

California Managed Care Program Features, as of 2016

Features	Health Plan of San Mateo CCS Demo/San Mateo	Family Mosaic Project/ San Francisco	Positive Healthcare/Los Angeles
Program type	Comprehensive MCO	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Other Prepaid Health Plan (PHP) (limited benefits)
Statewide or region-specific?	San Mateo	San Francisco	Los Angeles
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1915(a)	1937 Alt Benefit Plan
Program start date	06/01/2012	12/01/1992	04/01/2002
Waiver expiration date (if applicable)	04/01/2018		
If the program ended in 2016, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			Voluntary
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			Voluntary
Populations enrolled: Aged, Blind or Disabled Children or Adults			
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)			Voluntary
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals			
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs	Mandatory	Voluntary	
Populations enrolled: Native American/Alaskan Natives	Exempt	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Voluntary	Voluntary
Populations enrolled: Enrollment choice period	Pre-assigned		
Populations enrolled: Enrollment broker name (if applicable)			
Populations enrolled: Notes on enrollment choice period			
Benefits covered: Inpatient hospital physical health			
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)			

California Managed Care Program Features, as of 2016

Features	Health Plan of San Mateo CCS Demo/San Mateo	Family Mosaic Project/ San Francisco	Positive Healthcare/Los Angeles
Benefits covered: Outpatient hospital physical health	X		X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)		X	
Benefits covered: Partial hospitalization			
Benefits covered: Physician	X	X	X
Benefits covered: Nurse practitioner	X	X	X
Benefits covered: Rural health clinics and FQHCs	X		X
Benefits covered: Clinic services	X	X	X
Benefits covered: Lab and x-ray	X	X	X
Benefits covered: Prescription drugs and prosthetic devices	X	X	X
Benefits covered: EPSDT	X	X	X
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X		
Benefits covered: Family planning	X		X
Benefits covered: Dental services (medical/surgical)			
Benefits covered: Dental (preventative or corrective)			
Benefits covered: Personal care (state plan option)			
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing			
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services			
Benefits covered: Hospice care	X		X
Benefits covered: Non-Emergency Medical Transportation	X	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			

California Managed Care Program Features, as of 2016

Features	Health Plan of San Mateo CCS Demo/San Mateo	Family Mosaic Project/ San Francisco	Positive Healthcare/Los Angeles
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Pediatric specialties and subspecialties, pediatric surgical specialties		
Quality assurance and improvement: HEDIS data required?	Yes	Yes	Yes
Quality assurance and improvement: CAHPS data required?	No	No	Yes
Quality assurance and improvement: Accreditation required?	No	No	No
Quality assurance and improvement: Accrediting organization			
Quality assurance and improvement: EQRO contractor name (if applicable)			
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans and regions served: Plans in Program	Health Plan of San Mateo CCS Demo	Family Mosaic Project/San Francisco	Multiple Primary Care Providers

California Managed Care Program Features, as of 2016

Features	Health Plan of San Mateo CCS Demo/San Mateo	Family Mosaic Project/ San Francisco	Positive Healthcare/Los Angeles
Notes: Program notes			

California Managed Care Program Features, as of 2016

Features	Dental Managed Care/Los Angeles	Dental Managed Care/Sacramento	Program of All-Inclusive Care for the Elderly (PACE)
Program type	Dental only (PAHP)	Dental only (PAHP)	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Los Angeles	Sacramento	Alameda, Contra Costa, Fresno, Humboldt, Los Angeles, OrangeRiverside, Sacramento, San Bernardino, San Diego, San Francisco, Santa Clara
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)	PACE
Program start date	04/01/1998	12/01/1998	06/01/1991
Waiver expiration date (if applicable)	12/31/2020	12/31/2020	
If the program ended in 2016, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Voluntary	Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Voluntary	Mandatory	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary		Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Voluntary	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals	Voluntary	Mandatory	Voluntary
Populations enrolled: Partial Duals			Voluntary
Populations enrolled: Children with Special Health Care Needs			
Populations enrolled: Native American/Alaskan Natives	Mandatory	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Voluntary	Exempt
Populations enrolled: Enrollment choice period	60 days	60 days	N/A
Populations enrolled: Enrollment broker name (if applicable)	Health Care Operations (Maximus)	Health Care Operations (Maximus)	
Populations enrolled: Notes on enrollment choice period			

California Managed Care Program Features, as of 2016

Features	Dental Managed Care/Los Angeles	Dental Managed Care/Sacramento	Program of All-Inclusive Care for the Elderly (PACE)
Benefits covered: Inpatient hospital physical health			X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)			X
Benefits covered: Outpatient hospital physical health			X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)			X
Benefits covered: Partial hospitalization			X
Benefits covered: Physician			X
Benefits covered: Nurse practitioner			X
Benefits covered: Rural health clinics and FQHCs	X	X	
Benefits covered: Clinic services			X
Benefits covered: Lab and x-ray			X
Benefits covered: Prescription drugs and prosthetic devices			X
Benefits covered: EPSDT	X	X	X
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)			X
Benefits covered: Family planning			X
Benefits covered: Dental services (medical/surgical)	X	X	X
Benefits covered: Dental (preventative or corrective)	X	X	X
Benefits covered: Personal care (state plan option)			X
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing			
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services			X
Benefits covered: Hospice care			X
Benefits covered: Non-Emergency Medical Transportation	X		X

California Managed Care Program Features, as of 2016

Features	Dental Managed Care/Los Angeles	Dental Managed Care/Sacramento	Program of All-Inclusive Care for the Elderly (PACE)
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			
Quality assurance and improvement: HEDIS data required?	Yes	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	Yes	No
Quality assurance and improvement: Accreditation required?	No	No	No
Quality assurance and improvement: Accrediting organization			
Quality assurance and improvement: EQRO contractor name (if applicable)			
Performance incentives: Payment bonuses/differentials to reward plans	X	X	
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics	X	X	
Performance incentives: Withholds tied to performance metrics	X	X	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans and regions served: Plans in Program	Health Net Dental/Los Angeles; Access Dental Plan/Los Angeles; Liberty Dental Plan/Los Angeles	Access Dental Plan/Sacramento; Liberty Dental Plan/Sacramento; Health Net Dental/Sacramento	Central Valley Medical Services/Fresno; Redwood Coast PACE/Humboldt; Sutter SeniorCare PACE/Sacramento; Center for Elders Independence/Alameda; Alta Med Health Senior Buenacare/Los Angeles; Center for Elders Independence/Contra Costa; Innovage PACE/Riverside; Innovage PACE/San Bernardino; ONLOK Lifeways/San Francisco; ONLOK Lifeways/Alameda; ONLOK Lifeways/Santa Clara; St. Paul's PACE/San Diego; CalOPTIMA PACE/Orange; Brandman Centers for Senior Care/Los Angeles; San Diego PACE

California Managed Care Program Features, as of 2016

Features	Dental Managed Care/Los Angeles	Dental Managed Care/Sacramento	Program of All-Inclusive Care for the Elderly (PACE)
Notes: Program notes			

California Managed Care Program Features, as of 2016

Features	Senior Care Action Network (SCAN)	Two-Plan Model	County Organized Health Systems (COHS) Model
Program type	Comprehensive MCO + MLTSS	Comprehensive MCO + MLTSS	Comprehensive MCO + MLTSS
Statewide or region-specific?	Los Angeles, Riverside, San Bernardino	Alameda, Contra Costa, Fresno, Kern, Kings, Los Angeles, Madera, Riverside, San Bernardino, San Francisco, San Joaquin, Santa Clara, Stanislaus, Tulare	Del Norte, Humboldt, Lake, Lassen, Marin, Mendocino, Merced, Modoc, Monterey, Napa, Orange, San Luis Obispo, San Mateo, Santa Barbara, Santa Cruz, Shasta, Siskiyou, Solano, Sonoma, Trinity, Ventura, Yolo
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)
Program start date	01/01/1996	01/01/1996	10/01/1995
Waiver expiration date (if applicable)	12/31/2020	12/31/2020	12/31/2020
If the program ended in 2016, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Mandatory	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			Mandatory
Populations enrolled: Full Duals	Voluntary	Varies	Varies
Populations enrolled: Partial Duals			Mandatory
Populations enrolled: Children with Special Health Care Needs		Voluntary	Mandatory
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Voluntary	Voluntary
Populations enrolled: Enrollment choice period		Other	Pre-assigned
Populations enrolled: Enrollment broker name (if applicable)		Health Care Operations (Maximus)	
Populations enrolled: Notes on enrollment choice period		Approximately 45 days	

California Managed Care Program Features, as of 2016

Features	Senior Care Action Network (SCAN)	Two-Plan Model	County Organized Health Systems (COHS) Model
Benefits covered: Inpatient hospital physical health	X	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X		
Benefits covered: Outpatient hospital physical health	X	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X		
Benefits covered: Partial hospitalization	X		
Benefits covered: Physician	X	X	X
Benefits covered: Nurse practitioner	X	X	X
Benefits covered: Rural health clinics and FQHCs	X	X	X
Benefits covered: Clinic services	X	X	
Benefits covered: Lab and x-ray	X	X	X
Benefits covered: Prescription drugs and prosthetic devices	X	X	X
Benefits covered: EPSDT		X	X
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X		
Benefits covered: Family planning		X	X
Benefits covered: Dental services (medical/surgical)	X		
Benefits covered: Dental (preventative or corrective)	X		X
Benefits covered: Personal care (state plan option)	X	X	
Benefits covered: HCBS waiver services		X	
Benefits covered: Private duty nursing		X	
Benefits covered: ICF-IDD		X	X
Benefits covered: Nursing facility services	X	X	X
Benefits covered: Hospice care	X	X	X
Benefits covered: Non-Emergency Medical Transportation	X	X	X

California Managed Care Program Features, as of 2016

Features	Senior Care Action Network (SCAN)	Two-Plan Model	County Organized Health Systems (COHS) Model
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			
Quality assurance and improvement: HEDIS data required?	No	Yes	Yes
Quality assurance and improvement: CAHPS data required?	No	Yes	Yes
Quality assurance and improvement: Accreditation required?	No	No	No
Quality assurance and improvement: Accrediting organization			
Quality assurance and improvement: EQRO contractor name (if applicable)		Health Services Advisory Group	Health Services Advisory Group
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans		X	
Performance incentives: Public reports comparing plan performance on key metrics		X	X
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans and regions served: Plans in Program	SCAN Health Plan (Los Angeles, Riverside, San Bernadino); SCAN Health Plan (Nurs hm cert) (Los Angeles, Riverside, San Bernardino)	CalViva Health (Fresno, Kings, Madera); Anthem Blue Cross Partnership Plan (Alameda, San Francisco, Contra Costa, Fresno, Kings, Madera, Santa Clara, Tulare); Health Net (Kern, Los Angeles, Tulare, San Joaquin, Stanislaus); Molina Healthcare (Riverside, San Bernardino); Alameda Alliance for Health; Contra Costa Health Plan; Kern Health Systems; LA Care; Inland Empire Health Plan (Riverside, San Bernardino); San Francisco Health Plan; Health Plan of San Joaquin (San Joaquin, Stanislaus); Santa Clara Family Health Plan	CenCal (San Luis Obispo, Santa Barbara); Health Plan of San Mateo; Partnership HealthPlan of CA (Del Norte, Humboldt, Lassen, Lake, Marin, Mendocino, Modoc, Napa, Shasta, Siskiyou, Solano, Sonoma, Trinity, Yolo); Central California Alliance for Health (Merced, Monterey, Santa Cruz); CalOPTIMA; Gold Coast Health Plan

California Managed Care Program Features, as of 2016

Features	Senior Care Action Network (SCAN)	Two-Plan Model	County Organized Health Systems (COHS) Model
Notes: Program notes		Full duals are mandatory for managed care enrollment in Coordinated Care Initiative (CCI) Counties (Los Angeles, Riverside, San Bernardino and Santa Clara) and voluntary for all other Counties (Alameda, Contra Costa, Fresno, Kern, Kings, Madera, San Francisco, San Joaquin, Stanislaus and Tulare).	Full duals are mandatory for managed care enrollment in CCI Counties (Orange and San Mateo) and voluntary for all other Counties.

California Managed Care Program Features, as of 2016

Features	Geographic Managed Care (GMC) Model	Regional Model
Program type	Comprehensive MCO + MLTSS	Comprehensive MCO
Statewide or region-specific?	Sacramento, San Diego	Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Imperial, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, San Benito, Sierra, Sutter, Tehama, Tuolumne, Yuba
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)
Program start date	06/01/1991	10/01/2013
Waiver expiration date (if applicable)	12/31/2020	12/31/2020
If the program ended in 2016, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		
Populations enrolled: Full Duals	Varies	Voluntary
Populations enrolled: Partial Duals		
Populations enrolled: Children with Special Health Care Needs	Voluntary	Voluntary
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Voluntary
Populations enrolled: Enrollment choice period	Other	Other
Populations enrolled: Enrollment broker name (if applicable)	Health Care Options (Maximus)	
Populations enrolled: Notes on enrollment choice period	Approximately 45 days	Approximately 45 days
Benefits covered: Inpatient hospital physical health	X	X

California Managed Care Program Features, as of 2016

Features	Geographic Managed Care (GMC) Model	Regional Model
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)		
Benefits covered: Outpatient hospital physical health	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)		X
Benefits covered: Partial hospitalization		
Benefits covered: Physician	X	X
Benefits covered: Nurse practitioner	X	X
Benefits covered: Rural health clinics and FQHCs	X	X
Benefits covered: Clinic services	X	X
Benefits covered: Lab and x-ray	X	X
Benefits covered: Prescription drugs and prosthetic devices	X	X
Benefits covered: EPSDT	X	X
Benefits covered: Case management	X	X
Benefits covered: SSA Section 1945-authorized health home		
Benefits covered: Health home care (services in home)		
Benefits covered: Family planning	X	X
Benefits covered: Dental services (medical/surgical)		
Benefits covered: Dental (preventative or corrective)		
Benefits covered: Personal care (state plan option)	X	
Benefits covered: HCBS waiver services	X	
Benefits covered: Private duty nursing	X	
Benefits covered: ICF-IDD	X	
Benefits covered: Nursing facility services	X	
Benefits covered: Hospice care	X	X
Benefits covered: Non-Emergency Medical Transportation	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit		

California Managed Care Program Features, as of 2016

Features	Geographic Managed Care (GMC) Model	Regional Model
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		
Quality assurance and improvement: HEDIS data required?	Yes	Yes
Quality assurance and improvement: CAHPS data required?	Yes	Yes
Quality assurance and improvement: Accreditation required?	No	No
Quality assurance and improvement: Accrediting organization		
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group	Health Services Advisory Group
Performance incentives: Payment bonuses/differentials to reward plans		
Performance incentives: Preferential auto-enrollment to reward plans	X	X
Performance incentives: Public reports comparing plan performance on key metrics	X	X
Performance incentives: Withholds tied to performance metrics		
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		
Participating plans and regions served: Plans in Program	Community Health Group/San Diego; Health Net/San Diego; Molina Healthcare/San Diego; Care 1st Healthplan/San Diego; Kaiser/San Diego; Molina Healthcare/Sacramento; Health Net/Sacramento; Kaiser/Sacramento; Anthem Blue Cross Partnership Plan/Sacramento	Anthem Blue Cross Partnership Plan (Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, San Benito, Sierra, Sutter, Tehama, Tuolumne, Yuba); California Health & Wellness (Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Imperial, Inyo, Mariposa, Mono, Nevada, Placer, Sierra, Sutter, Tehama, Tuolumne, Yuba); Kaiser (Amador, El Dorado, Placer); Molina Healthcare (Imperial)

California Managed Care Program Features, as of 2016

Features	Geographic Managed Care (GMC) Model	Regional Model
Notes: Program notes	Full duals are mandatory for managed care enrollment in CCI Counties (San Diego) and voluntary for all other Counties (Sacramento).	