	1	1	5	78	72	0.81%
Contra Costa Health Plan	182,859	73	0	2	5	1	7	1	0	5	94	91	0.98%
Family Mosaic Project	19	1	0	0	0	0	0	0	0	0	1	0	0.01%
Gold Coast Health Plan	204,875	98	0	0	8	0	8	9	0	2	125	131	1.30%
Health Net Cal MediConnect	15,634	14	0	1	2	0	1	1	0	3	22	22	0.23%
Health Net Community Solutions, Inc.	1,513,059	826	3	17	55	7	61	24	14	33	1,040	1,073	10.79%
Health Plan of San Joaquin	346,649	103	0	4	3	0	9	2	2	0	123	126	1.28%
Health Plan of San Mateo	113,978	53	0	0	2	0	2	0	0	1	58	56	0.60%
Health Plan of San Mateo Cal MediConnect	9,293	28	0	0	0	0	0	0	0	0	28	21	0.29%
Humboldt Senior Resource Center, Inc	113	0	0	0	0	0	0	0	0	0	0	0	0.00%
Inland Empire Health Plan	1,240,536	1,161	0	20	53	0	100	24	8	30	1,396	1,301	14.48%
Inland Empire Health Plan Dual Choice Cal MediConnect	22,933	9	0	0	1	0	0	0	0	0	10	14	0.10%
InnovAge PACE	380	0	0	0	0	0	0	0	0	0	0	0	0.00%
Kern Family Health Care	248,441	57	1	0	3	0	8	6	0	2	77	74	0.80%
KP Cal LLC	145,210	128	1	2	4	0	18	1	0	6	160	163	1.66%
L.A. Care Health Plan	2,033,396	918	1	45	62	16	96	21	24	38	1,221	1,247	12.67%
L.A. Care Health Plan Cal MediConnect	13,916	22	0	1	1	0	0	0	0	0	24	23	0.25%
Molina Dual Options Cal MediConnect	9,361	3	0	0	1	0	0	0	0	0	4	4	0.04%
Molina Healthcare Of California Partner	472,728	333	0	9	14	2	28	8	4	13	411	389	4.26%
On Lok Lifeways	1,417	0	0	0	0	0	0	0	0	0	0	0	0.00%
OneCare Connect Cal MediConnect	15,742	6	0	0	0	0	0	0	0	0	6	7	0.06%
Partnership HealthPlan of California	572,343	160	1	9	16	0	8	2	2	9	207	207	2.15%
Positive Healthcare (a.k.a. AIDS Healthcare Foundation)	699	2	0	0	0	0	0	0	0	0	2	2	0.02%
Rady Children's Hospital CCS Demonstration	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
San Francisco Health Plan	136,669	39	0	1	5	0	4	0	1	1	51	43	0.53%
Santa Clara Family Health Plan	269,402	81	0	4	1	0	11	4	2	5	108	96	1.12%
Santa Clara Family Health Cal MediConnect	7,285	2	0	0	0	0	0	0	0	0	2	2	0.02%
Senior Care Action Network (SCAN)	12,926	9	0	0	1	0	0	0	0	0	10	9	0.10%
Sutter Senior Care	270	0	0	0	0	0	0	0	0	0	0	0	0.00%
Total	10,957,453	7,337	10	202	446	43	820	212	92	478	9,640	9,389	100.00%

HCO - Enrollment/Disenrollment	EDU - Education & Outreach	OHC - Other Health Coverage
QOC - Quality of Care	COC - Continuity of Care	PRV - Plan Subcontractor/Provider Issues
HCP - Health Care Plan Issues	ELG - Eligibility	MISC - Miscellaneous Issues

Plan Name	Plan Enrollment	HCO	QOC	HCP	EDU	COC	ELG	OHC	PRV	MISC	Total Issues	Total Cases	Percent of Total Issues
No Plan - FFS		1,757	2	29	119	0	216	95	10	172	2,400	2,272	25.33%
Unknown/Unspecified Plan		65	0	1	0	1	10	3	2	34	116	61	1.22%
Alameda Alliance for Health	261,824	123	1	3	11	0	25	4	1	2	170	160	1.79%
AltaMed Health Services Corporation	65,435	26	0	2	2	0	4	0	0	0	34	33	0.36%
Anthem Blue Cross Partnership Plan	792,440	456	4	19	24	1	37	6	10	22	579	586	6.11%
Anthem Blue Cross Cal MediConnect	3,021	0	0	0	0	0	0	0	0	0	0	0	0.00%
Brandman Centers for Senior Care	201	0	0	0	0	0	0	0	0	0	0	0	0.00%
Cal Viva Health	364,202	96	0	5	11	1	10	3	0	3	129	120	1.36%
California Health and Wellness Plan	190,119	107	1	7	8	1	12	0	2	4	142	138	1.50%
CalOptima	769,825	255	0	6	25	1	41	11	2	10	351	357	3.70%
Care 1st Partner Plan, LLC	84,343	66	1	0	5	1	6	1	0	3	83	73	0.88%
Care 1st Cal MediConnect	6,213	2	0	0	1	0	0	0	0	0	3	1	0.03%
CareMore Cal MediConnect	3,706	0	0	0	0	0	0	0	0	0	0	0	0.00%
CenCal Health	178,892	39	0	0	4	0	2	0	1	2	48	53	0.51%
Center for Elders Independence	696	0	0	0	0	0	0	0	0	0	0	0	0.00%
Central California Alliance for Health	355,184	84	0	2	6	1	8	2	4	5	112	108	1.18%
Central Valley Medical Services Corp	342	0	0	0	0	0	0	0	0	0	0	0	0.00%
Communicare Advantage Cal MediConnect	5,103	2	0	0	0	0	0	0	0	1	3	3	0.03%
Community Health Group Partnership	284,457	61	0	1	5	0	5	3	2	3	80	73	0.84%
Contra Costa Health Plan	182,989	85	0	4	3	0	9	4	0	2	107	109	1.13%
Family Mosaic Project	14	2	0	0	0	0	0	0	0	0	2	0	0.02%
Gold Coast Health Plan	204,091	115	0	8	10	0	16	6	0	0	155	141	1.64%
Health Net Cal MediConnect	15,487	9	0	0	0	0	0	1	0	2	12	10	0.13%
Health Net Community Solutions, Inc.	1,510,405	850	0	21	40	5	61	18	14	27	1,036	1,057	10.93%
Health Plan of San Joaquin	347,121	109	0	4	4	1	3	3	2	6	132	128	1.39%
Health Plan of San Mateo	113,626	22	0	0	0	0	3	0	0	2	27	26	0.28%
Health Plan of San Mateo Cal MediConnect	9,248	7	0	0	0	0	0	0	0	0	7	0	0.07%
Humboldt Senior Resource Center, Inc	119	0	0	0	0	0	0	0	0	0	0	0	0.00%
Inland Empire Health Plan	1,240,211	1,208	1	30	66	0	116	22	4	20	1,467	1,369	15.48%
Inland Empire Health Plan Dual Choice Cal MediConnect	23,078	23	0	0	0	0	0	0	0	0	23	22	0.24%
InnovAge PACE	397	1	0	0	0	0	0	0	0	0	1	1	0.01%
Kern Family Health Care	249,625	61	0	2	4	0	4	6	1	2	80	77	0.84%
KP Cal LLC	145,789	91	0	2	19	0	17	0	0	7	136	132	1.44%
L.A. Care Health Plan	2,035,071	943	1	57	78	3	92	30	11	41	1,256	1,242	13.25%
L.A. Care Health Plan Cal MediConnect	14,192	24	0	1	2	0	1	0	1	0	29	24	0.31%
Molina Dual Options Cal MediConnect	9,293	9	0	1	0	0	0	0	0	0	10	7	0.11%
Molina Healthcare Of California Partner	473,716	323	1	15	14	1	19	9	7	13	402	388	4.24%
On Lok Lifeways	1,417	0	0	0	0	0	0	0	0	0	0	0	0.00%
OneCare Connect Cal MediConnect	15,487	3	0	0	0	0	0	0	0	1	4	4	0.04%
Partnership HealthPlan of California	571,256	147	0	11	12	2	14	1	2	3	192	206	2.03%
Positive Healthcare (a.k.a. AIDS Healthcare Foundation)	687	2	0	0	0	0	0	0	0	1	3	2	0.03%
Rady Children's Hospital CCS Demonstration	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
San Francisco Health Plan	136,798	35	0	0	4	0	6	2	0	1	48	42	0.51%
Santa Clara Family Health Plan	268,049	76	0	3	7	0	3	1	2	2	94	95	0.99%
Santa Clara Family Health Cal MediConnect	7,271	0	0	0	0	0	0	0	0	0	0	0	0.00%
Senior Care Action Network (SCAN)	12,857	3	0	0	0	0	0	0	0	0	3	3	0.03%
Sutter Senior Care	273	0	0	0	0	0	0	0	0	0	0	0	0.00%
Total	10,954,570	7,287	12	234	484	19	740	231	78	391	9,476	9,123	100.00%

HCO - Enrollment/Disenrollment	EDU - Education & Outreach	OHC - Other Health Coverage
QOC - Quality of Care	COC - Continuity of Care	PRV - Plan Subcontractor/Provider Issues
HCP - Health Care Plan Issues	ELG - Eligibility	MISC - Miscellaneous Issues

Plan Name	Plan Enrollment	HCO	QOC	HCP	EDU	COC	ELG	OHC	PRV	MISC	Total Issues	Total Cases	Percent of Total Issues
No Plan - FFS		1,292	1	13	67	2	139	40	3	101	1,658	1,599	19.13%
Unknown/Unspecified Plan		109	0	1	0	0	15	3	2	36	166	82	1.92%
Alameda Alliance for Health	263,425	92	0	1	5	0	24	2	1	5	130	139	1.50%
AltaMed Health Services Corporation	65,628	36	0	1	0	0	3	1	0	0	41	42	0.47%
Anthem Blue Cross Partnership Plan	792,186	518	3	22	15	4	39	15	17	12	645	637	7.44%
Anthem Blue Cross Cal MediConnect	3,011	1	0	1	0	0	0	0	0	0	2	3	0.02%
Brandman Centers for Senior Care	207	0	0	0	0	0	0	0	0	0	0	0	0.00%
Cal Viva Health	364,797	95	0	2	12	0	6	5	1	4	125	134	1.44%
California Health and Wellness Plan	190,107	118	1	7	6	1	9	0	0	0	142	141	1.64%
CalOptima	769,897	281	1	9	13	5	38	15	2	7	371	380	4.28%
Care 1st Partner Plan, LLC	84,477	61	0	3	0	0	0	1	0	5	70	67	0.81%
Care 1st Cal MediConnect	6,174	2	0	0	2	0	0	0	0	0	4	4	0.05%
CareMore Cal MediConnect	3,704	1	0	0	0	0	0	0	0	0	1	0	0.01%
CenCal Health	178,522	42	0	5	5	0	7	1	0	2	62	71	0.72%
Center for Elders Independence	706	0	0	0	0	0	0	0	0	0	0	0	0.00%
Central California Alliance for Health	354,594	85	0	0	4	0	13	3	2	6	113	119	1.30%
Central Valley Medical Services Corp	337	0	0	0	0	0	0	0	0	0	0	0	0.00%
Communicare Advantage Cal MediConnect	5,186	1	0	0	0	0	0	0	0	0	1	1	0.01%
Community Health Group Partnership	284,475	67	0	3	5	0	7	2	0	5	89	83	1.03%
Contra Costa Health Plan	182,985	89	1	4	8	0	2	1	3	3	111	100	1.28%
Family Mosaic Project	18	1	0	0	0	0	0	0	0	0	1	0	0.01%
Gold Coast Health Plan	203,774	71	2	2	4	1	11	10	0	5	106	105	1.22%
Health Net Cal MediConnect	15,345	6	0	0	2	0	0	1	0	0	9	8	0.10%
Health Net Community Solutions, Inc.	1,511,465	884	3	32	35	1	39	17	17	26	1,054	1,061	12.16%
Health Plan of San Joaquin	347,890	100	1	1	3	0	8	1	1	2	117	119	1.35%
Health Plan of San Mateo	113,507	32	0	1	1	0	2	0	0	1	37	42	0.43%
Health Plan of San Mateo Cal MediConnect	9,217	0	0	0	0	0	0	0	0	0	0	1	0.00%
Humboldt Senior Resource Center, Inc	118	0	0	0	0	0	0	0	0	0	0	0	0.00%
Inland Empire Health Plan	1,237,495	1,189	0	19	55	1	104	14	4	15	1,401	1,367	16.16%
Inland Empire Health Plan Dual Choice Cal MediConnect	23,405	9	0	0	2	0	2	0	0	1	14	13	0.16%
InnovAge PACE	405	3	0	0	0	0	0	0	0	1	4	4	0.05%
Kern Family Health Care	249,418	73	0	3	3	0	10	5	1	4	99	105	1.14%
KP Cal LLC	145,820	103	0	6	13	0	13	4	1	2	142	136	1.64%
L.A. Care Health Plan	2,044,090	898	5	38	47	0	80	17	22	30	1,137	1,183	13.12%
L.A. Care Health Plan Cal MediConnect	14,586	11	0	1	0	0	2	0	0	0	14	12	0.16%
Molina Dual Options Cal MediConnect	9,333	4	0	0	1	0	1	0	0	0	6	5	0.07%
Molina Healthcare Of California Partner	473,213	311	1	12	14	0	19	12	3	18	390	389	4.50%
On Lok Lifeways	1,418	0	0	0	0	0	0	0	0	0	0	0	0.00%
OneCare Connect Cal MediConnect	15,270	0	0	0	0	0	0	0	0	1	1	1	0.01%
Partnership HealthPlan of California	570,416	179	0	12	15	0	16	2	2	12	238	236	2.75%
Positive Healthcare (a.k.a. AIDS Healthcare Foundation)	684	3	0	0	0	0	0	0	0	0	3	3	0.03%
Rady Children's Hospital CCS Demonstration	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
San Francisco Health Plan	136,670	28	0	1	0	0	0	1	0	4	34	38	0.39%
Santa Clara Family Health Plan	267,498	89	0	8	8	1	7	1	2	3	119	116	1.37%
Santa Clara Family Health Cal MediConnect	7,240	4	0	0	1	0	0	0	0	0	5	5	0.06%
Senior Care Action Network (SCAN)	12,900	4	0	2	0	0	0	0	0	0	6	4	0.07%
Sutter Senior Care	271	0	0	0	0	0	0	0	0	0	0	0	0.00%
Total	10,961,884	6,892	19	210	346	16	616	174	84	311	8,668	8,555	100.00%

HCO - Enrollment/Disenrollment	EDU - Education & Outreach	OHC - Other Health Coverage
QOC - Quality of Care	COC - Continuity of Care	PRV - Plan Subcontractor/Provider Issues
HCP - Health Care Plan Issues	ELG - Eligibility	MISC - Miscellaneous Issues

Plan Name	Plan Enrollment	HCO	QOC	HCP	EDU	COC	ELG	OHC	PRV	MISC	Total Issues	Total Cases	Percent of Total Issues
No Plan - FFS		1,150	2	10	59	1	117	56	3	116	1,514	1,449	19.25%
Unknown/Unspecified Plan		112	0	4	8	1	10	2	0	103	240	134	3.05%
Alameda Alliance for Health	264,832	104	0	5	2	2	14	5	1	8	141	134	1.79%
AltaMed Health Services Corporation	65,866	26	0	3	1	0	3	1	2	0	36	32	0.46%
Anthem Blue Cross Partnership Plan	792,373	491	3	19	15	3	30	11	9	34	615	585	7.82%
Anthem Blue Cross Cal MediConnect	2,963	2	0	1	0	0	0	0	0	0	3	3	0.04%
Brandman Centers for Senior Care	208	0	0	0	0	0	0	0	0	0	0	0	0.00%
Cal Viva Health	365,441	90	0	9	7	0	9	5	3	7	130	118	1.65%
California Health and Wellness Plan	191,221	117	0	5	8	3	11	1	1	2	148	139	1.88%
CalOptima	771,863	254	0	8	18	0	27	7	5	17	336	337	4.27%
Care 1st Partner Plan, LLC	85,175	54	0	3	1	0	6	1	0	4	69	57	0.88%
Care 1st Cal MediConnect	6,086	4	0	0	0	0	0	0	0	0	4	4	0.05%
CareMore Cal MediConnect	3,637	5	0	0	1	0	0	1	0	0	7	7	0.09%
CenCal Health	178,988	38	1	0	3	0	3	0	0	3	48	50	0.61%
Center for Elders Independence	700	0	0	0	0	0	0	0	0	0	0	0	0.00%
Central California Alliance for Health	354,687	132	0	1	7	1	12	2	1	9	165	176	2.10%
Central Valley Medical Services Corp	336	0	0	0	0	0	0	0	0	0	0	0	0.00%
Communicare Advantage Cal MediConnect	5,199	1	0	0	0	0	0	0	0	0	1	0	0.01%
Community Health Group Partnership	285,521	55	0	5	6	0	3	1	0	5	75	66	0.95%
Contra Costa Health Plan	183,823	75	0	3	4	0	9	2	1	2	96	93	1.22%
Family Mosaic Project	23	1	0	0	0	0	0	0	0	0	1	0	0.01%
Gold Coast Health Plan	204,169	81	2	0	3	0	6	7	0	1	100	93	1.27%
Health Net Cal MediConnect	15,067	3	0	1	0	0	1	1	0	0	6	5	0.08%
Health Net Community Solutions, Inc.	1,517,085	690	5	26	26	1	46	20	7	44	865	833	11.00%
Health Plan of San Joaquin	349,219	99	0	1	4	0	6	2	1	1	114	107	1.45%
Health Plan of San Mateo	113,653	44	1	1	1	0	3	1	1	0	52	44	0.66%
Health Plan of San Mateo Cal MediConnect	9,185	46	0	1	4	0	0	0	0	0	51	29	0.65%
Humboldt Senior Resource Center, Inc	123	0	0	0	0	0	0	0	0	0	0	0	0.00%
Inland Empire Health Plan	1,241,086	1,074	1	18	42	2	91	31	9	22	1,290	1,124	16.40%
Inland Empire Health Plan Dual Choice Cal MediConnect	23,577	14	0	0	1	0	1	1	1	2	20	18	0.25%

Plan Name	Plan Enrollment	HCO	QOC	HCP	EDU	COC	ELG	OHC	PRV	MISC	Total Issues	Total Cases	Percent of Total Issues
InnovAge PACE	424	2	0	0	0	0	0	0	0	0	2	0	0.03%
Kern Family Health Care	249,246	58	1	0	3	0	4	6	2	0	74	68	0.94%
KP Cal LLC	146,230	146	0	2	5	0	7	6	3	2	171	155	2.17%
L.A. Care Health Plan	2,055,534	597	4	28	29	2	52	10	20	42	784	824	9.97%
L.A. Care Health Plan Cal MediConnect	14,620	17	0	0	0	0	2	0	0	0	19	15	0.24%
Molina Dual Options Cal MediConnect	9,288	2	0	0	0	0	2	0	0	0	4	2	0.05%
Molina Healthcare Of California Partner	475,471	317	2	10	8	0	12	19	4	13	385	342	4.89%
On Lok Lifeways	1,425	0	0	0	0	0	0	0	0	0	0	0	0.00%
OneCare Connect Cal MediConnect	15,147	5	0	0	0	0	0	0	0	0	5	4	0.06%
Partnership HealthPlan of California	570,751	127	1	3	7	0	6	3	1	4	152	166	1.93%
Positive Healthcare (a.k.a. AIDS Healthcare Foundation)	683	0	0	0	0	0	1	0	0	0	1	2	0.01%
Rady Children's Hospital CCS Demonstration	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
San Francisco Health Plan	137,124	51	0	0	3	0	3	0	1	3	61	53	0.78%
Santa Clara Family Health Plan	264,704	56	0	3	2	0	4	1	0	5	71	71	0.90%
Santa Clara Family Health Cal MediConnect	7,077	3	0	0	0	0	0	0	0	0	3	3	0.04%
Senior Care Action Network (SCAN)	13,070	5	0	1	0	0	1	0	0	0	7	8	0.09%
Sutter Senior Care	273	0	0	0	0	0	0	0	0	0	0	0	0.00%
Total	10,993,173	6,148	23	171	278	16	502	203	76	449	7,866	7,350	100.00%

HCO - Enrollment/Disenrollment

QOC - Quality of Care

HCP - Health Care Plan Issues

EDU - Education & Outreach

COC - Continuity of Care

ELG - Eligibility

OHC - Other Health Coverage

PRV - Plan Subcontractor/Provider Issues

MISC - Miscellaneous Issues

Plan Name	Plan Enrollment	HCO	QOC	HCP	EDU	COC	ELG	OHC	PRV	MISC	Total Issues	Total Cases	Percent of Total Issues
No Plan - FFS		1,515	1	26	77	2	148	61	1	193	2,024	1,874	22.27%
Unknown/Unspecified Plan		38	0	5	6	1	6	2	0	106	164	127	1.80%
Alameda Alliance for Health	266,118	108	0	3	6	0	10	10	0	6	143	119	1.57%
AltaMed Health Services Corporation	65,924	39	1	1	1	0	2	0	0	4	48	46	0.53%
Anthem Blue Cross Partnership Plan	789,479	648	8	26	30	8	24	17	18	49	828	771	9.11%
Anthem Blue Cross Cal MediConnect	2,968	0	0	0	0	0	0	0	0	0	0	0	0.00%
Brandman Centers for Senior Care	212	0	0	0	0	0	0	0	0	0	0	0	0.00%
Cal Viva Health	364,709	117	1	7	8	1	11	2	4	14	165	153	1.82%
California Health and Wellness Plan	191,159	106	0	2	6	1	4	4	0	7	130	138	1.43%
CalOptima	774,345	327	2	10	29	0	20	14	2	18	422	417	4.64%
Care 1st Partner Plan, LLC	85,727	64	0	1	2	0	2	0	0	5	74	73	0.81%
Care 1st Cal MediConnect	6,060	2	0	0	0	0	1	0	1	0	4	7	0.04%
CareMore Cal MediConnect	3,664	0	0	0	0	0	0	1	0	0	1	1	0.01%
CenCal Health	179,575	38	0	1	4	0	2	3	0	3	51	51	0.56%
Center for Elders Independence	702	0	0	0	0	0	0	0	0	0	0	0	0.00%
Central California Alliance for Health	354,827	120	0	4	11	0	11	4	0	6	156	165	1.72%
Central Valley Medical Services Corp	343	0	0	0	0	0	0	0	0	0	0	0	0.00%
Communicare Advantage Cal MediConnect	5,261	1	0	1	0	0	0	0	0	1	3	1	0.03%
Community Health Group Partnership	285,821	65	0	2	1	0	8	3	0	4	83	77	0.91%
Contra Costa Health Plan	184,333	98	0	1	4	0	6	1	0	3	113	103	1.24%
Family Mosaic Project	25	0	0	0	0	0	0	0	0	0	0	0	0.00%
Gold Coast Health Plan	204,709	122	1	2	8	0	11	7	2	6	159	143	1.75%
Health Net Cal MediConnect	14,968	10	0	1	0	0	0	1	0	0	12	8	0.13%
Health Net Community Solutions, Inc.	1,515,966	792	3	19	29	3	26	21	6	39	938	945	10.32%
Health Plan of San Joaquin	348,426	113	0	0	4	0	6	3	1	6	133	124	1.46%
Health Plan of San Mateo	113,939	36	0	0	2	0	2	2	0	12	54	56	0.59%
Health Plan of San Mateo Cal MediConnect	9,146	29	0	1	0	0	0	0	1	1	32	25	0.35%
Humboldt Senior Resource Center, Inc	123	0	0	0	0	0	0	0	0	0	0	0	0.00%
Inland Empire Health Plan	1,237,646	1,078	1	12	43	0	114	22	6	22	1,298	1,170	14.28%
Inland Empire Health Plan Dual Choice Cal MediConnect	23,915	29	0	0	1	0	0	0	0	1	31	30	0.34%

Plan Name	Plan Enrollment	HCO	QOC	HCP	EDU	COC	ELG	OHC	PRV	MISC	Total Issues	Total Cases	Percent of Total Issues
InnovAge PACE	440	2	0	0	0	0	0	0	0	0	2	2	0.02%
Kern Family Health Care	248,639	61	0	3	3	0	5	14	0	1	87	82	0.96%
KP Cal LLC	146,426	107	1	4	14	0	10	3	0	5	144	138	1.58%
L.A. Care Health Plan	2,055,491	720	4	38	56	6	54	16	16	62	972	993	10.70%
L.A. Care Health Plan Cal MediConnect	14,867	9	0	0	0	1	0	0	0	0	10	8	0.11%
Molina Dual Options Cal MediConnect	9,308	3	0	0	0	0	0	0	0	0	3	4	0.03%
Molina Healthcare Of California Partner	475,314	353	4	5	18	2	15	8	3	12	420	372	4.62%
On Lok Lifeways	1,424	0	0	0	0	0	0	0	0	0	0	0	0.00%
OneCare Connect Cal MediConnect	15,104	3	0	0	0	0	0	0	0	0	3	6	0.03%
Partnership HealthPlan of California	571,482	162	0	11	15	1	13	3	4	18	227	224	2.50%
Positive Healthcare (a.k.a. AIDS Healthcare Foundation)	681	1	0	0	0	0	1	0	0	0	2	1	0.02%
Rady Children's Hospital CCS Demonstration	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
San Francisco Health Plan	137,295	33	0	2	1	0	1	4	0	4	45	41	0.50%
Santa Clara Family Health Plan	264,635	66	3	4	5	1	10	2	0	3	94	80	1.03%
Santa Clara Family Health Cal MediConnect	7,072	5	0	0	0	0	0	0	0	0	5	2	0.06%
Senior Care Action Network (SCAN)	13,127	4	0	0	1	0	2	0	0	0	7	6	0.08%
Sutter Senior Care	273	0	0	0	0	0	0	0	0	0	0	0	0.00%
Total	10,991,668	7,024	30	192	385	27	525	228	65	611	9,087	8,583	100.00%

HCO - Enrollment/Disenrollment
QOC - Quality of Care
HCP - Health Care Plan Issues

EDU - Education & Outreach
COC - Continuity of Care
ELG - Eligibility

OHC - Other Health Coverage
PRV - Plan Subcontractor/Provider Issues
MISC - Miscellaneous Issues

Plan Name	Plan Enrollment	HCO	QOC	HCP	EDU	COC	ELG	OHC	PRV	MISC	Total Issues	Total Cases	Percent of Total Issues
No Plan - FFS		1,727	0	29	78	0	149	58	4	173	2,218	2,049	26.68%
Unknown/Unspecified Plan		42	0	2	2	1	14	2	0	75	138	98	1.66%
Alameda Alliance for Health	266,223	94	0	3	5	0	14	2	0	3	121	123	1.46%
AltaMed Health Services Corporation	66,086	44	0	0	3	0	1	0	0	0	48	41	0.58%
Anthem Blue Cross Partnership Plan	785,747	419	1	30	31	5	24	14	14	28	566	545	6.81%
Anthem Blue Cross Cal MediConnect	2,939	2	0	0	0	0	0	7	0	0	9	9	0.11%
Brandman Centers for Senior Care	215	0	0	0	0	0	0	0	0	0	0	0	0.00%
Cal Viva Health	364,128	102	0	3	5	2	0	7	3	4	126	114	1.52%
California Health and Wellness Plan	191,916	103	0	2	9	0	7	3	1	10	135	118	1.62%
CalOptima	773,408	279	1	8	20	3	37	12	3	11	374	359	4.50%
Care 1st Partner Plan, LLC	85,453	63	0	2	2	1	1	2	0	2	73	70	0.88%
Care 1st Cal MediConnect	5,967	1	0	0	1	0	0	0	0	0	2	2	0.02%
CareMore Cal MediConnect	3,625	1	0	0	1	0	0	0	0	0	2	2	0.02%
CenCal Health	179,448	40	0	1	7	0	2	1	1	1	53	64	0.64%
Center for Elders Independence	703	0	0	0	0	0	0	0	0	0	0	0	0.00%
Central California Alliance for Health	354,187	83	0	2	4	0	5	4	0	2	100	106	1.20%
Central Valley Medical Services Corp	357	0	0	0	0	0	0	0	0	0	0	0	0.00%
Communicare Advantage Cal MediConnect	5,317	0	0	0	0	0	0	0	0	0	0	0	0.00%
Community Health Group Partnership	284,368	47	0	1	6	0	7	4	0	3	68	65	0.82%
Contra Costa Health Plan	183,218	54	0	0	2	0	8	0	0	1	65	58	0.78%
Family Mosaic Project	25	4	0	0	0	0	0	0	0	0	4	0	0.05%
Gold Coast Health Plan	204,209	93	1	3	2	0	10	7	2	4	122	133	1.47%
Health Net Cal MediConnect	14,710	14	0	0	0	0	0	0	0	0	14	16	0.17%
Health Net Community Solutions, Inc.	1,511,731	570	1	27	34	0	32	18	8	26	716	775	8.61%
Health Plan of San Joaquin	349,147	73	0	0	3	0	6	5	1	0	88	78	1.06%
Health Plan of San Mateo	113,351	43	0	1	5	0	4	1	0	3	57	55	0.69%
Health Plan of San Mateo Cal MediConnect	9,132	5	0	0	0	0	0	0	0	0	5	1	0.06%
Humboldt Senior Resource Center, Inc	126	0	0	0	0	0	0	0	0	0	0	0	0.00%
Inland Empire Health Plan	1,233,446	1,014	2	13	40	1	99	16	5	26	1,216	1,091	14.63%
Inland Empire Health Plan Dual Choice Cal MediConnect	24,186	18	0	1	0	0	2	0	0	1	22	20	0.26%

Plan Name	Plan Enrollment	HCO	QOC	HCP	EDU	COC	ELG	OHC	PRV	MISC	Total Issues	Total Cases	Percent of Total Issues
InnovAge PACE	442	4	0	0	1	0	0	0	0	0	5	2	0.06%
Kern Family Health Care	247,425	54	0	1	5	0	5	8	0	3	76	71	0.91%
KP Cal LLC	146,164	100	0	5	6	0	14	2	0	9	136	131	1.64%
L.A. Care Health Plan	2,055,718	680	2	46	71	4	49	10	15	46	923	915	11.10%
L.A. Care Health Plan Cal MediConnect	14,963	16	0	2	1	0	0	0	0	0	19	18	0.23%
Molina Dual Options Cal MediConnect	9,242	3	0	0	0	0	0	0	0	0	3	3	0.04%
Molina Healthcare Of California Partner	473,105	359	0	5	14	0	22	12	5	13	430	383	5.17%
On Lok Lifeways	1,425	0	0	0	0	0	0	0	0	0	0	0	0.00%
OneCare Connect Cal MediConnect	15,045	2	0	1	1	0	1	0	0	0	5	6	0.06%
Partnership HealthPlan of California	570,737	162	0	10	13	0	9	5	7	12	218	225	2.62%
Positive Healthcare (a.k.a. AIDS Healthcare Foundation)	682	1	0	0	0	0	0	0	0	0	1	1	0.01%
Rady Children's Hospital CCS Demonstration	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
San Francisco Health Plan	136,414	42	0	2	2	0	8	1	0	4	59	58	0.71%
Santa Clara Family Health Plan	262,964	69	0	1	4	0	7	5	1	1	88	90	1.06%
Santa Clara Family Health Cal MediConnect	7,086	2	0	0	0	0	0	0	0	0	2	3	0.02%
Senior Care Action Network (SCAN)	13,089	5	0	0	0	0	1	0	0	0	6	5	0.07%
Sutter Senior Care	277	0	0	0	0	0	0	0	0	0	0	0	0.00%
Total	10,968,146	6,434	8	201	378	17	538	206	70	461	8,313	7,903	100.00%

HCO - Enrollment/Disenrollment

QOC - Quality of Care

HCP - Health Care Plan Issues

EDU - Education & Outreach

COC - Continuity of Care

ELG - Eligibility

OHC - Other Health Coverage

PRV - Plan Subcontractor/Provider Issues

MISC - Miscellaneous Issues

Plan Name	Plan Enrollment	HCO	QOC	HCP	EDU	COC	ELG	OHC	PRV	MISC	Total Issues	Total Cases	Percent of Total Issues
No Plan - FFS		1,287	4	9	75	4	134	53	2	77	1,645	1,547	19.78%
Unknown/Unspecified Plan		97	0	3	2	1	9	3	1	64	180	76	2.16%
Alameda Alliance for Health	266,468	121	0	3	13	0	12	3	0	6	158	153	1.90%
AltaMed Health Services Corporation	66,442	20	1	2	5	0	3	1	0	0	32	27	0.38%
Anthem Blue Cross Partnership Plan	786,080	473	1	37	40	2	20	15	2	22	612	620	7.36%
Anthem Blue Cross Cal MediConnect	2,913	1	0	0	0	0	0	1	0	0	2	2	0.02%
Brandman Centers for Senior Care	225	0	0	0	0	0	0	0	0	0	0	0	0.00%
Cal Viva Health	364,979	102	1	3	8	2	9	9	1	6	141	131	1.70%
California Health and Wellness Plan	193,359	104	0	3	8	0	6	3	1	5	130	137	1.56%
CalOptima	772,851	265	0	8	41	0	22	14	5	23	378	383	4.54%
Care 1st Partner Plan, LLC	85,861	61	0	3	2	0	0	0	0	9	75	74	0.90%
Care 1st Cal MediConnect	5,913	4	0	0	0	0	0	1	0	0	5	4	0.06%
CareMore Cal MediConnect	3,616	0	0	0	0	0	0	0	0	0	0	0	0.00%
CenCal Health	180,003	45	0	1	5	0	3	2	0	3	59	60	0.71%
Center for Elders Independence	701	0	0	0	0	0	1	0	0	0	1	0	0.01%
Central California Alliance for Health	353,801	85	0	1	4	0	9	4	0	2	105	123	1.26%
Central Valley Medical Services Corp	375	0	0	0	0	0	0	0	0	0	0	0	0.00%
Communicare Advantage Cal MediConnect	5,388	2	0	0	0	0	0	0	0	0	2	1	0.02%
Community Health Group Partnership	284,848	32	0	3	3	0	10	1	0	4	53	58	0.64%
Contra Costa Health Plan	183,820	85	0	6	3	0	7	6	0	1	108	105	1.30%
Family Mosaic Project	20	3	0	0	0	0	0	0	0	0	3	0	0.04%
Gold Coast Health Plan	204,877	107	0	1	9	1	10	10	2	6	146	143	1.76%
Health Net Cal MediConnect	14,559	10	0	0	2	0	2	0	0	0	14	10	0.17%
Health Net Community Solutions, Inc.	1,516,064	744	1	30	47	2	22	14	6	43	909	961	10.93%
Health Plan of San Joaquin	350,185	95	0	2	10	1	4	2	2	1	117	125	1.41%
Health Plan of San Mateo	113,266	23	0	1	2	0	2	1	0	5	34	31	0.41%
Health Plan of San Mateo Cal MediConnect	9,174	55	0	2	1	0	0	0	0	0	58	59	0.70%
Humboldt Senior Resource Center, Inc	130	0	0	0	0	0	0	0	0	0	0	0	0.00%
Inland Empire Health Plan	1,236,188	1,021	0	24	76	2	130	31	5	33	1,322	1,215	15.90%
Inland Empire Health Plan Dual Choice Cal MediConnect	24,601	20	0	0	3	0	4	0	0	2	29	23	0.35%

Plan Name	Plan Enrollment	HCO	QOC	HCP	EDU	COC	ELG	OHC	PRV	MISC	Total Issues	Total Cases	Percent of Total Issues
InnovAge PACE	451	1	0	0	0	0	0	0	0	1	2	3	0.02%
Kern Family Health Care	248,624	54	0	2	5	0	2	2	0	2	67	69	0.81%
KP Cal LLC	146,856	99	0	5	12	0	19	2	0	9	146	134	1.76%
L.A. Care Health Plan	2,065,765	659	2	75	66	4	62	13	9	43	933	992	11.22%
L.A. Care Health Plan Cal MediConnect	15,238	21	0	0	0	0	1	1	1	2	26	23	0.31%
Molina Dual Options Cal MediConnect	9,337	3	0	1	0	0	0	0	0	1	5	6	0.06%
Molina Healthcare Of California Partner	474,057	347	0	15	18	0	28	12	5	23	448	416	5.39%
On Lok Lifeways	1,427	0	0	0	0	0	0	0	0	0	0	0	0.00%
OneCare Connect Cal MediConnect	15,122	6	1	0	0	0	1	0	0	0	8	8	0.10%
Partnership HealthPlan of California	572,595	159	0	15	20	0	18	2	3	21	238	247	2.86%
Positive Healthcare (a.k.a. AIDS Healthcare Foundation)	676	0	0	0	1	0	0	0	0	0	1	1	0.01%
Rady Children's Hospital CCS Demonstration	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
San Francisco Health Plan	136,175	30	0	1	1	1	2	1	0	1	37	34	0.44%
Santa Clara Family Health Plan	262,267	51	0	4	7	0	4	0	0	3	69	66	0.83%
Santa Clara Family Health Cal MediConnect	7,150	1	0	0	0	0	0	0	0	0	1	1	0.01%
Senior Care Action Network (SCAN)	13,146	5	0	0	0	0	1	0	1	0	7	7	0.08%
Sutter Senior Care	281	0	0	0	0	0	0	0	0	0	0	0	0.00%
United Healthcare Community Plan of California	248	8	0	2	0	0	0	1	0	0	11	12	0.13%
Total	10,995,874	6,298	11	260	489	20	557	207	46	418	8,306	8,075	100.00%

HCO - Enrollment/Disenrollment
QOC - Quality of Care
HCP - Health Care Plan Issues

EDU - Education & Outreach
COC - Continuity of Care
ELG - Eligibility

OHC - Other Health Coverage
PRV - Plan Subcontractor/Provider Issues
MISC - Miscellaneous Issues

Plan Name	Plan Enrollment	HCO	QOC	HCP	EDU	COC	ELG	OHC	PRV	MISC	Total Issues	Total Cases	Percent of Total Issues
No Plan - FFS		1,782	3	26	121	5	190	74	9	135	2,345	2,201	28.66%
Unknown/Unspecified Plan		35	0	2	4	0	12	0	1	68	122	79	1.49%
Alameda Alliance for Health	264,807	108	0	3	17	0	17	5	1	8	159	162	1.94%
AltaMed Health Services Corporation	66,647	38	0	0	6	0	3	3	0	0	50	45	0.61%
Anthem Blue Cross Partnership Plan	781,195	409	1	22	37	2	14	16	5	22	528	550	6.45%
Anthem Blue Cross Cal MediConnect	2,884	1	0	0	0	0	0	25	0	0	26	26	0.32%
Brandman Centers for Senior Care	223	0	0	0	0	0	0	0	0	0	0	0	0.00%
Cal Viva Health	364,237	89	1	2	17	0	6	5	1	4	125	123	1.53%
California Health and Wellness Plan	193,719	92	0	5	12	0	2	2	2	5	120	125	1.47%
CalOptima	767,652	217	0	13	30	0	21	15	2	9	307	327	3.75%
Care 1st Partner Plan, LLC	84,973	52	0	1	5	0	2	0	1	5	66	59	0.81%
Care 1st Cal MediConnect	5,821	0	0	0	0	0	1	0	0	0	1	2	0.01%
CareMore Cal MediConnect	3,608	2	0	0	0	0	0	0	0	0	2	3	0.02%
CenCal Health	180,012	57	0	0	3	0	11	2	1	1	75	71	0.92%
Center for Elders Independence	704	0	0	0	0	0	0	0	0	0	0	0	0.00%
Central California Alliance for Health	352,552	72	0	0	11	0	4	3	1	1	92	107	1.12%
Central Valley Medical Services Corp	393	0	0	0	0	0	0	0	0	0	0	0	0.00%
Communicare Advantage Cal MediConnect	5,461	1	0	1	0	0	0	0	0	0	2	2	0.02%
Community Health Group Partnership	282,026	39	0	1	11	0	4	1	0	4	60	60	0.73%
Contra Costa Health Plan	182,682	70	1	4	5	0	2	2	2	2	88	88	1.08%
Family Mosaic Project	19	1	0	0	0	0	0	0	0	0	1	0	0.01%
Gold Coast Health Plan	203,730	85	0	3	7	1	3	3	2	3	107	110	1.31%
Health Net Cal MediConnect	14,385	6	0	0	2	0	2	0	0	1	11	11	0.13%
Health Net Community Solutions, Inc.	1,508,892	575	0	31	63	3	31	21	6	41	771	882	9.42%
Health Plan of San Joaquin	350,259	107	0	3	8	1	8	0	0	2	129	134	1.58%
Health Plan of San Mateo	112,508	14	0	1	2	0	4	1	0	3	25	30	0.31%
Health Plan of San Mateo Cal MediConnect	9,141	2	0	0	1	0	0	0	0	0	3	3	0.04%
Humboldt Senior Resource Center, Inc	135	0	0	0	0	0	0	0	0	0	0	0	0.00%
Inland Empire Health Plan	1,235,591	931	0	13	84	1	86	13	5	26	1,159	1,085	14.16%
Inland Empire Health Plan Dual Choice Cal MediConnect	24,697	18	0	1	3	0	0	1	0	2	25	26	0.31%

Plan Name	Plan Enrollment	HCO	QOC	HCP	EDU	COC	ELG	OHC	PRV	MISC	Total Issues	Total Cases	Percent of Total Issues
InnovAge PACE	444	1	0	1	0	0	0	0	0	0	2	2	0.02%
Kern Family Health Care	248,825	62	1	2	6	0	7	1	1	7	87	81	1.06%
KP Cal LLC	145,550	120	0	4	11	1	16	0	0	6	158	154	1.93%
L.A. Care Health Plan	2,064,643	554	2	40	62	2	45	12	11	49	777	817	9.50%
L.A. Care Health Plan Cal MediConnect	15,290	10	0	0	1	0	1	1	0	0	13	13	0.16%
Molina Dual Options Cal MediConnect	9,246	3	0	0	0	0	0	0	0	0	3	3	0.04%
Molina Healthcare Of California Partner	470,298	303	2	6	18	1	11	8	5	12	366	344	4.47%
On Lok Lifeways	1,441	0	0	0	0	0	0	0	0	0	0	0	0.00%
OneCare Connect Cal MediConnect	15,059	5	0	0	0	0	0	0	0	0	5	5	0.06%
Partnership HealthPlan of California	570,268	165	0	12	21	1	12	6	2	10	229	236	2.80%
Positive Healthcare (a.k.a. AIDS Healthcare Foundation)	675	2	0	0	0	0	0	0	0	0	2	2	0.02%
Rady Children's Hospital CCS Demonstration	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
San Francisco Health Plan	134,742	46	0	2	3	0	2	2	0	1	56	53	0.68%
Santa Clara Family Health Plan	261,119	46	0	1	12	1	3	2	0	2	67	65	0.82%
Santa Clara Family Health Cal MediConnect	7,167	0	0	0	0	0	0	0	0	0	0	0	0.00%
Senior Care Action Network (SCAN)	13,114	3	0	0	0	0	0	0	0	0	3	5	0.04%
Sutter Senior Care	278	0	0	0	0	0	0	0	0	0	0	0	0.00%
United Healthcare Community Plan of California	931	15	0	0	0	0	0	0	0	1	16	13	0.20%
Total	10,957,112	6,123	11	200	583	19	520	224	58	429	8,167	8,091	100.00%

HCO - Enrollment/Disenrollment
QOC - Quality of Care
HCP - Health Care Plan Issues

EDU - Education & Outreach
COC - Continuity of Care
ELG - Eligibility

OHC - Other Health Coverage
PRV - Plan Subcontractor/Provider Issues
MISC - Miscellaneous Issues

Plan Name	Plan Enrollment	HCO	QOC	HCP	EDU	COC	ELG	OHC	PRV	MISC	Total Issues	Total Cases	Percent of Total Issues
No Plan - FFS		1,760	0	34	104	1	186	74	8	167	2,334	2,155	30.09%
Unknown/Unspecified Plan		22	0	2	3	1	5	0	0	86	119	90	1.53%
Alameda Alliance for Health	265,639	82	0	4	13	0	12	8	2	5	126	127	1.62%
AltaMed Health Services Corporation	66,853	21	0	0	6	0	1	1	1	0	30	32	0.39%
Anthem Blue Cross Partnership Plan	781,897	414	1	27	40	2	9	15	3	27	538	506	6.94%
Anthem Blue Cross Cal MediConnect	2,823	2	0	0	0	0	0	0	0	0	2	2	0.03%
Brandman Centers for Senior Care	224	0	0	0	0	0	0	0	0	0	0	0	0.00%
Cal Viva Health	364,753	77	1	5	11	0	4	2	0	5	105	109	1.35%
California Health and Wellness Plan	194,114	93	0	5	7	0	4	5	1	3	118	120	1.52%
CalOptima	770,575	187	1	8	31	0	21	11	3	16	278	288	3.58%
Care 1st Partner Plan, LLC	85,563	47	1	4	5	0	0	1	0	0	58	55	0.75%
Care 1st Cal MediConnect	5,738	0	0	0	0	0	0	0	0	0	0	0	0.00%
CareMore Cal MediConnect	3,581	0	0	0	2	0	0	0	0	1	3	3	0.04%
CenCal Health	180,412	41	0	2	6	0	2	0	1	4	56	64	0.72%
Center for Elders Independence	698	0	0	0	0	0	0	0	0	0	0	0	0.00%
Central California Alliance for Health	351,956	73	0	2	10	0	5	1	0	3	94	101	1.21%
Central Valley Medical Services Corp	410	0	0	0	0	0	0	0	0	0	0	0	0.00%
Communicare Advantage Cal MediConnect	5,499	2	0	0	0	0	0	0	0	0	2	1	0.03%
Community Health Group Partnership	282,382	46	0	2	5	0	5	1	1	3	63	57	0.81%
Contra Costa Health Plan	183,804	57	0	1	4	0	4	1	0	1	68	69	0.88%
Family Mosaic Project	20	2	0	0	0	0	0	0	0	0	2	0	0.03%
Gold Coast Health Plan	203,778	65	1	3	13	1	9	7	0	1	100	114	1.29%
Health Net Cal MediConnect	14,144	5	0	0	0	0	0	0	0	1	6	6	0.08%
Health Net Community Solutions, Inc.	1,508,589	534	0	13	52	0	44	10	5	39	697	766	8.99%
Health Plan of San Joaquin	350,231	95	0	2	8	0	3	0	0	3	111	121	1.43%
Health Plan of San Mateo	112,164	24	0	1	10	0	2	2	0	1	40	35	0.52%
Health Plan of San Mateo Cal MediConnect	9,146	19	0	0	0	0	0	0	0	0	19	16	0.24%
Humboldt Senior Resource Center, Inc	135	0	0	0	0	0	0	0	0	0	0	0	0.00%
Inland Empire Health Plan	1,231,158	823	0	16	77	1	83	14	4	36	1,054	1,029	13.59%
Inland Empire Health Plan Dual Choice Cal MediConnect	24,679	15	0	1	1	1	0	0	1	0	19	18	0.24%

Plan Name	Plan Enrollment	HCO	QOC	HCP	EDU	COC	ELG	OHC	PRV	MISC	Total Issues	Total Cases	Percent of Total Issues
InnovAge PACE	436	3	0	0	0	0	0	0	0	0	3	3	0.04%
Kern Family Health Care	249,252	64	0	1	6	0	6	6	0	2	85	76	1.10%
KP Cal LLC	146,070	112	0	0	19	0	8	4	1	8	152	145	1.96%
L.A. Care Health Plan	2,064,113	473	2	47	62	4	42	16	9	46	701	758	9.04%
L.A. Care Health Plan Cal MediConnect	15,258	9	0	0	2	0	0	0	0	0	11	12	0.14%
Molina Dual Options Cal MediConnect	9,161	2	0	0	0	0	0	0	0	0	2	3	0.03%
Molina Healthcare Of California Partner	470,296	322	0	6	31	0	14	8	5	6	392	370	5.05%
On Lok Lifeways	1,438	0	0	0	0	0	0	0	0	0	0	0	0.00%
OneCare Connect Cal MediConnect	15,007	8	0	0	1	0	0	0	0	0	9	8	0.12%
Partnership HealthPlan of California	570,337	143	0	9	14	0	13	0	1	11	191	209	2.46%
Positive Healthcare (a.k.a. AIDS Healthcare Foundation)	672	0	0	0	0	0	0	0	0	0	0	0	0.00%
Rady Children's Hospital CCS Demonstration	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
San Francisco Health Plan	134,592	38	0	0	5	0	3	0	0	0	46	46	0.59%
Santa Clara Family Health Plan	260,385	70	1	5	11	0	4	0	0	5	96	106	1.24%
Santa Clara Family Health Cal MediConnect	7,157	1	0	0	0	0	0	0	0	1	2	2	0.03%
Senior Care Action Network (SCAN)	13,360	7	0	0	0	0	0	0	0	0	7	6	0.09%
Sutter Senior Care	284	0	0	0	0	0	0	0	0	0	0	0	0.00%
United Healthcare Community Plan of California	1,548	12	0	0	1	0	2	2	1	0	18	16	0.23%
Total	10,958,783	5,758	8	200	559	11	489	187	46	481	7,739	7,628	100.00%

HCO - Enrollment/Disenrollment
QOC - Quality of Care
HCP - Health Care Plan Issues

EDU - Education & Outreach
COC - Continuity of Care
ELG - Eligibility

OHC - Other Health Coverage
PRV - Plan Subcontractor/Provider Issues
MISC - Miscellaneous Issues

Start Date 1/1/2016
End Date 3/31/2016

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	County #	Plan Name	Key	HCP Code	Case Count	HCO	QOC	HCP	EDU	COC	ELG	OHC	PRV	MISC
2	Statewide	No Plan - FFS	{7013947D-B156-DE11-A60E-000423A82E1D}	000	8,095	5,243	6	31	678		769	232	10	1,517
3	Statewide	Unknown/Unspecified Plan	{9BE7EF92-22B8-DE11-8EBF-005056836BE1}	999	445	96	4	1	107		15	4	2	227
4	Alameda	Alameda Alliance for Health	{CE3CA3A4-5455-DE11-A4C6-000423A82E1D}	300	502	356	0	13	16		81	11	0	16
5	Alameda	Anthem Blue Cross Partnership Plan - Alameda	{C09D9531-5A55-DE11-A4C6-000423A82E1D}	340	154	126	0	7	3		15	3	0	9
6	Alameda	Center for Elders Independence - Alameda	{2CCFD66B-5F55-DE11-A4C6-000423A82E1D}	051	1	0	0	0	0		1	0	0	0
7	Alpine	Anthem Blue Cross Partnership Plan - Alpine	{2311726E-E705-E311-A08E-005056831609}	100	1	0	0	1	0		0	0	0	0
8	Alpine	California Health and Wellness Plan - Alpine	{F8FD0028-EE05-E311-A08E-005056831609}	118	1	1	0	0	0		0	0	0	0
9	Amador	Anthem Blue Cross Partnership Plan - Amador	{0FE0F895-E705-E311-A08E-005056831609}	101	19	15	0	0	1		1	0	1	0
10	Amador	California Health and Wellness Plan - Amador	{05D49940-EE05-E311-A08E-005056831609}	119	3	3	0	1	0		0	0	0	0
11	Butte	Anthem Blue Cross Partnership Plan - Butte	{F42436A7-E705-E311-A08E-005056831609}	102	97	68	0	2	1		11	3	1	3
12	Butte	California Health and Wellness Plan - Butte	{4DC29E50-EE05-E311-A08E-005056831609}	120	79	65	0	2	0		7	0	1	3
13	Calaveras	Anthem Blue Cross Partnership Plan - Calaveras	{8DE4242D-ED05-E311-A08E-005056831609}	103	8	5	0	2	0		1	0	0	0
14	Calaveras	California Health and Wellness Plan - Calaveras	{11990F63-EE05-E311-A08E-005056831609}	121	11	10	0	0	0		2	0	0	0

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
15	Colusa	Anthem Blue Cross Partnership Plan - Colusa	{F2F9303D-ED05-E311-A08E-005056831609}	104	11	9	0	0	0		2	0	0	1
16	Colusa	California Health and Wellness Plan - Colusa	{ECB67C84-EE05-E311-A08E-005056831609}	122		2	0	0	0		0	0	0	0
17	Contra Costa	Anthem Blue Cross Partnership Plan - Contra Costa	{BAC89F43-5A55-DE11-A4C6-000423A82E1D}	344	127	114	0	3	2		5	5	1	3
18	Contra Costa	Center for Elders Independence - Contra Costa	{E0289676-5F55-DE11-A4C6-000423A82E1D}	054		0	0	0	0		0	0	0	0
19	Contra Costa	Contra Costa Health Plan	{0AD96EC4-5455-DE11-A4C6-000423A82E1D}	301	369	321	0	5	11		21	10	0	11
20	Del Norte	Partnership HealthPlan of California - Del Norte	{94144F5A-E605-E311-A08E-005056831609}	523	20	16	0	3	0		1	0	0	0
21	El Dorado	Anthem Blue Cross Partnership Plan - El Dorado	{71A9974D-ED05-E311-A08E-005056831609}	105	60	51	0	0	2		4	1	0	3
22	El Dorado	California Health and Wellness Plan - El Dorado	{0713488F-EE05-E311-A08E-005056831609}	123	62	56	0	1	2		1	2	0	0
23	El Dorado	KP Cal LLC - El Dorado	{BA687CC1-AE1F-E311-B44A-005056831609}	178	33	36	0	0	1		1	0	0	0
24	Fresno	Anthem Blue Cross Partnership Plan - Fresno	{72ED6AA6-E22F-E011-9617-005056831609}	362	237	213	0	5	4		12	2	1	9
25	Fresno	Cal Viva Health - Fresno	{C30503E4-E52F-E011-9617-005056831609}	315	532	463	0	8	17		42	12	1	13
26	Glenn	Anthem Blue Cross Partnership Plan - Glenn	{3A81E65D-ED05-E311-A08E-005056831609}	106		3	0	0	0		0	0	0	0
27	Glenn	California Health and Wellness Plan - Glenn	{DB9626A2-EE05-E311-A08E-005056831609}	124		5	0	0	1		1	0	0	0
28	Humboldt	Partnership HealthPlan of California - Humboldt	{4090A89C-E605-E311-A08E-005056831609}	517	57	49	0	1	1		5	0	0	4

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
29	Imperial	California Health and Wellness Plan - Imperial	{C889853D-E705-E311-A08E-005056831609}	143	24	18	0	0	1		2	0	0	1
30	Imperial	Molina Healthcare of California Partner - Imperial	{B06F6309-F810-E311-B44A-005056831609}	145	39	33	0	4	1		2	0	0	0
31	Inyo	Anthem Blue Cross Partnership Plan - Inyo	{1EADA86D-ED05-E311-A08E-005056831609}	107	21	19	0	0	0		1	0	0	0
32	Inyo	California Health and Wellness Plan - Inyo	{82E72DB2-EE05-E311-A08E-005056831609}	128		2	0	0	0		0	0	0	0
33	Kern	Health Net Community Solutions, Inc. - Kern	{A25AB1D5-5A55-DE11-A4C6-000423A82E1D}	360	209	190	0	6	4		12	3	1	0
34	Kern	Kern Family Health Care	{B8001AF3-5455-DE11-A4C6-000423A82E1D}	303	555	397	0	9	18		42	98	4	7
35	Kings	Anthem Blue Cross Partnership Plan - Kings	{786DB8BD-E22F-E011-9617-005056831609}	363	40	38	0	1	0		2	0	0	0
36	Kings	Cal Viva Health - Kings	{0564AEFA-E52F-E011-9617-005056831609}	316	43	33	0	2	1		4	0	1	0
37	Lake	Partnership HealthPlan of California - Lake	{76D13FACE605-E311-A08E-005056831609}	511	26	19	0	4	2		2	0	0	1
38	Lassen	Partnership HealthPlan of California - Lassen	{0C2FF2BA-E605-E311-A08E-005056831609}	518	19	17	0	0	0		1	0	0	0
39	Los Angeles	AltaMed Health Services Corporation - Los Angeles	{2CF19C51-5F55-DE11-A4C6-000423A82E1D}	052	17	14	0	0	0		4	0	0	0
40	Los Angeles	Care 1st Partner Plan, LLC - Los Angeles (CMC)	{64660B00-FACB-E311-AEA1-005056831609}	817	17	13	0	0	0		0	0	0	1
41	Los Angeles	Care More - Los Angeles (CMC)	{06C48788-F9CB-E311-AEA1-005056831609}	818		4	0	0	1		0	0	0	0
42	Los Angeles	Health Net Community Solutions, Inc. - Los Angeles	{FA7478E2-5A55-DE11-A4C6-000423A82E1D}	352	2,471	1,973	6	46	74		267	45	8	65

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
43	Los Angeles	Health Net Community Solutions, Inc. - Los Angeles (CMC)	{C13F070E-3885-E311-9E4F-005056831609}	801	40	30	0		0		3	2	0	2
44	Los Angeles	L.A. Care Health Plan	{CE1FD002-5555-DE11-A4C6-000423A82E1D}	304	4,764	3,880	6	69	135		492	72	38	128
45	Los Angeles	L.A. Care Health Plan (CMC)	{D94D06F4-3785-E311-9E4F-005056831609}	800	29	28	0		0		1	0	0	0
46	Los Angeles	Molina Healthcare of California Partner - Los Angeles (CMC)	{2C5B3626-FACB-E311-AEA1-005056831609}	816	12	12	0		0		0	0	0	0
47	Los Angeles	Positive Healthcare (a.k.a. AIDS Healthcare Foundation)	{7C6664AC-EE60-DE11-AE7E-000423A82E1D}	915		7	0		0		1	0	0	0
48	Los Angeles	Senior Care Action Network (SCAN)	{90BA5A58-9F13-E011-83A3-005056831609}	200/201	11	7	0		0		3	0	0	0
49	Madera	Anthem Blue Cross Partnership Plan - Madera	{BCC79ED2-E22F-E011-9617-005056831609}	364	42	33	0		1		2	2	0	1
50	Madera	Cal Viva Health - Madera	{B6BFCF3B-E62F-E011-9617-005056831609}	317	126	102	0		1		18	2	1	3
51	Marin	Partnership Health Plan - Marin	{E3A8051C-8A9E-E011-AC9D-005056831609}	510	95	75	0		2		10	1	0	1
52	Mariposa	Anthem Blue Cross Partnership Plan - Mariposa	{FE32437C-ED05-E311-A08E-005056831609}	108		4	0		0		0	0	0	2
53	Mariposa	California Health and Wellness Plan - Mariposa	{9AEA1554-EF05-E311-A08E-005056831609}	129		3	0		0		3	0	0	0
54	Mendocino	Partnership Health Plan - Mendocino	{58673E45-8A9E-E011-AC9D-005056831609}	512	43	35	0		1		7	0	0	3
55	Merced	Central California Alliance for Health - Merced	{EA95A8A7-5ABF-DE11-A722-005056836BE1}	514	255	226	0		3		32	1	0	0
56	Modoc	Partnership HealthPlan of California - Modoc	{A321A9D4-E605-E311-A08E-005056831609}	519		5	0		0		1	0	0	0

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
57	Mono	Anthem Blue Cross Partnership Plan - Mono	{05B0AA83-ED05-E311-A08E-005056831609}	109		9	0	0	0		0	0	0	0
58	Mono	California Health and Wellness Plan - Mono	{FE450965-EF05-E311-A08E-005056831609}	133	18	17	0	0	1		1	0	0	0
59	Monterey	Central California Alliance for Health - Monterey	{00683F72-5655-DE11-A4C6-000423A82E1D}	508	235	204	0	3	1		26	1	0	4
60	Napa	Partnership HealthPlan of California - Napa	{50415FF3-5955-DE11-A4C6-000423A82E1D}	507	77	61	0	2	2		8	0	0	2
61	Nevada	Anthem Blue Cross Partnership Plan - Nevada	{20706294-ED05-E311-A08E-005056831609}	110	22	18	0	0	0		2	0	1	1
62	Nevada	California Health and Wellness Plan - Nevada	{1000C492-EF05-E311-A08E-005056831609}	134	21	16	0	1	0		2	0	0	1
63	Orange	CalOptima - Orange County	{1CB5141A-5255-DE11-A4C6-000423A82E1D}	506	1,792	1,512	2	27	43		181	45	6	43
64	Orange	CalOptima (CMC)	{BC76F1AE-3885-E311-9E4F-005056831609}	802	32	27	1	1	0		3	1	0	0
65	Orange	CalOptima PACE	{84EC36D3-B3AB-E311-AE4E-005056831609}	059		1	0	0	0		0	0	0	0
66	Placer	Anthem Blue Cross Partnership Plan - Placer	{AD260FA4-ED05-E311-A08E-005056831609}	111	150	126	0	3	4		7	1	0	2
67	Placer	California Health and Wellness Plan - Placer	{8076EEA0-EF05-E311-A08E-005056831609}	135	76	63	0	2	2		3	1	1	1
68	Placer	KP Cal LLC - Placer	{ABD2E8D0-AE1F-E311-B44A-005056831609}	179	54	49	0	0	0		5	1	0	0
69	Plumas	Anthem Blue Cross Partnership Plan - Plumas	{CCB95AB5-ED05-E311-A08E-005056831609}	112		8	0	0	0		0	0	0	0
70	Plumas	California Health and Wellness Plan - Plumas	{0DF61AA A-EF05-E311-A08E-005056831609}	136		3	0	0	0		1	0	0	0

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
71	Riverside	Inland Empire Health Plan - Riverside	{D04F9321-5F55-DE11-A4C6-000423A82E1D}	305	2,597	2,343	3	24	56		194	36	7	48
72	Riverside	Inland Empire Health Plan DualChoice - Riverside (CMC)	{EFDE65D1-3A85-E311-9E4F-005056831609}	810	28	30	0	0	0		0	0	0	2
73	Riverside	InnovAge PACE - Riverside	{B2FE6517-B4AB-E311-AE4E-005056831609}	061		1	0	0	0		0	0	0	0
74	Riverside	Molina Dual Options - Riverside (CMC)	{C3ABA3E7-3A85-E311-9E4F-005056831609}	811		7	0	0	0		1	0	0	0
75	Riverside	Molina Healthcare of California Partner - Riverside	{58000C5D-5455-DE11-A4C6-000423A82E1D}	355	342	323	0	0	4		20	7	0	6
76	Riverside	Senior Care Action Network (SCAN)	{05FF8D9B-6F0D-E011-83A3-005056831609}	204/205		7	0	0	0		1	0	0	0
77	Sacramento	Anthem Blue Cross Partnership Plan - Sacramento	{F218AE79-5B55-DE11-A4C6-000423A82E1D}	190	587	471	4	24	21		48	12	3	12
78	Sacramento	Health Net Community Solutions, Inc. - Sacramento	{B2C97A5C-5E55-DE11-A4C6-000423A82E1D}	150	388	325	0	8	14		30	9	2	8
79	Sacramento	KP Cal LLC - Sacramento	{24D67597-5E55-DE11-A4C6-000423A82E1D}	170	349	323	1	3	16		26	2	0	10
80	Sacramento	Molina Healthcare of California Partner - Sacramento	{101ED843-5D55-DE11-A4C6-000423A82E1D}	130	175	149	2	5	1		14	4	4	7
81	San Benito	Anthem Blue Cross Partnership Plan - San Benito	{DDCE9560-F005-E311-A08E-005056831609}	144	16	13	0	0	0		0	0	1	0
82	San Bernardino	Inland Empire Health Plan - San Bernardino	{5010A137-5F55-DE11-A4C6-000423A82E1D}	306	2,854	2,632	2	25	40		260	26	1	29
83	San Bernardino	Inland Empire Health Plan DualChoice - San Bernardino (CMC)	{5E4A4FD6-3885-E311-9E4F-005056831609}	812	37	31	0	1	0		6	0	0	1

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
84	San Bernardino	InnovAge PACE - San Bernardino	{5A101829-B4AB-E311-AE4E-005056831609}	062	2	2	0	0	0		0	0	0	0
85	San Bernardino	Molina Dual Options - San Bernardino (CMC)	{880DD269-3985-E311-9E4F-005056831609}	813	4	4	0	0	0		0	0	0	0
86	San Bernardino	Molina Healthcare of California Partner - San Bernardino	{C0C6DF15-5D55-DE11-A4C6-000423A82E1D}	356	299	264	0	3	9		10	11	3	5
87	San Bernardino	Senior Care Action Network (SCAN)	{4A967581-2B44-E011-B9AD-005056831609}	206/207	9	9	0	0	0		0	0	0	0
88	San Diego	Care 1st Partner Plan, LLC - San Diego	{8E6715DC-5B55-DE11-A4C6-000423A82E1D}	167	183	146	0	7	4		18	2	0	8
89	San Diego	Care 1st Partner Plan, LLC - San Diego (CMC)	{A2979383-3985-E311-9E4F-005056831609}	803	5	5	0	0	0		0	0	0	0
90	San Diego	Community Health Group CommuniCare Advantage - San Diego (CMC)	{3805D4C4-3985-E311-9E4F-005056831609}	804	5	3	0	0	0		1	0	0	1
91	San Diego	Community Health Group Partnership - San Diego	{AAA184FD-5B55-DE11-A4C6-000423A82E1D}	029	279	228	0	4	7		20	6	2	8
92	San Diego	Health Net Community Solutions, Inc. - San Diego	{1E8D7F5D-5B55-DE11-A4C6-000423A82E1D}	068	222	191	0	3	8		18	2	0	8
93	San Diego	Health Net Community Solutions, Inc. - San Diego (CMC)	{00E214FD-3985-E311-9E4F-005056831609}	805	6	6	0	0	1		0	0	0	0
94	San Diego	KP Cal LLC - San Diego	{925B2EAF-5E55-DE11-A4C6-000423A82E1D}	079	153	147	1	1	3		19	2	0	5
95	San Diego	Molina Dual Options - San Diego (CMC)	{A4C69F1B-3A85-E311-9E4F-005056831609}	806	17	17	0	0	0		0	0	0	0
96	San Diego	Molina Healthcare of California Partner - San Diego	{2CF0BD5B-5D55-DE11-A4C6-000423A82E1D}	131	281	216	0	9	12		26	9	4	10

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
97	San Diego	Rady Children's Hospital CCS Demonstration	{811DF21B-3B85-E311-9E4F-005056831609}	705	0	0	0	0	0		0	0	0	0
98	San Francisco	Anthem Blue Cross Partnership Plan - San Francisco	{38144165-5A55-DE11-A4C6-000423A82E1D}	343	53	44	1	1	2		0	3	1	3
99	San Francisco	Family Mosaic Project - San Francisco	{8C0C0CD9-5655-DE11-A4C6-000423A82E1D}	601	2	8	0	0	0		0	0	0	0
100	San Francisco	San Francisco Health Plan	{124F7D14-5555-DE11-A4C6-000423A82E1D}	307	217	189	0	3	8		12	3	3	7
101	San Joaquin	Health Net Community Solutions, Inc. - San Joaquin	{0A8565A5-FA54-E211-ACF5-005056831609}	354	132	121	0	2	0		6	1	0	1
102	San Joaquin	Health Plan of San Joaquin - San Joaquin	{867707D5-5455-DE11-A4C6-000423A82E1D}	308	356	309	0	3	6		32	11	0	5
103	San Luis Obispo	CenCal Health - San Luis Obispo	{3EE8A398-5355-DE11-A4C6-000423A82E1D}	501	140	123	0	1	5		12	1	0	1
104	San Mateo	Health Plan of San Mateo	{A02D3136-5455-DE11-A4C6-000423A82E1D}	503	260	235	0	1	5		18	2	3	5
105	San Mateo	Health Plan of San Mateo - CCS Demonstration	{F02DA805-1B35-E311-B5B9-005056831609}	703	6	5	0	0	0		1	0	0	0
106	San Mateo	Health Plan of San Mateo CareAdvantage (CMC)	{9303FB3E-3A85-E311-9E4F-005056831609}	807	44	44	0	0	0		2	0	0	1
107	Santa Barbara	CenCal Health - Santa Barbara	{20A69E32-5655-DE11-A4C6-000423A82E1D}	502	189	164	0	1	5		18	0	0	1
108	Santa Clara	Anthem Blue Cross Partnership Plan - Santa Clara	{0C51789A-5A55-DE11-A4C6-000423A82E1D}	345	137	104	0	5	3		16	3	1	6
109	Santa Clara	Anthem Blue Cross Partnership Plan - Santa Clara (CMC)	{618BC16D-3A85-E311-9E4F-005056831609}	814	9	9	0	0	0		0	0	0	1
110	Santa Clara	Santa Clara Family Health Plan	{8434BF25-5555-DE11-A4C6-000423A82E1D}	309	381	321	0	12	8		29	8	2	11

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
111	Santa Clara	Santa Clara Family Health Plan (CMC)	{68295D91-3A85-E311-9E4F-005056831609}	815	21	22	0	0	0		1	0	0	0
112	Santa Cruz	Central California Alliance for Health - Santa Cruz	{C8F59787-5655-DE11-A4C6-000423A82E1D}	505	171	141	0	0	1		19	6	1	4
113	Shasta	Partnership HealthPlan of California - Shasta	{62569EEB-E605-E311-A08E-005056831609}	520	158	133	1	2	3		19	1	0	1
114	Sierra	California Health and Wellness Plan - Sierra	{80EB3EF8-EF05-E311-A08E-005056831609}	137		1	0	0	0		0	0	0	0
115	Siskiyou	Partnership HealthPlan of California - Siskyou	{2AF05D06-E705-E311-A08E-005056831609}	521	23	16	0	0	0		4	1	0	1
116	Solano	Partnership HealthPlan of California - Solano	{1ACBB700-5A55-DE11-A4C6-000423A82E1D}	504	248	210	1	2	3		22	1	2	5
117	Sonoma	KP Cal LLC - Sonoma	{02183FC7-5E55-DE11-A4C6-000423A82E1D}	087		0	0	0	0		0	0	0	0
118	Sonoma	Partnership HealthPlan of California - Sonoma	{4F0047CA-5ABF-DE11-A722-005056836BE1}	513	167	136	0	3	3		17	0	1	4
119	Stanislaus	Health Net Community Solutions, Inc. - Stanislaus	{E414F2F2-5A55-DE11-A4C6-000423A82E1D}	361	213	177	0	2	5		15	4	1	7
120	Stanislaus	Health Plan San of Joaquin - Stanislaus	{D6B84AF3-FA54-E211-ACF5-005056831609}	312	254	209	2	5	6		20	5	1	2
121	Sutter	Anthem Blue Cross Partnership Plan - Sutter	{9E30C2D7-ED05-E311-A08E-005056831609}	114	40	36	0	1	1		0	2	0	0
122	Sutter	California Health and Wellness Plan - Sutter	{416AC715-F005-E311-A08E-005056831609}	138	22	23	0	0	0		0	0	0	1
123	Tehama	Anthem Blue Cross Partnership Plan - Tehama	{11AC76E9-ED05-E311-A08E-005056831609}	115	26	24	0	0	0		0	0	0	1
124	Tehama	California Health and Wellness Plan - Tehama	{36D0A325-F005-E311-A08E-005056831609}	139	31	23	1	1	0		4	0	0	0

	A	B	C	E	F	G	H	I	J	K	L	M	N
125	Triniy	Partnership HealthPlan of California - Trinity	{6D9B-E705-EA08E-005056831609}	522	3	0	0		0	0		0	0
126	Tula	Anthem Blue Cross Partnership Plan - Tular	{BC8040A1-5B55-D11-A4C6-000423AE1D}	311	57	0	3		0	5		0	2
127	Tula	Health Net Community Solutions, Inc. - Tulre	{705DF-5A55-D11-A4C6-000423AE1D}	353	148	0	3		0		2	0	7
128	Tuolmne	Anthem Blue Cross Partnership Plan - Tuolune	{F7092FC-ED05-EA08E-005056831609}	116	5	0	0		0	1		0	0
129	Tuolmne	California Health and Wellness Plan - Tuolne	{59AA435-F005-EA08E-005056831609}	141	8	0	0		0	0		0	0
130	Venra	Gold Coast Health Plan - Ventura	{5442008E-8A9E-EAC9D-005056831609}	515	908	0	11		0		10	0	12
131	Yolo	Partnership HealthPlan of California - Yolo	{7A677D-5A55-D11-A4C6-000423AE1D}	509	244	1	1		0		6	0	4
132	Yuba	Anthem Blue Cross Partnership Plan - Yuba	{A35B-EE05-EA08E-005056831609}	117	29	0	3		0	1		0	1
133	Yuba	California Health and Wellness Plan - Yuba	{04428144-F005-EA08E-005056831609}	142	13	0	0		0	0		0	0

Plan Name	Plan Enrollment	HCO	QOC	HCP	EDU	COC	ELG	OHC	PRV	MISC	Total Issues	Total Cases	Percent of Total Issues
No Plan - FFS		2,394	3	38	142	2	229	127	17	251	3,203	3,018	29.90%
Unknown/Unspecified Plan		20	0	1	6	0	4	2	3	103	139	111	1.30%
Aetna Better Health of California	135	10	0	0	5	0	0	1	0	0	16	16	0.15%
Alameda Alliance for Health	261,512	98	0	5	27	0	18	1	0	3	152	155	1.42%
AltaMed Health Services Corporation	66,761	40	0	1	5	0	3	0	1	1	51	50	0.48%
Anthem Blue Cross Partnership Plan	771,535	582	2	26	72	1	20	20	8	30	761	767	7.10%
Anthem Blue Cross Cal MediConnect	2,786	0	0	0	0	0	0	1	0	0	1	0	0.01%
Brandman Centers for Senior Care	225	0	0	0	0	0	0	0	0	0	0	0	0.00%
Cal Viva Health	362,370	114	0	5	13	0	4	5	2	5	148	139	1.38%
California Health and Wellness Plan	193,958	133	0	9	18	0	2	5	0	7	174	182	1.62%
CalOptima	766,614	304	0	13	61	0	38	9	4	24	453	470	4.23%
Care 1st Partner Plan, LLC	84,204	61	0	3	2	3	5	0	0	1	75	76	0.70%
Care 1st Cal MediConnect	5,573	4	0	1	1	0	0	0	0	0	6	6	0.06%
CareMore Cal MediConnect	3,549	0	0	0	0	0	0	0	0	0	0	0	0.00%
CenCal Health	179,003	68	0	0	5	0	3	2	0	0	78	83	0.73%
Center for Elders Independence	696	0	0	0	0	0	0	0	0	0	0	0	0.00%
Central California Alliance for Health	351,124	118	0	5	12	0	6	5	1	6	153	166	1.43%
Central Valley Medical Services Corp	421	0	0	0	0	0	0	0	0	0	0	0	0.00%
Communicare Advantage Cal MediConnect	5,491	1	0	0	0	0	0	0	0	0	1	1	0.01%
Community Health Group Partnership	278,720	50	0	1	8	1	1	2	0	7	70	71	0.65%
Contra Costa Health Plan	181,068	78	0	1	13	0	5	0	1	1	99	94	0.92%
Family Mosaic Project	19	1	0	0	0	0	0	0	0	0	1	0	0.01%
Gold Coast Health Plan	201,266	106	2	3	13	0	9	7	1	5	146	152	1.36%
Health Net Cal MediConnect	13,723	9	0	0	1	0	0	0	1	0	11	11	0.10%
Health Net Community Solutions, Inc.	1,495,567	684	1	26	61	1	38	29	6	34	880	1,013	8.22%
Health Plan of San Joaquin	348,366	112	1	1	18	0	4	1	1	7	145	130	1.35%
Health Plan of San Mateo	112,426	33	0	1	3	0	1	0	0	2	40	47	0.37%
Health Plan of San Mateo Cal MediConnect	9,070	11	0	0	1	0	0	0	0	0	12	10	0.11%
Humboldt Senior Resource Center, Inc	135	0	0	0	0	0	0	0	0	0	0	0	0.00%
Inland Empire Health Plan	1,223,202	1,174	1	15	113	1	119	25	5	28	1,481	1,362	13.83%

Plan Name	Plan Enrollment	HCO	QOC	HCP	EDU	COC	ELG	OHC	PRV	MISC	Total Issues	Total Cases	Percent of Total Issues
Inland Empire Health Plan Dual Choice Cal MediConnect	24,540	32	0	1	3	0	0	0	0	5	41	36	0.38%
InnovAge PACE	449	0	0	0	0	0	0	0	0	0	0	0	0.00%
Kern Family Health Care	249,697	58	0	6	9	0	8	7	0	5	93	88	0.87%
KP Cal LLC	144,847	172	1	2	25	1	12	0	2	8	223	209	2.08%
L.A. Care Health Plan	2,052,664	717	4	74	109	2	48	16	16	50	1,036	1,067	9.67%
L.A. Care Health Plan Cal MediConnect	15,009	19	0	0	1	0	1	0	0	0	21	19	0.20%
Molina Dual Options Cal MediConnect	8,956	6	0	0	1	0	1	0	0	0	8	8	0.07%
Molina Healthcare Of California Partner	463,967	436	0	16	43	2	14	13	4	7	535	494	4.99%
On Lok Lifeways	1,439	0	0	0	0	0	0	0	0	0	0	0	0.00%
OneCare Connect Cal MediConnect	14,839	10	0	0	2	0	1	0	0	0	13	12	0.12%
Partnership HealthPlan of California	567,034	161	0	21	30	0	18	2	0	15	247	262	2.31%
Positive Healthcare (a.k.a. AIDS Healthcare Foundation)	671	0	0	0	1	0	0	0	0	0	1	3	0.01%
Rady Children's Hospital CCS Demonstration	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
San Francisco Health Plan	132,707	25	0	0	1	0	1	2	0	1	30	32	0.28%
Santa Clara Family Health Plan	256,164	82	0	2	8	0	9	1	1	6	109	109	1.02%
Santa Clara Family Health Cal MediConnect	7,138	4	0	0	0	0	0	0	0	0	4	4	0.04%
Senior Care Action Network (SCAN)	13,367	10	0	0	1	0	1	0	0	0	12	11	0.11%
Sutter Senior Care	288	1	0	0	0	0	0	0	0	0	1	0	0.01%
United Healthcare Community Plan of California	2,178	36	0	0	5	0	0	0	0	0	41	37	0.38%
Total	10,875,473	7,974	15	277	839	14	623	283	74	612	10,711	10,521	100.00%

HCO - Enrollment/Disenrollment
QOC - Quality of Care
HCP - Health Care Plan Issues

EDU - Education & Outreach
COC - Continuity of Care
ELG - Eligibility

OHC - Other Health Coverage
PRV - Plan Subcontractor/Provider Issues
MISC - Miscellaneous Issues

Plan Name	Plan Enrollment	HCO	QOC	HCP	EDU	COC	ELG	OHC	PRV	MISC	Total Issues	Total Cases	Percent of Total Issues
No Plan - FFS		2,064	3	25	145	1	196	100	13	257	2,804	2,538	29.51%
Unknown/Unspecified Plan		4	1	2	4	0	7	1	2	99	120	95	1.26%
Aetna Better Health of California	1,527	30	0	0	2	0	4	0	0	0	36	31	0.38%
Alameda Alliance for Health	263,341	103	0	7	25	0	14	2	0	10	161	152	1.69%
AltaMed Health Services Corporation	67,377	20	0	0	2	0	1	0	0	0	23	28	0.24%
Anthem Blue Cross Partnership Plan	773,555	583	0	36	75	0	18	10	2	23	747	712	7.86%
Anthem Blue Cross Cal MediConnect	2,787	2	0	0	0	0	0	0	0	0	2	2	0.02%
Brandman Centers for Senior Care	226	0	0	0	0	0	0	0	0	0	0	0	0.00%
Cal Viva Health	363,289	86	0	3	7	0	8	3	2	6	115	117	1.21%
California Health and Wellness Plan	196,055	115	0	3	13	0	14	4	1	4	154	158	1.62%
CalOptima	768,474	227	0	10	40	1	22	12	3	26	341	345	3.59%
Care 1st Partner Plan, LLC	84,493	72	0	1	7	0	5	0	1	3	89	88	0.94%
Care 1st Cal MediConnect	5,444	2	0	0	0	0	0	0	0	0	2	2	0.02%
CareMore Cal MediConnect	3,516	0	0	0	0	0	0	0	0	0	0	0	0.00%
CenCal Health	179,503	53	0	2	5	0	1	0	0	3	64	66	0.67%
Center for Elders Independence	697	0	0	0	0	0	0	0	0	0	0	0	0.00%
Central California Alliance for Health	352,802	93	0	1	11	0	4	0	1	2	112	117	1.18%
Central Valley Medical Services Corp	427	0	0	0	0	0	0	0	0	0	0	0	0.00%
Communicare Advantage Cal MediConnect	5,594	1	0	0	0	0	0	0	0	0	1	1	0.01%
Community Health Group Partnership	279,304	42	0	1	8	0	15	3	0	3	72	74	0.76%
Contra Costa Health Plan	182,343	75	0	2	12	0	5	3	1	3	101	88	1.06%
Family Mosaic Project	21	0	0	0	0	0	0	0	0	0	0	0	0.00%
Gold Coast Health Plan	202,200	94	0	3	11	0	9	7	1	10	135	154	1.42%
Health Net Cal MediConnect	13,473	7	0	0	1	0	0	0	0	0	8	8	0.08%
Health Net Community Solutions, Inc.	1,497,545	696	3	34	84	0	37	26	8	33	921	960	9.69%
Health Plan of San Joaquin	349,752	105	0	3	16	0	2	1	1	5	133	124	1.40%
Health Plan of San Mateo	111,873	29	1	1	3	0	1	2	0	9	46	39	0.48%
Health Plan of San Mateo Cal MediConnect	9,069	5	0	0	0	0	0	0	0	0	5	4	0.05%
Humboldt Senior Resource Center, Inc	138	0	0	0	0	0	0	0	0	0	0	0	0.00%
Inland Empire Health Plan	1,234,134	892	0	17	71	1	94	23	4	31	1,133	1,097	11.93%

Plan Name	Plan Enrollment	HCO	QOC	HCP	EDU	COC	ELG	OHC	PRV	MISC	Total Issues	Total Cases	Percent of Total Issues
Inland Empire Health Plan Dual Choice Cal MediConnect	24,732	13	0	0	0	0	0	0	0	1	14	8	0.15%
InnovAge PACE	443	1	0	0	0	0	0	0	0	0	1	1	0.01%
Kern Family Health Care	252,564	82	0	2	7	0	0	8	0	5	104	101	1.09%
KP Cal LLC	146,193	117	1	5	22	0	11	8	0	17	181	178	1.91%
L.A. Care Health Plan	2,063,758	657	3	50	122	2	50	18	14	57	973	997	10.24%
L.A. Care Health Plan Cal MediConnect	15,061	14	0	0	2	0	1	0	0	0	17	18	0.18%
Molina Dual Options Cal MediConnect	8,802	4	0	1	0	0	0	0	0	0	5	5	0.05%
Molina Healthcare Of California Partner	465,657	368	0	11	38	0	13	6	1	18	455	428	4.79%
On Lok Lifeways	1,446	0	0	0	0	0	0	0	0	0	0	0	0.00%
OneCare Connect Cal MediConnect	14,779	14	0	0	0	0	0	0	0	1	15	12	0.16%
Partnership HealthPlan of California	568,185	170	0	8	23	0	12	3	3	7	226	226	2.38%
Positive Healthcare (a.k.a. AIDS Healthcare Foundation)	669	0	0	0	0	0	0	0	0	0	0	0	0.00%
Rady Children's Hospital CCS Demonstration	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
San Francisco Health Plan	133,081	39	0	2	5	0	1	1	0	4	52	54	0.55%
Santa Clara Family Health Plan	257,421	63	0	2	15	0	1	1	0	2	84	86	0.88%
Santa Clara Family Health Cal MediConnect	7,184	4	0	0	1	0	1	0	0	0	6	6	0.06%
Senior Care Action Network (SCAN)	13,335	8	0	0	1	0	1	0	0	0	10	8	0.11%
Sutter Senior Care	285	0	0	0	0	0	0	0	0	0	0	0	0.00%
United Healthcare Community Plan of California	3,827	27	0	1	2	0	0	2	0	1	33	33	0.35%
Total	10,922,554	6,954	12	232	778	5	548	242	58	639	9,468	9,128	100.00%

HCO - Enrollment/Disenrollment
QOC - Quality of Care
HCP - Health Care Plan Issues

EDU - Education & Outreach
COC - Continuity of Care
ELG - Eligibility

OHC - Other Health Coverage
PRV - Plan Subcontractor/Provider Issues
MISC - Miscellaneous Issues

Plan Name	Plan Enrollment	HCO	QOC	HCP	EDU	COC	ELG	OHC	PRV	MISC	Total Issues	Total Cases	Percent of Total Issues
No Plan - FFS		2,260	2	41	146	1	233	105	10	263	3,061	2,840	30.95%
Unknown/Unspecified Plan		12	0	6	2	0	12	3	1	97	133	101	1.34%
Aetna Better Health of California	2,686	21	0	0	1	0	0	0	0	0	22	18	0.22%
Alameda Alliance for Health	262,192	135	0	1	17	0	14	2	0	7	176	162	1.78%
AltaMed Health Services Corporation	67,251	38	0	0	2	0	1	3	0	0	44	44	0.44%
Anthem Blue Cross Partnership Plan	767,234	481	2	27	72	1	17	14	5	24	643	610	6.50%
Anthem Blue Cross Cal MediConnect	2,743	1	0	0	0	0	0	0	0	0	1	3	0.01%
Brandman Centers for Senior Care	226	0	0	0	0	0	0	0	0	0	0	0	0.00%
Cal Viva Health	362,209	95	0	4	13	0	8	7	1	0	128	120	1.29%
California Health and Wellness Plan	195,676	105	1	3	15	0	4	1	0	6	135	134	1.37%
CalOptima	766,147	224	2	9	38	3	34	18	1	15	344	378	3.48%
Care 1st Partner Plan, LLC	83,941	41	0	1	4	0	3	1	0	1	51	49	0.52%
Care 1st Cal MediConnect	5,363	2	0	0	0	0	0	0	0	0	2	3	0.02%
CareMore Cal MediConnect	3,502	4	0	0	0	0	0	0	0	0	4	3	0.04%
CenCal Health	178,802	41	0	2	6	1	4	1	1	4	60	65	0.61%
Center for Elders Independence	696	0	0	0	0	0	0	0	0	0	0	0	0.00%
Central California Alliance for Health	351,759	98	0	1	11	0	8	2	1	4	125	133	1.26%
Central Valley Medical Services Corp	448	0	0	0	0	0	0	0	0	0	0	0	0.00%
Communicare Advantage Cal MediConnect	5,623	1	0	0	0	0	0	0	0	0	1	1	0.01%
Community Health Group Partnership	277,413	50	0	0	5	0	3	5	0	3	66	63	0.67%
Contra Costa Health Plan	181,793	83	1	5	13	0	7	3	0	6	118	101	1.19%
Family Mosaic Project	26	2	0	0	0	0	0	0	0	0	2	0	0.02%
Gold Coast Health Plan	201,361	110	0	4	25	2	9	15	0	4	169	173	1.71%
Health Net Cal MediConnect	13,252	11	0	2	2	0	2	0	0	1	18	14	0.18%
Health Net Community Solutions, Inc.	1,492,530	680	3	36	73	0	26	11	8	43	880	986	8.90%
Health Plan of San Joaquin	348,590	118	0	2	18	0	5	5	0	7	155	148	1.57%
Health Plan of San Mateo	111,284	32	0	1	1	1	1	0	0	0	36	38	0.36%
Health Plan of San Mateo Cal MediConnect	9,022	5	0	0	1	0	0	0	0	1	7	5	0.07%
Humboldt Senior Resource Center, Inc	140	0	0	0	0	0	0	0	0	0	0	0	0.00%
Inland Empire Health Plan	1,227,718	996	0	26	84	1	78	38	3	29	1,255	1,216	12.69%

Plan Name	Plan Enrollment	HCO	QOC	HCP	EDU	COC	ELG	OHC	PRV	MISC	Total Issues	Total Cases	Percent of Total Issues
Inland Empire Health Plan Dual Choice Cal MediConnect	24,738	22	0	0	2	0	4	0	0	0	28	26	0.28%
InnovAge PACE	446	1	0	0	0	0	0	0	0	0	1	1	0.01%
Kern Family Health Care	252,519	78	1	2	2	1	6	4	0	3	97	104	0.98%
KP Cal LLC	146,194	140	0	5	21	0	5	5	0	6	182	161	1.84%
L.A. Care Health Plan	2,071,603	647	4	61	101	4	53	26	6	57	959	1,032	9.70%
L.A. Care Health Plan Cal MediConnect	15,048	13	0	2	0	0	0	0	0	0	15	15	0.15%
Molina Dual Options Cal MediConnect	8,684	7	0	0	0	0	0	0	0	0	7	6	0.07%
Molina Healthcare Of California Partner	461,938	381	1	13	33	2	17	19	3	15	484	446	4.89%
On Lok Lifeways	1,453	0	0	0	0	0	0	0	0	0	0	0	0.00%
OneCare Connect Cal MediConnect	14,658	2	0	0	0	0	0	0	0	0	2	2	0.02%
Partnership HealthPlan of California	565,479	180	1	14	47	0	13	3	1	12	271	273	2.74%
Positive Healthcare (a.k.a. AIDS Healthcare Foundation)	667	3	0	0	0	0	0	0	0	0	3	3	0.03%
Rady Children's Hospital CCS Demonstration	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
San Francisco Health Plan	131,367	51	0	1	6	0	0	2	0	1	61	59	0.62%
Santa Clara Family Health Plan	255,776	62	0	8	7	0	1	2	0	6	86	90	0.87%
Santa Clara Family Health Cal MediConnect	7,145	2	0	0	0	0	1	0	0	0	3	3	0.03%
Senior Care Action Network (SCAN)	13,284	5	0	0	0	0	0	0	0	0	5	4	0.05%
Sutter Senior Care	281	0	0	0	0	0	0	0	0	0	0	0	0.00%
United Healthcare Community Plan of California	6,174	44	0	1	2	0	1	0	0	2	50	52	0.51%
Total	10,890,907	7,240	18	277	768	17	569	295	41	615	9,840	9,633	100.00%

HCO - Enrollment/Disenrollment
QOC - Quality of Care
HCP - Health Care Plan Issues

EDU - Education & Outreach
COC - Continuity of Care
ELG - Eligibility

OHC - Other Health Coverage
PRV - Plan Subcontractor/Provider Issues
MISC - Miscellaneous Issues

Plan Name	Plan Enrollment	HCO	QOC	HCP	EDU	COC	ELG	OHC	PRV	MISC	Total Issues	Total Cases	Percent of Total Issues
No Plan - FFS		2,024	7	19	192	0	198	85	7	276	2,808	2,507	29.81%
Unknown/Unspecified Plan		16	1	4	8	0	11	2	4	97	143	105	1.52%
Aetna Better Health of California	3,993	26	0	0	1	0	0	0	0	0	27	26	0.29%
Alameda Alliance for Health	262,818	114	0	5	13	0	13	5	0	10	160	155	1.70%
AltaMed Health Services Corporation	67,643	24	0	1	3	0	5	0	1	1	35	29	0.37%
Anthem Blue Cross Partnership Plan	767,355	400	3	26	53	1	20	23	6	21	553	558	5.87%
Anthem Blue Cross Cal MediConnect	2,685	1	0	0	0	0	0	0	0	0	1	1	0.01%
Brandman Centers for Senior Care	224	0	0	0	0	0	0	0	0	0	0	0	0.00%
Cal Viva Health	363,133	85	0	6	14	0	5	8	1	3	122	104	1.29%
California Health and Wellness Plan	197,085	100	1	7	22	1	11	4	1	6	153	153	1.62%
CalOptima	770,092	234	3	8	58	1	12	4	4	15	339	345	3.60%
Care 1st Partner Plan, LLC	84,366	53	0	4	6	0	2	3	0	5	73	65	0.77%
Care 1st Cal MediConnect	5,300	3	0	0	0	0	0	0	0	0	3	3	0.03%
CareMore Cal MediConnect	3,454	0	0	0	0	0	0	0	0	0	0	0	0.00%
CenCal Health	179,351	44	0	1	4	0	6	2	0	4	61	68	0.65%
Center for Elders Independence	698	0	0	0	0	0	0	0	0	0	0	0	0.00%
Central California Alliance for Health	352,108	75	0	0	13	0	5	4	0	4	101	104	1.07%
Central Valley Medical Services Corp	462	0	0	0	0	0	0	0	0	0	0	0	0.00%
Communicare Advantage Cal MediConnect	5,676	4	0	0	0	0	1	0	0	0	5	5	0.05%
Community Health Group Partnership	277,042	46	0	4	7	0	0	3	1	2	63	59	0.67%
Contra Costa Health Plan	182,860	71	0	0	10	0	7	0	0	2	90	88	0.96%
Family Mosaic Project	25	3	0	0	0	0	0	0	0	0	3	0	0.03%
Gold Coast Health Plan	201,128	85	0	5	11	0	8	13	0	12	134	140	1.42%
Health Net Cal MediConnect	12,997	2	0	0	0	0	0	2	0	2	6	3	0.06%
Health Net Community Solutions, Inc.	1,487,830	724	3	31	65	4	18	26	2	36	909	960	9.65%
Health Plan of San Joaquin	347,755	106	0	4	8	0	3	2	1	5	129	125	1.37%
Health Plan of San Mateo	111,835	28	0	1	2	1	2	1	0	1	36	36	0.38%
Health Plan of San Mateo Cal MediConnect	8,981	6	0	0	0	0	0	0	0	0	6	6	0.06%
Humboldt Senior Resource Center, Inc	140	0	0	0	0	0	0	0	0	0	0	0	0.00%
Inland Empire Health Plan	1,230,639	928	3	26	112	3	81	15	2	34	1,204	1,113	12.78%

Plan Name	Plan Enrollment	HCO	QOC	HCP	EDU	COC	ELG	OHC	PRV	MISC	Total Issues	Total Cases	Percent of Total Issues
Inland Empire Health Plan Dual Choice Cal MediConnect	24,606	19	0	0	4	0	0	0	0	3	26	22	0.28%
InnovAge PACE	479	1	0	0	0	0	0	0	0	0	1	1	0.01%
Kern Family Health Care	254,641	87	0	3	10	0	10	7	0	7	124	110	1.32%
KP Cal LLC	146,996	139	1	6	37	0	7	1	0	4	195	164	2.07%
L.A. Care Health Plan	2,075,421	640	5	59	97	0	51	22	12	53	939	964	9.97%
L.A. Care Health Plan Cal MediConnect	14,992	14	0	0	1	0	2	0	0	1	18	18	0.19%
Molina Dual Options Cal MediConnect	8,590	9	0	0	0	0	0	0	0	0	9	8	0.10%
Molina Healthcare Of California Partner	461,440	366	0	12	37	0	16	12	1	18	462	405	4.90%
On Lok Lifeways	1,472	0	0	0	0	0	0	0	0	0	0	0	0.00%
OneCare Connect Cal MediConnect	14,574	4	0	0	0	0	0	0	0	2	6	6	0.06%
Partnership HealthPlan of California	565,790	184	2	14	34	1	12	2	0	16	265	274	2.81%
Positive Healthcare (a.k.a. AIDS Healthcare Foundation)	664	0	0	0	0	0	0	0	0	0	0	0	0.00%
Rady Children's Hospital CCS Demonstration	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
San Francisco Health Plan	131,435	35	0	3	5	0	2	1	0	3	49	49	0.52%
Santa Clara Family Health Plan	254,958	86	1	6	9	1	7	4	0	2	116	108	1.23%
Santa Clara Family Health Cal MediConnect	7,086	0	0	0	0	0	0	0	0	0	0	0	0.00%
Senior Care Action Network (SCAN)	13,206	8	0	0	1	0	0	0	0	0	9	9	0.10%
Sutter Senior Care	291	1	0	0	0	0	0	0	0	0	1	1	0.01%
United Healthcare Community Plan of California	7,717	29	0	2	4	0	0	2	0	0	37	34	0.39%
Total	10,904,316	6,795	30	255	837	13	515	251	43	645	9,384	8,897	100.00%

HCO - Enrollment/Disenrollment

EDU - Education & Outreach

OHC - Other Health Coverage

QOC - Quality of Care

COC - Continuity of Care

PRV - Plan Subcontractor/Provider Issues

HCP - Health Care Plan Issues

ELG - Eligibility

MISC - Miscellaneous Issues

Plan Name	Plan Enrollment	HCO	QOC	HCP	EDU	COC	ELG	OHC	PRV	MISC	Total Issues	Total Cases	Percent of Total Issues
No Plan - FFS		2,070	4	24	224	2	185	86	14	302	2,911	2,587	31.00%
Unknown/Unspecified Plan		13	0	2	6	0	12	1	1	61	96	95	1.02%
Aetna Better Health of California	5,061	26	0	1	1	0	1	2	0	0	31	30	0.33%
Alameda Alliance for Health	261,852	127	0	3	15	0	15	2	0	7	169	147	1.80%
AltaMed Health Services Corporation	67,762	37	0	0	2	0	2	1	0	0	42	34	0.45%
Anthem Blue Cross Partnership Plan	763,221	443	2	26	63	2	15	20	2	44	617	587	6.57%
Anthem Blue Cross Cal MediConnect	2,682	1	0	0	0	0	0	0	0	0	1	1	0.01%
Brandman Centers for Senior Care	225	0	0	0	0	0	0	0	0	0	0	0	0.00%
Cal Viva Health	362,561	93	1	2	13	0	4	6	1	6	126	102	1.34%
California Health and Wellness Plan	197,040	92	2	5	6	0	8	5	0	5	123	138	1.31%
CalOptima	762,838	203	3	9	31	4	20	10	4	28	312	319	3.32%
Care 1st Partner Plan, LLC	84,408	47	0	1	7	0	1	4	1	3	64	57	0.68%
Care 1st Cal MediConnect	5,252	4	0	0	0	0	0	0	0	0	4	4	0.04%
CareMore Cal MediConnect	3,437	0	0	0	1	0	0	0	0	0	1	1	0.01%
CenCal Health	178,582	46	2	3	8	0	3	2	0	5	69	63	0.73%
Center for Elders Independence	690	0	0	0	0	0	0	0	0	0	0	2	0.00%
Central California Alliance for Health	350,964	84	0	1	12	0	7	1	0	8	113	143	1.20%
Central Valley Medical Services Corp	477	0	0	0	0	0	0	0	0	0	0	0	0.00%
Communicare Advantage Cal MediConnect	5,738	0	0	0	0	0	0	0	0	0	0	0	0.00%
Community Health Group Partnership	276,132	63	0	2	7	1	5	2	1	3	84	77	0.89%
Contra Costa Health Plan	182,465	105	0	4	12	0	4	2	0	5	132	123	1.41%
Family Mosaic Project	25	0	0	0	0	0	0	0	0	0	0	0	0.00%
Gold Coast Health Plan	200,602	102	0	6	15	1	9	13	0	7	153	167	1.63%
Health Net Cal MediConnect	12,883	9	0	0	0	0	0	0	0	1	10	8	0.11%
Health Net Community Solutions, Inc.	1,478,855	658	0	36	53	0	32	9	8	35	831	940	8.85%
Health Plan of San Joaquin	346,782	111	0	2	16	0	3	2	3	6	143	146	1.52%
Health Plan of San Mateo	110,642	29	0	2	1	0	3	0	0	3	38	38	0.40%
Health Plan of San Mateo Cal MediConnect	8,978	3	0	0	0	0	0	0	0	0	3	3	0.03%
Humboldt Senior Resource Center, Inc	144	0	0	0	0	0	0	0	0	0	0	0	0.00%
Inland Empire Health Plan	1,229,419	1,005	0	16	106	1	78	19	3	38	1,266	1,180	13.48%

Plan Name	Plan Enrollment	HCO	QOC	HCP	EDU	COC	ELG	OHC	PRV	MISC	Total Issues	Total Cases	Percent of Total Issues
Inland Empire Health Plan Dual Choice Cal MediConnect	24,812	11	0	0	5	0	1	0	0	1	18	21	0.19%
InnovAge PACE	468	0	0	0	0	0	0	0	0	1	1	0	0.01%
Kern Family Health Care	256,100	61	0	1	11	0	4	7	0	5	89	83	0.95%
KP Cal LLC	146,934	128	0	2	17	0	13	6	0	7	173	165	1.84%
L.A. Care Health Plan	2,072,659	611	2	54	84	3	44	17	9	47	871	954	9.27%
L.A. Care Health Plan Cal MediConnect	15,105	15	0	0	1	0	1	0	0	0	17	11	0.18%
Molina Dual Options Cal MediConnect	8,557	5	0	0	1	0	0	0	0	0	6	5	0.06%
Molina Healthcare Of California Partner	459,099	315	1	13	27	0	14	9	0	9	388	360	4.13%
On Lok Lifeways	1,476	0	0	0	0	0	0	0	0	0	0	0	0.00%
OneCare Connect Cal MediConnect	14,592	0	0	0	0	0	0	0	0	0	0	0	0.00%
Partnership HealthPlan of California	562,662	190	0	15	27	0	11	4	1	26	274	279	2.92%
Positive Healthcare (a.k.a. AIDS Healthcare Foundation)	665	1	0	0	0	0	0	0	0	0	1	1	0.01%
Rady Children's Hospital CCS Demonstration	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
San Francisco Health Plan	130,480	25	0	1	3	0	1	3	1	1	35	37	0.37%
Santa Clara Family Health Plan	252,236	79	2	6	12	1	6	1	2	7	116	105	1.24%
Santa Clara Family Health Cal MediConnect	7,129	1	0	0	0	0	0	0	0	0	1	1	0.01%
Senior Care Action Network (SCAN)	13,168	4	0	0	3	0	0	0	0	0	7	8	0.07%
Sutter Senior Care	293	0	0	0	0	0	0	0	0	0	0	0	0.00%
United Healthcare Community Plan of California	8,906	45	0	4	3	0	1	1	0	1	55	48	0.59%
Total	10,866,152	6,817	19	237	790	15	502	234	51	671	9,336	9,022	100.00%

HCO - Enrollment/Disenrollment
QOC - Quality of Care
HCP - Health Care Plan Issues

EDU - Education & Outreach
COC - Continuity of Care
ELG - Eligibility

OHC - Other Health Coverage
PRV - Plan Subcontractor/Provider Issues
MISC - Miscellaneous Issues

Plan Name	Plan Enrollment	HCO	QOC	HCP	EDU	COC	ELG	OHC	PRV	MISC	Total Issues	Total Cases	Percent of Total Issues
No Plan - FFS		1,793	6	24	198	4	167	87	16	273	2,568	2,344	30.61%
Unknown/Unspecified Plan		6	1	4	4	0	8	2	1	78	104	115	1.24%
Aetna Better Health of California	6,030	14	0	0	1	0	0	2	0	1	18	17	0.21%
Alameda Alliance for Health	262,406	125	0	1	19	0	25	3	1	6	180	176	2.15%
AltaMed Health Services Corporation	67,889	16	0	2	1	0	0	0	0	0	19	20	0.23%
Anthem Blue Cross Partnership Plan	762,206	366	4	25	31	0	17	12	1	30	486	492	5.79%
Anthem Blue Cross Cal MediConnect	2,679	0	0	0	0	0	0	0	0	0	0	0	0.00%
Brandman Centers for Senior Care	231	0	0	0	0	0	0	0	0	0	0	0	0.00%
Cal Viva Health	363,514	76	0	2	7	0	0	1	0	0	86	83	1.03%
California Health and Wellness Plan	197,699	97	1	17	24	0	7	6	5	10	167	166	1.99%
CalOptima	762,056	226	2	13	29	2	15	5	3	12	307	337	3.66%
Care 1st Partner Plan, LLC	84,384	37	1	3	4	0	1	1	0	2	49	52	0.58%
Care 1st Cal MediConnect	5,222	1	0	0	0	0	0	0	0	0	1	1	0.01%
CareMore Cal MediConnect	3,418	0	0	0	1	0	0	0	0	0	1	1	0.01%
CenCal Health	178,452	39	0	0	8	0	0	1	0	0	48	49	0.57%
Center for Elders Independence	698	1	0	0	1	1	0	0	0	1	4	4	0.05%
Central California Alliance for Health	350,996	87	0	3	12	1	7	3	1	5	119	137	1.42%
Central Valley Medical Services Corp	502	0	0	0	0	0	0	0	0	0	0	0	0.00%
Communicare Advantage Cal MediConnect	5,807	2	0	0	0	0	0	0	0	0	2	1	0.02%
Community Health Group Partnership	275,318	47	0	1	8	0	2	5	0	3	66	56	0.79%
Contra Costa Health Plan	182,676	69	0	2	7	0	2	2	0	6	88	81	1.05%
Family Mosaic Project	32	2	0	0	0	0	0	0	0	0	2	2	0.02%
Gold Coast Health Plan	200,156	92	0	2	8	0	3	7	0	5	117	128	1.39%
Health Net Cal MediConnect	12,713	3	0	1	1	0	0	1	0	1	7	6	0.08%
Health Net Community Solutions, Inc.	1,475,409	556	4	31	67	1	31	17	9	28	744	849	8.87%
Health Plan of San Joaquin	347,472	122	0	4	12	0	1	4	1	3	147	155	1.75%
Health Plan of San Mateo	109,353	9	0	1	7	0	4	2	0	2	25	29	0.30%
Health Plan of San Mateo Cal MediConnect	8,961	0	0	0	0	0	1	0	0	0	1	1	0.01%
Humboldt Senior Resource Center, Inc	149	0	0	0	0	0	0	0	0	0	0	0	0.00%
Inland Empire Health Plan	1,232,168	960	3	25	90	0	72	20	1	35	1,206	1,139	14.38%

Plan Name	Plan Enrollment	HCO	QOC	HCP	EDU	COC	ELG	OHC	PRV	MISC	Total Issues	Total Cases	Percent of Total Issues
Inland Empire Health Plan Dual Choice Cal MediConnect	25,061	19	0	1	8	0	0	0	0	2	30	32	0.36%
InnovAge PACE	510	0	0	0	0	0	0	0	0	0	0	0	0.00%
Kern Family Health Care	256,298	73	0	3	10	1	4	7	0	3	101	109	1.20%
KP Cal LLC	147,264	96	0	7	19	0	5	1	0	11	139	133	1.66%
L.A. Care Health Plan	2,077,269	527	2	52	80	0	49	31	5	47	793	869	9.45%
L.A. Care Health Plan Cal MediConnect	15,288	11	0	0	3	0	0	0	0	0	14	14	0.17%
Molina Dual Options Cal MediConnect	8,555	4	0	0	2	0	0	0	0	0	6	8	0.07%
Molina Healthcare Of California Partner	457,474	281	2	14	27	0	12	13	0	13	362	363	4.32%
On Lok Lifeways	1,490	0	0	0	0	0	0	0	0	0	0	0	0.00%
OneCare Connect Cal MediConnect	14,605	0	0	2	2	0	1	1	0	1	7	5	0.08%
Partnership HealthPlan of California	562,766	152	4	11	18	0	20	3	5	23	236	255	2.81%
Positive Healthcare (a.k.a. AIDS Healthcare Foundation)	672	0	0	0	1	0	0	0	0	0	1	1	0.01%
Rady Children's Hospital CCS Demonstration	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
San Francisco Health Plan	129,814	21	0	1	3	0	4	1	0	0	30	31	0.36%
Santa Clara Family Health Plan	252,183	49	1	3	10	0	7	0	1	2	73	84	0.87%
Santa Clara Family Health Cal MediConnect	7,202	0	0	0	0	0	0	0	0	0	0	0	0.00%
Senior Care Action Network (SCAN)	13,197	6	0	0	1	0	0	0	0	0	7	5	0.08%
Sutter Senior Care	300	0	0	0	0	0	0	0	0	0	0	0	0.00%
United Healthcare Community Plan of California	9,872	22	0	1	4	0	0	0	0	1	28	27	0.33%
Total	10,868,544	5,985	31	255	724	10	465	238	50	603	8,361	8,350	100.00%

HCO - Enrollment/Disenrollment

EDU - Education & Outreach

OHC - Other Health Coverage

QOC - Quality of Care

COC - Continuity of Care

PRV - Plan Subcontractor/Provider Issues

HCP - Health Care Plan Issues

ELG - Eligibility

MISC - Miscellaneous Issues

Plan Name	Plan Enrollment	HCO	QOC	HCP	EDU	COC	ELG	OHC	PRV	MISC	Total Issues	Total Cases	Percent of Total Issues
No Plan - FFS		1,858	3	17	214	3	215	90	10	212	2,622	2,342	29.98%
Unknown/Unspecified Plan		8	0	12	8	0	12	4	2	86	132	128	1.51%
Aetna Better Health of California	7,089	18	0	0	0	0	0	0	0	1	19	16	0.22%
Alameda Alliance for Health	261,879	108	0	5	18	0	18	5	1	6	161	159	1.84%
AltaMed Health Services Corporation	67,961	40	0	0	2	0	2	1	0	1	46	40	0.53%
Anthem Blue Cross Partnership Plan	760,225	371	2	20	50	0	23	18	4	10	498	508	5.69%
Anthem Blue Cross Cal MediConnect	2,674	0	0	0	0	0	0	0	0	0	0	1	0.00%
Brandman Centers for Senior Care	231	0	0	0	0	0	0	0	0	0	0	0	0.00%
Cal Viva Health	363,285	90	1	4	7	0	6	12	0	3	123	111	1.41%
California Health and Wellness Plan	197,645	90	1	5	15	0	10	3	1	3	128	139	1.46%
CalOptima	759,565	209	2	6	42	0	35	10	2	16	322	339	3.68%
Care 1st Partner Plan, LLC	84,539	46	0	2	4	0	4	5	0	2	63	52	0.72%
Care 1st Cal MediConnect	5,184	3	0	0	0	0	0	0	0	0	3	3	0.03%
CareMore Cal MediConnect	3,403	0	0	0	0	0	0	0	0	0	0	0	0.00%
CenCal Health	178,356	44	1	2	6	0	3	5	1	3	65	64	0.74%
Center for Elders Independence	706	0	0	0	1	0	0	0	0	0	1	0	0.01%
Central California Alliance for Health	349,706	113	2	5	26	0	6	2	0	6	160	168	1.83%
Central Valley Medical Services Corp	520	0	0	0	0	0	0	0	0	0	0	0	0.00%
Communicare Advantage Cal MediConnect	5,825	1	0	1	0	0	0	0	0	1	3	2	0.03%
Community Health Group Partnership	274,353	60	1	3	6	0	2	1	0	1	74	71	0.85%
Contra Costa Health Plan	182,183	67	0	2	15	0	4	1	0	2	91	99	1.04%
Family Mosaic Project	32	1	0	0	0	0	0	0	0	0	1	1	0.01%
Gold Coast Health Plan	199,382	104	0	4	19	0	6	3	0	6	142	144	1.62%
Health Net Cal MediConnect	12,581	4	0	0	2	0	1	0	0	0	7	6	0.08%
Health Net Community Solutions, Inc.	1,471,665	572	2	30	66	0	33	18	4	33	758	840	8.67%
Health Plan of San Joaquin	346,672	129	0	2	15	0	3	3	1	4	157	170	1.80%
Health Plan of San Mateo	108,731	30	0	0	2	2	2	2	1	1	40	47	0.46%
Health Plan of San Mateo Cal MediConnect	8,976	8	0	0	0	0	0	0	0	0	8	7	0.09%
Humboldt Senior Resource Center, Inc	151	0	0	0	0	0	0	0	0	0	0	0	0.00%
Inland Empire Health Plan	1,231,689	891	2	16	96	1	85	20	3	24	1,138	1,087	13.01%

Plan Name	Plan Enrollment	HCO	QOC	HCP	EDU	COC	ELG	OHC	PRV	MISC	Total Issues	Total Cases	Percent of Total Issues
Inland Empire Health Plan Dual Choice Cal MediConnect	25,269	24	0	2	2	0	1	0	0	0	29	22	0.33%
InnovAge PACE	524	0	0	0	1	0	0	0	0	0	1	1	0.01%
Kern Family Health Care	256,915	69	1	8	8	0	3	6	0	6	101	95	1.15%
KP Cal LLC	147,383	95	0	4	27	0	5	1	0	4	136	123	1.56%
L.A. Care Health Plan	2,079,692	566	4	50	106	4	48	23	6	46	853	937	9.75%
L.A. Care Health Plan Cal MediConnect	15,387	12	0	0	1	0	0	0	0	0	13	11	0.15%
Molina Dual Options Cal MediConnect	8,476	1	0	0	0	0	0	0	0	0	1	1	0.01%
Molina Healthcare Of California Partner	455,978	302	0	10	28	0	13	17	3	11	384	352	4.39%
On Lok Lifeways	1,500	0	0	0	0	0	0	0	0	0	0	0	0.00%
OneCare Connect Cal MediConnect	14,516	1	0	0	0	0	0	1	0	0	2	1	0.02%
Partnership HealthPlan of California	561,140	177	1	20	44	2	12	7	2	20	285	306	3.26%
Positive Healthcare (a.k.a. AIDS Healthcare Foundation)	670	0	0	0	0	0	0	0	0	0	0	0	0.00%
Rady Children's Hospital CCS Demonstration	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
San Francisco Health Plan	129,475	27	0	1	6	0	5	2	1	2	44	39	0.50%
Santa Clara Family Health Plan	251,274	78	0	2	11	1	2	2	2	4	102	100	1.17%
Santa Clara Family Health Cal MediConnect	7,228	2	0	0	1	0	0	0	0	0	3	3	0.03%
Senior Care Action Network (SCAN)	13,192	2	0	0	0	0	0	0	0	0	2	2	0.02%
Sutter Senior Care	295	0	0	0	0	0	0	0	0	0	0	0	0.00%
United Healthcare Community Plan of California	11,056	18	0	0	5	0	1	3	0	0	27	24	0.31%
Total	10,854,122	6,221	23	233	849	13	559	262	44	514	8,718	8,537	100.00%

HCO - Enrollment/Disenrollment
QOC - Quality of Care
HCP - Health Care Plan Issues

EDU - Education & Outreach
COC - Continuity of Care
ELG - Eligibility

OHC - Other Health Coverage
PRV - Plan Subcontractor/Provider Issues
MISC - Miscellaneous Issues

Plan Name	Plan Enrollment	HCO	QOC	HCP	EDU	COC	ELG	OHC	PRV	MISC	Total Issues	Total Cases	Percent of Total Issues
No Plan - FFS		2,035	9	27	196	3	185	86	14	226	2,781	2,455	28.76%
Unknown/Unspecified Plan		17	0	12	10	0	13	3	3	90	148	131	1.53%
Aetna Better Health of California	8,081	32	0	0	2	0	1	0	0	0	35	27	0.36%
Alameda Alliance for Health	260,544	133	0	5	23	0	13	4	0	8	186	187	1.92%
AltaMed Health Services Corporation	68,060	23	0	0	1	0	1	0	0	0	25	28	0.26%
Anthem Blue Cross Partnership Plan	755,726	414	5	21	44	0	15	13	5	14	531	505	5.49%
Anthem Blue Cross Cal MediConnect	2,656	22	0	0	0	0	0	0	0	0	22	22	0.23%
Brandman Centers for Senior Care	235	0	0	0	0	0	0	0	0	0	0	0	0.00%
Cal Viva Health	362,239	118	0	2	10	0	2	6	0	6	144	141	1.49%
California Health and Wellness Plan	196,719	119	0	2	14	0	2	5	1	10	153	154	1.58%
CalOptima	755,074	273	2	12	48	0	34	12	1	22	404	376	4.18%
Care 1st Partner Plan, LLC	83,869	50	0	3	7	0	8	1	1	3	73	67	0.75%
Care 1st Cal MediConnect	5,163	0	0	0	0	0	0	0	0	0	0	0	0.00%
CareMore Cal MediConnect	3,378	1	0	0	0	0	0	0	0	0	1	0	0.01%
CenCal Health	177,380	62	1	1	11	3	1	0	0	5	84	78	0.87%
Center for Elders Independence	706	0	0	0	0	0	1	0	0	0	1	0	0.01%
Central California Alliance for Health	348,928	120	1	3	22	0	5	2	2	3	158	173	1.63%
Central Valley Medical Services Corp	543	0	0	0	0	0	0	0	0	0	0	0	0.00%
Communicare Advantage Cal MediConnect	5,841	1	0	0	0	0	0	0	0	0	1	0	0.01%
Community Health Group Partnership	271,863	76	3	2	6	0	2	4	0	3	96	84	0.99%
Contra Costa Health Plan	181,261	101	1	3	12	1	9	4	1	7	139	119	1.44%
Family Mosaic Project	39	3	0	0	0	0	0	0	0	0	3	3	0.03%
Gold Coast Health Plan	198,604	102	0	3	13	0	11	8	0	7	144	143	1.49%
Health Net Cal MediConnect	12,421	6	0	0	0	0	0	0	1	0	7	5	0.07%
Health Net Community Solutions, Inc.	1,461,379	744	1	27	62	0	23	21	6	16	900	937	9.31%
Health Plan of San Joaquin	345,801	139	0	6	19	0	3	3	0	5	175	157	1.81%
Health Plan of San Mateo	107,529	22	0	3	3	2	4	6	0	0	40	41	0.41%
Health Plan of San Mateo Cal MediConnect	8,952	13	0	0	0	0	0	0	0	0	13	11	0.13%
Humboldt Senior Resource Center, Inc	150	0	0	0	0	0	0	0	0	0	0	0	0.00%
Inland Empire Health Plan	1,228,572	1,026	3	22	96	1	90	12	3	29	1,282	1,147	13.26%

Plan Name	Plan Enrollment	HCO	QOC	HCP	EDU	COC	ELG	OHC	PRV	MISC	Total Issues	Total Cases	Percent of Total Issues
Inland Empire Health Plan Dual Choice Cal MediConnect	25,508	20	0	2	4	0	3	0	0	1	30	27	0.31%
InnovAge PACE	532	2	0	0	0	0	0	0	0	0	2	1	0.02%
Kern Family Health Care	256,261	80	0	3	7	1	6	11	2	4	114	101	1.18%
KP Cal LLC	147,106	132	1	7	19	1	11	1	0	6	178	179	1.84%
L.A. Care Health Plan	2,071,216	579	5	57	104	1	57	21	8	43	875	897	9.05%
L.A. Care Health Plan Cal MediConnect	15,552	15	0	0	0	0	0	0	0	0	15	12	0.16%
Molina Dual Options Cal MediConnect	8,401	5	0	0	0	0	1	0	0	0	6	3	0.06%
Molina Healthcare Of California Partner	452,307	348	0	10	26	0	10	9	3	12	418	358	4.32%
On Lok Lifeways	1,515	0	0	0	0	0	0	0	0	0	0	0	0.00%
OneCare Connect Cal MediConnect	14,453	7	0	0	0	0	0	0	0	0	7	7	0.07%
Partnership HealthPlan of California	558,375	200	1	12	32	0	21	1	1	19	287	301	2.97%
Positive Healthcare (a.k.a. AIDS Healthcare Foundation)	665	0	0	0	0	0	1	0	0	0	1	2	0.01%
Rady Children's Hospital CCS Demonstration	45	1	0	0	0	0	0	0	0	0	1	1	0.01%
San Francisco Health Plan	128,899	34	0	1	5	0	2	1	0	2	45	39	0.47%
Santa Clara Family Health Plan	249,254	76	0	5	9	0	8	2	0	7	107	98	1.11%
Santa Clara Family Health Cal MediConnect	7,265	3	0	0	1	0	0	0	0	1	5	4	0.05%
Senior Care Action Network (SCAN)	13,093	0	0	0	0	0	0	0	0	0	0	1	0.00%
Sutter Senior Care	301	1	0	0	0	0	0	0	0	0	1	1	0.01%
United Healthcare Community Plan of California	11,294	20	0	3	4	0	0	0	0	4	31	34	0.32%
Total	10,802,461	7,155	33	251	806	13	543	236	52	549	9,638	9,023	100.00%

HCO - Enrollment/Disenrollment
QOC - Quality of Care
HCP - Health Care Plan Issues

EDU - Education & Outreach
COC - Continuity of Care
ELG - Eligibility

OHC - Other Health Coverage
PRV - Plan Subcontractor/Provider Issues
MISC - Miscellaneous Issues

Plan Name	Plan Enrollment	HCO	QOC	HCP	EDU	COC	ELG	OHC	PRV	MISC	Total Issues	Total Cases	Percent of Total Issues
No Plan - FFS		1,734	5	21	173	5	189	66	13	141	2,347	2,026	29.20%
Unknown/Unspecified Plan		24	2	9	4	1	19	3	6	116	184	131	2.29%
Aetna Better Health of California	9,012	18	0	0	1	0	0	0	1	0	20	17	0.25%
Alameda Alliance for Health	259,663	133	0	1	16	0	11	1	0	4	166	145	2.06%
AltaMed Health Services Corporation	67,936	21	0	0	1	0	1	0	1	0	24	18	0.30%
Anthem Blue Cross Partnership Plan	751,831	373	2	15	46	0	24	12	6	21	499	470	6.21%
Anthem Blue Cross Cal MediConnect	2,626	0	0	0	0	0	0	0	0	0	0	0	0.00%
Brandman Centers for Senior Care	231	0	0	0	0	0	0	0	0	0	0	0	0.00%
Cal Viva Health	360,994	73	0	0	7	0	0	6	1	4	91	81	1.13%
California Health and Wellness Plan	196,102	78	0	2	17	3	6	2	0	2	110	117	1.37%
CalOptima	751,555	228	1	15	48	1	49	18	1	8	369	337	4.59%
Care 1st Partner Plan, LLC	82,924	42	0	3	3	0	3	1	0	2	54	46	0.67%
Care 1st Cal MediConnect	5,136	0	0	0	0	0	0	0	0	0	0	0	0.00%
CareMore Cal MediConnect	3,325	1	0	0	0	0	0	0	0	0	1	1	0.01%
CenCal Health	176,613	43	0	2	8	0	0	0	0	2	55	60	0.68%
Center for Elders Independence	714	0	0	0	0	0	0	0	0	0	0	0	0.00%
Central California Alliance for Health	346,762	84	0	6	24	0	2	0	0	2	118	127	1.47%
Central Valley Medical Services Corp	556	0	0	0	0	0	0	0	0	0	0	0	0.00%
Communicare Advantage Cal MediConnect	5,878	3	0	0	0	0	0	0	0	0	3	3	0.04%
Community Health Group Partnership	268,364	52	2	1	9	0	3	0	2	3	72	68	0.90%
Contra Costa Health Plan	180,089	72	0	1	17	0	6	2	0	3	101	84	1.26%
Family Mosaic Project	39	2	0	0	0	0	0	0	0	0	2	2	0.02%
Gold Coast Health Plan	197,319	96	0	1	10	0	10	3	0	3	123	127	1.53%
Health Net Cal MediConnect	12,243	1	0	0	1	0	0	0	0	0	2	2	0.02%
Health Net Community Solutions, Inc.	1,449,146	533	6	31	63	2	30	19	6	20	710	734	8.83%
Health Plan of San Joaquin	344,847	119	2	7	10	0	6	3	0	5	152	150	1.89%
Health Plan of San Mateo	106,867	37	0	2	0	0	3	0	0	2	44	44	0.55%
Health Plan of San Mateo Cal MediConnect	8,972	7	0	0	0	0	0	0	0	0	7	3	0.09%
Humboldt Senior Resource Center, Inc	146	0	0	0	0	0	0	0	0	0	0	0	0.00%
Inland Empire Health Plan	1,222,338	852	3	18	116	0	84	17	6	33	1,129	1,023	14.04%

Plan Name	Plan Enrollment	HCO	QOC	HCP	EDU	COC	ELG	OHC	PRV	MISC	Total Issues	Total Cases	Percent of Total Issues
Inland Empire Health Plan Dual Choice Cal MediConnect	25,645	16	0	1	3	0	1	0	0	1	22	17	0.27%
InnovAge PACE	532	0	0	0	0	0	0	0	0	0	0	0	0.00%
Kern Family Health Care	254,092	65	0	3	9	0	4	10	1	2	94	82	1.17%
KP Cal LLC	146,161	106	0	1	14	0	9	2	0	1	133	117	1.65%
L.A. Care Health Plan	2,060,828	426	9	36	73	2	30	14	12	27	629	665	7.82%
L.A. Care Health Plan Cal MediConnect	15,732	15	0	1	3	0	1	0	0	1	21	17	0.26%
Molina Dual Options Cal MediConnect	8,328	6	0	0	1	0	1	0	0	1	9	7	0.11%
Molina Healthcare Of California Partner	447,172	245	3	13	28	0	12	8	5	12	326	296	4.06%
On Lok Lifeways	1,517	0	0	0	0	0	0	0	0	0	0	0	0.00%
OneCare Connect Cal MediConnect	14,415	0	0	0	0	0	1	0	0	0	1	1	0.01%
Partnership HealthPlan of California	555,182	161	0	26	32	0	9	5	4	21	258	269	3.21%
Positive Healthcare (a.k.a. AIDS Healthcare Foundation)	651	0	0	0	0	0	0	0	0	0	0	0	0.00%
Rady Children's Hospital CCS Demonstration	129	0	0	0	0	0	0	0	0	0	0	0	0.00%
San Francisco Health Plan	128,407	36	0	1	3	0	2	0	0	1	43	41	0.53%
Santa Clara Family Health Plan	247,809	43	0	5	9	0	1	1	0	2	61	52	0.76%
Santa Clara Family Health Cal MediConnect	7,284	1	0	0	0	0	0	0	0	0	1	1	0.01%
Senior Care Action Network (SCAN)	13,182	3	0	0	1	0	0	0	0	0	4	4	0.05%
Sutter Senior Care	306	0	0	0	0	0	0	0	0	0	0	0	0.00%
United Healthcare Community Plan of California	11,318	41	0	2	6	2	1	0	0	2	54	50	0.67%
Total	10,739,600	5,749	35	222	750	14	517	193	65	440	7,985	7,385	100.00%

HCO - Enrollment/Disenrollment
QOC - Quality of Care
HCP - Health Care Plan Issues

EDU - Education & Outreach
COC - Continuity of Care
ELG - Eligibility

OHC - Other Health Coverage
PRV - Plan Subcontractor/Provider Issues
MISC - Miscellaneous Issues

Plan Name	Plan Enrollment	HCO	QOC	HCP	EDU	COC	ELG	OHC	PRV	MISC	Total Issues	Total Cases	Percent of Total
No Plan - FFS		2,043	12	17	210	1	194	88	14	202	2,781	2,429	30.38%
Unknown/Unspecified Plan		21	2	10	4	1	17	3	10	102	170	126	1.86%
Aetna Better Health of California	9,914	24	0	1	3	0	0	1	0	0	29	28	0.32%
Alameda Alliance for Health	261,025	107	0	3	23	0	13	2	1	13	162	139	1.77%
AltaMed Health Services Corporation	68,367	22	0	1	3	1	2	0	0	3	32	28	0.35%
Anthem Blue Cross Partnership Plan	754,398	372	2	20	53	1	14	17	6	18	503	481	5.49%
Anthem Blue Cross Cal MediConnect	2,602	1	0	1	0	0	0	0	0	0	2	3	0.02%
Brandman Centers for Senior Care	233	0	0	0	0	0	0	0	0	0	0	0	0.00%
Cal Viva Health	361,915	92	0	3	8	1	8	8	0	6	126	118	1.38%
California Health and Wellness Plan	197,191	100	0	3	10	0	3	1	1	4	122	129	1.33%
CalOptima	753,585	284	2	13	39	0	24	14	4	13	393	370	4.29%
Care 1st Partner Plan, LLC	83,196	53	0	2	14	0	4	2	1	2	78	69	0.85%
Care 1st Cal MediConnect	5,109	3	0	0	0	0	0	0	0	0	3	3	0.03%
CareMore Cal MediConnect	3,313	0	0	0	0	0	0	0	0	1	1	1	0.01%
CenCal Health	177,034	40	0	2	7	0	2	1	0	2	54	60	0.59%
Center for Elders Independence	726	0	0	0	0	0	0	0	0	0	0	0	0.00%
Central California Alliance for Health	346,135	79	0	2	8	0	1	4	0	4	98	105	1.07%
Central Valley Medical Services Corp	579	0	0	0	0	0	0	0	0	0	0	0	0.00%
Communicare Advantage Cal MediConnect	5,962	1	0	0	0	0	1	0	0	0	2	0	0.02%
Community Health Group Partnership	268,475	59	1	3	4	0	2	2	1	7	79	67	0.86%
Contra Costa Health Plan	180,731	100	1	1	9	0	6	3	0	10	130	126	1.42%
Family Mosaic Project	43	2	0	0	0	0	0	0	0	0	2	2	0.02%
Gold Coast Health Plan	198,405	101	0	3	19	0	7	6	0	8	144	130	1.57%
Health Net Cal MediConnect	12,134	5	0	0	1	0	0	0	0	3	9	7	0.10%
Health Net Community Solutions, Inc.	1,449,728	669	2	24	75	0	35	12	9	19	845	841	9.23%
Health Plan of San Joaquin	345,531	133	1	4	22	1	4	3	1	3	172	164	1.88%
Health Plan of San Mateo	106,601	30	0	1	4	0	1	1	0	2	39	38	0.43%
Health Plan of San Mateo Cal MediConnect	8,988	55	0	0	1	0	0	0	0	0	56	40	0.61%
Humboldt Senior Resource Center, Inc	160	0	0	0	0	0	0	0	0	0	0	0	0.00%
Inland Empire Health Plan	1,228,028	924	1	18	114	0	83	26	3	35	1,204	1,082	13.15%

Plan Name	Plan Enrollment	HCO	QOC	HCP	EDU	COC	ELG	OHC	PRV	MISC	Total Issues	Total Cases	Percent of Total
Inland Empire Health Plan Dual Choice Cal MediConnect	25,896	11	0	0	1	0	0	1	0	1	14	11	0.15%
InnovAge PACE	553	1	0	0	0	0	0	0	0	0	1	1	0.01%
Kern Family Health Care	254,791	65	0	1	9	0	5	7	0	6	93	93	1.02%
KP Cal LLC	146,915	124	0	1	17	0	5	1	1	6	155	128	1.69%
L.A. Care Health Plan	2,067,909	562	1	35	95	3	42	23	8	24	793	843	8.66%
L.A. Care Health Plan Cal MediConnect	15,875	13	0	1	0	0	0	0	0	0	14	14	0.15%
Molina Dual Options Cal MediConnect	8,299	5	0	0	1	0	0	0	0	1	7	8	0.08%
Molina Healthcare Of California Partner	447,658	313	1	13	39	0	12	12	2	13	405	359	4.42%
On Lok Lifeways	1,545	0	0	0	0	0	0	0	0	0	0	0	0.00%
OneCare Connect Cal MediConnect	14,421	3	0	0	1	0	0	0	0	0	4	4	0.04%
Partnership HealthPlan of California	557,808	180	2	13	50	1	7	6	1	13	273	288	2.98%
Positive Healthcare (a.k.a. AIDS Healthcare Foundation)	645	2	0	0	0	0	0	0	2	0	4	3	0.04%
Rady Children's Hospital CCS Demonstration	151	0	0	0	0	0	0	0	0	0	0	0	0.00%
San Francisco Health Plan	128,790	33	0	0	10	0	3	2	1	1	50	45	0.55%
Santa Clara Family Health Plan	247,466	58	1	3	10	0	0	6	0	4	82	70	0.90%
Santa Clara Family Health Cal MediConnect	7,307	1	0	0	0	0	0	0	0	0	1	1	0.01%
Senior Care Action Network (SCAN)	13,270	4	0	0	3	0	1	0	0	0	8	9	0.09%
Sutter Senior Care	308	0	0	0	0	0	0	0	0	0	0	0	0.00%
United Healthcare Community Plan of California	11,152	11	0	0	1	0	1	0	0	1	14	12	0.15%
Total	10,769,715	6,695	29	199	867	10	496	252	66	526	9,140	8,463	100.00%

HCO - Enrollment/Disenrollment
QOC - Quality of Care
HCP - Health Care Plan Issues

EDU - Education & Outreach
COC - Continuity of Care
ELG - Eligibility

OHC - Other Health Coverage
PRV - Plan Subcontractor/Provider Issues
MISC - Miscellaneous Issues

Plan Name	Plan Enrollment	HCO	QOC	HCP	EDU	COC	ELG	OHC	PRV	MISC	Total Issues	Total Cases	Percent of Total
No Plan - FFS		1,667	5	15	180	3	173	93	10	186	2,332	1,971	30.31%
Unknown/Unspecified Plan		12	1	7	3	0	19	0	2	27	71	48	0.92%
Aetna Better Health of California	10,913	30	0	1	3	0	3	1	2	1	41	30	0.53%
Alameda Alliance for Health	260,054	83	0	3	17	1	16	6	2	2	130	113	1.69%
AltaMed Health Services Corporation	68,512	17	0	0	2	0	1	0	0	1	21	17	0.27%
Anthem Blue Cross Partnership Plan	752,477	376	1	17	45	2	26	18	6	10	501	459	6.51%
Anthem Blue Cross Cal MediConnect	2,562	1	0	0	0	0	0	0	0	0	1	0	0.01%
Brandman Centers for Senior Care	234	1	0	0	0	0	0	0	0	0	1	0	0.01%
Cal Viva Health	361,521	66	1	2	9	0	2	6	1	2	89	80	1.16%
California Health and Wellness Plan	197,090	113	2	5	7	0	12	4	1	6	150	143	1.95%
CalOptima	750,797	195	0	6	37	3	24	7	0	7	279	265	3.63%
Care 1st Partner Plan, LLC	82,837	52	0	3	3	0	4	1	0	2	65	52	0.84%
Care 1st Cal MediConnect	5,077	2	0	0	0	0	0	0	0	1	3	3	0.04%
CareMore Cal MediConnect	3,267	2	0	0	0	0	0	0	0	0	2	2	0.03%
CenCal Health	177,223	57	0	1	8	0	4	0	1	1	72	68	0.94%
Center for Elders Independence	733	0	0	0	0	0	0	0	0	0	0	0	0.00%
Central California Alliance for Health	344,678	74	0	1	9	0	2	2	0	3	91	90	1.18%
Central Valley Medical Services Corp	593	0	0	0	0	0	0	0	0	0	0	0	0.00%
Communicare Advantage Cal MediConnect	6,012	0	0	1	0	0	0	0	1	0	2	2	0.03%
Community Health Group Partnership	266,683	44	0	0	5	0	4	8	1	3	65	54	0.84%
Contra Costa Health Plan	179,980	64	0	3	6	0	7	0	0	2	82	76	1.07%
Family Mosaic Project	39	2	0	0	0	0	0	0	0	0	2	2	0.03%
Gold Coast Health Plan	198,311	84	0	8	14	0	11	3	0	3	123	119	1.60%
Health Net Cal MediConnect	11,943	7	0	0	2	0	0	0	0	0	9	9	0.12%
Health Net Community Solutions, Inc.	1,443,491	553	1	16	53	3	23	20	2	28	699	677	9.09%
Health Plan of San Joaquin	345,286	113	0	2	9	0	4	1	3	3	135	126	1.75%
Health Plan of San Mateo	105,165	16	0	0	4	0	2	0	0	0	22	23	0.29%
Health Plan of San Mateo Cal MediConnect	9,000	11	0	0	0	0	0	0	0	0	11	11	0.14%
Humboldt Senior Resource Center, Inc	163	0	0	0	0	0	0	0	0	0	0	0	0.00%
Inland Empire Health Plan	1,230,440	845	2	13	74	2	53	21	5	24	1,039	903	13.51%

Plan Name	Plan Enrollment	HCO	QOC	HCP	EDU	COC	ELG	OHC	PRV	MISC	Total Issues	Total Cases	Percent of Total
Inland Empire Health Plan Dual Choice Cal MediConnect	26,065	18	0	0	3	0	0	0	0	2	23	17	0.30%
InnovAge PACE	575	1	0	0	0	0	0	0	0	0	1	1	0.01%
Kern Family Health Care	254,225	46	0	1	5	0	3	12	1	8	76	80	0.99%
KP Cal LLC	147,000	121	0	0	16	1	10	3	1	3	155	121	2.01%
L.A. Care Health Plan	2,063,574	524	2	28	70	1	33	12	10	25	705	680	9.16%
L.A. Care Health Plan Cal MediConnect	15,984	12	0	0	2	0	0	0	0	0	14	15	0.18%
Molina Dual Options Cal MediConnect	8,186	2	0	0	1	0	0	0	0	0	3	2	0.04%
Molina Healthcare Of California Partner	445,738	241	2	7	19	1	6	12	4	7	299	250	3.89%
On Lok Lifeways	1,556	0	0	0	0	0	0	0	0	0	0	0	0.00%
OneCare Connect Cal MediConnect	14,343	1	0	0	1	0	0	0	0	0	2	1	0.03%
Partnership HealthPlan of California	557,339	189	1	13	39	0	7	1	6	9	265	247	3.44%
Positive Healthcare (a.k.a. AIDS Healthcare Foundation)	643	2	0	0	0	0	0	0	0	0	2	1	0.03%
Rady Children's Hospital CCS Demonstration	210	1	0	0	0	0	1	0	0	0	2	2	0.03%
San Francisco Health Plan	128,730	23	0	2	4	0	0	0	0	0	29	26	0.38%
Santa Clara Family Health Plan	246,356	40	0	2	6	0	3	3	0	3	57	49	0.74%
Santa Clara Family Health Cal MediConnect	7,396	2	0	0	1	0	1	1	0	0	5	4	0.06%
Senior Care Action Network (SCAN)	13,339	2	0	0	0	0	0	0	0	0	2	2	0.03%
Sutter Senior Care	313	0	0	0	0	0	0	0	0	0	0	0	0.00%
United Healthcare Community Plan of California	7,895	14	0	0	1	0	0	0	0	0	15	12	0.19%
Total	10,746,653	5,712	18	157	657	17	454	235	59	369	7,678	6,841	100.00%

HCO - Enrollment/Disenrollment
QOC - Quality of Care
HCP - Health Care Plan Issues

EDU - Education & Outreach
COC - Continuity of Care
ELG - Eligibility

OHC - Other Health Coverage
PRV - Plan Subcontractor/Provider Issues
MISC - Miscellaneous Issues

Plan Name	Plan Enrollment	HCO	QOC	HCP	EDU	COC	ELG	OHC	PRV	MISC	Total Issues	Total Cases	Percent of Total
No Plan - FFS		1,634	1	17	177	4	196	88	11	163	2,291	1,963	32.47%
Unknown/Unspecified Plan		14	0	11	3	0	13	6	5	39	91	70	1.29%
Aetna Better Health of California	11,130	27	0	1	2	0	0	0	0	1	31	32	0.44%
Alameda Alliance for Health	259,509	93	1	3	19	0	17	5	2	5	145	136	2.06%
AltaMed Health Services Corporation	68,504	16	0	0	2	0	1	1	0	1	21	20	0.30%
Anthem Blue Cross Partnership Plan	748,485	274	6	20	32	2	20	12	8	19	393	374	5.57%
Anthem Blue Cross Cal MediConnect	2,524	2	0	0	0	0	0	0	0	0	2	2	0.03%
Brandman Centers for Senior Care	236	0	0	0	0	0	0	0	0	0	0	0	0.00%
Cal Viva Health	361,032	60	0	3	7	0	6	8	0	2	86	84	1.22%
California Health and Wellness Plan	197,029	104	0	5	12	2	2	1	1	3	130	128	1.84%
CalOptima	746,292	178	0	8	30	1	19	16	2	8	262	242	3.71%
Care 1st Partner Plan, LLC	83,512	26	0	2	4	0	0	0	1	0	33	25	0.47%
Care 1st Cal MediConnect	5,037	2	0	0	0	0	0	0	0	0	2	2	0.03%
CareMore Cal MediConnect	3,221	0	0	0	0	0	0	0	0	0	0	0	0.00%
CenCal Health	176,372	34	0	2	5	0	2	1	0	5	49	38	0.69%
Center for Elders Independence	738	0	0	0	0	0	0	0	0	0	0	0	0.00%
Central California Alliance for Health	341,762	68	0	1	4	0	2	3	0	3	81	88	1.15%
Central Valley Medical Services Corp	613	0	0	0	0	0	0	0	0	0	0	0	0.00%
Communicare Advantage Cal MediConnect	5,988	1	0	0	0	0	0	0	0	0	1	1	0.01%
Community Health Group Partnership	265,026	33	0	1	5	0	1	2	1	3	46	47	0.65%
Contra Costa Health Plan	178,895	55	0	3	9	0	6	1	1	1	76	67	1.08%
Family Mosaic Project	34	5	0	0	0	0	0	0	0	0	5	4	0.07%
Gold Coast Health Plan	197,541	78	0	5	10	0	7	7	0	6	113	110	1.60%
Health Net Cal MediConnect	11,763	6	0	0	2	0	0	0	0	0	8	7	0.11%
Health Net Community Solutions, Inc.	1,427,055	462	0	20	51	2	17	19	7	19	597	565	8.46%
Health Plan of San Joaquin	343,530	85	0	5	11	0	2	1	0	1	105	93	1.49%
Health Plan of San Mateo	104,587	24	0	0	7	0	1	1	0	3	36	30	0.51%
Health Plan of San Mateo Cal MediConnect	8,959	2	0	0	0	0	0	0	0	0	2	2	0.03%
Humboldt Senior Resource Center, Inc	161	0	0	0	0	0	0	0	0	0	0	0	0.00%
Inland Empire Health Plan	1,224,836	724	1	13	62	0	54	11	4	24	893	797	12.66%

Plan Name	Plan Enrollment	HCO	QOC	HCP	EDU	COC	ELG	OHC	PRV	MISC	Total Issues	Total Cases	Percent of Total
Inland Empire Health Plan Dual Choice Cal MediConnect	26,077	10	0	0	2	0	0	1	0	1	14	13	0.20%
InnovAge PACE	580	1	0	0	0	0	0	0	0	0	1	1	0.01%
Kern Family Health Care	253,374	50	0	1	7	0	4	0	0	2	64	54	0.91%
KP Cal LLC	146,648	95	0	0	14	0	10	3	2	6	130	108	1.84%
L.A. Care Health Plan	2,056,840	461	1	29	55	3	46	16	10	18	639	629	9.06%
L.A. Care Health Plan Cal MediConnect	16,014	6	0	0	0	0	0	0	0	0	6	6	0.09%
Molina Dual Options Cal MediConnect	8,108	4	0	0	0	0	0	0	0	0	4	3	0.06%
Molina Healthcare Of California Partner	441,943	298	0	9	22	0	12	9	1	5	356	317	5.05%
On Lok Lifeways	1,563	0	0	0	0	0	0	0	0	0	0	0	0.00%
OneCare Connect Cal MediConnect	14,283	0	0	0	0	0	1	0	0	1	2	3	0.03%
Partnership HealthPlan of California	553,982	153	0	7	27	1	16	2	0	17	223	232	3.16%
Positive Healthcare (a.k.a. AIDS Healthcare Foundation)	633	1	0	0	0	0	0	0	0	0	1	1	0.01%
Rady Children's Hospital CCS Demonstration	321	2	0	0	0	0	0	0	0	0	2	2	0.03%
San Francisco Health Plan	128,326	24	0	3	2	0	1	2	1	0	33	28	0.47%
Santa Clara Family Health Plan	245,545	43	0	1	15	0	0	2	0	3	64	67	0.91%
Santa Clara Family Health Cal MediConnect	7,421	0	0	0	1	0	0	0	0	0	1	1	0.01%
Senior Care Action Network (SCAN)	13,545	2	0	0	3	0	0	0	0	0	5	5	0.07%
Sutter Senior Care	307	0	0	0	0	0	0	0	0	0	0	0	0.00%
United Healthcare Community Plan of California	7,895	9	0	0	1	0	0	1	0	0	11	11	0.16%
Total	10,689,881	5,157	10	170	602	15	456	218	57	359	7,044	6,397	100.00%

HCO - Enrollment/Disenrollment
QOC - Quality of Care
HCP - Health Care Plan Issues

EDU - Education & Outreach
COC - Continuity of Care
ELG - Eligibility

OHC - Other Health Coverage
PRV - Plan Subcontractor/Provider Issues
MISC - Miscellaneous Issues

California Department of Health Care Services
 External Accountability Set (EAS) for
 Medi-Cal Managed Care Health Plans (MCPs) and Specialty Health Plans (SHPs)
 Measurement Year (MY) 2017 / Reporting Year (RY) 2018
 Updated as of August 30, 2017

External Accountability Set for MCPs – MY 2017 / RY 2018

#	Measure Acronym	Measure	Measure Type Methodology	SPD** Stratification Required	Auto Assignment Algorithm [†]
1.	ACR*	All-Cause Readmissions	Administrative (non-NCQA), defined by ACR collaborative	Yes	No
2.	AMB-OP* AMB-ED*	Ambulatory Care: <ul style="list-style-type: none"> • Outpatient visits • Emergency Department visits (Children)*** • Emergency Department visits (Adults) • Emergency Department visits (Total) 	Administrative	Yes	No
3.	MPM-ACE MPM-DIU	Annual Monitoring for Patients on Persistent Medications (2 indicators): <ul style="list-style-type: none"> • ACE inhibitors or ARBs • Diuretics 	Administrative	Yes	No
4.	AAB	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	Administrative	No	No
5.	BCS	Breast Cancer Screening	Administrative	No	No
6.	CCS	Cervical Cancer Screening	Hybrid	No	Yes
7.	CIS-3	Childhood Immunization Status – Combo 3	Hybrid	No	Yes
8.	CAP-1224* CAP-256* CAP-711* CAP-1219*	Children & Adolescents' Access to Primary Care Practitioners (4 indicators): <ul style="list-style-type: none"> • 12-24 Months • 25 Months – 6 Years • 7-11 Years • 12-19 Years 	Administrative	Yes	No
9.	CDC-E CDC-HT CDC-H9 CDC-H8 CDC-N CDC-BP	Comprehensive Diabetes Care (6 indicators): <ul style="list-style-type: none"> • Eye Exam (Retinal) Performed • HbA1c Testing • HbA1c Poor Control (>9.0%) • HbA1c Control (<8.0%) • Medical Attention for Nephropathy • Blood pressure control (<140/90 mm Hg) 	Hybrid	No	Yes, for <i>HbA1c Testing only</i>
10.	CBP	Controlling High Blood Pressure < 140/90 mm Hg (except < 150/90 mm Hg for ages 60-85 without diabetes)	Hybrid	No	Yes
11.	IMA-2^	Immunizations for Adolescents (meningococcal, Tdap, HPV)	Hybrid	No	No
12.	AMR	Asthma Medication Ratio	Administrative	No	No

Table continues on next page...

External Accountability Set for MCPs – MY 2017 / RY 2018

#	Measure Acronym	Measure	Measure Type Methodology	SPD** Stratification Required	Auto Assignment Algorithm [∩]
13.	PPC-Pre PPC-Pst	Prenatal & Postpartum Care (2 indicators): Timeliness of Prenatal Care Postpartum Care	Hybrid	No	Yes, for <i>Prenatal</i> only
14.	DSF*	Depression Screening and Follow-Up for Adolescents and Adults	Electronic Clinical Data Systems (ECDS)	No	No
15.	LBP	Use of Imaging Studies for Low Back Pain	Administrative	No	No
16.	WCC-N WCC-PA	Weight Assessment & Counseling for Nutrition & Physical Activity for Children & Adolescents Counseling for nutrition Counseling for physical activity	Hybrid	No	No
17.	W-34	Well-Child Visits in the 3rd 4th 5th & 6th Years of Life	Hybrid	No	Yes

Total Number of Measures = 1 ECDS + 8 Hybrid + 8 Admin measures (29 indicators total)

∩ Data from MY 2016 will be used in 2017 auto assignment algorithm; subsequent years to be determined.

* MCPs will not be held to a minimum performance level (MPL).

** Seniors and Persons with Disabilities (SPD).

*** Same age bands that Plans already report to NCQA.

^ MCPs will be held to a benchmark for HEDIS 2018 pending the availability of the benchmark from the National Committee on Quality Assurance (NCQA).

Performance Measures for Specialty Plans – MY 2017 / RY 2018

AIDS Healthcare Foundation Healthcare Centers

- Colorectal Cancer Screening (COL)
- Controlling High Blood Pressure (CBP)

Family Mosaic Project

- Promotion of Positive Pro-social Activity: Measure specifics to be determined with the EQRO.
- School Attendance: The number of capitated Medi-Cal managed care members enrolled in Family Mosaic with a 2 or 3 in school attendance on both the initial and most recent Child and Adolescent Needs and Strengths (CANS) outcomes/assessment tool during the measurement period.

SCAN

- Colorectal Cancer Screening (COL)
- Osteoporosis Management in Women Who Had a Fracture (OMW)

Performance Measures for Managed Long-Term Services and Supports Plans (MLTSSPs) – MY 2017 / RY 2018

- Ambulatory Care (AMB-OP and AMB-ED)
- Medication Reconciliation Post-Discharge (MRP)

Survey of Medicaid Managed Care Plan Representatives

Consent Form

You are asked to participate in a study conducted by David S. Zingmond, MD, PhD, and associates from the Division of General Internal Medicine, at the University of California, Los Angeles. UCLA has been contracted by the CA Department of Health Care Services to evaluate the transition of Seniors and People with Disabilities (SPDs) from Medi-Cal fee-for-service to managed care between 2011 and 2012. You were selected as a possible participant in this study because you represent a Medi-Cal Managed Care Plan in California. Your participation in this study is voluntary.

Why is this study being done?

The goal of this study to evaluate the transition of Seniors and People with Disabilities (SPDs) from Medi-Cal fee-for-service to managed care in California.

As part of this effort, the evaluators want to understand what kind of data issues were raised because of the transition and how managed care plans addressed these issues.

What will happen if I take part in this research study?

If you volunteer for this study, the researcher will ask you to complete a short survey online. The survey will take approximately 5-10 minutes.

How long will I be in the research study?

The survey will take between 5 to 10 minutes to complete.

Are there any potential risks or discomforts that I can expect from this study?

There are no anticipated risks or discomfort.

Are there any potential benefits if I participate?

You will not directly benefit from your participation in the research.

Primary benefits will include the identification of red-flag patterns of care or outcomes that indicate areas where care can be improved by Medi-Cal and their contracted Managed Care Organizations.

Will I receive any payment if I participate in this study?

You will not receive any payment by participating in this study.

Will information about me and my participation be kept confidential?

You will not be asked to provide your name or other identifying information. You will be asked to provide your role in your managed care plan. However, this information will not appear in any report of study findings.

Withdrawal of participation by the investigator.

The investigator may withdraw you from participating in this research if circumstances arise which

warrant doing so. The investigator will make the decision and let you know if it is not possible for you to continue.

What are my rights if I take part in this study?

You may withdraw your consent at any time and discontinue participation without penalty or loss of benefits to which you were otherwise entitled.

You can choose whether or not you want to be in this study. If you volunteer to be in this study, you may leave the study at any time without consequences of any kind. You are not waiving any of your legal rights if you choose to be in this research study. You may refuse to answer any questions that you do not want to answer and still remain in the study.

Who can answer questions I might have about this study?

If you have any questions, comments or concerns about the research, you can talk to the one of the researchers. Please contact Dr. David Zingmond at 310-794-0786 or at dzingmond@mednet.ucla.edu.

* 1. Do you consent to participate in this survey?

Yes

No

Survey of Medicaid Managed Care Plan Representatives

It is known that plans relied upon patient contact information provided by Medi-Cal before the transition.

* 2. What did your plan do if the patient contact information was incorrect?

* 3. Roughly, what proportion of patients could not be contacted?

Survey of Medicaid Managed Care Plan Representatives

There was concern regarding orderly transition to new providers.

* 4. How did the plan ensure orderly transition of patients to new care?

* 5. How long were patients allowed to see previous providers?

* 6. How long were patients allowed to renew existing medications? How often?

* 7. How were referrals / appointments for specialty care managed? For example, if a patient was already scheduled to see a provider for an elective procedure, was the patient rescheduled to a different provider?

* 8. Were there any considerations for patients with multiple chronic conditions? If so, please describe.

Survey of Medicaid Managed Care Plan Representatives

Certain care patterns may have raised concerns to Managed Care Organizations.

* 9. What type of care patterns were noted that triggered further investigation or remediation during or after the transition period (e.g. ED use increased for ambulatory care conditions or medication renewals during the transition)?

Survey of Medicaid Managed Care Plan Representatives

Data quality is key for tracking care.

* 10. Did the plan encounter data quality issues during the transition or afterwards? If so, please describe.

* 11. Were there contracted providers (e.g. medical groups) that in particular had difficulty providing accurate and complete data? How was this handled?

*** 12. During the transition, how confident were you of the accuracy and completeness of your data?**

	Very Confident	Somewhat Confident	Slightly Confident	Not Confident at All
Inpatient Stays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outpatient services (labs, tests)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physician – primary care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physician – specialty care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Durable Medical Equipment (DME)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home care and related services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. At present, how confident are you of the accuracy and completeness of your data?

	Very Confident	Somewhat Confident	Slightly Confident	Not Confident at All
Inpatient Stays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outpatient services (labs, tests)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physician – primary care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physician – specialty care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Durable Medical Equipment (DME)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home care and related services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Survey of Medicaid Managed Care Plan Representatives

*** 14. Is there anything else that you would like to share with the evaluation team regarding data quality or your experience with the SPD population that would better inform our efforts to evaluate SPD care using existing data?**

Appendix F: TAP ROSTER

1. Bowen Chung, MD, MSHS, Associate Professor, Psychiatry and Biobehavioral Sciences, UCLA/Harbor-UCLA/LA County Department of Health Services
2. Mary D. Giammona, MD, MPH, Medical Director, Pediatrics and Health Plan CCS Support Team, Molina Healthcare California
3. Todd Gilmer, PhD, Professor, Family Medicine and Public Health, UCSD
4. Sheryl Kataoka, MD, MSHS, Professor, Child and Adolescent Psychiatry, UCLA
5. Marcia McGory Russell, MD, PhD, General Surgery, UCLA & Greater Los Angeles VA
6. Lhasa Ray, MD, MS, MSHS, Medical Director, San Mateo County Health
7. Lee Sanders, MD, MPH, Chief, Division of General Pediatrics, Stanford University
8. Steve Wallace, PhD, Professor, Community Health Sciences, UCLA
9. Kate Wilber, PhD, Professor, Gerontology, USC

Appendix G: TAP Ranking Materials

Domain Name	Domain - Description	MEASURE SETS							RANK
		DHCS EAS	CMS CORE ADULT	CMS CORE CHILD	AHRQ	HEDIS	OTHER	Total	
Assessment	Assessment using a standardized instrument - pain, depression, substance use, weight	0	0	0	0	0	1	1	
Assessment - Result	Assessment using a standardized instrument - pain, depression, substance use, weight - with result required as part of the measure	0	0	1	0	0	3	4	
Chars - Enrollee	Plan - Enrollee Characteristics	0	0	0	0	5	3	8	
Chars - Plan	Plan - Provider Characteristics	0	0	0	0	1	8	9	
Communication	Patient or physician communication; documentation of care plans	0	0	0	0	0	0	0	
Complication	Post-procedure complication rates; iatrogenic hospital complications not associated with procedures	0	0	1	32	1	8	42	
Complication - Year	Complication rates - annual	0	0	0	0	0	1	1	
Cost / Utilization	Cost and utilization measures - overall and stratified by types of care and by patient cohorts	0	0	0	0	10	16	26	
Counseling	Counseling for risk reduction or health habit modification; psychosocial intervention	0	0	0	0	0	0	0	
Days in Hospital	Length of stay (index hospitalizations); days in the hospital after discharge	0	0	0	0	0	10	10	
Dialysis	Management of end-stage renal disease requiring dialysis	0	0	0	0	0	5	5	
Examination	Formal screening exam for chronic related to chronic conditions (e.g. diabetes, glaucoma) or evaluation of acute condition (low back pain)	2	0	0	0	0	4	6	
Hospice Use	Hospice use at the end-of-life	0	0	0	0	0	2	2	
Hospitalization	"Preventable" hospitalization rates and hospitalization rates by at-risk population	0	4	0	18	1	10	33	
Imaging	Appropriate use of imaging studies for screening and acute conditions	2	0	0	0	3	9	14	
Medication	Medication use for chronic and acute conditions, including adherence and recommended follow-up	2	5	3	0	10	68	88	
Mortality	Standardized mortality rates for special populations (dialysis patients; cancer patients dying in the hospital)	0	0	0	0	0	2	2	
Mortality - 30 day	30-day mortality after hospitalization (overall and by disease); 30-day mortality after ED visit	0	0	0	0	0	10	10	
Mortality - hospital	In-hospital mortality (overall and by disease)	0	0	0	17	0	11	28	
Perinatal Care	Perinatal Care (delivery and nursing)	0	2	0	4	1	0	7	
Procedure	Appropriate use of procedures	0	0	0	0	0	3	3	
Procedure - Diagnostic	Procedures for diagnosis of acute conditions or screening for underlying conditions	0	0	0	0	2	6	8	
Readmission - 30 day	30-day readmission after acute care hospitalization - overall, disease-specific, and by post-discharge location (SNF, rehab, HHC)	1	0	0	0	0	22	23	
Survey Result	CAHPS and MHOS results measuring patient experience	0	1	1	0	2	1	5	
Test	Appropriate testing for diagnosis, screening, or management	3	2	0	0	6	51	62	
Test Result	Test results (interim outcomes) for management of chronic and acute conditions	0	1	0	0	0	1	2	
Time	Median time for delivery and completion of care in the ED	0	0	0	0	0	0	0	
Treatment	Appropriate treatment of chronic and acute conditions (excluding medications) - including hemodialysis, contraception	0	3	2	0	0	2	7	
Vaccination	Vaccination rates by type and target population	1	3	0	0	1	4	9	
Visit	Overall outpatient visits and visits prior to acute care hospitalizations	1	0	0	0	0	2	3	
Visit - Ambulatory	Ambulatory care visits for primary care - all age groups	3	1	2	0	2	2	10	
Visit - Dental	Visits and/or receipt of dental services	0	0	1	0	0	2	3	
Visit - ED	ED visits - overall, by condition, and within 30 days of hospitalization	0	0	0	0	1	8	9	
Visit - FU	Follow-up visits after hospitalization, ED visit (without hospitalization), or prescription of specific medications (antipsychotics)	0	2	0	0	0	7	9	
Volume	Hospital-based procedure/surgery volume	0	0	0	6	0	1	7	
Total		15	24	11	77	46	283	456	

Ranks	3	2	1	0	Blank
Counts	0	0	0	0	35

DHCS EAS - Department of Healthcare Services External Assessment Set
CMS CORE ADULT - Adult Medicaid core quality measures
CMS CORE CHILD - Child Medicare core quality measures
AHRQ - Agency for Health Research and Quality hospital-based quality indicators
HEDIS - Healthcare Effectiveness Data and Information Set
OTHER - other claims-based quality measures from the NQF and CMS quality indicator database

Appendix G: TAP Ranking Materials

Clinical Condition Name	Clinical Condition - Description	MEASURE SETS							RANK
		DHCS EAS	CMS CORE ADULT	CMS CORE CHILD	AHRQ	HEDIS	OTHER	Total	
AAA	Abdominal Aortic Aneurism Outcomes	0	0	0	2	0	1	3	
ACE	ACE or ARB (medication) Monitoring	1	0	0	0	0	1	2	
AF	Atrial Fibrillation Management (including anticoagulation)	0	0	0	0	0	5	5	
ALL	All-cause Measure	1	0	0	1	11	50	63	
ALL - HOSPITALIZED	All-cause hospitalizations, including severe hospitalizations	0	0	0	7	0	3	10	
ANTICOAGULATION	Anticoagulation Management	0	0	0	0	0	4	4	
ASTHMA	Asthma	1	1	0	2	2	4	10	
CAD	Coronary Artery Disease	0	0	0	0	2	7	9	
CAD - AMI	Acute Myocardial Infarction (AMI) management and outcomes	0	0	0	2	1	15	18	
CAD - CABG	CABG management and outcomes	0	0	0	2	0	4	6	
CAD - PCI	PCI management and outcomes	0	0	0	2	0	7	9	
CEA	Carotid Endarterectomy	0	0	0	2	0	0	2	
CKD	Chronic Kidney Disease, including dialysis	0	0	0	0	0	16	16	
COMPLICATION	Complication	0	0	0	8	2	7	17	
COPD	COPD	0	1	0	0	3	6	10	
CVA	Acute Stroke	0	0	0	1	0	3	4	
CVC	Central Venous Catheter	0	0	1	2	0	0	3	
DENTAL	Dental Care	0	0	2	0	0	5	7	
DM	Diabetes Mellitus	2	1	0	6	2	11	22	
ENT - ACUTE	Acute Ear, Nose, and Throat Conditions	1	0	0	0	2	4	7	
EOL	End-of-Life Care	0	0	0	0	0	7	7	
EYE	Vision Care	0	0	0	0	0	0	0	
GERIATRIC CARE	Geriatric Conditions (Falls, Osteoarthritis, Osteoporosis, Polypharmacy)	0	0	0	0	5	4	9	
GI	GI Conditions	0	0	0	2	0	4	6	
GU	Functional urologic conditions	0	0	0	0	0	0	0	
GYN	Women's Health / Gynecologic Care	2	0	0	0	1	4	7	
HA	Headache	0	0	0	0	0	1	1	
HCV	Hepatitis C	0	0	0	0	0	1	1	
HF	Heart Failure	0	1	0	1	0	10	12	
HIV	HIV/AIDS	0	2	0	0	0	5	7	
HTN	Hypertension management	0	0	0	1	1	1	3	
INTENSIVE CARE	Intensive Care (All-cause)	0	0	0	1	0	0	1	
LBP	Low Back Pain	1	0	0	0	0	2	3	
MH	Mental Health Conditions	0	5	2	0	4	14	25	
NEONATAL	Neonatal Care	0	0	1	3	0	1	5	
OB	Obstetric Care	1	5	2	7	2	10	27	
ONC	Cancer Care	0	0	0	4	0	17	21	
ORTHO	Orthopedic Care	0	0	0	2	0	3	5	
PAIN	Pain	0	0	0	0	0	0	0	
PNA	Pneumonia	0	0	0	2	0	8	10	
PRIM CARE	Primary Care (excluding women's health)	5	4	3	0	6	10	28	
RA	Rheumatoid Arthritis	0	0	0	0	1	9	10	
SS	Sickle Cell Anemia	0	0	0	0	0	2	2	
SUBSTANCE USE	Substance Use, including Alcohol	0	4	0	0	1	6	11	
SURG	Surgical Care	0	0	0	13	0	5	18	
SURG - CARDIAC	Surgical Care - Cardiac	0	0	0	0	0	2	2	
SURG - TRAUMA	Surgical Care - Trauma	0	0	0	0	0	0	0	
SYNCOPE	Syncope	0	0	0	0	0	2	2	
TOBACCO	Tobacco Use	0	0	0	0	0	0	0	
UTI	Acute Infection - Urinary Tract Infections	0	0	0	3	0	0	3	
VTE	Venous Thromboembolic Disease	0	0	0	1	0	2	3	
Total		15	24	11	77	46	283	456	

Ranks	3	2	1	0	Blank
Counts	0	0	0	0	51

DHCS EAS - Department of Healthcare Services External Assessment Set
 CMS CORE ADULT - Adult Medicaid core quality measures
 CMS CORE CHILD - Child Medicare core quality measures
 AHRQ - Agency for Health Research and Quality hospital-based quality indicators
 HEDIS - Healthcare Effectiveness Data and Information Set
 OTHER - other claims-based quality measures from the NQF and CMS quality indicator databases

Appendix H

Responses to Managed Care Plan Representative Survey

Question #1: Do you consent to participate in this survey?

Summary: Yes—16, No—2

Question #2: What did your plan do if the patient contact information was incorrect?

- Informed DHCS and attempted to remedy the problem.
- Our plan would reach out to the patient directly to update, or would update their contact information upon their next visit for care.
- We contacted our contract manager at DHCS
- N/A - Plan did not become effective 10/1/2017, after the SPD transition
- We provide Member Services with the correct contact information provided by the member.
- I said yes to participate in the survey, but just seeing the 1st 2 questions, I probably will not have the answers you need as we use an administrator for our plan operations such as this.
- Attempt to get information from other sources
- Attempted to work with their physician, if applicable, to get accurate info.
- Customer Service staff made a note in the member module of the core system, QNXT
- Note that CalOptima has been serving the SPD population since 1995. However, CalOptima has a standard process for members that are difficult to reach. If a member cannot be reached by phone or mail, we look to other sources of information. For example, for those recently hospitalized or in the ED, we review the face sheet for other potential contact numbers; for members with filled prescriptions, we check with their pharmacy to obtain an updated number; we also reach out to their providers and for those receiving transportation, the vendors who provide the transportation.
- Reach out to PCP for more up to date contact information, and send letter to the member.
- Unfortunately limited options if incorrect contact information provided.
- Plan contacted the providers, pharmacies or emergency contacts identified for the member to obtain correct information
- Our customer contact center (CCC) representatives verify the member's contact information on every call. If the information provided by the member is different to what we have in our system of records, the CSR will update the information in our system and at the same time will advise the member to contact the social services dept to update their information as well.
- We rely on DHCS for patient contact information. We have fields in our system to input supplemental contact information. If no phone numbers are valid, we cannot contact the member. Sometimes, we can get correct member contact information if there is a member or provider initiated request (such as an authorization request, grievance, or complaint).

Summary: When patient contact information was incorrect, plans attempted to acquire the correct information from the patient directly or from other sources such as DHCS or the patient's physician, patients' emergency contacts, a hospital or emergency department (if the patient recently received care), a pharmacy, or service provider (e.g. transportation provider). Contact information was corrected in the plan's system.

Question #3: Roughly, what proportion of patients could not be contacted?

- Exact numbers unknown but a small number.
- 7%
- I don't know.
- N/A - Plan not effective until after SPD transition.
- 30 percent
- Unknown
- 35%
- 30% of the membership
- Unknown
- N/A
- Unknown
- I do not know
- We are unable to provide the exact percentage of members who were not contacted. Based on discussions with employees who were involved in the process we estimate 30%. Generally we estimate approximately 30% of Medi-Cal member contact information is incorrect. We do not have specific data from the SPD transition due to the length of time that has passed.
- On average, about 30%. For new members, it's lower (less than 30%) and 45-50% for existing members.

Summary: Of the managed care plans that tracked the percentage of patients who could not be contacted, plans reported that between 7% and 35% of patients lacked sufficient contact information.

Question #4: How did the plan ensure orderly transition of patients to new care?

- Reviewed if they already used plan providers and attempted to keep them with those providers
- Our plan followed CKC policy 135 "Transition Plan", which was submitted and approved by DHCS. The policy includes data exchange, communication, Dispute Resolution and Provider Grievances, Continuity of Care CCS Provider, Authorized prescription drugs, and Specialized or Customized Durable Medical Equipment.
- Whenever possible we kept the members with their current provider
- N/A, Plan did not become effective until 10/1/2017, after the SPD transition.
- Sent member communications to members and receiving providers to coordinate transition and as needed followed our existing COC P&Ps using DHCS data to determine if members needed to stay with their prior provider for COC purposes.
- Ensure that continuity of care requirements are met
- The plan honored continuity of care where applicable, per the DHCS requirements
- SFHP ensured members' right to continuity of care.
- CalOptima had responsibility for SPD members prior to 2012. For SPD members new to CalOptima, continuity and coordination of care needs were assessed during the member Health Risk Assessment.
- Unknown
- We reached telephonically to all new SPD members or their families/parents for those the children.
- Members were contacted, via phone & written letters. Once we had contacted the member we identified member needs and developed an appropriate transition plan.
- HN in partnership with McKesson, a Health Risk Stratification vendor support
- We followed continuity of care procedures and required authorization to continue care with an out-of-network provider. Some health conditions allow members to receive care from out-of-network providers for a longer time (90 days) sometimes.

Summary: Plans employed various strategies to ensure orderly transition of patients to new care, and adhered to continuity of care guidelines. Plans strived to keep members with their existing care providers, if possible. Plans worked with DHCS to share member data, communicate, and resolve disputes and grievances. Two plans reached out to SPDs via telephone or written correspondence to facilitate the transition of care to managed care providers.

Question #5: How long were patients allowed to see previous providers?

- Up to 12 months
- We honor continuity of care as set forth in our DHCS agreement, which is limited to 12 months. However, we have yet to terminate any of these pre-existing provider relationships.
- One year
- N/A, Plan did not become effective until 10/1/2017, after the SPD transition.
- Up to 12 months (sometimes longer) depending on the member's condition and services needed.
- 12 months or longer if medical necessity is met
- The plan adhered to DHCS guidelines, or until treatment was completed, whichever came first
- Up to 12 months
- Up to 12 months.
- 12 months
- As outlined we allowed to continue with out of network providers for up to 12 months if requested
- Members were able to stay with previous providers up to 12 months or longer.
- New SPD members were able to see their previous providers for 12 months with an approved COC. Extensions were granted on a case by case basis and based on the members complex medical condition an needs

Summary: Most all plans allowed patients to receive care from previous providers up to 12 months after the transition, per DHCS' mandate. Extensions beyond 12 months were made depending on a member's condition, treatment, and services needed.

Question #6: How long were patients allowed to renew existing medications? How often?

- Up to 90 days as medically necessary as often as necessary
- Anywhere from 30 to 90 days depending on the formulary set forth.
- One year
- N/A, Plan did not become effective until 10/1/2017, after the SPD transition.
- This happened over 8 years ago, so not sure. Likely would have been at least 60 days with some members getting a longer time depending on condition and COC needs.
- 3 months and communication with provider to determine if change is reasonable
- The plan adhered to DHCS guidelines/requirements
- there was no requirement for length of time; a prior authorization was needed
- At least until a new assessment was done, up to 60 days.
- Unknown
- Members were allowed to renew existing medication as medically necessary as determined by the physicians
- Based on medical needs members were allowed to renew existing medications as many times they required the medication refilled.
- Medications for SPD members were grandfathered at the time of the transition. HN assisted our spd members through our different departments (call center, public programs, case management, pharmacy, etc) to facilitate continue access to members existing medications whether through overrides or by extending existing prior authorizations requests.

- 60 days

Summary: Plans allowed patients to renew existing medications between 30 days and one year after the transition. Extensions were made depending on the patient's condition and continuity of care needs. One plan reported no time limit, although prior authorization was needed, while another plan allowed members to renew existing medications as medically necessary.

Question #7: How were referrals / appointments for specialty care managed? For example, if a patient was already scheduled to see a provider for an elective procedure, was the patient rescheduled to a different provider?

- Standard continuity of care rules were applied.
- Yes, all referrals and appointments for specialty care were handled based on the guidelines set forth in CKC 133 "Identification, Referral, and Coordination of Care" policy.
- Only if the provider was unwilling to accept Medi-Cal rates.
- N/A, Plan did not become effective until 10/1/2017, after the SPD transition.
- Not necessarily, COC process would have been involved in this.
- Attempt to secure LOA with existing provider is made if authorization or continuity is requested
- No, continuity of care was honored
- The authorizations for out-of-network services were handled in compliance with continuity of care requirements
- No, previously approved services were honored for up to 60 days.
- No, we honored the previous authorization
- Every effort was made to ensure a smooth transition - working with the member, their physicians/providers and the SPD case manager assigned to them. If member was scheduled with a network provider the elective procedure would occur as planned. If an out of network provider the member would need a referral/authorization, if appropriate it would be approved or rescheduled with a network provider. It depends on the individual needs of the member.
- Members were allowed to stay with providers for continuity of care and received services
- We applied our TOC/COC process and elevated the urgency of the request based on the member needs
- We followed continuity of care procedures—an authorization letter was necessary; patient/provider needed to show medical necessity

Summary: Plans reported that continuity of care requirements were honored to ensure patients received appropriate specialty care. Some plans enforced time limits on these visits, while others did not. One plan reported that when procedures were scheduled with an out-of-network provider (prior to the transition), an effort was made to reschedule with an in-network provider. Otherwise, a referral or authorization would be needed.

Question #8: Were there any considerations for patients with multiple chronic conditions? If so, please describe.

- Yes care was ensured for those with these conditions
- Yes, pursuant to the whole child care model, CKC actively considers all aspects of its member's necessary care.
- There were no special considerations
- N/A, Plan did not become effective until 10/1/2017, after the SPD transition.
- Yes our COC policy covers this.
- Consideration for continuity always takes into account medical condition and treatment indicated
- Case managers were assigned, based upon the members' needs
- The number of conditions a new member had probably put them in a high-risk health assessment category and procedures were followed for high-risk HRAs
- Yes, care coordination and case management services were tailored to those with multiple chronic conditions or complex needs.
- Unknown
- We found that most of the SPD adult members had at least 3 chronic condition. The case managers worked with these to ensure they were connected to a primary care provider and other programs as needed
- All SPD members were stratified based on SPD risk stratification algorithm, followed by completion of Health Risk Assessment (HRA). Members' needs related to chronic conditions were identified based on the HRA and ICP/ICT was completed.
- Basic and Complex cases management referrals were in place to assist our SPD members based on the urgency of their medical needs
- Patients with multiple chronic conditions were identified and then entered into a stratification list where they were assigned a number based on risk. Stratification was based on health risk assessment score, medical claims, and pharmacy claims (which were provided by DHCS). Those at the highest risk were referred to complex case management by a nurse. These members received telephonic case management. Low risk members received educational information.

Summary: Special consideration (e.g. care coordination and case management) was made for patients with multiple chronic conditions by most all plans, who cited continuity of care policies that apply to these patients. Two plans placed patients with multiple chronic conditions into a high-risk category and completed a Health Risk Assessment. Case managers were enlisted to ensure SPDs with multiple chronic conditions were connected with a primary care provider and other programs, as needed.

Question #9: What type of care patterns were noted that triggered further investigation or remediation during or after the transition period (e.g. ED use increased for ambulatory care conditions or medication renewals during the transition)?

- Nothing to note
- N/A
- Nothing that I am aware of
- N/A, Plan did not become effective until 10/1/2017, after the SPD transition.
- Unknown
- Inpatient use, ED use, and medication renewals for controlled substances are evaluated.
- The plan expanded the urgent care network to support the SPD population and provide alternates to the ED
- No care pattern issues were identified at the time
- N/A
- Unknown
- Not sure I understand the question. We encouraged appropriate care, at the right place at the right time.
- We noticed high emergency room utilization. Due to this we started a multiple admit program (MAP) to provide additional case management and health education to members to prevent inappropriate ER utilization.
- The original staff for those divisions are no longer with the company. We are unable to provide feedback.
- Don't know

Summary: Most plans did not report any noteworthy changes in care patterns. One plan stated that their urgent care network was expanded to support the SPD population and provide alternates to the ED. Another plan noticed high emergency room utilization and thus started a multiple admit program to provide additional case management and health education to members to prevent inappropriate ER utilization.

Question #10: Did the plan encounter data quality issues during the transition or afterwards? If so, please describe.

- No information available
- N/A
- I am not able to answer that
- N/A, Plan did not become effective until 10/1/2017, after the SPD transition.
- No
- Data from previous care including FFS Medi-Cal can be delayed or be missing
- The data from DHCS was not always complete
- No, there did not appear to be data quality issues during or after the transition
- N/A
- Unknown
- not that I am aware of
- Plan did find that contact numbers for members were incorrect.
- There were no issues specific to the SPD transition.

- Incentives were provided to managed care providers to obtain better Medi-Cal encounter data; not for the time period of the transition

Summary: Most plans did not report any data quality issues surrounding the transition. One plan reported that data from previous care including FFS Medi-Cal can be delayed or be missing and another plan noted that data from DHCS is not always complete. Another plan found that contact number for members were incorrect.

Question #11: Were there contracted providers (e.g. medical groups) that in particular had difficulty providing accurate and complete data? How was this handled?

- No
- N/A
- There were no particular issues
- N/A, Plan did not become effective until 10/1/2017, after the SPD transition. Additionally, Plan has a mostly FFS provider network.
- No capitated providers in our network then, all FFS
- Providers are contacted and data transmission is facilitated as needed.
- The plan worked with the provider network to submit encounter data on a timely basis
- No, there did not appear to be problems with contracted providers providing data
- N/A
- Unknown
- not that I am aware of
- No. Plan reached out to the providers and pharmacies for alternative contact numbers which were accurate in most cases.
- Not that we are aware of
- Not many providers with errors; always an issue with capitated providers, so incentives are provided; quality initiatives are implemented to improve data quality; 5 FQHCs comprise 55% of members; dashboards created to ID panel size, # unique members seen, track members assigned, ER use, urgent care use, and specialty visits; show performance dashboards to FQHCs; have a quality team that makes monthly or quarterly visits; review HEDIS and MCAS measures; have a Joint Operations Committee and a Joint Operations Meeting

Summary: Plans did not report any difficulties with data completeness and accuracy with contracted providers. In fact, a plan reported that when it reached out to providers and pharmacies for alternative patient contact numbers, they were often accurate.

Question #12: During the transition, how confident were you of the accuracy and completeness of your data?

Health Plan of San Joaquin—answered “Don’t Know” to all these items (telephone interview)

	Very Confident	Somewhat Confident	Slightly Confident	Not Confident at All	Notes
Inpatient Stays	6	7	0	1	
Outpatient services (labs, tests)	7	5	1	1	
Physician – primary care	4	7	2	1	
Physician – specialty care	6	6	0	1	
Medications	6	7	0	1	
Durable Medical Equipment	5	5	2	1	Under outpatient service
Home care and related services	4	6	2	1	Under outpatient service

Question #13: At present, how confident are you of the accuracy and completeness of your data?

	Very Confident	Somewhat Confident	Slightly Confident	Not Confident at All	Notes
Inpatient Stays	9	6	0	0	
Outpatient services (labs, tests)	7	7	1	0	
Physician – primary care	6	9	0	0	
Physician – specialty care	8	7	0	0	
Medications	11	4	0	0	
Durable Medical Equipment (DME)	9	6	0	0	
Home care and related services	8	7	0	0	

Question #14: Is there anything else that you would like to share with the evaluation team regarding data quality or your experience with the SPD population that would better inform our efforts to evaluate SPD care using existing data?

- No
- No
- Not at this time
- The Plan did not participate in the transition. However, our current observations are that are many members who are not correctly identified as SPD Aid Code. Additionally, the contact information for the SPDs makes it impossible to complete 100% of HRAs
- We have now and ay the SPD transition an administrator that handles all our plan operations. Our administrator handled all this so I am unable to provide specific data.
- Outreach has improved confidence that needs are being met. Improvement in contact information would be of highest value.
- The plans are all working closely to obtain encounter data for the Medi-Cal population, including SPD. The plan also performs the risk stratification and Initial Health Assessments to help determine the needs of the SPD population.
- Q #12 and #13 and the SPD transition are not directly related. In 2012, SFHP complied with DHCS' data standard, which was a proprietary format.
- NO
- nothing specific to the SPD population
- No
- Due to staff turnover, we are unable to provide additional detail.
- In the past 3 to 4 years, we have been delving into data quality and have seen improvements

**Seniors and Persons with Disabilities
Final Evaluation Design
November 2017**

Background

Under the authority of California's Section 1115 Medicaid Waiver, Bridge to Reform, California transitioned its Seniors and Persons with Disabilities (SPDs) population from the Medi-Cal fee-for-service (FFS) delivery system into the managed care delivery system (i.e., enrolled into Medi-Cal managed care health plans (MCPs)) between June 2011 and May 2012. The transition occurred in Two-Plan and Geographic Managed Care (GMC) plan model counties, 16 counties in total, located across California. Mandatory enrollment of SPDs in managed care and the aforementioned requirements were continued under the State's Section 1115 Medicaid Waiver renewal, Medi-Cal 2020.

Demonstration Initiative Goals / Objectives

In order to ensure the successful implementation of the 1115 Medicaid Waiver, Bridge to Reform, the Special Terms and Conditions (STCs) of the Bridge to Reform Waiver require:

- Information and communication strategies that address the unique needs of SPDs,
- Approaches to assignment and opportunities for changes in MCPs,
- Participant rights, safeguards and contractual provisions regarding care coordination and linkages to other service delivery systems,
- Person-centered approaches to service planning and delivery, and
- Physical and geographic accessibility of service providers.

In order to evaluate the success of the Bridge to Reform, the 2020 STCs require the State to provide:

- Ongoing assessment of the impact of mandatory managed care on the SPD population compared to an established baseline prior to mandatory enrollment through quarterly, annual, and overall summary reports.
- Evaluation of the impact of the initiative on beneficiary experience and the impact of the State's administration of the program overall using measures describing three specific content areas: access to care; quality of care; and costs of coverage (care).
- Focused evaluation on specific health care needs of SPDs and their specific care needs due to diagnosis and the existence of, at times, multiple complex conditions.

Research Questions and Hypotheses

The proposed evaluation of the 1115 Waiver will attempt to address the following questions and related hypotheses:

1. Access to Care

Question: Do SPDs have access to primary and specialty providers and/or other service providers in the network after the transition to an MCP?

Hypothesis: SPDs will be less likely to see high volume providers in the period directly after the transition; however, they will have timely access and access to physical accessibility providers, supported by continuity of care, which allows SPDs to continue their course of treatment when they move into an MCP within the post-transition period.

Question: Do SPDs have awareness of the plan's services to assist with care coordination and member services?

Hypothesis: SPDs will be more likely to increasingly better navigate the plan based on communication and materials provided by the plan.

2. Quality of Care

Question: Do SPDs receive appropriate care for routine ambulatory medical conditions (diabetes, hypertension, hyperlipidemia, thyroid) as measured by expert consensus processes of care?

Hypothesis: SPDs are more likely to receive appropriate care for routine medical conditions after the transition.

Question: Do SPDs have improved rates of preventable hospitalizations / ambulatory care sensitive conditions after the transition?

Hypothesis: Risk-adjusted rates of preventable hospitalizations will decrease after the SPD transition.

Question: Do SPDs have lower readmission rates after the transition?

Hypothesis: Rates of readmission after acute hospitalization will decrease after the SPD transition.

Question: Do SPDs have lower all-cause and cause-specific mortality rates?

Hypothesis: Risk-adjusted all-cause and cause-specific mortality will be lower after the SPD transition.

Question: Do SPDs have better compliance rates with medication adherence?

Hypothesis: SPDs are more likely to have higher patient compliance rates with medication adherence after the transition.

3. Costs of Care

Question: After accounting for inflation, do overall costs of care to Medi-Cal (as measured by paid claims versus negotiated capitation rates for covered care) decrease after the transition?

Hypothesis: Inflation-adjusted overall costs of care will be lower after the SPD transition.

Evaluation Design and Approach

General Approach

The proposed evaluation will employ comprehensive comparable routinely collected data sources to evaluate care, outcomes, and costs across the pre- and post-transition periods. These data will be consistent and should allow for evaluations that are meaningful and relevant. Routinely collected data for these evaluations will be drawn from multiple sources, will be granular in nature, and will have sufficient number of observations to answer relevant questions with sufficient power. Cross validation of events measured using multiple data sources will allow the team to both directly measure pre- / post-transition changes and to validate ongoing measures that may only be available in the post-transition period, but which may provide ongoing insights into the performance of the Waiver. The Department of Health Care Services (DHCS) will identify appropriate comparison groups and employ suitable analytic approaches to isolate the impact of the SPD transition from superimposed secular trends that may blur the overall impact of the 1115 Waiver as well as to case-mix severity differences that obscure the independent impact of the transition. Candidate comparison groups may include, but are not restricted to, SPD beneficiaries transitioned into managed care and the dual eligible populations in California that did not undergo the transition during this time period.

Identification of the overall baseline populations for comparison will be drawn from the Medi-Cal enrollment files for the two years before the transition and the subsequent period after the transition, drawn from the 16 counties where the transition occurred and from the counties where the transition did not occur (counties with existing mandatory managed care through the County Operated Health System (COHS) model and counties with no managed care). Subset analyses will be performed on targeted populations of interest (e.g. hospitalized patients), at-risk patients with conditions of interest (e.g. patients with chronic significant neurologic disease), or so-called complex patients (e.g. those with multiple complicated illnesses, such as complicated diabetes, rheumatologic illnesses, cancer, and end-organ failure).

Prior research suggests that it can take up to two years for beneficiaries to adjust to a change in delivery system. Therefore, the evaluation will assess the experience of SPDs in FFS at least 24 months prior to the transition and throughout the post-transition period for at least two years. Evaluating

trends beyond two years will yield the most stable estimates of the impact of the transition. Furthermore, ongoing assessment of the performance of the SPDs in managed care will require evaluation beyond the initial 24-month period transition.

Performance Measures and Targets

Using the granular patient-level data, DHCS will create metrics (denominator events) for assessing access to care, quality of care, and costs of care. These derived measures for routinely collected data will adapt case definitions drawn from HEDIS, NCQA, AHRQ Quality Clearinghouse, the Dartmouth Atlas, and the UCLA CTSI Community Engagement Research Program. These derived measures will cover structural measures (e.g. travel distance, derived supply of physicians seeing patients), process of care measures (e.g. recommended care based upon expert recommendations on clinical practice), and outcomes of care measures (e.g. risk-adjusted mortality, complications, and readmission). Utilization measures will be created from these data as well and will be paired with cost data either directly (through FFS claims) or indirectly (using relative value metrics).

Post-transition, supplemental data will assess: (1) beneficiary satisfaction through Ombudsman, call center, grievances and appeals, and beneficiary surveys; (2) MCP administrative functions via beneficiary surveys; and (3) plan-level measures of care using HEDIS data. These measures will be assembled by DHCS, but DHCS will not independently create these particular measures. Many of these measures are available only for the post-transition period and once validated, may provide reliable and valid measures for ongoing assessment of the SPD population in the managed care population in the post-transition period.

In general, DHCS will employ multivariate regression models to estimate risk-adjusted outcomes and costs using the granular patient level data accounting for patient case-mix, severity, geographic location, and plan assignment.

The evaluation will meet the standards of leading academic institutions and academic journals. Data will be reported at the beneficiary, provider, health plan, and statewide levels. Significant attention will be given to ensuring use of the best available data. Where possible, evaluations will account for patient-case mix and severity, including use of comparison populations, such as SPD patients who did not undergo a transition either because they were continuously in managed care or remained in fee-for-service Medicaid for the continuity of care period. Data limitations will be identified and evaluations will account for these limitations. Raw and adjusted results will be presented in the final evaluation. In cases of missing data values, methods for replacement (viz. imputation) where appropriate will be employed and noted in the analyses. In all cases, robustness of approaches will be addressed and reported in the final evaluation report. The final evaluation report will also consider how the findings from the evaluation may be generalizable to the experiences of other Medi-Cal populations or to Medicaid populations in other states.

For both pre- and post- transition analyses, socioeconomic and demographic factors will be considered including race/ethnicity, gender, age, geographic area, diagnosis, language, and other factors (as identified through a public comment process). Data from the California Department of Public Health will be utilized to overlay these demographic factors with applicable health disparity considerations such as average income, tobacco utilization, and crime rates. A menu of the same metrics will be used and compared for both the pre- and post-transition populations. Because additional data are available for the post-transition population and only certain assessed requirements exist for the post-transition managed care delivery system, certain metrics and data will only be available for the post-period. All measures will be benchmarked against available state and national standards and benchmarks. For example, NCQA Medicaid benchmarks for performance will be utilized when possible.

State vital statistics databases will be also used to report on the number of deaths by diagnosis. This information will be presented as a comparison across transition counties and non-transition counties.

Data Sources and Types

Data Collection or Data Sources (by Performance Measure)

The primary performance evaluation will be done using data routinely collected by the Medi-Cal program (fee-for-service claims, managed care encounters / claims, mental health claims) supplemented by all-payer patient level data collected by the state and federal government. Patient-level data include all-payer hospital discharge and emergency department encounter data (Office of Statewide Health Planning and Development), mortality (Office of Vital Statistics), use of nursing homes (Minimum Data Set, CMS), and use of home healthcare services (OASIS, CMS), use of in-home supportive services, diagnosis and treatment of cancer (California Cancer Registry), and diagnosis and treatment of HIV (California Office of AIDS).

Qualitative and quantitative data available to DHCS both from data routinely collected directly or collected in partnership with the State will be utilized. The evaluation will consider: process and outcomes measures (MCP encounter data, FFS claims, vital statistics, all-payer hospital-based care encounters, HEDIS) (pre- and post- transition); beneficiary satisfaction (Ombudsman, call center, grievances and appeals, beneficiary surveys) (post-transition); administrative functions (beneficiary surveys) (post-transition); and structural measures of quality and access (panel composition, disabled access, distance to providers).

Baseline Data and Pre-Transition Evaluation

Baseline data that will be utilized to assess the pre-transition population will include FFS claims data, all-payer hospital-based care encounter data, qualitative interviews from a previous study with a sample of over 1,500 beneficiaries¹, and HEDIS metrics. The pre-transition analysis will review the beneficiary's experience at least 24 months prior to the transition to managed care.

The pre-transition evaluation will review access to care metrics, which will provide an indication of the beneficiaries' ability to access primary care providers within a close proximity to their residence while in FFS. DHCS will define and create initial performance measures within six months of initiation of the evaluation entity contract. DHCS will provide written updates on the progress of establishing the performance measures three and five months after the contract has been initiated. If the performance measures are not established within six months of the initiation of the evaluation contract, DHCS will notify CMS and a work plan will be developed that defines the challenges, steps, and timeline to develop the performance measures.

These measures will be based upon existing expert consensus measures available from the literature, approved by NCQA, or "warehoused" by AHRQ in its quality measure clearinghouse. Additional candidate measures will be constructed based upon specific population concerns (e.g. cardiac evaluation and follow-up for congenital heart disease in persons with Downs Syndrome). Candidate measures will be further restricted to measures that are amenable to the identified routinely collected data sources available for the evaluation, including Medicaid enrollment, claims, and managed care encounters; state and federal all-payer data (death registry, cancer registry, home healthcare, long term care, emergency department, and inpatient). Measures will be further refined once patient-level data are received. Because of data limitations, measurement differences, and unknown biases between

¹ Graham, C., Kurtovich, E. Ivey, S, Neuhauser, L. Fee for service and managed care for seniors and people with disabilities on Medicaid: implications for the managed care mandate in California. *Journal of Health Care for the Poor and Underserved*. 2011;22(4): 1413-1423. <http://muse.jhu.edu/article/456313/pdf>

Medicaid claims and Medicaid managed care encounters, performance measures will attempt to bridge data inconsistencies with measures that use these non-Medicaid data across the transition period. In addition, the pre-transition evaluation will utilize HEDIS metrics to determine access to services. They will be calculated administratively using FFS claims data for the pre-transition period. Independent patient-level data unaffected by the SPD transition to managed care include Medicaid enrollment data, all-payer hospital-based care data, California Cancer Registry, in-home supportive services data, California vital statistics database, and the Minimum Data Set of Long Term Care. Where possible, we will use these data to create supplemental measures that can be used alongside FFS claims and MCP encounter data.

HEDIS measures are designed for plan-based evaluations. DHCS and the contractor will design measures analogous to some existing HEDIS measures using existing routinely collected data, including claims, encounters, MDS, OASIS, and cancer registry data. These measures will not be necessarily identical to HEDIS measures as the team will not have clinical data (i.e., lab results, radiology reports, etc.) to work with. In addition, it is possible to operationalize a number of expert consensus quality of care measures (e.g. reported to NCQA or reported in the AHRQ quality measurement warehouse), some of which have not been used with routinely collected data. These measures will allow the team to not only assess plan performance, but also patient care and outcomes, accounting for case-mix. These measures will be employed in the pre- and post-transitional periods.

Average annual costs and avoidable costs will be estimated. All of the aforementioned factors will provide a baseline understanding of the SPD beneficiary's overall experience when care was received through the FFS delivery system.

The data measures and sources that will be used to measure the pre-transition experience consist of, but are not limited to:

I. Access to Care

A. Network Access

1. Type of available specialists
2. Type of other service providers
 - a. Durable medical equipment providers
 - b. Pharmacies
 - c. Home healthcare agencies
 - d. Skilled nursing facilities and licensed inpatient rehab facilities

Data Sources: Medicaid provider enrollment data, Medicaid beneficiary enrollment data

3. Beneficiary Satisfaction

- a. Plan switching / enrollment patterns (indirect measure)

Data Sources: Medicaid beneficiary enrollment data

II. Quality of Care (for beneficiaries transitioned to managed care; all measures below will be compared for the pre- and post-transition phases)

A. HEDIS/EAS rates stratified measures by SPD/Non-SPD (see attached for NCQA measure specifications)

1. All-Cause Readmissions – NCQA
 - a. Ambulatory Care – NCQA
 - b. Outpatient visits
 - c. Emergency department visits
2. Annual Monitoring for Patients on Persistent Medications - NCQA
3. Comprehensive Diabetes Care (6 indicators) – NCQA

4. Rate of post-discharge follow-up after hospitalization or ED visit – NCQA
- B. Additional stratified measures by SPD/Non-SPD
 1. Hospitalization
 - a. Cause-specific rates of hospitalization
 - b. Cause-specific readmissions
 - c. Mortality
 2. Ambulatory Care
 - a. Outpatient visits
 - (1) Cause-specific rates of visits
 - (2) Visit rates prior to hospitalizations
 - b. Emergency department visits
 - (1) Cause-specific rates of ED visits
 - (2) Hospitalization after discharge from ED
 - (3) Mortality
 3. Cancer Care
 - a. Time from diagnosis to treatment, stratified by cancer type and stage of disease
 - b. Type of treatment, stratified by cancer type and stage of disease
 - c. Rate of routine screening – cervical cancer, breast cancer, and colon cancer
 4. Maintenance of Function
 5. Medication Use
 - a. Adherence
 - b. Changes in medication management

Data Sources: FFS claims (including pharmacy data), all-payer hospital encounter data, California Death Statistical Master File, HEDIS data, Minimum Data Set, MCP encounter data (including pharmacy data)

- III. Cost of Coverage (for beneficiaries enrolled in the delivery system for a minimum of ten months and transitioned to managed care)
 - A. Average annual cost for Medi-Cal covered health² services per beneficiary
 - B. Avoidable institutionalization costs:
 1. Ratio per 10,000 beneficiaries of and average cost per beneficiary for length of stays greater than ten days in an acute care hospital
 2. Ratio per 10,000 beneficiaries of and average cost per beneficiary stay for length of stays less than 60 days in a Skilled Nursing Facility (SNF)
 3. Ratio per 10,000 beneficiaries of and average cost per beneficiary stay for length of stays less than 90 days in an acute hospital stay plus SNF
 - C. Average annual pharmacy costs per beneficiary
 - D. Ratio per 10,000 beneficiaries of and average emergency room costs for non-emergency visits (as defined by NCQA)
 - E. Ratio per 10,000 beneficiaries of and average DME costs broken down by type and setting (emergency and non-emergency; ambulatory and institutional)

Data Source(s): FFS claims, all-payer hospital encounter data, pharmacy data, Minimum Data Set, Managed Care Encounter Data, Medicaid beneficiary enrollment data

Post-Transition Evaluation

Different types of data will be used to analyze the post-transition beneficiary experience. The data will support analysis of the same metrics utilized in FFS as described above as well as additional data sets that are accessible through the managed care delivery system and an independent External Quality

² California is in the process of determining whether county mental health and substance use disorder treatment costs will be included for purposes of this analysis.

Review Organization (EQRO). HEDIS rates will be calculated utilizing MCP encounter data for hybrid measures; and audited EQRO data will be utilized for administrative measures. This approach will allow for an equal comparison of the measures across the FFS and managed care delivery systems.

Additionally, data collected and published by Carrie Graham, PhD., University of California at Berkeley, will be utilized to gauge beneficiary satisfaction including care coordination. Graham, et al. surveyed 403 SPD Medicaid beneficiaries by telephone and compared their experience between beneficiaries who had voluntarily enrolled in managed care with those who remained in FFS³.

Lastly, MCP network data, which the State collects monthly, as well as MCP network certifications for the SPD transition, will also be utilized to support analysis of provider data and access. Moreover, other data sources will be utilized, such as calls to the Ombudsman, State Fair Hearing and Independent Medical Review (IMR) information, and grievances and appeals data. The State reports these data in the quarterly progress reports to CMS and serves as indicators regarding beneficiary experience. The combination of all of the aforementioned data sources will allow the State to analyze the beneficiary's experience post-transition in a comprehensive way. DHCS will define and identify these performance measures within six months of the initiation of the contract. DHCS will provide written updates on the progress of establishing the performance measures three and five months after the contract has been initiated. If the performance measures are not established within six months of the initiation of the evaluation contract, DHCS will notify CMS and a work plan will be developed that defines the challenges, steps, and timeline to develop the performance measures.

The data and measures that will be used for post-transition evaluation include, but are not limited to, the following:

I. Access to Care

A. Network Access

1. Distance/Travel Time to primary care provider from place of residence
2. Type of available specialists in network
3. Type of other service providers in network
 - a. Durable medical equipment providers
 - b. Pharmacies
 - c. Home healthcare agencies
 - d. Skilled nursing facilities and licensed inpatient rehab facilities
4. Out of network referrals and access
 - a. Frequency of out-of-network referrals per 10,000 beneficiaries compared to non-SPD population
5. Ease of getting appointments with primary care doctor (beneficiary survey)
6. Ease of getting appointments with specialist (beneficiary survey)
7. Disability access
 - a. Provider understanding of how to care for a person with specific health condition or disability (Likert scale)
 - b. Access to equipment or services for individuals with a specific health condition or disability (Likert scale)

Data Sources: MCP network certifications; MCP network provider files; Beneficiary surveys (Dr. Carrie Graham)

³ Graham, C., Kurtovich, E. Ivey, S, Neuhauser, L. Fee for service and managed care for seniors and people with disabilities on Medicaid: implications for the managed care mandate in California. *Journal of Health Care for the Poor and Underserved*. 2011;22(4): 1413-1423. <http://muse.jhu.edu/article/456313/pdf>

B. Beneficiary Satisfaction

1. Beneficiary satisfaction with managed care benefits (Likert scale)
2. Beneficiary satisfaction with quality of care (Likert scale)
3. Benefit differences from FFS to managed care (Likert scale)
 - a. Prescription medications
 - b. Specialty care
 - c. Medical equipment and supplies
 - d. Primary care
4. Plan switching / enrollment patterns (indirect measurement)

Data Sources: Beneficiary surveys (Dr. Carrie Graham); Medicaid enrollment, eligibility

C. Care Coordination/Care Transition

1. Plan navigation and linkages to other service delivery systems – Do you know how to:
 - a. Get a prescription filled
 - b. Make an appointment with a PCP
 - c. Get tests you need
 - d. Get health advice over the phone
 - e. Find a doctor
 - f. Get medical equipment and supplies
 - g. Make an appointment with a specialist
 - h. Know that you can switch doctors at any time
 - i. Know about the continuity of care policies
2. Member services
 - a. Were you called by your plan to discuss your health needs? (Yes/No)
 - b. Experience with member services (Likert scale)
 - c. Help finding doctors and getting the services needed (Likert scale)

Data Sources: Beneficiary surveys (Dr. Carrie Graham)

3. Person-centered approaches to service planning and delivery
 - a. SPDs initially stratified as high-risk or low-risk
 - b. High-risk and low-risk SPDs contacted by phone
 - c. High-risk and low-risk SPDs contacted by mail
 - d. High-risk and low-risk SPD completion of risk assessment surveys
 - e. SPDs assessed to be lower risk
 - f. SPDs assessed to be higher risk
 - g. SPDs assessed to have no change in risk category
4. SPD Specific Complaints – rate per 10,000 beneficiaries
 - a. Grievances and appeals
 - b. State Fair Hearings
 - c. Independent Medical Reviews
 - d. Calls to Ombudsman

Data Sources: Quarterly MCP grievances and appeals data; Quarterly MCP risk assessment data; State Fair Hearings; Independent Medical Reviews; Quarterly progress report data

II. Quality of Care

- A. HEDIS/EAS rates stratified measures by SPD/Non-SPD (see attached for NCQA measure specifications)
 1. All-Cause Readmissions – NCQA
 - a. Ambulatory Care – NCQA
 - b. Outpatient visits

- c. Emergency department visits
- 2. Annual Monitoring for Patients on Persistent Medications - NCQA
- 3. Comprehensive Diabetes Care (6 indicators) – NCQA
- 4. Rate of post-discharge follow-up after hospitalization or ED visit – NCQA
- B. Additional stratified measures by SPD/Non-SPD
 - 1. Hospitalization
 - a. Cause-specific rates of hospitalization
 - b. Cause-specific readmissions
 - c. Mortality
 - 2. Ambulatory Care
 - a. Outpatient visits
 - (1) Cause-specific rates of visits
 - (2) Visit rates prior to hospitalizations
 - b. Emergency department visits
 - (1) Cause-specific rates of ED visits
 - (2) Hospitalization after discharge from ED
 - (3) Mortality
 - 3. Cancer Care
 - a. Time from diagnosis to treatment, stratified by cancer type and stage of disease
 - b. Type of treatment, stratified by cancer type and stage of disease
 - c. Rate of routine screening – cervical cancer, breast cancer, and colon cancer
 - 4. Maintenance of Function
 - 5. Medication Use
 - a. Adherence
 - b. Changes in medication management

Data Sources: MCP encounter data (including pharmacy data); audited EQRO HEDIS rates, all-payer hospital data, California Cancer Registry, California Death Statistical Master File, Minimum Data Set, in-home supportive services data

- III. Cost of Coverage (for beneficiaries enrolled in the delivery system for a minimum of ten months)
 - A. Average annual cost for Medi-Cal covered health services per beneficiary (note: costs will be a combination of FFS and capitation both to MCPs and from MCPs to delegated entities)
 - B. Avoidable institutionalization costs:
 - 1. Ratio per 10,000 beneficiaries of and average cost per beneficiary for length of stays greater than ten days in an acute care hospital
 - 2. Ratio per 10,000 beneficiaries of and average cost per beneficiary stay for length of stays less than 60 days in a Skilled Nursing Facility (SNF)
 - 3. Ratio per 10,000 beneficiaries of and average cost per beneficiary stay for length of stays less than 90 days in an acute hospital stay plus SNF
 - C. Average annual pharmacy costs per beneficiary
 - D. Ratio per 10,000 beneficiaries of and average emergency room costs for non-emergency visits (as defined by NCQA)
 - E. Ratio per 10,000 beneficiaries of and average DME costs broken down by type and setting (emergency and non-emergency; ambulatory and institutional)

Data Sources: MCP encounters; Rate Development Template (RDT/Mercer; FFS claims and encounter; audited EQRO HEDIS, Medicaid beneficiary enrollment data, Minimum Data Set

Data Analysis Strategy, Challenges and Proposed Solutions

Communication of Findings

The evaluation will provide a general analysis and description of the population, including a report of enrollment numbers and analysis by demographic factor. The evaluation will also contain both performance metrics and a narrative description in order to present the full experience of SPDs during the transition.

Upon submission of the draft SPD evaluation design to the Centers for Medicare and Medicaid Services (CMS), it will be shared publically. The document will be distributed via email to the State's stakeholder waiver distribution list and posted on the State's website for public comment. Specifically, the State will request comment on the evaluation approach and questions that the evaluation should address. It will also be presented and discussed at the State's Waiver Stakeholder Advisory Committee (SAC) and Managed Care Advisory Group (MCAG). DHCS will send the findings out to the Stakeholder listserv owned by Office of Communications. Once shared publicly, DHCS will have open forum discussions with existing stakeholder workgroups (SAC, MCAG). Updates to the design will be made based on stakeholder comment received during these meetings or in writing. The design will be finalized in conjunction with the independent entity and submitted to CMS for final approval.

Based on the methodology used to assess the pre- and post-transition population, the evaluation will provide recommendations for programmatic changes relating to access and quality of care, as well as overall cost implications for the SPD population. The final evaluation report is due December 31, 2021 at the completion of the Medi-Cal 2020 Waiver. The findings from the assessment will allow DHCS to evaluate the experience of SPDs in the managed care delivery system as well as inform DHCS as to best practices and lessons learned.

Timeline

Year 1: Obtain data from DHCS and other agencies for analysis.

Year 2: Development of data measures and analysis.

Year 3: Continuation of development of data measures and analysis for final report.

Year 4: Complete report.

Independent Evaluator

The State will contract with an independent entity and ensure that the entity is free of conflict of interest to conduct an evaluation of the SPD transition to the Medi-Cal managed care delivery system. The State will contract with an entity that does not have a direct relationship to the State of California, Department of Health Care Services (DHCS). A data use agreement will be included in the contract to allow for the sharing of data with and access to data by the independent entity for purposes of conducting the SPD transition evaluation. The State will seek application(s) from interested entities that have been identified based on prior experience and expertise in analyzing the experience of the population and working with the data that would be analyzed. Proposals will be scored; if a minimal score is not achieved, the State will seek proposals from additional entities.