

Cal MediConnect: Unmet Need and Great Opportunity in California's Dual Eligible Demonstration

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Introduction

For 78 year-old Pilar¹ in Santa Clara, California, getting in and out of bed is no easy feat. She has multiple chronic conditions and needs a little extra help to stay living in her home and community. She is one of over 100,000 Californian dual eligibles – an individual with both Medicare and Medicaid coverage – who is enrolled in Cal MediConnect, a health plan designed to integrate her healthcare benefits and make sure she gets the care she needs. Despite her enrollment in Cal MediConnect, she still needs extra help getting in and out of bed and chairs, and she sometimes has to stay in bed longer than she wants to because there was no one to help her out.

Pilar is not alone – over half of Cal MediConnect enrollees who need help getting in and out of bed report instances in the past month when they had to remain in bed because no one was available to help them.² The unmet need for extra help is unfortunately too common and can result in people like Pilar making medication errors, being unable to get out of bed, eat, bathe, or leave their homes when needed. The unmet need increases Pilar's risk for poorer health outcomes and institutionalization, ultimately affecting her quality of life.

This issue brief examines the extent to which Cal MediConnect plans are connecting their members to long-term services and supports and other home and community based services. The brief begins with a summary of the Cal MediConnect program including a description of benefits and services the Cal MediConnect plans are required to provide. The second part of the issue brief examines health plan referral data for long-term services and supports and optional services. The issue brief concludes with a set of recommendations to improve the extent the Cal MediConnect program is meeting its stated goals of improving access to long-term services and supports.

Overview of Cal MediConnect

Purposefully designed to better address the unmet need of dual eligibles, California's demonstration under the Federal Alignment Initiative³ began in April 2014 after many years of planning and preparation. The program is called Cal MediConnect, and it allows full benefit dual eligibles – those individuals eligible for both Medicare and Medicaid – in seven of California's most populated counties to enroll in an integrated Medicare-Medicaid plan for their healthcare.⁴ Total enrollment to date hovers around 111,000 members.⁵

Since the program integrates Medicare and Medicaid benefits, the Centers for Medicare & Medicaid Services (CMS) at the federal level and the California Department of Health Care Services (DHCS) at the state level jointly oversee Cal MediConnect plans. As part of their oversight role, they are responsible for releasing guidance to the plans.

Traditionally, Medicare and Medicaid – known in California as Medi-Cal – benefits existed in separate silos, making navigating healthcare sometimes difficult for dual eligibles. Cal MediConnect plans are intended to be an attractive option because plans are required to coordinate care for enrollees across the spectrum of covered services through the assignment of a care coordinator and the creation and implementation of a care plan and meetings of an interdisciplinary care team. Plans also are required to include additional benefits, like vision, that are outside of the Medicare and Medi-Cal benefit packages. Some plans opt to offer a supplemental dental benefit that enhances what is covered under Medi-Cal. However, as the benefits offered under Medi-Cal continue to grow, policymakers and health plans have to continue to rethink ways to distinguish Cal MediConnect from traditional Medicare and other Medicare products.

Care Coordination in Cal MediConnect

Key Care Coordination Elements of Cal MediConnect

Care coordinator: A clinician or other trained individual, employed or contracted by the primary care physician or the health plan, who is accountable for providing care coordination services. These services include assuring appropriate referrals and timely two-way transmission of useful member information; obtaining reliable and timely information about services other than those provided by the primary care provider; participating in assessments; and supporting safe transitions in care for members.

Health Risk Assessment: An assessment tool administered within a certain number of days post-enrollment and regularly thereafter that identifies primary and acute care, long-term services and supports, and behavioral health and functional needs.

Individualized Care Plan: The plan of care developed by a member and/or a member's Interdisciplinary Care Team or health plan.

Interdisciplinary Care Team: A team comprised of the primary care provider and care coordinator, and other providers at the discretion of the member, that works with the member to develop, implement, and maintain the individualized care plan.

The care coordination in Cal MediConnect is supposed to work better because giving a health plan management over both Medicare and Medi-Cal benefits situates the plan to uniquely identify, assess, and meet all the healthcare needs of the dual eligible member. For institutionalized members, this type of management would allow the plan to provide members with the proper supports to move out of the nursing facility and back into the community. For members in the community, plan management of benefits would help prevent institutionalization. This is why Cal MediConnect policymakers and stakeholders place significant emphasis on a group of benefits known as long-term services and supports (LTSS), which include four Medi-Cal covered benefits: In-Home Supportive Services (IHSS), Multipurpose Senior Services Program (MSSP), Community Based Adult Services (CBAS), and skilled nursing facility.

Long-Term Services and Supports in Cal MediConnect

Community-Based Adult Services (CBAS): Formerly, CBAS was called Adult Day Health Care. CBAS is a Medi-Cal benefit offered to eligible seniors and persons with disabilities to help individuals continue living in the community. Services are provided at CBAS centers. Services include, for example, nursing services, mental health services, nutritional counseling, and occupational, speech, and physical therapies.

In-Home Supportive Services (IHSS): The IHSS program provides services to assist a beneficiary with activities of daily living and to remain living safely in the home rather than in a nursing facility or other institution. Some of the services offered through IHSS include housecleaning, shopping, meal preparation, laundry, personal care services, accompaniment to medical appointments, and protective supervision for the mentally impaired. In the initial years of Cal MediConnect, the integration of IHSS meant that it was funded through the plans. However, that changed in 2017 when, for budgetary reasons, IHSS reverted to a full fee-for-service benefit and managed care plans no longer receive IHSS funding in their capitated rates.

Multipurpose Senior Services Program (MSSP): A program that provides social and health care management to individuals age 65 and older with complex needs. It allows individuals, who without the program's services would be placed in a nursing facility or other institution, to remain living in their community.

Cal MediConnect plans are required to coordinate care, including the above LTSS benefits, for all enrollees.⁶ In addition, recognizing the importance of these home and community-based services in ensuring members can remain living in their communities rather than in institutions, the Three Way Contract governing Cal MediConnect obligates plans to ensure access to CBAS, MSSP, and IHSS for all enrollees who meet program-specific eligibility criteria.⁷ Meeting the LTSS needs of members was regarded as so critically important to the Cal MediConnect program that in July 2017, DHCS released additional policy guidance requiring plans to include in their Health Risk Assessment ten standard questions designed to probe for LTSS need.⁸

In addition to LTSS, Cal MediConnect plans can also offer Care Plan Option services (CPO), optional services that plans can choose to provide members to prevent institutionalization and allow members to remain living in the community, including, for example, home modifications, respite for caregivers, or extra personal care hours above those authorized under IHSS.

Despite the contractual obligation to ensure access to LTSS and the option to provide CPO services, multiple evaluation reports of Cal MediConnect suggest that while member satisfaction rates are higher or on par with traditional/fee-for-service Medicare, not all members are getting the support they need. In particular, many who would benefit from long-term services and supports (LTSS) are not receiving it. For example, over one-third of Cal MediConnect enrollees report needing more help with routine needs, about the same as those dual eligibles not enrolled in Cal MediConnect or those living in non-Cal MediConnect counties.⁹ Similarly, 34 percent of enrollees with functional limitations report having unmet need for personal assistance services.¹⁰ This unmet need in the program has resulted in beneficiaries reporting medication errors, being unable to get out of bed, eat, bathe, or leave their homes when needed.¹¹ Other reports have confirmed how important access to LTSS and supports like assistive devices are to low-income older adults. The inability to get that help can result in an increased likelihood to wet or soil clothes and be unable to get out of bed, leading ultimately to social isolation, falls, avoidable hospitalizations, and premature entry into nursing facilities.¹²

While evaluation reports have been helpful in assessing member experience in Cal MediConnect, this issue brief looks at quantitative data to determine the extent to which Cal MediConnect plans are currently providing LTSS and CPO services and discusses how plans can leverage them to better meet the needs of their members. The brief focuses on utilization, referral, and assessment data for both LTSS and CPO that Justice in Aging obtained from the Department of Health Care Services (DHCS) via a California Public Records Act request and covers a nine-quarter

period from January 2016 to April 2018.¹³ The LTSS data is attached as Appendix A, and the CPO data is attached as Appendix B.

Access to Long Term Services and Supports

CBAS

As of 2018, the percentage of Cal MediConnect members receiving CBAS was small, approximately one percent.¹⁴ The CBAS referral data indicates that plans may need to do more to ensure their members are referred to and assessed for CBAS.

For example:

- Four plans in two counties (San Diego and Riverside) consistently referred ten or fewer members per quarter to CBAS.
- Four plans in five counties (Los Angeles, San Bernardino, Riverside, Santa Clara, and San Diego) had at least one quarter in which they referred no members to CBAS, and of those four plans, three of them had more than one quarter with no referrals.
- One plan had seven quarters where it failed to refer any members to CBAS.

Not surprisingly, generally the health plans with the lowest numbers of CBAS referrals were also the health plans with the lowest member enrollment. While larger plans had referred more members, when we reviewed the number of CBAS referrals based on plan size larger plans performed no better. For example, two large plans in Los Angeles County had CBAS referral rates of .6% and .9% for all of 2016.¹⁵

Even when plans refer members, there tends to be a significant drop-off from referrals to the number of initial assessments the plan conducts. For example, one plan referred 37 members to CBAS over the nine-quarter period, but only conducted one initial assessment. In another example, 41 referrals dropped to only four assessments. These trends raise questions about plan processes and procedures. For example, does the plan conduct a warm handoff when referring the member to a center? How do plan staff discuss the CBAS benefit to members? And is the plan contracted with a sufficient number of centers, particularly considering rural areas and the cultural and linguistic needs of potential participants?

IHSS

IHSS is the largest utilized LTSS program; in quarter 1 of 2018, almost 25 percent of Cal MediConnect members were receiving IHSS. However, similar to CBAS, the data indicate that health plans may be able to do more to increase member referrals to IHSS and the number of hours of IHSS their members are authorized to receive, particularly in light of the documented unmet need for personal care.

For example:

- Five plans in six counties referred a total of 20 or fewer members to the local county for IHSS assessment over the nine-quarter reporting period.
- Four plans had at least one quarter where they failed to make any referrals to the county for IHSS.
- Again, while larger plans referred more members, proportionately many referred the same, or fewer members, than smaller plans.

While the data reflect low referrals to IHSS, plans seem to have made some progress in using the Interdisciplinary Care Team (ICT) as a mechanism to advocate for additional IHSS hours for members. Health Plan of San Mateo,

for example, has used the ICT to increase the number of hours its members receive by over 1,900 hours over the nine-quarter period. This corroborates similar reported trends in previous evaluation reports.¹⁶ However, the data also highlight how changes to CCI policy have limited plans' ability to coordinate care and meet additional need for IHSS. For example, after IHSS funding was pulled from the managed care plans, DPSS social workers or their liaisons were no longer required to attend ICT meetings. As a result, plans – including Health Plan of San Mateo – observed a significant decline in the number of ICT meetings with Department of Public Social Services (DPSS) social worker participation, and plans also experienced greater difficulty in getting increased hours for their members.

MSSP

MSSP is the smallest LTSS program because it is a program with a limited number of waiver slots and many MSSP sites are full and have a waitlist. In Quarter One of 2018, only about 0.5 percent of Cal MediConnect members were enrolled in MSSP. Despite the waitlist, data on MSSP show some opportunities as CBAS and IHSS. Plans may be able to do more to identify members who would benefit from MSSP, and, if the waitlist is a barrier, potentially offer MSSP-like services through CPO (see below).

For example:

- For the nine quarters, four plans in three counties (San Diego, Santa Clara, and Los Angeles) failed to refer any of their members for MSSP services.
- An additional two plans in one county (San Bernardino) did not refer any Cal MediConnect members for MSSP for six and eight quarters respectively.

Compared to the IHSS and CBAS data, the MSSP data is relatively scant; we do not know, for example, following those referrals, the number of assessments conducted or the number of individuals who joined the waitlist for MSSP services.

Overall, this quantitative data from DHCS raises a number of questions and begins to confirm what ongoing evaluation suggests that few Cal MediConnect members are receiving needed LTSS and that the unmet need remains significant.

Background on Care Plan Option Services

In policy guidance, DHCS has described CPO services as “a subset of LTSS that may be delivered either under Medi-Cal or an applicable waiver *beyond what is required under law*,” (emphasis added) and that they are services provided as an option under the member's care plan offered at the plan's discretion.¹⁷ In the California legislation authorizing Cal MediConnect, the statute offers examples of CPO services like assistance with activities of daily living and instrumental activities of daily living, and other DHCS policy guidance includes additional examples like respite care, nutrition through nutritional assessments and home delivered meals, home maintenance and minor home or environmental adaptation, personal emergency response systems, assistive technology, and other similar LTSS and home and community-based services (HCBS) waiver services.¹⁸ Although health plans are not reimbursed for offering these services to members, they are financially incentivized to provide such services to help members remain in the community and prevent costly institutionalization.

Value-Added Services (Care Plan Option services): These are additional services outside of the Medicare and Medicaid benefit package that are provided at plan discretion and not included in capitation rate calculations. They seek to improve quality and health outcomes and reduce or delay the cost for more expensive care. In Cal MediConnect, these are known as Care Plan Option services.

Medicare Supplemental Services: Medicare Advantage plans can offer supplemental benefits that are primarily health-related and must be uniformly available and offered to all members. They also require CMS approval.

Medicaid in-lieu-of services: These can be offered through Medicaid managed care plans and are medically appropriate, cost-effective substitutes to covered services. They may be included in calculation of capitation rates.

Additional Benefits in Dual Eligible Demonstrations: Cal MediConnect plans are required to offer additional benefits, like vision, for all enrollees. These additional benefits are outlined in the three-way contract.

DHCS authored a policy document about CPO services prior to the start of the demonstration. In explaining the opportunity for and import of CPO services, the document makes reference to the 14,000 Medi-Cal beneficiaries who receive services through California's 1915(c) waiver programs and how these waiver programs are limited by enrollment caps either on a regional or statewide basis. It then introduces CPO services as a promising alternative: "Cal MediConnect plans will be given flexibility to provide CPO services to enhance a beneficiary's care, allowing beneficiaries to stay in their own homes safely, and thereby preventing costly and unnecessary hospitalization, or prolonged care in institutional settings."²⁰

The document continues: "CPO services will be an important resource for Cal MediConnect plans to use when responding to changes in an enrollees [sic] physical or behavioral health, and particularly for those in immediate need...CPO services will play an invaluable service when there is a sudden change in beneficiary status."²¹ Much of the language in the policy document was later incorporated in final guidance. Put another way, at the inception of the Cal MediConnect program and even during program implementation, CPO services were not regarded as simply an entirely optional throwaway that could theoretically benefit enrollees; rather, the provision of CPO services was regarded as an essential way health plans could further advance the goals of the Cal MediConnect program of improving care, preventing institutionalization, and provide much-needed HCBS to dual eligible members.

Duals Plan Letter 18-003, final policy guidance from DHCS on CPO services, requires health plans to create: (1) policies and procedures that guide plan staff on authorization and assessment for CPO services; (2) create policies and procedures to identify members who may need CPO services and refer them to CBOs and other organizations who may provide these services; (3) a training curriculum and program for plan staff on CPO and related issues; and (4) a grievance and appeal process for CPO services that mirrors those the plan uses for other benefits provided under Cal MediConnect.²² The Department's emphasis on health plan policies and procedures for CPO services indicates that, although CPO services are not required as part of the Cal MediConnect benefit package, plans should have workflow structures in place to ensure that members who would benefit from CPO services are assessed, referrals are appropriately made, and that the provision of CPO services is not done in an arbitrary manner.

Care Plan Option services include but are not limited to:

- assistance with activities of daily living and instrumental activities of daily living
- respite care
- nutrition through nutritional assessments and home delivered meals
- home maintenance and minor home or environmental adaptation
- personal emergency response systems
- assistance technology

Provision of CPO Services

Appendix B contains information about the number of members currently receiving CPO services as well as members who began receiving CPO services in a specific quarter. The data indicate that, by and large, health plans have not provided many CPOs to Cal MediConnect members. For Quarter 1 of 2016, 225 Cal MediConnect members were reported as receiving a CPO service, including both members who were already receiving a service as well as individuals who newly began receiving a service, while DHCS records indicate 125,257 members enrolled in January 2016.²³ In other words, less than 0.18% of CMC members received CPO services during Quarter 1 of 2016. Even fewer (168 members) were referred for CPO during the same period. The trend increases slightly over time. By comparison, in Quarter 1 of 2018, 1,828 members received a CPO service, and DHCS records indicate 112,989 individuals enrolled in January 2018,²⁴ meaning 3% of enrollees received a CPO service during that quarter. Again, during that time period, even fewer (916 members) were referred. However, it is also worth noting that the vast majority of CPO services are reported from Community Health Group in San Diego, raising questions of how individual health plans count what they report to the Department. Treating that plan as an outlier and removing that plan's figures, Quarter 1 of 2016 had 199/120,971 or 0.16% of members receiving CPO services, and Quarter 1 of 2018 had 130/112,989 or about 0.1% of members receiving CPO services. Already minimal to begin with, it seems that the overall provision of CPO services has actually declined from 2016 to 2018.

Three Cal MediConnect health plans have failed to refer, assess or provide any CPO services to their enrollees during the two-year period.²⁵ A number of other plans had quarters where no members received, or were referred or assessed, and some quarters where only a handful (under five members) received CPO or were referred or assessed.

The data also reveal types of CPO services that health plans are providing, including additional personal care hours (in addition to IHSS), respite, care planning and management (MSSP-like services), and "other."

- Five health plans in six counties have provided additional IHSS hours through CPO services.
- Three health plans in four counties have provided MSSP-like services through CPO.
- With the exception of one health plan, no plans have provided respite as a CPO service.

Despite being identified by the Department and delineated in policy guidance and statute, these three CPO services form only a fraction of the CPO services plans provide. For example, in Quarter 1 of 2018, respite, extra IHSS hours, and MSSP-like services combined constituted under 30% of reported CPOs. Instead, if plans are providing CPO services, they are likely reporting them as "other." Although health plans typically did not report the type of CPO services they counted as "other," on occasion some did – in which cases the services provided ranged from meals, paying for motel stays, medical alert and emergency response devices.

Furthermore, the types of CPO service a plan elects to provide is important. Department guidance and plan policy should be flexible and creative to meet the diverse needs of its members. For example, some plans have opted to use CPO services as a way to fund supports to transition individuals out of nursing facilities, and other plans may

use CPO services to purchase meals or emergency response devices. Therefore, the focus should not fall solely on the number of services a plan has provided but ensuring that plans, should they choose, utilize a full suite of CPO services driven from a member-centered approach to care.

Policy Recommendations

- **Strengthen LTSS and CPO Guidance.** For both LTSS and CPO, we encourage the Department of Health Care Services take a renewed look at its current guidance and strengthen it. Concurrently, DHCS must provide greater oversight over the health plans on these issues. Including standardized HRA questions designed to probe about LTSS needs was a beginning, but the Department must take a deeper dive and review plan processes. Similarly, although CPO services are optional, current guidance requires plans to have policies and procedures in place to assess for and authorize CPO services and refer individuals to entities who can provide such services. When nearly one-third of Cal MediConnect beneficiaries report needing more personal care assistance, DHCS should think of IHSS referrals and CPO services as ways to meet that unmet need. It should carefully review plan policies and procedures to ensure that plans have robust processes to identify, refer, and assess members who would benefit from LTSS and that when a Cal MediConnect plan elects to provide CPO services, members are actually assessed, referred, and receive those services. They should ask, for example, how the plan refers members for CBAS and how plan staff discuss LTSS with their members. Data from 2016 to 2018 suggest that although plan policies and procedures may exist, they could be strengthened.
- **Review Network Adequacy.** Furthermore, robust referral and assessment processes are of limited use if the Department does not also concurrently examine the larger landscape of LTSS and CPO service delivery. For instance, the Department must examine network adequacy with respect to LTSS providers. Due to costs, CBAS centers have been forced to close, raising questions about whether there are sufficient providers to meet the geographic and cultural needs of dual eligibles. Similarly, it also must inspect how health plans contract with vendors for the provision of CPO and could start by re-examining, for example, plan contracts with CPO vendors.
- **Improve Health Plan Data Reporting.** The data also make clear that the health plans would benefit from clearer guidance on accurately and consistently reporting LTSS and CPO metrics to the State. For example, DHCS should offer standards to plans on how to count CPO services to avoid a problem where data compare apples to oranges and potential outliers. It also should work with plans, through the Contract Management Teams, when the data warrant greater clarity; for instance, it should inquire when a plan seems to be approving all members who were referred for a CPO service, or why no members were referred to a particular LTSS in a given quarter.
- **Disaggregate Data.** Further, the Department must refine certain data categories. For example, the “Other” category of CPO services health plans must be better defined so that the category does not become a catchall with limited utility. Because it consistently constitutes a vast majority of the services provided, it is helpful to break down what is being reported as “other”. This may mean adding additional categories with respite, extra IHSS, and MSSP-like services. In addition, categories like “CBAS denials – refusal” need clarification; a denial for CBAS services is functionally different from a member’s refusal of CBAS services.
- **Review Health Plan Benefit Changes.** Some health plans have expanded beyond the standard Cal MediConnect benefit package. For example, Molina offers transportation to destinations that fall outside of

the Medi-Cal covered benefit, including senior centers, food banks, and gyms. Promise Health Plan²⁶ now offers personal emergency response devices as a part of their benefit package. These decisions strengthen the benefit package that members are eligible for. At the same time, these services are also ones that could have been offered through CPO services. Plans opted otherwise. These strategic decisions are telling, and DHCS and CMS should involve the plans in conversation about them so that the regulators can learn why plans are choosing to circumvent the CPO mechanism when strengthening their benefit package

- **Improve the Cal MediConnect Performance Dashboard.** Since its inception, the CCI has enjoyed a great deal of transparency and stakeholder engagement and accountability, and CPO services should be an area of the program without exception. We have been pleased with the steps DHCS has taken to innovate the quarterly Cal MediConnect performance dashboard in response to stakeholder feedback and believe it should include LTSS referral and assessment and CPO services data moving forward so that stakeholders can monitor plan progress.
- **Issue guidance implementing “in lieu of services.”** Managed care plans can offer beneficiaries CPO services that are not included in the Medi-Cal benefit package or otherwise covered by the plan but are medically appropriate and cost-effective substitutes. Plans today, however, are not reimbursed for these services. In theory, plans were supposed to be financially incentivized to provide these less costly services to prevent more costly institutionalization. The CPO data demonstrates, however, that this has not been the case. For those plans that have provided more costly CPO services, they are seeing their capitated rates erode over time. If DHCS were to reimburse plans for “in lieu of services” under Medicaid, that may also further incentivize Cal MediConnect plans to provide CPO services.

Conclusion

LTSS and CPO services do not exist in a vacuum. Indeed, CPO services and how plans treat them are influential in other contexts as well. As the Department prepares to integrate the MSSP benefit into managed care, it should apply learnings of Cal MediConnect LTSS and CPO services to guidance it develops for this new benefit. The guidance to health plans must be clear and robust; otherwise, enrollees may not actually receive needed Home and Community-Based Services Care Planning and Management. Furthermore, as federal policymakers allow Medicare Advantage plans increased flexibility in adding supplemental benefits, like respite and in-home supportive services, to D-SNP and MA plan benefit packages, Cal MediConnect plans’ experience with LTSS and CPO services can be critically instructive. Finally, the ultimate goal of the Cal MediConnect program is to better coordinate care for California’s low-income older adults and people with disabilities. In the face of documented unmet need, action from DHCS and Cal MediConnect plans with respect to LTSS and CPO is necessary to fulfill Cal MediConnect’s promise.

Endnotes

- 1 Pilar and her story is a hypothetical based on common experiences of dual eligibles in California.
- 2 Graham, Carrie, et. al., “Assessing the Experiences of Dually Eligible Beneficiaries in Cal MediConnect: Results of a Longitudinal Survey,” p. 7, (Sep. 2018), available at www.thescanfoundation.org/sites/default/files/assessing_the_experiences_of_dually_eligible_beneficiaries_in_cal_mediconnect_final_091018.pdf.
- 3 Federally, the Centers for Medicare & Medicaid Services Medicare-Medicaid Coordination Office (MMCO) is responsible for implementing and overseeing the Financial Alignment Initiative demonstrations in states in which they operate. For more information, visit www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/FinancialModelstoSupportStatesEffortsinCareCoordination.html.
- 4 The seven counties include Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo, and Santa Clara.
- 5 Department of Health Care Services, “Medi-Cal Managed Care Enrollment Report,” (Dec. 2018), available at www.dhcs.ca.gov/dataandstats/reports/Documents/MMCD_Enrollment_Reports/MMCEnrollRptDec2018.pdf.
- 6 Three Way Contract, 2.5.1.1., 2.5.1.6.4, and 2.5.1.6.8.
- 7 Three Way Contract, 2.6.1.
- 8 Department of Health Care Services, “Health Risk Assessment and Risk Stratification Requirements for Cal MediConnect,” Duals Plan Letter 17-001, Attachment, (Jul. 2017), available at www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/DPL2017/DPL17-001.pdf.
- 9 Id. at p. 49, Table 59.
- 10 Graham, Carrie, et al., “Evaluation of Cal MediConnect: Key Findings from a Survey with Beneficiaries,” p. 7, (Aug. 2016), available at www.thescanfoundation.org/sites/default/files/uc_duals_phonesurvey_2016.pdf.
- 11 Graham, *supra* note 2.
- 12 See, for example, Willink, Amber, et. al., “Are Older Americans Getting the Long-Term Services and Supports They Need?,” (Jan. 2019), available at www.commonwealthfund.org/publications/issue-briefs/2019/jan/are-older-americans-getting-LTSS-they-need.
- 13 In response to stakeholder input, DHCS began including LTSS utilization data in the Cal MediConnect quarterly performance dashboard. The dashboards can be found at: www.dhcs.ca.gov/Pages/Cal_MediConnectDashboard.aspx. At this time, referral, assessment, and denial data are not available publicly.
- 14 Id. at p. 25. (Dec. 2018).
- 15 LA Care had an average enrollment of 12,662 members in 2016, and made 83 CBAS referrals representing a .6% referral rate. Health Net in Los Angeles County had an average enrollment of 15,481 members in 2016, and made 140 CBAS referrals representing a .9% referral rate. Smaller plans had similar referral rates. For example, Care 1st in Los Angeles County had an average enrollment of 4241 members in 2016, and made 29 referrals representing a .6% referral rate. The plans that made the most referrals proportionately had a 3% referral rate. Note that the percentages are minimal underestimates of plan referrals because the denominator of total members enrolled includes those already receiving the LTSS benefit.
- 16 See, Graham, Carrie, et al., “Provision of Home- and Community-Based Services through Cal MediConnect Health Plans,” p. 17., (Nov. 2017), available at www.thescanfoundation.org/sites/default/files/ucb_researchbrief_hcbs_final.pdf.
- 17 Department of Health Care Services, “Care Plan Option Services,” Duals Plan Letter 18-003, p. 2, (Nov. 2018), available at www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/DPL2018/DPL18-003.pdf.
- 18 WIC § 14186(b)(10); Department of Health Care Services, Duals Plan Letter 18-003, Nov. 2018, p. 3.
- 19 Soper, Michelle, “Providing Value-Added Services for Medicare-Medicaid Enrollees: Considerations for Integrated Health Plans,” p. 2, (Jan. 2017), available at: www.chcs.org/media/PRIDE-Value-Added-Services_012617.pdf.
- 20 Department of Health Care Services, Coordinated Care Initiative (CCI): Cal MediConnect, Policy for Cal MediConnect: Care Plan Option services (CPO services), June 3, 2013, p. 3.
- 21 Id. at p. 3.
- 22 Department of Health Care Services, Duals Plan Letter 18-003, Nov. 2018, p. 5.
- 23 Department of Health Care Services, Cal MediConnect Monthly Enrollment Dashboard, January 2016: <http://calduals.org/wp-content/uploads/2016/02/CMC-Enrollment-Dashboard-January-Final.pdf>.

- 24 Department of Health Care Services, Medi-Cal Managed Care Enrollment Report, January 2018: https://www.dhcs.ca.gov/dataandstats/reports/Documents/MMCD_Enrollment_Reports/MMCENrollRptJan2018.pdf.
- 25 CalOptima reported “N/A” each quarter, despite its most recent 2019 OneCare Connect member handbook containing a definition of CPO services. Cal Optima, OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan) Member Handbook, 2019: https://www.caloptima.org/-/media/Files/CalOptimaOrg/508/Members/OneCareConnect/2019/2019_OneCareConnect_MemberHandbook_E_508.ashx.
- 26 On January 1, 2019, Care1st Health Plan became Blue Shield of California Promise Health Plan.

Appendix A

Cal MediConnect CBAS Referrals and Assessments—2016

Plan Name	County	Quarter	Number of Members Already Receiving CBAS During Quarter	Number of Member Referrals Made for CBAS	Number of Members Initially Assessed for CBAS	Total Number of Members Receiving CBAS	Denials—Not Medically Necessary	Denials—Incomplete Assessment	Denials—Member Refused Service	Denials—Transition to Other Program or Setting	Denials—Other Reason
L.A. Care	Los Angeles	Q1	186	12	8	192	0	0	0	0	0
Health Net	Los Angeles	Q1	289	37	31	320	3	0	0	0	0
Molina	Los Angeles	Q1	139	31	9	144	0	0	0	1	3
Care1st	Los Angeles	Q1	55	3	3	58	0	0	0	0	0
CareMore	Los Angeles	Q1	8	4	3	9	0	0	2	0	0
CalOptima	Orange	Q1	123	18	12	135	0	0	2	5	1
IEHP	Riverside	Q1	62	16	0	62	0	0	0	0	0
Molina	Riverside	Q1	6	0	0	6	0	0	0	0	0
IEHP	San Bernardino	Q1	75	35	1	76	0	0	0	0	0
Molina	San Bernardino	Q1	30	14	7	37	0	0	0	0	0
Care1st	San Diego	Q1	44	4	4	48	0	0	0	0	0
Community Health Group	San Diego	Q1	45	7	6	51	0	0	0	0	0
Health Net	San Diego	Q1	34	3	3	37	0	0	0	0	0
Molina	San Diego	Q1	165	59	16	179	0	0	2	0	1

Cal MediConnect CBAS Referrals and Assessments—2016

Plan Name	County	Quarter	Number of Members Already Receiving CBAS During Quarter	Number of Member Referrals Made for CBAS	Number of Members Initially Assessed for CBAS	Total Number of Members Receiving CBAS	Denials—Not Medically Necessary	Denials—Incomplete Assessment	Denials—Member Refused Service	Denials—Transition to Other Program or Setting	Denials—Other Reason
Health Plan of San Mateo	San Mateo	Q1	88	37	4	92	0	0	0	0	0
Anthem/Blue Cross	Santa Clara	Q1	9	31	3	12	0	0	0	0	0
Santa Clara Family Health Plan	Santa Clara	Q1	49	23	23	72	0	0	0	0	0
L.A. Care	Los Angeles	Q2	169	19	16	185	0	0	0	0	0
Health Net	Los Angeles	Q2	265	74	45	267	2	0	0	0	0
Molina	Los Angeles	Q2	99	20	12	107	0	0	1	1	3
Care1st	Los Angeles	Q2	51	7	7	58	0	0	0	0	0
CareMore	Los Angeles	Q2	7	1	1	7	0	0	1	0	0
CalOptima	Orange	Q2	125	17	10	135	1	0	4	1	0
IEHP	Riverside	Q2	61	37	1	62	0	0	0	0	0
Molina	Riverside	Q2	7	0	0	7	0	0	1	0	0
IEHP	San Bernardino	Q2	72	28	1	73	0	0	0	0	0
Molina	San Bernardino	Q2	43	16	4	46	0	0	1	0	0
Care1st	San Diego	Q2	42	5	5	47	0	0	0	0	0

Cal MediConnect CBAS Referrals and Assessments—2016

Plan Name	County	Quarter	Number of Members Already Receiving CBAS During Quarter	Number of Member Referrals Made for CBAS	Number of Members Initially Assessed for CBAS	Total Number of Members Receiving CBAS	Denials—Not Medically Necessary	Denials—Incomplete Assessment	Denials—Member Refused Service	Denials—Transition to Other Program or Setting	Denials—Other Reason
Community Health Group	San Diego	Q2	45	5	5	50	0	0	0	0	0
Health Net	San Diego	Q2	31	5	55	31	0	0	0	0	0
Molina	San Diego	Q2	133	24	13	145	0	0	4	0	4
Health Plan of San Mateo	San Mateo	Q2	86	33	11	97	0	0	0	0	0
Anthem/Blue Cross	Santa Clara	Q2	14	7	6	20	0	0	0	0	0
Santa Clara Family Health Plan	Santa Clara	Q2	50	22	22	72	0	0	0	0	0
L.A. Care	Los Angeles	Q3	244	36	25	267	2	0	0	0	0
Health Net	Los Angeles	Q3	248	14	13	261	0	0	0	0	0
Molina	Los Angeles	Q3	97	11	4	100	0	0	1	2	2
Care1st	Los Angeles	Q3	38	16	16	54	0	0	0	0	0
CareMore	Los Angeles	Q3	7	8	7	14	0	0	0	0	0
CalOptima	Orange	Q3	110	17	11	121	1	0	5	2	0
IEHP	Riverside	Q3	55	14	7	60	0	0	0	0	0
Molina	Riverside	Q3	6	2	1	7	0	0	0	0	0

Cal MediConnect CBAS Referrals and Assessments—2016

Plan Name	County	Quarter	Number of Members Already Receiving CBAS During Quarter	Number of Member Referrals Made for CBAS	Number of Members Initially Assessed for CBAS	Total Number of Members Receiving CBAS	Denials—Not Medically Necessary	Denials—Incomplete Assessment	Denials—Member Refused Service	Denials—Transition to Other Program or Setting	Denials—Other Reason
IEHP	San Bernardino	Q3	63	29	5	66	0	0	0	0	0
Molina	San Bernardino	Q3	27	7	4	31	0	0	1	0	0
Care1st	San Diego	Q3	37	8	8	45	0	0	0	0	0
Community Health Group	San Diego	Q3	41	7	7	44	0	0	0	0	0
Health Net	San Diego	Q3	26	7	3	29	0	0	0	0	0
Molina	San Diego	Q3	134	42	12	145	0	0	3	3	1
Health Plan of San Mateo	San Mateo	Q3	95	39	8	103	0	0	0	0	0
Anthem/Blue Cross	Santa Clara	Q3	17	17	4	21	0	0	0	0	0
Santa Clara Family Health Plan	Santa Clara	Q3	48	48	20	68	0	0	0	0	0
L.A. Care	Los Angeles	Q4	228	16	13	241	0	0	0	0	0
Health Net	Los Angeles	Q4	235	15	15	250	0	0	0	0	0
Molina	Los Angeles	Q4	91	19	5	96	0	0	1	0	0
Care1st	Los Angeles	Q4	44	3	3	47	0	0	0	0	0

Cal MediConnect CBAS Referrals and Assessments—2016

Plan Name	County	Quarter	Number of Members Already Receiving CBAS During Quarter	Number of Member Referrals Made for CBAS	Number of Members Initially Assessed for CBAS	Total Number of Members Receiving CBAS	Denials—Not Medically Necessary	Denials—Incomplete Assessment	Denials—Member Refused Service	Denials—Transition to Other Program or Setting	Denials—Other Reason
CareMore	Los Angeles	Q4	8	5	0	8	0	0	0	0	0
CalOptima	Orange	Q4	103	24	6	110	3	0	6	2	2
IEHP	Riverside	Q4	52	29	8	58	0	0	0	0	0
Molina	Riverside	Q4	7	0	0	7	0	0	0	0	0
IEHP	San Bernardino	Q4	58	31	9	65	0	0	0	0	0
Molina	San Bernardino	Q4	36	8	4	40	0	0	0	0	0
Care1st	San Diego	Q4	40	0	0	40	0	0	0	0	0
Community Health Group	San Diego	Q4	40	5	5	45	0	0	0	0	0
Health Net	San Diego	Q4	26	2	2	28	0	0	0	0	0
Molina	San Diego	Q4	111	33	13	122	0	0	2	1	0
Health Plan of San Mateo	San Mateo	Q4	100	42	9	109	0	0	0	0	0
Anthem/Blue Cross	Santa Clara	Q4	14	10	0	14	0	0	0	0	0
Santa Clara Family Health Plan	Santa Clara	Q4	50	50	12	62	0	0	0	0	0

Cal MediConnect CBAS Referrals and Assessments—2017

Plan Name	County	Quarter	Number of Members Already Receiving CBAS During Quarter	Number of Member Referrals Made for CBAS	Number of Members Initially Assessed for CBAS	Total Number of Members Receiving CBAS	Denials—Not Medically Necessary	Denials—Incomplete Assessment	Denials—Member Refused Service	Denials—Transition to Other Program or Setting	Denials—Other Reason
L.A. Care	Los Angeles	Q1	181	14	9	190	0	0	0	0	0
Health Net	Los Angeles	Q1	221	15	14	235	0	0	0	0	0
Molina	Los Angeles	Q1	14	6	1	15	0	0	0	7	0
Care1st	Los Angeles	Q1	42	7	7	49	0	0	0	0	0
CareMore	Los Angeles	Q1	7	26	0	7	0	0	0	0	0
CalOptima	Orange	Q1	94	24	13	107	1	0	3	1	1
IEHP	Riverside	Q1	68	19	6	74	0	0	0	0	0
Molina	Riverside	Q1	2	0	0	2	0	0	1	0	0
IEHP	San Bernardino	Q1	73	26	3	75	0	0	0	0	0
Molina	San Bernardino	Q1	2	0	0	2	0	0	1	0	0
Care1st	San Diego	Q1	37	3	1	38	0	0	0	0	0
Community Health Group	San Diego	Q1	39	1	1	40	0	0	0	0	0
Health Net	San Diego	Q1	23	1	0	23	0	0	0	0	0
Molina	San Diego	Q1	40	13	7	47	0	0	3	0	0
Health Plan of San Mateo	San Mateo	Q1	108	46	13	121	0	0	0	0	0

Cal MediConnect CBAS Referrals and Assessments—2017

Plan Name	County	Quarter	Number of Members Already Receiving CBAS During Quarter	Number of Member Referrals Made for CBAS	Number of Members Initially Assessed for CBAS	Total Number of Members Receiving CBAS	Denials—Not Medically Necessary	Denials—Incomplete Assessment	Denials—Member Refused Service	Denials—Transition to Other Program or Setting	Denials—Other Reason
Anthem/Blue Cross	Santa Clara	Q1	15	11	3	18	0	0	0	0	0
Santa Clara Family Health Plan	Santa Clara	Q1	33	21	21	54	0	0	0	0	0
L.A. Care	Los Angeles	Q2	202	24	24	224	2	0	0	0	0
Health Net	Los Angeles	Q2	211	13	13	224	0	0	0	0	0
Molina	Los Angeles	Q2	24	9	4	28	0	0	0	0	0
Care1st	Los Angeles	Q2	45	8	8	53	0	0	0	0	0
CareMore	Los Angeles	Q2	5	1	1	6	0	0	0	0	0
CalOptima	Orange	Q2	96	35	16	112	1	0	1	1	0
IEHP	Riverside	Q2	85	41	4	88	0	0	0	0	0
Molina	Riverside	Q2	2	0	0	2	0	0	0	0	0
IEHP	San Bernardino	Q2	102	46	8	108	0	0	0	0	0
Molina	San Bernardino	Q2	5	0	1	6	0	0	0	0	1
Care1st	San Diego	Q2	37	5	5	42	0	0	0	0	0
Community Health Group	San Diego	Q2	35	5	5	40	0	0	0	0	0

Cal MediConnect CBAS Referrals and Assessments—2017

Plan Name	County	Quarter	Number of Members Already Receiving CBAS During Quarter	Number of Member Referrals Made for CBAS	Number of Members Initially Assessed for CBAS	Total Number of Members Receiving CBAS	Denials—Not Medically Necessary	Denials—Incomplete Assessment	Denials—Member Refused Service	Denials—Transition to Other Program or Setting	Denials—Other Reason
Health Net	San Diego	Q2	24	2	2	26	0	0	0	0	0
Molina	San Diego	Q2	49	16	9	58	0	0	1	0	0
Health Plan of San Mateo	San Mateo	Q2	110	40	11	121	0	0	0	0	0
Anthem/Blue Cross	Santa Clara	Q2	20	18	8	22	0	0	0	0	0
Santa Clara Family Health Plan	Santa Clara	Q2	52	14	14	62	0	1	3	0	0
L.A. Care	Los Angeles	Q3	48	7	6	54	0	0	0	0	0
Health Net	Los Angeles	Q3	204	12	11	215	0	0	0	0	0
Molina	Los Angeles	Q3	15	8	1	16	0	0	0	0	1
Care1st	Los Angeles	Q3	56	1	1	57	0	0	0	0	0
CareMore	Los Angeles	Q3	6	1	1	7	0	0	0	0	0
CalOptima	Orange	Q3	109	20	18	127	0	0	1	0	2
IEHP	Riverside	Q3	70	35	4	74	0	0	0	0	0
Molina	Riverside	Q3	1	0	0	1	0	0	1	0	0
IEHP	San Bernardino	Q3	75	39	3	79	0	0	0	0	0

Cal MediConnect CBAS Referrals and Assessments—2017

Plan Name	County	Quarter	Number of Members Already Receiving CBAS During Quarter	Number of Member Referrals Made for CBAS	Number of Members Initially Assessed for CBAS	Total Number of Members Receiving CBAS	Denials—Not Medically Necessary	Denials—Incomplete Assessment	Denials—Member Refused Service	Denials—Transition to Other Program or Setting	Denials—Other Reason
Molina	San Bernardino	Q3	1	0	0	1	0	0	0	0	1
Care1st	San Diego	Q3	43	0	0	43	0	0	0	0	0
Community Health Group	San Diego	Q3	36	4	4	40	0	0	0	0	0
Health Net	San Diego	Q3	26	3	2	28	0	0	0	0	0
Molina	San Diego	Q3	21	8	8	29	0	0	1	1	1
Health Plan of San Mateo	San Mateo	Q3	110	44	9	119	0	0	0	0	0
Anthem/Blue Cross	Santa Clara	Q3	1	0	0	1	0	0	0	0	1
Santa Clara Family Health Plan	Santa Clara	Q3	71	12	12	83	0	0	0	0	0
L.A. Care	Los Angeles	Q4	116	20	15	131	0	0	0	0	0
Health Net	Los Angeles	Q4	193	12	10	202	0	0	0	1	0
Molina	Los Angeles	Q4	16	0	2	28	0	0	1	0	0
Care1st	Los Angeles	Q4	53	5	5	58	0	0	0	0	0
CareMore	Los Angeles	Q4	8	2	2	10	0	0	0	0	0

Cal MediConnect CBAS Referrals and Assessments—2017

Plan Name	County	Quarter	Number of Members Already Receiving CBAS During Quarter	Number of Member Referrals Made for CBAS	Number of Members Initially Assessed for CBAS	Total Number of Members Receiving CBAS	Denials—Not Medically Necessary	Denials—Incomplete Assessment	Denials—Member Refused Service	Denials—Transition to Other Program or Setting	Denials—Other Reason
CalOptima	Orange	Q4	119	21	13	132	3	0	5	1	9
IEHP	Riverside	Q4	71	42	8	78	0	0	0	0	0
Molina	Riverside	Q4	3	0	0	2	0	0	0	0	0
IEHP	San Bernardino	Q4	83	53	9	92	0	0	0	0	0
Molina	San Bernardino	Q4	1	0	0	6	0	0	0	0	0
Care1st	San Diego	Q4	36	1	1	37	0	0	0	0	0
Community Health Group	San Diego	Q4	39	4	4	43	0	0	0	0	0
Health Net	San Diego	Q4	26	2	1	27	0	0	0	0	0
Molina	San Diego	Q4	39	15	5	58	0	0	1	0	0
Health Plan of San Mateo	San Mateo	Q4	110	41	11	121	0	0	0	0	0
Anthem/Blue Cross	Santa Clara	Q4	19	7	4	21	0	0	0	0	0
Santa Clara Family Health Plan	Santa Clara	Q4	72	4	4	76	0	0	0	0	0

Cal MediConnect CBAS Referrals and Assessments—2018

Plan Name	County	Quarter	Number of Members Already Receiving CBAS During Quarter	Number of Member Referrals Made for CBAS	Number of Members Initially Assessed for CBAS	Total Number of Members Receiving CBAS	Denials—Not Medically Necessary	Denials—Incomplete Assessment	Denials—Member Refused Service	Denials—Transition to Other Program or Setting	Denials—Other Reason
L.A. Care	Los Angeles	Q1	99	11	9	107	1	0	0	0	0
Health Net	Los Angeles	Q1	193	13	11	204	0	0	0	0	0
Molina	Los Angeles	Q1	15	7	2	16	0	0	0	0	0
Care1st	Los Angeles	Q1	45	0	0	45	0	0	0	0	0
CareMore	Los Angeles	Q1	10	2	2	12	0	0	0	0	0
CalOptima	Orange	Q1	118	25	9	127	1	0	3	0	1
IEHP	Riverside	Q1	77	48	10	84	0	0	0	0	0
Molina	Riverside	Q1	5	3	2	7	0	0	0	0	0
IEHP	San Bernardino	Q1	90	56	17	99	0	0	0	0	0
Molina	San Bernardino	Q1	3	2	1	4	0	0	0	0	0
Care1st	San Diego	Q1	31	2	2	33	0	0	0	0	0
Community Health Group	San Diego	Q1	38	3	3	41	0	0	0	0	0
Health Net	San Diego	Q1	37	3	2	39	0	0	0	0	0
Molina	San Diego	Q1	47	5	6	52	0	0	0	3	0
Health Plan of San Mateo	San Mateo	Q1	110	37	4	114	0	0	0	0	0

Cal MediConnect CBAS Referrals and Assessments—2018

Plan Name	County	Quarter	Number of Members Already Receiving CBAS During Quarter	Number of Member Referrals Made for CBAS	Number of Members Initially Assessed for CBAS	Total Number of Members Receiving CBAS	Denials—Not Medically Necessary	Denials—Incomplete Assessment	Denials—Member Refused Service	Denials—Transition to Other Program or Setting	Denials—Other Reason
Anthem/Blue Cross	Santa Clara	Q1	18	5	1	19	0	0	0	0	0
Santa Clara Family Health Plan	Santa Clara	Q1	70	13	13	83	0	0	0	0	0

Appendix A (Continued)

CalMediConnect IHSS Referrals, ICTs, and More—2016

Plan Name	County	Quarter	Total ICTs w/ County Social Worker (including county DPSS liaisons) Participation	Number of Members Referred to County for IHSS	Number of Members Referred to County for IHSS Reassessment	IHSS Hours Changed as a Result of ICT— Decreased	IHSS Hours Changed as a Result of ICT— Increased	Number of Members Currently Receiving IHSS during Reporting Quarter	Number of Member Referrals Received for IHSS
L.A. Care	Los Angeles	Q1	48	46	9	0	0	2453	574
Health Net	Los Angeles	Q1	5	19	0	0	2	4448	29
Molina	Los Angeles	Q1	61	28	2	0	9	711	0
Care1st	Los Angeles	Q1	3	9	4	0	1	1104	0
CareMore	Los Angeles	Q1	0	24	1	0	0	1141	0
CalOptima	Orange	Q1	130	76	16	4	13	3376	92
IEHP	Riverside	Q1	0	2	3	0	0	3001	2
Molina	Riverside	Q1	1	8	3	0	0	550	0
IEHP	San Bernardino	Q1	0	0	2	0	0	2687	0
Molina	San Bernardino	Q1	2	14	0	0	1	574	0
Care1st	San Diego	Q1	0	29	5	0	0	486	0
Community Health Group	San Diego	Q1	0	0	0	0	0	843	0
Health Net	San Diego	Q1	0	28	0	0	0	531	32
Molina	San Diego	Q1	2	8	0	0	0	776	0
Health Plan of San Mateo	San Mateo	Q1	120	9	1	31	736	2391	145

CalMediConnect IHSS Referrals, ICTs, and More—2016

Plan Name	County	Quarter	Total ICTs w/ County Social Worker (including county DPSS liaisons) Participation	Number of Members Referred to County for IHSS	Number of Members Referred to County for IHSS Reassessment	IHSS Hours Changed as a Result of ICT— Decreased	IHSS Hours Changed as a Result of ICT— Increased	Number of Members Currently Receiving IHSS during Reporting Quarter	Number of Member Referrals Received for IHSS
Anthem/Blue Cross	Santa Clara	Q1	0	25	0	0	0	789	0
Santa Clara Family Health Plan	Santa Clara	Q1	0	15	3	0	1	1807	0
L.A. Care	Los Angeles	Q2	32	36	10	3	3	2745	116
Health Net	Los Angeles	Q2	2	18	0	0	1	4182	24
Molina	Los Angeles	Q2	54	37	6	0	5	689	0
Care1st	Los Angeles	Q2	2	9	2	0	0	1044	0
CareMore	Los Angeles	Q2	0	14	1	0	0	1118	0
CalOptima	Orange	Q2	96	76	15	0	5	3535	100
IEHP	Riverside	Q2	0	1	2	0	0	2895	1
Molina	Riverside	Q2	0	12	3	0	0	540	0
IEHP	San Bernardino	Q2	0	6	2	0	0	2554	6
Molina	San Bernardino	Q2	8	19	2	0	0	537	0
Care1st	San Diego	Q2	0	28	4	0	0	464	0
Community Health Group	San Diego	Q2	0	3	0	0	0	853	3
Health Net	San Diego	Q2	0	17	0	0	0	516	21
Molina	San Diego	Q2	3	7	1	0	0	750	0
Health Plan of San Mateo	San Mateo	Q2	49	1	0	2	452	2394	152
Anthem/Blue Cross	Santa Clara	Q2	0	0	0	0	0	738	0

CalMediConnect IHSS Referrals, ICTs, and More—2016

Plan Name	County	Quarter	Total ICTs w/ County Social Worker (including county DPSS liaisons) Participation	Number of Members Referred to County for IHSS	Number of Members Referred to County for IHSS Reassessment	IHSS Hours Changed as a Result of ICT— Decreased	IHSS Hours Changed as a Result of ICT— Increased	Number of Members Currently Receiving IHSS during Reporting Quarter	Number of Member Referrals Received for IHSS
Santa Clara Family Health Plan	Santa Clara	Q2	0	11	0	0	0	1791	1
L.A. Care	Los Angeles	Q3	5	36	10	0	0	2305	99
Health Net	Los Angeles	Q3	0	19	1	0	0	3582	27
Molina	Los Angeles	Q3	27	26	2	0	3	672	0
Care1st	Los Angeles	Q3	1	12	5	0	1	988	0
CareMore	Los Angeles	Q3	0	36	4	0	0	1142	0
CalOptima	Orange	Q3	84	114	13	1	8	3261	127
IEHP	Riverside	Q3	0	15	4	0	0	2923	21
Molina	Riverside	Q3	4	10	4	0	0	527	0
IEHP	San Bernardino	Q3	1	18	3	0	0	2622	23
Molina	San Bernardino	Q3	6	15	1	0	0	561	0
Care1st	San Diego	Q3	0	33	7	0	0	449	0
Community Health Group	San Diego	Q3	0	6	2	0	0	884	6
Health Net	San Diego	Q3	0	11	0	0	0	453	14
Molina	San Diego	Q3	5	4	3	0	1	789	0
Health Plan of San Mateo	San Mateo	Q3	26	4	2	3	94	2415	145
Anthem/Blue Cross	Santa Clara	Q3	0	42	0	0	0	821	0

CalMediConnect IHSS Referrals, ICTs, and More—2016

Plan Name	County	Quarter	Total ICTs w/ County Social Worker (including county DPSS liaisons) Participation	Number of Members Referred to County for IHSS	Number of Members Referred to County for IHSS Reassessment	IHSS Hours Changed as a Result of ICT— Decreased	IHSS Hours Changed as a Result of ICT— Increased	Number of Members Currently Receiving IHSS during Reporting Quarter	Number of Member Referrals Received for IHSS
Santa Clara Family Health Plan	Santa Clara	Q3	0	9	4	0	0	1934	0
L.A. Care	Los Angeles	Q4	0	29	8	0	0	2681	66
Health Net	Los Angeles	Q4	0	12	0	0	0	3346	17
Molina	Los Angeles	Q4	31	18	4	0	6	679	0
Care1st	Los Angeles	Q4	4	10	3	0	0	951	0
CareMore	Los Angeles	Q4	0	13	3	0	0	1144	0
CalOptima	Orange	Q4	135	101	12	0	5	2951	118
IEHP	Riverside	Q4	0	20	10	0	0	3155	30
Molina	Riverside	Q4	2	6	4	0	0	519	0
IEHP	San Bernardino	Q4	0	47	3	0	0	2900	51
Molina	San Bernardino	Q4	8	12	0	0	0	581	0
Care1st	San Diego	Q4	0	37	7	0	0	451	0
Community Health Group	San Diego	Q4	0	3	1	0	0	928	3
Health Net	San Diego	Q4	0	4	0	0	0	422	17
Molina	San Diego	Q4	9	12	5	1	2	834	0
Health Plan of San Mateo	San Mateo	Q4	54	3	1	24	114	2445	137
Anthem/Blue Cross	Santa Clara	Q4	0	17	0	0	0	767	0
Santa Clara Family Health Plan	Santa Clara	Q4	0	26	4	0	0	1972	0

CalMediConnect IHSS Referrals, ICTs, and More—2017

Plan Name	County	Quarter	Total ICTs w/ County Social Worker (including county DPSS liaisons) Participation	Number of Members Referred to County for IHSS	Number of Members Referred to County for IHSS Reassessment	IHSS Hours Changed as a Result of ICT— Decreased	IHSS Hours Changed as a Result of ICT— Increased	Number of Members Currently Receiving IHSS during Reporting Quarter	Number of Member Referrals Received for IHSS
L.A. Care	Los Angeles	Q1	0	48	7	0	0	2703	91
Health Net	Los Angeles	Q1	17	19	0	0	1	3160	38
Molina	Los Angeles	Q1	25	29	7	0	4	675	0
Care1st	Los Angeles	Q1	2	12	1	0	0	972	0
CareMore	Los Angeles	Q1	0	11	0	0	0	1143	0
CalOptima	Orange	Q1	134	95	11	1	1	2842	106
IEHP	Riverside	Q1	4	33	6	0	2	3287	43
Molina	Riverside	Q1	0	8	1	0	0	533	0
IEHP	San Bernardino	Q1	0	17	1	0	0	3012	18
Molina	San Bernardino	Q1	1	14	1	0	0	578	0
Care1st	San Diego	Q1	2	33	15	0	8	459	2
Community Health Group	San Diego	Q1	0	4	1	0	0	971	4
Health Net	San Diego	Q1	2	5	0	0	0	404	5
Molina	San Diego	Q1	13	17	5	0	2	846	0
Health Plan of San Mateo	San Mateo	Q1	47	1	2	84	396	2513	80
Anthem/Blue Cross	Santa Clara	Q1	0	19	0	0	0	764	0
Santa Clara Family Health Plan	Santa Clara	Q1	0	17	5	0	3	1978	22
L.A. Care	Los Angeles	Q2	10	38	11	0	0	2796	116

CalMediConnect IHSS Referrals, ICTs, and More—2017

Plan Name	County	Quarter	Total ICTs w/ County Social Worker (including county DPSS liaisons) Participation	Number of Members Referred to County for IHSS	Number of Members Referred to County for IHSS Reassessment	IHSS Hours Changed as a Result of ICT— Decreased	IHSS Hours Changed as a Result of ICT— Increased	Number of Members Currently Receiving IHSS during Reporting Quarter	Number of Member Referrals Received for IHSS
Health Net	Los Angeles	Q2	41	15	1	0	1	3046	15
Molina	Los Angeles	Q2	14	26	2	0	2	703	0
Care1st	Los Angeles	Q2	4	17	7	0	0	960	0
CareMore	Los Angeles	Q2	0	28	0	0	0	1154	0
CalOptima	Orange	Q2	88	108	26	0	2	2844	135
IEHP	Riverside	Q2	23	35	6	0	0	3449	64
Molina	Riverside	Q2	9	12	2	0	7	563	0
IEHP	San Bernardino	Q2	1	30	2	0	0	3118	33
Molina	San Bernardino	Q2	8	13	1	0	0	588	0
Care1st	San Diego	Q2	5	24	11	0	0	427	0
Community Health Group	San Diego	Q2	0	4	0	0	0	1007	4
Health Net	San Diego	Q2	2	5	0	0	0	399	5
Molina	San Diego	Q2	28	32	3	0	6	872	0
Health Plan of San Mateo	San Mateo	Q2	23	1	1	142	102	2523	148
Anthem/Blue Cross	Santa Clara	Q2	0	24	0	0	0	728	0
Santa Clara Family Health Plan	Santa Clara	Q2	2	17	4	0	1	2105	21
L.A. Care	Los Angeles	Q3	26	62	13	0	0	2783	164
Health Net	Los Angeles	Q3	1	13	0	0	0	2914	13

CalMediConnect IHSS Referrals, ICTs, and More—2017

Plan Name	County	Quarter	Total ICTs w/ County Social Worker (including county DPSS liaisons) Participation	Number of Members Referred to County for IHSS	Number of Members Referred to County for IHSS Reassessment	IHSS Hours Changed as a Result of ICT— Decreased	IHSS Hours Changed as a Result of ICT— Increased	Number of Members Currently Receiving IHSS during Reporting Quarter	Number of Member Referrals Received for IHSS
Molina	Los Angeles	Q3	3	29	3	0	2	734	0
Care1st	Los Angeles	Q3	0	4	1	0	0	826	0
CareMore	Los Angeles	Q3	1	34	2	0	0	1140	0
CalOptima	Orange	Q3	76	102	18	0	0	2840	120
IEHP	Riverside	Q3	19	24	5	0	1	3727	47
Molina	Riverside	Q3	2	8	0	0	0	564	0
IEHP	San Bernardino	Q3	10	21	4	0	0	3321	36
Molina	San Bernardino	Q3	2	17	2	0	0	597	0
Care1st	San Diego	Q3	4	29	1	0	0	388	0
Community Health Group	San Diego	Q3	0	0	1	0	0	1057	0
Health Net	San Diego	Q3	12	6	0	0	0	381	6
Molina	San Diego	Q3	35	24	3	1	8	916	0
Health Plan of San Mateo	San Mateo	Q3	25	5	1	4	2	2540	157
Anthem/Blue Cross	Santa Clara	Q3	0	24	0	0	0	728	0
Santa Clara Family Health Plan	Santa Clara	Q3	1	19	5	0	3	2158	0
L.A. Care	Los Angeles	Q4	20	47	24	0	0	2763	147
Health Net	Los Angeles	Q4	22	6	0	0	0	2811	16
Molina	Los Angeles	Q4	8	20	2	N/A	N/A	753	0

CalMediConnect IHSS Referrals, ICTs, and More—2017

Plan Name	County	Quarter	Total ICTs w/ County Social Worker (including county DPSS liaisons) Participation	Number of Members Referred to County for IHSS	Number of Members Referred to County for IHSS Reassessment	IHSS Hours Changed as a Result of ICT— Decreased	IHSS Hours Changed as a Result of ICT— Increased	Number of Members Currently Receiving IHSS during Reporting Quarter	Number of Member Referrals Received for IHSS
Care1st	Los Angeles	Q4	0	2	0	0	0	1049	0
CareMore	Los Angeles	Q4	3	29	5	0	1	974	0
CalOptima	Orange	Q4	152	99	11	0	0	2661	110
IEHP	Riverside	Q4	15	25	8	0	0	3926	30
Molina	Riverside	Q4	7	5	2	0	3	581	0
IEHP	San Bernardino	Q4	9	15	2	0	0	3468	24
Molina	San Bernardino	Q4	1	12	0	0	0	598	0
Care1st	San Diego	Q4	7	15	15	0	0	472	0
Community Health Group	San Diego	Q4	0	3	1	0	0	1117	3
Health Net	San Diego	Q4	0	3	0	0	0	365	5
Molina	San Diego	Q4	20	19	1	N/A	N/A	950	0
Health Plan of San Mateo	San Mateo	Q4	19	2	1	3	2	2531	126
Anthem/Blue Cross	Santa Clara	Q4	0	17	0	0	0	657	0
Santa Clara Family Health Plan	Santa Clara	Q4	1	17	5	0	1	2242	0

CalMediConnect IHSS Referrals, ICTs, and More—2018

Plan Name	County	Quarter	Total ICTs w/ County Social Worker (including county DPSS liaisons) Participation	Number of Members Referred to County for IHSS	Number of Members Referred to County for IHSS Reassessment	IHSS Hours Changed as a Result of ICT— Decreased	IHSS Hours Changed as a Result of ICT— Increased	Number of Members Currently Receiving IHSS during Reporting Quarter	Number of Member Referrals Received for IHSS
L.A. Care	Los Angeles	Q1	0	33	6	0	0	2868	81
Health Net	Los Angeles	Q1	0	7	0	0	0	2707	26
Molina	Los Angeles	Q1	0	11	0	0	0	734	0
Care1st	Los Angeles	Q1	0	2	1	0	0	716	9
CareMore	Los Angeles	Q1	0	20	5	0	0	1063	0
CalOptima	Orange	Q1	0	65	0	0	0	2583	65
IEHP	Riverside	Q1	9	33	9	0	0	3961	51
Molina	Riverside	Q1	14	17	0	1	6	535	0
IEHP	San Bernardino	Q1	9	22	4	0	0	3525	35
Molina	San Bernardino	Q1	1	19	1	0	0	570	0
Care1st	San Diego	Q1	0	14	3	0	0	373	0
Community Health Group	San Diego	Q1	0	5	1	0	0	1161	5
Health Net	San Diego	Q1	0	0	0	0	0	455	2
Molina	San Diego	Q1	0	22	0	0	0	938	0
Health Plan of San Mateo	San Mateo	Q1	23	1	1	5	6	2520	149
Anthem/Blue Cross	Santa Clara	Q1	0	14	12	0	0	630	26
Santa Clara Family Health Plan	Santa Clara	Q1	0	39	11	0	5	2706	3

Appendix A (Continued)

Cal MediConnect MSSP Referrals and ICTs—2016

Plan Name	County	Quarter	Total ICTs with MSSP Care Manager Participation	Number of Members Currently Receiving MSSP during Quarter	Number of Member Referrals Made for MSSP
L.A. Care	Los Angeles	Q1	17	41	18
Health Net	Los Angeles	Q1	0	73	12
Molina	Los Angeles	Q1	0	15	0
Care1st	Los Angeles	Q1	1	28	0
CareMore	Los Angeles	Q1	0	29	0
CalOptima	Orange	Q1	0	93	12
IEHP	Riverside	Q1	4	34	1
Molina	Riverside	Q1	0	7	0
IEHP	San Bernardino	Q1	0	40	0
Molina	San Bernardino	Q1	0	7	0
Care1st	San Diego	Q1	0	15	0
Community Health Group	San Diego	Q1	0	8	0
Health Net	San Diego	Q1	0	21	4
Molina	San Diego	Q1	1	15	0
Health Plan of San Mateo	San Mateo	Q1	80	112	8
Anthem/Blue Cross	Santa Clara	Q1	0	16	0
Santa Clara Family Health Plan	Santa Clara	Q1	0	41	0
L.A. Care	Los Angeles	Q2	11	46	31
Health Net	Los Angeles	Q2	0	66	53
Molina	Los Angeles	Q2	0	17	0

Cal MediConnect MSSP Referrals and ICTs—2016

Plan Name	County	Quarter	Total ICTs with MSSP Care Manager Participation	Number of Members Currently Receiving MSSP during Quarter	Number of Member Referrals Made for MSSP
Care1st	Los Angeles	Q2	0	29	0
CareMore	Los Angeles	Q2	0	28	0
CalOptima	Orange	Q2	0	94	4
IEHP	Riverside	Q2	8	32	2
Molina	Riverside	Q2	0	7	1
IEHP	San Bernardino	Q2	0	39	0
Molina	San Bernardino	Q2	0	7	0
Care1st	San Diego	Q2	0	14	0
Community Health Group	San Diego	Q2	0	7	0
Health Net	San Diego	Q2	0	22	18
Molina	San Diego	Q2	0	14	0
Health Plan of San Mateo	San Mateo	Q2	29	114	19
Anthem/Blue Cross	Santa Clara	Q2	0	15	0
Santa Clara Family Health Plan	Santa Clara	Q2	0	43	2
L.A. Care	Los Angeles	Q3	0	61	9
Health Net	Los Angeles	Q3	1	80	7
Molina	Los Angeles	Q3	0	17	0
Care1st	Los Angeles	Q3	0	24	0
CareMore	Los Angeles	Q3	0	27	1
CalOptima	Orange	Q3	0	91	13
IEHP	Riverside	Q3	0	31	2
Molina	Riverside	Q3	0	6	0
IEHP	San Bernardino	Q3	0	41	0
Molina	San Bernardino	Q3	0	4	0
Care1st	San Diego	Q3	0	13	0

Cal MediConnect MSSP Referrals and ICTs—2016

Plan Name	County	Quarter	Total ICTs with MSSP Care Manager Participation	Number of Members Currently Receiving MSSP during Quarter	Number of Member Referrals Made for MSSP
Community Health Group	San Diego	Q3	0	7	0
Health Net	San Diego	Q3	0	8	2
Molina	San Diego	Q3	0	13	0
Health Plan of San Mateo	San Mateo	Q3	11	113	12
Anthem/Blue Cross	Santa Clara	Q3	0	16	0
Santa Clara Family Health Plan	Santa Clara	Q3	0	46	2
L.A. Care	Los Angeles	Q4	0	64	7
Health Net	Los Angeles	Q4	0	67	10
Molina	Los Angeles	Q4	0	14	3
Care1st	Los Angeles	Q4	0	24	0
CareMore	Los Angeles	Q4	0	27	0
CalOptima	Orange	Q4	0	87	9
IEHP	Riverside	Q4	0	47	2
Molina	Riverside	Q4	0	7	1
IEHP	San Bernardino	Q4	0	54	0
Molina	San Bernardino	Q4	0	4	0
Care1st	San Diego	Q4	0	14	0
Community Health Group	San Diego	Q4	0	6	0
Health Net	San Diego	Q4	0	23	8
Molina	San Diego	Q4	0	11	3
Health Plan of San Mateo	San Mateo	Q4	46	121	12
Anthem/Blue Cross	Santa Clara	Q4	0	15	0
Santa Clara Family Health Plan	Santa Clara	Q4	0	43	1

Cal MediConnect MSSP Referrals and ICTs—2017

Plan Name	County	Quarter	Total ICTs with MSSP Care Manager Participation	Number of Members Currently Receiving MSSP during Quarter	Number of Member Referrals Made for MSSP
L.A. Care	Los Angeles	Q1	0	72	9
Health Net	Los Angeles	Q1	0	66	11
Molina	Los Angeles	Q1	0	15	0
Care1st	Los Angeles	Q1	0	23	0
CareMore	Los Angeles	Q1	0	29	1
CalOptima	Orange	Q1	0	86	19
IEHP	Riverside	Q1	0	46	10
Molina	Riverside	Q1	0	5	0
IEHP	San Bernardino	Q1	0	56	0
Molina	San Bernardino	Q1	0	5	1
Care1st	San Diego	Q1	0	14	0
Community Health Group	San Diego	Q1	0	8	0
Health Net	San Diego	Q1	0	25	1
Molina	San Diego	Q1	0	14	2
Health Plan of San Mateo	San Mateo	Q1	47	100	7
Anthem/Blue Cross	Santa Clara	Q1	0	14	0
Santa Clara Family Health Plan	Santa Clara	Q1	0	48	2
L.A. Care	Los Angeles	Q2	0	102	20
Health Net	Los Angeles	Q2	0	65	10
Molina	Los Angeles	Q2	0	14	1
Care1st	Los Angeles	Q2	11	25	0
CareMore	Los Angeles	Q2	0	31	14
CalOptima	Orange	Q2	0	85	14
IEHP	Riverside	Q2	0	49	1
Molina	Riverside	Q2	0	6	1

Cal MediConnect MSSP Referrals and ICTs—2017

Plan Name	County	Quarter	Total ICTs with MSSP Care Manager Participation	Number of Members Currently Receiving MSSP during Quarter	Number of Member Referrals Made for MSSP
IEHP	San Bernardino	Q2	1	63	3
Molina	San Bernardino	Q2	0	3	0
Care1st	San Diego	Q2	5	13	0
Community Health Group	San Diego	Q2	0	11	0
Health Net	San Diego	Q2	5	27	2
Molina	San Diego	Q2	1	13	1
Health Plan of San Mateo	San Mateo	Q2	23	88	5
Anthem/Blue Cross	Santa Clara	Q2	0	12	0
Santa Clara Family Health Plan	Santa Clara	Q2	0	47	2
L.A. Care	Los Angeles	Q3	0	93	21
Health Net	Los Angeles	Q3	0	63	5
Molina	Los Angeles	Q3	0	15	0
Care1st	Los Angeles	Q3	2	48	0
CareMore	Los Angeles	Q3	0	31	10
CalOptima	Orange	Q3	0	90	16
IEHP	Riverside	Q3	0	48	0
Molina	Riverside	Q3	0	7	1
IEHP	San Bernardino	Q3	0	61	2
Molina	San Bernardino	Q3	0	3	0
Care1st	San Diego	Q3	4	13	0
Community Health Group	San Diego	Q3	0	10	0
Health Net	San Diego	Q3	3	26	4
Molina	San Diego	Q3	1	14	1

Cal MediConnect MSSP Referrals and ICTs—2017

Plan Name	County	Quarter	Total ICTs with MSSP Care Manager Participation	Number of Members Currently Receiving MSSP during Quarter	Number of Member Referrals Made for MSSP
Health Plan of San Mateo	San Mateo	Q3	25	84	3
Anthem/Blue Cross	Santa Clara	Q3	0	12	0
Santa Clara Family Health Plan	Santa Clara	Q3	0	39	1
L.A. Care	Los Angeles	Q4	0	104	18
Health Net	Los Angeles	Q4	3	62	5
Molina	Los Angeles	Q4	1	17	0
Care1st	Los Angeles	Q4	0	24	0
CareMore	Los Angeles	Q4	0	29	11
CalOptima	Orange	Q4	0	87	16
IEHP	Riverside	Q4	0	49	6
Molina	Riverside	Q4	0	5	0
IEHP	San Bernardino	Q4	0	66	0
Molina	San Bernardino	Q4	0	4	0
Care1st	San Diego	Q4	4	13	0
Community Health Group	San Diego	Q4	0	10	0
Health Net	San Diego	Q4	0	27	2
Molina	San Diego	Q4	2	13	0
Health Plan of San Mateo	San Mateo	Q4	13	76	11
Anthem/Blue Cross	Santa Clara	Q4	0	10	0
Santa Clara Family Health Plan	Santa Clara	Q4	0	45	2

Cal MediConnect MSSP Referrals and ICTs—2018

Plan Name	County	Quarter	Total ICTs with MSSP Care Manager Participation	Number of Members Currently Receiving MSSP during Quarter	Number of Member Referrals Made for MSSP
L.A. Care	Los Angeles	Q1	0	119	22
Health Net	Los Angeles	Q1	0	63	3
Molina	Los Angeles	Q1	4	17	0
Care1st	Los Angeles	Q1	0	20	0
CareMore	Los Angeles	Q1	0	32	11
CalOptima	Orange	Q1	0	90	10
IEHP	Riverside	Q1	1	36	5
Molina	Riverside	Q1	0	4	1
IEHP	San Bernardino	Q1	0	45	2
Molina	San Bernardino	Q1	0	4	0
Care1st	San Diego	Q1	0	14	0
Community Health Group	San Diego	Q1	0	10	0
Health Net	San Diego	Q1	0	31	2
Molina	San Diego	Q1	0	12	1
Health Plan of San Mateo	San Mateo	Q1	18	64	13
Anthem/Blue Cross	Santa Clara	Q1	0	11	0
Santa Clara Family Health Plan	Santa Clara	Q1	1	43	1

Appendix B

Cal MediConnect CPO Utilization and Referrals—2016

Plan Name	County	Quarter	Number of Members Already Receiving CPO during Quarter	Number of Member Referrals Made for CPO	Number of Members Initially Assessed for CPO	Number of Members Initially Approved for CPO	Total Number of Members Receiving CPO	Number of CPOs Authorized—Personal Care (additional IHSS)	Number of CPOs Authorized—Respite	Number of CPOs Authorized—MSSP-like Services	Number of CPOs Authorized—Other
L.A. Care	Los Angeles	Q1	0	2	2	0	0	0	0	0	0
Health Net	Los Angeles	Q1	36	99	99	99	135	0	0	8	91
Molina	Los Angeles	Q1	0	1	1	1	1	1	0	0	0
Care1st	Los Angeles	Q1	2	2	2	2	4	0	0	0	4
CareMore	Los Angeles	Q1	0	0	0	0	0	0	0	0	0
CalOptima	Orange	Q1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
IEHP	Riverside	Q1	1	0	0	0	1	1	0	0	0
Molina	Riverside	Q1	0	0	0	0	0	0	0	0	0
IEHP	San Bernardino	Q1	0	1	1	0	0	0	0	0	0
Molina	San Bernardino	Q1	0	1	1	1	1	0	0	0	1
Care1st	San Diego	Q1	2	17	17	17	19	5	0	4	10

Cal MediConnect CPO Utilization and Referrals—2016

Plan Name	County	Quarter	Number of Members Already Receiving CPO during Quarter	Number of Member Referrals Made for CPO	Number of Members Initially Assessed for CPO	Number of Members Initially Approved for CPO	Total Number of Members Receiving CPO	Number of CPOs Authorized—Personal Care (additional IHSS)	Number of CPOs Authorized—Respite	Number of CPOs Authorized—MSSP-like Services	Number of CPOs Authorized—Other
Community Health Group	San Diego	Q1	28	28	28	28	56	0	6	0	22
Health Net	San Diego	Q1	0	0	0	0	0	0	0	0	0
Molina	San Diego	Q1	2	0	0	0	2	0	0	1	1
Health Plan of San Mateo	San Mateo	Q1	21	14	14	14	35	6	0	0	29
Anthem/Blue Cross	Santa Clara	Q1	0	0	0	0	0	0	0	0	0
Santa Clara Family Health Plan	Santa Clara	Q1	0	3	3	1	1	0	0	0	1
L.A. Care	Los Angeles	Q2	0	1	1	5	5	0	0	0	0
Health Net	Los Angeles	Q2	116	53	53	53	169	0	0	9	44
Molina	Los Angeles	Q2	1	2	2	2	3	1	0	0	2
Care1st	Los Angeles	Q2	1	7	7	7	8	0	0	3	5
CareMore	Los Angeles	Q2	0	0	0	0	0	0	0	0	0
CalOptima	Orange	Q2	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
IEHP	Riverside	Q2	1	0	0	0	1	1	0	0	0
Molina	Riverside	Q2	0	1	1	1	1	0	0	0	1

Cal MediConnect CPO Utilization and Referrals—2016

Plan Name	County	Quarter	Number of Members Already Receiving CPO during Quarter	Number of Member Referrals Made for CPO	Number of Members Initially Assessed for CPO	Number of Members Initially Approved for CPO	Total Number of Members Receiving CPO	Number of CPOs Authorized—Personal Care (additional IHSS)	Number of CPOs Authorized—Respite	Number of CPOs Authorized—MSSP-like Services	Number of CPOs Authorized—Other
IEHP	San Bernardino	Q2	0	0	0	0	0	0	0	0	0
Molina	San Bernardino	Q2	1	0	0	0	1	0	0	0	1
Care1st	San Diego	Q2	3	7	7	7	10	5	0	4	4
Community Health Group	San Diego	Q2	201	201	201	201	402	0	8	0	193
Health Net	San Diego	Q2	0	0	0	0	0	0	0	0	0
Molina	San Diego	Q2	1	2	2	2	3	0	0	1	2
Health Plan of San Mateo	San Mateo	Q2	32	11	11	11	43	4	0	0	39
Anthem/Blue Cross	Santa Clara	Q2	0	0	0	0	0	0	0	0	0
Santa Clara Family Health Plan	Santa Clara	Q2	1	5	5	4	5	0	0	0	4
L.A. Care	Los Angeles	Q3	0	2	2	0	0	0	0	0	0
Health Net	Los Angeles	Q3	141	26	8	8	149	0	0	8	141
Molina	Los Angeles	Q3	0	1	1	1	1	0	0	0	1
Care1st	Los Angeles	Q3	3	16	16	16	19	0	0	11	8

Cal MediConnect CPO Utilization and Referrals—2016

Plan Name	County	Quarter	Number of Members Already Receiving CPO during Quarter	Number of Member Referrals Made for CPO	Number of Members Initially Assessed for CPO	Number of Members Initially Approved for CPO	Total Number of Members Receiving CPO	Number of CPOs Authorized—Personal Care (additional IHSS)	Number of CPOs Authorized—Respite	Number of CPOs Authorized—MSSP-like Services	Number of CPOs Authorized—Other
CareMore	Los Angeles	Q3	0	0	0	0	0	0	0	0	0
CalOptima	Orange	Q3	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
IEHP	Riverside	Q3	1	1	1	0	1	1	0	0	0
Molina	Riverside	Q3	0	0	0	0	0	0	0	0	0
IEHP	San Bernardino	Q3	0	1	1	0	0	0	0	0	0
Molina	San Bernardino	Q3	0	0	0	0	0	0	0	0	0
Care1st	San Diego	Q3	2	6	6	6	8	4	0	2	3
Community Health Group	San Diego	Q3	231	231	231	231	462	0	12	0	10
Health Net	San Diego	Q3	0	0	0	0	0	0	0	0	0
Molina	San Diego	Q3	1	0	0	0	1	0	0	0	1
Health Plan of San Mateo	San Mateo	Q3	37	8	8	8	45	1	0	0	44
Anthem/Blue Cross	Santa Clara	Q3	0	0	0	0	0	0	0	0	0
Santa Clara Family Health Plan	Santa Clara	Q3	0	3	3	3	3	1	0	0	2
L.A. Care	Los Angeles	Q4	0	2	2	0	0	0	0	0	0

Cal MediConnect CPO Utilization and Referrals—2016

Plan Name	County	Quarter	Number of Members Already Receiving CPO during Quarter	Number of Member Referrals Made for CPO	Number of Members Initially Assessed for CPO	Number of Members Initially Approved for CPO	Total Number of Members Receiving CPO	Number of CPOs Authorized—Personal Care (additional IHSS)	Number of CPOs Authorized—Respite	Number of CPOs Authorized—MSSP-like Services	Number of CPOs Authorized—Other
Health Net	Los Angeles	Q4	128	40	11	11	139	0	0	11	128
Molina	Los Angeles	Q4	1	0	0	0	1	0	0	0	1
Care1st	Los Angeles	Q4	7	6	6	6	13	0	0	2	11
CareMore	Los Angeles	Q4	0	0	0	0	0	0	0	0	0
CalOptima	Orange	Q4	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
IEHP	Riverside	Q4	1	1	1	1	2	2	0	0	0
Molina	Riverside	Q4	0	0	0	0	0	0	0	0	0
IEHP	San Bernardino	Q4	0	0	0	0	0	0	0	0	0
Molina	San Bernardino	Q4	0	1	1	1	1	0	0	0	1
Care1st	San Diego	Q4	0	9	9	9	9	1	0	3	6
Community Health Group	San Diego	Q4	773	773	773	773	1546	0	7	0	7
Health Net	San Diego	Q4	0	0	0	0	0	0	0	0	0
Molina	San Diego	Q4	1	0	0	0	1	0	0	0	1
Health Plan of San Mateo	San Mateo	Q4	39	9	9	9	48	1	0	0	47

Cal MediConnect CPO Utilization and Referrals—2016

Plan Name	County	Quarter	Number of Members Already Receiving CPO during Quarter	Number of Member Referrals Made for CPO	Number of Members Initially Assessed for CPO	Number of Members Initially Approved for CPO	Total Number of Members Receiving CPO	Number of CPOs Authorized—Personal Care (additional IHSS)	Number of CPOs Authorized—Respite	Number of CPOs Authorized—MSSP-like Services	Number of CPOs Authorized—Other
Anthem/Blue Cross	Santa Clara	Q4	0	0	0	0	0	0	0	0	0
Santa Clara Family Health Plan	Santa Clara	Q4	0	0	0	0	0	0	0	0	0

* The Cal MediConnect plan in Orange County, CalOptima, reported "N/A" each quarter.

Cal MediConnect CPO Utilization and Referrals—2017

Plan Name	County	Quarter	Number of Members Already Receiving CPO during Quarter	Number of Member Referrals Made for CPO	Number of Members Initially Assessed for CPO	Number of Members Initially Approved for CPO	Total Number of Members Receiving CPO	Number of CPOs Authorized—Personal Care (additional IHSS)	Number of CPOs Authorized—Respite	Number of CPOs Authorized—MSSP-like Services	Number of CPOs Authorized—Other
L.A. Care	Los Angeles	Q1	0	25	11	9	9	0	0	0	9
Health Net	Los Angeles	Q1	112	23	18	33	145	0	0	33	112
Molina	Los Angeles	Q1	0	0	0	0	0	0	0	0	0
Care1st	Los Angeles	Q1	1	6	6	6	7	0	0	4	3
CareMore	Los Angeles	Q1	0	0	0	0	0	0	0	0	0
CalOptima	Orange	Q1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
IEHP	Riverside	Q1	2	2	2	2	4	0	0	0	2
Molina	Riverside	Q1	0	0	0	0	0	0	0	0	0
IEHP	San Bernardino	Q1	1	1	1	1	2	0	0	0	1
Molina	San Bernardino	Q1	0	1	1	1	1	0	0	0	1
Care1st	San Diego	Q1	1	14	14	14	15	2	0	10	5
Community Health Group	San Diego	Q1	460	460	460	460	820	0	8	0	4
Health Net	San Diego	Q1	0	0	0	0	0	0	0	0	0
Molina	San Diego	Q1	1	0	0	0	1	0	0	0	1
Health Plan of San Mateo	San Mateo	Q1	42	4	4	4	46	3	0	0	42
Anthem/Blue Cross	Santa Clara	Q1	0	2	0	0	0	0	0	0	0

Cal MediConnect CPO Utilization and Referrals—2017

Plan Name	County	Quarter	Number of Members Already Receiving CPO during Quarter	Number of Member Referrals Made for CPO	Number of Members Initially Assessed for CPO	Number of Members Initially Approved for CPO	Total Number of Members Receiving CPO	Number of CPOs Authorized—Personal Care (additional IHSS)	Number of CPOs Authorized—Respite	Number of CPOs Authorized—MSSP-like Services	Number of CPOs Authorized—Other
Santa Clara Family Health Plan	Santa Clara	Q1	0	1	1	0	0	0	0	0	0
L.A. Care	Los Angeles	Q2	13	70	23	4	17	0	0	0	4
Health Net	Los Angeles	Q2	97	45	17	17	114	0	0	17	0
Molina	Los Angeles	Q2	0	2	2	2	2	0	0	0	2
Care1st	Los Angeles	Q2	4	3	3	3	7	0	0	0	7
CareMore	Los Angeles	Q2	0	0	0	0	0	0	0	0	0
CalOptima	Orange	Q2	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
IEHP	Riverside	Q2	0	0	0	0	0	0	0	0	0
Molina	Riverside	Q2	0	3	3	3	3	1	0	0	2
IEHP	San Bernardino	Q2	1	1	1	1	2	0	0	0	Emergency Response Device
Molina	San Bernardino	Q2	0	2	2	2	2	0	0	0	2
Care1st	San Diego	Q2	9	8	8	8	17	1	0	12	5
Community Health Group	San Diego	Q2	685	685	685	685	1370	0	9	0	4
Health Net	San Diego	Q2	0	0	0	0	0	0	0	0	0
Molina	San Diego	Q2	1	1	1	1	2	1	0	0	1

Cal MediConnect CPO Utilization and Referrals—2017

Plan Name	County	Quarter	Number of Members Already Receiving CPO during Quarter	Number of Member Referrals Made for CPO	Number of Members Initially Assessed for CPO	Number of Members Initially Approved for CPO	Total Number of Members Receiving CPO	Number of CPOs Authorized—Personal Care (additional IHSS)	Number of CPOs Authorized—Respite	Number of CPOs Authorized—MSSP-like Services	Number of CPOs Authorized—Other
Health Plan of San Mateo	San Mateo	Q2	41	6	6	6	47	3	0	0	44
Anthem/Blue Cross	Santa Clara	Q2	0	0	0	0	0	0	0	0	0
Santa Clara Family Health Plan	Santa Clara	Q2	0	2	2	2	2	0	0	0	2
L.A. Care	Los Angeles	Q3	3	19	8	1	4	0	0	0	4
Health Net	Los Angeles	Q3	98	30	27	27	125	0	0	27	0
Molina	Los Angeles	Q3	2	2	2	2	4	1	0	0	3
Care1st	Los Angeles	Q3	1	2	2	2	3	0	0	0	3
CareMore	Los Angeles	Q3	0	0	0	0	0	0	0	0	0
CalOptima	Orange	Q3	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
IEHP	Riverside	Q3	0	0	0	0	0				
Molina	Riverside	Q3	1	0	0	0	1	0	0	0	1
IEHP	San Bernardino	Q3	0	0	0	0	0				
Molina	San Bernardino	Q3	0	2	2	2	2	0	0	0	2
Care1st	San Diego	Q3	10	5	5	5	15	3	0	7	8

Cal MediConnect CPO Utilization and Referrals—2017

Plan Name	County	Quarter	Number of Members Already Receiving CPO during Quarter	Number of Member Referrals Made for CPO	Number of Members Initially Assessed for CPO	Number of Members Initially Approved for CPO	Total Number of Members Receiving CPO	Number of CPOs Authorized—Personal Care (additional IHSS)	Number of CPOs Authorized—Respite	Number of CPOs Authorized—MSSP-like Services	Number of CPOs Authorized—Other
Community Health Group	San Diego	Q3	470	470	470	470	940	0	11	0	4
Health Net	San Diego	Q3	0	0	0	0	0	0	0	0	0
Molina	San Diego	Q3	1	1	1	1	2	0	0	0	2
Health Plan of San Mateo	San Mateo	Q3	33	24	24	24	57	2	0	0	55
Anthem/Blue Cross	Santa Clara	Q3	0	0	0	0	0	0	0	0	0
Santa Clara Family Health Plan	Santa Clara	Q3	0	6	6	6	6	2			4
L.A. Care	Los Angeles	Q4	2	20	8	1	3	0	0	0	3
Health Net	Los Angeles	Q4	16	2	2	2	18	0	0	2	0
Molina	Los Angeles	Q4	3	2	2	2	5	0	0	0	5
Care1st	Los Angeles	Q4	1	2	2	2	3	0	0	0	3
CareMore	Los Angeles	Q4	0	0	0	0	0	0	0	0	0
CalOptima	Orange	Q4	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
IEHP	Riverside	Q4	1	1	1	1	2	0	0	0	Mom's meals
Molina	Riverside	Q4	1	1	1	1	2	0	0	0	1
IEHP	San Bernardino	Q4	1	1	1	1	2	0	0	0	Motel 11/7-15

Cal MediConnect CPO Utilization and Referrals—2017

Plan Name	County	Quarter	Number of Members Already Receiving CPO during Quarter	Number of Member Referrals Made for CPO	Number of Members Initially Assessed for CPO	Number of Members Initially Approved for CPO	Total Number of Members Receiving CPO	Number of CPOs Authorized—Personal Care (additional IHSS)	Number of CPOs Authorized—Respite	Number of CPOs Authorized—MSSP-like Services	Number of CPOs Authorized—Other
Molina	San Bernardino	Q4	1	4	4	4	5	0	0	0	5
Care1st	San Diego	Q4	10	6	6	6	16	2	0	8	7
Community Health Group	San Diego	Q4	882	882	882	882	1764	0	14	0	9
Health Net	San Diego	Q4	0	0	0	0	0	0	0	0	0
Molina	San Diego	Q4	2	1	1	1	3	0	0	0	3
Health Plan of San Mateo	San Mateo	Q4	53	11	11	11	64	7	0	0	57
Anthem/Blue Cross	Santa Clara	Q4	5	4	4	4	9	0	0	0	0
Santa Clara Family Health Plan	Santa Clara	Q4	0	5	5	5	5	1			4

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Cal MediConnect CPO Utilization and Referrals—2018

Plan Name	County	Quarter	Number of Members Already Receiving CPO during Quarter	Number of Member Referrals Made for CPO	Number of Members Initially Assessed for CPO	Number of Members Initially Approved for CPO	Total Number of Members Receiving CPO	Number of CPOs Authorized—Personal Care (additional IHSS)	Number of CPOs Authorized—Respite	Number of CPOs Authorized—MSSP-like Services	Number of CPOs Authorized—Other
L.A. Care	Los Angeles	Q1	1	15	8	3	4	0	0	0	0
Health Net	Los Angeles	Q1	2	2	1	0	2	0	0	0	0
Molina	Los Angeles	Q1	5	1	1	1	6	0	0	0	6
Care1st	Los Angeles	Q1	1	4	4	4	5	0	0	0	5
CareMore	Los Angeles	Q1	0	0	0	0	0	0	0	0	0
CalOptima	Orange	Q1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
IEHP	Riverside	Q1	4	4	4	4	8	0	0	0	Meal service / Medical Alert
Molina	Riverside	Q1	1	0	0	0	0	0	0	0	0
IEHP	San Bernardino	Q1	1	1	1	1	2	0	0	0	Meal service / Medical Alert
Molina	San Bernardino	Q1	1	1	1	1	1	0	0	0	1
Care1st	San Diego	Q1	8	15	15	15	23	7	0	8	8
Community Health Group	San Diego	Q1	849	849	849	849	1698	0	13	0	19
Health Net	San Diego	Q1	0	0	0	0	0	0	0	0	0
Molina	San Diego	Q1	3	1	1	1	4	0	0	0	4

Cal MediConnect CPO Utilization and Referrals—2018

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Health Plan of San Mateo	San Mateo	Q1	49	11	11	11	60	8	0	0	52
Anthem/Blue Cross	Santa Clara	Q1	5	4	4	4	9	0	0	0	0
Santa Clara Family Health Plan	Santa Clara	Q1	0	8	8	6	6	2	0	0	4

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