2022
ANNUAL REPORT

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State of California

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DMHC MISSION, VALUES & GOALS

MISSION

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

CORE VALUES

- Integrity
- Leadership
- Commitment to Service

GOALS

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

MESSAGE FROM THE DIRECTOR

The Department of Managed Health Care (DMHC) protects the health care rights of 29.7 million people in California. I am honored to work with an amazing team of dedicated public servants at the DMHC, who are passionate about our mission of protecting consumers' health care rights and ensuring a stable health care delivery system.

In 2022, the DMHC implemented a number of new initiatives, including the adoption of standard health equity and quality measures for health plans with the goal of ensuring the equitable delivery of high-quality health care services for all enrollees. This followed the convening of the Health Equity and Quality Committee and monthly public meetings throughout 2022. The Committee included diverse experts who considered state and national trends and issues that contribute to disparate health outcomes. Requiring plans to meet this set of standard measures will lead to improved quality in more equitable ways for enrollees.

The Department also implemented several new laws that took effect in 2022, including a new timely access standard for behavioral health care follow-up appointments. Health plans must provide enrollees with timely access to care, including an appointment within a specific number of days or hours, unless a qualified health care provider determines a longer wait would not be harmful to an enrollee's health. The new requirement, which took effect in July 2022, requires health plans to provide non-urgent follow-up appointments with non-physician mental health care or substance use disorder providers within 10 business days of the prior appointment for those undergoing a course of treatment for an ongoing mental health or substance use disorder condition.

The DMHC is committed to protecting the health and safety of Californians seeking critical reproductive services. In November 2022, the DMHC issued guidance reminding health plans regulated by the Department of requirements to cover and provide access to emergency and urgent care services when

enrollees are out of state. This includes emergency or urgent care while enrollees are in another state that may restrict access to reproductive health care services, like abortion care.

The DMHC also took enforcement actions against health plans that broke the law and violated consumers' health care rights. This included historic action against a plan for multiple violations including mishandling of enrollee grievances and authorization requests, and inadequate oversight and supervision of its contracted entities. The Department also took a number of other enforcement actions against plans to protect the health care rights of enrollees, some of which are highlighted in this report.

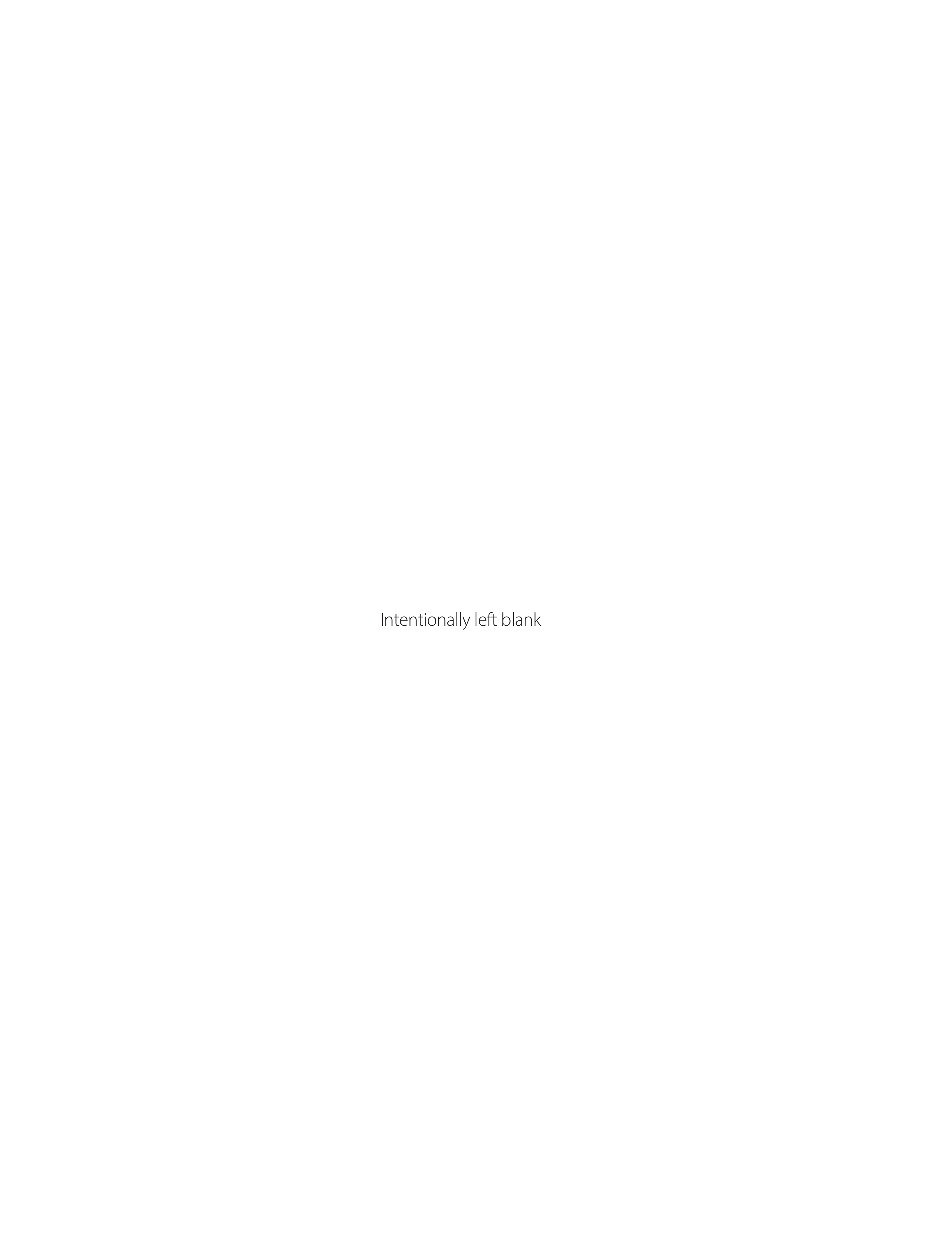
The Department continues to protect Californians from COVID-19 by ensuring health plans provide access to testing, vaccines and treatment. The DMHC's COVID-19 resource web page includes more information about the Department's actions, including consumer fact sheets on coverage options, testing, vaccines and treatment.

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

I want to thank the Department's hardworking staff for their continued dedication to our mission. I am proud of what we have accomplished in 2022 and I am excited to continue our important work in 2023.

Mary Watanabe

Director
Department of Managed Health Care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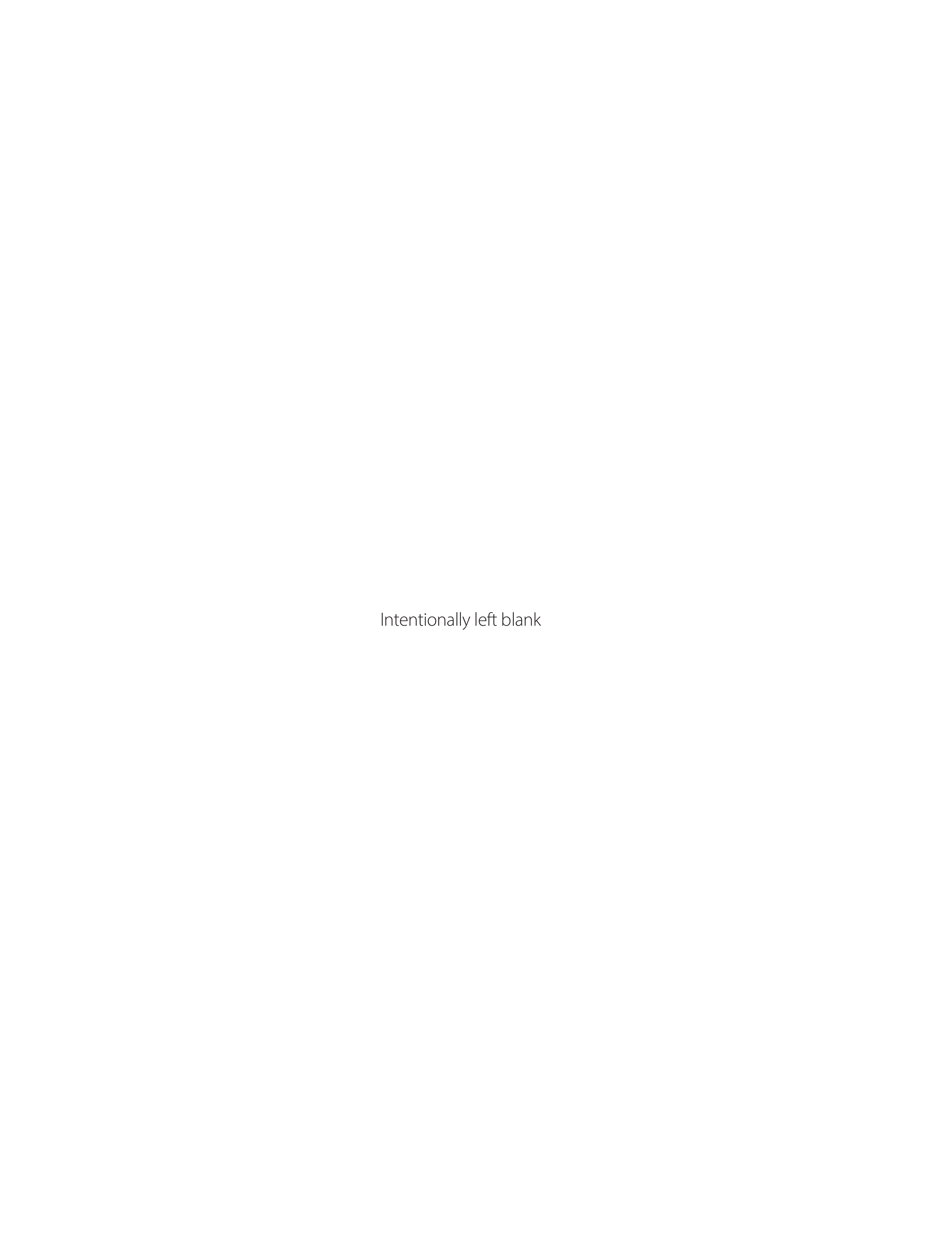
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DEPARTMENT OF **Managed Health Care**

2022

2.8 MILLION CONSUMERS ASSISTED

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

29.7 MILLION

CALIFORNIANS' HEALTH CARE RIGHTS ARE PROTECTED BY THE DMHC

$126.1 MILLION

dollars assessed against health plans that violated the law

96%

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

143

LICENSED HEALTH PLANS

97 FULL SERVICE

46 SPECIALIZED

$296.1 MILLION

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

Approximately

68%

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

$43.8 MILLION

dollars recovered from health plans on behalf of consumers

$194.3 MILLION

dollars in payments recovered to physicians and hospitals

KNOW YOUR HEALTH CARE RIGHTS

In California, health plan members have the right to:

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

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

How can you get help from the DMHC?

The DMHC protects you by making sure your health plan follows the law and ensures health plans are spending money in a way that helps you.

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

The DMHC Help Center assists consumers with understanding their health care rights, benefits and to resolve health plan issues.

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

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

Introduction

Created by consumer-sponsored legislation in 1999, the DMHC regulates the majority of health coverage in California including 96% of state-regulated commercial and public health plan enrollment. In 2022, the DMHC's budget was $125,762,000 with 610 positions. The DMHC is funded by assessments on licensed health plans.

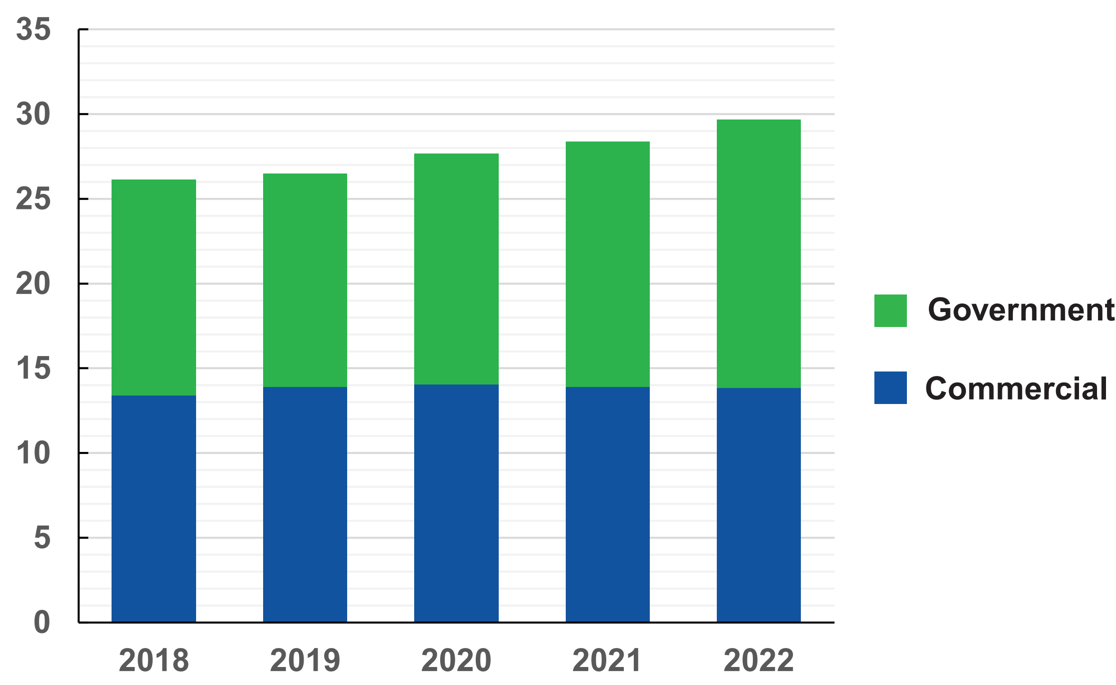
The DMHC began operations in 2000 as the first state department in the country dedicated solely to regulating managed health care plans and assisting consumers to resolve disputes with those plans. The Department educates consumers about their health care rights, helps them resolve complaints with their health plans, assists consumers in navigating their health coverage and ensures consumers can access necessary health care services. The Department does this through licensing health plans that operate in California, conducting medical surveys of licensed health plans and actively monitoring the financial stability of health plans and medical groups to ensure consumers get the care they need. The DMHC also reviews proposed health plan premium rates to protect consumers from unreasonable or unjustified increases. The Department's efforts improve transparency and accountability in health plan rate setting; however, the DMHC does not have the authority to deny rate increases. As of the end of 2022, the DMHC has assisted approximately 2.8 million consumers and remains committed to protecting consumers' health care rights and ensuring a stable health care delivery system.

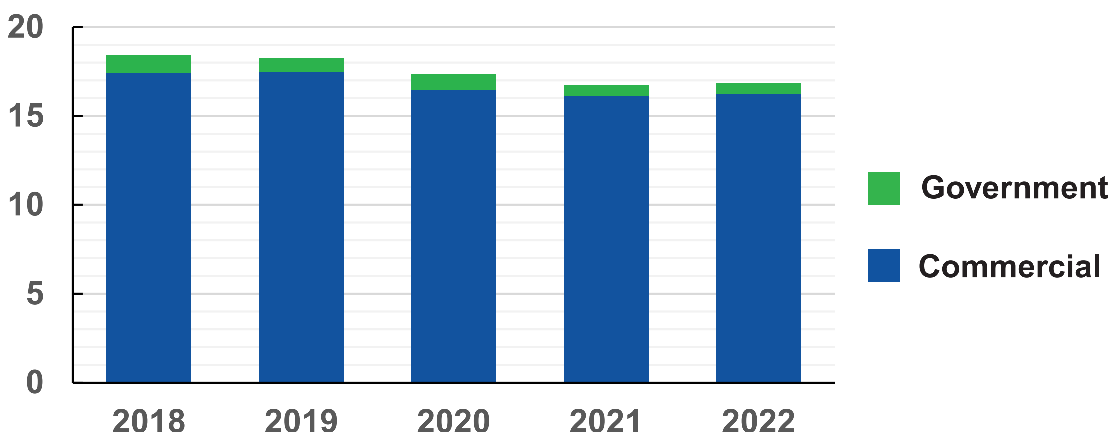
In 2022, 97 full service health plans licensed by the DMHC provided health care services to 29.7 million Californians. This included approximately 13.8 million commercial enrollees and approximately 15.8 million government enrollees. In addition to full-service health plans, the DMHC oversees 46 specialized health plans including chiropractic, dental, vision, psychological (behavioral health) and pharmacy.

Over the Department's 22-year history, California has launched several initiatives to improve and expand access to health care for all Californians. The Department continues to implement new laws and regulations, take action against health plans that break the law and provide direct consumer assistance through the DMHC Help Center.

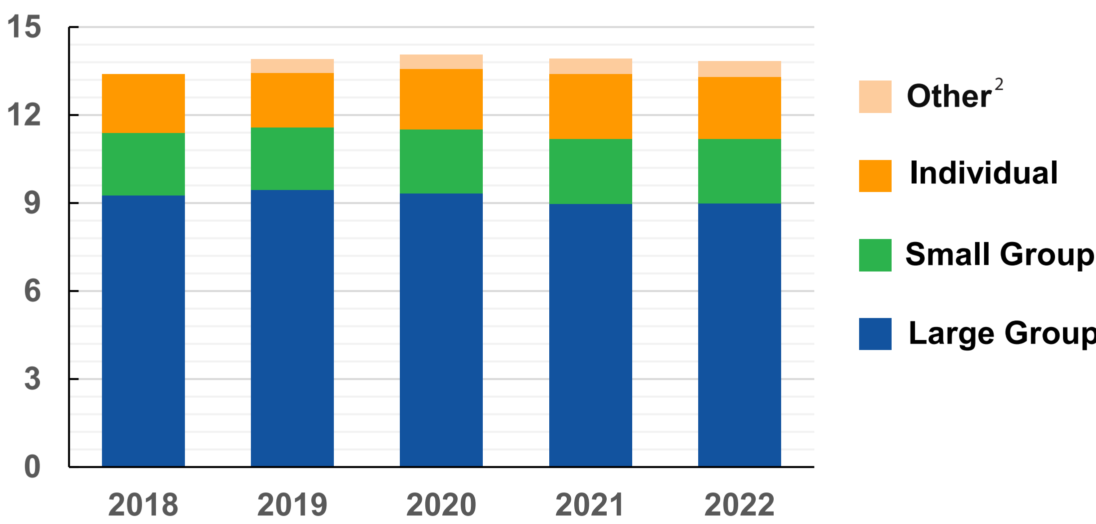
The DMHC licenses and regulates the full scope of managed care models, including all Health Maintenance Organizations (HMO) in California, as well as Preferred Provider Organizations (PPO), Exclusive Provider Organizations (EPO), Point-of-Service (POS) products and Medi-Cal managed care plans. The Department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

Enrollment Overview

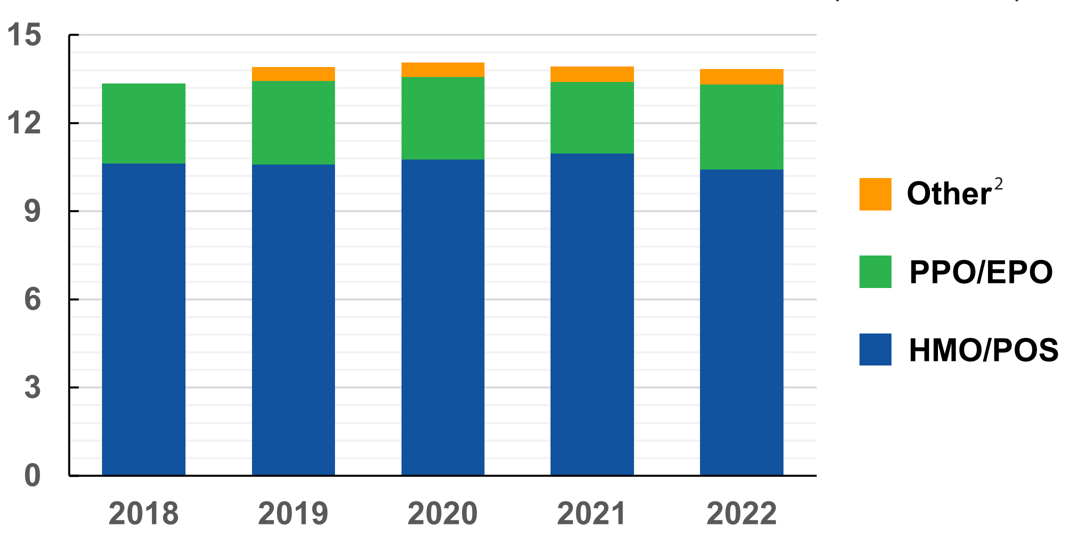




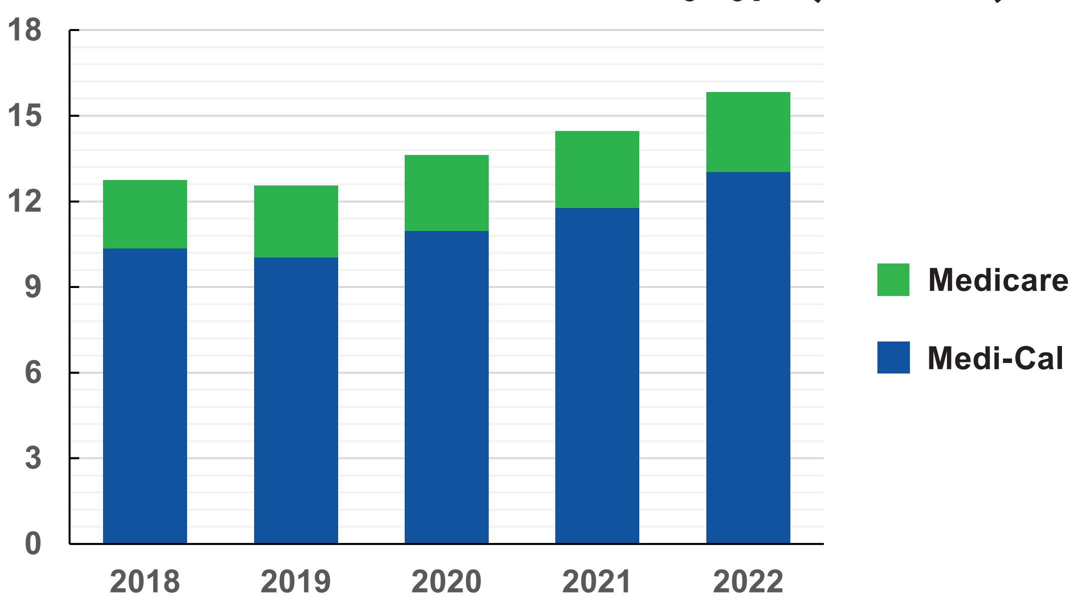
Commercial Enrollment by Market (In Millions)



Commercial Enrollment by Product (In Millions)



Government Enrollment by Type (In Millions)



Response to COVID-19

In 2022, the DMHC worked alongside federal, state and local partners, health plans, providers, consumer advocates and others to support the state's response to COVID-19. The Department took several actions including providing guidance to health plans through All Plan Letters (APLs). This included guidance to health plans regarding COVID-19 treatment, testing, and immunizations.

Senate Bill (SB) 510 took effect in 2022, requiring plans to cover, among other things, the costs of COVID-19 diagnostic and screening testing and immunizations against COVID-19 without enrollee cost sharing, prior authorization, utilization management, or in-network requirements. On April 25, 2022, the DMHC issued APL 22-014 with guidance for how health plans should comply with SB 510.

On June 14, 2022, the Department issued APL 22-017 regarding commercial health plan coverage of COVID-19 therapeutics, steps plans can take to encourage providers to use therapeutics, when appropriate, and directing plans to submit a description of how the plan is ensuring enrollees who need and are eligible for therapeutics have ready access to such treatment. Health plans must ensure enrollees for whom a COVID-19 therapeutic is medically necessary have access to these treatments within 48 hours if the plan does not require prior authorization or 96 hours if the plan requires prior authorization. Given treatment should be started as soon as possible after symptoms start, the DMHC strongly urged plans to waive any prior authorization requirements with respect to therapeutics and to ensure enrollees can receive needed treatment as quickly as possible.

Additionally, the DMHC issued APL 22-005 on January 25, 2022 regarding federal requirements on health plans to cover at least eight over-the-counter (OTC) COVID-19 tests per enrollee per month. Health plans can arrange with a network of distributors (e.g., pharmacies and retailers) to provide direct coverage of the tests, in which case enrollees would be able to obtain the tests from an in-network source without paying out-of-pocket and then seeking reimbursement from the plan. Alternatively, enrollees may purchase the tests themselves and seek reimbursement up to the amount allowed by the federal guidance. Plans may not impose any prior authorization or cost-sharing requirements as a prerequisite for an enrollee obtaining OTC COVID-19 tests. Likewise, an enrollee does not need to first have an order or individualized clinical assessment from a provider to obtain coverage for OTC COVID-19 tests.

The DMHC continues to update a COVID-19 webpage located on the Department's website to make it easy for the public and stakeholders to find information, resources and guidance. The Department also makes consumer-friendly fact sheets available, including on the topics of vaccines, testing and health care coverage. The Department remains focused on ensuring enrollees continue to receive appropriate health care services and will continue to quickly address new issues and changes that arise from the pandemic.

DMHC Help Center

The DMHC Help Center educates consumers about their health care rights, resolves consumer complaints, helps consumers navigate and understand their coverage and assists consumers in getting timely access to appropriate health care services. The DMHC Help Center provides direct assistance in all languages to health care consumers through the Department's website, www.HealthHelp.ca.gov, and a toll-free phone number, 1-888-466-2219.

If a consumer is experiencing an issue with their health plan, they can file a grievance with their plan. If they are not satisfied with their health plan's resolution of the grievance or if the grievance has not been resolved after 30 days, they should contact the DMHC Help Center for assistance. If a consumer is experiencing an imminent or serious threat to their health, they should contact the DMHC Help Center immediately.

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

The Department's Quick Resolution process addresses consumer issues through a three-way call between the DMHC, the consumer and the health plan. Complaints involving serious or urgent medical issues are routed to DMHC staff, including nurses, who provide immediate assistance 24 hours a day, seven days a week.

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

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

WHAT IS THE DMHC HELP CENTER?

The DMHC Help Center assists consumers with understanding their health care rights and benefits, and helps to resolve complaints and coverage issues between health plan enrollees and health plans.

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

2022 Highlights

In 2022, the DMHC Help Center assisted 128,405 health care consumers, and handled 12,266 complaints and 3,240 IMRs. Approximately 68% of consumers who submitted an IMR request to the DMHC Help Center received the service or treatment they requested[3].

As the COVID-19 pandemic continued, the DMHC Help Center continued to protect consumers' health care rights and ensured enrollees received needed health care services. This included making sure enrollees were not liable for unlawful balance billing or administrative cost sharing for COVID-19 tests and vaccines, and educating enrollees about their rights to receive testing, vaccines, and treatment with no cost-sharing. The DMHC Help Center also provided information about where to get tested and vaccinated for COVID-19, and assisted consumers who had post COVID-19 conditions get access to primary care physicians and specialists with the qualifications needed to navigate their health care treatment.

Providing timely access to health care services is a health plan's fundamental duty to its enrollees. The DMHC monitored consumers' access to services during the Kaiser Permanente behavioral health care workers strike and ensured those impacted by the strike continued to get timely access to care. The DMHC Help Center helped consumers get needed urgent and non-urgent mental health and substance use disorder care.

The community-based Consumer Assistance Program served 8,551 consumers and conducted 1,319 outreach events throughout California despite the ongoing challenges caused by the COVID-19 pandemic in 2022. Through these outreach events, the Department reached 42,460 consumers and provided education about their health care rights.

Health plan enrollees are protected from surprise medical bills for emergency services and non-emergency services when the non-emergency services are provided by out-of-network providers at contracted facilities. Billing disputes between

2022 BY THE NUMBERS

HELP CENTER

128,405 CONSUMERS ASSISTED[4]

111,205 TELEPHONE INQUIRIES

12,266 CONSUMER COMPLAINTS[5]

3,240 IMRs CLOSED[6]

$5.4 M RECOVERED FOR CONSUMERS

1,694 NON JURISDICTIONAL REFERRALS

6,240 PROVIDER COMPLAINTS

$12.5 M RECOVERED PROVIDER PAYMENTS

20 NON EMERGENCY SERVICES IDRP CASES COMPLETED

On average, approximately

68%

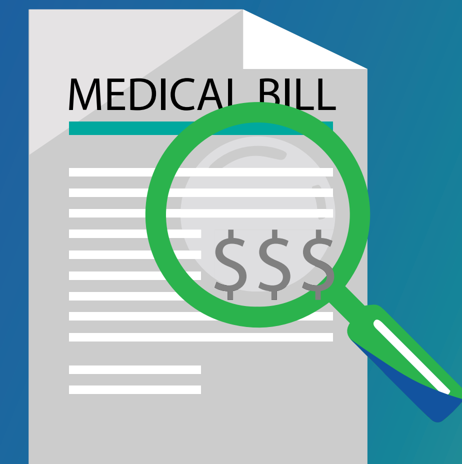
of enrollees that submitted IMR requests to the DMHC received the requested service or treatment.

health plans and out-of-network providers in non-emergency services cases are resolved through a binding Independent Dispute Resolution Process (IDRP) administered by the DMHC. In 2022, the DMHC received 21 IDRP applications, and an additional 22 IDRP applications were carried over from 2021. Of the total 43 IDRPs handled in 2022, 14 were incomplete, ineligible, non-jurisdictional or non-responsive; 20 completed the process with a determination letter issued; and 9 were pending as of December 31, 2022.

The DMHC Help Center also assists providers with claims payment disputes with health plans. The DMHC Help Center closed 6,240 provider complaints and recovered $12,504,014 in payments for providers in 2022.

DMHC HELP CENTER PROVIDER COMPLAINT UNIT

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

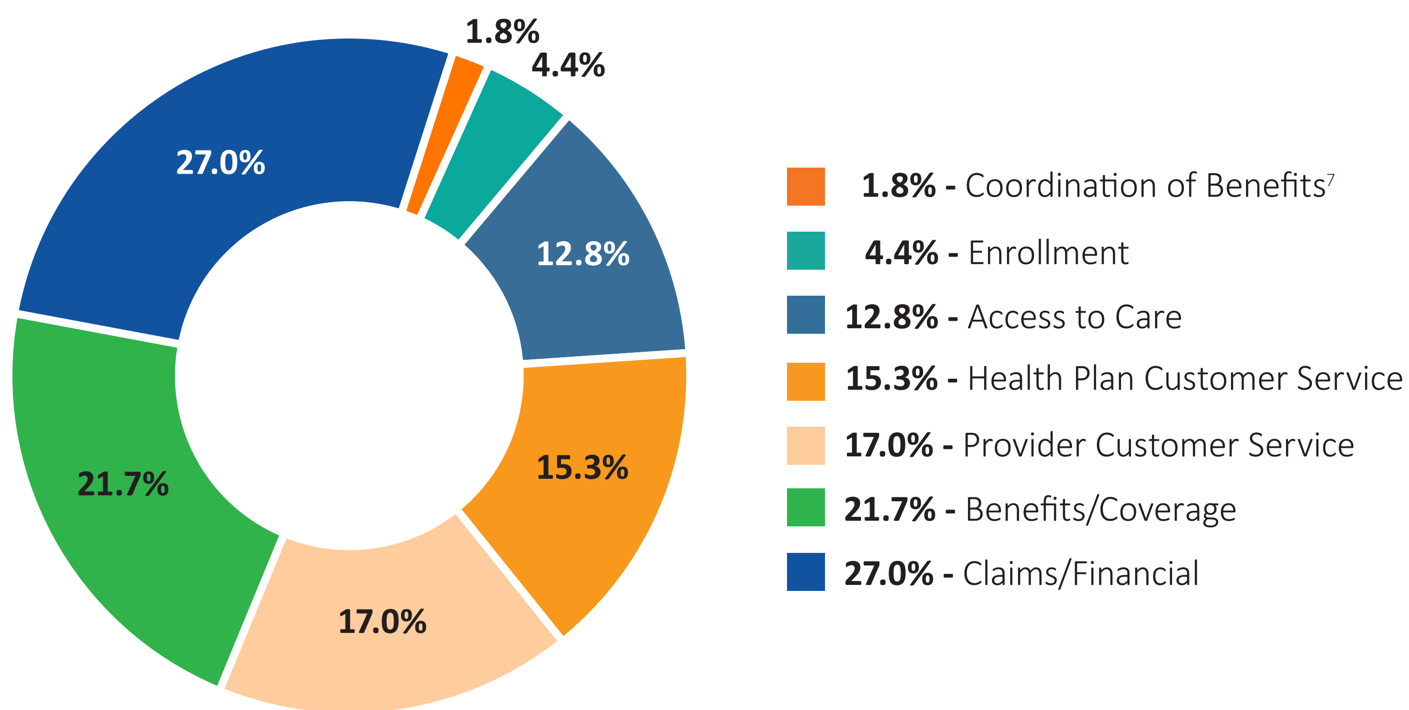


The DMHC established an Independent Dispute Resolution Process (IDRP) for emergency and non-emergency services. An IDRP allows providers and health plans to dispute whether payment of a specified rate was appropriate. An external reviewer goes over the claim and determines which rate is justified.

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

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

CONSUMER COMPLAINTS RESOLVED IN 2022

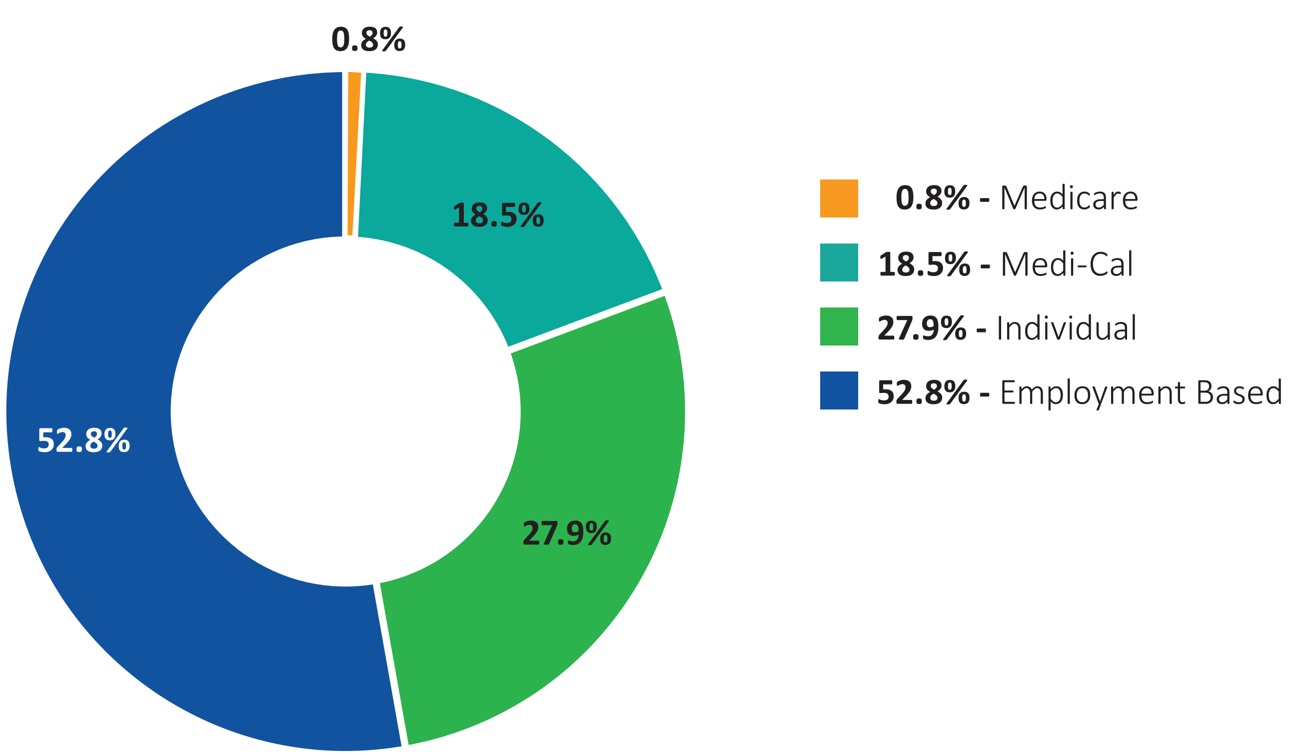


Interspersed throughout this report are consumer stories of assistance the DMHC Help Center provided during 2022. The names of enrollees have been changed to protect their identities, and the outcomes are specific to the circumstances and details of each individual case.

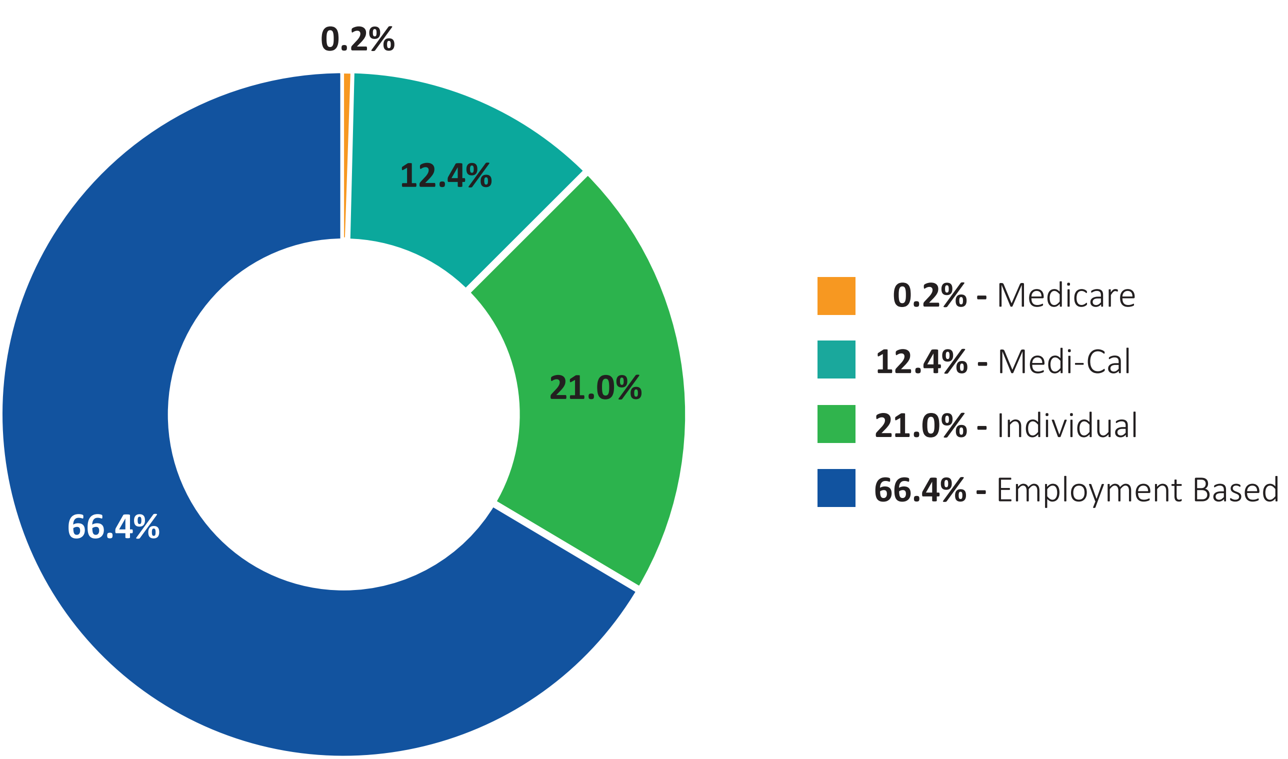
DMHC HELP CENTER ASSISTANCE: INDEPENDENT MEDICAL REVIEW (IMR) – MEDICAL NECESSITY

Isa, a teenager enrolled in a Large Group HMO plan, suffered from severe depression and anxiety. Isa's mother requested pre-authorization for residential treatment center services to treat her condition, which was approved by her health plan. While Isa was in care, her condition did not improve so she needed more time at the treatment center. Her health plan denied the request for continued residential treatment center services as not medically necessary. When the plan denied the services, Isa's mom applied for an expedited IMR with the DMHC Help Center. The IMR determined the services were medically necessary to treat Isa's condition and overturned the plan's denial. The plan was required to continue covering Isa's residential treatment center care to treat her mental health needs.

CONSUMER COMPLAINTS RESOLVED IN 2022 BY COVERAGE TYPE



IMRs RESOLVED IN 2022 BY COVERAGE TYPE



Behavioral Health Care Coverage

California law requires all commercial health plans to provide coverage for medically necessary treatment of mental health and substance use disorders at the same cost as physical health conditions.

Covered conditions include, but are not limited to:

- Generalized Anxiety Disorders
- Eating Disorders-Bulimia and Anorexia Nervosa
- Post Traumatic Stress Disorder (PTSD)
- Depression
- All Substance use conditions
- Bipolar Disorder
- Schizophrenia

Health plans must cover all medically necessary treatments. This includes the following, when medically necessary:

- Sessions with a therapist
- Medication to manage your condition
- Out-patient Intensive Treatment
- In-patient Residential treatment

If an enrollee cannot find an appropriate mental health provider in their health plan network, the health plan must arrange and pay for out-of-network services at no additional cost to the enrollee.

Financial Protections: Health plans cannot charge more for mental health and substance use disorder services than for physical health conditions. This includes enrollee cost-sharing obligations for:

- Co-pays
- Deductibles
- Maximum annual and lifetime benefits
- Other out-of-pocket expenses

Health plan enrollees having trouble accessing behavioral health care treatment or services, should first contact their health plan at the member services phone number on their health plan member card. Their health plan will review the grievance and should ensure the enrollee is able to timely access medically necessary care. If the enrollee does not agree with their health plan's response, they should contact the DMHC Help Center at www.HealthHelp.ca.gov or by calling 1-888-466-2219. The enrollee should contact the DMHC immediately if they are facing an urgent issue.

Plan Licensing

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

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

As part of the ongoing oversight of licensed health plans, the DMHC reviews health plan mergers and acquisitions, to ensure they do not adversely impact enrollees or the stability of California's health care delivery system. Health plans intending to merge or consolidate with any entity, including another health plan, must obtain prior approval from the DMHC. As required under the law, the Department obtains an independent analysis for major mergers, and holds a public meeting. The Department has the authority to approve mergers that meet the requirements in the law or disapprove mergers that may substantially lessen competition or doesn't meet the strong consumer protections in the law. Since the DMHC's authority over the review of mergers expanded in 2019, the Department has reviewed 33 mergers.

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

2022 BY THE NUMBERS

PLAN LICENSING

4 NEW LICENSES ISSUED

5,099 EVIDENCES OF COVERAGE REVIEWED

993 ADVERTISEMENTS REVIEWED

47 COVERED CALIFORNIA FILINGS REVIEWED[8]

32 ALL PLAN LETTERS ISSUED

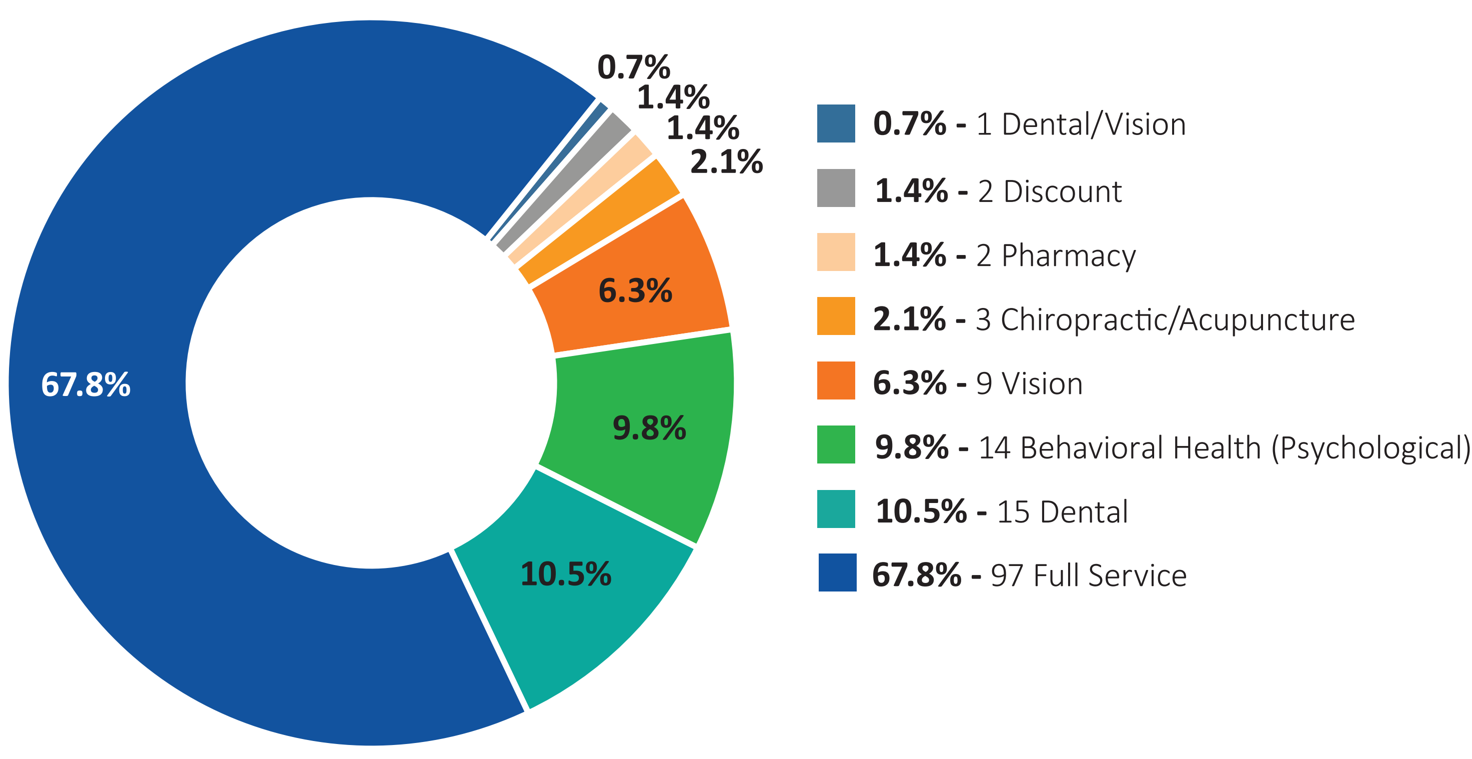
232 MATERIAL MODIFICATIONS (SIGNIFICANT CHANGES) RECEIVED

9 HEALTH PLAN MERGERS & ACQUISITIONS REVIEWED

16 PBM REGISTRATION APPLICATIONS REVIEWED

“Health plans in California must be licensed by the DMHC.”

LICENSED PLANS IN 2022



2022 Highlights

The DMHC issues APLs to provide guidance and information to health plans, including an annual APL providing guidance regarding newly enacted statutory requirements. The Department issued 32 APLs in 2022, including APLs regarding the state's response to the COVID-19 pandemic.

In 2022, following the U.S. Supreme Court's decision in Dobbs v. Jackson Women's Health Organization, the DMHC joined several other California Health and Human Services Agency leaders to remind Californians about their continued reproductive health care rights. The DMHC also issued APL 22-027 reminding health plans of requirements to cover and provide access to emergency and urgent care services when enrollees are out of state. This includes when an enrollee needs emergency or urgent care while in another state that may restrict access to reproductive health care services, like abortion care. California health plans must provide timely access to medically necessary basic health care services to enrollees, even when those enrollees happen to be outside of California when they need the services. Health plans also have an obligation to arrange for enrollees to obtain health care services in a timely manner, consistent with California's timely access standards.

On an annual basis, the DMHC reviews all Qualified Health Plans (QHP) and Qualified Dental Plans (QDP) applying to offer benefits for the upcoming plan year through Covered California, the state's Health Benefit Exchange. This process involves the review of each plan for compliance with Covered California's Patient Centered Benefit Plan Designs, including cost sharing, actuarial value compliance, and contract

amendments between full service and specialized health plans. The DMHC reviewed 47 QHP and QDP filings in 2022 to ensure compliance with the consumer protections in federal and state law.

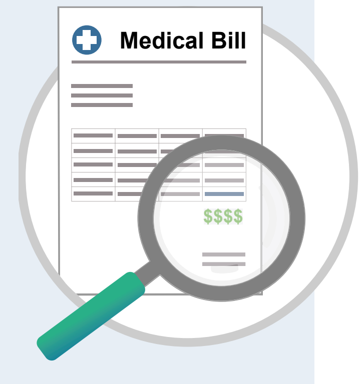
In 2022, the DMHC reviewed nine transactions involving a merger, consolidation or acquisition of a health plan. None of the nine transactions met the major merger threshold.

The DMHC has a total of 14 registered PBMs. In 2022, the DMHC received 10 amended PBM applications and six new PBM applications. None of the six new applications qualified to register with the DMHC because they either did not contract with a DMHC-licensed health plan, or they were contracted with a plan only offering Medicare Advantage products. There was one PBM which surrendered its registration.

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

DMHC HELP CENTER ASSISTANCE: CLAIMS/FINANCIAL COMPLAINT – SURPRISE BALANCE BILLING

Tomasi, a Small Group PPO Plan member, was charged nearly $20,000 for allergy testing which was ordered by his in-network provider. The provider incorrectly referred him to an out-of-network lab for tests, and his health plan applied the out-of-network benefits leaving Tomasi with a large cost share. After he filed his complaint with the DMHC Help Center, his health plan confirmed he was incorrectly billed. The health plan agreed to apply his in-network cost share, reducing his total cost share to $45.



KNOW YOUR HEALTH CARE RIGHTS

Timely Access to Care

Health plans must ensure their network of providers, including doctors, can provide enrollees with an appointment within specific timeframes.

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

Urgent Care

prior authorization not required by health plan	prior authorization required by health plan
2 days	4 days

Non-Urgent Care

Doctor Appointment

PRIMARY CARE PHYSICIAN	SPECIALTY CARE PHYSICIAN
10 business days	15 business days

Mental Health Appointment (non-physician[1])	Appointment (ancillary provider[2])
10 business days	15 business days

Follow-Up Care

Mental Health / Substance Use Disorder Follow-Up Appointment (non-physician)

10 business days from prior appointment (effective July 1, 2022)

Timely Access to Care Requirements

DISTANCE

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

AVAILABILITY

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

INTERPRETER

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

Unable to get an Appointment Within the Timely Access Standard?

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

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

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

Plan Monitoring

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

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

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

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

DMHC HELP CENTER ASSISTANCE: COORDINATION OF BENEFITS COMPLAINT – CONTINUITY OF CARE

Payton, a Medi-Cal Managed Care plan member, had been seeing the same primary care doctor for many years until she received a letter telling her she had to change doctors. Because Payton was undergoing treatment for kidney disease and fatty liver, she wanted to continue care with her current doctor. She filed an expedited complaint with the DMHC Help Center, because she was undergoing treatment and her doctor had recently ordered immunoglobulin tests for her. With the Help Center's assistance her request for continuing care with her doctor was approved.

2022 Highlights

In 2022, the DMHC implemented a new timely access standard for behavioral health care follow-up appointments. The requirement for follow-up behavioral health appointments took effect on July 1, 2022 under SB 221 (Wiener, 2021). Health plans must provide non-urgent follow-up appointments with non-physician mental health care or substance use disorder providers within 10 business days of the prior appointment for those undergoing a course of treatment for an ongoing mental health or substance use disorder condition. A qualified health care provider may extend the waiting time for an appointment if they determine a longer waiting time will not be harmful to the enrollee's health.

The DMHC also amended the Timely Access Regulation, which became effective on April 1, 2022, to incorporate a standardized methodology for how health plans report timely access to care requirements and annual network requirements to the DMHC, and requires health plans to meet the minimum rate of compliance of 70% for both non-urgent and urgent appointments. These new compliance standards will be measured starting with Measurement Year (MY) 2023, which will be reported to the DMHC in 2024. With these new requirements in the Timely Access Regulation, the DMHC will be able to better hold health plans accountable for meeting a minimum rate of compliance, and ultimately providing timely access to care to enrollees.

In 2022, the DMHC adopted standard health equity and quality measures for health plans with the goal of ensuring the equitable delivery of high-quality health care services and outcomes for all enrollees. To identify the measures, the Department convened a Health Equity and Quality Committee (Committee) of diverse experts including consumer representatives, health plan representatives, providers, state agencies and those with expertise in quality measurement and health equity expertise. The Committee met throughout 2022 and considered state and national trends related to health equity and quality, as well as the interaction of multiple characteristics that lead to disparate health outcomes, including race, ethnicity,

2022 BY THE NUMBERS

PLAN MONITORING

10 ROUTINE SURVEYS

17 FOLLOW-UP SURVEYS

127 UNIQUE HEALTH PLAN NETWORKS REVIEWED[9]

45 TIMELY ACCESS COMPLIANCE REPORTS REVIEWED[10]

334 BLOCK TRANSFERS RECEIVED

96 MATERIAL MODIFICATIONS RECEIVED

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

sexual orientation, gender identity, language, age, income, and disability status. The DMHC adopted all 13 health equity and quality measures recommended by the Committee. All DMHC-licensed full service and behavioral health plans, including Medi-Cal managed care plans, will be required to start collecting data on the measures in 2023 and report this data to the DMHC starting in 2024.

Additionally, the Department continued to conduct focused Behavioral Health Investigations (BHIs) of full service, commercial health plans to evaluate if enrollees have consistent access to medically necessary behavioral health care services. A goal of the investigations is to identify and understand the challenges and barriers enrollees may still face in obtaining behavioral health care services, and to identify systemic changes that can be made to improve the delivery of care.

DMHC HELP CENTER ASSISTANCE: ACCESS COMPLAINT – AUTHORIZATION DELAY BY PLAN

Jonathan, a Medi-Cal Managed Care plan member, suffered a traumatic brain injury (TBI). Due to his condition, Jonathan's neurosurgeon recommended treatment from a neurologist who specialized in TBI. Jonathan's health plan gave him referrals to numerous neurologists but none specialized in treating TBI. He was assigned a case manager who tried to help by requesting that Jonathan be seen by an out-of-network neurologist who specialized in TBI, and the plan authorized the referral. However, a few days later the plan again referred Jonathan to an in-network provider who did not specialize in TBI. Because of the numerous referrals and follow-up with providers who did not specialize in treating his condition, Jonathan's care was delayed for many months. He submitted a grievance to the health plan and the request for him to be seen by an out-of-network provider who specialized in TBI was denied. Following a complaint submitted to the DMHC Help Center, Jonathan's health plan authorized the out-of-network TBI neurologist.

Financial Oversight

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

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

The DMHC does not license provider organizations but monitors the financial solvency of RBOs. An RBO is a physician-owned provider group that, in its contracts with health plans, pays claims and assumes financial risk for the cost of all health care services (inpatient and outpatient) for each enrolled person assigned to the RBO by accepting a fixed monthly payment. This arrangement is typically referred to as "capitation."

RBOs are subject to financial solvency requirements and regular financial reporting. The DMHC monitors the financial stability of RBOs by analyzing financial filings, conducting financial and/or claims examinations, reviewing claims payment practices and monitoring corrective action plans. At the end of 2022, the DMHC had 208 registered RBOs.

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

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

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

2022 Highlights

The DMHC completed 38 health plan financial examinations in 2022. In August 2022, the DMHC completed the routine financial examination of California Physicians' Service (Blue Shield of California). The DMHC imposed a corrective action plan requiring the remediation of incorrect provider dispute resolution (PDR) determinations, which resulted in the reprocessing of approximately 1,300 provider claims and the plan paid an additional $1,808,815 to providers, including $1,609,720 in additional claims and $199,093 in interest and penalties.

In 2022, five health plans were required to issue MLR rebate checks totaling $99.9 million for failing to meet the minimum MLR requirement for 2021:

- Blue Cross of California (Anthem Blue Cross) reported an MLR of 77.3% for 2021 and paid rebates of $75.9 million in the small group market.

- Health Net of California, Inc. reported an MLR of 77.5% for 2021 and paid $11.7 million in rebates in the small group market.
- UnitedHealthcare Benefits Plan of California reported an MLR of 78.7% for 2021 and paid $10.4 million in rebates in the small group market.
- U.S. Behavioral Health Plan, California (OptumHealth Behavioral Solutions of California) reported an MLR of 70.4% for 2021 and paid rebates of $1.8 million in the large group market.
- ACN Group of California, Inc. (OptumHealth Physical Health of California) reported an MLR of 81.1% for 2021 and paid rebates of $100,961 in the large group market.

In 2022, the DMHC conducted 24 claims and provider dispute examinations of RBOs. As a result of the examinations, 17 RBOs were required to file a corrective action plan to address their claims processing deficiencies. Collectively, the RBOs remediated claims in the amount of $238,627, including additional payments, interest, and penalties.

The DMHC also issued three new licenses for Medicare Advantage plans: Evergreen HMO of California, Inc., Golden Bay Health, Inc. (Golden Bay Health Plan), and Starlife Holdings, Inc. (Starlife Health Plan).

2022 BY THE NUMBERS

FINANCIAL OVERSIGHT

66 FINANCIAL EXAMINATIONS COMPLETED[11]

2,743 FINANCIAL STATEMENTS REVIEWED[12]

$100 M MLR REBATES[13]

$3.1 M CLAIM AND DISPUTED PAYMENTS REMEDIATED

$0.9 M INTEREST AND PENALTIES PAID

218 MATERIAL MODIFICATIONS RECEIVED (FINANCIAL IMPACT)

“The DMHC works to ensure stability in California’s health care delivery system.”

Rate Review

The DMHC has saved Californians nearly $300 million in health care premiums through the premium rate review program for individual and small group health plans since the beginning of the rate review program in 2011. Proposed premium rate changes for individual or small group health plans must be filed with the DMHC. Additionally, health plans that offer large group products must provide information regarding the methodology, factors, and assumptions used to determine rates to the DMHC. Actuaries perform an in-depth review of the health plan's proposed premium rate changes and require health plans to demonstrate the changes are supported by data, including underlying medical costs and trends. The DMHC does not have the authority to approve or deny rate increases; however, the Department's rate review efforts hold health plans accountable through transparency, and ultimately has saved consumers hundreds of millions of dollars.

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

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

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

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

2022 Highlights

The DMHC reviewed 52 individual and small group rate filings in 2022. The DMHC reviewed proposed premium rate changes to ensure that the rate changes were supported by data, including underlying medical costs and trends. Additionally, the DMHC reviewed 39 large group filings for the methodology, factors or assumptions that would affect the rate paid by a large group employer or contract holder. The Department did not find any unreasonable or unjustified rate changes.

In 2022, the DMHC published the AB 315 Prescription Drug Pilot Project Summary Report, which assesses

REVIEW & COMMENT ON HEALTH PLAN PROPOSED RATE CHANGES

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

the impact of health plan and PBM prohibitions on the dispensing of certain amounts of prescription drugs by network retail pharmacies. Assembly Bill (AB) 315 (2018) established the pilot project, effective January 1, 2020, in Riverside and Sonoma counties. During the project, health plans and PBMs were required to permit prescription drugs to be dispensed at all network pharmacies in the same quantities that are dispensed at pharmacies owned or controlled by the health plans or PBMs. The DMHC aggregated the information across the commercial health plans and published the report.

Health plans that offer commercial products in the individual and small group markets must annually report information to the DMHC, including premiums, cost sharing, benefits, enrollment, and trend factors. The DMHC reviewed aggregate rate filings for 12 individual and 14 small group health plans and published the Individual and Small Group Aggregate Premium Rate Report for Measurement Year 2022. In 2022, approximately 2.4 million enrollees purchased individual health care coverage and the overall average monthly premium was $562.46. Approximately 2.25 million enrollees had small group health care coverage and the average monthly premium was $558.28.

Also in 2022, the Department received the large group aggregate rate and prescription drug cost information filings from 23 health plans. The DMHC aggregated the information across all reporting plans and published the Large Group Aggregate Rates and Prescription Drug Costs Report for Measurement Year 2022. The report summarizes the large group aggregate rate information and analyzes the impact of the cost of prescription drugs on health plan premiums in the large group market. In 2022, approximately 7.9 million enrollees renewed their coverage in the large group market and the average monthly premium was nearly $552.

The DMHC published the Prescription Drug Cost Transparency Report for Measurement Year 2021, which looks at the impact of the cost of prescription drugs on commercial health plan premiums. Among other findings, the report reveals that health plan spending on prescription drugs increased by $2.1 billion since 2017, including an increase of $700 million in 2021.

2022 BY THE NUMBERS

RATE REVIEW

91 RATE FILING REVIEWS COMPLETED[14]

25 PRESCRIPTION DRUG COST FILINGS REVIEWED

49 ANNUAL AGGREGATE RATE FILINGS REVIEWED

$296.1 M CONSUMER SAVINGS THROUGH NEGOTIATED MODIFIED RATES SINCE 2011

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

Enforcement

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

In 2022, the first $1 million in fines collected by the DMHC was transferred to the Steven M. Thompson Physician Corps Loan Repayment Program to be used to encourage physicians to practice in medically underserved areas. The remaining funds were transferred to the Health Care Services Plan Fines and Penalties Fund to support the Medi-Cal program.

2022 Highlights

In 2022, the DMHC assessed $39,800,500 in fines as part of enforcement actions taken against health plans. The Department's enforcement actions involved many diverse legal issues, including health plan failures in complying with important consumer protections, such as mishandling enrollee grievances and authorization for care requests, incorrect application of co-payments, untimely acknowledgment and resolution of provider disputes, improper adjudication of emergency room claims, inadequate administrative oversight, and failure to meet timely access standards. Some of the significant enforcement actions taken by the DMHC in 2022 are highlighted below.

The DMHC and Department of Health Care Services (DHCS) took action against Local Initiative Health Authority for Los Angeles County (L.A. Care Health Plan) which resulted in penalties totaling $55 million. This included a $35 million penalty from the DMHC and $20 million sanction from the DHCS. The two departments coordinated investigations found multiple violations by the plan in several operational areas, including L.A. Care Health Plan's handling of enrollee grievances, processing of requests for authorization, and inadequate oversight and supervision of its contracted entities regarding timely access.

The DMHC also took enforcement action totaling $1.1 million in fines against Anthem Blue Cross for incorrectly applying office visit costs to enrollee

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

Fiona, an Individual HMO plan member on the state's exchange, Covered California, was diagnosed with gender dysphoria and requested breast augmentation to treat her condition. Her health plan denied the request as not medically necessary, so Fiona filed a grievance to appeal the decision, and the plan upheld its denial. She then applied for an IMR with the DMHC Help Center. The IMR overturned the plan's denial and determined Fiona's request was medically necessary to treat her gender dysphoria, and consistent with the World Professional Association for Transgender Health (WPATH) criteria. The plan was required to provide the requested services.

deductibles and failing to mail Explanation of Benefits (EOB) to enrollees in 2019. In addition to the fines, Anthem Blue Cross agreed to reimburse impacted enrollees $9.2 million and implement several corrective actions to ensure these issues do not happen again. Health plans are required to issue an EOB to health plan enrollees after claims are processed. The EOB is an important document for enrollees to track out-of-pocket payments, deductible accumulation for the year and find information about appeal rights.

The DMHC took enforcement action against Molina Healthcare of California (Molina) including a $1 million fine for Molina's failure to timely acknowledge and resolve provider disputes. The plan agreed to pay the fine, implement corrective actions, and remediate $82.2 million in payments and interest to providers. California law requires health plans to have a Provider Dispute Resolution (PDR) program to address disputes over payments to providers, and requires plans to respond and resolve disputes within specified timeframes. If a provider has gone through a plan's PDR program and does not agree with the plan's determination, or the plan takes longer than 45 days to issue a written determination, the provider can contact the DMHC Help Center's Provider Complaint Unit for further assistance.

The DMHC took enforcement action against Aetna Health of California, Inc. (Aetna) including a $500,000 fine for Aetna's mishandling of emergency room (ER) claims in California since 2017. Aetna and its delegates failed to handle ER claims according to California law which requires that plans must account for an enrollee's subjective belief that the enrollee experienced a medical emergency when evaluating whether the ER services were "medically necessary." As a result of the Settlement Agreement and corrective action plan, Aetna remediated claims totaling $306,800, agreed to pay an administrative fine, and agreed that it will use the appropriate standard to adjudicate ER claims in California.

2022 BY THE NUMBERS

ENFORCEMENT

910 CASES OPENED

254 CASES CLOSED WITH A PENALTY

$39.8M PENALTIES ASSESSED

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

The DMHC took enforcement action against Alameda Alliance for Health, imposing a $200,000 penalty for its failure to correct six deficiencies identified in a routine survey. The uncorrected deficiencies, which impacted customer experience and rights, involved the plan's quality assurance program, grievance and appeals system, provider network, and utilization management system. The plan also failed to consistently identify potential quality of care issues, failed to treat expressions of dissatisfaction as grievances, and failed to adequately ensure timely access to appointments.

The DMHC took enforcement action totaling $100,000 in fines against Aetna for errors in the data that Aetna submitted in its annual timely access reporting, including failure to report accurate enrollment service area data, failure to achieve the required target sample size, and failure to submit annual network data and Provider Appointment Availability Survey data for one network. The plan agreed to pay the penalty and implement corrective actions.

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

Sorina, a Medi-Cal Managed Care plan member, received emergency health care services at an out-of-network hospital. When Sorina's plan denied coverage of the hospital bills, the hospital sent the bills to a collection agency. With the assistance of the DMHC Help Center, the plan paid the hospital bills and sent letters to both the hospital and the collection agency to stop billing Sorina for any unpaid balance after the plan's payment, saving her over $27,000.

Notes

1 The enrollment charts include the following enrollment types reported by plans and searchable in the Health Plan Financial Summary Report: Point of service – Large Group, PPO – Large Group, Group (Commercial), Point of Service – Small Group, PPO – Small Group, Small Group, PPO – Individual, Point of Service – Individual, Individual, IHSS, Medi-Cal Risk, Medicare Risk (Medicare Advantage), Medicare Cost (Fee For Service) and Medicare Supplement. Healthy Families and AIM enrollment were also reported in previous years when those programs were active.

2 "Other" enrollment consists of Medicare Supplement enrollment.

3 Enrollees received the requested services in 67.5% of the cases qualified by the Department for the IMR program in 2022.

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

5 Consumer complaints are comprised of standard complaints (11,630), quick resolutions (597), and urgent cases (39) in 2022. 9,282 of the standard complaints were resolved by the DMHC and are included in the complaint report in the Appendix. Of the remaining cases, most were sent back to the health plan to address through the grievance process.

6 IMRs closed are comprised of cases that were resolved by the DMHC or closed for any reason other than non-jurisdictional in 2022. 2,190 of the IMRs were resolved by the DMHC and are included in the IMR report in the Appendix. The remaining cases were closed because the consumer had not yet gone through the health plan grievance process, the consumer did not respond to requests for information, the case was withdrawn by the consumer or the case was ineligible for IMR.

7 The category "Coordination of Benefits" has also been previously referred to as "Quality of Care."

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

9 Networks reviewed in 2022 were for Measurement Year 2021 Annual Network Reporting.

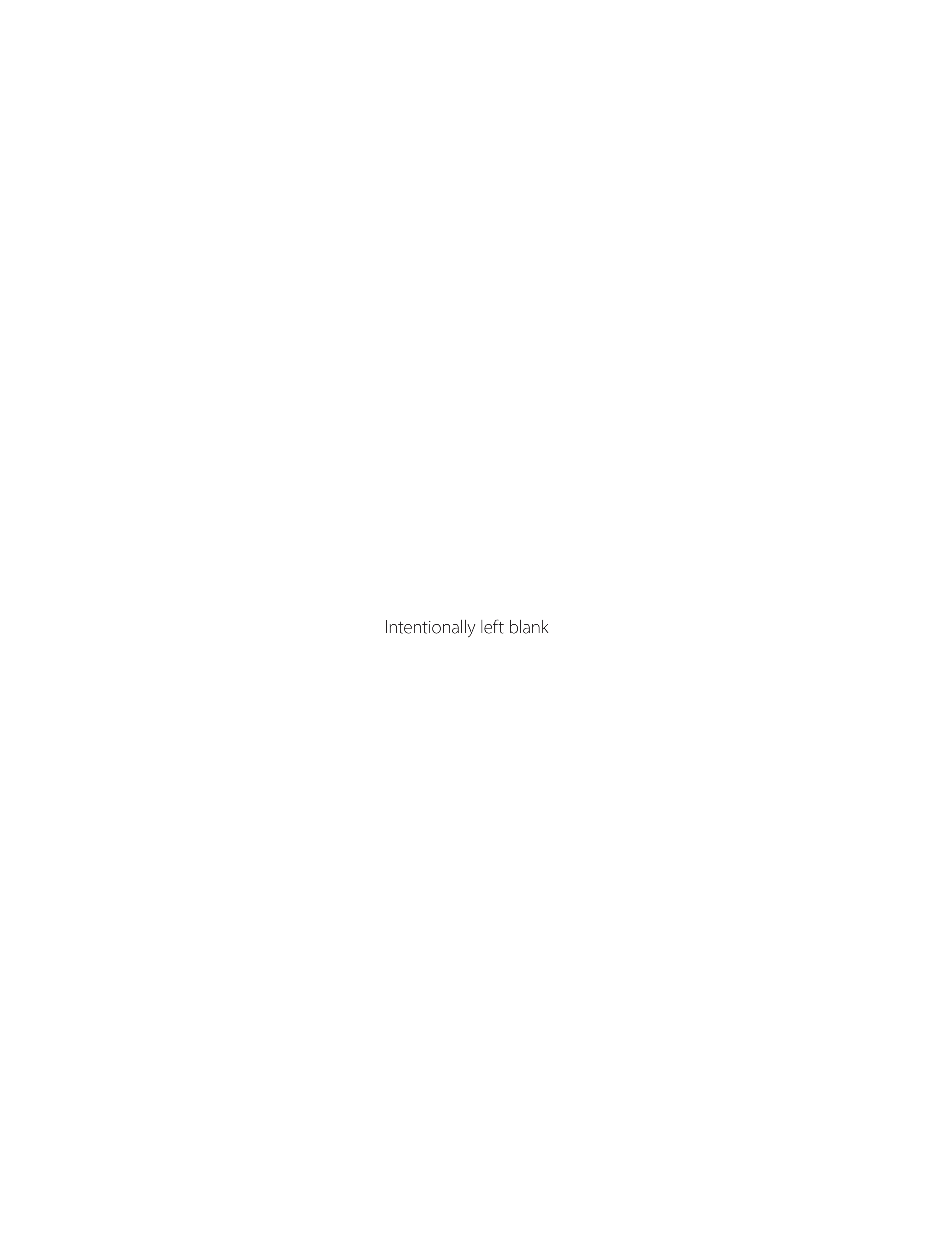
10 Timely Access compliance reports reviewed in 2022 were for Measurement Year 2021.

11 38 Health Plan Financial Examinations, 4 MLR examinations (two for 2019 reporting year and two for 2020), and 24 RBO Financial Examinations.

12 1,437 Health Plan Financial Statements Reviewed and 1,306 RBO Financial Statements Reviewed.

13 Rebates for calendar year 2021 were paid in 2022.

14 This includes 15 individual market health plan premium rate filings, 37 small group rate filings, and 39 large group rate filings.



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2022 Independent Medical Review Summary Report

Report Overview

68%
of enrollee cases that qualified for the Department's IMR program received the requested services they needed.*

19%
of IMR cases were reversed by the health plan after the DMHC received the IMR application.

49%
of cases previously denied by health plans were overturned by the IMRO.

32%
of cases were upheld by the IMRO.

The Annual Independent Medical Review (IMR) Summary Report displays the number and types of IMRs resolved during the 2022 calendar year, by health plan. The Department resolved 2,190 IMRs.

The Report identifies each health plan's enrollment during the year, the number of IMRs resolved for each health plan, the number of IMRs per 10,000 enrollees, the number of IMRs upheld or overturned by the Independent Medical Review Organization (IMRO), and the number of IMRs that the health plan reversed.

The health plan enrollment figures were provided to the Department by the health plans in their quarterly financial filings. Enrollment reflects the enrollment figures provided for the fourth quarter of 2022 for the population of enrollees within the DMHC Help Center's jurisdiction. Plans with zero enrollment as of December 31, 2022 may have had enrollment earlier in the year, received a license in 2022 or did not have enrollment within the DMHC Help Center's jurisdiction.

Data represents resolved IMRs which were determined to be within the Department's jurisdiction, eligible for review, and resolved (closed) within calendar year 2022. Cases pending at the end of 2022 and resolved (closed) in the following year are reported in the subsequent year's Annual Report.

Health plans are listed according to their business names during 2022. In instances where a health plan is known by more than one name, the legal name is shown first with the additional name(s) in parentheses. For health plans that are involved in plan-to-plan arrangements, the data is reported by the primary plan only.

The number of IMRs per 10,000 enrollees is displayed to illustrate the volume of IMRs for a plan in a manner that considers the wide variations in plan enrollment. When comparing plans, a lower number of IMRs per 10,000 enrollees indicates fewer IMRs were resolved per capita. As a result, a plan with a higher overall number of resolved IMRs may still show fewer IMRs per 10,000 enrollees than another plan with fewer overall resolved IMRs.

* Enrollees received the requested services in 67.5% of the cases qualified by the Department for the IMR program in 2022.

California Department of Managed Health Care

2022 Independent Medical Reviews by Health Plan

Plan Type and Name	Enrollees*	Total IMRs Resolved	IMRs per 10,000	EXPERIMENTAL / INVESTIGATIONAL IMR							MEDICAL NECESSITY IMR							ER REIMBURSEMENT IMR						
				Total IMRs	Upheld by IMR	%	Over turned by IMR	%	Rev. by Plan	%	Total IMRs	Upheld by IMR	%	Over turned by IMR	%	Rev. by Plan	%	Total IMRs	Upheld by IMR	%	Over turned by IMR	%	Rev. by Plan	%
FULL SERVICE – ENROLLMENT OVER 400,000																								
Blue Cross of California (Anthem Blue Cross)	2,198,887	666	3.03	168	88	52.4%	75	44.6%	5	3.0%	492	125	25.4%	318	64.6%	49	10.0%	6	1	16.7%	3	50.0%	2	33.3%
Blue Cross of California Partnership Plan, Inc.	976,004	36	0.37	1	0	0.0%	0	0.0%	1	100.0%	35	13	37.1%	14	40.0%	8	22.9%	0	0	0.0%	0	0.0%	0	0.0%
California Physicians' Service (Blue Shield of California)	2,431,891	604	2.48	161	71	44.1%	71	44.1%	19	11.8%	442	112	25.3%	247	55.9%	83	18.8%	1	0	0.0%	1	100.0%	0	0.0%
Fresno-Kings-Madera Regional Health Authority (CalViva Health)	418,051	6	0.14	0	0	0.0%	0	0.0%	0	0.0%	6	1	16.7%	0	0.0%	5	83.3%	0	0	0.0%	0	0.0%	0	0.0%
Health Net Community Solutions, Inc.	1,659,176	29	0.17	3	0	0.0%	3	100.0%	0	0.0%	26	7	26.9%	7	26.9%	12	46.2%	0	0	0.0%	0	0.0%	0	0.0%
Health Net of California, Inc.	437,250	128	2.93	17	11	64.7%	5	29.4%	1	5.9%	111	22	19.8%	52	46.8%	37	33.3%	0	0	0.0%	0	0.0%	0	0.0%
Inland Empire Health Plan (IEHP)	1,607,107	21	0.13	2	1	50.0%	0	0.0%	1	50.0%	19	7	36.8%	6	31.6%	6	31.6%	0	0	0.0%	0	0.0%	0	0.0%
Kaiser Foundation Health Plan, Inc. (Kaiser Permanente)	7,088,770	217	0.31	1	1	100.0%	0	0.0%	0	0.0%	215	99	46.0%	81	37.7%	35	16.3%	1	0	0.0%	0	0.0%	1	100.0%
Local Initiative Health Authority for Los Angeles County (L.A. Care Health Plan)	2,715,972	63	0.23	4	3	75.0%	1	25.0%	0	0.0%	59	18	30.5%	22	37.3%	19	32.2%	0	0	0.0%	0	0.0%	0	0.0%
Molina Healthcare of California	604,572	9	0.15	1	1	100.0%	0	0.0%	0	0.0%	8	2	25.0%	2	25.0%	4	50.0%	0	0	0.0%	0	0.0%	0	0.0%
San Joaquin County Health Commission (Health Plan of San Joaquin)	423,068	6	0.14	0	0	0.0%	0	0.0%	0	0.0%	6	4	66.7%	0	0.0%	2	33.3%	0	0	0.0%	0	0.0%	0	0.0%
Total Full Service - Enrollment Over 400,000:	**20,560,748**	**1,785**	**0.87**	**358**	**176**	**49.2%**	**155**	**43.3%**	**27**	**7.5%**	**1419**	**410**	**28.9%**	**749**	**52.8%**	**260**	**18.3%**	**8**	**1**	**12.5%**	**4**	**50.0%**	**3**	**37.5%**
FULL SERVICE – ENROLLMENT UNDER 400,000																								
Access Senior HealthCare, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Adventist Health Plan, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Aetna Better Health of California Inc.	51,791	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Aetna Health of California Inc.	199,947	10	0.50	2	1	50.0%	1	50.0%	0	0.0%	8	4	50.0%	3	37.5%	1	12.5%	0	0	0.0%	0	0.0%	0	0.0%
AIDS Healthcare Foundation (Positive Healthcare)	829	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Alameda Alliance For Health	327,929	10	0.30	0	0	0.0%	0	0.0%	0	0.0%	10	4	40.0%	3	30.0%	3	30.0%	0	0	0.0%	0	0.0%	0	0.0%
Align Senior Care California, Inc.**	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Alignment Health Plan**	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
AltaMed Health Network, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
AmericasHealth Plan, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Arcadian Health Plan, Inc.**	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Aspire Health Plan**	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Astiva Health, Inc.**	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Bay Area Accountable Care Network, Inc. (Canopy Health)	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Blue Shield of California Promise Health Plan	134,821	2	0.15	0	0	0.0%	0	0.0%	0	0.0%	2	1	50.0%	0	0.0%	1	50.0%	0	0	0.0%	0	0.0%	0	0.0%
Brandman Health Plan**	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Brown & Toland Health Services, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
California Health and Wellness Plan (CA Health and Wellness)	241,134	14	0.58	3	1	33.3%	2	66.7%	0	0.0%	11	4	36.4%	2	18.2%	5	45.5%	0	0	0.0%	0	0.0%	0	0.0%
CareMore Health Plan	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
CCA Health Plans of California, Inc. (CCA Health California)**	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Central Health Plan of California, Inc.**	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Central Valley Health Plan, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
CHG Foundation (Community Health Group Partnership Plan)	334,683	6	0.18	0	0	0.0%	0	0.0%	0	0.0%	6	5	83.3%	0	0.0%	1	16.7%	0	0	0.0%	0	0.0%	0	0.0%
Children's Health Plan of California	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Chinese Community Health Plan	6,331	2	3.16	0	0	0.0%	0	0.0%	0	0.0%	2	0	0.0%	1	50.0%	1	50.0%	0	0	0.0%	0	0.0%	0	0.0%
Choice Physicians Network, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Cigna HealthCare of California, Inc.	110,907	8	0.72	0	0	0.0%	0	0.0%	0	0.0%	8	1	12.5%	2	25.0%	5	62.5%	0	0	0.0%	0	0.0%	0	0.0%
Clever Care of Golden State Inc. (Clever Care of California)**	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Community Care Health Plan, Inc.	11,293	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Community Health Group	6,864	2	2.91	0	0	0.0%	0	0.0%	0	0.0%	2	1	50.0%	0	0.0%	1	50.0%	0	0	0.0%	0	0.0%	0	0.0%
Contra Costa County Medical Services (Contra Costa Health Plan)	248,967	5	0.20	0	0	0.0%	0	0.0%	0	0.0%	5	1	20.0%	2	40.0%	2	40.0%	0	0	0.0%	0	0.0%	0	0.0%
County of Ventura (Ventura County Health Care Plan)	11,024	4	3.63	0	0	0.0%	0	0.0%	0	0.0%	4	0	0.0%	3	75.0%	1	25.0%	0	0	0.0%	0	0.0%	0	0.0%
Dignity Health Provider Resources, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
EPIC Health Plan	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Essence Healthcare of California, Inc. (Essence Healthcare)**	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Evergreen HMO of California, Inc.**	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Family Choice Health Services, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
For Your Benefit, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Golden Bay Health, Inc. (Golden Bay Health Plan)	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Golden State Medicare Health Plan (Golden State Health Plan)**	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Healthy Valley Provider Network, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Heritage Provider Network, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Hill Physicians Care Solutions, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Humana Health Plan of California, Inc.**	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Humana Health Plan of Texas, Inc.**	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Imperial Health Plan of California, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Innovative Integrated Health Community Plans, Inc.**	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%

2022 Independent Medical Reviews by Health Plan

Plan Type and Name	Enrollees*	Total IMRs Resolved	IMRs per 10,000	EXPERIMENTAL / INVESTIGATIONAL IMR							MEDICAL NECESSITY IMR							ER REIMBURSEMENT IMR						
				Total IMRs	Upheld by IMR	%	Over turned by IMR	%	Rev. by Plan	%	Total IMRs	Upheld by IMR	%	Over turned by IMR	%	Rev. by Plan	%	Total IMRs	Upheld by IMR	%	Over turned by IMR	%	Rev. by Plan	%
Inter Valley Health Plan, Inc.**	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Kern Health Systems	336,514	24	0.71	1	1	100.0%	0	0.0%	0	0.0%	23	8	34.8%	10	43.5%	5	21.7%	0	0	0.0%	0	0.0%	0	0.0%
L.A. Care Health Plan Joint Powers Authority	49,580	3	0.61	0	0	0.0%	0	0.0%	0	0.0%	3	1	33.3%	1	33.3%	1	33.3%	0	0	0.0%	0	0.0%	0	0.0%
MedCare Partners, Inc. (MedCare Partners Health Plan)	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Medcore HP	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Medi-Excel, S.A. de C.V. (MediExcel Health Plan)	14,130	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
MemorialCare Select Health Plan	281	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Meritage Health Plan	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Monarch Health Plan, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
On Lok Senior Health Services	262	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Optum Health Plan of California	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Orange County Health Authority (CalOptima)***	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Oscar Health Plan of California	62,457	42	6.72	4	2	50.0%	2	50.0%	0	0.0%	38	3	7.9%	11	28.9%	24	63.2%	0	0	0.0%	0	0.0%	0	0.0%
Partnership HealthPlan of California***	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
PIH Health Care Solutions	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Premier Health Plan Services, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
PRIMECARE Medical Network, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
PromiseCare Health Plan, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Prospect Health Plan, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Providence Health Assurance**	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Providence Health Network	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
San Francisco Health Authority (San Francisco Health Plan)	181,725	4	0.22	0	0	0.0%	0	0.0%	0	0.0%	4	4	100.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
San Mateo Health Commission (Health Plan of San Mateo)	148,315	5	0.34	0	0	0.0%	0	0.0%	0	0.0%	5	0	0.0%	2	40.0%	3	60.0%	0	0	0.0%	0	0.0%	0	0.0%
Santa Barbara San Luis Obispo Regional Health Authority (CenCal Health)***	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Santa Clara County (Valley Health Plan)	44,709	5	1.12	2	1	50.0%	1	50.0%	0	0.0%	3	0	0.0%	0	0.0%	3	100.0%	0	0	0.0%	0	0.0%	0	0.0%
Santa Clara County Health Authority (Santa Clara Family Health Plan)	323,113	15	0.46	1	1	100.0%	0	0.0%	0	0.0%	14	6	42.9%	5	35.7%	3	21.4%	0	0	0.0%	0	0.0%	0	0.0%
Santa Cruz-Monterey-Merced Managed Medical Care Commission (Central California Alliance for Health)***	654	1	15.29	0	0	0.0%	0	0.0%	0	0.0%	1	0	0.0%	0	0.0%	1	100.0%	0	0	0.0%	0	0.0%	0	0.0%
Scan Health Plan	14,732	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Scripps Health Plan Services, Inc.	16,240	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Sequoia Health Plan, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Sharp Health Plan	137,227	31	2.26	4	2	50.0%	2	50.0%	0	0.0%	27	7	25.9%	11	40.7%	9	33.3%	0	0	0.0%	0	0.0%	0	0.0%
Sistemas Medicos Nacionales, S.A.de C.V. (SIMNSA Health Plan)	51,552	1	0.19	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	1	0	0.0%	0	0.0%	1	100.0%
Starlife Holdings Inc. (Starlife Health Plan)	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Sutter Health Plan (Sutter Health Plus)	102,768	14	1.36	5	3	60.0%	2	40.0%	0	0.0%	8	4	50.0%	4	50.0%	0	0.0%	1	0	0.0%	1	100.0%	0	0.0%
UHC of California (UnitedHealthcare of California)	368,217	43	1.17	1	0	0.0%	1	100.0%	0	0.0%	42	6	14.3%	12	28.6%	24	57.1%	0	0	0.0%	0	0.0%	0	0.0%
UnitedHealthcare Benefits Plan of California	383,638	123	3.21	52	33	63.5%	18	34.6%	1	1.9%	71	9	12.7%	39	54.9%	23	32.4%	0	0	0.0%	0	0.0%	0	0.0%
UnitedHealthcare Community Plan of California, Inc.	27,972	2	0.72	0	0	0.0%	0	0.0%	0	0.0%	2	0	0.0%	0	0.0%	2	100.0%	0	0	0.0%	0	0.0%	0	0.0%
Universal Care, Inc. (Bright HealthCare)	472	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
WellCare of California, Inc.**	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Western Health Advantage	101,033	24	2.38	3	2	66.7%	0	0.0%	1	33.3%	20	6	30.0%	13	65.0%	1	5.0%	1	0	0.0%	1	100.0%	0	0.0%
Total Full Service - Enrollment Under 400,000:	**4,052,111**	**400**	**0.99**	**78**	**47**	**60.3%**	**29**	**37.2%**	**2**	**2.6%**	**319**	**75**	**23.5%**	**124**	**38.9%**	**120**	**37.6%**	**3**	**0**	**0.0%**	**2**	**66.7%**	**1**	**33.3%**
Total All Full Service Plans:	**24,612,859**	**2,185**	**0.89**	**436**	**223**	**51.1%**	**184**	**42.2%**	**29**	**6.7%**	**1,738**	**485**	**27.9%**	**873**	**50.2%**	**380**	**21.9%**	**11**	**1**	**9.1%**	**6**	**54.5%**	**4**	**36.4%**
Chiropractic																								
ACN Group of California, Inc. (OptumHealth Physical Health of California)	76,861	1	0.13	0	0	0.0%	0	0.0%	0	0.0%	1	1	100.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
American Specialty Health Plans of California, Inc. (ASHP)	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Landmark Healthplan of California, Inc.	70,386	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Total Chiropractic:	**147,247**	**1**	**0.07**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**	**1**	**1**	**100.0%**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**
Dental																								
Access Dental Plan	306,627	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Aetna Dental of California Inc.	106,071	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
California Dental Network, Inc.	67,055	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Cigna Dental Health of California, Inc.	189,431	1	0.05	0	0	0.0%	0	0.0%	0	0.0%	1	0	0.0%	0	0.0%	1	100.0%	0	0	0.0%	0	0.0%	0	0.0%
Consumer Health, Inc. (Newport Dental Plan)	6,425	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Dental Benefit Providers of California, Inc.	145,031	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Dental Health Services	62,881	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Golden West Health Plan, Inc. (Golden West Dental & Vision Plan)	5,640	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Liberty Dental Plan of California, Inc. (Personal Dental Services)	427,078	2	0.05	0	0	0.0%	0	0.0%	0	0.0%	2	1	50.0%	1	50.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Managed Dental Care	79,314	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
SafeGuard Health Plans, Inc. (MetLife)	193,578	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Starmount Managed Dental of California, Inc. (Unum Dental HMO Plan)	1,513	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%

California Department of Managed Health Care

2022 Independent Medical Reviews by Health Plan

Plan Type and Name	Enrollees*	Total IMRs Resolved	IMRs per 10,000	EXPERIMENTAL / INVESTIGATIONAL IMR							MEDICAL NECESSITY IMR							ER REIMBURSEMENT IMR						
				Total IMRs	Upheld by IMR	%	Over turned by IMR	%	Rev. by Plan	%	Total IMRs	Upheld by IMR	%	Over turned by IMR	%	Rev. by Plan	%	Total IMRs	Upheld by IMR	%	Over turned by IMR	%	Rev. by Plan	%
UDC Dental California, Inc. (United Dental Care of California, Inc.)	20,900	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
United Concordia Dental Plans of California, Inc.	67,689	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Western Dental Services, Inc. (Western Dental Plan)	432,585	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Total Dental:	**2,111,818**	**3**	**0.01**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**	**3**	**1**	**33.3%**	**1**	**33.3%**	**1**	**33.3%**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**
DENTAL/VISION																								
Delta Dental of California	4,246,547	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Total Dental/Vision:	**4,246,547**	**0**	**0.00**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**
DISCOUNT																								
First Dental Health	25,740	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
The CDI Group, Inc.	24,377	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Total Discount:	**50,117**	**0**	**0.00**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**
PHARMACY																								
SilverScript Insurance Company	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
WellCare Prescription Insurance, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Total Pharmacy:	**0**	**0**	**0.00**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**
BEHAVIORAL HEALTH (PSYCHOLOGICAL)																								
Carelon Behavioral Health of California, Inc.	624,706	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Claremont Behavioral Services, Inc. (Claremont EAP)	120,565	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
CONCERN: Employee Assistance Program	111,146	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Empathia Pacific, Inc. (LifeMatters)	141,158	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Evernorth Behavioral Health of California, Inc.	91,975	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Health Advocate West, Inc.	95,565	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Health and Human Resource Center, Inc. (Aetna Resources for Living)	2,057,853	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Holman Professional Counseling Centers	67,174	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Human Affairs International of California (HAI-CA)	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Humana EAP and Work-Life Services of California, Inc.	24,757	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
LifeWorks (California) Ltd. (LifeWorks)	21,986	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Magellan Health Services of California, Inc. - Employer Services	881,342	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Managed Health Network	579,500	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
U. S. Behavioral Health Plan, California (OptumHealth Behavioral Solutions of California)	865,110	1	0.01	0	0	0.0%	0	0.0%	0	0.0%	1	0	0.0%	1	100.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Total Behavioral Health (Psychological):	**5,682,837**	**1**	**0.00**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**	**1**	**0**	**0.0%**	**1**	**100.0%**	**0**	**0.0%**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**
VISION																								
Envolve Vision, Inc. (Envolve Benefit Options)	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
EyeMax Vision Plan, Inc.	369	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
EYEXAM of California, Inc.	424,882	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
FirstSight Vision Services, Inc. (America’s Best Vision Plan)	200,161	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Medical Eye Services, Inc.	27,106	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Premier Eye Care, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Vision Plan of America	6,969	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Vision Service Plan	4,005,361	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Visique Vision Solutions of California, Inc.	0	0	0.00	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%
Total Vision:	**4,664,848**	**0**	**0.00**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**
Total Specialty Plans:	**16,903,414**	**5**	**0.00**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**	**5**	**2**	**40.0%**	**2**	**40.0%**	**1**	**20.0%**	**0**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**
Grand Totals:	**41,516,273**	**2,190**	**0.53**	**436**	**223**	**51.1%**	**184**	**42.2%**	**29**	**6.7%**	**1,743**	**487**	**27.9%**	**875**	**50.2%**	**381**	**21.9%**	**11**	**1**	**9.1%**	**6**	**54.5%**	**4**	**36.4%**

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

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

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

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

Grey shading indicates that the plan surrendered its license in 2022.

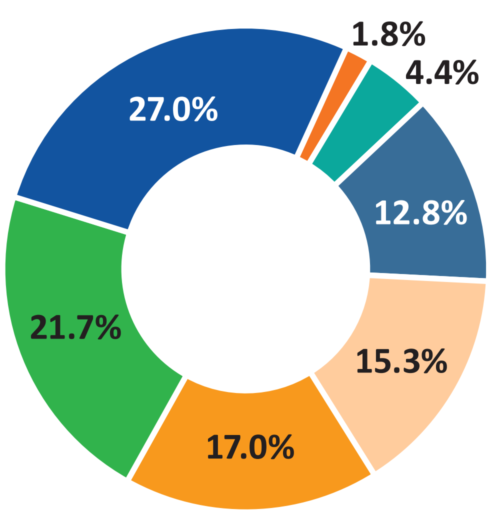
*Enrollees reflect only the number of enrollees under DMHC Help Center jurisdiction.

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

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

2022 Consumer Complaint Summary Report

Report Overview



1.8% - Coordination of Benefits

4.4% - Enrollment

12.8% - Access to Care

15.3% - Health Plan Customer Service

17.0% - Provider Customer Service

21.7% - Benefits/Coverage

27.0% - Claims/Financial

The Annual Complaint Summary Report displays the numbers and types of complaints, by health plan, resolved by the Department during the 2022 calendar year. An enrollee's complaint may include more than one issue. A complaint consisting of multiple distinct issues is counted as one resolved complaint. Specific complaint issues are categorized in seven categories: Access to Care, Benefits/Coverage, Claims/Financial, Enrollment, Coordination of Benefits, Health Plan Customer Service, and Provider Customer Service.

The Report identifies the number of complaints resolved for each health plan, the health plan's enrollment during 2022, the number of complaints per 10,000 members, and the number of issues for each complaint category.

The health plan enrollment figures were provided to the Department by the health plans in their quarterly financial filings. Enrollment reflects the enrollment figures provided for the fourth quarter of 2022 for the population of enrollees within the DMHC Help Center's jurisdiction. Plans with zero enrollment as of December 31, 2022 may have had enrollment earlier in the year, received a license in 2022 or did not have enrollment within the DMHC Help Center's jurisdiction.

Data represents resolved complaints which were determined to be within the Department's jurisdiction, eligible for review by the Department, and resolved (closed) within calendar year 2022. Cases pending at the end of the calendar year and resolved (closed) in the following year are reported in the subsequent year's Annual Report. Health plans are listed according to their business names during 2022. In instances where a health plan is known by more than one name, the legal name is shown first with the additional name(s) in parentheses. For health plans that are involved in plan-to-plan arrangements, the data is reported by the primary plan only.

The number of complaints per 10,000 enrollees is displayed to illustrate the volume of complaints for a plan in a manner that considers the wide variations in plan enrollment numbers. When comparing plans, a lower number of complaints per 10,000 enrollees indicates fewer complaints were resolved per capita. As a result, a plan with a higher overall number of resolved complaints may still show fewer complaints per 10,000 enrollees than another plan with fewer overall resolved complaints.

2022 Complaints by Health Plan and Category

Plan Type and Name	Complaints Resolved	% of Complaints Resolved	Enrollees*	Complaints per 10,000	ACCESS TO CARE		BENEFITS/ COVERAGE		CLAIMS/ FINANCIAL		ENROLLMENT		COORDINATION OF BENEFITS		HEALTH PLAN CUSTOMER SERVICE		PROVIDER CUSTOMER SERVICE	
					Count	Per 10,000	Count	Per 10,000	Count	Per 10,000	Count	Per 10,000	Count	Per 10,000	Count	Per 10,000	Count	Per 10,000
FULL SERVICE – ENROLLMENT OVER 400,000																		
Blue Cross of California (Anthem Blue Cross)	1,182	15.6%	2,198,887	5.38	116	0.53	367	1.67	708	3.22	122	0.55	33	0.15	299	1.36	108	0.49
Blue Cross of California Partnership Plan, Inc.	79	1.0%	976,004	0.81	44	0.45	31	0.32	17	0.17	3	0.03	4	0.04	10	0.10	25	0.26
California Physicians' Service (Blue Shield of California)	1,886	24.9%	2,431,891	7.76	181	0.74	810	3.33	1033	4.25	157	0.65	42	0.17	470	1.93	148	0.61
Fresno-Kings-Madera Regional Health Authority (CalViva Health)	24	0.3%	418,051	0.57	14	0.33	14	0.33	0	0.00	0	0.00	1	0.02	3	0.07	9	0.22
Health Net Community Solutions, Inc.	284	3.7%	1,659,176	1.71	153	0.92	123	0.74	26	0.16	2	0.01	13	0.08	46	0.28	100	0.60
Health Net of California, Inc.	346	4.6%	437,250	7.91	61	1.40	120	2.74	171	3.91	31	0.71	7	0.16	103	2.36	49	1.12
Inland Empire Health Plan (IEHP)	166	2.2%	1,607,107	1.03	73	0.45	53	0.33	16	0.10	3	0.02	9	0.06	51	0.32	88	0.55
Kaiser Foundation Health Plan, Inc. (Kaiser Permanente)	2,606	34.4%	7,088,770	3.68	658	0.93	717	1.01	817	1.15	184	0.26	51	0.07	698	0.98	1302	1.84
Local Initiative Health Authority for Los Angeles County (L.A. Care Health Plan)	886	11.7%	2,715,972	3.26	300	1.10	223	0.82	323	1.19	24	0.09	41	0.15	168	0.62	278	1.02
Molina Healthcare of California	76	1.0%	604,572	1.26	15	0.25	23	0.38	32	0.53	12	0.20	4	0.07	23	0.38	14	0.23
San Joaquin County Health Commission (Health Plan of San Joaquin)	43	0.6%	423,068	1.02	17	0.40	15	0.35	4	0.09	3	0.07	8	0.19	5	0.12	10	0.24
Total Full Service – Enrollment Over 400,000:	**7,578**	**100.0%**	**20,560,748**	**3.69**	**1,632**	**0.79**	**2,496**	**1.21**	**3,147**	**1.53**	**541**	**0.26**	**213**	**0.10**	**1,876**	**0.91**	**2,131**	**1.04**
FULL SERVICE – ENROLLMENT UNDER 400,000																		
Access Senior HealthCare, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Adventist Health Plan, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Aetna Better Health of California Inc.	9	0.7%	51,791	1.74	3	0.58	5	0.97	0	0.00	1	0.19	1	0.19	3	0.58	2	0.39
Aetna Health of California Inc.	52	4.1%	199,947	2.60	7	0.35	26	1.30	20	1.00	2	0.10	3	0.15	14	0.70	0	0.00
AIDS Healthcare Foundation (Positive Healthcare)	3	0.2%	829	36.19	2	24.13	1	12.06	0	0.00	0	0.00	0	0.00	3	36.19	1	12.06
Alameda Alliance For Health	38	3.0%	327,929	1.16	15	0.46	21	0.64	2	0.06	3	0.09	2	0.06	8	0.24	12	0.37
Align Senior Care California, Inc.**	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Alignment Health Plan**	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
AltaMed Health Network, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
AmericasHealth Plan, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Arcadian Health Plan, Inc.**	2	0.2%	0	0.00	0	0.00	1	0.00	1	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Aspire Health Plan**	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Astiva Health, Inc.**	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Bay Area Accountable Care Network, Inc. (Canopy Health)	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Blue Shield of California Promise Health Plan	33	2.6%	134,821	2.45	19	1.41	14	1.04	4	0.30	2	0.15	3	0.22	7	0.52	8	0.59
Brandman Health Plan**	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Brown & Toland Health Services, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
California Health and Wellness Plan (CA Health and Wellness)	20	1.6%	241,134	0.83	11	0.46	3	0.12	8	0.33	0	0.00	0	0.00	3	0.12	9	0.37
CareMore Health Plan	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
CCA Health Plans of California, Inc. (CCA Health California)**	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Central Health Plan of California, Inc.**	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Central Valley Health Plan, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
CHG Foundation (Community Health Group Partnership Plan)	10	0.8%	334,683	0.30	4	0.12	6	0.18	0	0.00	0	0.00	0	0.00	2	0.06	5	0.15
Children's Health Plan of California	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Chinese Community Health Plan	2	0.2%	6,331	3.16	0	0.00	1	1.58	2	3.16	0	0.00	0	0.00	0	0.00	0	0.00
Choice Physicians Network, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Cigna HealthCare of California, Inc.	41	3.2%	110,907	3.70	1	0.09	14	1.26	25	2.25	2	0.18	6	0.54	10	0.90	2	0.18
Clever Care of Golden State Inc. (Clever Care of California)**	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Community Care Health Plan, Inc.	1	0.1%	11,293	0.89	0	0.00	1	0.89	0	0.00	0	0.00	0	0.00	1	0.89	0	0.00
Community Health Group	5	0.4%	6,864	7.28	1	1.46	4	5.83	0	0.00	0	0.00	0	0.00	0	0.00	1	1.46
Contra Costa County Medical Services (Contra Costa Health Plan)	47	3.7%	248,967	1.89	22	0.88	18	0.72	2	0.08	0	0.00	3	0.12	9	0.36	25	1.00
County of Ventura (Ventura County Health Care Plan)	6	0.5%	11,024	5.44	1	0.91	2	1.81	3	2.72	1	0.91	0	0.00	0	0.00	2	1.81
Dignity Health Provider Resources, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
EPIC Health Plan	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Essence Healthcare of California, Inc. (Essence Healthcare)**	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Evergreen HMO of California, Inc.**	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00

2022 Complaints by Health Plan and Category

Plan Type and Name	Complaints Resolved	% of Complaints Resolved	Enrollees*	Complaints per 10,000	ACCESS TO CARE		BENEFITS/ COVERAGE		CLAIMS/ FINANCIAL		ENROLLMENT		COORDINATION OF BENEFITS		HEALTH PLAN CUSTOMER SERVICE		PROVIDER CUSTOMER SERVICE	
					Count	Per 10,000	Count	Per 10,000	Count	Per 10,000	Count	Per 10,000	Count	Per 10,000	Count	Per 10,000	Count	Per 10,000
Family Choice Health Services, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
For Your Benefit, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Golden Bay Health, Inc. (Golden Bay Health Plan)	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Golden State Medicare Health Plan (Golden State Health Plan)**	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Healthy Valley Provider Network, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Heritage Provider Network, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Hill Physicians Care Solutions, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Humana Health Plan of California, Inc.**	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Humana Health Plan of Texas, Inc.**	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Imperial Health Plan of California, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Innovative Integrated Health Community Plans, Inc.**	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Inter Valley Health Plan, Inc.**	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Kern Health Systems	9	0.7%	336,514	0.27	4	0.12	6	0.18	0	0.00	0	0.00	2	0.06	0	0.00	4	0.12
L.A. Care Health Plan Joint Powers Authority	48	3.8%	49,580	9.68	7	1.41	11	2.22	30	6.05	2	0.40	3	0.61	7	1.41	9	1.82
MedCare Partners, Inc. (MedCare Partners Health Plan)	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Medcore HP	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Medi-Excel, S.A. de C.V. (MediExcel Health Plan)	0	0.0%	14,130	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
MemorialCare Select Health Plan	0	0.0%	281	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Meritage Health Plan	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Monarch Health Plan, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
On Lok Senior Health Services	0	0.0%	262	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Optum Health Plan of California	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Orange County Health Authority (CalOptima)***	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Oscar Health Plan of California	124	9.8%	62,457	19.85	10	1.60	24	3.84	90	14.41	20	3.20	1	0.16	29	4.64	12	1.92
Partnership HealthPlan of California***	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
PIH Health Care Solutions	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Premier Health Plan Services, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
PRIMECARE Medical Network, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
PromiseCare Health Plan, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Prospect Health Plan, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Providence Health Assurance**	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Providence Health Network	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
San Francisco Health Authority (San Francisco Health Plan)	18	1.4%	181,725	0.99	8	0.44	8	0.44	1	0.06	0	0.00	0	0.00	4	0.22	12	0.66
San Mateo Health Commission (Health Plan of San Mateo)	12	0.9%	148,315	0.81	5	0.34	4	0.27	2	0.13	0	0.00	1	0.07	1	0.07	6	0.40
Santa Barbara San Luis Obispo Regional Health Authority (CenCal Health)***	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Santa Clara County (Valley Health Plan)	15	1.2%	44,709	3.36	5	1.12	8	1.79	4	0.89	3	0.67	0	0.00	2	0.45	4	0.89
Santa Clara County Health Authority (Santa Clara Family Health Plan)	34	2.7%	323,113	1.05	14	0.43	10	0.31	1	0.03	1	0.03	3	0.09	11	0.34	16	0.50
Santa Cruz-Monterey-Merced Managed Medical Care Commission (Central California Alliance for Health)***	0	0.0%	654	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Scan Health Plan	0	0.0%	14,732	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Scripps Health Plan Services, Inc.	7	0.6%	16,240	4.31	1	0.62	2	1.23	4	2.46	0	0.00	1	0.62	1	0.62	7	4.31
Sequoia Health Plan, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Sharp Health Plan	57	4.5%	137,227	4.15	5	0.36	23	1.68	29	2.11	4	0.29	1	0.07	12	0.87	18	1.31
Sistemas Medicos Nacionales, S.A.de C.V. (SIMNSA Health Plan)	6	0.5%	51,552	1.16	0	0.00	0	0.00	6	1.16	0	0.00	0	0.00	0	0.00	1	0.19
Starlife Holdings Inc. (Starlife Health Plan)	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Sutter Health Plan (Sutter Health Plus)	73	5.8%	102,768	7.10	14	1.36	42	4.09	22	2.14	6	0.58	3	0.29	13	1.26	14	1.36
UHC of California (UnitedHealthcare of California)	258	20.4%	368,217	7.01	38	1.03	137	3.72	103	2.80	10	0.27	11	0.30	67	1.82	27	0.73
UnitedHealthcare Benefits Plan of California	235	18.6%	383,638	6.13	5	0.13	80	2.09	166	4.33	9	0.23	2	0.05	48	1.25	9	0.23
UnitedHealthcare Community Plan of California, Inc.	11	0.9%	27,972	3.93	5	1.79	6	2.15	2	0.72	0	0.00	0	0.00	3	1.07	0	0.00
Universal Care, Inc. (Bright HealthCare)	2	0.2%	472	42.37	0	0.00	0	0.00	2	42.37	0	0.00	0	0.00	2	42.37	0	0.00
WellCare of California, Inc.**	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00

2022 Complaints by Health Plan and Category

Plan Type and Name	Complaints Resolved	% of Complaints Resolved	Enrollees*	Complaints per 10,000	ACCESS TO CARE		BENEFITS/ COVERAGE		CLAIMS/ FINANCIAL		ENROLLMENT		COORDINATION OF BENEFITS		HEALTH PLAN CUSTOMER SERVICE		PROVIDER CUSTOMER SERVICE	
					Count	Per 10,000	Count	Per 10,000	Count	Per 10,000	Count	Per 10,000	Count	Per 10,000	Count	Per 10,000	Count	Per 10,000
Western Health Advantage	86	6.8%	101,033	8.51	17	1.68	41	4.06	37	3.66	8	0.79	1	0.10	14	1.39	15	1.48
Total Full Service - Enrollment Under 400,000:	**1,264**	**100.0%**	**4,052,111**	**3.12**	**224**	**0.55**	**519**	**1.28**	**566**	**1.40**	**74**	**0.18**	**47**	**0.12**	**274**	**0.68**	**221**	**0.55**
Total All Full Service Plans:	**8,842**	**100.0%**	**24,612,859**	**3.59**	**1,856**	**0.75**	**3,015**	**1.22**	**3,713**	**1.51**	**615**	**0.25**	**260**	**0.11**	**2,150**	**0.87**	**2,352**	**0.96**
Chiropractic																		
ACN Group of California, Inc. (OptumHealth Physical Health of California)	0	0.0%	76,861	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
American Specialty Health Plans of California, Inc. (ASHP)	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Landmark Healthplan of California, Inc.	0	0.0%	70,386	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Total Chiropractic:	**0**	**0.0%**	**147,247**	**0.00**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**
DENTAL																		
Access Dental Plan	5	6.8%	306,627	0.16	2	0.07	2	0.07	2	0.07	0	0.00	0	0.00	0	0.00	0	0.00
Aetna Dental of California Inc.	2	2.7%	106,071	0.19	0	0.00	0	0.00	2	0.19	0	0.00	0	0.00	1	0.09	0	0.00
California Dental Network, Inc.	3	4.1%	67,055	0.45	1	0.15	1	0.15	1	0.15	0	0.00	0	0.00	1	0.15	1	0.15
Cigna Dental Health of California, Inc.	7	9.5%	189,431	0.37	0	0.00	3	0.16	4	0.21	0	0.00	0	0.00	0	0.00	4	0.21
Consumer Health, Inc. (Newport Dental Plan)	0	0.0%	6,425	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Dental Benefit Providers of California, Inc.	2	2.7%	145,031	0.14	1	0.07	0	0.00	0	0.00	2	0.14	0	0.00	0	0.00	0	0.00
Dental Health Services	0	0.0%	62,881	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Golden West Health Plan, Inc. (Golden West Dental & Vision Plan)	1	1.4%	5,640	1.77	0	0.00	0	0.00	0	0.00	1	1.77	0	0.00	0	0.00	0	0.00
Liberty Dental Plan of California, Inc. (Personal Dental Services)	33	44.6%	427,078	0.77	3	0.07	28	0.66	5	0.12	2	0.05	0	0.00	3	0.07	2	0.05
Managed Dental Care	4	5.4%	79,314	0.50	1	0.13	0	0.00	1	0.13	0	0.00	0	0.00	2	0.25	5	0.63
SafeGuard Health Plans, Inc. (MetLife)	9	2.5%	193,578	0.46	0	0.00	2	0.10	6	0.31	1	0.05	0	0.00	0	0.00	4	0.21
Starmount Managed Dental of California, Inc. (Unum Dental HMO Plan)	0	0.0%	1,513	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
UDC Dental California, Inc. (United Dental Care of California, Inc.)	0	0.0%	20,900	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
United Concordia Dental Plans of California, Inc.	0	0.0%	67,689	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Western Dental Services, Inc. (Western Dental Plan)	8	10.8%	432,585	0.18	2	0.05	3	0.07	4	0.09	0	0.00	0	0.00	1	0.02	7	0.16
Total Dental:	**74**	**90.4%**	**2,111,818**	**0.35**	**10**	**0.05**	**39**	**0.18**	**25**	**0.12**	**6**	**0.03**	**0**	**0.00**	**8**	**0.04**	**23**	**0.11**
DENTAL/VISION																		
Delta Dental of California	357	100.0%	4,246,547	0.84	11	0.03	136	0.32	221	0.52	20	0.05	0	0.00	92	0.22	114	0.27
Total Dental/Vision:	**357**	**100.0%**	**4,246,547**	**0.84**	**11**	**0.03**	**136**	**0.32**	**221**	**0.52**	**20**	**0.05**	**0**	**0.00**	**92**	**0.22**	**114**	**0.27**
DISCOUNT																		
First Dental Health	0	0.0%	25,740	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
The CDI Group, Inc.	0	0.0%	24,377	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Total Discount:	**0**	**0.0%**	**50,117**	**0.00**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**
PHARMACY																		
SilverScript Insurance Company	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
WellCare Prescription Insurance, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Total Pharmacy:	**0**	**0.0%**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**
BEHAVIORAL HEALTH (PSYCHOLOGICAL)																		
Carelon Behavioral Health of California, Inc.	0	0.0%	624,706	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Claremont Behavioral Services, Inc. (Claremont EAP)	0	0.0%	120,565	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
CONCERN: Employee Assistance Program	0	0.0%	111,146	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Empathia Pacific, Inc. (LifeMatters)	0	0.0%	141,158	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Evernorth Behavioral Health of California, Inc.	1	50.0%	91,975	0.11	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	1	0.11	1	0.11
Health Advocate West, Inc.	0	0.0%	95,565	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Health and Human Resource Center, Inc. (Aetna Resources for Living)	0	0.0%	2,057,853	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Holman Professional Counseling Centers	0	0.0%	67,174	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00

2022 Complaints by Health Plan and Category

Plan Type and Name	Complaints Resolved	% of Complaints Resolved	Enrollees*	Complaints per 10,000	ACCESS TO CARE		BENEFITS/ COVERAGE		CLAIMS/ FINANCIAL		ENROLLMENT		COORDINATION OF BENEFITS		HEALTH PLAN CUSTOMER SERVICE		PROVIDER CUSTOMER SERVICE	
					Count	Per 10,000	Count	Per 10,000	Count	Per 10,000	Count	Per 10,000	Count	Per 10,000	Count	Per 10,000	Count	Per 10,000
Human Affairs International of California (HAI-CA)	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Humana EAP and Work-Life Services of California, Inc.	0	0.0%	24,757	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
LifeWorks (California) Ltd. (LifeWorks)	0	0.0%	21,986	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Magellan Health Services of California, Inc. - Employer Services	0	0.0%	881,342	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Managed Health Network	0	0.0%	579,500	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
U. S. Behavioral Health Plan, California (OptumHealth Behavioral Solutions of California)	1	50.0%	865,110	0.01	1	0.01	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Total Behavioral Health (Psychological):	**2**	**100.0%**	**5,682,837**	**0.00**	**1**	**0.00**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**	**1**	**0.00**	**1**	**0.00**
VISION																		
Envolve Vision, Inc. (Envolve Benefit Options)	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
EyeMax Vision Plan, Inc.	0	0.0%	369	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
EYEXAM of California, Inc.	0	0.0%	424,882	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
FirstSight Vision Services, Inc. (America's Best Vision Plan)	0	0.0%	200,161	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Medical Eye Services, Inc.	0	0.0%	27,106	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Premier Eye Care, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Vision Plan of America	0	0.0%	6,969	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Vision Service Plan	7	100.0%	4,005,361	0.02	0	0.00	2	0.00	3	0.01	4	0.01	0	0.00	1	0.00	0	0.00
Visique Vision Solutions of California, Inc.	0	0.0%	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Total Vision:	**7**	**100.0%**	**4,664,848**	**0.02**	**0**	**0.00**	**2**	**0.00**	**3**	**0.01**	**4**	**0.01**	**0**	**0.00**	**1**	**0.00**	**0**	**0.00**
Total Specialty Plans:	**440**	**100.0%**	**16,903,414**	**0.26**	**22**	**0.01**	**177**	**0.10**	**249**	**0.15**	**30**	**0.02**	**0**	**0.00**	**102**	**0.06**	**138**	**0.08**
Grand Totals:	**9,282**	**100%**	**41,516,273**	**2.24**	**1,878**	**0.45**	**3,192**	**0.77**	**3,962**	**0.95**	**645**	**0.16**	**260**	**0.06**	**2,252**	**0.54**	**2,490**	**0.60**

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

Grey shading indicates that the plan surrendered its license in 2022.

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

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

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

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