California Managed Care Program Features, as of 2019 (1 of 4)

Features	County Organized Health Systems (COHS) Model	Regional Model	Geographic Managed Care (GMC) Model
Program type	Comprehensive MCO + MLTSS	Comprehensive MCO	Comprehensive MCO + MLTSS
Statewide or region-specific?	Del Norte, Humboldt, Lake, Lassen, Marin, Mendocino, Merced, Modoc, Monterey, Napa, Orange, San Luis Obispo, San Mateo, Santa Barbara, Santa Cruz, Shasta, Siskiyou, Solano, Sonoma, Trinity, Ventura, Yolo	Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Imperial, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, San Benito, Sierra, Sutter, Tehama, Tuolumne, Yuba	Sacramento, San Diego
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)
Program start date	10/01/1995	10/02/2013	06/01/1991
Waiver expiration date (if applicable)	12/31/2020	12/31/2020	12/31/2020
If the program ended in 2019, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	Mandatory
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory		
Populations enrolled: Full Duals	Mandatory	Voluntary	Varies

Features	County Organized Health Systems (COHS) Model	Regional Model	Geographic Managed Care (GMC) Model
Populations enrolled: Partial Duals	Mandatory	Voluntary	Voluntary
Populations enrolled: Children with Special Health Care Needs	Mandatory	Mandatory	Mandatory
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Voluntary	Voluntary
Populations enrolled: Enrollment choice period	Pre-assigned	Other	Other
Populations enrolled: Enrollment broker name (if applicable)		Health Care Options (Maximus)	Health Care Options (Maximus)
Populations enrolled: Notes on enrollment choice period		Approximately 45 days	Approximately 45 days
Benefits covered: Inpatient hospital physical health	X	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)			
Benefits covered: Outpatient hospital physical health	X	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Partial hospitalization			
Benefits covered: Physician	X	X	X
Benefits covered: Nurse practitioner	X	X	X
Benefits covered: Rural health clinics and FQHCs	X	X	X
Benefits covered: Clinic services	X	X	X
Benefits covered: Lab and x-ray	X	X	X
Benefits covered: Prescription drugs	X	X	X

Features	County Organized Health Systems (COHS) Model	Regional Model	Geographic Managed Care (GMC) Model
Benefits covered: Prosthetic devices	X	X	X
Benefits covered: EPSDT	X	X	X
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X	X	X
Benefits covered: Family planning	X	X	X
Benefits covered: Dental services (medical/surgical)			
Benefits covered: Dental (preventative or corrective)			
Benefits covered: Personal care (state plan option)			X
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing	X	X	X
Benefits covered: ICF-IDD	X	X	X
Benefits covered: Nursing facility services	X	X	X
Benefits covered: Hospice care	X	X	X
Benefits covered: Non-Emergency Medical Transportation	X	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			

Features	County Organized Health Systems (COHS) Model	Regional Model	Geographic Managed Care (GMC) Model
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			
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group	Health Services Advisory Group	Health Services Advisory Group
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans		X	X
Performance incentives: Public reports comparing plan performance on key metrics	X	X	X
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			

Features	County Organized Health Systems (COHS) Model	Regional Model	Geographic Managed Care (GMC) Model
Participating plans: Plans in Program	CenCal Health/San Luis Obispo; CenCal Health/Santa Barbara; Health Plan of San Mateo; Partnership HealthPlan of CA/Northeast; Partnership HealthPlan of CA/Northwest; Partnership Health Plan/Southeast; Partnership Health Plan/Southwest; Central California Alliance for Health/Merced; Central California Alliance for Health/Monterey Santa Cruz; CalOptima/Orange; Gold Coast Health Plan/Ventura	California Health & Wellness Plan/Imperial; California Health & Wellness Plan/Region 1; California Health & Wellness Plan/Region 2; Molina Healthcare of CA Partner Plan/Imperial; Anthem Blue Cross Partnership Plan/Region 1; Anthem Blue Cross Partnership Plan/Region 2; KP Cal LLC/Amador; KP Cal LLC/El Dorado; KP Cal LLC/Placer; Anthem Blue Cross Partnership Plan/San Benito	Blue Shield of California Promise/San Diego; Community Health Group Partnership Plan/San Diego; Health Net/San Diego; KP Cal LLC/San Diego; Molina Healthcare of CA Partner Plan/San Diego; Aetna Better Health of CA/San Diego; UnitedHealthcare Community Plan/San Diego; Anthem Blue Cross Partnership Plan/Sacramento; Health Net/Sacramento; KP Cal LLC/Sacramento; Molina Healthcare of CA Partner Plan/Sacramento; Aetna Better Health of CA/Sacramento
Notes: Program notes	Full duals are mandatory for managed care enrollment in CCI Counties (Orange and San Mateo) and voluntary for all other Counties. Children with Special Health Care Needs are mandatory in all COHS counties except Ventura County. Children with Special Health Care Needs are voluntary in Ventura County. In non-COHS plan model types ICF-DD and nursing facility benefits are only covered for a limited period of time (month of admission plus 1 month) and then the member is disenrolled to FFS.	San Benito is voluntary due to only one commercial plan in the county. In non-COHS plan model types ICF-DD and nursing facility benefits are only covered for a limited period of time (month of admission plus 1 month) and then the member is disenrolled to FFS.	Full duals are mandatory for managed care enrollment in CCI Counties (San Diego) and voluntary for all other counties (Sacramento). In non-COHS plan model types ICF-DD and nursing facility benefits are only covered for a limited period of time (month of admission plus 1 month) and then the member is disenrolled to FFS. The Health Homes Program (HHP) is available in select GMC and Two-Plan counties and available through the Managed Care Plan contracts.

Features	Senior Care Action Network (SCAN)	Program of All-Inclusive Care for the Elderly (PACE)	Dental Managed Care/Los Angeles
Program type	Comprehensive MCO + MLTSS	Program of All-inclusive Care for the Elderly (PACE)	Dental only (PAHP)
Statewide or region-specific?	Los Angeles, Riverside, San Bernardino	Alameda, Contra Costa, Fresno, Humboldt, Los Angeles, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, Santa Clara	Los Angeles
Federal operating authority	1915(a)	PACE	1915(a)/1915(i)
Program start date	01/01/1996	06/01/1991	04/01/1998
Waiver expiration date (if applicable)	12/31/2020		12/31/2020
If the program ended in 2019, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)			Voluntary
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)			Voluntary
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	Voluntary	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)			Voluntary
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			Voluntary
Populations enrolled: Full Duals	Voluntary	Voluntary	Voluntary
Populations enrolled: Partial Duals		Voluntary	

Features	Senior Care Action Network (SCAN)	Program of All-Inclusive Care for the Elderly (PACE)	Dental Managed Care/Los Angeles
Populations enrolled: Children with Special Health Care Needs			Voluntary
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Exempt	Voluntary
Populations enrolled: Enrollment choice period		N/A	60 days
Populations enrolled: Enrollment broker name (if applicable)			Health Care Operations (Maximus)
Populations enrolled: Notes on enrollment choice period			
Benefits covered: Inpatient hospital physical health	X	X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)		X	
Benefits covered: Outpatient hospital physical health	X	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	
Benefits covered: Partial hospitalization	X	X	
Benefits covered: Physician	X	X	
Benefits covered: Nurse practitioner	X	X	
Benefits covered: Rural health clinics and FQHCs	X		X
Benefits covered: Clinic services	X	X	
Benefits covered: Lab and x-ray	X	X	
Benefits covered: Prescription drugs	X	X	
Benefits covered: Prosthetic devices	X	X	

Features	Senior Care Action Network (SCAN)	Program of All-Inclusive Care for the Elderly (PACE)	Dental Managed Care/Los Angeles
Benefits covered: EPSDT		X	X
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X	X	
Benefits covered: Family planning		X	
Benefits covered: Dental services (medical/surgical)		X	X
Benefits covered: Dental (preventative or corrective)		X	X
Benefits covered: Personal care (state plan option)		X	
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing		X	
Benefits covered: ICF-IDD	X		
Benefits covered: Nursing facility services	X	X	
Benefits covered: Hospice care	X	X	
Benefits covered: Non-Emergency Medical Transportation	X	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		PACE is responsible for covering all Medicaid services	

Features	Senior Care Action Network (SCAN)	Program of All-Inclusive Care for the Elderly (PACE)	Dental Managed Care/Los Angeles
Quality assurance and improvement: HEDIS data required?	No	No	Yes
Quality assurance and improvement: CAHPS data required?	No	No	Yes
Quality assurance and improvement: Accreditation required?	No	No	No, but accreditation considered in plan selection criteria
Quality assurance and improvement: Accrediting organization			NCQA, Private credentialling organizations approved by DHCS
Quality assurance and improvement: EQRO contractor name (if applicable)			
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			X
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			

Features	Senior Care Action Network (SCAN)	Program of All-Inclusive Care for the Elderly (PACE)	Dental Managed Care/Los Angeles
Participating plans: Plans in Program	SCAN Health Plan/Los Angeles; SCAN Health Plan Riverside/San Bernardino	Redwood Coast Pace/Humboldt; San Diego PACE; St. Paul's PACE/San Diego; Sutter SeniorCare PACE/Sacramento; AltaMed Senior Buenacare/Los Angeles; Brandman Centers for Senior Care/Los Angeles; CalOptima PACE/Orange; Center for Elders Independence/Alameda; Center for Elders Independence/Contra Costa; Fresno PACE; InnovAge PACE/Riverside; InnovAge PACE/San Bernardino County; On Lok Lifeways/Alameda; On Lok Lifeways/Santa Clara; On Lok Lifeways/San Francisco; Family Health Centers of San Diego; Gary and Mary West PACE of Northern San Diego; Pacific PACE/Los Angeles; Stockton PACE/San Joaquin; Stockton PACE/Stanislaus	Health Net Dental Plan/Los Angeles; Access Dental Plan/Los Angeles; LIBERTY Dental Plan/Los Angeles
Notes: Program notes	In non-COHS plan model types ICF-DD and nursing facility benefits are only covered for a limited period of time (month of admission plus 1 month) and then the member is disenrolled to FFS.		

California Managed Care Program Features, as of 2019 (3 of 4)

Features	Dental Managed Care/Sacramento	Two-Plan Model	Positive Healthcare/Los Angeles
Program type	Dental only (PAHP)	Comprehensive MCO + MLTSS	Other Prepaid Health Plan (PHP) (limited benefits)
Statewide or region-specific?	Sacramento	Alameda, Contra Costa, Fresno, Kern, Kings, Los Angeles, Madera, Riverside, San Bernardino, San Francisco, San Joaquin, Santa Clara, Stanislaus, Tulare	Los Angeles
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)	1937 Alt Benefit Plan,1945 Health Homes
Program start date	12/01/1998	01/01/1996	04/01/2002
Waiver expiration date (if applicable)	12/31/2020	12/31/2020	
If the program ended in 2019, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	Voluntary
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	Voluntary
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory		
Populations enrolled: Full Duals	Mandatory	Varies	Voluntary
Populations enrolled: Partial Duals		Voluntary	

Features	Dental Managed Care/Sacramento	Two-Plan Model	Positive Healthcare/Los Angeles
Populations enrolled: Children with Special Health Care Needs	Mandatory	Voluntary	
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	Other	
Populations enrolled: Enrollment broker name (if applicable)	Health Care Operations (Maximus)	Health Care Operations (Maximus)	
Populations enrolled: Notes on enrollment choice period		Approximately 45 days	
Benefits covered: Inpatient hospital physical health		X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)			
Benefits covered: Outpatient hospital physical health		X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)		X	X
Benefits covered: Partial hospitalization			
Benefits covered: Physician		X	X
Benefits covered: Nurse practitioner		X	X
Benefits covered: Rural health clinics and FQHCs	X	X	X
Benefits covered: Clinic services		X	X
Benefits covered: Lab and x-ray		X	X
Benefits covered: Prescription drugs		X	X
Benefits covered: Prosthetic devices		X	X

Features	Dental Managed Care/Sacramento	Two-Plan Model	Positive Healthcare/Los Angeles
Benefits covered: EPSDT	X	X	X
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized health home			X
Benefits covered: Health home care (services in home)		X	X
Benefits covered: Family planning		X	X
Benefits covered: Dental services (medical/surgical)	X		
Benefits covered: Dental (preventative or corrective)	X		
Benefits covered: Personal care (state plan option)			
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing		X	X
Benefits covered: ICF-IDD		X	
Benefits covered: Nursing facility services		X	X
Benefits covered: Hospice care		X	X
Benefits covered: Non-Emergency Medical Transportation	X	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			

Features	Dental Managed Care/Sacramento	Two-Plan Model	Positive Healthcare/Los Angeles
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, but accreditation considered in plan selection criteria	No	No
Quality assurance and improvement: Accrediting organization	NCQA, Private credentialling organizations approved by DHCS		
Quality assurance and improvement: EQRO contractor name (if applicable)		Health Services Advisory Group	
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans		X	
Performance incentives: Public reports comparing plan performance on key metrics	X	X	
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			

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

Features	Dental Managed Care/Sacramento	Two-Plan Model	Positive Healthcare/Los Angeles
Notes: Program notes	Accreditation of dental managed care plans are not required but it is considered in the plan selection criteria. Accreditation of the Dental Health Plans can be done through the NCQA or private credentialing organizations that must be reviewed and approved by DHCS to determine if the contractor meets DHCS requirements for credentialing.	Full duals are mandatory for managed care enrollment in CCI Counties (Los Angeles, Riverside, San Bernardino, and Santa Clara) and voluntary for all other counties (Alameda, Contra Costa, Fresno, Kern, Kings, Madera, San Francisco, San Joaquin, Stanislaus and Tulare). In non-COHS plan model types ICF-DD and nursing facility benefits are only covered for a limited period of time (month of admission plus 1 month) and then the member is disenrolled to FFS. The Health Homes Program (HHP) is available in select GMC and Two-Plan counties and available through the Managed Care Plan contracts.	

California Managed Care Program Features, as of 2019 (4 of 4)

Features	Family Mosaic Program/San Francisco	Rady Children's Hospital San Diego (RCHSD)
Program type	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Comprehensive MCO
Statewide or region-specific?	San Francisco	San Diego
Federal operating authority	1915(a)	1115(a) (Medicaid demonstration waivers)
Program start date	12/01/1992	08/01/2018
Waiver expiration date (if applicable)		12/31/2020
If the program ended in 2019, indicate the end date		
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)		
Populations enrolled: Low-income adults covered 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)	Voluntary	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	Voluntary
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary

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

Features	Family Mosaic Program/San Francisco	Rady Children's Hospital San Diego (RCHSD)
Benefits covered: Health home care (services in home)		X
Benefits covered: Family planning	X	X
Benefits covered: Dental services (medical/surgical)		
Benefits covered: Dental (preventative or corrective)		
Benefits covered: Personal care (state plan option)		
Benefits covered: HCBS waiver services		
Benefits covered: Private duty nursing		X
Benefits covered: ICF-IDD		X
Benefits covered: Nursing facility services		
Benefits covered: Hospice care		X
Benefits covered: Non-Emergency Medical Transportation		X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit		
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		
Quality assurance and improvement: HEDIS data required?	Yes	No
Quality assurance and improvement: CAHPS data required?	No	No
Quality assurance and improvement: Accreditation required?	No	No

Features	Family Mosaic Program/San Francisco	Rady Children's Hospital San Diego (RCHSD)
Quality assurance and improvement: Accrediting organization		NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)		
Performance incentives: Payment bonuses/differentials to reward plans		
Performance incentives: Preferential auto-enrollment to reward plans		
Performance incentives: Public reports comparing plan performance on key metrics		
Performance incentives: Withholds tied to performance metrics		
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		
Participating plans: Plans in Program	Family Mosaic Project/San Francisco	Rady Children's Hospital San Diego (RCHSD)
Notes: Program notes		Rady Children's Hospital San Diego (RCHSD) is a new program that began serving special needs children in August 2018. The five CCS eligible conditions for participation are Cystic Fibrosis, Hemophilia, Sickle Cell, Acute Lymphoblastic Leukemia, and Diabetes. In non-COHS plan model types ICF-DD and nursing facility benefits are only covered for a limited period of time (month of admission plus 1 month) and then the member is disenrolled to FFS.