



**Cal MediConnect Advisory Committee Meeting Agenda
November 7, 2018 - 9:30 a.m. to 11:30 a.m.**

**San Diego County Medical Society
5575 Ruffin Road, Suite 250, San Diego, CA 92123
Call-In Phone Number: 1-888-689-5577 Passcode: 7356959#**

- I. Welcome
- II. Introductions
- III. Additions to the Agenda (from the HSD Health Plan work group)
 - MSSP Transition Update- Kristen Smith
 - Cal MediConnect Report Update – Kristen Smith
- IV. Review/Approval of the August 1, 2018 Meeting Minutes
- V. Cal MediConnect Updates
 - Health Plans
 - Harbage Consulting (Regional Coordinator)
 - Skilled Nursing Facility (SNF) Updates
 - Healthy San Diego Behavioral Health Workgroup
 - CBAS
 - Whole Person Wellness/Health Homes Update (George Scolari)
 - Cal MediConnect Enrollment Dashboard
 - Multipurpose Senior Services Program (MSSP)
 - Long Term Services and Supports (LTSS)
- VI. Cal MediConnect Consumer Feedback Updates
 - Ombudsman
 - HICAP
 - Advisory Committee Members
- VII. Open Discussion
- VIII. Next Meeting: February 6, 2019 from 9:30am - 11:30am at the San Diego County Medical Society



Cal MediConnect Advisory Committee

Wednesday, August 1, 2018

Member Attendance: Greg Knoll, Consumer Center for Health Education and Advocacy (CCHEA); Amber Cutler, Justice in Aging; Haley Erikson, Care1st; Joe Garbanzos, Harbage Consulting; Fedra Hassanpour, Health Net; Walter Hekimian, Edgemoor; Pam Hoye, Dual Eligible Consumer; Molly Kintz, Loving Care Adult Day Health Care (CBAS); Jenna MacRae, Elder Law and Advocacy - HICAP; Ellen Schmeding, St. Paul's Senior Services; George Scolari, Community Health Group; Judith Yates, Hospital Association of San Diego and Imperial Counties.

Guest Attendance: Tina Hendizadeh, Health Net; Hanna Kim, Molina Healthcare; Elizabeth Whitteker, Molina Healthcare; Kimberly Williams, IHHS Worker, Assistant to Pam Hoye.

Welcome and Introductions

- Greg Knoll called the meeting to order and attendees introduced themselves.

Additions to the Agenda

- Drug Medi-Cal Program Update
 - San Diego County has opted into the new Drug Medi-Cal Organized Delivery System program and services began on July 1, 2018.
 - A new quick guide has been created for the program and will be up shortly on the Optum public sector website.

Review and Approval of Meeting Minutes

- The May 2, 2018 meeting minutes were approved as corrected.
 - Under the Harbage Consulting item it should read "for a total of four webinars."

Cal MediConnect Updates

- Health Plans
 - Aetna Better Health
 - No Updates.
 - Care1st
 - Maria Lacner is now heading up membership for Cal MediConnect at Care1st.
 - Community Health Group
 - They have a new Medical Director, Dr. Sharma and a new interim CMO.
 - Health Net
 - Tina Hendizadeh was introduced as a new employee of Health Net and will be the backup representative for this meeting.
 - Kaiser
 - No Updates.

- Molina
 - No Updates.
- UnitedHealthcare
 - No Updates.
- Harbage Consulting (Regional Coordinator)
 - Harbage will be happy to help the Health Plans with understanding and navigating the new insurance broker rules.
 - They will also be involved in working with broker education.
 - There were 56 unique events from May to the end of July reaching 405 individuals.
 - The State is requesting feedback on data sharing for beneficiaries moving from one Health Plan to another.
- Skilled Nursing Facility (SNF) Updates
 - The SNF beds in San Diego County are full.
- Healthy San Diego Behavioral Health Subcommittee
 - The latest presentations at these meetings have been on Assertive Community Treatment through the County Behavioral Health department and then a SSI program update and overview from CCHEA.
 - The CCHEA presentation resulted in an upcoming meeting between CCHEA and the County to discuss medical records.
 - The Behavioral Health Operations work group is working on the Cal MediConnect data sharing project.
- CBAS
 - They have a webinar coming up on internet safety at CBAS sites.
- Whole Person Wellness/HDAP/Health Homes Update
 - A Whole Person Wellness Community Update meeting occurred yesterday with 120 in attendance.
- Cal MediConnect Enrollment Dashboard
 - The dashboard was included in the meeting packet and reviewed by the committee.
 - It was noted that the reporting process has been outsourced to a new vendor and it was suggested that if a Health Plan sees numbers that do not look correct they contact the State.
- Multipurpose Senior Services Program (MSSP)
 - Harvest Pepper will change the meeting agenda going forward to combine the MSSP and LTSS agenda items to “Healthy San Diego Health Plan – AIS Work Group (LTSS)”.
 - The last meeting focused on the update to the MSSP agreement. The updated agreement is now with County Council for review.
 - IHSS coordination of care issues were also discussed.

Consumer Feedback Updates

- Ombudsman
 - Most of the calls recently (an average of 70 to 80 calls a month) are concerning loss of Medi-Cal, which also means a lose Cal MediConnect.

- HICAP
 - They also saw an increase in calls in July for those who had lost Medi-Cal.
 - CCHEA asked that all those calls be referred to them.
- Advisory Committee Members
 - No updates.

Open Discussion

- Tri-City Psychiatric Beds
 - Their 18 psychiatric beds are being lost. The hospital noted high cost of building maintenance and construction to deal with mandated ligature risk (suicide) issues.

Next Meeting

Next meeting will be on Wednesday, November 7, 2018 from 9:30am–11:30am at the San Diego County Medical Society.

Meeting minutes transcribed by Harvest Pepper



Cal MediConnect Performance Dashboard Metrics Summary

Released September 2018



The Cal MediConnect (CMC) program is a voluntary demonstration operated by the Department of Health Care Services (DHCS) in collaboration with the Centers for Medicare and Medicaid Services (CMS) to provide better coordinated care for beneficiaries eligible for both Medicare and Medicaid (also known as “duals”). Cal MediConnect Plans (Plans) combine and coordinate Medicare and Medi-Cal benefits for eligible members, including medical, behavioral health, long-term institutional, and home-and-community based services. Seven counties are participating in the program: Los Angeles, Orange, San Diego, San Mateo, Riverside, San Bernardino and Santa Clara.

DASHBOARD OVERVIEW AND KEY TRENDS

This dashboard provides select data and measures on key aspects of the Cal MediConnect Program:

- **Enrollment and Demographics:** *Figures 1-6*
Statewide enrollment in Cal MediConnect has been steady over the past year (2017). In Q4 2017, 50% of enrollees spoke English and 30% spoke Spanish as their primary language, with 35% of enrollees identifying as Hispanic. Males and females aged 65 and older represent 29% and 43% of the total CMC population, respectively.
- **Quality Withhold Summary:** *Figure 7*
All Plans met at least three quality withhold measures and nine out of ten Plans received 50% or more of the quality withhold amount for Calendar Year 2015. Two of the ten Plans received 100% of their withhold. CalOptima and SCFHP entered the program in 2015, and are included in the data.
- **Care Coordination:** *Figures 8-17*
Figure 8 highlights an increase in percentage of members willing to participate, and who the Plan was able to locate, with an assessment completed within 90 days of enrollment from 90% in Q3 2017 to 92% in Q4 2017. The quarterly state average for Q4 2017, Figure 12, shows that a slightly higher percentage of low-risk members (72%) have completed individual care plans (ICPs) compared to high risk members (70%). This indicates a slight downward trend for both low-risk and high-risk members from Q3 2017.
- **Grievances and Appeals:** *Figures 18-21*
In 2017, Plans reported 46% more grievances than in 2016. Of the total reported grievances, 96% are categorized as “other”. DHCS and CMS are researching the nature of these complaints. In 2017, Plans reported 54% more appeals than in 2016. Of the total appeals, 51% of Plan decisions were either fully or partially favorable to the members appeal.
- **Behavioral Health Services:** *Figures 22-23*
Figure 22 indicates a slight downward trend of Cal MediConnect members seeking care in the emergency room for behavioral health services. The utilization has gone from 27.7 visits per 10,000 member months in Q3 2017 to 25.9 visits in Q4 2017.



Cal MediConnect Performance Dashboard Metrics Summary

Released September 2018



- **Long-term Services and Supports: Figures 24-33**

Figure 24 shows LTSS utilization per 1,000 members has seen little change throughout the reporting period; from an average of 278 members per 1,000 receiving LTSS in Q1 2017, to an average of 281 members in Q4 2017. DHCS is continuing to work with Plans to enhance LTSS referrals. Figure 26-33 are new figures displaying LTSS services broken down by four categories; In-Home Support Services (IHSS), Multipurpose Senior Services Program (MSSP), Community-Based Adult Services (CBAS), Nursing Facility (NF).

Data and Analysis Notes:

Dashboard data are reported by plan, except for the enrollment and demographic data which are calculated on a county-basis by DHCS (more information below). The dashboard is a tool that displays a combination of quarterly, 12-month rolling, and annual measures. The dashboard shows the most current data available, therefore, the reporting time periods for each metric reported may vary for each release.

- **Quarterly Rolling Statewide Average:** Figures 8, 10, 12, 17, 22, 24, 26, 28, 30 and 32.
Metrics represent the entire CMC program broken down by calendar quarters.
- **Current Quarter data by plan:** Figures 9, 11, 13, 25, 27, 29, 31 and 33.
Metrics represent the data for the most recent quarter broken down by plan. These figures have been changed from 12 month rolling percentage to current quarter data by plan.
- **Annual data:** Figures 7, 14, 15, 16, 18, 19, 20, 21 and 23.
Annual data are updated once a year and are compared to previous years that are only collected in aggregate.
- **Updated data:** All figures except Figure 23 are updated for the September 2018 release. The Annual Average Percentage of HRA Reassessments display (Figure 17 in the June 2018 dashboard) has been removed for reevaluation.
- **New Data:** Figure 4 was added to display the age distribution of CMC beneficiaries. Figures 26-33 were added to show LTSS services by categories. The addition of these new figures has altered some figure numbers compared to the previous release.

DETAILED DASHBOARD METRICS AND TRENDS

This section of the Dashboard Metrics Summary provides a detailed explanation of the performance metrics as well as a summary of key trends.

Cal MediConnect Enrollment and Demographics:

Enrollment and demographic data is a point-in-time view of the Cal MediConnect population. The data comes from the DHCS data warehouse and reporting system named the Medi-Cal Management Information System/Decision Support system (MIS/DSS)



Cal MediConnect Performance Dashboard Metrics Summary

Released September 2018



In addition to the quarterly enrollment and demographic data reported in this dashboard, monthly Cal MediConnect enrollment data will now be available through the Medi-Cal Managed Care Enrollment Reports available at <http://www.dhcs.ca.gov/dataandstats/reports/Pages/MMCDMonthlyEnrollment.aspx>.

Quality Withhold Measures:

DHCS monitors Plans using quality measures relating to beneficiaries' overall experience, care coordination, fostering of and support of community living, and more.¹ These measures, which are required to be reported under Medicare and Medicaid, build on other required data: Healthcare Effectiveness Data and Information Set (HEDIS), Medicare Health Outcome Survey, and Consumer Assessment of Healthcare Providers and Systems (CAHPS) data.

CMS and DHCS utilize reported metrics from the combined set of core and California-specific quality measures. Core measures are common across all states participating in duals demonstrations, and were primarily developed by CMS. California-specific measures were created through a collaborative partnership between DHCS, CMS, and public stakeholders. Based on their performance on a subset of core and California-specific measures, called "quality withhold measures,"² Plans may receive all or a portion of an amount withheld from their capitation payment (with the exception of Part D components), at the end of each demonstration year.

All quality withhold measures have benchmarks that the Plans are required to meet in order to receive some or all of the quality withhold payment. The Quality Withhold Summary is for Calendar Year 2015.

¹ Core Reporting Requirements for DY 1:
<https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/MMPInformationandGuidance/MMPReportingRequirements.html>

² Core quality withhold methodology and measures for DY 2-5:
<https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/MMPInformationandGuidance/Downloads/QualityWithholdGuidanceDY2-503142018.pdf>

Quality Withhold Methodology and Technical Notes:
<https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/MMPInformationandGuidance/MMPQualityWithholdMethodologyandTechnicalNotes.html>



Cal MediConnect Performance Dashboard Metrics Summary

Released September 2018



Figure 7 contains the quality withhold measures for the calendar year 2015. Definitions of the measures included for Figure 7 are below:

CW stands for “core withhold”, and in most cases a core withhold measure corresponds with a core quality measure. CAW stands for “California withhold” and usually corresponds with a state-specific quality measure. Quality withhold measures may be stand-alone, as mentioned above, or based on HEDIS, CAHPS, or other national data sources.

- **Assessments:** Members with initial Health Risk Assessments (HRAs) completed within 90 days of enrollment. (CMS Core Measure 2.1, CW1)
- **Consumer Governance Board Core:** Establishment of consumer advisory board or inclusion of consumers on governance board consistent with contract requirements. (CMS Core Measure 5.3, CW2)
- **Customer Service:** Percent of the best possible score the plan earned on how easy it is for members to get information and help from the plan when needed (CW3)
- **Getting Appointments and Care Quickly:** Percent of best possible score the plan earned on how quickly members get appointments and care (CW5)
- **Documentation of Care Goals:** Percent of members with documented discussion of care goals. (California-Specific Measure 1.6, CAW1)
- **Behavioral Health Shared Accountability Policies and Procedures:** Policies and procedures attached to the MOU with county behavioral health agency(ies) around assessments, referrals, coordinated care planning, and information sharing. (California-specific Measure 2.2, CAW2)
- **Interaction with Care Team:** Members who have a care coordinator and have at least one care team contact during the reporting period. (California-Specific Measure 1.12, CAW4)
- **Ensuring Physical Access to Buildings, Services and Equipment:** Establishment of a physical access compliance policy and identification of an individual who is responsible for physical access compliance. (California-Specific Measure 3.1, CAW5)

¹ Core Reporting Requirements for DY 1:

<https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/MMPInformationandGuidance/MMPReportingRequirements.html>



Cal MediConnect Performance Dashboard Metrics Summary

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Quality Withhold Trends:

The latest data available shows that all 10 Plans met at least three quality withhold measures and five of the ten Plans received at least 75% or more of their quality withhold amount for Calendar Year 2015. CalOptima and SCFHP entered the program in 2015. *Figure 7*

Quality Withhold Measure Notes:

CalOptima and SCFHP entered the program in 2015. CW4 - Encounter Data was removed due to delays in clarifying encounter submission requirements for Plans. CAW3 - Mental health accountability was suspended while updated technical specifications were under development.

Care Coordination Measures:

Enhanced, person-centered care coordination is a key benefit provided by Cal MediConnect. The dashboard tracks different measures and aspects of that benefit, from the initial health risk assessment to start the care coordination process, to the development of an individualized care plan, to care coordinators, and post-hospital discharge follow-up care.

- **Health Risk Assessments (HRAs):** An HRA is a survey tool conducted by the Plans that assesses a member's current health risk(s) and identifies further assessment needs such as behavioral health, substance use, chronic conditions, disabilities, functional impairments, assistance in key activities of daily living, dementia, cognitive and mental status, and the capacity to make informed decisions.
 - o Plans must complete assessments for high risk members within 45 days of enrollment, and for low-risk members within 90 days. Information tracking 90-day HRA completion rates comes from a Core measure. Figures 8 & 9 do not include unwilling and unable to reach populations in calculations.
- **Individualized Care Plans (ICPs):** The care plan is developed by members with their interdisciplinary care team or Plans. Engaging members in developing their own care goals and care plans is a central tenant of person-centered care. ICPs must include the member's goals, preferences, choices, and abilities. Documenting discussions of care goals with members is one way to assess how Plans are engaging members in their care planning and are monitored through multiple California-specific measures.
 - o **High-risk and Low-risk Members with ICPs 30 Working Days after Initial HRA Completion:** This data is helpful in assessing how efficiently Plans are connecting members to care coordination services. Information comes from a California-specific measure. Figures 12 & 13 do not include unwilling and unable to reach populations in calculations.



Cal MediConnect Performance Dashboard Metrics Summary

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- **Follow-up Visits within 30 Days of Hospital Discharge:** Supporting members through care transitions, particularly out of an acute hospital stay, is another measure of care coordination activities. In 2016, DHCS released a Dual Plan Letter on discharge planning in Cal MediConnect, and this continues to be an area of focus for program improvements. Information comes from a California-specific measure.
- **Care Coordinators and Interdisciplinary Care Teams (ICT):** An ICT works with a member to develop, implement, and maintain an ICP. The ICT is comprised of the primary care provider and care coordinator, and other providers at the discretion of the member. Information comes from a California-specific measure.

Care Coordination Trends:

The quarterly statewide percentage of members willing to participate, and who the Plan was able to locate, with an assessment completed within 90 days of enrollment has increased from 90% in Q3 2017 to 92% in Q4 2017. *Figure 8.*

The quarterly state average shows that a slightly higher percentage of low-risk members (72%) have completed ICPs within 30 days compared to high-risk members (70%). The percentage of high-risk members with an ICP has decreased from 78% in Q1 2017 to 70% in Q4 2017, and has decreased from 79% in Q1 2017 to 72% in Q4 2017 for low-risk members. *Figures 12, 13*

ICP performance will continue to be a focus of DHCS program improvements in the coming year, including potentially enhancing or modifying the quality measures and improving the performance improvement plans that Plans must perform each year.

DHCS will also be working with Plans to better understand the wide variation in the percentage of members with documented discussions of care goals, as well as variation in member to care coordinator ratios. *Figure 14-16*



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Grievances and Appeals:

This dashboard includes data on the two ways Cal MediConnect beneficiaries can resolve issues with their Plans:

- **Grievances:** Grievances are complaints or disputes members file with the Plans that are evaluated at the Plan's level expressing dissatisfaction with any aspect of the Plan's operations, activities, or behavior. This includes, but is not limited to, the quality of care or services provided (such as wait times or inability to schedule appointments), aspects of interpersonal relationships such as rudeness of a provider or employee, or failure to respect a member's rights. This does not include benefit determinations.
- **Appeals:** If a Plan denies, reduces, or terminates benefits or services for a member, the member can appeal either through internal processes or an external process through Medi-Cal or Medicare. Appeals can be determined as "adverse" (denying the member's appeal) or partially or fully favorable to the member's appeal. This dashboard only includes data regarding appeals determined at the Plan's level.

Grievances and Appeals Trends:

In 2017, members filed 9,072 grievances with Plans. This is an increase of 2,879 member grievances reported in 2017 compared to 2016¹. The most common complaints were reported under the "other" category (grievances other than inability to get appointments or excessive wait times for an appointment). In addition to the reporting that Plans provide to CMS and DHCS, each Plan may internally categorize their grievances and appeals differently, which may account for some of the higher number of "other" grievances when reported through the CMS and DHCS categories that relate to ability and wait times to get an appointment.

The number of appeals varies greatly by Plans, as well as the percentage of decisions that are adverse versus partially or fully favorable. However, 51% of Plan decisions were either fully or partially favorable to the member's appeal when filed in 2017. Few Plans had appeals related to mental health services.

Grievance and appeals reporting shown in this dashboard currently comes from a Core reporting measure upon which CMS and DHCS worked with Plans to re-establish and clarify requirement interpretation in 2017. To further refine the reporting and analysis process on grievances and appeals, CMS and DHCS collaborated to update or include new reporting categories for new or additional understanding on grievances and appeals. Relevant updates may be reflected in later publications of the dashboard.

¹ Cal MediConnect Performance Dashboard June 2018: <http://www.dhcs.ca.gov/Documents/CMCDashboard6.18.pdf>



Cal MediConnect Performance Dashboard Metrics Summary

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Behavioral Health Emergency Room Utilization:

This metric measures behavioral health-related emergency visits. A visit is comprised of a revenue code for an emergency department visit and a principal diagnosis related to behavioral health. This metric is a Core measure.

Behavioral Health Trends:

One goal for Plans is to improve the coordination of behavioral health services for their members, including between the mental health and substance use disorder (SUD) treatments covered by the Plans and the specialty mental health services provided by county behavioral health departments. Figure 22 shows the overall trend of Cal MediConnect members seeking care in the emergency room for behavioral health services has decreased slightly from 27.7 visits per 10,000 member months in Q3 2017 to 25.9 visits in Q4 2017. In mid-2017, Plans began to receive additional and more accurate behavioral health data that may begin to affect how Plans report. DHCS and CMS are monitoring the effects of this change.

Long-term Services and Supports (LTSS) Utilization:

A central goal of Cal MediConnect is to improve access to and coordination of long-term services and supports for members in order to help more members live in the community. DHCS has worked closely with Plans to improve referrals to LTSS programs, particularly home and community-based services, as well as to encourage Plans to help their members transition out of nursing facilities and into the community where appropriate. DHCS now collects more detailed data on LTSS utilization and referrals, which will be added to the performance dashboard as it becomes available.

- **LTSS Utilization:** LTSS Utilization is reported by each Plan. LTSS services include In-Home Supportive Services (IHSS) (carved out beginning in 2018), Nursing Facility Services (NF), Community-based Adult Services (CBAS), and Multi-Purpose Senior Services Program (MSSP). This metric is a California-specific measure.



Cal MediConnect Performance Dashboard Metrics Summary

Released September 2018



LTSS Measure Notes:

For the September 2018 Dashboard, DHCS has split apart LTSS into its respective services. This has resulted in an increase in displays (Figures 26-33) for IHSS, CBAS, MSSP, and NF.

LTSS Trends:

Figure 24 shows LTSS utilization per 1,000 members has seen little change throughout reporting period from an average of 278 members per 1,000 receiving LTSS in Q1 2017, to an average of 281 members in Q4 2017. Figure 26 shows that an average 235 members per 1,000 received IHSS in Q4 2017. Figure 28 shows that an average 10 members per 1,000 received CBAS in Q4 2017. Figure 30 shows that an average 5 members per 1,000 received MSSP for Q4 2017. Figure 32 shows that an average 30 members per 1,000 resided in a NF in Q4 2017. DHCS worked with the Plans to enhance LTSS referrals, and encouraged Plans to support members in transitioning out of nursing facilities and into the community with home- and community-based LTSS services, as appropriate. As more detailed data on LTSS referrals are available, they will be reported through this dashboard.

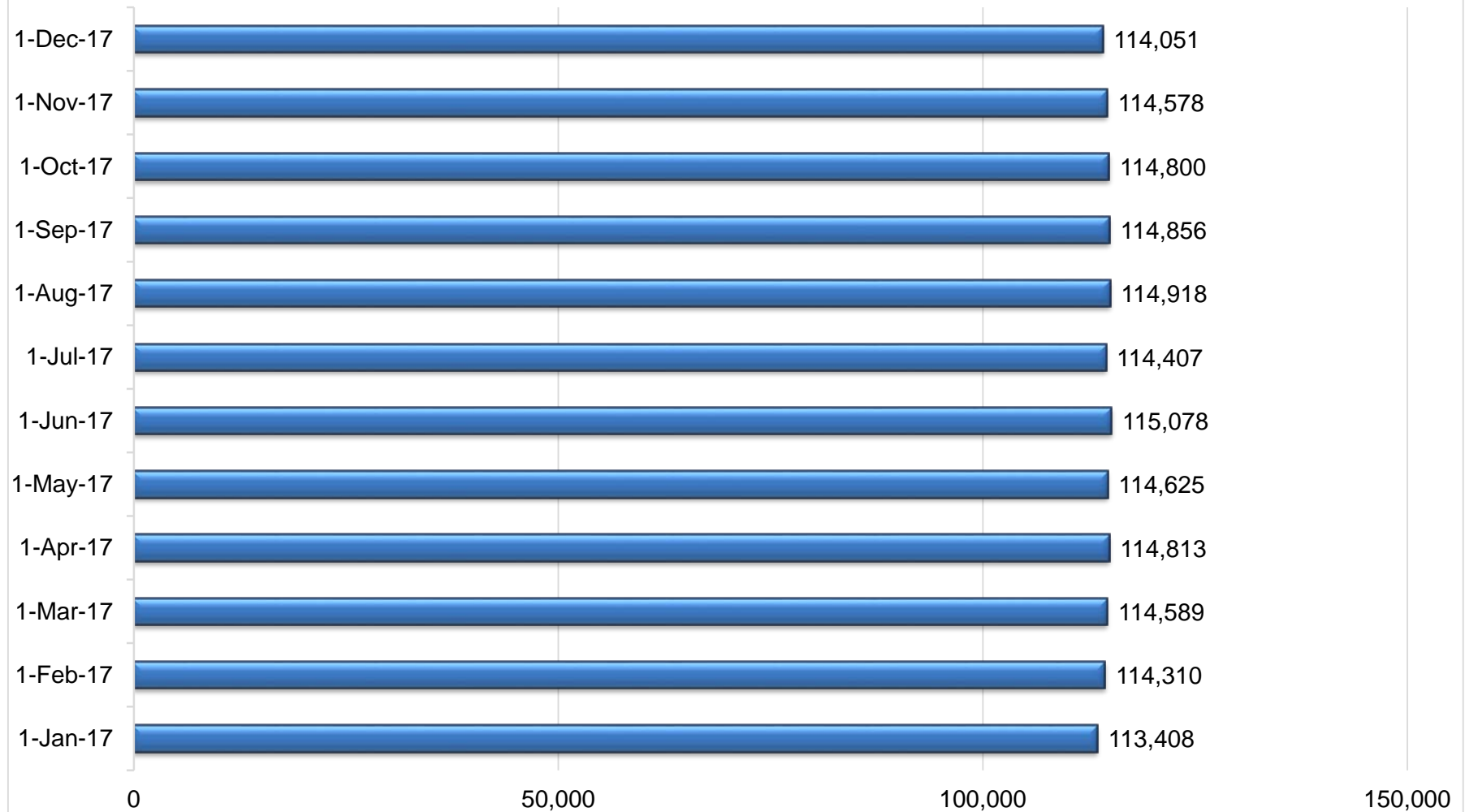
Plan Key:

Plan Name	Plan Abbreviation on Dashboard
Anthem Blue Cross Partnership of California	Anthem/CareMore
Care1st	Care 1st
CalOptima	CalOptima
Community Health Group	CHG
Health Net	Health Net
Health Plan of San Mateo	HPSM
Inland Empire Health Plan	IEHP
L.A. Care	L.A. Care
Molina Healthcare	Molina
Santa Clara Family Health Plan	SCFHP

Cal MediConnect Enrollment and Demographics Figure 1: Breakdowns of Dual Populations (As of 12/1/2017)

See metric summary for additional information

Fig. 1: Monthly Enrollment

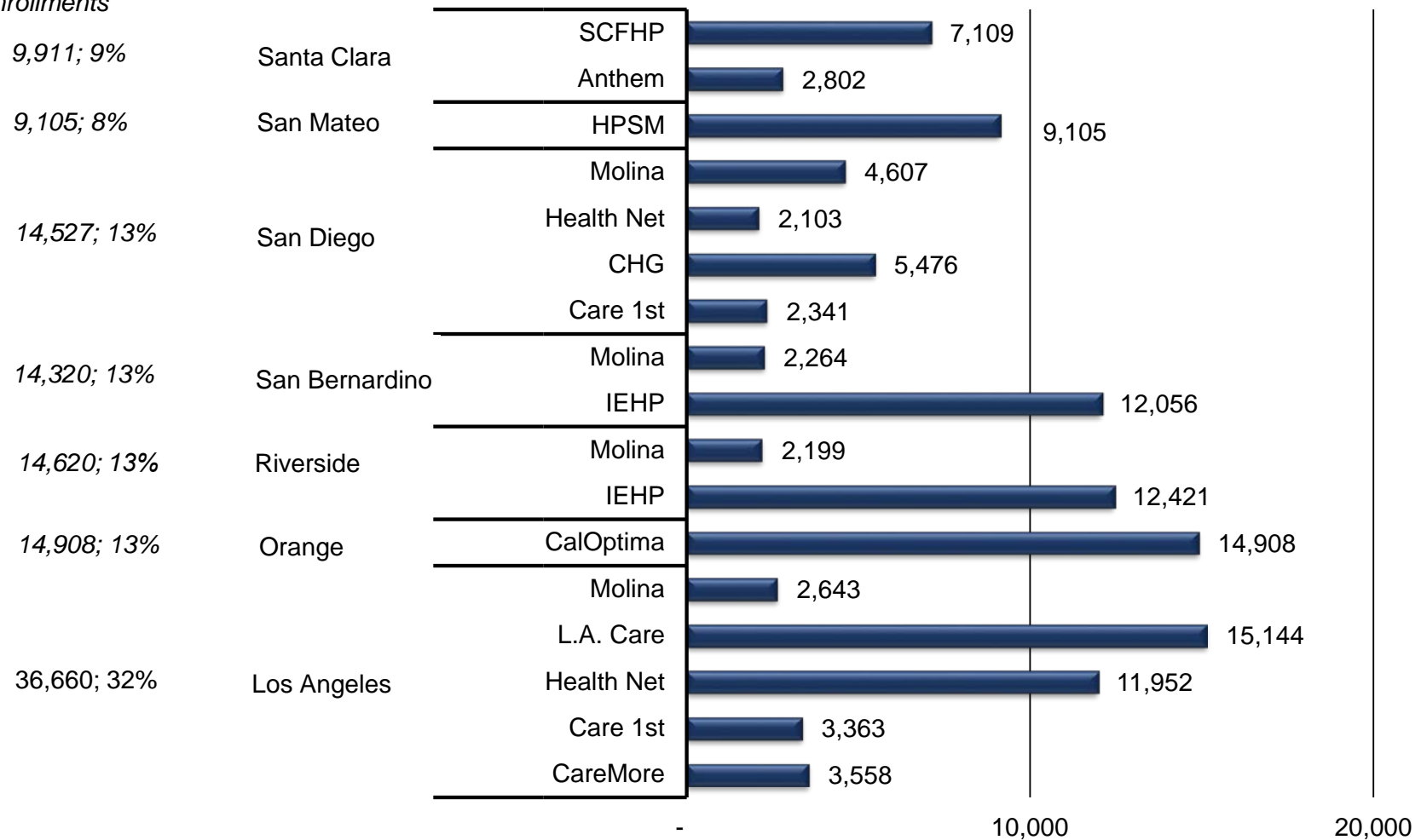


Cal MediConnect Enrollment and Demographics Figure 2: Breakdowns of Dual Populations (As of 12/1/2017)

See metric summary for additional information

Fig. 2: Count and Percentage of Total Active Enrollments, by County and Plan as of December 2017

*County total(s) and
percentage(s) of active
enrollments*



Cal MediConnect Enrollment and Demographics Figure 3 - 6: Breakdowns of Dual Populations (As of 12/1/2017)

See metric summary for additional information

Fig. 3: Quarter 4 Enrollment by Race/Ethnicity

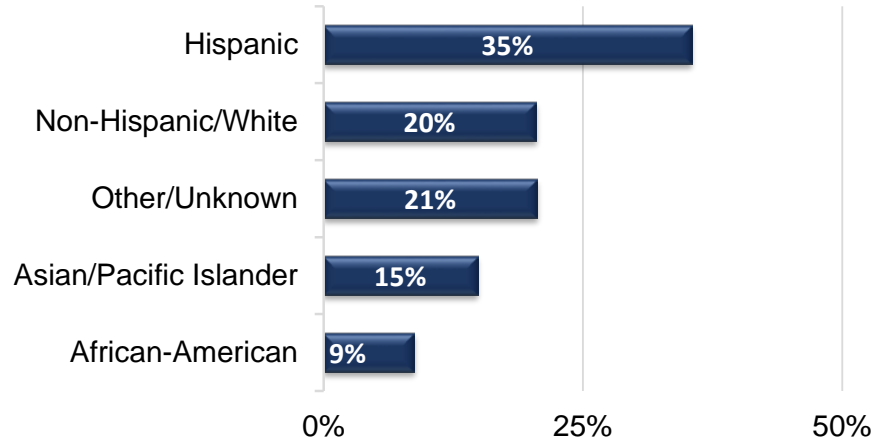


Fig. 4: Quarter 4 Enrollment by Age

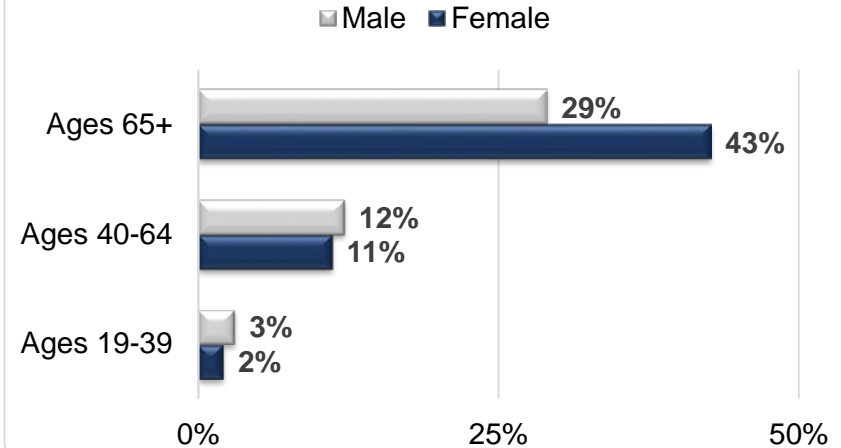


Fig. 5: Quarter 4 Enrollment by Threshold Language Spoken

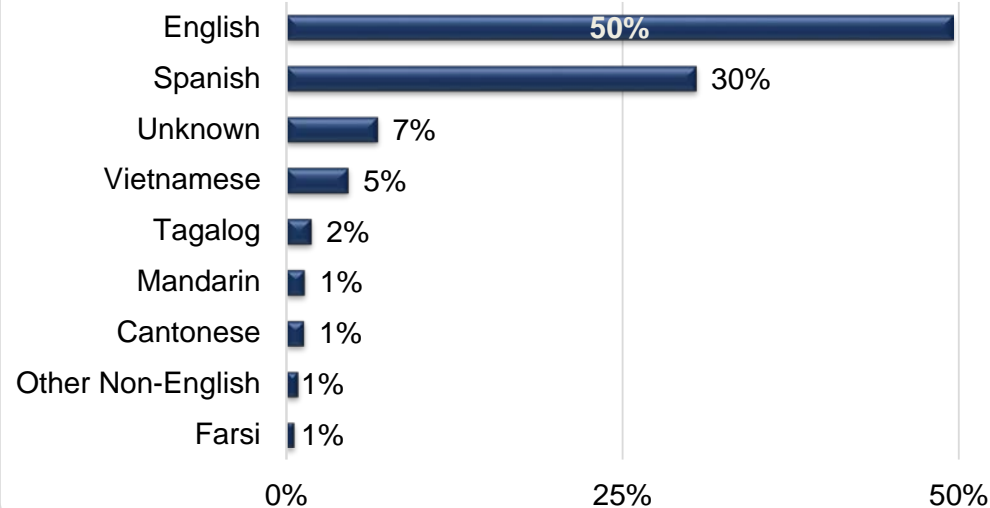
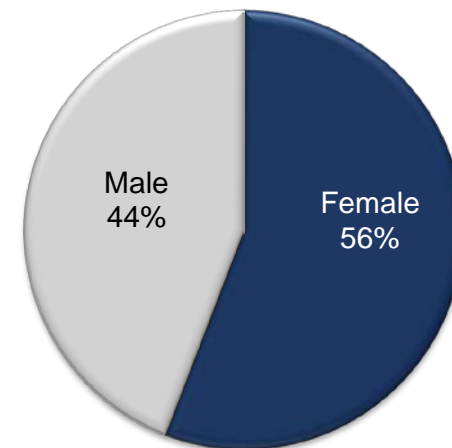


Fig. 6: Quarter 4 Enrollment by Gender



Cal MediConnect Figure 7: Quality Withhold Summary Table (CY 2015)

See metric summary for additional information

Medicare-Medicaid Plan	CW1 Assessments Benchmark: 88%	CW2 Consumer Governance Board Benchmark: 100%	CW3 Customer Service Benchmark: 86%	CW5 Getting Appointments and Care Quickly Benchmark: 74%	CAW1 Documentation of Care Goals Benchmark: 90%	CAW2 Behavioral Health Shared Accountability Benchmark: 100%
Anthem	Not Met	Met	N/A	N/A	Met	Met
Care 1st	Met	Met	N/A	Not Met	Not Met	Met
CHG	Not Met	Met	Not Met	Not Met	Met	Met
Health Net	Not Met	Met	N/A	Not Met	Not Met	Met
IEHP	Met	Met	Not Met	Not Met	Not Met	Not Met
L.A. Care	Met	Met	Not Met	Not Met	Not Met	Met
Molina	Met	Met	N/A	Not Met	Met	Met
CalOptima	Met	Not Met	N/A	N/A	Not Met	Met
HPSM	Not Met	Met	Not Met	Met	Not Met	Met
SCFHP	Not Met	Met	N/A	N/A	Not Met	Met
Medicare-Medicaid Plan	CAW4 Interaction with Care Team Benchmark: 90%	CAW5 Ensuring Physical Access to Buildings, Services and Equipment Benchmark: 100%	Total # of Measures in Analysis	Total # of Measures Met	% of Measures Met	% of Withhold Received
Anthem	Met	Met	6	5	83%	100%
Care 1st	Met	Met	7	5	71%	75%
CHG	Met	Met	8	5	63%	75%
Health Net	Not Met	Met	7	3	43%	50%
IEHP	Not Met	Met	8	3	38%	25%
L.A. Care	Not Met	Met	8	4	50%	50%
Molina	Met	Met	7	6	86%	100%
CalOptima	Met	Met	6	4	67%	75%
HPSM	Not Met	Met	8	4	50%	50%
SCFHP	Not Met	Met	6	3	50%	50%
California Averages			7	4	60%	65%

Care Coordination Figure 8 & 9: Percent of Members Willing to Participate and who the Plan was able to Locate with an Assessment Completed Within 90 Days of Enrollment (01/2017-12/2017)

See metric summary for additional information

Fig. 8: Quarterly Rolling Statewide Percentage of Members Willing to Participate and who the Plan was able to Locate with an Assessment Completed Within 90 Days of Enrollment

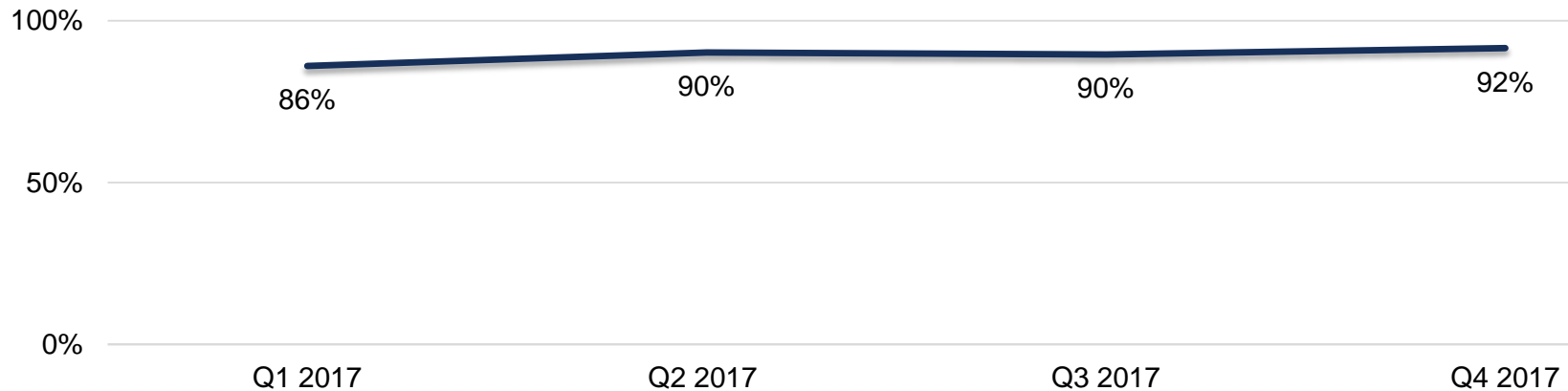
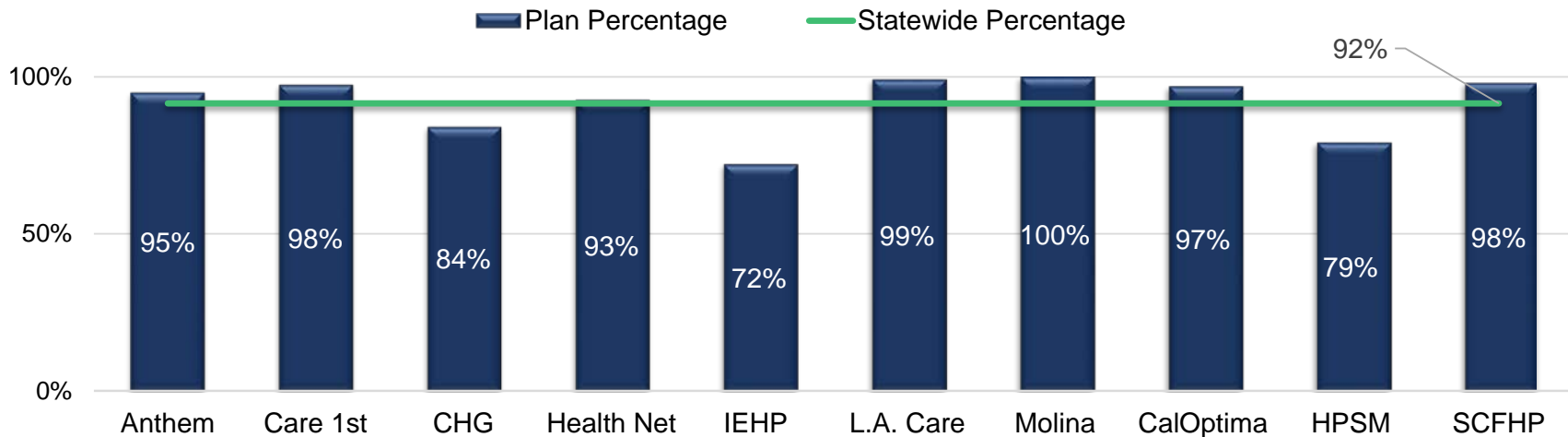


Fig. 9: The Percentage of Members Willing to Participate and who the Plan was able to Locate with an Assessment Completed Within 90 Days of Enrollment for Quarter 4 of 2017



Care Coordination Figure 10 & 11: Percentage of Members with an Individualized Care Plan (ICP)
(01/2017-12/2017) See metric summary for additional information

Fig. 10: Quarterly Rolling Statewide Percentage of Members with an ICP

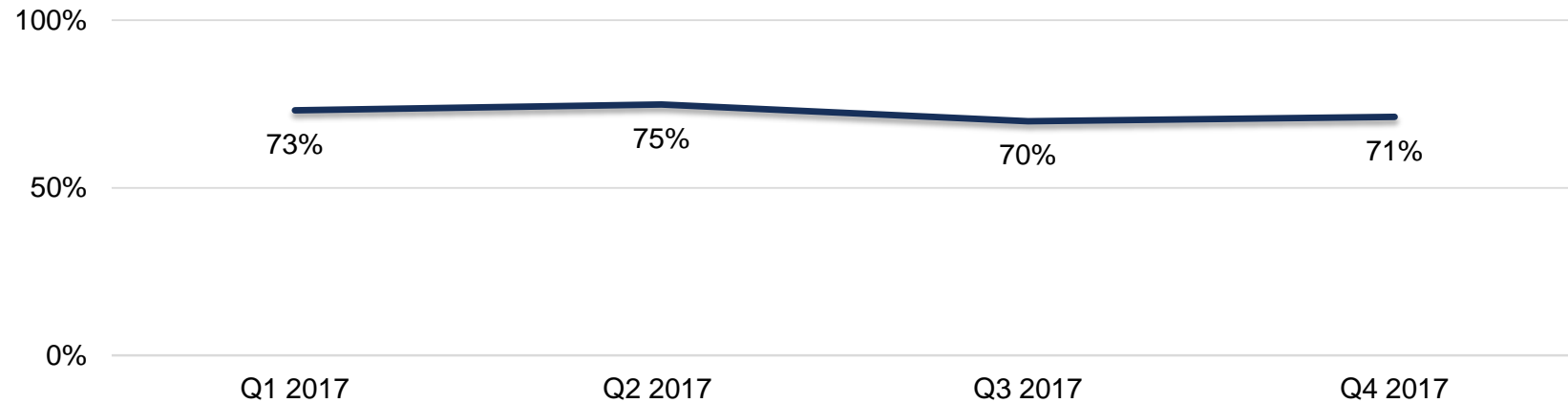
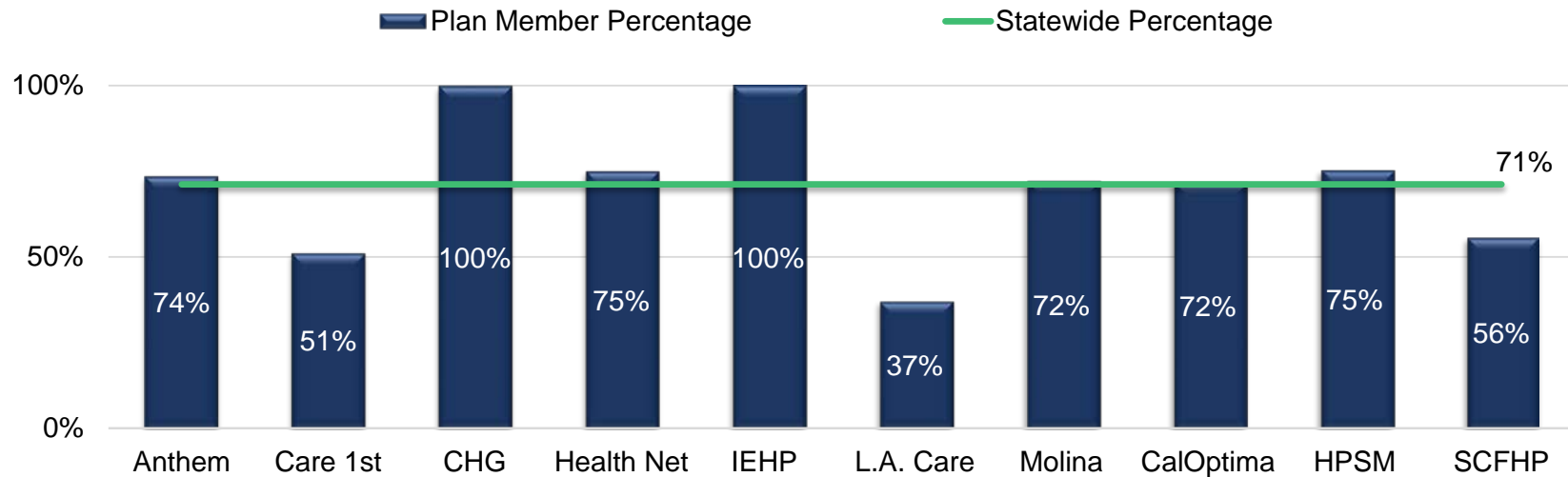


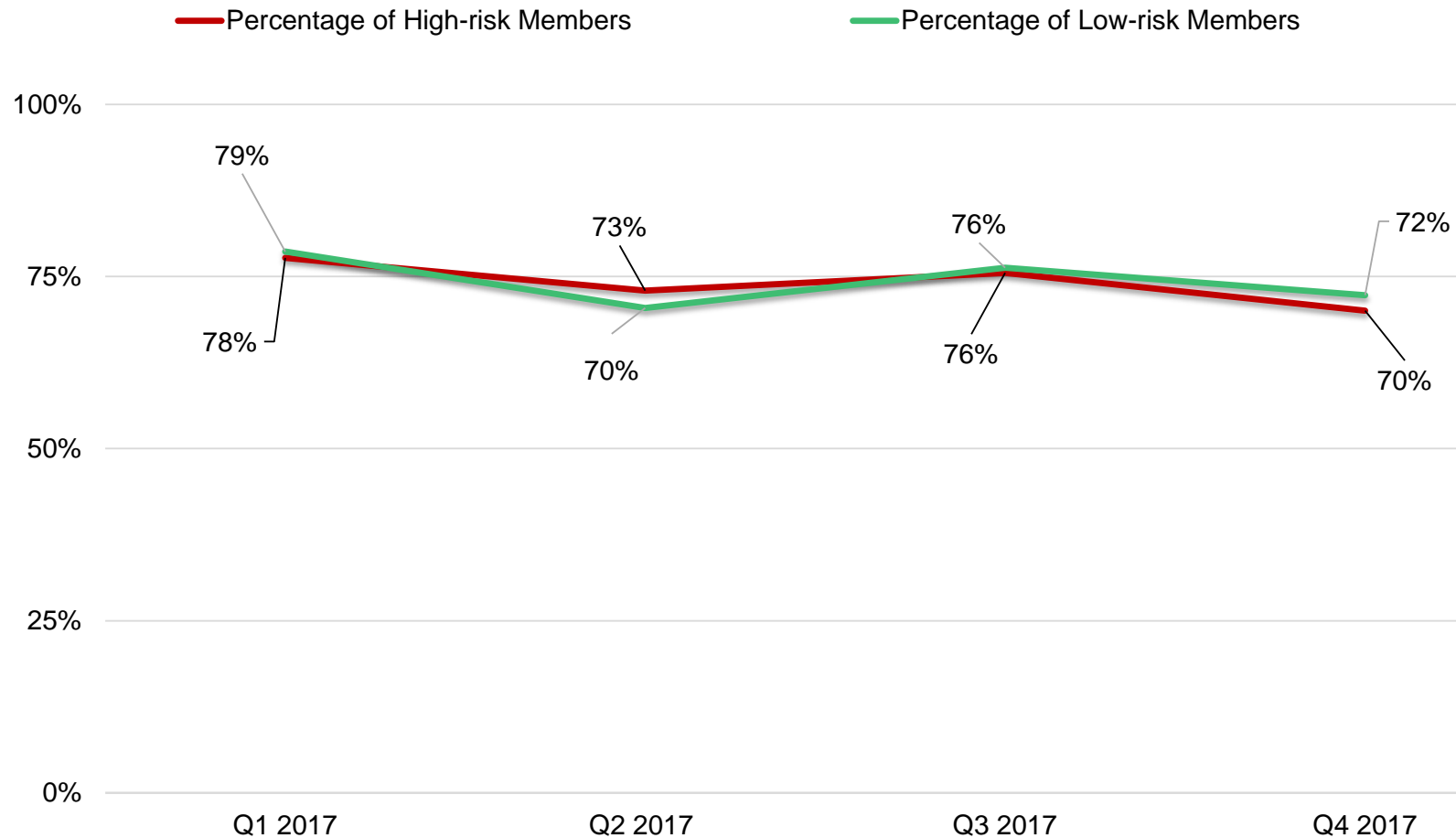
Fig. 11: Percentage of Members with an ICP for Quarter 4 of 2017



Care Coordination Figure 12: High-risk & Low-risk Members with an Individualized Care Plan (ICP) within 30 Working Days after the Completion of the Initial Health Risk Assessment (HRA) (01/2017-12/2017)

See metric summary for additional information

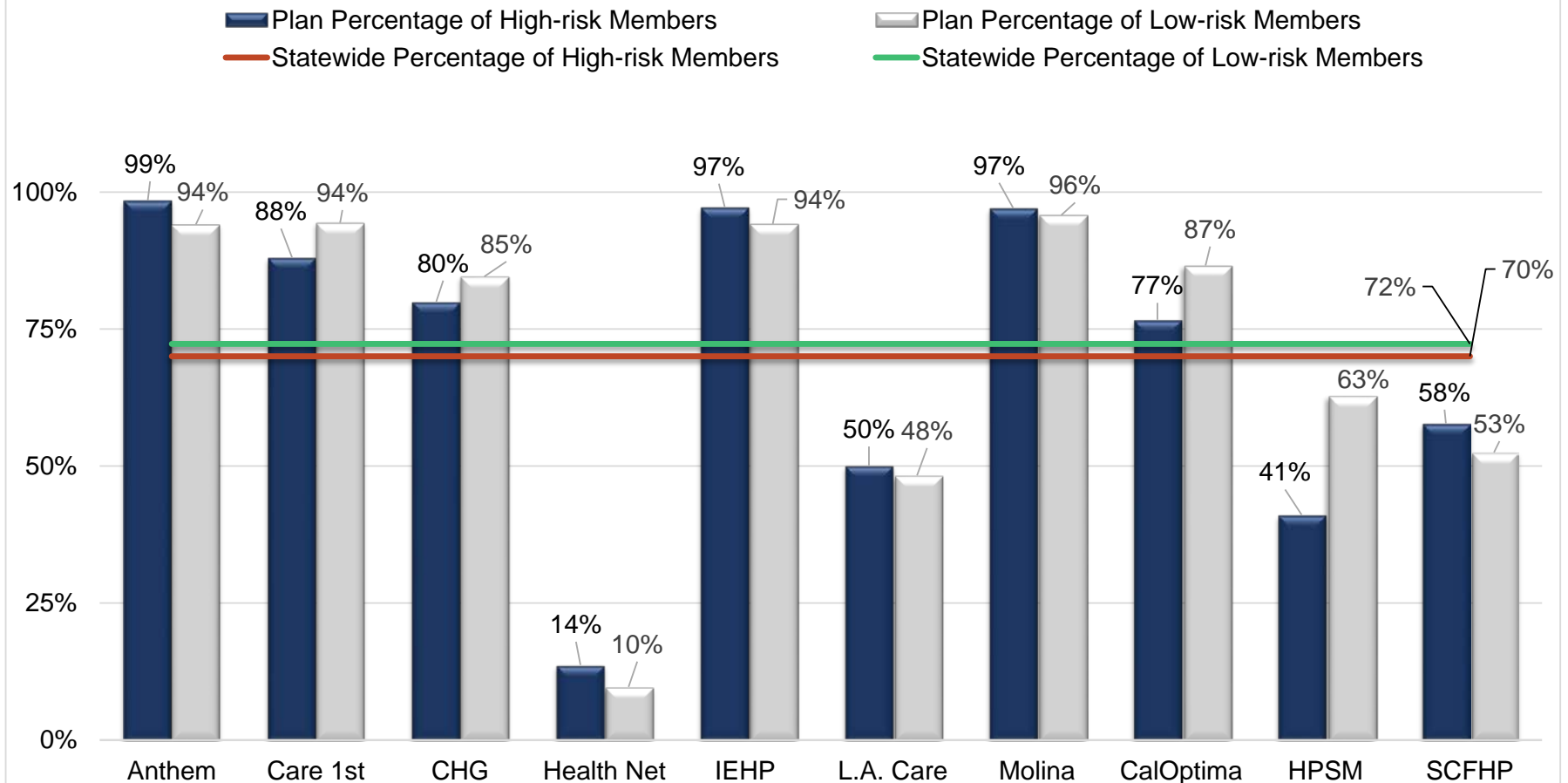
Fig. 12: Quarterly Rolling Statewide Percentage of High-risk & Low-risk Members with an Individualized Care Plan (ICP) within 30 Working Days after the Completion of the Initial Health Risk Assessment (HRA)



Care Coordination Figure 13: High-risk & Low-risk Members with an Individualized Care Plan (ICP) within 30 Working Days after the Completion of the Initial Health Risk Assessment (HRA) Quarter 4 of 2017

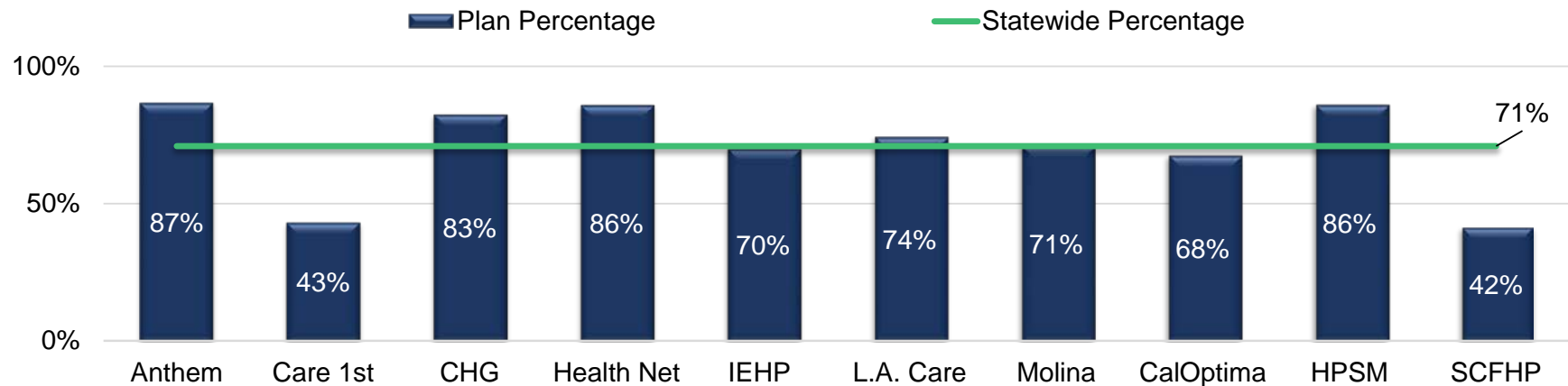
See metric summary for additional information

Fig. 13: Percentage of High-risk & Low-risk Members with an Individualized Care Plan (ICP) within 30 Working Days after the Completion of the Initial Health Risk Assessment (HRA) in Quarter 4 of 2017



Care Coordination Figure 14: Percentage of Members Who Have a Care Coordinator and Have at Least One Care Team Contact During the Reporting Period (01/2017-12/2017) See metric summary for additional information

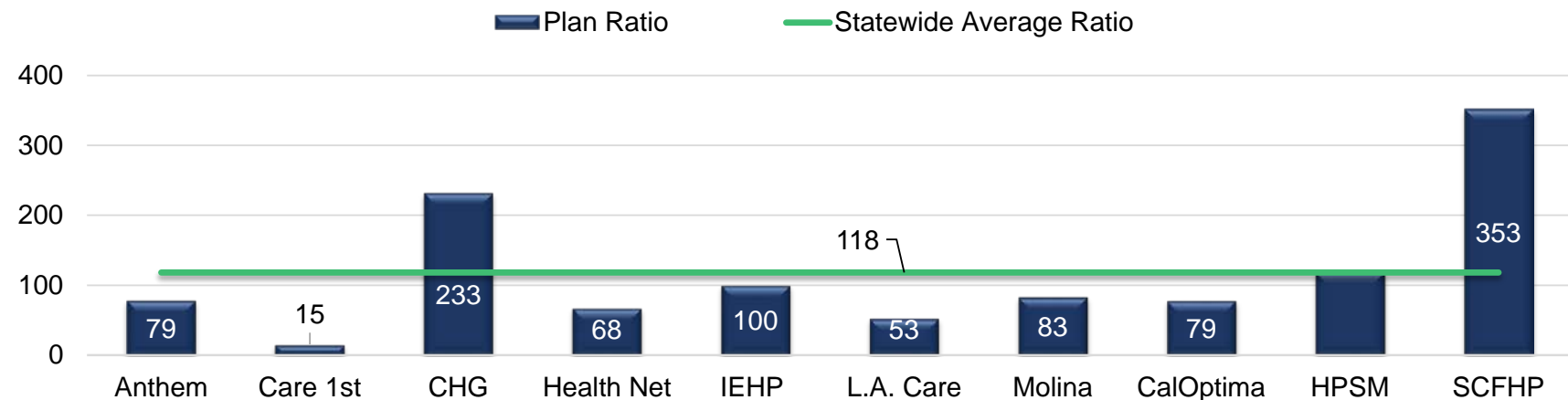
Fig. 14: Annual (2017) Percentage of Members who have a Care Coordinator and have at least One Care team Contact During the Reporting Period



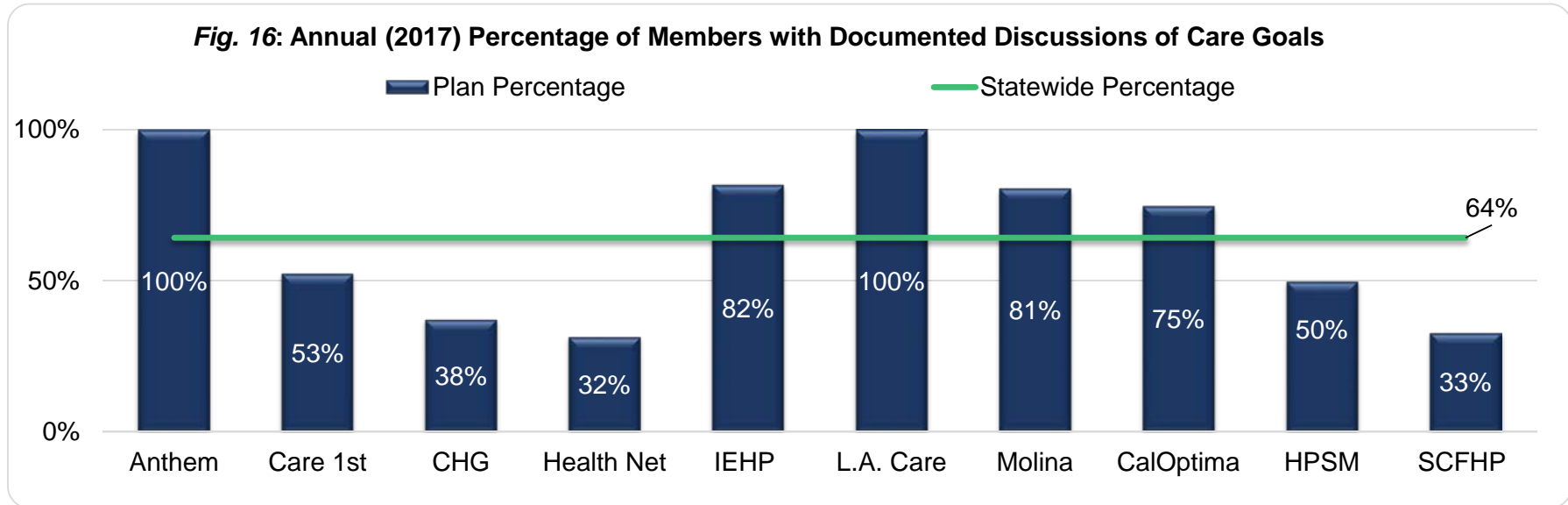
Care Coordination Figure 15: Member to Care Coordinator Ratio (01/2017-12/2017)

See metric summary for additional information

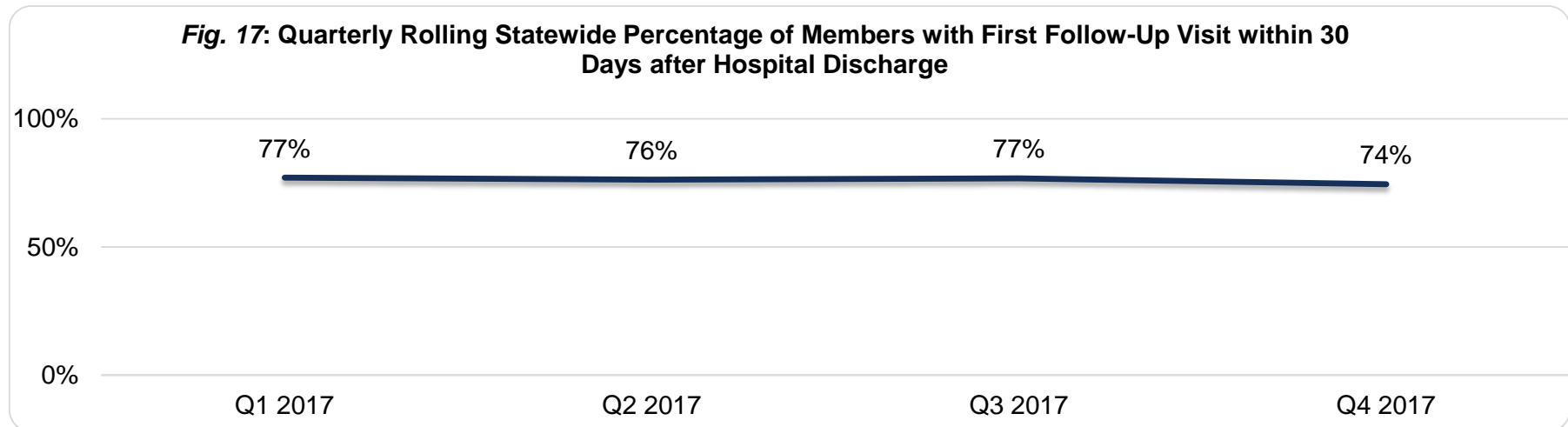
Fig. 15: Annual (2017) Number of Members to Care Coordinator Ratio



Care Coordination Figure 16: Percentage of Members with Documented Discussions of Care Goals (01/2017-12/2017)
See metric summary for additional information

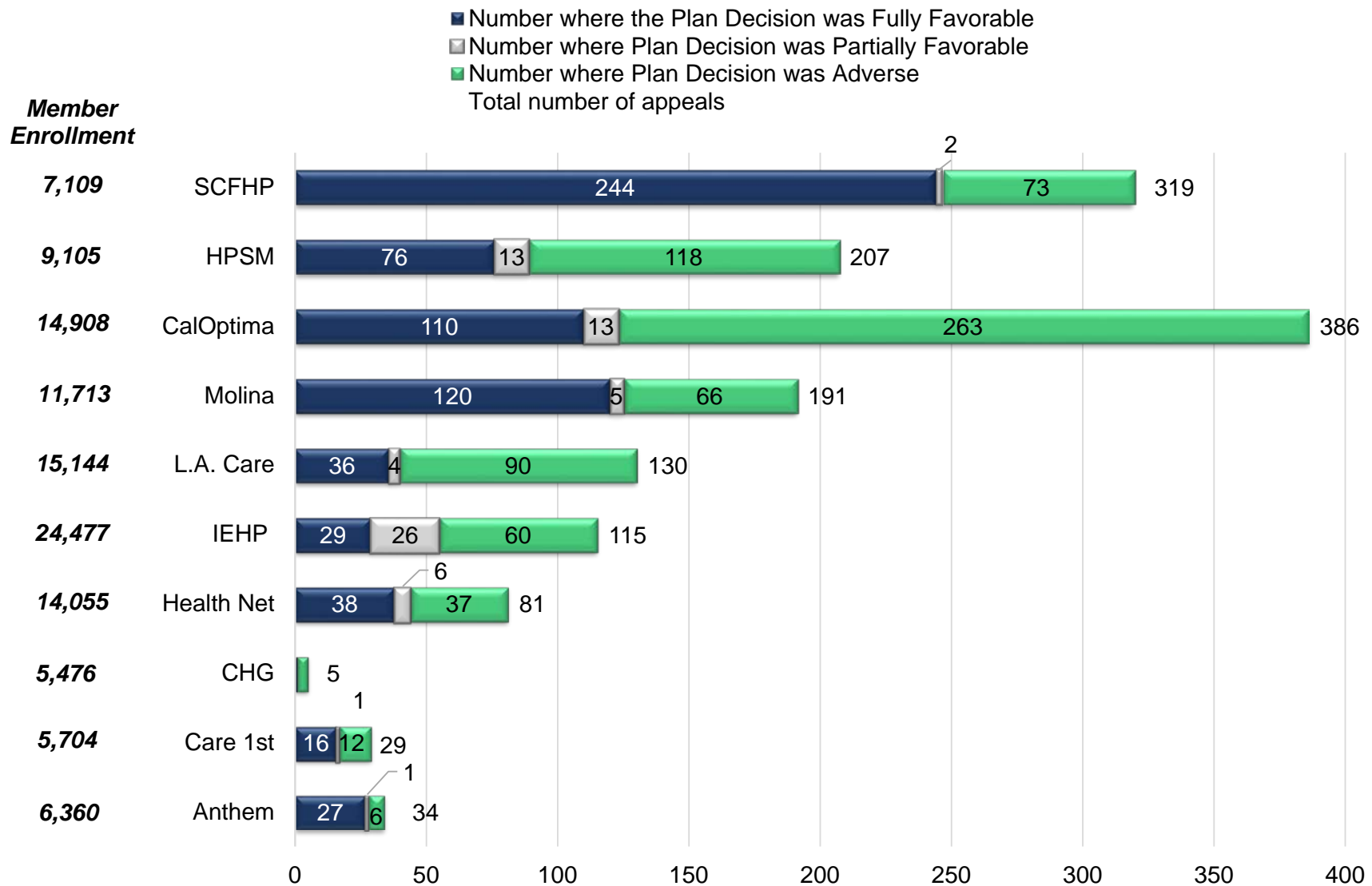


Care Coordination Figure 17: Percentage of Members with First Follow-up Visit within 30 Days after Hospital Discharge (01/2017-12/2017) See metric summary for additional information



Appeal Figure 18: Count of Appeals (01/2017-12/2017) See metric summary for additional information

Fig. 18: Annual Count of Appeals Broken Down by Type



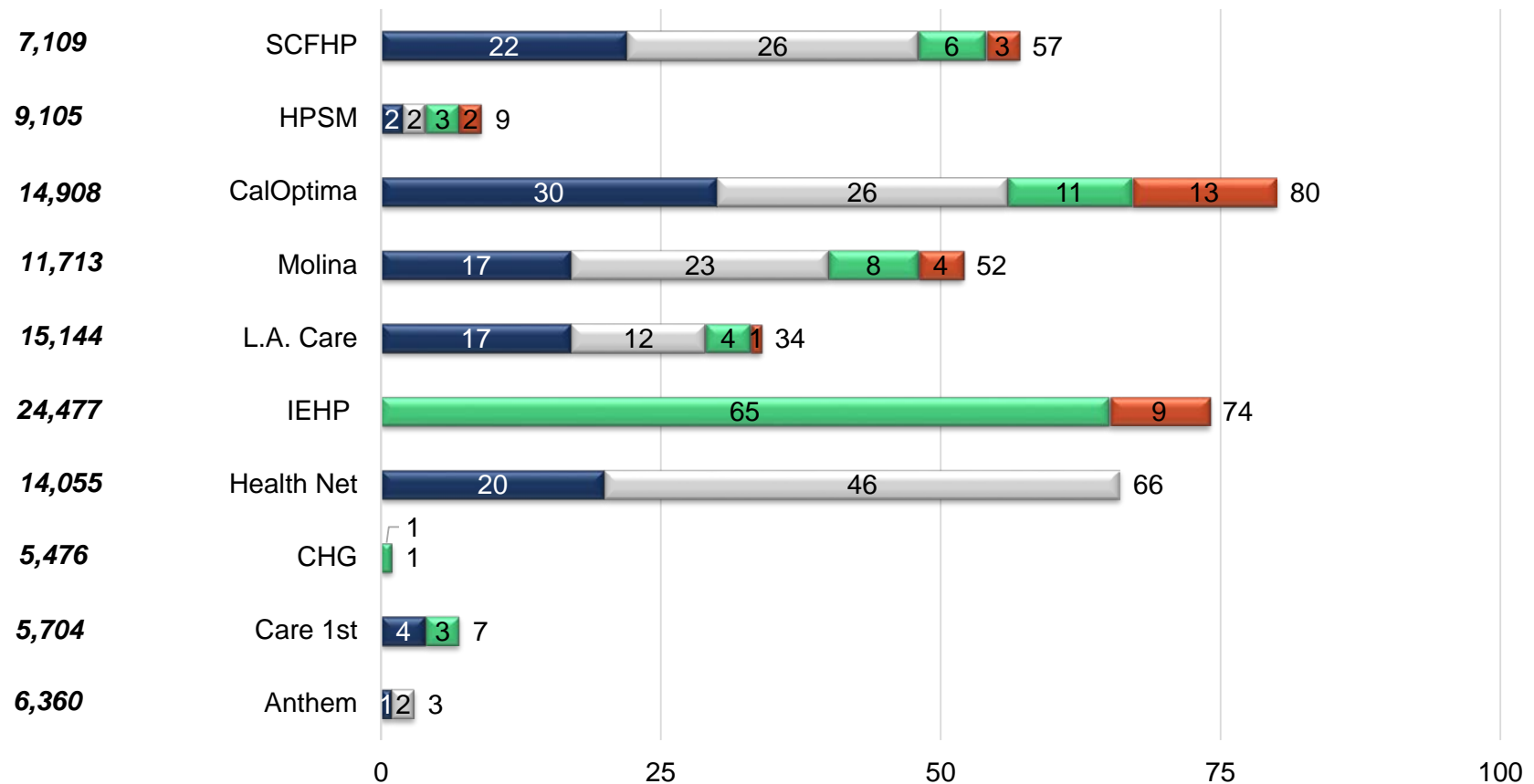
Grievance Figure 19: Count Grievances by type, Except "Other" (01/2017-12/2017)

See metric summary for additional information

Fig. 19: Annual Count of Grievances Broken Down by Type, besides "Other"

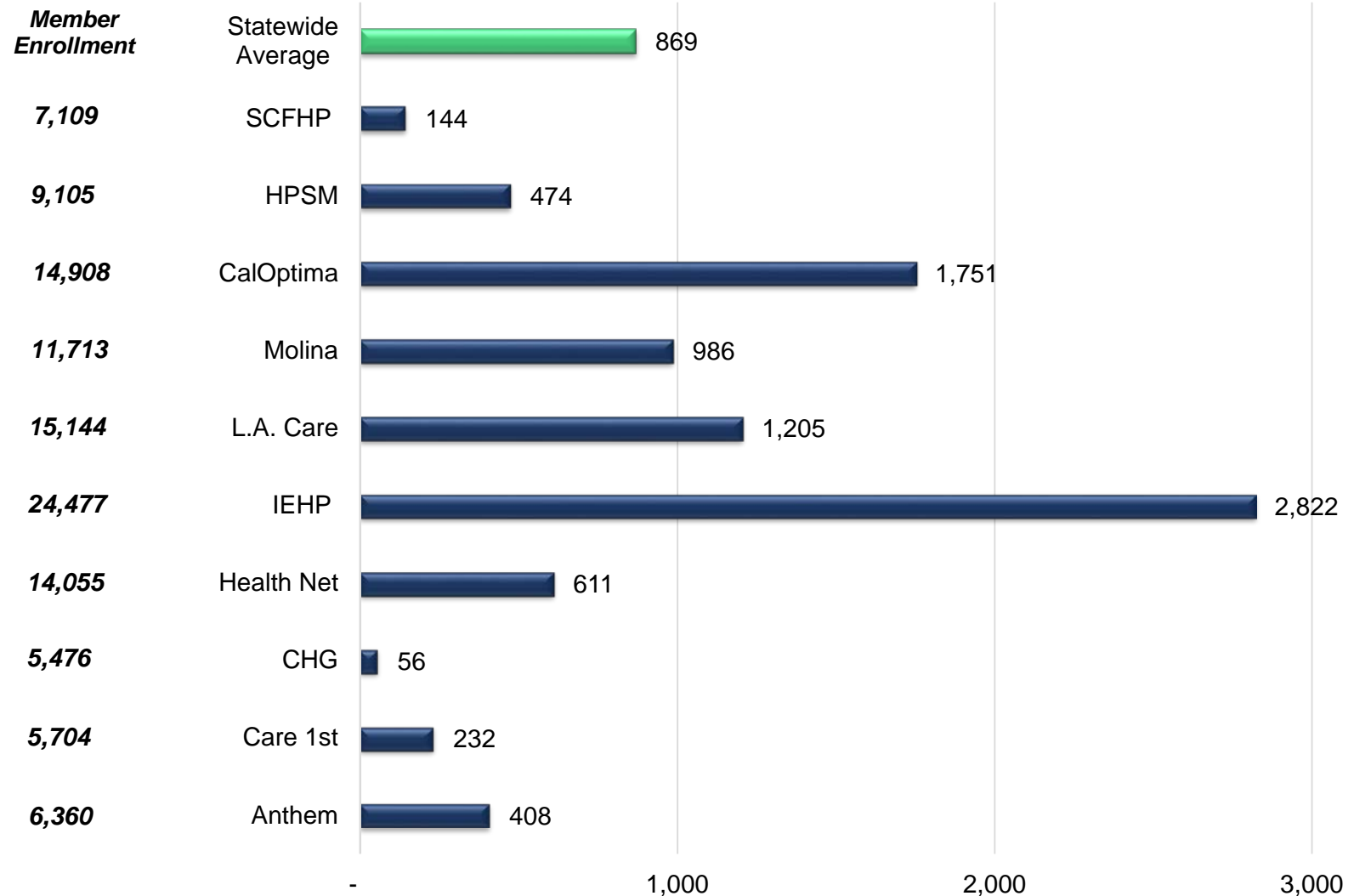
- Inability to get an Appointment with a Primary Care Provider (PCP)
- Inability to get an Appointment with a Specialist
- Excessive Wait Time to get an Appointment with a Primary Care Provider (PCP)
- Excessive Wait Time to get an Appointment with a Specialist

Member Enrollment



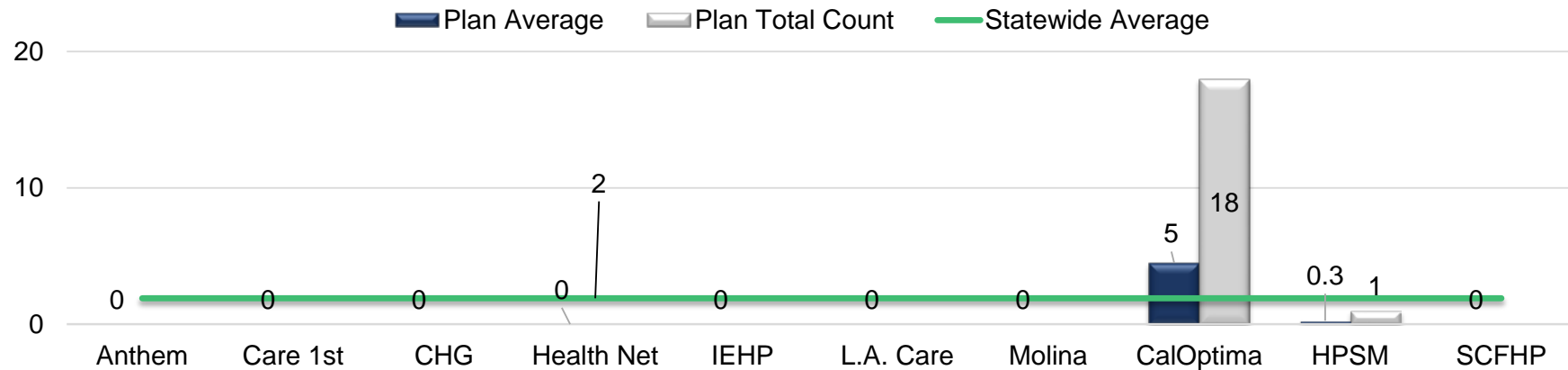
Grievance Figure 20: Count of "Other" Grievances (01/2017-12/2017) See metric summary for additional information

Fig. 20: Annual Count of "Other" Grievances



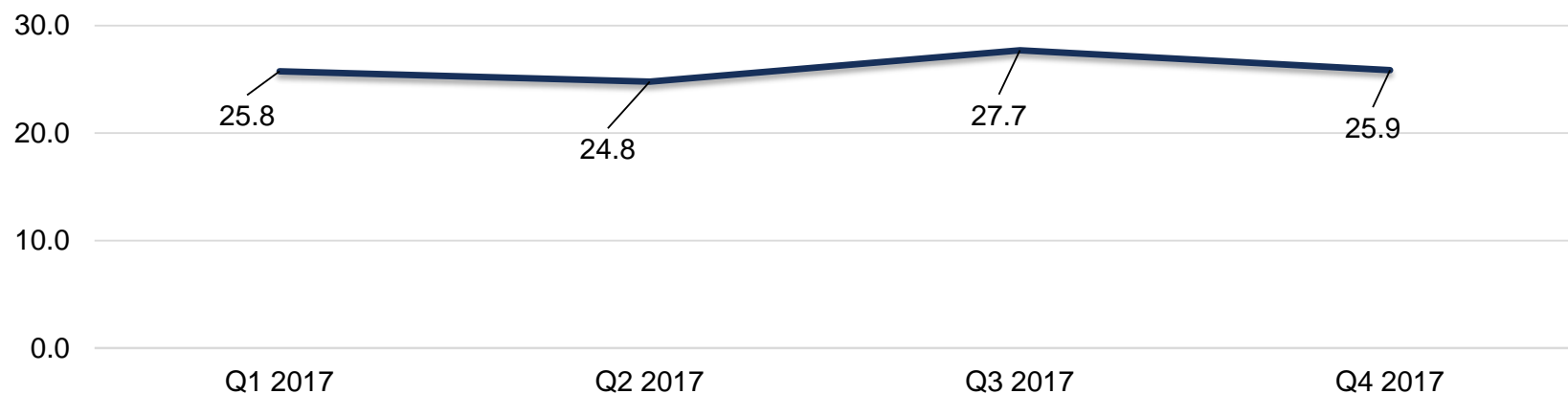
Appeals Figure 21: Total Number of Appeals Related to the Denial or Limited Authorization of Mental Health Services (01/2017-12/2017) See metric summary for additional information

Fig. 21: Annual (2017) Total of all Appeals Related to the Denial or Limited Authorization of Mental Health Services



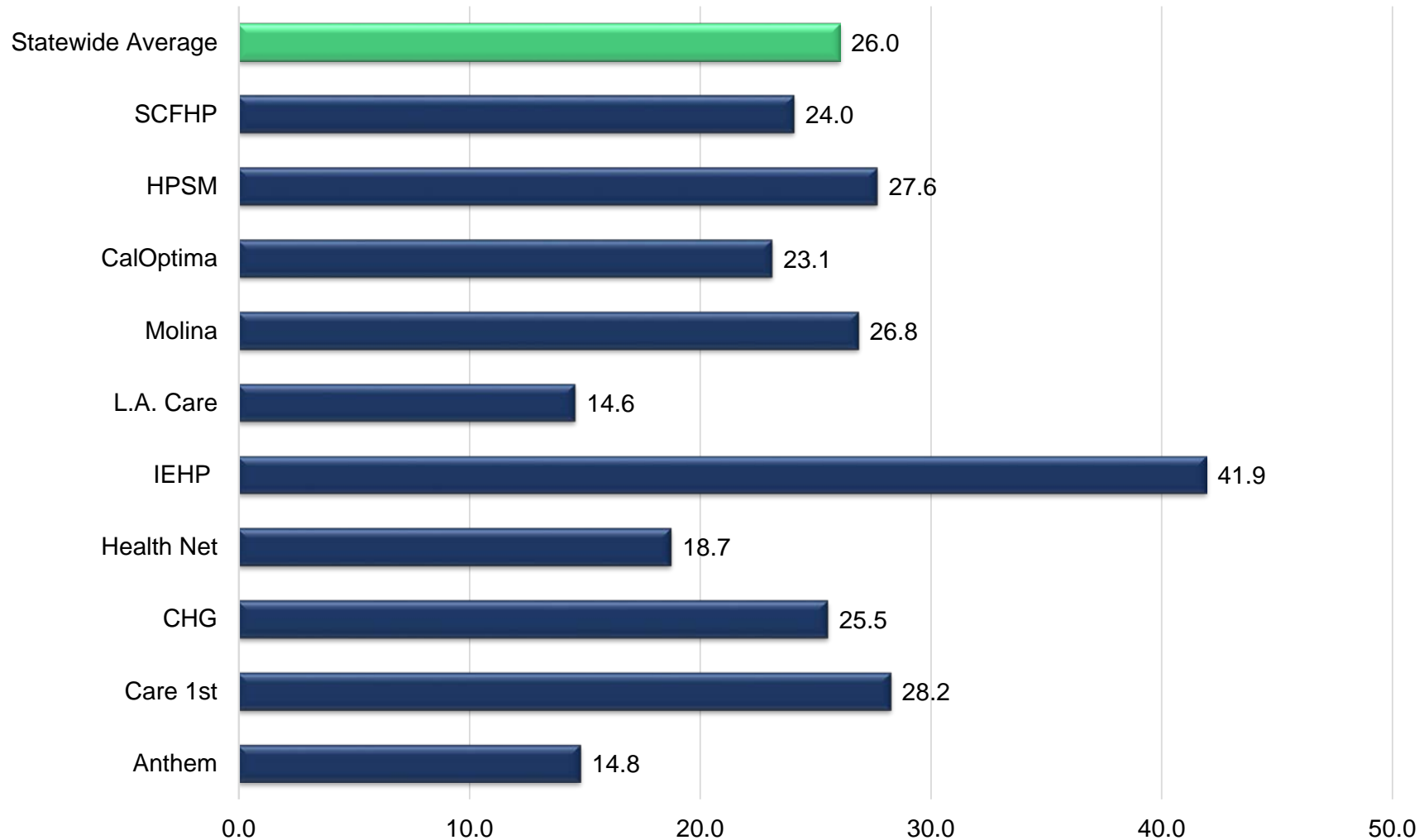
Behavioral Health Figure 22: Emergency Room Behavioral Health Services Utilization per 10,000 Member Months (01/2017-12/2017) See metric summary for additional information

Fig. 22: Quarterly Rolling Statewide Average Count of Emergency Room Behavioral Health Services Utilization



**Behavioral Health Figure 23: Emergency Room Behavioral Health Services Utilization
per 10,000 Member Months (01/2017-12/2017)** See metric summary for additional information

Fig. 23: Annual Count of Emergency Room Behavioral Health Services Utilization



Long Term Services & Supports (LTSS) Figure 24 & 25: Utilization of Members Receiving LTSS per 1,000 Members (01/2017-12/2017) See metric summary for additional information

Fig. 24: Quarterly Rolling Statewide Average of Members Receiving LTSS per 1,000 Members

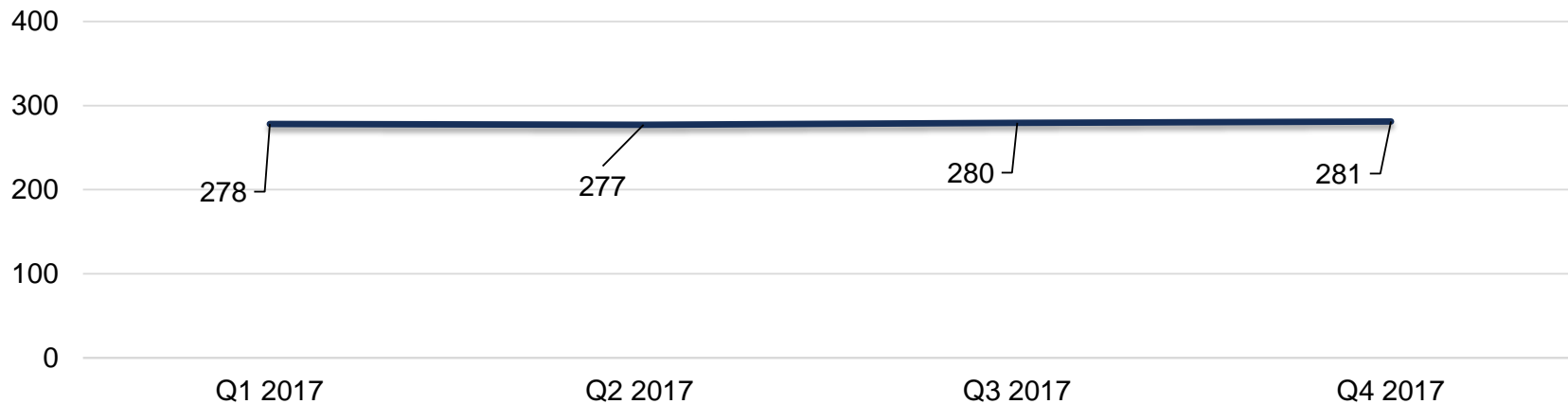
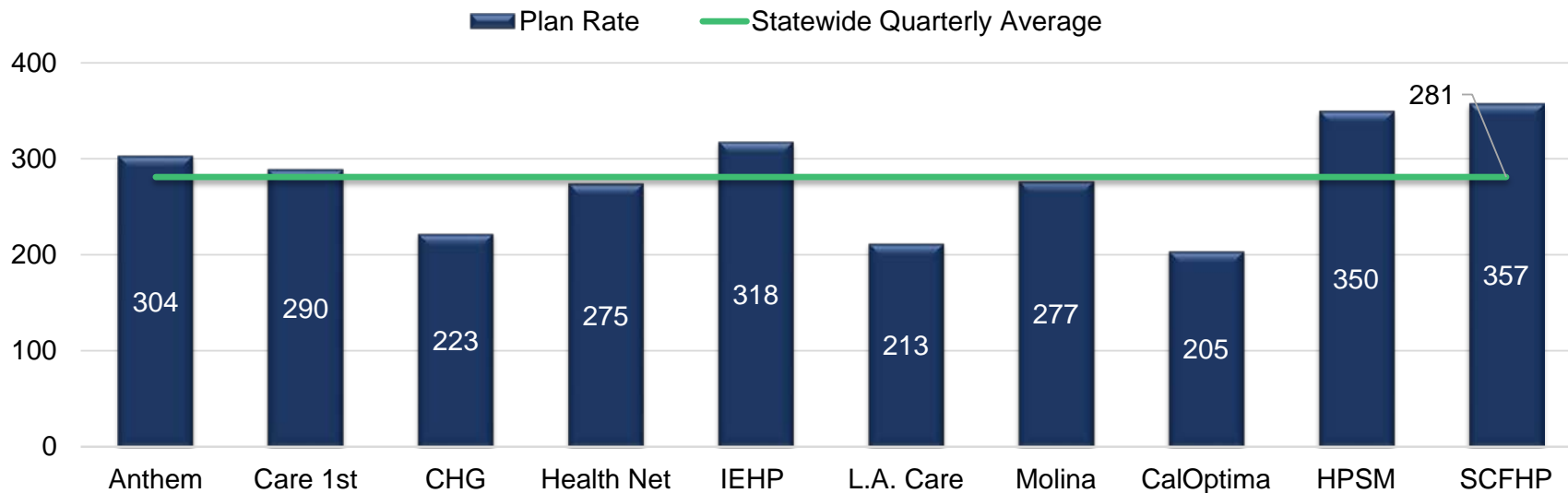


Fig. 25: Count of Members Receiving LTSS per 1,000 members for Quarter 4 of 2017



Long Term Services & Supports (LTSS) Figure 26 & 27: Count of IHSS per 1,000 Members
(01/2017-12/2017) See metric summary for additional information

Fig. 26: Quarterly Rolling Statewide Average of Members Receiving IHSS per 1,000 Members

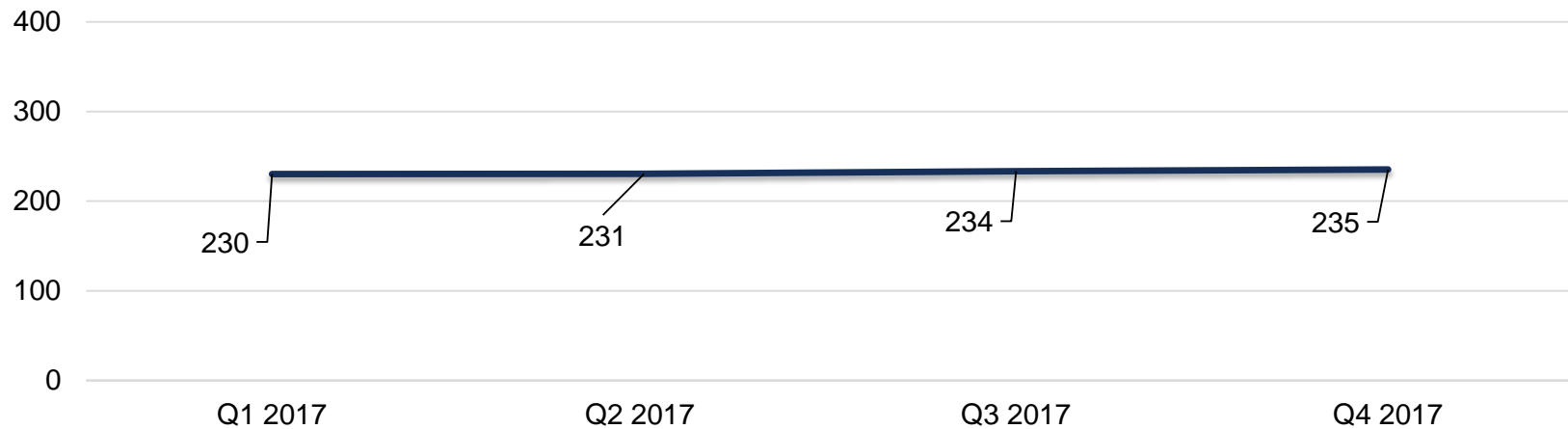
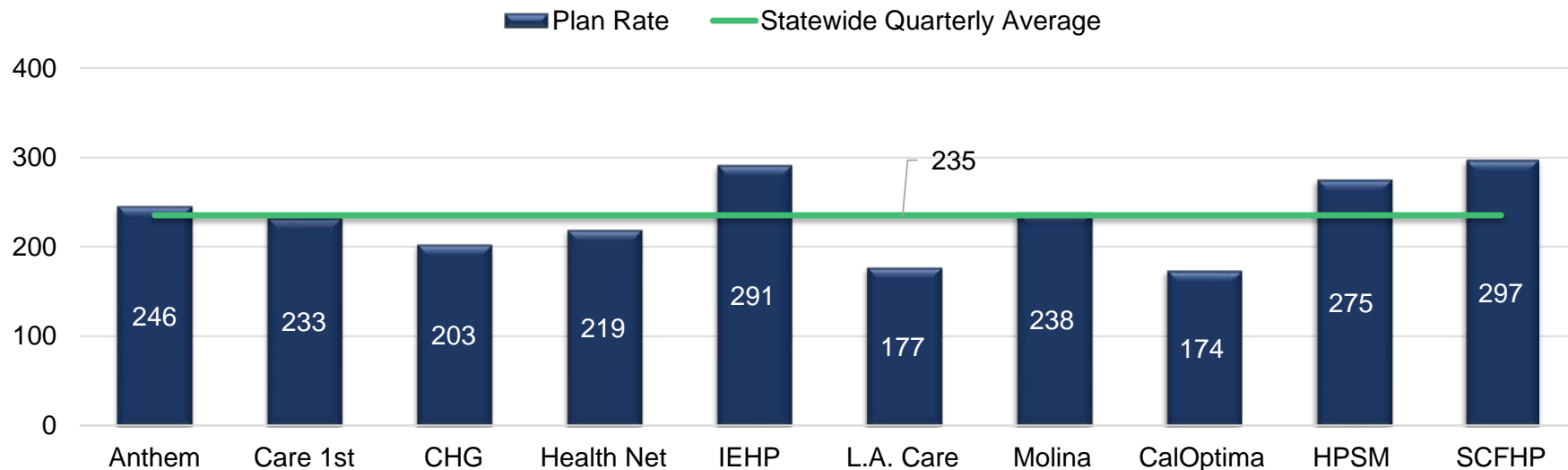


Fig. 27: Count of Members receiving IHSS per 1,000 members for Quarter 4 of 2017



Long Term Services & Supports (LTSS) Figure 28 & 29: Count of CBAS per 1,000 Members
(01/2017-12/2017) See metric summary for additional information

Fig. 28: Quarterly Rolling Statewide Average of Members Receiving CBAS per 1,000 Members

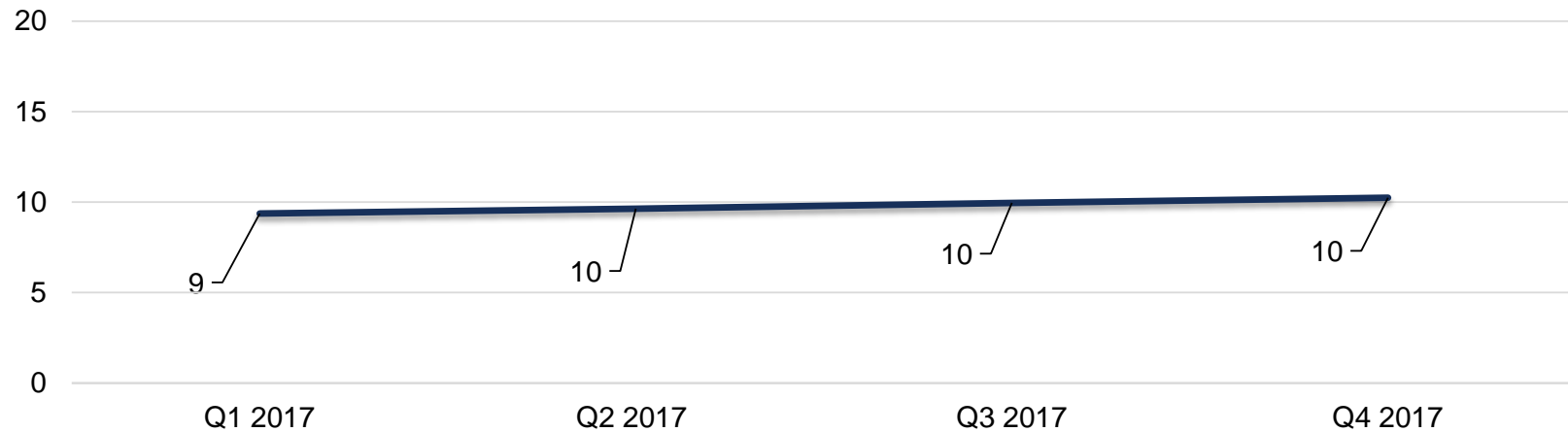
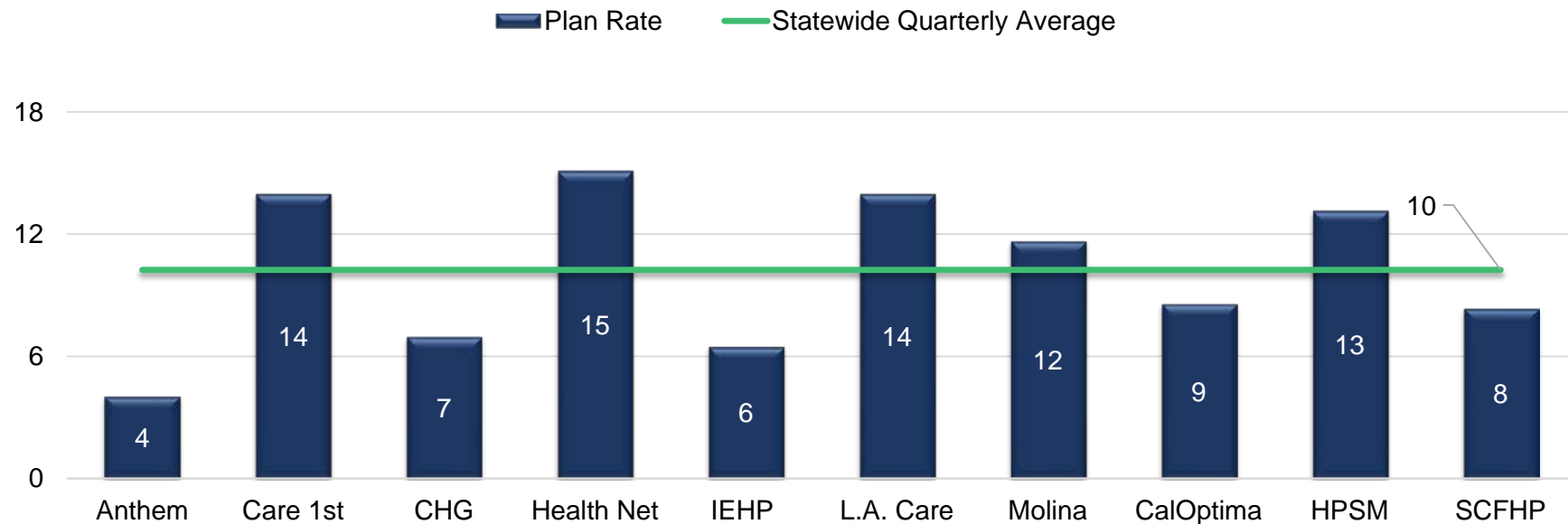


Fig. 29: Count of Members receiving CBAS per 1,000 members for Quarter 4 of 2017



Long Term Services & Supports (LTSS) Figure 30 & 31: Count of MSSP per 1,000 Members
(01/2017-12/2017) See metric summary for additional information

Fig. 30: Quarterly Rolling Statewide Average of Members Receiving MSSP per 1,000 Members

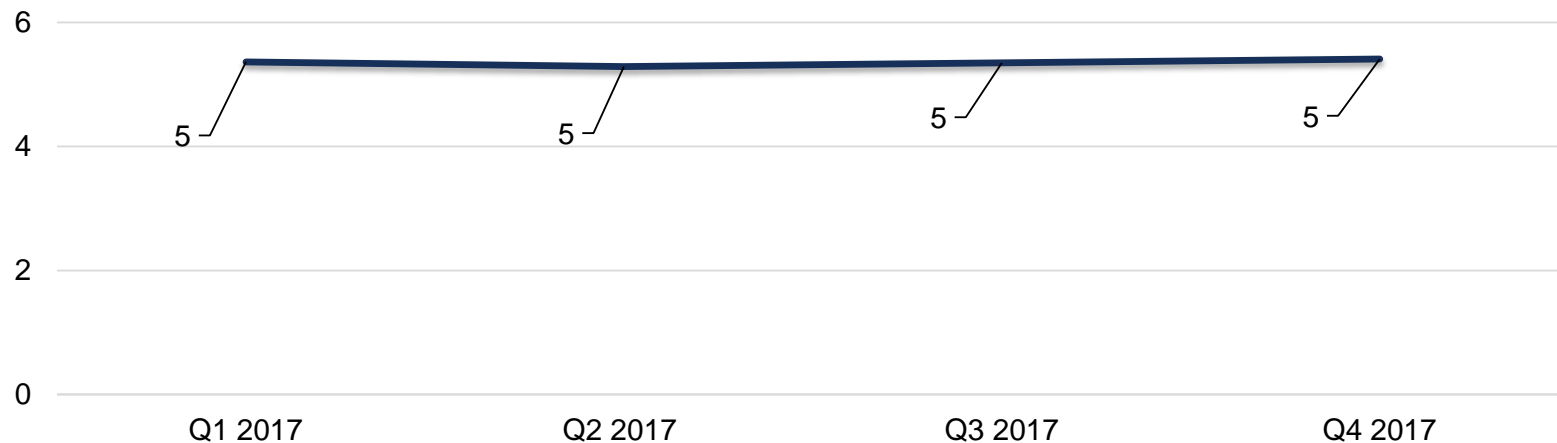
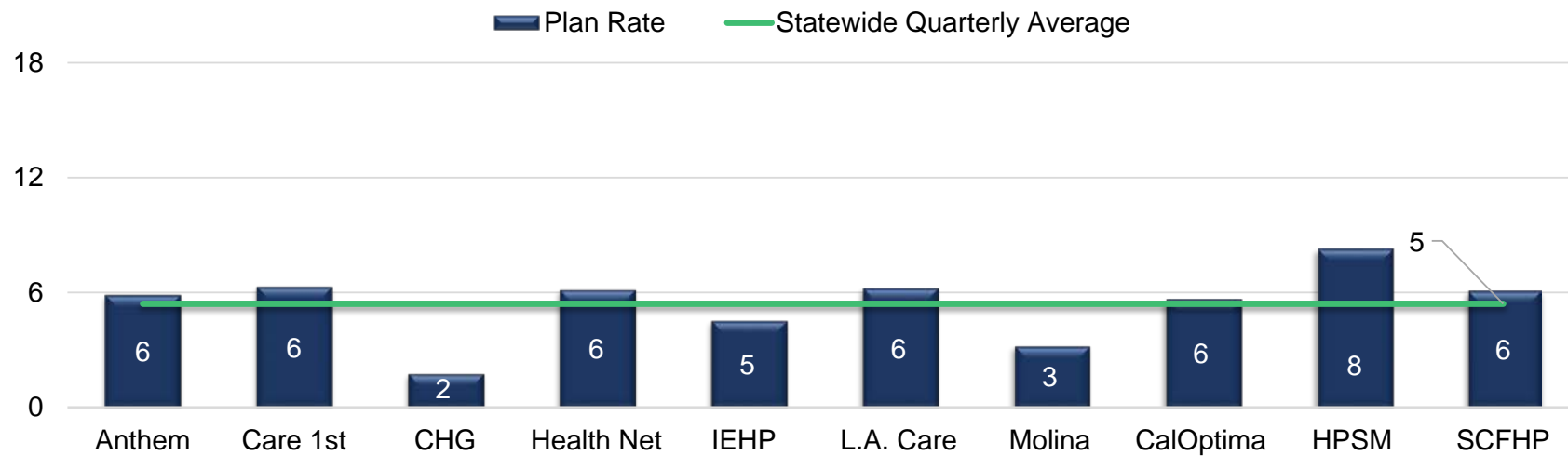


Fig. 31: Count of Members receiving MSSP per 1,000 members for Quarter 4 of 2017



Long Term Services & Supports (LTSS) Figure 32 & 33: Count of NF per 1,000 Members
(01/2017-12/2017) See metric summary for additional information

Fig. 32: Quarterly Rolling Statewide Average of Members Receiving NF per 1,000 Members

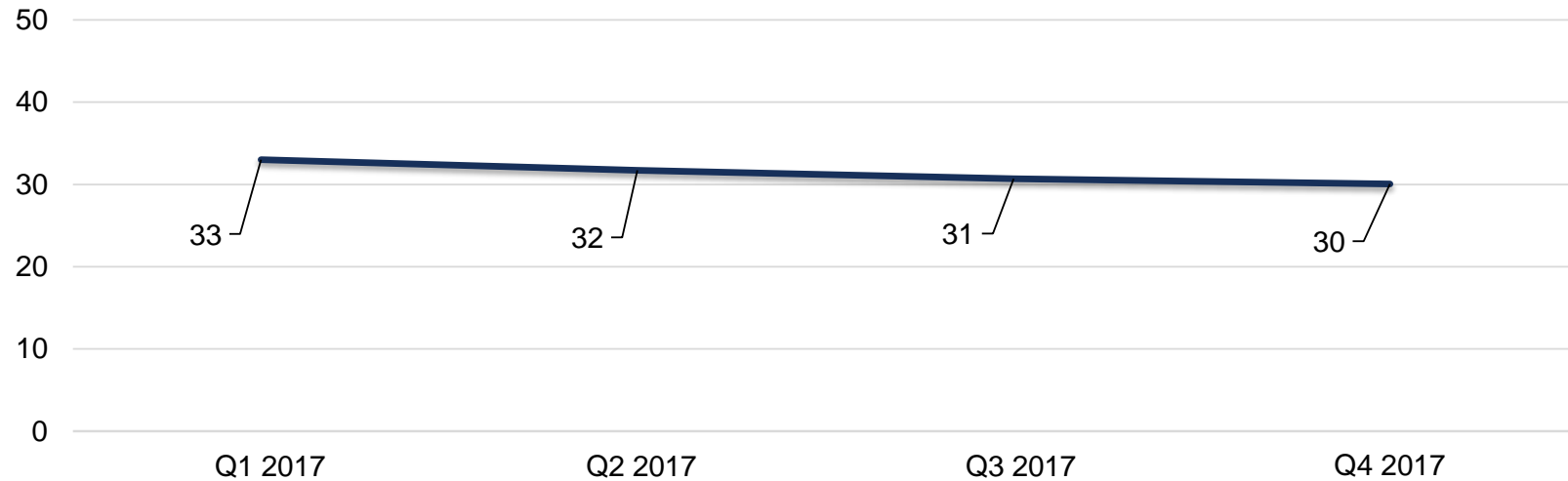
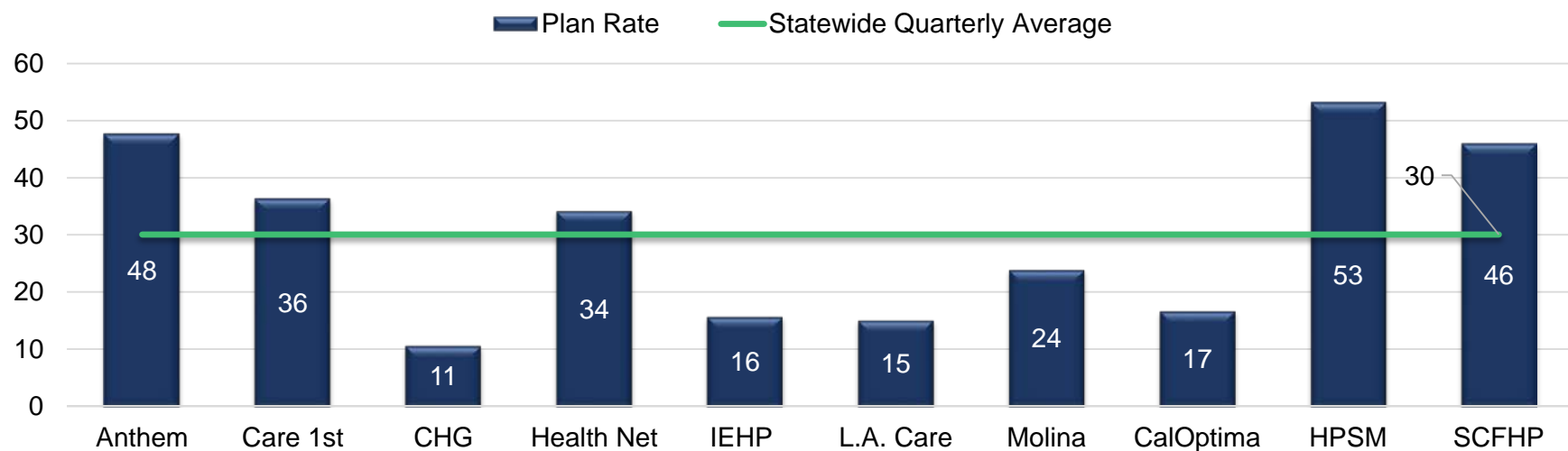


Fig. 33: Count of Members receiving NF per 1,000 Members for Quarter 4 of 2017



Medi-Cal Managed Care Enrollment Report - July 2018			
Plan Type	County	Plan Name	Totals
Two-Plan	Alameda	Alameda Alliance for Health	259,096
		Anthem Blue Cross	60,019
	Contra Costa	Contra Costa Health Plan	180,401
		Anthem Blue Cross	26,911
	Fresno	CalViva Health	295,824
		Anthem Blue Cross	108,246
	Kern	Kern Family Health	255,070
		Heath Net	73,363
	Kings	CalViva Health	28,243
		Anthem Blue Cross	19,690
	Los Angeles	LA Care	2,066,945
		Health Net	994,974
	Madera	CalViva Health	36,891
		Anthem Blue Cross	19,315
	Riverside	Inland Empire Health Plan	605,725
		Molina Healthcare	83,670
	San Bernardino	Inland Empire Health Plan	615,473
		Molina Healthcare	71,691
	San Francisco	San Francisco Health Plan	128,613
		Anthem Blue Cross	18,834
	San Joaquin	Heath Plan of San Joaquin	217,104
		Health Net	21,001
	Santa Clara	Santa Clara Family Health	249,439
		Anthem Blue Cross	70,483
	Stanislaus	Heath Plan of San Joaquin	127,461
		Health Net	67,815
	Tulare	Anthem Blue Cross	92,034
		Health Net	113,642
	Total Two-Plan Enrollment		6,907,973
Imperial	Imperial	Molina Healthcare	14,854
		CA Health & Wellness	61,491
San Benito	San Benito	Anthem Blue Cross	8,199
Total Enrollment Imperial/San Benito			84,544

Plan Type	County	Plan Name	Totals
Regional Model	Alpine	Anthem Blue Cross	130
		CA Health & Wellness	102
	Amador	Anthem Blue Cross	5,144
		CA Health & Wellness	1,086
		Kaiser	98
	Butte	Anthem Blue Cross	26,236
		CA Health & Wellness	39,237
	Calaveras	Anthem Blue Cross	3,957
		CA Health & Wellness	5,448
	Colusa	Anthem Blue Cross	4,696
		CA Health & Wellness	2,908
	El Dorado	Anthem Blue Cross	8,325
		CA Health & Wellness	19,070
		Kaiser	1,993
	Glenn	Anthem Blue Cross	3,152
		CA Health & Wellness	6,820
	Inyo	Anthem Blue Cross	2,068
		CA Health & Wellness	1,908
	Mariposa	Anthem Blue Cross	3,009
		CA Health & Wellness	844
	Mono	Anthem Blue Cross	1,596
		CA Health & Wellness	957
	Nevada	Anthem Blue Cross	12,157
		CA Health & Wellness	8,947
	Placer	Anthem Blue Cross	28,812
		CA Health & Wellness	9,194
		Kaiser	7,286
	Plumas	Anthem Blue Cross	2,496
		CA Health & Wellness	2,359
	Sierra	Anthem Blue Cross	369
		CA Health & Wellness	223
	Sutter	Anthem Blue Cross	21,798
		CA Health & Wellness	10,008
	Tehama	Anthem Blue Cross	8,856
		CA Health & Wellness	11,318
	Tuolumne	Anthem Blue Cross	4,941
		CA Health & Wellness	5,581
	Yuba	Anthem Blue Cross	16,419
		CA Health & Wellness	8,813
	Total Enrollment RM		298,361

Plan Type	County	Plan Name	Totals
GMC	Sacramento	Aetna Better Health	2,410
		Anthem Blue Cross	176,910
		Health Net	106,683
		Kaiser Foundation	85,388
		Molina Healthcare	56,197
		United Healthcare Community Plan	4,892
	San Diego	Aetna Better Health	4,652
		Care 1st Health Plan	83,924
		Community Health Group	272,213
		Health Net	72,503
		Kaiser	51,568
		Molina Healthcare	226,027
		United Healthcare Community Plan	6,111
	Total GMC Enrollment		1,149,478
COHS	Marin	Partnership Health Plan of CA	37,755
	Mendocino		38,575
	Napa		28,135
	Solano		107,946
	Sonoma		106,875
	Yolo		52,413
	Del Norte		11,434
	Humboldt		52,045
	Lake		30,608
	Lassen		7,239
	Modoc		3,113
	Shasta		59,443
	Siskiyou		17,399
	Trinity		4,331
	Merced	Central California Alliance for Health	123,399
	Monterey		156,821
	Santa Cruz		67,430
	Santa Barbara	CenCal	124,289
	San Luis Obispo		52,790
	Orange	CalOptima	752,890
	San Mateo	Health Plan of San Mateo	107,810
	Ventura	Gold Coast Health Plan	197,684
	Total COHS Enrollment		2,140,424

Plan Type	County	Plan Name	Totals
Cal MediConnect	Los Angeles	Care 1st Cal MediConnect	3,017
		CareMore Cal MediConnect	3,381
		Health Net Cal MediConnect	10,838
		L.A. Care Cal MediConnect	15,309
		Molina Healthcare Cal MediConnect	2,479
	Orange	Cal Optima OneCare Connect	14,409
	Riverside	Inland Empire Health Plan Dual Choice	12,758
		Molina Dual Options	1,995
	San Bernardino	Inland Empire Health Plan Dual Choice	12,333
		Molina Dual Options	2,072
	San Diego	Care 1st Cal MediConnect	2,154
		CommuniCare Advantage	5,785
		Health Net Cal MediConnect	1,719
		Molina Dual Options	4,363
	San Mateo	CareAdvantage Cal MediConnect	8,940
	Santa Clara	Anthem Blue Cross	2,665
		Santa Clara Family Health	7,170
	Total Cal MediConnect		111,387
Subtotal for Two-Plan, Regional Model, GMC, COHS and Cal MediConnect			10,692,167
PCCM	Los Angeles	AIDS Healthcare Foundation	670
	San Francisco	Family Mosaic	30
	Total PHP Enrollment		700
All Models Total Enrollments			10,692,867
Source: Data Warehouse			08/01/18

Medi-Cal Managed Care Enrollment Report - August 2018				
Plan Type	County	Plan Name	Totals	
Two-Plan	Alameda	Alameda Alliance for Health	258,949	
		Anthem Blue Cross	59,637	
	Contra Costa	Contra Costa Health Plan	180,124	
		Anthem Blue Cross	26,611	
	Fresno	CalViva Health	295,367	
		Anthem Blue Cross	108,074	
	Kern	Kern Family Health	254,985	
		Heath Net	72,727	
	Kings	CalViva Health	28,335	
		Anthem Blue Cross	19,739	
	Los Angeles	LA Care	2,062,921	
		Health Net	990,612	
	Madera	CalViva Health	36,913	
		Anthem Blue Cross	19,302	
	Riverside	Inland Empire Health Plan	607,039	
		Molina Healthcare	83,156	
	San Bernardino	Inland Empire Health Plan	614,909	
		Molina Healthcare	71,209	
	San Francisco	San Francisco Health Plan	128,310	
		Anthem Blue Cross	18,833	
	San Joaquin	Heath Plan of San Joaquin	216,711	
		Health Net	20,906	
	Santa Clara	Santa Clara Family Health	248,132	
		Anthem Blue Cross	69,934	
	Stanislaus	Heath Plan of San Joaquin	127,725	
		Health Net	67,354	
	Tulare	Anthem Blue Cross	92,022	
		Health Net	113,304	
		Total Two-Plan Enrollment		6,893,840
	Imperial	Imperial	Molina Healthcare	14,867
CA Health & Wellness			61,446	
San Benito	San Benito	Anthem Blue Cross	8,208	
	Total Enrollment Imperial/San Benito		84,521	

Plan Type	County	Plan Name	Totals
Regional Model	Alpine	Anthem Blue Cross	128
		CA Health & Wellness	98
	Amador	Anthem Blue Cross	5,103
		CA Health & Wellness	1,097
		Kaiser	104
	Butte	Anthem Blue Cross	25,952
		CA Health & Wellness	39,318
	Calaveras	Anthem Blue Cross	3,957
		CA Health & Wellness	5,409
	Colusa	Anthem Blue Cross	4,737
		CA Health & Wellness	2,954
	El Dorado	Anthem Blue Cross	8,263
		CA Health & Wellness	18,890
		Kaiser	2,005
	Glenn	Anthem Blue Cross	3,093
		CA Health & Wellness	6,843
	Inyo	Anthem Blue Cross	1,976
		CA Health & Wellness	1,875
	Mariposa	Anthem Blue Cross	3,008
		CA Health & Wellness	849
	Mono	Anthem Blue Cross	1,618
		CA Health & Wellness	953
	Nevada	Anthem Blue Cross	12,086
		CA Health & Wellness	8,922
	Placer	Anthem Blue Cross	28,778
		CA Health & Wellness	9,147
		Kaiser	7,346
	Plumas	Anthem Blue Cross	2,466
		CA Health & Wellness	2,345
	Sierra	Anthem Blue Cross	371
		CA Health & Wellness	228
	Sutter	Anthem Blue Cross	21,508
		CA Health & Wellness	9,902
	Tehama	Anthem Blue Cross	8,742
		CA Health & Wellness	11,185
	Tuolumne	Anthem Blue Cross	4,967
		CA Health & Wellness	5,590
	Yuba	Anthem Blue Cross	16,251
		CA Health & Wellness	8,705
	Total Enrollment RM		296,769

Plan Type	County	Plan Name	Totals
GMC	Sacramento	Aetna Better Health	2,845
		Anthem Blue Cross	176,831
		Health Net	105,895
		Kaiser Foundation	85,585
		Molina Healthcare	55,769
		United Healthcare Community Plan	4,665
	San Diego	Aetna Better Health	5,204
		Care 1st Health Plan	83,405
		Community Health Group	270,395
		Health Net	72,035
		Kaiser	51,362
		Molina Healthcare	224,996
		United Healthcare Community Plan	6,601
	Total GMC Enrollment		1,145,588
COHS	Marin	Partnership Health Plan of CA	37,525
	Mendocino		38,441
	Napa		28,091
	Solano		107,817
	Sonoma		106,806
	Yolo		52,393
	Del Norte		11,333
	Humboldt		51,732
	Lake		30,418
	Lassen		7,224
	Modoc		3,093
	Shasta		59,236
	Siskiyou		17,367
	Trinity		4,279
	Merced	Central California Alliance for Health	123,459
	Monterey		156,810
	Santa Cruz		67,246
	Santa Barbara	CenCal	124,280
	San Luis Obispo		52,156
	Orange	CalOptima	750,995
	San Mateo	Health Plan of San Mateo	106,742
	Ventura	Gold Coast Health Plan	197,621
	Total COHS Enrollment		2,135,064

Plan Type	County	Plan Name	Totals
Cal MediConnect	Los Angeles	Care 1st Cal MediConnect	3,002
		CareMore Cal MediConnect	3,366
		Health Net Cal MediConnect	10,710
		L.A. Care Cal MediConnect	15,450
		Molina Healthcare Cal MediConnect	2,476
	Orange	Cal Optima OneCare Connect	14,386
	Riverside	Inland Empire Health Plan Dual Choice	12,868
		Molina Dual Options	1,980
	San Bernardino	Inland Empire Health Plan Dual Choice	12,476
		Molina Dual Options	2,032
	San Diego	Care 1st Cal MediConnect	2,144
		CommuniCare Advantage	5,820
		Health Net Cal MediConnect	1,688
		Molina Dual Options	4,356
	San Mateo	CareAdvantage Cal MediConnect	8,921
	Santa Clara	Anthem Blue Cross	2,652
		Santa Clara Family Health	7,222
	Total Cal MediConnect		
Subtotal for Two-Plan, Regional Model, GMC, COHS and Cal MediConnect			10,667,331
PCCM	Los Angeles	AIDS Healthcare Foundation	665
	San Francisco	Family Mosaic	37
	San Diego	Rady Children's Hospital	45
	Total PHP Enrollment		
All Models Total Enrollments			10,668,078
Source: Data Warehouse			
09/04/18			

Medi-Cal Managed Care Enrollment Report - September 2018				
Plan Type	County	Plan Name	Totals	
Two-Plan	Alameda	Alameda Alliance for Health	259,188	
		Anthem Blue Cross	59,533	
	Contra Costa	Contra Costa Health Plan	179,722	
		Anthem Blue Cross	26,352	
	Fresno	CalViva Health	295,112	
		Anthem Blue Cross	108,164	
	Kern	Kern Family Health	253,672	
		Heath Net	71,884	
	Kings	CalViva Health	28,330	
		Anthem Blue Cross	19,745	
	Los Angeles	LA Care	2,058,598	
		Health Net	986,255	
	Madera	CalViva Health	36,970	
		Anthem Blue Cross	19,409	
	Riverside	Inland Empire Health Plan	607,240	
		Molina Healthcare	82,592	
	San Bernardino	Inland Empire Health Plan	612,890	
		Molina Healthcare	70,653	
	San Francisco	San Francisco Health Plan	128,233	
		Anthem Blue Cross	18,943	
	San Joaquin	Heath Plan of San Joaquin	216,807	
		Health Net	20,877	
	Santa Clara	Santa Clara Family Health	247,533	
		Anthem Blue Cross	69,391	
	Stanislaus	Heath Plan of San Joaquin	127,626	
		Health Net	66,871	
	Tulare	Anthem Blue Cross	91,911	
		Health Net	112,878	
		Total Two-Plan Enrollment		6,877,379
	Imperial	Imperial	Molina Healthcare	14,793
CA Health & Wellness			61,317	
San Benito	San Benito	Anthem Blue Cross	8,121	
	Total Enrollment Imperial/San Benito		84,231	

Plan Type	County	Plan Name	Totals
Regional Model	Alpine	Anthem Blue Cross	130
		CA Health & Wellness	93
	Amador	Anthem Blue Cross	5,064
		CA Health & Wellness	1,114
		Kaiser	98
	Butte	Anthem Blue Cross	25,805
		CA Health & Wellness	39,445
	Calaveras	Anthem Blue Cross	3,979
		CA Health & Wellness	5,351
	Colusa	Anthem Blue Cross	4,744
		CA Health & Wellness	2,962
	El Dorado	Anthem Blue Cross	8,279
		CA Health & Wellness	18,886
		Kaiser	2,023
	Glenn	Anthem Blue Cross	3,061
		CA Health & Wellness	6,888
	Inyo	Anthem Blue Cross	1,921
		CA Health & Wellness	1,842
	Mariposa	Anthem Blue Cross	3,022
		CA Health & Wellness	849
	Mono	Anthem Blue Cross	1,602
		CA Health & Wellness	958
	Nevada	Anthem Blue Cross	12,023
		CA Health & Wellness	8,954
	Placer	Anthem Blue Cross	28,649
		CA Health & Wellness	9,150
		Kaiser	7,387
	Plumas	Anthem Blue Cross	2,461
		CA Health & Wellness	2,345
	Sierra	Anthem Blue Cross	365
		CA Health & Wellness	227
	Sutter	Anthem Blue Cross	21,444
		CA Health & Wellness	9,930
	Tehama	Anthem Blue Cross	8,642
		CA Health & Wellness	11,225
	Tuolumne	Anthem Blue Cross	4,973
		CA Health & Wellness	5,592
	Yuba	Anthem Blue Cross	16,261
		CA Health & Wellness	8,701
	Total Enrollment RM		296,445

Plan Type	County	Plan Name	Totals
GMC	Sacramento	Aetna Better Health	3,283
		Anthem Blue Cross	176,767
		Health Net	105,169
		Kaiser Foundation	85,284
		Molina Healthcare	55,467
		United Healthcare Community Plan	4,255
	San Diego	Aetna Better Health	5,721
		Care 1st Health Plan	82,765
		Community Health Group	267,915
		Health Net	71,161
		Kaiser	51,069
		Molina Healthcare	222,938
		United Healthcare Community Plan	7,048
	Total GMC Enrollment		1,138,842
COHS	Marin	Partnership Health Plan of CA	37,319
	Mendocino		38,505
	Napa		27,638
	Solano		107,671
	Sonoma		106,700
	Yolo		52,347
	Del Norte		11,286
	Humboldt		51,614
	Lake		30,337
	Lassen		7,277
	Modoc		3,140
	Shasta		58,911
	Siskiyou		17,369
	Trinity		4,277
	Merced	Central California Alliance for Health	122,951
	Monterey		156,322
	Santa Cruz		67,064
	Santa Barbara	CenCal	124,025
	San Luis Obispo		52,283
	Orange	CalOptima	750,174
	San Mateo	Health Plan of San Mateo	106,716
	Ventura	Gold Coast Health Plan	196,939
	Total COHS Enrollment		2,130,865

Plan Type	County	Plan Name	Totals
Cal MediConnect	Los Angeles	Care 1st Cal MediConnect	2,990
		CareMore Cal MediConnect	3,326
		Health Net Cal MediConnect	10,589
		L.A. Care Cal MediConnect	15,638
		Molina Healthcare Cal MediConnect	2,454
	Orange	Cal Optima OneCare Connect	14,370
	Riverside	Inland Empire Health Plan Dual Choice	12,979
		Molina Dual Options	1,966
	San Bernardino	Inland Empire Health Plan Dual Choice	12,556
		Molina Dual Options	2,011
	San Diego	Care 1st Cal MediConnect	2,138
		CommuniCare Advantage	5,861
		Health Net Cal MediConnect	1,668
		Molina Dual Options	4,344
	San Mateo	CareAdvantage Cal MediConnect	8,948
	Santa Clara	Anthem Blue Cross	2,627
		Santa Clara Family Health	7,252
	Total Cal MediConnect		
Subtotal for Two-Plan, Regional Model, GMC, COHS and Cal MediConnect			10,639,479
PCCM	Los Angeles	AIDS Healthcare Foundation	652
	San Francisco	Family Mosaic	39
	San Diego	Rady Children's Hospital	129
	Total PHP Enrollment		
All Models Total Enrollments			10,640,299
Source: Data Warehouse			10/01/18