

### California Managed Care Program Features, as of 2021 (1 of 4)

Features	County Organized Health Systems (COHS) Model	Regional Model	Geographic Managed Care (GMC) Model
Program type	Comprehensive MCO + MLTSS	Comprehensive MCO	Comprehensive MCO + MLTSS
Statewide or region-specific?	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	Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Imperial, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, San Benito, Sierra, Sutter, Tehama, Tuolumne, Yuba	Sacramento, San Diego
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)
Program start date	10/01/1995	10/02/2013	06/01/1991
Waiver expiration date (if applicable)	12/31/2021	12/31/2021	12/31/2021
If the program ended in 2020, 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	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory		
Populations enrolled: Full Duals	Mandatory	Voluntary	Varies

<b>Features</b>	<b>County Organized Health Systems (COHS) Model</b>	<b>Regional Model</b>	<b>Geographic Managed Care (GMC) Model</b>
Populations enrolled: Children with Special Health Care Needs	Mandatory	Mandatory	Mandatory
Populations enrolled: American Indian/Alaska Native	Voluntary	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Voluntary	Voluntary
Populations enrolled: Enrollment choice period	Pre-assigned	Other	Other
Populations enrolled: Enrollment broker name (if applicable)		Health Care Options/MAXIMUS	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	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)			
Benefits covered: Outpatient hospital physical health	X	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	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	X
Benefits covered: Clinic services	X	X	X
Benefits covered: Lab and x-ray	X	X	X
Benefits covered: Prescription drugs	X	X	X
Benefits covered: Prosthetic devices	X	X	X

<b>Features</b>	<b>County Organized Health Systems (COHS) Model</b>	<b>Regional Model</b>	<b>Geographic Managed Care (GMC) Model</b>
Benefits covered: EPSDT	X	X	X
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized Health Home			
Benefits covered: Home health services (services in home)	X	X	X
Benefits covered: Family planning	X	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	X	X	X
Benefits covered: ICF-IDD	X	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
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			

<b>Features</b>	<b>County Organized Health Systems (COHS) Model</b>	<b>Regional Model</b>	<b>Geographic Managed Care (GMC) Model</b>
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Optional benefits: podiatry, chiropractic services, acupuncture, audiology, occupational therapy, and speech therapy, and provisional post-partum care extension (PPCE)	Optional benefits: podiatry, chiropractic services, acupuncture, audiology, occupational therapy, and speech therapy, and provisional post-partum care extension (PPCE).	Optional benefits: podiatry, chiropractic services, acupuncture, audiology, occupational therapy, and speech therapy, and provisional post-partum care extension (PPCE).
Quality assurance and improvement: HEDIS data required?	Yes	Yes	Yes
Quality assurance and improvement: CAHPS data required?	Yes	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	Health Services Advisory Group
Performance incentives: Payment bonuses/differentials to reward plans	X	X	X
Performance incentives: Preferential auto-enrollment to reward plans		X	X
Performance incentives: Public reports comparing plan performance on key metrics	X	X	X
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	X	X

<b>Features</b>	<b>County Organized Health Systems (COHS) Model</b>	<b>Regional Model</b>	<b>Geographic Managed Care (GMC) Model</b>
Participating plans: Plans in Program	CenCal Health/San Luis Obispo; CenCal Health/Santa Barbara; Health Plan of San Mateo; Partnership HealthPlan of CA/Northeast; Partnership HealthPlan of CA/Northwest; Partnership HealthPlan/Southeast; Partnership HealthPlan/Southwest; Central California Alliance for Health/Merced; Central California Alliance for Health/Monterey Santa Cruz; CalOptima/Orange; Gold Coast Health Plan/Ventura	Molina Healthcare of CA-Imperial; Anthem Blue Cross Partnership Plan/San Benito; California Health & Wellness Plan/Imperial; California Health & Wellness Plan/Region 1; California Health & Wellness Plan/Region 2; Anthem Blue Cross Partnership Plan/Region 1; Anthem Blue Cross Partnership Plan/Region 2	KP Cal LLC-Placer; KP Cal LLC-EI Dorado; KP Cal LLC-Amador; Aetna Better Health of CA/Sacramento; Blue Shield of California Promise/San Diego; Health Net/San Diego; KP Cal LLC/San Diego; Molina Healthcare of CA Partner Plan/San Diego; Aetna Better Health of CA/San Diego; UnitedHealthcare Community Plan/San Diego; Anthem Blue Cross Partnership Plan/Sacramento; Health Net/Sacramento; KP Cal LLC/Sacramento; Molina Healthcare of CA Partner Plan/Sacramento; Community Health Group-San Diego

<b>Features</b>	<b>County Organized Health Systems (COHS) Model</b>	<b>Regional Model</b>	<b>Geographic Managed Care (GMC) Model</b>
Notes: Program notes	<p>Full duals have the option to enroll in Cal Medi-Connect in CCI counties, otherwise, they are mandatory for enrollment. Children with Special Health Care Needs (CSHCN) are mandatory in all COHS counties except Ventura. CSHCN is voluntary in Ventura. For CY 2021 rating period we had the following in place: Prop 56 Value Based Purchasing – Behavioral Health Integration which we implemented via the 5% incentive pool Prop 56 Value Based Purchasing – Medi-Cal managed care health plans (MCPs) that will provide directed payments to providers for meeting specific measures aimed at improving care for certain high-cost or high-need populations. These risk-based incentive payments will be targeted at physicians that meet specific achievement on metrics targeting areas such as behavioral health integration; chronic disease management; prenatal/post-partum care; and early childhood prevention.</p>	<p>San Benito is voluntary due to only one commercial plan in the county. For CY 2021 rating period we had the following in place: Prop 56 Value Based Purchasing – Behavioral Health Integration which we implemented via the 5% incentive pool Prop 56 Value Based Purchasing – Medi-Cal managed care health plans (MCPs) that will provide directed payments to providers for meeting specific measures aimed at improving care for certain high-cost or high-need populations. These risk-based incentive payments will be targeted at physicians that meet specific achievement on metrics targeting areas such as behavioral health integration; chronic disease management; prenatal/post-partum care; and early childhood prevention. In non-COHS plan model types ICF-DD and nursing facility benefits are only covered for a limited period of time (month of admission plus 1 month) and then the member is disenrolled to FFS.</p>	<p>Full duals are mandatory for managed care enrollment in CCI Counties (San Diego) and voluntary for all other counties (Sacramento). For CY 2021 rating period we had the following in place: Prop 56 Value Based Purchasing – Behavioral Health Integration which we implemented via the 5% incentive pool Prop 56 Value Based Purchasing – Medi-Cal managed care health plans (MCPs) that will provide directed payments to providers for meeting specific measures aimed at improving care for certain high-cost or high-need populations. These risk-based incentive payments will be targeted at physicians that meet specific achievement on metrics targeting areas such as behavioral health integration; chronic disease management; prenatal/post-partum care; and early childhood prevention.</p>

### California Managed Care Program Features, as of 2021 (2 of 4)

Features	Senior Care Action Network (SCAN)	Program of All-Inclusive Care for the Elderly (PACE)	Dental Managed Care/Los Angeles
Program type	Comprehensive MCO + MLTSS	Program of All-inclusive Care for the Elderly (PACE)	Dental only (PAHP)
Statewide or region-specific?	Los Angeles, Riverside, San Bernardino	Alameda, Contra Costa, Fresno, Humboldt, Los Angeles, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, Santa Clara, Kings, Tulare, Madera, San Joaquin, Stanislaus, Kern, Placer, El Dorado, Sutter, Yuba	Los Angeles
Federal operating authority	1915(a)	PACE	1115(a) (Medicaid demonstration waivers), 1915(a)
Program start date	01/01/1996	01/01/1998	04/01/1998
Waiver expiration date (if applicable)	12/31/2021		12/31/2021
If the program ended in 2020, 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	Voluntary	Voluntary	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)			Voluntary
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			Voluntary

<b>Features</b>	<b>Senior Care Action Network (SCAN)</b>	<b>Program of All-Inclusive Care for the Elderly (PACE)</b>	<b>Dental Managed Care/Los Angeles</b>
Populations enrolled: Full Duals	Voluntary	Voluntary	Voluntary
Populations enrolled: Children with Special Health Care Needs			Voluntary
Populations enrolled: American Indian/Alaska Native	Voluntary	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Exempt	Voluntary
Populations enrolled: Enrollment choice period		N/A	60 days
Populations enrolled: Enrollment broker name (if applicable)			Health Care Operations (Maximus)
Populations enrolled: Notes on enrollment choice period			
Benefits covered: Inpatient hospital physical health	X	X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)		X	
Benefits covered: Outpatient hospital physical health	X	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	
Benefits covered: Partial hospitalization	X	X	
Benefits covered: Physician	X	X	
Benefits covered: Nurse practitioner	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	X	X	



<b>Features</b>	<b>Senior Care Action Network (SCAN)</b>	<b>Program of All-Inclusive Care for the Elderly (PACE)</b>	<b>Dental Managed Care/Los Angeles</b>
Benefits covered: Prosthetic devices	X	X	
Benefits covered: EPSDT		X	X
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized Health Home			
Benefits covered: Home health services (services in home)	X	X	
Benefits covered: Family planning		X	
Benefits covered: Dental services (medical/surgical)		X	X
Benefits covered: Dental (preventative or corrective)		X	X
Benefits covered: Personal care (state plan option)		X	
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing		X	
Benefits covered: ICF-IDD	X		
Benefits covered: Nursing facility services	X	X	
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			

<b>Features</b>	<b>Senior Care Action Network (SCAN)</b>	<b>Program of All-Inclusive Care for the Elderly (PACE)</b>	<b>Dental Managed Care/Los Angeles</b>
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Optional benefits: podiatry, chiropractic services, acupuncture, audiology, occupational therapy, speech therapy, and provisional post-partum care extension (PPCE)	PACE is responsible for covering all Medicaid services, all Medicare services, and any other service determined necessary by the PACE Interdisciplinary Team to maintain a participant in their home or community.	
Quality assurance and improvement: HEDIS data required?	Yes	No	Yes
Quality assurance and improvement: CAHPS data required?	No	No	Yes
Quality assurance and improvement: Accreditation required?	No, but accreditation considered in plan selection criteria	No	No, but accreditation considered in plan selection criteria
Quality assurance and improvement: Accrediting organization	Private credentialing organizations approved by DHCS		Private credentialing organizations approved by DHCS
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group (HSAG)		Health Services Advisory Group
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			X
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			X
Participating plans: Plans in Program	SCAN Health Plan/Los Angeles; SCAN Health Plan Riverside/San Bernardino	Bakersfield PACE (Tulare); InnovAge California PACE Sacramento (San Joaquin); InnovAge California PACE-Sacramento (Sutter); InnovAge	Health Net Dental Plan/Los Angeles; Access Dental Plan/Los Angeles; LIBERTY Dental Plan/Los Angeles

Features	Senior Care Action Network (SCAN)	Program of All-Inclusive Care for the Elderly (PACE)	Dental Managed Care/Los Angeles
		<p>California PACE- Sacramento (Yuba); Neighborhood PACE (Riverside); Neighborhood PACE (San Bernardino); Redwood Coast Pace/Humboldt; San Diego PACE; St. Paul's PACE/San Diego; Sutter SeniorCare PACE/Sacramento; AltaMed Senior Buenacare/Los Angeles; Brandman Centers for Senior Care/Los Angeles; CalOptima PACE/Orange; Center for Elders Independence/Alameda; Center for Elders Independence/Contra Costa; Fresno PACE; InnovAge PACE/Riverside; InnovAge PACE/San Bernardino County; On Lok Lifeways/Alameda; On Lok Lifeways/Santa Clara; On Lok Lifeways/San Francisco; Family Health Centers of San Diego; Gary and Mary West PACE of Northern San Diego; Pacific PACE/Los Angeles; Stockton PACE/San Joaquin; Stockton PACE/Stanislaus; AltaMed Senior Buenacare/Orange; Bakersfield PACE (Kern); Central Valley PACE (Stanislaus); Central Valley PACE (San Joaquin); InnovAge California PACE- Sacramento (El Dorado); InnovAge California PACE- Sacramento (Placer); InnovAge California PACE- Sacramento-Sac; Coastline PACE; North East Medical Services; Sequoia PACE (Fresno); Sequoia PACE (Kings); Sequoia PACE (Tulare); Sequoia PACE(Madera)</p>	
Notes: Program notes			

### California Managed Care Program Features, as of 2021 (3 of 4)

Features	Dental Managed Care/Sacramento	Two-Plan Model	Positive Healthcare/Los Angeles
Program type	Dental only (PAHP)	Comprehensive MCO + MLTSS	Comprehensive MCO
Statewide or region-specific?	Sacramento	Alameda, Contra Costa, Fresno, Kern, Kings, Los Angeles, Madera, Riverside, San Bernardino, San Francisco, San Joaquin, Santa Clara, Stanislaus, Tulare	Los Angeles
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)	1915(a)
Program start date	01/01/1995	01/01/1996	04/01/2002
Waiver expiration date (if applicable)	12/31/2021	12/31/2021	12/31/2021
If the program ended in 2020, 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	Voluntary
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	Voluntary
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	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory		
Populations enrolled: Full Duals	Mandatory	Varies	Voluntary
Populations enrolled: Children with Special Health Care Needs	Mandatory	Mandatory	

<b>Features</b>	<b>Dental Managed Care/Sacramento</b>	<b>Two-Plan Model</b>	<b>Positive Healthcare/Los Angeles</b>
Populations enrolled: American Indian/Alaska Native	Voluntary	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Voluntary	Voluntary
Populations enrolled: Enrollment choice period	60 days	Other	
Populations enrolled: Enrollment broker name (if applicable)	Health Care Operations (Maximus)	Health Care Options/MAXIMUS	
Populations enrolled: Notes on enrollment choice period		Approximately 45 days	
Benefits covered: Inpatient hospital physical health		X	X
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	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	X
Benefits covered: Clinic services		X	X
Benefits covered: Lab and x-ray	X	X	X
Benefits covered: Prescription drugs		X	X
Benefits covered: Prosthetic devices		X	X
Benefits covered: EPSDT	X	X	X
Benefits covered: Case management	X	X	X

Features	Dental Managed Care/Sacramento	Two-Plan Model	Positive Healthcare/Los Angeles
Benefits covered: SSA Section 1945-authorized Health Home			
Benefits covered: Home health services (services in home)		X	X
Benefits covered: Family planning		X	X
Benefits covered: Dental services (medical/surgical)	X		
Benefits covered: Dental (preventative or corrective)	X		
Benefits covered: Personal care (state plan option)			
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing		X	X
Benefits covered: ICF-IDD		X	X
Benefits covered: Nursing facility services		X	X
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			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		Optional benefits: podiatry, chiropractic services, acupuncture, audiology, occupational therapy, and speech therapy, and provisional post-partum care extension (PPCE).	Optional benefits: podiatry, chiropractic services, acupuncture, audiology, occupational therapy, and speech therapy, and provisional post-partum care extension (PPCE).
Quality assurance and improvement: HEDIS data required?	Yes	Yes	Yes

<b>Features</b>	<b>Dental Managed Care/Sacramento</b>	<b>Two-Plan Model</b>	<b>Positive Healthcare/Los Angeles</b>
Quality assurance and improvement: CAHPS data required?	Yes	Yes	Yes
Quality assurance and improvement: Accreditation required?	No, but accreditation considered in plan selection criteria	No	No
Quality assurance and improvement: Accrediting organization	Private credentialing organizations approved by DHCS		
Quality assurance and improvement: EQRO contractor name (if applicable)	Liberty and Health Net: Attest Health Care Advisors and for Access: Crowe LLP	Health Services Advisory Group	Health Services Advisory Group (HSAG)
Performance incentives: Payment bonuses/differentials to reward plans		X	
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	X	X	X

Features	Dental Managed Care/Sacramento	Two-Plan Model	Positive Healthcare/Los Angeles
Participating plans: Plans in Program	Health Net Dental Plan/Sacramento; Access Dental Plan/Sacramento; LIBERTY Dental Plan/Sacramento	L.A. Care Health Plan/Los Angeles; Contra Costa Health Plan; Alameda Alliance for Health; Inland Empire Health Plan/Riverside; Inland Empire Health Plan/San Bernardino; Molina Healthcare of CA Partner Plan/Riverside; Molina Healthcare of CA Partner Plan/San Bernardino; San Francisco Health Plan; Health Plan of San Joaquin/San Joaquin; Health Plan of San Joaquin/Stanislaus; Santa Clara Family Health Plan; Health Net/Kern; Health Net/Los Angeles; Health Net/San Joaquin; Health Net/Stanislaus; Health Net/Tulare; CalViva Health/Fresno; CalViva Health/Kings; CalViva Health/Madera; Anthem Blue Cross Partnership Plan/Fresno; Anthem Blue Cross Partnership Plan/Kings; Anthem Blue Cross Partnership Plan/Madera; Anthem Blue Cross Partnership Plan/Alameda; Anthem Blue Cross Partnership Plan/Contra Costa; Anthem Blue Cross Partnership Plan/San Francisco; Anthem Blue Cross Partnership Plan/Santa Clara; Anthem Blue Cross Partnership Plan/Tulare; Kern Family Health Care	Positive Healthcare/Los Angeles



Features	Dental Managed Care/Sacramento	Two-Plan Model	Positive Healthcare/Los Angeles
Notes: Program notes		<p>Full duals are mandatory for managed care enrollment in 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). For CY 2021 rating period we had the following in place: Prop 56 Value Based Purchasing – Behavioral Health Integration which we implemented via the 5% incentive pool Prop 56 Value Based Purchasing – Medi-Cal managed care health plans (MCPs) that will provide directed payments to providers for meeting specific measures aimed at improving care for certain high-cost or high-need populations. These risk-based incentive payments will be targeted at physicians that meet specific achievement on metrics targeting areas such as behavioral health integration; chronic disease management; prenatal/post-partum care; and early childhood prevention. In non-COHS plan model types ICF-DD and nursing facility benefits are only covered for a limited period of time (month of admission plus 1 month) and then the member is disenrolled to FFS. Additionally, Two-Plan Model Plans operating in Los Angeles, Riverside, San Bernardino, and Santa Clara Counties cover some nursing facility benefits as part of Skilled Nursing Facility and Subacute Care Services past the limited period of time.</p>	<p>AHF was formerly a Primary Care Case Management (PCCM) model and became a full-risk plan effective July 2019, however, their enrollment remains limited to specific populations. For CY 2021 rating period we had the following in place: Prop 56 Value Based Purchasing – Medi-Cal managed care health plans (MCPs) that will provide directed payments to providers for meeting specific measures aimed at improving care for certain high-cost or high-need populations. These risk-based incentive payments will be targeted at physicians that meet specific achievement on metrics targeting areas such as behavioral health integration; chronic disease management; prenatal/post-partum care; and early childhood prevention.</p>

**California Managed Care Program Features, as of 2021 (4 of 4)**

Features	Rady Children's Hospital San Diego (RCHSD)
Program type	Comprehensive MCO
Statewide or region-specific?	San Diego
Federal operating authority	1115(a) (Medicaid demonstration waivers)
Program start date	08/01/2018
Waiver expiration date (if applicable)	12/31/2021
If the program ended in 2020, indicate the end date	
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary
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: Children with Special Health Care Needs	Voluntary
Populations enrolled: American Indian/Alaska Native	Voluntary

Features	Rady Children's Hospital San Diego (RCHSD)
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary
Populations enrolled: Enrollment choice period	
Populations enrolled: Enrollment broker name (if applicable)	
Populations enrolled: Notes on enrollment choice period	
Benefits covered: Inpatient hospital physical health	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	
Benefits covered: Outpatient hospital physical health	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X
Benefits covered: Partial hospitalization	
Benefits covered: Physician	X
Benefits covered: Nurse practitioner	X
Benefits covered: Rural health clinics and FQHCs	X
Benefits covered: Clinic services	X
Benefits covered: Lab and x-ray	X
Benefits covered: Prescription drugs	X
Benefits covered: Prosthetic devices	X
Benefits covered: EPSDT	X
Benefits covered: Case management	X
Benefits covered: SSA Section 1945-authorized Health Home	

Features	Rady Children's Hospital San Diego (RCHSD)
Benefits covered: Home health services (services in home)	X
Benefits covered: Family planning	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	X
Benefits covered: ICF-IDD	X
Benefits covered: Nursing facility services	
Benefits covered: Hospice care	X
Benefits covered: Non-Emergency Medical Transportation	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	
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Optional benefits: podiatry, chiropractic services, acupuncture, audiology, occupational therapy, and speech therapy, and provisional post-partum care extension (PPCE).
Quality assurance and improvement: HEDIS data required?	Yes
Quality assurance and improvement: CAHPS data required?	No

<b>Features</b>	<b>Rady Children's Hospital San Diego (RCHSD)</b>
Quality assurance and improvement: Accreditation required?	No
Quality assurance and improvement: Accrediting organization	NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group (HSAG)
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: Plans in Program	Rady Children's Hospital San Diego (RCHSD)
Notes: Program notes	RCH was a pilot program which began in August 2018 serving special needs children and this contract will be terminating December 2021. The five eligible conditions for participation are Cystic Fibrosis, Hemophilia, Sickle Cell, Acute Lymphoblastic Leukemia, and Diabetes.