

California Managed Care Program Features, as of 2015

Features	Two-Plan Model	County Organized Health Systems (COHS) Model	Geographic Managed Care (GMC) Model
Program type	Comprehensive MCO + MLTSS	Comprehensive MCO	Comprehensive MCO + MLTSS
Statewide or region-specific?	Fresno County, Kings County, Madera County, Alameda County, Contra Costa County, Kern County, LA County, Riverside County, San Bernardino County, San Francisco County, San Joaquin County, Santa Clara County, Tulare County, Stanislaus County.	Orange County, Monterey County, Santa Cruz County, Merced County, San Mateo County, Solano county, Napa County, Yolo County, Marin County, Lake County, Mendocino County, Sonoma County, Humboldt County, Lassen County, Modoc County, Shasta County, Siskiyou County, Trinity County, Del Norte County, Santa Barbara County, San Luis Obispo County, Ventura County	Sacramento, San Diego
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)
Program start date	01/01/1996	01/01/1983	01/01/1994
Waiver expiration date (if applicable)	12/31/2020	12/31/2020	12/31/2020
If the program ended in 2015, 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)	Varies	Mandatory	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Voluntary
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	Mandatory	
Populations enrolled: Full Duals	Varies	Mandatory	Mandatory
Populations enrolled: Partial Duals		Mandatory	
Populations enrolled: Children with Special Health Care Needs		Mandatory	
Populations enrolled: Native American/Alaskan Natives	Voluntary	Mandatory	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Voluntary	Voluntary
Populations enrolled: Enrollment choice period	Other	Pre-assigned	Other
Populations enrolled: Enrollment broker name (if applicable)	Health Care Operations (Maximus)		Health Care Options (Maximus)
Populations enrolled: Notes on enrollment choice period	Aproximately 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)			
Benefits covered: Partial hospitalization			
Benefits covered: Physician	X	X	X

California Managed Care Program Features, as of 2015

Features	Two-Plan Model	County Organized Health Systems (COHS) Model	Geographic Managed Care (GMC) Model
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	X
Benefits covered: Case management	X	X	X
Benefits covered: Health home (SSA 1945)			
Benefits covered: Family planning	X	X	X
Benefits covered: Dental services (medical/surgical)			
Benefits covered: Dental (preventative or corrective)			
Benefits covered: Home health agency services		X	
Benefits covered: Personal care (state plan option)	X		X
Benefits covered: HCBS waiver services	X		X
Benefits covered: Private duty nursing	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: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			
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	URAC		
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisor Group	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 MCO performance on key metrics	X	X	X
Performance incentives? Withholds tied to performance metrics			

California Managed Care Program Features, as of 2015

Features	Two-Plan Model	County Organized Health Systems (COHS) Model	Geographic Managed Care (GMC) Model
Performance incentives? MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods			
Provider Value-Based Purchasing: State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods		X	
Participating plans and regions served: Plans in Program	Alameda Alliance for Health; Contra Costa Health Plan; Kern Health Systems; LA Care; Inland Empire Health Plan/Riverside; Inland Empire Health Plan/San Bernardino; San Francisco Health Plan; Health Plan of San Joaquin/San Joaquin; Santa Clara Family Health Plan; Anthem Blue Cross Partnership Plan/Tulare; Health Plan of San Joaquin/Sanislaus; CalViva Health Fresno; CalViva Health Kings; CalViva Health Madera; Anthem Blue Cross Partnership Plan/Alameda; Anthem Blue Cross Partnership Plan/San Francisco; Anthem Blue Cross Partnership Plan/Contra Costa; Anthem Blue Cross Partnership Plan/Santa Clara; Health Net/LA; Health Net/Tulare; Health Net/San Joaquin; Molina Healthcare/Riverside; Molina Healthcare/San Bernardino; Health Net/Kern; Health Net/Stanislaus; Anthem Blue Cross Partnership Plan/Fresno; Anthem Blue Cross Partnership Plan/Kings; Anthem Blue Cross Partnership Plan/Madera	CenCal/San Luis Obispo; CenCal/Santa Barbara; Health Plan of San Mateo; Partnership Health Plan of CA/Solano; Central California Alliance for Health/Santa Cruz; CalOPTIMA/Orange; Partnership Health Plan of CA/Napa; Central California Alliance for Health/Monterey; Partnership Health Plan of CA/Yolo; Partnership Health Plan of CA/Marin; Partnership Health Plan of CA/Lake; Partnership Health Plan of CA/Mendocino; Partnership Health Plan of CA/Sonoma; Central California Alliance for Health/Merced; Gold Coast Health Plan/Ventura; Partnership Health Plan of CA/Humboldt; Partnership Health Plan of CA/Lassen; Partnership Health Plan of CA/Modoc; Partnership Health Plan of CA/Shasta; Partnership Health Plan of CA/Siskiyou; Partnership Health Plan of CA/Trinity; Partnership Health Plan of CA/Del Norte	Community Health Group/San Diego; Health Net/San Diego; Molina Health Care/San Diego; Care 1st Healthplan/San Diego; Kaiser/San Diego; Molina Health Care/Sacramento; Health Net/Sacramento; Kaiser/Sacramento; Anthem Blue Cross Partnership Plan/Sacramento
Notes: Program notes	Low income adults must mandatorily enroll in this program unless they are dual eligibles, in which case enrollment is voluntary.	Full duals are mandatorily enrolled in San Diego, Los Angeles, Orange, Riverside, San Bernardino, San Mateo, and Santa Clara. In all other counties, they are voluntarily enrolled.	

California Managed Care Program Features, as of 2015

Features	Program of All-Inclusive Care for the Elderly (PACE)	Senior Care Action Network (SCAN)	Health Plan of San Mateo CCS Demo/San Mateo
Program type	Program of All-inclusive Care for the Elderly (PACE)	Comprehensive MCO + MLTSS	Comprehensive MCO
Statewide or region-specific?	Statewide	Los Angeles, Riverside, San Bernardino	San Mateo County
Federal operating authority	PACE	1915(a)	1115(a) (Medicaid demonstration waivers)
Program start date	03/12/1993	01/01/1996	01/06/2012
Waiver expiration date (if applicable)			10/31/2015
If the program ended in 2015, 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	Voluntary	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)			
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals	Voluntary	Voluntary	
Populations enrolled: Partial Duals	Voluntary		
Populations enrolled: Children with Special Health Care Needs			Mandatory
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Exempt
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Exempt	Voluntary
Populations enrolled: Enrollment choice period	N/A	Other	Pre-assigned
Populations enrolled: Enrollment broker name (if applicable)			
Populations enrolled: Notes on enrollment choice period			
Benefits covered: Inpatient hospital physical health	X	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	
Benefits covered: Outpatient hospital physical health	X	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	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

California Managed Care Program Features, as of 2015

Features	Program of All-Inclusive Care for the Elderly (PACE)	Senior Care Action Network (SCAN)	Health Plan of San Mateo CCS Demo/San Mateo
Benefits covered: Case management	X	X	X
Benefits covered: Health home (SSA 1945)			
Benefits covered: Family planning	X		X
Benefits covered: Dental services (medical/surgical)	X	X	
Benefits covered: Dental (preventative or corrective)	X	X	
Benefits covered: Home health agency services	X	X	X
Benefits covered: Personal care (state plan option)	X	X	
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing			
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services	X	X	
Benefits covered: Hospice care	X	X	X
Benefits covered: Non-Emergency Medical Transportation	X	X	X
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?	No	No	Yes
Quality assurance and improvement: CAHPS data required?	No	No	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			
Performance incentives? Preferential auto-enrollment to reward plans			
Performance incentives? Public reports comparing MCO performance on key metrics			
Performance incentives? Withholds tied to performance metrics			
Performance incentives? MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods			
Provider Value-Based Purchasing: State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods			

California Managed Care Program Features, as of 2015

Features	Program of All-Inclusive Care for the Elderly (PACE)	Senior Care Action Network (SCAN)	Health Plan of San Mateo CCS Demo/San Mateo
Participating plans and regions served: Plans in Program	Central Valley Medical Services/Fresno; Redwood Coast PACE/Humboldt; Sutter SeniorCare/Sacramento; Center for Elders Independence/Alameda; Alta Med Health Senior Buenacare/Los Angeles; Center for Elders Independence/Contra Costa; Innovage/Riverside; Innovage/San Bernardino; ONLOK LifeWays/San Francisco; ONLOK LifeWays/Alameda; St. Paul's PACE/San Diego; ONLOK Lifeways/Santa Clara; CalOPTIMA PACE/Orange; Brandman Centers for Senior Care/Los Angeles; St. Paul's PACE/San Diego	SCAN Health Plan/Los Angeles (plan code 200); SCAN Health Plan/Los Angeles (plan code 201); SCAN Health Plan/Riverside (plan code 204); SCAN Health Plan/Riverside (plan code 205); SCAN Health Plan/San Bernardino (plan code 206); SCAN Health Plan/San Bernardino (plan code 207)	Health Plan of San Mateo CCS Demo/San Mateo
Notes: Program notes			

California Managed Care Program Features, as of 2015

Features	Dental Managed Care-Sacramento	Dental Managed Care-LA	Regional Model
Program type	Dental only (PAHP)	Dental only (PAHP)	Comprehensive MCO
Statewide or region-specific?	Sacramento	Los Angeles	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)	1115(a) (Medicaid demonstration waivers)
Program start date	12/01/1998	04/01/1998	10/01/2013
Waiver expiration date (if applicable)	12/31/2020	12/31/2020	12/31/2020
If the program ended in 2015, 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	Voluntary	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Voluntary	
Populations enrolled: Aged, Blind or Disabled Children or Adults		Voluntary	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Voluntary	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals	Mandatory	Voluntary	Voluntary
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs			
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Voluntary	Voluntary
Populations enrolled: Enrollment choice period	60 days	60 days	Other
Populations enrolled: Enrollment broker name (if applicable)	Health Care Operation/Maximus	Health Care Operations/Maximus	
Populations enrolled: Notes on enrollment choice period			Approximately 45 Days
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)			
Benefits covered: Partial hospitalization			
Benefits covered: Physician			X
Benefits covered: Nurse practitioner			X
Benefits covered: Rural health clinics and FQHCs	X	X	X

California Managed Care Program Features, as of 2015

Features	Dental Managed Care-Sacramento	Dental Managed Care-LA	Regional Model
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: Health home (SSA 1945)			
Benefits covered: Family planning			X
Benefits covered: Dental services (medical/surgical)	X	X	
Benefits covered: Dental (preventative or corrective)	X	X	
Benefits covered: Home health agency services			
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
Benefits covered: Non-Emergency Medical Transportation	X	X	X
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			
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			URAC
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			X
Performance incentives? Public reports comparing MCO performance on key metrics	X	X	X
Performance incentives? Withholds tied to performance metrics	X	X	
Performance incentives? MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods			

California Managed Care Program Features, as of 2015

Features	Dental Managed Care-Sacramento	Dental Managed Care-LA	Regional Model
Provider Value-Based Purchasing: State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods			X
Participating plans and regions served: Plans in Program	Access Dental Plan-Sacramento (Plan 421); Liberty Dental Plan of CA/Sacramento (Plan 425); Health Net of CA-Dental-Sacramento (Plan 427)	Health Net of CA-Dental-LA (Plan 405); Access Dental Plan-LA (Plan 409); Liberty Dental Plan of CA-LA (Plan 416)	Anthem Blue Cross Partnership Plan/Alpine; Anthem Blue Cross Partnership Plan/Amador; Anthem Blue Cross Partnership Plan/Butte; Anthem Blue Cross Partnership Plan/Calaveras; Anthem Blue Cross Partnership Plan/Colusa; Anthem Blue Cross Partnership Plan/El Dorado; Anthem Blue Cross Partnership Plan/Glenn; Anthem Blue Cross Partnership Plan/Inyo; Anthem Blue Cross Partnership Plan/Mariposa; Anthem Blue Cross Partnership Plan/Mono; Anthem Blue Cross Partnership Plan/Nevada; Anthem Blue Cross Partnership Plan/Placer; Anthem Blue Cross Partnership Plan/Plumas; Anthem Blue Cross Partnership Plan/Sierra; Anthem Blue Cross Partnership Plan/Sutter; Anthem Blue Cross Partnership Plan/Tehama; Anthem Blue Cross Partnership Plan/Tuolumne; Anthem Blue Cross Partnership Plan/Yuba; CA Health & Wellness/Alpine; CA Health & Wellness/Amador; CA Health & Wellness/Butte; CA Health & Wellness/Calaveras; CA Health & Wellness/Colusa; CA Health & Wellness/El Dorado; CA Health & Wellness/Glenn; CA Health & Wellness/Inyo; CA Health & Wellness/Mariposa; CA Health & Wellness/Mono; CA Health & Wellness/Nevada; CA Health & Wellness/Placer; CA Health & Wellness/Plumas; CA Health & Wellness/Sierra; CA Health & Wellness/Sutter; CA Health & Wellness/Tehama; CA Health & Wellness/Tuolumne; CA Health & Wellness/Yuba; Kaiser/Amador; Kaiser/El Dorado; Kaiser/Placer; Anthem Blue Cross/San Benito; CA Health & Wellness/Imperial; Molina Health Care/Imperial
Notes: Program notes			

California Managed Care Program Features, as of 2015

Features	Family Mosaic Project/San Francisco	Positive Healthcare/Los Angeles
Program type	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Other Prepaid Health Plan (PHP) (limited benefits)
Statewide or region-specific?	San Francisco	Los Angeles
Federal operating authority	1915(a)	1937 Alt Benefit Plan
Program start date	01/12/1992	01/04/2002
Waiver expiration date (if applicable)		12/31/2020
If the program ended in 2015, 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	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	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 2015

Features	Family Mosaic Project/San Francisco	Positive Healthcare/Los Angeles
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	X
Benefits covered: Nurse practitioner	X	X
Benefits covered: Rural health clinics and FQHCs		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: Health home (SSA 1945)		
Benefits covered: Family planning		X
Benefits covered: Dental services (medical/surgical)		
Benefits covered: Dental (preventative or corrective)		
Benefits covered: Home health agency services		
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
Benefits covered: Non-Emergency Medical Transportation	X	X
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		
Quality assurance and improvement: HEDIS data required?	Yes	Yes

California Managed Care Program Features, as of 2015

Features	Family Mosaic Project/San Francisco	Positive Healthcare/Los Angeles
Quality assurance and improvement: CAHPS data required?	No	Yes
Quality assurance and improvement: Accreditation required?	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 MCO performance on key metrics		
Performance incentives? Withholds tied to performance metrics		
Performance incentives? MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods		
Provider Value-Based Purchasing: State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods		
Participating plans and regions served: Plans in Program	Family Mosaic Project/San Francisco	Positive Healthcare/Los Angeles
Notes: Program notes		