

# 2024

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## ANNUAL REPORT



**Gavin Newsom**

Governor  
State of California



**Kim Johnson**

Secretary  
Health and Human Services Agency



**Mary Watanabe**

Director  
Department of Managed Health Care

# DMHC MISSION, VALUES & GOALS

## MISSION

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

## CORE VALUES

- Integrity
- Leadership
- Commitment to Service

## GOALS

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



# MESSAGE FROM THE DIRECTOR


It is a profound honor to lead the Department of Managed Health Care (DMHC) during such an important time. As we reflect on our achievements in 2024, I extend my heartfelt gratitude to my colleagues whose unwavering dedication continues to drive our mission forward for the benefit of all Californians. I am privileged to carry on this important work alongside an extraordinary team of committed public servants.

California continues to be a leader in advancing meaningful oversight of the delivery of health care to ensure health plan members can get the right care when they need it. This commitment includes expanding coverage and access, protecting the rights of health plan members to receive the services promised under their coverage, and continuously adapting to the evolving needs of both health plan members and the broader health care landscape. Since its inception, the DMHC has maintained a robust regulatory framework designed to protect consumers' health care rights and ensure a stable delivery system. Today, the Department protects the health care rights of more than 30 million health plan members - representing three out of every four Californians - across both private and government-sponsored plans statewide.

Ensuring access to necessary health care services remains one of the Department's highest priorities. In California, health plans are required to cover medically necessary care, including behavioral health services. This commitment is one I hold personally, and the DMHC continues to raise awareness around behavioral health coverage while taking decisive action to ensure that members can access the care they need and are entitled to receive.

In 2024, the Department continued conducting focused Behavioral Health Investigations (BHIs) of licensed full-service commercial health plans, and released the results of the [second phase of BHIs](#). The Department also closely monitored access to behavioral health care services for Californians enrolled in Kaiser Foundation Health Plan, Inc. (Kaiser Permanente) during a strike by behavioral health care workers in Southern California.

The Department took several enforcement actions against health plans found to be in violation of the law, assessing nearly \$19 million in fines in 2024. Significant



enforcement actions included issues involving failures to provide members with timely health care services, payment disputes with providers, mishandling member complaints, and operating without a license. The largest action in 2024 involved a \$35 million settlement agreement with Local Initiative Health Authority for Los Angeles County (L.A. Care Health Plan). In addition to agreeing to make significant investments to support Medi-Cal in Los Angeles, L.A. Care Health Plan also agreed to make significant improvements across many of the plan's core functions to make sure the plan's members receive appropriate and timely medical care.

One way we are looking at expanding coverage is through the state's benchmark plan. In collaboration with the Governor's Administration and state Legislature, the DMHC started the process to review and update California's benchmark plan, on behalf of the state, to expand coverage requirements for essential health benefits (EHBs) in the individual and small group markets. The DMHC held a public meeting in June 2024 to share information on expanding the EHBs, the process to update the state's benchmark plan and to receive comments from the public.

The Transgender, Gender Diverse, or Intersex (TGI) Working Group issued its final [Transgender, Gender Diverse, or Intersex Working Group Recommendations Report](#) in 2024. Additionally, the Department launched a new page on our [website](#) to provide health plan members with helpful information and resources.

Furthermore, the DMHC launched an updated public website in the beginning of 2024 designed to improve the public's online experience with the Department. Some of the features offered by the new website include a more modern design and user interface, responsive design that adapts to user behavior and environment based on screen size, platform and orientation, updated intuitive navigation, faster loading pages, and improved security.

I encourage health plan members experiencing issues with their health plan to file a complaint, sometimes called a grievance or appeal, with their health plan. Common issues include a denial or delay in care or treatment, getting timely access to care, or receiving an inappropriate charge or bill. If the member is not satisfied with their plan's response, or has an urgent issue, they can file a complaint with the DMHC Help Center at [www.DMHC.ca.gov](http://www.DMHC.ca.gov) or by calling 1-888-466-2219 (TDD: 1-877-688-9891). Help is free and available in all languages.

## Mary Watanabe

Director

Department of Managed Health Care

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# TABLE OF CONTENTS

|           |  |
|-----------|--|
| <b>01</b> | Introduction   |
| <b>02</b> | Enrollment Overview  |
| <b>04</b> | DMHC Recognized for Outstanding Work                       |
| <b>06</b> | DMHC Help Center   |
| <b>12</b> | Plan Licensing   |
| <b>16</b> | Plan Monitoring  |
| <b>19</b> | Financial Oversight  |
| <b>21</b> | Rate Review  |
| <b>23</b> | Enforcement  |
| <b>27</b> | Notes  |
| <b>29</b> | Appendix: 2024 Independent Medical Review Summary Report   |
| <b>35</b> | Appendix: 2024 Health Plan Member Complaint Summary Report |

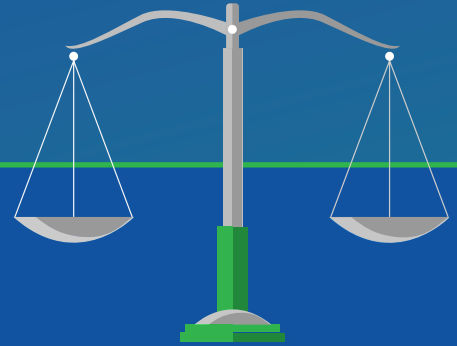
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**3.1 MILLION**  
**HEALTH PLAN MEMBERS ASSISTED**

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



**\$198.4 MILLION**

dollars assessed against health plans that violated the law



**30.2 MILLION**

Californians' health care rights are protected by the DMHC

**97%**

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



Approximately  
**73%**

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



**\$296.1 MILLION**

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



**\$62.2 MILLION**

dollars recovered from health plans on behalf of health plan members



**140**  
**LICENSED  
HEALTH PLANS**

**98** FULL SERVICE



**42** SPECIALIZED



**\$227.1  
MILLION**

dollars in payments recovered to physicians and hospitals

# KNOW YOUR HEALTH CARE RIGHTS

## In California, health plan members have the right to:

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

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

## How can you get help from the DMHC?

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

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

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

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

**The DMHC Help Center provides help in all languages.**

**Help is available by calling 1-888-466-2219 (TDD: 1-877-688-9891) or at [www.DMHC.ca.gov](http://www.DMHC.ca.gov). ALL SERVICES ARE FREE.**



# Introduction

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The DMHC regulates the majority of health coverage in California including 97% of state-regulated commercial and public health plan enrollment. In 2024, the DMHC's budget was \$178,435,000 with 783 positions. The DMHC is funded by assessments on licensed health plans.

The DMHC regulates licensed managed health care plans and assists health plan members with resolving disputes with those plans. The Department does this through licensing health plans that operate in California, actively monitoring plan operations and reviewing the financial stability of health plans and medical groups to ensure health plans are providing appropriate care to members. The DMHC also reviews proposed health plan premium rate changes to protect members from unreasonable or unjustified increases. The Department's efforts improve transparency and accountability in health plan rate setting. As of the end of 2024, the DMHC has assisted approximately 3.1 million consumers through the DMHC Help Center.

In 2024, 98 full-service health plans licensed by the DMHC provided health care services to more than 30.2 million Californians. This included approximately 13.6 million health plan members in commercial products and approximately 16.6 million

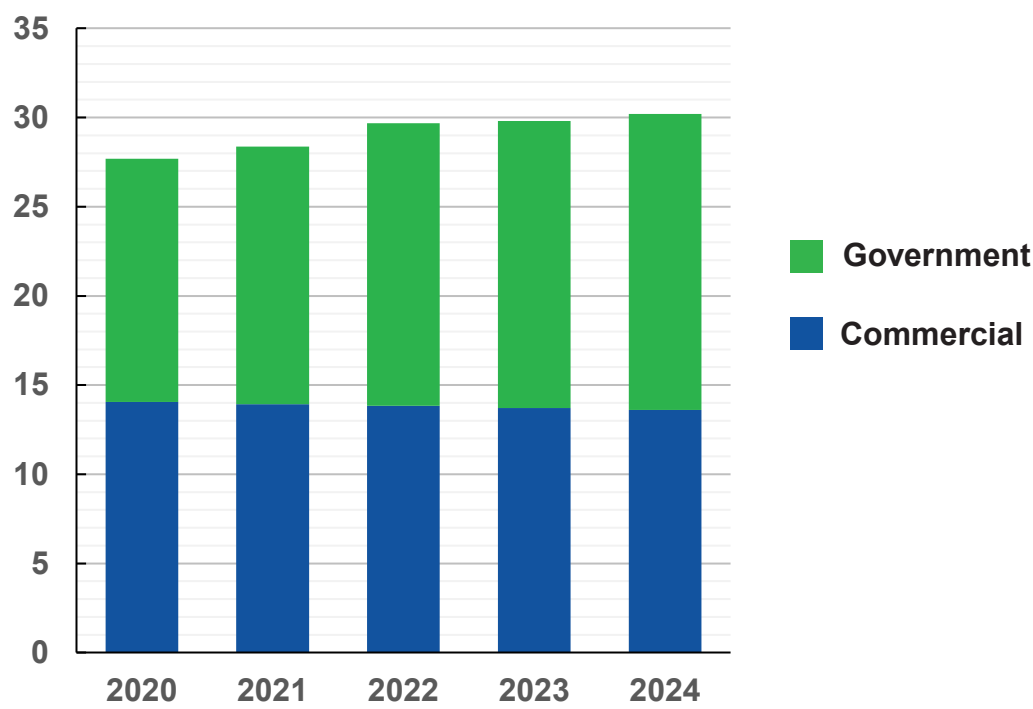
health plan members in government-sponsored products, like Medi-Cal and Medicare plans. In addition to full-service health plans, the DMHC oversees 42 specialized health plans including chiropractic, dental, vision, psychological (behavioral health) and pharmacy.

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

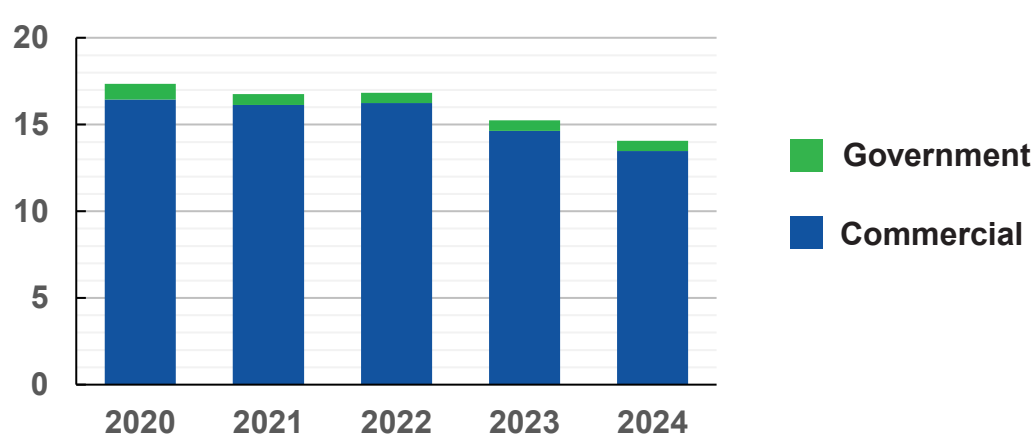
The DMHC licenses and regulates the full scope of managed care models, including Health Maintenance Organizations (HMO), as well as Preferred Provider Organizations (PPO), Exclusive Provider Organizations (EPO), Point-of-Service (POS) products and Medi-Cal managed care plans. The Department also licenses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

# Enrollment Overview

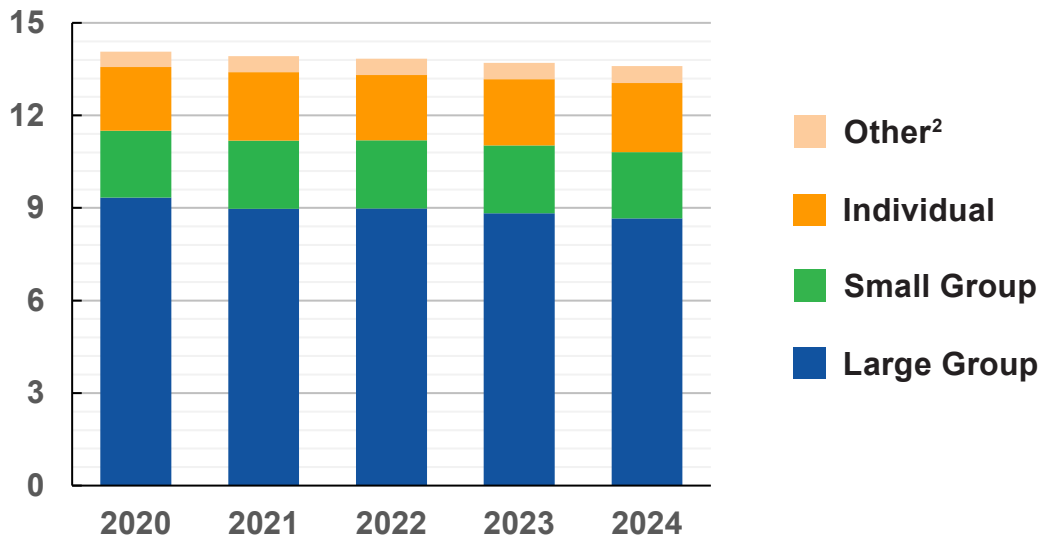
**Full Service Enrollment (In Millions)**



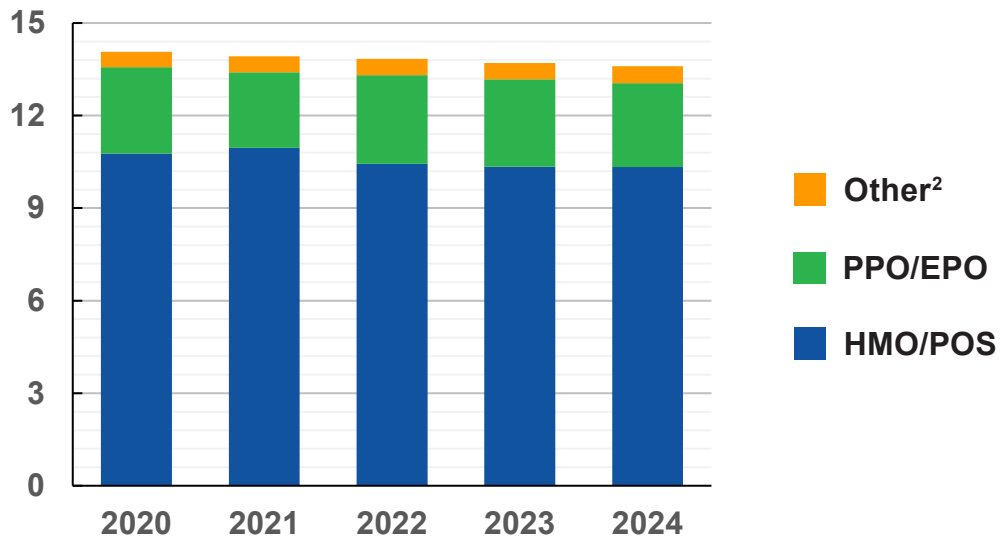
**Specialized Enrollment (In Millions)**



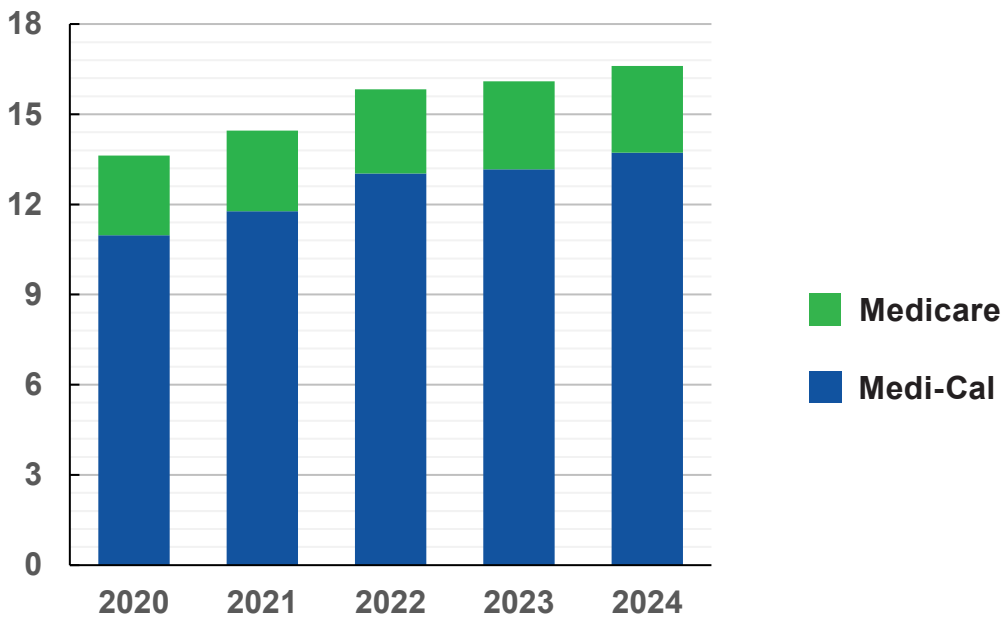
**Commercial Enrollment by Market (In Millions)**



**Commercial Enrollment by Product (In Millions)**



**Government Enrollment by Type (In Millions)**



# DMHC Recognized for Outstanding Work

In 2024, the DMHC received several awards acknowledging the Department's work to improve access to mental health care services, promote public awareness of health care rights, and advance equity, diversity and inclusion in the workplace.

## Policy/Legislative Leadership Award

In May 2024, the California Mental Health Advocates for Children and Youth (CMHACY) awarded DMHC Director Mary Watanabe with the Policy/Legislative Leadership Award acknowledging the Department's work to improve mental health parity and ensure California's children and youth have access to behavioral health services. This award recognizes the DMHC's ongoing commitment to advancing behavioral health care in California through legislation or regulatory changes.

CMHACY presents the Policy/Legislative Leadership Award to individuals who seize upon opportunities to build improvements in mental health care and who are undaunted by competing priorities and other challenges. The non-profit group, incorporated in 1984, is dedicated to advancing the social, emotional and behavioral wellbeing of children and families.



## Influence Award in Social Media Campaigns

The Public Relations Society of America California Capital Chapter presented the DMHC with the Influence Award in Social Media Campaigns for its 2024 Social Media Outreach Campaign. The campaign was developed to raise awareness about the DMHC's role in protecting the health care rights of Californians, and to educate and empower health plan members about the appeal process if they are denied care.

As a result of statewide focus groups with health plan members, stakeholders and DMHC staff, the Department created a multifaceted campaign in English and Spanish with new videos, messaging and graphics to resonate with targeted audiences. The DMHC's 2024 Social Media Outreach Campaign toolkit is available on the Department's [website](#).



## State Bar of California's DEI Leadership Seal

The DMHC was honored with the DEI Leadership Seal Silver-tier designation in 2024 by the State Bar of California's DEI Leadership Seal program. This recognition underscores the Department's commitment to advancing diversity, equity, inclusion and belonging within both the workplace and the legal profession. As a recipient of the DEI Leadership Seal, the DMHC has been featured on the State Bar's official [website](#).

The DMHC values diversity and is committed to fostering an environment in which employees from a variety of backgrounds, cultures and personal experiences are welcomed and can thrive. The DMHC believes the diversity of our employees, and their unique ideas, inspire innovative solutions to further our mission and serve the diverse residents of California.



## DMHC Disability Advisory Committee Recognized

The DMHC won the "2024 DAC of the Year" Award, presented by the Association of California State Employees with Disabilities and the State Disability Advisory Committee. The DMHC's Disability Advisory Committee was commended as a model state department whose outstanding efforts help increase employment and encourage the fair treatment of persons with disabilities. This award recognized the DMHC's Disability Advisory Committee's efforts to normalize conversations around disabilities, improve inclusivity in the workplace, and ensure people with disabilities are valued.





# DMHC Help Center

The DMHC Help Center ensures the rights of health plan members are protected. This is accomplished through resolving complaints against health plans and helping health plan members navigate and understand their coverage and benefits, including timely access to appropriate health care services. The DMHC Help Center provides direct assistance in all languages to health plan members through the Department's website, [www.DMHC.ca.gov](http://www.DMHC.ca.gov), and a toll-free phone number, 1-888-466-2219.

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

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

The Department's Quick Resolution process can address some health plan member issues through

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

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

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

## WHAT IS THE DMHC HELP CENTER?

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

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





## 2024 Highlights

In 2024, the DMHC Help Center assisted 141,420 Californians, and handled 13,858 complaints and 5,204 IMRs. Approximately 73% of health plan members who submitted an IMR request to the DMHC Help Center received the requested service or treatment<sup>3</sup>.

The community-based Consumer Assistance Program served 11,574 health plan members and conducted 1,594 outreach events throughout California. Through these outreach events, the Department reached 64,908 members to educate them about their health care rights.

Health plan members 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. Health plan members are also protected from balance billing from ground and air ambulances. Billing disputes between 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 2024, the DMHC received 41 IDRP applications and an additional 33 IDRPs were carried over from previous years. Of the total 74 IDRPs, 52 were closed, including 19 that were incomplete or ineligible, 10 that completed the process with a determination letter issued, 11 that were non-jurisdictional, seven where no application fee was received, four in which the initiating party was non-responsive, and one in which the health plan paid the claim upon receipt of the IDRP. There were 22 cases pending as of December 31, 2024.

The DMHC Help Center also assists providers with claims payment disputes with health plans. The DMHC Help Center received 12,576 provider complaints and recovered \$10,205,649 in payments for providers in 2024.

## 2024 BY THE NUMBERS

### HELP CENTER

**141,420** CALIFORNIANS ASSISTED<sup>4</sup>

**120,356** TELEPHONE INQUIRIES

**13,858** HEALTH PLAN MEMBER COMPLAINTS<sup>5</sup>

**5,204** IMRs CLOSED<sup>6</sup>

**\$9.3 M** RECOVERED FOR HEALTH PLAN MEMBERS

**2,002** NON-JURISDICTIONAL REFERRALS

**12,576** PROVIDER COMPLAINTS

**\$10.2 M** RECOVERED PROVIDER PAYMENTS

**52** NON-EMERGENCY SERVICES IDRP CASES COMPLETED

***The DMHC  
Help Center  
protects the  
rights of  
health plan  
members.***

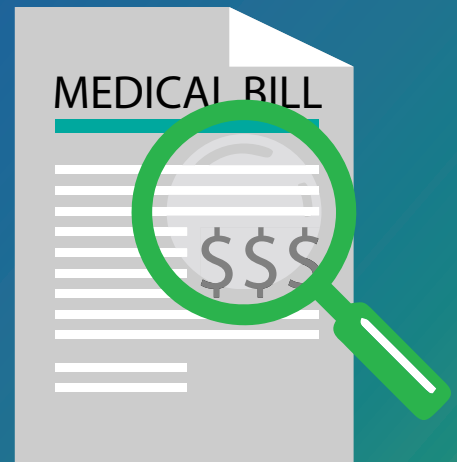
## THE DMHC HELP CENTER: PROVIDER COMPLAINTS

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

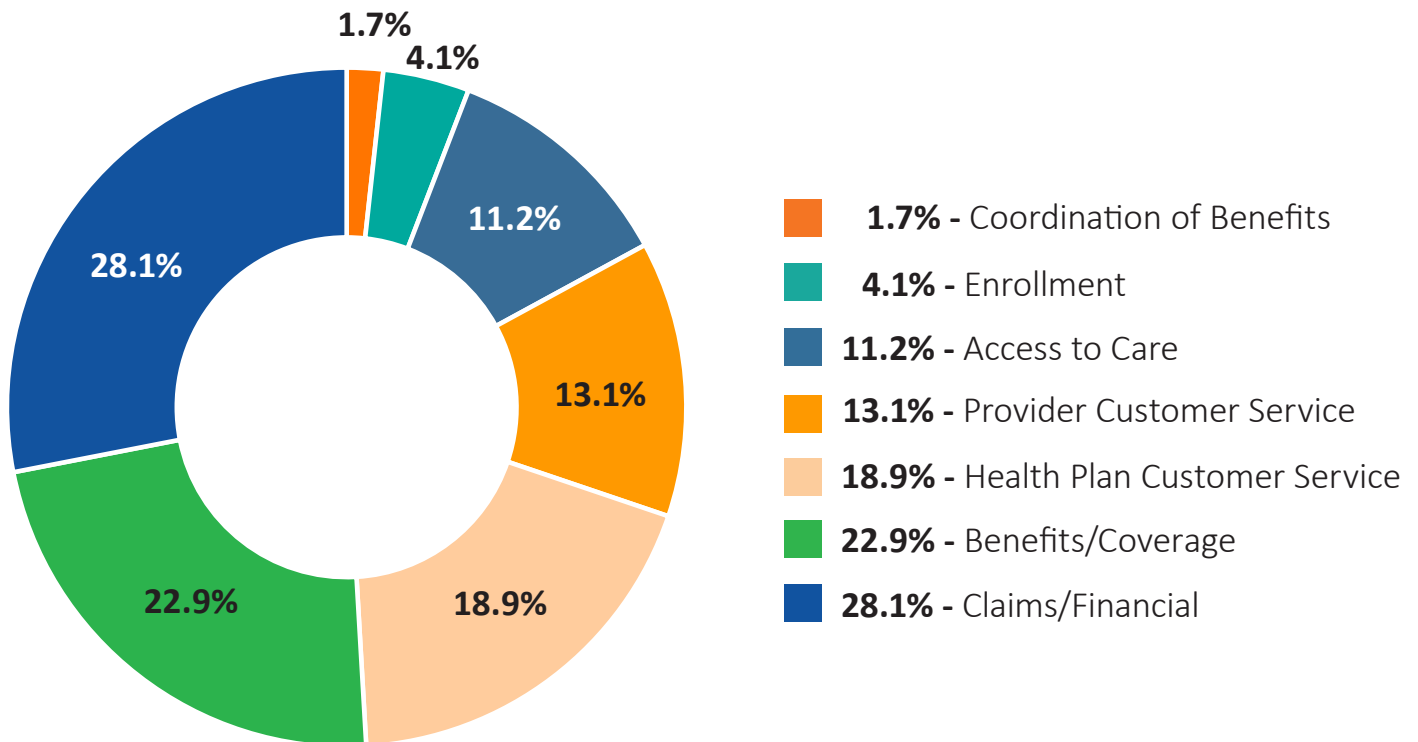
Providers and health plans can also go through the DMHC's Independent Dispute Resolution Process (IDRP) for emergency and non-emergency services. An IDRP allows providers and health plans to dispute whether payment of a specified rate was appropriate. An external reviewer goes over the claim and determines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

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

Providers looking for more information or to dispute a payment can visit the DMHC website at [www.DMHC.ca.gov](http://www.DMHC.ca.gov).



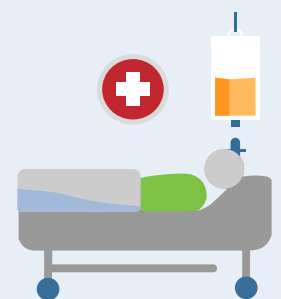
## MEMBER COMPLAINTS RESOLVED IN 2024



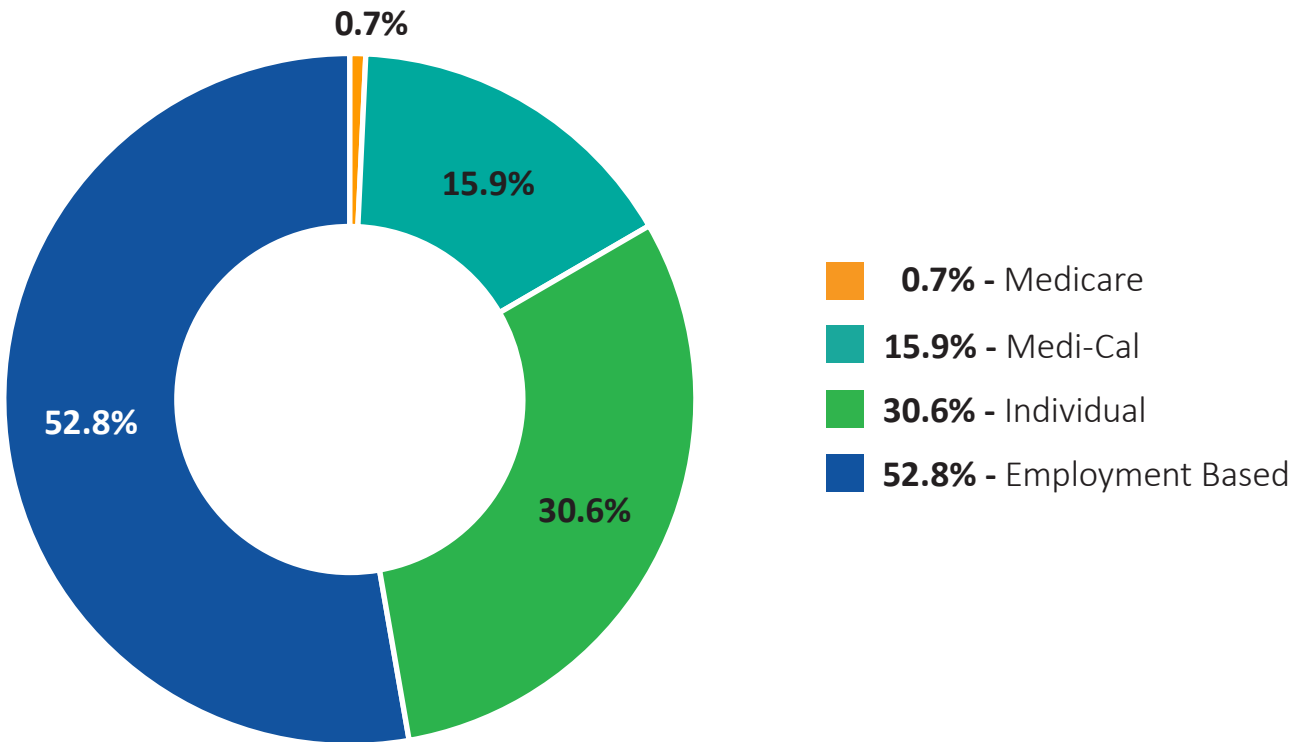
Throughout this report, the Department included stories highlighting the assistance provided to health plan members by the DMHC Help Center in 2024. The names of members have been changed to protect their identities, and the outcomes are specific to the circumstances and details of each individual case.

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

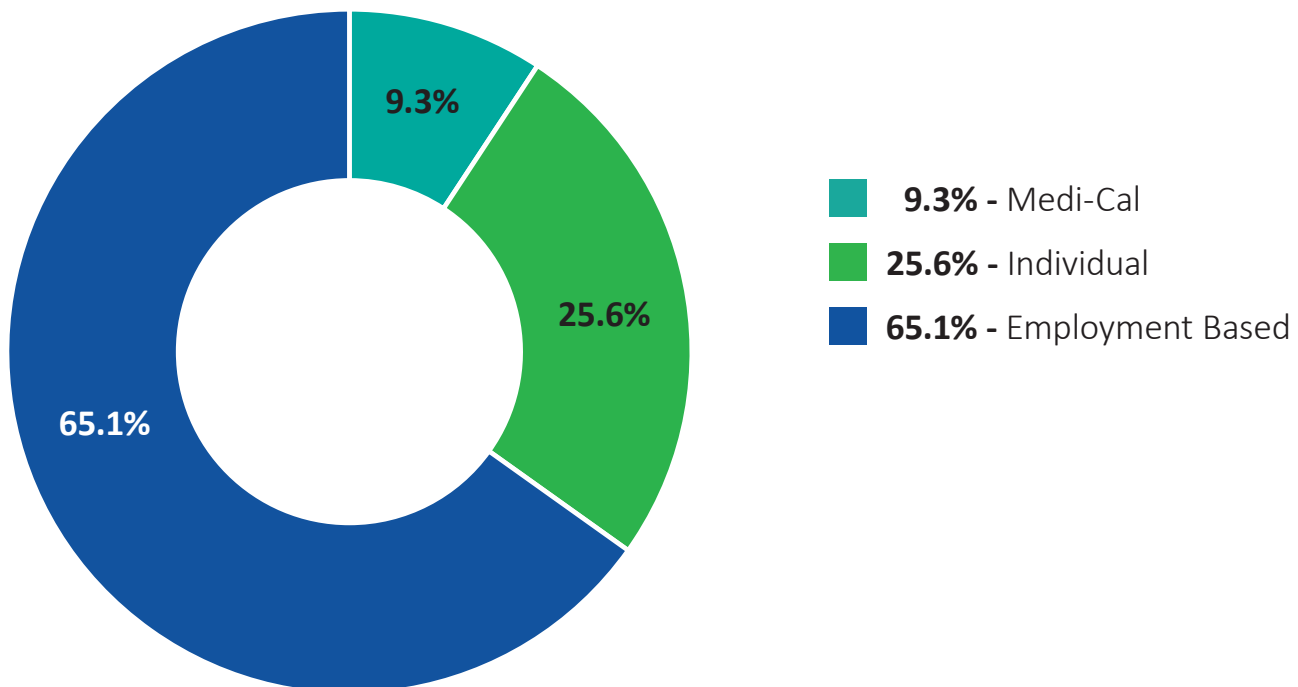
Liam, a child enrolled in a Preferred Provider Organization (PPO) Plan in the small group market, was seen in a hospital emergency room, and hospitalized for two days to treat a swollen mass on his neck. Liam's parents received a denial from their health plan for Liam's hospital stay and a bill of over \$16,000. The health plan denied the stay as not medically necessary. Liam's parents appealed the denial and applied for an IMR through the DMHC Help Center. The IMR overturned the plan's denial finding the hospital stay was medically necessary for Liam's treatment. The IMR determination saved Liam's parents from a large hospital bill.



## MEMBER COMPLAINTS RESOLVED IN 2024 BY COVERAGE TYPE



## IMRs RESOLVED IN 2024 BY COVERAGE TYPE



# KNOW YOUR HEALTH CARE RIGHTS



## Behavioral Health Care

### Health Plans Must Provide Coverage for Medically Necessary Treatment

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

### Health Plans Must Provide Behavioral Health Appointments in a Timely Manner

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

#### Timely Access to Care

##### Non-Urgent Care

##### MENTAL HEALTH APPOINTMENT CARE (NON-PHYSICIAN)



**10** business days

##### Follow-Up Care

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



**10** business days from prior appointment

### Health Plan Members Have Rights

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

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

DEPARTMENT OF  
**Managed  
Health Care**

# Plan Licensing

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

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

As part of the ongoing oversight of licensed health plans, the DMHC reviews health plan mergers and acquisitions, to ensure they do not adversely impact 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 don't meet the strong consumer protections in the law.

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

## 2024 BY THE NUMBERS

### PLAN LICENSING

**4** NEW LICENSES  
ISSUED

**4,435** EVIDENCES OF COVERAGE  
REVIEWED

**1,284** ADVERTISEMENTS  
REVIEWED

**43** COVERED CALIFORNIA  
FILINGS REVIEWED<sup>7</sup>

**23** ALL PLAN  
LETTERS ISSUED

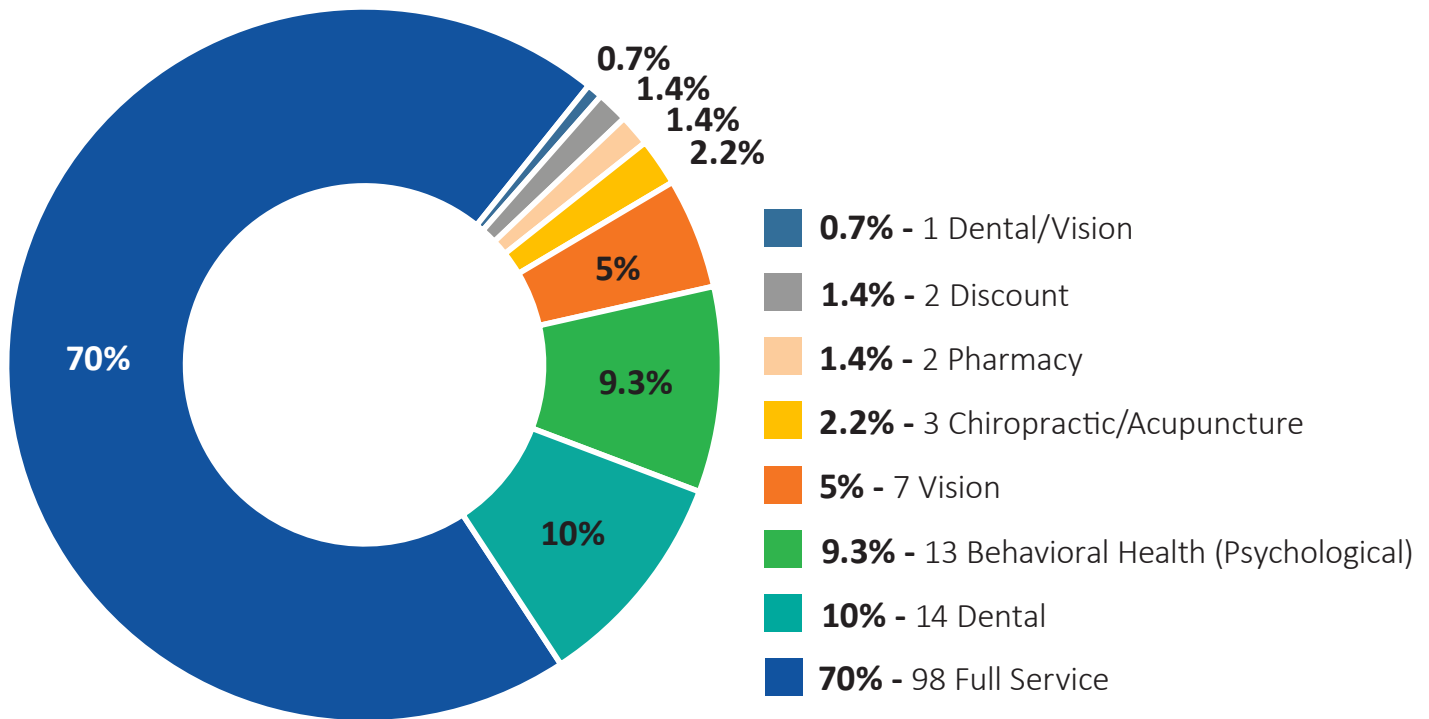
**337** MATERIAL MODIFICATIONS  
(SIGNIFICANT CHANGES)  
RECEIVED

**9** HEALTH PLAN MERGERS &  
ACQUISITIONS REVIEWED

**21** PBM REGISTRATION  
APPLICATIONS REVIEWED

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

## LICENSED PLANS IN 2024



### 2024 Highlights

The DMHC issues All Plan Letters (APLs) to provide guidance and information to health plans, including an annual APL regarding newly enacted laws. The Department issued 23 APLs in 2024, including APLs regarding the [implementation of mental health parity legislation and guidance for health plans offering behavioral health services](#).

In 2024, the Department also responded to the Change Healthcare cyberattack, which significantly impacted the health care delivery system in California and nationwide. The DMHC issued [APL 24-005](#) and [APL 24-009](#) to assist health plans and providers with navigating the outage, while ensuring the health care delivery system could continue providing services to patients.

On an annual basis, the DMHC reviews all Qualified Health Plans (QHP) and Qualified Dental Plans

(QDP) applying to offer benefits for the upcoming plan year through Covered California, the state's Health Benefit Exchange. This process involves the review of each plan for compliance with Covered California's Patient Centered Benefit Plan Designs, including cost sharing, actuarial value compliance, and contract amendments between full-service and specialized health plans. The DMHC reviewed 43 QHP and QDP filings in 2024 to ensure compliance with the consumer protections in federal and state laws.

The DMHC also reviewed nine transactions involving a merger, consolidation, or acquisition of a health plan. Four of the nine transactions remained under review at the end of 2024, and the remaining five transactions were found to not meet the major merger threshold. The Department has

reviewed 50 mergers, including one major merger, since the DMHC's authority over the review of health plan mergers expanded in 2019.

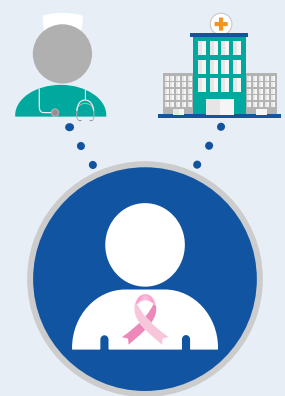
The DMHC has a total of 14 registered PBMs. In 2024, the DMHC received a total of 21 PBM registration applications which included 18 amended PBM applications and three new PBM applications. None of the three new applications qualified to register with the DMHC because they did not contract with a DMHC-licensed health plan, contracted with a plan only offering Medicare Advantage products,

or did not provide sufficient services to a DMHC-licensed health plan to be required to register.

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: BENEFITS/COVERAGE COMPLAINT – OUT-OF-NETWORK CARE

Felicia, enrolled in an HMO Plan through her employer in the large group market, was diagnosed with bilateral breast cancer and underwent a highly specialized bilateral mastectomy and reconstruction by out-of-network providers at an out-of-network facility. Her health plan denied coverage of the services as unauthorized out-of-network care. Felicia filed a complaint with the DMHC Help Center after participating in her health plan's grievance process. The DMHC Help Center found the health plan's contracted medical group approved the out-of-network services before Felicia's surgery. The health plan reversed its decision and agreed to cover the services totaling nearly \$450,000.





# KNOW YOUR HEALTH CARE RIGHTS



## Timely Access to Care

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

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

### Urgent Care

prior authorization  
**not required** by health plan

 **48** hours

prior authorization  
**required** by health plan

 **96** hours

### Non-Urgent Care

#### Doctor Appointment

##### PRIMARY CARE PHYSICIAN

 **10** business days

##### SPECIALTY CARE PHYSICIAN

 **15** business days

##### Mental Health Appointment (non-physician<sup>1</sup>)

 **10** business days

##### Appointment (ancillary provider<sup>2</sup>)

 **15** business days

### Follow-Up Care

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

 **10** business days from prior appointment

## Timely Access to Care Requirements

### DISTANCE



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

### AVAILABILITY



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

### INTERPRETER



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

## Unable to get an Appointment Within the Timely Access Standard?

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



<sup>1</sup> Examples of non-physician mental health providers include counseling professionals, substance abuse professionals and qualified autism service providers.

<sup>2</sup> 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 medical surveys, or audits, of health plan operations. A routine survey of each licensed health plan is performed every three years. The DMHC also conducts non-routine surveys when a specific issue or problem requires a focused review of a health plan's operations. Surveys examine health plan practices related to access and availability of services, utilization management, quality improvement, continuity and coordination of care, language access, and grievance and appeal systems to timely review, resolve and respond to member complaints.

When a survey identifies deficiencies, the Department requires health plans to submit corrective action plans 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.

The DMHC also monitors health plan provider networks and the accessibility of services to health plan members by reviewing the

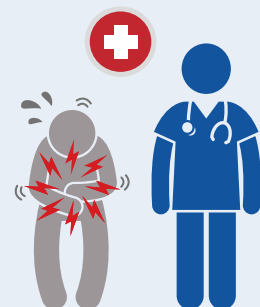
geographic proximity of in-network providers to member residences or work locations, provider-to-patient ratios and timely access to care. For some provider types, health plans must meet specific time and distance standards. Health plan networks are required to have an adequate number of providers to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

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

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

## DMHC HELP CENTER ASSISTANCE: ACCESS COMPLAINT – ACCESS TO SPECIALIST

Myriam, enrolled in a Medi-Cal Managed Care Plan, requested a referral to a doctor who specializes in the treatment of chronic pelvic pain. Her doctor referred her to a specialist, but she could not get an appointment. Myriam contacted her health plan for assistance, but was still not able to get a timely appointment. Myriam contacted the DMHC Help Center, which worked with her plan to get a timely appointment with a different in-network specialist.



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

The DMHC is working toward ensuring the equitable delivery of high-quality health care services and outcomes for all health plan members. In 2022, the Department established the Health Equity and Quality (HEQ) Committee, and adopted the committee’s recommendations for health plan standard health equity and quality measures. All licensed full-service and behavioral health plans, including Medi-Cal managed care plans, were required to start collecting data on the measures in 2023. Plans reported this HEQ data to the DMHC for the first time in 2024. The Department will publish a HEQ Compliance Report and plan-specific performance reports in 2025. The DMHC is also working to implement regulations by January 1, 2027.

## 2024 Highlights

The DMHC released the results for the Phase Two [Behavioral Health Investigations \(BHIs\)](#). The Department issued reports including findings for each of the four plans, and a [Phase Two Summary Report](#). The Department identified 10 Knox-Keene Act violations and seven barriers to care across the four health plans. The Knox-Keene Act violations, along with corrective action plans, have been referred to the Office of Enforcement. For the barriers not related to Knox-Keene Act violations,

## 2024 BY THE NUMBERS

### PLAN MONITORING

**24** ROUTINE SURVEYS

**14** FOLLOW-UP SURVEYS

**123** UNIQUE HEALTH PLAN NETWORKS REVIEWED<sup>8</sup>

**42** TIMELY ACCESS COMPLIANCE REPORTS REVIEWED<sup>9</sup>

**358** BLOCK TRANSFERS RECEIVED<sup>10</sup>

**199** MATERIAL MODIFICATIONS RECEIVED

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

the Department provided recommendations to assist health plans in considering ways to improve access to timely and appropriate behavioral health care for all members.

One of the DMHC's top priorities is to ensure health plan members can access health care services when they need it. In 2024, the Department reviewed annual timely access compliance reports submitted by health plans, including provider appointment availability surveys, for Measurement Year 2023. Health plans must meet the timely access standards, including specific timeframes to access urgent appointments, non-urgent appointments, and non-physician mental health follow-up appointments. Plans that do not meet timely access standards must submit corrective actions to the DMHC and, in certain circumstances, may be subject to disciplinary action.

In addition to monitoring health plan networks for compliance with timely access standards, the DMHC reviews most health plan networks for compliance with network adequacy requirements on an annual basis. The Department developed new network adequacy regulations which revised standards and methodologies for 2024 to improve network monitoring through the annual review.

The DMHC also worked to improve network adequacy for mental health networks in 2024.

The Department introduced amendments to its timely access and network adequacy regulations establishing clear, measurable network adequacy standards for mental health networks. These amendments included standards and methodologies for measuring geographic access, provider-enrollee ratios and a threshold percentage of providers accepting new patients for counseling mental health professionals.

The Department continued its effort to develop measurable network adequacy standards through [APL 24-021](#), which introduced additional amendments to the Knox-Keene Act, including geographic access and provider-enrollee ratio standards for a subset of specialist physicians, as well as a threshold rate of primary care physicians accepting new patients and updates to standards for counseling mental health professionals.

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

Alex, a young adult enrolled in a PPO Plan in the individual market, off exchange, was diagnosed with autism. Alex's father requested his son continue to receive 15 hours per week of Applied Behavior Analysis (ABA) therapy. Alex's father and his treatment provider supported continued ABA therapy for Alex. However, his health plan denied the request for continued therapy as not medically necessary. Alex's father applied for an IMR through the DMHC Help Center, which determined that Alex's continuation of therapy was within generally accepted standards of care and medically necessary for Alex, allowing him to continue treatment.



# Financial Oversight

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The DMHC works to ensure stability in California's health care delivery system by actively monitoring the financial status of health plans and provider organizations, 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 delivering professional health care services to health plan members assigned to the RBO by accepting a fixed monthly payment from health plans. This arrangement is typically referred to as "capitation." RBOs are subject to financial solvency requirements and 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 2024, the DMHC had 206 registered RBOs.

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

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

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

## 2024 Highlights

The DMHC completed a total of 68 financial examinations in 2024, including 42 for health plans. The DMHC imposed corrective action plans on 30 health plans for claims processing deficiencies. Through corrective action plans, health plans are required to remediate provider claims and implement processes that would ensure providers are paid accurately for services provided to health plan members. The health plans reprocessed the impacted claims and paid providers \$7,739,233, including interest and penalties.

The DMHC imposed corrective action plans on Blue Cross of California (Anthem Blue Cross) and Blue Cross Partnership Plan, Inc. for claims processing deficiencies after routine examinations. The plans were required to identify and reprocess impacted claims, reimbursing providers nearly \$6 million in additional claims payments, including interest and penalties.

In 2024, three health plans were required to issue MLR rebates totaling \$26.7 million for failing to meet the minimum MLR requirement during 2023:

- ACN Group of California, Inc. (OptumHealth Physical Health of California) reported an MLR of 72.7% and paid \$1,130 in rebates in the small group market; and an MLR of 67.1% and paid \$507,404 in rebates in the large group market.
- UnitedHealthcare Benefits Plan of California reported an MLR of 77.1% and paid \$24.4 million in rebates in the small group market.
- U.S. Behavioral Health Plan, California (OptumHealth Behavioral Solutions of California) reported an MLR of 73.7% and paid \$1.8 million in rebates in the large group market.

The DMHC conducted 25 claims and provider dispute examinations of RBOs. As a result of the examinations, 19 RBOs were required to file corrective action plans to address claims processing deficiencies. Collectively, the RBOs remediated claims in the amount of \$1,406,955, including additional payments, interest and penalties.

The DMHC also issued three new licenses for Medicare Advantage plans: New Century Health Plan, Inc., Rio Health Plan, Inc. and Universal Health Plan, Inc.

## 2024 BY THE NUMBERS

### FINANCIAL OVERSIGHT

**68** FINANCIAL EXAMINATIONS  
COMPLETED<sup>11</sup>

**2,724** FINANCIAL STATEMENTS  
REVIEWED<sup>12</sup>

**46** MLR REPORTS REVIEWED

**\$26.7 M** MLR REBATES<sup>13</sup>

**\$6.9 M** CLAIM AND DISPUTED  
PAYMENTS REMEDIATED

**\$2.2 M** INTEREST AND  
PENALTIES PAID

**308** MATERIAL MODIFICATIONS  
RECEIVED (FINANCIAL IMPACT)

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



# Rate Review

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

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

## 2024 Highlights

The DMHC reviewed 53 individual and small group rate filings in 2024. Additionally, the DMHC reviewed 40 large group filings for the methodology, factors or assumptions that would affect the rate paid by a large group employer or contract holder. The Department did not find any unreasonable or unjustified rate changes.

Health plans that offer commercial products in the individual, small group and large markets must annually report information to the DMHC, including premiums, cost sharing, benefits, enrollment, and trend factors. The DMHC reviewed aggregate rate filings

## REVIEW & COMMENT ON HEALTH PLAN PROPOSED RATE CHANGES

The DMHC makes it easy for the public to view and comment on health plan proposed rate changes. Visit [www.RateReview.DMHC.ca.gov](http://www.RateReview.DMHC.ca.gov) for more information, to review rate filings and to submit comments.



for 13 individual market, 13 small group market and 23 large group market health plans. The DMHC aggregated the information across all reporting plans and published the [Health Plan Aggregate Premium Rate Report for Measurement Year 2024](#).

In 2024, approximately 2.44 million health plan members purchased individual health care coverage and the overall average monthly premium was \$638; approximately 2.29 million health plan members had small group health care coverage and the average monthly premium was \$655; and approximately 7.65 million health plan members renewed their coverage in the large group market and the average monthly premium was \$650.

The DMHC published the [Prescription Drug Cost Transparency Report for Measurement Year 2023](#), which looks at the impact of the cost of prescription drugs on commercial health plan premiums. Among other findings, the report revealed that health plan spending on prescription drugs increased by \$4.9 billion since 2017, including an increase of almost \$1.3 billion in 2023.

The Department hosted the bi-annual [Health Care Premium Rates and Prescription Drug Costs Public Meeting](#) in March 2024 and presented the health plan premium rates and prescription drug costs information. Representatives from the California Department of Insurance, the Office of Health Care Affordability, and the UC Berkeley Labor Center also participated and provided updates on health care affordability.

## 2024 BY THE NUMBERS

### RATE REVIEW

**93** RATE FILING REVIEWS COMPLETED<sup>15</sup>

**25** PRESCRIPTION DRUG COST FILINGS REVIEWED

**49** ANNUAL AGGREGATE RATE FILINGS REVIEWED

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

“

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

”



# Enforcement

The DMHC takes timely action against health plans that violate the law. The primary purpose of an 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 2024, 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.

## 2024 Highlights

In 2024, the DMHC assessed \$18,920,500 in fines as part of enforcement actions taken against health plans. The Department's enforcement actions involved diverse legal issues, including health plan failures in providing timely health care services, payment disputes with providers,

mishandling member complaints, and operating without a license. Some of the significant enforcement actions taken by the DMHC in 2024 are highlighted below.

The DMHC and the Department of Health Care Services (DHCS) reached settlement agreements totaling \$55 million with L.A. Care Health Plan to make improvements to the plan's operations to ensure timely access to medically necessary health care services for all plan members, among other actions. This included a \$35 million [settlement agreement](#) with the DMHC and a \$20 million settlement agreement with the DHCS. Under these agreements, the plan must work with an outside consultant to improve the plan's operations, including the timely processing of requests to authorize care for members, handling of member grievances and appeals, and processing of provider disputes and payment of provider claims. The agreements include a total of \$27 million in fines and require the plan invest \$28 million into Los Angeles County community programs supporting DHCS' Comprehensive Quality Strategies, California Advancing and Innovating Medi-Cal (CalAIM), or behavioral health.

## DMHC HELP CENTER ASSISTANCE: CLAIMS/FINANCIAL COMPLAINT – PAYMENT DISPUTES

Riley, enrolled in a PPO Plan in the individual market on the state's exchange, Covered California, requested coverage for air ambulance services. Riley required transport from a general hospital to a regional medical center while experiencing a life-threatening condition. Riley provided the information the health plan requested to provide coverage for the services, however, the health plan continued to deny the services due to insufficient documentation. After unsuccessfully going through the plan's grievance process, Riley filed a complaint with the DMHC Help Center. The DMHC Help Center requested an explanation from the plan, which consulted with their clinical team and overturned their initial denial, covering the \$83,000 bill.



The DMHC took [enforcement actions](#) against Blue Cross of California Partnership Plan, Inc. and Anthem Blue Cross for failing to address claims payment disputes in a timely manner from doctors, hospitals and other health care providers, resulting in a total of \$8.5 million in fines. The penalties included a \$5 million fine for Blue Cross of California Partnership Plan, Inc. and a \$3.5 million fine for Anthem Blue Cross. Health plans are required to acknowledge and resolve provider payment disputes promptly and accurately from doctors, hospitals and other health care providers. Failing to resolve payment disputes can impact the financial stability of the health care delivery system, which can impact care for members. The plans were also both required to implement corrective actions to improve response times to provider disputes.

The DMHC took [enforcement action](#) against Anthem Blue Cross for failing to handle health plan member complaints in a timely manner resulting in a \$3.5 million fine. The plan sent 11,670 late grievance acknowledgment letters to health plan members and 4,049 late resolution letters. The health plan grievance and appeals process helps ensure members receive all medically necessary care and provides information about their rights to appeal a decision under the law.

The DMHC took [enforcement action](#) against Spring Care, Inc. (Spring Health), including a \$1 million fine, for offering health care services, specifically Employee Assistance Programs (EAPs), in California without a license. The Department found Spring Health was operating as an unlicensed plan by arranging for member care with network providers while collecting a prepaid or periodic charge. Licensed plans must comply with patient protections in the law, and members of licensed plans have rights, including the right to file a complaint. Spring Health obtained a license so the plan can continue to operate in California legally.

## 2024 BY THE NUMBERS

### ENFORCEMENT

**1331** CASES  
OPENED

**258** CASES CLOSED  
WITH A PENALTY

**\$18.9 M** PENALTIES  
ASSESSED



*The DMHC  
takes timely  
action against  
health plans  
that violate  
the law.*



The DMHC took [enforcement action](#) against Blue Cross of California Partnership Plan, Inc. and Anthem Blue Cross for illegally limiting the coverage of services to treat gender dysphoria for health plan members, resulting in \$850,000 in fines. The plans agreed to pay the penalties, which included a \$400,000 fine for Blue Cross of California Partnership Plan, Inc. and a \$450,000 fine for Anthem Blue Cross. California law protects members from gender discrimination and health plans are prohibited from refusing to provide health care to an individual based on their sex or gender identity. Both plans took corrective actions to comply with the law and revised guidelines to remove the barriers to care for health plan members diagnosed with gender dysphoria seeking gender affirming services.

The DMHC took [enforcement action](#) against Anthem Blue Cross, including a \$690,000 fine, for failing to timely reimburse providers and health plan members for services provided after Independent Medical Review (IMR) decisions. The IMR process allows health plan members to appeal their plan's denial of services and health care professionals completely independent of the plan review the appeal. When a health plan's denial is overturned through an IMR, the law requires the plan to reimburse the provider or member for past services, and authorize future services, within five working days after a plan receives the decision.

The DMHC took [enforcement action](#), including \$500,000 in fines, against Anthem Blue Cross for failing to provide basic health care services and acknowledge complaints filed by a health plan member during cancer treatment. Health plans must resolve grievances in a timely manner and send written resolutions to members. In this case, the plan failed to acknowledge and respond to a total of 17 grievances by the member, who called the plan repeatedly after it failed to cover basic health care services, including hospital-related costs for surgeries. Among those calls, the member contacted the plan 10 times when they learned the plan failed to authorize life-saving chemotherapy.

Under the law, the plan should have tracked these issues as urgent grievances and provided an expedited review, since they involved an imminent and serious threat to the health of the patient. Plans are required to acknowledge receipt of an urgent grievance within three days and inform the member of their right to contact the DMHC.

The DMHC fined California Physicians' Service (Blue Shield of California) \$250,000 in an [enforcement action](#) for illegally billing for contraceptive health care services. California law requires health plans to cover contraceptive health care services for all members without imposing a deductible, coinsurance, copayment or any other cost-sharing requirement. In addition to the fine, the plan also made \$228,254 in reimbursements, interest and penalty payments to 334 members who were incorrectly charged.

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# Notes

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- 1** The enrollment charts include the following enrollment types reported by plans and searchable in the Health Plan Financial Summary Report: POS Large Group, PPO Large Group, HMO Large Group, EPO Large Group, POS Small Group, PPO Small Group, HMO Small Group, EPO Small Group, PPO Individual, POS Individual, HMO Individual, EPO Individual, EAP, IHSS, Medi-Cal Managed Care, Medi-Medi, Medicare Advantage, Medicare Fee For Service and Medicare Supplement. Healthy Families and AIM enrollment were also reported in previous years when those programs were active.
- 2** “Other” enrollment consists of Medicare Supplement enrollment.
- 3** Health plan members received the requested services in 73.1% of the cases qualified by the Department for the IMR program in 2024.
- 4** Individuals may have received more than one form of assistance throughout the year.
- 5** Health plan member complaints are comprised of standard complaints (13,511), quick resolutions (338), and urgent cases (9) in 2024. 10,839 of the standard complaints were resolved by the DMHC and are included in the health plan member complaint summary report in the Appendix. Of the remaining cases, most were sent back to the health plan to address through the grievance process.
- 6** IMRs are comprised of cases that were resolved by the DMHC or closed for any reason other than non-jurisdictional in 2024. 3,477 of the IMRs were resolved by the DMHC and are included in the IMR summary report in the Appendix. The remaining cases were closed because the health plan member had not yet gone through the health plan grievance process, the member did not respond to requests for information, the case was withdrawn by the member, or the case was ineligible for IMR.
- 7** Includes review of Qualified Health Plan filings and Qualified Dental Plan filings.
- 8** Networks reviewed in 2024 were for Reporting Year 2024 Annual Network Reporting.
- 9** Timely Access compliance reports submitted in 2024 were for Measurement Year 2023.
- 10** 358 Block Transfer filings received in 2024; 273 hospital and 85 provider group filings.
- 11** 42 health plan financial examinations, one MLR examination, and 25 RBO financial examinations.
- 12** 1,358 health plan financial statements reviewed and 1,366 RBO financial statements reviewed.
- 13** Rebates for calendar year 2023 were paid in 2024.
- 14** The large group coverage must be experience rated in whole or blended.
- 15** This includes 15 individual market health plan premium rate filings, 38 small group rate filings, and 40 large group rate filings.

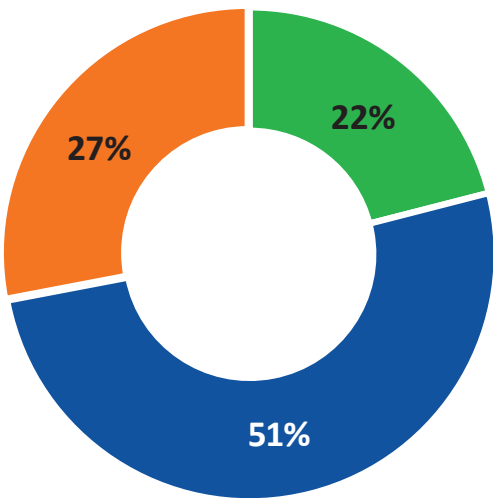
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# 2024 Independent Medical Review Summary Report

## Report Overview

73%

of cases that qualified for the Department's IMR program resulted in the member receiving the requested service or treatment from their health plan.\*



|   |
|---|
| 22% - IMR cases reversed by health plan |
| 27% - IMR cases upheld by IMRO          |
| 51% - IMR cases overturned by IMRO      |

The Annual Independent Medical Review (IMR) Summary Report displays the number and types of IMRs resolved during the 2024 calendar year, by health plan. The Department resolved 3,477 IMRs.

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

The health plan enrollment figures were provided to the Department by the health plans in their quarterly financial filings. Enrollment reflects the enrollment figures provided for the fourth quarter of 2024 for the population of members within the DMHC Help Center's jurisdiction. Plans with zero enrollment as of December 31, 2024, may have had enrollment earlier in the year, received a license in 2024 or did not have enrollment within the DMHC Help Center's jurisdiction.

Data represents resolved IMRs which were determined to be within the Department's jurisdiction, eligible for review by the Department, and resolved (closed) within calendar year 2024. Cases pending at the end of 2024 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 2024. In instances where a health plan is known by more than one name, the legal name is shown first with the additional name(s) in parentheses. For health plans that are involved in plan-to-plan arrangements, the data is reported by the primary plan only.

The number of IMRs per 10,000 members is displayed to illustrate the volume of IMRs for a plan in a manner that considers the wide variations in plan enrollment numbers. When comparing plans, a lower number of IMRs per 10,000 members indicates fewer IMRs 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 members than another plan with fewer overall resolved IMRs.

\* Members received the requested services in 73.1% of the cases qualified by the Department for the IMR program in 2024.

California Department of Managed Health Care  
2024 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   |            |                     |                 |                                    |               |        |                    |       |              |        |                       |               |        |                    |        |              |       |                      |               |       |                    |        |              |        |
| Alameda Alliance For Health  | 412,919    | 7                   | 0.17            | 2                                  | 0             | 0.0%   | 1                  | 50.0% | 1            | 50.0%  | 5                     | 2             | 40.0%  | 1                  | 20.0%  | 2            | 40.0% | 0                    | 0             | 0.0%  | 0                  | 0.0%   | 0            | 0.0%   |
| Blue Cross of California (Anthem Blue Cross)                                     | 2,164,825  | 945                 | 4.37            | 111                                | 43            | 38.7%  | 61                 | 55.0% | 7            | 6.3%   | 828                   | 196           | 23.7%  | 479                | 57.9%  | 153          | 18.5% | 6                    | 1             | 16.7% | 1                  | 16.7%  | 4            | 66.7%  |
| Blue Cross of California Partnership Plan, Inc.                                  | 804,782    | 26                  | 0.32            | 1                                  | 1             | 100.0% | 0                  | 0.0%  | 0            | 0.0%   | 25                    | 9             | 36.0%  | 7                  | 28.0%  | 9            | 36.0% | 0                    | 0             | 0.0%  | 0                  | 0.0%   | 0            | 0.0%   |
| California Physicians' Service (Blue Shield of California)                       | 2,287,137  | 1,283               | 5.61            | 228                                | 117           | 51.3%  | 69                 | 30.3% | 42           | 18.4%  | 1054                  | 195           | 18.5%  | 691                | 65.6%  | 168          | 15.9% | 1                    | 0             | 0.0%  | 1                  | 100.0% | 0            | 0.0%   |
| Fresno-Kings-Madera Regional Health Authority (CalViva Health)                   | 432,709    | 6                   | 0.14            | 0                                  | 0             | 0.0%   | 0                  | 0.0%  | 0            | 0.0%   | 6                     | 1             | 16.7%  | 1                  | 16.7%  | 4            | 66.7% | 0                    | 0             | 0.0%  | 0                  | 0.0%   | 0            | 0.0%   |
| Health Net Community Solutions, Inc.   | 1,586,821  | 39                  | 0.25            | 1                                  | 1             | 100.0% | 0                  | 0.0%  | 0            | 0.0%   | 37                    | 13            | 35.1%  | 11                 | 29.7%  | 13           | 35.1% | 1                    | 0             | 0.0%  | 0                  | 0.0%   | 1            | 100.0% |
| Health Net of California, Inc.   | 515,188    | 229                 | 4.44            | 20                                 | 8             | 40.0%  | 9                  | 45.0% | 3            | 15.0%  | 207                   | 41            | 19.8%  | 95                 | 45.9%  | 71           | 34.3% | 2                    | 1             | 50.0% | 0                  | 0.0%   | 1            | 50.0%  |
| Inland Empire Health Plan (IEHP)   | 1,557,861  | 70                  | 0.45            | 7                                  | 4             | 57.1%  | 2                  | 28.6% | 1            | 14.3%  | 63                    | 27            | 42.9%  | 15                 | 23.8%  | 21           | 33.3% | 0                    | 0             | 0.0%  | 0                  | 0.0%   | 0            | 0.0%   |
| Kaiser Foundation Health Plan, Inc. (Kaiser Permanente)                          | 7,801,592  | 277                 | 0.36            | 1                                  | 0             | 0.0%   | 0                  | 0.0%  | 1            | 100.0% | 276                   | 145           | 52.5%  | 66                 | 23.9%  | 65           | 23.6% | 0                    | 0             | 0.0%  | 0                  | 0.0%   | 0            | 0.0%   |
| Kern Health Systems  | 404,440    | 25                  | 0.62            | 0                                  | 0             | 0.0%   | 0                  | 0.0%  | 0            | 0.0%   | 25                    | 8             | 32.0%  | 11                 | 44.0%  | 6            | 24.0% | 0                    | 0             | 0.0%  | 0                  | 0.0%   | 0            | 0.0%   |
| Local Initiative Health Authority for Los Angeles County (L.A. Care Health Plan) | 2,570,226  | 59                  | 0.23            | 1                                  | 1             | 100.0% | 0                  | 0.0%  | 0            | 0.0%   | 58                    | 11            | 19.0%  | 23                 | 39.7%  | 24           | 41.4% | 0                    | 0             | 0.0%  | 0                  | 0.0%   | 0            | 0.0%   |
| Molina Healthcare of California  | 629,104    | 18                  | 0.29            | 0                                  | 0             | 0.0%   | 0                  | 0.0%  | 0            | 0.0%   | 17                    | 3             | 17.6%  | 7                  | 41.2%  | 7            | 41.2% | 1                    | 0             | 0.0%  | 0                  | 0.0%   | 1            | 100.0% |
| San Joaquin County Health Commission (Health Plan of San Joaquin)                | 416,712    | 9                   | 0.22            | 2                                  | 0             | 0.0%   | 1                  | 50.0% | 1            | 50.0%  | 7                     | 1             | 14.3%  | 1                  | 14.3%  | 5            | 71.4% | 0                    | 0             | 0.0%  | 0                  | 0.0%   | 0            | 0.0%   |
| Total Full Service - Enrollment Over 400,000:                                    | 21,584,316 | 2,993               | 1.39            | 374                                | 175           | 46.8%  | 143                | 38.2% | 56           | 15.0%  | 2608                  | 652           | 25.0%  | 1408               | 54.0%  | 548          | 21.0% | 11                   | 2             | 18.2% | 2                  | 18.2%  | 7            | 63.6%  |
| FULL SERVICE – ENROLLMENT UNDER 400,000  |            |                     |                 |                                    |               |        |                    |       |              |        |                       |               |        |                    |        |              |       |                      |               |       |                    |        |              |        |
| Adventist Health Plan, Inc.  | 0          | 0                   | 0.00            | 0                                  | 0             | 0.0%   | 0                  | 0.0%  | 0            | 0.0%   | 0                     | 0             | 0.0%   | 0                  | 0.0%   | 0            | 0.0%  | 0                    | 0             | 0.0%  | 0                  | 0.0%   | 0            | 0.0%   |
| Aetna Better Health of California Inc.**^  | 0          | 1                   | 0.00            | 1                                  | 1             | 100.0% | 0                  | 0.0%  | 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.  | 224,258    | 35                  | 1.56            | 3                                  | 2             | 66.7%  | 0                  | 0.0%  | 1            | 33.3%  | 32                    | 9             | 28.1%  | 16                 | 50.0%  | 7            | 21.9% | 0                    | 0             | 0.0%  | 0                  | 0.0%   | 0            | 0.0%   |
| AIDS Healthcare Foundation (Positive Healthcare)                                 | 940        | 0                   | 0.00            | 0                                  | 0             | 0.0%   | 0                  | 0.0%  | 0            | 0.0%   | 0                     | 0             | 0.0%   | 0                  | 0.0%   | 0            | 0.0%  | 0                    | 0             | 0.0%  | 0                  | 0.0%   | 0            | 0.0%   |
| Align Senior Care California, Inc.**   | 0          | 0                   | 0.00            | 0                                  | 0             | 0.0%   | 0                  | 0.0%  | 0            | 0.0%   | 0                     | 0             | 0.0%   | 0                  | 0.0%   | 0            | 0.0%  | 0                    | 0             | 0.0%  | 0                  | 0.0%   | 0            | 0.0%   |
| Alignment Health Advantage Plan, Inc.**  | 0          | 0                   | 0.00            | 0                                  | 0             | 0.0%   | 0                  | 0.0%  | 0            | 0.0%   | 0                     | 0             | 0.0%   | 0                  | 0.0%   | 0            | 0.0%  | 0                    | 0             | 0.0%  | 0                  | 0.0%   | 0            | 0.0%   |
| Alignment Health Plan**  | 0          | 0                   | 0.00            | 0                                  | 0             | 0.0%   | 0                  | 0.0%  | 0            | 0.0%   | 0                     | 0             | 0.0%   | 0                  | 0.0%   | 0            | 0.0%  | 0                    | 0             | 0.0%  | 0                  | 0.0%   | 0            | 0.0%   |
| AltaMed Health Network, Inc.   | 0          | 0                   | 0.00            | 0                                  | 0             | 0.0%   | 0                  | 0.0%  | 0            | 0.0%   | 0                     | 0             | 0.0%   | 0                  | 0.0%   | 0            | 0.0%  | 0                    | 0             | 0.0%  | 0                  | 0.0%   | 0            | 0.0%   |
| 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                                    | 190,067    | 9                   | 0.47            | 1                                  | 1             | 100.0% | 0                  | 0.0%  | 0            | 0.0%   | 8                     | 3             | 37.5%  | 2                  | 25.0%  | 3            | 37.5% | 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%   |
| BZ Health Network of California, Inc. (Blue Zones Health Network 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%   |
| California Health and Wellness Plan (CA Health and Wellness)                     | 0          | 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%   |
| Carelon Health of California, Inc.**   | 0          | 0                   | 0.00            | 0                                  | 0             | 0.0%   | 0                  | 0.0%  | 0            | 0.0%   | 0                     | 0             | 0.0%   | 0                  | 0.0%   | 0            | 0.0%  | 0                    | 0             | 0.0%  | 0                  | 0.0%   | 0            | 0.0%   |
| CCA Health Plans of California, Inc. (CCA Health California)**                   | 0          | 0                   | 0.00            | 0                                  | 0             | 0.0%   | 0                  | 0.0%  | 0            | 0.0%   | 0                     | 0             | 0.0%   | 0                  | 0.0%   | 0            | 0.0%  | 0                    | 0             | 0.0%  | 0                  | 0.0%   | 0            | 0.0%   |
| Central Health Plan of California, Inc.**  | 0          | 0                   | 0.00            | 0                                  | 0             | 0.0%   | 0                  | 0.0%  | 0            | 0.0%   | 0                     | 0             | 0.0%   | 0                  | 0.0%   | 0            | 0.0%  | 0                    | 0             | 0.0%  | 0                  | 0.0%   | 0            | 0.0%   |
| Central Valley Health Plan, Inc.   | 0          | 0                   | 0.00            | 0                                  | 0             | 0.0%   | 0                  | 0.0%  | 0            | 0.0%   | 0                     | 0             | 0.0%   | 0                  | 0.0%   | 0            | 0.0%  | 0                    | 0             | 0.0%  | 0                  | 0.0%   | 0            | 0.0%   |
| Champion Health Plan of California, Inc.**                                       | 0          | 0                   | 0.00            | 0                                  | 0             | 0.0%   | 0                  | 0.0%  | 0            | 0.0%   | 0                     | 0             | 0.0%   | 0                  | 0.0%   | 0            | 0.0%  | 0                    | 0             | 0.0%  | 0                  | 0.0%   | 0            | 0.0%   |
| CHG Foundation (Community Health Group Partnership Plan)                         | 381,438    | 4                   | 0.10            | 0                                  | 0             | 0.0%   | 0                  | 0.0%  | 0            | 0.0%   | 4                     | 1             | 25.0%  | 1                  | 25.0%  | 2            | 50.0% | 0                    | 0             | 0.0%  | 0                  | 0.0%   | 0            | 0.0%   |
| Children's Health Plan of California   | 0          | 0                   | 0.00            | 0                                  | 0             | 0.0%   | 0                  | 0.0%  | 0            | 0.0%   | 0                     | 0             | 0.0%   | 0                  | 0.0%   | 0            | 0.0%  | 0                    | 0             | 0.0%  | 0                  | 0.0%   | 0            | 0.0%   |
| Chinese Community Health Plan (Balance by CCHP)                                  | 6,370      | 0                   | 0.00            | 0                                  | 0             | 0.0%   | 0                  | 0.0%  | 0            | 0.0%   | 0                     | 0             | 0.0%   | 0                  | 0.0%   | 0            | 0.0%  | 0                    | 0             | 0.0%  | 0                  | 0.0%   | 0            | 0.0%   |
| Choice Physicians Network, Inc.  | 0          | 0                   | 0.00            | 0                                  | 0             | 0.0%   | 0                  | 0.0%  | 0            | 0.0%   | 0                     | 0             | 0.0%   | 0                  | 0.0%   | 0            | 0.0%  | 0                    | 0             | 0.0%  | 0                  | 0.0%   | 0            | 0.0%   |
| Cigna HealthCare of California, Inc.   | 105,007    | 20                  | 1.90            | 6                                  | 1             | 16.7%  | 4                  | 66.7% | 1            | 16.7%  | 14                    | 4             | 28.6%  | 3                  | 21.4%  | 7            | 50.0% | 0                    | 0             | 0.0%  | 0                  | 0.0%   | 0            | 0.0%   |
| Clever Care of Golden State Inc. (Clever Care of California)**                   | 0          | 0                   | 0.00            | 0                                  | 0             | 0.0%   | 0                  | 0.0%  | 0            | 0.0%   | 0                     | 0             | 0.0%   | 0                  | 0.0%   | 0            | 0.0%  | 0                    | 0             | 0.0%  | 0                  | 0.0%   | 0            | 0.0%   |
| Community Care Health Plan, Inc.   | 13,937     | 0                   | 0.00            | 0                                  | 0             | 0.0%   | 0                  | 0.0%  | 0            | 0.0%   | 0                     | 0             | 0.0%   | 0                  | 0.0%   | 0            | 0.0%  | 0                    | 0             | 0.0%  | 0                  | 0.0%   | 0            | 0.0%   |
| Community Family Care Health Plan, Inc.  | 0          | 0                   | 0.00            | 0                                  | 0             | 0.0%   | 0                  | 0.0%  | 0            | 0.0%   | 0                     | 0             | 0.0%   | 0                  | 0.0%   | 0            | 0.0%  | 0                    | 0             | 0.0%  | 0                  | 0.0%   | 0            | 0.0%   |
| Community Health Group   | 7,477      | 0                   | 0.00            | 0                                  | 0             | 0.0%   | 0                  | 0.0%  | 0            | 0.0%   | 0                     | 0             | 0.0%   | 0                  | 0.0%   | 0            | 0.0%  | 0                    | 0             | 0.0%  | 0                  | 0.0%   | 0            | 0.0%   |
| Contra Costa County Medical Services (Contra Costa Health Plan)                  | 269,118    | 9                   | 0.33            | 1                                  | 1             | 100.0% | 0                  | 0.0%  | 0            | 0.0%   | 7                     | 0             | 0.0%   | 2                  | 28.6%  | 5            | 71.4% | 1                    | 0             | 0.0%  | 0                  | 0.0%   | 1            | 100.0% |
| County of Ventura (Ventura County Health Care Plan)                              | 9,908      | 1                   | 1.01            | 0                                  | 0             | 0.0%   | 0                  | 0.0%  | 0            | 0.0%   | 1                     | 1             | 100.0% | 0                  | 0.0%   | 0            | 0.0%  | 0                    | 0             | 0.0%  | 0                  | 0.0%   | 0            | 0.0%   |
| Dignity Health Provider Resources, Inc.  | 0          | 0                   | 0.00            | 0                                  | 0             | 0.0%   | 0                  | 0.0%  | 0            | 0.0%   | 0                     | 0             | 0.0%   | 0                  | 0.0%   | 0            | 0.0%  | 0                    | 0             | 0.0%  | 0                  | 0.0%   | 0            | 0.0%   |
| EPIC Health Plan   | 0          | 0                   | 0.00            | 0                                  | 0             | 0.0%   | 0                  | 0.0%  | 0            | 0.0%   | 0                     | 0             | 0.0%   | 0                  | 0.0%   | 0            | 0.0%  | 0                    | 0             | 0.0%  | 0                  | 0.0%   | 0            | 0.0%   |
| Essence Healthcare of California, Inc. (Essence Healthcare)                      | 0          | 0                   | 0.00            | 0                                  | 0             | 0.0%   | 0                  | 0.0%  | 0            | 0.0%   | 0                     | 0             | 0.0%   | 0                  | 0.0%   | 0            | 0.0%  | 0                    | 0             | 0.0%  | 0                  | 0.0%   | 0            |        |



| California Department of Managed Health Care<br>2024 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 | %      |  |
| Golden Bay Health, Inc. (Golden Bay Health Plan)   | 0          | 0                   | 0.00            | 0                                  | 0             | 0.0%   | 0                  | 0.0%   | 0            | 0.0%  | 0                     | 0             | 0.0%   | 0                  | 0.0%  | 0            | 0.0%  | 0                    | 0             | 0.0% | 0                  | 0.0% | 0            | 0.0%   |  |
| Guidant Health Plan  | 0          | 0                   | 0.00            | 0                                  | 0             | 0.0%   | 0                  | 0.0%   | 0            | 0.0%  | 0                     | 0             | 0.0%   | 0                  | 0.0%  | 0            | 0.0%  | 0                    | 0             | 0.0% | 0                  | 0.0% | 0            | 0.0%   |  |
| Healthy Valley Provider Network, Inc.  | 0          | 0                   | 0.00            | 0                                  | 0             | 0.0%   | 0                  | 0.0%   | 0            | 0.0%  | 0                     | 0             | 0.0%   | 0                  | 0.0%  | 0            | 0.0%  | 0                    | 0             | 0.0% | 0                  | 0.0% | 0            | 0.0%   |  |
| Heritage Provider Network, Inc.  | 0          | 0                   | 0.00            | 0                                  | 0             | 0.0%   | 0                  | 0.0%   | 0            | 0.0%  | 0                     | 0             | 0.0%   | 0                  | 0.0%  | 0            | 0.0%  | 0                    | 0             | 0.0% | 0                  | 0.0% | 0            | 0.0%   |  |
| Hill Physicians Care Solutions, Inc.   | 0          | 0                   | 0.00            | 0                                  | 0             | 0.0%   | 0                  | 0.0%   | 0            | 0.0%  | 0                     | 0             | 0.0%   | 0                  | 0.0%  | 0            | 0.0%  | 0                    | 0             | 0.0% | 0                  | 0.0% | 0            | 0.0%   |  |
| Humana Health Plan of California, Inc.**   | 0          | 0                   | 0.00            | 0                                  | 0             | 0.0%   | 0                  | 0.0%   | 0            | 0.0%  | 0                     | 0             | 0.0%   | 0                  | 0.0%  | 0            | 0.0%  | 0                    | 0             | 0.0% | 0                  | 0.0% | 0            | 0.0%   |  |
| Humana Health Plan of Texas, Inc.**  | 0          | 0                   | 0.00            | 0                                  | 0             | 0.0%   | 0                  | 0.0%   | 0            | 0.0%  | 0                     | 0             | 0.0%   | 0                  | 0.0%  | 0            | 0.0%  | 0                    | 0             | 0.0% | 0                  | 0.0% | 0            | 0.0%   |  |
| Imperial County Local Health Authority (Community Health Plan of Imperial Valley)  | 97,100     | 2                   | 0.21            | 0                                  | 0             | 0.0%   | 0                  | 0.0%   | 0            | 0.0%  | 2                     | 2             | 100.0% | 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%   |  |
| L.A. Care Health Plan Joint Powers Authority   | 49,952     | 4                   | 0.80            | 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%   |  |
| MedCare Partners, Inc. (MedCare Partners Health Plan)  | 0          | 0                   | 0.00            | 0                                  | 0             | 0.0%   | 0                  | 0.0%   | 0            | 0.0%  | 0                     | 0             | 0.0%   | 0                  | 0.0%  | 0            | 0.0%  | 0                    | 0             | 0.0% | 0                  | 0.0% | 0            | 0.0%   |  |
| Medcore HP   | 0          | 0                   | 0.00            | 0                                  | 0             | 0.0%   | 0                  | 0.0%   | 0            | 0.0%  | 0                     | 0             | 0.0%   | 0                  | 0.0%  | 0            | 0.0%  | 0                    | 0             | 0.0% | 0                  | 0.0% | 0            | 0.0%   |  |
| Medi-Excel, S.A. de C.V. (MediExcel Health Plan)   | 15,641     | 0                   | 0.00            | 0                                  | 0             | 0.0%   | 0                  | 0.0%   | 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  | 388        | 0                   | 0.00            | 0                                  | 0             | 0.0%   | 0                  | 0.0%   | 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%   |  |
| New Century Health Plan, Inc. (UCLA Health Medicare Advantage Plan)**  | 0          | 0                   | 0.00            | 0                                  | 0             | 0.0%   | 0                  | 0.0%   | 0            | 0.0%  | 0                     | 0             | 0.0%   | 0                  | 0.0%  | 0            | 0.0%  | 0                    | 0             | 0.0% | 0                  | 0.0% | 0            | 0.0%   |  |
| On Lok Senior Health Services  | 1,966      | 1                   | 5.09            | 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%   |  |
| 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  | 0          | 4                   | 0.00            | 0                                  | 0             | 0.0%   | 0                  | 0.0%   | 0            | 0.0%  | 4                     | 0             | 0.0%   | 1                  | 25.0% | 3            | 75.0% | 0                    | 0             | 0.0% | 0                  | 0.0% | 0            | 0.0%   |  |
| Partnership HealthPlan of California***  | 0          | 0                   | 0.00            | 0                                  | 0             | 0.0%   | 0                  | 0.0%   | 0            | 0.0%  | 0                     | 0             | 0.0%   | 0                  | 0.0%  | 0            | 0.0%  | 0                    | 0             | 0.0% | 0                  | 0.0% | 0            | 0.0%   |  |
| PIH Health Care Solutions  | 0          | 0                   | 0.00            | 0                                  | 0             | 0.0%   | 0                  | 0.0%   | 0            | 0.0%  | 0                     | 0             | 0.0%   | 0                  | 0.0%  | 0            | 0.0%  | 0                    | 0             | 0.0% | 0                  | 0.0% | 0            | 0.0%   |  |
| Premier Health Plan Services, Inc.   | 0          | 0                   | 0.00            | 0                                  | 0             | 0.0%   | 0                  | 0.0%   | 0            | 0.0%  | 0                     | 0             | 0.0%   | 0                  | 0.0%  | 0            | 0.0%  | 0                    | 0             | 0.0% | 0                  | 0.0% | 0            | 0.0%   |  |
| PRIMECARE Medical Network, Inc.  | 0          | 0                   | 0.00            | 0                                  | 0             | 0.0%   | 0                  | 0.0%   | 0            | 0.0%  | 0                     | 0             | 0.0%   | 0                  | 0.0%  | 0            | 0.0%  | 0                    | 0             | 0.0% | 0                  | 0.0% | 0            | 0.0%   |  |
| 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%   |  |
| Rios 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%   |  |
| San Francisco Health Authority (San Francisco Health Plan)   | 191,683    | 6                   | 0.31            | 0                                  | 0             | 0.0%   | 0                  | 0.0%   | 0            | 0.0%  | 6                     | 3             | 50.0%  | 1                  | 16.7% | 2            | 33.3% | 0                    | 0             | 0.0% | 0                  | 0.0% | 0            | 0.0%   |  |
| San Mateo Health Commission (Health Plan of San Mateo)   | 149,455    | 5                   | 0.33            | 1                                  | 0             | 0.0%   | 1                  | 100.0% | 0            | 0.0%  | 4                     | 1             | 25.0%  | 2                  | 50.0% | 1            | 25.0% | 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)  | 56,572     | 5                   | 0.88            | 1                                  | 1             | 100.0% | 0                  | 0.0%   | 0            | 0.0%  | 4                     | 1             | 25.0%  | 1                  | 25.0% | 2            | 50.0% | 0                    | 0             | 0.0% | 0                  | 0.0% | 0            | 0.0%   |  |
| Santa Clara County Health Authority (Santa Clara Family Health Plan)   | 283,651    | 5                   | 0.18            | 1                                  | 0             | 0.0%   | 1                  | 100.0% | 0            | 0.0%  | 4                     | 3             | 75.0%  | 1                  | 25.0% | 0            | 0.0%  | 0                    | 0             | 0.0% | 0                  | 0.0% | 0            | 0.0%   |  |
| Santa Cruz-Monterey-Merced-San Benito-Mariposa Managed Medical Care Commission (Central California Alliance for Health)*** | 693        | 0                   | 0.00            | 0                                  | 0             | 0.0%   | 0                  | 0.0%   | 0            | 0.0%  | 0                     | 0             | 0.0%   | 0                  | 0.0%  | 0            | 0.0%  | 0                    | 0             | 0.0% | 0                  | 0.0% | 0            | 0.0%   |  |
| Scan Health Plan   | 19,246     | 0                   | 0.00            | 0                                  | 0             | 0.0%   | 0                  | 0.0%   | 0            | 0.0%  | 0                     | 0             | 0.0%   | 0                  | 0.0%  | 0            | 0.0%  | 0                    | 0             | 0.0% | 0                  | 0.0% | 0            | 0.0%   |  |
| Scripps Health Plan Services, Inc.   | 17,656     | 0                   | 0.00            | 0                                  | 0             | 0.0%   | 0                  | 0.0%   | 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  | 137,717    | 40                  | 2.90            | 6                                  | 2             | 33.3%  | 3                  | 50.0%  | 1            | 16.7% | 34                    | 9             | 26.5%  | 17                 | 50.0% | 8            | 23.5% | 0                    | 0             | 0.0% | 0                  | 0.0% | 0            | 0.0%   |  |
| Sistemas Medicos Nacionales, S.A.de C.V. (SIMNSA Health Plan )   | 56,990     | 0                   | 0.00            | 0                                  | 0             | 0.0%   | 0                  | 0.0%   | 0            | 0.0%  | 0                     | 0             | 0.0%   | 0                  | 0.0%  | 0            | 0.0%  | 0                    | 0             | 0.0% | 0                  | 0.0% | 0            | 0.0%   |  |
| 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 Alliance (Sutter Health Plan)  | 118,165    | 29                  | 2.45            | 2                                  | 1             | 50.0%  | 1                  | 50.0%  | 0            | 0.0%  | 27                    | 5             | 18.5%  | 15                 | 55.6% | 7            | 25.9% | 0                    | 0             | 0.0% | 0                  | 0.0% | 0            | 0.0%   |  |
| UHC of California (UnitedHealthcare of California)   | 380,079    | 100                 | 2.63            | 10                                 | 9             | 90.0%  | 1                  | 10.0%  | 0            | 0.0%  | 87                    | 8             | 9.2%   | 18                 | 20.7% | 61           | 70.1% | 3                    | 0             | 0.0% | 0                  | 0.0% | 3            | 100.0% |  |
| UnitedHealthcare Benefits Plan of California   | 336,097    | 169                 | 5.03            | 60                                 | 18            | 30.0%  | 38                 | 63.3%  | 4            | 6.7%  | 109                   | 14            | 12.8%  | 75                 | 68.8% | 20           | 18.3% | 0                    | 0             | 0.0% | 0                  | 0.0% | 0            | 0.0%   |  |
| UnitedHealthcare Community Plan of California, Inc.  | 0          | 0                   | 0.00            | 0                                  | 0             | 0.0%   | 0                  | 0.0%   | 0            | 0.0%  | 0                     | 0             | 0.0%   | 0                  | 0.0%  | 0            | 0.0%  | 0                    | 0             | 0.0% | 0                  | 0.0% | 0            | 0.0%   |  |
| Universal Care, Inc. (Bright HealthCare)**   | 0          | 0                   | 0.00            | 0                                  | 0             | 0.0%   | 0                  | 0.0%   | 0            | 0.0%  | 0                     | 0             | 0.0%   | 0                  | 0.0%  | 0            | 0.0%  | 0                    | 0             | 0.0% | 0                  | 0.0% | 0            | 0.0%   |  |
| Universal 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%   |  |
| 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% |              |        |  |

California Department of Managed Health Care  
2024 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 | %    |
| 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.  | 66,264     | 0                   | 0.00            | 0                                  | 0             | 0.0% | 0                  | 0.0% | 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:  | 151,474    | 1                   | 0.07            | 0                                  | 0             | 0.0% | 0                  | 0.0% | 0            | 0.0% | 1                     | 0             | 0.0%   | 1                  | 100.0% | 0            | 0.0% | 0                    | 0             | 0.0% | 0                  | 0.0% | 0            | 0.0% |
| Dental   |            |                     |                 |                                    |               |      |                    |      |              |      |                       |               |        |                    |        |              |      |                      |               |      |                    |      |              |      |
| Access Dental Plan   | 259,634    | 0                   | 0.00            | 0                                  | 0             | 0.0% | 0                  | 0.0% | 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.  | 95,220     | 0                   | 0.00            | 0                                  | 0             | 0.0% | 0                  | 0.0% | 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. (DentaQuest)   | 39,823     | 0                   | 0.00            | 0                                  | 0             | 0.0% | 0                  | 0.0% | 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.  | 185,152    | 0                   | 0.00            | 0                                  | 0             | 0.0% | 0                  | 0.0% | 0            | 0.0% | 0                     | 0             | 0.0%   | 0                  | 0.0%   | 0            | 0.0% | 0                    | 0             | 0.0% | 0                  | 0.0% | 0            | 0.0% |
| Consumer Health, Inc. (Newport Dental Plan)  | 6,526      | 0                   | 0.00            | 0                                  | 0             | 0.0% | 0                  | 0.0% | 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.   | 139,825    | 0                   | 0.00            | 0                                  | 0             | 0.0% | 0                  | 0.0% | 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   | 30,548     | 0                   | 0.00            | 0                                  | 0             | 0.0% | 0                  | 0.0% | 0            | 0.0% | 0                     | 0             | 0.0%   | 0                  | 0.0%   | 0            | 0.0% | 0                    | 0             | 0.0% | 0                  | 0.0% | 0            | 0.0% |
| Golden West Health Plan, Inc. (Golden West Dental & Vision Plan)                         | 0          | 0                   | 0.00            | 0                                  | 0             | 0.0% | 0                  | 0.0% | 0            | 0.0% | 0                     | 0             | 0.0%   | 0                  | 0.0%   | 0            | 0.0% | 0                    | 0             | 0.0% | 0                  | 0.0% | 0            | 0.0% |
| Liberty Dental Plan of California, Inc. (Personal Dental Services)                       | 454,096    | 0                   | 0.00            | 0                                  | 0             | 0.0% | 0                  | 0.0% | 0            | 0.0% | 0                     | 0             | 0.0%   | 0                  | 0.0%   | 0            | 0.0% | 0                    | 0             | 0.0% | 0                  | 0.0% | 0            | 0.0% |
| Managed Dental Care  | 75,900     | 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% |
| SafeGuard Health Plans, Inc. (MetLife)   | 174,749    | 0                   | 0.00            | 0                                  | 0             | 0.0% | 0                  | 0.0% | 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)                      | 1,443      | 0                   | 0.00            | 0                                  | 0             | 0.0% | 0                  | 0.0% | 0            | 0.0% | 0                     | 0             | 0.0%   | 0                  | 0.0%   | 0            | 0.0% | 0                    | 0             | 0.0% | 0                  | 0.0% | 0            | 0.0% |
| UDC Dental California, Inc. (United Dental Care of California, Inc.)                     | 21,628     | 0                   | 0.00            | 0                                  | 0             | 0.0% | 0                  | 0.0% | 0            | 0.0% | 0                     | 0             | 0.0%   | 0                  | 0.0%   | 0            | 0.0% | 0                    | 0             | 0.0% | 0                  | 0.0% | 0            | 0.0% |
| United Concordia Dental Plans of California, Inc.  | 50,447     | 0                   | 0.00            | 0                                  | 0             | 0.0% | 0                  | 0.0% | 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)                                      | 111,408    | 0                   | 0.00            | 0                                  | 0             | 0.0% | 0                  | 0.0% | 0            | 0.0% | 0                     | 0             | 0.0%   | 0                  | 0.0%   | 0            | 0.0% | 0                    | 0             | 0.0% | 0                  | 0.0% | 0            | 0.0% |
| Total Dental:  | 1,646,399  | 0                   | 0.00            | 0                                  | 0             | 0.0% | 0                  | 0.0% | 0            | 0.0% | 0                     | 0             | 0.0%   | 0                  | 0.0%   | 0            | 0.0% | 0                    | 0             | 0.0% | 0                  | 0.0% | 0            | 0.0% |
| DENTAL/VISION  |            |                     |                 |                                    |               |      |                    |      |              |      |                       |               |        |                    |        |              |      |                      |               |      |                    |      |              |      |
| Delta Dental of California   | 3,690,239  | 1                   | 0.00            | 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% |
| Total Dental/Vision:   | 3,690,239  | 1                   | 0.00            | 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% |
| DISCOUNT   |            |                     |                 |                                    |               |      |                    |      |              |      |                       |               |        |                    |        |              |      |                      |               |      |                    |      |              |      |
| First Dental Health  | 18,765     | 0                   | 0.00            | 0                                  | 0             | 0.0% | 0                  | 0.0% | 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.  | 30,386     | 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 Discount:  | 49,151     | 0                   | 0.00            | 0                                  | 0             | 0.0% | 0                  | 0.0% | 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.  | 285,005    | 0                   | 0.00            | 0                                  | 0             | 0.0% | 0                  | 0.0% | 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)                                      | 114,010    | 0                   | 0.00            | 0                                  | 0             | 0.0% | 0                  | 0.0% | 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   | 165,439    | 0                   | 0.00            | 0                                  | 0             | 0.0% | 0                  | 0.0% | 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)   | 97,720     | 0                   | 0.00            | 0                                  | 0             | 0.0% | 0                  | 0.0% | 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.  | 86,087     | 0                   | 0.00            | 0                                  | 0             | 0.0% | 0                  | 0.0% | 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.   | 145,952    | 0                   | 0.00            | 0                                  | 0             | 0.0% | 0                  | 0.0% | 0            | 0.0% | 0                     | 0             | 0.0%   | 0                  | 0.0%   | 0            | 0.0% | 0                    | 0             | 0.0% | 0                  | 0.0% | 0            | 0.0% |
| Health and Human Resource Center, Inc. (Aetna Resources for Living)                      | 1,643,428  | 0                   | 0.00            | 0                                  | 0             | 0.0% | 0                  | 0.0% | 0            | 0.0% | 0                     | 0             | 0.0%   | 0                  | 0.0%   | 0            | 0.0% | 0                    | 0             | 0.0% | 0                  | 0.0% | 0            | 0.0% |
| Holman Professional Counseling Centers   | 74,106     | 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% |
| Human Affairs International of California (HAI-CA)                                       | 0          | 0                   | 0.00            | 0                                  | 0             | 0.0% | 0                  | 0.0% | 0            | 0.0% | 0                     | 0             | 0.0%   | 0                  | 0.0%   | 0            | 0.0% | 0                    | 0             | 0.0% | 0                  | 0.0% | 0            | 0.0% |
| Magellan Health Services of California, Inc. - Employer Services                         | 749,899    | 0                   | 0.00            | 0                                  | 0             | 0.0% | 0                  | 0.0% | 0            | 0.0% | 0                     | 0             | 0.0%   | 0                  | 0.0%   | 0            | 0.0% | 0                    | 0             | 0.0% | 0                  | 0.0% | 0            | 0.0% |
| Spring Care of California, Inc. (Spring 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% |
| TELUS Health (California) Ltd. (LifeWorks)   | 87,398     | 0                   | 0.00            | 0                                  | 0             | 0.0% | 0                  | 0.0% | 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) | 895,828    | 0                   | 0.00            | 0                                  | 0             | 0.0% | 0                  | 0.0% | 0            | 0.0% | 0                     | 0             | 0.0%   | 0                  | 0.0%   | 0            | 0.0% | 0                    | 0             | 0.0% | 0                  | 0.0% | 0            | 0.0% |
| Total Behavioral Health (Psychological):   | 4,344,872  | 0                   | 0.00            | 0                                  | 0             | 0.0% | 0                  | 0.0% | 0            | 0.0% | 0                     | 0             | 0.0%   | 0                  | 0.0%   | 0            | 0.0% | 0                    | 0             | 0.0% | 0                  | 0.0% | 0            | 0.0% |
| VISION   |            |                     |                 |                                    |               |      |                    |      |              |      |                       |               |        |                    |        |              |      |                      |               |      |                    |      |              |      |
| EyeMax Vision Plan, Inc.   | 241        | 0                   | 0.00            | 0                                  | 0             | 0.0% | 0                  | 0.0% | 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.   | 431,169    | 0                   | 0.00            | 0                                  | 0             | 0.0% | 0                  | 0.0% | 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  
2024 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 | %     |
| FirstSight Vision Services, Inc. (America’s Best Vision Plan) | 223,902    | 0                   | 0.00            | 0                                  | 0             | 0.0%  | 0                  | 0.0%  | 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  | 9,429      | 0                   | 0.00            | 0                                  | 0             | 0.0%  | 0                  | 0.0%  | 0            | 0.0%  | 0                     | 0             | 0.0%  | 0                  | 0.0%  | 0            | 0.0%  | 0                    | 0             | 0.0%  | 0                  | 0.0%  | 0            | 0.0%  |
| Vision Service Plan   | 3,581,653  | 0                   | 0.00            | 0                                  | 0             | 0.0%  | 0                  | 0.0%  | 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:   | 4,246,394  | 0                   | 0.00            | 0                                  | 0             | 0.0%  | 0                  | 0.0%  | 0            | 0.0%  | 0                     | 0             | 0.0%  | 0                  | 0.0%  | 0            | 0.0%  | 0                    | 0             | 0.0%  | 0                  | 0.0%  | 0            | 0.0%  |
| Total Specialty Plans:  | 14,128,529 | 2                   | 0.00            | 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%  |
|   |            |                     |                 |                                    |               |       |                    |       |              |       |                       |               |       |                    |       |              |       |                      |               |       |                    |       |              |       |
| Grand Totals:   | 38,952,832 | 3,477               | 0.89            | 472                                | 215           | 45.6% | 194                | 41.1% | 63           | 13.3% | 2,990                 | 720           | 24.1% | 1,582              | 52.9% | 688          | 23.0% | 15                   | 2             | 13.3% | 2                  | 13.3% | 11           | 73.3% |

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.

Gray shading indicates that the plan surrendered its license in 2024.

\*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](http://www.medicareappeal.com), [www.Medicare.gov](http://www.Medicare.gov) and [www.CMS.gov](http://www.CMS.gov).

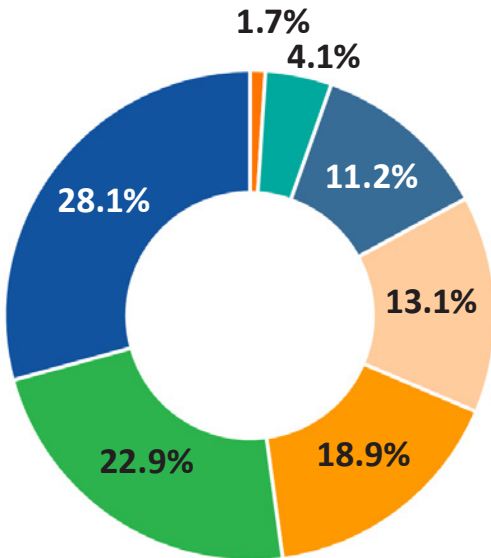
\*\*\*County Organized Health Systems (COHS) Medi-Cal lines of business are exempt from DMHC licensure under Welfare and Institutions Code section 14087.95, and the DMHC Help Center does not have jurisdiction over these consumer complaints. Although not required by the law, San Mateo Health Commission (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.

^IMRs reported in 2024 for Aetna Better Health of California, Inc. are from enrollees previously covered by the plan under Medi-Cal.

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# 2024 Health Plan Member Complaint Summary Report

## Report Overview



**1.7% - Coordination of Benefits**

**4.1% - Enrollment**

**11.2% - Access to Care**

**13.1% - Provider Customer Service**

**18.9% - Health Plan Customer Service**

**22.9% - Benefits/Coverage**

**28.1% - Claims/Financial**

The Annual Complaint Summary Report displays the number and types of complaints resolved during the 2024 calendar year by health plan. A member's complaint may include more than one issue. A complaint consisting of multiple distinct issues is counted as one resolved complaint. Specific complaint issues are categorized in seven categories: Access to Care, Benefits/Coverage, Claims/Financial, Enrollment, Coordination of Benefits, Health Plan Customer Service, and Provider Customer Service.

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

The health plan enrollment figures were provided to the Department by the health plans in their quarterly financial filings. Enrollment reflects the enrollment figures provided for the fourth quarter of 2024 for the population of members within the DMHC Help Center's jurisdiction. Plans with zero enrollment as of December 31, 2024, may have had enrollment earlier in the year, received a license in 2024 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 2024. Cases pending at the end of 2024 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 2024. In instances where a health plan is known by more than one name, the legal name is shown first with the additional name(s) in parentheses. For health plans that are involved in plan-to-plan arrangements, the data is reported by the primary plan only.

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

*California Department of Managed Health Care*  
**2024 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   |                     |                          |            |                       |                |            |                    |            |                   |            |            |            |                          |            |                              |            |                           |            |
| Alameda Alliance For Health  | 54                  | 0.6%                     | 412,919    | 1.31                  | 16             | 0.39       | 21                 | 0.51       | 7                 | 0.17       | 1          | 0.02       | 8                        | 0.19       | 13                           | 0.31       | 12                        | 0.29       |
| Blue Cross of California (Anthem Blue Cross)                                     | 2,177               | 24.5%                    | 2,164,825  | 10.06                 | 205            | 0.95       | 832                | 3.84       | 1213              | 5.60       | 170        | 0.79       | 44                       | 0.20       | 704                          | 3.25       | 193                       | 0.89       |
| Blue Cross of California Partnership Plan, Inc.                                  | 70                  | 0.8%                     | 804,782    | 0.87                  | 29             | 0.36       | 24                 | 0.30       | 8                 | 0.10       | 1          | 0.01       | 13                       | 0.16       | 15                           | 0.19       | 23                        | 0.29       |
| California Physicians' Service (Blue Shield of California)                       | 2,429               | 27.3%                    | 2,287,137  | 10.62                 | 256            | 1.12       | 840                | 3.67       | 1518              | 6.64       | 166        | 0.73       | 60                       | 0.26       | 888                          | 3.88       | 206                       | 0.90       |
| Fresno-Kings-Madera Regional Health Authority (CalViva Health)                   | 39                  | 0.4%                     | 432,709    | 0.90                  | 18             | 0.42       | 12                 | 0.28       | 2                 | 0.05       | 0          | 0.00       | 2                        | 0.05       | 16                           | 0.37       | 14                        | 0.32       |
| Health Net Community Solutions, Inc.   | 250                 | 2.8%                     | 1,586,821  | 1.58                  | 131            | 0.83       | 78                 | 0.49       | 39                | 0.25       | 8          | 0.05       | 21                       | 0.13       | 50                           | 0.32       | 79                        | 0.50       |
| Health Net of California, Inc.   | 600                 | 6.8%                     | 515,188    | 11.65                 | 112            | 2.17       | 219                | 4.25       | 287               | 5.57       | 29         | 0.56       | 19                       | 0.37       | 211                          | 4.10       | 73                        | 1.42       |
| Inland Empire Health Plan (IEHP)   | 128                 | 1.4%                     | 1,557,861  | 0.82                  | 52             | 0.33       | 53                 | 0.34       | 12                | 0.08       | 1          | 0.01       | 4                        | 0.03       | 27                           | 0.17       | 52                        | 0.33       |
| Kaiser Foundation Health Plan, Inc. (Kaiser Permanente)                          | 2,292               | 25.8%                    | 7,801,592  | 2.94                  | 541            | 0.69       | 745                | 0.95       | 668               | 0.86       | 215        | 0.28       | 44                       | 0.06       | 659                          | 0.84       | 1044                      | 1.34       |
| Kern Health Systems  | 16                  | 0.2%                     | 404,440    | 0.40                  | 10             | 0.25       | 6                  | 0.15       | 0                 | 0.00       | 0          | 0.00       | 2                        | 0.05       | 3                            | 0.07       | 4                         | 0.10       |
| Local Initiative Health Authority for Los Angeles County (L.A. Care Health Plan) | 701                 | 7.9%                     | 2,570,226  | 2.73                  | 232            | 0.90       | 238                | 0.93       | 232               | 0.90       | 37         | 0.14       | 37                       | 0.14       | 158                          | 0.61       | 160                       | 0.62       |
| Molina Healthcare of California  | 76                  | 0.9%                     | 629,104    | 1.21                  | 22             | 0.35       | 26                 | 0.41       | 22                | 0.35       | 9          | 0.14       | 3                        | 0.05       | 23                           | 0.37       | 20                        | 0.32       |
| San Joaquin County Health Commission (Health Plan of San Joaquin)                | 50                  | 0.6%                     | 416,712    | 1.20                  | 17             | 0.41       | 26                 | 0.62       | 7                 | 0.17       | 3          | 0.07       | 2                        | 0.05       | 6                            | 0.14       | 11                        | 0.26       |
| Total Full Service – Enrollment Over 400,000:                                    | 8,882               | 100.0%                   | 21,584,316 | 4.12                  | 1,641          | 0.76       | 3,120              | 1.45       | 4,015             | 1.86       | 640        | 0.30       | 259                      | 0.12       | 2,773                        | 1.28       | 1,891                     | 0.88       |
| FULL SERVICE – ENROLLMENT UNDER 400,000  |                     |                          |            |                       |                |            |                    |            |                   |            |            |            |                          |            |                              |            |                           |            |
| 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.**^  | 2                   | 0.1%                     | 0          | 0.00                  | 0              | 0.00       | 0                  | 0.00       | 2                 | 0.00       | 0          | 0.00       | 0                        | 0.00       | 0                            | 0.00       | 0                         | 0.00       |
| Aetna Health of California Inc.  | 96                  | 6.8%                     | 224,258    | 4.28                  | 11             | 0.49       | 44                 | 1.96       | 47                | 2.10       | 4          | 0.18       | 0                        | 0.00       | 27                           | 1.20       | 8                         | 0.36       |
| AIDS Healthcare Foundation (Positive Healthcare)                                 | 0                   | 0.0%                     | 940        | 0.00                  | 0              | 0.00       | 0                  | 0.00       | 0                 | 0.00       | 0          | 0.00       | 0                        | 0.00       | 0                            | 0.00       | 0                         | 0.00       |
| Align Senior Care California, Inc.**   | 0                   | 0.0%                     | 0          | 0.00                  | 0              | 0.00       | 0                  | 0.00       | 0                 | 0.00       | 0          | 0.00       | 0                        | 0.00       | 0                            | 0.00       | 0                         | 0.00       |
| Alignment Health Advantage Plan, Inc.**  | 0                   | 0.0%                     | 0          | 0.00                  | 0              | 0.00       | 0                  | 0.00       | 0                 | 0.00       | 0          | 0.00       | 0                        | 0.00       | 0                            | 0.00       | 0                         | 0.00       |
| Alignment Health Plan**  | 0                   | 0.0%                     | 0          | 0.00                  | 0              | 0.00       | 0                  | 0.00       | 0                 | 0.00       | 0          | 0.00       | 0                        | 0.00       | 0                            | 0.00       | 0                         | 0.00       |
| AltaMed Health Network, Inc.   | 0                   | 0.0%                     | 0          | 0.00                  | 0              | 0.00       | 0                  | 0.00       | 0                 | 0.00       | 0          | 0.00       | 0                        | 0.00       | 0                            | 0.00       | 0                         | 0.00       |
| Arcadian Health Plan, Inc.**   | 0                   | 0.0%                     | 0          | 0.00                  | 0              | 0.00       | 0                  | 0.00       | 0                 | 0.00       | 0          | 0.00       | 0                        | 0.00       | 0                            | 0.00       | 0                         | 0.00       |
| Aspire Health Plan**   | 0                   | 0.0%                     | 0          | 0.00                  | 0              | 0.00       | 0                  | 0.00       | 0                 | 0.00       | 0          | 0.00       | 0                        | 0.00       | 0                            | 0.00       | 0                         | 0.00       |
| Astiva Health, Inc.**  | 0                   | 0.0%                     | 0          | 0.00                  | 0              | 0.00       | 0                  | 0.00       | 0                 | 0.00       | 0          | 0.00       | 0                        | 0.00       | 0                            | 0.00       | 0                         | 0.00       |
| Bay Area Accountable Care Network, Inc. (Canopy Health)                          | 0                   | 0.0%                     | 0          | 0.00                  | 0              | 0.00       | 0                  | 0.00       | 0                 | 0.00       | 0          | 0.00       | 0                        | 0.00       | 0                            | 0.00       | 0                         | 0.00       |
| Blue Shield of California Promise Health Plan                                    | 45                  | 3.2%                     | 190,067    | 2.37                  | 19             | 1.00       | 18                 | 0.95       | 3                 | 0.16       | 1          | 0.05       | 6                        | 0.32       | 19                           | 1.00       | 9                         | 0.47       |
| 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       |
| BZ Health Network of California, Inc. (Blue Zones Health Network 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       |
| California Health and Wellness Plan (CA Health and Wellness)                     | 7                   | 0.5%                     | 0          | 0.00                  | 3              | 0.00       | 0                  | 0.00       | 3                 | 0.00       | 0          | 0.00       | 0                        | 0.00       | 2                            | 0.00       | 1                         | 0.00       |
| Carelon Health of California, Inc.**   | 0                   | 0.0%                     | 0          | 0.00                  | 0              | 0.00       | 0                  | 0.00       | 0                 | 0.00       | 0          | 0.00       | 0                        | 0.00       | 0                            | 0.00       | 0                         | 0.00       |
| CCA Health Plans of California, Inc. (CCA Health California)**                   | 0                   | 0.0%                     | 0          | 0.00                  | 0              | 0.00       | 0                  | 0.00       | 0                 | 0.00       | 0          | 0.00       | 0                        | 0.00       | 0                            | 0.00       | 0                         | 0.00       |
| Central Health Plan of California, Inc.**  | 0                   | 0.0%                     | 0          | 0.00                  | 0              | 0.00       | 0                  | 0.00       | 0                 | 0.00       | 0          | 0.00       | 0                        | 0.00       | 0                            | 0.00       | 0                         | 0.00       |
| Central Valley Health Plan, Inc.   | 0                   | 0.0%                     | 0          | 0.00                  | 0              | 0.00       | 0                  | 0.00       | 0                 | 0.00       | 0          | 0.00       | 0                        | 0.00       | 0                            | 0.00       | 0                         | 0.00       |
| Champion Health Plan of California, Inc.**                                       | 0                   | 0.0%                     | 0          | 0.00                  | 0              | 0.00       | 0                  | 0.00       | 0                 | 0.00       | 0          | 0.00       | 0                        | 0.00       | 0                            | 0.00       | 0                         | 0.00       |
| CHG Foundation (Community Health Group Partnership Plan)                         | 14                  | 1.0%                     | 381,438    | 0.37                  | 6              | 0.16       | 9                  | 0.24       | 1                 | 0.03       | 1          | 0.03       | 0                        | 0.00       | 0                            | 0.00       | 7                         | 0.18       |
| Children’s Health Plan of California   | 0                   | 0.0%                     | 0          | 0.00                  | 0              | 0.00       | 0                  | 0.00       | 0                 | 0.00       | 0          | 0.00       | 0                        | 0.00       | 0                            | 0.00       | 0                         | 0.00       |
| Chinese Community Health Plan (Balance by CCHP)                                  | 11                  | 0.8%                     | 6,370      | 17.27                 | 0              | 0.00       | 3                  | 4.71       | 9                 | 14.13      | 0          | 0.00       | 0                        | 0.00       | 0                            | 0.00       | 2                         | 3.14       |
| Choice Physicians Network, Inc.  | 0                   | 0.0%                     | 0          | 0.00                  | 0              | 0.00       | 0                  | 0.00       | 0                 | 0.00       | 0          | 0.00       | 0                        | 0.00       | 0                            | 0.00       | 0                         | 0.00       |
| Cigna HealthCare of California, Inc.   | 52                  | 3.7%                     | 105,007    | 4.95                  | 9              | 0.86       | 29                 | 2.76       | 20                | 1.90       | 2          | 0.19       | 1                        | 0.10       | 11                           | 1.05       | 9                         | 0.86       |
| Clever Care of Golden State Inc. (Clever Care of California)**                   | 0                   | 0.0%                     | 0          | 0.00                  | 0              | 0.00       | 0                  | 0.00       | 0                 | 0.00       | 0          | 0.00       | 0                        | 0.00       | 0                            | 0.00       | 0                         | 0.00       |
| Community Care Health Plan, Inc.   | 0                   | 0.0%                     | 13,937     | 0.00                  | 0              | 0.00       | 0                  | 0.00       | 0                 | 0.00       | 0          | 0.00       | 0                        | 0.00       | 0                            | 0.00       | 0                         | 0.00       |
| Community Family Care Health Plan, Inc.  | 0                   | 0.0%                     | 0          | 0.00                  | 0              | 0.00       | 0                  | 0.00       | 0                 | 0.00       | 0          | 0.00       | 0                        | 0.00       | 0                            | 0.00       | 0                         | 0.00       |
| Community Health Group   | 0                   | 0.0%                     | 7,477      | 0.00                  | 0              | 0.00       | 0                  | 0.00       | 0                 | 0.00       | 0          | 0.00       | 0                        | 0.00       | 0                            | 0.00       | 0                         | 0.00       |
| Contra Costa County Medical Services (Contra Costa Health Plan)                  | 48                  | 3.4%                     | 269,118    | 1.78                  | 21             | 0.78       | 19                 | 0.71       | 5                 | 0.19       | 0          | 0.00       | 4                        | 0.15       | 13                           | 0.48       | 22                        | 0.82       |

California Department of Managed Health Care  
2024 Complaints by Health Plan and Category

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**California Department of Managed Health Care**  
**2024 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 |
| Sutter Health Alliance (Sutter Health Plan)                               | 96                  | 6.8%                     | 118,165    | 8.12                  | 19             | 1.61       | 50                 | 4.23       | 37                | 3.13       | 7          | 0.59       | 4                        | 0.34       | 24                           | 2.03       | 20                        | 1.69       |
| UHC of California (UnitedHealthcare of California)                        | 350                 | 24.9%                    | 380,079    | 9.21                  | 57             | 1.50       | 207                | 5.45       | 112               | 2.95       | 7          | 0.18       | 4                        | 0.11       | 88                           | 2.32       | 41                        | 1.08       |
| UnitedHealthcare Benefits Plan of California                              | 287                 | 20.4%                    | 336,097    | 8.54                  | 20             | 0.60       | 75                 | 2.23       | 217               | 6.46       | 7          | 0.21       | 8                        | 0.24       | 76                           | 2.26       | 19                        | 0.57       |
| UnitedHealthcare Community Plan of California, Inc.                       | 0                   | 0.0%                     | 0          | 0.00                  | 0              | 0.00       | 0                  | 0.00       | 0                 | 0.00       | 0          | 0.00       | 0                        | 0.00       | 0                            | 0.00       | 0                         | 0.00       |
| Universal Care, Inc. (Bright HealthCare)**                                | 0                   | 0.0%                     | 0          | 0.00                  | 0              | 0.00       | 0                  | 0.00       | 0                 | 0.00       | 0          | 0.00       | 0                        | 0.00       | 0                            | 0.00       | 0                         | 0.00       |
| Universal 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       |
| WellCare of California, Inc.**  | 0                   | 0.0%                     | 0          | 0.00                  | 0              | 0.00       | 0                  | 0.00       | 0                 | 0.00       | 0          | 0.00       | 0                        | 0.00       | 0                            | 0.00       | 0                         | 0.00       |
| Western Health Advantage  | 89                  | 6.3%                     | 118,416    | 7.52                  | 20             | 1.69       | 41                 | 3.46       | 35                | 2.96       | 7          | 0.59       | 1                        | 0.08       | 28                           | 2.36       | 11                        | 0.93       |
| Total Full Service - Enrollment Under 400,000:                            | 1,401               | 100.0%                   | 3,239,987  | 4.32                  | 279            | 0.86       | 620                | 1.91       | 594               | 1.83       | 40         | 0.12       | 41                       | 0.13       | 357                          | 1.10       | 212                       | 0.65       |
| Total All Full Service Plans:   | 10,283              | 100.0%                   | 24,824,303 | 4.14                  | 1,920          | 0.77       | 3,740              | 1.51       | 4,609             | 1.86       | 680        | 0.27       | 300                      | 0.12       | 3,130                        | 1.26       | 2,103                     | 0.85       |
| Chiropractic  |                     |                          |            |                       |                |            |                    |            |                   |            |            |            |                          |            |                              |            |                           |            |
| ACN Group of California, Inc. (OptumHealth Physical Health of California) | 0                   | 0.0%                     | 85,210     | 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%                     | 66,264     | 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%                     | 151,474    | 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  | 4                   | 4.8%                     | 259,634    | 0.15                  | 3              | 0.12       | 1                  | 0.04       | 1                 | 0.04       | 0          | 0.00       | 0                        | 0.00       | 0                            | 0.00       | 0                         | 0.00       |
| Aetna Dental of California Inc.   | 3                   | 3.6%                     | 95,220     | 0.32                  | 0              | 0.00       | 2                  | 0.21       | 2                 | 0.21       | 0          | 0.00       | 0                        | 0.00       | 1                            | 0.11       | 2                         | 0.21       |
| California Dental Network, Inc. (DentaQuest)                              | 5                   | 6.0%                     | 39,823     | 1.26                  | 1              | 0.25       | 0                  | 0.00       | 3                 | 0.75       | 0          | 0.00       | 0                        | 0.00       | 3                            | 0.75       | 1                         | 0.25       |
| Cigna Dental Health of California, Inc.                                   | 4                   | 4.8%                     | 185,152    | 0.22                  | 1              | 0.05       | 2                  | 0.11       | 2                 | 0.11       | 0          | 0.00       | 0                        | 0.00       | 0                            | 0.00       | 2                         | 0.11       |
| Consumer Health, Inc. (Newport Dental Plan)                               | 0                   | 0.0%                     | 6,526      | 0.00                  | 0              | 0.00       | 0                  | 0.00       | 0                 | 0.00       | 0          | 0.00       | 0                        | 0.00       | 0                            | 0.00       | 0                         | 0.00       |
| Dental Benefit Providers of California, Inc.                              | 1                   | 1.2%                     | 139,825    | 0.07                  | 0              | 0.00       | 0                  | 0.00       | 1                 | 0.07       | 0          | 0.00       | 0                        | 0.00       | 0                            | 0.00       | 1                         | 0.07       |
| Dental Health Services  | 2                   | 2.4%                     | 30,548     | 0.65                  | 1              | 0.33       | 0                  | 0.00       | 1                 | 0.33       | 0          | 0.00       | 0                        | 0.00       | 1                            | 0.33       | 0                         | 0.00       |
| Golden West Health Plan, Inc. (Golden West Dental & Vision 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       |
| Liberty Dental Plan of California, Inc. (Personal Dental Services)        | 45                  | 54.2%                    | 454,096    | 0.99                  | 5              | 0.11       | 34                 | 0.75       | 8                 | 0.18       | 1          | 0.02       | 0                        | 0.00       | 6                            | 0.13       | 14                        | 0.31       |



California Department of Managed Health Care  
2024 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 |
| BEHAVIORAL HEALTH (PSYCHOLOGICAL)  |                     |                          |            |                       |                |            |                    |            |                   |            |            |            |                          |            |                              |            |                           |            |
| Carelon Behavioral Health of California, Inc.  | 0                   | 0.0%                     | 285,005    | 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%                     | 114,010    | 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%                     | 165,439    | 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%                     | 97,720     | 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.  | 0                   | 0.0%                     | 86,087     | 0.00                  | 0              | 0.00       | 0                  | 0.00       | 0                 | 0.00       | 0          | 0.00       | 0                        | 0.00       | 0                            | 0.00       | 0                         | 0.00       |
| Health Advocate West, Inc.   | 0                   | 0.0%                     | 145,952    | 0.00                  | 0              | 0.00       | 0                  | 0.00       | 0                 | 0.00       | 0          | 0.00       | 0                        | 0.00       | 0                            | 0.00       | 0                         | 0.00       |
| Health and Human Resource Center, Inc. (Aetna Resources for Living)                      | 0                   | 0.0%                     | 1,643,428  | 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%                     | 74,106     | 0.00                  | 0              | 0.00       | 0                  | 0.00       | 0                 | 0.00       | 0          | 0.00       | 0                        | 0.00       | 0                            | 0.00       | 0                         | 0.00       |
| Human Affairs International of California (HAI-CA)                                       | 0                   | 0.0%                     | 0          | 0.00                  | 0              | 0.00       | 0                  | 0.00       | 0                 | 0.00       | 0          | 0.00       | 0                        | 0.00       | 0                            | 0.00       | 0                         | 0.00       |
| Magellan Health Services of California, Inc. - Employer Services                         | 0                   | 0.0%                     | 749,899    | 0.00                  | 0              | 0.00       | 0                  | 0.00       | 0                 | 0.00       | 0          | 0.00       | 0                        | 0.00       | 0                            | 0.00       | 0                         | 0.00       |
| Spring Care of California, Inc. (Spring 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       |
| TELUS Health (California) Ltd. (LifeWorks)   | 0                   | 0.0%                     | 87,398     | 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                   | 100.0%                   | 895,828    | 0.01                  | 0              | 0.00       | 0                  | 0.00       | 2                 | 0.02       | 0          | 0.00       | 0                        | 0.00       | 0                            | 0.00       | 0                         | 0.00       |
| Total Behavioral Health (Psychological):   | 1                   | 100.0%                   | 4,344,872  | 0.00                  | 0              | 0.00       | 0                  | 0.00       | 2                 | 0.00       | 0          | 0.00       | 0                        | 0.00       | 0                            | 0.00       | 0                         | 0.00       |
| VISION   |                     |                          |            |                       |                |            |                    |            |                   |            |            |            |                          |            |                              |            |                           |            |
| EyeMax Vision Plan, Inc.   | 0                   | 0.0%                     | 241        | 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%                     | 431,169    | 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%                     | 223,902    | 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%                     | 9,429      | 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  | 12                  | 100.0%                   | 3,581,653  | 0.03                  | 0              | 0.00       | 2                  | 0.01       | 12                | 0.03       | 3          | 0.01       | 1                        | 0.00       | 3                            | 0.01       | 1                         | 0.00       |
| Visique Vision Solutions of California, Inc.   | 0                   | 0.0%                     | 0          | 0.00                  | 0              | 0.00       | 0                  | 0.00       | 0                 | 0.00       | 0          | 0.00       | 0                        | 0.00       | 0                            | 0.00       | 0                         | 0.00       |
| Total Vision:  | 12                  | 100.0%                   | 4,246,394  | 0.03                  | 0              | 0.00       | 2                  | 0.00       | 12                | 0.03       | 3          | 0.01       | 1                        | 0.00       | 3                            | 0.01       | 1                         | 0.00       |
| Total Specialty Plans:   | 556                 | 100.0%                   | 14,128,529 | 0.39                  | 36             | 0.03       | 245                | 0.17       | 285               | 0.20       | 35         | 0.02       | 2                        | 0.00       | 162                          | 0.11       | 186                       | 0.13       |
|  |                     |                          |            |                       |                |            |                    |            |                   |            |            |            |                          |            |                              |            |                           |            |
| Grand Totals:  | 10,839              | 100%                     | 38,952,832 | 2.78                  | 1,956          | 0.50       | 3,985              | 1.02       | 4,894             | 1.26       | 715        | 0.18       | 302                      | 0.08       | 3,292                        | 0.85       | 2,289                     | 0.59       |

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.

Gray shading indicates that the plan surrendered its license in 2024.

\*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](http://www.medicareappeal.com), [www.Medicare.gov](http://www.Medicare.gov) and [www.CMS.gov](http://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.

^Complaints reported in 2024 for Aetna Better Health of California, Inc. are from enrollees previously covered by the plan under Medi-Cal.

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